

# **Stabilization and Mobile Response**

## **Mobile Crisis Outreach Team**

### **File Format and Definitions**

**FY2022**

**Effective 7/1/2021**

**Department of Human Services**

**Updated 6/30/2021**

**Change Log**

<b>DATE</b>	<b>AUTHOR</b>	<b>VERSION</b>	<b>NOTES</b>
6/30/2021	Kristin Swenson, Terry Barker	.04	Added a 13 (returned home) option to End_of_service_location field
7/10/2020	Kristin Swenson, Terry Barker	.03	Made the County field required
6/19/2020	Kristin Swenson, Terry Barker	.02	Removed the 97 (unknown) option from Emergency Indicator Field.
6/19/2020	Kristin Swenson	.01	Removed requirement to round time to the nearest quarter hour

## **Introduction**

This data specification is for information gathered by Local Mental Health Authorities and other agencies contracted by Department of Human Services to provide regional administration for the Stabilization and Mobile Response (SMR) program. The data specification is also for information gathered by Local Mental Health Authorities who are providing Mobile Crisis Outreach Team (MCOT) services. Comma-separated values (CSV) files, containing all records from the previous month, will be transferred from the regional administrator (SMR) or from Local Authorities (MCOT) to Division of Substance Abuse and Mental Health on or before the last day of each month.

## **CSV File Generation Guidelines**

1. All files should be submitted without a header row.
2. Non-required fields must either be blank or contain a valid value.
3. Commas are not allowed within the data in any field. (Commas are column delimiters.)
4. Do not use quotation marks in any fields.
5. Do not insert blank lines between rows of data.

## **File Processing Sort Rules**

Sort as follows with subsequent sort rules applying within the 'parent' sort rule:

-Sy\_trans\_type\_cd (Delete, Add and then Change)

-ProviderID (numeric ascending)

-SMR\_ClientID (alphanumeric ascending)

-Provider\_ClientID (alphanumeric ascending)

-EventDate (descending)

## **Filename Protocol**

Uploaded filenames will be formatted to identify the service (SMRMCOT), followed by the two digit mental health provider ID, followed by the fiscal year and quarter, followed by the year and date of the upload, followed by the daily sequence (upload attempt number for the given date), with underscore separators. The file name format is SMRMCOT\_NN\_YYYYQQ\_YYMMDD\_01.CSV. A filename example for a first file sent from Davis Behavioral Health during January of 2020 is SMRMCOT\_03\_2020Q3\_20200105\_01.csv.

Upload will only be allowed only if a filename is valid. Only Contracted SMR Administrators can submit SMR data. All providers with MCOT services may submit MCOT data.

## **Definitions**

### **Identified Client**

SMR--Calls to the SMR phone line may be made by parents, caregivers or other concerned parties. SMR callers must identify a child, age 20 or younger, as the identified client who is the focus of the intervention.

MCOT--Identified Client for MCOT may include anyone in crisis across the lifespan that receives services from MCOT.

### **Event**

SMR--An SMR event is a transaction between a staff member, or contracted provider, of an SRM regional administrative agency and the identified SMR client or identified client's caregiver(s). Every call to the SMR phone line is an event, as is every mobile response, stabilization and post-stabilization contact associated with the SMR program.

MCOT--Event for MCOT entails either a mobile crisis response from a team including a licensed mental health clinician and a peer support specialist or equivalent, or a follow-up service offered for a minimum of 60 days post-crisis.

### **Resolution**

At the end of each SMR event, the staff member or contracted provider will code the event as resolved or unresolved. Events coded as resolved indicate that no further action is anticipated by the SMR team. Unresolved events are open cases in which Mobile Response teams are deployed, referrals are made to Stabilization services or Stabilization services are on-going.

### **Stage of Engagement**

- Stage 01: Triage (SMR only)—any phone call made to the SMR line about an identified client not yet referred to either Mobile Response or Stabilization services or about a previously identified client who was coded as Resolved at the last event.
- Stage 02: Mobile Response—SMR: any open-case event related to an identified client after the identified client received a triage code initiating a Mobile Response service (i.e., Emergent crisis, Urgent response or Routine response) and prior to any Stabilization events.  
MCOT: any MCOT service provided as a crisis response.
- Stage 03: Stabilization (SMR only)—any open-case event in which the identified client has been referred to Stabilization services but has not yet entered the Post-Stabilization phase.

