

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

Short-Term Housing RFA

Housing RFA 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:

Send all requested materials to:
The HARRIS CENTER for Mental Health and IDD
Chronic Consumer Stabilization Initiative (CCSI)
Chronic Consumer Assistance Program (CCAP)
Behavioral Health Response Team (BHRT)
Attention: Amber Honsinger, M.S., LPC
Program Director
9401 Southwest Freeway
Houston, TX 77004
Amber.Honsinger@TheHarrisCenter.Org
713-970-7154

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

Short-Term Housing Application

A. General Information:

Facility Legal Name			Does the facility have another Name? If yes, please list name	
Preferred Mailing Address Line 1			Preferred Mailing Address Line 2	
City	State	Zip	County	Contact Person
Physical Address			Physical City, State & Zip	
Telephone	Email Address		Fax	
<input type="checkbox"/> Apartment Complex <input type="checkbox"/> Residential Facility		<input type="checkbox"/> SRO <input type="checkbox"/> Other		Indicate who is your corporate owner (if applicable)
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?

<input type="checkbox"/> Caucasian	<input type="checkbox"/> Native American or Alaskan Native	<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> Black (African, Jamaican, West Indian descent)	<input type="checkbox"/> Hispanic (Mexican, Puerto Rican, South American)	<input type="checkbox"/> Other (specify)

C. Payee Information

Make checks payable to (must match tax ID owner name on file with IRS for the TIN listed below)			Type of Corporation
Billing Address Line 1		Billing Address Line 2	
City	State	Zip	
Your Medicare/UPIN Number	Your Medicaid Number	Tax Identification Number (TIN)	

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

Open Enrollment Application Process

To Provide Short-Term Housing

The HARRIS CENTER for Mental Health and IDD (“The HARRIS CENTER”), through its Chronic Consumer Assistance Program (“CCAP”), is offering to contract with housing facilities to provide short term housing (up to 90 days) to clients identified by the CCAP.

Overview of Program:

The HARRIS CENTER for Mental Health and IDD, Houston Downtown Management District (“HDMD”), and Harris County Sheriff’s Office (“HCSO”) collaboratively identify adults experiencing chronic homelessness and exhibiting symptoms of mental illness in downtown Houston. The HARRIS CENTER Clinician engages these individuals into ongoing mental health treatment through the provision of intensive crisis intervention and wraparound care coordination services. The HARRIS CENTER Clinician 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. HDMD will identify and refer individuals based on frequency and duration of homelessness and apparent need for mental health services to The HARRIS CENTER Clinician and HCSO Deputy.

The HARRIS CENTER in collaboration with HDMD and HCSO in assisting individuals with acquiring and maintaining stable housing and mental health services. The HARRIS CENTER Clinician and HCSO Deputy partner together daily and provide clinical and care coordination services in the community as a team. 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 CCAP.

Vendor’s Role:

In addition to the clinical and care coordination services described above, The HARRIS CENTER’S CCAP will include up to 90 days of housing. We are seeking Vendors to provide housing to the clients enrolled in The HARRIS CENTER’S CCAP 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:

- IRS Form W-9
- 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 is required
- Willing to enter into a Housing Agreement with the Agency for the benefit of Consumer
- 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 resident during occupancy
- Provide monthly report of residents housed by unit # and number of days in unit

Not a Requirement, but Requested of Vendor:

- Notify The HARRIS CENTER Clinician of disruptive or unacceptable behavior of Consumer (IF THEY BECOME AWARE).
- Notify The HARRIS CENTER Clinician if Consumer leaves the premises for an extended period of time (IF THEY BECOME AWARE).

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 a monthly housing fee of \$650.00 for each Consumer who remains at the Facility for a full month. This rate is determined by equating the expected value of complete services typically provided to program participants which include and are not limited to the provisioning of a single bed and bedding, basic furnishings, utilities, adequate space for personal belongings, toiletries, three (3) meals daily, 24 hour onsite staff, transportation and/or access to public transportation services, and individual or group support meetings. The HARRIS CENTER will pay a day rate for individuals who have remained at the Facility for less than a full month (30 days). The day rate shall be calculated as follows: $(\text{Monthly Rate}) / (\text{Total number of days in the month}) \times (\text{Total number of days services were provided})$. Each Consumer in the program will have an assigned licensed clinician to work with them throughout their duration in the program. It is the responsibility of the clinician to link and coordinate needed services with the Consumer. This includes, but is not limited to mental health treatment through a HARRIS CENTER clinic, substance abuse services, primary health care, housing and other social services as indicated.

The Clinician will provide intensive services on site, 1 - 2 times per week. They will also provide transportation for the Consumer to assist them in attending scheduled appointments and accessing needed services. The Clinician will meet with each selected Vendor for introductions and to establish an open line of communication between Vendor and Clinician. Each Vendor will have be provided contact information for the Clinician, Clinical Team Leader, and Program Director as well as an On Call List for after hours and weekends.

Applications will be reviewed upon receipt as housing needs are immediate. If selected, your application will remain open for two years pursuant to the Open Enrollment statutory requirements as set forth at 25 Tex. Admin. Code §412.60.

ADDITIONAL SERVICES

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: _____

Additional Services	Included?		Additional Cost?
	Yes	No	
Meals			
○ Meals Provided			
○ Community Kitchen			
Security			
○ Fencing			
○ Cameras on site			
○ Front Desk Sign In/Out			
○ Curfew			
○ 24 Hour on site Staff			
Transportation			
○ Provided by Facility			
○ Easily Accessible			
Classes & Groups*			
○ GED Classes			
○ Job Skills Training			
○ Groups			
Furnishings			
Other			
○			
○			
○			

*** Please provide qualifications and credentials for these services such as all relevant certifications and/or applicable licenses.**

PARTICIPATION STATEMENT

Vendor warrants and assures The HARRIS CENTER that:

1. Vendor is financially solvent, able to pay all debts as they mature and possess sufficient working capital to complete the work and perform the obligations herein,
2. Vendor is not currently held in abeyance or barred from the award of a federal or state contract,
3. Vendor is currently in good standing for state tax, pursuant to Texas Business Corporation Act, Texas Civil Statutes, Article 2.45, and
4. Vendor agrees to provide the specified services at the rate of payment specified herein.

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
Chronic Consumer Stabilization Initiative (CCSI)
Chronic Consumer Assistance Program (CCAP)
Behavioral Health Response team (BHRT)
Attention: Amber Honsinger, M.S., LPC
Program Director
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Houston, TX 77004
Amber.Honsinger@TheHarrisCenter.Org
713-970-7154

If you have questions, please call Amber Honsinger at 713-970-7154.

PUBLIC NOTICE

The HARRIS CENTER for Mental Health and IDD is the Health and Human Services Commission Department of State Health Services (“DSHS” or “HHCS”) 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: **Short-Term Housing**. The Provider enrollment period will be from September 1, 2020 through August 31, 2022.

Copies of the Contract and Application Packet will be available beginning August 01, 2020 and may be obtained:

- ◆ Via internet at the Agency Website: www.theharriscenter.org
- ◆ Written request to:

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Chronic Consumer Stabilization Initiative (CCSI)
Chronic Consumer Assistance Program (CCAP)
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- ◆ Or picked up in-person on or after August 01, 2020 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