Bridges of Colorado

Person-Centered. Solution Focused. Collaborative.

Briefing on Competency-Related Mandatory Dismissals

January 20, 2026

Agenda

- ❑ Introduction to Bridges
- ❑ Overview of Issue
- ❑ Solutions
- ❑ Barriers

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Office of Public Guardianship

Office of Bridges of Colorado

An independent agency within the Judicial branch, Bridges places Court Liaisons in all 23 judicial districts, serving as a vital connector between Colorado's behavioral health and criminal justice systems. This approach:

- improves outcomes for participants and courts
- enhances public safety
- generates significant cost savings
- positions Bridges as the on-the-ground experts, providing ongoing services to more people at the intersection of behavioral health and criminal justice than any other program in the state.

Bridges Provides

Participants **with care coordination**

Served 4,600 participants in FY25

2,700 participants at any one point in time

Judges and attorneys **with solutions**

Served 8,932 cases in FY25

74% competency

Communities **with answers beyond competency that address long-term stability**

Average 3.5 service connections per participant in FY25

A Solution That Works

"I realize this sounds dramatic, but due to the severity of this participant's behavior when previously in the community, I believe that the Bridges liaison's work.... on this has likely saved this participant's life and certainly helped protect our community."

~Judicial Officer

*Bridges has been named a **promising practice** by the National Center for State Courts and has provided consultation to other state governments (including IL, MN, MS, NM, OR, WI) and the Department of Justice to support development of similar programs nationwide.*

- **Daily cost with Bridges: $6.28**
  - Compared to $1,476 per day for CMHIP bed
  - Compared to $1,013 per day for CMHIFL bed

- **Bed cost avoidance up to $110M in FY25**
  - Cost avoidance varies depending on likely bed assignment diverted

Additional cost avoidance

- $6M estimated jail detention cost avoidance
- Unidentified for courts, competency fines, corrections, hospitals, emergency services, and law enforcement

Overview of Issue

Competency-Related Dismissals

Legal cases in which competency has been raised may face mandatory dismissal when individuals are found "unlikely to be restored in the foreseeable future."

In these cases, individuals

1. are determined through evaluation by OCFMH to be "unlikely to be restored to competency in the foreseeable future," and

2. receive a mandatory dismissal of their legal case by the Courts.

Subsequently, individuals may

1) be **released from custody without connection** for appropriate levels of care, support, or supervised treatment

   *~**48** individuals of 168 not appointed to Bridges in 2025*

2) be **successfully connected** to appropriate levels of care, support, or supervised treatment

   *~**74** individuals*

3) have appropriate care solutions identified but **systemic barriers exist to access** that care

   *~**46** individuals*

Judicial Branch Collaboration

Bridges strives to be a collaborative partner in addressing statewide challenges at the intersection of criminal justice and behavioral health.

In recent months, Bridges partnered with the State Court Administrator's Office (SCAO) and the Office of Public Guardianship (OPG) to address the issue of mandatory dismissals, bridging a continuum of early identification, care coordination, and long-term support.

Scenario One: Solutions in place

An individual is released from custody without connection to appropriate levels of care, support, or supervised treatment.

~48 individuals in 2025

Early identification and referral to Bridges

SCAO *has established methods for early identification of cases in which mandatory dismissal is a possibility and is working with competency docket coordinators and judicial officers for referral to Bridges of ALL relevant cases.*

Connection to services before mandatory dismissal

Bridges *provides care coordination before mandatory dismissal, identifying and connecting participants to appropriate levels of care.*

Coordinated long-term care after Bridges involvement

Under new leadership, **OPG** *has streamlined a process for Bridges referrals ensuring no waitlist and provides a long-term continuum of care, including court oversight and monitoring for appropriate levels of care.*

Scenario Two: Solutions in place

An individual is successfully connected to appropriate levels of care, support, or supervised treatment before case dismissal.

~74 individuals in 2025

Out of 32 “non-restorable” dismissals served by Bridges since September, one individual has reoffended (with a petty offense) and 31 have not.

Through Bridges, an individual is successfully connected to appropriate levels of care, support, or supervised treatment *before case dismissal,* averaging four service connections per participant.

Bridges refers to OPG to coordinate long-term continuum of care *after case dismissal,* including care coordination, criminal and civil legal oversight, and monitoring for appropriate levels of care.

