

ARIAS Release Notes

System Update - Thursday, November 26th, 2020

Table of Contents

End of Monitoring Notification and Survey Added	2
Two New Questions Added to Monitoring Automated Assessments	4
REAL-D Questions Updated and Layout Reformatted	5
New "Education / Notification Complete" Monitoring Status Added	6

You can get this document in other languages, large print, braille, or a format you prefer. Contact the Coronavirus Response and Recovery Unit (CRRU) at 503-979-3377 or email CRRU@dhsoha.state.or.us. We accept all relay calls, or you can dial 711.

Questions? Contact your Organization Administrator or ARIAS.support@dhsoha.state.or.us

11.26.2020

End of Monitoring Notification and Survey Added

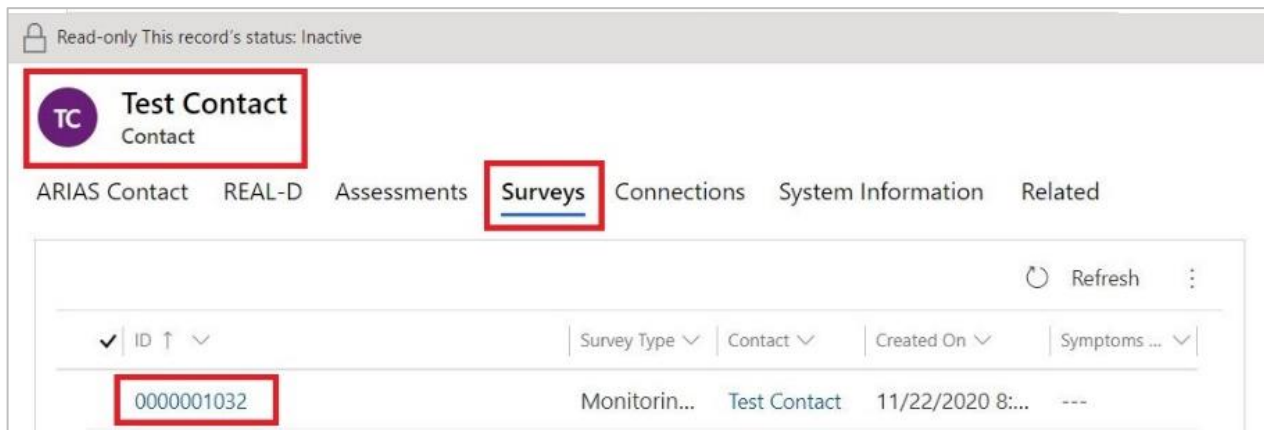
When a contact has completed monitoring, they will receive an end of monitoring notification stating they have completed daily symptom monitoring. This message will also include a COVID-19 Monitoring Complete Survey.

- This message will **only** arrive when the contact's "Monitoring Status" has been changed to "Completed Monitoring"
- **The message will arrive either through text or email**, it will be based on the contact's "Preferred Method of Contact"



If the contact does not have a "Preferred Method of Contact" of "Text" or "Email", contact tracers will have to fill out the COVID-19 Monitoring Complete Survey manually:




- Go to the contact's screen and update the "Monitoring Status" to "Completed Monitoring"
- Click on "Surveys" and click on the newly created COVID-19 Monitoring Complete Survey



Questions? Contact your Organization Administrator or ARIAS.support@dhsosha.state.or.us

11.26.2020

This what the COVID-19 Monitoring Complete Survey looks like:

 |  English |  Sign in

COVID-19 Monitoring Complete Survey

1. Have all of your COVID-19 related symptoms gone away?

2. Do you have any ongoing mental or physical issues from your COVID-19 illness?

3. How often you were able to remain in the place you chose for your isolation/quarantine period (for example, your home, hotel/motel)?

4. If your isolation/quarantine period was interrupted, what was the reason(s)? Check all that apply

<input type="checkbox"/> Go to work	<input type="checkbox"/> Essential errands (for example, groceries, paying bills)	<input type="checkbox"/> Medical visits for myself
<input type="checkbox"/> Medical visits for a family member/relative	<input type="checkbox"/> Personal care (for example, haircut, going to the gym, massage)	<input type="checkbox"/> Social visits
<input type="checkbox"/> Activities related to my child (for example, transportation to school/daycare, sports activities, playdates)	<input type="checkbox"/> Providing for others	<input type="checkbox"/> Other, please specify:

5. Did you isolate/quarantine in your home?

6. Where did you isolate/quarantine?

7. If you isolated/quarantined within your home, how often were you able to isolate or be away from other members of your household?

8. If you isolated/quarantined within your home, what kinds of things made it difficult to isolate/quarantine in your own home, away from other members of your household?

