EACH CDC TRANSACTION REQUIRES AN AGENCY NUMBER, SATELLITE #, DATE TRANSACTION OCCURRED, TIME (MILITARY), TRANSACTION TYPE, CLIENT ID, BIRTH YEAR, AND SERVICE FOCUS.

TRANSACTION TYPE: (Enter Appropriate Code)

21 Contact - Only Section I is to be completed with SSN, Name, & Address
23 Admission - Sections required will depend on Service Focus
25 Family Support Contact - Section I, SSN, Family Identifier, Address are required
27 First Contact - Only Section I is to be completed with SSN, Name, & Address
40 Level of Care Change - Level of Care and *NOMs fields in box below
41 Information Update - Only fields to be updated are required
42 Six Month Update - Update the *NOMs fields in the box below
60 Discharge/Completed Treatment (See Box Below)
61 Discharge/Completed Court Treatment (See Box Below)
62 Discharge/Left ACA/90 Days (*MUST COMPLETE FIELDS IN ITALICS*)
63 Discharge/Moved
64 Discharge/Transferred to another treatment facility
65 Discharge/Incarcerated
66 Discharge/Broke Rules
67 Discharge/AWOL (*MUST COMPLETE FIELDS IN ITALICS*)
68 Discharge/Death - Primary Referral 36
69 Discharge/Failed to begin Treatment (*MUST COMPLETE FIELDS IN ITALICS*)
70 Discharge/Due to Treatment Incompatibility
71 Discharge/Medical
72 Discharge/Children Related To Parent's Discharge

Discharge fields required to be completed (*Indicates National Outcome Measures fields)

Referral/Agency Zip Code County of Residence *Current Residence** Living Situation *Employment** *Type of Employment**
*In School?** Pregnant? Marital Status Is Client in Prison/Jail? Annual Income # Contributing to/Dependent on Annual Income
SSI/SSDI/Medicaid/Medicare Education Legal Status Problems *Frequency of Use in Last 30 Days** *Level of Functioning** ASI/TASI
Clinician of Record *Arrest 30 Days** *Arrest 12 Months** *Self-Help 30 Days** Section IV (Children)*

SERVICE FOCUS:

01 - Mental Health
02 - Substance Abuse
03 - Drug Court
04 - Divorce Visitation
06 - Mental Health and Substance Abuse
09 - Special Populations Treatment Units
11 - Other (R.C., Homeless/Housing Srvcs, Employment Srvcs, Prisoners at Griffin)
12 - PACT
13 - Co-Occurring
14 - SOC (Systems of Care)
15 - MH Court
16 - ICC
17 - MH Court/PACT
18 - ICC/MHC
19 - Gambling
20 - Gambling/Mental Health
21 - Gambling/Substance Abuse
22 - RICCT Team Mental Health

REFERRAL: (Primary and Secondary)

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

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

LEGAL STATUS:

*01 - Voluntary Admission**
03 - Civil Commitment
05 - Not Guilty by Reason of Insanity (NGRI)
07 - Juvenile Court Order
09 - Court Order for Observation/Evaluation
12 - Emergency Detention
13 - Continued Emergency Detention
15 - Court Referred
*17 - Protective Custody** **(Co. Not Required)***
20 - Criminal Hold (CR-H)
21 - Court Commit with Hold (CC-H)

PRESENTING PROBLEM: (Primary, Secondary, and Tertiary)

000 Other-Non-Mental Health Problem

Physical
110 Speech/Hearing
120 Physical
130 Medical/Somatic

Development Inadequacies
210 Intellectual
220 Emotional
230 Social
240 Physical

Abuse Victim
311 Sexual Incest-Received Medical Treatment
312 Sexual Incest-No Medical Treatment
314 History of Sexual Incest
321 Exploitation/Neglect-Received Medical Treatment
322 Exploitation/Neglect-No Medical Treatment
331 Psychological-Received Medical Treatment
332 Psychological-No Medical Treatment
341 Physical-Received Medical Treatment
342 Physical-No Medical Treatment
344 History of Physical Abuse
351 Family/Dependent of Abuse Victim-Received Medical Treatment
352 Family/Dependent of Abuse Victim-No Medical Treatment
361 Sexual Assault by Stranger-Received Medical Treatment
362 Sexual Assault by Stranger-No Medical Treatment
364 History of Sexual Abuse
371 Sexual Assault by Acquaintance/Intimate Partner with Medical Treatment
372 Sexual Assault by Acquaintance/Intimate Partner without Medical Treatment

Social Relations Disturbance
410 With Family Members
420 Outside Immediate Family

Social Performance Deficit
450 Social Performance Deficit

Emotional Maladjustment/Disturbance
500 Emotional Maladjustment/Disturbance
501 Depression
502 Anxiety/Panic
503 Eating Disorder

Thought Disorder/Disturbance
510 Perceptual Problems
520 Disorientation
530 Other Psychotic Symptoms

Behavioral Disturbance
610 Homicidal
620 Assaultive
621 Domestic Abuse Perpetrator
630 Other
631 Involvement with Criminal Justice System
632 Runaway Behavior

Suicidal/Self-Abusive
650 Suicidal/Self-Abusive

Substance Abuse Related Problems
710 Alcohol Abuse
711 Alcohol Dependency
720 Drug/Other Abuse
721 Drug/Other Dependency
730 Abuse of Both Alcohol & Drug(s)
731 Dependency on Both Alcohol & Drug(s)
741 At Risk for Relapse (Alcohol)
742 At Risk for Relapse (Drugs)
743 At Risk for Relapse (Both)
745 Dependent Child of an Alcohol Abuse Client
746 Dependent Child of a Drug Abuse Client
747 Dependent Child of Both Alcohol/Drug Abuse Client
748 Co-Dependent of an Alcohol Abuse Client
749 Co-Dependent of a Drug Abuse Client
750 Co-Dependent of Both Alcohol/Drug Abuse Client
751 Family Member or Significant Other of a SA Client

Gambling
760 Pathological Gambling
761 Problem Gambling
762 Relative of person with Problem Gambling

DISABILITY INDICATORS:

01 None
02 Semi-Ambulatory
03 Non-Ambulatory
04 Severe Sight Disability
05 Blind
06 Organic Based Communication Disability
07 Chronic Health Problem
08 Mental Retardation/Development Disability
09 Hard of Hearing (Must have 11 too)
10 Deaf (Must have 11 too)
11 Interpreter for the Deaf

DRUGS OF CHOICE:

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

USUAL ROUTE OF ADMINISTRATION: 1 - Oral 2 - Smoking 3 - Inhalation 4 - Injection 5 - Other

FREQUENCY OF USE: 1 - No Past Month Use 2 - 1-3 Times/Month 3 - 1-2 Times/Week 4 - 3-6 Times/Week 5 - Daily

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

CURRENT LEVEL OF FUNCTIONING: Refer to GAF Scale in the Manual **CAR: 99 if can't complete it.** **ASI: X if can't complete it.**