



1010 Wayne Avenue, Suite 300
Silver Spring, Maryland 20910

March 13, 2025

Oregon State House Committee on Behavioral Health & Healthcare
Public Comment re. HB2239

Dear Mr. Chairperson and Members of the Committee:

I am writing on behalf of Oxford House, Inc. (OHI) – the umbrella 501c3 nonprofit organization responsible for chartering Oxford Houses across the country as well as the 236 successfully operating Oxford Houses in Oregon and their approximately 2,000 members. The first Oxford House opened 50 years ago in 1975 and today, there are over 4,000 chartered Oxford Houses nationwide. Oxford Houses are democratically self-governing and financially self-supporting recovery homes for individuals with substance use disorders. Oxford House is the gold standard of evidence-based recovery residences. Independent, peer-reviewed and published research found Oxford House membership produces rates of long-term abstinence (86.5% in a one-year study; 69% in a two-year study with randomly assigned control/experimental groups) that no other recovery residence model can claim. We are the longest-standing, largest, and per the research, the most successful recovery residence model ever to exist.

The Oregon Health Authority has been a longtime supporter of Oxford House and we are incredibly grateful for the partnership. Oregon is considered one of Oxford Houses biggest success stories, based on the length of this partnership as well as the size and quality of the network of Oxford Houses. With 236 Oxford Houses, Oregon has one of the largest networks of homes in the country and is considered within the national Oxford House organization to be a stronghold of Oxford House community and quality of operations.

OHI is, through our chartering process, the certifying organization for all Oxford Houses. As such, we provide a certification process, compliance monitoring, technical assistance and training, assistance in expanding capacity, and a process to effectively address any concerns or complaints regarding house operations. Having provided these services to Oxford Houses in Oregon and across the rest of the country for decades, we have a great deal of experience and talent for effectively certifying and monitoring. The unparalleled success rates the research on Oxford House has shown are a product of a sound, highly effective model in combination with a very successful system of certification and monitoring on the part of OHI.

I am writing to express our opposition to HB2239. We support the establishment of a certification process. While we stand by the high quality operations of Oxford Houses, we have seen over the years, an explosion of other recovery residence models (commercial, staffed, house managed, owner/operator, etc.) and unfortunately, many have proven to be bad actors, committing financial exploitation or fraud, abuses of authority, and often with subpar facilities and operations. The National Alliance for Recovery Residences (NARR) was created just over ten years ago in order to establish and promote some minimum

standards in those recovery residences. Oxford House, having been all too aware of the need to promote better practices and discourage bad actors in these staffed/managed residences, has supported NARR's efforts from the beginning. NARR joined OHI as a certifying organization and we continue to be the only two nationally-recognized recovery residence certifying organizations.

Several states have already legislatively established certification systems for recovery residences. While there has been some variety in how those were created, we strongly believe, and now have several years of experience observing, that the most effective certification system in order to ensure the largest capacity and the highest level of quality, safety, and effectiveness in operations is to recognize OHI and NARR as the co-certifying organizations that they are. OHI certifies and monitors compliance for the self-run, self-supporting, non-commercial Oxford Houses and NARR certifies for what they categorize as level 2 and 3 houses – the ones with staff, house managers, often provide some auxiliary services, and extract revenue from the members. NARR describes what is the Oxford House Model as a level 1 home. However, in reality, as far as we can tell, no one outside of Oxford House is doing level 1 homes, for reasons having to do with control of operations and revenue generation, and therefore NARR state affiliates are not certifying level 1 homes. The only possible exception to that we have found in one state is some organizations are doing level 1 homes as part of a closed system of “step-down” houses, where only individuals that participated in the more highly structured treatment or housing the organization provides are eligible to live in them. But those houses are not available to individuals simply seeking peer-supportive housing and per the research, a very large swath of the SUD population can benefit from the level of peer-support and self-governance Oxford House provides without necessarily having to come directly from treatment or a higher level of recovery housing. This is another reason why co-certifying organizations work best – there is no overlap in our functions. We are happy to provide some examples of the language used to establish co-certifying organizations from some of the states where that exists if the sponsor, Representative Rob Nosse, or the committee would like to see them. In all of those states, Oxford House, Inc. and NARR/their state affiliate are named as the co-certifying organizations. No one else does what OHI and NARR do and we are not aware of anyone even aspiring to become a third certifying organization.

HB2239 creates a confusing, two-tiered sort of certification system we cannot support. In Section (2), it directs the OHA to adopt minimum quality and performance standards to certify recovery residences but then goes on to say those standards must be aligned with “a” recovery residence certifying organization, as in one. But then in Section (3) it goes on to state that in addition to OHA's certification, based on NARR standards if they are required to make theirs aligned with only one, the certification of any recovery residence certifying organization will also suffice. However, as mentioned above, there are only two nationally-recognized standards for recovery residences: OHI and NARR. So you would have the official certification of OHA, which is NARR's standards, and then just OHI's certification, left as this second-tier certification that is not endorsed by OHA.

Keep in mind as well that the *overwhelming* majority of recovery residences and recovery residence beds in Oregon are Oxford Houses. All other models combined are still a significantly smaller amount than the number of Oxford Houses. The unstaffed, self-

governing, self-supporting model that OHI so successfully certifies and monitors is actually the norm in Oregon recovery residences, while the types of models NARR would certify represent a minority of houses. In that sense, it would be misguided to direct OHA to align with the certifying organization for the minority of homes instead of directing them to recognize the merit of co-certifying organizations.

Considering the fact that Oxford Houses are the overwhelming majority of recovery residences in Oregon, that OHI is the certifying organization that represents the overwhelming majority of recovery residences in Oregon, we consider it appropriate to include us as well as the new NARR affiliate in the dialogue from the ground level of any proposed regulatory system. While we are past the ground level, with HB223 already having had a public comment hearing and poised to be voted on to recommend to the full House, we still would very much like to be of any assistance we can, and discuss further with Representative Nosse how this bill can be changed in order to ensure the highest level of safety, integrity, and viability in recovery residences. Oregonians struggling with substance use disorder and their families are a vulnerable, desperate population, and that often puts them at risk of being taken advantage of in trying to get the best care and outcomes for themselves or their loved ones. We recognize how high the stakes are to make sure Oregon's recovery residences are positive, supportive experiences for those who need them. The stakes are literally life and death so I will reiterate that we are committed to doing whatever we can to help create a certification system that works best for the state, the certifying organizations, and the recovery residence providers, but most importantly, one that works best for the Oregonians and their families whose lives depend on it.

Please reach out if we can be of any further assistance. Thank you for your time and consideration.

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