

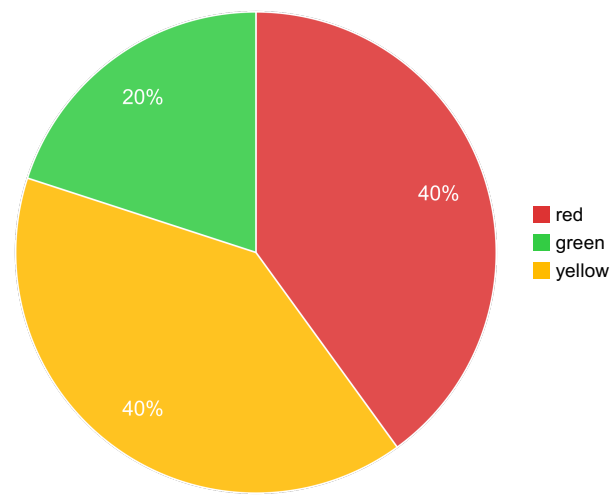
Psychiatric Security Review Board

Annual Performance Progress Report

Reporting Year 2026

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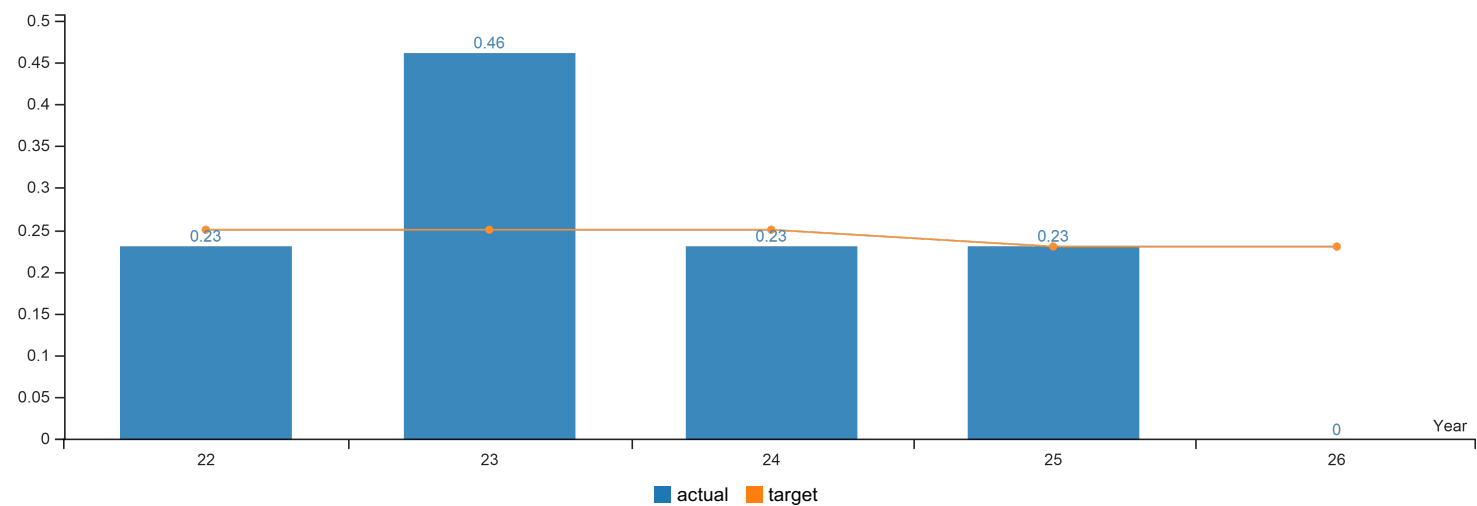
KPM #	Approved Key Performance Measures (KPMs)
1	RECIDIVISM RATE - Percentage of clients on conditional release per year convicted of a new felony or misdemeanor.
2	TIMELINESS OF HEARINGS - Percentage of hearings scheduled within statutory timeframes.
3	MAINTENANCE OF RELEASED CLIENTS - Percentage of conditional releases maintained in community per month.
4	CUSTOMER SERVICE - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall customer service, timeliness, accuracy, helpfulness, expertise and availability of information.
5	BEST PRACTICES - Percent of total best practices met by the Board.



Performance Summary	Green	Yellow	Red
	= Target to -5%	= Target -5% to -15%	= Target > -15%
Summary Stats:	20%	40%	40%

KPM #1	RECIDIVISM RATE - Percentage of clients on conditional release per year convicted of a new felony or misdemeanor.
	Data Collection Period: Jan 01 - Jun 30

* Upward Trend = positive result



Report Year	2022	2023	2024	2025	2026
Adults					
Actual	0.23%	0.46%	0.23%	0.23%	0%
Target	0.25%	0.25%	0.25%	0.23%	0.23%

How Are We Doing

The PSRB measures recidivism on an annual basis, using data collected and analyzed in partnership with the methodology of the Oregon Criminal Justice Commission (CJC). As of June 30, 2026, the PSRB knows that one client on conditional release was convicted of a new felony or misdemeanor committed in 2025, highlighting the Board’s effective management of individuals under its supervision. Also, while PSRB can currently report a recidivism rate of 0.23% for 2024, there is still one case pending, which may eventually affect the rate for that year.

To ensure accurate measurement, the PSRB relies on both arrest data and the final disposition of cases and therefore tracks individuals arrested for crimes committed while on conditional release until the case is resolved. Because factors outside the PSRB’s control can delay resolution, a case may not reach conviction or GEI adjudication for several years. However, the year in which a case is finally decided is not relevant to PSRB’s oversight process. For reporting purposes, cases are therefore attributed to the year in which the crime occurred, which more accurately reflects the supervision practices and conditions in place at that time. This approach may result in some fluctuation in previously reported annual percentages as older cases are resolved.

