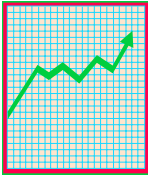


Statistical Report

December 2002

INVOLUNTARY DETENTIONS IN CALIFORNIA

Fiscal Years 1990-91 through 1999-2000



CALIFORNIA DEPARTMENT OF
Mental Health

Statistical Report

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Fiscal Years 1990-91 through 1999-2000

This statistical trend report provides data and analysis on the number of instances of involuntary detentions for evaluation and treatment in California under the [Lanterman-Petris-Short \(LPS\) Act](#). The data are presented for each involuntary detention classification, including the number of temporary and permanent conservatorships established by the superior court of the county and the number of persons receiving mental health services while detained in jail facilities.

- In California, the number of 72-hour evaluation and treatment admissions increased 48.5 percent for adults, from 78,548 in FY 1990-91 to 116,610 in FY 1999-2000 and increased 83.7 percent for youth, from 5,717 in FY 1990-91 to 16,220 in FY 1999-2000.
- The number of 14-day intensive treatment certifications increased 36.9 percent, from 33,266 in FY 1990-91 to 45,548 in FY 1999-2000.
- The number of 30-day intensive treatments increased 118.5 percent, from 1,281 in FY 1990-91 to 2,799 in FY 1999-2000.
- The number of temporary conservatorships established declined 7.7 percent, from 7,784 in FY 1990-91 to 7,181 in FY 1999-2000. Conversely, the number of permanent conservatorships established increased 9.7 percent, from 14,484 in FY 1990-91 to 15,886 in FY 1999-2000.
- The number of persons receiving outpatient services provided within a jail facility increased 158.1 percent, from 60,272 in FY 1990-91 to 155,574 in FY 1999-2000.

A Summary of Involuntary Detentions
In California

Fiscal Years 1990-91 Through 1999-2000

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This entire report may be downloaded from the
DMH website and is also available on diskette.

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Introduction

California's [Welfare and Institutions Code \(WIC\) Section 5402](#) requires the Department of Mental Health (DMH) to collect quantitative information on a quarterly basis from each county mental health program and treatment facility on the number of involuntary detentions, the number of permanent and temporary conservatorships established by the superior court of the county, the number of persons transferred from a jail for mental health services, the number of persons admitted to a Lanterman-Petris-Short (LPS) approved treatment program within a jail facility, and the number of outpatient mental health services provided to persons detained in jail facilities. The data presented in this report are derived from the quarterly reports submitted from the counties and treatment facilities for Fiscal Years (FY) 1990-91 through 1999-2000.

The report consists of a section devoted to statewide analysis of the various categories of involuntary detention, and a section containing county tables of involuntary detention data by classification, county tables of rates per 10,000 population by classification, and state population data. An appendix containing technical information is included at the end of the report.

The first section presents statewide involuntary detention data along with a narrative description and analysis for all ten years for each of the involuntary detention categories. It also includes the rates of detention per 10,000 population. This rate takes into account population growth and allows for comparison of the rates over time.

The second section presents county data for all ten years for each of the variables presented in the first section and the calculated rates per 10,000 population, along with population data for children, adults and total population.

Lastly, the appendix describes the data sources and methodology utilized for this report along with the limitations found in the data.

Statewide Data

72-Hour Evaluation and Treatment (Adult and Child)

The process of an involuntary detention begins with a 72-hour evaluation and treatment of an individual and may eventually result in permanent conservatorship. Each step in this process has legally established time limits and there must be justification for continued confinement, which is subject to prompt judicial review if challenged. When an individual moves from one involuntary detention classification to another, he or she may request continued treatment under voluntary status, thereby terminating the involuntary status, and receive treatment under less restrictive circumstances. Additionally, the adult or minor must be released before 72 hours if, in the opinion of professional staff, he or she no longer requires treatment.

Several WIC sections address the 72-hour evaluation and treatment admission of adults, minors, and inebriated individuals. [WIC §5150](#) (adults), [§5585.56](#) (minors) and [§5170](#) (inebriates) allow for a 72-hour evaluation and treatment admission under the following conditions:

- When any individual, as a result of a mental disorder or inebriation, is a danger to others, or to themselves, or is gravely disabled, a peace officer, or a member of the attending staff of an evaluation facility may, upon probable cause, take, or cause to be taken, the individual into custody and place him or her in a facility designated by the county and approved by the California Department of Mental Health or Alcohol and Drug Abuse as a facility for 72-hour treatment and evaluation.

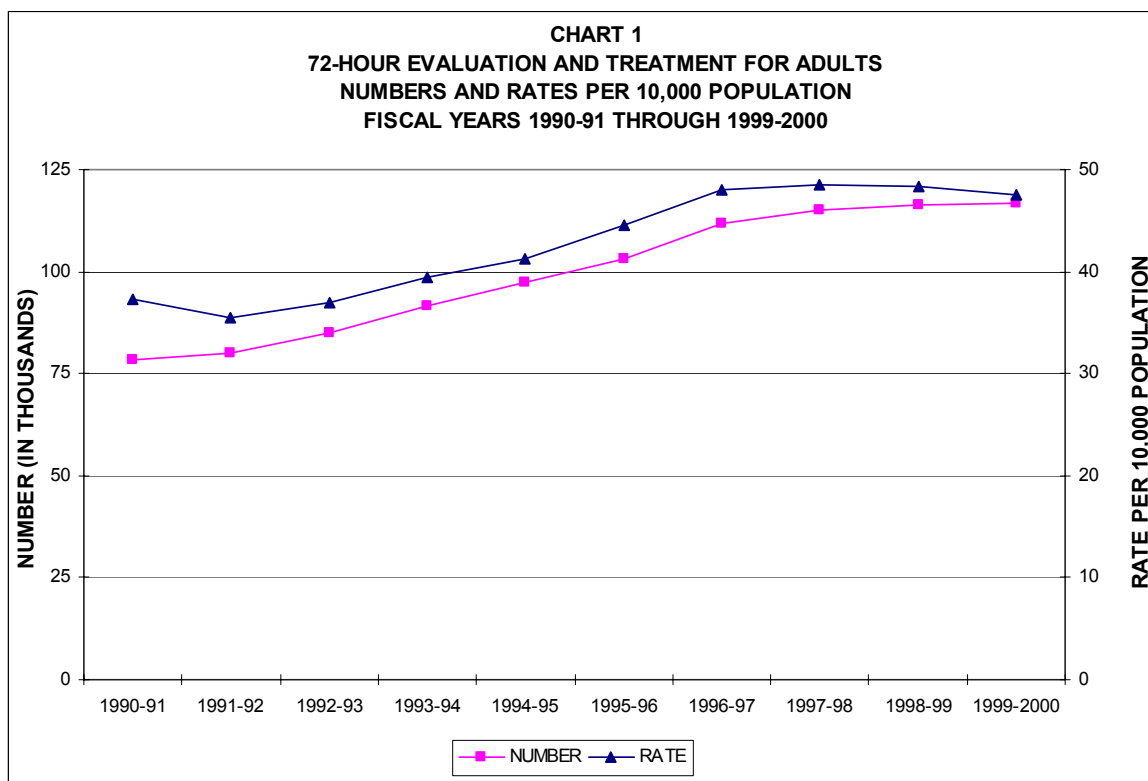
[WIC §5200](#) refers to superior court orders for evaluations of individuals alleged, as a result of a mental disorder or grave disability, to be a danger to themselves or others, while [WIC §5225](#) pertains to judge-ordered evaluations of criminal defendants who appear, as a result of chronic alcoholism or narcotics, to be a danger to themselves or others or to be gravely disabled.

Highlights

- As shown in Table 1, the number of adults admitted for 72-hour evaluation and treatment increased 48.5 percent, from 78,548 in FY 1990-91 to 116,610 in FY 1999-2000.
- The number of adults admitted to California's state hospitals for 72-hour evaluation and treatment declined 61.6 percent, from 760 in FY 1990-91 to 292 in FY 1999-2000.
- The rate of adults admitted for 72-hour evaluation and treatment increased 27.6 percent, from 37.3 admissions per 10,000 adults in FY 1990-91 to 47.6 in FY 1999-2000.
- As shown in Table 2, the number of children admitted for 72-hour evaluation and treatment increased 183.7 percent, from 5,717 in FY 1990-91 to 16,220 in FY 1999-2000.
- The rate of children admitted for 72-hour evaluation and treatment increased 117.6 percent, from 7.4 admissions per 10,000 children in FY 1990-91 to 16.1 in FY 1999-2000.

