SB202 MSO Community Action Plan - SSPA Region 3

FOR STATE YEARS 2016-2018

AspenPointe Health Networks

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About AspenPointe Health Network

AspenPointe Health Network (AspenPointe), is one of Colorado's Managed Service Organizations. AspenPointe is responsible for providing a continuum of substance use disorder (SUD) services in the central part of Colorado. AspenPointe seeks to ensure a consistent level of quality and guarantee compliance with State and Federal requirements relating to SUD services offered. AspenPointe may choose to deliver these services by subcontracting with local providers who demonstrate competency, compliance with quality standards, and positive outcomes.

SSPA Region 3 (Region 3) consists of El Paso, Teller, Custer, Chaffee, Fremont, Park and Lake Counties. While the geographical area is large, the overwhelming percentage of residents reside in the El Paso County service area.

The regional map for Managed Service Organizations is known as Sub-State Planning Areas (SSPAs). There are seven SSPAs in Colorado:

- SSPA 1: Northeast Colorado (Signal)
- SSPA 2: Metro Denver (Signal)
- SSPA 3: Colorado Springs Area
- SSPA 4: Southeastern Colorado including San Luis Valley (Signal)
- SSPA 5: Northern Western Slope
- SSPA 6: Southern Western Slope
- SSPA 7: Boulder

About the Increasing Access to Effective Substance Use Disorder Services Act (SB16-202)

During the 2016 Colorado Legislative Session, the Increasing Access to Effective Substance Use Disorder Services Act was passed, directing and empowering Colorado's Substance Use Disorder Managed Service Organizations to perform several tasks:

1) Conduct a statewide needs assessment reviewing and identifying gaps in SUD services, including issues with capacity, access, and sustainability
2) Develop and refine community action plans, with intentions around addressing as many areas of priority as possible
3) Direct coordination, strategy, and funding towards as many of these areas as possible

The needs assessment is a previously completed reporting, outlining community feedback, gleaned from interviews, stakeholder meetings, surveys, and previous

research and needs assessments. Much of this report is based on that needs assessment. It can be found by visiting:

Community Action Plan Overview

The intent of this community action plan is to increase access to effective substance use disorder services; fulfilling this intent requires a continuum of substance use disorder services, including prevention, intervention, treatment, and recovery support services. For a community to increase access to effective substance use disorder services, there must be a roadmap to fill the most critical service gaps in each geographic region to create a basic continuum of care.

Substance Use Care Continuum

Enhancing Health	Primary Prevention	Early Intervention	Treatment	Recovery Support
Promoting optimum physical and mental health and well-being, free from substance misuse, through health communications and access to health care services, income and economic security, and workplace certainty.	Addressing individual and environmental risk factors for substance use through evidence-based programs, policies, and strategies.	Screening and detecting substance use problems at early stage and providing brief intervention, as needed.	Intervening through medication, counseling, and other supportive services to eliminate symptoms and achieve and maintain sobriety, physical, spiritual, and mental health and maximum functional ability. Levels of care include: • Outpatient services; • Intensive Outpatient/ Partial Hospitalization Services; • Residential/ Inpatient Services; and • Medically Managed Intensive Inpatient Services.	Removing barriers and providing supports to aid the long-term recovery process. Includes a range of social, educational, legal, and other services that facilitate recovery, wellness, and improved quality of life.

Figure 1: Source: U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC: HHS, November 2016.

Overall Action Plan Considerations

Action Plan Approach

The following action plan is structured around areas of priority, which are regarded as critical to provide an effective and efficient continuum of care. The ultimate strategic goal is for geographic areas to each have access to a complete continuum of care.

It should be noted as well, that while it is AspenPointe's intention to provide as complete a continuum as possible, a major limitation is total funding available, location and accessibility of providers capable of offering services, sufficient workforce, and other challenges. As the plan begins implementation, and further need for funding, resources, and other linkages become clearer, it will be important to see continued investment towards the goal of a fully-scaled Substance Use Disorder (SUD) service system to all residents of Colorado.

