Psychiatric Security Review Board Information Sheet

TITLE/SUBJECT: Policy Regarding Major Changes in PSRB Client's Psychiatric Stability**,** Medication Regimen and Serious Incidents For Those on Conditional Release

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

EFFECTIVE DATE: February 1, 2015

POLICY

1. Many individuals with psychiatric illnesses often undergo periods of stability with intermittent periods of instability during the normal course of a person's life. Additionally, changes to psychotropic medications are common due to negative side effects or a lack of therapeutic benefit. Finally, changes in medical conditions can cause an increase in psychiatric instability (e.g. blood pressure medication, lithium toxicity, diabetes, etc). With proactive communicating and implementation of a safety plan, clients can often be safely managed in the community setting during the vulnerable periods of a client's illness.

2. Providers, through the Board's designated person, are required by OAR 859-070-0015 and OAR 309-019-0160 to promptly notify the Board via telephone of *any* psychiatric changes and behavioral/serious incidents. This includes but is not limited to documenting increased psychiatric symptoms, verbal threats, violating house rules/conditional release order, refusing medications or changes to the client's physical health that may impact psychiatric stability. It is best practices that the PSRB designated person have a communication protocol that ensures all staff, employers and family members, if applicable, are aware of a change in mental health status and concerning incidents and a reporting system is in place.

3. Along with the report to the Board, the provider should be prepared to propose and implement a safety plan. This may include moving a client to a more secure facility, increasing staff supervision of the client, temporarily suspending pass privileges, discussing with the state hospital treatment team best practices for managing the client's behavior or psychiatric symptoms (if client recently arrived from the state hospital), temporarily suspending employment, moving client to a respite facility, temporarily suspending group therapy/structured activity or immediately referring the client to his/her prescriber for consideration of a medication adjustment. Sometimes revocation of conditional release is appropriate. **Written follow up summarizing the events and actions taken by the provider is required within 24-hours of incidents, even if telephone communications previously occurred with Board staff**.

4. When a client is placed on conditional release, they are psychiatrically stable on a

medication regimen and likely underwent several medication changes in the state hospital in order to determine what regimen works best for the client. Extreme caution and careful risk deliberation should be taken if the community prescriber intends to make adjustments to the established regimen. If the client was recently discharged from the state hospital, community providers are encouraged to collaborate with the state hospital treating psychiatrist about medications prior to any proposed change.

5. The expectation is that all non-emergency major medication changes, including adjustments to mood stabilizers and anti-psychotic medications be done only after the PSRB designated person communicates with Board staff to determine potential risk for decompensation and to assess appropriate placement and temporary conditions while the client undergoes the medication adjustment. Any change in mood stabilizer and/or anti-psychotic is a major change unless it is to achieve a therapeutic blood level or is part of a predictable dose titration to achieve a therapeutic dose. It is best practices that the designated person develop a communication protocol whereby he/she is informed immediately of ***any*** proposed medication change by the licensed medical provider. Unless medically necessary, the medication change should not be started unless a thorough assessment of risk is conducted by the entire treatment team and communicated to the PSRB. This protocol should include the primary physician who manages a client's physical wellness.

6. The provider should have a proposed safety plan/mitigation of risk plan prior to communicating ***any*** medication change to the Board and staff. This may include requesting that the Board move a client to a more secure licensed residential facility, voluntarily admitting client to a community hospital psychiatric unit or returning the client to the state hospital. *See also* paragraph 3 above for safety plan measures. AMH will pay a provider up to 30-days to hold the current licensed bed if a client temporarily needs to move to a different provider for more services and support. PSRB staff will work collaboratively with providers to ensure the client's physical and psychiatric wellness is obtained as well as maximize public safety.

7. Whether the client is undergoing ***any*** medication change or is having a change in psychiatric stability, the provider should ensure that all residential staff are informed of the change or if applicable, other individuals who have a need to know (eg. significant others, employers, etc). Clearly communicate that if these individuals see early warning signs or changes to psychiatric stability, they should report this to the designated person and in turn, report to the PSRB.