Multnomah County

Program #40072 - Mental Health Commitment Services 7/6/2021

Department: Health Department **Program Contact:** Christa Jones

Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted

Related Programs:

Program Characteristics:

Executive Summary

Commitment Services include: Notices of Mental Illness (NMIs), Involuntary Commitment Program (ICP), Commitment Monitors, and the State Hospital Waitlist Reduction Program. The county is the payor of last resort for indigent NMIs and ICP staff are required to investigate to determine whether individuals on holds present a danger to themselves or others or are unable to provide for their basic personal needs, and if a court hearing is recommended. This is a requirement of the county as the Local Mental Health Authority (LMHA). Investigations apply an equity lens, utilizing culturally specific positions and culturally responsive ideals to protect the civil rights of vulnerable individuals. Staff also serve as client advocates, highlighting the adverse impact of dominant culture treatment design, laws and systems on the lives of BIPOC communities.

Program Summary

Commitment Services consists of several distinct yet interconnected services: Notice of Mental Illness (NMIs), Involuntary Commitment Program (ICP), Commitment Monitors and The State Hospital Waitlist Program. A Notice of Mental Illness (NMI) 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 a civil commitment hearing is held. During the course of a civil commitment hearings, ORS 426.110-120 requires that a court examiner make an independent recommendation to the judge. A court examiner are contracted staff who are certified by the Oregon Health Authority. Their roles are required by statutes for civil commitment hearings.

Notice of Mental Illness: When an individual is appropriately placed on an NMI 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 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.
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 helps 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 by matching the client's service needs with available resources and ensuring protection of legal and civil rights.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Total number of[1] NMIs	2,949	2,855	2,966	2,900
Outcome	% of investigated NMIs that did not go to Court hearing[2]	85	83	79	79
Outcome	% of investigated NMIs taken to court hearing that resulted in commitment[2]	91	91	90	90
Output	# of commitments monitored annually[3]	419	363	394	390

Performance Measures Descriptions

[1] This measure includes both NMIs 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

ORS 426 requires that all persons placed on a notice of mental illness be investigated within one judicial day, 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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	**2021**	**2021**	**2022**	**2022**
Personnel	$1,115,556	$2,632,125	$1,132,205	$2,401,662
Contractual Services	$244,996	$25,000	$229,710	$155,343
Materials & Supplies	$1,899	$41,908	$1,899	$43,320
Internal Services	$292,748	$268,920	$198,680	$367,628
Total GF/non-GF	**$1,655,199**	**$2,967,953**	**$1,562,494**	**$2,967,953**
Program Total:	**$4,623,152**		**$4,530,447**	
Program FTE	8.00	16.10	8.00	16.10

Program Revenues				
Intergovernmental	$0	$2,967,953	$0	$2,967,953
Total Revenue	**$0**	**$2,967,953**	**$0**	**$2,967,953**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2021: 40072 Mental Health Commitment Services

*The performance measures and services within this program offer were impacted by COVID. Throughout the pandemic providers have grappled with: multiple temporary closures of facilities, programs, and services; operating at reduced censuses to comply with social distancing requirements; temporary closures to new client intakes due to positive COVID cases among existing staff and/or clients; transition of in-person services to telehealth and/or a mix of telehealth and in-person services; staffing gaps due to quarantine requirements; changes to operational workflows, policies, and protocols; etc. Providers have reported a need to prioritize essential services and responding to crises and ever-changing challenges which has, in some cases, impacted their ability to collect and report data in a timely manner. Performance measures for FY20 and FY21 are likely not a true indicator of need or utilization in a normal year absent from these significant impacts due to the pandemic.