Critical gaps may include the need to expand and sustain existing services, as well as initiate new services. An absolute necessity is for each geographic area to have the ability to sustain the continuum that is created despite the challenges presented by geography—this includes services supported through other funding sources. It is important as new services are initiated to ensure there is equal emphasis on continuing to sustain essential existing services.

There are many SUD needs and gaps across Colorado. The magnitude of the gaps, addressed with finite resources, requires that there be prioritization in addressing those needs. AspenPointe has highlighted items of significant need and major gaps identified by stakeholders in various regions. Examining the totality of all the gaps identified in each of the regions, the objective is to prioritize items that form the basis for creating a continuum of care within each region. When there are many gaps it becomes a challenge to identify those that are critical and achievable. In AspenPointe's analysis, "critical" encompasses: essential, urgent, and greatest potential to enhance the regional continuum of care. A priority is achievable when available funding, capable providers, and other needed resources (such as workforce) coalesce. While all regions share many of the needs and gaps, some gaps are a greater challenge in one region than another. The stakeholder assessment highlights several issues key to providing access to effective substance use disorder services across geographic regions.

Areas of Priority to Create a Continuum of Care

It is AspenPointe's intention to sustain existing capacity and services while systematically filling gaps in services in a way that creates sustainability for the continuum of care in each geographic area. To fill gaps in the substance use conditions service system, it is necessary to address some key barriers to access and sustainability. There are challenges regarding: delivering services in rural areas; overall workforce sufficiency, capability and competency; expanded comprehensive case

management; and recovery supports. While there are challenges across the state, the creation and sustainability of the continuum of care is most challenging in rural areas. These challenges include maintaining a stable specialty workforce, a dispersed population, many times a lack of economies of scale, reasonable access, etc.

Addressing Gaps in the Continuum

Community-based prevention services need to be both primary and secondary prevention in nature. They need to have an emphasis upon youth, which includes reducing rates of use across many substances, postponing age of initiation, and enhancing overall risk reduction. Prevention services also need to target minimizing harm and stopping deaths from opioids, other drugs, and alcohol. It is expected prevention would focus upon not only overdose reduction but also upon reversal strategies in communities. This would include the widespread community availability of Narcan.

Detoxification services must include both intoxication management and Withdrawal Management, and at the minimum provide ASAM Level 3.2-WM, Clinically Managed Residential Withdrawal Management. Narcan should be available at every detoxification unit. In addition, every detoxification unit should include attached/affiliated comprehensive community-based case/care management appropriate for high utilizers of detoxification units, as well as for persons under emergency and involuntary civil commitment. Detoxification units are often the initial point of access for individuals with substance use conditions. It is important to view this initial access as an opportunity to begin engagement of individuals, provide motivational enhancement, and link people to case management. While “detoxification” is a lay term, and withdrawal and intoxication management are ASAM professional terms for major services provided in detoxification units, it’s important to note laypersons will be looking for services labeled detoxification.

All treatment services must be managed so there is varying intensity, dose, and duration of treatment services. “One-size-fits-all” is inappropriate. Effective transitions must be implemented between levels of care, and if needed between different providers. Comprehensive case/care management, including system navigation should be routinely provided across all treatment modalities. There need to be treatment transitions to recovery support that includes supportive housing services, and access to primary medical care that has sophistication regarding substance use conditions. Where possible it is important to have a level of integration with primary care providers, as well as ensuring a level of continuous education for primary care regarding substance use disorders, and education for behavioral health staff regarding primary care. Bi-directional linkages throughout the service continuum are essential. It is desirable to expand specialty services which provide individual and overall health improvement (e.g., women’s specific services).

As with all healthcare, it is essential care be evidence-based with utilization of best practices. The provision of substance use disorder services needs to include medication assisted treatment, trauma informed care, and technology solutions that increase access. Organizations philosophically opposed to medication assisted treatment will not be provided funds.

