

**MHIS CLIENT LEVEL DATA VALUES QUICK SHEET – MOBILE CRISIS****Header (batch submissions only) Status Report Period**

Reporting Year: YYYY

Reporting Period: 06 (January-June) or 12 (July- December)

Example: 2019\_12

**NPI/UMPI** (10 digits)**Provider's Zip Code** (5+ digits) if part of MHCP provider ID.**Provider Taxonomy** (10 digits) if part of MHCP provider ID.**Payment Source**

- [1] Minnesota Health Care Programs (MHCP)
- [2] Grant funding only
- [3] MHCP and grant funding
- [4] Private insurance and grant funding

**Reason Grant Funded (If Payment Source=2, 3 or 4)**

- [1] Underinsured
- [2] No insurance
- [3] Uninsurable
- [4] Non-MHCP covered service provided

**Grant Type (If Payment Source = 2, 3, or 4) Select all that apply**

- [1] CSP
- [2] AMHI
- [3] HWS
- [4] Crisis
- [9] Other State grant

**Client ID****PMIN** (8 digits)**SMI** (9 digits)**AMH** (8 digits)**DOB** (mm/dd/yyyy)**Start Date** (mm/dd/yyyy)**End Date** (mm/dd/yyyy)**Status Update Date (online entry only) (mm/dd/yyyy)****Current Client Status**

- [03] Intervention Episode (Crisis only)

**Current Mental Health Program/Treatment (select up to 3)**For non-mobile crisis reporting values, see [Client Level Data Values Quick Sheet](#).

- [23] Crisis Assessment
- [24] Crisis Intervention
- [25] Crisis Stabilization

**Gender**

- [1] Male
- [2] Female

**Race**

- [1] American Indian and Alaska Native
- [2] Asian
- [3] Native Hawaiian or other Pacific Islander
- [4] Black or African American
- [5] White
- [6] Some Other Race Alone
- [9] Unknown

**Ethnicity**

- [1] Not of Hispanic Origin
- [2] Puerto Rican
- [3] Mexican
- [4] Cuban
- [5] Other Specific Hispanic
- [6] Hispanic Origin regardless of race
- [9] Unknown

**County of Residence:** [see manual for Minnesota's County list](#)**Reside on Reservation**

- [01] Bois Forte
- [02] Fond-du-Lac
- [03] Grand-Portage
- [04] Leech Lake
- [05] Lower Sioux
- [06] Mille-Lacs Band
- [07] Prairie Island
- [08] Red Lake
- [09] Shakopee
- [10] Upper Sioux
- [11] White Earth
- [12] Other
- [13] No—doesn't reside on Reservation
- [99] Unknown

**Primary Reason for Intervention (required)**

- [01] Suicidal attempt
- [02] Self-injurious Behavior (non-suicidal)
- [03] Psychotic or Delusional
- [04] Depression
- [05] Anxiety/Panic
- [06] Other primary reason for intervention
- [07] Mania
- [08] Dysregulated behavior
- [09] Suicidal ideation
- [10] Trauma

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### Secondary Reason for Intervention (optional)

- Same as above "Primary Reason for Intervention"

### Initial Crisis Referral Source (select one)

- [01] Case manager
- [02] Child protection
- [03] Health Plan
- [04] Hospital
- [05] Law enforcement
- [06] Primary care physician
- [07] Probation officer/Juvenile Justice
- [08] Residential treatment or foster care provider
- [09] School
- [10] Self, family, friend
- [11] Other behavioral health agency or individual
- [12] Other
- [13] Unknown

### Location of Initial Face-to-Face Assessment (select one)

- [01] Client's Residence
- [02] Private Residence – not client's
- [03] Crisis Team Office
- [04] Homeless Shelter
- [05] Other Behavioral Health Provider
- [06] Emergency Department
- [07] Public Location
- [08] Other location of initial face-to-face assessment
- [09] School (Enter school district number)
- [10] Jail

### School District

Format **XXXX-XX**

List of school district numbers available on the [Minnesota Department of Education's website](#).

### Crisis Referral to Assessment Time (select one)

- [1] Less than 2 hours
- [2] Greater than 2 to 4 hours
- [3] Greater than 4 hours to 6 hours
- [4] Greater than 6 hours to 8 hours
- [5] Greater than 8 hours to 16 hours
- [6] Greater than 16 hours to 24 hours
- [7] More than 24 hours

### Disposition at the End of Crisis Episode (select one)

- [01] Chemical health residential treatment
- [02] Children's shelter placement
- [03] Domestic abuse shelter
- [04] Emergency department
- [05] Emergency foster care

- [06] Homeless shelter
- [07] Inpatient psychiatric unit
- [08] Jail
- [09] Remained in current residence (foster care)
- [10] Remained in current residence (self or family)
- [11] Remained in school
- [12] Residential crisis stabilization
- [13] Residential treatment/Intensive Rehabilitative Treatment Services (IRTS)/Rule 5
- [14] Temporary residence with relatives/friends
- [15] Other

### Did the client have a psychiatric advance directive prior to receiving services?

- [1] Yes
- [2] No
- [3] Unknown

### Was the client offered assistance to develop a psychiatric advance directive?

- [1] Yes, client referred
- [2] Yes, client declined
- [3] No

### Client Referral to other services

- [1] Yes
- [2] No

### What services was the client referred to? (If Client Referral to other services = 1) Select up to 5

- [01] Adult Day Treatment
- [02] Adult Rehabilitative Mental Health Services (ARMHS)
- [03] Assertive Community Treatment (ACT)
- [04] Chemical Health Services
- [05] Children's Therapeutic Services and Supports (CTSS)
- [06] Crisis Residential
- [07] Crisis Stabilization
- [08] Homeless services
- [09] Housing services
- [10] Inpatient psychiatric hospital services
- [11] Medication management
- [12] Partial hospitalization
- [13] Psychotherapy
- [14] Rapid Access Psychiatry (RAP)
- [15] Residential treatment/Intensive Rehabilitative Treatment Services (IRTS)/Rule 5
- [16] Targeted case management (TCM)
- [17] Youth ACT
- [18] Other (e.g. employment services)

## MHIS CLIENT LEVEL DATA VALUES QUICK SHEET – MOBILE CRISIS

### **Crisis Call Reporting (Completed via the MHIS Online Application)**

- Reporting Month (select from drop down menu)
- Reporting Year (select from drop down menu)
- Number of Calls (entered)

### **Call Response Type: enter number of calls per call type**

- Referred directly to 911 Emergency Services
- Face to face visit immediate
- Face to face visit within 24 hours
- Phone consultation and/or assessment that is not followed by a face to face visit
- Provide referral and/or contact information only with no significant discussion or crisis assessment involved and the call is not followed by a face to face visit.
- Other Response Type