

Lead Agency: County Human Services

Program Contact: Jean Dentinger

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics: In Target

Executive Summary

Commitment Services includes Emergency Psychiatric Holds (E-Holds), Involuntary Commitment Program (ICP), Commitment Monitors, and the State Hospital Waitlist Reduction Program (WLRP). The county is the payor of last resort for indigent E-Holds and ICP staff are required to investigate and determine whether individuals on an E-Hold present a risk of harm to themselves or others and if a court hearing should be recommended. Provision of commitment monitors is a requirement of the county as the Local Mental Health Authority (LMHA). In FY12 ICP investigated 1,400 E-Holds for indigent residents and 4,736 total holds; commitment staff monitored 546 patients and 160 trial visits. In FY12, the state also began funding the county to pay for hospital admissions of uninsured consumers who are committed and monitored by MHASD's commitment monitors.

Program Description

Commitment Services is comprised of several distinct, yet interconnected services:

Involuntary Commitment Program: An E-Hold places an individual in a hospital while ICP staff investigate the individual's mental health status to determine if the person has a mental illness and is dangerous to self and/or others. ICP staff file for a pre-commitment hearing with the circuit court. When staff recommend a hearing, ORS 426.110-120 requires that a court examiner make an independent recommendation to the Judge.

Emergency Hold: When an individual is placed on an E-Hold and cannot pay for the hospital stay, ORS 426 requires that the county pay for these services. The county is required to provide commitment monitoring services.

Commitment Monitors: Staff in this unit 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 appropriate level of community care. In FY12, the state began funding the county to pay for uninsured consumers who are committed and monitored in the hospital by MHASD's commitment monitors.

State Hospital Waitlist Reduction Program (WLRP): Funding provides for Intensive Case Management (ICM) for patients discharging from the State Hospital and acute care hospitals, and for four Emergency Department Liaisons. ICM and transition planning prevent relapses into hospital care and reduce the County's burden as the payor 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. These services address 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.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	# of E-Holds for indigent County residents	1,100	1,100	1,400	1,250
Outcome	% of total E-Holds that went to Court hearing ¹	7.4%	8.4%	7.3%	7.3%
Output	# of commitments monitored	750	650	546	600
Outcome	% of total E-Holds with a hearing that resulted in commitment ²	73.0%	80.0%	82.7%	83.0%

Performance Measure - Description

¹Outcomes measure staff effectiveness in applying ORS 426- This measure is the percentage of E-Hold Court hearings that result in a commitment.

² This percentage is increasing as staff respond to the conservativeness of the Circuit Court and State Appellate Court in interpreting ORS 426.

Legal/Contractual Obligation

The ORS 426 requires that all persons placed on a notice of mental illness be investigated within 24 hours, as well as monitored upon commitment, as a protection of their civil rights; The state delegates the implementation of this statute to the counties.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2012	2012	2013	2013
Personnel	\$925,224	\$2,155,638	\$927,107	\$2,197,880
Contracts	\$200,000	\$1,698,071	\$205,000	\$4,082,451
Materials & Supplies	\$0	\$70,342	\$13,874	\$77,342
Internal Services	\$0	\$276,533	\$0	\$276,433
Total GF/non-GF:	\$1,125,224	\$4,200,584	\$1,145,981	\$6,634,106
Program Total:	\$5,325,808		\$7,780,087	
Program FTE	9.00	21.10	9.00	21.10
Program Revenues				
Intergovernmental	\$0	\$4,112,069	\$0	\$6,634,106
Other / Miscellaneous	\$0	\$88,515	\$0	\$0
Total Revenue:	\$0	\$4,200,584	\$0	\$6,634,106

Explanation of Revenues

\$523,028 - State Mental Health Grant Non Residential: Based on FY12 grant award
\$4,651,259 - State Mental Health Grant Regional Acute Inpatient Facility: Based on FY12 grant award
\$1,459,819 - State Mental Health Grant Community Crisis Services: Based on FY12 grant award
\$1,145,981 - County General Fund

Significant Program Changes

Last year this program was: #25058, Mental Health Commitment Services