

Behavioral Health Community Crisis Center Electronic Manual (eManual)

Welcome to Idaho WITS!

Idaho WITS is a secure HIPAA and CRF42 compliant web-based Electronic Health Record (EHR) system for contracted Behavioral Health Community Crisis Centers (BHCCCC).

How to use this electronic manual.

Click on the links on the left navigation bar for each topic.

Print any topic you are currently viewing by clicking the Print icon in the upper right corner of the page.



How to Get Access to WITS

If you are a new staff member at a Behavioral Health Community Crisis Center (BHCCC), print and sign the [BHCC Idaho WITS User Agreement](#) and contact your Agency WITS Administrator.

If you are a new contracted Behavioral Health Community Crisis Center (BHCCC), complete the [BHCCC Agency Set-Up Packet](#) and submit it via email to the WITS Help Desk at dbhwitshd@dhw.idaho.gov.

Computer and Internet Settings for WITS

Internet Browser

The only fully supported browser for WITS is Internet Explorer version 11. Browsers like Chrome, Safari, Edge, or Firefox are not supported by WITS and will not work correctly.

Programs

Printable reports in WITS may require the program Adobe Acrobat Reader.

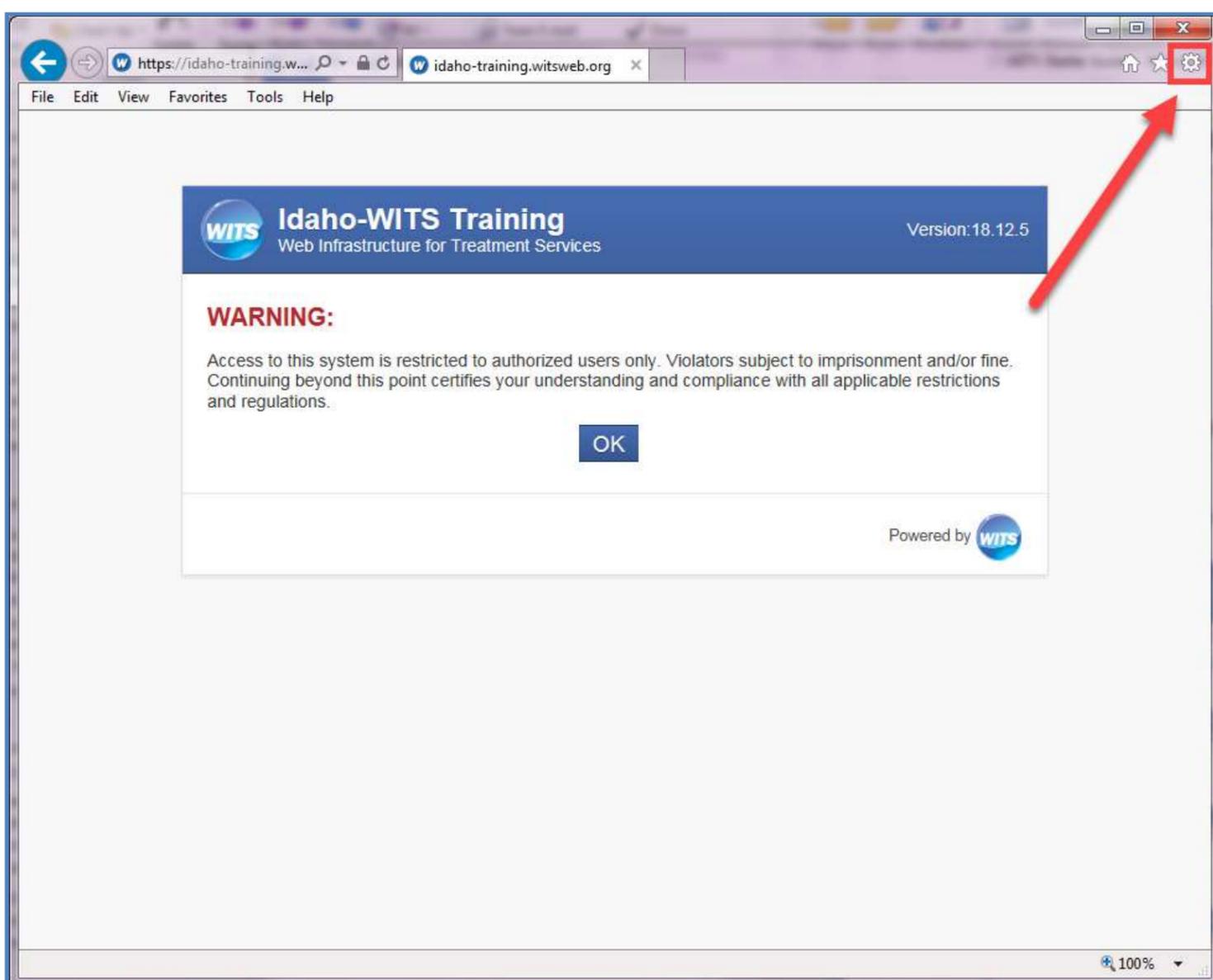


In order for WITS to run correctly on your computer you may need to update your Safe Sites and Clear your Cache. These steps are required when you log in for the first time from a new computer.

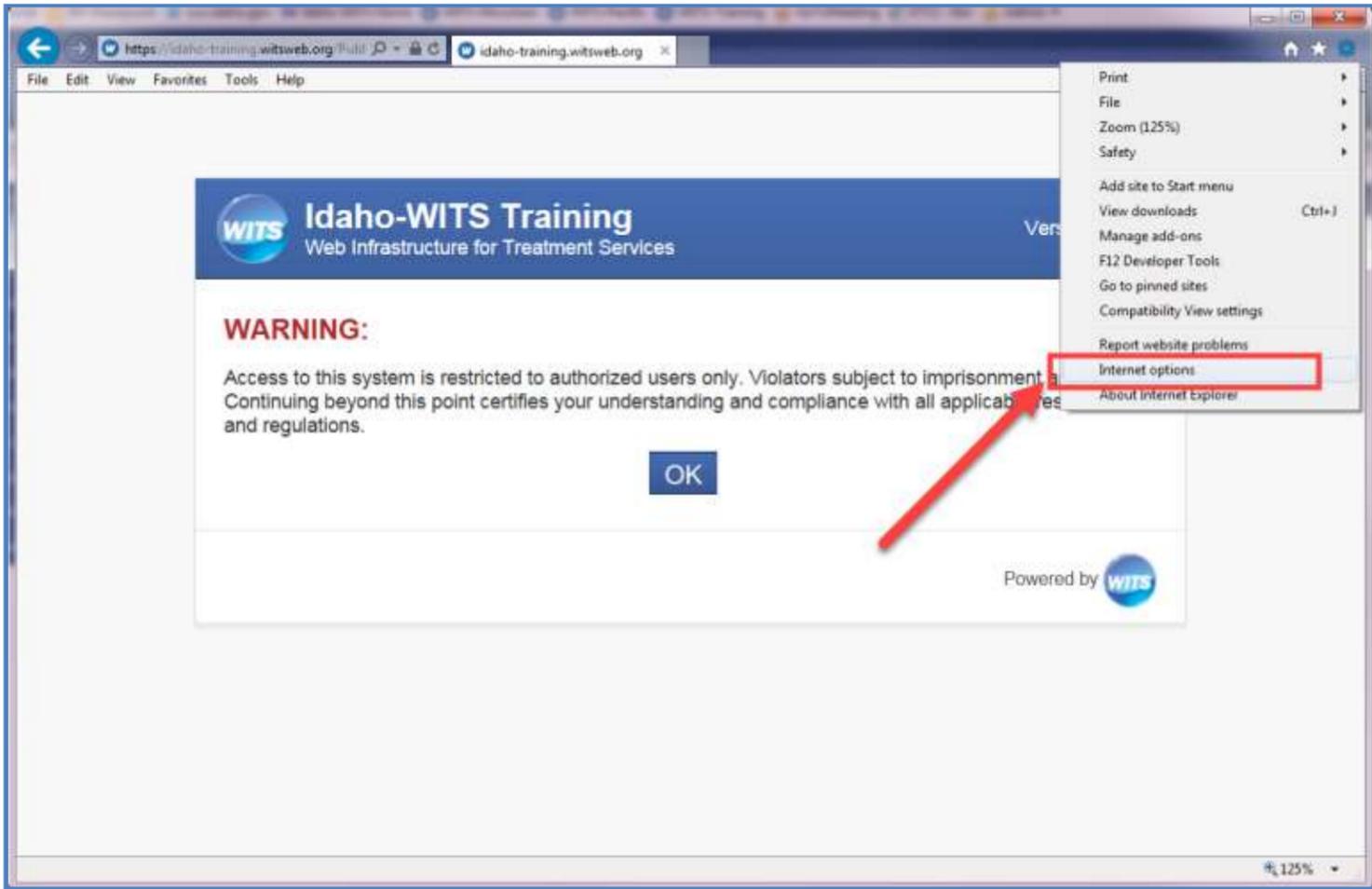
Follow the links below for instructions on how to update your Safe Sites and Clear your Cache.

Safe Sites

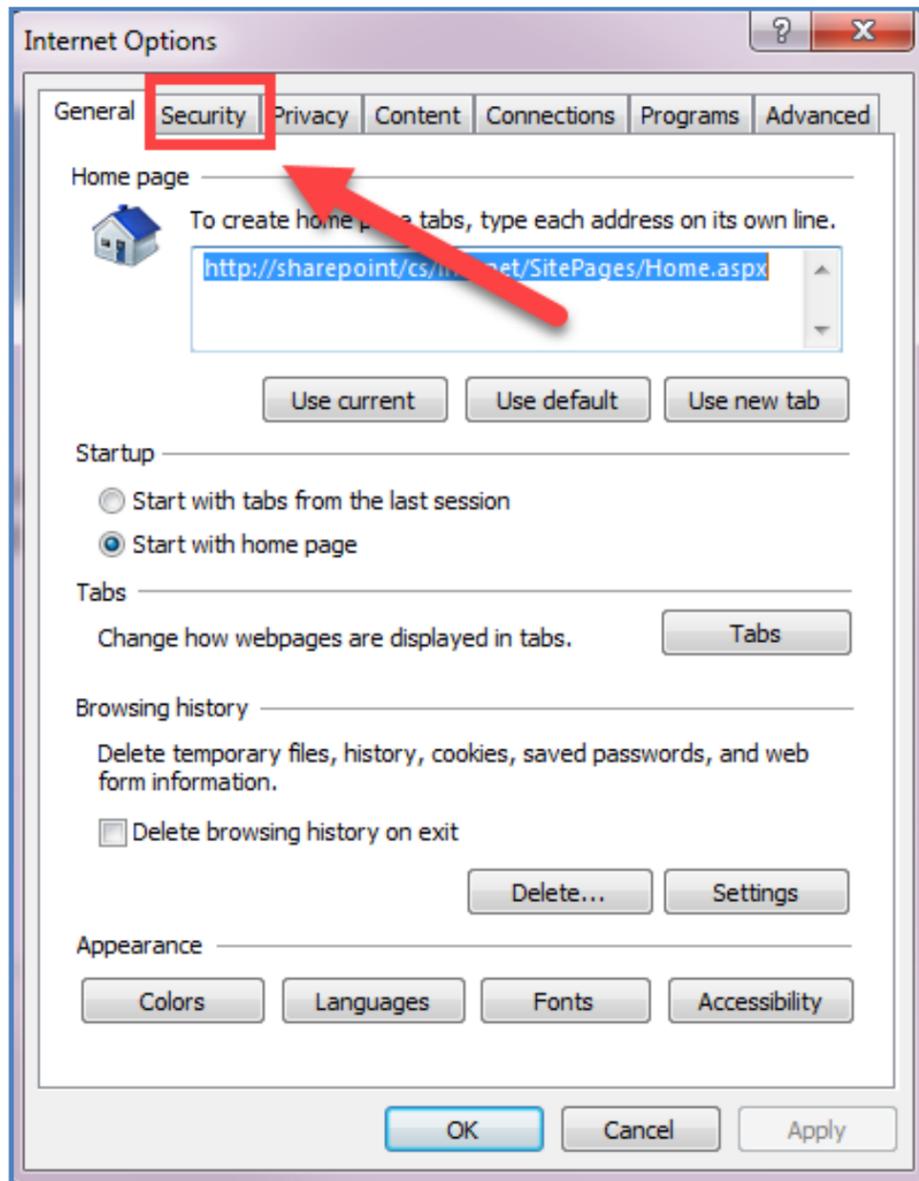
1. Begin by opening Internet Explorer 11.



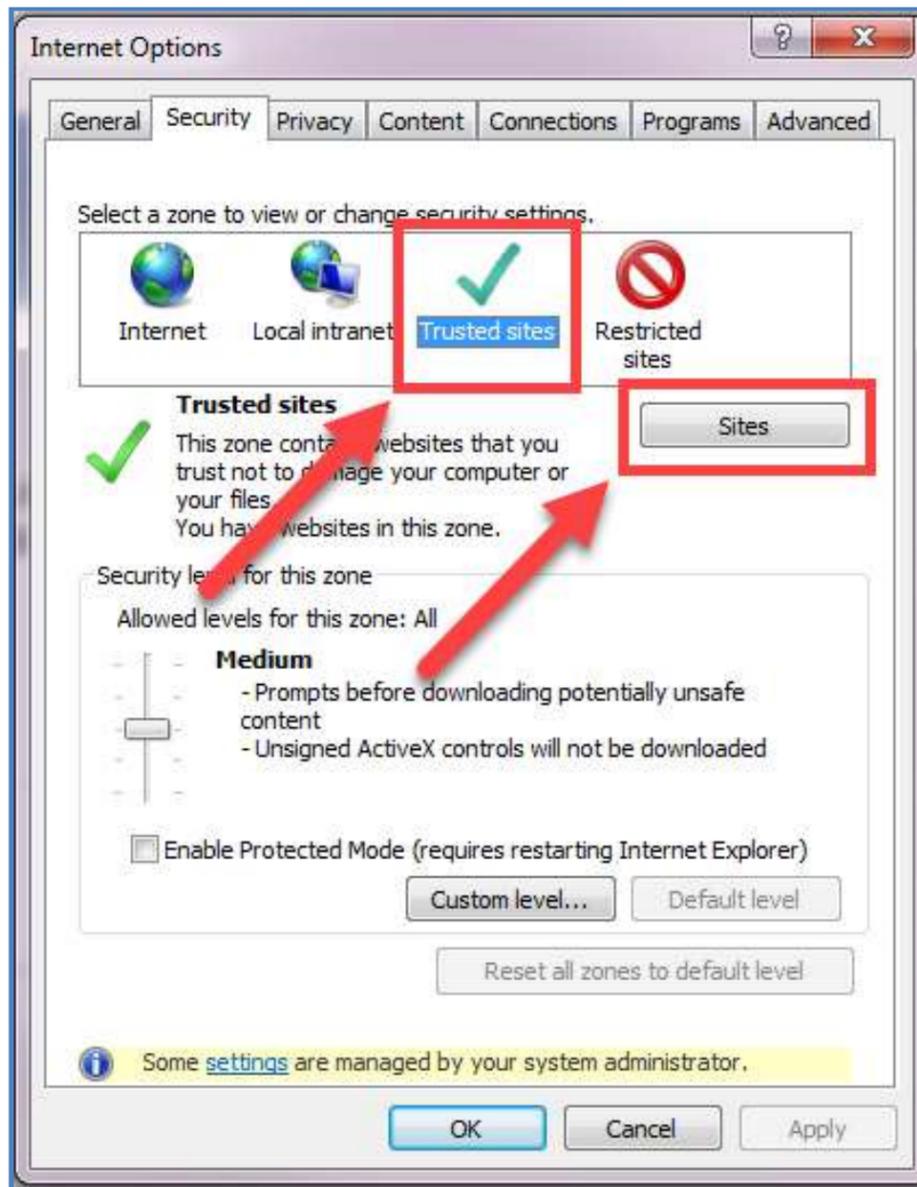
2. Click .



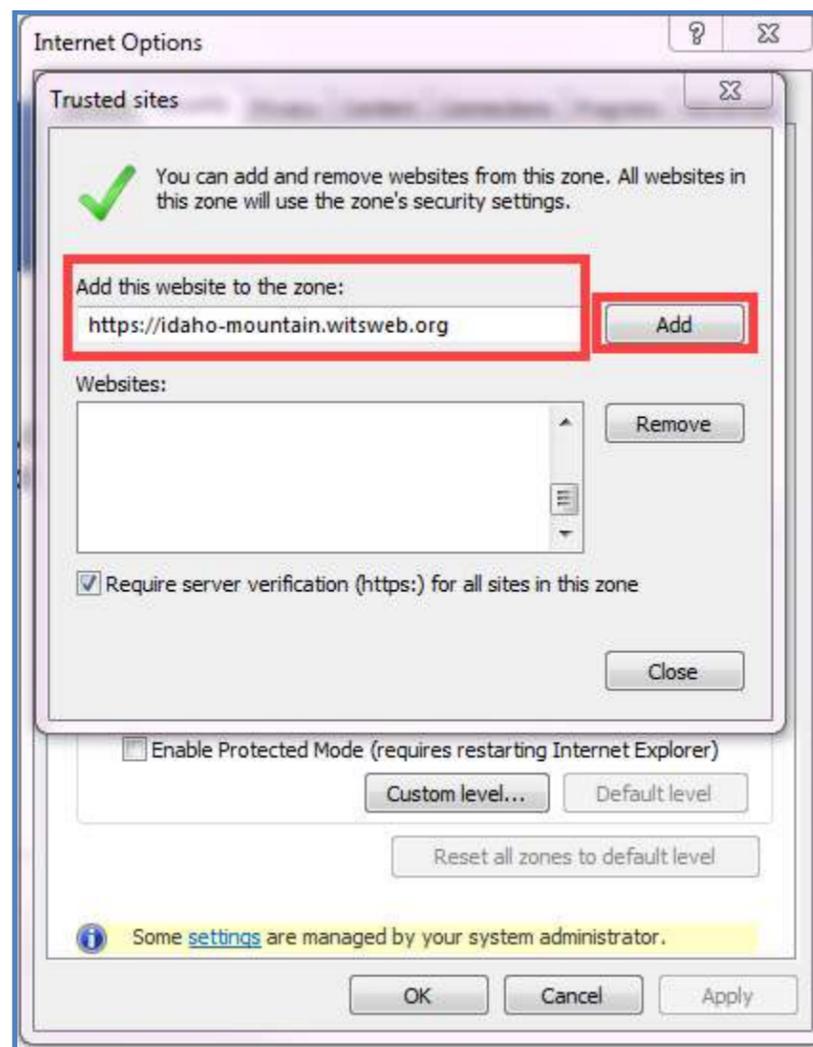
3. Click **Internet options**.



4. Click **Security**.



5. Click  **Trusted sites** (Trusted Sites) and click .



6. Enter each of the websites listed below individually into the field Add this website to the zone: and click .

Users should add either the Mountain or the Pacific site as Trusted Sites. Do not add both Mountain and Pacific as Trusted Sites.

If you are in the Mountain Time Zone add the following sites:

<https://idaho-mountain-sts.witsweb.org>

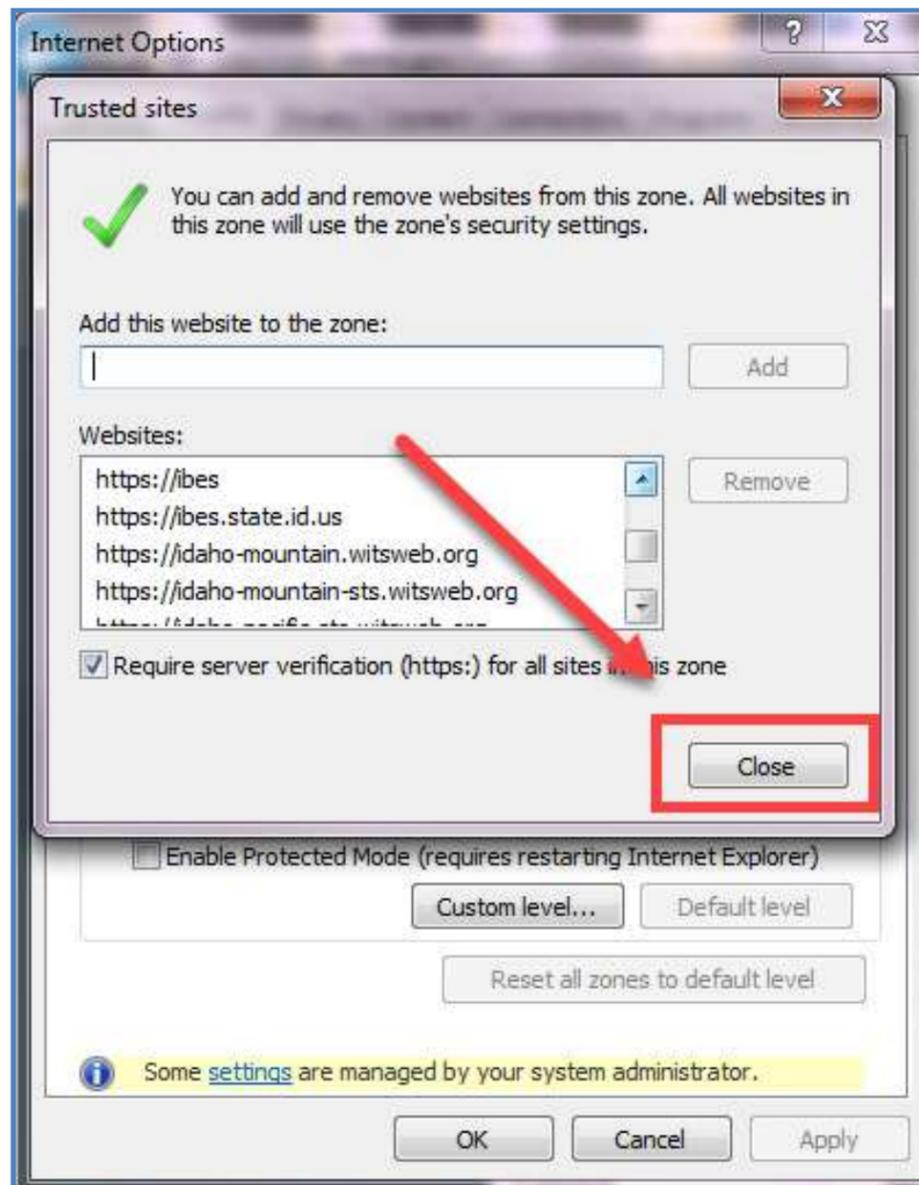
<https://idaho-mountain.witsweb.org>

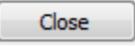
OR

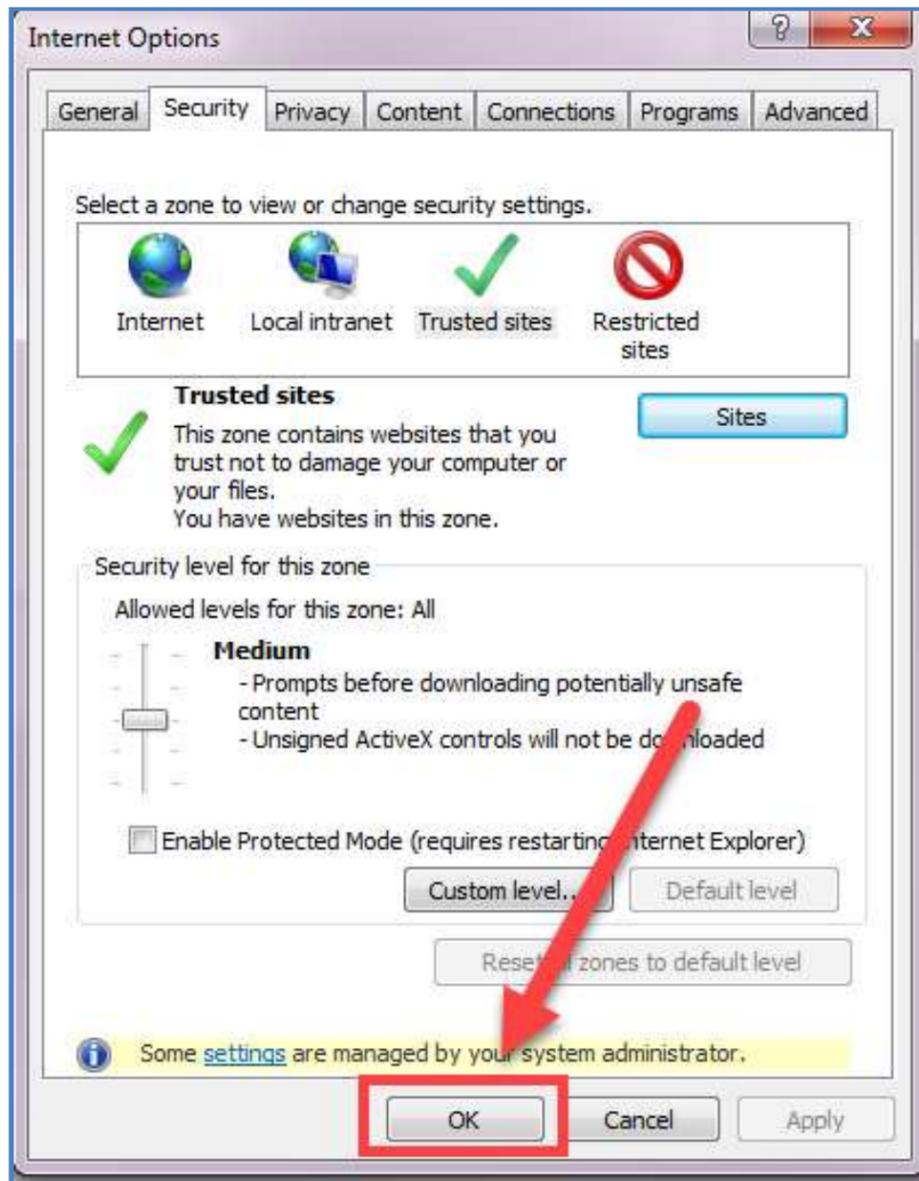
If you are in the Pacific Time Zone add the following sites:

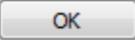
<https://idaho-pacific-sts.witsweb.org>

<https://idaho-pacific.witsweb.org>



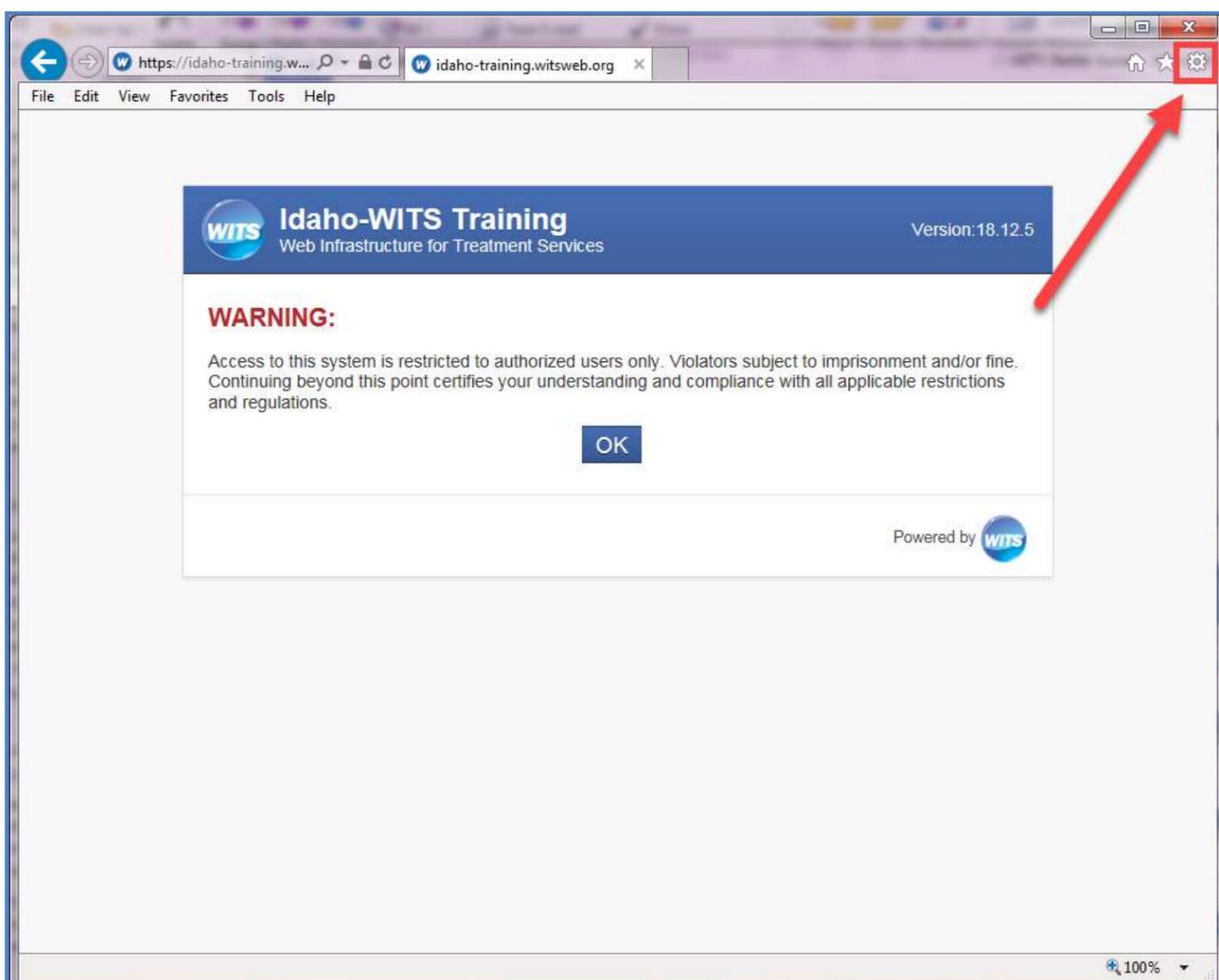
7. Click .



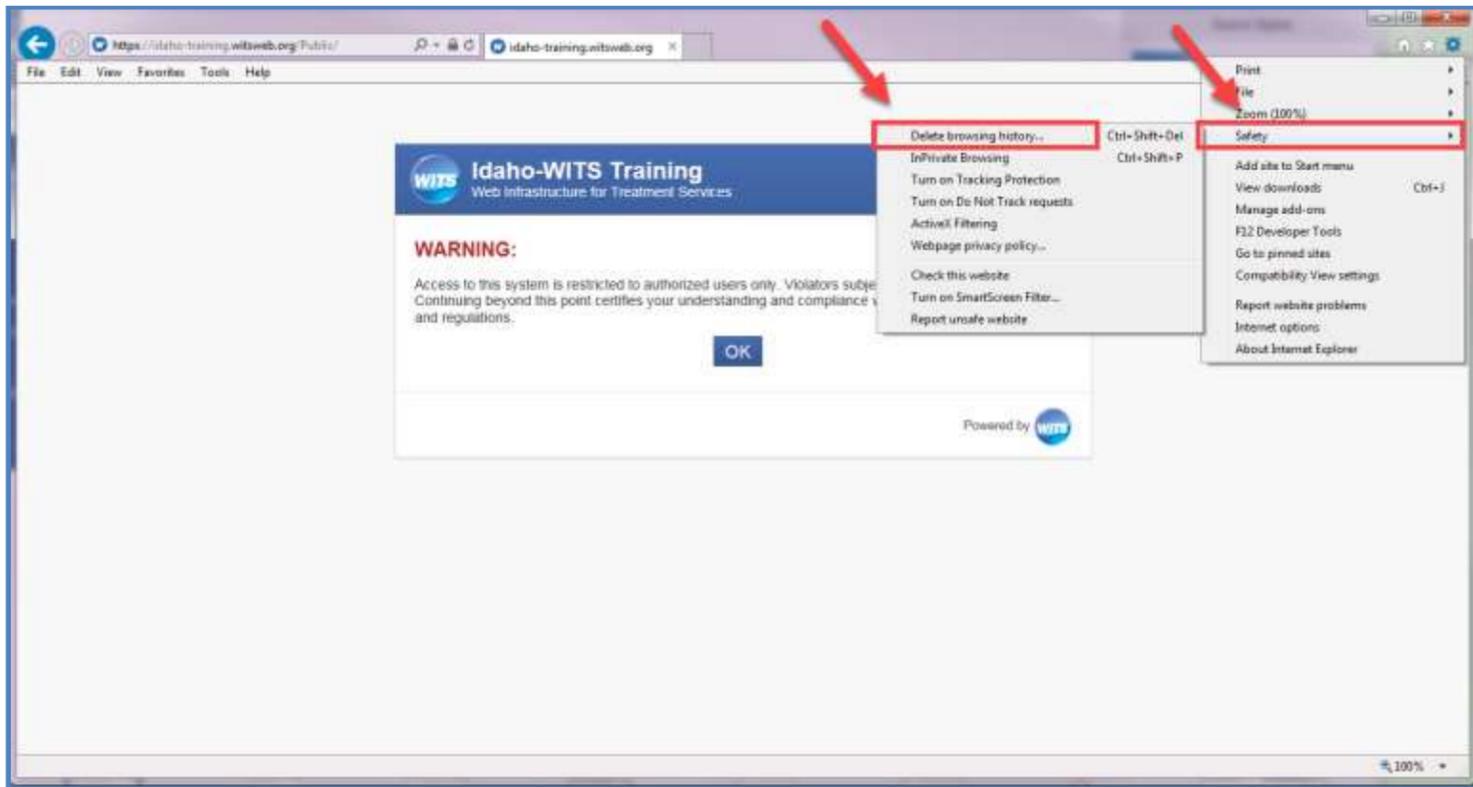
8. Click .

Clearing your Cache

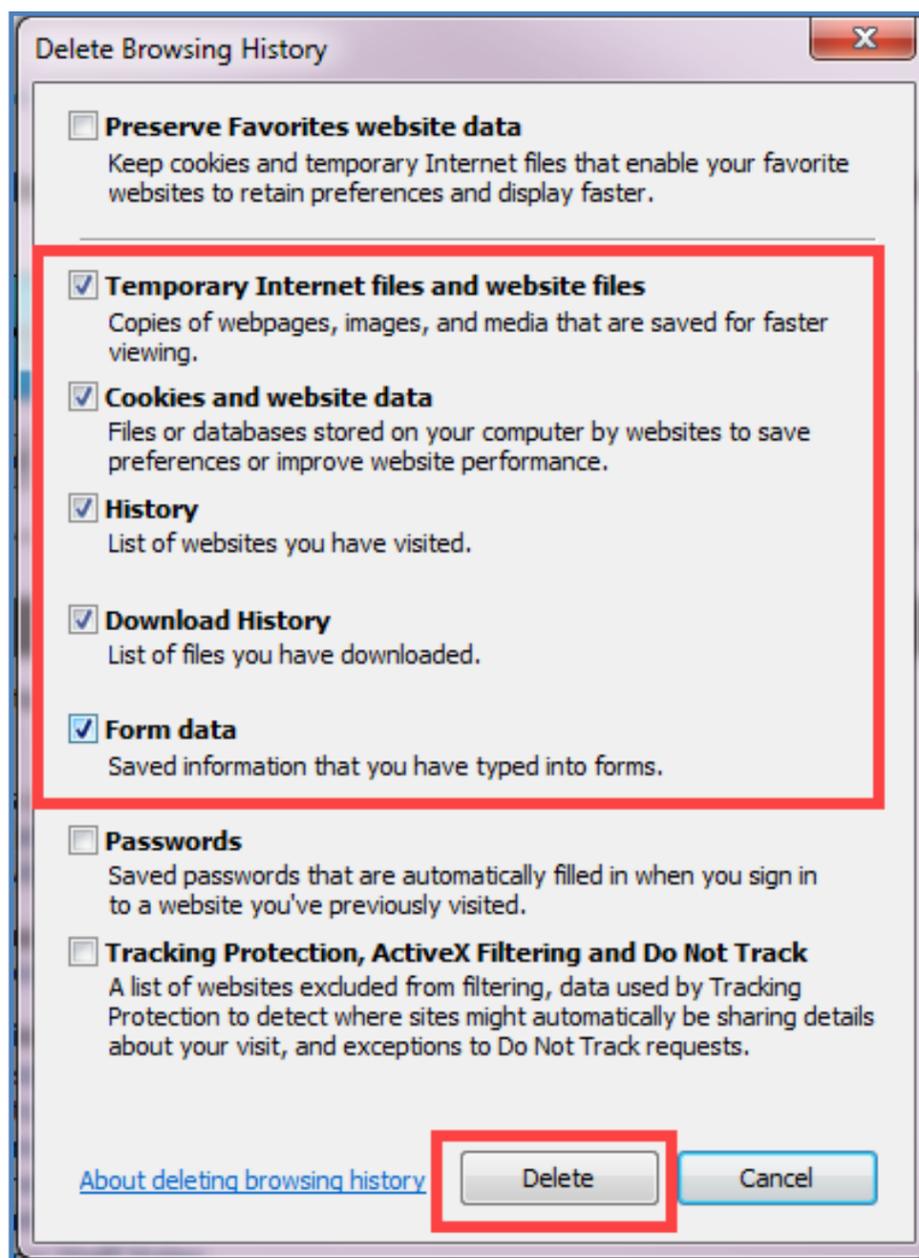
1. Begin by opening Internet Explorer 11.



2. Click .

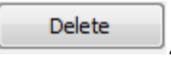


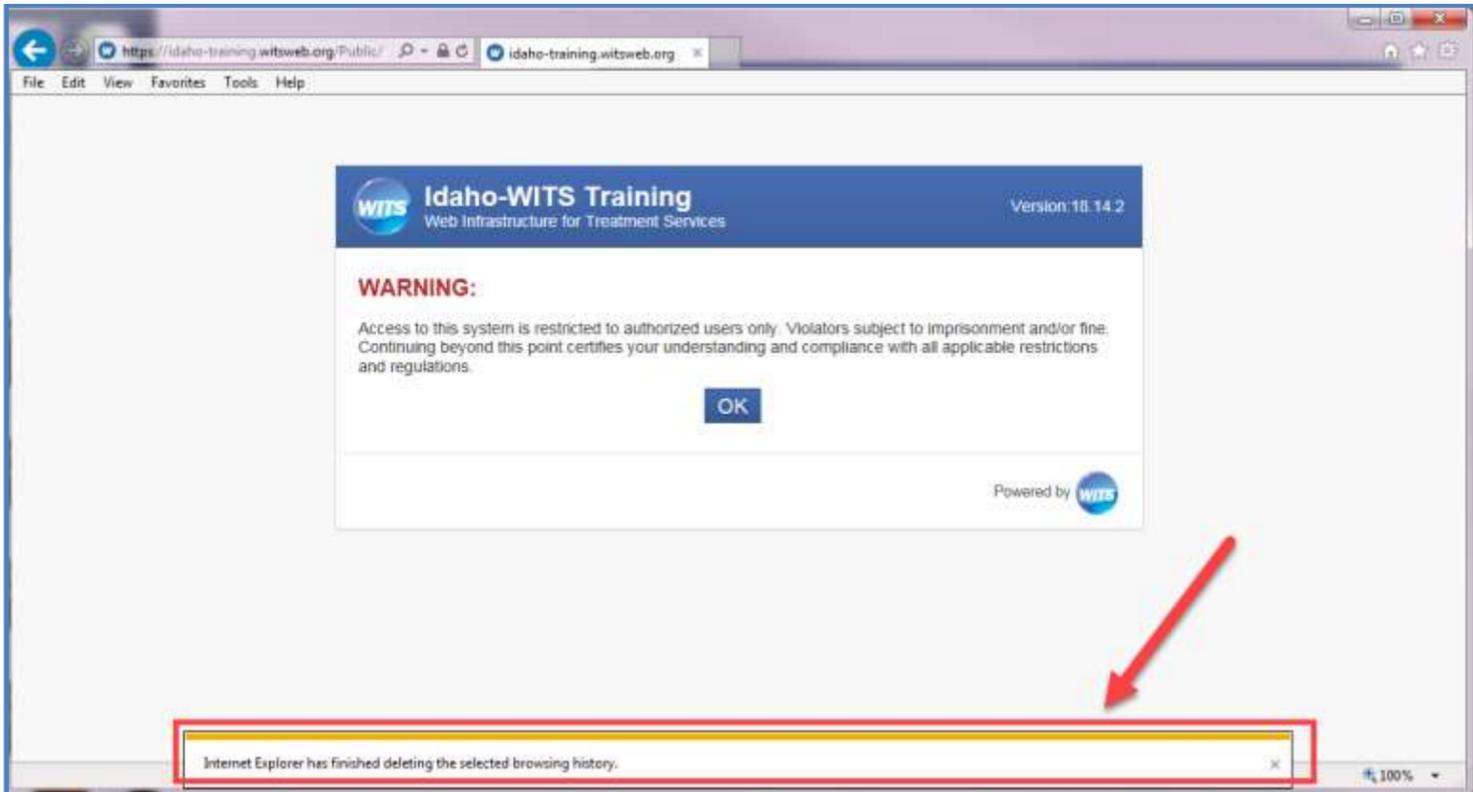
3. Click **Safety** and click **Delete browsing history...**



4. Check the following boxes:

- Temporary Internet files and website files
- Cookies and website data
- History
- Download History
- Form data

5. Click .



6. A notification box will appear at the bottom of your screen letting you know that Internet Explorer has finished deleting the selected browsing history.

Website Address for Idaho WITS



WITS is a secure HIPAA and CRF42 compliant EHR system, and this means that anyone accessing Idaho WITS is required to have a current, signed WITS User Agreement on file. Contact your Agency WITS Administrator if you are not sure if your WITS User Agreement was signed and sent to the Help Desk.



All client information is entered in the Production sites. **Do not enter any test clients/fake client data into the Production sites.**

Mountain Production Site: <https://idaho-mountain.witsweb.org/Public/>

Pacific Production Site: <https://idaho-pacific.witsweb.org/Public/>

WITS Training Site: <https://idaho-training.witsweb.org/Public/>

Logging Into and Out of WITS

Where to find my User Name and how to set my initial Password and Pin



WITS is a secure HIPAA and CRF42 compliant EHR system, and this means that anyone accessing Idaho WITS is required to have a current, signed WITS User Agreement on file. Contact your Agency WITS Administrator if you are not sure if your WITS User Agreement was signed and sent to the Help Desk.



Anyone logging into WITS must confirm the understanding of and compliance with related regulations prior to each WITS login. Specific language on the Log-in screen states: **“WARNING:** Access to this system is restricted to authorized users only. Violators subject to imprisonment and/or fine. Continuing beyond this point certifies your understanding and compliance with all applicable restrictions and regulations.”



Anyone with access to Idaho WITS must never share their User ID, Password, and Pin with another person. All WITS Users must agree to securely maintain their login information within the WITS User Agreement. Any violation of the WITS User Agreement can result in the revocation of your access to Idaho WITS. Criminal prosecution may be undertaken if the information within WITS is knowingly and intentionally disclosed to anyone who is unauthorized, or if the information is used for fraudulent purposes.



Staff who work for multiple agencies must have a unique User ID, Password and PIN for each agency. Everything you do in WITS is recorded (your User ID is considered your signature under federal law).

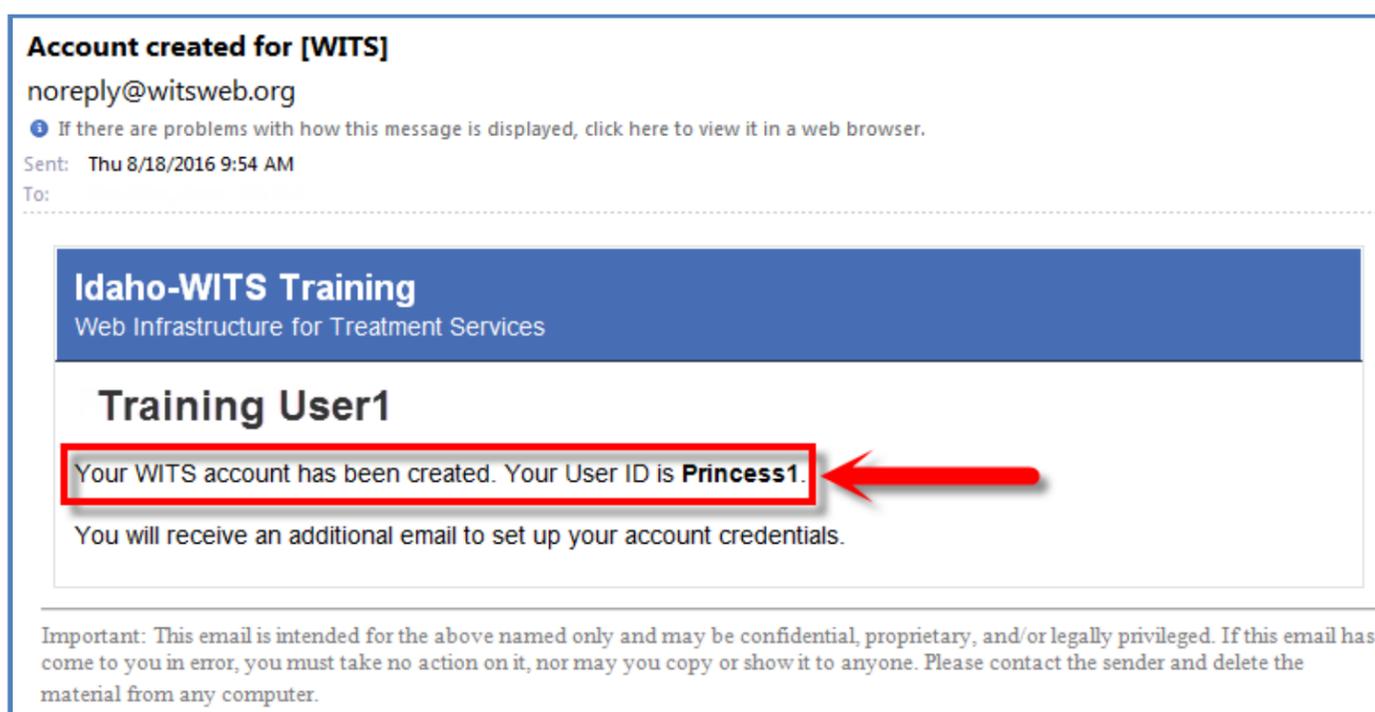


When your Agency WITS Administrator (AWA) creates your WITS account, you will receive two emails from noreply@witsweb.org (the WITS system). If you do not see these emails in your inbox, check the “junk” or “spam” folders in your email.

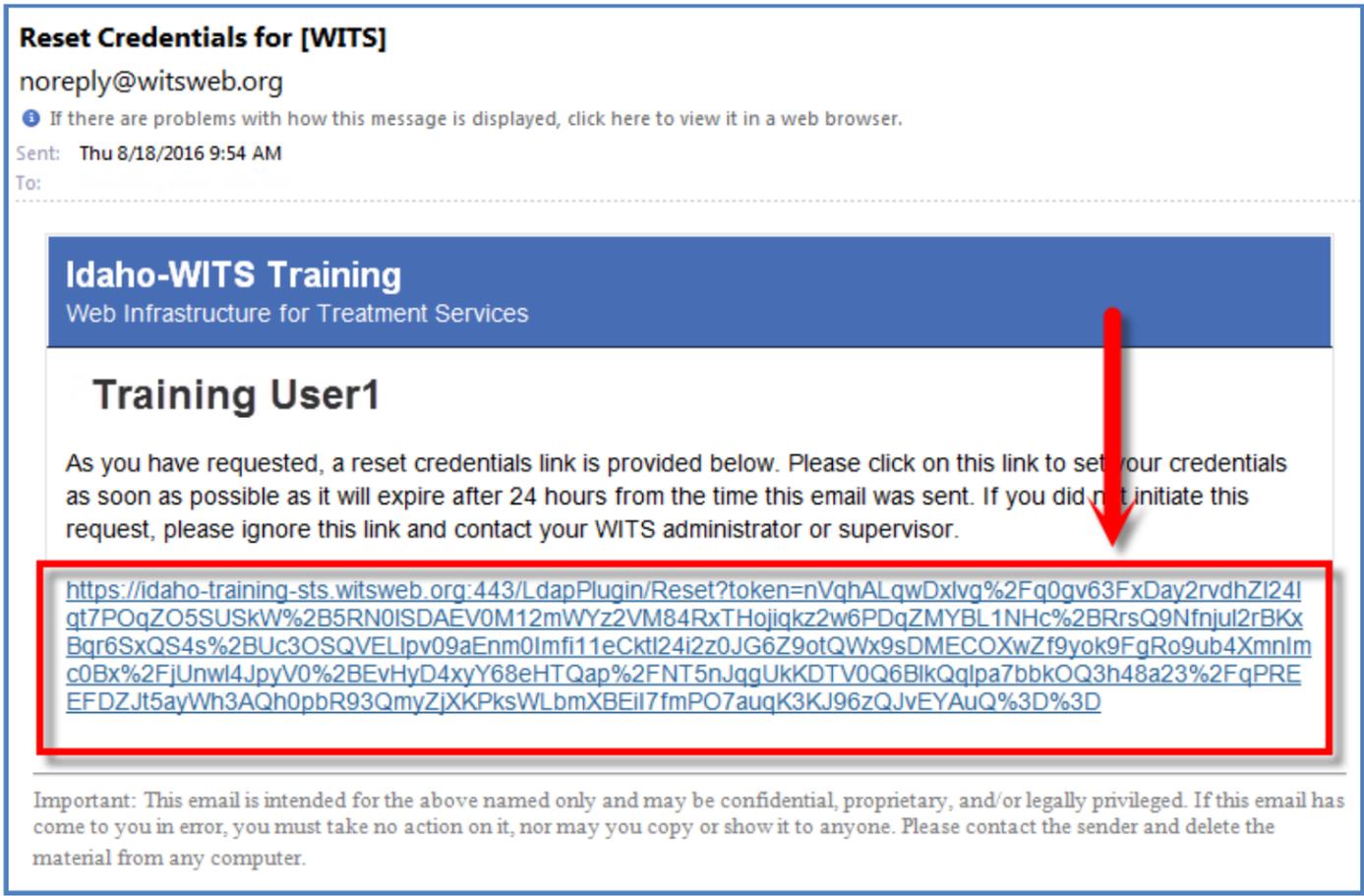


You are required to change your password and pin every 90 days.

1. Open Internet Explorer 11 and update your Safe Sites and Clear your Cache.



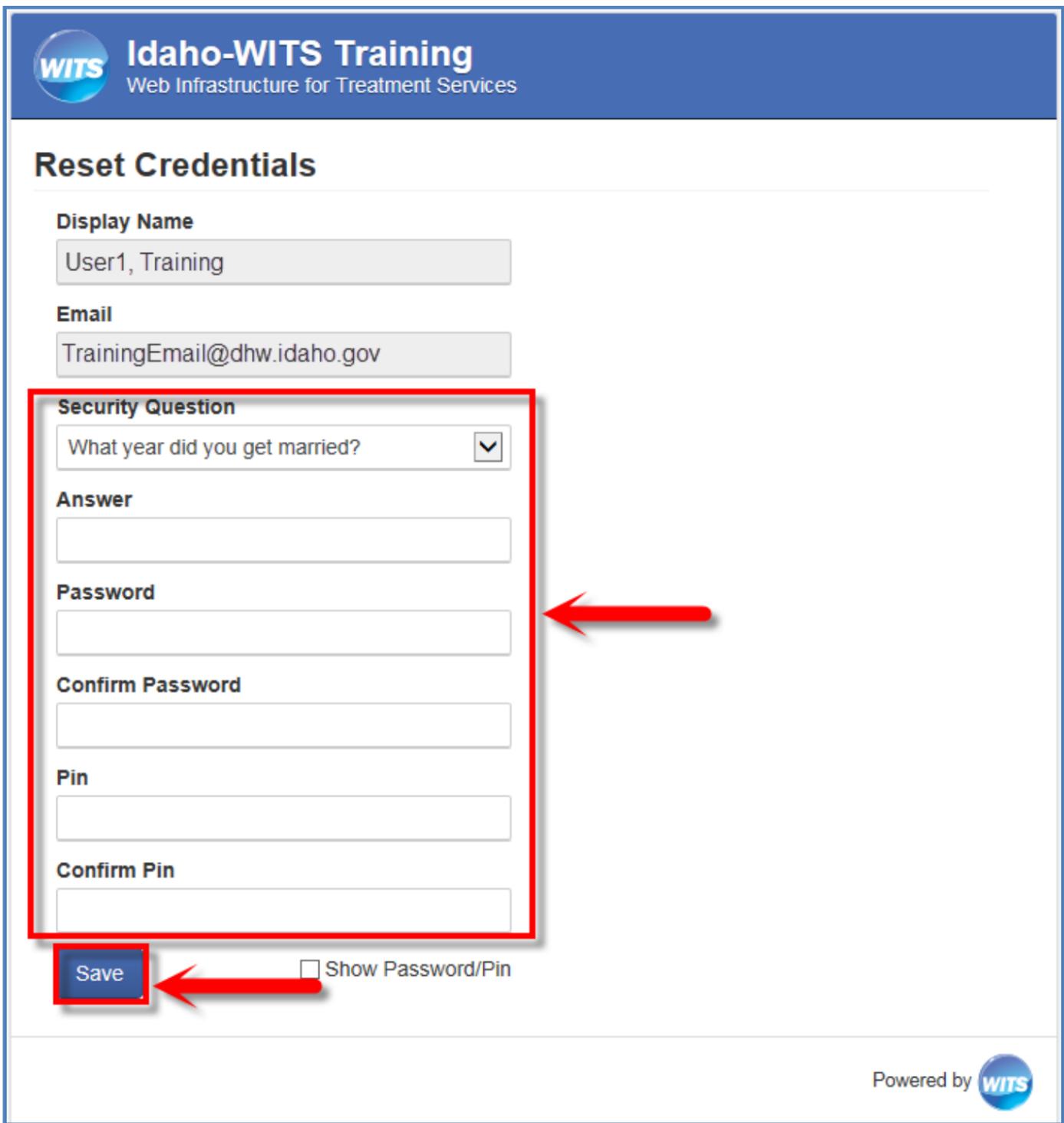
2. Open the email with the subject line of **Account created for [WITS]**. This email contains your WITS User ID. Close the email after noting your User ID.



3. Open the email with the subject line of **Reset Credentials for [WITS]**. Click on the link to set your security question/answer, password, and pin.



Passwords and PINs must be at least six characters with a mix of letters, numbers and other special characters, and must be different than your user name. It is recommended that names, words, and common acronyms not be used as Passwords and PINs.



3. Select your Security Question and enter your Answer.

4. Complete all Password and Pin fields and click  .



5. A message appears indicating your information has been successfully updated.

6. Close the window. You are now ready to log into WITS. Click here for instructions on how to log into WITS.

How to Log into WITS



WITS is a secure HIPAA and CRF42 compliant EHR system, and this means that anyone accessing Idaho WITS is required to have a current, signed WITS User Agreement on file. Contact your Agency WITS Administrator if you are not sure if your WITS User Agreement was signed and sent to the Help Desk.



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Staff who work for multiple agencies must have a unique User ID, Password and PIN for each agency. Everything you do in WITS is recorded (your User ID is considered your signature under federal law).



You are required to change your password and pin every 90 days.



Only log into WITS using Internet Explorer 11. Browsers like Chrome, Safari, Edge, or Firefox are not supported by WITS and will not work correctly.



WITS will timeout after there has been no activity for 121 minutes.

1. Open Internet Explorer 11 and update your Safe Sites and Clear your Cache.

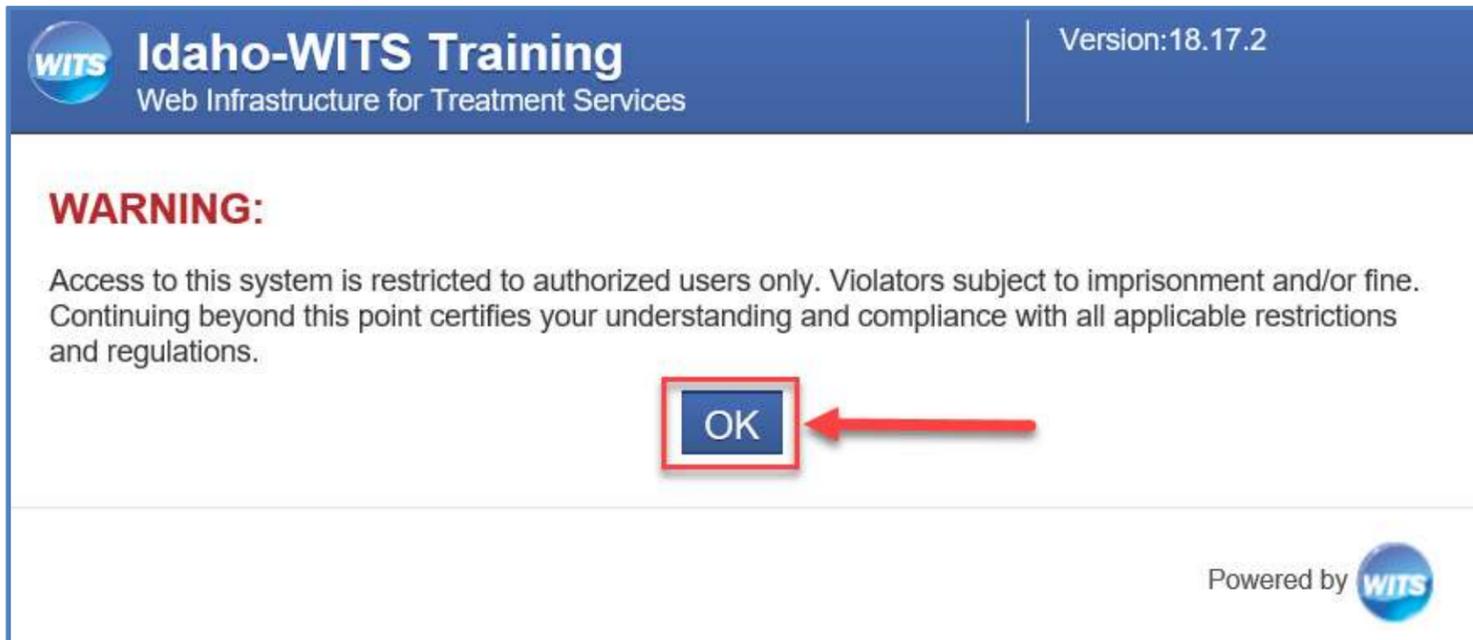
2. If you are in the Mountain Time zone go to <https://idaho-mountain.witsweb.org/>

OR

If you are in the Pacific Time zone go to <https://idaho-pacific.witsweb.org/>



Anyone logging into WITS must confirm the understanding of and compliance with related regulations prior to each WITS login. Specific language on the Log-in screen states: "**WARNING:** Access to this system is restricted to authorized users only. Violators subject to imprisonment and/or fine. Continuing beyond this point certifies your understanding and compliance with all applicable restrictions and regulations."



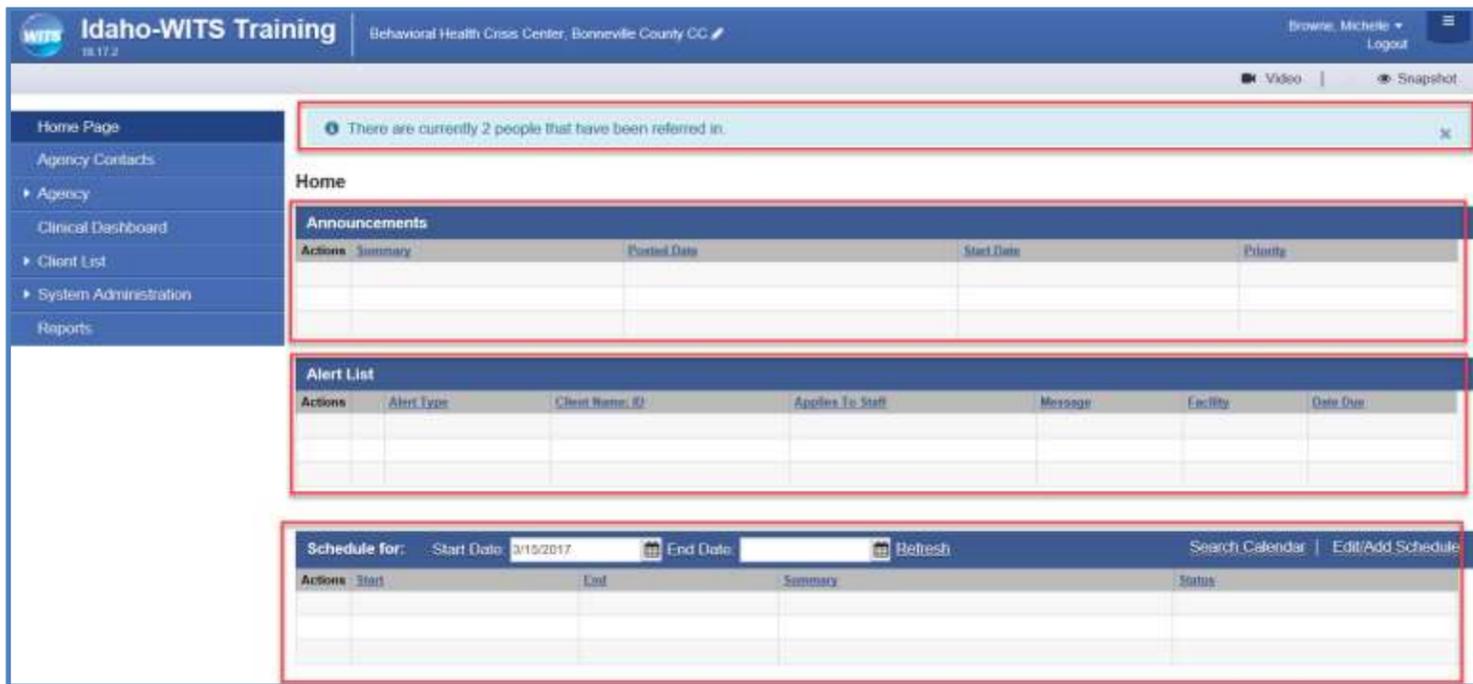
4. Review the warning message and click  .



Your WITS account will be Disabled if you enter your Password or PIN incorrectly more than three times. If your account becomes Disabled, contact your Agency WITS Administrator or the WITS Help Desk.



5. Enter your User ID, Password, and Pin. Click  .



- You are logged successfully into Idaho WITS. The Home Page features Notifications, Announcements, Alert Lists, and the Scheduler.

How to Log out of WITS

- Begin on any page.



- Click **Logout**.



- Click **Yes** to log out or click **No** to cancel.

How to Change your Password and Pin



Anyone with access to Idaho WITS must never share their User ID, Password, and Pin with another person. All WITS Users must agree to securely maintain their login information within the WITS User Agreement. Any violation of the WITS User Agreement can result in the revocation of your access to Idaho WITS. Criminal prosecution may be undertaken if the information within WITS is knowingly and intentionally disclosed to anyone who is unauthorized, or if the information is used for fraudulent purposes.

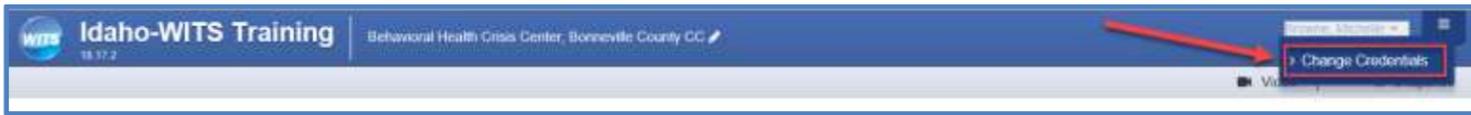


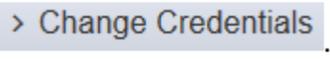
Passwords and PINs must be at least six characters with a mix of letters, numbers and other special characters, and must be different than your user name. It is recommended that names, words, and common acronyms not be used as Passwords and PINs.

- Begin on any page.



2. Click  next to your name on the gray bar.



3. Click .

Idaho-WITS Training
Web Infrastructure for Treatment Services

Change Password

User Name: brownem

Security Question
What was your first car?

Answer
rabbit

Old Password

New Password

Confirm Password

Old Pin

New Pin

Confirm Pin

Show Password/Pin

Powered by 

4. Complete the following fields.

- Security Question – change your security question if needed.
- Answer – enter the answer to your security question.
- Old Password – enter your current password.
- New Password – enter your new password.
- Confirm Password – enter your new password.
- Old Pin – enter your current pin.
- New Pin – enter your new pin.
- Confirm Pin – enter your new pin.

5. Click .

What to do when you have issues logging into WITS

If you are trying to log into WITS and run into issues where the page does not display correctly, follow these troubleshooting steps.

1. Check which browser you are using. The only fully supported browser for WITS is Internet Explorer version 11. Browsers like Chrome, Safari, Edge, or Firefox are not supported by WITS and will not work correctly.
2. Update your Safe Sites
3. Clear your Cache
4. Contact your Agency WITS Administrator (AWA) for assistance.
5. Contact the WITS Help Desk for assistance.
 - Email: DBHWITSHD@dhw.idaho.gov
 - Phone: 208-332-7316
 - Toll Free: 1-844-726-7493

Crisis Center Starter Guides

The Crisis Center Starter Guides are a great place to start! They will walk you through everything you need to do in WITS from start to finish and are broken down by when the client is present and when the client is not present.

For a more comprehensive guide, please select the Technical Manual from the navigation pane on the left. Included in the Technical Manual are specific requirements and policies for entering information into the system, and will be helpful for the experienced user.

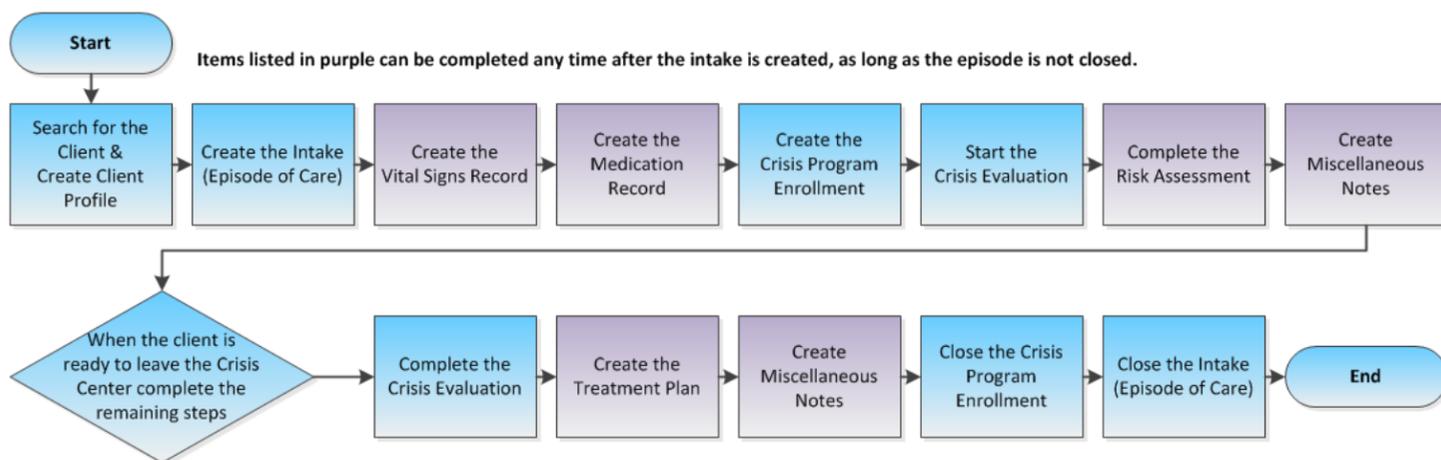
Process when Clients are Present



Miscellaneous Notes and Vital Sign Records should be created multiple times throughout the episode of care as appropriate.



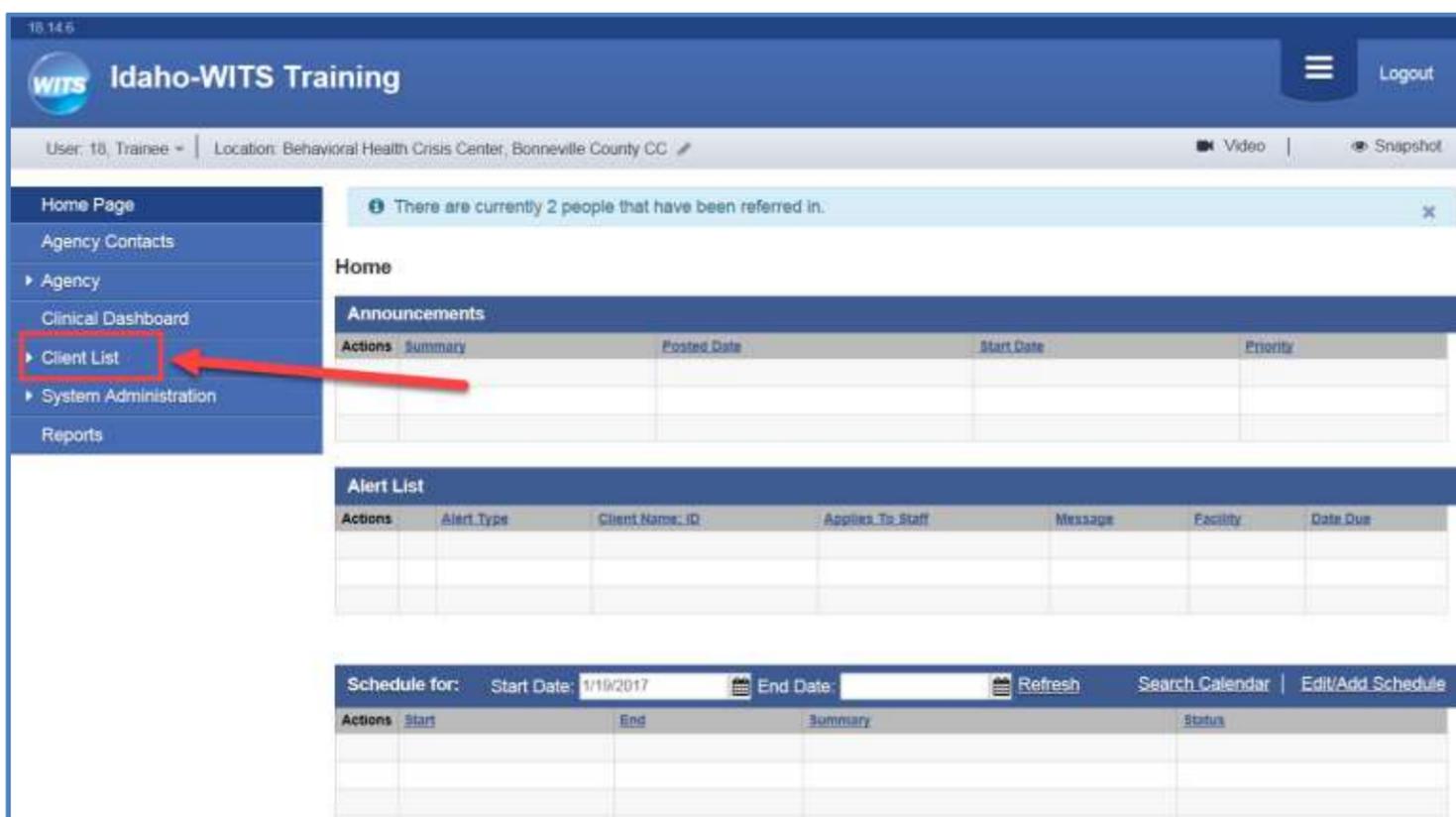
If you would like to print information from this page, make sure to expand as many sections as desired and then click the Print icon in the upper right corner of the page.



1. When the client comes to the Crisis Center, search WITS to see if the client already exists in the system. If they do, skip to step 3 and start a new episode by creating the Intake

How to search WITS to see if the client already exists

1. Begin on the Home Page.



2. Click **Client List** on the blue navigation pane.



Perform a Wild Card Search to broaden your search. For example, if you want all individuals with a last name beginning with Ano, enter ano* in the last name field. You can also search using a date range in date fields dates for example, searching for 01/01/2000:12/31/2000 – returns any record with a date in the year 2000.



To view only Active Clients, select a Case Status of Clients with Open Cases.

Client Search

Agency Behavioral Health Crisis Center	Facility <input type="text"/>
First Name <input type="text"/>	Last Name <input type="text"/>
SSN <input type="text"/>	DOB <input type="text"/>
Idaho-WITS Training Client Id <input type="text"/>	
Unique Client Number <input type="text"/>	Provider Client ID <input type="text"/>
Treatment Staff <input type="text"/>	Primary Care Staff <input type="text"/>
Case Status All Clients	Intake Staff <input type="text"/>
Other Number <input type="text"/>	Number Type <input type="text"/>
Include Only Active Consents Yes	

Client List [\(Export\)](#) [Add Client](#)

Actions	Unique Client #	Full Name	DOB	SSN	Gender

Clients with Consents from Outside Agencies

Actions	Agency	Unique Client #	Client Name	DOB	SSN	Gender

3. Enter search criteria on the Client Search page and click .

Client Search

Agency Behavioral Health Crisis Center	Facility <input type="text"/>
First Name <input type="text" value="anna"/>	Last Name <input type="text" value="test1"/> ✕
SSN <input type="text"/>	DOB <input type="text"/>
Idaho-WITS Training Client Id <input type="text"/>	
Unique Client Number <input type="text"/>	Provider Client ID <input type="text"/>
Treatment Staff <input type="text"/>	Primary Care Staff <input type="text"/>
Case Status All Clients	Intake Staff <input type="text"/>
Other Number <input type="text"/>	Number Type <input type="text"/>
Include Only Active Consents Yes	

Client List [\(Export\)](#) [Add Client](#)

Actions	Unique Client #	Full Name	DOB	SSN	Gender
	2071516600001N	Test1, Anna	1/1/1990	000-00-0000	Female

Clients with Consents from Outside Agencies

Actions	Agency	Unique Client #	Client Name	DOB	SSN	Gender

- If your search locates your client, he or she will be listed under the Client List section as shown above. This means the client has been at the BHCCC before and you can skip the next step of Creating a New Client.
- If your search does not locate your client, he or she will not be listed under the Client List section. Proceed to the next step by Creating a New Client.
- If the client has not previously been at the Crisis Center you will need to start by creating the Client Profile

Creating a New Client



Before you create a new client record, always search for the client as shown below. This will help you to avoid creating duplicate clients.

- Begin on the Home Page.

The screenshot shows the BHCCC Home Page interface. On the left is a blue navigation pane with the following items: Home Page, Agency Contacts, Agency, Clinical Dashboard, Client List (highlighted with a red box and a red arrow), System Administration, and Reports. The main content area is titled 'Home' and contains three sections: 'Announcements' with a table showing a welcome message, 'Alert List' with an empty table, and a 'Schedule for:' section with date pickers and a 'Refresh' button. Below the calendar is another table with columns for Actions, Start, End, Summary, and Status.

- Click **Client List** on the blue navigation pane.



Perform a Wild Card Search to broaden your search. For example, if you want all individuals with a last name beginning with Ano, enter ano* in the last name field. You can also search using a date range in date fields dates for example, searching for 01/01/2000:12/31/2000 – returns any record with a date in the year 2000.



To view only Active Clients, select a Case Status of Clients with Open Cases.

Client Search

Agency Behavioral Health Crisis Center Facility

First Name Last Name

SSN DOB

Idaho-WITS Training Client Id

Unique Client Number Provider Client ID

Treatment Staff Primary Care Staff

Case Status All Clients Intake Staff

Other Number Number Type

Include Only Active Consents Yes

Clear **Go**

Client List (Export) [Add Client](#)

Actions	Unique Client #	Full Name	DOB	SSN	Gender

Clients with Consents from Outside Agencies

Actions	Agency	Unique Client #	Client Name	DOB	SSN	Gender

2. Enter the search criteria and click **Go**.

Client Search

Agency Behavioral Health Crisis Center Facility

First Name Last Name

SSN DOB

Idaho-WITS Training Client Id

Unique Client Number Provider Client ID

Treatment Staff Primary Care Staff

Case Status All Clients Intake Staff

Other Number Number Type

Include Only Active Consents Yes

Clear **Go**

Client List (Export) [Add Client](#)

Actions	Unique Client #	Full Name	DOB	SSN	Gender
	20715166000001N	Test1, Anna	7/15/1966	000-00-0000	Female
	10303110000001N	Test2, Anna	3/3/1910	000-00-0000	Male
	20801183000001N	Test3, Anna	8/1/1983	000-00-0000	Female

Clients with Consents from Outside Agencies

Actions	Agency	Unique Client #	Client Name	DOB	SSN	Gender

3. If you do not find your client in the Client List, click [Add Client](#).

4. The Profile page will display.

Profile



The First Name, Gender, DOB, and SSN fields are particularly important, as this data feeds into the system generated Unique Client Number field. Once the Unique Client Number has been created by WITS and there is an Intake for the client, it cannot be changed. Make sure that information is entered accurately, as it will affect future searches for the client in WITS.



Warning messages will display if the client is over 75 years old or less than 5 years old.

The screenshot shows the 'Profile' form in WITS. A red box highlights the 'First Name' (Anna), 'Last Name' (Test4), 'Gender' (Male), 'DOB' (9/1/1992), and 'SSN' (000-00-0000) fields. Another red box highlights the 'Access Category' dropdown menu, which is set to 'Adult'. Red arrows point to the 'Save' and 'Finish' buttons in the 'Administrative Actions' section. Below the form are sections for 'Alternate Names' and 'Addresses', each with an 'Add' button.

1. Complete the following fields.

- First Name – enter client’s first name
- Last Name – enter client’s last name
- Gender – select the client’s gender
 - Female
 - Male
 - Refused
 - Transgender Female: person designated male at birth but identifies as female
 - Transgender Male: person designated female at birth but identifies as male
 - Unknown
- Date of Birth – enter client’s birth date as MM/DD/YY
- Social Security Number – it is very important to get the clients SSN up front. However, if this is not possible, the system will accept 000-00-0000 as a SSN. This is the only SSN that may be entered WITS more than once.

2. Click  and click .



WITS is designed to prevent duplicate records. Based on first name and date of birth, the system will display a list of potential duplicates and the message below during the process of creating a client record. **When there are no potential duplicates, the below message will not display.**

Similar Clients already exist in the System and are listed below. Do you wish to continue inserting this client record? Click "Yes" to continue to Add the record or "No" to Cancel the creation of the new record. The Select Action will take you to the record of the duplicate client.

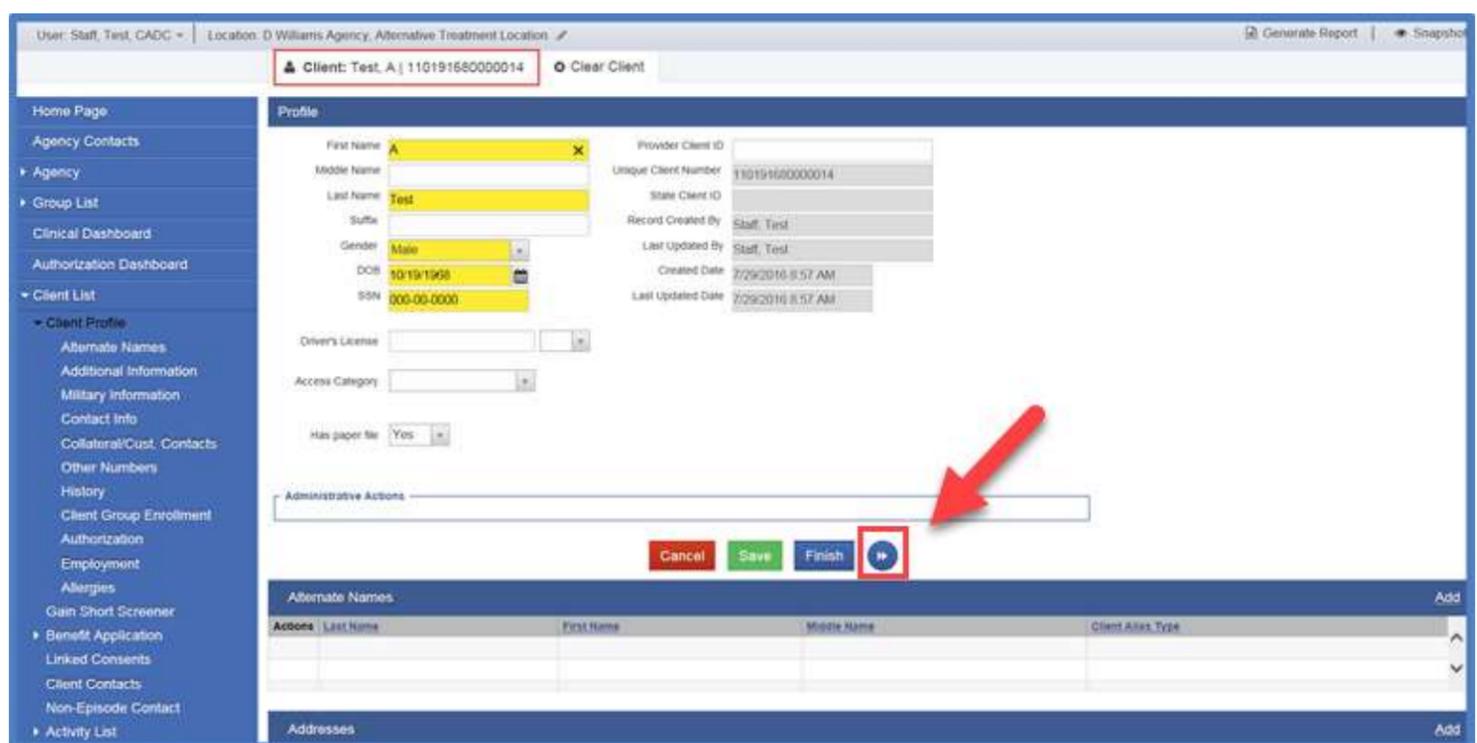
Actions	Unique Client #	Full Name	DOB	SSN	Gender
 Select	110191680000014	Test, A	10/19/1968	000-00-0000	Male

Yes **No**

3. Click  and **Select** under Actions to go to the Client Profile if it is the same client (the client exists in WITS).

OR

4. Click **Yes** to continue to add the client you entered (*if the new client is not a duplicate client record*).



5. Once the client is created, the client's name appears in the Context area of the WITS Context Bar.

6. Click .

7. The Alternate Names page will display.

Alternate Names



Enter all known alternate names (alias, street name, etc.) used by the client (these are searchable items on the Client Search page).

Actions	Last Name	First Name	Middle Name	Client Alias Type

Add Alternate Name

First Name Middle Name
 Last Name Client Alias Type

Cancel **Save** **Finish**  

1. Click [Add Alternate Name](#).

The screenshot shows the 'Alternate Names' form. At the top is a table with columns: Actions, Last Name, First Name, Middle Name, and Client Alias Type. Below the table is a blue bar with the text 'Add Alternate Name'. Underneath is a form with four input fields: First Name (highlighted in yellow), Middle Name, Last Name, and Client Alias Type (a dropdown menu). Below these fields are two buttons: 'Cancel' and 'Finish'. Red arrows point from the 'Add Alternate Name' button to the 'Finish' button and from the 'Add Alternate Name' button to the 'First Name' field.

2. Complete the following fields.
 - First Name – enter the client’s alternate first name.
 - Client Alias Type – select the alias type.

3. Click [Finish](#).

The screenshot shows the 'Alternate Names' form after data entry. The table now contains one row with a pencil icon in the 'Actions' column, 'Nickname1' in the 'First Name' column, and 'Nickname' in the 'Client Alias Type' column. Below the table is a blue bar with the text 'Add Alternate Name'. Underneath is a form with four input fields: First Name, Middle Name, Last Name, and Client Alias Type. Below these fields are five buttons: 'Cancel', 'Save' (highlighted in green), 'Finish', a left arrow, and a right arrow (highlighted with a red box). Red arrows point from the 'Add Alternate Name' button to the 'Save' button and from the 'Add Alternate Name' button to the right arrow button.

4. Click [Save](#) and click

5. The Additional Information page will display.

Additional Information



Ethnicity: Other Specific Hispanic or Latino is defined as: of known Central or South American or any other Spanish culture or origin (including Spain), other than Puerto Rican, Mexican, or Cuban, regardless of race.

- Complete the following fields.
 - Ethnicity – select client’s ethnicity.
 - Races – select all applicable race(s) and move to Selected Races.
 - Special Needs – select all applicable special needs and move to Selected Special Needs.
 - Veteran Status – select client’s veteran status.
- Click **Save** and click .
- The Contact Info page will display.

Contact Info



Do not delete the client’s address. When a client’s address changes, review the current address and change the Address Type to Previous Address.



Enter all known contact information for the client.

Actions	Address Type	Address	Confidential	Created	Updated

- Complete the following fields.
 - Phone # – enter at least one phone number.
- Click **Save** and click **Add Address**.



If the client is homeless, select address type “client unknown”, put “unknown” in the address line, and then fill in the city, state, and zip code.

- Complete the following fields.
 - Address Type – select client’s address type.
 - Confidential – select Yes or No.
 - Address Line 1 – enter client’s physical address.
 - Address Line 2 – enter additional physical address information.
 - City – enter client’s city.
 - State – the field will populate with ID.
 - Zip – enter client’s zip code.
- Click **Finish**. WITS will check the address entered against the United States Postal Service database.

Address	Actions
Original Address: 123 Training Street, Boise, Idaho 83702	Select Edit

- If the Address is located in the United States Postal Service database, then click [Select](#) next to the appropriate address.

Address Validation

We attempted to validate your address with the United States Postal Service database, but no match was found.

You may maintain your address (Select) or go back and change it (Edit).

Address	Actions
Original Address: 123 Training Street, Boise, Idaho 83702	Select Edit

- When the Address is NOT located in the United States Postal Service database, click [Select](#) to select this address
OR
- Click [Edit](#) to edit the address.

Contact Info

Home Phone # (555) 555-5555 Preferred Method of Contact

Work Phone #

Mobile #

Other Phone #

Fax #

Email Address

Addresses [Add Address](#)

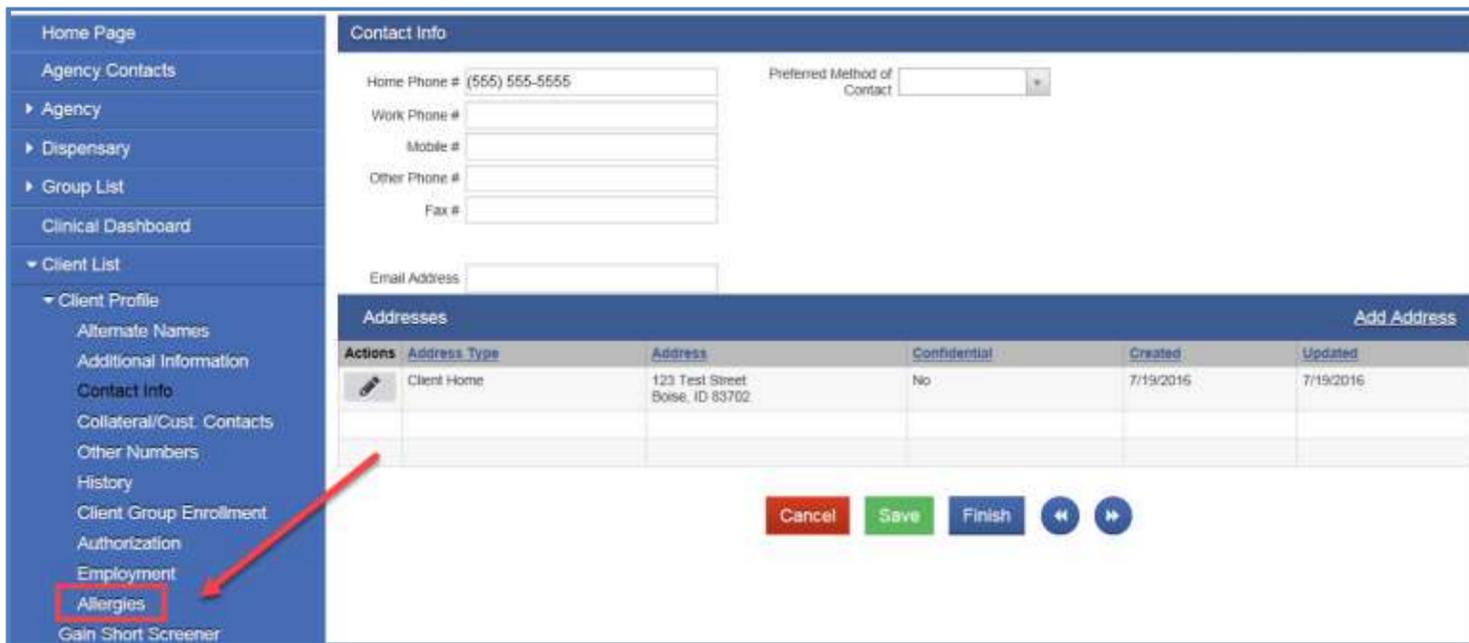
Actions	Address Type	Address	Confidential	Created	Updated
	Client Home	123 Test Street Boise, ID 83702	No	7/19/2016	7/19/2016

- Click .

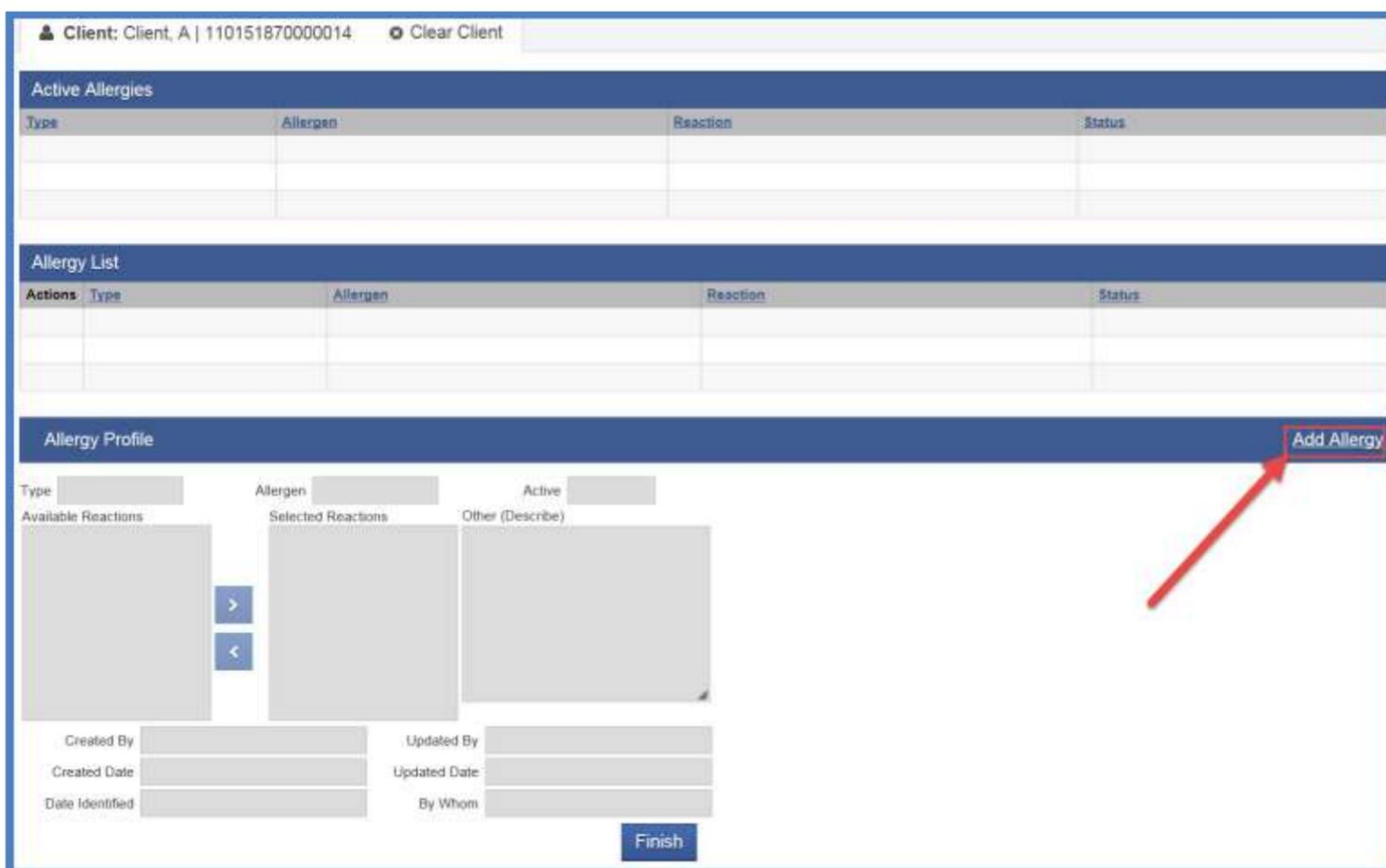
Allergies



The Allergies screen tracks the client's allergies during an episode of care. The Active Allergy list displays only the active allergies. The Allergy List displays active and inactive allergies.



1. Click **Allergies** on the blue navigation pane.



2. Click. **Add Allergy**.

Active Allergies

Type	Allergen	Reaction	Status

Allergy List

Actions	Type	Allergen	Reaction	Status

Allergy Profile [Add Allergy](#)

Type Allergen Active

Available Reactions: Chest pain, Diarrhea, Hives, Irregular heart rate, Itching, Nausea, Photosensitivity, Respiratory distress, Swollen lips, Vomiting, Other (Describe)

Selected Reactions:

Other (Describe):

Created By: Updated By:
 Created Date: Updated Date:
 Date Identified: By Whom:

Administrative Actions:

- Complete the following fields.
 - Type – select the type of allergy.
 - Allergen – select the allergen.
 - Active – the field will populate with Yes. Update as needed.
 - Available Reactions – select all applicable reactions and move to Selected Reactions.
- Click and click .
- Create the Intake. This starts the episode of care and is required before any client activities can be performed.

Creating an Intake (New Episode of Care or Case)



Each time a client comes into the BHCCC create a new Intake and a new Crisis Evaluation. For example, if a client comes to the BHCCC at 4:00 AM and leaves at 1:00 PM on 1/20/17 (this is one episode) and then returns to the BHCCC at 6:00 PM on 1/20/17 (this is one episode) so the client will have two episodes on 1/20/17.

- Begin on the Client Activity List. If you do not have any open episodes, the Episode list will display.

Please select a case, or click Start New Episode.

Episode List [Start New Episode](#)

Actions	Case #	Status	Facility	Intake By	Intake Date	Closed Date	Last PE	Domains

- Click [Start New Episode](#).

Intake Case Information

<p>Intake Facility Bonneville County CC</p> <p>Intake Staff 18, Trainee</p> <p>Initial Contact </p> <p>County of Res. </p> <p>Source of Referral </p> <p>Referral Contact Add Collateral Contact</p> <p>Is client under court supervision? </p> <p>Supervising Jurisdiction </p>	<p>Case # 4</p> <p>Case Status Open Active</p> <p>Date of First Contact </p> <p>Intake Date 1/18/2017</p> <p>Pregnant Not Applicable Due Date </p> <p>Priority Population </p> <p>HIV Tested? </p> <p>Past IV Drug Use </p> <p>Presenting Problem (In Client's Own Words) </p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Inter-Agency Service

Adult Protection
Court/Legal Interface
Developmental Disabilities
Domestic Violence Service Provider

>
<

Inter-Agency Service Selected

Domains

>
<

Selected Domains

Mental Health

Date Closed

Cancel
Save
Finish

3. Complete the following fields.

- Intake Facility – the field will populate with the facility selected at login (where the client is receiving services). Update as needed.
- Intake Staff – the field will populate with the name of the person creating the Intake. Update as needed.
- Case Status – the field will populate as Open Active.
- Initial Contact – select type of initial contact.
- Date of First Contact – enter the initial contact date.
- County of Res – select county of residence.
- Intake Date – the field will populate with today's date. Update as needed.
- Source of Referral – select source of Referral.
- Pregnant – select pregnant status. If the client is male, this field will be set as not applicable.
- Due Date – enter due date of pregnancy. This field is required if Pregnant is YES.
- Priority Population – **select AMH P #1 Crisis/DE.**
- Is client under court supervision? – select Yes or No.
- Supervising County – enter the supervising county. This field is required when Is client under court supervision is YES.
- Presenting Problem – enter the presenting problem in the client's own words.
- Inter-Agency Service – select all applicable inter-agency service(s) and move to Inter-Agency Service Selected.

Intake Case Information

Intake Facility: Bonneville County CC | Case #: 4
 Intake Staff: 18, Trainee | Case Status: Open Active
 Initial Contact: Appointment | Date of First Contact: 1/18/2017
 County of Res.: ADA | Intake Date: 1/18/2017
 Source of Referral: Physician | Pregnant: Not Applicable | Due Date:
 Referral Contact:
 Add Collateral Contact
 Is client under court supervision? Yes
 Supervising Jurisdiction: ADA
 Priority Population: AMH P #1 Crisis/DE
 HIV Tested?
 Past IV Drug Use
 Presenting Problem (In Client's Own Words): Presenting Problem Here

Inter-Agency Service: Adult Protection, Court/Legal Interface, Developmental Disabilities, Domestic Violence Service Provider
 Inter-Agency Service Selected: None
 Domains:
 Selected Domains: Mental Health

Date Closed:
 Cancel Save Finish

- Click **Save** and **Finish**.
- Create Vital Sign records through out the episode of care.

Creating a Vital Signs Record

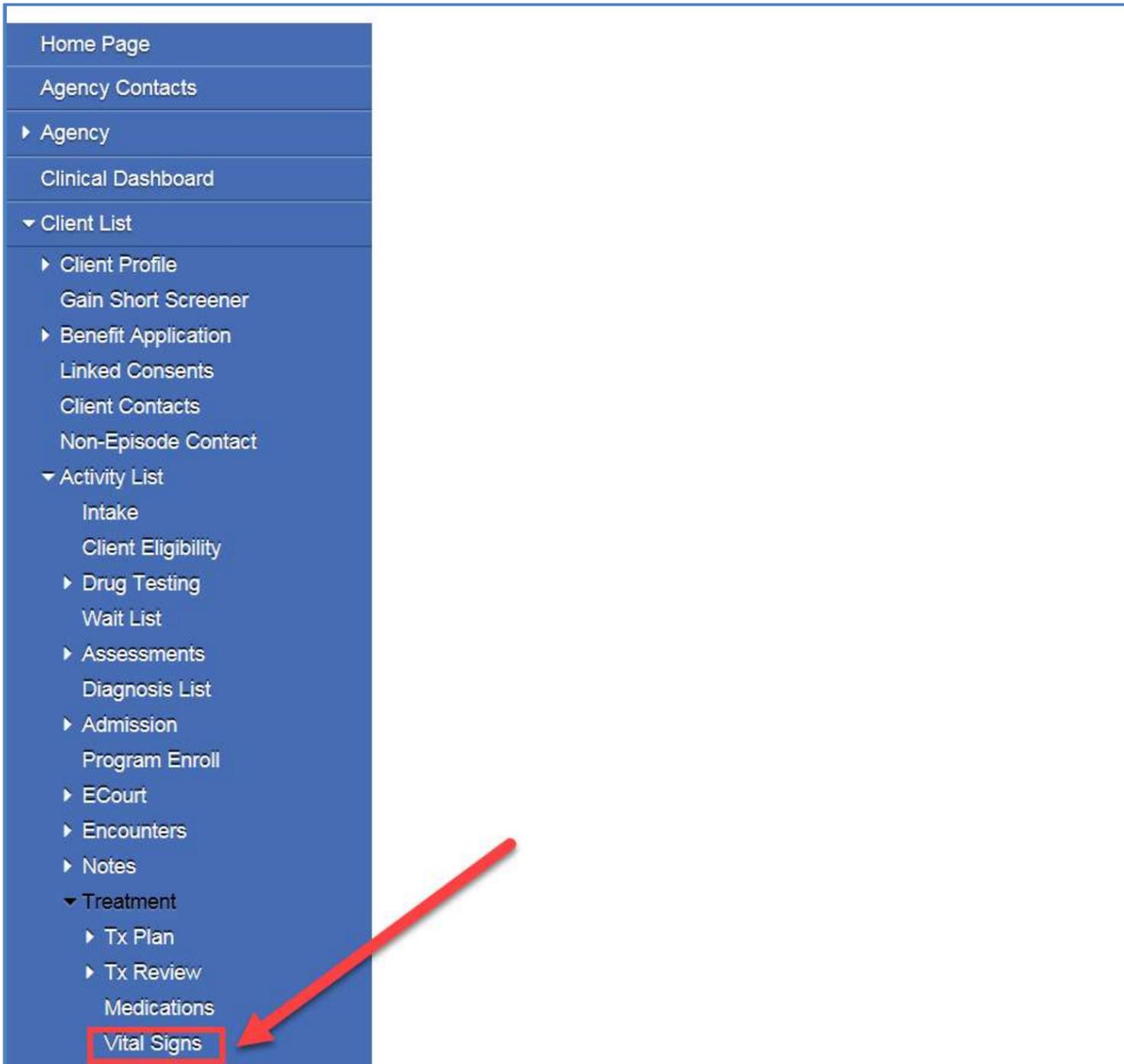
- Begin on the Client Activity List.

Client Activity List

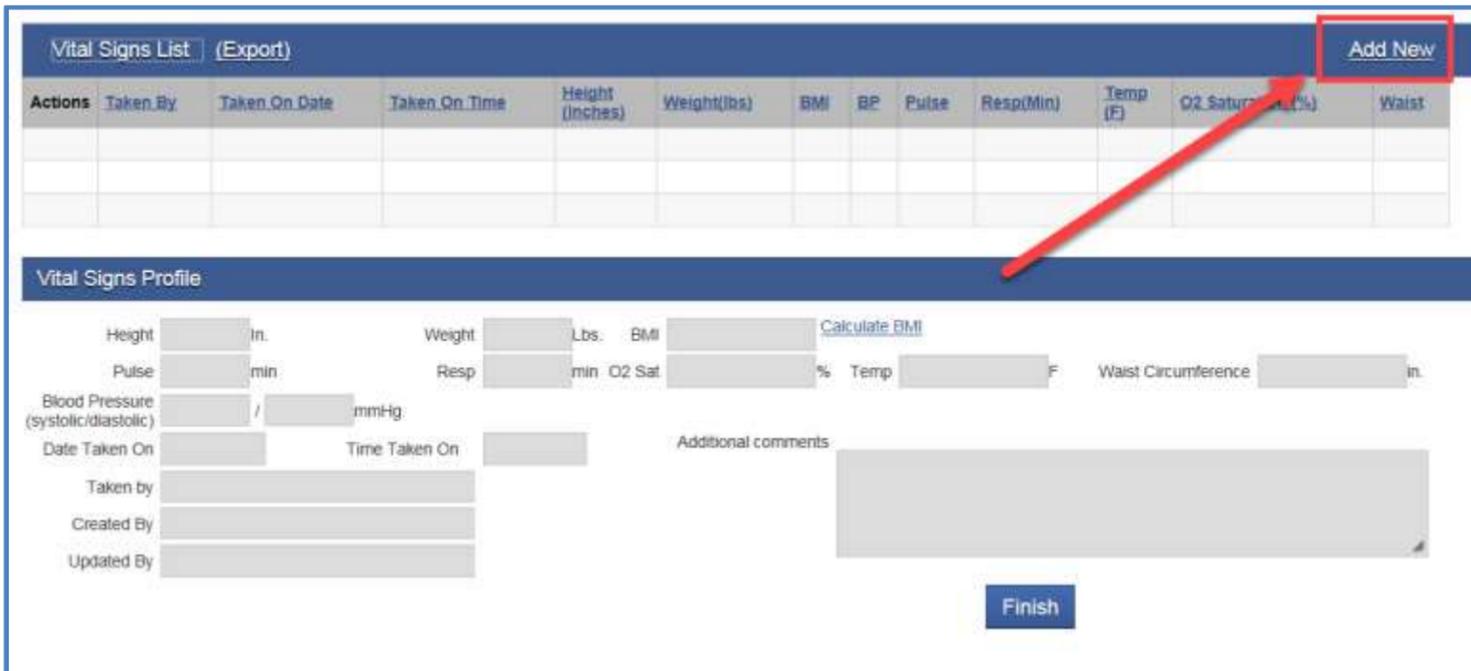
Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	1/18/2017	7/19/2016	Completed
	Intake Transaction	1/18/2017	1/18/2017	Completed

Navigation pane (left): Home Page, Agency Contacts, Agency, Clinical Dashboard, Client List, Client Profile, Gain Short Screener, Benefit Application, Linked Consents, Client Contacts, Non-Episode Contact, Activity List, Intake, Client Eligibility, Drug Testing, Wait List, Assessments, Diagnosis List, Admission, Program Enroll, ECourt, Encounters, Notes, **Treatment**, Follow-up, Continuing Care, Discharge

- Once you're on the Activity List, click **Treatment** on the blue navigation pane.



3. Click [Vital Signs](#).



4. Click [Add New](#).

Vital Signs List (Export) Add New

Actions	Taken By	Taken On Date	Taken On Time	Height (Inches)	Weight(lbs)	BMI	BP	Pulse	Resp(Min)	Temp (F)	O2 Saturation (%)	Waist

Vital Signs Profile

Height in. Weight Lbs. BMI [Calculate BMI](#)

Pulse min Resp min O2 Sat % Temp F Waist Circumference in.

Blood Pressure (systolic/diastolic) / mmHg

Date Taken On Time Taken On Additional comments

Taken by

Created By

Updated By

5. Complete the following fields as directed by your agency.

- Height – enter height in inches.
- Weight – enter weight in pounds.
- BMI – click [Calculate BMI](#).
- Pulse – enter beats per minute.
- Resp – enter respiratory.
- O2 Sat – enter O2 sat percentage.
- Temperature – enter temperature.
- Waist Circumference – enter waist circumference in inches.
- Blood Pressure – enter systolic and diastolic.
- Date taken on – the field will populate with today’s date. Update as needed.
- Time taken on – the field will populate with the time the record was created. Update as needed.
- Performed by – the field will populate with the name of the person creating the vital signs record. Update as needed.

