

REVISIONS TO THE CLIENT AND SERVICES INFORMATION (CSI) SYSTEM

CSI Data Dictionary Location					
Record Type	Field Number	Field Name	Revision	Services Before July 1, 2006	Services On or After July 1, 2006
Client	C-06.0	Ethnicity/Race	Dropped	Valid Codes	Filler
Client	C-07.0	Primary Language	Amended - Valid Codes	F = Ilocano C = Other Chinese Languages	F = Ilocano C = Other Chinese Dialects
Client	C-08.0	Preferred Language	Added	N/A	0 = American Sign Language 1 = Spanish 2 = Cantonese 3 = Japanese 4 = Korean 5 = Tagalog 6 = Other Non-English 7 = English A = Other Sign Language B = Mandarin C = Other Chinese Dialects D = Cambodian E = Armenian F = Ilocano G = Mien H = Hmong I = Lao J = Turkish K = Hebrew L = French M = Polish N = Russian P = Portuguese Q = Italian R = Arabic S = Samoan T = Thai

					U = Farsi V = Vietnamese 9 = Unknown / Not Reported
Client	C-09.0	Ethnicity	Added	N/A	Is the client of Hispanic or Latino ethnicity? Y = Yes N = No U = Unknown/Not Reported
Client	C-10.0	Race	Amended - Valid and Additional Codes	1 = White or Caucasian 2 = Hispanic 3 = Black 5 = American Native A = Amerasian P = Hawaiian Native X = Multiple 4 = Other Asian or Pacific Islander	A = White B = Black C = Native American D = Mexican American / Chicano E = Latin American F = Other Spanish G = Chinese H = Vietnamese I = Laotian J = Cambodian K = Japanese L = Filipino M = Other Asian N = Other Non White O = Unknown P = Other Southeast Asian Q = Korean R = Samoan S = Asian Indian T = Hawaiian U = Guamanian V = Amerasian X = Multiple
Client	C-11.0	Data Infrastructure Grant	Added	N/A	0 = Client record does not contain DIG data

		Indicator			1 = Client record does contain DIG data
Service	S-04.0	Medi-Cal Number	Dropped	Valid Codes	Filler
Service	S-09.0	Principal Mental Health Diagnosis	Dropped	Valid Codes	Filler
Service	S-10.0	Secondary Mental Health Diagnosis	Dropped	Valid Codes	Filler
Service	S-11.0	Additional Mental or Physical Health Diagnosis	Dropped	Valid Codes	Filler
Service	S-12.0	Special Population	Amended - Additional Valid Codes	Valid Codes	A = Assisted Outpatient Treatment Services(s) (AB1421) C = Individualized education plan (IEP) required service(s) (AB3632) G = Governor's Homeless Initiative (GHI) service(s) N = No special population service(s) W = Welfare-to-work plan specified service(s)
Service	S-24.0	Place of Service	Amended - Valid and Additional Codes	A = Office (including phone) B = Field (when the location is away from the clinician's usual place of business, except for Correctional Institution and Inpatient C = Correction Institution (i.e., Jail, Prison, etc.) D = Inpatient (i.e., Hospital, PHF, SNF)	1 = DBH Site 2 = Field / OOC 3 Non Face-to-Face (Phone) 4 = Home 5 = School 6 = Satellite 7 = [not used] 8 = Jail 9 = Inpatient 10 = Homeless 11 = Faith-based (Church, Temple, etc.

					<p>12 = Health Care / Primary Care</p> <p>13 = Age-Specific Community Center</p> <p>14 = Client's Job Site</p> <p>15 = Licensed Community Care Facility</p> <p>16 = Mobile Service</p> <p>17 = Non-Traditional service location (e.g., park bench, on street, under bridge, abandoned building)</p> <p>18 = Other Community location</p> <p>19 = Residential Care Facility Community Treatment Facility (CTF)</p> <p>20 = Telehealth</p> <p>21 = Unknown</p>
Service	S-25.0	Evidence-Based Practices/ Service Strategies	Added	N/A	<p>01 = Assertive Community Treatment (ACT)</p> <p>02 = Supportive Employment</p> <p>03 = Supportive Housing</p> <p>04 = Family Psychoeducation</p> <p>05 = Integrated Dual Diagnosis Treatment</p> <p>06 = Illness Management and Recovery</p> <p>07 = Medication Management</p> <p>08 = New Generation Medications</p> <p>09 = Therapeutic Foster Care</p> <p>10 = Multisystemic Therapy</p> <p>11 = Functional Family Therapy</p>

