Annual Performance Progress Report (APPR) for Fiscal Year (2011-2012)

Original Submission Date: 2012

Finalize Date: 8/31/2012

2011-2012 KPM #	2011-2012 Approved Key Performance Measures (KPMs)
1 a	RECIDIVISM RATE - Percent of revocations of conditional release based on commission of felony - Adults.
1 b	RECIDIVISM RATE - Percent of revocations of conditional release based on commission of felony- Juveniles.
2 a	TIMELINESS OF HEARINGS - Percentage of hearings scheduled within statutory timeframes - Adults.
2 b	TIMELINESS OF HEARINGS - Percentage of hearings scheduled within statutory timeframes- Juveniles.
3 a	MAINTENANCE OF RELEASED CLIENTS - Percentage of conditional releases maintained in community per month - Adults.
3 b	MAINTENANCE OF RELEASED CLIENTS - Percentage of conditional releases maintained in community per month - Juveniles.
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.

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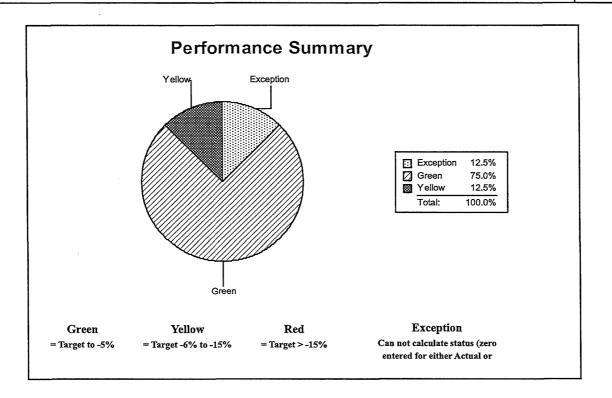
New Delete	Proposed Key Performance Measures (KPM's) for Biennium 2013-2015
	Title:
	Rationale:

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PSYCHIATRIC SECURITY REVIEW BOARD		I. EXECUTIVE SUMMARY			
Agency Mission: The Psychiatric Security Review Board's mission is to protect the public through the ongoing review of the progress of "guilty except for insanity" adults and "responsible except for insanity" youth and a determination of their appropriate placement as well as through the conduct of hearings to decide whether persons with mental health determinations should have their firearm privileges restored.					
Contact: Mar	y Claire Buckley, J.D., Executive Director	Contact Phone: 503-229-5596			

Alternate:



1. SCOPE OF REPORT

The Psychiatric Security Review Board is consolidated into one program that effectively provides statutorily required hearings for adult and juvenile clients and close supervision of those on conditional release in the community. The two aspects of the Board's program, hearings and monitoring, are addressed by the five reported performance measures. Recently, the Board was assigned an additional task by the Oregon legislature – gun relief hearings. Mandated by federal and State law, this program allows persons previously barred from

Alternate Phone:

possessing a firearm based solely on a state judicial mental health determination, the ability to petition for restoration of that privilege. The Board is in its first full year of conducting its gun relief hearings after finalizing the administrative rules and policies to govern this program in late 2011. As a result, the Board has not yet developed KPMs for this program.

2. THE OREGON CONTEXT

As the State's population continues to grow, so does the number of persons who require mental health services. When the demand for behavioral health services increases, but those necessary community services are reduced or eliminated or are not accessed for whatever reason, persons who are unsuccessful in managing their mental illness and unable to obtain needed help come to the attention of law enforcement personnel. In Oregon, the number of persons with mental health diagnoses involved in the criminal justice system has grown significantly as evidenced by the numbers housed in local jails and Department of Corrections' institutions. Once charged with a crime, historically a very small percent of defendants opt for the insanity defense and, usually by stipulation, are placed under the Psychiatric Security Review Board. The Board has been cited as a national model for the management and treatment of insanity clients. As a result, the 2007 Legislature created a Juvenile Panel to assume jurisdiction over youth who are found "Responsible Except for Insanity." In fulfilling its statutory mandate the Board's primary purpose is to protect the public. Thus, it serves a critical societal need and contributes to the high-level outcome measures #65 of the Oregon Benchmarks – Adult Recidivism and #66 - Juvenile Recidivism. Its work necessarily requires collaboration with a number of partners in both the criminal justice and mental health systems, including judges, district attorneys and defense attorneys as well as OHA's Addictions and Mental Health Division and DHS's Seniors and Persons with Disabilities Division , Oregon State Hospital, local mental health authorities, county and community mental health agencies and other treatment and residential providers.

3. PERFORMANCE SUMMARY

The summary chart indicates that the Board is meeting or exceeding its target on four measures and making good progress in meeting one of its critical measures. The long-standing issue regarding timeliness of hearings reflects the consequence of inadequate Board staffing for many years. The Board achieved some improvement in 2007 as the result of some staff working 15 hours a week overtime to get the job done. The Board, Budget and Management Division (BAM) and Human Resource Services Division (HRSD) recognized that this situation could not be abided. An HRSD analysis was conducted that concluded that only 8 full hearings and 6 administrative hearings could be prepared in a 40 hour workweek with the level of staffing authorized at that time. Thus the number of hearings scheduled per day was reduced to that number and that, in turn, resulted in a reduction of timely hearings. Budget cuts and furlough days contributed to an even greater reduction in timeliness in 2009. The 2011 Legislature was very concerned about the Board's performance in this area and its effect on the system as a whole and thus allocated 2 new FTE to help address this issue. Although it is not reflected in the data of this report, the timeliness of new adult hearings has jumped to 94.5% since new staff was hired in the fall of 2011. Additionally, the backlog of late hearings will be eliminated by September 2012 which will improve the Board's overall performance on this measure. Finally, the Board's Best Practices continues to improve since it began measuring this in 2008. The state recommended score card shows that the Board's Beat has a

strong foundation in providing ethical and fiscally responsible oversight to this agency.

4. CHALLENGES

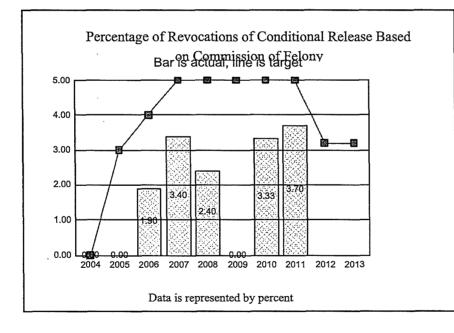
The Board anticipates a continued growth in the number of persons on conditional release. Currently, the Board has the highest number of clients on conditional release in its 35 year history. Most changes to a client's conditional release order require Board action, be it at an administrative or full hearing. Due to the nature of the population the Board serves, it is by definition in the risk business. The more persons on conditional release, the greater the chance at least statistically, of someone re-offending. Obviously, the Board does its utmost to mitigate that risk but it cannot be eliminated under our system. The same is true for the number who remain in the community each month. The greater the number on conditional release, the more likely some may need to return to the hospital for more intensive treatment due to the very nature of mental illness and its symptomology or due to relapse of a co-occurring disorder. Finally, with regard to timeliness of hearings, this is always going to be a challenge as a result of the lack of leeway in our measure – if the hearing is but a day off its statutory due date, it is late. Further, it is affected by how many hearing days are budgeted and the fact that the mandated timeframes do not always sync with the hearing schedule which is held at most weekly and always on Wednesdays. The previous major challenge of lack of sufficient staffing to prepare files for timely hearings was finally addressed by the 2011 Legislature with the addition of FTE to meet the demand.

5. RESOURCES AND EFFICIENCY

The Board's Legislative Approved budget amount for the 2011-13 biennium is \$2,281,320.00. The reported measure that reflects efficiency is #02, the percentage of hearings scheduled within statutory timelines. The Board also keeps two other efficiency measures for internal tracking and management use.

II. KEY MEASURE ANALYSIS

KPM #1a	RECIDIVISM RATE - Percent of revocations of conditional release based on commission of felony - Adults.	
Goal	To protect the public.	
Oregon Con	ontext Oregon Benchmark #65 - Adult Recidivism.	
Data Source	ce Agency records - affadavits in support of revocation order which outline reason for revocation, done quarterly.	
Owner	Mary Claire Buckley, J.D., Executive Director – (503) 229-5596	



1. OUR STRATEGY

The Board's strategy is to maintain public safety by engaging in effective decision-making regarding appropriate placement of its clients and the subsequent monitoring of those living in the community. Its partners in this endeavor include OHA's Addictions and Mental Health

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II. KEY MEASURE ANALYSIS

Division and DHS' Developmental Disabilities Division; Oregon State Hospital and a host of community agencies and treatment providers.

