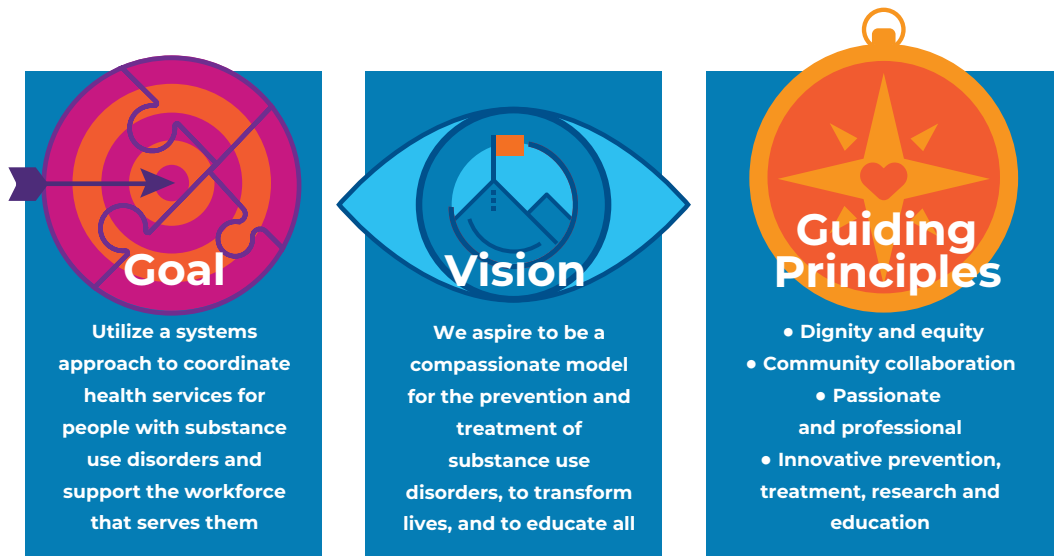




CENTER FOR ADDICTION MEDICINE (CAM)

2025 ANNUAL REPORT



At the Center for Addiction Medicine, every door is an opportunity. Doors open to hope. Doors lead to new beginnings. There are no wrong doors.

To meet people where they are with the care they need, the Center for Addiction Medicine created a **Hub and Spoke Model** of care that ensures there is no wrong door to seek substance use treatment and support at Denver Health.

Center for Addiction Medicine Hub & Spoke Model

- 🔍 Identification/Diagnosis
- 💊 Medication Assisted Treatment (MAT) Induction
- 📄 Outpatient Behavioral Health Services Intake
- 📞 Referral
- 🧠 Treatment
- 🛡️ MAT Maintenance

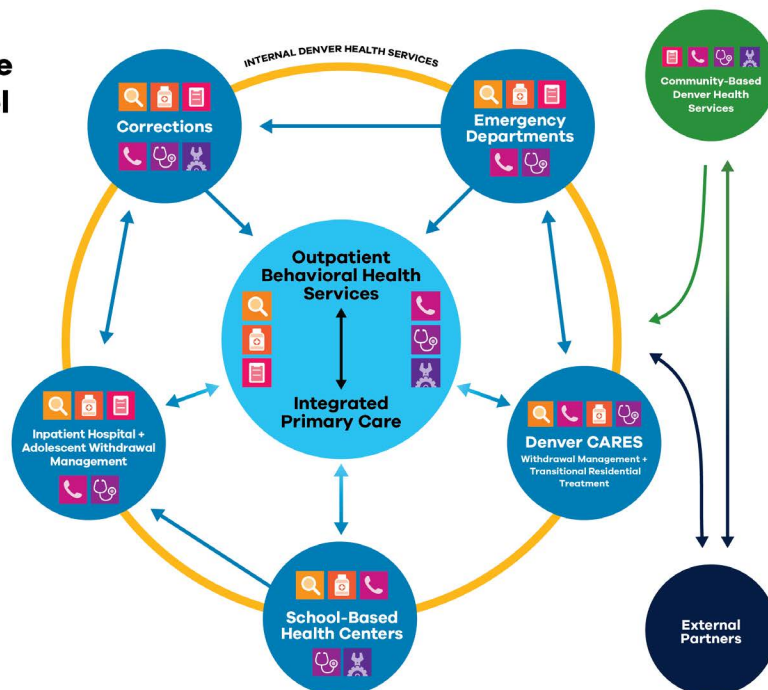


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HELLO FROM CAM'S DIRECTORS

We're thrilled to share that 2025 marked the first year of CAM's new five-year strategic plan (2025-2029) — and what a way to begin. Building on the foundation we established over our first five years, this year was about putting our updated vision into action, guided by a team of passionate and skilled leaders whose unique expertise continues to strengthen every aspect of CAM's work.

This year, we added a seventh strategy area — Familiarity and Value — to increase recognition of CAM's role and impact within Denver Health and across the community. This addition reflects our growing understanding that the work itself is only as powerful as the awareness and partnerships that sustain it.

In 2025, our CAM leaders came together for our annual planning retreat to evaluate our efforts, update our strategy and chart our course for 2026. This year we welcomed three new leaders: Andrea Bailey, Alma Mireles-Monsivais and Zach Scott. The CAM Leadership Team is a testament to the power of bringing together individuals with diverse expertise — clinicians, researchers, data analysts, community engagement specialists, educators and public health professionals — all united by a shared commitment to improving outcomes for people affected by substance use disorders. It is this collective strength that drives CAM's ability to innovate across so many areas simultaneously, from transforming diagnostic language in the electronic health record to conducting system-wide quality improvement efforts, to training providers across the state and beyond.



At CAM, we also take the time to recognize our achievements and partners. Our report cover photo is from our mid-year celebration, where each CAM Champion was recognized for their contributions. These moments of recognition remind us that behind every data point and initiative are the dedicated people who make this work possible.

As you read through this report, you'll see our seven strategy areas in action — each one reflecting the collaboration, innovation and community-centered approach that defines CAM. Before we dive into those strategies, we want to share some high-level achievements of CAM and Denver Health's clinical substance treatment services for 2025.

We are grateful to our partners, philanthropic donors, grantors, and every CAM Champion who continues to support this powerful work. We look forward to another year of growth and impact together.



JUDITH C. SHLAY, MD, MSPH
Associate Director, Public Health Institute at Denver Health;
Medical Director, Center For Addiction Medicine



BROOKE BENDER, MPH
Administrative Director, Center For Addiction Medicine

EXECUTIVE SUMMARY

In 2025, the Center for Addiction Medicine (CAM) launched the first year of its new five-year strategic plan (2025–2029), expanding from six to seven strategy areas with the addition of Familiarity and Value. Key achievements included:

- **Embedding Anti-Stigma Efforts into Clinical Systems:** Moving beyond education by launching a Words Matter preference list within Epic (electronic health record) and an ICD-10 clinical diagnosis guide, creating healthcare system-level tools that reduce stigmatizing language at the point of care
- **Strengthening Cross-Departmental Care Coordination:** Finalizing the ED-to-OBHS workflow and reducing ED length of stay by 2 hours for patients undergoing methadone initiation
- **Diversifying Funding Sources:** Securing nearly \$500,000 from eight different types of investment, including grants, philanthropy and CAM Academy revenue
- **National Recognition as a Learning Health System:** [Publishing a foundational paper in the journal Learning Health Systems, positioning CAM as a model for substance use disorder care nationwide](#)
- **Expanding Regional Education:** Reaching over 1,700 participants through 51 CAM Academy offerings, with plans to expand into Missouri and Utah
- **Deepening Community Engagement:** Engaging 81 individuals with lived expertise who contributed nearly 500 service hours to inform and improve CAM programming, including a new focus on engaging the Spanish-speaking population
- **Growing Visibility and Value:** Hosting high-profile events including the Attorney General’s press conference and site visits for America’s Essential Hospitals and the Institute for Healthcare Improvement, while the [Stories in Black and White Campaign](#) was exhibited at eight events across the community

CAM’s seven key strategy areas each made important contributions to advancing CAM’s mission in 2025

Across our seven strategy areas, we have created meaningful progress in how substance use disorders (SUD) are understood, treated and supported throughout Denver Health and beyond.

Inclusive and Compassionate Care

We reached **256 unique individuals** through nine Words Matter presentations in 2025, resulting in **197 staff pledging to use less stigmatizing language**. Building on the educational campaign, CAM developed a clinician-facing ICD-10 guide and launched a Words Matter preference list in Epic. Early data show a **30% increase in use of recommended diagnosis terminology** and a **10% decrease in stigmatizing terminology** since the preference list went live.

Full Continuum of Care:

Fifty percent of 776 SUD referrals from the Substance Treatment Line resulted in a completed intake or visit. The CAM Continuum of Care workgroup finalized a comprehensive ED-to-OBHS workflow, and collaborative quality improvement **reduced ED length of stay by 2 hours** for patients undergoing methadone initiation. Across ED locations, there were **400 total medications for opioid use disorder (MOUD) initiations** — 173 methadone and 227 buprenorphine — with 50% of patients linked to outpatient care.

Fiscal Growth and Financial Partnership:

CAM secured nearly **\$500,000 in funding from eight different types of investments**, including grants, philanthropy and revenue generated by CAM Academy. Highlights include two additional years of Caring for Denver funding for the Sobriety House intensive residential treatment bed lease program and infrastructure built to understand naloxone distribution efforts across the Denver Health system supported by America's Essential Hospitals.

Knowledge Management

[CAM published a foundational paper in Learning Health Systems](#), highlighting CAM as a model learning health system for substance use disorder care. The team held **15 CAM research hub meetings** with collaborators from across Denver Health and partner institutions, [published a peer-reviewed manuscript on methods for identifying methamphetamine use in electronic health record data](#) and implemented standardized quality assurance processes for substance use data across the system.

