



# Partnering for Success

Stakeholder Recommendations for Promoting Behavioral Health  
Across Colorado's Criminal Justice Continuum

October 2022

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# Partnering for Success

## Stakeholder Recommendations for Promoting Behavioral Health Across Colorado's Criminal Justice Continuum

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### About This Roadmap

The development of this roadmap was funded by the Colorado Department of Human Services, Office of Behavioral Health (OBH) in late 2021. The Criminal Justice Services Team, formerly within the OBH Division of Community Behavioral Health, now within the Behavioral Health Administration (BHA), provides program oversight, technical assistance, and programmatic monitoring of services for individuals involved in the justice system. The BHA, which launched in July 2022, is a cabinet-level agency housed within the Department of Human Services, designed to be the single entity responsible for driving coordination and collaboration across state agencies to address behavioral health needs. This report uses OBH Criminal Justice Services Team to refer to work, funding, and program administration that occurred prior to July 2022 and BHA Criminal Justice Services Team to reflect the ongoing and future reforms to the behavioral health system in Colorado.

This roadmap was developed alongside leaders from across the behavioral health and criminal justice continuums prior to the launch of the BHA. Underlying language or principles may not fully align with the BHA's current state and defined mission and vision. However, the components of the roadmap are recommended starting points for the BHA's consideration and for continued stakeholder planning and development.

### About the Colorado Health Institute

The Colorado Health Institute (CHI), which produced this roadmap in partnership with the BHA Criminal Justice Services Team, is a nonprofit and independent health policy research organization that is a trusted source of objective health policy information, data, and analysis for the state's health care leaders.

**On the cover:** Tinesha Younger-Qualls, LPC, and Officer Tom O'Donnell of the Castle Rock Police Department are partners on the Douglas County Crisis Response Team. BRIAN CLARK/CHI

# To the People of Colorado,

We at the Behavioral Health Administration (BHA) are indebted to you for courageously calling forth a BHA to be the steward of a people-first vision for behavioral health in the state of Colorado. We recognize that in order to move into our bold, new future where behavioral health services in our state are accessible, meaningful, and trusted by all people, we must address the nationwide and local reality that too many people with significant behavioral health needs are landing in our criminal legal system without the care they need and deserve.

Furthermore, we believe that conversations about supporting justice-involved people must be anchored in our BHA core value of equity, which includes an acknowledgment of root causes of injustices and the allocation of resources to support desired outcomes. People of color are overrepresented in our criminal legal system, yet they are less likely to have their behavioral health issues diagnosed, and less likely to receive treatment once incarcerated.<sup>1</sup> It is essential that we name and address systemic racism operating at the intersection of behavioral health and legal system involvement, as a foundational step toward equity.

As Colorado's first Behavioral Health Administration Commissioner, and a psychiatrist who has spent much of her career in emergency and justice diversion settings, I am personally committed to addressing these issues.

That's why — in partnership with our state's criminal justice leaders — I am proud to commission this strategic roadmap for addressing behavioral health needs across Colorado's criminal justice continuum.

This roadmap, which was developed by criminal justice and behavioral health leaders across the state, provides our BHA with guiding principles to do two things:

- Prevent and reduce justice system involvement for people with behavioral health needs; and
- Improve the quality of — and access to — behavioral health services for individuals who are involved in the criminal justice system.

Alongside my fellow behavioral health and criminal justice leaders in Colorado, we are committed to achieving the three strategic objectives outlined by stakeholders:

- 1. Invest in what works.** The first strategic objective commits us to investing in evidence-based strategies to deflect and divert people with behavioral health needs from the criminal legal system — and to provide high-quality treatment across the criminal justice continuum.
- 2. Strengthen our workforce.** The second strategic objective is our commitment to the workforce promoting behavioral health access across the criminal justice continuum — from our walk-in crisis centers to our law enforcement offices, and from our courts and jails and prisons to our probation and parole teams.
- 3. Align for success.** The third strategic objective commits us to investing in the partnerships, coordination, and data infrastructure we need to support our partners who deliver care across the criminal justice continuum.

This plan builds on Colorado's successes to date. It strengthens Colorado's ongoing commitments to evidence-based deflection and diversion programs. It highlights the BHA's opportunity to promote cross-system collaboration to build upon expertise from groups such as the Mental Health Disorders in the Criminal Justice System Task Force. It also celebrates our on-the-ground clinicians and professionals working in jails and prisons, in law enforcement departments, in courts, and in reentry organizations to promote whole-person health of justice-involved people.

The BHA is ready to move forward in authentic partnership. We are seeking to build strong avenues of collaboration with our community and leaders at all levels of our criminal legal system. We are also committed to uplifting lived expertise and local guidance as we build trust and strengthen our coordination with local leaders including our county commissioners, sheriffs, and community mental health leaders.

Now is the time to make our vision a reality. Join us.



Regards,

**Dr. Morgan Medlock, MD, MDiv, MPH**  
Commissioner of the Behavioral Health Administration  
Colorado Department of Human Services

# Introduction

***Many people with a behavioral health need end up in Colorado's criminal justice system instead of receiving care in their communities. The criminal justice system is the state's largest behavioral health provider. For example, data from the Department of Corrections show that as of December 31, 2021, over 1 in 3 people who are currently justice involved have a mental health need (4,640 people). Of these, 23%, or approximately 1,060 people, have a serious mental illness.<sup>2</sup>***

Several initiatives have been implemented to prevent inappropriate criminal justice involvement and to promote behavioral health for justice-involved people. These include Gov. Jared Polis' Colorado [Behavioral Health Task Force](#), which focused on expanding the behavioral health safety net and crisis system; implementing programs to keep people from inappropriately entering the criminal justice system, such as the [Co-Responder](#) model; and ensuring access to treatment for justice-involved people through [Jail Based Behavioral Health Services](#).

Despite the progress that has been made, gaps in care exist, and efforts are often fragmented as several state agencies serve people at the intersection of criminal justice and behavioral health. The Colorado Health Institute (CHI) conducted a literature review of the multitude of reports that evaluate the state of affairs; just nine of these reports produced over 130 recommendations, many of which spoke to common themes such as measuring long-term outcomes of programs or centralized data sharing.

However, the July 2022 launch of Colorado's Behavioral Health Administration (BHA) provides an opportunity for the state to double down on initiatives that will increase access to care and reduce reliance on the criminal justice system to provide behavioral health services. To prepare for this transformation and to prioritize and coordinate efforts between state agencies, the

Colorado Department of Human Services, Office of Behavioral Health (OBH) Criminal Justice Services Team set out to develop a strategic roadmap in fall 2021.\*

This roadmap leverages recommendations from existing reports and input from behavioral health and criminal justice leaders across the state. It charts a successful path forward for implementing and coordinating the most-needed activities that will promote behavioral health for justice-involved people. This roadmap will serve as the plan the BHA uses to:

- Prevent and reduce justice system involvement for people with behavioral health needs; and
- Improve the quality of — and access to — behavioral health services for individuals who are involved in the criminal justice system.

The initial sections of this report describe the process for developing the roadmap and an overview of Colorado's current behavioral health services across the criminal justice continuum, including funding streams supporting these services. The roadmap itself defines the objectives, strategies, outcomes, and milestones that must be executed in the coming four years to successfully reduce inappropriate involvement in the criminal justice system and to improve services for justice-involved people.

\* The OBH Criminal Justice Services Team is now within the Behavioral Health Administration (BHA). The BHA, which launched in July 2022, is a new cabinet-level agency, designed to be the single entity responsible for driving coordination and collaboration across state agencies to address behavioral health needs. This report uses OBH Criminal Justice Services Team to refer to work, funding, and program administration that occurred prior to July 2022 and BHA Criminal Justice Services Team to reflect the ongoing and future reforms to the behavioral health system in Colorado.



# Building the Roadmap

*The OBH Criminal Justice Services Team, in partnership with CHI, sought to answer two key questions to guide the development of this roadmap: What are the immediate steps that Colorado's leaders must take to prevent individuals and families with behavioral health needs from inappropriately entering or reentering the criminal justice system? To improve the quality and availability of behavioral health services to those already in the justice system?*

To build on current efforts, CHI conducted a literature review of existing reports on Colorado's criminal justice and behavioral health systems, which identified over 130 recommendations or gaps in care (see [Appendix A](#)). CHI researched best practice models and programs defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) and Policy Research Associates to understand Colorado's landscape of services and potential gaps. Additionally, CHI conducted over 20 key informant interviews with behavioral health and criminal justice leaders across the state and analyzed state funding streams.

The OBH Criminal Justice Services Team and CHI convened over 70 stakeholders monthly, from January to June 2022 to support roadmap development. This included an advisory group of 19 leaders from state agencies and three workgroups that were mobilized based on the [Sequential Intercept Model](#) (SIM, see box on Page 7). These groups prioritized recommendations, established an implementation plan, including milestones and expected outcomes, and identified partnerships needed to carry out the roadmap. To ensure diverse perspectives from across the state, workgroup members included advisory group members, other state and local behavioral health and criminal justice leaders, representatives from state agencies, behavioral health providers, community-based and advocacy organizations, and people with lived experience.

## What Is This Roadmap?

This roadmap is laser-focused on the intersections between Colorado's criminal justice and behavioral health systems. It is not a roadmap for strengthening the behavioral health and criminal justice systems as a whole. Rather, it offers a strategic framework for leaders working across these systems to align priorities, investments, and goals to improve the behavioral health of people involved, or at risk of involvement, in the justice system.

The roadmap does not create new recommendations. It leverages and synthesizes existing reports and recommendations (see [Appendix A](#)), as well as feedback from over 70 stakeholders, to develop an implementation plan and outline partnerships needed to ensure progress on priorities that are long overdue.

## Who Is This Roadmap For?

The intended audience for this roadmap is the newly established BHA, including the BHA Criminal Justice Services Team, and criminal justice leaders who address behavioral health needs across the criminal justice continuum. This roadmap describes the roles and opportunities for the BHA to lead and support initiatives that will reduce inappropriate criminal justice involvement for people with a behavioral health need and improve the care of those already involved. However, this work will take many agencies, divisions, and local leaders to implement successfully. The partnerships needed to achieve the strategies are listed, and where applicable, joint ownership of achieving the milestones in this roadmap is outlined.

## The Sequential Intercept Model

*The Sequential Intercept Model (SIM) is a framework that details how people with behavioral health needs may become engaged with — and move through — the justice system, as well as the opportunities to connect them to needed care.<sup>3</sup>*

### **Intercept 0 — Community Services:**

Opportunity to connect people to crisis services and needed care before they engage with the justice system.

### **Intercept 1 — Law Enforcement:**

Opportunity for law enforcement or other emergency medical responders to divert a person to treatment instead of being arrested and booked.

### **Intercept 2 — Initial Detention/Initial Court Hearings:**

Opportunity for jail clinicians, social workers, or court officials to screen and divert a person to community-based treatment upon detainment.

### **Intercept 3 — Jails/Courts:**

Opportunity for court-based diversion to needed care or providing services during incarceration to prevent worsened behavioral health.

### **Intercept 4 — Reentry:**

Opportunity to support a successful transition back into the community and connect a person to needed behavioral health services after incarceration.

### **Intercept 5 — Community Corrections:**

Opportunity to support people under correctional supervision, such as probation or parole, to prevent recidivism.

In partnership with the OBH Criminal Justice Services Team, CHI established three workgroups based on the intercepts: community services; law enforcement, jails, and courts; and reentry and community corrections. CHI also used the SIM framework to analyze Colorado's current landscape of behavioral health programs and services across the criminal justice continuum. To

promote a person-centered approach and to ensure the use of language that everyone can understand, this roadmap will sometimes refer to the following terms to reflect the SIM: **In the Community** (Intercept 0); **Encountering Law Enforcement** (Intercept 1); **Involved in the Criminal Justice System** (Intercepts 2 and 3); and **Returning to the Community** (Intercepts 4 and 5).

# Strategic Framework

This roadmap sets Colorado’s sights on two primary goals and three strategic objectives. Figure 1 shows the framework that was used to develop the strategies, outcomes, and milestones in the roadmap. As the BHA had not yet launched during the development of this roadmap, advisory group members adopted the same vision as outlined in the Colorado Behavioral Health Task Force’s report, [Behavioral Health In Colorado: Putting People First, A Blueprint for Reform](#), to align with existing initiatives to transform the behavioral health system.

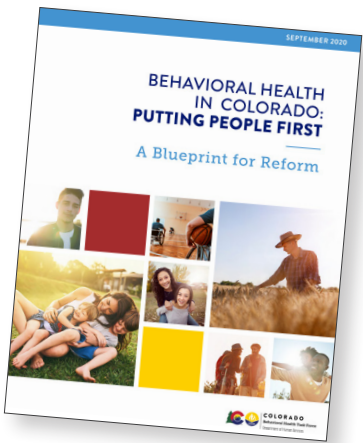


Figure 1. The Strategic Framework

## Behavioral Health Task Force Vision

A comprehensive, equitable, affordable, effective continuum of behavioral health services that meet the needs of all Coloradans in the right place, at the right time, to achieve whole-person health and well-being.

## Roadmap Mission

Promote the behavioral health of justice-involved people and reduce inappropriate use of the criminal justice system for people with a behavioral health need by prioritizing and coordinating the most needed strategies and activities that will strengthen behavioral health and criminal justice services and programming at the state and local levels.

