

Client Process Monitoring System

Data Element	Treatment Begin	Treatment End	Reported Quarterly
Client County of Residence	X		
Clinic or Service Provider	X		
Date of Birth	X		
Diagnosis	X	X	
Education	X		
Employment Status	X		
Gender	X		
Level of Functioning	X	X	X
Living Arrangement	X		
MHIS Number	X		
Name, Birth	X		
Name, Full	X		
Plan or Contractor Identifier	X		
Presenting Dangers		X ¹	
Prime Number	X		
Provider or Clinic Case No.	X		
Race/Ethnicity	X		
Referred From	X		
Termination Referral		X	
Termination Type/Reason		X	