



# Project Colorado Opioid Synergy – Larimer and Weld (COSLAW)

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Collaboration and care  
coordination to treat  
addiction, save lives.

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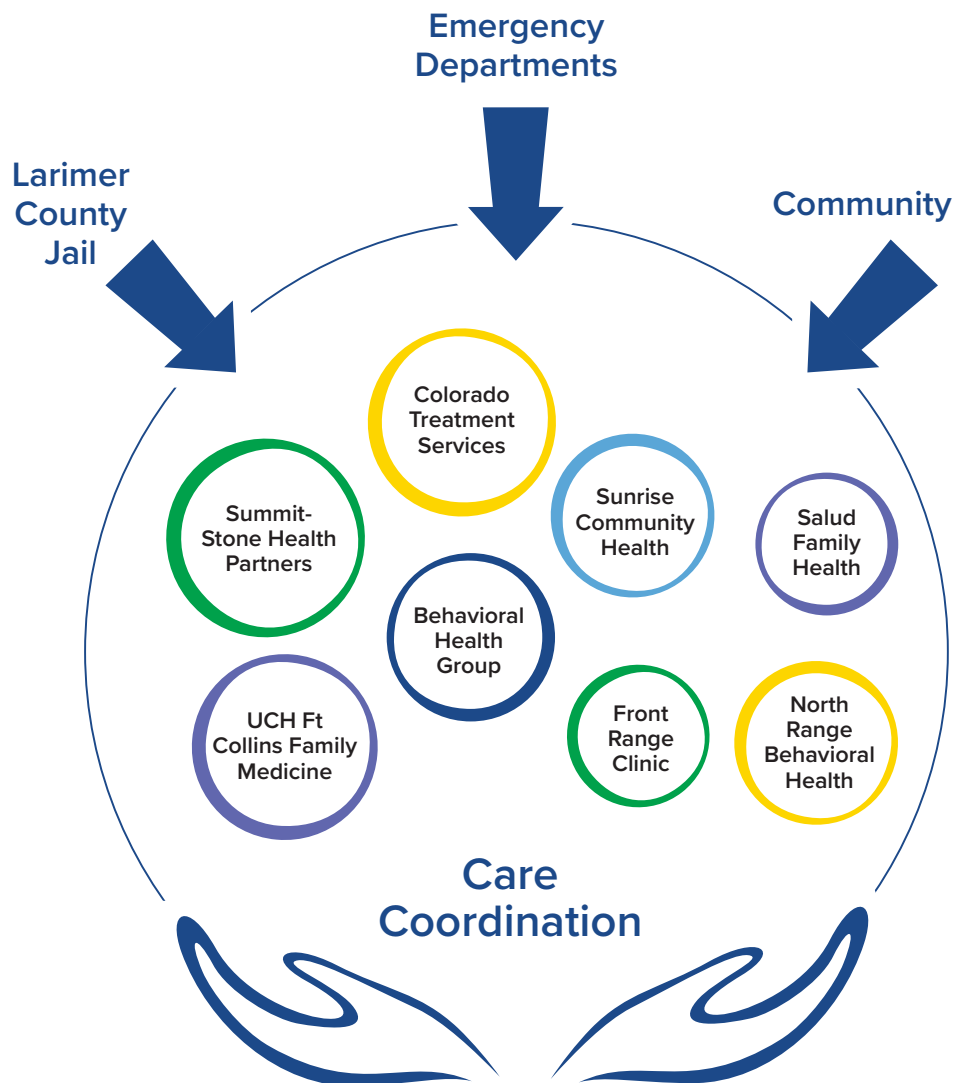
COSLAW is supported by Grant Number 1H79TI084168-01 from the Substance Abuse and Mental Health Administration. Its contents are solely the responsibility of the authors and do not necessarily reflect the official views of [SAMHSA](#).

# What is COSLAW?

Launched in 2018, [COSLAW](#) is a network of eight treatment providers and transitions of care sites, including criminal justice and hospital systems, served by a team of integrated care coordinators who facilitate members' access to and retention in substance use treatment across the network.

**COSLAW has four goals:**

1. Increase capacity to provide medication for addiction treatment (MAT) in northern Colorado through collaboration and coordination among COSLAW treatment sites and shared care coordination.
2. Initiate MAT and concurrent evidence-based psychosocial treatment and recovery support services (RSS) for anyone in need.
3. Initiate MAT in persons experiencing transitions in care from hospital emergency departments, Larimer and Weld County jails, and withdrawal management programs with referral into COSLAW.
4. Develop, implement, and sustain a regional MAT care coordination center of excellence and innovation to support the care coordination workforce, ensure quality care, and improve client outcomes.



