

PSYCHIATRIC SECURITY REVIEW BOARD (PSRB) SITING WORKGROUP

Appointed April 21, 2008



FINAL REPORT

February 6, 2009

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EXECUTIVE SUMMARY

Over the course of nine months, the Psychiatric Security Review Board (PSRB) Siting Workgroup held seven meetings. The membership of the group was appointed by the Governor's Office and included a balanced representation of public safety and victim interests, mental health consumers and advocates, local government officials, state legislators and other stakeholders relevant to the topic. The leadership of respective associations, such as the National Alliance on Mental Illness, the Oregon State Sheriff's Association etc., was asked to nominate a representative to sit on the panel.

The workgroup was convened by the Governor's Public Safety and Human Services advisors, who charged the workgroup with identifying ways to enhance the understanding of Oregon's system for managing individuals placed within the jurisdiction of the PSRB and to reach consensus on ways to strengthen the process for siting residential treatment facilities that serve these individuals. The Governor's Office identified the following four touchstones to guide the workgroup's ultimate recommendations:

- Protect the Public Safety;
- Protect the Safety and Individual Rights of Individuals with Mental Illness;
- Support Effective Treatment of Persons with Mental Illness; and
- Recognize the Realities of State and Partner Budget Considerations.

The first several meetings of the workgroup were informational in nature and provided grounding for the panel to consider and ultimately support the set of recommendations contained in this report. The content of these initial meetings were designed by the Governor's staff with input from the members and were structured to provide detailed information about the intersection between Oregon's mental health and public safety systems.

These briefings covered the many variables around how mentally ill individuals who commit criminal conduct are dealt with in Oregon's criminal justice system, the role of the courts in the disposition of individuals found Guilty Except for Insanity, the role of the PSRB in supervising the individuals committed to its jurisdiction, the role of the Oregon State Hospital in providing treatment of individuals under PSRB jurisdiction, the role of the Department of Human Services in the current process for siting and licensing community placements for individuals under PSRB jurisdiction, the role of the PSRB and local communities in evaluating when a person within the board's jurisdiction may be moved from the state hospital to a community placement, the impact that the conditional release process can have on victims, the support that facilities often have from communities, and the overlay of federal laws that provide strict mandates and prohibitions with respect to this population and the consequences for failing to abide by them. The workgroup also heard presentations from a panel that included a neighbor of a secure residential treatment facility, a crime victim, a city manager and an individual who lived in a secure residential treatment facility.

The workgroup also spent one day visiting two community facilities that serve individuals under PSRB jurisdiction – a secure residential treatment facility and a residential treatment facility. During these site visits members had the opportunity to observe the physical surroundings of the facilities and the neighborhoods in which they were located, as well as to interact with and ask questions of staff and clients of the facilities.

Overall, the data presented over the course of the informational meetings revealed that annually less than one percent of individuals convicted of criminal conduct are ultimately found Guilty Except for Insanity and placed within the jurisdiction of the PSRB. Most individuals placed in the board's jurisdiction are initially committed to the Oregon State Hospital for treatment. Conditional release from the state hospital to community based placements occurs after a four-tiered review process that includes evaluations from the hospital staff, the proposed community supervisor and treatment provider and the Board.

Under the statutes, the PSRB is required to use the protection of society as its primary concern in making the decision regarding conditional release of an individual in its jurisdiction from the state hospital. The data shows that a remarkably small percentage of individuals under PSRB jurisdiction are rearrested for new criminal activity. Just over 1,200 people have been conditionally released from the State Hospital by the PSRB in the last 10 years, and only 12 of those have been revoked as a result of an arrest for a new felony while on conditional release. The overall rate of recidivism for persons under PSRB jurisdiction is 2.2%, which is comparatively much lower than the approximately 30% recidivism rate in the corrections system – which unlike the PSRB system only counts convictions of a new felony within three years of release. The PSRB is not hesitant to revoke supervision of individuals in its jurisdiction that are unable or unwilling to comply with the conditions of supervision. There was an average of 51 revocations of conditional release a year over the past ten years. Such revocations occur for reasons such as decompensation of mental status, use of drugs or alcohol and failure to comply with other treatment directives.

