



C A L I F O R N I A   D E P A R T M E N T   O F  
**Mental Health**

1600 9th Street, Sacramento, CA 95814  
(916) 653-6257

November 18, 1999

DMH INFORMATION NOTICE NO.: 99-14

TO: LOCAL MENTAL HEALTH DIRECTORS  
LOCAL MENTAL HEALTH PROGRAM CHIEFS  
LOCAL MENTAL HEALTH ADMINISTRATORS  
COUNTY ADMINISTRATIVE OFFICERS  
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: QUARTERLY REPORTING OF INVOLUNTARY DETENTION DATA

EXPIRES: RETAIN UNTIL RESCINDED

The purpose of this letter is to clarify county data reporting requirements mandated in Welfare and Institutions Code (WIC) Section 5402(a), and to provide counties with copies of modified versions of forms for reporting Involuntary Detention, Jail Services, and Conservatorship data.

**Reporting Requirements**

WIC Section 5402(a) requires the State Department of Mental Health (DMH) to collect quantitative data concerning the number of persons admitted and treated involuntarily under several sections of the WIC. Furthermore, DMH is also required to collect data on the number of persons transferred to mental health facilities pursuant to Sections 4011.6 or 4011.8 of the Penal Code, the number of persons for whom temporary conservatorships are established, and the number of persons for whom conservatorships are established in each county.

In addition, WIC Section 5402(b) states that each local mental health director shall provide the department, upon its request, with any information, records, and reports that the Department deems necessary. WIC Section 5402(d) requires the Department to make the reports available to medical, legal, and other professional groups.

In order to insure reliable, valid, and useful data for all interested parties, DMH and the counties must work together to collect and report these data. It is our hope that the revised forms and clarified reporting instructions enclosed with this letter will assist counties in reporting this important information to DMH.

### **Reporting Instructions**

Data collection within each county must be “facility-based.” In other words, it is the responsibility of the county in which the treatment facility, jail, or court is located to include all of the information about the facility in its report. This includes data from all facilities, public or private, and the clients served in those facilities receiving services reimbursed by private or public funds. DMH requires that the counties collect and report these data, since the counties are responsible for certifying the facilities that serve persons on an involuntary basis.

For example, if a client from county “A” is taken to county “B” under the provisions of the WIC, Section 5150, then the facility in county “B” is required to report that client to their county as one 5150 count (MH 3825). County “B” should obtain these data from all of the appropriate facilities within their county. Next, county “B” is responsible for submitting a single report, quarterly, for each of the three Involuntary Detention reporting areas, referenced in the bullets below. It is important to note that it is not the responsibility of the county from which the client originated to report the client (in this scenario, County “A”).

DMH has modified the formats and reporting instructions for the following reports:

- Quarterly Report on Involuntary Detentions (MH 3825)
- Quarterly Report on Services Provided to Persons Detained in Jail Facilities (MH 3823)
- Quarterly Report of Conservatorships Established by the Superior Court of the County (MH 3824)

Revised reporting instructions, along with helpful tips, are conveniently included with each form. Copies of the new forms, with instructions, are enclosed. You may copy these forms as needed or contact DMH for additional forms.

Reports are due by the 30<sup>th</sup> of the month following the end of each quarter. Please begin using the new forms immediately for the October 1, 1999 – December 31, 1999, Fiscal Year 1999/2000, second quarter reporting period. These data are due by January 31, 2000.

In addition, a separate letter to each county mental health director will soon follow. The letter will provide counties with a current summary of their Involuntary Detention reporting. Attached will be a table illustrating the reports DMH has received to date. The table will also indicate any past-due reports needed from each county, where appropriate. These new forms may be used to submit past data.

If you would like additional forms or have any questions regarding the above revisions, please call Bryan Fisher, Statistics and Data Analysis, (916) 653-5493.

