

MINUTES
PSYCHIATRIC SECURITY REVIEW BOARD
ADMINISTRATIVE MEETING
JOINT PANEL
SEPTEMBER 7, 2022

An administrative meeting of the Psychiatric Security Review Board Joint Panel was convened on Wednesday, September 7th, 2022, at 9:00 a.m. via Microsoft Teams and teleconference. Board members, PSRB Staff, and members of the public present via Teams and phone were:

Adult Panel- Scot Reichlin, M.D. (Chair, psychiatrist member), Pamela Buchanan, Psy.D. (psychologist member), Anne Nichol, J.D. (attorney member), Trisha Elmer, P.P.O. (probation member), Julie Duke (public member).

Juvenile Panel- Stewart Newman, M.D., DFAPA, DFAACAP (psychiatrist member, Chair), Karey Casebier (Probation Member), and Cari Boyd (public member).

PSRB Staff- Executive Director, Alison Bort, J.D., PhD., Deputy Director, Mandy Standiford, Executive Support Specialist, Justin Hendrick (taking minutes), Hearings Officer, Maria McCormick, Hearings Support Specialist, Megan Carpenter, Hearings Support Specialist, Brady Lambert, Hearings Support Specialist, Sharon Hall, Case Monitor Dawn Anderson, and Office Support, Laura O'Meara

Public Present- Cheryl Meyers, James Peykanu, Rosario Patrick

Meeting opened at 9:08 a.m.

Dr. Reichlin opened meeting to public comments. No comments were made.

Dr. Reichlin moved to the approval of the June 8th meeting minutes. Minutes approved with a unanimous vote.

Dr. Reichlin moved to IT transition

Dr. Bort acknowledged staff for the major move to DAS IT-Services after Cascade Computer Maintenance only gave a 3 week notice of closure. Acknowledged Shelley Banfe and Ms. Standiford for their significant contribution and commitment to a smooth transition to DAS-IT.

Dr. Bort discussed the distribution of new emails, cellphones, and computers to Board Members. She then let Board Members know to reach out to Ms. Standiford with any IT issues. In addition, Dr. Bort highlighted how helpful DAS-IT had been in managing the transition.

Dr. Reichlin move to the Executive update.

Dr. Bort announced that the PSRB was fully staffed and moved to introduce Ms. O'Meara. She acknowledged what a great addition to the team she had been. She then stated that the only Board member spot yet to be filled was the Juvenile Psychologist. Dr. Bort said she would be interviewing with potential candidates that following Monday. Dr. Bort acknowledged Ms. Miller for staying on for a few additional months even though her term technically ended in June of 2022.

Dr. Bort then moved to the completion of training through Workday for Board Members. She then highlighted the various training and deadlines for the Board's required trainings on Workday. In addition, Dr. Bort spoke to the State's forthcoming transition of payroll to the Workday system.

Dr. Bort will follow up with any Board members who believed they completed trainings, but that don't appear to have the credit in Workday.

Dr. Bort then moved to the Law and Mental Health Conference hosted by the Mental Health Association of Portland. Planned training topics for board Members would be civil commitments and the conference would be on Nov 7th and 8th. Dr. Bort then covered which Board Members were signed up for the conference and asked if any other Board Members were planning to attend. Board members Nichol, Duke, and Elmer planned to attend.

Dr. Bort announced that the PSRB Forensic Statewide Conference would be October 20th and 21st and that the theme would be "Back on Track". She then acknowledged Ms. Duke for assisting and securing Senator Lieber as keynote speaker for the conference. Dr. Bort outlined the planned events for the conference and stated that it would take place at the same venue as the 2019 conference held at Enola Hills Temecula Community College.

Before turning the meeting over to the Oregon State Hospital, Dr. Bort stated that the Board retreat had to be moved to December of 2022.

