Gap Analysis
Crisis Prevention and Intervention
For Individuals with Co-Occurring I/DD and MH Issues

11 Statewide Community Meetings
- Alamosa
- Aurora-Arapahoe-Douglas
- Colorado Springs
- Denver
- Durango
- Glenwood Springs
- Grand Junction
- Lafayette
- Lakewood
- Pueblo
- Sterling

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

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.
  - 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.
Examples, contd.

- Meeting with Office of Behavioral Health and HCPF to identify possibility of waiver utilizing potential cost savings from current “high utilizer” to identify and describe this population. Population would be those utilizing services with 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.
- Increase the number of Medicaid behavioral health providers.
- Look into partnering with other counties to do something regionally regarding a physical respite facility.

Policy Areas

1. Access to appropriate treatment (focus on inpatient psychiatry with physical health issues)
2. Primary diagnosis/etiology issue
3. Adequacy of funding
4. Workforce capacity

Next Steps

- Follow up conversations occurring with communities
- Policy recommendations in development
- May 31 Report completed and presented to legislature and state agencies