

Senate Bill 929 Report to Legislature

March 2024



TABLE OF CONTENTS

EXECUTIVE SUMMARY	2
BACKGROUND: OVERVIEW OF THE LPS ACT.....	3
Overview of California Senate Bill 929	3
IMPLEMENTATION PLAN FOR DATA COLLECTION REQUIRED BY SB 929	4
Current Data & Identifying Data Needs	4
SB 929 IMPLEMENTATION TIMELINE.....	4
Phase 1: Identifying Current Data Collection Gaps and Notifying Stakeholders.....	5
Phase 2: Implementation of Phase II Data Elements: Demographics & Utilization Data	6
Phase 3: Implementation of Phase III Data Collection Efforts: Waiting Periods, Services Provided & Judicial Council Data	7
Phase 4: Implementation of Phase IV Data Collection Efforts: Clinical Outcomes & Evaluation	7
Phase 5: Preparation for May 1, 2025 Report	8
CURRENT IMPLEMENTATION EFFORTS.....	8
DATA REPORT FOR SFY 2021/2022 AND QUARTER 1 AND 2 FOR SFY 2022/2023	9
Data Limitations.....	9
California Involuntary Detentions Data Report Fiscal Year (SFY) 2021 - 2022 and Quarters 1-2 of SFY 2022 - 2023	9
Data Sources.....	10
Data Methodology	10
APPENDIX A.....	11
Table 1: INVOLUNTARY DETENTIONS BY CATEGORY AND COUNTY FISCAL YEAR 2021 - 2022.....	11
Table 2: INVOLUNTARY DETENTIONS BY CATEGORY AND COUNTY Q1-Q2 SFY 22-23 (07/1/2022 – 12/31/2022)	14
Program Note	16
APPENDIX B: SB 929 DATA ELEMENT REQUIREMENT.....	17

EXECUTIVE SUMMARY

This report provides an overview of current Lanterman-Petris-Short (LPS) Act data collection processes and Senate Bill (SB) 929 (Eggman, Chapter 539, Statutes of 2022) and Assembly Bill (AB) 118 (Committee on Budget, Chapter 42, Statutes of 2023) implementation efforts. Passed into law in 2022, SB 929 expanded the California Department of Health Care Services' (DHCS) data reporting requirements and necessitates the publication of an annual report. Passed into law in 2023, AB 118 further clarified the data reporting requirements previously established in SB 929. To comply with the new SB 929 requirements, DHCS has created a phased implementation plan that will allow for the planning and execution of SB 929 and includes input from county and behavioral health stakeholders across the state.¹ This process is comprised of five phases:

1. Phase 1: Identifying current data collection processes and gaps; notifying stakeholders
2. Phase 2: Implementation of Data Elements: Demographic & Utilization Data
3. Phase 3: Implementation of Data Elements: Waiting Periods, Services Provided & Judicial Council Data
4. Phase 4: Implementation of Data: Clinical Outcomes & Evaluation
5. Phase 5: Preparation of May 1, 2025, Report

From January 2023 to April 2023, DHCS focused on Phase 1, identifying current data collection processes and gaps, and notifying stakeholders of future data changes. These efforts included assessing the current data collection procedures and restructuring those procedures to improve and assist in identifying LPS Act hold trends, which could improve treatment and services provided under involuntary detention treatment SB 929 also requires data from the Judicial Council. DHCS has begun to build this inter-agency partnership to collect that data moving forward.

In April 2023, DHCS changed the methodology for collecting LPS data to improve data entry efficiency and increase accuracy. Previously, DHCS collected this data via emailed PDF forms (Forms 1008, 1009, and 1010). During the third quarter of State Fiscal Year (SFY) 2022-2023, DHCS moved the data collection into an online portal through ArcGIS Survey123. Counties were instructed to submit their data through the new data online collection portal. With the move to the online portal, DHCS added demographic data elements that the counties will begin to include in future data submissions.

DHCS began the initial implementation of Phase 2 in January 2024, which included collecting the data elements for demographics and service utilization for the period of October 1, 2023, to December 1, 2023.

As DHCS moves forward with the implementation of SB 929, DHCS will continue to engage with stakeholders on implementing new data metrics and improving data collection processes. DHCS will continue to ensure that the collected data is useful to stakeholders and policymakers in understanding the status of LPS holds across California.

¹ Hereinafter, for purposes of this report, all references to SB 929 shall be interpreted to also include AB 118

BACKGROUND: OVERVIEW OF THE LPS ACT

DHCS is responsible for approving county designation of facilities for evaluation and treatment pursuant to the LPS Act.² The LPS Act was enacted in 1967 and went into effect on July 1, 1972, for the purposes of:³

- Ending the inappropriate, indefinite, and involuntary commitment of persons with mental disorders;
- Providing prompt evaluation and treatment of persons with mental health disorders and persons impaired by chronic alcoholism;
- Guaranteeing and protecting public safety;
- Safeguarding individual rights through judicial review;
- Providing individualized treatment, supervision, and placement services by a conservatorship program for persons who are gravely disabled;
- Encouraging the full use of all existing agencies, professional personnel, and public funds to accomplish these objectives and to prevent duplication of services and unnecessary expenditures; and
- Protecting persons with mental health disorders and developmental disabilities from criminal acts.

Subdivision (a) of Section 5402 of the Welfare and Institutions (W&I) Code requires DHCS to collect data quarterly and publish, on or before May 1 of each year, a report including quantitative, de-identified information concerning the number of persons detained or admitted and treated involuntarily pursuant to several sections of the LPS Act. DHCS is also required to collect data on the number of persons transferred to mental health facilities pursuant to Section 4011.6 of the Penal Code, the number of persons for whom temporary conservatorships are established, and the number of persons for whom permanent conservatorships are established in each county. Furthermore, the report must evaluate the effectiveness of achieving the legislative intent of W&I Code Section 5001. This report includes data as outlined in Appendix A.