Dr. Bort introduced Dr. Peykanu, Supervising Psychiatrist of the Archways Program, and Cheryl Meyers, Associate Director of Social Work, from the State Hospital from the Oregon State Hospital.

Ms. Meyers and Dr. Peykanu then proceeded to highlight the general structure of the day for PSRB patients as well as the flow of PSRB patients from their entry into the hospital to being placed in the community on conditional release. At the end of their discussion, they opened the meetings to questions.

Dr. Reichlin asked if the hospital conceived of the 20 hours of structured treatment as group therapy or if it included such activities as independent work, volunteering, and recreation.

Dr. Peykanu responded by stating that it did include such activities. Ms. Meyers added that there had been quite a bit of work done to get teams to recognize these additional activities. Both Dr. Peykanu and Ms. Meyers highlighted the limitations of treatment mall and the benefits that structured activities like work have to preparing a patient for life outside of the hospital.

Ms. Meyers moved the meeting to the discussion of the risk review process. Specifically, she spoke to the preparation that went into risk review, getting teams to really know their patients, and be able to speak to how they will mitigate risk for each individual patient under their care. She also spoke to the need for the team to help the patient feel prepared for risk review. Ms. Meyer then opened the meeting to questions.

No questions were posed

Ms. Meyers moved the conversation to the challenges the hospital faced with getting clients ready for conditional release and the desire to have an even better relationship with the Board. She also highlighted the issue of having long waitlists for Secure Residential Treatment Facilities (SRTFs) and Residential Treatment Homes (RTH/RTFs). The meeting was then opened to questions.

Dr. Reichlin clarified that risk review does not define level of care in a community but that the level of care is generally determined by the community evaluator. It was his understanding that most everyone coming out of the hospital were going to SRTFs and RTF/Hs. He then asked if the Hospital entered into that decision process for placement.

Ms. Meyers responded that the Hospital does play a part in that decision.

Dr. Reichlin asked if anything was being misidentified that was increasing placements at SRTF and RTH/F levels of care.

Ms. Meyers responded that the main thing driving placement was available openings and community level evaluations.

Dr. Reichlin then asked if one of the major bottlenecks was availability of beds.

Ms. Meyers responded that this was the case, and it was both for SRTFs and RTH/Fs.

Dr. Peykanu noted that this bottleneck is exacerbated if the patient only qualifies for an SRTF level of care.

Dr. Peykanu then moved the conversation to the Mosman ruling. He specifically highlighted its effect on the hospital, patients, as well as its effect on a community that is not structured to take on an increased flow of patients from the hospital. Speaking specifically to the PSRB, he stated that this would most likely lead to an increase of 701 commitments to the PSRB. Dr. Preykanu spoke to the difficulty in assessing 701 commitments for the PSRB and that the typical kinds of considerations and decisions that are made for a GEI patient do not map onto a 701 commitments.

Dr. Peykanu opened the meeting to questions.

Ms. Elmer asked if there were alternative ways the Board could help move people out of the hospital, with the understanding that risk is going to be the biggest concern. She then stated that she would love to review cases that the hospital felt had alternative paths.

Ms. Nichol stated that she was also in support of coming up with alternatives. She highlighted for the hospital that the Board really did not think categorically, but instead attempt to address the individual case and addressing the individual person's needs.

Dr. Bort spoke to the community evaluation issues. She also highlighted the need to create alternative paths for those coming up on their end of jurisdiction (EOJ), one of those paths being to give the community the opportunity earlier in the process so that a risk assessment could be made available to prospective placements.

Dr. Reichlin stated that in the 40 years he has been in mental health there has been a consistent need for more community services.

Dr. Bort highlighted that millions were invested in behavioral health during the 2021 session (\$~475 million) and \$130 million was specifically allocated toward increasing capacity for licensed residential facilities for behavioral health. Dr. Bort noted that a significant barrier to developing these programs relates to the state's workforce crisis/staffing shortages.