6. Click and .

7. Create a Medication Record to document the client’s medications.

Adding a Medication to the Medication List

1. Begin on the Client Activity List.

Home Page

Agency Contacts

Agency

Clinical Dashboard

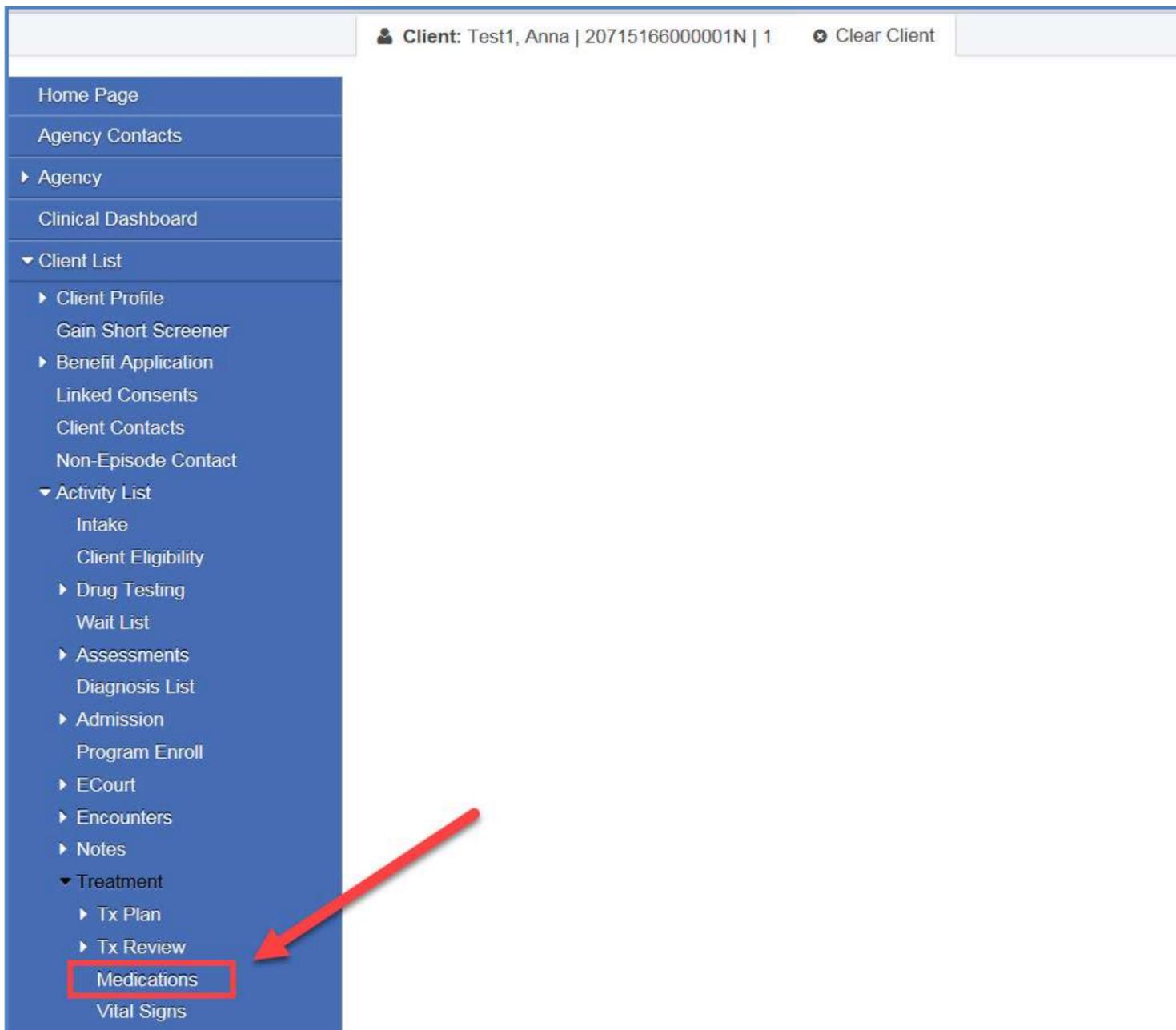
Client List

- Client Profile
- Gain Short Screener
- Benefit Application
- Linked Consents
- Client Contacts
- Non-Episode Contact
- Activity List
 - Intake
 - Client Eligibility
 - Drug Testing
 - Wait List
 - Assessments
 - Diagnosis List
 - Admission
 - Program Enroll
 - ECourt
 - Encounters
 - Notes
 - Treatment**
 - Follow-up
 - Continuing Care

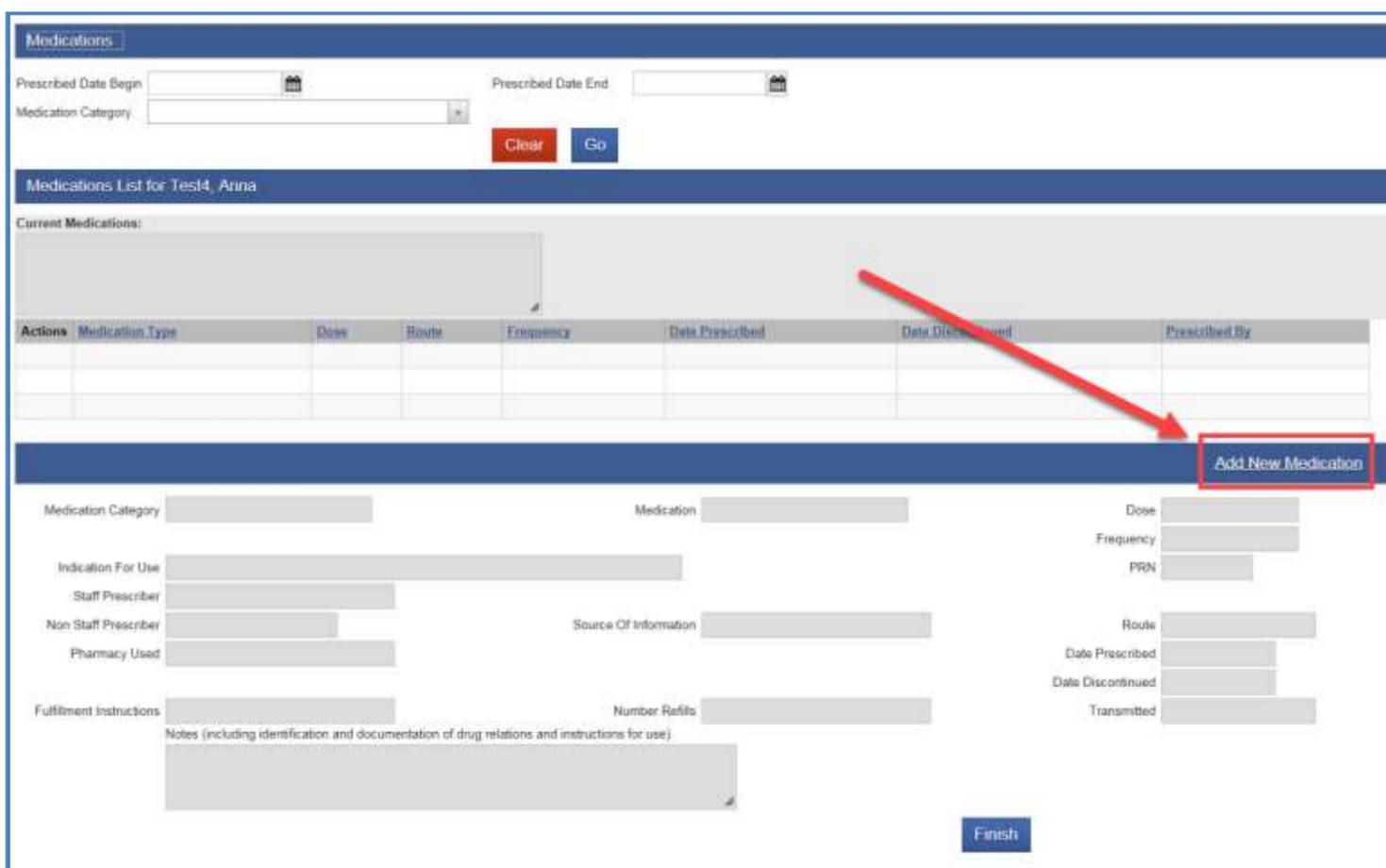
Client Activity List

Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	9/22/2016	9/21/2016	Completed
	Intake Transaction	9/22/2016	9/22/2016	Completed
	Risk Assessment	9/22/2016	9/22/2016	Completed
	Vital Signs	9/22/2016	9/22/2016	Completed

2. Once you're on the Activity List, click **Treatment** on the blue navigation pane.



3. Click **Medications** on the blue navigation pane.



4. Click **Add New Medication**.

Medications

Prescribed Date Begin Prescribed Date End

Medication Category

Clear Go

Medications List for Test4, Anna

Current Medications:

Actions	Medication Type	Dose	Route	Frequency	Date Prescribed	Date Discontinued	Prescribed By

Add New Medication

Medication Category Medication

Dose

Frequency

PRN No

Route

Date Prescribed 9/22/2016

Date Discontinued

Transmitted

Indication For Use

Staff Prescriber Non staff prescriber

Non Staff Prescriber

Pharmacy Used

Fulfillment Instructions

Number Refills

Notes (including identification and documentation of drug relations and instructions for use)

Cancel Save Finish

5. If the medication was prescribed by a staff member, select his or her name in the Staff Prescriber field. Otherwise, click [Non staff prescriber](#).

Medications

Prescribed Date Begin Prescribed Date End

Medication Category

Clear Go

Medications List for Test4, Anna

Current Medications:

Actions	Medication Type	Dose	Route	Frequency	Date Prescribed	Date Discontinued	Prescribed By

Add New Medication

Medication Category Medication

Dose

Frequency

PRN No

Route

Date Prescribed 9/22/2016

Date Discontinued

Transmitted

Indication For Use

Staff Prescriber Staff Prescriber

Non Staff Prescriber

Pharmacy Used

Source Of Information

Fulfillment Instructions

Number Refills

Notes (including identification and documentation of drug relations and instructions for use)

Cancel Save Finish

6. Complete the following fields.
- Medication Category – select the medication category.
 - Medication – the field will populate based on the medication category selected. Select the medication name.
 - Dose – enter the dosage.
 - Frequency – enter the frequency.
 - Non Staff Prescriber – enter the name of the prescriber.
 - Source of Information – select the source of the information of the prescription.
 - Route – select the route.
 - Date Prescribed – the field will populate with today's date. Update as needed.

7. Click and .

8. Create the Crisis Program Enrollment.

Creating a Crisis Program Enrollment



Only one Crisis Program Enrollment is allowed in each episode of care.

1. Begin on the Client Activity List.

Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	10/4/2016	10/4/2016	Completed
	Intake Transaction	10/4/2016	10/4/2016	In Progress (Details)

2. Once you're on the Client Activity List, click **Program Enroll** on the blue navigation pane.

Actions	Program Name	Start Date	End Date	Facility	Notes

3. Click **Add Enrollment**.

Facility: Bonneville County CC
Program Name: Crisis
Program Staff: 18, Trainee
Start Date: 10/4/2016
End Date: [calendar icon]

Cancel Save Finish

4. Complete the following fields.
 - Facility – the field will populate with the facility selected on the Intake (where the client is receiving services).
 - Program Name – select Crisis.
 - Program Staff – the field will populate with the name of the person creating the Program Enrollment. Update as needed.
 - Start Date – the field will populate with today’s date. Update as needed.
5. Click  and .
6. Clicking Save will immediately open the Crisis Evaluation.
7. Start the Crisis Evaluation

Creating a Crisis Evaluation



Only one Crisis Evaluation is allowed in each episode of care. Each time a client comes into the BHCCC create a new Intake and a new Crisis Evaluation. For example, if a client comes to the BHCCC at 4:00 AM and leaves at 1:00 PM on 1/20/17 (this is one Intake and one Crisis Evaluation) and then returns to the BHCCC at 6:00 PM on 1/20/17 (this is separate Intake and Crisis Evaluation) so the client will have two episodes (Intakes) on 1/20/17.

1. Begin on the Client Activity List.

Client Activity List				
Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	10/5/2016	7/19/2016	Completed
	Intake Transaction	10/5/2016	10/5/2016	Completed
	Client Program Enrollment (Crisis)	10/5/2016	10/5/2016	Completed

Review (highlighted with a red box and arrow)

2. Once you’re on the Client Activity List, hover over the  and click **Review** under Actions for the Crisis Program Enrollment.

Program Enrollment Profile

Facility: Bonneville County CC Days on Wait List: Start Date: 10/5/2016

Program Name: Crisis End Date:

Program Staff: 18, Trainee

Termination Reason:

Notes:

Administrative Actions

Crisis Evaluation (highlighted with a red box and arrow)

3. Click [Crisis Evaluation](#) under Administrative Actions.

Mobile Crisis Evaluation

Client Name: Test2, Anna Client ID: 10303110000001N
 Age: 106 MPI:
 DOB: 3/3/1910 SSN: 000-00-0000

Program Enrollment: Bonneville County CC/Crisis : 10/5/2016 -

Evaluation Date: 10/5/2016 Evaluation Time: 1:16 PM Evaluator: 18, Trainee

Evaluation Location: Crisis Center

Diagnosis Type: Mental Health & Substance Use Diag... Police Department: None

Presenting Problem
 Enter the presenting problem here

Treatment History
 Enter the treatment history here

Substance Abuse
 Enter substance abuse history here

Medications Reported
 Enter medications reported here

Medical History
 Enter medical history here

Assessment of Imminent Risk
 Enter the evaluation outcomes here

Evaluation Outcome: MH & SUD Crisis Services provided

Transport ED: [Dropdown]

Arrest Made: [Dropdown]

Disposition Date: [Date Picker]

Disposition Referral: [Dropdown]

CIT Clinician Present: [Dropdown]

Most Serious Charge: [Dropdown]

Disposition Time: [Time Picker]

Disposition Facility: [Dropdown]

Other Disposition Facility: [Text Field]

Comments

[Text Area]

Treatment Team [Add New](#)

Actions	Team Member Name	Is Primary Care Member?	Review Member	Role/Relation	Start Date	End Date

Addresses [Add New](#)

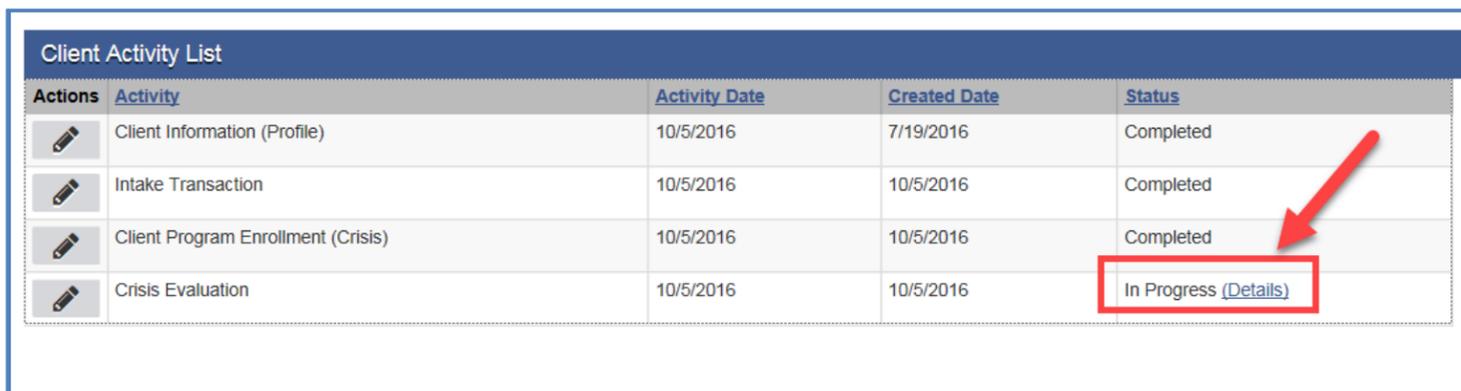
Actions	Address Type	Address	Confidential	Created	Updated
	Client Permanent	127 Test Street, Boise, Idaho 83709	No	7/19/2016	7/19/2016
	Client Previous	345 Test Street, Boise, Idaho 83702	No	7/19/2016	7/19/2016

Cancel Save Finish

4. Complete the following fields.

- Evaluation Date – the field will populate with today’s date. **Update to the start date for the client at the BHCCC.**
- Evaluation Time– the field will populate with the time the record is created. **Update to the start time for the client at the BHCCC.**
- Evaluator – the field will populate with the name of the person creating the Crisis Evaluation. Update as needed.
- Evaluation Location – select BHCCC.
- Diagnosis Type – **select the diagnosis type after the evaluation is complete.**
- Police Department – select the involved police department or N/A when the client comes to the BHCCC.
- Presenting Problem – enter presenting problem.
- Treatment History – enter treatment history.
- Substance Abuse – enter substance abuse history.
- Medication Reported – enter medication reported.
- Medical History – enter medical history.
- Assessment of Imminent Risk – **enter the evaluation outcomes.**
- Evaluation Outcome – select the outcome of the evaluation.

5. Click  and .



Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	10/5/2016	7/19/2016	Completed
	Intake Transaction	10/5/2016	10/5/2016	Completed
	Client Program Enrollment (Crisis)	10/5/2016	10/5/2016	Completed
	Crisis Evaluation	10/5/2016	10/5/2016	In Progress (Details)

6. The Crisis Evaluation will stay in the status of In Progress until the client is leaving the BHCCC. The status can be seen from the Activity List

7. Create a Risk Assessment.

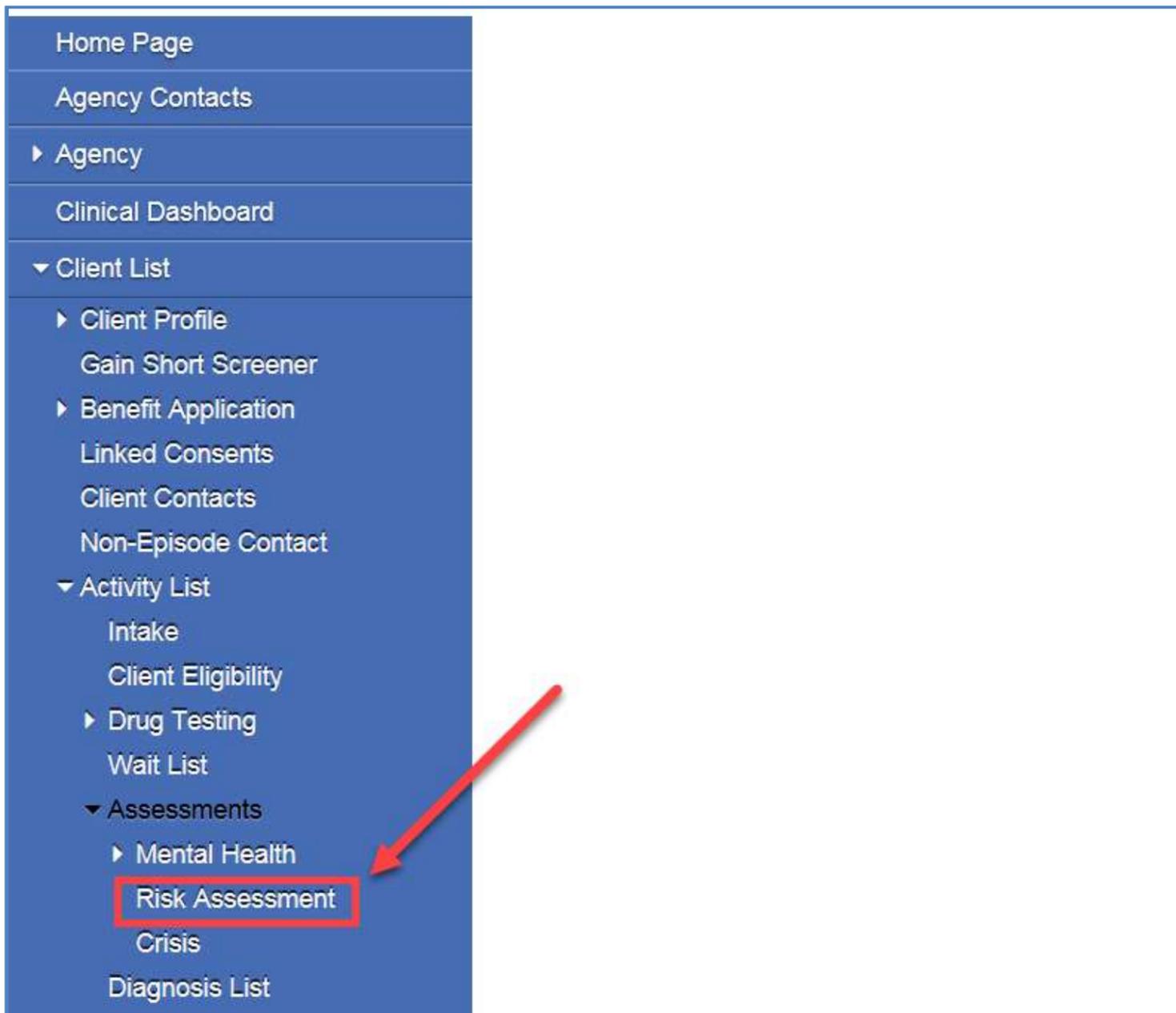
Create a Risk Assessment

1. Begin on the Client Activity List.

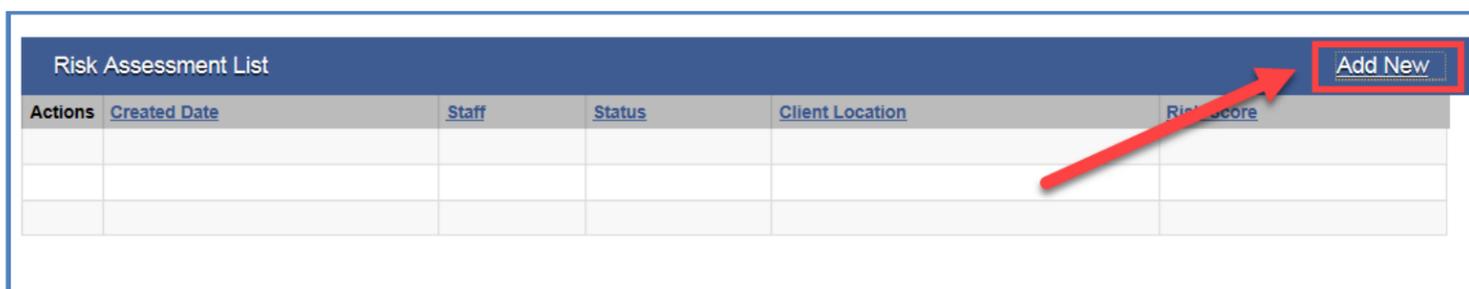


Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	12/14/2016	12/14/2016	Completed
	Intake Transaction	12/14/2016	12/14/2016	Completed
	Client Program Enrollment (Crisis)	12/14/2016	12/14/2016	Completed
	Treatment Plan (Test01)	12/14/2016	12/14/2016	Active - Not Signed Off
	Diagnosis Summary	12/14/2016	12/14/2016	Not Applicable
	Crisis Evaluation	12/14/2016	12/14/2016	In Progress (Details)
	Miscellaneous Note Summary	2/2/2017	2/2/2017	Not Applicable

2. Click  on the blue navigation pane.



3. Click **Risk Assessment** on the blue navigation pane.



4. Click **Add New**.

Risk Assessment Profile

Client DOB 9/1/1992

Was Parent/Guardian Contacted?

Staff 18, Trainee

School

Grade

Current Employment

Interview Date 9/22/2016 Time 5:30 PM

Location of client at interview

Rate each Factor as follows:

Suicide Ideation	Risk Level <input type="text"/>	Comments <input type="text"/>
Suicide Plan	Risk Level <input type="text"/>	Comments <input type="text"/>
Past Attempts	Risk Level <input type="text"/>	Comments <input type="text"/>
Resources	Risk Level <input type="text"/>	Comments <input type="text"/>
Symptoms of Emotional Disturbance	Risk Level <input type="text"/>	Comments <input type="text"/>
Drug/Alcohol Factors	Risk Level <input type="text"/>	Comments <input type="text"/>
Medical History	Risk Level <input type="text"/>	Comments <input type="text"/>
Psychiatric History	Risk Level <input type="text"/>	Comments <input type="text"/>
Recent Loss	Risk Level <input type="text"/>	Comments <input type="text"/>

Total score (Low=1-9; Moderate=10-18; Serious=19-27)

Recommendation/Safety Plan

Copies Distributed to

Cancel Save Finish

5. Complete the following fields.

- Interview Date – the field will populate with today’s date. Update as needed.
- Time– the field will populate the time the record was created. Update as needed.
- Staff – the field will populate the name of the person creating the risk assessment. Update as needed.
- Location of client at Interview – enter the interview location.
- Suicide Ideation – select risk level.
 - Comments – enter comments if applicable.
- Suicide Plan – select risk level.
 - Comments – enter comments if applicable.
- Past Attempts – select risk level.
 - Comments – enter comments if applicable.
- Resources – select risk level.
 - Comments – enter comments if applicable.
- Symptoms of Emotional Disturbance – select risk level.
 - Comments – enter comments if applicable.
- Drug/Alcohol Factors – select risk level.
 - Comments – enter comments if applicable.
- Medical History – select risk level.
 - Comments – enter comments if applicable.

- Psychiatric History – select risk level.
 - Comments – enter comments if applicable.
- Recent Loss – select risk level.
 - Comments – enter comments if applicable.

6. Click  to generate a score.

Risk Assessment Profile

Client DOB: 9/1/1992
 Was Parent/Guardian Contacted?:
 Staff: 18, Trainee
 School:
 Current Employment:
 Interview Date: 9/22/2016 Time: 5:30 PM
 Location of client at interview: Office
 Grade:

Rate each Factor as follows:

Suicide Ideation
 Risk Level: Identifies means of low lethality, no plan for implementation
 Comments: Enter comments if applicable.

Suicide Plan
 Risk Level: History of MH treatment and/or suicide in family; resources available
 Comments: Enter comments if applicable.

Past Attempts
 Risk Level: More than one prior attempt or attempt with serious threat to life
 Comments: Enter comments if applicable.

Resources
 Risk Level: Family/friends supportive, adequate internal resources
 Comments: Enter comments if applicable.

Symptoms of Emotional Disturbance
 Risk Level: Change in eating/sleeping, personality, behavior, decline in interest/perfo...
 Comments: Enter comments if applicable.

Drug/Alcohol Factors
 Risk Level: Regular usage or pattern of use of alcohol and/or any drug
 Comments: Enter comments if applicable.

Medical History
 Risk Level: Medical problems limit participation in normal activities; could recur
 Comments: Enter comments if applicable.

Psychiatric History
 Risk Level: Previous counseling/treatment; no major diagnosis
 Comments: Enter comments if applicable.

Recent Loss
 Risk Level: No significant material or psychological loss
 Comments: Enter comments if applicable.

Total score (Low=1-9; Moderate=10-18; Serious=19-27) 16

Recommendation/Safety Plan:
 Copies Distributed to:

Buttons: Cancel, Save, Finish

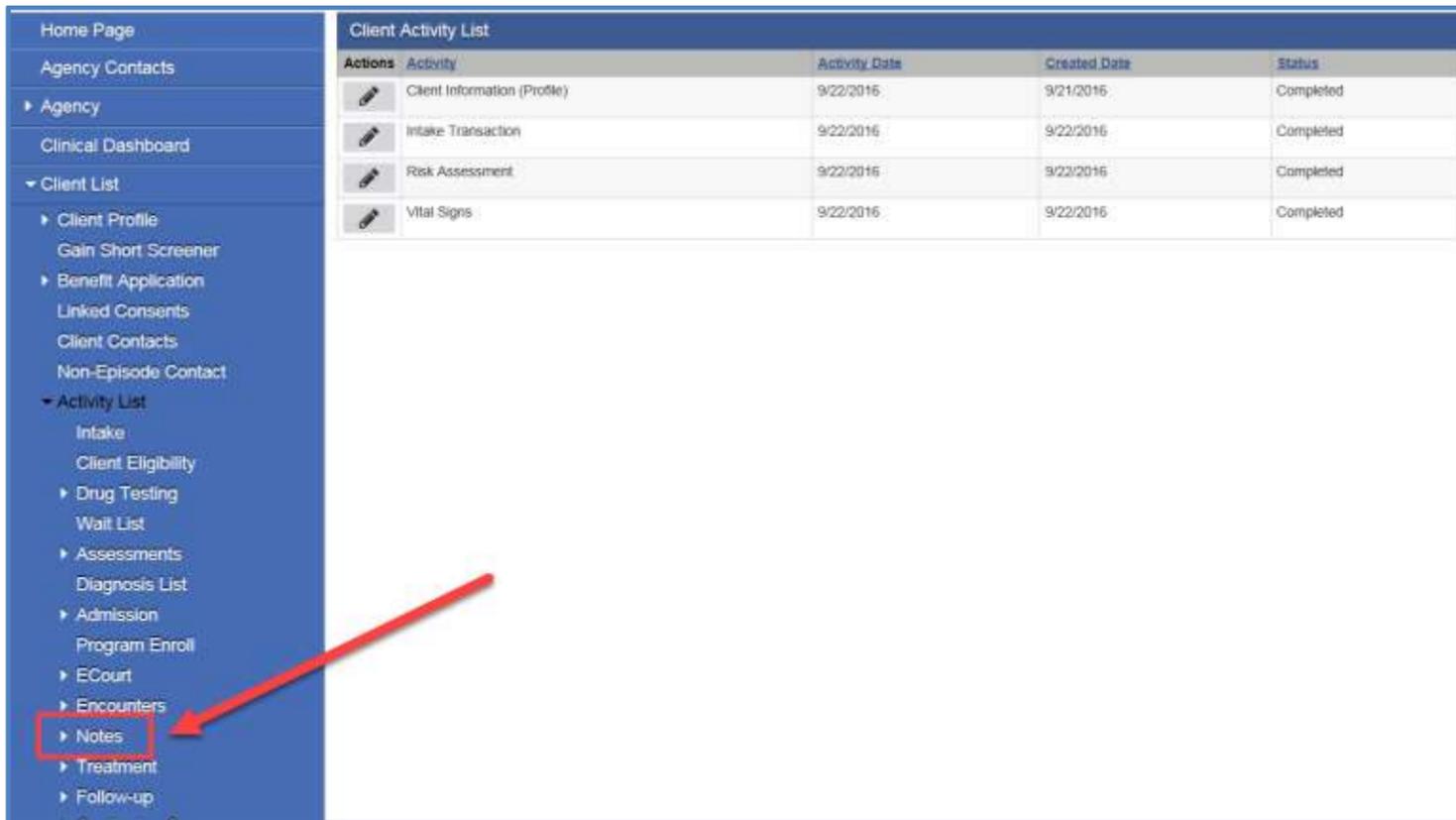
7. Complete the following fields.
- Recommendation/Safety Plan – enter recommendations and or safety plan.
 - Copies Distributed to – enter the names of agencies or persons if applicable.

8. Click  and .

9. Create Miscellaneous Notes to document services delivered to the client.

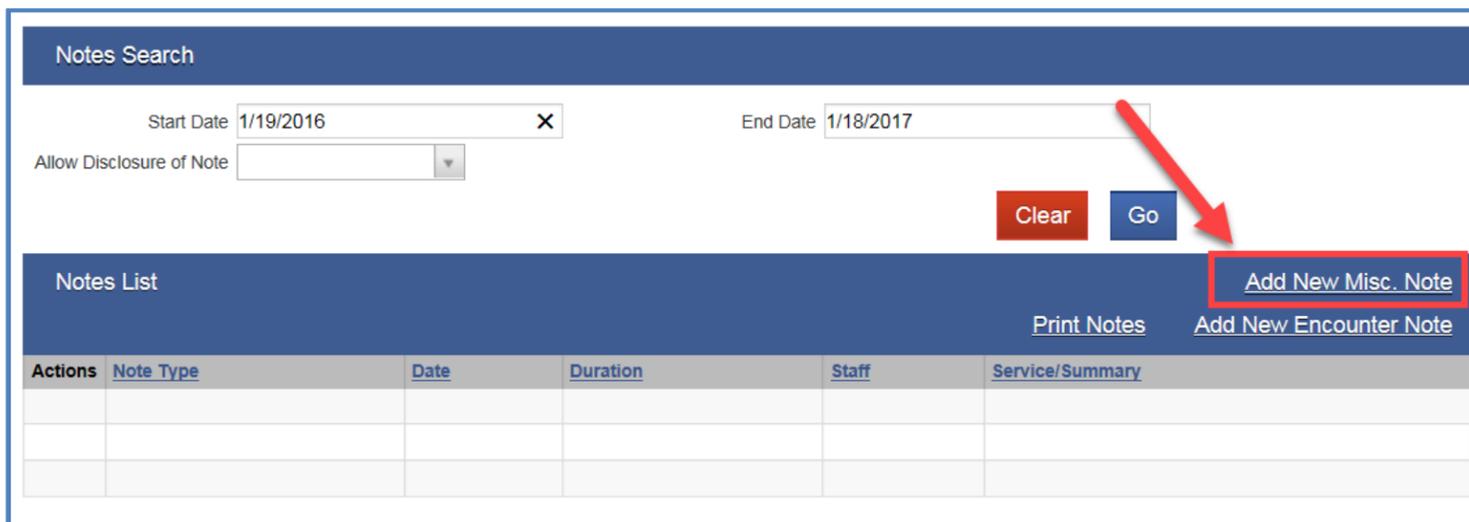
Creating a Miscellaneous Note

1. Begin on the Client Activity List.



Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	9/22/2016	9/21/2016	Completed
	Intake Transaction	9/22/2016	9/22/2016	Completed
	Risk Assessment	9/22/2016	9/22/2016	Completed
	Vital Signs	9/22/2016	9/22/2016	Completed

2. Once you're on the Activity List, click **Notes** on the blue navigation pane.



Notes Search

Start Date: 1/19/2016 End Date: 1/18/2017

Allow Disclosure of Note:

Notes List

Actions	Note Type	Date	Duration	Staff	Service/Summary

3. Click **Add New Misc. Note**.



When Release these Notes is set to No, the note will not be available to view by another agency if the record is consented. For example, if the client has Consent with another agency, and No is selected, the other agency will not be able to view the note.

Miscellaneous Notes

Author Name: 18, Trainee
 Author Title:
 Created Date:

Note Type Service Date Duration

Program Start Time Alert No [Mark Alert](#)

Frequency End Time Was Report Sent to State

Summary

Signed Notes

Unsigned Notes

Release these notes?

4. Complete the following fields.

- Note Type – select the note type.
- Service Date – enter the date.
- Start Time – enter the start time as HH:MM.
- End Time – enter the end time as HH:MM.
- Summary – enter a Summary.
- Release these notes? – the field will populate with No. Update as needed.



Spell check your Unsigned Notes before clicking Sign Note. A signed note becomes read-only and cannot be edited. To make a change, type an amendment in the unsigned notes box and click Sign Note.



Click to display additional note space in addition to the expandable Unsigned Note section.

Miscellaneous Notes

Author Name: 18, Trainee
 Author Title:
 Created Date:

Note Type Service Date Duration

Program Start Time Alert No [Mark Alert](#)

Frequency End Time Was Report Sent to State

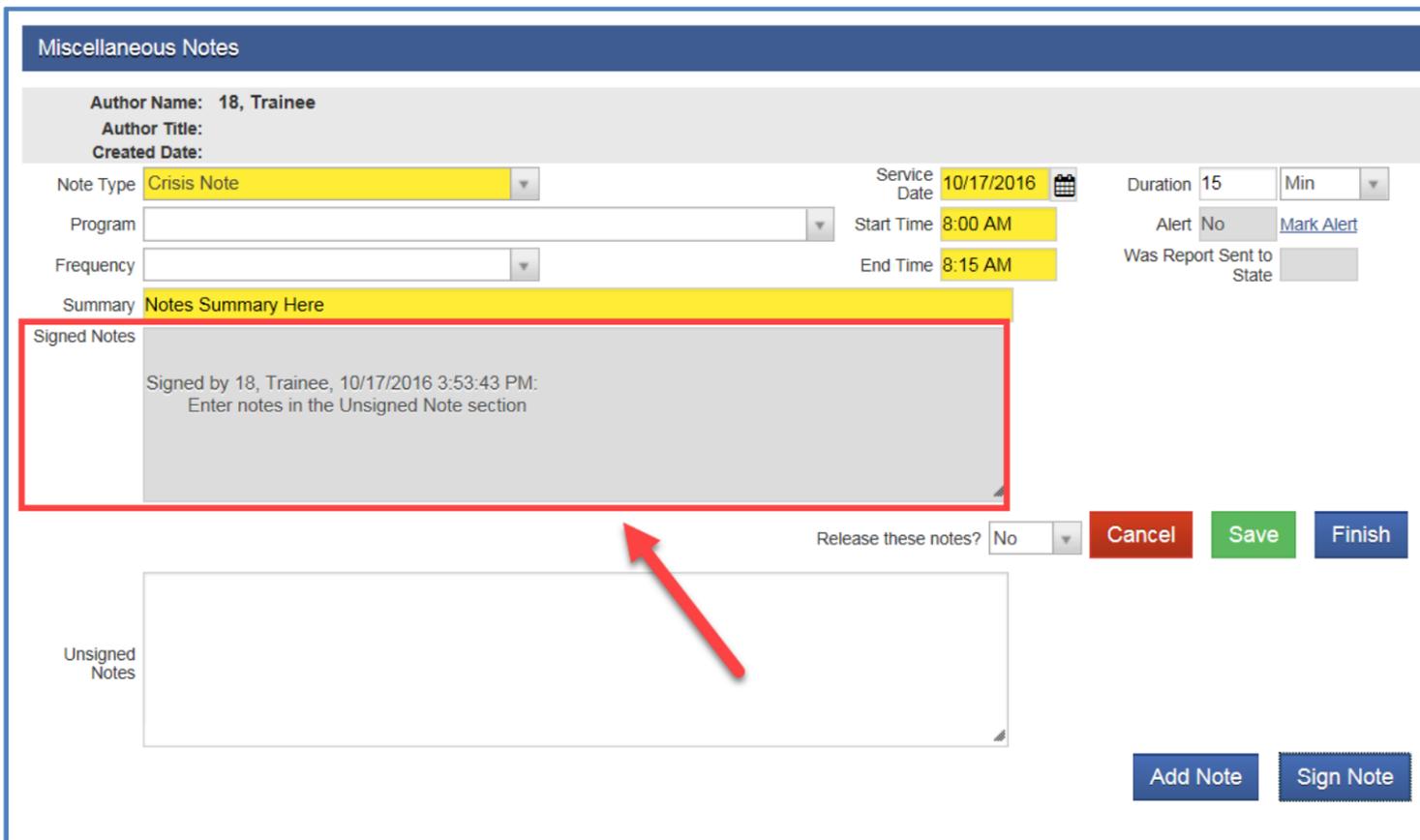
Summary

Signed Notes

Unsigned Notes

Release these notes?

- Enter notes in the Unsigned Note section.
- When the notes are complete, click .



Miscellaneous Notes

Author Name: 18, Trainee
 Author Title:
 Created Date:

Note Type: Crisis Note Service Date: 10/17/2016 Duration: 15 Min
 Program: Start Time: 8:00 AM Alert: No Mark Alert
 Frequency: End Time: 8:15 AM Was Report Sent to State:

Summary: Notes Summary Here

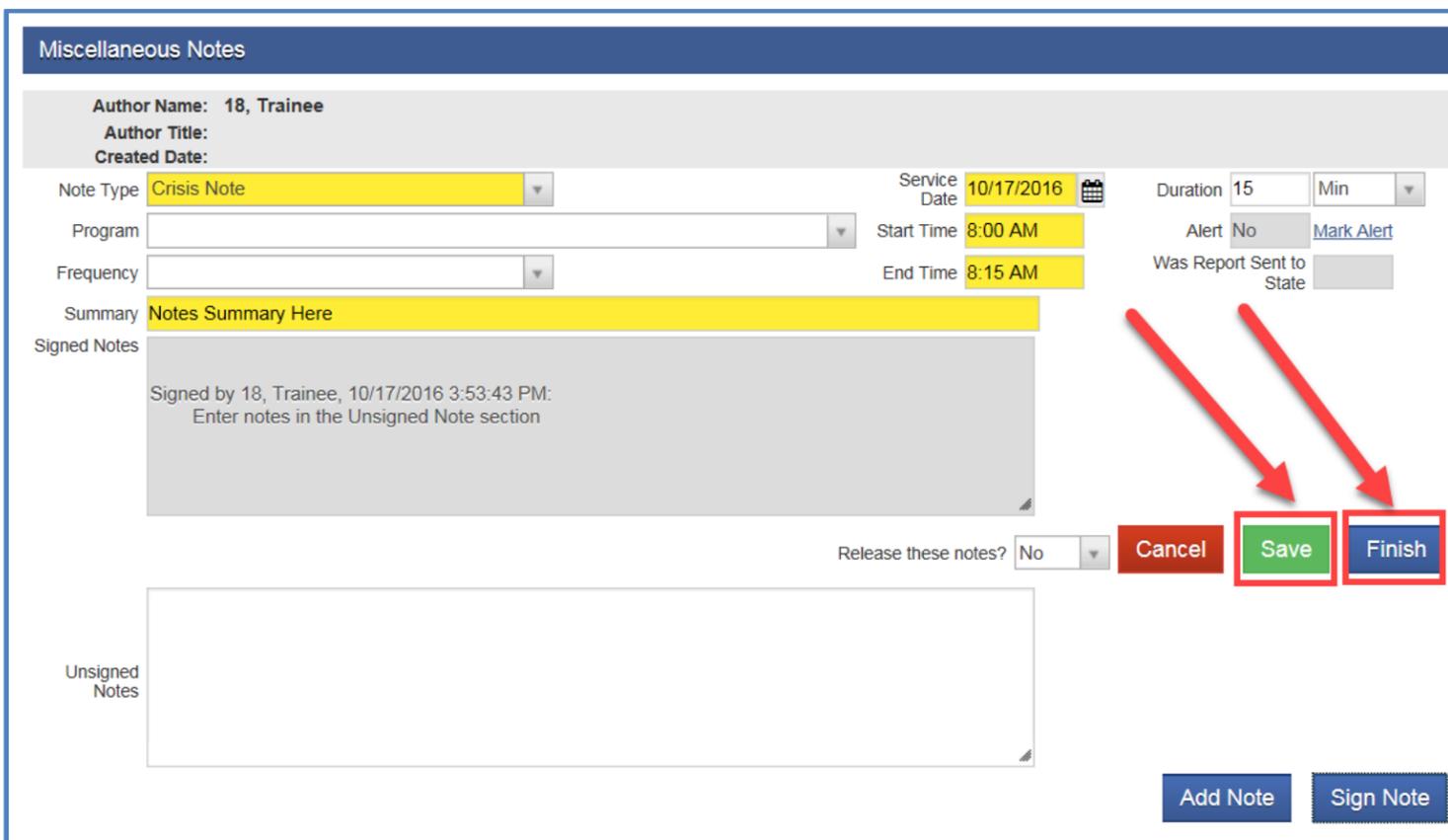
Signed Notes: Signed by 18, Trainee, 10/17/2016 3:53:43 PM:
 Enter notes in the Unsigned Note section

Unsigned Notes

Release these notes? No Cancel Save Finish

Add Note Sign Note

- The Signed Note becomes read-only and an electronic signature and time stamp is created in the Signed Notes section.



Miscellaneous Notes

Author Name: 18, Trainee
 Author Title:
 Created Date:

Note Type: Crisis Note Service Date: 10/17/2016 Duration: 15 Min
 Program: Start Time: 8:00 AM Alert: No Mark Alert
 Frequency: End Time: 8:15 AM Was Report Sent to State:

Summary: Notes Summary Here

Signed Notes: Signed by 18, Trainee, 10/17/2016 3:53:43 PM:
 Enter notes in the Unsigned Note section

Unsigned Notes

Release these notes? No Cancel Save Finish

Add Note Sign Note

- Click  and click .
- Complete the Crisis Evaluation when the client is ready to leave the Crisis Center.

Completing the Crisis Evaluation when the client is leaving the BHCCC

1. Begin on the Client Activity List.

Client Activity List				
Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	10/5/2016	7/19/2016	Completed
	Intake Transaction	10/5/2016	10/5/2016	Completed
	Client Program Enrollment (Crisis)	10/5/2016	10/5/2016	Completed
Review	Crisis Evaluation	10/5/2016	10/5/2016	In Progress (Details)

2. Once you're on the Client Activity List, hover over the and click **Review** under Actions for the Crisis Evaluation.

Mobile Crisis Evaluation

Client Name: Test2, Anna Client ID: 10303110000001N
 Age: 106 MPI:
 DOB: 3/3/1910 SSN: 000-00-0000

Program Enrollment: Bonneville County CC/Crisis : 10/5/2016 -

Evaluation Date: 10/5/2016 Evaluation Time: 1:00 PM Evaluator: 18, Trainee

Evaluation Location: Crisis Center

Diagnosis Type: Mental Health & Substance Use Diag... Police Department: None

Presenting Problem
Enter the presenting problem here

Treatment History
Enter the treatment history here

Substance Abuse
Enter substance abuse history here

Medications Reported
Enter medications reported here

Medical History
Enter medical history here

Assessment of Imminent Risk
Enter the evaluation outcomes here

Evaluation Outcome: MH & SUD Crisis Services provided

Transport ED: Ambulance CIT Clinician Present:

Arrest Made: No Most Serious Charge:

Disposition Date: 10/5/2016 Disposition Time: 1:30 PM

Disposition Referral: Community Hospital Disposition Facility: Hospital - Psych

Other Disposition Facility:

Comments

Treatment Team [Add New](#)

Actions	Team Member Name	Is Primary Care Member?	Review Member	Role/Relation	Start Date	End Date

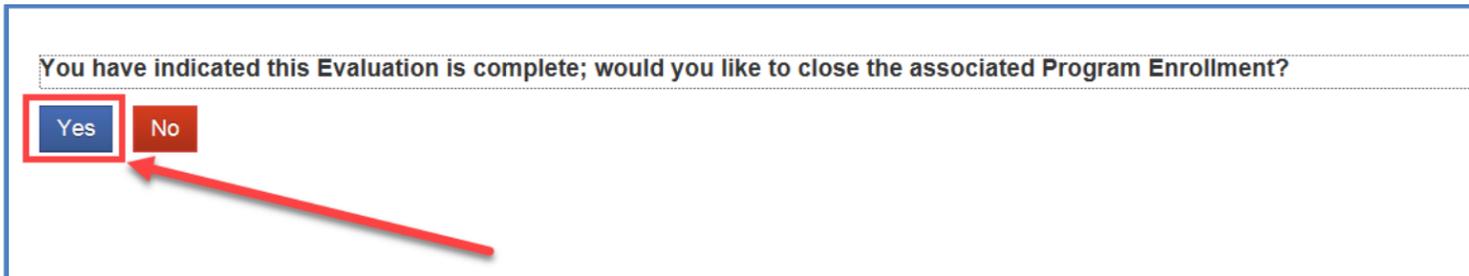
Addresses [Add New](#)

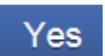
Actions	Address Type	Address	Confidential	Created	Updated
	Client Permanent	123 Test Street, Boise, Idaho 83709	No	7/19/2016	7/19/2016
	Client Previous	12345 Test Street, Boise, Idaho 83702	No	7/19/2016	7/19/2016

Cancel **Save** **Finish**

- Complete the following fields.
 - Transport ED – select the method of transportation of the client when the client is leaving the BHCCC.
 - Arrest Made – select Yes or No (was the client arrested when leaving the BHCCC).
 - Most Serious Charge – select the type of charge if an arrest was made when the client is leaving the BHCCC.
 - Disposition Date – enter date the client is leaving the BHCCC.
 - Disposition Time – enter the time the client is leaving the BHCCC.as HH:MM.
 - Disposition Referral – select the Referral type.
 - Disposition Facility – select the location where the client is going when leaving the BHCCC.

4. Click  .

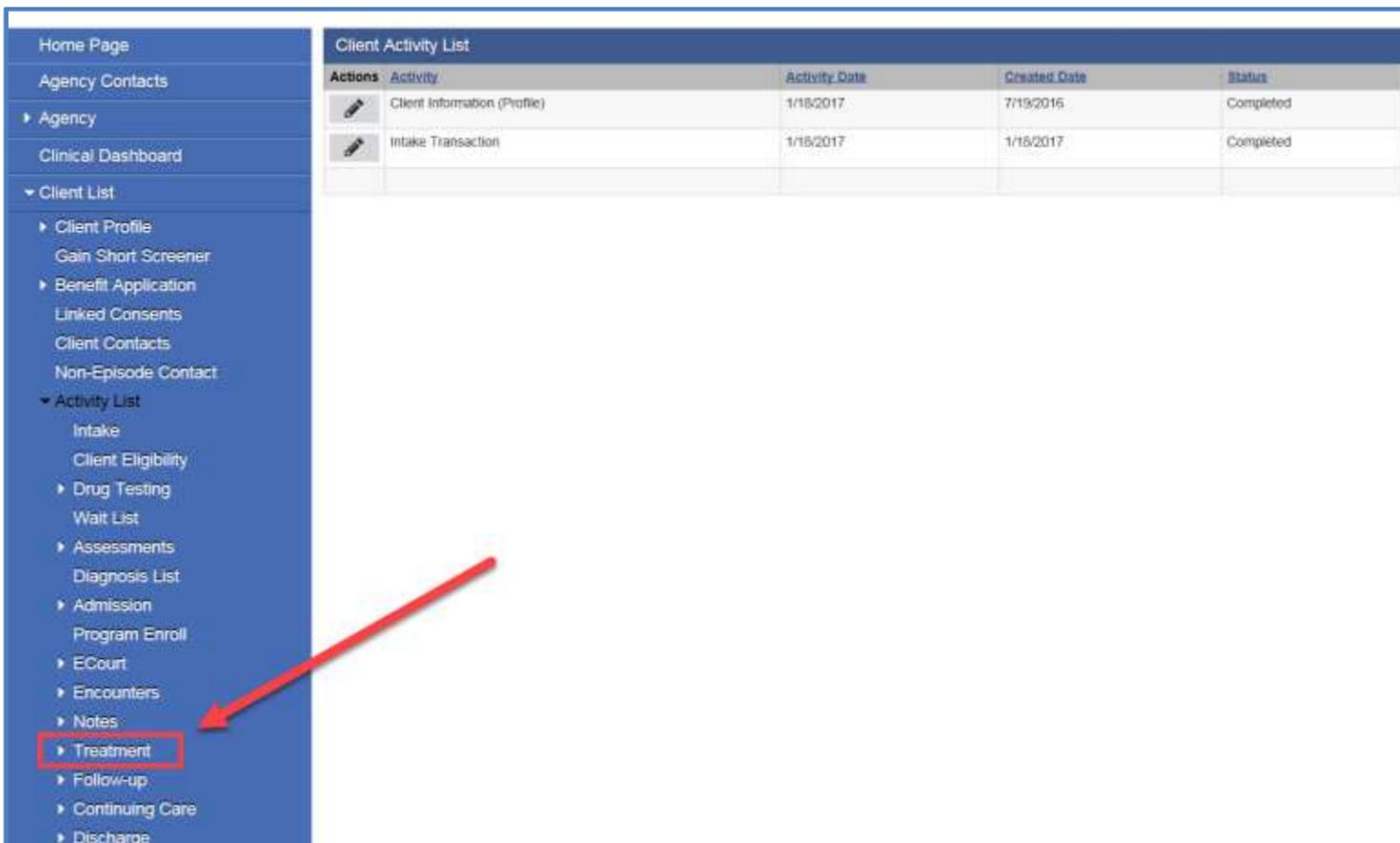


5. Click  to close the Crisis Program Enrollment or click  to cancel.

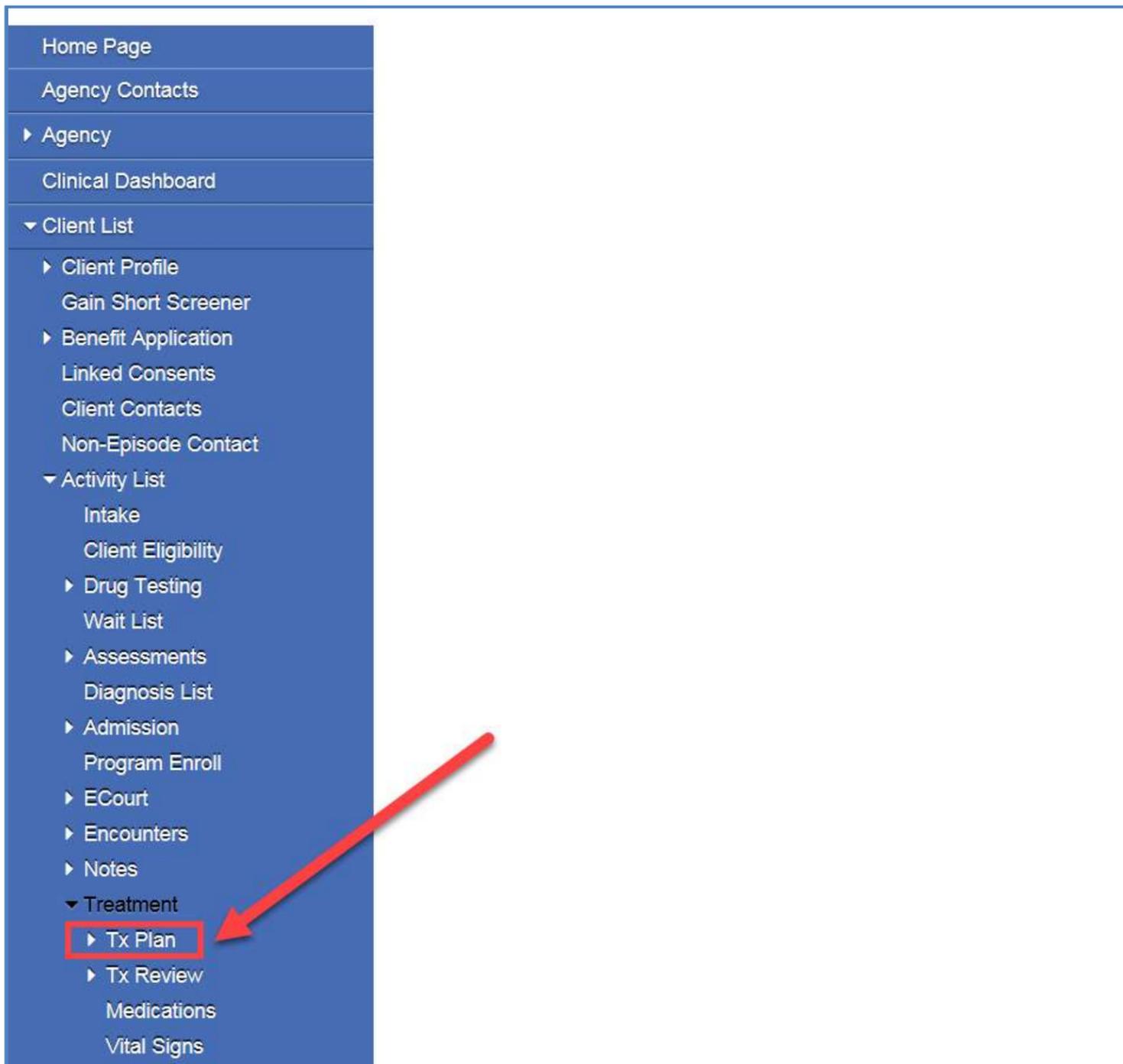
6. Create a Treatment Plan. This section is required but it can be completed at any time, as long as the episode is open.

Creating a Treatment Plan

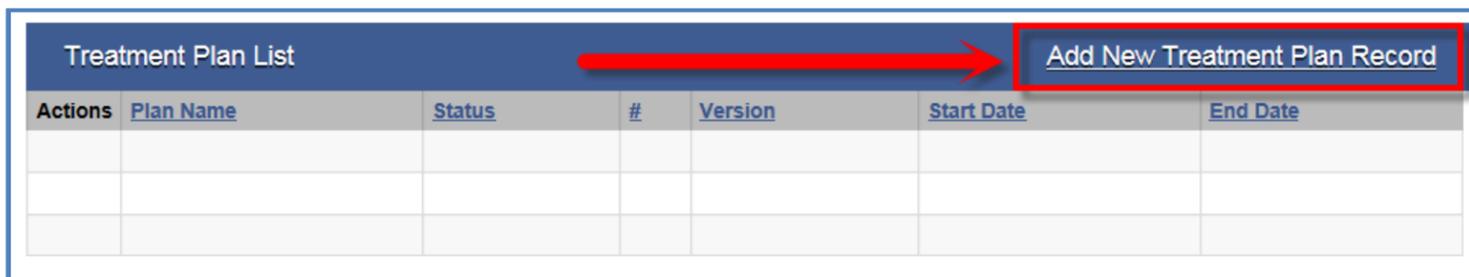
1. Begin on the Client Activity List.



2. Click  on the blue navigation pane.



3. Click **Tx Plan** on the blue navigation pane.



4. Click **Add New Treatment Plan Record** on the Treatment Plan List screen.



Click Tab after entering the Plan Period (Days) to calculate the Next Review Date.

Treatment Plan Profile

Status Date: _____ Last Review Date: _____
 Plan Number: 1 Plan Version: 1
 Created By: _____ Updated By: _____
 Created Date: _____ Last Updated Date: _____

Plan Name: _____ Plan Start Date: 1/19/2017
 Plan Period (Days): 365 Plan End Date: 1/19/2018
 Plan Status: Active - Not Signed Off Next Review Date: 5/19/2017
 Client Participated in Tx Plan Development: _____

Administrative Actions

Create New Version Sign Off Perform Review

Treatment Team Add Team Member

Team Member Name	Review Member	Role	Start Date	End Date

Cancel Save Finish

5. Complete the following fields.

- Plan Name – enter the name of the plan.
- Plan Start Date – the field will populate with today’s date. Update as needed (date the plan expected to be active).
- Plan Period (Days) – enter the timeframe for the treatment plan and click the Tab key. This will calculate the Next Review Date.
- Plan End Date – enter the plan end date.
- Next Review Date –the value is calculated based on the information entered for the Plan Period. Update as needed.
- Client Participated in TX Plan Development – select Yes or No to document the Client’s involvement. If the client does not participate in the Treatment Plan Development, document the reason in the Treatment Plan Overview, Clinical Comments/Recommendations section.



Signature lines for treatment team members will not print on the Treatment Plan paper version unless team members are added electronically in WITS.



Team Members cannot be "deleted" from the list of Team Members. If the individual is no longer an active member of the Treatment Team, the date they ended their involvement will appear in the “End Date” column. The inactive team member’s name will display on drop-down menus for the client for one month after the end date.

Treatment Plan Profile

Status Date: _____ Last Review Date: _____
 Plan Number: 1 Plan Version: 1
 Created By: _____ Updated By: _____
 Created Date: _____ Last Updated Date: _____

Plan Name: Training Tx Plan 01 Plan Start Date: 1/19/2017
 Plan Period (Days): 365 Plan End Date: 1/19/2018
 Plan Status: Active - Not Signed Off Next Review Date: 5/19/2017
 Client Participated in Tx Plan Development: Yes

Administrative Actions

Create New Version Sign Off Perform Review

Treatment Team Add Team Member

Team Member Name	Review Member	Role	Start Date	End Date

Cancel Save Finish

6. Click **Add Team Member**.

Treatment Team							
Actions	Team Member Name	Is Primary Care Member?	Review Member	Treatment Sub Team	Role/Relation	Start Date	End Date

Assign Group Add Team Member

Staff Name Start Date End Date

Non Staff Name Notes

[Add Collateral Contact](#)

Role/Relation

Review Member

Primary Care Staff

Deny Access to Client Records

Treatment Sub-Teams: Recovery

7. Click **Add Team Member**.



If you need to deny access to a client record for a specific member of your Agency, add them to the Treatment Team, and set 'Deny Access to Client Records' to Yes.

Treatment Team							
Actions	Team Member Name	Is Primary Care Member?	Review Member	Treatment Sub Team	Role/Relation	Start Date	End Date

Assign Group Add Team Member

Staff Name Start Date End Date

Non Staff Name Notes

[Add Collateral Contact](#)

Role/Relation

Review Member

Primary Care Staff

Deny Access to Client Records

Treatment Sub-Teams: Recovery

8. Complete the following fields.

- Staff Name – select the staff member’s name. Staff members without an end date in their staff profile will display in the drop-down menu.
- Start Date – enter the Start Date.
- Role/Relation – select the role or relation of the Treatment Team Member to the client.
- Review member –select Yes or No.
- Primary Care Staff –select Yes or No.
- Deny Access to Client Records –select Yes or No. **If you select Yes the staff member will not be able to view the client.**

Treatment Team

Actions	Team Member Name	Is Primary Care Member?	Review Member	Treatment Sub Team	Role/Relation	Start Date	End Date

Assign Group [Add Team Member](#)

Staff Name: Linder, Carissa
 Non Staff Name:
 Add Collateral Contact:
 Role/Relation: Clinician
 Review Member: Yes
 Primary Care Staff: Yes
 Deny Access to Client Records: No

Start Date: 7/8/2016
 End Date:
 Notes:
 Treatment Sub-Teams: Recovery
 Selected Sub-Teams:
 Cancel Save Finish

9. Once all the information is entered, click . Repeat these steps to add additional team members and click .

Treatment Plan Profile

Status Date:
 Plan Number: 1
 Created By:
 Created Date:
 Plan Name: Training Tx Plan 01
 Plan Period (Days): 365
 Plan Status: Active - Not Signed Off

Last Review Date:
 Plan Version: 1
 Updated By:
 Last Updated Date:
 Plan Start Date: 1/19/2017
 Plan End Date: 1/19/2018
 Next Review Date: 5/19/2017
 Client Participated in Tx Plan Development: Yes

Administrative Actions
 Create New Version Sign Off Perform Review

Treatment Team [Add Team Member](#)

Team Member Name	Review Member	Role	Start Date	End Date
18, Trainee	No	Case Manager	1/19/2017	

Cancel Save Finish

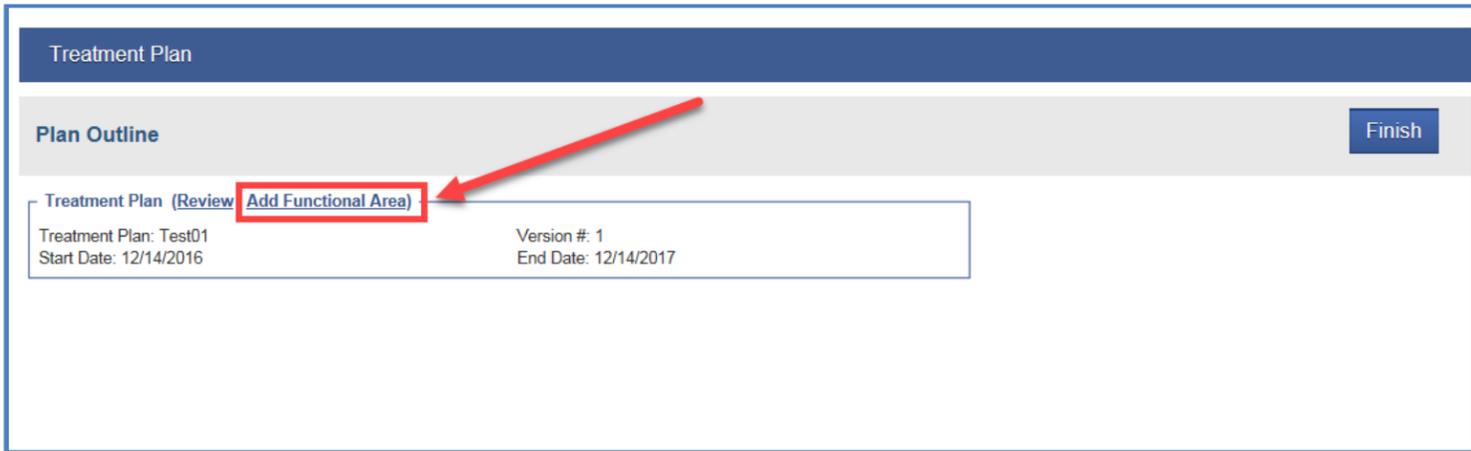
10. The Treatment Team Members will populate in the Treatment Team section of the Profile. Click .

11. Follow the prompts and answer each question. Click Save.

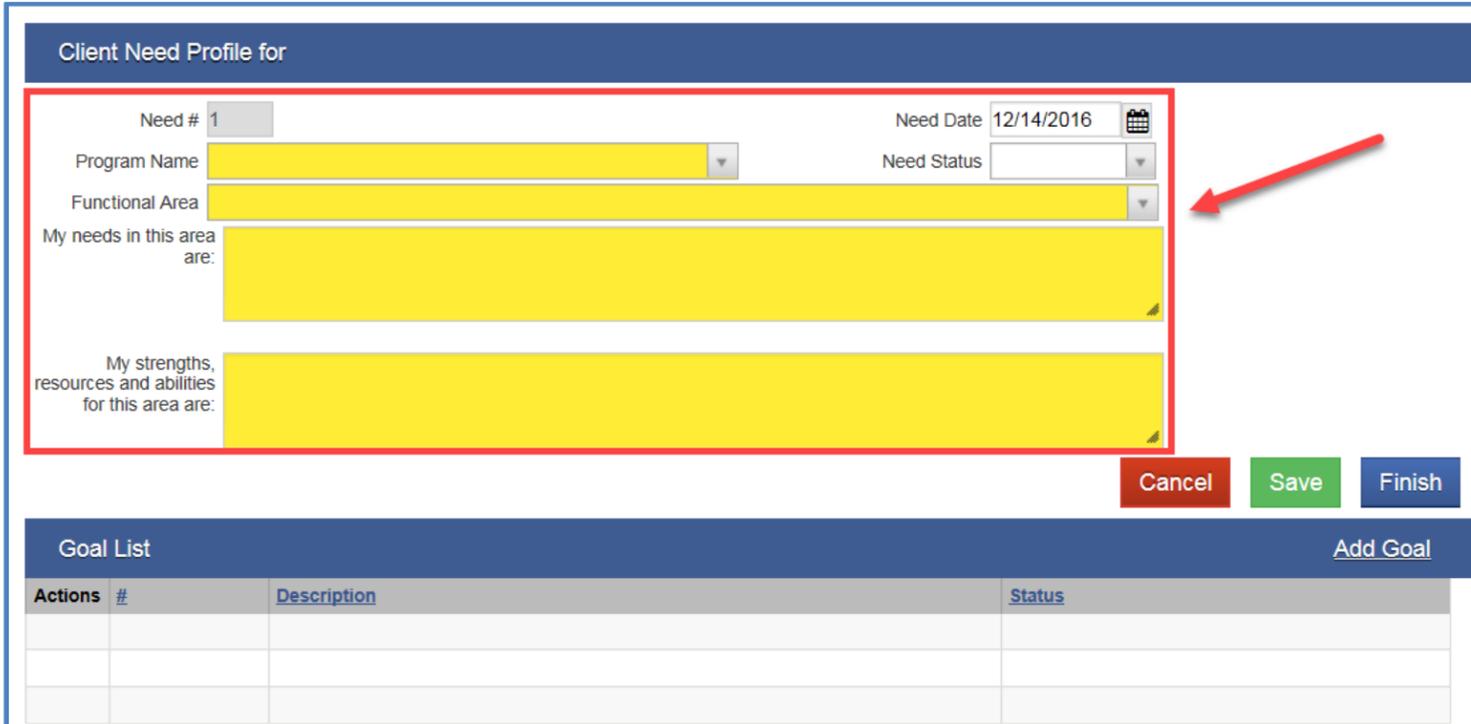
12. Click **Plan Outline** to navigate to the Treatment Plan Outline.



The Treatment Plan Outline gives an "at a glance" look at the entire Treatment Plan. Review or delete information previously entered, or add new information to the Treatment Plan on this screen.

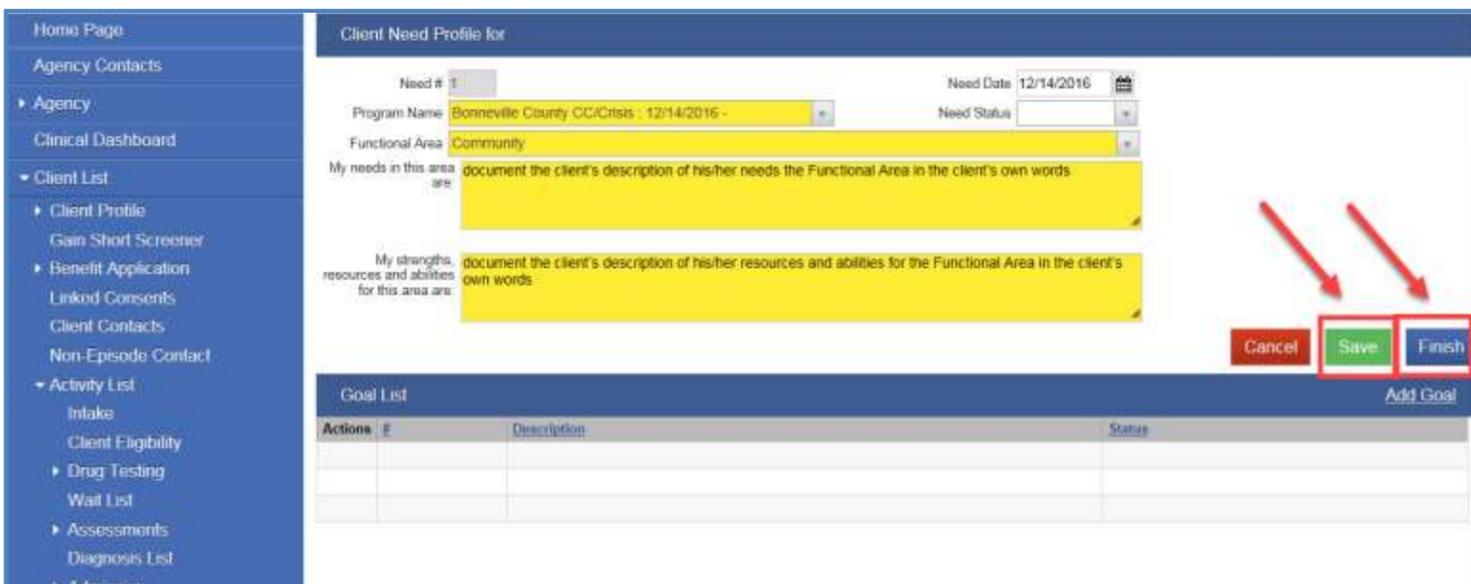


13. Click [Add Functional Area](#) to add Needs.



14. Complete the following fields.

- Need Date – the field will populate with today’s date. Update as needed.
- Program Name – select the Crisis Program.
- Functional Area – select the Functional Area.
- My needs in this area are: – document the client’s description of his/her needs the Functional Area.
- My strengths, resources and abilities for this area are – document the client’s description of his/her resources and abilities for the Functional Area.



15. Click [Save](#) and click [Finish](#) to navigate back to the Treatment Plan Outline.

Treatment Plan

Plan Outline Finish

Treatment Plan (Review | Add Functional Area)

Treatment Plan: Test01 Version #: 1
 Start Date: 12/14/2016 End Date: 12/14/2017

Need 1 (Review | Delete | **Add Goal**)

Functional Area: Cultural

Needs: document the client's description of his/her needs the Functional Area in the client's own words

Strengths: document the client's description of his/her resources and abilities for the Functional Area in the client's own words Need Status:

16. Click [Add Goal](#) to add Goals.



WITS populates the following fields on the Client Goal Profile screen as Read Only from the Client Need Profile: Need #, Program Name, Functional Area, Needs, Strengths/Limits.

Client Goal Profile

Need #: 1

Program Name: Bonneville County CC/Crisis : 12/14/2016 -

Functional Area: Cultural

Needs: document the client's description of his/her needs the Functional Area in the client's own words

Strengths/Limits: document the client's description of his/her resources and abilities for the Functional Area in the client's own words

Goal Status: ▼

My goal in this area is: ▭

I will know I have achieved this goal when: (discharge criteria) ▭

Projected Achievement Date: 4/13/2017 📅 Actual Achievement Date: 📅 Deferred Date: 📅

Cancel Save Finish

Objective List Add Objective

Actions	#	Description	Status

17. Complete the following fields

- Goal Status – select the status of the goal.
- My goal in this area is – enter the goal.
- I will know I have achieved this goal when– enter the client's description.
- Projected Achievement Date – Enter the projected achievement date.

Client Goal Profile

Need #: 1

Program Name: Bonneville County CC/Crisis : 12/14/2016 -

Functional Area: Cultural

Needs: document the client's description of his/her needs the Functional Area in the client's own words

Strengths/Limits: document the client's description of his/her resources and abilities for the Functional Area in the client's own words

Goal Status: Continue As Is

My goal in this area is: enter the goal in the client's own words

I will know I have achieved this goal when: (discharge criteria) enter discharge criteria in the client's own words

Projected Achievement Date: 4/13/2017 Actual Achievement Date: Deferred Date:

Cancel Save Finish

Objective List Add Objective

Actions	#	Description	Status

18. Click **Save** and click **Finish** to navigate back to the Treatment Plan Outline.

Treatment Plan

Plan Outline Finish

Treatment Plan (Review | Add Functional Area)

Treatment Plan: Test01 Version #: 1
Start Date: 12/14/2016 End Date: 12/14/2017

Need 1 (Review | Delete | Add Goal)

Functional Area: Cultural
Needs: document the client's description of his/her needs the Functional Area in the client's own words
Strengths: document the client's description of his/her resources and abilities for the Functional Area in the client's own words
Need Status:

Goal 1.1 (Review | Delete | Add Objective)

Goal: enter the goal in the client's own words
Goal Status: Continue As Is
Projected Achievement Date: 4/13/2017

19. Click [Add Objective](#) to add objectives to this Goal.



WITS populates the following fields on the Client Objective screen as Read Only from the Client Goal Profile: Goal #, Date Assessed, Functional Area, Strengths/Limits, Goal Description, Goal.

Objectives

Goal #: 1

Date Assessed: 12/14/2016

Functional Area: Cultural

Strengths/Limits: document the client's description of his/her resources and abilities for the Functional Area in the client's own words

Goal Description: document the client's description of his/her needs the Functional Area in the client's own words

Goal: enter the goal in the client's own words

Objective # 1 Create Date 12/14/2016

I will achieve my goal by (objective):

Objective Status: In Progress

Expected Achievement Date: Resolution Date:

Intervention List [Add Intervention](#)

Actions #	Description	Status

20. Complete the following fields

- I will achieve my goal by (objective) – enter the objective.
- Objective Status – the field will populate as In Progress.
- Projected Achievement Date – enter the projected achievement date.

Objectives

Goal #: 1

Date Assessed: 12/14/2016

Functional Area: Cultural

Strengths/Limits: document the client's description of his/her resources and abilities for the Functional Area in the client's own words

Goal Description: document the client's description of his/her needs the Functional Area in the client's own words

Goal: enter the goal in the client's own words

Objective # 1 Create Date 12/14/2016

I will achieve my goal by (objective): enter the objective in the client's own words

Objective Status: In Progress

Expected Achievement Date: 12/31/2016 Resolution Date:

Intervention List [Add Intervention](#)

Actions #	Description	Status

21. Click and click to navigate back to the Treatment Plan Outline.

Treatment Plan

Plan Outline Finish

Treatment Plan (Review | Add Functional Area)

Treatment Plan: Test01 Version #: 1
 Start Date: 12/14/2016 End Date: 12/14/2017

Need 1 (Review | Delete | Add Goal)

Functional Area: Cultural
 Needs: document the client's description of his/her needs the Functional Area in the client's own words
 Strengths: document the client's description of his/her resources and abilities for the Functional Area in the client's own words Need Status:

Goal 1.1 (Review | Delete | Add Objective)

Goal: enter the goal in the client's own words Goal Status: Continue As Is
 Projected Achievement Date: 4/13/2017

Objective 1.1.1 (Review | Delete | **Add Intervention**)

Objective: enter the objective in the client's own words Objective Status: In Progress
 Expected Achieve Date: 12/31/2016

22. Click [Add Intervention](#) to add Interventions to the associated Objective.



WITS populates the following fields on the Intervention screen as Read Only from the Client Goal Profile and the Objective screen: Goal #, Date Assessed, Functional Area, Strengths/Limits, Goal Description, Goal.

Intervention

Goal #: 1

Functional Area: Cultural

Goal Description: document the client's description of his/her needs the Functional Area in the client's own words

Goal: enter the goal in the client's own words

Objective #: 1

Objective: enter the objective in the client's own words

Objective Create Date: 12/14/2016

Objective Status: In Progress

Intervention # 1

To achieve my goal, I will participate in the following activities: [Redacted]

Create Date: 12/14/2016

Intervention Status: In Progress

Staff: 18, Trainee

Cancel Save Finish

23. Complete the following fields

- To achieve my goal, I will participate in the following activities – enter the activities
- Intervention Status – the field will populate as In Progress.
- Responsible Party/Participants – enter the name of the responsible party/participants.

Intervention

Goal #: 1

Functional Area: Cultural

Goal Description: document the client's description of his/her needs the Functional Area in the client's own words

Goal: enter the goal in the client's own words

Objective #: 1

Objective: enter the objective in the client's own words

Objective Create Date: 12/14/2016

Objective Status: In Progress

Intervention # 1

To achieve my goal, I will participate in the following activities: enter the activities (this field does not need to be in the client's own words).

Create Date: 12/14/2016

Intervention Status: In Progress

Staff: 18, Trainee

Cancel Save Finish

24. Click **Save** and click **Finish** to navigate back to the Treatment Plan Outline.

Treatment Plan

Plan Outline Finish

Treatment Plan (Review | Add Functional Area)

Treatment Plan: Test01 Version #: 1
Start Date: 12/14/2016 End Date: 12/14/2017

Need 1 (Review | Delete | Add Goal)

Functional Area: Cultural
Needs: document the client's description of his/her needs the Functional Area in the client's own words
Strengths: document the client's description of his/her resources and abilities for the Functional Area in the client's own words
Need Status:

Goal 1.1 (Review | Delete | Add Objective)

Goal: enter the goal in the client's own words
Goal Status: Continue As Is
Projected Achievement Date: 4/13/2017

Objective 1.1: (Review | Delete | Add Intervention)

Objective: enter the objective in the client's own words
Expected Achieve Date: 12/31/2016
Objective Status: In Progress

Intervention 1.1.1 (Review | Delete)

Intervention: enter the activities (this field does not need to be in the client's own words).
Intervention Status: In Progress
Created Date: 12/14/2016

25. To edit or to add new activities, click on the links located to the right of each heading.

26. Click **Finish** if you would like the Treatment Plan to remain in Active – Not Signed Off status. This means the Treatment Plan can be edited and signed at a later date.

27. Otherwise, follow these directions to electronically sign the Treatment Plan

Electronically Signing the Treatment Plan



Once a Treatment Plan is signed, it cannot be changed or edited.

1. Begin on the Client Activity List.

Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	1/18/2017	7/19/2016	Completed
	Intake Transaction	1/18/2017	1/18/2017	Completed
	Client Program Enrollment (Crisis)	1/18/2017	1/18/2017	Completed
	Treatment Plan (training plan 091)	1/18/2017	1/18/2017	Active - Not Signed Off
	Diagnosis Summary	1/18/2017	1/18/2017	Not Applicable
	Vital Signs	1/18/2017	1/18/2017	Completed
	Crisis Evaluation	1/18/2017	1/18/2017	In Progress (Details)

2. Click **Treatment** on the blue navigation pane.

- Home Page
- Agency Contacts
- ▶ Agency
- Clinical Dashboard
- ▼ Client List
 - ▶ Client Profile
 - Gain Short Screener
 - ▶ Benefit Application
 - Linked Consents
 - Client Contacts
 - Non-Episode Contact
 - ▼ Activity List
 - Intake
 - Client Eligibility
 - ▶ Drug Testing
 - Wait List
 - ▶ Assessments
 - Diagnosis List
 - ▶ Admission
 - Program Enroll
 - ▶ ECourt
 - ▶ Encounters
 - ▶ Notes
 - ▼ Treatment
 - ▶ **Tx Plan**
 - ▶ Tx Review
 - Medications

- Click **Tx Plan** on the blue navigation pane.

Treatment Plan List		Add New Treatment Plan Record				
Actions	Plan Name	Status	#	Version	Start Date	End Date
 Review	Training Tx Plan	Active - Signed Off	1	1	8/10/2016	11/8/2016

- Hover over the  and click **Review**.

Treatment Plan Profile				
Status Date:	Last Review Date:			
Plan Number: 1	Plan Version: 1			
Created By: Test1-Clinical Staff, Anna	Updated By: Test1-Clinical Staff, Anna			
Created Date: 8/10/2016 11:42 AM	Last Updated Date: 8/10/2016 4:31 PM			
Plan Name: Training Tx Plan	Plan Start Date: 8/10/2016			
Plan Period (Days): 90	Plan End Date: 11/8/2016			
Plan Status: Active - Not Signed Off	Next Review Date: 11/8/2016			
Client Participated in Tx Plan Development <input type="checkbox"/>				
Administrative Actions Create New Version Sign Off Perform Review				
Treatment Team				
Team Member Name	Review Member	Role	Start Date	End Date
Test1-Clinical Staff, Anna	No	Case Manager	8/10/2016	
<input type="button" value="Cancel"/> <input type="button" value="Save"/> <input type="button" value="Finish"/> <input type="button" value="Next"/>				

- Click **Sign Off** in the Administrative Actions section of the Treatment Plan Profile.

Click Yes only if appropriate treatment team members have approved the treatment plan. Once you click Yes, this plan becomes the active treatment plan.

- Click **Yes** to electronically sign the Treatment Plan or click **No** to cancel.

Treatment Plan Profile

Status Date:
Plan Number: 1
Created By: Test1-Clinical Staff, Anna
Created Date: 8/10/2016 11:42 AM

Last Review Date:
Plan Version: 1
Updated By: Test1-Clinical Staff, Anna
Last Updated Date: 8/11/2016 10:45 AM

Plan Name: Training Tx Plan
Plan Start Date: 8/10/2016
Plan Period (Days): 90
Plan End Date: 11/8/2016
Plan Status: Active - Signed Off
Next Review Date: 11/8/2016

Client Participated in Tx Plan Development

Administrative Actions

[Create New Version](#) [Create an Inactive Draft](#) [Sign Off](#) [Perform Review](#)

Treatment Team Add Team Member

Team Member Name	Review Member	Role	Start Date	End Date
Test1-Clinical Staff, Anna	No	Case Manager	8/10/2016	

Finish

- The Treatment Plan becomes Read Only. Click **Finish**.
- Create Miscellaneous Notes to document services delivered to the client.
- When client is ready to discharge, close the Crisis Program Enrollment

Closing a Crisis Program Enrollment



The Crisis Evaluation must have a status of completed before the Crisis Program Enrollment can be closed.

- Begin on the Client Activity List.

Client Activity List

Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	10/3/2016	10/3/2016	Completed
	Intake Transaction	10/3/2016	10/3/2016	Completed
	Client Program Enrollment (Crisis)	10/3/2016	10/3/2016	Completed
	Review	10/4/2016	10/4/2016	Completed

- Once you're on the Client Activity List, hover over the and click **Review** under Actions for the Crisis Program Enrollment.

Program Enrollment Profile

Facility: Bonneville County CC
Program Name: Crisis
Program Staff: 18, Trainee

Days on Wait List:
Start Date: 10/3/2016
End Date:

Termination Reason:
Notes:

Administrative Actions

[Crisis Evaluation](#)

Cancel **Save** **Finish**

3. Enter the End Date (date the client is leaving the BHCCC).

Program Enrollment Profile

Facility: Bonneville County CC
Program Name: Crisis
Program Staff: 18, Trainee
Days on Wait List:
Start Date: 10/3/2016
End Date: 10/17/2016

Termination Reason: [Dropdown] →

Notes:

Administrative Actions: [Crisis Evaluation](#)

Buttons: Cancel Save Finish

4. Select the Termination Reason (why the client is leaving the BHCCC).

Program Enrollment Profile

Facility: Bonneville County CC
Program Name: Crisis
Program Staff: 18, Trainee
Days on Wait List:
Start Date: 10/3/2016
End Date: 10/4/2016

Termination Reason: Transferred

Notes:

Administrative Actions: [Crisis Evaluation](#)

Buttons: Cancel Save Finish

5. Click **Save** and **Finish**.

6. After closing the Crisis Program Enrollment, close the Intake. This closes the episode of care in WITS.

Closing an Intake (Episode of Care)



The following records must be complete before an Intake can be closed: Client Profile, Crisis Evaluation, and Crisis Program Enrollment.

1. Begin on the Client Activity List.

Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	8/31/2016	8/31/2016	Completed
	Intake Transaction	8/31/2016	8/31/2016	Completed

Review →

2. Once you're on the Activity List, hover over the and click **Review** under Actions for the Intake.

Intake Case Information

Intake Facility: Bonneville County CC
 Intake Staff: 18, Trainee
 Initial Contact: Appointment
 County of Res.: ADA
 Source of Referral: Physician

Case #: 4
 Case Status: Open Active
 Date of First Contact: 1/18/2017
 Intake Date: 1/18/2017
 Pregnant: Not Applicable
 Due Date:

Referral Contact:
[Add Collateral Contact](#)

Priority Population: AMH P #1 Crisis/DE
 HIV Tested?:
 Past IV Drug Use:

Is client under court supervision? Yes
 Supervising Jurisdiction: ADA

Presenting Problem (In Client's Own Words): Presenting Problem Here

Inter-Agency Service: Adult Protection, Court/Legal Interface, Developmental Disabilities, Domestic Violence Service Provider
 Inter-Agency Service Selected: None

Domains:
 Selected Domains: Mental Health

Date Closed: [Save & Close the Case](#)

Cancel Save Finish

Actions

3. Complete the following fields.
 - Date Closed – enter the last date of contact with the client.
4. Click [Save & Close the Case](#).

Intake Case Information

Intake Facility: Bonneville County CC
 Intake Staff: 18, Trainee
 Initial Contact: Appointment
 County of Res.: ADA
 Source of Referral: Physician

Case #: 4
 Case Status: Closed
 Date of First Contact: 1/18/2017
 Intake Date: 1/18/2017
 Pregnant: Not Applicable
 Due Date:

Referral Contact:

Priority Population: AMH P #1 Crisis/DE
 HIV Tested?:
 Past IV Drug Use:

Is client under court supervision? Yes
 Supervising Jurisdiction: ADA

Presenting Problem (In Client's Own Words): Presenting Problem Here

Inter-Agency Service: Adult Protection, Court/Legal Interface, Developmental Disabilities, Domestic Violence Service Provider
 Inter-Agency Service Selected: None

Domains:
 Selected Domains: Mental Health

Date Closed: 1/18/2017

Finish

Actions

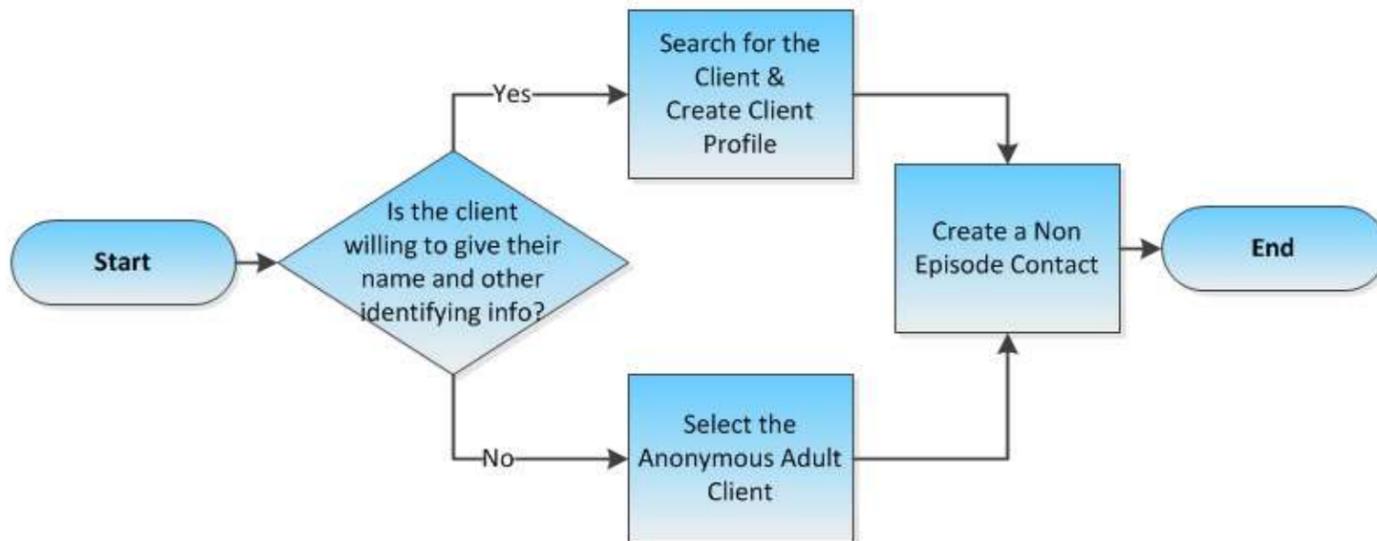
5. The Intake becomes Read-Only. Click **Finish**.

Process when Clients are not Present



If you would like to print information from this page, make sure to expand as many sections as desired and then click the Print icon in the upper right corner of the page.

When a client contacts the Crisis Center by phone, document it in WITS using the client flow and instructions that best fit your situation.

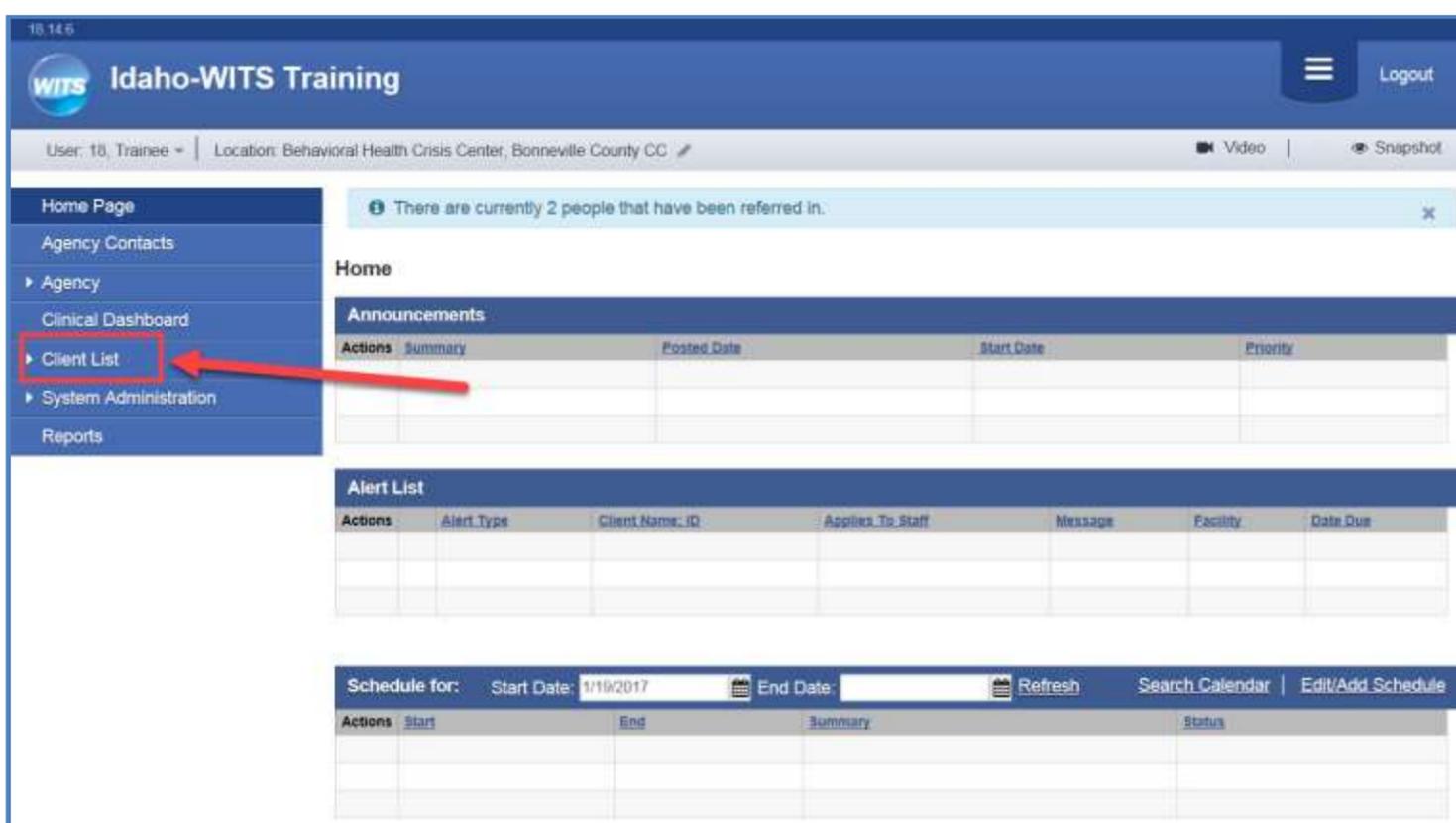


If the client is willing to give their name and other identifying information:

1. Search for the client in WITS to see if the client already exists in your agency.

How to search WITS to see if the client already exists

1. Begin on the Home Page.



2. Click **Client List** on the blue navigation pane.



Perform a Wild Card Search to broaden your search. For example, if you want all individuals with a last name beginning with Ano, enter ano* in the last name field. You can also search using a date range in date fields dates for example, searching for 01/01/2000:12/31/2000 – returns any record with a date in the year 2000.



To view only Active Clients, select a Case Status of Clients with Open Cases.

Client Search

Agency Behavioral Health Crisis Center

First Name

SSN

Idaho-WITS Training Client Id

Unique Client Number

Treatment Staff

Case Status All Clients

Other Number

Include Only Active Consents Yes

Facility

Last Name

DOB

Provider Client ID

Primary Care Staff

Intake Staff

Number Type

Clear
Go

Client List [\(Export\)](#) [Add Client](#)

Actions	Unique Client #	Full Name	DOB	SSN	Gender

Clients with Consents from Outside Agencies

Actions	Agency	Unique Client #	Client Name	DOB	SSN	Gender

3. Enter search criteria on the Client Search page and click Go.

Client Search

Agency Behavioral Health Crisis Center

First Name

SSN

Idaho-WITS Training Client Id

Unique Client Number

Treatment Staff

Case Status All Clients

Other Number

Include Only Active Consents Yes

Facility

Last Name X

DOB

Provider Client ID

Primary Care Staff

Intake Staff

Number Type

Clear
Go

Client List [\(Export\)](#) [Add Client](#)

Actions	Unique Client #	Full Name	DOB	SSN	Gender
	2071516600001N	Test1, Anna	1/1/1990	000-00-0000	Female

Clients with Consents from Outside Agencies

Actions	Agency	Unique Client #	Client Name	DOB	SSN	Gender

- If your search locates your client, he or she will be listed under the Client List section as shown above. This means the client has been at the BHCCC before and you can skip the next step of Creating a New Client.
- If your search does not locate your client, he or she will not be listed under the Client List section. Proceed to the next step by Creating a New Client.

Creating a New Client



Before you create a new client record, always search for the client as shown below. This will help you to avoid creating duplicate clients.

- Begin on the Home Page.

The screenshot shows the BHCCC Home Page interface. On the left is a blue navigation pane with the following items: Home Page, Agency Contacts, Agency, Clinical Dashboard, Client List (highlighted with a red box and a red arrow), System Administration, and Reports. The main content area is titled 'Home' and contains three sections: 'Announcements' with a table showing a welcome message posted on 4/25/2011; 'Alert List' with an empty table; and a 'Schedule for' section with input fields for Start Date (02/21/2018) and End Date, along with Refresh, Search Calendar, and Edit/Add Schedule buttons.

- Click **Client List** on the blue navigation pane.



Perform a Wild Card Search to broaden your search. For example, if you want all individuals with a last name beginning with Ano, enter ano* in the last name field. You can also search using a date range in date fields dates for example, searching for 01/01/2000:12/31/2000 – returns any record with a date in the year 2000.



To view only Active Clients, select a Case Status of Clients with Open Cases.

Client Search

Agency Behavioral Health Crisis Center Facility

First Name Last Name

SSN DOB

Idaho-WITS Training Client Id

Unique Client Number Provider Client ID

Treatment Staff Primary Care Staff

Case Status All Clients Intake Staff

Other Number Number Type

Include Only Active Consents Yes

Clear **Go**

Client List (Export) [Add Client](#)

Actions	Unique Client #	Full Name	DOB	SSN	Gender

Clients with Consents from Outside Agencies

Actions	Agency	Unique Client #	Client Name	DOB	SSN	Gender

2. Enter the search criteria and click **Go**.

Client Search

Agency Behavioral Health Crisis Center Facility

First Name Last Name

SSN DOB

Idaho-WITS Training Client Id

Unique Client Number Provider Client ID

Treatment Staff Primary Care Staff

Case Status All Clients Intake Staff

Other Number Number Type

Include Only Active Consents Yes

Clear **Go**

Client List (Export) [Add Client](#)

Actions	Unique Client #	Full Name	DOB	SSN	Gender
	20715166000001N	Test1, Anna	7/15/1966	000-00-0000	Female
	10303110000001N	Test2, Anna	3/3/1910	000-00-0000	Male
	20801183000001N	Test3, Anna	8/1/1983	000-00-0000	Female

Clients with Consents from Outside Agencies

Actions	Agency	Unique Client #	Client Name	DOB	SSN	Gender

3. If you do not find your client in the Client List, click [Add Client](#).

4. The Profile page will display.

Profile



The First Name, Gender, DOB, and SSN fields are particularly important, as this data feeds into the system generated Unique Client Number field. Once the Unique Client Number has been created by WITS and there is an Intake for the client, it cannot be changed. Make sure that information is entered accurately, as it will affect future searches for the client in WITS.



Warning messages will display if the client is over 75 years old or less than 5 years old.

The screenshot shows the 'Profile' form in WITS. The 'First Name' field contains 'Anna', 'Last Name' contains 'Test4', 'Gender' is set to 'Male', 'DOB' is '9/1/1992', and 'SSN' is '000-00-0000'. The 'Access Category' is set to 'Adult'. Below the form are buttons for 'Cancel', 'Save', 'Finish', and a blue arrow button. The 'Save' and 'Finish' buttons are highlighted with red boxes and arrows. Below the buttons are sections for 'Alternate Names' and 'Addresses'.

1. Complete the following fields.

- First Name – enter client’s first name
- Last Name – enter client’s last name
- Gender – select the client’s gender
 - Female
 - Male
 - Refused
 - Transgender Female: person designated male at birth but identifies as female
 - Transgender Male: person designated female at birth but identifies as male
 - Unknown
- Date of Birth – enter client’s birth date as MM/DD/YY
- Social Security Number – it is very important to get the clients SSN up front. However, if this is not possible, the system will accept 000-00-0000 as a SSN. This is the only SSN that may be entered WITS more than once.

2. Click  and click .



WITS is designed to prevent duplicate records. Based on first name and date of birth, the system will display a list of potential duplicates and the message below during the process of creating a client record. **When there are no potential duplicates, the below message will not display.**

Similar Clients already exist in the System and are listed below. Do you wish to continue inserting this client record? Click "Yes" to continue to Add the record or "No" to Cancel the creation of the new record. The Select Action will take you to the record of the duplicate client.

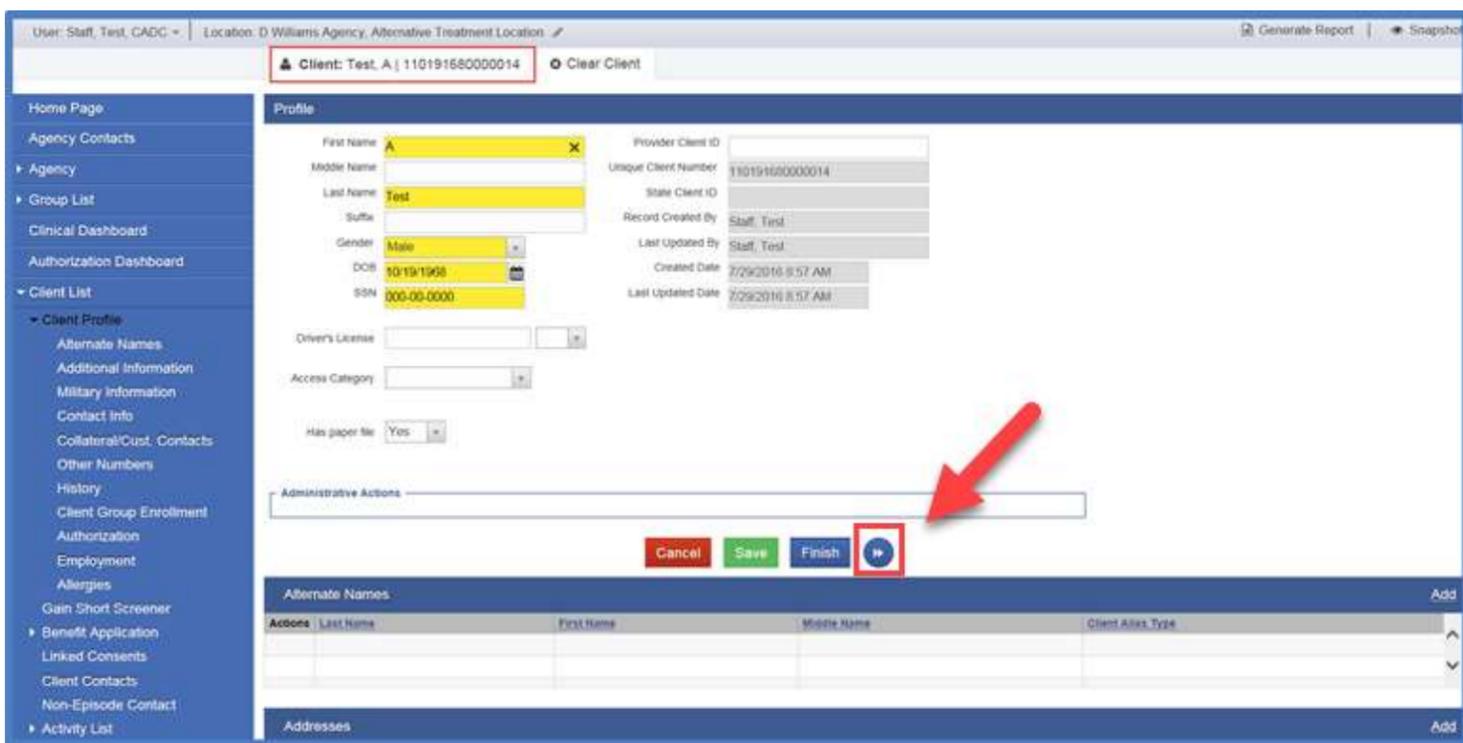
Actions	Unique Client #	Full Name	DOB	SSN	Gender
 Select	110191680000014	Test, A	10/19/1968	000-00-0000	Male

Yes **No**

3. Click  and **Select** under Actions to go to the Client Profile if it is the same client (the client exists in WITS).

OR

4. Click **Yes** to continue to add the client you entered (*if the new client is not a duplicate client record*).



5. Once the client is created, the client's name appears in the Context area of the WITS Context Bar.

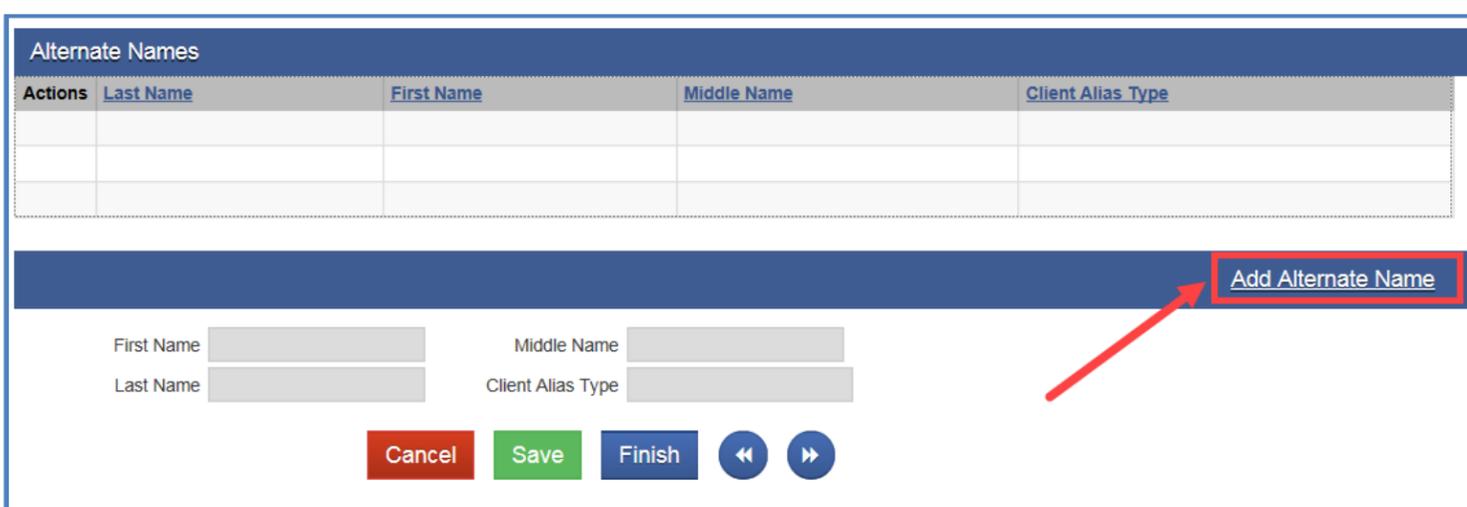
6. Click .

7. The Alternate Names page will display.

Alternate Names



Enter all known alternate names (alias, street name, etc.) used by the client (these are searchable items on the Client Search page).



1. Click [Add Alternate Name](#).

The screenshot shows the 'Alternate Names' section of a software interface. At the top is a table with columns: Actions, Last Name, First Name, Middle Name, and Client Alias Type. Below the table is a blue bar with the text 'Add Alternate Name'. Underneath this bar is a form with four input fields: 'First Name' (highlighted in yellow), 'Middle Name', 'Last Name', and 'Client Alias Type' (a dropdown menu). Below the form are two buttons: 'Cancel' and 'Finish'. Red arrows point from the 'Add Alternate Name' button to the 'First Name' field and from the 'Finish' button to the 'Client Alias Type' dropdown.

2. Complete the following fields.
 - First Name – enter the client’s alternate first name.
 - Client Alias Type – select the alias type.

3. Click [Finish](#).

The screenshot shows the 'Alternate Names' section after data entry. The table now contains one row with a pencil icon in the 'Actions' column, and the values 'Nickname1' in the 'First Name' column and 'Nickname' in the 'Client Alias Type' column. Below the table is a blue bar with the text 'Add Alternate Name'. Underneath is a form with four input fields: 'First Name', 'Middle Name', 'Last Name', and 'Client Alias Type'. Below the form are five buttons: 'Cancel', 'Save' (highlighted in green), 'Finish', a left arrow, and a right arrow (highlighted with a red box). Red arrows point from the 'Add Alternate Name' button to the 'Save' button and from the 'Finish' button to the right arrow button.

4. Click [Save](#) and click .

5. The Additional Information page will display.

Additional Information



Ethnicity: Other Specific Hispanic or Latino is defined as: of known Central or South American or any other Spanish culture or origin (including Spain), other than Puerto Rican, Mexican, or Cuban, regardless of race.

The screenshot shows the 'Additional Information' form with the following details:

- Ethnicity:** Not of Hispanic or Latino Origin
- Races:** White/Caucasian, Asian, Native Hawaiian, Pacific Islander. **Selected Races:** Other Single Race.
- Special Needs:** Mental Health Diagnosis, Moderate To Severe Medical Problems, No Response, Organically Based Problem, Other. **Selected Special Needs:** None.
- General Client Comments:** (Empty text area)
- Sexual Orientation:** (Dropdown menu)
- Religious Preference:** (Dropdown menu)
- English Fluency:** (Dropdown menu)
- Preferred Language:** (Dropdown menu)
- Interpreter Needed:** (Dropdown menu)
- Veteran Status:** Never in Military
- Citizenship:** (Dropdown menu)
- Buttons:** Cancel, Save, Finish, and navigation arrows.

- Complete the following fields.
 - Ethnicity – select client’s ethnicity.
 - Races – select all applicable race(s) and move to Selected Races.
 - Special Needs – select all applicable special needs and move to Selected Special Needs.
 - Veteran Status – select client’s veteran status.
- Click **Save** and click .
- The Contact Info page will display. Click here for instructions on how to complete the Contact Info.

Contact Info



Do not delete the client’s address. When a client’s address changes, review the current address and change the Address Type to Previous Address.



Enter all known contact information for the client.

1. Complete the following fields.
 - Phone # – enter at least one phone number.

2. Click **Save** and click **Add Address**.



If the client is homeless, select address type “client unknown”, put “unknown” in the address line, and then fill in the city, state, and zip code.

3. Complete the following fields.
 - Address Type – select client’s address type.
 - Confidential – select Yes or No.
 - Address Line 1 – enter client’s physical address.
 - Address Line 2 – enter additional physical address information.
 - City – enter client’s city.
 - State – the field will populate with ID.
 - Zip – enter client’s zip code.

4. Click **Finish**. WITS will check the address entered against the United States Postal Service database.

Address Validation

We attempted to validate your address with the United States Postal Service database, but no match was found.

You may maintain your address (Select) or go back and change it (Edit).

Address	Actions
Original Address: 123 Training Street, Boise, Idaho 83702	Select Edit

- If the Address is located in the United States Postal Service database, then click [Select](#) next to the appropriate address.

Address Validation

We attempted to validate your address with the United States Postal Service database, but no match was found.

You may maintain your address (Select) or go back and change it (Edit).

Address	Actions
Original Address: 123 Training Street, Boise, Idaho 83702	Select Edit

- When the Address is NOT located in the United States Postal Service database, click [Select](#) to select this address
- OR**
- Click [Edit](#) to edit the address.

Contact Info

Home Phone # Preferred Method of Contact

Work Phone #

Mobile #

Other Phone #

Fax #

Email Address

Addresses [Add Address](#)

Actions	Address Type	Address	Confidential	Created	Updated
	Client Home	123 Test Street Boise, ID 83702	No	7/19/2016	7/19/2016

- Click .

