



COLORADO

Department of Human Services

Civil and Forensic Mental Health

SMI Barriers and Transitions



Agenda

- Introduction and Setting the Stage
- Session Objectives and Scope
 - Understanding unique challenges
 - Best practices for collaboration and transition
- Unpacking Complexity: Barriers in SMI
- Collaboration Overcoming Complexity: The System Wide Approach
- Operationalizing Care Coordination
- Conclusion, Summary, and Discussion

Introduction

The Office of Civil and Forensic Mental Health (OCFMH) serves Colorado's most complex individuals.

We specialize in addressing system design and best practices for those with Serious Mental Illness (SMI) and co-occurring disorders.

OCFMH is a critical part of the Colorado Department of Human Services.



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Session Objectives & Scope

Primary Learning Outcome

Understand unique challenges and best practices for collaboration and transition.

Unique Challenges

- SMI & Co-occurring disorders
- Systemic barriers
- Complex care needs

Collaboration Focus

- System design principles
- Operationalizing care
- Cross-provider models



Meeting the Moment

Connecting specific clinical barriers to broader community-based solutions and recovery outcomes.

Defining the 'Moment' and the Challenge

Meeting the Moment

Connecting clinical barriers to broader community-based solutions and recovery outcomes.

Systemic Complexity

Highlighting the increasing complexity for providers serving people with SMI and co-occurring disorders.

OCFMH Foundations

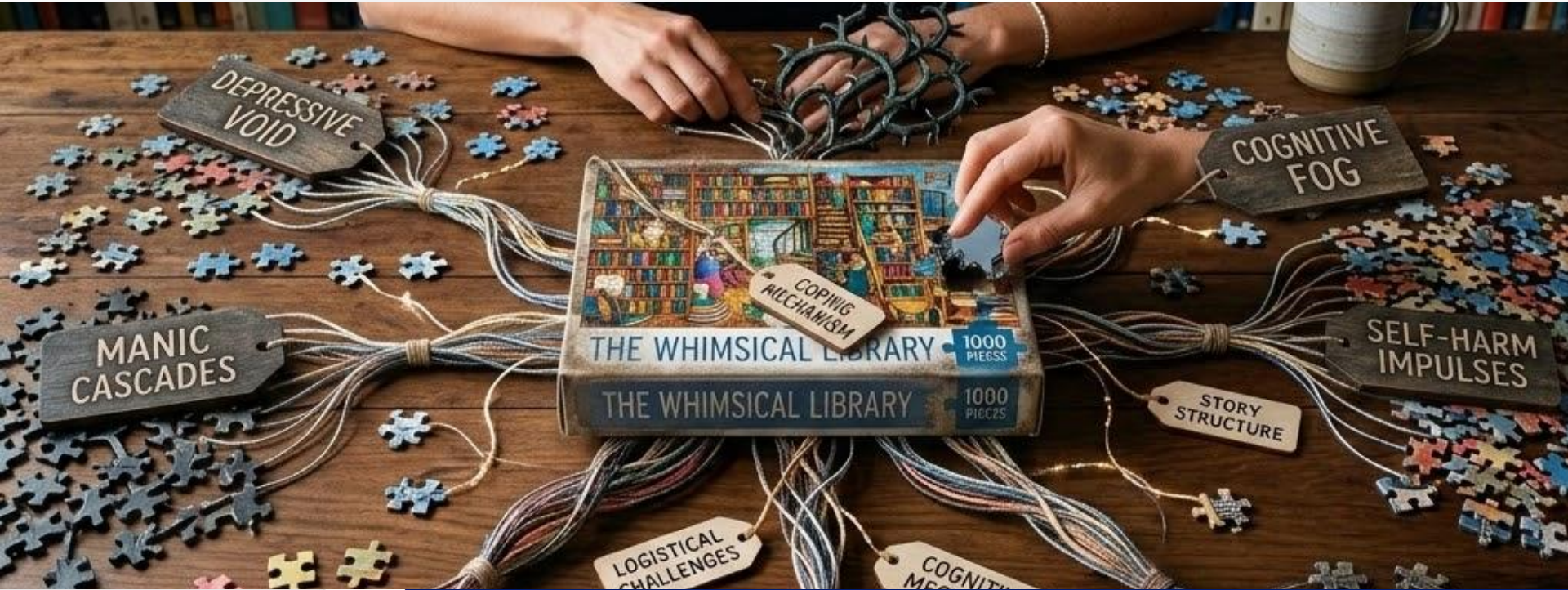
Building on successful initiatives like the Mental Health Transitional Living Homes to design future-ready systems.

