Illinois Department

Of Human Services

DHS FOID Mental Health Reporting System

Inpatient & Outpatient

User Manual

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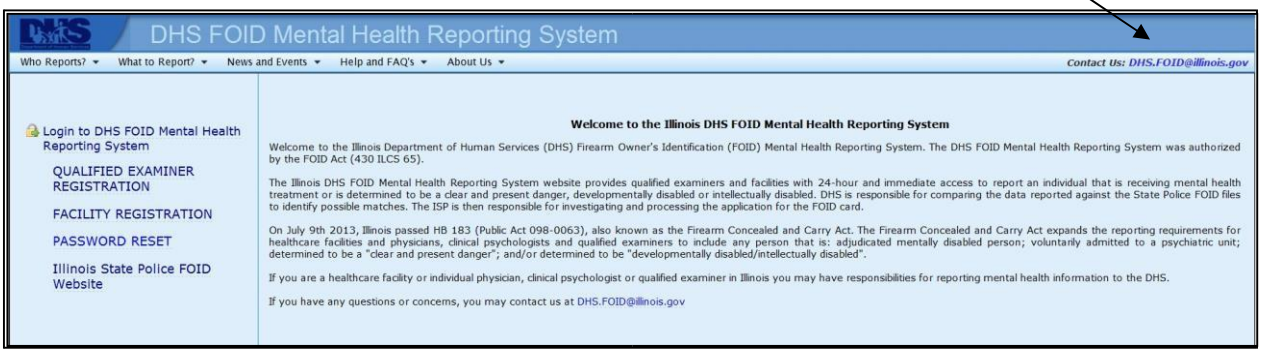
INTRODUCTION

FOID data is reported to the Department of Human Services via the DHS FOID Mental Health Reporting System either thru direct input of each admission/event (refer to Section 5.2, Report Person 'Inpatient' or Section 5.3, Report Person 'Outpatient') or by the submission of a batch file containing multiple admission/events. Requirements for batch submission files can be found in Section 7, Batch Submission Requirements (Inpatient) or Section 8, Batch Submission Requirements (Outpatient).

Link to send an E-Mail to the DHS FOID Mental Health Reporting System.



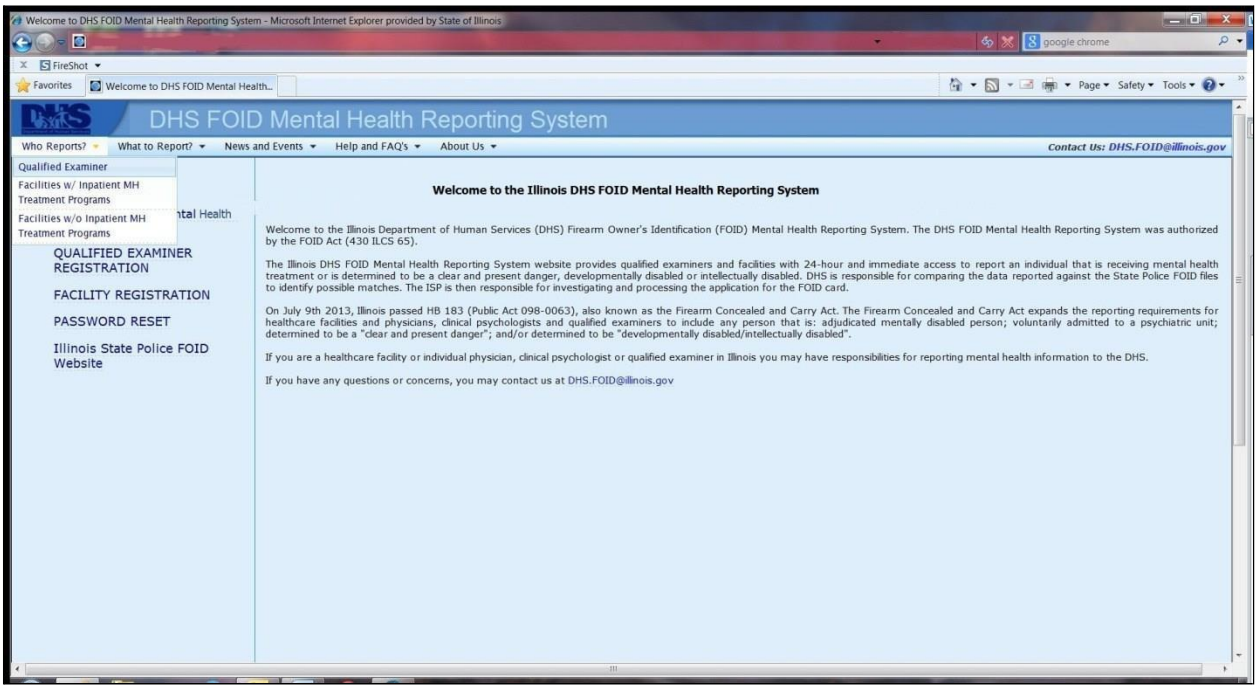
The DHS FOID Mental Health Reporting System application may be accessed by entering the URL https://foid2.dhs.illinois.gov/foidsecure/foidapp in the address line of your browser to go directly to the System Login screen, or https://foid2.dhs.illinois.gov/foidpublic/foid to go to the above Welcome screen.
The Welcome screen contains several tabs across the top of the screen for information regarding "Who Reports?", "What to Report?", any "News and Events" that may be applicable, "Help and FAQ's" and an "About Us" tab. These will be explained in more detail later in the manual.

The far right of the screen contains a link to "Contact Us: DHS.FOID@illinois.gov". Clicking on this link will access the DHS.FOID@illinois.gov E-Mail.

The left side of the screen contains links to access the DHS FOID Mental Health Reporting System, Qualified Examiner Registration, Facility Registration, Password Reset information and a link to the Illinois State Police FOID Website for anyone wanting to apply for a FOID Card or to obtain more information about FOID.

NOTE: All Users must be registered and have a valid User ID (E-Mail address) to access the system.
Passwords must be changed once every 30 days. If the Password does expire select PASSWORD RESET from the selection on the left side of the screen. This will be described in more detail in the following pages.

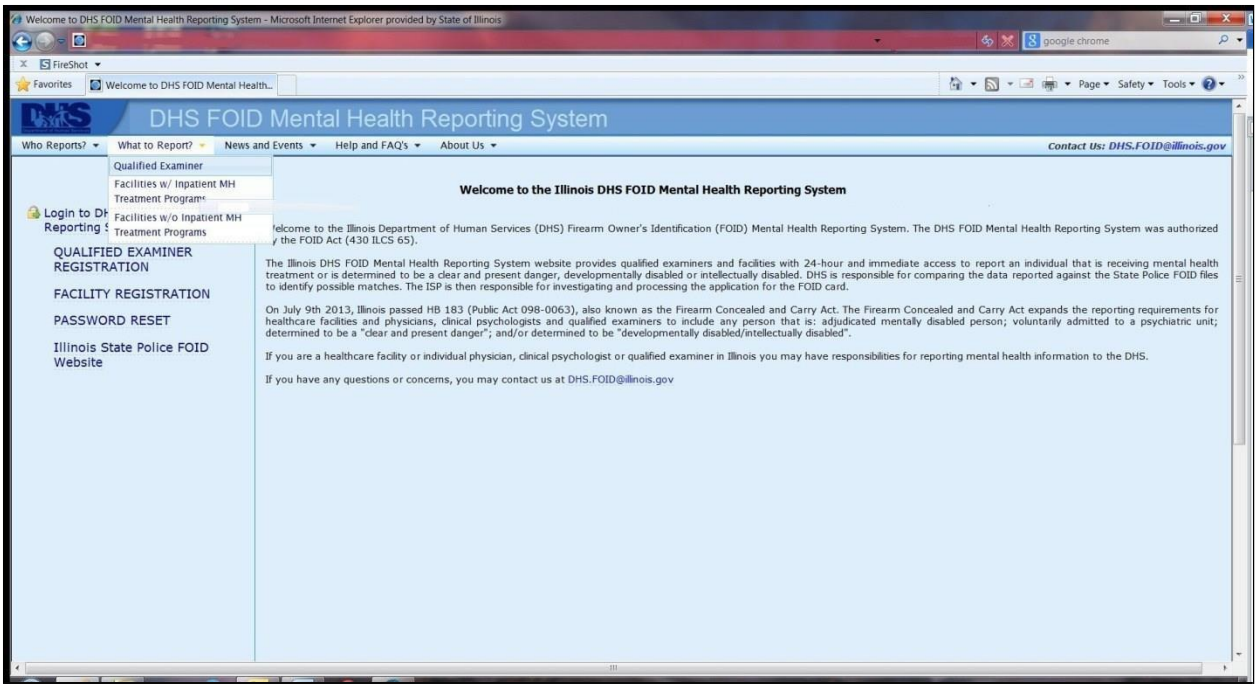
INTRODUCTION – continued



This screen displays the drop-down tabs for "Who Reports?" to the DHS FOID Mental Health Reporting System. There are three types of providers who will use this reporting system; Qualified Examiners (Physicians, Clinical Psychologists and Qualified Examiners), Facilities with Inpatient Mental Health Treatment Programs and Facilities Without Inpatient Mental Health Treatment Programs. Select one of the links to display a PDF document of specific information regarding who is required to report information to the DHS FOID Mental Health Reporting System.

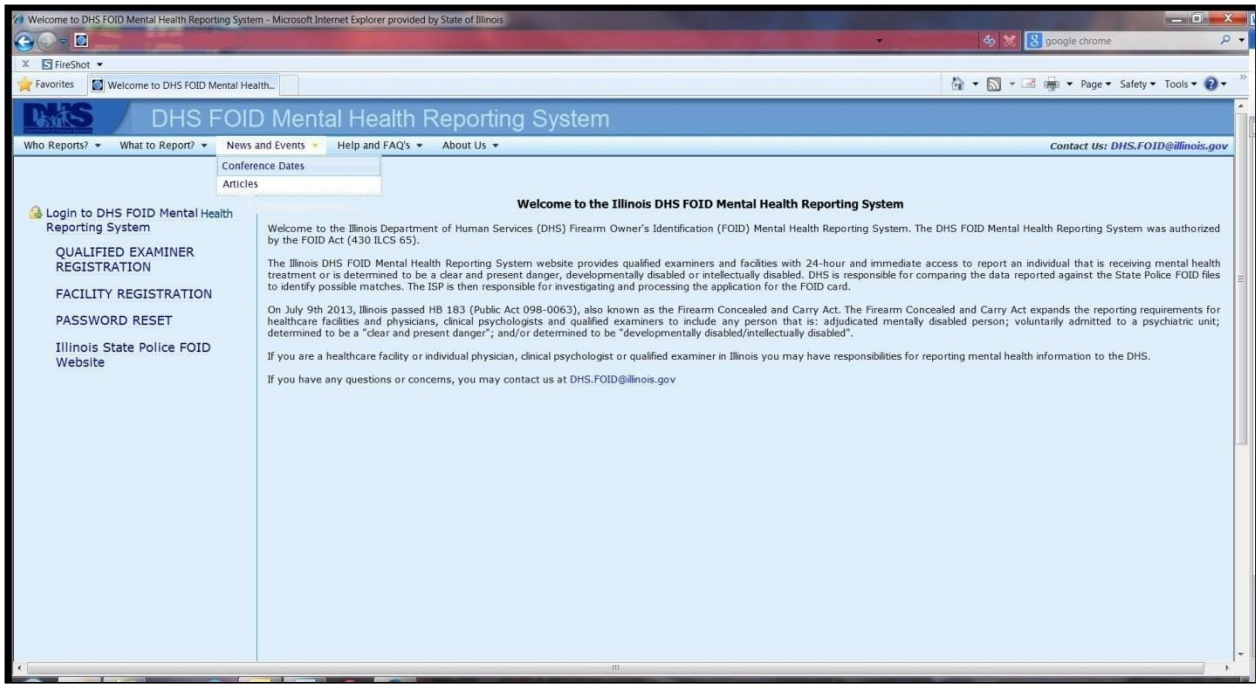
This manual is written specifically for the use of Facilities With Inpatient Mental Health Treatment Programs (Inpatient) and Facilities Without Inpatient Mental Health Treatment Programs (Outpatient).

INTRODUCTION – continued

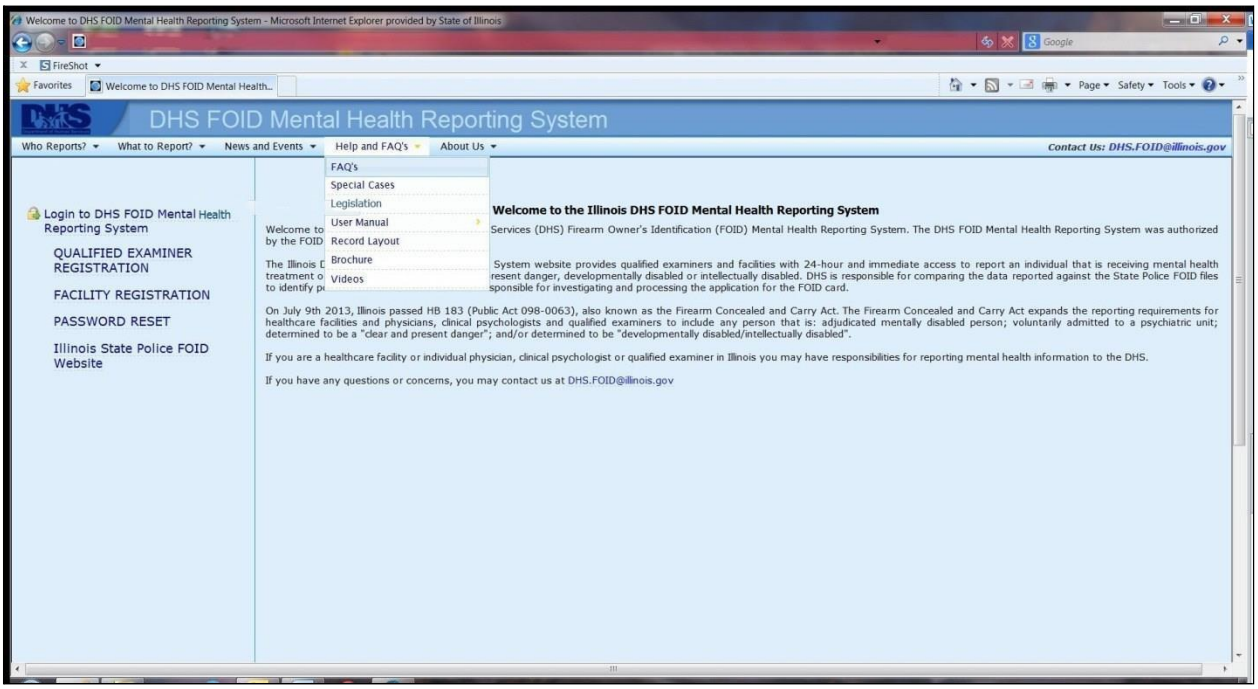


The above screen displays the drop down tabs for “What to Report?” to the DHS FOID Mental Health Reporting System. Each drop down tab is a link to a PDF document explaining what is required by law to be reported to the DHS FOID Mental Health Reporting System by each specific type of provider.

The screen below displays the drop down tabs for “News and Events”. Information may be accessed regarding any Conference Dates that are scheduled and any Articles that may be of interest regarding the DHS FOID Mental Health Reporting System.



INTRODUCTION – continued



This screen displays the drop down tabs for "Help and FAQ's" to the DHS FOID Mental Health Reporting System. Each drop down is a link to a PDF document.

The FAQ's PDF contains a list of the most frequently asked questions regarding changes to the DHS FOID Mental Health Reporting System.

The Special Cases PDF describes specific cases that may or may not be required by law to be reported.

The Legislation PDF will contain links to the "Firearm's Concealed Carry Act", the "FOID Act" and the "Mental Health Act" and any subsequent legislation that may occur.

