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
[6] Some Other Race Alone
[9] Unknown

Ethnicity
[1] Not of Hispanic Origin
[2] Puerto Rican
[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
[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
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)
- [12] Residential crisis stabilization
- [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
- [12] Partial hospitalization
- [13] Psychotherapy
- [14] Rapid Access Psychiatry (RAP)
- [16] Targeted case management (TCM)
- [17] Youth ACT
- [18] Other (e.g. employment services)
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