Overview of California Senate Bill 929

SB 929 amended Section 5402 of the W&I Code to require DHCS to collect expanded quarterly data to include in an annual report published by May 1 of each year. The new requirements are intended to address gaps in data collection regarding involuntary detentions under the LPS Act. Expanded data elements include demographic variables, clinical outcomes, waiting periods, and several data points from the Judicial Council. In 2023, AB 118 further amended Section 5402 to require designated and approved facilities and other entities involved in implementing Section 5150 to collect and provide data to the county behavioral health director in the county in which they operate, as specified, and would authorize a county to establish policies and procedures for this purpose. The data from each county behavioral health director will assist DHCS to develop and publish an annual report pursuant to W&I Code Section 5402 that informs the interested public regarding various aspects of involuntary holds statewide, including detentions, assessments, evaluations, and treatment. SB 929 and AB 118 authorize DHCS to impose a plan of correction and/or civil money penalties against a facility or county that fails to submit timely data or as required. The Judicial Council is also required to provide DHCS, by October 1 of each year, specified data from each Superior Court necessary for DHCS to complete its May report.

² Cal. Code Regs., tit. 9, § 821.

³ Welf. & Inst. Code § 5001.

IMPLEMENTATION PLAN FOR DATA COLLECTION REQUIRED BY SB 929

SB 929 went into effect on January 1, 2023, at which point DHCS began planning for new data collection requirements across the state. This process included examining current data collection forms and procedures, identifying current data provided by the counties, and determining the necessary phases to bring reporting templates into compliance. DHCS has created a phased implementation plan for collecting data required by SB 929, which will include input from county and behavioral health stakeholders across the state.

Current Data & Identifying Data Needs

Currently, DHCS collects data related to involuntary commitments and conservatorships through DHCS Forms 1008, 1009, and 1010. This data is collected by designated and approved facilities and submitted on a quarterly basis to their respective county behavioral health directors. County behavioral health agencies complete the above-mentioned forms and submit them quarterly to DHCS.

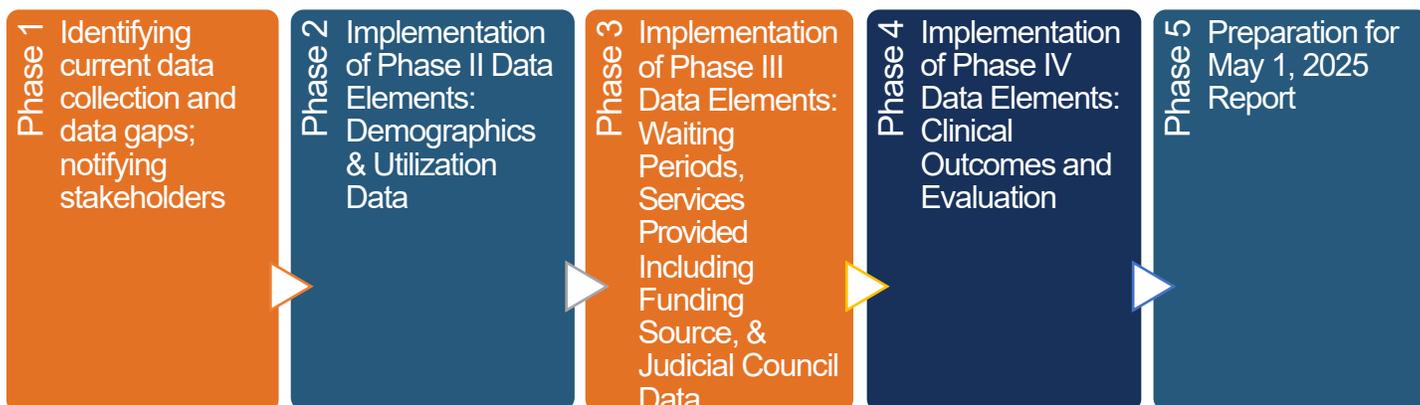
DHCS collects and tabulates involuntary detentions from quarterly reports submitted by each county's behavioral health agency. This includes data from public and private facilities and clients served in those facilities receiving services reimbursed by private or public funds.

DHCS has collected the data and upon review, DHCS found that a complete restructuring of DHCS' data collection methods will be necessary to become compliant with SB 929. (See Appendix A).

SB 929 IMPLEMENTATION TIMELINE

DHCS developed a phased implementation plan that ensures stakeholders provide input and long-term sustainability to bring DHCS into compliance with SB 929 (see Figure 1). Comprised of five phases, the implementation plan allows inter-departmental and county stakeholders to restructure LPS data reporting to meet the newly expanded requirements of SB 929.

Figure 1: SB 929 Implementation plan



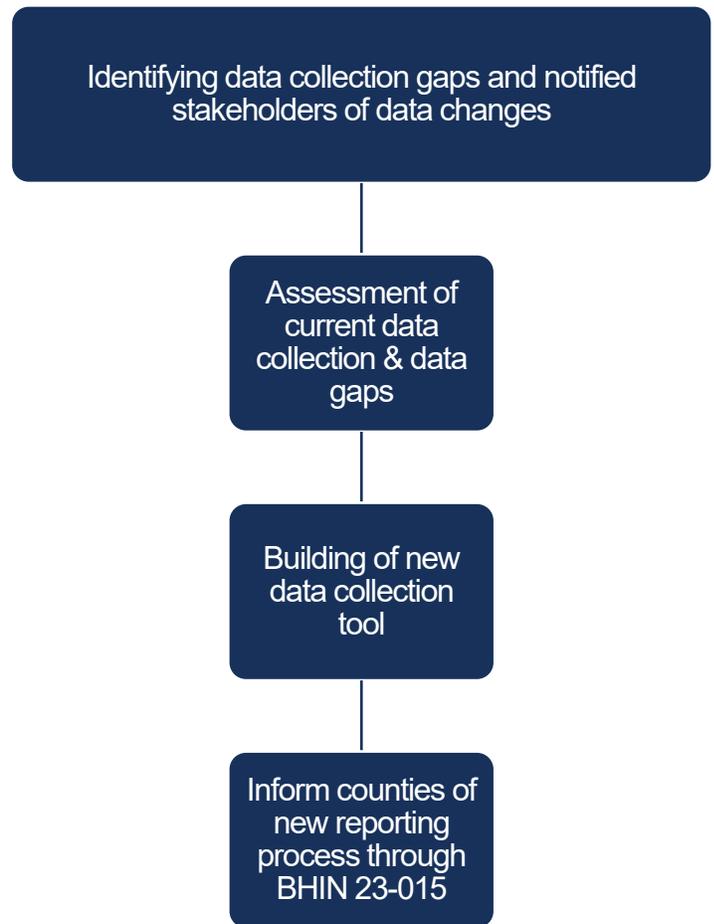
Phase 1: Identifying Current Data Collection Gaps and Notifying Stakeholders

