

## Frequently Asked Questions regarding Colorado “Gap Analysis” Crisis Planning Project

### 1. What is the Colorado “Gap Analysis” for cross system crisis planning for people with co-occurring (I/DD) Intellectual or Developmental Disabilities and Mental Health or Behavioral Challenges?

The Colorado Autism Commission and subsequently Colorado Collaborative for Autism and Neurodevelopmental Disability Options (CANDO) identified the scarcity of appropriate services for children, youth and adults with these co-occurring needs as one of the most critical service issues in Colorado.

**Problems:** Numerous national reports have examined the problems associated with inadequate and/or poor quality mental health services for people with intellectual and developmental disabilities. Recommendations almost always center on the need for cross-system collaboration between mental health service providers, developmental disability service systems, and acute health care providers but problems persist. Excessive use of emergency services and psychiatric hospitals (when access to same is available) are only two of the unfortunate results of an uncoordinated system. The toll on individuals, their families and the community can be tragic.

**What is needed:** A program that strengthens efficiencies and service outcomes for people with intellectual/developmental disabilities with co-occurring mental health conditions and/or behavioral health needs related to their disability.

Colorado advocates and service providers can attest to the need for a program designed to provide seamless linkages among the many elements of community mental health care to avert crises and assure access, appropriateness, and accountability. An effective system would optimize independence, treatment, and community living for individuals with I/DD and behavioral health needs.

### 2. How is the Gap Analysis supported?

The Colorado Legislature appropriated \$50,000 effective July 1, 2013 directing the Colorado Department of Human Services to contract for a “gap analysis: Reggie Bicha Executive Director of Colorado Department of Human Services assured Senator Stedman in a letter of 3/13/2013 that “The proposed gap analysis will provide an in-depth study of the current system for services to individuals with a dual diagnosis to identify the factors contributing to the failure of the current system to meet the complex needs of these individuals. The report will make recommendation for models that include a 24/7 response team, facilitate collaboration between stakeholders and provide evidence-based, person-centered approach to assisting individuals and their families to prevent crises situations from developing and to address those situations in a comprehensive manner when they occur.”

The major components of the study will include:

- Full stakeholder participation
- In-depth analysis of individual cases to determine the medical, social and environmental factors that contribute to individual situations
- An analysis of the availability, appropriateness and access to services for the individuals who have a dual diagnosis
- Identification of statewide strengths and challenges in service delivery and coordination
- Analysis of the cost impact associated with the current system
- Recommendations for:
  - Models that provide an evidence-based person-centered approach
  - Models that link existing systems of care
- Recommendations for next action steps

### **3. Who do we mean when we say Dually Diagnosed or Co-Occurring Condition?**

Exact numbers are not available, but it is estimated that 1-3% of the population has a developmental disorder. This includes those with an intellectual disability. According to NADD, National Association of the Dually Diagnosed [www.thenadd.org](http://www.thenadd.org), there is consensus among professionals that approximately 30-35% of all persons with developmental disabilities have a psychiatric disorder. Examples include anxiety disorders, mood disorders, psychotic disorders, and personality disorders. A significant percentage of those with a developmental disability have an Autism Spectrum Disorder (ASD). The Center for Disease Control reports the current prevalence rate for Autism Spectrum Disorder (ASD) is 1 in 88. Approximately half of individuals with ASD have an intellectual disability; however, rates of co-occurring psychiatric diagnoses are high in this population regardless of cognitive ability.

In addition, over half of individuals with ASD are on psychotropic medication (Morgan et al., 2003), and access to appropriate medication management is an important consideration for these individuals. It is easy to understand why individuals with both a developmental disability and a psychiatric disorder often require more intensive and coordinated services than those with either diagnosis alone.