

## Opera Release Notes

System Update – Wednesday, September 1, 2021

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Questions? Contact your Organization Administrator or [Opera.Support@dhsola.state.or.us](mailto:Opera.Support@dhsola.state.or.us)  
9/1/2021

## New Case Management Layout Created

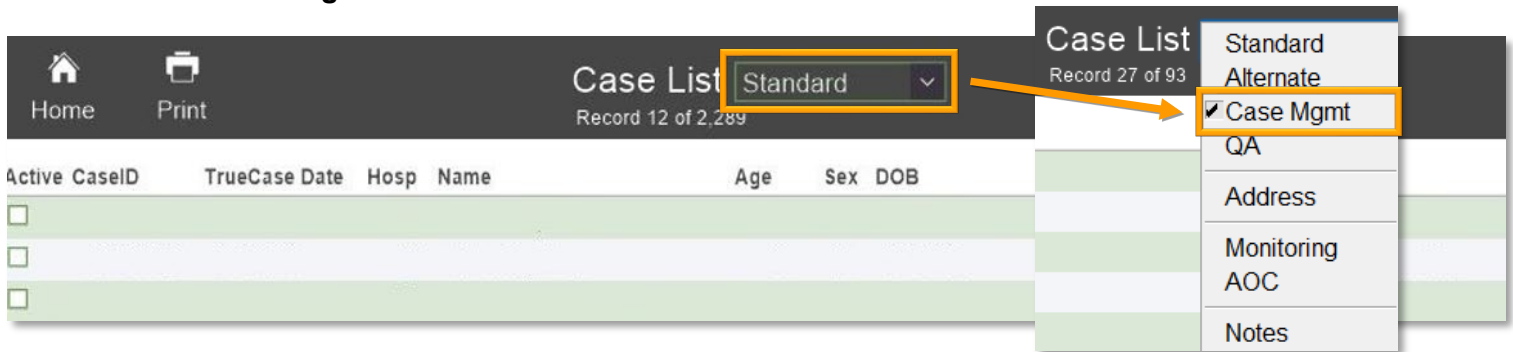
A new Case Management layout was created on the “**Case List**” screen to help with managing cases.

Helpful new fields include:

- “**Spoke?**” = Checkbox used if a case investigator spoke with a case
- “**Wrap Around?**” = Checkbox used if a case needs wraparound services
- “**Letter?**” = Checkbox used if either the case needs a letter or if a letter has been sent
- “**Interview Dt**” = Date field used for the interview date. You can enter the date directly into this field
- “**1st Call Try**” = Date field used for the first call try. You can enter the date directly into this field

To view the new Case Management layout:

1. Open Opera
2. Click on “**Cases (identified)**” under “**Custom Search**” on the left side on the screen
3. Search for cases associated with your county
4. Click on the “**Standard**” drop-down option to the right of “**Case List**” on the top of the screen
5. Click on “**Case Mgmt**”



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## Changes to REAL-D (Part 1)

On the Race tab, the answer options “Don’t know” and “Don’t want to answer” for “Other Categories” will be hidden if a race is selected.

Race	Language	Disability	SOGI
<b>Enter only case self-reported data here. I.e., from interview, NOT from ELR or medical record.</b>			
How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry? <input type="text"/>			
<input type="button" value="Override"/>			
Which of the following describes your racial or ethnic identity? Please check ALL that apply:			
<b>American Indian and Alaska Native</b> <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Canadian Inuit, Metis, or First Nation <input type="checkbox"/> Indigenous Mexican, Central American, or South American	<b>Asian</b> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Communities of Myanmar <input type="checkbox"/> Filipino/a <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> South Asian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	<b>Black and African American</b> <input type="checkbox"/> African American <input type="checkbox"/> Afro-Caribbean <input type="checkbox"/> Ethiopian <input type="checkbox"/> Somali <input type="checkbox"/> Other African (Black) <input type="checkbox"/> Other Black	<b>Old 'race' values:</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Is. <input type="checkbox"/> AI/AN <input type="checkbox"/> Unknown <input type="checkbox"/> Refused <input type="checkbox"/> Other <b>Hispanic</b> <input type="checkbox"/> Yes
<b>Hispanic and Latino/a/x</b> <input type="checkbox"/> Central American <input type="checkbox"/> Mexican <input type="checkbox"/> South American <input type="checkbox"/> Other Hispanic or Latino/a/x	<b>Middle Eastern/North African</b> <input type="checkbox"/> Middle Eastern <input type="checkbox"/> North African	<b>White</b> <input type="checkbox"/> Eastern European <input type="checkbox"/> Slavic <input type="checkbox"/> Western European <input type="checkbox"/> Other White	<b>Other Categories</b> <input type="checkbox"/> Other (please list)
<b>Native Hawaiian and Pacific Islander</b> <input type="checkbox"/> CHamoru (Chamorro) <input type="checkbox"/> Marshallese <input type="checkbox"/> Communities of the Micronesia Region <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander		<b>Other Categories</b> <input type="checkbox"/> Other (please list) <input type="checkbox"/> Don't know <input type="checkbox"/> Don't want to answer	