“Our secret sauce is our community partnerships, care coordination and peers.”

— COSLAW LEADERSHIP

## CO-SLAW Care Compact:

As the CO-SLAW Network, we believe in a harm reduction model. We recognize Medication-Assisted Treatment (MAT) as our priority and hold the following values, which align with current best practices:

1. Primary care, medication for SUD, and counseling work synergistically...
2. Reduction of opioid use is the primary goal of opioid agonist treatment...
3. Robust compliance monitoring is imperative, but diversion prevention will be measured along with clinical benefit to determine whether to continue therapy.

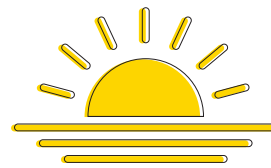
## How did it get started?

Community stakeholders across Larimer and Weld counties recognized the devastating impacts of the opioid epidemic in our region and came together to urgently address it. The Northern Colorado Collaborative for Addiction and Recovery Support (NOCO-CAReS) was launched as a community network to bring together stakeholders, including those in behavioral health, criminal justice and law enforcement, primary care and hospital systems, policy-makers, and community members impacted by the opioid epidemic, to find solutions. The group did an informal needs assessment and developed a strategic plan that identified four focus areas:

- Prevent misuse and optimize use of opioids
- Identify misuse of opioids and provide early intervention
- Improve treatment and enable recovery for people with opioid use disorders
- Reduce harm caused by opioid use and misuse

COSLAW was developed to address these focus areas: prevent, identify, improve, and reduce substance misuse.

**PREVENT • IDENTIFY • IMPROVE • REDUCE**



COSLAW adapted the [Vermont hub-and-spoke model](#)<sup>1</sup> to develop a “virtual hub” of care coordination that pairs members with a care coordinator as they move within the network of care providers.

## What are the key ingredients?

- **Embedded care coordinators** facilitate access between transitions of care sites, including criminal justice and health care systems, and within the network. Care coordinators are members’ primary point of access and are available 24/7/365 at the “**One Call Does It All**” hotline:

**1-844-944-7529**



<sup>1</sup> Brooklyn, J. R., & Sigmon, S. C. (2017). Vermont Hub-and-Spoke model of care for opioid use disorder: Development, implementation, and impact. *Journal of Addiction Medicine*, 11(4), 286-92. <https://www.ncbi.nlm.nih.gov/pubmed/28379862>



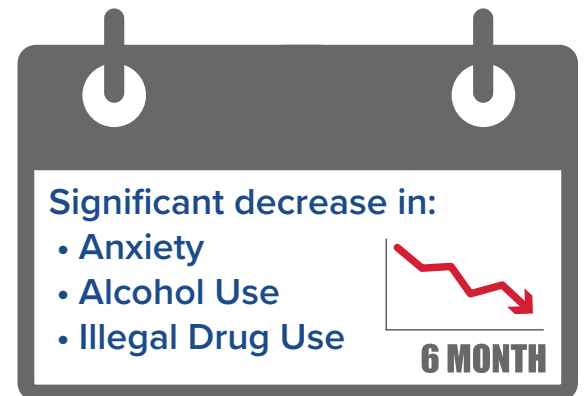
- **Shared values, goals, and treatment philosophy.** Network providers agree to a shared set of values and a harm reduction approach outlined in a [care compact](#).
- **Commitment to health equity and ending racially based health disparities.** Decoupling service from funding streams is critical.
- **Shared passion and purpose.** An unwavering commitment to ensure members get the right care at the right time [through care coordination and data sharing](#).
- **Continuous commitment and engagement** from community partners to engage in problem solving and decision making based on what is best for the clients and community.
- **Monthly calls**, where organizations and staff of all levels are welcome, provide a forum for project updates, problem solving, brainstorming new approaches, and network collaboration.



## Data Points

Since its launch in 2018, COSLAW has had the following outcomes:

- After the first phase of COSLAW, disparities in 6-month follow-up rates between members of different ethnicities and races were reduced and no longer significant.
- From intake to 6 months, members showed statistically significant decreases in the number of days they experienced serious anxiety as well as trouble understanding, concentrating, or remembering.
- Use of alcohol, illegal drugs, alcohol and illegal drugs, heroin, and cocaine in the past 30 days significantly decreased from intake to 6 months.
- Feedback was overwhelmingly positive: All participating members agreed or strongly agreed that their care coordinator(s) had a positive impact on their treatment and recovery.



