

To: Members of the Joint Committee on Addiction and

**Community Safety Response** 

From: Lieutenant Jamie Russell, Lincoln County Jail

Oregon State Sheriffs' Association

Date: December 4, 2023

**Re:** Testimony regarding Medically Assisted Treatment (MAT) programs

## Co-Chairs Lieber and Kropf, and members of the committee,

For the record, my name is Jamie Russell. I serve as the Jail Commander in Lincoln County and I am here today to testify regarding Medication-Assisted Treatment (MAT) programs in Oregon.

The expansion of Medication-Assisted Treatment (MAT) programs across Oregon's jails has been rapid. I recently conducted an informal survey encompassing 24 Oregon Jails, including Lincoln County. The findings revealed that out of the 11 jails currently without a MAT program, two facilities are maintaining medication for Adult in Custody (AIC) individuals who were actively participating in the program before their incarceration. The remaining nine facilities all recognize the program's significance and have plans to implement it as soon as funding becomes available, with some aiming for implementation as early as January 1, 2024. Funding sources identified in the survey include state grants, jail budgets (general fund dollars), partnerships with external entities, and funds from opioid settlements.

Upon an adult's incarceration, the jail assumes the financial burden of all medical expenses, including medications, as insurance benefits are discontinued due to federal Medicaid restrictions. This enduring challenge has prompted the Oregon State Sheriffs' Association to collaborate with partner organizations nationwide, actively pursuing a federal resolution. The expenses associated with medications used in MAT (Medication-Assisted Treatment) programs can be considerable, posing a notable barrier for jails aiming to implement such programs.

Successful MAT programs require a multi-layer approach, medication is only one piece of the equation. Effective treatment, monitoring and counseling are important components as well. Establishing community partners prior to implementation of a MAT program allows for a more seamless transition from facility to facility and facility to the community.

As I have learned, and you will be hearing from Sgt. Gainer, this program works. We know there are some misunderstandings associated with MAT, Gor example, the perception that MAT involves "substituting one drug for another" exists in our profession as well as in our communities. The more we can educate our members and our citizens, the sooner we can eliminate the stigma surrounding this program.

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