

MINUTES
Psychiatric Security Review Board
Administrative Meeting
Adult Panel
December 2, 2013
Approved March 4, 2014

An administrative meeting was convened on December 2, 2013 at 6:40 p.m. in the fourth floor conference room of the Psychiatric Security Review Board offices, 610 S.W. Alder, Suite 420, Portland, Oregon. Adult Panel Board members present in person were Kate Lieber, J.D., Elena Balduzzi, Psy.D., Jenna Morrison, P.P.O., Bennett Garner, M.D. and Judy Uherbelau, J.D. Juliet Follansbee, Executive Director, and Lucy Heil, Interim Program Manager, were present. Lucy Heil was note taker. Also attending in person was Harris Matarazzo, J.D.

The meeting was called to order by Kate Lieber, Chairperson of the Adult Panel. The first item for consideration was a review of the Joint Administrative Meeting minutes from the meeting held on November 12, 2013. A couple of minor errors were noted from the previous minutes and there was a motion to correct those by interlineation. That motion was seconded. A motion was then requested by Chair Lieber to approve the joint panel minutes as amended from November 12, 2013. Jenna Morrison so moved and Elena Balduzzi seconded. The motion was carried by vote with no one opposed.

Next, the agenda called for a review of PSRB security policies based on Oregon Department of Administration Services' requirements. The first security policy pertained to a Business Continuity Plan for catastrophic events. A discussion of DAS policies ensued. Ms. Follansbee gave an example for the policy such as how to handle secured information if the building in which the PSRB office is located. Juliet explained how PSRB data is backed up every night to a remote Hillsboro location and that if there is an earthquake the plan would be

for PSRB staff to go to Juliet's home in southwest Portland. Chair Lieber called for a motion. Jenna Morrison made a motion to accept the policy for business continuity plan as it was written. Elena Balduzzi seconded the motion. Judy Uherbelau abstained. The motion carried. Judy Uherbelau commented upon her concern about the building space lease and how she does not approve of the way it was written.

The next security policy discussed was called "Controlling Portable and Removable Storage Devices". After a brief discussion regarding this policy Chair Lieber called for a motion. Jenna Morrison made a motion to accept the policy entitled "Controlling Portable and Removable Storage Devices" as written. Bennett Garner seconded the motion. All were in favor with no abstentions. The motion passed.

The policy regarding "Employee Security" was next discussed. After discussion, Bennett Garner made a motion to accept the "Employee Security" policy as written and proposed. Jenna Morrison seconded the motion. All were in favor with no abstentions. The motion carried.

There was a policy called "Handling and Transportation of Information Assets" that was next discussed. Juliet Follansbee explained that we have files for different divisions color-coded in paper form. Board members talked about this policy then Jenna Morrison made a motion to accept it. Judy Uherbelau seconded that motion. All were in favor with no abstentions. The motion carried.

The next policy contemplated was called "Acceptable Use of State Information Assets". After some talk about this policy, all Adult Panel Board members agreed that under the Policy subsection which was "III", number (1), the wording should be changed to add "and Board members" after "all new employees and volunteers". Jenna Morrison made a

motion to accept the policy as written with that one addition. Judy Uherbelau seconded. The motion carried with no abstentions.

