

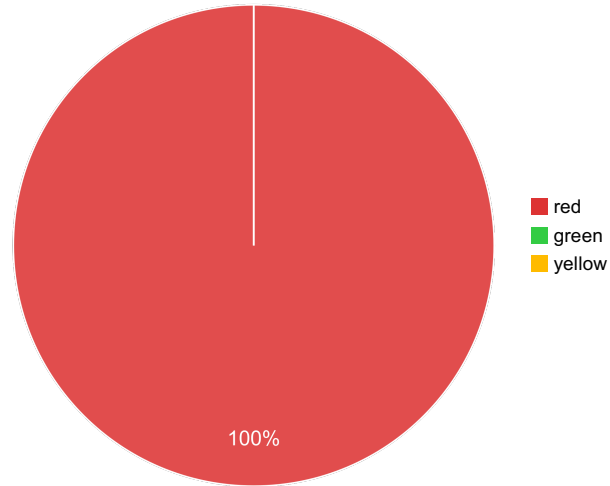
# Psychiatric Security Review Board

Annual Performance Progress Report

Reporting Year 2022

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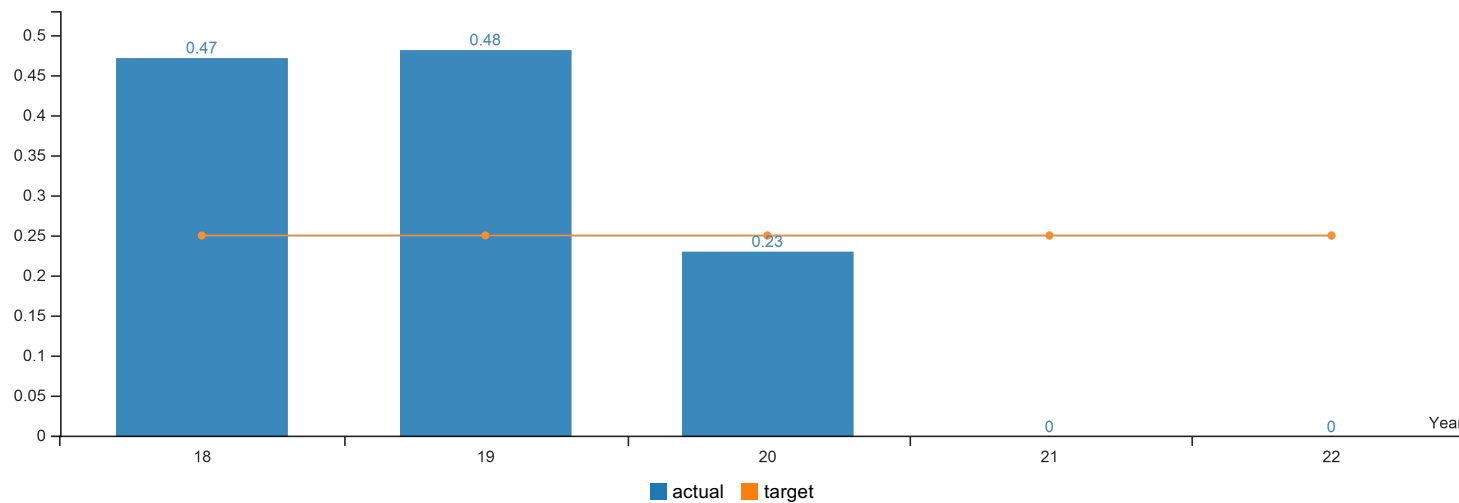
KPM #	Approved Key Performance Measures (KPMs)
1	RECIDIVISM RATE - Percentage of clients on conditional release per year convicted of a new felony or misdemeanor.
2	TIMELINESS OF HEARINGS - Percentage of hearings scheduled within statutory timeframes.
3	MAINTENANCE OF RELEASED CLIENTS - Percentage of 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	2018	2019	2020	2021	2022
<b>Adults</b>					
Actual	0.47%	0.48%	0.23%	0%	
Target	0.25%	0.25%	0.25%	0.25%	0.25%

### How Are We Doing

The Psychiatric Security Review Board has tracked recidivism since 1992, adopting its current definition in 2014. Using the updated definition, the Board calculated its adult and juvenile recidivism rates retroactively to 2011. The recidivism rate reflects the number of individuals under PSRB supervision and on conditional release who are convicted or found GEI of a new felony or misdemeanor committed during the reported calendar year. Lower recidivism rates indicate a higher level of public safety associated with the PSRB's conditional release program. The PSRB's recidivism rate offers the legislature and the public assurance that individuals under the Board's jurisdiction are being managed safely in the community setting.