The PSRB has been tracking recidivism since 1992, adopting a revised definition in 2019 to enhance accuracy. This updated definition was retroactively applied to data from 2011 to 2019 and annually since, allowing for a comprehensive understanding of recidivism trends. The Board’s recidivism rate represents the percentage of individuals under its supervision who are convicted or found Guilty Except for Insanity (GEI) of a new felony or misdemeanor committed within the calendar year. Lower recidivism rates demonstrate the success of the PSRB’s conditional release program in maintaining public safety.

The PSRB uses two main metrics for reporting recidivism: an annual rate and a cumulative average.

Annual Recidivism Rate: The legislature set a target of 0.25% for recidivism in 2016, following the PSRB's achievement of a 0.22% rate that year. In 2025, the legislature lowered the target to 0.23%. The Board met these targets in 2016, 2021, 2022, 2024, and 2025. While our goal remains ambitious, aiming for zero recidivism, a new offense by more than one individual in a given year can result in the legislative target goal not being met. For example, in 2023, there were only two convictions of the 438 individuals on conditional release, resulting in a 0.46% recidivism rate. Despite this outcome, the PSRB's annual recidivism rates remain significantly lower than the rates of individuals on parole reported by the state's Department of Corrections.

Cumulative Recidivism Rate: The cumulative recidivism rate, averaging data from 2011 to 2025, stands at 0.62%. This figure reflects the Board's long-term effectiveness and commitment to safely managing individuals within the community. The cumulative rate, which was confirmed using arrest records provided by CJC, demonstrates the PSRB's consistent and exemplary safety record over more than a decade.

Factors Affecting Results

The Psychiatric Security Review Board's (PSRB) recidivism rate is deeply influenced by its robust partnerships and the effectiveness of its treatment and supervision strategies. Key factors impacting recidivism include:

Collaborative Partnerships and System Integration: The PSRB's success in managing recidivism is significantly shaped by its collaborative relationships with the broader forensic mental health system. This includes close coordination with the Oregon Health Authority (OHA), Department of Human Services (DHS), the Oregon State Hospital (OSH), county and community behavioral health providers, and statewide law enforcement agencies. These partnerships are essential for effective information sharing, coordinated care, and resource allocation, all of which contribute to reducing recidivism.

Effective Treatment and Support: A critical factor in lowering recidivism is the delivery of targeted, evidence-based treatment. While short-term measures like restricted environments and mandated treatments can be effective, the long-term success of managing recidivism hinges on providing evidence-based support that targets criminogenic risk factors and equips clients with essential coping skills necessary to manage their mental health condition(s). This support is vital for individuals transitioning to more independent living situations after their time under PSRB supervision. The PSRB's strategic plan emphasizes improving conditional release programs to ensure they support long-term recovery and reduce recidivism. This includes refining practices to avoid inadvertently reinforcing risk factors and enhancing trauma-informed care that fosters recovery and community integration.

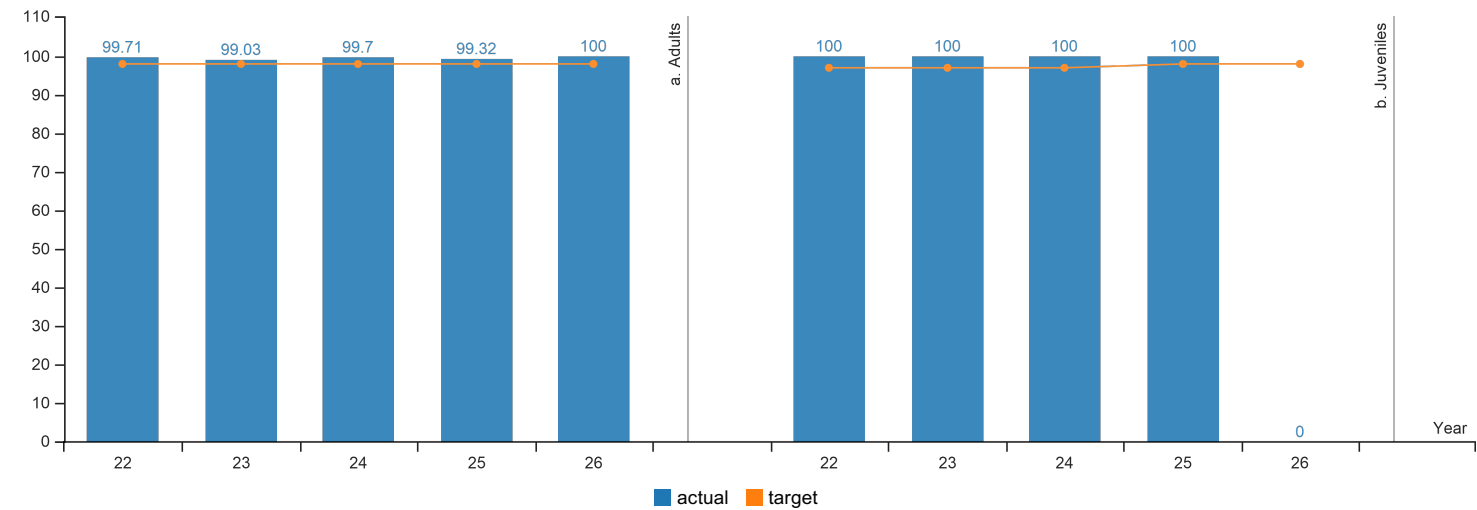
Development and Compliance with Conditional Release Orders: Conditional release plans are central to managing recidivism. The PSRB can only approve community release if a client can be adequately controlled and provided with necessary care and resources. Effective release plans, developed with input from treatment teams and based on comprehensive assessments and client data, play a crucial role in mitigating recidivism risk. The PSRB collaborates with OHA, DHS, and other stakeholders to train providers and ensure these plans are well-crafted and targeted.