User Manual contains links to access PDF's of "Facilities Help" and "Qualified Examiners Help" manuals for the DHS FOID Mental Health Reporting System.

Record Layout is a PDF containing batch record layout information for facilities wishing to report to the DHS FOID Mental Health System through a batch file interface. (Qualified Examiners will not report batch files at this time.)

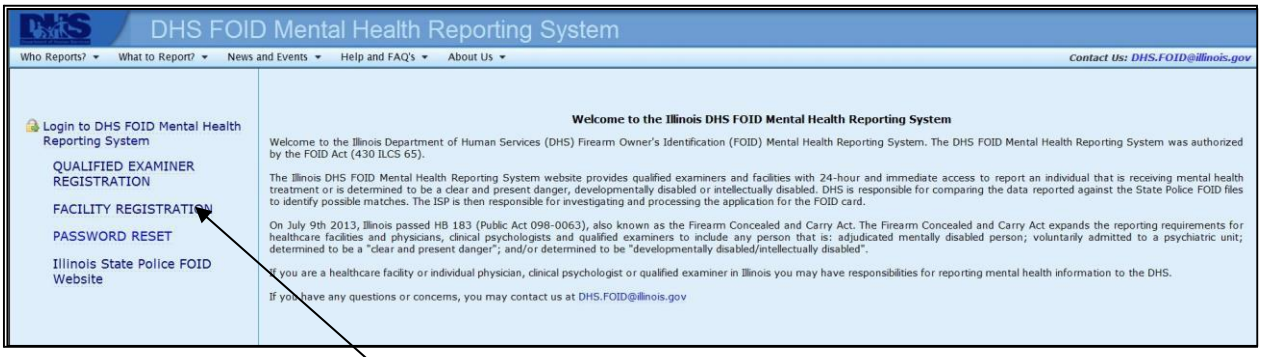
Brochure is a PDF of a brochure distributed by the Department of Human Services with information regarding the Illinois Firearms Owner's Identification (FOID) Mental Health Reporting System.

If there are any videos that the Department of Human Services would like for users of the DHS FOID Mental Health Reporting System to view they will be found under the link Videos.

The About Us tab is a PDF that describes what the Illinois Firearm Owner's Identification Mental Health Reporting System is and the specific laws that brought about the use of this system.

SECTION 1 – FACILITY REGISTRATION

1.1 Facility Registration



Facilities With Inpatient Mental Health Treatment Programs (Inpatient)
Facilities Without Inpatient Mental Health Treatment Programs (Outpatient)

A facility may register with the Department of Human Services DHS FOID Mental Health Reporting System by clicking on FACILITY REGISTRATION and entering the information using the Facility Registration screen displayed on the next page.

1.1 Facility Registration - continued

DHS FOID Mental Health Reporting System

Who Reports? | What to Report? | News and Events | Help and FAQ's | About Us

Facility Registration

Please provide the information below:

*Facility Name:

*Facility Type:

*Address:

Address 2:

*City: *State: Illinois *Zip: - Ext:

Administrator Information:

*First Name: Middle Name: *Last Name:

*Phone: ( ) - Ext:

*E-Mail Address:

*Confirm E-Mail Address:

Note: Your E-Mail address will be your User ID

Check here to retain Administrator Information for Primary Contact.

Primary Contact Information:

*First Name: Middle Name: *Last Name:

*Phone: ( ) - Ext:

*E-Mail Address:

*Confirm E-Mail Address:

Note: Your E-Mail address will be your User ID

***Please enter security code 717152 in this text box: -->**

Save Cancel

Information regarding this screen is on the following page.

1.1 Facility Registration - continued

This screen is displayed after selecting FACILITY REGISTRATION from the Welcome screen. The Facility Registration screen is used for Facilities With Inpatient Mental Health Treatment Programs (Inpatient) and Facilities Without

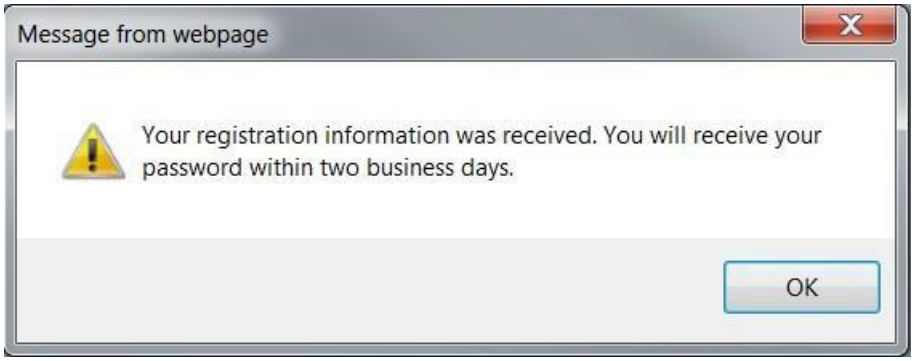
Inpatient Mental Health Treatment Programs (Outpatient) who want to register with the Department of Human Services for reporting of admissions/events to the DHS FOID Mental Health Reporting System.

Fields marked with an asterisk (*) are required fields but it is recommended to fill in all information that is available. Select the proper Facility Type from the drop down list. This will inform the Department of Human Services what specific type of facility is being registered.

There is a section on this screen for Administrator Information and Primary Contact Information. If the Administrator will also be the Primary Contact click on the check box to the left of "Check here to retain Administrator Information for Primary Contact". The system will auto fill the Administrators information into the Primary Contact information. If Administrator and Primary Contact are not the same individual both sections will need to be filled in.

NOTE: Your E-Mail address will be your User ID.

When all pertinent information has been entered and is ready to be submitted, enter the security code shown on the screen and select Save. A confirmation message is displayed stating "Your registration information was received. You will receive your password within two business days". The registration information is then sent directly to the Department of Human Services. Nothing else on the part of the User has to be done to submit the data.



There will be two separate E-Mails sent. One will contain your valid User ID and the second will contain a temporary password to login to the DHS FOID Mental Health Reporting System. The actual System Login screen is described in Section 3 – System Login and Change Password.

Upon the first login using your User ID and temporary password a screen will then be displayed to change the temporary password to a more memorable password.

SECTION 2 – PASSWORD RESET

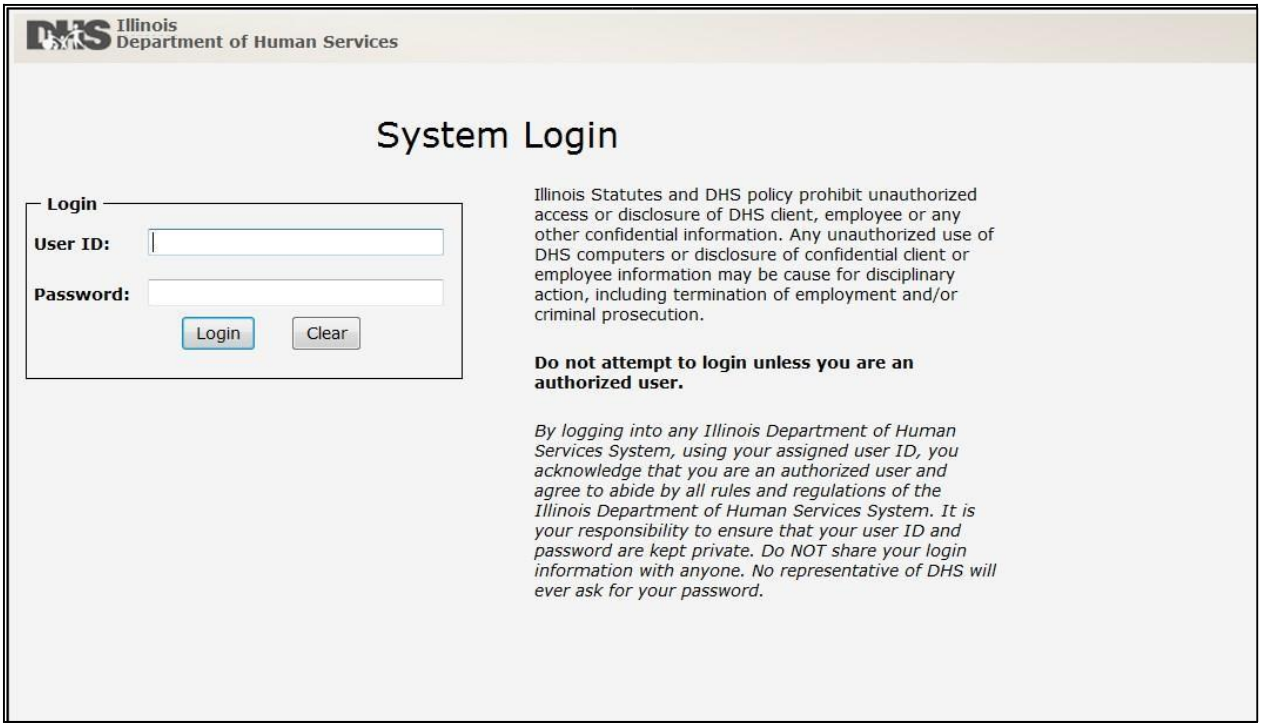
2.1 Request to Reset Password

This screen is displayed after selecting PASSWORD RESET from the Welcome screen. Fields marked with an asterisk (*) are required fields but it is recommended to fill in all information that is available.

When all pertinent information has been entered and is ready to be submitted, enter the security code shown on the screen and select Send Request. The message below will then be displayed.

There will be two separate E-Mails sent. One will contain your valid User ID and the second will contain a temporary password to login to the DHS FOID Mental Health Reporting System. The actual System Login screen is described in Section 3 – System Login and Change Password.

SECTION 3 – SYSTEM LOGIN AND CHANGE PASSWORD



This page will be displayed when "Login to DHS FOID Mental Health Reporting System" was selected from the Welcome screen.

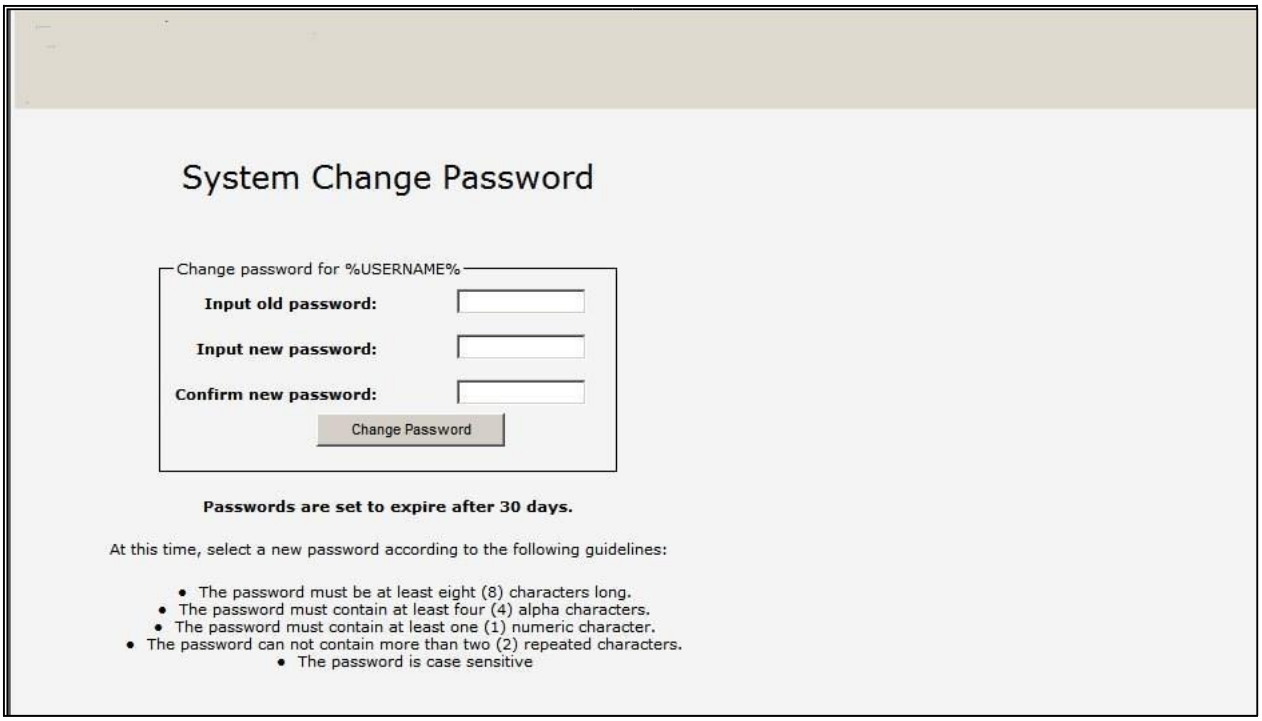
1. A Registered user should type in his/her DHS FOID Mental Health Reporting System User ID. NOTE: Your E-Mail address will be your User ID.

2. After entry of a valid User ID, the DHS FOID Mental Health Reporting System prompts the user for a "Password". (The first time a User logs into the DHS FOID Mental Health Reporting system after registering, the User will enter the temporary password received via E-Mail from the system.) The user should type in his/her unique password. When the password is entered, it will not be visible. (Instructions for passwords is given on the following page.)

- The user must not login to the DHS FOID Mental Health Reporting System again, unless the user has followed the logout procedures. The user should only have one active session of DHS FOID Mental Health Reporting System running at a time. The user will be logged out of the system after 30 minutes of inactivity.

3. The user must select Login. If this is the first login or the User password has expired, the password change screen on the following page will be displayed. The DHS FOID Mental Health Reporting System Home Page will be displayed.

3.1 System Change Password



The System Change Password screen is displayed each time the Users password needs to be changed.

This screen will also be displayed the first time a User logs into the Department of Human Services FOID Mental Health Reporting System using the temporary password that was sent in an E-Mail when the User first registered with the system. The Input old password field on the screen is where the temporary password should be entered.

Enter the old password (or temporary if first time) into Input old password. Enter a new unique password in Input new password following the requirements on the screen. Re-enter the new password to Confirm new password.

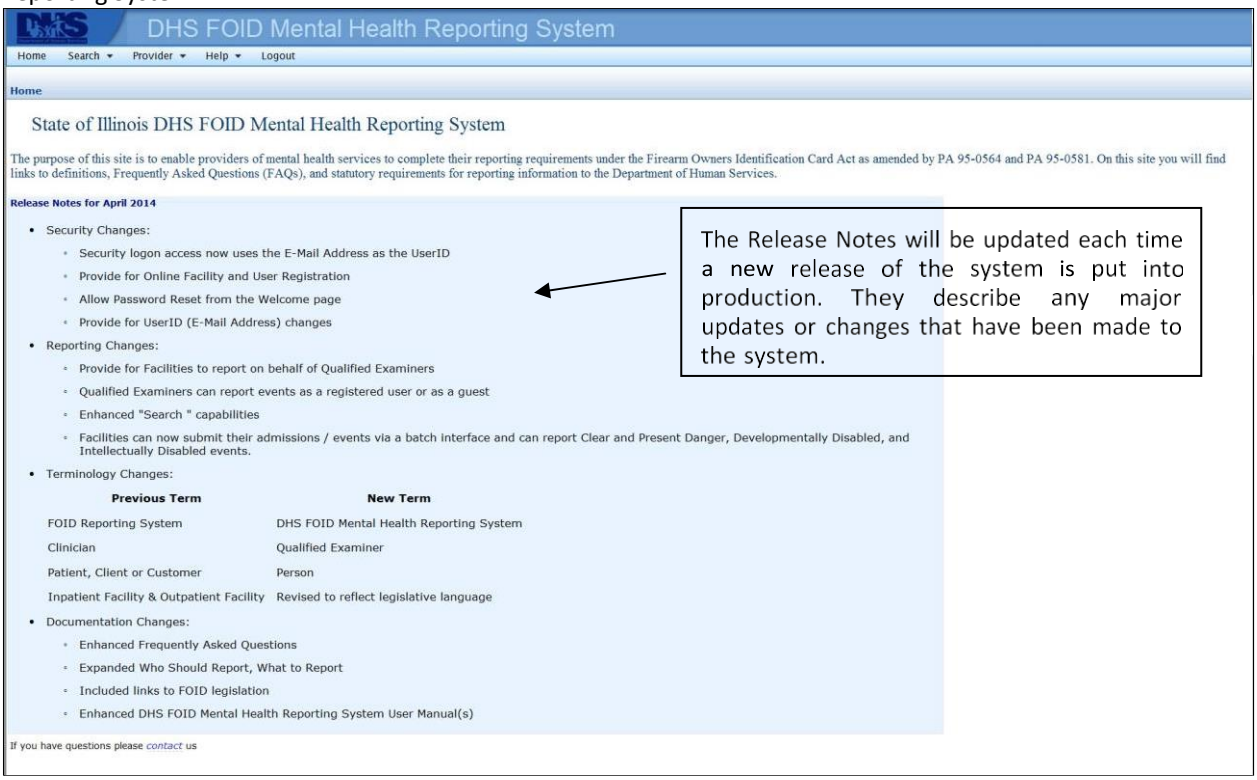
The password must be at least eight (8) characters long.

