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**REPORTING INSTRUCTIONS:**

**QUARTERLY REPORT ON SERVICES PROVIDED TO PERSONS DETAINED IN  
JAIL FACILITIES (DHCS 1008)**

**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 electronic submission to report each quarter.
1. **Admissions:** Enter the number of *admissions* to inpatient services pursuant to Pen. Code 4011.6 or Pen. Code 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 Act approved* and meet inpatient service requirements as defined in Code Regs., title 9, article 3, section 821, and article 10, section 660-663.
  2. **LPS Act 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 Act approved* and meet inpatient service requirements as defined in Code Regs., title 9, article 3, section 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  
Medication  
Collateral Services

Individual Therapy  
Group Therapy  
Crisis Intervention