

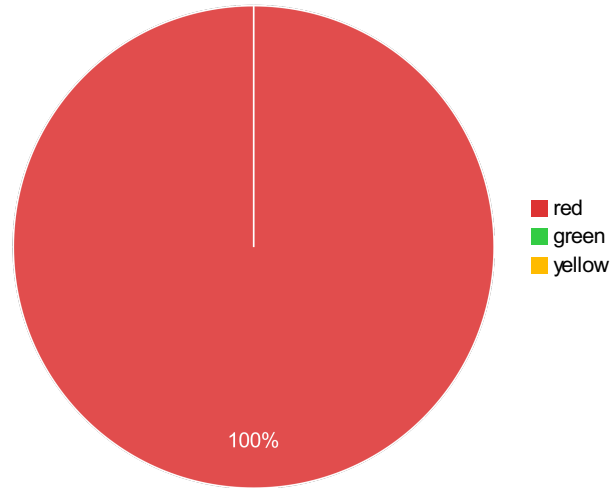
Psychiatric Security Review Board

Annual Performance Progress Report

Reporting Year 2018

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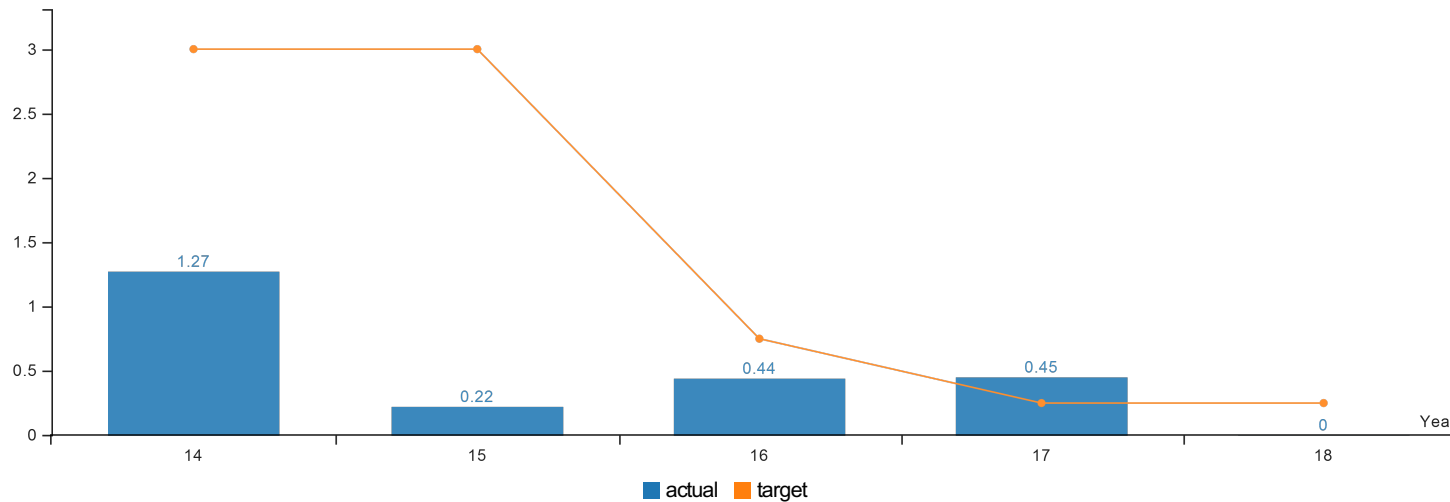
KPM #	Approved Key Performance Measures (KPMs)
1	RECIDIVISM RATE - Percentage of clients on conditional release per year convicted of a new felony or misdemeanor.
2	TIMELINESS OF HEARINGS - Percentage of hearings scheduled within statutory timeframes.
3	MAINTENANCE OF RELEASED CLIENTS - Percentage of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



Performance Summary	Green	Yellow	Red
	= Target to -5%	= Target -5% to -15%	= Target > -15%
Summary Stats:	0%	0%	100%

KPM #1	RECIDIVISM RATE - Percentage of clients on conditional release per year convicted of a new felony or misdemeanor.
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = positive result



Report Year	2014	2015	2016	2017	2018
Adults					
Actual	1.27%	0.22%	0.44%	0.45%	No Data
Target	3%	3%	0.75%	0.25%	0.25%

