Design Document –Assessment

# 6 New Direction -Design Requirements

Assessment

New Directions Northwest

2.23.2015

Version 1.4

## Summary

## 1. Define the Purpose of the Customization

### *Purpose*

## System Design

#### Use the existing Assessment, but remove the following tabs – DLA-20, CAFAS, PES , CSSRS Adult and Child and make the changes listed in the document below. Use all appropriate validations from the existing Assessment. Please NOTE: I included screenshots of all tabs needed. Tabs that do not require changes have no requirements or rules listed below.

1. Add Gambling Tab
2. Update Psychosocial Tab
   1. Add drop downs for ‘Client is at risk of’
   2. Communicable Disease Risk
      1. add field called ‘Client has been assessed for communicable disease’
      2. Add field for ‘Further information and justification’
3. Update Psychosocial Child
   1. Add drop downs for ‘Client is at risk of’
4. Risk Assessment
   1. Change ‘Does client have advance directive’ to ‘Does client have Mental Health Advance Directive’
   2. Change ‘Does client desire an advance directive plan’ to ‘Does client desire a mental health advance directive plan’
   3. Change ‘Would client like more information about advance directive planning’ to ‘Would client like more information about mental health advance directive planning’
   4. Change ‘What information was client given regarding advance directive’ to ‘What information was client given regarding mental health advance directive’
   5. Remove Radio Buttons for CSSRS
5. Remove CSSRS tabs
6. Safety / Crisis Plan
   1. Use the new Safety/ Crisis Plan, created for Valley, details also listed in this document.
   2. change ‘Significant Other’ to ‘Emergency Contact’
7. Change “Disposition” to “Facilities” of “Facility”
8. Add 3 rules to Document

## Gambling - General





#### Requirements

|  |  |  |
| --- | --- | --- |
| Field | Required | Response Options |
| Date | Yes | Via textbox (date) |
| Marital Status | n/a | Via label |
| Employment Status | n/a | Via label |
| Estimated Total Monthly Household Income Before Taxes | Yes | Via textbox (dollar amount) |
| Health Insurance | Yes | Via drop down |
| Primary Source of Household Income | Yes | Via drop down |
| Total number of dependents living with you including yourself | Yes | Via textbox |
| Last grade completed | Yes | Via textbox |
| Total estimated debt related to gambling | Yes | Via textbox (dollar amount) |
| Life in general. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Overall physical health. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Overall emotional wellbeing. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Relationship with my spouse or significant other. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Relationship with my children. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Relationship with my friends. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Relationship with other family members. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Job. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| School. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Spiritual wellbeing. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Accomplish responsibilities at work. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Pay bills on time. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Accomplish responsibilities at home. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Have thoughts of suicide. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Attempt to commit suicide. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Drink alcohol. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Have problems associated with my use of alcohol. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Use illegal drugs. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Have problems associated with my use of illegal drugs. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Use tobacco – smoked or chewed. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Commit illegal acts to get money to gamble with. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Maintain a supportive network of family and/or friends. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Take time off to relax and rest. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Eat healthy foods. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Exercise. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Attend community support (GA, NA, AA, etc.). | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |

#### Initialization Logic

|  |  |
| --- | --- |
| Field / Rule | Description |
| Marital Status | Initialize from Client Information – Demographics – Marital Status |
| Employment Status | Initialize from Client Information – Demographics – Employment Status |

#### Tool Tip (Not for developers)

|  |  |
| --- | --- |
| Field / Rule | Description |
| Satisfaction Section | Tool Tip: 1. Never; 2. Rarely; 3. Sometimes; 4. Often; 5. Always; 6. Don’t know/doesn’t apply |
| Activities Section | Tool Tip: 1. Never; 2. Rarely; 3. Sometimes; 4. Often; 5. Always; 6. Don’t know/doesn’t apply |