Original Signed By

GARY M. PETTIGREW  
Deputy Director  
Systems of Care

Enclosures

cc: Chief, Technical Assistance and Training  
California Mental Health Planning Council

**QUARTERLY REPORT OF CONSERVATORSHIPS ESTABLISHED BY THE SUPERIOR COURT OF THE COUNTY**

MH 3824 (Rev. 11/99)

County Name:		<b>Quarter 1</b> <input type="checkbox"/>	<b>July 1 to Sept. 30</b>	<b>Year</b>	
County Code:		<b>Quarter 2</b> <input type="checkbox"/>	<b>Oct. 1 to Dec. 31</b>		_____
		<b>Quarter 3</b> <input type="checkbox"/>	<b>Jan. 1 to March 31</b>		_____
		<b>Quarter 4</b> <input type="checkbox"/>	<b>April 1 to June 30</b>		_____

1. Number of persons placed under <i>temporary conservatorships</i> during this quarter:	
2. Number of newly established & re-established <i>permanent conservatorships</i> during this quarter:	

The above information is required by the California Welfare and Institutions Code (WIC) Section 5402(a). The information provided in this quarterly report will be incorporated into an annual report as required by WIC Section 5402(d).

*Please see reverse side for Reporting Instructions.*

**This quarterly report should be submitted by the 30<sup>th</sup> of the month following the end of each quarter.**

If you need assistance preparing this report, please contact Statistics and Data Analysis at (916) 653-6257.

Mail this quarterly report to:

**DEPARTMENT OF MENTAL HEALTH  
 STATISTICS AND DATA ANALYSIS  
 1600 NINTH STREET, Room 130  
 SACRAMENTO, CA 95814**

**REPORTING INSTRUCTIONS:**  
**QUARTERLY REPORT OF CONSERVATORSHIPS ESTABLISHED BY**  
**THE SUPERIOR COURT OF THE COUNTY (MH 3824)**

**Persons for whom temporary or permanent conservatorships are established would be reported by the county in which the court is located. Do not count persons from your county who are referred to another county for services.**

**Do not leave any boxes blank. If there are no counts related to items 1-2 below, you must still submit this report on a quarterly basis with zero counts in each of the boxes provided.**

- Enter your county name in the box provided.
  - Enter your county code in the box provided.
  - Enter the quarter and corresponding year in the boxes provided.
  - Please use one form to report each quarter.
1. ***Temporary Conservatorships:*** Enter the count of persons placed under *temporary conservatorship* by the Superior Court of the County under WIC Section 5352.1 during the quarter being reported. If the court extends the temporary conservatorship, **do not** count it again.
  2. ***Permanent Conservatorships:*** Enter the count of persons for whom *permanent conservatorships* were established or re-established by the Superior Court of the County during the quarter being reported. This count should include all conservatorships established by the Superior Court – regardless of the type of facility in which the patient is placed – e.g., State Hospitals. In addition, include in this count any *permanent conservatorships* established for persons previously under *temporary conservatorship*.
- Date and sign the quarterly report in the space provided and mail this report to the address listed below. Please include a telephone number of the county contact for data verification purposes.
  - Mail this quarterly report to:

**DEPARTMENT OF MENTAL HEALTH  
STATISTICS AND DATA ANALYSIS  
1600 NINTH STREET, Room 130  
SACRAMENTO, CA 95814**

**QUARTERLY REPORT ON INVOLUNTARY DETENTIONS**

MH 3825 (Rev. 11/99)

County Name:
County Code:

**Year** \_\_\_\_\_

Quarter 1  July 1 to Sept. 30 \_\_\_\_\_

Quarter 2  Oct. 1 to Dec. 31 \_\_\_\_\_

Quarter 3  Jan. 1 to March 31 \_\_\_\_\_

Quarter 4  April 1 to June 30 \_\_\_\_\_

SUMMARY OF INVOLUNTARY DETENTIONS IN COUNTY DESIGNATED FACILITIES (excluding State Hospitals)							
Provider Code	Facility Name	72-Hr. Eval & Treatment		14-Day Intensive Treatment	Additional 14-Day Intens. Treat (Suicidal)	30-Day Intensive Treatment	180-Day Post Certification
		Child/Adol (0-17 Yrs)	Adult (18 & Up)				

The above information is required by the California Welfare and Institutions Code (WIC) Section 5402(a). The information provided in this quarterly report will be incorporated into an annual report as required by WIC Section 5402(d).

