Firstline: Chairwoman Pavilga, members of the Behavioral Health Committee, thank you for inviting me here today to discuss the sustainability of recovery in Ohio.

As you may know, Ohio Citizen Advocates for Addiction Recovery is the premiere advocacy organization for people with substance use disorders across Ohio. It is our mission to advocate for those in and seeking recovery from a substance use disorder to ensure political, social, educational, and economic equality. We work to accomplish this through education, mobilization, advocacy training, and listening to our constituents, so that we can lift up their expert voices to be heard and considered everywhere decisions are being made about us. I am a woman in long-term recovery, having recently celebrated 38 years of continuous recovery from substance use disorder. I have worked in the prevention, treatment, and recovery services for 37 years.

In our work, at OCAAR we support a network of 10 Recovery Community Organizations across Ohio. A recovery community organization (RCO) is an independent, nonprofit organization led and governed by representatives of local communities of recovery. These organizations establish recovery-focused policy advocacy activities, carry out recovery-focused community education and outreach programs, and supply peer-based addiction recovery support services (P-BRSS)." Some of these organizations are also providing services to people with mental health disorders and those who are dually diagnosed with both.

Please allow me to begin with evidence-based information regarding sustained recovery from substance use disorder. According to nationally respected addiction researchers *William L. White, MA Ernest Kurtz, PhD, and Mark Sanders, LCSW, CADC published in RECOVERY MANAGEMENT First in a series of monographs from the Great Lakes ATTC Chicago, IL*:

- RECOVERY DURABILITY Interest has grown over the past decades in the prospects and processes involved in long-term recovery stabilization (Morgan, 1995; Chappel, 1993).
- A growing number of studies are suggesting that the point at which most recoveries from alcohol dependence become **fully stabilized is between four and five years** of continuous remission (Vaillant, 1996; Nathan & Skinstad, 1987; De Soto, O'Donnel, & De Soto, 1989; Dawson, 1996; Jin, Rourke, Patterson, Taylor & Grant, 1998).
- Follow-up studies have demonstrated that only 42% percent of those abstaining from opiates in the community at two-year follow-up were still abstinent at five-year follow-up (Duvall, Lock, & Brill, 1963).
- One third of those who achieve three years of abstinence eventually relapse (Maddux & Desmond, 1981), and one quarter of heroin addicts with five or more years of abstinence later return to heroin use (Hser, Hoffman, Grella, & Anglin, 2001).
- While recovery stability seems to vary somewhat across drugs used, the principle that recovery becomes more stable over time seems to apply to all patterns of addiction. In a 2001 national survey of people who self-identified as "in recovery" or "formerly addicted," half reported being in stable recovery more than five years, and

34% reported having achieved stable recovery lasting ten or more years (Faces & Voices of Recovery, 2001).

- The average length of continuous sobriety reported in the latest membership survey of Alcoholics Anonymous was 8 years, with 36% of A.A. members reporting continuous sobriety of more than 10 years (A.A. Grapevine, July, 2005). Persons who achieve full, uninterrupted recovery for five years, like persons who have achieved similar patterns of symptom remission from other primary health disorders, can be described as recovered.

In general, this means that the risk of future lifetime relapse has approached the level of addiction risk for persons without a history of prior addiction.

In Ohio:

Just Ten Recovery Community Organizations provide recovery support in the state. At least six more are ready to stand up if the resources were made available for them in Cuyahoga, Scioto, Franklin, Lucas, Montgomery, and Preble counties.

Stronger recovery communities exist in areas where there has been ADAMH board support: Portage, Medina, Sandusky, Huron, Logan/Champaign, Athens, Green, Summit x 2, Hancock counties.

Together from just one effort of funding for our RCO's through Federal COVID dollars in nine months our RCO's were able to provide:

Engagement with	5,500 people
Community Involvement from	1,068 people
Education and Outreach to	8,202 people

From other funding sources these same programs have provided:

Peer Support Hours (estimated)	7,800 hours of Peer Support to individuals in need.

Legal, family, educational, housing, and transportation supports all provided but are not carefully tracked. Data is desperately needed to account for Recovery Support Services across Ohio.

The Department of Department of Mental Health and Addiction Services has provided $600,000 seed money to develop the new Recovery Supports Systems data warehouse and services management software that will, when completed, give us a picture of the recovery supports services system throughout Ohio. We're continuing to raise funds to complete this $1.2 million project.

