

Hawaii Department of Health
Adult Mental Health Division (AMHD)
Request for Information (RFI) Response Summary
RFI No. AMHD 420-5-14
Developmental Disability/Intellectual Disability Services
Statewide

A Request for Information for Developmental Disability/Intellectual Disability Services, statewide, was issued on February 13, 2014. Written feedback was received from one organization. Below is a summary of the responses received through this process as they relate to the questions from the RFI.

The Respondent states that they currently provide Adult Day Care Services and Outreach Services in the State of Hawaii, including 1:1 supports in the community. If an RFP was issued for developmental disability/intellectual disability services, statewide, the Respondent states that they would be interested in submitting a proposal to provide services for all areas on the island of Oahu, and for the County of Maui, services would be limited to the Kahului and Wailuku areas. If coverage is needed in other areas, the Respondent would need ample time to obtain staffing.

The Respondent stated three funding challenges to create a developmental disability/intellectual disability services program. First, in terms of staffing, how would the Behavioral Specialist be paid: referred by the Department of Health, covered by the recommendation(s) from the consumer's own physician, or by the Respondent? Second, Transportation costs would be required to and from the program, doctor visits, and for flights to the outer islands. Third, time would be required to enable the Respondent to employ staff for consumers that live outside the coverage areas. For instance, if a client is transitioning out of the hospital or prison, the Respondent would be provided with a 6-8 week courtesy call.

The Respondent states that they are aware of concerns in the Leeward area for homeless families. More funds should be appropriated to providers to offer transitional homes. The Respondent recommends collaborating with a psychiatrist from Waianae Comprehensive to write approaches for behaviors and then refer to Respondent to avoid duplication for billing for this service or for the Respondent to provide their own specialist and billing the state again.

The Respondent defines the Developmentally Delayed as having been born with disability or gained a disability due to an accident before the age of 21. This also includes and is not limited to other disabilities such as seizure disorders, mild retardation and cognitive deficits.

The Respondent states that it has over 13 years of experience servicing the needs of both developmentally delayed and dual diagnosed consumers, with a staffing that has over 20 years of experience. The Respondent has a day program that reiterates positive cognitive supports.

The Respondent describes that it has over 13 years of experience working with individuals that are Developmentally Delayed with mental illness from mild to severe, with staffing that has over

20 years of field experience. They offer a program that provides consumers with learning skills, basic survival skills and basic cognitive skills.

The Respondent states that they have experience with individuals that are Developmentally Delayed with medical and especially behavioral problems and are able to handle severe behavioral clients. The Respondent's functional behavioral support plan is produced first and the direct service worker is trained to implement that plan. Communication between Service Supervisor, Direct Service Worker and Caregiver is done on an ongoing basis. The Respondent utilizes their same processes with severe behavior client, such as with daily routines that are outlined in each consumer's Individualized plan, basic survival skills, aid in rehabilitation and inclusion in society.

The Respondent describes its experience with behavioral modification programs for D and DD with co-occurring disorders by working with agencies such as Care Hawaii, North Shore, Mental Health, Hawaii Behavioral Health as well as Case Management, and in-house staff, caregivers to develop, train and implement behavioral plans. The Respondent felt it would be more feasible to have each consumer's psychiatrist or specialist to assess a plan at each annual or ongoing doctor visit and give to the provider agency so no duplication of services were conducted.

The Respondent describes its experience with DD and DD with co-occurring disorders, for vocational rehabilitation and job placement support services in their day program, which consist of daily programs that support and reinforces vocational rehabilitation and job placement support services. In-House training covers writing, reading, attention to task, mathematics, cultural awareness, personal development and basic survival skills.

The Respondent describes its role regarding principles of normalization and peer appropriate activities with DD consumers is to provide positive supports that aid consumers in attaining their goal in life. Normalization is to have consumers achieve their goals in life towards inclusion in society and independence. The Respondent also addresses normalization and appropriateness by its skill building processes that are conducted every day at their center: reading, writing, attention to task survival skills, maintenance skills and computer skills. The Respondent has an incentive program that pays out \$1-\$8 every two weeks for positive behavior and completion of daily programs. Sex education classes are offered on an as needed basis. Dental hygiene education is conducted once a year. Hair grooming is offered monthly with a \$2.00 donation for the resource person.

The Respondent states that they have over 20 years' experience working with developmentally delayed persons who are conserved. They service mild to severe behavioral clients, and currently provide services to 32 clients at their day program and 15 clients in their outreach program.