

Bridges of Colorado

Care Coordination · Continuum of Care · System Reform

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Why care coordination?

Colorado's community with mental health needs and justice involvement face a system not built to coordinate around them.

43-80%

of incarcerated Coloradans
have a mental health condition

4.4

avg. unmet social needs per
Bridges participant (FY25)

20,000+

Individual care coordination
requests by Bridges in FY25

Individuals with complex systems involvement require multi-system solutions



BRIDGES OF COLORADO

*Built on coordination,
not compliance*

Court liaisons bridge the gap between the criminal justice and mental health systems, facilitating collaboration and streamlining care coordination.



8,932

court appointments coordinated (FY25)



4,600

Participants served in FY25



518 crisis interventions

294 suicide interventions

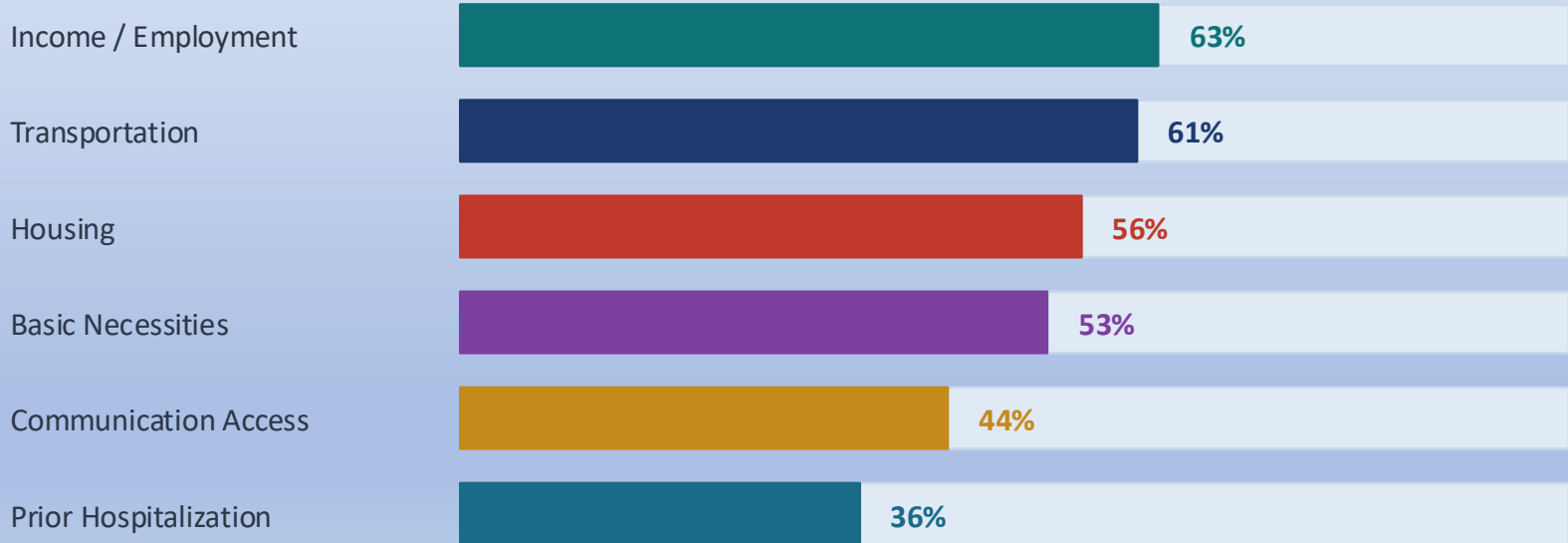


26%

reached before competency raised —
early intervention

Coordination Must Address the Whole Person:

Bridges FY25 data shows coordination can't only address legal status — the average participant has 4.4 social determinants of health needs that all require coordination simultaneously.



% of Bridges participants requesting this type of coordination support (FY25)

Care over incarceration

Early intervention and access to care is key



\$6.28

Cost/person/day with Bridges



\$66.60

Cost/person/day in jail



\$1,013-\$1,476

Cost/person/day in competency bed



\$53-\$116M

jail and competency bed cost avoidance generated by Bridges in FY25

A stylized black house icon with a white outline. The number '56%' is written in large, bold, yellow font across the roof of the house.

56%

of Bridges participants
requested housing help

**PERMANENT
SUPPORTIVE
HOUSING**

HOUSING IS THE PLATFORM

*Not a reward for compliance —
a foundation for everything else.*

- ✓ Housing First reduces ER visits, jailings & crisis episodes
- ✓ Without housing, diversion plans are often unsuccessful long term
- ✓ Need for PSH in every Colorado judicial district
- ✓ Protect housing through incarceration for behavioral health related arrests
- ✓ Build step-down housing models

ASSERTIVE COMMUNITY TREATMENT TEAMS

WHAT ACT DOES



Goes to the person



Multidisciplinary



Reduces hospitalizations, incarcerations
& homelessness



Serves as AOT delivery vehicle and
voluntary step-down

WHAT COLORADO NEEDS

More ACT teams in underserved & rural
regions with housing

Dedicated spots for justice-involved
individuals

Remove bias: financial incentives to serve
individuals with current justice involvement

Direct first-responder referral processes
without arrest required

Pay equity to retain experienced team



PAY EQUITY = QUALITY CARE

Low pay drives experienced workforce to better-compensated sectors —
leaving the individuals with the most complex needs with the least
experienced staff

High turnover destroys the therapeutic relationships that make coordination work.

**Workforce
Stabilization
Fund**

**Contract
Wage Floors**

ADMINISTRATIVE BARRIERS BLOCK ACCESS TO CARE



THE FIX: Intentional, Coordinated Systems.

Pre-authorized waiver pathways for individuals in forensic settings

Simplify benefits recertification — auto-renew for coordination program participants

Require and support placements to accept individuals with justice system involvement

Mandate medication formulary continuity at every custody transition

Breaking the Cycle: Coordination Across the Full Continuum

First Contact / Crisis

Coordination Need:

Co-responder and law enforcement + direct referral to diversion and treatment programs without arrest

Jail / Booking

Coordination Need:

Medication formulary continuity + Housing preservation

Court / Restoration

Coordination Need:

Bridges liaison embedded; continuity of treatment team

Community Re-entry

Coordination Need:

Wraparound long term supportive care and treatment programs designed to access the care continuum
Ongoing benefits support

Coordination must be continuous — not episodic. A single break in the chain restarts the cycle.

Care coordination works. Expand availability, increase access



Expand PSH Statewide

- Housing First in every judicial district
- Step-down from forensic settings
- Long term solutions



Scale Comprehensive, Culturally Responsive Programs

- New teams in underserved regions
- Dedicated spots for justice involvement
- Direct first-responder referral



Benefit Access Solutions

- Fast-track Medicaid and waivers
- Streamline recertifications
- Eliminate justice involvement bias



Increase Program Access

- Formal Multi-agency collaboration
- Language access
- Build service continuum
- Eliminate justice involvement bias