TABLE 1
 72-HOUR EVALUATION AND TREATMENT FOR ADULTS
 NUMBERS AND RATES PER 10,000 POPULATION
 FISCAL YEARS 1990-91 THROUGH 1999-2000

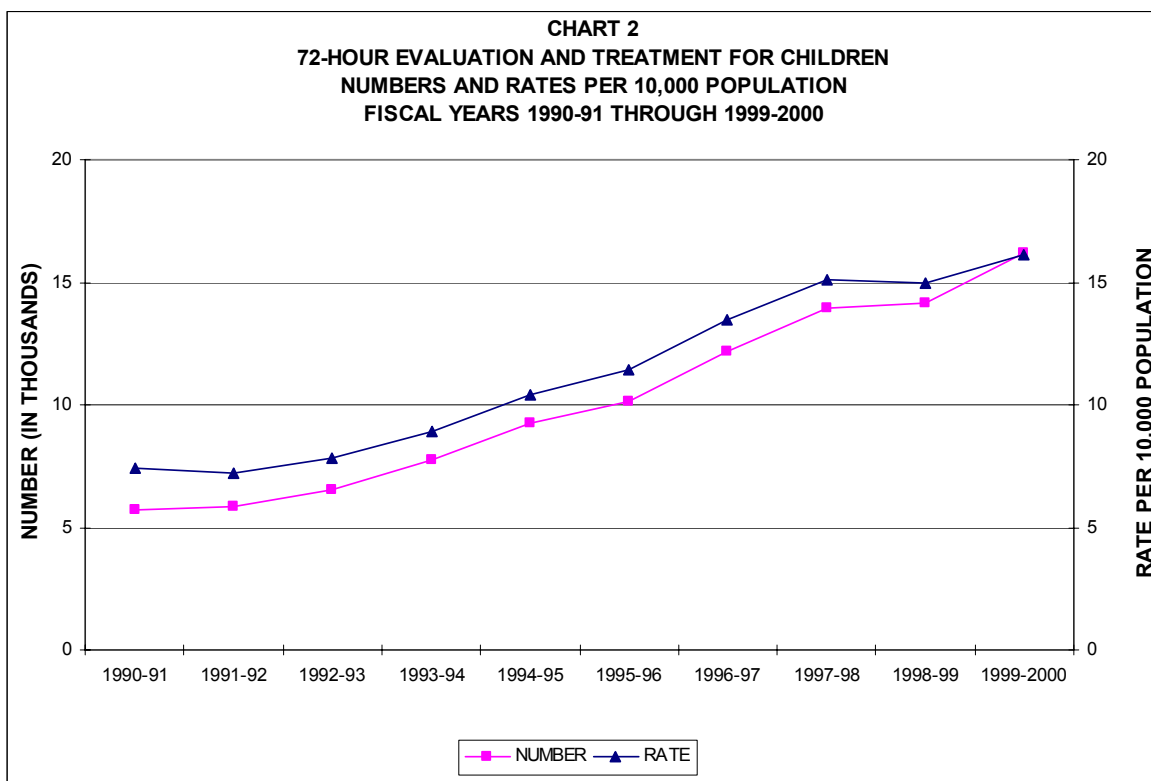
	Fiscal Year									
	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-2000
Total	78,548	79,881	84,778	91,587	97,320	103,299	112,001	114,976	116,206	116,610
Counties	77,788	78,626	83,780	90,784	96,639	102,582	111,379	114,503	115,844	116,318
State Hospitals	760	1,255	998	803	681	717	622	472	362	292
Rate	37.3	35.5	37.0	39.4	41.2	44.6	48.0	48.5	48.3	47.6



- Chart 1 shows that both the numbers and the rates of adults admitted for 72-hour evaluation and treatment increased steadily each year and then leveled off over the last two years.

TABLE 2
 72-HOUR EVALUATION AND TREATMENT FOR CHILDREN
 NUMBERS AND RATES PER 10,000 POPULATION
 FISCAL YEARS 1990-91 THROUGH 1999-2000

	Fiscal Year									
	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-2000
Total	5,717	5,864	6,525	7,735	9,257	10,146	12,164	13,939	14,132	16,220
Counties	5,715	5,855	6,511	7,726	9,244	10,118	12,160	13,937	14,132	16,218
State Hospitals	2	9	14	9	13	28	4	2	0	2
Rate	7.4	7.2	7.8	8.9	10.4	11.4	13.5	15.1	15.0	16.1



- Chart 2 shows that both the numbers and the rates of children admitted for 72-hour evaluation and treatment increased steadily each year and then leveled off slightly in FY 1998-99 before they increased again in FY 1999-2000.

14-Day Intensive Treatment and Additional 14-Day Intensive (Suicidal) Treatment

[WIC §5250](#) allows for 14 extra days of intensive treatment immediately following a 72-hour commitment under the following conditions:

- The professional staff of the agency or facility providing the evaluation has analyzed the individual's condition and has found the individual is, as a result of mental disorder or impairment by chronic alcoholism, a danger to others, or to himself or herself, or gravely disabled.
- The individual has been advised of the need for, but has not been willing or able to accept, treatment on a voluntary basis.

[WIC §5260](#) allows for an additional 14 days of intensive (suicidal) treatment at the expiration of the 14-day intensive treatment if:

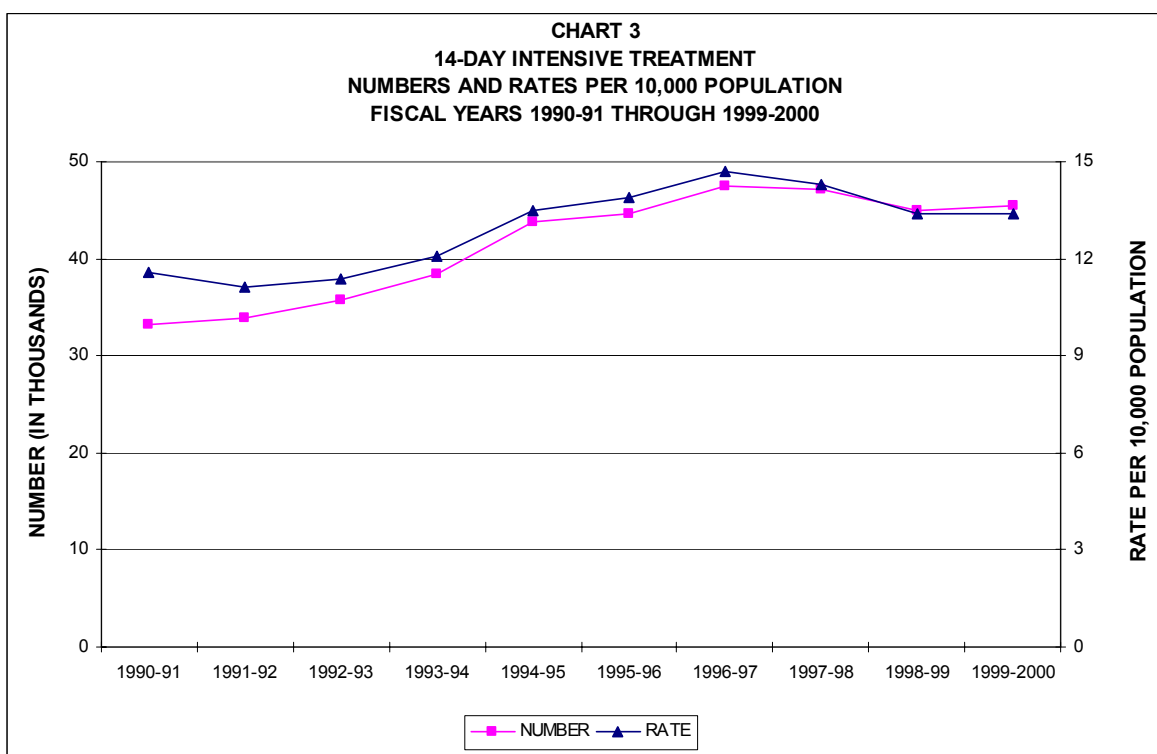
- The professional staff of the agency or facility has found that the individual presents an imminent threat of taking his own life.
- The individual has been advised of, but has not accepted, voluntary treatment.
- The individual has, as a result of mental disorder or impairment by chronic alcoholism, threatened or attempted to take his own life during the 14-day period of intensive treatment.