The Board members went on to discuss the policy entitled "Information Security Plan", which was an eighteen page policy. There was extensive discussion regarding this policy, primarily because of concerns about classified information and how best to protect it. Judy Uherbelau voiced concern about all of the references in the policy that talked about businesses because she hopes that DAS realizes PSRB is a state agency and not a for-profit business. Members talked about page 5 of 18 that mentions in subsection © of Risk Management the transfer of associated business risks to other parties. The Board **wants to eliminate "transfer the associated business risks to other parties"** because members had concerns about the transfer of information to Oregon State Hospital creating tort liability for PSRB. The Board members also discussed the section on page 8 of 18 where it talks about "no downloading of sensitive information onto personally owned computers" because almost all of the Board members use personal computers to download patient information. Board members agreed that downloading of sensitive information onto their personal computers may be done. In addition, by motion made, seconded and carried, Board members agreed they will delete sensitive and confidential PSRB patient and outpatient information from their personal computers immediately following hearings. On page 10 of 18 of the Information Security Plan, HIPPA should read HIPAA and it stands for Health Insurance Portability and Accountability Act (Not: Health Information . . .). That should be corrected. Chair Lieber asked for a vote. The motion to make the aforementioned amendments was carried by vote with no one opposed and no abstentions. There was additional discussion about how the PSRB has two locked doors during non-business hours, including the main front door to access the building and the door on the 4th floor to enter the PSRB offices.

Chair Lieber called for a vote regarding the Information Security Plan. Jenna Morrison moved to accept the policy with the amendments. Elena Balduzzi seconded the motion. The motion passed with one abstention from Judy Uherbelau. This concluded the discussion of the security policies reviewed.

The next agenda item, Item (3), pertained to discussion and possible action to amend the standard "Agreement to Conditional Release" form. Ms. Follansbee mentioned that previously the Executive Director would review pass requests and decide whether or not they should be approved. Routine pass requests are made by case managers to PSRB staff and Ms. Follansbee approves 95-98% of such requests. If there is a pass request that is the equivalent of a step-down and allows the client to receive additional privileges then such requests are reviewed by the Board at administrative review hearings. The Board agreed that number three of the "Agreement to Conditional Release" form should be changed from requiring case manager and executive director approval of out-of-county travel to only requiring case manager approval for routine requests unless specifically prohibited. Item three of the Agreement to Conditional Release form signed by clients will now read: "I agree not to leave the county to which I am released without first obtaining the permission of my case manager. My case manager may approve single day, out-of-county travel unless specifically prohibited in my conditional release order. A motion was made, seconded and carried with no abstentions. There was then discussion of whether every PSRB client out on conditional release would need to sign a new "Agreement to Conditional Release" form and whether or not the case managers will have to document all travels of their clients. There was also concern because some victims want to know when the PSRB clients will be travelling in their home counties. Ms. Follansbee stated that we do not notify victims every time a PSRB client travels out-of-county. Victims only receive notification of out-of-county travel when a client is going to a county where they

have been "excluded" and special exceptions are made and when victims have requested specific notification. The PSRB includes in its orders information about victims requesting notification and prohibitions about where clients have been prohibited. Board members agreed that Item (3) would be changed as previously discussed and voted on.

Board members and Ms. Follansbee went on to discuss subsection (5) of the "Agreement to Conditional Release" form that has to do with not taking any over-the-counter medications without approval. One of the Board members inquired as to whether this included even an aspirin. Ms. Follansbee indicated that it did. Every PSRB client who is granted conditional release is required to sign this form and if they want an aspirin or cough drops or any other over-the-counter medication they must have that authorized. Using any medication without approval results in an incident report being written. It was pointed out that some clients overdose on cough syrup, aspirin and Tylenol. Ms. Follansbee added that clients may not possess medical marijuana cards and that she learned there really is no such thing as a medical marijuana card. Board members want to amend (5) of the CR form to read "unless approved by a licensed physician or a licensed nurse practitioner and will not obtain or possess a medical marijuana card." All were in favor of the motion to amend section 5 of the Agreement to Conditional Release form as stated with no abstentions.

There was further discussion about whether all of those on conditional release under the PSRB in Oregon have signed the agreement form. There are three-hundred eighty people on conditional release. The question came up about whether the modifications to the Agreement to Conditional Release form will affect those who previously signed the form. Ronelle Shankle was very concerned about case managers making decisions without the approval of the Executive Director as well about travel. It was decided previously and voted on that case managers may approve one day out-of-county travel without Executive Director approval.

