Facility Checklist

☐ Complete, date and sign the enclosed Facility Application and Application Process
☐ Attach the completed copy of the enclosed “Additional Services” spreadsheet
☐ Attach a current copy of your Facility’s Certificate of Occupancy
☐ Attach a current copy of your Facility’s Fire Marshal Inspection
☐ Attach a copy of proof of General Liability Insurance
☐ Attach a list of all of your facility sites with addresses

Send all requested materials to:
The HARRIS CENTER for Mental Health and IDD
Community Treatment Initiative (CTI)
Chronic Consumer Stabilization Initiative (CCSI)
Houston Downtown Management District (HDMD)
Attention: Amber Honsinger, M.S., LPC
Program Director
9401 Southwest Freeway
Houston, TX 77074
Amber.Honsinger@TheHarrisCenter.Org
713-970-7154
The HARRIS CENTER for Mental HEALTH and IDD
Network Management

Facility Application

A. General Information:

<table>
<thead>
<tr>
<th>Facility Legal Name</th>
<th>Does the facility have another Name? If yes, please list name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Mailing Address Line 1</td>
<td>Preferred Mailing Address Line 2</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>County</td>
<td>Contact Person</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Address</th>
<th>Physical City, State &amp; Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>Email Address</td>
</tr>
</tbody>
</table>

- [ ] Apartment Complex
- [ ] Residential Facility
- [ ] Other

Please check which is the most appropriate description:

- Is this facility handicapped accessible? [ ] Yes [ ] No
- Is this facility accessible to public transportation? [ ] Yes [ ] No

B. Demographic Data:
The following information is requested for demographic purposes only. This data will not be part of the credentialing process. The information will only be used to supply aggregate data to the state government as part of a government contract. This information will not be used for any other purposes.

1. Could your business be classified as a business owned by women, as defined by the Department of Minority Enterprises? [ ] Yes [ ] No

   Women Owned Business is defined as a business enterprise of which women own at least 50% or, in the case of a publicly owned business, where women own at least 51% of stock.

2. Could your business be classified as a minority owned business, as defined by the Department of Minority Enterprises? [ ] Yes [ ] No

   Minority Owned Business is defined as a business enterprise that is owned and controlled by one or more socially and/or economically disadvantaged persons. Such disadvantages may arise from cultural, racial, chronic economic circumstances or background, or other similar cause.

3. If you answered yes to question 2 about minority owned businesses, which of the following categories would it fall under?

   - [ ] Caucasian
   - [ ] Black (African, Jamaican, West Indian descent)
   - [ ] Native American or Alaskan Native
   - [ ] Hispanic (Mexican, Puerto Rican, South American)
   - [ ] Asian or Pacific Islander
   - [ ] Other (specify)

C. Payee Information

<table>
<thead>
<tr>
<th>Make checks payable to (must match tax ID owner name on file with IRS for the TIN listed below)</th>
<th>Type of Corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing Address Line 1</td>
<td>Billing Address Line 2</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Your Medicare/UPIN Number</td>
<td>Your Medicaid Number</td>
</tr>
</tbody>
</table>
The HARRIS CENTER for Mental HEALTH and IDD
Open Enrollment Application Process
To Provide: “Housing”

The HARRIS CENTER for Mental Health and IDD (The HARRIS CENTER), through its Houston Downtown Management District Program (HDMD), is offering to contract with housing facilities to provide short term housing (3 months) to identified clients of the HDMD Program.

Overview of Program:

The Houston Downtown Management District and The Harris Center for Mental Health and IDD collaboratively identify adults experiencing chronic homelessness and exhibiting symptoms of mental illness in downtown Houston. The Harris Center Care Coordinator engages these individuals into ongoing mental health treatment through the provision of intensive crisis intervention and wraparound care coordination services. The Harris Center Care Coordinator assists with early identification of symptoms of mental illness, treatment compliance, and human service delivery. The wraparound model is used to assist the individual with accessing and maintaining mental health services, reintegration into the community, and housing acquisition and retention.

The target population includes adults who are experiencing chronic homelessness and mental illness. The Houston Downtown Management District identifies and refers individuals based on frequency and duration of homelessness and apparent need for mental health services to the Harris Center for Mental Health and IDD Care Coordinator.

The Harris Center for Mental Health and IDD partners with the Houston Downtown Management District in assisting individuals with acquiring and maintaining stable housing and mental health services. This program takes a trauma informed approach to providing recovery oriented, wraparound services to the homeless community in downtown Houston who are experiencing mental illness. This program actively utilizes the least restrictive means of care to engage individuals into necessary services and helps to develop community supports that will assist with transitioning from the streets into a stable, safe environment. Retaining stable housing and mental health care are the primary goals of the Houston Downtown Management District program.

Vendor’s Role:

In addition to the care coordination services described above, The HARRIS CENTER’s Houston Downtown Management District Program (HDMD) program will include up to 90 days of housing. We are seeking Vendors to provide housing to the clients enrolled in The HARRIS CENTER’S HDMD program. Please refer to the Vendor Criteria and Requirement lists noted below, to see what is required of each Vendor.

