

**EACH TRANSACTION TYPE REQUIRES AN AGENCY NUMBER, CLIENT ID,  
TRANSACTION TYPE, DATE TRANSACTION OCCURRED, AND TIME.**

**TRANSACTION TYPE:** (Enter Appropriate Code)

- |   |   |
|---|---|
| 21 Contact - Only Section I is to be completed                            | 63 Discharge/Moved  |
| 23 Admission - Sections required will depend on Service Focus             | 64 Discharge/Transferred to another treatment facility                            |
| 25 Family Support Contact - Section I and Family Identifier are required. | 65 Discharge/Incarcerated   |
| 40 Level of Care Change - Level of Care and LOF are required.             | 66 Discharge/Broke Rules  |
| 41 Information Update - Only fields to be updated are required.           | 67 Discharge/AWOL ( <i>MUST COMPLETE FIELDS IN ITALICS</i> )                      |
| 60 Discharge/Completed Treatment  | 68 Discharge/Death - Primary Referral 36  |
| 61 Discharge/Completed Court Treatment                                    | 69 Discharge/Failed to begin Treatment ( <i>MUST COMPLETE FIELDS IN ITALICS</i> ) |
| 62 Discharge/Left ACA/90 Days ( <i>MUST COMPLETE FIELDS IN ITALICS</i> )  | 70 Discharge Due to Treatment Incompatibility                                     |

**Discharge fields required to be completed**

Homeless	Zip Code	Employment	Income	Drug of Choice	Age First Used	CASI
Referral/Agency	Current Residence	Marital Status	Legal Status	Frequency of Use	Level of Functioning	30 Days
County of Residence	Living Situation	Pregnant	Problems	Route of Administration	ASI	6 Months

**SERVICE FOCUS:**

- |   |   |                      |
|---|---|----------------------|
| 01 - Mental Health  | 06 - Mental Health and Substance Abuse                | 12 - PACT            |
| 02 - Substance Abuse                                      | 07 - Substance Abuse and Domestic Violence            | 13 - Co-Occurring    |
| 03 - Drug Court   | 08 - Mental Health and Domestic Violence              | 14 - Systems of Care |
| 04 - Domestic Violence or Sexual Assault                  | 09 - Special Populations Treatment Units              |                      |
| 05 - Mental Health, Substance Abuse and Domestic Violence | 11 - Other (Res Care, Homeless, Employment & Housing) |                      |

**REFERRAL:** (Primary and Secondary)

- |                                 |   |  |
|---------------------------------|---|--|
| 01 Self                         | 22 Social Security  | 39 Change in Pay Source                            |
| 02 Significant Other            | 23 Attorney/Legal Aid                                       | 40 <i>DMHSAS Funded Facility*</i>                  |
| 03 School                       | 25 Law Enforcement  | 41 Non-DMHSAS funded Psychiatric Hospital          |
| 04 Church/Clergy                | 26 Reachout Hot-Line/ Advertising Media                     | 42 Non-DMHSAS funded Mental Health Center          |
| 05 Group Home                   | 28 Referral Due to Unscheduled Discharge for 62 and 67      | 43 Non-DMHSAS funded Community Agency              |
| 06 Employer, Union              | 30 Shelter for Homeless                                     | 44 Non-DMHSAS funded Residential Care Home         |
| 08 Non-Psychiatric Hospital     | 31 Additional Services Recommended, Referral not Attainable | 45 Non-DMHSAS funded Alcohol/Drug Program          |
| 09 VA System                    | 32 Court  | 46 Non-DMHSAS funded Domestic Violence Facility    |
| 10 Indian Health Service        | 33 Probation  | 47 Non-DMHSAS funded Crisis/Stabilization Facility |
| 11 Department of Health         | 34 Parole   | 48 Office of Juvenile Affairs                      |
| 12 Department of Corrections    | 35 Department of Public Safety                              | 49 TANF  |
| 14 Department of Human Services | 36 Active Client-Died (Used with 68-Discharge only)         | 50 Change in Eligibility Standards                 |
| 18 Nursing Home                 | 37 Private Physician  | 51 Self Help Group (AA/NA/CA)                      |
| 21 Pvt Psychiatrist/MH Prof     | 38 <i>HMO/MCO*</i>  | <i>*With Agency Number</i>                         |

**LANGUAGE**

- PROFICIENCY:** 1 Spanish 3 German 5 Vietnamese 7 Slavic (Russian, Polish, etc.) 9 Other (specify)  
2 Native North American (specify) 4 French 6 Chinese 8 Sign Language