Calculating an accurate recidivism rate depends on both finding out an arrest occurred and obtaining the final disposition of that arrest. For example, an arrest occurring in 2017 would not be reflected in the recidivism rate until the case reaches a conviction or Guilty Except for Insanity (GEI) adjudication. In most cases, the final disposition will occur within the same year; however, in cases with complex trial issues, it may take more time. Accordingly, the recidivism rate from a previous year can potentially fluctuate as the courts adjudicate new cases.

In 2019, the PSRB re-examined its definition of recidivism and the way in which it tracks and reports this data. The PSRB consulted and entered into an inter-agency agreement with the Criminal Justice Commission (CJC) for that data. Using their expertise in analyzing and reporting recidivism for other criminal justice agencies, the CJC developed a method to collect raw PSRB data more widely and efficiently, to help corroborate past calculations of recidivism. The PSRB will continue to use this methodology to calculate its future recidivism rates.

Considering potentially fluctuating numbers, the PSRB reports two measures of recidivism that are subsequently confirmed by the CJC method. One measure is based on the number of new felony or misdemeanor convictions that occurred in a specific calendar year. Due to the single-digit number of juveniles under the PSRB for the past several years, the PSRB combines adult and juvenile insanity acquitees into the same analysis, yielding a 0.00% recidivism rate for 2021, the Board's last full reporting year.

The second and more robust measure is a cumulative average recidivism rate: the sum of the PSRB's known annual percentage rates (currently 2011-2021) divided by the number of years included in that sum (currently 11) yielding a 0.61% cumulative recidivism rate.

#### *Annual Recidivism Rate*

In 2016 the legislature re-set the agency's goal from 0.75% to 0.25% after the PSRB reported an annual recidivism rate of 0.22% in 2016. The PSRB met the goal set in 2016 in 2021 by reporting an annual recidivism rate of 0.00%. The Board continues to welcome this ambitious recidivism rate goal, making every attempt to achieve zero recidivism. It is important to note, however, that each year this statistic comes with a caveat: should a year occur in which more than one individual commits a new offense, the Board would fail to reach this goal. This occurred in 2019 despite what continued to be an extremely low recidivism rate. Although not an exact comparison, the PSRB's recidivism rate consistently falls well below the average 20-30% recidivism rate reported typically by the state's Department of Corrections.

As mentioned above, based on Criminal Justice Commission-provided arrest records, Board staff were able to re-examine PSRB's annual recidivism rates going back to 2011, the period representing PSRB's use of its current recidivism definition. The CJC's analysis revealed an average number of misdemeanor and felony convictions of 3.6 per year; annual recidivism rates between 2011 and 2021 have fallen between 0.22% and 1.91%.

#### *Cumulative Recidivism Rate*

Based on data provided by CJC, the PSRB found that PSRB's 2011-2021 cumulative average recidivism rate was 0.61%. By any measure of recidivism, this rate illustrates the PSRB's remarkable safety record and effective oversight of PSRB clients on conditional release.

#### **Factors Affecting Results**

First and foremost, the PSRB's recidivism rate is predicated on its close partnership and communication with the larger forensic mental health system, including the Oregon Health Authority (OHA), Department of Human Services (DHS), the Oregon State Hospital (OSH), county and community behavioral health providers, and law enforcement across the state. Second, the rate depends on delivering effective treatment that targets factors associated with recidivism. The following sections provide examples of how these two factors interrelate to mitigate recidivism risk and promote long-term recovery.

