



PSRB Revocation Training

Presented June 25, 2021

PSRB Continuing Education Series

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Objectives

Definition of a
revocation

Tips to avoid a
revocation

Alternatives to
revocation

Revocation
procedures

- Business Hours
- After Hours

Revocation caveats

Revocation
Follow-Up

Definition of Revocation

ORS 161.336(4)—GEI

- 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.*
- Requires a reasonableness standard, applied by the Board.
- Results in a full hearing.
- The most severe and restrictive legal response to a client who can no longer be safely managed in the community setting.
- A last resort intervention.
- Not available to the general public.
- Board revokes approximately 25-30 clients annually (~375 individuals on CR).

*As of April 2018, the Board may also revoke an individual to a “facility designated by the Board.”

Tips to Avoid Revocation

Evaluation

- Utilize community evaluation to assist with identifying the early precipitants of risk.

Safety Planning

- Partner with clients to develop WRAPs that outline how you will respond to signs of early and late signs of concerns.

Continuity of Care

- Establish communication with previous treatment provider for consultation.

Internal Procedures

- Establish internal policies and procedures for respite, step ups, hospitalizations, inpatient SUD treatment and other interventions that may be documentation-heavy or involve waitlists.

Local Partnerships

- Establish partnerships with local hospitals and ancillary treatments that your agency is not able to provide.

Educate

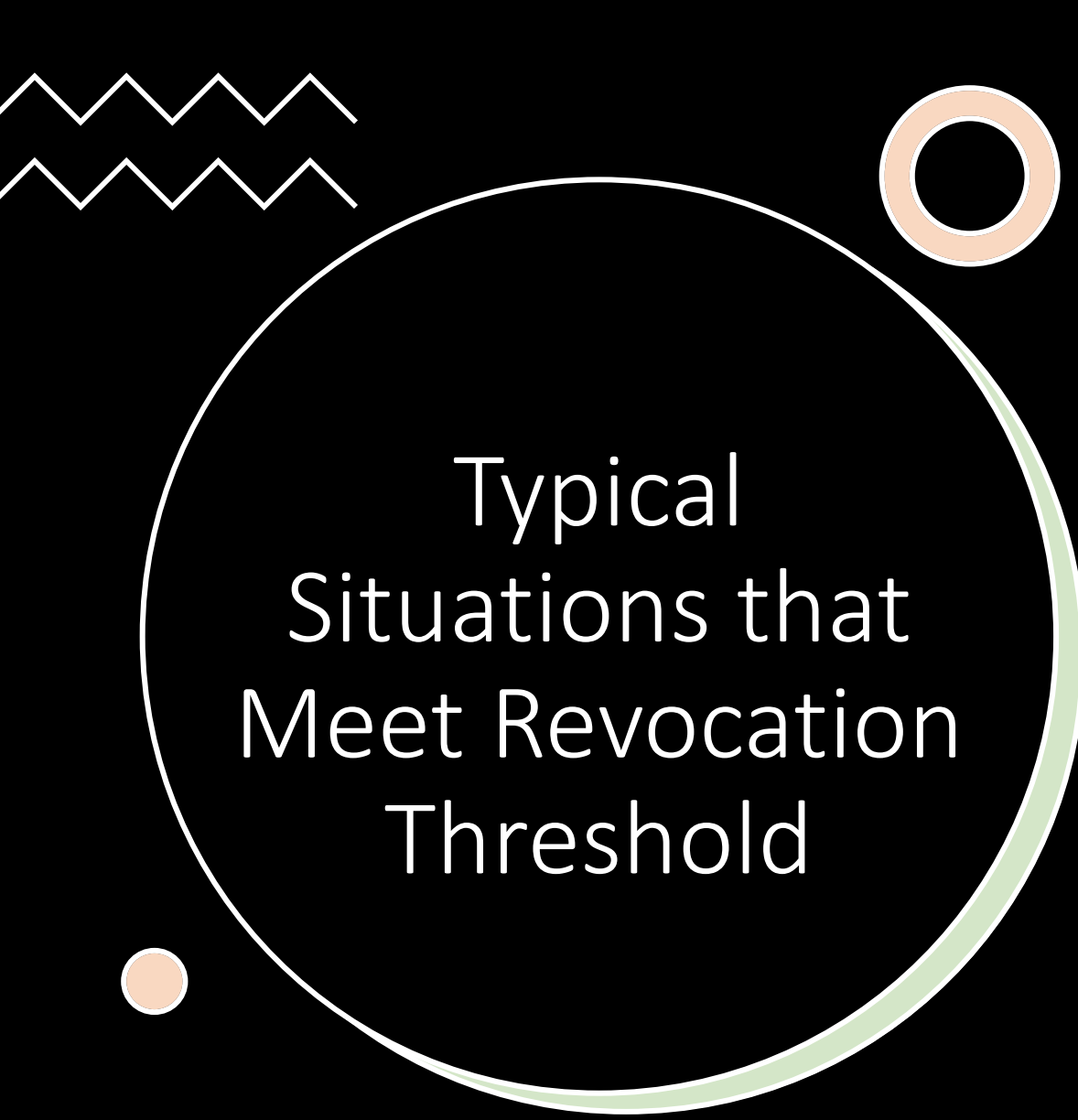
- Equip yourself with education about the Oregon State Hospital.