2. ABOUT THE TARGETS

The Board originally set its target at 0% based on its statutory mandate. However, after discussion with the Progress Board, it realized that that may have been a worthy goal but was unrealistic given this population so the target was adjusted. The target increased each year due to the anticipated rise in the number of clients that would be conditionally released in the community. Clearly, the lower the actual percent, the better, as the safer the community is.

3. HOW WE ARE DOING

For the three previous years, the Board has reduced this percentage for its adult clients. Currently the Board is supervising 399 adult clients on conditional release. This is the highest number of clients on conditional release in the Board's history. The current low recidivism rate of 2.04% for adult clients is a testament to the Board's diligent oversight of these numerous clients and agencies involved.

4. HOW WE COMPARE

The Psychiatric Security Review Board is a unique model for the management and treatment of those who successfully assert the insanity defense. There are no public or private industry standards for this population. The State of Connecticut established a system modelled after, but not identical to, Oregon's. For 2009, it reported a recidivism rate of 0%. At the time, it should be noted that Connecticut's program only had 27 clients on conditional release. This Board, on the other hand, oversaw 367 clients on conditional release during this same time, yet was still able to maintain the same rate. The Board would cite the Department of Corrections' 2009 recidivism rate of 31% as the closest comparison to an agency in Oregon.

5. FACTORS AFFECTING RESULTS

The Board has created a variety of methods to independently monitor both the status of its clients on conditional release and the efficacy of their community treatment providers. For example, the Board has an agreement with the Oregon State Police's Law Enforcement Data Systems (LEDS) to be notified whenever a Board client is "run" by a law enforcement agency. Board staff then contacts that law enforcement agency, and gets information about the situation involving the client. This communication invariably leads to a discussion about how the client and his/her treatment provider are performing. Similarly, the Executive Director travels around the state of Oregon visiting the network of providers that has been established and trains their staff. However, these formal and informal methods of oversight

II. KEY MEASURE ANALYSIS

are very labor intensive. Board staff have to be familiar with all 399 (current) clients on conditional release to be able to instantly respond to the variety of calls that come in. Staff must be able to summarize these communications with the varied parties in the community clearly and concisely to the Board. The Board also must keep abreast of a client's progress in the community for they are asked to make numerous decisions regarding the individual's status throughout the term of their jurisdiction. The Board is currently able to maintain its success on this measure. However, any changes in staffing may cause a rapid decline. Although it is the Board's responsibility to make informed and effective decisions regarding the readiness of a client to return to live in the community without further violations of the law , it is extremely dependent on Oregon State Hospital to provide complete and accurate information on which to base those determinations. Further, the Hospital has to provide the client the treatment and skills necessary to be successful in a community setting. In addition, the community agency must provide the structure, support and supervision necessary for a client's successful reintegration.

6. WHAT NEEDS TO BE DONE

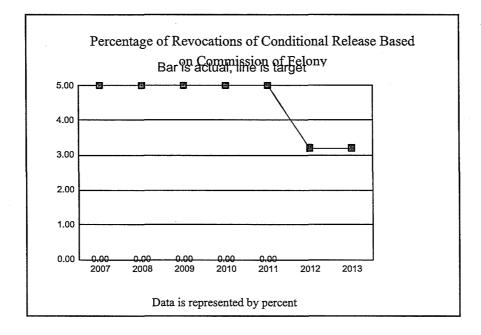
The Board and staff need to continue their successful efforts to assure public safety by demanding adequate and accurate information from Oregon State Hospital staff and community treatment teams on which they can base these critical decisions.

7. ABOUT THE DATA

The reporting cycle is based on a calendar year. However, the data is collected and tallied on a quarterly basis from the revocation orders issued by the Board. Any individual who commits a new felony offense while on conditional release would be automatically revoked. This information is highly reliable as an affidavit is required for each revocation which sets forth the reason for the revocation warrant.

II. KEY MEASURE ANALYSIS

KPM #1b RECI	DIVISM RATE - Percent of revocations of conditional release based on commission of felony- Juveniles.	
Goal To protect the public.		
Oregon Context	Oregon Benchmark #66 - Juvenile Recidivism.	
Data Source	Agency records - affadavits in support of revocation order which outline reason for revocation, done quarterly.	
Owner	Mary Claire Buckley, J.D., Executive Director – (503) 229-5596	



1. OUR STRATEGY

The Board's strategy is to maintain public safety by engaging in effective decision-making regarding appropriate placement of its clients and the subsequent monitoring of those living in the community. Its partners in this endeavor include OHA's Addictions and Mental Health

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PSYCHIATRIC SECURITY REVIEW BOARD

II. KEY MEASURE ANALYSIS

Division and DHS' Developmental Disabilities Division; Oregon State Hospital; Secure Adolescent Intensive Program (SAIP) at the Children's Farm Home; Secure Intensive Treatment Program (ITP) at Albertina Kerr and a host of community agencies and treatment providers.

2. ABOUT THE TARGETS

The target for this juvenile performance measure is identical to the adult target due to the similarity in programs. Clearly, the lower the actual percent, the better, as the safer the community is.

3. HOW WE ARE DOING

The board currently maintains 13 juvenile clients on conditional release. The recidivism rate of 0% over the last five years is a testament to the Board's diligent oversight of these clients and the agencies involved.

4. HOW WE COMPARE

The Psychiatric Security Review Board is a unique model for the management and treatment of those juveniles who successfully assert the insanity defense. There are no public or private industry standards for this population. The Board would cite the Oregon Youth Authority's recidivism rate of 28.1% as the closest comparison to an agency in Oregon.

5. FACTORS AFFECTING RESULTS

The Board has created a variety of methods to independently monitor both the status of its clients on conditional release and the efficacy of their community treatment providers. For example, the Board has an agreement with the Oregon State Police's Law Enforcement Data Systems (LEDS) to be notified whenever a Board client is "run" by a law enforcement agency. Board staff then contacts that law enforcement agency, and gets information about the situation involving the client. This communication invariably leads to a discussion about how the client and his/her treatment provider are performing. Similarly, the Executive Director travels around the state of Oregon visiting the network of providers that has been established and trains their staff. However, these formal and informal methods of oversight are very labor intensive. Board staff have to be familiar with all current clients on conditional release to be able to instantly respond to the variety of calls that come in. Staff must be able to summarize these communications with the varied parties in the community clearly and concisely to the Board. The Board also must keep abreast of a client's progress in the community for they are asked to make numerous decisions regarding the individual's status throughout the term of their jurisdiction. The Board is currently able to maintain its success on

II. KEY MEASURE ANALYSIS

this measure. However, any changes in staffing may cause a decline in this ability. Although it is the Board's responsibility to make informed and effective decisions regarding the readiness of a client to return to live in the community without further violations of the law, it is extremely dependent on Oregon State Hospital and SAIP/ITP staff to provide complete and accurate information on which to base those determinations. Further, these facilities have to provide the client the treatment and skills necessary to be successful in a community setting. In addition, the community agency must provide the structure, support and supervision necessary for a client's successful reintegration.

6. WHAT NEEDS TO BE DONE

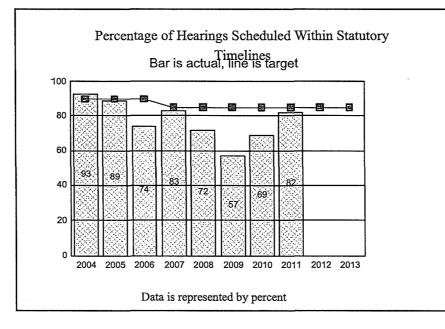
The Board and staff need to continue their successful efforts to assure public safety by demanding adequate and accurate information from the State Hospital, SAIP and ITP staff and community treatment teams on which they can base these critical decisions.

7. ABOUT THE DATA

The reporting cycle is based on a calendar year. However, the data is collected and tallied on a quarterly basis from the revocation orders issued by the Board. Any individual who commits a new felony offense while on conditional release would be automatically revoked. This information is highly reliable as an affidavit is required for each revocation which sets forth the reason for the revocation warrant.