#### *Partnering for Effective and Efficacious Monitoring, Supervision and Treatment Practices*

Recidivism rates can be mitigated in the short-term using external measures such as restricted, controlled environments and mandated treatment. While effective in the short-term, particularly when persons are deemed to be a danger to themselves or others, the potential risk of recidivism rises as these *external* measures are lifted. Accordingly, a major factor affecting recidivism rates not only while individuals are under PSRB, but also after their jurisdiction expires is the availability and delivery of efficacious, evidence-based monitoring, supervision, and treatment practices that teach clients to *internalize* the coping skills necessary to manage their mental health and other inherent stressors, particularly when living in more independent settings.

In its strategic plan, the PSRB re-committed to partnering with its stakeholders to develop a best practice guide and ensure that our approach to monitoring, supervising and treating PSRB clients living both at OSH and in the community contributes to their long-term recovery. This includes efforts to identify and eliminate practices that may inadvertently reinforce factors associated with increasing recidivism, such as providing too much--or the wrong type--of treatment. The PSRB's approach to mitigating recidivism includes providing trauma-informed services that promote recovery and community connection to the individuals under its jurisdiction.

#### *Partnering for Effective Conditional Release Plans*

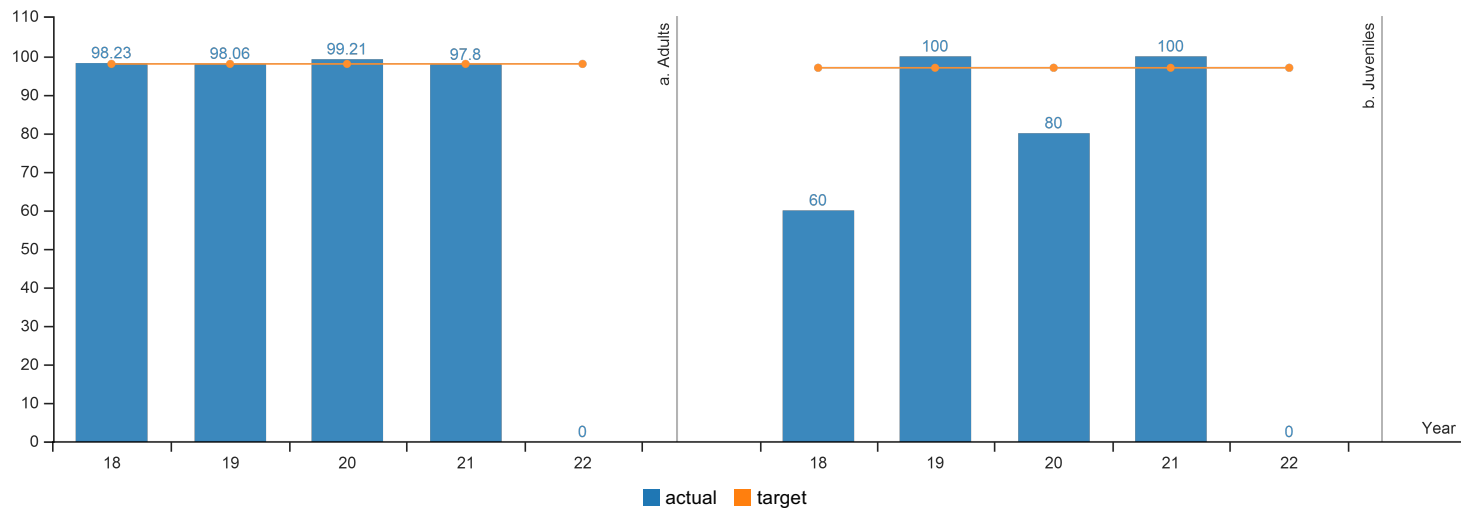
By statute, the PSRB may only conditionally release a client into the community if the client can be adequately controlled and given proper care and treatment and those resources are available. The PSRB garners evidence that a client has met this threshold through a community evaluation and proposed conditional release plan. More effective conditional release plans contribute to decreased recidivism risk. Current and prospective treatment teams develop conditional release plans and submit them to the PSRB. Such plans use information the client provides, as well as data from a variety of sources such as risk assessments, mental health progress notes, criminal histories, and collateral reports. The PSRB partners with the Oregon Health Authority, Department of Human Services, and other stakeholders to identify and deliver the training and resources necessary to support providers in creating conditional release plans that effectively identify and mitigate recidivism risk factors, enable the PSRB to make informed decisions regarding conditional release, and engender public confidence and safety. The high turnover of community providers makes it even more important for the PSRB and its partners to have the resources necessary to deliver these types of trainings on a regular basis.