The extent of the supervision and services provided to individuals under PSRB jurisdiction and the relatively low risk to public safety presented by this population seem to be in conflict with public perception and highlights the need for greater public education about mental illness and the PSRB system. The impact of PSRB cases on victims and the victims' rights that apply to those cases should also be part of education about the siting process and the PSRB system.

The presentations also revealed that the Department of Human Services does not have a set of consistent guidelines and standards for the siting and licensing of Secure Residential Treatment Facilities. This contributes to a lack of predictability for anyone involved in the placement and operation of community placements. Also, neither PSRB nor DHS have statewide protocols addressing cooperative agreements between community facilities and local law enforcement.

The workgroup adopted individual recommendations across seven major topic areas. This final report sets forth the Workgroup's recommendations within those categories:

1. Communication and Collaboration
2. Victims' Rights
3. Standards, Operations and Quality
4. Distribution of Facilities and Siting
5. Education
6. Licensing Requirements
7. Notification

Most of the recommendations may be accomplished under existing statute. Some recommendations may require changes to Oregon Administrative Rules (OARs). Only one of the recommendations would require legislative action: the establishment of a "meet and confer" requirement which would help enhance the involvement of local communities in the siting process. There are staffing and budget implications to nearly all of the workgroup's recommendations. Workgroup members noted that current staffing of the PSRB is inadequate to take on the additional workload that some of the recommendations will entail.

The recommendations contained in this report were supported by all of the individual members of the Workgroup as part of a consensus process. There were a variety of recommendations which were considered, but which did not receive consensus support.

The members of the Workgroup came together in a spirit of cooperation and with a genuine willingness to learn more about people living with mental illness and the public safety concerns of Oregon's communities. It was clear almost immediately that there was a great deal of common ground about the need to provide more public education about these issues. There were many lively discussions that included a wide variety of perspectives. Ultimately, this Workgroup fulfilled its mission to provide guidance as Oregon moves forward toward building a modern mental health care system.

Respectfully submitted February 6, 2009.

Senior Circuit Court Judge Darryl L. Larson
Workgroup Facilitator

HISTORY OF WORKGROUP

Appointment of the PSRB Siting Workgroup

On April 21, 2008, the Governor’s Office convened a workgroup composed of various stakeholders to make recommendations to the Governor and the 2009 Legislative Assembly regarding opportunities to strengthen the process used to site residential treatment facilities serving individuals under PSRB jurisdiction.

Workgroup Members

PSRB Siting Workgroup Members

<u>Organization</u>	<u>Representative</u>
Chair/Facilitator	Judge Darryl Larson
Guest Facilitator	Amy Cleary
Governor's Office, Human Services Advisor	Erinn Kelley-Siel Andy Smith
Governor's Office, Public Safety Advisor	Joe O'Leary
Legislator	Senator Jackie Winters
Legislator	Senator Floyd Prozanski
Legislator	Representative Andy Olson
Legislator	Representative Carolyn Tomei
Oregon District Attorneys’ Association	Marion County DA Walt Beglau
Oregon State Sheriffs’ Association	Washington County Sheriff Rob Gordon
Oregon Association of Chiefs of Police	Tualatin Police Chief Kent Barker
Oregon League of Cities	Albany Mayor Dan Bedore
Association of Oregon Counties	Benton County Commissioner Jay Dixon
Association of Community Mental Health Providers	Washington County Mental Health Director Kim Burgess
Lifeways, Umatilla County	Greg Schneider
Oregon Criminal Defense Lawyers Association	Ellen Pitcher, Federal Public Defender’s Office
PSRB	Barry Kast, PSRB Public Member

National Alliance on Mental Illness Oregon	David Delvalle Deanne Ater
Telecare Recovery Center at Gresham	Kevin McChesney
Columbia Care, Grants Pass	Fred Borngasser
Disability Rights Oregon	Bob Joondeph Kathy Wild
Department of Justice, Victims' Rights Section	Carol Schrader
Consumer	Peter Klarquist
Consumer	Gary Sjolander George Bachik
Consumer	Ashleigh Brenton
Consumer	Stacey Roberts

PSRB Siting Workgroup Goals and Charge

Overarching Goals:

- 1. Education:** Enhance Mutual Understanding of Oregon's System for Managing Individuals Placed within the Jurisdiction of the Psychiatric Security Review Board (PSRB).
- 2. Recommendations:** Reach Consensus on Ways to Strengthen the Process for Siting Residential Treatment Facilities Serving Individuals Under PSRB Jurisdiction.

