



ILLINOIS FIREARM OWNER IDENTIFICATION (FOID) MENTAL HEALTH REPORTING SYSTEM REQUIREMENTS

FACILITIES WITH INPATIENT MENTAL HEALTH TREATMENT PROGRAMS TRAINING MODULE

Illinois Department of Human Services

April 2014

“THIS INFORMATION IS NOT INTENDED TO PROVIDE LEGAL ADVICE ON P.A. 98-63”

- The Emergency Rules and the Proposed Rules for Title 59, Part 150 were published in the Illinois Register, Vol.38, Issue 3, pages 1971 and 2413 on January 17th, 2014.
- Please check the Department of Human Services (DHS) FOID web site for updated information relative to P.A. 098-0063.

P.A. 098-0063 provides a very broad definition of “Mental Health Facility” ...

- The definition of “Mental health facility”: means any licensed private hospital or hospital affiliate, institution, or facility, or part thereof, and any facility, or part thereof, operated by the State or a political subdivision thereof which provide treatment of persons with mental illness and includes all hospitals, institutions, clinics, evaluation facilities, mental health centers, colleges, universities, long-term care facilities, and nursing homes, or parts thereof, which provide treatment of persons with mental illness whether or not the primary purpose is to provide treatment of person with mental illness. (FOID Act, Sec 1.1)

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- This is a training module specifically for facilities which provide inpatient mental health treatment:
 - Hospitals (with inpatient mental health treatment programs)
 - Nursing Homes (with inpatient mental health treatment programs)
 - Supervised Transitional Residential Programs
 - Specialized Mental Health Rehabilitation Facility

Determining if your facility provides Inpatient Mental Health Treatment or Outpatient Mental Health Treatment

- DHS's administrative rules make a distinction between inpatient mental health treatment facilities and outpatient mental health treatment facilities.
- Inpatient mental health treatment facilities include hospitals with inpatient psychiatric programs, nursing homes identified as Institutions for Mental Disease (IMDs) , and specialized mental health rehabilitation facilities (SMHRF) all of these programs are licensed by the Department of Public Health.
- Inpatient mental health treatment facilities also include supervised residential treatment programs certified by the Department of Human Services. Although not considered hospital inpatient level of care these facilities are agency owned residential living facilities which provide 24 hour supervision and mental health treatment by specially trained personnel. These facilities provide patients with level of care services as defined in Rule 132.



The mandated reporter must submit certain information about the person or patient being reported

- Identifying Information
 - Last name, first name, middle name, suffix, and Social Security Number. Date of Birth, Address, Gender, Race, Eye Color, Height, and weight.
- Event type:
 - Clear and Present Danger
 - Developmentally Disabled
 - Intellectually Disabled
 - Date the determination was made
- Briefly describe why you believe the patient is a clear and present danger: (in your own words)

Facilities which provide inpatient mental health treatment programs must register and report to the Illinois FOID Mental Health Reporting System on a regular basis:

- The facility may designate staff as the agency's "authorized user" responsible for submitting information to the DHS FOID website.
- The facility must report all admissions within seven days and discharges within seven days.
- Facilities must also report what type of admission occurred. The DHS Rule further defines admission types as non-adjudicated (voluntary) and adjudicated (involuntary).
 - Voluntary (non-adjudicated) has five (5) subtypes
 - Involuntary (adjudicated) has fourteen (14) subtypes

Non-adjudicated admission subtypes (must specify one):

- Voluntary
- Informal
- Detention and Evaluation (Inpatient Only)
- Emergency Admission (Petition/Certificates)
- Juvenile Admissions

Adjudicated admission subtypes

- Involuntary/ adjudicated Mentally Disabled Person fourteen (14) different types
Adjudicated Mentally Disabled Person
- Presents as a clear and present danger
- Lacks the mental capacity to manage his/her own affairs
- Is not guilty in a criminal case by reason of insanity
- Is guilty but mentally ill
- Is incompetent to stand trial in a criminal case
- Is not guilty by reason of lack of mental responsibility
- Is a sexually violent person
- Continued on next slide...Has been found to be a sexually dangerous person
- Is unfit to stand trial under the Juvenile Court Act of 1987
- Not guilty by reason of insanity under the Juvenile Court Act of 1987
- Is subject to involuntary admission as an inpatient
- Is subject to involuntary admission as an outpatient
- Is subject to judicial admission
- Is subject to the provisions of the Interstate Agreements on Sexually Dangerous Persons Act

Facilities with inpatient mental health treatment programs also report a patient determined to be a clear and present danger.

