

New Registration: Update: Data Entry Initials: _____

SmartCare Client ID Number: _____ (SmartCare data entry staff ONLY, for new clients enter NEW)

Program: _____

Client Last Name: _____

Client First Name: _____

Client Middle Name: _____ **Client Suffix** if applicable _____

MENTAL HEALTH SERVICES CLIENT REGISTRATION DATA FORM

Confidential Patient Information
See Welfare & Institutions Code: 5328

Please Print Legibly

Highlighted fields are required

*asterisk fields are required for CSI data reporting

Program (tab):

*Primary Program Name: _____

Program Status: Enrolled

*Assigned Staff: _____ (Staff Client is Assigned To)

Requested Date: Field not used

*Enrolled Date: _____ (Date Client is Enrolled to begin Treatment)

Comment: _____ (Optional field)

Episode (tab):

Case Information:

Initial Referral/Screening Date:- Field not used

Registration Date: _____ (required on first initial registration into program only, Date should be same as Enrollment Date)

Information: System informational data field only

Registration Comment: _____ (Optional field)

CSI Episode Information

Transaction Type: Admission

First Date of Service: Field not used

Last Date of Service: Field not used

Discharge Date: Field not used for admissions

* Patient Status: _____

(Data field used for counting days of admission to discharge)

* Legal Class of Admission: _____

(Reference global code appendix "legal status" code table)

Legal Class of Discharge: Field not used for admissions

* Admission Necessity: (ONLY for Inpatient/Residential programs) _____

(Data field used to identify the type or reason for the client's admission into the facility)

Referral Resource: Section not used

Referral Reason: Section not used

General (tab):

General Information:

Type Of Client: *System Informational Field Only*

Client SSN _____ (enter clients 9-digit Social Security Number, if no SSN enter all 9's)

Primary Care Coordinator: *Field not used at this time*

Medical Provider: *Field not used at this time*

Prefix: _____ (Enter the Client's Prefix) optional field

Client's Email: _____ optional field Active: *System Informational Field Only*

Client's Medi-Cal ID: *System Informational Field Only*

Professional Suffix: *Field not used at this time*

***Client's First Name At Birth:** _____ (enter Same if same as client's current First Name)

Client's Middle Name At Birth: _____ (enter Same if same as client's current Middle Name)

***Client's Last Name At Birth:** _____ (enter Same if same as client's current Last Name)

Client's Suffix at Birth: _____ (enter Same if same as client's current Suffix name)

Phone Numbers:

Home: (____) _____ - _____ (Client's Home Phone Number) Optional

Mobile: (____) _____ - _____ (Client's Secondary Phone Number) Optional

DNC: *Field not used at this time*

DNLM: *Field not used at this time*

Addresses:

Address Details: Enter Clients Home Address (If homeless Enter the Zip Code for the City Hall of the city where the client indicates they most often sleep (in a shelter or on the street).

Street: _____

City: _____

State: _____

Zip: _____ (zip +4 not required)

Billing: (Check If The Billing Address Is The Same As Home Address)

Comment: *Field not used at this time*

Demographic And Client Information (tab):

Identifying Information:

***Date Of Birth:** _____ (Date Client Was Born)

***Sex:** _____ (Client's Sex At Birth)

Marital Status: _____

Gender Identity: _____

Sexual Orientation: _____

Deceased On: *Do Not Complete this field*

Cause Of Death: *Do Not Complete this field*

Preferred Pronoun: _____ (optional)

***Ethnicity:** (multi-select field; select as many ethnicities as applicable)

- Cuban
- Decline to Answer
- Decline to State
- Guatemalan
- Other Latino
- Hispanic/Latino Origin Not Avail
- Mexican/Mexican American
- Nicaraguan
- Non-Hispanic
- Other Latino
- Puerto Rican
- Salvadoran
- South American
- Unknown

***Race:** (multi-select field; select as many races as applicable)

- Alaskan Native
- American Indian
- Asian Indian
- Black or African American
- Cambodian
- Caribbean
- Chinese
- Decline to State
- Filipino
- Guamanian
- Hmong
- Indigenous
- Japanese
- Korean
- Laotian
- Mien
- Mixed Race/Multiracial
- Native Hawaiian
- Other Asian
- Other Pacific Islander
- Other Southeast Asian
- Other/Other Race
- Race Not Available
- Samoan
- Unknown / Not Reported
- Vietnamese
- White or Caucasian