Highlights

- Table 3 shows that the number of 14-day intensive treatment certifications increased 36.9 percent, from 33,266 in FY 1990-91 to 45,548 in FY 1999-2000.
- The number of 14-day intensive treatment certifications in California's state hospitals declined 49.8 percent, from 635 in FY 1990-91 to 319 in FY 1999-2000.
- The rate of 14-day intensive treatment certifications increased 15.5 percent, from 11.6 certifications per 10,000 individuals in FY 1990-91 to 13.4 in FY 1999-2000.
- The percentage of all 72-hour evaluations and treatments, including both adult and children, resulting in a 14-day intensive treatment varied from high of 41.1 in FY 1994-95 to a low of 34.3 in FY 1999-2000.
- Table 4 shows that the number of additional 14-day intensive (suicidal) treatment certifications decreased 33 percent, from 176 in FY 1990-91 to 118 in FY 1999-2000.
- In FY 1990-91, only one half of one percent (0.5%) of all 14-day intensive treatment certifications resulted in additional 14-day intensive (suicidal) certifications. By FY 1999-2000, only one quarter of one percent (0.26%) of all 14-day intensive treatment certifications resulted in additional 14-day intensive (suicidal) certifications.

TABLE 3
 14-DAY INTENSIVE TREATMENT
 NUMBERS AND RATES PER 10,000 POPULATION
 FISCAL YEARS 1990-91 THROUGH 1999-2000

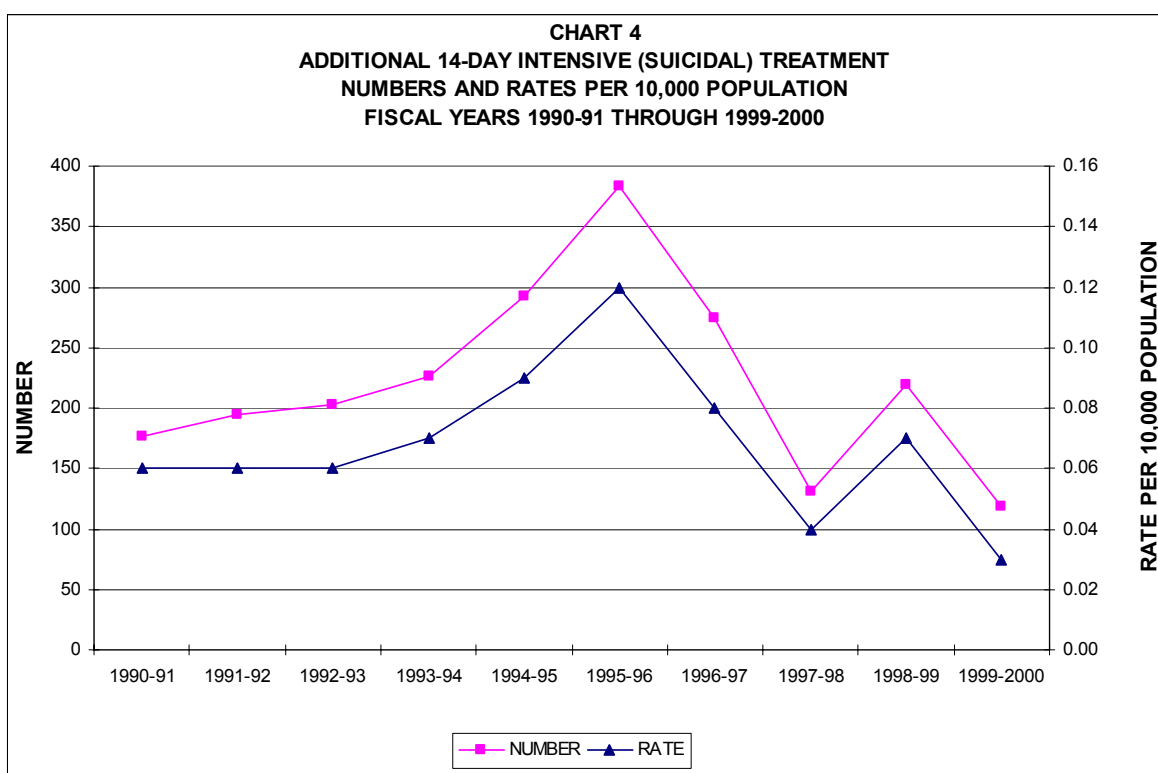
	Fiscal Year									
	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-2000
Total	33,266	33,867	35,752	38,467	43,814	44,701	47,498	47,229	45,024	45,548
Counties	32,631	32,858	34,942	37,852	43,310	44,086	46,988	46,831	44,675	45,229
State Hospitals	635	1,009	810	615	504	615	508	398	349	319
Rate	11.6	11.1	11.4	12.1	13.5	13.9	14.7	14.3	13.4	13.4



- Chart 3 illustrates varying trends. For example, the numbers and rates of 14-day intensive treatments increased each year until FY 1996-97. The numbers and rates declined over the next two years and then increased slightly in FY 1999-2000.

TABLE 4
 ADDITIONAL 14-DAY INTENSIVE (SUICIDAL) TREATMENT
 NUMBERS AND RATES PER 10,000 POPULATION
 FISCAL YEARS 1990-91 THROUGH 1999-2000

	Fiscal Year									
	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-2000
Total	176	195	203	226	293	383	275	131	220	118
Counties	176	195	203	226	293	377	271	131	218	117
State Hospitals	0	0	0	0	0	6	4	0	2	1
Rate	0.06	0.06	0.06	0.07	0.09	0.12	0.08	0.04	0.07	0.03



- Chart 4 illustrates extreme trends in the data. For example, the numbers and rates of additional 14-day intensive (suicidal) treatments remained relatively constant over the first three fiscal years, peaked dramatically between FY 1993-94 and FY 1995-96, and then declined sharply in FY 1996-97 and FY 1997-98. The numbers and rates increased sharply in FY 1998-99 and then declined again in FY 1999-2000. However, the reader must be cautious in interpreting this data since the number of people treated under this classification is relatively small.

30-Day Intensive Treatment

[WIC §5270.15](#) states that after completing a 14-day period of intensive treatment an individual may be certified and held for an additional period of 30 days of intensive treatment under both of the following conditions:

- The clinical staff of the agency or facility treating the individual has found that he or she remains gravely disabled as a result of a mental disorder.
- The individual remains unwilling or unable to accept treatment voluntarily.

