

**DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
(Medicaid Mental Health Community Programs)**

-AND-

**DEPARTMENT OF HUMAN SERVICES
(Mental Health and Alcohol and Drug Abuse Services)**

FY 2011-12 JOINT BUDGET COMMITTEE HEARING AGENDA

Thursday, December 16, 2010

3:00 pm – 5:00 pm

3:00 – 3:05 INTRODUCTIONS AND OPENING COMMENTS

3:05 – 3:25 GENERAL OVERVIEW OF THE BEHAVIORAL HEALTHCARE SYSTEM

1. How do the Department of Health Care Policy and Financing and the Department of Human Services describe and measure client outcomes for individuals participating in behavioral healthcare programs funded by the State?
2. Provide a list of the legislation in the past few years that has resulted in increases in behavioral health benefits or expansion of eligible populations for behavioral health services that has not been mandated by the federal government.
3. Did H.B. 05-1015 specify that the Medicaid substance abuse benefit be administered in a fee-for-service model? If not, why does the Department of Health Care Policy and Financing opt to use the fee-for-service model rather than the existing managed care model in place for Department of Human Services' funded substance abuse programs through Managed Service Organizations (MSOs)? Are there barriers to transitioning the Medicaid substance abuse benefit to managed care? Would a managed care model provide better cost containment for the Medicaid substance abuse benefit?

3:25 – 3:55 COLORADO MENTAL HEALTH INSTITUTES

4. Please provide an update on the impacts of the FY 2009-10 treatment division closures at the Colorado Mental Health Institute at Fort Logan. Are there future plans to change the services delivered at the Fort Logan facility? Is there a long-term strategic plan for the institutes as a whole?
5. Were Fort Logan patients in the childrens and adolescents treatment units transferred to Children's Hospital? If so is Children's Hospital compensated for this increase in responsibility? If so, how are they compensated? If so, at what level are they compensated?

6. Has the Department of Human Services looked at changing the delivery service at the two institutions to a public-private/non-profit based community model?
7. Over the past 15 years, the Department of Human Services has decreased the number of public psychiatric beds considerably. Have resources been provided to community providers to replicate the services in the community?
8. Does a service difference exist between the Therapeutic Residential Childcare Facility (TRCCF) at Fort Logan and similar TRCCFs managed by community providers?
9. Is the Department of Human Services going to request more funding in a supplemental or a budget amendment as a result of the report that reviewed the three recent deaths at the Colorado Mental Health Institute at Pueblo? Is there going to be any action taken as a result of the report? Do we need a change in law to deal with the hiring process challenges outlined by the report?
10. Why are administrative costs continuing to rise at the State mental health institutes when the bed count is decreasing?

3:55 – 4:10 BEHAVIORAL HEALTHCARE NEED IN COLORADO

11. According to the Colorado Population in Need 2009 report, there is an unmet need for behavioral health services. Are individuals in the unmet need category getting no services or do they receive services from other providers outside of the Department of Human Services and the Department of Health Care Policy and Financing? If so, how do behavioral healthcare service providers interact outside of the State-funded system interact with the Department of Human Services and the Department of Health Care Policy and Financing?
12. Is there any information on how the Colorado Population in Need 2009 report numbers of prevalence, service utilization, and unmet need have changed since 2006? If not, is there any indication of how the numbers are changing?
13. Is there any prioritization on how people are provided mental health services? For example, are State funds prioritized by acuity of illness?
14. Does the proportion of individuals by age with prevalence of behavioral health disorders, as reflected in the chart on page 32 of the JBC staff briefing document, stay constant or vary from year to year?
15. Are there variances between the type of disorders based on age or do they all follow the same pattern as shown in the chart on page 32 of the JBC staff briefing document?

16. Why is the State experiencing a treatment spike for marijuana use disorders? Is marijuana an addictive drug? Is there a process in place for rescinding the doctor's recommendation for a medical marijuana card if they determine the person is addicted to marijuana? If no process exists, does the Department feel a process should exist?
17. Why do inmates with mental illnesses inmates have longer jail stays at the county level? Is it because of lack of treatment? Is it because they are committing more serious crimes? Is it because meds are not available? Who pays for these behavioral health services at the county level?
18. Are there strategies to identify mental health issues before individuals are arrested and placed in county jails that have been successful in counties in Colorado? If so, what are these strategies and in what counties have they been established?

4:10 – 4:40 BEHAVIORAL HEALTH ORGANIZATIONS

19. Northeast Behavioral Health Partnership is concerned that the current rate-setting methodology penalizes them for being more efficient than other behavioral health organizations (BHOs). Please indicate if the Department believes that the current rate-setting methodology is equitable across the five BHOs. Additionally, what steps, if any, are being to make the final rate-setting product more equitable from BHO to BHO.
20. What methods are Northeast Behavioral Health Partnership implementing that allows them to deliver services for a lower rate than other BHOs?
21. Why is the contracted capitation rate for foster care decreasing more than other aid categories?
22. Is there an auditing schedule that the BHOs follow? How do these audits work? Who performs these audits? Do these audits review the rate-setting methodologies?
23. Why do penetration rates vary between BHOs?
24. How do penetration rates for behavioral health services for the Medicaid-eligible population compare to penetration rates for the non-Medicaid eligible population? If the rates differ, why is this so?

4:40 – 5:00 FEDERAL HEALTHCARE REFORM AND WHAT IT MEANS FOR BEHAVIORAL HEALTHCARE IN COLORADO

25. How much has the current governance structure of publically funded behavioral health services contributed to the decentralization of the service delivery of mental health services substance use disorders services? Is a different governance structure required to increase the delivery of behavioral health services in a more integrated fashion?
26. When will Accountable Care Collaborative (ACC) pilot program release a report of findings? What activities are occurring at the national level in terms of ACCs?
27. Can the departments learn anything from studying the consolidation of medical delivery that occurred several years ago in the military as it applies to the integration of healthcare services at the state level?