

TO: Oregon Legislature Behavioral Health Committee  
RE: HB 3111, Letter of Support  
FROM: Tony Vezina, ED of 4D Recovery

Chair Sanchez, Vice Chair Moore-Green, and the rest of the committee,

My name is Tony Vezina, I am a person in long-term recovery, meaning I haven't used any drugs or alcohol in nearly 9 years. In addition to my recovery, I am the co-founder and executive director of 4D Recovery, a non-profit operating 3 recovery centers, the co-founder of Oregon Recovers, I have a bachelor's degree in social work, I am Alcohol and Drug Policy Commissioner, and I serve on various other commissions/boards.

As substance use and overdoses reach all-time highs, it is more important now than ever that push our treatment system forward, and HB 3111 is a step in the right direction. I don't have time to explain what recovery centers are in detail, but each of you received an email from 4D outlining our services along with a short video we made. If you have a moment, please watch it.

According to a 2017 U.S. Surgeon General Report on Facing Addiction in America, our addiction treatment system should be supporting people for a minimum of 5 years, where the likelihood of a person relapsing drops to just 15%. While Oregon has made some steps in the right direction, and I applaud the Oregon Health Authority for contracting with a few recovery centers this last year, what this bill really represents is a shift towards a recovery-oriented approach to treating addiction and that is why I am asking for your endorsement.

Here are four reasons the bill should be moved to ways and means with a recommendation from you to fund it.

1. Untreated addiction is costing Oregonians billions of dollars each year, and funding recovery centers is cheap. One center can run for \$50,000 a month and serve thousands of people, that is like \$50 bucks a person.
2. Recovery centers provide free on-going support, and their efficacy has recently sparked the Harvard School of Medicine and the Massachusetts General Hospital to conduct a special research brief.
3. Recovery centers are run by local communities of recovery, this includes culturally specific communities, who are experts at helping people find and sustain recovery. Additionally, Recovery Centers are staffed by peers, and peer services have been shown to increase treatment completion, reduce relapse, increase housing, decrease criminal activity, decrease emergency room visits, and improve overall quality of life.
4. The bill supports the Oregon Health Authority in expanding its focus on recovery by hiring a staff person to oversee recovery support investments.

I thank the committee for its time and applaud Rep Sanchez for her leadership on this issue. I urge the committee to make recovery a priority this session by moving this bill to ways and means with a recommendation for funding.



# 4D Peer Services: Outcomes

# 2020



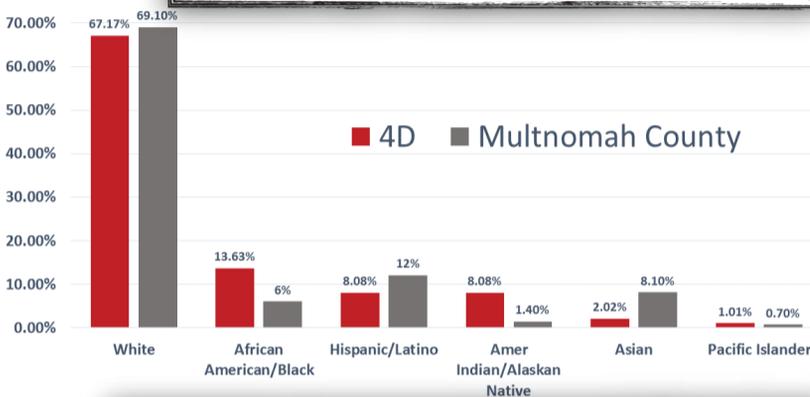
From September 2019 through September 2020, 245 young adults participated in 4D peer mentor services. 4D mentors met with their clients 1,887 times for a total of 4,093 hours of life-saving mentoring support.

- **35.12%** reported reaching 6 months of abstinence, with 23 celebrating one-year.
- **50.2%** reported an improvement in housing
- **40.8%** reported an improvement in employment
- **16.73%** reported an improvement in education
- **58.77%** reported they started exercising
- **71.57%** of 4D parents said they reconnected with their kids during services.