<input type="checkbox"/> No place to isolate/home too small	<input type="checkbox"/> Had to care for children or others	<input type="checkbox"/> Others need to care for me
<input type="checkbox"/> Other		

9. Which of the following services did you receive during your isolation period?

<input type="checkbox"/> Rent assistance	<input type="checkbox"/> Grocery assistance	<input type="checkbox"/> Hotel/Motel for isolation
<input type="checkbox"/> Wage replacement	<input type="checkbox"/> Childcare assistance	

I did not receive any services

If there is any other support service you received during isolation/quarantine, please describe:

10. If you did not receive any services, were there any that you needed?

<input type="checkbox"/> Rent assistance	<input type="checkbox"/> Grocery assistance	<input type="checkbox"/> Hotel/Motel for isolation
<input type="checkbox"/> Wage replacement	<input type="checkbox"/> Childcare assistance	

If there is any other support service you needed during isolation/quarantine, please describe:

11. What other support would have been helpful during your isolation period?


Copyright © 2020. All rights reserved.

Questions? Contact your Organization Administrator or ARIAS.support@dhsola.state.or.us

11.26.2020

Two New Questions Added to Monitoring Automated Assessments

- Two new questions have been added **only to the monitoring** Automated Assessments
- These questions will **not** appear for any initial Automated Assessments

Q | English ▾ | Sign in

Assessment

Are you experiencing any of the following symptoms?

<input type="checkbox"/> None	<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Loss of Smell or Taste
<input type="checkbox"/> Cough	<input type="checkbox"/> Fever	Temperature <input type="text"/>
<input type="checkbox"/> Other Symptoms		

If you have other symptoms please explain.

When did you first start noticing symptoms? (MM/DD/YYYY)

Were you able to quarantine/isolate yesterday?

What support would have helped you to quarantine/isolate?

If you develop any of these symptoms or have other concerns about your health, please contact your primary care provider.

Previous

Copyright © 2020. All rights reserved.

Questions? Contact your Organization Administrator or ARIAS.support@dhsosha.state.or.us
11.26.2020

REAL-D Questions Updated and Layout Reformatted

- The REAL-D questions have been updated
- The format of how the REAL-D questions are displayed in ARIAS has been reformatted

TC Test Contact
Contact

ARIAS Contact REAL-D Assessments Surveys Connections System Information Related

1. How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry?

2. Which of the following describes your racial or ethnic identity? Please check ALL that apply.

Hispanic or Latino/a/x	American Indian and Alaska Native	Asian
---	---	---
Native Hawaiian and Pacific Islander	Black or African American	Other Categories
---	---	---
White	Middle Eastern/North African	Other (please list below):
---	---	---

3. If you checked more than one category above, is there one you think of as your primary racial or ethnic identity?

4a. What language or languages do you use at home? (Skip to question 7 if you indicated English only)

4b. In what language do you want us to communicate in person, on the phone, or virtually with you?

4c. In what language do you want us to write to you?

5b. If you need or want an interpreter, what type of interpreter is preferred?

Other interpreter (Skip to question 7 if you do not use a language other than English or sign language)

6. How well do you speak English?

Questions? Contact your Organization Administrator or ARIAS.support@dhsosha.state.or.us

11.26.2020

New "Education / Notification Complete" Monitoring Status Added

- New monitoring status added to help with contact tracing under surge conditions
- A way to keep track of contacts that do not need to be contacted daily
- This new monitoring status will keep the contact **Active**

TC Test Contact
Contact

ARIAS Contact REAL-D Assessments Surveys Connections System Information Related

Basic Info	
First Name	+ Test
Last Name	+ Contact
Date of Birth (MM/DD/YYYY)	1/1/1993
Age (save required to calculate)	27
Email	---
Mobile Phone	---
Preferred Method of Contact	Email
In what language do you want us to speak with you?	---
In what language do you want us to write to you?	---

Details	
Automated Monitoring	---
Email / Text Language	English
Monitoring Status	Education / Notification Complete v
Last Assessment Date	--Select--
Letter Needed	Monitoring
Letter Sent	Completed Monitoring
	Opted Out
	Lost to Follow-up
	Transferred to Opera
	Marked for deduplication
	Identified not to be a contact
	Out of state
	Education / Notification Complete

Address	
Address: Street 1	
Address: Street 2	

You can get this document in other languages, large print, braille, or a format you prefer. Contact the Coronavirus Response and Recovery Unit (CRRU) at 503-979-3377 or email CRRU@dhsosha.state.or.us. We accept all relay calls, or you can dial 711.

Questions? Contact your Organization Administrator or ARIAS.support@dhsosha.state.or.us

11.26.2020