

Psychiatric Security Review Board Information Sheet

TITLE/SUBJECT: Adult Panel Hospital Request for Conditional Release Hearings

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

EFFECTIVE DATE: December 3, 2013

POLICY

All conditional release requests submitted by Oregon State Hospital to the PSRB will be full hearings. The purpose of these hearings will be to determine whether the client is appropriate for conditional release, what the conditions of the release should be and to facilitate information sharing between the hospital treatment team and the future community treatment team. The focus of the hearing will be on the client's risk profile.

The Board encourages the OSH treating psychiatrist to discuss a client's risk factors and mental illness with the proposed community treating psychiatrist prior to the hearing (See Section 3). The Board expects community providers to develop communication systems that ensure the risk history of a client are known to all staff (including new staff) and clinicians who work with PSRB clients such that they are all familiar with the information in Section 1.

Section 1. Hearing Content. At a minimum, the following information may be included:

1. History of aggressive/dangerous to others behavior.
2. Reference to the most recent START, including current status on all "critical" items identified as causal to risk.
3. Precipitating events that increase risk such as:
 - a. Medication Changes
 - b. Drug/Alcohol Use
 - c. Psychosocial stressors (e.g., family/relationship problems, significant transitions and/or losses, changing providers, physical disabilities/conditions)
5. Any known "signature risk signs" of impending (imminent) dangerous behavior.
6. Any behaviors and/or attitudes that have occurred since patient was evaluated that are of concern.

Section 2. Hearing Format/Witnesses. The burden for these hearings will be on the State. At a minimum, Board staff will ensure the attendance of:

1. OSH treating psychiatrist or another psychiatrist designated by OSH;
2. Community treating psychiatrist, if assigned;

3. Community case manager (usually the same individual who completed the community evaluation);
4. Any witness the Board or attorneys indicate they will call at the hearing; and
5. Other treatment providers the hospital believes could add to the quality of the risk discussion. In such cases, the treatment team shall notify Board staff of these witnesses on their written Application for Hearing request form. For example, a client's sex offender treatment provider or any member of the Psychology Department may be relevant to the hearing and should contact the Board with relevant information. In the alternative, the treating psychiatrist should consult with the sex offender treatment provider about the progression of the client's sex offender treatment and be prepared to testify regarding this issue.
6. Telephonic attendance is acceptable for witnesses. Witnesses should listen to the entire hearing. All of these individuals will be given an opportunity to ask questions they deem appropriate to each other during the hearing. If the treating psychiatrist in the community has not been assigned, the Board may mandate as a condition of release that the OSH treatment team discuss the topics in Section 1 of this policy within 30-days of being assigned to the client.

Section 3. Application for Conditional Release Hearing

1. The Application for Conditional Release Hearing should include information about OSH witness availability (vacation dates, planned absents, etc) and also anticipated bed vacancy. If the treatment team recommends that additional OSH staff be added to the witness list, it should be included on this application. This will assist the PSRB in scheduling the hearing.
2. The Application for Hearing request from should also include as an attachment any documentation that summarizes continuity of care discussions between the client's OSH treatment team and the community provider that have occurred prior to the hearing. This will become an exhibit to help establish that the communication happened. At a minimum, the document should contain the following information:
 - a. Which hospital staff discussed risk factors with the community?
 - b. Which community members were present during the discussion?
 - c. What risk factors were discussed?