**PRESENTING PROBLEM:** (Primary, Secondary, and Tertiary)

- |   |   |   |
|---|---|---|
| 000 Other-Non-Mental Health Problem                             | 364 History of Sexual Abuse   | <u>Suicidal/Self-Abusive</u>                          |
| <u>Physical</u>   | 371 Sexual Assault by Acquaintance/Intimate Partner with Medical Treatment    | 650 Suicidal/Self-Abusive                             |
| 110 Speech/Hearing  | 372 Sexual Assault by Acquaintance/Intimate Partner without Medical Treatment | <u>Substance Abuse Related Problems</u>               |
| 120 Physical  | <u>Social Relations Disturbance</u>   | 710 Alcohol Abuse                                     |
| 130 Medical/Somatic   | 410 With Family Members   | 711 Alcohol Dependency                                |
| <u>Development Inadequacies</u>                                 | 420 Outside Immediate Family  | 720 Drug/Other Abuse                                  |
| 210 Intellectual  | <u>Social Performance Deficit</u>   | 721 Drug/Other Dependency                             |
| 220 Emotional   | 450 Social Performance Deficit  | 730 Poly Abuse - Both alcohol & drug                  |
| 230 Social  | <u>Emotional Maladjustment/Disturbance</u>                                    | 731 Poly Dependency - Both alcohol & drug             |
| 240 Physical  | 500 Emotional Maladjustment/Disturbance                                       | 741 At Risk for Relapse (Alcohol)                     |
| <u>Abuse Victim</u>   | 501 Depression  | 742 At Risk for Relapse (Drugs)                       |
| 311 Sexual Incest-Received Medical Treatment                    | 502 Anxiety/Panic   | 743 At Risk for Relapse (Both)                        |
| 312 Sexual Incest-No Medical Treatment                          | 503 Eating Disorder   | 745 Dependent Child of an Alcohol Abuse Client        |
| 314 History of Sexual Incest                                    | <u>Thought Disorder/Disturbance</u>   | 746 Dependent Child of a Drug Abuse Client            |
| 321 Exploitation/Neglect-Received Medical Treatment             | 510 Perceptual Problems   | 747 Dependent Child of a Poly-Abuse Client            |
| 322 Exploitation/Neglect-No Medical Treatment                   | 520 Disorientation  | 748 Co-Dependent of an Alcohol Abuser                 |
| 331 Psychological-Received Medical Treatment                    | 530 Other Psychotic Symptoms  | 749 Co-Dependent of a Drug Abuser                     |
| 332 Psychological-No Medical Treatment                          | <u>Behavioral Disturbance</u>   | 750 Co-Dependent of a Poly-Abuser                     |
| 341 Physical-Received Medical Treatment                         | 610 Homicidal   | 751 Family Member or Significant Other of a SA Client |
| 342 Physical-No Medical Treatment                               | 620 Assaultive  | <u>Disaster Related Problems</u>                      |
| 344 History of Physical Abuse                                   | 621 Domestic Abuse Perpetrator  | 801 Survivor of Disaster                              |
| 351 Family/Dependent of Abuse Victim-Received Medical Treatment | 630 Other   | 802 Rescue Worker                                     |
| 352 Family/Dependent of Abuse Victim-No Medical Treatment       | 631 Involvement with Criminal Justice System                                  | 803 Family or Friend of Survivor/Victim               |
| 361 Sexual Assault by Stranger-Received Medical Treatment       | 632 Runaway Behavior  | 804 Family or Friend of Rescue Worker                 |
| 362 Sexual Assault by Stranger-No Medical Treatment             |   | 805 Medical or Psychological Treatment Provider       |
|   |   | 806 Indirectly Affected Individual                    |

**DRUGS OF CHOICE:**

- |                               |                        |                     |
|-------------------------------|------------------------|---------------------|
| 01 None                       | 08 Amphetamines        | 15 PCP              |
| 02 Alcohol                    | 09 Cocaine             | 16 Other            |
| 03 Heroin                     | 10 Marijuana/Hashish   | 17 Unknown          |
| 04 Non-RX Methadone           | 11 Other Hallucinogens | 18 Methamphetamine  |
| 05 Other Opiates & Synthetics | 12 Inhalants           | 19 Benzodiazepine   |
| 06 Barbiturates               | 13 Over-the-Counter    | 20 Other Stimulants |
| 07 Other Sedatives/Hypnotics  | 14 Tranquilizers       | 21 Club Drug        |

**FREQUENCY OF USE:**

- |                       |                    |           |
|-----------------------|--------------------|-----------|
| 1 - No Past Month Use | 3 - 1-2 Times/Week | 5 - Daily |
| 2 - 1-3 Times/Month   | 4 - 3-6 Times/Week |           |

**LEVEL OF CARE:**

- CI - Residential Treatment
- CL - Community Living
- HA - Inpatient
- OO - Outpatient
- SC - Community-Based Structured Crisis
- SN - Detox

**USUAL ROUTE OF ADMINISTRATION:**

- |             |                |           |
|-------------|----------------|-----------|
| 1 - Oral    | 3 - Inhalation | 5 - Other |
| 2 - Smoking | 4 - Injection  |           |

**CURRENT LEVEL OF FUNCTIONING: Refer to GAF Scale in the ICIS Manual**