

**DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
&
DEPARTMENT OF HUMAN SERVICES
FY 2009-10 JOINT BUDGET COMMITTEE HEARING AGENDA**

**Tuesday, December 16, 2008
9:00 am – 12:00 noon**

HEALTH CARE POLICY AND FINANCING

9:00-9:20 INTRODUCTIONS AND OPENING COMMENTS

9:20-9:30 QUESTIONS COMMON TO ALL DEPARTMENTS

1. How does your requested decision item for Mental Health tie to the Department's goals?
2. Please justify why the additional General Fund for the Mental Health program must be funded in FY 2009-10 and why it cannot be postponed until FY 2010-11.

(Please note the Department of Health Care Policy and Financing will discuss all Common Questions asked by the Committee on December 17, 2008 at their main hearing. The questions above will relate only to the HCPF Mental Health program.)

9:30-9:50 REPROCUREMENT OF THE BEHAVIORAL HEALTH ORGANIZATION CONTRACTS

3. Please explain the delays and difficulties that the Department has encountered during the current RFP process for BHO contracts. Update the Committee on the new issuance of the RFP in December and the new timeline anticipated for signing new contracts. Also update the Committee on any changes to the RFP released in December compared to the RFP released in November.
4. Since the Department will be reissuing the RFP to allow more bidders to participate, how will the Department ensure that funding will not be reduced to the mental health safety net?
5. Will the contractors be required to contract with Community Mental Health Centers?
6. If a contractor enters into a partnership, sub-capitation, or fee-for-service arrangement with the Community Mental Health Centers, how will the Department ensure the rats paid to the Centers cover the CMHC's costs?
7. If a contractor does not contract with the Community Mental Health Center(s) in their area, how will the Department ensure the contractor provides necessary services and does not cost shift these expenses to the state General Fund or community covered services.

8. Please present the Department's future vision for the Medicaid Mental Health Program including:
 - a) How mental health services could be better integrated with other health and social service programs; and
 - b) What other treatments would be available if the Department expanded services from behavioral health "covered diagnosis" to include other mental health needs.

9:50-10:00 BREAK

DEPARTMENT OF HUMAN SERVICES

10:00-10:20 INTRODUCTIONS AND OPENING COMMENTS

10:20-10:30 QUESTIONS COMMON TO ALL DEPARTMENTS

1. How do your requested decision item for Mental Health and the Alcohol and Drug Abuse Division tie to the Department's goals?
2. Could your department shift to a four day work week that begins on Wednesday and ends on Saturday? If not, why not? If only a portion of the department can go to a four day week, what portion can and what portion cannot and why?
3. Has your department been able to fill new or vacant positions? Can your department quantify the benefits it has seen as a result of adding additional FTE or filling vacant positions?
4. If you have submitted a General Fund decision item, justify why it must be funded in FY 2009-10 and why it cannot be postponed until FY 2010-11.

10:30-10:40 OVERVIEW OF THE MENTAL HEALTH SYSTEM

5. How do the costs per bed at the Colorado state mental health institutes compare to beds at mental health institutes in other states?
6. Please provide an update on the new forensics facility. Will it serve additional patients?
 - a. How will the facility impact staff?
 - b. Will it require staff in addition to those that were already appropriated?

10:40-11:15 CHILDREN’S UNIT VACANCIES AT THE STATE MENTAL HEALTH INSTITUTES

7. Please discuss the closing of University Hospital’s psychiatric facility, as well as the recent closure of any other psychiatric beds. How will this impact the Department, especially Ft. Logan?
 - a. Did University Hospital serve the types of patients that are served by the institutes?
 - b. Does the Department anticipate increased need at the state facilities?

8. It is the Committee’s understanding that there are 64 individuals at Ft. Logan that could be transferred to the community, but there are no beds available in the community. If these beds were to open at Ft. Logan, would they help to deal with the closing of University’s beds?
 - a. What are the costs of adding long-term beds to the community?
 - b. Can a step-down unit be opened at Ft. Logan? If so, what is the cost (both in capital and operating expenses)?
 - c. What would be the timeframe for making these long-term beds available, either in the community or as a step-down facility at Ft. Logan?

9. Does the Department anticipate that the Geriatrics population at the institutes will increase, and if so, does it anticipate that this will impact one institute more than another? Please provide the average length of stay, broken down by unit, at each institute. Has the average length of stay changed over time?

10. Across the State, which hospitals accept children in their psychiatric units?
 - a. Are there certain age limits to the children that they accept?
 - b. Are other hospitals willing to accept children with the same types of needs as those who are treated at the Institutes?

11. Do Therapeutic Residential Child Care Facilities (TRCCF’s) or Psychiatric Residential Treatment Facilities (PRTF’s) accept teenagers?¹ Is there a gap in treatment for seriously disturbed adolescents? Are the institutes the only option for these types of clients?
 - a. How many teens must be turned away because there isn’t the capacity to serve them?
 - b. Can vacant children’s beds be converted to beds for teenagers to help fill this gap? Why or why not?
 - c. If the beds can be converted, what is the anticipated cost?

¹ The initial question referenced Residential Treatment Centers (RTC’s), which were re-organized into the TRCCF’s and PRTF’s.

11:15–11:45 CASH FUNDS IN THE ALCOHOL AND DRUG ABUSE DIVISION

12. Why are the cash fund revenues not sufficient for the Division's spending authority, and for how long has this occurred? Is there a future possibility that the Division's other revenue streams will be insufficient to meet the spending authority?
 - a. Does the Department think that the problem is the amount of the fee, or are Judges not levying the fine on offenders? What is the Department's view on this?
13. Will the fee tolerance of the client be a factor in whether cash fund surcharges can be raised?
14. Fees were adjusted last year for Judicial's buildings. Would any adjustments to the Department's cash funds impact those that were adjusted for Judicial's buildings?
15. Does the Department have additional ideas for how to increase substance abuse treatment services? What are the costs of some of these initiatives?
 - a. How do other States fund these programs?
 - b. Does the Department have any suggestions for how these programs could be funded in Colorado?
16. What substance abuse programs are the most effective, and are they available in Colorado?
 - a. What is involved in bringing additional substance abuse programs to Colorado, and how quickly could this occur?

11:45–12:00 ALCOHOL AND DRUG ABUSE DIVISION

17. Last year, the General Assembly passed Senate Bill 08-154, which permitted the Colorado Department of Public Health and Environment to license Acute Treatment Units (psychiatric facilities) that are co-located with other facilities, such as detox units. Please describe the implementation of this legislation. Has it impacted the number of facilities that can co-located?
 - a. There are concerns about additional barriers that are impeding service delivery to individuals with co-occurring disorders. What are these barriers, and why are they occurring?
18. An injectable form of Naltrexone, known as Vivitrol, has been proven effective at treating alcohol abuse. Please discuss if Colorado uses this drug and if the Department thinks it is a useful tool at treating addiction.
 - a. What would the initial cost of this type of treatment be, and would it generate additional savings?
 - b. Does the State provide funds for medication-assisted therapies for the indigent non-Medicaid population for mental health treatment? If so, does it provide these

same therapies for the indigent non-Medicaid population for substance abuse treatment?

- c. Will this be a decision item in the future?

ADDENDUM: OTHER QUESTIONS FOR WHICH SOLELY WRITTEN RESPONSES ARE REQUESTED

19. Due to the growing economic crisis, the number of uninsured in Colorado will likely continue to grow. How will the Department ensure that there is increased community capacity to serve the additional requests for mental health services?

20. What additional resources are being dedicated for mental health and substance abuse treatment at the community level before people become involved with criminal justice system?