

Psychiatric Security Review Board Information Sheet

TITLE/SUBJECT: Revocation Protocol

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

EFFECTIVE DATE: April 21, 2017

PSRB Policy/Protocol for Revocations

Revocations sometimes are appropriate when PSRB clients on conditional release can no longer be safely be managed in the community. Oregon law allows for after-hours revocations in which law enforcement can return a client to OSH. When clinically appropriate, some community providers elect to have clients transported to OSH via secure transport: also an option under the law.

The Board relies on you to inform PSRB staff of critical incidents or changes in mental health status. This allows the Board to ascertain whether revocation is appropriate. Revocation bases include new serious law violations, absconion from supervision, continued refusal to ingest prescribed psychotropic medications, and mental health deterioration. Board staff completes an affidavit after reviewing the PSRB client file and interviewing the PSRB-designated case manager. Staff prepares the following paperwork when a revocation has been ordered:

1. Affidavit in Support of Revocation

The affidavit summarizes jurisdictional history and describes the basis for revocation.

2. Order of Revocation

The order describes the authority to revoke a person's conditional release and states the basis for the revocation.

Oregon law allows the Board to revoke a PSRB client's conditional release and order that person's return to the state hospital. During business hours, PSRB staff initiates and completes the revocation paperwork on your behalf. If public or client safety is not at immediate risk, best practice is to develop a short-term safety plan (director's custody, respite bed, step-up to a higher level of care) and process the revocation during the next business day so PSRB staff can facilitate the process. You are expected to communicate with OSH about the expected transport date and ensure OSH has all necessary information they need to admit the client. The OSH Admissions Manager's phone number is (503) 947-4247.

After-Hours Revocation Background

When business hour revocations are not feasible, ORS 161.336(4)(a) and (b) provide the mechanism for immediate, non-business hour revocations. ORS 161.336(4)(a) states that a written order from the Board or the chairperson qualifies as a warrant requiring law enforcement officers to take the person into custody and to transport him or her as directed in the order.

After hours, or when the Board (or Board Chair) is otherwise unavailable, ORS 161.336(b) authorizes you—as community mental health directors, facility directors, peace officers and persons responsible for supervision of a person on conditional release—to either take the person into custody or request that he/she be taken into custody when there is reasonable cause to believe the person is a substantial danger to others due to his/her mental illness and that he/she is in need of immediate care, custody, or treatment. Once the patient is in custody, 161.336(4)(b) requires law enforcement to transport the patient as soon as practicable to OSH (or to a secure intensive community inpatient facility, if the patient is a youth).

The specific language of the law is as follows (emphasis added):

ORS 161.336 Conditional release by agency; termination or modification of conditional release; hearing.

(4)(a) If at any time while the person is under the jurisdiction of the board it appears to the board or its chairperson that the person has violated the terms of the conditional release or that the mental health of the individual has changed, the board or its chairperson may order the person returned for evaluation or treatment to a state hospital or, if the person is under 18 years of age, to a secure intensive community inpatient facility. A written order of the board, or its chairperson on behalf of the board, is sufficient warrant for any law enforcement officer to take into custody such person and transport the person accordingly. A sheriff, municipal police officer,

constable, parole and probation officer, prison official or other peace officer shall execute the order, and the person shall be returned as soon as practicable to the state hospital or secure intensive community inpatient facility designated in the order.

(4)(b) The community mental health program director, the director of the facility providing treatment to a person on conditional release, any peace officer or any person responsible for the supervision of a person on conditional release may take a person on conditional release into custody or request that the person be taken into custody if there is reasonable cause to believe the person is a **substantial** danger to others because of qualifying mental disorder and that the person is in need of **immediate care, custody or treatment**. Any person taken into custody pursuant to this subsection shall be transported as soon as practicable to a state hospital or, if the person is under 18 years of age, to a secure intensive community inpatient facility.