## Values

Collaboration | Community Engagement | Cultural Responsiveness | Equity | Evidence-Based

## Goals

Prevent and reduce justice system involvement for people with behavioral health needs

Improve the quality of — and access to — behavioral health services for individuals who are involved in the criminal justice system

## Strategic Objectives

### 1. Invest in what works.

Colorado’s criminal justice and behavioral health systems invest in accessible and effective programs, strategies, and practices to prevent inappropriate criminal justice engagement and promote behavioral health for justice-involved people.

### 2. Strengthen our workforce.

People working at the intersection of behavioral health and criminal justice are equipped with the training, capacity, and supports needed to deflect and divert people from the criminal justice system when appropriate and to provide evidence-based behavioral health services to justice-involved people.

### 3. Align for success.

State and local agencies and organizations across Colorado’s behavioral health and criminal justice systems are coordinated and partnering to streamline efforts and build data sharing infrastructure.



## Values

The advisory group used a series of values to guide the development of this roadmap:

- **Collaboration**  
Fundors, providers, and leaders who work across the behavioral health and criminal justice systems should work collaboratively to streamline and maximize existing efforts and hold each other accountable.
- **Community Engagement**  
Individuals and families, including those with lived experience, and community-based organizations and local stakeholders should inform the programs, policies, and investments made in the behavioral health and criminal justice systems.
- **Cultural Responsiveness**  
Individuals and families involved in the criminal justice and behavioral health systems should have access to culturally responsive services.
- **Equity**  
All people should have the opportunity to achieve mental wellness — regardless of where they live, their socioeconomic status, justice involvement, race, ethnicity, age, sexual orientation, gender identity, religion, or any other characteristics.
- **Evidence-Based**  
Colorado's efforts to reform the criminal justice system through a lens of behavioral health should foster innovation while promoting effective programs, strategies, and practices.

## Alignment with Ongoing Initiatives

To promote alignment with ongoing behavioral health transformation, the advisory group recommended ensuring that the roadmap reflects “The Six Pillars of a Strong Behavioral Health System” as outlined in the Colorado Behavioral Health Task Force's report, [Behavioral Health In Colorado: Putting People First, A Blueprint for Reform](#). Each strategy presented in this roadmap highlights the pillars that the strategy helps promote as described in Figure 2.

**Figure 2. Six Pillars of a Strong Behavioral Health System**

### Access



All Coloradans need access to a continuum of behavioral health services and to be connected to those services when they need them.

### Affordability



Care can be affordable when people get the care they need to stay healthy, administrative efficiencies are captured, and payment models incentivize positive outcomes.

### Workforce and Support



A high-quality, trained, resourced, culturally responsive, and diverse behavioral health professional workforce is needed in Colorado to deliver improved health and access.

### Accountability



Collaboration across stakeholders needs to take place to ensure that Coloradans are receiving the quality care they need.

### Local Guidance



Engagement with community stakeholders is critical for feedback and guidance on how best to meet local behavioral health needs.

### Whole Person Care



Coloradans are best served when their social determinants of health are adequately addressed.

Source: Adapted from [Behavioral Health In Colorado: Putting People First, A Blueprint for Reform](#)



## Promoting Behavioral Health for of Colorado's Justice-Involved Population

As a preface to the roadmap, this section of the report provides important background information on the scope of services available in Colorado, plus a financial map that illustrates how the state allocates funding to the largest programs that operate at the intersection of behavioral health and criminal justice.

### Colorado's Landscape of Services

People with serious mental illness, substance use disorder, and other behavioral health needs often are inappropriately involved in Colorado's

justice system. To prevent this involvement, and to provide needed behavioral health care to people already in the criminal justice system, Colorado has invested in evidence-based services and programs across the criminal justice continuum. Figure 3 provides a high-level overview of the continuum, including best practices — as defined by SAMHSA<sup>3</sup> — to divert or connect people to treatment, and an example of a program or service that Colorado provides. See [Appendix B](#) for a summary of the major programs and services the state provides across these stages, as identified by CHI.

**Figure 3. Colorado's Landscape of Services**

This figure provides a high-level overview of the criminal justice continuum. Best practices listed are as [defined by SAMHSA](#).





## Colorado's Investments: A Financial Map

In Fiscal Year 2021-22, Colorado spent **\$206 million** on behavioral health programs and services across the criminal justice continuum.

- **Included in the analysis:** Large (\$500,000+) state- and federal-funded programs that are directly focused on behavioral health of justice-involved people.
- **Excluded from the analysis:** Local, short-term, and/or privately funded programs.

This financial map analyzes these dollars to demonstrate:

- The key state-level investments to prevent people with a behavioral health need from inappropriately entering the criminal justice system;
- The core state-funded programs that promote the behavioral health of justice-involved people; and
- The distribution of behavioral health programs and services across the criminal justice continuum and across state agencies.

While this financial map analyzes support of behavioral health services across the criminal justice continuum, it does not analyze the number of individuals served by funding streams, the outcomes achieved through each program, or the opportunities for scaling up programs. Milestones throughout the roadmap highlight opportunities to evaluate programming to connect funding with outcomes and to partner

across state agencies to ensure coordinated efforts and reduce duplication of services.

### How We Created the Financial Map

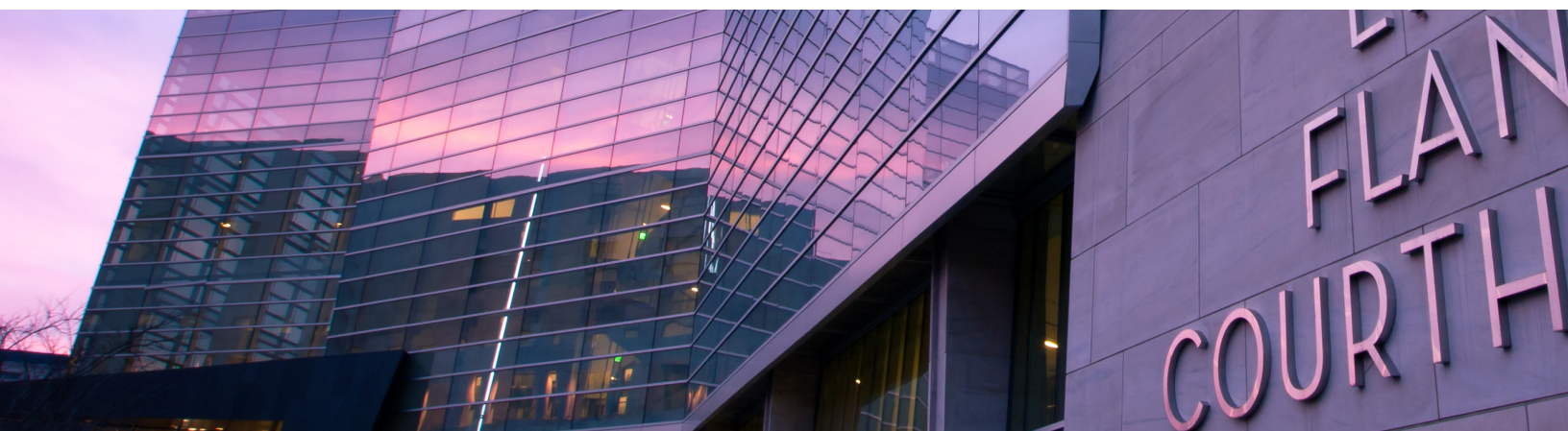
To construct this financial map, CHI analyzed the state [Fiscal Year 2021-22 Long Bill](#) to understand which state agencies are funding programs at the intersection of the behavioral health and criminal justice systems. Then, CHI interviewed program administrators to refine the analysis.

**Types of Funds Included or Excluded:** Only state and federally funded programs have been included. This analysis does not include local or county-level funding. There are programs across the state, such as co-responder programs, that are funded and administered at both the state and local levels. This analysis includes only the state-funded portion of these programs. Additionally, only programs with budgets over \$500,000 were included in the analysis to focus attention on the major, established programs administered by the state.

This financial analysis excludes funds for behavioral health treatment services provided to justice-involved individuals through Health First Colorado, the state's Medicaid program. Many justice-involved people may receive Medicaid-covered treatment services, for example, while hospitalized or after release in community corrections. However, this financial map does not include any funding from the Colorado Department of Health Care Policy & Financing (HCPF), which administers the state's Medicaid program.

### Types of Programs Included or Excluded:

CHI included two types of state programs in this financial analysis: programs that deflect individuals from inappropriately entering the criminal justice system and programs that serve individuals with



behavioral health needs once they are justice-involved.

To focus on people with behavioral health needs who are at imminent risk of becoming involved with the criminal justice system, CHI chose to align with SAMHSA's SIM definition of community services, which begins at crisis intervention. Therefore, this analysis excludes other important upstream prevention and education programs that address behavioral health needs before they escalate to a crisis. For example, substance use prevention and harm reduction programs run by the Colorado Department of Public Health & Environment (CDPHE) are not reflected in this financial analysis. To note, CHI chose to include the entirety of funding for behavioral health crisis services and detoxification programs although they do not serve strictly justice-involved populations. CHI did this because they are key evidence-based approaches to preventing criminal justice involvement in the community.

To maintain a focus on the intersection of behavioral health and criminal justice, only criminal justice programs that provide a behavioral health-related service were included in this financial analysis. As a result, some criminal justice diversion programs or alternative court models, such as the Colorado Department of Public Safety's Juvenile Justice Diversion Program and the Colorado Judicial Branch's Restorative Justice Program, were excluded because they do not specifically address behavioral health needs.

CHI also chose to exclude funding for competency restoration from the "Funding Across the Criminal Justice Continuum" analysis (see Figure 5) because this is a judicial process with a goal of using treatment to be able to continue criminal justice proceedings (see box).

## Addressing Competency Restoration Processes

Colorado's competency restoration process is an important factor for behavioral health leaders to consider when strengthening the behavioral health and criminal justice systems. However, the primary goal of competency restoration is to continue criminal justice proceedings.

Therefore, CHI has excluded competency restoration from the analysis of funding across the criminal justice continuum and roadmap, while acknowledging failures in Colorado's processes that cannot be ignored. As of July 1, 2022, Colorado has 390 people waiting for restoration and 183 evaluations pending, according to OBH Forensic Services staff.

The lack of beds to support competency restoration and the workforce shortage contributes to this backlog, but state officials also estimate that approximately 30% of the people awaiting restoration are facing extremely minor charges and likely don't need to be there in the first place.<sup>4</sup>

There are current efforts to address the backlog of people needing competency services such as [House Bill \(HB\) 22-1303](#), which increases the number of residential behavioral health treatment beds for competency services. However, the BHA must help address this multifaceted issue, by partnering with the Department of Human Services, Forensic Services Team to ensure recommendations in [Colorado's Long-Term Comprehensive and Cohesive Competency Plan](#) are implemented.

The agency also should continue collaborating with the Department of Human Services, Forensic Services team; HCPF; the State Court Administrator's Office; and the Office of the Colorado State Public Defender to streamline the competency process so that it is reserved for those charged with serious crimes. See related recommendations from existing reports in [Appendix A](#).





Figure 4. Colorado's Investments in Behavioral Health Across the Criminal Justice Continuum

How to Read  
This Financial Map:

Top Level:  
Total Funding

This number represents the total amount of funding that supports behavioral health services across the criminal justice continuum.

Second Level:  
Funding Sources

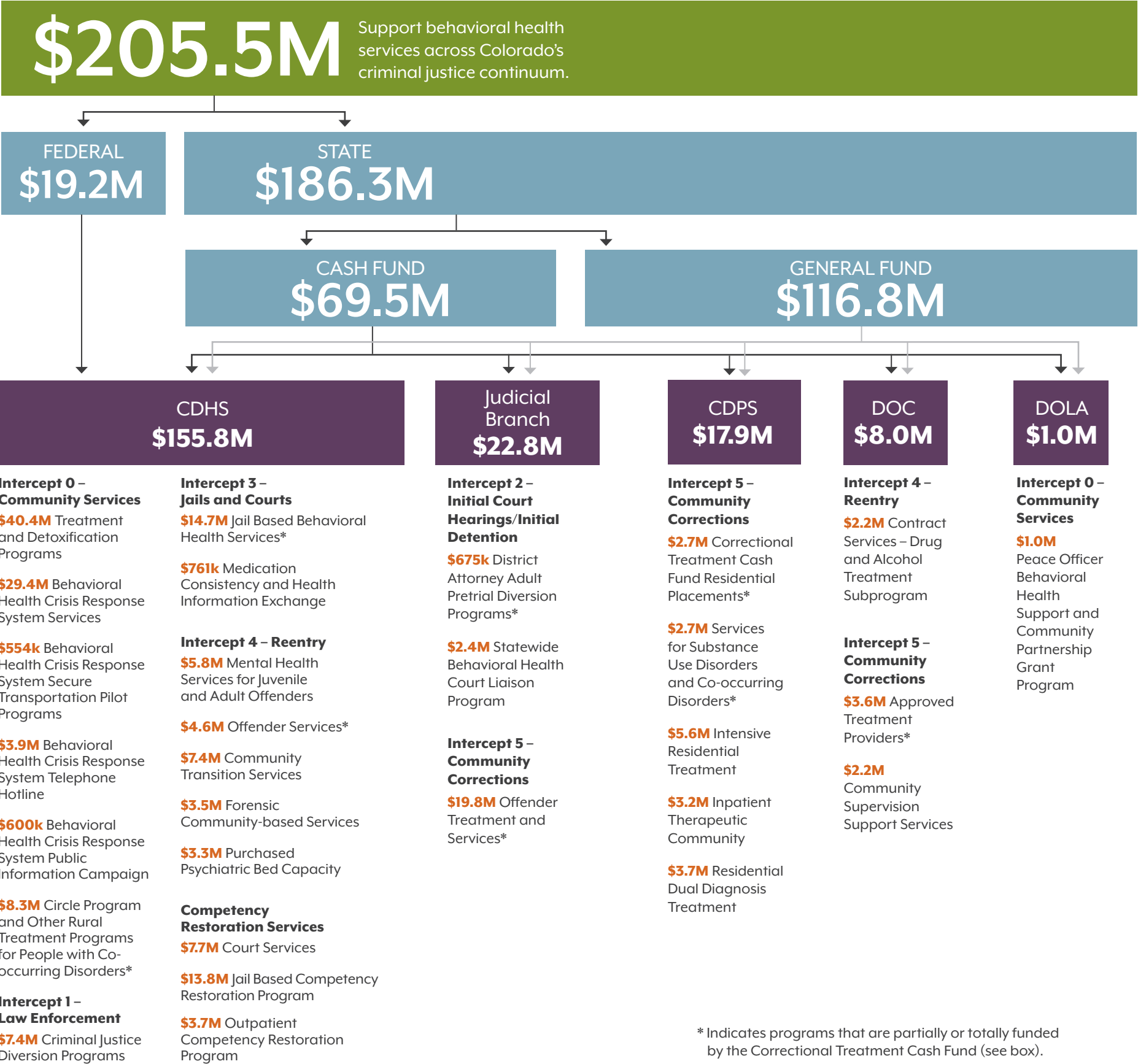
Funding comes from two sources: the federal government or the state government. The state funds are further broken down by whether they come from a cash fund or the state's general fund.