Communicate

- Maintain good communication with the Board and Forensic Program Coordinator.

Alternatives to Consider Prior to Revocation

- Medication adjustment
- Add new treatment
- Increase current treatment
- Heighten supervision (e.g. 15-minute checks)
- Increase staffing
- Restrict privileges or passes
- Step-up to a higher level of care
- Use crisis-respite placement
- Place client on a psychiatric hold at a local hospital (i.e. Director's Designee Custody)
- Call 911--Arrest
- Local revocation

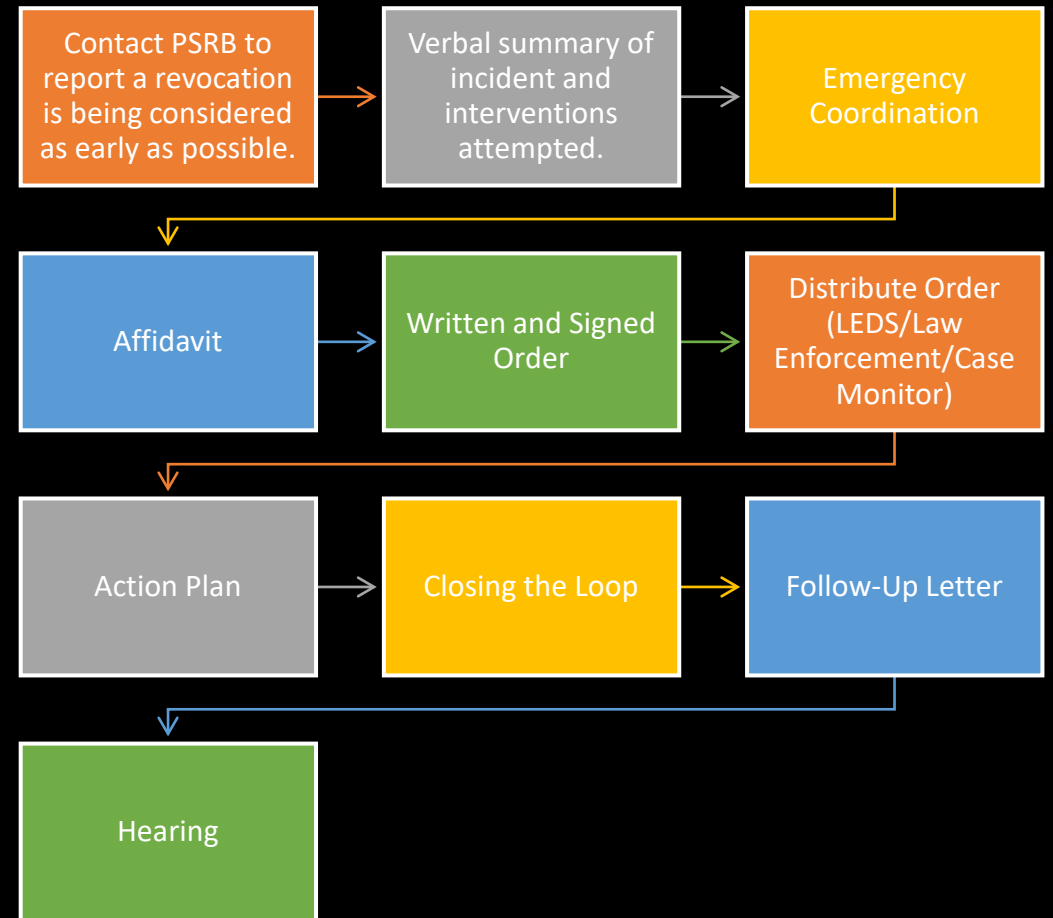


Typical Situations that Meet Revocation Threshold

- 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 behavior like that caused by increased mental health symptoms;
- Repeated medication refusal;
- Absconding from supervision;
- Repeated substance abuse relapses accompanied by increased mental health symptoms.

Revocation Procedures

Business Hours



Revocation Procedures *After Hours*

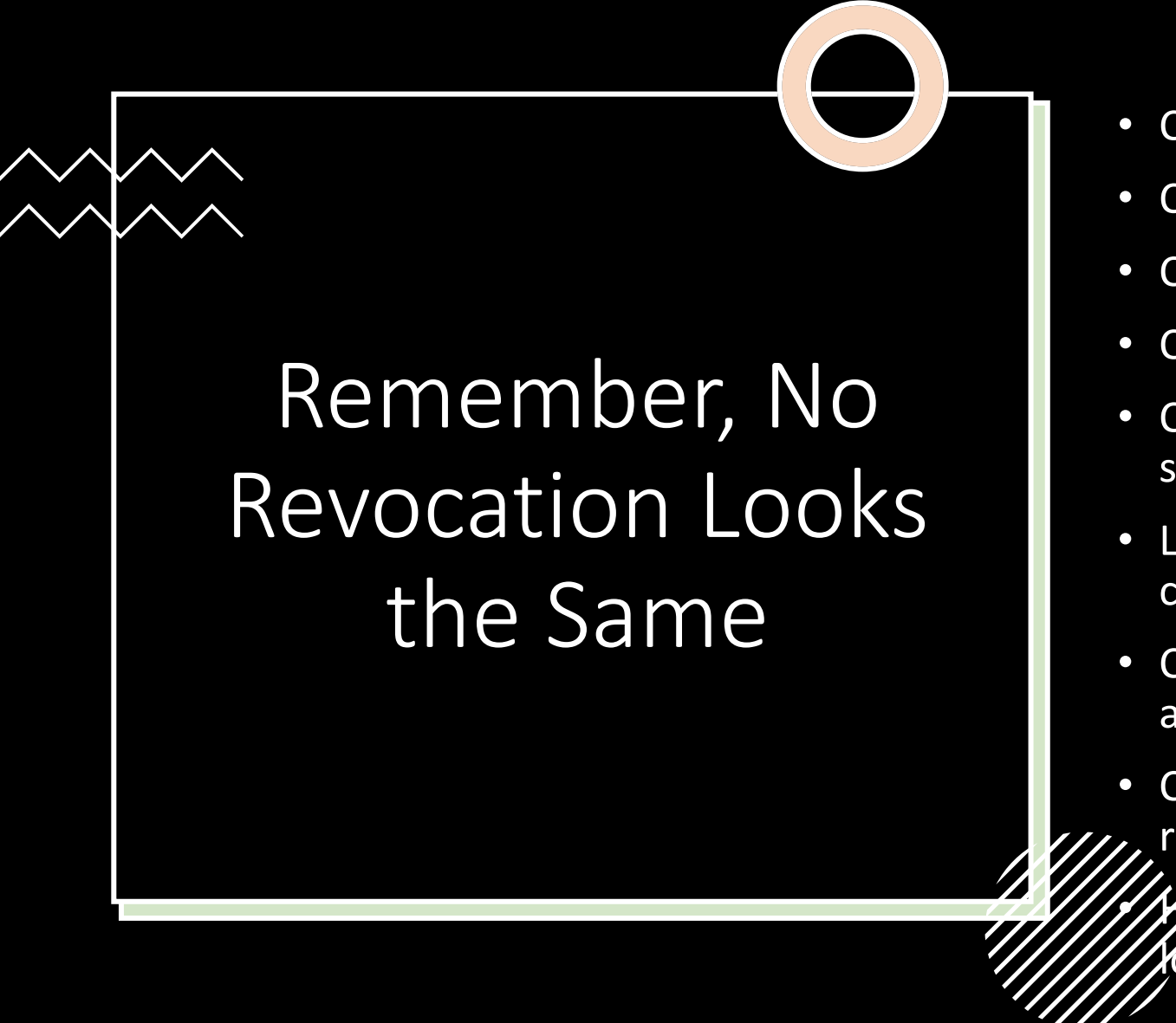
Call 911 if there is an emergency.



