



## Legislation Text

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**File #:** 21-6571, **Version:** 1

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**Department:** Purchasing

**Department Head/Elected Official:** DeWight Dopslauf

**Regular or Supplemental RCA:** Regular RCA

**Type of Request:** Transmittal

**Project ID** (if applicable):

**Vendor/Entity Legal Name** (if applicable):

**MWDBE Participation** (if applicable):

**Request Summary (Agenda Caption):**

Transmittal by the Office of the Purchasing Agent of a renewal option with Career and Recovery Resources, Inc. for outpatient substance abuse treatment services for the Community Supervision & Corrections Department for the period of December 1, 2021 - November 30, 2022 at a cost of \$40,000 (190056).

**Background and Discussion:**

Transmittal of the renewal of an agreement with Career and Recovery Resources, Inc. in an amount not to exceed \$40,000, for outpatient substance abuse treatment services for the Harris County Community Supervision and Corrections Department, for the period of December 1, 2021-November 30, 2022.

**Expected Impact:**

**Alternative Options:**

**Alignment with Goal(s):**

- ☐ Justice and Safety
- ☐ Economic Opportunity
- ☐ Housing
- ☐ Public Health

- \_ Transportation
- \_ Flooding
- \_ Environment
- \_ Governance and Customer Service

**Prior Court Action** (if any):

Date	Agenda Item #	Action Taken

**Location:**

Address (if applicable):

Precinct(s): Choose an item.

Fiscal and Personnel Summary			
Service Name			
	FY 21-22	FY 22	Next 3 FYs
<b>Incremental Expenditures (do NOT write values in thousands or millions)</b>			
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$	\$	\$
<b>Total Incremental Expenditures</b>	\$	\$	\$
<b>Funding Sources (do NOT write values in thousands or millions)</b>			
Existing Budget			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
<b>Total Current Budget</b>	\$	\$	\$
Additional Budget Requested			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
<b>Total Additional Budget Requested</b>	\$	\$	\$
<b>Total Funding Sources</b>	\$	\$	\$
<b>Personnel</b> (Fill out section only if requesting new PCNs)			
Current Position Count for Service	-	-	-
Additional Positions Requested	-	-	-
<b>Total Personnel</b>	-	-	-

**Anticipated Implementation Date:**

**Emergency/Disaster Recovery Note:** Not an emergency, disaster, or COVID-19 related item

**Contact(s) name, title, department:** Karen Alt, Contract Administrator, Community Supervision & Corrections Department

**Attachments** (if applicable):