However, the effectiveness of these plans is contingent upon the availability and capability of the workforce responsible for implementing them. Workforce shortages and high turnover among community providers can pose significant barriers. Even the most well-developed conditional release plan may fall short if there are insufficient or inadequately trained staff to execute it. Inadequate staffing can lead to lapses in monitoring, supervision, and the delivery of necessary services, which may undermine the intended outcomes of the release plan.

Ongoing training and support are essential for maintaining the quality and effectiveness of conditional release plans. The PSRB's strategic partnerships are crucial in addressing these workforce challenges by ensuring that providers receive the necessary resources and training to manage their caseloads effectively. Addressing workforce shortages and turnover is therefore integral to the PSRB's efforts to uphold the integrity of conditional release plans and achieve its goal of reducing recidivism while safeguarding public safety.

Proactive and Timely Communication: Each client on conditional release is assigned a case manager responsible for overseeing their adherence to the release plan. Regular progress reports and proactive communication about any safety or compliance issues are essential for timely interventions. The PSRB requires case managers to report monthly and to alert the Board immediately about any significant issues. This proactive approach allows for swift responses, such as increasing services or revoking release, to mitigate recidivism and safeguard public and client safety. The PSRB also leverages the Oregon State Police Department's Law Enforcement Data System for real-time updates on client interactions with law enforcement, further enhancing its ability to respond effectively.

KPM #2	TIMELINESS OF HEARINGS - Percentage of hearings scheduled within statutory timeframes.
	Data Collection Period: Jan 01 - Jun 30



Report Year	2022	2023	2024	2025	2026
a. Adults					
Actual	99.71%	99.03%	99.70%	99.32%	100%
Target	98%	98%	98%	98%	98%
b. Juveniles					
Actual	100%	100%	100%	100%	
Target	97%	97%	97%	98%	98%

How Are We Doing

The PSRB evaluates the timeliness of its hearings on a bi-annual basis to ensure clients receive decisions within required statutory timeframes. While our performance measures are directly tied to hearings with statutory timelines, this narrative also reflects the volume of administrative matters that result in Board orders for GEI and REI clients but are not governed by statutory deadlines. Including these matters provides a more complete picture of the Board’s overall workload.

This section does not currently include hearings for individuals under the Board’s jurisdiction pursuant to ORS 426.701, nor does it include petitions for Gun Relief, Sex Offender Classification, Reclassification, or Relief. As the Board’s caseload under ORS 426.701 continues to grow, these figures are anticipated to be incorporated into future reporting. However, it should be noted that most hearings under that statute do not have statutory timeliness requirements.

Juvenile Hearings

As of June 30, 2026, the Board scheduled 100% of its five full hearings for REI clients within statutory timelines. So far in 2026, the Board reviewed 2 juvenile matters administratively, and the Executive Director has reviewed no matters. With the passage of HB 2804, which sunsets the juvenile panel and consolidates all functions under a single Board, future reporting will reflect this structural change. Accordingly, the Board will begin integrating juvenile hearing statistics into its overall performance measures to provide a unified and accurate picture of the agency’s work going forward.

Adult Hearings

As of June 30, 2026, the Board scheduled 100% of its 173 full hearings for GEI clients within statutory timelines. In addition to these full hearings, the Board reviewed 90 matters through administrative hearings, and the Executive Director reviewed 55 matters, resulting in orders, reflecting the breadth of orders issued by the agency.

Within this broader caseload, hospital requests for conditional release represent a particularly critical subset of hearings. As of June 30, 2026, the Board held 100% of its 33 hospital requests for conditional release within statutory timelines. Although the law permits up to 60 days to schedule these hearings, the Board's average turnaround time was just 27.9 days from the date the Board received the application for hearing.

This level of performance underscores the Board's unwavering commitment to timely decision-making that directly impacts both patient recovery and statewide hospital capacity. By prioritizing and expediting conditional release hearings, the Board ensures patients transition into less restrictive community settings as soon as they are clinically ready and placement is secured. At the same time, these timely releases free up much-needed hospital beds for new admissions, helping the Oregon State Hospital serve individuals in acute need. In this way, the Board not only fulfills its statutory obligations but also plays a collaborative role in advancing recovery, continuity of care, and systemwide efficiency.

Factors Affecting Results

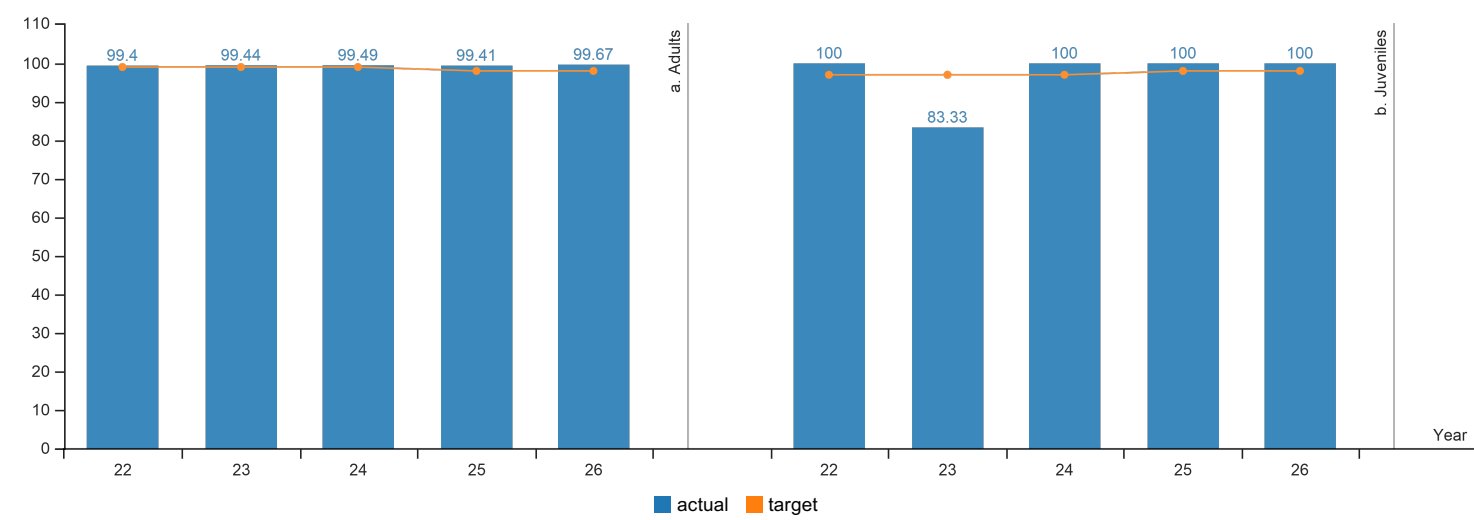
The timing of PSRB hearings is closely linked to the number of individuals under the Board's jurisdiction. While the PSRB can accurately determine the minimum number of two-year and five-year hearings required annually based on its current caseload, additional hearings are necessary in response to provider or client requests (up to every six months), new adjudications (within 90 days), and revoked conditional releases (within 20 days). The Board uses good faith continuances strategically to manage its docket and prioritize hearings mandated by statute.

