

**Final Board Meeting Minutes
Psychiatric Security Review Board
Administrative Meeting
Joint Panel
September 27, 2023**

An administrative meeting of the Psychiatric Review Board Joint Panel was convened on Wednesday, September 27th, 2023, at 9:35am via Microsoft Teams and teleconference. Board Members, PSRB staff and members of the public via Teams and phone were:

Adult Panel – Scott Reichlin, M.D. (Chair, psychiatrist member), Pamela Buchanan, Psy.D. (psychologist member), Julie Duke (public member), Trisha Elmer, P.P.O. (probation/parole member), and Anne Nichol, J.D. (attorney Member.)

Juvenile Panel – Stewart Newman, M.D. (Chair, psychiatrist member), Marisha Childs, J.D. (attorney member), and Karey Casebier, J.P.O. (probation/parole member). Cari Boyd (public member) was not in attendance.

PSRB Staff –Alison Bort, Executive Director, Mandy Standiford, Deputy Director, Maria McCormack, Hearings Officer, Dawn Anderson, Case Monitor, Brady Lambert, AS-2, Kelsey Taylor, OS-2, Bethany Quist AS-2, Sharon Hall Hearing Support Specialist

Public Present – Micky Logan, OSH Director of Legal Affairs, Shannon Wilhelm, Marion County Behavioral Health, Harris Matarazzo, Attorney, Jessica Stout, HSD, Mandy Hill, Multnomah County, Aimee Stanton, ColumbiaCare, Mary Beth James, Lane County Behavioral Health, Rachelle Spindler, Linn County Behavioral Health, Jan Friedman, DRO, Jenni Weber, Sandi Flowers, OSH, Megan Harper, HSD, Lisa Nichols HSD, Ben Teese, HSD, Patrick Rosario, ODHS, Bill Osborne, OHA.

Dr. Reichlin opened the meeting at 9:35am with a request for public comments. There were none.

Next, Dr. Reichlin brought the board minutes of the April 29th 2023, joint panel meeting for review. Dr. Reichlin identified a needed correction under present PSRB staff in which Maria

McCormick was listed twice. Board member Anne Nichol then identified that Micky Logan was mistakenly recorded as Ms. Nanton. Dr. Bort completed this correction.

The board voted unanimously (6:6) to approve the amended minutes from 4/29/23.

Dr. Reichlin handed the meeting over to Dr. Bort.

Dr. Bort announced the following staff changes at the PSRB:

- Bethany Quist, Office Support Specialist.
- Sharon Hall promoted to Hearing Support Specialist
- Kelsey Taylor promoted to Admin 2

Dr. Bort provided an update on the IT Support position and reported that she anticipates a candidate to be hired for that position by mid-October. Dr. Bort then announced that Mandy Standiford, Deputy Director, has accepted a position as the Chief Operations Officer with the Public Utilities Commission. Ms. Standiford stated that she will be permitted a month's notice to begin her new position and that her last day with the PSRB will be on Friday 10/13/23. Dr. Reichlin stated that Ms. Standiford will be missed. Ms. Standiford stated that she will miss everyone too. Dr. Bort reported that Ms. Standiford has been stellar in the position of Deputy Director and that the PSRB office relocation was among her legacies. Dr. Bort reported that the office relocation began the previous Friday, and anticipated completion of the move by the following Monday. Dr. Bort stated the new address of the PSRB, which is 6400 SE Lake Drive Suite 375, Portland, OR, 97222. Dr. Bort asked for questions about the staffing changes or move; none were presented.

Dr. Bort then introduced the Governor's Policy Advisor for Human Services, Julliana Wallace, in the context of next steps for JPSRB. Dr. Bort reminded the Board of the issues impacting the JPSRB, including its decreased population over time and small caseload (2 currently, and processing 2 recent new cases for a total of 4), and discussions related to its future. Dr. Bort anticipates an opportunity to utilize HB 2320 that passed during the last legislative session that calls for a Commission to be established for juvenile justice and improvements within the juvenile justice system. Dr. Bort reported the plan to continue with only four panel members and keep the fourth position vacant. Dr. Bort indicated no plans to pass anything during the short session due to communication to only put forth absolutely necessary legislative concepts.

