



COUNTY OF SANTA CLARA  
**Behavioral Health Services**

**CSI ADMISSION**

REV. 08/30/23

# REVISIONS

<b>Date</b>	<b>Slides</b>	<b>Revisions</b>
08/30/2023	10	Update – What to enter if born out of country.
07/11/2023	8	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	9	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.

# SIGN ONTO PROVIDERCONNECTNX


Enter the System Code, Username, and Password that were provided to you.

 **Netsmart**  
ProviderConnect NX


**System**

 SCC LIVE 



**System Code**

 Enter System Code

**Username**

 Enter Username

**Password**

 Enter Password 

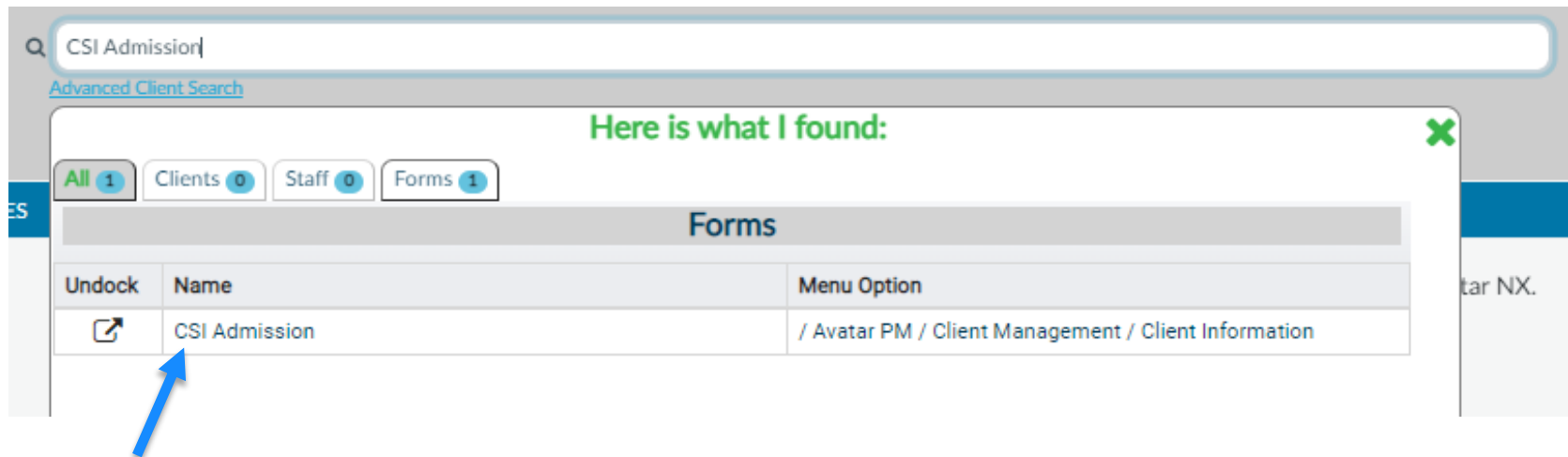
Login

**Attention**

The information contained in this information system is private and confidential, it is fully bound by the provisions of all federal and state regulations governing confidentiality of alcohol and drug abuse patient records. This system is intended only for the professional use of authorized agents of a Substance Abuse or Mental Health Treatment program or related agency. If you have reached this site in error, please contact Netsmart Technologies, Inc. at (877) 899-8800 immediately.

# HOW TO ACCESS

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




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.

The screenshot shows a form with the following fields and annotations:

- Birth Name (Last)**: Text input field with a blue arrow and the number '1' pointing to it.
- Birth Name (First) \***: Text input field with a blue arrow and the number '1' pointing to it.
- Birth Name (Middle)**: Text input field with a blue arrow and the number '2' pointing to it.
- Year Or Month/Year Of Birth**: Dropdown menu with a lightbulb icon and the value '01/1990'. A blue arrow and the number '2' point to it.
- Birth Name (Suffix)**: Radio button selection area with options:  Sr,  Jr,  III,  IV,  V,  VI. A blue arrow and the number '1' point to this section.



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



08/20

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.