**If a race is selected.**

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## Changes to REAL-D (Part 2)

On the Language tab, the answer options for the question “If you need or want an interpreter, what type of interpreter is preferred?” is now multi-select checkbox.

Race Language

**For age 5 and up:**

What language or languages do you **use at home**?

Korean

**If indicated home language is NOT only English, ask the following questions:**

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

In what language do you want us to **write** to you?

Do you need or want an **interpreter** for us to communicate with you?

Yes  No  Don't know  Don't want to answer

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

Spoken language interpreter  
 American Sign Language interpreter  
 Deaf Interpreter for DeafBlind, additional barriers, or both  
 Contact sign language (PSE) interpreter  
 Other (please list):

How well do you speak English?

Very Well  Not Well  Don't Know  
 Well  Not at all  Don't want to answer

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## Changes to REAL-D (Part 3)

On the Language tab, the question “**If you need or want an interpreter, what type of interpreter is preferred?**” will only appear if the question “**Do you need or want an interpreter for us to communicate with you?**” is answered as “**Yes**”.

Race Language

**For age 5 and up:**

What language or languages do you **use at home**?

Korean

**If indicated home language is NOT only English, ask the following questions:**

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

In what language do you want us to **write** to you?

Do you need or want an **interpreter** for us to communicate with you?

Yes  No  Don't know  Don't want to answer

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

Spoken language interpreter

American Sign Language interpreter

Deaf Interpreter for DeafBlind, additional barriers, or both

Contact sign language (PSE) interpreter

Other (please list):

How well do you speak English?

Very Well  Not Well  Don't Know

Well  Not at all  Don't want to answer

Do you need or want an **interpreter** for us to communicate with you?

Yes  No  Don't know  Don't want to answer

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## Changes to REAL-D (Part 4)

On the Language tab, the answer options for the question “How well do you speak English?” have been updated to “Don’t know” and “Don’t want to answer”.

The previous answer options of “Unknown” and “Declined” have been removed.

Race Language

**For age 5 and up:**

What language or languages do you **use at home**?

Korean

**If indicated home language is NOT only English, ask the following questions:**

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

In what language do you want us to **write** to you?

Do you need or want an **interpreter** for us to communicate with you?

Yes  No  Don't know  Don't want to answer

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

Spoken language interpreter  
 American Sign Language interpreter  
 Deaf Interpreter for DeafBlind, additional barriers, or both  
 Contact sign language (PSE) interpreter  
 Other (please list):

How well do you speak English?

Very Well  Not Well  Don't Know  
 Well  Not at all  Don't want to answer

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## Changes to REAL-D (Part 5)

On the Disability tab, an “Unknown” button has been created for all “If yes, at what age did this condition begin?” questions. When this button is clicked, the word “unk” will auto-populate for its associated question.

Race	Language	Disability	SOGI
Your answers to the questions below help us find health and service differences among people with disabilities or limitations. Your answers are confidential.			
<b>Questions for all ages:</b> Are you <b>deaf</b> or do you have serious <b>difficulty hearing</b> ? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Don't want to answer If yes, at what age did this condition begin? <input type="text" value="unk"/> <input type="button" value="Unknown"/> Are you <b>blind</b> or do you have <b>serious difficulty seeing</b> , even when wearing glasses? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Don't want to answer If yes, at what age did this condition begin? <input type="text" value="unk"/> <input type="button" value="Unknown"/>		<b>... for ages 5 and up (continued):</b> Do you have <b>serious difficulty learning how to do things most people your age can learn</b> ? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Don't want to answer If yes, at what age did this condition begin? <input type="text" value="unk"/> <input type="button" value="Unknown"/> Using your <b>usual (customary) language</b> , do you have <b>serious difficulty communicating?</b> (for example, understanding or being understood by others) <input checked="" type="radio"/> Yes <input type="radio"/> Don't want to answer <input type="radio"/> No <input type="radio"/> I don't understand this question <input type="radio"/> Don't know If yes, at what age did this condition begin? <input type="text" value="unk"/> <input type="button" value="Unknown"/>	
<b>Questions for ages 5 and up:</b> Do you have <b>serious difficulty walking or climbing stairs</b> ? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Don't want to answer If yes, at what age did this condition begin? <input type="text" value="unk"/> <input type="button" value="Unknown"/> Because of a physical, mental, or emotional condition, do you have <b>serious difficulty concentrating, remembering or making decisions</b> ? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Don't want to answer If yes, at what age did this condition begin? <input type="text" value="unk"/> <input type="button" value="Unknown"/> Do you have <b>difficulty dressing or bathing</b> ? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Don't want to answer If yes, at what age did this condition begin? <input type="text" value="unk"/> <input type="button" value="Unknown"/>		<b>Questions for ages 15 and up:</b> Because of a <b>physical, mental or emotional condition</b> , do you have <b>serious difficulty doing errands alone</b> such as visiting a doctor's office or shopping? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Don't want to answer If yes, at what age did this condition begin? <input type="text" value="unk"/> <input type="button" value="Unknown"/> Do you have <b>serious difficulty</b> with the following: <b>mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations</b> ? <input checked="" type="radio"/> Yes <input type="radio"/> Don't want to answer <input type="radio"/> No <input type="radio"/> I don't understand this question <input type="radio"/> Don't know If yes, at what age did this condition begin? <input type="text" value="unk"/> <input type="button" value="Unknown"/>	