Client Declined To Provide: Field not used

Additional Identifying Information:

***Place Of Birth – Country:** _____ (If client was not born in the United State, then Birth State and Birth County are not required)

***Place Of Birth – State:** _____ (If client was not born in CA, then the County is not required)

***Place Of Birth – County:** _____ (required if client was born in CA)

Special Population: Field not used

***Conservatorship or Juvenile Court Status:** _____

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

***Has The Client Experienced A Traumatic Event:** _____

***General Medical Condition(s) 1:** _____

(If No GMC in field #1, the GMC #2 and #3 is not completed. Otherwise, all three fields are required.)

*General Medical Condition(s) 2: _____ (required field conditionally)

*General Medical Condition(s) 3: _____ (required field conditionally)

***Does the client have a Substance Abuse/Dependence Issue?** _____

If answered **Yes** to above indicate the Substance abuse diagnosis (**F10-F19.99**) _____

***What Type of Disability/Disabilities Does the Client Have, If Any** (multi-select field; select as many disabilities as applicable)

- Client Declined to State
- Client Unable to Answer Due to Disability ONLY
- Mental
- None
- Severe Hearing Impairment
- Severe Visual Impairment
- Visual

Client Name: _____

- Developmentally Disabled
- Hearing
- Mobility

- Other Disability (not SUD)
- Other Physical Impairment
- Physical Impairment/Mobility

- Speech
- Speech Impairment
- Unknown

Primary Care Physician: (Optional)

Primary Care Physician: _____ (The Name Of The Client's Primary Care Physician)

Client Does Not Have PCP: (Check If the Client Does Not Have A Primary Care Physician)

Financial Information: Field not used at this time

Family Information:

Pregnancy Status: _____ (Check Yes/No If the Client Is Pregnant)

***Mother's First Name:** _____ (If mother name is unknown enter UNKNOWN)

***# Of Dependents Under The Age Of 18:** _____ (number of persons the client cares for/is responsible for at least 50% of the time)

***# Of Dependents Over The Age Of 17:** _____ (number of persons the client cares for/is responsible for at least 50% of the time)

Living Arrangement:

***Living:** _____ (Indicate the living arrangement of the client)

***County Of Residence:** _____ (Indicate Which County the Client Lives In)

***County Of Financial Responsibility:** _____ (Indicate the County directly or indirectly Financially Responsible for the client's services)

Educational/Employment:

***Educational Status:** _____ (Indicate Client's Highest Level Of Education)

***Veteran Status:** _____ (Indicate Yes/No/Unknown if the client is a Veteran)

***Military Status:** _____ (Indicate Yes/No/Unknown if the Client serves In The Military)

***Employment Status:** _____ (Indicate Client's Current Employment Status)

Employment Information: _____ (Optional)

Language:

***Primary Language:** _____ (Indicate what Primary Language the client speaks)

***Preferred Language:** _____ (Indicate what Preferred Language the client speaks)

Client Does Not Speak English: Field not used at this time

***Hispanic Origin:** _____ (indicate the client's Hispanic Origin)

Interpreter Services Needed: Field not used at this time

Transportation Information: This section is not used at this time

Preferences: This section is not used at this time

Picture: This section is not used at this time

Alias (TAB):

Client Name: _____

First Name: _____

First Name: _____

Middle Name: _____

Middle Name: _____

Last Name: _____

Last Name: _____

Type: _____

Type: _____

Client Contacts (TAB): Optional at this time (if information is collected, must completed the required fields to insert and save the Client Contact information)

Relation: _____ (Enter Relationship)

First Name: _____ (enter Relationship First name)

Last Name: _____ (enter Relationship Last Name)

Suffix: _____ (enter Relationship suffix name if applicable)

Check Whether the Client's Relation Is the Following:

<input type="checkbox"/> Financially Responsible	<input type="checkbox"/> Care Team Member	<input type="checkbox"/> Legal Guardian
<input type="checkbox"/> Household Member	<input type="checkbox"/> Guardian	
<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Healthcare Decision Maker	

Phone Numbers: OPTIONAL (enter Relationship's phone number)

