Bridges of Colorado

Person-Centered. Solution Focused. Collaborative.

Office of Bridges of Colorado

C.R.S. §§ 13-95-101 to 13-95-109

Annual Legislative Report

FISCAL YEAR

2025

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Executive Summary

Coloradans who experience behavioral health challenges and criminal justice involvement face complex and costly barriers. Courts struggle to identify effective solutions, and typical legal processes fall short and often exacerbate the problem. An appropriate solution requires complex problem solving, high levels of coordinated care, and professionals with a depth of expertise in multiple areas.

Bridges of Colorado provides that solution.

A unique and innovative model both statewide and nationwide, Bridges serves as a vital connector between Colorado's behavioral health and criminal justice systems, ensuring that individuals receive seamless care coordination and person-centered support while navigating engagement in both systems. This approach not only improves outcomes for participants and enhances public safety but also generates significant cost savings.

In addition to delivering services to almost 4,600 individuals through the established Court Liaison Program, FY25 saw the implementation of two new, legislatively established programs within the Office: Participant Services Fund (C.R.S. § 13-95-1097) and the Wraparound Care Program (C.R.S. § 16-8.6-103), which provides competency diversion. Both programs are designed to enhance and expand Bridges' responses to systemic barriers.

The Wraparound Care Program – emerging as part of the answer to the competency problem – has in three short months served 32 participants and successfully diverted 21 participants from inpatient competency beds. The Participant Services Fund

FY25

By the Numbers

8,932	**court appointments**
86%	**increase** from previous year
4,600	**participants** served
69%	**increase** from previous year
32,465	**court reports** filed
20,911	court hearings attended

financially supported 916 requests to address service gaps from housing to basic necessities.

> Bridges has become a critical fixture in the Colorado legal system. Utilization is at an all-time high with a 349% increase in court appointments since its first full year of services.

A less visible but substantive impact of Bridges has been the ability to successfully operate in the space of mandatory dismissals due to findings of PITP (permanently incompetent to proceed). When Bridges is appointed to serve this population, liaisons are positioned to appropriately assess the level of care needed, develop comprehensive care plans before release from custody, and proactively connect individuals to services.

While successes with current participants can't be publicly disseminated due to confidentiality, Bridges has engaged in unwavering advocacy and systems intervention to ensure multiple individuals didn't fall through the cracks. These advocacy and intervention efforts have prevented individuals from returning to homelessness and facilitated solutions to ensure individuals receive the services they need in settings that best support long-term stability.

Initially enacted by SB18-255, Bridges has grown and adapted to not only meet the originally identified need but also has established itself as a nationally recognized model, providing sustainable, actionable, and realistic solutions to the complex and costly challenges at the intersection of behavioral health and criminal justice.

FY25

By the Numbers

Participant Needs Beyond Behavioral Health

- 63% requested income benefits or employment assistance
- 61% requested transportation assistance
- 56% requested housing assistance
- 53% requested basic necessities assistance

Service Connections

- 24,840 unique needs identified
- 3.5 service connections per participant by time of closure

Crisis and Suicide Interventions

- 518 mental health crisis interventions, a 207% increase from previous year
- 294 successful suicide interventions, a 213% increase from previous year

Cost Efficiencies and Potential Cost Avoidance

- One day in a competency bed ranges from $1,013 to $1,476
- One day in jail averages $66.60
- One day with Bridges cost $6.28 in FY25
- Approximately $53 to $116 million in jail and competency bed cost avoidance

Overview of Statutory Reporting Requirements

Bridges' statutory reporting requirements are outlined at C.R.S. § 13-95-109, as follows:

(1) On or before November 1 of each year, the office shall report to the Joint Budget Committee, or any successor committee, about the office's work and administration of the Bridges Court Liaison Program and Bridges Wraparound Care Program during the prior year. The report must include:

(a) The number and competency status of cases in the past year when a Bridges court liaison was appointed and outcomes in those cases related to the legislative intent and statewide goals of the office, as set forth in this article 95, including data related to alternatives to competency services, alternatives to custody, and alternatives to criminal justice system involvement;

(b) Information concerning the use of money from the Bridges of Colorado program Participant Services Fund, including a summary of how money from the fund is being used to alleviate system gaps and barriers to services; and

(c) The number of participants and status of cases in the past year when a Bridges Wraparound Care coordinator was appointed and the outcomes of the cases related to the legislative intent and statewide goals of the office, as set forth in article 8.6 of title 16, including data related to alternatives to competency services, alternatives to custody, and alternatives to criminal justice system involvement.

Targeted Outcomes

1. Participants' time of involvement with the criminal justice system is brief, barriers are reduced, and stability factors are increased.
2. Courts and attorneys are well-informed on the needs of the participants and the availability of community-based services.
3. Court, attorneys, providers, and jails collaborate so that services for the target population are readily accessible.
4. Ancillary outcomes of the program are also assumed to positively impact public safety, alleviate waits for hospital beds at the Office of Civil and Forensic Mental Health (OCFMH), and reduce criminal justice and behavioral health costs.

The Legislative declaration and intent outlined at C.R.S. § 13-95-101, recognizes that, "Colorado's citizens who are living with mental health and substance use disorders are over-represented in the criminal justice system, and they are at a significantly greater risk of incurring criminal justice involvement, longer terms of involvement, and harsher consequences of that involvement when compared to the general public." Bridges' primary outcomes and statewide goals aim to address the issues articulated in the legislative intent and are summarized below (see also Attachment A, Bridges Mission Statement, and Attachment B, Bridges Logic Model).

Data Collection Methods

Bridges collects and analyzes data from its own case management system, the Judicial Department's data systems, and data provided by other judicial partners. Bridges implemented its case management system in September 2024 and will further expand data collection and reporting in future years.

Goals and outcomes – especially those regarding reduced justice system involvement and increased, long-term behavioral system involvement – are only fully measurable with data from the Judicial Department, the Behavioral Health Administration, the Office of Civil and Forensic Mental Health, and other partner agencies. Bridges is collaborating with Colorado Evaluation and Action Lab in the coming fiscal year on two separate but coordinated projects: a program evaluation contracted through Bridges, and creation of the Criminal Justice Data Hub contracted through OASIA. Combined, these projects will provide access to cross-systems, longitudinal data. Ultimately, the goal for this work is to produce data that can be used for third-party evaluations of longitudinal, cross-systems outcomes and pinpoint cost benefits.

Colorado Evaluation and Action Lab has completed their initial review of Bridges' data systems and processes and has concluded that Bridges "has a strong data foundation from which to build" and has independently advanced through steps 1 through 4 of "Colorado's Steps to Building Evidence" (see also Attachment C, Building Evidence for Bridges of Colorado). With this strong foundation and future enhancements, the Office looks forward to reporting additional analysis in future annual reports.

Statewide Goals

1. Liaisons identify participants' individualized needs and both advocate for and connect them to appropriate and meaningful community-based, residential, and/or jail-based services.
2. Liaisons provide judicial officers and attorneys with information on the needs of the participants and the availability of community-based services.
3. Participants have an equitable opportunity to engage in services that appropriately and meaningfully meet their needs.
4. Participants' time of involvement with the criminal justice system is brief, barriers are reduced, and stability factors are increased.
5. Participants are treated fairly, regardless of their behavioral health history or mental state.
6. Participants have a reduced risk of criminal justice involvement in the future.
7. Participants have a fair chance of living a healthy and productive life.

Data and Analysis

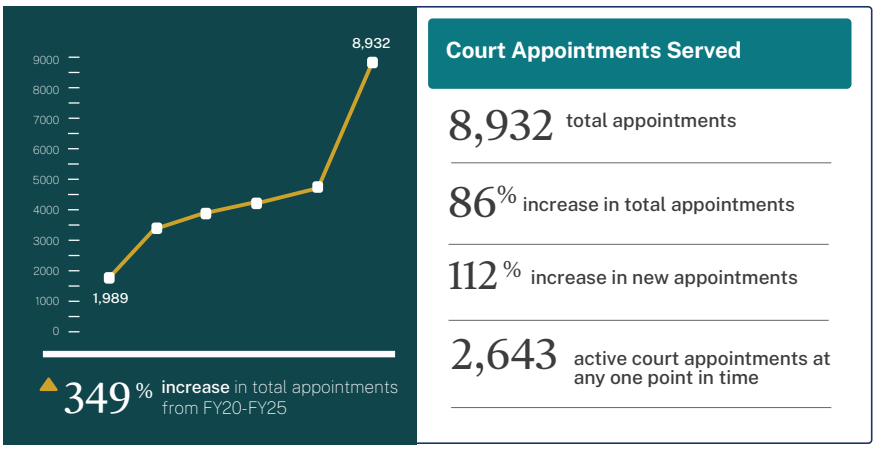
Program Utilization

With utilization of services at an all-time high, Bridges has seen a 349% increase in court appointments and 298% increase in participants since its first full year of services in FY20.