Third Level:  
Colorado State  
Agencies

This section shows the state agencies that receive these funds. Agencies then distribute money to programs.

Bottom Level:  
Programs and  
Services by Agency

The five state agencies distribute their funds for behavioral health to a variety of programs across the criminal justice system. Each program is classified under a SIM intercept according to the service it provides.



Correctional Treatment  
Cash Fund

Programs that are partially or totally funded by the Correctional Treatment Cash Fund (CTCF) are denoted with an asterisk (\*). The CTCF is a funding stream established by [HB 12-1310](#) that allocates approximately \$25M per year for substance use disorder and co-occurring assessment and treatment for justice-involved individuals. Approximately \$23M from the fiscal year 2021-22 CTCF is reflected in this financial map. The remaining \$2M was excluded from this analysis because it supports administrative costs or other costs not associated with behavioral health services for justice-involved people. See the [Correctional Board Funding Plans](#) for a complete accounting of the CTCF budget and programming.

The CTCF is overseen by the Correctional Treatment Board, which is made up of representatives from four state agencies (Judicial Branch, CDPS, DOC, and CDHS) as well as representatives from the County Sheriffs of Colorado, the Public Defender's Office, and the District Attorneys' Council. The Board oversees allocations for the following purposes:

- Alcohol and drug screening, testing, assessment, and evaluation;
- Substance use disorder education and training;
- Treatment for assessed substance use disorder and co-occurring disorders;
- Recovery support services;
- An annual statewide conference regarding substance use disorder treatment; and
- Administrative support for the board.

The CTCF is an important resource for leaders because it is a flexible funding source focused on the behavioral health needs of people in the criminal justice system. Additionally, the CTCF board represents a collaboration between state and local leaders. The BHA should leverage the institutional knowledge of the Correctional Treatment Board and funding infrastructure to coordinate behavioral health programming across state agencies and the SIM to promote better outcomes for justice-involved people.

# Funding By State Agency

Five state agencies administer programs that promote the behavioral health of people involved across the criminal justice continuum:

## *Colorado Department of Human Services, Office of Behavioral Health (OBH)\**

- OBH is the primary funder of services to people with behavioral health needs in the criminal justice system.
- OBH manages the statewide behavioral health crisis response system and detoxification programs in addition to law enforcement diversion programs such as the Co-Responder Program and Law Enforcement Assisted Diversion (LEAD).
- OBH also funds community-based intensive residential treatment for people with co-occurring disorders, such as the Circle Program.
- In jails, OBH funds Jail Based Behavioral Health Services and Medication Consistency and Health Information Exchange initiatives.
- For reentry services, OBH supports treatment and transition services for recently incarcerated individuals and transition services for children and adults from various behavioral health and substance use treatment settings (mental health institutes, hospitals, etc.) to community living.
- Competency restoration, forensic services, and psychiatric bed capacity in the mental health institutes are also under the purview of OBH.

## *Colorado Judicial Branch*

- Colorado's Judicial Branch funds several court-based diversion programs such as problem-solving courts and the district attorney's adult pretrial diversion programs.
- The Judicial Branch, State Court Administrator's Office (SCAO) also runs the Bridges Program, which uses court liaisons to facilitate collaboration between the criminal justice and behavioral health systems.

- The Judicial Branch is the steward of the Correctional Treatment Cash Fund (CTCF), which reappropriates approximately \$25 million to four state agencies (Judicial included) to pay for a wide array of behavioral health services across the criminal justice system (see box on Page 15). The Judicial Branch uses its CTCF dollars to fund substance use testing and mental health/substance use disorder treatment for probation clients as well as outpatient treatment and recovery support for the state's problem-solving court clients.

## *Colorado Department of Public Safety (CDPS)*

- CDPS funds behavioral health treatment for individuals being supervised in the community. This includes specialty programs for intensive residential treatment, inpatient therapeutic communities for substance use disorder, and residential dual diagnosis treatment.

## *Colorado Department of Corrections (DOC)*

- DOC funds drug and alcohol treatment services to people who are incarcerated in state prisons.
- DOC also pays treatment providers through the Approved Treatment Provider Program for mental health and substance use disorder care for people being supervised in detention and the community.

## *Colorado Department of Local Affairs (DOLA)*

- DOLA funds the Peace Officer Behavioral Health Support and Community Partnership Grant Program, which pays for community-based social service providers who partner with law enforcement to create co-responder or community-based response models to behavioral health crisis calls.

\* Many behavioral health programs such as crisis services, substance use treatment, and care coordination are now administered by the BHA, effective July 2022. Colorado's two Mental Health Institutes and the Forensic Services Division remain within OBH.



## Funding Across the Criminal Justice Continuum

**Key Takeaway:** Colorado’s state agencies spend most of their resources on either ends of the SIM, with community services and community corrections receiving the largest proportions of total funding. Fewer resources go to law enforcement and services delivered in initial court hearings or detention (see Figure 5).

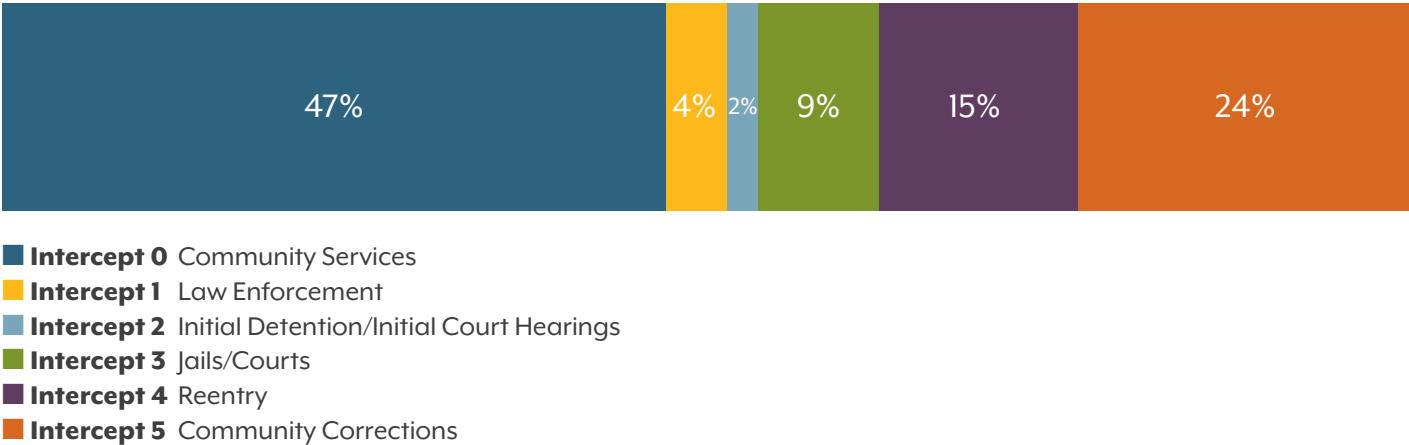
To understand the distribution of behavioral health services provided across the criminal justice system, CHI analyzed state funding according to the SIM, assigning each service or program to an intercept.

Colorado currently invests nearly half (47%) of its state funding for behavioral health services for criminal justice-involved population in community services (see [How We Created the Financial Map](#) for state funds included or excluded). Many of these dollars address behavioral health crisis calls

and detoxification programs that serve individuals before they encounter the criminal justice system. On the other end of the SIM, community corrections (such as parole and probation services) received the second largest proportion of funding (24%). By contrast, Intercepts 1 and 2 — law enforcement and initial court hearings and detention — only receive 6% of all funding, collectively.

While there is no national best practice or guideline for how funding should be distributed across the SIM, organization of funds by the intercepts can help state leaders see where behavioral health dollars are being invested and identify areas of need and gaps in services. And as the roadmap’s milestones are achieved and partnerships created, leaders and policymakers can consider how programming may be coordinated and aligned to reduce duplication and allow a greater focus on preventing inappropriate criminal justice system involvement while maintaining high-quality services for justice-involved people.

Figure 5. Colorado’s Investments Across the Criminal Justice Continuum



Does not total to 100% due to rounding.

# The Roadmap

Many behavioral health programs such as crisis services, substance use treatment, and care coordination are now administered by the BHA, effective July 2022. In acknowledgement of ongoing reforms to Colorado's behavioral health system, this report uses OBH Criminal Justice Services Team to refer to work, funding, and program administration that occurred prior to July 2022 and BHA Criminal Justice Services Team to reflect the ongoing and future reforms to the behavioral health system in Colorado.

The objectives, strategies, and milestones presented in this roadmap are a culmination of feedback from over 70 criminal justice and behavioral health leaders across the state who worked together to inform these priorities. The roadmap is also informed by existing reports and recommendations about improving Colorado's criminal justice and behavioral health systems. As this roadmap was developed before the launch of the BHA, its components are intended to be a starting point for the BHA's consideration and for continued stakeholder planning and development among state and local behavioral health and criminal justice leaders.

## Strategic Objective 1: Invest in What Works

Colorado's criminal justice and behavioral health systems invest in accessible and effective programs, strategies, and practices to prevent inappropriate criminal justice engagement and promote behavioral health for justice-involved people.

**Strategy 1.1:**  
Improve deflection programs in communities

**Strategy 1.2:**  
Increase access to services and improve quality of care

**Strategy 1.3:**  
Increase access to services for youth and their families

## The Context — Why?

There is already a large body of evidence on the effectiveness of specific programs to reduce justice system involvement for people with behavioral health needs and to provide treatment for people in the system. Colorado is a leader in many ways in implementing evidence-based programs — from statewide crisis response programs, to specialized law enforcement response models, to providing needed care and treatment in jails. However, efforts are patchwork.

Despite the effectiveness of specialized law enforcement response teams, OBH funds the Co-Responder Program in only 23 counties (covering 50 different communities).<sup>5</sup> The Law Enforcement Assisted Diversion (LEAD) program, which relies on officer discretion to divert individuals into intensive

community-based services in lieu of an arrest, booking, and incarceration, is implemented in just five communities across the state; four of these are funded through OBH and one through CDPHE.<sup>6</sup> Simultaneously, there is a movement to decrease reliance on law enforcement, as police encounters can be traumatic, and instead implement community or alternative responder models that train 911 dispatchers to deploy behavioral health clinicians or emergency medical technicians instead of law enforcement.<sup>7</sup> OBH currently does not fund alternative responder models at the state level. Program administrators for deflection programs state that while political will may be a barrier in some communities, there is a large demand for these programs, which are limited by funding.

Further, local stakeholders must understand which deflection programs will best benefit their



community and implement them. And while many communities have rolled out deflection programs using grants, philanthropic support, or other sources of funding, there is a need for sustainable funding to continue expanding and building upon the success of these programs.

Meanwhile, justice-involved people either have limited access to care or inconsistent treatment when it is available. Most jails across the state are providing jail-based behavioral health care, but at least five counties with jails have declined funding through the state, according to OBH program staff. This may be due to administrative burden or political will. Stakeholders also expressed frustration with inconsistent medication-assisted treatment (MAT) provided in jails, which can differ based on local sheriff's offices and medical vendors.

For recently incarcerated individuals returning to the community, it is difficult to prioritize recovery or be treated for behavioral health needs without stable housing. Supportive and

transitional housing is missing across Colorado, and the BHA must address these and other needs, such as continued treatment and social supports to ensure successful transitions into the community.

Colorado's youth — especially those with increased criminal justice risk, and those who are justice-involved — have limited options for appropriate treatment. Several stakeholders cited youth treatment facilities that have closed and families that have been sent out of state, or across the state, to receive care. For example, the Colorado Mental Health Institute at Fort Logan no longer serves youth. Therefore, justice-involved juveniles with institutional-level mental health or substance use disorder treatment needs must seek care at the Colorado Mental Health Institute at Pueblo.

