

Written Testimony from Eric Martin, MAC, CADC III, CRM II, CPS, Director of Policy, Compliance & Legislation for the Mental Health & Addiction Certification Board of Oregon

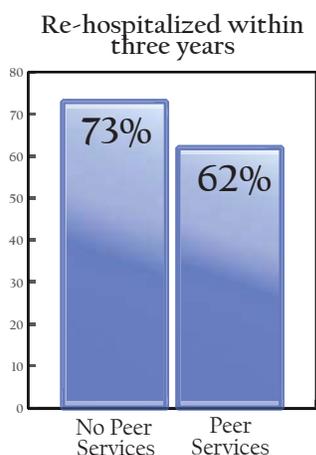
1. Community Recovery Centers are different than treatment centers. Treatment centers serve a finite number of people, where services are generally reimbursed through Medicaid or private insurance. Community Recovery Centers serve identifiable clients, and they also serve the greater “Recovery Community” at large.
2. The greater “Recovery Community at large” is significantly bigger than the census of the SUD behavioral health system. According to SAMHSA-TEDS approximately 2 million people receive SUD services annually in the U.S. However, from large scale surveys we know that at least 5 million people are active in the recovery community at large.
3. Community Recovery Centers capitalize on the natural volunteer supports afforded by the recovery community at large. Treatment centers are generally unable to do this due to strict HIPAA and CFR42P2 requirements.
4. Community Recovery Centers are a place for first contact with the SUD system, outside of “business as usual” (criminal justice system, child welfare and emergency rooms).

2017 Research Brief on Addiction Peer Services Effectiveness

17 years of Nationwide Research 1995-2012 reveals the effectiveness of Addiction Peer Services

A 17-year research analysis, Peer Recovery Support for Individuals With Substance Use Disorders: Assessing the Evidence 1995-2012, evaluated studies meeting a minimum criteria for moderate or greater evidence of effectiveness. These studies included; randomized control trials, quasi-experimental studies, pre vs. post research and research reviews. The researchers concluded, “Studies demonstrated reduced relapse rates, increased treatment retention, improved relationships with treatment providers and social supports, and increased satisfaction with the overall treatment experience.”¹

One study of 484 co-occurring disorder clients, addicts with serious mental illness showed that individuals receiving peer support along with treatment showed **11% lower re-hospitalization rates** compared to treatment without peer services.²



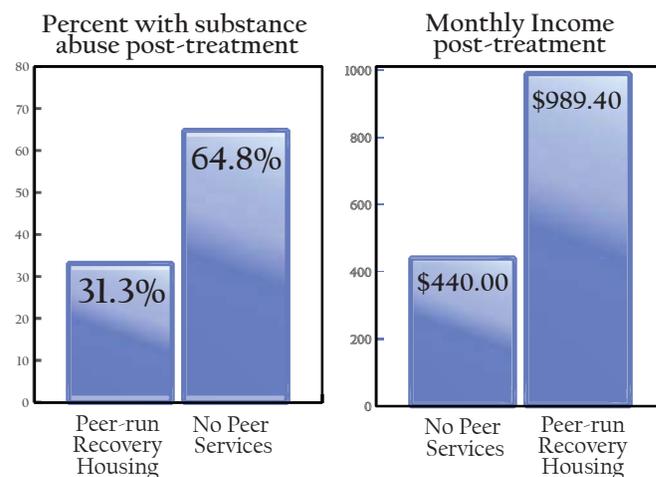
A 2005 study of 1,175 cocaine and/or heroin users in a hospital setting, examined an intervention using peer-delivered brief motivational interviewing compared to no brief intervention. Six month follow up results revealed a **greater proportion of cocaine and heroin abstinence, greater improvement in ASI drug severity score, and improvement in medical severity scores.**³

A quasi-experimental study, showed that crack cocaine addicted women receiving peer support services showed **higher levels of satisfaction, felt their peer support mentor was the most**

important part of the services they received, and reported that their peer mentor had greater knowledge of substance use disorders over the comparison group.⁴

Peer-run Recovery Housing

A study of recovery housing showed **significantly lower substance use, significantly higher monthly income, and significantly lower incarceration rates** compared to treatment participants who did not participate in recovery housing.⁵ At two year follow-up those who participated in Recovery Housing Support, had significantly lower substance abuse (31.3% vs. 64.8%), significantly higher monthly income (\$989.40 vs. \$440.00), and 66% lower incarceration rates.