- The determination is based on a structured assessment or evaluation which in the clinical judgment of the physician, licensed clinical psychologist, or qualified examiner practicing at the facility supports the diagnosis of a clear and present danger.
 - As defined in P.A. 98-63 “Clear and present danger” means a person who:
 - Communicates a serious threat of physical violence against a reasonably identifiable victim or poses a clear and imminent risk of serious physical injury to himself, herself, or another person as determined by a physician, clinical psychologist, or qualified examiner; and/or
 - Demonstrates threatening physical or verbal behavior, such as violent, suicidal, or assaultive threats, actions, or other behavior, as determined by a physician, clinical psychologist, qualified examiner, school administrator, or law enforcement official. (FOID Act, 430 ILCS 65/1.1)

Facilities with inpatient mental health treatment programs also report a patient determined to be developmentally or intellectually disabled.

- The determination should be based on a structured assessment or evaluation which in the clinical judgment of the physician, licensed clinical psychologist, or qualified examiner practicing at the facility supports the diagnosis of developmental disability or intellectual disability.
- The determination is not based on simple observation, a record review, or anecdotal information.
- Assumes a clinician/patient relationship
- The report to the Illinois FOID Mental Health Reporting System must be made within 24 hours of the determination.

Reporting “on behalf of” physicians, clinical psychologists, or qualified examiners practicing at the facility.

- This is voluntary on the part of the facility.
- For facilities reporting on behalf of physicians, licensed clinical psychologists, and qualified examiners the facility assumes the responsibility for verifying the credentials of the professional to practice.
- What can be reported?
 - That a patient has been determined by a physician, licensed psychologist, or qualified examiner to be a Clear and Present Danger
 - Report includes professional’s name and type of license
 - Report must also include a brief description “in your own words” why you believe the patient is a clear and present danger.
 - The facility can also report that a patient has been determined by a physician, licensed psychologist, or qualified examiner to be developmentally and/or intellectually disabled.

Liability

- Any person, institution, or agency, under this Act, participating in good faith in the reporting or disclosure of records and communications otherwise in accordance with this provision or with rules, regulations or guidelines issued by the Department shall have immunity from any liability, civil, criminal or otherwise, that might result by reason of action. For the purpose of any proceeding, civil, or criminal, arising out of a report or disclosure in accordance with this provision, the good faith of any person, institution, or agency so reporting or disclosing shall be presumed. The full extent of the immunity provided in this subsection (b) shall apply to any person, institution or agency that fails to make a report or disclosure in the good faith believe that the report or disclosure would violate federal regulation governing the confidentiality of alcohol and drug abuse patient records implementing 42 USC 290dd-3 and 290ee-3. [MHDD Confidentiality Act, Sec 12 (b)]

Special Scenarios...#1 emergency room of a hospital*:

- An individual after being observed for a time leaves against medical advice without being admitted. Since the individual was not admitted there is *nothing for the facility to report*. However the physician, licensed psychologist, or qualified examiner may need to report if the patient presented as a “clear and present” danger during the time observed in the emergency room.
- An individual is “observed” in an emergency room for less than 24 hours and eventually leaves without being admitted. The individual requests and/or receives a prescription which is a psychotropic medication. There is no indication of “clear and present” danger. There is nothing to report.
- An individual is “observed” in an emergency room for less than 24 hours and eventually leaves without being admitted. The person is provided a prescription for one or more psychotropic medications and it is recommended the person contact their therapist or otherwise seek mental health treatment. The physician does not recommend in-patient services at that time. The facility does not report. The physician, licensed psychologist, or qualified examiner does not report.
- * for this case scenario it does not matter if the hospital provides inpatient or outpatient mental health treatment.

Special Scenario...#1 continued...emergency room of a hospital*:

- An individual presenting a number of bizarre behaviors comes to the emergency department of a hospital for an injury or illness, is moved to an observation area for 48 hours. The person is treated and released. The person would not be reported.
- An individual reporting hallucinations and presenting a number of bizarre behaviors comes to the emergency department of a hospital for treatment of the mental illness, and is transferred to another hospital for admission to their psychiatric or behavioral health unit. The person would not be reported by the sending hospital but the admission to the psychiatric unit should be reported by the receiving hospital.

Special Scenario #2....An individual is admitted to a hospital.

