

## **Annual Report**

### **Letter from Directors**

In 2021, the Center for Addiction Medicine (CAM) continued addressing the epidemic of substance misuse and overdose in unique ways in the context of the national COVID-19 Pandemic. Our Outpatient Behavioral Health Services (OBHS) continued to provide additional take-out doses of medications for opioid use disorder in 2021, maintaining care for our clients while decreasing in-person census by up to 76% on our busiest days to reduce COVID-19 risk. In addition, we offered COVID-19 vaccination clinics co-located within our substance use treatment clinics. We tracked the outcomes of vaccination uptake and overdose rates among our patient population and found being engaged in OBHS substance treatment is protective against opioid overdose.

Although we faced many challenges due to COVID, we experienced several successes that we are immensely grateful for and proud to share. Through our CAM hub-and-spoke model of care, a total of 1,477 new individuals were served across our system with a total of 22,638 substance-related visits in 2021.

Brooke Bender, our Public Health Planner since 2019, was appointed as the CAM Administrative Director this year to work hand-in-hand with CAM's Medical Director, Judy Shlay. Together, and with many motivated Denver Health staff, we continue to offer a broad range of addiction services, research and evaluation, education and promotional efforts across the Denver Health system and the community.

CAM's Community Voice Workgroup expanded to hosting monthly Community Advisory Meetings. Through these efforts that started in September, CAM was able to gather key input from folks with lived experience related to substance use disorder (SUD) through 35 contacts, representing 14 unique individuals (more details on pages 1 and 2).

With grant support and partnership from Denver Health's electronic health record (EHR) development team, CAM was able to establish new tools within the EHR to better track and document patients' engagement across our system and treatment outcomes (more details on page 2).

In November, CAM was awarded a generous private philanthropic donation to support the establishment of a CAM Academy. The CAM Academy's goal is to provide education and consultation to health professionals and the community on how to implement comprehensive and coordinated trauma-informed treatment of substance use disorders. The CAM Academy aims to support Denver Health, Colorado, and the surrounding region in this important work. More to come on the CAM Academy in 2022!

#### **CAM COMMUNITY VOICE OVERVIEW**

The CAM Community Voice Workgroup is charged with ensuring that the work of the CAM starts and ends with the community. This is accomplished by engaging the communities that we serve, with the goal of integrating their expertise into the planning, implementation, and evaluation of CAM initiatives.

Beginning in September 2021, the Community Voice Workgroup has hosted monthly Community Advisory Meetings to engage Denver Health patients and other community members who have lived experience related to SUD and accessing SUD treatment. These engagement efforts are funded by a generous grant from the Denver Health Foundation.

## **CAM Community Advisory Meeting Process**

Engage CAM
Workgroups
and other CAM
stakeholders to
identify pertinent
and timely
discussion topics
for upcoming
Community
Advisory Meetings

Host monthly
Community
Advisory Meeting

Participants are compensated \$60 for their time and expertise. Lunch and bus tickets are also provided Summarize
and share
participant
input with
relevant
decision-makers
within the
Denver Health
system

Follow-up with Community Advisory Meeting participants. to let them know how their input is being incorporated

## What We Heard & How We're Responding

There need to be more people with lived experience employed in positions across the recovery landscape.

"I can't talk to someone who has no idea what I'm talking about or what it's like to sleep outside. That person does not know how I feel. If I can talk to someone who is similar and has gone through the issues that I have...that person is more likely to help [me]."

How we're responding:
We are engaged in ongoing advocacy to support hiring and career pathways for individuals with lived experience throughout Denver Health.

From the patient perspective, successful treatment outcomes include factors beyond sustained sobriety.

"Stabilty in life. Stable work. Housing stability. Stable friendships and relationships." "Finding peace with yourself."

How we're responding:
We are sharing these
perspectives with
stakeholders across
the continuum of care,
to increase awareness
and orientation toward
treatment outcomes that
are most meaningful to our
patients.

## **Letter from Directors** (continued)

In closing, we want to thank all our community partners for their collaboration and support for our community members with substance misuse over this challenging year. We know that CAM cannot do this essential work alone. Wishing everyone a healthy and peaceful 2022.

#### 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

# ENHANCED TRACKING OF SUBSTANCE USE DISORDER DATA OVERVIEW

With support from the Data Analytics to Support the Alignment of High-Risk Adult Programs and Services (DASHR) grant, CAM implemented three important electronic health record (EHR) features to improve clinical workflows and decision making in the delivery of care for people with SUD. These features include a streamlined electronic referral process for patients who meet with the hospital's Treatment on Demand (TOD) team, typically in the emergency department (ED) and inpatient settings. The new referral process helps the TOD team better facilitate transitions of care for patients who are interested in receiving outpatient care once discharged from the ED or hospital.

The second feature is a new episode of care platform that summarizes information about all patients receiving outpatient SUD treatment. This includes a dashboard for staff to manage their patient caseloads and quickly access relevant medical records and metrics in one place. The platform also helps staff meet required workflow and reporting requirements by triggering automated notifications and reminders of tasks.

The third feature is an Opioid Use Disorder (OUD) registry and its accompanying dashboard and reporting tools. The registry is currently used by provider prescribers, and the CAM is exploring additional enhancements that will increase utilization among different clinical staff. Overall, these three features have improved staff day-to-day workflows as well as Denver Health's ability to denominate patients with SUD and monitor and evaluate patient outcomes across a continua of SUD care – all within the EHR.