Charge

Make recommendations to the Governor and the 2009 Legislative Assembly regarding opportunities to strengthen the process used to site residential treatment facilities serving individuals under PSRB jurisdiction. Specifically, the workgroup will:

1. Review and clarify the roles and functions of state government entities, local government entities and contractors in the residential treatment facility siting process and identify opportunities to make the process consistent and transparent; and
2. Develop principles and guidelines for involving affected communities, neighborhoods, counties, cities, other public entities, and any other involved parties in the siting of residential treatment facilities serving individuals under PSRB jurisdiction.

All of the Workgroup's recommendations will be consistent with policies that:

- Protect the Public Safety;
- Protect the Safety and Individual Rights of Individuals with Mental Illness;
- Support the Effective Treatment of Individuals with Mental Illness; and
- Recognize the Realities of State and Partner Budget Considerations.

The Workgroup will ensure that its recommendations comply with federal and state fair housing and non-discriminations laws and will identify how its recommendations fit into the state's ten year plan to develop the community resources needed to support the two replacement facilities for the Oregon State Hospital.

Meeting Dates and Workplan

Meeting #1

April 21

- Introductions
- Charge and Issues
- Informational Presentations on:
 - Oregon's Mental Health System
 - Criminal Responsibility under Oregon Law
 - Psychiatric Security Review Board Overview
- Discussion

Meeting #2

May 19

- Informational Presentations on:
 - PSRB Conditional Release Process and Supervision
 - Current Siting Process
 - Licensure/Supervision of Facilities
- Discussion

Meeting #3

June 23

- Site Visits

Meeting #4

July 21

- Panel Presentation: Consumer, Victim and Neighbor Perspectives
- Informational Presentations on:
 - Legal Issues Surrounding Siting Process (federal and state laws)
 - Oregon State Hospital & Community MH Long Term Plans
- Review Work Assignments & Process

Meeting #5

September 8

- Work Session

Meeting #6

October 13

- Work Session, Review of Possible Recommendations

Meeting #7

November 17

- Work Session, Discussion of Recommendations

SUMMARY OF MEETINGS

At its first meeting, the group clarified that its charge was limited to the siting of residential facilities serving individuals under PSRB jurisdiction, although many of those facilities also serve civilly committed individuals. The group asked for copies of other reports on Oregon's public mental health system, including Governor Kulongoski's 2004 Taskforce Report and the Report from the Community Mental Health Services Workgroup. A request was also made that the group be given some clarification of what information is confidential and what is not, relative to the facilities that serve individuals under PSRB jurisdiction and the clients themselves.

The first four meetings of the Workgroup focused on information sharing and education. The main topics covered during this phase of the Workgroup process included the main presentations outlined below.

Overview of Oregon's Public Mental Health System. Bob Nikkel, then-Assistant Director, Department of Human Services Addictions and Mental Health Division (AMH, DHS), provided the group with an overview of the public mental health system, including basic information about mental illness, the history of Oregon's mental health system and the recovery model, the difference between individuals who are civilly committed and those who are forensic (PSRB) clients served in the Oregon State Hospital. He also addressed the need for a continuum of services: "front end" prevention and early intervention services; hospital-level and "crisis intervention" services; and "back end" transition services needed to best serve Oregonians with mental illness.

Psychiatric Security Review Board. Mary Claire Buckley, Executive Director of the Psychiatric Security Review Board provided the group with an overview of the PSRB: its history and purpose, what happens when an individual is under the Board's jurisdiction, and the notice and process requirements for different PSRB review hearings. Her presentation also discussed PSRB client demographics and recidivism data.

