



## Innovations Stemming The Rising Tide Of Substance Use Disorders

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The statistics on substance use disorders in the United States continue to cause alarm. Overdose deaths in the United States rose 29.4% in 2020 to an estimated 93,331, including 69,710 involving opioids, according to preliminary data released by the Centers for Disease Control and Prevention. That's up from a 5% increase in 2019 and establishes a tragic new all-time high. And the data show overdose deaths grew faster in Black and Hispanic populations than in white ones (see [Provisional Drug Overdose Death Counts](#)). Overall, it is estimated that while nearly 21 million Americans have substance use disorders, only 10% of them receive treatment. Of the 15 million with an alcohol use disorder, only 7% of Americans ever receive treatment (see [Statistics On Addiction In America](#)). And 50% of people who experience substance use disorder during their lives will also experience a co-occurring mental health condition (anxiety, depression, ADHD, bipolar disorder, personality disorders, and schizophrenia) and vice versa (see [Substance Use & Co-Occurring Mental Disorders](#)). The pandemic of course made matters worse by disrupting accessibility to support resources and increasing anxiety and isolation—13% of Americans reported starting or increasing substance use as a way of coping with stress or emotions related to COVID-19.

This rise in the prevalence of substance use disorders has a big impact on the health and human service field. Data show that costs for health services, child welfare systems, and the corrections system rise with the prevalence of addiction. The question—what innovations are being deployed, or can be deployed, to address those challenges? We talked to Joseph Lee, M.D., President and Chief

Executive Officer of the Hazelden Betty Ford Foundation, who took over the reins from his predecessor, Mark Mishek, at the end of June this year. Dr. Lee will deliver the keynote, [Unlocking Value Through Integration & Technology: Meeting Individuals & Families Where They Are](#) on October 27 at the [2021 OPEN MINDS Technology & Analytics Institute](#). In his keynote, Dr. Lee will address how creating and executing on tech-enabled integrated service continuums can move the needle on addiction and mental health care. In our discussion, Dr. Lee focused on three key challenges—the widening chasm of health disparities, disconnects in the care continuum for consumers who have substance use disorders, and the need to continuously integrate knowledge and technology. And he described the opportunities to strengthen our systems and practices to address these issues.

**Challenge: Health disparities are a problem, particularly in the addiction treatment sector.** Dr. Lee underscored two realities. First, there is a lack of diversity—both racial/ethnic and professional—in leadership (on executive teams and boards) as well as in the workforce in behavioral health. This makes it harder to provide culturally responsive care and to reach communities of color that are in need of services; it also is increasingly, and rightfully, perceived as a negative by some donors. The other issue is that stigma is still a significant challenge everywhere and especially so in many underserved communities, which keeps consumers from seeking help. People of color don't always have historical context for seeking help for addiction and so it takes extra effort to make sure you reach them, Dr. Lee explained.

To address the issue of health disparities, Hazelden Betty Ford is increasing its diversity, equity, and inclusion (DEI) activities. Dr. Lee has been advancing a three-pronged approach to Hazelden Betty Ford's external-facing DEI efforts—broaden the organization's banner, meet people where they're at, and uplift other voices. Broadening the banner means inviting and reaching out to more communities, in a variety of ways, with access to help. Providing virtual services is just one way of meeting consumers where they are, broadening access, and overcoming stigma that may prevent some from initiating care in person (while recognizing that technology and lack of Internet access may be a barrier for some). In terms of uplifting other voices, Hazelden Betty Ford is consulting with tribal communities, an African American-centric treatment center, and other partners to learn from them and at the same time help build up their services—everything from back office skills to frontline clinical skills—while also partnering on public outreach and education efforts.

To build workforce diversity, Hazelden Betty Ford is examining equity in its hiring practices and also building pipelines internally and externally to nurture future leaders. Dr. Lee said, “I don’t think it’s good enough to send out a flyer and expect people to apply; you have to actually develop them. We have to give underrepresented and marginalized candidates, including those who are BIPOC [Black, indigenous and people of color] and LGBTQIA+, a chance. It’s much more than filling a quota or getting the numbers right.”

Hazelden Betty Ford has a new DEI director and is starting its journey with initiatives that aim to be “good for culture, good for patient care, and good for our financial future.” Dr. Lee said, “We are really lighting a fire under DEI initiatives. As an Asian-American and the son of immigrants, I understand empathically many of the experiences that our employees go through. The symbolism of me being CEO has helped people feel more empowered to tell their stories, or to apply for a promotion. Our employees of color add to the richness of our workforce in a really beautiful and integral way, and so too does the work we’re all doing to drive a DEI mindset throughout the organization.”