Funding and technological resources are crucial to maintaining timely hearings. With a team of only 13 full-time employees, each staff member plays a vital role in ensuring hearings are scheduled promptly. The PSRB anticipates the replacement of its current case management system will result in automated scheduling, enhanced communication, and generation of dashboards that will streamline several processes, enhancing efficiency. Conversely, reductions in staff without corresponding technological upgrades could severely impact the Board's ability to conduct hearings on schedule.

Witness and attorney availability also influence hearing timeliness. The PSRB coordinates witness schedules, a task typically managed by attorneys in other court settings, using a process that involves numerous phone calls and emails. The absence of dedicated docketing software further complicates this coordination. Consequently, any reduction in staffing could significantly hinder the Board's ability to maintain timely hearings.

Access to required documentation and the timely completion of evaluations or assessments also affect hearing timeliness. The agency is responsible for collecting and processing all materials necessary for the Board to make informed decisions. Recently, the Board has improved this process by investing in a secure file-sharing system that makes document submission significantly easier for providers. Despite these improvements, the agency remains dependent on the timely completion and submission of these documents in order to schedule and hold hearings as required.

KPM #3	MAINTENANCE OF RELEASED CLIENTS - Percentage of conditional releases maintained in community per month.
	Data Collection Period: Jan 01 - Jun 30



Report Year	2022	2023	2024	2025	2026
a. Adults					
Actual	99.40%	99.44%	99.49%	99.41%	99.67%
Target	99%	99%	99%	98%	98%
b. Juveniles					
Actual	100%	83.33%	100%	100%	100%
Target	97%	97%	97%	98%	98%

How Are We Doing

The PSRB has consistently excelled in maintaining clients on conditional release, achieving a minimum maintenance rate of 99% every year since at least 2010. From January through June of 2026, the Board oversaw an average of 351 adult clients on conditional release each month, with a 99.67% maintenance rate.

Juvenile clients have shown similarly strong outcomes. From January through April of 2026, the Board supervised two juveniles on conditional release; in May, a third youth was conditionally released. With no revocations of juvenile clients, the maintenance rate for youth remains at 100% so far in 2026.

These outcomes represent the collective efforts of the PSRB, the Oregon Health Authority, and community providers to respond quickly and collaboratively when challenges arise for individuals under PSRB jurisdiction who are living with serious and persistent mental illness and elevated risk. Through coordinated interventions, partners are able to address issues before they escalate to the point of requiring revocation. By sustaining such high rates of success on conditional release, the system helps clients remain in the community with appropriate supports while avoiding unnecessary returns to the Oregon State Hospital, preserving those scarce and valuable hospital beds for individuals in acute crisis who most need them.

Although revocations are sometimes required to protect public safety, they remain rare and are pursued only after careful deliberation. The PSRB and its partners proactively intervene when challenges arise, working to stabilize clients in the least restrictive setting possible. This collaborative approach not only safeguards the community but also demonstrates Oregon’s commitment to helping clients thrive outside the hospital and build lives rooted in treatment, accountability, and recovery.

Factors Affecting Results

The PSRB's ability to safely and effectively maintain clients on conditional release is influenced by factors closely related to those affecting recidivism: robust partnerships and the availability of community resources.

Partnerships and Collaboration: Effective conditional release management relies heavily on the collaborative efforts between the PSRB, Oregon State Hospital (OSH), and community providers. The PSRB approves conditional release only when it is confident that the client can be safely managed within the community. This confidence is built through a comprehensive review process, including full hearings where OSH and community treatment providers present evidence about the client's conditional release plan. This plan is developed through a rigorous five-layer review process involving OSH's assessment of each client's risk for recidivism, relapse, and psychiatric decompensation. Access to adequate training and resources is critical for OSH to accurately evaluate these risks and recommend appropriate levels of monitoring, supervision, and treatment, which community providers then implement. Any reduction in the PSRB's ability to obtain accurate information from partners or a decline in the training and resources available to these partners could undermine the effectiveness of conditional release plans and hinder the detection of early signs of decompensation, thereby negatively impacting the maintenance of clients on conditional release.