There are services for which there is the need for additional access. There are services for diverse populations that need to be enhanced across the entire state. For example, while in the majority, women have treatment needs that are specific and different from those of men and need to be routinely addressed. There is a need for additional women's specific services. In addition, for pregnant and parenting women with substance use disorder, access to services with prenatal and pediatric enhancements is meager across the state. For pregnant women at or below 195% of the federal poverty level, Medicaid currently funds many of the essential substance use disorder services including comprehensive care management, various levels of treatment services, as well as necessary prenatal and postnatal medical services. "Special Connections" provides residential treatment for pregnant women, along with comprehensive case management. The reimbursement rate for Special Connections is inadequate to meet the costs of providing the services; an appropriate rate should be provided by Medicaid. SB 202 resources could be used to provide additional wraparound and care management services if needed. There is a need for startup resources to expand geographic availability and access. In addition, women above 195% of the federal poverty level require financial assistance for such services.

One key area that should be highlighted in every region is that there is clearly a significant opioid problem that includes both prescription drugs and illicit drugs. In the regional prioritization of gaps, the "opioid crisis" has been identified. It is important to note, regarding the opioid crisis, that specific opioid funds are coming to the state of Colorado because of the federal 21st Century Cures Act. It is anticipated that these funds will be used to address issues related to the opioid epidemic.

Crises around specific drugs arise from time to time; they are symptomatic of the insufficiencies and gaps in prevention and treatment of substance use conditions. While the resources from the 21st Century Cures Act are specifically addressing the opioid crisis, the impact of SB 202 resources should be creating a better foundation for the substance use disorder services system to more effectively utilize opioid crisis funds and holistically address the impact of the crisis. As stated at the outset of this plan, the goal in each geographic region is to create a continuum of care that eventually will be sufficiently robust to address drug crises as they arise.

AspenPointe Priority Areas

AspenPointe has used the following categories as the high-level template for areas of focus within geographic regions. The section below, entitled "Implementation Elements to Create a Continuum" provides additional detail. It's important to note that any implementation will be incremental and targeted at a limited number of areas for which

there are sufficient funds to create an adequate response. Not every priority will be met in every geographic area, due to finite funding, shortage of capable providers, and constraints in workforce and other resources.

AspenPointe has selected core services for the first round of improvements. This means focusing on those services from a regional view that are needed to create the foundation for a continuum of care and create a firm basis for the short-term and long-term enhancement of the continuum care in a specific region. These areas are

- Sustaining and Expanding Residential Services
- Sustaining and Expanding Detox Services
- Sustainable and Geographically Accessible Rural Detox
- Sustainable and Geographically Accessible Rural Outpatient
- Treatment Transitions to Recovery
- Supportive Housing Services
- Workforce Sufficiency and Capability/Competency
- MAT Expansion and Education
- Prevention - Primary and Secondary
- Outreach, Case/Care Management, System Navigation
- Specialty services which provide individual and overall health improvement (e.g., women's specific care)
- Integration with and Education for Primary Care
- Opioid and other drug/alcohol crisis management

Implementation Elements to Create a Continuum

Sustaining and Expanding Residential Services

Residential substance use disorder (SUD) treatment can be viewed as the equivalent of inpatient rehabilitation services for other severe illnesses. "Residential" in this use should not be thought of as "housing." It is a 24/7 treatment environment that can vary in duration, intensity, and dose of treatment. There are levels of SUD residential treatment that range from: acute stabilization to intensive rehabilitation to transitional care.

