

PSRB Guide to Modification Requests

Presented to Community Case Monitors

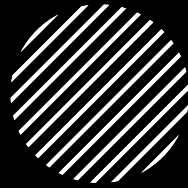
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Objectives

- Understand PSRB's agency goals and "Conditional Release" as a construct.
- Learn to be both selective and comprehensive in the information you provide to maximize the support for your modification request.
- Learn the red flags of a modification request.
- Review specific modification requests.
- Disclaimer: There will be limits to modifications for some individuals under the Board.

What is the Purpose of Conditional Release?



LO
my name is
Opportunity

- The goal of conditional release is to protect the public while promoting a safe, gradual and supervised return to the community.
- Provides enhanced coordination and support for transition from inpatient psychiatric services for individuals at high risk of decompensation if treatment is interrupted while maintaining care in the least restrictive settings.
- Provides opportunity for least restrictive treatment with enhanced coordination of care in the community.
- Reduces amount of time where patients are “lost” in the system in crisis unable to report past treatment, housing, or support system.
- Decreases community costs through increased collaboration with PSRB because stabilized individuals equals decreased arrests, local hospitalizations, decreased 911 calls.
- Increases continuity of care through providing conditional release information to PSRB to be forwarded to future providers.
- Enables existing community-based resources, such as multi-disciplinary teams, Assertive Community Treatment, mobile outreach, and other agencies to coordinate with hospitals to support discharge plans and provide ongoing resource coordination with client.

PSRB: *A Problem-Solving Court*

Accept mental health diagnosis, understand its impact on the instant offense, and learn how to prevent it from occurring again in the future.

Identify early warning signs and adopt coping skills, safety plans, or other means to handle them.

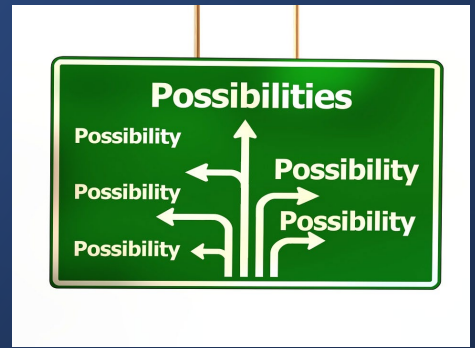
Achieve and commit to a lifestyle worth living with the least restrictive level of support and services.

Develop routines that include meaningful activities that they will continue to engage in following the end of jurisdiction.

Develop a social support system outside of our program that clients can rely on when experiencing a mental health episode in the future.

Why Modifications are Important

Qualifying mental disorder & substantial danger



Identifies why a person still requires Board oversight, monitoring, and supervision

Provides opportunities for gradual increases of responsibility and the dignity of risk with a built-in safety net

Assists client in building insight around strengths and vulnerabilities and the team in developing and evolving treatment interventions

Provides clients opportunities to apply the skills they have learned through treatment

Reduces the impact of institutionalization and feelings of being stuck/hopelessness

Provides opportunities to achieve short-term goals and lay the foundation for longer-term planning

Reinforces that a particular level of care is necessary

Communicates progress/challenges to future providers

Authority for Modification Requests

ORS 161.336(2):

- Conditions of release contained in orders entered under this section may be modified from time to time and conditional releases may be terminated as provided in [ORS 161.351 \(Discharge by board\)](#).

OAR 859-070-00254:

- Modification or termination of an order of conditional release may be proposed by the patient,* supervising person, mental health facility or any other interested party, or by the staff or the Board on its own motion upon a review of the status of the patient:
 1. Modifications of conditional release may be considered by the Board at any time.
 2. As an alternative to termination of conditional release, a patient may return voluntarily to a state hospital.
 3. Termination of conditional release may be effected by preparation of a revocation order in accordance with procedures set forth in Division 80.
 4. The individual designated as having primary reporting responsibility shall provide the Board with a written summary of the person's progress, recommendations on future action to be taken and, if possible, shall be present to testify on these issues at the Board hearing.

Timelines for Review—Plan Ahead

Modifications are processed as timely as possible; however, the Board prioritizes preparation for full hearings and modifications for movement through the system.

In general, you can expect the following process:

Submission of modification request

PSRB staff vet the modification request

Fully vetted requests as of any given Friday will be set the 3rd or 4th hearing date available

Notice requirements

Board conflicts

Inconsistent documentation

Missing documentation

Poorly written request

Other red flags



Modification Process

Why is the
vetting
process
crucial?

