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**Testimony of KiM Capone-Sprague
In Favor of LD 1229:
An Act to Support Peer Mentors for Parents Involved in the Child Protective Services
System**

Senator Baldacci, Representative Meyer, and honorable members of the Joint Standing Committee on Health and Human Services.

My name is KiM Capone-Sprague and I am a person in long-term recovery and a Certified Peer Recovery Coach. I serve as the Recovery Coach Coordinator at Portland Recovery Community Center and am speaking to you today in favor of LD 1229.

Many parents involved with child protective services in the state of Maine are affected by SUD and need support in finding and sustaining recovery. “In calendar year 2020... substance use was a risk factor in 50% of removals by OCFS.”¹ Additionally, “the impact of substance use... has significantly affected children and families. Beyond removal, when substance use is a factor in a case it takes, on average, an additional three months for children to reunify with their parents when compared to those cases that do not involve substance use.”²

As a recovery community center, we have seen the devastating effects SUD has on Maine families. We know that access to peer recovery coaching for all those with SUD has great benefits, including for parents involved with CPS. PRCC, facilitated recovery coaching for 478 recoverees³ last year, Statewide, Recovery Community Centers have supported an additional 197 Recoverees. We have witnessed the benefits of this support. Recovery Coaches are role models, allies, truth tellers, resource brokers, and share their lived experience with recoverees. Ultimately, peer recovery coaches can assist CPS involved parents with strengthening their personal recoveries to be in a better position to provide a safe environment for their children.

The benefits of Peer Recovery Support Services have been established. “Peers understand substance use disorders and the recovery process because of their own life experience. Parents are often more comfortable confiding candidly with a peer because of their shared life experiences. Peers can reduce negative attitudes and stigma among agencies and community partners toward parents with substance use disorders.”⁴

¹ Child Welfare Annual Report, Calendar Year 2021, submitted January 4, 2022 Maine Department of Health and Human Services Office of Child and Family Services. https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/2021%20Child%20Welfare%20Annual%20Report_0.pdf 4.14.23

² Child Welfare Annual Report, Calendar Year 2021, submitted January 4, 2022 Maine Department of Health and Human Services Office of Child and Family Services. https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/2021%20Child%20Welfare%20Annual%20Report_0.pdf 4.14.23

³ Recovery Coaching through PRCC January 1, 2022-December 21, 2022. Does NOT include DOJ peer recovery coach participants.

⁴ Timing matters: A randomized control trial of recovery coaches in foster care. Ryan, J. P., Perron, B. E., Moore, A., Victor, B. G., Park, K. (2017). Journal of Substance Abuse Treatment 77 p. 178-184.



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Furthermore, "These... programs have demonstrated positive outcomes for participating families, such as improved treatment completion and recovery rates for parents, less time children spent in out-of-home care, and improved family reunification rates."⁵

All people affected with SUD should have support in accessing recovery. This is especially important when CPS is involved and family reunification is at stake. Investing in peer recovery coach access for CPS involved parents is an investment in the future health of Maine families and their communities. On behalf of PRCC, I urge you to vote in favor of LD 1229.

Sincerely,

A handwritten signature in black ink, appearing to read "Kim Capone-Sprague", written over a faint dotted line.

Kim Capone-Sprague
Recovery Coach Coordinator
Portland Recovery Community Center

⁵ Rowe, M., Bellamy, C., Baranoski, M., Wieland, M., O'connell, M. J., Benedict, P., et al. (2007). A peer-support, group intervention to reduce substance use and criminality among persons with severe mental illness. *Psychiatr. Serv.* 58, 955-961. doi: 10.1176/ps.2007.58.7.955