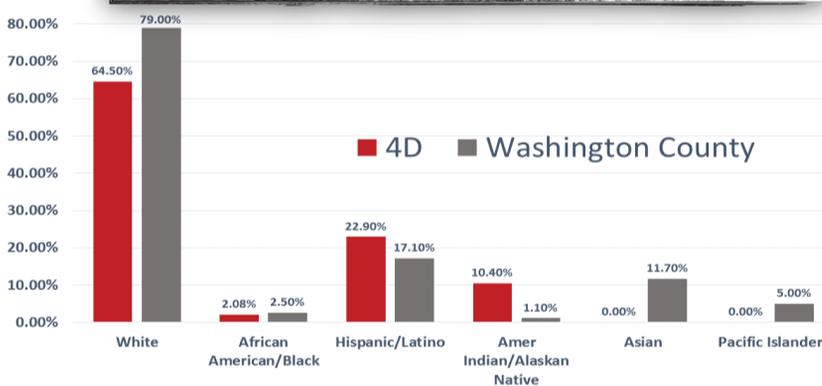
## PARENTS IN RECOVERY REUNITING WITH THEIR KIDS



### MULTNOMAH COUNTY 4D COMPARED TO MULTNOMAH GENERAL POPULATION



### WASHINGTON COUNTY 4D COMPARED TO WASHINGTON GENERAL POPULATION



### SATISFACTION SURVEY

### AGREE OR STRONGLY AGREE

My mentor spends enough time with me.	<b>92.7%</b>
My mentor and I collaborate on setting goals.	<b>92.8%</b>
I can talk to my mentor without feeling judged.	<b>94.6%</b>
My mentor helps me understand my own recovery.	<b>89.1%</b>
My mentor explains things to me in a way that I can understand.	<b>96.3%</b>
My mentor helps me use services that will help me in my recovery, such as addiction/mental health treatment, physical health, parenting classes.	<b>90.9%</b>
My mentor helps me with other needs, such as housing, finances, work, school.	<b>85.2%</b>
My mentor improves my ability to cope with my drug use issues.	<b>90.7%</b>
My mentor helps me believe that I can set and accomplish the goals I set for myself.	<b>92.3%</b>

## Participant Feedback



**WHEN ASKED WHAT WAS MOST HELPFUL ABOUT HAVING A 4D MENTOR, CLIENTS SAID...**

- "The most helpful aspect of having my 4D mentor, was that she was always available for me when I needed someone to talk, or needed help planning future goals."
- "Staying connected and having that support to always message her and she always responds. She never judged me and always helps me in my recovery"
- "Being able to have conversations with someone who was like me. I felt comfortable around not only my mentor, I felt like I could honestly talk to any of the mentors at 4D. I was always treated with the utmost respect when I was out with my mentor. 4D recovery gave me the place I could actually relax and get away from the stress of everything that comes with the everyday day life."
- "The most helpful is hard to choose because Adrian was helpful with alot of things. The most important though was that he got me to believe in myself and that anything was possible if I worked for it."
- "Having someone to look up to. Having a person that has been through the same thing I been thought make a better life for his self make me strive to do better"
- "Adrian helped me get my life back in order by first teaching me how to set realistic goals, getting me into sober housing, and then provided transportation to enroll into school at pcc. After setting me up for success with my life's goals Adrian then showed me a new way of life having fun again without drugs or alcohol going golfing, movies, and even taking me to sober Parties/dances. I think having a mentor keeping me accountable and pushing me to achieve my goals was the best tool I've had in my recovery."
- "I always have someone to bounce ideas off and I can have someone take a second look and get another opinion."
- "Ronald and 4D saved my life no other way to put it."

# IMPACT REPORT 2020

*Through pandemic shutdowns, 4D ensured recovery remained open with innovation, determination, and collaboration.*



## East County Initiative

4D's efforts to open a recovery center in Gresham come true. Many of our staff used to use drugs in Rockwood and bringing recovery to their old stomping grounds adds something special.



**The Smit Center** slated to open in December.

Nick Smit is the long-standing General Manager of Gresham Subaru and a member of the recovery community. Nick and his team at Gresham Subaru have raised 4D over \$250,000 in the last five years through the annual Share the Love event.

*"I don't do this for the recognition, I do it for the young people." - Nick Smit*



## Coronavirus Rapid Response

4D closed its recovery centers on March 15th to support the global effort to combat COVID-19. Knowing what social distancing meant to our community, we immediately launched a rapid response effort, including a partnership with Providence Health.