*Partnering for Proactive and Timely Communication*

Each client on conditional release has an assigned case manager, who is responsible for ensuring that the client receives the monitoring, supervision, and treatment services outlined in the conditional release plan. At a minimum, the case manager reports client progress on a monthly basis. In addition, the PSRB expects timely and proactive communication about potential and current safety or serious non-compliance incidents, to enable swift intervention (e.g., increased services, local hospitalization, or revocation of conditional release), mitigate recidivism, and ensure public and client safety. The PSRB continues to develop resources, deliver trainings, and be available 24-7 to ensure that conditional release case monitors have adequate support to anticipate challenges proactively and intervene effectively to mitigate recidivism risk.

An additional resource the PSRB uses to enhance its ability to monitor its conditional release clients effectively is the Oregon State Police Department's Law Enforcement Data System (LEDS). Access to this system enables real-time communication and opportunity for intervention when a client on conditional release has any police contact whatsoever, even when the client is a victim of an alleged crime.

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



Report Year	2018	2019	2020	2021	2022
<b>a. Adults</b>					
Actual	98.23%	98.06%	99.21%	97.80%	
Target	98%	98%	98%	98%	98%
<b>b. Juveniles</b>					
Actual	60%	100%	80%	100%	
Target	97%	97%	97%	97%	97%

### How Are We Doing

Consistent with past practice, the data for this measure comes from the 2021 calendar year. The Board's 276 adult hearings took place on time 97.80% of the time during 2021. The two adult hearings that did not occur on-time were one week late due to an internal calculation error.

Because meaningful statistical comparisons became impossible with so few remaining juvenile clients, the 2017 Legislature eliminated the KPM for the juvenile panel, beginning with the 2017-2019 biennium; however, for reference, we report them here. The Board's 8 juvenile hearings took place on time 100% of the time during 2021.

During the start of the COVID-19 pandemic in March 2020 the PSRB transitioned from in-person hearings to full-time remote hearings with little notice. The PSRB has continued the practice of holding all hearings by remote means and adopted an administrative rule at the end of December 2021, effective January 2022, that all hearings remain remote unless there is a basis for in-person attendance that cannot be accommodated by remote means. The PSRB has done an exceptional job adjusting to this significant change in practice and has continued to strive to meet the target of 98% for hearing timeliness for adult hearings.

### Factors Affecting Results

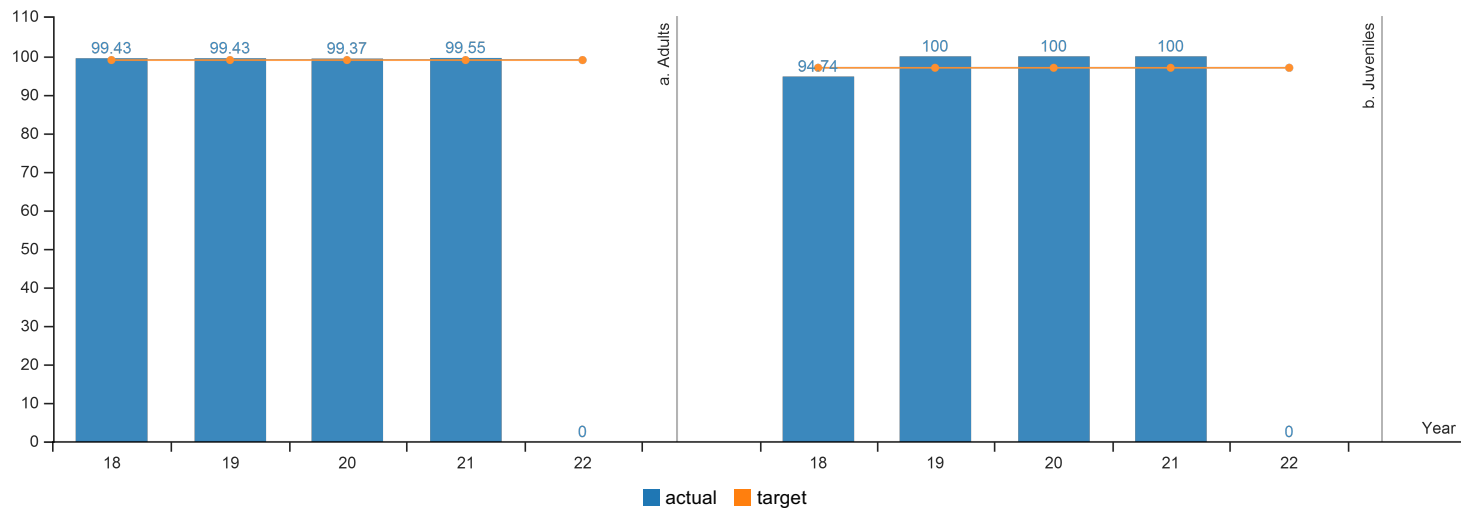
Hearings timeliness relates directly to the number of individuals under Board jurisdiction. PSRB can easily calculate the minimum number of two-year and five-year hearings we need to hold each year based on the number of individuals currently under our jurisdiction. However, the PSRB also holds hearings whenever a provider or client (up to every six months) request one, within 90 days of a new adjudication, and within 20 days of a revoked conditional release. The PSRB uses continuances judiciously to effectively manage full dockets and prioritize statutorily-prescribed hearings.

