CRISIS and STABILIZATION SERVICES

File Format and Definitions

FY2023

Effective 7/1/2022

Department of Human Services

Change Log

DATE	AUTHOR	VERSION	NOTES
6/30/2021	Kristin Swenson, Terry Barker	.04	Added 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;
- Local Mental Health Authorities and other agencies contracted by DSAMH to provide Mobile Crisis Outreach Team (MCOT) services; and
- Local Mental Health Authorities providing crisis services through Receiving Centers (RC).

Comma-separated values (CSV) files, containing all records from the previous month, will be transferred from the regional administrator (SMR) on or before the 20th day of each month, or from Local Authorities or other providers (MCOT and RC) 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 (CrisisStab), followed by the mental health or SMR-MCOT 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 CrisisStab_*NN_YYYYQQ_YYYMMDD_01.CSV.* A filename example for a first file sent from Davis Behavioral Health during January of 2020 is CrisisStab_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 or Receiving Center services may submit MCOT data or RC data.

<div align="center">

Definitions

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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.

RC—Identified Client for RC may include anyone in crisis across the lifespan that received services from a Receiving Center.

Event

SMR--An SMR event is a transaction between a SMR 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.

RC—Event for RC entails any service provided, in person, at a Receiving Center.

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., 1-hour response, 24-hour response or 72-hour response) and prior to any Stabilization events. MCOT: any MCOT service provided as a crisis response by a two-person MCOT team.
- 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 Identified Client completes stabilization services and agrees to post-stabilization follow-up and before a subsequent event is marked as resolved. MCOT: any post-crisis stabilization services provided w/in 60 days of the Mobile Response service.

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 filed

> *Example:* *J. Edgar Hover*
>   *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

Unknown Clients:

Occasionally, the nature of the crisis will result in a situation where the identity of a client receiving MCOT services or services at a Receiving Center is unknown. In situations were the identity of a client cannot be determined prior to the end of the episode, the following identifiers may be entered as default. Provider_ClientID(3) = 66666666; FirstName(5) = "AKA"; LastName(6) = "Alias"; Gender(8)= 3; DOB(9) = "01/01/1919"; County(10)= 097.

Applies to:	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
ALL	1	Program_Indicator	Identifies the service recipient as an SMR client (1), an MCOT client (2) or a receiving center client (3)	1 = SMR 2 = MCOT 3=RC	Numeric(1)	Yes	
SMR ONLY	2	SMR_ClientID	Client identifier unique to SMR services	String	varchar(15)	No	Required if (1) Program_Indicator =1 Client ID to be unique within the provider. It must not be reassigned to another client of the same provider.
MCOT and RC	3	Provider_ClientID	Client identifier unique to service provider	String	varchar(15)	No	Required if (1)Program_Indicator>1
ALL	4	Service_Event_ID	Provider event record ID number	String value that uniquely identifies a client	string(50)	Yes	Use a unique ID for every event record.

Applies to:	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
			event for the provider.				
ALL	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.
ALL	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.
ALL	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.
ALL	8	Gender	Gender of the individual who is the focus of the intervention.	1=Male 2=Female 3=Non-binary	number(1)	Yes	
ALL	9	DOB	Date of birth of the individual who is the focus of the intervention.	Legal date 01/01/0007 if "unknown"	string(10) MM/DD/YYYY	Yes	Unknowns required to be <5%

Applies to:	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
ALL	10	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	

Applies to:	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
ALL	11	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 if (1)Program indicator=3 or if (15) Stage_of_Engagment>1
ALL	12	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 if (1)Program indicator=3 or if (15)Stage_of_Engagment>1

Applies to:	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
ALL	13	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 if (1)Program indicator=3 or if (15)Stage_of_Engagment>1

Applies to:	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
ALL	14	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 if (1)Program indicator=3 or if (15)Stage_of_Engagment>1
SMR and MCOT	15	Stage_of_Engagement	Phase of engagement when service was provided	01=Triage 02=Mobile crisis outreach 03=Stabilization 04=Follow up	number(2)	No	Required if (1) Program_Indicator <3. If Program_Indicator =2, (15) Stage_of_Engagement must =2 or 4
MCOT and RC	16	Primary Presenting Concerns	Primary reason for MCOT call out or admission to receiving center	1= Suicidal risk 2=Harm to self 3=Harm to others 4=substance use 5=Psychosis or grave disability concern	number(2)	No	Required if (1) Program-Indicator =2 and (16)Stage_of_engagement=2

Applies to:	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
				6=Situational stress 7=Informational 8=Other			**or** **If(1) Program-indicator =3**
MCOT and RC	17	**Secondary Presenting Concerns**	**Primary reason for MCOT call out or admission to receiving center**	**1= Suicidal risk** **2=Harm to self** **3=Harm to others** **4=substance use** **5=Psychosis or grave disability concern** **6=Situational stress** **7=Informational** **8=Other**	**number(2)**	**No**	
SMR ONLY	18	**Triage_Assessment**	**Assessment of need at time of triage call.**	**01=911 emergency** **02=1-hour response** **03=24-hour response** **04=72-hour response** **05=Stabilization only**	**number(2)**	**No**	**Required if (15) Stage_of_Engagement =1.**

