

DRAFT – MINUTES
Psychiatric Security Review Board
Administrative Meeting
Adult Panel
Wednesday, March 18, 2020

An administrative meeting of the Psychiatric Security Review Board was convened on Wednesday, March 18, 2020 at 8:30 a.m. in the Psychiatric Security Review Board’s conference room at 610 SW Alder Street, Portland, Oregon, 97205. The following were in attendance (in person unless otherwise indicated):

- Adult Panel – Pamela Buchanan, Psy.D (by phone); Trisha Elmer, P.P.O. (by phone); Anne Nichol, J.D. (by phone); Scott Reichlin, M.D., Chair (by phone); and John Swetnam.
- PSRB Staff – Alison Bort, J.D., Ph.D., Executive Director; Sid Moore, J.D., Deputy Director; and Megan Carpenter, PSRB Staff, as note taker.
- Public Attendees – Harris Matarazzo, J.D. (in person); and Tyler Neish, J.D. (by phone).

Because Dr. Reichlin was appearing by phone, Mr. Swetnam volunteered to chair this Board meeting. Mr. Swetnam called the meeting to order at 8:30 a.m. As there were no public members in attendance at the beginning of the meeting, Mr. Swetnam moved to the next item on the agenda, Executive Director Updates:

- Budget Update: Dr. Bort shared that the state-wide budget kickoff meeting occurred yesterday. Despite the beginning of the COVID-19 pandemic, budget timelines and processes will remain similar to previous years, and budget instructions will be posted in the near future. Dr. Bort next explained that due to the walk-out of legislators during this year’s short legislative session, the agency’s request for a permanent, full-time

Administrative Assistant was not approved. Although there is talk about a special session, it is more likely the agency would need to wait an additional year and request this position next biennium. Consistent with the agency's strategic plan, Dr. Bort shared that the agency also plans to request additional funding for technological improvements, such as migrating from the Access database to Web X. Our database still works, but is dying technology and it will become increasingly difficult to find IT support. Dr. Bort and Mr. Moore, in consultation with Shelley Banfe, the agency's IT support, are exploring options. Dr. Bort shared that any new system will be costly; however, it appears that the improvements can be completed in phases. Consultants have estimated such improvements could be estimated at 10% of the agency budget per year. Implementation would be contingent on agency surplus as well as legislatively approved increases in funding. This past year, we were able to implement the Oregon Records Management System (ORMS), which will allow the agency to move into increased paperless management. Dr. Bort shared that due to the COVID-19 pandemic, which resulted in increased telework/work outside of the office, the ORMS project is temporarily suspended.

- COVID-19 Update: The Board held an emergency Board meeting last Friday. Dr. Bort shared that so far, the agency is able to support five staff with telework. Dr. Bort and Mr. Moore will continue strategizing to increase telework as possible, consistent with the directives the agency is receiving from statewide leadership and Governor Brown. Another impact of COVID-19 is the temporary suspension of the PSRB legislative workgroup. Lastly, Dr. Bort shared that the agency will continue to monitor and amend the Continuity of Operations Plan as more is learned about the pandemic.

- LEDS Audit: LEDS audit was temporarily suspended. Dr. Bort thanked Board members who had completed the cyber security training associated with this audit. Dr. Bort encouraged those Board members who had not completed it to do so as soon as possible. Board members who had completed the training shared that the training took approximately 30 minutes.
- Rivers Run—Oregon State Hospital RTH: Dr. Bort provided an overview of the proposal to transform OSH’s Rivers Run program into a hospital-managed Residential Treatment Home. Leading up to today’s Board meeting, there had been a plan for someone at OSH to be available at the meeting; however, with the pandemic, it appears this change has been put on hold. Dr. Bort explained that due to capacity issues, OSH is exploring different solutions. Rivers Run was originally set up for the aid and assist population, but there had been challenges with keeping the beds filled. Therefore, they are looking to convert one of the 2 units to a PSRB unit, specifically for those individuals who may be close to conditional release. Dr. Bort reviewed some of the challenges with the proposal; however, has requested a formal proposal from OSH so that it could be presented to the Board. Dr. Bort then opened up the meeting for questions and concerns from the Board:
 - Ms. Nichol wondered if there would be fundamental differences between the OSH RTH and community RTHs. Dr. Bort shared that this is a part of the current discussion. Specifically, one consideration is whether the site should be an SRTF with some relaxed rules rather than an RTH with strict rules. For instance, the hospital. It would probably be better to open it up as a less strict RTF. Dr. Bort explained to OSH leadership that the Board would not support individuals to have

solo passes as they would at an RTH in the community. In any case, the restrictions would be more robust than an RTH in the community setting.

- Ms. Nichol shared her perspective on the challenges of placing some specific groups of individuals, such as those with intellectual and development disabilities, who struggle with community placement because of lack of resources. She recommended that OSH consider using Rivers Run as a placement for this type of population. Dr. Bort shared another challenging population to place in the community are those with medical issues (vs. psychiatric).
- Dr. Reichlin asked about the difference between an SRTF and an RTH, believing that the main difference is that the former is locked. He wondered if OSH would consider making Rivers Run an SRTF instead of an RTH
 - Dr. Bort confirmed that one difference is that the SRTF is a locked facility. In addition, the SRTFs typically have additional staff on site at any given time. The SRTF level of care at OSH (aka Class 1) also has the ability to initiate seclusion and restraint protocols and involuntary emergency medications. Dr. Bort clarified that indeed, the question before OSH was whether Rivers Run should be an SRTF rather than an RTH level of care; however, OSH was advocating for it to be an RTH.
- Mr. Swetnam asked whether it would be accurate to say that OSH is crowded and that this proposal serves to transition patients out.
 - Dr. Bort clarified that there appears to be a perception that there are individuals in the hospital that don't need a hospital level and are ready to transition into the community, but for a placement. Dr. Bort reiterated the concern that "ready to

transition” may not necessarily be defined as having all the necessary paperwork (e.g. Violence Risk Assessment) that the Board would normally require before placing an individual at an RTH level of care. Dr. Bort has shared these concerns with OSH leadership.

