

Psychiatric Security Review Board Information Sheet

TITLE/SUBJECT: Revocation Protocol

APPLICATION: All PSRB Stakeholders, Including OSH Staff, Community and Residential Providers, Attorneys, and Law Enforcement

EFFECTIVE DATE: April 21, 2017 (Updated 10/22/22; 11/10/22)

Purpose

Executing a revocation is a rare and complicated procedure. This information sheet was developed to assist community mental health program directors and their designees understand when and how to execute a revocation. It is vital that community mental health program directors and their designees be familiar with these procedures. Additional training can be provided upon request.

Revocation of Conditional Release

A revocation under the PSRB refers to the legal action taken to terminate or suspend a client's conditional release plan, resulting in a client's admission to the Oregon State Hospital or other facility.¹ Accordingly, revoking a conditional release is considered the most severe and restrictive legal response to a client who can no longer be safely managed in the community setting. Pursuant to ORS 161.336(4), the Board has the authority to revoke a client's conditional release under the following circumstances:

- The person has violated conditional release² terms; or
- The person's mental health has changed such that the person is no longer fit for conditional release³; or
- The community supervision and treatment is inadequate or unavailable;⁴ or
- There is reasonable cause to believe the person is a substantial danger to others because of a mental disorder and that the person needs immediate care, custody or treatment⁵

Not every violation or change in mental health status will result in a revocation. Revocations require a case-by-case analysis of the client's historical and current risk to public safety. They are executed after considering less restrictive alternatives that would

¹ As of April 2018, the Board may also revoke an individual to a "facility designated by the Board."

² See ORS 161.336(4)(a)(B)(i)

³ See ORS 161.336(4)(a)(B)(ii)

⁴ See ORS 161.327(1)(b)

⁵ See ORS 161.336(4)(b)

otherwise support the client to remain on conditional release and maintain public safety. Historically, reasons for revocations have included:

- Commission of a new person-on-person crime or other serious law violation;
- Serious threatening behavior toward others, coupled with a history of violence;
- Significant medication change accompanied by concerning behaviors or severe mental health symptoms;
- Repeated medication refusal;
- Absconding from supervision;
- Repeated substance abuse relapses accompanied by increased mental health symptoms.

The Board relies on case monitors to inform our staff of early warning signs, critical incidents, changes in mental status, changes in medications or other issues that might jeopardize a client's conditional release to avoid unnecessary revocations. Documentation of warning signs should be kept current and made available to all individuals treating the client. Prior to considering a revocation, the Board expects case monitors to explore less restrictive interventions that would similarly serve to protect the public and maintain client safety. Consultation with the PSRB Forensic Coordinator with the Oregon Health Authority and Board staff is strongly encouraged to examine statewide vacancies, resources, and funding for interventions. Examples of less restrictive interventions include:

- Heightened supervision (e.g. 15-minute checks)
- Increased staffing
- Restriction of privileges or passes
- Step-up to a higher level of care
- Using crisis-respite placement
- Placing client on a hold at a local hospital (i.e. Director's Designee Custody)
- Added or increased treatment frequencies

Paperwork Required to Initiate a Revocation

Once the Board determines that a revocation is necessary, meaning the client will need to be admitted to the Oregon State Hospital or in some limited cases, to a local hospital or facility, certain paperwork is required to provide law enforcement authorization to take that client into custody for the sole purposes of transporting that client to the identified destination and the facility authorization to admit the client. During business hours, a revocation will almost always require a written or electronic order signed by a Board Member or the Executive Director.⁶ However, there are certain situations in which it will be impossible to obtain such an order or doing so will take an extended amount of time to coordinate.⁷ This section explains when a written or electronic order for revocation is required and identifies the exceptions to that legal

⁶ See ORS 161.336(4)(a)(A)(i) and (ii)

⁷ At a minimum, the PSRB Executive Director must be consulted prior to initiating a revocation.

requirement. Understanding these exceptions becomes especially important when trying to coordinate a revocation with your local law enforcement agency. Please note that PSRB staff are available to provide additional training to your local law enforcement agencies to strengthen your partnership with them during the revocation process.