How Are We Doing

Recidivism occurs when a person under PSRB supervision and on conditional release is convicted of a new felony or misdemeanor. A lower recidivism rate means better performance and fewer new crimes being committed by supervised adults. The cumulative adult recidivism rate from reporting years 2011 through 2016 was 0.46%, including 0.22% after 2016. This rate compares favorably to the Board's new goal of a .25% or smaller recidivism rate. The Board met its goal of <0.25% recidivism after 2015, when one client was convicted of an offense while on conditional release. One additional client (for a total of two) was convicted in 2016, and this occurred again in 2017. Due to the relatively small number of clients overall, this caused the Board's recidivism number to jump: to .44% in 2016 and to .45% in 2017, the last full year for which statistics are available. In 2017, a smaller number of clients—444, vs. 453 the previous year—nudged the recidivism rate even a bit higher, despite that the number of convictions—two—remained the same between 2016 and 2017.

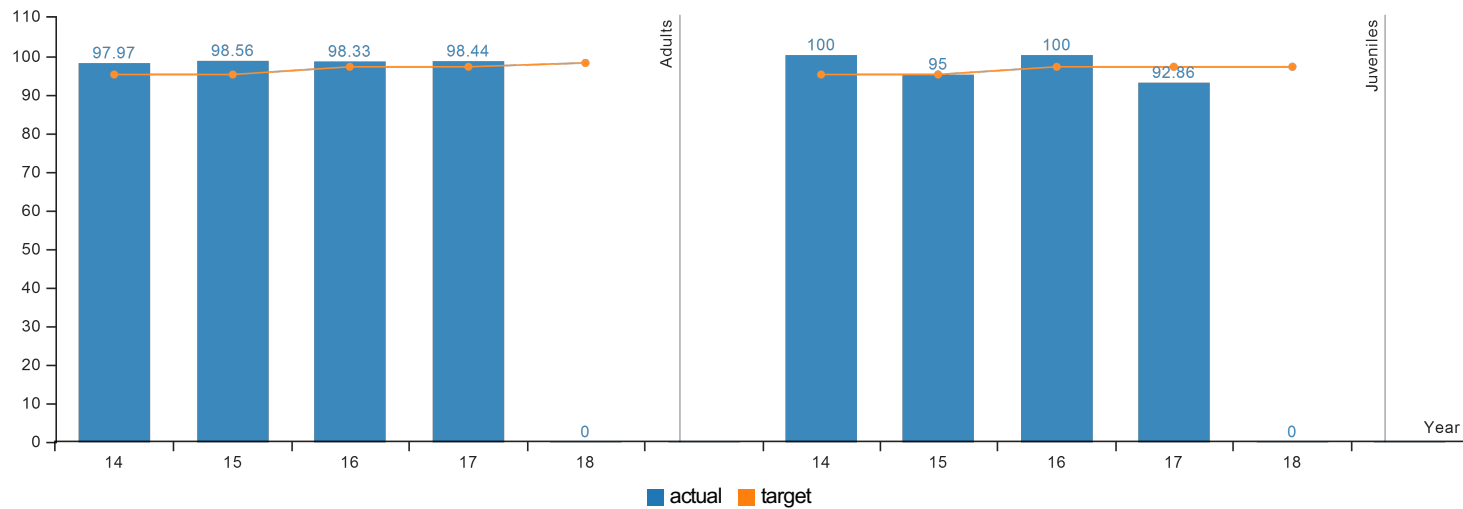
Factors Affecting Results

As has been noted in previous reports, a year in which one more patient than before commits a new crime can skew the numbers and cause the Board to fail to reach its goal in this area. The Board welcomes its ambitious goal of .25% or lower recidivism, and strives for this measure to be zero every year. 2016 and 2017 showed that years in which no patients commit new crimes are not always possible. Just one new crime apiece in each of those years caused the Board to miss its target while still maintaining an extremely low recidivism rate.

The Board's successes on this measure continue to depend on the availability of psychiatric services, and on the close supervision and effective monitoring of those under PSRB jurisdiction. Despite the higher-than-desired recidivism rate compared to its goal, PSRB's recidivism rate remains well below the average 20-30% rate for those individuals released into the community and placed on post-prison supervision by the Department of Corrections.

As is the case each year, this report is being submitted before the end of 2018, so full 2018 statistics were not available as of this report. As discussed above, this performance measure can be greatly affected by the actions of very few individuals, but the Board will continue to support mental health services in the community to assist clients in their recovery such that the recidivism rate goes back down--and stays--below .25%..