The password must contain at least four (4) alpha characters.
The password must contain at least one (1) numeric character.
The password cannot contain more than two (2) repeated characters. The password is case sensitive.

Click on Change Password to reset your password for the DHS FOID Mental Health Reporting System. If you have forgotten your password select PASSWORD RESET from the Welcome screen.

3.2 Home Page

The Home Page is displayed after entering a User ID and Password and logging into the DHS FOID Mental Health Reporting System.



This manual was written to encompass information for two types of Providers, Facilities With Inpatient Mental Health Treatment Programs (Inpatient) and Facilities Without Inpatient Mental Health Treatment Programs (Outpatient). There are two types of Users of the system, Primary Contact for a provider as well as an Authorized User (user authorized by a provider to enter and submit admission/event information) for the provider. Unless otherwise specified the information in this manual will pertain to both types of Providers/Users.

The Menu Bar contains tabs for Home, Search, Provider, Help and Logout. The Home tab will return the User to this page from any point in the system.

The Search tab is a drop down containing a Reported Person Search, List of Person Report Submissions,

Reported Person With No Discharges Search (only for the Primary Contact of Facilities With Inpatient Mental Health Treatment Programs 'Inpatient') and Deleted Person Reports Search options.

The Provider tab will access a drop down list with Report Person, Submit Batch Report File, Nothing to Report, *List of Users, *Register User, Update User Info, *Update Provider Info, and Request to Change User ID. The options marked with '*' are only available for the Primary Contact of a provider.

The Help tab is a drop down containing a link back to the Welcome Page, Facilities Help and Qualified Examiners Help which are links to User Manuals and a Contact Us button. The Contact Us button will display a screen to submit an E-Mail to DHS.FOID@illinois.gov if any other help is required. Logout will log the User out of the system.

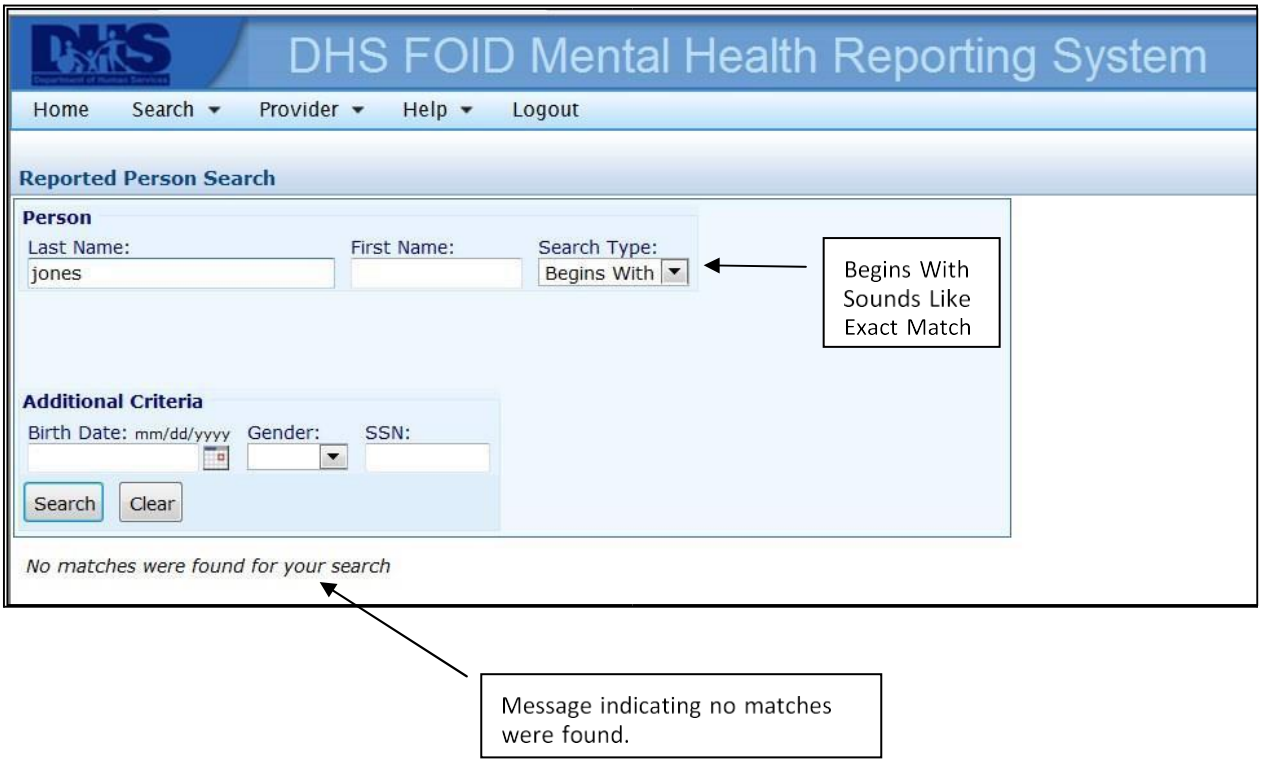
SECTION 4 – SEARCH

4.1 Reported Person Search

The Reported Person Search screen is displayed after selecting Search from the menu bar and then selecting Reported Person Search from the drop down list. A search is to be implemented to view information for a specific admission/event that was previously entered. A search may be conducted by entering any field or combination of fields to limit the search results. The Birth Date may be entered or selected by clicking on the calendar and selecting the appropriate date. When a search is to be implemented on Last Name or First Name a "Search Type" may be selected for Begins With, Sounds Like or Exact Match.

After search criteria has been entered click on Search to locate an admission/event or Clear to remove the search criteria and conduct another search.

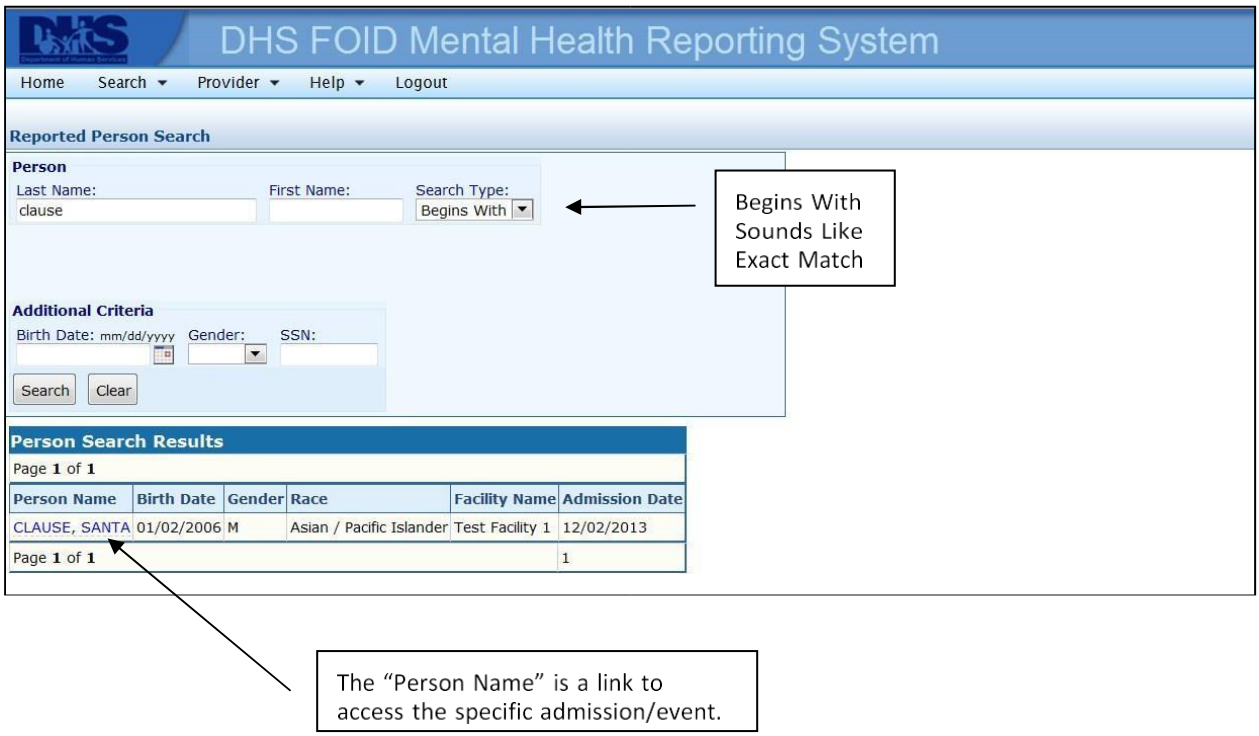
4.1 Reported Person Search - continued



When it has been determined that an admission/event does not exist in the system for the specified search criteria the Reported Person Search page will be displayed with the message "No matches were found for your search".

A new search may be conducted by entering different criteria and clicking on Search to search for another admission/event.

4.1 Reported Person Search - continued



When a search criterion was entered and a match found the above page will be displayed with a list of the admission/event(s) matching the criteria. The Person Search Results show Name, Birth Date, Gender, Race, Facility Name and Admission Date. The Person Name is a hyperlink which can be clicked on to view the specific person's admission/event information on the Report Person screen.

After search criteria has been entered click on Search to locate an event or Clear to remove the search criteria.

4.2 Report Person Results

DHS FOID Mental Health Reporting System

Home Search Provider Help Logout

Report Person

*First Name: Santa
Middle Name: G
*Last Name Clause
Suffix: Sr.

Social Security Number: 123-55-5123

*Birth Date: (mm/dd/yyyy) 01/02/2006

Homeless You will not be able to enter address below if this Homeless Indicator is checked.

*Address: xyz

Address 2:

*City: Springfield
*State: Illinois
*Zip: 62568 - Ext:

*Gender: Male
*Race: Asian / Pacific Islander

Eye Color: Blue

Hair Color: White

Height(feet) & Height(inches): 5 10

Weight: 250

*Admission Date: (mm/dd/yyyy) 12/02/2013

The Discharge Date is a required field but only at the actual discharge of the Person. Your facility will be monitored to be in compliance with state law and you may be contacted to add discharge dates periodically.

*Discharge Date: (mm/dd/yyyy)

*Admission Type(choose one):
- Non-Adjudicated Admissions
- Adjudicated Mentally Disabled Person

* Non-Adjudicated Admissions(choose one)
- Voluntary
- Informal
- Detention and Evaluation(inpatient only)
- Emergency Admission (Petition/Certificates)
- Juvenile Admissions

Event Type (Choose all that apply):
- Clear and Present Danger
- Developmentally Disabled
- Intellectually Disabled

*Intellectually Disabled Event Date: (mm/dd/yyyy) 11/11/2014

Reason for deleting this record:
Note: only required when deleting the record

250 characters left

Update Cancel Delete

The User ID is fdevt01@illinois.gov

Information for this screen is on the following page.

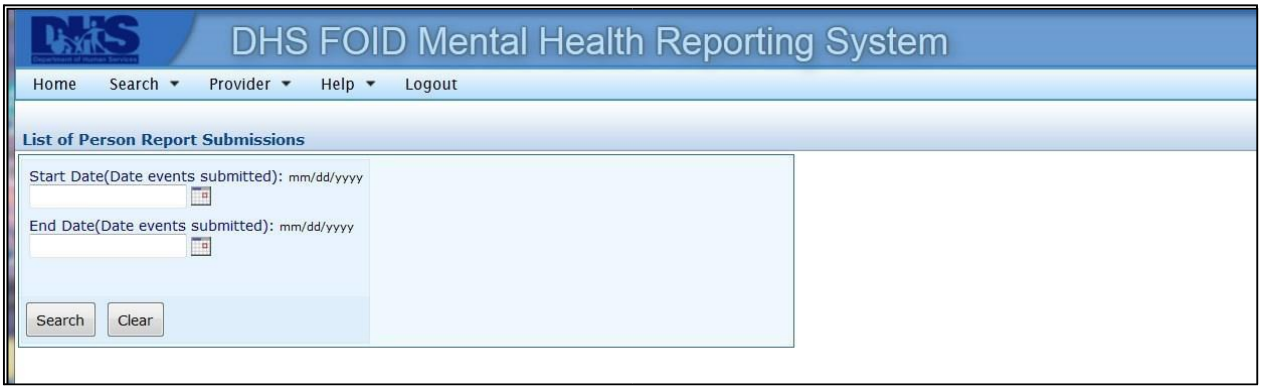
4.2 Report Person Results – continued

The Report Person Results screen is displayed after a Reported Person Search has been conducted and an individual admission/event was selected from the Person Search Results list. If information is to be updated make the necessary change(s) and click on Update to save the changes to this record or Cancel to return to the Reported Person Search screen.

If the admission/event is to be deleted a "Reason for deleting this record" comment must be entered. After the comment has been entered, click on Delete to remove the admission/event and return to the Reported Person Search screen.

NOTE: Fields displayed on the screen will vary depending on the type of provider that reported the admission/event.