During Phase 1 (see Figure 1) from January to April 2023, DHCS assessed current data collection procedures to determine how many phases were necessary to collect all the new SB 929 data requirements. During this assessment, DHCS determined that the new requirements necessitated a significant restructuring of data collection procedures. Previously, DHCS captured county LPS data through designated and approved facility-level reporting. This reporting only required designated and approved facilities to report total counts for each LPS activity (see Appendix A). SB 929's new shift in focus requires reported activities and outcomes with more detailed information from each county behavioral health director, each designated and approved facility providing services to persons pursuant to this division, and other entities involved in implementing Section 5150. Starting in April 2023, DHCS changed the methodology for collecting data for Forms 1008, 1009, and 1010. Previously DHCS collected data through a manual process that involved counties sending PDF forms via email, which DHCS transcribed into a Microsoft Excel document and summarized. Starting with the third quarter data for SFY 2022 – 2023, DHCS moved its data collection efforts from the forms to ArcGIS Survey123, an online data portal. Counties were instructed to submit their data through the new data collection tool. When transitioning data collection methods to ArcGIS Survey123, DHCS added the following demographic data elements that the counties would need to report on:

- Age
- Sex
- Gender Identity
- Race
- Ethnicity
- Sexual Orientation
- Veteran Status
- Housing Status

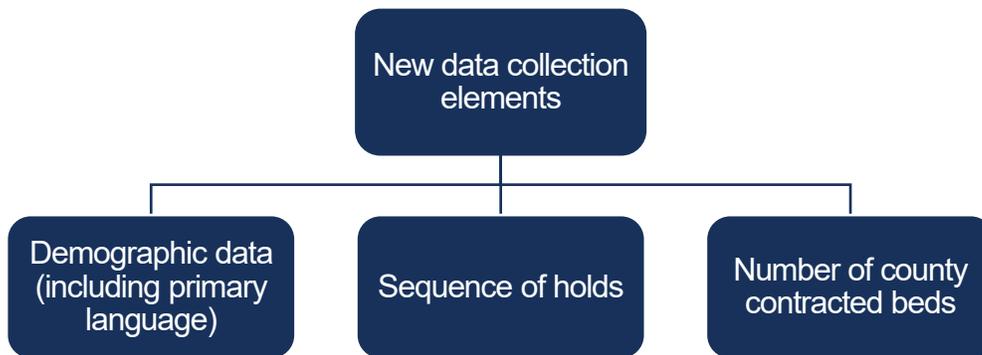
DHCS informed the counties of the new reporting process through [Behavioral Health Information Notice \(BHIN\) 23-015](#).

Figure 2: Phase 1



Phase 2: Implementation of Phase II Data Elements: Demographics & Utilization Data

Figure 3: Phase 2



Phase 2 (see Figure 3) of the implementation plan will move the requirements of SB 929 into an actionable data collection plan. This will require creating new data collection tools and implementing a newly developed data system. With the new data requirements, DHCS will continue transitioning from paper to web-based forms for a more streamlined data collection process. As DHCS transitions to an electronic

data collection process, DHCS will work with county entities to verify the accuracy of the data and aid in reporting the new data elements.

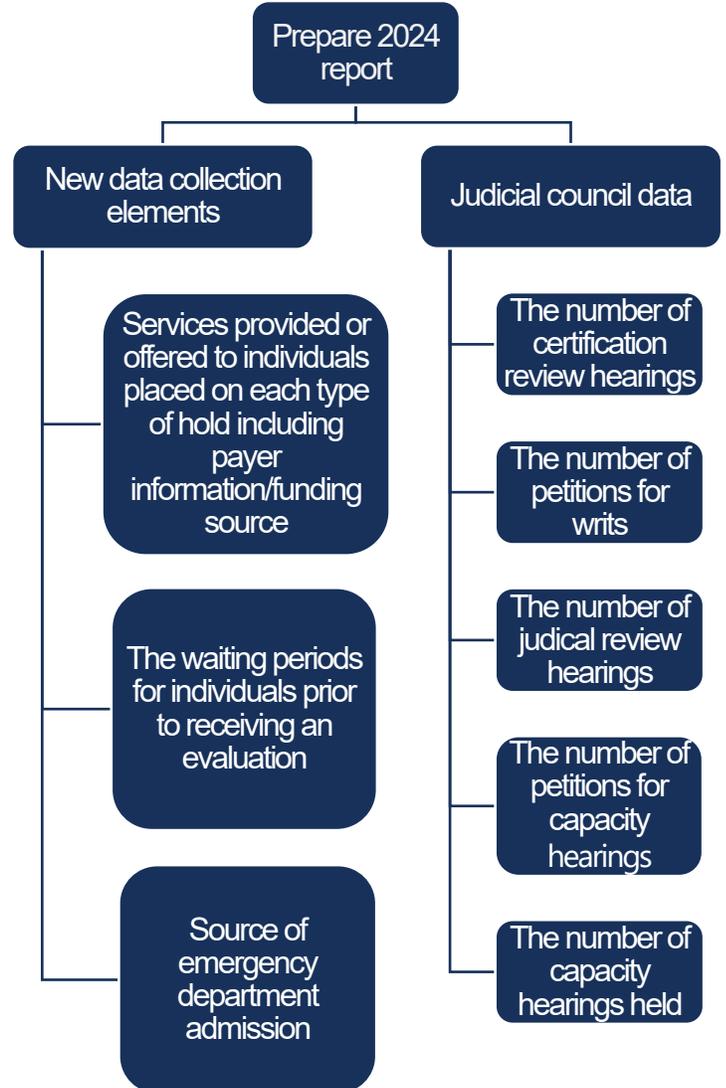
Per SB 929, there are twelve new sets of data elements that will now have to be reported to DHCS. DHCS is implementing the elements in a phased approach to allow counties to gather the new data, build new reporting forms and possibly identify new processes needed to collect the data.