Thanks to a grant from Providence Health, 4D launched a street outreach team to engage our most vulnerable populations by providing updated information on behavioral health and recovery support services admission protocols.



IN THE FIRST **30** DAYS OF LOCKDOWN

**170** PEOPLE CONTACTED 4D FOR PEER-RECOVERY SUPPORT

**454** PEOPLE ATTENDED 4D HOSTED ZOOM RECOVERY MEETINGS

# PEER SERVICE HIGHLIGHTS



**245** SEPT 2019-SEPT 2020  
**YOUNG ADULTS**  
ENGAGED WITH 4D MENTORS



**23**

HAVE CELEBRATED THEIR 1-YEAR ABSTINENCE BIRTHDAY

**35%**

HAVE OVER 6 MONTHS OF ABSTINENCE



**50%**

IMPROVED THEIR HOUSING SITUATION



**40%**

IMPROVED THEIR EMPLOYMENT SITUATION



**71%**

4D PEER CLIENTS STATED THEY RECONNECTED WITH THEIR KIDS



**58%**

STARTED EXERCISING

*"The most helpful aspect of having my 4D mentor was that she was always available for me when I needed someone to talk, or needed help planning future goals." - 4D Client*

# RECOVERY CENTERS



4D recovery centers provide drop-in support for hundreds of young people each day.

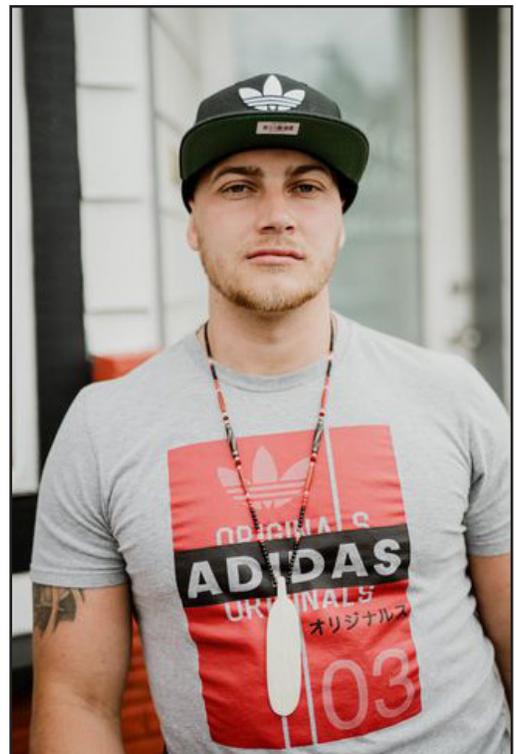
## In the last year 4D's Recovery Centers

- Hosted a **total of 868** recovery meetings
- **Organized 31 in-person recovery events** with over 1,000 people attending
- During COVID, 4D's Executive Director has interviewed local people in recovery live on Facebook in a series called Hope Shots: Raw Recovery Interviews. To date, **over 16,000** people have watched the videos.



## 4D's Executive Director, Tony Vezina honored with Portland Business Journal's Forty Under 40 Award

Each year the Portland Business Journal receives nearly 300 nominations for our Forty Under 40 program. Each application is thoroughly reviewed and Forty of the region's most influential professionals are selected to represent our region. These are game-changers, move-makers, and forces of the future.



# PEER SUPPORT

*“Because of peer support I am alive!”*

—Melodie

*“When I saw that other people recovered, it gave me hope that I could too.”*

—Corinna

*“Peer support allowed me to feel ‘normal.’”*

—Jean

## WHAT IS PEER SUPPORT?

Peer support encompasses a range of activities and interactions between people who share similar experiences of being diagnosed with mental health conditions, substance use disorders, or both. This mutuality—often called “peerness”—between a peer support worker and person in or seeking recovery promotes connection and inspires hope.

Peer support offers a level of acceptance, understanding, and validation not found in many other professional relationships (Mead & McNeil, 2006). By sharing their own lived experience and practical guidance, peer support workers help people to develop their own goals, create strategies for self-empowerment, and take concrete steps towards building fulfilling, self-determined lives for themselves.