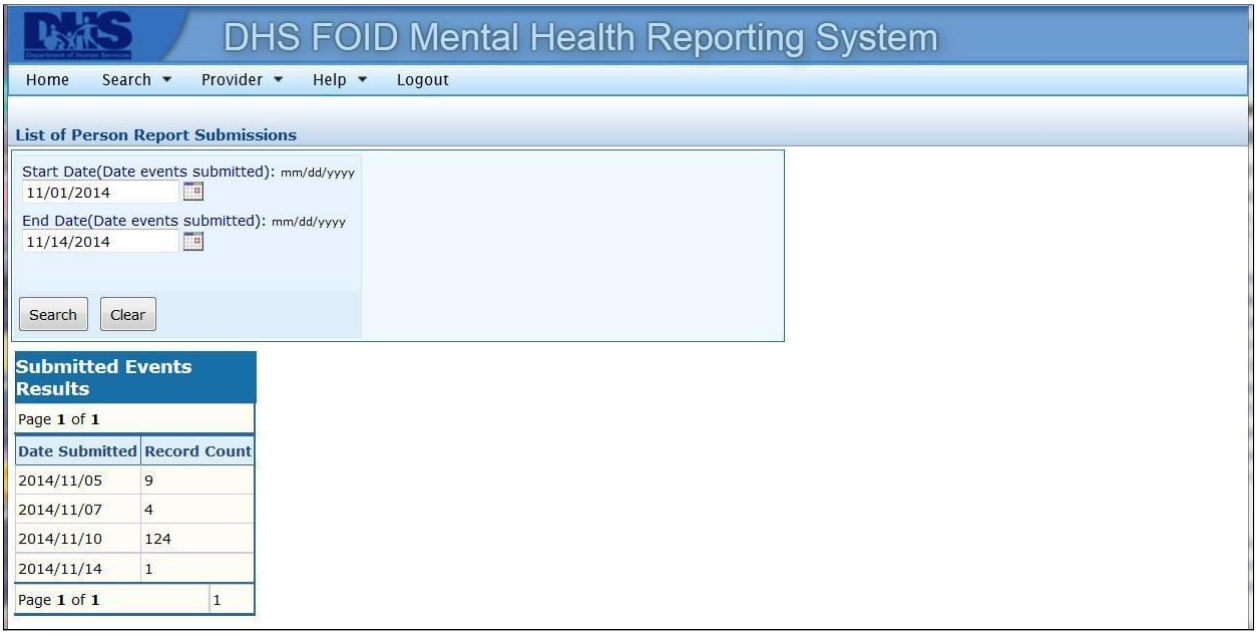
4.3 List of Person Report Submissions



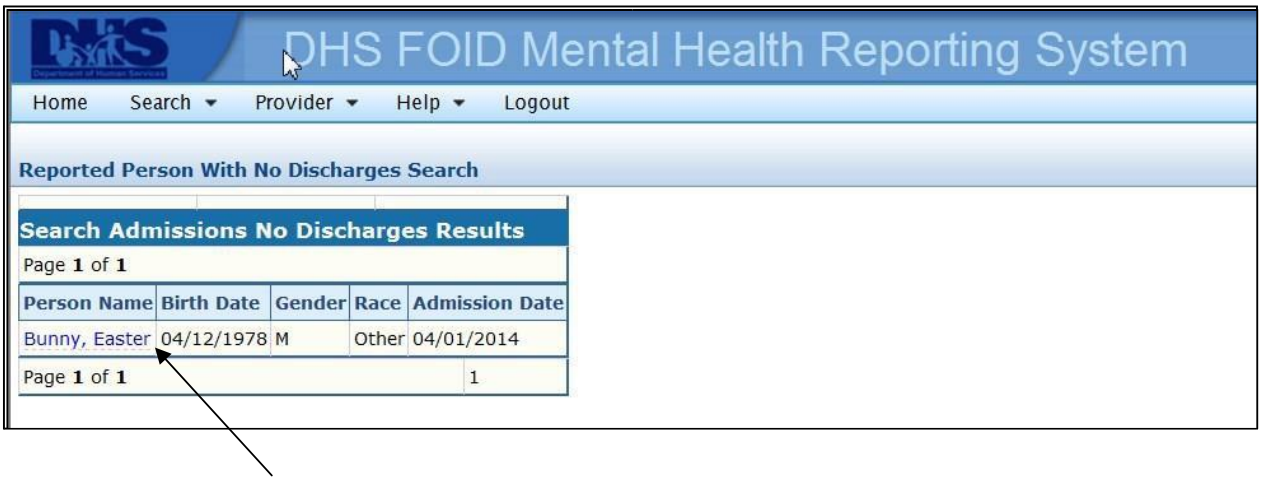
The List of Person Report Submissions screen is displayed after selecting Search from the menu bar and then selecting List of Person Report Submissions from the drop down list.

After the Start Date and End Date for the selected date range has been entered click on Search.

A Submitted Events Results screen will be displayed listing the actual submittal date and the number of records that were submitted for that date. (See below screen.)



4.4 Reported Person With No Discharges Search



The "Person Name" is a link to access the specific admission.

The Reported Person With No Discharges Search option is only available for Primary Contact users of Facilities With Inpatient Mental Health Treatment Programs (Inpatient).

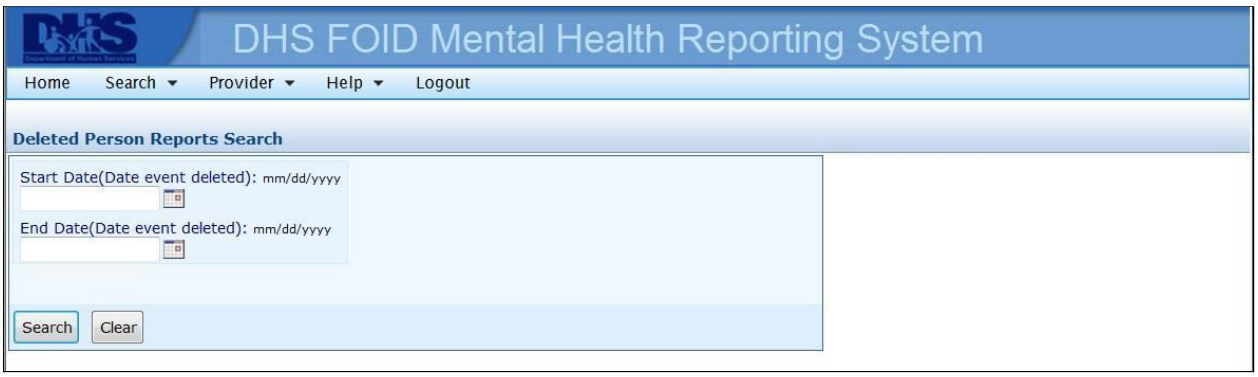
This screen is displayed after a Reported Person With No Discharges Search option has been selected from the drop down under the Search tab. Click on the link of Person Name to access the Report Person screen. This is the same screen that is displayed in Section 4.2 - Report Person Results. The fields on the screen will vary depending on the options selected when the admission/event was entered into the system.

The Discharge Date may be entered or selected by clicking on the calendar and selecting the appropriate date. Click on Update to add the Discharge Date to the record. The system will return to the Reported Person With No Discharges Search screen.

If the admission/event is to be deleted a "Reason for deleting this record" comment must be entered.
After the comment has been entered, click on Delete to remove the event and return to the Reported Person With No Discharges Search screen.

When the last record on the screen has had a discharge date added or has been deleted the system displays "No matches were found for your search" on the screen to indicate that there are no more admissions that do not have a discharge date.

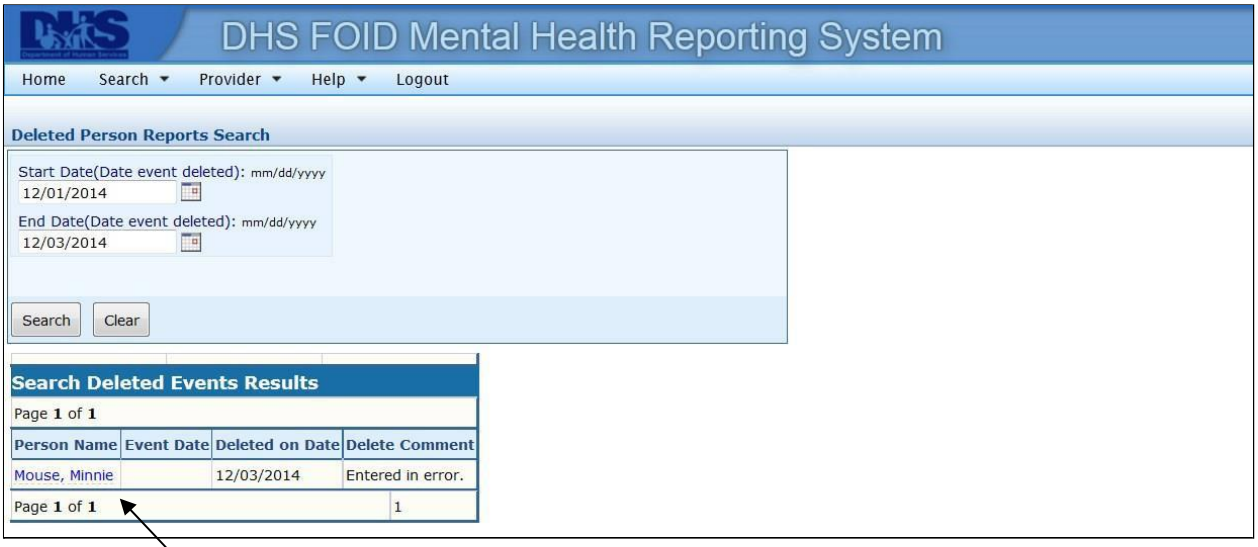
4.5 Deleted Reported Person Search



The Deleted Reported Person Search screen is displayed after selecting Search from the menu bar and then selecting Deleted Reported Person Search from the drop down list.

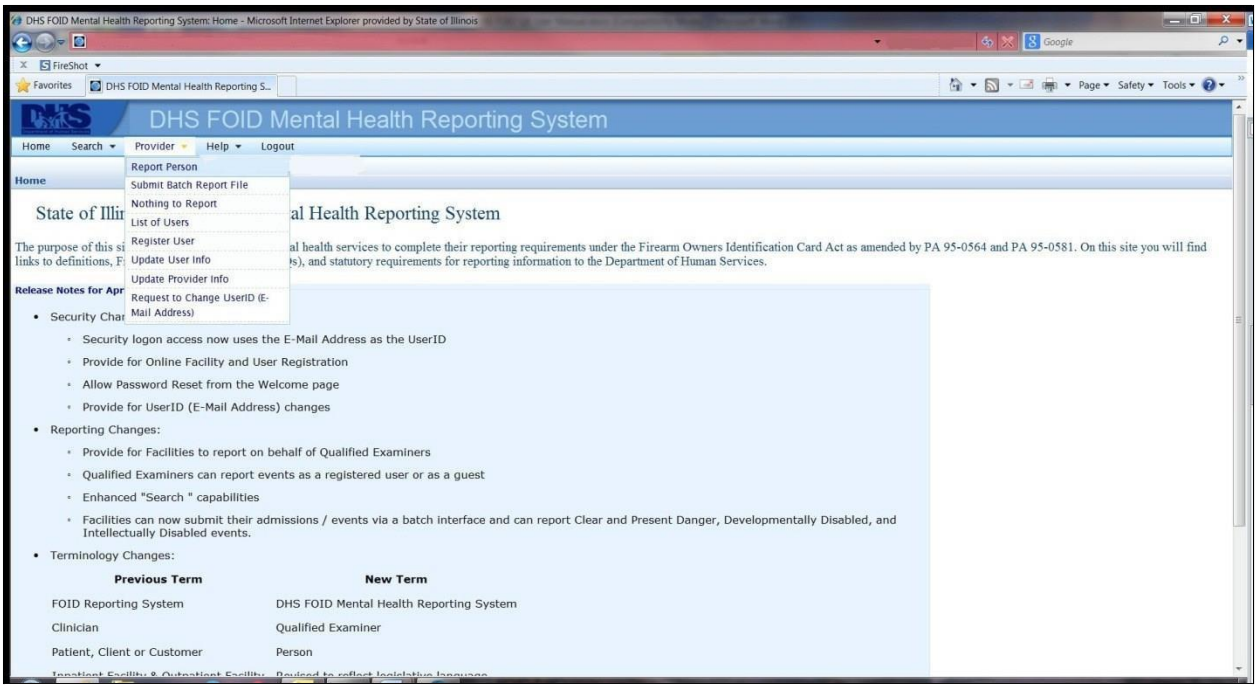
After the Start Date and End Date for the selected date range has been entered click on Search.

A Search Deleted Events Results screen will be displayed listing the deleted date and comment.



The Person "Name" is a link to access the specific event.

5.1 Provider tab



This screen displays the drop down tabs for Provider to the DHS FOID Mental Health Reporting System.

The Report Person option will be used to report an admission/event for a Person.

The Submit Batch Report File option will be used by Providers who choose to submit admission/event information in batch files which have been created outside of the FOID System. (This will include both admissions/events and discharges.) The file requirements are described in detail along with the actual record layouts in Section 7 – Batch Submission Requirements (Inpatient) and Section 8 – Batch Submission Requirements (Outpatient). NOTE: There are two different sets of Batch Submission Requirements depending on the type of Provider reporting; Facilities With Inpatient Mental Health Treatment Programs (Inpatient) or Facilities Without Inpatient Mental Health Treatment Programs (Outpatient).

The Nothing to Report option is used to inform the Department of Human Services that Facilities With Inpatient Mental Health Treatment Programs (Inpatient) had no new admissions in the previous week.
This satisfies the requirement requiring Facilities With Inpatient Mental Health Treatment Programs (Inpatient) to submit information about new admissions every seven days.

The List of Users option is only displayed for the Primary Contact. This option will display a list of active users for the Provider.

(Continued on Next Page)

5.1 Provider tab - continued

The Register User option is only displayed for the Primary Contact. The Primary Contact may submit to the Department of Human Services a request to register a new user of the DHS FOID Mental Health Reporting System.

The Update User Info option is used to update/change information for the User logged into the System. The Name and Phone Number may be updated. The screen will also contain an option to request a password change.

The Update Provider Info option is only displayed for the Primary Contact. This option is used to update/change the Provider's information.

The Request to Change User ID option will allow the User to submit to the Department of Human Services a request to have their User ID changed. NOTE: The User ID is to be your E-Mail address.

The above mentioned screens will be displayed and described in more detail on the following pages.

5.2 Report Person – Facilities W/INP MH Reporting (Inpatient)

DHS FOID Mental Health Reporting System

Home Search Provider Help Logout

Report Person

*First Name: Middle Name: *Last Name Suffix:

Social Security Number:

*Birth Date: (mm/dd/yyyy)

Homeless You will not be able to enter address below if this Homeless Indicator is checked.

*Address:

Address 2:

*City: *State: Illinois *Zip: - Ext:

*Gender: *Race:

Eye Color:

Hair Color:

Height(feet) & Height(inches): 0 00

Weight:

*Admission Date: (mm/dd/yyyy)

The Discharge Date is a required field but only at the actual discharge of the Person. Your facility will be monitored to be in compliance with state law and you may be contacted to add discharge dates periodically.

*Discharge Date: (mm/dd/yyyy)

*Admission Type(choose one):
Non-Adjudicated Admissions
Adjudicated Mentally Disabled Person

Event Type (Choose all that apply):
Clear and Present Danger
Developmentally Disabled
Intellectually Disabled

Save Cancel

The User ID is fdfac01@illinois.gov

The Report Person screen is displayed after selecting Provider from the menu bar and then selecting Report Person from the drop down list.

Descriptions of the fields are on the following pages.

5.2 Report Person – Facilities W/INP MH Reporting (Inpatient)

- continued

Fields marked with an asterisk (*) are required fields but it is recommended to fill in all the information that is available. Any date fields may be entered or selected by clicking on the calendar and selecting the appropriate date. Select the appropriate State, Gender and Race from the drop down lists and enter all other required information. A checkbox has been added to indicate that the person is "Homeless". If this has been selected none of the address information is needed.

This portion of the screen is how it will look when an Admission Type of Non-Adjudicated Admissions has been selected. The system requires that a description of the Non-Adjudicated Admission be selected as well.

***Admission Type(choose one):**
- (●) Non-Adjudicated Admissions
- ( ) Adjudicated Mentally Disabled Person

***Non-Adjudicated Admission(choose one)**
- ( ) Voluntary
- ( ) Informal
- ( ) Detention and Evaluation(inpatient only)
- ( ) Emergency Admission (Petition/Certificates)
- ( ) Juvenile Admissions

The screens displayed on the following page show the expanded fields when an Adjudicated Mentally Disabled Person Admission Type has been selected. Also, a screen is displayed with the expanded Event Type fields.

– continued

5.2 Report Person – Facilities W/INP MH Reporting (Inpatient)

***Admission Type(choose one):**

- ○ Non-Adjudicated Admissions
- ◉ Adjudicated Mentally Disabled Person

***Adjudicated Admission(choose one)**

- ○ Is subject to involuntary admission as an inpatient as defined in Section 1-119 of the Mental Health and Development Disabilities Code
- ○ Presents a clear and present danger to himself, herself, or to others (must be reported within 24 hours)
- ○ Lacks the mental capacity to manage his or her own affairs or is adjudicated a disabled person as defined in Section 11a-2 of the Probate Act of 1975
- ○ Is not guilty in a criminal case by reason of insanity, mental disease or defect
- ○ Is guilty but mentally ill, as provided in Section 5-2-6 of the Unified Code of Corrections
- ○ Is incompetent to stand trial in a criminal case
- ○ Is not guilty by reason of lack of mental responsibility under Articles 50a and 72b of the Uniform Code of Military Justice, 10 U.S.C. 850a, 876b
- ○ Is a sexually violent person under subsection (f) of Section 5 of the Sexually Violent Persons Commitment Act
- ○ Has been found to be a sexually dangerous person under the Sexually Dangerous Persons Act
- ○ Is unfit to stand trial under the Juvenile Court Act of 1987
- ○ Is not guilty by reason of insanity under the Juvenile Court Act of 1987
- ○ Is subject to involuntary admission as an outpatient as defined in Section 1-119.1 of the Mental Health and Developmental Disabilities Code
- ○ Is subject to judicial admission as set forth in Section 4-500 of the Mental Health and Developmental Disabilities Code
- ○ Is subject to the provisions of the Interstate Agreements on Sexually Dangerous Persons Act

***Docket Number:**

***Docket Date: (mm/dd/yyyy)**

***Docket County:**

This portion of the Report Person screen is how it will look when an Admission Type of Adjudicated Mentally Disabled Person has been selected. The system requires that the type of Adjudicated Admission be selected and a Docket Number (a number assigned by the court to classify a case) be entered. The Docket Date may be entered or selected by clicking on the calendar and selecting the appropriate date. The Docket County is to be selected from the drop down list.

