

Psychiatric Security Review Board Information Sheet

TITLE/SUBJECT: Adult Panel Hospital Request for Conditional Release Hearings

APPLICATION: All PSRB stakeholders, including OSH staff, community providers and attorneys

EFFECTIVE DATE: December 3, 2013; Last Updated February 14, 2024

POLICY

With limited exceptions, all applications for conditional release submitted by the Oregon State Hospital (OSH) to the Psychiatric Security Review Board (PSRB) shall be full hearings. The purpose of these hearings will be to determine whether the client is appropriate for conditional release, what the conditions of the release should be and to facilitate information sharing between the hospital treatment team and the future community treatment team. The focus of the hearing will be on the client's clinical and risk profile, protective factors, and risk mitigation.

All professionals providing expert testimony are expected to be familiar with the contents of this policy.

Prior to the hearing, the Board expects the OSH treatment team and the community evaluator to have reviewed those portions of the exhibit file relevant to the client's clinical, protective, and risk factors and to collaborate in the development of a Proposed Summary of Conditional Release Plan.

Prior to a conditional release the Board expects the community evaluator, or their designee, to confirm resolution of any issues that were identified at that hearing. In addition, the Board expects the community evaluator, or their designee, to develop communication systems that ensure that members of the client's community residential and clinical treatment teams are kept apprised of that client's risk and clinical profile and conditional release requirements are known to all on an ongoing basis.

Section 1. Hearing Content. Experts providing testimony at a conditional release hearing should be prepared to answer questions related to the following information:

1. Remote and recent history of verbal or physical threats, aggression or other behaviors evidencing behavior that is dangerous to others.
2. Course of progress supporting conditional release readiness.

3. Course of medication history, current medication regimen, and any recommendations for future medication changes.
4. Information contained in the most recent Violence Risk Assessment or other specialty assessments (e.g., Fire setting, Stalking, SORA, Neuropsychological) related to risk scenarios and recommendations for risk mitigation.
5. Information contained in the most recent START, including,
 - a. Specific Risk Estimates
 - b. Current status of all "critical" items identified as causal to risk and "key" items identified as protective.
 - c. Destabilizing factors encompassed within a client's Risk Formulation.
 - d. Protective factors encompassed within a client's Success Formulations
 - e. "Signature Risk Signs" of impending (imminent) dangerous behavior.
6. Any behaviors and/or attitudes that have occurred since patient was evaluated that are of concern.
7. Insight into the instant offense, need for treatment, and attitude toward following a conditional release program.
8. Risk Review's opinion with respect to conditional release readiness.
9. Information contained in the Community Evaluation
10. Components of the Proposed Summary of Conditional Release Plan.

Section 2. Hearing Witnesses. The burden for these hearings will be on the State. At a minimum, Board staff will ensure the attendance of:

1. Client's current medical practitioner (i.e., prescriber) or another medical practitioner designated by OSH.
2. Prospective Community Medical Practitioner. This is the professional who will be assigned to prescribe the client's medications and to testify to jurisdictional issues at future Board hearings. The medical practitioner's appearance at this hearing may be waived at the discretion of the Board upon receipt of the written Medical Practitioner Consultation form. Notwithstanding that waiver, the medical practitioner's appearance may be requested by either party or the Board.

If the prospective community medical practitioner has not been assigned, the Board may require the medical practitioner listen to the audio of the conditional release hearing or otherwise participate in a Medical Practitioner Consultation with the prior medical practitioner within a timeframe of that assignment.

3. Prospective Community Case Monitor. This is the professional who completed the community evaluation or will be delegated to provide the monitoring, supervision, and reporting responsibilities to the Board. The Board expects this professional to be qualified and able to perform the services contained in OAR 309-019-0160.
4. Any witness the Board or attorneys indicate they will call at the hearing; and

Other treatment providers the hospital believes could add to the quality of the risk discussion. In such cases, the treatment team shall notify Board staff of these witnesses on their written Application for Hearing request form. For example, a client's sex offender treatment provider or any member of the Psychology Department may be relevant to the hearing and should contact the Board with relevant information. In the alternative, the treating psychiatrist should consult with the sex offender treatment provider about the progression of the client's sex offender treatment and be prepared to testify regarding this issue.

Section 3. Hearing Formant

1. Full hearings will be facilitated remotely in accordance with the [Psychiatric Security Review Board's Guide to Remote Hearings](#).
2. The Board expects attorneys to elicit non-cumulative testimony and to do so within the scheduled timeframe.
3. Witnesses should do their best to respond directly to attorney questions and to avoid lengthy narrative responses. It is the Board's expectation that witnesses have adequately communicated their opinions and recommendations in writing prior to the hearing.
4. During the hearing, both current and prospective treatment providers who are serving as witnesses will have the chance to pose relevant questions to each other.

Section 4. Application for Conditional Release Hearing

1. The Board shall schedule a Conditional Release hearing within 60 days of receiving a completed [Application for Conditional Release](#) form.

Section 5. Licensed Medical Provider (LMP) Consultation (a.k.a. doc to doc). Prior to a conditional release hearing, a consultation is required between the current and prospective LMPs (i.e., prescribers) using the Board’s Attestation of Licensed Medical Provider (LMP) Consultation form. The primary purpose of this consultation is to ensure continuity of care during the conditional release transition with respect to medication management and risk mitigation. Should any concerns or disagreements with the medication regimen or the proposed conditional release plan arise, they shall be documented on the form. The prospective LMP is responsible for completing the form and submitting it to the PSRB no later than 10 days prior to the scheduled hearing.

Section 6. Exceptions to Full Hearings to Determine Conditional Release.

1. The Board may authorize a conditional release by conducting an Administrative Hearing pursuant to OAR 859-010-0005 under the following conditions:
 - a. Within the past year, the Board held a full hearing finding the person appropriate for conditional release and authorized the person’s conditional release pursuant to a verified Proposed Summary of Conditional Release plan; and
 - b. OSH submitted an Application for Conditional Release proposing a community placement at the same level of care and under a substantially similar conditional release plan; and
 - c. No party objects to the Board scheduling the new hospital requested hearing as an administrative hearing.

2. Prior to the Board scheduling an Administrative Hearing under this exception:
 - a. The proposed community placement shall listen to the audio of the previously held full hearing and address any concerns that were raised in that hearing or in the Board’s corresponding order in its community evaluation report, and
 - b. OSH shall submit the monthly Progress Note Updates that have been completed since the previously held full hearing. Such documentation must identify any significant changes in the person’s mental status, medications, or inform the Board of any other behavioral incidents that have occurred since the previous hearing authorizing conditional release.
 - c. OSH shall submit a new Medical Practitioner Consultation.
 - d. OSH shall submit an updated START.

3. Notwithstanding this section, the Board’s Executive Director shall be authorized to schedule any administrative request for conditional release as a full hearing.

Additional Resources: [Testifying at PSRB hearings Training for Practitioners](#)