Court Appointments Served

Bridges served on 8,932 court appointments, 6,604 of which were new, and 2,328 of which were appointed in the previous year. This was an 86% increase in total appointments served (from 4,799 to 8,932) and an 112% increase in new appointments (from 3,108 to 6,604) from the previous fiscal year. These numbers also represent a 349% increase from Bridges' first full year of services in FY20 (from 1,989 to 8,932). In comparison, the number of full-time equivalent (FTE) employees on the service team rose by 90% (from 29 to 55*). By the close of FY25, Bridges was serving on 2,643 active court appointments at any one point in time.

* Total FTE serving participants during FY25 reflects staggered hiring of 64 new liasions throughout the year



Building Bridges

Participants, families, and court and community partners share their experiences

"Thanks to Bridges, I successfully completed competency court and restoration. My heartfelt thanks especially go to the liaison standing by me, including attending all of my court dates. Their belief in me has been invaluable as I embark on this new chapter in my life."

- Participant

"My son got into trouble 1.5 years ago … six months before his final court date we were connected to Bridges. His nightmare ended. Bridges helped us greatly."

- Participant Family Member

Appointment Type Served

Of the new appointments served in FY25, 74% were competency-related, and the remaining 26% were for participants with significant behavioral and/or mental health challenges but for whom competency was not raised. This data represents a second year where the proportion of general mental health appointments has increased in relation to competency appointments. (Notably, implementation of the Bridges Wraparound Care Program to serve competency diversion is anticipated to further influence this trend.)

74% competency related

26% general mental health

While it is difficult to pinpoint the reason for this shift toward a greater percentage of general mental health appointments, the statewide call for alternatives to competency seems to be reflected in this data in two significant ways:

1. When Bridges is appointed before an individual's behavioral health needs have elevated to the point of competency, services act as early intervention, potentially deflecting participants from the competency system altogether; and

2. When Bridges is reappointed to continue serving an individual who has moved from incompetent to competent to proceed with their trial, services act to provide long-term stability beyond competency.

Participants Served

Bridges served 4,600 participants, with 3,588 of those appointed in FY25 and 1,012 carried over from the previous fiscal year. This was a 69% increase in total participants (from 2,715 to 4,600) and a 104% increase in new participants (from 1,758 to 3,588) from the previous fiscal year. These numbers also represent a 298% increase from Bridges' first full year of services in FY20 (from 1,156 to 4,600). In comparison, the number of full-time equivalent (FTE) employees on the service team rose by 90% (from 29 to 55*). By the close of FY25, Bridges caseloads had increased to the point that the Office was serving 2,066 active participants at any one point in time, a 104% increase from the previous year (1,012 to 2,066).

* Total FTE serving participants during FY25 reflects staggered hiring of new liaisons throughout the year.

"Bridges is absolutely *the* model in the country."

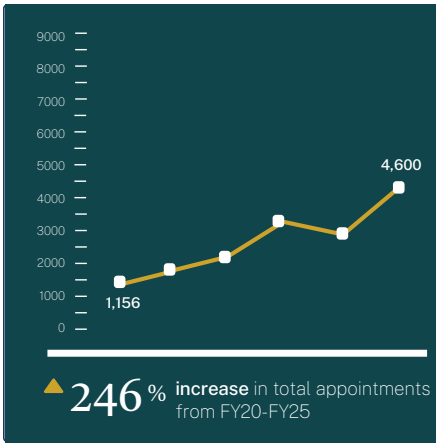
- National Center for State Courts

"When I was transferred to competency court, I truly believed people were out to get me. Bridges stepped in and truly changed my life. They helped me get out of jail and connected me with a recovery program. They helped me enroll in competency restoration and covered rent while I stayed with the provider. I'm now sober, employed and sustaining my recovery. A heartfelt thanks goes to the Bridges liaisons for believing in me, standing by my side, and never giving up on me. Their support has been invaluable, and I'll always be grateful to them for helping me turn my life around."

- Participant

"When Bridges came into my life, I can honestly say they changed it for the better. Thanks to them, I successfully completed competency court and restoration and am receiving peer support services. These services are helping me navigate my recovery and stay on the right path."

- Participant



Participants Served

4,600 total participants

69% increase in total participants

104% increase in new participants

2,066 active participants at any one point in time

It is important to note that the number of participants served will always be lower than the number of case appointments, as participants may have multiple cases (or be appointed multiple times as their case status changes). In FY25, there was an average of 1.9 court appointments per participant, on trend with the previous fiscal year. This number is important for measuring workload of liaisons in combination with participant caseload, as individual appointments necessitate separate court reporting and appearance requirements.

Participant Demographics

Bridges collects demographics through the intake process and asks participants to self-report information. Notably, this year the percentage of participants for whom the information was reported as "prefer not to say/unknown" was statistically higher than the previous year, with 34% for ethnicity, compared to 14% in the previous year, and 60% for sexual orientation, compared to 34% in the previous year. In protected class categories who did identify, people of color decreased from 45% to 26%, transgender or non-binary decreased from 6.0% to 0.3%, and LGBTQIA+ decreased from 8% to 2%.

This statistically significant change in data points is likely due to increased sensitivity about data collection among protected classes. Recognizing this dynamic, Bridges made the decision in the current fiscal year to shift to anonymous collection of demographics in hopes this will create more comfort with disclosure.

Beyond the 34% who responded with "prefer not to answer/unknown" for ethnicity, 40% identified as white, and 26% identified as people of color, multiracial, or other. For those

"I wanted to reach out to you and extend my heartfelt gratitude and commendation to [the liaison] for her exceptional dedication and compassionate care in assisting a veteran with mental illness upon his discharge. Her unwavering commitment went above and beyond. She provided the veteran with a crucial means of communication and ensured a seamless connection to his next destination. Her consistent and thoughtful communication with the receiving staff facilitated a smooth transition, allowing the veteran to experience a soft landing in his new environment. Moreover, her efforts ensured that the veteran's family was kept informed and reassured, knowing that their loved one was safe and well-supported. The liaison's exemplary service reflects the highest standards of care. Thank you [liaison] for making a profound difference in the life of this veteran and his family."

- VA Clinic Provider

"Just a quick note to let you know how really great I am doing. The place you helped me find is the perfect fit for me. It is as magnificent as you!"

- Participant

individuals, 14% identified as Hispanic or Latino, 8% as Black or African American, 2% as multiple or other ethnicities, 1% as Native American or Alaska Native, and less than 1% as Asian/Pacific Islander.

> The percentage of participants for whom demographic information was reported as "prefer not to say/unknown" resulted in statistically significant differences from FY24 to FY25 among protected classes.

Beyond the 60% who responded with "prefer not to answer/unknown" for sexual orientation, 38% reported as heterosexual, and 2% as LGBTQIA+.

For gender, 71% reported as male, 26% as female, 0.3% as transgender/non-binary, and 2.7% responded with "prefer not to answer/unknown."

Analysis of this data, even when provided anonymously, will be significantly enhanced through work with Colorado Evaluation and Action Lab and their efforts to build a data hub. With comparative analysis across partner agencies, such as providers, Judicial, and the Office of Civil and Forensic Mental Health, Bridges will be better able to identify and proactively respond to disparities in representation and outcomes.

Participant Needs

Bridges' model of care works to address social determinants of health (SDOH) to provide whole person care, as behavioral health needs are often exacerbated by lack of SDOH, and vice versa. SDOH are defined by the World Health Organization as, "the conditions in which people are born, grow, work, live and age, and the wider forces that shape the conditions of daily life. Most of our health is determined by these non-medical root causes of ill health, which include quality education, access to nutritious food, and decent housing and working conditions." [1] When participants are appointed to Bridges, they are engaged in collaborative, solution-focused conversations that explore their unique needs and guide individualized planning and person-centered care.

