**Defendant’s Information:**

Defendant’s Name: Click here to enter text. DOB: Click here to enter a date.

SID: Click here to enter text. Case #: Click here to enter text.

County: Click here to enter text. Court: Click here to enter text.

Judge: Click here to enter text. Current Criminal Charges: Click here to enter text.

**Individual Completing Community Consultation:**

Name: Click here to enter text.

Agency: Click here to enter text.

Phone: Click here to enter text.

Email: Click here to enter text.

**Consultation Date:**

Date of Court Order: Click here to enter a date.

Date of Consultation Interview: Click here to enter a date.

Date Submitted to Court: Click here to enter a date.

**Recommendations:**

[ ]  **The consultation indicates that the individual may be appropriate for conditional release. A full community evaluation will be completed, and if appropriate, a proposed summary of conditional release plan will be included. No additional information needs to be completed on this form.**

[ ]  **The consultation indicates that the individual may be appropriate for conditional release, but that the necessary supervision or resources are not available in the county at this time as indicated below. Consultation with the Psychiatric Review Board and with [COMMUNITY PROGRAM] indicates that [COUNTY] may have the necessary resources. Ordering a full evaluation to [NAME OF CHMP] of [COMMUNITY PROGRAM] in [COUNTY] is recommended. Complete the remaining sections of this report.**

[ ]  **The consultation indicates that the individual is not appropriate for conditional release for the reasons indicated in section 7 below. Commitment to the Oregon State Hospital is recommended. Complete the remaining sections of this report.**

[ ]  **The consultation could not be completed due to the following reasons:**  Click here to enter text.

[ ]  It is recommended that additional time be granted to complete the consultation.

[ ]  No further action/no further consultation is recommended at this time.

**Summary of Consultation:**

1. Method of Interview[[1]](#footnote-2) Click here to enter text.

[ ]  In person

[ ]  Video Conference

[ ]  Other due to the following: Click here to enter text.

[ ]  Not conducted because Click here to enter text.

1. Location of Defendant During Interview Click here to enter text.

[ ]  Community

[ ]  Jail

[ ]  Hospital

[ ]  Other Click here to enter text.

[ ]  Not Applicable

1. Sources of Information Click here to enter text.

[ ]  Police Reports related to the instant offense (required)

[ ]  Criminal Responsibility Evaluation related to the instant offense (required)

[ ]  Aid and Assist Evaluation(s) Click here to enter text.

[ ]  Health Records Click here to enter text.

[ ]  Defendant Interview

[ ]  Collateral Interviews with: Click here to enter text.

[ ]  Criminal Justice Files: Click here to enter text.

[ ]  Other Click here to enter text.

1. Extent of Defendant’s Participation in the Consultation?

[ ]  Engaged

[ ]  Refused

[ ]  Unable to Engage

Brief Explanation: Click here to enter text.

1. Defendant’s understanding of the PSRB and expectations related to conditional release:[[2]](#footnote-3) Click here to enter text.
2. Barriers to accessing necessary information: Click here to enter text.
3. Factors indicating that further evaluation is required by a different community program or that a commitment to the Oregon State Hospital is recommended (provide brief explanation for any factor that is checked):

[ ]  Mental State Click here to enter text.

[ ]  Current placement is destabilizing Click here to enter text.

[ ]  Severity of the instant offense Click here to enter text.

[ ]  Concerns related to victims Click here to enter text.

[ ]  Individual’s beliefs and requests regarding placement and services. Click here to enter text.

[ ]  Substance use concerns Click here to enter text.

[ ]  Medication adherence Click here to enter text.

[ ]  Resources are not present in the community Click here to enter text.

[ ]  Other factors considered: Click here to enter text.

1. Please check off the recommended resources that are necessary for supervision and treatment on conditional release, but not available in the county. Please provide additional information about why those services are deemed necessary.

**Behavioral Health Services**

[ ]  Outpatient Services Click here to enter text.

[ ]  Intensive Outpatient Services Click here to enter text.