Potential concepts that have been discussed include returning oversight to the local jurisdiction who's finding the person REI and utilizing those county resources, developing services for them within their counties rather than having a statewide board, particularly given the challenge of developing programs with such a small caseload. Another potential idea is to transition the person over to the PSRB once they reach age 18 and still have a period of time left under jurisdiction; there would be additional resources and housing placements for those individuals once transferred to the adult panel.

Dr. Bort moved on to discuss conversations she's had with the Oregon indigent defense council about the public defense contract. Dr. Bort stated Mr. Matarazzo currently holds the contract. Dr. Bort stated OPDS (Oregon Public Defense Services) had intended to try and attend the meeting, but they weren't present, so this agenda item is a placeholder. Dr. Bort reported OPDS has plans to expand the contract to include 1-2 new defense attorneys as part of succession planning as well as an effort to diversify the counsel of the people under the PSRB. Dr. Bort stated there are currently about 650 people under the PSRB and they are still working on ways to divide up the caseload. Dr. Bort went on to state she expects an update soon because they are planning on new contracts as of 10/1/23.

Dr. Bort next reported the PSRB is on track to meet the Governor's expectations. Ms. Standiford reported the agencies emergency plan is complete and her successor may need to integrate it into the new web portal for the office of Emergency Management. Ms. Standiford reported the PSRB board members are included in the emergency phone tree and would be notified in the event of an emergency at the PSRB office.

Dr. Bort clarified when she refers to the Governor's expectations she is referring to the Oregon strategic initiatives and accountability measures put forth by the Governor for all government agencies. Dr. Bort described the supervision model that is now being used by PSRB and all state agencies, which is PAF (performance, accountability, feedback model), which includes quarterly check-ins. Dr. Bort reported volunteering for a pilot to do an employee satisfaction survey for smaller agencies- current measurement is aimed at entities with 75 or more employees.

Dr. Bort went on to update regarding the strategic plan; the current plan is through 2024 however Governor expectations indicate it must be updated by January 1st 2024. Dr. Bort stated the strategic plan has been shared with the board and is also public information, and the big addition

to the current strategic plan are the collaborative goals the PSRB has with HSD (Health Systems Division) of OHA (Oregon Health Authority) who holds the contract for all of the community monitoring and supervision of PSRB clients. Dr. Bort acknowledged Lisa Nichols and Megan Harper from HSD are present at this meeting.

Dr. Bort reported the other major addition to the strategic plan involves the technology utilized by the PSRB. The agency access database currently uses legacy software; good initial meetings with Spiridon who came up with a wonderful proposal but at too high a cost, additional conversations are happening to try and get that cost down. Dr. Bort reported being hopeful to find a vendor who will assist with the process over the next three years. Dr. Bort noted that IT succession planning is ongoing.

Dr. Bort then stated work is also being done on the agency DEI plan which Ms. Standiford has been working on. Ms. Standiford stated she had just attended the NW Equity Summit, which was wonderful, and there is a push to infuse more DEI concepts into the strategic plan. Ms. Standiford reported there will be a draft of the DEI plan available by 10/13/23.

Dr. Bort went on to speak about the hiring and onboarding process for new staff and board members, including a Governor's expectation that people are hired within 50 days of their recruitment, as well as the use of customer service training available through Uplift Oregon and a PowerPoint. Staff are also encouraged to attend benefits training.

Dr. Bort solicited questions about the agency expectations put forth by the Governor, none were observed.

Dr. Bort proceeded to discuss the transition of board member Pamela Buchanan (who was not present at the meeting), psychologist member of the adult panel. Dr. Buchanan will end her term with the PSRB on 12/31/23. Recruitment has been actively occurring since Dr. Buchanan announced her intention to resign from a second term. There is one applicant currently, however details are not currently public. Dr. Bort spoke about the candidate's high level of qualifications, and also that there was only one candidate, so efforts had been made to expand the pool.

Dr. Bort reviewed the terms of some of the other board members, specifically in the next two years 3 additional board members will be leaving. Prospective candidates can find additional information on the website, the Governor's website regarding boards and commissions, and

serious candidates can do an informational interview with Dr. Bort by calling the main PSRB office line to schedule.

