



North Sound Mental Health Administration

NSMHA-CIS Data Dictionary

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Clinician Crisis Plan

Transaction

Transaction ID	Transaction Description	Status	Status Date
836.00	Clinician Crisis Plan	Final	7/1/2015

Transaction Details

Key	Field ID	Field Code	Field Name	Field Description	Actions Allowed	Data Type
	101073	CV01	RCODE	Transaction ID	NN	char(6)
	030010	CV02	REACTION	Action Code	NA	char(1)
	030760	CV03	RSNID	RSN Report Unit	NN	char(3)
K	030020	CV04	RORG	Agency Reporting Unit ID	NN	varchar(5)
K	030001	CV05	RLGUID	Unique Identifier	NN	varchar(11)
	030620	CV06	PN	Master Client Number	NN	varchar(11)
	030270	RV01	cadate	Date Crisis Plan Entered	NA	date
	201121	RV02	selfcare	Self-Care Skills	NA	char(1)
	201122	RV03	Isitstab	Stability of living situation	NA	char(1)
	201123	RV04	ffsuppt	Availability of support friends/family	NA	char(1)
	201124	RV05	social	Social Behaviors	NA	char(1)
	201125	RV06	cognitive	Cognitive Functioning	NA	char(1)
	201126	RV07	safe	Ability to keep self safe	NA	char(1)
	201127	RV08	stress	Capacity to handle stress/change	NA	char(1)
	201128	RV09	impulse	Impulse control/judgement	NA	char(1)
	201129	RV10	insight	Insight	NA	char(1)
	201130	RV11	halluc	Hallucinations/Delusions	NA	char(1)
	201501	RV12	HxSuicide	Suicidal (history of prior suicide attempts)	NA	char(1)
	201502	RV13	SelfHarm	Self-harm behavior	NA	char(1)
	201136	RV14	Running	Running Away	NA	char(1)
	201137	RV15	Homeless	Homelessness	NA	char(1)
	201132	RV16	HxTrauma	History of trauma/victimization	NA	char(1)
	201133	RV17	MultRes	Multiple residential placements	NA	char(1)
	201144	RV18	Other	Other	NA	char(1)
	201506	RV19	OtherDesc	Description of other potential risk factors	LA	varchar(1024)

<u>201139</u>	RV20	MedNonCom	Medication non-compliance	NA	char(1)
<u>201503</u>	RV21	HxAggress	History of aggression	NA	char(1)
<u>201135</u>	RV22	PhysDis	Physical disability/other medical condition	NA	char(1)
<u>201504</u>	RV23	HxFamily	Family History (Suicide/psychiatric disorders)	NA	char(1)
<u>201505</u>	RV24	Stress	Stressors/triggering events	NA	char(1)
<u>201520</u>	RV25	RiskDesc	Explanation of Risk Factors checked above	NA	varchar(MAX)
<u>201521</u>	RV26	ProtectFx	What protective factors are present?	NA	varchar(MAX)
<u>201522</u>	RV27	HxInterv	Successful Hx Interventions for Managing Crises	NA	varchar(MAX)
<u>201523</u>	RV28	IntervStra	What intervention strategies prior to I/P care?	NA	varchar(MAX)
<u>201508</u>	RV29	AdvDir	Advance Directive	NA	char(1)
<u>201509</u>	RV30	LegalGuard	Legal Guardian Y/N	NA	char(1)
<u>201510</u>	RV31	LglGrdName	Legal Guardian Name	LA	varchar(255)
<u>201511</u>	RV32	LglGrdCntc	Legal Guardian Contact Info	LA	varchar(255)
<u>201512</u>	RV33	PwrAtt	Power of Attorney	NA	char(1)
<u>201513</u>	RV34	NatSupName	Friend/Natural Support Name	LA	varchar(255)
<u>201514</u>	RV35	NatSupPhon	Friend/Natural Support Phone	LA	varchar(20)
<u>201515</u>	RV36	ChildPets	Child/Pets in home needing care	LA	varchar(255)
<u>201516</u>	RV37	MedIssues	Medical Issues	LA	varchar(255)
<u>201517</u>	RV38	CoOccurIss	Co-Occurring Issues	LA	varchar(255)

