

**Priority:** Basic Needs  
**Program Offer Type:** Existing Operating  
**Related Programs:**

**Lead Agency:** County Human Services  
**Program Contact:** Sandy Haffey

**Program Characteristics:**

**Executive Summary**

This offer combines four previous program offers: Emergency Psychiatric Holds (E-Holds; Involuntary Commitment Program (ICP); Commitment Monitors; and Waitlist Reduction Program. ORS 426 mandates the County as payor of last resort for indigent E-Holds and requires ICP staff investigate and determine whether individuals on an E-Hold present an imminent risk of harm to themselves or others and if a pre-commitment hearing recommendation should be made to the Circuit Court. Provision of Commitment Monitors is a requirement of the County as the Local Mental Health Authority. In FY06-07 ICP investigated 4101 E-Holds; commitment staff monitored 260 patients and 63 trial visits.

**Program Description**

An E-Hold places an individual in a hospital while MHASD ICP staff investigate the individual's mental health status to determine whether to recommend civil commitment in Circuit Court. Physicians must authorize emergency holds by writing a Notice of Mental Illness, and may only do so when the individual poses a threat to him/herself or others. ICP staff determine the need for a pre-commitment hearing. If the individual is placed on an E-Hold and cannot pay for the hospital stay, ORS 426 requires that the County provide these services. When staff recommend a hearing, ORS 426.110-120 requires that a Court Examiner make an independent recommendation to the Judge. Multnomah County Circuit Court requires two Court Examiners to be present at hearing.

As the Local Mental Health Authority (LMHA) 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 and discharge plans, and make recommendations on continued hospitalization. Commitment monitors perform monitoring services during trial visits to the community, facilitate financial and medical entitlements, and ensure that individuals transition into the most clinically appropriate level of community care. In FY06-07 commitment monitors were responsible for monitoring 309 committed patients in acute care, 260 at Oregon State Hospital, and 63 trial visits in the community.

The Waitlist Reduction Program provides for Intensive Case Management (ICM) for patients discharging from the State Hospital, and acute care hospitals. ICM and transition planning prevent relapses into hospital care and reduce the County's burden as the payer of last resort. ICM staff provide connection with resources and assistance in obtaining housing, access to health care, social services, and outpatient mental health services. The program provides funding for four Emergency Liaiso

**Program Justification**

These services fit the Basic Living Needs priority by addressing the needs of mentally ill County residents at the highest level of care. Services provide care and service coordination, ensure adequacy and appropriateness of resources and provide protection of legal and civil rights. Services fit the Poverty Elimination Framework by funding mental health care for indigent individuals who present a risk to their own safety or the safety of others.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Number of E-Holds for indigent County residents*	1,045	0	1,000	1,000
Outcome	% of total E-Holds that went to Court hearing	8.0%	8.0%	8.0%	8.0%
Output	Number of commitments monitored	665	430	800	800
Outcome	% of E-Hold hearings that result in commitment	7.0%	0.0%	7.0%	7.0%

**Performance Measure - Description**

 **Measure Changed**

\*Indigent E-Holds are a subset of the total number of 4,273 E-Holds in Multnomah County.

1. Outcomes measure staff effectiveness in applying ORS 426

**Legal/Contractual Obligation**

ORS 426.005 to 426.415

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2008	2008	2009	2009
Personnel	\$272,560	\$2,015,678	\$435,937	\$2,086,987
Contracts	\$144,588	\$2,022,948	\$560,000	\$2,107,780
Materials & Supplies	\$26,704	\$13,894	\$0	\$47,984
Internal Services	\$220,148	\$105,876	\$62,161	\$199,693
Subtotal: Direct Exps:	<b>\$664,000</b>	<b>\$4,158,396</b>	<b>\$1,058,098</b>	<b>\$4,442,444</b>
Administration	\$42,178	\$148,879	\$80,766	\$117,104
Program Support	\$101,300	\$91,488	\$178,974	\$50,331
Subtotal: Other Exps:	<b>\$143,478</b>	<b>\$240,367</b>	<b>\$259,740</b>	<b>\$167,435</b>
Total GF/non-GF:	<b>\$807,478</b>	<b>\$4,398,763</b>	<b>\$1,317,838</b>	<b>\$4,609,879</b>
Program Total:	<b>\$5,206,241</b>		<b>\$5,927,717</b>	
Program FTE	3.00	21.30	4.00	22.30
<b>Program Revenues</b>				
Intergovernmental	\$0	\$4,158,396	\$0	\$4,442,444
Program Revenue for Admin	\$0	\$240,367	\$0	\$167,435
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$4,398,763</b>	<b>\$0</b>	<b>\$4,609,879</b>

**Explanation of Revenues**

State Mental Health Grant - \$4,442,444

County General Funds - \$1,058,098

**Significant Program Changes****Last year this program was:**

#25075 Emergency Holds, #25058 ICP,#25059 Commitment Monitors/Discharge Planners,#25064 Waitlist Reduction for State Hospital Admissions

FY06-07 data: E-Holds/91% of indigent claims processed in 30 days;ICP/Number of holds investigated 4101, 99% of holds investigated in Statute timeframe; 326 holds to hearing; 100% of hearings held in Statute timeframe; Commitment/99.35% of patients seen within 72 hours; number of Trial Visits was 96; 84.13% of Trial Visits completed successfully;Waitlist/Number of patients referred &amp; accepted to OSH was 161;Average daily number on Waitlist was 9; Average length of stay on waitlist was 22 days.