Allergies



The Allergies screen tracks the client's allergies during an episode of care. The Active Allergy list displays only the active allergies. The Allergy List displays active and inactive allergies.

The screenshot shows the left navigation pane with 'Allergies' highlighted in a red box. A red arrow points from this box to the 'Allergies' option. The main content area shows the 'Contact Info' section with fields for Home Phone #, Work Phone #, Mobile #, Other Phone #, Fax #, and Email Address. Below this is the 'Addresses' section with a table of addresses and buttons for 'Cancel', 'Save', 'Finish', and navigation arrows.

Actions	Address Type	Address	Confidential	Created	Updated
	Client Home	123 Test Street Boise, ID 83702	No	7/19/2016	7/19/2016

1. Click **Allergies** on the blue navigation pane.

The screenshot shows the 'Allergy Profile' section. It includes fields for Type, Allergen, and Active. Below these are 'Available Reactions', 'Selected Reactions', and 'Other (Describe)'. At the bottom, there are fields for 'Created By', 'Created Date', 'Date Identified', 'Updated By', 'Updated Date', and 'By Whom'. A red arrow points to the 'Add Allergy' button in the top right corner of the section.

2. Click. **Add Allergy**.

Active Allergies

Type	Allergen	Reaction	Status

Allergy List

Actions	Type	Allergen	Reaction	Status

Allergy Profile [Add Allergy](#)

Type Allergen Active

Available Reactions: Chest pain, Diarrhea, Hives, Irregular heart rate, Itching, Nausea, Photosensitivity, Respiratory distress, Swollen lips, Vomiting, Other (Describe)

Selected Reactions:

Other (Describe):

Created By: Updated By:
 Created Date: Updated Date:
 Date Identified: By Whom:

Administrative Actions:

3. Complete the following fields.
 - Type – select the type of allergy.
 - Allergen – select the allergen.
 - Active – the field will populate with Yes. Update as needed.
 - Available Reactions – select all applicable reactions and move to Selected Reactions.
4. Click and click .
5. Create a Non-Episode Contact

Creating a Non-Episode Contact



When there is not enough information to create a Client Profile (client's first name, last name, birthdate and SSN), always enter a non-Episode contact note in the Anonymous Adult client record.



When a client contacts the BHCCC and the client is not physically at the BHCCC, create a non-episode contact note to document the activity.

1. Begin on the Client Profile.

Profile

First Name: Anonomous
 Middle Name:
 Last Name: Adult
 Suffix:
 Gender: Unknown
 DOB: 10/22/1980
 SSN: 000-00-0000

Provider Client ID:
 Unique Client Number: 3102218000001N
 State Client ID:
 Record Created By: Buskey, Michelle
 Last Updated By: Buskey, Michelle
 Created Date: 10/22/2014 1:28 PM
 Last Updated Date: 10/22/2014 1:28 PM
 Date of Death:
 Driver's License:
 Access Category: Adult
 Has paper file: Yes

Administrative Actions:
 [Cancel] [Save] [Finish]

Alternate Names

Actions	Last Name	First Name	Middle Name	Client Alias Type

2. Once you're on the Client Profile, click **Non-Episode Contact** on the blue navigation pane.

Non-Episode Contact List

[Add New Non-Episode Contact Record]

Actions	Contact Date	Contacted By	Contact Type	Severity Rating

3. Click **Add New Non-Episode Contact Record**.

Non-Episode Contact Note

Contact Date:
 Start Time:
 End Time:
 Duration:
 Contacted By: 18, Trainee
 Contact Reason:
 If Other, Specify:
 Location:
 Contact Type:
 Referral:
 Referring Agency:
 Referred By - First Name:
 Referred By - Last Name:
 Referred By - Phone:
 Signed Notes:
 Unsigned Notes:
 Severity Rating:
 Created Date: 10/17/2016 3:10 PM
 Outcome:
 Reason for Ineligibility:
 [Sign Note]

Follow-Up

Follow-Up Steps: Behavioral Health Crisis Center, Crisis - Medicaid Consumer, Crisis - Medicaid Consumer
 Follow-Up Steps Selected:
 [Cancel] [Save] [Finish]

4. Complete the following fields.

- Contact Date – enter date.
- Start Time– enter the start time as HH:MM.
- End Time– enter the end time as HH:MM.
- Duration – the field will populate with the duration based on the start and end time.
- Contacted By – the field will populate with the name of the person creating the non-episode contact. Update as needed.
- Contact Reason – select contact reason.
- Location – select location of the client.
- Contact Type – select contact type.
- Follow-Up Steps – select all applicable follow-up step(s) and move to Follow-Up Steps Selected.

Non-Episode Contact Note

Contact Date: 10/14/2016
Start Time: 8:00 AM, End Time: 8:15 AM
Duration: 15 Minutes
Contacted By: 18, Trainee
Referral: [Dropdown]
Referring Agency: [Text]
Referred By - First Name: [Text]
Referred By - Last Name: [Text]
Referred By - Phone: [Text]
Signed Notes: [Text Area]
Unsigned Notes: [Text Area] (highlighted with a red box and arrow)
Contact Reason: Crisis
If Other, Specify: [Text]
Location: Office
Contact Type: Walk In
Severity Rating: [Dropdown]
Created Date: 10/14/2016 10:35 AM
Outcome: [Dropdown]
Reason for Ineligibility: [Text]

Follow-Up

Follow-Up Steps: Crisis - Medicaid Consumer, Crisis - Medicaid Consumer, Law enforcement
Follow-Up Steps Selected: Behavioral Health Crisis Center

Buttons: Cancel, Save, Finish, Sign Note (highlighted with a red box and arrow)

5. Enter notes in the Unsigned Note section.

6. When the notes are complete, click **Sign Note**.

Non-Episode Contact Note

Contact Date: 10/14/2016
 Start Time: 9:00 AM End Time: 9:15 AM
 Duration: 15 Minutes
 Contacted By: Van Skike, Anna
 Referral:
 Referring Agency:
 Referred By - First Name:
 Referred By - Last Name:
 Referred By - Phone:
 Contact Reason: Crisis
 If Other, Specify:
 Location: Office
 Contact Type: Walk In
 Severity Rating:
 Created Date: 2/13/2017 3:43 PM

Signed Notes: Signed by Van Skike, Anna, 2/13/2017 3:44:39 PM:
 Add Notes Here

Unsigned Notes:
 Outcome:
 Reason for Ineligibility:
 Sign Note

Follow-Up

Follow-Up Steps: Crisis - Medicaid Consumer, Crisis - Medicaid Consumer, Law enforcement
 Follow-Up Steps Selected: Behavioral Health Crisis Center
 Cancel Save Finish

7. The Signed Note becomes Read Only and an electronic signature and time stamp is created in the Signed Notes section.

Non-Episode Contact Note

Contact Date: 10/14/2016
 Start Time: 9:00 AM End Time: 9:15 AM
 Duration: 15 Minutes
 Contacted By: Van Skike, Anna
 Referral:
 Referring Agency:
 Referred By - First Name:
 Referred By - Last Name:
 Referred By - Phone:
 Contact Reason: Crisis
 If Other, Specify:
 Location: Office
 Contact Type: Walk In
 Severity Rating:
 Created Date: 2/13/2017 3:43 PM

Signed Notes: Signed by Van Skike, Anna, 2/13/2017 3:44:39 PM:
 Add Notes Here

Unsigned Notes:
 Outcome:
 Reason for Ineligibility:
 Sign Note

Follow-Up

Follow-Up Steps: Crisis - Medicaid Consumer, Crisis - Medicaid Consumer, Law enforcement
 Follow-Up Steps Selected: Behavioral Health Crisis Center
 Cancel Save Finish

8. Click **Save** and **Finish**.



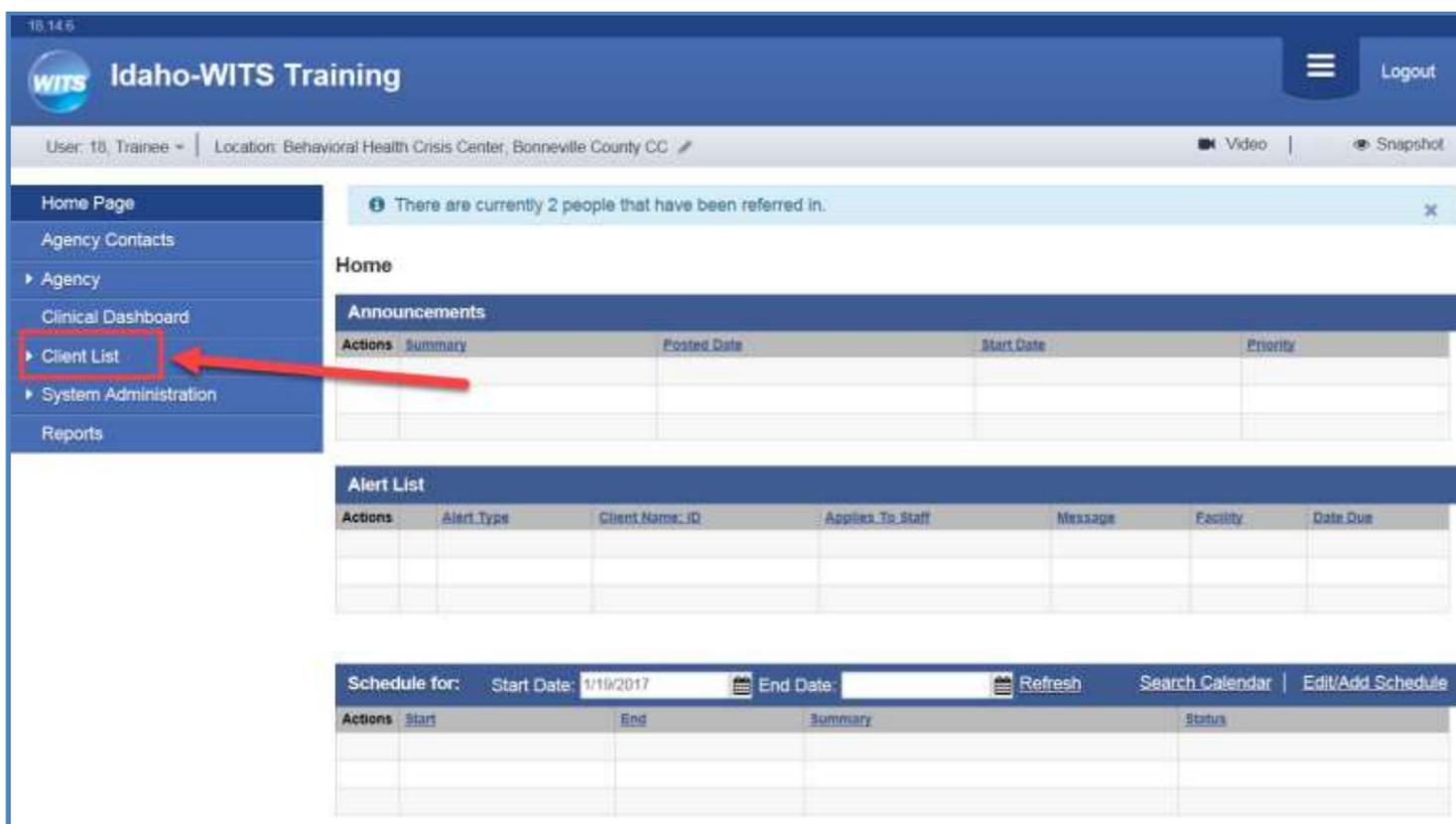
When a client is not willing to give their name and other identifying information, always document the contact under the client **Anonymous Adult**. Do not create a new client profile.

If the client is not willing to give their name and other identifying information:

1. Search and select the Anonymous Adult client in WITS.

How to search WITS to and select the Anonymous Adult client

1. Begin on the Home Page.



2. Click **Client List** on the blue navigation pane.



Perform a Wild Card Search to broaden your search. For example, if you want all individuals with a last name beginning with Ano, enter ano* in the last name field. You can also search using a date range in date fields dates for example, searching for 01/01/2000:12/31/2000 – returns any record with a date in the year 2000.



To view only Active Clients, select a Case Status of Clients with Open Cases.

Creating a Non-Episode Contact



When there is not enough information to create a Client Profile (client's first name, last name, birthdate and SSN), always enter a non-Episode contact note in the Anonymous Adult client record.



When a client contacts the BHCCC and the client is not physically at the BHCCC, create a non-episode contact note to document the activity.

1. Begin on the Client Profile.

The screenshot shows the 'Client Profile' page. The left navigation pane is expanded to 'Client Profile', and 'Non-Episode Contact' is highlighted with a red box. A red arrow points from this box to the 'Non-Episode Contact' option in the main content area. The main content area shows a form for client information, including fields for First Name (Anonamous), Last Name (Adult), Gender (Unknown), DOB (10/22/1980), and SSN (000-00-0000). There are also buttons for 'Cancel', 'Save', and 'Finish'.

2. Once you're on the Client Profile, click **Non-Episode Contact** on the blue navigation pane.

The screenshot shows the 'Non-Episode Contact List' page. The page title is 'Non-Episode Contact List'. There is a table with columns: Actions, Contact Date, Contacted By, Contact Type, and Severity Rating. A red arrow points from the 'Add New Non-Episode Contact Record' button in the top right corner to the table.

3. Click **Add New Non-Episode Contact Record**.

Non-Episode Contact Note

Contact Date  Contact Reason

Start Time End Time If Other, Specify

Duration Location

Contacted By Contact Type

Referral

Referring Agency

Referred By - First Name

Referred By - Last Name

Referred By - Phone

Signed Notes

Unsigned Notes

Severity Rating

Created Date

Outcome

Reason for Ineligibility

Sign Note

Follow-Up

Follow-Up Steps

Follow-Up Steps Selected

Cancel **Save** **Finish**

4. Complete the following fields.

- Contact Date – enter date.
- Start Time– enter the start time as HH:MM.
- End Time– enter the end time as HH:MM.
- Duration – the field will populate with the duration based on the start and end time.
- Contacted By – the field will populate with the name of the person creating the non-episode contact. Update as needed.
- Contact Reason – select contact reason.
- Location – select location of the client.
- Contact Type – select contact type.
- Follow-Up Steps – select all applicable follow-up step(s) and move to Follow-Up Steps Selected.

Non-Episode Contact Note

Contact Date: 10/14/2016
 Start Time: 8:00 AM End Time: 8:15 AM
 Duration: 15 Minutes
 Contacted By: 18, Trainee
 Referral:
 Referring Agency:
 Referred By - First Name:
 Referred By - Last Name:
 Referred By - Phone:
 Signed Notes:
 Unsigned Notes:
 Add Notes Here
 Outcome:
 Reason for Ineligibility:
 Contact Reason: Crisis
 If Other, Specify:
 Location: Office
 Contact Type: Walk In
 Severity Rating:
 Created Date: 10/14/2016 10:35 AM

Follow-Up

Follow-Up Steps: Crisis - Medicaid Consumer, Crisis - Medicaid Consumer, Law enforcement
 Follow-Up Steps Selected: Behavioral Health Crisis Center

Buttons: Cancel, Save, Finish

Sign Note

5. Enter notes in the Unsigned Note section.
6. When the notes are complete, click **Sign Note**.

Non-Episode Contact Note

Contact Date: 10/14/2016
 Start Time: 9:00 AM End Time: 9:15 AM
 Duration: 15 Minutes
 Contacted By: Van Skike, Anna
 Referral:
 Referring Agency:
 Referred By - First Name:
 Referred By - Last Name:
 Referred By - Phone:
 Signed Notes: Signed by Van Skike, Anna, 2/13/2017 3:44:39 PM:
 Add Notes Here
 Unsigned Notes:
 Outcome:
 Reason for Ineligibility:
 Contact Reason: Crisis
 If Other, Specify:
 Location: Office
 Contact Type: Walk In
 Severity Rating:
 Created Date: 2/13/2017 3:43 PM

Follow-Up

Follow-Up Steps: Crisis - Medicaid Consumer, Crisis - Medicaid Consumer, Law enforcement
 Follow-Up Steps Selected: Behavioral Health Crisis Center

Buttons: Cancel, Save, Finish

Sign Note

7. The Signed Note becomes Read Only and an electronic signature and time stamp is created in the Signed Notes section.

Non-Episode Contact Note

Contact Date: 10/14/2016
Start Time: 9:00 AM, End Time: 9:15 AM
Duration: 15 Minutes
Contacted By: Van Skike, Anna
Referral:
Referring Agency:
Referred By - First Name:
Referred By - Last Name:
Referred By - Phone:
Contact Reason: Crisis
If Other, Specify:
Location: Office
Contact Type: Walk In
Severity Rating:
Created Date: 2/13/2017 3:43 PM

Signed Notes: Signed by Van Skike, Anna, 2/13/2017 3:44:39 PM:
Add Notes Here

Unsigned Notes:

Sign Note

Outcome:
Reason for Ineligibility:
Follow-Up

Follow-Up Steps: Crisis - Medicaid Consumer, Crisis - Medicaid Consumer, Law enforcement
Follow-Up Steps Selected: Behavioral Health Crisis Center

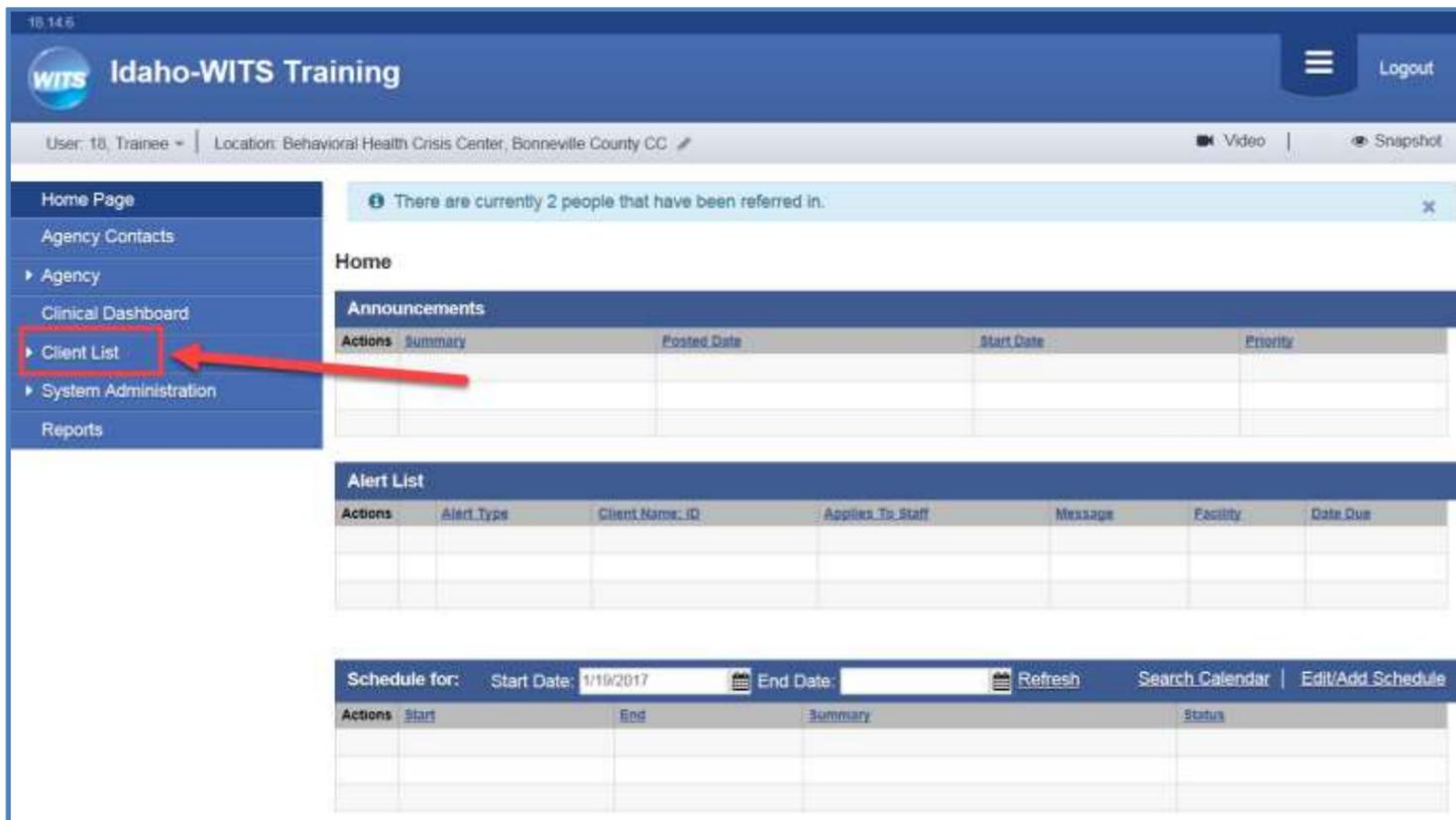
Cancel Save Finish

8. Click **Save** and **Finish** .

Searching for Clients and Navigating within a Client Record

How to Search for a Client and view the Activity List

1. Begin on the Home Page.



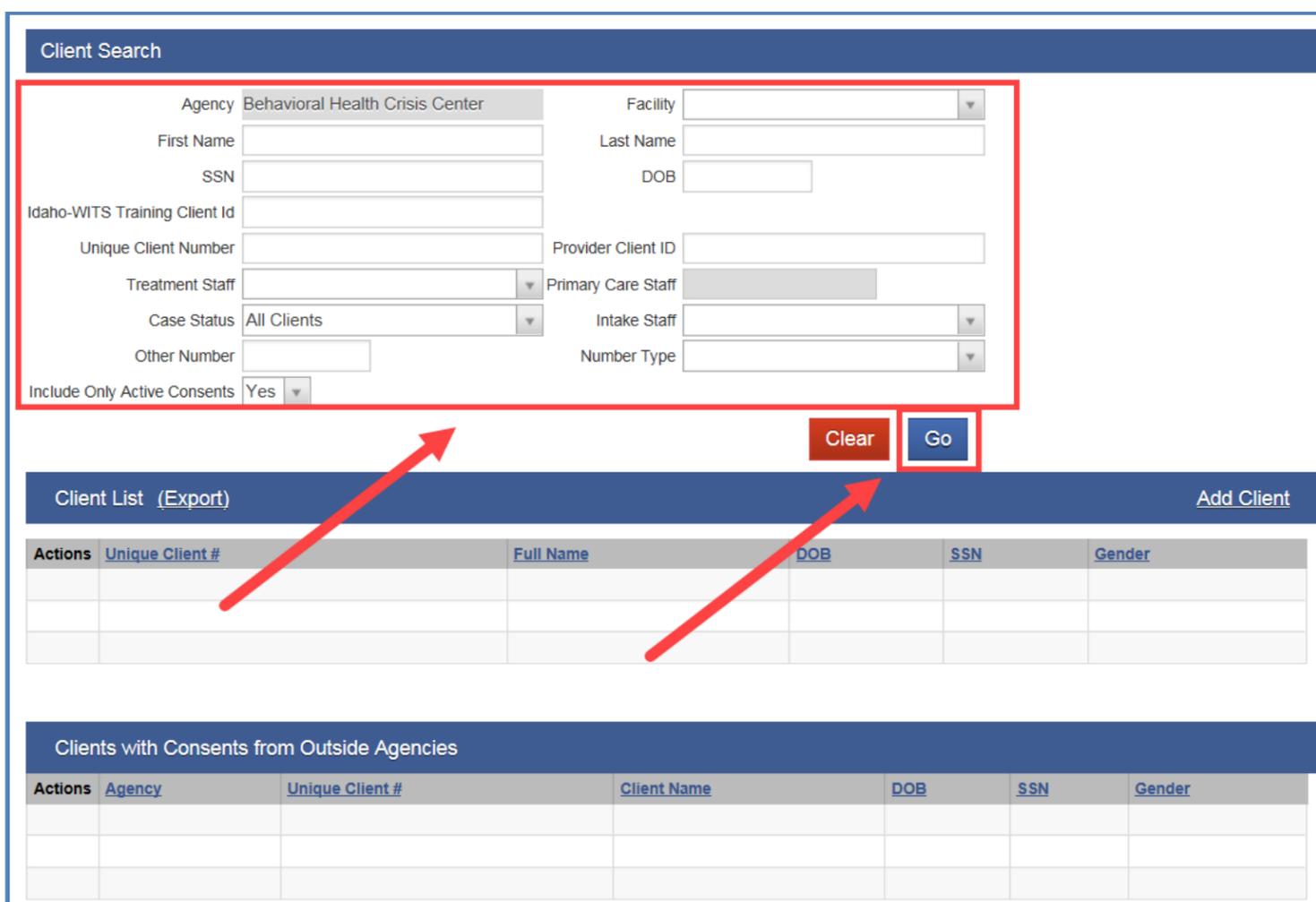
2. Click **Client List** on the blue navigation pane.



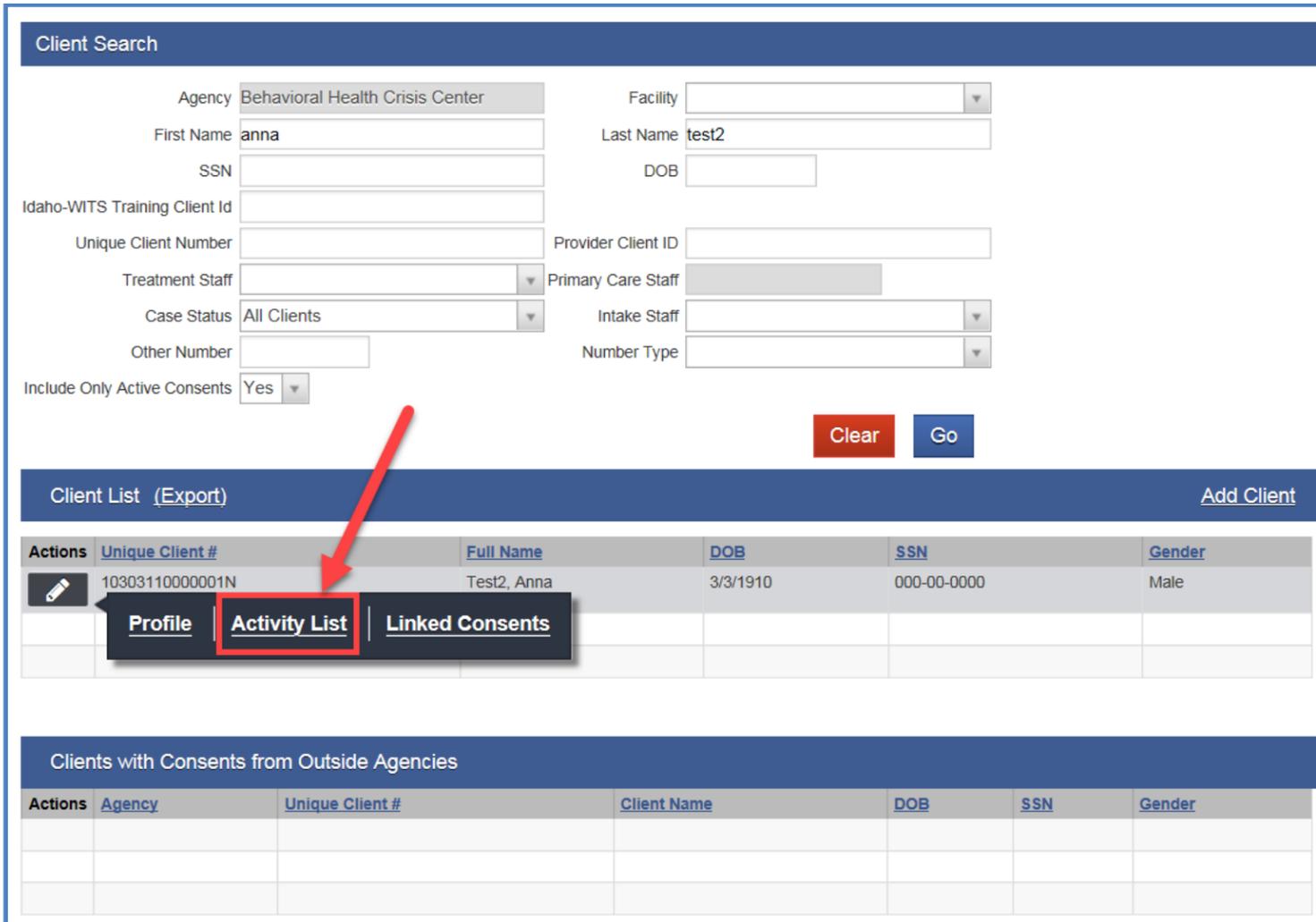
Perform a Wild Card Search to broaden your search. For example, if you want all individuals with a last name beginning with Ano, enter ano* in the last name field. You can also search using a date range in date fields dates for example, searching for 01/01/2000:12/31/2000 – returns any record with a date in the year 2000.



To view only Active Clients, select a Case Status of Clients with Open Cases.



3. Enter search criteria on the Client Search page and click .



Client Search

Agency: Behavioral Health Crisis Center Facility:

First Name: anna Last Name: test2

SSN: DOB:

Idaho-WITS Training Client Id:

Unique Client Number: Provider Client ID:

Treatment Staff: Primary Care Staff:

Case Status: All Clients Intake Staff:

Other Number: Number Type:

Include Only Active Consents: Yes

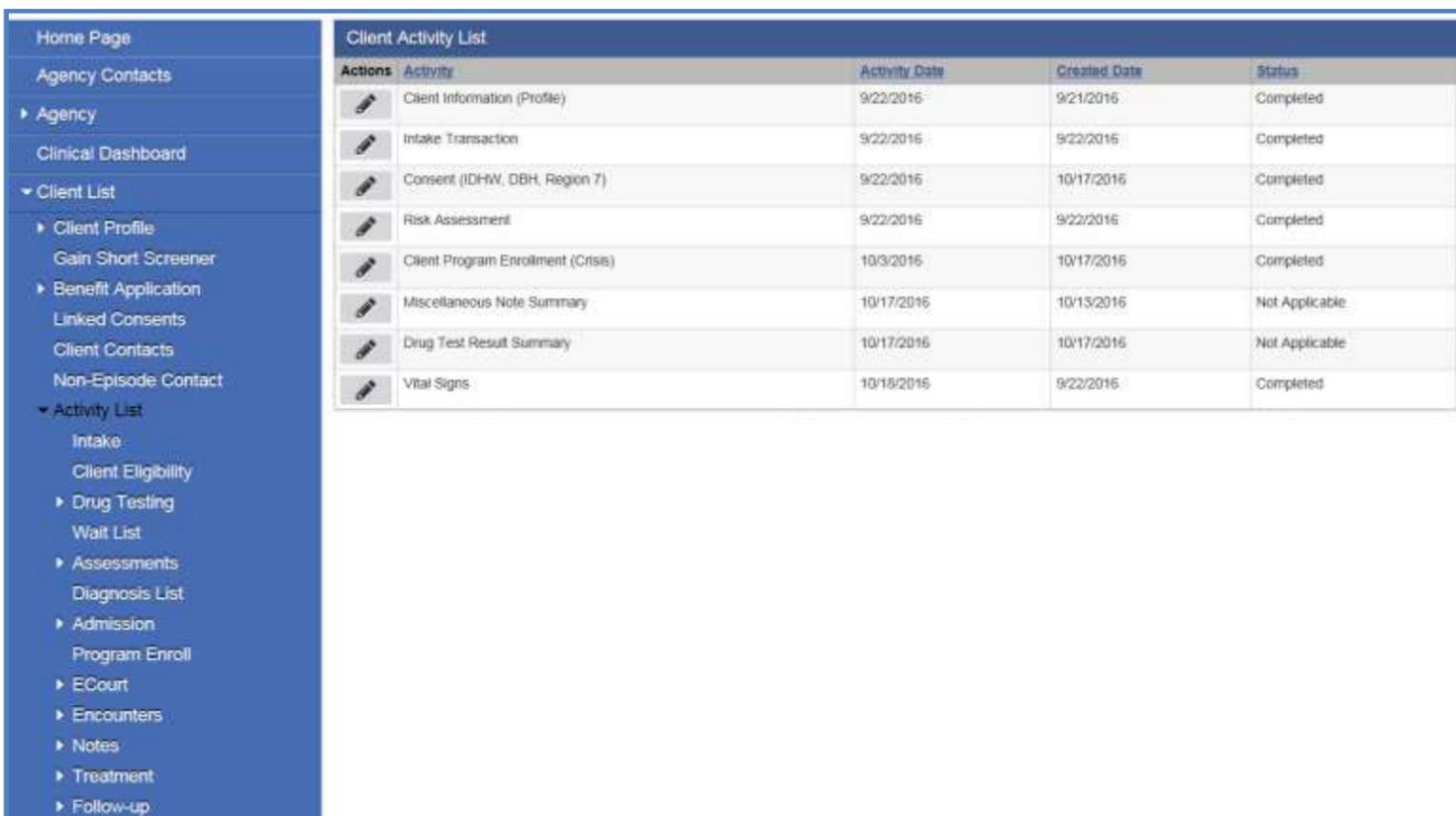
Client List [\(Export\)](#) [Add Client](#)

Actions	Unique Client #	Full Name	DOB	SSN	Gender
	10303110000001N	Test2, Anna	3/3/1910	000-00-0000	Male
	Profile	Activity List	Linked Consents		

Clients with Consents from Outside Agencies

Actions	Agency	Unique Client #	Client Name	DOB	SSN	Gender

4. Your search results will display in the Client List section. Hover over the  and click **Activity List** to review the client activities for the current open case.



Client Activity List

Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	9/22/2016	9/21/2016	Completed
	Intake Transaction	9/22/2016	9/22/2016	Completed
	Consent (IDHW, DBH, Region 7)	9/22/2016	10/17/2016	Completed
	Risk Assessment	9/22/2016	9/22/2016	Completed
	Client Program Enrollment (Crisis)	10/3/2016	10/17/2016	Completed
	Miscellaneous Note Summary	10/17/2016	10/13/2016	Not Applicable
	Drug Test Result Summary	10/17/2016	10/17/2016	Not Applicable
	Vital Signs	10/18/2016	9/22/2016	Completed

5. The Client's Activity List displays. Depending on the activities already completed for this client, you may have different items listed on your Activity List.

6. Hover over the  and click **Review** under Actions to review any of the individual client activities.

How to Search for a Client and View the Client Profile

1. Begin on the Home Page.

The screenshot shows the 'Idaho-WITS Training' interface. The user is logged in as 'User: 10, Trainee' at the 'Behavioral Health Crisis Center, Bonneville County CC'. The left navigation pane includes 'Home Page', 'Agency Contacts', 'Agency', 'Clinical Dashboard', 'Client List' (highlighted), 'System Administration', and 'Reports'. The main area displays a notification: 'There are currently 2 people that have been referred in.' Below this are sections for 'Announcements', 'Alert List', and a 'Schedule for:' section with date pickers for 'Start Date' (1/19/2017) and 'End Date', along with 'Refresh', 'Search Calendar', and 'Edit/Add Schedule' options.

2. Click **Client List** in the blue navigation pane.



Perform a Wild Card Search to broaden your search. For example, if you want all individuals with a last name beginning with Ano, enter ano* in the last name field. You can also search using a date range in date fields dates for example, searching for 01/01/2000:12/31/2000 – returns any record with a date in the year 2000.



To view only Active Clients, select a Case Status of Clients with Open Cases.

The screenshot shows the 'Client Search' form. The search fields are highlighted with a red box. The fields include: Agency (Behavioral Health Crisis Center), Facility (dropdown), First Name, Last Name, SSN, DOB, Idaho-WITS Training Client Id, Unique Client Number, Provider Client ID, Treatment Staff (dropdown), Primary Care Staff (dropdown), Case Status (All Clients), Intake Staff (dropdown), Other Number, and Number Type (dropdown). There is also an 'Include Only Active Consents' checkbox set to 'Yes'. Below the form are 'Clear' and 'Go' buttons. The 'Client List' table is empty, and there is an 'Add Client' link. Below the table is a section for 'Clients with Consents from Outside Agencies'.

3. Enter the search criteria and click



Client Search

Agency: Behavioral Health Crisis Center Facility:

First Name: anna Last Name: test2

SSN: DOB:

Idaho-WITS Training Client Id:

Unique Client Number: Provider Client ID:

Treatment Staff: Primary Care Staff:

Case Status: All Clients Intake Staff:

Other Number: Number Type:

Include Only Active Consents: Yes

Client List (Export) [Add Client](#)

Actions	Unique Client #	Full Name	DOB	SSN	Gender
	10303110000001N	Test2, Anna	3/3/1910	000-00-0000	Male
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Profile Activity List Linked Consents </div>					

Clients with Consents from Outside Agencies

Actions	Agency	Unique Client #	Client Name	DOB	SSN	Gender

4. Hover over the and click **Profile**.

Profile

First Name: Anna Middle Name: Last Name: Test2 Suffix:

Gender: Male DOB: 3/3/1910 SSN: 000-00-0000

Provider Client ID: Unique Client Number: 10303110000001N

State Client ID: Record Created By: Van Skike, Anna

Last Updated By: 18, Trainee Created Date: 7/19/2016 2:54 PM

Last Updated Date: 10/5/2016 11:16 AM Date of Death:

Driver's License: Access Category: Adult Has paper file: Yes

Administrative Actions:

Alternate Names [Add](#)

Actions	Last Name	First Name	Middle Name	Client Alias Type
	Dean	James		Street Name

Addresses [Add](#)

Actions	Address Type	Address	Confidential	Created	Updated
	Client Previous	12345 Test Street Boise, ID 83702	No	7/19/2016	7/19/2016
	Client Permanent	123 Test Street	No	7/19/2016	7/19/2016

5. The Client's Profile displays.

How to view the Activity List after the Client is Selected



If you need to navigate to the Activity List and you already have the Client selected, you can do so from the blue navigation pane on the left side of the page.



The options you see on your navigation pane may vary depending on what page you are currently on, but the Activity List is always available under the Client List section.

1. Begin on any page.

The screenshot shows the WITS Idaho-Mountain dashboard. At the top, the user is identified as 'User: Van Skike, Anna' and the location as 'MH Administrative Agency, TEST facility'. A red box highlights the client selection area at the top, showing 'Client: Client_A | 103211806777014' and a 'Clear Client' button. A red arrow points from this area to the 'Client List' option in the blue navigation pane on the left. The main content area displays a notification: 'There is currently 1 person that has been referred in.' Below this are sections for 'Announcements', 'Alert List', 'Contacts List', and 'Schedule for:'. The 'Alert List' and 'Schedule for:' sections contain tables with columns for various data points.

2. Make sure you have a client selected by checking the top of your page. The Client's name and UCN (Unique Client Number) will be shown in grey if they are selected.
3. Click **Client List** on the blue navigation pane.

The screenshot shows the 'Client Search' form in the WITS Idaho-Mountain dashboard. The navigation pane on the left is expanded to show the 'Client List' section, with 'Activity List' highlighted by a red box and a red arrow. The 'Client Search' form includes fields for Agency (Behavioral Health Crisis Center), Facility, First Name, Last Name, SSN, DOB, Idaho-WITS Training Client Id, Unique Client Number, Provider Client ID, Treatment Staff, Primary Care Staff, Case Status (All Clients), Intake Staff, Other Number, and Number Type. There are 'Clear' and 'Go' buttons at the bottom of the form. Below the form are two tables: 'Client List (Export)' and 'Clients with Consents from Outside Agencies'. The 'Client List (Export)' table has columns for Actions, Unique Client #, Full Name, DOB, SSN, and Gender. The 'Clients with Consents from Outside Agencies' table has columns for Actions, Agency, Unique Client #, Client Name, DOB, SSN, and Gender.

- Click **Activity List** on the blue navigation bar.

Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	9/22/2016	9/21/2016	Completed
	Intake Transaction	9/22/2016	9/22/2016	Completed
	Consent (IDHW, DBH, Region 7)	9/22/2016	10/17/2016	Completed
	Risk Assessment	9/22/2016	9/22/2016	Completed
	Client Program Enrollment (Crisis)	10/3/2016	10/17/2016	Completed
	Miscellaneous Note Summary	10/17/2016	10/13/2016	Not Applicable
	Drug Test Result Summary	10/17/2016	10/17/2016	Not Applicable
	Vital Signs	10/18/2016	9/22/2016	Completed

- The Client's Activity List displays. Depending on the activities already completed for this client, you may have different items listed on your Activity List.
- Hover over the and click **Review** under Actions to review any of the individual client activities.

How to view the Client Profile after the Client is Selected



If you need to navigate to the Client Profile and you already have the Client selected, you can do so from the blue navigation pane on the left side of the page.



The options you see on your navigation pane may vary depending on what page you are currently on, but the Client Profile is always available under the Client List section.

- Begin on any page.

The screenshot shows the WITS Idaho-Mountain interface. The left navigation pane has 'Client List' highlighted with a red box and an arrow. The main content area shows a client selection bar with 'Client: Client, A | 103211806777014' and a 'Clear Client' button, both highlighted with a red box and an arrow. Below this is a notification: 'There is currently 1 person that has been referred in.' The main content area also displays sections for 'Home', 'Announcements', 'Alert List', 'Contacts List', and 'Schedule for:'. The 'Alert List' section has a table with columns: Actions, Alert Type, Client Name, ID, Applies To Staff, Message, Facility, and Date Due.

- Make sure you have a client selected by checking the top of your page. The Client's name and UCN (Unique Client Number) will be shown in grey if they are selected.
- Click **Client List** on the blue navigation pane.

The screenshot shows the 'Client Search' interface. On the left, a blue navigation pane has 'Client List' expanded, with 'Client Profile' highlighted by a red box and a red arrow. The main content area features a search form with fields for Agency (Behavioral Health Crisis Center), Facility, First Name, Last Name, SSN, and DOB. Below the search form are buttons for 'Clear' and 'Go'. Underneath is a table titled 'Client List (Export)' with columns for Actions, Unique Client #, Full Name, DOB, SSN, and Gender. At the bottom, there is a section for 'Clients with Consents from Outside Agencies' with a similar table structure.

- Click **Client Profile** on the blue navigation pane.

The screenshot displays the 'Profile' page for a client. The top section contains personal information: First Name (Anna), Middle Name, Last Name (Test2), Suffix, Gender (Male), DOB (3/3/1910), and SSN (000-00-0000). To the right, administrative information is shown: Provider Client ID, Unique Client Number (10303110000001N), State Client ID, Record Created By (Van Skike, Anna), Last Updated By (18, Trainee), Created Date (7/19/2016 2:54 PM), Last Updated Date (10/5/2016 11:16 AM), and Date of Death. Below this is an 'Administrative Actions' field. At the bottom, there are two sections: 'Alternate Names' with a table containing one entry (Last Name: Dean, First Name: James, Client Alias Type: Street Name) and 'Addresses' with a table containing two entries (Client Previous: 12345 Test Street, Boise, ID 83702; Client Permanent: 123 Test Street). Buttons for 'Cancel', 'Save', 'Finish', and a back arrow are located between the administrative actions and the alternate names section.

- The Client's Profile displays.

How to review a Closed Case

1. Begin on the Home Page.

The screenshot shows the 'Idaho-WITS Training' interface. On the left, a blue navigation pane contains several menu items: Home Page, Agency Contacts, Agency, Clinical Dashboard, Client List (highlighted with a red box and arrow), System Administration, and Reports. The main content area features a notification bar stating 'There are currently 2 people that have been referred in.' Below this are three tables: 'Announcements' (empty), 'Alert List' (empty), and a calendar view for '1/19/2017' with a 'Refresh' button and 'Search Calendar' link.

2. Click **Client List** on the blue navigation pane.



Perform a Wild Card Search to broaden your search. For example, if you want all individuals with a last name beginning with Ano, enter ano* in the last name field. You can also search using a date range in date fields dates for example, searching for 01/01/2000:12/31/2000 – returns any record with a date in the year 2000.



To view only Active Clients, select a Case Status of Clients with Open Cases.

The screenshot displays the 'Client Search' form. A red box highlights the search criteria fields: Agency (Behavioral Health Crisis Center), Facility (dropdown), First Name, Last Name, SSN, DOB, Idaho-WITS Training Client Id, Unique Client Number, Provider Client ID, Treatment Staff (dropdown), Primary Care Staff (dropdown), Case Status (All Clients), Intake Staff (dropdown), Other Number, and Number Type (dropdown). Below the form are 'Clear' and 'Go' buttons. Below the buttons are two tables: 'Client List (Export)' with columns for Actions, Unique Client #, Full Name, DOB, SSN, and Gender; and 'Clients with Consents from Outside Agencies' with columns for Actions, Agency, Unique Client #, Client Name, DOB, SSN, and Gender. Red arrows point from the 'Clear' and 'Go' buttons to the search fields.

- Enter search criteria on the Client Search page and click **Go**. Make sure the Case Status is either All Clients or Clients with Closed Cases.

- Your search results will display in the Client List section. Hover over the  and click **Profile**.

- Click **Episode List** on the blue navigation pane.

Episode List								Start New Episode
Actions	Case #	Status	Facility	Intake By	Intake Date	Closed Date	Latest PE	Domains
	1	Closed	Bonneville County CC	Van Skike, Anna	7/18/2016	7/19/2016	Bonneville County CC/Crisis : 7/19/2016 - 7/20/2016	Mental Health
	2	Closed	Bonneville County CC	18, Trainee	10/5/2016	10/5/2016	Bonneville County CC/Crisis : 10/5/2016 - 10/5/2016	Mental Health
	3	Closed	Bonneville County CC	18, Trainee	10/12/2016	10/12/2016		Mental Health
	4	Closed	Bonneville County CC	18, Trainee	1/18/2017	2/14/2017	Bonneville County CC/Crisis : 1/19/2017 - 2/14/2017	Mental Health
	5	Open Active	Bonneville County CC	18, Trainee	1/18/2017		Bonneville County CC/Crisis : 1/18/2017 -	Mental Health

6. Hover over the  and click **Review** to navigate to the activity list of any Closed or Open episode.

Technical Manual

The WITS Technical Manual in-depth guidance on entering information in WITS for a Behavioral Health Community Crisis Center (BHCCC).

If you are not sure where to start, check out the Crisis Center Starter Guides. They will walk you through everything you need to do in WITS from start to finish and are broken down by when the client is present and when the client is not present.

Client Profile

Purpose: The Client Profile captures demographic information about the client.

- Individuals outside of your agency do not have access to your clients in WITS.

Creating a New Client



Enter a Non-Episode Contact Note if you do not have the Client Name, Gender, Date of Birth, and Social Security Number.



Before you create a new client record, always search for the client as shown below. This will help you to avoid creating duplicate clients.

1. Begin on the Home Page.

The screenshot shows the WITS Home Page interface. On the left is a blue navigation pane with the following items: Home Page, Agency Contacts, Agency, Clinical Dashboard, Client List (highlighted with a red box and a red arrow), System Administration, and Reports. The main content area is titled 'Home' and contains three sections: 'Announcements' with a table showing a welcome message; 'Alert List' with an empty table; and 'Schedule' with a search bar and an empty table.

2. Click **Client List** on the blue navigation pane.



Perform a Wild Card Search to broaden your search. For example, if you want all individuals with a last name beginning with Ano, enter ano* in the last name field. You can also search using a date range in date fields dates for example, searching for 01/01/2000:12/31/2000 – returns any record with a date in the year 2000.



To view only Active Clients, select a Case Status of Clients with Open Cases.

Client Search

Agency Behavioral Health Crisis Center Facility

First Name Last Name

SSN DOB

Idaho-WITS Training Client Id

Unique Client Number Provider Client ID

Treatment Staff Primary Care Staff

Case Status All Clients Intake Staff

Other Number Number Type

Include Only Active Consents Yes

Clear **Go**

Client List (Export) [Add Client](#)

Actions	Unique Client #	Full Name	DOB	SSN	Gender

Clients with Consents from Outside Agencies

Actions	Agency	Unique Client #	Client Name	DOB	SSN	Gender

2. Enter the search criteria and click **Go**.

Client Search

Agency Behavioral Health Crisis Center Facility

First Name Last Name

SSN DOB

Idaho-WITS Training Client Id

Unique Client Number Provider Client ID

Treatment Staff Primary Care Staff

Case Status All Clients Intake Staff

Other Number Number Type

Include Only Active Consents Yes

Clear **Go**

Client List (Export) **Add Client**

Actions	Unique Client #	Full Name	DOB	SSN	Gender
	20715166000001N	Test1, Anna	7/15/1966	000-00-0000	Female
	10303110000001N	Test2, Anna	3/3/1910	000-00-0000	Male
	20801183000001N	Test3, Anna	8/1/1983	000-00-0000	Female

Clients with Consents from Outside Agencies

Actions	Agency	Unique Client #	Client Name	DOB	SSN	Gender

3. If you do not find your client in the Client List, click **Add Client**.

4. The Profile page will display.

Profile



The First Name, Gender, DOB, and SSN fields are particularly important, as these fields are used to generate the Unique Client Number. Once the Unique Client Number has been created by WITS and there is an Intake for the client, it cannot be changed. Make sure that information is entered accurately, as it will affect future searches for the client in WITS.



Warning messages will display if the client is over 75 years old or less than 5 years old.

1. Complete the following fields.

- First Name – enter client’s first name
- Last Name – enter client’s last name
- Gender – select the client’s gender
 - Female
 - Male
 - Refused
 - Transgender Female: person designated male at birth but identifies as female
 - Transgender Male: person designated female at birth but identifies as male
 - Unknown
- Date of Birth – enter client’s birth date as MM/DD/YY
- Social Security Number – it is very important to get the clients SSN up front. However, if this is not possible, the system will accept 000-00-0000 as a SSN. This is the only SSN that may be entered WITS more than once.

2. Click and click .



WITS is designed to prevent duplicate records. Based on first name and date of birth, the system will display a list of potential duplicates and the message below during the process of creating a client record. **When there are no potential duplicates, the below message will not display.**

Similar Clients already exist in the System and are listed below. Do you wish to continue inserting this client record? Click "Yes" to continue to Add the record or "No" to Cancel the creation of the new record. The Select Action will take you to the record of the duplicate client.

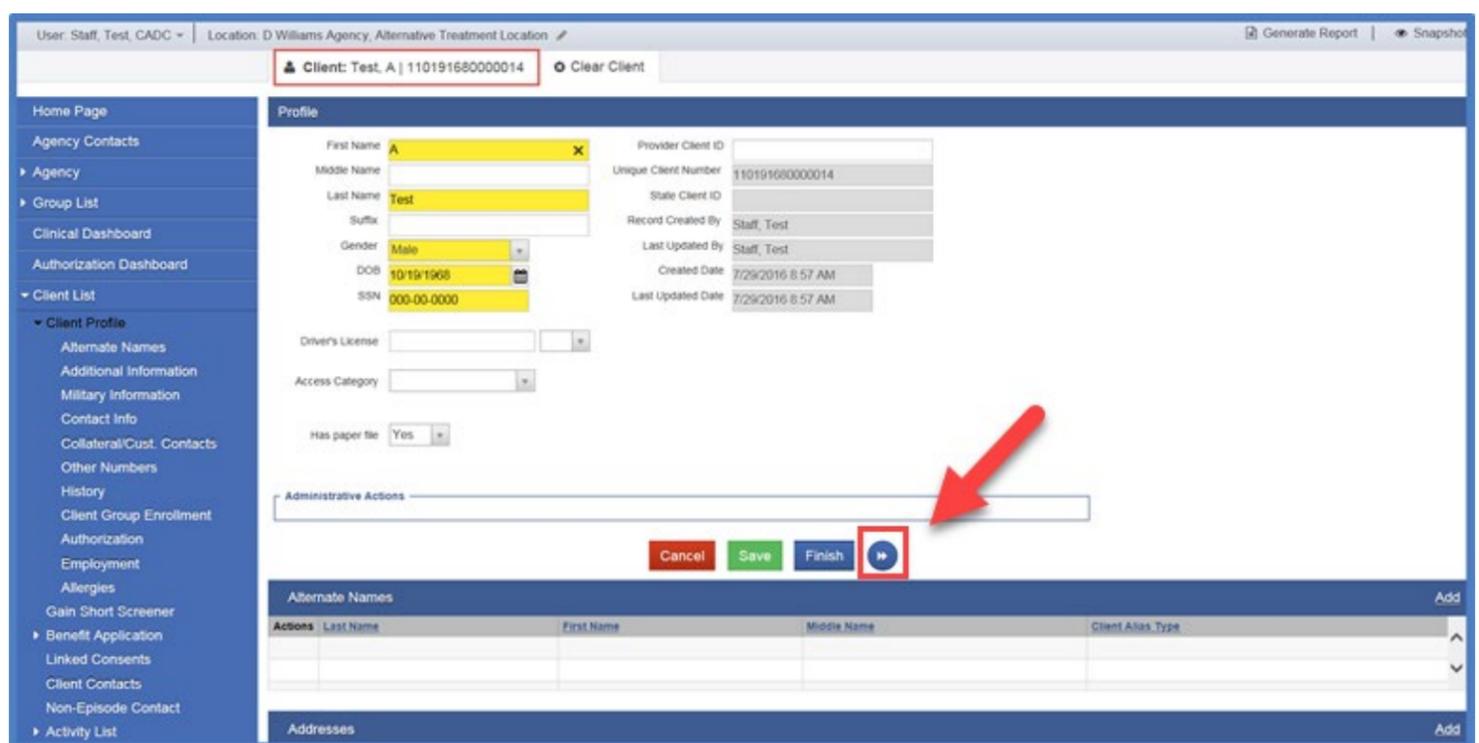
Actions	Unique Client #	Full Name	DOB	SSN	Gender
 Select	110191680000014	Test, A	10/19/1968	000-00-0000	Male

Yes No

3. Click  and **Select** under Actions to go to the Client Profile if it is the same client (the client exists in WITS).

OR

4. Click **Yes** to continue to add the client you entered (*if the new client is not a duplicate client record*).



5. Once the client is created, the client's name appears in the Context area of the WITS Context Bar.

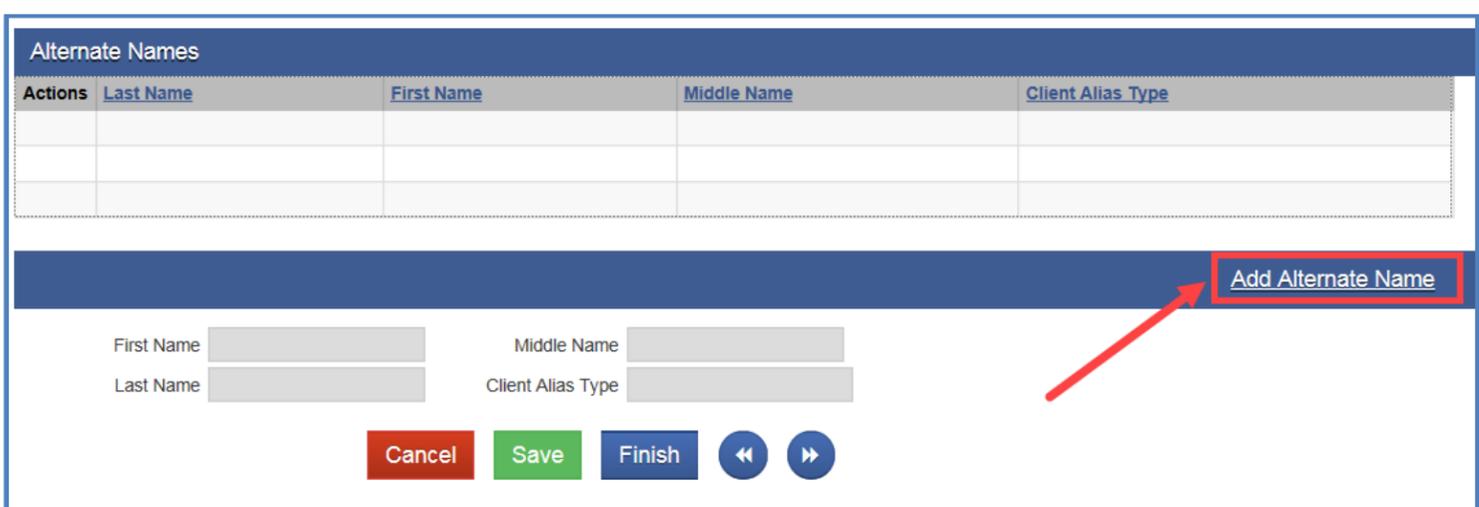
6. Click .

7. The Alternate Names page will display.

Alternate Names



Enter all known alternate names (alias, street name, etc.) used by the client (these are searchable items on the Client Search page).



1. Click [Add Alternate Name](#).

Actions	Last Name	First Name	Middle Name	Client Alias Type

First Name Middle Name
Last Name Client Alias Type

Cancel Finish

2. Complete the following fields.
 - First Name – enter the client’s alternate first name.
 - Client Alias Type – select the alias type.

3. Click [Finish](#).

Actions	Last Name	First Name	Middle Name	Client Alias Type
		Nickname1		Nickname

First Name Middle Name
Last Name Client Alias Type

Cancel Save Finish << >>

4. Click [Save](#) and click .

5. The Additional Information page will display.

Additional Information



Ethnicity: Other Specific Hispanic or Latino is defined as: of known Central or South American or any other Spanish culture or origin (including Spain), other than Puerto Rican, Mexican, or Cuban, regardless of race.

1. Complete the following fields.
 - Ethnicity – select client’s ethnicity.
 - Races – select all applicable race(s) and move to Selected Races.
 - Special Needs – select all applicable special needs and move to Selected Special Needs.
 - Veteran Status – select client’s veteran status.
2. Click **Save** and click .
3. The Contact Info page will display.

Contact Info



Do not delete the client’s address. When a client’s address changes, review the current address and change the Address Type to Previous Address.



Enter all known contact information for the client.

Actions	Address Type	Address	Confidential	Created	Updated

- Complete the following fields.
 - Phone # – enter at least one phone number.
- Click **Save** and **Add Address**.



If the client is homeless, select address type “client unknown”, put “unknown” in the address line, and then fill in the city, state, and zip code.

Address Information

Address Type: Client Home Confidential: No

Address Line 1: 123 Training Street

Address Line 2:

City: Boise State: ID Zip: 83702

Buttons: Cancel, Finish

- Complete the following fields.
 - Address Type – select the address type.
 - Confidential – select Yes or No.
 - Address Line 1 – enter the physical address.
 - Address Line 2 – enter additional physical address information.
 - City – enter the city.
 - State – the field will populate with ID. Update as needed.
 - Zip – enter the zip code.
- Click **Finish**. WITS will check the address entered against the United States Postal Service database.

Address Validation

We attempted to validate your address with the United States Postal Service database, but no match was found.

You may maintain your address (Select) or go back and change it (Edit).

Address	Actions
Original Address: 123 Training Street, Boise, Idaho 83702	Select Edit

- If the Address is located in the United States Postal Service database, then click [Select](#) next to the appropriate address.

Address Validation

We attempted to validate your address with the United States Postal Service database, but no match was found.

You may maintain your address (Select) or go back and change it (Edit).

Address	Actions
Original Address: 123 Training Street, Boise, Idaho 83702	Select Edit

- If the Address is NOT located in the United States Postal Service database, click [Select](#) to select this address **OR**
- Click [Edit](#) to edit the address.

Contact Info

Home Phone # (555) 555-5555 X Preferred Method of Contact

Work Phone #

Mobile #

Other Phone #

Fax #

Email Address

Addresses [Add Address](#)

Actions	Address Type	Address	Confidential	Created	Updated
	Client Home	123 Training Street Boise, ID 83702	No		

Cancel Save Finish << >>

- Click and .
- The Collateral/Custodial Contacts page will display.

Collateral/Custodial Contacts

Collateral/Custodial Contacts							
Actions	First Name	Last Name	Relation	Phone Numbers	Can Contact?	ExpirationDate	Gives permission to Treat?

Add Contact

First Name

Last Name

Relation

Gender

Date of Birth SSN

Home Phone

Work Phone

Mobile

Fax

Other

Legal Guardian

Gives Permission To Treat?

Permission To Treat Type

Active Date

Inactive Date

Address 1

Address 2

City State Zip

Email

Can Contact

Consent On File Expiration Date of Consent

Notes

Created

Last Update

Cancel Save Finish
◀ ▶

1. Click Add Contact.

Collateral/Custodial Contacts							
Actions	First Name	Last Name	Relation	Phone Numbers	Can Contact?	ExpirationDate	Gives permission to Treat?

Add Contact

First Name

Last Name

Relation

Gender

Date of Birth SSN

Home Phone

Work Phone

Mobile

Fax

Other

Legal Guardian

Gives Permission To Treat?

Permission To Treat Type

Active Date 9/21/2016

Inactive Date

Address 1

Address 2

City State Zip

Email

Can Contact

Consent On File Expiration Date of Consent

Notes

Created

Last Update

Cancel Finish

2. Complete the following fields.

- First Name – enter the first name.
- Last Name – enter the last name.
- Relation – select the relation to the client.
- Gender – select the gender.
 - Female
 - Male
 - Refused
 - Transgender Female: person designated male at birth but identifies as female
 - Transgender Male: person designated female at birth but identifies as male
 - Unknown
- Gives Permission to Treat – the field will populate with NO. Update as needed. This field indicates that permission to provide treatment is granted by someone other than the client.
- Permission to Treat Type – select the type. This field is required if Gives Permission to Treat is YES.
- Active Date – the field will populate with today's date. Update as needed.
- Inactive Date – enter the date when this contact is no longer active.
- Address Line 1 – enter the physical address.
- City – enter the city.
- State – enter the state.
- Can Contact – select Yes or No. If Can Contact is YES, then Consent on File must also be YES.
- Consent On File – the field will populate with NO. Update as needed.
- Expiration Date of Consent – the field will populate with six months from today's date when the Consent on File is YES. Change to reflect the date on the paper Release of Information or use the date picker to select the date. This field will be Read Only if Gives Permission to Treat is YES.

3. Click **Finish**.

Actions	First Name	Last Name	Relation	Phone Numbers	Can Contact?	ExpirationDate	Gives permission to Treat?
	A	Person	Community Case Manager	Home: (555) 555-5555	Yes	3/21/2017	No

Add Contact

First Name
Last Name
Relation
Gender
Date of Birth
Home Phone
Work Phone
Mobile
Fax
Other
Legal Guardian
Gives Permission To Treat?
Permission To Treat Type
Active Date
Inactive Date

SSN
Address 1
Address 2
City
State
Zip
Email
Can Contact
Consent On File
Expiration Date of Consent
Notes
Created
Last Update

Cancel Save Finish <>

4. Click **Save** and

5. The Other Numbers page will display.

Other Numbers



Other Numbers cannot be deleted once they have been used; however, entering an end date will inactivate them for future use in the system.

Actions	Number Type	#	Start	End	Contact Name	Status

Add Other Number

Number Type
Number
Start Date
End Date
Status
Contact
Comments

Cancel Save Finish

1. Click **Add Other Number**.

Actions	Number Type	#	Start	End	Contact Name	Status

Add Other Number

Number Type
Number
Start Date 9/21/2016
End Date
Status Active
Contact
Comments

Cancel **Finish**

2. Complete the following fields.
 - Number Type – select the number type.
 - Number – enter the number.
 - Start Date – the field will populate with today's date. Update as needed.
 - Status – the field will populate with Active.
3. Click **Finish**.

Other Numbers						
Actions	Number Type	#	Start	End	Contact Name	Status
	Department of Correction	123456789	9/21/2016			Active

[Add Other Number](#)

Number Type

Number

Start Date

End Date

Status

Contact

Comments

4. Click **Finish**.

History (Informational Page)



Client History displays and exports a client's history (e.g. who has accessed the client record and what action they performed).

1. Begin on the Client Profile.

Home Page	Profile
<ul style="list-style-type: none"> Agency Contacts Agency Clinical Dashboard Client List <ul style="list-style-type: none"> Client Profile <ul style="list-style-type: none"> Alternate Names Additional Information Contact Info Collateral/Cust. Contacts Other Numbers History Client Group Enrollment Employment Allergies Gain Short Screener Benefit Application Linked Consents Client Contacts Non-Episode Contact 	<p>First Name: <input type="text" value="Anna"/></p> <p>Middle Name: <input type="text"/></p> <p>Last Name: <input type="text" value="Test4"/></p> <p>Suffix: <input type="text"/></p> <p>Gender: <input type="text" value="Male"/></p> <p>DOB: <input type="text" value="9/1/1992"/></p> <p>SSN: <input type="text" value="000-00-0000"/></p> <p>Provider Client ID: <input type="text"/></p> <p>Unique Client Number: <input type="text" value="10901192000001N"/></p> <p>State Client ID: <input type="text"/></p> <p>Record Created By: <input type="text" value="18, Trainee"/></p> <p>Last Updated By: <input type="text" value="18, Trainee"/></p> <p>Created Date: <input type="text" value="9/21/2016 11:56 AM"/></p> <p>Last Updated Date: <input type="text" value="9/21/2016 4:11 PM"/></p> <p>Date of Death: <input type="text"/></p> <p>Driver's License: <input type="text"/></p> <p>Access Category: <input type="text" value="Adult"/></p> <p>Has paper file: <input type="text" value="Yes"/></p> <p>Administrative Actions: <input type="text"/></p> <p style="text-align: right;"> <input type="button" value="Cancel"/> <input type="button" value="Save"/> <input type="button" value="Finish"/> <input type="button" value="Next"/> </p>

2. Click **History** on the blue navigation pane.

Client History (Export)		
Date Changed	System Account	Description of Changes
12/14/2016 12:10 PM	18, Trainee	• Accessed Client Profile Screen
12/14/2016 12:04 PM	18, Trainee	• Accessed Notes Screen for Case: 1
12/14/2016 11:49 AM	18, Trainee	• Accessed Client Record: "Test4, Anna, Client ID: 10901192000001N"
10/27/2016 2:07 PM	18, Trainee	• Accessed TxPlan Screen for Case: 1
10/27/2016 2:07 PM	18, Trainee	• Accessed Client Record: "Test4, Anna, Client ID: 10901192000001N"
10/25/2016 8:40 AM	18, Trainee	• Accessed Client Record: "Test4, Anna, Client ID: 10901192000001N"
10/20/2016 11:24 AM	18, Trainee	• Accessed Vital Signs Screen for Case: 1
10/20/2016 8:34 AM	18, Trainee	• Accessed Crisis Assessment for Case: 1
10/20/2016 8:29 AM	18, Trainee	• Accessed Client Record: "Test4, Anna, Client ID: 10901192000001N"
10/19/2016 4:52 PM	18, Trainee	• Accessed TxPlan Screen for Case: 1
10/19/2016 4:39 PM	18, Trainee	• Accessed Client Profile Screen
10/19/2016 1:34 PM	18, Trainee	• Accessed Client Record: "Test4, Anna, Client ID: 10901192000001N"
10/18/2016 10:08 AM	18, Trainee	• Vital Sign was changed.
10/18/2016 10:08 AM	18, Trainee	• Vital Sign was added.
10/18/2016 10:07 AM	18, Trainee	• Accessed Vital Signs Screen for Case: 1
10/18/2016 8:39 AM	18, Trainee	• Specimen was added.
10/18/2016 8:28 AM	18, Trainee	• Accessed Client Record: "Test4, Anna, Client ID: 10901192000001N"
10/17/2016 4:35 PM	18, Trainee	• Client Consent was added.
10/17/2016 4:35 PM	18, Trainee	• Accessed Consent Screen for Case: 1
10/17/2016 3:51 PM	18, Trainee	• Client Program Enrollment was changed.
10/17/2016 3:51 PM	18, Trainee	• Client Program Enrollment was added.
10/17/2016 3:50 PM	18, Trainee	• Accessed Admission Screen for Case: 1

3. The history for the client record is displayed. Export it to Excel by clicking **(Export)**.

The screenshot shows a web application interface. On the left is a navigation menu with options like 'Home Page', 'Agency Contacts', 'Client List', and 'Reports'. The main area displays the 'Client History (Export)' table from the previous image. At the bottom of the table, there is a file download dialog box with the text: 'Do you want to open or save ClientHistory_20161214.xls (3.48 KB) from idaho-training.witsweb.org?'. The 'Open' button in this dialog is highlighted with a red box and a red arrow.

4. Click **Open**.

The screenshot shows a Microsoft Excel warning dialog box. The text inside reads: 'The file you are trying to open, 'CombinedNoteDetail_20161214.xls', is in a different format than specified by the file extension. Verify that the file is not corrupted and is from a trusted source before opening the file. Do you want to open the file now?'. There are three buttons: 'Yes', 'No', and 'Help'. The 'Yes' button is highlighted with a red box and a red arrow.

5. If the warning message above displays, click **Yes**.

	A	B	C	D	E	F	G	H	I	J	K	L
1	Date Char	System Ac	Description of Changes									
2	#####	18, Traine	Accessed Client Profile Screen									
3	#####	18, Traine	Accessed Notes Screen for Case: 1									
4	#####	18, Traine	Accessed Client Record: "Test4, Anna, Client ID: 10901192000001N"									
5	#####	18, Traine	Accessed TxPlan Screen for Case: 1									
6	#####	18, Traine	Accessed Client Record: "Test4, Anna, Client ID: 10901192000001N"									
7	#####	18, Traine	Accessed Client Record: "Test4, Anna, Client ID: 10901192000001N"									
8	#####	18, Traine	Accessed Vital Signs Screen for Case: 1									
9	#####	18, Traine	Accessed Crisis Assessment for Case: 1									
10	#####	18, Traine	Accessed Client Record: "Test4, Anna, Client ID: 10901192000001N"									
11	#####	18, Traine	Accessed TxPlan Screen for Case: 1									
12	#####	18, Traine	Accessed Client Profile Screen									
13	#####	18, Traine	Accessed Client Record: "Test4, Anna, Client ID: 10901192000001N"									
14	#####	18, Traine	Vital Sign was changed.									
15	#####	18, Traine	Vital Sign was added.									
16	#####	18, Traine	Accessed Vital Signs Screen for Case: 1									
17	#####	18, Traine	Specimen was added.									
18	#####	18, Traine	Accessed Client Record: "Test4, Anna, Client ID: 10901192000001N"									
19	#####	18, Traine	Client Consent was added.									
20	#####	18, Traine	Accessed Consent Screen for Case: 1									
21	#####	18, Traine	Client Program Enrollment was changed.									
22	#####	18, Traine	Client Program Enrollment was added.									
23	#####	18, Traine	Accessed Admission Screen for Case: 1									
24	#####	18, Traine	Client Note was added.									
25	#####	18, Traine	Client Note was changed.									

6. The Client History displays in Excel.

Allergies



The Allergies page tracks the client's allergies during an episode of care. The Active Allergy list displays only the active allergies. The Allergy List displays active and inactive allergies.

1. Begin on the Client Profile.

Profile

First Name: A
 Middle Name:
 Last Name: Client
 Suffix:
 Gender: Male
 DOB: 10/15/1987
 SSN: 000-00-0000

Provider Client ID:
 Unique Client Number: 110151870000014
 State Client ID:
 Record Created By: Staff, Clinical
 Last Updated By: Staff, Test
 Created Date: 5/21/2015 4:37 PM
 Last Updated Date: 8/1/2016 1:23 PM

Driver's License:
 Access Category:
 Has paper file: Yes

Administrative Actions:
 [Cancel] [Save] [Finish] [Add]

2. Click **Allergies** on the blue navigation pane.

Crisis Evaluation

Purpose: The Crisis Evaluation captures clinical information about the client each time they come to a BHCCC.



This is a required section for all clients who come into the BHCCC. Once it is started it should remain in the status of In Progress until the client is leaving the BHCCC when it will be completed.



Only one Crisis Evaluation is allowed in each episode of care. Each time a client comes into the BHCCC create a new Intake and a new Crisis Evaluation. For example, if a client comes to the BHCCC at 4:00 AM and leaves at 1:00 PM on 1/20/17 (this is one Intake and one Crisis Evaluation) and then returns to the BHCCC at 6:00 PM on 1/20/17 (this is separate Intake and Crisis Evaluation) so the client will have two episodes (Intakes) on 1/20/17.

Creating a Crisis Evaluation from the Client Activity List



Before the Crisis Evaluation can be created there must be a Crisis Program Enrollment in the episode.



Only one Crisis Evaluation is allowed in each episode of care. Each time a client comes into the BHCCC create a new Intake and a new Crisis Evaluation. For example, if a client comes to the BHCCC at 4:00 AM and leaves at 1:00 PM on 1/20/17 (this is one Intake and one Crisis Evaluation) and then returns to the BHCCC at 6:00 PM on 1/20/17 (this is separate Intake and Crisis Evaluation) so the client will have two episodes (Intakes) on 1/20/17.

1. Begin on the Client Activity List.

Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	10/5/2016	7/19/2016	Completed
	Intake Transaction	10/5/2016	10/5/2016	Completed
	Client Program Enrollment (Crisis)	10/5/2016	10/5/2016	Completed

2. Once you're on the Client Activity List, hover over the and click **Review** under Actions for the Crisis Program Enrollment.

Facility: Bonneville County CC
Program Name: Crisis
Program Staff: 18, Trainee
Start Date: 10/5/2016
End Date:
Termination Reason:
Notes:
Administrative Actions:
[Crisis Evaluation](#)
Cancel Save Finish

3. Click [Crisis Evaluation](#) under Administrative Actions.

Mobile Crisis Evaluation

Client Name: Test2, Anna Client ID: 10303110000001N
 Age: 106 MPI:
 DOB: 3/3/1910 SSN: 000-00-0000

Program Enrollment: Bonneville County CC/Crisis : 10/5/2016 -

Evaluation Date: 10/5/2016 Evaluation Time: 1:16 PM Evaluator: 18, Trainee

Evaluation Location: Crisis Center

Diagnosis Type: Mental Health & Substance Use Diag... Police Department: None

Presenting Problem
 Enter the presenting problem here

Treatment History
 Enter the treatment history here

Substance Abuse
 Enter substance abuse history here

Medications Reported
 Enter medications reported here

Medical History
 Enter medical history here

Assessment of Imminent Risk
 Enter the evaluation outcomes here

Evaluation Outcome: MH & SUD Crisis Services provided

Transport ED: [Dropdown]

Arrest Made: [Dropdown]

Disposition Date: [Date Picker]

Disposition Referral: [Dropdown]

CIT Clinician Present: [Dropdown]

Most Serious Charge: [Dropdown]

Disposition Time: [Time Picker]

Disposition Facility: [Dropdown]

Other Disposition Facility: [Text Field]

Comments

[Text Area]

Treatment Team [Add New](#)

Actions	Team Member Name	Is Primary Care Member?	Review Member	Role/Relation	Start Date	End Date

Addresses [Add New](#)

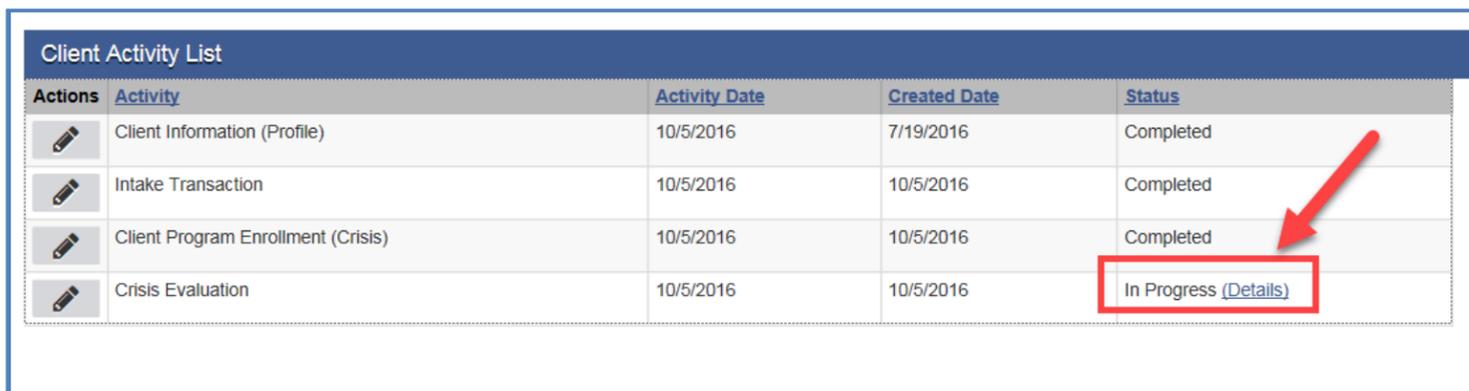
Actions	Address Type	Address	Confidential	Created	Updated
	Client Permanent	127 Test Street, Boise, Idaho 83709	No	7/19/2016	7/19/2016
	Client Previous	345 Test Street, Boise, Idaho 83702	No	7/19/2016	7/19/2016

Cancel **Save** Finish

4. Complete the following fields.

- Evaluation Date – the field will populate with today’s date. **Update to the start date for the client at the BHCCC.**
- Evaluation Time– the field will populate with the time the record is created. **Update to the start time for the client at the BHCCC.**
- Evaluator – the field will populate with the name of the person creating the Crisis Evaluation. Update as needed.
- Evaluation Location – select Crisis Center.
- Diagnosis Type – **select the diagnosis type after the evaluation is complete.**
- Police Department – select the involved police department or N/A when the client comes to the BHCCC.
- Presenting Problem – enter presenting problem.
- Treatment History – enter treatment history.
- Substance Abuse – enter substance abuse history.
- Medication Reported – enter mediation reported.
- Medical History – enter medical history.
- Assessment of Imminent Risk – **enter the evaluation outcomes.**
- Evaluation Outcome – select the outcome of the evaluation.

5. Click  and .



Client Activity List				
Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	10/5/2016	7/19/2016	Completed
	Intake Transaction	10/5/2016	10/5/2016	Completed
	Client Program Enrollment (Crisis)	10/5/2016	10/5/2016	Completed
	Crisis Evaluation	10/5/2016	10/5/2016	In Progress (Details)

6. The Crisis Evaluation will stay in the status of In Progress until the client is leaving the BHCCC. The status can be seen from the Activity List.

7. Complete the Crisis Evaluation when the client is leaving the BHCCC. when the client is leaving the BHCCC.

Completing the Crisis Evaluation from the Program Enrollment

1. After creating the Crisis Program Enrollment, WITS will automatically navigate you to the Crisis Evaluation.

Mobile Crisis Evaluation

Client Name: Test2, Anna	Client ID: 10303110000001N
Age: 106	MPI:
DOB: 3/3/1910	SSN: 000-00-0000

Program Enrollment: **Bonneville County CC/Crisis : 10/5/2016 -**

Evaluation Date: 10/5/2016	Evaluation Time: 1:16 PM	Evaluator: 18, Trainee
Evaluation Location: Crisis Center		
Diagnosis Type: Mental Health & Substance Use Diag...	Police Department: None	

Presenting Problem
Enter the presenting problem here

Treatment History
Enter the treatment history here

Substance Abuse
Enter substance abuse history here

Medications Reported
Enter medications reported here

Medical History
Enter medical history here

Assessment of Imminent Risk
Enter the evaluation outcomes here

Evaluation Outcome: **MH & SUD Crisis Services provided**

Transport ED	CIT Clinician Present
Arrest Made	Most Serious Charge
Disposition Date	Disposition Time
Disposition Referral	Disposition Facility
	Other Disposition Facility

Comments

Treatment Team Add New

Actions	Team Member Name	Is Primary Care Member?	Review Member	Role/Relation	Start Date	End Date

Addresses Add New

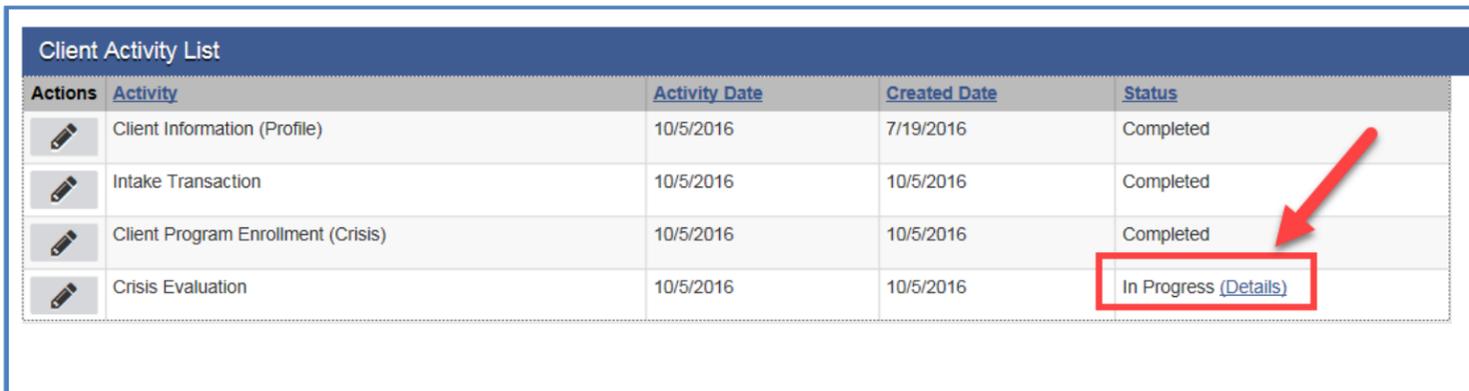
Actions	Address Type	Address	Confidential	Created	Updated
	Client Permanent	12 Test Street, Boise, Idaho 83709	No	7/19/2016	7/19/2016
	Client Previous	345 Test Street, Boise, Idaho 83702	No	7/19/2016	7/19/2016

Cancel
Save
Finish

2. Complete the following fields.

- Evaluation Date – the field will populate with today’s date. **Update to the start date for the client at the BHCCC.**
- Evaluation Time– the field will populate with the time the record is created. **Update to the start time for the client at the BHCCC.**
- Evaluator – the field will populate with the name of the person creating the Crisis Evaluation. Update as needed.
- Evaluation Location – select Crisis Center.
- Diagnosis Type – **select the diagnosis type after the evaluation is complete.**
- Police Department – select the involved police department or N/A when the client comes to the BHCCC.
- Presenting Problem – enter presenting problem.
- Treatment History – enter treatment history.
- Substance Abuse – enter substance abuse history.
- Medication Reported – enter mediation reported.
- Medical History – enter medical history.
- Assessment of Imminent Risk – **enter the evaluation outcomes.**
- Evaluation Outcome – select the outcome of the evaluation.

3. Click  and .



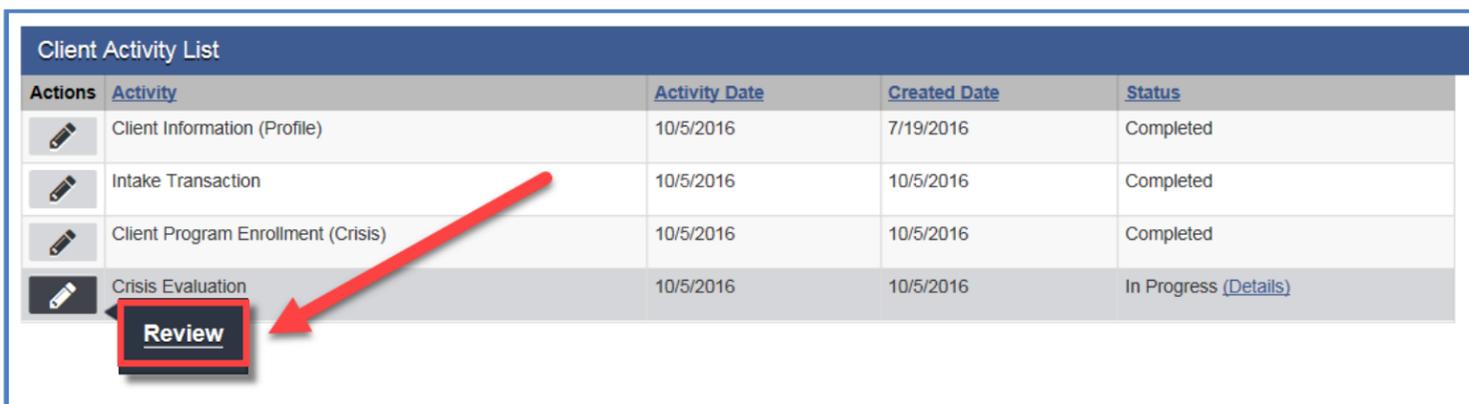
Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	10/5/2016	7/19/2016	Completed
	Intake Transaction	10/5/2016	10/5/2016	Completed
	Client Program Enrollment (Crisis)	10/5/2016	10/5/2016	Completed
	Crisis Evaluation	10/5/2016	10/5/2016	In Progress (Details)

4. The Crisis Evaluation will stay in the status of In Progress until the client is leaving the BHCCC. The status can be seen from the Activity List.

5. Complete the Crisis Evaluation when the client is leaving the BHCCC when the client is leaving the BHCCC.

Completing the Crisis Evaluation when the client is leaving the BHCCC.

1. Begin on the Client Activity List.



Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	10/5/2016	7/19/2016	Completed
	Intake Transaction	10/5/2016	10/5/2016	Completed
	Client Program Enrollment (Crisis)	10/5/2016	10/5/2016	Completed
 Review	Crisis Evaluation	10/5/2016	10/5/2016	In Progress (Details)

2. Once you’re on the Client Activity List, hover over the  and click **Review** under Actions for the Crisis Evaluation.

Mobile Crisis Evaluation

Client Name: Test2, Anna
 Age: 106
 DOB: 3/3/1910

Client ID: 10303110000001N
 MPI:
 SSN: 000-00-0000

Program Enrollment Bonneville County CC/Crisis : 10/5/2016 -

Evaluation Date: 10/5/2016 Evaluation Time: 1:00 PM Evaluator: 18, Trainee
 Evaluation Location: Crisis Center
 Diagnosis Type: Mental Health & Substance Use Diag... Police Department: None

Presenting Problem
 Enter the presenting problem here

Treatment History
 Enter the treatment history here

Substance Abuse
 Enter substance abuse history here

Medications Reported
 Enter medications reported here

Medical History
 Enter medical history here

Assessment of Imminent Risk
 Enter the evaluation outcomes here

Evaluation Outcome: MH & SUD Crisis Services provided
 Transport ED: Ambulance CIT Clinician Present:
 Arrest Made: No Most Serious Charge:
 Disposition Date: 10/5/2016 Disposition Time: 1:30 PM
 Disposition Referral: Community Hospital Disposition Facility: Hospital - Psych
 Other Disposition Facility:

Comments

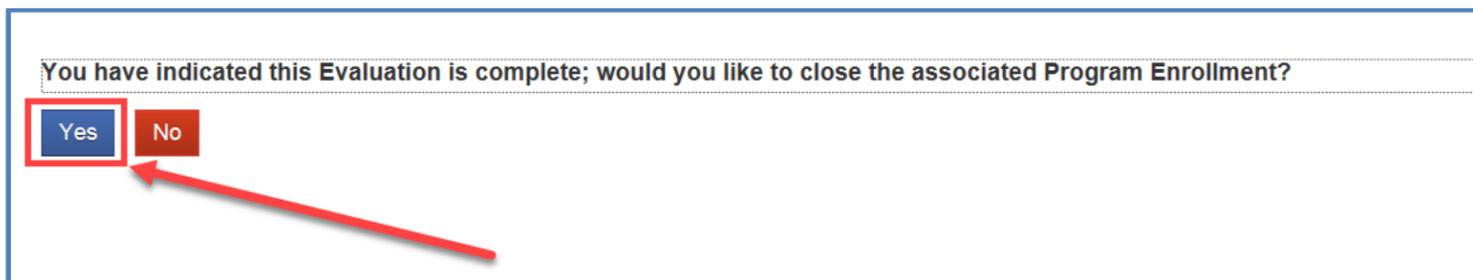
Treatment Team							Add New
Actions	Team Member Name	Is Primary Care Member?	Review Member	Role/Relation	Start Date	End Date	

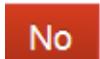
Addresses						Add New
Actions	Address Type	Address	Confidential	Created	Updated	
	Client Permanent	123 Test Street, Boise, Idaho 83709	No	7/19/2016	7/19/2016	↑
	Client Previous	12345 Test Street, Boise, Idaho 83702	No	7/19/2016	7/19/2016	↓

Cancel **Save** Finish

3. Complete the following fields.
 - Transport ED – select the method of transportation of the client when the client is leaving the BHCCC.
 - Arrest Made – select Yes or No (was the client arrested when leaving the BHCCC).
 - Most Serious Charge – select the type of charge if an arrest was made when the client is leaving the BHCCC.
 - Disposition Date – enter date the client is leaving the BHCCC.
 - Disposition Time – enter the time the client is leaving the BHCCC as HH:MM.
 - Disposition Referral – select the Referral type.
 - Disposition Facility – select the location where the client is going when leaving the BHCCC.

4. Click .



5. Click  to close the Crisis Program Enrollment or click  to cancel. If you select  follow the instructions for Closing a Crisis Program Enrollment from the Crisis Evaluation from the Crisis Evaluation.

Consent

Purpose: The consent page in WITS documents a client has signed a Release of Information. When completed, this page will electronically send specific information about a client to another agency within WITS.

Creating/Printing a Client Consent in WITS



A client must have a completed Client Profile and Intake before a consent record can be created.



Consented information may not be redisclosed.

1. Begin on the Client Activity List.

Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	7/19/2016	7/19/2016	Completed
	Intake Transaction	7/19/2016	7/19/2016	Completed
	Client Program Enrollment (Crisis)	7/19/2016	7/19/2016	Completed
	Treatment Plan (Cookies)	7/19/2016	7/19/2016	Active - Signed Off
	Miscellaneous Note Summary	7/19/2016	7/19/2016	Not Applicable
	Diagnosis Summary	7/19/2016	7/19/2016	Not Applicable
	Risk Assessment	7/19/2016	7/19/2016	Completed
	Vital Signs	7/19/2016	7/19/2016	Completed
	Crisis Evaluation	7/19/2016	7/19/2016	Completed

2. Once you're on the Activity List, click **Consent** on the blue navigation pane.

Actions	Start Date	Disclosed To	Status	Signed?	Created Date	Revocation Date

3. On the Client Consent List, click **Add New Client Consent Record**.



A consent record in WITS is specific to the episode of care in which it is created. For example, when a client has multiple episodes of care (case 1 on 1/1/17 and case 2 on 1/15/17), if you are consenting information for the date of 1/1/17, the consent must be entered in case 1.



The Client Name, Unique Client Number and Disclosed From Agency fields are read only and populated by the system:

Client Disclosure Agreement

Note: Consented information may not be redisclosed.

Client Name: **Test1, Anna**
 Unique Client Number: **20715166000001N**
 Disclosed From Agency: Behavioral Health Crisis Center

Entities with Disclosure Agreements

System Agency **Yes**

Disclosed To Agency

Disclosed To Entity (Non System Agency)

Purpose for disclosure

Earliest date of services to be consented **7/19/2016**

Has the client signed the paper agreement form **No** Date client signed consent

Client Information To Be Consented

Expiration Type

*Expiration type is required for disclosure activities.

Client Information Options

- Admission
- ASAM
- CAFAS® Assessment
- CALOCUS Assessment
- Client Eligibility
- Client Information (Profile)
- Consent
- CONTINUUM™
- Court Admission
- Court Case Management

Disclosure Selection

*Expiration type is required for disclosure activities.

Comments

Other Disclosures

Cancel **Save** **Finish**

4. Complete the following fields.
- System Agency – the field will populate with Yes.
 - Disclosed To Agency – select the agency.
 - Purpose for disclosure – enter the appropriate information.
 - Earliest date of services to be consented – the field will populate the Intake date. **This date is critical as it drives the date of information that will be available for the other agency. For example: If the consent date is today, any activity/information recorded yesterday will not be available for another agency to view.**

Client Disclosure Agreement

Note: Consented information may not be redisclosed.

Client Name: Test2, Anna
Unique Client Number: 10303110000001N
Disclosed From Agency: Behavioral Health Crisis Center

Entities with Disclosure Agreements: IDHW, DBH, Region 7
System Agency: Yes
Disclosed To Agency: IDHW, DBH, Region 7
Disclosed To Entity (Non System Agency):
Purpose for disclosure: Training
Earliest date of services to be consented: 7/19/2016
Has the client signed the paper agreement form: No

Client Information To Be Consented

Expiration Type: Date Signed(DS) + Days 365

*Expiration type is required for disclosure activities.

Client Information Options	Disclosure Selection
Court Current Situation	
Court Discharge	
Court Monitoring Form	
Court Sanction Incentive	
Crisis Evaluation	
Diagnosis List	
Discharge	
Discharge/Continuing Care Plannir	
Dispensary Order Detail	
Drug Test Results	

Comments:

Other Disclosures:

Cancel
Save
Finish

5. Information listed in the Disclosure Selection field will be made available to the Disclosed To Agency. To add items, complete the following fields.
- Select the item(s) you want to add to the Consent from the Client Information Options.
 - Expiration Type – select Date Signed (DS).
 - + Days – enter “365”.

Client Disclosure Agreement

Note: Consented information may not be redisclosed.

Client Name: Test2, Anna
Unique Client Number: 10303110000001N
Disclosed From Agency: Behavioral Health Crisis Center

Entities with Disclosure Agreements

System Agency

Disclosed To Agency

Disclosed To Entity (Non System Agency)

Purpose for disclosure

Earliest date of services to be consented

Has the client signed the paper agreement form Date client signed consent

Client Information To Be Consented

Expiration Type + Days

*Expiration type is required for disclosure activities.

Client Information Options

- Court Current Situation
- Court Discharge
- Court Monitoring Form
- Court Sanction Incentive
- Crisis Evaluation**
- Diagnosis List
- Discharge
- Discharge/Continuing Care Plannir
- Dispensary Order Detail
- Drug Test Results

Disclosure Selection

Comments

Other Disclosures

- Click  to move the item from the Client Information Options to the Disclosure Selection.

Client Disclosure Agreement

Note: Consented information may not be redisclosed.

Client Name: Test2, Anna
Unique Client Number: 10303110000001N
Disclosed From Agency: Behavioral Health Crisis Center

Entities with Disclosure Agreements: IDHW, DBH, Region 7
System Agency: Yes
Disclosed To Agency: IDHW, DBH, Region 7
Disclosed To Entity (Non System Agency):
Purpose for disclosure: Training
Earliest date of services to be consented: 7/19/2016
Has the client signed the paper agreement form: No Date client signed consent:

Client Information To Be Consented

Expiration Type: Date Signed(DS) + Days
*Expiration type is required for disclosure activities.

Client Information Options: Admission, ASAM, CAFAS® Assessment, CALOCUS Assessment, Client Eligibility, Client Information (Profile), Consent, CONTINUUM™, Court Admission, Court Case Management
Disclosure Selection: Crisis Evaluation (DS, +365)

Comments: Other Disclosures:

Cancel Save Finish

7. Once all appropriate items are listed in the Disclosure Selection, Click  .

Client Disclosure Agreement

Note: Consented information may not be redisclosed.

Client Name: Test2, Anna
Unique Client Number: 10303110000001N
Disclosed From Agency: Behavioral Health Crisis Center

Entities with Disclosure Agreements: IDHW, DBH, Region 7
System Agency: Yes
Disclosed To Agency: IDHW, DBH, Region 7
Disclosed To Entity (Non System Agency):
Purpose for disclosure: Training
Earliest date of services to be consented: 7/19/2016
Has the client signed the paper agreement form: No Date client signed consent:

Client Information To Be Consented

Expiration Type: Date Signed(DS) + Days
*Expiration type is required for disclosure activities.

Client Information Options: Admission, ASAM, CAFAS® Assessment, CALOCUS Assessment, Client Eligibility, Client Information (Profile), Consent, CONTINUUM™, Court Admission, Court Case Management
Disclosure Selection: Crisis Evaluation (DS, +365)

Comments: Other Disclosures:

Administrative Actions
[Print General Consent](#) [Print Criminal Justice Consent](#)

Cancel Save Finish

- Click [Print General Consent](#) to generate the Consent Form if necessary (this link does not display until after the Save button is clicked).

AUTHORIZATION FOR RELEASE OF INFORMATION

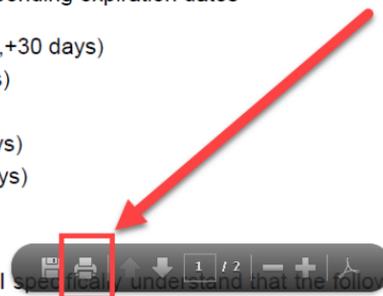
Legal Last Name Test1	First Name Anna	MI	Date of Birth 01/01/1990
Address 123 Test Street	City Boise	State ID	Zip 83702
Unique Client Number 2071516600001N			

I, **Anna Test1** authorize the following entity
Behavioral Health Crisis Center (Agency), Bonneville County CC (Facility)
 123 A Street, Idaho Falls, ID, 83420
 to release, use, receive, mutually exchange, communicate with and disclose information to
IDHW, DBH, Region 7
 150 Shoup Ave., Idaho Falls, ID, 83402; (208) 985-9658 (office); (208) 444-5968 (fax)
 The purpose of the disclosure authorized herein is to
 training

The Information to be disclosed with corresponding expiration dates

Client Information (Profile) (Until Discharge ,+30 days)
 Crisis Evaluation (Until Discharge ,+30 days)
 Consent (Until Discharge ,+30 days)
 Drug Test Results (Until Discharge ,+30 days)
 Intake Transaction (Until Discharge ,+30 days)
 Risk Assessment (Date Signed, +365 days)

By placing my initials in the spaces below, I specifically understand that the following highly confidential information or records will be released, used, disclosed, received, mutually exchanged or communicated to, by, among, or between



9. The Consent displays in a separate window. Click  (the print icon). Close the window when finished.

Client Disclosure Agreement

Note: Consented information may not be redisclosed.

Client Name: Test2, Anna
Unique Client Number: 10303110000001N
Disclosed From Agency: Behavioral Health Crisis Center

Entities with Disclosure Agreements: IDHW, DBH, Region 7
System Agency: Yes
Disclosed To Agency: IDHW, DBH, Region 7
Disclosed To Entity (Non System Agency):
Purpose for disclosure: Training
Earliest date of services to be consented: 7/19/2016

Has the client signed the paper agreement form: Yes **Date client signed consent:** 3/1/2017

Client Information To Be Consented

Expiration Type: Date Signed(DS) + Days

*Expiration type is required for disclosure activities.

Client Information Options: Admission, ASAM, CAFAS® Assessment, CALOCUS Assessment, Client Eligibility, Client Information (Profile), Consent, CONTINUUM™, Court Admission, Court Case Management

Disclosure Selection: Crisis Evaluation (DS, +365)

Comments:

Other Disclosures:

Administrative Actions

[Print General Consent](#) [Print Criminal Justice Consent](#)

Cancel Save Finish

10. The Consent is not active until you indicate the client has signed the paper agreement. Complete the following fields:
- Has the client signed the paper agreement form – select Yes only after the consent form is complete and the client has signed the paper agreement form.
 - Date client signed consent – the field will populate with today’s date when the answer to “Has the client signed the paper agreement form” is changed to Yes. Update to the date signed.

Client Disclosure Agreement

Note: Consented information may not be redisclosed.

Client Name: Test2, Anna
Unique Client Number: 10303110000001N
Disclosed From Agency: Behavioral Health Crisis Center

Entities with Disclosure Agreements IDHW, DBH, Region 7
System Agency Yes
Disclosed To Agency IDHW, DBH, Region 7
Disclosed To Entity (Non System Agency)
Purpose for disclosure Training
Earliest date of services to be consented 7/19/2016
Has the client signed the paper agreement form Yes Date client signed consent 3/1/2017

Client Information To Be Consented

Expiration Type Date Signed(DS) + Days
*Expiration type is required for disclosure activities.

Client Information Options
Admission
ASAM
CAFAS® Assessment
CALOCUS Assessment
Client Eligibility
Client Information (Profile)
Consent
CONTINUUM™
Court Admission
Court Case Management

Disclosure Selection
Crisis Evaluation (DS, +365)

Comments
Other Disclosures

Administrative Actions
[Print General Consent](#) [Print Criminal Justice Consent](#)

Cancel Save Finish

11. Click  . The Consent will become Read Only.

Client Disclosure Agreement [Create Referral Using this Disclosure Agreement](#)

Note: Consented information may not be redisclosed.
 Client Name: Test2, Anna
 Unique Client Number: 10303110000001N
 Disclosed From Agency: Behavioral Health Crisis Center

Entities with Disclosure Agreements IDHW, DBH, Region 7
 System Agency Yes
 Disclosed To Agency IDHW, DBH, Region 7
 Disclosed To Entity (Non System Agency)
 Purpose for disclosure Training
 Earliest date of services to be consented 7/19/2016
 Has the client signed the paper agreement form Yes Date client signed consent 3/1/2017

Client Information To Be Consented

Expiration Type Date Signed(DS) + Days
 *Expiration type is required for disclosure activities.

Client Information Options
 Admission
 ASAM
 CAFAS® Assessment
 CALOCUS Assessment
 Client Eligibility
 Client Information (Profile)
 Consent
 CONTINUUM™
 Court Admission
 Court Case Management

Disclosure Selection
 Crisis Evaluation (DS, 3/1/2018)

Comments Other Disclosures

Administrative Actions
[Print General Consent](#) [Print Criminal Justice Consent](#)

Finish **Revoke**

- Click **Finish** or create a Referral by clicking [Create Referral Using this Disclosure Agreement](#).

Revoking a Consent

- Begin on the Client Activity List.

Client Activity List				
Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	7/19/2016	7/19/2016	Completed
	Intake Transaction	7/19/2016	7/19/2016	Completed
	Client Program Enrollment (Crisis)	7/19/2016	7/19/2016	Completed
	Treatment Plan (Cookies)	7/19/2016	7/19/2016	Active - Signed Off
	Consent (IDHW, DBH, Region 7)	7/19/2016	10/6/2016	Completed
	Review	7/19/2016	7/19/2016	Not Applicable
	Diagnosis Summary	7/19/2016	7/19/2016	Not Applicable
	Risk Assessment	7/19/2016	7/19/2016	Completed
	Vital Signs	7/19/2016	7/19/2016	Completed
	Crisis Evaluation	7/19/2016	7/19/2016	Completed

- Hover over the and click **Review** under Actions for an individual Consent on the Client Activity List.

Client Disclosure Agreement [Create Referral Using this Disclosure Agreement](#)

Note: Consented information may not be redisclosed.
 Client Name: Test2, Anna
 Unique Client Number: 10303110000001N
 Disclosed From Agency: Behavioral Health Crisis Center

Entities with Disclosure Agreements IDHW, DBH, Region 7
 System Agency Yes
 Disclosed To Agency IDHW, DBH, Region 7
 Disclosed To Entity (Non System Agency)
 Purpose for disclosure Training
 Earliest date of services to be consented 7/19/2016
 Has the client signed the paper agreement form Yes Date client signed consent 3/1/2017

Client Information To Be Consented

Expiration Type Date Signed(DS) + Days
 *Expiration type is required for disclosure activities.

Client Information Options
 Admission
 ASAM
 CAFAS® Assessment
 CALOCUS Assessment
 Client Eligibility
 Client Information (Profile)
 Consent
 CONTINUUM™
 Court Admission
 Court Case Management

Disclosure Selection
 Crisis Evaluation (DS, 3/1/2018)

Comments Other Disclosures

Administrative Actions
[Print General Consent](#) [Print Criminal Justice Consent](#)

Finish **Revoke**

3. The Consent displays. Click **Revoke**.

Are you sure that you want to revoke the consent?

Yes No

4. Click **Yes** to revoke the Consent or click **No** to cancel.

Drug Testing

Purpose: The drug test results page documents the results of drug tests during an episode of care.

Creating a Drug Test Results Record

1. Begin on the Client Activity List.

Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	9/22/2016	9/21/2016	Completed
	Intake Transaction	9/22/2016	9/22/2016	Completed
	Consent (IDHW, DBH, Region 7)	9/22/2016	10/17/2016	Completed
	Risk Assessment	9/22/2016	9/22/2016	Completed
	Vital Signs	9/22/2016	9/22/2016	Completed
	Client Program Enrollment (Crisis)	10/3/2016	10/17/2016	Completed
	Miscellaneous Note Summary	10/17/2016	10/13/2016	Not Applicable

2. Once you're on the Activity List, click **Drug Testing** on the blue navigation pane.

Drug Test Result Search

From Date: 9/12/2016 To Date: 10/12/2016

Buttons: Clear, Go, Finish

Drug Test Result List (Export)

Total Tests: 0 Total Positive Tests (including unconfirmed): 0

Actions	Date	Specimen #	Type	Positive - Confirmed	Positive - Unconfirmed	Positive - Excused	Negative	Unknown	Outcome	Comments

3. Click **Add Test Result**.

Drug Test Result Profile

Specimen #: Date: Client Outcome: Specimen Type:

Staff: 18, Trainee Facility: Bonneville County CC Location:

Blood Alcohol Content: Marijuana Content:

Comments:

Buttons: Cancel, Save, Finish

Add Drug Test Results

Drug Type: Test Result: Add

Drug Type List: Alcohol, Amphetamines, Barbiturates, Benzodiazepine, Cocaine, Creat, Hallucinogens, Heroin, Inhalants, Marijuana, Methadone, Other Opiates, PCP, Propoxyphene, Sedatives

Drug Test Results

Actions	Drug	Test Result

4. Complete the following fields.

- Specimen # – enter the specimen number (if you do not have a specimen number enter the date).
- Date – enter the date.
- Client Outcome – select the client outcome.
- Specimen Type – if applicable, select the specimen type. This field will only be editable if the Client Outcome is one of the following: Specimen Collected, Specimen Diluted, Specimen Rejected, Other, or Low Creatinine.

Drug Test Result Profile

Specimen # 9876 Staff 18, Trainee
Date 10/17/2016 Facility Bonneville County CC
Client Outcome Specimen Collected Location
Specimen Type Blood Sample Blood Alcohol Content
Marijuana Content

Comments

Cancel Save Finish

Add Drug Test Results

Drug Type Alcohol Test Result Positive - Confirmed Add

Amphetamines
Barbiturates
Benzodiazepine
Cocaine
Creat
Hallucinogens
Heroin
Inhalants
Marijuana
Methadone
Other Opiates
PCP
Propoxyphene
Sedatives

Drug Test Results Test Result Edit Test Result

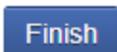
Actions	Drug	Test Result

5. Complete the following fields to document drug test results.

- Drug Type – select all applicable drug types.
- Test Result – select the test result type.

6. Click **Add**.

7. Complete the following fields as needed.
 - Blood Alcohol Content – enter the blood alcohol content.
 - Comments – enter comments.

8. Click  and .

Deleting a Drug Test Results Record



Drug Test Results in WITS are considered a part of the client’s official electronic health record (EHR). It is your agencies responsibility to ensure you are adhering to the documentation standards set forth by IDAPA.

1. Begin on the Client Activity List.

Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	9/22/2016	9/21/2016	Completed
	Intake Transaction	9/22/2016	9/22/2016	Completed
	Consent (IDHW, DBH, Region 7)	9/22/2016	10/17/2016	Completed
	Risk Assessment	9/22/2016	9/22/2016	Completed
	Vital Signs	9/22/2016	9/22/2016	Completed
	Client Program Enrollment (Crisis)	10/3/2016	10/17/2016	Completed
	Miscellaneous Note Summary	10/17/2016	10/13/2016	Not Applicable

2. Once you’re on the Activity List, click  on the blue navigation pane.

Drug Test Result Search

From Date: 9/17/2016 To Date: 10/17/2016

Clear Go Finish

Drug Test Result List (Export) [Add Test Result](#)

Total Tests: 2 Total Positive Tests (including unconfirmed): 2

Actions	Date	Specimen #	Type	Positive - Confirmed	Positive - Unconfirmed	Positive - Excused	Negative	Unknown	Outcome	Comments
	10/12/2016	123456	Urine Sample	Alcohol					Specimen Collected	
Review Delete	10/17/2016	9876	Blood Sample	Alcohol					Specimen Collected	

3. The Drug Test Results List displays. Hover over the and click **Delete** under Actions for the drug test results record you want to delete.

Are you sure that you want to delete this drug test?

Yes **No**

4. Click **Yes** to delete the drug test or click **No** to cancel.

Intake (Episode of Care or Case)

Purpose: In WITS, all activities are based upon an active episode of care, which is started by an Intake. An Intake must be created in WITS before any client activities can be performed.