## What We Heard & How We're Responding (continued)

When considering residential treatment, people need more information about what they can expect while they are there.

"You don't know what's there or what will be expected from you. It's scary."

#### How we're responding:

Through Denver Health's new partnership with Sobriety House, a clinician from Sobriety House will be stationed at Denver Health to support interested patients in transitioning to residential treatment. This individual will provide patients with information about Sobriety House's participant policies, costs, and the ways in which Sobriety House supports its clients

Life circumstances, treatment outcomes, and service offerings each play an important role in retaining patients in treatment.

"The number one thing - period - is having people around you that are supportive of your recovery."

How we're responding:
We are actively seeking

We are actively seeking funding to support integration of suggested non-clinical peer supports to foster social connectedness and better support retention in treatment

## CAM Community Voice Quality Measures, Through December 2021

- 35 contacts, representing 14 unique individual
- Our participants represent diverse personal backgrounds and substance use journeys
- 93% of participants "strongly agree" or "agree" that their expertise is valued within the planning, implementation, and evaluation of CAM initiatives
- 93% of participants "strongly agree" or "agree" that CAM initiatives reflect their experiences and needs
- "[CAM Advisory Meetings are] very open and friendly...[I] enjoy coming every month"
- "I look forward to giving input as I attend more meetings"

## **ACHIEVEMENTS**

## **Education & Promotional Efforts**



## 36 Media stories related to CAM created community

awareness, reached 124 million people



## 1600+ Community members

reached through online **CAM Overdose** Awareness efforts



# **Professional** Learners

(Residents/Fellows): 1 CDC Fellow, 1 Medical Resident, 6 Physician Assistant Psychiatry Fellows

#### **Research & Evaluation**

### Awards:

2021



National Reproductive Health Conference-Poster Presentation: 3rd Place Winner, Deborah Rinehart

## **Grants:**

2021

\$8.8M

## **Projects:**



Active Projects



Conferences:

conferences, with 10 total abstracts presented.







Published reports and manuscripts

## **Evaluation Model:**

CAM Abstracts

2021

Established 2019-2020 version of Continuum of Care for opioid use disorder.





#### **INNOVATIVE PROGRAMS**

## Treatment on Demand:

**UNIQUE PATIENTS** 





In 2021, Treatment on Demand provided services for patients with Alcohol Use

Disorder, Stimulant Use Disorder, and those who experienced an overdose, in addition to patients with Opioid Use Disorder.

Substance Agnostic: 485 unique patients, 509 episodes, 44% linked\* (225 linked), 45% 90-day retention<sup>†</sup> (101 retained)

Opioid Use Disorder: 404 unique patients, 426 episodes, 93% inducted \* (398) inducted) 46% linked (196 linked), 47% 90-day retention<sup>†</sup> (93 retained)

Stimulant Use Disorder: 17 unique patients, 17 episodes, 35% linked\* (6 linked),17% 90-day retention<sup>†</sup> (1 retained)

Alcohol Use Disorder: 47 unique patients, 48 episodes, 42% linked\* (20 linked), 30% 90-day retention (6 retained)

Overdose: 18 unique patients, 18 episodes, 17% linked\* (3 linked), 33% 90-day retention† (1 retained)

- \* % linked is calculated by the number linked ever over the number of episodes
- † % 90-day retention is calculated by the number of retained for 90 days over the number that linked ever; for OUD, retention is calculated as 90 days without any 30 day breaks in dosing; for other substances, retention is calculated as 90 days without any 30 day breaks in visits
- # % inducted is calculated by the number of episodes with induction over the number of episodes (and only

## **Community Line:**

VOICEMAILS





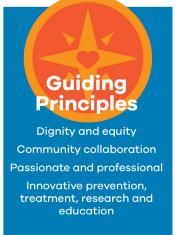
This program offers people in the community substance use screening, referrals, and information related to accessible opioid and non-opioid treatment options.

100% received call back, 30% received opioid information, 26% had referrals, 68% linked to care

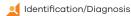












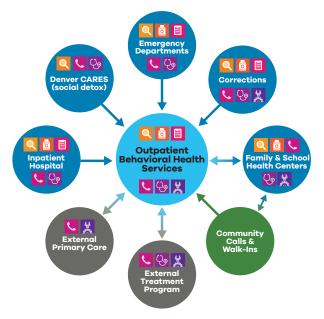
Opioid Induction

Outpatient Behavioral Health Services Intake

Referral

Ų, Treatment

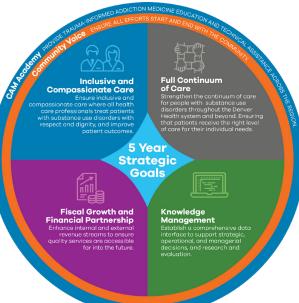
Opioid Maintenance



## **5 Year Strategic Goals**



5 Year **Stretegic** Goals



For more information please visit our webiste

www.DenverHealth.org/CAM or email us at: CAM@dhha.org

#### WHAT IS NEXT FOR CAM

Implement new treatment programs:

- ASAM 3.7 Withdrawal Management and Intensive Outpatient Program (IOP), both for adolescents
- Assertive Community Treatment (ACT) program adapted to address substance misuse

#### Continued efforts:

- Provide education and technical assistance to Denver Health staff, other health systems, and community organizations on trauma- and addiction-informed care
- Establish a Continuum of Care Evaluation Model for Alcohol Use Disorder to help better understand the true incidence, impact of interventions, and opportunities for improved identification, linkage, and retention in services