

MINUTES
Psychiatric Security Review Board
Administrative Meeting
Adult Panel
June 16, 2015
Approved September 15, 2015

An administrative meeting of the Psychiatric Security Review Board was convened on June 16, 2015 at 6:35 p.m. in the fourth floor conference room of the Psychiatric Security Review Board offices, 610 S.W. Alder, Suite 420, Portland, Oregon. Board members present were Jenna Morrison, P.P.O., Chair, Elena Balduzzi, Psy.D., John Swetnam, and Scott Reichlin, M.D. Board member Kate Lieber was excused due to illness. The Board's Executive Director, Juliet Britton, J.D., was also present. Also in attendance were Laura Moeller, J.D., Matthew Berndt, J.D. and Jeff Hanson, Paralegal, as minute taker.

At 6:35, Chair Morrison called the meeting to order.

The Board began with an opportunity for public comment, but, since there were no members of the public present, the Board moved on to review of the Administrative Meeting minutes from March 17, 2015. Mr. Swetnam moved to accept the minutes as they were presented and Dr. Balduzzi seconded the motion. The motion passed unanimously.

The first major item addressed was the Executive Director Update, consisting of a brief discussion of the PSRB's proposed *Expectations Regarding Sex Offender Treatment Policy*, followed by budget and legislative updates.

Ms. Britton explained that there are approximately ninety sex offenders under the Board's jurisdiction on conditional release, and finding quality sex offender specific care is sometimes challenging. Ms. Britton and the Board reviewed the policy's primary expectations for sex offender treatment providers:

- (1) consult with OSH SOTP providers before beginning individual treatment;

- (2) submit an individualized treatment plan that outlines treatment goals;
- (3) provide detailed progress notes of client participation and progress in treatment after every session; and
- (4) provide a clinical rationale for the services offered in aftercare, including recommendations for ongoing assessment (e.g., with PPG, Polygraph and/or VRT) and indicate duration of aftercare.

Dr. Balduzzi stressed the need for a fact-based rationale in the evaluator's decision-making. She noted her concern that some decisions made by a sex offender evaluator may be motivated, in part, by monetary concerns – that is, that the evaluator may be recommending services that would garner a profitable return whether needed or not. Board Chair, Ms. Morrison, asked Dr. Balduzzi if she would be interested in editing the policy, and Dr. Balduzzi agreed to do so.

Ms. Britton noted that under the approved budget for 2015-2017, current service levels can be maintained, and teleconferencing capabilities are being installed in the PSRB conference room, which will aid greatly in facilitating hearings.

Ms. Britton reviewed recent legislative developments and some of the features of the bills that have recently passed:

- Governor Brown will be signing the GEI expungement bill (HB 2557 B) tomorrow.

Ms. Britton outlined the eligibility requirements for a GEI expungement under the new bill.

- The sex offender designation bill (House Bill 2549) is expected to pass, which requires registered sex offenders to undergo a specialized risk assessment if they have not already done so. Offenders are classified, 1-3, based on their risk of reoffending. A designation of “1” is low risk; a designation of “3” is high risk. The people at the lowest risk of reoffending will be able to petition for relief from the registration/reclassification requirement after a designated number of years. The PSRB is the relief/reclassification authority.

- Since there is no current funding for Board of Parole to implement the sex offender designation bill, there is a “clean-up” bill being introduced to reconcile disparities. There is no fiscal related to PSRB’s responsibilities under this bill.
- All other GEI bills are dead. A notable example is the non-passage of the bill to shorten GEI terms (a finding of GEI will still garner a sentence up to the maximum allowed).

Ms. Britton asked for the Board’s input on the utility and continued use of the Interdisciplinary Substance Use Review Form (ISURF), an OSH tool for assessing A & D treatment needs. Ms. Britton advised that OSH would like to discontinue the ISURF in favor of a less cumbersome process. The hospital does not like the duplicative nature of the ISURF’s multidisciplinary approach and would like to alleviate some of its inherent delays. Ms. Balduzzi stated that the PSRB does need some kind of tool that captures, at a minimum, the patient’s self-report upon admissions; the diagnoses; and some kind of summary of the patient’s treatment needs, but that she does not have a particular attachment to the ISURF per se. The Board unanimously agreed with this reasoning and left any further refinement of the actual tool to accomplish these goals in the hands of OSH.

Finally, Dr. Balduzzi conducted a training on the Short Term Assessment of Risk And Treatability (START) form, used as a comprehensive assessment tool.

The meeting was adjourned at 8:05 p.m.