- The person with mental illness is admitted to the hospital and to a non-psychiatric unit (e.g. oncology, surgery, intensive care, etc.) of the hospital for evaluation and/or treatment of an injury or illness. The hospital provides maintenance medication for the mental illness, but the person is not admitted to the psychiatric or behavioral health unit. The admission is not reported and the person is not reported.
- The person with mental illness is admitted to the hospital and to a non-psychiatric unit (e.g. oncology, surgery, intensive care, etc.) of the hospital for evaluation and/or treatment of an injury or illness. The hospital transfers to person to the psychiatric or behavioral health unit. The admission to the psychiatric unit would be reported.

Special scenario #2 continued....an individual is admitted to a hospital

- An individual is admitted to the hospital and to the psychiatric or behavioral health unit of the hospital for evaluation and treatment of a mental illness. The admission is reported within seven (7) days.
- An individual is admitted to the hospital and to the psychiatric or behavioral health unit of the hospital for evaluation. Upon evaluation the person is determined to ONLY have an alcohol or substance abuse issue. The admission would not be reported. If an admission report had already been made, the facility should correct the record on which had been submitted on that person.

Q&As...Is there a specific day of the week which facilities should submit their reports to the FOID Mental Health Reporting System?

- If your facility provides inpatient mental health treatment you must report within 7 days of the admission date. Discharge dates must be reported within 7 days as well.
- From a practical point of view, most facilities simply pick a day of the week when they regularly submit their data so that it becomes part of a routine.

More Q&As.....

- Does my facility (which is an inpatient mental health treatment program) need to report if there are no admissions or discharges this past week?
 - *Yes. There is a function called “Nothing to Report” that you utilize to notify the Department of Human Services that you have no admissions or discharges that week.*
- Does my facility (which is an inpatient mental health treatment program) need to report the discharge date?
 - *Yes. If your facility reports inpatient admissions, you must report the discharge date within seven days of discharge.*

More Q&As....

- Is there a manual way to report?
 - If you mean by paper – no. But the FOID Mental Health Reporting System does support “online” reporting for facilities that do not have an IT system capable of submitting batch reports. The “online” system required reporting one person at a time.
- Does my facility have to use the batch reporting process?
 - *No. Your facility may report records by using the online FOID Mental Health Reporting website.*
- If a person is admitted one day, then determined to be Clear and Present Danger later, when should I report the Clear and Present Danger?
 - *After the admission has been reported, a facility user can edit the person’s record by adding Clear and Present Danger. Such a report should be made within 24 hours.*

More Q&As....

- Since the facility and qualified examiners are required to report a Clear and Present Danger, won't there be duplicate reporting?
 - *Yes, duplicate reporting is likely. Unfortunately the statute currently requires this reporting.*
- If a person is reported as being a Voluntary Admission, then is converted to Involuntary, should the status be changed in the FOID Mental Health Reporting System?
 - *Yes. You may do so by batch process or by online entry via the FOID Mental Health Reporting System website.*

More Q&As....

- If a person comes in to our facility on a writ, signed by a judge, but has not yet gone to court, so does not have a docket number, how do I enter this person in? Today I entered in as non-adjudicated as it has not actually had a court date and so no docket number needed. Did I do this correctly?
 - *Yes, this is the correct way of entering this.*
- Is an Emergency Petition the same thing as Clear and Present Danger?
 - *No. An Emergency Petition is a Non-Adjudicated admission to an inpatient mental health treatment program. A Clear and Present Danger is a determination made by a physician, clinical psychologist, or qualified examiner.*

More Q&As....

- How do we follow HIPPA and comply with the law?
 - *HIPAA contains exceptions for reporting some “personal health information” in accordance with the requirements of state law (e.g.: child abuse, gunshot wounds). The reporting for FOID is required by state law for those facilities and physicians, clinical psychologists, or qualified examiners for which it applies.*

More Q&As....

- Does every person that is admitted to a psychiatric inpatient program have to be a clear and present danger?
 - *Reporting an admission to a psychiatric unit and reporting a clear and present danger are two separate events. If either or both occur they need to be reported.*
- Should my facility go back and enter information for persons who we know have been in an inpatient mental health treatment program within the last five years?
 - *No.*

Facilities which have both – inpatient and outpatient mental health treatment programs

- *Large organizations may have both inpatient and outpatient mental health treatment programs. Unfortunately at the present time such organizations must register as an inpatient facility AND as an outpatient facility. We apologize for the inconvenience. We will develop the functionality for a single sign-on in the next release of the Illinois FOID Mental Health Reporting System.*

For More Information Visit:

The Illinois FOID
Mental Health Reporting System Website:
<https://foid.dhs.illinois.gov/foidpublic/foid/>

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