Validations

Field ID	Validation	CodeTable
<u>030001</u>	001 - Value Cannot Be Null	
<u>030010</u>	001 - Value Cannot Be Null	
<u>030010</u>	002 - Code Invalid	<u>ACODE</u>
<u>030020</u>	001 - Value Cannot Be Null	
<u>030020</u>	002 - Code Invalid	<u>ORG</u>
<u>030270</u>	001 - Value Cannot Be Null	
<u>030270</u>	020 - Date may not be in the future.	
<u>030620</u>	001 - Value Cannot Be Null	
<u>030620</u>	003 - Length Invalid	
<u>030760</u>	001 - Value Cannot Be Null	
<u>101073</u>	001 - Value Cannot Be Null	
<u>201121</u>	001 - Value Cannot Be Null	
<u>201121</u>	002 - Code Invalid	<u>BBSCl</u>
<u>201122</u>	001 - Value Cannot Be Null	
<u>201122</u>	002 - Code Invalid	<u>BBSCl</u>
<u>201123</u>	001 - Value Cannot Be Null	
<u>201123</u>	002 - Code Invalid	<u>BBSCl</u>
<u>201124</u>	001 - Value Cannot Be Null	
<u>201124</u>	002 - Code Invalid	<u>BBSCl</u>
<u>201125</u>	001 - Value Cannot Be Null	
<u>201125</u>	002 - Code Invalid	<u>BBSCl</u>
<u>201126</u>	001 - Value Cannot Be Null	

CLINICAL CRISIS RECOMMENDATIONS

Client Name/ID (or affix label): _____

1. Which of the following legal documents apply to consent to treatment?

- 201508 Advance Directive: No Yes
 201509 Legal guardian: No Yes – If yes, who? 201510
 How do we contact them? 201511 (Legal Guardian is someone that has authority to consent/give authorization for medical treatment)
 201512 Power of Attorney: No Yes 201513
 2. Friend/natural support (Name/phone number): 201514
 3. Are there any children/pets in the home that need care? 201515
 4. Behavioral Health Provider Agency: 201516
 5. Medical Primary Care Provider: 201517
 6. Medical Issues: 201518
 7. Co-Occurring Issues: 201519

Baseline Behaviors	Strength	No Impairment	Some impairment	Significant Impairment
201121 Self-care skills:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
201122 Stability of living situation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
201123 Availability of supportive friends/family:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
201124 Social behaviors:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
201125 Cognitive functioning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
201126 Ability to keep self safe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
201127 Capacity to handle stress/change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
201128 Impulse control/Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
201129 Insight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
201130 Hallucinations/Delusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which of the following **potential risk factors** currently apply for this client (check all that apply, and address below):

- 201501 Suicidal (history of prior suicide attempts) Adherence Concerns with Medication 201139
 201502 Self-harm Behavior History of aggression 201503
 201136 Running away Physical Disability/other medical condition 201135
 201137 Homelessness Family History (Suicide/psychiatric disorders) 201504
 201132 History of trauma/victimization Stressors/triggering events 201505
 201133 Multiple residential placements (foster homes, Adult Family Homes, etc.)
 201144 Other (describe) 201506 (other description)

Explanation of Risk Factors checked above:

201520

What protective factors are present? (Internal/External) 201521

What interventions have historically been successful or likely to be successful in managing crises?

201522

What intervention strategies should be considered prior to inpatient care?

201523

Primary Clinician (Print name and credentials)

030270

Date

Clinical Crisis Recommendations reviewed on this date and NO CHANGES were necessary; information is still current and accurate.	
Date: _____	Initials: _____ clinician
Date: _____	Initials: _____ clinician
Date: _____	Initials: _____ clinician

Clinical Crisis Recommendations reviewed on this date and it was REVISED (if further revisions are needed, a new form should be used)	
Date: _____	Initials: _____ clinician
Submit to Data Entry after revised	
Data Entry completed: _____ / _____ / _____ (Date)	
_____ (Initial)	