CRISIS and STABILIZATION SERVICES

File Format and Definitions

Utah Department of Health and Human Services

Office of Substance Use and Mental Health

Official Document for FY2025 Data Submissions

Effective 7/1/2024

Change Log

DATE	AUTHOR	VERSION	NOTES
3/11/2024	Ryan	2.0.4	Field 19 and 20 duration unit format corrected. Field 19 clarification that RC duration is intake and entire length of stay
2/7/2024	Ryan Carrier	2.0.3	Updated "AKA ALIAS" birth day to 1/1/1930
2/5/2024	Ryan Carrier	2.0.2	-(15) Primary Presenting Concerns and (16) Secondary Presenting Concerns options aligned -(24) End of Service Location2 eliminated-field numbering adjusted -(24) Law_enforcement_involved option word correction
1/23/2024	Ryan Carrier	2.0.1	Updated (23) End_of_service_location options
1/23/2024	Ryan Carrier	2.0	- Eliminated (1) Program_Indicator 1 (SMR). SMR will now be calculated at age. - Eliminated (2) SMR_ClientID -Added option (10) County "Out-of-State" - Eliminated (15)Stage_of_Engagement code option (01) Triage - Eliminated (16) Primary Present Concerns option 2 and updated code 1 definition - Eliminated field Triage_Assessment - Eliminated field Resolved -Updated (20) ResponseTimeToDestination to whole minute units -Updated (24) Service Delivery option -Eliminated (25) Emergency Indicator - Eliminated (27) UFACET_Completed -Updated (29) End_of_service_location option -Updated (30) Law_enforcement_involvement to yes/no with updated description -Eliminated (34) Outcome_ladder_present -Eliminated (35) Outcome_ladder_future -Updated (36) Drop_Off_Time to whole minute units
4/14/2023	Tom J. Maggio	1.4	Updating layout, spelling and grammar related and using simpler language. Top aligned some cells in the File Layout Grid.
6/30/2021	Kristin Swenson, Terry Barker	1.3	Added 13 (returned home) option to End_of_service_location field
7/10/2020	Kristin Swenson, Terry Barker	1.2	Made the County field required
6/19/2020	Kristin Swenson, Terry Barker	1.1	Removed the 97 (unknown) option from Emergency Indicator Field.

6/19/2020	Kristin Swenson	1	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 the Utah Department of Health and Human Services to provide regional administration for the Stabilization and Mobile Response (SMR) program.
- Local Mental Health Authorities and other agencies contracted by OSUMH 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 field.

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:

-Sys_trans_type_cd (Delete, Add, and then Change)

    -ProviderID (numeric 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, CRISISSTAB_03_2020Q3_20200105_01.csv.

Uploading will only be allowed 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. The ProviderID needs to be included in the file name or it won't process.

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.

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 02: Mobile Response— any open-case event related to an identified client after the identified client received a Mobile Response service and prior to any Stabilization of follow up events.
MCOT: any MCOT service provided as a crisis response by a two-person MCOT team.
- Stage 03: Stabilization—any open-case event in which the identified client has been referred to Stabilization or Receiving Center 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 within 60 days of the Mobile Response service.

Client Name Validation Rules:

Same as 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 and 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 it 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 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 where 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) = "01/01/1930"; County(10)= 097. If a Provider places other data than what is specified here, this will throw an error in the upload. These specifications need to be adhered to so the file will upload successfully and not throw a mismatch error.

Applies to:	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
ALL	1	Program_Indicator	Identifies the program for the client.	2 – MCOT Client 3 – Receiving Center Client	Numeric (1)	Yes	
All	2	Provider_ClientID	Client identifier unique to service provider	String	varchar(15)	No	
ALL	3	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.
ALL	4	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	5	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	6	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.

Applies to:	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
ALL	7	Gender	Gender of the individual who is the focus of the intervention.	1=Male 2=Female 3=Non-binary	number(1)	Yes	
ALL	8	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%
ALL	9	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	string(3)	Yes	

Applies to:	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
				043=Summit 045=Tooele 047=Uintah 049=Utah 051=Wasatch 053=Washington 055=Wayne 057=Weber 059=Out of State 097=Unknown			

Applies to:	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
ALL	10	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=Another single race	number(2)	No	Required if (1)Program indicator=3 or if (14) Stage_of_Engagement>1

Applies to:	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
ALL	11	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 (14)Stage_of_Engagement>1**
ALL	12	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	string(2)	No	**Required if (1)Program indicator=3 or if (14)Stage_of_Engagement>1**