CAM Academy

Through **51 offerings** — including courses, presentations and speaker engagements — CAM Academy reached **1,706 participants** in 2025. The team completed the [Colorado Opioid Model to Advance Treatment \(CO-MAT\) project](#), releasing a statewide hub and spoke toolkit and ROAC report while providing technical assistance to correctional care facilities across Colorado.

Community Voice

A total of **81 individuals engaged** through CAM Community Advisory Meetings (CAM CAM), contributed **498 service hours** to inform and improve Denver Health's substance use-related initiatives in 2025. The majority (98%) of participants indicated that CAM programs and services are reflective of their experiences and needs, and indicated that CAM valued their expertise (98%). All internal partners who sought community input reported making meaningful decisions or changes based on what they heard. Notably, CAM CAM expanded efforts to reach the Spanish-speaking community to provide input for Denver Health substance treatment programming.

Familiarity and Value

CAM hosted several high-profile events including the Attorney General's press conference, America's Essential Hospitals site visit that resulted in new funding, Institute for Healthcare Improvement site visit and City Council Overdose Awareness Day Proclamation. Stories in Black and White Campaign — real stories from people impacted by the opioid crisis — were **exhibited at 8 events** throughout the year.



CAM's Impact through research, knowledge sharing and community awareness

Research and Knowledge Sharing

CAM's SUD hub and spoke model of care identified 24,543 individuals with substance use disorder across our system for 74,506 substance-related visits in 2025. Upon examining persons identified, half were between the ages of 25-44 years. Additionally, most patients were males (59%), over half were persons of color (55%), most were insured with Medicaid (54%) and over one in five (21%) were persons that experienced homelessness in 2025.

- 9 Denver Health SUD abstracts/conferences (see [appendix 1](#))
- 28 [Published Manuscripts](#)
- 20 Denver Health new SUD projects
- \$3.3 M in Denver Health SUD grants (see [appendix 2](#))
- 31 CAM Awards (recognizing staff excellence)



**The following highlights
efforts of the **seven strategic**
areas that supported CAM
throughout 2025**

STRATEGY 1: INCLUSIVE AND COMPASSIONATE CARE

Purpose: Ensuring inclusive and compassionate care where all healthcare professionals treat patients with SUD with respect and dignity and improve patient outcomes.

LOOKING BACK ON 2025

Initiatives:

- Images Matter presentation and Guide was developed and finalized
- ICD-10 Guide finalized and Preference List in Epic went live
- Words Matter Language Guide translated to Spanish
- Ongoing delivery of Words Matter presentation
- Analysis of Words Matter impact 1 year post campaign launch (submitted for publication)

Outcomes:

256

unique people reached through nine Words Matter presentations, resulting in 197 staff pledging to use less stigmatizing language

Due to the Epic preference list initiative:

- 30% increase in recommended diagnosis terminology
- 10% decrease in stigmatizing diagnosis terminology

2025 SPOTLIGHT



In 2025, the Words Matter initiative moved beyond education and into clinical systems. CAM developed a clinician-facing ICD-10 guide and launched a Words Matter preference list within Epic, making it easier for clinicians to select non-stigmatizing, clinically accurate diagnostic codes at the point of care. Early data show promising shifts in diagnostic language across the health system.

[Read more in the Spotlight Stories](#)

Impact:

Reducing the use of stigmatizing language for patients with substance use disorder is expected to increase trust and engagement in the healthcare system.

THE LEADERS WHO MADE IT POSSIBLE:

Hannan Braun (he/him/she/her) is a primary care internist and addiction medicine physician specializing in low-barrier treatment, HIV prevention and treatment for people who use drugs, harm reduction and LGBTQ+ health. He collaborates on initiatives promoting inclusive care throughout Denver Health.



Judy Shlay (she/her/hers) is the Associate Director of the Public Health Institute at Denver Health, Medical Director of CAM and Professor of Family Medicine. With over 35 years in public health, she ensures CAM's work is operationalized across Denver Health and shared regionally. She co-leads the Inclusive and Compassionate Care workgroup focusing on ensuring that all persons with SUD are treated with dignity.



LOOKING AHEAD TO 2026:

- Publication of Words Matter's impact through a peer-reviewed publication
- Disseminate Images Matter training by presenting to media partners: "The power of words and images: A media guide to reporting substance use" and sharing an images matter guidance document
- Review Words Matter language guide with evolving expert opinion and clinical guidelines
- Develop analytic plan to explore relationship between medications for opioid use disorder (MOUD) selection and sociodemographic factors

STRATEGY 2: FULL CONTINUUM OF CARE

Purpose: Strengthening the continuum of care for people with SUD throughout the Denver Health system and beyond. Ensuring that patients receive the right level of care for their individual needs.

LOOKING BACK ON 2025

Initiatives:

- Continued hosting quarterly meetings for linkage to care quality improvement between substance treatment programs across Denver Health
- Utilized data from Knowledge Management Team to inform quality improvement efforts and inform process changes
- Developed and piloted evaluation plan to understand perceived effectiveness of standardized workflows by frontline staff
- Implemented monthly Addiction Education Collaborative for awareness building, collaboration and educational purposes across the system and the community

Outcomes:

- 50% of 776 SUD referrals from the Substance Treatment Line resulted in a completed intake/visit
- 254 SUD treatment referrals were triaged from across the Denver Health system
- 58% of 93 participants surveyed were familiar with the CAM workflows
- 9 standardized workflows with referral outcomes reviewed on a quarterly basis with clinical teams for quality improvement purposes (see chart below)

Workflow	Referrals	Linkage %	Key ACL = Addiction Consult Liaison AWM = Adolescent Withdrawal Management OBHS = Outpatient Behavioral Health Services OBPEAR = Obstetrics Perinatal Addiction Recovery CHS = Community Health Services DSHS = Denver Sheriff Health Services ED = Emergency Department J2C = Jail to Community Department and Urgent Care PEDUC = Pediatric Emergency Department and Urgent Care STEP = Substance Treatment, Education and Prevention *Started 7/1/25 ** Imprecise measurement due to unreliable documentation †Data through 2/9/26
OBPEAR	337	30%	
ACL to CHS	280	40%	
ED to OBHS	242	49%	
ACL to OBHS	176	38%	
J2C to OBHS**	131	11%	
ACL to DSHS	85	100%	
PEDUC to OBHS STEP	41	30%	
CHS to OBHS†	23	0%**	
STEP to AWM	3	66%	
OBHS to CHS†	1	100%	
Total	1,319 referrals	39% average linkage	

CAM's Continuum of Care workgroup brought together Emergency Department and Outpatient Behavioral Health Services leaders to finalize a comprehensive workflow for connecting patients initiated on medications for opioid use disorder in the ED to ongoing outpatient care. Through sustained, cross-departmental collaboration, the team reduced ED length of stay by two hours for patients undergoing methadone initiation. [Read more in the Spotlight Stories section.](#)

THE LEADERS WHO MADE IT POSSIBLE:

Andrea Bailey (she/her/hers) joined Denver Health in 2018 as a Behavioral Health Educator with a background in substance treatment. She now manages the Substance Treatment Education Team to support individuals, their friends/families and care professionals to identify options and connect with treatment for substance use. Andrea began supporting CAM as a Continuum of Care leader in 2025 to continue collaborating and building connections across teams, with the goal to improve both the patient and staff experience.



Zach Scott (he/him/his) is a Licensed Professional Counselor (LPC), Licensed Addiction Counselor (LAC) and Nationally Certified Counselor (NCC) with over eleven years of behavioral health experience across direct care, program management, clinical supervision and grant oversight. He has been Manager of Substance Use Counseling services at Denver Health for a little over a year. Having worked with organizations such as Denver Health, Jefferson Center for Mental Health and Mental Health Partners, he brings broad expertise in addiction treatment, multi-site operations and Colorado's behavioral health policy landscape.



Holly Witt (she/her/hers) began her Denver Health career in 2012 and now supervises behavioral health services in the Denver jails and oversees the Jail to Community MAT program. Driven by her commitment to serving vulnerable populations, she joined CAM in 2022 and provides technical assistance to correctional facilities through the CO-MAT Project.



LOOKING AHEAD TO 2026:

- Continue hosting quarterly meetings for linkage to care quality improvement
- Continue utilizing data from Knowledge Management Team to inform quality improvement efforts and inform process change
- Continue implementing evaluation efforts to understand perceived effectiveness of standardized workflows by frontline staff
- Continue to implement monthly Addiction Education Collaborative for awareness building, collaboration and education purposes across the system and the community

STRATEGY 3: FISCAL GROWTH AND FINANCIAL PARTNERSHIP

Purpose: Enhancing internal and external revenue streams to ensure quality services are accessible far into the future.

LOOKING BACK ON 2025

Initiatives:

- Identified, applied, secured grant funding
- Managed existing philanthropy, grant and operational funds
- Reported to funders and partners
- Forecasted future funding needs

Outcomes:

New Grants Funds in 2025:

- Secured nearly \$500,000 in investments from eight different types of investments, including grants, philanthropy and revenue generated by CAM Academy

Submitted Proposals for Grant Funds in 2026:

- Colorado Opioid Abatement Council Resilient CO to support more peer support specialists providing services inside jails across Colorado, will hear funding decision in Spring 2026

2025 SPOTLIGHT



Thanks to generous support from America's Essential Hospitals, CAM expanded efforts to develop infrastructure to understand and support naloxone distribution across Denver Health's 13+ service areas and engaged Community Voice to inform future efforts to enhance access to Naloxone. This work demonstrates how strategic funding fuels innovation at every level.

