



**Oregon Health Licensing Agency
SEX OFFENDER TREATMENT BOARD**



9:00 a.m. Friday, January 29, 2010
700 Summer Street N.E., Suite 320
Salem, Oregon

MINUTES

MEMBERS PRESENT

William Davis, Chair

STAFF PRESENT

Samie Patnode, Policy Analyst
Amanda Perkins, Board Specialist

MEMBERS ABSENT

Debra Patterson
Jane Allen

GUESTS PRESENT

None

MEMBERS PRESENT BY TELEPHONE

Donald Didier, Vice-Chair
Brie Akins
Patrick Schreiner
Steven Mussack

Call to Order

William Davis, Chair, called the meeting of the Sex Offender Treatment Board to order at 9:09 am on Friday, January 29, 2010, at the Oregon Health Licensing Agency (OHLA), Rhoades Conference Room 700 Summer Street NE, Salem, Oregon. This meeting was held by telephone.

The board reviewed the following recommendations received from the Bert Krages, Contract Hearing Officer.

1.Evaluation Methodologies

The hearing officer recommended the board give consideration to how it would deal with a certificate holder who is using a clearly inappropriate evaluation methodology and whether the current and proposed regulatory mechanisms give the agency sufficient remedies to regulate such conduct. He recommended the board consider the applicability of language similar to some verbiage from Intellectual and Other Developmental Disabilities Practice Standards and Guidelines that have provisions regarding validity and reliability.

Action

The Board recommended no changes in order to remain flexible and to stay consistent with national standards.

2. Misstatement of Law

The hearing officer stated the board appears to have adequately addressed the comment received pertaining to ORS 109.675 which establishes that minors 14 years of age or older have the right to consent to outpatient diagnosis or treatment of a mental or emotional disorder without the consent of a parent or guardian. It was noted that the board did add language to the Juvenile Practice Standards and Guidelines regarding the right to consent to outpatient diagnoses or treatment of emotional disorders and clarify that minors should be informed about the possibility of mandatory reporting.

Action

No changes were made.

3. Treatment Practices Supported by Scientific Evidence

The hearing officer noted that a comment was received recommending treatment practices be used only if they are supported by scientific evidence. However, the comment did not suggest how the board or a practitioner would make the determination that a particular treatment practice is supported by scientific evidence and what level of support would be sufficient to meet the recommended requirement, and therefore it is unclear how the standards should be amended.

Action

No changes were made.

4. Penile Plethysmography

The hearing officer recommended that the board consider clarifying its intent with respect to expressing the degree of discretion that a practitioner may exercise regarding the use of plethysmography.

Action

The Board recommended no changes in order to remain flexible and to stay consistent with national standards.

5. “Treatment Contracts and Advisements” Text

The hearing officer recommended that unless a distinction between “treatment agreement”, “treatment contract”, and “advisement” be made, that the board uses consistent terminology to avoid confusion.

Action

The Board recommended consistent language be used throughout the standards.

6. Notification to Third Parties

The hearing officer recommended the board consider removing the phrase “as directed by the multidisciplinary team” to avoid ambiguity. He also recommended that the board consider clarifying the intent of the relevant text on page 14 because its current form has the potential to create difficult situations with respect to setting and ascertaining the duties of certificate holder under the Juvenile Practice Standards and Guidelines

Action

The board replaced “multidisciplinary team” with “collaborative team of professionals”, or all other professionals included in the treatment decisions including but not limited to supervisory probation or parole officer, primary treatment provider, and all ancillary treatment providers, educators or victim advocates.”

7. Definition of Multidisciplinary Team

The hearings officer recommends that the board give more consideration to this definition, and how it might have the collateral effect on mandating the composition of a team and the authority of the multidisciplinary team to make treatment decisions that may be at odds with those of a certificate holder. The hearings officer has concerns that provisions requiring a certificate holder to act in conformance with parties not regulated by the agency have potential to create unclear regulatory and ethical situations. He suggested that the board consider deleting the references to “multidisciplinary team”, or if the board chooses not to remove the references, to at least consider adding additional text regarding the role of the certificate holder with respect to the multidisciplinary team and to what degree the certificate holder is subject to decisions by the team.

Action

The board changed “Multidisciplinary Team” to “Collaborative Team of Professionals” and defined it as “All other professionals involved in the treatment decisions such as supervisory probation or parole officer, primary treatment provider, and ancillary treatment providers, educators or victim advocates.”

8. Defining “Completion or Termination of Sex Offense Specific Treatment”

The hearings officer recommends that the board consider reviewing this section of the Juvenile Practice Standards and Guidelines to ensure that it makes sense as a regulatory document that imposes legal requirements on certificate holders.

Action

No changes were made.

It was noted that that the term “licensure” was used within the practice standards. Corrections will be made accordingly.

MOTION

Steven Mussack made a motion to adopt the permanent administrative rules including the Practice Standards and Guidelines for the Evaluation, Treatment and Management of Juvenile Sex Offenders and Intellectual and Other Developmental Disabled Sex Offenders with the above amendments. Donald Didier seconded. The motion passed unanimously.

The board suggested providing outreach in the form of a press release, to provide information via the website, and to send a copy of the standards with a letter to each mental health licensing board.

The meeting adjourned at approximately 9:56 am.