

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

**Executive Summary**

Commitment Services includes Emergency Psychiatric Holds (E-Holds), Involuntary Commitment Program (ICP), Commitment Monitors, and the State Hospital Waitlist Reduction Program. The county is the payor of last resort for indigent E-Holds and ICP staff are required to investigate to determine whether individuals on a hold present a risk of harm to themselves or others and if a court hearing is recommended. This is a requirement of the county as the Local Mental Health Authority.

**Program Summary**

Commitment Services is comprised of several distinct yet interconnected services:

**Involuntary Commitment Program:** An emergency psychiatric hold (E-Hold) keeps an individual in a hospital while ICP staff investigates the individual's mental health status. Through an investigation, staff determines if the person has a mental illness and is dangerous to self or others, or is unable to meet their basic needs. ICP staff files 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 & discharge plans, and make recommendations on continued hospitalization. Commitment monitors perform monitoring services during trial visits to the community, facilitate financial & medical entitlements, and ensure that individuals transition into the 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 & service coordination, ensure adequacy and appropriateness of resources and provide protection of legal and civil rights.

**Performance Measures**

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Total number of E-Holds <sup>1</sup>	3,540	3,500	3,425	3,500
Outcome	% of investigated E-Holds that did not go to Court hearing <sup>2</sup>	88.4%	93%	86.9%	87%
Outcome	% of investigated E-Holds taken to court hearing that resulted in commitment <sup>2</sup>	92.5%	91%	93.3%	91%
Output	# of commitments monitored annually <sup>3</sup>	389	380	412	380

**Performance Measures Descriptions**

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

<sup>2</sup> 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.

<sup>3</sup> # monitored reflects new & existing commitments of residents in acute care settings & secure 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	2018	2018	2019	2019
Personnel	\$1,077,624	\$1,924,853	\$978,128	\$2,081,312
Contractual Services	\$20,000	\$683,195	\$20,700	\$610,094
Materials & Supplies	\$45	\$41,308	\$946	\$39,990
Internal Services	\$146,656	\$318,598	\$234,645	\$236,557
<b>Total GF/non-GF</b>	<b>\$1,244,325</b>	<b>\$2,967,954</b>	<b>\$1,234,419</b>	<b>\$2,967,953</b>
<b>Program Total:</b>	<b>\$4,212,279</b>		<b>\$4,202,372</b>	
<b>Program FTE</b>	9.00	15.50	8.00	16.10

Program Revenues				
Intergovernmental	\$0	\$2,967,954	\$0	\$2,967,953
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,967,954</b>	<b>\$0</b>	<b>\$2,967,953</b>

## Explanation of Revenues

\$2,967,953 - State Mental Health Grant: MHS 24 Acute and Intermediate Psychiatric Inpatient Services based on 2018-2019 IGA with State of Oregon.

## Significant Program Changes

Last Year this program was: FY 2018: 40072 Mental Health Commitment Services