> "Effective treatment attends to multiple needs of the individual, not just his or her drug abuse. To be effective, treatment must address the individual's drug abuse and any associated medical, psychological, social, vocational, and legal problems. It is also important that treatment be appropriate to the individual's age, gender, ethnicity, and culture."
>
> *NIDA 2012 Principles of Drug Addiction Treatment: A Research Based Guide*

Items of note to integrate into the continuum:

- residential treatment services of varying intensity, dose, and duration
- effective transitions from one level of care to another
- effective linkages with other community resources
- utilization of evidence-based and best practices, including use of medication assisted treatment for those with substance use conditions, as well as technology solutions that increase access.
- Ensuring existing programs are sustainable and can be expanded as needed

Sustaining and Expanding Detoxification Services

American Society of Addiction Medicine (ASAM) Level 3-WM is Residential/Inpatient Withdrawal Management. What has commonly been called “social detoxification” in Colorado, is ASAM Level 3.2-WM, Clinically Managed Residential Withdrawal Management. ASAM Level 3.7-WM, Medically Monitored Inpatient Withdrawal Management has a higher involvement of medical professionals, and most frequently would be found in a freestanding Withdrawal Management center. Detoxification units are “urgent care” settings that provide: intoxication management; Withdrawal Management; assessment; brief intervention; Naloxone/Narcan for opioid overdose reversal; comprehensive case management (including outreach) attached to and integrated with the detoxification unit; coordination and collaboration with other health care providers including primary care and crisis/emergency services.

Items of note to integrate into the continuum:

- Detoxification services must include both intoxication management and Withdrawal Management
- attached comprehensive community-based case/care management and outreach appropriate for high utilizers of detoxification units, as well as for persons under emergency and involuntary civil commitment.
- effective transitions from one level of care to another
- prevention services targeted at minimizing harm and stopping deaths from opiates, and other substances
- effective linkages with other community resources
- utilization of evidence-based and best practices, including use of medication assisted treatment for those with substance use conditions, as well as technology solutions that increase access.
- initiation of, and linkage to, MAT as a priority

Sustainable and Geographically Accessible Rural Detox

Rural detoxification units have the same challenges as urban units, coupled with challenges around economies of scale, geographic distance, professional workforce shortages that tend to be greater than urban areas. Additionally, service billing is insufficient to sustain a rural or frontier clinic, therefore offsetting support funds must

exist to target these areas and ensure outpatient services are available to all Coloradoans.

Sustainable and Geographically Accessible Rural Outpatient

Outpatient treatment settings are familiar to many folks. Primary medical care occurs in clinics, as do outpatient SUD treatment services. Just like residential treatment services, outpatient treatment services can vary in intensity, dose, and duration. Treatment may occur in individual sessions (1 to 1), or in small groups. Treatment can range from 20 hours a week, to three times a week, to once a week, to once a month. Treatment which is 20 or more hours a week may be referred to as “day treatment.” Treatment occurring three hours a day for three days a week may be referred to as “intensive outpatient.” Follow-up appointments, often referred to as continuing care, may occur monthly or less frequently.

Items of note to integrate into the continuum:

- outpatient treatment services of varying intensity, dose, and duration
- recovery support, including safe and supportive housing services, and access to primary care with sophistication regarding substance use conditions
- service billing is insufficient to sustain a rural or frontier clinic, therefore off-setting support funds must exist to target these areas and ensure outpatient services are available to all Coloradoans

Treatment Transitions to Recovery

Recovery can be thought of as self-management of a long-term and chronic illness. All chronic illnesses require an individual to manage those illnesses on an ongoing basis to prevent the return of symptoms and enhance wellness. Examples include individuals with diabetes, hypertension, asthma. Persons with chronic illnesses, including SUD, actively manage those illnesses to enhance the quality of their life. They often do this in partnership with health professionals, with engagement in a support group, and within a supportive environment.

Items of note to integrate into the continuum:

- recovery support, including safe and supportive housing services
- access to primary care with knowledge and expertise regarding substance use conditions
- support of others with lived experience, often in a way that provides mutual assistance
- employment of recovery coaches attached to treatment facilities

Workforce Sufficiency and Capability/Competency

There is a significant shortage of behavioral health professionals in Colorado, and across the nation. This is particularly challenging in rural and frontier areas. Many health training programs have limited education regarding substance use conditions, which means those with substance use disorder sophistication are relatively rare. There are

multiple approaches to increase the numbers of professionals. Organizations within Colorado compete collaboratively at a national level for qualified professionals.