Phase 3: Implementation of Phase III Data Collection Efforts: Waiting Periods, Services Provided & Judicial Council Data

Figure 4: Phase 3

For Phase 3 (see Figure 4), DHCS will continue to expand the new data elements collected and follow the same processes outlined in Phase 2. Additional reporting guidance and clarification of terminology will be issued to counties and other entities, as needed. DHCS will coordinate with the Judicial Council to establish an efficient data reporting and collection process.

During this phase, DHCS will begin to prepare the annual report for release in May 2024. In preparation, DHCS may conduct outreach to reporting entities to obtain any missing data or resolve any data questions to improve data accuracy. DHCS understands that SB 929 requires data elements that may not be currently collected by reporting entities, therefore, DHCS will provide technical assistance to reporting entities so that necessary data is submitted to DHCS to ensure DHCS may prepare and complete the annual report. Preparation of this report will also require compliance with all applicable state and federal requirements, including, but not limited to the Americans with Disabilities Act (ADA) and approval by the Department's Chief Data Officer (CDO).



Phase 4: Implementation of Phase IV Data Collection Efforts: Clinical Outcomes & Evaluation

Phase 4 will require counties to report on clinical outcomes for individuals identified in W&I Code Section 5402(a)(1-4):

- (1) The number of persons in designated and approved facilities admitted or detained for 72-hour evaluation and treatment, admitted for 14-day and 30-day periods of intensive treatment, and admitted for 180-day post-certification intensive treatment in each county.
- (2) The number of persons transferred to mental health facilities pursuant to Section 4011.6 of the Penal Code in each county.
- (3) The number of persons for whom temporary conservatorships are established in each county.
- (4) The number of persons for whom conservatorships are established in each county.

DHCS will provide counties with clearly defined clinical outcomes so that counties may begin collecting this data. DHCS will utilize this phase to analyze, recommend, and assess data elements collected throughout the SB 929 implementation, as required in W&I Code Section 5402(a)(13)–(15):

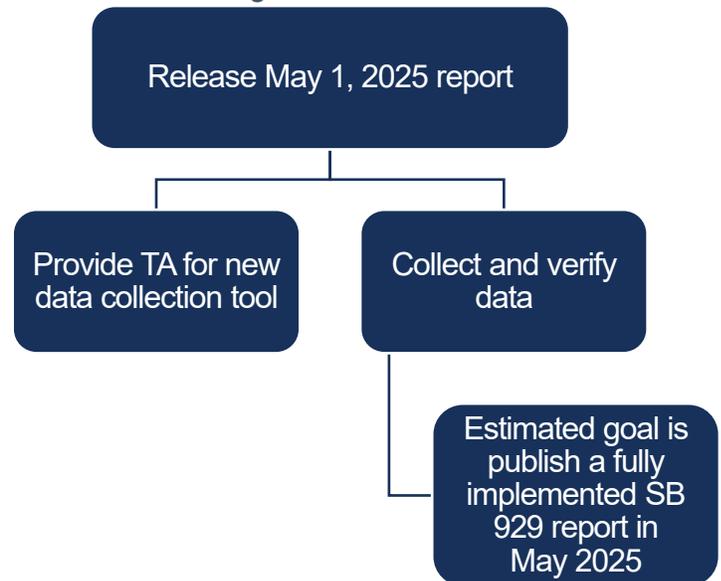
- (13) Analysis and evaluation of the efficacy of mental health assessments, detentions, treatments, and supportive services provided both under this part and subsequent to release.
- (14) Recommendations for improving mental health assessments, detentions, treatments, and supportive services provided both under this part and subsequent to release.
- (15) An assessment of the disproportionate use of detentions and conservatorships on various groups, including an assessment of use by the race, ethnicity, gender identity, age group, veteran status, housing status, and Medi-Cal enrollment status of detained and conserved persons. This assessment shall evaluate disproportionate use at the county, regional, and state levels.

Phase 5: Preparation for May 1, 2025 Report

Phase 5 (See Figure 5) will focus on preparing the report as outlined by the statute. The May 2025 report will include the progress made on implementing recommendations from prior reports issued. The report will also outline the finalized data reporting requirements, data tools, analysis, and recommendations of the data received in accordance with SB 929.

Throughout this process, DHCS will continue to validate the data to ensure its quality. These phases will allow DHCS to report on all required data components and recommendations for improving LPS services by May 2025.

Figure 5: Phase 5



CURRENT IMPLEMENTATION EFFORTS

DHCS has completed Phase 1 of the implementation plan. DHCS compared current data with new data requirements and identified areas where new data will be needed. DHCS worked closely with counties to collect data via PDF collection forms (Forms 1008, 1009, and 1010) for the first two quarters of SFY 2022-2023. DHCS has evaluated and identified current data gaps (see Appendix B).

Current data collection forms report on a limited portion of the data required by SB 929. To help ease counties into the new data collection process, DHCS transitioned current PDF data forms to an online format utilizing [ArcGIS Survey123](#). Counties were informed of this new platform in [Behavioral Health Information Notice \(BHIN\) 23-015](#) sent out on April 6, 2023. In this BHIN, DHCS outlined the new process for submitting data, including submission instructions, deadlines, and new data requests. Counties were encouraged to contact DHCS with questions or requests for technical support.

DHCS will continue to implement SB 929 as outlined in the phased approach, engage stakeholders, and provide technical assistance throughout the process.

