



COUNTY OF SANTA CLARA
Behavioral Health Services

CSI ADMISSION

REV. 07/26/24

REVISIONS

Date	Slides	Revisions
08/30/2023	9	Update – What to enter if born out of country.
07/11/2023	7	Click F5 to clear radio button field.
10/07/2022	ALL	Made minor edits to help clarify instructions and added Slide 11
06/13/2022	8	Update – What to enter if unknown

CSI ADMISSION

Purpose of Form:

The CSI Admission form is used to collect required information for a client who has been admitted to a Client Services Information System (CSI) treatment program. CSI data is reported to the California Department of Mental Health.

HOW TO ACCESS

After login click on **Search** and type **CSI Admission**

The screenshot shows a search interface with a search bar containing 'CSI Admission'. Below the search bar, there are filter buttons for 'All 1', 'Clients 0', 'Staff 0', and 'Forms 1'. The search results are displayed under the heading 'Forms' and are organized into a table with columns for 'Undock', 'Name', and 'Menu Option'. The table contains one entry: 'CSI Admission' with a menu path of '/ Avatar PM / Client Management / Client Information'. A blue arrow points to the 'CSI Admission' entry in the table.


Undock	Name	Menu Option
	CSI Admission	/ Avatar PM / Client Management / Client Information

After selecting the CSI Admission form, enter Client's name in the Search bar, and select client.

Select Client

Q Test, Steph

Client Name / Client ID	Gender	Date Of Birth	Social Security Number
TEST,STEPH (000002790)	Female	01/01/1990	



Select corresponding Episode

✓ Selected Client : TEST,STEPH (000002790)

Select Episode

Name: STEPH TEST
ID: 2790
Sex: Female
Date of Birth: 01/01/1990

Episode	Program	Start	End
1	DTN SMH OP -Wellness	12/08/2021	



Enter the client's name in **Birth Name (Last)**, **Birth Name (First)** (1). Add Birth Name (Middle) and their suffix if applicable (1). Client's **Month and Year of Birth** should automatically populate from the data entered in the Admission form (2). All fields can be changed in the CSI Admission form except the Date of Birth. If a field has a radio button that needs to be cleared. Select a button on the field and press F5.

Birth Name (Last)

Birth Name (First) *

Birth Name (Middle)

Year Or Month/Year Of Birth

01/1990

Birth Name (Suffix)

Sr Jr III
 IV V VI

Must complete **(1) Mother's First Name*** (enter birth mother's name), **(2) Fiscally Responsible County For Client***, **(3) Place of Birth – County***, **(4) State***, **(5) Country**, **(6) CSI Ethnicity**, **(7) Special Population**. Fill the rest of the form as complete and accurately as possible.

Birth Name (Last)

Birth Name (First) *

Birth Name (Middle)

Year Or Month/Year Of Birth

Birth Name (Suffix)

Sr Jr III
 IV V VI

6 CSI Ethnicity

Not Hispanic or Latino
 Unknown / Not Reported
 Hispanic or Latino

7 Special Population

Assisted Outpatient Treatment service(s) (AB 1421) (AB 3632) Individualized education plan (IEP) required
 service(s)
 Governor's Homeless Initiative (GHI) service(s)
 No special population services
 Welfare-to-work plan specified service(s)

1 Mother's First Name

2 Fiscally Responsible County For Client

3 Place of Birth - County

4 Place of Birth - State

5 Place of Birth - Country

Legal Class

County School

District County Code

District/Site Code

Admission Necessity Code

Emergency
 Planned (Prior Authorization)
 Unknown/Not Reported

Mother's First Name

UNKNOWN

Fiscally Responsible County For Client

Santa Clara



Place of Birth - County

Not California County



Place of Birth - State

Not US State



Place of Birth - Country

Brazil

***Mother's First Name** – If it is unknown, input “UNKNOWN”

***Fiscally Responsible County For Client** – If unknown, input “Santa Clara”

***Place of Birth - County** – If the county is not within California, input “Not California County”

***Place of Birth – State** – If the state is not within the US, input “Not US State”

District County Code and **District/Site Code** (1) must be completed if client has an IEP required service.

Admission Necessity Code (2) is a required field to be filled out.

The image shows a form with the following fields:

- Legal Class**: A dropdown menu with "Select" and a close button (x).
- County School**: A dropdown menu with "Select" and a close button (x).
- District County Code**: A dropdown menu with "Select" and a close button (x). A blue arrow points to this field, and a blue number "1" is next to it.
- District/Site Code**: A dropdown menu with "Select" and a close button (x). A blue arrow points to this field, and a blue number "1" is next to it.
- Admission Necessity Code**: A radio button group with three options: "Emergency", "Planned (Prior Authorization)", and "Unknown/Not Reported". A blue arrow points to this group, and a blue number "2" is next to it.

Fill out this section completely.

CSI ADMISSION

Submit

CSI Admission

Online Documentation

Is Substance Abuse Affecting Mental Health?

Yes No Unknown

Are Developmental Disabilities Affecting Mental Health?