The BHA must also partner with schools and other agencies to disrupt the school-to-prison pipeline — the gateway from classroom to jail — due to overreliance on law enforcement in schools. The school-to-prison pipeline



Members eat lunch during a recovery circle at Discovery Cafe, a program that supports homeless, addicted, and disenfranchised individuals in Garfield, Eagle, and Pitkin counties. PHOTO COURTESY OF GABE COHEN



disproportionately impacts students of color and those with disabilities.<sup>8</sup> During the 2018-19 academic year, Black and Hispanic children in Colorado were 3.2 and 1.7 times more likely, respectively, to be suspended than white students. Those with disabilities were 3.0 times more likely to be arrested than their nondisabled peers.<sup>9</sup> School suspension rates have been found to be strongly associated with future arrests.<sup>10</sup>

Primary barriers to implementing and expanding these programs include the lack of local political will and community buy-in, inadequate funding, administrative burden, and workforce capacity (note that workforce is discussed in Strategic Objective 2). This strategic objective focuses on opportunities to address these challenges, including evaluating programs for their impact on achieving expected outcomes. In doing so, the BHA can ensure that people are receiving the most appropriate services, build trust and accountability, and allocate funding to scale up these programs.

## Call to Action for the BHA

The BHA must support long-term investments in accessible, effective, and equitable deflection programs and jail-based health care services. These efforts must be evaluated for effectiveness and disseminated to communities to support implementation and expansion. Several initiatives are already underway in communities and through the work of other state agencies, but efforts are patchwork. The BHA must partner with leaders across the criminal justice system, such as the Department of Public Safety, Division of Criminal Justice (DCJ), the Colorado Department of Human Services, and CDPHE to support these efforts and engage community stakeholders to embrace localized solutions that may differ based on geographic location, existing services and capacity, and population. To reduce administrative burden, the BHA should consider funding and reporting requirements and leverage existing groups to reduce meeting time, such as local drug offender treatment boards, which include representatives from parole, probation, community corrections, the district attorney, the public defender, and local sheriff, drug court, and juvenile services.

## Strategy 1.1:

### Improve deflection programs in communities

Invest in strategies and programs to deflect individuals with a behavioral health need from inappropriately entering the criminal justice system.

#### Expected Outcomes

State and local leaders are prioritizing, funding, and implementing effective deflection programs — such as co-responder programs, LEAD, and alternative responder models — to reduce arrests of people with a behavioral health need and increase timely connections to services.

#### Alignment with the Behavioral Health Task Force



- Access • Accountability • Local Guidance
- Whole Person Care

#### Lead State Agency Partners

BHA Criminal Justice Services Team, CDPHE, and DCJ

#### Additional Partners to Engage

Local drug offender treatment boards and community stakeholders, including law enforcement agencies, local public health agencies, community-based organizations, people with lived experience, and community behavioral health providers.

### Strategy 1.1 Milestones

#### Community Engagement on Deflection Programs

- **Who:** BHA Criminal Justice Services Team, DCJ, and CDPHE
- **What:** Convene communities to assess, implement, or expand community-informed deflection programs in jurisdictions through engaging the 22 local drug offender treatment boards. This may include co-responder models, LEAD, or alternative responder models. Community engagement should include local law enforcement agencies, public health agencies, community-based organizations, people with lived experience, and community behavioral health providers.
- **When:** By April 2023

#### A Starting Point:

[SB22-196](#) establishes a \$50.7 million community grant program for the BHA to fund strategies to address behavioral health in the criminal justice system. The BHA Criminal Justice Services Team, DCJ, and CDPHE can align existing efforts and support communities in understanding and developing programs that are most needed. The BHA must ensure the grant application process is streamlined and simplified and consider ways to support the long-term sustainability of these programs.

#### State Funding of Alternative Responders

- **Who:** BHA Criminal Justice Services Team, DCJ, and CDPHE
- **What:** Explore piloting state-funded alternative responder models in communities where they are needed.
- **When:** By April 2024

#### A Starting Point:

The state should model these pilots after established and effective alternative responder models such as Denver's [Support Team Assisted Response \(STAR\) Program](#), which deploys emergency medical technicians and behavioral health clinicians to crisis situations.

#### Best Practices and Trainings For Co-Responder and Alternative Responders

- **Who:** BHA Criminal Justice Services Team, DCJ, and CDPHE
- **What:** Use learnings developed in 2023 and 2024 from the community convenings and implementation/expansion of deflection programs and the alternative responder model pilot to develop and disseminate national and state-specific best practices and trainings to jurisdictions to align existing co-responder programs and to support implementation and expansion of programs.
- **When:** By July 2025

## Strategy 1.2: Increase access to services and improve quality of care

Improve the access to — and quality of — behavioral health services provided to individuals who are at risk of involvement, or already involved, in the criminal justice system.

### Expected Outcomes

People with behavioral health needs can access consistent, high-quality treatment and services across the criminal justice continuum, such as medication assisted treatment in jails and communities.

### Alignment with the Behavioral Health Task Force



- Access • Accountability • Local Guidance
- Whole Person Care

### Lead State Agency Partners

BHA Care Coordination Division, BHA Criminal Justice Affairs Liaison, BHA Data Strategy Analytics and Interoperability Division, BHA Criminal Justice Services Team, DCJ, DOC, HCPF, and SCAO

### Additional Partners to Engage

Behavioral Health Administrative Service Organizations (BHASOs), County Sheriffs of Colorado, Correctional Treatment Board (CTB), DOLA, local community stakeholders, including behavioral health providers and people with lived experience, local drug offender treatment boards, local law enforcement agencies, and the Mental Health Disorders in the Criminal and Juvenile Justice Systems (MHDCJS) Task Force.

## Strategy 1.2 Milestones

### Sheriff Learning Circles

- **Who:** BHA Criminal Justice Services Team, BHA Criminal Justice Affairs Liaison, and DCJ
- **What:** Partner with [County Sheriffs of Colorado](#) to explore facilitating regular sheriff peer-to-peer learning circles to reduce stigma about serving justice-involved people and expand consistent JBBS, including telehealth and MAT in each jail across the state. This should include assessing and measuring readiness to change at the individual and organizational level, exploring incentives for partnerships and participation, and exploring establishing minimum standards of care by working with county-specific medical vendors.
- **When:** By January 2024

### Program Evaluation

- **Who:** BHA Data Strategy Analytics and Interoperability Division, the DCJ's Office of Research and Statistics, and the SCAO
- **What:** Ensure consistent program evaluation and reporting processes to inform program implementation, improvement, expansion, and funding allocation. This includes engaging external partners, such as local community organizations and colleagues from across the United States, to inform evaluation of the Bridges Program, the Community Reinforcement and Family Training (CRAFT) program, co-responder programs, JBBS, and LEAD.
- **When:** By July 2024

### A Starting Point:

SAMHSA's [Data Collection Across the SIM: Essential Measures](#) provides recommended data collection processes and measures to promote standardized outcome monitoring. The BHA and stakeholders should consider the metrics and outcomes that should be monitored, at a minimum, to support actionable evaluation and reporting while minimizing administrative burden.

## Navigators

- **Who:** BHA Care Coordination Division
- **What:** Implement standard processes or best practices to ensure regional BHASOs (as defined in [SB 22-177](#)) are training and deploying navigators to actively engage and connect people who are at risk of criminal justice involvement to needed physical health, behavioral health, and social services. This may include partnering with the BHA Criminal Justice Affairs Liaison and BHA Criminal Justice Services Team to support regional partnerships with county sheriff's offices and law enforcement agencies to proactively engage at-risk people.
- **When:** By July 2024

## Transition Planning

- **Who:** BHA Care Coordination Division, BHA Criminal Justice Services Team, DCJ, DOC, and HCPF
- **What:** Partner with DOLA and the MHDCJS Task Force to implement policies and processes that support successful transition planning. This may include establishing navigation services provided by the BHASOs, or care coordination hubs, into jails and prisons to support care planning, Medicaid reenrollment, and continued access to medication; setting minimum standards for care planning and release; and finding ways to expand [Housing First](#) approaches alongside DOLA and the Colorado Housing & Finance Authority.
- **When:** By January 2025

### A Starting Point:

The methodology to measure access to care will be piloted with the safety net system in summer 2022. The initial goal is to establish a realistic baseline of access to cultural and linguistically effective mental health and substance use care from which to measure improvement. Ultimately, the perceptions and experiences of people who are seeking services will be measured to provide insights about forgone or delayed care and provider-consumer interactions. Findings from this pilot may help inform gaps in access and continuity of care for justice-involved people.

## Regional Solutions

- **Who:** BHA Care Coordination Division, BHA Criminal Justice Affairs Liaison, and BHA Criminal Justice Services Team
- **What:** Work with the BHASOs to develop regional solutions that support deflection from the criminal justice system and increase access to needed crisis response or MAT. Solutions should be community-informed with input from the CTB and local drug offender treatment boards, local law enforcement agencies, community behavioral health providers, and people with lived experience. Examples may include establishing capacity for 24/7 drop-off centers for law enforcement deflection and processes for BHASOs to facilitate connections to immediate telehealth crisis and stabilization services or secure transport.
- **When:** By April 2025

### A Starting Point:

Arizona's [Crisis Response Center](#) provides 24/7 mental health urgent care, an observation unit, and MAT using a no wrong door policy to support law enforcement deflection. This model should be explored for implementation in communities across Colorado.

### Strategy 1.3: **Increase access to services for youth and their families**

Invest in behavioral health practices, collaboration, and resources for youth at risk of involvement, or already involved, in the criminal justice system.

#### **Expected Outcomes**

Youth with behavioral health needs who are involved, or at risk for becoming involved, in the criminal justice system — and their families — have access to in-state behavioral health care and resources.

#### **Alignment with the Behavioral Health Task Force**



• **Access** • **Local Guidance**

#### **Lead State Agency Partners**

BHA, CDPHE's Prevention Services Division, HCPF, and Office of the Colorado State Public Defender

#### **Additional Partners to Engage**

CDHS Division of Youth Services, Colorado Office of the Child's Representative, Juvenile Assessment Centers, local drug offender treatment boards, the MHDCJS Task Force, Office of the Alternate Defense Counsel, and local community stakeholders, including schools, community-based organizations, behavioral health providers, local public health agencies, law enforcement agencies, and youth and families with lived experience

### **Strategy 1.3 Milestones**

#### **Identify Needed Investments for Youth**

- **Who:** BHA, HCPF, and the Office of the Colorado State Public Defender
- **What:** Work with the CDHS Division of Youth Services, local drug offender treatment boards, [Juvenile Assessment Centers](#), the Office of the Alternate Defense Counsel, and the Colorado Office of the Child's Representative to identify needed investments in community-informed, in-state behavioral health care for youth with and at risk of criminal justice involvement and their parents. Community mental health centers and youth and families with lived experience should be engaged to inform local needs, including in-home therapy services (such as multisystemic therapy and functional family therapy), respite, increased access to inpatient and outpatient care, and parenting supports and education.
- **When:** By April 2023

#### **A Starting Point:**

[HB22-1283](#) provides funding for in-home and residential respite programs in up to seven regions of the state, operations support for psychiatric treatment facilities, and additional psychiatric treatment beds. The BHA must ensure programs are equitable and community-informed.



## Youth Prevention and Early Intervention

- **Who:** BHA, CDPHE's Prevention Services Division, and Office of the Colorado State Public Defender
- **What:** Identify and implement needed youth mental health and substance use disorder prevention, early intervention, and education programs in communities with input from the MHDCJS Task Force and community stakeholders. Community stakeholders should include local drug offender treatment boards, schools, juvenile assessment centers, community-based organizations, behavioral health providers, local public health agencies, law enforcement agencies, and youth and families with lived experience.
- **When:** By April 2024

### A Starting Point:

The BHA and stakeholders should explore increasing funding to support extracurricular activities and programs that promote prosocial activities; expanding the [Screening, Brief Intervention, Referral to Treatment — School-Based Health Center \(SBIRT-SBHC\) Project](#) to additional schools; or building on existing efforts, such as the [I Matter Program](#), to increase access to needed mental health and substance use disorder services. For youth involved in the justice system, the BHA should require the BHASOs to explore partnerships with local stakeholders to implement or expand [Law Enforcement Advocate Programs](#). These programs provide mentorship opportunities and foster community relationships with law enforcement. The BHA can also explore partnerships to systemically change how schools utilize law enforcement, such as through the [Handle With Care](#) program.



Members tend to the garden at Discovery Cafe, a program that allows people in Garfield, Eagle, and Pitkin counties to begin, advance or maintain their road to recovery and healing. PHOTO COURTESY OF GABE COHEN

## Strategic Objective 2: Strengthen Our Workforce

People working at the intersection of behavioral health and criminal justice are equipped with the training, capacity, and supports needed to deflect and divert people from the criminal justice system when appropriate and to provide evidence-based behavioral health services to justice-involved people.