Criminal Responsibility Under Oregon Law. Josh Nasbe, staff attorney with Legislative Counsel's Office, reviewed Oregon law relating to: incapacity or fitness to proceed; the defense of diminished capacity or partial responsibility; and guilty except for insanity (GEI). In order to be placed within the jurisdiction of the PSRB, a finding must be made in court that the person, as a result of mental disease at the time of the criminal conduct, lacks substantial capacity either to appreciate the criminality of the conduct or to conform the conduct to the requirements of the law. The law requires this conclusion to be proven by the defendant by a standard of a preponderance of evidence. Mr. Nasbe emphasized to the group that under Oregon law an individual under PSRB jurisdiction has legally been determined to be "criminally culpable, but not criminally responsible."

Guilty Except for Insanity (GEI). It was confirmed that if a person is alleged to have committed a felony or a violent misdemeanor, and they are asserting a GEI defense, they are required to have a psychological evaluation before a court can make a finding of Guilty Except for Insanity. The group discussed the difference between a determination at the

adjudicative phase of a proceeding that an individual should be adjudicated GEI, and the determination that next gets made as part of the dispositional phase where the court has three options: discharge; placement under the PSRB and then conditionally released; or, placement under the PSRB and then commitment to the Oregon State Hospital (OSH). The group discussed the strategic decision that is made by an individual and their counsel relative to asserting a GEI defense and going under PSRB jurisdiction verses going to jail/prison. The point was made that many individuals housed through the corrections system could also be served through the PSRB system and vice-versa. It was also pointed out that some defendants who have a potentially valid GEI defense choose to forgo it in favor of taking a corrections (prison) sentence which leaves them upon release from prison with comparatively little or no intensive supervision or treatment.

Legal Issues Surrounding the Siting Process. Senior Assistant Attorney General Micky Logan of the Oregon Department of Justice gave an overview of the Americans with Disabilities Act (ADA) and the Federal Fair Housing Act (FFHA) and related court decisions that have applicability to individuals under the jurisdiction of the Psychiatric Security Review Board.

The ADA imposes an anti-discrimination mandate and requires deinstitutionalization and integration of the disabled. “Disability” includes a mental impairment that substantially limits one or more major life activity, or a record of such impairment. In *Olmstead* the United States Supreme Court held that states violate the ADA if they keep mentally ill individuals institutionalized rather than in a community setting if treatment professionals determine community placement is appropriate and placement can be reasonably accommodated. This mandate applies to individuals under PSRB jurisdiction. The additional supervision and conditions placed on individuals under PSRB jurisdiction are viewed as a reasonable accommodation under the ADA. Caselaw indicates that continued institutionalization of mentally ill individuals who have been adjudicated as guilty except for insanity may not occur without an individualized finding of dangerousness.

The FFHA is an anti-discrimination law that ensures access to housing for the disabled in complete disregard for any objections by neighbors or municipalities. A “direct threat” exception exists in the FFHA, but only where such a threat of dangerousness cannot be minimized by a reasonable accommodation. This exception only operates as a shield if a municipality is sued by an individual under the act and cannot be used by the government to deny access because of a perceived threat. A question was raised about how the Crime Victims Rights Act (CVRA) is interpreted with regard to the ADA and the FFHA. The answer was that the interplay of these laws is not yet clear from existing court rulings.

Finally, the issue of community notification was reviewed. This is an issue that is addressed by statute but also has constitutional implications under case law. Particularized findings are required before community notification can occur. The subject of a potential community notification is legally entitled to the due process rights of notice and a hearing. Case law from other states indicates that community notification cannot be for the purpose of facilitating opposition to a placement.

Local Perspectives on Siting Process. The workgroup heard from a city manager who had experience with the siting of a juvenile facility and a residential facility for individuals with mental illness; a next door neighbor of a SRTF in the metro area; a crime victim whose son was murdered by an individual placed in the jurisdiction of the PSRB and who had been considered for possible conditional release to a location near the victim's work place; and from an individual who was under PRSB jurisdiction for eight years – two of which were spent at the state hospital before being conditionally released to an SRTF.