– continued

5.2 Report Person – Facilities W/INP MH Reporting (Inpatient)

Event Type (Choose all that apply):
- [x] Clear and Present Danger
- [x] Developmentally Disabled
- [x] Intellectually Disabled

*** Clear and Present Danger(choose all that apply)**
- [ ] * a) 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
- [ ] * b) 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

***Qualified Examiner First Name: Qualified Examiner Middle Name: *Qualified Examiner Last Name:**

***Qualified Examiner Type(Choose One):**

*** Qualified Examiner Note: (Please briefly describe why you believe this person is a clear and present danger):**

500 characters left

***Clear And Present Danger Event Date: (mm/dd/yyyy)**

***Developmentally Disabled Event Date: (mm/dd/yyyy)**

***Intellectually Disabled Event Date: (mm/dd/yyyy)**

Save Cancel

This is the bottom portion of the Report Person screen displaying the expanded information for Event Type.

If the Event Type of Clear and Present Danger is selected the screen expands to display two options to describe information about the type of clear and present danger. One or both options may be selected. Select the Qualified Examiner Type from the drop down list. The Qualified Examiner must briefly describe in their own words why they feel this person is a clear and present danger to themself or others.

If Event Type(s) of Developmentally Disabled or Intellectually Disabled are selected their Event Date fields are displayed.

Enter the appropriate Event Date or select from the calendar.

Select Save to add the report information. After the information has been added, the system will return to a blank Report Person screen to allow entry of another admission/event.

NOTE: When the Save button is clicked the report information is sent directly to the Department of Human Services. Nothing else on the part of the User has to be done to submit data.

5.2 Report Person – Facilities W/INP MH Reporting (Inpatient)

5.3 Report Person – Facilities W/O INP MH Reporting (Outpatient)

DHS FOID Mental Health Reporting System

Home Search Provider Help Logout

Report Person

*First Name: Middle Name: *Last Name Suffix:

Social Security Number:

*Birth Date: (mm/dd/yyyy)

Homeless You will not be able to enter address below if this Homeless Indicator is checked.

*Address:

Address 2:

*City: *State: Illinois *Zip: - Ext:

*Gender: *Race:

Eye Color:

Hair Color:

Height(feet) & Height(inches): 0 00

Weight:

Person Reporting Options (choose all that apply)

Adjudicated Admissions

Event Type (Choose all that apply):
Clear and Present Danger
Developmentally Disabled
Intellectually Disabled

Save Cancel

The User ID is roger.rabbit@outpatient.com

The Report Person screen is displayed after selecting Provider from the menu bar and then selecting Report Person from the drop down list.

Fields marked with an asterisk (*) are required fields but it is recommended to fill in all the information that is available. Any date fields may be entered or selected by clicking on the calendar and selecting the appropriate date. Select the appropriate State, Gender and Race from the drop down lists and enter all other required information.

A checkbox has been added to indicate that the person is "Homeless". If this has been selected none of the address information is needed.

5.3 Report Person – Facilities W/O INP MH Reporting (Outpatient) - continued

Person Reporting Options (choose all that apply)

☑ **Adjudicated Admissions**

***Adjudicated Admission(choose one)**

- ○ Is subject to involuntary admission as an inpatient as defined in Section 1-119 of the Mental Health and Development Disabilities Code
- ○ Presents a clear and present danger to himself, herself, or to others (must be reported within 24 hours)
- ○ Lacks the mental capacity to manage his or her own affairs or is adjudicated a disabled person as defined in Section 11a-2 of the Probate Act of 1975
- ○ Is not guilty in a criminal case by reason of insanity, mental disease or defect
- ○ Is guilty but mentally ill, as provided in Section 5-2-6 of the Unified Code of Corrections
- ○ Is incompetent to stand trial in a criminal case
- ○ Is not guilty by reason of lack of mental responsibility under Articles 50a and 72b of the Uniform Code of Military Justice, 10 U.S.C. 850a, 876b
- ○ Is a sexually violent person under subsection (f) of Section 5 of the Sexually Violent Persons Commitment Act
- ○ Has been found to be a sexually dangerous person under the Sexually Dangerous Persons Act
- ○ Is unfit to stand trial under the Juvenile Court Act of 1987
- ○ Is not guilty by reason of insanity under the Juvenile Court Act of 1987
- ○ Is subject to involuntary admission as an outpatient as defined in Section 1-119.1 of the Mental Health and Developmental Disabilities Code
- ○ Is subject to judicial admission as set forth in Section 4-500 of the Mental Health and Developmental Disabilities Code
- ○ Is subject to the provisions of the Interstate Agreements on Sexually Dangerous Persons Act

*** Docket Number:**

*** Docket Date: (mm/dd/yyyy)**

***Docket County:**

This portion of the Report Person screen is how it will look when the Adjudicated Admission field was selected. The system requires that the type of Adjudicated Admission be selected and a Docket Number (a number assigned by the court to classify a case) be entered. The Docket Date may be entered or selected by clicking on the calendar and selecting the appropriate date. The Docket County is to be selected from the drop down list.

5.3 Report Person – Facilities W/O INP MH Reporting (Outpatient) – continued

Event Type (Choose all that apply):
- [x] Clear and Present Danger
- [x] Developmentally Disabled
- [x] Intellectually Disabled

*** Clear and Present Danger(choose all that apply)**
- [ ] * a) 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
- [ ] * b) 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

***Qualified Examiner First Name:** **Qualified Examiner Middle Name:** ***Qualified Examiner Last Name:**

***Qualified Examiner Type(Choose One):**

*** Qualified Examiner Note: (Please briefly describe why you believe this person is a clear and present danger):**

500 characters left

***Clear And Present Danger Event Date: (mm/dd/yyyy)**

***Developmentally Disabled Event Date: (mm/dd/yyyy)**

***Intellectually Disabled Event Date: (mm/dd/yyyy)**

Save Cancel

This is the bottom portion of the Report Person screen displaying the expanded information for Event Type.

If the Event Type of Clear and Present Danger is selected the screen expands to display two options to describe information about the type of clear and present danger. One or both options may be selected. Select the Qualified Examiner Type from the drop down list. The Qualified Examiner should briefly describe in their own words why they feel this person is a clear and present danger to themself or others.

If Event Type(s) of Developmentally Disabled or Intellectually Disabled are selected their Event Date fields are displayed.

Enter the appropriate Event Date or select from the calendar.

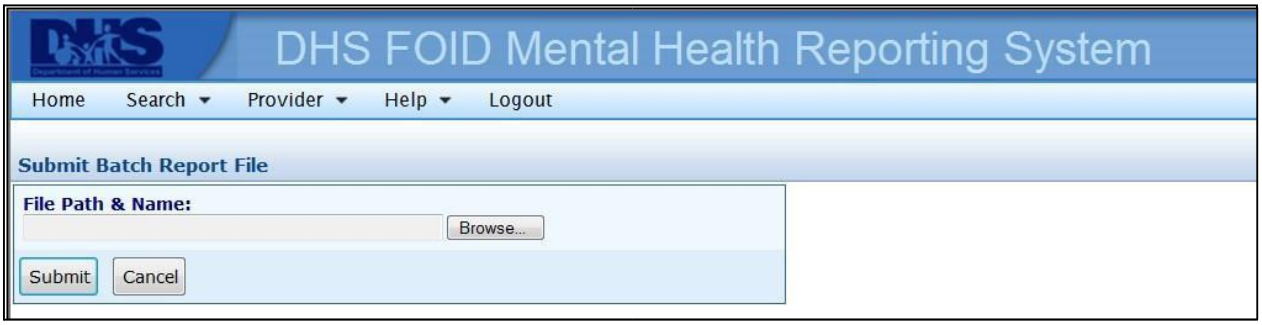
Select Save to add the report information. After the information has been added, the system will return to a blank Report Person screen to allow entry of another event.

NOTE: When the Save button is clicked the report information is sent directly to the Department of Human Services. Nothing else on the part of the User has to be done to submit data.

5.4 Submit Batch Report File

This screen is only used by Providers who choose to submit event information in batch files which have been created outside of the FOID System. (This will include both admissions/events and discharges if applicable.) The file requirements are described in detail along with the actual record layouts in Section 7, Batch Submission Requirements (Inpatient) and Section 8, Batch Submission Requirements (Outpatient).

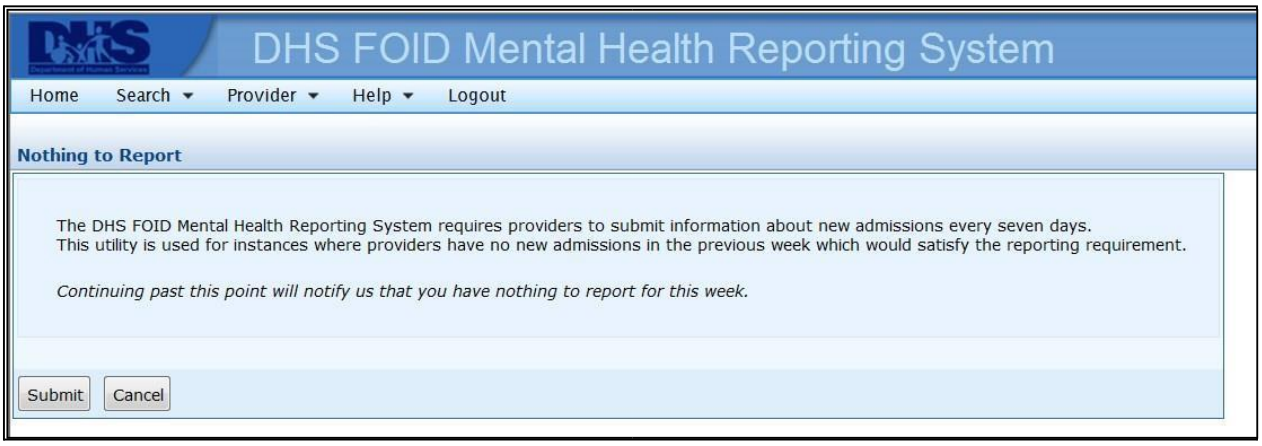
NOTE: This option is NOT used by those entering individual admission/event information directly into the DHS FOID Mental Health Reporting system.



The Submit Batch Report File screen is displayed after selecting Provider from the menu bar and then selecting Submit Batch Report File from the drop down list. This page is used for the submission of a batch file containing multiple admission/events (if applicable). Enter a File Path & Name or select Browse to search for the file to be submitted. Select Submit to transmit the information to the Department of Human Services FOID Mental Health Reporting System.

Batch Submission requirements for Facilities With Inpatient Mental Health Treatment Programs (Inpatient) can be found in Section 7, Batch Submission Requirements (Inpatient) and Facilities Without Inpatient Mental Health Treatment Programs (Outpatient) are located in Section 8, Batch Submission Requirements (Outpatient) of this manual.

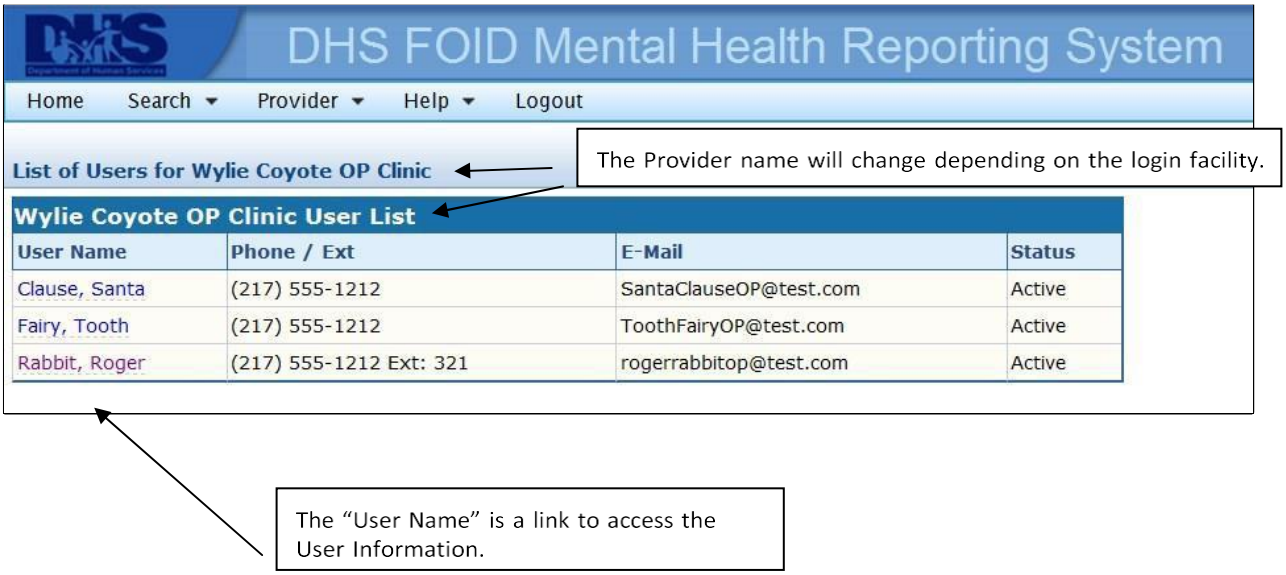
5.5 Nothing to Report



The Nothing to Report screen is displayed after selecting Provider from the menu bar and then selecting Nothing to Report from the drop down list. This screen is used to inform the Department of Human Services that Facilities With Inpatient Mental Health Treatment Programs (Inpatient) had no new admissions in the previous week. This satisfies the requirement requiring Facilities With Inpatient Mental Health Treatment Programs (Inpatient) to submit information about new admissions every seven days.

Select Submit to transmit the information to the Department of Human Services FOID Mental Health Reporting System.

