

# Behavioral Health Administration

SMART Act Hearing  
Joint Judiciary Committee  
January 21, 2026  
Dannette R. Smith, BHA Commissioner  
Marc Condojani, Division Director



# Mission

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Behavioral Health  
Administration's mission is to  
co-create a people-first  
behavioral health system that  
meets the needs of all people  
in Colorado.

# Vision

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Behavioral Health  
Administration's vision is that  
behavioral health services in  
Colorado are accessible,  
meaningful, and trusted.



# What BHA Does



## Regulate providers

Improve accountability and quality through licensing, designation, and approval of providers.



## Purchase services

Provide funding for behavioral health services for uninsured and underinsured individuals in Colorado.



## System reform

Coordinate across state departments and external partners to build a behavioral health system that works for everyone.



# Joint Judiciary Requirements

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- Early Intervention, Deflection, and Redirection from the Criminal Justice System Grant Program (SB22-196)
- Medication Consistency
- Criminal Justice Diversion



Early Intervention,  
Deflection, and Redirection  
from the Criminal Justice  
System Grant Program  
(SB22-196)

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**\$50.7  
Million**



## Type of programs supported by SB22-196 Grants

Early Intervention

Deflection

Diversion

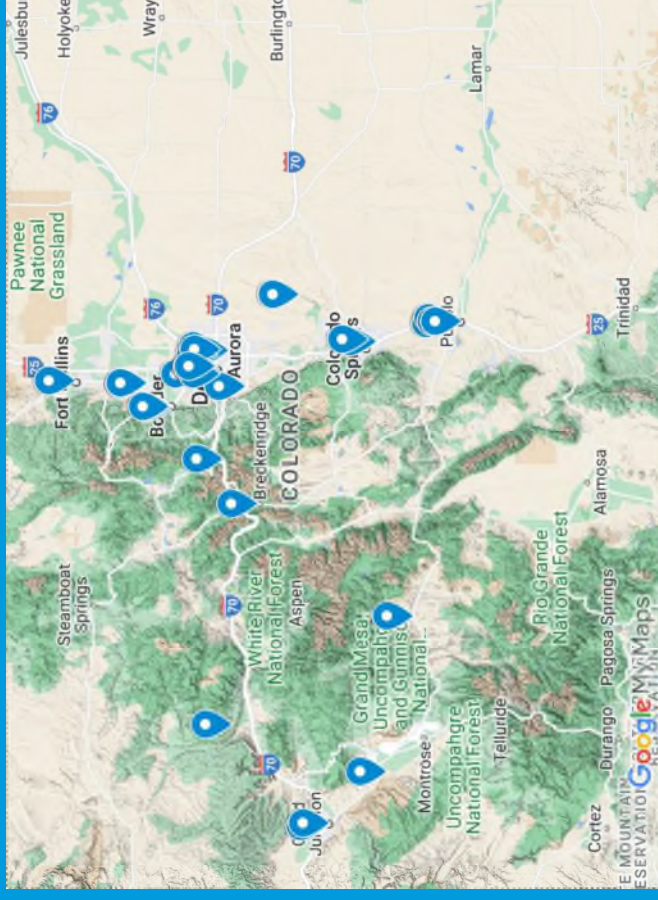
Reentry

# SB22-196 Grant Program Reach

17 Counties

29 Programs

16,903 Individuals Served





## Medication Consistency for Individuals with Behavioral or Mental Health Disorders in the Criminal and Juvenile Justice Systems

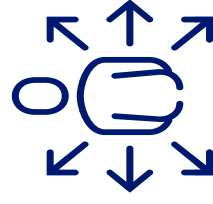
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### 3 Initiatives:

- Medication Formulary
- Health Information Exchange
- Cooperative purchasing agreements



# Strengthen medication consistency: Formulary



## Psychotropic Medication Formulary

Maintained and updated annually in partnership with the HCPF

Pharmacy & Therapeutics committee. It includes approved recommendations from experts (pharmacists, physicians, etc.), listing generic and brand-name medications and associated costs.

The last update was in May 2025.

# Health Information Exchange In County Jails

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## Metrics

**326,131 Clinical Documents  
Accessed**

**120,923 Total Searches**

**72,429 Total Unique Patients  
Accessed**



Health information exchange systems in jails to facilitate data sharing to improve medication consistency and behavioral health care across settings.

*“Patient Care 360 has been a game changer for us while we consider the importance of continuity of care for individuals experiencing incarceration. The system has been an incredible asset, helping us streamline processes for a very high-risk patient population.” - Carl Anderson, ACSO Arapahoe County Sheriff’s Office (ACSO)*



