



Demo for Family Houston

Host	Adi Tiwari
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Participants (4)

Adi Tiwari
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Jessica

Transcription

Jessica [0:02](#)

Hi, how are you?

Adi Tiwari [0:04](#)

Hello. Hey, Jessica. Hey, Sarah, how are you?

Jessica [0:08](#)

Good, good. This is actually Stephanie.

Adi Tiwari [0:11](#)

Oh, apologies. Hey, Stephanie, sorry about that. Sarah popped up on the waiting room for a second. Is. Is there a Sarah joining?

Jessica [0:20](#)

No, it's a Chris. Kristen, Stephanie and Alicia will probably be joining. Excellent. Okay.

Adi Tiwari [0:28](#)

No, okay. This was somebody else who I had scheduled. That's Sarah. Okay, good, good. We're not gonna let Sarah in. Perfect.

Jessica [0:34](#)

Good.

Adi Tiwari [0:36](#)

How have you been, Jessica, since we last spoke?

Jessica [0:39](#)

Really good. Yeah. It's just been really busy and I had a few days off, so I think we're at a point where we're wanting to reconnect. And I had a few questions because. I know I. I told you before that. Oh, it looks like Stephanie's audio isn't connecting. Can you hear us, though, Stephanie? That doesn't look.

Adi Tiwari [1:00](#)

She can. Doesn't seem so.

Jessica [1:01](#)

Let me tell her.

Anyway, as I told you, we're looking at two different systems, maybe three. And so I just. I've had some questions and so I thought this was a good opportunity. I did ask Alicia, our chief program officer, to join. Stephanie is our data analyst. And then I don't know if Kristen's going to be able to join for billing, but I thought it would be a good time to maybe ask some questions on data and some of our other programs to see if this would be a good fit for them. But one of my main questions that I had while we let Stephanie log back in had to do with the migration of clients. So in speaking with one of the other EHRs that were exploring, they shared that sometimes there's a limit on how many clients we can migrate over from our prior system. And I wanted to ask you a little bit about how that works, because I don't know that we addressed that the last time.

Adi Tiwari [2:10](#)

That's a great question, Jessica. There is no limit that I am aware of. What was your previous. What's your. What's your current system that you're using? We would be migrating from.

Jessica [2:20](#)

Yeah, we're using netsmart. My Evolve.

Adi Tiwari [2:24](#)

That's smart. That's part of. I believe that's part of the Netsuite family. Are you using multiple EHRs?

Jessica [2:32](#)

No, we're just using. My evolve is the actual eh. Ehr that we're using through Netsmart.

Adi Tiwari [2:41](#)

Okay. When it comes to migration, it's a bit of a. Of a. Of a complicated subject. Number. Number one, to begin, there is no limitation, candidly. For example, one of our largest clinics that we migrated over from. I forget the platform now, they were 30,000 active clients. So it was, you can imagine how many documents that was, how many appointments that was, how many, you know, so on and so forth. That went on pretty, pretty well, right? So now with that being said, what matters as well is how nicely your outgoing EHR will give you the data. So for example, with Opus 2, 3 clicks, you get all of your information out per client, right? 2, 3 clicks per client. You select two buttons, you download it, you get everything out. And there's one report that gives you all the demographics of your clients, the name, last name, insurance, so on and so forth, right? My assumption is netsmart, the one that you're using, pretty simple, right? They have some type of report you can get out of the system. Super simple, free of charge. Actually, in order to get your demographics over, right, you have some choices about the actual documentation, the chart, so to speak, right? Because you have treatment plans, progress notes, discharge summaries, intake assessments, so on and so forth. If, if netsmart can give you like a package, like one PDF that has all of the files for each one, a lot of the times they do that, it's going to be very, very, very simple to get this over, right? There's also the option that you have to let us do a free analysis of your outgoing system, what you want to bring over, and we just give you a cost to do it, right? Just like \$1amount. We handle everything. It's going to be done on target with your go live, right? And we even circle back and like if there's some charts have been updated since then, we'll get that, we'll bring it over. Like we even do like the circle back situation. If you want a free of charge way to do it, there's like a format we ask you to give us your data in, and it's just unlimited. You just give us your data there, we upload it done.

Jessica [4:57](#)

Okay. Is there a preference on like, if that's given through like Excel or.

Adi Tiwari [5:03](#)

Yeah, we can make it, we can make it work. Let me, let me make a quick little, a quick little analysis for you here. I work better with visual, so maybe, maybe you're the same.

Jessica [5:13](#)

Yeah, that would be helpful.

Adi Tiwari [5:15](#)

So like, actually let me just get this. I should be able to show this demographics. Okay, so for example, Jessica, right? This is the like template. Like when we have customers who like want to handle their own migration, or maybe they have like a group of clients they want us to like admit for import for them, we give them this template and you can see it's like first name, last name, date, of birth, ssn, phone number, email. Right. Like if you can pull something out of your system in any format. There's a lot of different formats, right? Like JSON and xml, a bunch of crazy stuff. Usually it's CSV.

Jessica [6:01](#)

And if you know, yeah, it is CSV perfect.

Adi Tiwari [6:04](#)

And, and if the columns are somewhat named like this, it doesn't even have to be in the same order. It could just be somehow matching. You're done. Those will be imported in the blink of an eye, right? No problem. Free of charge. Right.

Jessica [6:17](#)

Okay.