Home: (____) _____ - _____

Mobile: (____) _____ - _____

DNC: Field not used at this time

DNLM: Field not used at this time

Addresses: OPTIONAL (enter Relationship's address)

Address Details: Enter Clients Home Address

Street: _____

City: _____

State: _____

Zip: _____

Billing: (Check If The Billing Address Is The Same As Home Address)

Comment: Field not used at this time

Insurance (tab): FOR USE BY BILLINGS STAFF ONLY

Forms & Agreement (tab): NOT USED AT THIS TIME

PFN Details (tab): FOR USE BY SANTA RITA STAFF ONLY

SmartCare Data Field Tables and Definitions

This document lists SmartCare Global codes for: Mental Health Services Registration, which includes Client General/Demographic Information, Program Enrollment, Service Entry, and MHS Update/Discharge.

Homeless: Enter the Zip Code for the City Hall of the city where the client indicates they most often sleep (in a shelter or on the street).

City Hall Codes use for Homeless Client Address			
Alameda	94501	Newark	94560
Albany	94706	Oakland	94612
Berkeley	94704	Piedmont	94611
Castro Valley	94546	Pleasanton	94566
Dublin	94568	San Leandro	94577
Emeryville	94608	San Lorenzo	94580
Fremont	94538	Sunol	94586
Hayward	94541	Union City	94587
Livermore	94550		

State Codes		
Alabama	Maine	Pennsylvania
Alaska	Maryland	Rhode Island
Arizona	Massachusetts	South Carolina
Arkansas	Michigan	South Dakota
California	Minnesota	Tennessee
Colorado	Mississippi	Texas
Connecticut	Missouri	Utah
Delaware	Montana	Vermont
District of Columbia	Nebraska	Virginia
Florida	Nevada	Washington
Georgia	New Hampshire	West Virginia
Hawaii	New Jersey	Wisconsin
Idaho	New Mexico	Wyoming
Illinois	New York	Unknown State
Indiana	North Carolina	Not US State
Iowa	North Dakota	
Kansas	Ohio	
Kentucky	Oklahoma	

County Code			
Alameda	Lassen	San Benito	Tehama
Alpine	Los Angeles	San Bernardino	Trinity
Amador	Madera	San Diego	Tulare
Butte	Marin	San Francisco	Tuolumne
Calaveras	Mariposa	San Joaquin	Ventura
Colusa	Mendocino	San Luis Obispo	Yolo
Contra Costa	Merced	San Mateo	Yuba
Del Norte	Modoc	Santa Barbara	Unknown California County
El Dorado	Mono	Santa Clara	Not California County
Fresno	Monterey	Santa Cruz	
Glenn	Napa	Shasta	
Humboldt	Nevada	Sierra	
Imperial	Orange	Siskiyou	
Inyo	Placer	Solano	
Kern	Plumas	Sonoma	
Kings	Riverside	Stanislaus	
Lake	Sacramento	Sutter	
Louisiana	Oregon		

Country Codes	
AFGHANISTAN	CAMBODIA
ALBANIA	CAMEROON
ALGERIA	CANADA
AMERICAN SAMOA	CAPE VERDE
ANDORRA	CAYMAN ISLANDS
ANGOLA	CENTRAL AFRICAN REPUBLIC
ANGUILLA	CHAD
ANTARCTICA	CHILE
ANTIGUA AND BARBUDA	CHINA
ARGENTINA	CHRISTMAS ISLAND
ARMENIA	CLIPPERTON
ARUBA ISLANDS	COCOS (KEELING) ISLANDS
ASHMORE/CARTIER ISLANDS	COLOMBIA
AUSTRALIA	COMOROS
AUSTRIA	CONGO
AZERBAIJAN	COOK ISLANDS
BAHAMAS	CORAL SEA ISLANDS
BAHRAIN	COSTA RICA