### Strategy 2.1:

Expand and retain the workforce

### Strategy 2.2:

Equip the workforce with tools and knowledge

### The Context — Why?

Workforce challenges have been one of Colorado's biggest barriers to having an effective and accessible community behavioral health system. In December 2021, the state's 17 community mental health centers had openings for 859 clinical workers — 16.4% of the total community mental health center clinicians.<sup>11</sup> Statewide, there are only 15 psychiatrists per 100,000 people compared with 92 primary care providers per 100,000 people.<sup>12</sup> Workforce shortages are even more apparent in rural and frontier communities, which have long faced challenges recruiting behavioral health providers due to typically lower pay, professional isolation, and fewer social and educational opportunities.<sup>13</sup> The BHA has prioritized [addressing the workforce shortage](#) to improve recruitment, retention, and training. However, behavioral health providers working in criminal justice settings require unique skills to serve this complex population and often face burnout, stress, administrative burden, and rapid turnover.<sup>14</sup>

In addition to expanding Colorado's workforce to serve the behavioral health and criminal justice systems, increased training and resources are needed to support these professionals. Several reports included in CHI's literature review (see [Appendix A](#)) recommended opportunities to increase training and tools in both systems to destigmatize working with justice-involved populations and improve treatment and health outcomes. This includes ensuring cross-training

between behavioral health providers and corrections staff and mental health or crisis intervention training for law enforcement and first responders. Recommendations also call for assessment tools that include mental health, substance use, and criminogenic risk — the likelihood that an individual will reoffend or not comply with conditions of probation or parole — as well as factors that increase an individual's likelihood to reoffend, such as lack of employment or livable wages, or the presence of a substance use disorder.

This strategic objective focuses on opportunities to expand and retain the workforce and increase access to tools and resources by providing additional administrative support for staff, removing barriers to entering the behavioral health workforce, implementing retention strategies, and developing and disseminating tools to create shared knowledge between the behavioral and criminal justice systems.

### Call to Action for the BHA

Colorado's workforce needs are twofold: increasing the number of people in the workforce and ensuring they have the tools and knowledge needed to provide culturally responsive care and services. Partnership and policy changes are needed to address both issues. The BHA should align with existing groups, such as the MHDCJS Task Force and the Colorado Commission on Criminal and Juvenile Justice (CCJJ), to build upon their institutional knowledge and ongoing conversations to create actionable policies that address Colorado's workforce needs.

## Strategy 2.1: Expand and retain the workforce

Expand the workforce and retain workers providing services at the intersection of Colorado's behavioral health and criminal justice systems.

### Expected Outcomes

Individuals and families with behavioral health needs who are at risk of involvement, or already involved, in the criminal justice system have access to high-quality, culturally competent providers in a timely manner.

### Alignment with the Behavioral Health Task Force



• Access • Workforce and Support

### Lead State Agency Partners

BHA Criminal Justice Services Team, BHA Workforce Development Policy Officer, and SCAO

### Additional Partners to Engage

CCJJ, Department of Regulatory Agencies (DORA), HCPF, and the MHDCJS Task Force

## Strategy 2.1 Milestones

### Alternative Workforce

- **Who:** BHA Workforce Development Policy Officer and the BHA Criminal Justice Services Team
- **What:** Work with the MHDCJS Task Force, HCPF, and DORA to address policy and implementation barriers to increasing the use of an alternative workforce, such as peers, to ensure people have access to culturally relevant supports. This may include partnering with DORA to create training and certification/credentialing programs for people with lived experience, developing peer reentry support programs with clear and defined roles for peers, increasing reimbursement for services, and addressing barriers such as background checks or stigma around previously incarcerated people working as peers in jails.
- **When:** By January 2024

### A Starting Point:

[SB22-181](#) requires the BHA to create and implement a behavioral health care provider workforce plan, including expanding the peer support professional workforce. This plan should address the barriers faced by people who have been involved with the criminal justice system. The BHA may also consider CDPHE's [Health Navigator Credentialing Program](#) as a resource for developing trainings and career paths for peers.



## Licensing Barriers

- **Who:** BHA Workforce Development Policy Officer
- **What:** Work with the CCJJ, DORA, and HCPF to explore the feasibility of processes and policies that will lower supervision and licensing barriers to clinicians entering the behavioral health care and criminal justice systems. This may include, for example, modifying licensing requirements so that licensed clinical social worker (LCSW) candidates can be supervised by qualified behavioral health professionals who are not social workers, or expanding access for behavioral health professionals to practice in Colorado through tele-behavioral health.
- **When:** By July 2024

### A Starting Point:

Colorado currently requires a LCSW candidate to be supervised by another LCSW or approved social worker when obtaining their hours of experience needed to be licensed.<sup>15</sup> The state should look to LCSW licensing requirements in states such as California, which sets a minimum number of hours candidates must be supervised by a LCSW but allows other provider types to fulfill the remaining hours.<sup>16</sup>

## Recruitment and Retention

- **Who:** BHA Workforce Development Policy Officer, the BHA Criminal Justice Services Team, and the SCAO
- **What:** Work with HCPF and CCJJ to increase and improve staff recruitment and retention in existing programs in Colorado, including the Bridges Program, CRAFT, JBBS, and LEAD. This may include: increasing payment reimbursement rates; establishing clear roles among program staff; implementing standardized caseloads; on-site therapists for staff; processes to ensure work-life balance; student loan forgiveness; increasing access to continuing education; partnering with in-state higher education institutes to recruit candidates; or implementing other recruitment and retention incentive structures, especially for rural areas.
- **When:** By January 2025

## Strategy 2.2:

### Equip the workforce with tools and knowledge

Equip the criminal justice and behavioral health workforces with the tools and resources needed to better serve individuals and families.

#### Expected Outcomes

- The behavioral health and criminal justice workforces are adequately equipped to deflect and divert individuals and families from the criminal justice system when needed.
- Criminogenic risk and needs and behavioral health care indicators are better understood by providers across systems so they can better assess and address the needs of individuals and families.

#### Alignment with the Behavioral Health Task Force



• **Workforce and Support** • **Accountability**

#### Lead State Agency Partners

BHA Criminal Justice Affairs Liaison, BHA Criminal Justice Services Team, BHA Workforce Development Policy Officer, Colorado Consortium for Prescription Drug Abuse Prevention, and DCJ

#### Additional Partners to Engage

CCJJ, DORA, and the MHDCJS Task Force

## Strategy 2.2 Milestones

### Expand Training Offerings

- **Who:** BHA Criminal Justice Services Team, DCJ, and the Colorado Consortium for Prescription Drug Abuse Prevention
- **What:** Expand technical assistance and trainings to ensure local community behavioral health providers, first responders, dispatchers, law enforcement, court staff, public defenders, correctional staff, and other judicial and criminal justice staff have access to relevant in-person and virtual workshops on crisis intervention trainings, Mental Health First Aid training, cultural competency trainings, and other resources.
- **When:** By April 2024

### Screening Toolkit

- **Who:** BHA Criminal Justice Services Team and BHA Criminal Justice Affairs Liaison
- **What:** Develop, disseminate, and regularly review and update a toolkit giving providers access to accurate, consistent, unbiased, and culturally responsive behavioral health, social determinants of health, and criminogenic risk screening tools that can be used throughout the behavioral health and criminal justice systems. This includes engaging the CCJJ and the MHDCJS Task Force and promoting integration of the [ASAM Criteria](#) into [Risk-Needs-Responsivity](#) models and streamlining assessment requirements across systems.
- **When:** By July 2024

### Training Incentives

- **Who:** BHA Workforce Development Policy Officer and BHA Criminal Justice Services Team
- **What:** Explore linking workforce trainings to funding allocations, certification programs, or continuing education incentives in partnership with the MHDCJS Task Force, CCJJ, and DORA.
- **When:** By April 2025

#### A Starting Point:

[SB22-181](#) requires the BHA to use a learning management system to develop and implement a comprehensive, collaborative, and cross-system training certification and curriculum of evidence-based treatment and criminal justice approaches so that behavioral health providers can obtain a criminal justice treatment provider endorsement. The BHA should explore launching the toolkit as a part of the learning management system and expanding the system to provide relevant trainings for the criminal justice workforce.



## Strategic Objective 3: Align for Success

State and local agencies and organizations across Colorado's behavioral health and criminal justice systems are coordinated and partnering to streamline efforts and build data sharing infrastructure.

**Strategy 3.1:** Strengthen partnerships and coordination across state and local agencies

**Strategy 3.2:** Advance statewide data sharing infrastructure

### The Context — Why?

A common theme to successfully implementing Strategic Objective 1 and Strategic Objective 2 is partnerships and coordination among the many state and local agencies and organizations that work at the intersection of behavioral health and criminal justice. A lot of this work is already in place across the state, and there is incoming funding to support it, but efforts are disparate across communities and disconnected among state agencies.

When it comes to introducing deflection programs in communities, MAT in jails, or increasing access to peer support, it is essential to summon local political will, remove stigma-related barriers, and promote strong leadership. Sheriffs, local law enforcement agencies, wardens, county commissioners, behavioral health providers, and advocacy groups must share a common goal of reducing the inappropriate incarceration of people with a behavioral health need and promoting evidence-based practices to better serve people in communities, jails, and prisons. These stakeholders must come together to understand how they can leverage resources, where there are gaps in services, and how to address barriers like political will and stigma. The state must also support these efforts by understanding the unique needs of each community and prioritizing local voices. Continuous and authentic stakeholder engagement and collaboration is needed.

Communities can also be better supported if the state aligns its priorities across agencies. Coordination of care among different programs and state agencies at the intersection of behavioral health and criminal justice is lacking, and there are cultural differences and priorities among behavioral health and criminal

justice leaders.<sup>17</sup> Partnerships across the agencies that serve this intersection must be strengthened. The state can also support efforts at the state and local levels by advancing interoperable data sharing. For example, community providers addressing the behavioral health needs of people who are recently incarcerated must have access to screening data and treatment information from jail-based health care services. Data sharing improvements can reduce duplication of efforts by providers across both systems and ensure that people are treated holistically throughout these systems.

This strategic objective focuses on steps to ensure cohesive partnerships at both the state and local levels.

### Call to Action for the BHA

As the lead entity to set the strategic direction for behavioral health in Colorado, the BHA must coordinate with the multiple state agencies that serve people involved in both the behavioral health and criminal justice systems. The best way to do this is to designate at least one liaison who can develop formal partnerships, attend meetings, and create communication loops with other agencies so that work does not happen in siloes. The BHA should use existing groups, such as the Correctional Treatment Board, which already convenes leaders across the criminal justice continuum, to promote advancement of the roadmap. In doing so, the state can reduce administrative burden and coordinate and evaluate funding streams to ensure there are no gaps in services or duplication of efforts. In addition, the BHA can advance much-needed interoperable data systems by coordinating data sharing policies at the state and local levels.

### Strategy 3.1: Strengthen partnerships and coordination across state and local agencies

Strengthen partnerships and coordination among state agencies and local communities to prevent inappropriate criminal justice involvement and reduce recidivism.

#### Expected Outcomes

- Local community leaders such as sheriffs, county commissioners, and behavioral health leaders are aware of the services and supports that are available to their residents, and they are equipped to allocate additional funding to better serve individuals and families involved in the behavioral health and criminal justice systems.
- State agency leaders are aligned and connected to local community efforts and are continuing to champion and support communities.

#### Alignment with the Behavioral Health Task Force



• Access • Affordability • Accountability • Local Guidance

#### Lead State Agency Partners

BHA, BHA Criminal Justice Affairs Liaison,  
BHA Criminal Justice Services Team, and DCJ

#### Additional Partners to Engage

Attorney General's Office, CCJJ, CDPHE, Colorado District Attorneys' Council, Colorado Housing & Finance Authority, Colorado State Board of Parole, DOC, DORA, HCPF, Judicial Branch, local drug offender treatment boards, MHDCJS Task Force, Office of the Colorado State Public Defender, SCAO, and local community stakeholders, including county commissioners, law enforcement agencies, community-based organizations, people with lived experience, and health care providers

### Strategy 3.1 Milestones

#### Interagency Agreement

- **Who:** BHA
- **What:** Establish a formal agreement with CDPHE, DCJ, DOC, DORA, HCPF, and the Judicial Branch. The formal agreement will outline each entity's role in advancing behavioral health system improvements as well as the entire behavioral health continuum, including activities that promote mental health and well-being, prevention, early intervention, crisis intervention treatment, and recovery. Additionally, the formal agreements will outline accountability and data sharing expectations; problem identification and resolution; financial strategies and resource allocation; standard setting and compliance; workforce training, and technical assistance. The BHA should also consider additional partnerships that go beyond these formal agreements — such as with the Attorney General's Office, CCJJ, the Colorado State Board of Parole, the MHDCJS Task Force, and the Office of the Colorado State Public Defender — to better align state and local efforts.

- **When:** By January 2023

#### Statewide Engagement Process

- **Who:** BHA
- **What:** Implement a process to work with criminal justice leaders statewide to ensure that the BHA's Statewide Advisory Council is aware of and engaged in discussions related to the recommendations in this report. This may include leveraging existing task forces and meetings.
- **When:** By January 2023

## Community Planning

- **Who:** BHA Criminal Justice Affairs Liaison and the BHA Criminal Justice Services Team
- **What:** Partner with HCPF, local drug offender treatment boards, and the Colorado Housing & Finance Authority to conduct community planning processes (such as SIM workshops) to identify available resources and service gaps in communities. This planning process should include county commissioners, law enforcement agencies, community-based organizations, people with lived experience, health care providers, advocacy organizations, and other community stakeholders.
- **When:** By April 2023

## Create Program Index

- **Who:** BHA Criminal Justice Affairs Liaison, BHA Criminal Justice Services Team, and DCJ
- **What:** Develop and disseminate a Colorado index of evidence-based programs, processes, and best practices across the SIM to identify existing local and state efforts, reduce duplication, and promote shared learning among communities. The index should be vetted with the MHDCJS Task Force.
- **When:** By April 2025

### A Starting Point:

The index should include a systemwide process mapping, including programs and resources, and be accessible to all communities in the state. This index can be potentially integrated into the BHA's statewide resource navigation hub or learning management system.