From Crisis to Stability

Bridges provides care coordination services according to its existing model of care

- Accurately identifies clinically appropriate levels of care;
- Develops a community-based care plan;
- Addresses institutional barriers;
- Presents the care plan to courts and attorneys;
- Supports connection to appropriate levels of care; and
- Utilizes participant services fund to cover gaps in Medicaid.

Bridges identifies guardianship needs and OPG provides long-term continuum of care

- Prioritizes referrals from Bridges;
- Provides long-term decision-making supports for the life of the guardianship;
- Provides oversight of medical, legal, financial and residential stability;
- Updates courts annually; and
- Monitors and supports changes to appropriate levels of care.

Scenario Three: Barriers continue to exist

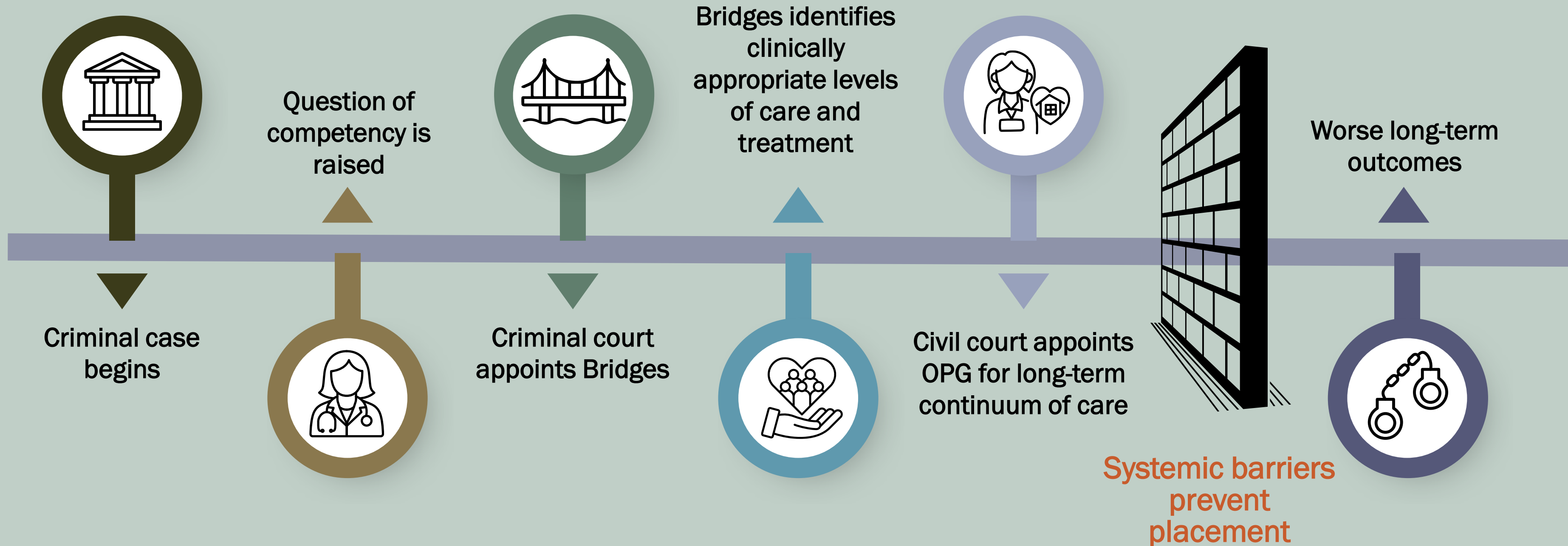
An individual has appropriate care solutions identified but systemic barriers exist to access that care.