Creating an Intake (New Episode of Care or Case)

Each time a client comes into the BHCCC create a new Intake and a new Crisis Evaluation. For example, if a client comes to the BHCCC at 4:00 AM and leaves at 1:00 PM on 1/20/17 (this is one episode) and then returns to the BHCCC at 6:00 PM on 1/20/17 (this is one episode) so the client will have two episodes on 1/20/17.

1. Begin on the Client Activity List. If you do not have any open episodes, the Episode list will display.

Please select a case, or click Start New Episode.

Episode List **Start New Episode**

Actions	Case #	Status	Facility	Intake By	Intake Date	Closed Date	Last PE	Domains

2. Click **Start New Episode**.

Intake Case Information

<p>Intake Facility Bonneville County CC</p> <p>Intake Staff 18, Trainee</p> <p>Initial Contact </p> <p>County of Res. </p> <p>Source of Referral </p> <p>Referral Contact Add Collateral Contact</p> <p>Is client under court supervision? </p> <p>Supervising Jurisdiction </p>	<p>Case # 4</p> <p>Case Status Open Active</p> <p>Date of First Contact </p> <p>Intake Date 1/18/2017</p> <p>Pregnant Not Applicable Due Date </p> <p>Priority Population </p> <p>HIV Tested? </p> <p>Past IV Drug Use </p> <p>Presenting Problem (In Client's Own Words) </p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Inter-Agency Service

Adult Protection
Court/Legal Interface
Developmental Disabilities
Domestic Violence Service Provider

>
<

Inter-Agency Service Selected

Domains

>
<

Selected Domains

Mental Health

Date Closed

Cancel
Save
Finish

3. Complete the following fields.

- Intake Facility – the field will populate with the facility selected at login (where the client is receiving services). Update as needed.
- Intake Staff – the field will populate with the name of the person creating the Intake. Update as needed.
- Case Status – the field will populate as Open Active.
- Initial Contact – select type of initial contact.
- Date of First Contact – enter the initial contact date.
- County of Res – select county of residence.
- Intake Date – the field will populate with today's date. Update as needed.
- Source of Referral – select source of Referral.
- Pregnant – select pregnant status. If the client is male, this field will be set as not applicable.
- Due Date – enter due date of pregnancy. This field is required if Pregnant is YES.
- Priority Population – **select AMH P #1 Crisis/DE.**
- Is client under court supervision? – select Yes or No.
- Supervising County – enter the supervising county. This field is required when Is client under court supervision is YES.
- Presenting Problem – enter the presenting problem in the client's own words.
- Inter-Agency Service – select all applicable inter-agency service(s) and move to Inter-Agency Service Selected.

Intake Case Information

Intake Facility: Bonneville County CC | Case #: 4
 Intake Staff: 18, Trainee | Case Status: Open Active
 Initial Contact: Appointment | Date of First Contact: 1/18/2017
 County of Res.: ADA | Intake Date: 1/18/2017
 Source of Referral: Physician | Pregnant: Not Applicable | Due Date:
 Referral Contact:
 Add Collateral Contact
 Priority Population: AMH P #1 Crisis/DE
 HIV Tested?
 Past IV Drug Use
 Is client under court supervision? Yes
 Supervising Jurisdiction: ADA
 Presenting Problem (In Client's Own Words): Presenting Problem Here
 Inter-Agency Service: Adult Protection, Court/Legal Interface, Developmental Disabilities, Domestic Violence Service Provider
 Inter-Agency Service Selected: None
 Domains:
 Selected Domains: Mental Health
 Date Closed:
 Cancel Save Finish

4. Click **Save** and **Finish**.

Closing an Intake (Episode of Care)



The following records must be complete before an Intake can be closed: Client Profile, Crisis Evaluation, and Crisis Program Enrollment.

1. Begin on the Client Activity List.

Client Activity List

Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	8/31/2016	8/31/2016	Completed
Review	Intake Transaction	8/31/2016	8/31/2016	Completed

2. Once you're on the Activity List, hover over the and click **Review** under Actions for the Intake.

Intake Case Information

Intake Facility: Bonneville County CC	Case #: 4
Intake Staff: 18, Trainee	Case Status: Open Active
Initial Contact: Appointment	Date of First Contact: 1/18/2017
County of Res.: ADA	Intake Date: 1/18/2017
Source of Referral: Physician	Pregnant: Not Applicable Due Date:
Referral Contact: Add Collateral Contact	Priority Population: AMH P #1 Crisis/DE
Is client under court supervision? Yes	HIV Tested?:
Supervising Jurisdiction: ADA	Past IV Drug Use:
	Presenting Problem (In Client's Own Words): Presenting Problem Here

Inter-Agency Service Adult Protection Court/Legal Interface Developmental Disabilities Domestic Violence Service Provider	Inter-Agency Service Selected None
Domains 	Selected Domains Mental Health

Date Closed: [Save & Close the Case](#)

Cancel
Save
Finish

Actions

3. Complete the following fields.
 - Date Closed – enter the last date of contact with the client.
4. Click [Save & Close the Case](#).

Intake Case Information

Intake Facility: Bonneville County CC	Case #: 4
Intake Staff: 18, Trainee	Case Status: Closed
Initial Contact: Appointment	Date of First Contact: 1/18/2017
County of Res.: ADA	Intake Date: 1/18/2017
Source of Referral: Physician	Pregnant: Not Applicable Due Date:
Referral Contact:	Priority Population: AMH P #1 Crisis/DE
	HIV Tested?:
	Past IV Drug Use:
Is client under court supervision? Yes	Presenting Problem (In Client's Own Words) Presenting Problem Here
Supervising Jurisdiction: ADA	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Inter-Agency Service</p> <ul style="list-style-type: none"> Adult Protection Court/Legal Interface Developmental Disabilities Domestic Violence Service Provider </div> <div style="width: 5%; text-align: center;"> <p>^ ></p> <p>v <</p> </div> <div style="width: 45%;"> <p>Inter-Agency Service Selected</p> <p>None</p> </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Domains</p> </div> <div style="width: 5%; text-align: center;"> <p>></p> <p><</p> </div> <div style="width: 45%;"> <p>Selected Domains</p> <p>Mental Health</p> </div> </div>	
Date Closed: 1/18/2017	
<div style="border: 2px solid red; padding: 5px; display: inline-block; background-color: #2c5e8c; color: white; font-weight: bold;">Finish</div>	
<p>Actions _____</p>	

5. The Intake becomes Read-Only. Click .

Re-Opening an Intake (Episode of Care)

Intakes can be re-opened by contacting the WITS Help Desk at DBHWITSHD@dhw.idaho.gov, or by calling 208-332-7316, or toll free 844-726-7493.

Linked Consents (Clients with Consents from Outside Agencies)

Purpose: WITS can electronically share specific information about a client between agencies. This happens when client has signed a Release of Information form and a Consent is entered into WITS by the consenting agency.

- If you are trying to accept a referral and the client has previously been at your agency, you will need to link the consent prior to accepting the Referral.
- If you do not have a referral, you will still need to link the consent to the client at your agency.

How do I know which agency sent me the Consent?

There are two of different ways to determine which agency sent the consent and they vary depending on if the consent has been linked or not.



When the consent is not linked to a client in your agency, the name of the agency consenting the information to you will display in the bottom section Clients with Consents from Outside agencies. When the consent is already linked to a client in your agency, the name of the agency consenting the information to you will display under the Client Profile in linked consents.

1. Begin on the Home Page.

The screenshot shows the 'Home' page of the WITS system. On the left is a blue navigation pane with the following items: Home Page, Agency Contacts, Agency, Clinical Dashboard, Client List (highlighted with a red box and a red arrow), System Administration, and Reports. The main content area is titled 'Home' and contains three sections: 'Announcements' with a table showing a welcome message; 'Alert List' with an empty table; and 'Schedule for' with a search bar for Start Date (12/14/2016) and End Date, and a table with columns for Actions, Start, End, Summary, and Status.

2. Click **Client List** on the blue navigation pane.



Perform a Wild Card Search to broaden your search. For example, if you want all individuals with a last name beginning with Ano, enter ano* in the last name field. You can also search using a date range in date fields dates for example, searching for 01/01/2000:12/31/2000 – returns any record with a date in the year 2000.



To view only Active Clients, select a Case Status of Clients with Open Cases.

The screenshot shows the 'Client Search' form. The search criteria fields are highlighted with a red box and include: Agency (Behavioral Health Crisis Center), Facility (dropdown), First Name, Last Name, SSN, DOB, Idaho-WITS Training Client Id, Unique Client Number, Provider Client ID, Treatment Staff (dropdown), Primary Care Staff, Case Status (All Clients), Intake Staff (dropdown), Other Number, and Number Type (dropdown). There is also an 'Include Only Active Consents' checkbox set to 'Yes'. Below the form are 'Clear' and 'Go' buttons. A red arrow points to the 'Go' button. Below the buttons is a table for 'Client List (Export)' with columns: Actions, Unique Client #, Full Name, DOB, SSN, and Gender. Below that is a section for 'Clients with Consents from Outside Agencies' with a table with columns: Actions, Agency, Unique Client #, Client Name, DOB, SSN, and Gender.

3. Enter your search criteria and click **Go**.

Client Search

Agency: Behavioral Health Crisis Center Facility:

First Name: anna Last Name: test1

SSN: DOB:

Idaho-WITS Training Client Id:

Unique Client Number: Provider Client ID:

Treatment Staff: Primary Care Staff:

Case Status: All Clients Intake Staff:

Other Number: Number Type:

Include Only Active Consents: Yes

[Clear](#) [Go](#)

Client List [\(Export\)](#) [Add Client](#)

Actions	Unique Client #	Full Name	DOB	SSN	Gender
	20715166000001N	Test1, Anna	1/1/1990	000-00-0000	Female

Clients with Consents from Outside Agencies

Actions	Agency	Unique Client #	Client Name	DOB	SSN	Gender
	D Williams Agency	20101190000001N	Test1, Anna	1/1/1990	000-00-0000	Female

4. When the Consent is not linked to a client in your agency, the name of the agency consenting the information to you will display in the bottom section Clients with Consents from Outside agencies. **The name of the agency that sent you the Consent is located in the Agency column.**

OR follow the instructions below to see consents that are already linked in your agency.

5. Begin on the Home Page.

18.14.6

WITS Idaho-WITS Training Logout

User: 18, Trainee | Location: Behavioral Health Crisis Center, Bonneville County CC Video | Snapshot

Home Page | Agency Contacts | Agency | Clinical Dashboard | **Client List** | System Administration | Reports

There are currently 2 people that have been referred in.

Home

Announcements

Actions	Summary	Posted Date	Start Date	Priority

Alert List

Actions	Alert Type	Client Name: ID	Applies To Staff	Message	Facility	Date Due

Schedule for: Start Date: 1/19/2017 End Date: Refresh Search Calendar | Edit/Add Schedule

Actions	Start	End	Summary	Status

6. Click **Client List** on the blue navigation pane.



Perform a Wild Card Search to broaden your search. For example, if you want all individuals with a last name beginning with Ano, enter ano* in the last name field. You can also search using a date range in date fields dates for example, searching for 01/01/2000:12/31/2000 – returns any record with a date in the year 2000.



To view only Active Clients, select a Case Status of Clients with Open Cases.

Client Search

Agency: Behavioral Health Crisis Center Facility:

First Name: Last Name:

SSN: DOB:

Idaho-WITS Training Client Id:

Unique Client Number: Provider Client ID:

Treatment Staff: Primary Care Staff:

Case Status: All Clients Intake Staff:

Other Number: Number Type:

Include Only Active Consents: Yes

Clear **Go**

Client List (Export) Add Client

Actions	Unique Client #	Full Name	DOB	SSN	Gender

Clients with Consents from Outside Agencies

Actions	Agency	Unique Client #	Client Name	DOB	SSN	Gender

7. Enter your search criteria and click **Go**.

Client Search

Agency: Provider Training Agency Facility:

First Name: anna Last Name: banana1

SSN: DOB:

Idaho-WITS Training Client Id:

Unique Client Number: Provider Client ID:

Treatment Staff: Primary Care Staff:

Case Status: All Clients Intake Staff:

Other Number: Number Type:

Include Only Active Consents: Yes

Clear **Go**

Client List (Export) Add Client

Actions	Unique Client #	Full Name	DOB	SSN	Gender
	20905188000001N	Banana1, Anna	9/5/1988	000-00-0000	Female
Profile	Activity List	Linked Consents			

Clients with Consents from Outside Agencies

Actions	Agency	Unique Client #	Client Name	DOB	SSN	Gender

8. Hover over the  and click **Linked Consents** under Actions. When the consent is already linked to a client in your agency, the name of the agency consenting the information to you will display under the Client Profile in linked consents.

Linked Client Consents in Other Agencies									
Consenting Agency <input type="text"/>									
							Clear	Cancel	Go
Linked Consent List									
Actions	Agency	Client Name	Unique Client #	DOB	SSN	Min Act. Date	Max Act. Date		
	DHW Contractor	Banana1, Anna	20905188000001N	9/5/1988	000-00-0000	5/25/2016	5/25/2016		

9. The name of the agency that sent you the consent is located in the Agency column.

Reviewing Clients with Consents from Outside Agencies



When the consent is not linked to a client in your agency, the name of the agency consenting the information to you will display in the bottom section Clients with Consents from Outside agencies.

1. Begin on the Home Page.

Home							
<ul style="list-style-type: none"> Home Page Agency Contacts ▶ Agency Clinical Dashboard ▶ Client List ▶ System Administration Reports 							
Announcements							
Actions	Summary	Posted Date	Start Date	Priority			
	Welcome to the WITS Training site.	4/25/2011 6:12 PM	4/25/2011	N			
Alert List							
Actions	Alert Type	Client Name: ID	Applies To Staff	Message	Facility	Date Due	
Schedule for: Start Date: 12/14/2016 End Date: Refresh Search Calendar Edit/Add Schedule							
Actions	Start	End	Summary	Status			

2. Click **Client List** on the blue navigation pane.



Perform a Wild Card Search to broaden your search. For example, if you want all individuals with a last name beginning with Ano, enter ano* in the last name field. You can also search using a date range in date fields dates for example, searching for 01/01/2000:12/31/2000 – returns any record with a date in the year 2000.



To view only Active Clients, select a Case Status of Clients with Open Cases.

Client Search

Agency: Behavioral Health Crisis Center Facility:

First Name: Last Name:

SSN: DOB:

Idaho-WITS Training Client Id:

Unique Client Number: Provider Client ID:

Treatment Staff: Primary Care Staff:

Case Status: All Clients Intake Staff:

Other Number: Number Type:

Include Only Active Consents: Yes

Client List (Export) [Add Client](#)

Actions	Unique Client #	Full Name	DOB	SSN	Gender

Clients with Consents from Outside Agencies

Actions	Agency	Unique Client #	Client Name	DOB	SSN	Gender

3. Enter your search criteria and click .

Client Search

Agency: Behavioral Health Crisis Center Facility:

First Name: Last Name:

SSN: DOB:

Idaho-WITS Training Client Id:

Unique Client Number: Provider Client ID:

Treatment Staff: Primary Care Staff:

Case Status: All Clients Intake Staff:

Other Number: Number Type:

Include Only Active Consents: Yes

Client List (Export) [Add Client](#)

Actions	Unique Client #	Full Name	DOB	SSN	Gender
	2071516600001N	Test1, Anna	1/1/1990	000-00-0000	Female

Clients with Consents from Outside Agencies

Actions	Agency	Unique Client #	Client Name	DOB	SSN	Gender
	D Williams Agency	2010119000001N	Test1, Anna	1/1/1990	000-00-0000	Female
<input type="button" value="Activity List"/>						
<input type="button" value="Link"/>						
<input type="button" value="Remove"/>						

4. Hover over the and click **Activity List** under Actions under Clients with Consents from Outside Agencies.

Consented Activity List				
<p>PROHIBITION ON REDISCLOSURE OF INFORMATION CONCERNING CLIENT IN ALCOHOL OR DRUG ABUSE TREATMENT This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.</p>				
Actions	Activity	Activity Date	Created Date	Status
	Eligibility Screener	5/25/2016	5/25/2016	Completed
	Intake Transaction	5/25/2016	5/25/2016	Completed
Review	Consent (Provider Training Agency)	5/25/2016	5/25/2016	Completed
	Consent (Profile)	5/25/2016	5/25/2016	Completed

[Finish](#)

5. Hover over the and click **Review** under Actions to view a specific activity.

Consented Client: Banana1, Anna | 2090518800001N | 1 Location: DHW Contractor

Intake Case Information

Intake Facility	Central Office	Case #	1
Intake Staff	Van Skike, Anna	Case Status	Open Active
Initial Contact	Other	Date of First Contact	5/25/2016
County of Res.	ADA	Intake Date	5/25/2016
Source of Referral	Adult Self Reliance	Pregnant	No
		Due Date	
Referral Contact		Priority Population	IDHW
		HIV Tested?	
		Past IV Drug Use	No
Is client under court supervision?	No	Presenting Problem (In Client's Own Words)	I really like bananas
Supervising County			

Inter-Agency Service Selected

None

Selected Domains

Substance Abuse

Date Closed

Actions

6. The activity displays as Read Only in a separate window. Close the window when finished.

Consented Activity View

Note: Consented information may not be redisclosed.

[Return to Consented Activity List](#)

- Click [Return to Consented Activity List](#).

Consented Activity List

PROHIBITION ON REDISCLOSURE OF INFORMATION CONCERNING CLIENT IN ALCOHOL OR DRUG ABUSE TREATMENT
 This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Actions	Activity	Activity Date	Created Date	Status
	Eligibility Screener	5/25/2016	5/25/2016	Completed
	Intake Transaction	5/25/2016	5/25/2016	Completed
	Client Information (Profile)	5/25/2016	5/25/2016	Completed
	Consent (Provider Training Agency)	5/25/2016	5/25/2016	Completed

Finish

- Click Finish.

Linking Consents



When a client is referred to your agency in WITS, always search for the client and link the consent before accepting the Referral.

- Begin on the Home Page.

- Home Page
- Agency Contacts
- ▾ Agency
- Clinical Dashboard
- ▾ Client List
- ▾ System Administration
- Reports

Home

Announcements

Actions	Summary	Posted Date	Start Date	Priority
	Welcome to the WITS Training site.	4/25/2011 6:12 PM	4/25/2011	N

Alert List

Actions	Alert Type	Client Name: ID	Applies To Staff	Message	Facility	Date Due

Schedule for: Start Date: 12/14/2016 End Date: Refresh Search Calendar | Edit/Add Schedule

Actions	Start	End	Summary	Status

- Click ▾ Client List on the blue navigation pane.

Perform a Wild Card Search to broaden your search. For example, if you want all individuals with a last name beginning with Ano, enter ano* in the last name field. You can also search using a date range in date fields dates for example, searching for 01/01/2000:12/31/2000 – returns any record with a date in the year 2000.

To view only Active Clients, select a Case Status of Clients with Open Cases.

BHCCC eManual: Technical Manual – Last updated: 04/03/2018

Client Search

Agency: Behavioral Health Crisis Center Facility:

First Name: Last Name:

SSN: DOB:

Idaho-WITS Training Client Id:

Unique Client Number: Provider Client ID:

Treatment Staff: Primary Care Staff:

Case Status: All Clients Intake Staff:

Other Number: Number Type:

Include Only Active Consents: Yes

Clear **Go**

Client List ([Export](#)) [Add Client](#)

Actions	Unique Client #	Full Name	DOB	SSN	Gender

Clients with Consents from Outside Agencies

Actions	Agency	Unique Client #	Client Name	DOB	SSN	Gender

3. Enter your search criteria and click **Go**.



If you do not see your client listed in the both the Client List and in the Clients with Consents from Outside Agencies, then you do not need to link the consent.

Client Search

Agency: Behavioral Health Crisis Center Facility:

First Name: **anna** Last Name: **test1**

SSN: DOB:

Idaho-WITS Training Client Id:

Unique Client Number: Provider Client ID:

Treatment Staff: Primary Care Staff:

Case Status: All Clients Intake Staff:

Other Number: Number Type:

Include Only Active Consents: Yes

Clear **Go**

Client List ([Export](#)) [Add Client](#)

Actions	Unique Client #	Full Name	DOB	SSN	Gender
	2071516600001N	Test1, Anna	1/1/1990	000-00-0000	Female

Clients with Consents from Outside Agencies

Actions	Agency	Unique Client #	Client Name	DOB	SSN	Gender
	D Williams Agency	20101190000001N	Test1, Anna	1/1/1990	000-00-0000	Female
Activity List Link Remove						

4. Hover the and click **Link** under Actions under Clients with Consents from Outside Agencies.

Link to Consented Client

Full Name **Test1, Anna** DOB **1/1/1990**
 Client Number **20101190000001N** SSN **000-00-0000**

Link Client Search

Agency Behavioral Health Crisis Center Facility

First Name **anna** Last Name **test1**

SSN DOB

Unique Client Number Provider Client ID

Other Number Number Type

Actions	Unique Client #	Full Name	DOB	SSN	Gender

5. On the Link Client Search Page, enter your search criteria for the client in your agency and click .

Link to Consented Client

Full Name **Test1, Anna** DOB **1/1/1990**
 Client Number **20101190000001N** SSN **000-00-0000**

Link Client Search

Agency Behavioral Health Crisis Center Facility

First Name **anna** Last Name **test1**

SSN DOB

Unique Client Number Provider Client ID

Other Number Number Type

Actions	Unique Client #	Full Name	DOB	SSN	Gender
 <input type="button" value="Link"/>	20715166000001N	Test1, Anna	1/1/1990	000-00-0000	Female

6. The information at the top of the page is (in the grayed-out section) is from the other agency. Confirm that the client in your agency (in the middle of the page) is the same as the one at the top of the page. If they are the same person, hover over the  and under Actions.

Are you sure you want to link current consented client Test1, Anna's consent to client Test1, Anna?

7. Click to link the consented client with your existing client or click to cancel.

Linked Client Consents in Other Agencies

Consenting Agency

Clear Cancel Go

Linked Consent List Add Link

Actions	Agency	Client Name	Unique Client #	DOB	SSN	Min Act. Date	Max Act. Date
	DHW Contractor	Banana1, Anna	20905188000001N	9/5/1988	000-00-0000	5/25/2016	5/25/2016
		Consented Activity List	20701175000001N	9/5/1988	000-00-0000	7/29/2016	7/29/2016

8. The Consent is now linked to the client in your agency. Hover over the  and click **Consented Activity List** under Actions to review the Consented Activities.

Consented Activity List

PROHIBITION ON REDISCLOSURE OF INFORMATION CONCERNING CLIENT IN ALCOHOL OR DRUG ABUSE TREATMENT
 This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Actions	Activity	Activity Date	Created Date	Status
	Eligibility Screener	5/25/2016	5/25/2016	Completed
	Intake Transaction	5/25/2016	5/25/2016	Completed
	Review (Profile)	5/25/2016	5/25/2016	Completed
	Consent (Provider Training Agency)	5/25/2016	5/25/2016	Completed

Finish

9. Hover over the  and click **Review** under Actions to view the specific activity.

Consented Client: Banana1, Anna | 2090518800001N | 1 Location: DHW Contractor

Intake Case Information

Intake Facility	Central Office	Case #	1
Intake Staff	Van Skike, Anna	Case Status	Open Active
Initial Contact	Other	Date of First Contact	5/25/2016
County of Res.	ADA	Intake Date	5/25/2016
Source of Referral	Adult Self Reliance	Pregnant	No
		Due Date	
Referral Contact		Priority Population	IDHW
		HIV Tested?	
		Past IV Drug Use	No
Is client under court supervision?	No	Presenting Problem (In Client's Own Words)	I really like bananas
Supervising County			

Inter-Agency Service Selected

None

Selected Domains

Substance Abuse

Date Closed

Actions

10. The activity displays as Read Only in a separate window. Close the window when finished.

Consented Activity View

Note: Consented information may not be redisclosed.

[Return to Consented Activity List](#)

11. Click [Return to Consented Activity List](#).

Consented Activity List

PROHIBITION ON REDISCLOSURE OF INFORMATION CONCERNING CLIENT IN ALCOHOL OR DRUG ABUSE TREATMENT
 This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

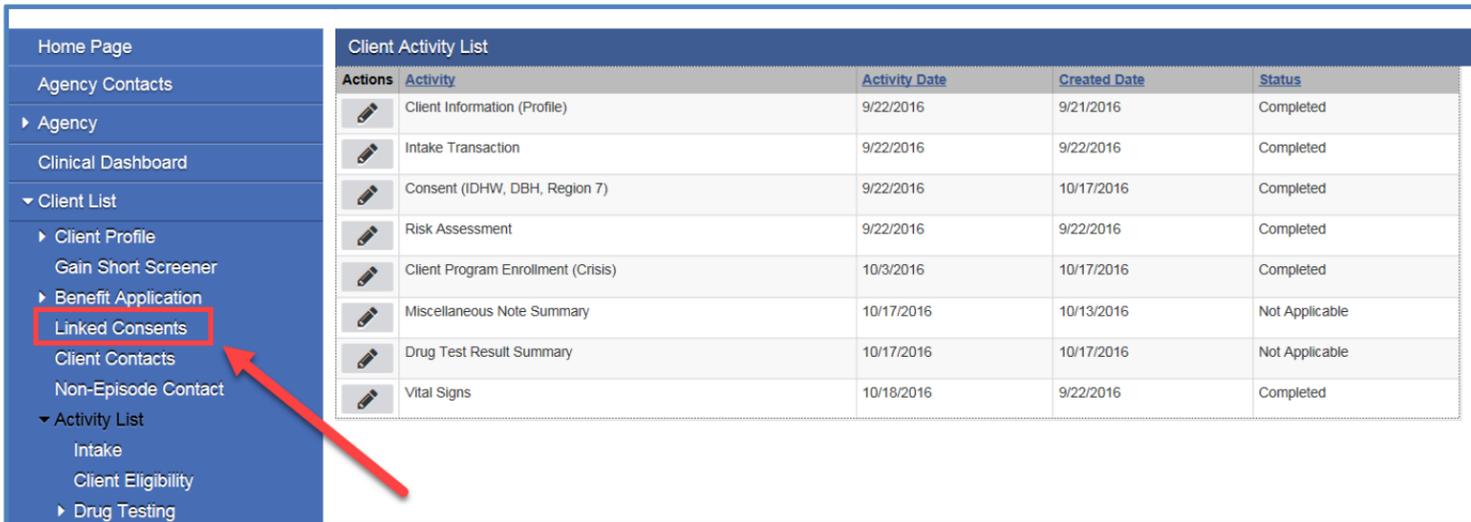
Actions	Activity	Activity Date	Created Date	Status
	Eligibility Screener	5/25/2016	5/25/2016	Completed
	Intake Transaction	5/25/2016	5/25/2016	Completed
	Client Information (Profile)	5/25/2016	5/25/2016	Completed
	Consent (Provider Training Agency)	5/25/2016	5/25/2016	Completed

[Finish](#)

12. Click **Finish**.

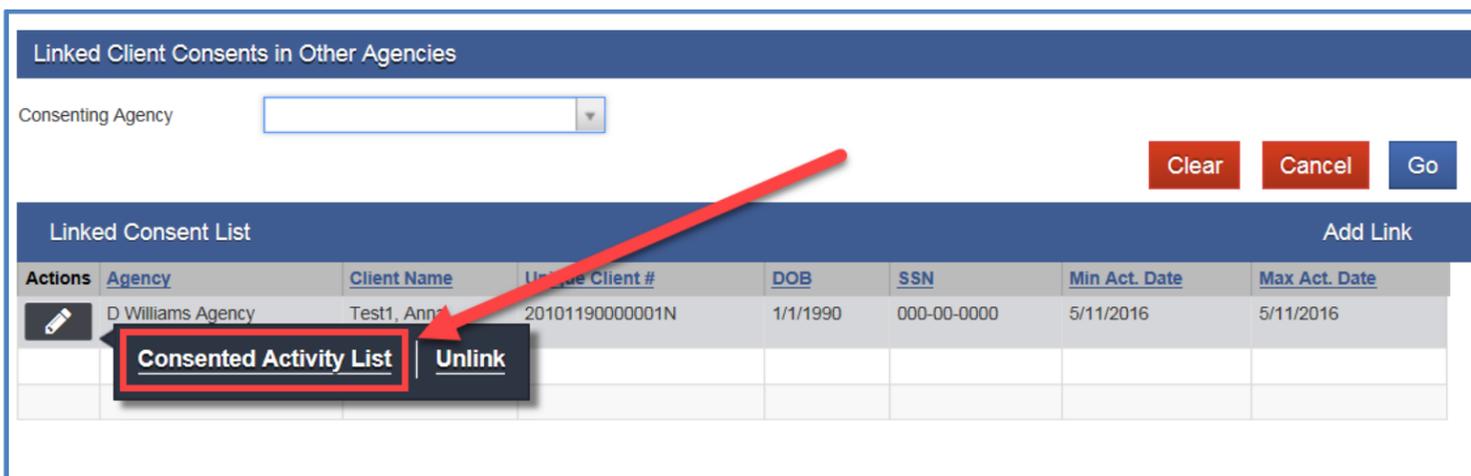
Reviewing Linked Consents

1. Begin on the Client Activity List.



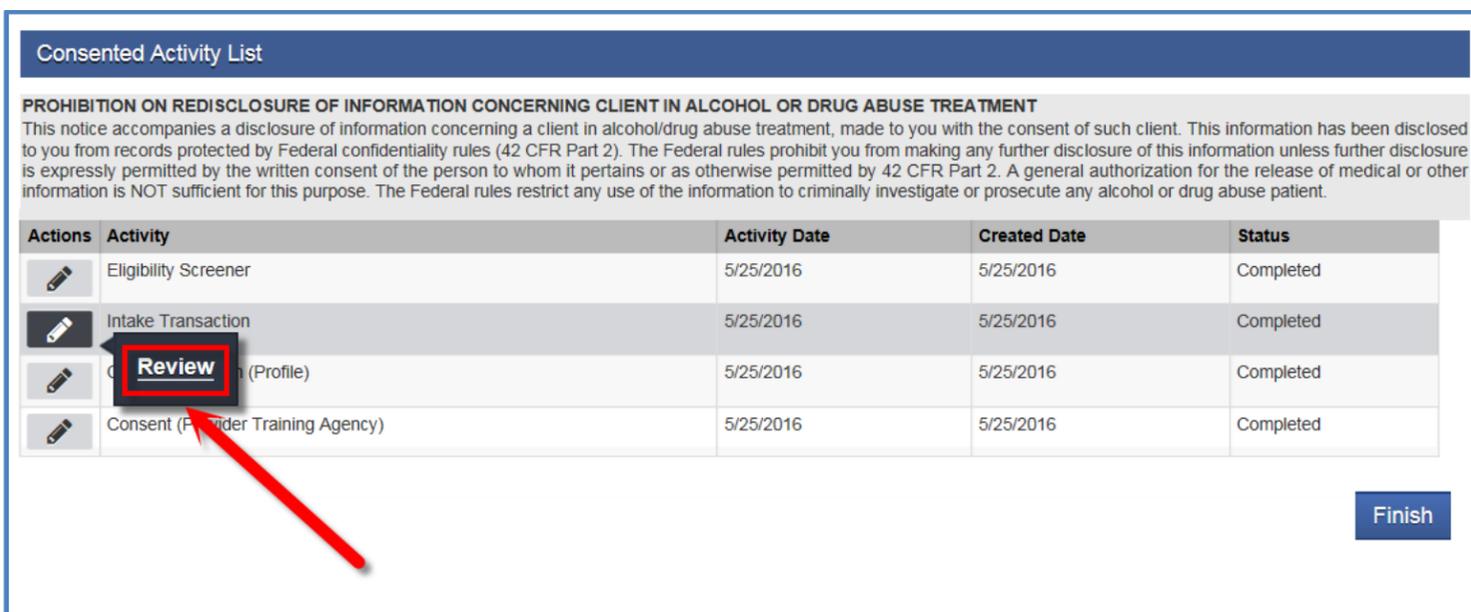
Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	9/22/2016	9/21/2016	Completed
	Intake Transaction	9/22/2016	9/22/2016	Completed
	Consent (IDHW, DBH, Region 7)	9/22/2016	10/17/2016	Completed
	Risk Assessment	9/22/2016	9/22/2016	Completed
	Client Program Enrollment (Crisis)	10/3/2016	10/17/2016	Completed
	Miscellaneous Note Summary	10/17/2016	10/13/2016	Not Applicable
	Drug Test Result Summary	10/17/2016	10/17/2016	Not Applicable
	Vital Signs	10/18/2016	9/22/2016	Completed

2. Once you're on the Activity List, click **Linked Consents** on the blue navigation pane.



Actions	Agency	Client Name	Unique Client #	DOB	SSN	Min Act. Date	Max Act. Date
Consented Activity List Unlink	D Williams Agency	Test1, Ann	20101190000001N	1/1/1990	000-00-0000	5/11/2016	5/11/2016

3. Hover over the  and click **Consented Activity List** under Actions to review the Consented Activities.



Actions	Activity	Activity Date	Created Date	Status
	Eligibility Screener	5/25/2016	5/25/2016	Completed
Review	Intake Transaction	5/25/2016	5/25/2016	Completed
	Client Information (Profile)	5/25/2016	5/25/2016	Completed
	Consent (Provider Training Agency)	5/25/2016	5/25/2016	Completed

4. Hover over the  and click **Review** under Actions to view the specific activity.

Consented Client: Banana1, Anna | 2090518800001N | 1 Location: DHW Contractor

Intake Case Information

Intake Facility	Central Office	Case #	1
Intake Staff	Van Skike, Anna	Case Status	Open Active
Initial Contact	Other	Date of First Contact	5/25/2016
County of Res.	ADA	Intake Date	5/25/2016
Source of Referral	Adult Self Reliance	Pregnant	No
		Due Date	
Referral Contact		Priority Population	IDHW
		HIV Tested?	
		Past IV Drug Use	No
Is client under court supervision?	No	Presenting Problem (In Client's Own Words)	I really like bananas
Supervising County			

Inter-Agency Service Selected

None

Selected Domains

Substance Abuse

Date Closed

Actions

5. The activity displays as Read Only in a separate window. Close the window when finished.

Consented Activity View

Note: Consented information may not be redisclosed.

[Return to Consented Activity List](#)

6. Click [Return to Consented Activity List](#).

Consented Activity List

PROHIBITION ON REDISCLOSURE OF INFORMATION CONCERNING CLIENT IN ALCOHOL OR DRUG ABUSE TREATMENT
 This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

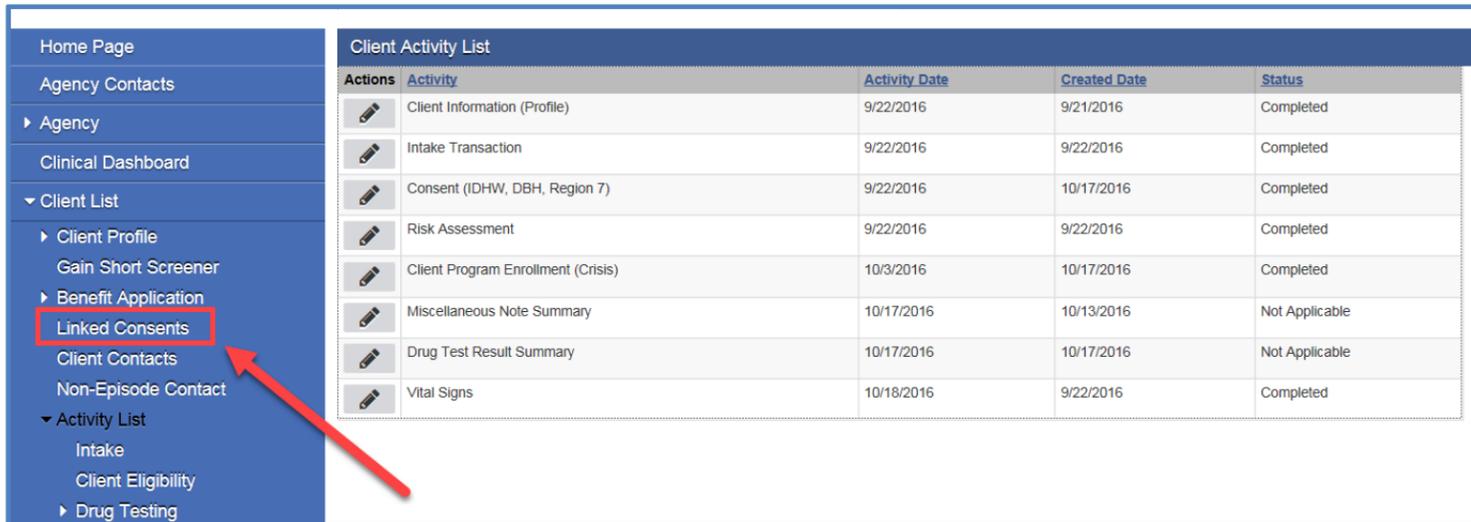
Actions	Activity	Activity Date	Created Date	Status
	Eligibility Screener	5/25/2016	5/25/2016	Completed
	Intake Transaction	5/25/2016	5/25/2016	Completed
	Client Information (Profile)	5/25/2016	5/25/2016	Completed
	Consent (Provider Training Agency)	5/25/2016	5/25/2016	Completed

Finish

7. Click **Finish**.

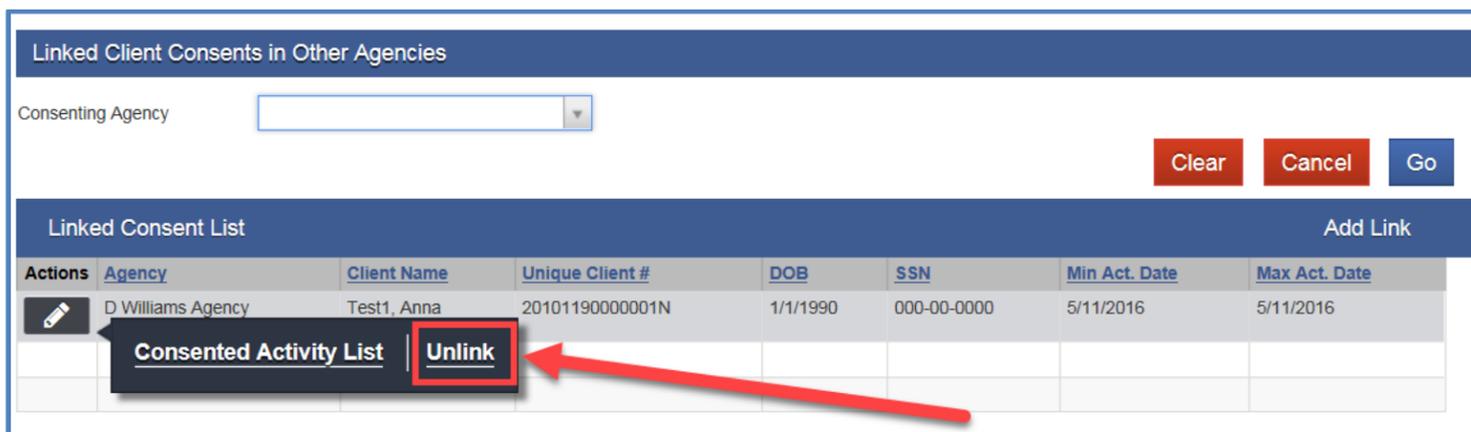
Unlinking Consents

1. Begin on the Client Activity List.



Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	9/22/2016	9/21/2016	Completed
	Intake Transaction	9/22/2016	9/22/2016	Completed
	Consent (IDHW, DBH, Region 7)	9/22/2016	10/17/2016	Completed
	Risk Assessment	9/22/2016	9/22/2016	Completed
	Client Program Enrollment (Crisis)	10/3/2016	10/17/2016	Completed
	Miscellaneous Note Summary	10/17/2016	10/13/2016	Not Applicable
	Drug Test Result Summary	10/17/2016	10/17/2016	Not Applicable
	Vital Signs	10/18/2016	9/22/2016	Completed

2. Once you're on the Activity List, click **Linked Consents** on the blue navigation pane.



Linked Client Consents in Other Agencies

Consenting Agency:

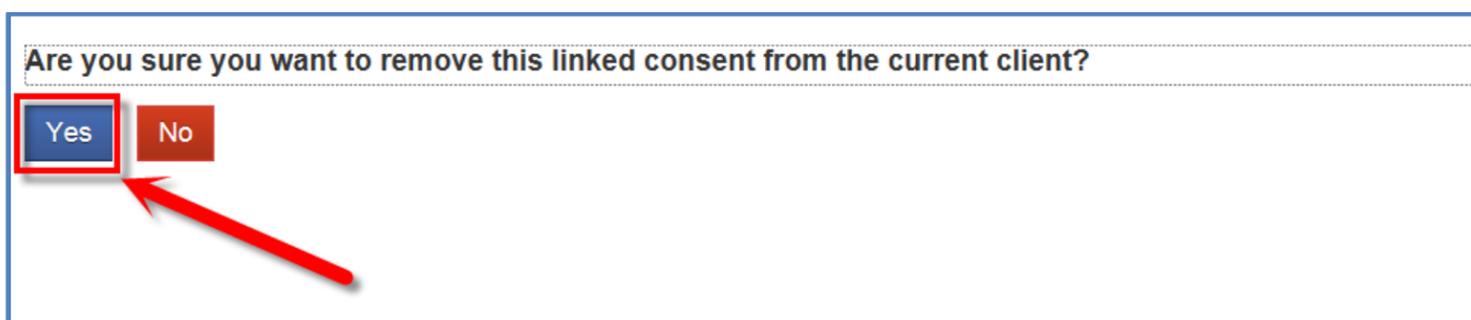
Clear **Cancel** **Go**

Linked Consent List Add Link

Actions	Agency	Client Name	Unique Client #	DOB	SSN	Min Act. Date	Max Act. Date
	D Williams Agency	Test1, Anna	2010119000001N	1/1/1990	000-00-0000	5/11/2016	5/11/2016

Consented Activity List **Unlink**

3. The Linked Consent List for the client displays. Hover over the  and click **Unlink**.



Are you sure you want to remove this linked consent from the current client?

Yes **No**

4. Click **Yes** to unlink the consent or click **No** to cancel.

Removing a Consent from Clients with Consents from Outside Agencies

1. Begin on the Home Page.

The screenshot shows the Home Page interface. On the left is a blue navigation pane with the following items: Home Page, Agency Contacts, Agency, Clinical Dashboard, Client List (highlighted with a red box and a red arrow), System Administration, and Reports. The main content area is titled 'Home' and contains three sections: 'Announcements' with a table showing a welcome message; 'Alert List' with an empty table; and 'Schedule for:' with date pickers and a 'Refresh' button, followed by another empty table.

2. Click **Client List** on the blue navigation pane.



Perform a Wild Card Search to broaden your search. For example, if you want all individuals with a last name beginning with Ano, enter ano* in the last name field. You can also search using a date range in date fields dates for example, searching for 01/01/2000:12/31/2000 – returns any record with a date in the year 2000.



To view only Active Clients, select a Case Status of Clients with Open Cases.

The screenshot shows the 'Client Search' form. A red box highlights the search fields: Agency (Behavioral Health Crisis Center), Facility (dropdown), First Name, Last Name, SSN, DOB, Idaho-WITS Training Client Id, Unique Client Number, Provider Client ID, Treatment Staff (dropdown), Primary Care Staff, Case Status (All Clients), Intake Staff (dropdown), Other Number, and Number Type (dropdown). Below the form are 'Clear' and 'Go' buttons. A red arrow points to the 'Go' button. Below the form is a 'Client List (Export)' table with columns: Actions, Unique Client #, Full Name, DOB, SSN, Gender. Below that is a 'Clients with Consents from Outside Agencies' table with columns: Actions, Agency, Unique Client #, Client Name, DOB, SSN, Gender.

3. Enter your search criteria and click **Go**.

Client Search

Agency: Behavioral Health Crisis Center Facility:

First Name: anna Last Name: test1

SSN: DOB:

Idaho-WITS Training Client Id:

Unique Client Number: Provider Client ID:

Treatment Staff: Primary Care Staff:

Case Status: All Clients Intake Staff:

Other Number: Number Type:

Include Only Active Consents: Yes

Clear **Go**

Client List (Export) [Add Client](#)

Actions	Unique Client #	Full Name	DOB	SSN	Gender
	20715166000001N	Test1, Anna	1/1/1990	000-00-0000	Female

Clients with Consents from Outside Agencies

Actions	Agency	Unique Client #	Client Name	DOB	SSN	Gender
	D Williams Agency	20101190000001N	Test1, Anna	1/1/1990	000-00-0000	Female

Activity List | [Link](#) | **Remove**

4. Hover over the and click **Remove**.

Restoring a Removed Consent

1. Begin on the Home Page.

18.12.5

WITS Idaho-WITS Training Logout

User: 18, Trainee | Location: Behavioral Health Crisis Center, Bonneville County CC Video | Snapshot

Home Page

Agency Contacts

Agency

Clinical Dashboard

Client List

System Administration

Reports

Home

Announcements

Actions	Summary	Posted Date	Start Date	Priority
	Welcome to the WITS Training site.	4/25/2011 6:12 PM	4/25/2011	N

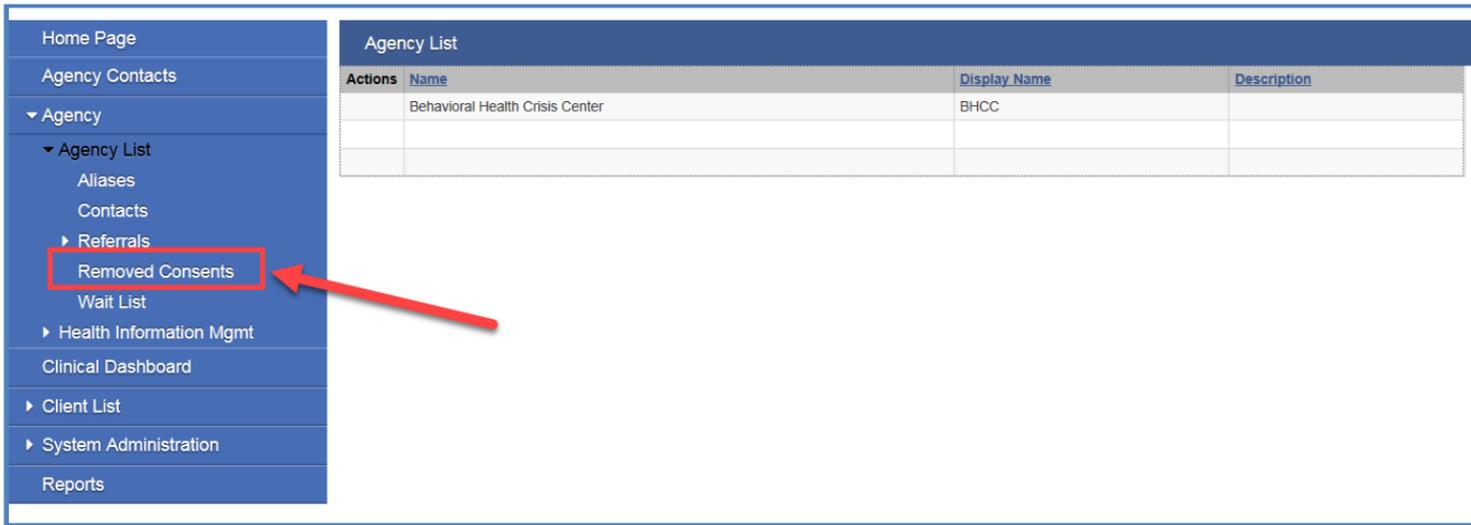
Alert List

Actions	Alert Type	Client Name: ID	Applies To Staff	Message	Facility	Date Due

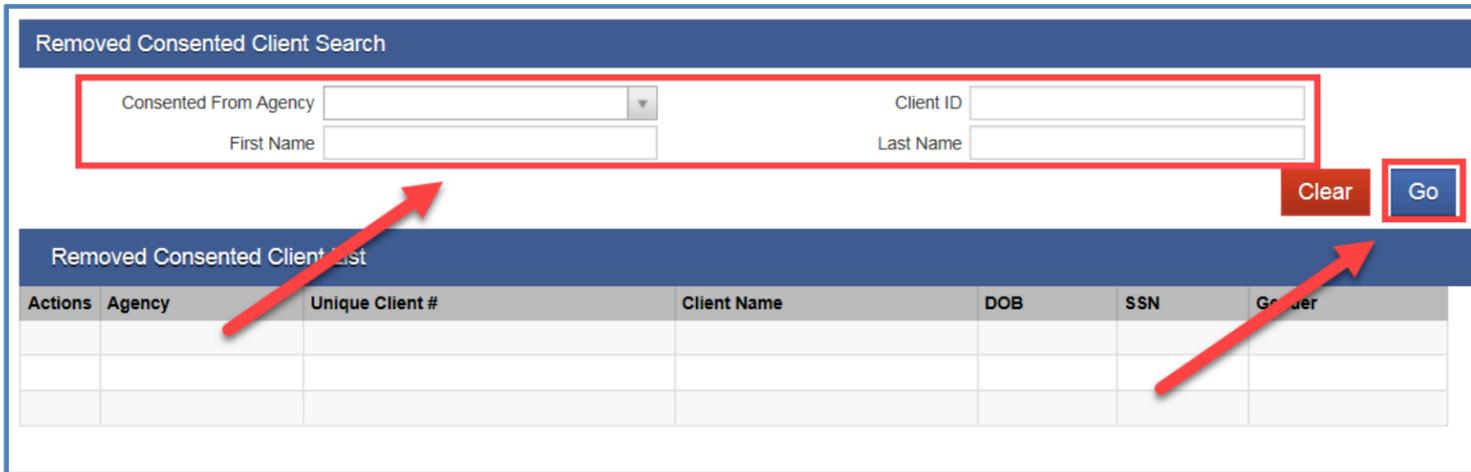
Schedule for: Start Date: 10/20/2016 End Date: Refresh Search Calendar | Edit/Add Schedule

Actions	Start	End	Summary	Status

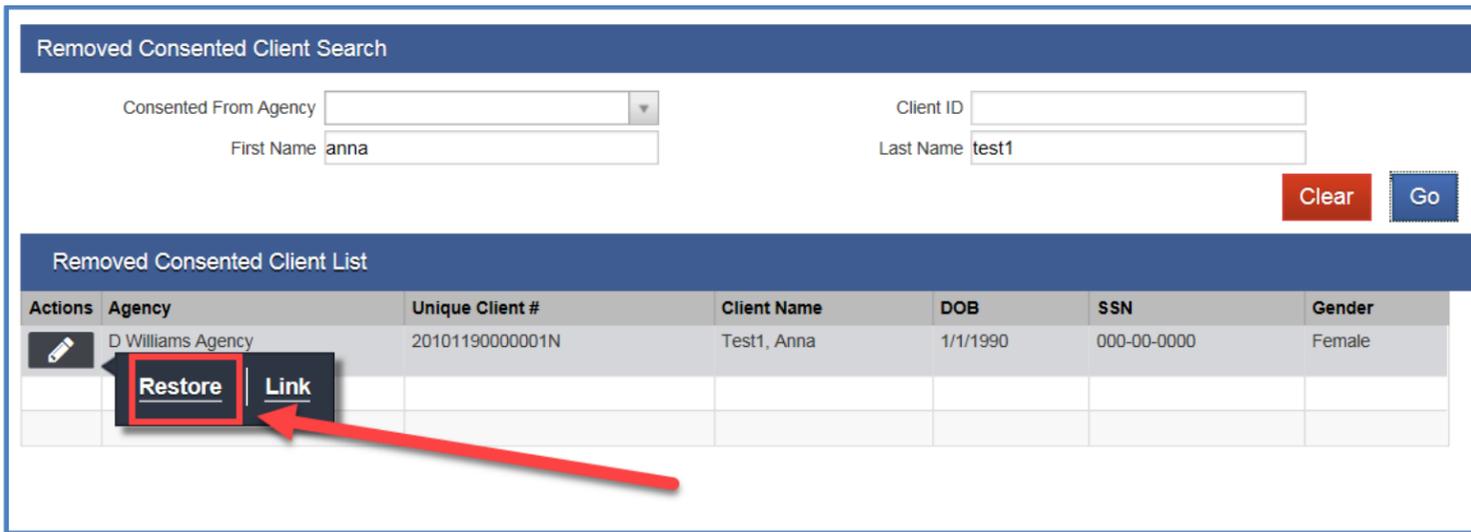
2. Click **Agency** on the blue navigation pane.



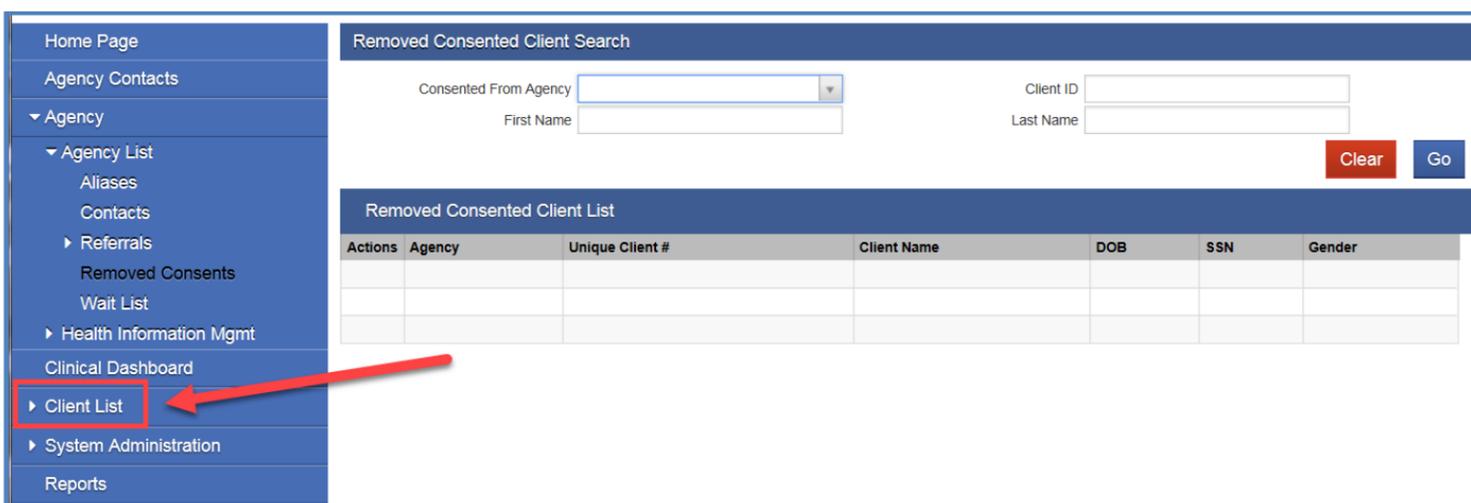
3. Click **Removed Consents** on the blue navigation pane.



4. Enter your search criteria and click **Go**.



5. Hover over the and click **Restore**. This will make the consent show up again under Clients with Consents from Outside Agencies on the Client List.



6. Click **Client List** on the blue navigation pane.

Client Search

Agency: Behavioral Health Crisis Center | Facility: [dropdown]
First Name: [text] | Last Name: [text]
SSN: [text] | DOB: [text]
Idaho-WITS Training Client Id: [text]
Unique Client Number: [text] | Provider Client ID: [text]
Treatment Staff: [dropdown] | Primary Care Staff: [text]
Case Status: All Clients | Intake Staff: [dropdown]
Other Number: [text] | Number Type: [dropdown]
Include Only Active Consents: Yes [dropdown]

Clear Go

Client List (Export) Add Client

Actions	Unique Client #	Full Name	DOB	SSN	Gender

Clients with Consents from Outside Agencies

Actions	Agency	Unique Client #	Client Name	DOB	SSN	Gender

7. Enter your search criteria and click **Go**.

Client Search

Agency: Behavioral Health Crisis Center | Facility: [dropdown]
First Name: **anna** | Last Name: **test1** ✕
SSN: [text] | DOB: [text]
Idaho-WITS Training Client Id: [text]
Unique Client Number: [text] | Provider Client ID: [text]
Treatment Staff: [dropdown] | Primary Care Staff: [text]
Case Status: All Clients | Intake Staff: [dropdown]
Other Number: [text] | Number Type: [dropdown]
Include Only Active Consents: Yes [dropdown]

Clear Go

Client List (Export) Add Client

Actions	Unique Client #	Full Name	DOB	SSN	Gender
	20715166000001N	Test1, Anna	1/1/1990	000-00-0000	Female

Clients with Consents from Outside Agencies

Actions	Agency	Unique Client #	Client Name	DOB	SSN	Gender
	D Williams Agency	20101190000001N	Test1, Anna	1/1/1990	000-00-0000	Female

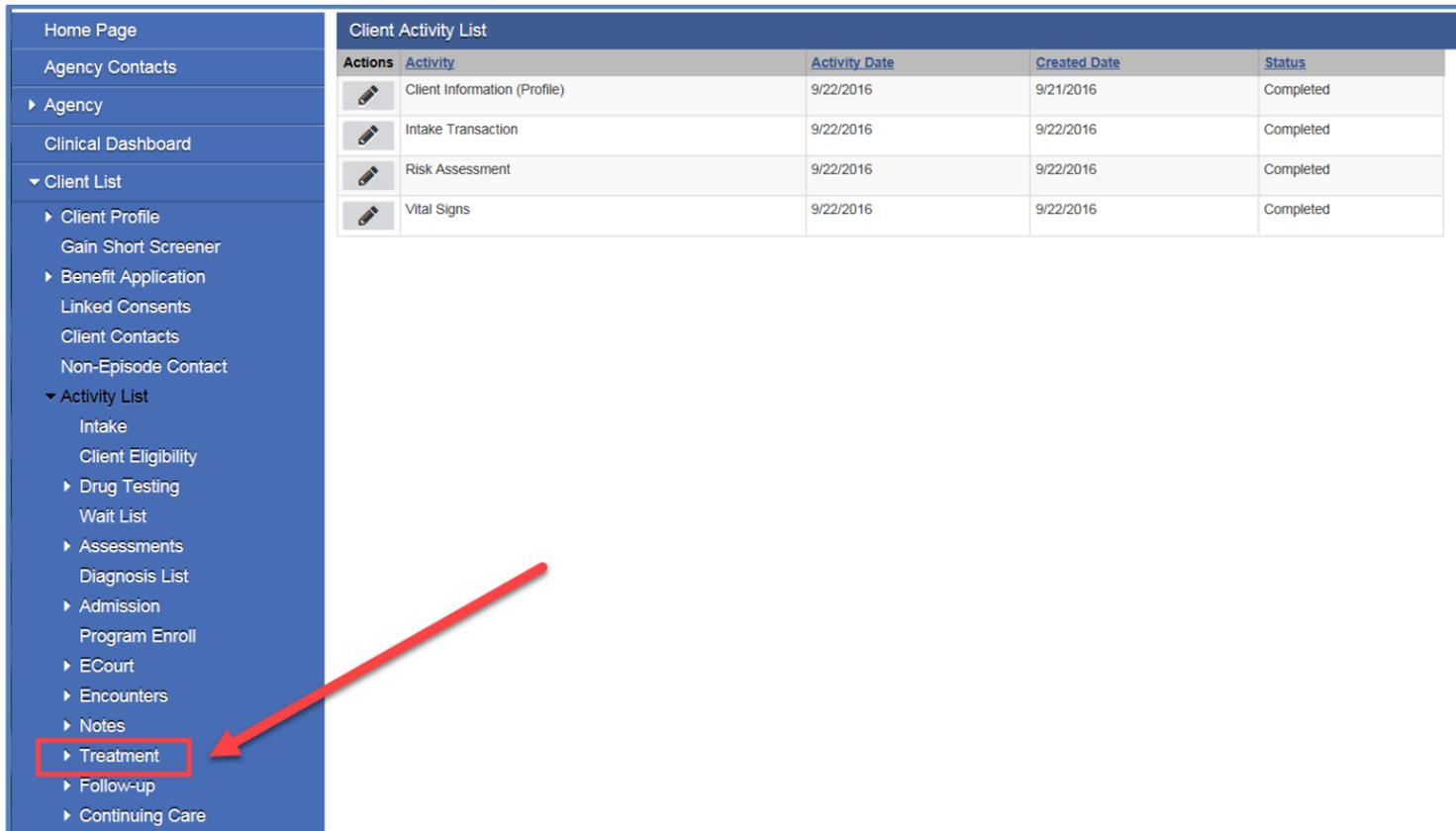
8. The Consent will be visible in the bottom section titled Clients with Consents from Outside Agencies.

Medications

Purpose: The medication page is used to document medications prescribed to the client.

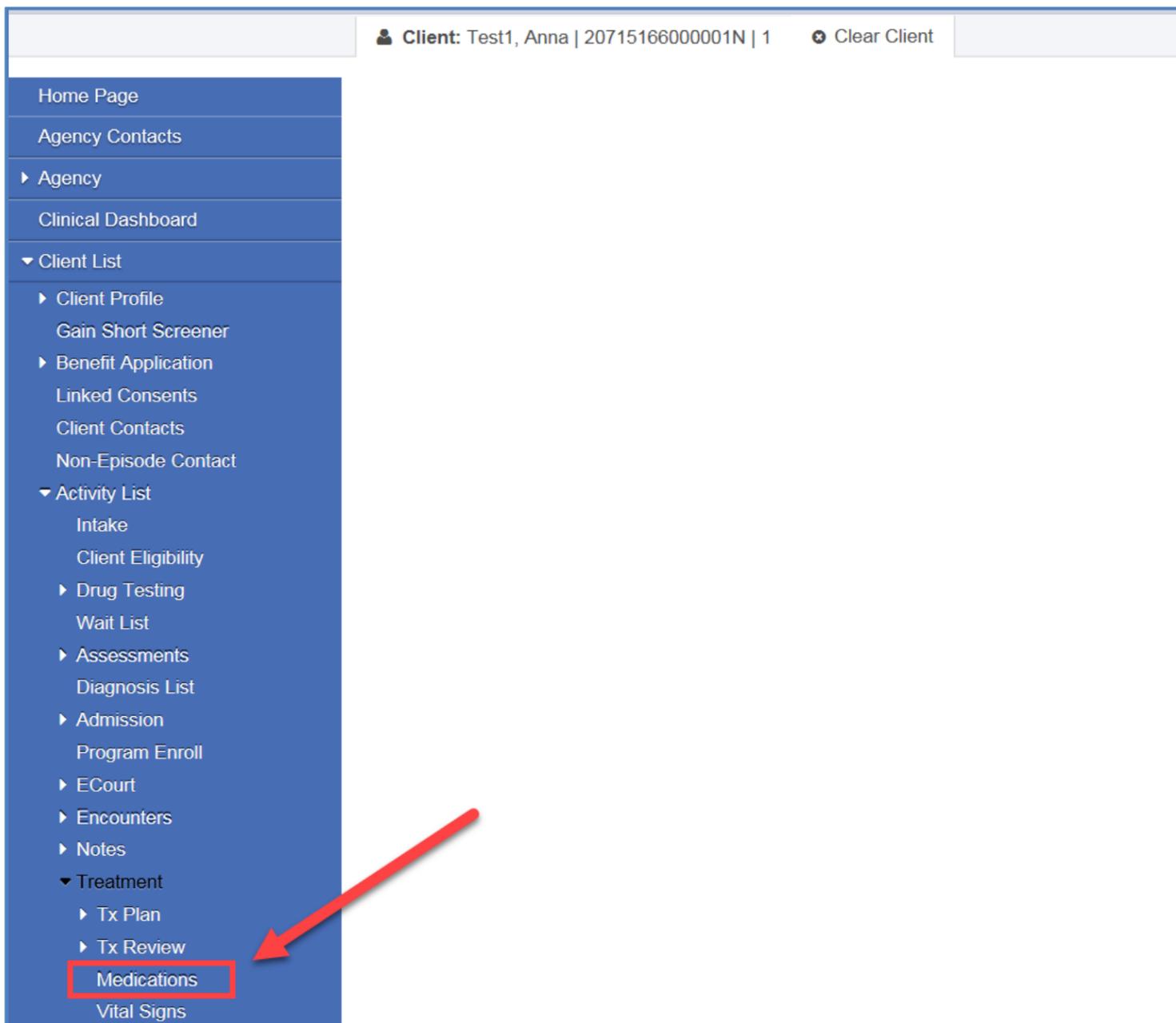
Adding a Medication to the Medication List

1. Begin on the Client Activity List.



Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	9/22/2016	9/21/2016	Completed
	Intake Transaction	9/22/2016	9/22/2016	Completed
	Risk Assessment	9/22/2016	9/22/2016	Completed
	Vital Signs	9/22/2016	9/22/2016	Completed

2. Once you're on the Activity List, click **Treatment** on the blue navigation pane.



Client: Test1, Anna | 2071516600001N | 1 Clear Client

- Home Page
- Agency Contacts
- Agency
- Clinical Dashboard
- Client List
 - Client Profile
 - Gain Short Screener
 - Benefit Application
 - Linked Consents
 - Client Contacts
 - Non-Episode Contact
 - Activity List
 - Intake
 - Client Eligibility
 - Drug Testing
 - Wait List
 - Assessments
 - Diagnosis List
 - Admission
 - Program Enroll
 - ECourt
 - Encounters
 - Notes
 - Treatment
 - Tx Plan
 - Tx Review
 - Medications**
 - Vital Signs

- Click **Medications** on the blue navigation pane.

The screenshot shows the 'Medications' interface. At the top, there are search filters for 'Prescribed Date Begin', 'Prescribed Date End', and 'Medication Category', along with 'Clear' and 'Go' buttons. Below this is a section for 'Medications List for Test4, Anna' with a 'Current Medications' table. The table has columns: Actions, Medication Type, Dose, Route, Frequency, Date Prescribed, Date Discontinued, and Prescribed By. At the bottom right of the table area, the 'Add New Medication' button is highlighted with a red box, and a red arrow points to it from the right.

- Click **Add New Medication**.

The screenshot shows the 'Add New Medication' form. Fields for 'Medication Category', 'Medication', 'Dose', 'Frequency', 'PRN', 'Route', 'Date Prescribed', 'Date Discontinued', and 'Transmitted' are highlighted in yellow. The 'Staff Prescriber' dropdown menu is highlighted with a red box, and the 'Non staff prescriber' link is also highlighted with a red box. Two red arrows point to these elements from the right. At the bottom, there are 'Cancel', 'Save', and 'Finish' buttons.

- If the medication was prescribed by a staff member, select his or her name in the Staff Prescriber field. Otherwise, click [Non staff prescriber](#).

The screenshot shows the 'Medications' section of a software interface. At the top, there are search filters for 'Prescribed Date Begin', 'Prescribed Date End', and 'Medication Category'. Below this is a table titled 'Medications List for Test4, Anna'. The table has columns for 'Actions', 'Medication Type', 'Dose', 'Route', 'Frequency', 'Date Prescribed', 'Date Discontinued', and 'Prescribed By'. A red arrow points to the 'Route' column. Below the table is the 'Add New Medication' form. The form contains several input fields: 'Medication Category' (dropdown), 'Medication' (dropdown), 'Dose' (text), 'Frequency' (text), 'PRN' (dropdown), 'Route' (dropdown), 'Date Prescribed' (calendar), 'Date Discontinued' (calendar), 'Transmitted' (dropdown), 'Staff Prescriber' (text), 'Non Staff Prescriber' (text), 'Source Of Information' (dropdown), 'Fulfillment Instructions' (text area), and 'Number Refills' (text). At the bottom of the form are three buttons: 'Cancel', 'Save', and 'Finish'. Red arrows point to the 'Save' and 'Finish' buttons.

6. Complete the following fields.

- Medication Category – select the medication category.
- Medication – the field will populate based on the medication category selected. Select the medication name.
- Dose – enter the dosage.
- Frequency – enter the frequency.
- Non Staff Prescriber – enter the name of the prescriber.
- Source of Information – select the source of the information of the prescription.
- Route – select the route.
- Date Prescribed – the field will populate with today's date. Update as needed.

7. Click  and .

Miscellaneous Notes

There are two categories of Notes: Encounter Notes and Miscellaneous Notes. Encounter Notes will not be utilized by a BHCCC.

Purpose: Miscellaneous Notes are used to document information about a client while they are at the BHCCC.

Creating a Miscellaneous Note



The Intake must be completed before a Miscellaneous Note can be created.



BHCCCs will not be using the alert function on Miscellaneous Notes.

1. Begin on the Client Activity List.

Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	9/22/2016	9/21/2016	Completed
	Intake Transaction	9/22/2016	9/22/2016	Completed
	Risk Assessment	9/22/2016	9/22/2016	Completed
	Vital Signs	9/22/2016	9/22/2016	Completed

2. Once you're on the Activity List, click **Notes** on the blue navigation pane.

Notes Search

Start Date: 1/19/2016 End Date: 1/18/2017

Allow Disclosure of Note:

Notes List

Actions	Note Type	Date	Duration	Staff	Service/Summary

3. Click **Add New Misc. Note**.



When Release these Notes is set to No, the note will not be available to view by another agency if the record is consented. For example, if the client has Consent with another agency, and No is selected, the other agency will not be able to view the note.

Miscellaneous Notes

Author Name: 18, Trainee
Author Title:
Created Date:

Note Type: Service Date: Duration:

Program: Start Time: Alert:

Frequency: End Time: Was Report Sent to State:

Summary:

Signed Notes:

Unsigned Notes:

Release these notes?

4. Complete the following fields.

- Note Type – select the note type.
- Service Date – enter the date.
- Start Time – enter the start time as HH:MM.
- End Time – enter the end time as HH:MM.
- Summary – enter a Summary.
- Release these notes? – the field will populate with No. Update as needed.



Spell check your Unsigned Notes before clicking Sign Note. A signed note becomes read-only and cannot be edited. To make a change, type an amendment in the unsigned notes box and click Sign Note.



Click **Add Note** to display additional note space in addition to the expandable Unsigned Note section.

5. Enter notes in the Unsigned Note section.

6. When the notes are complete, click **Sign Note**.

7. The Signed Note becomes read-only and an electronic signature and time stamp is created in the Signed Notes section.

8. Click **Save** and click **Finish**.

Deleting a Miscellaneous Note



Miscellaneous Notes in WITS are considered a part of the client’s official electronic health record (EHR). It is your agencies responsibility to ensure you are adhering to the documentation standards set forth by IDAPA.

Contact your Agency WITS Administrator for assistance requesting the deletion of a Miscellaneous Note.

Printing a Miscellaneous Note

1. Begin on the Client Activity List.

Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	9/22/2016	9/21/2016	Completed
	Intake Transaction	9/22/2016	9/22/2016	Completed
	Risk Assessment	9/22/2016	9/22/2016	Completed
	Vital Signs	9/22/2016	9/22/2016	Completed
	Miscellaneous Note Summary	10/17/2016	10/17/2016	Not Applicable

2. Once you’re on the Activity List, click **Notes** on the blue navigation pane

Notes Search

Start Date End Date

Allow Disclosure of Note

Notes List [Add New Misc. Note](#)
[Print Notes](#) [Add New Encounter Note](#)

Actions	Note Type	Date	Duration	Staff	Service/Summary
	Crisis Note	10/17/2016	15 Min	18, Trainee	Notes Summary Here

3. The Notes Search page displays. The Start Date defaults to one year ago from today's date and the End Date defaults to today's date. If necessary, update the search criteria and click .

Notes Search

Start Date End Date

Allow Disclosure of Note

Notes List [Add New Misc. Note](#)
[Print Notes](#) [Add New Encounter Note](#)

Actions	Note Type	Date	Duration	Staff	Service/Summary
Review	Crisis Note	10/17/2016	15 Min	18, Trainee	Notes Summary Here

4. Hover over the and click **Review** under Actions for the Miscellaneous Note.

Oral Health Crisis Center, Bonneville County CC

Client: Test4, Anna | 10901192000001N | 1

Miscellaneous Notes

Author Name: 18, Trainee
Author Title:
Created Date: 10/17/2016 2:20 PM

Note Type Service Date Duration

Program Start Time Alert [Mark Alert](#)

Frequency End Time Was Report Sent to State

Summary

Signed Notes

Release these notes?

Unsigned Notes

5. Click .

Miscellaneous Notes Printed: 10/17/2016

Behavioral Health Crisis Center Client Name: Test4, Anna

MPI:

Date of Birth: 09/01/1992

Service Date:	Note/Service Type:	Author:
10/17/2016	Crisis Note	18, Trainee
Start Time:	End Time:	Duration:
8:00 AM	8:15 AM	15 Min
Program:		
Summary:		
Notes Summary Here		
Signed Note:		
Signed by 18, Trainee, 10/17/2016 3:53:43 PM: Enter notes in the Unsigned Note section		
Unsigned Note:		

6. The report will display as a PDF in a separate window. Click (the print icon). Close the window when finished.

Miscellaneous Notes

Author Name: 18, Trainee
Author Title:
Created Date: 10/17/2016 2:20 PM

Note Type	Crisis Note	Service Date	10/17/2016	Duration	15	Min
Program		Start Time	8:00 AM	Alert	No	Mark Alert
Frequency		End Time	8:15 AM	Was Report Sent to State		

Summary: Notes Summary Here

Signed Notes: Signed by 18, Trainee, 10/17/2016 3:53:43 PM:
Enter notes in the Unsigned Note section

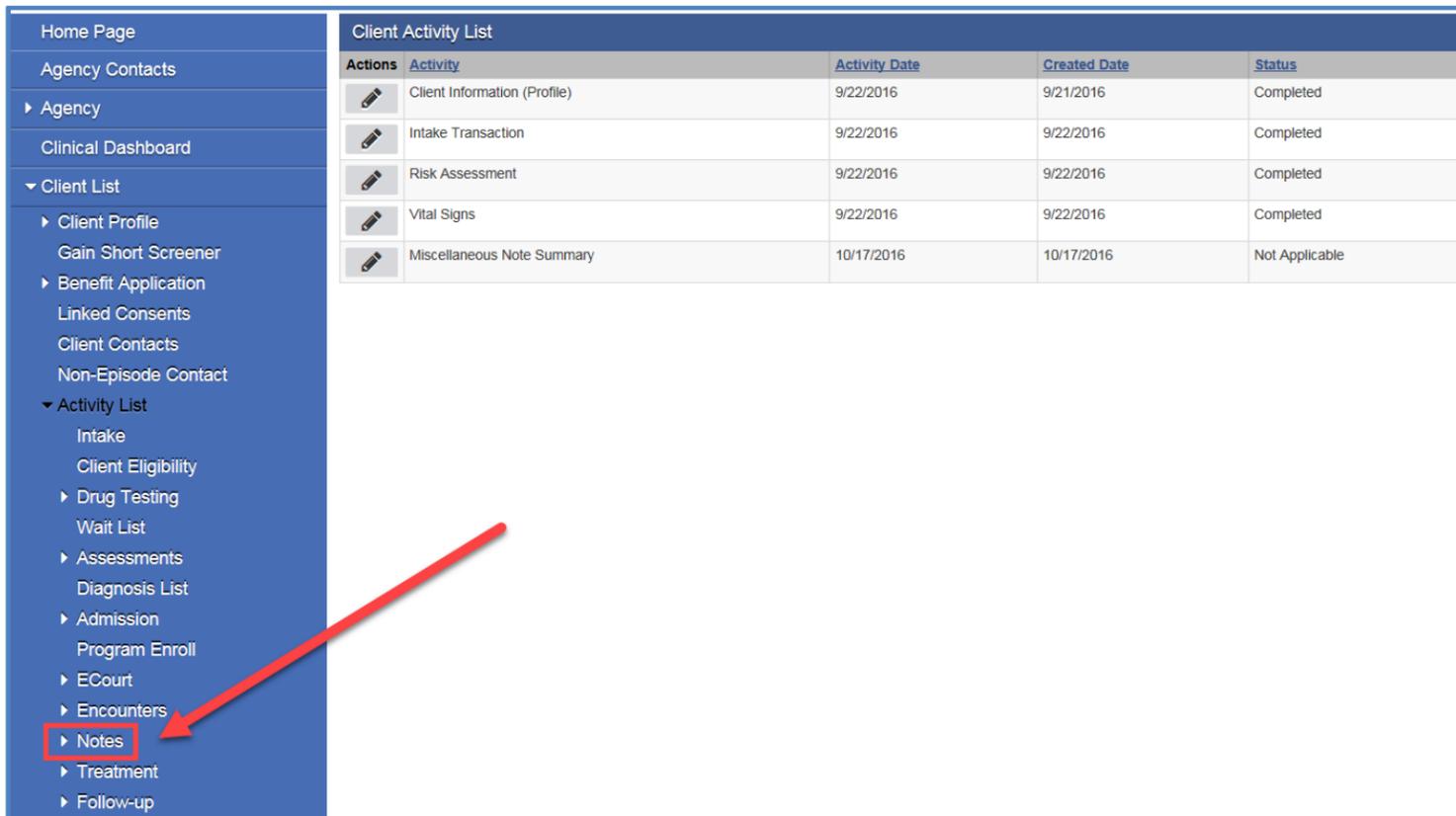
Unsigned Notes:

Release these notes? No

7. Click .

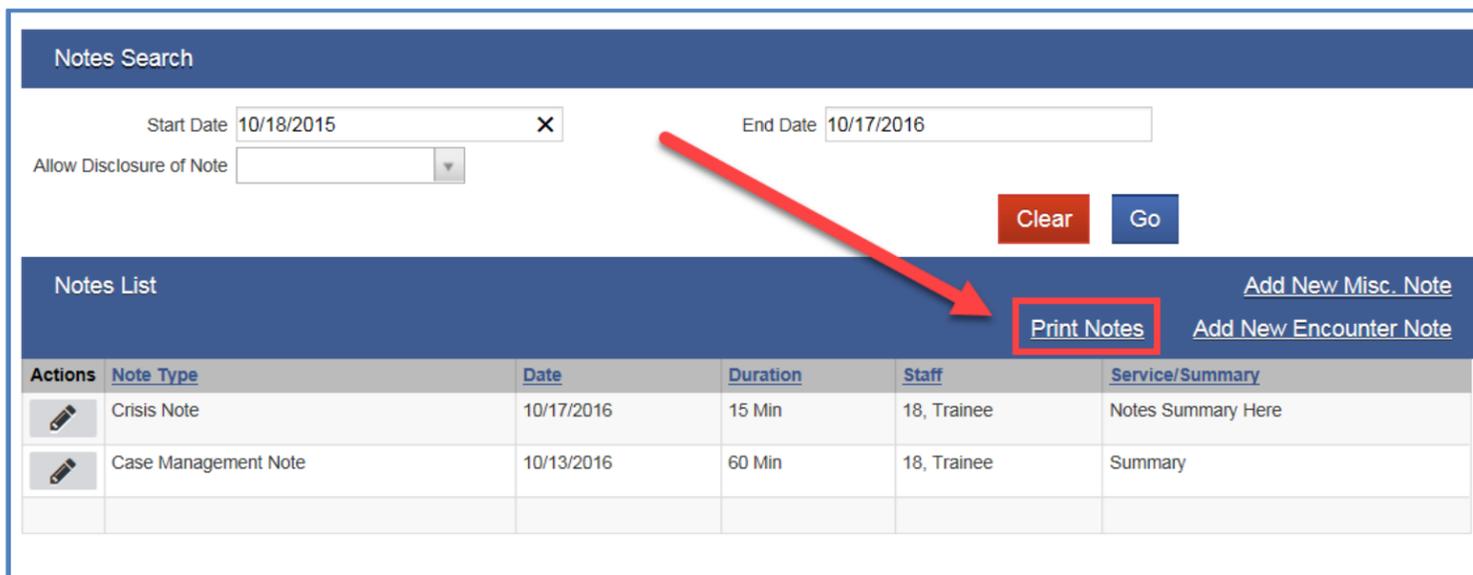
Printing multiple Miscellaneous Notes from the Notes List

1. Begin on the Client Activity List.



Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	9/22/2016	9/21/2016	Completed
	Intake Transaction	9/22/2016	9/22/2016	Completed
	Risk Assessment	9/22/2016	9/22/2016	Completed
	Vital Signs	9/22/2016	9/22/2016	Completed
	Miscellaneous Note Summary	10/17/2016	10/17/2016	Not Applicable

2. Once you're on the Activity List, click **Notes** on the blue navigation pane.



Actions	Note Type	Date	Duration	Staff	Service/Summary
	Crisis Note	10/17/2016	15 Min	18, Trainee	Notes Summary Here
	Case Management Note	10/13/2016	60 Min	18, Trainee	Summary

3. The Note Search page displays. Click **Print Notes**.



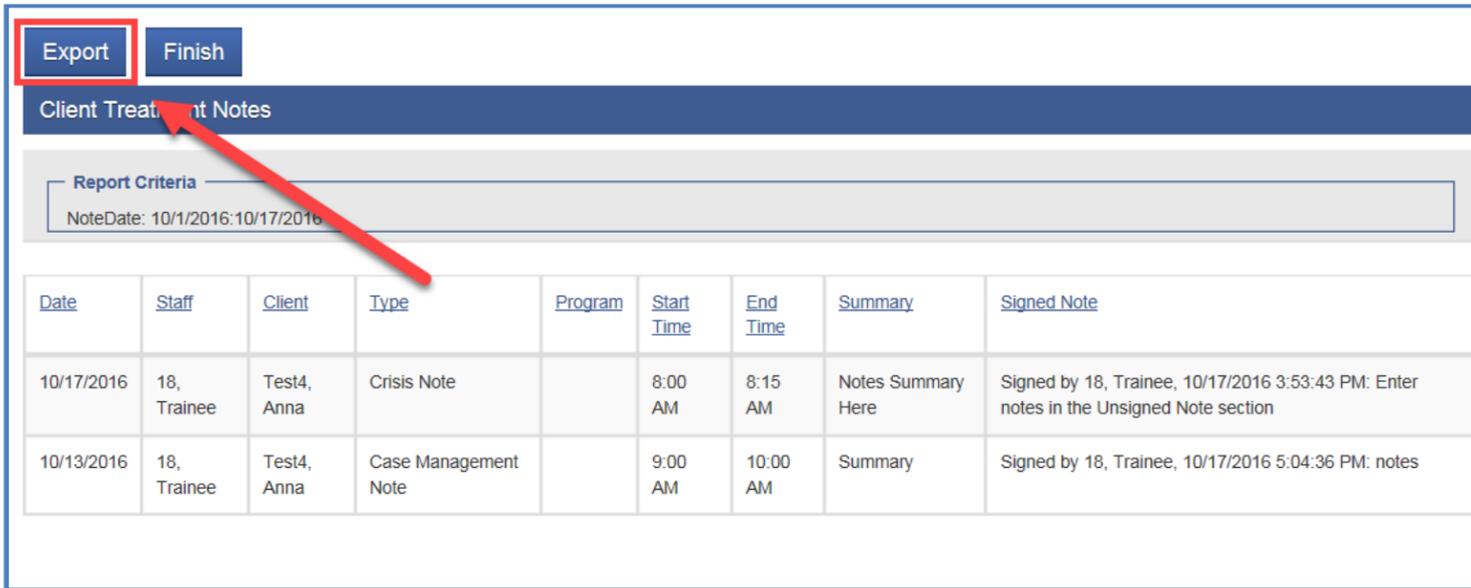
To specify a date range enter the Note Date with the format: Start Date : End Date. See the screenshot below for an example.



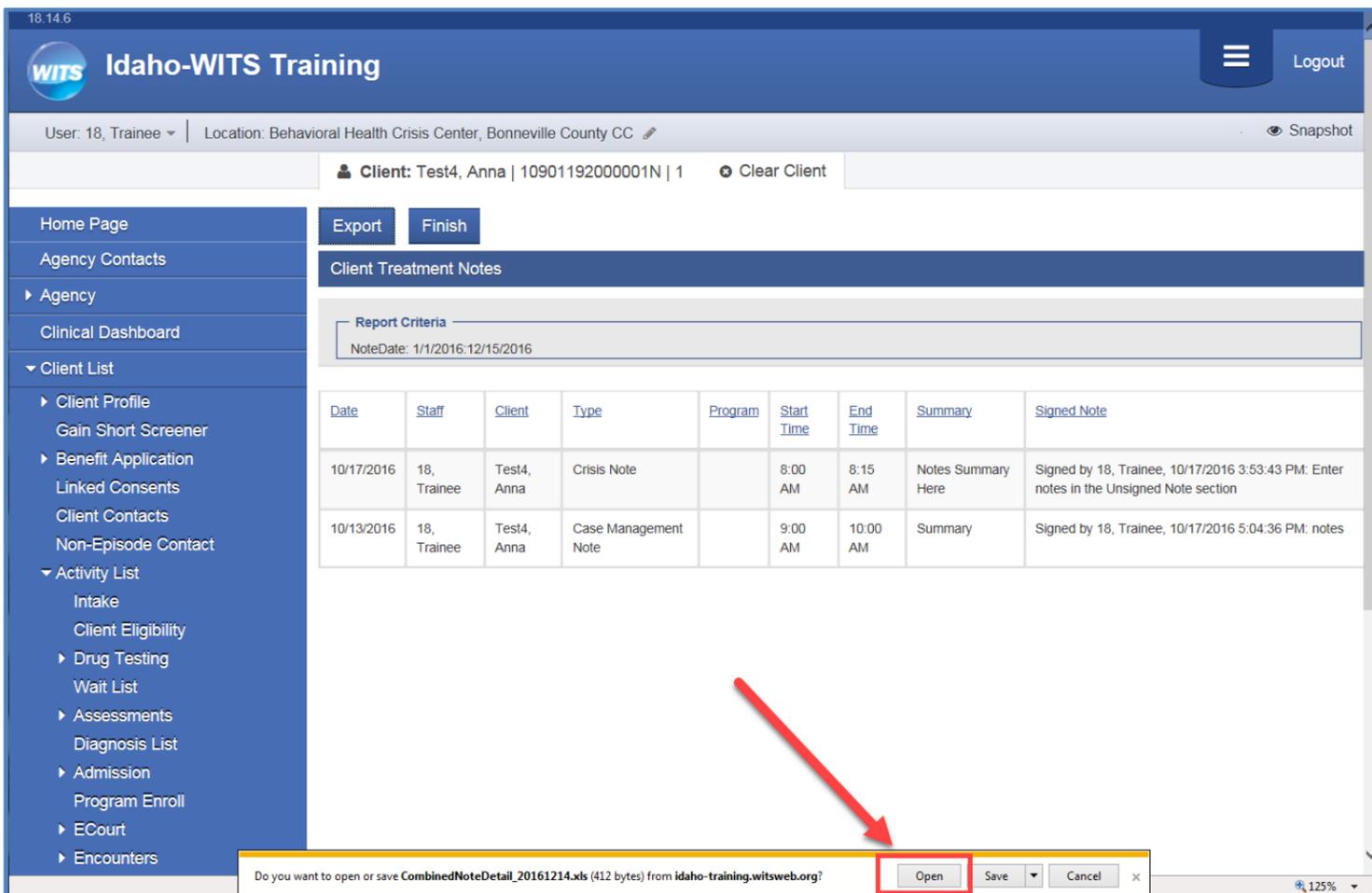
Enter range of dates for notes (<Begin Date>:<End Date>)

Note Date

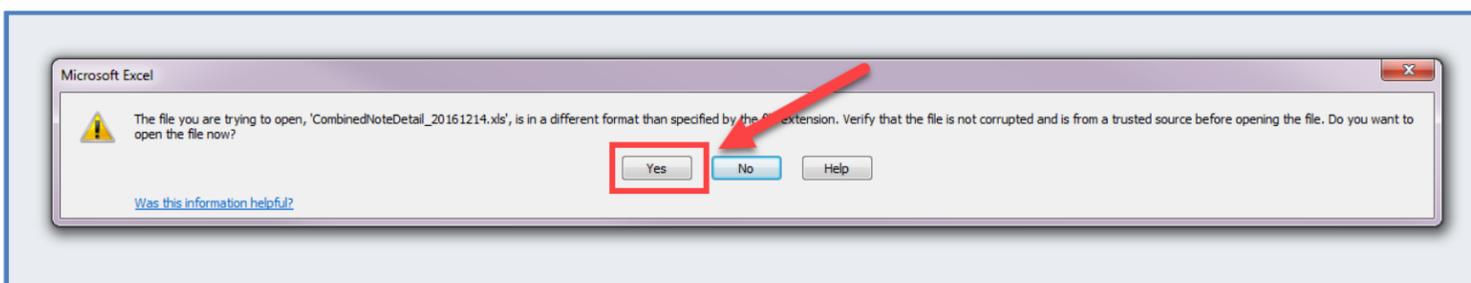
4. Complete the Date Range for the notes and click **Go**.



5. The Client Notes display for the selected date range. Export it to Excel by clicking **Export**.



6. Click **Open**.



7. If the warning message above displays, click **Yes**.

Date	Staff	Client	Type	Program	Start Time	End Time	Summary	Signed Note	Unsigned Note
10/17/2016	18, Trainee	Test4, Anna	Crisis Note		8:00 AM	8:15 AM	Notes Summary Here	Signed by 18, Trainee, 10/17/2016 3:53:43 PM:	Enter notes in the Unsigned Note section
10/13/2016	18, Trainee	Test4, Anna	Case Management Note		9:00 AM	10:00 AM	Summary	Signed by 18, Trainee, 10/17/2016 5:04:36 PM:	notes

8. The client notes will be displayed in Excel.

Date	Staff	Client	Type	Program	Start Time	End Time	Summary	Signed Note
10/17/2016	18, Trainee	Test4, Anna	Crisis Note		8:00 AM	8:15 AM	Notes Summary Here	Signed by 18, Trainee, 10/17/2016 3:53:43 PM: Enter notes in the Unsigned Note section
10/13/2016	18, Trainee	Test4, Anna	Case Management Note		9:00 AM	10:00 AM	Summary	Signed by 18, Trainee, 10/17/2016 5:04:36 PM: notes

9. Click .

Non-Episode Contact Note

Purpose: Non-episode contact notes record contact with a client or a potential client without starting an episode of care. They should only be used to document when a client contacts the BHCCC and the client is not physically at the BHCCC.

Creating a Non Episode Contact



When there is not enough information to create a Client Profile (client's first name, last name, birthdate and SSN), always enter a non-Episode contact note in the Anonymous Adult client record.



When a client contacts the BHCCC and the client is not physically at the BHCCC, create a non-episode contact note to document the activity.

1. Begin on the Client Profile.

2. Once you're on the Client Profile, click **Non-Episode Contact** on the blue navigation pane.

3. Click **Add New Non-Episode Contact Record**.

4. Complete the following fields.

- Contact Date – enter the date.
- Start Time– enter the start time as HH:MM.
- End Time– enter the end time as HH:MM.
- Duration – the field will populate with the duration based on the start and end time.
- Contacted By – the field will populate with the name of the person creating the non-episode contact. Update as needed.
- Contact Reason – select the contact reason.
- Location – select the location of the client.
- Contact Type – select the contact type.
- Follow-Up Steps – select all applicable follow-up step(s) and move to Follow-Up Steps Selected.

The screenshot shows a web form titled "Non-Episode Contact Note". The form is divided into several sections. The top section contains fields for Contact Date (10/14/2016), Start Time (8:00 AM), End Time (8:15 AM), Duration (15 Minutes), Contacted By (18, Trainee), Contact Reason (Crisis), Location (Office), Contact Type (Walk In), and Created Date (10/14/2016 10:35 AM). Below these are fields for Referral, Referring Agency, and Referred By (First Name, Last Name, Phone). A large text area for "Signed Notes" is present, followed by an "Unsigned Notes" section with a red box around it and a red arrow pointing to it. Below the unsigned notes is an "Outcome" dropdown and a "Reason for Ineligibility" field. A "Sign Note" button is highlighted with a red box and a red arrow. The bottom section is titled "Follow-Up" and contains two lists: "Follow-Up Steps" (Crisis - Medicaid Consumer, Crisis - Medicaid Consumer, Law enforcement) and "Follow-Up Steps Selected" (Behavioral Health Crisis Center). At the bottom are "Cancel", "Save", and "Finish" buttons.

5. Enter notes in the Unsigned Note section.

6. When the notes are complete, click  .

Non-Episode Contact Note

Contact Date: 10/14/2016
 Start Time: 9:00 AM End Time: 9:15 AM
 Duration: 15 Minutes
 Contacted By: Van Skike, Anna
 Referral:
 Referring Agency:
 Referred By - First Name:
 Referred By - Last Name:
 Referred By - Phone:
 Contact Reason: Crisis
 If Other, Specify:
 Location: Office
 Contact Type: Walk In
 Severity Rating:
 Created Date: 2/13/2017 3:43 PM

Signed Notes: Signed by Van Skike, Anna, 2/13/2017 3:44:39 PM:
 Add Notes Here

Unsigned Notes:
 Outcome:
 Reason for Ineligibility:
 Sign Note

Follow-Up

Follow-Up Steps: Crisis - Medicaid Consumer, Crisis - Medicaid Consumer, Law enforcement
 Follow-Up Steps Selected: Behavioral Health Crisis Center
 Cancel Save Finish

7. The Signed Note becomes Read Only and an electronic signature and time stamp is created in the Signed Notes section.

Non-Episode Contact Note

Contact Date: 10/14/2016
 Start Time: 9:00 AM End Time: 9:15 AM
 Duration: 15 Minutes
 Contacted By: Van Skike, Anna
 Referral:
 Referring Agency:
 Referred By - First Name:
 Referred By - Last Name:
 Referred By - Phone:
 Contact Reason: Crisis
 If Other, Specify:
 Location: Office
 Contact Type: Walk In
 Severity Rating:
 Created Date: 2/13/2017 3:43 PM

Signed Notes: Signed by Van Skike, Anna, 2/13/2017 3:44:39 PM:
 Add Notes Here

Unsigned Notes:
 Outcome:
 Reason for Ineligibility:
 Sign Note

Follow-Up

Follow-Up Steps: Crisis - Medicaid Consumer, Crisis - Medicaid Consumer, Law enforcement
 Follow-Up Steps Selected: Behavioral Health Crisis Center
 Cancel Save Finish

8. Click **Save** and **Finish**.

Deleting a Non-Episode Contact Note



Non-Episode Contact Notes in WITS are considered a part of the client's official electronic health record (EHR). It is your agencies responsibility to ensure you are adhering to the documentation standards set forth by IDAPA.

Contact your Agency WITS Administrator for assistance requesting the deletion of a Non-Episode Contact Note.

Program Enrollment

Purpose: The Crisis Program Enrollment allows a Crisis Evaluation to be created.

Creating a Crisis Program Enrollment



An Intake and a Crisis Program Enrollment must be created before a Crisis Evaluation can be conducted.



Only one Crisis Program Enrollment is allowed in each episode of care.

1. Begin on the Client Activity List.

Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	10/4/2016	10/4/2016	Completed
	Intake Transaction	10/4/2016	10/4/2016	In Progress (Details)

2. Once you're on the Client Activity List, click **Program Enroll** on the blue navigation pane.

Actions	Program Name	Start Date	End Date	Facility	Notes

3. Click **Add Enrollment**.

Program Enrollment Profile

Facility: Bonneville County CC

Program Name: Crisis

Program Staff: 18, Trainee

Start Date: 10/4/2016

End Date: [Date Picker]

Buttons: Cancel, Save, Finish

4. Complete the following fields.

- Facility – the field will populate with the facility selected on the Intake (where the client is receiving services).
- Program Name – select Crisis.
- Program Staff – the field will populate with the name of the person creating the Program Enrollment. Update as needed.
- Start Date – the field will populate with today's date. Update as needed.

5. Click **Save** and **Finish**.

6. Clicking Save will immediately open the Crisis Evaluation.

Closing a Crisis Program Enrollment



The Crisis Evaluation must have a status of completed before the Crisis Program Enrollment can be closed.

1. Begin on the Client Activity List.

Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	10/3/2016	10/3/2016	Completed
	Intake Transaction	10/3/2016	10/3/2016	Completed
	Client Program Enrollment (Crisis)	10/3/2016	10/3/2016	Completed
	Review	10/4/2016	10/4/2016	Completed

2. Once you're on the Client Activity List, hover over the and click **Review** under Actions for the Crisis Program Enrollment.

Program Enrollment Profile

Facility: Bonneville County CC

Program Name: Crisis

Program Staff: 18, Trainee

Termination Reason:

Notes:

Days on Wait List:

Start Date: 10/3/2016

End Date:

Administrative Actions

[Crisis Evaluation](#)

Cancel Save Finish

3. Enter the End Date (date the client is leaving the BHCCC).

Program Enrollment Profile

Facility: Bonneville County CC

Program Name: Crisis

Program Staff: 18, Trainee

Termination Reason:

Notes:

Days on Wait List:

Start Date: 10/3/2016

End Date: 10/17/2016

Administrative Actions

[Crisis Evaluation](#)

Cancel Save Finish

4. Select the Termination Reason (why the client is leaving the BHCCC).

Program Enrollment Profile

Facility: Bonneville County CC

Program Name: Crisis

Program Staff: 18, Trainee

Termination Reason: Transferred

Notes:

Days on Wait List:

Start Date: 10/3/2016

End Date: 10/4/2016

Administrative Actions

[Crisis Evaluation](#)

Cancel Save Finish

5. Click **Save** and **Finish**.

Closing a Crisis Program Enrollment from the Crisis Evaluation

1. Begin on the Client Activity List.

Client Activity List				
Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	10/5/2016	7/19/2016	Completed
	Intake Transaction	10/5/2016	10/5/2016	Completed
	Client Program Enrollment (Crisis)	10/5/2016	10/5/2016	Completed
Review	Crisis Evaluation	10/5/2016	10/5/2016	In Progress (Details)

2. Once you're on the Client Activity List, hover over the and click **Review** under Actions for the Crisis Evaluation.

Mobile Crisis Evaluation

Client Name: Test6, Anna **Client ID:** 11001143000001N
Age: 73 **MPI:**
DOB: 10/1/1943 **SSN:** 000-00-0000

Program Enrollment: Bonneville County CC/Crisis : 10/3/2016 -
Evaluation Date: 10/4/2016 **Evaluation Time:** 8:00 AM **Evaluator:** 18, Trainee
Evaluation Location: Crisis Center
Diagnosis Type: Mental Health & Substance Use Diag... **Police Department:** Shelley Police Department

Presenting Problem: notes
Treatment History: notes
Substance Abuse: notes
Medications Reported: notes
Medical History: notes
Assessment of Imminent Risk: notes

Evaluation Outcome: SUD Crisis Services provided
Transport ED: N/A **CIT Clinician Present:**
Arrest Made: Yes **Most Serious Charge:**
Disposition Date: 10/4/2016 **Disposition Time:** 10:30 AM
Disposition Referral: Community Hospital **Disposition Facility:** Jail
Other Disposition Facility:

Comments:

Treatment Team

[Add New](#)

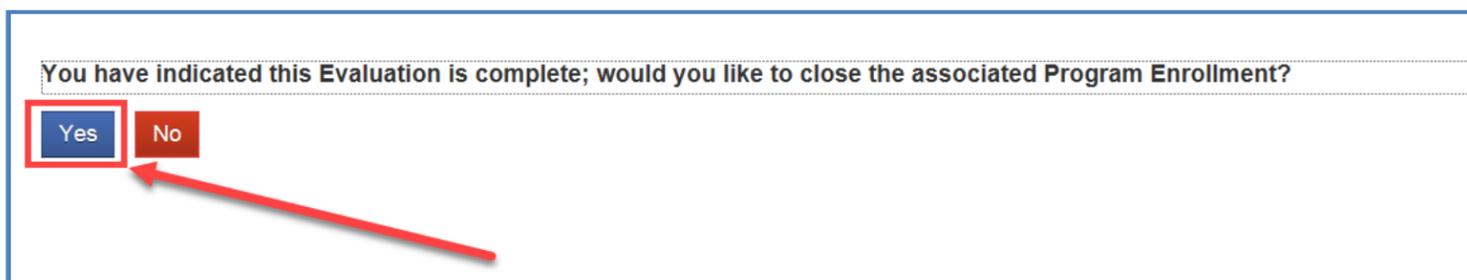
Actions	Team Member Name	Is Primary Care Member?	Review Member	Role/Relation	Start Date	End Date

Addresses

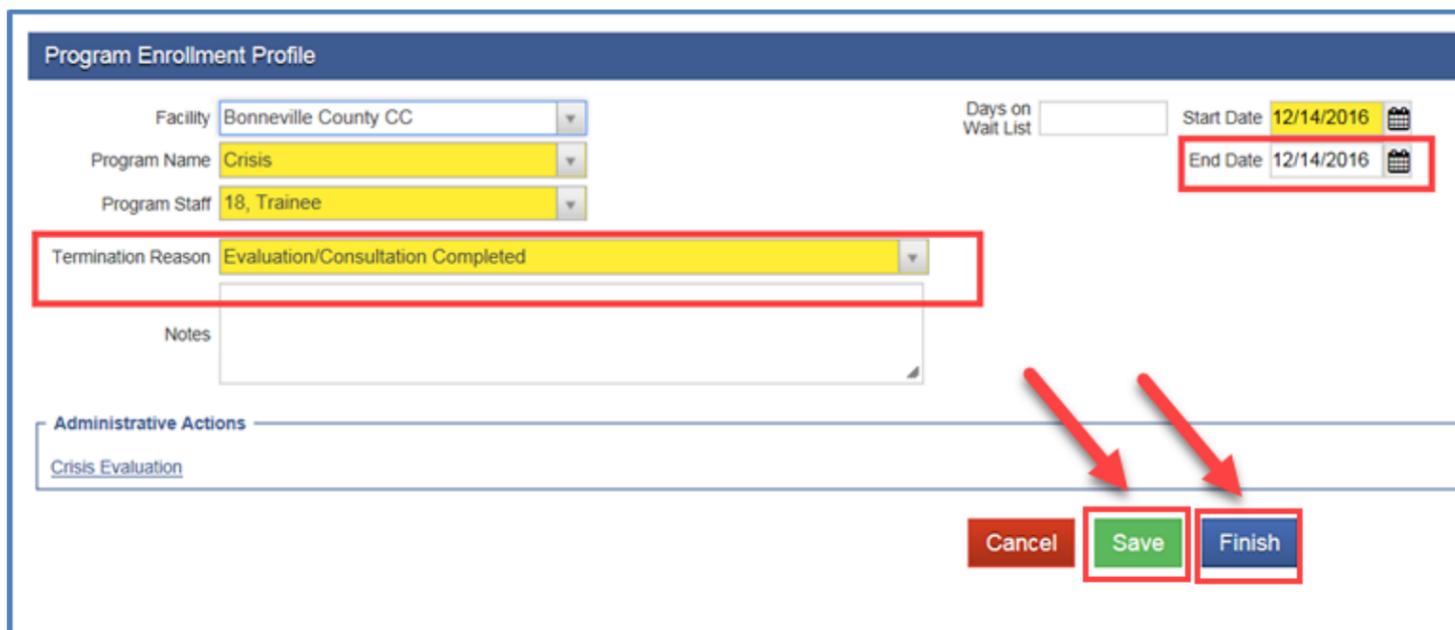
[Add New](#)

Actions	Address Type	Address	Confidential	Created	Updated
	Client Last Known	123 test street, boise, Idaho 83702	No	10/3/2016	10/3/2016

3. Once you're on the Crisis Evaluation and you have completed all the yellow fields, click .



4. Click  to close the Crisis Program Enrollment or click  to cancel.



5. If you clicked  the Program Enrollment Profile will display. The End Date will populate with today's date and the Termination Reason will be Evaluation/Consultation Completed.
6. Click  and .

Referrals

Purpose: Referrals are used to refer a client to another agency.

Creating a Referral from the Consent Page



There must be a signed consent in WITS before a Referral record can be saved.

1. Begin on the Client Activity List.

Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	9/22/2016	9/21/2016	Completed
	Intake Transaction	9/22/2016	9/22/2016	Completed
	Consent (IDHW, DBH, Region 7)	9/22/2016	10/17/2016	Completed
	Risk Assessment	9/22/2016	9/22/2016	Completed
	Vital Signs	9/22/2016	9/22/2016	Completed
	Client Program Enrollment (Crisis)	10/3/2016	10/17/2016	Completed
	Miscellaneous Note Summary	10/17/2016	10/13/2016	Not Applicable

2. Once you're on the Client Activity List, click **Consent** on the blue navigation pane.

Actions	Start Date	Disclosed To	Status	Signed?	Created Date	Revocation Date
	7/19/2016	IDHW, DBH, Region 7	Active	Yes	10/6/2016	
Review						

3. Hover over the and click **Review** under Actions for the consent.

Client Disclosure Agreement **Create Referral Using this Disclosure Agreement**

Note: Consented information may not be redisclosed.
Client Name: Test1, Anna
Unique Client Number: 2071516600001N
Disclosed From Agency: Behavioral Health Crisis Center

Entities with Disclosure Agreements: IDHW, DBH, Region 7
System Agency: Yes
Disclosed To Agency: IDHW, DBH, Region 7
Disclosed To Entity (Non System Agency):
Purpose for disclosure: training
Earliest date of services to be consented: 7/19/2016
Has the client signed the paper agreement form: Yes Date client signed consent: 10/6/2016

Client Information To Be Consented

Expiration Type:
*Expiration type is required for disclosure activities.

Client Information Options
Admission
ASAM
CAFAS® Assessment
CALOCUS Assessment
Client Eligibility
CONTINUUM™
Court Admission
Court Case Management
Court Charge Received
Court Client Eligibility

Disclosure Selection
Client Information (Profile) (UD, +3)
Consent (UD, +30)
Crisis Evaluation (UD, +30)
Drug Test Results (UD, +30)
Intake Transaction (UD, +30)
Risk Assessment (DS, 10/6/2017)

*Expiration type is required for disclosure activities.
Comments: Other Disclosures:

Administrative Actions
[Print General Consent](#) [Print Criminal Justice Consent](#)

Finish **Revoke**

4. Click **Create Referral Using this Disclosure Agreement**.

Referral

Referred By
Agency: Behavioral Health Crisis Center
Facility: Bonneville County CC
Staff Member: 18, Trainee
Program:
State Reporting Category:

Reason
If Other:
Is Consent Verification Required?:
Is Consent Verified?:
Continue This Episode of Care?: No

Comments:
Referral Status: Referral Created/Pending
Referral Date: 10/13/2016
Projected End Date:
Created Date: 10/13/2016 10:25 AM

Referred To
Signed Consents:
Agency: IDHW, DBH, Region 7
Facility:
Staff Member:
Program:
State Reporting Category:
Non-System Agency:
Non-System Modality:
Non-System Specifier:
Appt Date: Undetermined
Consents Granted:
Consent Date: 7/19/2016
Disclosure Domains:
Client Information (Profile) (UD, +30)
Crisis Evaluation (UD, +30)
Consent (UD, +30)

Cancel **Save** **Finish**

5. Complete the following fields.

- Referred By
 - Reason – select the reason for the Referral.
 - Is Consent Verification Required? – select Yes.
 - Is Consent Verified? – select Yes.
 - Continue This Episode of Care? – select No.
 - Referral Status – the field will populate with Referral Created/Pending.
 - Referral Date – the field will populate with today's date. Update as needed.
- Referred To
 - Signed Consents – the field will populate the agency selected on the consent.
 - Facility – select the facility for the agency.
 - Program – select the program (typically assessment).

Referral

Referred By

Agency Behavioral Health Crisis Center

Facility Bonneville County CC

Staff Member 18, Trainee

Program

State Reporting Category

Reason Client requested referral

If Other

Is Consent Verification Required? Yes

Is Consent Verified? Yes

Continue This Episode of Care? No

Comments

Referral Status Referral Created/Pending

Referral Date 10/13/2016

Projected End Date

Created Date 10/13/2016 10:25 AM

Referred To

Signed Consents IDHW, DBH, Region 7

Agency IDHW, DBH, Region 7

Facility Idaho Falls

Staff Member

Program Assessment Only (-103)

State Reporting Category

Non-System Agency

Non-System Modality

Non-System Specifier

Appt Date Undetermined

Consents Granted

Consent Date: 7/19/2016

Disclosure Remains:

Client Information (Profile) (UD, +30)

Crisis Evaluation (UD, +30)

Consent (UD, +30)

Cancel Save Finish

6. Click  and .

Creating a Referral from the Referral List



There must be a signed consent in WITS before a Referral record can be saved.