Board members then decided that the newly amended "Agreement to Conditional Release" form would be sent to everyone on conditional release under the PSRB, including those who signed the old one and those put on conditional release going forward. The PSRB staff will keep track of who returns the new CR forms so that when pass requests are made to us we will know whether or not the pass needs to be approved by both the Executive Director and case manager or just the case manager. Mr. Matarazzo pointed out that if the PSRB narrows the clients' rights then they need to be informed of it whereas if rights are broadened then no constitutional rights attach. Ultimately it was agreed that the agreements will be sent to everyone on CR and that if clients don't want to sign the new forms and submit them then they are making the decision to keep the more restrictive provision regarding out-of-county travel that is in the older form. Chair Lieber asked for a motion regarding sending the Agreement to Conditional Release form as amended to all clients on conditional release. Jenna Morrison made such a motion and Elena Balduzzi seconded. The motion carried with one abstention from Judy Uherbelau.

Director Follansbee next brought up Item Four on the Agenda which was SB 421 Oregon Administrative Rules. She explained that we have draft rules and had received legal counsel from DOJ regarding them. She stated that we will have a Rules Advisory Committee that includes a consumer member and that the RAC would meet again in January. Ms. Follansbee indicated that she planned on having permanent rulemaking action taken at the next Administrative Meeting and that the SB 421 rules will look similar to the GEI rules. She also stated that PSRB's plan is to have the permanent rules in place before the first PSRB SB 421 hearing regarding Ms. Kidd that is scheduled in April.

Item 5 on the agenda was Hospital Request for Conditional Release Hearings and the PSRB policy with regard to such hearings. Ms. Follansbee said that PSRB would be having its first DD CR hearing on Wednesday, December 4th and that in the DD cases the community

treating psychiatrists are not yet identified. Ms. Follansbee wanted the Board to decide on a hearing format for CR hearings and indicated that the Board needs to agree on what it wants for the Hospital Request for CR hearings so protocol may be established and expectations are understood by the hospital and the community. There have been some misunderstandings regarding expectations for these hearings. For example, the Board has required the presence of the psychologist from the treatment team and then failed to acknowledge the psychologist's presence and failed to call him/her to testify at the hearings. That is a waste of time. Does the Board want the psychologist present at the hearings? What risk factors does the Board want to hear about and from whom? What information is helpful to hear and know about to make a determination about appropriateness for conditional release? The Board does not want to be "all show and no go" as Dr. Garner put it. Elena Balduzzi believes it would be helpful to know about institutional decompensation before a client is out on conditional release in order to know what that person's decompensation looks like. Board members discussed how to make these hearings the most useful. Board members discussed cases where the treating psychiatrist testified and did a good and thorough job. In those cases the Board would not need to also hear from the psychologist. Jenna Morrison said it is helpful to have STARTS and VRAs from the hospital. Chair Lieber said she thought it would be a good idea to use a dashboard. Ms. Lieber said that the goal is to take the START from the state hospital and use it to train in the community so that the START will be perpetuated every three months by the case manager in the community. Ms. Follansbee said that providers in the community like the START. Mr. Matarazzo asked, if a client is stipulating (because the client wants to be conditionally released from the hospital), then why does the Board feel compelled to ask questions about the client's diagnosis and meds and activities and risk factors? Mr. Matarazzo and Board members seemed to be in agreement about the fact that stipulated Hospital Request for CR hearings should not take one and one-half