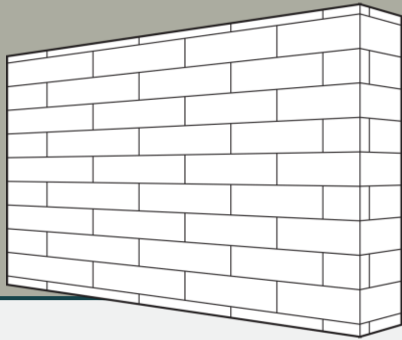
~46 individuals in 2025

Case Study

- **Participant has agreed to placement in locked memory care.**
- **Appropriate clinical level of care placements are available.**
- **Chronic denials based on history of incarceration or history of suicidal ideation and not on neuropsychological recommendations: 65 applications/64 denials.**
- **One acceptance met with administrative barriers, even with advocacy efforts.**
- **When beds are available, access to care is most often the barrier.**

When Systemic Barriers Stop Access to Care





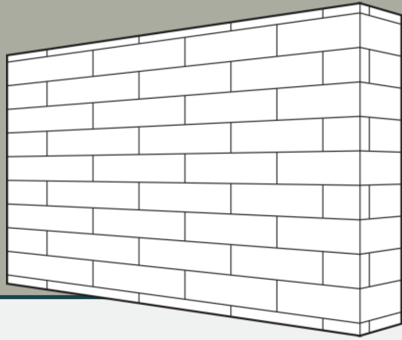
A Closer Look at Systemic Barriers

Conflicting Medicaid, state, local and facility criteria drive a "hot potato" effect

Key Takeaways

- Appropriate levels of care often already exist at Medicaid-qualified facilities.
- Most common type of need is for assisted living or skilled nursing.
- Regulations at federal, state, and local levels often create conflicting rationale to deny access to that care.
- Facility criteria additionally compound the restrictions.
- Denials are often based on justice involvement rather than clinical risk assessments.
- State funded beds (MHTL Homes) already exist for individuals transitioning from the competency system; however, local regulations and facility criteria have resulted in barriers to access for the very population these beds were funded to serve.

How Bridges and OPG can be part of the solution:
lead an administrative rule writing process with key partners



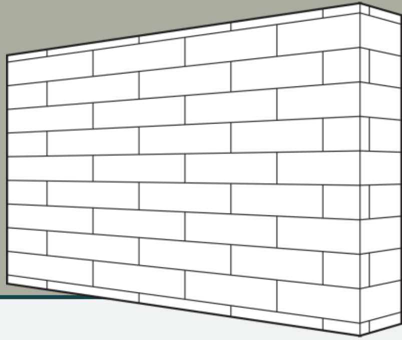
A Closer Look at Systemic Barriers

Barriers to Medicaid and other benefits enrollment

Key Takeaways

- Denied or delayed applications result in missed placement opportunities.
- Barriers to benefits enrollment is one of the top two reasons Bridges is unable to connect individuals to needed services.
- Colorado has not yet implemented its Medicaid “1115” eligibility waiver for jails, which would alleviate delays in benefits, especially for long-term care.
- Changing Medicaid requirements (i.e. work requirement) will create more barriers. The state has the ability to define “medically frail” exceptions.
- “Service connecting entity” access to support Medicaid enrollment would help with efficiencies and successful enrollment but is currently limited in Colorado.

How Bridges and OPG can be part of the solution:
a collaborative leadership seat at the implementation table



A Closer Look at Systemic Barriers

Lack of beds of “last resort” for those at imminent risk of harm to self or others

Key Takeaways

- When all other options have been exhausted, and existing facilities do not offer the appropriate level of care and risk management, there exists a need for services.
- Beds of “last resort” risk inappropriate levels of care, wholesale “warehousing” of individuals, due process and ADA violations, and civil liberties litigation.
- State hospital beds carry a higher cost to the state than Medicaid-qualified facilities.
- Civil commitment or guardianship may be initiated when necessary.
- Appropriate level of care is best determined through clinical assessment designed to specifically evaluate level of care (different than a competency evaluation).
- Imminent risk of harm to self or others is best determined by a medical or mental health professional who has met the individual in person.

How Bridges and OPG Can Be Part of the Solution:
identification of need and direct referral pathways to state beds

Effective Problem Solving

- ❑ Maximizes use of Bridges and OPG
- ❑ Avoids duplication of those services
- ❑ Focuses on appropriate level of care
- ❑ Provides direct placement pathways
- ❑ Addresses regulatory barriers
- ❑ Enhances Medicaid enrollment efforts
- ❑ Minimizes high-cost state beds
- ❑ Individually addresses risk of harm
- ❑ Avoids risk of civil liberties violations
- ❑ Monitors and supports changes to appropriate level of care
- ❑ Looks to long-term solutions to create a continuum of care for varying needs

Q&A

Thank You

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