

My name is **Jason Brian**, and I founded Redwood Recovery Solutions (“Redwood”), the organization that owns *TreatmentCalls.com*. It is my pleasure to be here today, to share with this Committee my perspective of the opioid epidemic in this country.

My background prior to my involvement with Redwood was in insurance and automotive marketing. After successfully building a lead company that specialized in those two arenas, I found myself pondering my childhood moment – when I said: “when I grow up I want to be....” This was always followed by my response: a career that makes a difference in the lives of others -- I never thought: “when I grow up I want to sell leads to insurance agents and car dealerships.” Although successful in those areas, my team at Redwood shared the vision of wanting to make a difference in the lives of others, so we started courting projects where there was a strong "purpose motivator" rather than just a profit motivator. The Redwood goal was to take the proven model we had developed in the past -- connecting people -- and applying it to connecting people in need of treatment from fully licensed treatment providers who could guide them on that journey.

Redwood’s model was, at its core, simply an advertising and marketing firm that worked closely with many different types of media companies that operated in TV, radio, search engine advertising and other marketing channels. Its purpose was to generate inbound phone calls from persons seeking substance abuse help, and then connect them to a licensed treatment center. Redwood did not own these sources or the agencies, and ultimately did not build or control the distribution of the media companies’ advertisements. Rather, Redwood developed a strict set of marketing standards and requirements for these agencies to follow. These rules prohibited the use of any sort of incentive to the caller for making the call, as well as forbidding: 1) the use of any treatment center’s intellectual property; 2) any attempt at intentionally deceiving the caller; 3) providing clinical guidance; and 4) other safeguards. These affiliates were compensated a flat,

pre-negotiated rate per call sent to Redwood. More importantly, this fee structure was never contingent on the outcome of any call or the placement of any patient.

As part of the operations, after receiving a call from an affiliate, Redwood would route this inbound phone call directly to a licensed treatment provider within its network. Redwood did not answer these inbound phone calls, but rather the licensed treatment providers did. Redwood made it clear that it was in the sole discretion and professional judgement of the licensed treatment program answering the inbound call, along with the caller themselves, to make any decision about the appropriateness (or lack thereof) of a program best suited for either the caller or the person on whose behalf they were calling. Furthermore, if a referral was needed to another facility or level of care, it would have been done solely by the licensed treatment provider, as Redwood made no referrals whatsoever.

It is important to clarify my “past tense” reference to Redwood and share my opinion on the unfortunate reality of painting with broad strokes the problems with treatment for addiction. In January of this year, collectively with my team, Redwood decided that it was time to move on from this industry. Far too often, this industry itself and those watching it from the sidelines want to type cast all marketing companies as “bad and unethical” because of the abuse of a few unethical, disgusting individuals. Not all treatment centers are bad; however, a few have given the industry a black eye.

Inevitably, when I discuss this topic within the industry, the first criticism that people make as support for the notion that marketing companies are “bad or unethical” is that the decision to choose a treatment facility occurs at a crisis moment when the individual is most vulnerable. This past week a good friend of mine lost her husband to an overdose, and in conversation she candidly told me: “[o]ver and over Robert went to the best treatment money could buy. He would do

anything for me and his family -- anything -- but he would not quit using. We all prayed that it would not happen, but his family and I knew that this day might come, and indeed our worst nightmare came true.” The reality is that persons seeking help for addiction do try all sorts of remedies – daily or weekly meetings, visiting therapists, joining religious groups, or whatever they can do to help themselves or their loved ones. They search for months, and even years, for solutions. But their addiction did not catch anyone by surprise, as this disease often gets worse over years, or even decades. I am not downplaying the seriousness and importance of someone making the phone call, but to those that suggest that the calls received are random, impromptu decisions, caught in a moment of vulnerability, is just not accurate.

The second criticism voiced always pertains to the appropriateness of the facility to which the call is routed. The question is asked, “How do you know if a generic help line call is a fit for the center that received the call?” Consider that if you searched for treatment online, and called any treatment center that came up directly, would your discovery of them online then qualify that center to be the best one? Would it not qualify as a perfect fit? If instead you used a phone book and called one listed there, would that one qualify as a perfect fit? If a center placed an advertisement on television directly, might that help someone find the best fit? Of course, none of these mechanisms independently change anything about the quality of care or experience one might receive at any given center.

More importantly, these treatment providers are licensed to do the work that they are doing. Outside of gross negligence, these centers who share this licensure even internally disagree on what types of treatment are best for the same client, and ultimately that subjectivity is used as part of the disparagement on where a call would be best suited. Redwood never took part in that

conversation – but rather objectively viewed a treatment center’s licensure as sufficient proof of the professionalism that allowed Redwood to work with them.

Criticizing the marketing companies, as so many have done, by placing a scarlet letter on them, does not change how treatment centers will handle a phone call, and in fact, at least in our case, actually chases away persons and corporations that do want to help others in need. Over 519,000 individuals -- moms and dads, brothers and sisters, sons and daughters, coworkers and friends -- have placed phone calls that were routed through Redwood to facilities licensed to provide them with help. Regardless of any criticism, there is no doubt that lives have been saved and changed because of Redwood. I am proud of that.

In conclusion, I strongly urge anyone in this industry, as well as those tasked with creating legislation in it, to reconsider how they look at legitimate marketing companies. The real fix lies in creating increased guidelines for what “good treatment” is, requiring licensure which mandates that agreed upon *minimum standard of care*, and then holding individuals and corporations accountable to the new licensure. I am happy to be a part of this conversation and continue the dialog that accomplishes this goal – of helping people – a goal that Redwood set out to accomplish. Thank you.