

THE ECONOMICS OF RECOVERY

How outpatient treatment providers can improve outcomes by addressing economic stability



BY: COURTNEY DEWOLFE | APRIL 2021

Economic instability and more specifically, loss of income are primary drivers of the opioid epidemic. The correlation between economic instability and negative outcomes related to opioid misuse is particularly strong. One national study found that when county unemployment rates increase by one percentage point, opioid death rates rise by 3.6% and opioid related ED visits increase by 7.0%¹. Another found that opioid related deaths were 3 times higher among adults that lost income when compared to overall opioid mortality². The 30 year increase in deaths resulting from opioids in the US can largely be attributed to decades-long rise in income inequality, deindustrialization, and a decrease in funding for social safety net programs^{3,4}. Those without economic opportunity disproportionately turn to substance as an escape from despair. As a result, opioid use disorder (OUD) treatment has adapted to not only manage a chronic condition, but to address factors related to economic insecurity in order to keep members engaged in recovery⁵.



Photo by: Tara Evans

At **Groups Recover Together**, we deliver outpatient OUD treatment and have long understood that **economic stability is a core component of recovery**. In addition to weekly group therapy and medication assisted treatment, our model of care includes access to care navigators who identify resources essential to economic stability. Navigators work as part of the care team and support members in securing employment, economic assistance, affordable housing, food vouchers, and childcare. During the COVID 19 pandemic, we experienced a surge in demand for

this type of support. This is consistent with national trends, as shortly after the pandemic began, the US Department of Labor reported record breaking new claims for unemployment benefits⁶.

Now more than ever, evidence based OUD providers must address economic insecurity in order to avoid a corresponding rise in opioid use deaths.

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In the months since the pandemic began, Groups has increased investment in care navigation, more than doubling our navigation workforce across our national footprint. Since March of 2020 we have provided:



1,000 MEMBERS with support obtaining stable housing



800 MEMBERS with support obtaining employment



100 MEMBERS with support applying for unemployment



500 MEMBERS with support securing access to phone and internet service



500 MEMBERS with support obtaining food assistance

NAVIGATION CAN CHANGE A LIFE

Our model affords navigators with the ability to deliver flexible support based on member needs. In some cases this is as simple as filling out an unemployment application. For others, navigation services are high touch and life changing.

One such member received navigation services after a divorce. This event left the member without housing, employment, or health insurance. Over the course of a month, Groups' navigators provided more than 25 hours of intensive support to ensure that the member could remain engaged in recovery. Navigators helped to enroll the member in Medicaid, establish food security through the SNAP benefit, access stable housing via HUD- first through placement at a shelter and then transitioning to low income housing, and finally secure steady employment. Since receiving this support, the member has been in treatment for more than a year.

The majority of existing members have experienced vulnerabilities related to social determinants of health and more than 60% qualify for Medicaid. Throughout the last year, our team has worked to bring a sense of stability to our members' lives during one of the most unpredictable times in recent history. The economic repercussions of COVID 19 are likely to continue, and while evidence-based models for substance use disorder treatment call for addressing vulnerability associated with loss of income⁷, most providers are unable to offer this type of support.

Our model of care is proven to help those with OUD rebuild their lives but it is critical to highlight that the holistic services we provide go well beyond what is typically covered within the fee-for-service insurance system, and would not be possible without value based contracting. **Value based payment (VBP)** arrangements are the best vehicle for scalably financing integrated support for social determinants of health. VBPs afford providers the ability to adapt to individual needs and ensure maximally efficient use of clinical resources without adding net new expenditure. State Medicaid agencies and managed care plans must prioritize and fund VBP's that enable and incentivize holistic treatment models that address economic stability and other social determinants of health. Simultaneously, policy makers must improve the economic wellbeing of our nation by implementing policy that improves opportunity, stability, and hope for a better life.



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At Groups, it is our goal as an organization to help members not only cease use of opioids, but to help them connect to resources that allow them to achieve and maintain a life worth being sober for. We will continue to address economic stability for every member that needs support and are hopeful for a future in which these services are sustainably funded nationwide.

¹Hollingsworth, Alex, Christopher J. Ruhm, and Kosali Simon. "Macroeconomic conditions and opioid abuse." *Journal of health economics* 56 (2017): 222-233.

²Olfson M, Cosgrove C, Altekruze SF, Wall MM, Blanco C. Deaths Of Despair: Adults At High Risk For Death By Suicide, Poisoning, Or Chronic Liver Disease In The US. *Health Aff (Millwood)*. 2021 Mar;40(3):505-512. doi: 10.1377/hlthaff.2020.01573. PMID: 33646867.

³Dasgupta N, Beletsky L, Ciccarone D. Opioid Crisis: No Easy Fix to Its Social and Economic Determinants. *Am J Public Health*. 2018;108(2):182-186. doi:10.2105/AJPH.2017.304187

⁴Health inequities in the age of austerity: The need for social protection policies. *Ruckert A, Labonté R Soc Sci Med*. 2017 Aug; 187():306-311

⁵Substance Abuse and Mental Health Services Administration. Tip 42: Substance Use Disorder Treatment for People With Co-Occurring Disorders https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-02-01-004_Final_508.pdf

⁶National Low Income Housing Coalition. NLIHC Releases Interactive "Housing Instability and COVID-19 Map". March 30, 2020 <https://nlihc.org/resource/nlihc-releases-interactive-housing-instability-and-covid-19-map>

⁷Substance Abuse and Mental Health Services Administration. Tip 42: Substance Use Disorder Treatment for People With Co-Occurring Disorders https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-02-01-004_Final_508.pdf