Contact the PSRB Director, we will get through this together!



If the PSRB Director cannot be reached (rare), open the PSRB handbook and follow the instructions.



Remember, No Revocation Looks the Same

- Client has absconded and whereabouts unknown
- Client has absconded and whereabouts are known
- Client has absconded and crossed over state lines
- Client living independently and not answering door
- Client appears to be under the influence of substances
- Law enforcement contacts you following police contact/arrest
- Client experiences a significant decompensation and/or displays dangerous behavior
- Client has repeated violations of conditional release
- Hospital refuses to admit client or hold client any longer or discharges without notice

Law Enforcement Partnership

Did you know?

*All PSRB clients are
entered into the Law
Enforcement Database.*

- Law enforcement is **not** required for a revocation *unless* the revocation involves a client abscond or a safety concern.
- Law enforcement is often unfamiliar with the statutory authority contained in ORS 161.336(4).
- PSRB highly recommends that each community agency establish an inter-agency partnership and protocol with your local law enforcement agency to effectively enhance a coordinated response to a revocations.
- Connect PSRB Executive Director to law enforcement as needed.

PSRB Options

- PSRB Order of Revocation
- Community Provider Order (if client has absconded)
- Peace Officer Hold/Transport pursuant to ORS 161.336(4)(b)

Other Options

- Peace Officer Hold/Transport pursuant to ORS 426.228(1)
- Peace Officer presence/Secure Transport
- Director's Designee Custody Hold
- Arrest

Law Enforcement Options
See Fact Sheet

Local Revocation

The client has violated a term of their CR or their mental health has changed to the extent that CR may no longer be appropriate (i.e. revocation criteria); AND

The client requires hospital level of care, but does not meet hold criteria (i.e. imminent danger to self or others); AND

The client is unwilling to stay at the hospital voluntarily or there is a concern that the client might give up the voluntary status (e.g., in the middle of the night) and the hospital would be forced to release the client; AND

We believe based on history or other information from the provider that it is likely the client will become stable within 20 days so that we can rescind the revocation and the client can either return to his/her previous placement and/or be stepped up to a more secure placement; AND

The hospital/facility that we want to revoke to is willing to hold the client under the revocation order.


If after 14 days, we no longer believe there is a reasonable chance the client will stabilize, we need to start coordinating a revocation to the State hospital. In this case, we would rescind the revocation and then write a new order of revocation to the State Hospital, and then set the hearing.

If the client appears to be stabilizing at the facility, then, we will rescind the revocation once it was determined whether the client can be released back to his previous level of care or if client needs a higher level of care and/or increased conditions.

Local Revocation—Case Monitor Role

20 Days

Coordinate	Coordinate with the local hospital to determine whether they will accept the Board's order (cite 161.336; use PSRB ED).
Consult	Once admitted, continue with consultation with the hospital and provider PSRB with updates.
Treatment	Continue meeting with your client
Discharge Plan	Coordinate discharge plan (may require an evaluation, residential screening).
Communicate	Submit discharge plan to PSRB for review and approval.
TIP	TIP: Establish a partnership with your local hospital/ PSRB can help!



Revocation Follow-Up



CM submits a revocation follow-up letter for the revocation hearing



Communicate with the OSH social worker as soon as possible.



What will you do with the client's possessions, outstanding lease, other impacts of the revocation?



Revocation Hearing

Summary Recommendations

- ✓ Become familiar with the PSRB revocation protocol (handbook).
- ✓ Develop an internal revocation manual to help prepare your team on how your agency will approach revocations.
- ✓ Consider developing a partnership with your local law enforcement and local hospitals.
- ✓ Educate your clients on when a revocation might be used and develop a plan with them on how you will support them through that event should it ever be necessary.
 - ✓ Let PSRB know how we can help!