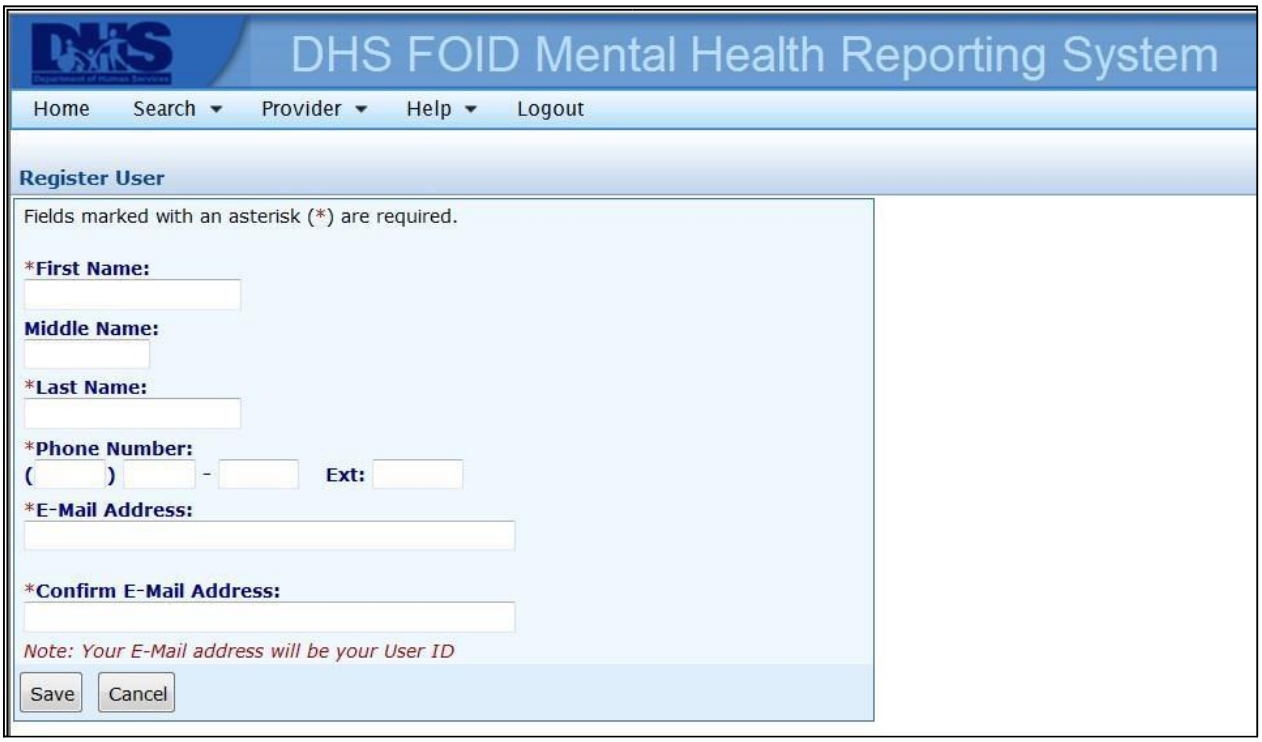
5.6 List of Users



The List of Users screen is displayed depending on the role of the User after selecting Provider from the menu bar and then selecting List of Users from the drop down list. This screen displays a listing of all users who are authorized to access the DHS FOID Mental Health Reporting System for this particular provider.

Each user name is a link that when clicked on will display the Update User Info screen. This is described in Section 5.8, Update User Info.

5.7 Register User



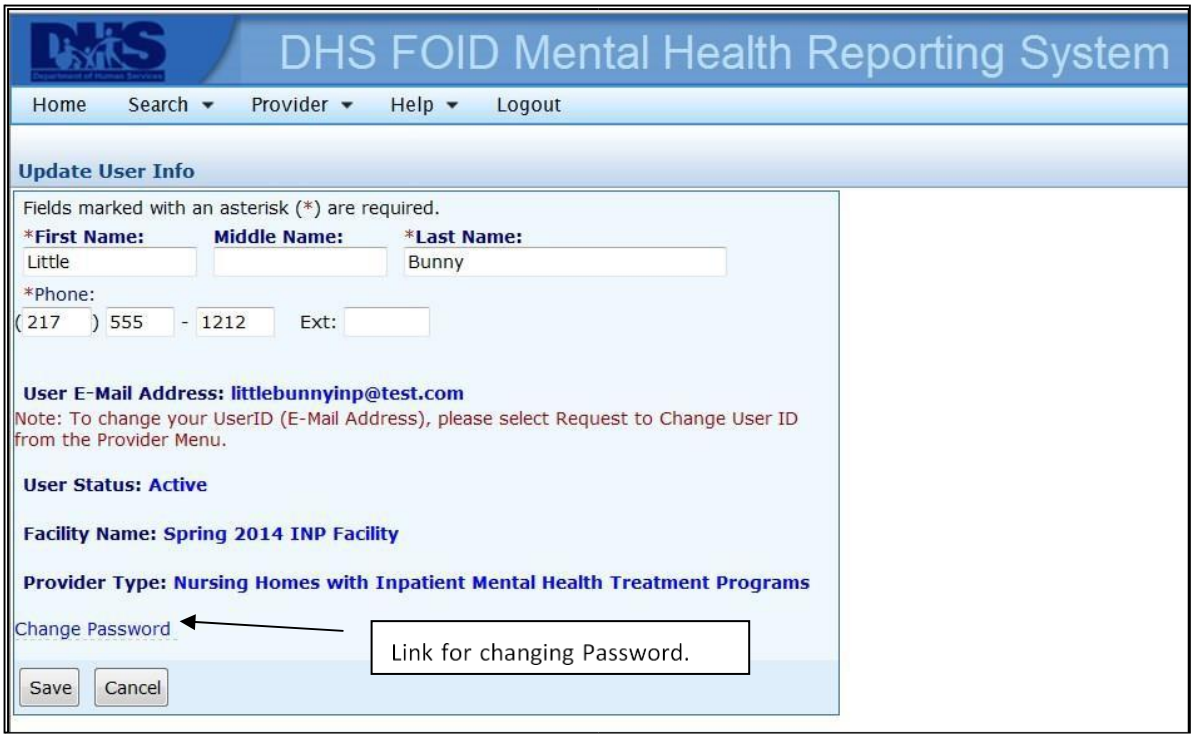
The Register User screen is displayed depending on the role of the User after selecting Provider from the menu bar and then selecting Register User from the drop down list.

This screen allows the Primary Contact of a facility to submit to the Department of Human Services FOID Mental Health Reporting System a registration for another individual at their facility who will do admission/event reporting.

Fields marked with an asterisk (*) are required fields but it is recommended to fill in all the information that is available.

NOTE: The E-Mail address will be the User ID for accessing the DHS FOID Mental Health Reporting System.

5.8 Update User Info



The Update User Info screen is displayed after selecting Provider from the menu bar and then selecting Update User Info from the drop down list.

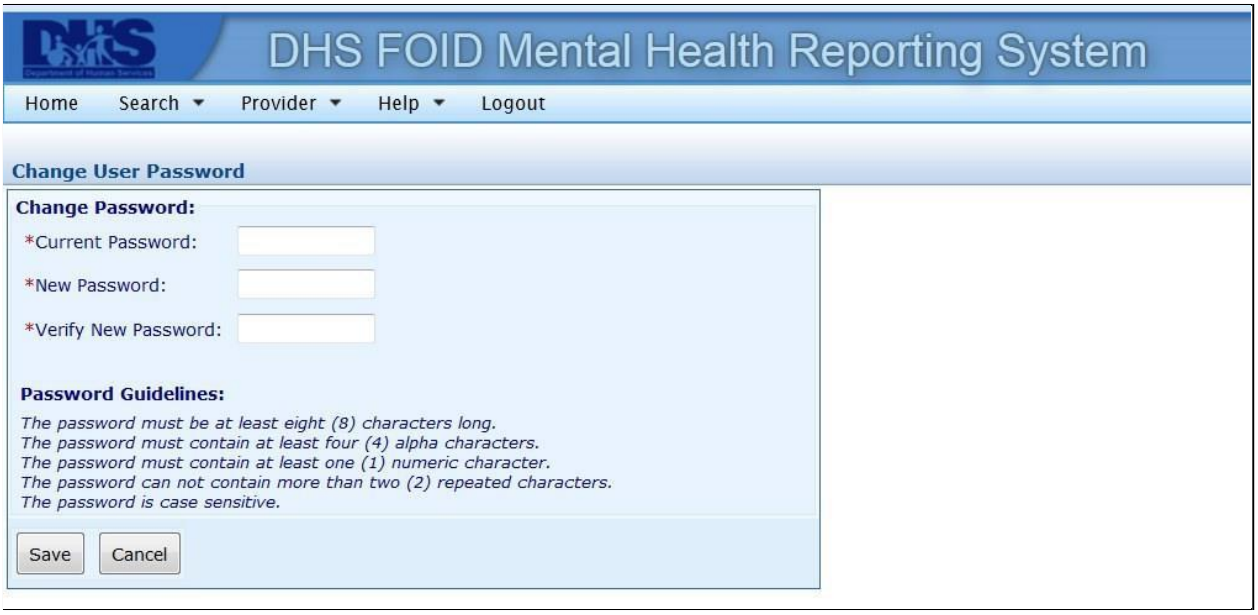
The User may make changes to their name or phone number on this screen. Select Save to update the User Information within the system or Cancel.

If a person wants to change their E-Mail address this will also change their User ID and Password. This is described later in Section 5.10, Request to Change User ID.

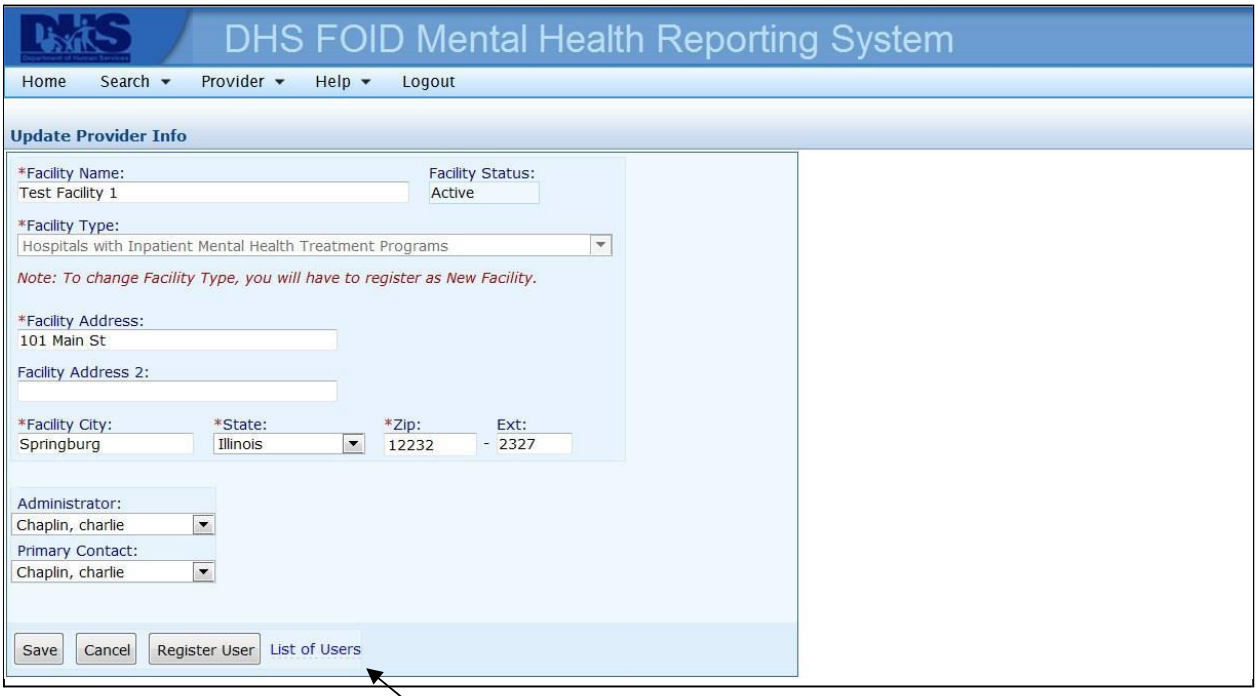
(Continued on Next Page)

5.8 Update User Info – continued

The User may also request a password change for the DHS FOID Mental Health Reporting System by selecting Change Password. The Change User Password screen shown below will be displayed. Enter your Current Password and a New Password. Enter the New Password again to verify and click on Save to change your password. Follow the guidelines listed for creating a new password.



5.9 Update Provider Info



Link to access a List of Users for the Provider.

The Update Provider Info screen is displayed depending on the role of the User after selecting Provider from the menu bar and then selecting Update Provider Info from the drop down list.

All information except the Facility Type may be updated. As noted on the screen if the Facility Type needs to be changed the Provider will have to register with the DHS FOID Mental Health Reporting System as a New Facility. (Facility Registration can be found on the Welcome screen.)

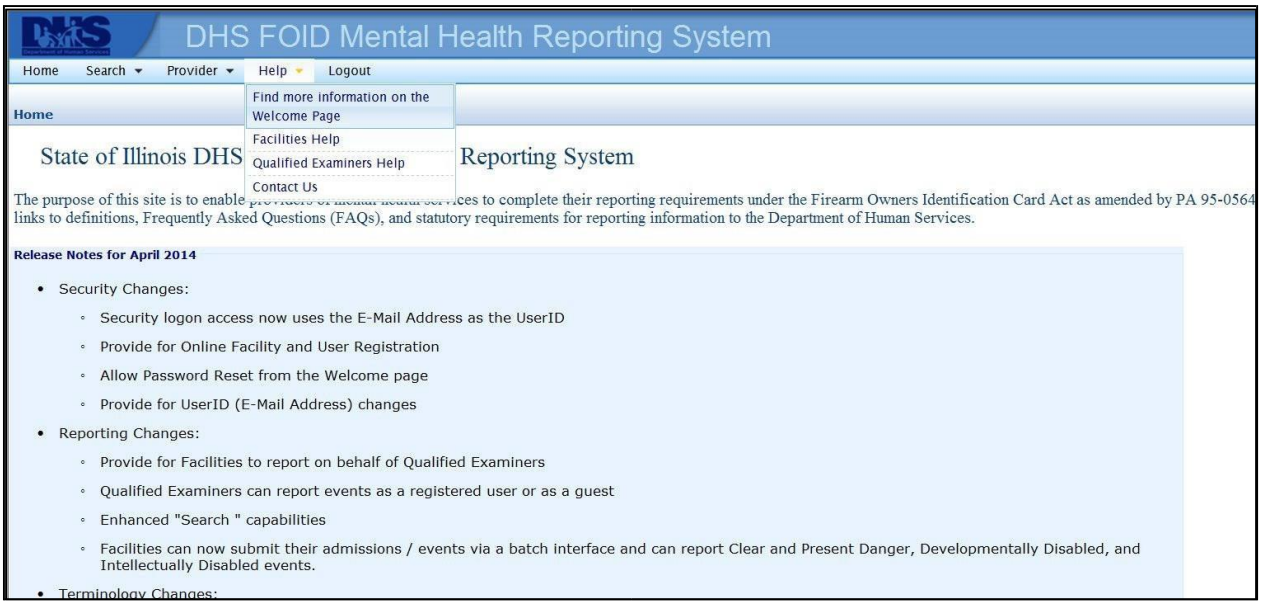
There is a link on the bottom of the screen to access the List of Users which is described in Section 5.6, List of Users.

5.10 Request to Change User ID (E-Mail address)

The Request to Change User ID screen is displayed after selecting Provider from the menu bar and then selecting Request to Change User ID from the drop down list.

Enter the New User ID. Re-enter the New User ID in the Verify New User ID field. NOTE: The User ID must be a valid E-Mail format. Click on Send Request to submit the New User ID request to the Department of Human Services. Three E-Mails will be returned to the User after processing; the first will indicate that your "old" User ID has been deactivated, the second will return a new temporary password and the third will validate that the new User ID has been activated in the DHS FOID Mental Health Reporting System.

SECTION 6 – HELP



This screen displays the drop down tabs for "Help" to the DHS FOID Mental Health Reporting System.

The Find More Information on the Welcome Page option returns the User to the Welcome screen.

The Facilities Help option accesses a PDF for the Facilities User Manual.

The Qualified Examiners Help accesses a PDF for the Qualified Examiners User Manual.

The Contact Us selection will bring up an E-Mail to send questions to DHS.FOID@illinois.gov.

Logout will log the User out of the DHS FOID Mental Health Reporting System.

SECTION 7 – BATCH SUBMISSION REQUIREMENTS (Inpatient)
Facilities With Inpatient MH Treatment Pgms

7.1 Batch Sub. Requirements – Fac. W/INP MH Treatment Pgms(Inpatient)

NOTE: For the purposes of this document, "Inpatient Facility" includes Facilities with Inpatient Mental Health Treatment Programs.

The batch submittal files are to be created as ASCII DOS Text Files with each field separated by ~ (tilde) and each record delimited by CR/LF(ODOA in hex format), i.e.; tilde(~) delimited fields followed by a carriage return character and a line feed character. The file name is to be 'FOID.DAT'.