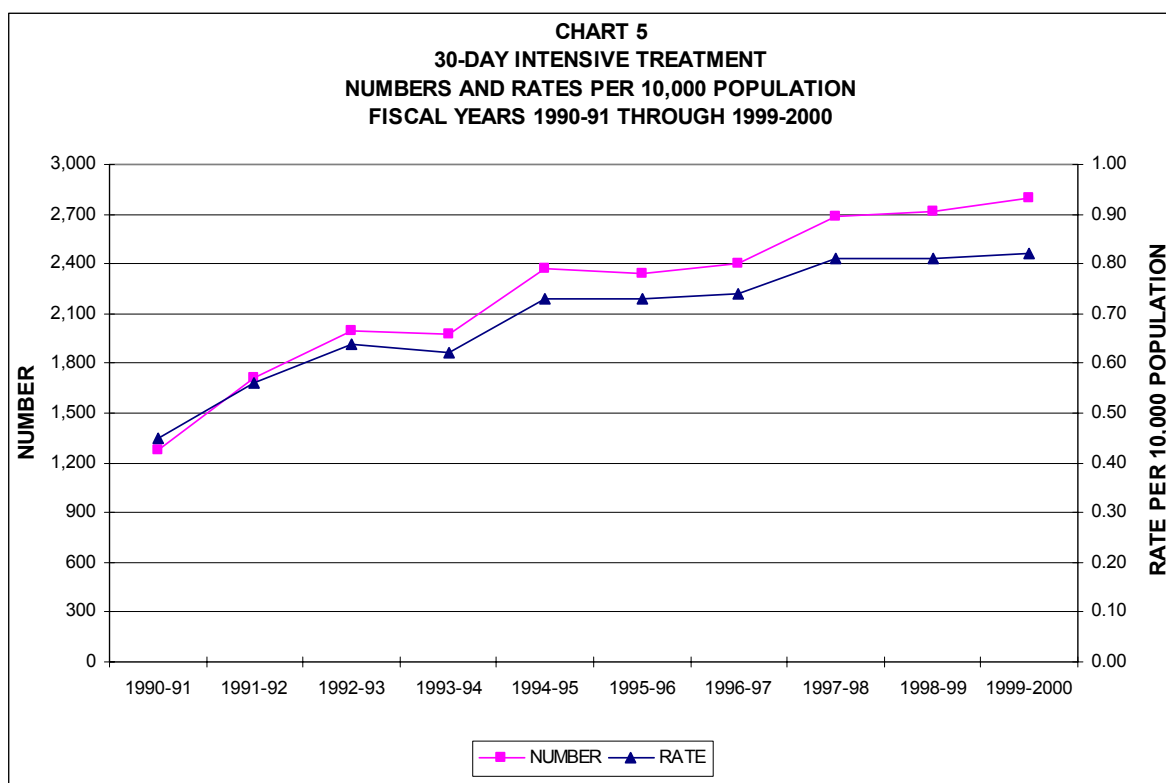
WIC §5270.15 also states persons certified for a 30-day intensive treatment are provided a certification review hearing. In addition, the clinical staff must analyze the individual's condition, treatment plan and progress at intervals of not to exceed 10 days to determine whether the individual continues to meet the criteria for certification. The 30-day intensive treatment can be terminated prior to the 30th day at the discretion of the clinical staff of the agency treating the individual.

Highlights

- Table 5 shows that the number of 30-day intensive treatment certifications increased 118.5 percent, from 1,281 in FY 1990-91 to 2,799 in FY 1999-2000.
- The number of 30-day intensive treatment certifications in the counties increased 120.1 percent, from 1,246 in FY 1990-91 to 2,742 in FY 1999-2000.
- The number of 30-day intensive treatment certifications in California's state hospitals increased 62.9 percent, from 35 in FY 1990-91 to 57 in FY 1999-2000.
- The rate of 30-day intensive treatment certifications increased 82.2 percent, from 0.45 certifications per 10,000 individuals in FY 1990-91 to 0.82 in FY 1999-2000.

TABLE 5
 30-DAY INTENSIVE TREATMENT
 NUMBERS AND RATES PER 10,000 POPULATION
 FISCAL YEARS 1990-91 THROUGH 1999-2000

	Fiscal Year									
	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-2000
Total	1,281	1,709	2,000	1,973	2,370	2,344	2,402	2,685	2,715	2,799
Counties	1,246	1,620	1,898	1,929	2,342	2,276	2,342	2,657	2,668	2,742
State Hospitals	35	89	102	44	28	68	60	28	47	57
Rate	0.45	0.56	0.64	0.62	0.73	0.73	0.74	0.81	0.81	0.82



- Chart 5 shows that the numbers and rates of 30-day intensive treatments increased over the first three years, then leveled off and increased again in FY 1994-95. The numbers and rates remained relatively constant between FY 1994-95 and FY 1996-97, then increased in FY 1997-98 and leveled off over the last three years.

180-Day Post-Certification Treatment

[WIC §5304](#) provides for an extended period of intensive treatment not to exceed 180 days from the date of court judgment, if a court or jury finds that the individual has done any of the following:

- Attempted, inflicted, or made a serious threat of substantial physical harm upon another person after having been taken into custody, and as a result of mental disorder or defect, presents a demonstrated danger of inflicting substantial physical harm upon others.
- Attempted or inflicted physical harm upon another person, that act resulting in his or her being taken into custody, and as a result of mental disorder or defect, presents a demonstrated danger of inflicting substantial physical harm upon others.
- Expressed a serious threat of substantial physical harm upon the person of another within seven days of being taken into custody, that threat having at least in part resulted in his or her being taken into custody, and who presents, as a result of mental disorder or mental defect, a demonstrated danger of inflicting substantial physical harm upon others.

At the expiration of 180 days, the individual must be released from involuntary treatment unless a new petition for postcertification treatment is filed. WIC §5304 allows for the filing of a new petition if the person has attempted, inflicted, or made a serious threat of substantial physical harm upon another during his or her period of postcertification treatment, and he or she is a person who by reason of mental disorder or mental defect presents a demonstrated danger of inflicting substantial physical harm upon others.

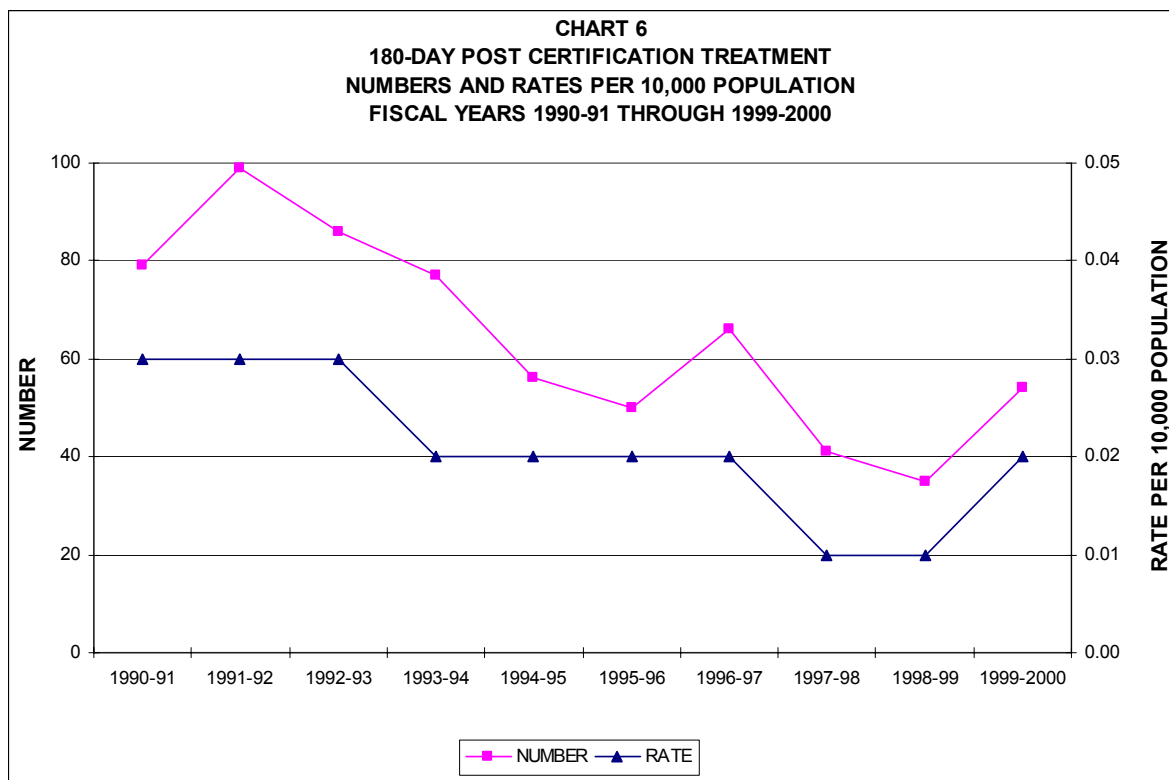
The absolute number of 180-day post-certifications is very small, so the trends should be interpreted cautiously.