Funding and technology play a significant role in hearing timeliness. In 2021 the PSRB employed 11 FTE, and each member of our team plays a role in ensuring hearings are held on time. The PSRB anticipates that with more mature and efficient software, several of our processes could be more effectively and efficiently streamlined. Reductions to PSRB's staff size without significant technological advances would hamper--possibly severely--the agency's ability to hold hearings on time.

Witness and attorney availability can also affect hearings timeliness. PSRB staff mitigate any negative impact by anticipating issues and developing contingency plans. It is worth mentioning that the PSRB coordinates all witness's availability; typically, attorneys have this responsibility in other types of courts. In addition, this coordination occurs without dedicated docketing software, and involves multiple phone calls and emails to multiple individuals to prepare for any one hearing. Given the necessarily labor-intensive process involved in organizing hearings, any reduction in PSRB's staffing level would significantly diminish our ability to hold them on time.

For the juvenile panel, Board member availability can make for fewer possible hearing days, a major factor given the small number of clients. If the Board members are unavailable during potential hearing days, it can be difficult to empanel them.

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



Report Year	2018	2019	2020	2021	2022
<b>a. Adults</b>					
Actual	99.43%	99.43%	99.37%	99.55%	
Target	99%	99%	99%	99%	99%
<b>b. Juveniles</b>					
Actual	94.74%	100%	100%	100%	
Target	97%	97%	97%	97%	97%

**How Are We Doing**

The Board has met this goal 12 of the last 13 years, maintaining adult clients on conditional release at a minimum rate of 99% every year. In 2021, the Board averaged nearly 387 GEI clients on conditional release each month and maintained just under 385 clients on conditional release for a maintenance rate of 99.55%. The PSRB exceeded its goal of 99%, under which there is little margin for error.

In 2021, the Board had two juvenile clients on conditional release and maintained each of them in that status for every month of that year, resulting in a 100% maintenance rate, exceeding it's 97% goal.

Occasionally, a revocation is a necessary measure to keep the public safe, however, the PSRB continues to partner proactively with our community treatment providers to anticipate and intervene in a timely fashion and in the least restrictive way possible to stabilize the client while ensuring public safety.