[Read more in the Spotlight Stories section.](#)

2025 Grant Outcome Highlights:

- Successful second year of three-year Denver opioid abatement council grant
- 776 calls received, 50% linked to care
- Based on a successful one-year pilot grant, with our long-time partner, Sobriety House (SoHo), Caring for Denver funded two additional years to continue the great partnership of evaluating an Intensive Residential Treatment bed lease program (with cost analysis)
 - o Initial Findings: Patients referred to and completing Intensive Residential Treatment (IRT) at SoHo (N=19) demonstrated lower six-month hospital utilization compared to non-referred counterparts (N=185), including fewer emergency department visits, inpatient days and readmissions
- Completed Colorado Attorney General's Office two-year Statewide Innovation Opioid Abatement grant: Colorado Medication Assisted Treatment (CO-MAT) (see CAM Academy spotlight)

Impact:

CAM services were able to be sustained and expanded to enhance services provided to patients with SUD at Denver Health and throughout the state.

THE LEADERS WHO MADE IT POSSIBLE:

Brooke Bender (she/her/hers) is the Administrative Director that co-leads the CAM and its Academy, focusing on strategy, implementation and sustainability. Brooke strives for justice, innovation and excellence through collaboration and reflection. Her favorite aspect of her job is hearing from community members about how CAM efforts benefit people with SUD.



Helen Burnside (she/her/hers) provides programmatic oversight of the Denver Prevention Training Center's training programs and co-leads the CAM Academy. Helen joined CAM in 2023 and is committed to advancing equity in health systems. She creates brave spaces for communities and providers to plan prevention strategies.



LOOKING AHEAD TO 2026:

- Secure funding for the next few years to continue existing services and to expand CAM to serve behavioral health beyond addiction
- Continue managing and reporting on existing philanthropy, grant and operational funds

STRATEGY 4: KNOWLEDGE MANAGEMENT

Purpose: Establishing a comprehensive data interface to support strategic, operational and managerial decisions and research and evaluation.

LOOKING BACK ON 2025

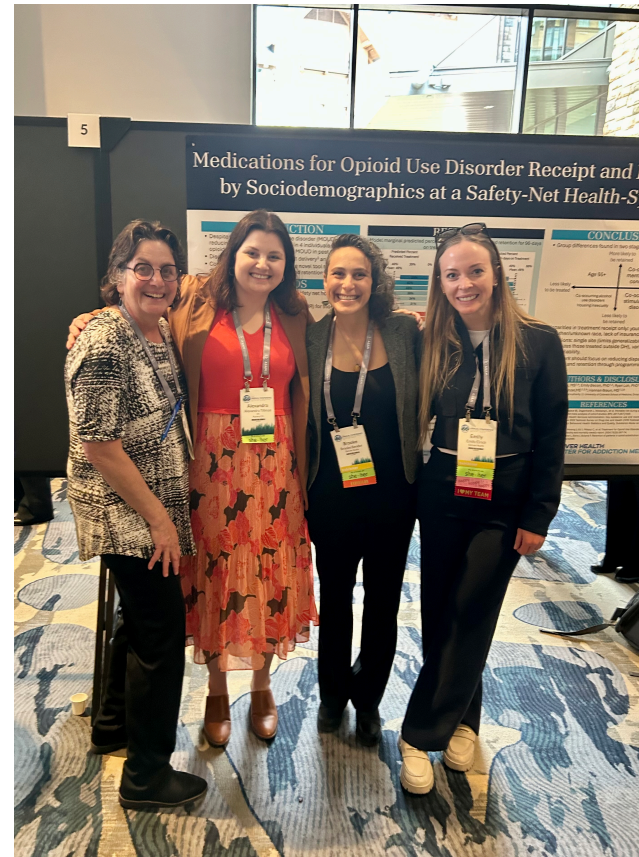
Initiatives:

- Be a leader in innovative and sophisticated substance use disorder (SUD) data
- Be a substance use disorder research hub

Outcomes:

- [Published peer-reviewed manuscript on methods for identifying methamphetamine use in electronic health record \(EHR\) data](#)
- Implemented standardized processes to systematically assess the quality of substance use data across the health system
- Developed a [cascade of care report](#) to better understand SUD care across the Denver Health system by analyzing five years of EHR data
- Held 15 CAM research hub meetings with collaborators from across Denver Health and partner institutions. Meetings included analysts, researchers and clinicians
- [Expanded and disseminated a patient-centered methadone restart protocol through peer-reviewed publication and an NIH grant submission](#)
- Supported CAM research hub collaborators in presenting their work at the American Society of Addiction Medicine 2025 conference held in Denver, including posters on:
 - Sociodemographic disparities in medication for opioid use disorder receipt and retention
 - Evaluation of the expansion of the substance treatment line

2025 SPOTLIGHT



In March 2025, [CAM published a foundational paper in the journal *Learning Health Systems*](#), positioning CAM as a national model for how health systems can continuously integrate evidence into substance use disorder care. The paper highlights CAM's hub and spoke model, strategic areas and nine success factors that other health systems can adopt.

[Read more in the Spotlight Stories section.](#)

THE LEADERS WHO MADE IT POSSIBLE:

Alia Al-Tayyib (she/her/hers) is a Senior Research Scientist and Professor with interests at the intersection of infectious diseases and vulnerable populations. Her research addresses social determinants of risk and develops interventions to keep people engaged in care. She has led CAM's first two major research projects and been involved since CAM's inception.



Emily Bacon (she/her/hers) is a research consultant focused on health equity and population statistics who has worked with CAM for over three years. She specializes in using complex electronic health record data to answer important public health questions. In 2025, she led publication efforts describing CAM as a Learning Health System and enhanced substance use data infrastructure.



Dean McEwen (he/him/his) is a Data Analytics Manager who was an original member of CAM and retired from Denver Health in late 2025. He developed the first continuum of care model for Opioid Use Disorder and brings over thirty years of experience in data science at Denver Health to support the Knowledge Management Workgroup.



Alexandra (Alex) Tillman (she/her/hers) is a Lead Epidemiologist who leads CAM's Knowledge Management Workgroup. She finds it rewarding to apply her analytic skills to projects that give voice through data to people with SUD. With nine years in public health research and an MS in Epidemiology, Alex has been with Denver Health since 2021.



LOOKING AHEAD TO 2026:

- Expand CAM data infrastructure to identify cannabis use disorder and track nasal naloxone distribution across the Denver Health system
- Continue disseminating CAM-led work in peer reviewed journals and at professional conferences
- Maintain engagement with CAM research hub to continue supporting researchers focused on substance use
- Support a grant submission from a member of our CAM research hub

STRATEGY 5: CENTER FOR ADDICTION MEDICINE (CAM) ACADEMY

Purpose: CAM Academy exists to provide trauma-responsive addiction medicine education and technical assistance across the region.

LOOKING BACK ON 2025

Initiatives:

- Final year of [Colorado Opioid Model to Advance Treatment \(CO-MAT\) Grant](#)
- New and Improved Educational Offering: [Compassionate Care for People with Substance Use Disorder \(SUD\)](#)
- Conference Presentations
- Enhance Awareness of CAM Academy Services
- Hosted resource table at American Society for Addiction Medicine (ASAM) held in Denver in 2025

Outcomes:

51 CAM Academy offerings (courses, presentations, speaker engagements)

1,706 participants reached during 2025

3rd [annual report](#) developed by the CAM Academy

Impact:

Over 1,700 healthcare staff and community members better understand the science of trauma and addiction, which enables them to wholistically serve people with SUD in a supportive way.

2025 SPOTLIGHT



CAM Academy completed the two-year Colorado Opioid Model to Advance Treatment (CO-MAT) project, funded by the Colorado Attorney General's Office.

The project produced a statewide assessment of hub and spoke treatment services, provided technical assistance to correctional care facilities across Colorado, and released a free toolkit to help communities implement their own models for opioid use disorder care.

[Read more in the Spotlight Stories](#)

THE LEADERS WHO MADE IT POSSIBLE:

Helen Burnside (she/her/hers) provides programmatic oversight of the Denver Prevention Training Center's training programs and co-leads the CAM Academy. Helen joined CAM in 2023 and is committed to advancing equity in health systems. She creates brave spaces for communities and providers to plan prevention strategies.



Sarah Christensen (she/they) is the Medical Director of Outpatient SUD Treatment with a background in Internal Medicine and Primary Care. With a passion for helping patients who use drugs and alcohol, she leads the Addiction Education Collaborative, CAM Academy content development, and serves as a subject matter expert for the CAM Academy, supporting professionals from across Denver Health and the region.



John Mills (he/him/his) leads the development of CAM Academy service lines including education, technical assistance and tailored presentations. John excels at weaving together ideas, partners and systems into cohesive deliverables. His commitment to equity drives his ability to connect with healthcare professionals across disciplines.



LOOKING AHEAD TO 2026:

- Expand the marketing of our services into Missouri and Utah in 2026
- Partner with the Denver Department of Public Health and Environment and the Colorado Consortium for Prescription Drug Abuse on supporting opioid treatment programs with implementing policy changes for patient-centered methadone and clinical training
- Utilize needs assessment and environmental scan findings to develop a SUD Treatment - Provider Training Series that includes education on the treatment for Opioids, Stimulants and Alcohol Use Disorders
- Build out community training to include: Compassionate Conversations, Overdose Prevention, Overdose Intervention, Bridging the Gap: Panel for Providers and People with Lived Experience

STRATEGY 6: COMMUNITY VOICE

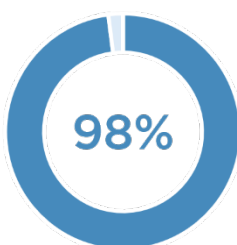
Purpose: Ensuring all CAM efforts start and end with the community we serve.