## Gambling - Gambling









#### Requirements

|  |  |  |
| --- | --- | --- |
| Field | Required | Response Options |
| Often find yourself thinking about gambling, for example, reliving past gambling experiences, planning the next time you would play or thinking of ways to get money for gambling. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Need to gamble with more and more money to get the amount of excitement you were looking for. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Make repeated unsuccessful attempts to control, cut back or stop gambling. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Become restless or irritable when trying to cut down or stop gambling. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Gamble to escape from problems or when you were feeling depressed, anxious, or bad about yourself. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| After losing money gambling, return another day in order to get even. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Lie to your family or others to hide the extent of your gambling. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Go beyond what is strictly legal in order to finance gambling or to pay gambling debts. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Risk or lose a significant relationship, job, educational or career opportunity because of gambling. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Seek help from others to provide money to relieve a desperate financial situation caused by gambling. | Yes | Via drop down   * Never * Rarely * Sometimes * Often * Always * Don’t know/doesn’t apply |
| Number of days gambled during the last 30 days | Yes | Via textbox |
| Average amount gambled for each day that you gambled during the last 30 days (actual amount of money that came out of your pocket each day gambled) | Yes | Via textbox (dollar value) |
| What was the primary gambling activity (game) played during the past 30 days | Yes | Via textbox |
| Where did you primarily gamble in the past 30 days (bingo hall, card room, bar, casino, home, internet, convenience store, track, restaurant, etc.) | Yes | Via textbox |
| Number of times in the past 6 months that you went to an emergency room or urgent care center | Yes | Via textbox |
| Did you enroll in a treatment program for the treatment of alcohol and/or drug abuse problems? | Yes | Via drop down   * Yes * No |
| Inpatient A&D | Yes | Via Radio Button   * Yes * No |
| Conditional if “Yes” is selected from drop down above |
| Outpatient A&D | Yes | Via Radio Button   * Yes * No |
| Conditional if “Yes” is selected from drop down above |
| Did you enroll in a treatment program for mental health problems (other than the gambling program you attended). | Yes |  |
| Inpatient A&D | Yes | Via Radio Button   * Yes * No |
| Conditional if “Yes” is selected from drop down above |
| Outpatient A&D | Yes | Via Radio Button   * Yes * No |
| Conditional if “Yes” is selected from drop down above |
| Did you enroll in another gambling treatment program, or see another therapist or doctor outside the staff of the gambling program you attended. | Yes |  |
| Inpatient A&D | Yes | Via Radio Button   * Yes * No |
| Conditional if “Yes” is selected from drop down above |
| Outpatient A&D | Yes | Via Radio Button   * Yes * No |
| Conditional if “Yes” is selected from drop down above |
| In the past 6 months, have you filed for bankruptcy. | Yes | Via Radio Button   * Yes * No |
| In the past 6 months, have you been convicted of any gambling related crime. | Yes | Via Radio Button   * Yes * No |
| In the past 6 months, have you experienced physical violence in a relationship. | Yes | Via Radio Button   * Yes * No |
| In the past 6 months, have you experienced verbal, emotional, or psychological abuse in a relationship. | Yes | Via Radio Button   * Yes * No |
| In the past 6 months, have you felt controlled, trapped or manipulated by a significant other. | Yes | Via Radio Button   * Yes * No |

#### Rules

|  |  |
| --- | --- |
| Field / Rule | Description |
| Inpatient A&D | Enable radio buttons only when “Yes” is selected from the drop down for “Did you…” |
| Outpatient A&D | Enable radio buttons only when “Yes” is selected from the drop down for “Did you…” |

#### Tool Tip (Not for developers)

|  |  |
| --- | --- |
| Field / Rule | Description |
| Gambling Section | Tool Tip: 1. Never; 2. Rarely; 3. Sometimes; 4. Often; 5. Always; 6. Don’t know/doesn’t apply |

