

Priority: Basic Needs
Program Offer Type: Existing Operating
Related Programs: 25058, 25075

Lead Agency: County Human Services
Program Contact: Sandy Haffey

Program Characteristics:

Executive Summary

Staff provide monitoring services to ensure stabilization and civil right protections for civilly committed patients in local acute care or the State Hospital, as well as authorize discharge planning necessary for patient and community safety. ORS 426.130 mandates this function. In FY05-06 Staff provided monitoring and discharge services to 808 patients and trial visit services to 102, an increase of 4.6 percent.

Program Description

Civil Commitment Monitors/Discharge Planners are a State mandated function and operate by designation as the Local Mental Health Authority. This program exists in a continuum of involuntary mental health treatment and services. In FY 2006, Mental Health Consultants were responsible for monitoring 376 committed patients in local psychiatric acute care hospital beds, 275 committed patients at Oregon State Hospital campuses and 102 trial visits in the community. Staff track local 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 assist with 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 in the community, facilitate financial and medical entitlements being in place and ensure least restrictive living environment able to provide for client and community safety.

Program Justification

This program links to the Basic Living Needs Priority by ensuring adequacy and appropriateness of treatment resources through intervention and service coordination 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. They facilitate 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, linking 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 (FY05-06)	Current Year Purchased (FY06-07)	Current Year Estimate (FY06-07)	Next Year Offer (FY07-08)
Output	Number of commitments monitored	376	350	400	430
Outcome	% of patients seen by Commitment Monitor within 72 hrs. of commitment	100.0%	100.0%	100.0%	100.0%
Output	Number of Trial Visits	102	160	110	115
Outcome	% of Trial Visits completed successfully	80.0%	80.0%	90.0%	90.0%

Performance Measure - Description

1. Mental Health and Addiction Services Division policy requires that a committed individual be contacted by the commitment monitor within 72 hours (business days) of the commitment. Measurement allows tracking of staff responsiveness to committed patients. Output for number purchased FY06-07 is an error - it should have been 406.

2. ORS 426.273 allows for Trial Visits to the community during the commitment time period. Measure #2 tracks success rate of persons placed in community on Trial Visit while still committed. It also provides an indication of staff skill and ability in determining which patients can continue treatment in the community rather than the hospital. Trial Visits were lower than FY06-07 purchased due to staff resignations and time required to fill positions.

Legal/Contractual Obligation

ORS 426.005 to 426.415

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2007	2007	2008	2008
Personnel	\$48,048	\$602,727	\$0	\$752,413
Materials & Supplies	\$0	\$14,869	\$0	\$13,894
Internal Services	\$0	\$100,646	\$0	\$105,876
Subtotal: Direct Exps:	\$48,048	\$718,242	\$0	\$872,183
Administration	\$3,218	\$24,377	\$0	\$31,226
Program Support	\$31,212	\$35,487	\$0	\$19,189
Subtotal: Other Exps:	\$34,430	\$59,864	\$0	\$50,415
Total GF/non-GF:	\$82,478	\$778,106	\$0	\$922,598
Program Total:	\$860,584		\$922,598	
Program FTE	0.51	6.79	0.00	8.30
Program Revenues				
Intergovernmental	\$0	\$718,242	\$0	\$872,183
Program Revenue for Admin	\$0	\$59,864	\$0	\$50,415
Total Revenue:	\$0	\$778,106	\$0	\$922,598

Explanation of Revenues

\$872,183 from State Mental Health Grant Award - estimated 07-09 biennium contract.

Significant Program Changes

✔ Significantly Changed

Last year this program was: #25059A, Mental Health Commitment Monitors

1FTE Mental Health Consultant is being moved from the Waitlist Reduction Project for State Hospital Admissions (offer #25064) to the Civil Commitment Monitors/Discharge Planners program. The position is dedicated to discharge planning for Mult. Co. residents residing at the State Hospital. Increasing numbers of complex patient discharges from the State Hospital to multiple community, outpatient mental health providers requires that this position be re-sited from an outpatient provider to the Mental Health and Addiction Services Division.

Revenue streams have been adjusted to reflect the clients served by this program. MHASD is budget neutral in its overall request for County General Funds.