

**The HARRIS CENTER for Mental Health and IDD  
Network Management**

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**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 copy of Certificate of Occupancy
- Attach a copy of General Liability Insurance
- Attach proof of current substance use disorder facility license through DSHS
- Attach proof of health facility licensure

Send all requested materials to:  
The HARRIS CENTER for Mental Health and IDD  
The Jail Diversion Center  
Attention: Priscilla Ramirez  
Email: [Priscilla.Ramirez@theharriscenter.org](mailto:Priscilla.Ramirez@theharriscenter.org)  
Telephone: 713.970.3088  
Budget Analyst II  
9401 Southwest Freeway  
Houston, TX 77074

# The HARRIS CENTER for Mental HEALTH and IDD Network Management

## Facility 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<br><input type="checkbox"/> Residential Facility |               | <input type="checkbox"/> SRO<br><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: “Substance abuse treatment”**

The HARRIS CENTER for Mental Health and IDD (The HARRIS CENTER), through its Jail Diversion Center (Diversion Center) is offering to contract with a pool of alcohol and drug rehabilitation facilities specifically (1) Detox Facilities; (2) Intensive Outpatient Programs (IOPs); and (3) residential substance abuse facilities based on the level of acuity and intensity of care best suited for the client. Program services will begin effective September 4<sup>th</sup>, 2018.

#### **Overview of Program:**

The Jail Diversion Center (Diversion Center) is a pre arrest alternative to incarceration for individuals with mental illness who have committed non-violent, low level offenses, with INITIAL focus on trespassers. Care Coordinators as well as licensed clinicians will provide assessments, integrated care plans and treatment to assist in an individual’s stabilization. Clients will engage in psychosocial programming, peer support and daily activities. Care Coordinators or licensed clinicians will provide extensive discharge planning to coordinate access to housing, social services and treatment post discharge, utilizing case managers and peer support. The program includes a short term transitional/temporary housing aspect where clients will reside 24/7 for up to 14 days.

#### **Vendor’s Role:**

In addition to the care coordination services described above, if a client is assessed by the HARRIS CENTER staff to require more significant stabilization than what is being offered through our service provision then the client will need to be admitted for a more appropriate treatment setting. We are seeking a pool of Vendors to provide residential alcohol and drug rehabilitation treatment services specifically (1) Detox Facilities to provide a safe and controlled environment while the substance is removed from a person’s system; detox should occur on an inpatient basis where quality medical care can be administered through the withdrawal process; (2) Intensive Outpatient Programs (IOPs) to provide a customizable and flexible option for suitable treatment care for those who do not need medically-supervised detox; (3) Residential substance abuse programs that are either temporary or long-term that may benefit a client after detox, if applicable. The Jail Diversion program will begin effective September 1, 2018.

**Vendor Criteria:** Each Applicant must provide the following:

- Certificate of Occupancy
- Proof of General Liability Insurance
- Proof of current substance use disorder facility license through DSHS
- Proof of health facility licensure

#### **Vendor Requirements:**

- Facility must meet all codes per the city, state and federal regulations
- Facility must be ADA accessible
- Facility must be able to provide medical treatment and recovery methods
- Staff must be able to release information to the HARRIS CENTER staff with clients’ consent per HIPPA regulations
- Facility must be able to document and account for all billing services per accounting standards or payment may be rejected and/or delayed.
- Facility must be approved to bill for insurance and should do so before billing to the HARRIS CENTER (including Medicaid, Medicare, State-financed health insurance, private insure or military insurance)

#### **Not a Requirement, but Requested of Vendor:**

- Notify Program Manager, Rhonda Herndon [Rhonda.herndon@theharriscenter.org](mailto:Rhonda.herndon@theharriscenter.org) (713) 970-3419, (IF THEY BECOME AWARE) of disruptive or unacceptable behavior of the client
- Notify Program Manager, Rhonda Herndon [Rhonda.herndon@theharriscenter.org](mailto:Rhonda.herndon@theharriscenter.org) (713) 970-3419, (IF THEY BECOME AWARE) if the client is being discharged from the facility.

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 the cost of client care including medications as stated herein below:

| Substance Abuse                             | Rate                        | Comments   |
|---|-----------------------------|--|
| Residential Treatment                       | \$85-\$108 per day bed rate | Medical billing must be pursued                      |
| Inpatient Detoxification                    | \$241 per day bed rate      | Medical billing must be pursued                      |
| Intensive Outpatient Treatment (Individual) | \$ 58/per hour              | A maximum of three IOP sessions per 24 hour period.  |
| Intensive Outpatient Treatment (Group)      | \$18/per hour               | A maximum of three IOP sessions in a 24 hour period. |

All payments will be made after services have been rendered and invoiced **subject to** medical billing (as applicable) or demonstration that cost cannot be recouped.

Applications will be reviewed upon receipt and if approved your application will be forwarded to contract services for placement in the daily meal services pool. All nutritional needs are immediate. The open enrollment 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 form Information Purposes Only;  
 Acceptance as a Vendor is **NOT** contingent upon having these

Facility Name:

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| Additional Services         | INCLUDED SERVICES |    | ADDITIONAL COST |
|-----------------------------|-------------------|----|-----------------|
|                             | Yes               | No |                 |
|                             |                   |    |                 |
| <b>Meals</b>                |                   |    |                 |
| * Meals Provided            |                   |    |                 |
| * Community Kitchen         |                   |    |                 |
| <b>Security</b>             |                   |    |                 |
| * Fencing                   |                   |    |                 |
| * Cameras on site           |                   |    |                 |
| * Front Desk Sign In/Out    |                   |    |                 |
| * Curfew                    |                   |    |                 |
| * 24 Hour on site Staff     |                   |    |                 |
| <b>Transportation</b>       |                   |    |                 |
| * Provided by Facility      |                   |    |                 |
| * Easily Accessible         |                   |    |                 |
| <b>Classes &amp; Groups</b> |                   |    |                 |
| * GED Classes               |                   |    |                 |
| * Job Skills Training       |                   |    |                 |
| * Groups                    |                   |    |                 |
| <b>Furnishings</b>          |                   |    |                 |
| <b>Other</b>                |                   |    |                 |
| *                           |                   |    |                 |
| *                           |                   |    |                 |
| *                           |                   |    |                 |

**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 any or all Provider agreement(s) for breach of contract  
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  
The Jail Diversion Center  
Attention: Priscilla Ramirez  
Budget Analyst II  
Email: [Priscilla.Ramirez@theharriscenter.org](mailto:Priscilla.Ramirez@theharriscenter.org)  
Telephone: 713.970.3088  
9401 Southwest Freeway  
Houston, TX 77074

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL:  
713-970-3419**

## Public Notice

The HARRIS CENTER for Mental Health and IDD is the 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: **Substance abuse treatment**. The Provider enrollment period will be from August 15, 2018 through August 14, 2020.

Copies of the Contract and Application Packet will be available beginning August 15, 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  
The Jail Diversion Center  
Attention: Priscilla Ramirez  
Budget Analyst II  
9401 Southwest Freeway  
Houston, TX 77004

Picked up on or after August 15, 2018 at the above location (2<sup>nd</sup> floor; see the lobby receptionist)

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

Email: [Thomas.Mitchell@TheHarrisCenter.org](mailto:Thomas.Mitchell@TheHarrisCenter.org)

Phone: 713- 970- 7626