## Psychosocial Adult

#### 

## Psychosocial Adult Tab – only the “Client is at Risk of” and “Communicable Disease” changed

#### 

#### Requirements

|  |  |  |
| --- | --- | --- |
| Field | Required | Response Options |
| Loss/lack of placement | No | Via checkbox and drop down |
| Loss of support | No | Via checkbox and drop down |
| Expulsion from school | No | Via checkbox and drop down |
| Hospitalization | No | Via checkbox and drop down |
| Higher level of care | No | Via checkbox and drop down |
| Involvement with criminal justice system | No | Via checkbox and drop down |
| Elopement from home | No | Via checkbox and drop down |
| Loss of financial status | No | Via checkbox and drop down |
| Out of county placement | No | Via checkbox and drop down |
| Out of home placement | No | Via checkbox and drop down |
| Client has been assessed for communicable disease | Yes | Via drop down   * IDRA not collected * Low-to-no risk, no referral * Moderate-to-high risk, no referral * Moderate-to-high risk, referral made * Mental health client, IDRA not applicable |
| Further information and justification | Yes | Via textbox |

## Psychosocial Child Tab – only the “Client is at Risk of” changed



#### Requirements

|  |  |  |
| --- | --- | --- |
| Field | Required | Response Options |
| Loss/lack of placement | No | Via checkbox and drop down |
| Loss of support | No | Via checkbox and drop down |
| Expulsion from school | No | Via checkbox and drop down |
| Hospitalization | No | Via checkbox and drop down |
| Higher level of care | No | Via checkbox and drop down |
| Involvement with criminal justice system | No | Via checkbox and drop down |
| Elopement from home | No | Via checkbox and drop down |
| Loss of financial status | No | Via checkbox and drop down |
| Out of county placement | No | Via checkbox and drop down |
| Out of home placement | No | Via checkbox and drop down |

## Risk Assessment Tab – Remove radio buttons for “CSSRS for Adult” and “CSSRS for Child” and change “Advanced Directive” section





#### Requirements

|  |  |  |
| --- | --- | --- |
| Field | Required | Response Options |
| Does client have Mental Health Advance Directive | Yes | Via radio button selection   * Yes * no |
| Does client desire a mental health advance directive plan | Yes | Via radio button selection   * Yes * no |
| Would client like more information about mental health advance directive planning | Yes | Via radio button selection   * yes * no |
| What information was client given regarding mental health advance directive | Yes | Via textbox |
| Add Advance Directive to Needs List | No | Via checkbox |

**Safety/Crisis Tab – this is the new Safety Plan**



#### Requirements

|  |  |  |  |
| --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message |
| General | Yes | Via radio button   * Initial Safety Plan * Review | Safety Plan – General – Initial Safety Plan or Review is required |
| Client has a current crisis | No | Via checkbox | None |
| The following sections will be pulled from our core system   * Warning Signs of a Crisis * Coping Strategies * Support Systems | | | |
| Review Safety Plan Every X Days | Yes | Via textbox - numeric value | Safety Plan – Next Review –Review Safety Plan Every X Days is required |
| Safety/Crisis Plan Reviewed On Radio Buttons | Conditional, yes if this is a “Review” from General section | Via Radio Buttons   * Safety Plan Review * Crisis Plan Review | None |
| Date Reviewed | Conditional, yes if this is a “Review” from General section | Via textbox (date) | none |
| Describe Plan Review | Conditional, yes if this is a “Review” from General section | Via textbox | Safety Plan – Safety/Crisis Plan Reviewed On-Describe Plan Review is required  \*\*\*\*this validation must happen when user selects “Insert” |
| Crisis Disposition | Conditional, yes if “Crisis is resolved” is not checked and “Client has current crisis” is checked. | Via Textbox | Safety Plan – Safety/Crisis Plan Reviewed On-Crisis Disposition is required  \*\*\*\*this validation must happen when user selects “Insert” |
| Crisis is resolved | No | Via checkbox | None |

