

MINUTES
Psychiatric Security Review Board
Administrative Meeting
Adult Panel
March 17, 2015
Approved June 16, 2015

An administrative meeting was convened on March 17, 2015 at 6:12 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 were Elena Balduzzi, Psy.D., Kate Lieber, J.D., Jenna Morrison, P.P.O. and Bennett Garner, M.D. Board member John Swetnam was out of the country and therefore was excused. PSRB staff present included Executive Director, Juliet Britton, J.D and Lucy Heil, J.D., Program Manager as note taker. Also in attendance by phone was DOJ Crime Victim Services' Division Advocate, Ronelle Shankle.

The meeting was called to order by Jenna Morrison, Adult Panel Co-chair. Pursuant to agenda item 1, Chair Morrison along with Ms. Lieber expressed a desire to welcome new Board member John Swetnam, who was not in attendance due to being out of the country in Argentina. Ms. Lieber indicated that all of the Adult Panel members have met Mr. Swetnam. Dr. Garner indicated that he now has four jobs and hearing days are difficult to work into his schedule so if at all possible he hopes to drop his hearing days to every other month. He will stay on for every other month until a new Board member is appointed.

Next the minutes from the full Board Administrative Meeting of December 2, 2014, as well as the minutes from the Board meeting from December 17, 2014, were discussed and reviewed. Ms. Lieber moved to approve the minutes. There was a second from Dr. Balduzzi. Ms. Morrison was in favor of the minutes from December 2nd, but abstained from voting on the minutes from December 17th because she was not present at that time. The minutes from

December 2 and December 17, 2014, were approved. Ms. Lieber also moved to appoint Jenna Morrison as sole chair of the Adult Panel, rather than being co-chairs along with Dr. Garner. That motion was seconded and approved. Jenna Morrison accepted that proposal. Ms. Morrison is now the sole chair of the Adult Panel.

The next agenda item pertained to the prescriber/M.D. conditional release evaluation process. There was extensive discussion having to do with conditional release (CR) hearings and whether or not the Board should require the attendance of the community doctor at the Hospital Request for CR hearing under two circumstances. One scenario involved the situation when the M.D. is part of the evaluation process. Another scenario involves when the community doctor has had a doctor to doctor consult with OSH prior to the hearing. The important piece is for the important risk information about the client to be communicated between those who have provided care to those who will perhaps be providing care. Ms. Britton explained that the PSRB clearly has a policy in place that requires M.D. attendance at hearings where conditional release is being considered. Ms. Lieber and Dr. Balduzzi discussed a recent hearing where an OSH doctor testified that he hadn't looked at the community evaluations because they all looked the same according to him. Ms. Lieber and Dr. Balduzzi were not happy with the way that hearing played out and the testimony from that doctor discounting the importance of evaluations and the time that went into the evaluation. Dr. Garner pointed out that a fundamental reason for doing Hospital Request for CR hearings as full hearings rather than administrative hearings was based on a Task Force recommendation. The PSRB is hoping for acceptance of responsibility by community doctors treating PSRB clients.

Dr. Garner said that a doctor participating in an evaluation is not the same as doctors talking. It was proposed that if the community doctor talked with the hospital doctor within two

weeks of the hearing then maybe the community doctor would not have to appear at the hearing, that the community doctor would be excused. Dr. Balduzzi said that the START could serve as a dashboard. An example would be a START saying “that the last time person X was titrated off meds he had a violent episode” type of tracking so that important information would follow a patient so that future providers would know risk signs. Dr. Garner said it would be good to have an easy reference for all providers to consult to see what meds a patient is on and have that information readily accessible. Ms. Morrison said that probation officers use a LSCMI and Cardex as a quick reference for critical information for those they supervise to determine name, crime and risk level. Ms. Lieber indicated that if the PSRB is going to go down the road of excusing doctors from hearings then we are perhaps relieving them of some of their responsibility. Kate wondered why this conversation was taking place at a Board meeting. Ms. Britton indicated that Cascadia had reached out to her inquiring as to the necessity of the community doctor’s presence at such hearings. It is costly to providers and it takes up time doctors could be using to treat patients. Dr. Garner said doctors can’t bill for testimony time and that likely doctors don’t want to have to be at PSRB hearings. Providers do not want to pay doctors to attend hearings. Ms. Britton said she will try to get more of a pulse on providers’ viewpoints about this topic. Ms. Lieber said this is not necessarily a topic that needs to be “championed” by Board members; that it is more of an issue the providers should head up and that the Board will respond to and try to assist with helping.