The top SDOH needs to which participants indicate they would

[1] World Health Organization, 2025

"Thank you Bridges for caring and for everything you all have done for the participant and our family. It is truly a blessing to know that there are people who still care."

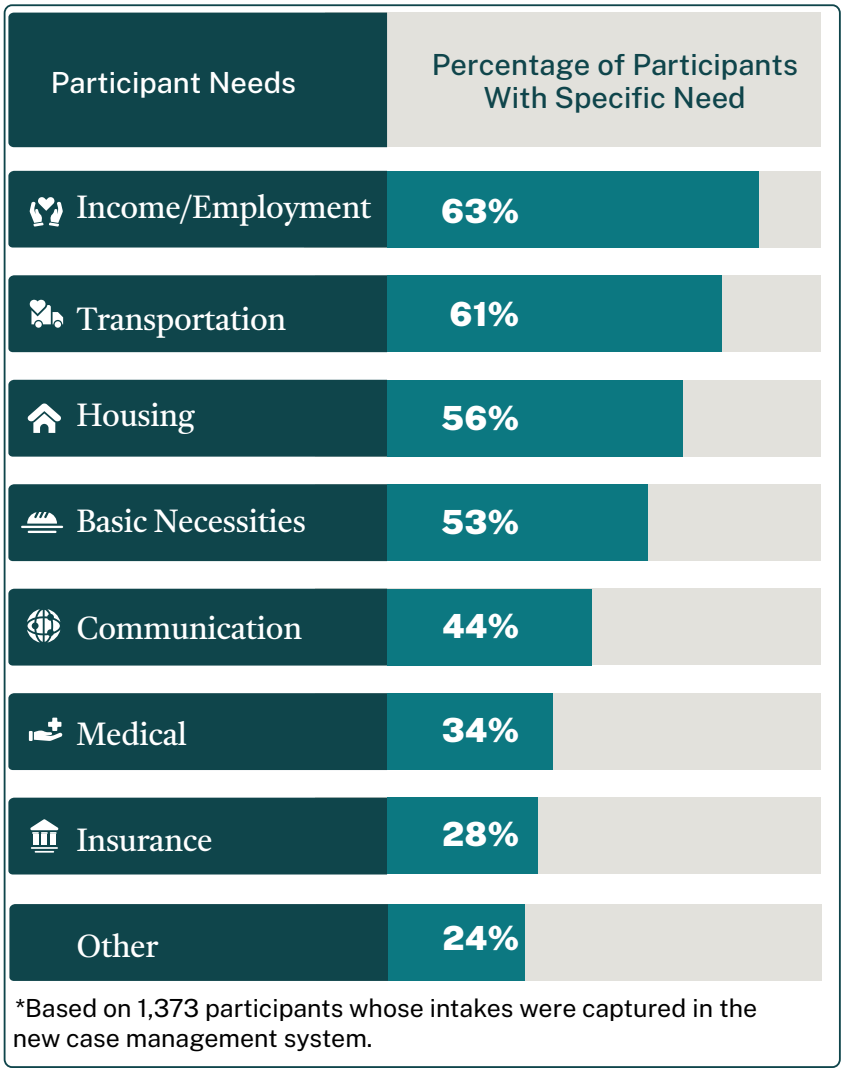
- Participant Family Member

"I tremendously enjoy working with Bridges and appreciate the creative problem solving and dedication that go into identifying service gaps and proactively seeking out service providers to support individuals. There are so many stories of folks completely stuck on the criminal justice merry-go-round without progress until the competency team (including Bridges) were able to find a new hook. A specific example involved an individual who picked up charges that were not eligible for dismissal and in-custody restoration was ordered despite prior non-restorable findings. Bridges assisted in getting him accepted to a recovery program. Now he is sober, medicated, housed, employed, and thriving. An absolutely amazing turnaround on a situation that was previously viewed as hopeless."

- District Attorney

like support connecting are income benefits or employment assistance (63%), transportation (61%), and housing (56%). Additionally, 36% of participants said they have been hospitalized in the past year, indicating high levels of both medical complexity and emergency services usage.

The above data represents an average of 4.4 SDOH needs per participant. Applied across all 4,600 participants served in FY25, that translates to more than 20,000 requests for support in various areas of SDOH. Compounded with the behavioral health needs for each participant in the program, Bridges liaisons work to address approximately 24,600 individual needs throughout the year.



*Based on 1,373 participants whose intakes were captured in the new case management system.

The information that participants provide indicates profound and widespread needs that Bridges helps to address. Some of these needs, such as the lack of medical care and housing, indicate disparities that participants experience due to system gaps or

"Bridges' work brings heart, compassion, and humanity into the courtroom process—reminding us that when justice includes care and connection our outcomes improve."

- Judicial Officer

"Our liaison brings a special level of dedication, compassion, and patience to her work. She approaches her role and our clients with cultural awareness that truly makes a difference. No matter the complexity of a case or the challenges involved, she goes above and beyond. She has a remarkable ability to connect with clients and is incredibly knowledgeable about the legal system—a quality that brings comfort and clarity to our clients and our defense team. She has a deep understanding of the communities we serve. She considers the unique needs and backgrounds of our rural population, and it is clear she genuinely cares about the well-being of our community. She is someone we can always rely on. We are truly grateful to work with her as she makes a meaningful, positive impact on the lives of those we serve."

- Behavioral Health Partner

their inability to access services. Other needs – such as food insecurity, lack of clothing or communication technology, unreliable transportation, or missing identification documents – hinder participants' ability to engage with service providers and meet court expectations. Finally, financial barriers and absence of medical insurance or disability benefits further compound lack of access to behavioral health and other support services. Addressing SDOH increases protective factors, directly reduces the need for use of crisis services such as emergency room services, and provides long-term stability for individuals.

Type of Assistance Requested	Estimated Number* of Needs for All Participants
Income/Employment	3,454
Transportation	3,370
Housing	3,176
Basic Necessities	2,928
Communication	2,452
Medical	1,893
Insurance	1,548
Other	1,360
Total	20,182

*Some participants may have more than one request in a specific category.

"We're not aware of any other agency able to help participants the way Bridges is."

- Judicial Officer

If not for Bridges, [the participant] would be stuck in Colorado far from his family or anyone that could truly care for him. I'm so grateful for Bridges' willingness to put in the hard work. You are truly advocates for the most vulnerable people in our society."

- Public Defender

"The Bridges' team out [of our judicial district] has proven to be a reliable, informative and important partner in helping get good and lasting results for our clients and thus our community as a whole."

- Alternate Defense Counsel

"I have seen a vast difference in terms of compliance and success with restoration in clients who have access to Bridges versus those who do not. I think it just goes to show how important having a client's basic needs met is before they can focus on other requirements."

- Public Defender

Outcomes

Connections Made by Time of Case Closure

Bridges liaisons facilitate a person-centered approach when working with participants, beginning with a comprehensive needs assessment that focuses on identifying whole-person needs. From there, services professionals collaborate with participants, community partners, managed care benefits, and the behavioral health system to explore available options and connect participants to services and supports tailored to their individual goals and circumstances. The work of liaisons identifies gaps – systemic or unique to the individual – that must be met to create stability and address access barriers so that participants can fully engage in a care plan that best meets their behavioral health best interests.

3.5 connections to services per participant by time of case closure

Based on 994 participant closures that were captured in the new case management system, an average of 3.5 connections to services per participant were made by time of closure. That translates to an estimated 6,829 connections to services and support for the 1,951 total closures in FY25.

Crisis and Suicide Intervention

Bridges plays an important role in crisis and suicide intervention. In FY25, liaisons collaborated in approximately 518 mental health crisis interventions, a 207% increase from FY24 (169 to 518). Additionally, Bridges facilitated cross-agency responses that resulted in approximately 294 successful suicide interventions (both in and out of custody), which is a 213% increase from FY24 (94 to 294).

While the benefits of these saved lives for participants, family, friends, and communities are immeasurable, the most recent data from 2020 each suicide death in Colorado averages $5,132 in direct costs and $10.63 million in indirect costs.

