

Priority: Basic Needs **Lead Agency:** County Human Services
Program Offer Type: Existing Operating **Program Contact:** Sandy Haffey
Related Programs: 25058A, 25061, 25064
Program Characteristics: Backfill State/Federal/Grant

Executive Summary

Staff monitor stabilization of committed persons and facilitate the movement of committed patients from local acute care and State hospital campuses. Staff ensure timely, appropriate, legal discharge of committed mental health patients, participate in treatment/discharge planning to ensure adequacy and appropriateness of treatment resources, provide for client and community safety.

Program Description

This program is a State mandated function and operates by designation as the Local Mental Health Authority. It exists in a continuum of involuntary treatment and services. In FY2005, Mental Health Consultants were responsible for monitoring 389 committed clients in local psychiatric acute care hospital beds, 178 committed clients at Oregon State Hospital campuses and 61 Trial Visits in the community. Staff track local acute care hospitals, Telecare, and State Hospital admissions and discharges for committed Multnomah County residents. They assess whether committed persons continue to meet commitment criteria, participate with hospital treatment teams and outpatient providers in development of treatment/discharge plans. Commitment Monitors then assist with acquisition of adequate and appropriate resources, refer for Trial Visit, Long Term Care (Oregon State Hospital) or recommend and sign discharge from civil commitment. Additionally, staff provide monitoring and supervision for patients accepted for Trial Visit, facilitate financial entitlements being in place, ensure least restrictive living environment able to provide for client and community safety, and stabilize persons referred for involuntary commitment.

Program Justification

This program links directly to the Basic Living Needs Priority, by ensuring adequacy and appropriateness of treatment resources and protection of legal and civil rights for the most vulnerable adult consumers with severe and persistent mental illness, who are involuntarily civilly committed. This program fits into the Poverty Elimination Framework by providing linkages to needed social services to low income and indigent consumers. These services provide the resource connections necessary for persons with severe and persistent mental illness to function as part of the larger community. Staff address the psychiatric stability of the patient and the community resources needed for successful community placement. Staff facilitates client access to State and Federal benefits. Access to behavioral and physical health, addiction services and social services is provided. Staff provide the bridge to comprehensive community supports and services that lead to and maintain stable, affordable housing. This links directly to the 10-year Plan to End Homelessness. The goal is to decrease client use of crisis and inpatient psychiatric services. The program solicits and encourages the involvement of families/caregivers in this process.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY04-05)	Current Year Purchased (FY05-06)	Current Year Estimate (FY05-06)	Next Year Offer (FY06-07)
Output	Number of new commitments monitored	0	0	0	30
Outcome	% of patients seen by Commitment Monitor within 72	0%	0%	0%	90%
Input	Number of Trial Visits	0	0	0	80
Outcome	% of Trial Visits completed successfully	0%	0%	0%	80%

Performance Measure - Description

1. Mental Health & Addiction Services Division (MHASD) policy states tha a committed patient will be contacted by the Commitment Monitor within 72 hours (business days) of the commitment. The system to collect & monitor this data is being initiated.
2. ORS 426 allows for Trial Visits during the commitment period, if in the opinion of MHASD the committed person can be appropriately served by outpatient care during the period of commitment. Program utilizes Trial Visits as a means of providing for treatment services in the least restrictive environment. Trial Visits include a signed contract with the patient stipulating "conditions" the patient is expected to adhere to in order to remain in the community.

Legal/Contractual Obligation

ORS 426.060; ORS 426.292; OAR 309-031-0215; OAR 309-033-0200 - 309-033--330

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
	2006	2006	2007	2007
Program Expenses				
Personnel	\$0	\$0	\$48,570	\$0
Subtotal: Direct Exps:	\$0	\$0	\$48,570	\$0
Administration	\$0	\$0	\$3,218	\$0
Program Support	\$0	\$0	\$31,212	\$0
Subtotal: Other Exps:	\$0	\$0	\$34,430	\$0
Total GF/non-GF:	\$0	\$0	\$83,000	\$0
Program Total:	\$0		\$83,000	
Program FTE	0.00	0.00	0.51	0.00
Program Revenues				
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$0	\$0	\$0	\$0

Explanation of Revenues**Significant Program Changes**

Last year this program was: #25056, MH Commitment Monitors

Movement of MHS 24 dollars to cover E-Holds (#25075) and Involuntary Commitment Program (#2058A & 2058B) decreased dollars for post commitment staff by 3.8FTE, eliminating 1.8 Commitment Monitors & 2.0FTE Trial Visit Monitors. This offer restores the 3.8FTE. This would re-instate the Trial Visit Monitoring program component, restore monitoring of referrals to Oregon State Hospital, provide coverage for the 6 acute care hospital, psychiatric units, and increase the number of committed patients monitored by 30.

The increase in committed clients is partially accounted for by population increase in Multnomah County. Changes in Oregon Health Plan coverage, which decreased available services, accounts for additional increases in committed clients.