1. Begin on the Client Activity List.

Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	9/22/2016	9/21/2016	Completed
	Intake Transaction	9/22/2016	9/22/2016	Completed
	Consent (IDHW, DBH, Region 7)	9/22/2016	10/17/2016	Completed
	Risk Assessment	9/22/2016	9/22/2016	Completed
	Vital Signs	9/22/2016	9/22/2016	Completed
	Client Program Enrollment (Crisis)	10/3/2016	10/17/2016	Completed
	Miscellaneous Note Summary	10/17/2016	10/13/2016	Not Applicable

2. Once you're on the Client Activity List, click **Referrals** on the blue navigation pane.

Actions	Name	Referred To Agency	Referred To Facility	Non System Agency	Referred To Modality	Referral Status

3. Click **Add New Client Referral Record**.

Referred By

Agency: Behavioral Health Crisis Center
 Facility: Bonneville County CC
 Staff Member: 18, Trainee
 Program:
 State Reporting Category:
 Reason:
 If Other:
 Is Consent Verification Required?
 Is Consent Verified?
 Continue This Episode of Care? No

Referred To

Signed Consents:
 Agency: IDHW, DBH, Region 7
 Facility:
 Staff Member:
 Program:
 State Reporting Category:
 Non-System Agency:
 Non-System Modality:
 Non-System Specifier:
 Appt Date: Undetermined

Consents Granted
 Consent Date: 7/19/2016
 Disclosure Domains:
 Client Information (Profile) (UD, +30)
 Crisis Evaluation (UD, +30)
 Consent (UD, +30)

Referral Status: Referral Created/Pending
 Referral Date: 10/13/2016
 Projected End Date:
 Created Date: 10/13/2016 10:25 AM

Cancel Save Finish

4. Complete the following fields.

- Referred By
 - Reason – select the reason for the Referral.
 - Is Consent Verification Required? – select Yes.
 - Is Consent Verified? – select Yes.
 - Continue This Episode of Care? – select No.
 - Referral Status – the field will populate with Referral Created/Pending.
 - Referral Date – the field will populate with today's date. Update as needed.
- Referred To
 - Signed Consents – the field will populate the agency selected on the consent.
 - Facility – select the facility for the agency.
 - Program – select the program (typically assessment).

Referral

Referred By

Agency Behavioral Health Crisis Center

Facility Bonneville County CC

Staff Member 18, Trainee

Program

State Reporting Category

Reason Client requested referral

If Other

Is Consent Verification Required? Yes

Is Consent Verified? Yes

Continue This Episode of Care? No

Comments

Referral Status Referral Created/Pending

Referral Date 10/13/2016

Projected End Date

Created Date 10/13/2016 10:25 AM

Referred To

Signed Consents IDHW, DBH, Region 7

Agency IDHW, DBH, Region 7

Facility Idaho Falls

Staff Member

Program Assessment Only (-103)

State Reporting Category

Non-System Agency

Non-System Modality

Non-System Specifier

Appt Date Undetermined

Consents Granted

Consent Date: 7/19/2016

Disclosure Remains:

Client Information (Profile) (UD, +30)

Crisis Evaluation (UD, +30)

Consent (UD, +30)

Cancel Save Finish

5. Click  and .

Deleting a Client Referral



Referrals in WITS are considered a part of the client's official electronic health record (EHR). It is your agencies responsibility to ensure you are adhering to the documentation standards set forth by IDAPA.



Referrals with a Status of Placed/Accepted cannot be deleted.

1. Begin on the Client Activity List.

Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	9/22/2016	9/21/2016	Completed
	Intake Transaction	9/22/2016	9/22/2016	Completed
	Consent (IDHW, DBH, Region 7)	9/22/2016	10/17/2016	Completed
	Risk Assessment	9/22/2016	9/22/2016	Completed
	Vital Signs	9/22/2016	9/22/2016	Completed
	Client Program Enrollment (Crisis)	10/3/2016	10/17/2016	Completed
	Miscellaneous Note Summary	10/17/2016	10/13/2016	Not Applicable

2. Once you're on the Client Activity List, click **Referrals** on the blue navigation pane.

Actions	Name	Referred To Agency	Referred To Facility	Non System Agency	Referred To Modality	Referral Status
	Test1, Anna	IDHW, DBH, Region 7	Idaho Falls		Assessment	Referral Created/Pending

3. The Referral List displays. Hover over the and click **Delete** under Actions for the Referral record you want to delete.

Are you sure that you want to delete?

Yes **No**

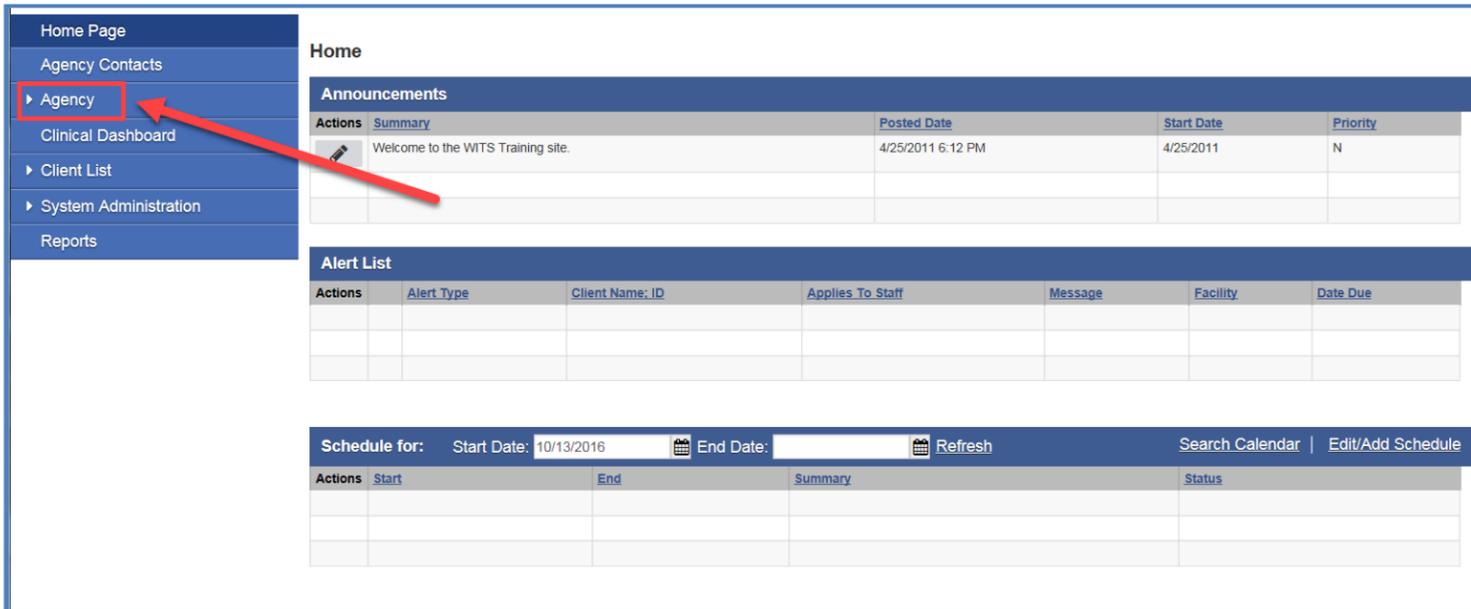
4. Click **Yes** to delete the Referral record or click **No** to cancel.

Reviewing the (Referred Out) Client Referrals



You can review the Referrals your agency has created from the Referrals Out page.

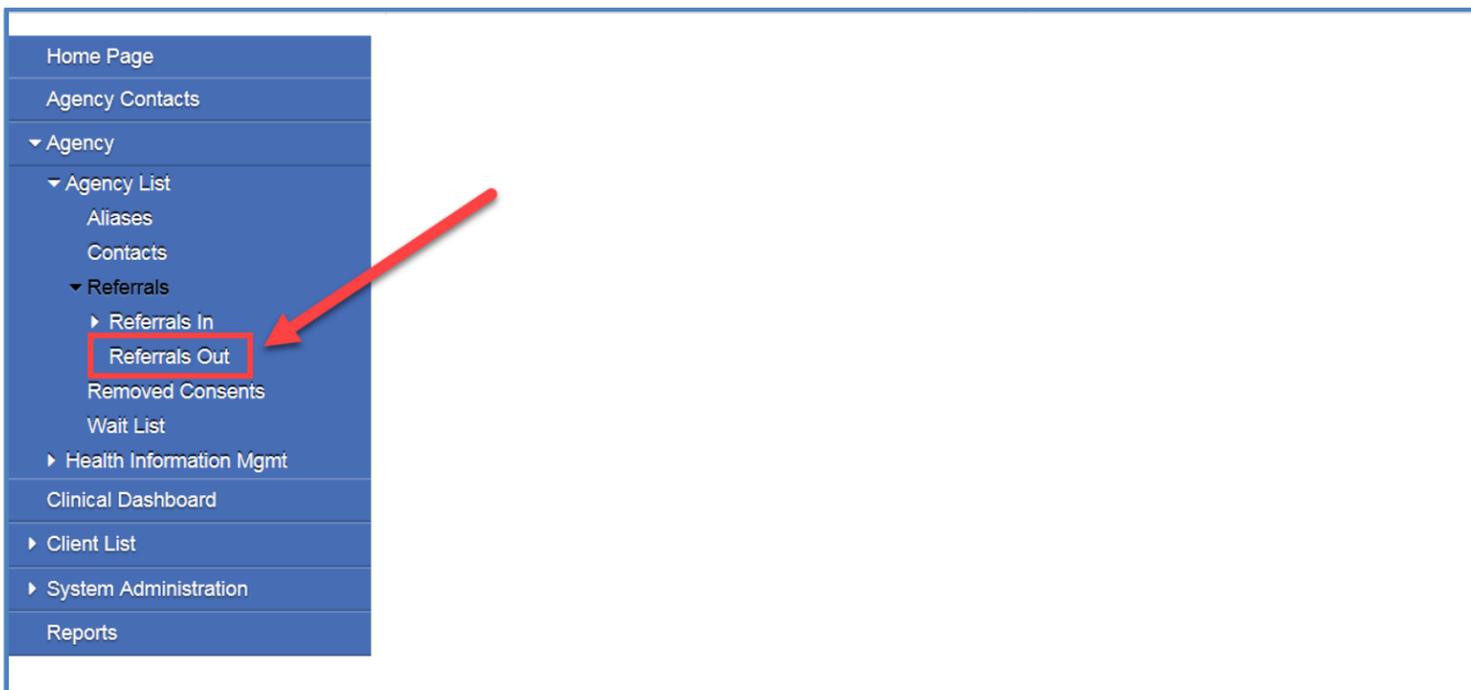
1. Begin on the Home Page.



2. Click **Agency** on the blue navigation pane.



3. Click **Referrals** on the blue navigation pane.



4. Click **Referrals Out** on the blue navigation pane.

Referrals Out Search

Referral Status Codes
 Placed/Accepted
 Referral Terminated
 Refused Treatment
 Rejected by Program

Search Criteria
 Referral Created/Pending

Unique Client Number Created Date Referred Date

First Name Last Name

Clear Go

Referrals from Bonneville County CC (Export)

Actions	Name	Created Date	Referral Status	Referred To Agency	Referred To Facility	Non System Agency	Referred To Modality	Referral Comments

5. Enter the search criteria and click **Go**.

Referrals Out Search

Referral Status Codes
 Placed/Accepted
 Referral Terminated
 Refused Treatment
 Rejected by Program

Search Criteria
 Referral Created/Pending

Unique Client Number Created Date Referred Date

First Name Last Name

Clear Go

Referrals from Bonneville County CC (Export)

Actions	Name	Created Date	Referral Status	Referred To Agency	Referred To Facility	Non System Agency	Referred To Modality	Referral Comments
	Crisis, AB	11/6/2014	Referral Created/Pending	IDHW, DBH, Region 6	Pocatello		Assessment	
	Crisis, H	8/7/2015	Referral Created/Pending	IDHW, DBH, Region 7	Idaho Falls		Assessment	
	and Jill, Jack	3/31/2016	Referral Created/Pending	Behavioral Health Crisis Center	Bonneville County CC		Crisis	
	Christmas, Merry	3/31/2016	Referral Created/Pending	Behavioral Health Crisis Center	Bonneville County CC		Crisis	
	Test1, Anna	10/13/2016	Referral Created/Pending	IDHW, DBH, Region 7	Idaho Falls		Assessment	

Review

6. Hover over the and click **Review** under Actions to view a Referral record.

Referral

Referred By

Agency Behavioral Health Crisis Center
 Facility Bonneville County CC
 Staff Member 18, Trainee
 Program Bonneville County CC/Crisis : 10/11/2016 -
 State Reporting Category
 Reason Client requested referral
 If Other
 Is Consent Verification Required? Yes
 Is Consent Verified? Yes
 Continue This Episode of Care? No

Comments

Referral Status Referral Created/Pending
 Referral Date 10/13/2016
 Projected End Date
 Created Date 10/13/2016 8:48 AM

Referred To

Signed Consents IDHW, DBH, Region 7
 Agency IDHW, DBH, Region 7
 Facility Idaho Falls
 Staff Member
 Program Assessment Only (-103)
 State Reporting Category
 Non-System Agency
 Non-System Modality
 Non-System Specifier
 Appt Date Undetermined

Consents Granted
 Consent Date: 7/13/2016
 Disclosure Domains
 Client Information (Pro... (UD, +30)
 Crisis Evaluation (UD, +30)
 Consent (UD, +30)

Cancel Finish

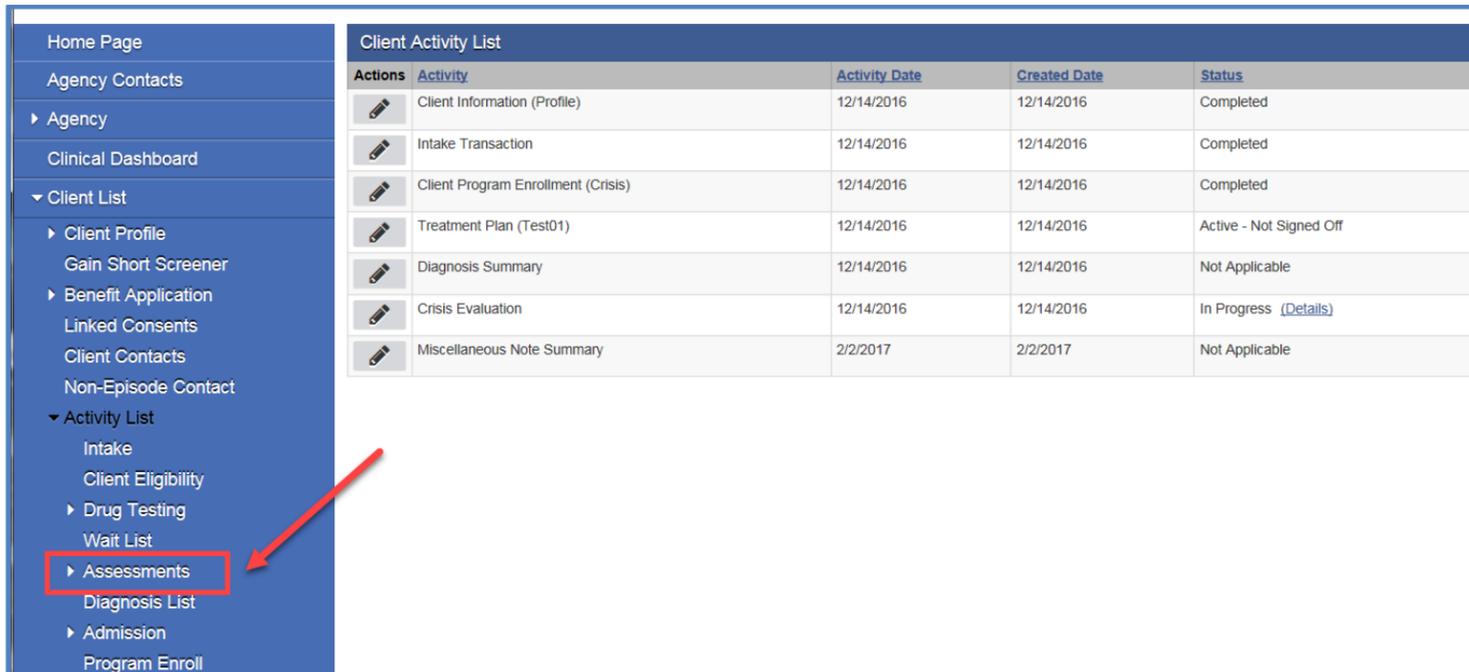
7. The Referral displays. Click **Finish**.

Risk Assessment

Purpose: The risk assessment captures information about suicide factors of a client.

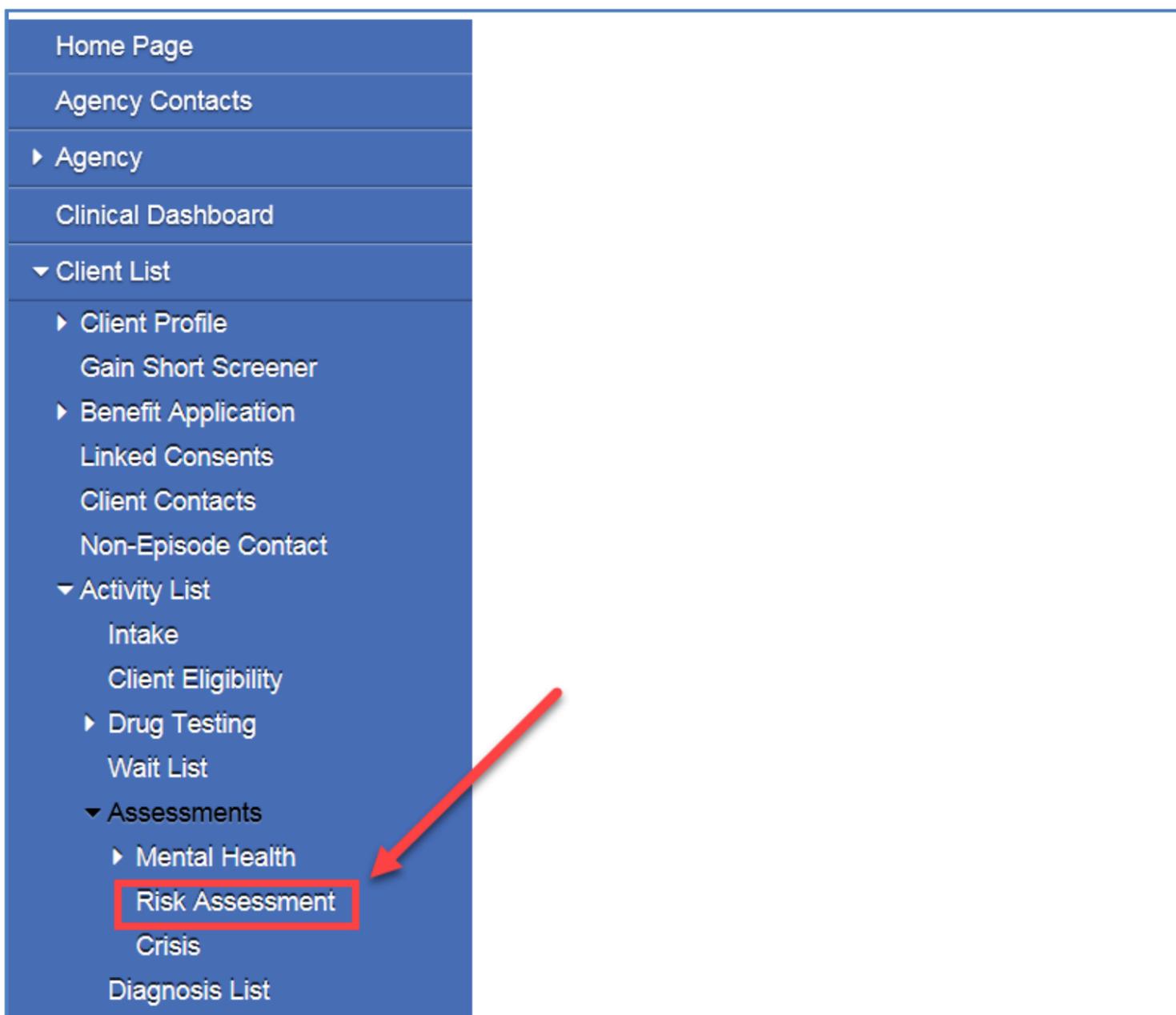
Creating a Risk Assessment

1. Begin on the Client Activity List.



Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	12/14/2016	12/14/2016	Completed
	Intake Transaction	12/14/2016	12/14/2016	Completed
	Client Program Enrollment (Crisis)	12/14/2016	12/14/2016	Completed
	Treatment Plan (Test01)	12/14/2016	12/14/2016	Active - Not Signed Off
	Diagnosis Summary	12/14/2016	12/14/2016	Not Applicable
	Crisis Evaluation	12/14/2016	12/14/2016	In Progress (Details)
	Miscellaneous Note Summary	2/2/2017	2/2/2017	Not Applicable

2. Click **Assessments** on the blue navigation pane.



Home Page
Agency Contacts
▶ Agency
Clinical Dashboard
▼ Client List
▶ Client Profile
Gain Short Screener
▶ Benefit Application
Linked Consents
Client Contacts
Non-Episode Contact
▼ Activity List
Intake
Client Eligibility
▶ Drug Testing
Wait List
▼ Assessments
▶ Mental Health
Risk Assessment
Crisis
Diagnosis List

3. Click **Risk Assessment** on the blue navigation pane.

Risk Assessment List					
Actions	Created Date	Staff	Status	Client Location	Risk Score

Add New



4. Click **Add New**.

Risk Assessment Profile

Client DOB

Was Parent/Guardian Contacted?

Staff

School

Current Employment

Interview Date Time

Location of client at interview

Grade

Rate each Factor as follows:

Suicide Ideation	Risk Level <input type="text" value=""/>	<input type="text"/>
	Comments	<input type="text"/>
Suicide Plan	Risk Level <input type="text" value=""/>	<input type="text"/>
	Comments	<input type="text"/>
Past Attempts	Risk Level <input type="text" value=""/>	<input type="text"/>
	Comments	<input type="text"/>
Resources	Risk Level <input type="text" value=""/>	<input type="text"/>
	Comments	<input type="text"/>
Symptoms of Emotional Disturbance	Risk Level <input type="text" value=""/>	<input type="text"/>
	Comments	<input type="text"/>
Drug/Alcohol Factors	Risk Level <input type="text" value=""/>	<input type="text"/>
	Comments	<input type="text"/>
Medical History	Risk Level <input type="text" value=""/>	<input type="text"/>
	Comments	<input type="text"/>
Psychiatric History	Risk Level <input type="text" value=""/>	<input type="text"/>
	Comments	<input type="text"/>
Recent Loss	Risk Level <input type="text" value=""/>	<input type="text"/>
	Comments	<input type="text"/>

Total score (Low=1-9; Moderate=10-18; Serious=19-27)

Recommendation/Safety Plan

Copies Distributed to

Cancel
Save
Finish

BHCCC eManual: Technical Manual – Last updated: 04/03/2018

5. Complete the following fields.

- Interview Date – the field will populate with today’s date. Update as needed.
- Time– the field will populate the time the record was created. Update as needed.
- Staff – the field will populate the name of the person creating the risk assessment. Update as needed.
- Location of client at Interview – enter the interview location.
- Suicide Ideation – select risk level.
 - Comments – enter comments if applicable.
- Suicide Plan – select risk level.
 - Comments – enter comments if applicable.
- Past Attempts – select risk level.
 - Comments – enter comments if applicable.
- Resources – select risk level.
 - Comments – enter comments if applicable.
- Symptoms of Emotional Disturbance – select risk level.
 - Comments – enter comments if applicable.
- Drug/Alcohol Factors – select risk level.
 - Comments – enter comments if applicable.
- Medical History – select risk level.
 - Comments – enter comments if applicable.
- Psychiatric History – select risk level.
 - Comments – enter comments if applicable.
- Recent Loss – select risk level.
 - Comments – enter comments if applicable.

6. Click  to generate a score.

Risk Assessment Profile

Client DOB 9/1/1992 Current Employment

Was Parent/Guardian Contacted? Interview Date 9/22/2016 Time 5:30 PM

Staff 18, Trainee Location of client at interview Office

School Grade

Rate each Factor as follows:

Suicide Ideation	Risk Level Identifies means of low lethality, no plan for implementation	Enter comments if applicable.
Suicide Plan	Risk Level History of MH treatment and/or suicide in family; resources available	Enter comments if applicable.
Past Attempts	Risk Level More than one prior attempt or attempt with serious threat to life	Enter comments if applicable.
Resources	Risk Level Family/friends supportive, adequate internal resources	Enter comments if applicable.
Symptoms of Emotional Disturbance	Risk Level Change in eating/sleeping, personality, behavior, decline in interest/perfo...	Enter comments if applicable.
Drug/Alcohol Factors	Risk Level Regular usage or pattern of use of alcohol and/or any drug	Enter comments if applicable.
Medical History	Risk Level Medical problems limit participation in normal activities; could recur	Enter comments if applicable.
Psychiatric History	Risk Level Previous counseling/treatment; no major diagnosis	Enter comments if applicable.
Recent Loss	Risk Level No significant material or psychological loss	Enter comments if applicable.

Total score (Low=1-9; Moderate=10-18; Serious=19-27) 16

Recommendation/Safety Plan

Copies Distributed to

Cancel Save Finish

7. Complete the following fields.

- Recommendation/Safety Plan – enter recommendations and or safety plan.
- Copies Distributed to – enter the names of agencies or persons if applicable.

8. Click **Save** and **Finish**.

Treatment (After Care) Plan



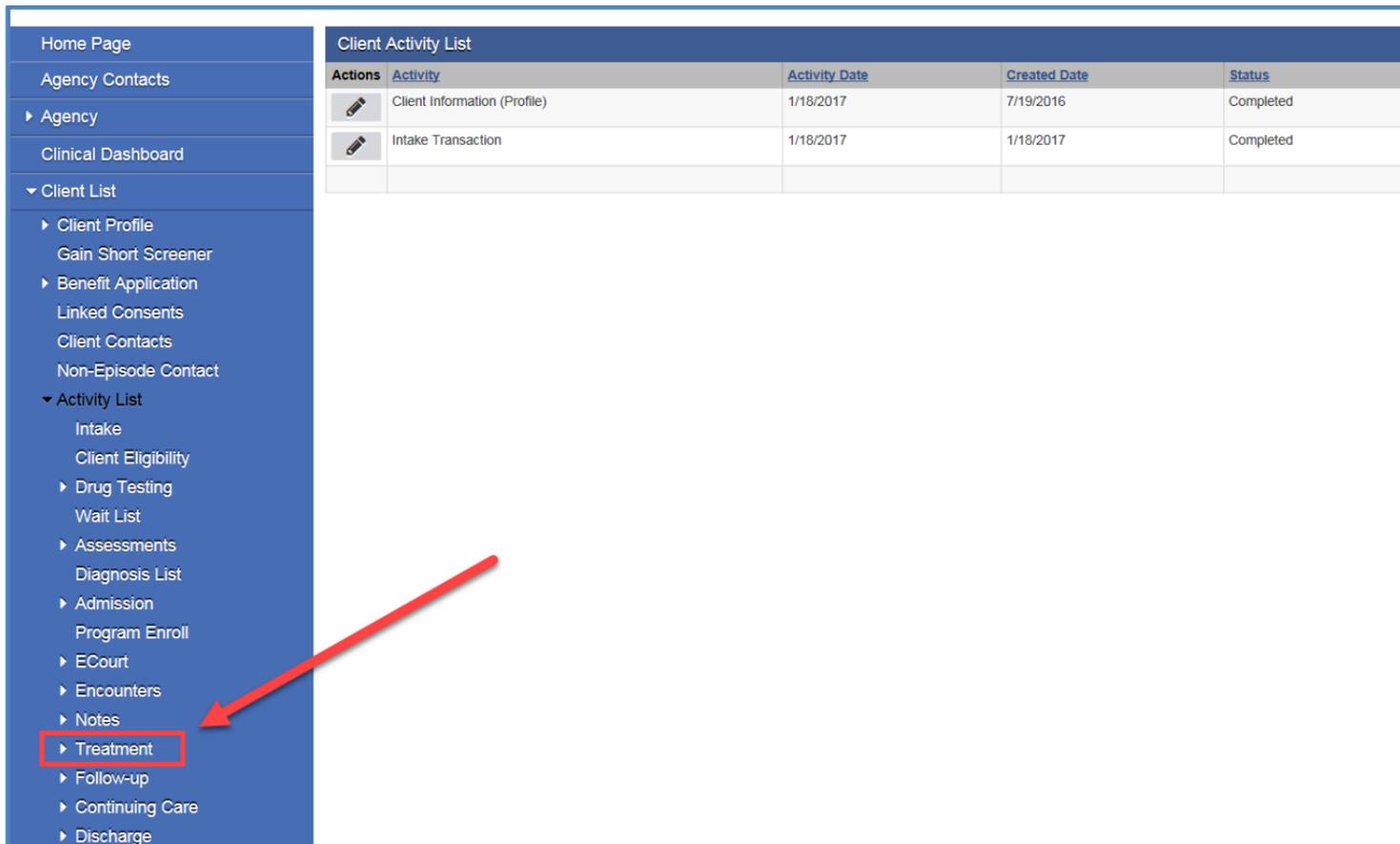
Once a Treatment Plan is completed and signed in WITS, the plan cannot be changed or edited.



A new or draft Treatment Plan can be recorded at any time. A draft is a copy of the original plan with a new version number. This new version of the Treatment Plan can be modified until it is signed in WITS.

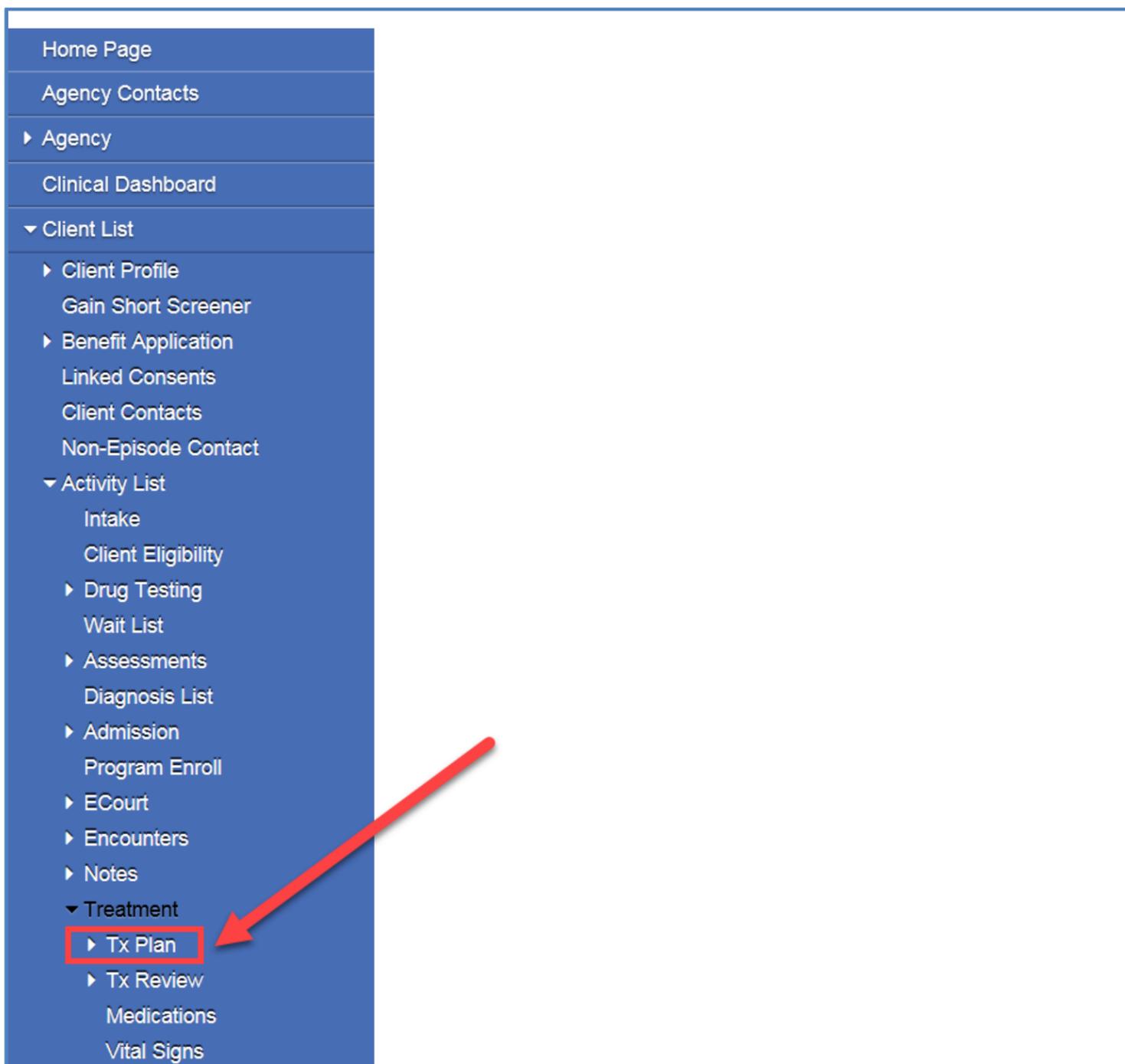
Creating a Treatment (After Care) Plan

1. Begin on the Client Activity List.



Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	1/18/2017	7/19/2016	Completed
	Intake Transaction	1/18/2017	1/18/2017	Completed

2. Click **Treatment** on the blue navigation pane.



- Home Page
- Agency Contacts
- ▶ Agency
- Clinical Dashboard
- ▼ Client List
 - ▶ Client Profile
 - Gain Short Screener
 - ▶ Benefit Application
 - Linked Consents
 - Client Contacts
 - Non-Episode Contact
 - ▼ Activity List
 - Intake
 - Client Eligibility
 - ▶ Drug Testing
 - Wait List
 - ▶ Assessments
 - Diagnosis List
 - ▶ Admission
 - Program Enroll
 - ▶ ECourt
 - ▶ Encounters
 - ▶ Notes
 - ▼ Treatment
 - ▶ **Tx Plan**
 - ▶ Tx Review
 - Medications
 - Vital Signs

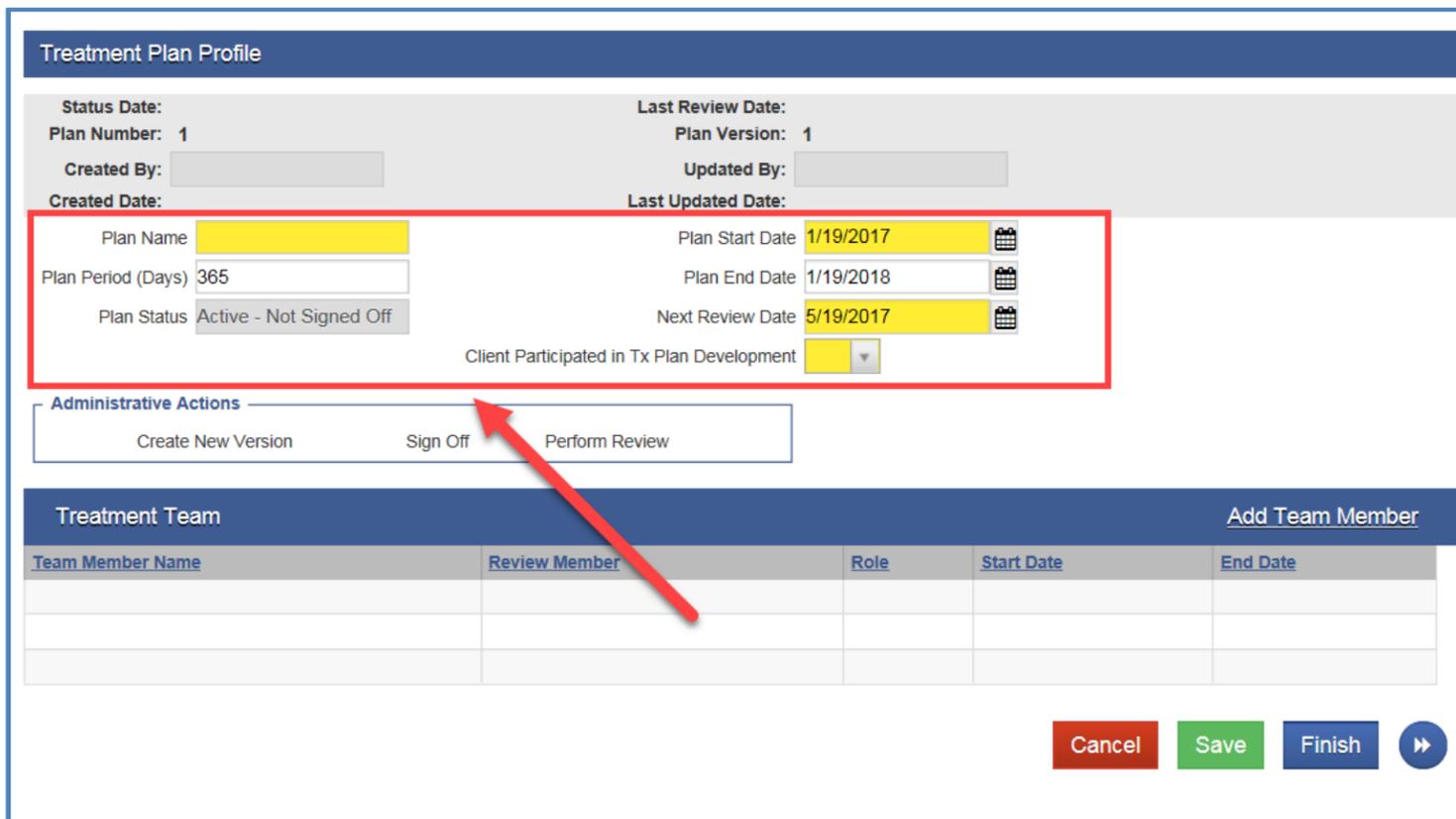
3. Click **Tx Plan** on the blue navigation pane.



4. Click **Add New Treatment Plan Record** on the Treatment Plan List page.



Click Tab after entering the Plan Period (Days) to calculate the Next Review Date.



5. Complete the following fields.

- Plan Name – enter the name of the plan.
- Plan Start Date – the field will populate with today’s date. Update as needed (date the plan expected to be active).
- Plan Period (Days) – enter the timeframe for the treatment plan and click the Tab key. This will calculate the Next Review Date.
- Plan End Date – enter the plan end date.
- Next Review Date –the value is calculated based on the information entered for the Plan Period. Update as needed.
- Client Participated in TX Plan Development – select Yes or No to document the Client’s involvement. If the client does not participate in the Treatment Plan Development, document the reason in the Treatment Plan Overview, Clinical Comments/Recommendations section.



Signature lines for treatment team members will not print on the Treatment Plan paper version unless team members are added electronically in WITS.



Team Members cannot be "deleted" from the list of Team Members. If the individual is no longer an active member of the Treatment Team, the date they ended their involvement will appear in the “End Date” column. The inactive team member’s name will display on drop-down menus for the client for one month after the end date.

Treatment Plan Profile

Status Date: _____ Last Review Date: _____
 Plan Number: 1 Plan Version: 1
 Created By: _____ Updated By: _____
 Created Date: _____ Last Updated Date: _____

Plan Name: Training Tx Plan 01 Plan Start Date: 1/19/2017
 Plan Period (Days): 365 Plan End Date: 1/19/2018
 Plan Status: Active - Not Signed Off Next Review Date: 5/19/2017
 Client Participated in Tx Plan Development: Yes

Administrative Actions
 Create New Version Sign Off Perform Review

Treatment Team Add Team Member

Team Member Name	Review Member	Role	Start Date	End Date

Cancel Save Finish

6. Click **Add Team Member**.

Treatment Team

Actions	Team Member Name	Is Primary Care Member?	Review Member	Treatment Sub Team	Role/Relation	Start Date	End Date

Assign Group Add Team Member

Staff Name: _____ Start Date: _____ End Date: _____
 Non Staff Name: _____ Notes: _____
 Add Collateral Contact
 Role/Relation: _____
 Review Member: _____
 Primary Care Staff: _____
 Deny Access to Client Records: _____

Treatment Sub-Teams: Recovery Selected Sub-Teams: _____

Finish

7. Click **Add Team Member**.



If you need to deny access to a client record for a specific member of your Agency, add them to the Treatment Team, and set 'Deny Access to Client Records' to Yes.

Treatment Team							
Actions	Team Member Name	Is Primary Care Member?	Review Member	Treatment Sub Team	Role/Relation	Start Date	End Date

Assign Group
Add Team Member

Staff Name

Non Staff Name

Role/Relation
 Review Member
 Primary Care Staff
 Deny Access to Client Records

Start Date

End Date

Notes

Treatment Sub-Teams

Selected Sub-Teams

8. Complete the following fields.

- Staff Name – select the staff member’s name. Staff members without an end date in their staff profile will display in the drop-down menu.
- Start Date – enter the start date.
- Role/Relation – select the role or relation of the Treatment Team Member to the client.
- Review member –select Yes or No.
- Primary Care Staff –select Yes or No.
- Deny Access to Client Records –select Yes or No. **If you select Yes the staff member will not be able to view the client.**

Treatment Team							
Actions	Team Member Name	Is Primary Care Member?	Review Member	Treatment Sub Team	Role/Relation	Start Date	End Date

Assign Group
Add Team Member

Staff Name

Non Staff Name

Role/Relation
 Review Member
 Primary Care Staff
 Deny Access to Client Records

Start Date

End Date

Notes

Treatment Sub-Teams

Selected Sub-Teams

9. Once all the information is entered, click Save. Repeat these steps to add additional team members and click Finish.

Treatment Plan Profile

Status Date: _____ Last Review Date: _____
 Plan Number: 1 Plan Version: 1
 Created By: _____ Updated By: _____
 Created Date: _____ Last Updated Date: _____

Plan Name: Training Tx Plan 01 Plan Start Date: 1/19/2017
 Plan Period (Days): 365 Plan End Date: 1/19/2018
 Plan Status: Active - Not Signed Off Next Review Date: 5/19/2017
 Client Participated in Tx Plan Development: Yes

Administrative Actions
 Create New Version Sign Off Perform Review

Treatment Team Add Team Member

Team Member Name	Review Member	Role	Start Date	End Date
18, Trainee	No	Case Manager	1/19/2017	

Cancel Save Finish >>

10. The Treatment Team Members will populate in the Treatment Team section of the Profile. Click .

Treatment Plan

Overview

My current situation is (presenting problem)

My strengths, resources, abilities and interests are

My overall recovery goal is

Possible barriers I might encounter are

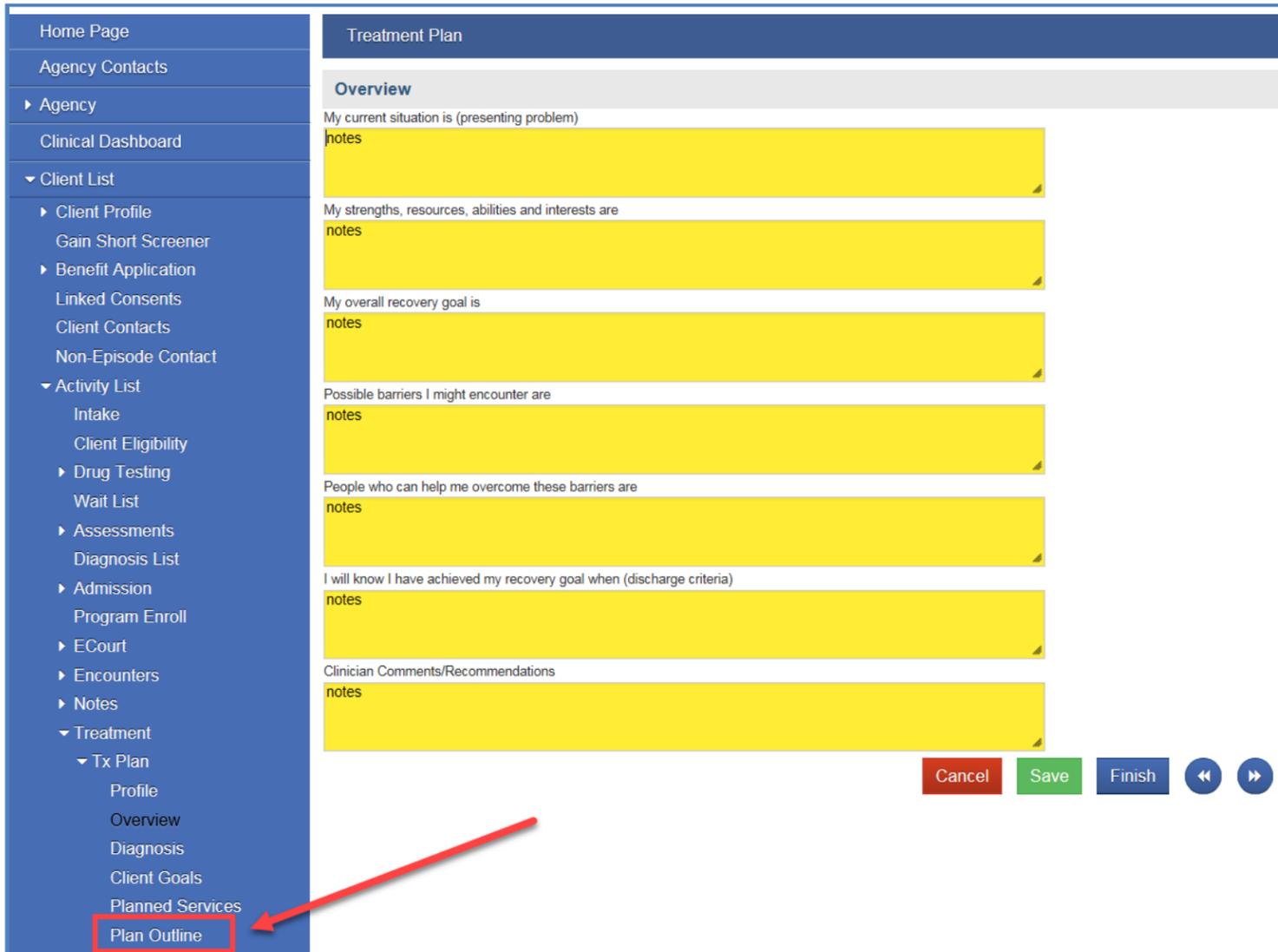
People who can help me overcome these barriers are

I will know I have achieved my recovery goal when (discharge criteria)

Clinician Comments/Recommendations

Cancel Save Finish << >>

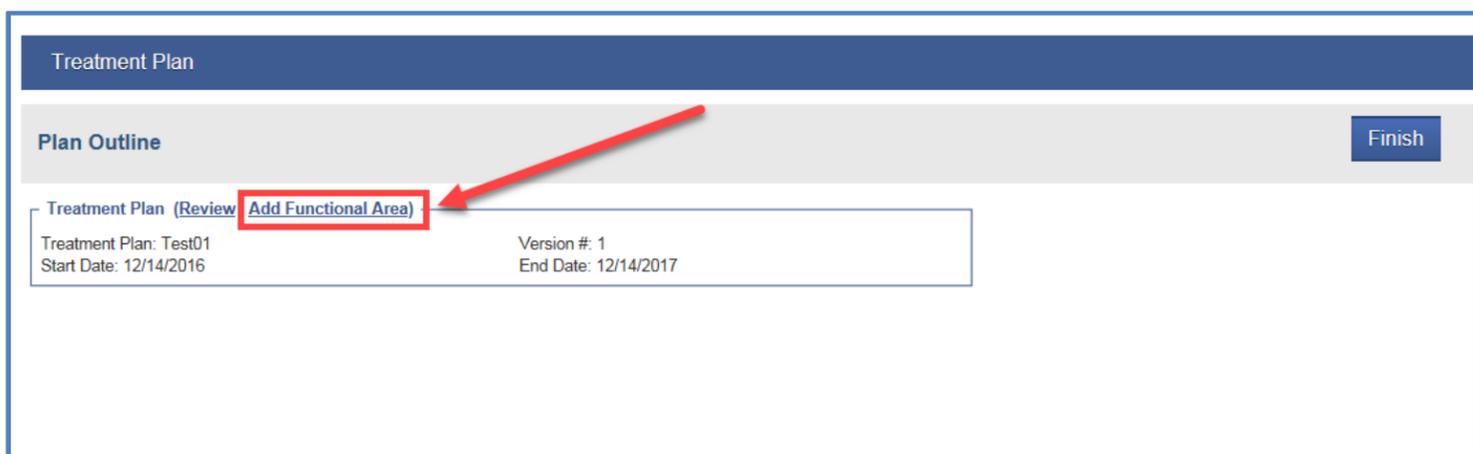
11. Follow the prompts and answer each question. Click .



12. Click **Plan Outline** to navigate to the Treatment Plan Outline.



The Treatment Plan Outline gives an "at a glance" look at the entire Treatment Plan. Review or delete information previously entered, or add new information to the Treatment Plan on this page.



13. Click **Add Functional Area** to add Needs.

Client Need Profile for

Need # 1 Need Date 12/14/2016

Program Name Need Status

Functional Area

My needs in this area are:

My strengths, resources and abilities for this area are:

Goal List [Add Goal](#)

Actions	#	Description	Status

14. Complete the following fields.

- Need Date – the field will populate with today's date. Update as needed.
- Program Name – select the Crisis Program.
- Functional Area – select the Functional Area.
- My needs in this area are: – document the client's description of his/her needs.
- My strengths, resources and abilities for this area are – document the client's description of his/her resources and abilities.

Home Page

Agency Contacts

Agency

Clinical Dashboard

Client List

Client Profile

Gain Short Screener

Benefit Application

Linked Consents

Client Contacts

Non-Episode Contact

Activity List

Intake

Client Eligibility

Drug Testing

Wait List

Assessments

Diagnosis List

Admission

Client Need Profile for

Need # 1 Need Date 12/14/2016

Program Name Bonneville County CC/Crisis : 12/14/2016 - Need Status

Functional Area Community

My needs in this area are: document the client's description of his/her needs the Functional Area in the client's own words

My strengths, resources and abilities for this area are: document the client's description of his/her resources and abilities for the Functional Area in the client's own words

Goal List [Add Goal](#)

Actions	#	Description	Status

15. Click and click to navigate back to the Treatment Plan Outline.

Treatment Plan

Plan Outline

Treatment Plan [\(Review\)](#) [Add Functional Area](#)

Treatment Plan: Test01 Version #: 1
Start Date: 12/14/2016 End Date: 12/14/2017

Need 1 [\(Review\)](#) [\(Delete\)](#) [Add Goal](#)

Functional Area: Cultural
Needs: document the client's description of his/her needs the Functional Area in the client's own words
Strengths: document the client's description of his/her resources and abilities for the Functional Area in the client's own words Need Status:

16. Click [Add Goal](#) to add Goals.



WITS populates the following fields on the Client Goal Profile page as Read Only from the Client Need Profile: Need #, Program Name, Functional Area, Needs, Strengths/Limits.

Client Goal Profile

Need #: 1

Program Name: Bonneville County CC/Crisis : 12/14/2016 -

Functional Area: Cultural

Needs: document the client's description of his/her needs the Functional Area in the client's own words

Strengths/Limits: document the client's description of his/her resources and abilities for the Functional Area in the client's own words

Goal Status: [Dropdown]

My goal in this area is: [Text Area]

I will know I have achieved this goal when: (discharge criteria) [Text Area]

Projected Achievement Date: 4/13/2017 [Calendar Icon] Actual Achievement Date: [Calendar Icon] Deferred Date: [Calendar Icon]

Cancel Save Finish

Objective List [Add Objective](#)

Actions	#	Description	Status

17. Complete the following fields

- Goal Status – select the status of the goal.
- My goal in this area is – enter the goal.
- I will know I have achieved this goal when– enter the client's description.
- Projected Achievement Date – enter the projected achievement date.

Client Goal Profile

Need #: 1

Program Name: Bonneville County CC/Crisis : 12/14/2016 -

Functional Area: Cultural

Needs: document the client's description of his/her needs the Functional Area in the client's own words

Strengths/Limits: document the client's description of his/her resources and abilities for the Functional Area in the client's own words

Goal Status: Continue As Is

My goal in this area is: enter the goal in the client's own words

I will know I have achieved this goal when: (discharge criteria) enter discharge criteria in the client's own words

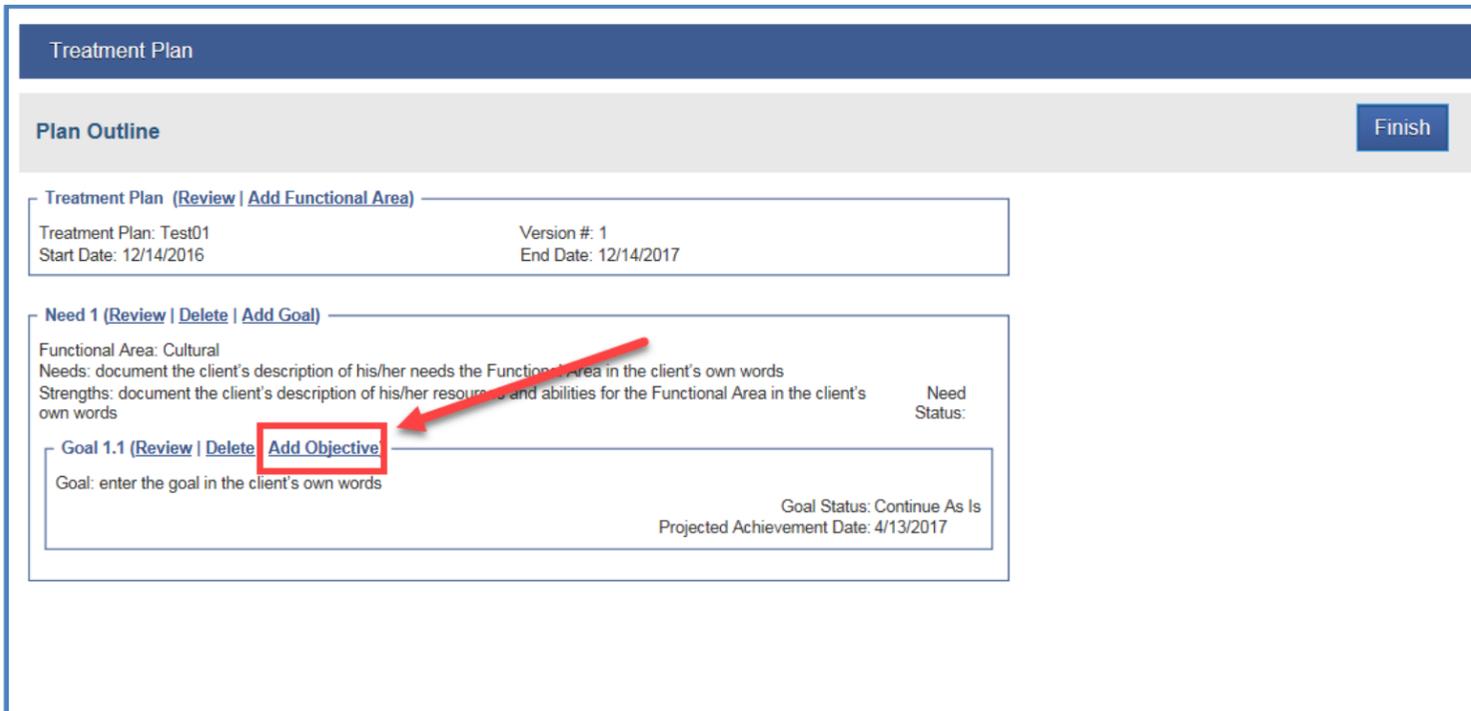
Projected Achievement Date: 4/13/2017 [Calendar Icon] Actual Achievement Date: [Calendar Icon] Deferred Date: [Calendar Icon]

Cancel Save Finish

Objective List [Add Objective](#)

Actions	#	Description	Status

18. Click  and click  to navigate back to the Treatment Plan Outline.



Treatment Plan

Plan Outline [Finish](#)

Treatment Plan ([Review](#) | [Add Functional Area](#))

Treatment Plan: Test01 Version #: 1
 Start Date: 12/14/2016 End Date: 12/14/2017

Need 1 ([Review](#) | [Delete](#) | [Add Goal](#))

Functional Area: Cultural
 Needs: document the client's description of his/her needs the Functional Area in the client's own words
 Strengths: document the client's description of his/her resources and abilities for the Functional Area in the client's own words Need Status:

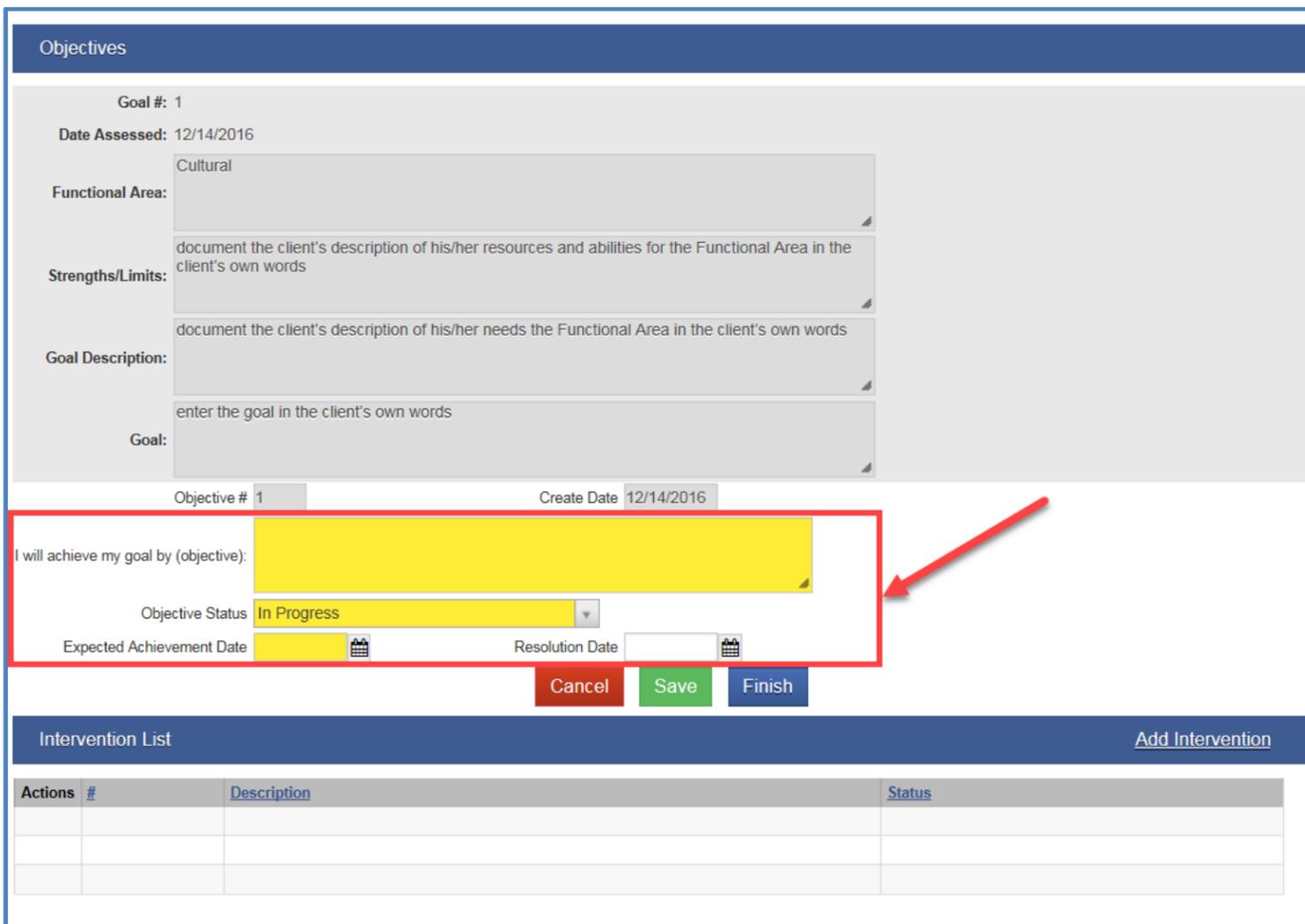
Goal 1.1 ([Review](#) | [Delete](#) | [Add Objective](#))

Goal: enter the goal in the client's own words Goal Status: Continue As Is
 Projected Achievement Date: 4/13/2017

19. Click [Add Objective](#) to add objectives to this Goal.



WITS populates the following fields on the Client Objective page as Read Only from the Client Goal Profile: Goal #, Date Assessed, Functional Area, Strengths/Limits, Goal Description, Goal.



Objectives

Goal #: 1
 Date Assessed: 12/14/2016

Functional Area: Cultural

Strengths/Limits: document the client's description of his/her resources and abilities for the Functional Area in the client's own words

Goal Description: document the client's description of his/her needs the Functional Area in the client's own words

Goal: enter the goal in the client's own words

Objective # 1 Create Date 12/14/2016

I will achieve my goal by (objective):

Objective Status: In Progress

Expected Achievement Date: Resolution Date:

[Cancel](#) [Save](#) [Finish](#)

Intervention List [Add Intervention](#)

Actions #	Description	Status

20. Complete the following fields

- I will achieve my goal by (objective) – enter the objective.
- Objective Status – the field will populate as In Progress.
- Projected Achievement Date – enter the projected achievement date.

Objectives

Goal #: 1
 Date Assessed: 12/14/2016

Functional Area: Cultural

Strengths/Limits: document the client's description of his/her resources and abilities for the Functional Area in the client's own words

Goal Description: document the client's description of his/her needs the Functional Area in the client's own words

Goal: enter the goal in the client's own words

Objective # 1 Create Date 12/14/2016

I will achieve my goal by (objective): enter the objective in the client's own words

Objective Status: In Progress

Expected Achievement Date: 12/31/2016 Resolution Date: [calendar icon]

Cancel Save Finish

Intervention List [Add Intervention](#)

Actions #	Description	Status

21. Click  and click  to navigate back to the Treatment Plan Outline.

Treatment Plan

Plan Outline [Finish](#)

Treatment Plan (Review | [Add Functional Area](#))

Treatment Plan: Test01 Version #: 1
 Start Date: 12/14/2016 End Date: 12/14/2017

Need 1 (Review | Delete | [Add Goal](#))

Functional Area: Cultural
 Needs: document the client's description of his/her needs the Functional Area in the client's own words
 Strengths: document the client's description of his/her resources and abilities for the Functional Area in the client's own words Need Status:

Goal 1.1 (Review | Delete | [Add Objective](#))

Goal: enter the goal in the client's own words Goal Status: Continue As Is
 Projected Achievement Date: 4/13/2017

Objective 1.1.1 (Review | Delete | [Add Intervention](#))

Objective: enter the objective in the client's own words Objective Status: In Progress
 Expected Achieve Date: 12/31/2016

22. Click [Add Intervention](#) to add Interventions to the associated Objective.



WITS populates the following fields on the Intervention page as Read Only from the Client Goal Profile and the Objective page: Goal #, Date Assessed, Functional Area, Strengths/Limits, Goal Description, Goal.

Intervention

Goal #: 1

Functional Area: Cultural

Goal Description: document the client's description of his/her needs the Functional Area in the client's own words

Goal: enter the goal in the client's own words

Objective #: 1

Objective: enter the objective in the client's own words

Objective Create Date: 12/14/2016

Objective Status: In Progress

Intervention # 1

To achieve my goal, I will participate in the following activities:

Create Date: 12/14/2016

Intervention Status: In Progress

Staff: 18, Trainee

Cancel Save Finish

23. Complete the following fields

- To achieve my goal, I will participate in the following activities – enter the activities
- Intervention Status – the field will populate as In Progress.
- Responsible Party/Participants – enter the name of the responsible party/participants.

Intervention

Goal #: 1

Functional Area: Cultural

Goal Description: document the client's description of his/her needs the Functional Area in the client's own words

Goal: enter the goal in the client's own words

Objective #: 1

Objective: enter the objective in the client's own words

Objective Create Date: 12/14/2016

Objective Status: In Progress

Intervention # 1

To achieve my goal, I will participate in the following activities: enter the activities (this field does not need to be in the client's own words).

Create Date: 12/14/2016

Intervention Status: In Progress

Staff: 18, Trainee

Cancel Save Finish

24. Click  and click  to navigate back to the Treatment Plan Outline.

Treatment Plan

Plan Outline Finish

Treatment Plan (Review | Add Functional Area)

Treatment Plan: Test01 Version #: 1
 Start Date: 12/14/2016 End Date: 12/14/2017

Need (Review | Delete | Add Goal)

Functional Area: Cultural
 Needs: document the client's description of his/her needs the Functional Area in the client's own words
 Strengths: document the client's description of his/her resources and abilities for the Functional Area in the client's own words Need Status:

Goal 1.1 (Review | Delete | Add Objective)

Goal: enter the goal in the client's own words Goal Status: Continue As Is
 Projected Achievement Date: 4/13/2017

Objective 1.1 (Review | Delete | Add Intervention)

Objective: enter the objective in the client's own words Objective Status: In Progress
 Expected Achieve Date: 12/31/2016

Intervention 1.1.1 (Review | Delete)

Intervention: enter the activities (this field does not need to be in the client's own words). Intervention Status: In Progress
 Created Date: 12/14/2016

25. To edit or to add new activities, click on the links located to the right of each heading.

26. Click Finish if you would like the Treatment Plan to remain in Active – Not Signed Off status. This means the Treatment Plan can be edited and signed at a later date.

27. Otherwise, follow these directions to electronically sign the Treatment Plan.

Electronically Signing the Treatment Plan

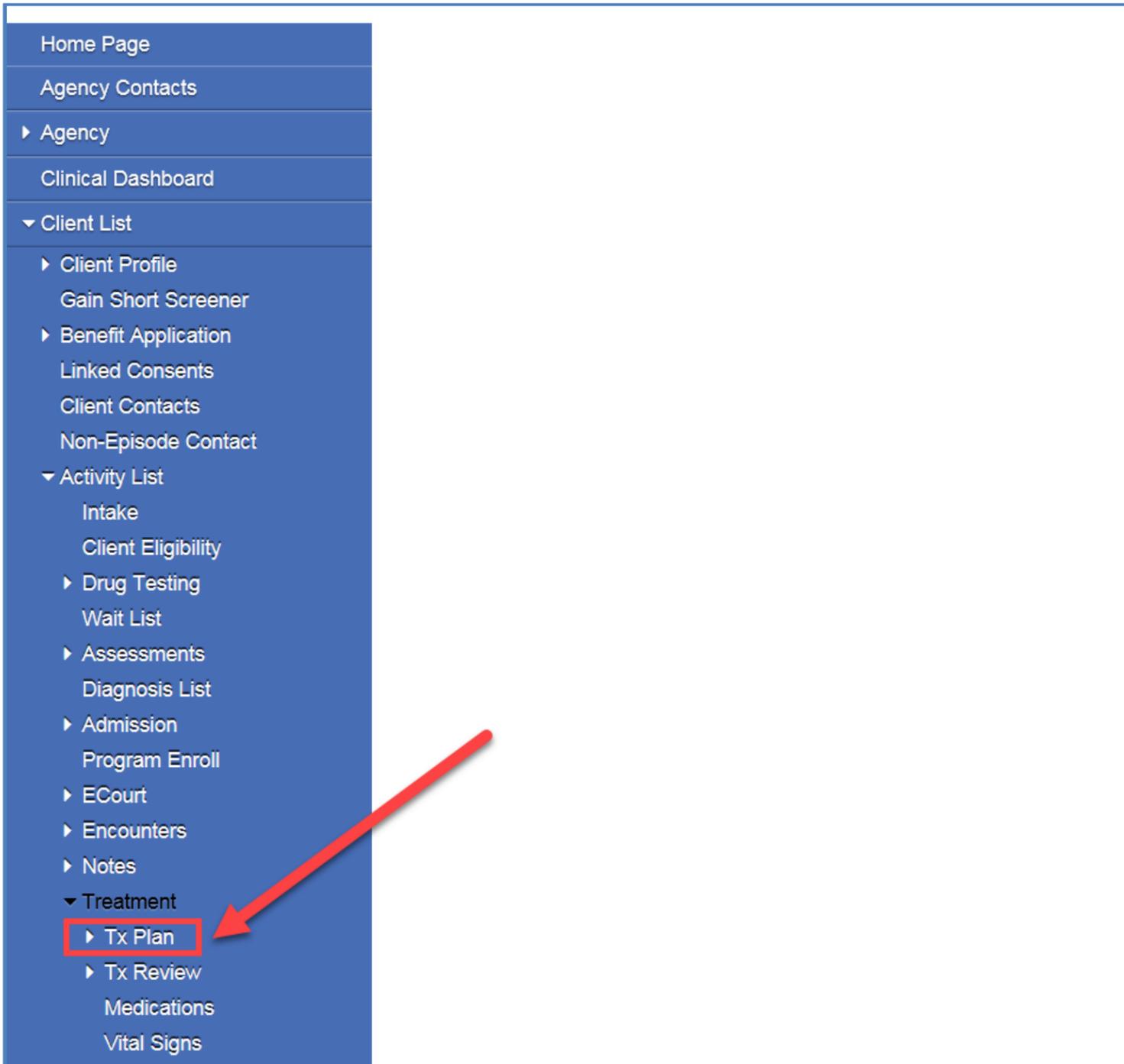


Once a Treatment Plan is signed, it cannot be changed or edited.

1. Begin on the Client Activity List.

Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	1/18/2017	7/19/2016	Completed
	Intake Transaction	1/18/2017	1/18/2017	Completed
	Client Program Enrollment (Crisis)	1/18/2017	1/18/2017	Completed
	Treatment Plan (training plan 091)	1/18/2017	1/18/2017	Active - Not Signed Off
	Diagnosis Summary	1/18/2017	1/18/2017	Not Applicable
	Vital Signs	1/18/2017	1/18/2017	Completed
	Crisis Evaluation	1/18/2017	1/18/2017	In Progress (Details)

2. Click Treatment on the blue navigation pane.



3. Click **Tx Plan** on the blue navigation pane.

A screenshot of a 'Treatment Plan List' table. The table has a header row with columns: Actions, Plan Name, Status, #, Version, Start Date, and End Date. There is a link 'Add New Treatment Plan Record' in the top right. The first row contains: a pencil icon, 'Training Tx Plan', 'Active - Signed Off', '1', '1', '8/10/2016', and '11/8/2016'. A red box highlights the 'Review' button in the 'Actions' column, with a red arrow pointing to it.

Actions	Plan Name	Status	#	Version	Start Date	End Date
 Review	Training Tx Plan	Active - Signed Off	1	1	8/10/2016	11/8/2016

4. Hover over the  and click **Review**.

Treatment Plan Profile

Status Date: Plan Number: 1
 Created By: Test1-Clinical Staff, Anna
 Created Date: 8/10/2016 11:42 AM

Last Review Date: Plan Version: 1
 Updated By: Test1-Clinical Staff, Anna
 Last Updated Date: 8/10/2016 4:31 PM

Plan Name: Training Tx Plan
 Plan Start Date: 8/10/2016
 Plan Period (Days): 90
 Plan End Date: 11/8/2016
 Plan Status: Active - Not Signed Off
 Next Review Date: 11/8/2016

Client Participated in Tx Plan Development:

Administrative Actions

Create New Version **Sign Off** Perform Review

Treatment Team Add Team Member

Team Member Name	Review Member	Role	Start Date	End Date
Test1-Clinical Staff, Anna	No	Case Manager	8/10/2016	

Cancel Save Finish

5. Click [Sign Off](#) in the Administrative Actions section of the Treatment Plan Profile.

Click Yes only if appropriate treatment team members have approved the treatment plan. Once you click Yes, this plan becomes the active treatment plan.

Yes No

6. Click **Yes** to electronically sign the Treatment Plan or click **No** to cancel.

Treatment Plan Profile

Status Date: Plan Number: 1
 Created By: Test1-Clinical Staff, Anna
 Created Date: 8/10/2016 11:42 AM

Last Review Date: Plan Version: 1
 Updated By: Test1-Clinical Staff, Anna
 Last Updated Date: 8/11/2016 10:45 AM

Plan Name: Training Tx Plan
 Plan Start Date: 8/10/2016
 Plan Period (Days): 90
 Plan End Date: 11/8/2016
 Plan Status: Active - Signed Off
 Next Review Date: 11/8/2016

Client Participated in Tx Plan Development:

Administrative Actions

Create New Version Create an Inactive Draft Sign Off Perform Review

Treatment Team Add Team Member

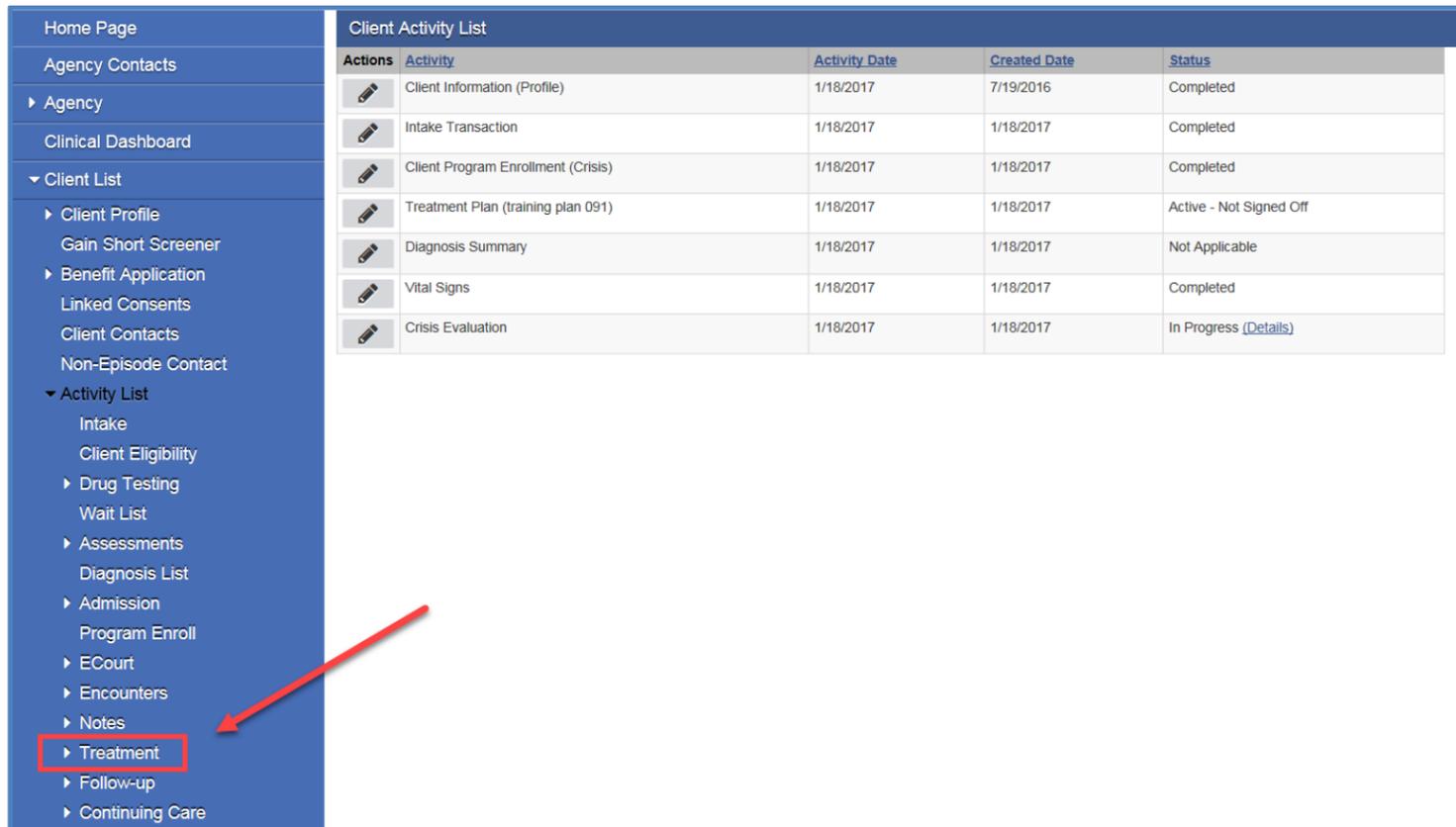
Team Member Name	Review Member	Role	Start Date	End Date
Test1-Clinical Staff, Anna	No	Case Manager	8/10/2016	

Finish

7. The Treatment Plan becomes Read Only. Click **Finish**.

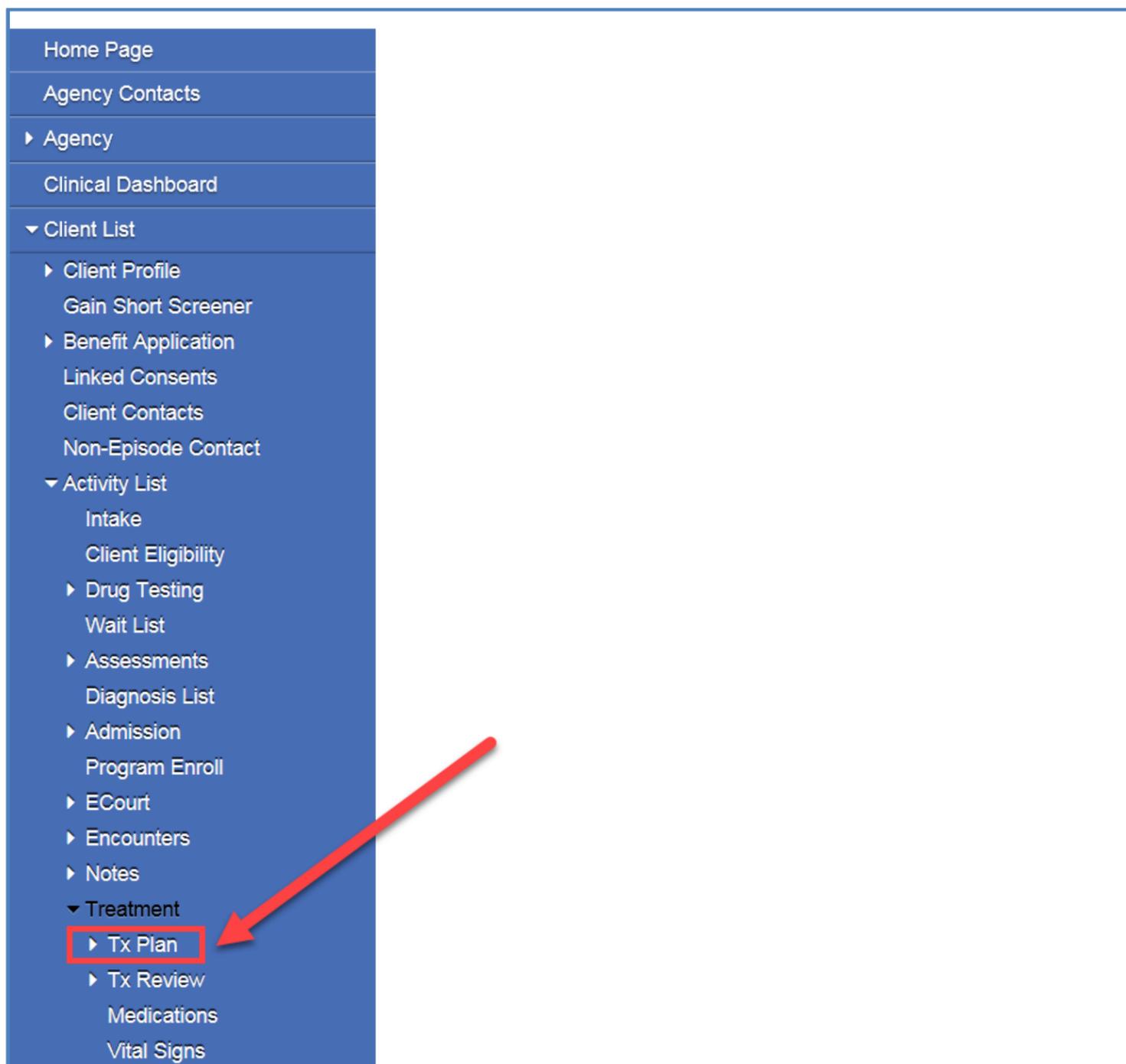
Printing the Treatment Plan

1. Begin on the Client Activity List.



Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	1/18/2017	7/19/2016	Completed
	Intake Transaction	1/18/2017	1/18/2017	Completed
	Client Program Enrollment (Crisis)	1/18/2017	1/18/2017	Completed
	Treatment Plan (training plan 091)	1/18/2017	1/18/2017	Active - Not Signed Off
	Diagnosis Summary	1/18/2017	1/18/2017	Not Applicable
	Vital Signs	1/18/2017	1/18/2017	Completed
	Crisis Evaluation	1/18/2017	1/18/2017	In Progress (Details)

2. Click **Treatment** on the blue navigation pane.

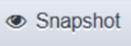


- Home Page
- Agency Contacts
- ▶ Agency
- Clinical Dashboard
- ▼ Client List
 - ▶ Client Profile
 - Gain Short Screener
 - ▶ Benefit Application
 - Linked Consents
 - Client Contacts
 - Non-Episode Contact
 - ▼ Activity List
 - Intake
 - Client Eligibility
 - ▶ Drug Testing
 - Wait List
 - ▶ Assessments
 - Diagnosis List
 - ▶ Admission
 - Program Enroll
 - ▶ ECourt
 - ▶ Encounters
 - ▶ Notes
 - ▼ Treatment
 - ▶ **Tx Plan**
 - ▶ Tx Review
 - Medications
 - Vital Signs

3. Click **Tx Plan** on the blue navigation pane.

Treatment Plan List							Add New Treatment Plan Record
Actions	Plan Name	Status	#	Version	Start Date	End Date	
 Review	Training Tx Plan	Active - Signed Off	1	1	8/10/2016	11/8/2016	

4. Hover over the  and click **Review**.

Location: Provider Training Agency, Treatment Location 1   Generate Report  Snapshot

Client: Banana6, Anna | 3040414400001N | 1 Clear Client

Treatment Plan Profile

Status Date:	Last Review Date:
Plan Number: 1	Plan Version: 1
Created By: Test1-Clinical Staff, Anna	Updated By: Test1-Clinical Staff, Anna
Created Date: 8/10/2016 11:42 AM	Last Updated Date: 8/11/2016 10:45 AM

Plan Name: Training Tx Plan	Plan Start Date: 8/10/2016
Plan Period (Days): 90	Plan End Date: 11/8/2016
Plan Status: Active - Signed Off	Next Review Date: 11/8/2016

Client Participated in Tx Plan Development

Administrative Actions

[Create New Version](#) [Create an Inactive Draft](#) [Sign Off](#) [Perform Review](#)

Treatment Team

Add Team Member

Team Member Name	Review Member	Role	Start Date	End Date
Test1-Clinical Staff, Anna	No	Case Manager	8/10/2016	

Finish 

5. The Treatment Plan is Read Only. Click  **Generate Report** to print a copy of the Treatment Plan.

Treatment Plan Created 08/11/2016

Profile for Banana6, Anna

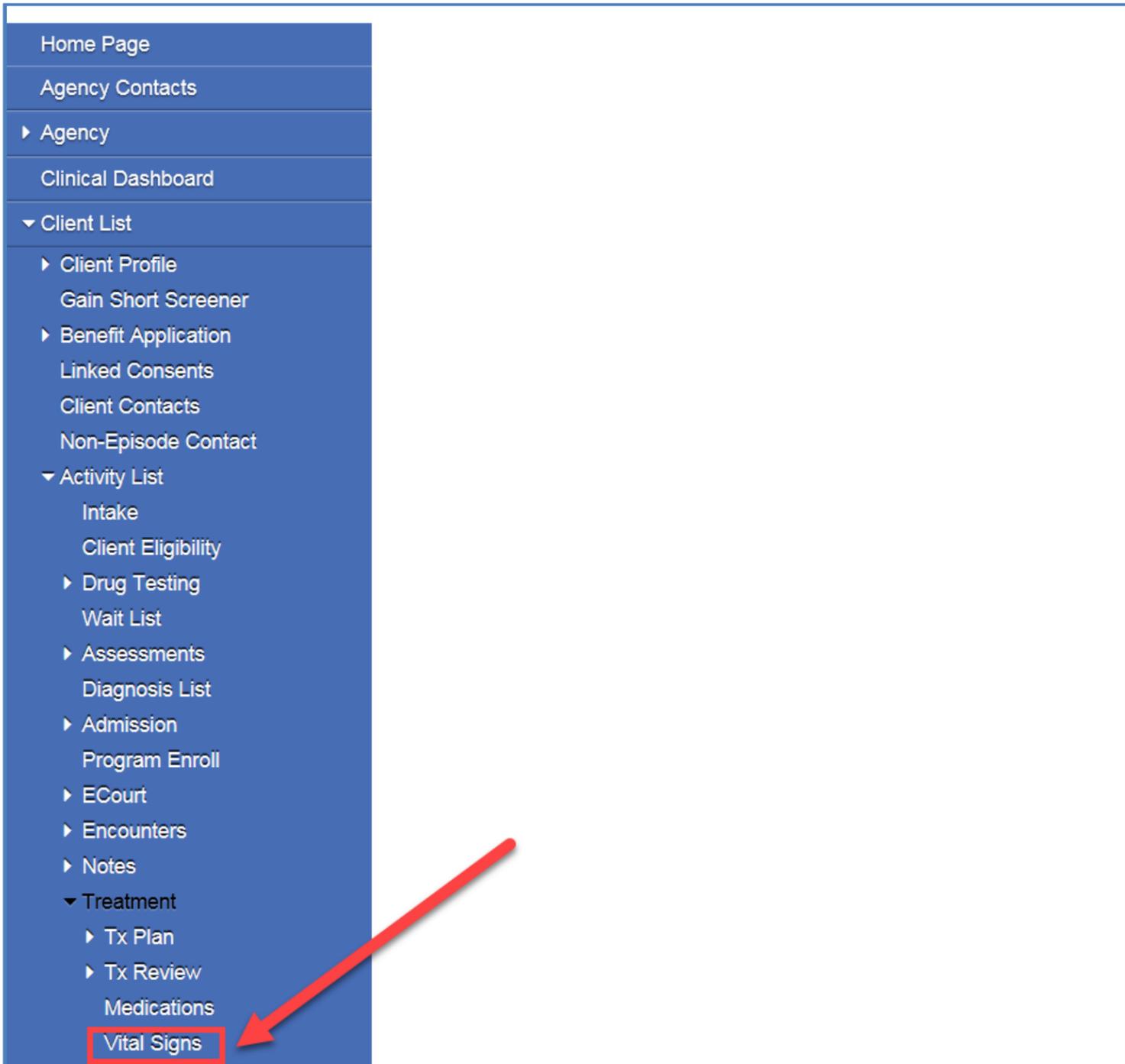
Status Date		Last Review Date	
Plan Number	1	Plan Version	1
Created By		Updated By	
Created Date	8/10/2016	Last Updated Date	8/11/2016
Plan Name	Training Tx Plan	Plan Start Date	8/10/2016
Plan Period (Days)	90	Plan End Date	11/8/2016
Plan Status	Active - Signed Off	Next Review Date	11/8/2016
Date of Birth	4/4/1944	Client Participated in Tx Plan Development	

Treatment Team

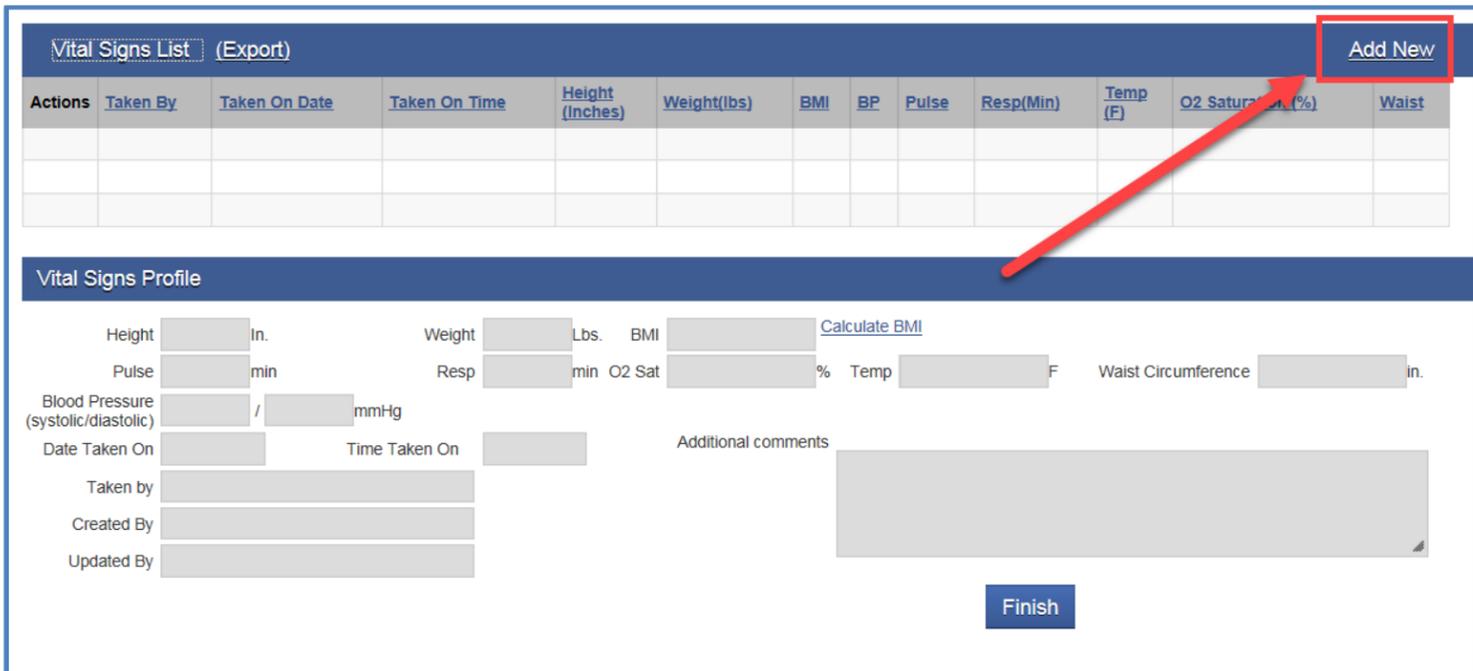
Client Signature _____ Date _____



6. The report will display as a PDF in a separate window. Click  (the print icon) and close the PDF window when finished.



3. Click **Vital Signs**.



4. Click **Add New**.

Vital Signs List (Export) Add New

Actions	Taken By	Taken On Date	Taken On Time	Height (Inches)	Weight(lbs)	BMI	BP	Pulse	Resp(Min)	Temp (F)	O2 Saturation (%)	Waist

Vital Signs Profile

Height In. Weight Lbs. BMI [Calculate BMI](#)

Pulse min Resp min O2 Sat % Temp F Waist Circumference in.

Blood Pressure (systolic/diastolic) / mmHg

Date Taken On Time Taken On Additional comments

Taken by

Created By

Updated By

5. Complete the following fields as directed by your agency.

- Height – enter height in inches.
- Weight – enter weight in pounds.
- BMI – click [Calculate BMI](#).
- Pulse – enter beats per minute.
- Resp – enter respiratory.
- O2 Sat – enter O2 sat percentage.
- Temperature – enter temperature.
- Waist Circumference – enter waist circumference in inches.
- Blood Pressure – enter systolic and diastolic.
- Date taken on – the field will populate with today’s date. Update as needed.
- Time taken on – the field will populate with the time the record was created. Update as needed.
- Performed by – the field will populate with the name of the person creating the vital signs record. Update as needed.

6. Click and .

Deleting a Vital Signs Record



Vital Signs in WITS are considered a part of the client’s official electronic health record (EHR). It is your agencies responsibility to ensure you are adhering to the documentation standards set forth by IDAPA.

1. Begin on the Client Activity List.

Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	1/18/2017	7/19/2016	Completed
	Intake Transaction	1/18/2017	1/18/2017	Completed
	Client Program Enrollment (Crisis)	1/18/2017	1/18/2017	Completed
	Treatment Plan (training plan 091)	1/18/2017	1/18/2017	Active - Not Signed Off
	Diagnosis Summary	1/18/2017	1/18/2017	Not Applicable
	Vital Signs	1/18/2017	1/18/2017	Completed
	Crisis Evaluation	1/18/2017	1/18/2017	In Progress (Details)

2. Once you're on the Activity List, click **Treatment** on the blue navigation pane.

- Home Page
- Agency Contacts
- ▶ Agency
- Clinical Dashboard
- ▼ Client List
 - ▶ Client Profile
 - Gain Short Screener
 - ▶ Benefit Application
 - Linked Consents
 - Client Contacts
 - Non-Episode Contact
 - ▼ Activity List
 - Intake
 - Client Eligibility
 - ▶ Drug Testing
 - Wait List
 - ▶ Assessments
 - Diagnosis List
 - ▶ Admission
 - Program Enroll
 - ▶ ECourt
 - ▶ Encounters
 - ▶ Notes
 - ▼ Treatment
 - ▶ Tx Plan
 - ▶ Tx Review
 - Medications
 - Vital Signs**

3. Click **Vital Signs** on the blue navigation pane.

Vital Signs List (Export) Add New

Actions	Taken By	Taken On Date	Taken On Time	Height (Inches)	Weight(lbs)	BMI	BP	Pulse	Resp(Min)	Temp (F)	O2 Saturation (%)	Waist
	18, Trainee	10/18/2016	12:07 PM	70.0	205.0	29.4						
	18, Trainee	9/22/2016	5:57 PM	70.0	200.0	28.7						

Review **Delete**

Vital Signs Profile

Height in. Weight Lbs. BMI [Calculate BMI](#)

Pulse min Resp min O2 Sat % Temp F Waist Circumference

Blood Pressure (systolic/diastolic) / mmHg

Date Taken On Time Taken On Additional comments

Taken by

Created By

Updated By

Finish

4. The Vital Signs List displays. Hover over the and click **Delete** under Actions for the vital signs record you want to delete.

Are you sure that you want to delete?

Yes **No**

5. Click **Yes** to delete the vital signs record or click **No** to cancel.

Agency WITS Administrator Guidance

Staff Member Accounts



Agency WITS Administrators are responsible for creating, modifying, and revoking agency staff member accounts.

BHCCC Staff Roles

When assigning roles for staff members, follow the below chart to ensure the correct level of access is granted.

Assign the following roles to all staff members
Clinical (Full Access) Drug Testing (Full Access) Group Notes (Full Access) Link Consents Manage Staff Schedules (Read-Only) Vital Signs (Full Access)
Optional Permissions
Reset Logon
RESOURCES
WITS Website: www.wits.idaho.gov WITS Help Desk: Email: dbhwitshd@dhw.idaho.gov Phone: 208-332-7316 or toll-free 1-844-726-7493 Hours: Monday-Friday, 8:00am-5:00pm (Mountain Time)

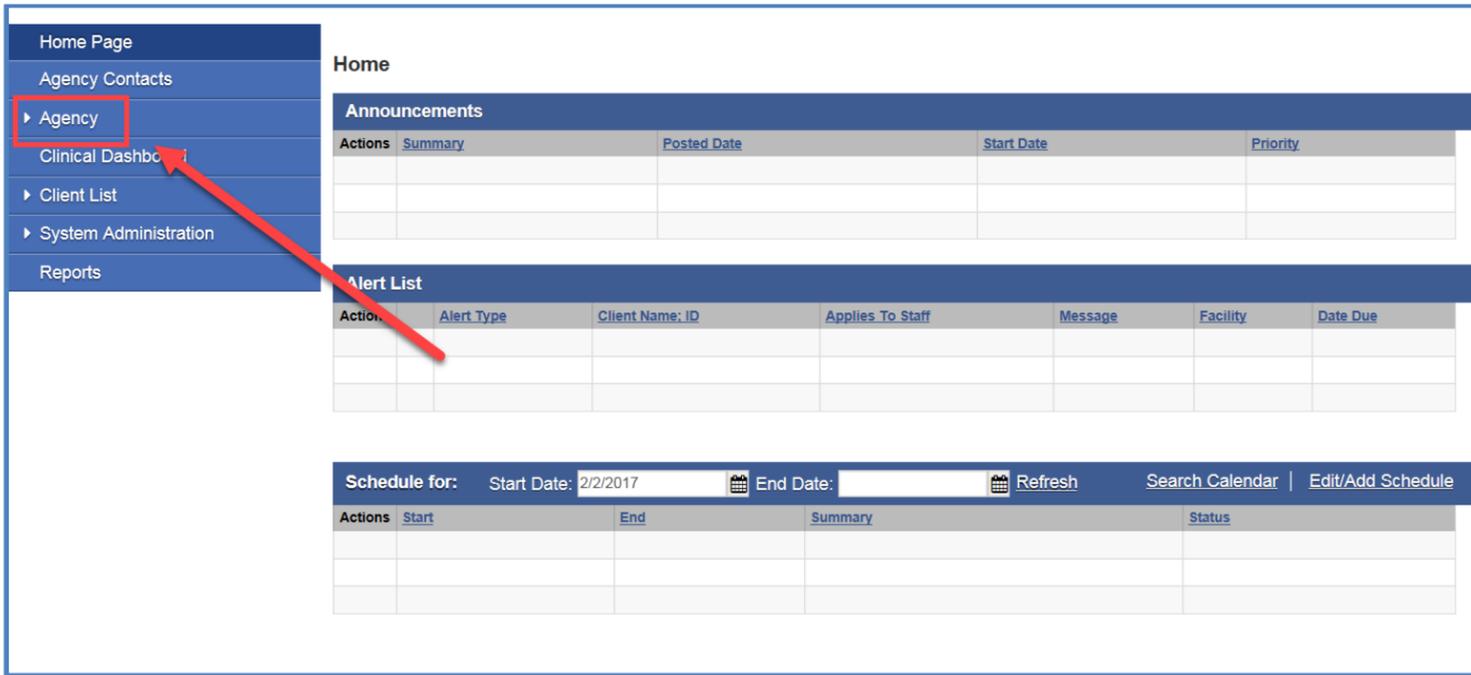
Enabling, Resetting Passwords/Pins, and Unlocking a Staff Account

Enabling a Staff Member's WITS Account

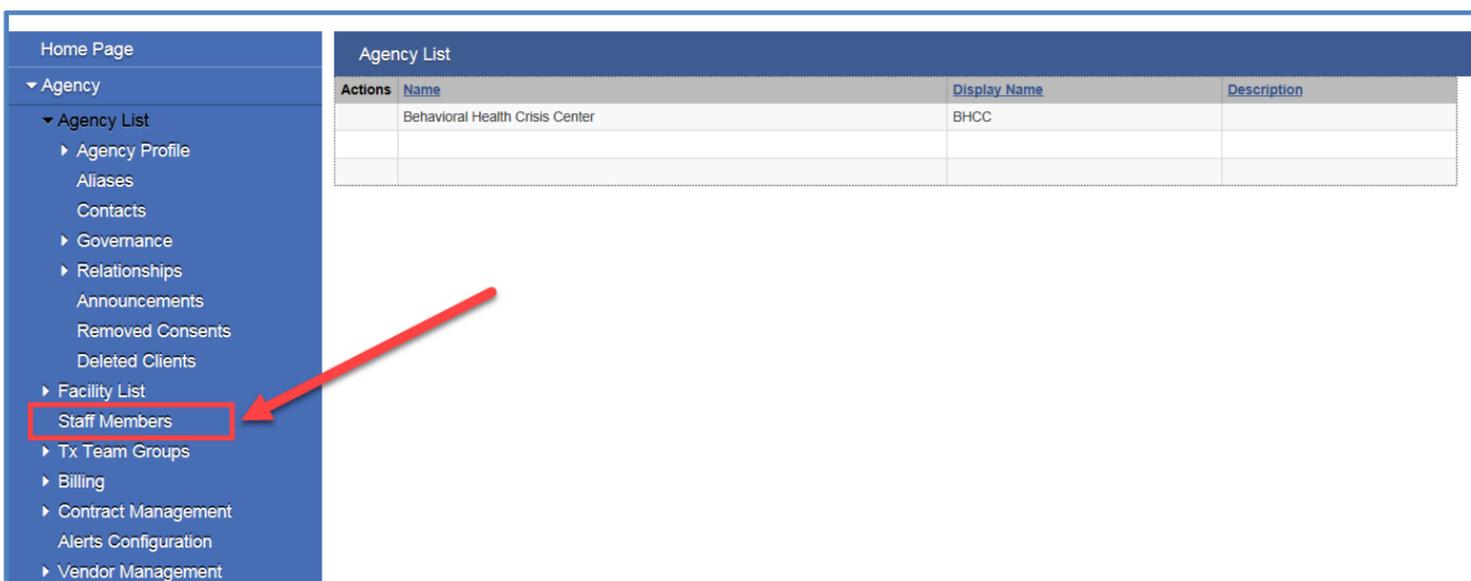


When a staff member enters their password or pin incorrectly more than three times, the system automatically disables their account. When an account is disabled, the staff member will not be able to log into WITS. Only AWAs, staff with the appropriate permissions, or WITS Help Desk staff have the ability to enable an account in your agency.

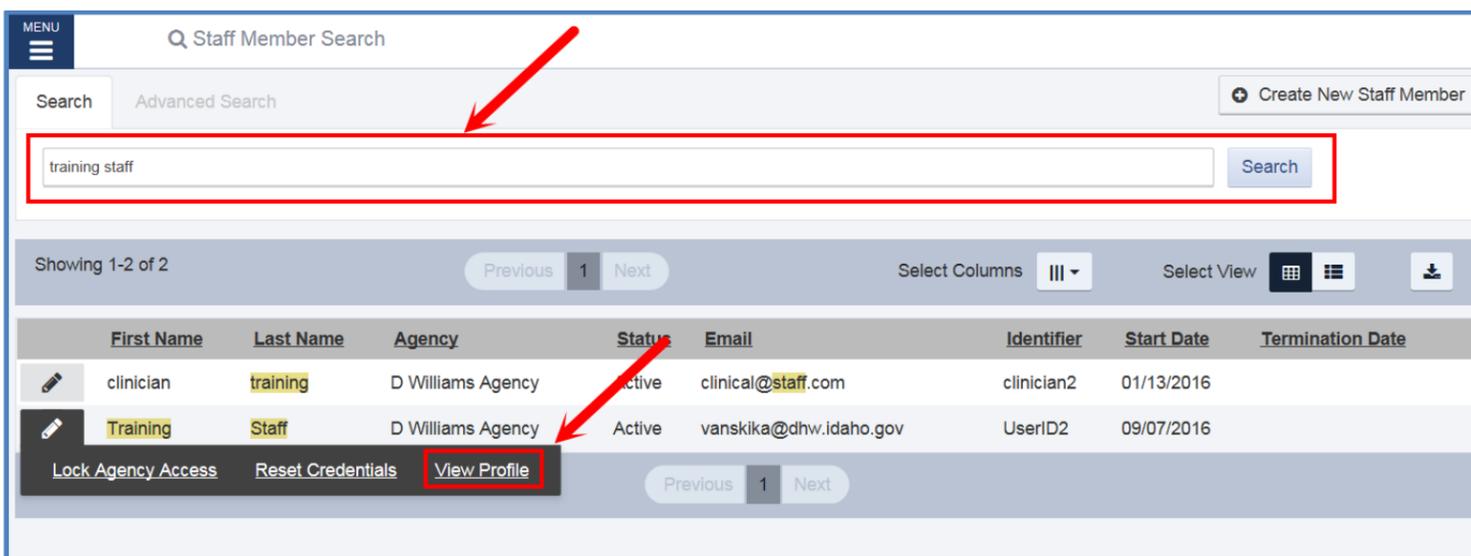
1. Begin on the Home Page.



2. Click **Agency** on the blue navigation pane.

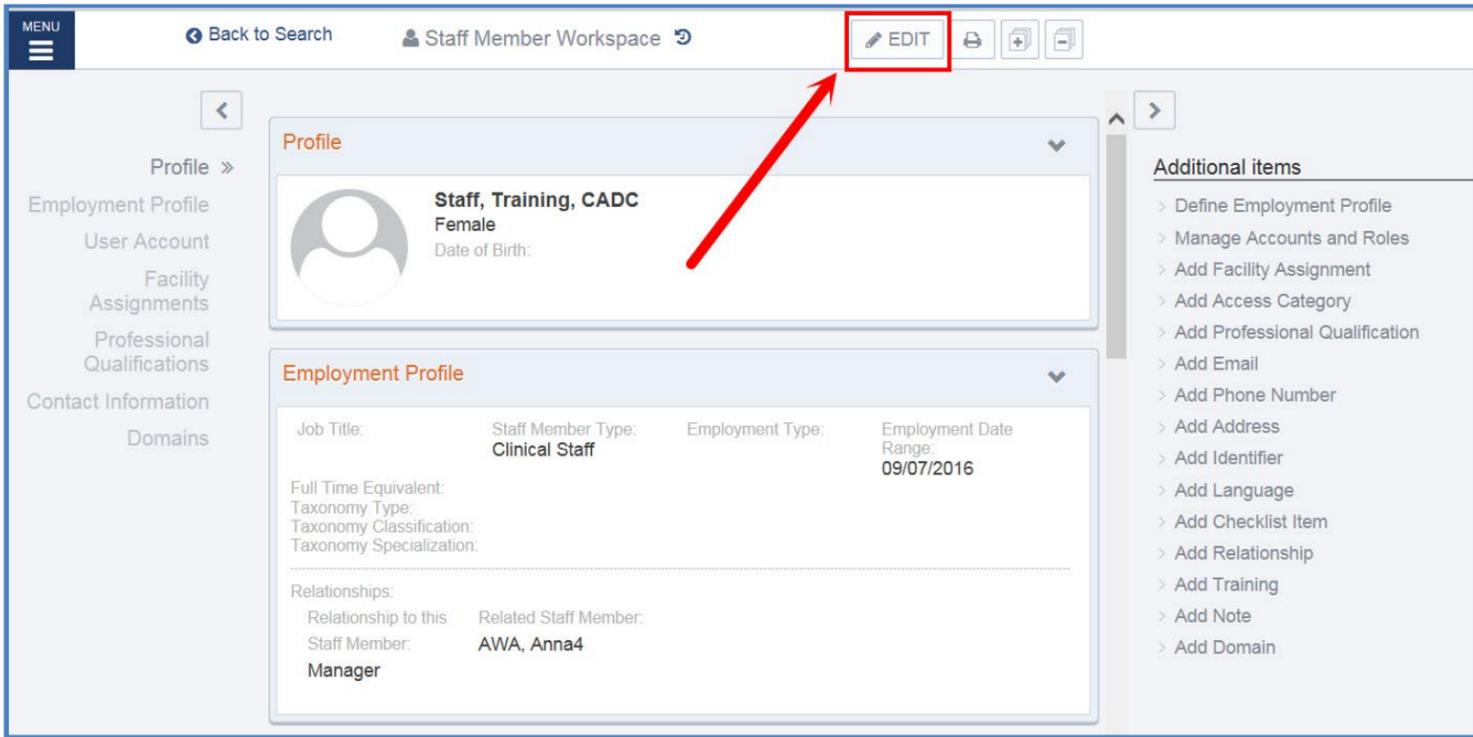


3. Click **Staff Members** on the blue navigation pane.

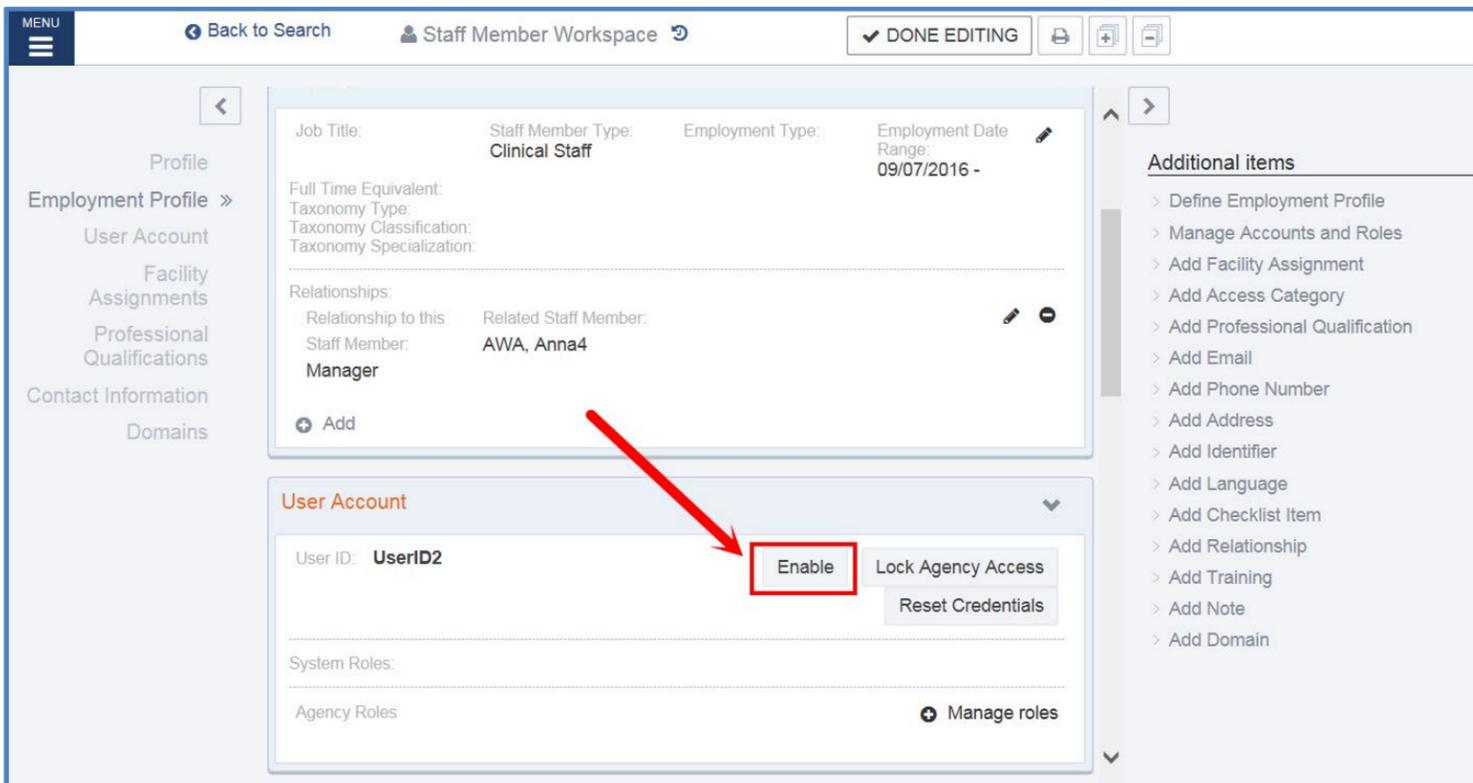


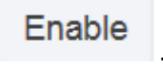
4. Enter your search criteria and click **Search**. The system returns any records that match the search criteria.