- Stage 04: Post-Stabilization—SMR: any open-case event after the first event in which the identified client receives a code of Post-Stabilization and before a subsequent event is marked as resolved. MCOT: any post-crisis stabilization services.

**Emergency Indicator**

This indicator should be set to yes when a service is provided on an immediate or unscheduled basis and deals with a psychological emergency of a patient. Routine informational calls handled by crisis staff are not to be reported as crisis/emergency. Examples of behaviors targeted by crisis/emergency services are suicide attempts, violent family fights, panic attacks, uncontrollable behavior and other behaviors that are a threat to self or others.

**Client Name Validation Rules:**

\*\*Same as DSMH mental health spec FY2020\*\*

\*Use legal names rather than nicknames\*

SMR file will have fields for the following parts of a name:

- Last name
- First name
- Middle name

**Names can be entered in either upper case, lower case, or a mix.**

**Spaces: Allowed in first and middle names. NOT allowed in last names.**

*Example: Mc Donald should be entered as McDonald*  
*D La Cruz should be entered as DeLaCruz*

*Example: Le Ann Mary Ann Mc Cartney*  
*Can be entered as:*  
*First: Le Ann*  
*Middle: Mary Ann*  
*Last: McCartney*

**Hyphens:** Allowed in first, middle, and last names. The hyphen is only allowable punctuation character allowed.

*Examples:*  
*(last name) Smith-Jones should be entered as Smith-Jones*  
*(first name) Jo-Ann should be entered as Jo-Ann*  
*(last name) O’Rilley should be entered as ORilley*  
*(last name) St. James should be entered as StJames*  
*(first name) D’Ann should be entered as Dann or D Ann*

Numeric characters: Not allowed in any names

First name is an initial: The initial can be entered in the first name field but no periods.

Middle name: If there is no middle name or it is not available, leave blank. Supply the full legal middle name where possible and the middle initial if that is all that is available. Periods are not allowed.

Second name: Enter the second name in the middle name field

*Example: J. Edgar Hoover*  
*First name: J (no period)*  
*Middle name: Edgar*  
*Last name: Hoover*

**Titles, Prefixes, Suffixes:** not allowed

**Naming rules synopsis:**

Character	Last Name	First and Middle Names
Alpha characters	Allowed	Allowed
Hyphens	Allowed	Allowed
Spaces	Not allowed	Allowed
Apostrophe	Not allowed	Not allowed
Numeric characters	Not allowed	Not allowed

Required for SMR or MCOT Only	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
	1	SMR_Flag	Identifies the service recipient as an SMR client (if Yes) or an MCOT client (if no)	Y=Yes N=No	string(2)	Yes	
SMR ONLY	2	SMR_ClientID	Client identifier unique to SMR services	String	varchar(15)	No	Required if (1)SMR_Flag=Y(es)  Client ID to be unique within the provider. It must not be reassigned to another SMR client of the same provider.
MCOT ONLY	3	Provider_ClientID	Client identifier unique to service provider	String	varchar(15)	No	Required if (1)SMR_Flag=N(o)
	4	Service_event_ID	Provider event record ID number	String value that uniquely identifies a client event for the provider.	string(50)	Yes	Use a unique ID for every event record.
	5	FirstName	First name of the individual who is the focus of the intervention.	Only characters specified in MH Data Definitions	string(25)	Yes	See client name validation rules.
	6	LastName	Last name of the individual who is the focus of the intervention.	Only characters specified in MH Data Definitions	string(30)	Yes	See client name validation rules.

Required for SMR or MCOT Only	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
	7	MiddleName	Middle name of the individual who is the focus of the intervention.	Only characters specified in MH Data Definitions	string(25)	No	See client name validation rules.
	8	SSN	Social Security Number of the Individual who is the focus of the intervention.	000-00-0000=Unknown 999-99-9999=None	string(11) NNN-NN-NNN	No	Required only if (16)Stage_of_Engagment>2  Or if (1)SMR_Flag=N(o)  Valid SSNs include all but 123-45-6789 or 099-99-9999. Valid SSNs cannot be utilized by more than 1 client.
	9	Gender	Gender of the individual who is the focus of the intervention.	1=Male 2=Female 3=Non-binary	number(1)	Yes	
	10	DOB	Date of birth of the individual who is the focus of the intervention.	Legal date	string(10) MM/DD/Y YYY	Yes	



