SB202 Boulder County MSO Community Action Plan

FOR STATE YEARS 2016-2018

About SSPA Region 7, Boulder County

The Managed Service Organization (MSO) for Boulder County, is administered through Mental Health Partners (MHP). MHP is responsible for providing a continuum of substance use disorder (SUD) services for Boulder County. Additionally, MHP seeks to ensure a consistent level of quality and ensure compliance with State and Federal requirements relating to services offered. MHP may choose to deliver these services by subcontracting with local providers who demonstrate competency providers who demonstrate competency, compliance with quality standards, and positive outcomes.

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 County

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:

http://www.cbhc.org/wp-content/uploads/2017/02/SB202-SUD-final-1.pdf

Readers of this action plan are encouraged to review that report in its entirety to allow for context and support for the initiatives targeted in this plan.

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. In order 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

Access, effectiveness, and efficiency are interdependent goals. Services that are available can be highly effective, but if there is difficult or limited access to those services, the value of those services is diminished. If there is immediate access to services that are ineffective, the value of those services to communities is diminished. It is essential that services be delivered in an efficient continuum of care that allows for the correct dose, intensity, and duration of services.

Several examples can be given: detox services in rural areas need to be scaled and supported for efficient low-volume use; rural outpatient services need to be available within a reasonable distance; outpatient services, no matter where provided, need to have strong, integrated transitions to recovery support services; prevention services need to be targeted to reduce risk, as well focus on community

health. It is clear that access to effective substance use disorder services provides significant improvement to individual and community health outcomes.

While there is a universal desire for everyone to be able to access services regardless of ability to pay, it should be noted there really are no "free" services. There is a cost to all services. If there is not access to affordable or subsidized SUD services for those without ability to pay, those persons normally end up in the most expensive care settings (emergency services units). By the time those persons end up in expensive care settings, the conditions from which they are suffering tend to be more severe and more chronic.

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 the Boulder County MSO'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 ultimate 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. Boulder County's MSO 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 our 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 a number of 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 MHP'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. 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. In particular, 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.

In order 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 with regard to: delivering services in rural areas; overall workforce sufficiency, capability and competency; expanded comprehensive case management; and recovery supports.

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, with regard to the opioid crisis, that specific opioid

funds are coming to the state of Colorado as a result of the federal 21st Century Cures Act. It is anticipated that these funds will be used to address issues related to the opioid epidemic. In generating solutions to be funded via SB 202 funds, there has been the assumption that the Cures Act funds will be available to address gaps related specifically to the opioid crisis. SB 202 funds could be used supportively to address other areas of need relating to the opioid crisis.

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 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 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.

Boulder County MSO Priority Areas

The Boulder County MSO has used the following categories as a "shorthand template" for areas of focus within geographic regions. The "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.

The Boulder County MSO 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
- 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

- 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 actually 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 freestanding or in a hospital-based inpatient unit. 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

- 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

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 severe diabetes, severe hypertension, severe asthma. Persons with chronic illnesses, including SUD, actively manage those illnesses to enhance the quality of their life. They often do this in relationship to health professionals, with engagement in a support group, and within a supportive environment.

- recovery support, including safe and supportive housing services
- access to primary care with sophistication 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. 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 efforts to increase the numbers of professionals. Organizations within Colorado compete collaboratively at a national level for qualified professionals

- 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.

- 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 of oral naltrexone and Vivitrol 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.

- 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.

- 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 in order 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. Bidirectional integration of behavioral health SUD and primary care services necessitates bidirectional of both workforces. 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.

- 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.

Region 7
Boulder
Boulder County

NEEDS/GAPS

- Workforce: Shortages of providers, training in medication assistance, certifications
- Treatment within the criminal justice system
- Transitional programs and services, including people leaving criminal justice system
- Focus on harm reduction
- Case/care management, system navigation
- Prevention: SBIRT, stigma, early intervention, screening
- Detox services/facilities with a medical component
- Better information and data sharing
- Continuum of residential treatment (short-, mid-, and long- term) and transitional residential services
- More flexibility and nimbleness in state and local funds to better meet community needs
- Continuum of housing options
- Transportation to and from treatment and recovery-oriented programs
- Workforce development programs
- Crisis stabilization services available 24/7
- Public education, communication, partnerships (including faith community) to increase awareness of resources available
- Agency alignment of funding, administration, rules