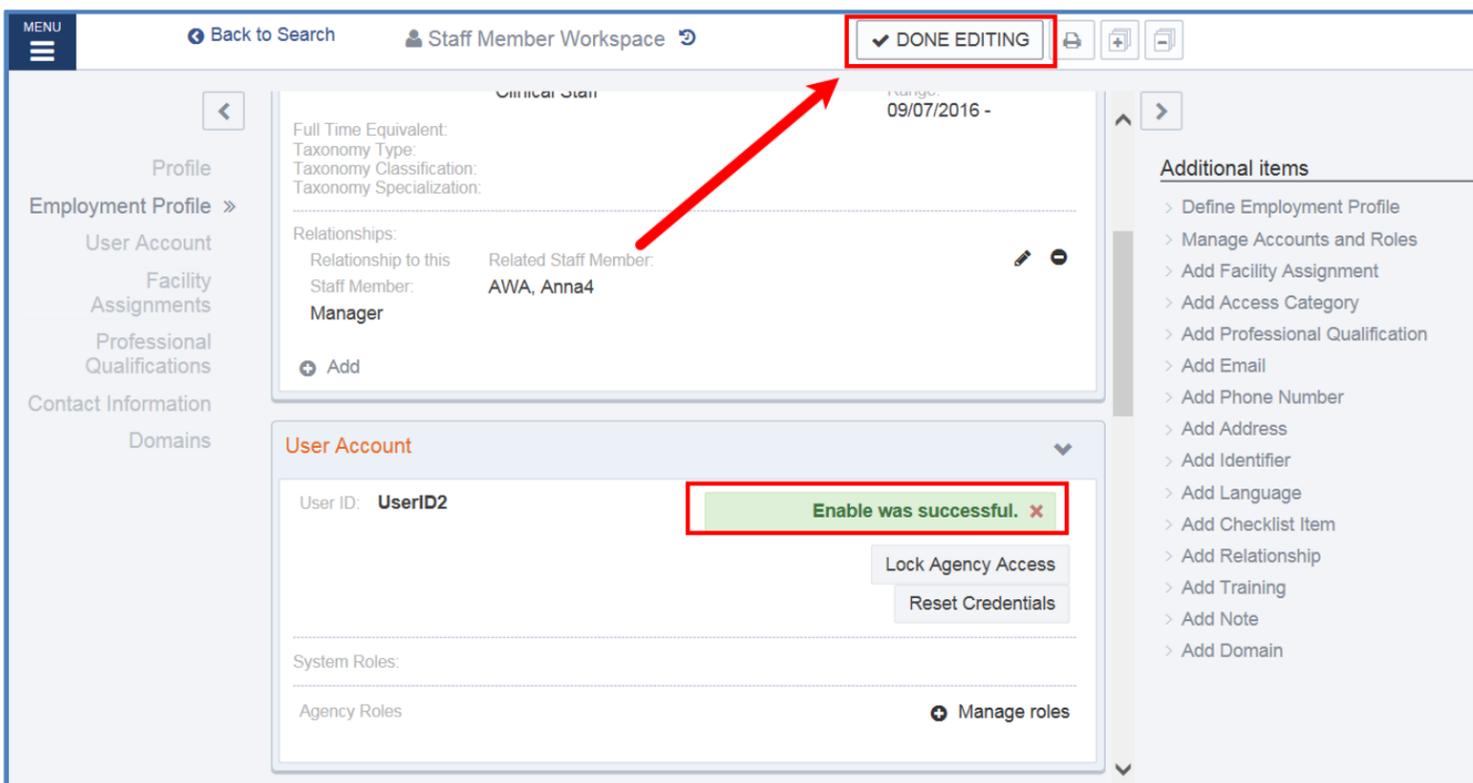
5. Hover over the  and click **View Profile**.



6. Click .



7. Scroll to the User Account section and click .



8. The **Enable** button is no longer available and a message will appear in green letting you know the Enable was successful. Click .

Resetting a Staff Member's Passwords/PINs (Credentials)

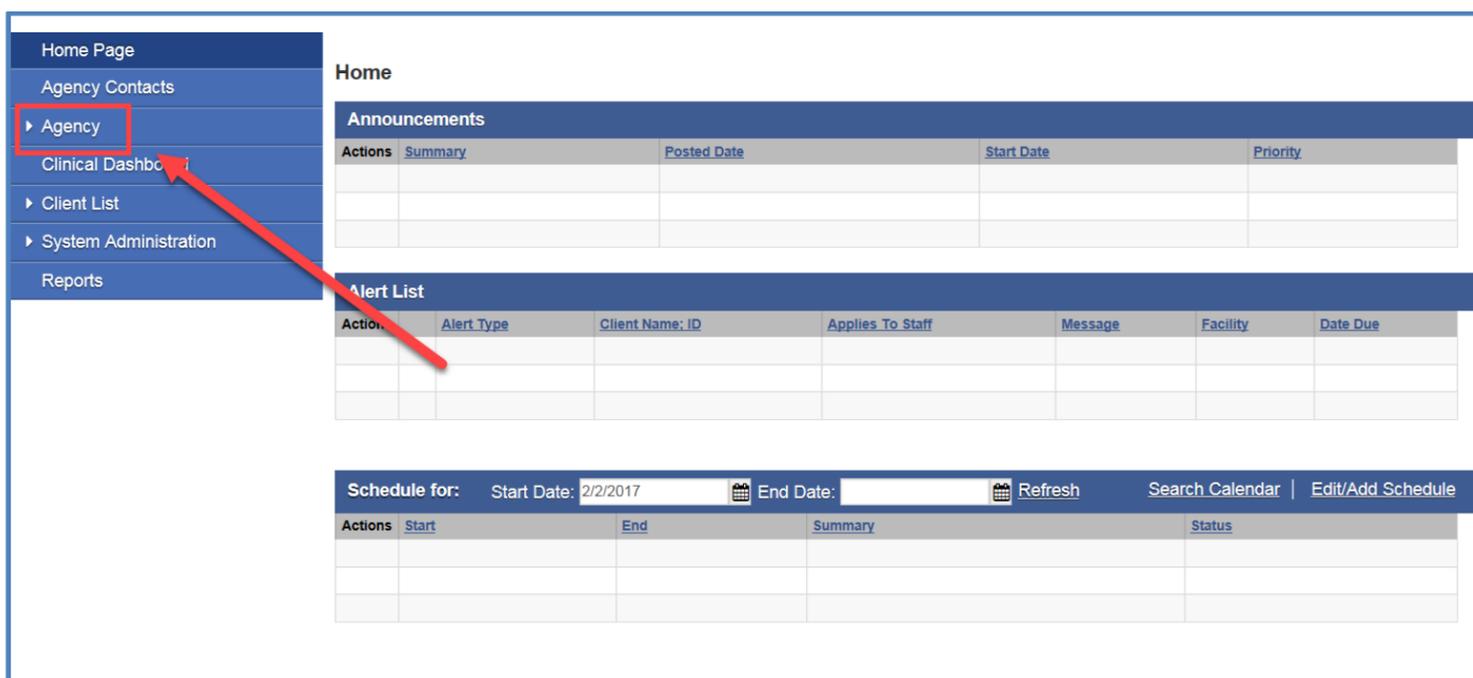


Only AWAs, staff with the appropriate permissions, or WITS Help Desk staff are able to reset credentials for multiple staff in your agency.



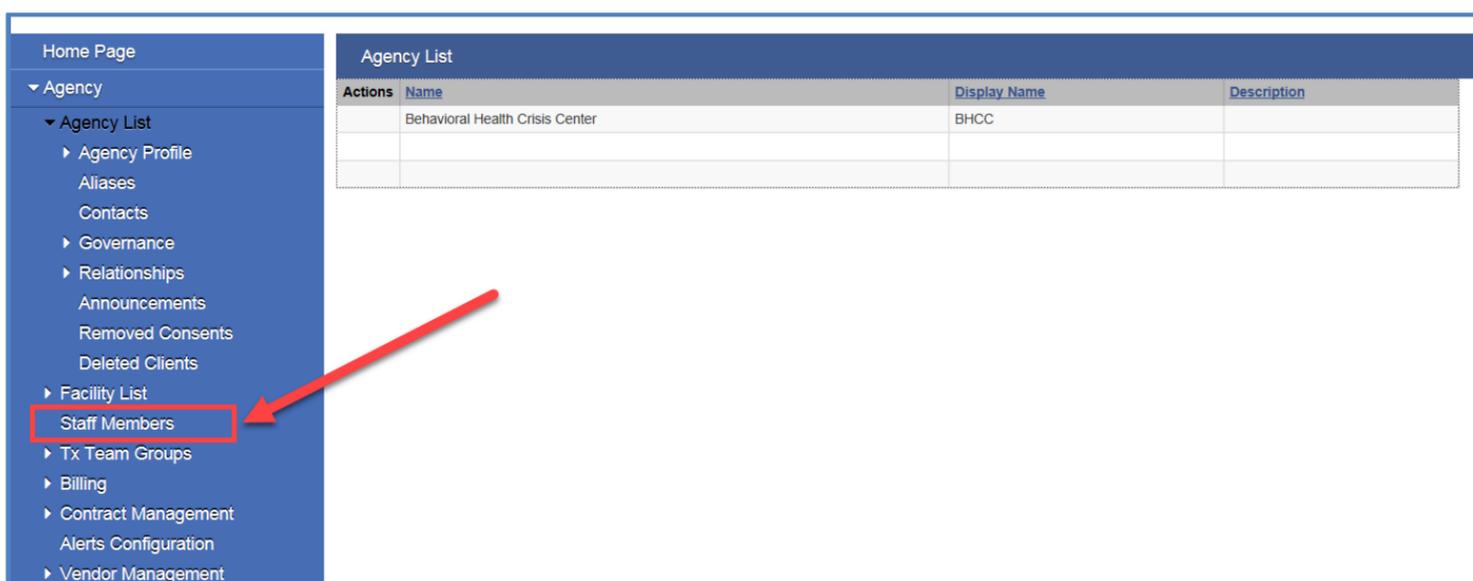
A staff member's Credentials (password and pin) may also be reset from within the Staff Profile, under the User Account section.

1. Begin on the Home Page.



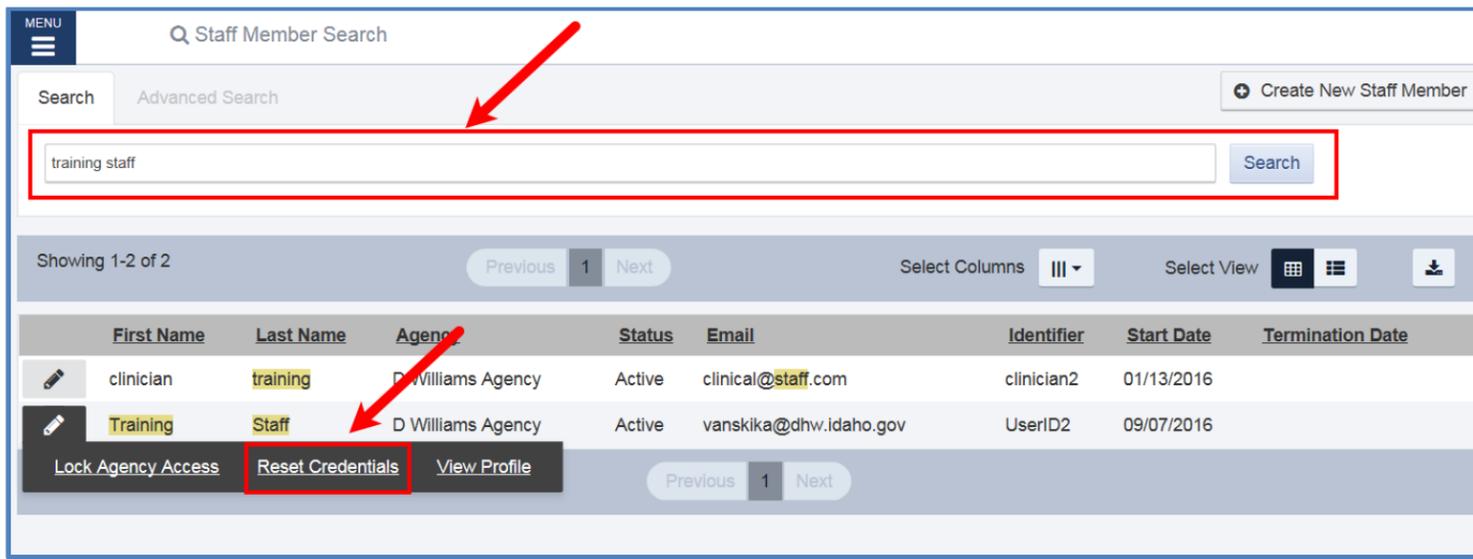
The screenshot shows the Home Page interface. On the left is a blue navigation pane with the following items: Home Page, Agency Contacts, Agency (highlighted with a red box and a red arrow), Clinical Dashboard, Client List, System Administration, and Reports. The main content area is titled 'Home' and contains three sections: 'Announcements' (a table with columns: Actions, Summary, Posted Date, Start Date, Priority), 'Alert List' (a table with columns: Action, Alert Type, Client Name; ID, Applies To Staff, Message, Facility, Date Due), and a 'Schedule for:' section with input fields for Start Date (2/2/2017) and End Date, and buttons for Refresh, Search Calendar, and Edit/Add Schedule. Below this is another table with columns: Actions, Start, End, Summary, Status.

2. Click **Agency** on the blue navigation pane.



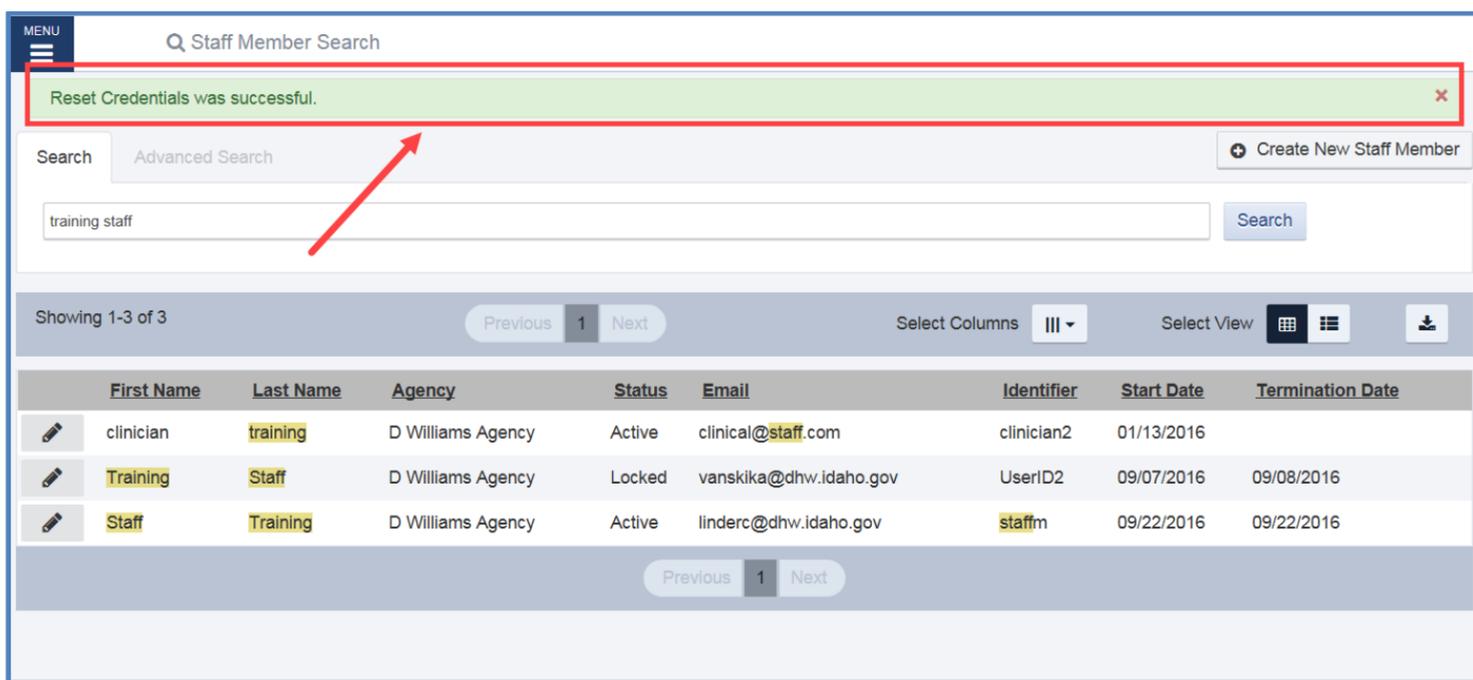
The screenshot shows the Agency List page. The left navigation pane is expanded to show the 'Agency' section, which includes: Agency List, Agency Profile, Aliases, Contacts, Governance, Relationships, Announcements, Removed Consents, Deleted Clients, Facility List, Staff Members (highlighted with a red box and a red arrow), Tx Team Groups, Billing, Contract Management, Alerts Configuration, and Vendor Management. The main content area is titled 'Agency List' and contains a table with columns: Actions, Name, Display Name, and Description. The table has one row with the following data: Name: Behavioral Health Crisis Center, Display Name: BHCC.

3. Click **Staff Members** on the blue navigation pane.



4. Enter your search criteria and click . The system returns any records that match the search criteria.

5. Hover over the  and click **Reset Credentials**.



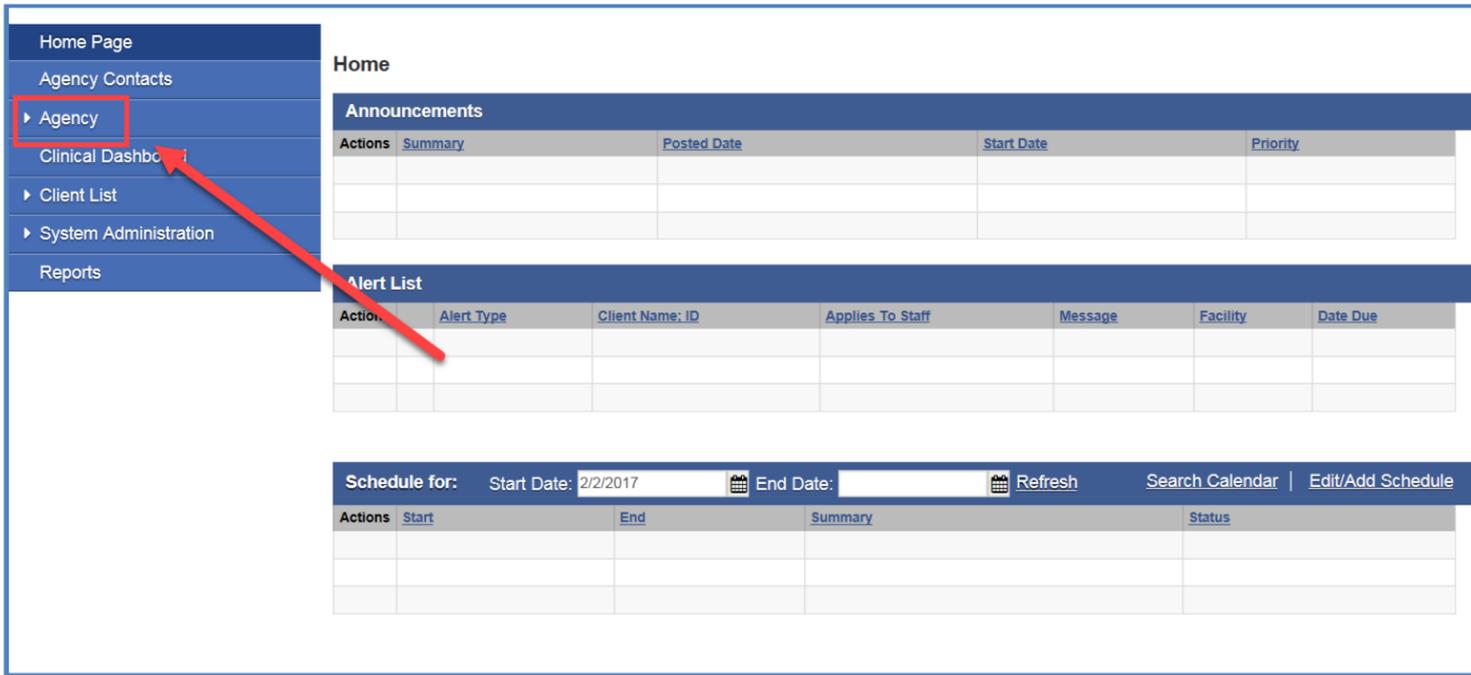
6. An email is automatically sent to the staff member’s primary email address with a link to reset their password and pin. A message will appear in green letting you know the Reset Credentials was successful.

Unlocking a Staff Member’s WITS Account

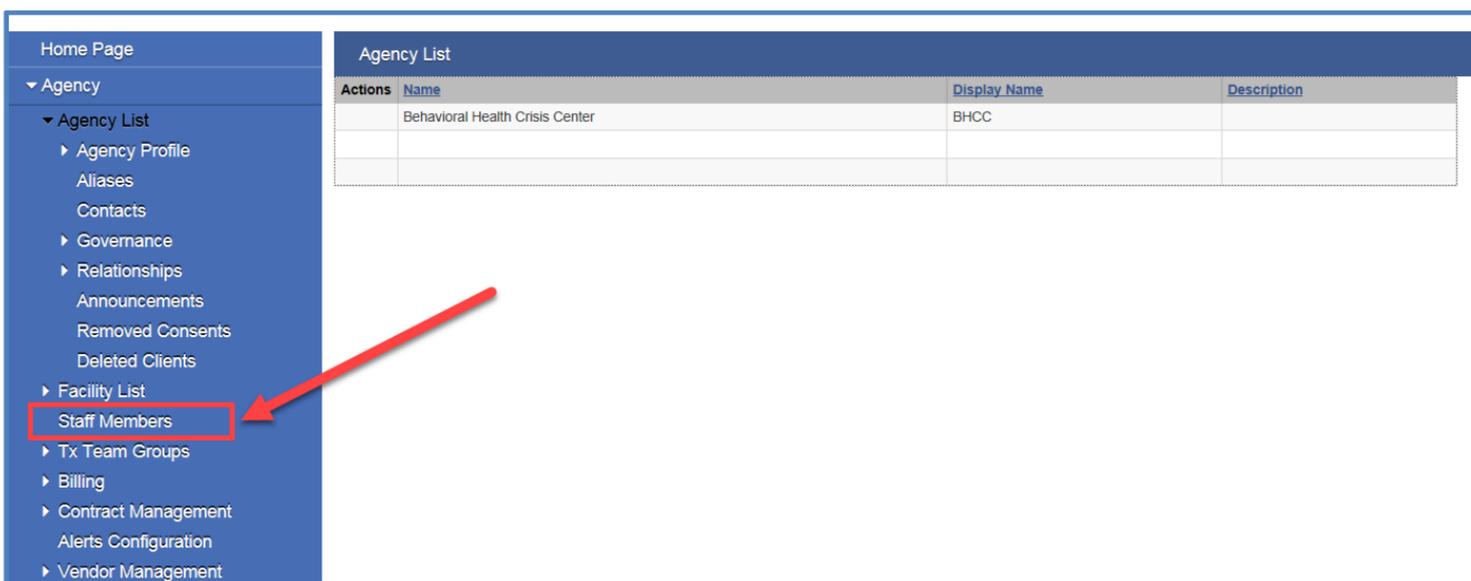
 A staff member’s account will be locked if the person is logged into WITS and closes the window without logging out. When an account is locked, the staff person will not be able to access WITS. Only AWAs, staff with the appropriate permissions, or WITS Help Desk staff are able to unlock staff accounts.

 A staff member’s Credentials (password and pin) may also be unlocked from within the Staff Profile, under the User Account section.

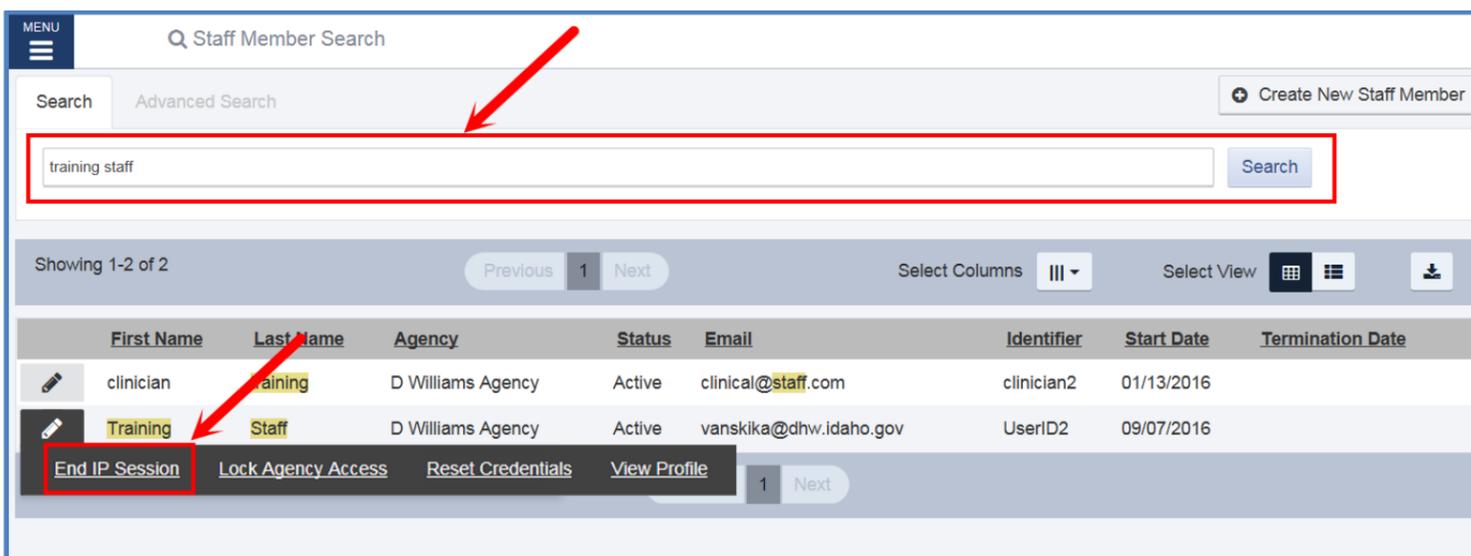
1. Begin on the Home Page.



2. Click **Agency** on the blue navigation pane.

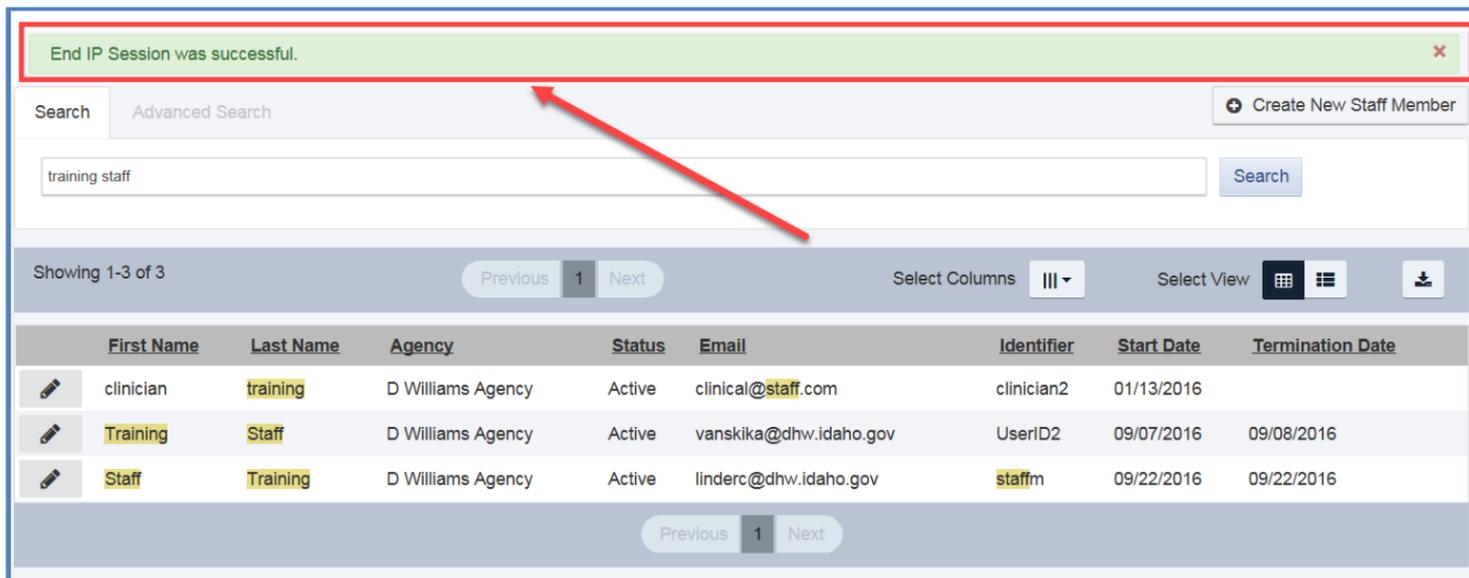


3. Click **Staff Members** on the blue navigation pane.



4. Enter your search criteria and click **Search**. The system returns any records that match the search criteria.

5. Hover over the  and click **End IP Session**.



6. A message will appear in green letting you know that the End IP Session was successful.

Process & Instructions for a New WITS Staff Account



Create and submit an Account Administration Support Ticket in WITS and attach the signed [Idaho WITS User Agreement](#) within five (5) business days of creating the WITS staff member account.

1. Make sure the staff member has read and signed the [Idaho WITS User Agreement](#).
2. Create the staff member's WITS account.
 - a. Assign roles to the staff member's account using the BHCCC Staff Roles. Give staff the level of access (permissions) required to perform their job. Do not give any roles that are not necessary to complete their job.
3. Create an Account Administration Support Ticket in WITS within five (5) business days of creating the WITS staff member account.
 - a. Include the following information in the Description field of the Support Ticket:
 - Staff Member's first and last name
 - Document requests for elevated permissions. For example, you may request a staff member other than the AWA to also have the ability to reset passwords/PINs.
 - b. Attach a copy of the signed [Idaho WITS User Agreement](#).
 - c. Submit the Support Ticket to the WITS Help Desk for processing (click Submit to WITS Admin).

The WITS Help Desk staff will process a Support Ticket within three (3) business days of it being received. When additional information is required, the Support Ticket will be resolved within two (2) business days of receipt of the additional information. When additional information is requested and a response is not received within five (5) business days, the Support Ticket will be closed and the request will not be processed.

Creating a New Staff Member Account



Create and submit an Account Administration Support Ticket in WITS and attach the signed [Idaho WITS User Agreement](#) within five (5) business days of the creation of the WITS staff member account. Complete the sections listed below. Sections and fields not listed below are optional.

- **Profile**
 - First name
 - Last name
 - Gender
- **Employment Profile**
 - Staff member type
 - Staff member start date
- **User Account**
 - User ID
 - Add Agency Roles
- **Facility Assignments**
 - Add Facility Assignments
- **Professional Qualifications**
- **Contact Information**
 - Email Address
- **Domains**
 - Select Mental Health

1. Begin on the Home Page.

The screenshot shows the WITS Home Page. On the left, a blue navigation pane contains links: Home Page, Agency Contacts, Agency (highlighted with a red box and a red arrow), Clinical Dashboard, Client List, System Administration, and Reports. The main content area is titled 'Home' and includes an 'Announcements' table with columns: Actions, Summary, Posted Date, Start Date, and Priority. Below that is an 'Alert List' table with columns: Action, Alert Type, Client Name: ID, Applies To Staff, Message, Facility, and Date Due. At the bottom, there is a 'Schedule for:' section with input fields for Start Date (2/2/2017) and End Date, and buttons for Refresh, Search Calendar, and Edit/Add Schedule. Below this is a table with columns: Actions, Start, End, Summary, and Status.

2. Click **Agency** on the blue navigation pane.

The screenshot shows the WITS Agency List page. On the left, the blue navigation pane is expanded under 'Agency'. The 'Staff Members' link is highlighted with a red box and a red arrow. The main content area is titled 'Agency List' and contains a table with columns: Actions, Name, Display Name, and Description. One row is visible with the name 'Behavioral Health Crisis Center' and display name 'BHCC'.

3. Click **Staff Members** on the blue navigation pane.



Before creating a new staff member account, search for the staff member to confirm they do not already exist in your agency.

Showing 1-3 of 3

	First Name	Last Name	Agency	Status	Email	Identifier	Start Date	Termination Date
	clinician	training	D Williams Agency	Locked	clinical@staff.com	clinician2	01/13/2016	02/13/2016
	Training	Staff	D Williams Agency	Locked	vanskika@dhw.idaho.gov	UserID2	09/07/2016	09/08/2016
	Staff	Training	D Williams Agency	Active	linderc@dhw.idaho.gov	staffm	09/22/2016	09/22/2016

Showing 1-3 of 3

4. Enter your search criteria and click **Search**. The system returns any records that match the search criteria. Confirm that the staff member does not already exist in your agency.

Showing 1-3 of 3

	First Name	Last Name	Agency	Status	Email	Identifier	Start Date	Termination Date
	clinician	training	D Williams Agency	Locked	clinical@staff.com	clinician2	01/13/2016	02/13/2016
	Training	Staff	D Williams Agency	Locked	vanskika@dhw.idaho.gov	UserID2	09/07/2016	09/08/2016
	Staff	Training	D Williams Agency	Active	linderc@dhw.idaho.gov	staffm	09/22/2016	09/22/2016

Showing 1-3 of 3

5. Click **Create New Staff Member**.



Required items have a red line on the right hand side of the box.

Create New Staff Member

Prefix:

First:

Preferred:

Middle:

Last:

Suffix:

Gender:

5. Complete the following fields.
- First Name – enter staff member’s first name.
 - Last Name – enter staff member’s last name.
 - Gender – select staff member’s gender.

6. Click .

MENU | Back to Search | Staff Member Workspace | DONE EDITING

Profile: Staff, Training Female

User Account: Add Account

Domains: ATR, Substance Abuse

Completion Requirements

- + Add Employment Start Date ?
- + Add Email Address ?
- + Add Staff Member Type ?

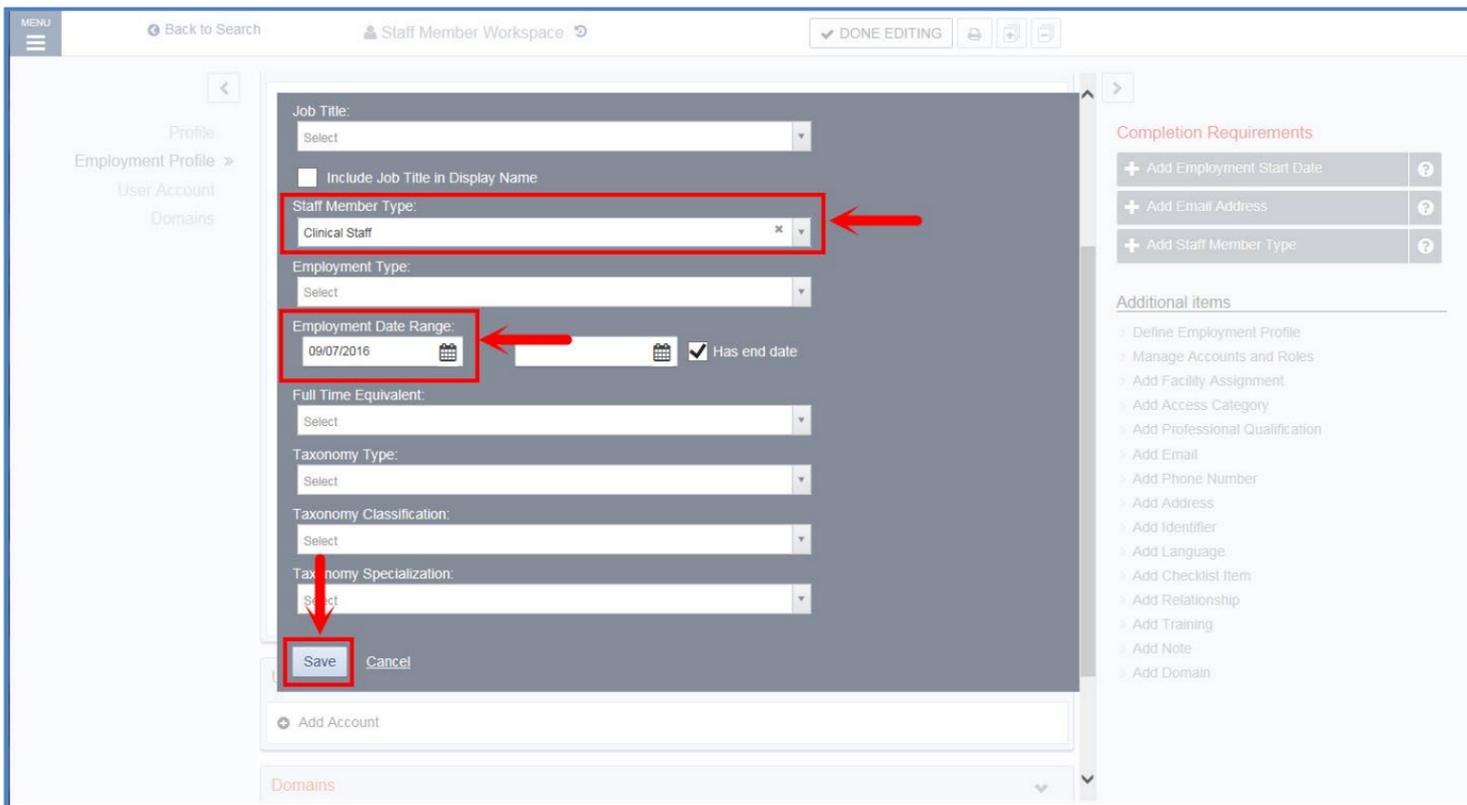
Additional items

- > Define Employment Profile
- > Manage Accounts and Roles
- > Add Facility Assignment
- > Add Access Category
- > Add Professional Qualification
- > Add Email
- > Add Phone Number
- > Add Address
- > Add Identifier
- > Add Language
- > Add Checklist Item

7. Click .

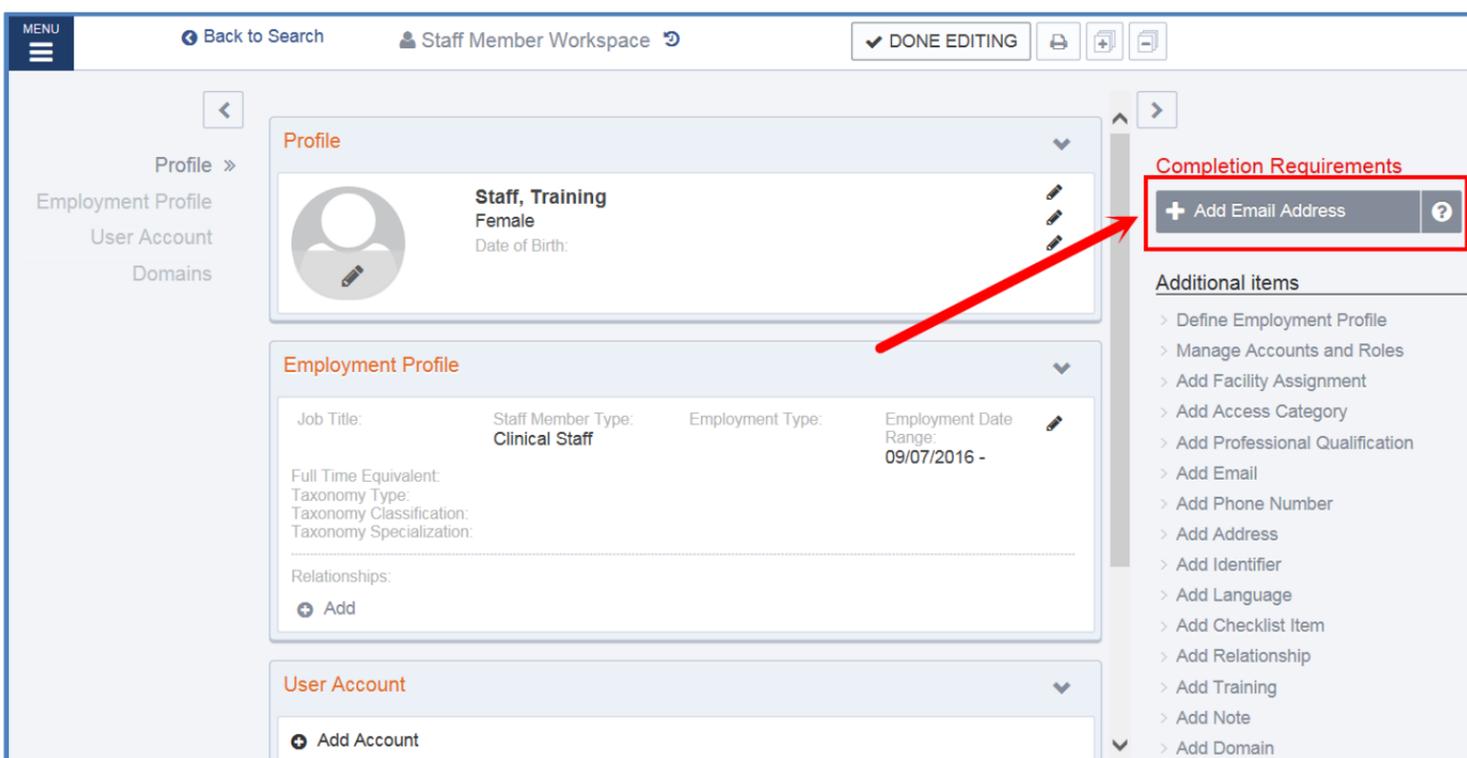


When creating a new staff account, do not enter an employment end date.

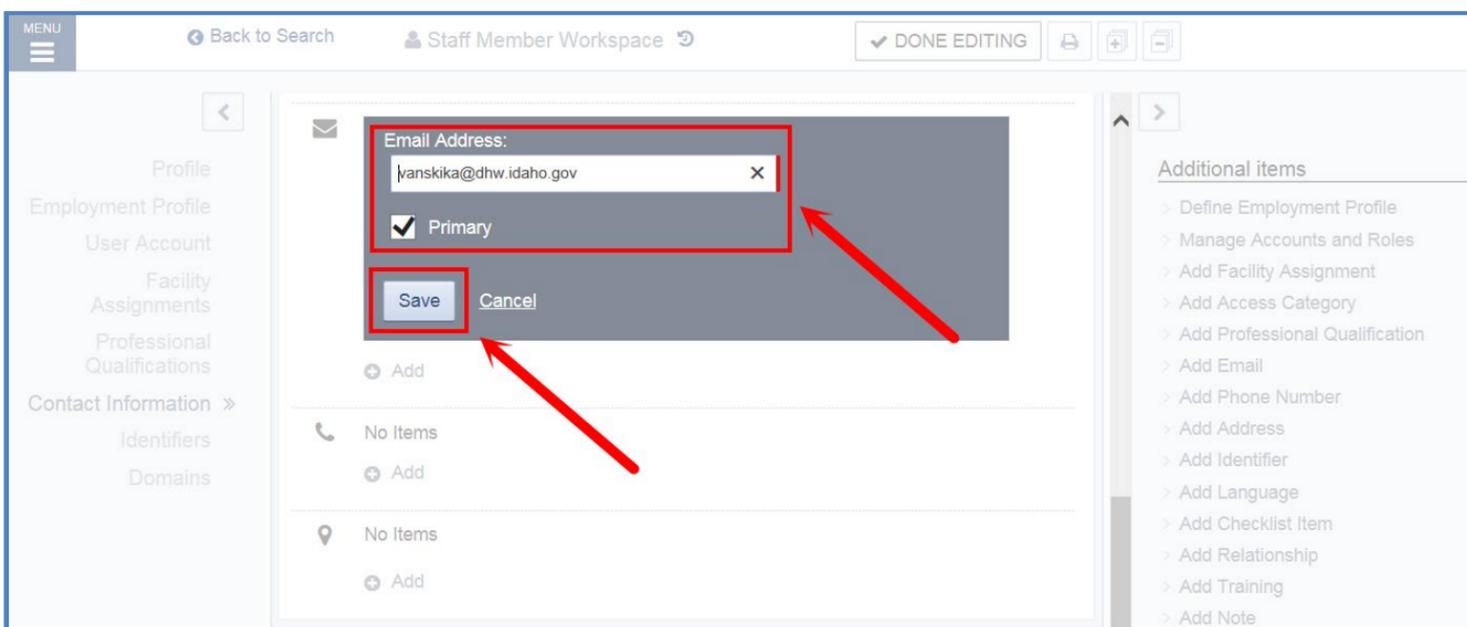


8. Complete the following fields.
- Staff Member Type – select the staff type.
 - Employment Date Range – enter the start date.

9. Click .



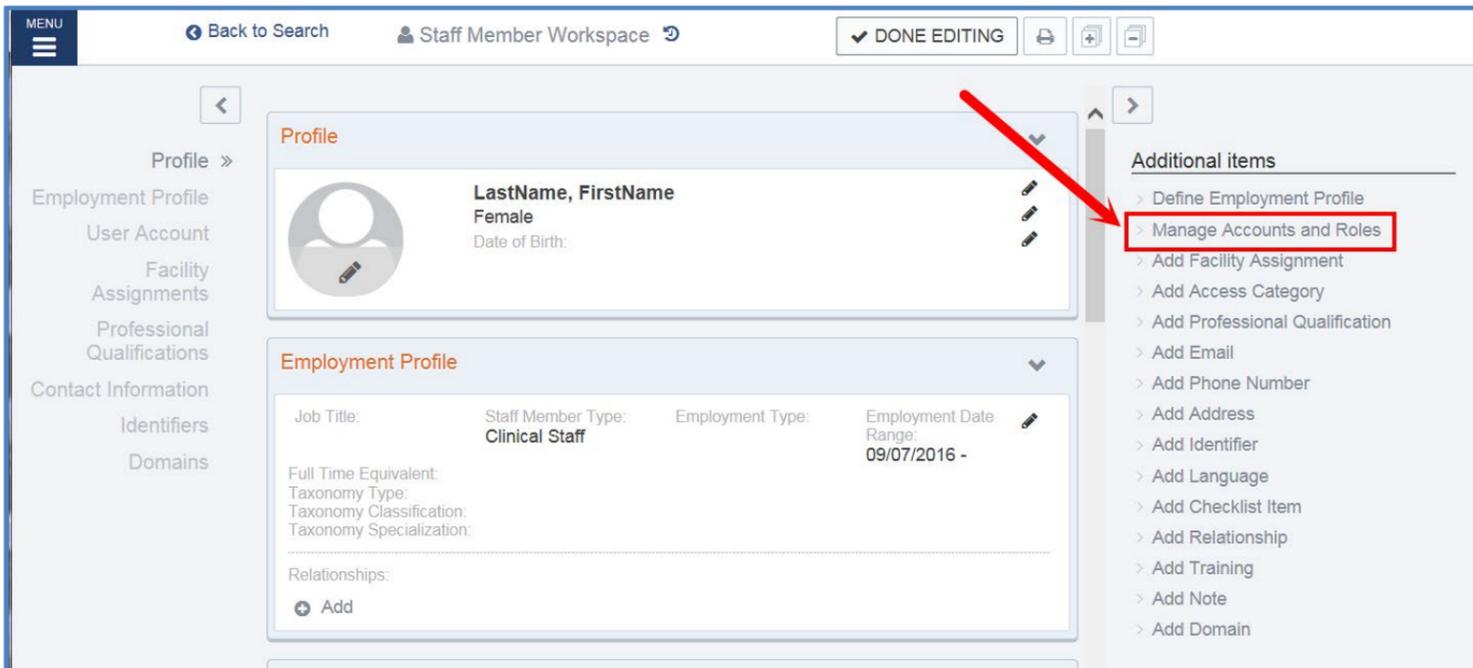
10. Click .



11. Complete the following fields.

- Email Address – enter the staff member’s email address.
- Primary – check the box to indicate this is the primary email for the staff member.

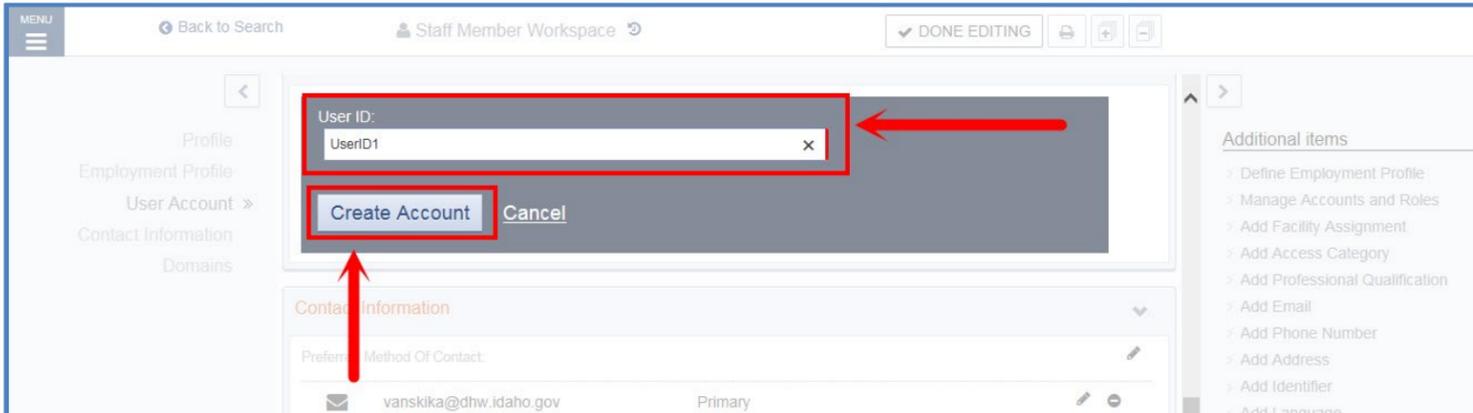
12. Click .



13. Click .



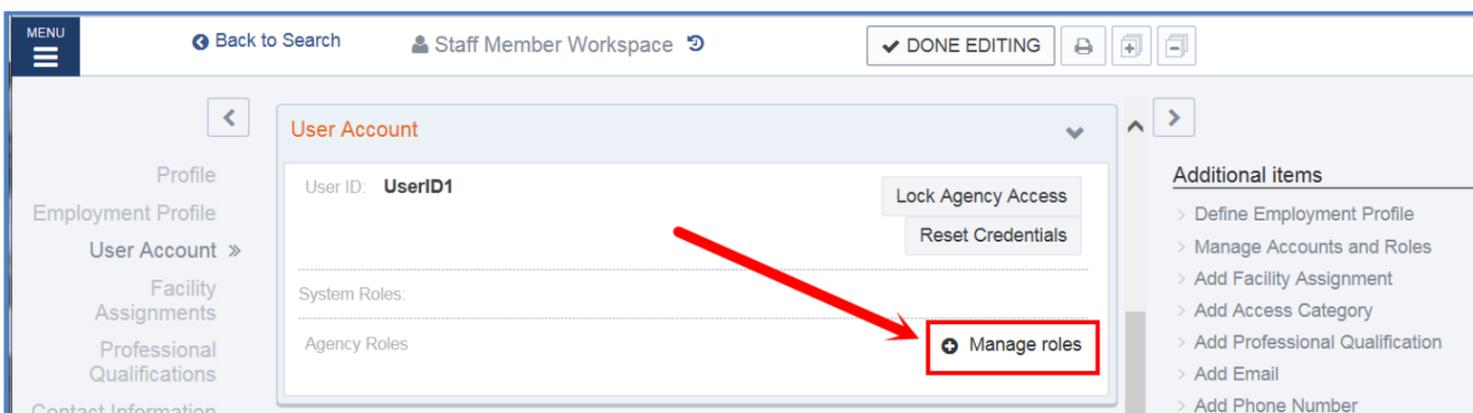
Once you create the User ID it cannot be changed in WITS.

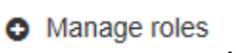


14. Complete the following field.

- User Login ID – enter a user login ID. **The standard is to use the user’s last name and first initial. (Ex: John Smith would be smithj).**

15. Click .



16. Click .



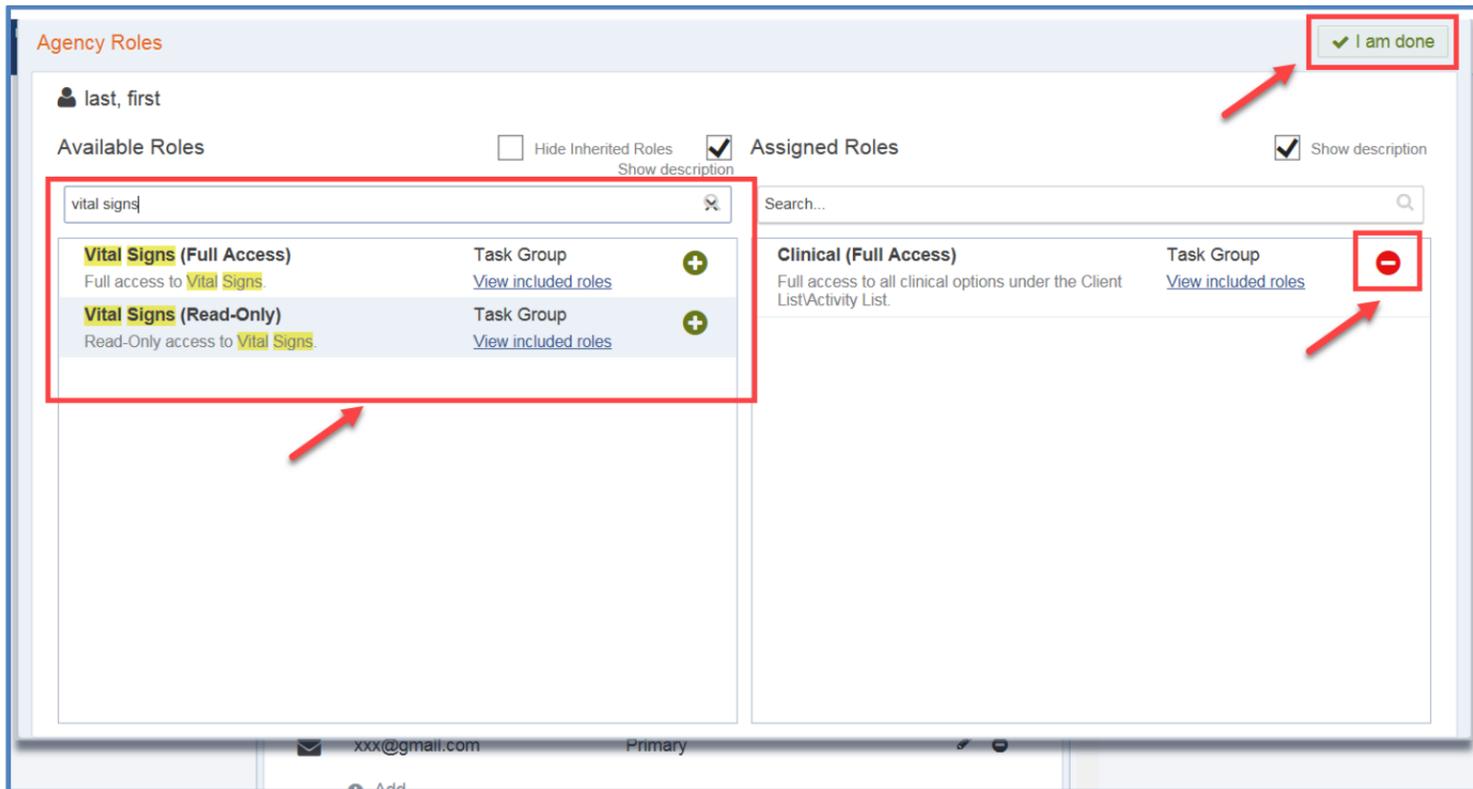
Give staff the level of access (permissions) required to perform their job. Do not give any roles that are not necessary to complete their job.



Assign roles to the staff member's account using the BHCCC Staff Roles.

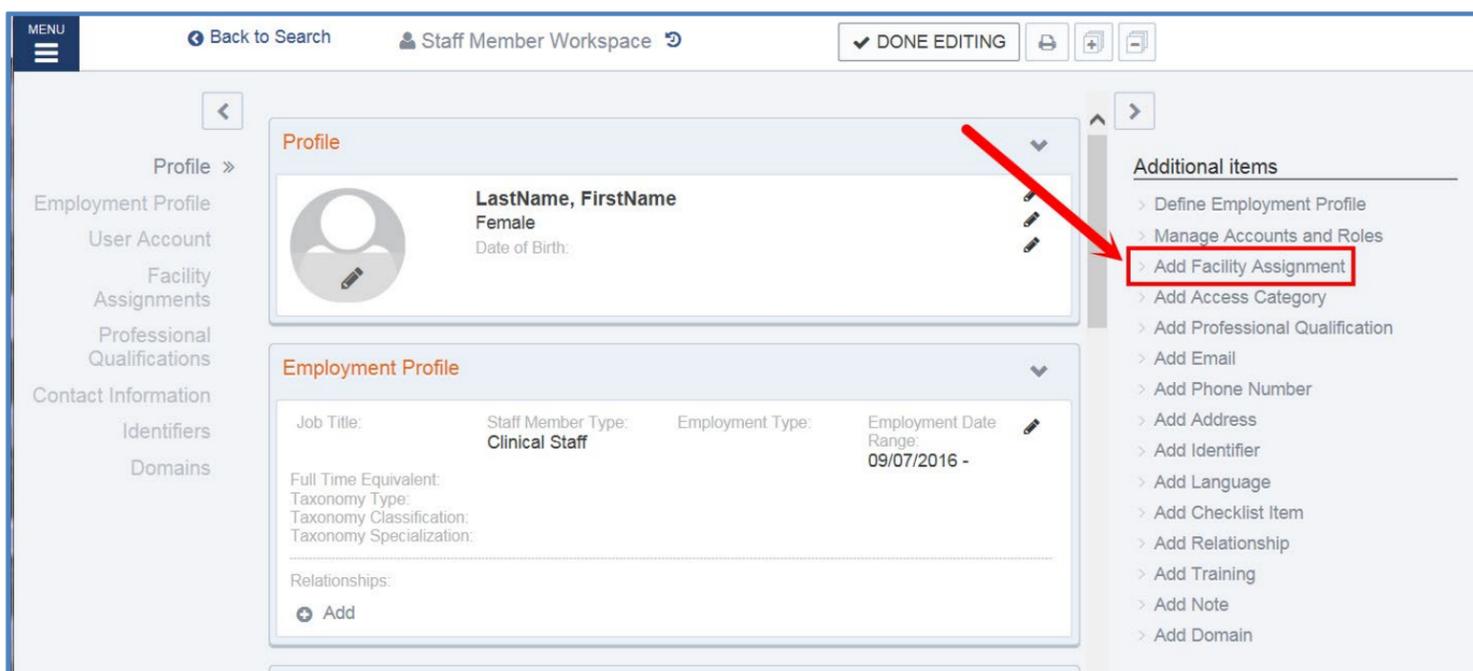


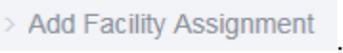
Search for roles by typing in the search bar.



17. Click  to add each permission from the Available Roles to the Assigned Roles box or click  to remove permissions from the Assigned Roles.

18. Click  once all roles have been added.



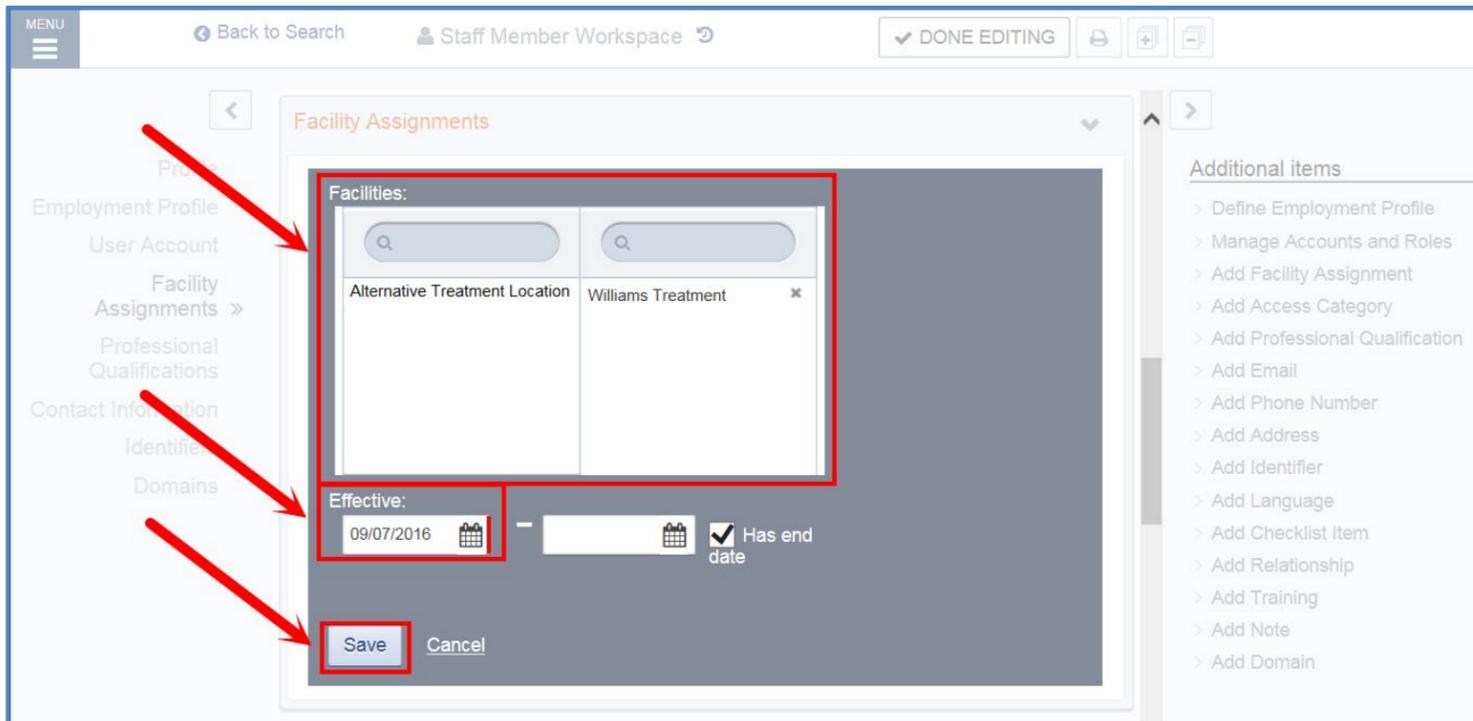
19. Click .



When creating a new staff account, do not enter a facility end date.



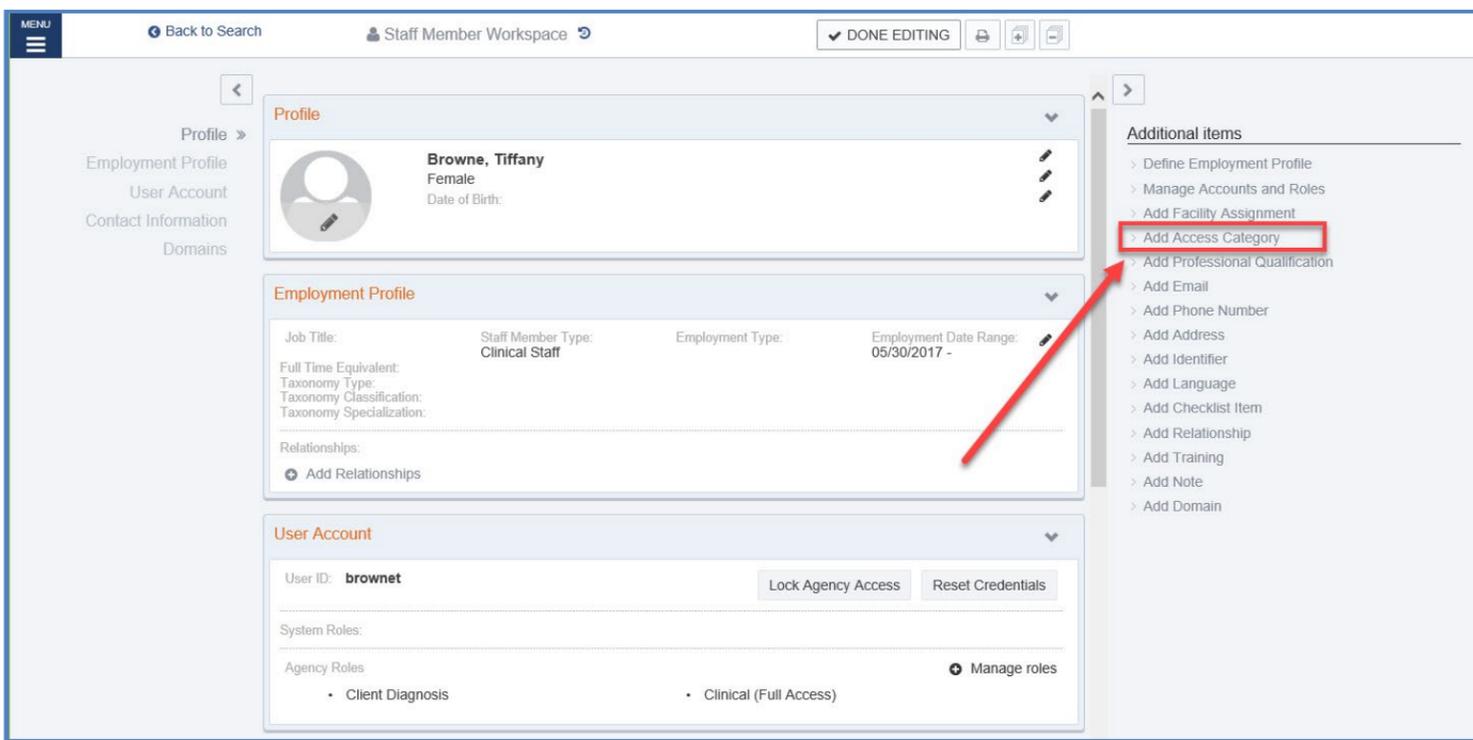
When a facility is listed in the left hand box, a user will not be able to access it.



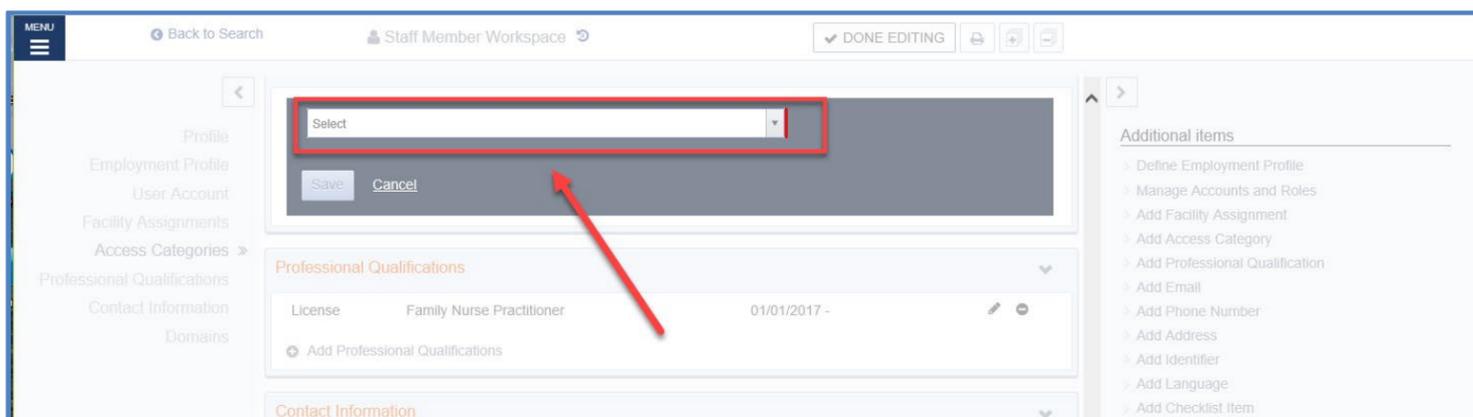
20. Complete the following fields.

- Facilities – select the facilities your staff need to access. Clicking on them in the left-hand box will move them to the right-hand box, which denotes a selected facility.
- Effective – enter the start date.

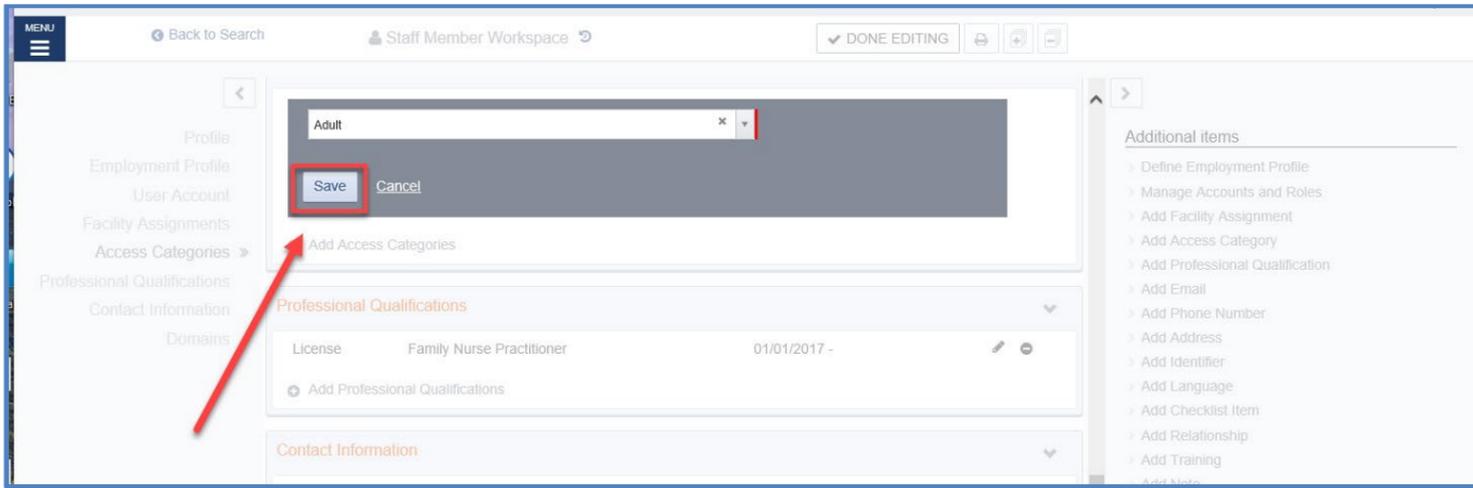
21. Click .



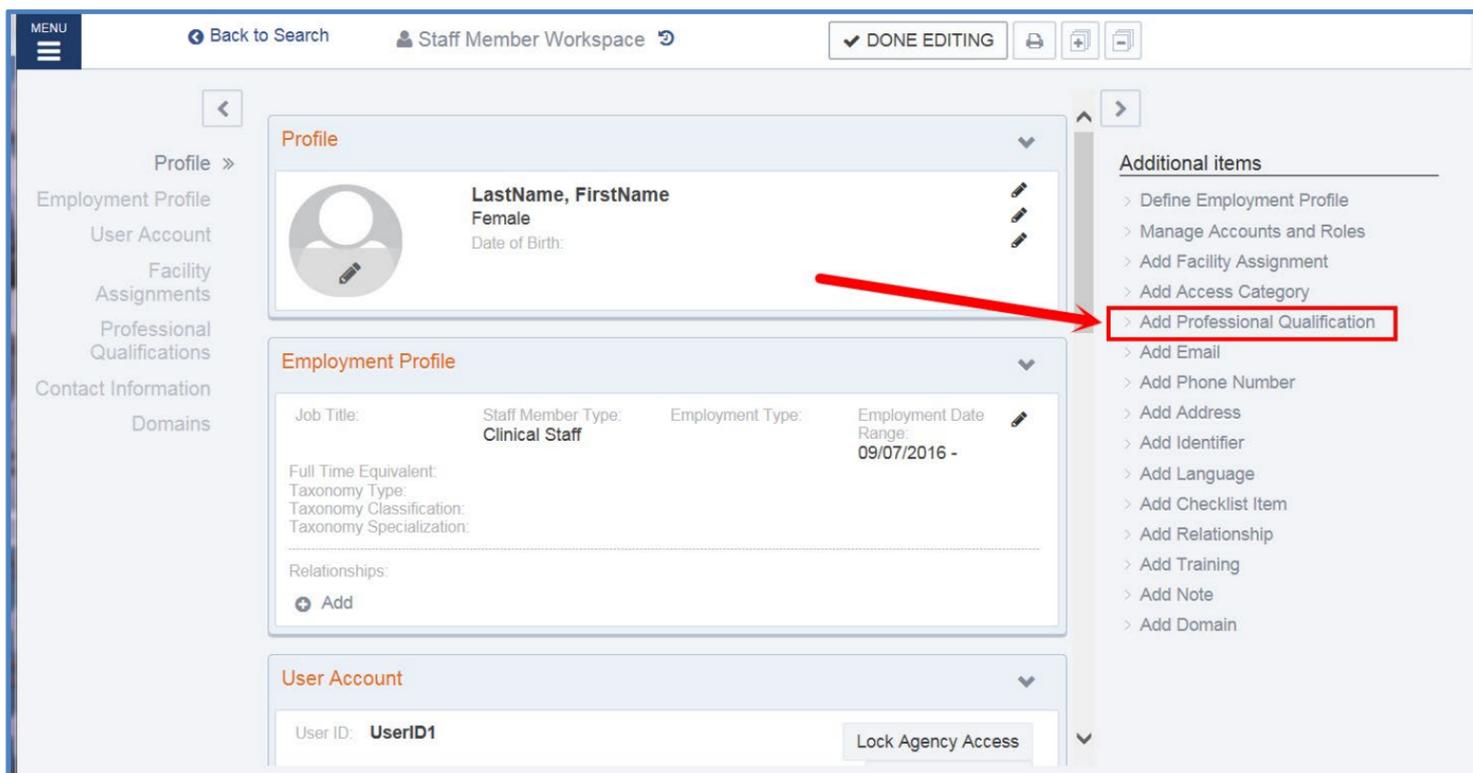
22. Click .



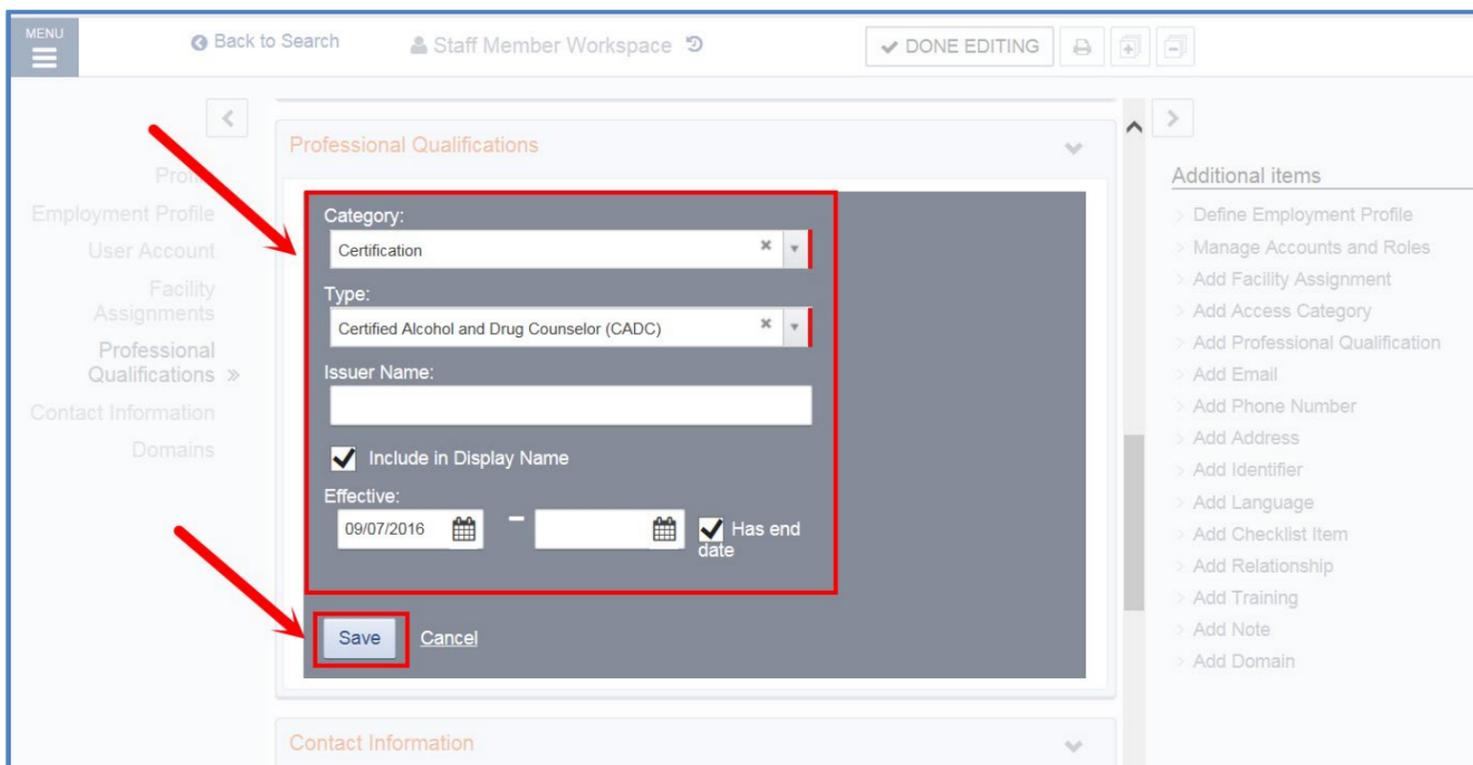
23. Complete the following field.
- Access Category – select Adult



24. Click .



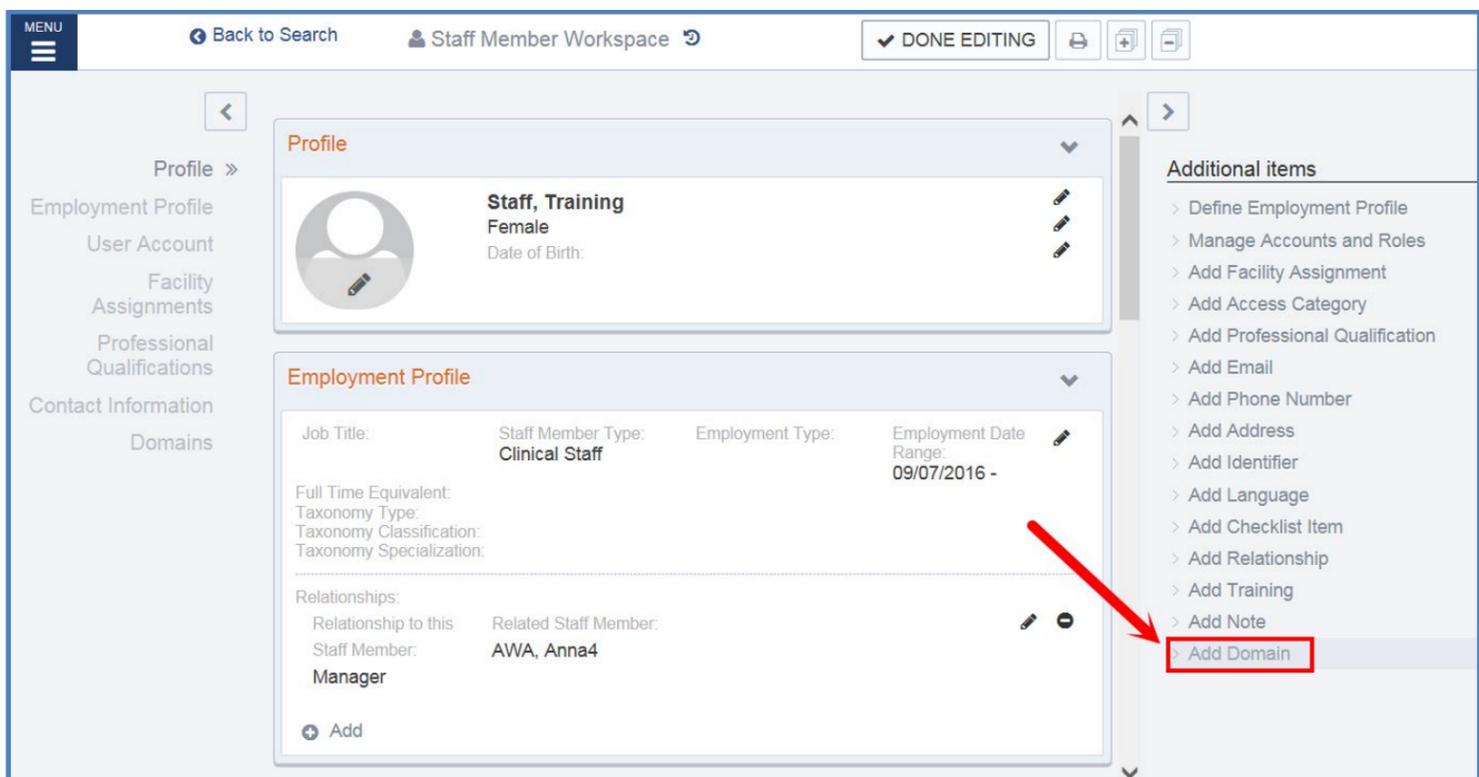
25. Click  if applicable. **The credentials entered here will populate on electronic signatures in WITS.**

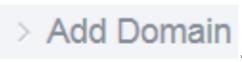


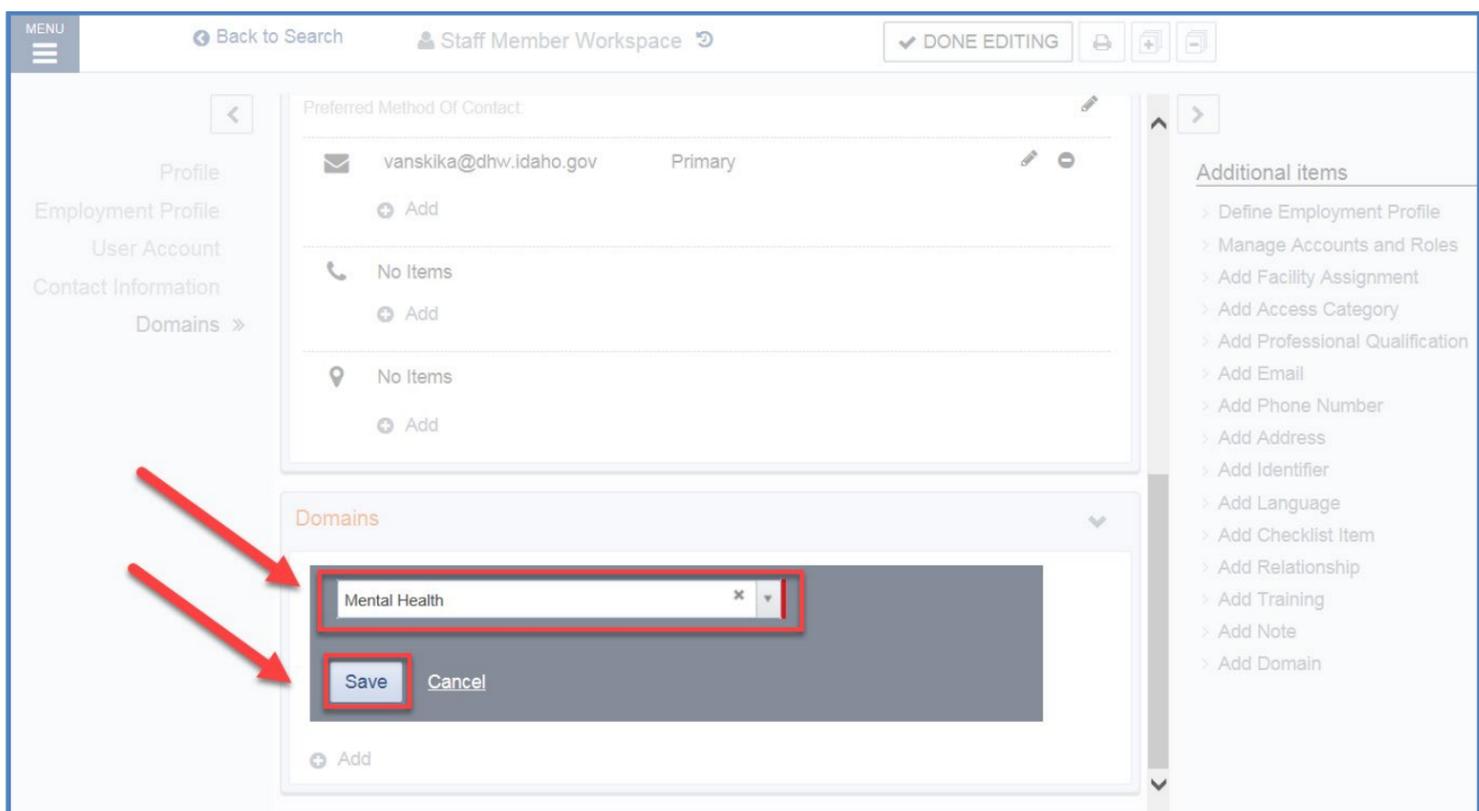
26. Complete the following fields.

- Category – select Certification, Degree, or License.
- Type – select the type of professional qualification.
- Include in Display Name – check this box to include the Professional Qualification in the staff member's display name.
- Effective – enter the start date.

27. Click .

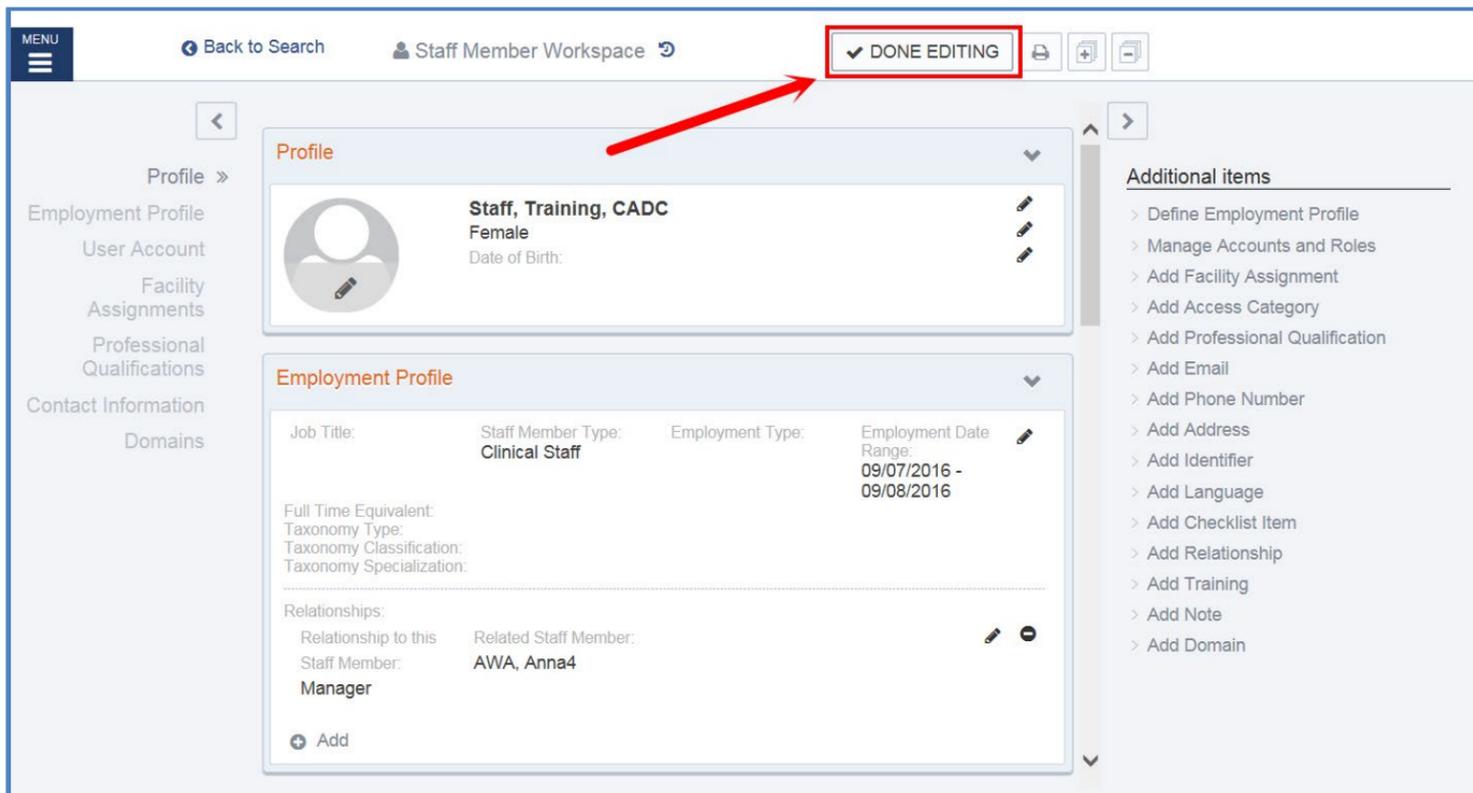


28. Click .



29. Select Mental Health.

30. Click .



31. Click

Process & Instructions for Reactivation/Adding an Employee to WITS that Previously had a WITS Account in my Agency



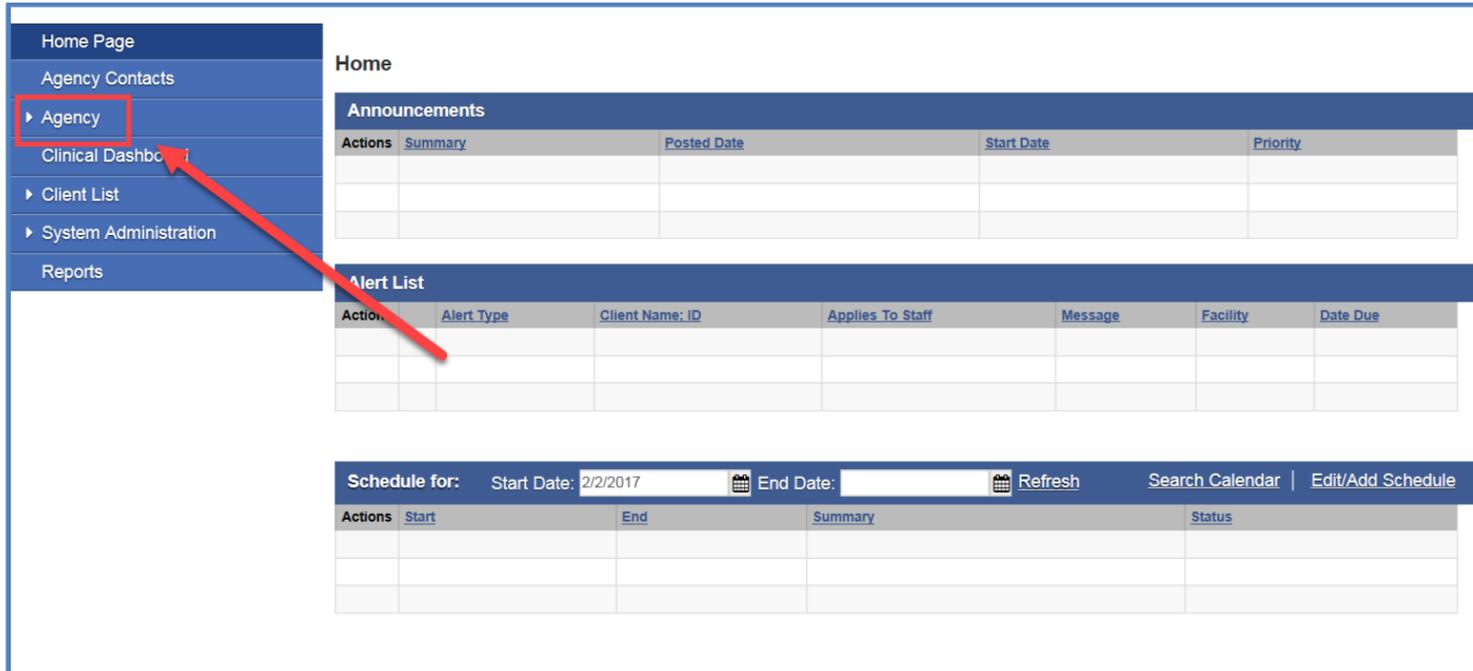
Create and submit an Account Administration Support Ticket in WITS and attach the signed [Idaho WITS User Agreement](#) within five (5) business days of creating or reactivating the WITS staff member account.

1. Make sure the staff member has read and signed a new [Idaho WITS User Agreement](#).
2. Review the staff member's previous WITS account.
 - a. Look at the User ID. If there are numbers after the User ID such as "brown5478", you will not be able to reactivate the WITS account.
 - If the account has a User ID similar to the example above, create a new staff account.
 - If the account does not have a User ID similar to the example above, follow this process:
 - Unlock the staff member's account
 - Remove the end date in the Employment Date Range, End Date field on the staff profile
 - Verify all contact information, access categories, access to facilities, etc. is correct
 - Assign roles to the staff member's account using the BHCCC Staff Roles. Give staff the level of access (permissions) required to perform their job. Do not give any roles that are not necessary to complete their job.
3. Create an Account Administration Support Ticket in WITS within five (5) business days of creating the WITS staff member account.
 - a. Include the following information in the Description field of the Support Ticket:
 - Staff Member's first and last name
 - Document any requests for elevated privileges. For example, you may request a staff member other than the AWA to also have the ability to reset passwords/PINs.
 - b. Attach a copy of the signed [Idaho WITS User Agreement](#).
 - c. Submit the Support Ticket to the WITS Help Desk for processing (click Submit to WITS Admin).

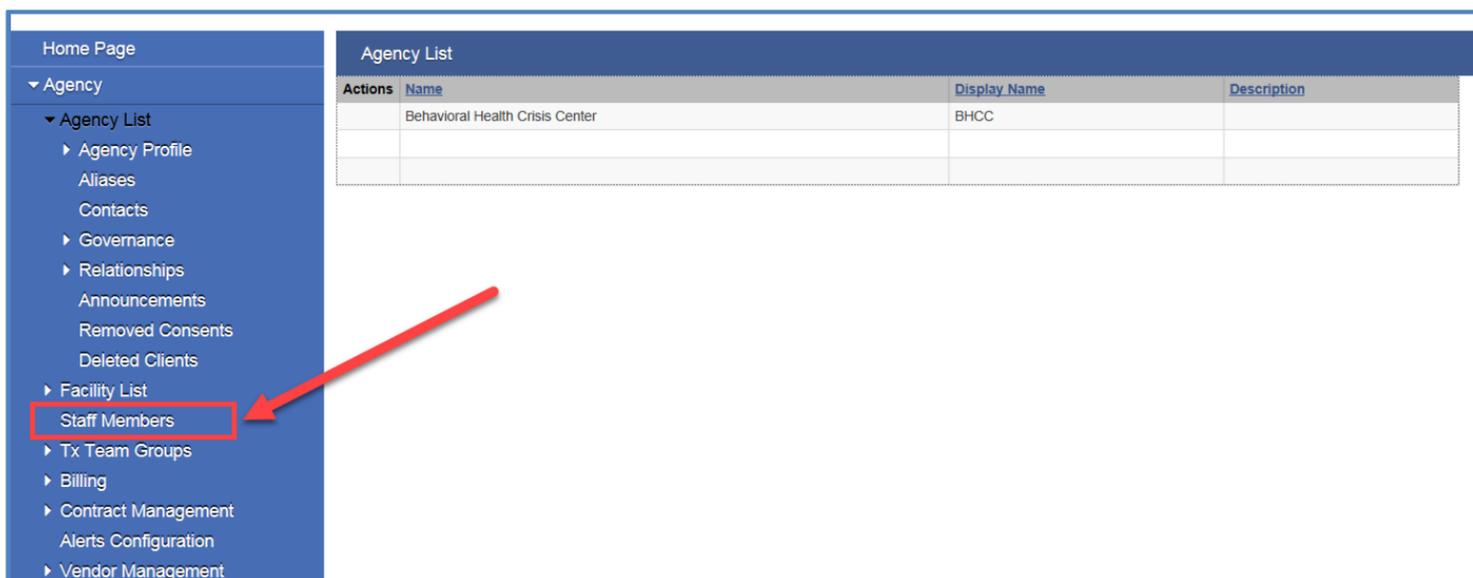
The WITS Help Desk staff will process a Support Ticket within three (3) business days of it being received. When additional information is required, the Support Ticket will be resolved within two (2) business days of receipt of the additional information. When additional information is requested and a response is not received within five (5) business days, the Support Ticket will be closed and the request will not be processed.

How to Reactivate a Staff Profile

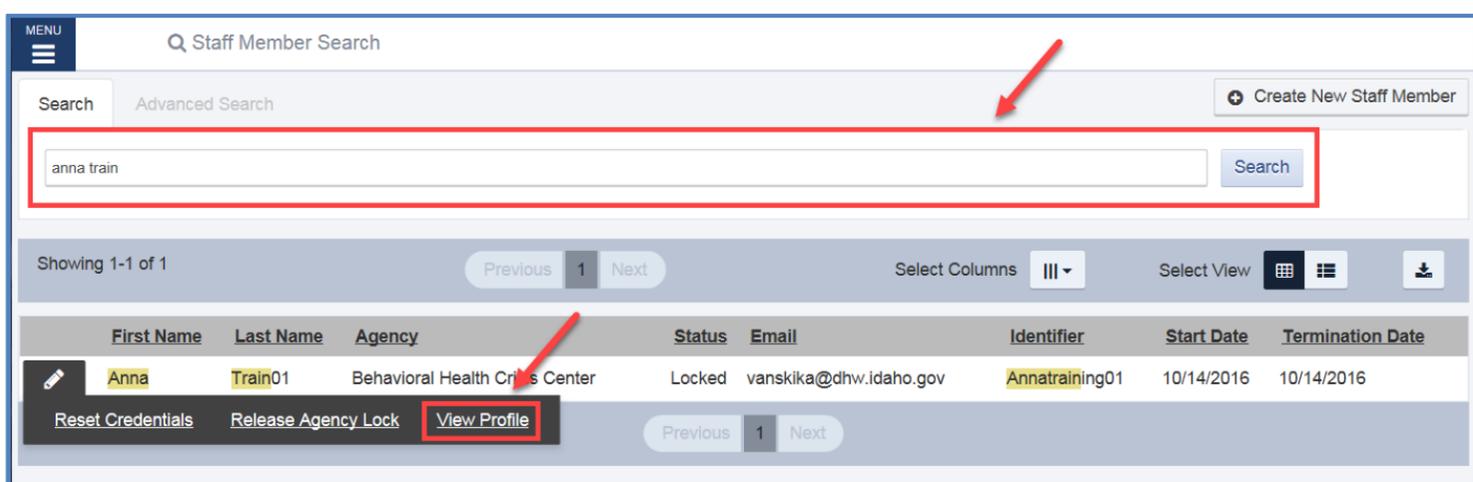
1. Begin on the Home Page.



2. Click **Agency** on the blue navigation pane.

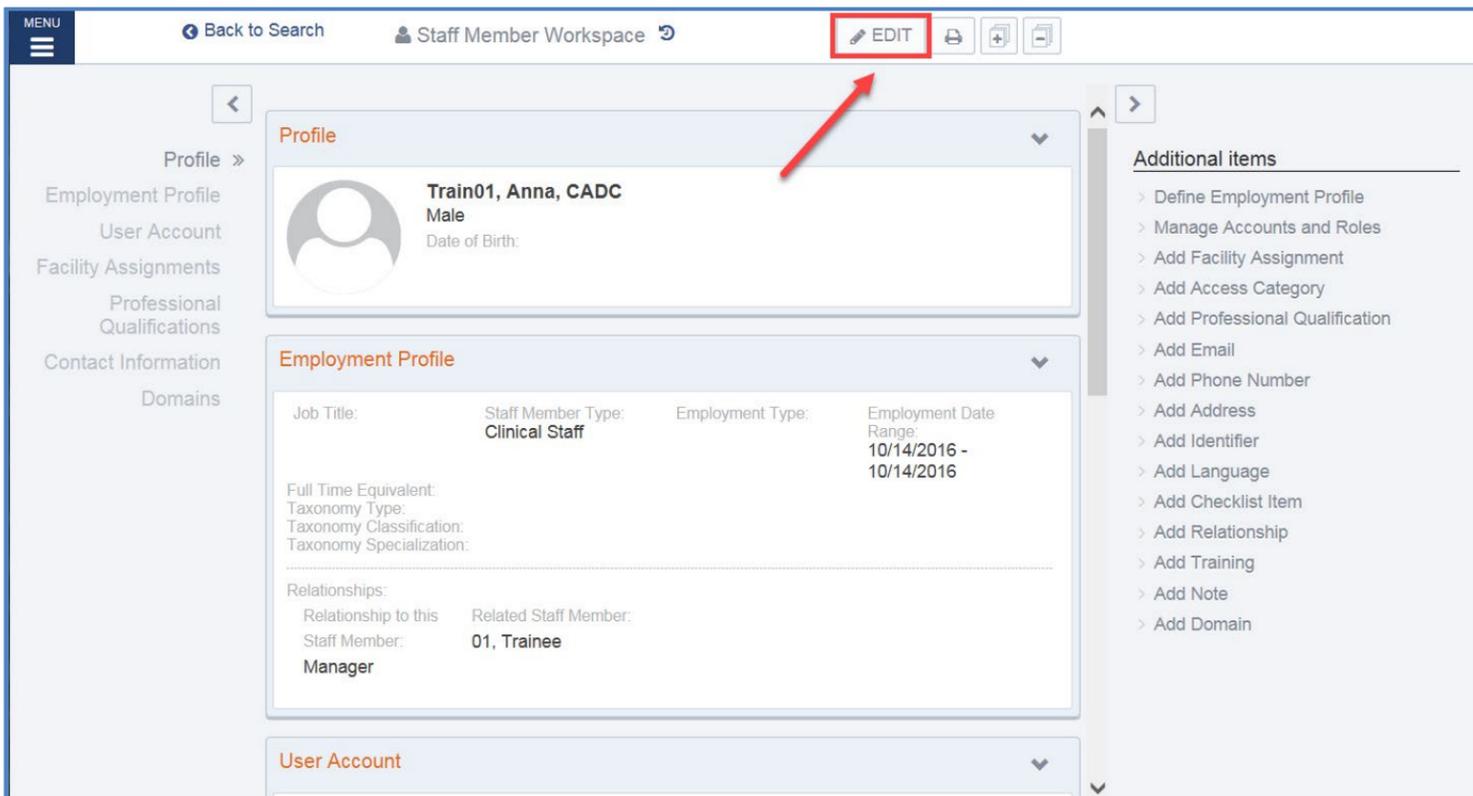


3. Click **Staff Members** on the blue navigation pane.

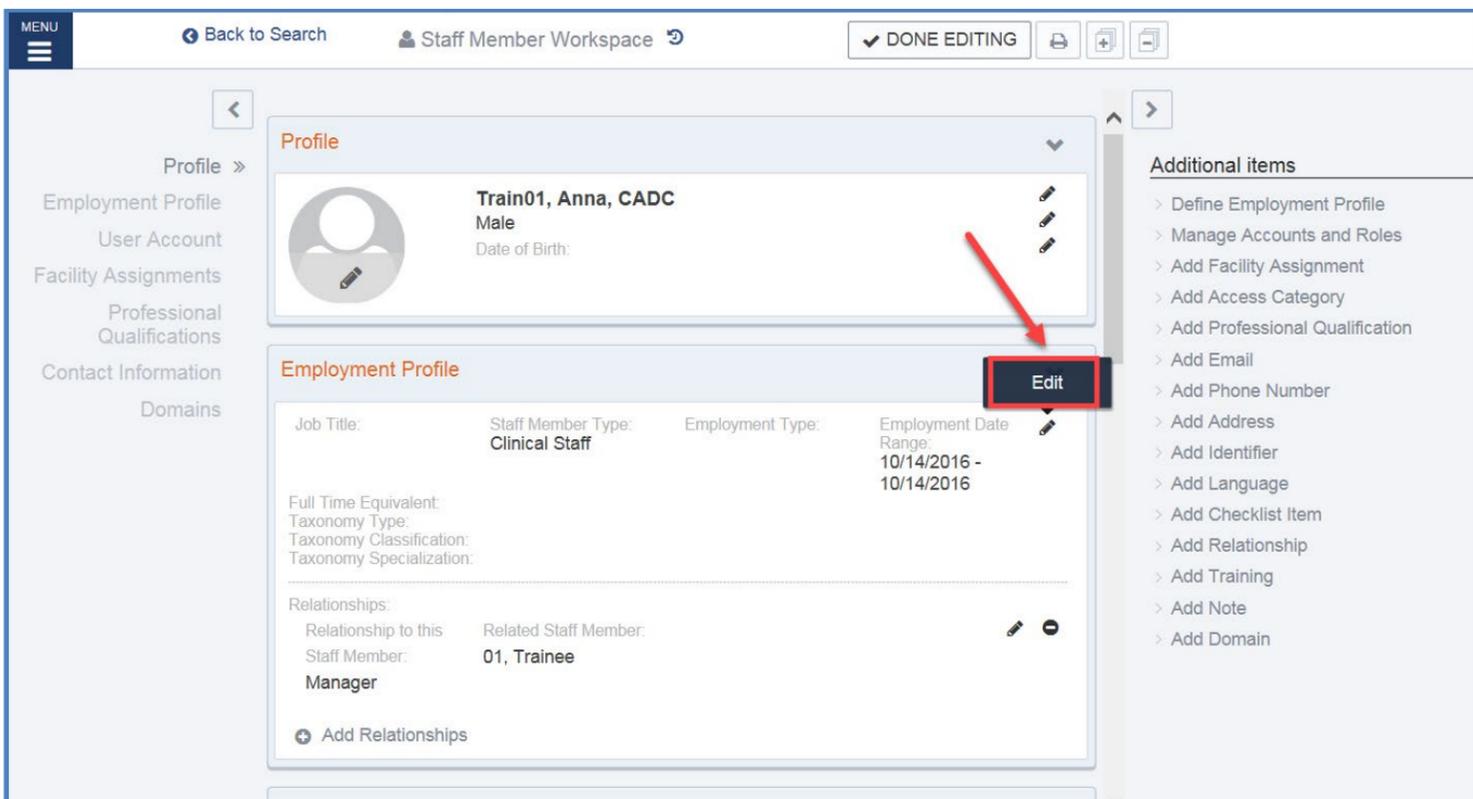


4. Enter your search criteria and click **Search**. The system returns any records that match the search criteria.

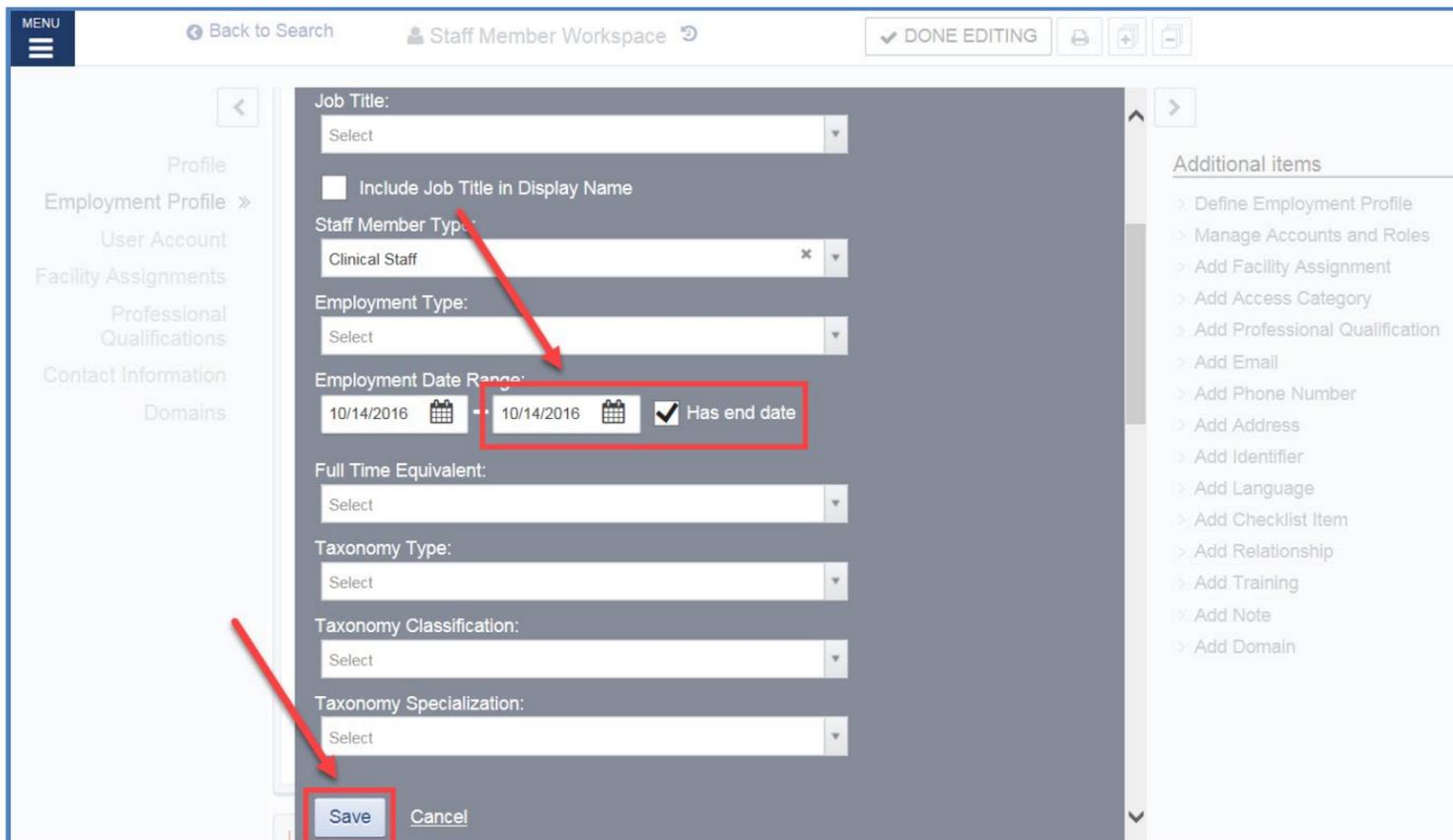
5. Hover over the  and click **View Profile**.