[ ]  Assertive Community Treatment (ACT) Click here to enter text.

[ ]  Day Treatment Program

Other Click here to enter text.

**Co-Occurring Substance Use Disorder Services:**

[ ]  Outpatient Services Click here to enter text.

[ ]  Intensive Outpatient Services Click here to enter text.

[ ]  Other Click here to enter text.

**Intellectual and Developmental Disability Services (IDD/DD):**

[ ]  Service Coordinator Click here to enter text.

[ ]  Support Services Click here to enter text.

[ ]  Comprehensive Services Click here to enter text.

[ ]  Other Click here to enter text.

**Housing & Residential Services:**

[ ]  Independent Click here to enter text.

[ ]  Independent with Supports Click here to enter text.

[ ]  Adult Foster Home Click here to enter text.

[ ]  Residential Mental Health Treatment Click here to enter text.

[ ]  Residential Co-Occurring Substance Use Disorder Treatment Click here to enter text.

[ ]  Residential Intellectual and Developmental Disability Services Click here to enter text.

[ ]  Secure Residential Treatment Click here to enter text.

[ ]  Other Click here to enter text.

**Other Services:**

[ ]  Culturally Specific Services Click here to enter text.

[ ]  Veteran’s Services Click here to enter text.

[ ]  APD or medically enhanced services Click here to enter text.

Signature:

**Instruction Sheet**

When a person is adjudicated Guilty Except for Insanity and placed under the jurisdiction of the Psychiatric Security Review Board (PSRB), the committing court must also determine whether that person should be committed to the Oregon State Hospital or placed on a conditional release. Pursuant to ORS 161.327(4)(d), the committing court may not order a conditional release without an evaluation conducted by a qualified mental health professional from a local community mental health program (CMHP) designated by the PSRB to determine if an individual can be adequately controlled with supervision and treatment if conditionally released and that appropriate supervision and treatment are available.

The Community Consultation is the first step in this process. A Community Consultation[[3]](#footnote-4) is a screening ordered by a court and completed on this form to determine whether the necessary supervision and treatment for an individual are available in the community and appropriate for that individual. The outcome of the Community Consultation informs the evaluator and the court how to proceed with placement decisions.

**Order for Community Consultation**

Pursuant to ORS 161.327(2)(b), community consultations are ordered by a court upon receipt of a request for conditional release.[[4]](#footnote-5) The consultation should be ordered to the *local* CMHP designated by the PSRB in the county that is prosecuting the underlying criminal case.[[5]](#footnote-6) It is the court order that provides the local CMHP with access to the confidential documents and records that will be necessary to conduct the consultation.

**Preparing for the Community Consultation**

Upon receipt of the court order and the necessary documentation,[[6]](#footnote-7) the CMHP should begin reviewing the file and set up an interview with the individual.

**Consultation Deadline**

Presently, the law does not provide any deadlines for the completion of a court-ordered conditional release consultation report or community evaluation. Deadlines for PSRB-ordered conditional release evaluations are provided in OAR 309-019-0160(2). The PSRB recommends that courts provide CMHPs sufficient time to assess a person for possible conditional release, noting inadequate timeframes can result in an unnecessary hospitalization at the Oregon State Hospital or a revocation of conditional release.[[7]](#footnote-8)

**Filling Out the Form**

**Defendant Information:** This section is completed to collect basic information on the individual for whom the Community Consultation was ordered.

**Individual Completing Community Consultation:** This section is to be filled out with the contact information of whomever is completing the Community Consultation and submitting it to the court.

**Recommendations:** This section provides the court with recommended options for a person’s placement following a finding of GEI. Only one recommendation should be checked.