Required for SMR or MCOT Only	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
	11	County	County of residence at time of initial call	001=Beaver 003=Box Elder 005=Cache 007=Carbon 009=Daggett 011=Davis 013=Duchesne 015=Emery 017=Garfield 019=Grand 021=Iron 023=Juab 025=Kane 027=Millard 029=Morgan 031=Piute 033=Rich 035=Salt Lake 037=San Juan 039=Sanpete 041=Sevier 043=Summit 045=Tooele 047=Uintah 049=Utah 051=Wasatch 053=Washington 055=Wayne 057=Weber 097=Unknown	string(3)	Yes	

Required for SMR or MCOT Only	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
	12	Race	Race of the individual who is the focus of the intervention.	01=Alaskan Native 02=American Indian 03=Asian 04=Native Hawaiian or Other Pacific Islander 05=Black/African American 06=White 07=Unknown 08=Two or more races 00=Other single race	number(2)	No	Required only if (16) Stage_of_Engagment>1
	13	Hispanic	Hispanic or Latino origin of the individual who is the focus of the intervention.	Y=Yes N=No 97=Unknown	string(2)	No	Required only if (16)Stage_of_Engagment>1

Required for SMR or MCOT Only	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
	14	Language	Preferred language of the family (SMR) or individual (MCOT) who is the focus of the intervention.	00=English 01=American sign language 02=Arabic 03=Bosnian 04=Cambodian 05=Chinese 06=Croatian 07=Farsi 08=French 09=Greek 10=German 11=Italian 12=Japanese 13=Kurdish 14=Laotian 15=Native American: Navajo 16=Native American: Ute 17=Russian 18=Samoan 19=Serbian 20=Somali 21=Spanish 22=Swahili 23=Tibetan 24=Tongan 25=Vietnamese 26=Zulu 27=Other 97=Unknown	string(2)	No	Required only if (16) Stage_of_Engagment>1

Required for SMR or MCOT Only	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
	15	Insurance	Medical insurance category of the individual who is the focus of the intervention.	01=Private insurance 03=Medicare 04=Medicaid 06=Other 07=Unknown 08=None 09=CHIP	number(2)	No	Required only if (16) Stage_of_Engagment>1
	16	Stage_of_Engagement	Phase of engagement when service was provided	01=Triage 02=Mobile crisis outreach 03=Stabilization 04=Follow up	number(2)	Yes	If (1)SMR_Flag=N(o), Stage_of_Engagement(16) must =2 or 4
SMR ONLY	17	Resolved	At the end of the event, was the case closed (resolved=Yes) or were further actions expected (resolved=No)?	Y=Yes N=No	string(2)	No	Required only if (1)SMR_Flag=Y(es)
SMR ONLY	18	Triage_Assessment	Emergency, Emergent crisis, Urgent response, Routine response, Stabilization only, Information only, blank	01=911 emergency 02=Emergent crisis 03=Urgent response 04=Routine response 05=Stabilization only 06=Information only 98=Not Applicable	number(2)	No	Required only if (16) Stage_of_Engagment=1

Required for SMR or MCOT Only	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
	19	ProviderID	Provider Identifier (DSAMH Facility Identifier or other created for contractors)	State assigned MH Provider ID	string(15)	Yes	Identifies the provider of the service using the state assigned provider ID. IDs are always at least 2 characters in length.
	20	EventDateTime	Date and time of service	Legal date and time	string(19) MM/DD/YYYY hh:mm:ss	Yes	
	21	EventDuration	Duration of service in hours	Number of hours	Number(6, 2)  00NN.NN	Yes	Hours must be expressed as decimal fractions (i.e., one hour and 45 minutes=1.75).
MCOT ONLY	22	ResponseTimeToDestination	Elapsed time from request to arrival at destination	Numbers	Number(6, 2)  00NN.NN	No	Required only if (1) SMR_Flag=N(o) and (16) Stage_of_engagement =2  Hours must be expressed as decimal fractions (i.e., one hour and 45 minutes=1.75).
	23	Service Delivery	Manner and setting through which service was delivered.	01=Phone -service delivered via phone 02=Client's home—mobile response to client's home	number(2)	Yes	