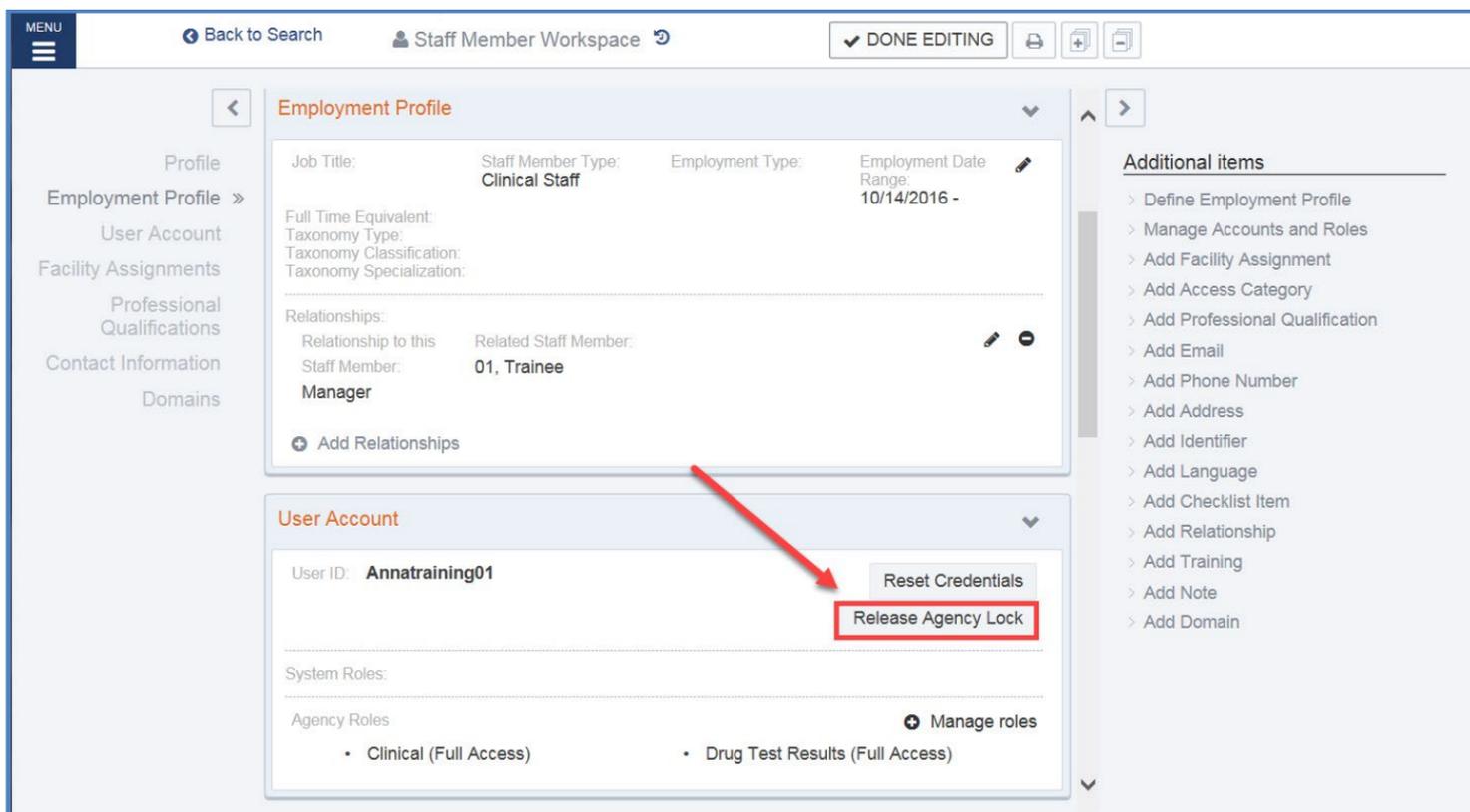
6. Click 



7. Scroll to the Employment Profile section, hover over the  and click  beside the Employment Date Range.



8. Delete the end date from the Date Range field and click **Save**.



9. Scroll to the User Account section and click **Release Agency Lock**.



10. Click **Release Lock**.

The screenshot shows the 'Staff Member Workspace' interface. At the top, there is a 'Back to Search' link, a user profile icon, and a 'DONE EDITING' button with a checkmark. The main content area is divided into three sections: 'Profile', 'Employment Profile', and 'User Account'. The 'Profile' section shows a placeholder for a photo and the name 'Train01, Anna, CADC' with 'Male' and 'Date of Birth:' below it. The 'Employment Profile' section contains fields for 'Job Title:', 'Staff Member Type: Clinical Staff', 'Employment Type:', and 'Employment Date Range: 10/14/2016 -'. Below this are 'Full Time Equivalent:', 'Taxonomy Type:', 'Taxonomy Classification:', and 'Taxonomy Specialization:'. The 'Relationships' section shows 'Relationship to this Staff Member: 01, Trainee Manager' with an 'Add Relationships' button. The 'User Account' section is partially visible at the bottom. On the right side, there is a list of 'Additional items' including 'Define Employment Profile', 'Manage Accounts and Roles', 'Add Facility Assignment', 'Add Access Category', 'Add Professional Qualification', 'Add Email', 'Add Phone Number', 'Add Address', 'Add Identifier', 'Add Language', 'Add Checklist Item', 'Add Relationship', 'Add Training', 'Add Note', and 'Add Domain'. A left-hand navigation menu includes 'Profile', 'Employment Profile', 'User Account', 'Facility Assignments', 'Professional Qualifications', 'Contact Information', and 'Domains'.

11. Review and update all information and roles on the Staff Member's Profile. When completed, click **DONE EDITING**.

Process for Designating a Staff Member as an AWA



Permissions will be granted after the designated staff member has attended an Agency WITS Administrator training.



AWA roles will be assigned by the Idaho WITS Help Desk.

1. Complete the [Agency WITS Administrator Checklist and Designation Form](#).
2. If the staff member has an active staff member account in WITS, go to step 4.
3. If the staff member does not have an active staff member account in WITS, make sure they have read and signed a new [Idaho WITS User Agreement](#).
 - a. Create the staff member's WITS account
4. Create an Account Administration Support Ticket in WITS (within five (5) business days of creating the WITS staff member account).
 - a. Include the following information in the Description field of the Support Ticket:
 - Staff Member's first and last name is designated as an AWA.
 - b. Attach a copy of the signed Idaho WITS User Agreement (if applicable) and the AWA form.
 - c. Submit the Support Ticket to the WITS Help Desk for processing (click Submit to WITS Admin).
 - i. The WITS Help Desk will schedule an on-line training for the new AWA within 2 weeks of processing the completed Support Ticket.

The WITS Help Desk staff will process a Support Ticket within three (3) business days of it being received. When additional information is required, the Support Ticket will be resolved within two (2) business days of receipt of the additional information. When additional information is requested and a response is not received within five (5) business days, the Support Ticket will be closed and the request will not be processed.

Process & Instructions for Revoking a Staff Member's WITS Account



WITS access should be revoked within 24 hours of a staff member leaving the BHCCC's employment or no longer requiring WITS access to perform their job.



Create and submit an Account Administration Support Ticket in WITS within five (5) business days of revoking a WITS staff member account.

1. Review the staff member's WITS account.
 - a. Lock the staff member's WITS account within 24 hours of a staff member leaving or no longer requiring WITS access using the instructions below.
 - b. Enter an end date in the Employment Date Range, End Date field of the staff member's profile in WITS. Do Not remove or update the staff member's email address.
2. Complete an [Idaho WITS Staff Member Revocation Form](#) for the staff member. An AWA or a Supervisor must sign the form.
3. Create an Account Administration Support Ticket in WITS within five (5) business days of revoking the WITS staff member account.
 - a. Include the following information in the Description field of the Support Ticket:
 - Access revoked for Staff Member (first and last name).
 - b. Save the Support Ticket and attach the signed Idaho WITS Staff Member Revocation Form.
 - c. Submit the Support Ticket to the WITS Help Desk for processing (click Submit to WITS Admin).

The WITS Help Desk staff will process a Support Ticket within three (3) business days of it being received. When additional information is required, the Support Ticket will be resolved within two (2) business days of receipt of the additional information. When additional information is requested and a response is not received within five (5) business days, the Support Ticket will be closed and the request will not be processed.

Revoking a Staff Member's WITS Account



WITS access should be revoked within 24 hours of a staff member leaving the agency's employment or no longer requiring WITS access to perform their job.

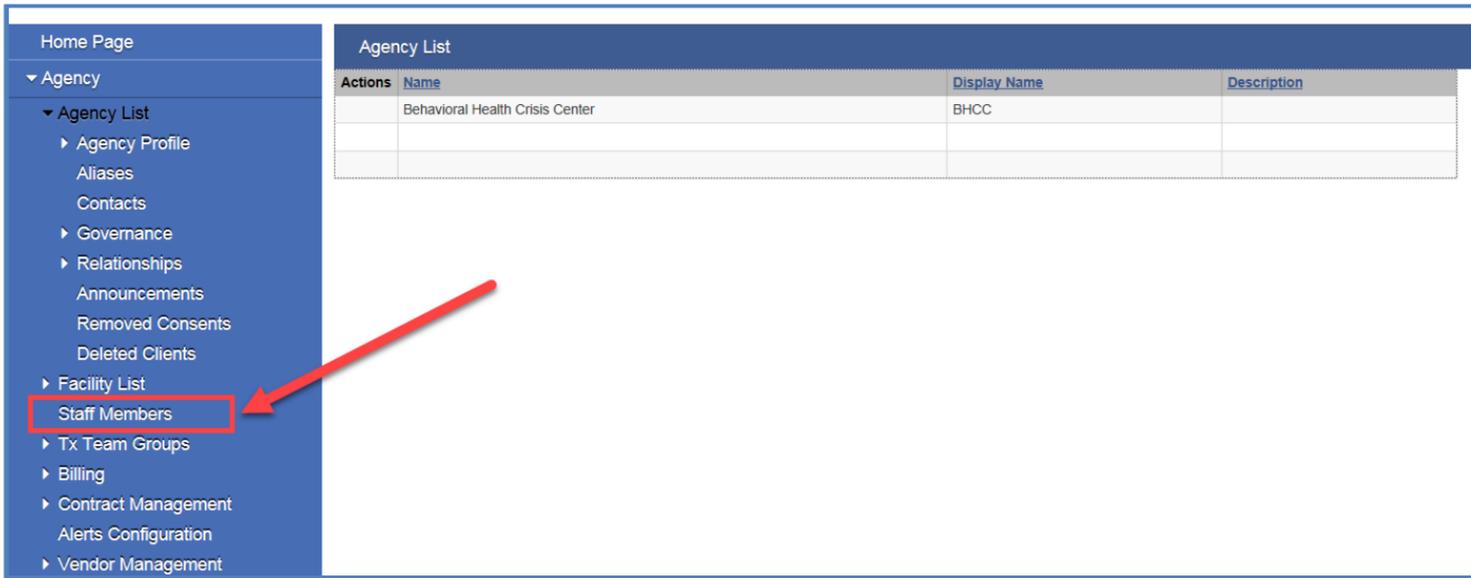


Create and submit an Account Administration Support Ticket in WITS within five (5) business days of revoking a WITS staff member account.

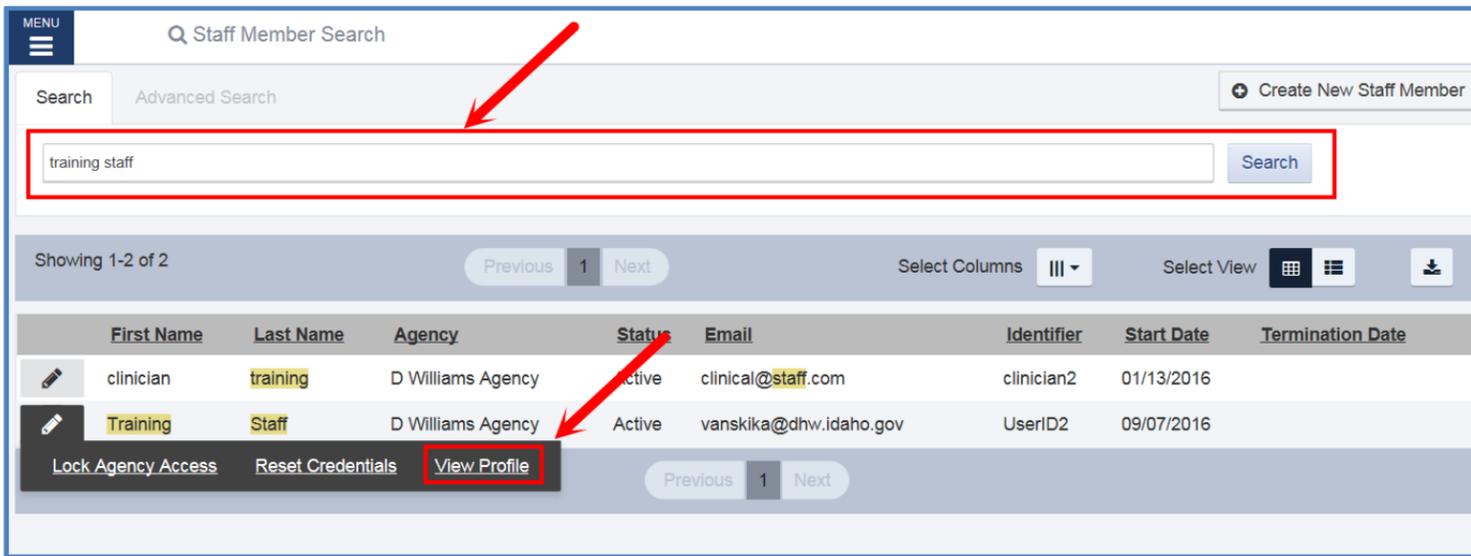
1. Begin on the Home Page.

The screenshot shows the WITS Home Page. On the left is a blue navigation pane with the following items: Home Page, Agency Contacts, Agency (highlighted with a red box and a red arrow), Clinical Dashboard, Client List, System Administration, and Reports. The main content area is titled 'Home' and contains three sections: 'Announcements' with a table with columns 'Actions', 'Summary', 'Posted Date', 'Start Date', and 'Priority'; 'Alert List' with a table with columns 'Action', 'Alert Type', 'Client Name; ID', 'Applies To Staff', 'Message', 'Facility', and 'Date Due'; and 'Schedule for:' with a table with columns 'Actions', 'Start', 'End', 'Summary', and 'Status'. The 'Schedule for:' section also includes a 'Start Date' field with the value '2/2/2017', an 'End Date' field, a 'Refresh' button, and links for 'Search Calendar' and 'Edit/Add Schedule'.

2. Click **Agency** on the blue navigation pane.

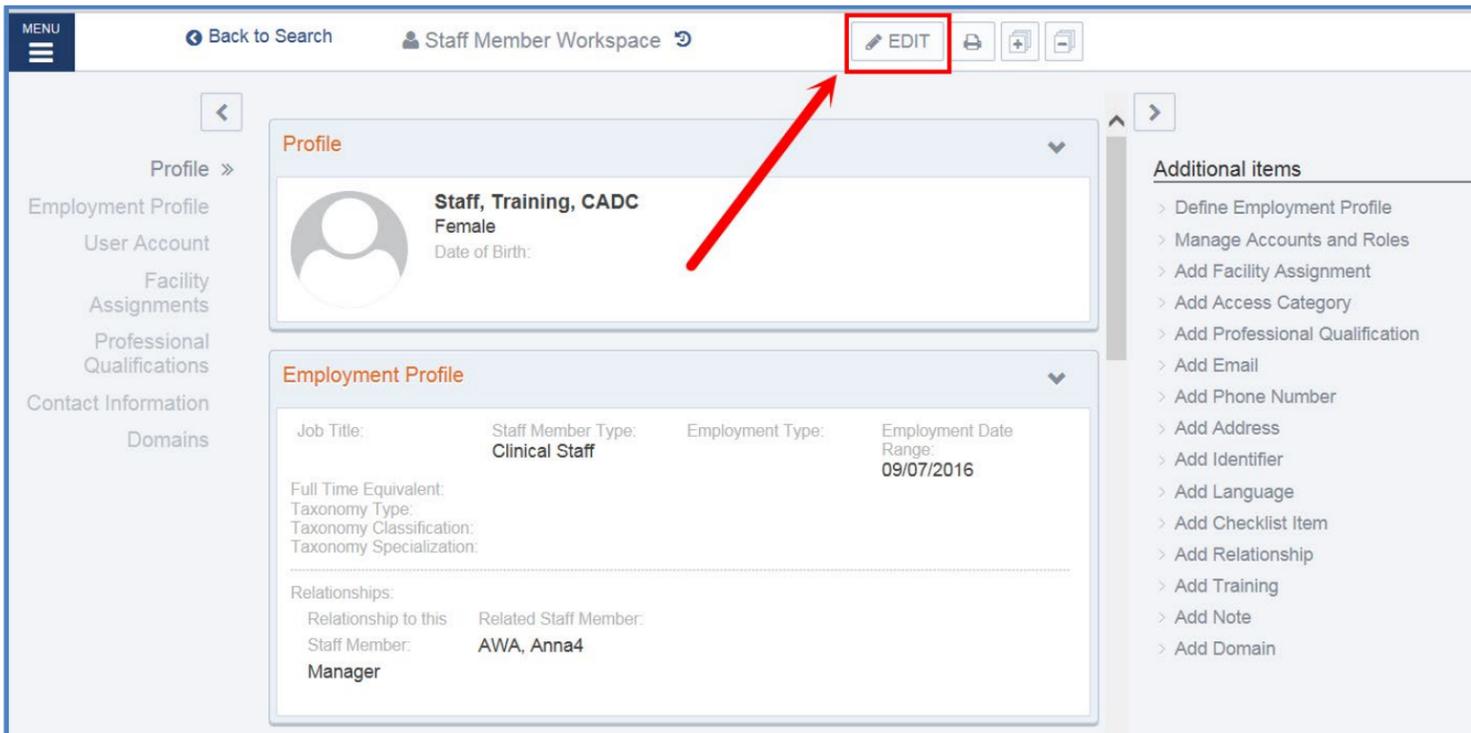


3. Click **Staff Members** on the blue navigation pane.

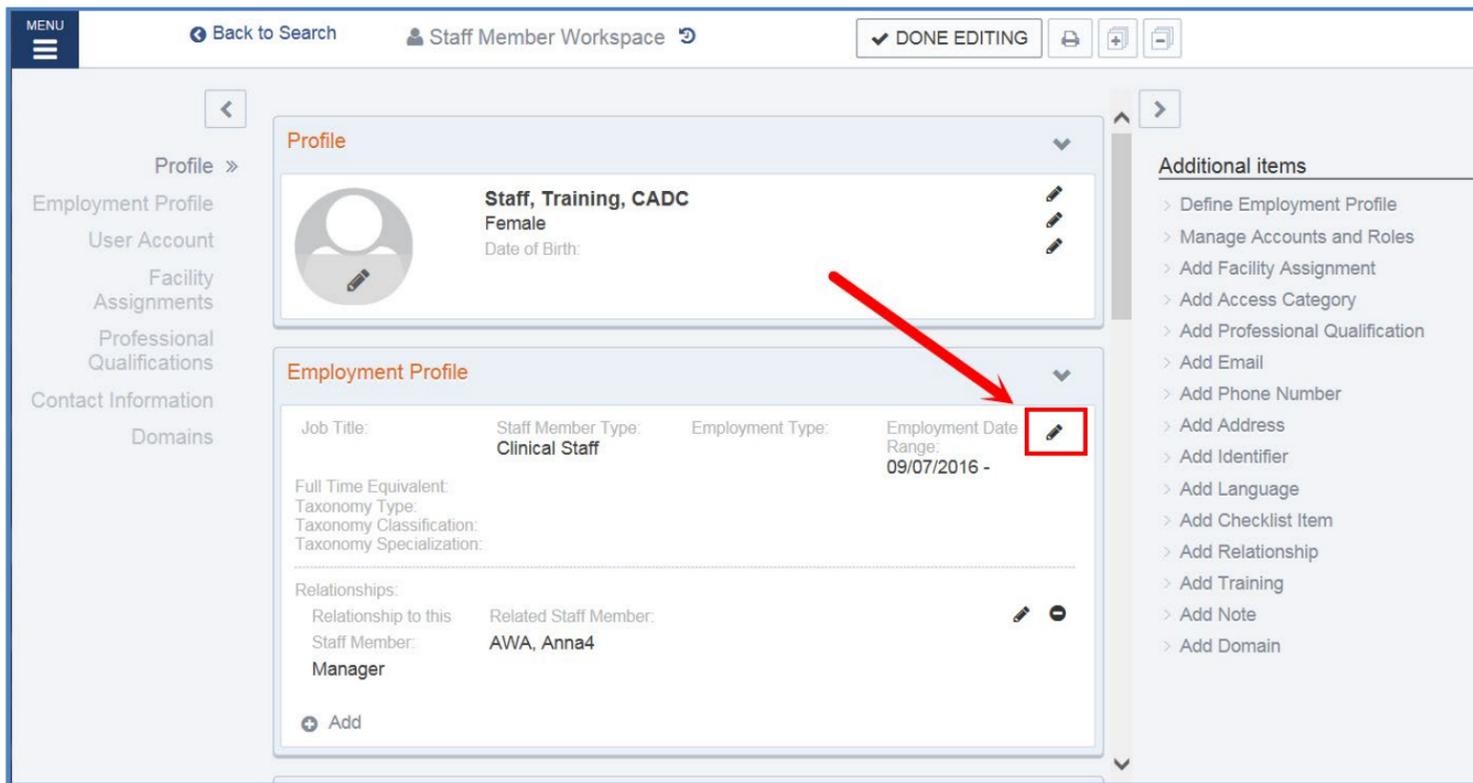


4. Enter your search criteria and click **Search**. The system returns any records that match the search criteria.

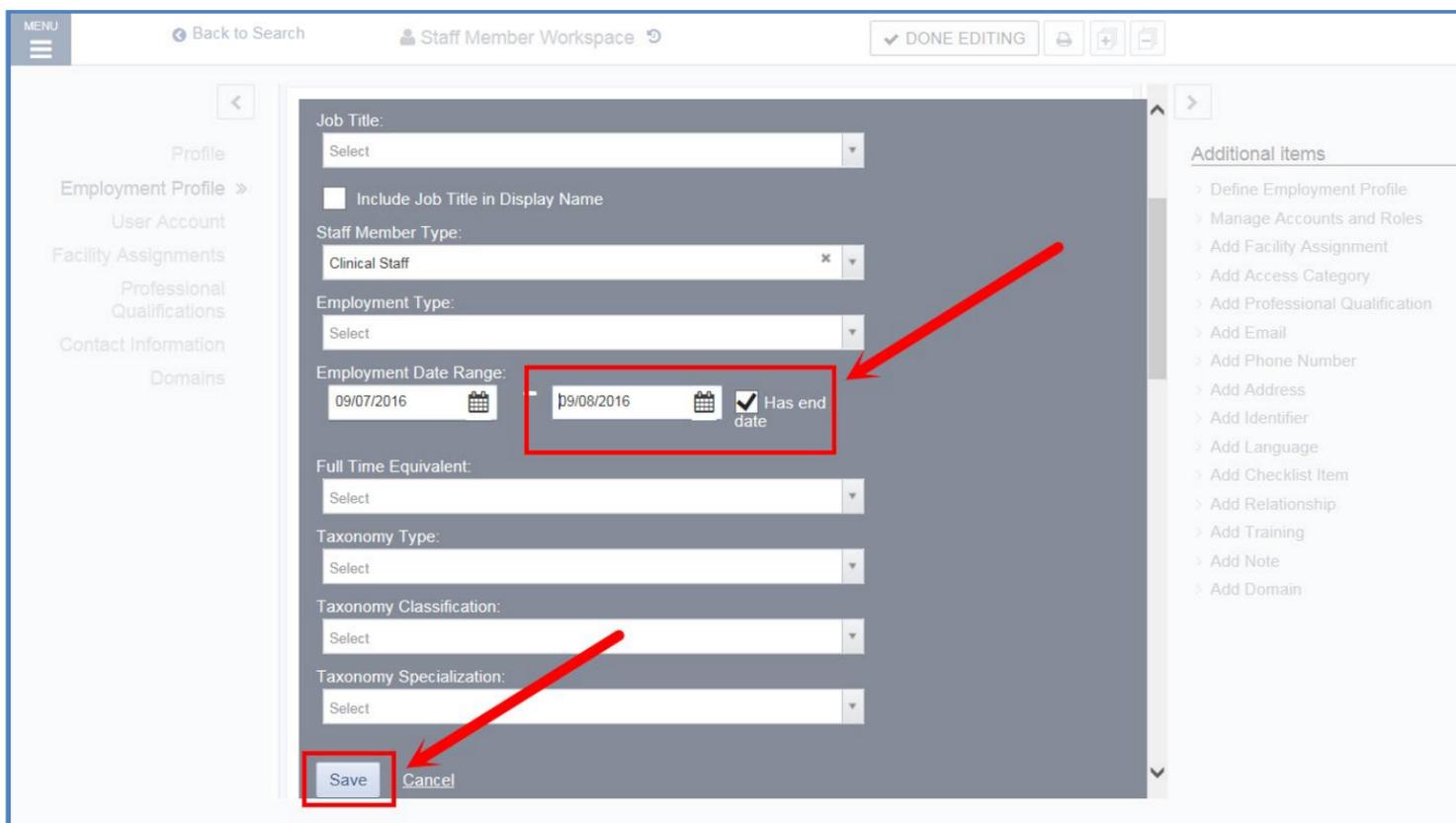
5. Hover over the  and click **View Profile**.



6. Click .



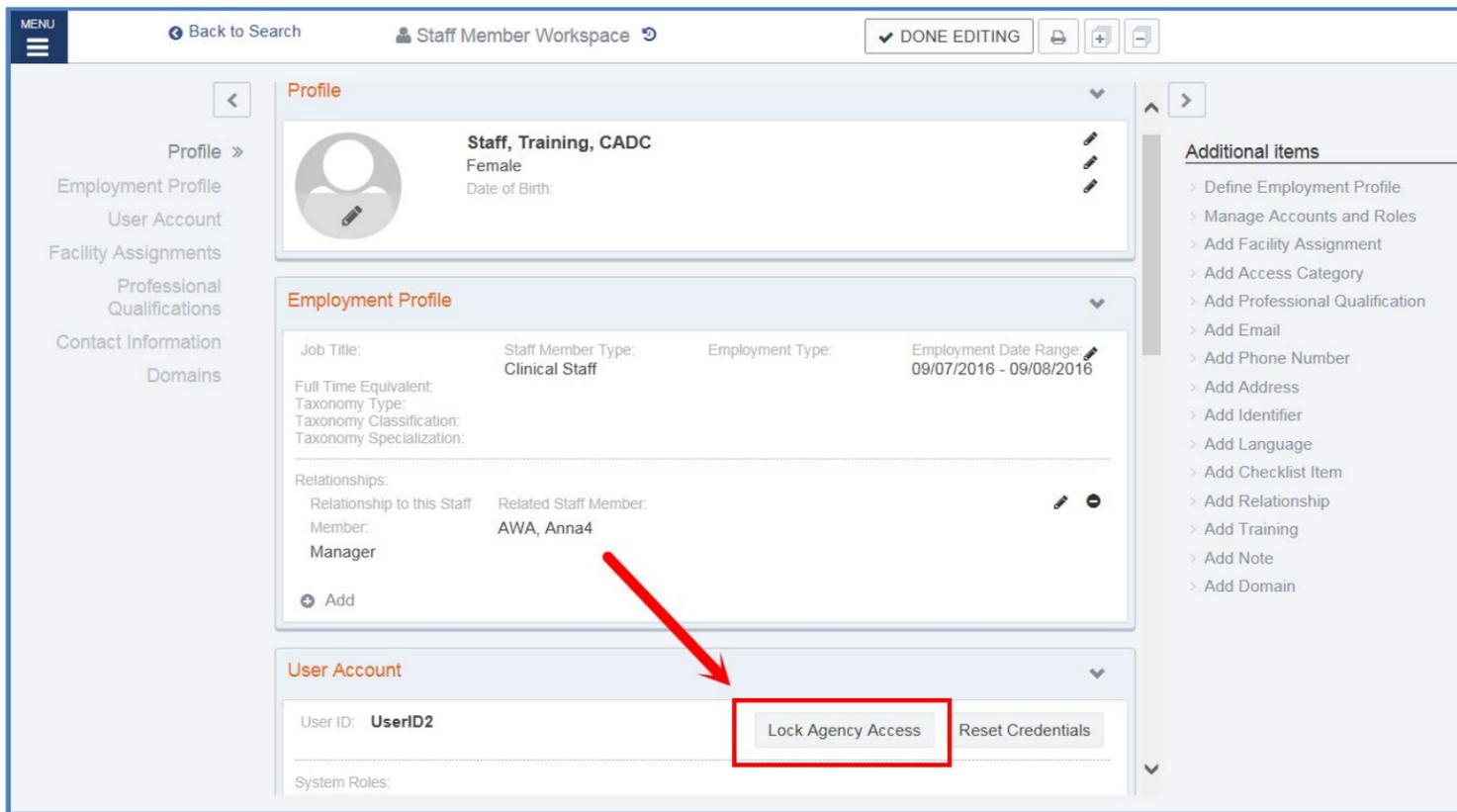
7. Scroll to the Employment Profile section, Hover over the  and click **Edit** beside the Employment Date Range.

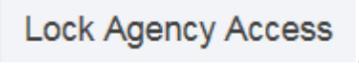


8. Complete the following field.

- End Date – enter the end date.

9. Click **Save**.



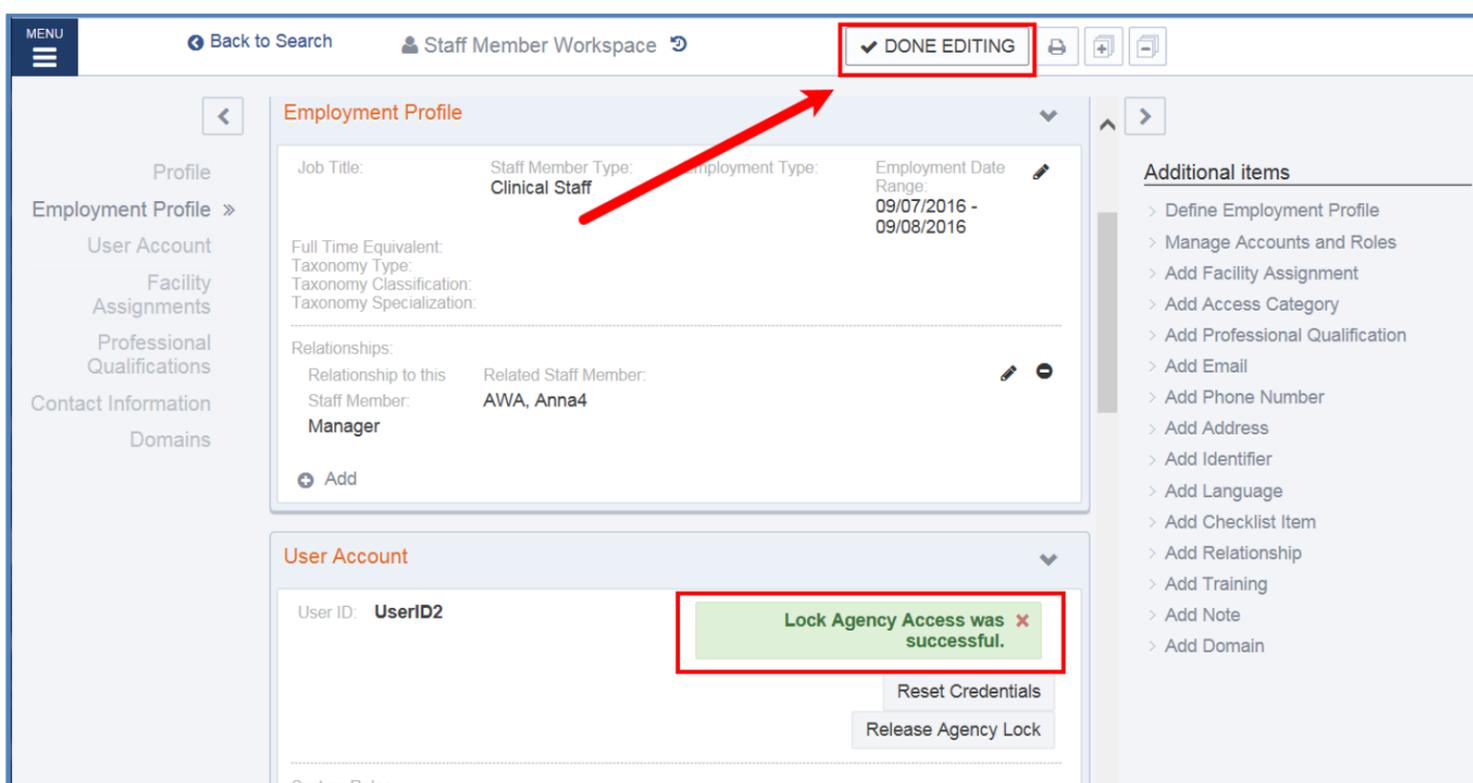
10. Scroll to the User Account section and click .



11. Complete the following field.

- Lock Reason – enter the reason the staff member’s WITS account is being locked.

12. Click .



13. A message will appear in green letting you know the Lock Agency Access was successful.



14. Click

Deleting or Combining Records within WITS

Process for Requesting the Deletion/Combination of Client Profile Records



Client Profiles in WITS are considered a part of the client's official electronic health record (EHR). **In order to maintain the integrity of the client record, a client profile will only be deleted from WITS in the following circumstances: a client profile may be deleted from WITS if it is a duplicate within the same agency, and does not have any client activities that cannot be transferred.**

1. Create a Client Record Support Ticket in WITS.
 - a. Select the Client Name.
 - b. Include the following information in the Description field of the Support Ticket:
 - Client ID number of the profile to remove
 - Client ID number of the profile to keep if applicable.
 - Detailed information about the specific situation.
 - c. Submit the Support Ticket to the WITS Help Desk for processing (click Submit to WITS Admin).

The WITS Help Desk staff will process a Support Ticket within three (3) business days of it being received. When additional information is required, the Support Ticket will be resolved within two (2) business days of receipt of the additional information. When additional information is requested and a response is not received within five (5) business days, the Support Ticket will be closed and the request will not be processed.

Process for Requesting a Non-Episode Contact Note to be Deleted or Moved to Another Client



Non-episode contacts in WITS are considered a part of the client's official electronic health record (EHR). In order to maintain the integrity of the client record, non-episode contacts will only be deleted from WITS during the following circumstance: if the note was entered into WITS under the wrong client's record, and has already been re-entered into the correct client's record. **It should be noted that non-episode contacts can be moved between client profiles by the WITS Help Desk.**

1. Create a Client Record Support Ticket in WITS.
 - a. Select the Client Name.
 - b. Include the following information in the Description field of the Support Ticket:
 - Client ID number the note was entered under
 - Client ID number to move the note to (if applicable)
 - Contact Date and Time
 - c. Submit the Support Ticket to the WITS Help Desk for processing (click Submit to WITS Admin).

The WITS Help Desk staff will process a Support Ticket within three (3) business days of it being received. When additional information is required, the Support Ticket will be resolved within two (2) business days of receipt of the additional information. When additional information is requested and a response is not received within five (5) business days, the Support Ticket will be closed and the request will not be processed.

Deleting Drug Test Results



Drug Test Results in WITS are considered a part of the client's official electronic health record (EHR.) It is your agencies responsibility to ensure you are adhering to the documentation standards set forth by IDAPA.

All staff members who have permission to create a Drug Testing record can also delete the record.

Deleting Miscellaneous Note



Miscellaneous Notes in WITS are considered a part of the client's official electronic health record (EHR). It is your agencies responsibility to ensure you are adhering to the documentation standards set forth by IDAPA.

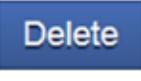
1. Begin on the Client Activity List.

Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	12/14/2016	12/14/2016	Completed
	Intake Transaction	12/14/2016	12/14/2016	Completed
	Client Program Enrollment (Crisis)	12/14/2016	12/14/2016	Completed
	Treatment Plan (Test01)	12/14/2016	12/14/2016	Active - Not Signed Off
	Diagnosis Summary	12/14/2016	12/14/2016	Not Applicable
	Crisis Evaluation	12/14/2016	12/14/2016	In Progress (Details)
	Miscellaneous Note Summary	2/2/2017	2/2/2017	Not Applicable

2. Once you're on the client activity list, click **Notes** on the blue navigation pane.

Actions	Note Type	Date	Duration	Staff	Service/Summary
	Case Management Note	2/2/2017	15 Min	18, Trainee	Note Note Note

3. Hover over the  and click **Review** on the Miscellaneous Note you want to delete.

4. Confirm this is the correct miscellaneous note and click  .

5. Click  to delete the note or click  to cancel.

Deleting Client Referrals



Referrals in WITS are considered a part of the client’s official electronic health record (EHR.) It is your agencies responsibility to ensure you are adhering to the documentation standards set forth by IDAPA.

All staff members who have permission to create a Referral record can also delete the record.

Deleting Vital Signs Records



Vital Signs in WITS are considered a part of the client’s official electronic health record (EHR.) It is your agencies responsibility to ensure you are adhering to the documentation standards set forth by IDAPA.

All staff members who have permission to create a Vital Signs record can also delete the record.

Online Portal Requests for Behavioral Health Community Crisis Center Agency WITS Administrators

STANDARDS: Online Portal Requests for Client Record Support, New or Updated User, and User Revocation can only be created by Agency WITS Administrators (AWAs).

STANDARDS: The Automation Help Desk staff will process an Online Portal Request within three (3) business days of it being received. When additional information is required, the Online Portal Request will be resolved within two (2) business days of receipt of the additional information. When additional information is requested, and a response is not received within five (5) business days, the Online Request will be closed, and the request will not be processed. The Online Portal will show you the status of the requests:

- **Active** – When the Online Portal request is being processed by the Help Desk.
- **Waiting for Response** – When there is a need of additional information or assistance from a vendor to resolve the request. An email will be sent to the AWA who submits the request if there is a need for additional information or if we are waiting for a resolution/assistance from a vendor.
- **Closed** – When the Online Portal request has been resolved.

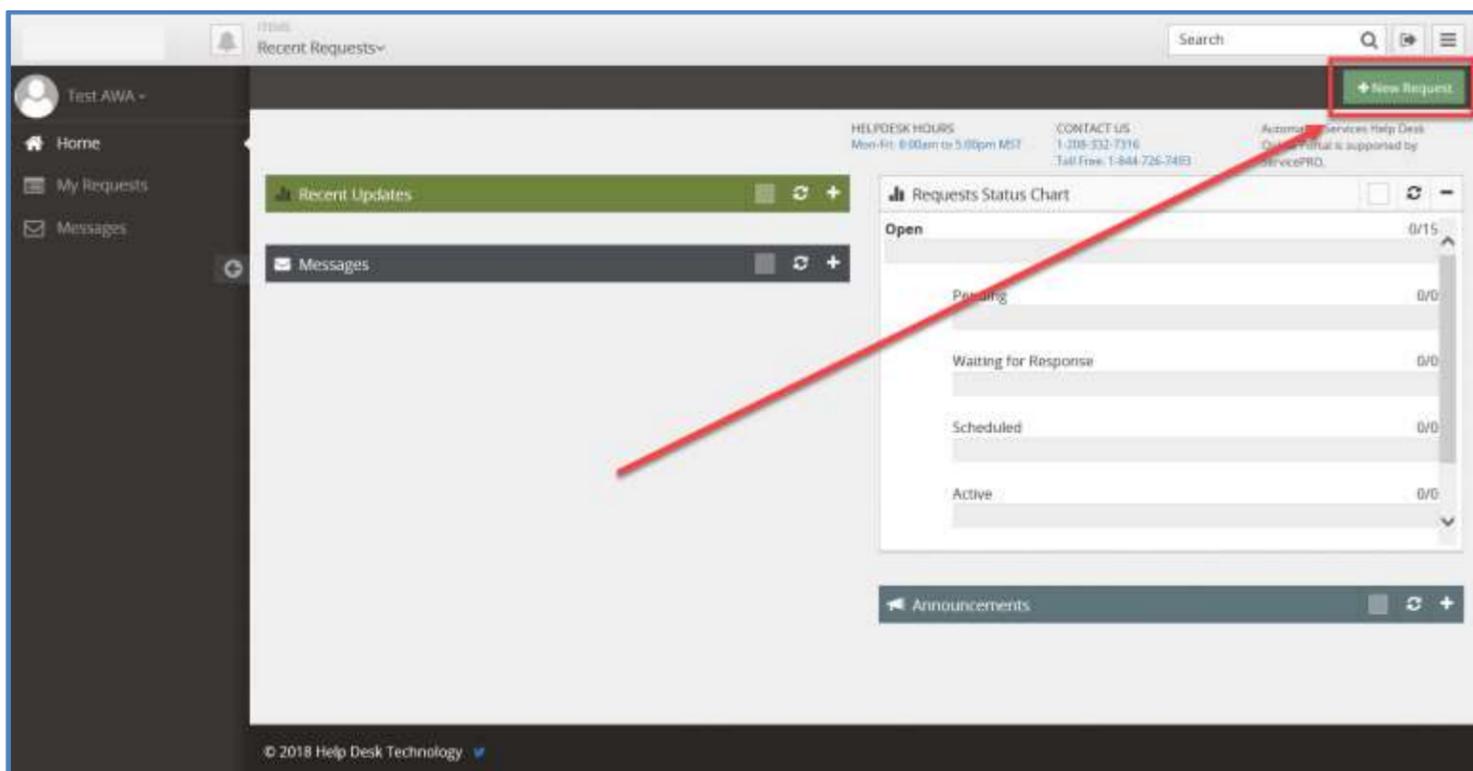
There are three (three) Categories for AWA – Agency WITS Administrator Online Portal Requests.

1. Client Record Support
 - a. Request assistance with an individual client record (combining client records, delete client activities, etc.).
2. New or Updated User
 - a. Document/request the creation or updating of staff member account (email changing, credential changes, permission changes, adding a staff member as an AWA, etc.).
3. User Revocation
 - a. Document the revocation of a staff member (date of staff member's last day, etc.).

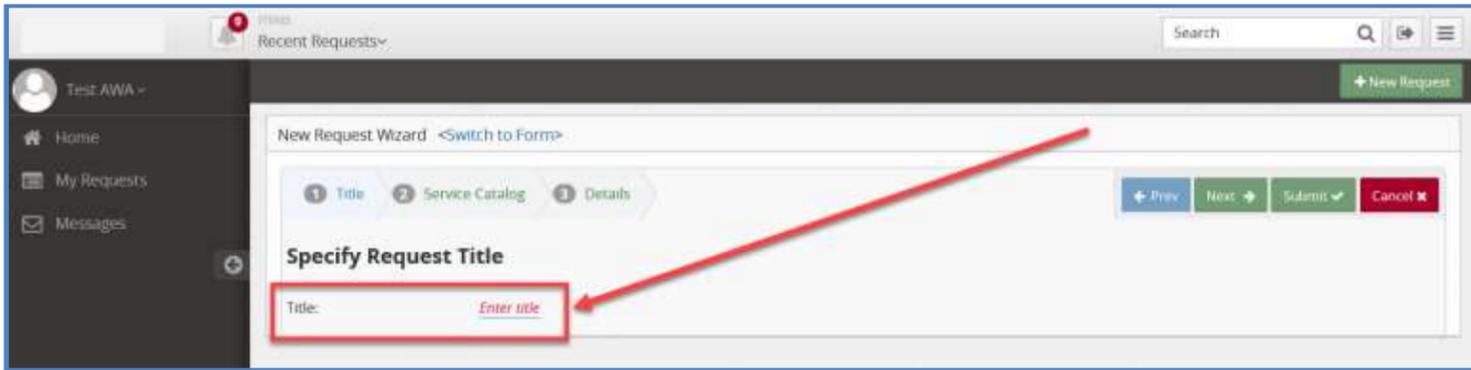
Client Record Support Online Portal Request

STANDARDS: Client Record Support requests can only be created by Agency WITS Administrators (AWAs). Client Record Support requests are created to request assistance with an individual client record (combine client records, delete client activities, etc.)

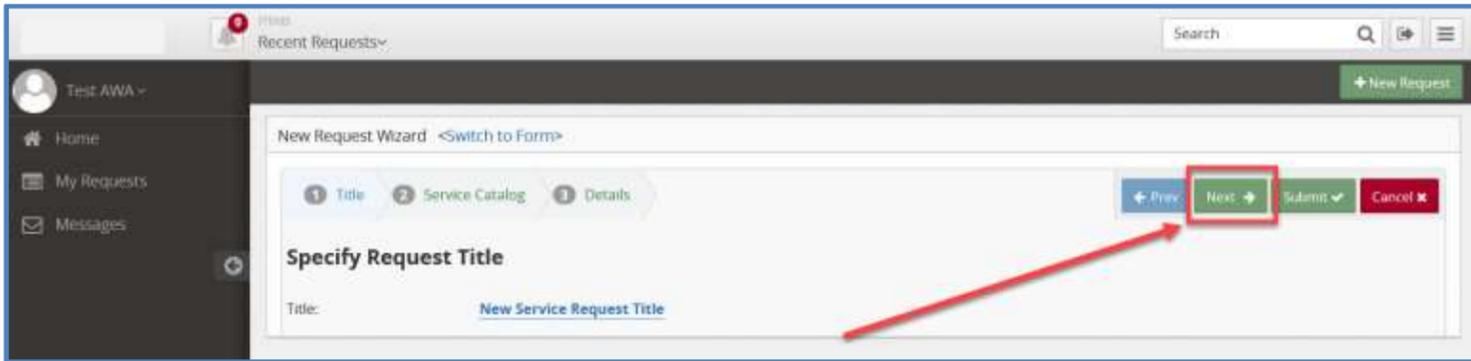
1. Log into the Online Portal.



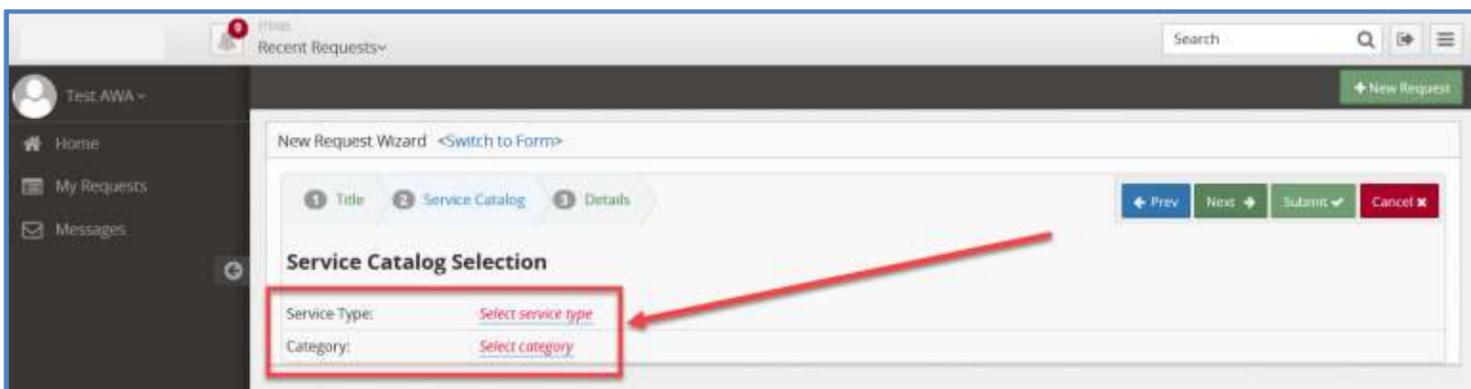
2. Click .



3. Click [Enter title](#) and enter the purpose of your request.

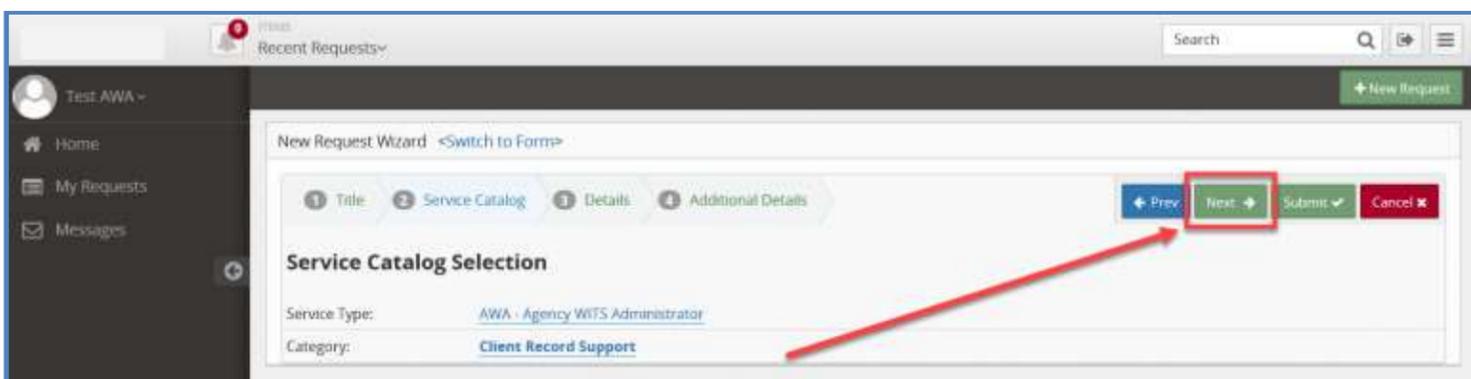


4. Click [Next](#).



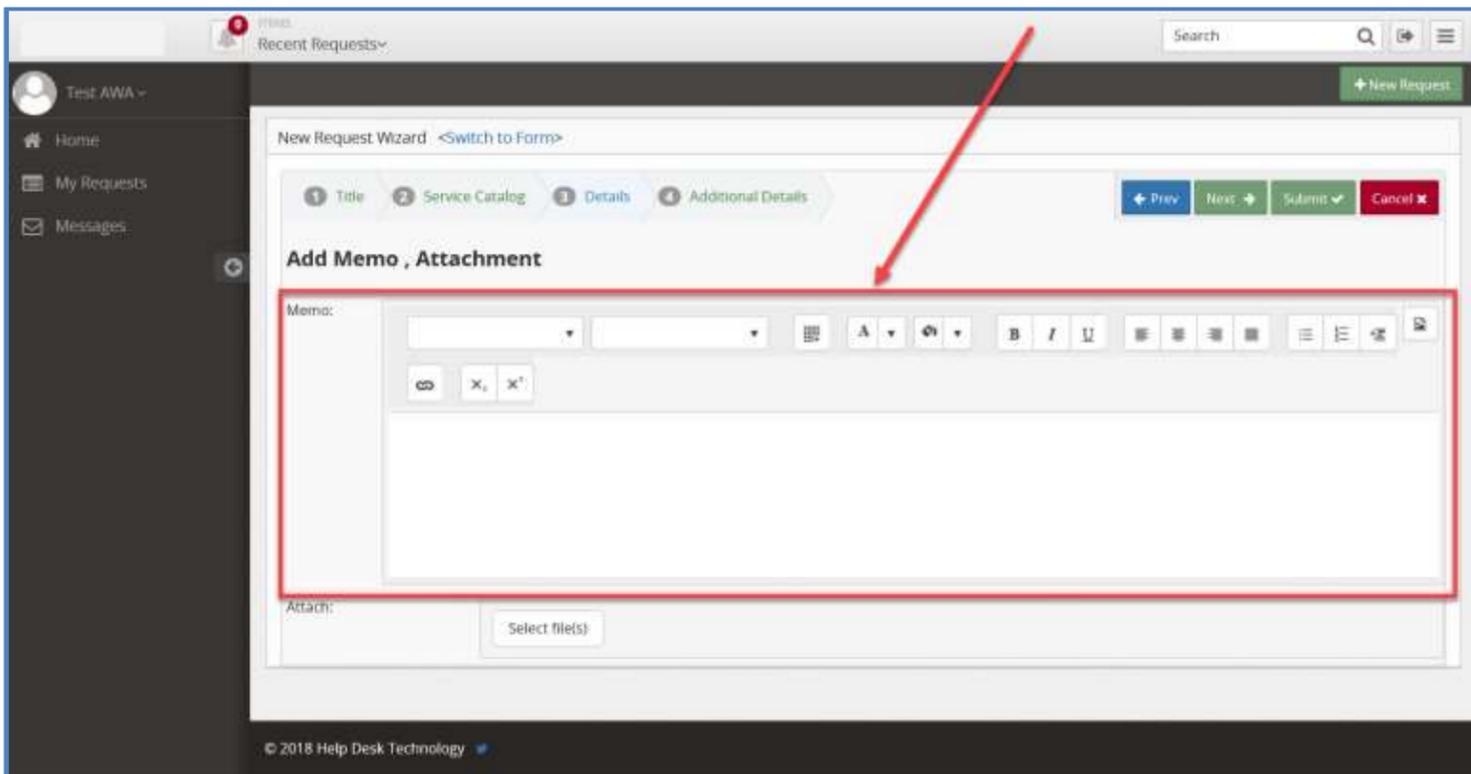
5. Click [Select service type](#) and select **AWA - Agency WITS Administrator**.

6. Click [Select category](#) and select **Client Record Support**.

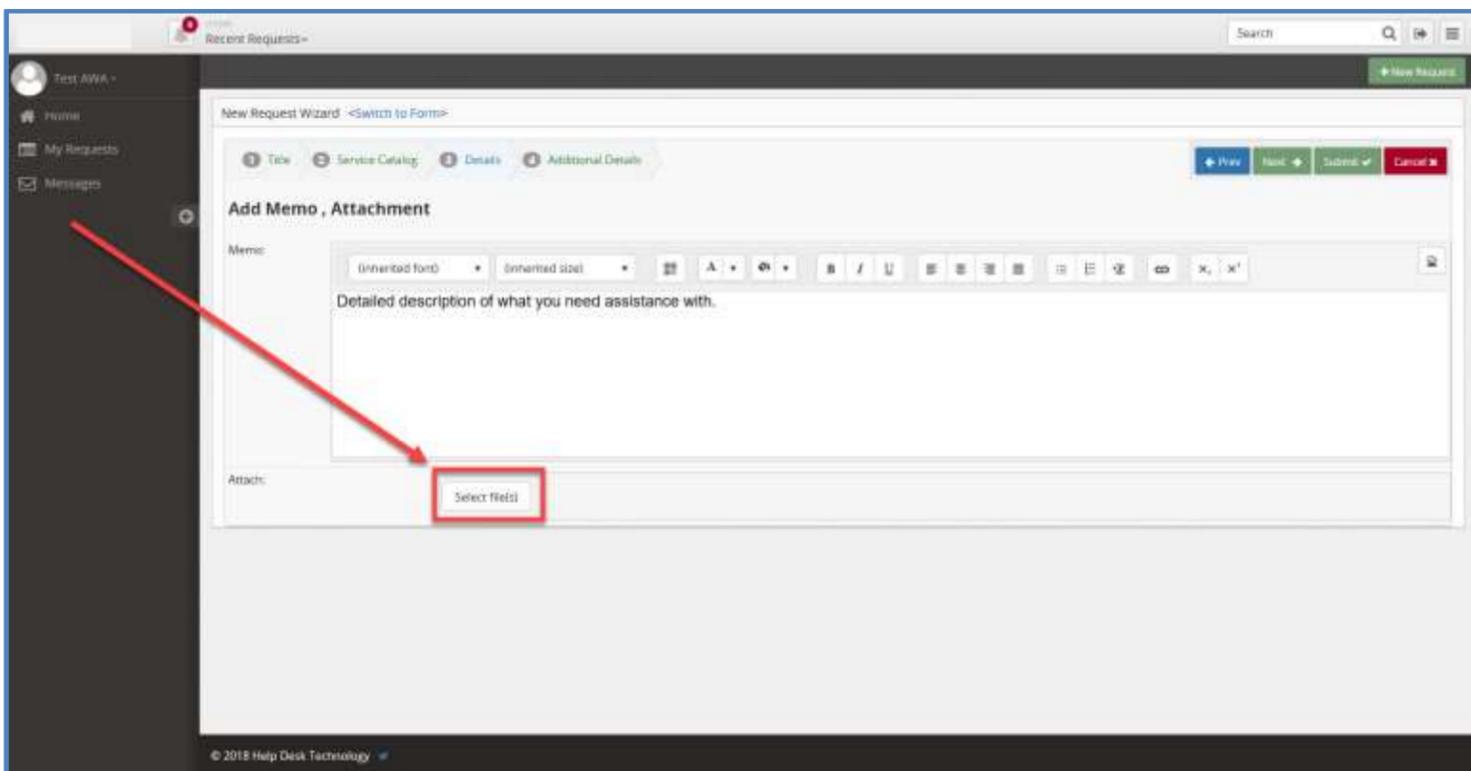


7. Click [Next](#).

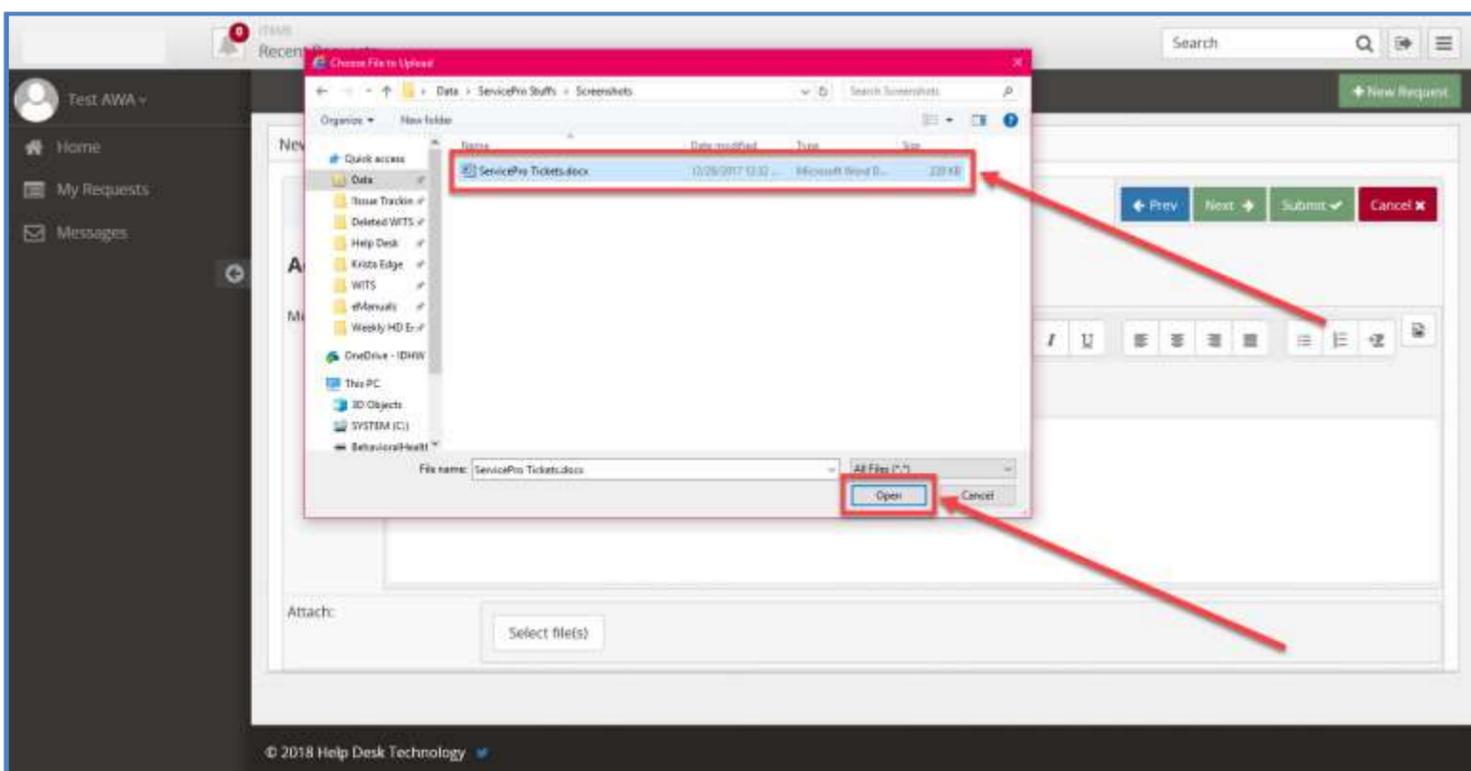
WARNING: Never enter Protected Health Information into a service request. Always refer to clients by their Unique Client Number (UCN) found in WITS on the Client Profile.



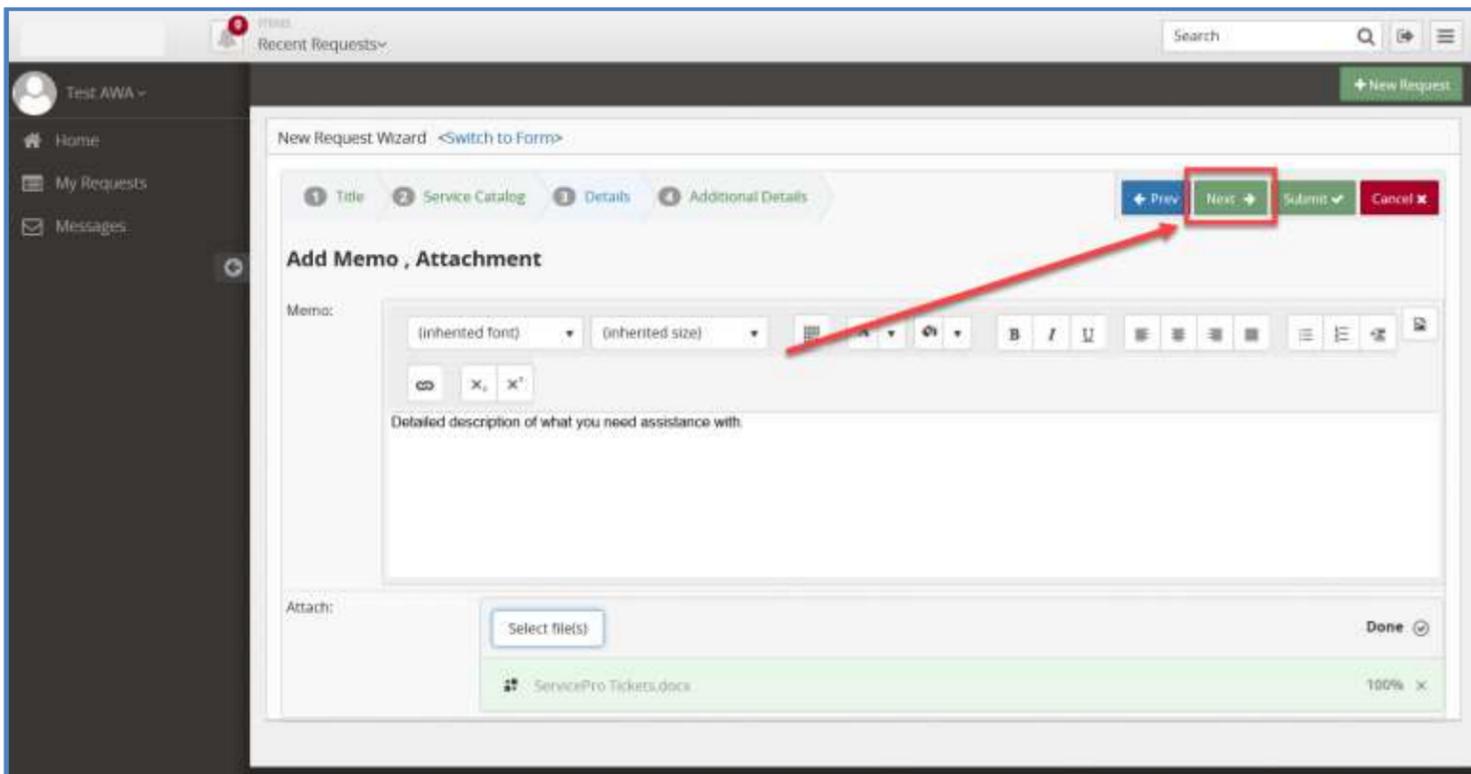
8. Enter a detailed description in the Memo field for this request. **Do not enter any Protected Health Information (including the Client Name) into the service request.**



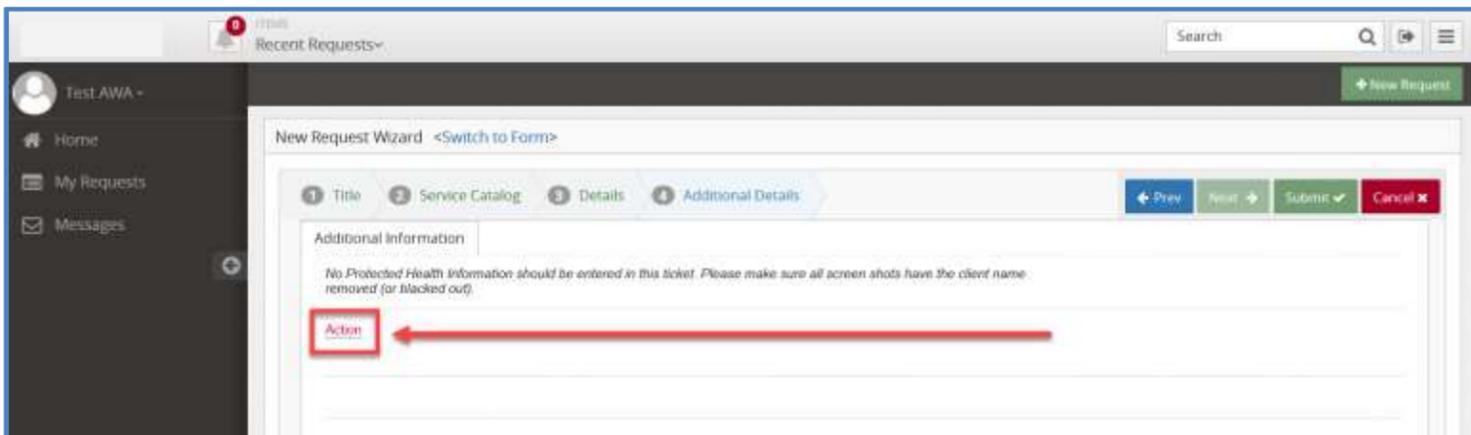
9. Click to attach a file if necessary.



10. Navigate to the file and click Open. Before attaching a screen shot, make sure the client name is removed (or blacked out).



11. Click Next →.



12. Click Action and select **Client Record Support**.

Recent Requests

Search

New Request

Test AWA

Home

My Requests

Messages

New Request Wizard <Switch to Form>

1 Title 2 Service Catalog 3 Details 4 Additional Details

Previous Next Submit Cancel

Additional Information

No Protected Health Information should be entered in this field. Please make sure all screen shots have the client name removed (or blacked out).

[Client Record Support](#)

Records to Keep:

Unique Client Number

Created By Staff

Activity Type

Activity Date

Records to Remove:

Unique Client Number

Created By Staff

Activity Type

Activity Date

Enter a description and justification for what assistance is needed on the client's record.

Before requesting the deletion of a client activity/record, review the eManual section Deleting or Combining Records. Follow the link to navigate to this section. Prior to an activity being deleted, the activity must be entered under the correct client's record when applicable.

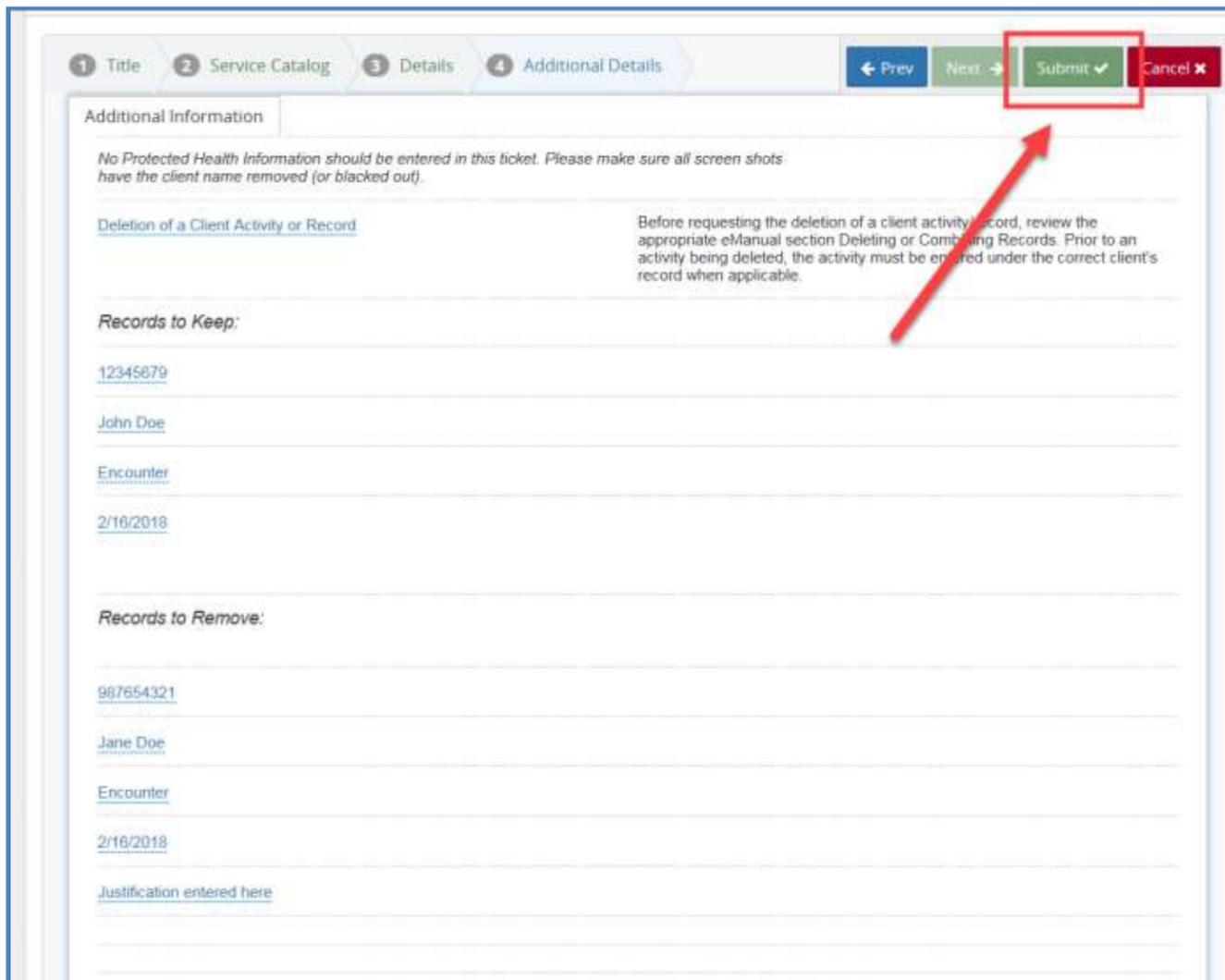
http://wits.wdaho.gov/Portals/_RainbowManuals/WITS/SUD%20eManual%202016/SUDEManual.html

Documents\deletingorcombiningrecordswithwits.htm

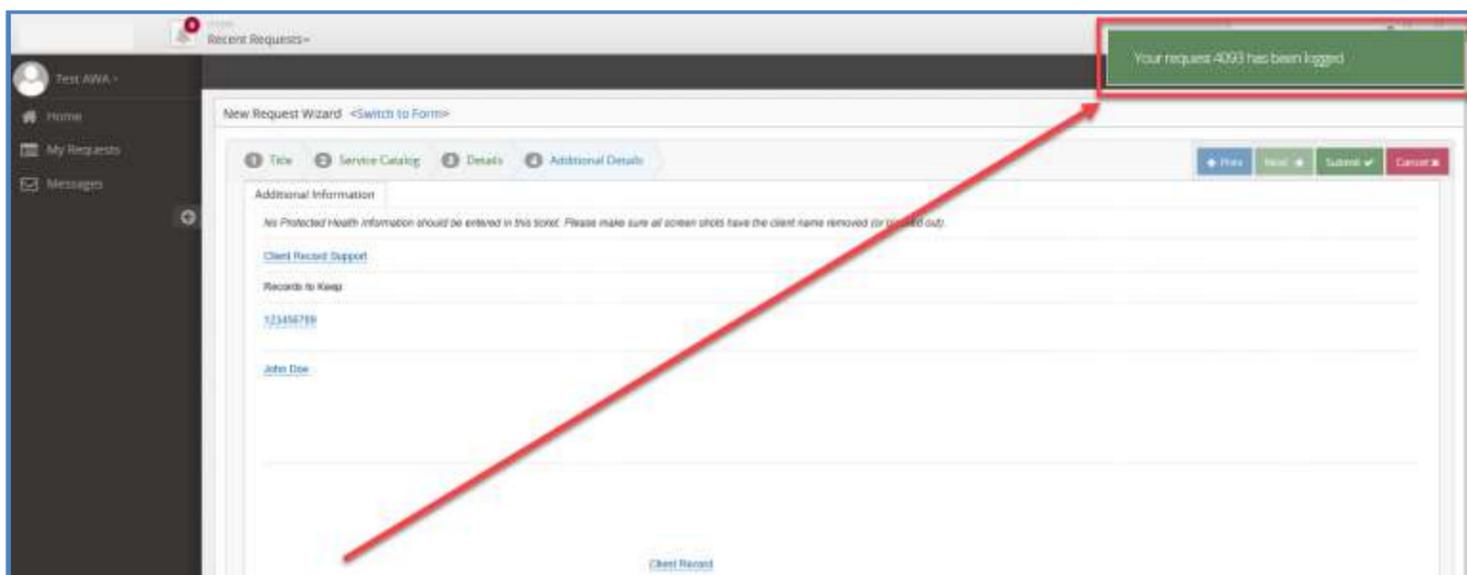
© 2018 Help Desk Technology

13. Complete the following fields as needed.

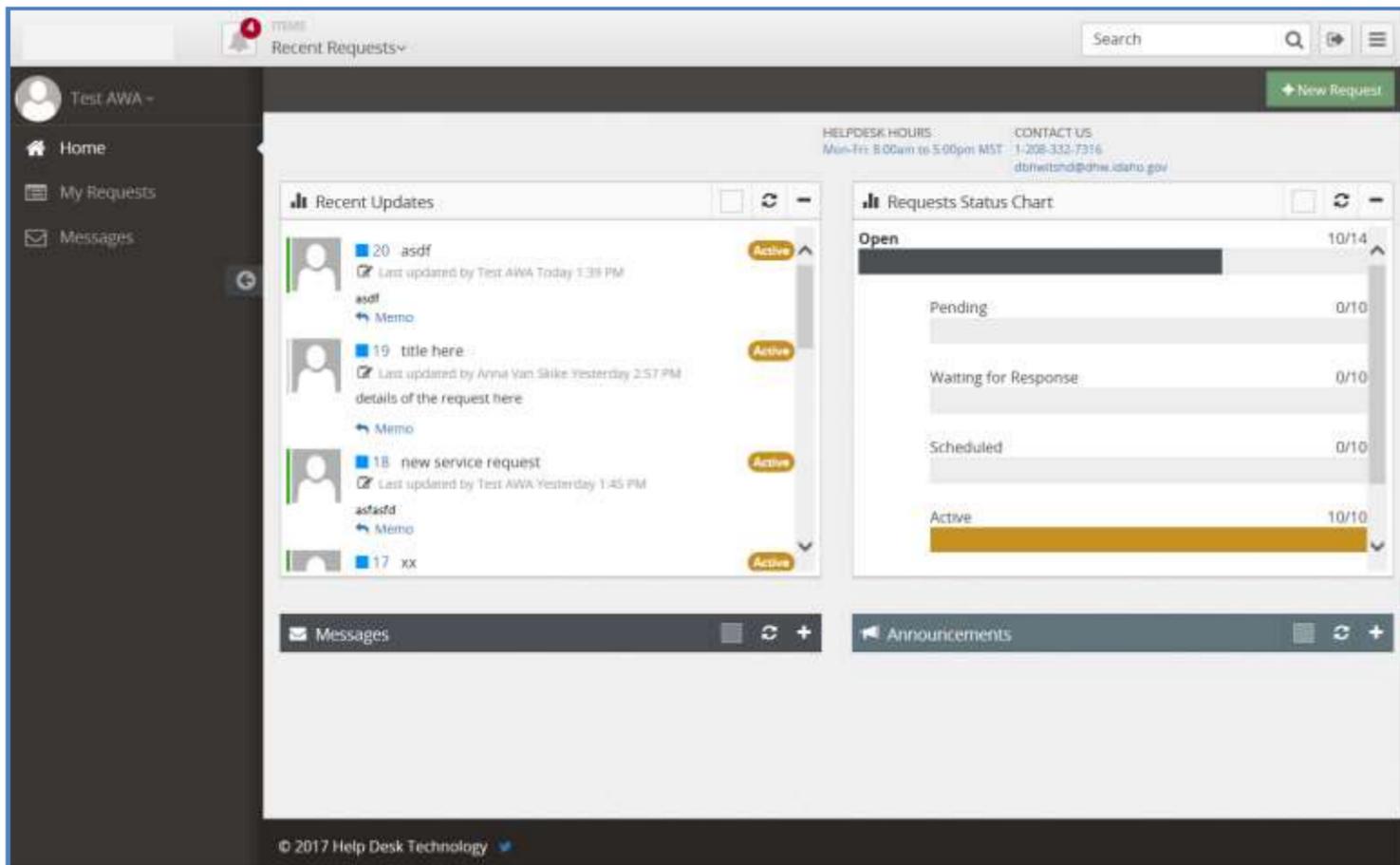
- Records to Keep:
 - Unique Client Number – enter the UCN of the client.
 - Created By Staff – enter the name of the Staff Member who created the client activity to be kept.
 - Activity Type – enter the type of Activity.
 - Activity Date – enter the date of the Activity.
- Records to Remove:
 - Unique Client Number – enter the UCN of the client.
 - Created By Staff – enter the name of the Staff Member who created the client activity to be deleted.
 - Activity Type – enter the type of Activity.
 - Activity Date – enter the date of the Activity.
- Justification – enter a justification for the client record support (i.e., record was entered in error) and indicate the activity was entered under the correct client's record when applicable.



14. Click .



15. A confirmation message will appear in green with the Service Request Number.



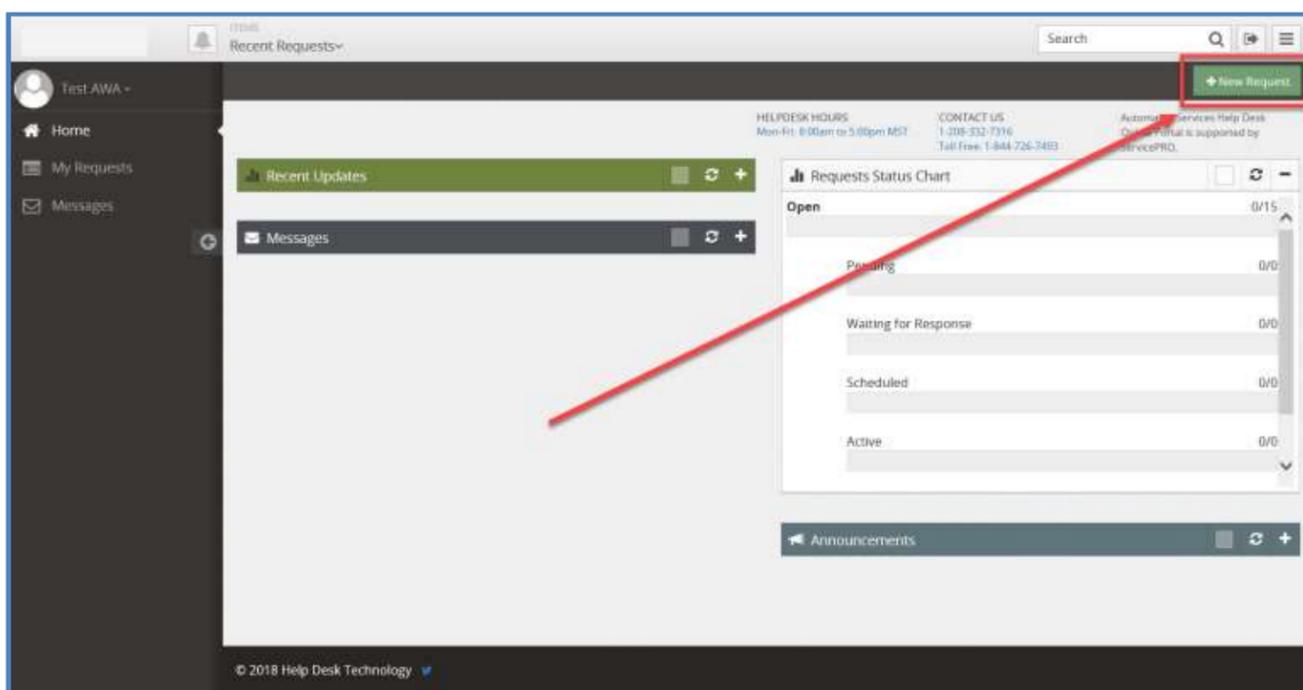
16. You are automatically navigated back to the Home Page.

17. Help Desk staff will process the Online Portal Request according to the SLAs.

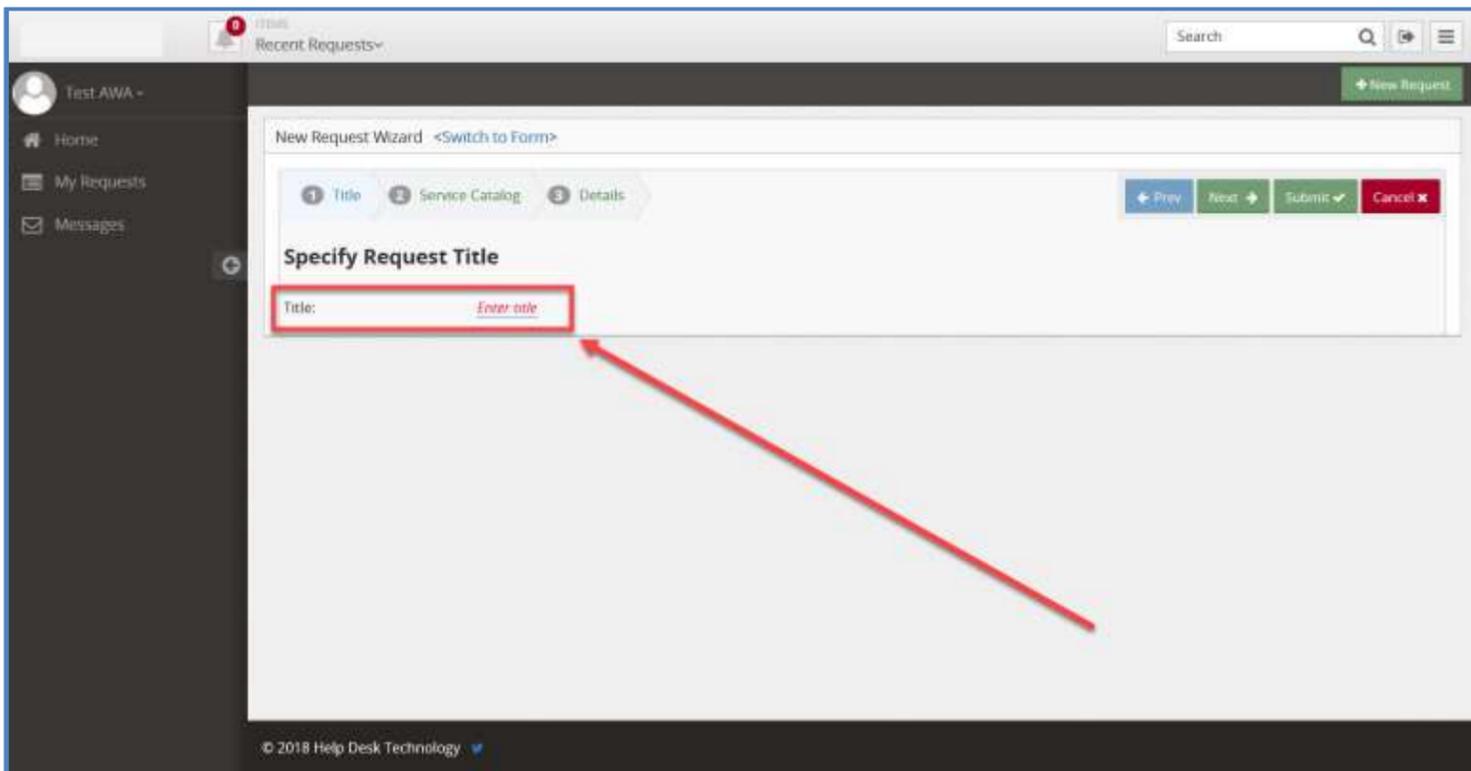
New or Updated User Online Portal Request

STANDARDS: New or Updated User requests can only be created by Agency WITS Administrators (AWAs). New or Updated User requests are created to document/request the creation or updating of staff member account (email changing, credential changes, permission changes, adding a staff member as an AWA, etc.) and attach the signed Idaho WITS User Agreement or the Idaho WITS Revocation Form within five (5) business days of creating/revoking a the WITS staff member account.

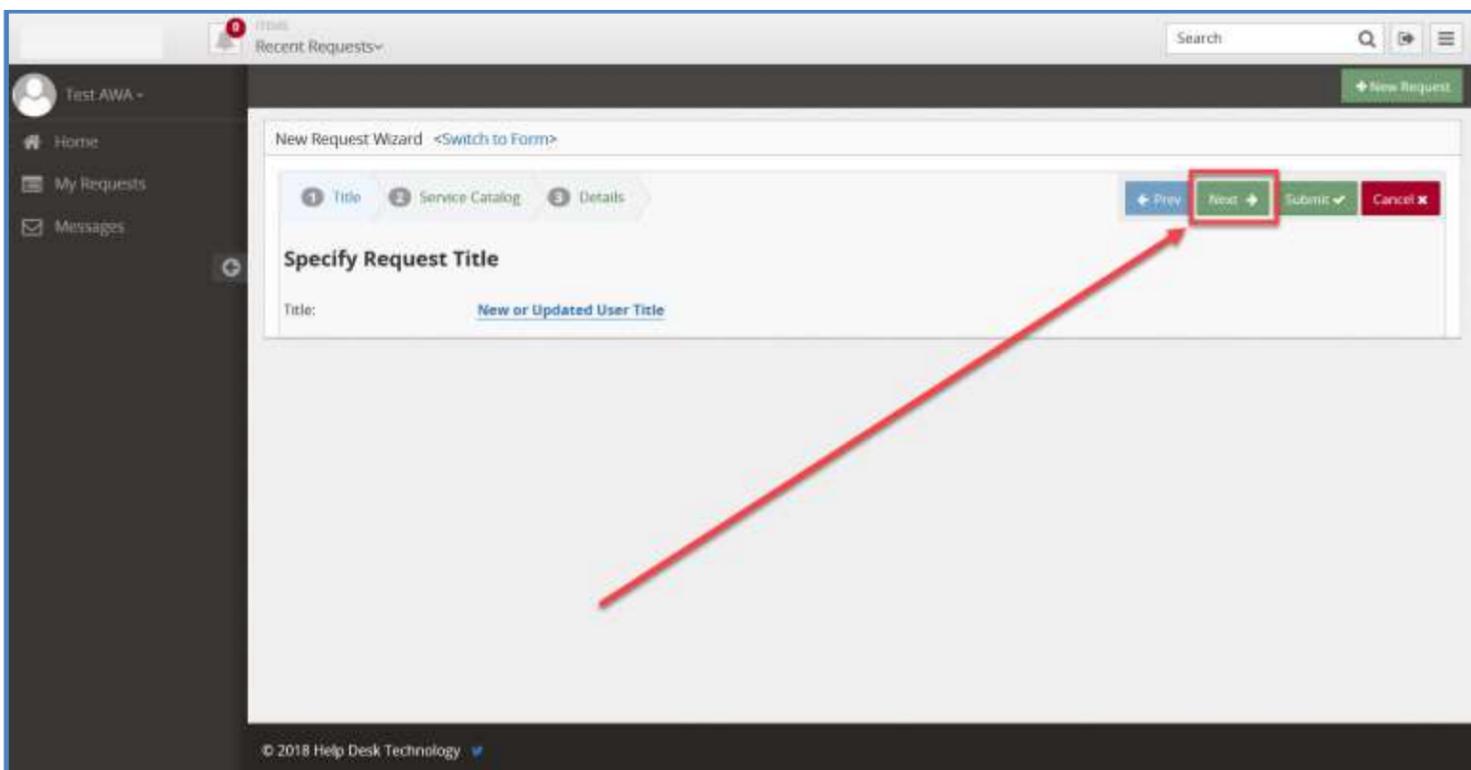
1. Log into the Online Portal. Click here for instructions to access the Online Portal.



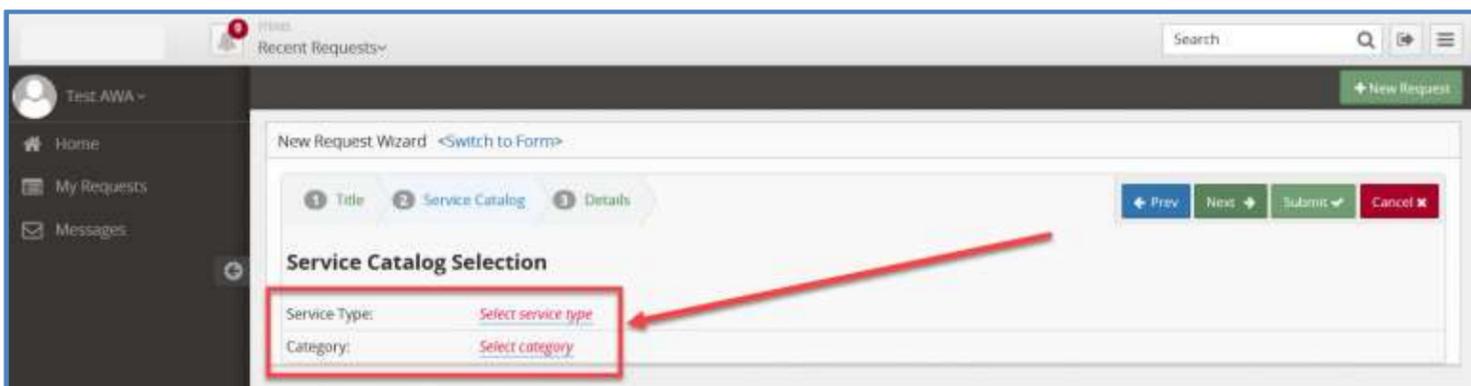
2. Click [+ New Request](#).



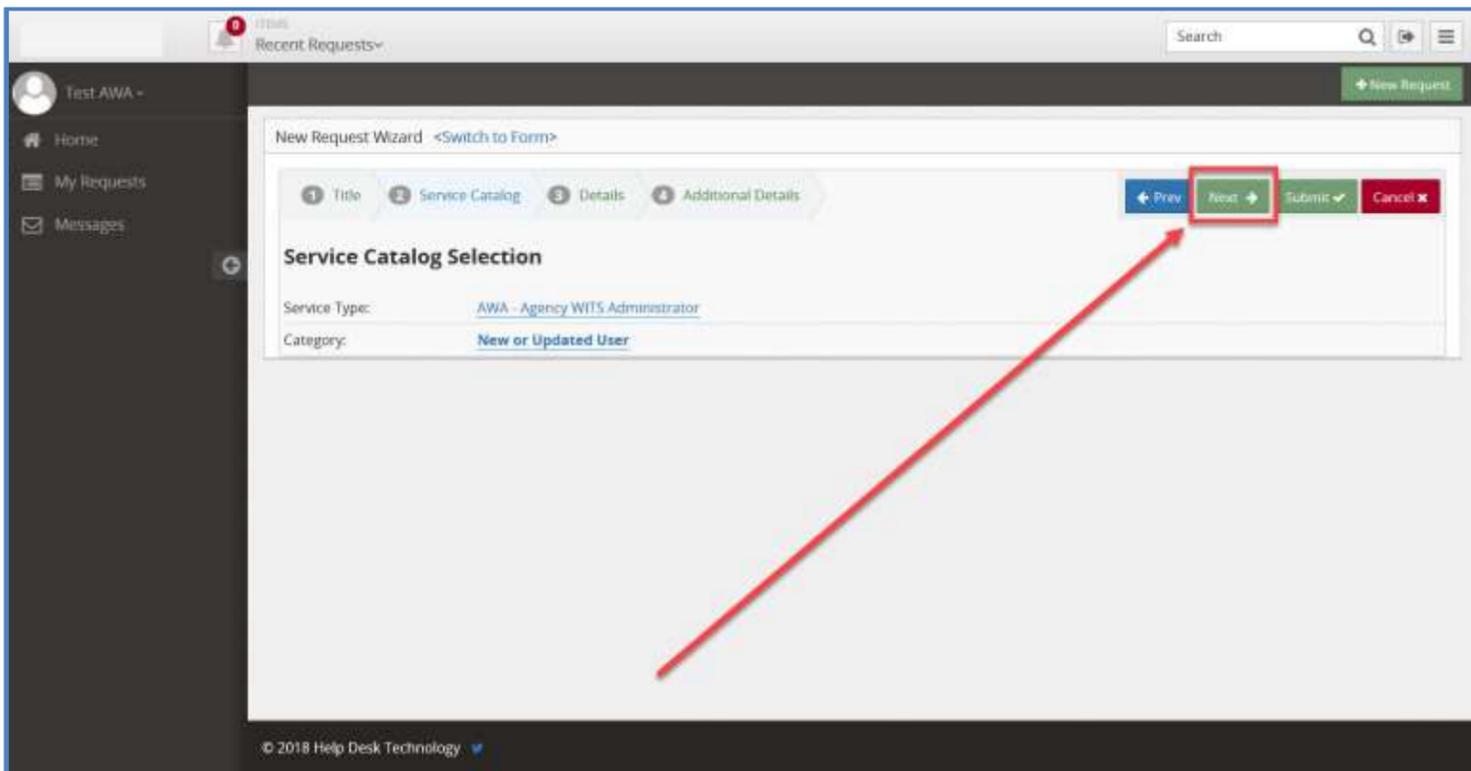
3. Click [Enter title](#) and enter the purpose of your request.



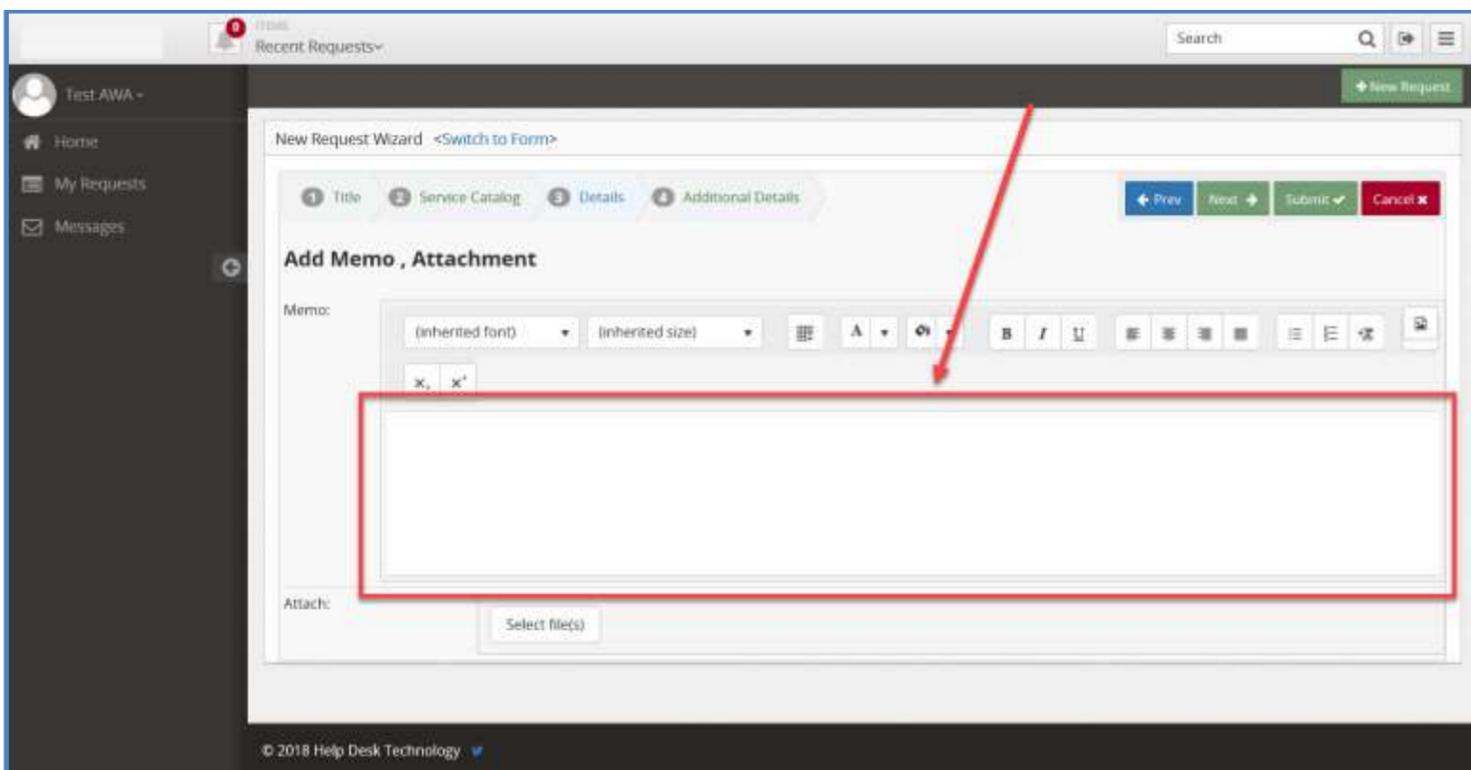
4. Click [Next](#).



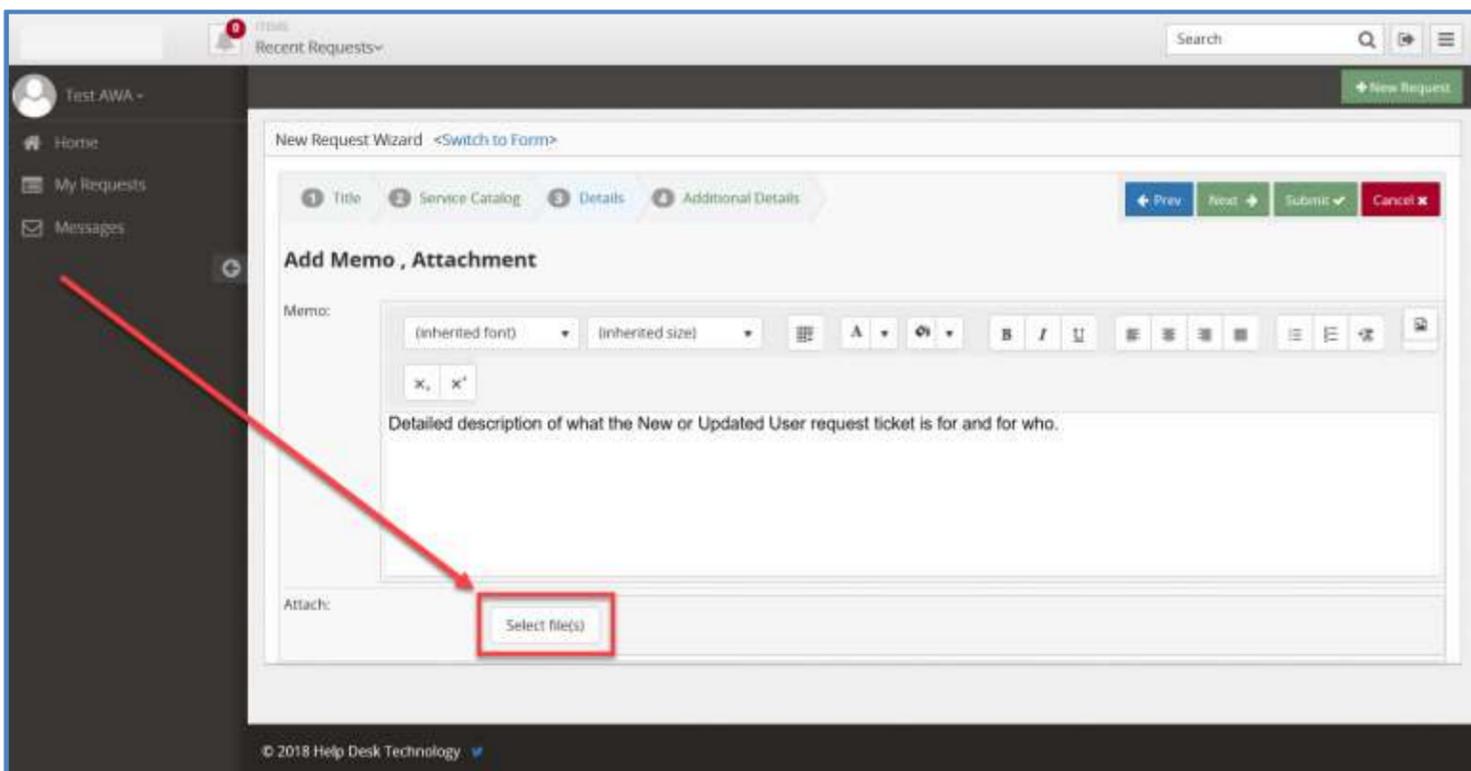
5. Click [Select service type](#) and select **AWA - Agency WITS Administrator**.
6. Click [Select category](#) and select **New or Updated User**.



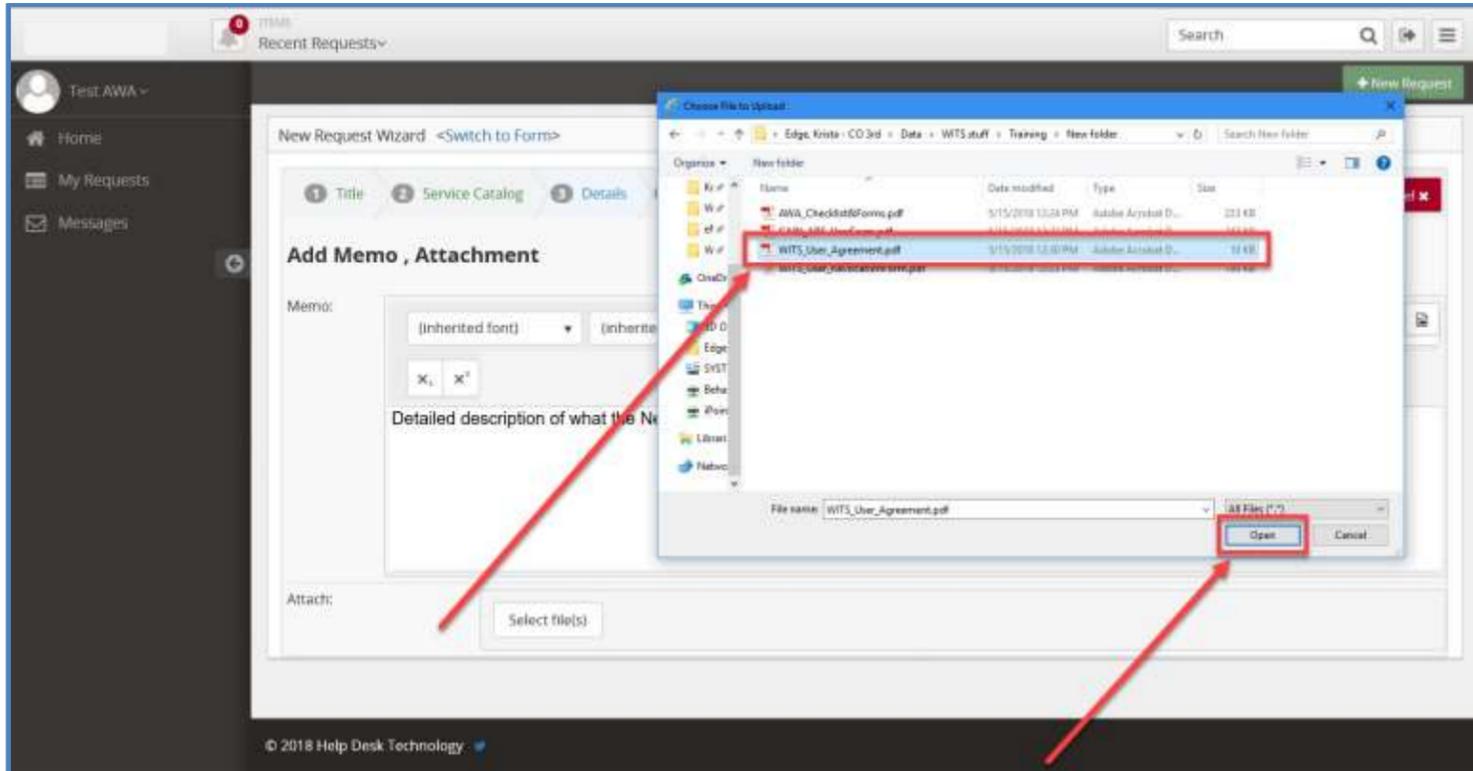
7. Click .