Community Resources: The availability and adequacy of community resources play a crucial role in maintaining the safety and effectiveness of conditional releases. For example, when a client experiences a significant change in psychiatric stability, access to local hospitals, crisis stabilization centers, and other respite placements is essential for managing these changes without resorting to revocation to OSH. Similarly, early detection of decompensation by providers allows for timely intervention, such as stepping up to a higher level of care like a residential treatment home, rather than revocation. The availability of specific treatment modalities and supports, such as substance abuse treatment or medical care, is also critical. When community mental health and housing resources are fully funded and accessible, the PSRB can effectively use these options to avoid unnecessary revocations and preserve state hospital resources for those in acute need. Conversely, a reduction in these community resources would limit the options available for managing clients, potentially leading to an increased number of revocations due to a lack of suitable alternatives. More robust community resources could have mitigated some past revocations by providing timely and appropriate support to clients in need.

Workforce Capacity: Workforce shortages are a significant challenge in maintaining clients on conditional release. The PSRB's ability to oversee and manage conditional release plans effectively depends on having a sufficient number of skilled, internal staff members. When staff levels are inadequate, it becomes more challenging to conduct thorough reviews, ensure compliance with treatment protocols, and respond promptly to emerging issues. Moreover, the effectiveness of conditional release management hinges on the availability of qualified community providers to deliver monitoring, supervision, and treatment services in accordance with the conditional release plan. High turnover among community providers can undermine the consistency and quality of these services. The PSRB collaborates with the Oregon Health Authority (OHA) and the Department of Human Services (DHS) to provide ongoing training and support for providers, but workforce shortages and gaps in training can impact the efficacy of conditional release plans. Reductions in staff or insufficient training resources may compromise the ability to enforce release conditions and address emerging issues promptly.

OHA Residential Prioritization Rule: The Oregon Health Authority's residential waitlist prioritization rule was intended to facilitate timely discharge from the Oregon State Hospital and improve access to community treatment for forensic populations. The rule gives the highest priority to Aid and Assist defendants and PSRB clients transitioning from OSH. By contrast, individuals already living in the community who need admission to a residential program to prevent hospitalization or to transition from another community program generally receive a lower priority. Although the PSRB has not established that the rule directly caused an increase in revocations to OSH, the Board believes it has contributed to reduced flexibility within the community continuum of care. In particular, the rule has made it more difficult to move a client temporarily or permanently to a higher level of residential care when the client begins to destabilize but does not yet require hospitalization. Without timely access to a structured step-up placement, treatment teams may be required to continue managing a client in a setting that no longer provides sufficient supervision or, when risk can no longer be safely managed, seek revocation to OSH.

Delayed Progression Through the Continuum of Care

The prioritization rule also affects the ability of clients to move to less restrictive placements when clinically appropriate. Although PSRB clients discharging from OSH receive high waitlist priority, the existence of a residential bed does not necessarily mean that the bed is operationally available to a PSRB client. Conditional release requires a provider with sufficient staffing, training, monitoring capacity, medication oversight, reporting practices, and willingness to implement the conditions ordered by the Board. As a result, clients may remain in OSH or in more restrictive community placements after they are clinically ready to progress because an appropriate provider cannot be identified. These delays can prolong hospitalization, restrict client liberty, contribute to frustration and disengagement, and prevent higher levels of care from becoming available to others.

Reduced Availability of Specialized PSRB Placements

Historically, several residential programs developed substantial expertise serving PSRB clients and implementing the specialized public-safety requirements associated with conditional release.

Current rules generally prohibit programs from denying admission solely because of the prospective resident's supervisory entity. This means that beds in programs traditionally relied upon for PSRB placements may be filled by individuals from other forensic or civil populations.

Expanding access to these programs does not, by itself, expand residential capacity. Other forensic populations may be able to use a bed in a program historically serving PSRB clients without requiring the same availability of PSRB-qualified monitoring and supervision. A PSRB client, however, can be placed only when the provider and the surrounding treatment system can meet the specific conditions, reporting obligations, risk-management requirements, and level of supervision necessary for conditional release. Consequently, the theoretical number of residential beds available statewide may overstate the number of placements that are actually viable for PSRB clients.

The loss of programs primarily specializing in PSRB supervision may also dilute provider expertise, create uncertainty regarding the responsibilities of different supervisory entities, and increase the amount of training and technical assistance required from the Board. The PSRB must work with each provider to ensure that staff understand conditional release orders, incident-reporting requirements, pass procedures, medication monitoring, prohibited conduct, and when emerging concerns must be reported to the Board.

System and Operational Effects

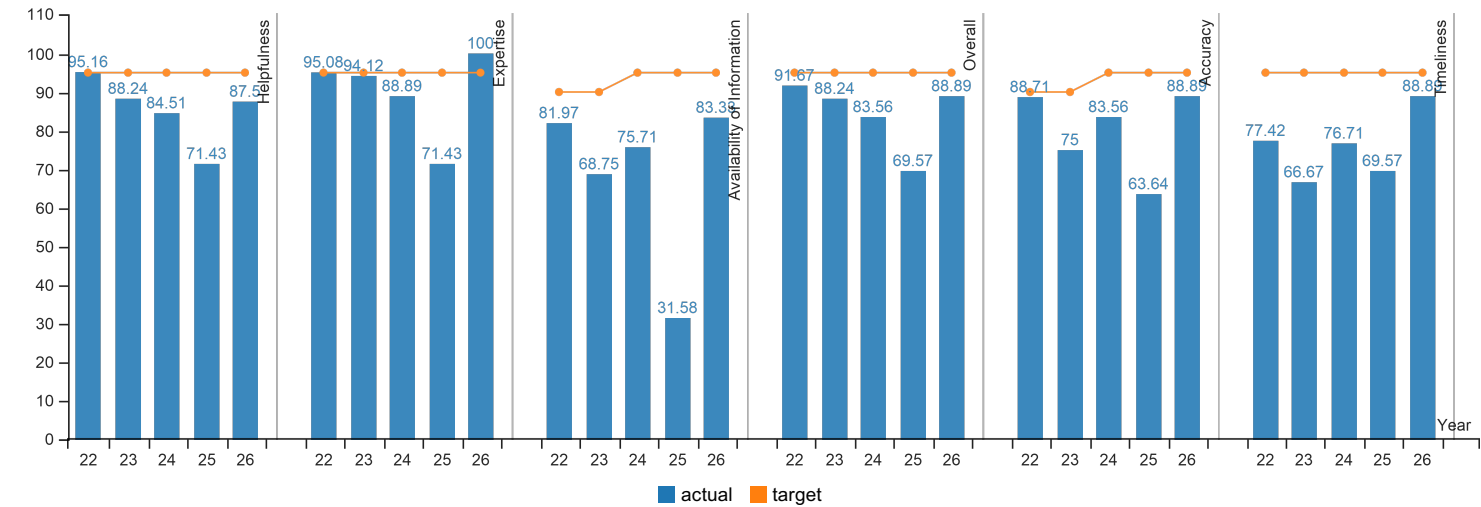
The prioritization rule has therefore affected the PSRB in several related ways:

- fewer options for proactively stepping a client up before hospitalization becomes necessary;
- delays in stepping clients down to less restrictive and more independent settings;
- prolonged stays at OSH or in unnecessarily restrictive community placements;
- repeated referrals and evaluations when programs lack the capacity to implement a proposed conditional release plan;
- additional hearings or administrative reviews when a placement is not ready;
- increased training, coordination, and oversight demands for PSRB staff; and
- greater pressure on providers that retain specialized PSRB expertise.

OHA adopted a limited variance process in 2026 for certain exceptional circumstances. The available criteria primarily address individuals who have remained in a community hospital for an extended period, individuals who have received an involuntary transfer or discharge notice and require a higher level of care, and individuals affected by a facility closure. The variance process does not appear to provide a general remedy for a PSRB client who needs a proactive residential step-up to prevent decompensation or revocation. OHA has acknowledged broader concerns with the current prioritization approach and has announced plans to develop alternative approaches through additional stakeholder engagement and permanent rulemaking.

The prioritization rule should therefore be understood as one contributing system factor rather than as a demonstrated direct cause of revocation. Its principal effect on this KPM is that it limits the range and timeliness of interventions available to treatment teams. When the appropriate level of residential care is unavailable, the PSRB has fewer tools to support stability, facilitate orderly progression through the continuum of care, and maintain clients successfully on conditional release.

KPM #4	CUSTOMER SERVICE - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall customer service, timeliness, accuracy, helpfulness, expertise and availability of information.
	Data Collection Period: Jan 01 - Jun 30



Report Year	2022	2023	2024	2025	2026
Helpfulness					
Actual	95.16%	88.24%	84.51%	71.43%	87.50%
Target	95%	95%	95%	95%	95%
Expertise					
Actual	95.08%	94.12%	88.89%	71.43%	100%
Target	95%	95%	95%	95%	95%
Availability of Information					
Actual	81.97%	68.75%	75.71%	31.58%	83.33%
Target	90%	90%	95%	95%	95%
Overall					
Actual	91.67%	88.24%	83.56%	69.57%	88.89%
Target	95%	95%	95%	95%	95%
Accuracy					
Actual	88.71%	75%	83.56%	63.64%	88.89%
Target	90%	90%	95%	95%	95%
Timeliness					
Actual	77.42%	66.67%	76.71%	69.57%	88.89%
Target	95%	95%	95%	95%	95%

How Are We Doing

The PSRB has used the standardized customer service survey developed in 2004 for State agencies. While overall scores have generally been positive over the years, two persistent challenges have been identified over time: low response rates and the relevance of survey questions to the Board's services.

Around 2018, the Board recognized that survey response rates, particularly from clients and victims, were low. To address this, in 2019 the PSRB revised its approach, distributing a survey with every Board order rather than limiting dissemination to twice per year. This expanded distribution was intended to give all respondents, including clients and victims, the opportunity to provide feedback after each hearing.

Prior to 2019, most survey responses came from direct service providers, who interact regularly with the Board and generally report higher satisfaction. While these higher scores suggested positive performance, they did not necessarily reflect the experiences of clients and victims. The limited feedback from these groups effectively masked issues or concerns unique to their experiences.

With broader dissemination, response rates from clients and victims have only somewhat increased. However, this increase has been sufficient to reveal a downward trend in overall customer service scores compared to past years. This decline does not necessarily indicate reduced service quality; rather, it reflects the fact that the responses now include feedback from individuals who have limited direct interaction with the Board. For these respondents, survey questions are not well-aligned with the Board's services, and feedback often reflects dissatisfaction with hearing outcomes rather than the quality of service itself, contributing to lower satisfaction scores.

Recognizing this pattern, in 2023 the PSRB formally acknowledged that the standardized survey questions were not fully reflective of the Board's role or services. For clients and victims, who have little or no interaction with Board staff outside of hearings, responses tend to measure satisfaction with hearing results rather than staff performance or service quality. To address this, the PSRB began reporting survey results separately by respondent type:

- **Frequent Contacts:** Attorneys, case managers, and OSH staff
- **Infrequent Contacts:** Clients and victims

This distinction provides a more accurate interpretation of survey results, highlighting disparities between groups and emphasizing the need for more targeted survey tools that capture meaningful feedback for those with infrequent interactions.

2026 Results

Applying this approach to 2026 highlights the continued low response rates, with only nine responses received during the first six months of the year, as well as the disparity in survey results between frequent and infrequent contacts:

- **Frequent Contacts (n=2):** All responses were positive or "I don't know."
- **Infrequent Contacts (n=7):** Overall positive rating was 83.3%, which is higher than in prior years but still below the legislatively set target.

Although the Infrequent Contacts scores improved relative to last year, these results continue to highlight PSRB's broader challenge with survey participation with only 7 respondents. In addition, even favorable responses from infrequent contacts must be interpreted cautiously. Because clients and victims often have limited direct interaction with Board staff, their responses may reflect their experience with the broader forensic or legal system rather than the quality of service provided specifically by PSRB.

