



# Legislative Testimony

## OREGON DEPARTMENT OF CORRECTIONS

January 31, 2023

The Honorable Floyd Prozanski, Chair  
Senate Committee on Judiciary

**Subject: Senate Bill 529**

Chair Prozanski and members of the committee, my name is Devarshi Bajpai. I am the Behavioral Health Services Administrator for the Oregon Department of Corrections (DOC). I am providing testimony in support of Senate Bill (SB) 529.

**What the Bill Does:**

SB 529 will amend the Alternative Incarceration Program (AIP) statutes to allow DOC to treat Substance Use Disorders (SUD) as a chronic disease.

**Background Information:**

As stated in Section 1 of SB 529, SUD negatively impacts Adults in Custody (AIC) at a significantly greater frequency than individuals in the community. DOC conducts a screening for AICs entering custody and finds that 63% of AICs report having a SUD; and 50% of all AICs are classified as having a "severe" need for treatment. This is more than four times higher than national estimates of community prevalence of approximately 15%.

Section 1 of the bill also states that Substance Use Disorders should be considered chronic illnesses, for which effective treatment is available. Treatment for chronic diseases like substance use disorder, diabetes or hypertension is significantly different than treatment for an acute condition like a broken arm. Treatment for a broken arm looks very similar from person to person and in most cases will be entirely fixed at the conclusion of treatment. Diabetes, as an example of a chronic condition, may be treated through lifestyle interventions like diet and exercise for some people, while others may require continuous glucose monitoring and insulin pumps. Chronic illnesses often require lifelong management, where symptoms come and go, and treatments are adjusted in response.

The AIP statute currently requires 14 hours a day, seven days a week treatment and requires the program to be 270 days. This is a level of intensity that is not available in the community and the statutory language creates barriers to restructuring the programs to meet more current, best practice standards for SUD treatment. Many individuals would benefit from a lower intensity of services, but all DOC SUD treatment resources are tied to a "one size fits all" model.

The changes outlined in Section 4 of this bill will allow DOC the flexibility needed to evolve with current research on effective treatment, and to adjust how the treatment is provided to meet the operational needs of the agency. This increased flexibility will, in turn, allow for more AICs to receive services, including AICs who are not mentally or physically able to withstand the 14-hour days to participate in AIP.

Senate Bill 529 Testimony

January 31, 2023

Page 2

AIP was developed at a time when corrections was focused on intensive, regimented programming where AICs could "earn" a reduction in their sentence. The programming originally consisted of boot camps and cognitive-based interventions, but the statute allows for substance use disorder treatment to be provided instead when it is determined by DOC to be appropriate. Over the years, the need for gender-responsive, trauma-informed SUD treatment has become more and more evident, and AIPs have focused more on SUD treatment and less on cognitive-only interventions. Since AIP was not initially developed to address SUD, it has been more akin to treatment for a broken arm than for diabetes.

For these reasons, DOC supports this bill as currently written.

Thank you for your time and consideration.

*Submitted by:*

Oregon Department of Corrections

Devarshi Bajpai, Behavioral Health Services Administrator

devarshi.bajpai@doc.oregon.gov