## How is it funded?

This work has been a collaborative effort with multiple funding sources contributing to the development and sustainability of this program. We'd like to acknowledge and thank the following agencies and community partners for their funding commitments to this work over time: Substance Abuse and Mental Health Services Administration (SAMHSA), Colorado Department of Public Health and Environment (CDPHE), Signal, NCHA, SummitStone, Larimer County Behavioral Health Services, Colorado Consortium for Prescription Drug Abuse Prevention, Health District of Northern Larimer County, and the Denver Foundation.

It's important to build a variety of funding sources to ensure people's care is not decided by a funder. COSLAW care coordinators are agnostic to payor source, so they can work with any member to help them meet their recovery goals.

This funding model supports COSLAW's commitment to reducing health disparities. Members can receive care coordination services regardless of race, ethnicity, or other minoritized identity.

## What does the COSLAW leadership look like?

**Project leadership grounded in transformational leadership practices including:<sup>2</sup>**

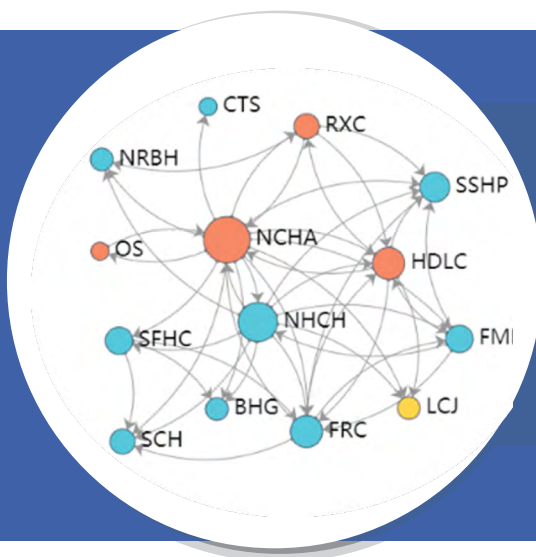
- Cultivating shared and focused purpose in all levels of the network: "Treat Addiction. Save Lives."
- Gathering consensus around goals.
- Collaborating for creative problem solving to overcome barriers.

**Regular communication and opportunities for collaboration, including:**

- Monthly forums open to all provider staff and community stakeholders to share challenges and new ideas, review progress, recalibrate objectives, share resources, and coordinate funding.
- Quarterly in-person gatherings to support networking and encourage collaboration.

**Social network analysis found that there was:**

- Increased frequency of connections, referral pathways, and treatment services;
- Continued agreement on key goals and successes of the network; and
- Meaningful growth in resource sharing, organizational capacity, and treatment quality.



### COSLAW'S SOCIAL NETWORK MAP

Social networking mapping found that more collaboration and stonger communication made the partnering organizations feel more inline with the work being done and how much was being accomplished.

<sup>2</sup> "Transformational Leadership" by A. B., Aaron Kauppi, Academic Challenger, Accounting4Taste, AdRock, Akinsope, Alan Liefing, Alexdeangelis86, Antonia Burns, et al., is licensed under Creative Commons Attribution-Share Alike 3.0 Unported //creativecommons.org/licenses/by-sa/3.0/

# Building Bridges: Criminal Justice and Emergency Departments

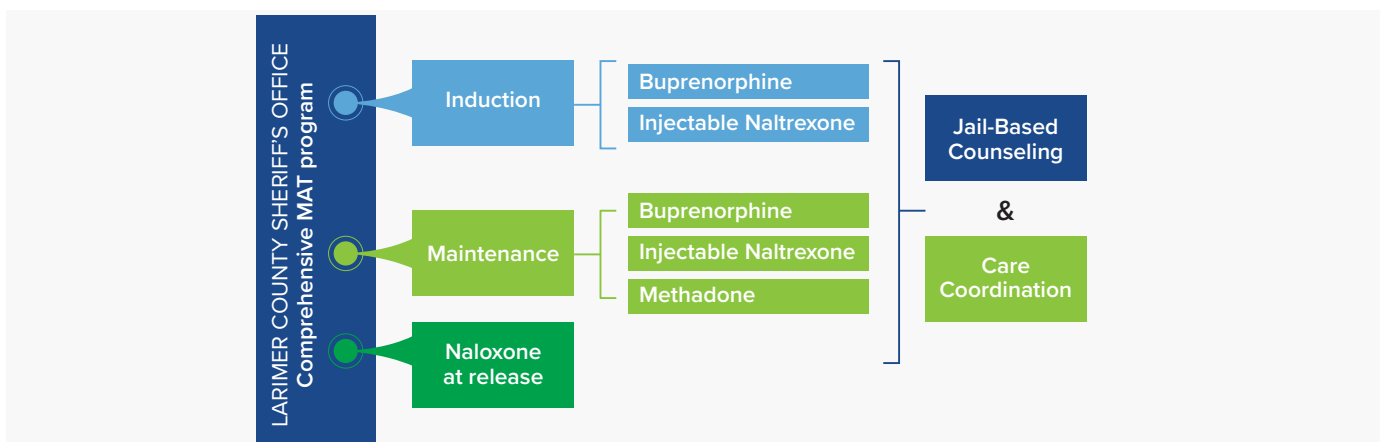
Early on, NOCO-CARes identified that providing supportive treatment services as people enter and exit systems in our community is critical, which brought about the work that occurred in the Larimer County Jail and in the emergency departments.