**Challenge: There are still too many gaps and disconnects in the continuum of care for substance use disorders.** Addiction is a chronic disease, but addiction care and ongoing support are fragmented. Consumers need services not just during the acute-care phase of treatment—which may begin at the inpatient or outpatient level, depending on severity—but months and sometimes years after treatment. Long-term engagement with consumers and linkages to community-based support resources are key—requiring tremendous rapport and empathy with the people you serve, an array of services, and strong relationships with community partners.

To tackle this challenge, Hazelden Betty Ford is committed to creating “a three-dimensional ecosystem around the person” to fully support each consumer on their individual path to long-term recovery. This requires understanding their needs and offering care and ongoing support on their terms. The goal, Dr. Lee said, is to help consumers establish “recovery capital”—through both internal and external resources that can empower and protect their recovery in the first weeks, months and years after they initiate it. There are four types of recovery capital—personal (abilities, skills, knowledge); family and social networks; community resources; and cultural and faith-based resources (see [Recovery Capital: Its Role In Sustaining Recovery](#)). Dr. Lee said, “We have always focused on recovery capital but we’re going to do so even more and do so under that umbrella term, which springs from

the recovery community and recovery research field, and is helpful in thinking about the ways we need to continue evolving.”

One way Hazelden Betty Ford helps consumers build recovery capital is by providing family services—which Dr. Lee intends to enhance even as others scale back on such services because of reimbursement challenges. He said, “When you think about a person in their home environment and the decisions they make, who better to influence them positively than the people who love them? So, in the interest of outcomes, it’s kind of a no-brainer to invest in family services, and we are fortunate to have the infrastructure to do more of that.” Hazelden Betty Ford also offers Medications for Opioid Use Disorder (MOUD) and combines that pharmacotherapy with family therapy and other engagement strategies. Dr. Lee observed, “A lot of people have to choose—they can either get medications or counseling but not both. We can offer all of it.”

Hazelden Betty Ford’s longstanding program, Connection, provides recovery coaching and peer support to consumers once they progress beyond the acute-care phase of treatment, helping them and their families stay supportively engaged with each other and with their recovery programs or plans. The organization’s research arm tracks the outcomes of Connection when it is bundled with inpatient and/or outpatient services and is using the outcome data in value-based payment models with health plans—which resulted in no readmissions in three months.

**Challenge: Leveraging and integrating the power of knowledge and technology.** Future improvements in the delivery of addiction treatment will be dependent, in part, on provider organizations’ ability to leverage knowledge and technology to create an integrated value chain. Hazelden Betty Ford has many divisions—treatment, research, data analytics, consulting, publishing, and a graduate school. Dr. Lee’s priority is to leverage synergies and increase the integration between all of these divisions to “unlock the value” of the combined expertise in a way that benefits individuals, families, and communities, as well as payers. He said it’s less about new ideas, and more about how well you can execute by better leveraging data and what we already know about the needs of consumers. Hazelden Betty Ford’s Butler Center for Research does a lot of analytics work, which in turn helps to improve care quality and drives success with value-based models. Dr. Lee wants to expand that. The organization is also building a platform for its mental health and substance use clinical professionals to work together with a more integrated, holistic view of the consumer. And it is focusing on hiring clinical professionals from Hazelden Betty Ford’s own graduate

school to improve care quality. “We train them in evidence-based care so they come out of the chute ready to go. And the majority of them are the cream of the crop, which will continue to help us in advancing the fidelity of our own care.”

Dr. Lee acknowledged there are many new entrants, including investor-backed entities, reshaping the addiction treatment landscape. However, he sees them less as competition and more as potential partners. Dr. Lee explained, “Other organizations may not have the experience, diverse portfolio, or reach that we do, which presents opportunities for us to potentially provide digital products for their customers, to train their staff on evidence-based practices, etc. While our own delivery of services is core, we also intend to offer our knowledge base and skillsets to others in a way that can raise the tide for everybody. We’re already doing that in states like West Virginia, Georgia, Kentucky, and New Hampshire. As we continue to get approached more in that way, we’ll be looking to scale our partnership services.”

To prepare for the future, Hazelden Betty Ford is also expanding its mental health services as well as its prevention programs in schools and its partnerships with primary care provider organizations.

My takeaways from this great conversation with Dr. Lee? Building sustainability and competitiveness for the “next normal” requires keen market intelligence, a robust array of integrated services, aggressive collaboration, and an unwavering focus on the individual and outcomes. Also critical is building an executive team and workforce whose makeup reflects the demographic of current and future patients.

For more on the changing addiction treatment field, check out the latest news and resources in The *OPEN MINDS Circle* Library: