

PSYCHIATRIC SECURITY REVIEW BOARD

Annual Performance Progress Report (APPR) for Fiscal Year (2007-2008)

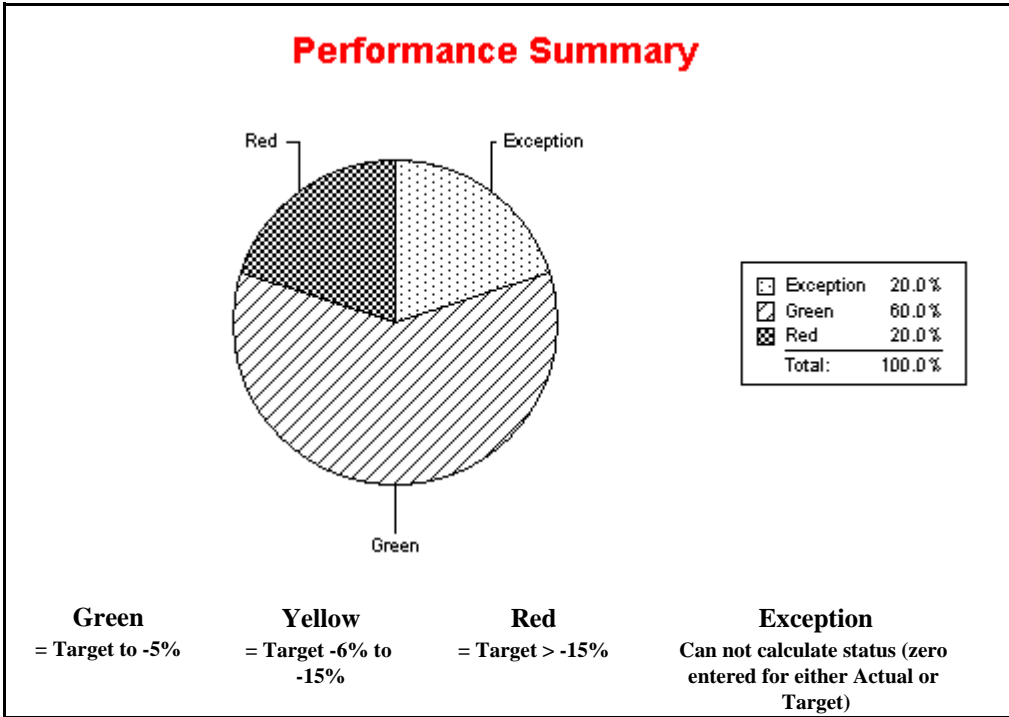
Proposed KPM's for Biennium (2009-2011)

Original Submission Date: 2008

2007-2008 KPM #	2007-2008 Approved Key Performance Measures (KPMs)
1	RECIDIVISM RATE - Percent of revocations of conditional release based on commission of felony.
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.

New Delete	Proposed Key Performance Measures (KPM's) for Biennium 2009-2011
DELETE	Title: 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. Rationale:

PSYCHIATRIC SECURITY REVIEW BOARD		I. EXECUTIVE SUMMARY	
Agency Mission: To protect the public through the on-going review of the progress of guilty except for insanity client and determination of their appropriate placement.			
Contact: Mary Claire Buckley, J.D., Executive Director		Contact Phone: 503-229-5596	
Alternate:		Alternate Phone:	



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. This report only measures the performance of the adult panel, due to the lack of sufficient data from the juvenile panel at this point. The juvenile panel of the Board came into effect on January 1, 2007, but this disposition was not available to juveniles until July 1, 2007. Thus, the first client was not received until November of 2007, and the first hearing was not held until May of 2008. However, performance measures specific to the operations of the juvenile panel will be developed and tracked for future reporting.

The two aspects of the Board's program, hearings and monitoring, are addressed by the five reported performance measures.

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. 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 measure #65 of the Oregon Benchmarks – Adult 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 DHS's Addictions and Mental Health Division and 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 making progress on three measures; did not meet its target on one measure; and it is unclear on the remaining measure.

More specifically, the Board is making good progress in meeting or exceeding its target on three of its critical measures. However, the long-standing measure regarding timeliness of hearings reflects a very concerning and disappointing result. The Board achieved some improvement in 2007 due to a concerted effort, but then experienced a decline in 2008 as a result of factors relating to staffing resources. The Board and its staff are very cognizant of this result and are confident that the addition of staff will help address this issue.

Finally, it is too soon to gauge the Board's progress in Best Practices, as the Board is currently working on implementing a Best Practices policy that reflects the Board's unique challenges. However, the initial scores using the state recommended score card shows that the Board has a strong foundation in providing ethical and fiscally responsible oversight to this agency.

4. CHALLENGES

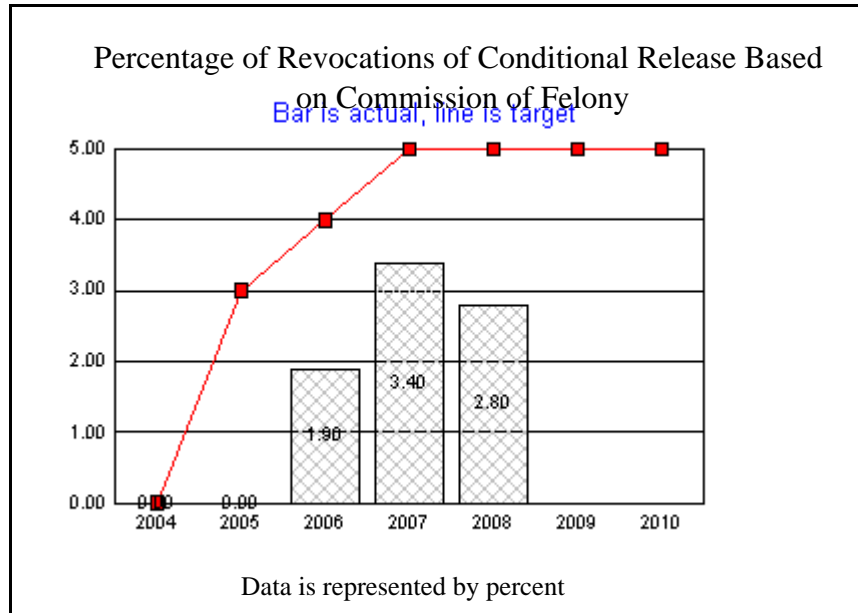
Currently the Board is facing a continuing growth in the number of persons on conditional release as well as in the number of hearings it must

hold. The Board projects a need for approximately 900 hearings in the '09-'11 biennium. Thus improving the timeliness of hearings in spite of an increase in demand for hearings will be the biggest performance challenge the Board faces in the next biennium. The reason is threefold: there is a limit to the number of hearings that members can realistically handle per hearing day; secondly, the Board is reliant on others including its clients' psychiatrists and other treatment providers, be it those at Oregon State Hospital or in the community, to present the information required by all parties in a timely fashion so that continuances are not necessary; and finally, the Board needs enough staff to properly gather and disperse all the information required for a hearing.

5. RESOURCES AND EFFICIENCY

The Board's budgeted amount for the fiscal year, measured as one-half of its Legislatively adopted expenditure limitation is \$555,007. 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.

KPM #1	RECIDIVISM RATE -#160;Percent of revocations of conditional release based on commission of felony.	1992
Goal	To protect the public.	
Oregon Context		
Data Source	Agency records - affidavits 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 DHS’ Addictions and Mental Health 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

Although, the recidivism rate both for 2007 and 2008 were higher than 2006, they both were still below the target of 5% and involved only 3 events in two years. The general trend shows a continuance of positive performance in this arena.

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 2008, it reported a recidivism rate of 0%. It should be noted that Connecticut's program only has 22 clients on conditional release. This Board, on the other hand, oversees 367 clients on conditional release, and still maintained a recidivism rate of 2.8% for 2008.

The Board would cite the Department of Corrections' recidivism rate of 31% as the closest comparison to an agency in Oregon.

5. FACTORS AFFECTING RESULTS

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 staff 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

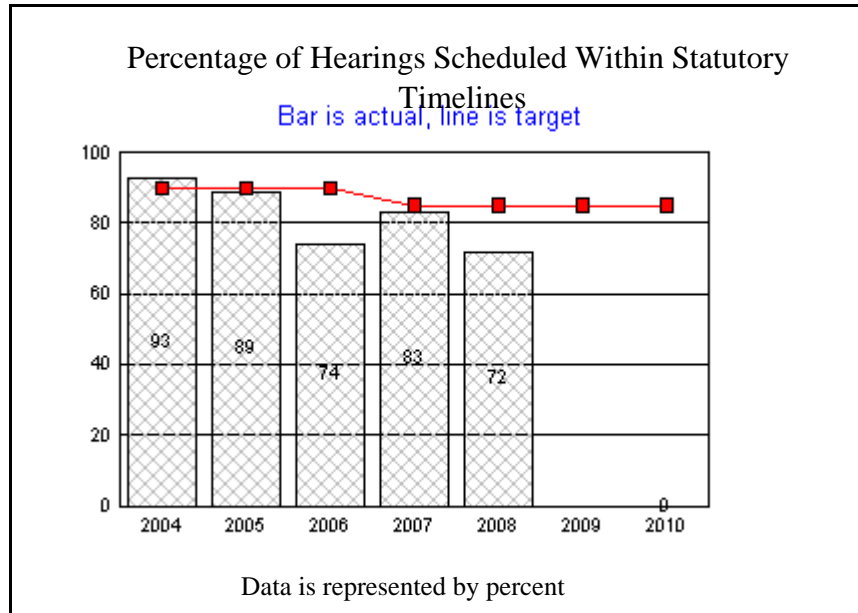
The Board and staff need to continue their successful efforts to assure public safety by demanding adequate and accurate information from Oregon

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.

KPM #2	TIMELINESS OF HEARINGS - Percentage of hearings scheduled within statutory timeframes	1992
Goal	To review client’s progress in a timely manner and protect clients’ due process rights.	
Oregon 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.

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

The Board's performance in this arena is in need of some serious improvement. The Board did make some real progress in 2007 wherein it fell just a bit short of its target. In 2008, the percentage dropped significantly below target once again

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 Board's more recent targets reflect the fact that there will always be a small number of hearings that cannot be held in a timely fashion. However, that number is a far cry from the 28% that is indicated in 2008. The major factor contributing to this significant decline from the improvement noted in 2007 was the Board's new position that it would not schedule any more hearings on its weekly docket than can be prepared by staff in a 40 hour work week. Prior to this change, non-exempt staff would regularly work 50 to 55 hours per week to prepare for an upcoming weekly docket. That new policy resulted in a reduction in hearings held per day as a time study showed that current staffing levels could only prepare 8 full and 5 administrative hearings on a weekly docket.

The other primary factor affecting this measure was the greater demand for hearings. There is a limit to the number of full face-to-face hearings the Board can conduct in one day. The time it takes to hold a hearing varies widely depending on the client; the nature of the request; the number of witnesses; etc.

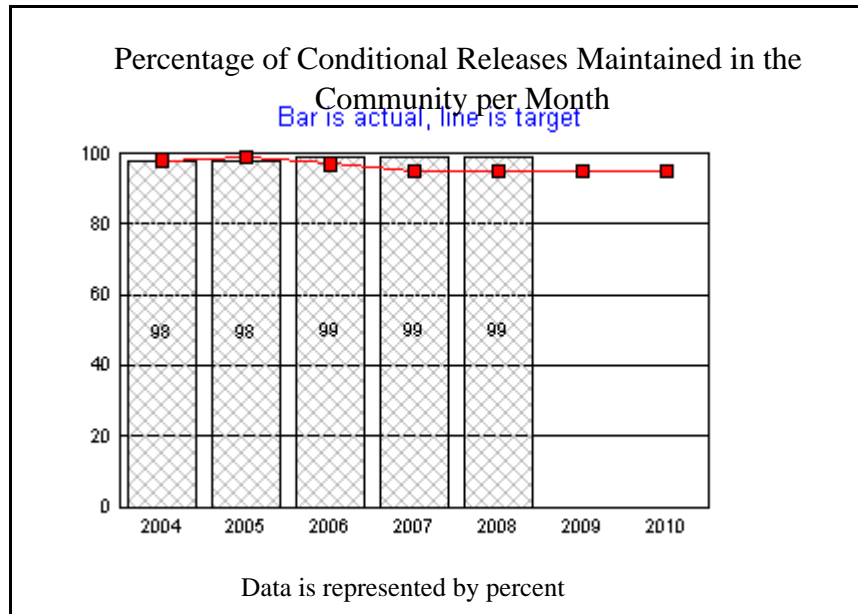
6. WHAT NEEDS TO BE DONE

Additional staff would allow the Board to schedule more hearings on its docket per hearing day. However, although the Board could conduct more than the 8 hearings it has set as its limit until further staffing resources are obtained; there is a limit to the number of full face to face hearings that can be held in a day. Absent that, timeliness can only improve somehow decrease due to fewer requests.

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.

KPM #3	MAINTENANCE OF RELEASED CLIENTS - Percentage of conditional releases maintained in community per month.	1992
Goal	To determine appropriate community placement and conditions of release so that a client is successfully reintegrated and public safety is maintained.	
Oregon Context	Agency mission and OBM #65 – 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 clients remain on conditional release status and do not engage in criminal activity nor need to be returned to Oregon State Hospital.

2. ABOUT THE TARGETS

The Board lowered its target in this area due to the anticipated increase in the number of clients who would be on conditional release status this 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

In both 2007 and 2008 Board exceeded its target with an impressive 99% maintained.

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 staff apprised of a client's status so that the Board can intervene early in any difficulties that present themselves. The Board's close supervision of its clients assists them to remain in the community. 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.

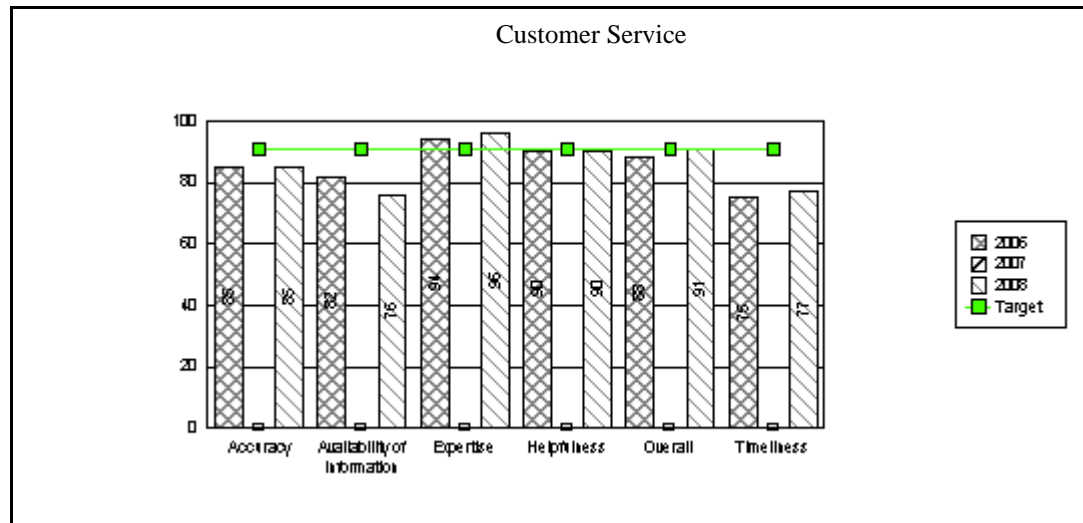
6. WHAT NEEDS TO BE DONE

The Board and staff need to continue to provide whatever supports are necessary to maintain its clients in a community setting. This, in turn, requires DHS' commitment to provide the financial resources necessary to access appropriate alternatives to State hospitalization.

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.

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.	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

This is still a relatively new measure for the Board (baseline data had just been published in 2007) because only two surveys have been conducted. However, in 2008 the Board met its target.

Higher percentages reflect higher satisfaction from our customers.

3. HOW WE ARE DOING

In 2008, 91% 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.

