

**TESTIMONY ON HOUSE BILL 2480
BEFORE THE HOUSE COMMITTEE ON JUDICIARY
MARCH 27, 2025**

**PRESENTED BY: CHANNA NEWELL, SENIOR STAFF COUNSEL FOR
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OREGON JUDICIAL DEPARTMENT**

Chair Kropf, Vice-Chairs Wallan and Chotzen, and Members of the Committee:

Thank you for the opportunity to testify. The Oregon Judicial Department (OJD) is neutral on House Bill (HB) 2480 and the forthcoming amendments that address the process for moving a person who has been committed to the Oregon State Hospital (OSH) into community restoration. This proposal was not a recommendation of the legislative Forensic Behavioral Health Workgroup, but OJD feels it is an important component of the revisions to the aid-and-assist process.

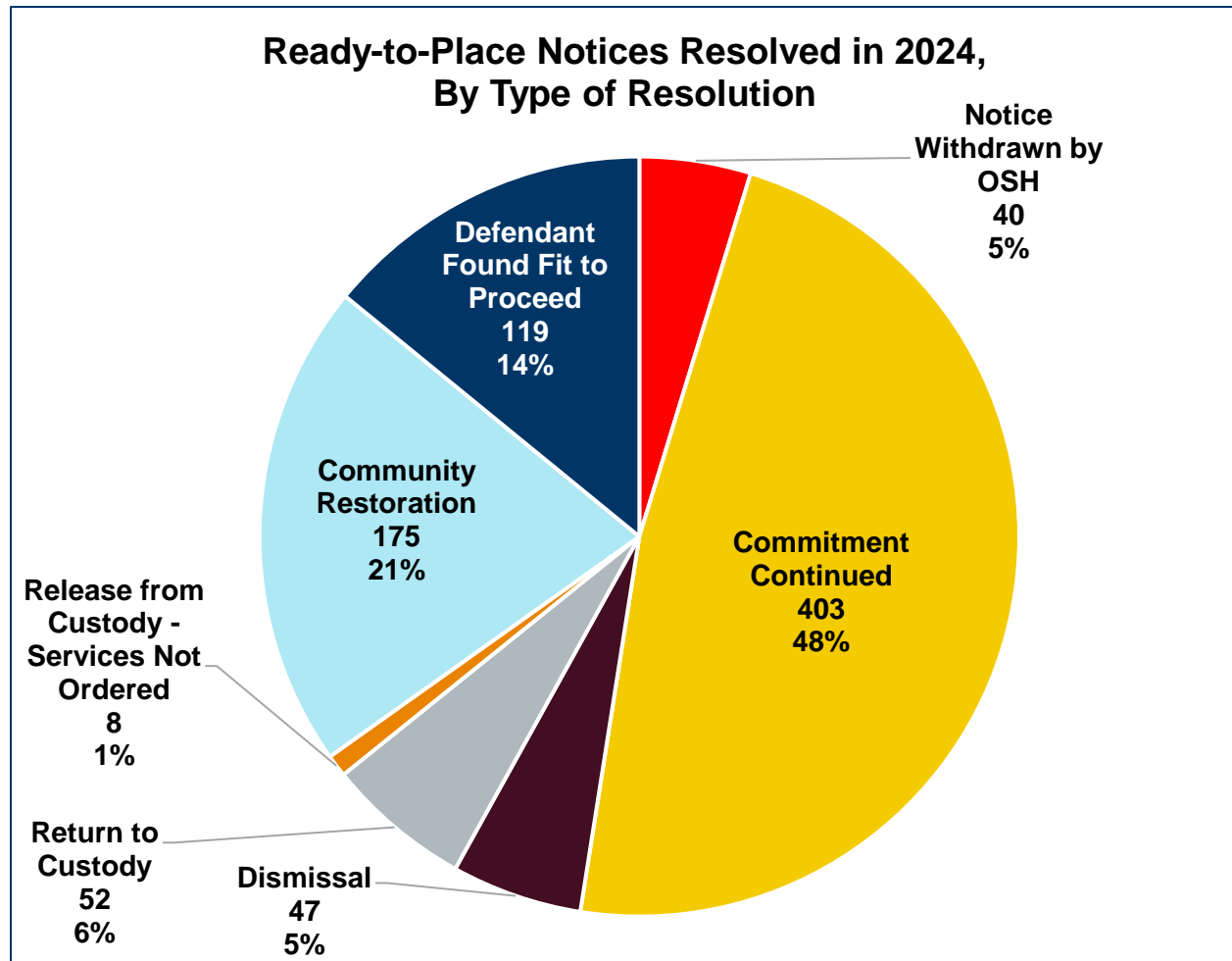
Oregon law requires the court to consider criteria established by statute to determine whether a defendant who is unable to aid and assist in their own defense needs hospitalization to be restored to fitness. The criteria require the court to consider the acuity of the person's symptoms, the public safety concerns presented by placement outside of a custodial environment, and whether appropriate services are present and available in the community. Statute directs OSH to provide restoration services to committed defendants and to notify the court if it determines that the defendant no longer needs a hospital level of care based on the person's acuity of symptoms and present safety concerns. This ready-to-place, or "RTP" notice, triggers a statutory process that requires the court to order a community consultation and hold a hearing.

The current statutory scheme causes an inefficient use of system resources because the hospital standard for notifying the court that a defendant no longer needs a hospital level of care is limited to factors that the hospital can assess and does not take into account the more comprehensive statutory criteria for commitment to the hospital. During these hearings, defendants often must listen as their caseworker or medical provider gives testimony on the continued mental health symptoms the defendant may be experiencing, or actions that place others at risk, and listens as the community mental health program (CMHP) details why the defendant was rejected from a placement in the community.

When the court determines that a defendant can safely receive restoration services in the community that are likely to restore fitness but no placements are available, the court has the impossible choice of returning the defendant to a jail setting, which often results in deterioration of their mental health and conflicts with the mandates of the *Mink/Bowman* orders, or continuing the defendant's commitment at OSH to provide a safe and therapeutic setting at the cost of using the state's limited resource for individuals who need the highest level of care. The statutory processes that are

required by courts and CMHPs upon receipt of OSH's RTP notice have an impact on the defendant's wellbeing, the relationship between the defendant and their supports, the limited resources of courts, and CMHPs with few actionable outcomes.

As you can see from the chart below, in the majority of cases, OSH either withdraws the RTP notice before the hearing or the court determines that continued commitment is the most appropriate action. In those cases, the defendant cannot safely be placed in community-based services that are likely to restore fitness. In only 21% of cases is the defendant placed in community restoration through this process.



In response to the data showing that the majority of defendants are not able to be placed in the community when the court is notified of the hospital's determination, the forthcoming amendments to HB 2480 would require OSH and the CMHP to determine whether a placement in the community is appropriate and available before an RTP notice is sent to the court. OSH would consult with the CMHP about appropriate placements and the RTP notice must recommend specific placement in the community that is appropriate and immediately available. This would make court processes more efficient while also supporting placement for the individual in a trauma-informed way. The provision would sunset July 15, 2027.