BAKER ISLAND	COTE D'IVOIRE
BANGLADESH	COUNTRY NOT LISTED
BARBADOS	CROATIA
BASSAS DA INDIA	CUBA
BELARUS	CYPRUS
BELGIUM	CZECH REPUBLIC
BELIZE	DENMARK
BENIN	DJIBOUTI
BERMUDA	DOMINICA
BHUTAN	DOMINICAN REPUBLIC
BOLIVIA	ECUADOR
BOSNIA/HERZEGOVINA	EGYPT
BOTSWANA	EL SALVADOR
BOUVET ISLAND	EQUATORIAL GUINEA
BRAZIL	ERITREA
BRITISH INDIAN OCEAN TERRITORY	ESTONIA
BRITISH VIRGIN ISLANDS	ETHIOPIA
BRUNEI	EUROPA ISLAND
BULGARIA	FALKLAND ISLANDS/MALVINAS
BURKINA	FAROE ISLANDS
BURMA	FEDERATED STATES OF MICRONESIA
BURUNDI	FIJI
FINLAND	JARVIS ISLAND
FRANCE	JERSEY
FRENCH GUIANA	JOHNSTON ATOLL
FRENCH POLYNESIA	JORDAN
FRENCH SOUTHERN/ANTARCTIC	JUAN DE NOVA ISLAND
GABON	KAZAKHSTAN
GAMBIA	KENYA
GAZA STRIP	KINGMAN REEF
GEORGIA	KIRIBATI
GERMANY	KOREA DEMOCRATIC REPUBLIC
GHANA	KOREA, REPUBLIC OF
GIBRALTAR	KUWAIT
GLORIOSO ISLANDS	KYRGYZSTAN
GREECE	LAOS
GREENLAND	LATVIA
GRENADA	LEBANON
GUADELOUPE	LESOTHO
GUAM	LIBERIA
GUATEMALA	LIBYA
GUERNSEY	LIECHTENSTEIN
GUINEA	LITHUANIA
GUINEA-BISSAU	LUXEMBOURG
GUYANA	MACAU

HAITI	MACEDONIA
HEARD ISLAND/MCDONALD ISLANDS	MADAGASCAR
HONDURAS	MALAWI
HONG KONG	MALAYSIA
HOWLAND ISLAND	MALDIVES
HUNGARY	MALI
ICELAND	MALTA
INDIA	MAN,ISLE OF
INDONESIA	MARSHALL ISLANDS
IRAN	MARTINIQUE
IRAQ	MAURITANIA
IRELAND	MAURITIUS
ISRAEL	MAYOTTE
ITALY	MEXICO
JAMAICA	MIDWAY ISLANDS
JAN MAYEN	MOLDOVA
JAPAN	MONACO
MONGOLIA	SPAIN
MONTENEGRO	SPRATLY ISLANDS
MONTSERRAT	SRI LANKA
MOROCCO	ST. HELENA
MOZAMBIQUE	ST. KITTS AND NEVIS
NAMIBIA	ST. LUCIA
NAURU	ST. PIERRE AND MIQUELON
NAVASSA ISLAND	ST. VINCENT/THE GRENADINES
NEPAL	SUDAN
NETHERLANDS	SURINAME
NEW CALEDONIA	SVALBARD
NEW ZEALAND	SWAZILAND
NICARAGUA	SWEDEN
NIGER	SWITZERLAND
NIGERIA	SYRIA
NIUE	TAIWAN
NORFOLK ISLAND	TAJKISTAN
NORTHERN MARIANA ISLANDS	TANZANIA
NORWAY	THAILAND
OMAN	TOGO
PAKISTAN	TOKELAU
PALAU	TONGA
PALMYRA ATOLL	TRINIDAD AND TOBAGO
PANAMA	TROMELIN ISLAND
PAPUA NEW GUINEA	TUNISIA
PARACEL ISLANDS	TURKEY
PARAGUAY	TURKMENISTAN
PERU	TURKS AND CAICOS ISLANDS
PHILIPPINES	TUVALU

PITCAIRN ISLANDS	UGANDA
POLAND	UKRAINE
PORTUGAL	UNITED ARAB EMIRATES
PUERTO RICO	UNITED KINGDOM
QATAR	UNITED STATES
REUNION	URUGUAY
ROMANIA	UZBEKISTAN
RUSSIA	VANUATU
RWANDA	VATICAN CITY
SAN MARINO	VENEZUELA
SAO TOME AND PRINCIPE	VIETNAM
SAUDI ARABIA	VIRGIN ISLANDS
SENEGAL	WAKE ISLAND
SERBIA	WALLIS AND FUTUNA
SEYCHELLES	WEST BANK
SIERRA LEONE	WESTERN SAHARA
SINGAPORE	WESTERN SAMOA
SLOVAKIASI/SLOVENIA	YEMEN
SOLOMAN ISLANDS	ZAIRE
SOMALIA	ZAMBIA
SOUTH AFRICA	ZIMBABWE
SOUTH GEORGIA/SANDWICH ISLANDS	UNKNOWN COUNTRY

