Preliminary Report of the
Dual Diagnosis Gap Analysis
Friday, December 13, 2013 – 9:00 a.m. – 12:30 p.m.

9:00 – 9:15 a.m. Welcome, Introductions, Background (Corry Robinson)
9:15 – 9:30 Gap Analysis Overview (Sarah Hoover)
9:30 – 9:45 Future Vision (Jose Esquibel)
9:45 – 10:15 Panel: Population Perspectives on Crisis Situations and Ideal Responses and Resources (Moderator: Carol Meredith)
10:15 – 10:25 Panel Q&A
10:25 – 10:35 Break
10:35 – 11:10 Panel: Cross System Integration to Crisis Prevention and Intervention (Moderator: Marijo Rymer)
11:10 – 11:20 Panel Q&A
11:20 – 11:55 Large Group Discussion (Themes and Recommendations)
11:55 – 12:30 Next Steps

Gap Analysis
Background

Cordelia Robinson
JFK Partners
Increase access to quality mental health services for individuals with Autism and other Neurodevelopmental Disabilities

1. Fully integrated primary health care, specialty care, behavioral health care and dental care; this is a goal many in the state are working towards and it is our fervent hope that the people we are talking about today will be part of that inclusive vision.

2. Access to behavioral health services that are appropriate to their cognitive and adaptive levels and modes of communication;
3. Access to services based upon need rather than diagnosis;

4. Access to appropriate short term out of home care in times of individual or family need;

5. A person centered individualized plan that includes a stabilization plan for times of crisis;

6. Access to a care coordination process that is informed about and assists with access to all of these elements.

Gap Analysis
Crisis Prevention and Intervention
Community Meetings and Resources

Sarah Davidon
JFK Partners
11 Statewide Community Meetings

- Alamosa
- Aurora-Arapahoe-Douglas
- Colorado Springs
- Denver
- Durango
- Glenwood Springs
- Grand Junction
- Lafayette
- Lakewood
- Pueblo
- Sterling
Themes captured

• System design and funding
• Intersystem coordination
• Support for families and caregivers
• Knowledge and expertise

Action planning from community meetings - examples

• Structured connection among all players around this population with a plan for ongoing regular dialogue

• Training for dual diagnosis providers, including for individuals and agencies. Include cultural competency (especially for refugee and Asian populations) and basic curriculum for dual diagnosis. Differentiate therapeutic respite, even among “waiver-like” kids there are different needs.
Action planning from community meetings - examples

• Billing code to do an assessment for a child who needs it so that the person could go on to get other services. Write a script on how to request an assessment that is part of essential planning for services needed by an individual. Assessment as a medically necessary service and necessary for treatment purposes.

• Combined funds that can be used on an interagency basis to accomplish goals. It would go a long way toward implementing the things we have talked about today. The agencies represented today would be a good group to be in on the combined funds.

Action planning from community meetings - examples

• Meeting with Office of Behavioral Health and HCPF to identify possibility of waiver utilizing potential cost savings from current “high utilitarian” → id and describe this population. Population would be those utilizing services with in multiple services

• Community Awareness Building with DD and MH. Consider discussion about a regional crises center, with a transportation component. Need to engage with whoever got the crisis stabilization contract.
Action planning from community meetings - examples

- Increase the number of Medicaid behavioral health providers
- Look into partnering with other counties to do something regionally regarding a physical respite facility

Purpose

- Identification of critical issues
- Recommendations
- Collaborative effort, collective impact
- Effective, accessible, affordable services and supports