## Promote Program Index

- **Who:** BHA Criminal Justice Affairs Liaison and BHA Criminal Justice Services Team
- **What:** Partner with the Correctional Treatment Board to regularly promote the index among stakeholders, including local law enforcement agencies, Colorado District Attorneys' Council, community mental health centers, and others to provide continuous engagement and outreach.
- **When:** By July 2025

## Strategy 3.2:

### Advance statewide data sharing infrastructure

Advance statewide data sharing infrastructure to ensure agencies and organizations across the behavioral health and criminal justice systems have access to needed information.

#### Expected Outcomes

- State agencies serving individuals and families across behavioral health and criminal justice systems are aligned, coordinated, and reduce duplication of efforts.
- Individuals and families involved in the behavioral health and criminal justice systems receive better continuity of care.

#### Alignment with the Behavioral Health Task Force



• **Affordability** • **Accountability** • **Whole Person Care**

#### Lead State Agency Partners

BHA Data Strategy Analytics and Interoperability Division, BHA Criminal Justice Services Team, Colorado Consortium for Prescription Drug Abuse Prevention, DCJ, DOC, and SCAO

#### Additional Partners to Engage

CDPHE, CORHIO (a Contexture organization), Office of eHealth Innovation (OeHI), Quality Health Network (QHN), and local emergency responders, including state patrol, paramedics, law enforcement officers, co-responders, and county sheriff's offices

### Strategy 3.2 Milestones

#### Expand Medication Consistency Program

- **Who:** BHA Data Strategy Analytics and Interoperability Division, BHA Criminal Justice Services Team, DCJ, and the Colorado Consortium for Prescription Drug Abuse Prevention
- **What:** Partner with OeHI, the statewide health information exchanges CORHIO (a Contexture organization) and QHN, and county sheriff's offices to expand the Medication Consistency Program. This expansion will include filled medication records from retail pharmacies and hospitals to better support jails and community providers in providing better care coordination for justice-involved people. This will include procuring additional funding and addressing state regulations regarding patient consent and delegated jail access to medication information. The BHA may also explore HCPF's [Prescriber Tool](#) to inform expansion.
- **When:** By January 2025

#### Interagency Data Sharing Agreements

- **Who:** BHA Data Strategy Analytics and Interoperability Division, BHA Criminal Justice Services Team, DCJ, and DOC
- **What:** Partner with CDPHE and OeHI to address interagency data sharing agreements and technology requirements to link an individual's data across agencies. This will allow de-identified analysis of gaps in continuity of care for people involved in the behavioral health and criminal justice systems.
- **When:** By July 2025

#### Real-time Access to Medical Information

- **Who:** BHA Data Strategy Analytics and Interoperability Division, BHA Criminal Justice Services Team, and DCJ
- **What:** Partner with OeHI and enable emergency responders, including state patrol, paramedics, law enforcement officers, and co-responders, to access real-time medical information about the people they are assisting, with the aim of avoiding escalation and arrest. This may include addressing legal barriers to disclosing protected health information to non-covered entities and considerations for privacy and consent of individuals.
- **When:** By January 2026

#### Improve Data Sharing

- **Who:** BHA Data Strategy Analytics and Interoperability Division, the BHA Criminal Justice Services Team, DCJ, DOC, and SCAO
- **What:** Partner with OeHI to improve data sharing and communication of screening information, treatment, and referrals across the behavioral health and criminal justice systems. This may include seeking guidance on regulatory barriers, standardizing data sharing processes, establishing best practices, and ensuring privacy and consent.
- **When:** By July 2026

**Table 1. Milestones in Chronological Order**

- **Strategic Objective 1** Invest in What Works
- **Strategic Objective 2** Strengthen Our Workforce
- **Strategic Objective 3** Align for Success

When	Lead State Agency Partners	Milestone
January 2023	BHA	Interagency Agreement ( <a href="#">P. 31</a> )
January 2023	BHA	Statewide Engagement Process ( <a href="#">P. 31</a> )
April 2023	BHA Criminal Justice Services Team, DCJ, and CDPHE	Community Engagement on Deflection Programs ( <a href="#">P. 21</a> )
April 2023	BHA, HCPF, and the Office of the Colorado State Public Defender	Identify Needed Investments for Youth ( <a href="#">P. 24</a> )
April 2023	BHA Criminal Justice Affairs Liaison and the BHA Criminal Justice Services Team	Community Planning ( <a href="#">P. 32</a> )
January 2024	BHA Criminal Justice Services Team, BHA Criminal Justice Affairs Liaison, and DCJ	Sheriff Learning Circles ( <a href="#">P. 22</a> )
January 2024	BHA Workforce Development Policy Officer and the BHA Criminal Justice Services Team	Alternative Workforce ( <a href="#">P. 27</a> )
April 2024	BHA Criminal Justice Services Team, DCJ, and CDPHE	State Funding of Alternative Responders ( <a href="#">P. 21</a> )
April 2024	BHA, CDPHE's Prevention Services Division, and Office of the Colorado State Public Defender	Youth Prevention and Early Intervention ( <a href="#">P. 25</a> )
April 2024	BHA Criminal Justice Services Team, DCJ, and the Colorado Consortium for Prescription Drug Abuse Prevention	Expand Training Offerings ( <a href="#">P. 29</a> )
July 2024	BHA Data Strategy Analytics and Interoperability Division, the DCJ's Office of Research and Statistics, and the SCAO	Program Evaluation ( <a href="#">P. 22</a> )
July 2024	BHA Care Coordination Division	Navigators ( <a href="#">P. 23</a> )
July 2024	BHA Workforce Development Policy Officer	Licensing Barriers ( <a href="#">P. 28</a> )
July 2024	BHA Criminal Justice Services Team and BHA Criminal Justice Affairs Liaison	Screening Toolkit ( <a href="#">P. 29</a> )
January 2025	BHA Care Coordination Division, BHA Criminal Justice Services Team, DCJ, DOC, and HCPF	Transition Planning ( <a href="#">P. 23</a> )
January 2025	BHA Workforce Development Policy Officer, the BHA Criminal Justice Services Team, and the SCAO	Recruitment and Retention ( <a href="#">P. 28</a> )
January 2025	BHA Data Strategy Analytics and Interoperability Division, BHA Criminal Justice Services Team, DCJ, and the Colorado Consortium for Prescription Drug Abuse Prevention	Expand Medication Consistency Program ( <a href="#">P. 33</a> )
April 2025	BHA Care Coordination Division, BHA Criminal Justice Affairs Liaison, and BHA Criminal Justice Services Team	Regional Solutions ( <a href="#">P. 23</a> )

Continued on next page

When	Lead State Agency Partners	Milestone
April 2025	BHA Workforce Development Policy Officer and BHA Criminal Justice Services Team	Training Incentives (P. 29)
April 2025	BHA Criminal Justice Affairs Liaison, BHA Criminal Justice Services Team, and DCJ	Create Program Index (P. 32)
July 2025	BHA Criminal Justice Services Team, DCJ, and CDPHE	Best Practices and Trainings For Co-Responder and Alternative Responders (P. 21)
July 2025	BHA Criminal Justice Affairs Liaison and BHA Criminal Justice Services Team	Promote Program Index (P. 32)
July 2025	BHA Data Strategy Analytics and Interoperability Division, BHA Criminal Justice Services Team, DCJ, and DOC	Interagency Data Sharing Agreements (P. 33)
January 2026	BHA Data Strategy Analytics and Interoperability Division, BHA Criminal Justice Services Team, and DCJ	Real-time Access to Medical Information (P. 33)
July 2026	BHA Data Strategy Analytics and Interoperability Division, BHA Criminal Justice Services Team, DCJ, DOC, and SCAO	Improve Data Sharing (P. 33)

## Making This Roadmap a Reality

Preventing inappropriate justice system involvement for people with behavioral health needs and improving the quality of — and access to — behavioral health services for people involved in the criminal justice system will not happen overnight. It will take strong partnerships and the will and work of many. To ensure progress and achievement of the goals, strategies, and milestones outlined in this roadmap, CHI recommends the BHA consider the following:

- 1. Create communication loops.** Colorado needs consistent communication pathways to coordinate the BHA and the multiple state agencies and organizations advancing behavioral health and criminal justice initiatives. This may include ensuring BHA representation and presentations at existing agency-led meetings to ensure the breadth and depth of ongoing efforts — and partners in the process — are understood.
- 2. Invest in change management.** State and local agencies and organizations must have a shared vision to improving behavioral health

for justice-involved individuals. Milestones must be implemented in communities in an equitable way regardless of the different political or financial barriers they may face.


- 3. Track our efforts.** Consistent and regular tracking of the roadmap's progress — and dissemination of this information — is needed to ensure the milestones are achieved by the indicated timeline. The BHA should review progress quarterly and identify barriers to implementation and plans for mitigation. Yearly review of the roadmap's strategic framework can also ensure continuous alignment with the BHA's and partnering state agencies' priorities.

With this roadmap as a guide, the BHA can lead and support ongoing efforts and be poised to invest in what works, strengthen the workforce, and align for success. This will not only improve behavioral health care across the criminal justice continuum, but ultimately decrease our reliance on the criminal justice system to meet behavioral health needs.



## Appendix A: Matrix of Literature Review Recommendations


The following matrix shows the reports and recommendations from CHI's initial literature review completed in early 2022. The advisory group used synthesized versions of these recommendations to prioritize the most-needed activities to be included in this roadmap. This matrix shows how these initial recommendations align with the strategic objectives in this roadmap. Note that these recommendations were synthesized, and exact language may have been modified in developing strategies or milestones based on advisory group and workgroup feedback. Additional reports CHI reviewed after this initial literature review are not included below.


Recommendation From the Report	Associated Strategic Objective in this Roadmap
<b>2020 Statewide Behavioral Health Needs Assessment, Individuals with Criminal Justice Involvement</b> 	
Fund and support alternative treatment providers who specialize in this population, including providers with lived experience in criminal justice, providers of color, providers who come from the communities in which they serve, and providers with passion and understanding of the population who can build rapport.	2
Co-locate services where individuals are, (community-based organizations, homeless shelters, reentry programs, parole).	1
Build a central data platform — data sharing across correctional system and BH providers and social service entities.	3
Consider a “dedicated system” or continuum of care system for people involved in criminal justice. This includes trained providers in criminal justice/risk; providers who travel and work within the communities; greater relationships with primary care providers so medical needs are addressed; assertive community treatment teams specialized for the criminal justice population; dedicated care coordination/management.	2
<b>Person-Driven Solutions for Behavioral Health Transformation &amp; Care Coordination</b> 	
Implement success measures for the behavioral health system to capture whether the system is human-forward; compassionate, humane and trustworthy; culturally relevant and respectful of others regardless of background, belief, or ability; trauma-informed throughout the system; easily accessible; affordable; preventive & proactive; grounded in peer support; coordinated at all levels and across all systems; and accountable.	1, 2, 3
Develop a Statewide Resource Navigation Hub with Regional Connection Centers. The Resource Navigation Hub offers a single point of entry through a comprehensive, searchable, user-friendly website and app. Regional Connection Centers provide in-person options to ensure accessibility and that people feel supported in initiating care.	1
Provide sufficient training and compensation to incentivize and support people choosing a career in the behavioral health system that diversifies the workforce.	2

Recommendation From the Report	Associated Strategic Objective in this Roadmap
Tap into existing community infrastructure for natural supports, such as community navigators and promotoras, to ensure that existing infrastructure includes behavioral health training and peer support.	2
Incentivize providers, particularly those who identify with the prioritized populations, to stay in under-resourced communities and community mental health centers.	2
Consider standards and mechanisms for paid leave to ensure providers' wellness and continuity in the workforce.	2
Increase training and personnel to support people in crisis, even if they are considered dangerous, including co-responder initiatives such as Support Team Assisted Response (STAR) programs.	1, 2
Work with insurance providers to expand who can be reimbursed for mental health related services, including peer respite centers, peer specialists/advocates, community navigators, and religious leaders.	2
Hire and train more peer advocates/specialists and community navigators throughout the behavioral health system and with community agencies, including law enforcement. Train those agencies on the mutually beneficial relationship of having peers as part of their team.	2
Create a clear path for reciprocity, so providers with licenses in other states can practice in Colorado.	2
Expand addiction treatment options and availability.	1
Expand screening and counseling services in jail so that everyone is properly identified and supported for true rehabilitation.	1
Develop, train, and monitor clear standards throughout the system.	2
Sustain support through care provision transitions by ensuring the following key elements: care and medication consistency across settings, reentry to community from in-patient and congregate settings, reduce and improve transitions due to turnover in the workforce.	1, 2, 3
Align policies and practices for a seamless experience of care across the continuum.	1, 3
Continue meaningful engagement with people who have lived experience.	1, 2, 3
Consider a majority representation of people with lived experience for advisory/ accountability boards.	1, 2, 3
Invest in engagement infrastructure for the San Luis Valley and other rural areas.	1, 3
Design safe, inclusive, culturally respectful, and meaningful future engagements by implementing the following practices: partner organization or community liaison approach, partner organization compensation, participant compensation, participant accessibility, clear expectations, materials in advance, feedback loop, and ground rules for emotional safety.	3
Employ strategies for communitywide engagement.	1, 2, 3
Align within and across systems in decision-making structure, accountability, and communication to achieve parity for needed services.	3

