



TO: Chair Mitch Greenlick & Members, House Committee on Health Care

RE: HB 2627 Testimony of Support

FROM: Tony Vezina, CEO, 4<sup>th</sup> Dimension Recovery Center

DATE: February 5<sup>th</sup>, 2019

Chair Greenlick and members of the House Committee on Health Care, it is with enthusiasm I offer support to HB 2627, legislation sponsored by a great Recovery advocate, Representative Sanchez. While this testimony is specifically for HB 2627, I feel it is important to express my admiration and love for Tawna Sanchez – she has taken the Recovery mantle in the Oregon legislature and for that I am forever grateful, too many Oregonians' are dying from the addiction epidemic.

This bill will begin to mend the broken system of “addiction treatment” in Oregon by beginning to build a continuum of addiction care that reflects a chronic care model. Recovery Community Centers – also known as Recovery Community Organizations – provide free, on-demand recovery support 365 days a year, and often serve as “Recovery Resource Hubs,” providing coordination to care for those seeking recovery and offering a safe, supportive environment for people seeking services to “hang while they wait to get into treatment.” This is incredibly important to solving the addiction crisis, especially in a state that National Survey on Drug Use and Health<sup>1</sup> determined ranks 49-50 in providing access to treatment.

Waiting for treatment can literally result in death or harm to the community. It is pretty simple: People risk their lives, the lives of others, and cause damage to the community while using. When people want to quit and cannot access the services they need, they may feel hopeless and return to using. Recovery Community Centers offer on-demand peer-support that can be difference in someone's recovery journey.

Lastly, Recovery Community Centers provide an array of on-going recovery support, including peer-recovery mentoring. As the developer of a nationally recognized Recovery Community Center, I can affirm their effectiveness in the following areas: reducing homelessness by increasing engagement with recovery housing, increasing long-term recovery, increasing employment and education, reducing the need for emergency room utilization, reducing the reliance on residential treatment, decreasing recidivism rates, and increasing the completion of treatment and probation and parole.

Lastly, I would like to state that peer-support and recovery support services are NOT “feel good” practices; they are extremely effective, practical, affordable, and based in science and backed with evidence. I have attached an annual report demonstrating the efficacy of the 4<sup>th</sup> Dimension's Recovery Community Center model, an organization that serves over 600 young people every month with annual budget of around \$500,000. This equates to roughly \$70 a month to provide recovery support services to young people.

Thank you for your time, consideration, and service.

P.S. Chair Greenlick: These types of services fit into your “vision of health care innovation.”

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<sup>1</sup> <http://www.maapp.org/media/5aa1b7ed9e444.pdf>