



Legislative Testimony

OREGON DEPARTMENT OF CORRECTIONS

March 28, 2023

The Honorable Jason Kropf, Chair
House Committee on Judiciary

Subject: House Bill 2890

Chair Kropf and members of the committee, my name is Joe Bugher, and I serve as the Assistant Director of Health Services for the Oregon Department of Corrections (DOC). I am providing testimony regarding House Bill (HB) 2890.

What the Bill Does:

HB 2890 establishes new statutory requirements for a Corrections Ombudsman. The duties of this position will be to consult with adults in custody (AICs), family members of AICs, and DOC in order to inform and support the department's continuous quality improvement efforts. HB 2890 also ensures that all AICs in DOC custody have access to mental health and substance use disorder treatment and services during the entire period of incarceration, including access to evidence-based medication-assisted treatment options. In addition to these requirements, this bill requires DOC to ensure AICs have meaningful and free access to secure personal electronic devices which may be used for education, health care, behavioral health, and personal communications with family and legal counsel.

Background Information:

AICs are a vulnerable population with complex health needs. While the opioid epidemic has had a dramatic impact on America at large, those with a history of incarceration have been shown to be disproportionately affected by substance use disorders – particularly opioid use disorder (OUD) and opioid related death. Currently, about 63% of the DOC population needs treatment, with about 50% having a severe treatment need. Yet, only about 9% of those AICs in need get the substance use disorder treatment they need while in DOC custody.

DOC currently offers a variety of programs to address substance use disorders in adults in custody. Primary services are milieu-based programs, which provide six months of intensive group and individual treatment mostly available to those individuals eligible for alternative sentencing and within six months of expected release. These programs are trauma-informed and gender-responsive and utilize evidence-based curricula to guide participants along recovery pathways.

Another service DOC provides is Medication for Opioid Use Disorder (MOUD). A pilot program for MOUD was implemented in October of 2021 to evaluate the use of medications for opioid use disorder. This program aims to prevent post-release overdose among individuals released from prison. Sublocade and Vivitrol were selected as preferable medications to be used due to the manner in which they are administered. The pilot has now concluded, and DOC will continue to offer medication for opioid use disorder in all institutions upon admission and prior to release, including for duration of incarceration when appropriate.

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Treatment is also available through outpatient treatment services at select institutions. These programs provide structured routine for intensive individual and group-based treatment. Many of these programs also utilize AIC Peer Recovery Mentors, who serve to bolster the skill development of individuals on their journey of recovery. DOC programs also provide relapse prevention planning and care coordination for those releasing from custody. Support provided is individualized and collaborative with agency partners.

Pandemic-related disruptions to the community mental health system continue to impact DOC. Mental health acuity consistently increases for individuals entering custody. As a result, our higher-level mental health treatment beds continue to be full, requiring us to keep AICs in suboptimal settings. This is exacerbated by an aging population, many of whom require memory care services in a low stimulus environment – which is only available in our mental health special housing units or infirmaries – preventing turnover of these beds.

HB 2890 would require the expansion of both the mental health and substance use disorder services in DOC beyond what is currently provided within existing resources.

Regarding access to secure personal electronic devices, HB 2890 would require an expansion beyond what is available or attainable. Currently, DOC's communications contract is for one device per seven AICs and costs approximately \$10,000,000 per year. An increase of devices to meet this new requirement would have significant impacts, including cost as well as workforce and infrastructure needs.

Thank you for your time and consideration.

Submitted by:

Oregon Department of Corrections

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