to two hours. Elena Balduzzi said in those hearings she wants to know what the client would look like if the client was becoming dangerous. She believes that is important for community doctors to know so that the clients may be helped in the community and not set up to fail. Chair Lieber said that for integrity's sake, certain basics need to be established at these hearings but that the questions need not go on and on. Dr. Garner does not want the Board to go through a charade but agreed that certain basic questions needed to be asked to get to the heart of the matter. For example, it would make no sense to talk about a person's decompensation without first knowing that person is a paranoid schizophrenic. Board members all agreed that these hearings are key to communicating to the community doctors necessary information including risk factors. Discussion ensued about having a form where the risk factors were listed to use when clients had hospital request for conditional release hearings scheduled. Dr. Garner indicated his belief that such a form was not necessary for the Board to make its decision. There is no need to repeat in a form what has hopefully already transpired in a conversation that would have occurred. Jenna Morrison said that in most hospital request for conditional release hearings everyone has already agreed. Comment on these hearings continued and members talked about the fact that when a community evaluation is done and a client in the hospital is found to be a good fit for a community placement then the fact that they are a good fit might not have anything to do with whether that person has certain risk factors. Elena Balduzzi said that to some extent there is a presumption that when a specific Summary of Conditional Release Plan is proposed the necessary checks and balances have already been considered and done. Ms. Follansbee said that the PSRB should take the lead to review the process about what to do when someone is going through changes and might be a greater risk and a higher level of care should be considered. There was also discussion about enhancing the PSRB process for request for discharge hearings and that risk factors should definitely be discussed at those hearings.

Ms. Follansbee then asked whether there was a suggestion that full hearings for hospital request for conditional release be discontinued and that those matters be done by administrative review? Dr. Garner said that was his preference if the Board had information that showed the community was aware of risk factors and there was a trail showing that the relevant parties had talked about relevant issues. Chair Lieber pointed out that that meant the Board would be doing away with hearings that had been recommended to the PSRB as a result of a task force convened to address certain community mental health issues. The Board members agreed that they would not want to go against what the task force recommended in light of all considerations. Dr. Garner suggested doing administrative hearings live. Judy Uherbelau inquired about how to have meaningful hearings such that the community members present would learn about risk factors. Dr. Garner then proposed continuing to do full hearings on the hospital request for conditional release hearings for the next six months and then reevaluate the process. Dr. Garner asked whether the Board wants to require psychologists to be present or not. Elena Balduzzi made a motion to not require the presence of psychologists. Jenna Morrison seconded the motion and it passed with no abstentions. The decision was made that psychologists do not need to appear unless specifically required (at particular hearings they might be required but not as a general rule at every one). The Board talked about what to know in DD cases of hospital request for conditional release when there was no identified psychiatrist. The members decided that the Board could make it a condition that the treatment team talked with the case manager in the community or the psychiatrist in the community, if identified, and include specifics in the Summary of Conditional Release Plan proposed.

Going forward, the Board plan on reevaluating its process regarding how to handle hospital request for conditional release hearings. The Board members want the HRCR policy to include certain particulars such as circumstances regarding the client's instant offense and the

client's risk factors and what to look for in times of decompensation. There was a motion by Dr. Garner to amend the Hospital Request for Conditional Release policy. Jenna Morrison seconded the motion. The motion carried with no abstentions.

Finally, Jenna Morrison inquired as to why there are so many hearings each hearing day. Ms. Morrison indicated the days were becoming very long. Judy Uherbelau also voiced concern about this because the longer the hearings the more likely it is that she'll be driving in the dark or costing the Board additional monies to stay overnight in a hotel. Ms. Follansbee said that part of the reason the Board was allowed to have additional staff was to try and ensure that hearings are happening on time. In order for the hearings to be scheduled and occur on time, taking certain timelines into account, then sometimes it just works out that there are not enough Board members available to have hearings every week and more hearings need to be scheduled on the days there are hearings so they are not late. Ms. Follansbee explained that the scheduling was done trying to make it so that each Board member only worked two or maybe three hearings per month but not four.

The next Administrative meeting is scheduled to occur on Tuesday March 4th at 6 p.m. Ms. Follansbee also asked Board members to tentatively schedule the Board's administrative meetings for the remainder of 2014. The Administrative meetings are scheduled for Tuesday March 4th, Tuesday June 3rd, Tuesday September 16th and Tuesday December 2nd.

The meeting was adjourned at 9:25 p.m.