Informing Courts and Attorneys

In alignment with the steep increase in court appointments in

"I constantly call our liaisons miracle workers. I am shocked by how many times they come up with solutions when things go sideways. Every single liaison goes above and beyond for our clients. They meet our clients where they are and know that sometimes we need to think out of the box to figure out solutions.

I had a recent experience where my client was at risk of losing his placement. The liaison was able to coordinate between this client's family and placement to come up with a hybrid solution that meant our client still had access to the resources he needed and wasn't left homeless or back in custody.

One of our clients recently called a liaison her "guardian angel." I think that shows just how much our liaisons mean to our clients.

I could think of stories like this for every Bridges liaison I've had the opportunity to work with. The bottom line is that our clients' lives improve once Bridges enters the picture. Beyond that they are making the community safer by helping some of our most marginalized members gain stability."

- Public Defender

32,465 court reports filed

20,911 court hearings attended

FY25, Bridges provided courts and attorneys approximately 32,465 reports and attended approximately 20,911 court hearings. Through these two mechanisms, liaisons inform courts and attorneys of the participant's individual needs, available services, and related case planning. Using a solution-focused approach, the liaison's role is to objectively and neutrally provide relevant information through court reporting, offering valuable information to courts and attorneys while striving to avoid unintended negative consequences for participants.

Judicial officers and attorneys understand that while liaisons do not advocate for specific legal outcomes, the information shared can inform the legal process. Liaisons possess expertise in the behavioral health best interests of participants and advocate through reporting and court appearances in that context. Liaisons' neutrality in the court process allows participants to engage with Bridges with the assurance that the liaison is not working for one legal side or another. Information provided by liaisons often helps to inform the courts' decision-making regarding releasing defendants from custody, which is more likely if stability factors are addressed and supported.

Reduction in Use of Jails and Competency Beds

Of the 3,588 participants entering the program in FY25, approximately 1,579 (44%), were in custody and 56% were on bond in the community. When courts utilize Bridges for individuals who are in custody, liaisons work with the participant to develop a case plan for community-based services. Once judges feel comfortable that stability factors will be sufficiently addressed, participants may be released from custody. Not only does this reduce the use of jails as de-facto mental health institutions, it also reduces the number of competency participants waiting for inpatient competency beds.

50% of participants in custody at time of Bridges appointment were released before case closure

"When I started in my role, I received tremendous support and encouragement from the Bridges staff in my judicial district. They provided training on the competency court process, helped me to understand which people and resources were involved, and have always been available to answer my questions. I collaborated with them on new projects to improve the competency court process. It is clear to me that they have the participants' best interests at heart and are always working to support the best outcome for their clients. I am lucky to be working with such talented and caring individuals!"

- Competency Court Coordinator

"The liason does a great job filling the gaps. Court reports are helpful, everything is moving faster and the process through competency is improved. In the past, families struggled with the process for evaluations. With the support of the liaison, this has been resolved. Families report they are very pleased."

- Judicial Officer

For the approximately 1,951 participants whose cases closed in FY25, 836 were in custody when Bridges was appointed, and 416 (50%) of those were subsequently released from custody before time of closure. This 50% rate of release from custody during Bridges involvement represents a 3% increase in rate of release from the previous year and 13% over the previous two years.

Participant Services Fund

The Participant Services Fund (PSF), codified at C.R.S. § 13-95-107, is utilized to address barriers that prevent participants from accessing and maintaining behavioral health services and meeting social determinants of health (SDOH) needs. PSF allows Bridges to support participants where traditional funding sources are not readily available. In FY25, the fund was used to support basic needs, behavioral health services, housing, and SDOH needs through 916 funding requests for participants. Housing, mental and behavioral health services, basic necessities, and communication were the top needs addressed, which is consistent with participant needs indicated at intake (see above section on participant need). Of the $182,329 spent, $67,602 (37%) was spent on housing; $35,257 (19%) on mental and behavioral health services; $33,444 (18%) on basic necessities; $32,297 (18%) on communication; $13,329 (7%) on transportation; and $400 (less than 1%) for medical needs.

916 Participant Services Fund requests

37% of $$ spent on housing need

19% of $$ spent on behavioral health services

18% of $$ spent on basic necessities

7% of $$ spent on transportation

Bridges developed and launched PSF in FY25. The early part of the year was primarily devoted to building the program, and funding was therefore not fully utilized. Bridges worked to develop funding use criteria and distribution requirements, implement request and tracking mechanisms to meet fiscal rules standards, train the statewide team to those standards, and further streamline efficiencies after the initial roll out. Additionally, Bridges

"I am so grateful for everything Bridges does for our clients. I sleep more soundly at night knowing that my clients have an extra person to reach out to that truly cares about their well-being."

- Public Defender

"[Bridges] has been instrumental in helping our clients access mental health care and housing options, both in and out of competency court. Over the years, many of our clients have benefitted from Bridges' assistance in developing plans for housing and care upon release. Their work has had a noticeable positive impact in transitioning people from jail to the community in a timelier manner and with the right supports. The liaisons' neutral role is a significant benefit to opposing counsel coming to agreement on release plans. The Competency Diversion program could not function without Bridges … and our established Competency Court certainly couldn't proceed without our liaisons' dedicated efforts."

- Public Defender

recognized the need to contract some services to best serve communities. Multiple statewide solicitations were published, and Bridges is currently engaging in contract negotiations that will ultimately account for approximately 50% of the PSF budget. Contracted services will include housing, transportation, and treatment services, which will strengthen partnerships, uphold a strong standard of care, and fund unmet needs for participants in areas of the state where services are not readily available.

The fund has been used to alleviate a range of barriers faced by participants in their journey to access meaningful and effective behavioral health treatment and successfully move through judicial and competency processes.

Income Barriers – Funds addressed income gaps for participants unable to work due to behavioral health treatment requirements, medical conditions, or program restrictions; and addressed gaps for participants unable to join or return to the workforce during the disability income eligibility determination process which often takes seven months or longer.

Healthcare Needs – Funds for uninsured and underinsured participants to access behavioral health services and medical care, often pending Medicaid application processing times (financial Medicaid eligibility decisions take up to 45 days), and long-term service and support (LTSS) determinations take three or more months.

Housing Instability – Funds utilized to cover sober living costs, rent assistance, utilities, and basic necessities for those living in cars, shelters, or temporary arrangements to create stable foundation for treatment.

Transportation Needs – Funds used for bus passes, ridesharing gift cards, medical transportation, vehicle maintenance repairs, bikes, e-bikes, and gas cards for participants who are ineligible for Medicaid transportation or live in rural communities with no or limited resources are provided.

Communication Needs – Funds for cell phones and technology reduce barriers to treatment engagement and case management, allowing participants to stay connected to providers, courts, and support staff.

Basic Needs – Funds for clothing, food, hygiene items, utilities, identification documents and items required for activities of daily living are basic needs that address barriers

"Bridges liaisons are an integral part of our competency court team. They attend staffings before our dockets and help to convey information about how participants are doing and actively assist the team in collaborative problem-solving discussions for participants who are struggling or need some extra help. They have built important connections and relationships with participants, their families and community partners."

- Judicial Officer

"During my time with the courts, I have seen [Bridges] grow in both capacity and effectiveness. In my experience, Bridges has been an invaluable resource for participants facing mental health challenges, consistently showing genuine care for each individual. I have witnessed how their expertise helps participants access essential services—like identification and Medicaid—while also supporting education, employment, basic needs, and even reuniting with family. Their dedication makes a tangible difference, greatly improving participants' chances of thriving both in the justice system and in everyday life."

- Comptency Court Coordinator

to participants' physical well-being and impact their ability to engage in required activities such as court, and treatment or other appointments.

The following story illustrates how Participant Services Fund intervention can transform a participant's trajectory from repeated justice involvement into long-term stability.

