

Department: Health Department **Program Contact:** Christa Jones
Program Offer Type: Existing **Program Offer Stage:** Adopted
Related Programs:
Program Characteristics:

Executive Summary

As a function of the Local Mental Health Authority (LMHA), the County is obligated to perform various duties related to involuntary mental health treatment. The Involuntary Commitment Program investigates person's being involuntarily detained for mental health treatment to make reports to the court about whether or not a person should have a civil commitment hearing. Evaluation of persons in a civil commitment hearing is conducted by mental health examiners. Post commitment monitoring and trial visit monitoring are provided. This program includes payment of involuntary hospital stays for individuals without insurance or financial means. Reduction of inpatient treatment needs are addressed by funding of an Assertive Community Treatment program and Intensive Case Management services provided through contracted services.

Program Description

Commitment Services consists of interconnected pre and post commitment services: Under pre-commitment services the Involuntary Commitment Program (ICP) employs certified commitment investigators to evaluate individuals who are involuntarily detained in hospitals and are alleged to be a danger to self/others or unable to provide for their basic personal needs due to a mental disorder. ICP investigators make recommendations to the court about whether or not a person alleged to be mentally ill should be civilly committed. If a person is recommended for civil commitment, the law requires that a certified examiner conduct further evaluation of the individual during a civil commitment hearing. When a person is civilly committed they are transferred to post-commitment services so their care and treatment may be monitored by the CMHP. The commitment monitors make care recommendations, facilitate referrals to long term care, and liaise with other County programs. When a civilly committed person is discharged to the community while remaining under committed status this is called a trial visit. Trial visit staff monitor a committed person's adherence to community based care to enhance individual and community safety while reducing the need for further inpatient mental health treatment. Commitment Services programs employ staff who are able to provide culturally specific services to address and respond to the needs of Black/African American and Vietnamese and Japanese individuals.

Services apply an equity lens, utilizing culturally specific positions and culturally responsive ideals to protect the civil rights of vulnerable individuals. Staff also serve as advocates, highlighting the adverse impact of dominant culture treatment design, laws and systems on the lives of Black, Indigenous and People of Color communities.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Total number of notices of mental illness (NMI) (1)	2,386	2,700	2,361	2,400
Outcome	% of investigated NMIs that did not go to Court hearing (2)	89%	80%	86%	80%
Outcome	% of investigated NMIs taken to court hearing that resulted in commitment (3)	80%	90%	82%	90%
Output	# of commitments monitored annually (4)	258	350	260	260

Performance Measures Descriptions

(1) This includes NMIs for residents without insurance and residents with insurance. (2) Measure staff effectiveness in applying ORS 426 and reducing burden on the system. (3) The decrease in FY23 is a result of new arguments for dismissal and changed rulings by the court, these are actively being managed to increase %. (4) # 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	2023	2023	2024	2024
Personnel	\$1,178,312	\$2,497,990	\$1,250,417	\$2,629,995
Contractual Services	\$234,285	\$255,343	\$257,894	\$192,343
Materials & Supplies	\$9,444	\$43,992	\$9,916	\$46,191
Internal Services	\$361,668	\$170,628	\$467,705	\$99,424
Total GF/non-GF	\$1,783,709	\$2,967,953	\$1,985,932	\$2,967,953
Program Total:	\$4,751,662		\$4,953,885	
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

State \$ 2,967,953 - State Mental Health Grant: MHS 24: Acute & Intermdt Psych - Commit

Significant Program Changes

Last Year this program was: FY 2023: 40072 Mental Health Commitment Services

The ongoing impact of the pandemic and other community challenges have resulted in continued increase in clinical acuity of individuals in the involuntary treatment services. Higher acuity, continued isolation, increased substance abuse, increased community and interpersonal violence, limitations in the availability of mental health services has strained the behavioral health care system. Providers have had to prioritize essential services and responding to crises with limited staffing. These circumstances have had some impact on service providers being able to collect and report data in a timely manner.