SAN BERNARDINO COUNTY | **Behavioral Health**

Client Services Information (CSI) Assessment Data

Client or Potential Client Identifiers

Client Name: _____ Reporting Unit: _____

Assessment Record Number (ARN): _____

SIMON Number: _____ (if no SIMON # leave blank) Referral Source: _____

Date Collection

Data Element	Date
1. Date of First Contact to Request Services	
2. Assessment Appointment First Offered Date	
3. Assessment Appointment Second Offered Date	
4. Assessment Appointment Third Offered Date	
5. Assessment Appointment Accepted Date	
6. Assessment Start Date	
7. Assessment End Date	
8. Treatment Appointment First Offered Date	
9. Treatment Appointment Second Offered Date	
10. Treatment Appointment Third Offered Date	
11. Treatment Appointment Accepted Date	
12. Treatment Start Date	
13. Closed Out Date	

Closure Reason: _____   **Referred to: _____**

Important Tips to Remember

- The ARN is auto-generated when the assessment record is entered into SIMON; this number is to be provided to the client as well as recorded on this form in order to look up or update an existing record
- Appointment dates should be offered within ten (10) working days from the date of first contact, including referrals to the Crisis Walk-In Center (CWIC)
- For walk-ins and referrals to CWIC, the date of first contact and first offered appointment will be the same
- If the new or potential client rejects all offered appointments or does not show for scheduled appointment, close out the CSI Assessment record with the close date and the closure reason

Data Element Definitions

ITEM	DEFINITION
DATE OF FIRST CONTACT TO REQUEST SERVICES:	Date of email/call/face-to-face with new or potential client
DATE OF ASSESSMENT FIRST OFFER DATE:	Date of the first assessment appointment that was offered to the new or potential client
ASSESSMENT START DATE:	Date assessment began
ASSESSMENT END DATE:	Date assessment ended
TREATMENT FIRST OFFER DATE:	First SMHS treatment date offered to beneficiary
TREATMENT START DATE:	First date of treatment attended by beneficiary
CLOSED OUT DATE:	This is the date the CSI Assessment record and/or unsuccessful assessment process is closed out. This may be the same date the new or potential client was last seen, but it can also be a later date when the assessment process is administratively terminated

Referral Source Codes

Code	Referral Source
01	Self
02	Family Member
03	Significant Other
04	Friend/Neighbor
05	School
06	Fee-For-Service Provider
07	Medi-Cal Managed Care Plan
08	Federally Qualified Health Center
09	Emergency Room
10	Mental Health Facility/Community Agency
11	Social Services Agency
12	Substance Abuse Treatment Facility
13	Faith-based Organization
14	Other County/Community Agency
15	Homeless Services
16	Street Outreach
17	Juvenile Hall/Camp/Ranch
18	Probation/Parole
19	Jail/Prison
20	State Hospital
21	Crisis Services
22	Mobile Evaluation
23	Other referred

Referred To Codes

Code	Referred to
01	Managed Care Plan
02	Fee-For-Service Provider
03	Other (specify)
04	No Referral

Closure Reason Codes

Code	Closure Reason
01	Beneficiary did not accept any offered assessment dates
02	Beneficiary accepted offered assessment date but did not attend initial assessment appointment
03	Beneficiary attended initial assessment appointment but did not complete assessment process
04	Beneficiary completed assessment process but declined offered treatment dates
05	Beneficiary accepted offered treatment date but did not attend initial treatment appointment
06	Beneficiary did not meet medical necessity criteria