Adi Tiwari [6:18](#)

There's the other thing, though, is the charts. Right. So this is what I wanted to kind of explain. So we make this super big here. So you can see this. Let me give you a. Let me give you a visual, actually. Let me sign into opus. Let me show you the difference. So in Opus, let's say. Let's say you needed your documentation. It's this simple. You go to the documents area, you select your patients. So I'll select a patient. Let's say Mary Stevens. Choose this patient. It's going to give you every single document that's ever been created for Mary. Therapy notes, missed appointment notes, treatment plans, everything. You choose this button, you click View, and then right here, you're able to download this out of the system. You're done. You have your charts, right? So let's say I did this. Let's say I downloaded this. It's going to come to my computer, like so, right? I got this. Here. We need this named in a certain format, right? So out of your outgoing system, the, the, the. The name we like, the naming format we like is like this. It's like patient name, underscore, unique number. Right? So like, usually in your current system, is there a number associated with each client? Could you say client 1, 2, 3, 4, 5, so to speak. Yes, you can.

Jessica [7:42](#)

Perfect.

Adi Tiwari [7:42](#)

We call that a medical record number. You could call it a unique number or something. Yes. And then another underscore, document name. And then.

Jessica [7:54](#)

I'm sorry to interrupt you. Can we record this call just so that we are Jessica.

Adi Tiwari [7:58](#)

But just, but just know I will send you this. You don't have to make any notes. Like, I will if you want this. I'll be like, hey, Jessica, this is the template. This is the file format. If you give us your data like this, no extra charge. Your onboarding professional just sucks it up, puts it into the. Creates the charts in Opus, uploads the files. Good to go.

Jessica [8:18](#)

Okay. And if we give it to you this way, then there's no charge. But if you say we want you to explore and do everything, then there's a charge

Adi Tiwari [8:26](#)

and all you have to do. I'll literally do this for you in like three or four hours. It doesn't take a long time. I send you over what's called a baa. It allows us to, like, work together and share information. You're going to create a simple login for us into your instance, into your ehr. Our migration expert will go in and create the cost and a timeline. That's it.

Jessica [8:48](#)

Okay, good, Perfect.

Adi Tiwari [8:51](#)

So you will have both options. You'll be like, oh, if you want to just not think about it, Opus will do it for this amount. If we want to be more cost effective, we'll do it for this amount. And you can play with that number. Some people, they'll say, Hey, Opus. I don't want everything. I just want the latest treatment plan and the latest progress note. I'll get somebody offshore to, like, over time, like, get everything out and store it in some way. Right. So you have a ton of flexibility and options in that regard. So sorry, Jessica. I wanted to make sure you. You hear all your options. Y.

Jessica [9:20](#)

No, that's good. Yeah. Okay, perfect. So you. You would give us a cost at that time if we wanted to.

Adi Tiwari [9:31](#)

Free analysis.

Jessica [9:32](#)

A free analysis, yeah. Okay. Very good. All right, so I have, as I mentioned, Stephanie Garcia and Alicia on here. To start with Alicia, she has the other programs I had mentioned the last time. So we have our community support specialists, financial coaching, employment coaching. And so I know it's been a while that we met when you went through the first demo, it was mainly mental health services. And so would there be something. Could you show us a little bit of how maybe someone that's not in the mental health space, how they would make notes or context, how they could enter specific surveys that they have their clients do? And, Alicia, please jump in to ask him what you think you might want to see today.

Adi Tiwari [10:21](#)

Alicia, any initial thoughts for me before we get into it?

Aleshia Tripps [10:23](#)

Yes. So some of my initial thoughts are that in. I know with mental health and a little bit I know about. OPUS is really focused on kind of individualized care, where we're more focused on family units. And so I really need to be able to track who else is in the household, because a lot of my outcomes I have to measure, for example, how many children have been affected by this particular family unit or the parent receiving some type of service. And so how does that look in opus? Like, how do you build that out in opus?

Adi Tiwari [11:06](#)

Let me just make some notes here.

Aleshia Tripps [11:08](#)

Sure.

Adi Tiwari [11:08](#)

Family unit and how many. You said, Alicia, how many individual. You need to track the family unit and how many individuals are associated?

Aleshia Tripps [11:16](#)

I'm thinking about one particular grant.

Adi Tiwari [11:18](#)

I really.

Aleshia Tripps [11:19](#)

It's. I provide services for the family or for the parents, but then I have to also report out on the number of children in the household and kind of like how the service is also stabilizing the children. So. So we're trying to.

Adi Tiwari [11:36](#)

Seeing the children, right, Alicia?

Aleshia Tripps [11:39](#)

Sometimes we are. Okay. Sometimes we are.

Adi Tiwari [11:41](#)

Yeah.

Aleshia Tripps [11:41](#)

Okay. Yeah.

Adi Tiwari [11:42](#)

Okay. And you mentioned grant reporting. It sounds like some of your clients will be serviced under a grant. Is that fair to.

Aleshia Tripps [11:53](#)

So all of my clients are serviced? All of them? Yes.

Adi Tiwari [11:55](#)

Yeah. Okay. And you need to provide that reporting back probably through, like an email or something. Like, how do you report that back? Do you create like a. Excel sheet, a PDF or something like that right now.

