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**RFI APD 14-00**

**FLORIDA AGENCY FOR PERSONS WITH DISABILITIES  
REQUEST FOR INFORMATION**

**MENTAL HEALTH SERVICES AND HOUSING CONTINUUM FOR THE DUALY DIAGNOSED**

**RFI RESPONSE DATE: December 1, 2014; 5:00 PM (EST)**

**A. REQUEST FOR INFORMATION**

The Florida Agency for Persons with Disabilities (APD) is requesting information from potential vendors for an integrated system of care for individuals with a developmental disability and a mental health diagnosis. This is a Request for Information (RFI) only. An RFI is issued solely for information and planning purposes and it does not constitute a competitive solicitation (e.g., Invitation to Bid, Request for Proposal, or Invitation to Negotiate), or a promise to issue a competitive solicitation in the future. This RFI does not commit the Agency to contract for any service or proposed solution whatsoever. A response to this RFI is not an offer and the Agency will not use a vendor's submission to justify a contract with the vendor without complying with applicable laws, rules and policies. Further, APD is not seeking proposals at this time and will not accept unsolicited proposals.

**B. BACKGROUND / PURPOSE**

**1. Background**

Individuals who are dually diagnosed, those with a developmental disability and a mental health diagnosis, pose a different set of challenges for services from APD and the community. It has been estimated that the frequency of this population may vary between 30-35% of all persons with a developmental disability. The difficulty for many families is navigating between different agencies for services

and treatment. To make matters worse, most of the available mental health services appear to be limited to serving the general population. However, even if individuals with developmental disabilities are served by the mental health system, special accommodations are not readily made to address the more complex behavioral and mental health needs of the dually diagnosed.

Because of these unique challenges, Director Palmer conducted a public workshop on January 28, 2014, to commission a statewide workgroup to outline a comprehensive mental health system of supports and services for individuals who are dually diagnosed and exhibit intensive behavioral challenges. The workgroup, was made up of stakeholders that included service providers, family members, advocates, representatives from mental health and APD staff. Collectively, the workgroup identified a number of gaps and deficiencies in the current service system that prevent persons with a co-occurring developmental disability and mental illness from obtaining appropriate services.

The current system is fragmented and does not offer an appropriate, accessible and effective continuum of crisis intervention or intensive case management services. Further, housing options to prevent and manage crisis situations for both acute and chronic mental health issues are unavailable. Options for crisis management are currently limited to very brief stays in Crisis Stabilization Units, along with unnecessary changes and increases in medication, followed by either no change in services or transfers to higher cost residential settings. There is no system of supports and services available to stabilize individuals in their current living settings, including family homes, when crises occur. Furthermore, there are no residential respite options for parents and families to get a much needed break from the rigorous demands of caring for a family member with a co-occurring developmental disability and a mental health diagnosis. In short, the service system is ill equipped to support individuals in preventing crises, and when crises do occur, there is no intense follow-along service to assist people to acquire needed supports and services to help them remain in their current residence. This can result in many adverse situations, including unnecessary repeated hospitalizations, police involvement, incarceration, use of emergency room services and other costly community resources.

## **2. Purpose**

The agency is seeking information from providers for a proposed integrated system of care for individuals with intellectual/developmental disabilities and behavioral health needs in the community. The system is intended to provide a timely, optimal response to minimize the possibility of a crisis situation occurring and to help individuals who are dually diagnosed to remain in their homes. In order to achieve this goal, the following service components have been identified as critical elements in establishing an effective, efficient and accessible service model.

- a. **Service Components** – Respondents must provide information in Section B., of this Request for Information (RFI) for the following program components:

- 1) **Residential and In-Home Behavioral Respite** - Develop short-term residential and in-home behavioral respite options for persons who are dually diagnosed and have intensive behavioral needs. It is proposed that in-home behavioral and residential behavioral respite be developed as separate services under the Medicaid Waiver respite category, with appropriate staff qualifications and funding to support the level of need of these individuals.
- 2) **After Hours Mobile Assessment and Response Teams** – Develop a mobile response system in order to provide families and individuals with access to a trained person, 24 hours a day, 7 days a week, who can provide onsite assessment, consultation, support and direct intervention, with the goal of maintaining the individual in his or her home. Collaboration with Mental Health Managing Entities may be possible to utilize or expand existing resources in the Mental Health system and share methods of management and intervention.
- 3) **Crisis Beds and Follow-Along** – Establish new, small local or regional homes, or designate existing qualified homes, to be used for this purpose, to serve individuals who are in crisis and need to leave their place of residence temporarily. These homes would be staffed and operational 24 hours a day, 7 days a week, to serve from 4-6 individuals for up to 30 days. However, depending on demand, these beds may be split functionally into providing different services, such as two beds for crisis, two beds for planned or unplanned respite, with two step-down beds to receive individuals from a Crisis Stabilization Unit or jail until an appropriate residential placement is identified. During the individual’s stay, family members or other caregivers will be trained to allow the individual to return to his or her residence, whenever possible. A funding methodology would have to be developed whereby beds could be funded when vacant to maintain the capacity to serve individuals in crisis.
- 4) **Long Term Residential Options** – For individuals for whom living with family members is no longer an option, long term residential homes are needed. Although the system currently provides homes of this type for individuals with intensive behavioral needs, staff will need to be educated in the unique challenges of persons who are dually diagnosed. At present, there is a shortage of qualified providers statewide to offer this service. Recruitment efforts are needed, along with a system of financial incentives to encourage providers to fill the gaps in this service option. The residential component of this service may not require the addition of a new service under the Medicaid Waiver. However, if there is to be a “mental health or behavioral health overlay” with an associated rate differential for an individual who is dually diagnosed, then a new service would need to be added to the Waiver.
- 5) **Clinical Competency Development** – In order to have a foundation upon which to build a fully integrated system to prevent and manage crises

throughout the state, the level of clinical expertise must be increased. To some degree all stakeholders will need training and education in developmental disabilities, dual diagnoses and interventions that are proven effective with these individuals. To effect this change, training is needed for consumers, family members, and direct service staff working with these consumers, therapeutic service providers and residential provider agencies, as well as agencies operating independent of APD. This would most likely involve interagency training with staff from the Department of Children and Families, Mental Health, the Florida Department of Law Enforcement, and the State University System. In order to provide the necessary training and education as efficiently as possible, it is recommended that a contract be initiated with an expert in the field of dual diagnosis, such as Dr. Joan Beasley from The Center for START Services Institute on Disability, in Concord, New Hampshire.

- b. Respondents may also provide information on:
- 1) Development of a method for referring candidates, determining who is eligible for these services, and how long services may be continued;
  - 2) Whether they would implement this service as a pilot or if they would have the capacity to implement one integrated model in each Region statewide, or if they have an alternative method for statewide implementation;
  - 3) Provider qualifications for advanced rate for any one of the service components;
  - 4) Recommended outcomes in addition to, number served by each service component, length of stay, number of vacancies, number of Baker Acts per consumer, number losing placement, etc.

### **C. RFI RESPONSE INSTRUCTIONS**

Respondents to this RFI are asked to be thorough, but concise. The RFI response must include the following:

1. The respondent's name, place of business address(es), contact information, including representative name and alternative, if available, telephone number(s) and e-mail address(es);
2. A description of the respondent's business and its experience as it relates to the services outlined in this RFI. This description should include a narrative explaining past experiences in which the respondent has engaged with other health care agencies, health care providers or government agencies to deliver services pertaining to the service components outlined; and
3. A statement of interest in or knowledge of the services outlined in this RFI, including a high level outline of any specific product, concept, technology or approach that would pertain to the information sought through this RFI.

Additional elements to be included in the response if available are:

- a. An implementation schedule for the development of each component of the service system;
- b. A timeline for developing and implementing all components of the service system in at least one Region, and the remaining five Regions if the respondent has interest or capacity for full statewide implementation;
- c. A description of the foreseen benefits and challenges of the proposed system including any identified risks to the Agency's responsibilities to its consumers, families or legal representatives, other providers, or other collaborating health care agencies, and recommendations for overcoming them;
- d. A description of the staffing requirements and qualifications foreseen to operate each component of the service system;
- e. An estimate regarding the implementation and operational costs for each component of the service system specified in Section A., Background/Purpose, Item 2., "Purpose" above.