- Dr. Reichlin asked if the beds would be an expansion of already existing beds (?)
 - Dr. Bort explained that the hospital statistics indicate a slow rise in GEI placements over the past 2 years. Dr. Bort’s understanding was that more GEI individuals are taking up beds that were historically reserved for aid and assist or civil commitment individuals. In general, individuals in those populations are relatively more symptomatic and acute compared with the GEI population. Therefore, the idea is to move the GEI population to the Rivers Run program, which was previously reserved for aid and assist. In effect, there would be additional beds at the more secure levels of care at OSH for more acute patients. Dr. Bort shared a brief history that OSH had a similar program that closed down many years ago (the Cottages) due to funding and staffing needs at the higher levels of care within the hospital.
- Dr. Reichlin asked for clarification regarding why civil and aid and assist clients couldn’t be placed at Rivers Run.
 - Dr. Bort was not clear on why there were so many vacancies in the River Runs program. She speculated that the criteria for OSH admission is high for non-GEI populations; therefore, individuals who could live at an RTH level of care, would most likely remain in their county/community rather than being admitted to the hospital.

- At the end of this discussion, Board members agreed that they would benefit from having a more specific proposal from OSH in order to further opine or make recommendations regarding using the Rivers Run program for the GEI/PSRB population.

Next, Mr. Swetnam moved the meeting on to the next agenda topic, Decision Making.

- Approving OAR 859-050-0015: Mr. Moore introduced this minor rule changes, explaining that it was needed following a statutory change that judges no longer need to be notified of every single PSRB decision. One correction was noted. Dr. Reichlin moved to accept the OAR and Ms. Elmer seconded the motion. The motion passed unanimously.
- Nominating Adult Panel Board Chair: Dr. Bort reminded the Board that last year it was realized that the Chair of the Board should be nominated and approved on an annual basis. Mr. Swetnam moved to open the floor to nominations. Ms. Nichol expressed she would be happy to re-nominate Dr. Reichlin. Ms. Elmer seconded the motion. The motion passed unanimously. Dr. Reichlin will continue to be the Adult Panel's Chairperson.
- Revocation Protocol: Dr. Bort provided an overview of a high profile client who absconded earlier this year. The matter highlighted ongoing areas of growth for the PSRB's partnership and communication with law enforcement, particularly in a time of crisis. Dr. Bort created a graph she plans to distribute to law enforcement in the coming months that clarifies law enforcement's role when there is a crisis involving an individual under PSRB's jurisdiction. Secondly, Dr. Bort wanted to re-examine PSRB's long-standing policy of not disseminating photographs to law enforcement upon conditional release. Dr. Bort was told by tenured PSRB staff that this issue had been broached in the past. Dr. Bort shared the current protocol when a client is missing, explaining that law enforcement would be provided a photograph at that time. Law enforcement, in this

particular case, believed they would have processed the report quicker if the photo was already in their system.

- Board shared concerns related to providing the photograph up front, especially given individuals under the PSRB are in the mental health system, not the criminal justice system. Ms. Nichol opined that it would be very important to ensure that community providers are keeping photographs updated and that they are readily available to provide in an emergency. Ms. Elmer agreed that law enforcement should not have a copy, contemplating not only how challenging that would be to coordinate across 36 counties, but also on the potential mishandling of client photographs. Dr. Reichlin opined that in the age of technology, photographs could be transmitted instantaneously in a crisis. He opined that providing photographs to law enforcement would not be constructive solution and that it could create a certain burden, such as added stigma to the individuals under PSRB jurisdiction. Ms. Elmer asked whether the agency ever gets feedback from law enforcement regarding the notice that is provided when individuals are conditionally released to their counties/cities. Dr. Bort responded that we have not received feedback and that perhaps law enforcement could be further comforted with education about what types of notification are currently in place and available. Dr. Bort elaborated on the importance of the law enforcement partnership and explained that these types of challenges will be further addressed during the PSRB legislative workgroup.

Mr. Swetnam moved the meeting to the next agenda topic, Board Training. Dr. Bort reminded the Board members that they must patch their devices on occasion. She explained that most of the software can be set up for automatic updates. Board members were unclear whether

software was updating automatically. A request was made for a list of software that would require updates and instructions on how to update manually if needed.

Mr. Swetnam moved to the topic of the 2020 Board retreat. Mr. Swetnam wondered, with the onset of COVID-19 and vacations being cancelled, whether the Board would want to reconsider the meeting for June rather than September. Dr. Bort shared that the September date was not preferable because of the planning and coordination of speakers still needed for that training.

Lastly, Mr. Swetnam moved to the topic of setting dates for future Board meetings. Dr. Bort stated she would send out a doodle poll for the June date.

Mr. Swetnam invited the public member attending today's meeting an opportunity for public comment. Mr. Matarazzo apologized for coming in late to the meeting and asked if someone could update him on the discussion of client photographs. Dr. Bort said she could speak with him following the meeting.

The meeting was adjourned to Executive Session at 9:30 a.m.