



Legislation Text

File #: 24-2348, **Version:** 1

Department: Sheriff

Department Head/Elected Official: Ed Gonzalez

Regular or Supplemental RCA: Regular RCA

Type of Request: Transmittal

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):

Transmittal by the Sheriff's Office of an amendment to an agreement with Beal Counseling Associates to utilize staff to administer a service program titled Stepping Stones to Mental Wellness.

Background and Discussion:

Provides a services program titled "Stepping Stones to Mental Wellness", a trauma treatment program for female criminal offenders who have been victims and traumatized.

Expected Impact:

Provides treatment for female criminal offenders who have been victims and traumatized.

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

Anticipated Court Date: April 23, 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:** Phillip Bosquez, Assistant Chief, Harris County Sheriff's Office**Attachments** (if applicable): Amendment to the Agreement between Harris County and Beal Counseling Associates