CSI Initial: \_\_\_\_ CSI Annual: \_\_\_ CSI Closing: \_\_\_ Data Entry Initials: \_\_\_\_ Alameda County Behavioral Health Care Services Mental Health Division Reporting Unit Number: **CSI PERIODIC DATA** Client Number: \_\_ Confidential Patient Information **Client Name:** See Welfare & Institutions Code:5328 Last: \_\_\_\_\_ MI: \_\_\_\_

						PLEASE Print Legi	bly							
		CSI requi				o complete the CSI po pening, episode closi								
		NOTE: OVER	RDU	JE A	ND I	MISSING PERIODIC I	DATA	WI	LL BE MONITORED.					
		1: Periodic date completed	<u>:</u>	/	/	_/	4: Employment Status:							
	:	2: <mark>Education:</mark>					5: Axis 5: Field not used							
	3: Other Factors: Field not used  CSI Reported date: Display only								6: Legal Consent:					
									Conservatorship					
							/:	LIVIN	<mark>g Situation:</mark>					
						8: Care	Giver	Und	er 18: Over 18:					
		unknown then enter "9		ting tl	he <b>higl</b>	CSI Periodic Codes hest grade completed. If the	highest	grad	e is greater than 20, enter "20", if the highes	st grade is				
4: <b>En</b>		ment Status			•			_	<del></del>					
	01	Competitive job market, 35 hours or mo			07	Rehabilitative work, 20 to 35 hours	per week							
ŀ	02	Competitive job market, less than 20 ho Competitive job market, 20 to 35 hours						14						
ŀ	03	Full-time home making responsibility	per w	week 09 Job training, full-time 10 Part time school / job training				16						
ŀ	05	Rehabilitative work, 35 hours or more p	er we					17						
ŀ	06	Rehabilitative work, less than 20 hours	per v	veek 12 Unemployed, actively seeking work				Testadin' Timate						
6: Les	gal C	Consent (Conservatorship) - Inc			t autho			ee ba	ck page for more details****					
	50	Unknown C Murphy Conservatorship					C Louis Department of Court							
A to F	9	Not Applicable	D	Probate PC 2974			Н	Juv	G, H, I = Must be					
Must be	Α	Temporary Conservatorship	Е				I	Juv	Juvenile Court, Ward Juvenile Offender					
age 14 & over	В	B Lanterman-Petris-Short F Representative Payee w/out Conservator				e Payee w/out Conservator								
	)	C!44!												
7: <b>Liv</b>		Situation	1 -	. 1 ~	11 50	100	-	25	W . 1W 10 B 1 100 0 0					
-	05 06	Foster family home (for children)	20			rd & Care home (6 beds or less)	+		Mental Health Rehabilitation Center	<del> </del>				
ŀ	06	Single room (motel, rooming house) Group quarters (dorm, migrant barracks)	22	_		rd & Care home (7 beds or more)	+		PHF/Inpatient Psych Drug Abuse Facility	$\dashv$				
ŀ	07	Group home	22						Alcohol Abuse Facility					

A to F Must be age 14 & over

05	Foster family home (for children)	20	Small Board & Care home (6 beds or less)		Mental Health Rehabilitation Center		
06	Single room (motel, rooming house)	21	Large Board & Care home (7 beds or more)		PHF/Inpatient Psych		
07	Group quarters (dorm, migrant barracks)	22	Residential Treatment Center	40	Drug Abuse Facility		
08	Group home	23	Community Treatment Facility	41	Alcohol Abuse Facility		
09	CRTs long-term or transitional housing	24	Adult Residential / Social Rehabilitation	42	Justice Related		
10	Satellite housing	31	State Hospital	50	Temporary Arrangement		
13	House or Apartment	32	VA Hospital	51	Homeless, no identifiable county residence		
14	House or Apt. w/support	33	SNF/ICF/IMD, for Psychiatric reasons	52	Homeless, in transit		
15	House or Apt. w/supervision	34	SNF/ICF/Nursing home for physical health reasons	98	Other		
16	Supported housing	35	General hospital	99	Unknown		

8: <b>Care Giver</b> - Enter the number of persons the client cares for or is responsible for at least 50% of the time, under the age of 18 and over the age of 18.								
00 None	1-98	Number of Persons		99	Unknown			
Completed by:								
Input by:			Date:					

# **Legal Consent (CSI Periodic Data) CSI Data Dictionary**

## **Conservatorship / Court Status**

#### **PURPOSE:**

Identifies whether or not the client has a conservatorship or juvenile court status.

#### **FIELD DESCRIPTION:**

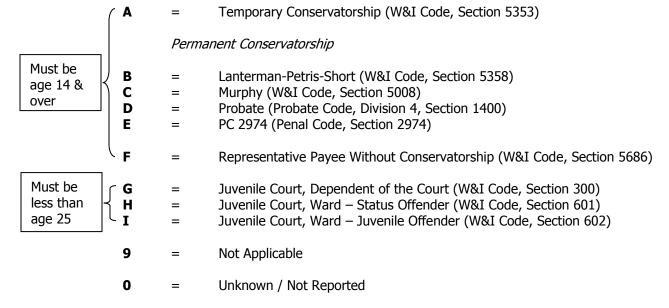
Type: Character
Byte(s): 1
Format: X

**Required On:** All Periodic Records **Source:** Local Mental Health

#### **COMMENTS:**

Report at admission to county mental health, annually thereafter, and at format discharge from county mental health.

#### **VALID CODES:**



### **USER / USAGE INFORMATION:**

This data element is needed to produce summary or detailed statistics on persons and agencies responsible for clients being treated in local mental health, i.e., conservatorships, LPS, agencies responsible for minors, etc. This is particularly important in analyzing the utilization and units of service in 24-hour care.