

# Agenda

## Department of Human Services- Mental Health and Alcohol and Drug Abuse Division Department of Health Care Policy and Financing (Mental Health Only) Budget Hearing

December 12, 2007  
1:30 – 5pm

**1:30 – 1:40**

### **Introductions and General Overview**

**1:40 – 2:15**

### **Mental Health Institutes**

1. Regarding shorter lengths of stay, is it really effective to have people stay in institutions for shorter times, or would longer lengths of stay be more beneficial?
2. Has the Department been able to identify how many people have co-occurring disorders and need long-term hospitalization, such as those with co-occurring developmental disabilities and mental illness? Is Ft. Logan a good solution to this problem?
3. Is it better to consolidate patients with co-occurring mental health illnesses and developmental delays in one place? Is the Department treating these patients? How?
4. How much would a study cost to determine the number of people with co-occurring disorders who need treatment? How long would it take to conduct the study?
5. What does the Department think of using Ft Logan as a triage center?

**2:15 – 2:35**

### **Compression Pay**

6. How have the retention issues impacted other areas of the Institutes' budget, such as worker's comp claims, patient injuries, etc.?
7. Other than the factors which are inherent to the Institutes (types of patients, etc.), are there other issues which could be affecting nurse recruitment and retention? Is the Department pursuing any other efforts to improve the recruitment and retention of nurses at the Mental Health Institutes?

8. Does the Department believe that if approved, this decision item will sufficiently address the matter, or could this potentially become a recurring issue? Why has the Department targeted Nurse I's and not other nursing classifications or staff at the Institutes?
9. Are you aware of whether this issue is affecting other Divisions and if there are any successful models that the Institutes can apply?
10. What do you believe will be the impact on community mental health centers if COLA is provided at the requested level given the fact that community mental health nursing staff are paid less than their counterparts at the state?
11. How does this fit in with the overall state salary survey? Why isn't the salary survey enough to compensate nurses? Why do the state's nurses require a higher level of pay than the salary survey can provide?

**2:35 – 2:45**

**Community Mental Health Services: Indigent Care**

12. Is Colorado just the most "mentally healthy" state? Could this be why the usage rate of mental health services in Colorado is lower than in other states?
13. If the Department does receive the funding for indigent care, how will the department target mental health for co-occurring disorders? How is Department planning to allocate the additional funding both geographically and by need?

**2:45 – 3:00**

**Break**

**3:00 – 3:25**

**Update on the High Security Forensics Institute in Pueblo**

14. Please provide some additional information about the uses of the new forensics facility in Pueblo. What will a facility of that size be used for, in addition to the 200 beds?
15. What has the CMHI-Pueblo done about patients just walking away? Is this still a problem?
16. Once the new Forensics Institute is built, what happens to the 20 bed facility? Can it be used for anything else, less intensive?

**3:25 – 3:30**

**General Questions**

17. The Governor's budget has funding in the Recidivism Package for community-based mental health and substance abuse services. Will the RFP developed by the Department of Corrections and the Department of Public Safety to contract for the community-based services include participation from the Department of Human Services, Division of Mental Health and ADAD, to ensure the current infrastructure of community mental health centers and substance abuse treatment providers are involved in providing these services? What efforts are underway to ensure continuity of care and prevent further fragmentation of the mental health and substance abuse systems?

**3:30 – 3:45**

**Alcohol and Drug Abuse Division**

18. There are effective medications for the treatment of alcoholism and drug addiction. To what extent do your publicly funded substance abuse treatment providers currently use medications in treatment? What is the estimated need for substance abuse treatment medications for the medically indigent and what are the resources ADAD would require to meet that need?
19. A recent national survey states that 334,000 Coloradoans need treatment for alcoholism and 119,000 need treatment for illicit drug use but do not receive it. What would it require to narrow the gap to increase the number of Coloradoans who receive treatment? Does ADAD have a long-term strategic plan to address this gap in access to services? If so, please provide the Committee with a copy and if not, what is the timeline for developing such a plan?
20. About 50% of clients who are in substance abuse treatment also are affected by a mental health disorder. What is being done to provide treatment for both disorders concurrently? Do substance abuse providers get funds to treat clients with co-occurring disorders? What is your estimate of the resources that would be needed in order to improve the treatment of clients with co-occurring disorders in the MSO system?
21. What services are currently offered to women to decrease incarceration and recidivism rates? How does the Administration's recidivism prevention package seek to address this issue?