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 than others do so as to improve stakeholders' opinions of the agency's performance.

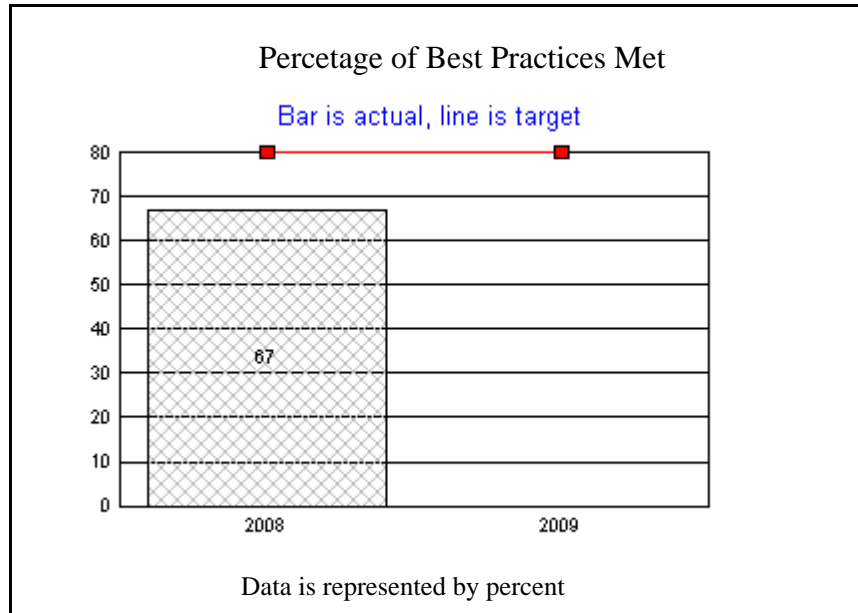
7. ABOUT THE DATA

The 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 Oregon State Hospital 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%.

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.

KPM #5	BEST PRACTICES - Percent of total best practices met by the Board.	2008
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 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 a target for 2008 and 2009. This target was set to reflect the relative newness of the juvenile Board. As that Board matures, the target will be adjusted upward.

3. HOW WE ARE DOING

The Board's initial self-assessment score of 67% shows that the Board was generally acting according to Best Practices. However, the score could be much higher and the Board will be meeting soon to set the manner in which it will best comply with these Best Practices.

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. Also, due to the relatively new nature of the juvenile panel, those members were not yet as familiar with all of the functions of the Board and its staff, which also reduced the score of Best Practices met.

6. WHAT NEEDS TO BE DONE

The Board is now cognitive of the need to find time on its administrative meeting agenda to discuss and engage more fully in its oversight function. The Board will discuss these initial results at its next scheduled 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 its 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

The Board recently completed its first self-assessment by answering yes or no to the 15 legislatively suggested Best Practices.

PSYCHIATRIC SECURITY REVIEW BOARD

III. USING PERFORMANCE DATA

Agency Mission: To protect the public through the on-going review of the progress of guilty except for insanity client and determination of their appropriate placement.

Contact: Mary Claire Buckley, J.D., Executive Director

Contact Phone: 503-229-5596

Alternate:

Alternate Phone:

The following questions indicate how performance measures and data are used for management and accountability purposes.

1. INCLUSIVITY

* **Staff :** As a small agency of 4 FTE, 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 Progress Board, the Board and now 5 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.

	<p>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 clients. However, due to staffing issues, in 2008 the Board reduced that number again. The Board utilized this data to make its case for an additional FTE that is included in the 2009-11 Governor's Recommended Budget.</p>
<p>3 STAFF TRAINING</p>	<p>The Executive Director has attended the training sessions sponsored by the Department of Administrative Services and the Progress Board in the past. However, due to more pressing demands on the agency this biennium, she has not had the time to attend those meetings or trainings. However, Progress Board staff have assisted Board staff by phone regarding the newly required Best Practices measure. 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.</p>
<p>4 COMMUNICATING RESULTS</p>	<ul style="list-style-type: none"> * 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 Progress Board report as well as biannually in its budget preparation documents for review by the Department of Administrative Services, 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 PSRB clients.