State Licensure and Monitoring of Facilities. Len Ray, Addictions (AMH, DHS). Mr. Ray discussed the differences between Residential Treatment Facility (RTF's) which house up to 16 persons, and Residential Treatment Homes (RTH's), which house up to six persons. Licenses for each of these facilities are provided by AMH in accordance with building codes. This licensing includes a 90-day inspection process and close cooperation between AMH, the PSRB and with the local county mental health authority (counties). Mr. Ray also summarized the current funding model of local mental health, whereby the State provides funds for counties which are administered at the local level. He also summarized the role of the Office of Investing and Training, which is a DHS entity that investigates reports of abuse.

Site Visits. On June 23, the members of the Workgroup visited a secure residential treatment facility in Woodburn and a Residential Treatment Facility in Milwaukie.

Community Mental Health System. Madeline Olsen, AMH, DHS, outlined the role of the Oregon State Hospital (OSH) as a component in a large system of care that is mostly comprised of community mental health services. She stressed that in an ideal system which invests in "front end services," that individuals can be treated in the early stages of their illness, long before a need for hospitalization might arise. In addition, an array of "back end services" (for those leaving the OSH) is critically important. She noted that the demand for beds at the OSH is not a fixed number, but is instead a product of the quality and number of front and back end services such as: early assessment and treatment; crisis services; safe, affordable, permanent housing; and effective coordination, funding, and oversight of county based services. She shared that the first State operated SRTF is currently being developed in Pendleton.

Oregon State Hospital. Roy Orr, Superintendent of OSH outlined current and long term challenges facing OSH. This included review of current and needed reforms to existing security practices. As of the date of Mr. Orr's remarks, there were 665 patients at the OSH in Salem, including 439 individuals under the jurisdiction of the PSRB (65%). He noted that there is systematic overcrowding at the OSH in Salem with three to four people in two person rooms. Medical facilities are outdated and evidence based practices are difficult to sustain in the current ward environment. A traditional culture of helplessness and hopelessness makes recruitment of new staff difficult. Staffing is and will remain a very significant challenge. The ground breaking for new 620-bed Salem OSH began on September 3 and construction to be completed by 2011. The new OSH will adopt a new treatment mall concept to reflect normal life daily living patterns. A new 360 bed, Junction City facility is slated for completion in 2013. Both of these new facilities need to help

trigger important cultural change. An example of this cultural change will be the achievement of a zero seclusion and restraint environment.

Future of Oregon State Hospital and Impact on Community Siting Needs The Workgroup discussed the size of the new Oregon State Hospital and the fact that the hospital's size is predicated on investments in the community mental health system. Questions were asked about whether individuals were being transitioned out of the hospital based on capacity issues, and the representative from the PSRB and the provider communities assured the group that that was not the case. Part of the PSRB's consideration whether someone is safe for release includes a determination that an appropriate community placement exists to support him or her.

Notice and Other Issues. Oregon law requires the PSRB to provide notice of all of its hearings in a given case to the District Attorney and trial judge that had the original case in criminal court. The PSRB is also legally required to furnish hearing notice to the person about whom the hearing is being conducted, the attorney representing that person, the Attorney General, and to a victim who desires notification. The issue was raised that notice by the PSRB of conditional release from the State Hospital is not statutorily required for the District Attorney in the county to which a PSRB client is released – unless that county happens to be the same one from which the original case arose. In January 2008, the PSRB has implemented a process by which local law enforcement is notified when a client is being placed in a secure residential treatment facility. The group requested more information about the revocation process, the kinds of violations of release conditions that result in revocations, and a more specific look at revocations that occur with respect to individuals served in secure residential treatment facilities. PSRB was made available to answer these questions. The question was asked whether releasing individuals from the State Hospital to secure facilities was a new practice on the part of the state. Agency representatives answered that the practice was not new, but that additional resources from the Legislature had allowed more placements to be created in recent years so that people who were cleared for conditional release would have a place to go. The group asked for more information about requirements for facilities with respect to the reporting of crimes that are alleged to occur on-site at facilities themselves. The group asked for more information about how Oregon State Hospital, PSRB and community risk assessments occur. Information regarding the risk assessment instruments used by the PSRB and state hospital was presented by medical staff of the Oregon State Hospital.