Highlights

- As shown in Table 6, the number of 180-day post-certifications declined by 31.6 percent, from 79 in FY 1990-91 to 54 in FY 1999-2000.
- The number of 180-day post-certifications in the counties decreased 37.1 percent, from 62 in FY 1990-91 to 39 in FY 1999-2000.
- The number of 180-day post-certifications in California's state hospitals decreased 23.5 percent, from 17 in FY 1990-91 to 13 in FY 1999-2000.
- The rate of 180-day post-certifications decreased 33.3 percent, from 0.03 post-certifications per 10,000 individuals in FY 1990-91 to 0.02 in FY 1999-2000.

TABLE 6
 180-DAY POST-CERTIFICATION TREATMENT
 NUMBERS AND RATES PER 10,000 POPULATION
 FISCAL YEARS 1990-91 THROUGH 1999-2000

	Fiscal Year									
	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-2000
Total	79	99	86	77	56	50	66	41	35	54
Counties	62	60	46	31	22	28	41	27	24	39
State Hospitals	17	39	40	46	34	22	25	14	11	13
Rate	0.03	0.03	0.03	0.02	0.02	0.02	0.02	0.01	0.01	0.02



- Chart 6 illustrates several trends. First, the number of 180-day post-certifications increased in FY 1991-92, while the rate per 10,000 of the population did not. Next, the number of 180-day post-certifications declined over the next several years and then increased in FY 1996-97. Finally, the number declined in FY 1997-98 and FY 1998-99 and then increased in FY 1999-2000. The rates per 10,000 of the population remained fairly constant except in those fiscal years where the numbers increased or decreased dramatically.

Temporary and Permanent Conservatorships Established by the Superior Court of the County

A conservatorship is a judicial arrangement whereby an adult is granted the authority and responsibility to care for another adult. Conservatorship proceedings begin when a petition for conservatorship is filed in the superior court of the county, which is then followed by an investigation and a court hearing. [WIC §5352.1](#) states individuals who are neither a danger to themselves or others during confinement, but continue to be gravely disabled, may be temporarily conserved for a period not to exceed 30 days.

A temporary conservatorship generally serves as a time to gather information pertaining to the individual's immediate needs and to appoint a temporary conservator to manage the individual's affairs. After the initial 30-day temporary conservatorship period, a permanent conservatorship may be granted. However, a conservatee can demand a court or jury trial to determine whether he or she is gravely disabled prior to moving from temporary to permanent conservatorship status.

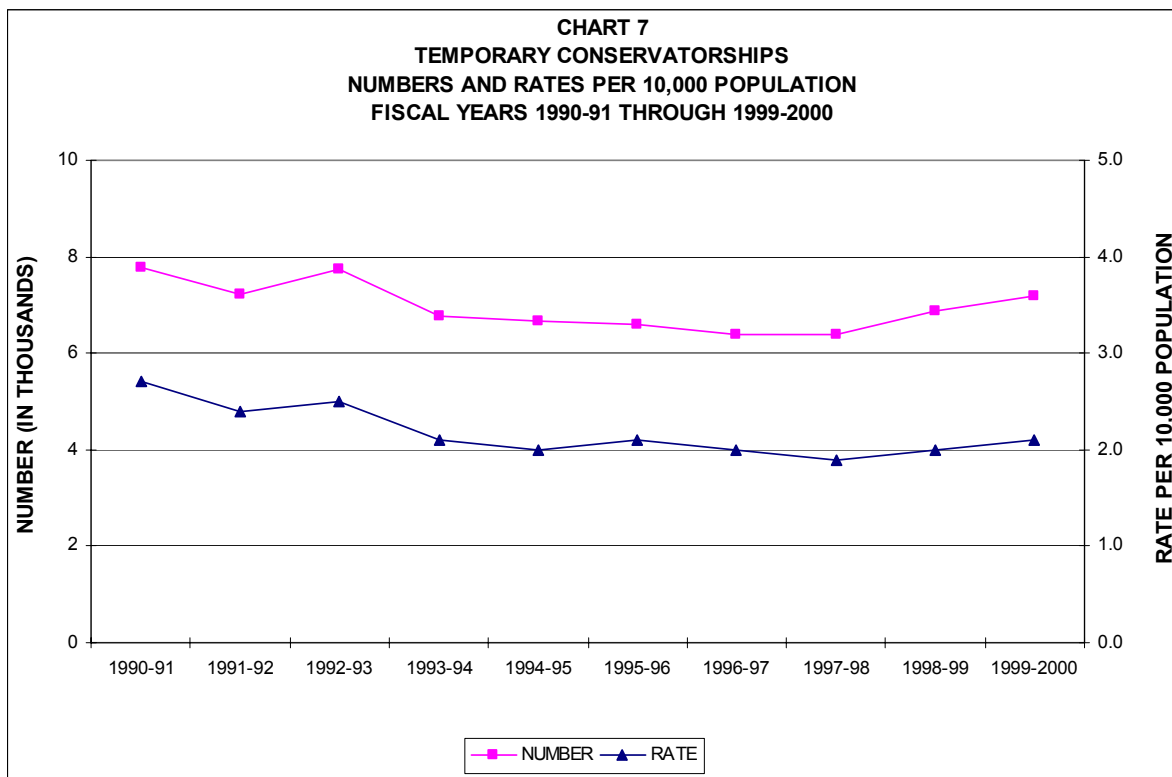
[WIC §5358](#) pertains to permanent conservatorship status. Permanent conservatorships are granted for individuals who continue to be gravely disabled after the temporary conservatorship period has expired. Permanent conservatorships expire after one year and must be renewed annually.

Highlights

- As shown in Table 7, the number of temporary conservatorships established in California decreased by 7.7 percent, from 7,784 in FY 1990-91 to 7,181 in FY 1999-2000.
- The rate of temporary conservatorships established per 10,000 of the total population declined 22.2 percent, from 2.7 in FY 1990-91 to 2.1 in FY 1999-2000.
- Table 8 shows that the number of permanent conservatorships established increased by 9.7 percent, from 14,484 in FY 1990-91 to 15,886 in FY 1999-2000.
- The rate of permanent conservatorships established per 10,000 of the total population declined 6 percent, from 5.0 in FY 1990-91 to 4.7 in FY 1999-2000.

TABLE 7
 TEMPORARY CONSERVATORSHIPS
 NUMBERS AND RATES PER 10,000 POPULATION
 FISCAL YEARS 1990-91 THROUGH 1999-2000

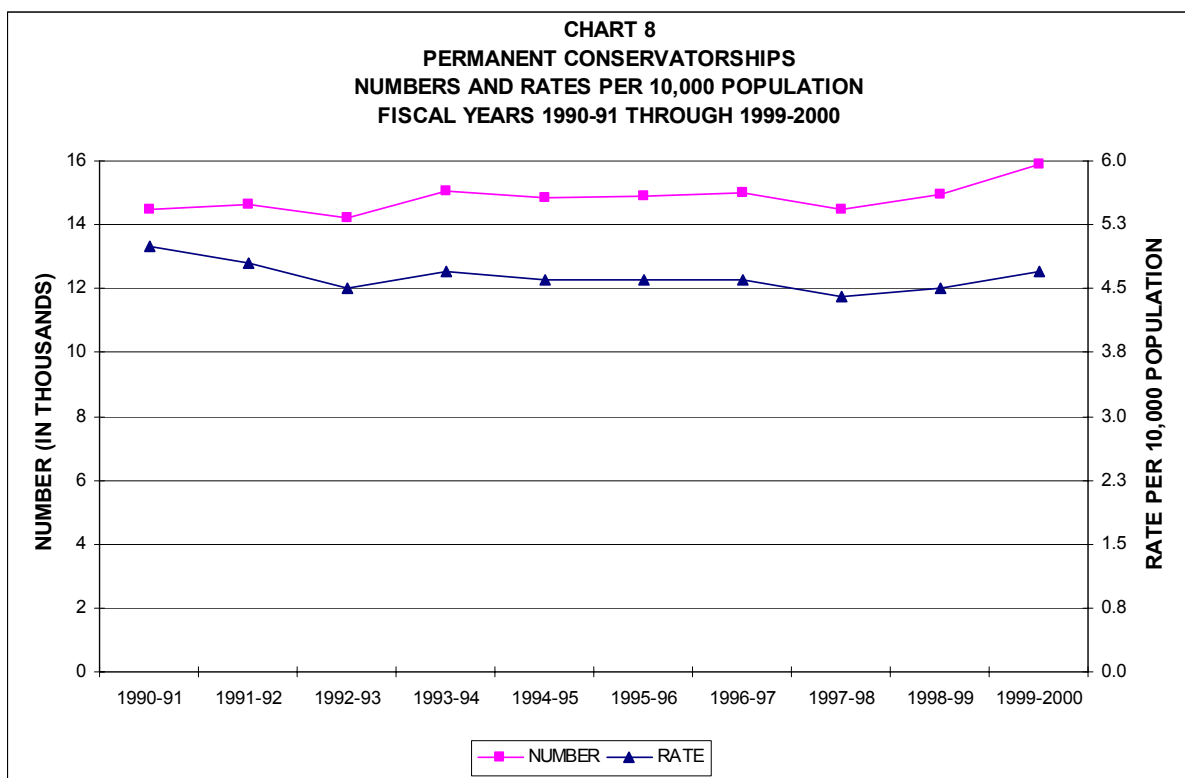
	Fiscal Year									
	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-2000
Total	7,784	7,216	7,756	6,763	6,656	6,589	6,389	6,388	6,863	7,181
Rate	2.7	2.4	2.5	2.1	2.0	2.1	2.0	1.9	2.0	2.1



