New Surgeon General’s Report, reveals
Substance Abuse cost the U.S. $442 Billion Annually
Substance Abuse cost Oregonians at least $5.9 Billion Annually

<table>
<thead>
<tr>
<th>Key Substance Abuse Measure</th>
<th>Oregon’s Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recent Illegal drug use in everyone 12 and older</td>
<td>6th in the U.S.</td>
</tr>
<tr>
<td>Past Year use of non-medical pain relievers in everyone 12 and older</td>
<td>4th in the U.S.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teen Substance Abuse Ranking Among States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen Drug Dependence in the past year</td>
</tr>
<tr>
<td>Teen Cocaine Use in the past year</td>
</tr>
<tr>
<td>Recent Teen Binge Drinking</td>
</tr>
<tr>
<td>Recent Teen Marijuana Use</td>
</tr>
<tr>
<td>Teen Past Year abuse of pain relievers</td>
</tr>
<tr>
<td>Oregon has one of the lowest High School graduation rates in the U.S.</td>
</tr>
</tbody>
</table>

Oregon Student Wellness Survey 2016 and Monitoring the Future 2016

4. Johns Hopkins, 2015 Building A Grad Nation
6. Oregon Student Wellness Survey, 2015-16
Substance abuse services comprise 1.3% of the health care dollar, yet some estimates reveal that addiction causes upwards of 25% of all health care costs.

("lung cancer, emphysema, AIDS, pediatric AIDS, Hepatitis-C, endocarditis, emergency room costs, intoxicated accidents & injury, cardiac arrest, overdose, G.I. tract ulcerations, renal failure, liver cirrhosis, ascites, pancreatitis, tobacco related heart disease, ARND, etc.

“According to the Surgeon General we spend nearly half a trillion dollars annually trying to fix the problems caused by addiction, but only spend a tiny fraction of that to treat the actual disorder.”
- Tony Vezina
Director, 4D Peer Services

| U.S. All Health Care Cost: 2009, including ACA spending |
|-----------------|----------|------|
| Hospital Care   | $777 billion | 42.9% |
| Physician and Clinical Services | $503 billion | 27.8% |
| Prescription Drugs | $255 billion | 14.1% |
| Mental Health Services | $146 billion | 8.0% |
| Dental Services  | $102.5 billion | 5.6%  |
| Substance Abuse Services | $24 billion | 1.3% |

Oregon: Bottom of the Barrel
Young people needing addiction Treatment Services
48th in the U.S.

Oregon #48th in the U.S. for needing but not receiving treatment for drugs, ages 12-17, and Oregon #49th in the U.S. for needing but not receiving treatment for alcohol, ages 12-17.

“Oregon ranks 5th in the U.S. for teen drug dependence, yet we rank 48th in the U.S. for teen treatment access. We have 144 community adolescent treatment beds to serve nearly half a million teenagers in Oregon. That isn’t nearly enough!”

Erica Fuller-Hewitt, Executive Director Rimrock Trails Adolescent Treatment Services
Clients who connect with skilled competent CADC’s stay engaged in the treatment process and will complete treatment. Clients who are disengaged from treatment staff tend to drop-out and fail to complete treatment services. A six year analysis of addiction treatment discharges, reporting on 9,826,659 individuals who went through addiction treatment in the United States, reveals that the average Treatment Completion Rate from 2006-2011 in the U.S. was 45.5%, compared to Oregon’s six year average of 56.7%. Research reveals that clients who complete treatment are far more likely to stay clean and sober, become employed, become reunited with their children in foster care, have lower emergency department visits, and have significantly lower rates of criminal recidivism.