Steering Group Process

After a group discussion at its July 21 meeting, Judge Darryl Larson established a steering committee of the Workgroup made up of members that represent specific areas of interest. The members of that steering committee were tasked with meeting with their constituents, gathering issues within their areas of interest and from their various stakeholder communities. The members of the steering committee then helped create an issue matrix that was used in the remaining meetings of the full workgroup to help flesh out areas of consensus and ultimate recommendations of the workgroup. Judge Larson identified the following members to make up the steering committee: Chief Barker, Mayor Bedore, Bob

Joondeph, Carol Schrader, Ashleigh Brenton, Kevin McChesney, Barry Kast, and Kim Burgess.

WORK GROUP RECOMMENDATIONS

<h3>COMMUNICATION AND COLLABORATION</h3>

- 1. Issue/Problem: Local communities not made part of facility siting process.**
 - a) Recommended Solution: Identify and implement best practices for public involvement in community siting decisions.**
 - b) Recommended Solution: Ensure there is a clear understanding about role and jurisdiction of PSRB. Improve transparency in order to provide better information for all stakeholders to participate more fully in the current PSRB system (timely notice to ensure opportunity for timely participation). Provide PSRB with resources to conduct formal outreach and education program.**
 - c) Recommended Solution: Mandate that local communities engage in “pre-planning” to identify areas and structures in their areas that they believe would be most appropriate for the siting of PSRB facilities. It would need to be understood that this process could not result in final decisions for siting but would provide a resource for successful siting decisions. The state should provide cities and counties with information about federal fair housing laws and the ADA to assist in this work.**
 - d) Recommended Solution: Establish a “Meet and Confer” requirement to ensure that local government leadership has notice and an opportunity to provide input and coordination before DHS develops a secure residential treatment facility; improve the transparency of the siting process.**

- 2. Issue/Problem: Lack of shared data about PSRB and siting programs.**
 - a) Recommended Solution: Create a single DHS/PSRB information resource to provide real time information to all stakeholders on current and new developments about siting efforts.**

3. Issue/Problem: Lack of clear understanding between PSRB, providers and local law enforcement about how to manage and respond to on-site safety issues and incidents.

- a) Recommended Solution: Ensure that facilities have a practice of open, ongoing conversations with law enforcement and reporting protocols for on-site offenses. Policies and practices should be in place to encourage employees or administrators to utilize local law enforcement to protect residents and staff.**
- b) Recommended Solution: In order to ensure more effective application of existing law, DHS, in consultation with PSRB, should adopt statewide protocols for how providers and law enforcement officials partner and cooperate in: 1) reporting and investigating alleged crimes that occur at secure residential treatment facilities; 2) detaining residents of security facilities that are outside the facility without authorization.**
- c) DHS should lead and participate in an effort to adopt routine, statewide, joint training programs for law enforcement officials, District Attorneys, consumers (individuals who are or have been under PSRB jurisdiction), providers, victim representatives, city and county representatives, and PSRB staff to promote mutual understanding of the community mental health treatment system. Topics should include but not be limited to: notice provisions of existing law; authority and best practices for detention of individuals who unlawfully leave or fail to return to secure residential treatment facilities; protocols for reporting and investigating alleged crimes at SRTFs; circumstances when law enforcement officials can and should enter facilities; federal and state fair housing laws and the ADA.**

Impact of Recommendations

<i>Fiscal or Workload Impact:</i>	Yes
<i>Statutory Change Required:</i>	No
<i>Rule Change Required:</i>	Yes

