



## Legislation Text

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**File #:** 23-2993, **Version:** 1

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**Department:** Commissioner, Precinct 2

**Department Head/Elected Official:** Commissioner Adrian Garcia

**Regular or Supplemental RCA:** Regular RCA

**Type of Request:** Memorandum of Understanding

**Project ID** (if applicable): n/a

**Vendor/Entity Legal Name** (if applicable): Harris Center for Mental Health and IDD

**MWDBE Contracted Goal** (if applicable): n/a

**MWDBE Current Participation** (if applicable): n/a

**Justification for 0% MWDBE Participation Goal:** N/A - Goal not applicable to request

**Request Summary (Agenda Caption):**

Request for approval of a Memorandum of Understanding with The Harris Center for Mental Health and IDD to collaborate through The Harris Center's Substance Use Disorder Outreach Program (SUDOP) to provide outreach and engagement services to individuals with a substance and/or alcohol use disorder(s) that will help clients maintain their recovery.

**Background and Discussion:**

SUDOP will provide Mental Health services and referrals to medical care on an as-needed basis by persons seeking services. SUDOP provides treatment options for Substance Use Disorder (SUD), Alcohol Use Disorder (AUD), and Opioid Use Disorder (OUD).

**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): Precinct 2

<b>Fiscal and Personnel Summary</b>			
Service Name			
	<b>FY 23</b>	<b>FY 24</b>	<b>Next 3 FYs</b>
<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>			
<b>Existing Budget</b>			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
<b>Total Current Budget</b>	\$	\$	\$
<b>Additional Budget Requested</b>			
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 Court Date:** May 16, 2023**Anticipated Implementation Date (if different from Court date):** n/a**Emergency/Disaster Recovery Note:** Not an emergency, disaster, or COVID-19 related item**Contact(s) name, title, department:** Chara L. Bowie, Director of HealthCare and Social Services; Matt Garry, Policy Advisor.**Attachments** (if applicable): Memorandum of Understanding