Design Document –Involuntary Services

# 36- Involuntary Services

New Directions

4/19/2015

Version 1.0

## Summary

### *Purpose*

## System Design

### *Navigation Path*

Client -> Documents -> Involuntary Services

### *1.0 Involuntary Services*



### *1.1 Involuntary Services*



#### Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field | Required |  | Global Code  Category | Validation Message |
| SID Number | Yes | Via textbox | None | Involuntary Services – SID number is required |
| Service Status | Yes | Via dropdown   * Pre Commitment Investigation * Revocation * Recertification * Ongoing | XInvoluntaryServiceStatus | Involuntary Services – Service Status is required |
| Type of Petition/Notice of Mental Illness | Yes | Via dropdown   * Two Person, or County Health Officer, or Court Magistrate * CMHP Director * Physician/Hospital Hold * Recertification * Revocation | XInvoluntatypeofpetition | Involuntary Services – Type of Petition/Notice of Mental Illness is required |
| Date of Petition/Notice of Mental Illness | Yes | Via date field | None | Involuntary Services – Date of Petition/Notice of Mental Illness is required |
| Hearing Recommended | Yes | Via dropdown   * No: Petition/Notice of Mental Illness Withdrawn * No: Client agrees to Voluntary Treatment * No: Lack of Probable Cause * No: But Judge Orders hearing * Yes: Probable Cause * No: 14 day Diversion * Yes: Protested Recertification | XInvoluntaryHearingRecommended | Involuntary Services – Hearing Recommended is required |
| Reason for Hearing/Diversion Recommendation |  | Via dropdown   * Danger to self * Danger to others * Basic personal needs * Chronically mentally Ill(meets expanded criteria) * No Applicable (hearing not recommended: No Probable Cause | XInvoluntaryReasonforhearing | Involuntary Services – Reason for hearing/diversion recommendation is required |
| Basis for Involuntary Services | See Rule below | Via dropdown   * Danger to self * Danger to others * Basic personal needs * Chronically mentally ill (meets expanded criteria) | XInvoluntaryBasisforServices | Involuntary Services – Basis for involuntary services is required |
| Disposition by Judge | See rule below | Via dropdown   * Found not mentally ill * Dismissed * Conditionally released * Outpatient commitment * Inpatient commitment * Revocation * Recertification | XInvoluntaryDisposition | Involuntary Services – Disposition by Judge is required |
| Committed? | See rule below | Via dropdown   * Yes * No | XInvoluntaryCommitted | Involuntary Services – Committed? Is required |
| Service Setting Assigned To | See Rules | Via dropdown   * Community Mental Health Program * Community Hospital * State Hospital * VA Hospital * State – Approved Facility * Outpatient * Other | XInvoluntaryServiceSetting | Involuntary Services – Service Setting Assigned To is required |
| Date of commitment | See Rules | Via date field | None | Involuntary Services – Date of commitment is required |
| Length of Commitment (in days) | See Rules | Via date field | None | Involuntary Services – Length of Commitment is required |
| Last Date of 14-Day Period of Intensive Treatment or Diversion from Civil Commitment | No | Via date field | None | None |

#### Requirements

|  |  |
| --- | --- |
| Field | Rule |
| SID Number | * Initialize from client information –custom fields ‘SID Number’ |
| Basis for involuntary services | * This field is required when one of the answers below is selected * Hearing recommended question =   + No: Petition/Notice of Mental Illness Withdrawn   + No: Client Agrees to Voluntary Treatment   + No: Lack of Probable Cause   + No: 14 day diversion * Disposition by Judge   + Found not mentally ill   + Dismissed   + Conditionally released |
| Disposition by Judge | * Required when the following answers are selected * Hearing Recommended question =   + No: Petition/Notice of Mental Illness Withdrawn   + No: Client Agrees to Voluntary Treatment   + No: Lack of Probable Cause   + No: 14 day diversion |
| Committed? | * Pre-populate this field with ‘No’ when the following question is answered a certain way   + Hearing Recommended question =     - No: Petition/Notice of Mental Illness Withdrawn     - No: Client Agrees to Voluntary Treatment     - No: Lack of Probable Cause     - No: 14 day diversion * When this question is answered ‘Yes’ the following questions are required   + Service Setting Assigned To   + Date of Commitment   + Length of Commitment (in Days) |
| Date of Commitment | * must be on or after the value in the “Date of Petition/Notice of Mental Illness” date field |
| Last date of 14-Day Period of Intensive Treatment or diversion from civil Commitment | * must be on or after the value in the “Date of Petition/Notice of Mental Illness” date field |