



The Evolution of Boulder County, Colorado's Project Readiness, Engagement, Navigation, Treatment, and Recovery (RENTR)

Catching Up With COSSAP, October 2022

Both resolute and realistic, Community Justice Services (CJS) in Boulder County, Colorado, draws on persistence and partnerships to get the job done: creating a safer community by supporting the recovery and reentry process, ending the cycle of incarceration, and reducing crime and recidivism. This work is made possible, in part, by the Bureau of Justice Assistance's (BJA) Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP), formerly known as the Comprehensive Opioid Abuse Program (COAP).¹

In the Beginning

Boulder County knew it had to ramp up its drug prevention efforts. For the fifth year in a row (2013–2017),² drug overdoses had surpassed traffic accidents as the leading cause of accidental deaths in the county. The number of clients of Boulder County Public Health's [The Works Program](#), a syringe access program aimed at reducing transmission of blood-borne pathogens among people who inject drugs, had increased 1,000 percent between 2010 and 2017. Charges for unlawful possession of a controlled substance had jumped by 35 percent in just 2 years (2014–2016). Hundreds of individuals in jail custody required medical services (including safe withdrawal) related to opioid and/or methamphetamine use.³

In 2018, [Boulder County Community Services \(BCCS\)](#) applied for and received a grant through COAP. Through this grant, BCCS provides services to people who are detained in Boulder County Jail and during reentry (Intercepts 3 and 4, respectively, of the [Sequential Intercept Model](#)). For example, a partnership was formed with the jail medical team to integrate medication-assisted treatment into jail programming.

CJS, a division of BCCS, administers the grant. Program Manager Nathan Thorn recalls, "From the onset, we worked hard to build a strong structure for our [COAP program](#), from determining its fit with existing services to collecting data that tell our complete story."

Within the first 2 years of its COAP grant, CJS made 1,500 client contacts, connecting individuals to a wide variety of recovery support services in the community: treatment for substance use disorder (SUD) and co-occurring substance use and mental health disorders (CODs), housing, education, employment, food, and basic needs.

During this time, CJS staff recognized that a high percentage of the jail population did not have a home to return to, with many individuals experiencing chronic homelessness or at risk of homelessness because of behavioral health needs. Boulder County identified this as a gap in the jail's many programs and applied for a COSSAP grant in 2020 as a source of funding to help fill it.

Expanding the Scope

Boulder County was successful in its request for COSSAP funding, and Project Readiness, Engagement, Navigation, Treatment, and Recovery (RENTR) was born. Project RENTR reaches out to individuals before they are sentenced to jail (Intercept 2), as well as to those who are reentering the community (Intercept 4). Its focus is on people who meet COSSAP criteria of moderate to severe SUD but who are not eligible for other jail programs. CJS's behavioral health navigators go beyond the primary goal of connecting individuals to SUD treatment by helping clients identify protective factors and work toward client-identified goals and services related to social determinants of health (SDOH) (see Figure 1). CJS provides support for at least 90 and up to 365 days after release. At the 1-year mark, reassessment of client engagement, goals, and barriers encountered occurs to determine the need for extended support.

Ms. Kristen Compston, Grant Programs Coordinator for CJS, notes, "We wanted to reach the most vulnerable of high-system utilizers, people who have been unsuccessful in staying out of jail due to SUD or COD. They need support but may not be ready or able to engage in cognitive behavioral therapy or other jail programming that includes reentry services. Our goal was

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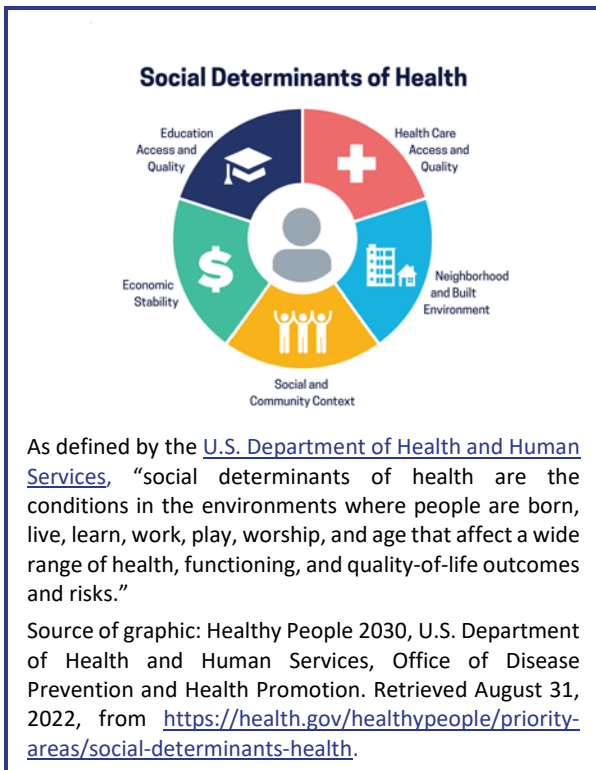