Aleshia Tripps [12:07](#)

So right now one of the reasons that I am looking to switch from my evolve is that the, the reporting piece is really cumbersome. It's really hard to pull the data that we need. I need to easily be able to kind of extract how many people we served and provided housing assistance or how many people received food assistance. So that's some of the things that we, we report back on. And all of my programs, we are, they're all grant funded. So we are either in, in portals, we're providing that information that funders have provided or yes, we're sending an email with a, with a story that tells perfect, you know, what we did and we need the numbers easy. And right now it's not as easy. Stephanie can tell you we have to pull a demographic report, a roster. We have to pull, we have to pull all this different stuff just to get to. We served 50 people with assistance. Yeah. So that's something that I'm really interested in seeing. And then like Jessica mentioned, we have a lot of assessments. We also have clients complete before they see us. And then we have to, we also put that information into the, to the system. And so it's helpful to have those assessments built into the system so that staff can kind of click back and we can pull some of that data from those assessments as well.

Adi Tiwari [13:36](#)

I love it. I think you're going to like what we have around assessment. Awesome. Around the reports. Alicia, if I said, hey, Alicia, if you could envision your perfect report, like imagine you went into a system, you didn't have to think about anything. You click two buttons and, and output a CSV or an Excel format that has like columns and rows with the exact data that you want. Right. If I said, what's your perfect report? Would you be able to describe it to me?

Aleshia Tripps [14:04](#)

Maybe with Stephanie's help. Stephanie, can you help me? Like what, what we would look for, for our perfect report? I know kind of what I, I think that I would love to see. We could just pull, I could easily go in, put in who the worker, the, the primary worker was. Okay. And then pull like how many veterans did we see? Because I have staff that work on different grants. Right. And so how many veterans did we see from that particular grant? Can we pull how many people received food assistance even maybe without pulling, having to pull their names and all of that. So one of our reports I think would be helpful is if we could just say how many people receive food assistance, their demographic information. So you know what what demo are they? What's their age, you know, race, all of that stuff. And then household size. And we could easily. That would be great if that could be two clicks, right, Stephanie? That would be kind of awesome, right?

Adi Tiwari [15:04](#)

Uh huh. Stephanie, Stephanie, any thoughts?

Jessica [15:08](#)

Don't contribute in chat because there's. She's.

Aleshia Tripps [15:11](#)

Something's going on with her computer audio.

Adi Tiwari [15:13](#)

No worries. No worries. Okay, awesome. Stephanie, do you have any thoughts? Put that in there. Alicia.

Aleshia Tripps [15:19](#)

Yes.

Adi Tiwari [15:20](#)

How would we. What would be the most. And this might be a, this might be a target, like a, like a loaded question, if you will. Right. But think about your workflow.

Aleshia Tripps [15:29](#)

Right.

Adi Tiwari [15:29](#)

Yeah. And it sounds like this is going to be a report we look at on a per worker basis, which is awesome. We could do, do this on like a, like all workers, essentially. I could think of a way to do it. How? Some of these I can kind of, I can understand how we're going to pull this. But like for example, how would we know that we received. That somebody received food assistance? Is this going to be like in a progress note that somebody may write after they serve that person at a certain point in time?

Aleshia Tripps [15:58](#)

Great question. No, this is an assessment. So at the beginning of the service there we. For this particular program for community support, we do assessments called the Arizona. So they're going to put information in what the client is coming for and then I will need another assessment so they can update what the client received. So it doesn't necessarily have to be the Arizona that we're using currently, but it just needs to have all of the information that they can say this is what the client came in for and this is the movement that we've made with that client. So this is the journey the client went on and we need to be able to kind of update that assessment as many times as we see the client. And then, and then Stephanie did say income. Income is an important one too. Yeah, for sure.

Adi Tiwari [16:50](#)

Okay. I love this, Alicia. I think we're on a really good path here. So it sounds like what we need is we basically need to measure a certain worker and we need to look at how many assessments they did for a particular person in a time period and count how many times on that assessment we provided food assistance or provided housing assistance and amongst other factors on the assessment, is that fair to say?

Aleshia Tripps [17:14](#)

That's for one program. I got another program for you.

Adi Tiwari [17:17](#)

Yes, but that I want more.

Aleshia Tripps [17:19](#)

Yes.

Adi Tiwari [17:19](#)

I hope you have a million for us to work through. Right. Because once we understand that.

Aleshia Tripps [17:24](#)

Yeah, easy peasy lemon squeezy.

Adi Tiwari [17:27](#)

I can tell you, I can tell you this, Alicia, without even showing you the system. Piece of cake here.

Aleshia Tripps [17:31](#)

Okay, awesome.

Adi Tiwari [17:32](#)

So I'll just show you in the platform real quick.

Aleshia Tripps [17:35](#)

Right. Okay.

Adi Tiwari [17:36](#)

So like this is a, hopefully a intuitive platform. I won't talk about all the bells and whistles at this stage. Is it big enough for everyone's eyes? Do I need to zoom in a little bit? Does everyone see it? Okay, good. Jessica?

Aleshia Tripps [17:50](#)

Yeah, perfect.

Adi Tiwari [17:53](#)

Okay, so, like, these are going to be your clients over here. So these are going to be your patients. Right? Okay. Okay, let's go into. Actually, Anthony has a lot of stuff going on. I'm going to choose Mary here. Here. So I'm just going to search for one of my patients coming here. Okay. So right here, I'm going to just search for the word assessments. You're going to see I have hundreds, thousands of different assessments. Alicia, we're going to have your specific assessment here. Okay? Right. So let me just pick one here. Let me just pick. What's something here. Let's do this. Behavioral. I don't. I don't know what this one is. I'm just trying to make a point here. I'm going to do this biopsychosocial. This could be anything. Right. Let's imagine we had a field in here that said food assistance. Yes or no.