Best practice: Review your conditional release orders a minimum of once per year to determine whether any modifications can be requested.

Modification Request Form

Requests are supported by collateral documentation

Community
Evaluation

START /
Risk
Assessment

Incident
Reports

Clinical Notes

Monthly
Reports

Vetting Process (2-3 Weeks)

Complete Request

Complete
Documentation

Consistency
between request
and plan

Internal: Notice/
Conflicts/DOJ

Administrative Hearing

		<input type="checkbox"/> -- Danger to Others -- <input type="checkbox"/> Other (Please explain) ¶
	Explain Risk(s): ¶	¶
	How Risk(s) Will Be Mitigated? ¶	¶
Board Comments: ¶		
2) ¶	Clinical Benefit(s): ¶	¶
	Associated Risk(s): <i>Select all that apply</i> ¶	<input type="checkbox"/> -- Recidivism -- <input type="checkbox"/> -- Relapse -- <input type="checkbox"/> -- Psychiatric Decompensation -- <input type="checkbox"/> -- Relationship Destabilizer -- <input type="checkbox"/> -- Revocation -- <input type="checkbox"/> -- Unauthorized Leave -- <input type="checkbox"/> -- Danger to Others -- <input type="checkbox"/> -- Other (Please explain) ¶
	Explain Risk(s): ¶	¶
	How Risk(s) Will Be Mitigated? ¶	¶
	Board Comments: ¶	
3) ¶	Clinical Benefit(s): ¶	¶
	Associated Risk(s): <i>Select all that apply</i> ¶	<input type="checkbox"/> -- Recidivism -- <input type="checkbox"/> -- Relapse -- <input type="checkbox"/> -- Psychiatric Decompensation -- <input type="checkbox"/> -- Relationship Destabilizer -- <input type="checkbox"/> -- Revocation -- <input type="checkbox"/> -- Unauthorized Leave -- <input type="checkbox"/> -- Danger to Others -- <input type="checkbox"/> -- Other (Please explain) ¶
	Explain Risk(s): ¶	¶
	How Risk(s) Will Be Mitigated? ¶	¶
	Board Comments: ¶	

Last 3 months of progress reports submitted? ¶	Choose an item: ¶	Last 3 months of LMP reports submitted? ¶	Choose an item: ¶
If no, please explain: ... ¶		If no, please explain: ... ¶	

Requests ¶

***If submitting 3 or more requests, attach a CR Plan** ¶*

¶	¶	Approved: ¶	Denied: ¶
1) ¶	¶	<input type="checkbox"/> ¶	<input type="checkbox"/> ¶
2) ¶	¶	<input type="checkbox"/> ¶	<input type="checkbox"/> ¶
3) ¶	¶	<input type="checkbox"/> ¶	<input type="checkbox"/> ¶
4) ¶	¶	<input type="checkbox"/> ¶	<input type="checkbox"/> ¶
5) ¶	¶	<input type="checkbox"/> ¶	<input type="checkbox"/> ¶

¶

Please provide an overview of your client's engagement in their PSRB program over the past six months. ¶
This section describes the client's engagement in their program over the past six months. Use this section to summarize challenges, what is being worked on in treatment, what is going well, weekly routines, and how structured time is being used. Address any significant incidents that have occurred such as relapses, changes in mental status, medical or psychiatric hospitalizations, behavioral incidents, or other relevant concerns. This section should address the question, why are these requests being supported now? If multiple modifications are being requested, this section only needs to be filled out one time. ¶

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Please provide an overview of medication issues over the past six months. ¶
This section summarizes medication stability, previous or planned changes, non-adherence, training, and administrative issues. If you ¶

Modification Request Form

Form and Instructions on Website

Please provide an overview of your client's engagement in their PSRB program over the past six months.



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Consider additional history



Risk-Benefit Analysis

TIP:

Expanded Definition of Risk=factors associated with a client's recidivism, relapse, re-hospitalization, revocation.

Responsivity=evidence-based modalities that will target the individual's treatment needs and consideration of the individual's protective/demographic factors that will enhance or subvert progress.

- Identify and estimate the risks that are relevant to your client if the Board were to grant the modification.
- Specify what clinical progress the client will make if the Board were to grant the modification.
- Consider including a START with every modification request—this will become a requirement in the not-too-distant future.
- Consider investing in additional training in the Risk-Needs-Responsivity model.