Decades of Cost-benefit Research

<table>
<thead>
<tr>
<th>Cost-benefit Analyses</th>
<th>Societal costs savings for every $1 dollar invested in treatment (recidivism, child welfare, less entitlements due to greater employment, reduced healthcare cost including E.R. visits, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992 1993 UCLA CALDATA Study of 2,000 addiction treatment clients, reveals a cost-benefit ratio of every $1 invested in treatment saved $7 in associated costs, primarily by reducing crime and increasing employment (reducing entitlements).</td>
<td>$1 invested ▼ $7.00 saved</td>
</tr>
<tr>
<td>1996 1996, OADAP Study of Oregon addiction treatment clients showed a cost-benefit savings of $5.60 for every $1 invested in addiction treatment.</td>
<td>$1 invested ▼ $5.60 saved</td>
</tr>
<tr>
<td>2002 2002 Southern Methodist University, Texas Drug Court Study, showed, over a period of 40 months, every $1 invested in drug court treatment saved $9.43 in associated costs.</td>
<td>$1 invested ▼ $9.43 saved</td>
</tr>
<tr>
<td>2003 2003 Louisiana Cost-benefit Ratio Study, analyzed research studies from all over the U.S. to determine that for every $1 invested in treatment, they would save $3.83 in associated costs.</td>
<td>$1 invested ▼ $3.83 saved</td>
</tr>
<tr>
<td>2005 2005 University of Utah, Drug Court Study, showed a cost-benefit of $4.29 for every $1 invested in drug court treatment.</td>
<td>$1 invested ▼ $4.29 saved</td>
</tr>
<tr>
<td>2005 2005 Mountain Plains Research, South Dakota Study, of more than 1,000 addiction treatment clients showed a cost-benefit savings of $8.43 for every $1 invested in addiction treatment.</td>
<td>$1 invested ▼ $8.43 saved</td>
</tr>
<tr>
<td>2007 2007 UCLA CALDATA Replication Study, showed a cost-benefit ratio of every $1 invested in treatment saved more than $7 in associated costs.</td>
<td>$1 invested ▼ $7.00 saved</td>
</tr>
<tr>
<td>2008 2008 University of Kentucky, KTOS, showed that $4.98 was saved for every $1 invested in addiction treatment.</td>
<td>$1 invested ▼ $4.98 saved</td>
</tr>
</tbody>
</table>
A meta-analysis of 78 outcome studies dating back to 1965, evaluated the outcomes of clients who received addiction treatment with the outcomes of clients who did not receive treatment. Researchers concluded, “drug abuse treatment has both a statistically significant and a clinically meaningful effect in reducing drug use and crime.”


“The Governor’s Budget reflects a proposed policy change that would reduce simple possession of controlled substance crime from felonies to misdemeanors, reflecting the Governor’s values both to reduce disparity in the justice system and to focus on treating addictions more appropriately as a public health, not a public safety issue.”

Strategic Investments for Challenging Times: 2017-19 Governor’s Recommended Budget, p. 76
Governor Kate Brown

Oregon Residential Treatment is Superior to the National Average

DATOS: The Drug Abuse Treatment Outcome Study
A study of 10,000 drug abuse treatment clients reveals the impact of Residential Treatment in reducing illegal behavior, reducing suicidal thoughts and gaining full-time employment.

2006-2011: Oregon vs. U.S. average Residential Completion Rates
A six year analysis of addiction treatment discharges, reporting on 9,826,659 individuals who went through addiction treatment in the United States, reveals that the average Treatment Completion Rate from 2006-2011 in the U.S. was 45.1%, compared to Oregon’s six year average of 61.2%.

Research reveals that clients who complete treatment are far more likely to stay clean and sober, become employed, become reunited with their children in foster care, have lower emergency department visits, and have significantly lower rates of criminal recidivism.

Interuniversity Consortium for Political and Social Research, University of Michigan, Treatment Episode Data Sets 2006-2011 concatenated years, Substance Abuse and Mental Health Services Administration, National Addiction & Data Archive Program, U.S. Averages & Oregon Averages
 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.”

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.

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

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.


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.

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.

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.