Dr. Reichlin also highlighted the need for alternatives paths for those approaching their EOJ Specifically that not being able to come up with an alternative pathway means a patient at the end of their jurisdiction would go straight from the hospital back into the community.

Dr. Bort thanked both Ms. Meyers and Dr. Peykanu for joining.

Dr. Reichlin then opened up the meeting to discussing potential alternatives.

Ms. Nichol suggested a hearing that corresponds to a client's EOJ, a flag when they are at their last 2 years with the PSRB. She proposed having a series of hearings that happen in intervals from that two-year marker to their EOJ. She noted that safety and risk would still be the number one concern, but it would allow the board to shift their focus when weighing the benefits of care.

Dr. Reichlin suggested the potential for legislation that would shift the Board's focus for those clients approaching their EOJ.

Dr. Bort stated that there was an active work group addressing these issues. She highlighted that due to financial and time constraints, there is always a limitation on the number of hearings that can be held and that, without additional funding/staffing, this in turn limits some of the choices that the PSRB can make in terms of adding more hearings. She highlighted the meetings she has with Ms. Meyers and OHA and the exploration of what the community can do to also create alternative paths for clients approaching their EOJ. To address pushback so many providers get when trying to coordinate a discharge plan with the county of responsibility at EOJ, Dr. Bort encourages the treatment teams to stress to the ENCCs of the county that the client will be residing there by a known date. She encouraged providers to stress that public safety and client welfare are enhanced when those communities accept those clients while they are still under jurisdiction and the community are able to establish relationships, connections, and resources.

Dr. Bort stressed the flexibility of the hospital and the amount of care and hard work the Board was putting into these issues.

Dr. Reichlin pointed out that the [inaccurate] public and legislative perception is that the PSRB still has jurisdiction over those that have reached their EOJ and that they blame the PSRB for crimes that take place after the EOJ.

Ms. Nichol and Dr. Bort then discussed the varying ways that the standard of safety could be sustained while adjusting the weight of individual factors when considering whether or not a client should stay at the Hospital or be conditionally released. These weights specifically being adjusted in relation to their EOJ. They then highlighted that there are benefits to staying in the hospital that may no longer be benefits when the person is approaching their EOJ. The consequence of EOJ being the client ends up in the community without the community's involvement in preparing them for life outside the hospital.

With respect to very high-risk clients who do not meet the standards of civil commitment but are at too high risk to be released prior to their EOJ, Dr. Bort re-introduced a legislative concept that she previously proposed for a future session. Given the significant high standards of civil commitment under current Oregon Law, Dr. Bort's proposal is to lower that threshold where there has previously been a GEI adjudication. Dr. Bort emphasized that this would not be lowering the standards of safety, but rather lowering the threshold that the community could act.

Ms. Nichol stated how helpful it is to have people from OSH and the community come talk to the board.

Dr. Reichlin agreed. He spoke specifically to the community at times being a black box and how helpful it is to the Board to get to see what caring for GEI clients looks like from the point of view of the community.

Dr. Reichlin moved the meeting to voting on emergency temporary rules.

Ms. Standiford outlined the rules to be changed. The first rule she spoke to were updates to the language to reference the most current version of the DSM for the Adult Panel as well as the Juvenile Panel.

Dr. Reichlin opened the meeting to comments. No comments were made.

Dr. Reichlin moved the Board members to vote.

Unanimous yes vote.

Ms. Standiford outlined the next rule to be voted on. She stated that this rule would be the continuation of the emergency rule that allowed an Adult Panel member to sit on the Juvenile panel in cases where the Juvenile panel could not make quorum.

Dr. Reichlin moved to vote.

Unanimous yes vote.

Dr. Reichlin opened the meeting to public comments. No comments were made.

Dr. Reichlin then opened the meeting to final comments.

Dr. Bort stated that the next Board meeting had not been set and that a poll would be sent out to establish availability of Board members.

Dr Reichlin adjourned meeting at 11:00 a.m.