

# Appendix

## Appendix A

### Data Sources

This trend report spans the time period from Fiscal Year 1990-91 to 1999-2000. The data were collected and analyzed from the quarterly reports of involuntary detentions compiled and reported from each county mental health department, and the facilities that provide evaluation and treatment within each county. This includes data from all facilities, public or private, and the clients served in those facilities receiving services reimbursed by private or public funds.

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

1. **MH 3823 - Quarterly Report On Services Provided To Persons Detained In Jail Facilities**

Counties and providers use this form to summarize and report the number of transfers for admission, both voluntary and involuntary, to local inpatient services pursuant to PC §4011.6 or §4011.8 and evaluated and/or treated in a local mental health facility. It is also used to collect the number of admissions, both voluntary and involuntary LPS approved inpatient treatment program within a jail facility, and the unduplicated count of persons receiving outpatient services provided within a jail facility.

2. **MH 3824 - 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 (county agency, state hospital, etc.).

3. **MH 3825 - Quarterly Report On Involuntary Detentions**

The MH 3825 is used to summarize the number of admissions under various categories of §5150 of the WIC. Specifically, the number of all admissions for 72-hour evaluation and treatment, the number of certifications for 14-day treatment and 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 Sources continued

The rate per 10,000 population is an expression of the number of persons involuntarily committed when compared to a segment of the population. For example, in Table 1 under Fiscal Year 1999-2000, for every 10,000 adults in California, 47.6 adults were involuntarily committed for 72-hour evaluation and treatment services. Each rate was calculated by dividing the number of persons in an involuntary detention classification by an appropriate population total, either child, adult, or total population and then multiplying the result by 10,000.

Population projection data were obtained from the California State Department of Finance (DOF). The DOF utilized the 1990 Census counts as the benchmark for establishing the population projections used in this report.

### Data Limitations

Prior to November 1999, it is possible both the county where the facility is located and the county where the client originated may have reported a count for the same client's involuntary admission. For example, if a county did not have a facility for involuntary treatment, the individual was usually transported to a facility in a neighboring county for treatment. Sometimes, both the county transferring the individual and the county treating the individual would count and report the person, causing duplicate reporting to the DMH.

In November 1999, the DMH introduced the "Facility-Based Reporting" (FBR) method 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 a client "A" is taken to county "B" under WIC §5150, then the facility in county "B" is required to report that client as one 5150 admission. County "B" should obtain these data from all 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.

This report's County tables, including the annual totals for some counties, may appear unusual or inconsistent when compared to previous or subsequent fiscal year tables and totals. Except where noted, the shift from the prior reporting method to the FBR method, including facilities opening and closing within a county, explains most of these unusual or inconsistent totals. The effects of changing collection and reporting methods can be seen in the county summary tables of smaller counties and those counties that do not have an involuntary detention facility within their county. The number of involuntary detention admissions was reduced to zero for many of those counties.

### Data Limitations continued

Additionally, the DMH has learned that some counties have contracted with an outside entity, such as the local Sheriff's Office or a private medical company, to provide mental health outpatient services in jail. In many of these cases, the contracting agency does not report data on the services provided. The effects of this can be seen in the county summary tables where the numbers of outpatient services are displayed with an asterisk.

The quarterly unduplicated counts of persons receiving outpatient services have been summed to represent the count of persons receiving outpatient services during each fiscal year. Unduplicated means that individuals are counted only once in a quarter, regardless of the number of times or types of outpatient services they receive in jail facilities. However, since the involuntary detention reporting is done on a quarterly basis and this report is summarized by fiscal year, the annual counts of persons receiving outpatient services in this report reflect some duplication of the same individuals counted across quarters.