Figure 1

to blend our current programming, intensive case management [ICM], and the Housing First model, which dovetails with other Boulder County initiatives."

One best practice within the ICM model that was applied to Project RENTR was limiting caseloads, so that case managers could optimize the amount of time spent with each client. As a result, the caseloads for CJS behavioral health navigators are capped at 25. "Recognizing that we can serve 25 clients exceptionally well or we can do a poor job serving 100 clients, we choose the former," explains Mr. Thorn. "It allows our case managers to resolve challenges by looking at Solution A, Solution B, and Solution C, and if they have to, Solutions X, Y, or Z. They can go the extra mile, which they often do for individuals with complex needs."

COSSAP funds allowed CJS to enhance collaborations with a host of partners to provide evidence-based treatment services, peer recovery support services, pre- and post-booking treatment alternatives to incarceration approaches, and court-based interventions. The Boulder County Jail, for example, maintains office space for Project RENTR staff members to meet with individuals in custody. The jail's behavioral health team refers individuals with

high needs to Project RENTR for screening and possible enrollment for services.

Another (more formal) partnership was established among CJS, Boulder County Jail, and the Boulder County District Attorney's [Mental Health Diversion Program](#) (MHDP). This program provides connections to treatment and stabilizing resources in the community for individuals with behavioral health needs who have committed low-level criminal offenses, which may be dismissed by the district attorney. Project RENTR provides case management services to MHDP participants with moderate to severe SUD under the following circumstances: (1) MHDP is at capacity and Project RENTR has available capacity, (2) the skills of Project RENTR's behavioral health navigator, who is bilingual, are needed, and (3) the MHDP participants may benefit from ICM. Participants who meet these criteria are enrolled in both MHDP and Project RENTR, per a protocol established in guidelines agreed upon at the start of the partnership.

To address the high rate of homelessness among individuals eligible for Project RENTR services (as great as 80 percent),⁴ CJS staff enrolled in a Housing First learning community, attended training on housing as an SDOH, built professional partnerships with the local [U.S. Department of Housing and Urban Development Continuum of Care Program](#), and helped establish a weekly meeting to discuss collaborative strategies for individuals experiencing homelessness. The meetings bring together Project RENTR behavioral health navigators, the [City of Boulder's Homeless Outreach Team](#), the [Boulder Shelter for the Homeless](#), [Focus Reentry](#) (a local nonprofit organization that supports reentry for formerly incarcerated individuals), the [City of Boulder Municipal Court](#), and the City of Boulder's policy advisor on homelessness.

Ms. Compston is particularly proud of the innovative partnerships forged with agencies outside of county government, stating, "We're a county agency, but we're not siloed or territorial. We work with several city agencies, such as the Homeless Outreach Team. This team of five police officers helps us meet people in the community whose vulnerability is increasing. We want to meet them where they are and put more protective factors in place to reduce contact with law enforcement."

Through this pilot program, the Homeless Outreach Team identifies people with a history of arrest or frequent interactions with law enforcement (not necessarily to the

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point of arrest) who have an SUD or a COD and who may be perceived as vulnerable because of a variety of other factors, such as:

- Physical disabilities
- Intellectual and developmental disabilities
- Traumatic brain injuries
- Medical needs (e.g., untreated diabetes, recovery from surgery, cancer)
- Identifying as LGBTQ+
- History of failure to or inability to connect with treatment on their own

Project RENTR provides services, including support related to SDOH, to the identified individuals. “We’re reaching out to stabilize people so they don’t end up being arrested. Waiting for arrest to make services available is neither efficient in terms of community resources nor compassionate on a personal level,” observes Ms. Compston.