II. KEY MEASURE ANALYSIS

KPM #2a	TIMELINESS OF HEARINGS - Percentage of hearings scheduled within statutory timeframes - Adults.		1992
Goal To review client's progress in a timely manner and protect clients' due process rights.		· · · · · · · · · · · · · · · · · · ·	
Oregon Con	regon Context Timeliness and Agency Mission		
Data Source	Agency records – hearing dockets and client files with pertinent dates.		
Owner	Mary Claire Buckley, J.D., Executive Director – (503) 229-5596		



1. OUR STRATEGY

The Board's intent is to set each client's hearing within the required timelines set by statute. Staff maintain a running calendar outlining when each PSRB client's particular hearing is due which is utilized to set the weekly Board docket.

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2. ABOUT THE TARGETS

The Board adjusted this target as well because its original goal was far too ambitious given the reality of the hearing schedule. The Board reduced it to what was thought to be a more reasonable figure. In this situation, the higher the percent, the better the Board has done.

3. HOW WE ARE DOING

For the adult clients, the Board failed to meet its 85% on-time target due to inadequate staffing levels during the previous five years. As noted in last year's Annual Performance Progress Report, a DAS time study showed that staffing levels prior to 2011 could only prepare 8 full and 6 administrative hearings on its weekly docket. With the steadily increasing number of clients placed under the Board jurisdiction over the last several years, this created an increased demand for more hearings that the Board's existing staff level could not meet. The 2011 Legislature realized this and allocated two new FTEs to assist the Board in meeting this performance goal. Since the hiring of this staff, performance of this measure has increased to 94.5%. However, due to the previous backlog and understaffing over the years, overall performance reflects that the Board did not meet this goal. Staff expects the backlog to be eliminated by September 2012 and consequently, this performance measure should be achieved when the next 2013 APPR report is submitted.

4. HOW WE COMPARE

Given the unique nature of the PSRB and its operations, the Board is not aware of any comparable public or private industry standards.

5. FACTORS AFFECTING RESULTS

The Board's more recent targets reflect the fact that there will always be a percentage of hearings that cannot be held in a timely fashion. Timeliness is often affected by circumstances outside the Board's control. The demand for hearings is directly related to the number of clients placed under the Board's jurisdiction. The Board has no control over how many clients are placed under its jurisdiction. Additionally, hearings cannot be conducted without the timely submission of reports and evaluations generated by outside agencies, be it the monthly reports submitted by community case managers or the various mental health records generated by the Oregon State Hospital. The addition of mandatory furlough days starting in July of 2011 further decreased the number of hearings the Board was able to hold in a timely fashion. Finally, reducing staffing levels or redirecting current staff into other areas will result in the Board not being able to meet this measure.

6. WHAT NEEDS TO BE DONE

Board staff has worked diligently this past year to create LEAN processes inside the agency as well as with community providers and hospital staff to ensure that necessary documentation and witnesses are available for hearings. Ongoing evaluation and improvement in this arena will ensure that the Board continues to meet this performance measure.

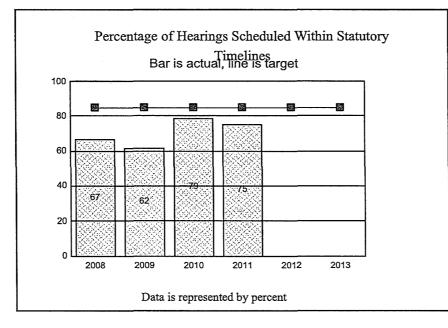
7. ABOUT THE DATA

The reporting cycle for this measure is the calendar year. However, the data is collected weekly and tallied on a quarterly basis from the calendar and computer reports generated that outline when each client's particular hearing is due.

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II. KEY MEASURE ANALYSIS

KPM #2b	TIMELINESS OF HEARINGS - Percentage of hearings scheduled within statutory timeframes- Juveniles.	
Goal	To review juvenile client's progress in a timely manner and protect clients' due process rights.	
Oregon Con	Intext Timeliness and Agency Mission	
Data Source	Agency records – hearing dockets and client files with pertinent dates.	
Owner	Mary Claire Buckley, J.D., Executive Director – (503) 229-5596	



1. OUR STRATEGY

The Board's intent is to set each client's hearing within the required timelines set by statute. Staff maintain a running calendar outlining when each PSRB client's particular hearing is due which is utilized to set the weekly Board docket.

2. ABOUT THE TARGETS

The target for this juvenile performance measure is identical to the adult target due to the similarity in the hearing process. In this situation, the higher the percent, the better the Board has done.

3. HOW WE ARE DOING

The juvenile hearings are currently meeting this on-time target. This is significant improvement from the previous four years when the Board failed to meet its 85% target.

4. HOW WE COMPARE

Given the unique nature of the PSRB and its operations, the Board is not aware of any comparable public or private industry standards.

5. FACTORS AFFECTING RESULTS

The Board's historical targets reflect the fact that there will always be a percentage of hearings that cannot be held in a timely fashion. The demand for hearings is directly related to the number of clients placed under the Board's jurisdiction. Due to the limited demand for juvenile hearings in the first few years of its program's development, the Board met an average of once per month. If a particular hearing deadline did not sync with the monthly hearing schedule, it was counted as late. Despite this, juvenile hearings were typically conducted within days of the statutory deadline.

6. WHAT NEEDS TO BE DONE

Board staff has worked diligently this past year to create LEAN processes inside the agency as well as with community providers and hospital staff to ensure that necessary documentation and witnesses are available for hearings. Ongoing evaluation and improvement in this arena will ensure that the Board continues to meet this performance measure.

7. ABOUT THE DATA

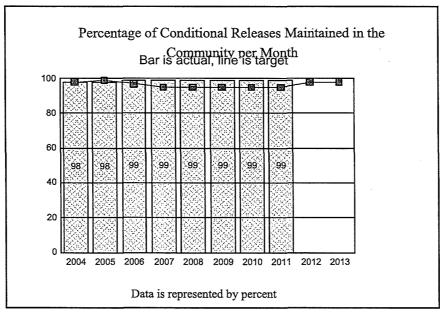
The reporting cycle for this measure is the calendar year. However, the data is collected weekly and tallied on a quarterly basis from the

II. KEY MEASURE ANALYSIS

calendar and computer reports generated that outline when each client's particular hearing is due.

II. KEY MEASURE ANALYSIS

KPM #3a	MAINTENANCE OF RELEASED CLIENTS - Percentage of conditional releases maintained in community per month - Adults. 1992		
Goal	To determine appropriate community placement and conditions of release so that a client is successfully reintegrated and public safety is maintained.		
Oregon Cont	Context Agency mission and OBM #65 – Recidivism which may be impacted.		
Data Source	ource Agency records – revocation orders and monthly statistical reports.		
Owner	Mary Claire Buckley, J.D., Executive Director – (503) 229-5596		



1. OUR STRATEGY

The Board seeks to make appropriate decisions regarding community placement so that its clients remain on conditional release status and do not engage in criminal activity nor need to be returned to Oregon State Hospital.

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2. ABOUT THE TARGETS

The Board lowered its target in this area due to the anticipated and actual increase in the number of clients who were placed on conditional release status during the biennium. It was thought that with more clients in the community, it was likely that more revocations would occur that would, in turn, reduce the number who stayed in the community. In this measure, the higher the number, the better the performance.

3. HOW WE ARE DOING

The Board is in its seventh year of maintaining the Conditional Release of 99% of its adult clients. Over the last five years, the Board has met this goal in all but one of the years for juvenile clients. This impressive rate in due to the Board's ability to assure that those leaving the Oregon State Hospital or the secure in-patient treatment facility have the necessary treatment, supports and services necessary to be safely and successfully managed in the community.

4. HOW WE COMPARE

There are no relevant public or private industry standards related to this population with which to compare.

5. FACTORS AFFECTING RESULTS

Authorizing release to the community program and residential facility most fitting to a client's needs is critical to the client's success and the Board's ability to meet its target in this area. Also, continuous communication between the Board staff and treatment providers is essential. Community case managers must keep Board staff apprised of a client's status so that the Board can intervene early in any difficulties that present themselves. Access to alternatives to Oregon State Hospital such as residential alcohol and drug treatment programs or community hospitalization are an important resource for the Board to have available to reduce revocations. Again, the success of the Board is meeting this measure is directly related to an extensive amount of communication amongst all the stakeholders which is the direct result of the Board's current staffing levels. Reducing staffing levels or redirecting current staff into other areas will result in the Board not being able to meet this measure.