Items of note to integrate into the continuum:

- consider the array of incentives used in other health shortage areas (e.g., loan forgiveness, sign-on incentives, enhance salaries and benefits, etc.)
- restructure treatment teams in such a way as to leverage professional time
- use peer coaches and recovery mentors
- use technology (e.g., telehealth, smart phone capability, etc.)

Medication Assisted Treatment (MAT) Expansion and Education

The number of medications that are FDA approved for treatment of substance use disorders has grown over the past few decades. The broad use of these medications by practitioners has developed slowly. Reasons for this slow development include: inability to pay for the medications, practitioner discomfort with the regulations regarding use of certain medications for SUD, and lack of information about the efficacy and administration of such medications.

Items of note to integrate into the continuum:

- Medication assisted treatment needs to be expanded, particularly with opioid replacement drugs such as buprenorphine, and relapse prevention drugs such as extended-release naltrexone
- Review and expansion of payment methodology for FDA approved medications for treatment of substance use disorder
- assistance to providers and provider organizations regarding buprenorphine certification and applications for physician waivers, as well as certification of nurse practitioners (NPs) and physician assistants (PAs) to prescribe buprenorphine
- expansion of the use in primary care clinics of oral and injectable extended-release naltrexone for persons in treatment for opioid and alcohol disorders

Prevention

Prevention may emphasize services that are both primary prevention and early intervention. An objective of primary prevention is to prevent or reduce the risk of developing substance use problems. It may target prescription drug misuse, underage alcohol or marijuana use, illicit drug use, postponing age of initiation, and reducing rates of use across many substances; all prior to the development of a substance use disorder. Strategies may be focused on reducing individual risk, or community level risk reduction. Community level strategies may include impacting policies, attitudes, and community norms. Early intervention focuses upon identifying and assisting individuals early in the development of substance use conditions to prevent development of more severe disorders.

Items of note to integrate into the continuum:

- Implementation of multiple prevention approaches is essential
- prevention services targeted at minimizing harm and stopping deaths from opiates, and other substances
- focus upon not only overdose reduction but also upon reversal strategies in communities. This would include the widespread community availability of Narcan

Outreach, Case and/or Care Management

Outreach to individuals takes several forms, including comprehensive case management, and system navigation. The function of this in the general health system has been performed by community health workers.

Items of note to integrate into the continuum:

- System navigation
- Population campaigns
- comprehensive case management includes active outreach into the community, as well as one-to-one work with affected individuals in the community itself
- assertive community treatment

Specialty Services to Provide Individual and Overall Health Improvement

There are a variety of specialty services available to address the needs of segments of the population (e.g., persons so severely ill they require some involuntarily treatment, individuals using inhalants, persons with multiple complex clinical needs). Those individuals may require enhanced case management, coordination of care with multiple health providers, unique interventions, etc.

Treatment sensitive and tailored to that diversity is important to increase positive health outcomes. Some of that diversity is present in a large portion of our population. For example, women experience a variety of complications from substance use disorders that require extra attention in treatment. For example, “Women are more likely to have chronic pain, then prescribed prescription pain relievers, be given higher doses, and use them for longer time periods than men. Women may become dependent on prescription pain relievers more quickly than men.” [American Society of Addiction Medicine, “Opioid Addiction 2016 Facts & Figures”]. Women also are more likely than men to be single parents of households where there are dependent children. When women experience substance use disorders, they require specially services that address their unique needs. It is important for women with dependent children, to have access ability to treatment to her and her children as a family unit.

Items of note to integrate into the continuum:

- utilization of evidence-based and best practices
- collaborative services with primary care and/or specialty medical providers

- case management and system navigation to assist individuals access to services and support they need
- alcohol and drug-free housing

Primary Care SUD Integration and Education

Medical, nursing, and other health and behavioral health professionals have had limited education and training with regard to substance use disorder. Integration of behavioral health, SUD, and primary services necessitates bidirectional workforces. Education needs to be made available to enhance the specific workforce. Primary care is in a position to identify developing substance use conditions, as well as provide continuing care to individuals who are in recovery from substance use disorders. “Integration” refers to having substance use specialty behavioral health providers available in primary care practices, as well as having primary care services delivered in specialty SUD treatment settings.