KPM #2	TIMELINESS OF HEARINGS - Percentage of hearings scheduled within statutory timeframes.
	Data Collection Period: Jan 01 - Dec 31



Report Year	2014	2015	2016	2017	2018
Adults					
Actual	97.97%	98.56%	98.33%	98.44%	No Data
Target	95%	95%	97%	97%	98%
Juveniles					
Actual	100%	95%	100%	92.86%	No Data
Target	95%	95%	97%	97%	97%

How Are We Doing

The Board is currently exceeding its target on timeliness of adult hearings: holding more than 98% of its adult hearings within statutory time frames from 2014 through 2017. In 2017 (the last complete year for which the Board has statistics) the Board held 92.86% of its juvenile meetings on time. This was a less-than-anticipated result, but it can be explained by noting that the Board set only 14 juvenile hearings in 2017. While it is true that one of those hearings missed the deadline, it is also true that one hearing can have an outsized effect on the “timeliness” performance measure given the small number of juvenile clients under the Board’s jurisdiction.

Board hearings involve decisions that allow clients to move through the continuum of care, ensuring that a person under supervision is at the appropriate placement at any given time. This allows for efficient and effective bed use, both at Oregon State Hospital and in the community. Given the unique nature of the PSRB and its operations, the Board is not aware of any comparable public or private industry standards.

Since this report will be submitted before the end of 2018, that year's statistics were not available, but the Board met its 2017 adult goal and missed its 2017 juvenile goal—and a 100% score on this performance measure—by one hearing.

Factors Affecting Results

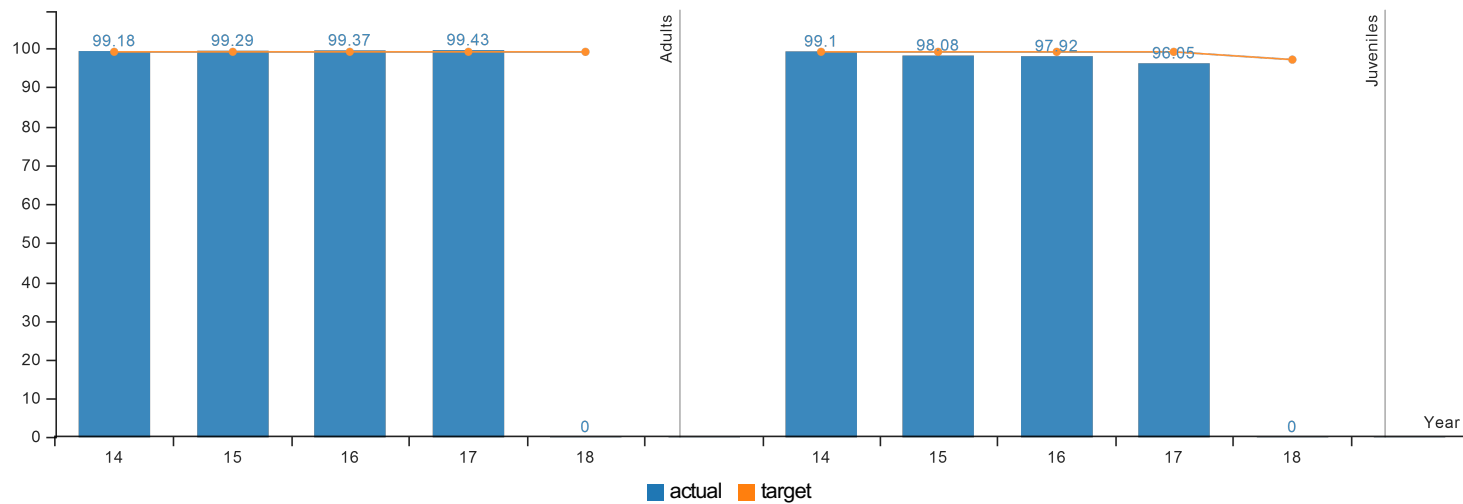
Demand for hearings is directly related to the number of patients placed under the Board's jurisdiction. The Board has no control or influence over whether these patients ask for hearings, so when significantly more patients were suddenly placed under Board jurisdiction, the possibility opened that patient demand could begin to cause an overload on hearings days, which could affect the

Board's performance on hearings timeliness. Also, the addition of more patients requires more periodic hearings, increasing the size of the docket as more patients' hearing dates arise simultaneously.

