

CSI Compliance Report

Begin Date

End Date

Program

- 7th Avenue Center-MHRC
- CA - California Psych Transitions-MHRC
- Chamberlain's - Child Outpatient
- Charis - Child Outpatient
- Chateau Guest Home - Board and Care
- CLIENT REGISTRATION AND FINANCIAL
- County - ADP AB109 SEQ
- County - ADP AB109
- County - ADP CalWORKs SEQ
- County - ADP CalWORKs
- County - ADP Dependency Drug Court SEQ
- County - ADP Dependency Drug Court
- County - ADP Fam Preservation Court SEQ
- County - ADP Family + Children Svcs SEQ
- County - ADP Family and Children Svcs
- County - ADP Family Preservation Court
- County - ADP Jail Transition SEQ

Client

Staff

Supervisor

Parameters:

Required: Begin Date, End Date (Admission dates), Program, (Staff or Supervisor)

Not required: Client

Report based on Caseload assignment (clients under Staff or Supervisor's caseload)

DRAFT
11/19/2018

CSI Compliance Report
Caseload for: Nancy Mast

Client ID	Client Name	EP	Episode Program	CSI Admission	Admission / Update Client Data	Diagnosis
TTTALIAS,CHILD 999105	TTTALIAS,CHILD	13	IP - COSTA MESA MEDICAL CTR HOSPITAL	Birth Name First Birth Name Middle Birth Name Last Mother First Name Place of Birth - Country Place of Birth - State Place of Birth - County Number of dependent adults that the client cares for Number of children that the client cares for Conservatorship/Court Status		Trauma Axis I Diagnosis Additional Axis I Diagnosis Axis II Diagnosis Additional Axis II Diagnosis Axis III Diagnosis Additional Axis III Diagnosis Medical Condition Diagnosis Medical Condition Diagnosis Substance Abuse/Dependence Substance Abuse/Dependence
999105	TTTALIAS,CHILD	4	LE - 00044 MH COUNTY OUTPATIENT	Birth Name Middle Number of dependent adults that the client cares for Number of children that the client cares for County School District Site		Trauma Axis I Diagnosis Additional Axis I Diagnosis Axis II Diagnosis Additional Axis II Diagnosis Axis III Diagnosis Additional Axis III Diagnosis Medical Condition Diagnosis Medical Condition Diagnosis Substance Abuse/Dependence Substance Abuse/Dependence
999105	TTTALIAS,CHILD	5	LE - 00443 MH FAM ILY SERVICES OUTPATIENT	Birth Name First Birth Name Middle Birth Name Last Mother First Name Place of Birth - Country Place of Birth - State Place of Birth - County Number of dependent adults that the client cares for Number of children that the client cares for Conservatorship/Court Status		Trauma Axis I Diagnosis Additional Axis I Diagnosis Axis II Diagnosis Additional Axis II Diagnosis Axis III Diagnosis Additional Axis III Diagnosis Medical Condition Diagnosis Medical Condition Diagnosis Substance Abuse/Dependence Substance Abuse/Dependence

Returns a list of missing CSI fields for each client and Episode.