

DEPARTMENT OF HUMAN SERVICES
(Office of Information Technology Services, Office of Operations,
Mental Health and Alcohol and Drug Abuse Services)

FY 2010-11 JOINT BUDGET COMMITTEE HEARING AGENDA

Wednesday, December 16, 2009
1:30 pm – 5:00 pm

1:30-1:45 INTRODUCTIONS AND OPENING COMMENTS

1:45-3:20 FORT LOGAN CLOSURE – MENTAL HEALTH INSTITUTE DIVISION

1. Please describe the process of determining whether an individual receives mental health services in the community or in one of the state's mental health institutes. Are there individuals receiving treatment at the institutes that could be provided similar services in the community instead?
2. Please explain the interaction between community mental health centers (CMHCs) and the state mental health institutes. Do community health centers cooperate when placing individuals in the institutes or do they act in silos, not communicating well with the institutes?
3. Why did the Department recommend closing the children's, adolescent, and geriatric treatment divisions at Fort Logan, but not the adult treatment division?
4. Please describe the anticipated length of stay for the individuals currently receiving mental health services in the treatment divisions slated for closure on January 1, 2010.
5. Has the Department surveyed mental health service providers to determine if they are willing to develop additional facilities? For example, is Cedar Springs interested in opening a facility in the Denver metro region?
6. Please describe the community placement options available to individuals currently receiving mental health services in the adolescent treatment division at Fort Logan.
7. Please describe Denver General's plans for expanding its inpatient adolescent mental health treatment services.
8. What will happen to adolescents that receive treatment at Ft. Logan as a service provider of last resort? Are they going to have another place to go?
9. Please describe the statewide Psychiatric Residential Treatment Facility (PRTF) capacity in terms of services provided, number of beds, and occupancy rate of beds (if available).

10. Where will the children currently served in the children's treatment division at Fort Logan be placed after the division is closed? What is the likelihood they will end up in county jail? Will Children's Hospital accept them?
11. What is the status of Children's Hospital expanding from 17 to 22 beds?
12. Please describe the principal psychiatric diagnosis of individuals in the geriatrics treatment division at Fort Logan. Is there capacity in the community to provide comparable services to patients with this diagnosis? For example, where would a geriatric individual with a principal psychiatric diagnosis obtain services in Grand Junction?
13. At what age do individuals qualify to be placed in the geriatric treatment divisions at Fort Logan and Pueblo? Is there a process in place for transferring individuals from an adult treatment division to a geriatric treatment division once they reach the age requirement of the geriatric division?
14. Is there a statewide demand for treatment service at levels comparable to the geriatric treatment division at Fort Logan that will drive capacity building at other facilities around the state?
15. Please provide the Committee with an update on the potential of Jefferson Center for Mental Health developing capacity to provide services to geriatric patients currently receiving services at Fort Logan.
16. Please describe the Department's confidence that the mental health service providers in the community have the capacity to provide treatment to individuals currently receiving services in the children's, adolescent, and geriatric treatment divisions at Fort Logan.
17. Please provide a status update on the potential of migrating all civil beds from Pueblo to Fort Logan. Has the Department conducted an analysis of the costs? Has the Department conducted an analysis of the service delivery?
18. Does the reduction of 96.8 FTE as a result of the treatment division closures at Fort Logan represent actual layoffs? If not, how many FTE are actually being laid off.

3:20-3:35 FORT LOGAN CLOSURE – OFFICE OF OPERATIONS

19. Please describe the process used by the Department to determine the level of fixed cost services provided by the Office of Operations needed to support the two state mental health institutes. Is it possible that there are additional fixed costs in the Accounting, Procurement, or Contract Management divisions that could be reduced as a result of the treatment division closures at Fort Logan? What is the feasibility of redistributing the fixed costs of the Office of Operations amongst divisions and offices Department-wide rather than relying on a General Fund refinance by Fort Logan?

3:35-3:50 COMMUNITY MENTAL HEALTH SERVICES

20. Please provide a historical review of the contracted rate per individual for mental health services and substance abuse services from FY 2000-01 through the current fiscal year.
21. Are medically indigent individuals served in the community tracked by number of contacts or by each unique individual?
22. Please describe the outcomes of the Veteran Mental Health pilot program.

3:50-4:20 SUBSTANCE ABUSE TREATMENT SERVICES

23. Please provide a comparison of funding levels for substance abuse treatment programs from FY 2002-03 to FY 2009-10. What level of funding would be required to restore funding to previous levels? Over what timeframe would the restoration occur, assuming state revenue generation normalcy several years from now?
24. In light of the proposed two percent reductions in community provider rates, is there administrative relief the Department could offer providers of substance abuse services? For example, currently every substance abuse provider location must be separately licensed. Is it possible to license each provider organization rather than every location?
25. Please provide state-by-state information on the prevalence of substance abuse and the level of funding that other states are dedicating to substance abuse treatment. Does the Department have a long-term plan to address the unmet substance abuse treatment needs in Colorado?
26. Does the Department have information about total state expenditures for substance abuse treatment? If not, what action could the General Assembly take to assist in gathering such information and to help coordinate treatment resources statewide?
27. Are existing substance abuse treatment services provided through the Judicial Department, the Department of Human Services, the Department of Corrections, and the Department of Public Safety adequate to meet the need for services? Are available treatment services effective?

4:20-4:30 INFORMATION TECHNOLOGY SERVICES

28. Has the Department addressed the issue of erroneously generated client correspondences from CBMS. If not, what steps is the Department taking to remedy the issue?
29. Does the Department consider the impact of benefit program changes on CBMS client correspondence costs when submitting information for fiscal notes?
30. Please describe the role CHATS plays in administering the Division of Child Care's programs.

4:30-5:00 MISCELLANEOUS

31. Once a mentally ill inmate is in custody of a county jail, does the level of mental health treatment vary from individual to individual? For example, are there different levels of supervision reserved for individuals with different levels of mental illness?
32. Do individuals receiving Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) continue to do so after admittance as an inpatient in a state mental health institute? Are there other federal benefits that inpatients are excluded from receiving?
33. What factor(s) is responsible for the increase in the number of court ordered competency evaluations at the Institute for Forensic Psychiatry (IFP)?
34. Please describe the patient evaluations conducted by the two mental health institutes and the Institute for Forensic Psychiatry (IFP).