DATA REPORT FOR SFY 2021/2022 AND QUARTER 1 AND 2 FOR SFY 2022/2023

Prior to implementation of the requirements set forth by SB 929, DHCS collected data on services provided to persons detained or admitted to designated and approved facilities for involuntary treatment and conservatorships established via Forms 1008, 1009, and 1010. Data collection and report methodology for the data reporting period SFY 2021 - 2022 and quarters 1 and 2 of SFY 2022 - 2023 remained the same as previous years. The counties submitted data to DHCS via emailed PDFs (Form 1008, 1009, and 1010). DHCS transposed this data into an Excel sheet and aggregated the data in tables below (see Table 1 and Table 2).

Data Limitations

While SB 929 states the data shall be de-identified, it still requires demographic data of those receiving care, including age, sex, gender identity, race, ethnicity, primary language, sexual orientation, veteran status, and housing status. Two barriers identified are:

1. DHCS does not collect this data at an individual level, and DHCS anticipates issues when publicly reporting the data due to small cell sizes and data suppression when stratifying the data by demographic status by county. For the data to be deemed de-identified, it may have many small cells suppressed; therefore, the data may not be usable.
2. SB 929 also requires reporting on the clinical outcomes, including data pertaining to services provided or offered to individuals placed on each type of LPS Act hold. These reporting requirements also face the same two issues with data collection and de-identification mentioned above.

California Involuntary Detentions Data Report State Fiscal Year (SFY) 2021 - 2022 and Quarters 1-2 of SFY 2022 - 2023

W&I Code section 5402 requires DHCS to collect data from each county behavioral health director or other entity involved in implementing involuntary holds pursuant to W&I Code Section 5150, which includes collecting data relating to assessment, crisis intervention, evaluation, or treatment for up to 72 hours and publish this data in a report annually, in accordance with the W&I Code. This report contains:

- The number and duration of involuntary detentions;
- Temporary and permanent conservatorships established by the superior court of the county;
- Admissions of persons transferred from a jail for mental health services;
- Admissions to an LPS Act-approved treatment program within a jail facility; and
- The number of outpatient mental health services provided to persons detained in jail facilities.

Certain data cells were suppressed to protect health information (PHI) and personal information (PI) in accordance with DHCS's [Data De-identification Guidelines](#).

The first table (Table 1) consists of the SFY 2021 - 2023 (July 1, 2021, through June 30, 2022) totals. The second table (Table 2) consists of quarters 1-2 of SFY 2022 – 2023 (July 1, 2022, through December 31, 2022) totals as reported by each county for each classification of involuntary detentions. In January 2023, DHCS began collecting quarters 3 and 4 of SFY 2022 - 2023 via ArcGIS Survey123, and this data will be included in a future report.

Data Sources

DHCS collected and tabulated data from quarterly reports of involuntary detentions compiled and reported from each county behavioral health agency and the designated and approved facilities that provide evaluation and treatment within each county. This includes data from public and private facilities, and the clients served in those facilities receiving services reimbursed by private or public funds.

Three forms are used to summarize and report the involuntary detention data:

1. DHCS 1008 - Quarterly Report on Services Provided to Persons Detained in Jail Facilities - Counties and providers use this form to summarize and report the number of admission transfers for involuntary treatment to local inpatient services pursuant to Penal Code sections 4011.6.
2. DHCS 1009 - Quarterly Report of Conservatorships Established by the Superior Court of the County - This form is used to summarize the number of persons placed under temporary conservatorship, including the number of newly established and re-established permanent conservatorships established by the superior court of the county, regardless of the type of facility in which the patient is placed (e.g., county agency, state hospital).
3. DHCS 1010 - Quarterly Report on Involuntary Treatment - This form is used to summarize the number of admissions under various categories of W&I Code section 5150. Specifically, the number of all admissions for: 72-hour evaluation and treatment for children and adults, the number of certifications for 14-day treatment, additional 14-day intensive treatment for persons who are suicidal, the number of certifications for 30-day intensive treatment, and 180-day post-certification treatment.

The reporting applies to all instances of involuntary treatment regardless of funding source. In other words, 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.

Data Methodology

The Facility-Based Reporting (FBR) method was used to ensure more accurate involuntary detention reporting. The FBR method places the responsibility upon the county in which the treatment facility, jail, or court is located to report the number of persons admitted and detained involuntarily. For example, if client "A" is taken to county "B" under W&I Code section 5150, then the facility in county "B" is required to report that client as one 5150 admission. County "B" should obtain data from all appropriate facilities within their county. Next, county "B" is responsible for submitting a single report based on information from every reporting facility on a quarterly reporting basis for each of the three involuntary detention reporting areas (DHCS 1008, DHCS 1009, and DHCS 1010).

The counts for 72-hour evaluation and treatment are separately tabulated for children and adults, where children are zero to 17 years of age, and adults are 18 years of age and older.

APPENDIX A

Table 1: INVOLUNTARY DETENTIONS BY CATEGORY AND COUNTY. SFY 2021 - 2022

	72-Hour Evaluation and Treatment (Children)	72-Hour Evaluation and Treatment (Adults)	14-Day Intensive Treatment	Additional 14-Day Intensive Treatment (Suicidal)	30-Day Intensive Treatment	180-Day Post Certification Intensive Treatment	Temporary Conservatorships	Permanent Conservatorships	Number of Admissions to Local Inpatient Services Pursuant to PC 4011.6 or 4011.8, Evaluated and/or Treated in a Local Mental Health Facility		Number of Admissions to an LPS Approved Inpatient Program Treated Within a Jail Facility		Unduplicated Count of Persons Receiving Outpatient Services Provided Within a Jail Facility
									Involuntary	Voluntary	Involuntary	Voluntary	
STATEWIDE	19,658	82,903	30,018	651	2,697	27	2,154	8,184	1,183	56	1,575	177	102,564
ALAMEDA ¹	1845	7,193	4,107	55	0	0	*	*	128	*	*	*	10,343
ALPINE ²													
AMADOR ²													
BUTTE	0	175	***	11	***	***	***	50	***	***	0	0	0
CALAVERAS ²													
COLUSA ²													
CONTRA COSTA ¹	1,209	5,972	915	0	150	0	*	*	0	0	0	0	4,224
DEL NORTE ²													
EL DORADO	*	192	76	*	15	*	*	*	0	0	0	0	0
FRESNO ¹	254	1,233	242	***	19	0	22	***	***	0	0	0	5,626
GLENN ²													
HUMBOLDT ¹	0	312	191	0	21	0	21	162	0	0	0	0	1,535
IMPERIAL	***	304	0	0	0	0	12	***	0	0	0	0	0
INYO ²													
KERN ¹	255	866	297	***	***	0	31	44	*		*	*	*
KINGS ²													
LAKE ²													
LASSEN ²													
LOS ANGELES ¹	6,065	27,252	*	*	*	*	736	2,316	*	*	*	*	*
MADERA ²													
MARIN	167	1,074	186	0	27	0	14	47	***	*	0	0	521