Items of note to integrate into the continuum:

- utilization of evidence-based and best practices, including use of medication assisted treatment for those with substance use conditions, as well as technology solutions that increase access.
- Training and CME events regarding substance use conditions for primary care, and training regarding primary care for SUD providers

Opioid and Other Drug/Alcohol Crisis Management

Opioids are a group of drugs that include illicit drugs, such as heroin, and prescription drugs used for pain relief, such as Vicodin, codeine, morphine, OxyContin, fentanyl, and others. In the last few years, overdose deaths from prescription and illicit opioids have more than quadrupled. Fatal overdoses exceed deaths from shootings and fatal traffic accidents. “Drug overdose is the leading cause of accidental death in the US, with 52,404 lethal drug overdoses in 2015. Opioid addiction is driving this epidemic, with 20,101 overdose deaths related to prescription pain relievers, and 12,990 overdose deaths related to heroin in 2015.” [American Society of Addiction Medicine, “Opioid Addiction 2016 Facts & Figures”] This in essence is the opioid crisis.

The resources from the 21st Century Cures Act are seen as specifically addressing the opioid crisis; the impact of SB 202 resources should be seen as creating a better foundation for the substance use disorder services system to more effectively utilize opioid crisis funds and holistically address the impact of the crisis.

- The objective in each geographic region is to create a continuum of care that eventually will be sufficiently robust to address drug crises as they arise
- Medication assisted treatment needs to be expanded, particularly with opioid replacement drugs such as buprenorphine, and relapse prevention drugs such as extended-release naltrexone.
- Community-based prevention services need to be both primary and secondary prevention in nature. They need to have an emphasis upon youth, which includes

reducing rates of use across many substances, postponing age of initiation, and overall risk reduction.

- Prevention services also need to target minimizing harm and stopping deaths from opioid, other drugs, and alcohol.
- Prevention would focus upon not only overdose reduction but also upon reversal strategies in communities. This would include the widespread community availability of Narcan.

Regional Needs & Priorities

Region 3 Targeted Priorities

Region 3's SUD stakeholders identified Withdrawal Management, Residential Services and Supportive Housing as primary areas of concern. It is those services which AspenPointe intends to more proactively target during this 24-month timeframe. These categories have been historically underfunded, leading to severe capacity issues and subsequently, substandard client outcomes. What follows are AspenPointe's planned efforts to implement sustainable improvements to those programs.

- **Sustaining and Expanding Detox Services**

SSPA 3 continues to be faced with challenges in providing a comprehensive Withdrawal Management level of care for a seven-county region. To improve the care to those who access Withdrawal Management services, two areas are key. The two main areas include Withdrawal Management services themselves and linkages to and availability for ongoing services following discharge.

Utilizing SB 202 funds, during Fiscal Year 2018 AspenPointe will begin exploring the possibilities of adding a medical component to the current Withdrawal Management facility. This would lessen the burden of providing medical screening through hospital emergency rooms. AspenPointe will also explore the possibility of adding a limited Withdrawal Management facility in a rural location elsewhere in the region. Finally, AspenPointe will examine other methodologies to improve transportation from rural locations to the Colorado Springs facility. Measurable gains will be possible only with cooperation from AspenPointe's Withdrawal Management partners and stakeholders.

- **Sustaining and Expanding Residential Services**

Effective residential treatment includes individual and group therapy, transportation, transitional housing, vocational assistance, and daily living skills training. A shortage of residential beds plagues Region 3. AspenPointe, as a Managed Service Organization, is forced to contract with providers in other regions for this service.