**Factors Affecting Results**

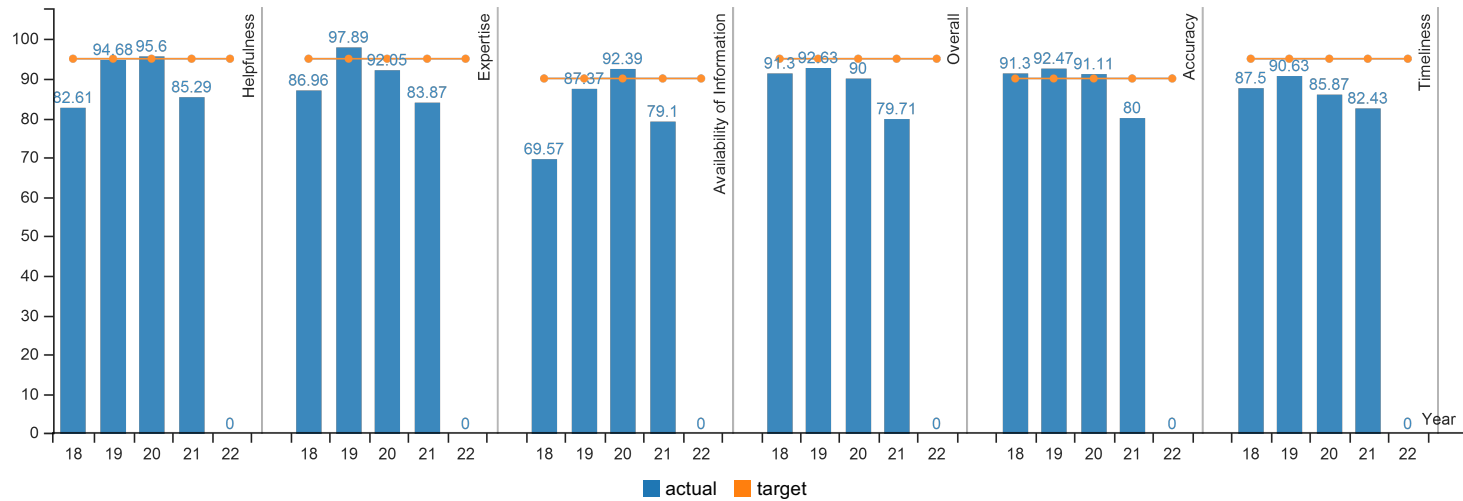
The factors affecting the PSRB's ability to safely maintain clients on conditional release are largely similar to those affecting our recidivism rate: partnership and community resources.

Regarding partnership, the PSRB relies heavily on the collaboration between the Oregon State Hospital and community providers to devise effective conditional release plans to manage clients safely while on conditional release. In accordance with the governing statutes, the PSRB approves conditional release for only those clients it believes can be safely managed in the community. The Board

receives evidence that clients are meeting this standard through full hearings, during which Oregon State Hospital and community treatment providers are available to testify about the conditional release plan they created. Leading up to this hearing, PSRB clients participate in a five-layer review process before they can be approved for conditional release from Oregon State Hospital. Crucial to this process is the Oregon State Hospital's access to the training and resources to evaluate effectively each client's recidivism, relapse, and psychiatric decompensation risk, so it can recommend the commensurate levels of monitoring, supervision, and treatment, to be executed subsequently by the community providers. A similar process takes place as clients continue with their recovery and transition to lower levels of care. A decrease in the PSRB's ability to access information from our partners, or of our partners ability to obtain training and resources to effectively develop conditional release plans, would lead to less effective plans and diminished likelihood that case managers could detect early signs of decompensation. These potential problems would certainly affect the measure of maintaining clients on conditional release in a negative way.

The availability of community resources also affects the PSRB's ability to safely maintain clients on conditional release. For example, when a client on conditional release experiences significant changes in psychiatric stability, we rely on the availability of local hospitals, crisis stabilization centers, and other placements of respite when appropriate, rather than a revocation to the Oregon State Hospital. Similarly, when providers see early warning signs of decompensation, a client can be temporarily or permanently stepped up to a higher level of care such as a residential treatment home rather than revoked. The availability and access to specific types and dosages of treatment modalities are also important factors in maintaining conditional releases. For instance, the PSRB may be able to identify a residential vacancy quickly, but in order to accept the client, the program would also need to have the requisite treatment supports such as substance abuse treatment or support for a medical condition. When community mental health and housing resources are funded fully, the Board can use these as an alternative to sending the client to Oregon State Hospital, reserving state hospital resources for those who truly require that level of care. Were current community mental health and housing resources to diminish in number, it would leave fewer options available for clients when and if they experience a recurrence or increase in symptoms. Indeed, the PSRB might have been able to avoid some of the revocations that took place over the past year had more of these resources been available.