When looking at the data surrounding overdose in our community and across the nation for those exiting criminal justice settings, it was critical to ensure that not only were individuals able to continue their MAT options if they entered the jail but also that they were able to begin treatment. Similarly, in many cases, the hospital is the first stop for people who have experienced an overdose.

What was critical for both of these settings was not only the development of the treatment protocols but also the plan for their re-entry back into the community by ensuring the continuity of care through the COSLAW network and their exit accompanied with naloxone. Both the jail and hospital systems work hand in hand with the COSLAW network to establish care coordination as part of the individual's treatment plan to be a connection point to their community treatment provider beyond their current stay in a system.

COSLAW provides embedded care coordination in criminal justice systems (jails, drug courts) and emergency departments — places where people with substance use disorder can fall through the cracks without the knowledge, support, and access to treatment that care coordinators can provide. Key ingredients for care coordination in criminal justice and emergency departments include:

- Education and outreach: focus on the science of addiction, treatment options, and MAT. Dispel myths and misconceptions about MAT.
- Recognize shared populations: people with substance use disorder interact with a range of systems, including emergency healthcare and criminal justice.
- Show colleagues in other systems the “value add” of embedded care coordination: onsite specialists in addiction care can support existing staff and ensure people in need get to the right place at the right time.
- Recognize differences in organizational purpose but find ways to mutually support each other through sharing expertise: find the champions who can lay the foundation for collaboration.
- Follow through and follow up: maintain your commitment to the collaboration by following through with concrete, measurable action.





“People need an effective safety net when people come out of jail, and that’s where COSLAW care coordination comes into play.”

“What keeps people in the game is recognizing that COSLAW is supporting their work in the jail or the hospital system and making their job easier.”

— COSLAW LEADERSHIP

## Bupe Single-Dose Model in ED



# Who are the care coordinators?

## **HIRING** What kind of background/experience do care coordinators have?

- All care coordinators have a minimum of a high school diploma and some lived experience either personally or with family and/or friends.
- Staff with substance use disorder are required to have two years in recovery.
- Previous experience in the field and bilingual (English/Spanish) skills are desirable but not required. **Passion for the work is critical.**

Word of mouth has been an effective way for COSLAW to recruit and hire care coordinators.

## **TRAINING** How does COSLAW prepare care coordinators for the job?

New hires are onboarded to North Colorado Health Alliance and then shadow staff at each member provider to see how each practice works and how each care coordinator approaches their work. This helps orient new staff, support cross-training, and encourage resource and knowledge sharing. Shared understanding that this work can be hard and messy.

## **RETENTION** How does COSLAW ensure care coordinator well-being and job satisfaction?

**Investing in staff through training and professional development.**

“Trainings that has been helpful (are) trauma informed care, courses on CBT and motivational interviewing, and the Certified Addiction Technician courses. I also think that having the ability to shadow different community partners and care coordinators is very helpful because it allows for new (coordinators) to see how others navigate the local resources and which systems/work flows work best for them.”

**Giving staff flexibility and support to find what works for them and their clients.**

“Being a care coordinator looks different for all of us because we were given the space to find what we are passionate about and turn our jobs into something that we love and look forward to.”

**Giving staff a voice.** Staff are included in community collaboration meetings; their experience is consulted and valued to help inform decision making at all levels.

“Personally, I learn a lot seeing some of how they (Loveland Courts and Front Range Clinics for MAT services) conduct legal process or provide MAT services.”

“There are gaps to treatment, systemic challenges, and some resources are not available that are needed. On the job training/shadowing colleagues is very helpful. There are lots of good, helpful course trainings available for the field we are in, but each role is different, and each client is an individual.”

“Life experiences are the best training.”