Required for SMR or MCOT Only	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
				03=In office-client treated in person at provider's office or facility 04=In community-mobile response to any place other than the client's home 05=Virtual/telehealth-service delivered via remote technology including telehealth			
	24	Emergency Indicator	Emergency Indicator	Y=Yes N=No	string(2)	Yes	See Emergency Indicator description under Definitions.
	25	Initiator_of_episode	person who made the initial call for SMR or Source of call-out for MCOT	01 = Parent 02 = Identified client 03 = Other family member or friend 04 = Physician or medical facility 05 = Social or community agency 06 = Educational system 07 = Courts (SMR only), law enforcement, correction (SMR only) 08 = Private psychiatric/mental health program	number(2)	No	Required only (1) SMR_Flag = Y(es) and (16) Stage_of_Engagment=1  Or if  (1)SMR_Flag=N(o) and (16) Stage_of_Engagement=2

Required for SMR or MCOT Only	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
				09 = Public psychiatric/mental health program 10 = Clergy 11 = Private practice mental health professional 12= Stabilization worker 13=Utah Crisis Line 14=Dispatch/911 15 = Other persons or organizations 97 = Unknown 98= Not Applicable			
SMR ONLY	26	UFACET_completed	Was the UFACET completed during this service?	Y=Yes N=No	string(2)	No	Required only if Stage_of_Engagement=3
SMR ONLY	27	Outcome_assessment_completed	Was the Outcome assessment completed during this service?	Y=Yes N=No	string(2)	No	Required only if Stage_of_Engagement=3
	28	End_of_service_location	At the end of the service, where was the individual?	13—Went home 01=Remained at home 02=Went to Hospital/ER 03=Went to Residential 04=Went to Detention/Jail 05=Went to Emergency shelter/Homeless shelter 06=Went to Other family 07=Went to Foster/Proctor placement	number(2)	No	Required if (1)SMR_Flag=Y(es) And Stage_of_Engagement>1 and Setting >1  Or if  (1)SMR_flag=N(o) and Stage_of_Engagement=2

Required for SMR or MCOT Only	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
				08=Individual went missing 09=Went to other 10=Went to Access center/23 hour crisis bed (MCOT only)/receiving center 11=Went to Detox (outside of ER) 12=Remained in place			Or if (28) Remained_at_home is not Null
SMR ONLY	29	Law_enforcement_involved	Between end previous service (if applicable) and the end of current service, what was the interaction with law enforcement?	01=No law enforcement was involvement 02=Law enforcement was involved but no charges are filed 03=Law enforcement was involved and charges were filed 04=Family doesn't know if law enforcement was involved or not	number(2)	No	Required if (1)SMR_Flag=Y(es) And Stage_of_Engagement>1 and Setting >1  Or if (29) Law_enforcement_involved is not Null



Required for SMR or MCOT Only	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
SMR ONLY	30	Perception_of_alternative	"If you had not called us, what do you think the most likely result would have been? "	01=Remain at home 02=Call law enforcement 03=Hospital/ER 04=Detention/Jail 05=Emergency Shelter/Homeless Shelter 06=Foster or proctor home 07=Youth run away 08=Youth stay with other family member 09=Seek information in another way 27=Other 98=Not applicable	number(2)	No	Required if (1)SMR_Flag=Y(es) And Stage_of_Engagement>1 and Setting >1  Or if (30) Perception_of_alternative is not Null
SMR ONLY	31	Peception_of_alternative2	If answer to Perception_of_Alternative was 27 enter perception	----- --	string(30)	No	Required if (30)Perception_of_Alternative=27 (other)
SMR ONLY	32	Outcome_ladder_present	Item score from outcome assessment	1 through 10 =item score	number(2)	No	Required only if (1) SMR_flag=Y(es) and (27)Outcome_assessment_completed=Y(Yes)
SMR ONLY	33	Outcome_ladder_future	Item score from outcome assessment	1 through 10 =item score	number(2)	No	Required only if (1) SMR_flag=Y(es) and (27)Outcome_assessment_completed=Y(Yes)

Required for SMR or MCOT Only	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
	34	sy_trans_type_cd	System Transaction Type Code	A-Add D-Delete C-Change	string(1)	Yes	