

Department: Health Department **Program Contact:** Neal Rotman
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Requested
Related Programs:
Program Characteristics: In Target

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 (LMHA).

Program Summary

Commitment Services is comprised of several distinct yet interconnected services:

Involuntary Commitment Program: Pre-Commitment Services. An emergency psychiatric hold (E-Hold) is filed with the county and keeps an individual in a hospital so a Pre-Commitment Investigator can investigate the individual's mental health status and whether or not they meet criteria for civil commitment. If a person is found to have a mental disorder, and due to that disorder, are a danger to self/others, or are unable to meet their basic needs a hearing report is filed with the circuit court and civil commitment hearing is held. 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 pays 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 a 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	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Total number of E-Holds ¹	3,091	3,425	3,089	3,000
Outcome	% of investigated E-Holds that did not go to Court hearing ²	87%	87%	88%	87%
Outcome	% of investigated E-Holds taken to court hearing that resulted in commitment ²	90%	91%	89%	89%
Output	# of commitments monitored annually ³	387	380	360	360

Performance Measures Descriptions

¹ This measure includes 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 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.

The LMHA shall conduct the investigations and make the findings required by ORS 430.735 to 430.765 for allegations of abuse of a person with mental illness being served in a program paid for by Multnomah County.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2019	2019	2020	2020
Personnel	\$1,018,819	\$2,121,684	\$1,052,843	\$2,269,873
Contractual Services	\$20,700	\$569,722	\$0	\$350,096
Materials & Supplies	\$946	\$39,990	\$1,022	\$40,144
Internal Services	\$234,645	\$236,557	\$214,674	\$329,368
Total GF/non-GF	\$1,275,110	\$2,967,953	\$1,268,539	\$2,989,481
Program Total:	\$4,243,063		\$4,258,020	
Program FTE	8.00	16.10	8.00	16.10

Program Revenues				
Intergovernmental	\$0	\$2,967,953	\$0	\$2,967,953
Beginning Working Capital	\$0	\$0	\$0	\$21,528
Total Revenue	\$0	\$2,967,953	\$0	\$2,989,481

Explanation of Revenues

\$ 2,967,953 - State Mental Health Grant: MHS 24 Acute and Intermediate Psychiatric Inpatient Services based on 2017-2019 IGA with State of Oregon.

\$ 21,528 - Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2019: 40072-19 Mental Health Commitment Services