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LC 231: Continuing Psychiatric Medication upon Discharge to Jail

Ensuring continuity of medications prescribed by Oregon State Hospital (OSH) upon discharge to jail will improve patient stability, reduce costly readmissions, support competency restoration, and promote better behavioral health outcomes for individuals involved in the criminal justice system.

Disruptions in medication following discharge from OSH lead to decompensation and repeat hospitalizations

OSH is required to admit and treat individuals found unable to aid and assist in their criminal defense. A core goal of OSH's Aid & Assist (A&A) program is restoring patients' competency so they can meaningfully participate in legal proceedings. For many patients, clinically appropriate psychiatric medications are essential to achieving and maintaining the stability required for competency restoration.

When a patient is found fit to proceed and returned to a county jail, OSH provides a comprehensive discharge plan and a two-week supply of medications. These plans outline the specific treatment regimen that successfully stabilized the individual and restored competency.

However, despite this preparation, continuity of medication is not reliably maintained once the patient is back in jail custody. The medications that supported competency restoration at OSH may be delayed or even discontinued. Interruptions in medication often lead to psychiatric decompensation, loss of competency, and worsening behavioral health symptoms. Many patients require readmission to OSH for renewed stabilization and restoration services, creating a recurring cycle of stabilization, discharge, deterioration, and readmission. This cycle delays court proceedings, prolongs

incarceration, increases strain on limited state hospital capacity, and drives costs for both state and local jurisdictions.

The impacts extend beyond OSH and jails. Individuals served under the A&A statute frequently experience serious mental illness, co-occurring substance use disorders, housing instability, poverty, and long-term involvement in the criminal justice system. Breaks in treatment continuity disproportionately affect the most vulnerable Oregonians, leading to poorer health outcomes, extended incarceration, and reduced opportunities for successful return to the community.

Without a reliable mechanism to ensure continuity of clinically effective treatment upon discharge from OSH to jail custody, the state's investments in competency restoration are at risk of being undermined almost immediately after a patient leaves the hospital.

Continuation of clinically effective medication preserves treatment gains

This proposal requires county jails to continue the medication regimen identified by OSH in the discharge plan when an individual returns to jail following competency restoration. This creates a clear expectation that medications deemed necessary by OSH clinicians for maintaining stability and competency will continue during the transition back to jails.

OSH would communicate the regimen through its discharge process and provide a two-week medication supply to give jails time to secure needed prescriptions. Clinical responsibility would transfer to the jail at discharge, and jail medical providers would retain authority to make clinically appropriate adjustments.

Ensuring continuity of care preserves treatment gains, reduces avoidable deterioration, and decreases the number of individuals who lose competency after returning to jail—in turn reducing readmissions to OSH and supporting more timely resolution of criminal cases.

For more information:

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