OCFMH's Innovative Pathways



- 01.** Forensic & Civil Re-Entry Pathways: Connects jails, state hospitals, and transitional homes to ensure safe, seamless step-down care for high acuity and justice involved individuals
- 02.** Non-Coercive Behavioral Frameworks: Replaces punitive control tactics with a non-coercive, tier-based approach that builds coping skills and supports client autonomy
- 03.** Scaffolding Residential Continuum: Operates a multi-tiered residential network matching housing structure to client acuity, preventing acute re-hospitalization and supporting community re-entry
- 04.** Data-Driven Quality & Infrastructure Integration: Combines real-time digital fidelity tracking with essential tools to maintain consistent care quality across all facility sites
- 05.** Integrated Outpatient Clinic Development: Establishes specialized outpatient clinic services to deliver continuous psychiatric oversight, therapy, and case management, bridging the gap between residential care and full community independence

Unpacking Complexity: The SMI Challenge



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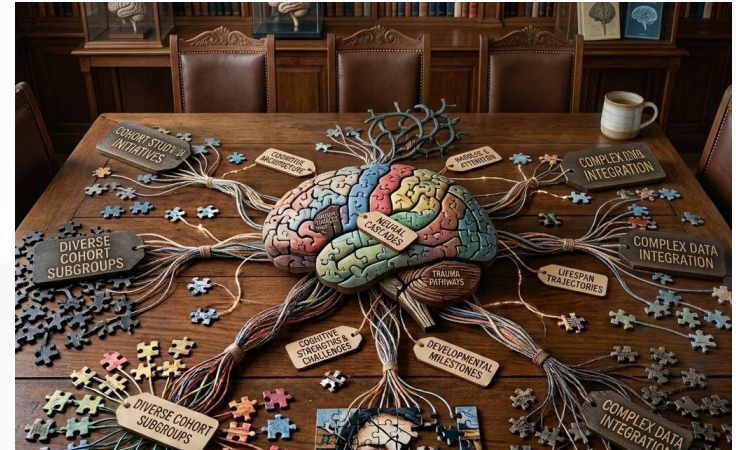
The SMI Challenge

Defining the Need

The Critical Need for Care Transitions

Serious Mental Illness (SMI) requires more than isolated clinical intervention; it demands a seamless continuum of care.

Without robust transition pathways, individuals face significant systemic barriers that impede recovery and community reintegration.



Complex Cohort Focus

Neurocognitive & Neurodevelopmental

Specialized attention for SMI patients with co-occurring neurocognitive disorders is vital for successful transition outcomes.

The Personal Reflection

Think about a client with a Serious Mental Illness who was cleared clinically for a lower level of care, but the transition delayed, stalled, or ultimately failed.

What was the single greatest barrier to their successful transition?

Take 30 seconds to write down your answer.



The 4 Transition Friction Points

Where did your barrier fall?