The scarcity of alternative funding sources is perhaps the largest barrier to those seeking services. Poor reimbursement rates from existing funders exacerbates the problem. Over the next 2 years, AspenPointe will utilize SB 202 funds to incrementally

expand Region 3 residential service capacity and the quality of services delivered within the region.

- **Sustaining and Expanding Supportive Housing Services**

AspenPointe will target supportive sober housing with the goal of increasing housing resources for those with substance use disorders. In-house recovery support services, can aid individuals in their long-term recovery, providing potential for cost savings and decreased risk of relapse. AspenPointe's experience working in the supportive housing realm, as part of participation in the 7-year Access to Recovery (ATR) grant will benefit the process.

Region 3 sorely lacks outpatient follow-up, after-care, and sober living beds and other transitional support services. There are inadequate transportation, supportive housing, and reintegration options. Working with existing supportive housing providers, and leveraging community relationships will be imperative. Many providers complement housing options with other recovery supports, such as life skills, employment coaching, and other transitional supports within the residence. AspenPointe hopes to use SB 202 funds to incrementally increase supportive housing beds and improve the quantity and quality of other wraparound supports.

With respect to AspenPointe's top three priority areas, the ability to expand and continually finance that growth is vital. Inadequate funding could equate to an ostensible threat to sustainability, and thus may impact the prioritization of SB 202 fund usage during these early years. Expanding service capacity in each of these arenas typically requires substantial resources and varied degrees of upfront/fixed investment. Without some guarantee of judicious and continuous revenue flows, be they from SB 202 origin or alternative sources, the risks associated with large infrastructure investments may rise exponentially.

Other Region 3 SUD Stakeholder Focus Areas

The remaining, if not all-inclusive list of crucial funding objectives are:

- **Transportation to and from treatment and recovery-oriented programs**
  Sparsely populated areas inherently create care-continuum challenges. Making transportation readily available and bringing clients to their services is often the easiest and most affordable alternative. Region 3 stakeholders also posed mobile clinical treatment as a plausible choice.
- **Workforce: retention and training**
  Hiring incentives, affordable clinical education, motivational training, and retention bonuses are a few strategic methods of locating and sustaining a viable labor force.
- **Treatment transitions to recovery**
  Making the full continuum of services available under a single roof, in as much as possible, is the surest way of maintaining strong client engagement.

- **MAT Expansion and Education**
  Improve access to prescribing physicians.

- **Prevention Options**
  Making the generational transition from treatment and recovery to more preventative, cost-effective strategies are vital. AspenPointe visualizes in-school SUD awareness programs as mandatory in adolescent curriculums.

- **Specialty services which provide individual and overall health improvement (e.g., women's specific care)**
- Expand the access of specialty services which address the unique needs of women. Improve the continuum to focus treating women with dependent children as a family unit.

- **Opioid and other drug/alcohol crisis management**
  Emphasis on "opioid" here, as Region 3's catchment area covers a part of Colorado where abuse is widespread.

Implementation Timeline

Implementation framework for initial enhancement of services includes:

I. As informed by the Statewide Community Assessment Plan, assessment surveys and meetings, and staged request-for-proposals to community stakeholders (for FY 17 SB 202 funds), AspenPointe has made preliminary needs determinations in this report.
II. AspenPointe will target the most attainable priorities in this action plan starting March 2017 and continuing through June 2018 upon which time AspenPointe will reassess and update the plan intermittently, or as needed. These targeted areas may include services already funded during the initial period of SB202 funding that began August 2016.
III. AspenPointe will continue to work collaboratively with selected providers to develop robust proposals targeted towards gaps identified in this document, and to develop implementation plans and monitor performance.
IV. AspenPointe will design a communication plan to ensure key stakeholders are informed as to the progress of this initiative, by July 2017.

The SB202 Community Action Plan is intended to be an iterative process, where community needs are continually reviewed and reprioritized. AspenPointe will continue to reevaluate and update the action plan based on ongoing community assessments of needs. An updated plan will be released no later than September 2018.