Written or Electronic Board Order Required

A written or electronic Board Order for revocation is most often used when the revocation request takes place during business hours and is based on a violation of the person's conditional release agreement or on a change in the person's mental health that makes the person no longer fit for conditional release.⁸ This process is relatively lengthy and requires Board staff to write a probable cause affidavit, generate an order, and reach a Board member to review and sign. If there is an immediate safety concern or if it is after Board business hours, there are other approaches to achieve safety that can be executed in the absence of the Board's order (see next section).

Written or Electronic Community Order Exceptions

Unauthorized Departure (i.e. Abscond)

Pursuant to OAR 859-010-0005(20), an Unauthorized Departure or Abscond means a person who is under the jurisdiction of the Board who is conditionally released to the community:

- Leaves the supervision of the community mental health program without permission.
- Leaves the authorized placement listed on the conditional release order without permission.
- Fails to return to the authorized placement listed on the conditional release order at the appointed time.
- Leaves the State of Oregon without authorization of the Board.
- Fails to return to the State of Oregon as directed by the Board.

In most cases when a client absconds, the case monitor would seek out a Board Order (see above section). Effective April 2018, when a client absconds from supervision, in the absence of a written order from the Board (e.g. after business hours, immediate need), the community health program director (e.g. case monitor, residential supervisor) may sign a written or electronic order to revoke that client to the Oregon State Hospital or other treatment facility.⁹ A template to this order, titled *Absconded Person Under the Jurisdiction of the PSRB* can be found at this [link](#) or on the PSRB website.

This tool would most likely be used where a client has law enforcement contact, prompting the officer run the client's name into the Law Enforcement Database System

⁸ See ORS 161.336(4)(a)(A)(i-ii)

⁹ See ORS 161.336(4)(a)(A)(iii)

(LEDS). The officer would contact the case monitor (or the Executive Director as a backup). Once the officer provides information, the case monitor may become aware that the client is not authorized to be in the location of the police contact. This approach might also be used when a community mental health program director (or designee) becomes aware that a client has eloped after business hours.

In these types of situations, the community health program director or designee should complete the *Absconded Person Under the Jurisdiction of the PSRB* order in consultation with the PSRB Executive Director or after several attempts to reach the Executive Director have been made without a response (please refer to the protocol below if the Executive Director cannot be reached). Once completed, it should be submitted along with the required attachments to the law enforcement officer taking the report.

Please note, this order should be used in lieu of filing a missing persons report. In addition, it should be made clear to the officer taking the report that this order serves as sufficient warrant for any law enforcement officer to take the named client into custody for the purposes of transport.

Director's Designee Custody Hold

Emergency mental health crises can take place at any time. Providers responsible for the monitoring and supervision of clients under PSRB jurisdiction are permitted to use the statutes for placing a person in need of immediate care, custody or treatment on a Director's Hold and into the custody of a peace officer for transport to a designated facility, typically a local psychiatric hospital.¹⁰ This mechanism will require the provider to be certified as a Director's Designee in that particular county and to provide law enforcement with a Director's Written Report Regarding Peace Officer Custody of an Allegedly Mentally Ill Person. A written Board order is not necessary under these circumstances. If you are not certified to initiate this hold, you may also request whether law enforcement could initiate a Peace Officer Hold pursuant to ORS 426.228.

Mental Health Crisis or Danger

In some circumstances, a PSRB client may need immediate care, custody or treatment, but will not meet the criteria for a Director's Hold (under ORS 426.228). Pursuant to ORS 161.336(b), the law grants those professionals responsible for the monitoring and supervision of a PSRB client the ability to request that a peace officer take that client into custody if there is **reasonable cause** to believe the person is a substantial danger to others because of a qualifying mental disorder and that the person is in need of immediate care, custody or treatment.¹¹ It is vital to note that the statute does not require "probable cause," which is the well-known standard required for a Director's Hold or Peace Officer Hold under ORS 426.228, but rather "reasonable

¹⁰ See ORS 426.228

¹¹ See ORS 161.336 (4)(b)

cause” to believe a person is a substantial danger to others. This statute serves to authorize the professionals responsible for the monitoring and supervision of the PSRB client to take immediate action and request law enforcement to transport to a facility in the absence of a written Board order. Although a written order is not necessary to execute this process, law enforcement has sometimes been reticent to transport clients in the absence of a written order. In such a situation, case monitors should request to speak to law enforcement supervisors to ensure the client is detained for the purposes of transport. The PSRB Executive Director may also be contacted for additional support as needed.