Witness availability also affects hearings timeliness. The Board cannot complete hearings without available prescribers or timely case reports generated by outside agencies, so there is a degree to which the Board remains dependent on these others for timely hearings scheduling. The Board's staff has done an outstanding job ensuring that all those who need to be present at hearings are present, reducing this problem to insignificance, but it can still have an effect in the future.

In order to meet this performance measure, the Board must have an effective docketing system. To that end, any reduction in PSRB staff size would, of necessity, hinder the hearings section's ability to get all hearings scheduled. For that reason among others, the Board's staffing levels should remain stable during the 2019-2021 biennium.

KPM #3	MAINTENANCE OF RELEASED CLIENTS - Percentage of conditional releases maintained in community per month.
	Data Collection Period: Jan 01 - Dec 31



Report Year	2014	2015	2016	2017	2018
Adults					
Actual	99.18%	99.29%	99.37%	99.43%	No Data
Target	99%	99%	99%	99%	99%
Juveniles					
Actual	99.10%	98.08%	97.92%	96.05%	No Data
Target	99%	99%	99%	99%	97%

How Are We Doing

The Board has met this goal consistently over the past eleven years, maintaining the conditional release of its adult patients at a minimum of 99% every month, with two months' worth of exceptions (in one case, 98.9% of clients were maintained on conditional release; in the other, the number was 98.91%). Since the Board is submitting this report before the end of 2018, the last year for which statistics are available is 2017. In that year, the Board met its goal for its adult patients, maintaining 99.43% of clients on conditional release during the average month. For juveniles, the Board's performance was 96.05%, below its target of 99% for conditional release maintenance. The average number of juvenile patients under the Board during 2017 was just over six, so even with only three revocations throughout the year, the Board is still slightly under its target. To put this into perspective, the same number of clients (two) revoked from conditional release by the adult panel would represent a 99.43% maintenance rate, easily in compliance with this performance measure. Moreover, given the cyclical nature of the mental illness treatment cycle, revocations are a necessary and inevitable part of helping to re-orient patients during their recovery.

Factors Affecting Results

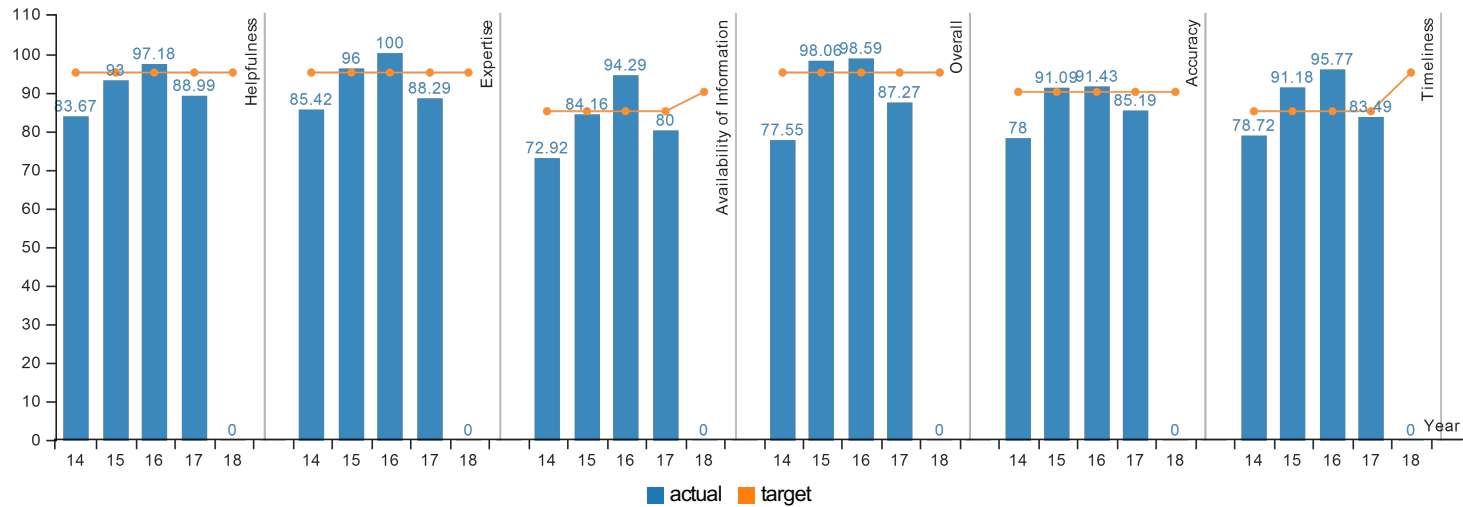
The Board has a five layer review process prior to approving a patient's conditional release from Oregon State Hospital. The Board conditionally releases only those patients it believes can be safely managed in the community. Usually, both hospital staff and community mental health providers agree whether the individual can be safely supervised in the proposed community setting.