VICTIM RIGHTS

1. **Issue/Problem:** Ensure that crime victims' rights are protected. Victims should have a meaningful role in the criminal justice system; victims should be treated with due dignity and respect; and victims should be reasonably protected from their offender.
 - a. **Recommended Solution:** Create a PSRB Victim Liaison position within PSRB.
 - b. **Recommended Solution:** Allow or encourage victims to participate in hearings without being physically present, e.g., through written statements or teleconferencing. PSRB policies should specify that victims are welcome to bring along advocates or other support people if they choose to attend hearings.
 - c. **Recommended Solution:** In cases of an abscondence, develop consistent policy on notification to victims. Policy should be guided by reasonable safety of victim and respect for victim.
 - d. **Recommended Solution:** Investigate use of VINE (Victim Notification and Information Everyday) entry for all individuals under PSRB jurisdiction who are placed into an SRTF.
 - e. **Recommended Solution:** Develop a policy so that a victim's regular residence, work, educational, treatment, etc. locations are considered when a SRTF resident's plan for day passes is made. Victims should be encouraged to inform the PSRB about their schedules as part of the conditional release process. Victims should be informed about conditional release plans of SRTF residents to the extent that the plans may allow for residents and victims to meet each other at victims' regular residences, or work, education and treatment, etc. locations.

Impact of Recommendations

<i>Fiscal or Workload Impact:</i>	Yes
<i>Statutory Change Required:</i>	No
<i>Rule Change Required:</i>	Yes

STANDARDS, OPERATIONS AND QUALITY

1. **Issue/Problem:** Need to recognize that many recommendations of the PSRB Siting Workgroup will require sustained agency leadership and resources and in many cases additional financial resources.
 - a. **Recommended Solution:** Provide the funding necessary to the safe and effective operation of SRTFs to include facility security issues, staff training and other issues in this report.
 - b. **Recommended Solution:** Encourage PSRB and DHS to formalize working relationship, roles and responsibilities, data sharing efforts and staff coordination in the form of a written agreement.

Impact of Recommendations

<i>Fiscal or Workload Impact:</i>	Yes
<i>Statutory Change Required:</i>	No
<i>Rule Change Required:</i>	Maybe

DISTRIBUTION OF FACILITIES

- 1. Issue/Problem: Lack of common understanding about current siting practices, trends and data.**
 - a. Recommended Solution: Provide current data as a baseline from which to make long term plans about what is “equitable” for communities across the state**
 - b. Recommended Solution: Into the future, track placement data on a real time basis for all individuals in state; track number and type of placements by county to assist in equitable distribution**
- 2. Issue/Problem: Clarify equitable distribution expectations**
 - a. Recommended Solution: Develop a model that could be shared with the legislature to ensure equitable fair distribution of community facilities throughout the state. Use attached chart (appendix 3) as starting point for discussion. Also, factor in existing levels of capacity/resources in different counties.**
- 3. Issue/Problem: How to best manage the growing need for community placements**
 - a. Recommended Solution: Residential treatment facilities need to be available in a variety of locations so that someone’s need for placement can be reasonably balanced with the need to honor a crime victim’s right to safety and respect.**
- 4. Issue/Problem: Need for more comprehensive planning efforts.**
 - a. Recommended Solution: Dedicate more resources within DHS/AMH to create short, medium and long term plans for the siting of residential treatment facilities.**
- 5. Issue/Problem: Perceived and/or real negative impact on property values in vicinity of newly sited residential facilities.**
 - a. Recommended Solution: Have a neutral party summarize currently existing data and studies on actual impacts on property values.**

Impact of Recommendations

Fiscal or Workload Impact: Yes
Statutory Change Required: No
Rule Change Required: Maybe

EDUCATION

1. **Issue/Problem: General Public is very under and ill-informed about mental illness and the PSRB system.**
 - a. **Recommended Solution: Produce a communication plan/tools/brochure to explain the history, workings and track record of the PSRB system.**
 - b. **Recommended Solution: Support the efforts of NAMI, Mental Health of America and other consumer and family organizations to help address issues of stigma and common misperceptions people have about individuals with mental illnesses. Provide greater degree of education for communities regarding success of PSRB and importance of residential services.**
 - c. **Recommended Solution: PSRB/DHS should routinely compile credible, timely and complete data about the mental health and PSRB systems to share with the public and stakeholders.**
 - d. **Recommended Solution: Develop a FAQ of siting development issues and include data about current system and plans for future.**
 - e. **Recommended Solution: Develop a short, high level summary of the history of the PSRB system in Oregon.**
2. **Issue/Problem: Key stakeholders lack full understanding about the history, functioning and facts of the PSRB system (some overlap with general education efforts).**
 - a. **Recommended Solution: Produce a communication plan/tools/brochure to explain the history, workings and track record of the PSRB system.**
 - b. **Recommended Solution: Make educational outreach efforts to LPSCCs (Local Public Safety Coordinating Councils) across the state to raise level of understanding about PSRB system.**

