

Department: Health Department **Program Contact:** Jean Dentinger
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Commitment Services includes Emergency Psychiatric Holds (E-Holds), Involuntary Commitment Program (ICP), Commitment Monitors, & the State Hospital Waitlist Reduction Program. The county is the payor of last resort for indigent E-Holds & ICP staff are required to investigate & determine whether individuals on an E-Hold present a risk of harm to themselves or others & if a court hearing should be recommended. This is a requirement of the county as the Local Mental Health Authority. In FY14 ICP investigated 4,662 total holds; commitment staff monitored 276 patients & 107 trial visits.

Program Summary

Commitment Services is comprised of several distinct, yet interconnected services:

Involuntary Commitment Program: An E-Hold keeps an individual in a hospital while ICP staff investigate the individual's mental health status. Through an investigation staff determine if the person has a mental illness and as such, is dangerous to self or others, or is unable to meet their basic needs. ICP staff file for a pre-commitment hearing with the circuit court. When staff recommend a hearing, ORS 426.110-120 requires that a court examiner make an independent recommendation to the judge.

Emergency Hold: When an individual is appropriately placed on an E-Hold and cannot pay for the hospital stay, ORS 426 requires that the county pay for these services. The county is required to provide commitment monitoring services.

Commitment Monitors: Staff in this unit assess committed individuals to determine whether they continue to meet commitment criteria, work with hospital staff to develop treatment and discharge plans, and make recommendations on continued hospitalization. Commitment monitors perform monitoring services during trial visits to the community, facilitate financial and medical entitlements, and ensure that individuals transition into the most appropriate level of community care. In FY12, the state began funding the county to pay for uninsured consumers who are committed and monitored in the hospital by MHASD's commitment monitors.

State Hospital Waitlist Reduction Program (WLRP): Funding provides for Intensive Case Management (ICM) for patients discharging from the State Hospital and acute care hospitals, and for three Emergency Department Liaisons. ICM and transition planning prevent relapses into hospital care and reduce the County's burden as the payor of last resort. ICM staff provide connection with resources and assistance in obtaining housing, access to health care, social services, and outpatient mental health services. These services address the needs of mentally ill county residents at the highest level of care. Services provide care and service coordination, ensure adequacy and appropriateness of resources and provide protection of legal and civil rights.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of E-Holds investigated for County residents ¹	4,662	3,500	4,251	4,251
Outcome	% of total E-Holds that did not go to Court hearing ²	91.4%	90.0%	90.2%	90.2%
Outcome	% of total E-Holds taken to court hearing that resulted in commitment ²	90.9%	85.0%	90.8%	90.8%
Output	# of commitments monitored annually ³	383	560	401	401

Performance Measures Descriptions

¹ This measure has been changed to include both E-holds for indigent residents as well as residents with insurance.

² Outcomes measure staff effectiveness in applying ORS 426 and reducing the burden on the commitment court system by bringing cases to court that definitively meet commitment criteria.

³ # monitored reflects both new and existing commitments of Multnomah County residents in acute care settings and secure residential placements.

Legal / Contractual Obligation

The ORS 426 requires that all persons placed on a notice of mental illness be investigated within 24 hours, as well as monitored upon commitment, as a protection of their civil rights; The state delegates the implementation of this statute to the counties.

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$972,617	\$1,850,648	\$1,010,784	\$1,963,392
Contractual Services	\$205,000	\$1,835,128	\$205,000	\$1,267,628
Materials & Supplies	\$1,500	\$62,181	\$23,042	\$42,227
Internal Services	\$0	\$342,859	\$135,850	\$248,993
Total GF/non-GF	\$1,179,117	\$4,090,816	\$1,374,676	\$3,522,240
Program Total:	\$5,269,933		\$4,896,916	
Program FTE	9.00	16.50	9.00	16.50

Program Revenues				
Intergovernmental	\$0	\$3,183,639	\$0	\$3,022,240
Beginning Working Capital	\$0	\$907,179	\$0	\$500,000
Total Revenue	\$0	\$4,090,818	\$0	\$3,522,240

Explanation of Revenues

\$2,988,640 - State Mental Health Grant Flex Funds: Based on FY15 grant award.

\$500,000 - Beginning Working Capital State Mental Health Grant Flex Funds

\$33,600 - Adult Mental Health Initiative State Mental Health Grant Flex Funds: Based on FY15 grant award

Significant Program Changes

Last Year this program was: FY 2015: 25058 Mental Health Commitment Services