There are three types of records to be submitted:

1. The Facility (H) record identifies the reporting facility, the contact person, and the number of activity records.
2. The Facility (P) activity record describes the detail data for this reporting cycle.
3. The Trailer (T) record provides file audit counts and as the last record, is followed by the end-offile character (1A in hex format).

The general format of the files submitted to DHS should be:
A Facility (H) record is to be followed by the corresponding "Activity" records (one per person). A Trailer (T) record provides file audit counts and is included at the end of each file.

**All fields are required, unless otherwise noted. The tilde (~) will still be present.

NOTE: There are null fields identified in the record layouts to keep field positioning the same for inpatient and other provider "activity" records.

Inpatient Facility

The following types of facilities are considered "Facilities with Inpatient Mental Health Treatment Programs" (Inpatient) in the DHS FOID Mental Health Reporting System:

- Hospitals with Inpatient Mental Health Treatment Programs
- Nursing Homes with Inpatient Mental Health Treatment Programs
- Specialized Mental Health Rehabilitation Facility
- Supervised Transitional Residential Programs

1. The Inpatient Facility (H) Header record identifies the Inpatient reporting facility, the contact person, and the number of activity records.

2. The Inpatient Facility (P) activity record describes the persons admitted at the facility during that cycle.

3. The Inpatient Facility Trailer (T) record provides file audit counts and as the last record, is followed by the end-of-file character (1A in hex format).

Example Inpatient Facility Header Record:

H~1~MED HOSPITAL~2011 MAIN ST~SPRINGFIELD~IL~62702~1234~JOHN PUBLIC~2175551234~1

Example Inpatient Facility "Activity" Record:

P~1~LAST NAME~FIRST NAME~MIDDLE NM~67211~M~19880629~703 COLORADO~ APT202~URBANA~IL~61801~1234~20130323~20130329~03~111223333 ~1~ ~BLK ~180~511~2~16~2222222~20130927~19~3~20130321~4~20130321~~~25~~Freud~Sigmund~ ~66764~Patient exhibits extreme hostility towards himself. Appears suicidal.~

Example Inpatient Facility Trailer Record:

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

7.2 Header Record Layout – Fac. W/INP MH Treatment Pgms(Inpatient)

Field Name	Length	Format	Description
Record Identifier	1	Alphanumeric	Value 'H'. Signifies that facility data is in this record.
Facility Type	1	Numeric	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
Facility Name	30	Alphanumeric	Name of the facility.
Facility Address	25	Alphanumeric	Address of the facility.
Facility City	15	Alphanumeric	City of the location of the facility.
Facility State	2	Alphanumeric	Two character abbreviation of state of the location of the facility.
Facility Zip Code	5	Alphanumeric	Left justified 5 digit zip code.

Facility Zip Code Extension	4	Alphanumeric	Left justified 4 digit zip code extension is available.
Preparer Contact Person	25	Alphanumeric	Name of the appropriate person at the facility that may be contacted in case of problems.
Preparer Phone Number	10	Numeric	Area code and telephone number of the facility contact person.
Number of Activity Records	4	Numeric	The number of activity records ('P' records) following this facility record in the file.

7.3 Person Record Layout – Fac. W/INP MH Treatment Pgms(Inpatient)

For Transaction Code "04" the following fields are required (all other fields are optional):

- Record Identifier
- Facility Type
- Person Last Name
- Person First Name
- Date of Birth
- Sex
- Transaction Code
- Social Security Number (if originally submitted)
- Date Admitted
- Deletion Reason

Field Name	Length	Format	Description
Record Identifier	1	Alphanumeric (required)	Value 'P'. Signifies that person data is in this record.
Facility Type	1	Numeric	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
Person Last Name	30	Alphanumeric (required)	Left justified last name of person. Hyphens and apostrophes are valid as part of the last name
Person First Name	14	Alphanumeric (required)	Left justified first name of person.
Person Middle Name	14	Alphanumeric (Optional)	Left justified middle name of person.

Person Name Suffix	5	Numeric (Optional)	Left justified person's name suffix, if applicable. Valid values: 67210 – 'Sr.' Senior 67211 – 'Jr.' Junior 67212 – 'I' the first 67213 – 'II' the second 67214 – 'III' the third 67215 – 'IV' the fourth 67216 – 'V' the fifth
Sex	1	Alphanumeric (required)	'F' – Female 'M' – Male
Date of Birth	8	Alphanumeric (required)	Birth date of person. Format – YYYYMMDD
Person Address 1	25	Alphanumeric (required)	Address of the person, first address line **When person does not have a home, enter 'homeless'.

7.3 Person Record Layout – Fac. W/INP MH Treatment Pgms (Inpatient) - continued

Field Name	Length	Format	Description
Person Address 2	25	Alphanumeric (Optional)	Address of the person, second address line, if applicable.
Person City	15	Alphanumeric (required)	City of the residence of the person. **When person does not have a home enter 'homeless'.
Person State	2	Alphanumeric (required)	Two character abbreviation of state of the residence of the person.
Person Zip Code	5	Alphanumeric (required)	Left justified 5 digit zip code.
Person Zip Code Extension	4	Alphanumeric	Left justified 4 digit zip code extension if available.
Date Admitted	8	Alphanumeric (required)	Date person was admitted. Format – YYYYMMDD NOTE: Always include this field to identify the person for all transaction codes.

Date Discharged	8	Alphanumeric	Date person was discharged. Format – YYYYMMDD Valid only for transaction codes 02, 03, 05 and 06. *If transaction code = 01, leave the date discharged blank.
Transaction Code	2	Numeric	01 – New admission but not yet discharged. 02 – Add discharge date only to previously submitted admission. NOTE: No data is allowed after the Social Security Number in the record. 03 – Admission/Discharge in same record. 04 – Previously entered in error – remove from file. 05 – Change to a previously submitted record. (Can be used to add discharge date AND event information/changes to a previously submitted record OR just event information or changes to a previously submitted record.) 06 – Use only when reporting Non-Adjudicated Admission Type with **Emergency Admission and with Discharge Date.** By using this code, you confirm the patient was discharged under an Emergency (certificate/petition) and did not sign in voluntarily prior to discharge. NOTE: For transaction codes 02, 04, and 05 a matching record with the same Last Name, First Name, Date of Birth, Sex, Date Admitted, and Social Security Number (if originally submitted) must have been previously submitted to DHS.
Social Security Number	9	Numeric	This field if available should be entered to further identify the person. If for some reason the SSN is not available, leave this field blank.

7.3 Person Record Layout – Fac. W/INP MH Treatment Pgms (Inpatient) - continued

Field Name	Length	Format	Description
Race	1	Numeric (required)	1 - White, not of Hispanic origin. A person having origins in any of the original people of Europe, North Africa, the Middle East, or the Indian subcontinent. 2 - Black, not of Hispanic origin. A person having origins in any of the black racial groups. 3 - Hispanic, a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race. 4 - American Indian, a person having origins in any of the original peoples of America, including Alaska. 5 - Asian, a person having origins in any of the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa. 6 - Other, these racial/ethnic categories are those required by the Office of Civil Rights. Although the categories are intended to be mutually exclusive, a client may be included in the group to which he/she appears to belong, identifies with, or is regarded in the community as belonging.
Eye Color	3	Alphanumeric (optional)	BLK – black BRO – brown BLU – blue GRY – gray GRN – green MAR - maroon PNK – pink HAZ – hazel MUL – multicolored XXX – unknown

7.3 Person Record Layout – Fac. W/INP MH Treatment Pgms (Inpatient) - continued

Hair Color	3	Alphanumeric (optional)	BAL – bald BLK – black BLN – blond BRO – brown BLU – blue GRY – gray or partially gray GRN – green ONG – orange PLE – purple RED – red or auburn PNK – pink SDY – sandy WHI - white XXX - Unknown

Field Name	Length	Format	Description
Weight	3	Numeric (optional)	3 characters for the recipient's physical weight in Pounds.
Height	3	Numeric (optional)	One digit for the number of feet in the recipient's current height and two digits for the number of inches in the recipient's current height.
Admission Type	1	Numeric (required)	Value '1' Non-Adjudicated Value '2' Adjudicated See below for Business Rules of Admission Type / Admission Category Values.
Admission Category	2	Numeric (required)	See below for Business Rules of Admission Type / Admission Category Values.
Docket Number	20	Alphanumeric	Required for Adjudicated Person. (Admission Type =2)
Docket Date	8	Alphanumeric	Required for Adjudicated Person. (Admission Type =2) Format – YYYYMMDD
Docket County Code	4	Numeric	Required for Adjudicated Person. (Admission Type =2) See Appendix A – Docket County Codes Provide the 1, 2, 3 or 4 digit code exactly as depicted on Appendix A (with no zero fill). Example: 43 would be used for DuPage County.
CP Event Type	1	Numeric	Value '3'. Signifies Clear and Present Danger (CP) Include a tilde (~) when not used.

7.3 Person Record Layout – Fac. W/INP MH Treatment Pgms (Inpatient) - continued

CP Event Date	8	Alphanumeric	Actual date when event occurred. Required for CP Event Type Format – YYYYMMDD - Include a tilde (~) when not used.
DD Event Type	1	Numeric	Value '4'. Signifies Developmentally Disabled (DD) Include a tilde (~) when not used.
DD Event Date	8	Alphanumeric	Actual date when event occurred. Required for DD Event Type Format – YYYYMMDD - Include a tilde (~) when not used.
ID Event Type	1	Numeric	Value '5'. Signifies Intellectually Disabled (ID) Include a tilde (~) when not used.
ID Event Date	8	Alphanumeric	Actual date when event occurred. Required for ID Event Type Format – YYYYMMDD - Include a tilde (~) when not used.

Field Name	Length	Format	Description
C&P - Serious Threat	2	Numeric	Clear and Present Danger – Serious Threat. (Either Serious Threat or Threatening Behavior or both are Required for CP Event Type.) 25 – 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.
C&P – Threatening Behavior	2	Numeric	Clear and Present Danger – Threatening Behavior. (Either Serious Threat or Threatening Behavior or both are Required for CP Event Type.) 26 – 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.

7.3 Person Record Layout – Fac. W/INP MH Treatment Pgms (Inpatient) - continued

Qualified Examiner Last Name	30	Alphanumeric	Left justified last name of Qualified Examiner. Hyphens and apostrophes are valid as part of the last name. Required for CP Event Type.
Qualified Examiner First Name	14	Alphanumeric	Left justified first name of Qualified Examiner. Required for CP Event Type.
Qualified Examiner Middle Name	14	Alphanumeric (Optional)	Left justified middle name of Qualified Examiner.
Qualified Examiner Type	5	Numeric	Required for CP Event Type. valid values: 66764 – 'Psychiatrist' 66765 – 'Physician' 66766 – 'Clinical Psychologist' 66767 – 'Clinical Social Worker' 66768 – 'Registered Nurse' 66769 – 'Licensed Clinical Professional Counselor' 67997 – 'Licensed Family Therapist'
Qualified Examiner Comments	500	Alphanumeric	Qualified Examiner's comments describing why the person was designated as a clear and present danger. Required for CP Event Type.
Deletion Reason	250	Alphanumeric	Reason for deleting this person / admission entry. Required for Transaction Code 04, else default comment 'Batch Delete' will be added.

7.4 Business Rules for INP Admission Type & Admission Category Values

NOTE: Only one record is permitted per Person, Date Admitted. One Admission type and corresponding Admission Category must be chosen.

Admission Type 1 and Admission Category - Non-Adjudicated Admissions (not court ordered).

Value (Admission Type)	Description
1	Non-Adjudicated Adm (Only report one Admission Type and Admission nd Date Admitted)

Admission Category (for NonAdjudicated)	Description
6	Voluntary
7	Informal
8	Detention and Evaluation (inpatient only)
9	Emergency Admission (Petition/Certificates)
10	Juvenile Admissions

7.4 Business Rules for INP Admission Type & Admission Category Values - continued

Admission Type 2 and Admission Category - Adjudicated Mentally Disabled Person (court ordered)

Value (Admission Type)	Description
2	udicated Mentally Disabled Person (Only report one Admission Type a er Person and Date Admitted)

Admission Category (for Adjudicated)	Description
11	Is subject to involuntary admission as an inpatient as defined in Section 1-119 of the Mental Health and Development Disabilities Code.
12	Presents a clear and present danger to himself, herself, or to others (must be reported within 24 hours).
13	Lacks the mental capacity to manage his or her own affairs or is adjudicated a disabled person as defined in Section 11a-2 of the Probate Act of 1975.
14	Is not guilty in a criminal case by reason of insanity, mental disease or defect.
15	Is guilty but mentally ill, as provided in Section 5-2-6 of the Unified Code of Corrections.
16	Is incompetent to stand trial in a criminal case.
17	Is not guilty by reason of lack of mental responsibility under Articles 50a and 72b of the Uniform Code of Military Justice, 10 U.S.C. 850a, 876b.
18	Is a sexually violent person under subsection (f) of Section 5 of the Sexually Violent Persons Commitment Act.
19	Has been found to be a sexually dangerous person under the Sexually Dangerous Persons Act.
20	Is unfit to stand trial under the Juvenile Court Act of 1987.

	21	Is not guilty by reason of insanity under the Juvenile Court Act of 1987.	
	22	Is subject to involuntary admission as an outpatient as defined in Section 1-119.1 of the Mental Health and Developmental Disabilities Code.	
	23	Is subject to judicial admission as set forth in Section 4-500 of the Mental Health and Developmental Disabilities Code.	
	24	Is subject to the provisions of the Interstate Agreements on Sexually Dangerous Persons Act.	

7.5 Trailer Record Layout – Facilities W/INP MH Treatment Pgms (Inpatient)

Field Name	Length	Format	Description
Record Identifier	1	Alphanumeric	Value 'T'. Signifies that this record is the last data record on file.
Facility Type	1	Numeric	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
Preparer Last Name	12	Alphanumeric	Left justified last name of preparer.
Preparer First Name	9	Alphanumeric	Left justified first name of preparer.
Preparer Phone Number	10	Alphanumeric	Telephone number of preparer. Area code followed by 7 digit phone number. NOTE: Preparer information should match the 'Preparer Contact' person information.
Date Prepared	8	Alphanumeric	Date data was prepared to send. Format – YYYYMMDD
Number of Activity Records	4	Numeric	The number of activity records ('P' records) contained in this file. (Agrees with the count of activity records in the 'H' record.)

SECTION 8 – BATCH SUBMISSION REQUIREMENTS (Outpatient)

Facilities Without Inpatient MH Treatment Pgms

8.1 Batch Submission Requirements – Fac. W/O INP MH Treatment Pgms(Outpatient)

The following types of facilities are considered "Facilities without Inpatient Mental Health Treatment Programs" (Outpatient) in the DHS FOID Mental Health Reporting System:

- Hospitals without Inpatient Mental Health Treatment Programs
- Medical Clinics without Inpatient Mental Health Treatment Programs
- Outpatient Mental Health without Inpatient Mental Health Treatment Programs
- Mental Health Centers without Inpatient Mental Health Treatment Programs
- Nursing Homes without Inpatient Mental Health Treatment Programs
- University Clinics without Inpatient Mental Health Treatment Programs

1. The Other Facilities without Inpatient Mental Health Treatment Programs (H) Header record identifies the Other Provider reporting facility, the contact person, and the number of activity records.

2. The Other Facilities without Inpatient Mental Health Treatment Programs (P) activity record describes the persons seen at the facility during that cycle.

3. The Other Facilities without Inpatient Mental Health Treatment Programs Trailer (T) record provides file audit counts and as the last record, is followed by the end-of-file character (1A in hex format).

