

To: House Health Care Committee
From: Sharon Meieran, Multnomah County Commissioner
Date: February 5, 2019
Re: Support for House Bill 2257

Chair Greenlick, Vice Chairs Hayden and Nosse, and Members of the Committee,

Thank you for the opportunity to testify in support of House Bill 2257. This legislation is representative of some very thoughtful work conducted by a multidisciplinary group of experts and critical thinkers. There are several provisions in the bill, but I would like to focus on three that are of particular interest to Multnomah County.

First, I would like to commend the intent of this bill in declaring substance use disorder as a chronic condition. For so long, addiction has been considered a moral failing, a character flaw, an affliction of poor choices best dealt with in the criminal justice system. Today, there should be no question that addiction is a complex disease of the brain and body that can be managed with effective treatment and recovery supports. The medical community agrees, the science is clear and convincing -- the only moral failing that remains now is if we continue to pursue public policy and programs that address addiction with punishment rather than treatment.

Second, I appreciate the focus in HB 2257 on the importance of addressing addiction in corrections settings. Multnomah County, through our Corrections Health division, currently provides some assessment, treatment, and referral services to individuals in custody in our two jails. For example:

- In 2018 Corrections Health averaged 1,862 intake screenings per month, which include assessment for active drug use, intoxication, withdrawal, and community-prescribed Medication Assisted Treatment (MAT) if applicable.
- We use a detoxification protocol in the jails and we are able to initiate MAT (buprenorphine) during detox if indicated, and to continue MAT for individuals entering jail if they have been maintaining their recovery with the aid of MAT in the community.
- One high priority population for us is pregnant women in custody. We can provide MAT during pregnancy for opiate-addicted women in custody, and we work with specialists from OHSU to promote continuity of care and follow up in the community.
- We are actively exploring and piloting projects to prevent overdose deaths and to better connect people to treatment upon release.

These examples demonstrate Multnomah County's commitment to improving our approach to addiction assessment and treatment in our jails. Although incarceration is, by nature, a disruptive experience for a person, we believe that jail should not derail a person's recovery.



Sharon Meieran

Multnomah County Commissioner, District 1

While Multnomah County appreciates the call in this bill to further study barriers to care and opportunities for improvement, we have some concern about the unfunded burden this may place on counties and want legislators to be aware of that challenge. We do already understand many of the barriers to diagnosis, treatment and continuity of care for persons in custody -- short lengths of stay and unpredictable releases make thoughtful discharge planning a challenge, and inadequate resources both inside and outside of custody make recovery less accessible. Without enough treatment resources in the community, we lose a valuable opportunity to leverage the detox and medical stabilization that occurs for some individuals in our jails. Our work in custody, to some degree, is only as valuable as the services that we have to transition people to afterwards.

Finally, it is so important that a significant portion of this bill is dedicated to addressing the challenges facing our state's behavioral health workforce. Individuals working in behavioral health care are often overworked and underpaid -- they do some of the most challenging work out there, walking alongside people through crisis and trauma and healing. It is a field marked by intense passion and dedication, but also by high burnout and vicarious trauma. Turnover in providers is tremendous on the front line, and the frequent turnover in providers itself can damage the recovery process.

Improving accreditation and training for treatment providers is one key piece of the puzzle that can help provide clearer career pathways for people working in this field. This as a huge and necessary complement to one of Multnomah County's key legislative priorities, which is to **increase the payment rate for substance use disorder treatment**. Better training and credentialing can certainly improve the quality of care that providers offer to clients -- but we will only realize those benefits if we are able to appropriately compensate this better-trained and prepared workforce. Accreditation and training *must* go hand in hand with better working conditions if we want to truly improve quality, access, and continuity of care.

Thank you for your consideration of this important piece of legislation, and I urge your support of House Bill 2257.

Respectfully submitted,

Sharon Meieran