Client General/Demographic Information

Sex/Sex Assigned at Birth – (*) CSI

Female	Male	Unknown
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Marital Status

Never married	Divorced
Married	Separated
Widowed	Unknown

Gender Identity (current)

Male	Transgender: Male to	Gender non-conforming
Female	Female/Transgender	Other Additional Gender Category
Intersex	Woman	Prefer Not To Answer
Gender Queer (not exclusively male or female)	Transgender: Female to Male/Transgender	Unknown
	Male/Trans Man	

Sexual Orientation

Heterosexual/Straight Gay	Queer Questioning	Prefer Not To Answer
Lesbian Bisexual	Other Additional Sexual Orientation	Unknown

What is your Pronoun (Personal (or preferred) Pronoun)

He/Him	They/Them	Prefer Not to Answer
She/Her	Other Pronoun	Unknown

Ethnicity – (*) CSI

Non-Hispanic	Nicaraguan	Puerto Rican
Cuban	Other Hispanic	Salvadoran
Mexican/Mexican American	Other Latino	South American

Race – (*) CSI

White or Caucasian	Guamanian	Other Asian
Black or African American	Hawaiian Native	Other Pacific Islander
Alaskan Native	Hmong	Other Southeast Asian
American Indian	Japanese	Samoan
Asian Indian	Korean	Vietnamese
Cambodian	Laotian	Other/Other Race
Chinese	Mien	Unknown
Filipino	Mixed Race/Multiracial	

Legal Consent (Conservatorship) – (*) CSI () Periodic data**

This field is normally used to indicate the type of authorization given to treat a minor.

	Unknown
	Not Applicable
	Temporary Conservatorship (W&I Code, Section 5353)
	Lanterman-Petris-Short (W&I Code, Section 5358)
	Murphy (W&I Code, Section 5008)
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> Must be age 14 & over </div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-top: 5px;"> Must be less Than age 25 </div>	Probate (Probate Code, Division 4, Section 1400)
	PC 2974 (Penal Code, Section 2974)
	Representative Payee Without Conservatorship (W&I Code, Section 5686)
	Juvenile Court, Dependent of the Court (W&I Code, Section 300)
	Juvenile Court, Ward - Status Offender (W&I Code, Section 601)

Trauma – (*) CSI

Identifies clients that have experienced traumatic events including experiences such as having witnessed violence, having been a victim of crime or violence, having lived through a natural disaster, having been a combatant or civilian in a war zone, having witnessed or having been a victim of a severe accident, or having been a victim of physical, emotional, or sexual abuse.

Yes	No	Unknown
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General Medical Condition (GMC) (*) CSI

Identifies up to three General Medical Condition Summary Codes from the list below that most closely identify the client’s general medical condition(s), if any. No Duplicates allowed:

Allergies	Digestive Disorder (Reflux, Irritable Bowel Syndrome)	Osteoporosis
Anemia	Ear Infections	Parkinson’s Disease
Arterial Sclerotic Disease	Epilepsy/Seizures	Physical Disability
Arthritis	Heart Disease	Psoriasis
Asthma	Hepatitis	Sexually Transmitted Disease (STD)
Birth Defects	Hypercholesterolemia	Stroke
Blind/Visually Impaired	Hyperlipidemia	Tinnitus
Cancer	Hypertension	Ulcers
Carpal Tunnel Syndrome	Hyperthyroid	Unknown
Chronic Pain	Infertility	Other
Cirrhosis	Migraines	No General Medical Condition
Cystic Fibrosis	Multiple Sclerosis	
Deaf/Hearing Impaired	Muscular Dystrophy	
Diabetes	Obesity	

Substance Abuse / Dependence Issue – (*) CSI

Identifies whether or not the client has a substance abuse / dependence issue. If Yes, must enter a valid ICD10 Substance Abuse diagnosis code

Yes, Requires ICD-10 Substance Abuse Diagnosis Code	No
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Physical Disability/Disabilities – select all that apply

None	Client Declined to State
Visual	Client Unable to Answer due to Disability ONLY
Hearing	Severe Visual Impairment
Speech	Severe Hearing Impairment
Mobility	Speech Impairment
Mental	Physical Impairment/Mobility
Developmentally Disabled	Other Physical Impairment
Other Disability	Unknown

Care Giver - (*) CSI # of Dependents over the age 17

Enter the number of persons the client cares for, or is responsible for, at least 50% of the time, for the age categories of under the age of 18 and over the age of 18.

