



Legislation Text

File #: 24-2162, **Version:** 1

Department: Purchasing

Department Head/Elected Official: DeWight Dopslauf

Regular or Supplemental RCA: Regular RCA

Type of Request: Interlocal Agreement

Project ID (if applicable): N/A

Vendor/Entity Legal Name (if applicable): Veterans Affairs Medical Center Houston

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 that the County Judge execute an interlocal agreement with Veterans Affairs Medical Center Houston in the amount of \$40,000 for Ryan White Program Part A Services for Public Health Services/ Ryan White Grant Administration through February 28, 2025 with one-year renewal options.

Background and Discussion:

Ryan White Part A is a federal program administered through the Health Resources and Services Administration (HRSA). The grant serves individuals living with HIV who have no health insurance (public or private), have insufficient health care coverage, or lack financial resources to get the care they need for their HIV disease. In addition to outpatient medical care, Ryan White also funds services that support access or retention to medical care.

Expected Impact:

To provide optimal HIV care and treatment for people with HIV who are low-income, uninsured, and underserved, to improve their medical outcomes.

Alternative Options:

Approval ensures uninterrupted HIV services for residents living with HIV and staffing to support grant activities.

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): Countywide

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: 4/23/2024**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:** Dr. Ericka Brown, Director of Community Health and Wellness, Public

Health Services; Matthew McGarrity, Senior Buyer, Purchasing

Attachments (if applicable): Letter, Agreement(s)