Dr. Bort provided a reminder to complete 2023 trainings by December 31st and stated she ran a report which showed they had not yet been completed in entirety. There are two; one on cybersecurity and one on professional workplace behavior. Both can be located on individual Workday accounts. Dr. Bort explained how to access the account and also stated she could be contacted with any additional questions.

Dr. Bort then handed the meeting back to Dr. Reichlin for board business.

Dr. Reichlin stated the 1st order of business would be to vote on chairs for both panels and proceeded by starting with the adult panel. Dr. Reichlin, chair of the board, stated that he would like to entertain a nomination for a chair to succeed him. Trisha Elmer nominated Anne Nichol and commended Dr. Reichlin for great work as chair. A unanimous vote from both panels (6:6 members, reflecting all present adult and juvenile panel members present) confirmed Ms. Nichol will succeed Dr. Reichlin as adult panel chair.

Next Dr. Newman called for nominations for the juvenile panel chair and reported it has been his sincere privilege to act as chair and he would happily continue as such. No additional nominations were made. A unanimous 6:6 vote of present board members confirmed Dr. Newman as continuing chair of the juvenile panel.

Dr. Reichlin passed the meeting briefly to Ms. Standiford who reviewed IT changes that have occurred over the past year (including issues with new support not being able to remote into computers the same way it had happened previously). Ms. Standiford stated the new DAS IT would be present at the next (12/13/23) board meeting to assist in transitioning to new computers they're more readily able to support. For board members who would like to switch out sooner, they can reach out to Ms. Standiford prior to her last day on 10/13/23.

Ms. Standiford proceeded to share her screen and provided instructions on accessing an IT help ticket through the Software Center on the computer search screen. Board members can also call the DAS IT help number if they are unable to submit a help ticket. Karey Casebier noted she has called before and they were absolutely wonderful and quick to help. Ms. Standiford shared she can provide board members with the number individually if needed.

Dr. Reichlin then handed the meeting to Dr. Bort to provide an update on the annual conference, which is scheduled for the following week (10/5 & 10/6). Dr. Bort thanked Megan Harper and Lisa Nichols from HSD for their collaboration in planning the conference. The conference this year is focused on how conditional release programs can be improved, notably by the utilization of evidence-based practices. Rural providers at times have less access to services, which the board has seen reflected in CR plans. One of the current strategic initiatives is to bring together a list of key components that every CR program should have, such as a multidisciplinary treatment team. Dr. Bort referenced efforts by herself and the board over the last several years to provide forensic training to community mental health providers, including the risk/needs/responsivity model. Dr. Bort referred to the need to address not just the qualifying mental disorder of clients, but also other factors involved in a client's risk profile, such as criminogenic factors, and to base the level of services and resources on someone's risk level. Responsivity refers to general responsivity (using treatment modalities that are evidence-based) and specific responsivity (addressing personalized factors- diversity, culture, abilities, motivation, etc.). Dr. Bort reflected the intention of the PSRB to provide meaningful treatment and prevent clients from languishing in placements that aren't addressing their needs.

Lastly, Dr. Bort stated a focus of the conference is on creating a sense of normalcy for individuals under the board, i.e. engaging in treatment, healthy activities, and connection to communities because it's what all humans do, not because they're under the board's jurisdiction. Dr. Bort also noted the expert witness speaker dropped out of the conference and she is looking for a replacement. Ms. Standiford reported she had reached out to the contract trainer who provides this training for basic police and other programs and is hopeful that person may agree to speak. Dr. Bort states the originally scheduled speaker will be back in January to present.

Dr. Bort then spoke about the panel the board will provide at the conference at 2:45pm (or a little earlier) on 10/6. Panel is open to both adult and juvenile members; Ms. Nichol, Dr. Reichlin, Ms. Elmer, Dr. Newman, all reported availability. In regard to the format of the board panel, Dr. Reichlin remarked historically it has taken the audience some time to begin asking questions, and having a warmup could be helpful. Dr. Reichlin expressed his intention to share the gratitude the board members have for the providers. The board is expected to present for about 1 hour and 15 minutes, and the time may change slightly if the speaker who dropped out isn't replaced-

currently the board panel is scheduled for 2:45pm but will likely change to 2:15pm. Dr. Bort warmly invited the board members to attend the full conference.