1. Sharon Reif, Ph.D., et al., *Assessing the Evidence Base Series Peer Recovery Support for Individuals With Substance Use Disorders: Assessing the Evidence*, Psychiatric Services, Volume 65 Issue 7, July 2014, pp. 853-861

2. Min SY, Whitecraft J, Rothbard AB, et al.: Peer support for persons with co-occurring disorders and community tenure: a survival analysis. *Psychiatric Rehabilitation Journal* 30:207-213, 2007

3. Bernstein J, Bernstein E, Tassiopoulos K, et al.: Brief motivational intervention at a clinic visit reduces cocaine and heroin use. *Drug and Alcohol Dependence* 77:49-59, 2005

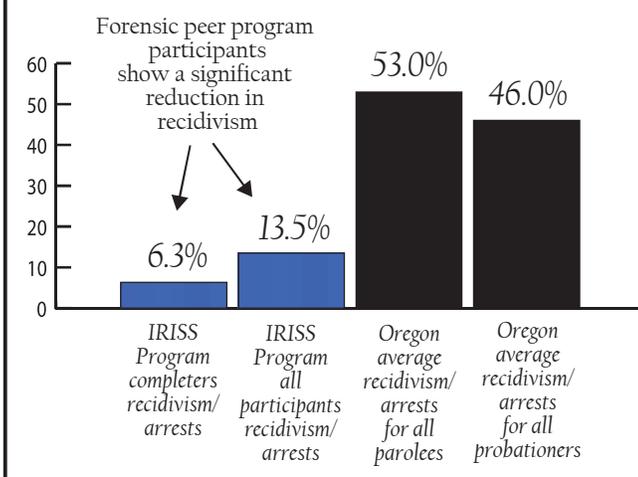
4. Sanders LM, Trinh C, Sherman BR, et al.: Assessment of client satisfaction in a peer counseling substance abuse treatment program for pregnant and postpartum women. *Evaluation and Program Planning* 21:287-296, 1998

5. Leonard A. Jason, PhD, et al, *Am J Public Health*. 2006 October; 96(10): 1727-1729, Communal Housing Settings Enhance Substance Abuse Recovery

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Oregon Research 2010-2016 reveals the effectiveness of Oregon's Addiction Peer Mentors

Recidivism Rates: IRISS Men's Forensic Peer Program, Bridges to Change, compared to business as usual (BAU)



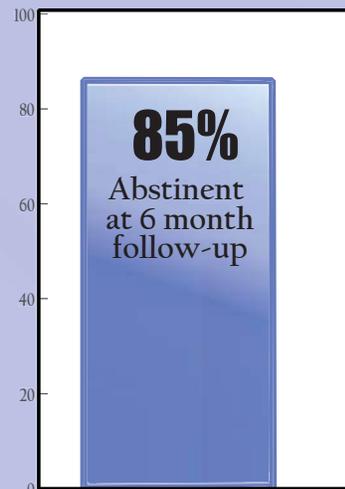
Oregon Department of Corrections data reveals that 79.4% of prison inmates have substance use disorders, and nearly 60% have a history of addiction/dependence. The IRISS program provides peer support and sober housing for Washington County referred offenders. Sixty-seven percent of the participants completed the program. Many non-completers appeared to benefit from services despite their non-completion status. Their program completion rate is higher than the national average for outpatient substance abuse treatment services (67% vs. 42%). While most participants are simultaneously enrolled in Substance Abuse Treatment services, it appears that IRISS significantly augments completion rates for offenders enrolled in outpatient substance abuse treatment services. A 2015 analysis by the Oregon Department of Corrections reveals that 53% of parolees are arrested for a new crime within three years of release, and 46% of felony probationers are arrested for a new crime within three years.

Martin, E., Marotta, J., Razavi, M., Gage, J., (2016). MetroPlus Survey SUD Peer Services, Health Share Oregon.



