Other formats and languages

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Sarah Herb at sarah.herb@oha.oregon.gov or (971) 372-9887. We accept all relay calls.

LC 230: Oregon State Hospital Operational Efficiency

Aligning statutes with best practices and current Oregon State Hospital (OSH) processes will improve the efficiency of and reduce administrative burden on the hospital, so it can better meet the needs of patients and staff.

Receiving materials from outside entities

OSH frequently receives patients without receiving their external records in a timely manner, including prior psychological evaluations, jail documentation, other health information, and community mental health documentation. When such information is missing at admission, hospital clinicians must begin assessments from square one. The need to spend significant time reconstructing basic background information delays diagnosis, treatment planning, and overall care progression. These inefficiencies reduce the hospital's ability to deliver timely, well-informed forensic psychiatric care.

This proposal requires relevant entities—such as jails, courts, and medical providers—to transmit available records to OSH prior to admission. With immediate access to essential patient history, OSH clinicians can conduct faster assessments, make more accurate clinical decision, and deliver more efficient treatment planning. This would reduce delays, minimize redundant information requests, and improve efficiency and quality of care for patients.

County cost responsibility for evaluators attending hearings in person

Inefficient in-person testimony requirements reduce forensic evaluation capacity

Current statute allows forensic evaluators to testify in court cases virtually. However, some courts and district attorneys frequently require in-person appearances by the evaluators. This leads to extensive travel time, disruption to clinical schedules, and reduced time available for evaluators to conduct assessments and write reports to the court. In some instances, evaluators have been required to appear in person but ultimately not even called to testify. Such practices reduce the capacity of forensic evaluators and divert limited clinical resources away from core duties.

This proposal encourages counties to use virtual participation to minimize unnecessary travel and administrative burden. If in-person testimony is necessary, counties would cover the associated costs. The testimony would remain cost-free for counties if they allow the virtual option. This change preserves evaluator capacity and improves the efficiency of OSH's forensic evaluation services.

Seven day follow-up appointment requirement after discharge-

Current law requires all psychiatric hospitals to schedule a follow-up appointment within seven days of discharge or to document the reason the requirement cannot be met. However, OSH functions differently from traditional acute care hospitals. Most discharged patients go to correctional settings, such as county jails, which do not allow OSH to coordinate or schedule post discharge appointments. Most other patients are discharged to other treatment facilities which makes OSH follow-up redundant. Compliance with the seven day requirement is not operationally feasible and does not reflect the realities of OSH's forensic discharge pathways.

This proposal exempts OSH from the statutory requirement to schedule or document seven day post discharge follow-up appointments. Acknowledging OSH's unique processes would eliminate an unneeded and administratively burdensome requirement.

Mandatory reporting of abuse occurring in jails

In most circumstances, most health care professionals – including at OSH are mandated to report suspected abuse of a patient to appropriate authorities. However, current law does not clearly establish mandatory reporting of suspected abuse that may have occurred in jail settings, even when individuals are elderly or disabled. Without mandatory reporting, OSH clinicians are constrained by health privacy laws, which prohibit release of protected information without patient authorization unless there is a clear exception permitting disclosure – such as for suspected abuse. This gap can prevent timely reporting, leaving vulnerable individuals without protection.

This proposal explicitly authorizes OSH staff to report suspected abuse of jail inmates directly to jail command staff and to appropriate oversight entities without requiring a release of information from the patient. This will remove reporting barriers, ensure timely communication of safety concerns, and strengthen protections for incarcerated individuals who may be unable or unwilling to self report abuse.

Reporting on patient ability to drive to the DMV

Current law directs physicians to notify the Department of Motor Vehicles (DMV) when a patient should not drive due to a mental condition. The requirement is also out of alignment with OSH's forensic population, most of whom discharge to correctional or supervised settings where driving is not relevant or possible. Also, because of administrative workflows, any notifications by OSH often occur after a patient has been discharged and is no longer under OSH care.

This proposal removes OSH-specific DMV reporting obligations and instead aligns responsibilities with the general physician reporting framework under ORS 807.710. Under this change, reporting would occur based on clinically appropriate timing and would exclude individuals discharging to settings where driving is not reasonably possible. Updating the statutory framework ensures more accurate, timely, and relevant reporting, while reducing administrative burden and improving clarity for both patients and providers.

For more information:

Matthew Green
Senior Policy Advisor
503-983-8257
matthew.green@oha.oregon.gov