- c. **Recommended Solution: PSRB/DHS should routinely compile credible, timely and complete data about the mental health and PSRB systems to share with the public and stakeholders.**
- d. **Recommended Solution: Develop a FAQ of siting development issues and include data about current system and plans for future.**
- e. **Recommended Solution: Develop an “FAQ” for local municipal governments and law enforcement agencies including Fair Housing and ADA case law.**
- f. **Recommended Solution: Develop a short, high level summary of the history of the PSRB system in Oregon.**

Impact of Recommendations

<i>Fiscal or Workload Impact:</i>	Yes
<i>Statutory Change Required:</i>	No
<i>Rule Change Required:</i>	Maybe

LICENSING REQUIREMENTS

1. Issue/Problem: Need to draft OARs to clearly define meaning of variety of issues relating to SRTFs.

a. Recommended Solution: Amend OARs to:

- i. Clearly state the exact definition of a “secure” facility.**
- ii. Detail specifications regarding physical/structural requirements for secure facilities.**
- iii. Establish minimum training/credential minimums for staff.**
- iv. Establish minimum qualifications of providers and outside vendors; establish more detailed requirements for the kinds of experience/competency providers must show before operating an SRTF.**
- v. Establish supervision and operational staffing requirements.**
- vi. Establish inspection provisions.**

Impact of Recommendations

<i>Fiscal or Workload Impact:</i>	Yes
<i>Statutory Change Required:</i>	No
<i>Rule Change Required:</i>	Yes

NOTIFICATION

1. Issue/Problem: District Attorneys not given enough notice to fully participate in conditional release hearing process.

- a. **Recommended Solution: Prior to conditional release hearing, require PSRB to provide written notification to DA of county of prosecution and to the DA of county of potential placement.**

Impact of Recommendations

<i>Fiscal or Workload Impact:</i>	Yes
<i>Statutory Change Required:</i>	No
<i>Rule Change Required:</i>	Yes

APPENDICIES

1. POLICY ISSUES IDENTIFIED BY THE WORK GROUP WITHOUT CONENSUS

Individual members of the workgroup raised a variety of public policy issues that were discussed by the full panel but were ultimately set aside for a combination of reasons: there was no consensus within the workgroup, the issues were outside the scope of the workgroup and, in some cases, there were potential conflicts with federal law identified.

The issues that fell into this category included:

- Enactment legislation that requires certain post-conviction PSRB hearings to be held every 5, 10, or 15 years for persons found Guilty Except for Insanity.
- For first and second degree violent felonies, as well as all felony sex crimes, individuals found Guilty Except for Insanity should be required to reside at the Oregon State Hospital without the opportunity for any residential treatment placement through at least the length of the term that the person found GEI would have received if they had not been found GEI.
- Establish new classifications as to who and what type of individual should live in what level of a facility. Clarify the standards/requirements re the determination of predatory sex offenders.
- Re-evaluate process of determining “Guilty Except for Insanity”; re-evaluate roles of district attorney, defense attorneys, courts and local mental health authority in plea agreements involving GEI.
- Create a special classification of individuals under PSRB jurisdiction that are “dangerous” but no longer require hospitalization and establish heightened conditions of community supervision.
- Establish a list/definition of crimes for which individuals found GEI are not eligible to be released in the community. One example of this list could be Measure-11 crimes (murder, rape, arson, etc).

2. PSRB FACTS AND HISTORY POWERPOINT

3. COUNTY DATA ON INDIVIDUALS UNDER PSRB JURISDICTION

4. LEGAL ISSUES SURROUNDING THE SITING PROCESS POWERPOINT