Central City Concern Addiction Peer Service Outcomes

A study of 152 individuals with substance use disorders (SUDs) and their families receiving services at a Central City Concern's community recovery center staffed by peers, demonstrated at 6 month follow-up: **85% were abstinent in the prior 30 days, and 4% presented significantly reduced substance use.** Moreover, 89% reported high levels of satisfaction, rating the services as being helpful.



Armitage EV, Lyons H, Moore TL: Recovery Association Project, Portland, Oregon. Alcoholism Treatment Quarterly 28:339-357, (2010).

Oregon Criminal Justice Commission Reentry Program Evaluation

A 2011 study of 358 offenders leaving prison, evaluated the outcomes of reentry programs in Multnomah, Jackson, Washington and Josephine counties. Offenders were matched to similar controls as a comparison group. Offenders who participated in reentry programs (treatment, peer services and clean & sober housing) showed a 27% drop for the overall charge rate, a 41% drop for the misdemeanor charge rate, and a 33% drop in the felony charge rate. The cost-benefit-ratio for every dollar invested in reentry programs was \$6.73 in costs savings.

Officer K., Bajpai D., Wilson M. Offender Reentry Programs Preliminary Evaluation, Oregon Criminal Justice Commission, (2011).

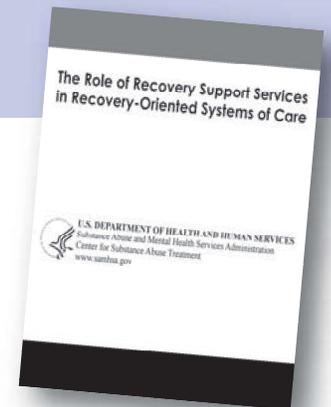
2017 Research Brief on Addiction Peer Services Effectiveness

Research demonstrates that Recovery Support Services working with CADC's produce better outcomes than either working alone.

“Research found that those who participated in *both treatment and recovery support had better long-term recovery outcomes than people who used either service alone.*”

“Peer recovery support services provide social support to individuals at all stages on the continuum of change that constitutes the recovery process. Services may be provided at different stages of recovery and may:

- Precede formal treatment, strengthening a peer's motivation for change;
- Accompany treatment, providing a community connection during treatment;
- Follow treatment, supporting relapse prevention; and
- Be delivered apart from treatment to someone who cannot enter the formal treatment system or chooses not to do so.



Kaplan, L., The Role of Recovery Support Services in Recovery-Oriented Systems of Care. DHHS Publication No. (SMA) 08-4315. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2008.

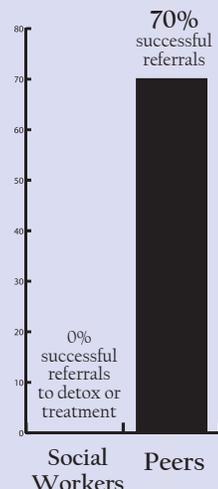
Reports are coming in from all over the U.S. regarding the effectiveness of Peers

Case Study from Barnabas Health Institute

A case study from Barnabas Health Institute in New Jersey, demonstrates the effectiveness of peer services. Of 150 cases in which social workers and other staff attempted to convince recently overdosed opiate substance users to get into a detox or drug treatment program, none (0%) agreed to go into treatment. In contrast, just a week and a half into the new overdose intervention peer service program, the addiction peer recovery mentors had a 70% success rate getting overdosed users into detox or treatment.

American Hospital Association, (2016). The State of the Behavioral Health Workforce: A Literature Review. Washington D.C., Two City Center.

Successful Referrals of Opiate Overdosed hospital patients to Detox or Treatment



Peer Recovery High Schools

A study of 17 Recovery High Schools showed pre-test to post-test analysis found “*significant reduction in substance use as well as in mental health symptoms among the students in recovery schools.*”

de Miranda, J., Williams, G., Youth in Recovery. The Prevention Researcher, Volume 18(2), April (2011).

Youth Peer Recovery Centers

The FreeMind youth Recovery Community Services Program showed, at 6 month follow-up, that of 197 predominantly minority youth participants, *82% had either sustained or initiated recovery and illegal activity decreased by 57%.*

de Miranda, J., Williams, G., Youth in Recovery. The Prevention Researcher, Volume 18(2), April (2011).