6. WHAT NEEDS TO BE DONE

The Board and staff need to continue to provide whatever supports are necessary to maintain its clients in a community setting. This, in

II. KEY MEASURE ANALYSIS

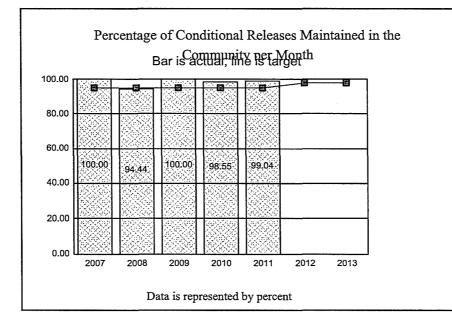
turn, requires OHA's and DHS' commitment to provide the financial resources necessary to access appropriate alternatives to State hospitalization. The Board must also continue to facilitate new or differing treatment modalities amongst these parties. There are over 40 different agencies providing treatment to Board clients on conditional release. The Board has always welcomed new treatment providers but must make sure that they comply with evidence based practices and that public safety is never compromised. It also must make sure that Oregon State Hospital is giving these agencies the information needed to properly judge the client's level of risk and whether a client will fit in with a particular community treatment provider. By taking a proactive role in this arena, the Board hopes to help keep Oregon safe.

7. ABOUT THE DATA

The reporting cycle is based on a calendar year. However, the data is collected and tallied on a quarterly basis from the revocation orders issued by the Board.

II. KEY MEASURE ANALYSIS

KPM #3b MA	AINTENANCE OF RELEASED CLIENTS - Percentage of conditional releases maintained in community per month - Juveniles.	
Goal	To determine appropriate community placement and conditions of release so that a juvenile client is successfully reintegrated and public safety is maintained.	
Oregon Context	Agency mission and OBM #66 – Recidivism which may be impacted.	
Data Source	Agency records – revocation orders and monthly statistical reports.	
Owner	Mary Claire Buckley, J.D., Executive Director – (503) 229-5596	



1. OUR STRATEGY

The Board seeks to make appropriate decisions regarding community placement so that its juvenile clients remain on conditional release status and do not engage in criminal activity nor need to be returned to a secure hospital.

2. ABOUT THE TARGETS

Due to its existing conditional release process for adults, the Board used the same target for its juvenile clients. In this measure, the higher the number, the better the performance.

3. HOW WE ARE DOING

In the last five years, the Board has met this goal in all but one of the years for juvenile clients. This impressive rate in due to the Board's ability to assure that those leaving the secure hospital have the necessary treatment, supports and services necessary to be safely and successfully managed in the community.

4. HOW WE COMPARE

There are no relevant public or private industry standards related to this population with which to compare.

5. FACTORS AFFECTING RESULTS

Authorizing release to the community program and residential facility most fitting to a client's needs is critical to the client's success and the Board's ability to meet its target in this area. Also, continuous communication between the Board staff and treatment providers is essential. Community case managers must keep Board staff apprised of a client's status so that the Board can intervene early in any difficulties that present themselves. Access to alternatives to the hospital such as respite care or having the ability to "step up" a client to a 24/7 residential facility is an important resource for the Board to have available to reduce revocations.

6. WHAT NEEDS TO BE DONE

Again, the success of the Board is meeting this measure is directly related to an extensive amount of communication amongst all the stakeholders which is the direct result of the Board's current staffing levels. Reducing staffing levels or redirecting current staff into other areas will result in the Board not being able to meet this measure. The Board and staff need to continue to provide whatever supports are necessary to maintain its clients in a community setting. This, in turn, requires OHA's and DHS' commitment to provide the financial resources necessary to access appropriate alternatives to hospitalization. The Board must also continue to facilitate new or differing treatment modalities amongst these parties. There are approximately 15 different agencies providing treatment to juvenile clients on

II. KEY MEASURE ANALYSIS

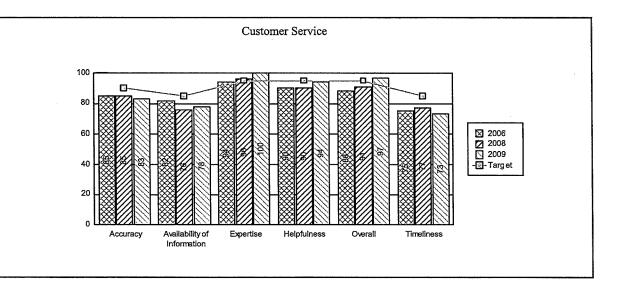
conditional release. The Board welcomes new treatment providers but must make sure that they comply with evidence based practices and that public safety is never compromised. It also must make sure that the secure facilities are giving these agencies the information needed to properly judge the youth's level of risk and whether the youth will fit in with a particular community treatment provider. By taking a proactive role in this arena, the Board hopes to help keep Oregon safe.

7. ABOUT THE DATA

The reporting cycle is based on a calendar year. However, the data is collected and tallied on a quarterly basis from the revocation orders issued by the Board.

II. KEY MEASURE ANALYSIS

KPM #4		OMER SERVICE - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": customer service, timeliness, accuracy, helpfulness, expertise and availability of information.	2007
Goal	To provide excellent customer service.		
Oregon Context Agency Mission.			
Data Source Results of survey of participants at Board's statewide training program.			
Owner		Mary Claire Buckley, J.D., Executive Director – (503) 229-5596	



1. OUR STRATEGY

To conduct a customer service survey to gain a sense of stakeholders' satisfaction with the Board's performance in the five listed domains. The Board will then review and act on the scores received.

2. ABOUT THE TARGETS

8/29/2012

This is still a relatively new measure for the Board (baseline data had just been published in 2007.) Higher percentages reflect higher satisfaction from our customers. It is interesting to note that customers' dissatisfaction of the Board's timliness does not impact their overall positive view of how well the Board functions.

3. HOW WE ARE DOING

In 2009, 97% of respondents rated the Board's quality of services as good or excellent. There are certain categories, timeliness and availability of information, which appear to need more focus by the agency so those percentages improve. It should be noted that although these areas didn't meet their targets, overall, nearly all respondents (97%) had a very positive experience working with the Board. Thus, the failure of the Board to meet the specific targets of timeliness and availability of information did not impact respondents' overall very positive impression of the Board and its staff's conduct.

4. HOW WE COMPARE

There is no comparative data available.

5. FACTORS AFFECTING RESULTS

It is important to note the role the Psychiatric Security Review Board plays in the lives of those responding to the survey. The Board is ultimately responsible for all decisions relating to a client's placement, be it at the State hospital, in the community, on conditional release or discharge. As such, our customers, be it clients, hospital staff, community providers, persons in the criminal justice system, victims or members of the general public, often may not like the Board's decisions, even if they are legally correct. This could affect the Board's satisfaction ratings. Also, both surveys did not reach as many consumers/clients as should be included. This, too, likely affected the Board's scores.

6. WHAT NEEDS TO BE DONE

The Board intends to broaden the spectrum of participants who receive its survey as well as engage in a greater effort to increase the response rate. In the meantime, the Board will focus attention on the domains whose responses initially showed less satisfaction that others do so as to improve stakeholders' opinions of the agency's performance. Prior to the recent increase in Board staff, its focus was primarily on monitoring clients and conducting hearings, and not on improving internal process. In 2011, the Executive Director and the Operations

II. KEY MEASURE ANALYSIS

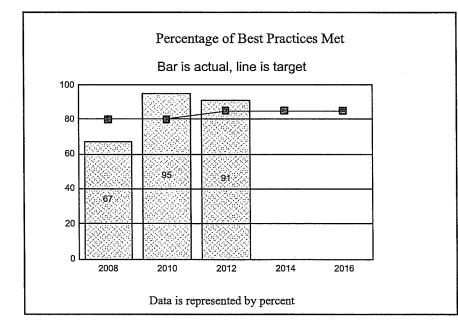
and Policy Analyst received LEAN training and a full evaluation of Board operations was conducted and improvements implemented. Staff intends to continue to dedicate staff to improve its processes which are directly related to customer service. Additionally, now that the Board is adequately staffed to conduct its hearings in a timely manner, more effort can be expended on assessing customer service and making necessary improvements.