Legal Class  
Select x v

County School  
Select x v

District County Code ⓘ  
Select x v

District/Site Code ⓘ  
Select x v

Admission Necessity Code

- Emergency
- Planned (Prior Authorization)
- Unknown/Not Reported

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)

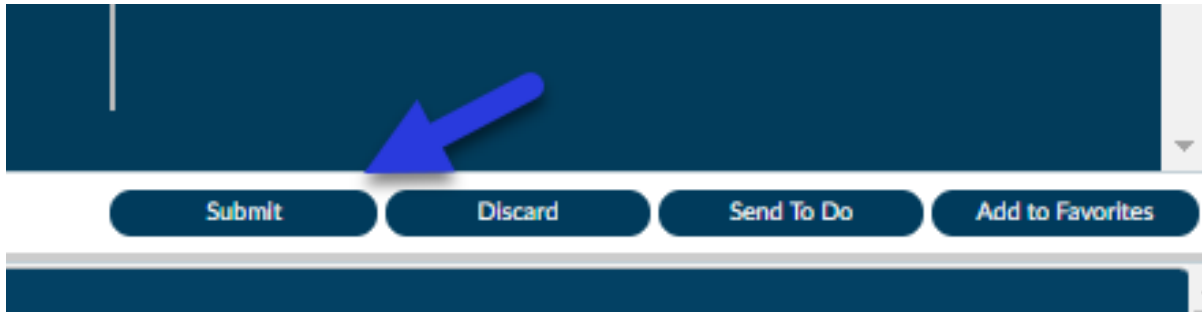
All | Clear

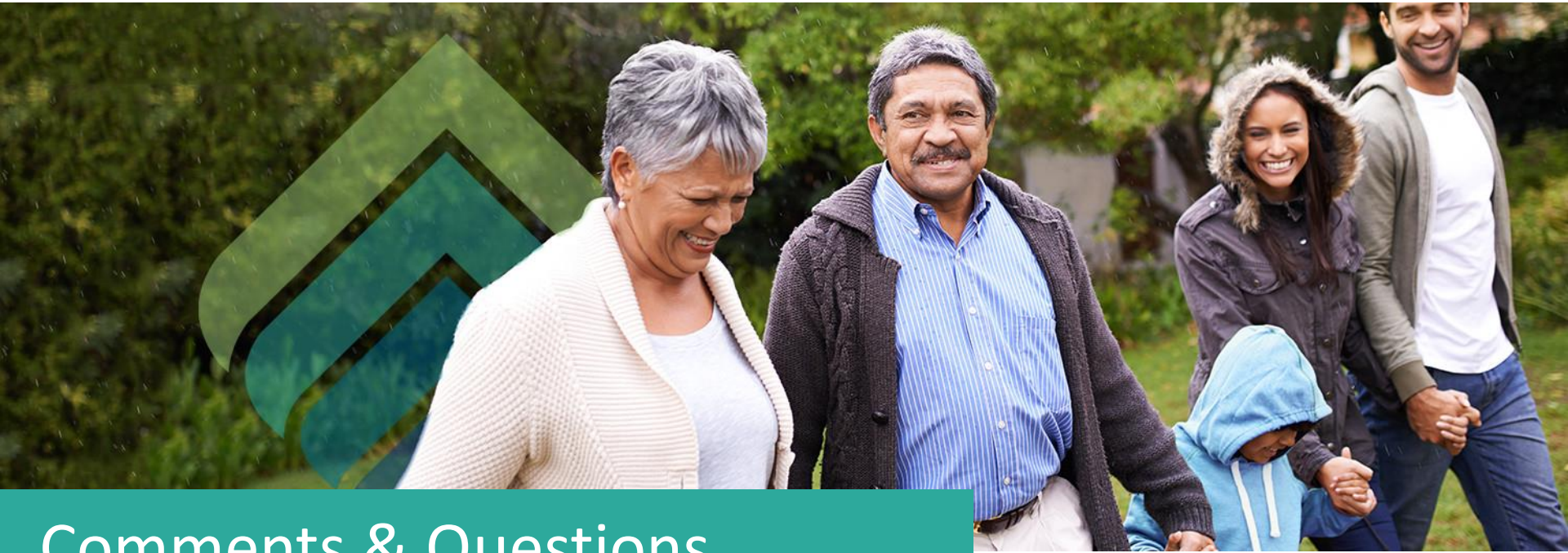
- American Indian or Alaska Native
- Asian Indian
- Black or African American
- Cambodian
- Chinese
- Filipino

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