Redefining Success

Incorporating SDOH into Project RENTR was prompted by CJS’s mission to cultivate healthier communities. To that end, Project RENTR built an assessment to identify the specific needs of its clients. This assessment (see Figure 2) is repeated approximately every 30 days, as long as individuals remain with the program, to gather data on Project RENTR’s hypothesis: increasing connections to SDOH can lead to better health and reduced recidivism among participants. It also helps CJS tell a more complete story: that success does not necessarily mean a person is no longer being arrested. For someone living with an SUD or a COD, success may be a drop from eight arrests in a year to two arrests the next year. Redefining success can help individuals with multiple challenges see light at the end of the tunnel. Within 9 months of launching the program, CJS reported referring more than 200 new individuals to recovery support services and an 87 percent known follow-through rate.⁵

Establishing realistic goals is also critical to case managers who can easily become burned out by the demands of ICM. “We are very careful about protecting the well-being of our staff,” says Mr. Thorn. “Safety is front and center. We train on Housing First, Motivational Interviewing, harm reduction, and other programming, but as important, we train our staff to be situationally aware, whether working in the jail or in the community: detecting different stages of a

Project RENTR’s Participant Assessment

In addition to measures required for the COSSAP Performance Measurement Tool, CJS tracks and assesses the following:

- Referral source
- Participant demographics (race, gender, ethnicity)
- Severity of mental illness (Modified Mini Screen)
- Severity of SUD (using the [Texas Christian University Drug Screen](#))
 - Substance(s) used
- Traumatic brain injury (using the [Ohio State University Traumatic Brain Injury Identification Method](#))
- Competence to proceed in previous 12 months
- Homeless entering program
- High-system utilizer
- Criminogenic risk (using the Level of Service Inventory-Revised: Screening Version)
- Connection to SDOH
- Number of client meetings and method of meeting (e.g., in person, phone call, text, email, written)
- Referrals made to community agencies and follow-through on each referral
- Discharge

Figure 2

potential threat, knowing when and who to call for help, using the buddy system when transporting clients to treatment or visiting encampments.” Situational awareness training is held in conjunction with the sheriff’s office—another benefit of Project RENTR’s partnerships.

By properly preparing and supporting its staff, CJS is building a strong team that can meet the ever-changing needs of Boulder County. This team will continue to build relationships throughout the community, bringing systems together to accomplish the “impossible.” A case in point: after months arranging required intelligence quotient (IQ) and life skills assessments for an individual with intellectual and developmental disabilities (including enlisting a doctor for multiple hours at the height of the COVID-19 pandemic), the CJS behavioral health navigator was able to secure permanent and supportive housing for this Project RENTR client to be released from the jail and taken directly to a host home.

“That,” says Mr. Thorn, “is a prime example of pursuing Solutions X, Y, and Z.”

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For More Information

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To request training and technical assistance related to criminal justice, reentry, and SUD, contact BJA's COSSAP Resource Center at
<https://www.cossapresources.org/Program/TTA>.

Endnotes

1. COAP was developed as part of the Comprehensive Addiction and Recovery Act of 2016 to provide financial and technical assistance to states, units of local government, and tribal governments to plan, develop, and implement comprehensive efforts to identify, respond to, treat, and support those impacted by the opioid epidemic. In 2020, responding to upward trends in the misuse of other drugs and to advance efforts by the field in addressing the range of illicit substances (as well as opioids), the Bureau of Justice Assistance expanded and evolved COAP to COSSAP.
2. Boulder County Coroner's Office, 2013, 2014, 2015, 2016, 2017, *Annual Reports*, Boulder, CO: Boulder County Coroner's Office, retrieved August 25, 2022, from <https://bouldercounty.gov/departments/coroner/>.
3. Boulder County Community Services Department, 2018, *Comprehensive Opioid Abuse Site-based Program: Category 3, System-level Diversion, Boulder County Community Services Department Proposal*.
4. Boulder County COSSAP Data Update Meeting, July 2022, PowerPoint slide deck provided by Kristen Compston, August 26, 2022.
5. Ibid.