Aleshia Tripps [18:38](#)

Right.

Adi Tiwari [18:38](#)

Okay, so we click that. I'm just going to click this for now. We see what the effective data is. We know who the person who completed this is. Right, Right. What we could do is once this gets added in multiple times, they're going to do reassessments for clients. You're going to do different things. All you're going to have to do is you're going to come up here to this little report requests area. Okay. And then right here, there's. You're going to. These are all the reports you've run recently that you can redownload, if you would like. You're going to have a report type here that's going to be called whatever you want. Alicia's report.

Aleshia Tripps [19:12](#)

Right.

Adi Tiwari [19:12](#)

Or grant A report. Grant B report, worker, whatever. Whatever you want. Right. You're going to select it. I'm going to select one of these. I'm going to just do services rendered as an example. You're going to have parameters here. So in your use case, you wanted it to be at a specific worker. Use the term worker. We would just call them providers, if you don't mind. Yeah, that's right. You would just choose this provider that you want to analyze. You could look at other things. You could specify a certain location. If you guys have certain locations, you could. This is really at your control, Alicia. These parameters, like, we'll work together. We'll be like, hey, what are all. Like, what's like the easiest way we can do this for you.

Aleshia Tripps [19:51](#)

Right. Okay. Okay.

Adi Tiwari [19:52](#)

And then the report will come out in whatever way you want. How I'm seeing it right now, it's probably going to be like this, like, worker. Right. My spelling is not working today, if you will. So we'll say, you know, person A. Right. And then this will be. Now. Now we have some. Some choice here. Right. Because we could literally give you just a number? Because if you, if you want to know how many people, like, how many times was homeless checked as yes for assessments for one period, one person in a time period, this could just be a number, candidly.

Aleshia Tripps [20:30](#)

Yeah.

Adi Tiwari [20:31](#)

Or what this can do is this will show you every single assessment where yes was selected. Then you would just highlight the row, and you know how Excel works. Stephanie probably knows this. Right. It'll just count it for you and say, okay, this is how many it was. Right. So does that make sense?

Aleshia Tripps [20:48](#)

Yeah, that does.

Adi Tiwari [20:50](#)

What I like about the second way is that although you have to highlight it and look at it, you may be able to pivot table some stuff, and you may be able to extract certain other things. But really, all we need to know. Is what do these columns, what should they be named? And what is the format for the row data? Do you prefer year, day, month? Do you like decimal points? Do you not. Is there a score? Like all those fine tuned details? Okay, we will set up the system and just train you in such a way that we just train the staff of like, hey, just do it this way.

Aleshia Tripps [21:25](#)

You're done. Okay. Oh, okay. Very nice.

Adi Tiwari [21:29](#)

No problem.

Aleshia Tripps [21:30](#)

Yeah, that's pretty good, right, Stephanie? It's pretty good. Stephanie and I have been working on some reporting now. That's why I keep trying to make sure I include her.

Adi Tiwari [21:37](#)

You have XL ptsd.

Aleshia Tripps [21:39](#)

Yes.

Adi Tiwari [21:40](#)

If I look at an Excel sheet too long, I start to get a migraine. It's. It's terrible. So if we could get it out in a nice way, we're going to be able to do that, Alicia, no problem. Okay, that's great.

Aleshia Tripps [21:50](#)

Yeah, that's great. It's wonderful.

Adi Tiwari [21:54](#)

What, what are the. Okay, I can go a little bit further here. I want you guys to ask me questions, but there's another thing we're going to do here. In our system, we have a few ways to do this, right? But anything you want to track about the client. Like if you look at Mary here, if I go here, I can go to her contacts and I can add any contacts related to Mary. Right. So Alicia, let's, let's do a few things. Let's add. This is a family unit, right? Yes. So let's add mom. Let's add, let's add, let's add dad here. We'll just say, you know Mary's mom, right? We'll just say here and then the relationship is mother, right? This is a way we can add in stuff about the family unit. And you could track this, right? You could, you could do it that way. Another way you can do it if you don't want. The reason for that we have a feature for the contacts team is because in Opus and Jessica, I'm not sure if we talked about this, but if you notice here, when you have contacts for Jim and Dr. Marissa Stevens, who's a referring provider and a bunch of people here, if you go to the portal kiosk access, you can see you can turn on or off portal and kiosk access to not only the patient, but to contacts of the patient. So the reason we built this is because we, we, we're born from an organization that did clinical services, a behavioral health organization, and we serviced adolescents. And what we found back in like 2018 is like you could have divorced parents. There could be, like, custody disputes and, you know, like a consent paperwork needs to go to mom, but dad can't see it due to, you know, court issues and so on and so forth. Right. So we needed to allow the ability to create contacts and share information amongst family unit members. Hopefully. I'm not confusing you, but maybe you see a benefit for this type of feature in what you're doing today, especially dealing with families is kind of the why we built it, if you will.

Jessica [23:50](#)

Yeah, I see. I see the benefit from the clinical side because we could have mom and dad, but maybe mom can get paperwork and dad cannot. So that makes sense.

Aleshia Tripps [23:58](#)

Yeah.