Four Counties

Experts at the Substance Abuse and Mental Health Services Administration (SAMHSA) Health Statistics and Quality (CBHSQ) developed the ***Calculating an Adequate System*** Tool (**CAST)** to estimate and assess community-specific SUD capacity and service redundancy (Green et al., 2016; Green et al., n.d.). The CAST—a first of its kind--provides information to guide decision-making regarding the number of health practitioners, programs, and interventions needed to provide SUD treatment across the continuum. Moreover, the use of the CAST was desirable because no clear method for estimating SUD service needs using local community indicators for assessment and planning has been previously established.

Franklin County

The CAST report shows **Franklin County with a deficit in every category of Recovery Support Services (RSS) except for educational support and needs 854 additional weekly substance abuse support groups and 203 additional housing assistance programs to meet its needs**.

Summit County

The CAST shows that **Summit County has service gaps in inpatient and outpatient SUD treatment, and RSS. Summit County shows a deficit in four categories of RSS (i.e., religious or spiritual advisors, transportation, employment support, and housing assistance). An estimated 15,508 transportation vouchers and an additional 58 housing programs are needed for those in recovery.**

Mahoning County

The CAST report shows, **Mahoning County has service gaps in inpatient and outpatient SUD treatment, and RSS. Mahoning County shows a deficit in five categories of RSS (i.e., religious or spiritual advisors, transportation, employment support, parenting education, and housing assistance). An** estimated 6,593 transportation vouchers and an additional 30 housing programs are needed for those in recovery.

Scioto County

The CAST report for Scioto County shows that **Scioto County has service gaps in outpatient SUD treatment and RSS. Scioto County shows a deficit in three categories of RSS (i.e., transportation, employment support, and housing assistance). An estimated 2,180 transportation vouchers and an additional 5 employment support and 8 housing programs are needed for those in recovery.**

Because recovery is an ongoing process of improving health and wellness, living self-directed lives, and striving to reach one's full potential (SAMHSA, 2020), various types of indicators (e.g., housing stability, employment status, quality of life, functional status, social network, and mental health) at the structural, community, interpersonal, and intrapersonal levels need to be

included when assessing recovery outcomes (Bassuk et al., 2016). The types of RSS needed also depend on the stages of recovery. Thus, various components of RSS and PRSS need to be assessed consistently to understand their contribution to recovery outcomes (Reif et al., 2014). Furthermore, it is worth considering whether the matching of race, ethnicity, age, spirituality between peer supporters and people in recovery influence the effectiveness of PRSS (Bassuk et al., 2016).

The Ohio Citizen Advocates for Addiction Recovery Bill of Rights not only advocates for confidential, ethical, high-quality, and locally managed care for people in recovery but also highlights the right to equal social, employment, and educational opportunities. Leveraging Medicaid expansion and local policies to cover the full spectrum of RSS is important to increase its accessibility and quality. Addressing inequalities and expanding the capacity of RSS in under-resourced communities can further enhance the inclusiveness of RSS. It is also important to continue addressing environmental barriers and social determinants of health (e.g., transportation barriers, unsafe neighborhoods) that hinder individuals from utilizing high-quality SUD care and recovery services (Dey, Fuller, Lamont, 2017). Because innovations in policy, system, and environment are intertwined, momentum in one area can encourage progress in the rest.

<u>The three most important ramifications of these data points are:</u>

1. The return to use is NOT inevitable if we provide the recovery support services needed to sustain a person's recovery up to 5 years, not unlike certain medications that support cancer remission up to 5 years.
2. We must become better stewards of the billions of treatment dollars we spend annually by providing longer-term recovery support services, thereby protecting the investment of those treatment dollars.
3. The statistics regarding sustained recovery after treatment are dismal, and why we remain in this opioid epidemic. 58% of Heroin addicts sustaining recovery up to five years is unacceptable. This means 43% of our people are at high risk of death. We must emphasize recovery support services for people with all substance use disorders. But additionally, we need to encourage and support innovation. The status quo is not working.

Recovery Community Organizations need an allocation of funding, and we need additional start-up dollars to get more support across the state.

In Gratitude for Your Time and Attention.
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