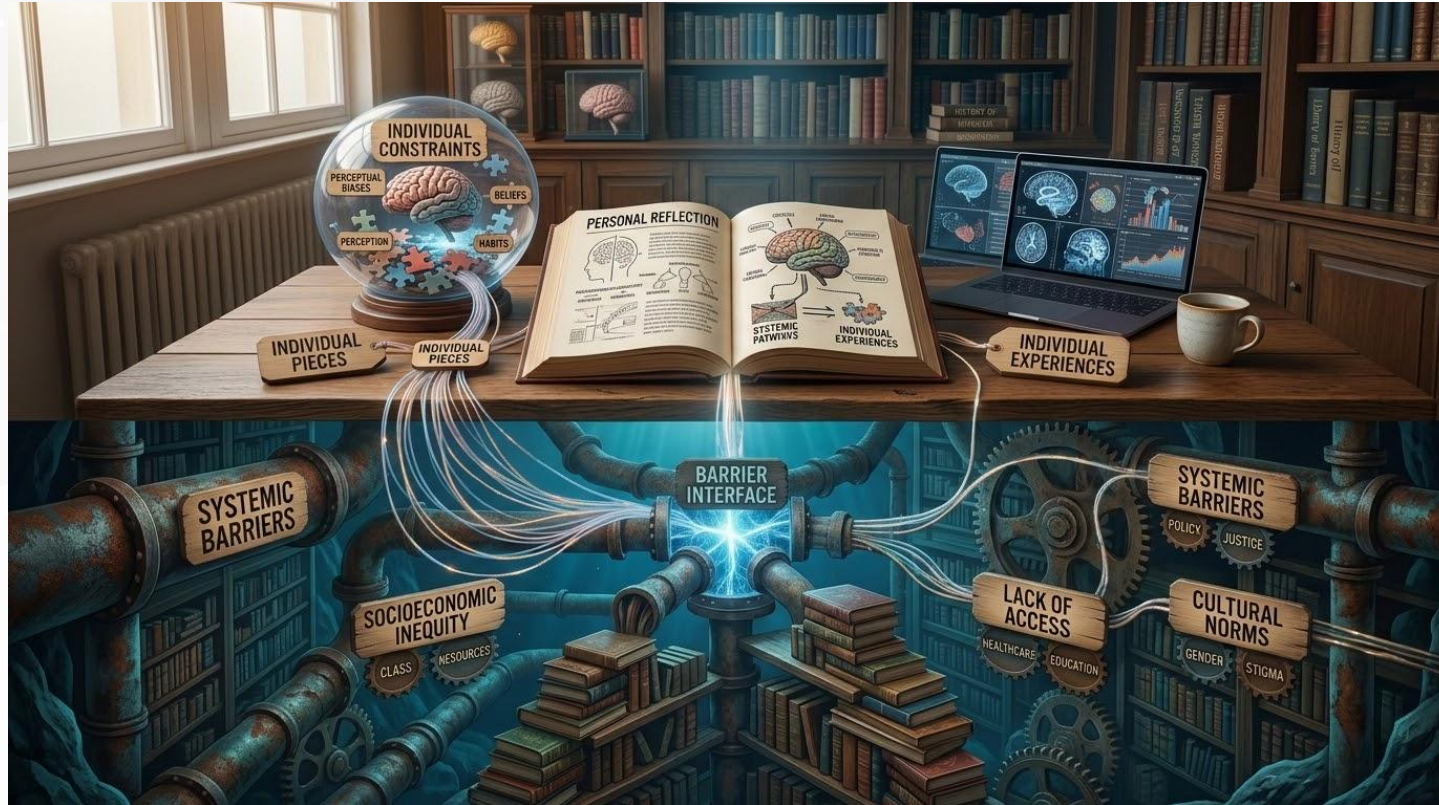
- A. **Clinical & Behavioral Acuity:** Unmanaged behavioral triggers, complex medication routines, or risk profiles.
- B. **Systemic & Bureaucratic Gaps:** Housing shortages, waitlists, rigid criteria, or delayed records.
- C. **Institutional Dependency:** Loss of client confidence and coping skills outside a structured environment.
- D. **Fragmented Communication:** Siloed communication between state hospital, jail, outpatient, and residential teams.