Risks are relative and individualized

What is high/low risk for one individual may not be true for a different individual.

The higher the risk, the more the request will be analyzed.

The higher the risk, the more information will be required.

However, some types of requests will require specific information regardless of the risk.

Short-Term Assessment of Risk and Treatability

Actuarial tool that assists with driving decision making related to significant changes to a conditional release plan.

[START Training Resources](#)

Use the manual each time you conduct the START.

Do not depend on expired START reports.

2018 Article: Variables Predictive of CR Revocation

Law and Human Behavior

Reconsidering Risk Assessment With Insanity Acquittes

Michael J. Vitacco, Elena Balduzzi, Kimberly Rideout, Shelly Banfe, and Juliet Britton

Online First Publication, August 16, 2018. <http://dx.doi.org/10.1037/lhb0000298>

CITATION

Vitacco, M. J., Balduzzi, E., Rideout, K., Banfe, S., & Britton, J. (2018, August 16). Reconsidering Risk Assessment With Insanity Acquittes. *Law and Human Behavior*. Advance online publication. <http://dx.doi.org/10.1037/lhb0000298>

- Violence risk assessment remains a seminal tool for treatment, management, and plays an important role in release decisions;
- Recommends VRAs conducted early on in GEI commitment establish a baseline of dynamic factors and enable a measure of progress;
- VRAs were found to have limited ability to predict conditional release success.
- Risk Management Scale may be helpful in guiding release decisions and planning for which treatments are needed in the community.
 - Exposure to destabilizers: Family, prior relationships, poor/negative peer influences, substances that have been shown to destabilize the person in the past.
 - Exposure to stressors: Relates to an individual's ability to manage internal and external stress. A measure of one's coping skills.



Red Flags with Modification Requests

- Skipping over the typical path without adequate justification (why are you deviating from your program requirements)
- Insufficient enough information
- Lack of documentation other than the modification request (e.g. vague, incomplete monthly reports)
- Overly positive documentation
- Asserting there is “zero” risk associated with a recommendation.
- Discrepancies between OSH documentation and community evaluation
- Missing incident reports
- Misusing the START, specific risk estimates
- Using clinical labels rather than a description of behavior
- CRs that appear to be driven by financial issues or vacancy timelines
- Proposals to placements with little to no experience with PSRB clients

Step Down/Transfer to a New Provider vs. Step Down/Transfer within Program

At any time, a case manager can request a community evaluation to assess a client's goodness of fit for a different program in the community. Prior consultation with the Executive Director may be appropriate to determine residential availability and appropriate level of care for a particular client. A Request for Evaluation should be submitted writing and should include a justification for the request. Additionally, all documentation, including monthly progress reports should be up to date and received by the Board.



A request for clients to step down to a lower level of care or lateral transfer to a different program is technically considered modification request; however, the process is different.



Provider requesting the modification submits a letter on letterhead (see handbook).




Receiving provider conducts a full community evaluation and proposes a plan.



Current provider reviews the plan, signs, has client sign



Current provider requests a hearing for step down



Modifications Presented at Full Hearings

- Discouraged unless you have submitted a modification request form.
- Your role is to vet requests by analyzing the risks and clinical benefits.
- Support surprise requests by testifying what the client/team would need to do in order to support it.



Alternatives to Modifications



HOW LONG HAS YOUR
PROGRAM BEEN IN
PLACE?



IS THERE A PHILOSOPHY
OR VALUES THAT DRIVE
YOUR PROGRAM?



ARE THERE SMART
BENCHMARKS
MARKING PROGRAM
SUCCESSSES/
MOVEMENT?



DOES THE PROGRAM
EMPLOY EVIDENCE-
BASED PRACTICE FOR
FORENSIC
POPULATIONS?



DO YOUR CLIENTS
UNDERSTAND THE
RATIONALE OF THE
SYSTEM?



ARE PROGRAM GOALS
CONSISTENT WITH
PSRB'S GOALS?

