

Bring ORS 426.385 Into the Digital Age

Digital Access Rights for Oregon State Hospital SRTF Residents

The problem is current and concrete

ORS 426.385 has not kept pace with everyday life. On Oregon State Hospital SRTF units today there are no smartphones and no computers available to residents. Two-factor authentication is effectively blocked. Policy 4.010 was revised to separate stock-market investing from gambling and to allow website access when the treatment team finds it beneficial, yet the change has not been put into practice to help residents maintain basic financial skills or complete ordinary account security.

What the amendment does

- Treats reasonable internet access, including the ability to complete two-factor authentication, as a right for OSH SRTF-level residents, limited only for a significant safety, treatment, or security reason.
- Establishes the right to an off-the-shelf smartphone, stored by the resident or by staff according to documented safety concerns.
- Creates a clear three-tier framework when a personal device cannot be kept in the room: no access (only for clear imminent risk), public milieu access on a shared computer, or room access.
- Recognizes a right to responsible use of artificial intelligence tools for education, skill-building, legal research, and therapeutic support, subject to the same safety and security limits.
- Prohibits recording except for private use inside the resident's own room when communicating with family, friends, or counsel.

Why it supports recovery

Connection to family, legal resources, and ordinary digital life reduces isolation. Maintaining financial skills, educational access, and the ability to complete routine security steps lowers anxiety and supports realistic discharge planning. Responsible AI tools can help with learning, organization, and structured therapeutic activities without replacing clinical care. These are ordinary capabilities the rest of society uses daily; denying them by default deepens stigma and slows reintegration.

Safety and discretion remain intact

Nothing in the proposal removes the hospital's ability to restrict access when there is a significant risk of harm, interference with treatment, or compromise of facility security. Limitations must be documented in the treatment plan and remain subject to the existing challenge process in ORS 426.385(2).

Proposed amendment language (ORS 426.385)

1 SECTION 1. ORS 426.385 is amended to read:

2 426.385. (1) Every person with mental illness committed to the Oregon

3 Health Authority shall have the right to:

4 (a) Communicate freely in person and by reasonable access to telephones;

5 (b) Send and receive sealed mail, except that this right may be limited for

6 security reasons in state institutions as described in ORS 426.010;

7 (c) Wear the clothing of the person;

8 (d) Keep personal possessions, including toilet articles;

9 (e) Religious freedom;

10 (f) A private storage area with free access thereto;

11 (g) Be furnished with a reasonable supply of writing materials and stamps;

12 (h) A written treatment plan, kept current with the progress of the person;

13 (i) Be represented by counsel whenever the substantial rights of the person

14 may be affected;

15 (j) Petition for a writ of habeas corpus;

16 (k) Not be required to perform routine labor tasks of the facility except

17 those essential for treatment;

18 (L) Be given reasonable compensation for all work performed other than

19 personal housekeeping duties;

20 (m) Daily access to fresh air and the outdoors, except that this right may

21 be limited when it would create significant risk of harm to the person or others;

22 (n) Reasonable privacy and security in resting, sleeping, dressing, bathing,

23 personal hygiene and toileting, except that this right may be limited when it

24 would create significant risk of harm to the person or others;

25 (o) Such other rights as may be specified by rule; [and]

26 (p) Exercise all civil rights in the same manner and with the same effect as

27 one not admitted to the facility, including, but not limited to, the right to dispose

28 of real property, execute instruments, make purchases, enter contractual

29 relationships, and vote, unless the person has been adjudicated incompetent and

30 has not been restored to legal capacity. Disposal of personal property in possession

31 of the person in a state institution described in ORS 426.010 is subject to limitation

32 for security reasons; and

33 **(q) For individuals placed in a secure residential treatment facility operated**

34 **by or within the Oregon State Hospital at the secure residential treatment facility**

35 **level of care:**

36 **(A) Reasonable access to the internet and personal electronic devices. Internet**

37 **access, including access necessary to complete two-factor authentication for accounts**

38 **and services the individual is lawfully entitled to use, shall be treated as a right and**

39 **may be limited only when the access would present a significant risk of harm to the**

40 **person or others, interfere with treatment, or compromise the safety and security of**

41 **the facility;**

42 **(B) The right to possess or have available an off-the-shelf smartphone. The**

43 **device shall be stored by the individual or by facility staff according to the**

44 **determination of the interdisciplinary treatment team based on legitimate safety**

45 **concerns. Video recording or audio recording is prohibited except for private use**

46 **inside the individual's own room for the sole purpose of communicating with friends,**

47 **family, or legal counsel;**

48 **(C) If the individual may not safely possess a personal device in the individual's**

49 **room, the facility shall provide access under one of the following tiers:**

50 **(i) No access, reserved solely for a clear, documented, and imminent safety**

51 **risk;**

52 **(ii) Public milieu access through a shared computer or device in a common**

53 **area; or**

54 (iii) Room access under the conditions of subparagraph (B) of this paragraph;
 55 (D) Reasonable access to responsible artificial intelligence tools for the purposes
 56 of education, skill-building, legal research, personal organization, and structured
 57 therapeutic support, subject to the same limitations described in subparagraph (A)
 58 of this paragraph; and

59 (E) Reasonable digital access to maintain financial skills, educational progress,
 60 and connections to family, legal counsel, and community resources as part of
 61 discharge planning.

62 Any limitation under this paragraph must be documented in the individual's written
 63 treatment plan and is subject to the procedures in subsection (2) of this section.

64 (2)(a) A person must be immediately informed, orally and in writing, of any
 65 limitation:

66 (A) Of the right to send or receive sealed mail under subsection (1)(b) of this
 67 section;

68 (B) Regarding the disposal of personal property under subsection (1)(p) of this
 69 section;

70 (C) Of the right to reasonable privacy and security in resting, sleeping, dressing,
 71 bathing, personal hygiene and toileting under subsection (1)(n) of this section;

72 (D) Of the right to daily access to fresh air and the outdoors under subsection
 73 (1)(m) of this section; and

74 (E) Of the right to internet access, personal electronic devices, and responsible
 75 artificial intelligence tools under subsection (1)(q) of this section.

76 (b) Any limitation under this subsection and the reasons for the limitation must
 77 be stated in the person's written treatment plan.

78 (c) The person has the right to challenge any limitation under this subsection
 79 pursuant to rules adopted by the authority. The person must be informed, orally and
 80 in writing, of this right.

81 [(3) through (6) remain unchanged.]