Example for Other Facilities without Inpatient Mental Health Treatment Pgms Header Record:

H~2~MED HOSPITAL~2011 MAIN ST~SPRINGFIELD~IL~62702~1234~JOHN PUBLIC~2175551234~1

Example Other Facilities without Inpatient Mental Health Treatment Pgms "Activity" Record:

P~2~LAST NAME~FIRST NAME~MIDDLE NM~67211~M~19880629~703 COLORADO~ APT202~URBANA~IL~61801~1234~20130323~~01~111223333 ~1~ ~BLK ~180~511~2~16~2222222~20130927~19~3~20130321~4~20130321~~~25~~Freud~Sigmund~ ~66764~Patient exhibits extreme hostility towards himself. Appears suicidal.~

Example Other Facilities without Inpatient Mental Health Treatment Pgms Trailer Record:

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

(Outpatient)

8.2 Header Record Layout – Fac. W/O INP MH Treatment Pgms

Field Name	Length	Format	Description
Record Identifier	1	Alphanumeric	Value 'H'. Signifies that facility data is in this record.
Facility Type	1	Numeric	Value '2'. Denotes an Other Facilities without Inpatient Mental Health Treatment Programs. The following Facility Types are Facilities without Inpatient Mental Health Treatment Programs: • Hospitals without Inpatient Mental Health Treatment Programs • Medical Clinics without Inpatient Mental Health Treatment Programs • Outpatient Mental Health without Inpatient Mental Health Treatment Programs • Mental Health Centers without Inpatient Mental Health Treatment Programs • Nursing Homes without Inpatient Mental Health Treatment Programs • University Clinics without Inpatient Mental Health Treatment Programs
Facility Name	30	Alphanumeric	Name of the facility.
Facility Address	25	Alphanumeric	Address of the facility.
Facility City	15	Alphanumeric	City of the location of the facility.
Facility State	2	Alphanumeric	Two character abbreviation of state of the location of the facility.
Facility Zip Code	5	Alphanumeric	Left justified 5 digit zip code.
Facility Zip Code Extension	4	Alphanumeric	Left justified 4 digit zip code extension is available.
Preparer Contact Person	25	Alphanumeric	Name of the appropriate person at the facility that may be contacted in case of problems.
Preparer Phone Number	10	Numeric	Area code and telephone number of the facility contact person.
Number of Activity Records	4	Numeric	The number of activity records ('P' records) following this facility record in the file.

8.3 Person Record Layout – Fac. W/O INP MH Treatment Pgms(Outpatient)

For Transaction Code "04" the following fields are required (all other fields are optional):

- Record Identifier
- Facility Type
- Person Last Name
- Person First Name
- Date of Birth
- Sex
- Transaction Code
- Social Security Number (if originally submitted)
- Person Report Date
- Deletion Reason

Field Name	Length	Format	Description
Record Identifier	1	Alphanumeric (required)	Value 'P'. Signifies that person data is in this record.
Facility Type	1	Numeric	Value '2'. Denotes an Other Facilities without Inpatient Mental Health Treatment Programs. The following Facility Types are Facilities without Inpatient Mental Health Treatment Programs: • Hospitals without Inpatient Mental Health Treatment Programs • Medical Clinics without Inpatient Mental Health Treatment Programs • Outpatient Mental Health without Inpatient Mental Health Treatment Programs • Mental Health Centers without Inpatient Mental Health Treatment Programs • Nursing Homes without Inpatient Mental Health Treatment Programs • University Clinics without Inpatient Mental Health Treatment Programs
Person Last Name	30	Alphanumeric (required)	Left justified last name of person. Hyphens and apostrophes are valid as part of the last name
Person First Name	14	Alphanumeric (required)	Left justified first name of person.
Person Middle Name	14	Alphanumeric (Optional)	Left justified middle name of person.

Person Record Layout – Fac. W/O INP MH Treatment Pgms (Outpatient) - continued

Person Name Suffix	5	Numeric (Optional)	Left justified person's name suffix, if applicable. Valid values: 67210 – 'Sr.' Senior 67211 – 'Jr.' Junior 67212 – 'I' the first 67213 – 'II' the second 67214 – 'III' the third 67215 – 'IV' the fourth 67216 – 'V' the fifth
Sex	1	Alphanumeric (required)	'F' – Female 'M' – Male
Date of Birth	8	Alphanumeric (required)	Birth date of person. Format – YYYYMMDD

8.3

Field Name	Length	Format	Description
Person Address 1	25	Alphanumeric (required)	Address of the person, first address line **When person does not have a home, enter 'homeless'.
Person Address 2	25	Alphanumeric (Optional)	Address of the person, second address line, if applicable.
Person City	15	Alphanumeric (required)	City of the residence of the person. **When person does not have a home, enter 'homeless'.
Person State	2	Alphanumeric (required)	Two character abbreviation of state of the residence of the person.
Person Zip Code	5	Alphanumeric (required)	Left justified 5 digit zip code.
Person Zip Code Extension	4	Alphanumeric	Left justified 4 digit zip code extension if available.
Person Report Date	8	Alphanumeric (required)	Date person is seen at the Other Facilities without Inpatient Mental Health Treatment Programs. Format – YYYYMMDD NOTE: Always include this field to identify the person for all transaction codes.
Not Used	8		Null Field with delimiter.

Transaction Code	2	Numeric	01 – New admission but not yet discharged. 02 – Add discharge date only to previously submitted admission. NOTE: No data is allowed after the Social Security Number in the record. 03 – Admission/Discharge in same record. 04 – Previously entered in error – remove from file. 05 – Change to a previously submitted record. (Can be used to add discharge date AND event information/changes to a previously submitted record OR just event information or changes to a previously submitted record.) 06 – Use only while reporting Non-Adjudicated Admission Type with **Emergency Admission and with Discharge Date.** By using this code, you confirm the patient was discharged under an Emergency (certificate/petition) and did not sign in voluntarily prior to discharge. NOTE: For transaction codes 02, 04, and 05 a matching record with the same Last Name, First Name, Date of Birth, Sex, Date Admitted, and Social Security Number (if originally submitted) must have been previously submitted to DHS.
Social Security Number	9	Numeric	This field, if available, should be entered to further identify the person. If for some reason the SSN is not available, leave this field blank.

Person Record Layout – Fac. W/O INP MH Treatment Pgms (Outpatient) - continued

8.3

Field Name	Length	Format	Description
Race	1	Numeric (required)	1 - White, not of Hispanic origin. A person having origins in any of the original people of Europe, North Africa, the Middle East, or the Indian subcontinent. 2 - Black, not of Hispanic origin. A person having origins in any of the black racial groups. 3 - Hispanic, a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race. 4 - American Indian, a person having origins in any of the original peoples of America, including Alaska. 5 - Asian, a person having origins in any of the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa. 6 - Other, these racial/ethnic categories are those required by the Office of Civil Rights. Although the categories are intended to be mutually exclusive, a client may be included in the group to which he/she appears to belong, identifies with, or is regarded in the community as belonging.
Eye Color	3	Alphanumeric (optional)	BLK – black BRO – brown BLU – blue GRY – gray GRN – green MAR - maroon PNK – pink HAZ – hazel MUL – multicolored XXX – unknown

Hair Color	3	Alphanumeric (optional)	BAL – bald BLK – black BLN – blond BRO – brown BLU – blue GRY – gray or partially gray GRN – green ONG – orange PLE – purple RED – red or auburn PNK – pink SDY – sandy WHI - white XXX - Unknown

8.3

Field Name	Length	Format	Description
Weight	3	Numeric (optional)	3 characters for the recipient's physical weight in Pounds.
Height	3	Numeric (optional)	One digit for the number of feet in the recipient's current height and two digits for the number of inches in the recipient's current height.
Adjudicated Type	1	Numeric	Blank if Non-Adjudicated; Value '2' if Adjudicated See below for Business Rules of Adjudicated Type / Adjudicated Category Values.
Adjudicated Category	2	Numeric	See below for Business Rules of Adjudicated Type / Adjudicated Category Values. Required for Adjudicated Person (Adjudicated Type = 2).
Docket Number	20	Alphanumeric	Required for Adjudicated Person. (Adjudicated Type =2)
Docket Date	8	Alphanumeric	Required for Adjudicated Person. (Adjudicated Type =2) Format – YYYYMMDD
Docket County Code	4	Numeric	Required for Adjudicated Person. (Adjudicated Type =2) See Appendix A – Docket County Codes Provide the 1, 2, 3 or 4 digit code exactly as depicted on Appendix B (with no zero fill). Example: 43 would be used for DuPage County.
CP Event Type	1	Numeric	Value '3'. Signifies Clear and Present Danger (CP) Include a tilde (~) when not used.

Person Record Layout – Fac. W/O INP MH Treatment Pgms (Outpatient) - continued

CP Event Date	8	Alphanumeric	Actual date when event occurred. Required for CP Event Type Format – YYYYMMDD - Include a tilde (~) when not used.
DD Event Type	1	Numeric	Value '4'. Signifies Developmentally Disabled (DD) Include a tilde (~) when not used.
DD Event Date	8	Alphanumeric	Actual date when event occurred. Required for DD Event Type Format – YYYYMMDD - Include a tilde (~) when not used.
ID Event Type	1	Numeric	Value '5'. Signifies Intellectually Disabled (ID) Include a tilde (~) when not used.
ID Event Date	8	Alphanumeric	Actual date when event occurred. Required for ID Event Type. Format – YYYYMMDD - Include a tilde (~) when not used.

8.3
continued

Field Name	Length	Format	Description
C&P - Serious Threat	2	Numeric	Clear and Present Danger – Serious Threat. (Either Serious Threat or Threatening Behavior or both are Required for CP Event Type.) 25 – 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.
C&P – Threatening Behavior	2	Numeric	Clear and Present Danger – Threatening Behavior. (Either Serious Threat or Threatening Behavior or both are Required for CP Event Type.) 26 – 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.
Qualified Examiner Last Name	30	Alphanumeric	Left justified last name of Qualified Examiner. Hyphens and apostrophes are valid as part of the last name. Required for CP Event Type.

Person Record Layout – Fac. W/O INP MH Treatment Pgms (Outpatient) -

Qualified Examiner First Name	14	Alphanumeric	Left justified first name of Qualified Examiner. Required for CP Event Type.
Qualified Examiner Middle Name	14	Alphanumeric (Optional)	Left justified middle name of Qualified Examiner.
Qualified Examiner Type	5	Numeric	Required for CP Event Type. valid values: 66764 – 'Psychiatrist' 66765 – 'Physician' 66766 – 'Clinical Psychologist' 66767 – 'Clinical Social Worker' 66768 – 'Registered Nurse' 66769 – 'Licensed Clinical Professional Counselor' 67997 – 'Licensed Family Therapist'
Qualified Examiner Comments	500	Alphanumeric	Qualified Examiner's comments describing why the person was designated as a clear and present danger. Required for CP Event Type.
Deletion Reason	250	Alphanumeric	Reason for deleting this person / event entry. Required for Transaction Code 04.

8.4 Business Rules for Other Fac. W/O INP MH Treatment Pgms - Adjudicated Type & Adj. Category Values

NOTE: Only one record is permitted per Person and Person Report Date. The record can contain any or all of the following items: Adjudicated Type (value 2), Clear and Present Danger, Developmentally Disabled, or Intellectually Disabled.

Adjudicated Type for Other Facilities without Inpatient Mental Health Treatment Programs
(Outpatient) can only be a 2 when wanting to report an Adjudicated Mentally Disabled Person.
(court ordered)

Value (Adjudicated Type)	Description
2	dicated Mentally Disabled Person (Only report one Adjudicated Category pe n Report Date)

Adjudicated Category	Description
11	Is subject to involuntary admission as an inpatient as defined in Section 1-119 of the Mental Health and Development Disabilities Code.
12	Presents a clear and present danger to himself, herself, or to others (must be reported within 24 hours).
13	Lacks the mental capacity to manage his or her own affairs or is adjudicated a disabled person as defined in Section 11a-2 of the Probate Act of 1975.
14	Is not guilty in a criminal case by reason of insanity, mental disease or defect.
15	Is guilty but mentally ill, as provided in Section 5-2-6 of the Unified Code of Corrections.
16	Is incompetent to stand trial in a criminal case.
17	Is not guilty by reason of lack of mental responsibility under Articles 50a and 72b of the Uniform Code of Military Justice, 10 U.S.C. 850a, 876b.
18	Is a sexually violent person under subsection (f) of Section 5 of the Sexually Violent Persons Commitment Act.
19	Has been found to be a sexually dangerous person under the Sexually Dangerous Persons Act.
20	Is unfit to stand trial under the Juvenile Court Act of 1987.
21	Is not guilty by reason of insanity under the Juvenile Court Act of 1987.

22	Is subject to involuntary admission as an outpatient as defined in Section 1-119.1 of the Mental Health and Developmental Disabilities Code.
23	Is subject to judicial admission as set forth in Section 4-500 of the Mental Health and Developmental Disabilities Code.
24	Is subject to the provisions of the Interstate Agreements on Sexually Dangerous Persons Act.

8.5 Trailer Record Layout – Facilities W/O INP MH Treatment Pgms(Outpatient)

Field Name	Length	Format	Description
Record Identifier	1	Alphanumeric	Value 'T'. Signifies that this record is the last data record on file.
Facility Type	1	Numeric	Value '2'. Denotes Other Facilities without Inpatient Mental Health Treatment Programs. The following Facility Types are Facilities without Inpatient Mental Health Treatment Programs: • Hospitals without Inpatient Mental Health Treatment Programs • Medical Clinics without Inpatient Mental Health Treatment Programs • Outpatient Mental Health without Inpatient Mental Health Treatment Programs • Mental Health Centers without Inpatient Mental Health Treatment Programs • Nursing Homes without Inpatient Mental Health Treatment Programs • University Clinics without Inpatient Mental Health Treatment Programs
Preparer Last Name	12	Alphanumeric	Left justified last name of preparer.
Preparer First Name	9	Alphanumeric	Left justified first name of preparer.
Preparer Phone Number	10	Alphanumeric	Telephone number of preparer. Area code followed by 7 digit phone number. NOTE: Preparer information should match the 'Preparer Contact' person information in the 'H' record.
Date Prepared	8	Alphanumeric	Date data was prepared to send. Format – YYYYMMDD
Number of Activity Records	4	Numeric	The number of activity records ('P' records) contained in this file. (Agrees with the count of activity records in the 'H' record.)

APPENDIX A

Docket County Codes

Required for Adjudicated Mentally Disabled Person

FIPS COUNTY CODE	COUNTY NAME
0	Unknown
1	Adams
3	Alexander
5	Bond
7	Boone
9	Brown
11	Bureau
13	Calhoun
15	Carroll
17	Cass
19	Champaign
21	Christian
23	Clark
25	Clay
27	Clinton
29	Coles
31	Cook
33	Crawford
35	Cumberland
37	DeKalb
39	DeWitt
41	Douglas

43	DuPage
45	Edgar
47	Edwards
49	Effingham
51	Fayette
53	Ford
55	Franklin
57	Fulton
59	Gallatin
61	Greene
63	Grundy
65	Hamilton
67	Hancock
69	Hardin
71	Henderson
73	Henry
75	Iroquois
77	Jackson
79	Jasper
81	Jefferson
83	Jersey
85	Jo Daviess
87	Johnson
89	Kane
91	Kankakee
93	Kendall

95	Knox
99	LaSalle
97	Lake
101	Lawrence
103	Lee
105	Livingston
107	Logan
109	McDonough
111	McHenry
113	McLean
115	Macon
117	Macoupin
119	Madison
121	Marion
123	Marshall
125	Mason
127	Massac
129	Menard
131	Mercer
133	Monroe
135	Montgomery
137	Morgan
139	Moultrie
141	Ogle
143	Peoria
145	Perry

147	Piatt
149	Pike
151	Pope
153	Pulaski
155	Putnam
157	Randolph
159	Richland
161	Rock Island
163	St Clair
165	Saline
167	Sangamon
169	Schuyler
171	Scott
173	Shelby
175	Stark
177	Stephenson
179	Tazewell
181	Union
183	Vermillion
185	Wabash
187	Warren
189	Washington
191	Wayne
193	White
195	Whiteside
197	Will

199	Williamson
201	Winnebago
203	Woodford
1030	Out of State
9999	Unknown