Applies to:	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
				06=Information only 07=MCOT crisis 98=Not Applicable			
SMR ONLY	19	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 if (1)Program_indicator=1
ALL	20	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.
ALL	21	EventDateTime	Date and time of service	Legal date and time	string(19) MM/DD/YYYY hh:mm:ss	Yes	EventDateTime for receiving centers is time of arrival

Applies to:	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
ALL	22	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	23	ResponseTimeToDestination	Elapsed time from request to arrival at destination	Numbers	Number(6,2) 00NN.NN	No	Required if (1) Program_Indicator) = 2 and (15) Stage_of_engagement =2 and (24) Service Delivery = 2 or 4. Hours must be expressed as decimal fractions (i.e., one hour and 45 minutes=1.75).
ALL	24	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 03=In office-client treated in-person at provider's	number(2)	No	Required if (1)Program_indicator<3

Applies to:	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
				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			
SMR ONLY	25	Emergency Indicator	Emergency Indicator	Y=Yes N=No	string(2)	No	Required if (1)Program_Indicator=1

See Emergency Indicator description under Definitions. |
| ALL | 26 | Initiator_of_episode | person who made the initial call for SMR, Source of call-out for MCOT, or brought client to receiving center for RC | 01 = Parent 02 = Identified client 03 = Other family member or friend 04 = Physician or medical facility | number(2) | No | Required if (1) Program_Indicator =1 and (15) Stage_of_engagement =1

Or if

Program_Indicator |

Applies to:	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
				05 = Social or community agency 06 = Educational system 16=law enforcement officer 17=courts or corrections 08 = Private psychiatric/mental health program 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			==2 and (15)Stage_of_Engagement=2== Or if (1) Program_Indicator = 3

Applies to:	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
SMR ONLY	27	UFACET_completed	Has a UFACET been completed?	Y=Yes N=No	string(2)	No	Required if (15)Stage_of_Engagment=3
SMR ONLY	28	Outcome_assessment_completed	Was the Outcome assessment completed during this service?	Y=Yes N=No	string(2)	No	Required if (15)Stage_of_Engagment=3
ALL	29	End_of_service_location	At the end of the service, where was the client or where was the client expected to go?	13=Went home 01=Remained at home 02=Went to Hospital/ER 31=Went to Residential (substance Use) 32=Went to residential (mental health) 04=Went to Detention/Jail 05=Went to Emergency shelter/Homeless shelter 06=Went to home of friend or family 07=Went to Foster/Proctor placement 08=Individual went missing or	number(2)	No	Required if (1)Program_Indicator=1 And (15)Stage_of_Engagement>1 and (24) Service Delivery >1 Or if (1)Program_Indicator=2 and Stage_of_Engagement=2 Or if (1)Program_Indicator=3 Or if

Applies to:	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
				left without discharging 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			(29) End of service location is not Null
All	30	End of service location2	If answer to (29) End of service location was 9 please clarify response	--	string(30)	No	Required if (1) (29)End of service location=9 (other)
ALL	31	Law_enforcement_involved	SMR: Between end of previous service (if applicable) and the end of current service, what was the interaction with LE? MCOT: Between taking the call and ending the client interaction, what	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 (or provider) doesn't know if law	number(2)	No	Required if (1)Program_Indicator=1 And Stage_of_Engagement>1 and (24) Service Delivery >1 Or if (1)Program_Indicator=2 and Stage_of_Engagement=2

Applies to:	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
			<mark>was LE involvement?</mark> <mark>RC: Between the client's arrival and discharge, what was LE involvement?</mark>	enforcement was involved or not			Or if (1)Program_Indicator=3 or if Or if (<mark>31</mark>) Law_enforcement _involved is not Null
ALL	32	Perception_of_alter native	"If this service were not available , what do you think the most likely result would have been? "	01=Remain at home 02=Call law enforcement or 911 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 10=Call child welfare	number(2)	No	Required if (1)SMR_Flag=Y(es) Program_Indicator =1 And Stage_of_Engage ment>1 and (24) service delivery >1 Or if (1) Program_Indicator =2 and (15)Stage_of_Enga gement=2 Or if (1)Program_Indica tor=3 Or if (32) perception of

Applies to:	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
							alternative is not Null
ALL	33	Peception_of_alternative2	If answer to Perception_of_Alternative was 27 please answer response	-------------------------------------	string(30)	No	Required if (32)Perception_of_Alternative=27 (other)
SMR ONLY	34	Outcome_ladder_present	Item score from outcome assessment	1 through 10 =item score	number(2)	No	Required if (28)Outcome_assessment_completed=Y(Yes)
SMR ONLY	35	Outcome_ladder_future	Item score from outcome assessment	1 through 10 =item score	number(2)	No	Required if (28)Outcome_assessment_completed=Y(Yes)
RC ONLY	36	Drop_Off_Time	How long the law enforcement officer spent at the receiving center	Number of hours	Number(6,2) 00NN.NN	No	Required if (1)Program_Indicator=3 and (26) Initiator of episode =16 Hours must be expressed as decimal fractions (i.e., one hour and

Applies to:	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
							45 minutes=1.75).
ALL	37	sy_trans_type_cd	System Transaction Type Code	A-Add D-Delete C-Change	string(1)	Yes	