

Department: Health Department

Program Contact: Bill Osborne

Program Offer Type: Operating

Program Offer Stage: Proposed

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. Once a hearing is recommended, the county is required to provide a certified mental health examiner to assist in the evaluation of an allegedly mentally ill person during the civil commitment hearing. Upon commitment an individual is transferred to the post commitment team. The Post commitment team monitors the individual while under commitment. Trial visit monitors are assigned if a committed person is transitioned to trial visit.

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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	1. Total number of notices of mental illness (NMI's)	2,432	2,400	2,434	2,400
Outcome	2. % of investigated NMI's that did not go to Court hearing	89%	80%	89%	80%
Outcome	3. % of investigated NMI's taken to court hearing that resulted in commitment	82%	90%	82%	80%
Output	4. # of commitments monitored annually	253	260	241	250

Performance Measures Descriptions

1. This includes NMI's 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 FY 2023 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	Proposed General Fund	Proposed Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$1,250,417	\$2,629,995	\$1,408,913	\$2,758,202
Contractual Services	\$257,894	\$192,343	\$122,504	\$277,733
Materials & Supplies	\$9,916	\$46,191	\$7,909	\$31,500
Internal Services	\$467,705	\$99,424	\$501,636	\$81,255
Total GF/non-GF	\$1,985,932	\$2,967,953	\$2,040,962	\$3,148,690
Program Total:	\$4,953,885		\$5,189,652	
Program FTE	8.00	16.10	8.50	16.10

Program Revenues				
Intergovernmental	\$0	\$2,967,953	\$0	\$3,148,690
Total Revenue	\$0	\$2,967,953	\$0	\$3,148,690

Explanation of Revenues

State \$ 3,148,690 - State Mental Health Grant: MHS 24: Acute & Intermdt Psych - Commit

Significant Program Changes

Last Year this program was: FY 2024: 40072 Mental Health Commitment Services

The ongoing impact of the restriction of state hospital beds for civilly committed individuals and other community challenges have resulted in a continued increase in clinical acuity of individuals in involuntary treatment services. While there has been a slight decrease in the number of individuals civilly committed in Multnomah County there has also been a restriction on finding appropriate levels of long term care due to the state hospital restriction. 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 those individuals needing essential services.