

QUARTERLY REPORT ON INVOLUNTARY DETENTIONS

County Name:
County Code:

Quarter 1	<input type="checkbox"/>	July 1 to Sept. 30	Year _____
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	_____

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 the next page or reverse side 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 U.S. 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:

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.

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. Please include a telephone number of the county contact for data verification purposes.

Please use one form to report each quarter.

PROVIDER CODE: Enter the provider code for the facility assigned for the Cost Reporting 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 5585.55 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.