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[Link to 5.2.3 Text File Record Layout PDF](#)

5.2.3. Crisis Text File Record Layout

The succeeding pages provide the client-level text file record layout for crisis records. Records reported using this layout all need to have a Current Mental Health Program/Treatment = Crisis Assessment (23), Crisis Intervention (24), or Crisis Stabilization (25).

Table 7: Crisis Client-Level Data Record Fields Layout

HEADER RECORD: Only one header record is reported per data file and should be submitted along with the rest of the client record.			
FIELD NAME	FIELD #	FORMAT	BRIEF DESCRIPTION
Provider reporting period	HC1	H(39)	Identifies the provider, reporting year and period (06 for January–June or 12 for July–December). YYYY_Timeperiod,NPI,Zip,Taxonomy Example: 2016_06, 1234567891,123456789,1234567891

CLIENT-LEVEL DATA RECORD FIELDS - REQUIRED FOR EACH CLIENT RECORD			
FIELD NAME	FIELD #	FORMAT	BRIEF DESCRIPTION
NPI/UMPI	CR1	X(10)	Unique identifier of the provider
Zip-code	CR2	X(9)	Program location zip + 4 code
Taxonomy	CR3	X(10)	Taxonomy codes distinguish providers hierarchically, by type, classification, and specialization
Payment Source	CR4	X(1)	Identify the public payment source for treatment services
Grant Funding Reason	CR5	X(1)	Identify the reason why grant funding was used for all or part of the payment source.
PMIN	CR6	X(8)	Unique MHCP identifier of the client – leads with zero
SMI Number	CR7	X(9)	Unique SMI identifier of the client
AMH ID	CR8	X(8)	Unique AMH identifier of the client
Date of Birth	CR9	X(10)	Identifies the date the client was born
Client Status	CR10	X(2)	Indicates the client’s status at the time of reporting
Start Date	CR11	X(10)	Identifies the date the client started services
End Date	CR12	X(10)	Identifies the date of the client completed treatment or last day client received services
Program/Treatment	CR13	X(6)	Indicates the type of mobile crisis program(s) from which the client received services throughout the reporting period (Codes 23, 24, or 25)

CLIENT-LEVEL DATA RECORD FIELDS - REQUIRED FOR EACH CLIENT RECORD

Gender	CR15	X(1)	Identifies the gender of the client
Race	CR16	X(5)	Identifies the race of the client
Ethnicity	CR17	X(1)	Identifies whether the client is of Hispanic origin or not
County of Residence	CR18	X(3)	Identifies the county the client resides
Reside on Reservation	CR19	X(2)	Identifies the reservation the client resides

CRISIS RECORD- REQUIRED FOR EACH CLIENT WHO RECEIVED CRISIS SERVICES

FIELD NAME	FIELD #	FORMAT	BRIEF DESCRIPTION
Primary reason for Intervention assessment	X1	X(1)	Specifies the client's primary reason for intervention
Secondary reason for Intervention assessment	X2	X(1)	Secondary reason for Intervention assessment (optional)
Initial Crisis Referral Source	X3	X(2)	The source from which the client was initially referred to crisis services
Location of initial face-to-face	X4	X(2)	Client's location of initial face- to-face assessment
School District	X5	X(10)	If assessment was done at a school, enter the school district.
Crisis Referral to Assessment Time	X6	X(1)	Time interval between when the Initial Crisis Referral source referred client to crisis services and the time the face-to-face assessment occurred.
Disposition at the end of Crisis Episode	X7	X(2)	Client's disposition at the end of the current crisis episode (excluding referrals).
Psychiatric Advance Directive	X8	X(1)	Did the client have a psychiatric advance directive prior to receiving services
Psychiatric Advance Directive assistance	X9	X(1)	Was the client offered assistance to develop a psychiatric advance directive?
Client Referral	X10	X(1)	Does client need a referral to other services?
Services client referred to (1)	X11	X(2)	Specify up to 5 services for which client received an assisted referral.
Services client referred to (2)	X12	X(2)	Specify up to 5 services for which client received an assisted referral.
Services client referred to (3)	X13	X(2)	Specify up to 5 services for which client received an assisted referral.
Services client referred to (4)	X14	X(2)	Specify up to 5 services for which client received an assisted referral.
Services client referred to (5)	X15	X(2)	Specify up to 5 services for which client received an assisted referral.