*Please see reverse side for Reporting Instructions.*

**This quarterly report should be submitted by the 30<sup>th</sup> of the month following the end of each quarter.**  
 If you need assistance preparing this report, please contact Statistics and Data Analysis at (916) 653-6257.

Please mail this quarterly report to:

**DEPARTMENT OF MENTAL HEALTH  
 STATISTICS AND DATA ANALYSIS  
 1600 NINTH STREET, Room 130  
 SACRAMENTO, CA 95814**

## REPORTING INSTRUCTIONS:

### QUARTERLY REPORT ON INVOLUNTARY DETENTIONS (MH 3825)

**SPECIAL INSTRUCTIONS:** This reporting applies to all instances of involuntary treatment regardless of funding source. That is, persons who are treated involuntarily in private psychiatric facilities or whose treatment is funded by private resources must be reported along with persons whose treatment is funded through Medi-Cal or the county mental health program. Do not count persons who are referred to another county for services. It is the responsibility of the county in which a treatment facility is located to include all of the information about the facility in its report.

If there are no designated facilities, public or private, within your county in which at least one person was admitted involuntarily for evaluation and treatment, you must still submit this report on a quarterly basis with zero counts in each of the boxes provided. For example: In the “Facility Name” box enter “NO FACILITY”, and zero fill each of the six treatment categories. In the boxes provided, enter the quarter and year of the report. Date, sign, and mail this report to the address listed on the front of this form. Please include a telephone number of the county contact for data verification purposes.

For each private or public facility reported, completely fill out each category of Involuntary Detention. Do not leave any section blank. If there are no counts for a specific category, please enter a zero count. In the boxes provided, enter the quarter and year of the report. Date, sign, and mail this report to the address listed on the front of this form. Please include a telephone number of the county contact for data verification purposes.

**Please use one form to report each quarter.**

**PROVIDER CODE:** Enter provider code for the facility assigned by the Cost Report System. If the facility is not a Short-Doyle provider, then leave blank.

**FACILITY NAME:** Enter the names of all facilities, public or private, designated by the county to which at least one person was admitted involuntarily for 72-hour evaluation and treatment, 14-day intensive treatment, Additional 14-day intensive treatment (Suicidal), 30-day intensive treatment, or 180-day post certification during the reporting period. Exclude State Hospitals for the Mentally Disabled from the list of designated facilities. These are being reported by the State Hospitals.

Note: A person who initially is admitted to a unit within a facility and is subsequently transferred to another unit within the same facility or to another facility for the same treatment episode while being held under the same Welfare & Institutions (WIC) section is to be counted only once. This person is to be counted in the unit or facility where each specific detention was initiated. This is to eliminate duplicate reporting.

**72-HOUR EVALUATION AND TREATMENT:** Enter the total count of persons admitted to the county-designated facility for 72-hour treatment and evaluation under WIC Section 5150, 5170, 5200, 5225, and 5585.56 during the report quarter. If the same person was admitted more than once during the quarter for 72-hour evaluation and treatment, count each admission. The number of persons reported should be separated into two groups, children and adolescents (0-17 years old) in one and adults (18 years & over) in the other as indicated.

**14-DAY INTENSIVE TREATMENT:** Enter the total count of persons certified during the report quarter for 14 day intensive treatment under WIC Section 5250.

**ADDITIONAL 14-DAY INTENSIVE TREATMENT (SUICIDAL):** Enter the total count of persons certified during the report quarter for an additional 14-days intensive treatment due to suicidal tendencies under WIC Section 5260. If the same person is involuntarily detained for a 14-day certification more than once during the quarter, count each certification.

**30-DAY INTENSIVE TREATMENT:** Enter the total count of persons certified during the report quarter for an additional period of intensive treatment of not more than 30 days under WIC Section 5270.15 for gravely disabled mentally disordered individuals who are unable to sufficiently stabilize within the 14-day period of intensive treatment.

**180-DAY POST-CERTIFICATION:** Enter the total count of persons certified during the report quarter for 180 days additional treatment under WIC Section 5303 and 5304.