#### List Detail Requirements

|  |  |  |  |
| --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message |
| Show Last 3 Months | No | Via checkbox  Only shows “Date Reviewed” for the last 3 months. | None |
| Show Last 12 Months | No | Via checkbox  Only shows “Date Reviewed” for the last 12 months. | None |
| Date Reviewed | n/a | Via Text  Date Reviewed = Date Reviewed | None |
| Review Every X Days | n/a | Via text  Number from “Review Every” textbox plus the word “Days” | None |
| Description of Plan Review | n/a | Via text  Text from “Describe Plan Review” | None |
| Crisis Disposition | n/a | Via text  Text from “Crisis Disposition” | None |
| Crisis Resolved | n/a | If “Crisis is resolved” is checked = Yes  If “Crisis is resolved” is not checked = No | None |

***Rules***

|  |  |
| --- | --- |
| Field/Rule | Descriptions |
| General | Radio Button   * Initial Safety Plan – default when it is the Initial Safety Plan for that Episode * Review– defaults when it is within the Review cycle. |
| Initial Safety Plan | When selected it creates a blank Safety Plan. |
| Review | When selected:   1. Top 3 sections are pulled forward from previous signed Safety Plan 2. Review Safety Plan Every X days is copied in from before. (NOTE: The Next Review date will be based on the last review date or the effective date of the original safety plan + # of days) 3. Because there is an existing Safety Plan in this episode the user MUST select the ‘Safety Plan Reviewed’ radio button and complete the ‘Date Reviewed’ and complete ‘Describe Plan Review’ |
| Client has a current crisis | When this is checked the Crisis Plan tab will be created. |
| Crisis Plan Review | When “Crisis Plan Review” radio button is selected   * Display “Crisis Disposition” textbox and make it required. |
| Review Safety Plan Every x Days | “Review Safety Plan Every” number must be between 1 and 180  Validation happens on the Signature. |
| To do Doc | Create a “To Do” doc for the Safety Plan based on the date entered in the “Review Every” days in the Safety Plan:   * Notify the Care Team * Message “Review Safety Plan is due dd/mm/yyyy” * Add to Dashboard upon signature if “Review Every” date is 7 or less. * Otherwise Add to Dashboard 7 days prior to the **due date**   Create a “To Do” doc for the Crisis Plan based on the date entered in the “Review Every” days in the Crisis Plan:   * Notify the Care Team * Message “Review Crisis Plan is due dd/mm/yyyy” * Add to Dashboard upon signature if “Review Every” date is 7 or less. * Otherwise Add to Dashboard 7 days prior to the **due date**   **Due date** is listed on the List Page as “Safety/Crisis Plan Review Due”. |
| Flag / Alert | This will be created by the SA  Crisis Resolved  If checked remove Crisis Flag from client  If not checked add Crisis Flag to Client |