> "Ronnie" was caught in a familiar cycle of justice system involvement and outside of their home state of Iowa. Ronnie had no local support network, a lack of financial resources, and unknown prospects for recovery. The liaison was able to bring Ronnie's mother – living on a fixed income as a substitute teacher in Iowa – into the care planning and coordination. Ronnie's mother was committed to helping Ronnie and arranged psychiatric and behavioral health services through a provider in Iowa. She also helped facilitate the complicated process of transferring Medicaid coverage from Colorado to Iowa. Engagement and support from family are irreplaceable factors that lead to successful outcomes;[2] however, Ronnie and their mother had little to no monetary support for this transition. These factors threatened to prevent the relocation efforts. The liaison made a PSF request and was able to secure funds for travel and basic clothing. Ronnie arrived home prepared to engage with behavioral health services and supported by family. This assistance transformed a cycle of recidivism into an opportunity for rehabilitation and successful community reintegration.

Wraparound Care Program

The Wraparound Care Program, codified at C.R.S. § 16-8.6-103, established a community-based alternative to competency proceedings in which referred defendants avoid entanglement in the competency process and instead engage in a community-based individualized care plan with a Wraparound Care liaison. Care plans are designed to meet participants' unique needs with a variety of relevant support from housing to behavioral health. In Wraparound Care, participants are engaged with personalized services and benefit from a built-in network of supportive partners to help them meet their individual goals for attaining stability and well-being in the community.

Between April 1 and June 1, 2025, the Bridges Wraparound Care Program began serving participants in the 2nd (County and

"I worked with [a Bridges liaison] on a case and he went out of his way to make time [with the participant]. He worked hard to get him motivated and my client enjoyed his time with [the liaison]. Both [liaisons] work hard to communicate with their team and work diligently. … It's clear they care [about participants] … and want to make sure they get the best services."

- Guardian Ad Litem

"I have an elderly client with cognitive issues who lives alone in a neighboring county (in a different judicial district) without transportation to court and limited capacity to use phone or internet without assistance. The Bridges liaison in this case drove to the client's home to help him appear virtually for court. [The liaison] has also been instrumental in coordinating with Adult Protective Services in his home county to ensure his basic needs are being met and that he is able to participate in the case."

- Public Defender

[2] Beausoleil et al. 2017; Richardson and Walker, 2023; Harvey et al. 2022

District), 17th, 18th, and 20th Judicial Districts. During that time, Bridges received 54 court appointments to serve a total of 32 participants. Of these participants, 66% (21) were in custody at the time of appointment and subsequently released as part of the legislatively-directed parameters of program involvement.

Given that these 21 individuals would have otherwise been engaged in competency services, and that individuals in custody are more likely to receive inpatient competency orders, there is an immediate cost benefit to local and state agencies by redirecting participants from jail and state hospitals.

Cost avoidance estimated for these 21 participants represents roughly $134,274 in jail cost avoidance and a range of $2.0 to $4.7 million in competency bed cost avoidance in just three months of the program's existence.[3] At this rate, the program is on track to realize $46.5 to $108.3 million annually in competency bed cost avoidance and roughly $3.1 million in jail cost avoidance once fully implemented. (See below section on cost avoidance for a complete discussion according to type of criminal justice response.)

The Wraparound Care Program will implement in the remainder of the judicial districts over the course of the next year, and data reporting on statewide utilization and outcomes will begin with FY26 annual reporting.

"Our liaisons have done a great job coordinating with and advocating to providers outside of our competency court team. As one example, we have a severely ill participant who has been at the State Hospital in Pueblo for some time. Our local team is very familiar with a long and challenging history for this participant in our community. However, every time he moves to a new phase or level at the state hospital, it seems like he is assigned to a new social worker who is not aware of that history and starts looking at options that would be wholly inappropriate for this individual. The Bridges liaison has been diligent in maintaining contact with each newly assigned person to explain the history and challenges, help prevent the inappropriate planning from getting too far down the track, and communicating back to our local team what is going on. I realize this sounds dramatic, but due to the severity of this participant's behavior when previously in the community, I believe that the Bridges liaison's work with the state hospital on this has likely saved this participant's life and certainly helped protect our community."

- Judicial Officer

[3] Cost Per Offender by Facility, FY22-23; Colorado Division of Criminal Justice, 2025; Pope, 2024; Flowers, 2024

Benefits of Reduced Systems Involvement

Improved Community Safety

As illustrated in the data in the sections above, the use of the program by judges and attorneys and the subsequent efforts of liaisons and participants positively impacts outcomes by moving individuals out of custody and into supported settings in the community. Additionally, individuals engaged in the competency process are no longer on the waitlist for inpatient restoration but can instead access outpatient restoration.

> Bridges is authorized to serve participants up to 90 days after case dismissal to provide transitional support. This is especially crucial when there's a case finding of "permanently incompetent to proceed."

Research has shown wraparound care and development of long-term and natural supports to be effective for individuals with justice involvement, and those reentering communities from carceral settings — especially those with acute mental health needs. This is seen in results of studies demonstrating that prison reentry programs that use wraparound care and creation of long-term connections are more effective than reentry programs that do not.[4] Bridges utilizes these approaches in both the Court Liaison and the Wraparound Care Program, connecting participants with local service providers, crisis services, family members, and other resources that can meet participants' needs long term.

The support of a Bridges liaison is especially crucial when a participant's case is dismissed due to statutory requirements with "permanently incompetent to proceed" findings. When Bridges is already appointed, the liaison will have been actively engaged to support connections to meaningful and effective services long before the case dismissal. At dismissal, Bridges is also statutorily authorized to serve participants up to 90 additional days.

When Bridges supports participants to engage with community-based services, participants are more likely to attain stability, which also has the potential to positively impact community safety and reduce recidivism. By supporting participant success in transitioning from custody to community, Bridges is positioned to make a tangible impact for the individuals, families, communities, and systems affected.

[4] McNeeley 2018; Shaffer et al. 2021; 2022; Taylor et al. 2025; Zortman et al. 2016

Participant Well-Being

The impact on a defendant's well-being when served in the community, rather than in custody, is often immediate and substantial. Individuals who are experiencing severe and persistent mental illness who are in custody experience rapid decompensation in their wellness. This decompensation can lead to hunger strikes, suicide attempts, and other behaviors that result in solitary confinement. In addition, behaviors associated with decompensation often lead to additional charges, and solitary confinement leads to further decompensation of mental and physical health. These individuals also remain in jail longer than those without mental illness. Multiple reports show individuals with serious and persistent mental illness will spend more time waiting for competency restoration than they would spend incarcerated if convicted of the offenses for which they had been charged.[5]

> Suicide is the leading cause of death in correctional facilities, with half of all suicides committed by individuals with serious mental illness. Of those deaths, 75% of individuals weren't convicted and were awaiting adjudication.

Furthermore, according to the U.S. Department of Justice, suicide is the leading cause of death in correctional facilities. Multiple studies indicate as many as half of all inmate suicides are committed by the estimated 15% to 20% of inmates with serious mental illness.[6] Suicides accounted for 30% of deaths in local jails in 2019.[7] Of those deaths, 75% of inmates were not convicted and were waiting adjudication of their charge.[8] A 2024 study found someone jailed in the U.S. was 3.3 times more likely to commit suicide than someone who had not recently been jailed.[9]

However, simply releasing individuals with behavioral health needs from custody with no support misses an opportunity to meaningfully address long-term needs. When individuals are released from custody settings, addressing social determinants of health (SDOH) such as healthcare access, housing, and access to food makes a positive difference. Prison reentry programs that improve social determinants of health have also been shown to be more effective at improving outcomes for participants, and reducing recidivism, than programs that do not.[10] In addition to identifying effective behavioral health treatment, Bridges liaisons spend a significant amount of time addressing social determinants of health, such as connecting individuals to public health clinics, providing assistance with benefits applications, and providing communication and transportation resources through the Participant Services Fund.

[5] Sherry, 2021; McMahon, 2019
[6] Watkins, 2021
[7] Watkins, 2021
[8] Watkins, 2021
[9] Miller et. al, 2024
[10] Pinals and Fuller, 2021; Smith et al. 2018; Taylor et al. 2025; Thomas et al. 2019; Zortman et al. 2016

Cost Avoidance for Jails and Competency Beds

Supporting participants successfully out of custody and into community-based services represents significant cost avoidance across systems. The costliest areas of pretrial involvement for defendants are jail detention and inpatient competency beds. Moreover, the Colorado Department of Corrections estimates that 31% of individuals who are released from prison will return within 3 years,[11] repeating the entire cycle again. Creating alternative interventions, particularly those designed to address long-term stability or divert individuals from these systems, can result in significant savings. Attaining pretrial stability in the community before final disposition can also increase the probability of probation rather than incarceration when there is a sentencing outcome. Probation costs are significantly lower than carceral settings, and participants have continued access to community-based services.

