Stabilization and Mobile Response

Mobile Crisis Outreach Team

File Format and Definitions

FY2021

Effective 7/1/2020

Department of Human Services

Change Log

DATE	AUTHOR	VERSION	NOTES
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_YYYMMDD_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 21 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 stabilization service that is 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:

<div align="center">**Same as DSMH mental health spec FY2020**</div>

<div align="center">*Use legal names rather than nicknames*</div>

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 filed 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	Allowed	Not 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 SMR services. It must not be reassigned to another SMR client.
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.
	7	MiddleName	Middle name of the individual who is the focus of the	Only characters specified in MH Data Definitions	string(25)	No	See client name validation rules.

			intervention.				
	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/YYYY	Yes	

| | 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 | |

	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

		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

	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 SMR engagement when service 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
	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 00NN.NN	Number(6,2)	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 00NN.NN	Number(6,2)	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 40 minutes=1.75).
	23	Setting	Setting in or through which service was provided	01=Phone 02=Client's home 03=In office 04=In community 05=Other	number(2)	Yes	
	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 = Child 03 = Other family member or friend 04 = Physician or medical facility 05 = Social or community agency 06 = Educational system 07 = Courts, law enforcement, correction agency 08 = Private	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

				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			
SMR ONLY	26	UFACET_completed	Was the UFACET completed during this service?	Y=Yes N=No	string(2)	No	Required only if Stage_of_Engagment=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_Engagment=3
	28	Remained_at_home	At the end of the service, where was the individual?	01=At home 02=Hospital/ER 03=Residential 04=Detention/Jail 05=Emergency shelter/Homeless shelter 06=Other family 07=Foster/Proctor placement 08=Individual went missing 09=Other 10=Access center/23 hour	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

				crisis bed/receiving center 11=Detox (outside of ER) 12=Remained in place			
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
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/Crisis Center06=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

SMR ONLY	31	Peception_of_alternative2	If answer to Perception_of_Alternative was 27 please answer response	------------------------------------	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)
	34	sy_trans_type_cd	System Transaction Type Code	A-Add D-Delete C-Change	string(1)	Yes	