## WHAT DOES A PEER SUPPORT WORKER DO?

A peer support worker is someone with the lived experience of recovery from a mental health condition, substance use disorder, or both. They provide support to others experiencing similar challenges. They provide non-clinical, strengths-based support and are “experientially credentialed” by their own recovery journey (Davidson, et al., 1999). Peer support workers may be referred to by different names depending upon the setting in which they practice. Common titles include: peer specialists, peer recovery coaches, peer advocates, and peer recovery support specialists.

Peer support workers can help break down barriers of experience and understanding, as well as power dynamics that may get in the way of working with other members of the treatment team. The peer support worker’s role is to assist people with finding and following their own recovery paths, without judgment, expectation, rules, or requirements.

Peer support workers practice in a range of settings, including peer-run organizations, recovery community centers, recovery residences, drug courts and other criminal justice settings, hospital emergency departments, child welfare agencies, homeless shelters, and behavioral health and primary care settings. In addition to providing the many types of assistance encompassed in the peer support role, they conduct a variety of outreach and engagement activities.

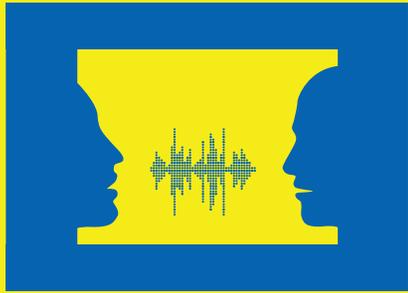
*Peer support has been there for me no matter what, and now I am able to help others...*

—Liza

### PEER SUPPORT WORKERS

-  inspire hope that people can and do recover;
-  walk with people on their recovery journeys;
-  dispel myths about what it means to have a mental health condition or substance use disorder;
-  provide self-help education and link people to tools and resources; and
-  support people in identifying their goals, hopes, and dreams, and creating a roadmap for getting there.

# DOES PEER SUPPORT MAKE A DIFFERENCE?

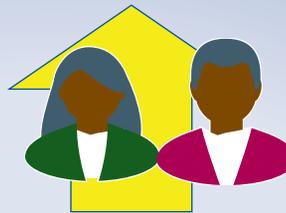


## HOW DOES PEER SUPPORT HELP?

The role of a peer support worker complements, but does not duplicate or replace the roles of therapists, case managers, and other members of a treatment team.

Peer support workers bring their own personal knowledge of what it is like to live and thrive with mental health conditions and substance use disorders. They support people's progress towards recovery and self-determined lives by sharing vital experiential information and real examples of the power of recovery. The sense of mutuality created through thoughtful sharing of experience is influential in modeling recovery and offering hope (Davidson, Bellamy, Guy, & Miller, 2012).

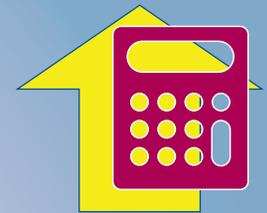
Emerging research shows that peer support is effective for supporting recovery from behavioral health conditions. Benefits of peer support may include:



**Increased self-esteem and confidence**  
(Davidson, et al., 1999; Salzer, 2002)



**Increased sense of control and ability to bring about changes in their lives**  
(Davidson, et al., 2012)



**Raised empowerment scores**  
(Davidson, et al., 1999; Dumont & Jones, 2002; Ochocka, Nelson, Janzen, & Trainor, 2006; Resnick & Rosenheck, 2008)



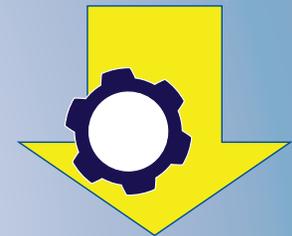
**Increased sense that treatment is responsive and inclusive of needs**  
(Davidson, et al., 2012)



**Increased sense of hope and inspiration**  
(Davidson, et al., 2006; Ratzlaff, McDiarmid, Marty, & Rapp, 2006)



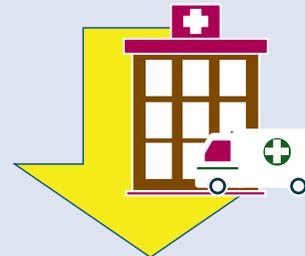
**Increased empathy and acceptance (camaraderie)**  
(Coatsworth-Puspokoy, Forchuk, & Ward-Griffin, 2006; Davidson, et al., 1999)