Rethinking SMI Transitions

Transitions are not just hand-offs - Successful SMI transitions require address all 4 friction points simultaneously

As you can see across the room, transitions rarely fail due to a single issue. A successful transition isn't just about finding an open bed - it requires bridging clinical safety, system capacity, client confidence, and cross-system communication at the same time. That reality is what continues to drive OCFMH to build innovative pathways, such as those we are discussing today.

Deep Dive into Systemic and Individual Barriers



Lived Experience

Colorado turns to mental health transitional living homes to speed up competency process

[Colorado Turns to Mental Health Transitional Living Homes as a Step Down Option](#)

In-Depth Analysis: The Hidden Friction Point

Anosognosia: Beyond “Refusal of Treatment”

A neurological inability to perceive one's own illness-present in 50% of individuals with SMI

Dual Impact on Recovery & Transitions:

1. Care Coordination Complexity
2. Treatment Engagement Barriers

Care Coordination Complexity

- **System Friction:** Misinterpreted by providers as “non-compliance” or “lack of motivation”.
- **Legal/ Administrative Barriers:** Complicates Voluntary consent, guardianship, and conditional release plans.
- **Revolving Door Placement:** Leads to premature discharge, rapid relapse, and repeated crisis admissions.

Treatment Engagement Barriers

- **Treatment Resistance:** Direct refusal of medications and services due to a genuine belief that they are healthy
- **Ruptured Therapeutic Alliance:** Power struggles occur when traditional interventions demand “insight” as a prereq for progress
- **Heightened Vulnerability:** Increased risk of elopement, unsafe living situations, and criminal justice

Collaboration Overcoming Complexity: The System Wide Approach



A System Design and Best Practices

Exploring Principles of the System

Structuring continuum-of-care frameworks that build long-term self-efficacy, reduce transition friction, and support sustained recovery.

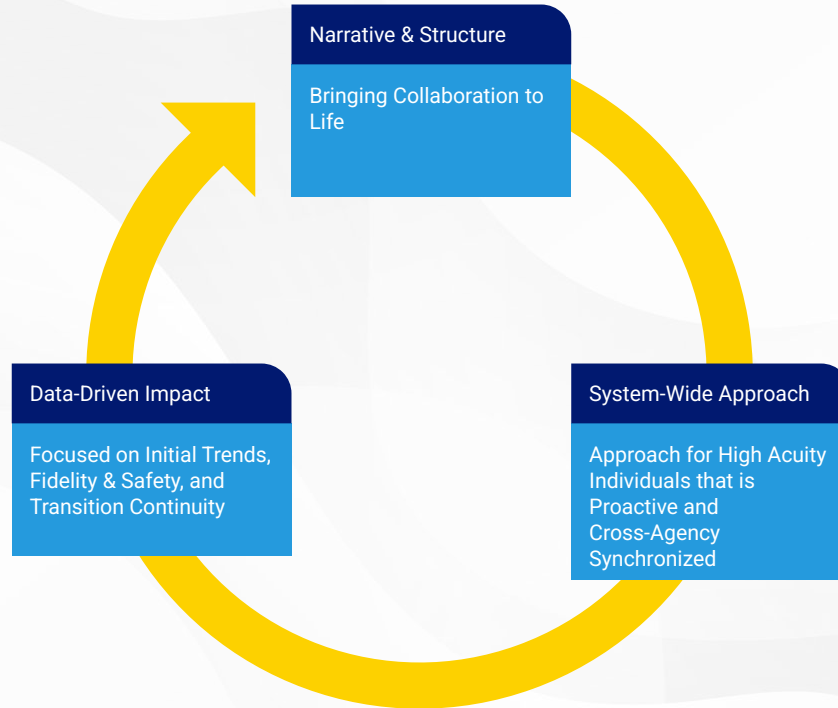
Best Practices for Collaboration & Transitions

Establishing unified, cross-agency handoff protocols and integrated outpatient supports to safely step individuals down to lower levels of care.

How OCFMH Works to Address System Design

Constructing a scaffolded residential continuum and forensic step-down pathways that actively resolve administrative, clinical, and regulatory barriers.

The Collaborative Model



Collaborative Model In Action

Narrative & Structure: Bringing Collaboration to Life

Integrated Systems: Weaving civil, forensic, residential, and outpatient networks into a unified care continuum

Person-Centered Narrative: Moving beyond individual diagnoses to map total client trajectories and cross-agency touchpoints

System-Wide Approach for High Acuity Individuals

Proactive Stabilization: Shared clinical protocols and non-coercive frameworks deployed across all care environments

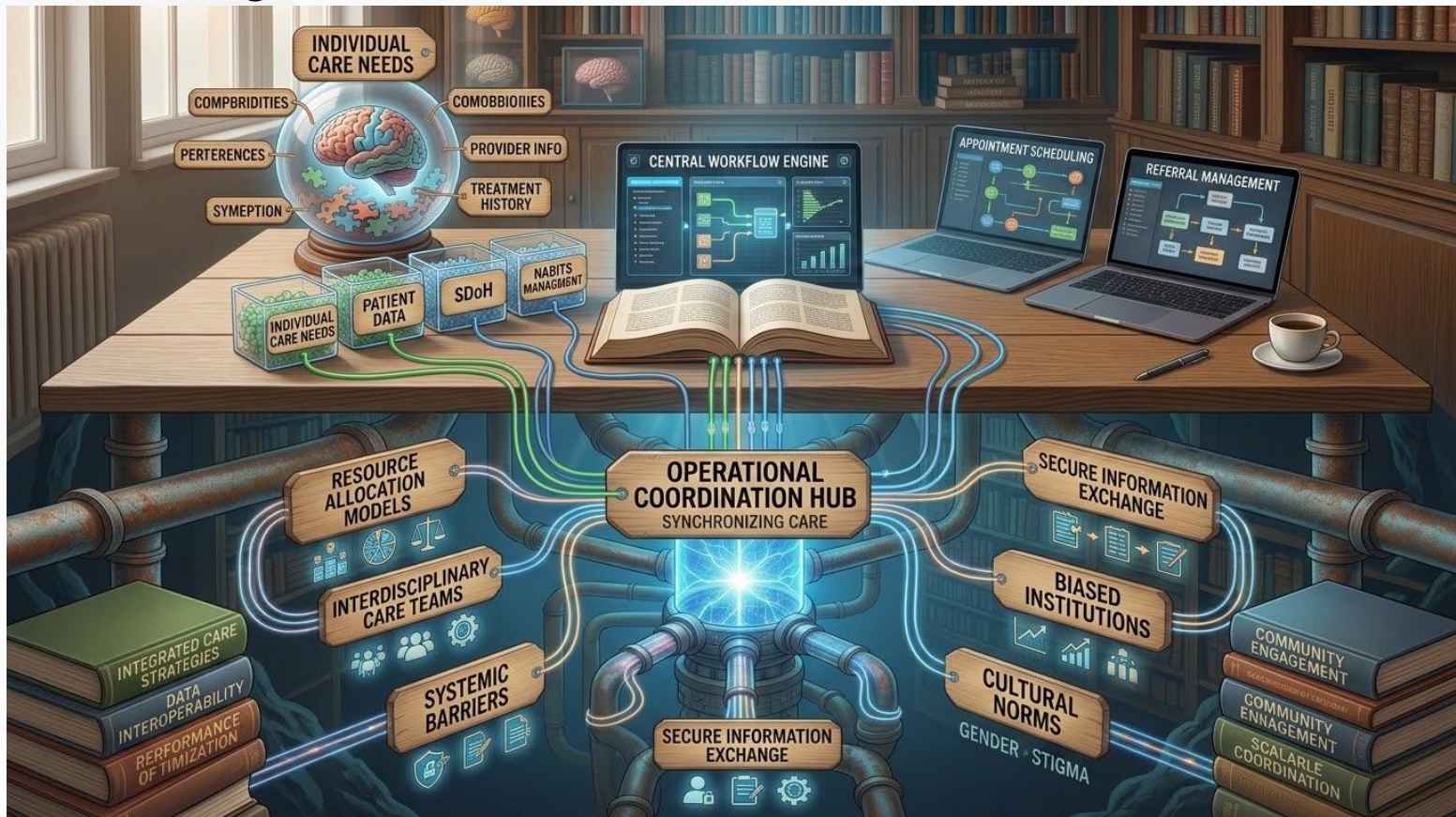
Cross-Agency Synchronization: Direct alignment between state hospitals, jail diversion, MHTL homes, and outpatient clinics to prevent rehospitalization

Data Driven Impact & Initial Trends

Fidelity & Safety: Real-time digital tracking shows reductions in behavioral crises and restrictive interventions

Transition Continuity: Early metrics highlight improved step-down success rates and increased length of stay stability in community settings

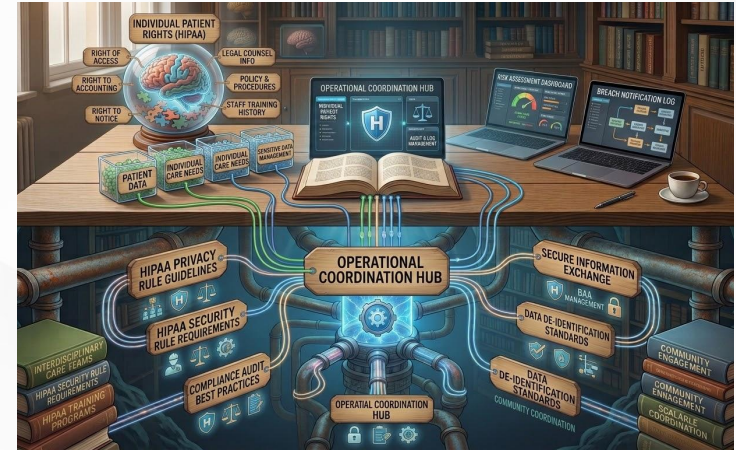
Operationalizing Care Coordination



Navigating Legal Compliance

HIPAA in Complex Care Coordination

1. Structured Information Sharing Protocols
 - a. Minimum necessary standard (limiting details required for the scope of care)
 - b. Standardized ROI Architecture (multi-party ROI's)
2. Interoperable & Secure Digital Channels
 - a. Encrypted Communications (secure, HIPAA compliant platforms)
 - b. Access Control Hygiene (conduct routine audits of system user permissions)
3. Proactive Cross-Agency Alignment
 - a. Business Associate Agreements (active BAA's in place)
 - b. Care Plan Standardization (use redacted or generalized transition summaries where applicable)



Complex care coordination requires constant communication across the various entities involved. However, multi-provider handoffs are where HIPAA vulnerabilities peak if our protocols aren't rock solid.

Adapting Treatment and Engagement

Bridging neurological realities, rising SMI acuity, and clinical guidelines.



Navigating Anosognosia: Shift from arguing diagnosis to partnering on shared goals and non-coercive programming