7. ABOUT THE DATA

The first two surveys were conducted at the Psychiatric Security Review Board's two day trainings held in the fall of 2006 and 2008. The trainings were attended by Department of Human Services and OregonStateHospital staff, community case managers, treatment and residential providers and consumers. 168 people attended the 2006 training and 225 came in 2008. 72 and 91 respective attendees completed the survey, for response rates of 43% and 40%. The third survey was conducted for the year 2009 by sending an email survey to the 102 Case Managers who monitor the Board's 367 clients on conditional release in the community. 37 responded for a response rate of 36%. Another statewide training is expected to be held in the Fall of 2012 at which time another survey will be disseminated to participants. Results are retained by the agency and will be utilized by management to determine what actions should be undertaken to achieve improvement in certain areas.

II. KEY MEASURE ANALYSIS

KPM #5	BEST PRACTICES - Percent of total best practices met by the Board.	
Goal	To ensure Board and its staff are appropriately carrying out the Board's mission and duties.	
Oregon Context Agency Mission.		
Data Source	Board Self Assessment.	
Owner	Mary Claire Buckley, J.D., Executive Director - (503) 229-5596	



1. OUR STRATEGY

The Psychiatric Security Review Board will conduct bi-annual self assessments to determine how it well it is following the Best Practices guidelines and to identify areas where it needs to improve. The Board will then attempt to conduct its duties in a manner that best

effectuates the Best Practices policy.

2. ABOUT THE TARGETS

The Psychiatric Security Review Board has initially set 80% as the target for number of Best Practices' met. In this case, the higher the percentage, the more of the Best Practices the Board is meeting. This target was set to reflect the relative newness of the juvenile panel. As that panel gained experience, the target was adjusted upward to 85% in 2012.

3. HOW WE ARE DOING

Since 2010, the Board has met its target goal of this measure.

4. HOW WE COMPARE

Once again, given the unique nature of the PSRB and its operations, the Board is not aware of any comparable public or private industry standards.

5. FACTORS AFFECTING RESULTS

The members of each panel meet together, at most, on a quarterly basis to discuss administrative matters. On hearing days, only 3 of the 5 respective Board members sit as a panel to hear cases. Thus, there is limited opportunity for all members to reflect on some of the operational aspects listed on the survey. Others, such as budget and policy issues, are addressed regularly at those meetings. This affects the score of Best Practices met, because several of the Best practices center around intra-Board communication. With the recent addition of FTE, staff hopes to pursue improvements to its operations as a result of the survey results during this upcoming biennium.

6. WHAT NEEDS TO BE DONE

The Board is cognitive of the need to find time on its administrative meeting agenda to discuss and engage more fully in its oversight function of Board staff and improving its overall functioning. The Board just completed a self-assessment in August 2012. The Board will discuss the results of this assessment and the previous two assessments at the next joint Board meeting. At that time, the Board will set its target for the percentage of Best Practices to be met, consider if any other Best Practices unique to it functions should be tracked, and set up an annual timetable to set expected dates for each Best Practice to be completed.

7. ABOUT THE DATA

In 2008, the Board completed its first self-assessment by answering yes or no to the 15 legislatively suggested Best Practices. The Board conducted the same self-assessment in 2010 and 2012.

	CURITY REVIEW BOARD	III. USING PERFORMANCE DATA	
gency Mission: The Psychiatric Security Review Board's mission is to protect the public through the ongoing review of the progress of "guilty except for insanity" adults and "responsible except for insanity" youth and a determination of their appropriate placement as well as through the conduct of hearings to decide whether persons with mental health determinations should have their firearm privileges restored.			
Contact: Mary Claire Buckley, J.D., Executive Director		Contact Phone: 503-229-5596	
Alternate:		Alternate Phone:	

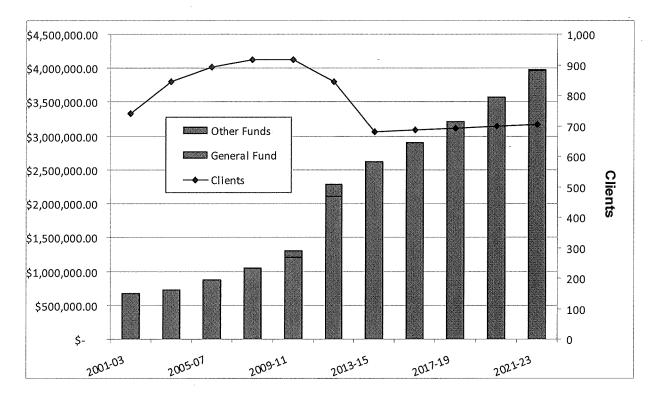
The following questions indicate now performance incastres and that are used for management and accountability purposes.		
1. INCLUSIVITY	* Staff: As a small agency with 4 FTE for many years, it was easy to involve staff in the process as all were literally at the table when our performance measures were initially developed in 1992. Since that time and throughout the modification of the performance measure system by the D.A.S., the Board and now 11 FTE staff have been engaged in the discussions related to the agency's goals and what measures to utilize to demonstrate its performance.	
	* Elected Officials: Legislators' provided input in the 2005 Session by suggesting the removal of one measure from the external reporting process and utilizing it only for internal purposes.	
	* Stakeholders: Stakeholders' opinions were solicited and received in meetings and individual conversations as well, to learn what they thought would be important to track and what outcomes they wanted the board to achieve. As a result of such comments, the Board may consider changes to current measures or development of additional ones.	
	* Citizens: The public, as represented by the Legislature, approved these performance measures during our budget hearing in the 2007 Legislative Assembly. Citizens have also been present at public hearings related to the Board and their concerns have been noted.	
2 MANAGING FOR RESULTS	Given that the Board's primary purpose is to protect the public, the Board reviews the results to get a sense of the efficacy of its decision-making process at hearings. The agency further assesses its monitoring function and compliance with its statutory mandates from this data. Depending on the results, the Board adjusts its procedures to improve the outcomes. Based on the results of the performance data collected, the agency has made efforts to improve outcomes in the areas where it fell significantly short of its target. In 2007, the Board increased the number of hearings scheduled per day to address the Board's failure to provide hearings in a timely fashion for a significant percentage of	

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	clients. However, due to staffing issues, in 2008 the Board reduced that number again. The Board utilized this data to make its case for additional FTE that was included as a policy option package in the 2011-13 Governor's Recommended Budget. That request was approved and the Board is currently meeting all of its performance measure goals.
3 STAFF TRAINING	The Executive Director has attended the training sessions sponsored by the D.A.S. in the past. However, due to more pressing demands on the agency this biennium, she has not had the time to attend recent meetings or trainings. However, D.A.S. staff have assisted Board staff by phone regarding the newly required Best Practices KPM. The other measures are calculated and reviewed quarterly to see what changes in operation might have to be implemented to improve measures that are wanting. Board members are also kept apprised as they recognize the value of performance measures in assessing the effectiveness of their work as well as areas of the agency's functioning that might need additional resources when developing the Board's budget.
4 COMMUNICATING RESULTS	* Staff: As noted above, staff review these measures quarterly to evaluate what operations might need to be adjusted to deal with any deficiencies that may be revealed. Board members are then informed as the adjustments usually affect their workload.
	* Elected Officials: The Board communicates results to the Legislature through this report as well as biannually in its budget preparation documents for review by the D.A.S., the Governor and ultimately by the Legislature and the public. The purpose would be to demonstrate how well the agency is carrying out its mission and statutory mandates.
	* Stakeholders: The results are often cited in public testimony and presentations made by the Board and its Executive Director in various venues as well as at training seminars for all the various stakeholders in this system.
	* Citizens: In citing the Board's Key Performance Measure of recidivism and the percentage of those maintained on conditional release, the Board is often able to instill more confidence in a skeptical public and potential providers with these impressive figures when efforts are made to expand community resources and site residential facilities for Board clients.

5 S.

Oregon Psychiatric Security Review Board (PSRB)

Primary Outcome Area: Safety Secondary Outcome Area: Program Contact: Mary Claire Buckley, J.D., (503) 229-5596



Executive Summary

This program protects the public through the on-going review of the progress of both adults and juveniles who have successfully asserted the insanity defense to a criminal charge who could pose a substantial danger to others. In 2010 it also become responsible for conducting relief hearings for persons with a "mental health determination" who are barred from possessing a firearm who petition for restoration of that privilege.