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	2018	2019	2020	2021	2022
<b>Helpfulness</b>					
Actual	82.61%	94.68%	95.60%	85.29%	
Target	95%	95%	95%	95%	95%
<b>Expertise</b>					
Actual	86.96%	97.89%	92.05%	83.87%	
Target	95%	95%	95%	95%	95%
<b>Availability of Information</b>					
Actual	69.57%	87.37%	92.39%	79.10%	
Target	90%	90%	90%	90%	90%
<b>Overall</b>					
Actual	91.30%	92.63%	90%	79.71%	
Target	95%	95%	95%	95%	95%
<b>Accuracy</b>					
Actual	91.30%	92.47%	91.11%	80%	
Target	90%	90%	90%	90%	90%
<b>Timeliness</b>					
Actual	87.50%	90.63%	85.87%	82.43%	
Target	95%	95%	95%	95%	95%

How Are We Doing

The PSRB's overall score on its last customer service survey (reported for the 2021 cycle) was 79.71% with 75 responses. Notably, in 2019 PSRB began surveying its clients consistently, enclosing customer service surveys with all Board orders, regardless of outcome. Of those who responded for 2021, 25 identified as clients, four identified as attorneys, 16 identified as victims, 12 identified as case managers, and 18 identified as "other" or did not list an affiliation.

Given that some significant portion of the Board's clients are either unhappy generally with the PSRB or were unhappy with the decision memorialized in the order, there is a certain degree to which it is reasonable to expect negative responses.

Despite this, the responses were overwhelmingly positive, despite the COVID-19 pandemic resulting in all PSRB hearings going remote and the PSRB office closing to the public. In order to complete the return to 95% satisfaction or above, the Board has once again redoubled its efforts to train and provide information to its stakeholders, including social workers, case managers, attorneys, treatment providers, and law enforcement members. The agency is continuing these efforts, even as responses to the COVID-19 pandemic complicate them.

In addition to outside trainings, in 2019, the Board launched a new strategic plan designed to give the PSRB and its staff a vision for the future, direction, and increased agency over their work and careers. The plan went into effect officially in September 2019, calling for: increased staff and Board member training; best practices based on research and data; a safe, inclusive, and collaborative work environment for staff; and increased efficiency and information availability through strategic technological upgrades. The plan also contemplates how to garner and incorporate more feedback directly from clients beyond their experience at a particular hearing. The PSRB expects the direction and initiatives suggested in the plan to lead to more positive outcomes in the future as it becomes more ingrained in the Board's and staff's culture.

In past years, the Board has received more responses, primarily through community mental health providers, through an annual conference that was held in conjunction to agency partners at the Oregon Health Authority (OHA). Due to COVID-19 restrictions and agency bandwidth, an annual conference has not been held since 2019. The PSRB has reached out to OHA to resume holding an annual conference in 2022 and would expect a larger response rate from the customer service survey if the conference were to occur.