## Recommendation From the Report

## Associated Strategic Objective in this Roadmap

Behavioral Health in Colorado: Putting People First, A Blueprint for Reform 	
Expand and increase tele-behavioral health services.	1
Review legislation and identify new funding sources.	1, 2
Establish a structure for regional support that offers care coordination.	1
Inclusion of specific service types in jails (Assisted Outpatient Treatment and behavioral health services).	1
Operationalize High Intensity Treatment programs (access, crisis system/response, care coordination, consumer voice, flexibility).	1

Long-Term Comprehensive and Cohesive Competency Plan 	
Expand and enhance the crisis services system, including crisis drop-off centers, to ensure we are diverting people with behavioral health issues from the criminal justice system to the behavioral health system.	1
Enhance, expand, and connect services for individuals at risk of institutionalization or criminal involvement, such as co-responder models, wraparound services, and assertive community treatment, to facilitate behavioral health interventions before these individuals encounter law enforcement.	1
Ensure that contracts for competency services are bundled with other needed safety net services and explore opportunities to further fund needed ancillary services that support good restoration outcomes.	“Addressing Competency Restoration Processes”
Evaluate models and seek appropriate resources and legislation, if necessary, to develop secured treatment settings and Behavioral Health Adult Assessment Centers where adults, upon arrest, can be assessed/screened for behavioral health needs and criminogenic risk and then placed in the appropriate system of care/intervention.	1, 2
Secure resources to expand CIT training (or similar training) for Colorado first responders, court security, and corrections staff, and provide continuing education to ensure officers are well equipped to safely intervene in a mental health crisis and divert those in crisis to the behavioral health system and away from additional, unnecessary charges and further incarceration.	2
Engage jails to understand and respond to feasibility concerns about developing community-driven and locally responsive interim jail mental health services for defendants.	1, 3
Work with the Long-Term Competency Subcommittee to ensure recommendations for legislation so that effective, appropriate, timely and continuous behavioral health services, including medication management, are provided for individuals who are currently in jail.	“Addressing Competency Restoration Processes”
Consider asking the legislature for increased funding for Jail Based Behavioral Health Services, including medication management and services to maintain competency, to accompany potential legislation to be recommended by the Long-Term Competency Subcommittee.	1, “Addressing Competency Restoration Processes”

Recommendation From the Report	Associated Strategic Objective in this Roadmap
Explore requesting resources for all jails to have in-person or tele-capacity to conduct screenings and behavioral health services upon intake.	1, 3
Work with the State Court Administrator's Office to consider seeking additional resources for pretrial supervision and case management services for defendants in an effort to provide services in the least restrictive setting.	"Addressing Competency Restoration Processes"
Explore collaborations with local courts to integrate availability, access, and delivery of mental health services by utilizing a community justice center model (attempt to divert people with mental illness to community-based resources).	3
Expand use of the Sequential Intercept Model in cooperation with the Office of the State Court Administrator, local judicial districts, and other agencies.	3
Expand Bridges and Forensic Support teams to provide competency navigation support and stability to meet the needs of released individuals and defendants with potential for release such that judicial officers will increase release decisions.	2
Continue working with the Long-Term Competency Subcommittee in identifying the need for potential legislation to eliminate unnecessary competency evaluations for people determined permanently incompetent to proceed, those with intellectual or developmental disabilities or traumatic brain injury, or other conditions which result in permanent incompetence.	"Addressing Competency Restoration Processes"
Explore legislation with key stakeholders to monitor and continue care for individuals to ensure they maintain competency through the court process after a finding that the individual is competent or competency has been restored.	"Addressing Competency Restoration Processes"
Work with the Long-Term Competency Subcommittee to identify the need for potential legislation for alternatives to the competency process for low-level offenses.	"Addressing Competency Restoration Processes"
Provide universal training to increase understanding of the competency assessment and restoration process, including the availability and extent of services and supports that can be provided in the community vs. in jail.	2
Collect data, including stakeholder input, on community-based referrals to understand drivers of low referral rates and resources needed to increase court referrals for community restoration.	1
Implement a mandatory annual training in accordance with 16-8.5-122 for evaluators contracted by or managed by CDHS.	2
Provide more information and education to local courts regarding competency evaluations and community-based options.	2, 3
Explore and implement an information sharing process that ensures complete privacy and HIPAA compliance.	3
Develop comprehensive outpatient restoration treatment programs able to serve higher-risk and higher-need defendants to include a continuum of behavioral health interventions and medication management.	"Addressing Competency Restoration Processes"



Recommendation From the Report	Associated Strategic Objective in this Roadmap
Collect and analyze data to understand the prevalence of housing issues as barriers to success in the community to inform the legislature for funding, as necessary.	1
Actively engage efforts to remove housing as a barrier to completing restoration services in the community. Leverage the Taskforce Concerning Treatment of Persons with Mental Health Disorders in the Criminal & Juvenile Justice Systems and others to develop a strategy for housing for defendants' order to competency services and for whom housing is the key barrier to success.	1
Based on the Denver pilot, request the necessary resources for services to be available statewide, and, if necessary, approach the State Court Administrator's Office about jointly seeking resources so that all judicial districts have pretrial services to serve this population.	1
With appropriate awareness of civil beds in the state, contract with community or non-state hospitals to provide competency services for individuals with high clinical acuity to ensure people are getting the right level of care.	"Addressing Competency Restoration Processes"
Design and implement a quality improvement process for inpatient restoration services that addresses their efficiency, optimum length of stay, and individualized treatment plans.	"Addressing Competency Restoration Processes"
Work with HCPF and other stakeholders to explore the development of community-based services dedicated to specific populations in need (IDD, dementia, etc.).	1, "Addressing Competency Restoration Processes"
Encourage judicial districts' interest in piloting competency dockets to increase the flexibility of court dates so individuals can have their court hearing quickly after being opined competent or incompetent to proceed.	"Addressing Competency Restoration Processes"
Assess the availability of existing transportation services to ensure that individuals receiving community-based restoration services can attend appointments for restoration services, mental health treatment, and court-related appointments.	1, "Addressing Competency Restoration Processes"
Work with the Long-Term Competency Subcommittee to explore state administered services to fulfill the continuum of care that is less restrictive than inpatient care, more restrictive and intensive than outpatient services, and has some security features to account for public safety.	"Addressing Competency Restoration Processes"
Work with the court and parties to identify an upcoming discharge date and initiate the process for each patient as early as possible to decrease the time a CMHIP patient waits to discharge due to discharge barriers.	"Addressing Competency Restoration Processes"
Consider legislation that ensures that all safety net providers contracting with CDHS have the resources and workforce to provide Community-Based Restoration Treatment and behavioral health services as needed.	2

Recommendation From the Report	Associated Strategic Objective in this Roadmap
To avoid potential return to incompetency, CDHS shall collaborate with local judicial districts to explore the development of a statewide, regionally based full continuum of community-based services to include supportive housing and services to address other essential needs for individuals who have been restored and are currently engaged in the court process.	“Addressing Competency Restoration Processes”
Collaborate with HCPF to seek resources to expand Assertive Community Treatment if clinically indicated for competency individuals after discharge from a psychiatric hospital.	“Addressing Competency Restoration Processes”
Seek resources to extend and expand housing services and other collateral services beyond the already funded initial five years, based on the outcomes of the housing program with Colorado Coalition for the Homeless.	1
Assess the accessibility and effectiveness of a continuum of treatment services every three years.	1, 3

Initial Evaluation of Colorado Jail-Based Behavioral Health Services (JBBS)	
Conduct a universal screening pilot to check the JBBS program’s identification of individuals with need.	1
Conduct referral source tracking by assigning a referral source per JBBS client during the initial JBBS intake or assessment process to further understand whether the type of referral impacts outcomes.	1
Provide a formal, standardized cross-training process to expand knowledge, understanding, and expertise in treating a population with both behavioral health conditions and criminal attitudes and behavior by leveraging the different kinds of expertise of behavioral health providers and correctional staff.	2
Create a protocol within JBBS to standardize appropriate forms of treatment for trauma in jail settings and reduce potential risk.	1
Consider a period of time where drug testing is incorporated into the booking process to more firmly determine the degree of SUD in county jails.	N/A
Analyze JBBS program data at an individual level to determine if JBBS clients with veteran status screen positively for traumatic brain injury and strength of this connection to inform counties with higher numbers of inmates with veteran status to improve population outcomes.	1
Track the “dose” of services provided by the JBBS program to ensure that the dose provided can inform future efforts to evaluate program outcomes and to assist counties in adapting services and maximizing staffing. This includes identifying the type of service provided, tracking provider type delivering services, marking duration of services within a single session, and considering separate service and dose data metrics for presentence populations.	1
Create a combined metric for program capacity that includes core elements such as number of providers and provider type by month or quarter, number of new JBBS clients, number of ongoing JBBS clients, and number of referrals to the JBBS program.	1

Recommendation From the Report	Associated Strategic Objective in this Roadmap
Consider how to engage family members more in the JBBS program, based on research indicating that family involvement can be a dominant predictor of community engagement and recidivism.	N/A
Track critical incident data to provide information on population need over time and JBBS program additions to target behavior. This could potentially demonstrate that the JBBS program participants have reduced critical incidents compared with the general jail population.	1
Develop a robust measure of treatment success that can be used as an outcome measure, including how to rate the measure with specific benchmarks and additional options to more fully capture the progress of JBBS clients.	1
Consider analyzing criminal justice data at least five years prior to JBBS enrollment and at least three years post JBBS discharge date to assess change in the rate of recidivism and the types of crimes committed.	1
Include at least five years of encounter data prior to an inmate JBBS enrollment data and at least three years following their JBBS discharge to permit an assessment on how utilization has changed and to what extent JBBS has influenced that change.	1
Improve coordination of services for the criminal justice population upon release by increasing funding to JBBS programs for a position focused on community-based case management that becomes the primary point of transition.	1
Improve coordination of services for the criminal justice population upon release by having OBH partner with counties and Regional Accountable Entities to develop a cohesive wraparound recovery plan for individuals in JBBS. This may include greater regional planning for access to housing, employment, and transportation to support JBBS client needs upon release.	1
Conduct training for providers on criminogenic risk factors and evidence-based practice, implement measurement-based care to enhance data and quality of care, increase access to psychiatric medicine, create programs for short-term stays and presentence populations, and address JBBS staff turnover.	2
Conduct training for behavioral health providers on how to assess and address criminogenic risk factors. Include best practice approaches that target specific risk factors that may be beyond behavioral health conditions. This should include how to use Level of Service Inventory-Revised (LSI-R) as both an assessment tool and a potential treatment planning tool.	2
Conduct training for behavioral health providers on evidence-based approaches to treatment within jail settings and provide updates and education on approaches that are demonstrating greater effectiveness.	2
Add measurement-based care, which uses validated screening tools as a form of measurement of treatment progress, to inform clinical decision-making at both the individual and population level. This provides data on client improvement in the short-term and long-term and offers a more quantifiable outcome.	2

Recommendation From the Report	Associated Strategic Objective in this Roadmap
Improve access to psychiatric medication by considering adding psychiatric medications as a standardized program element. This may be challenging in some counties with contractual limitations with their correctional health vendor or in rural communities with poor access to psychiatric services.	1
Improve access to psychiatric medication by conducting a more formal pilot on the impact of psychiatric medications on outcomes. Test counties with psychiatric medications as part of services against those without services to demonstrate impact.	N/A
For a JBBS subprogram targeting presentence populations, adapt intake procedures to gain basic information about the inmate while reducing enrollment time.	N/A
For a JBBS subprogram targeting presentence populations, tailor services specifically for populations that may only receive one-three services while in JBBS.	N/A
For a JBBS subprogram targeting presentence populations, adapt the workforce in JBBS to these specific services. This could be a more peer-led program or staffed solely by case managers with training in psychoeducation on behavioral health.	2
Consider evaluating the impact of residential programming for reducing substance use in inmates.	1
To reduce JBBS staff turnover, consider developing a workgroup of JBBS program leadership to examine methods for reducing turnover among behavioral health providers.	2
To reduce JBBS staff turnover, consider tracking behavioral health provider turnover more clearly to help identify the degree of impact on the program and to have as a variable to explore impact on outcomes.	2

Colorado Law Enforcement Assisted Diversion (LEAD) Pilot Programs Consolidated Interim Evaluation Report	
Support and enable the success of intensive case management. This includes affording clients/case managers with more flexibility.	1, 2
Provide administrative support for case managers to avoid burnout and turnover. Case managers expressed appreciation for on-staff therapists, supportive and clear staff and leadership, training opportunities, and support to establish clear boundaries with LEAD clients.	2
Retain a strong focus on maximizing arrest diversion referrals, while continuing to ensure that community and social contact referrals exhibit similar patterns of police contact and criminal behavior through review of operational working groups. Minimize referral of clients involved in overlapping programs or currently serving sentences to conserve spots and limited resources for diversion clients. This will optimize the cost-benefit ratio and maximize impact.	1
Engage partnering police departments and train officers more regularly about the principles of LEAD and harm reduction and associated benefits.	1, 2, 3
Emphasize the importance of ongoing data collection to provide a more comprehensive picture of LEAD clients and their experience with the program.	1