Program Description

The PSRB has jurisdiction over 592 adults and 19 juveniles at present. Each is entitled to regular hearings before the Board pursuant to statutory timeframes. At these face-to-face hearings the Board considers evidence to determine the appropriate placement of its clients, be it Oregon State Hospital or a Secure Adolescent In-patient Program, in the community on conditional release or discharge. The Board also conducts administrative hearings to review requests for modification of conditional release plans. Last biennium the Board held a total of 1,292 hearings for both populations.

The other equally important aspect of the Board's program is the monitoring of clients on conditional release. This is done on a daily basis through calls, correspondence, Law Enforcement Data System (LEDS) "hits" and monthly reports. Currently there are 399 adults on conditional release status in 22 Oregon counties and 13 juveniles.

The major cost drivers are the number of individuals under the Board's jurisdiction and of those, the number on conditional release. Those figures affect the number of hearings requested and required and the number to be monitored.

The Board also recently began conducting gun relief hearings for persons previously civilly committed or found "guilty except for insanity" or unable to aid and assist. There are approximately 25,000 names of such Oregonians that were recently entered into the national databank who are eligible to request relief. The cost driver for that aspect of the Board's program will be the number of persons who petition the Board for relief from that prohibition.

Program Justification and Link to 10-Year Outcome

The purpose of the PSRB is to provide citizens protection from those offenders determined to be in need of continued hospitalization while facilitating the timely placement of the clients who can be adequately controlled and treated in the community setting deemed most appropriate. Its goal is to maximize the likelihood of a client's long-term successful reintegration and recovery while maintaining public safety.

This directly links with the 10 year outcome of reduced re-entry and likelihood of offenders to commit future crime identified in Strategy 1.

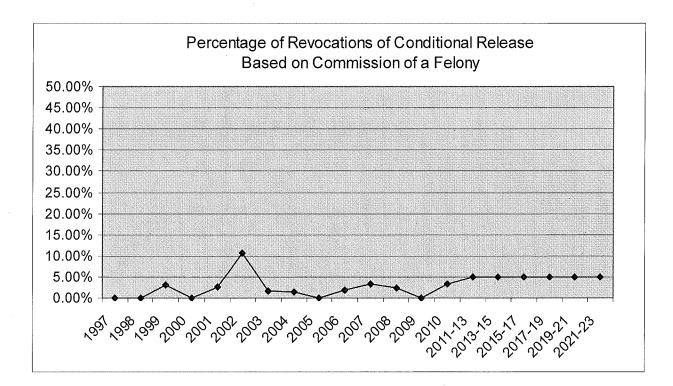
PSRB coordinates intensive community treatment and supervision to manage behavior without the need for hospitalization for the 67% of its current clientele who are on conditional release. It tailors a conditional release plan to the risk and clinical needs of each client so that one has the treatment and services needed to avoid re-arrest or re-hospitalization. The Board utilizes evidence-based risk assessment tools to determine appropriate level of care. Further, when mental health or behavioral problems arise with a client on conditional release, the Board will first explore alternative local resources to address the issue, when appropriate, so that OSH is only utilized if necessary.

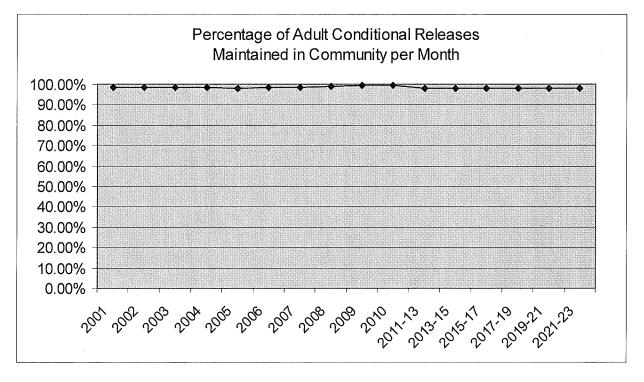
Thus the Board's process supports the State's strategy to manage individuals in the community rather than in a costly institution and is proven to be safe and cost-effective.

This program has a secondary link to the outcome of Reinvest resources to achieve stronger community system in Strategy 2. The price of a forensic bed at OSH is now approximately \$21,000 per month. Placement at even the most secure community facility costs substantially less than that with Medicaid match and is more desirable from the standpoint of rehabilitation and recovery. If the Board is able to continue to release greater numbers of individuals as has been the trend and move them through the continuum of residential care, it will reduce the need for state hospital forensic beds. That, in turn, could then free up resources for an increased investment in community mental health services which is desperately needed.

Program Performance

The Board's performance is measured in a number of ways. Key measure of success is the Board's recidivism rate which measures the percentage of revocations that are based on the commission of a new felony. Another primary measure is the percent of persons on conditional release that are maintained in the community each month, thus remaining out of OSH. Both of these are indicative of the efficacy of the Board's decision making.





Enabling Legislation/Program Authorization

The Board's responsibilities are mandated both by Oregon and Federal law. The Adult Panel's responsibilities are governed by ORS 161.325 – 161.351. The Juvenile Panel's responsibilities are set out in ORS 419C.529 - 419C.544. The Board's gun relief authority is derived from Sections 1, 5, 14 and 15 of Chapter 826, Oregon Laws 2009 as well as the NICS Improvement Amendments Act of 2007 (NIAA), Public Law 110-180, Section 105.

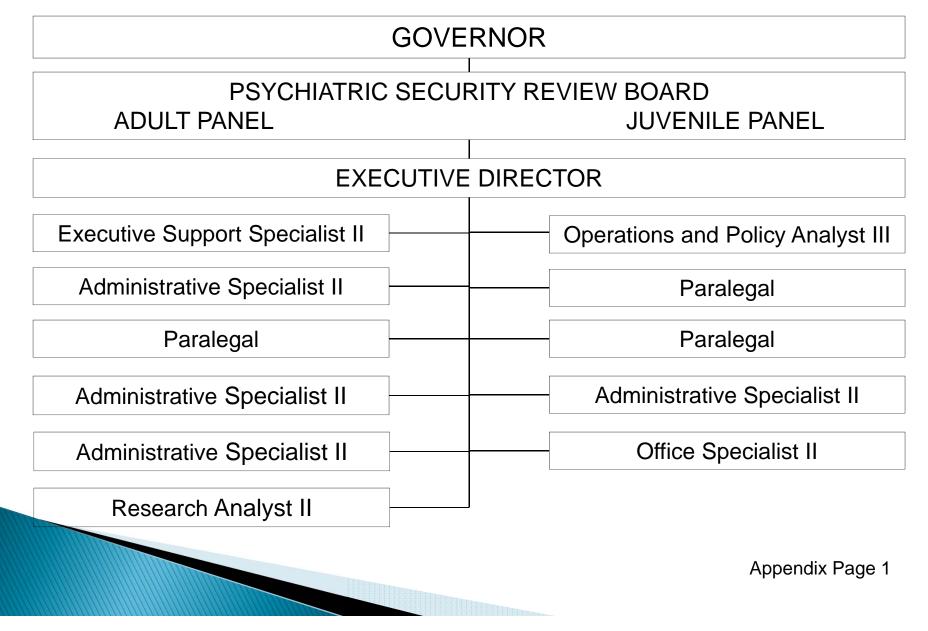
Funding Streams

Historically, the Board has been funded almost entirely with General Funds. The Board did have \$10,000 in Other Funds from an award it received from the American Psychiatric Association. However, in 2010, the Board began to receive Other Funds to pay for a portion of the gun relief program via a federal pass through grant from the Oregon State Police. This federal grant is expected to expire after 2013.

Significant Proposed Program Changes from 2011-13

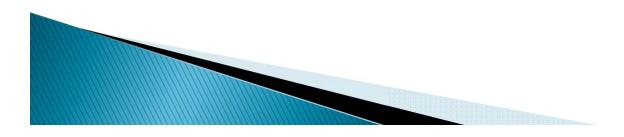
Thanks to the 2011 Legislature, Board staffing is sufficient to achieve its performance measures. The Board is not proposing any significant program changes for the 2013-15 biennium. Rather, it will continue its efforts at system improvements within the three arenas for which it is responsible, both internally as an agency and externally with its stakeholders.