	72-Hour Evaluation and Treatment (Children)	72-Hour Evaluation and Treatment (Adults)	14-Day Intensive Treatment	Additional 14-Day Intensive Treatment (Suicidal)	30-Day Intensive Treatment	180-Day Post Certification Intensive Treatment	Temporary Conservatorships	Permanent Conservatorships	Number of Admissions to Local Inpatient Services Pursuant to PC 4011.6 or 4011.8, Evaluated and/or Treated in a Local Mental Health Facility		Number of Admissions to an LPS Approved Inpatient Program Treated Within a Jail Facility		Unduplicated Count of Persons Receiving Outpatient Services Provided Within a Jail Facility
									Involuntary	Voluntary	Involuntary	Voluntary	
MARIPOSA ²													
MENDOCINO ²													
MERCED	0	135	107	0	19	0	11	47	***	0	0	0	0
MODOC ²													
MONO ²													
MONTEREY	0	210	320	41	***	***	12	112	0	***	0	0	122
NAPA ¹	0	0	0	0	0	0	*	*	0	0	0	0	0
NEVADA ²													
ORANGE	673	3,697	1,847	43	195	0	296	819	671	0	291	***	17,183
PLACER ¹	*	*	*	*	*	*	0	19	0	0	0	0	0
PLUMAS ²													
RIVERSIDE ¹	***	290	588	0	0	0	14	157	115	0	0	0	3,816
SACRAMENTO ¹	1,170	3,525	1,396	257	214	***	34	152	*	*	111	0	10,879
SAN BENITO ²													
SAN BERNARDINO	3,852	9,728	3,261	0	***	0	80	847	*	*	*	*	*
SAN DIEGO ¹	1,086	4,582	1,221	***	174	0	211	993	0	0	44	161	13,885
SAN FRANCISCO ¹	602	5,866	2,387	182	147	0	133	616	188	0	0	0	3,244
SAN JOAQUIN ¹	11	803	268	0	33	0	15	62	***	0	0	0	1,021
SAN LUIS OBISPO	0	322	51	***	***	***	*	*	32	0	0	0	0
SAN MATEO	429	665	385	0	***	0	96	433	0	0	46	0	50
SANTA BARBARA	0	322	***	0	0	0	15	151	19	0	0	0	0
SANTA CLARA ¹	*	*	*	*	*	*	200	432	0	0	1,083	***	22,049
SANTA CRUZ	0	451	147	0	***	0	18	54	*	*	*	*	262
SHASTA	*	417	356	0	47	0	*	*	0	0	0	0	34
SIERRA ²													
SISKIYOU ²													
SOLANO ¹	519	1,126	1,130	***	115	***	*	*	***	0	0	0	5,891
SONOMA	1,062	1,016	7,364	34	1,350	0	67	201	*	*	*	*	0
STANISLAUS	0	1,953	1,381	***	***	0	30	87	0	0	0	0	0

	72-Hour Evaluation and Treatment (Children)	72-Hour Evaluation and Treatment (Adults)	14-Day Intensive Treatment	Additional 14-Day Intensive Treatment (Suicidal)	30-Day Intensive Treatment	180-Day Post Certification Intensive Treatment	Temporary Conservatorships	Permanent Conservatorships	Number of Admissions to Local Inpatient Services Pursuant to PC 4011.6 or 4011.8, Evaluated and/or Treated in a Local Mental Health Facility		Number of Admissions to an LPS Approved Inpatient Program Treated Within a Jail Facility		Unduplicated Count of Persons Receiving Outpatient Services Provided Within a Jail Facility
									Involuntary	Voluntary	Involuntary	Voluntary	
SUTTER ^{1,3}	0	185	152	***	17	0	14	41	*	*	*	*	*
TEHAMA ¹	*	*	*	*	*	*	*	*	*	*	*	*	*
TRINITY ²													
TULARE	0	612	382	0	15	0	***	0	0	0	0	0	1,138
TUOLUMNE ²													
VENTURA	360	1,302	595	***	0	0	59	192	*	*	*	*	*
YOLO	0	1,123	588	0	97	0	***	98	0	0	0	0	741
YUBA ³													

* Specific data not reported by County

*** Data cells were suppressed to protect health information (PHI) and personal information (PI) in accordance with DHCS's Data De-identification Guidelines

¹ Totals not inclusive of all LPS designated facilities due to incomplete data reported

² No Lanterman-Petris Short (LPS) Act Designated Facilities within County

³ Reference PROGRAM NOTE section for details

 DHCS 1010 (Quarterly Report on Involuntary Treatment)

 DHCS 1009 (Quarterly Report of Conservatorships Established by the Superior Court of the county)

 DHCS 1008 (Quarterly Report on Services Provided to Persons Detained in Jail Facilities)

Table 2: INVOLUNTARY DETENTIONS BY CATEGORY AND COUNTY. Q1-Q2 SFY 22-23 (07/1/2022 – 12/31/2022)