PRIORITIES *for* FUNDING

- Detox services/facilities with a medical component
- More flexibility and nimbleness in state and local funds to better meet community needs
- Prevention
- Transitional programs and services, including people leaving criminal justice system
- Public education, communication, partnerships (including faith community) to increase awareness of resources available
- Better information and data sharing
- Continuum of housing options
- Focus on harm reduction

REGION 7

Projections of substance use disorder service needs in Region 7 through 2025 are not significantly different than the state. Substance abuse has been identified by the county public health department and hospitals in Boulder county as a priority. In Longmont, the emergency room often serves as the primary access point for behavioral health issues. In addition, substance abuse is the leading cause of inpatient admission in the Emergency Department for patients ages 35-49, and alcohol/substance abuse is the second highest diagnosis for patients ages 35-49 (25%) and ages 50-64 (19%). The need for expanded, improved, accessible, and timely substance use disorder services is recognized.

Prevention

Prevention was identified as a key priority for tackling substance use disorder issues in Region 7. Areas of concern include reducing substance use, improving early detection and health promotion by reducing the stigma of substance use disorder/behavioral health issues, increasing counseling and prevention programs in schools, teaching coping and stress reduction skills during childhood, and increasing housing support programs to decrease homelessness.

Treatment

There is a recognized need for additional inpatient services. There are no Intensive Residential Treatment programs and only 6 beds in a Transitional Residential Treatment program for Region 7. All other IRT services are contracted out with other MSO's.

Continuum of Care

There are identified challenges in Region 7 with core coordination with substance use disorder services. Issues that have been identified include high incarceration rates when substance use disorder treatment is more appropriate, challenges in capacity for first responders to assess for substance use disorder issues and make appropriate referrals, and lack of systematic process to connect those with acute issues to appropriate services. A lack of integration of substance use disorder services with primary care has also been identified as an area of concern.

Workforce

Workforce concerns include a lack of doctors, substance abuse counselors, and other providers to meet need for treatment. There is also a shortage of specialized providers in the region.

Cost

The costs of substance use disorder services in Region 7 are seen as high, and there is a need for more affordable options when insurance coverage is insufficient.

In list form, the areas of priority are, with key or core regional services highlighted:

1. Sustaining and Expanding Residential Services
2. **Sustaining and Expanding Detox Withdrawal Management Services**
3. **Treatment transitions to Recovery**
4. **Supportive Housing Services**
5. **Workforce Sufficiency and Capability/Competency**
6. **MAT Expansion and Education**
7. Prevention - Primary and Secondary

8. **Case or care management, system navigation**
9. Specialty services which provide individual and overall health improvement (e.g., women's specific care)
10. SUD Integration with, and Education for, Primary Care
11. **Opioid and other drug/alcohol crisis management**

Implementation Timeline

Implementation framework for initial enhancement of services includes:

Step	Timeline Item
1	The Boulder County MSO will design an action plan with the input provided through the assessment and survey process. MHP will define priorities and the ranking of priorities in terms of implementation March 2017 (this document).
2	The Boulder County MSO will target the priorities in this action plan starting March 2017 and continuing through June 2018 upon which time the Boulder County MSO will reassess and update the plan as needed.
3	Modified RFA (Request for Application) for any external providers will begin being issued April 15 and continue to be issued as additional funding becomes available for essential services in each region by April 30, 2017. Internal MHP program enhancements will be described via Statements of Work with associated budgets.
4	The Boulder County MSO will begin select services to be funded no later than May 15, 2017, and will continue as funding is available beyond that date.
5	The Boulder County MSO will work with selected providers to develop implementation plans and begin execution of those plans no later than June 1, 2017 and thereafter.
6	Future gap reduction will be blended with the immediate sustaining and expansion of detoxification, residential treatment, enhancements of outpatient services, case management, MAT, workforce starting in March 2017.
7	The Boulder County MSO will design a communication plan to ensure key stakeholders are informed about what's happening in terms of expanded services being funded through SB 202 dollars
8	Detoxification/Withdrawal Management, residential, outpatient, and other enhancement service pilots will be designed as a means to create iterative innovation and implementation starting in May 2017.

The SB202 Community Action Plan is intended to be an iterative process, where community needs are continually reviewed and prioritized.

The Boulder County MSO will continue to reevaluate and update of the action plan action plan based on continuing community assessments of needs for SSPA 7. An updated plan will be released no later than July 2018.