Other factors that could affect the Board's score on this performance measure include the Board's ability to access community services, housing, and treatment. In other words, when community mental health and housing resources are funded, the Board can use those services when a client decompensates or violates his/her conditional release, reserving revocation of conditional release

for those who truly need hospital level of care.

Finally, the collaboration among the Board and the 36 county mental health authorities, OSH, OHA, and DHS prioritizes the funding of mental health and developmental disability services to the PSRB population so that individuals can remain safely in the community setting.

KPM #4	CUSTOMER SERVICE - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall customer service, timeliness, accuracy, helpfulness, expertise and availability of information.
	Data Collection Period: Jan 01 - Dec 31



Report Year	2014	2015	2016	2017	2018
Helpfulness					
Actual	83.67%	93%	97.18%	88.99%	No Data
Target	95%	95%	95%	95%	95%
Expertise					
Actual	85.42%	96%	100%	88.29%	No Data
Target	95%	95%	95%	95%	95%
Availability of Information					
Actual	72.92%	84.16%	94.29%	80%	No Data
Target	85%	85%	85%	85%	90%
Overall					
Actual	77.55%	98.06%	98.59%	87.27%	No Data
Target	95%	95%	95%	95%	95%
Accuracy					
Actual	78%	91.09%	91.43%	85.19%	No Data
Target	90%	90%	90%	90%	90%
Timeliness					
Actual	78.72%	91.18%	95.77%	83.49%	No Data
Target	85%	85%	85%	85%	95%

How Are We Doing

After improving in 2015 and 2016, the Board's overall customer service performance score fell in 2017, to 87.27%, below its 95% goal. Due to the need to recruit for a new executive director, the Board did not stage its annual conference in spring 2018. Normally, the Board surveys its stakeholders after the spring conference, when it can be confident the stakeholders—including, for example, new case managers—have all received the same information and have a high level of knowledge about the Board's services and staff. The Board will offer the survey to its stakeholders following its April 2019 conference. Results will be published in next year's report, when the Board expects the results to once again be above its targets. Meanwhile, the Board will continue taking steps to improve its performance on overall customer service, and on the individual components of helpfulness, expertise, availability of information, accuracy, and timeliness. These steps include training for staff and possible investments in infrastructure, among others, with the idea being that all the Board's measures will be at or above target by the next reporting period, in fall 2019.