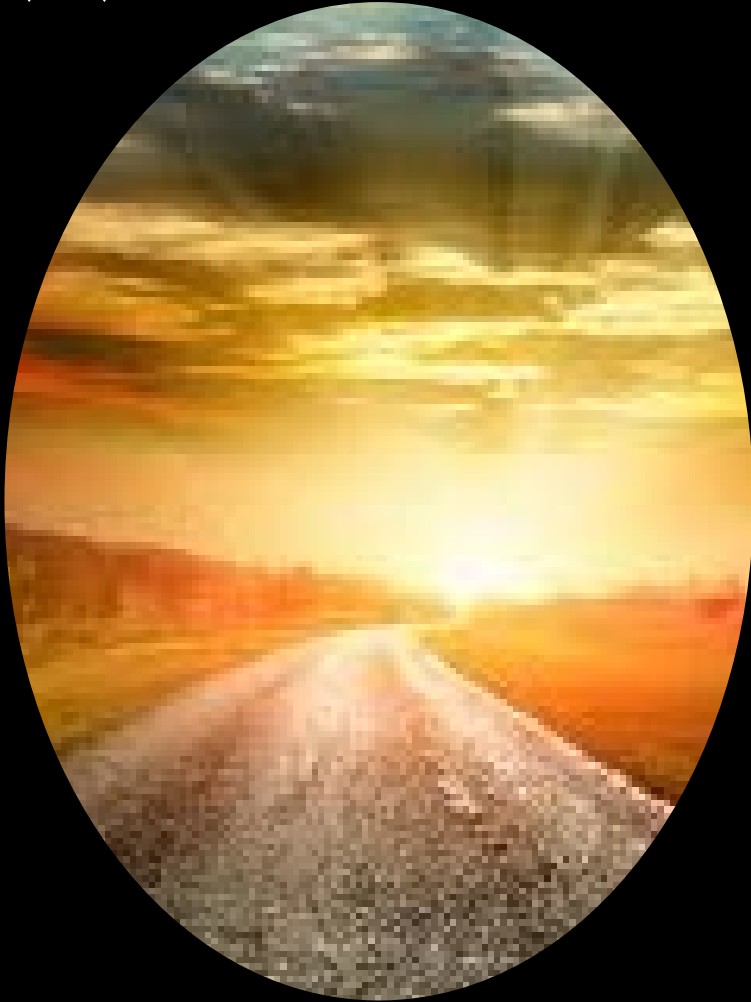
Future
Directions—More
guidance/streamli
ning on what to
include for
specific types of
modification
requests

- Lower level of care
- Solo passes
- Driving privileges
- Living with a roommate
- Let's Brainstorm!!!

Driving Privileges

Driving is one of the most significant liberties and privileges the Board can authorize, as it comes with great responsibility and inherent risk. As with any request for a substantial change in privileges, the Board requires the treatment team to provide a more thorough analysis of the client's risk factors when requesting driving privileges. The following recommendations aim to assist case monitors in achieving a thorough analysis and proposal when requesting driving privileges on behalf of their clients.

1. A current START is highly recommended to accompany any modification request involving driving privileges.
2. Identify and examine specific instances of dangerous behavior involving cars, including, but not limited to the instant offense, contained in the PSRB Exhibit File.
3. Examine any correlations between having a car or driving with the client's risk factors or other historical, problematic behaviors.
4. Consider [client's] ability to assume the legal and financial responsibilities of driving or owning a car (e.g. paying fees and keeping updated registration, DEQ, insurance, gas, upkeep, license).
5. Consider [client's] ability to follow laws.
6. Provide an attestation that you have reviewed and considered the information contained in the client's DMV report, including any specific barriers to reinstating their driver's license. The Board routinely denies requests for driving privileges in the absence of this analysis.
7. Examine client's personal history and experience of driving. Find out how long [client] has been driving/when was the last time they drove. Is the client aware of what is on their driving record?
8. Include the impressions/recommendations/concerns regarding driving from [client's] prescriber and/or other members of their treatment team (neurologist, PCP, residential staff).
9. Consider proposing an incremental expansion of driving privileges so that the treatment team can assess the client's success/vulnerabilities as the client's privileges expand.
10. Connect requests for driving to a client's specific purpose/goal/need and explain why driving is the best way for the client to achieve that purpose/goal/need. Include the clinical benefits of driving and/or how driving contributes to the client's long-term recovery and future goals.
11. Develop a driving safety plan that details when and for what purposes the client will be driving as well as how the team will monitor that plan. Include any special conditions such as limiting passengers, where the client may drive, the time of day the client may drive, or a requirement of a travel log.
12. Don't limit your analysis to these recommendations—critically consider any additional information or individualized factors that will assist the Board in understanding why you support the request.



THE BOARD IS
YOUR PARTNER
IN THIS
JOURNEY!