The Board also received only two responses from frequent contacts during this reporting period. This number is abnormally low, as much of the feedback from this group has historically been collected during the annual Forensic Conference. With the 2026 conference again canceled due to OHA budget constraints, this primary feedback channel remains unavailable.

At the same time, PSRB has continued to strengthen customer service and develop more targeted ways to gather feedback from community providers. Consistent with Goal 3.2 of the PSRB Strategic Plan, *Enhance Customer Service*, PSRB launched the *Strength in Practice* Community Provider Training Series in August 2025. The series provides monthly virtual trainings to approximately 84 community providers statewide, with topics selected based on provider feedback, frequently asked questions, and areas where additional guidance may improve consistency and collaboration.

During the January 1 - June 30, 2026, reporting period, PSRB conducted six monthly *Strength in Practice* trainings. Surveys were administered following two of those sessions, resulting in 23 responses. Although these surveys do not directly measure all six components of KPM #4, they provide useful supplemental information about customer satisfaction, particularly regarding the usefulness, clarity, relevance, and accessibility of information provided by the agency.

Among respondents:

- **91.3%** agreed or strongly agreed that the topics were relevant to their work with PSRB clients.
- **91.3%** agreed or strongly agreed that the information presented was new or helpful.
- **100%** agreed or strongly agreed that the information was presented clearly and was easy to understand.
- **100%** agreed or strongly agreed that they had an opportunity to ask questions.

Qualitative feedback was also positive, with providers describing the trainings as helpful, professional, informative, and valuable. Providers identified additional topics for future training as well, making the series an ongoing opportunity for two-way communication and responsiveness to community-provider needs.

The training series also extends access to information beyond the live sessions. Recordings are posted to a private YouTube channel available to community providers. As of June 30, 2026, the recorded trainings had received 106 views, providing an additional resource for providers who are unable to attend live sessions and for onboarding new staff.

In addition to the *Strength in Practice* series, PSRB provided four START trainings and five PSRB 101 trainings during the reporting period. These trainings provide additional opportunities to educate community partners about risk assessment, PSRB processes, and agency expectations. Surveys were not administered for these sessions during this reporting period and therefore are not included in the survey results above.

Because the *Strength in Practice* survey questions differ from the established KPM questions, these results should be viewed as supplemental customer-service information rather than as a direct KPM score. However, they provide additional context regarding the experiences of community providers who interact regularly with the Board and help address a gap that is not well captured by the standardized survey.

Looking forward, the PSRB remains committed to refining its survey tools and methodology. The agency will continue using feedback from the *Strength in Practice* series and other customer-service measures to better understand provider experiences, identify areas for improvement, and capture more accurate and actionable feedback across its varied customer groups.

Factors Affecting Results

Nature of PSRB Services: For clients and victims, interactions with PSRB primarily occur through contested hearings. Because these proceedings result in decisions that may be favorable or unfavorable to the individual responding to the survey, satisfaction scores may reflect the hearing outcome as much as, or more than, the quality of customer service provided by the agency.

Clients and victims also frequently interact with PSRB indirectly through attorneys, treatment providers, advocates, and other system partners. As a result, their overall experience may be influenced by interactions with multiple entities, making it difficult to isolate satisfaction specifically attributable to PSRB staff or services.

Survey Timing: Surveys are generally distributed immediately following hearings and Board decisions. This timing may further contribute to responses that reflect satisfaction with the outcome of the proceeding rather than the quality, timeliness, accuracy, or helpfulness of PSRB services.

Survey Methodology: As discussed above, PSRB continues to recognize the limitations of relying on a single standardized survey across customer groups whose interactions with the agency differ substantially. The agency's Customer Service Improvement Project, incorporated into the Strategic Plan in 2024, is intended to develop more targeted and useful methods for gathering customer feedback.

In late 2025, PSRB hired a limited-duration Operations and Policy Analyst, with the working title of Program Performance Analyst, who, among other responsibilities, was assigned to help advance this work. During the position's first year, substantial workload demands related to administrative rules, policies, and procedures limited the pace of the broader survey-redesign project. In addition, because the position is currently limited-duration, the agency does not yet have assured long-term staffing capacity to sustain and expand this work.

Nevertheless, the *Strength in Practice* survey effort represents an initial pilot of a more targeted feedback methodology. Rather than attempting to use the same instrument for every customer group, PSRB is beginning to test feedback tools within a defined population whose interactions with the agency are more consistent. Lessons from this work can help inform future efforts to develop meaningful feedback mechanisms for other customer groups.

Future Plans: PSRB will continue refining its customer-service measurement approach as staff capacity allows. This includes evaluating the usefulness of the existing standardized survey, identifying strategies to improve participation, analyzing results by respondent group, and developing supplemental or alternative measures that better reflect how different customers interact with the Board.