#### **D. PROPRIETARY INFORMATION**

Any portion of the submitted response which is asserted to be exempt from disclosure under Chapter 119, Florida Statutes, shall be clearly marked "exempt", "confidential", or "trade secret" (as applicable) and shall also contain the statutory basis for such claim on every page. Pages containing trade secrets shall be marked "trade secret as defined in Section 812.081, Florida Statutes". Failure to segregate and identify such portions shall constitute a waiver of any claimed exemption and the Agency will provide such records in response to public records requests without notifying the respondent. Designating material simply as "proprietary" will not necessarily protect it from disclosure under Chapter 119, Florida Statutes. An entire response should not be considered trade secret.

#### **E. RESPONSE SUBMISSION**

Respondents to the RFI shall submit an electronic copy of its response using Microsoft Word 97 and/or Excel 97 or newer, not to exceed one-hundred (100) singled sided pages in length and sent via email. The software used to produce the electronic files must be logically named.

The respondent shall **also** submit one (1) electronic redacted copy of the response suitable for release to the public. Any confidential or trade secret information covered under Section 812.081, Florida Statutes, should be either redacted or completely removed. The redacted response shall be marked as the "redacted" copy and contain a transmittal letter authorizing release of the redacted version of the response in the event the Agency receives a public records request.

Responses to the RFI shall be provide no later than **5:00 PM, Eastern Standard Time, December 1, 2014**. Responses shall be submitted to:

Agency for Persons with Disabilities  
Bureau of Quality Management  
Attn: Edwin DeBardleben  
4030 Esplanade Way  
Suite 360K  
Tallahassee, Florida 32399-0950  
Edwin.DeBardleben@apdcares.org

## **F. PROCESS**

After the Agency has received all responses to this RFI, the Agency, in its sole discretion, shall determine if a meeting with respondents is necessary to clarify the information received. In the event that the Agency decides to hold a meeting, the respondent(s) will be notified via email.

APD will review and analyze information received from this RFI to determine the best option(s) to address the Agency's objectives and requirements. Any request for cost information will assist the Agency in gaining perspective of the potential budgetary magnitude.

Responses to this request will be reviewed for informational purposes only and will not result in the award of a contract. Vendors submitting a response to the RFI are not prohibited from responding to any related subsequent solicitation. Not responding to this RFI does not preclude participation in any future procurement, if any is issued.

## **G. VENDOR COSTS**

Vendors are responsible for all costs associated with preparation, submission, and any potential meeting(s) to discuss this RFI. APD will not be responsible for any vendor costs associated with responding to this RFI.

## **H. REGISTER WITH THE STATE OF FLORIDA**

In order to do business with the State of Florida, all vendors must be registered in MyFloridaMarketPlace. Information about registration with the State of Florida is available, and registration may be completed at the MyFloridaMarketPlace website link under the heading, Business, on the State portal at [www.myflorida.com](http://www.myflorida.com). Those lacking internet access may request assistance from the MyFloridaMarketPlace customer service at 866-352-3776. Registration is not required to respond to this RFI.

## I. QUESTIONS

Questions concerning this RFI should be submitted in writing via email to:

[Edwin.DeBardleben@apdcares.org](mailto:Edwin.DeBardleben@apdcares.org).

Verbal questions will NOT be accepted. Questions will be answered by sending questions and responses to respondents; accordingly, questions shall NOT contain proprietary or classified information. All questions must be received by \_\_\_\_\_ at 5:00 PM EST. Responses to questions will be provided \_\_\_\_\_ by close of business unless otherwise indicated.

## J. AGENCY FOR PERSONS WITH DISABILITIES

Additional information about the Florida Agency for Persons with Disabilities can be found on the Agency's website at: <http://apdcares.org/>.

**NOTICE TO PERSONS WITH DISABILITIES IN NEED OF A REASONABLE ACCOMMODATION: Please contact \_\_\_\_\_ (NAME) to make your request at \_\_\_\_\_ (E-MAIL) as soon as possible before the deadline for submittal.**