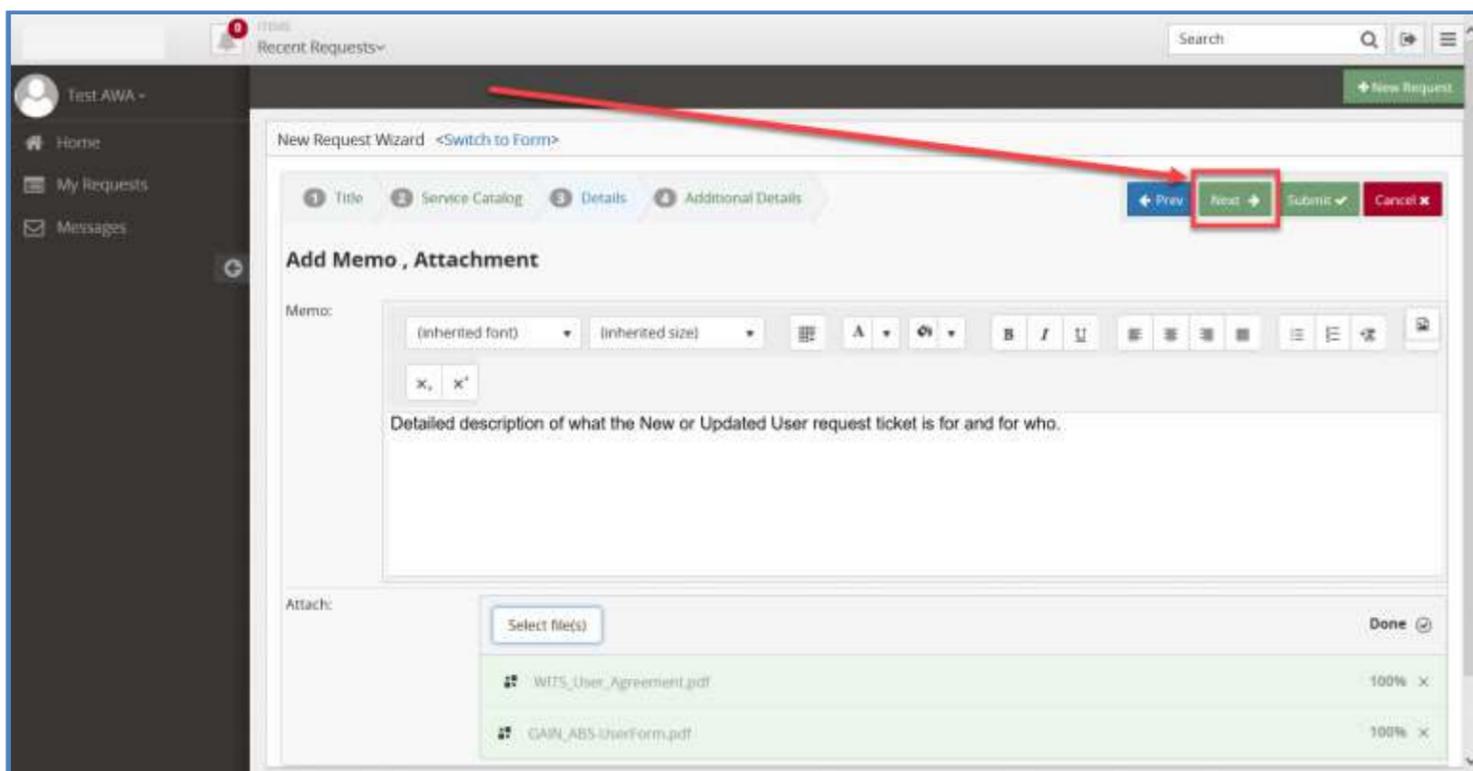
8. Enter a detailed description in the Memo field for this request.



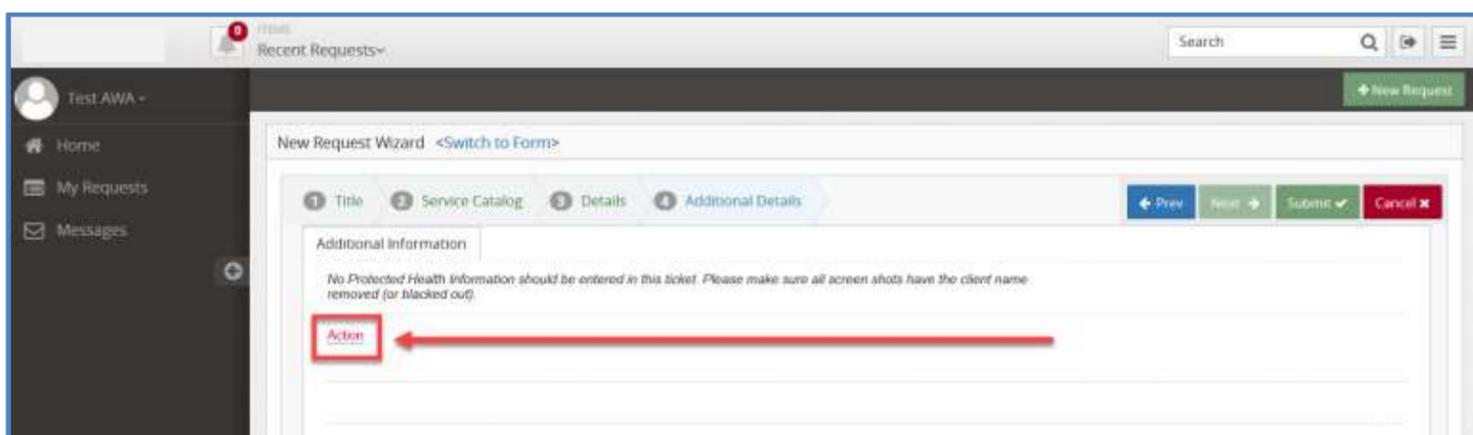
9. Click to attach a file(s) if necessary.



10. Navigate to the file and click .



11. Click .



12. Click [Action](#) and select the appropriate Action choice.
 - AWA Designation – designate a current staff member as one of the agency’s two AWAs.
 - New User – new staff member for agency.
 - Update User – choice if the staff member account has been updated (email changing, credential changes, permission changes, adding a staff member as an AWA, etc.)

Action of AWA Designation

STANDARDS: Each Agency may designate up to two individuals as AWAs. New AWAs must attend BHCCC AWA Training before AWA permissions are granted. BHCCC AWA trainings are provided upon request; contact the Help Desk to request a training.

1. Click [Action](#) and select **AWA Designation**.

The screenshot shows the 'New Request Wizard' interface. The 'Additional Details' step is active. The form contains the following fields and instructions:

- Additional Information:** No Protected Health Information should be entered in this ticket. Please make sure all screen shots have the client name removed (or blacked out).
- AWA Designation:** New AWAs must attend AWA Training before AWA permissions are granted.
- Staff First Name:** (Red box highlights this field)
- Staff Last Name:** (Red box highlights this field)
- Agency Type:** Each Agency can have up to 2 AWAs. If your Agency already has 2 AWAs please list the name of the person who you wish to remove the AWA permission from.

Navigation buttons: Prev, Next, Submit, Cancel.

2. Complete the following fields.
 - Staff First Name – first name of staff member being designated as AWA.
 - Staff Last Name – last name of staff member being designated as AWA.
 - If Agency already has 2 AWAs – enter the name of the AWA being replaced by the new AWA.
 - Agency Type – select Substance Use Provider.

The screenshot shows the 'New Request Wizard' interface. The 'Additional Details' step is active. The form contains the following fields and instructions:

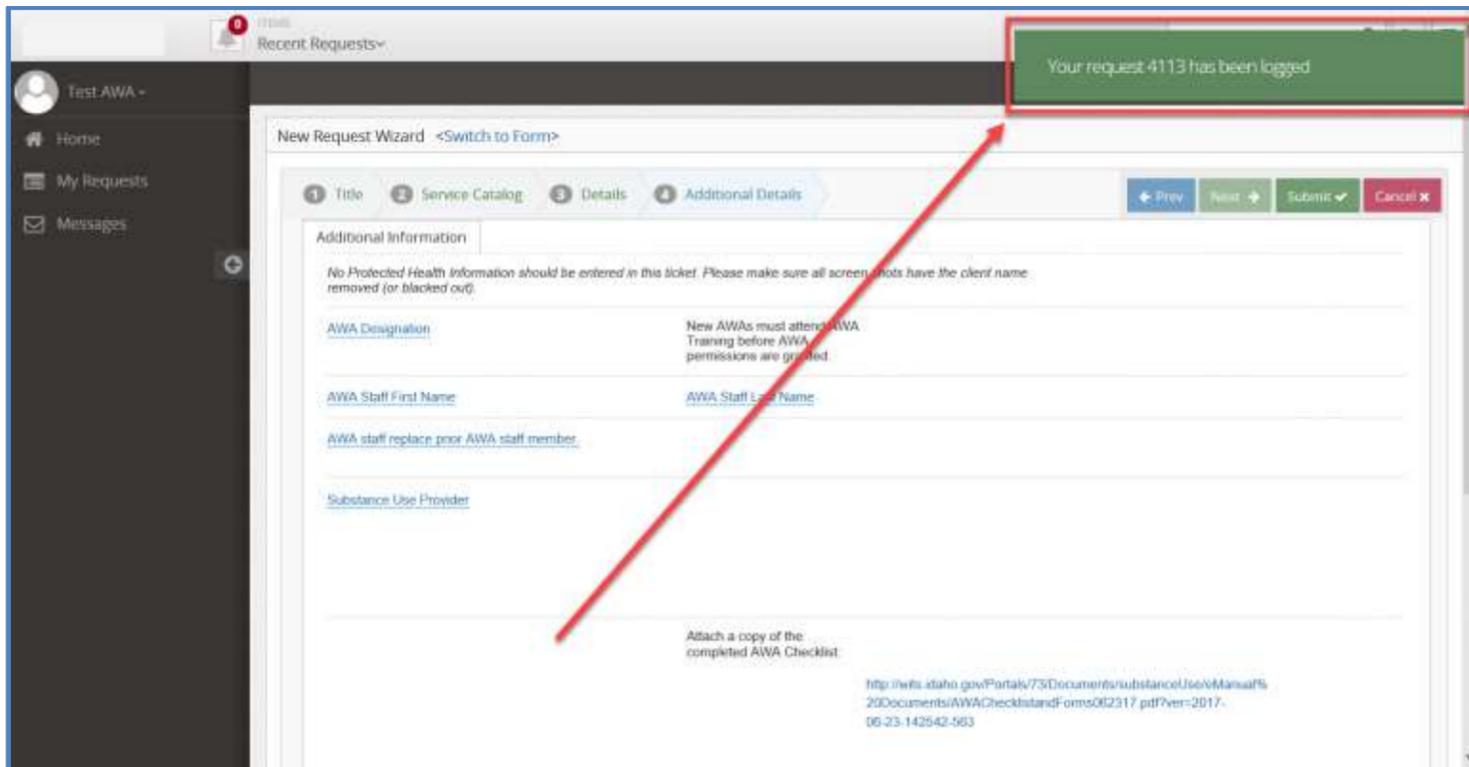
- Additional Information:** No Protected Health Information should be entered in this ticket. Please make sure all screen shots have the client name removed (or blacked out).
- AWA Designation:** New AWAs must attend AWA Training before AWA permissions are granted.
- AWA Staff First Name:**
- AWA Staff Last Name:**
- Substance Use Provider:** AWA staff replace prior AWA staff member.

Navigation buttons: Prev, Next, Submit, Cancel.

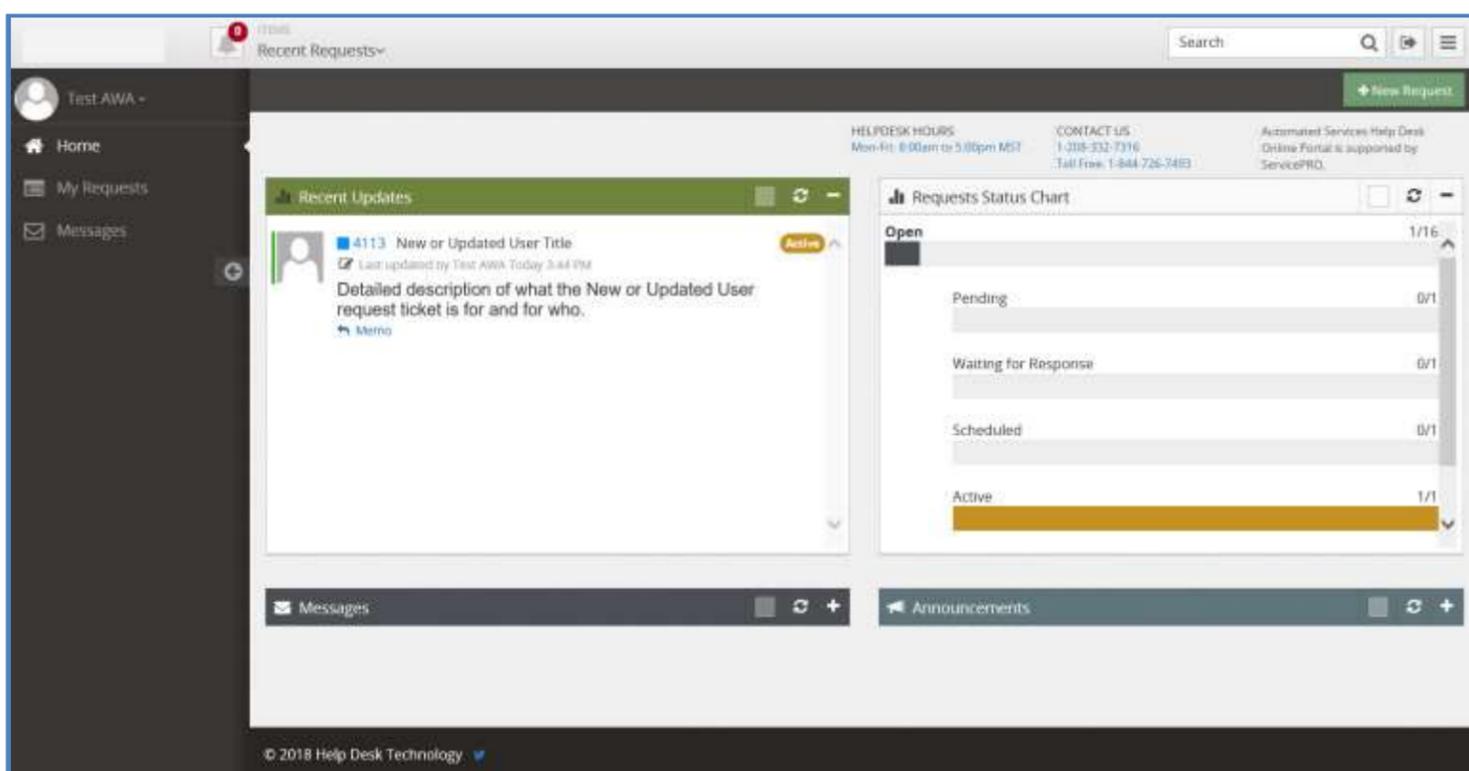
Attach a copy of the completed AWA Checklist

<http://wfs.dshs.gov/Portals/73/Documents/substanceUse/Manual%20Documents/AWAChecklistandForms02317.pdf?ver=2017-06-23-142542-563>

3. Click .



4. A confirmation message will appear in green with the Service Request Number.

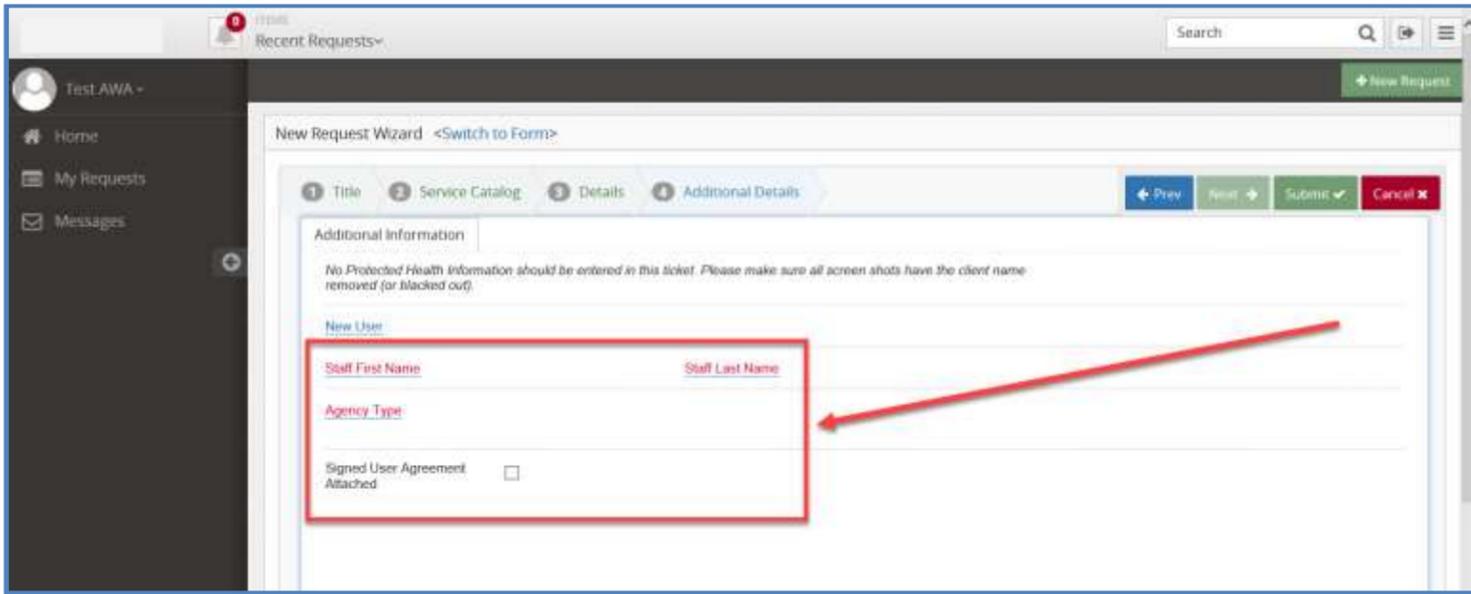


5. You are automatically navigated back to the Home Page.

Action of New User

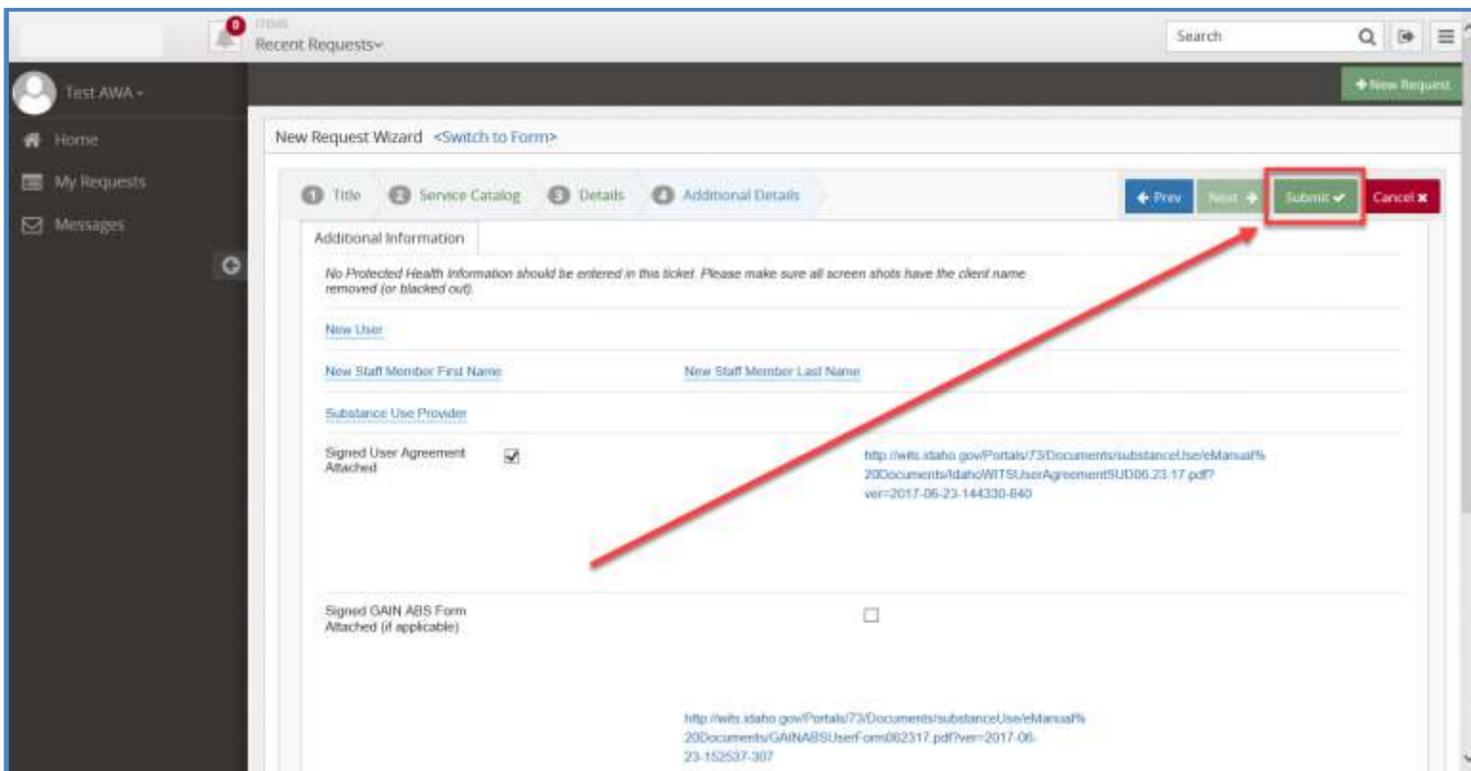
STANDARDS: Create one request for each individual user. Always attach the completed and signed WITS User Agreement for the user.

1. Click [Action](#) and select **New User**.

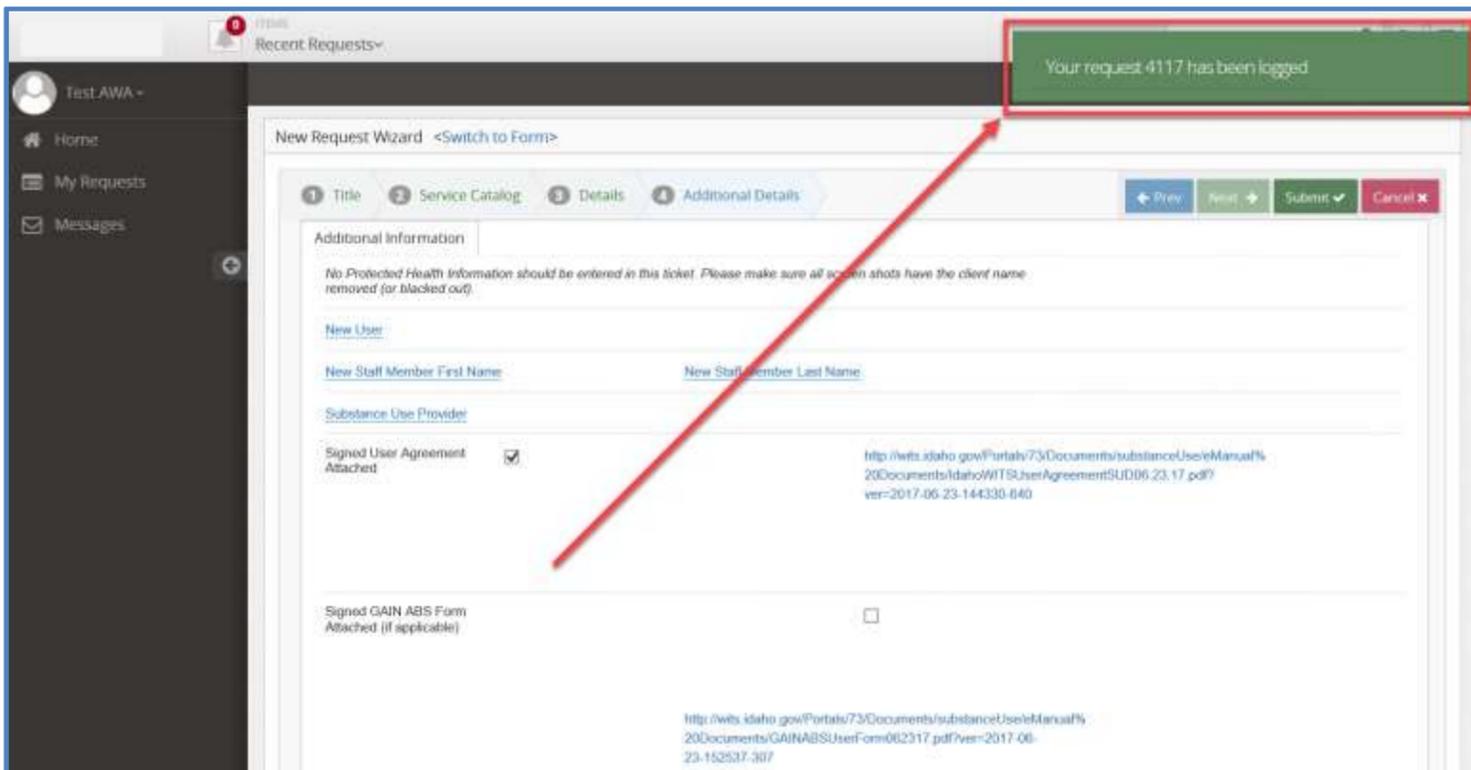


2. Complete the following fields.

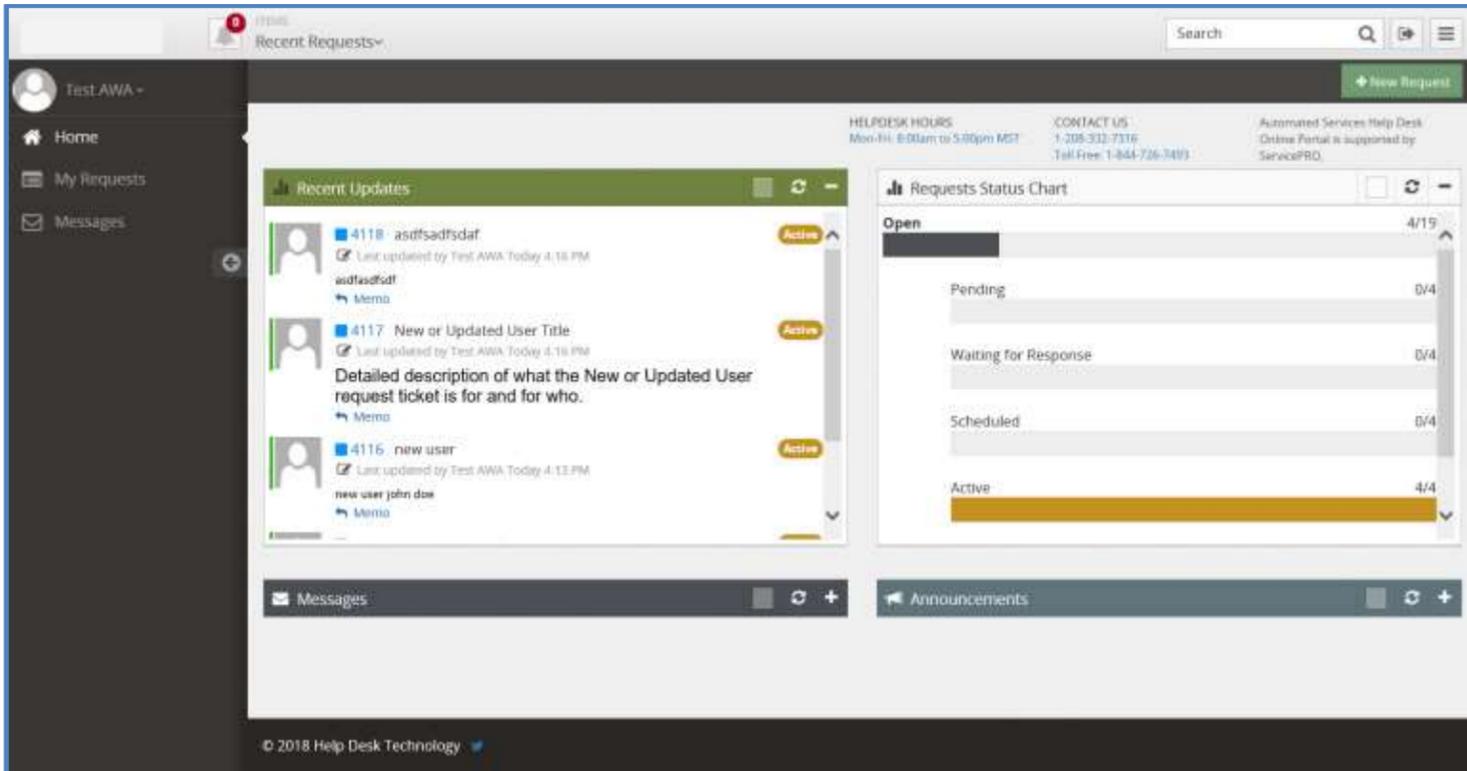
- Staff First Name – enter the first name of new WITS user.
- Staff Last Name – enter the last name of new WITS user.
- Agency Type – select Substance Use Provider.
- Signed User Agreement Attached – select box for WITS User Agreement form being attached to Online Portal request.



3. Click .



- A confirmation message will appear in green with the Service Request Number.

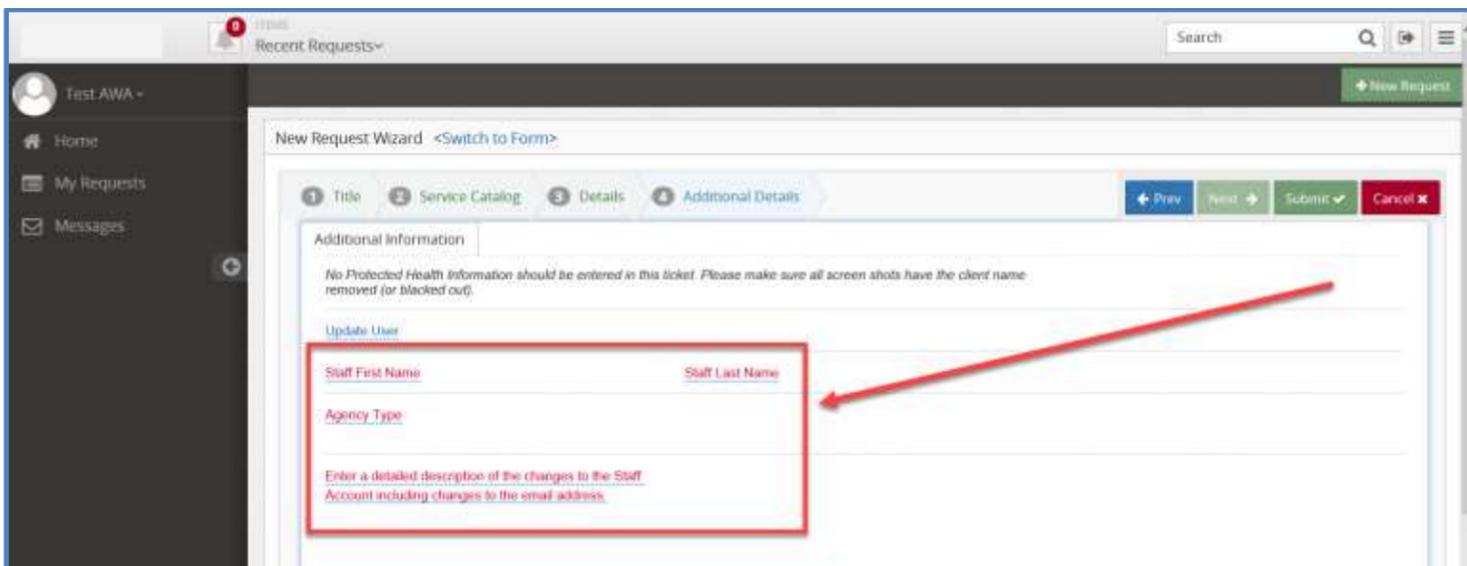


- You are automatically navigated back to the Home Page.

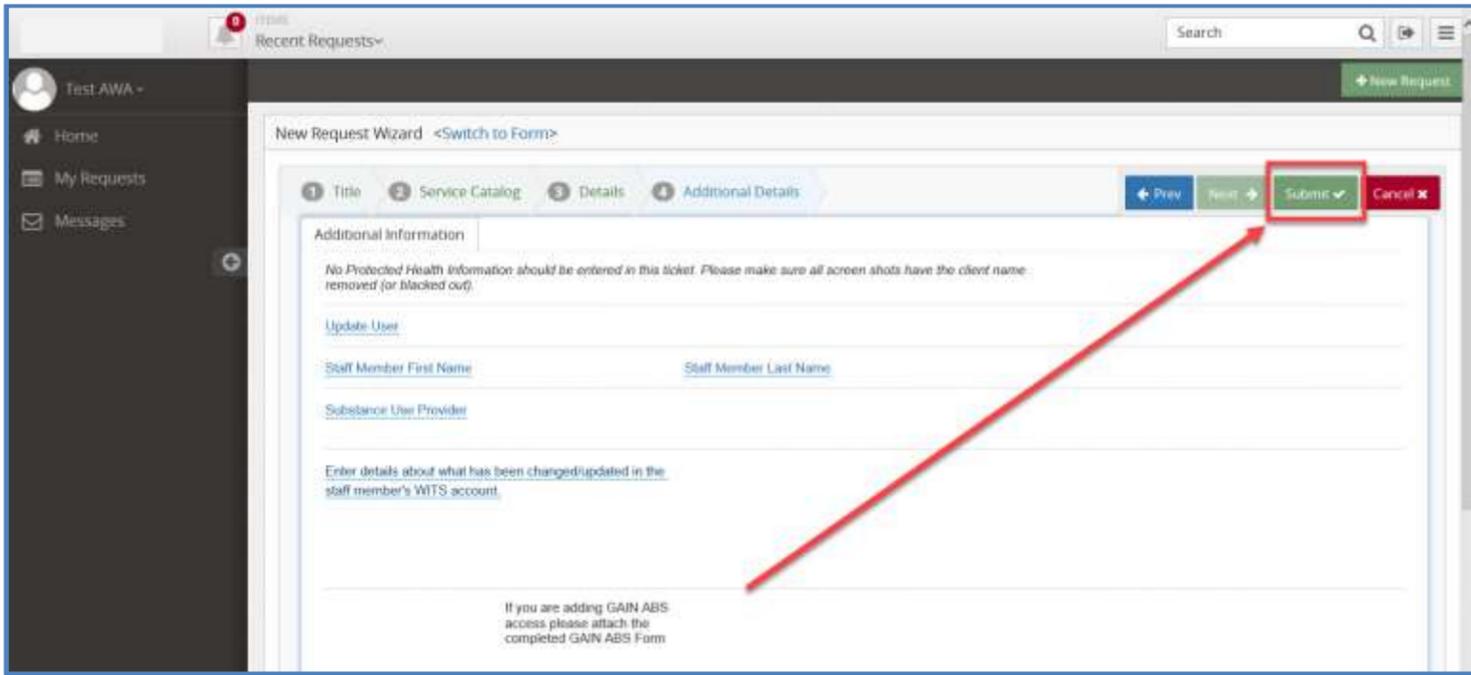
Action as Update User

STANDARDS: A New User or Updated User Online Portal request should be submitted when updating of staff member account (email changing, credential changes, permission changes, adding a staff member as an AWA, etc.).

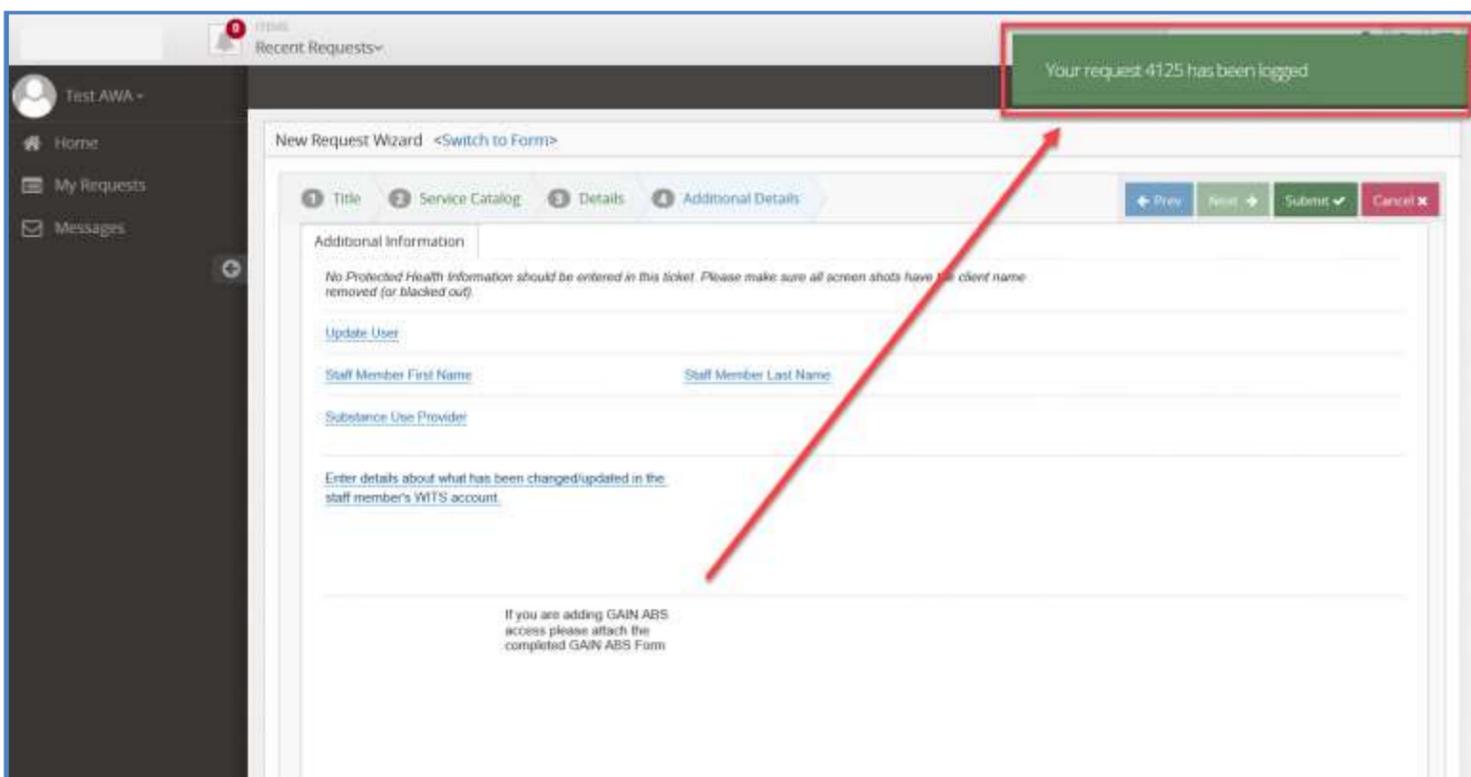
- Click [Action](#) and select **Update User**.



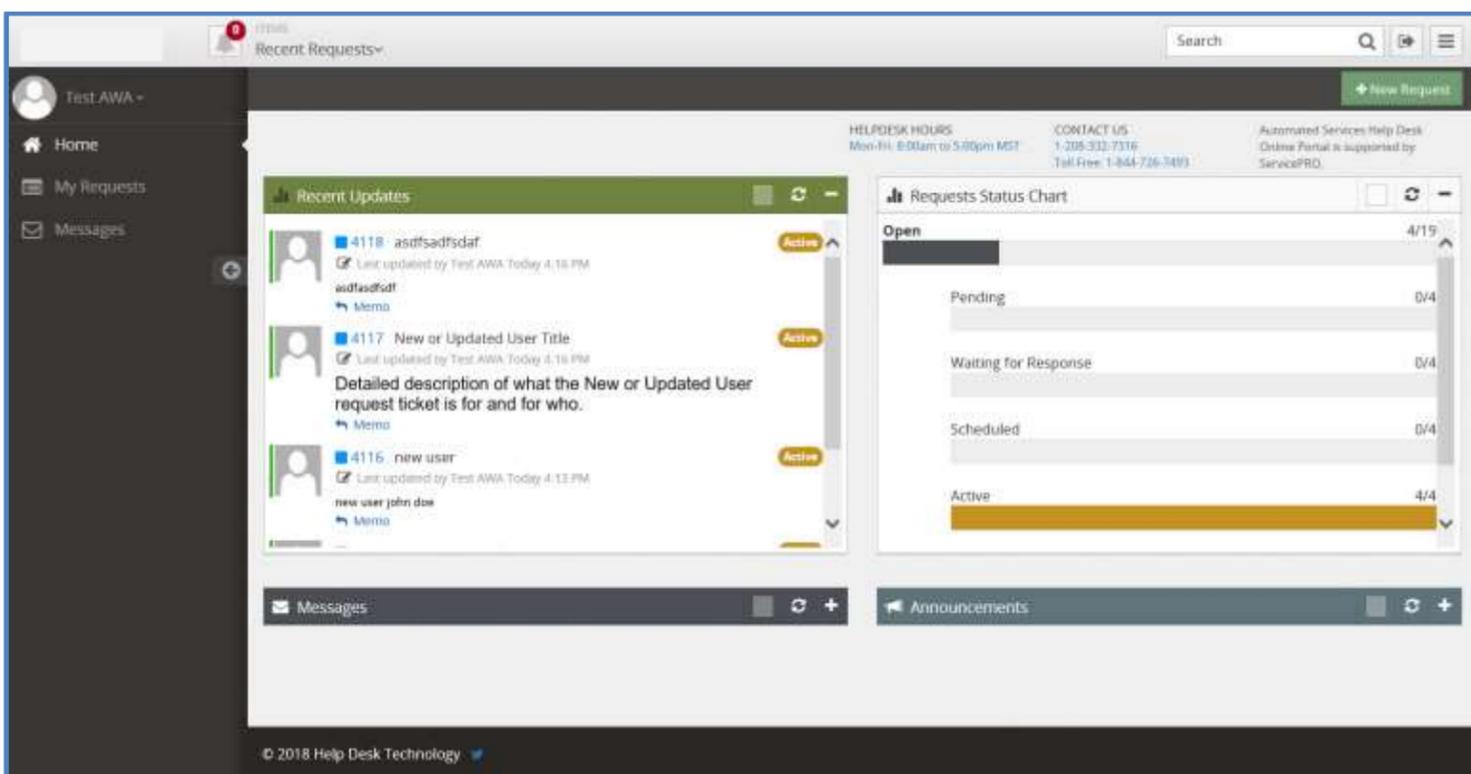
- Complete the following fields.
 - Staff First Name – enter first name of staff member whose WITS account has been updated.
 - Staff Last Name – enter last name of staff member whose WITS account has been updated.
 - Agency Type – select Substance Use Provider.
 - Enter a detailed description of the changes to the Staff Account – enter details about what has been changed/updated in the staff member’s WITS account.



3. Click .



4. A confirmation message will appear in green with the Service Request Number.



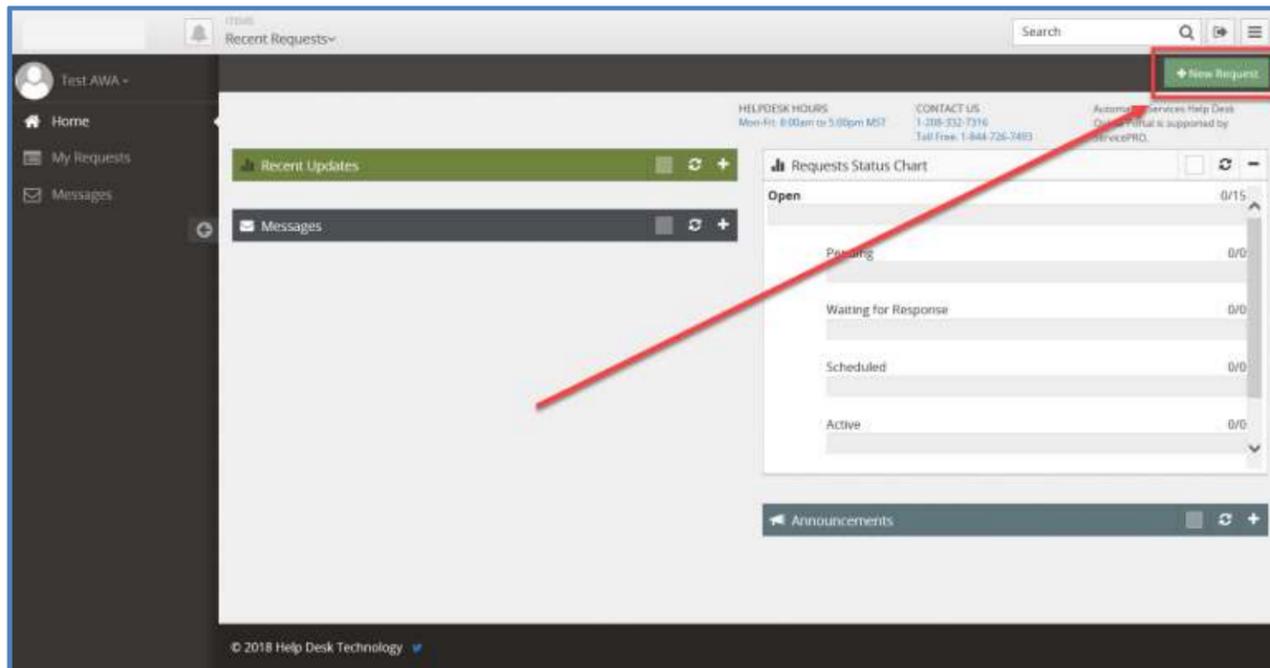
5. You are automatically navigated back to the Home Page.

User Revocation Online Portal Request

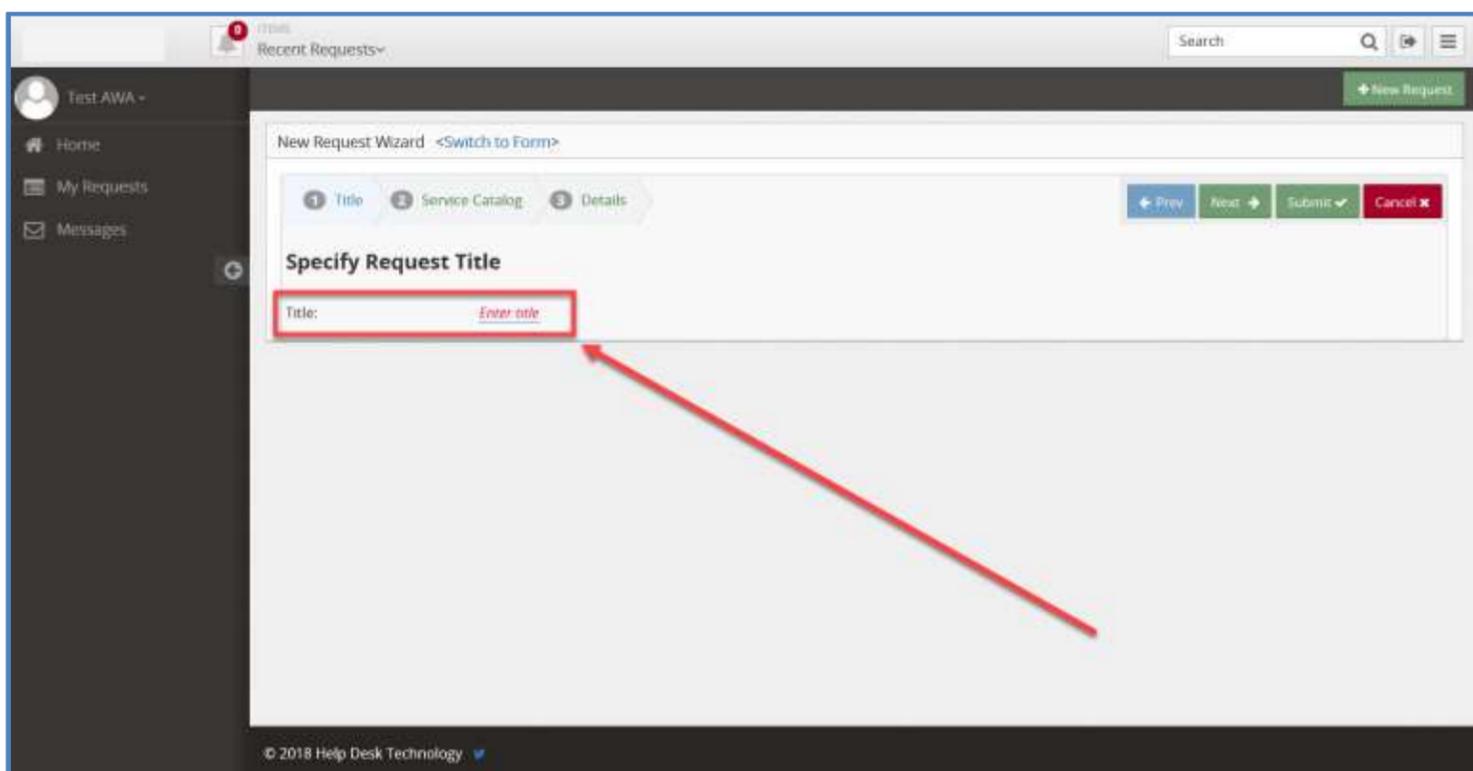
STANDARDS: WITS access should be Locked and revoked within 24 hours of a staff member leaving the agency's employment or no longer requiring WITS access to perform their job.

STANDARDS: User Revocation requests can only be created by Agency WITS Administrators (AWAs). User Revocation requests are created to document the revocation of a staff member WITS user account and attach the completed and signed Idaho WITS Revocation Form within five (5) business days of revoking a the WITS staff member account.

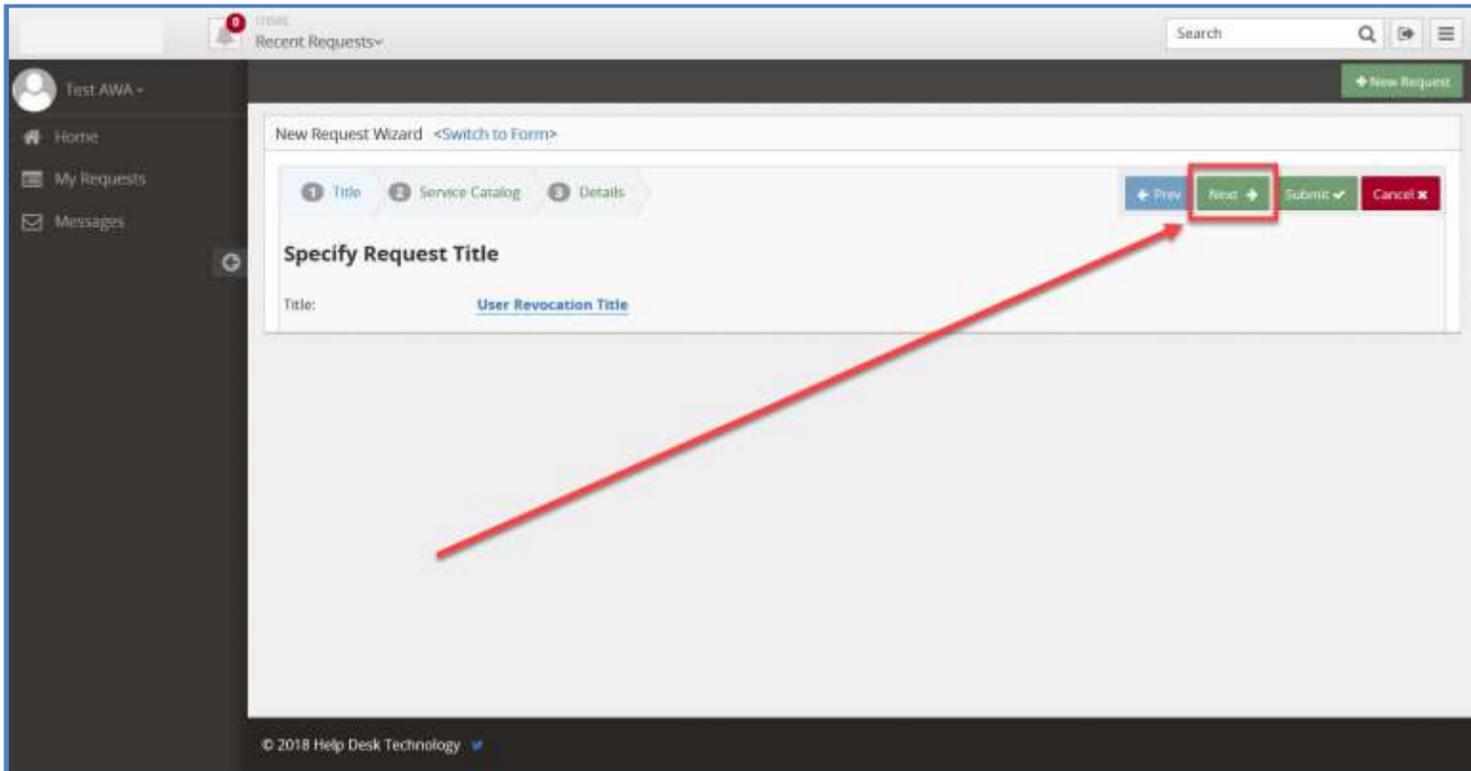
1. Log into the Online Portal. Click here for instructions to access the Online Portal.



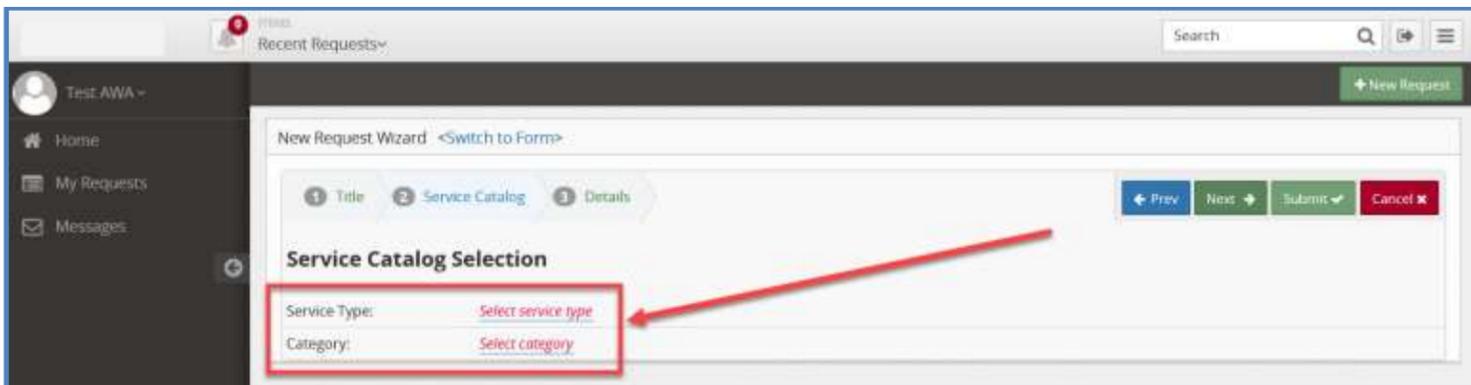
2. Click [+ New Request](#).



3. Click [Enter title](#) and enter the purpose of your request.

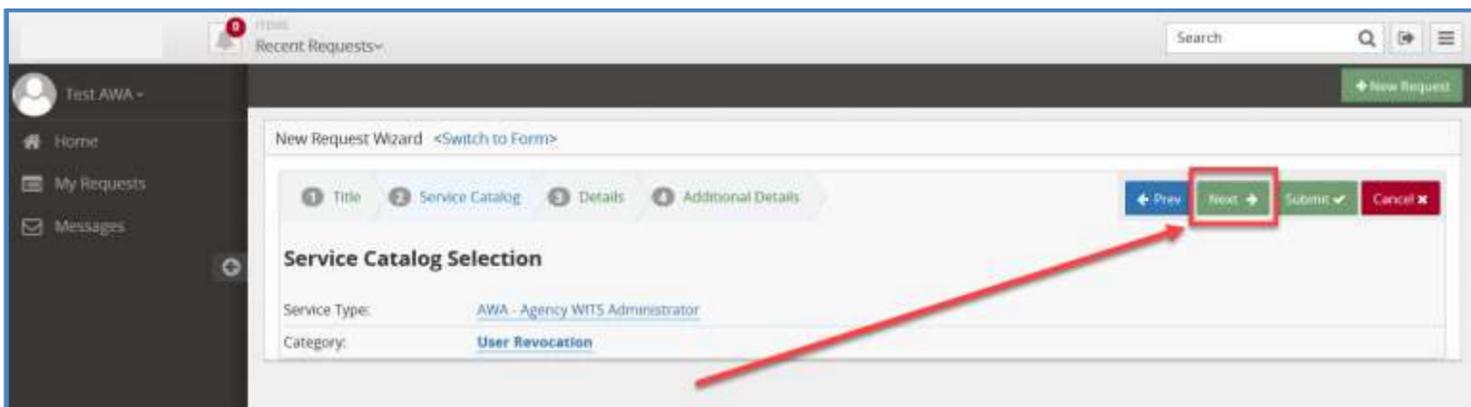


4. Click  .

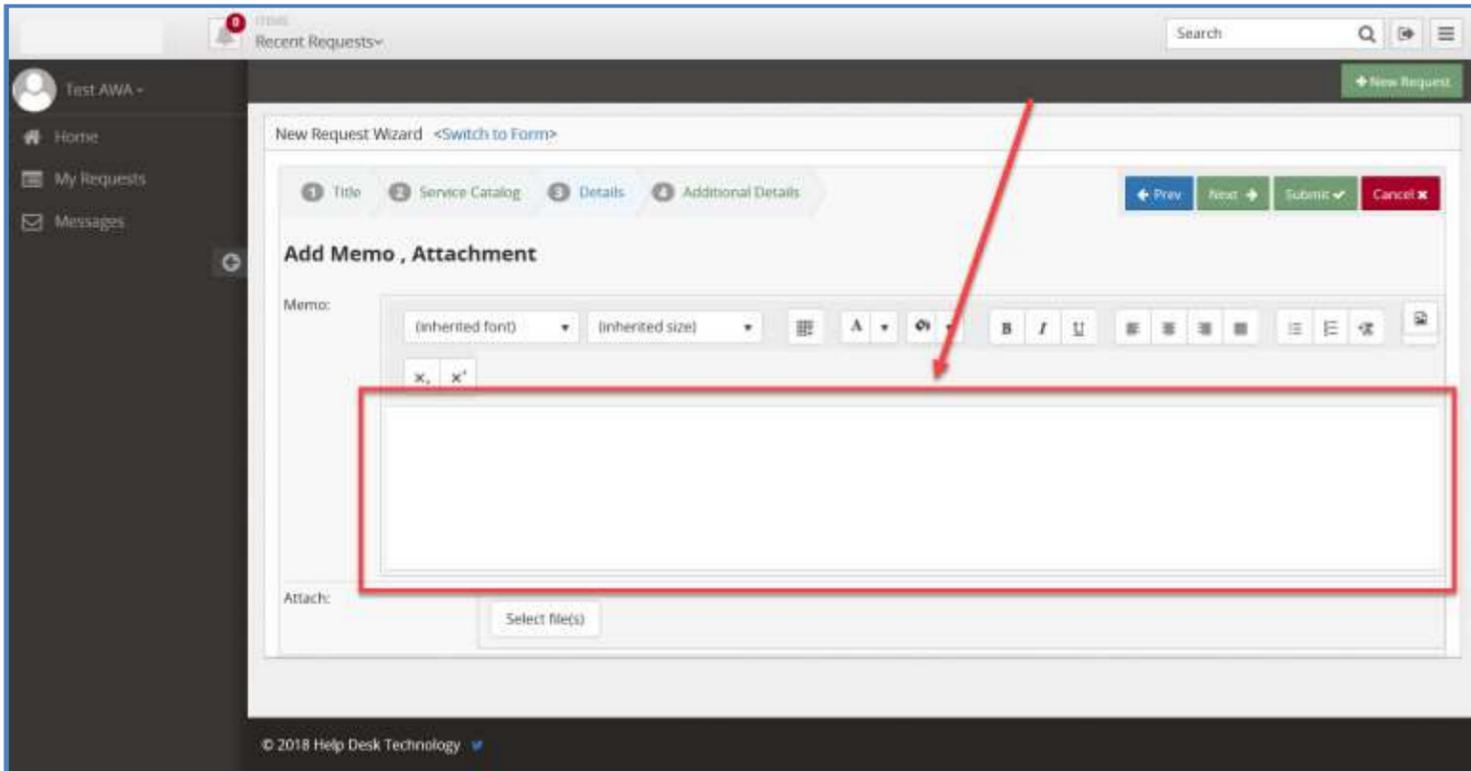


5. Click [Select service type](#) and select **AWA - Agency WITS Administrator**.

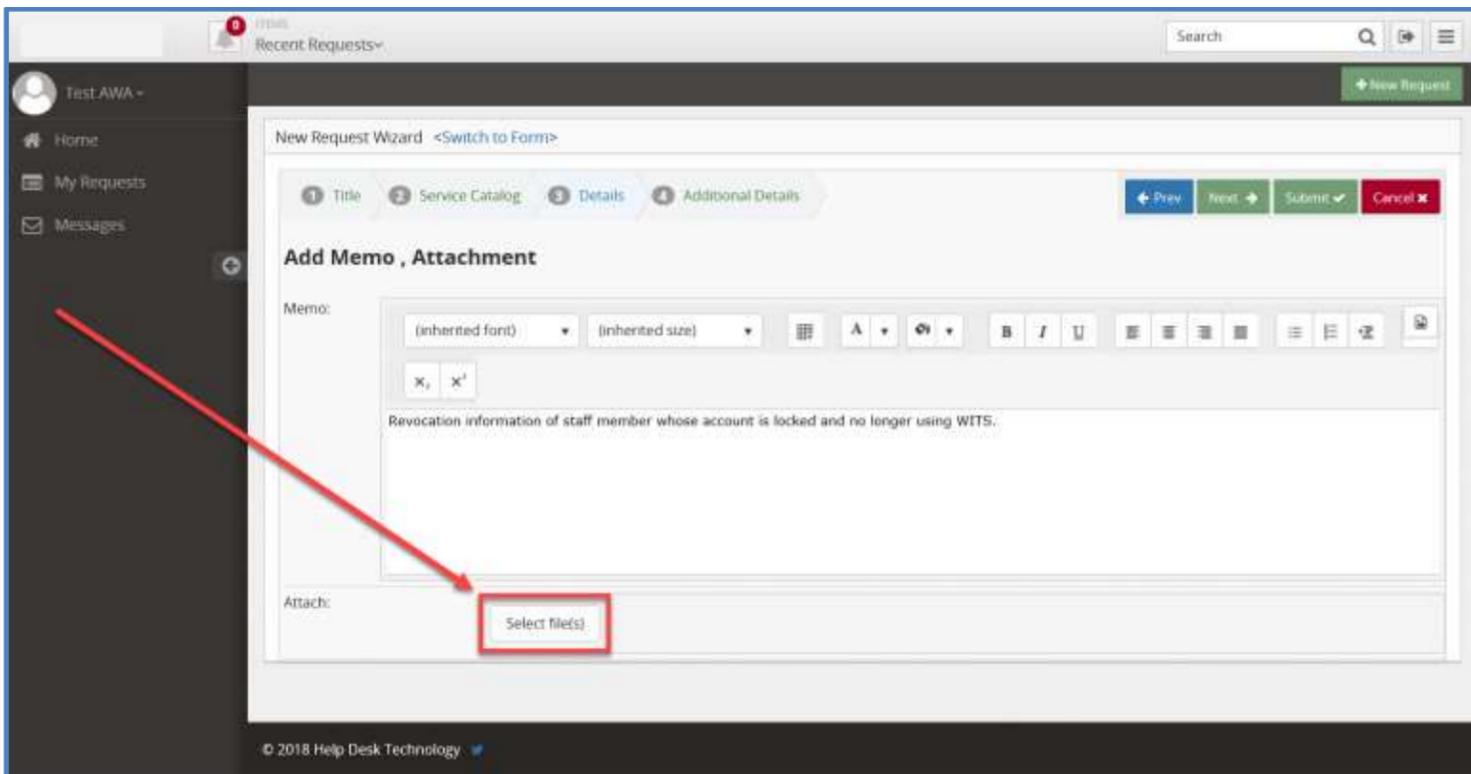
6. Click [Select category](#) and select **User Revocation**.



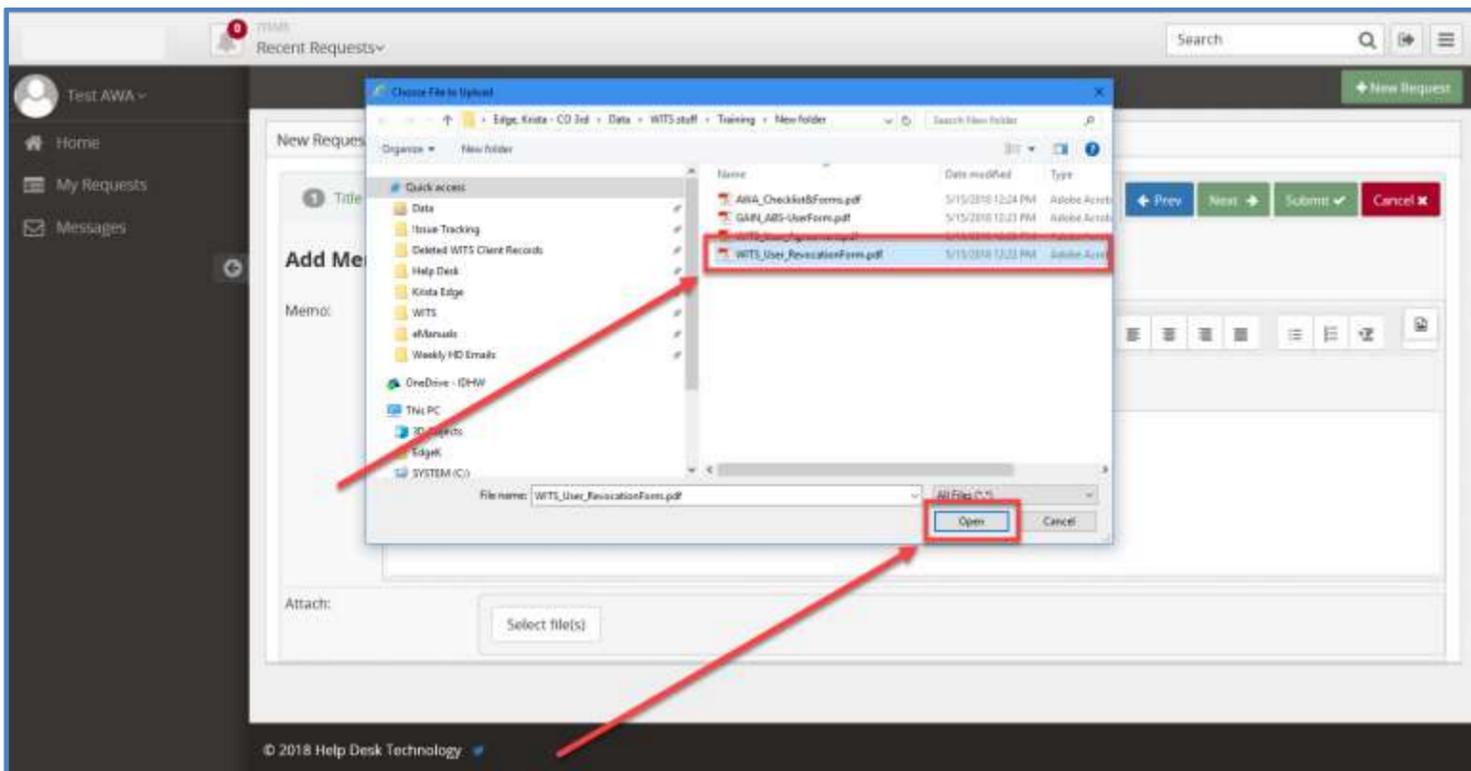
7. Click  .



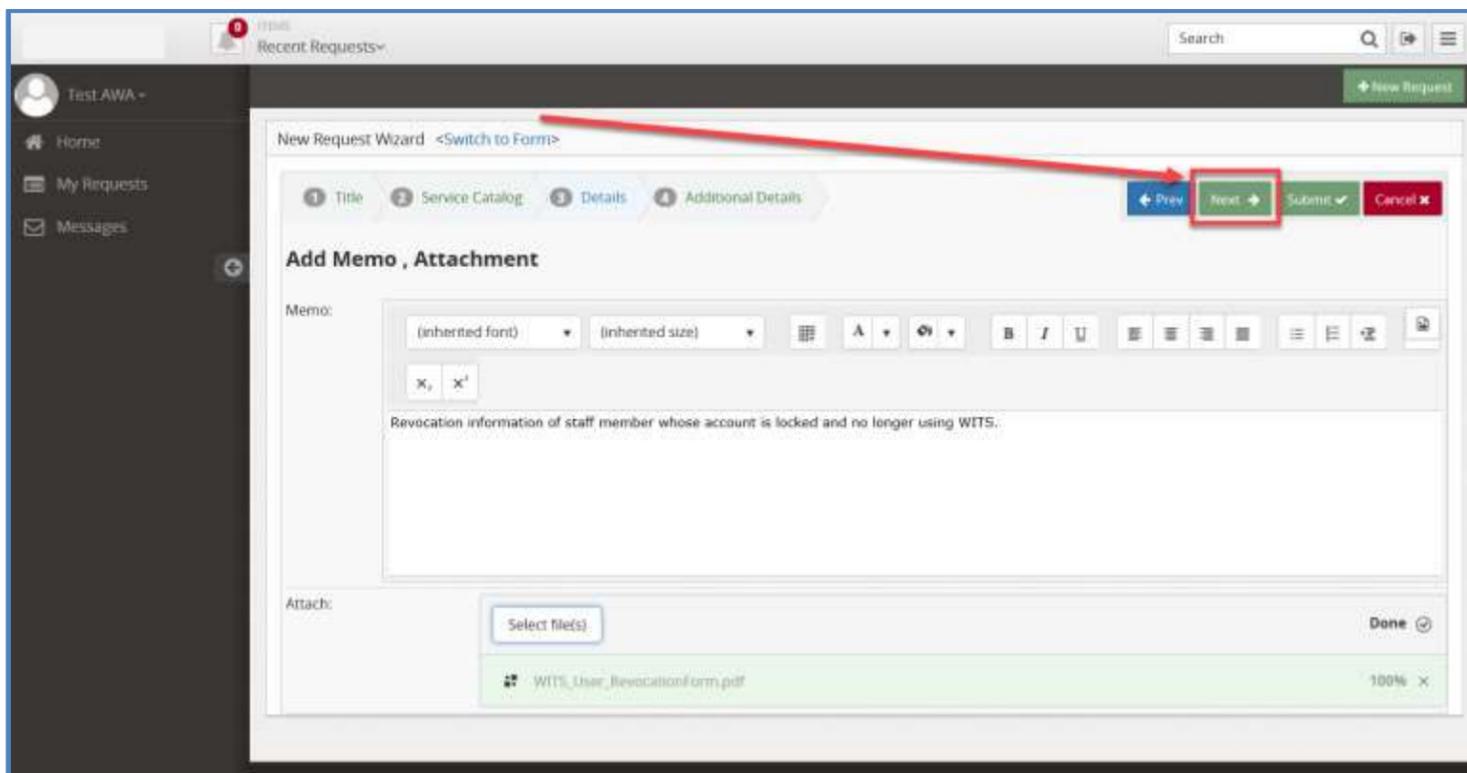
8. Enter a detailed description in the Memo field for this request.



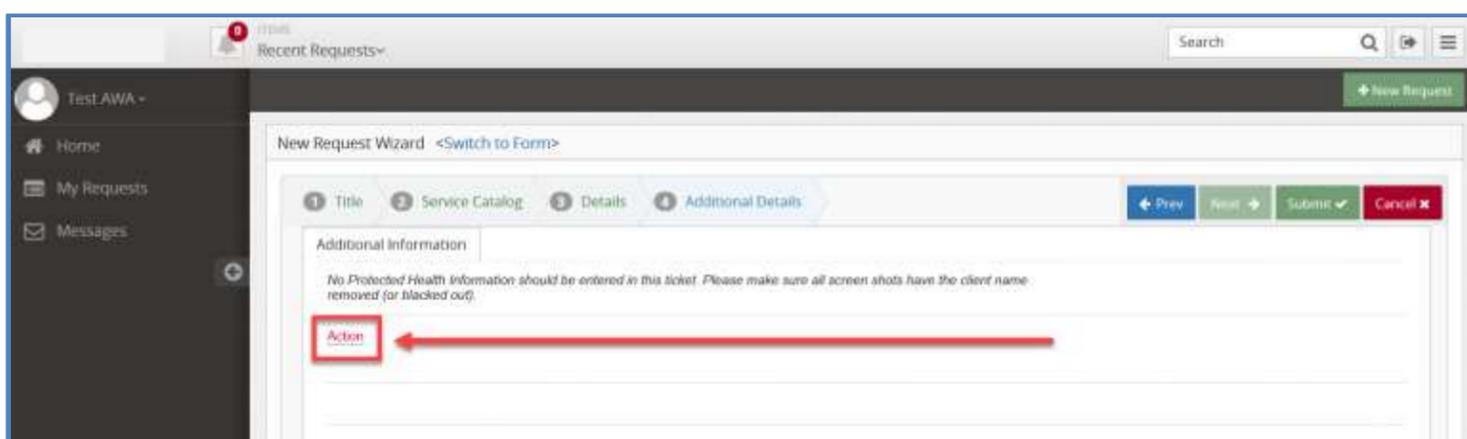
9. Click to attach the WITS User Revocation form.



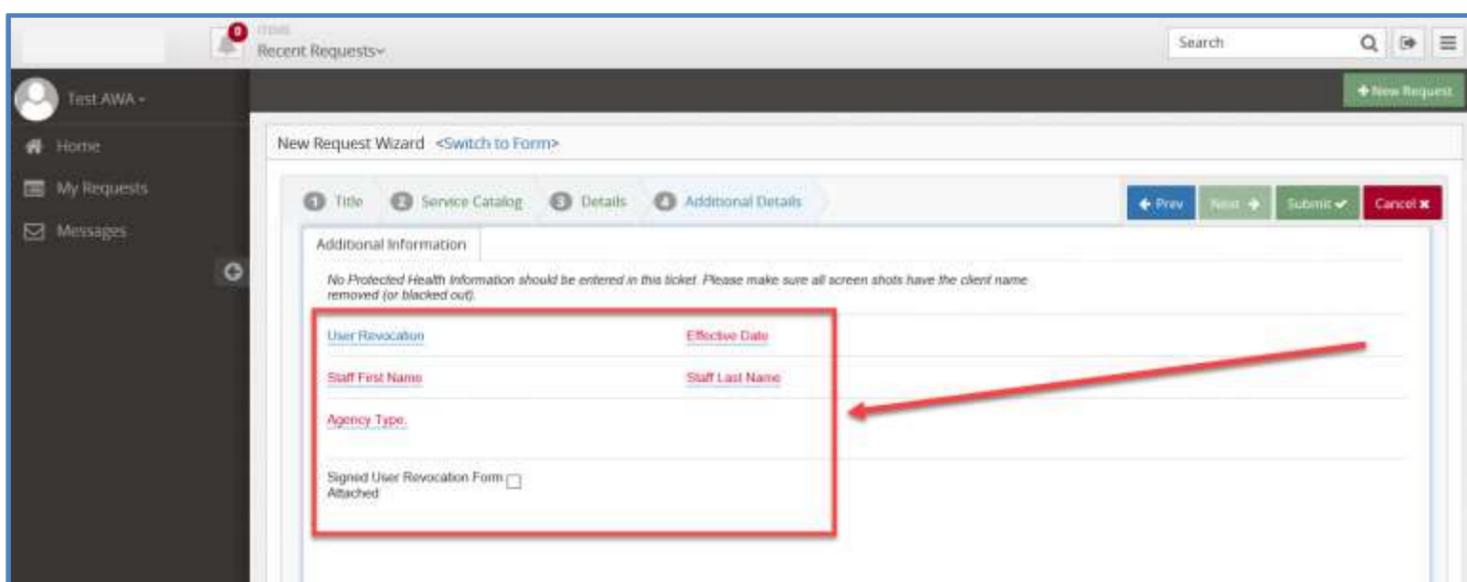
10. Navigate to the file and click [Open](#).



11. Click [Next](#).

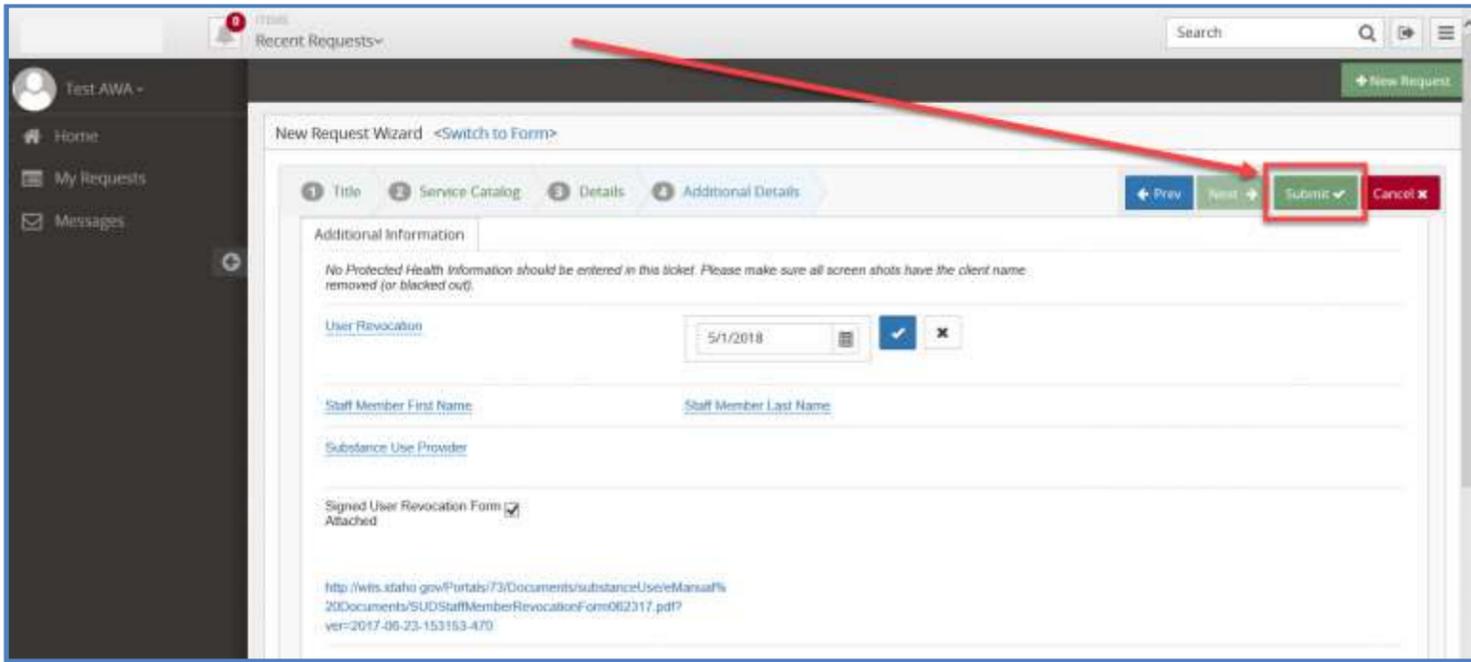


12. Click [Action](#) and select **User Revocation**.

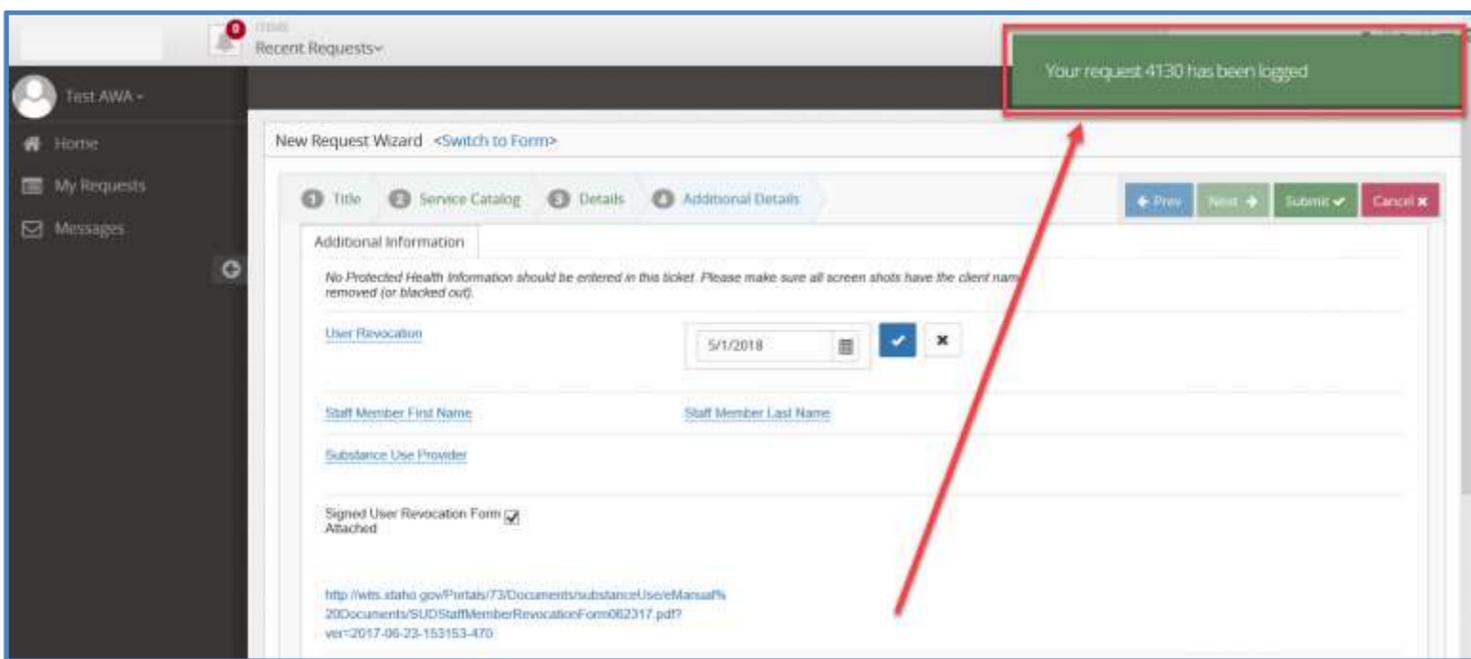


13. Complete the following fields.

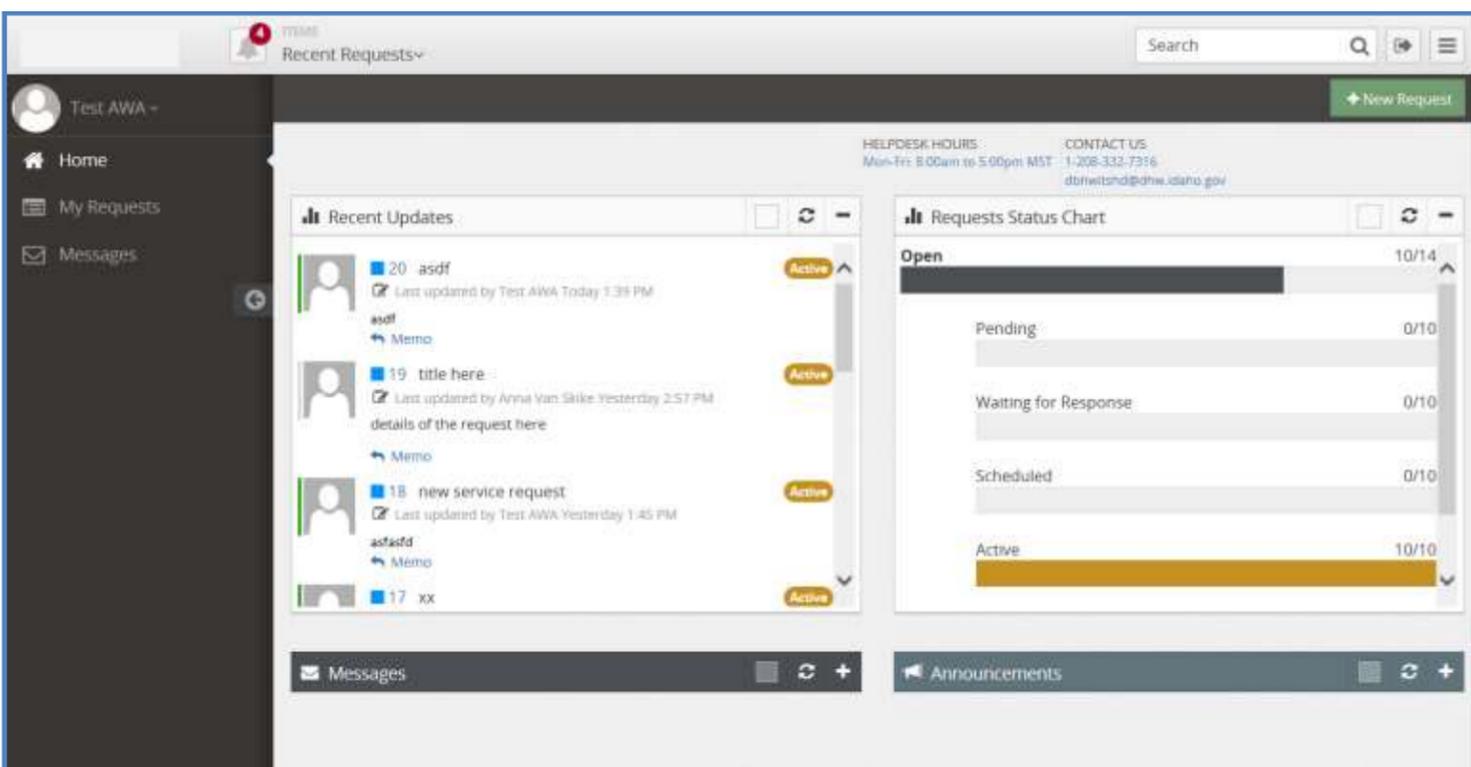
- Effective Date – enter date the staff member is no longer using WITS for your agency.
- Staff First Name – enter first name of the staff member whose WITS user account is no longer in use.
- Staff Last Name – enter last name of the staff member whose WITS user account is no longer in use.
- Agency Type – select Substance Use Provider.
- Signed User Revocation Form Attached – check box to alert the Help Desk the WITS Revocation form for the staff member has been attached on the request.



14. Click .



15. A confirmation message will appear in green with the Service Request Number.



16. You are automatically navigated back to the Home Page.

17. Help Desk staff will process the Online Portal Request according to the SLAs.

Behavioral Health Community Crisis Center

IDAHO WITS USER AGREEMENT

I, _____ (user name), employed by _____ (agency name), understand that all information on the Idaho WITS database is confidential and I agree not to disclose any information regarding persons who have applied for, have received or who are receiving substance use disorders services to any unauthorized persons.

I understand that I may only use the information in the performance of activities of the Idaho WITS system for which I have been authorized. I understand that use or disclosure of any information concerning a recipient of assistance or service for any purpose other than the activities of Idaho WITS is prohibited except on written consent of the recipient.

I understand that I may only use the Idaho WITS site for those specific functions for which I am authorized. I understand that I will only be given access to information for which I have a legitimate need to know to complete my job functions.

I understand that my Idaho WITS Password and PIN are confidential and must be protected from unauthorized access. They are to be used only by me and I am prohibited from sharing my individual security information. Therefore, I agree to (a) limit unauthorized physical access to computer systems, displays, networks and health-care records; (b) position monitors and keyboards so they are not easily seen by anyone other than myself; (c) where appropriate, program workstations to display password-protected screen savers if left idle for a specified period of time.

I understand that Help Desk service for Idaho WITS will be provided through the Idaho Department of Health and Welfare as a free service for users. I acknowledge and accept that Help Desk service is provided without representation or warranty of any kind, and as such no liability will be taken for advice and assistance given to me where I or my representatives deem that advice to be inappropriate or incorrect. I am welcome to use the Idaho Automation Help Desk to help resolve WITS issues; however the Department and Automation Help Desk accepts no responsibility for any loss that may be suffered by any user who relies totally or partially on information imparted by the Idaho Automation Help Desk to make the service workable in the providers' environment. The Department and Automation Help Desk will not be liable to you or any other persons or entity with respect to any liability, loss or damage caused or alleged to be caused either directly or indirectly by WITS or the Automation Help Desk. The Department reserves the right to protect our Help Desk staff from any form of abuse by withdrawing the Help Desk service from the customer at any time deemed fit by Department management.

By signing below, I am indicating that I have read this entire nondisclosure agreement and agree to abide by it. I also understand that any violation of this agreement may result in the revocation of my access to Idaho WITS. Furthermore, I understand that criminal prosecution may be undertaken if I knowingly and intentionally disclose the information to anyone who is unauthorized, or use the data for fraudulent purposes.

Print Name

Signature

Date

Requests for new or updated User Accounts must be submitted by a designated AWA. AWAs are required to create and submit an Online Portal Request within five (5) business days of creating/editing/revoking a WITS user account.

Behavioral Health Community Crisis Center WITS Agency WITS Administrator (AWA) User Information Form

The agency will designate two staff members to serve as Agency WITS Administrators (AWAs). Complete one form for each person.

If you need assistance contact the Automation Help Desk at dbhwitshd@dhw.idaho.gov or call (208) 332-7316 or toll-free-844-726-7493.

Date: _____	Agency Name: _____	
Physical Address: _____		
City: _____	State: _____	Zip: _____
Mountain Time Zone <input type="checkbox"/>		Pacific Time Zone <input type="checkbox"/>
First Name: _____	Last Name: _____	
Email Address: _____	Work Phone Number: _____	
Job Title: _____	Professional Credentials: _____	
Supervisor: _____		

My signature below serves as a record that I have reviewed this request and approve of the requested WITS security access for this individual.

Supervisor's Signature

Date

Note: A designated AWA is required to attend an Idaho WITS Crisis Center AWA training prior to the assignment of the AWA permissions to the staff account in WITS.

Requests for new or updated User Accounts must be submitted by a designated AWA. AWAs are required to create and submit an [Online Portal](#) Request within five (5) business days of reating/editing/revoking a WITS user account.

Behavioral Health Community Crisis Center WITS Staff Member Revocation Form

WITS access must be revoked within 24 hours of a staff member leaving the BHCCC's employment or no longer requiring WITS access to perform their job. BHCCC's will complete and submit the BHCCC WITS Staff Member Account Revocation Form per the protocol.

If you need assistance contact the Automation Help Desk at dbhwitshd@dhw.idaho.gov or call (208) 332-7316 or toll-free-844-726-7493.

Date: _____
Agency Name: _____
User's First Name: _____ Last Name: _____
User's Email Address: _____

The signature below serves as a record that I have reviewed this request and approve revocation of this user's WITS access.

Agency WITS Administrator Signature or Other Appropriate Staff Date

Agencies must submit the completed form via the [Online Portal](#).



IDAHO DEPARTMENT OF

HEALTH & WELFARE

BRAD LITTLE – Governor
DAVE JEPPESEN – Director

ROSS EDMUNDS – Administrator
DIVISION OF BEHAVIORAL HEALTH
450 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-6997

Behavioral Health Community Crisis Center WITS Agency Set-Up Packet

Table of Contents

Policies and Procedures for Behavioral Health Community Crisis Centers (BHCCC) Accessing Idaho WITS Production Sites	3
BEHAVIORAL HEALTH COMMUNITY CRISIS CENTER (BHCCC) AGENCY AGREEMENT	4
Behavioral Health Community Crisis Center WITS Agency Set-Up Form	9
Behavioral Health Community Crisis Center WITS Facility Set-Up Form	11
Behavioral Health Community Crisis Center WITS Agency WITS Administrator (AWA) User Information Form	12
Behavioral Health Community Crisis Center WITS USER AGREEMENT	13

Policies and Procedures for Behavioral Health Community Crisis Centers (BHCCC) Accessing Idaho WITS Production Sites

Purpose:

To establish guidelines and methods for WITS users to access the WITS Production Sites within the permission parameters for which they have been authorized.

Policy:

Processes of entering, sharing, and identifying descriptive and/or diagnostic data regarding individuals whose personal information has been entered into WITS must meet confidentiality requirements of both HIPAA Law and 42 CFR. Only those persons meeting requirements, as determined by his/her prescribed role(s) and qualifications, may be granted specific permissions to access WITS.

Procedure:

The Idaho Department of Health and Welfare, Division of Behavioral Health (DBH) Automation Help Desk will send each BHCCC a packet containing information, instructions, and forms. Each BHCCC will identify those staff members who, by virtue of his/her role within the respective BHCCC, will be recommended to have access to WITS Productions sites. Each BHCCC will complete and submit all forms to the Automation Help Desk per the instructions.

The Automation Help Desk will review the submitted documentation for completeness, and ensure the permissions requested are appropriate to the role(s) and qualifications of the staff member. The Automation Help Desk will place incomplete paperwork on hold and notify the BHCCC of any corrective action required to complete the request. The Automation Help Desk will create the BHCCC Agency and Agency WITS Administrator accounts in WITS, allowing authorized users to access Production sites.

The BHCCC will designate two staff members to serve as Agency WITS Administrators (AWAs). AWAs are responsible for the management of access to WITS according to DBH policy, and for granting and removing access privileges to/from staff members in their agency. It is required that any designated AWA must attend an Idaho WITS AWA training prior to the assignment of the AWA permissions to the staff account in WITS.

WITS access must be revoked within 24 (business) hours of a staff member leaving the BHCCC's employment or no longer requiring WITS access to perform their job. Agencies will use the Online Portal to notify the Automation Help Desk of staff revocations according to AWA Processes. This will allow the Automation Help Desk to better support BHCCC efforts and, in the case of some revocations, ensure compliance with confidentiality requirements of HIPAA Law and 42 CFR.

**IDAHO DEPARTMENT OF HEALTH AND WELFARE
DIVISION OF BEHAVIORAL HEALTH
IDAHO WEB INFRASTRUCTURE FOR TREATMENT SERVICES (WITS)
BEHAVIORAL HEALTH COMMUNITY CRISIS CENTER (BHCCC)
AGENCY AGREEMENT**

1. **Purpose.** This Agreement is entered into by and between the State of Idaho, Department of Health and Welfare, Division of Behavioral Health (hereinafter “DBH”) and _____ (hereinafter “Provider”).

Whereas, DBH owns and operates an Electronic Health Record (EHR) system, Web Infrastructure for Treatment Services (WITS), that is available for use by various entities, including substance use disorder treatment and recovery support services providers.

Whereas, DBH has chosen WITS as the statewide data collection and management system, as well as the EHR system for a contracted Behavioral Health Community Crisis Center (BHCCCC) in Idaho.

Whereas, Provider is an agency that is contacted with DBH to provide a BHCCC and utilizes the electronic health record provided by DBH through WITS.

Whereas, in connection with those services, Provider information entered into WITS by the Provider may include client information that is subject to protection under federal laws governing the confidentiality of alcohol and drug abuse client records and/or protected health information.

Whereas, DBH must have in place Administrative Safeguards, Technical Safeguards, and Physical Safeguards to protect the privacy and confidentiality of information stored in WITS.

Whereas, the parties agree to comply with safeguards and applicable requirements for the confidentiality of alcohol and drug abuse client records and/or protected health information.

NOW, THEREFORE, the parties agree as follows with respect to WITS operations:

2. **Definitions**

2.1 “Agency WITS Administrator”. Individual(s) from Provider Agency who has the responsibility to oversee WITS for the agency and is the agency contact for DBH. The Agency WITS Administrator manages access to WITS according to DBH policy and has responsibility for granting and removing access privileges to/from users in the agency with assistance from DBH as needed.

2.2 “Confidentiality”. A condition in which information is shared or released in a controlled manner.

- 2.3 “Electronic Health Record”. Protected digital health record housed in a secure digital space (web-hosted) accessible only by authorized persons.
- 2.4 “Electronic Health Information”. A computerized format of health-care information that is used for the same purposes as paper records, namely to familiarize readers with the client’s status, to document care, to determine reimbursement rates, to justify reimbursement claims and to measure outcomes of the care process.
- 2.5 “Idaho Web Infrastructure Treatment Services”. WITS is an open-source, web-based clinical and administrative system for use by substance use disorder treatment and recovery support services providers.
- 2.7 “Privacy”. An individual’s desire to limit the disclosure of personal information.
- 2.8 “Security”. Measures to protect the confidentiality, integrity and availability of information and the information systems used to access it.

3. General

- 3.1 All information and data from the Provider is owned by the Provider. DBH has ownership of WITS data and information obtained through conducting normal business practices.
- 3.2 Provider shall utilize WITS to capture all client data.
- 3.3 DBH acknowledges that in receiving, storing, processing or otherwise dealing with any information received from the Provider identifying or otherwise relating to the clients receiving services from the provider, it is fully bound by the provisions of the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2 (42 CFR) and/or the Health Insurance Portability and Accountability Act (HIPAA), to the extent such regulations respectively apply to such Provider information (“Protected Client Information” or “PCI”); and DBH may not use or disclose PCI except as permitted or required by this Agreement or by law.
- 3.4 Provider acknowledges that it is fully bound by the provisions of 42 CFR and/or HIPAA, to the extent such regulations respectively apply to such Provider PCI; and Provider will not use or disclose such PCI via WITS except as permitted or required by law; nor will Provider request or require DBH to use or disclose such PCI except as permitted by law.
- 3.5 Provider acknowledges and accepts that the Automation Help Desk services are not sold but are provided as a free service for the convenience of the provider, without representation or warranty of any kind, and as such no liability will be taken for advice and assistance given to the provider where the provider or representatives deem that advice to be inappropriate or incorrect. DBH and the Automation Help Desk accept no responsibility for any loss that may be suffered by any provider who relies totally or partially on information imparted by the Automation Help Desk to make the service workable in the providers’ environment.

DBH and the Automation Help Desk will not be liable to the provider or any other persons or entity with respect to any liability, loss or damage caused or alleged to be caused either directly or indirectly by WITS or the Automation Help Desk. DBH reserves the right to protect Help Desk staff from any form of abuse by withdrawing the Help Desk service from the customer at any time deemed fit by DBH.

- 3.6 Authorization from the DBH is required to access the WITS system.
- 3.7 The nature and extent of authorized access to WITS shall be determined by (a) legitimate need to fulfill job responsibilities; (b) local/state/federal/funding requirements; (c) confidentiality requirements; and (d) security requirements. Individuals with access to WITS are responsible for all actions and transactions occurring during their use of WITS.
- 3.8 This Agreement shall be governed and construed in accordance with DBH policy and the laws of the State of Idaho.

4. DHW Responsibilities

- 4.1 DBH agrees to make available to a new Provider necessary training and other reasonable technical assistance, including Help Desk support, concerning the use of the WITS system.
- 4.2 DBH agrees to provide user guidance documents on the functionalities and processes for using WITS.
- 4.3 DBH shall establish policies, procedures and/or processes for Administrative, Technical and Physical Safeguards to protect the privacy and confidentiality of information stored in WITS.
- 4.5 DBH shall monitor audit trails to ensure that users are following DBH policies and procedures and adhering to privacy and confidentiality standards.

5. Provider Responsibilities

- 5.1 Provider agrees to designate two staff (one primary and one back up) to serve as the Agency WITS Administrator unless otherwise specified by DBH.
- 5.2 Provider agrees to adhere to policies, procedures and/or processes established by DBH as Administrative, Technical, and Physical Safeguards to protect the privacy and confidentiality of information stored in WITS.
- 5.3 Provider shall be responsible for oversight of individual users granted access through or on behalf of the Provider.
- 5.4 Provider shall be responsible for keeping their data comprehensive and updated. For information that cannot be included in the electronic record, a paper record will be maintained as an adjunct to the electronic record. All documents generated by

the provider that require signatures shall include the appropriate original or electronic signatures.

- 5.5 Provider shall be responsible for the establishment, costs, maintenance and support needed for internet services and other hardware or software needed to use WITS for their agency.

6. Effective Date and Term of the Agency Agreement

- 6.1 This Agreement is effective when it is signed by all parties, or at a later date as specified in an amendment.
- 6.2 The Provider shall not have access to WITS until the Agreement is effective.
- 6.3 This Agreement shall automatically continue from year to year thereafter unless terminated by either party as provided in this Agreement.

7. Termination

- 7.1 This agreement may be terminated by either party without cause by giving thirty (30) days' notice in writing to the other party.
- 7.2 This agreement shall be terminated immediately upon the revocation, non-renewal, or other termination with the DBH. Following a termination of this agreement, the provider may:
- a) Retain read-only access to client records in WITS; or
 - b) Request DBH to provide data for migration into another system selected by Provider for archiving. Any costs associated with data migration will be the sole responsibility of the Provider.
- 7.3 DBH reserves the right to revoke access to WITS at any time for failure on the part of the Provider to comply fully with any and all guidelines governing the use of WITS.

The undersigned have read and understand this Crisis Center Agency Agreement, and agree to be bound by its terms.

Idaho Department of Health and Welfare, Division of Behavioral Health:

<u>Print Name:</u> Ross D. Edmunds	<u>Title:</u> Administrator, Division of Behavioral Health
<u>Signature:</u>	<u>Date Signed:</u>

Provider:

<u>Agency Name:</u>	
<u>Print Name:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date Signed:</u>

Behavioral Health Community Crisis Center WITS Agency Set-Up Form

Complete **one** WITS Agency Set-Up Form for the BHCCC. If you need assistance contact the Automation Help Desk at dbhwitshd@dhw.idaho.gov or call (208) 332-7316 or toll-free-844-726-7493.

Agency Name: _____		
EIN # (Federal Tax ID Number): _____	NPI Number (if available): _____	
Agency Physical Address: _____		
Mailing Address (if different): _____		
City: _____	State: _____	Zip: _____
County: _____	Phone Number: _____	
Agency Contact Name: _____	Email: _____	

Automation Help Desk Support

By signing the WITS Agency Set Up form, the user acknowledges and accepts that the Automation Help Desk service is not sold but rather is provided as a free service for the convenience of our providers, without representation or warranty of any kind, and as such no liability will be taken for advice and assistance given to providers where providers or representatives deem that advice to be inappropriate or incorrect. Any provider is welcome to use the Automation Help Desk to help resolve WITS issues; however the Department and the Automation Help Desk accepts no responsibility for any loss that may be suffered by any provider who relies totally or partially on information imparted by the Automation Help Desk to make the service workable in the providers' environment. The Department and Automation Help Desk will not be liable to you or any other persons or entity with respect to any liability, loss or damage caused or alleged to be caused either directly or indirectly by WITS or the Automation Help Desk. The Department reserves the right to protect our Automation Help Desk staff from any form of abuse by withdrawing the Automation Help Desk service from the customer at any time deemed fit by Department management.

Agency Authorized Agent

Date

Agencies will submit completed forms to the Automation Help Desk via the [Online Portal](#).

Behavioral Health Community Crisis Center WITS Facility Set-Up Form

Complete **one** WITS Facility Set-up Form **for each facility's physical location**

Agency and Facility Name: _____		
Facility Physical Address: _____		
Mailing Address (if different): _____		
City: _____	State: _____	Zip: _____
County: _____	Phone Number: _____	
Facility Contact Name: _____	Email: _____	

Agencies will submit completed forms to the Automation Help Desk via the [Online Portal](#).

Behavioral Health Community Crisis Center WITS Agency WITS Administrator (AWA) User Information Form

The agency will designate two staff members to serve as Agency WITS Administrators (AWAs). Complete one form for each person.

If you need assistance contact the Automation Help Desk at dbhwitshd@dhw.idaho.gov or call (208) 332-7316 or toll-free-844-726-7493.

Date: _____ Agency Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mountain Time Zone Pacific Time Zone

First Name: _____ Last Name: _____

Email Address: _____ Work Phone Number: _____

Job Title: _____ Professional Credentials: _____

Supervisor: _____

My signature below serves as a record that I have reviewed this request and approve of the requested WITS security access for this individual.

Supervisor's Signature

Date

Note: A designated AWA is required to attend an Idaho WITS Crisis Center AWA training prior to the assignment of the AWA permissions to the staff account in WITS.

New agencies must submit completed forms via the [Online Portal](#).

Behavioral Health Community Crisis Center

WITS USER AGREEMENT

I, _____ (user name), employed by _____ (agency name), understand that all information on the Idaho WITS database is confidential and I agree not to disclose any information regarding persons who have applied for, have received or who are receiving substance use disorders services to any unauthorized persons.

I understand that I may only use the information in the performance of activities of the Idaho WITS system for which I have been authorized. I understand that use or disclosure of any information concerning a recipient of assistance or service for any purpose other than the activities of Idaho WITS is prohibited except on written consent of the recipient.

I understand that I may only use the Idaho WITS site for those specific functions for which I am authorized. I understand that I will only be given access to information for which I have a legitimate need to know to complete my job functions.

I understand that my Idaho WITS Password and PIN are confidential and must be protected from unauthorized access. They are to be used only by me and I am prohibited from sharing my individual security information. Therefore, I agree to (a) limit unauthorized physical access to computer systems, displays, networks and health-care records; (b) position monitors and keyboards so they are not easily seen by anyone other than myself; (c) where appropriate, program workstations to display password-protected screen savers if left idle for a specified period of time.

I understand that Help Desk service for Idaho WITS will be provided through the Idaho Department of Health and Welfare as a free service for users. I acknowledge and accept that Help Desk service is provided without representation or warranty of any kind, and as such no liability will be taken for advice and assistance given to me where I or my representatives deem that advice to be inappropriate or incorrect. I am welcome to use the Idaho Automation Help Desk to help resolve WITS issues; however the Department and Automation Help Desk accepts no responsibility for any loss that may be suffered by any user who relies totally or partially on information imparted by the Idaho Automation Help Desk to make the service workable in the providers' environment. The Department and Automation Help Desk will not be liable to you or any other persons or entity with respect to any liability, loss or damage caused or alleged to be caused either directly or indirectly by WITS or the Automation Help Desk. The Department reserves the right to protect our Help Desk staff from any form of abuse by withdrawing the Help Desk service from the customer at any time deemed fit by Department management.

By signing below, I am indicating that I have read this entire nondisclosure agreement and agree to abide by it. I also understand that any violation of this agreement may result in the revocation of my access to Idaho WITS. Furthermore, I understand that criminal prosecution may be undertaken if I knowingly and intentionally disclose the information to anyone who is unauthorized, or use the data for fraudulent purposes.

Print Name

Signature

Date

Requests for new or updated User Accounts must be submitted by a designated AWA. AWAs are required to create and submit an Online Portal Request within five (5) business days of creating/editing/revoking a WITS user account.