Vendor Criteria: Each Applicant must provide the following:

- Certificate of Occupancy
- Proof of General Liability Insurance
- Proof of successful Fire Marshal Inspection within last year

Vendor Requirements:

- Facility meets all housing codes, per city, state and federal regulations
- Housing must be Handicap Accessible
- Housing must be All Bills Paid
- Housing must be Furnished
- Consent to Site Visit prior to selection of Vendors
- Willing to enter into a short term (3 month) lease for the client
- Keep the Facility clean and safe
- Respond to requests for maintenance or upkeep
- Room size or sleeping quarters must be at least 70 square feet per resident
- Ensure that utilities included in the rent, are in working order and consistently available to the client
- Provide monthly report of clients housed by unit # and number of days in unit
Not a Requirement, but Requested of Vendor:

- Notify HDMD Care Coordinator, (IF THEY BECOME AWARE) of disruptive or unacceptable behavior of the client
- Notify HDMD Care Coordinator, (IF THEY BECOME AWARE) if the client leaves the premises for an extended period of time

Page 5 of this document includes a survey of “Additional Services” offered by your facility. It is NOT required that your facility provide these services to be selected as a Vendor, it is strictly for information gathering purposes only. Please complete and submit as part of your application packet.

The HARRIS CENTER’s Role:

The HARRIS CENTER will pay one month’s deposit and a monthly rental fee of $650.00 for each client. Each client in the program will have an assigned Care Coordinator to work with them throughout their duration in the program. It is the responsibility of the Care Coordinator to link and coordinate needed services with the HDMD client. This includes, but is not limited to mental health treatment through a The HARRIS CENTER clinic, substance abuse services, primary health care, housing and other social services as indicated.

Specifically, the HDMD Care Coordinator will provide intensive services to the client on site, 2 – 3 times per week. They will also provide transportation to the clients to assist them in attending scheduled appointments and accessing needed services. The HDMD care coordinator will meet with each selected Vendor to introduce themselves and provide contact information to the Vendor so they will be able to contact the care coordinator when needed. Each Vendor will have be provided contact information for each Care Coordinator, as well as an On Call List for after hours and weekends.

Applications will be reviewed upon receipt and the housing need is immediate. If selected, your application will remain open for two years.
Please indicate which, if any of these Additional Services are available at your Facility
Collection of this data is for Information Purposes Only;
Acceptance as a Vendor is **NOT** contingent upon having these

Facility Name: ____________________________________________

<table>
<thead>
<tr>
<th>Additional Services</th>
<th>Included?</th>
<th>Additional Cost?</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Meals</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Meals Provided</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Community Kitchen</td>
<td></td>
<td></td>
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<tr>
<td><strong>Security</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Fencing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Cameras on site</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Front Desk Sign</td>
<td></td>
<td></td>
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<tr>
<td>In/Out</td>
<td></td>
<td></td>
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<tr>
<td>* Curfew</td>
<td></td>
<td></td>
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<tr>
<td>* 24 Hour on site</td>
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<tr>
<td><strong>Staff</strong></td>
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<tr>
<td><strong>Transportation</strong></td>
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<tr>
<td>* Provided by Facility</td>
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<tr>
<td>* Easily Accessible</td>
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<tr>
<td><strong>Classes &amp; Groups</strong></td>
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<tr>
<td>* GED Classes</td>
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<tr>
<td>* Job Skills Training</td>
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<tr>
<td>* Groups</td>
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<tr>
<td><strong>Furnishings</strong></td>
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<td><strong>Other</strong></td>
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</table>
PARTICIPATION STATEMENT
I fully understand that if any matter stated in this application is or becomes false, The HARRIS CENTER will be entitled to terminate my provider agreement for breach. All information submitted by me in this application is warranted to be true, correct and complete.

______________________________  __________________________
Signature of Applicant                      Date (mm/dd/yy): __ / __ / ______

______________________________
Name (Please Print)

RETURN COMPLETED APPLICATION TO:
(MUST BE ORIGINAL)

The HARRIS CENTER for Mental Health and IDD
Community Treatment Initiative (CTI)
Chronic Consumer Stabilization Initiative (CCSI)
Houston Downtown Management District (HDMD)
Attention: Amber Honsinger, M.S., LPC
Program Director
9401 Southwest Freeway
Houston, TX 77074
Amber.Honsinger@TheHarrisCenter.Org
713-970-7154

IF YOU HAVE ANY QUESTIONS, PLEASE CALL:
713-970-7154
Public Notice

The HARRIS CENTER for Mental Health and IDD is the Health and Human Services Department of State Health Services (DSHS) designated Local Mental Health Authority (LMHA) established to plan, coordinate, develop policy, develop and allocate resources, supervise and ensure the provision of community based mental health services for the residents of Harris County. The HARRIS CENTER is conducting Open Enrollment to establish a network of providers to provide the following service: **Housing.** The Provider enrollment period will be from ____ through September 1, 2018 through August 31, 2020.

Copies of the Contract and Application Packet will be available beginning August 01, 2018 and may be obtained by:

- Via internet at the Agency Website, [www.theharriscenter.org](http://www.theharriscenter.org)
- Written request to:
  
  The HARRIS CENTER for Mental Health and IDD
  Community Treatment Initiative (CTI)
  Chronic Consumer Stabilization Initiative (CCSI)
  Houston Downtown Management District (HDMD)
  Attention: Amber Honsinger, M.S., LPC
  Program Director
  9401 Southwest Freeway
  Houston, TX 77074
  [Amber.Honsinger@TheHarrisCenter.Org](mailto:Amber.Honsinger@TheHarrisCenter.Org)
  713-970-7154

Picked up on or after August 01, 2018 at the above location (1st floor; see the lobby receptionist)

Questions regarding the Open Enrollment Process should be directed to the above address or:

Email: Amber.Honsinger@TheHarrisCenter.org
Phone: 713 970-7154