

**2015 Behavioral Health Division**  
**Community Access to Recovery Services Division**  
**Secure Emergency Detoxification Program**

Questions submitted via email & **Answers**

1. Page 4-43. In our opinion, it is critical that the Detox Program should be patient-centered, recovery-oriented, and outcomes-driven. The ultimate goal should be to rehabilitate the client and reintegrate them back into the community. Unfortunately, heretofore not enough emphasis has been placed on preventing recidivism. For the years 2012, 2013 and YTD 2014, can you please tell us:
  - o How many clients have actually been served in the Detox Program, by type of service (i.e., sober-up and emergency detoxification service), by gender, by ethnicity, and by age? **Refer to the attached chart.**
  - o How many of the foregoing clients have been "repeat admits", and to what extent? (We would like this data to quantify the recidivism rate.) **This chart represents the number of clients whose count of admissions fell within the range indicated in the left column. For example, 6 individuals had more than 100 visits to Sober Up Detox in 2012.**
  
2. Page 5-7. Our understanding is that an EMR (Electronic Medical Records) system is not being used at this time for the Detox Program. Our Company currently uses two different EMR systems for our various services. Do you have any specific requirements for the EMR system that BHD would like to be used for the Detox Program? Can you please provide us the technical specifications of the BHD EMR system, so we can investigate and propose an integration of our proposed Detox EMR system with the BHD system? **Currently, the Detox Program is maintained with our CMHC system. In late 2014, we will transition from CMHC to Avatar, another Netsmart product. The Detox Program will likely use a product called ProviderConnect, which allows providers to interact with Avatar to submit billing and maintain client records. Technical specifications for these products will be forthcoming.**
  
3. Page 5-12. What is the license that the current provider is operating under? (DHS124, DHS83, DHS82, DHS88, or some other statute?) **Current vendor is operating under DHS83 issued by the Division of Quality Assurance.**
  
4. Page 5-5. In the event BHD selects a new provider for the Detox Program, what provisions will be made with the current provider to ensure a smooth transition? **The current vendor is under contract with BHD until the end of the calendar year 2014. Therefore provision of service is required through the end of the calendar year as well and this is BHD's vendor through the end of the calendar year. If a new vendor is selected, BHD will immediately begin working with both the existing and the new vendor to ensure no disruption in care. If applicable, it is the request of BHD that the new and existing vendors can foster a respectful relationship to allow our clients to be kept uppermost in service delivery. If it is a new vendor, BHD will require the immediate application of certifications under DHS 75 and the CBRF certifications to meet the state designated standards of care. Also, we will work with both vendors to achieve a mutually respectful approach to an overlap of care for a period of time determined by all parties to create a safe and clinically sound transition plan.**

5. Page 5-6. Based upon BHD's assessment of the approach being utilized by the existing provider, does BHD have any data or information that you can share regarding the level of case management/care coordination services that would be optimal in serving the Detox clients? The percentage is quite low at: 2012: 2%, 2013: 2.4%, and 2014 YTD: 2%. This is a contributing factor in the performance indicators in this RFP. BHD views detox a critical component on a continuum of care and the linkages for clinical services are vital to addressing the acute need and referrals to formal treatment services for follow-up care. Referrals to our Central Intake Units for comprehensive assessment and connection to residential, day treatment, outpatient care, care coordination, case management, recovery support services as necessary