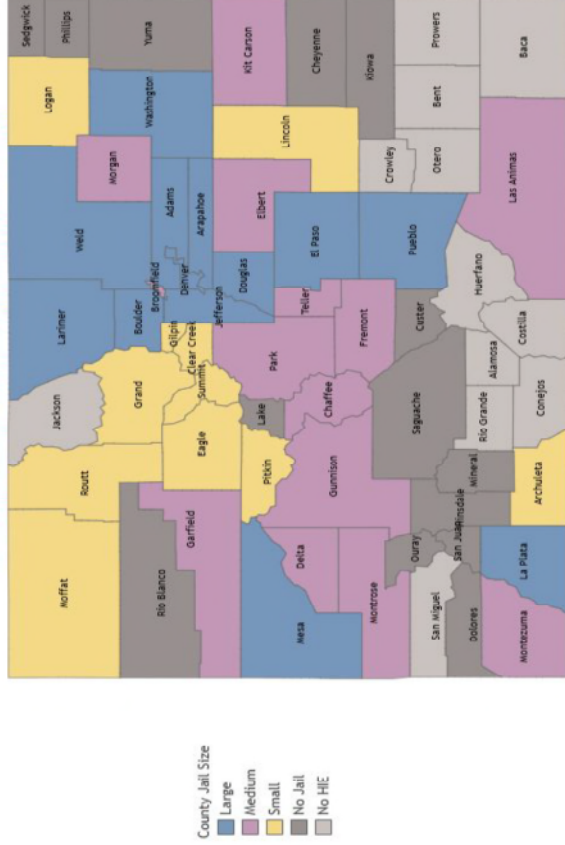
## What's next in collaboration with HCPF for M-Reach and HIE-

### Map of Jail-Based Health Information Exchange (HIE) <sup>①</sup>

After a ten county jail pilot program to help identify and manage challenges, the medication consistency program is expanding to jails across the state.



Mouse over a county to see use of Health Information Exchange access over time.  
HIE use can fluctuate over time based on the number of intakes at the jail.



Updated: 1/9/2016

Data Source: Data for this dashboard was obtained from the Health Information Exchange (HIE) providers Contexure and QHN.

### ★ Helping Correctional Facilities Establish Medicaid Billing Infrastructure

The state will support establishing and improving billing readiness for correctional facilities to participate in the Medicaid Reentry and Community Health (M-REACH) program.

### ★ Expanding Access to Health Information Exchange

Funds will be used to expand the technological capabilities of facilities to engage in bi-directional health information data sharing. Improvements to this part of the system are necessary for strengthening reentry service delivery and care coordination.

### ★ Providing Technical Assistance for Jails

Technical assistance will be provided for each jail in Colorado that operates uniquely and requires specialized support to achieve full operationalization of reentry service delivery.

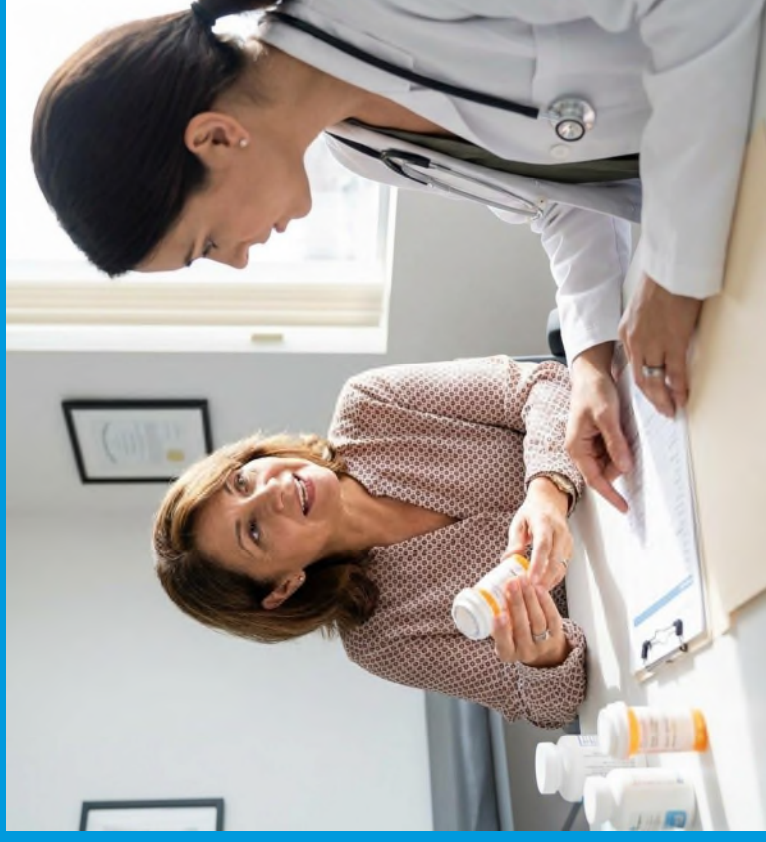
## Bulk purchasing for cost savings

Jails have not adopted this model due to preferred local pharmacy partnerships and other options for cost-savings. This will likely be more practical across jail settings when Medicaid Reentry and Community Health (M-REACH) is implemented in 2027.

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Significant barriers limit feasibility and cost savings, including:

- Wide variation in jail size, capacity, and purchasing bandwidth
- Storage limitations
- Individually contracted medical vendors/pharmacies
- No centralized statewide billing structure



# Criminal Justice Diversion Programs



Co-responder  
Programs  
29 BHA Funded  
Programs  
statewide



Introducing the  
Pre-Arrest Evaluation, and  
Intervention, and  
Linkage (PREVAIL)  
Program, formally  
known as LEAD

Launching a youth  
pilot this year.



Thank You

bha.colorado.gov  
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**COLORADO**  
Behavioral Health  
Administration