Organization Chart



2011-13 New Hires

Classification	Salary Step
C1116	3
C0108 / C1524	2 / 2
C1524	2
C1524	2
C0104	2
C0108	2



Functions of the PSRB

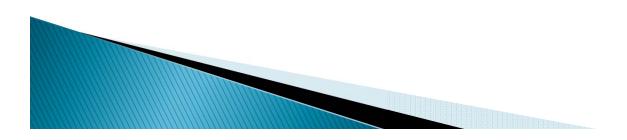
Regarding Criminally Committed:

- To accept jurisdiction
- To protect the public
- To balance the public's concern for safety with the rights of the client
- To conduct hearings
- To make findings
- To monitor progress
- To revoke CR if client violates plan or mental health decompensates requiring hospitalization
- To issue orders
- To maintain current history of all clients

Functions of the PSRB

Regarding Gun Relief Program:

- To protect the public
- To conduct hearings
- To determine if safe to return gun to the individual
- To issue orders
- To submit names of GEIs to Oregon State Police
- To assist NICS in clarifying information in NICS database



Adult PSRB Client Demographics

1/1/2013

Gender:	Male	84 %
	Female	16 %
Average Age:	45.4 years old	
Ethnicity:	Asian	02.6 %
	Black	07.8 %
	Hispanic	03.8 %
	Native American	02.8 %
	White	82.3 %
	Other	0.7 %
Primary Diagnoses:	Schizophrenia	
	Bi-Polar Disorder	
Secondary Diagnosis:	Substance Abuse	

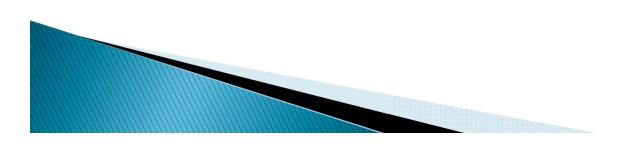
Adult PSRB Clients by Crime Categories

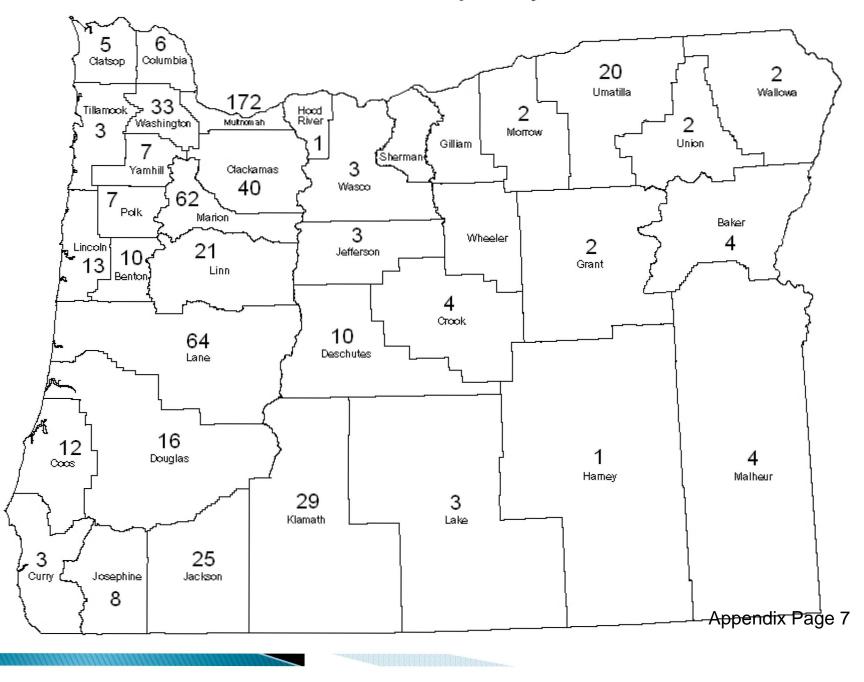
1/1/2013

98.8% for Felony Offenses

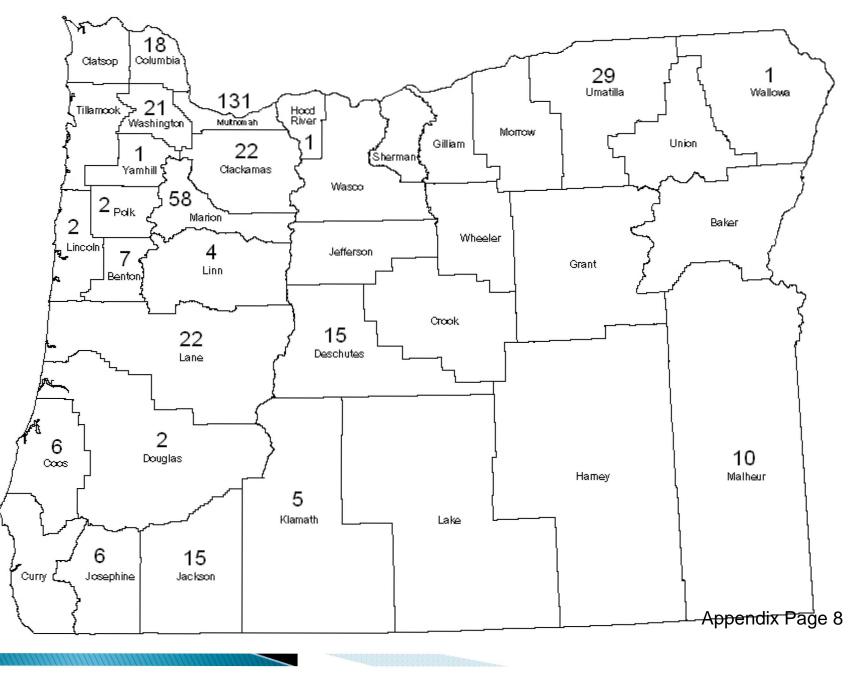
- ▶ A Felony 54.7%
- ▶ B Felony 22.2%
- ▶ C Felony 9.5%
- Unclassified 13.6%

1.2% for Misdemeanor Offenses





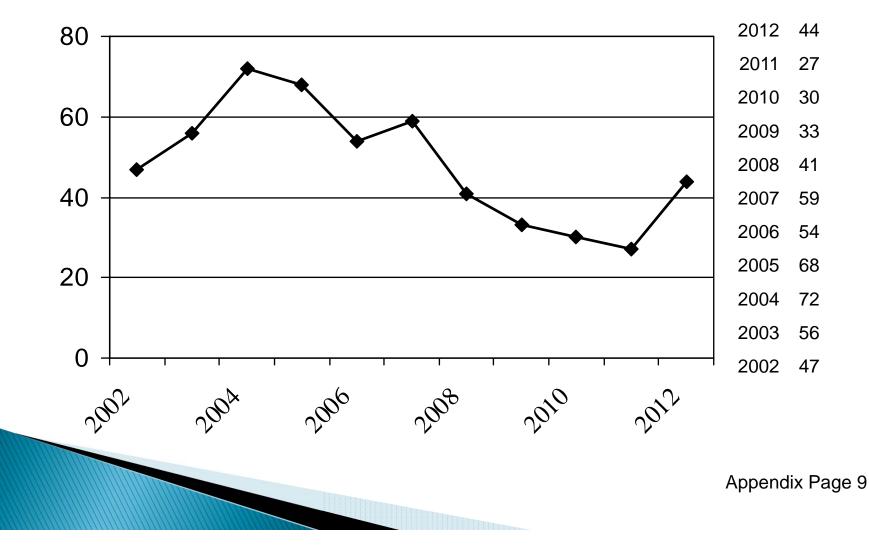
Adult PSRB Clients by County of Commitment as of 1/1/2013



Adult PSRB Clients on Conditional Release as of 1/1/2013

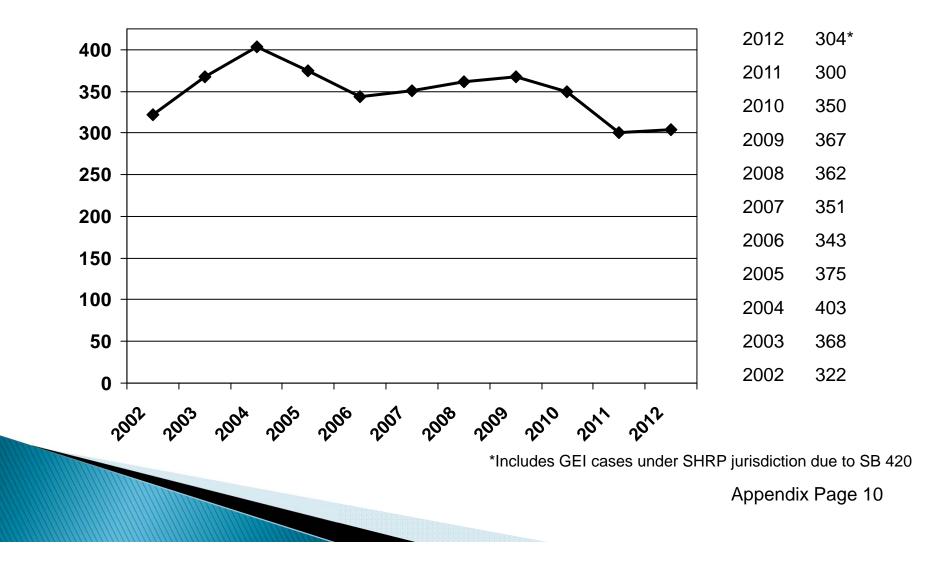
Adult Clients Revoked from Conditional Release

(by Year)



Adult GEI Clients at OSH

(approximate as of 12/31 of given year)



Proposed Legislation Affecting PSRB:

Directly:

<u>HB 2549</u>

Require PSRB to conduct a risk assessment of any person found guilty except for insanity of a sex crime utilizing the risk assessment tool designated by the Department of Corrections and to assign a level based on statistical likelihood of sexual reoffending. The specific level determines the type of notification required.