00 = None	01-98 Number of Persons	99 = Unknown
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Living Situation (*)CSI()Periodic Data**

Adult Residential Facility, Social Rehabilitation Facility	House or apt & requiring some support with daily living activities (adult only)	State Hospital
Alcohol Abuse Facility	Housing or apt & requiring daily support and supervision (adults only)	Supporting Housing
Community Treatment Facility	Hotel	Temporary Arrangement
Crisis Residential Facility	Justice Related	VA Hospital
CRTS long-term or transitional housing	Large Board & Care (7 beds or more)	Other
Drug Abuse Facility	Mental Health Rehabilitation Center (24 hour)	Unknown
Foster Family Home (for children)	PHF/Inpatient Psych	
General Hospital	Residential Treatment Center (includes Level 13-14 for children)	
Group Home(includes Levels 1-12 for children)	Satellite housing (adults only)	
Group quarters (dorm, migrant barracks)	Single room (motel, rooming hours)	
Homeless, in transit	Small Board & Care (6 beds or less)	
Homeless, no identifiable county residence	SNF/ICF/IMD, for Psychiatric reasons	
Housing or apartment (includes trailers)	SNF/ICG/Nursing Home for Physical health reasons	

NOTE: Please see ACBH Housing Definitions

Education – (*) CSI () CSI Periodic**

Never Attended	Grade 9	Grade 19	Client Declined to State
Kindergarten	Grade 10	Grade 20	Client Unable to Answer due to disability
Grade 1	Grade 11	Vocational Program	Grade 21
Grade 2	Grade 12	Associate degree	Grade 22
Grade 3	Grade 13	Bachelors	Grade 23
Grade 4	Grade 14	Masters	Grade 24
Grade 5	Grade 15	Professional Doctorate	Grade 25
Grade 6	Grade 16	Doctoral degree	Grade 26
Grade 7	Grade 17	Other	Grade 27
Grade 8	Grade 18	Unknown	Grade 28; 29;30

NOTE: Identifies the highest grade level completed by the client.

Veteran Status

Is a Veteran	Declined to State
Is Not a Veteran	Unable to Answer due to disability ONLY

Military Status

Yes	No
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Employment Status (*)CSI () Periodic data**

Competitive job market, 35 hours or more per week	Job Training, Full-time
Competitive job market, less than 20 hours per week	Part Time School/job training
Competitive job market, 20 to 35 hours per week	Volunteer Work
Full-time home making responsibility	Unemployed, actively seeking work
Rehabilitative work, 35 hours or more per week	Unemployed, Not actively seeking work
Rehabilitative work , less than 20 hours per week	Disabled
Rehabilitative work, 20 to 35 hours per week	Retired
Student, Full-time	Not in the labor force
Student, Part-time	Resident / Inmate
Student, Employed Part-time	Unknown

Primary Language/ Preferred Language – (*) CSI

English	Farsi	Japanese	Pashto	Turkish
Spanish	French	Korean	Polish	Vietnamese
Sign ASL	German	Lao	Portuguese	Unknown/Not Reported
Arabic	Hebrew	Mandarin	Punjabi	
Armenian	Hindi	Mien	Russian	
Cambodian	Hmong	Other Chinese Dialects	Samoan	
Cantonese	Ilocano	Other Non-English	Tagalog	
Chinese Dialects	Italian	Other Sign Language	Thai	

