

MINUTES
Psychiatric Security Review Board
Administrative Meeting
Juvenile Panel
May 4, 2015
Approved May 4, 2015

An administrative meeting was convened on May 4, 2015 at 10:02 a.m. in the fourth floor conference room of the Psychiatric Security Review Board offices, 610 S.W. Alder, Suite 420, Portland, Oregon. Juvenile Panel Board members present were Shelly Casteel, Chair, Susana Alba, J.D., Bob McKelvey, M.D., Kate Kuenzi and Cathy Miller. Also in attendance were Elena Balduzzi, Psy.D., Adult Panel member, and Elizabeth Brownhill from YRJ. Laura Moeller and Lucy Heil from PSRB were present.

The meeting was called to order by Lucy Heil, Policy Analyst/Program Manager for the PSRB, at 10:02 a.m. Introductions took place initially where everyone present went around and introduced themselves. There was a “Welcome” of new Board members. Those in attendance at the last PSRB Juvenile Panel Board meeting (Shelly Casteel, Susana Alba and Bob McKelvey) on 12/2/14 reviewed the Minutes from that meeting. Later, a motion was made to approve the minutes and it was seconded. The minutes of 12/2/14 were approved as submitted and thereby adopted.

Elena Balduzzi, Psy.D., had been invited by Juliet Britton, Executive Director, to attend the Juvenile Panel meeting to provide training to Board members on sex offender risk. Elena began by telling about her educational background as well as her previous work experience related to sex offenders and corrections. She spoke specifically about her qualifications regarding sex offender risk assessments. Elena explained the unique arena of juvenile sex offenders and what the empirical data suggests compared to adult offenders. She explained the different types of risk factors that should be considered when developing risk formulations for START

purposes. Elena explained that she hoped she was providing helpful information as a refresher and/or update since she was not prepared to present the full START training. Elena was asked questions by Susana Alba about how risk levels change as juveniles' brains develop. There was discussion about some very concerning risk factor examples. Elena went on to explain the need for risk need responsivity and the three guiding principles that are empirically validated. The three guiding principles:

- 1) Treatment doctors must provide treatment and allocate resources in proportion to the level of risk;
- 2) Thorough examination of risk factors should occur to specifically target needs based on risk levels; and
- 3) Risk need responsivity depends on a case-by-case analysis, person by person, not "one size fits all".

At the conclusion of Dr. Balduzzi's explanation of risk factors, risk analysis and risk need responsivity, she opened up the floor for questioning. She explained that the risk need responsivity principles are at the forefront of the focus of the literature on risk. Dr. Balduzzi suggested providers should be working with sex offender providers who are very familiar with these principles. She has serious concerns about providers who are not very familiar with these guiding principles. Elizabeth Brownhill inquired about the bill in current session regarding classification and registration of juvenile sex offenders. Dr. Balduzzi also explained how only a very small percentage (5%) of juvenile sex offenders have significant risk factors that stay with them through life and get worse. Signature serious risk factors include the age difference of more than five years, presence of antisocial personality disorders (may lead to psychopathy may lead to sociopath) and impulsivity/self-regulation issues. Dr. Balduzzi talked about the fact that a

good assessment needs to be comprehensive and take into account all risk factors so they may be reduced by target training. A good risk assessment also considers tools available to assess risk factors with the caveat that it is not always good to over-rely on certain tools. Elena Balduzzi believes, based on documentation and article research, that the numbers of juvenile sex offenders are down not because of a lack of data but because juveniles themselves are changing. Dr. Balduzzi suggested a good resource for those interested which is NeariPress.org. She said that NEARI puts out monthly digests regarding juvenile sex offenders that are concise and that it is therefore a place to obtain targeted articles about how to implement risk recommendations. Dr. Balduzzi's presentation and open question-and-answer session concluded after approximately one hour.

The next agenda item was the Legislative and Budget Update. Ms. Heil explained the bills being considered by the House and Senate during the current legislative session. Specifically, she noted the bill pertaining to expungements, the gun relief sunset bill and the sex offender classification fix being proposed. She also spoke about Ms. Britton attending the Ways and Means session wherein the PSRB budget was discussed and where the PSRB received high praise. Ms. Heil also mentioned the statewide training conference sponsored jointly by AMH and PSRB that took place in Salem on Monday and Tuesday, April 27th and 28th.

Item Number Five on the Agenda was JPSRB Rules Updating. Ms. Heil explained that she and Juliet are in the process of trying to update the agency's administrative rules and therefore going through a methodical update approach, starting with the adult rules, adding in new rules such as media and teleconferencing, and then proceeding to addressing revision for the juvenile rules.

There was significant discussion about independent evaluations and the timing of those evaluations. Recently there was a case where a juvenile was at Oregon State Hospital and when he had his hearing and an evaluation was ordered the question came up about ordering evaluations prior to the time of the hearing so all discharge discussion could occur at one hearing. If the hospital treatment team was recommending discharge, then an argument was made that the evaluation for discharge based on no mental disease or defect should occur once the hospital treatment team was in agreement that the individual was ready for discharge. There was a lengthy discussion about the timing of these early/pre-hearing evaluations. Everyone present thought it would be a good idea to have the evaluations ordered prior to the hearing. The question that led to lengthy discussion had to do more with how much notice should be given, once the evaluation was complete, how much advance time would be given before the hearing for the parties to prepare. Ms. Heil told everyone present that the timing would be worked out and was guided in certain respects by the statutes and the administrative rules. In any event, the purpose of having the evaluations ordered early is to streamline the hearings process. Susana Alba made a motion to adopt a policy that when there is a hospital request or community treatment team request for discharge, that will trigger the Board to order an independent evaluation. Bob McKelvey seconded the motion. All Board members were in favor. The motion passed.

The Juvenile Panel Board meeting adjourned at 11:36 a.m.