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## Changes to REAL-D (Part 6)

On the Disability tab, the answer option of “I don’t understand this question” has been added to the questions “Using your usual (customary) language, do you have serious difficulty communicating?” and “Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations?”

Race	Language	Disability	SOGI
<p>Your answers to the questions below help us find health and service differences among people with disabilities or limitations. Your answers are confidential.</p>			
<p><b>Questions for all ages:</b></p> <p>Are you <b>deaf</b> or do you have serious <b>difficulty hearing</b>?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Don't want to answer</p> <p>Are you <b>blind</b> or do you have <b>serious difficulty seeing</b>, even when wearing glasses?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Don't want to answer</p>		<p><b>... for ages 5 and up (continued):</b></p> <p>Do you have <b>serious difficulty learning how to do things most people your age can learn</b>?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Don't want to answer</p> <p>Using your <b>usual (customary) language</b>, do you have <b>serious difficulty communicating?</b> (for example, understanding or being understood by others)</p> <p><input type="radio"/> Yes <input type="radio"/> Don't want to answer <input checked="" type="radio"/> I don't understand this question <input type="radio"/> No <input type="radio"/> Don't know</p>	
<p><b>Questions for ages 5 and up:</b></p> <p>Do you have <b>serious difficulty walking or climbing stairs</b>?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Don't want to answer</p> <p>Because of a physical, mental, or emotional condition, do you have <b>serious difficulty concentrating, remembering or making decisions</b>?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Don't want to answer</p> <p>Do you have <b>difficulty dressing or bathing</b>?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Don't want to answer</p>		<p><b>Questions for ages 15 and up:</b></p> <p>Because of a <b>physical, mental or emotional condition</b>, do you have serious <b>difficulty doing errands alone</b> such as visiting a doctor's office or shopping?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Don't want to answer</p> <p>Do you have <b>serious difficulty</b> with the following: <b>mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations</b>?</p> <p><input type="radio"/> Yes <input type="radio"/> Don't want to answer <input checked="" type="radio"/> I don't understand this question <input type="radio"/> No <input type="radio"/> Don't know</p>	

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9/1/2021



## Changes to SOGI

On the SOGI tab, a “**Same as Case Name**” button has been created for the question “**What first and last name do you want to use?**”. When this button is clicked, the case’s first and last name will auto-populate.