	72-Hour Evaluation and Treatment (Children)	72-Hour Evaluation and Treatment (Adults)	14-Day Intensive Treatment	Additional 14-Day Intensive Treatment (Suicidal)	30-Day Intensive Treatment	180-Day Post Certification Intensive Treatment	Temporary Conservatorships	Permanent Conservatorships	Number of Admissions to Local Inpatient Services Pursuant to PC 4011.6 or 4011.8, Evaluated and/or Treated in a Local Mental Health Facility		Number of Admissions to an LPS Approved Inpatient Program Treated Within a Jail Facility		Unduplicated Count of Persons Receiving Outpatient Services Provided Within a Jail Facility
									Involuntary	Voluntary	Involuntary	Voluntary	
STATEWIDE	9,620	43,962	24,197	1,065	2,323	20	1,084	4,031	413	***	156	168	49,331
ALAMEDA ¹	*	*	*	*	*	*	50	157	37	*	*	*	6,475
ALPINE ²													
AMADOR ²													
BUTTE	0	83	***	***	***	***	0	21	***	0	0	0	0
CALAVERAS ²													
COLUSA ²													
CONTRA COSTA ¹	494	2,557	474	0	79	0	*	*	0	0	0	0	2,389
DEL NORTE ²													
EL DORADO ¹	*	*	*	*	*	*	*	*	*	*	*	*	*
FRESNO ¹	609	2,335	341	0	49	0	55	153	*	*	*	*	*
GLENN ²													
HUMBOLDT ¹	*	110	90	*	13	*	***	67	0	0	0	0	703
IMPERIAL	70	150	0	0	0	0	***	***	0	0	0	0	0
INYO ²													
KERN ¹	884	1,868	959	0	16	***	68	72	0	0	0	0	1,910
KINGS ²													
LAKE ²													
LASSEN ²													
LOS ANGELES ¹	1,865	9,502	3,895	***	280	*	211	631	*	*	*	*	*
MADERA ²													
MARIN ¹	***	327	102	*	22	*	12	50	***	*	*	*	477
MARIPOSA ²													
MENDOCINO ²													

	72-Hour Evaluation and Treatment (Children)	72-Hour Evaluation and Treatment (Adults)	14-Day Intensive Treatment	Additional 14-Day Intensive Treatment (Suicidal)	30-Day Intensive Treatment	180-Day Post Certification Intensive Treatment	Temporary Conservatorships	Permanent Conservatorships	Number of Admissions to Local Inpatient Services Pursuant to PC 4011.6 or 4011.8, Evaluated and/or Treated in a Local Mental Health Facility		Number of Admissions to an LPS Approved Inpatient Program Treated Within a Jail Facility		Unduplicated Count of Persons Receiving Outpatient Services Provided Within a Jail Facility
									Involuntary	Voluntary	Involuntary	Voluntary	
MERCED ¹	0	67	49	0	***	0	***	24	***	*	*	*	*
MODOC ²													
MONO ²													
MONTEREY ¹	*	*	*	*	*	*	*	*	*	*	*	*	*
NAPA ¹	*	*	*	*	*	*	*	*	*	*	*	*	*
NEVADA ²													
ORANGE ¹	437	2,482	1,520	104	209	***	92	203	*	*	*	*	*
PLACER ¹	0	100	85	***	30	0	***	34	***	0	0	0	0
PLUMAS ²													
RIVERSIDE ¹	***	528	1,199	0	0	0	35	208	264	0	0	0	7,235
SACRAMENTO ¹	1,098	5,099	1,915	273	425	***	41	130	*	*	115	***	7,914
SAN BENITO ²													
SAN BERNARDINO ¹	1,766	5,636	1,771	0	0	0	29	430	*	*	*	*	*
SAN DIEGO ¹	1,137	5,386	1,271	***	107	0	136	671	0	***	15	***	9,127
SAN FRANCISCO	242	2,597	954	87	62	0	45	331	83	0	0	0	1,474
SAN JOAQUIN ¹	*	*	*	*	*	*	*	*	*	*	*	*	*
SAN LUIS OBISPO ¹	0	238	37	0	0	0	*	*	11	0	0	0	0
SAN MATEO ¹	134	267	149	0	0	0	57	219	***	0	26	0	18
SANTA BARBARA ¹	*	*	*	*	*	*	***	23	*	*	*	*	*
SANTA CLARA ¹	*	*	*	*	*	*	121	269	*	*	*	*	5,879
SANTA CRUZ ¹	0	187	***	0	0	0	***	46	*	*	*	*	312
SHASTA ¹	*	237	185	0	17	0	*	*	0	0	0	0	94
SIERRA ²													
SISKIYOU ²													
SOLANO	348	710	439	0	50	***	15	***	***	0	0	0	2,905
SONOMA ¹	400	1,099	6,373	45	810	0	33	89	*	*	*	*	*

	72-Hour Evaluation and Treatment (Children)	72-Hour Evaluation and Treatment (Adults)	14-Day Intensive Treatment	Additional 14-Day Intensive Treatment (Suicidal)	30-Day Intensive Treatment	180-Day Post Certification Intensive Treatment	Temporary Conservatorships	Permanent Conservatorships	Number of Admissions to Local Inpatient Services Pursuant to PC 4011.6 or 4011.8, Evaluated and/or Treated in a Local Mental Health Facility		Number of Admissions to an LPS Approved Inpatient Program Treated Within a Jail Facility		Unduplicated Count of Persons Receiving Outpatient Services Provided Within a Jail Facility
									Involuntary	Voluntary	Involuntary	Voluntary	
STANISLAUS	0	0	952	522	***	0	***	33	0	0	0	0	0
SUTTER 1,2,3	0	81	76	0	13	0	*	*	*	*	*	*	*
TEHAMA 1	*	*	*	*	*	*	*	*	*	*	*	*	*
TRINITY 2													
TULARE	0	1,076	745	0	88	0	***	0	0	0	0	0	1,966
TUOLUMNE 2													
VENTURA 1	109	600	323	0	*	0	30	114	*	*	*	*	*
YOLO	0	640	274	0	35	0	***	45	0	0	0	0	453
YUBA 3													