12 = Peer and/or Family Delivered Services
 13 = Psychoeducation
 14 = Family Support
 15 = Supportive Education
 16 = Delivered in Partnership with Law Enforcement
 17 = Delivered in Partnership with Health Care
 18 = Delivered in Partnership with Social Services
 19 = Delivered in Partnership with Substance Abuse Services
 20 = Integrated Services for Mental Health
 21 = Integrated Services for Mental Health and developmental Disability
 22 = Ethnic-Specific Service Strategy
 23 = Age-Specific Service Strategy
 99 = Unknown Evidence-Based Practice / Service Strategy

Service	S-26.0	Trauma	Added	N/A	Y = Yes N = No U = Unknown
Service	S-27.0	Client Index Number	Added	N/A	Client Index Number (CIN) = Medi-Cal or Healthy Family Participant 00000000 = Not a Medi-Cal or Healthy Family Participant
Service	S-28.0	Axis I Diagnosis	Added	N/A	All DSM-IV Axis I codes within the DSM-IV Axis I Clinical Disorders /

					<p>Other Conditions that may be a focus of Clinical attention classification are accepted. The V7109 and 7999 codes are valid in the Axis I Diagnosis field.</p> <p>V7109 means No Diagnosis or Condition on Axis I, and 7999 means the Diagnosis or Condition is Deferred on Axis I. However, if there is a valid DSM-IV Axis I within the DSM-IV Axis I Clinical Disorders / Other Conditions that may be a focus of Clinical Attention classification, then V7109 and 7999 are not allowed in the Axis I Diagnosis field.</p>
Service	S-29.0	Axis I Primary	Added	N/A	<p>Y = Yes, the Axis I diagnosis is the primary mental health diagnosis</p> <p>N = No, the Axis I diagnosis is not the primary mental health diagnosis</p> <p>U = Unknown / Not Reported</p>
Service	S-30.0	Additional Axis I Diagnosis	Added	N/A	<p>All DSM-IV Axis I Codes with the DSM-IV Axis I Clinical Disorders/ Other Conditions that may be a focus of Clinical Attention classification are accepted.</p> <p>V7109, which means No Diagnosis or Condition on Axis I, is</p>

					<p>not allowed in the Additional Axis I Diagnosis field. If there is no Additional Diagnosis or Condition on Axis I, then zero fill this field.</p> <p>7999, which means Diagnosis or Condition Deferred on Axis I, is allowed. However, if there is a valid additional DSM-IV Axis I within the DSM-IV Axis I Clinical Disorders / Other Conditions that</p> <p>may be a focus of Clinical Attention classification, then 7999 is not allowed.</p> <p>0000000 = No Additional Diagnosis or Condition on Axis I</p>
Service	S-31.0	Axis II Diagnosis	Added	N/A	<p>All DSM-IV Axis II codes within the DSM-IV Axis II Personality Disorders / Mental Retardation classification are accepted.</p> <p>The V7109 and 7999 codes are valid in the Axis II Diagnosis field.</p> <p>V7109 means No Diagnosis on Axis II, and 7999 means Diagnosis is Deferred on Axis II. However, if there is a valid DSM-IV Axis II</p> <p>within the DSM-IV Axis II Personality Disorders / Mental Retardation classification, then V7109 and 7999 are not allowed in the Axis II Diagnosis field.</p>

