Illinois Department
Of Human Services

DHS FOID Mental Health Reporting System Inpatient & Outpatient User Manual

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Reporting events to FOID Mental Health Reporting System through FTP process

Facilities can now upload Event files to DHS FOID Mental Health Reporting System using FTP process.

- The file can be uploaded to the DHS FTP server.
- The credential & FTP Server details will be provided to facilities upon request, please contact dhs.foid@illinois.gov for details.
- Multiple files can be uploaded by each facility. Individual emails will be sent to the facilities (One email for each file uploaded) on the process status of the uploaded files.
- The files uploaded are processed every 30 mins of the hour 24 *7 *365.
- All valid records will be processed and will recorded in the FOID Mental Health Reporting system, invalid records will not be processed and the same will be notified to the facility by email, it is crucial to provided valid email id on the files uploaded by the facility (as described in the header format below).

File Record Layout

Header Record Format

#	Field Name	Values
1	Record Identifier	Value 'H'. Signifies that facility data is in this record
2	Facility Type	Value '1'. Denotes an Inpatient Facility. The following Facility Types are Facilities with Inpatient Mental Health Treatment Programs: Hospitals with Inpatient Mental Health Treatment Programs Nursing Homes with Inpatient Mental Health Treatment Programs Specialized Mental Health Rehabilitation Facility Supervised Transitional Residential Programs
3	Facility Id	Numeric value will be provided on request, Unique ID for a Facility. Please contact dhs.foid@illinois.gov.
4	Facility Name	Name of the facility.
5	Facility Address	Address of the facility.
6	Facility City	City of the location of the facility.

#	Field Name	Values
7	State	Two-character abbreviation of state of the location of the facility.
8	Zip	Left justified 5-digit zip code.
9	Zip Ext	Left justified 4-digit zip code extension is available
10	Contact Person Name	Name of the appropriate person at the facility that may be contacted in case of problems.
11	Contact Person Number	Area code and telephone number of the facility contact person
12	Contact person Email Id	The email id, the upload result will be mailed to this email id, the email ID is crucial to receive the confirmation on the upload process. Multiple Email Ids allowed, should be separated by "," (comma).
13	Number of Activity Records	The number of activity records ('P' records) following this facility record in the file.

Sample Header Data: H~1~27135335039427~XYZ MEDICAL CENTER~1200 SO. 1ST AVE.~HINES~IL~60141~~KKaren~2177859571~xyz@yourfacility.com~77

- Facility Id: This will uniquely identify the facility, the facility which would like to use the FTP option to upload their event files can request for the facility ID by contacting OCAPS at DHS.FOID@illinois.gov
  - o **Activity Record Format:** Please refer Activity Layout in FOID Mental Health Reporting system (Under Help & FAQ on FOID Home Page), https://foid2.dhs.illinois.gov/foidpublic/foid
  - o **Trailer Record Format:** Please refer Trailer Layout in FOID Mental Health Reporting system (Under Help & FAQ on FOID Home Page), https://foid2.dhs.illinois.gov/foidpublic/foid

Example for an Inpatient Facility:

Header Record:

H~1~2713533539427~MED HOSPITAL~2011 MAIN ST~SPRINGFIELD~IL~62702~1234~JOHN PUBLIC~2175551234~xyz@yourfacility.com~1

Person Record:

P~1~LAST NAME~FIRST NAME~MIDDLE NM~67211~M~19880629~703 COLORADO~
APT202~URBANA~IL~61801~1234~20220323~20220324~03~111223333 ~1~
~BLK~180~511~2~16~2222222~20220322~19~3~20220323~4~20220323~~~25~~Freud~Sigmund~6676
4~Patient exhibits extreme hostility towards himself. Appears suicidal. ~~John Smith~1234~2345

Trailer Record:

T~1~PUBLIC~JOHN~2175551234~20131206~1

Example for Facilities without Inpatient Mental Health Treatment Programs or Hospital Emergency Department:

Header Record:

H~2~2713533539427~MED HOSPITAL~2011 MAIN ST~SPRINGFIELD~IL~62702~1234~JOHN PUBLIC~2175551234~xyz@yourfacility.com~1

Person Record:

P~2~LAST NAME~FIRST NAME~MIDDLE NM~67211~M~19880629~703 COLORADO~
APT202~URBANA~IL~61801~1234~~~01~111223333 ~1~
~BLK~180~511~~~~~~3~20220323~4~20220323~~~25~~Freud~Sigmund~66764~Patient exhibits
extreme hostility towards himself. Appears suicidal.~~John Smith~34556890343~123434334

Trailer Record:

T~2~PUBLIC~JOHN~2175551234~20131206~1