**Decreased psychotic symptoms**  
(Davidson, et al., 2012)



**Increased engagement in self-care and wellness**  
(Davidson, et al., 2012)



**Reduced hospital admission rates and longer community tenure**  
(Chinman, Weingarten, Stayner, & Davidson, 2001; Davidson, et al., 2012; Forchuk, Martin, Chan, & Jensen, 2005; Min, Whitecraft, Rothbard, Salzer, 2007)



**Increased social support and social functioning**  
(Kurtz, 1990; Nelson, Ochocka, Janzen, & Trainor, 2006; Ochocka et al., 2006; Trainor, Shepherd, Boydell, Leff, & Crawford, 1997; Yanos, Primavera, & Knight, 2001)



**Decreased substance use and depression**  
(Davidson, et al., 2012)

## REFERENCES

Chinman, M. J., Weingarten, R., Stayner, D., & Davidson, L. (2001). Chronicity reconsidered: improving person-environment fit through a consumer-run service. *Community mental health journal*, 37(3), 215-229.

Coatsworth-Puspokoy, R., Forchuk, C., & Ward-Griffin, C. (2006). Peer support relationships: an unexplored interpersonal process in mental health. *Journal of psychiatric and mental health nursing*, 13(5), 490-497.

Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2012). Peer support among persons with severe mental illnesses: a review of evidence and experience. *World Psychiatry*, 11(2), 123-128.

Davidson, L., Chinman, M., Kloos, B., Weingarten, R., Stayner, D., & Tebes, J. K. (1999). Peer support among individuals with severe mental illness: A review of the evidence. *Clinical psychology: Science and practice*, 6(2), 165-187.

Dumont, J., & Jones, K. (2002). Findings from a consumer/survivor defined alternative to psychiatric hospitalization. *Outlook*, 3(Spring), 4-6.

Forchuk, C., Martin, M. L., Chan, Y. L., & Jensen, E. (2005). Therapeutic relationships: From psychiatric hospital to community. *Journal of psychiatric and mental health nursing*, 12(5), 556-564.

Kurtz, L. F. (1990). The self-help movement: Review of the past decade of research. *Social Work with Groups*, 13(3), 101-115.

Min, S. Y., Whitecraft, J., Rothbard, A. B., & Salzer, M. S. (2007). Peer support for persons with co-occurring disorders and community tenure: a survival analysis. *Psychiatric rehabilitation journal*, 30(3), 207-213.

Mead, S., & McNeil, C. (2006). Peer support: What makes it unique. *International Journal of Psychosocial Rehabilitation*, 10(2), 29-37.

Nelson, G., Ochocka, J., Janzen, R., & Trainor, J. (2006). A longitudinal study of mental health consumer/survivor initiatives: Part 1—Literature review and overview of the study. *Journal of Community Psychology*, 34(3), 247-260.

Ochocka, J., Nelson, G., Janzen, R., & Trainor, J. (2006). A longitudinal study of mental health consumer/survivor initiatives: Part 3—A qualitative study of impacts of participation on new members. *Journal of Community Psychology*, 34(3), 273-283.

Ratzlaff, S., McDiarmid, D., Marty, D., & Rapp, C. (2006). The Kansas Consumer as Provider program: measuring the effects of a supported education initiative. *Psychiatric Rehabilitation Journal*, 29(3), 174-182.

Resnick, S. G., & Rosenheck, R. A. (2008). Integrating peer-provided services: a quasi-experimental study of recovery orientation, confidence, and empowerment. *Psychiatric Services*, 59(11), 1307-1317.

Salzer, M. S. (2002). Consumer-Delivered Services as a Best Practice in Mental Health Care Delivery and The Development of Practice Guidelines: Mental Health Association of Southeastern Pennsylvania Best Practices Team Philadelphia. *Psychiatric Rehabilitation Skills*, 6(3), 355-382.

Trainor, J., Shepherd, M., Boydell, K. M., Leff, A., & Crawford, E. (1997). Beyond the service paradigm: The impact and implications of consumer/survivor initiatives. *Psychiatric Rehabilitation Journal*, 21(2), 132-140.

Yanos, T. P., Primavera, L. H., & Knight, E. L. (2001). Consumer-run service participation, recovery of social functioning, and the mediating role of psychological factors. *Psychiatric Services*, 52(4), 493-500.