**QUARTERLY REPORT ON SERVICES PROVIDED TO PERSONS DETAINED IN JAIL FACILITIES**

MH 3823 (Rev. 11/99)

County Name:		<b>Quarter 1</b> <input type="checkbox"/>	<b>July 1 to Sept. 30</b>	<b>Year</b>	
County Code:		<b>Quarter 2</b> <input type="checkbox"/>	<b>Oct. 1 to Dec. 31</b>		
		<b>Quarter 3</b> <input type="checkbox"/>	<b>Jan. 1 to March 31</b>		
		<b>Quarter 4</b> <input type="checkbox"/>	<b>April 1 to June 30</b>		

	INVOLUNTARY	VOLUNTARY
<b>1.</b> Number of <i>admissions</i> to local inpatient services pursuant to PC 4011.6 or PC 4011.8 evaluated and/or treated in a local mental health facility.		
<b>2.</b> Number of admissions to an <i>LPS approved</i> inpatient treatment program within a jail facility.		

**ALL FACILITIES MUST BE LPS APPROVED AND MEET INPATIENT SERVICE REQUIREMENTS AS DEFINED IN CALIFORNIA ADMINISTRATIVE CODE, TITLE 9, ARTICLE 3, SECTION 820 & 821, AND ARTICLE 10, SECTION 660-663.**

<b>3.</b> <i>Unduplicated count of persons</i> receiving outpatient services as defined in the Cost Reporting Manual (see Reporting Instructions on reverse side) provided within a jail facility.	
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The above information is required by the California Welfare and Institutions Code (WIC) Section 5402(a). The information provided in this quarterly report will be incorporated into an annual report as required by WIC Section 5402(d).

*Please see reverse side for Reporting Instructions.*

**This quarterly report should be submitted by the 30<sup>th</sup> of the month following the end of each quarter.**

If you need assistance preparing this report, please contact Statistics and Data Analysis at (916) 653-6257.

Mail this quarterly report to:

**DEPARTMENT OF MENTAL HEALTH  
 STATISTICS AND DATA ANALYSIS  
 1600 NINTH STREET, Room 130  
 SACRAMENTO, CA 95814**



## REPORTING INSTRUCTIONS:

### QUARTERLY REPORT ON PERSONS DETAINED IN JAIL FACILITIES (MH 3823)

Persons served in jail programs would be reported by the county in which the jail is located. Do not count persons from your county who are referred to another county for services.

Do not leave any boxes blank. If there are no jail facilities within your county that provide the services listed in items 1-3 below, you must still submit this report on a quarterly basis with zero counts in each of the boxes provided.

- Enter your county name in the box provided.
  - Enter your county code in the box provided.
  - Enter the quarter and corresponding year in the boxes provided.
  - Please use one form to report each quarter.
1. **Admissions:** Enter the number of *admissions* to inpatient services pursuant to PC 4011.6 or PC 4011.8 – evaluated and/or treated in a local mental health facility (hospital setting) or a community residential treatment center. This should include admissions referred from a court as well as from a county jail, city jail, or juvenile detention facility. All facilities must be *LPS approved* and meet inpatient service requirements as defined in California Administrative Code, TITLE 9, ARTICLE 3, SECTION 820 & 821, and ARTICLE 10, SECTION 660-663.
  2. **LPS Approved:** Enter the total count of persons who were *evaluated and/or treated* in inpatient services within a jail facility. All facilities must be *LPS approved* and meet inpatient service requirements as defined in California Administrative Code, TITLE 9, ARTICLE 3, SECTION 820 & 821, and ARTICLE 10, SECTION 660-663.
  3. **Unduplicated Count of Persons:** Enter the *unduplicated count of persons* receiving outpatient treatment services in jail facilities. Cost Reporting Outpatient treatment service functions are:

Assessment	Individual Therapy
Medication	Group Therapy
Collateral Services	Crisis Intervention
- Date and sign the quarterly report in the space provided and mail this report to the address listed below. Please include a telephone number of the county contact for data verification purposes.
  - Mail this quarterly report to:

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STATISTICS AND DATA ANALYSIS  
1600 NINTH STREET, Room 130  
SACRAMENTO, CA 95814**