LOOKING BACK ON 2025

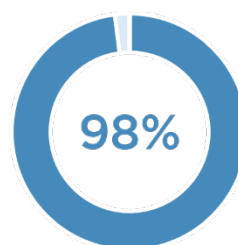
Initiatives:

- Continued hosting monthly CAM Community Advisory Meetings (CAM CAM)
- Initiated new community voice processes to solicit input from the Spanish-speaking community and Denver Health’s Peer Support Specialist teams
- Broadly solicited topics for Community Voice input, and ensured that lived expertise was integrated within all CAM Strategy Areas
- Continued sharing all community feedback with CAM Leadership and program partners
- Continued closing the loop with community members on what was heard and how their feedback was implemented
- Continued surveying internal partners to assess satisfaction and impact of Community Voice process
- Hosted annual end-of-year celebration to thank participants and recognize the hours they have contributed

Outcomes:



of participants indicated that the programs and services offered by the CAM were reflective of their experiences and needs



of participants indicated that the CAM valued their expertise

2025 SPOTLIGHT



In February 2025, the CAM Community Advisory Meeting informed the development of updated approaches to how individuals receive methadone as part of their treatment for substance use disorder at Denver Health. Twenty-five community members shared their perspectives on balancing structure, flexibility and person-centered care — and their input directly shaped OBHS’ new treatment protocols.

[Read more in the Spotlight Stories section.](#)

- 81 individuals engaged through CAM CAM
- CAM CAM participants provided 498 services hours to inform and improve Denver Health’s substance use-related initiatives
- All internal partners that sought input from the CAM CAM indicated that they had made decisions about a new program, made meaningful changes to current service delivery and/or were able to affirm current service delivery directly based on the input received

Impact:

The programs and services offered by the CAM are reflective of the experiences and needs of the communities we serve.

THE LEADERS WHO MADE IT POSSIBLE:

Sarah Belstock (she/her/hers) has 20 years of experience developing and evaluating public health strategies for diverse communities, with an emphasis on behavioral health promotion. As Director of Community Health Promotion at Denver Health, she leads community and youth engagement strategies to support partnerships with individuals with lived experience and ensures CAM’s work starts and ends with the communities we serve.



Alma Mireles-Monsivais (she/her/hers) is the AIM Program Coordinator at Denver Health, where she supports the development of the Rocky Mountain Region’s only hospital-based violence intervention program. A Mexicana-Indigenous community advocate and mother, she utilizes her extensive certifications in Restorative Justice and trauma-informed care to provide bedside interventions and advocacy for at-risk youth and their families. Currently working for a community non-profit, Denver Youth Program/GRASP, Alma is particularly dedicated to serving the Spanish-speaking community in the Denver Metro Area. Her mission-driven work is further amplified by her service on local and national committees focused on community healing and social change.



LOOKING AHEAD TO 2026:

- Maintain community voice processes that support community voice as a standard of practice within CAM Strategy Areas and Denver Health’s Behavioral Health Services
- Adapt community voice processes to obtain and integrate feedback from the Spanish-speaking community
- Hold monthly CAM CAM for Denver Health Peer Specialists
- Continue to promote the Community Voice Service Line to regional partners

STRATEGY 7: FAMILIARITY AND VALUE

Purpose: Increase familiarity of the Center for Addiction Medicine's value within Denver Health and the community.

LOOKING BACK ON 2025

Initiatives:

- Strengthened familiarity and recognition of CAM internally and externally
- Explained and assessed understanding of CAM's role in Behavioral Health Services (BHS) for all staff across the entire BHS department
- Led several site visits, events and communication efforts to create awareness of CAM and the work we do
- Community-designed mural developed to bring recognition to the CAM Academy building and joy to community members

Outcomes:

- **Events:**
 - Hosted AG's Press Conference at CAM Academy
 - Hosted American Essential Hospital site visit (resulted in funding)
 - Hosted Institute for Healthcare Improvement site visit
 - Recognized in City Council Meeting with Overdose Awareness Day Proclamation
 - Hosted eight events for Stories in Black and White traveling exhibits (see spotlight)

2025 SPOTLIGHT



Stories in Black and White tell the stories of real people impacted by the opioid crisis and overdose epidemic, encouraging more dialogue and less stigma.

In 2025, these stories — shared by Denver Health patients, peer support specialists and CAM CAM members — were exhibited at eight events across the community, from City Council chambers to the Denver Public Library.

[Read more in the Spotlight Stories section.](#)

- **Communications:**
 - 74% of Behavioral Health staff at Denver Health understand the role CAM plays in supporting clinical SUD services
 - Revised annual report for 2024 to represent all facets of CAM, disseminated in 2025 with better engagement
 - CAM Academy Newsletter: 4 newsletters, sent to an average of 3,500 individuals and was opened by an average of 19% of those individuals
- **Community Awareness:**
 - Media Impact: 101 news stories about CAM’s work potentially reaching 425 million people

2025 Videos:



Stories in Black and White



Overdose Awareness Day Proclamation

Impact:

Partners and community members value CAM’s unique role in supporting those impacted by substance use disorder and the professionals that serve them.

THE LEADERS WHO MADE IT POSSIBLE:

Brooke Bender (she/her/hers) is the Administrative Director that co-leads the CAM and its Academy, focusing on strategy, implementation and sustainability. Brooke strives for justice, innovation and excellence through collaboration and reflection. Her favorite aspect of her job is hearing from community members about how CAM efforts benefit people with SUD.



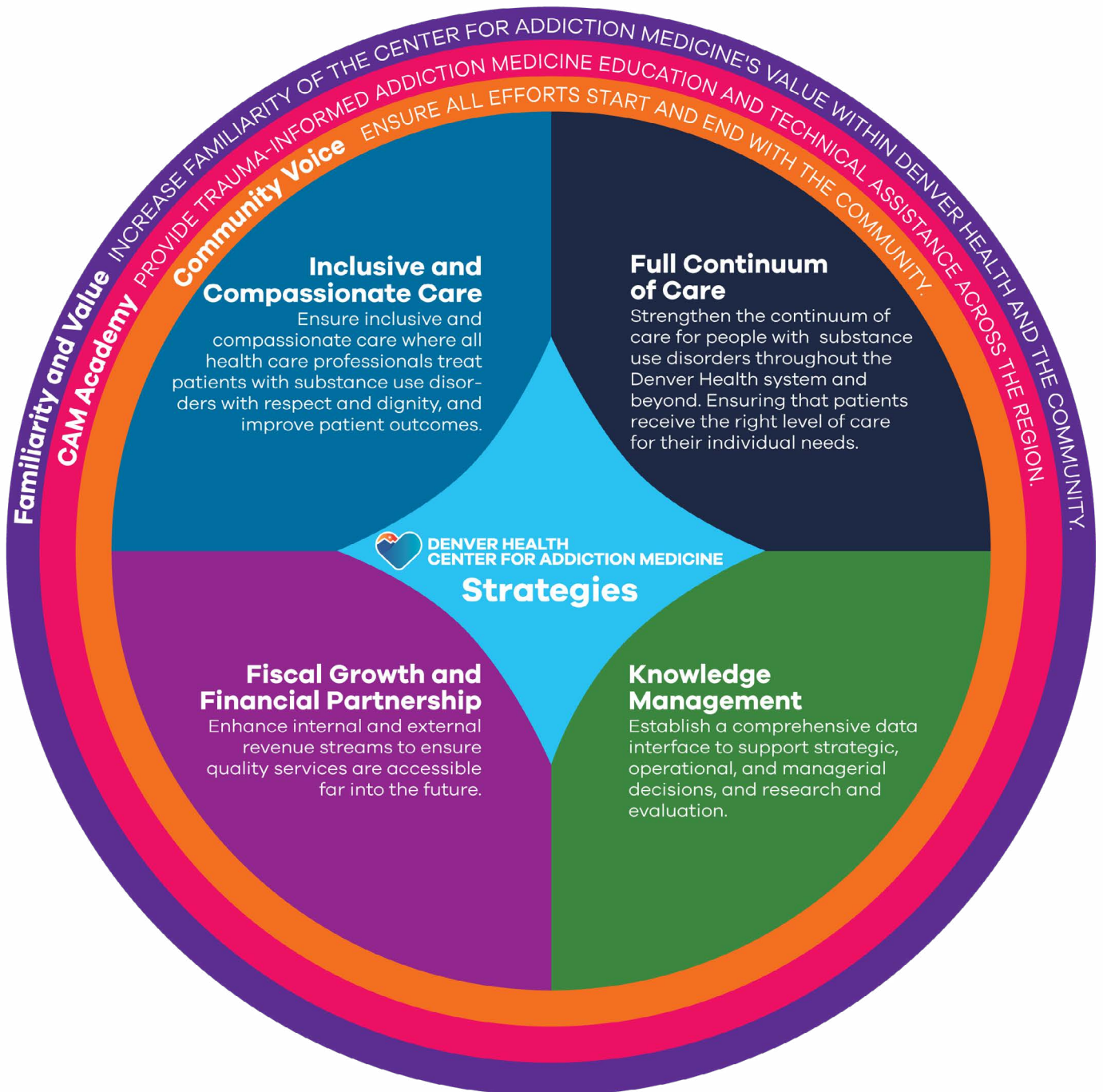
LOOKING AHEAD TO 2026

- Expand Stories in Black and White to Denver Health peer support specialists
- [You Decide Denver](#) will award \$100,000 to community-led non-clinical addiction prevention project
- Expand CAM services to Behavioral Health, beyond addiction medicine

LOOKING FORWARD: STRATEGIC OPPORTUNITIES FOR 2025-2029

Current Strategies

In 2025, CAM implemented seven strategies, including one new strategy **Familiarity and Value**, to increase familiarity of CAM's value within Denver Health and the community. Throughout our five year strategic plan, CAM annually identifies new ways to address needs through these seven strategic areas.



CAM 2025-2029 STRATEGIC PLAN

CAM successfully implemented the first year efforts of our new five year strategic plan. Our 2025-2029 strategic plan offers exciting opportunities for partners, funders and community members to engage with our work in meaningful ways.

