

Psychiatric Security Review Board Information Sheet

TITLE/SUBJECT: Policy Regarding Major Changes in PSRB Clients' Psychiatric Stability, Medication Regimen, and Serious Incidents for Those on Conditional Release

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

POLICY NUMBER: 10-201-19

EFFECTIVE DATE: February 1, 2015

REVISED: May 13, 2019

POLICY

1. Often, individuals with psychiatric illnesses undergo periods of stability with intermittent periods of instability during the normal course of their lives. In addition, changes to psychotropic medications are common due to negative side effects or a lack of therapeutic benefit. Finally, changes in medical conditions and their treatments can cause an increase in psychiatric instability (e.g. blood pressure medication, lithium and associated toxicity, diabetes treatments, etc.). With proactive communication and implementation of a safety plan, treatment teams can often manage the client safely in the community setting during the vulnerable periods of the client's illness.

2. Providers, through the Board's designated person, are required by OAR 859-070-0015 and OAR 309-019-0160 to promptly notify the Board via telephone of *any* psychiatric changes and behavioral/serious incidents. This includes, but is not limited to, documenting: increased psychiatric symptoms; verbal threats; violating house rules and/or the conditional release order; medication refusal; or changes to the client's physical health that may affect psychiatric stability. It is best practice that the PSRB-designated person adopt a communication protocol that ensures all staff, employers and family members, if applicable, are aware of changes in mental health status and concerning incidents, and that a reporting system remains in place.

3. Along with the report to the Board, the provider should be prepared to propose and implement a safety plan. This may include moving a client to a more secure facility, increasing staff supervision of the client, temporarily suspending pass privileges, discussing with the state hospital treatment team best practices for managing the client's behavior or psychiatric symptoms (if client recently arrived from the state hospital), temporarily suspending employment, moving client to a respite facility, temporarily suspending group therapy/structured activity, or immediately referring the client to his/her prescriber for consideration of a medication adjustment. Sometimes revocation of conditional release is appropriate. The Board requires **written follow-**

up summarizing the events and actions taken by the provider within 24-hours of incidents, even if the provider has communicated previously with Board staff over the telephone.

4. When clients are placed on conditional release, they are psychiatrically stable on a medication regimen and may have undergone several medication changes in the state hospital in order to determine the best regimen for the client. Community prescribers intending to make adjustments to the established regimen should do so by exercising extreme caution and carefully deliberating the client's risk. If the client was recently discharged from the state hospital, the Board encourages providers to collaborate with the state hospital treating psychiatrist about medications prior to any proposed change.

5. The Board expects all non-emergency major medication changes, including adjustments to mood stabilizers and anti-psychotic medications to be done only after the PSRB-designated person communicates with Board staff to determine potential risk for decompensation and to assess appropriate placement and temporary conditions while the client undergoes the medication adjustment. Any change in mood stabilizer and/or anti-psychotic is a major change unless it is to achieve a therapeutic blood level or is part of a predictable dose titration to achieve a therapeutic dose. It is best practice for the designated person to develop a communication protocol whereby the licensed medical provider informs the designee immediately of **any** proposed medication change. Unless medically necessary, the treatment team should not start a medication change before conducting a thorough risk assessment and communicating it to the PSRB. This protocol should include the primary physician managing the client's physical wellness.

6. The provider should have a proposed safety plan/mitigation of risk plan prior to communicating **any** medication change to the Board and staff. This may include requesting that the Board move a client to a more secure licensed residential facility, voluntarily admitting client to a community hospital psychiatric unit, or returning the client to the state hospital. See *also* paragraph 3 above for safety plan measures. The Oregon Health Authority's Addictions and Mental Health division will pay a provider up to 30-days to hold the current licensed bed if a client needs to move temporarily to a different provider for more services and support. Board staff will work collaboratively with providers to ensure the maintenance of the client's physical and psychiatric wellness, as well as to maximize public safety.

7. Whether the client is undergoing **any** medication change or is having a change in psychiatric stability, the provider should inform all residential staff and other individuals with a need to know (e.g. significant others, employers, etc.) of the change as applicable. Communicate clearly that if these individuals see early warning signs or changes to psychiatric stability, they should report this to the designated person and to the PSRB.