Revocation Placement Options

Historically, all revocations resulted in an admission to the Oregon State Hospital. In April 2018, the Oregon Legislature passed legislation that modified ORS 161.336 and allowed PSRB to revoke adults under its jurisdiction to either the Oregon State Hospital or “other facility” designated by the Board.¹² Although this provides statutory authority to revoke a PSRB client to a local hospital, the law is not well-known and the PSRB takes a conservative approach to using this alternative until it is better established with community stakeholders. PSRB staff will only utilize this as an alternative to a revocation to the Oregon State Hospital once all other means of local hospitalization admission have been exhausted (e.g., Physician’s Hold, voluntary admission).

Transportation Considerations

When a revocation to the Oregon State Hospital is necessary either before or after PSRB business hours, the case monitor should consider the appropriate form of transportation. Embedded in the ORS 161.336(4)(c) is the authority and requirement for law enforcement to transport clients in these situations. However, law enforcement transportation resources are limited and are not necessary in most situations, especially during business hours. If there is a safety concern, the case monitor could coordinate with law enforcement to be present at the time when communicating to the client that a revocation is taking place. If there are no safety concerns after this is communicated and the client is cooperative, secure transportation is an excellent alternative method of transport. This not only reserves law enforcement resources but also provides our clients with a more trauma-informed method of transportation.

¹² See ORS161.336(4)(a)(A)

Revocation Protocols

The following section outlines the minimum requirements of initiating a revocation process. Please note, the protocol for business hours is different from the protocol for after business hours. PSRB strongly recommends that each community agency develop an independent internal protocol that integrates these revocation procedures. In addition, establishing an inter-agency partnership and protocol with your local law enforcement agency can effectively enhance a coordinated response to a revocation. The PSRB's Executive Director is available for consultation and outreach to create such protocols.

Revocations to the Oregon State Hospital During Business Hours

Revocations require a multi-system coordination that includes the community provider(s), law enforcement, secure transport, the Oregon State Hospital, PSRB staff, and at least one Board member or the PSRB Executive Director. Under some circumstances, coordination might also include legal counsel, a local hospital, a local jail, residential staff, and other professionals. Therefore, it is best practice that revocations take place during business hours. If it puts neither the public nor the client's safety at risk to do so, the best response to an after-hours crisis is to develop a short-term safety plan (Director's Custody hold, respite bed, step-up to a higher level of care) and process the revocation during the next business day. In almost all cases, a revocation will require the client to be admitted to the Oregon State Hospital, Salem Campus; however, there can be exceptions. The following provides the steps taken toward revoking a client to OSH during business hours.

1. Case monitor (or responsible party) contacts the PSRB office to report the need for a revocation. If no less restrictive option is identified, PSRB staff initiate our PSRB revocation protocol.
2. Case monitor (or responsible party) provides a written and verbal summary of the incident(s) giving rise to the revocation.
3. PSRB staff complete an Affidavit in Support of Revocation that summarizes the jurisdiction history and describes the bases for revocation as reported by the case monitor's written and verbal communications. Persons with additional information may be contacted by PSRB staff to further support the affidavit.
4. PSRB staff formally alerts the Oregon State Hospital of the revocation and provides OSH with the case monitor's contact information to assist with the admission process.¹³
5. The Oregon State Hospital admissions department contacts the case monitor (or responsible party) directly to request documentation and other information to coordinate the client's admission and ensure they are placed on the appropriate unit. OSH admissions can be reached at (503) 947-4247. At a minimum, admission documentation includes:
 - a. Current medication orders
 - b. Current Behavioral Health Assessment

¹³ PSRB staff will make every effort to notify OSH as soon as possible that a revocation may be needed.