Applies to:	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
				22=Swahili 23=Tibetan 24=Tongan 25=Vietnamese 26=Zulu 27=Other 97=Unknown			
ALL	13	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 (14)Stage_of_Engagement>1

Applies to:	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
MCOT	14	Stage_of_Engagement	Phase of engagement when service was provided	02=Mobile crisis outreach 03=Stabilization 04=Follow up	number(2)	Yes	Required if (1) Program_Indicator = 2.
All	15	Primary Presenting Concerns	Primary reason for MCOT call out or admission to receiving center	1= Suicidal risk, including non-suicidal self-injury 3=Harm to others 4=Substance use 5=Psychosis or grave disability concern 6=Situational stress 7=Informational 8=Other	number(2)	No	Required if (1) Program-Indicator =2 and (16)Stage_of_Engagement=2 or If (1) Program-indicator =3
MCOT and RC	16	Secondary Presenting Concerns	Primary reason for MCOT call out or admission to receiving center	1= Suicidal risk, including non-suicidal self-injury 3=Harm to others 4=Substance use 5=Psychosis or grave disability concern 6=Situational stress 7=Informational 8=Other	number(2)	No	

Applies to:	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
ALL	17	ProviderID	Provider Identifier (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	18	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.
ALL	19	EventDuration	Duration of service in hours	Number of hours	Number (6,2) NNNN.NN	Yes	Expressed in whole number minutes. When (1) Program Indicator = 3, event duration is time entire time at receiving center including intake.
MCOT ONLY	20	ResponseTimeToDestination	Elapsed time from request to arrival at destination expressed in whole minutes	Numbers	Number(4) NNNN	No	Required if (1) Program_Indicator = 2 and (15) Stage_of_Engagement =2 and (24) Service Delivery = 2 or 4. Expressed in whole number minutes.
ALL	21	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	number(2)	No	Required if (1)Program_Indicator<3

Applies to:	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
				treated in-person at provider's office 04=In community-mobile response to any place other than the client's home 05=Virtual/telehealth-service delivered via remote technology including telehealth 06=Emergency Room – Hospital 09=- Jail, Prison, or Correctional Facility			
ALL	22	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 05 = Social or community agency 06 = Educational system	number(2)	No	Required if (1) Program_Indicator=2 and (14)Stage_of_Engagement=2 Or if (1) Program_Indicator = 3

Applies to:	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
				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			
All	23	End_of_service_location	At the end of the service, where was the client or where was the client expected to go?	01=Home or home-like environment (with family, friend, etc) 02=Went to Hospital/ER 31=Went to Residential behavioral health residential (mental	number(2)	No	Required if (1)Program_Indicator=2 and Stage_of_Engagement=2 Or if (1)Program_Indicator=3

Applies to:	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
				health or substance use) 04=Sent to Jail/Detention 05=Went to Emergency shelter/Homeless shelter 08=On the street 10=Went to Receiving Center or Access Center/23-hour crisis bed 12=Stabilized in ER/Jail etc.			Or if (29) End of service location is not Null
ALL	24	Law_enforcement_involved	Indicate whether or not LE physically participated in the actual service and not just calling them out to the scene.	01=Law Enforcement was not involved 02=Law Enforcement was involved	number(2)	No	Required if (1)Program_Indicator=2 and (14) Stage_of_Engagement=2 Or if (1)Program_Indicator=3 Or if (31) law_enforcement_involved is not Null
ALL	25	Perception_of_alternative	"If this service was not available , what do you	01=Remain at home	number(2)	No	Required if

Applies to:	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
			think the most likely result would have been? "	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			(1) Program_Indicator=2 and (14)Stage_of_Engagement (=2 Or if (1)Program_Indicator=3 Or if (32) perception of alternative is not Null
ALL	26	Peception_of_alternative2	If answer to Perception_of_Alternative was 27 please answer response		string(30)	No	Required if (26)Perception_of_Alternative =27 (other)
RC ONLY	27	Drop_Off_Time	How long the law enforcement officer spent at the	Number of minutes	Number(4) 00NN	No	Required if (1)Program_Indicator=3 and (22) Initiator of episode =16

Applies to:	Field	Field Name	Description	Codes/Allowed Values	Format	Required	Notes
			==receiving center==				==Expressed in whole number minutes==
ALL	28	Sys_trans_type_cd	System Transaction Type Code	A-Add D-Delete C-Change	string(1)	Yes	