

Lane County, Oregon

FY 08-09 Service Options Sheet

Service: **Psychiatric Serv for Severely Mentally Ill Adults**
 Dept: H&HS, Lane County Mental Health
 Program Contact: Al Levine
 Contact Phone: 682-7520

BCC Service Priorities: **1,2,3,6,7**
 Fund: **124** Dept. Org ID: **3427412**
 Dept. Priority: **3** of **18**
 Fund Priority: **22** of **46**

Executive Summary

Hospital aftercare services and services to adults with severe mental illness determined at the greatest risk to themselves and the community. Services provided include psychiatric assessment and medication management, individual and group psychotherapy, crisis stabilization, skills training, and adult protective services investigations. This program provides pre-commitment investigations for patients admitted on emergency mental health holds, and investigations of individuals alleged to be a danger to themselves or others who are in the community. Training and consultation provided to local law enforcement jurisdictions. Coordination and gate keeping of residential mental health services. Diversion from criminal justice system.

State/Federal Mandate

Mandate by statute and contract that County as **Local Mental Health Authority** must provide staff certified as Pre- Commitment Investigators for the purposes of investigating all emergency holds placed in County or on residents of Lane placed in hospitals in other counties, as well as investigating all "Notices of Mental Illness" (community petitions) on persons alleged to be a danger to self or others living within Lane County. Provide trained Protective Service Investigator, protective services and investigations for all complaints of abuse, neglect or exploitation against any

Outcome Measure/s

On average, we serve 1500 adults per year. There are currently 25 adults under Psychiatric Security Review Board supervision, and conduct almost 600 civil commitment investigations per year with almost 90 commitments per year. Demand remains higher than service availability, so access is triaged to take in those most at risk.

Service Level Descriptions. Level 1 (very bottom) = Threshold Level Below Which Service Cannot Be Provided

X=Funded	Proposed Service Funding >>	Other Funds	Expense Total	General Fund	FTE
		4,711,850	4,711,850	0	33.28
Level 1:		0	493,459	493,459	
Provide services to 1300 severe/persistently mentally ill adults who are at immanent risk for inpatient hospitalization or who have been recently discharged from inpatient care. LCMH revenues are expected to subsidize losses at the Community Health Center. Retention of GF will improve the likelihood of meeting the subsidization targets while maintaining funding of contracted community services.					
X BASE SERVICE - NO GENERAL FUND		4,711,850	4,711,850	0	33.28
Employed FTE staff of 8.58 support/admin, 19.4 mental health clinicians, and 5.3 medical staff. Contract staff of .9 of contracted psych Nurse Practitioner staff. Services to 1300 of the most seriously ill community members. Reductions to contracted services diminishing access for non-insured citizens. Decreased access will increase risk for psychiatric inpatient care at County expense at approx. \$7500 per admission. (Est. increased County cost is >\$560,000/year.) LCMH revenue to subsidize Community Health Center losses.					

Ver: 12/18/07d-ji

- "Shall" Mandate
- Related Mandate
- No Clear Mandate
- Highly Leveraged to County provided service (100% return or greater)
- Leverages Funds to County
- Leverages Funding for Citizens and/or Community Organizations

Leverage Details

At the FY 07-08 level of service, the GF portion of this program leverages:

	\$0	back to the General Fund
	\$560,000	into other County Funds
	\$0	directly or via subcontract to community orgs
	\$0	directly to citizens via services provided

113.48% County Funds Leverage Ratio

For the purpose of this comparison, only include leveraged funds that are dependent on General Fund revenue. Do not include funds that would still be leveraged if the General Fund portion of the service were decreased or eliminated.

Please use this space to explain the Proposed Service Level Funding impact on leverage of the varying levels of service described above.

Leverages fee revenue, and leverages cost of increased inpatient care.