- c. Current Individualized Services and Support Plan (Treatment Plan)
 - d. Recent progress notes or incident reports that might be relevant to the client's decompensation and/or need for revocation
 - e. Any medical conditions or specialty treatment equipment considerations (e.g. oxygen tank, C-PAP, insulin)
6. PSRB staff generates a revocation order and a member of the Board reviews it along with the Affidavit in Support of Revocation.¹⁴
 7. PSRB staff uploads the client's exhibits for OSH to review.
 8. A Board member signs the revocation order, which PSRB staff enters into LEADS and faxes/emails to the case monitor and OSH.
 9. Case monitor (or responsible party) coordinates with law enforcement and/or secure transport to transport the client to OSH.
 10. Case monitor (or responsible party) communicates with OSH about expected transport dates and estimated times of arrival.

After-Hours Revocations

If a business-hour revocation is not feasible, the Executive Director of the PSRB will assist the community provider with coordinating an after-hours revocation.

1. Case monitor (or responsible party) calls the PSRB Executive Director immediately to consult at (503) 781-3602 and leaves a voicemail if there is no answer.
2. Contact the PSRB Executive Director¹⁵ to discuss the options and determine whether a revocation is necessary immediately or whether alternative interventions can be employed until the next business day.
3. If a revocation is deemed immediately necessary, call local law enforcement and inform them that pursuant to ORS 161.336(4)(b),¹⁶ you are requesting law enforcement to take the client into custody because "you have a reasonable cause to believe the person is a substantial danger to others because of a qualifying mental disorder and that the person is in need of immediate care, custody or treatment." Be prepared to provide the facts that support your reasonable cause to believe this (e.g. current symptoms, behaviors, recent incidents and instant offense). Providing the current conditional release order may also assist with this process. You will need to provide them with the address of the facility to which they need to transport the client. Under these circumstances, law enforcement is required to transport the client without a written Board Order.

¹⁴ The PSRB Executive Director has authority to sign these orders; however, will only do so after making several attempts to reach out to Board members.

¹⁵ Although rare, it is possible the Executive Director may not be reachable via the after-hours crisis phone. If the case monitor cannot reach the Executive Director, placing the client on a Director's Custody Hold (ORS 426.233) to a local hospital or implementing an appropriate safety plan (1:1 staffing, house restriction, etc.) should be considered in lieu of independently initiating a revocation. If a revocation is deemed necessary, the case monitor should proceed with the steps outlined in the protocol.

¹⁶ If the client has absconded, then ORS 161.336(4)(a)(A)(iii) can be effectuated as an alternative to ORS 161.336(4)(b). Complete the order template labeled, [Absconded Person Under the Jurisdiction of the Psychiatric Security Review Board](#) in consultation with the PSRB Executive Director and submit it along with the required documents to the officer who takes the report.

- a. It is possible the front-line officer will be unfamiliar with the statute and authority to place the client into custody for the purposes of transport. If the peace officer refuses, request to speak to their supervisor and continue to cite the statutory authority. As needed, inform the officer that the Executive Director is available for any clarification. Sometimes, law enforcement will want to confirm with OSH that the revocation is authorized. Ensure you have completed step 4a below.
4. Determine whether the PSRB ED or the case monitor (or responsible party) will call OSH Communications Center (503) 945-2800 to inform OSH that a revocation is occurring. If OSH staff are not aware of the revocation, they will not be able to provide any information to law enforcement/secure transport personnel and that will further delay the admission.
5. Email/Fax Documentation: Provide OSH with the following documentation (or verbal information if documentation is not available).
 - a. Current medication orders
 - b. Current Behavioral Health Assessment
 - c. Current Individualized Services and Support Plan (Treatment Plan)
 - i. Recent progress notes, including psychiatric notes, or incident reports that might be relevant to the client's decompensation and/or need for revocation
 - d. Medication orders
 - e. Any medical conditions or specialty treatment equipment considerations (e.g. oxygen tank, C-PAP, insulin)