Yes No Unknown

Are Physical Health Disorders Affecting Mental Health?

Yes No Unknown

Conservatorship/Court Status

- Temporary Conservatorship
- Lanterman-Petris-Short
- Murphy
- Probate
- PC 2974
- Representative Payee Without Conservatorship
- Juvenile Court, Dependent of the Court
- Juvenile Court, Ward - Status Offender
- Juvenile Court, Ward - Juvenile Offender
- Not Applicable
- Unknown/Not Reported

Preferred Language

Select

Race (Select Up To Five)

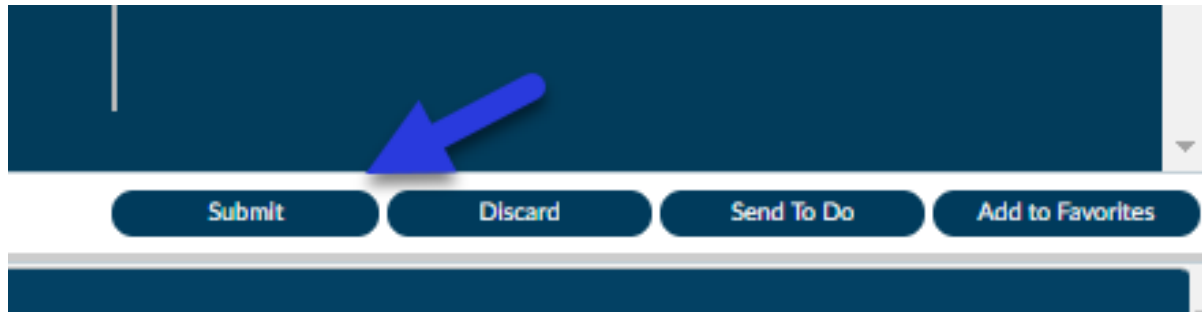
All | Clear

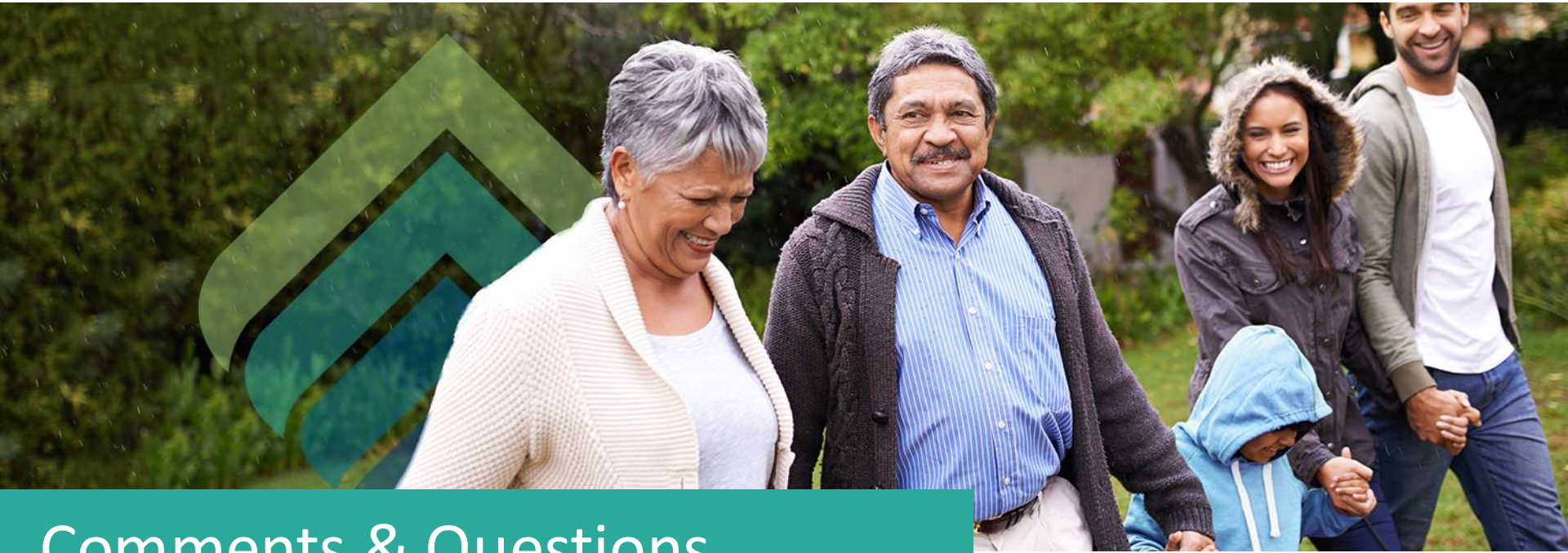
- American Indian or Alaska Native
- Asian Indian
- Black or African American
- Cambodian
- Chinese
- Filipino

Number of children less than 18 years of age that the client cares for / is responsible for at least 50% of the time

Number of dependent adults 18 years of age and above that the client cares for / is responsible for at least 50% of the time

Click Submit when you are done.





Comments & Questions