Adi Tiwari [23:59](#)

It's an unfortunate point of reality. Right. So. So, Alicia, like, if you think. Think that like tracking the contacts in this simplistic way is good. Maybe you need other information about like the family unit members. Right. Maybe we need to create a dedicated form for the family units. So we could say here's mom, here's the services we provide, here's the involvement in, you know, household, so on and so forth and we can report on it. Right? Okay. The only thing we need to figure out is how is going to be convenient for you guys to enter the information and that's really it. And like what you need to see, we just build it and do the report and it just works.

Aleshia Tripps [24:43](#)

That's great. Yep. I have a question about the migration. So you guys do your own migration. I know some of the systems use third party vendors to help with migration. You guys are doing your own migration internally?

Adi Tiwari [24:59](#)

We do it internally, yeah.

Jessica [25:05](#)

Grant reporting.

Adi Tiwari [25:07](#)

Real quick, Alicia, a few ways to do grant reporting. Like we could literally create like a field here in the demographics of the client for the grant. Some of our clients say, actually I'd rather call, just reuse a grant and call it an insurance. So you can put the grant here and then you could like tag the grant as an insurance and it becomes immediately reportable. Another way people do it if you. Let's do this together real quick, team. Just so you can see the benefit of this. What's, what's one of your badges that you have? I'm sorry, what's one of your grants that you have?

Aleshia Tripps [25:41](#)

I'm trying to think now.

Adi Tiwari [25:43](#)

Take your, Take your time, break my brain.

Aleshia Tripps [25:45](#)

At the end of the day, I think one of our grants is. What is it? No worries, dei. I think we have a DEI grant.

Adi Tiwari [25:55](#)

Yeah, dei. So we'll just, we'll just make this super simple. I just want to call this, we'll just call this a monitoring one. I just quickly want to show everybody something. So I just created a badge that simply in the system. So look what I could do, I could actually go to, let's say I'm going to pick a new client here. Let's say Richard here. Richard's got a nice smile on his face here. And we're going to do, we're going to go to the badges and I'm going to assign the DEI badge. So let me go find that one. See this one right here? I called it a monitoring category, but we'll just apply that batch, right? So what this means now is when I come to my patients list, let's say I want to know all of my clients in the DEI grant and I want to do something with them, report on them, just know who they are, see who's there, whatever the case is. So I could come here and I can go to badges and alerts, and then you probably guess what I'm going to do. I'm going to click DEI and you're going to see Richard's right there.

Aleshia Tripps [26:49](#)

Right. Interesting.

Adi Tiwari [26:51](#)

If every day you're trying to see, like, who's in this grant, who's in this grant. And I have a lot of community behavioral health organizations we work with, and this is like the way they do it. And for those reports that you have to download and do a grant report, And email it to somebody. We can create a report that shows, like, how many services were provided, did those folks attend those services, who was the provider? And then in one of the columns, we can put the grant that they're associated with because we're flagging it. Right. And I. I know this because I work with a lot of grant folks and around the countries and how they do things. So I'm just like, recycling ways we've solved this. But let me stop talking for a moment. I could, as you might expect, I could talk about this all day. What are your thoughts? If you had any questions here that I may have skipped over?

Aleshia Tripps [27:41](#)

Jessica, I know you had a question.

Jessica [27:44](#)

It was about demographics. But as I'm here, I'm thinking about. I'm processing this and I'm thinking they could have a badge in dei, but they could have a badge for something else, and you'd be able to pull that client. So let's say a client, for example, this sometimes happens where they might be a clinical client, but they're also seeing other programs. Yeah, we would be able to pull the numbers to be able to show because they have certain things assigned to them.

Adi Tiwari [28:19](#)

100%. There's a few ways to do that, Jessica. Right. Like you could imply that they're a clinical customer because of certain documentation that's on file for them. Right. Like if they have a certain document, we can imply that they are, and they. We can make a report that pulls them. Another way we can do it is if you're diligent about using our scheduler of creating scheduled appointments. We can create clinical or other types of services that correlate to a certain program. So in that case, you don't even need to use a badge. We just know that if somebody had this type of service and they attended, they are a part of that particular thing. So it could be implied. Could be a badge. And the use case for that is different, just depending on your workflow, but absolutely can. Can be done.

Jessica [29:07](#)

Could you spend some time showing. I know you did this at the beginning, but a little bit of like, when a call first comes in and we're using the scheduler since you're on schedule, because Alicia also manages the intake team. Yeah. So I think that would be important to see.

Adi Tiwari [29:22](#)

Alicia, how many things do you do? Wow.

Aleshia Tripps [29:25](#)

All the things that Jessica doesn't do, I do that.

Adi Tiwari [29:29](#)

You are a hard worker. We know the feeling. No worries. No worries. So, okay, so how do we schedule an appointment? Number one, we should have that client in the system. Right. So like, let's say there's somebody coming in to schedule the client. We have to add them, right? So first thing we'll do, go to the patients. What you can do. We always say this. You always want to search if this was a patient that was with you already. Because if they were, what you can do is create another episode of care. And now you see that there was different periods in time in which that client was with you. Another grant thing I think I've seen before. Readmission read. And so on and so forth. Assuming they're a new client, you can just pop in here, enter their information, just kind of add my stuff in here. And again, this is completely customizable. You can control exactly what data points you can collect about your patients, and you're good to go. Alicia, while I'm here, remember you needed to report on race, ethnicity, occupation, but, like, down here you're going to have like, you know, does the client report domestic violence as an issue? Like, we work with the California state and, you know, a lot of stuff like that. And there would be a question here. Are you homeless? Are you this? Are you that? This is where as an operation, as a business, we decide what is required every time we meet a new client. What do we have to ask before we add that client in? Okay, so that's something you can control.

