

Harris County, Texas

1001 Preston St., Suite 934 Houston, Texas 77002

Legislation Text

File #: 21-1274, Version: 1

To: Harris County Commissioners Court

Through: Adrienne M. Holloway, Ph.D., Executive Director, Community Services **Prepared By:** Elizabeth Winfrey, Assistant Director, Grants Management, CSD

Subject: Homeless Medical Isolation Recovery Center (HMIRC) Request for Additional Funding and Seventh Amendments

Project ID (If applicable]:

Purpose and Request:

Request by Community Services for approval of amendments to agreements with United Health Partners, Inc. and Tetra Tech, Inc., in support of the joint City of Houston and Harris County Medical Isolation and Recovery Center to extend the terms of services through June 30, 2021 and add additional funding in the amount of \$550,000.

Background and Discussion:

On March 24, 2020, in response to the COVID-19 pandemic event, Commissioners Court authorized initial funding to support activities related to services for the homeless population. On July 28, 2020 and December 1, 2020, additional funding was approved to continue same support activities.

On or around April 2, 2020, Harris County entered into Master Agreements with UHP Health Partners, Inc. and Tetra Tech, Inc. to operate and monitor the operations of a medical isolation and recovery shelter to assist Vulnerable Residents of Harris County during the COVID-19 Public Health Disaster. The City of Houston holds the lease of the hotel and Harris County holds the contracts with the site operator and onsite monitor.

Fiscal Impact:

[INSTRUCTIONS: A short description of the cost of the request and where you are requesting funding from. No more than 2 sentences. In addition please fill out the table below. This includes financial impact to the current fiscal year and subsequent fiscal years along with the source of funding (general fund, grant, etc.). If the amount is within the current budget, please indicate the amount from 'Existing Department Budget'. If all of or part of the request is a new expense, please indicate funding source in the space provided.]

Expenditures	FY 20-21	FY 21-22 Projected	Future Years Projected [3 additional years]
Service Impacted: [Plead division where expenditure]			
Existing Budget			
Additional Appropriation F			
Total Expenditures			

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Funding Sources		
Existing Department Budg		
Please Identify Funding S Special Revenue, Grant, I		
[INSERT FUNDING SOU		
Total Sources		

Alternatives:

[INSTRUCTIONS: In this section you should briefly discuss any viable alternatives, including the benefits and consequences of each. Include subtitles on the first line of each alternative to identify it. If appropriate, the financial impact of each alternative can be discussed. If taking no action is a viable alternative it should also be discussed, including any financial or other impacts that would result.]

Alignment with Strategic Objective:

[INSTRUCTIONS: Please write out the Department Strategic Objective impacted by this item.]

Attachments:

Seventh Amendment to Agreement