



## Legislation Text

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**File #:** 24-1108, **Version:** 1

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**Department:** Sheriff

**Department Head/Elected Official:** Ed Gonzalez, Sheriff

**Regular or Supplemental RCA:** Regular RCA

**Type of Request:** Negotiation

**Project ID** (if applicable):

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

**MWDBE Contracted Goal** (if applicable):

**MWDBE Current Participation** (if applicable):

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

**Request Summary (Agenda Caption):**

Request for approval to work with the Office of the County Engineer/Real Property Division to locate and secure necessary lease space to accommodate the needs of the HCSO Behavioral Health Unit.

**Background and Discussion:**

The Behavioral Health Unit is currently located at 260 N. Sam Houston Pkwy. E. and needs additional space to accommodate expanded services. Expansion includes in-house pre-employment screening, which is currently outsourced, and peer support services.

**Expected Impact:**

Rates for pre-employment screening have been increasing and bringing this service in-house is expected to save on cost and improve efficiency, thereby relieving a potential bottleneck in the hiring process. Peer support services should ideally be conducted separate from other behavioral health services and this additional space will allow for that segregation.

**Alternative Options:**

Continue to function inefficiently and ineffectively in an inadequate space.

**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                                                                    |                          |           |       |                    |
|                                                                                 | Current Fiscal Year Cost |           |       | Annual Fiscal Cost |
|                                                                                 | Labor                    | Non-Labor | Total | Recurring Expense  |
| <b>Funding Sources</b>                                                          |                          |           |       |                    |
| <b>Existing Budget</b>                                                          |                          |           |       |                    |
| Choose an item.                                                                 | \$                       | \$        | \$    | \$                 |
| Choose an item.                                                                 | \$                       | \$        | \$    | \$                 |
| Choose an item.                                                                 | \$                       | \$        | \$    | \$                 |
| Total Current Budget                                                            | \$                       | \$        | \$    | \$                 |
| <b>Additional Budget Request</b> ( <i>Requires Fiscal Review Request Form</i> ) |                          |           |       |                    |
| Choose an item.                                                                 | \$                       | \$        | \$    | \$                 |
| Choose an item.                                                                 | \$                       | \$        | \$    | \$                 |
| Choose an item.                                                                 | \$                       | \$        | \$    | \$                 |
| Total Additional Budget Request                                                 | \$                       | \$        | \$    | \$                 |
| <b>Total Funding Request</b>                                                    | \$                       | \$        | \$    | \$                 |
| <b>Personnel</b> (Fill out section only if requesting new PCNs)                 |                          |           |       |                    |
| Current Position Count for Service                                              | -                        | -         | -     | -                  |
| Additional Positions Request                                                    | -                        | -         | -     | -                  |
| <b>Total Personnel</b>                                                          | -                        | -         | -     | -                  |

Anticipated Court Date: February 27, 2024

Anticipated Implementation Date (if different from Court date):

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

Contact(s) name, title, department: Dr. Thomas McNeese, Director, Harris County Sheriff's Office-Behavioral

Health

**Attachments** (if applicable):