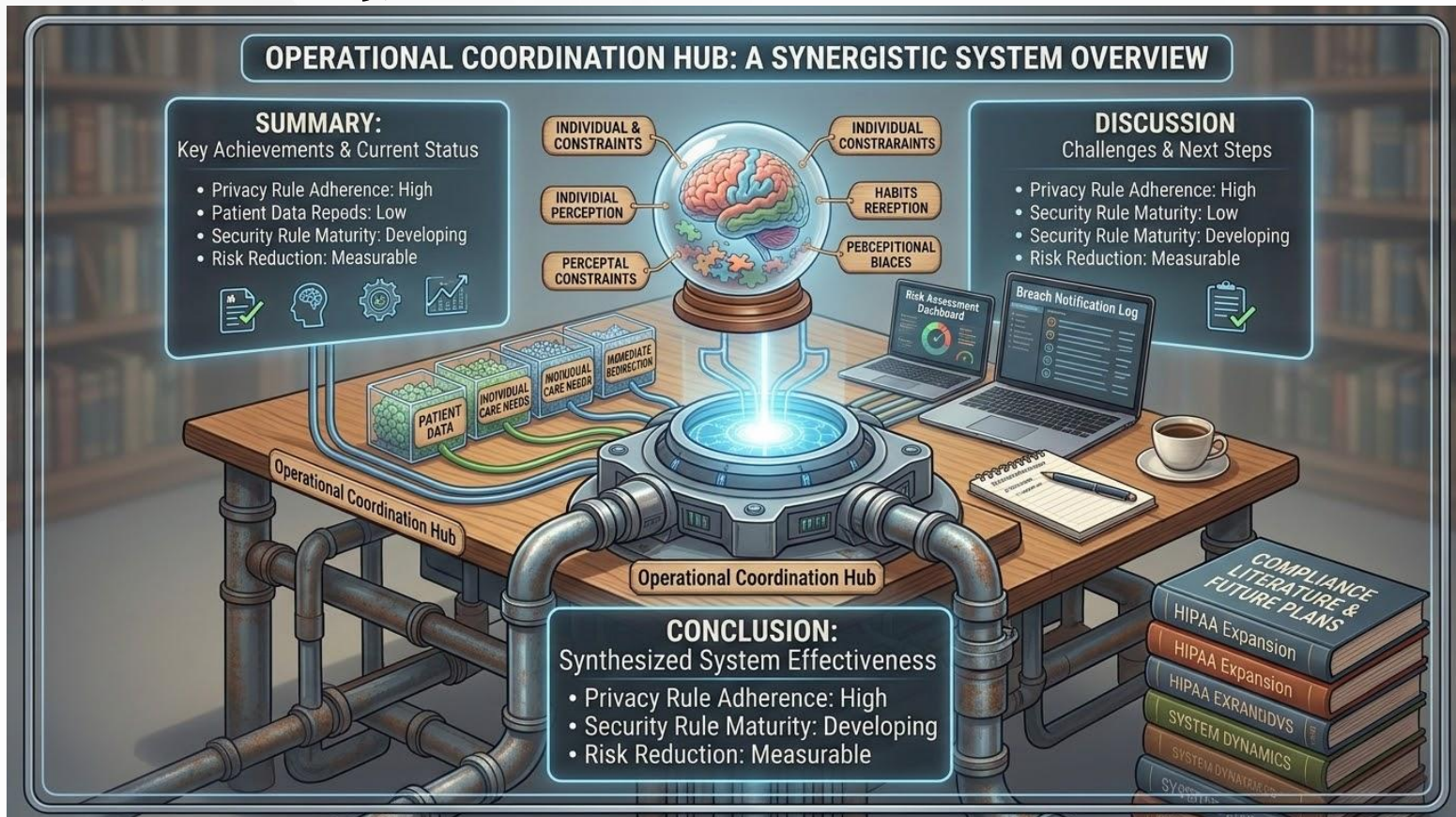


Managing Rising SMI Acuity: Dynamically scale treatment intensity across treatment settings to match fluctuating behavioral needs



Evidence-Based Foundations: Grounding in Colorado C.R.S. Title 27-65 (Least Restrictive Environment) and SAMHSA/APA national standards for SMI recovery

Conclusion, Summary, and Discussion



Key Takeaways and Next Steps

Address Total Complexity

Overcome SMI transition barriers by bridging clinical acuity, system handoffs, and anosognosia simultaneously.

Unify the Continuum

Leverage cross-agency collaboration to eliminate care gaps to the greatest extent.

Non-Coercive Practices

Frameworks that are grounded in the notion of being non-punitive and Colorado Title 27-65 standards to build trust and compliance

Thank you!
Questions?