Race	Language	Disability	SOGI
<b>Sexual Orientation and Gender Identity</b>			Note: SOGI questions are related to a Case.
What first and last name do you want to use? <input type="button" value="Same as Case Name"/>		<b>This person has one case.</b>	
<input type="text" value="Test Test"/>			
What pronouns do you use? (Check all that apply)		Are you transgender?	
<input type="checkbox"/> She/Her <input type="checkbox"/> No pronouns, use my name		<input type="checkbox"/> Yes	
<input type="checkbox"/> He/Him <input type="checkbox"/> Not listed, Please Specify		<input type="checkbox"/> No	
<input type="checkbox"/> They/Them <input type="checkbox"/> Don't know		<input type="checkbox"/> Not listed, Please Specify	
<input type="checkbox"/> Ella <input type="checkbox"/> I don't know what this question is asking		<input type="checkbox"/> Don't know	
<input type="checkbox"/> Él <input type="checkbox"/> I don't want to answer		<input type="checkbox"/> I don't know what this question is asking	
<input type="checkbox"/> Elles		<input type="checkbox"/> I don't want to answer	
How do you describe your gender? <input <="" td="" type="button" value="?"/> <td colspan="2">How do you describe your sexual orientation or sexual identity?</td>		How do you describe your sexual orientation or sexual identity?	
<input type="text"/>		<input type="text"/>	
What is your gender? (Check all that apply)		What is your sexual orientation or sexual identity? (Check all that apply)	
<input type="checkbox"/> Woman or Girl <input type="checkbox"/> Questioning		<input type="checkbox"/> Same-Gender Loving <input type="checkbox"/> Queer	
<input type="checkbox"/> Man or Boy <input type="checkbox"/> Not listed, Please Specify		<input type="checkbox"/> Lesbian <input type="checkbox"/> Questioning	
<input type="checkbox"/> Agender or No Gender <input type="checkbox"/> Don't know		<input type="checkbox"/> Gay <input type="checkbox"/> Not listed, Please Specify	
<input type="checkbox"/> Feminine leaning <input type="checkbox"/> I don't know what this question is asking		<input type="checkbox"/> Bisexual <input type="checkbox"/> Don't know	
<input type="checkbox"/> Masculine leaning <input type="checkbox"/> I don't want to answer		<input type="checkbox"/> Straight <input type="checkbox"/> I don't know what this question is asking	
<input type="checkbox"/> Non-binary		<input type="checkbox"/> Pansexual <input type="checkbox"/> I don't want to answer	
		<input type="checkbox"/> Asexual	

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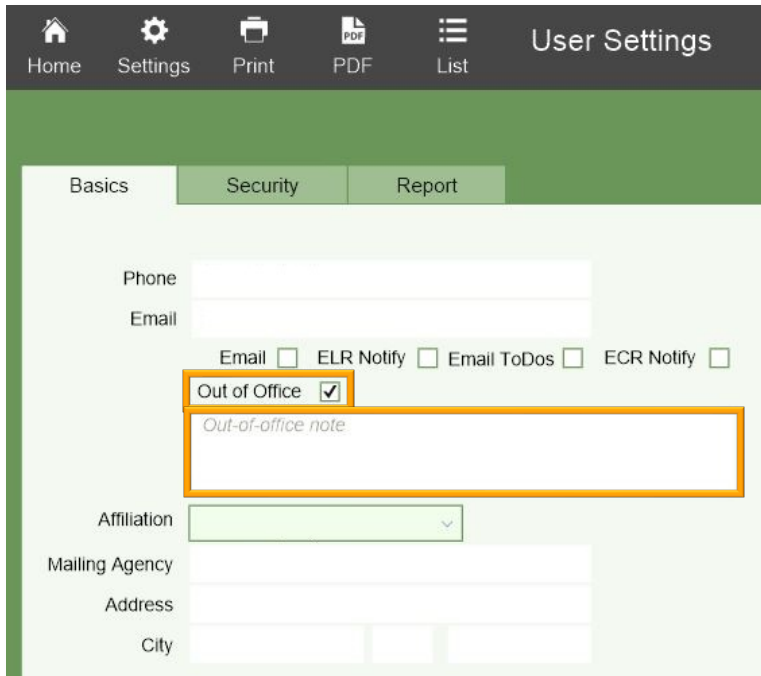
## Custom Out-of-Office Message Created

You can now create a custom out-of-office message. When your out-of-office is active, any note that is assigned to you will display your custom out-of-office message.

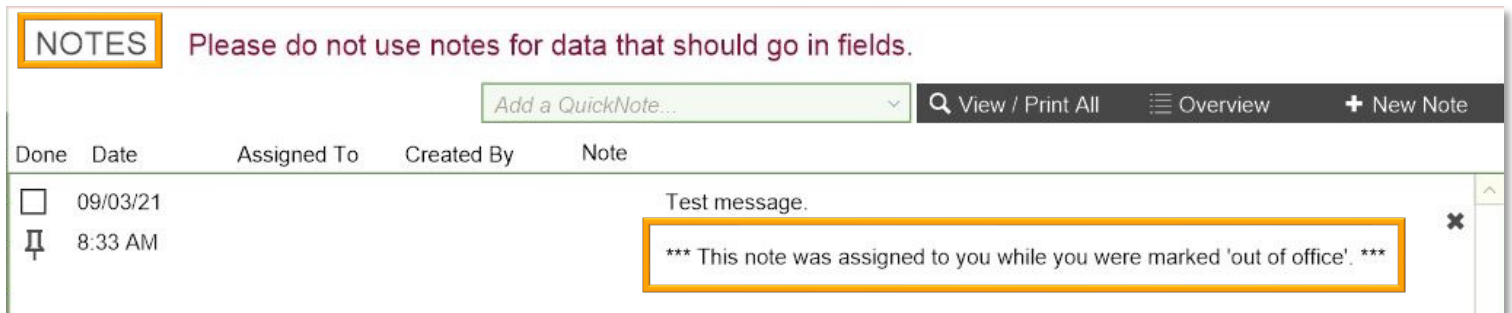
To create your custom out-of-office message:

1. Open Opera
2. Click on “**My Settings**” on the bottom left of the screen
3. Click on the “**Out-of-Office**” checkbox
4. Enter in your custom message in the “**Out-of-office note**” textbox

**NOTE:** If you do NOT enter in a custom message, the default message that will appear on your notes will be:  
**\*\*\* This note was assigned to you while you were marked 'out of office'. \*\*\***



The screenshot shows the 'User Settings' page with the 'Security' tab selected. The 'Out of Office' checkbox is checked, and a custom message is entered in the 'Out-of-office note' field. The message is: "Out-of-office note".



The screenshot shows the 'NOTES' section with a message: "Please do not use notes for data that should go in fields." Below this, there is a table of notes. The first note is titled "Test message." and has a custom out-of-office message displayed in the 'Note' column.

Done	Date	Assigned To	Created By	Note
<input type="checkbox"/>	09/03/21			Test message.
<input checked="" type="checkbox"/>	8:33 AM			*** This note was assigned to you while you were marked 'out of office'. ***

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9/1/2021

## “Risks” Questions Updated

The following “Risks” questions have been **REMOVED**:

- **Frequency public transit rides** – “How many rides did the case take on public transit?”
- **Physical distance adherence** – “In general, how often is the case able to stay physically distanced from people who don’t live in their household?”
- **Altered behavior after vaccination** – “Depending on the vaccination status of the people that the case is around, does the case’s mask wearing or physical distancing behavior vary?”

Previous: Guest in home      Next: Mask wearage adherence

**Q.** **Frequency public transit rides**  
How many rides did the case take on public transit?

**A.**  None    1-4    5-10    More than 10

**Jump to Question**

- Pre-existing medical conditions?
- Why was the case tested
- Travel outside home area**
- Contact with case
- Work in healthcare
- Congregate setting
- Did case attend or work at school
- Exposure settings prior to onset
- Guest in home
- Frequency public transit rides**
- Mask wearage adherence
- Physical distance adherence**
- Altered behavior after vaccination**

The following “Risks” questions have been **ADDED**:

- **Plan to vaccinate** – “Are you planning on getting the COVID-19 vaccine? (OPTIONAL)”
- **Factors for getting vax** – “What factors would you consider for getting vaccinated? (OPTIONAL)”
- **Vax challenges** – “What are (or were) challenges for you in getting a COVID-19 vaccination? (OPTIONAL)”
- **Questions about vax** – “Do you have any questions about the vaccine that I can answer?”

Previous: Mask wearage adherence      Next: Factors for getting vax

**Q.** **plan to vaccinate**  
Are you planning on getting the COVID-19 vaccine? (OPTIONAL)

**A.**  Yes    No    Refused    Unknown

**Jump to Question**

- Pre-existing medical conditions?
- Why was the case tested
- Travel outside home area
- Contact with case
- Work in healthcare
- Congregate setting
- Did case attend or work at school
- Exposure settings prior to onset
- Guest in home
- Mask wearage adherence
- plan to vaccinate**
- Factors for getting vax**
- Vax challenges**
- Questions about vax**

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9/1/2021

## New Questions Added to the “Followup” Tab

Three new checkbox questions have been added to the “Followup” tab:

- “Spoke to Case?”
- “Need Wraparound Svcs?”
- “Letter Sent?”

		FOLLOWUP	
Labs	1	Disease:	<input type="checkbox"/> Spoke to Case? <input type="checkbox"/> Need Wraparound Svcs? <input type="checkbox"/> Letter Sent? <input type="checkbox"/>
eCR	0	Subtype:	<p><b>QUESTIONS</b></p> <p>The followup questions (similar illness, public settings, etc.) haven't yet been asked. Click the <b>Ask Followup Questions</b> button to enter data.</p> <p><b>Ask Followup Questions</b></p>
Clinical		Status:	
Treatment		Onset:	
Risks		Deceased:	
		DOB:	
		Age:	
		Sex:	
		Pregnancy:	
<b>Followup</b>		REALD: Race:	
Epilinks		Born:	
Contacts	1	Worksite: School: Occupation: Housing:	

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