- As shown in Chart 7, the number and rate of temporary conservatorships established decreased in FY 1993-94. The numbers and rates remained relatively stable over the next several years before they increased slightly over the last two fiscal years.

TABLE 8
PERMANENT CONSERVATORSHIPS
NUMBERS AND RATES PER 10,000 POPULATION
FISCAL YEARS 1990-91 THROUGH 1999-2000

	Fiscal Year									
	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-2000
Total	14,484	14,658	14,229	15,068	14,852	14,873	14,993	14,473	14,928	15,886
Rate	5.0	4.8	4.5	4.7	4.6	4.6	4.6	4.4	4.5	4.7



- Chart 8 shows that the number and rate of permanent conservatorships established decreased in FY 1992-93. The number and rate increased in FY 1993-94 and remained stable for several years before they increased slightly over the last two fiscal years.

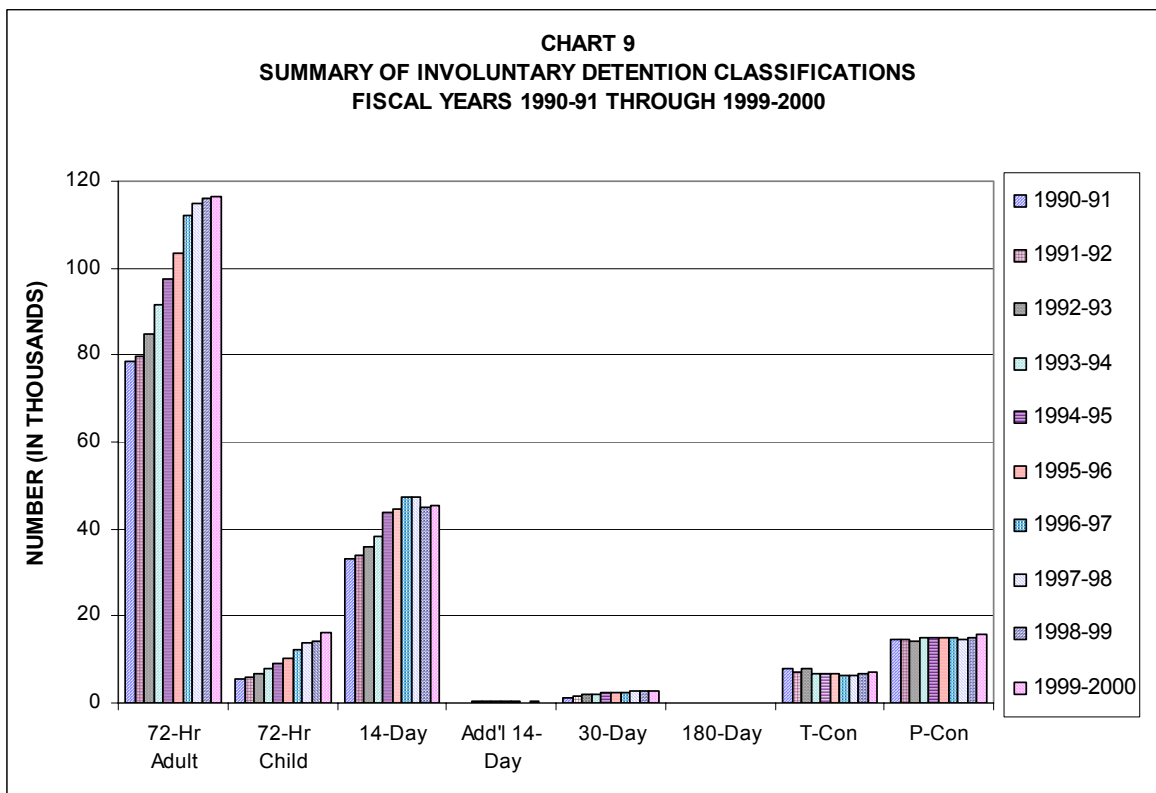
Summary of Involuntary Detention Classifications

The table and chart below display totals for each involuntary detention classification during the ten-year period except for jail services data, which are presented separately in the following section.

Table 9 and Chart 9 show the data summarized by classification. The numbers of each classification increased over the ten-year period, except the numbers of additional 14-day intensive (suicidal) treatments, 180-day post-certifications and temporary conservatorships, which remained relatively stable between FY 1990-91 and FY 1999-2000.

TABLE 9
 SUMMARY OF INVOLUNTARY DETENTION CLASSIFICATIONS
 FISCAL YEARS 1990-91 THROUGH 1999-2000

	Fiscal year									
	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-2000
72-Hr Adult	78,548	79,881	84,778	91,587	97,320	103,299	112,001	114,975	116,206	116,610
72-Hr Child	5,717	5,864	6,525	7,735	9,257	10,146	12,164	13,939	14,132	16,220
14-Day	33,266	33,867	35,752	38,467	43,814	44,701	47,496	47,229	45,024	45,548
Add'l 14-Day	176	195	203	226	293	383	275	131	220	118
30-Day	1,281	1,709	2,000	1,973	2,370	2,344	2,402	2,685	2,715	2,799
180-Day	79	99	86	77	56	50	66	41	35	54
T-Con	7,784	7,216	7,756	6,763	6,656	6,589	6,389	6,388	6,863	7,181
P-Con	14,484	14,658	14,229	15,068	14,852	14,873	14,993	14,473	14,928	15,886