* Specific data not reported by County May 2023

*** Data cells were suppressed to protect health information (PHI) and personal information (PI) in accordance with DHCS's Data De-identification Guidelines

1 Totals not inclusive of all LPS designated facilities due to incomplete data reported

2 No Lanterman-Petris Short (LPS) Act Designated Facilities within County

3 Reference PROGRAM NOTE section for details

- [DHCS 1010](#) (Quarterly Report on Involuntary Treatment)
- [DHCS 1009](#) (Quarterly Report of Conservatorships Established by the Superior Court of the county)
- [DHCS 1008](#) (Quarterly Report on Services Provided to Persons Detained in Jail Facilities)

Program Note

W&I Code section 14712 (b) permits counties to jointly agree to deliver or subcontract for the delivery of mental health services. Sutter and Yuba counties are combined under a joint agreement with this authority. Therefore, data for conservatorships, involuntary detentions, and services provided to persons detained in jail facilities for these two counties are combined and presented as Sutter/Yuba County.

APPENDIX B: SB 929 DATA ELEMENT REQUIREMENT

Data Element	Planned Implementation Phase for Collection	Data Point	Data Source	Level of Detail
Population	Phase I	Number of persons for 72-hour evaluation & treatment (W&I Code Section 5150)	County Behavioral Health Director	Aggregate
		Number of persons for 14-day period of intensive treatment (W&I Code Section 5250)		
		Number of persons for additional 14-day period of intensive treatment (W&I Code Section 5260)		
		Number of persons for 30-day periods of intensive treatment (W&I Code 5270.15)		
		Number of persons for 180-day post-certification intensive treatment (W&I Code Sections 5303 and 5304)		
		Number of persons transferred to mental health facilities pursuant to Section 4011.6 of the Penal Code		
		Number of persons for whom temporary conservatorships are established		
		Number of persons for whom conservatorships are established		
Population Occurrence	Phase II	Individuals detained for 72-hour assessment, crisis intervention or evaluation either once, between two and five times, between six and eight times, and greater than eight times for each type of detention (W&I Code Section 5150)		N/A
		Individuals admitted either once, between two and five times, between six and eight times, and greater than eight times for 72-hour evaluation		

Data Element	Planned Implementation Phase for Collection	Data Point	Data Source	Level of Detail
		<p>and treatment (W&I Code Sections 5150)</p> <p>Individuals admitted either once, between two and five times, between six and eight times, and greater than eight times for 14-day intensive treatment (W&I Code Section 5250)</p> <p>Individuals admitted either once, between two and five times, between six and eight times, and greater than eight times for additional 14-day intensive treatment (W&I Code Section 5260)</p> <p>Individuals admitted either once, between two and five times, between six and eight times, and greater than eight times for 30-day intensive treatment (W&I Code Section 5270.15)</p> <p>Individuals admitted either once, between two and five times, between six and eight times, and greater than eight times for a second period of 30-day intensive treatment (W&I Code Section 5270.70)</p> <p>Individuals admitted either once, between two and five times, between six and eight times, and greater than eight times for 180-day post certification intensive treatment (W&I Code Sections 5303 and 5304)</p>		
Clinical Outcomes	Phase IV	<p>Persons with 72-hour evaluation and treatment</p> <p>Persons with 14-day periods of intensive treatment</p> <p>Persons with 30-day periods of intensive treatment</p>	To Be Determined	

Data Element	Planned Implementation Phase for Collection	Data Point	Data Source	Level of Detail
		Persons with 180-day post-certification intensive treatment Persons transferred to mental health facilities pursuant to Section 4011.6 of the Penal Code Persons for whom temporary conservatorships are established Persons for whom conservatorships are established		
Services Provided	Phase III	Assessment and payer/funding source Evaluation and payer/funding source Medication Treatment and payer/funding source Crisis Intervention and payer/funding source Psychiatric Treatment and payer/funding source Psychological Treatment and payer/funding source	County Behavioral Health Director	
Waiting Periods	Phase III	Waiting periods for individuals prior to receiving an evaluation in a designated and approved facility pursuant to Section 5150 Waiting periods for individuals prior to receiving an evaluation in a designated and approved facility pursuant to Section 5151	County Behavioral Health Director	
Waiting Periods	Phase III	Waiting periods for individuals prior to receiving treatment services in a designated facility Reason for waiting periods for individuals prior to receiving an evaluation in a designated and approved facility pursuant to Section 5150 Reason for waiting periods for individuals prior to	County Behavioral Health Director	N/A

Data Element	Planned Implementation Phase for Collection	Data Point	Data Source	Level of Detail
		receiving an evaluation in a designated and approved facility pursuant to Section 5151		
		Reason for waiting periods for individuals prior to receiving treatment services in a designated facility		
Emergency Room	Phase III	The date and time of emergency care service	County Behavioral Health Director	
		The date and time of release from emergency care		
Participant Demographics	Phase I	Age	County Behavioral Health	Aggregate
		Sex		
		Gender Identity		
		Race		
		Ethnicity		
	Phase II	Primary Language		N/A
	Phase I	Sexual Orientation		Aggregate
Veteran Status				
Beds	Phase II	Number of all county-contracted beds	County Behavioral Health Director	
Hearing	Phase III	Number of certification review hearings held pursuant to Section 5256	Judicial Council	N/A
		Number of judicial review hearings held pursuant to Section 5276		
		Number of capacity hearings held pursuant to Section 5334 in each superior court		
		Outcome of certification review hearings held pursuant to Section 5256		
		Outcome of judicial review hearings held pursuant to Section 5276		
		Outcome of capacity hearings held pursuant to Section 5334 in each superior court		
Petitions	Phase III	Number of petitions for writs of habeas corpus filed pursuant to Section 5275		

Data Element	Planned Implementation Phase for Collection	Data Point	Data Source	Level of Detail
Petitions	Phase III	Number of petitions for capacity hearings filed pursuant to Section 5332	Judicial Council	N/A
		Outcome of petitions for writs of habeas corpus filed pursuant to Section 5275		
		Outcome of petitions for capacity hearings filed pursuant to Section 5332		