**Safety/Crisis Tab – this is the new Crisis Plan** 

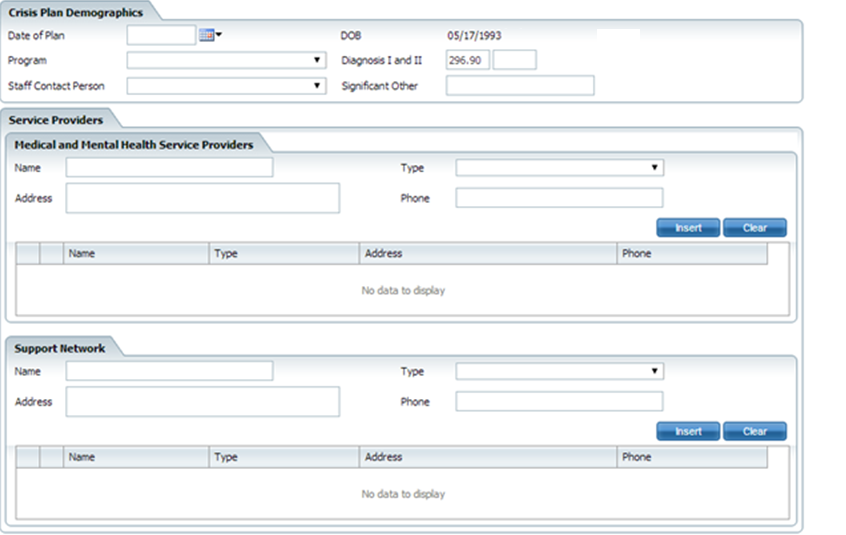


#### Requirements

|  |  |  |  |
| --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message |
| General | Yes | Via radio button   * Initial Crisis Plan * Review | Crisis Plan – General – Initial Crisis Plan or Review is required |
| Date of Crisis | Conditional, Yes if tab is displayed | Via textbox (date) | Crisis Plan – Crisis Plan Demographics – Date of Crisis is required |
| DOB | N/A | Pulls in from Client Information |  |
| Program | Conditional, Yes if tab is displayed | Via dropdown  (auto populated from tables) | Crisis Plan – Crisis Plan Demographics – Program is required |
| Staff Contact Person | Conditional, Yes if tab is displayed | Via dropdown  (auto populated from tables) | Crisis Plan – Crisis Plan Demographics – Staff Contact Person is required |
| Significant Other | No | Via textbox |  |
| Description of the Current Crisis | Conditional, Yes if tab is displayed | Via textbox | Crisis Plan – Crisis Plan Demographics – Description of the Current Crisis is required |
| List specific actions that will be taken for the current crisis | Conditional, Yes if tab is displayed | Via textbox | Crisis Plan – Crisis Plan Demographics – List specific actions is required |

***Rules***

|  |  |
| --- | --- |
| Field/Rule | Descriptions |
| General | Radio Button   * Initial Crisis Plan – default when it is the Initial Crisis Plan for that Episode * Review– defaults when “Crisis is Resolved” in the Safety Plan is not checked. |
| Initial Crisis Plan | When selected it creates a blank Crisis Plan. |
| Review | When select:   1. Pull forward everything previous signed Crisis Plan 2. Review Crisis Plan Every X days is copied in from before. (NOTE: The Next Review date will be based on the last review date or the effective date of the original safety plan + # of days) 3. Because there is an existing Safety Plan in this episode the user MUST select the ‘Safety Plan Reviewed’ radio button and complete the ‘Date Reviewed’ and complete ‘Describe Plan Review’ |



The following sections will be pulled from our core system

* Service Providers
* Support Network



#### Requirements

|  |  |  |  |
| --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message |
| Safety Plan was not reviewed | No | Via checkbox | None |
| Review Crisis Plan Every | conditional – yes if tab is displayed | Via textbox | Crisis Plan – Review - Review Crisis Plan Every is required |



**Change “Disposition” to “Facilities” of “Facility”**

***Upon signature Rules***

|  |  |
| --- | --- |
| Field/Rule | Descriptions |
| Safety Plan was not reviewed | Is “Safety Plan was not reviewed” checked   * Yes - allow signature * No   + Was a new “Safety Plan Review” entered into the List?     - Yes – allow signature     - No – validation message: “Safety Plan must be reviewed or check the “Safety Plan was not reviewed” checkbox on the Crisis Plan tab. |
| Review Crisis Plan Every X Days | “Review Every” number must be between 1 and 14 |
| Review Safety Plan Every date | The review date will be based on the last review date or the effective date of the original safety plan + # of days) |
| SUD and MH | If SUD and MH has been selected on the “Initial” tab, must have two signatures (primary clinician for MH and primary clinician for SU) |
| Treatment for 12+ months | If client has been in treatment for 12 months+ a licensed medical provider must also sign the document (based on the date of registration in the client record) |
| Co-signer | If a checkbox is checked for Add a cosigner, that must default to the supervisor. |

***PDF Rules***

|  |  |
| --- | --- |
| Rule | Descriptions |
| PDF | Print the Safety Plan and only include Crisis Plan tab when “Client has current crisis” is checked.  Print the 5 most recent “Safety/Crisis Plan Review” rows from the List on the “Safety Plan” tab. |

****