Inclusive and Compassionate Care

Key Initiatives:

- Develop an effective model for reducing substance use stigma across Denver Health and the broader community
 - Create a model to evaluate equity within addiction medicine treatment at Denver Health



Full Continuum of Care

Key Initiatives:

- Ensure collaborative transitions between programs and people



Fiscal Growth and Financial Partnership

Key Initiatives:

- Be financially sustainable to continue and/or grow necessary services



Knowledge Management

Key Initiatives:

- Be a leader in innovative and sophisticated Substance Use Disorder (SUD) data
- Be a Substance Use Disorder (SUD) research hub



CAM Academy

Key Initiatives:

- Grow annual CAM Academy reach from courses, technical assistance, and other tailored strategies
 - Develop evidence-based and responsive courses and resources to meet the needs of providers and the community



Community Voice

Key Initiatives:

- Establish CAM Community Voice as a standard of practice at Denver Health
- Develop a CAM Community Voice Service Line



Familiarity and Value

Key Initiatives:

- Strengthen familiarity and recognition of CAM's value internally and externally





**The following shares
detailed **spotlight stories**
showcasing CAM's
2025 efforts**

Clinical SUD Diagnosis Guide

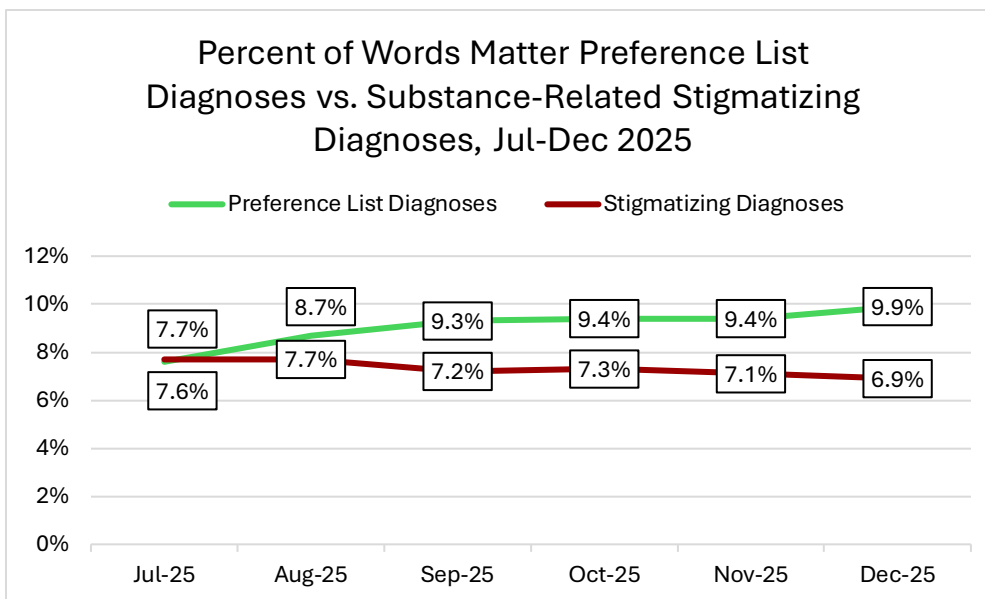
In 2025, the Words Matter initiative expanded beyond education to address stigmatizing terminology within diagnostic coding. The electronic health record (EHR) functions as a primary vehicle for clinician-to-clinician communication. For patients with substance use-related needs, the language used in diagnoses and problem lists can persist over time and across care settings. Stigmatizing terminology embedded in diagnostic codes has the potential to shape how clinicians perceive and interact with patients, influence clinical decision-making and propagate bias.

These efforts were developed in direct response to clinician feedback following Words Matter presentations, where many clinicians reported uncertainty about which ICD-10 terminology was both clinically accurate and non-stigmatizing when entering diagnoses.

In response, the Center for Addiction Medicine developed and disseminated a clinician-facing ICD-10 guide for substance use-related diagnoses and partnered with the health system's informatics team to build a Words Matter preference list within Epic. Launched system-wide in August 2025, the preference list functions as an EHR prompt, making it easier for clinicians to select clinically appropriate, non-judgmental ICD-10-CM codes at the point of care.

Impact:

Early data suggests that these system-level changes are influencing diagnostic language. In July 2025 – prior to the Epic preference list launch – 7.6% of diagnoses used recommended terminology and 7.7% used stigmatizing terminology. By December 2025, recommended terminology use had increased to 9.9%, while stigmatizing terminology decreased to 6.9%.



[Click here to return to the report](#)

WORDS MATTER. DENVER HEALTH CAM ACADEMY

CHARTING SUBSTANCE USE AND SUBSTANCE USE DISORDERS IN EPIC:
 Recommendations for charting clinically meaningful and non-judgmental diagnoses

Below are suggestions for appropriate and non-stigmatizing documentation of substance use and substance use disorder. This document is not intended to replace professional or clinical judgement. See FAQ section below for diagnosing mild, moderate, or severe use disorder.

Consider using this... <small>(pending clinical judgement)</small>	Instead of this...
Alcohol use disorder: - Mild (F10.10) - Moderate (F10.20) HCC - Severe (F10.30) HCC Alcohol intoxication HCC (F10.129) Alcohol withdrawal HCC (F10.229)	Alcohol Abuse* (F10.10) Alcohol HCC (F10.20)
Alcohol use disorder in remission (F10.81) Alcohol use disorder, mild, in sustained remission (F10.10) Alcohol use disorder, moderate, in sustained remission HCC (F10.21) Alcohol use disorder, severe, in sustained remission HCC (F10.21)	History of alcohol abuse* (F10.51)
Opioid use disorder: - Mild HCC (F15.10) - Moderate HCC or severe HCC (both F15.20) Opioid intoxication: - Without dependence F15.129 or F15.129 - For a patient with physical dependence F15.229 Opioid withdrawal HCC (F15.23)	Opioid abuse HCC (F15.10)
Methamphetamine use, Unspecified severity: F15.9 (use without or with unclear negative consequences) or F15.90 (use with negative consequences) Methamphetamine use disorder: - Mild HCC (F15.10) - Moderate or Severe HCC (both F15.20) Methamphetamine intoxication HCC (F15.929 or F15.129) Withdrawal from methamphetamine HCC (F15.23)	Methamphetamine Abuse* HCC (F15.10)
Tobacco use disorder, mild/moderate/severe, in sustained remission (All F17.20) Current tobacco use (Z72.0)	Smoker* (F17.200) Tobacco Abuse* (Z72.0) Current Smoker* (F17.200)
Tobacco use disorder, mild/moderate/severe, in sustained remission (All F17.20) Where possible, specify the specific substance(s) used by the patient, including if a substance use disorder is present. For example, rather than using "Polysubstance abuse," it is more clinically meaningful to use, for example, "moderate cocaine use disorder, severe alcohol use disorder, and moderate tobacco use disorder" if the patient uses substances but does not have a substance use disorder for any one substance, document with, for example, "cocaine use (F14.90) and cannabis use (F14.90)" Polysubstance dependence (HCC) (F18.20) is an alternative.	Former Smoker* (Z87.89) Substance abuse* HCC (F18.10) Polysubstance abuse* (HCC) (F18.10)

www.DenverPTC.org/CAM | CAMAcademy@dhha.org

Words Matter Preference List

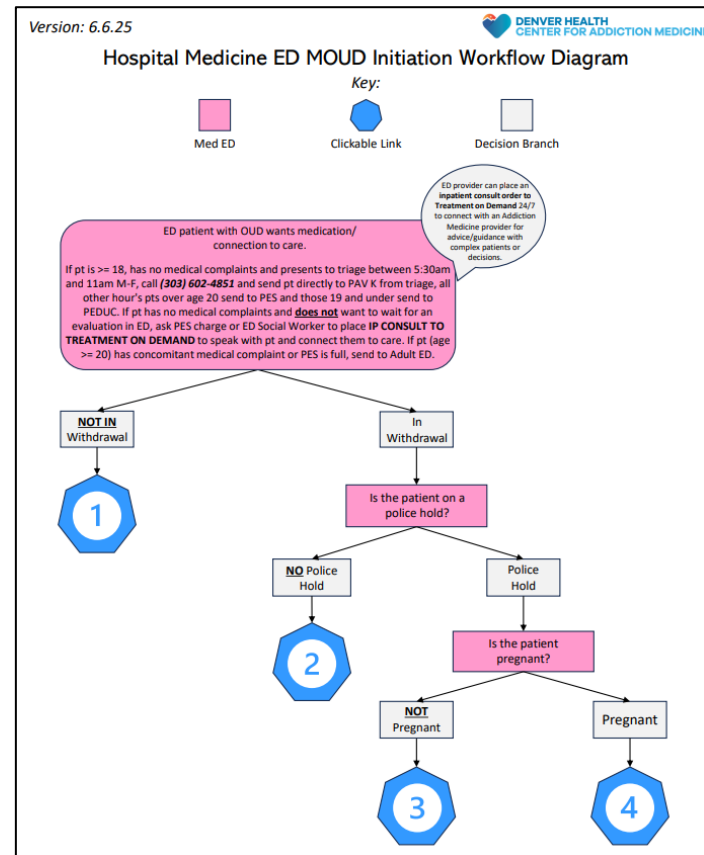
These findings suggest that small, workflow-integrated changes – such as **EHR preference lists and timely prompts** – may be an effective and scalable strategy to improve diagnostic language and reduce stigma within the medical record.

No Wrong Door – Connecting Patients Initiated on Medications for Opioid Use Disorder from the Emergency Department to Ongoing Care

Emergency departments (EDs) serve as a critical entry point for opioid use disorder (OUD) treatment. While many EDs nationwide initiate buprenorphine as a medication for opioid use disorder (MOUD), the evolving landscape of fentanyl has introduced new clinical considerations.