Jessica [30:56](#)

So I want to ask. So going back to the household size and income and all that, so would we be able to customize fields in here to say. Because that is important for all programs to say, because I know where you can add the contact like you showed, but is there a way to say household size is 5, income is 30,000, and, you know, so on and so forth.

Adi Tiwari [31:18](#)

Not only is it possible, I'm going to do it right now for you while on the fly. So household size. And then we're going to do income. And of course, you know, you may prefer a text area, you may prefer a dropdown component. I'm always going to recommend you give predefined choices so that it becomes easily reportable and people aren't entering like a thousand dollars in one way, spelling it out like you have clean data. Right. And I'm sure Stephanie knows what I'm talking about, so let's do that. I'm going to. So I just added this in right now. And we're going to come back here, redo this process, and you're going to see now we have household size 5, income 50,000.

Aleshia Tripps [32:04](#)

So it's whatever we need, whatever you want.

Adi Tiwari [32:06](#)

And I'm just doing a text input here, Stephanie. Right. We'd work together and you give like the option choices of what you want to report on so you can create. I'm assuming you're making dashboards and doing rev reports and stuff like that. So you'll want, like predefined data, data that they can select from and keep it clean. No problem at all. Jessica, did I answer your question?

Jessica [32:26](#)

Yes, you did. That's perfect.

Adi Tiwari [32:28](#)

And you can see you can do this too.

Jessica [32:30](#)

Right?

Adi Tiwari [32:31](#)

But we're going to set this up for you. The. The whole point of the onboarding is, like, you just tell us what you want, we set it up, we iterate until it's perfect, and then we set you on your way to. To be successful. So, going back to scheduling. Right. We're going to create our client first. Right. Okay, perfect. Now we're going to come over to the schedule. You have a few choices. Jessica, who does the scheduling mostly? Is it a front? Is it Alicia and her. Her staff on that side?

Jessica [33:00](#)

Typically, it's the in. Yes. Alicia's team, our intake team, and then our clinicians and our. Other staff will schedule our clients on their own, like their returning appointments or ongoing.

Adi Tiwari [33:11](#)

Beautiful. And Alicia, my assumption is, like, if a client calls a front desk, they can't get a hold of Jessica. Hey, I want to move my appointment to tomorrow. You, like, assist with your team, Assist with that, right?

Aleshia Tripps [33:22](#)

Yes, yes.

Adi Tiwari [33:23](#)

Perfect. So what I'm showing you here, I switched from the day view, the week view, the month view. And Alicia, I think this is going to be a valuable screen for your. Your staff. Right? Because what this is, is, is it's showing all of the providers on this kind of like horizontal view right here. Right. So I can look and I can compare John's availability and Janelle's availability in conjunction. Now, why am I showing you this? For Frontier staff members, the challenge is at least when someone is booking an appointment, I don't know if you guys have this issue, they may call in and say, hey, I'm coming. I want to come in for family therapy or couples therapy. And if I don't know how you guys operate. But in a lot of our practices, not every provider is a couple specialist. Not every provider is a family specialist, right? And then people want to. They want a female provider, they want someone who's going to do cbt, they want someone who, you know is going to be doing telehealth or in office. Right? So they have these preferences, and you don't know which provider is the right fit. So we're going to solve that. Okay, so let's say somebody calls in and they say, hey, I want couples therapy. So I'm going to come down here as an admin, as a front desk staff member, and I'm going to say, show me all my providers who do couples therapy. And you see how the system kind of went like this, right? And then they're going to say, well, you know, it's the first session. I want to do telehealth before we come into the office. Who's available for telehealth? Right. Well, you can look up here, you can see Jane's available for telehealth. Right. But you know, I can come down here to the place of service and say, you know, here you go. We know we're going to get Jane, right? Because she was there. And then, you know, hey, I want a female provider. So you can select female. And then you'll get those individuals. Maybe you'll end up somewhere like this. Well, you could know, well, Justin's really, really booked up with groups, as you can see. So we'll. We'll schedule with. With Jane tomorrow you'll say, hey, is 10 to 11. Does that work? Yeah, no problem. So you just click and drag, create that appointment. Just like so choose the patient. I'm just going to choose Matthew here. What is the service? Couples, whatever the case is. And you just continue on here, scheduling the appointment.

Aleshia Tripps [35:33](#)

So all of the clients will pop up on this. Where you chose Matthew, all of the clients will pop up.

Adi Tiwari [35:40](#)

Okay, you got it. You got it. And one of the other things we have here, if you notice there's, like, this little color coordination here, we have in our system a concept of level of care, and that's what's happening here. Don't know if you have that concept internally, but you can recycle this concept to mean service. Right. So if someone's in, like, a specific service you have, and you want to visually see that when you're scheduling, that's what this would be used for. You don't have to use this concept. But it can quicken things and give you information in your day to day.

Jessica [36:12](#)

Interesting question.

Adi Tiwari [36:15](#)

Yes, please.

Aleshia Tripps [36:16](#)

So sometimes we have clients or community members that call and they need a service. This happens in particular, probably for my services, more than Jessica's team, but they don't actually need to become a client.

Adi Tiwari [36:32](#)

Okay.