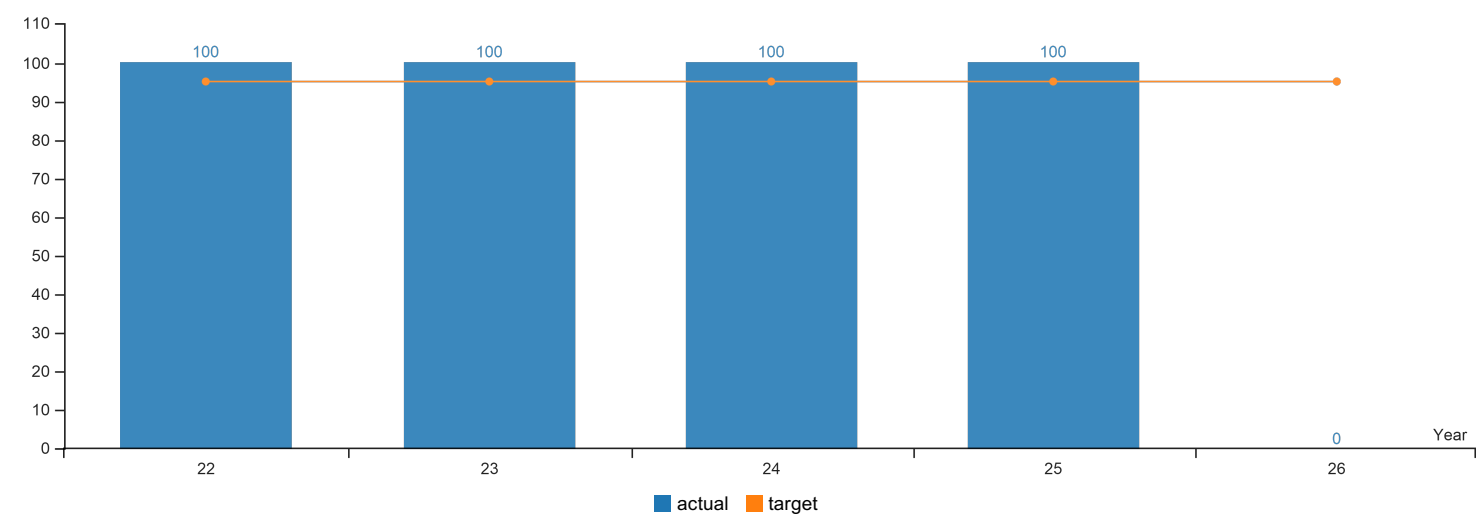
As part of this work, PSRB will continue to administer the *Strength in Practice* survey following each monthly training session as a pilot for collecting feedback on customer service. More consistent administration will increase the available sample size and provide a stronger basis for identifying trends in provider experience over time.

PSRB will also continue exploring how the targeted-feedback approach piloted through *Strength in Practice* may be adapted for other customer groups, particularly clients and victims, whose experiences are not well captured by the existing standardized survey.

The limited-duration Program Performance Analyst position provides important capacity for this work. PSRB has requested that the position be made permanent and full-time; however, permanent funding has not yet been secured. If the position is not continued, the agency's ability to advance survey redesign, develop additional targeted feedback tools, and conduct ongoing analysis of customer-service data may be significantly constrained. Permanent staffing would provide the dedicated capacity needed to move beyond annual reporting of survey results toward a more systematic process of identifying trends, implementing improvements, and evaluating whether those improvements are effective.

KPM #5	BEST PRACTICES - Percent of total best practices met by the Board.
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = positive result



Report Year	2022	2023	2024	2025	2026
Percentage of Best Practices Met					
Actual	100%	100%	100%	100%	
Target	95%	95%	95%	95%	95%

How Are We Doing

The Psychiatric Security Review Board (PSRB) consistently evaluates its adherence to best practices during the first quarter of each calendar year, reviewing performance from the previous year. The Board will not have data on this measure for 2026 until January of 2027. For 2025, the Board confirmed that it met all 15 surveyed categories 100% of the time, reflecting strong operational, financial, and governance performance. This includes maintaining current performance expectations for the Executive Director, providing annual performance feedback, and updating and adhering to a comprehensive Strategic Plan with high-level goals. The Board actively participates in policy-making, reviews budgets and financial information, ensures compliance with accounting rules and internal controls, and coordinates with relevant stakeholders and partner agencies to advance agency objectives. Board members consistently fulfill their roles as public representatives, complete required training, and review management practices to promote efficiency, transparency, and accountability. In addition, the agency successfully implemented hybrid-remote work arrangements, maintained zero staff turnover, and ensured productivity and service continuity. Overall, these results demonstrate that the PSRB not only meets statutory and procedural expectations but also embodies best practices across governance, financial stewardship, staff management, and service delivery. A detailed companion memo further describing the PSRB’s adherence to each of the 15 best practice categories is available upon request.

Historically, the PSRB reported this performance measure on a biennial basis, surveying Board members in the fall of even-numbered years. However, starting in 2021, the Board began annual reporting. The PSRB achieved its target on this measure in 2016, 2018, 2020, and 2021 through 2025 with performance exceeding the target goal of 95% and reaching 100%. It is anticipated that a similarly strong performance will continue for 2026.

Factors Affecting Results

The PSRB consistently meets its best practice standards, supported by clear communication, strong internal processes, and ongoing engagement between agency leadership and the Board

members. While the agency does not anticipate any challenges in meeting these standards, several contextual or operational factors could theoretically influence performance.

Potential factors include leadership transitions or delays in scheduling Executive Director performance reviews, which could temporarily impact oversight or alignment with best practices. Changes in statutory mandates, state policy priorities, or the scope of agency programs could require rapid adjustments to the Strategic Plan or policy guidance. Similarly, limitations in staff capacity, extended absences, or competing obligations for part-time Board members could affect the timeliness of reporting, review of budgets or policy proposals, and participation in required training sessions. Financial oversight could theoretically be impacted by delays in accounting services or unanticipated audit findings, though strong internal controls mitigate this risk.

The PSRB actively manages these potential factors through open communication and a commitment to transparency. The Executive Director keeps Board members informed about significant agency matters, including adherence to best practices, through quarterly administrative meetings, monthly consultations with the Board chair, and targeted trainings for new members. Board members rely on these updates to stay current on staff accomplishments, policy developments, budgetary issues, and best practice methods despite the part-time nature of their roles and limited daily contact with agency operations. Targeted orientation and ongoing training ensure that both new and returning members are well-prepared to evaluate agency performance. Regular reporting, structured review processes, and clear delegation of management responsibilities further reinforce adherence to best practices, providing confidence that potential factors affecting results are effectively mitigated.