— CARE COORDINATORS

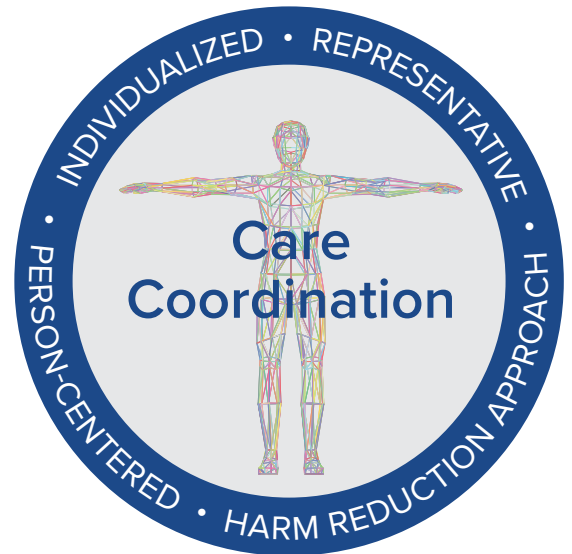


## What does COSLAW care coordination look like?

- Care coordination services are highly individualized to meet each member's needs.
- Care coordinators reflect the people served either through lived experience or demographically. **Representation matters.**
- Use SAMHSA's [Treatment Improvement Protocol \(TIP\) 27, Comprehensive Case Management for Substance Abuse Treatment](#)<sup>3</sup> as a framework but there is no structured protocol for care — every member is unique so all services are tailored to the individual.
- Care coordinators may lean on their own lived experience to provide members social/emotional support in addition to providing:
  - Informational support, e.g., sharing knowledge, life skills
  - Affiliational support, e.g., facilitating connections to social groups and communities to create a sense of belonging
  - Instrumental support, e.g., transportation, connections with community resources<sup>4</sup>
- All members are assessed using the [Treatment Needs Questionnaire](#)<sup>5</sup> and develop a person-centered care coordination plan.
 

“A lot of time is spent helping clients rebuild trust with medical, behavioral health, and justice professionals and organizations. Many of our clients have had negative experiences with these professions and have trauma around being stigmatized and feeling unheard or disrespected. It takes time to rebuild that trust, but without it ‘progress’ and goal completion is even harder to achieve.”
- COSLAW care coordination is guided by a harm reduction approach:
 

“I do not ‘make’ clients become sober or stop using. As a care coordinator I focus on building rapport with my clients to foster healthy and supportive professional relationships so that clients continue to reach out regardless of last use, change in their situation, or other typically stigmatized scenarios. It is my goal to set clear boundaries and assist my clients with defining their own goals and reaching them at their pace, allowing them to gain confidence in their own abilities and the resources in the community to support them.”



<sup>3</sup> Substance Abuse and Mental Health Services Administration. (2000). TIP 27, Comprehensive case management for substance abuse treatment (Treatment Improvement Protocol [TIP] Series, HHS Publication No. [SMA] 15-4215). Center for Substance Abuse Treatment, U.S. Department of Health and Human Services.

<sup>4</sup> Substance Abuse and Mental Health Services Administration. (2009). What are peer recovery support services? (HHS Publication No. [SMA] 09-4454). Center for Substance Abuse Treatment, U.S. Department of Health and Human Services. <https://atforum.com/documents/PeerRecoverySupportServices.pdf>

<sup>5</sup> Brooklyn, J. R., & Sigmon, S. C. (2017). Vermont Hub-and-Spoke model of care for opioid use disorder: Development, implementation, and impact. Journal of addiction medicine, 11(4), 286–292. <https://doi.org/10.1097/ADM.0000000000000310>



“ (Our member organizations) also often share how much they appreciate us in our roles as care coordinators to connect clients/patients/members to MAT services and other resources. They have provided space when needed for those private conversations that we have with those we help. My interactions and connections with those at my sites have been positive.”

“ I work for both organizations, but I have the best of both worlds because I can utilize multiple resources/network connections through COSLAW to assist my clients and colleagues, and I am constantly learning about new resources, techniques, and opportunities that I can then pass along to the rest of the community.”

— CARE COORDINATORS

- Care coordinators are embedded in COSLAW member practices and transitions of care sites. Key ingredients include:
  - All providers working under a shared treatment philosophy so no matter where a member goes, they can be assured of a harm reduction approach.
  - Having point persons at each practice who can help orient and support care coordinators as they integrate into the practice. This might not always be leadership; it is often frontline staff.
  - Consistent follow through and follow up. Providers quickly see how care coordinators fill a needed gap in care and reduce workload on staff.
- Care coordinators serve as a primary point of contact for other staff involved in a member's care.

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