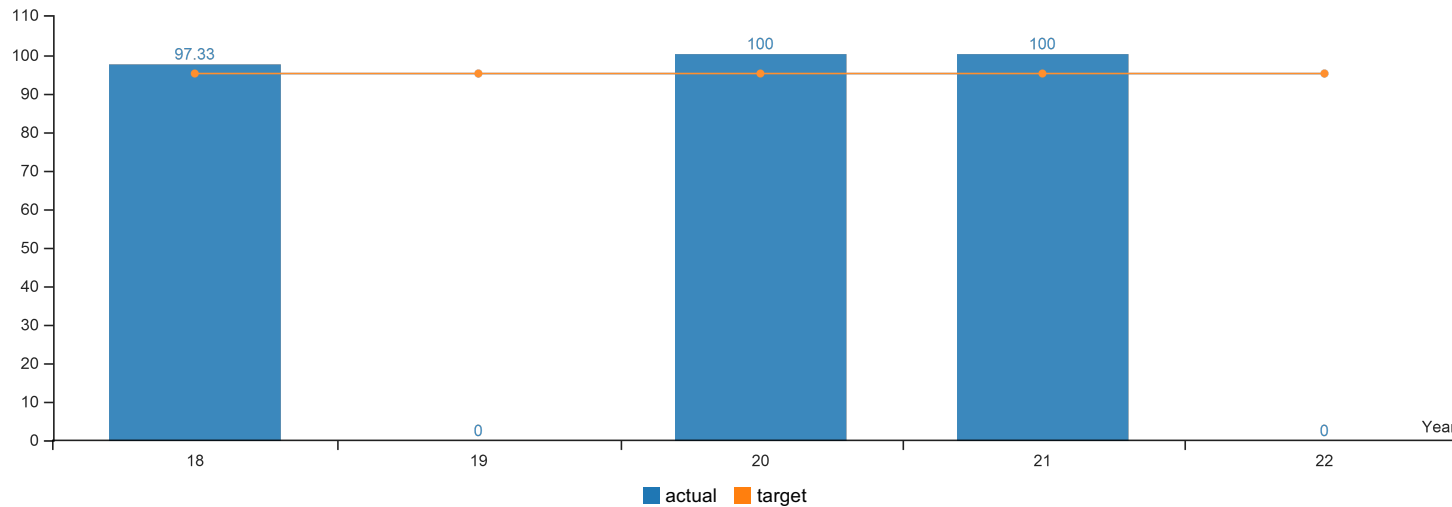
#### **Factors Affecting Results**

The Board's customers, mentioned above, have diverse perspectives on its programs and methods. Satisfying such a broad set of stakeholders can be challenging, but the agency believes that educating and training its staff and external stakeholders through PSRB conferences, personal appearances by the executive director (when possible), and in-person and online courses, will continue to produce positive results. The PSRB has continued to expand its availability of virtual, live courses for external stakeholders during the COVID-19 pandemic.

As mentioned above, by their nature some of the Board's decisions are unpopular with stakeholders. In cases with active victims or other members of the community, either the client or the community is likely to emerge unhappy from the hearing. When individuals do not like the Board's decisions, that feeling can sometimes affect satisfaction with the Board overall. Nevertheless, the Board believes that legally correct decisions resulting from sound evidence and careful and thorough deliberation demonstrate and fulfill the Board's commitment to public safety and recovery. Well-trained and healthy staff provide more consistent and correct information, raising scores in expertise, helpfulness, and knowledge. In accordance with its strategic plan, the Board intends to continue providing the training, information, and environment that contributes to everyone's satisfaction, even when the outcomes are not what an individual stakeholder might prefer.

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	2018	2019	2020	2021	2022
<b>Percentage of Best Practices Met</b>					
Actual	97.33%		100%	100%	
Target	95%	95%	95%	95%	95%

### How Are We Doing

The Psychiatric Security Review Board historically compiled and reported this performance measure on a biennial basis, surveying the Board in the fall of each even-numbered year. Starting in 2021, the Board began reporting this performance measure on an annual basis. The Board reached its goal on this performance measure in 2016, 2018, 2020, and 2021. As of this 2021 survey, PSRB performance on this measure exceeded its 95% goal with 100%. The Board's values, as outlined in its strategic plan, include due process, research, and partnership, all three of which enhance the Board's ability to develop and adhere to best practices.

As in past years, the Board is unaware of any comparable public or private industry standards to which to compare these results. Irrespective of the unavailability of comparable agencies, 100% would compare favorably with any similar organizations subject to the same Key Performance Measure.

### Factors Affecting Results

As in past years, the executive director keeps the Board members informed about matters of significance, including the agency's best practices and how the agency uses them. The key component of this performance measure is the open and deliberate communication between the executive director and the Board. The Psychiatric Security Review Board consists largely of professionals with full-time jobs, practices, or other professional interests, so they depend on the executive director's reports of staff accomplishments and methods. Quarterly administrative meetings and regular consulting between Board staff and the Board chair supports the Board's continued consistent achievement of best practices.

One factor that could affect this result in the future is Board member transition at the ends of terms. Initially, new Board members knowledge is, of necessity, limited. To mitigate this knowledge gap, the agency provides individual training, information, and updates to new and returning Board members before distributing the best practices survey. As mentioned above, the executive director

provides regular updates, with special attention to the type of information that the agency believes will be most helpful to new Board members as they settle into their new roles.