					V7109 = No Diagnosis on Axis II 7999 = Diagnosis Deferred on Axis II
Service	S-32.0	Axis II Primary	Added	N/A	Y = Yes, the Axis II diagnosis is the primary mental health diagnosis N = No, the Axis II diagnosis is not the primary mental health diagnosis U = Unknown / Not Reported
Service	S-33.0	Additional Axis II Diagnosis	Added	N/A	All DSM-IV Axis II codes within the DSM-IV Axis II Personality Disorders / Mental Retardation classification are accepted. V7109, which means No Diagnosis on Axis II, is not allowed in the Additional Axis II Diagnosis Field. If there is no Additional Axis II Diagnosis, then zero fill this field. 7999, which means Diagnosis Deferred on Axis II, is allowed. However, if there is a valid additional DSM-IV within the DSM-IV Axis II Personality Disorders / Mental Retardation classification, then 7999 is not allowed.
Service	S-34.0	General Medical Condition Summary Code	Added	N/A	01 = Arterial Sclerotic Disease 02 = Heart Disease 03 = Hypercholesterolemia 04 = Hyperlipidemia 05 = Hypertension 06 = Birth Defects

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- 07 = Cystic Fibrosis
- 08 = Psoriasis
- 09 = Digestive Disorders (Reflux, Irritable Bowl Syndrome)
- 10 = Ulcers
- 11 = Cirrhosis
- 12 = Diabetes
- 13 = Infertility
- 14 = Hyperthyroid
- 15 = Obesity
- 16 = Anemia
- 17 = Allergies
- 18 = Hepatitis
- 19 = Arthritis
- 20 = Carpal Tunnel Syndrome
- 21 = Osteoporosis
- 22 = Cancer
- 23 = Blind / Visually Impaired
- 24 = Chronic Pain
- 25 = Deaf / Hearing Impaired
- 26 = Epilepsy / Seizures
- 27 = Migraines
- 28 = Multiple Sclerosis
- 29 = Muscular Dystrophy
- 30 = Parkinson's Disease
- 31 = Physical Disability
- 32 = Stroke
- 33 = Tinnitus
- 34 = Ear Infections
- 35 = Asthma
- 36 = Sexually Transmitted Disease (STD)
- 37 = Other

					99 = Unknown / Not Reported General Medical
					00 = No General Medical Condition
Service	S-35.0	General Medical Condition Diagnosis	Added	N/A	All DSM-IV Axis III codes, within the DSM-IV Axis III Medical Conditions classification. V7109 is not allowed in the General Medical Condition Diagnosis field. If there is no general medical condition diagnosis, zero fill this field. 0000000 = No General Medical Condition Diagnosis
Service	S-36.0	Axis V / GAF	Amended - Field Location Change	Located on Periodic Field	001 through 100 = Valid Axis V / GAF Rating 000 = Unknown / Inadequate Information for Axis V / GAF Rating
Service	S-37.0	Substance Abuse / Dependence	Amended - Field Location Change	Located on Periodic Field	Y = Yes, the client has a substance abuse / dependence issue N = No, the client does not have a substance abuse / dependence issue U = Unknown / Not Reported
Service	S-38.0	Substance Abuse /	Added	N/A	All DSM-IV Axis I codes within the Substance-Related Disorders

		Dependence Diagnosis			<p>classifications. 7999 means Diagnosis or Condition Deferred on Axis I.</p> <p>0000000 = No Substance Abuse / Dependence Diagnosis</p>
Periodic	P-04.0	Axis-V / GAF	Dropped - Field Location Change	Valid Codes	Filler
Periodic	P-05.0	Other Factors Affecting Mental Health - Substance Abuse	Dropped - Field Location Change	Valid Codes	Filler
Periodic	P-06.0	Other Factors Affecting Mental Health - Developmental Disabilities	Dropped	Valid Codes	Filler
Periodic	P-07.0	Other Factors Affecting Mental Health - Physical Disorders	Dropped	Valid Codes	Filer
Periodic	P-10.0	Caregiver	Added	N/A	<p>Subfield A: 00 = None 01 through 98 = Number of children less than 18 years of age</p> <p>that the client care for / is responsible for at least 50% of the time. 99 = Unknown / Not Reported</p> <p>Subfield B: 00 = None</p>

					01 through 98 = Number of dependent adults 18 years of age and above that the client cares for / is responsible for at least 50% of the time. 99 = Unknown / Not Reported
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