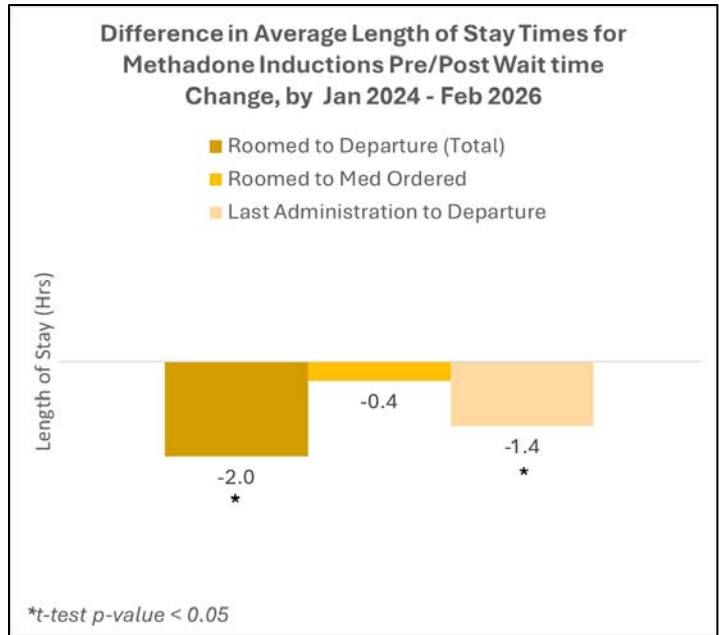
In response, Denver Health piloted methadone initiations in the ED in 2022. After a successful pilot, methadone initiation was formalized into a protocol, and workflows connecting patients initiated on any MOUD to Outpatient Behavioral Health Services (OBHS) were implemented with the support of the Center for Addiction Medicine's (CAM) Continuum of Care workgroup, in partnership with CAM's Knowledge Management workgroup.

In 2025, the CAM Continuum of Care workgroup — in partnership with ED and OBHS leaders — finalized a comprehensive ED-to-OBHS workflow. This document outlines how to triage patients requesting MOUD initiation in the ED, how to connect them to outpatient care and how to support specialized populations, including pregnant individuals and those who are justice-involved.



CAM's role in this work was essential: bringing together clinical partners — whose time is always at a premium — on a regular basis to finalize a workflow that truly works for both staff and patients. **These meetings became a dedicated space for partners to surface concerns, work through them collaboratively and drive quality improvement together.**

One example of this collaborative improvement in action: ED partners raised concerns about the length of stay for patients initiated on methadone — a real issue, since longer stays mean delays for other patients awaiting care. After reviewing data provided by CAM Knowledge Management partners, OBHS and ED leadership, facilitated by CAM, recognized that the ED protocol did not reflect outpatient practices at OBHS for post-dose observation time. In September 2025, the team agreed it was clinically unnecessary to observe patients after their final methadone dose in the ED.



The result: total ED length of stay **decreased by 2 hours** — from 7 to 5 hours for patients undergoing methadone initiation — with most of the reduction (1.4 hours) coming from the period between the final methadone dose and ED departure.

2025 Outcomes:

4 quality improvement meetings held with an average of **20 attendees** at each

400 total **MOUD initiations** in ED locations:

- 173 methadone initiations
- 227 buprenorphine initiations

50% **linked** to outpatient care — of those referred to OBHS, half made it to their first OBHS visit within 30 days of ED discharge, most within 2 days

The success of this work reflects the power of sustained, cross-departmental collaboration. We are deeply grateful to the leadership across Denver Health’s ED locations and OBHS for their renewed energy and commitment to this work.

Naloxone in Action — CAM’s Strategies to Increase Naloxone Distribution, Reporting, and Understand Barriers to Use

Denver Health is a leader in developing novel approaches to distributing naloxone to patients and the community. As an integrated health system that extends into many parts of the metropolitan Denver community — with a hospital, emergency department, urgent care centers, federally qualified health centers (FQHCs), paramedic services, correctional care, school-based health centers, withdrawal management and transitional residential treatment and outpatient behavioral health services — Denver Health is uniquely positioned to reach people where they are. As the safety-net healthcare provider, Denver Health’s mission is to serve all members of the community regardless of their ability to pay.

This breadth and purpose have created an incredible opportunity to deliver naloxone and educate community members on safe and effective use. Thanks to generous support from America’s Essential Hospitals, CAM was able to further expand and understand naloxone distribution and use.



Increasing Naloxone Distribution

Denver Health has been expanding naloxone distribution to include more than 13 service areas. Through partnership with the non-profit Naloxone Project, Denver Health distributed an average of 6,800 naloxone kits between 2023 and 2025 (for a total of 20,567 kits across the three-year period). In addition, a harm reduction vending machine was installed near the Outpatient Behavioral Health Services building on Denver Health’s campus in January 2025 with the goal of reducing barriers to accessing harm reduction supplies, including nasal naloxone kits. Nicknamed VENDY, this project has led to the distribution of an average of 400 naloxone kits per month since implementation. The scale of Denver Health’s naloxone distribution was recognized at Colorado’s Attorney General Phil Weiser’s press conference hosted at the CAM Academy. This event was the impetus for CAM identifying our inability to report specific Naloxone dispensing data from across the Denver Health system, which led our team to develop new infrastructure with funding from American Essential Hospitals.

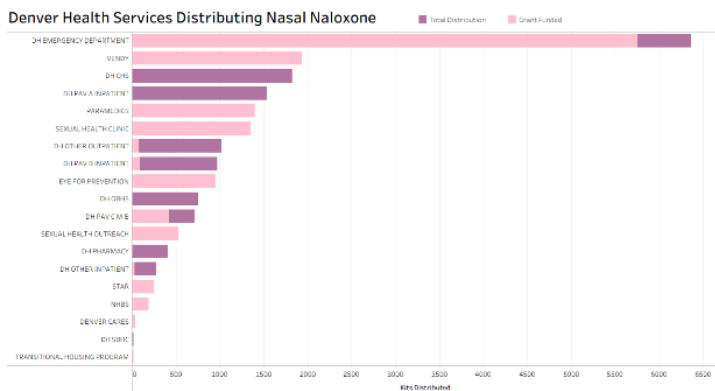
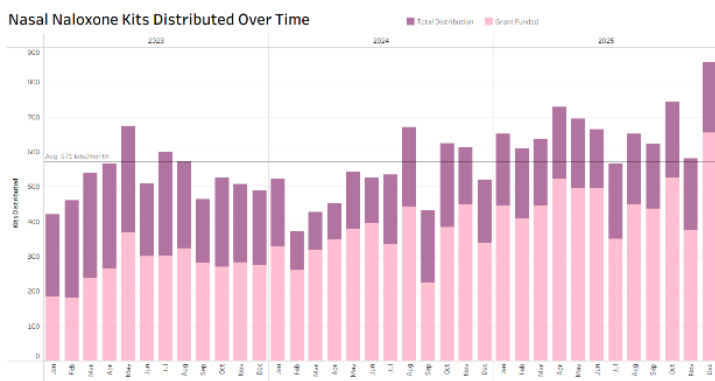
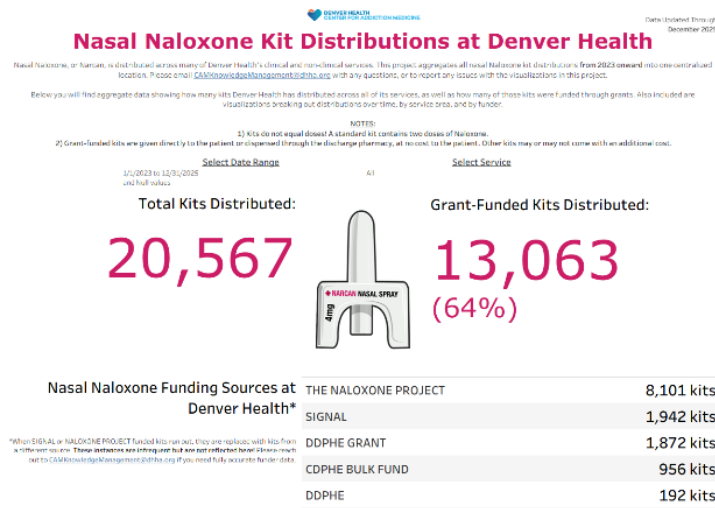
Developing New Systems to Capture Naloxone Distribution

Naloxone distribution is recorded with varying degrees of accuracy and efficiency across settings, making it challenging to understand the full scope of distribution efforts. With the grant from American Essential Hospitals, CAM developed infrastructure to store and, when possible, standardize methods of recording naloxone distribution. This is easiest to accomplish when naloxone distribution is associated with an order in the electronic health record, but even sites that maintain physical lists were included in CAM's comprehensive data management process.

Understanding Barriers to Using Naloxone

Equitable and widespread naloxone distribution is essential to extend its lifesaving potential. However, distribution alone is not enough if naloxone is not being used when an overdose occurs. CAM engaged Community Voice — a group of community members with lived expertise related to substance use disorder — to understand perceptions of naloxone distribution.

Community members identified multiple barriers to using naloxone, including stigma and the need for more education on its proper use. They also provided suggestions for how Denver Health could engage community members on reporting naloxone use. Community insights supported all efforts to make naloxone accessible and easy to use so that overdose deaths decline in Denver.



CAM is Highlighted as a Model Learning Health System for Substance Use Disorder care nationwide

In March 2025, CAM published a foundational paper, titled “[A learning health system model for addressing substance use: Denver Health Center for Addiction Medicine](#)” in the journal *Learning Health Systems*.

A learning health system engages in continuous quality improvement by actively integrating new information into actionable clinical practices. The paper highlighted how CAM has developed focus areas and processes for gathering and assessing evidence, informing clinical practice, fostering community partnerships and strategically expanding services and reach.