Of course, prior to initiating the revocation process, you and the Board should consider and carefully contemplate the overall mental health picture and circumstances regarding the person's status. We request that, when practicable, you consult with the PSRB's Executive Director before initiating the revocation process. Historically, bases to revoke a client's conditional release have included: commission of a new person-on-person crime; serious threatening behavior toward others, coupled with a history of violence; significant medication changes accompanied by concerning behavior such as increased mental health symptoms; repeated medication refusal; and absconding from supervision.

After-Hours PSRB Revocation Protocol/Safeguards:

1. The responsible party (facility director, program director, person responsible for supervision, peace officer) decides revocation is appropriate.
2. **The responsible party calls PSRB Executive Director Juliet Britton, J.D., immediately to consult. Her 24 hour phone number is (503) 781-3602. Leave a message if you are not able to reach her.**
3. If you cannot reach Board staff, consider placing a director's custody hold or implementing an appropriate safety plan (1:1 staffing, house restriction, etc.) and wait until the next business day at which time PSRB staff will complete the revocation process.
4. If you cannot achieve the above, you may initiate revocation:

- a.** Call OSH Comm Center telephone number: (503) 945-2800 and inform them you are initiating a revocation. If you do not communicate ahead of time with the Communication Center at OSH, OSH staff will not provide any information to law enforcement/secure transport personnel, further delaying the admission and potentially creating tension between community providers and OSH staffs.
- b.** Call local law enforcement/secure transport and tell them that you are “responsible for the supervision of [the patient] under ORS 161.336(4)(b),” that the patient needs immediate care, custody, or treatment, and that as such, you are “placing a Director’s Custody hold” on the patient and ordering a revocation in accordance with ORS 161.336(4)(b). Ask law enforcement to transport the patient to the local hospital (or jail) to get medical clearance. Once cleared, the patient should be transported to OSH. If law enforcement is reluctant to take the patient into custody, ask for a supervisor and recite the legal authority to have law enforcement take the person into custody. If all else fails, ask law enforcement to initiate an officer mental health hold or you can initiate a “Director’s Hold.”
- c.** Get Medical Clearance: Oregon State Hospital is not equipped to treat individuals whose mental status deterioration or rule violations are related to alcohol or substance use intoxication and/or withdrawal or to an unstable medical condition. As such, prior to confirming with OSH that the patient will be arriving, please ensure that your client has been medically cleared at the closest medical facility and that communication has taken place between the admitting OSH psychiatrist and the professional providing medical clearance.
- d.** As noted above, once the patient is in custody, law enforcement is required to transport him/her to OSH without any paperwork or confirmation from the PSRB.
- e.** It is possible you will receive pushback from the front line officer. If that happens, work your way up the chain of command and keep citing ORS 161.336(4)(b) (as in section 4b, above) and reading the information from the “after hours hold” card PSRB issues to you. Sometimes, law enforcement will want to confirm with OSH that the

revocation is authorized. For that reason, please ensure that you have completed step 4a above.

Community Provider Responsibilities Once Revocation Occurs

As case manager, you are expected to communicate with OSH admissions to ensure that the MAR and any other clinical information is given to OSH immediately for continuity of care purposes. Best practices and standard of care recommendations are that *the community prescriber have a doctor-to-doctor conversation* shortly after the patient's arrival. *The case manager should communicate with the OSH social worker* regarding conditional release planning or any other relevant clinical information that would be helpful to the client's care and treatment while at OSH. If the client has a medical condition, communicate with OSH immediately after making the decision to revoke, in order to ensure the OSH admitting doctor has all the information necessary to adequately treat the client: *both mind and body*. The OSH Admissions Manager's phone number is (503) 947-4247. **It is your responsibility to ensure OSH has all the information necessary to ensure continuity of care.**

PSRB will also send the provider a letter within several days of the revocation requesting that you provide the Board or SHRP with details about what led to the revocation, your opinion about clinical and treatment goals, and whether your agency is willing to consider the client for placement again. For some clients, a relatively quick stabilization can occur and the client can return to the same bed at the facility after the revocation hearing. You can request funding through AMH billing to hold the bed for up to 30-days.