Aleshia Tripps [36:32](#)

Is there a way that, that your system can help us track that? Because I'm thinking when I'm looking at productivity, I want to be able to give my staff credit for talking to those individuals. Because sometimes those calls can go 30 minutes to an hour. But I know this person is never going to call our agency again.

Adi Tiwari [36:55](#)

I'm with you.

Aleshia Tripps [36:55](#)

I don't want to make them a client.

Adi Tiwari [36:57](#)

Okay, great question, Alicia. Number one is we need to have the client, like, created. Right. So let me, let me, let me give you an idea of how we can solve this.

Aleshia Tripps [37:09](#)

Okay.

Adi Tiwari [37:10](#)

So when, when you create a client in Opus, I want to show you we have three statuses for clients. So if I remove the active, it's going to show me just the pending clients. Right. So maybe you see where I'm going with this.

Jessica [37:22](#)

Right?

Adi Tiwari [37:23](#)

When you initially add a client, they will be in pending status. They won't be active because you get to control, you get to delineate. What does active mean? Okay. Half the time for our providers, it means they have a consent to treat signed, they've consented to treatment. And you know, in, in our Texas locations, I see that very heavily. So. So Alicia, maybe you get where I'm going with this. If you, they can still be scheduled in a pending status. And here's what happens when you schedule someone in a pending status. And let me just look at somebody. Apricot here, you can see is in a pending status. By the way, team, notice how I have everything open. Nothing changes when I click into different screens. So you, like, you don't have to like, redo everything when you move around the system.

Jessica [38:06](#)

Yes. Which is important.

Adi Tiwari [38:08](#)

One of those small things. But you can come here and you can just search for Apricot. You'll see this little P flag. They're pending. Whereas Mary, she's a, she's active. Whereas Elizabeth, they're inactive. You know what I mean? So Alicia, we can, we can see that a pending client was serviced or scheduled. And let's, let's just do that together. Let's do Mary, let's do. I'm just going to choose a case management as an example. And let's save this. Right. So the way that I've seen our customers and there's many different ways to do this, like, kind of track admin productivity of what they're doing, what they're scheduling. Number one, this. The fact that I schedule this is. Is tracked. It can be reported on. Right. And if I'm not wrong, the audit logs will tell us this. Yeah. So if you look right here at 4:09pm, which is. That's what my time is right here, you can see that an appointment was created for. Mary Doe by Albert Thomas. Right. So this is tracked and you can literally run a report to say, how many appointments did Alicia, you know, how many appointments did Alicia book in this time period? If you, if that's something that is interesting to you, Jessica, you should probably know about the audit logs as well. So you know that things are tracked. You can audit.

Jessica [39:25](#)

Very important. Yeah, we do the same in the school. So there's times we see a student, but we don't want to. We, we call it an assessment, but we haven't really registered them, but we want to track because they spent time with them. So this is a really important question.

Adi Tiwari [39:38](#)

Yeah, it's a great question. And, and so, so, Alicia, like right here, what we could do is that you, you could create a certain document that the person would fill out when they have the conversation. Right? And normally what I see, it's an admin note, but you can call it whatever you want. So, for example, right here, I could attach a note that's. I'm going to, I'm just going to search for the word contact, like so. And you're going to see I have contact note, admin Contact note advance, cancel contact note. Bill, you can completely control this. Let me select the admin one. This is what this template looks like, right? Like, who did I talk to? I talked to the client. You know, what was the method of communication? I talked on the phone. What was the detailed. Oh, you know, whatever it is. Right. And then other details. Sign complete, completed, done. Now, there's a note associated with this service. So if you look here now, attached here is a note, right? So did I, did I make sense as I rambled along here?

Aleshia Tripps [40:42](#)

Okay, I do like that. I like that there's a note associated with it, too.

Adi Tiwari [40:48](#)

I think Stephanie will like this as well. Like, this is a really simple note, Stephanie, I think I'm calling you out, Stephanie, because I think you're the data person, right? You might want an Excel spreadsheet, right, that says method of communication for this. Right? So, you know, you can pull that out and then you have other ways. Like Alicia, you might want to just go look at all contact notes. So what you could do, you can go to the documents and you can say, you know what? I want to see only contact notes. Right. Because, Alicia, you may care about what was actually written.

Aleshia Tripps [41:19](#)

Right?

Adi Tiwari [41:20](#)

So right now the system just pulled up every contact note that's been created for everybody, all clients, everybody that's ever created it. Right? So then I could just click this button, click the view button, and now I'm looking at all content. This is the one we just created together.

Aleshia Tripps [41:33](#)

Okay.

Adi Tiwari [41:34](#)

You know, so let me pause there. I do have a my notes, assessments as something to talk about as well, and tracking and so on and so forth. But I want to make sure we hear any questions and answer any questions along the way.

Jessica [41:52](#)

So it sounds like we would be able to run a report that showed pending clients that actually had notes or encounters.

Adi Tiwari [42:00](#)

That's exactly true.

Jessica [42:01](#)

Yeah.

Adi Tiwari [42:01](#)

Okay. It's exactly true.

Jessica [45:31](#)

Would we be able to get on Opus? So it's kind of the same question in a different. It's not the overlap, but it's what else would we need? Like, how quickly could we move forward with Opus?

Adi Tiwari [45:42](#)

Let me. I. We're going to do this. We're going to create like an implementation milestone, like, thing for you, right? That's perfect. Yes. If you. And. And this will happen after we do the analysis of your outgoing systems.