## Recommendation From the Report

## Associated Strategic Objective in this Roadmap

### Plan for Creation of Behavioral Health Administration

BHA will expand formal partnerships with the Department of Human Services Offices of Child Youth and Family, Early Childhood, Economic Security, and Adult Aging and Disability Services. These services focus on support for child welfare-involved youth, the juvenile justice system, social determinants of health, early childhood mental health, and individuals with co-occurring behavioral health and intellectual and/or developmental disabilities.	3
BHA will expand formal partnerships with multiple entities within the Judicial Branch, including probation, diversion, and other Colorado courts services that support justice-involved populations and local judicial districts.	3
BHA will expand formal partnerships with the Department of Public Safety, with a focus on specific programs targeted towards the supervision and treatment of people who have various behavioral health conditions.	3
The BHA structure should include dedicated staff to provide a coordinating function working closely with agencies, payers, and branches that have significant behavioral health programs and funding, such as CDHS, HCPF, and the Judicial Branch. The BHA will explicitly target improved coordination for subpopulations such as children and youth and individuals involved in the justice system.	1, 2, 3
A team within BHA will partner with juvenile justice to reduce justice involvement.	3

### Senate Bill 19-222: Comprehensive Plan to Strengthen and Expand the Behavioral Health Safety Net System

Establish and operate for innovation and technical assistance that can support, improve quality of care, and expand the behavioral health workforce.	2
Centralize statewide infrastructure, such as a learning management system that will address staffing and workforce.	2
Create a robust care coordination platform.	1
Invest in aligned payment strategies and infrastructure to be able to develop alternative payment models. Technology infrastructure funded in a CDHS decision item (R-23) will support this effort.	N/A
Consolidate the multiple strategic plans that are produced by hospitals, local public health, and collaborative management programs. Develop delivery system policies and practices that connect and align areas of local control with resources and programs that impact behavioral health access.	3
Support specialty providers of care to priority populations to develop capacity to become centers of excellence for the safety net system.	2
Research and identify strategies and best practices to effectively outreach to engage priority populations in care.	1
Implement High Intensity Treatment Service programs for children and youth in every county across Colorado.	1

Recommendation From the Report	Associated Strategic Objective in this Roadmap
Implement a child and adolescent in-home crisis response/assessment team.	1
Implement capacity building for High Intensity Behavioral Health Treatment Programs for criminal justice-involved individuals.	1
Implement capacity building for High Intensity Behavioral Health Treatment Programs for individuals with intellectual and developmental disabilities.	1
Consider regional intermediate care facilities or more standard criteria for respite services in the crisis system to ensure adequate support for individuals who do not meet criteria for a mental health hold but are still in need of services.	1
Implement capacity building for High Intensity Behavioral Health Treatment Programs for individuals with complex treatment needs.	1
Convene a workgroup of subject matter experts and providers to address the criminogenic risk factors and behavioral health treatment needs of individuals in the criminal justice system.	2
Conduct a regulatory review to align different criteria in the justice and behavioral health systems to coordinate a plan of care more effectively for clients receiving services in multiple systems.	3
In collaboration with justice system personnel, develop program standards and endorsement criteria for comprehensive criminal justice programs and services, including High Intensity Behavioral Health Treatment Programs and criteria and processes for when a client exceeds provider capacity.	2
Develop a comprehensive training curriculum of evidence-based treatment approaches for staff working in programs that obtain a “criminal justice treatment provider endorsement.” Include training to ensure cross-system alignment around a proactive, coordinated, and prerelease care plan.	2
Establish strategy to ensure cross-system partnerships between payers, providers, local criminal justice treatment boards, judicial districts, problem-solving courts, forensic navigators, and other stakeholder groups.	3
Work with a team of experts to develop standardized risk assessment tools that include mental health, substance use and criminogenic risk to improve treatment matching and outcomes.	2
Identify opportunities to leverage and expand additional evidence-based models of care by implementing pilots and include best practices to leverage telehealth and alternative staffing models that can be integrated into the standards of care.	1
Implement capacity building for High Intensity Behavioral Health Treatment Programs for criminal justice-involved individuals that integrate criminogenic risk with behavioral health treatments to ensure that populations are receiving adequate interventions. Pilot best practice models of care to create additional capacity for High Intensity Behavioral Health Treatment Programs that include telehealth strategies and alternative staffing models to address workforce shortages.	1, 2
Research and identify strategies and best practices to effectively engage and outreach populations in care that supports earlier identification of needs to mitigate child welfare and criminal justice involvement.	1

**Recommendation From the Report**

**The Value of Partnership: How Colorado's Co-Responder Programs Enhance Access to Behavioral Health Care**



Future evaluation activities could use a control group to evaluate actions taken in similar counties with and without co-responder teams to determine if co-responder teams increase the number of diversions from formal actions. This would also provide data to make evaluative statements about costs avoided through formal diversions.	1
Future evaluation activities should assess opportunities to link co-responder program data to community mental health center enrollment data, as well as private and self-pay data, to understand how many people were connected to behavioral health services, who remained in services, and what services they received after being contacted by a co-responder program.	1
Future evaluations could conduct key informant interviews to determine best practices for establishing policies and protocols for partnering law enforcement with mental health providers and could translate those into recommendations for data sharing between law enforcement and mental health agencies. Other opportunities include reaching out to partners, including law enforcement and behavioral health providers, to assess what is considered important outcomes, and ensure that appropriate data is captured to measure outcomes of interest.	1
Future evaluation could include a data reporting mechanism or approach that objectively determines the total number of calls that could have benefited from a co-responder team.	1

## Appendix B: Program Profiles

This appendix highlights the top programs and practices Colorado is using to reduce and prevent inappropriate criminal justice involvement of individuals with behavioral health needs, as well as to promote behavioral health wellness of justice-involved individuals.

### In the Community

#### Colorado Crisis Services

- **Description:** Colorado Crisis Services is the statewide behavioral health crisis response system. The program offers individuals phone, text, or in-person mental health, substance use, or emotional crisis information, help, and referrals.
- **State agency:** Colorado Department of Human Services
- **Reach:** Statewide

#### Circle Program

- **Description:** The Circle Program offers community-based residential treatment for individuals with co-occurring substance use and mental health disorders. The program facilitates client stabilization, followed by outpatient services and continuing care. The program engages families, primary care medical providers, social support, and recovery supports and services.
- **State agency:** Colorado Department of Human Services
- **Reach:** Three facilities in Grand Junction, Fort Collins, and Pueblo

### Encountering Law Enforcement

#### Co-Responder Programs

- **Description:** The co-responder program is a criminal justice diversion model that pairs law enforcement and behavioral health specialists to respond to behavioral health crisis calls for police service. These co-responder teams de-escalate situations and help connect individuals with behavioral health needs to appropriate services.
- **State agency:** Colorado Department of Human Services
- **Reach:** OBH funds co-responder services in 23 different counties. There are also co-responder programs that are funded at the local level.

#### Law Enforcement Assisted Diversion

- **Description:** Law Enforcement Assisted Diversion (LEAD) is a prebooking diversion program that aims to connect arrestees with a behavioral health need to a case manager rather than charging and booking them in jail. Officers use their discretion to determine if an arrestee is eligible. Once connected with a case manager, individuals receive a wide range of support services, including transitional and permanent housing and/or drug treatment.
- **State agency:** Colorado Department of Human Services
- **Reach:** There are LEAD pilot programs in the City of Alamosa, City and County of Denver, City of Longmont, and Pueblo County which are funded by OBH. Lakewood also has a LEAD program funded through CDPHE.

### Involved in the Criminal Justice System

#### Bridges Program

- **Description:** The Bridges Program utilizes liaisons to facilitate collaboration between the criminal justice and mental health systems. Liaisons work with participants to identify needs, connect them to services, report to judges and attorneys regarding available services in the community, and facilitate communication and coordination of care with OBH competency programs.
- **State agency:** State Court Administrator's Office
- **Reach:** The Bridges Program has 29 Court Liaisons across all 22 of Colorado's judicial districts. In FY20-21, liaisons provided 5,855 reports to courts and attorneys (almost double the number of reports provided from the previous year). The program served 1,734 participants, (an increase of 50% from the previous year), and 2,518 cases (over 80% of which are competency-related).



## Clinical Services

- **Description:** Clinical Services provides a range of behavioral health care services to incarcerated people. This includes residential treatment programs, specialized treatment for individuals with identified sex offender treatment needs, and all levels of substance use disorder treatment.
- **State agency:** Department of Corrections
- **Reach:** All incarcerated people are provided with a Clinical Services Handbook at the time of admission to the Department of Corrections.

## DUI Education Services

- **Description:** The BHA develops and enforces rules for licensed Level I and Level II DUI education and treatment programs. The BHA provides education and therapy services to individuals depending on requirements as ordered by a court. Completion of DUI education may be necessary for individuals to get their driver's license reinstated.
- **State agency:** Colorado Department of Human Services
- **Reach:** Statewide

## Forensic Services

- **Description:** Forensic Services provides a wide array of services to individuals with mental health issues who are involved in the criminal justice system in mental health institutes, jails, and the community. These services include court services, forensic community-based services for persons found not guilty by reason of insanity, jail-based evaluation and competency restoration, and outpatient restoration services.
- **State agency:** Colorado Department of Human Services
- **Reach:** There are 20 staff on the Forensic Support Team, including 16 forensic navigators who serve 55 jails across all of Colorado's judicial districts.

## Jail Based Behavioral Health Services

- **Description:** Jail Based Behavioral Health Services provides a wide array of behavioral health services to incarcerated individuals, including substance use treatment, mental health services, competency enhancement, presentence reentry coordination services, and medication-assisted treatment.
- **State agency:** Colorado Department of Human Services
- **Reach:** Most jails across the state are providing Jail Based Behavioral Health Services, but at least five counties with jails have declined funding through the state, according to OBH program staff.

## Medication Consistency

- **Description:** The Medication Consistency program supports access to effective medications for individuals with behavioral or mental health disorders who transfer in and out of criminal justice facilities. The program supports the development of medication formularies, cooperative purchasing, and health information exchange and data sharing to improve patient outcomes.
- **State agency:** Colorado Department of Human Services
- **Reach:** The Medication Consistency program is currently expanded to 29 jails across the state.

## Offender Behavioral Health Services

- **Description:** Offender Behavioral Health Services (OBHS) are funds from the Colorado Department of Human Services for programs across the state that serve youth and adults who have behavioral health needs and are either involved or at risk of becoming involved in the criminal justice system. Funds are provided to the state's community mental health centers, and each funded program is unique and tailored to the community's needs.
- **State agency:** Colorado Department of Human Services
- **Reach:** OBHS provides funds to each (17) of the state's community mental health centers.

## Pre-trial Adult Diversion Program

- **Description:** The Pre-trial Adult Diversion Program provides an alternative to the traditional criminal court processes of plea, trial, conviction, and sentencing. Program participants agree to a plan, which may require participation in drug or alcohol treatment, recovery support, mental health, anger management, or domestic violence offender treatment or restorative justice practices.
- **State agency:** State Court Administrator's Office
- **Reach:** The State Court Administrator's Office contributes funding to 10 adult diversion programs. Other judicial districts may also have adult or juvenile diversion programs.

## Problem-Solving Courts

- **Description:** Problem-solving courts offer an alternative approach to criminal justice case processing for individuals with a behavioral health need. Courts are locally designed and use a collaborative approach between judicial staff and treatment providers to match participants with appropriate levels of supervision, treatment, and support to help them overcome barriers in their journey towards recovery.
- **State agency:** State Court Administrator's Office
- **Reach:** There are 76 problem-solving courts in operation in 20 judicial districts.

## Returning to the Community

### Community Correction Providers

- **Program description:** Community corrections providers perform supervision services and treatment practices for offenders placed in community corrections, which is an alternative to prison. Some providers across the state participate in three behavioral health-focused specialty programs: Intensive Residential Treatment, Therapeutic Communities for Substance-Use Disorder, and Residential Dual Diagnosis Treatment.

- **State agency:** Department of Public Safety, Division of Criminal Justice
- **Reach:** There are 27 community correction programs across 16 judicial districts. In 2021, there were eight Intensive Residential Treatment programs, two Therapeutic Community programs, and seven Residential Dual Diagnosis Treatment programs spread across the state.

### Strategic Individualized Remediation Treatment Program

- **Program description:** The Strategic Individualized Remediation Treatment Program (STIRT) is a continuum of care that includes short-term residential treatment and outpatient treatment for adults involved in the criminal justice system who are at risk of returning to jail or prison due to technical violations of probation, parole, or other conditions of release.
- **State agency:** Colorado Department of Human Services
- **Reach:** There are three residential STIRT providers in the state providing 58 residential beds (40 male residential beds and 18 female residential beds).

### Transition Planning

- **Description:** The Division of Adult Parole provides prerelease services to incarcerated people and assists them with transitional planning for successful community reentry. This includes the State ID Program, the Pre-Release Program, Behavioral Health Transition Plans, Community Re-Entry Specialists, and the Work and Gain Education and Employment Skills (WAGEES) program, among others.
- **State agency:** Department of Corrections
- **Reach:** There are several initiatives that support transition planning across the state. The Community Re-Entry Specialists program utilizes 21 reentry specialists across the state, and the WAGEES program has 18 community partners.

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