Dr. Garner thinks a dashboard at the front of PSRB electronic files that highlights a client’s risk signs would be most helpful. Ms. Lieber said a dashboard would need to be updated regularly. Dr. Garner wants provider agencies to clearly know the expectations of the Board and devise protocol. Ms. Britton noted that meaningful information certainly needs to be

communicated such that the Board is able to track the changes a client experiences. Ms. Morrison said she tends to feel that Hospital Request for CR hearings are either quick and easy or very meaningful when they take longer but in any event are worthwhile. Dr. Garner agreed with Ms. Morrison and definitely thinks there is utility in having full hearings for this rather than handling them administratively. Dr. Balduzzi noted that it is always helpful for a community doctor to be able to talk with the hospital doctor and for them to be asked about medication changes and adjustments. Ms. Morrison believes that there is good information from doctors and providers and hearings of this sort should not be eliminated. Dr. Balduzzi is a proponent of doctors taking responsibility for completing tasks and owning their work, including testifying or speaking about whether or not they have reviewed STARTs and are familiar with a client's risk signs. Ms. Lieber said that in her opinion, the question on the table is can the community doctor be excused from hearing presence? Do we need to have full hearings for hospital requests for conditional release? Her opinion is that participation in the evaluation process does not mean one is excused from attendance at hearings. The onus is on community provides to figure something out about this issue and raise it to the Board. That topic was concluded. The Board will await proposals from community providers about proposed ideas and resolutions to issues they have.

Next, Juliet Britton indicated that the PSRB has a new staff member, Office Specialist Ashley Wilsey. Ms. Britton also told the Board members that the PSRB has a new HR person, Candice O'Bryant, who is helping her and staff with HR matters.

The next agenda item was the Budget and Legislative Update. Ms. Britton summarized HB 2429. She then talked about the bill that has to do with sentencing of those who please GEI and how the proposed bill allows for presumptive sentence or the sentence pursuant to the

sentencing grid. HB 2556 doesn't seem to really clarify anything. Ms. Lieber thinks the bill is confusing regarding GEI sentencing. Ms. Morrison asked, why would someone take a 20-year sentence on a burglary if they could maybe get 2 years' probation under the grid? It just doesn't make sense. Dr. Garner said, no matter what the bill indicates, his experience in seeing people go in and out and in and out of jails and prisons leads him to believe that people should be kept in longer so they are more likely not to reoffend and are more likely to get the help they really need if they are in longer. Ms. Britton noted that she believes there is a movement to do something about criminalization of mental illness. Ms. Lieber did not see the benefit of the language proposed in this bill. Ms. Britton then talked about HB 2557, expungement of GEI findings. She explained that this had previously been HB 2562 and that the number was changed. There was a brief discussion about the expungement laws.

Ms. Britton then addressed the next agenda item, the budget part of the Budget and Legislative Update. Ms. Britton explained to the Board that she will be attending the budget hearing on Tuesday the 24th of March. She explained that Linda Ames is very helpful to the PSRB and that the PSRB is fully staffed with 11 FTEs. An important highlight is that the number of people on conditional release is up and the numbers of those in the state hospital is down and that is always a topic of discussion at budget time.

Finally, Dr. Garner requested to discuss implementing a dashboard. Ms. Britton inquired what staff can do to implement a dashboard that might be helpful to staff in the community at different conditional release facilities to consult and reference for important information, sort of like a quick reference sheet. Board members indicated they will give the dashboard and quick reference for providers' sheet some more thought for the next PSRB Board meeting. Dr. Balduzzi thought it would be important to consider how such a dashboard would be

implemented. Dr. Garner agreed that the involvement of all of those who provide services to PSRB clients would be important. Dr. Garner believes the technology to incorporate meaningful information does exist, maybe like a Continuing Care Document. Dr. Garner further indicated that the dashboard should originate with OSH upon a person's release into the community and that it would be good for everyone to know there was one in place to go for meaningful information about a client. Both Ms. Lieber and Dr. Balduzzi thought it was a great idea to kind of create a "baton" dashboard that could be passed along with the person/client, sort of like one document to help solve treatment and care issues. Dr. Balduzzi suggested that Ms. Britton consult with Dr. Simrat Sethi at OSH to get ideas about this issue and Ms. Britton indicated she would do that. Dr. Balduzzi thought the document should be very concise and easy to read and that it should be a document that is updated and reviewed every time every doctor sees a client. Dr. Balduzzi referred to "Checklist Manifesto."

Ms. Britton continued this topic until the next administrative meeting to allow time for idea consideration and consultation with providers and doctors at OSH and in the community. Ms. Britton then called for the meeting to go into Executive Session. Executive Session began at 7:22 p.m. Ms. Heil left the room during Executive Session. Ms. Shankle left the conference line at the time the Executive Session commenced. Those in attendance for Executive Session included Board members and Executive Director, Juliet Britton.

The meeting adjourned at 8:07 p.m. once the Executive Session concluded.