***The consultation indicates that the individual may be appropriate for conditional release*.** Select this recommendation if the consultation indicates conditional release may be appropriate pending completion of a full evaluation.[[8]](#footnote-9) The CMHP should not proceed with completing the rest of the consultation form, but rather incorporate the information from the consultation into a community evaluation consistent with the PSRB community evaluation template.[[9]](#footnote-10) The outcome of a full community evaluation could result in an acceptance or denial to the program. If the outcome of the full evaluation concludes that conditional release is appropriate, the CMHP must also complete a summary of proposed conditional release plan.[[10]](#footnote-11) If the outcome of the full community evaluation concludes that conditional release is not appropriate, the CMHP should clearly outline the basis for the denial and provide recommendations.

***The consultation indicates that the individual may be appropriate for conditional release, but that the necessary supervision or resources are not available in the county at this time as indicated below.*** Select this recommendation if the consultation indicates that conditional release *may* be appropriate; however, the county does not have the necessary resources. This recommendation requires the CMHP to complete the entire consultation, including an interview with the individual.

Prior to submitting the Consultation Report to the court, the CMHP should outreach to the PSRB to determine whether the recommended and necessary resources might be available in another county.

* If so, the CMHP should then outreach to the identified program(s) with the results of their consultation. If the identified program, after reviewing the consultation, is agreeable to further evaluation, the CMHP would include the name of the program and contact information in the fields of the Consultation Report so that the court could order further evaluation.[[11]](#footnote-12)
* If not, the CMHP would notify the court that the necessary resources are not available state-wide.

***The consultation indicates that the individual is not appropriate for conditional release for the reasons indicated in section 7 below. Commitment to the Oregon State Hospital is recommended.*** Select this recommendation if the consultation indicates that clinical or risk factors are too significant to be managed with supervision and treatment at any level of care in the community setting. The CMHP should identify the factors contributing to their opinion and make recommendations that could mitigate the identified barriers to conditional release.

**The consultation could not be completed due to the following reasons.** Select this recommendation if the consultation could not be completed. The CMHP should identify the barriers to completing the evaluation and recommend further action.

**Summary of Consultation:** This section is to be used to provide an overall summary of the Community Consultation in a narrative form. It can also be used to provide information that is not otherwise captured in other sections of this template.

1. Interviews should be conducted in person or via videoconference to effectively evaluate a person’s mental status. [↑](#footnote-ref-2)
2. CMHPs are encouraged to provide basic education about conditional release and program expectations to assist the individual in understanding the PSRB and their placement options, which may be limited. Individuals new to PSRB may present with a combination of preconceptions, a lack of knowledge, or not fully understand conditional release requirements or that the alternative to conditional release is a commitment to the Oregon State Hospital. [↑](#footnote-ref-3)
3. OAR 859-010-0005(5) [↑](#footnote-ref-4)
4. Please see the PSRB’s recommended [order template](https://www.oregon.gov/prb/Documents/Sample%20Court%20Order%20of%20Consultation.docx) for consultation and evaluation [↑](#footnote-ref-5)
5. Orders for consultation from another county should be discussed and coordinated ahead of time. If you receive an order for consultation from another county that was not pre-planned, please reach out to the PSRB for assistance. [↑](#footnote-ref-6)
6. Criminal Responsibility Evaluation(s); Aid and Assist Evaluation(s) if conducted; Police Report(s) describing index offense; and recent treatment or jail records. [↑](#footnote-ref-7)
7. [Psychiatric Security Review Board Work Group Report, December 2021](https://www.oregonlegislature.gov/lpro/Publications/PSRB%20Work%20Group%20Final%20Report%20December%202021.pdf) [↑](#footnote-ref-8)
8. OAR 859-010-0005(5) “Community Evaluation” is a written report ordered by the Board or other court and conducted by a qualified mental health professional from a local mental health program designated by the Board to determine if an individual can be adequately controlled with supervision and treatment if conditionally released and that appropriate supervision and treatment are available. [↑](#footnote-ref-9)
9. ORS 161.327(3)(a); OAR 859-070-0005(2)(b) [↑](#footnote-ref-10)
10. ORS 161.327(11); OAR 859-070-0005(3)(c) [↑](#footnote-ref-11)
11. ORS 161.327(4)(a) [↑](#footnote-ref-12)