ACCBO

ACCBO is an authorized and/or contracted vendor with:

- The Oregon Health Authority (OHA)
- Iso-Quality Testing Corporation, Schroeder Measurement Technologies (SMT)
- The Professional Testing Corporation of New York (PTC)
- The National Certification Commission of Addiction Professionals (NCCAP)
- International Certification & Reciprocity Consortium (IC&RC)
- The National Council on Problem Gambling (NCPG)
- International Gambling Counselor Certification Board (IGCB)
- Pacific Screening Inc. Criminal Background Reports
- The Oregon Department of Human Services, CRIMS Background Checks (DHS)
- The National Association of Alcoholism and Drug Abuse Professionals (NAADAC)

Addiction Workforce Education

<table>
<thead>
<tr>
<th>(CADC•CRM•PRC•CGRM•CGAC•CPS)</th>
<th>Masters Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associates Degree</td>
<td>27.5%</td>
</tr>
<tr>
<td>Bachelors Degree</td>
<td>38.3%</td>
</tr>
<tr>
<td>Doctoral Degree</td>
<td>17.2%</td>
</tr>
<tr>
<td>No degree, specialty education and training</td>
<td>15.2%</td>
</tr>
</tbody>
</table>

CADC I: Associate Proficiency Addiction Counselor Certification

- 1,000 Supervised Experiential Hours in the Federal Addiction Counselor Competencies, TAP 21
- 150 SUD Accredited Education Hours
- Level I National Psychometric Exam
- Ethics Agreement
- 40 Hours Continuing Education

CADC II: Baccalaureate Proficiency Addiction Counselor Certification

- 4,000 Supervised Experiential Hours in the Addiction Counselor Competencies
- 300 SUD Accredited Education Hours, and a minimum of 90 college credits or equivalency
- Level II National Psychometric Exam
- State/Federal Jurisprudence Exam
- Ethics Agreement
- 40 Hours Continuing Education

CADC III: Graduate Proficiency Addiction Counselor Certification

- 6,000 Supervised Experiential Hours in the Addiction Counselor Competencies,
- 300 SUD Accredited Education Hours, and a Graduate degree in Human Arts
- MAC National Psychometric Exam
- Jurisprudence Examination
- Ethics Agreement
- 40 Hours Continuing Education

CRM: Entry Level Addiction Peer Certification

- 40 Hour Oregon Health Authority Approved Peer Addiction Training Program
- Ethics & Public Safety Agreement
- National Criminal Background Check
- 20 Hours of Continuing Education

PRC: Advanced Addiction Peer Certification

- 500 Supervised Experiential Hours in the IC&RC/Federal Peer Competencies
- 80 Hours of Education, Oregon Health Authority Approved Addiction Training Program, additional training hours in Jurisprudence Ethics, Outreach and Motivational Enhancement
- IC&RC National Psychometric Exam
- Ethics & Public Safety Agreement
- National Criminal Background Check
- 20 Hours of Continuing Education

CPS: Substance Abuse Prevention Certification

- 2,000 Supervised Experiential Hours in the IC&RC Prevention Domains
- 150 A&D Accredited Prevention Education Hours
- State Police Criminal Background Check
- IC&RC National Prevention Psychometric Exam
- 40 Hours of Continuing Education

CGAC I: Gambling Addiction Counselor Certification

- Prerequisite credentialing (minimum CADC I/QMHA/RBSW)
- 500 Hours of Supervised Experiential Hours, and 24 Hours of Supervision
- 60 Gambling Accredited Education Hours
- International Gambling Addiction Psychometric Exam
- 40 Hours of Continuing Education

CGAC II: Gambling Addiction Counselor Certification

- Prerequisite credentialing (minimum CADC I/QMHA/RBSW)
- 2,000 Hours of Supervised Experiential Hours, and 24 Hours of Supervision
- 60 Gambling Accredited Education Hours
- International Gambling Addiction Psychometric Exam
- 40 Hours of Continuing Education

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