Patient Status: Must enter data on this field

Other	Discharge/transferred to county jail	OUTPATIENT ONLY - Client Withdrew: AWOL, AMA, No Improvement
Still a patient or expected to return	Unplanned discharged	OUTPATIENT ONLY - Client Moved Out of Service Area
Discharged to home, self-care, foster care, shelter care	Expired	OUTPATIENT ONLY - Client Discharged/Program Unilateral Decision
Discharged/transferred to Residential/Board and Care (not locked, supervised living, no treatment)	Unknown/ Not Reported	OUTPATIENT ONLY - Client Incarcerated
Discharged/transferred to Community Residential Treatment (not locked, custodial)	OUTPATIENT ONLY - Disengaged Before Admission	OUTPATIENT ONLY - Discharge/Administrative Reasons
Discharged/transferred to Community Treatment Facility (locked, no nursing care)	OUTPATIENT ONLY - Mutal Agreement/Treatment Goals Reached	OUTPATIENT ONLY - Other
Discharged/transferred to Skilled nursing facility/Intermediate Care Facility (unlocked or locked)	OUTPATIENT ONLY - Mutal Agreement/Treatment Goals Partially Reached	
Discharged/transferred to Acute Care Hospital or Psychiatric Health Facility (PHF)	OUTPATIENT ONLY - Mutal Agreement/Treatment Goals NOT Reached	
Discharge/transferred to State Hospital	OUTPATIENT ONLY - Client Withdrew: AWOL, AMA, Treatment Partially Completed	

Legal Class of Discharge:

P00470: Charges and/or convictions pending	P10260: Found “not guilty by reason of insanity” or “guilty but insane”	P13680: Determination of competency to stand trial	P13700: Determination of competency to stand trail
P13720: Determination of competency to stand trail	P26840: Transferred from correctional facilities	P99997: Sexual Psychopathy	P99998: Other involuntary criminal status
W51500:72 Hour Hold	W52500: 14 Day Intensive Treatment	W52600: Additional 30 Day Hold	W53000: Additional 180 Day Hold
W53500: Temporary Conservatorship	W53520: Other involuntary civil status	W53521: Other involuntary civil status	W53550: Other involuntary civil status
W53551: Other involuntary civil status	W55850: 72 Hour Evaluation and Treatment for Children	W60000: Judicial Commitment DD	W65500: Commitment of Minor DD Eval
W99998: Other involuntary civil status	U99999: Unknown/ Not Reported		

Housing Definitions

Code	Term	Current Definition
05	Foster family home (children)	Applies to children only. Living with an approved foster family through child and family services (Social Services Agency).
06	Single room (motel, rooming house)	A facility or residence where the rooms either lack a cooking facility, bathroom, or both. Sometimes the building offers shared bathrooms and cooking facilities. Consumers hold their own lease or rental agreement. There are no on-site service programs or staff members, although external service providers may visit individual tenants.
07	Group quarters (dorm, migrant barracks)	Group living situation sponsored by an institution. Housing is linked with participation in a particular program or institution. Bathrooms and kitchens usually shared.
08	Group Home	Applies to children only. Approved group homes for children licensed by California Department of Community Care licensing. RCL 11 and below.
09	CRTs long-term or transitional housing	Non-institutional residential setting, therapeutic or rehab services, structured program as alternative to hospitalization for someone experiencing an acute psychiatric episode or crisis who do not present medical complications requiring nursing care, 24/7 service. Stays range from 30 days to 24 months. Also applies to individuals living in transitional housing programs specifically designed for serving homeless persons.
10	Satellite housing	Same as house or apt with supervision except housing is associated with exiting a particular treatment program.
13	House/Apartment	A house or apartment with its own cooking facilities and bathroom, shared according to terms established by the consumer in collaboration with other members of the household. Consumers either own the house or hold their own lease or rental agreement. The consumer must pay all or a share of the mortgage or rent. The consumer may live alone, with a spouse, partner, minor children, other dependents, and/or roommate(s). Includes independent or emancipated minors.
14	House or Apt with Support	A house or apartment where the consumer lives with others (family, friends) and receives some support from those living with the person; someone in the household has a signed lease agreement with the landlord or owns the property but the consumer is not part of the lease, rental agreement, or ownership of the building. This category includes the former "living with family/friends" category. Includes minors living with parents or relatives.
15	House or Apt with Supervision	Also known as unlicensed but supervised congregate placement, group living homes, sober living homes. Shared housing with limited to no roommate choice. Shared bathrooms and/or kitchens. Often lack formal lease or rental agreements. May include some meals and on-site supervision and support.