## **Health Care Policy and Financing**

**3:45 – 4:15**

### **HCPF Briefing – Mental Health Questions**

1. The current contracts with the Behavior Health Organizations (BHOs) will expire at the end of FY 2008-09. In the re-bid of the BHO contracts, does the Department anticipate adding anti-psychotic prescription drugs as a required service for the new contracts? What would be the advantageous of doing so? What would be the disadvantageous? If moved into the capitation program, how would the Department ensure the savings from the drug rebate program are not lost?
2. Please comment on staff's recommendation to either: (1) move the actual expenditure authority for anti-psychotic prescription drugs from the Medical Services Premiums line item to the Mental Health Division; or (2) eliminate the "informational-only" appropriation for anti-psychotic drugs in the MH Division with the requirement that the Department continue to report on these expenditures. Which would the Department prefer and why?
3. Because early caseload reports do not indicate the decline in caseload that the Department's request indicates, does the Department anticipate that both the FY 2007-08 and FY 2008-09 estimates will be revised upward in February 2008? If not, why not?
4. What is the implementation status of S.B. 07-002? Will the Department be able to track this caseload separately from the rest of the foster children caseload? Does the Department have any expenditure data for this population yet? Does the Department believe that the capitation rate for foster children under 18 should be the same rate applied to young adults over 18? Will the service needs and delivery be the same for this population?
5. Does the Department believe forecast accuracy for the Mental Health capitation program would improve if caseload was forecasted for each BHO multiplied by the contract rate in place for that BHO for the current FY and estimated contract rate for the next budget year?
6. What error rate does the Department believe is an appropriate performance measure when forecasting the original Mental Health Capitation program?
7. Does the Department have any concerns about the level of service the BHOs are providing to Medicaid clients under the current capitation rates? Does the Department have any concerns on whether falling caseloads have put any BHO's at risk of financial loss during FY 2007-08 or FY 2008-09?
- 7a Does the Department have any concerns that the Centers for Medicare and Medicaid

Services (CMS) will disallow certain BHO services in the future? If so, which ones and why?

**4:15 – 4:30**

**Medicaid Mental Health Capitation**

8. How might changes to the mental health capitation program affect the state's network of mental health services for the indigent? How will such questions be addressed as the RFP for the re-bid of the capitation program is developed?
9. To what extent do the \$16.0 million in non-Medicaid costs reported in child welfare services reflect costs that could or should have been covered by the Medicaid capitation program? Can the Department of Human Services determine this?
10. Are the Departments of Human Services and Health Care Policy and Financing considering changes to the delineation of Medicaid costs and responsibilities between BHOs and the counties for children receiving foster care services? Should more costs be carved out of the capitation program and moved under county control? Should some costs currently under county control be moved into the mental health capitation program? How do the Departments propose to ensure that children in foster care receive appropriate mental health services? How might this be reflected in the re-bid of the Medicaid mental health capitation program?
11. Do you expect to include counties and child welfare providers in meetings on how the Medicaid capitation program may be modified when the program is re-bid?
12. Is CMS looking at this issue?
13. Have you considered any changes to the Medicaid mental health capitation program that might help ensure that individuals with developmental disabilities receive appropriate services? Do you expect to include developmental disability providers/community centered boards in meetings on how the Medicaid capitation program may be modified when the program is re-bid?

**4:30 – 5:00**

**Follow-Up**