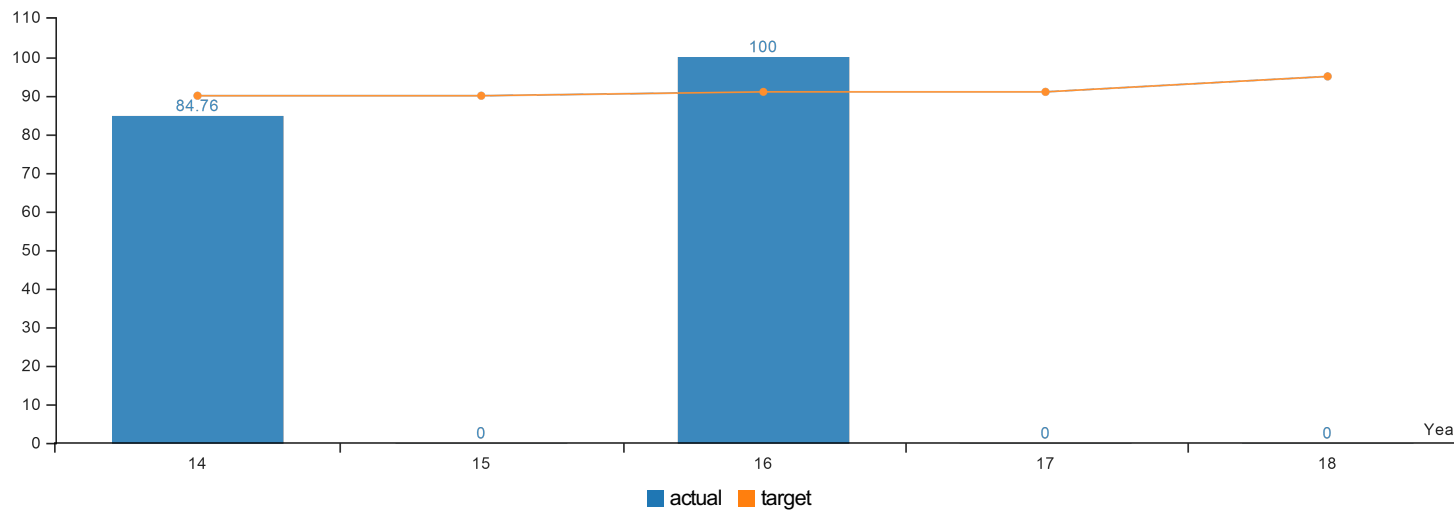
Factors Affecting Results

The Board's many customers include persons under supervision, victims, law enforcement, mental health, and developmental disability agencies, in addition to Oregon State Hospital staff and community mental health programs. In order to satisfy these stakeholders, agency leadership educates and trains its staff, through professional development days and paid, job-related courses, for example; and educates external stakeholders through PSRB conferences, personal appearances by the executive director, and in-person and online courses. These efforts have increased providers' general familiarity with the PSRB and its procedures, which the Board hopes will continue to produce more satisfied customers. The Board's handbooks and growing number and depth of resource guides—updated often and available on the Board's web page—provide easy access to information for providers as their needs dictate. As noted above, the biggest single opportunity for the Board to educate and train its community partners, PSRB's annual conference, did not take place this year due to the need to recruit for a new executive director, an exercise that took place during the planning period normally used to put together the conference. With the executive director position filled and no major staffing-related disruptions anticipated, the next conference is on track for April 2019.

Finally, as before, by their very nature, some of the Board's decisions are unpopular with stakeholders. The Board is responsible for all decisions relating to placement and restrictions of a person under the Board's jurisdiction. As such, our customers: patients, hospital staff, community mental health providers, persons under the criminal justice system, victims, or members of the general public, may not like the Board's decisions, which can decrease their overall satisfaction with the Board and produce lower ratings. Nevertheless, the Board believes that legally correct decisions resulting from careful and thorough deliberation demonstrate the Board's commitment to public safety and recovery.

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

* Upward Trend = positive result



Report Year	2014	2015	2016	2017	2018
Percentage of Best Practices Met					
Actual	84.76%	No Data	100%	No Data	No Data
Target	90%	90%	91%	91%	95%

How Are We Doing

The Psychiatric Security Review Board reached its goal on this performance measure in 2016, and available data suggests it will do so again in 2018. The Board members' consensus, according to the 2016 score card/survey, was that the agency had once again surpassed its best practices target of 91% with a score of 100%. The Board is unaware of any comparable public or private industry standards to which to compare these results; nevertheless, 100% compliance with its Best Practices performance measure is an excellent result, regardless of what other, similar organizations would have accomplished under this same Key Performance Measure.

This biannual survey having been completed prior to the end of 2018, the Board does not have final numbers for that year, and will complete and submit the 2018 report during the early part of 2019.

Factors Affecting Results

The executive director maintains transparency with the Board, keeping them informed on matters of significance, including the agency's best practices and the Board's use of them. The key component of this performance measure is the open and deliberate communication the executive director has with the Board. Because the Board is made up largely of professionals with full-time jobs, practices, or other professional interests, they are not with PSRB staff on a day-to-day basis. For this reason, the executive director's reports are the best way for them to track what agency staff are accomplishing and how they are going about it. Quarterly administrative meetings and regular consulting between Board staff and the Board's adult and juvenile panel chairpersons facilitates the Board's continued best practices implementation.

Many of the Board's best practices revolve around the budget, which is effective for two-years at a time. As such, the survey is typically completed every two years, which produces a more complete

survey result, but leaves the Board without data for odd-numbered years.

One factor that could affect this result in the future is the addition of new Board members, whose knowledge of Board procedures and best practices will be limited upon their start with the Board. To avoid this knowledge gap, the agency provides individual training, information, and updates to new and returning Board members prior to distributing the best practices survey. The agency augments this training with the executive director's regular updates, mentioned above.