

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

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

	INVOLUNTARY	VOLUNTARY
1. Number of admissions to local inpatient services pursuant to PC 4011.6 or PC 4011.8 evaluated and/or treated in a local mental health facility.		
2. Number of admissions to an LPS approved 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.

3. Unduplicated count of persons receiving outpatient services as defined in the Cost Reporting Manual (see Reporting Instructions on the next page or 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 the next page for Reporting Instructions.

This quarterly report should be submitted by the 30th of the month following the end of each quarter via email, fax, or US Mail

If you need assistance preparing this report, please send an email to one of the persons below.

Fax Number: (916) 440-7621

Email Address: MHSDATA@dhcs.ca.gov

Mailing address: DEPARTMENT OF HEALTH CARE SERVICES
Mental Health Analytics Section, MS2704
P.O. Box 997413
SACRAMENTO, CA 95899-7413

DATE	CONTACT PERSON	PHONE NUMBER

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 for evaluation and/or treatment 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. Please include a telephone number of the county contact for data verification purposes.
 - Fax, Email or Mail this quarterly report

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