Dr. Bort moves the meeting to address updating the CR policy. Dr. Bort states the policy was last updated in 2013. Dr. Bort explained an issue has arisen wherein a CR hearing will be requested, a CR will be granted via a full hearing, and then a placement may not be readily available. After a period of time, an alternative CR placement might be identified, at which point a second full hearing would be called despite the apparent similarities of the proposed conditional release plans. This is due to the policy asserting that a full hearing must be held for any CR hearing. Dr. Bort brought forth a proposal she sent to the board that would amend the policy to allow for an administrative hearing to be held under certain circumstances. A discussion of the current policy and potential changes regarding when an administrative hearing may be appropriate ensued.

Dr. Bort provided clarification the first part of the policy is proposed to change to include exceptions as to when an administrative hearing would be permitted in lieu of a full hearing, as well as there will never be a time in which a CR would be permitted without either a full or administrative hearing. Additionally, should a party or the board object to a proposed administrative hearing, a full hearing would be held.

Exceptions in which the board may authorize a CR without holding a full hearing include: within the past six months the board held a full hearing, finding the person appropriate for CR, and authorize the person's CR pursuant to a verified proposed summary of conditional release plan and a second application for CR has been submitted which proposes a community placement at the same level of care and under a substantially similar CR plan.

Ms. Elmer questioned whether a future ED of the PSRB would approve CRs without seeking board approval. Dr. Bort clarified that the policy prevents a CR from occurring without a board review and approval.

Ms. Nichol proposed a one-year timeframe for this policy exception, instead of the current 6-month proposal. Ms. Nichol also indicated a full hearing could be requested if warranted. Dr. Reichlin then proposed an 8–9-month timeframe and stated 12 months seems like a long time. Ms. Nichol pointed out it is not uncommon for waitlists for CR placements to be in the neighborhood of 6 months.

Dr. Bort proposed an updated START be included in the requirements for authorizing a CR under these circumstances in an administrative hearing. Dr. Reichlin voiced support for this and stated he would then be in support of a 12-month timeframe for this exception in the CR policy. Ms. Elmer also voiced her support.

Dr. Bort continued the discussion to note language indicates the ED shall have the authority to schedule any requests for CR as a full hearing. Dr. Bort stated cases such as a capital case, a EDPMI or civil commitment, or a very high-risk case are examples of times when she would request a full hearing. Dr. Reichlin again voiced his support for these proposed changes.

Dr. Bort noted some community providers have requested a change in language from “medication prescriber” to something such as “medical practitioner” as they feel it more accurately represents their role as including more than just prescribing medications. Dr. Reichlin voiced support and Dr. Newman stated he thinks the terms medical provider or medical practitioner would be excellent choices.

Dr. Bort also mentioned the inclusion of a requirement for the community provider to listen to the full hearing recording so that they’re able to address any concerns that were raised in the full hearing.

Dr. Bort the stated the rest of the proposed changes have to do with updating the doc-to-doc consultation; the result of recent issues with these consultations that have created problems for the board at the hearings. Dr. Bort asserted this will be on the agenda for the board retreat in December, and this policy work would be completed at that time too.

Dr. Bort handed the meeting over to Ms. Standiford for temporary rules adoptions. Ms. Standiford proceeded to share her screen with the participants and explained a temporary rule was adopted in June 2023 regarding the calculation of an end of jurisdiction (EOJ). A memo was submitted to the board, staff, and agency partners detailing why the change was occurring and the basics of it. Upon review of historical practices, it was realized the board does not hold the authority to modify a trial court’s determination of the adjudication of a person’s sentence, and therefor the board does not have authority to apply credit for time served unless it is indicated in the Circuit Court order. Ms. Standiford went on to clarify for individuals from March 16th 2022 (confirmation of exact date needed) forward the EOJ date is determined based on what is

indicated in the judgement order placing them under the PSRB. Anyone prior to that date continues with the historical practice of calculating it based on time spent detained in jail or at an SRTF, or any place they weren't free to leave. That being the case, the rules need to be modified and eventually engage in permanent rule making (one rule for the adults and another with the same language but for the JPSRB).

Ms. Staniford stated individuals placed under the board should have their EOJ date calculated by board staff within 30 days of receipt of the judgement order and that board shall apply would-be credit for time served but as indicated in the judgement order. With diminishing frequency, there are times in which a judge will say that they are permitted credit for time served but will fail to state the amount. In those cases, credit will be applied for any time spent in a correctional facility or jail for the offense for which the individual was placed under the board.