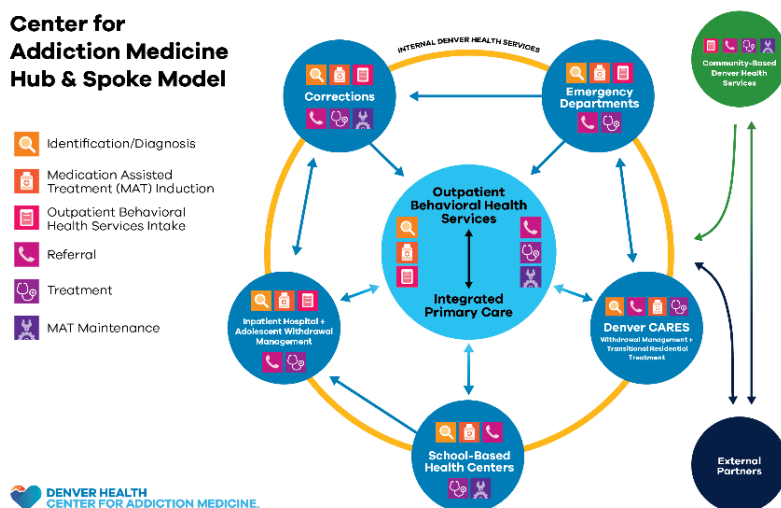
Caring for patients with substance use disorders presents continual challenges for health systems. The nature of substance use disorders creates physiological, social and structural barriers for patients to access care. Patients with substance use disorders often have other medical conditions that make their care more complex. Navigating these barriers requires the development of integrated care models, and efficient systems for incorporating new evidence into clinical practice.

CAM’s Hub and Spoke Model - the “No Wrong Door” Approach to Integrated Care

In the paper, we highlight the motivation for establishing CAM with the explicit goal of navigating care barriers. The hub and spoke model is central to CAM’s “no wrong door” approach. Since its implementation in 2019, there has been continual reflection and process improvement to enhance how patients with substance use disorders are identified and referred to care.

One of the new additions to the hub and spoke model has been adding primary care as a hub for substance use care in addition to Outpatient Behavioral Health Services (OBHS), the main hub. We have also strengthened workflows between nine spokes and the two hubs.

Effective learning health systems require efficient movement of patients and information across large, integrated systems. Continual improvement of the hub and spoke model is a prime example of how CAM has facilitated this process.



CAM's Strategic Areas - A Multifaceted Approach to Continual Process Improvement

CAM's strategic areas highlighted in this annual report - fiscal growth and financial partnership, full continuum of care, inclusive and compassionate care, and knowledge management - all have a unique role to play in a strong learning health system for substance use care.

We also describe the pivotal role that Community Voice and CAM Academy have played in incorporating perspectives from community members with lived experience and disseminating best practices to improve care. We provide examples of how each of the strategic areas exemplifies learning health system processes, including gathering and assessing evidence, informing clinical practice, partnering with the community and scaling efforts for broader reach.

Adopting CAM's Approach - Success Factors for Other Health Systems

The paper concludes with recommendations for other health systems to develop and maintain a learning health system model for substance use disorder care. We highlight nine factors that have been critical to CAM's success, including strategy, leadership, infrastructure, policies and regulations, data, scoping, partnerships, communications and funding.

CAM's accomplishments to date serve as the foundation for future strategic direction, and its challenges have provided opportunities for continuous quality improvement in line with a learning health system approach.

- Implementing rigorous quality assurance processes for substance use data has resulted in more efficient and accurate results for CAM's data-driven initiatives
- Establishing the CAM research hub has provided a collaborative community and mentorship for researchers focusing on substance use to develop and expand their work

Colorado Opioid Model to Advance Treatment (CO-MAT)

The Colorado Attorney General's Office provides funding for the [Colorado Opioid Model to Advance Treatment \(CO-MAT\)](#) project through the Opioid Abatement Innovation Challenge. The goal of the CO-MAT project is to help Colorado counties and organizations expand opioid treatment and care coordination. At the heart of this project is the hub and spoke treatment model, an evidence-based approach that improves care coordination and services for individuals with Opioid Use Disorder (OUD).



Using the hub and spoke model, CO-MAT has three aims:

- To assess the current state of referrals, expertise and access to OUD treatment services within Colorado
- To provide proactive technical assistance for Colorado correctional care settings to enhance Medication-Assisted Treatment provision and care coordination post-release
- To use assessment results and the expertise of Denver Health and Colorado Opioid Synergy Larimer & Weld (CO-SLAW) to develop a hub and spoke model toolkit to implement customizable models across Colorado

CAM Academy was awarded a two-year grant to meet the above mentioned aims and in 2025 executed the below initiatives to meet grant deliverables and enhance statewide knowledge and coordination.

Colorado Regional Hub and Spoke Data

This is a current-state analysis of the hub and spoke treatment services within Colorado, including Colorado's 19 Regional Opioid Abatement Councils (ROACs). The metrics chosen are intended to provide a snapshot of important information and contextualize elements in opioid use and treatment availability in Colorado. All profiles and analysis were compiled into the [2025 CO-MAT ROAC Report](#).



Technical Assistance for Colorado Correctional Care Facilities

The CAM Academy collaborated with the Colorado Consortium for Prescription Drug Abuse Prevention, County Sheriffs of Colorado and the Colorado Jail Association to strengthen connections between local service providers and jail personnel, enhancing continuity of care for individuals with substance use disorders transitioning out of custody. This initiative includes a series of regional in-person meetings across the state, fostering collaboration between jail staff and community-based organizations to improve care coordination and support post-release success. **To view a summary of our 2025 meetings, visit our [CO-MAT Project folder here](#).**

Opioid Use Disorder Hub and Spoke Toolkit

Denver Health's CAM Academy has released a free Opioid Use Disorder (OUD) Hub and Spoke Toolkit, designed to strengthen Colorado's systems of care for individuals with OUD. The toolkit includes implementation guidance, adaptable templates, referral workflows and real-world case studies to help communities expand treatment access and improve care coordination. [Download the toolkit today](#) and implement more effective, connected, and patient-centered OUD care.

Centering Community Voice in Updates to Outpatient Behavioral Health Services' Methadone Treatment Protocols

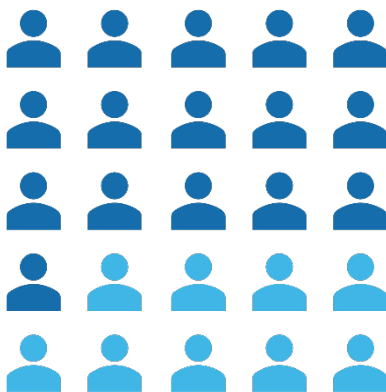
Historically, individuals who receive methadone as part of their treatment for substance use disorder have been required to come to the clinic to pick up their medication every day for their first 90 days of treatment. After that period, they could apply to participate in “phases,” which would allow them to take home increasingly larger supplies at once, if they showed that they were able to follow a strict set of rules.

With recent changes in state and federal regulations, Denver Health has worked to develop a system that has the right balance of structure to help patients achieve their goals and incentives to keep patients engaged in the program. In February 2025, the CAM Community Advisory Meeting (CAM CAM) informed the development of updated approaches to how individuals can receive methadone as part of their treatment for substance use disorder at Denver Health.

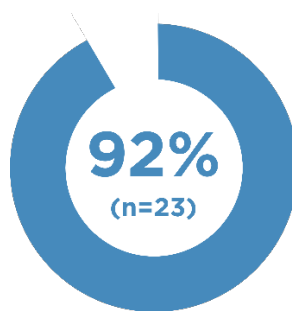
A total of 25 individuals participated in the CAM CAM (n=19) or 1:1 interviews (n=6).

Lived Experience

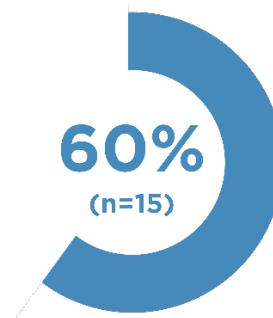
A total of 25 community members provided feedback



19 participated in the Community Advisory Meeting
6 participated in a 1:1 interview



of participants indicated they have **personal experience** with SUD and/or accessing treatment for SUD



of participants indicated that **one or more of their family members has had personal experience** with SUD and/or accessing treatment for SUD

Experience with Denver Health



96%

of participants are currently receiving services at Denver Health or have received services at Denver Health in the past (n=24)



36%

of participants have received Behavioral Health services at Denver Health (n=9)



52%

of participants have received Emergency Department services at Denver Health (n=13)



60%

of participants have received Primary Care services at Denver Health (n=15)



20%

of participants have received services at Denver CARES (n=5)



16%

of participants have received Specialty Care services at Denver Health (n=4)

The CAM CAM provided invaluable insight to inform the development of updated approaches to how individuals can receive methadone as part of their treatment for substance use disorder. Insights included:

- The pros and cons of requiring individuals to participate in therapy and/or other supportive services in order to receive more take-home doses of medication, with the community affirming that these requirements can help people connect with helpful and informative resources that they may not have otherwise connected with
- Benefits and drawbacks of allowing patients to receive larger amounts of methadone up-front with fewer restrictions
- The role of harm reduction as a person-centered approach that offers patients options within their recovery journey

In accordance with CAM CAM input, OBHS' new "levels" process takes into account client preferences for fewer barriers and restrictions for dosing - including more takeouts, less punitive responses and better connections to care - while still maintaining structures that hold patients accountable to their personal recovery goals. Community feedback also supported the expansion of group services and launch of a case management team to connect with individuals who are not interested in therapy.

To thank these experts for their time, the CAM Community Voice Team provided lunch, travel and compensation. CAM CAM participants also received updates regarding how their input informed the changes that were executed.