It is estimated releases from custody due to the case planning and support provided by Bridges resulted in approximately $53 to $116 million in jail and competency bed cost avoidance in FY25. An estimated 2,136 participants served in FY25 began their Bridges appointment while in custody. At a 50% rate of release, an estimated 1,068 will be released before closure. Of those, 576 (54%) are estimated to be non-competency cases, and 491 (46%) are estimated to be competency cases. (These rates are based on closure data that tracks release from custody.) A breakdown of the total cost avoidance estimate follows:

Criminal Justice Response	Estimated Cost per Person per Day	Estimated Number of Days per Episode of Engagement	Total Episode of Engagement Cost
Colorado Mental Health Hospital in Pueblo	$1,476[12]	152 Days	$224,352
Colorado Mental Health Hospital at Fort Logan	$1,013	95 Days	$96,235
Jail Average Wait Time for Competency*	$66.60[13]	96 Days	$6,394
Jail Average Wait Time for Non-Competency*	$66.60[13]	88 Days	$5,861
Bridges of Colorado	▸ **$6.28**	▸ **Based on annual cost**	▸ **$2,292****

*Based on average number of days for Bridges participants. [14]

**Average number of days per engagement is not currently known for Bridges. Comparison is based on annual average cost per participant served in FY25. Initial closure data indicates most participants close in less than one year. This data will be available in future years.

1. For the non-competency population served by Bridges, average wait times in custody for a competency bed are 88 days for those who are not released from custody, and 15 days for those who began their Bridges appointment while in custody and were subsequently released. For those individuals, this results in a reduction of roughly 73 jail bed days for each of the 576 non-competency participants released and points to ballpark estimates for jail cost avoidance upwards of $2.8 million. (Pinpointing actual cost savings requires cross-systems data such as comparisons to similar jail populations without a liaison, level of charge, bond requirements, and other factors that impact length of stay.)

[11] FY22 Statistical Report
[12] Flowers, 2024
[13] FY22 Statistical Report
[14] Flowers 2024; Cost Per Offender by Facility, FY22-23 2023; Pope 2024, 44; Colorado Division of Criminal Justice 2025

2. For the competency population served by Bridges, average wait times in custody for a competency bed are 218 days for those who are not released from custody, and 121 days for those who began their Bridges appointment while in custody and were subsequently released. For those individuals, this results in a reduction of approximately 97 jail bed days and points to ballpark estimates for jail cost avoidance for the 491 competency participants released upwards of $3.2 million. (Pinpointing actual cost savings requires cross-systems data such as regarding comparisons to similar jail populations without a liaison, time spent in custody in addition to wait times for inpatient hospital admission, level of charge, "tier" classification by OCFMH, bond requirements, and other factors that impact length of stay.)

$53M-$116M TOTAL estimated cost avoidance in FY25

$6 million estimated jail cost avoidance

$47M-$110M estimated competency bed cost avoidance

3. For the competency population, cost avoidance is also realized by reducing the need for competency beds. The cost of a competency bed for inpatient restoration ranges from $96,235 to $224,352.[15] By redirecting an estimated 491 competency participants from an inpatient bed, rough estimates for competency bed avoidance range from $47.3 million to $110.2 million. (Pinpointing actual cost savings requires cross-systems data such as percentage of participants who would have been assigned to each facility.)

Competency beds are a finite resource, and so it is also important to note releases from custody for Bridges competency participants freed up between 46,645 and 74,632 competency bed days, which significantly reduces the wait time and waitlist for competency beds. (Pinpointing actual bed day savings requires cross-systems data such as percentage of participants who would have been assigned to each facility.)

[15] Flowers 2024

The Bridges Solution

Advancing Best Practices

Grounded in the latest research and guided by emerging models of care, Bridges is implementing and expanding evidence-based and best practices to best support participants. Efforts in 2025 have focused on elevating staff competencies, improving service delivery, and strengthening partnerships with academic, community and court partners. Bridges' strategy includes training staff in both behavioral health and criminal justice principles, utilizing evidence-based frameworks, making data-driven decisions, embedding lived experience in practice, strengthening interagency and systems-level collaboration, building a healthy workplace culture, and creating feedback loops for continuous improvement.

Staff are trained on relevant legal processes, behavioral health treatment modalities, trauma-informed care, and harm reduction strategies. Key models informing training curriculum include solution-focused case management, motivational interviewing, and trauma-informed care. Participants are centered and supported in identifying their own needs and priorities and are offered connections to behavioral health and service resources that align with their values, cultural and personal preferences. Staff receive training in evidence-based, person-centered practices that promote healing, resilience, and self-determination and that honor each participant's unique experiences, strengths, and goals.[16]

Bridges also leverages information collected via internal case management systems to evaluate program effectiveness, guide

"We have had at least one participant who was staying with family and that family used trusted communication with the Bridges liaison to let the team know when conflict started increasing in the home due to substance use concerns and we were able to address it as a team and try to take the strain off of that family relationship so the participant did not lose their only housing.

Another participant has severe trust issues with most members of our team, but does trust the Bridges liaison, so we have been able to use that single point of contact to try to maintain some level of participation while slowly encouraging additional engagement."

- Judicial Officer

[16] Porges, 2021

resource allocation, and refine implementation practices.[17] The focus for the upcoming year includes expanding training offerings, enhancing data-driven decision-making, and deepening existing academic partnerships to evaluate outcomes and improve service models.

Gathering Community Input

The 11-member Commission meets quarterly and is led by Chair Hasan Latif of the Second Chance Center and Vice Chair Julie Reiskin of the Colorado Cross Disabilities Coalition. It includes two individuals with lived experience, representatives from five state agencies, representatives from three client advocacy/service organizations, and one elected sheriff. The Commission comprises 27% people of color and 73% people who are white; 55% men and 45% women; one individual with a physical disability, and one member of the LGBTQ community. Commissioners live or work in Eagle, Larimer, Pueblo, and La Plata Counties, as well as the Denver metro area. In its second year, the work of the Commission has been focused on continued development of policies and contributions to budget and strategic planning processes. The Commission participated in a one-day retreat this fall which allowed time to engage in meaningful discussion around Bridges' vision, priorities, and challenges in the upcoming year.

Bridges also values and relies upon the perspectives of the internal team of liaisons who directly serve participants, judicial officer partners, and people with lived experience at the intersection of criminal justice and behavioral health. To capture and uplift those voices, Bridges operates three separate advisory councils dedicated to those groups. The Lived Experience Advisory Council meets monthly and comprises people with lived experience and family members whose adult children are or were involved in the justice and competency systems. This past year, members gave panel presentations to the County Sheriffs of Colorado, Office of the Alternate Defense Counsel, a statewide judicial officers webinar, and the 2025 Colorado Collaborative Justice Conference. The Judicial Advisory Council comprises judicial officers ranging from magistrate to Supreme Court Justice and includes representation from rural, resort, and metropolitan judicial districts. Bridges leverages the expertise of this group to inform decision making on internal processes and policy development.[18] The Liaison Advisory Council brings the voice of Bridges liaisons into conversations as leadership continually works to improve service delivery to participants.

"You took a leap of faith on me by pushing to get me into treatment when the rest of the world saw me as a lost cause.

When I was booked into jail my life was in shambles, and I had officially hit rock bottom. … Within 24 hours, my four children were taken into state custody from an injurious environment I had them living in. Things seemed hopeless.

I sat and waited for court dates while you pushed your hardest to get me the treatment that I so desperately needed. You saw hope for me when I couldn't see any for myself. Now my life is so different from a year ago, and I owe it all to you for giving me a chance.

My husband and I, a year sober, have full-time jobs. We have cars and moved out of sober living and now own our own home. My kids are doing great. We are fully involved in their lives. And then there are things that have changed that I never could have dreamed of and again I have you to thank for that. I have a healthier relationship with [my entire family]. … You truly have saved my life. I could never thank you enough."