Code	Term	Current Definition
16	Supported Housing	A housing unit located in an apartment complex, an SRO, a single-family residence, or a private building in which consumers hold their own lease or rental agreement or with a not-for-profit organization acting as the master leaser. In some situations, cooking facilities and bathrooms may be shared. Some social/clinical services are formally connected with the building through master leasing arrangement and/or services provided on site in private offices or common areas. Services are VOLUNTARY and not a condition of tenancy.
20	Small Board & Care (6 beds or less)	Licensed adult residential facility (ARF), residential care facility for the elderly (RCFE), or residential care facility for the chronically ill (RCFCI) with 6 beds or less. Admission agreement, no lease, includes meals.
21	Large Board & Care (7+ beds)	Licensed adult residential facility (ARF), residential care facility for the elderly (RCFE), or residential care facility for the chronically ill (RCFCI) with 7 or more beds. Admission agreement, no lease, includes meals.
22	Residential Treatment Center	A residential facility that provides 24/7 services to people with psychiatric disabilities that is NOT a mental health rehabilitation center, SNF, ICF, IMD, CRT, or transitional housing. Includes children & youth in therapeutic RTF that are RCL 12-14.
23	Community Treatment Facility	A residential facility that provides mental health treatment services to children in a group setting and that has the capacity to provide secure containment.
24	Adult Residential/Social Rehab	A Social Rehabilitation Facility is any facility that provides 24-hour-a-day non-medical care and supervision in a group setting to adults recovering from mental illnesses, that temporarily need assistance, guidance, or counseling. Alameda County = casa phoenix, casa de la vida, bonita house, and woodroe place. Admission agreement, no lease, includes meals.
31	State Hospital	NAPA state psychiatric hospital
32	VA Hospital	General or psychiatric Veterans Administration Hospital
33	SNF/ICF/IMD for Psychiatric Reasons	Licensed residential, short-term treatment facilities focused primarily on psychiatric rehabilitation, 24/7 care. May have medical issues as well but primarily staying at facility for psychiatric reasons. Ex. Garfield Neurobehavioral Center, Morton Bakar Center, etc.
34	SNF/ICF/Nursing home for Physical Reasons	Licensed residential, short-term treatment facilities focused on physical rehabilitation, 24/7 care. May have psychiatric issues as well but primarily staying at facility for physical reasons. Ex. Medical Hill Rehabilitation Center, Fairmount, etc.
35	General Hospital	Hospital for medical illness - Alta Bates, Highland, Kaiser, etc.
36	Mental Health Rehabilitation Center	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services. 24/7 staffing, focusing on rehabilitation. Ex. Villa Fairmont, Gladman, etc.

Code	Term	Current Definition
37	PHF/Inpatient Psych	Inpatient psychiatric unit - John George, Fremont, Herrick, Willow Rock, etc.
40	Drug abuse facility	Licensed residential drug abuse treatment facility. Note: Select this option if the consumer's primary reason for participating in the program is related to an addictive substance other than alcohol.
41	Alcohol abuse facility	Licensed residential alcohol abuse treatment facility. Note: Select this option if the consumer's primary reason for participating in the program is related to an addiction to alcohol.
42	Justice Related	Prison, jail, community-based justice facility, or temporarily detained in Juvenile Justice Center.
50	Temporary Arrangement	Consumer is living in a facility that provides short-term housing (e.g., Single Room Occupancy Motel, Safe Haven, living with friends and paying no rent). The consumer does not hold a lease and is staying on a day-to-day, week-to-week, or month-to-month basis. This category includes individuals temporarily housed through a public program, e.g., social services emergency housing voucher. Also refers to a short-term housing arrangement in which the individual is temporarily staying with friends, family, or others with a willingness to house the person for a limited time (less than 30 days). Includes youth "couch surfing" with friends or family due to homelessness.
51	Homeless, no identifiable county residence	Includes living on the streets, place not meant for human habitation, or an emergency shelter for homeless persons. Also includes persons fleeing a domestic violence situation and individuals with an eviction within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing. Person typically resides in or plans to reside in Alameda County.
52	Homeless, in transit	Includes living on the streets, place not meant for human habitation, or an emergency shelter for homeless persons. Also includes persons fleeing a domestic violence situation and individuals with an eviction within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing. Generally assumed that person lives outside of Alameda County.
98	Other	Type of housing not listed above, should be rarely used.
99	Unknown	Current housing status unknown by staff.