Indirectly:

<u>SB 506</u>

 Excludes secure residential treatment facilities as permitted used under zoning requirements

Juvenile Client Demographics

Gender:	Male	100 %
	Female	
Average Age:	18.7 years old	
Ethnicity:	Asian	
	Black	
	Hispanic	
	Native American	4.8 %
	White	95.2 %
	Other	

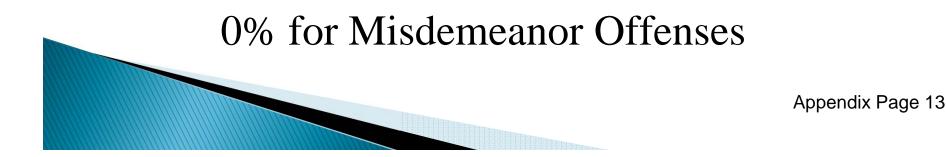
Primary Diagnoses:

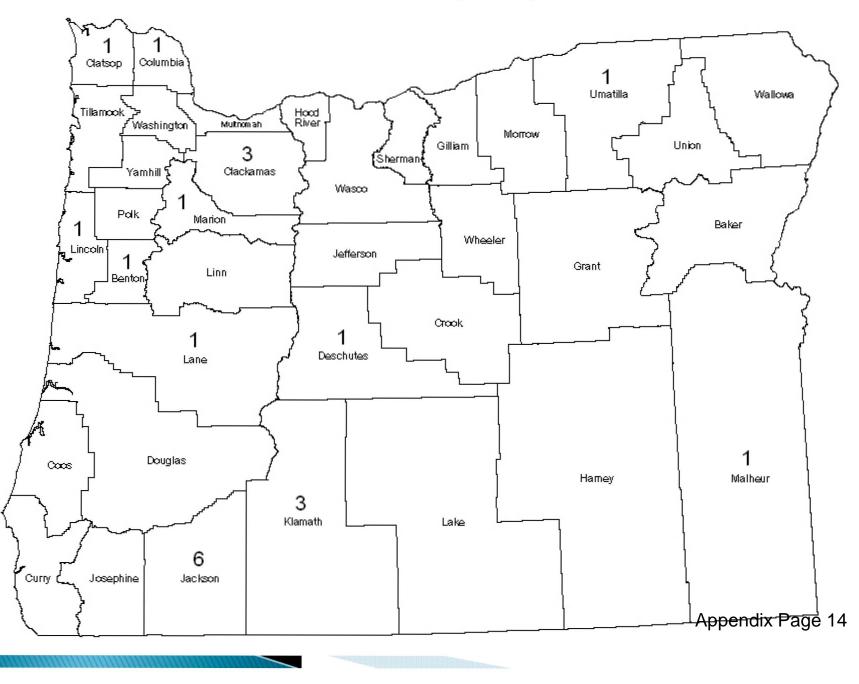
Secondary Diagnosis:

Juvenile Clients by Crime Categories

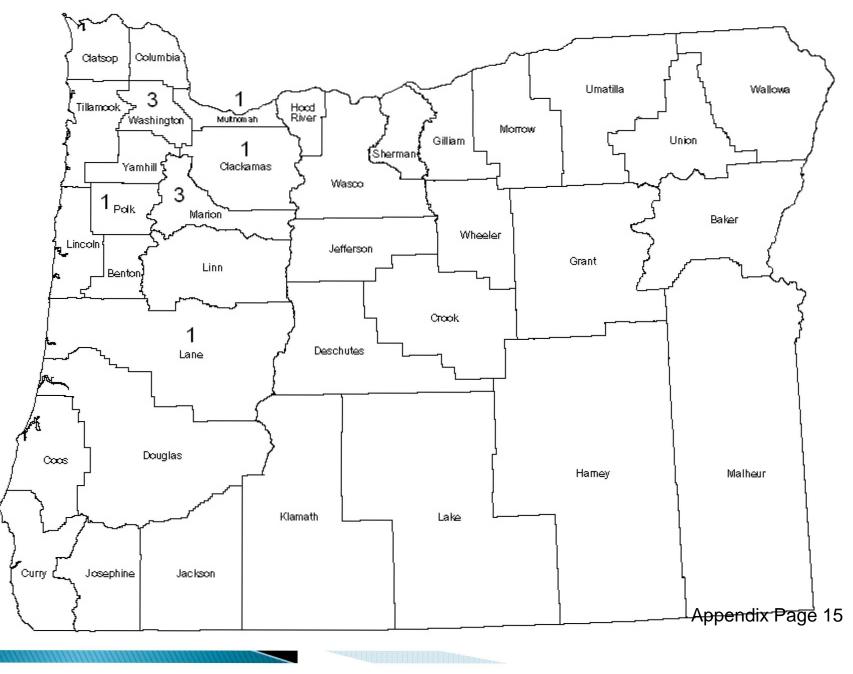
100% for Felony Offenses

- A Felony 15.3%
- B Felony 16.1%
- C Felony 61.9%
- Unclassified 0%



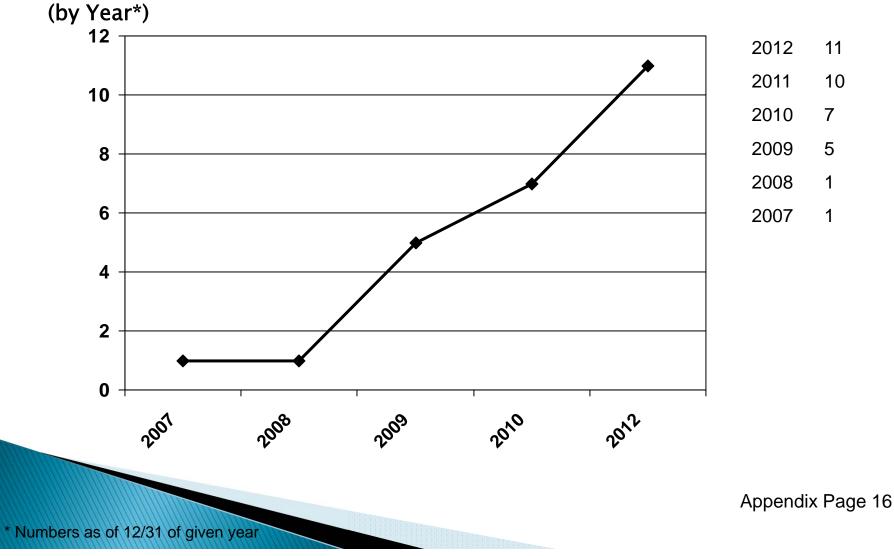


Juvenile PSRB Clients by County of Commitment as of 1/1/2013



Juvenile PSRB Clients on Conditional Release as of 1/1/2013

Juvenile Clients on Conditional Release



History of Gun Relief Process

- Created by 2009 Legislature but not funded in anticipation of receipt of federal grant
- Became operational when funding shortage was back-filled by Legislature's 2010 Special Session
- Direct result of Virginia Tech tragedy when discovered that most states were not uploading names of individuals that are barred from possessing firearms into national NICS database
- Certified by ATF and required for Oregon to be in compliance with federal act and for OSP to receive federal criminal justice grant monies under NICS Act Record Improvement Program (NARIP)