- Participant

[17] Alexander and Sudeall, 2023
[18] Cunningham and Wakeling, 2022

Advancing Information Protection

Through work with Chief Justice Marquez and a collaborative drafting process with key members of the Supreme Court's Public Access Committee, Bridges was included in Rule 2., Public Access to Administrative Records of the Judicial Branch, Pub.Acc.Rec.&Info. Rule2 (known as PAIRR2), effective March 2025. This inclusion expands protections the Office was subject to under the Colorado Open Records Act alone and enables the office to operate with further assurance that the sensitive records created and collected through serving participants are as well protected as they can be absent further legislation.

Bridging Services through Collaboration

Bridges continually works to strengthen relationships with community-based care coordinating agencies to streamline benefits enrollment, determine eligibility and support access to managed care services through insurance for participants. These efforts are key to ensuring successful transitions into the community and to build long-term support networks for participants that will last beyond Bridges' involvement.[19]

Housing and transportation have been clearly identified as the largest direct support needs where current gaps exist across the state. Bridges recently executed a procurement solicitation for housing and transportation assistance, has identified multiple opportunities for partnerships with new and existing providers and is actively engaging in contract negotiations. Providing access to these basic necessities for our participants removes barriers, resulting in stability and the improved connection to treatment services.[20]

Collaboration with community partners is also crucial to delivering positive outcomes and supporting diverse needs of the people Bridges serves. Creating relationships, identifying the most efficient referral paths and engaging in cross-organizational education is vital to ensuring Bridges is able to successfully "bridge" participants to the most appropriate resources, services and treatment opportunities available. In the last fiscal year, Bridges has made inroads with critical partners at the statewide and local levels and will continue that focus in the year ahead.

"I'm so grateful for Bridges [being] willing to put in the hard work for [the participant]. You are truly advocates for the most vulnerable people in our society."

- Public Defender

"I just wanted to take a moment to acknowledge what a wonderful team you have."

- Judicial Officer

"You have been able to navigate and adapt to change in a remarkable manner. People will thrive in your environment and culture. You have the unique combination of program expertise and an eye to the organization."

- Administrative Partner

"Thank you for creating an environment that empowers us to truly change lives. I'm proud to be part of a team that leads with compassion and action."

– Bridges Employee

"[I] want to share how truly thankful I feel landing right here with Bridges. I found the place I belong."

- Bridges Employee

[19] Angell et al. 2014; Held et al. 2012
[20] Connecting Care for Better Outcomes 2021; McCausland et al. 2025; Pinals and Fuller 2021; Shaffer et al. 2021; Taylor et al. 2025

Building a Thriving Internal Culture

Bridges has been successful in assembling a high-performance, talented, and diverse staff through intentional creation of job descriptions that attract values-and mission-guided individuals and recruitment strategies that ensure vacancies reach diverse populations. A core value for Bridges is being representative of the communities served, and 30% of the team has lived experience in the criminal justice and behavioral health systems. Additionally, many applicants and new hires have chosen to apply through word of mouth from current staff members. This is in large part due to the culture which has been created at Bridges.

Bridges Staff Demographics	
American Indian or Alaska Native	3%
Asian	1%
Black or African American	13%
Hispanic or Latino	21%
Two or More Races	5%
White	57%
Lived Experience	30%

Studies show engaged employees are more likely to go the extra mile, leading to more personalized and empathetic service. This is demonstrated in staff's interactions with participants, external partners, and one another. Internal survey results show that 85% of staff would recommend Bridges as a place to work and that 76% of staff are satisfied or highly satisfied working at Bridges.

Bridges has a low 8% turnover rate since becoming an independent agency, a rate well below the 20% national average for startup organizations. Bridges is proud of the work done to tend to employee well-being, diverse recruitment, retention, and employee satisfaction. The value of being person-centered extends to staff and Bridges continues to make strides towards a thriving, diverse, and robust workplace.

85% of staff recommend Bridges as an employer

"I'd like to bring attention to two outstanding colleagues whose efforts in support of participants involved with the district's competency docket have been invaluable. Their willingness to step in, coordinate logistics, and provide on-the-ground, in-person assistance has enabled the docket and myself to move two cases forward that have experienced delays. In a coordinated effort on the same day, both liaisons provided these services in opposite directions across Colorado, demonstrating the true statewide reach of Bridges when we collaborate and support each other."

- Bridges Employee

"I appreciate the transparency of the Bridges leadership, the acknowledgement of how difficult this work can be, and the expressed importance of self-care. I walk away from … meetings feeling motivated and appreciated. This level of support in a professional setting is new to me, something I am reveling in, and something I craved but didn't think was possible.

- Bridges Employee

‘Why We Need Bridges’

Non-Verbal Participant Reunites with His Out-of-State Family

A Bridges participant with severe cognitive impairment affecting his ability to speak, read and write found life-changing support when he was reunited with his out-of-state family who had feared the worst after years of lost contact.

The participant had a long and complex history of stroke-related brain injury and other medical issues, which made it difficult to find supportive services, and he had cycled in and out of the competency system. The Public Defender was devasted when she learned that the behavioral health service provider he had previously worked with had declined to continue services with the participant citing his complex needs; a scenario Bridges sees all too often.

Bridges staff were undaunted by the need and committed to putting in the necessary work for the participant described by his Public Defender as “one of our most vulnerable clients” and “an example of why we need Bridges.”

That work led to locating the participant’s family out of state. The Bridges team arranged a virtual call and through a tearful, happy exchange, the family and Participant gratefully reconnected. Working with Bridges, the family arranged for him to return home to receive the care he would need to remain stable while living with his family. His case was dismissed.

Bridges supported the participant’s sister in initiating emergency guardianship and utilized the Participant Services Fund to purchase the airline ticket and buy the participant a change of clothes and necessary items for his return trip. He was escorted to the airport with Bridges staff, who ensured he was set up to successfully navigate the return trip. The participant’s family greeted him with a surprise birthday party upon his return.

“If not for Bridges, [the participant] would be stuck in Colorado far from his family or anyone that could truly care for him,” said his Public Defender. “I’m so grateful for Bridges willing to put in the hard work for [him]. You are truly advocates for the most vulnerable people in our society.”

“If not for Bridges, [the participant] would be stuck in Colorado far from his family or anyone that could truly care for him.”

Attachment A

est.  2018

Bridges of Colorado

Connecting Colorado's Criminal Justice and Mental Health Systems

Vision

All individuals within the criminal justice system are treated fairly and humanely, regardless of their mental health and/or behavioral health challenges.

Mission

To promote positive outcomes for Coloradans living with mental and/or behavioral health challenges who encounter criminal justice involvement by fostering collaboration between both systems.

Values

We approach our work grounded in the following three values:

Person Centered. Solution Focused. Collaborative.

How We Live Our Vision, Mission, and Values

We connect to resources. We amplify voices. We shed light on situations. We inform decision making. We offer our support. We speak up. We provide education. We embrace equity.

What *Person Centered* Looks Like in Bridges

- Caring for the value, worth, and dignity of the participant
- Recognizing participants as experts in their own lives
- Meeting the participant "where they're at"
- Building trust and rapport
- Addressing the whole needs of the participant
- Providing Service That Is:
    - Individualized
    - Culturally Responsive
    - Trauma Informed
    - Strengths Based
    - Empowering
    - Harm Reducing
    - Stigma Reducing
    - Non-Judgmental
    - Empathetic and Compassionate
    - Transparent
    - Educational

What *Solution Focused* Looks Like in Bridges

- Identifying effective solutions for courts, participants, and providers
- Focusing on services that support the health and well-being of participants
- Advocating for the highest quality, most appropriate resources
- Addressing the social determinants of health and other long-term solutions
- Finding individual and community solutions that increase stability and reduce barriers
- Providing service that is:
    - Resourceful
    - Creative and Flexible
    - Individualized
    - Transparent
    - Neutral and Unbiased

What *Collaborative* Looks Like in Bridges

- Navigating complex systems involvement with participants
- Acting as boundary spanners across multiple systems and organizations
- Exhibiting fluency across criminal justice and behavioral health systems
- Supporting systems accountability through partnership, communication, and transparency
- Facilitating integrated and wrap around care
- Providing service that is:
    - Responsive to multiple systems, organizations, and individuals
    - Transparent
    - Agile
    - Educational
    - Open-Minded

ATTACHMENT B

LOGIC MODEL

Court Liaison Key Activities

Key Partners

Participants

Courts & Attorneys

Jails

Service Providers

OCFMH

Person-Centered

Ø Connect with participant to build rapport and identify needs and barriers

Ø Engage participant with services to support stability through a person-centered, wholistic approach

Ø Address systemic barriers

Solution Focused

Ø Serve as court appointed experts to courts and attorneys regarding participant needs and barriers

Ø Inform courts and attorneys of various options, including community-based services

Ø Offer a solution-focused approach to address barriers to meet participant needs

Collaborative

Ø Bridge communication between criminal justice and behavioral health on a case-by-case basis

Ø Provide general education to courts and attorneys regarding behavioral health

Ø Facilitate community capacity building

Ø Advocate to address systemic and case-by-case barriers through collaborative approaches

Outcomes

Ø Participants' time of involvement with the criminal justice system is brief, barriers are reduced, and stability factors are increased.