Stories in Black + White Campaign

Stories in Black and White tell the stories of real people impacted by the opioid crisis and overdose epidemic. Our goal in sharing these stories is to encourage more dialogue and less stigma about how people from all walks of life can get the support they need when they are ready. Denver Health patients, peer support specialists and advisory members for the Center for Addiction Medicine's Community Advisory Meeting shared these stories in partnership with the CDC Foundation's Overdose Response Strategy Program.



IF SOMEONE READS OR HEARS MY STORY, I HOPE IT BRINGS A SMILE AND SENSE OF ENCOURAGEMENT. I'D LOVE FOR IT TO INSPIRE OTHERS TO BECOME PART OF THE SOLUTION—WORKING TOGETHER TO CREATE A BETTER LIFE, A HEALTHIER SOCIETY, AND A MORE STABLE, HOPEFUL FUTURE.

-Stories in Black + White Participant



Appendix 1

2025 Addiction-Related Abstracts



The goal of the Center for Addiction Medicine’s Knowledge Management Workgroup is to enhance information systems to systematically improve processes, generate new knowledge, and drive organizational outcomes. A total of 9 Denver Health addiction-related abstracts were presented at professional conferences from January through December 2025.

CONFERENCE DATE	CONFERENCE	ABSTRACT TITLE	AUTHOR(S)
4/25/2025	ASAM 2025	Substance Treatment Phone Line Expansion Improves Connection to Treatment and Resources	Still, L.
4/25/2025	ASAM 2025	MOUD Treatment Receipt and Retention by Sociodemographics at a Safety-Net Health-System	Tillman, A.
4/25/2025	ASAM 2025	Self-directed Ketamine Therapy and Withdrawal Syndrome: A Case Report	Terasaki, D. MD
5/16/2025	Society of General Internal Medicine (SGIM)	Real-time Addiction Expert Support Across General Medical Settings: Evaluation of a Chat-based Intervention	Pytell, J. MD
6/15/2025	College on Problems of Drug Dependence	Bringing Measurement-Based Opioid Use Disorder Care to Resource-limited Care Settings: A contextual analysis	Rinehart, D. PhD, Pytell, J. MD
6/15/2025	College on Problems of Drug Dependence	BEAT Meth: using care navigation to improve treatment entry for individuals with methamphetamine use disorder	Al-Tayyib, A. PhD
6/17/2025	College on Problems of Drug Dependence	Systematic Review of Patient-reported Outcome Measures for Opioid Use Disorder Recovery	Pytell, J. MD
11/14/2025	Association for Multidisciplinary Education and Research in Substance Use and Addiction	BEAT Meth: using care navigation to improve treatment entry for individuals with methamphetamine use disorder	Al-Tayyib, A. PhD
12/12/2025	Academy Health Dissemination and Implementation Science Conference	Finding Consensus on Recovery Monitoring: Partner-engaged PROM selection for Primary Care Opioid Use Disorder Treatment	Rinehart, D. PhD

Appendix 2

2025 Addiction-Related Projects



As part of Denver Health's Center for Addiction Medicine (CAM), we are creating an inventory of Denver Health projects that are addiction-related. We have queried Cayuse and QuIRC for projects that have either been funded or have been through our internal project review process, and asked CAM champions to add anything missing from their respective departments. The following list includes 20 new addiction-related projects in 2025.

PROJECT TITLE	LEAD PI/PROJECT LEAD	AU/DEPT	PROJECT BEGIN DATE/SUBMISSION DATE	PROJECT END DATE	PROJECT AMOUNT	SPONSOR
DPS STEP	Kristie Ladegard	CHS-School & Community Health	8/11/2025	6/1/2027	\$750,000.00	Denver Public Schools - DPS
Effectiveness of Mental Healthcare in School-Based Health Centers: A Novel Application of Natural Language Processing	Honora Burnett	Pediatrics	5/13/2025	5/13/2026	\$10,000.00	University Of Colorado Denver - UCD
Examination of Health-Related Social Needs Screening in a Pediatric Emergency Department Serving Under-Resourced	Erin Soares	Behavioral Health	4/1/2025	3/31/2026	\$25,000.00	Denver Health Internally Funded Project
Nicotine and Cannabis Cessation for Pregnant People: Pilot Study	Robyn Bronshtein	OB/GYN	1/1/2025	6/30/2027	\$39,999.00	University Of Colorado Denver - UCD
OD2A LOCAL RFP-01 - Overdose Data to Action - Track 3 - Clinician & Health Systems Best Practices	Helen Burnside	Public Health	9/1/2025	8/31/2026	\$186,050	City & County of Denver
Overdose Data to Action - Track 2 - Linkage to Care (Sexual Health Division Outreach Team) Healthcare Systems	Jesus Chavez-Van De Hey	Public Health	9/1/2025	8/31/2026	\$186,050	City & County of Denver
Patient Reported Outcome Measures to Individualize Treatment And Improve Retention (ReTAIN) program in primary care-based OUD treatment	Deborah Rinehart	Center Health Systems Research	4/1/2025	3/31/2026	\$25,940.00	University Of Colorado Denver - UCD
Social Medicine in Opioid Use Disorder Treatment at Essential Hospitals - CAM	Brooke Bender	Behavioral Health	9/1/2025	12/31/2025	\$41,000.00	America's Essential Hospitals
The Advancing Cultural and Clinical Excellence in Substance Services and Integrated Psychology (ACCESS-IP) Project	Jennifer Peraza	Behavioral Health	7/1/2025	6/30/2028	\$1,345,067.00	Health Resources and Services Administration - HRSA
Combatting Youth Vaping- Youth and Young Adult Survey: Connecting about Mental Health and Vaping	Erin Harris	Public Health	4/22/2025	N/A	N/A	N/A
THRIVE TCT Peer Support Evaluation	Karina Duarte	Behavioral Health	5/16/2025	N/A	N/A	N/A
The Words Matter initiative: decreasing stigmatizing language in a safety-net health system	Hannan Braun	Internal Medicine	5/16/2025	N/A	N/A	N/A
Association between jail MAT induction and recidivism	Richard Wallis	Behavioral Health	5/27/2025	N/A	N/A	N/A
Health outcomes among patients with opioid use disorder receiving treatment in primary care or specialty care, Denver Health, 2023-2025	Jarratt Pytell	Medicine	8/8/2025	N/A	N/A	N/A
First 27 Months of the DACE Clinic	Kellie Hawkins	Public Health	9/24/2025	N/A	N/A	N/A
Clinical Outcomes and Safety of Diazepam vs. Phenobarbital for Treatment of Alcohol Withdrawal	Michael Ruygrok, MD, FACEP	Emergency Medicine	11/25/2025	N/A	N/A	N/A

N/A = UNFUNDED PROJECTS

Rocky Mountain Poison & Drug Safety Programs

PROJECT TITLE	LEAD PI/PROJECT LEAD	AU/DEPT	PROJECT BEGIN DATE/SUBMISSION DATE	PROJECT END DATE	PROJECT AMOUNT	SPONSOR
Anenublo Acute Cannabis Intoxication Across Age Groups	Andrew Monte	Rocky Mtn Poison & Drug Safety	4/1/2025	5/31/2026	\$88,274.00	Anebulo Pharmaceuticals, Inc.
CCC Psychedelic Survey 25-26	Andrew Monte	Rocky Mtn Poison & Drug Safety	12/8/2025	9/9/2026	\$250,000.00	Capital Consulting Corporation - CCC
SRI/MAYO Clinic Phase 2 Randomized Controlled Trial of Natural Psilocybin Mushrooms for Alcohol Use Disorder and Task Order 4 (NSIHT Data Report)	Andrew Monte	Rocky Mtn Poison & Drug Safety	4/1/2025	12/31/2026	\$0.00	Scottsdale Research Institute Foundation - SRI
	Joshua Black	Rocky Mtn Poison & Drug Safety	12/15/2025	12/14/2026	\$309,340.00	Food and Drug Administration - FDA

HOW TO GET INVOLVED

For Individuals Seeking Treatment:

- Call the Substance Treatment Line: 303-436-5711

For Healthcare Professionals:

- [Register for CAM Academy training](#)
- Join the Addiction Education Collaborative: Email CAMAcademy@dhha.org
- Implement [Words Matter](#) principles in your practice

For Potential Funders:

- Contact the CAM Administrative Director to discuss partnership opportunities: Brooke.Bender@dhha.org
 - Support specific strategic initiatives aligned with your mission
 - [Donate today!](#)
-

Funding Priorities:

- CAM Academy program expansion
- Community Voice Service Line enhancements
- Knowledge Management data interface enhancements
- New Continuum of Care workflow implementation efforts
- Support for innovative treatment models (e.g., OB PEAR for pregnant patients with SUD)

Partnership Opportunities:

- Join the Addiction Education Collaborative: Email CAMAcademy@dhha.org
- Participate in Community Advisory Meetings: Contact Mariska.Osborne-Wells@dhha.org
- Utilize [CAM Academy training resources](#)
- Collaborate on research and data initiatives:
Email CAMKnowledgeManagement@dhha.org
- Support the [Words Matter](#) campaign in your organization

Community Engagement:

- Share your perspective and provide feedback on CAM initiatives at monthly Community Advisory Meetings: Contact Mariska.Osborne-Wells@dhha.org
- Connect with substance treatment services through our Substance Treatment Line: 303-436-5711
- Participate in Overdose Awareness Day events: Contact CAM@dhha.org
- Access training and education opportunities

THANK YOU

The CAM extends sincere gratitude to everyone who has contributed to our success. We thank our funders, partners, Denver Health leadership, frontline staff and especially the community members who generously share their expertise and lived experience to improve our services. Together, we are building a more compassionate, effective system of care for people with SUD.

CONTACT INFORMATION:

CAM@dhha.org

Center for Addiction Medicine (CAM):

www.DenverHealth.org/CAM

Center for Addiction Medicine (CAM) Academy:

www.DenverPTC.org/CAM



**DENVER HEALTH
CENTER FOR ADDICTION MEDICINE**