

## Data Tool Instructions and fields

New fields are in red.

When you first open the file you will need to enable it if that dialog box comes up.

If you are unsure what exactly you need to enter data in any field just click on the field name button.

Always start with “Type of Encounter” when starting a new record. It resets all the fields for you.

Always enter data in left column first then the right column. Top to bottom.

Report Year Select a report year from the drop down. This will auto select months for Report Month.

Report Month Select a report month from the drop down. This will auto select days in that month for Day of encounter.

Date of Birth. You can use the calendar or just type it in. If you a date of birth of an adult the fields where you would enter data for a child will turn grey with an NA.

Payment Source If you select **“MaineCare”** you must enter a correctly formatted MedID.

If you enter anything else in **“Payment Source”** you must enter a formatted SSN number. A correctly formatted SSN number is all 9 digits no spaces or hyphens.

No SSN Reason If you cannot obtain an SSN and the client is not a Medicaid client then enter 000000000 in SSN and select a reason why there is no SSN from the drop down for No SSN Reason.

First Name Enter client’s first name must be at least 2 characters long.

Last Name Enter client’s Last name must be at least 2 characters long.

Gender select from drop down

Town Zip Select the town nearest where the crisis took place.

Housing Status Select a housing status that most nearly captures the clients housing status.

OADS Client was this client a client of the Office of Aging and Disabilities on the day of encounter.

Psych Consultation Did the crisis worker get a psych consultation for this client.

Respond Time How long did it take to have the psychiatrist respond to the psych consultation request. Enter 1 hour or more.

Who Requested Initial Encounter Use your best judgment and select an item from the drop down.

Substance abuse counseling Use your best judgment and select Yes or No.

Site Of Face To face Encounter Use your best judgment and select an item from the drop down.

Crisis Assessment Criteria Use your best judgment and select an item from the drop down.

Less than eighteen with a Mental Health Diagnoses Does this client have a mental health diagnosis. Yes or No?

On Going Support Is this encounter the result of ongoing support for a previous encounter. If you selected Follow up in type of encounter this will be "Yes".

Wellness Plan, Crisis Plan Etc. Did the client have a wellness plan that was used during this encounter? Yes or No.

Community Support Worker Did the client have a community support worker at the time of the encounter? Yes or No.

Support Worker Notified If the client had a community support worker was that worker notified of the crisis. Yes or No.

Service Apointment 3days Was an appointment made for a community based support service for the client within 3 days of the face To face encounter?

Time In Minutes initial encounter The Time in MINUTES between determination of need for initial face to face contact or when client was ready and able to be seen, to initial face to face contact.

Zero time for initial encounter If the client had zero time for this answer. Please select reason why from drop down.

Time in hours initial encounters Time in HOURS from initial Face to Face Encounter to Disposition of Crisis. Fractions will round off.

Time Hours Follow Up Time in HOURS for Non Initial Face to Face Encounter.

Under 18 State Custody If this client is under 18 are they in State Custody?

Crisis Resolution Please select in the drop down the resolution to the crisis.