Ø Courts and attorneys are well-informed on the needs of the participants and the availability of community-based services.

Ø Courts, attorneys, providers, and jails collaborate so that services for the target population are readily accessible.

Ø Ancillary outcomes of the program are assumed to also positively impact public safety, alleviate waits for hospital beds at OCFMH, and reduce criminal justice and behavioral health costs.

Bridges of Colorado

Mission

To promote positive outcomes for Coloradans living with mental and/or behavioral health challenges who encounter criminal justice involvement by fostering collaboration between both systems.

Vision

All individuals within the criminal justice system are treated fairly and humanely, regardless of their mental and/or behavioral health challenges.

Values

Person-Centered. Solution-Focused. Collaborative.

Building Evidence for Bridges of Colorado

A Partnership with the Colorado Evaluation and Action Lab

Background: Bridges of Colorado (Bridges) has grown rapidly since becoming an independent state office within the Judicial Branch in 2023. Bridges is committed to evidence-based decision making to strengthen service delivery, improve cross-system outcomes, and inform policy and budget decisions. To advance this work, Bridges began a partnership with the Colorado Evaluation and Action Lab (Colorado Lab) at the University of Denver (DU) in May 2025 to build rigorous evidence for Bridges' programming and model of care. The Colorado Lab is the state's non-partisan research and policy lab, serving all three branches of government to unlock data-informed solutions to Colorado's most pressing issues.

Investments in Data and Evidence Building: The Colorado Lab conducted a review of Bridges' data systems and processes, identifying strengths and opportunities to improve data system capacity for rigorous evaluation and data-driven decisions. The review shows Bridges has a strong data foundation from which to build. Highlights include:

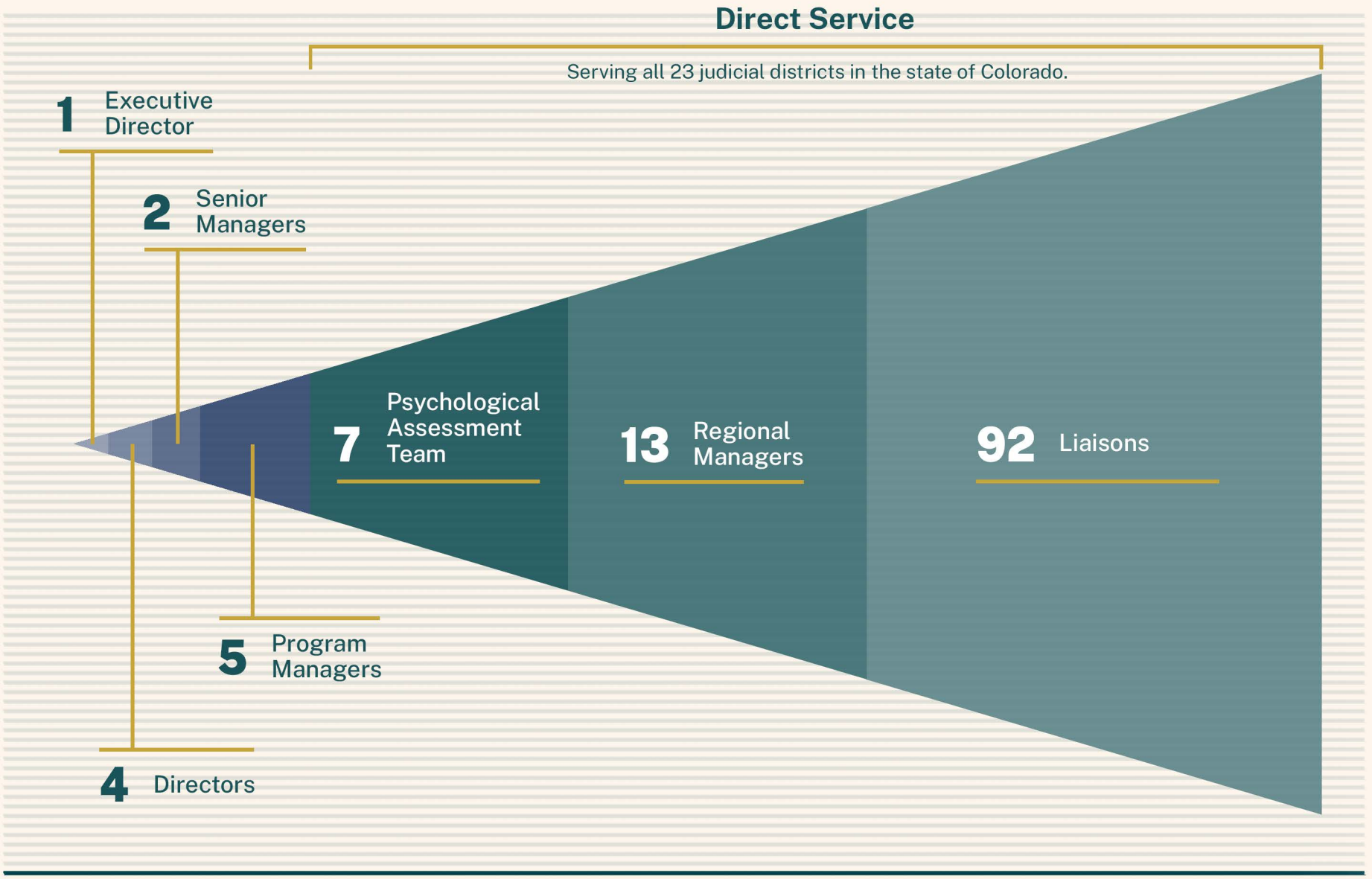
1. **Robust Data Information Management System (DIMS):** The DIMS supports program administration, performance management, and evaluation through quality data collection. The **DIMS is robust** and thoughtfully planned. The Colorado Lab provided Bridges recommendations to enhance the system's capacity for cross-system data linkages and to measure longitudinal outcomes of effectiveness.
2. **Commitment to the Steps to Building Evidence:** Colorado uses a rigorous process to building evidence on what works, for whom, and under what conditions, called the Steps to Building Evidence. Bridges is advancing through this framework with a 2022 **logic model and theory of change** (Step 1) already in place. The Colorado Lab recommended refreshing these tools to reflect program expansions and developing an expanded organizational theory of change. Bridges' **strategic plan includes key performance indicators** (Step 2) and desired outcomes (Steps 3 and 4). The Colorado Lab provided Bridges recommendations to further refine and align key indicators toward greater actionability and with the DIMS.
3. **Leadership Dedication to Data-Driven Decisions:** Bridges' Executive Director demonstrates strong leadership in using data to guide policy and practice investments. This includes establishing a robust data system, implementing early steps to building evidence, and cultivating a team of internal data staff (including a skilled Data and Analysis Manager positioned to support quality improvement and fidelity), and partnerships for independent evaluation and policy action (i.e., the Colorado Lab).

Future Plans: Bridges aims to assess long-term, cross-system outcomes and cost offsets to establish Bridges programming as evidence-based practice. These goals are best supported through external, expert evaluation. Continuing the partnership with the Colorado Lab is essential to help Bridges build on its strong foundations and achieve their evidence building and evidence use priorities for Colorado's judicial and behavioral health systems and the participants served.

Bridges of Colorado

Attachment D

Organizational Chart



Attachment E

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