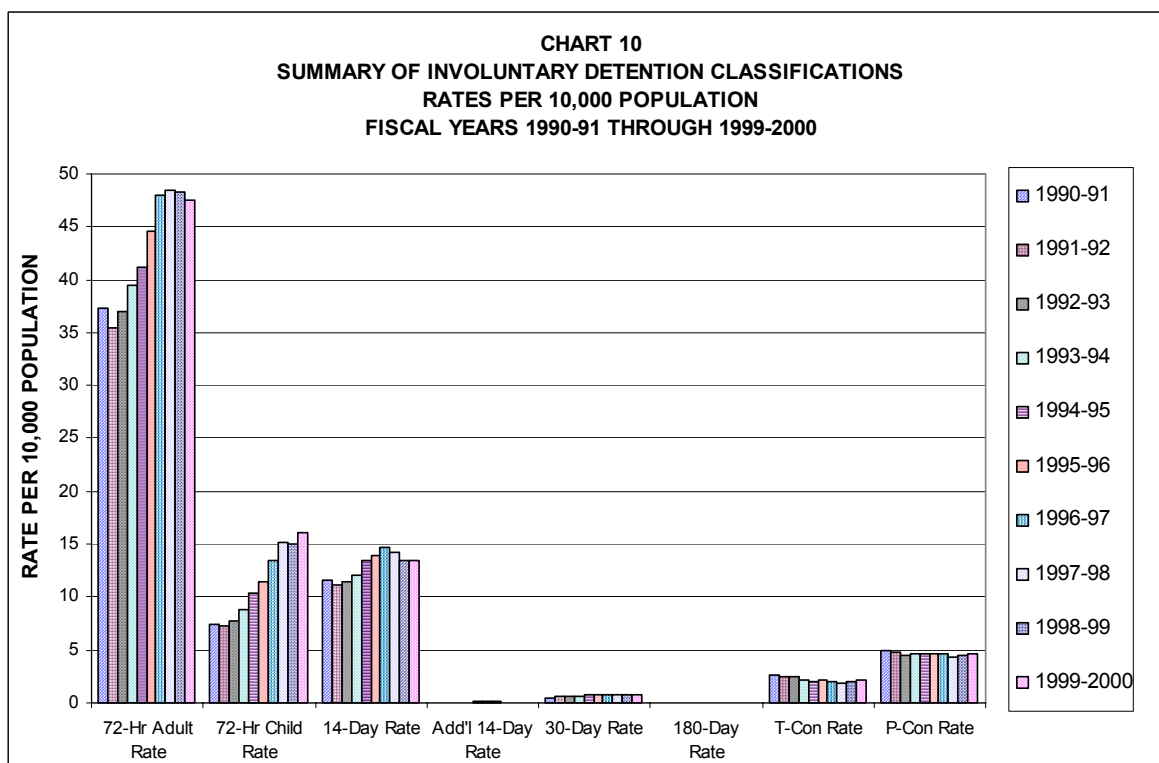


The table and chart below display the rates per 10,000 population for each involuntary detention classification during the ten-year period except for jail services data, which are presented separately in the following section. The rate per 10,000 population takes into account population growth and allows for comparison of the rates over time.

Table 10 and Chart 10 present the rates per 10,000 population summarized by classification. The rates of most classifications increased over the ten-year period. On the other hand, the rates of additional 14-day intensive (suicidal) treatments and 180-day post-certifications declined, while the rates for temporary and permanent conservatorships remained relatively stable between FY 1990-91 and FY 1999-2000.

TABLE 10
 SUMMARY OF INVOLUNTARY DETENTION CLASSIFICATIONS
 RATES PER 10,000 POPULATION
 FISCAL YEARS 1990-91 THROUGH 1999-2000

	Fiscal year									
	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-2000
72-Hr Adult Rate	37.3	35.5	37.0	39.4	41.2	44.6	48.0	48.5	48.3	47.6
72-Hr Child Rate	7.4	7.2	7.8	8.9	10.4	11.4	13.5	15.1	15.0	16.1
14-Day Rate	11.6	11.1	11.4	12.1	13.5	13.9	14.7	14.3	13.4	13.4
Add'l 14-Day Rate	0.06	0.06	0.06	0.07	0.09	0.12	0.08	0.04	0.07	0.03
30-Day Rate	0.45	0.56	0.64	0.62	0.73	0.73	0.74	0.81	0.81	0.82
180-Day Rate	0.03	0.03	0.03	0.02	0.02	0.02	0.02	0.01	0.01	0.02
T-Con Rate	2.7	2.4	2.5	2.1	2.0	2.1	2.0	1.9	2.0	2.1
P-Con Rate	5.0	4.8	4.5	4.7	4.6	4.6	4.6	4.4	4.5	4.7



Services Provided to Persons Detained in Jail Facilities

California's [WIC §5402](#) requires the DMH to collect data on the following services provided to persons detained in jail facilities:

- [California Penal Code \(PC\) §4011.6](#) states that if an individual in the custody of a jail or juvenile detention facility appears to be mentally disordered, he or she may be involuntarily transferred to a facility for 72-hour treatment and evaluation.
- [PC §4011.8](#) permits an individual charged or convicted of a criminal offense to voluntarily request a transfer from a jail or juvenile detention facility to a facility that provides inpatient or outpatient mental health services.
- Individuals detained in jail facilities may also be transferred, either voluntarily or involuntarily, to an LPS approved inpatient treatment program within the jail facility if such a program is available. Not every county has an LPS approved treatment program within the jail, and thus, may contract to transport detainees to local inpatient facilities or to neighboring counties in order to provide this service.
- Finally, the DMH collects unduplicated counts of the number of persons receiving outpatient services provided within a jail facility. Outpatient services include assessment, medication, collateral services, individual therapy, group therapy and crisis intervention. The term 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.

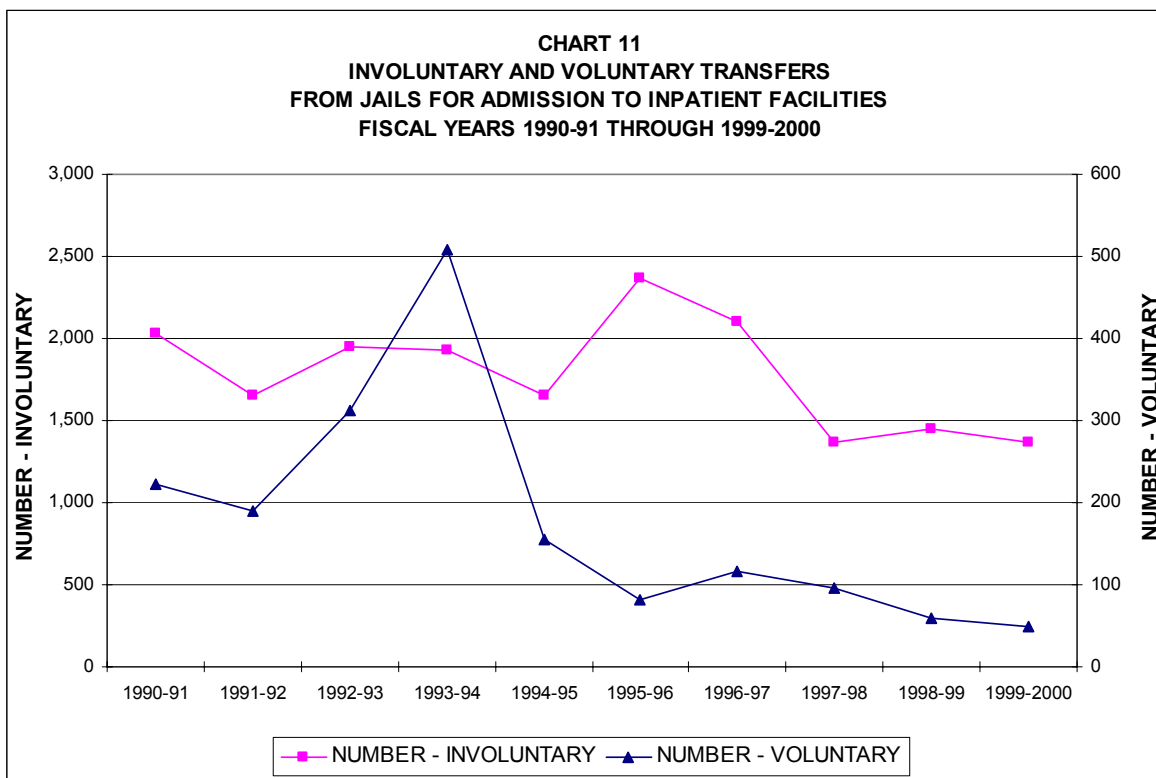
Highlights

- As shown in Table 11, the number of involuntary transfers from jails for admission to an inpatient facility decreased 32.5 percent, from 2,028 in FY 1990-91 to 1,369 in FY 1999-2000.
- Table 11 also illustrates that the number of voluntary transfers from jails for admission to an inpatient facility decreased 78.5 percent, from 223 in FY 1990-91 to 48 in FY 1999-2000.
- Table 12 shows that the number of involuntary admissions to an LPS approved inpatient treatment program within a jail facility increased 156.1 percent, from 1,646 in FY 1990-91 to 4,216 in FY 1999-2000.
- The number of voluntary admissions to an LPS approved inpatient treatment program within a jail facility decreased 98.2 percent, from 1,964 in FY 1990-91 to 35 in FY 1999-2000.