A discussion ensued regarding the ability to not count time during which an individual had absconded from the hospital or treatment site towards their EOJ calculation. Dr. Reichlin clarified at this time the board does not have the authority to stop the clock, so to speak, when an individual has an unauthorized leave from the hospital or their designated placement. Dr. Reichlin solicited feedback regarding whether it would be worthwhile to pursue a statutory change that would permit an individual's EOJ calculation to reflect unauthorized leave in this way. Dr. Reichlin then clarified the board believed it had this authority years ago but was incorrect in this assertion. Ms. Elmer voiced support of seeking a statutory change of this nature, but questioned whether the volume of individuals and EOJs this would be relevant to would be impactful. Dr. Bort, Ms. Standiford, and Dr. Reichlin all voiced that the individuals this would impact, and beyond them, the amount of time unauthorized leaves generally accounts for, would likely mean very few EOJs would be significantly impacted by a change of this nature.

Dr. Bort clarified further if someone were to abscond across state lines the DA office decided to file charges for Escape II, which would be the result of the elopement. Dr. Bort further clarified commitment is not intended to be punishment, and the board is not meant to extend commitment timeframes. Dr. Bort pointed specifically to a court of appeals case that states under no circumstances is the board to modify the sentence the trial court gives.

Dr. Reichlin called for a vote regarding the rule presented by Ms. Standiford. A unanimous vote of 6:6 board members voted in favor of the proposed rule. Ms. Standiford stated she would get

the documentation prepared to submit the temporary rule. Ms. Standiford's successor will have some instructions on next steps for this rule making.

Dr. Bort described a next rule change proposal. This was prompted by a Court of Appeals decision which interpreted dangerousness slightly differently than the way the board has, which creates a conversation for changing the board's rule. Dr. Bort stated she is presenting a rule that's more consistent with the way the board interprets the statute around the definition of danger, substantial danger, or dangerousness. A temporary rule could be adopted today and then staff would engage in the permanent rule making process over the next 180 days with the Rules Advisory Committee and period of public comment. The current rule means a demonstration or previous demonstration of intentional knowing, reckless, or criminally negligent behavior which places others at risk of physical injury because of the person's qualified mental health disorder. The new version the board will vote on today to adopt as a temporary rule are those terms mean a risk the person will inflict injury or harm to others. Evidence may include information about historical patterns of behavior, recent behavior, or verbal or physical threats which have caused injury or harm or would place a reasonable person in fear of sustaining injury or harm. Dr. Bort clarified this determination does not require an imminent risk of injury or harm to others.

Dr. Reichlin called for comments or questions from the board regarding this proposed rule. Dr. Newman stated he feels this language clarifies the intent behind what board members conceptualize when they think about danger or dangerousness, and so believes the updated language helps provide clarity for the purpose of determinations and voiced his support.

The 6 present members of the board voted unanimously to approve this temporary rule and then will proceed with the permanent rule making process as outlined by Dr. Bort.

Dr. Reichlin concluded the board's business and opened the meeting for public comments.

Mr. Matarazzo stated he is strongly opposed to the dangerousness rule just voted on by the board. Mr. Matarazzo asserted the language of the changed rule removes the nexus element and that an individual could be dangerous for any reason, and it doesn't have to relate to mental illness at all. Mr. Matarazzo stated his hope for a fuller discussion of the rule prior to a decision.

Mr. Matarazzo went on to address the rule regarding the calculation of EOJ. Mr. Matarazzo stated he believes the new temporary rule adopted today by the board will result in a person

being kept under jurisdiction longer than they ever could have been kept had they convicted. Mr. Matarazzo reiterated these are temporary rules adopted today by the board and he is completely opposed to them and hopes a fuller discussion will occur.

Dr. Reichlin thanked Mr. Matarazzo for his comments and stated there would be additional conversation regarding both temporary rules. Dr. Reichlin invited Dr. Bort to speak to either of the statements made by Mr. Matarazzo. Dr. Bort declined. Dr. Reichlin invited any additional public comments. As none were present, Dr. Reichlin proceeded to adjourn the meeting at 11:12am.