- The large fluctuation in both the number of voluntary transfers from jails for admission to inpatient facilities and the number of voluntary admissions to an LPS approved inpatient treatment program within a jail facility could be due to the opening or closing of hospitals or treatment programs, the development of new programs to serve the population, or to reporting changes.
- Table 13 shows that the number of persons receiving outpatient services provided within a jail facility increased each year over the ten-year period. Overall, the number of persons receiving outpatient services provided within a jail facility increased 158.1 percent, from 60,272 in FY 1990-91 to 155,574 in FY 1999-2000.

TABLE 11
 INVOLUNTARY AND VOLUNTARY TRANSFERS
 FROM JAILS FOR ADMISION TO INPATIENT FACILITIES
 FISCAL YEARS 1990-91 THROUGH 1999-2000

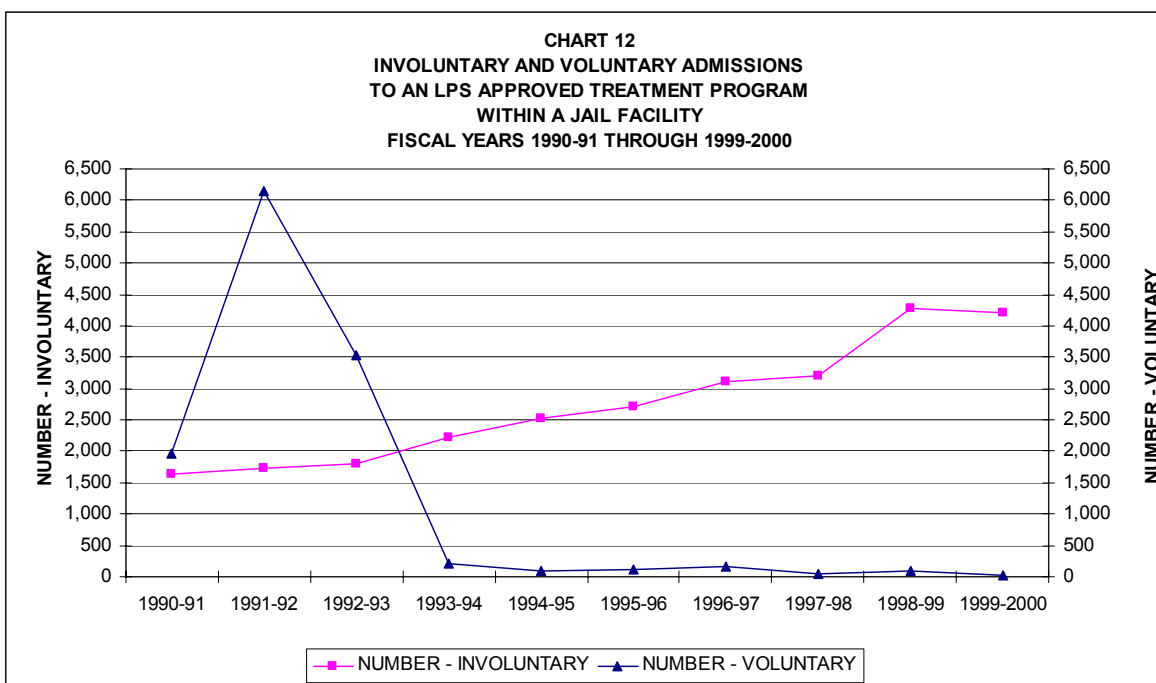
	Fiscal Year									
	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-2000
Involuntary Transfers										
Total	2,028	1,650	1,949	1,932	1,656	2,369	2,100	1,364	1,451	1,369
Voluntary Transfers										
Total	223	190	313	508	155	81	116	95	60	48



- Chart 11 illustrates major trends in the numbers of involuntary and voluntary transfers from jails for admission to inpatient facilities. For example, the number of involuntary transfers has declined and leveled off in recent years after increasing in FY 1995-96. In contrast, the number of voluntary transfers increased twofold between FY 1991-92 and 1993-94, and then declined dramatically in FY 1994-95. Since FY 1996-97 the number of voluntary transfers has declined each year.

TABLE 12
 INVOLUNTARY AND VOLUNTARY ADMISSIONS
 TO AN LPS APPROVED INPATIENT TREATMENT PROGRAM WITHIN A JAIL FACILITY
 FISCAL YEARS 1990-91 THROUGH 1999-2000

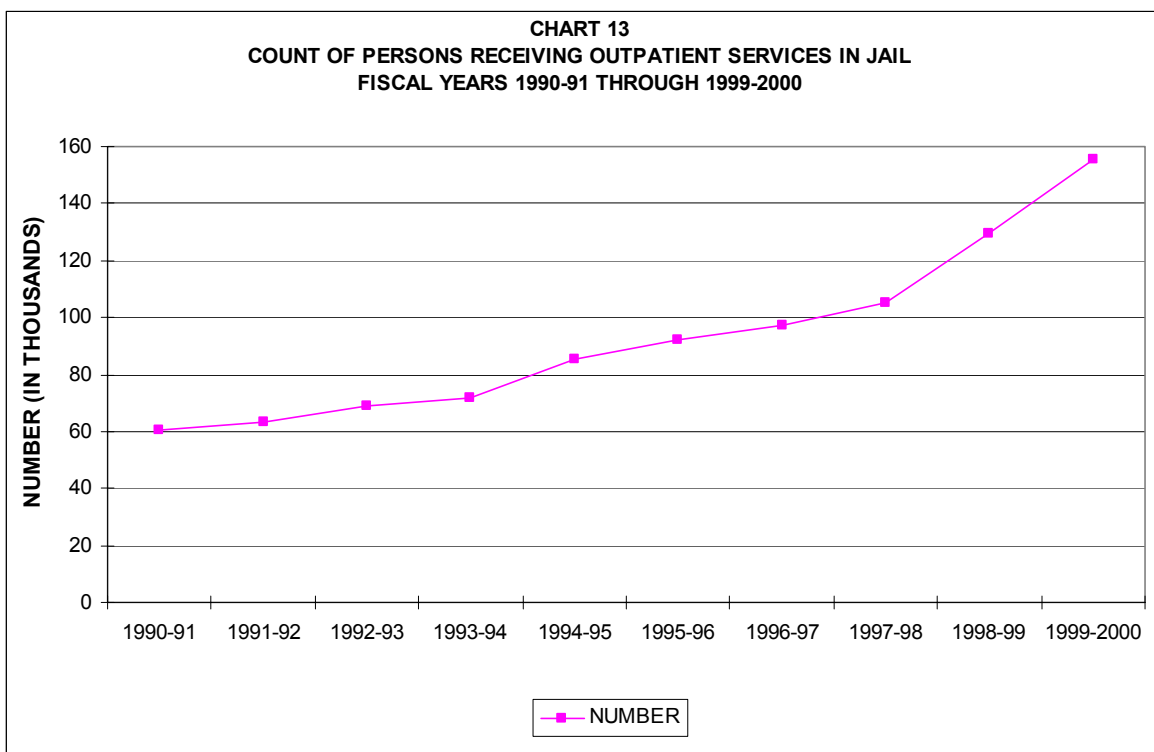
	Fiscal Year									
	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-2000
Involuntary Admissions										
Total	1,646	1,732	1,800	2,211	2,524	2,714	3,108	3,199	4,275	4,216
Voluntary Admissions										
Total	1,964	6,154	3,538	218	95	115	164	53	88	35



- Chart 12 illustrates major trends in the numbers of both involuntary and voluntary admissions to an LPS approved treatment facility within a jail. The number of involuntary admissions increased steadily each year before a sharp increase in FY 1998-99 and a slight decline in FY 1999-2000. The number of voluntary admissions increased threefold in FY 1991-92 and then declined dramatically between FY 1992-93 and FY 1993-94. Overall, the number of voluntary admissions has declined noticeably.

TABLE 13
 COUNT OF PERSONS RECEIVING OUTPATIENT TREATMENT IN JAIL
 FISCAL YEARS 1990-91 THROUGH 1999-2000

	Fiscal Year									
	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-2000
Total	60,272	63,466	68,815	71,869	85,360	91,895	97,355	104,918	129,488	155,574



- Chart 13 illustrates the growing trend of providing outpatient services in jail. The number of persons receiving outpatient services in jail increased significantly each year, with major increases in the number of persons served between FY 1997-98 and FY 1999-2000.