Jessica [45:55](#)

So it's like, kind of key we get that done.

Adi Tiwari [45:58](#)

This particular client that I'm showing here, this is Guiding Point in Texas, one of our clients, Right. You can look at what they did. Right. They wanted this time period. They wanted a time period of January 29 to March 3. Now, they had these requirements due to internal processes, right? Yes. If you guys are like, we're ready to go. When OPUS tells us to do stuff, we're going to do it. So there's no delays. Month and a half seems straightforward. How many users was it, Jessica?

Jessica [46:26](#)

Question. We talked about maybe a total of. What did we say, like 35, 40. So it's about 20 clinicians and then let's say another 20 administrators and program staff. And I gave you pricing already, right?

Adi Tiwari [46:42](#)

You did perfect. Okay, good. I'm going to. I'm going to guess about a month and a half right now. If you said a deed unacceptable, I need it done sooner, let me know. Right. Maybe you have internal constraints. We can move things around and get stuff done. Right. But I want to show you more or less what are the steps. And your steps may be a little bit different, but I want you to see this. So up at the top is what we're going to do for you. Down at the bottom, this would be you guys, family, Houston, in this case, it's Guiding Point. Right. And these are the stuff you're going to have to do. We're going to ask you guys to do some stuff. So one thing is we're going to have some documentation, due dates. We're going to have an enrollment form where you give us, like, your usernames and like, some other information. It's just a. And then there are forms, like the literal forms we're going to build for you, like your consent paperwork, your treatment plan, cadence, so on and so forth. We're going to ask you to do that by a certain deadline. Right? Now, this is where people get tripped up. They don't meet the deadline, and it extends their. Their time in onboarding.

Jessica [47:42](#)

You see what I'm saying?

Adi Tiwari [47:43](#)

Yes. Want to be clear about that. And we work with like a task management system. You're going to get like a login for like an asana, so to speak. It's called something called something different. It's specific for onboarding to SaaS based products. Going to have due dates, going to say, hey, by Friday we need all this stuff done.

Jessica [47:58](#)

You just get it done in that time, we're good to go.

Adi Tiwari [48:01](#)

Now here's what happens. OPUS is going to do the configuration of your system. They're going to set up your, you know, your time in which you guys are operating. They're going to set up your services. They're going to set up like all that different things. And we're going to have weekly onboarding calls. You're going to have one person on our team is going to be your onboarding manager. You can email them as much as you want, but we're going to have at least one to two weekly calls where we're making sure everything is going together. Right, all that stuff. Right. Okay. Then we're going to pick a time period and we're going to do form building and data migration. This happens together for reasons. Right. So that takes a time period. Then we're going to do staff training. Right. So we're literally going to train your staff. Now, we don't just do everybody gets trained together. We get the providers in a room, we train provider workflows, we get the admins in a room, we train admin workflows, we get the billers in a room, admins, so on and so forth. Okay? So we have different types of trainings. We do live so people can ask questions. We're then going to do an implementation approval. Right. Jessica, people don't do this sometimes and I don't know why. Right. This is where we're going to ask you to go through things. Ask your staff, do you feel ready to go? We're going to go next week. Are you ready to use a new system? You know, maybe you'll talk to your clients, maybe you'll go through all your documentation and practice with them. Hey, Opus, we're missing this checkbox and this signature and we want this form to talk to this form. That's when we make sure we get everything together. Hopefully we're going to be doing that in this time period. Right, but this is where people feel the heat and they really do the work we ask them to do. Right, but you guys are not going to be that way. You guys are going to go to do the work ahead of time. Right? Ultimately you want to think about this like, we have an opportunity to set up your perfect workflow now from the ground up. Specific for family Houston, the reports will be done in this time period. Now we're going to pick a go live date. Whatever the go live date is, this is the date you start using the system. Now on that date, we don't just disappear the person that helped you get everything set up. They just don't vanish into thin air. They stay with you for 30 days to make sure everything is perfect. Does somebody need extra training? Did somebody miss a form? What's going on? Right. Like whatever it is we need to do, we're going to correct it so that smooth sailing beyond that. So thank you for sticking with me while I explain normally our onboarding process and hopefully this takes you through like how we check mark things in this process. We will also do claim submission testing. We're going to send dry runs to the clearinghouse to make sure claims are being accepted. Right. So sometimes the payers are a bit finicky about that. And they delay us on responses, and that's a little annoying. But we try to get that done as soon as possible to ensure that that claims are going to be accepted when they get sent out.

Jessica [50:55](#)

Okay, so you mentioned.

Adi Tiwari [50:58](#)

Sure, thank you for showing us.

Jessica [51:00](#)

This is really good. You mentioned the manager being assigned. Right. So. And then you mentioned 30 days out, and then what happens then?

Adi Tiwari [51:07](#)

Who do we have as a contact? Yeah, great question. Okay. We actually have a, a customer support specialist. His name is Danny, and he's going to be like your, I would say, go between for some time period. But after that, you will be mostly sending any, like, things that you have come up to. Our support team. We have 24, 7, 365 customer support. And if you go look at our reviews, I encourage you to do so. On some of the third party platforms, usually support steals the spotlight. Like they're really good, they're really good and you can call us, you can email us, but what I really like is this chat feature. Use the chat feature. This, you know, any issue you have, anything you need to communicate, you just chat with us. Somebody gets on the phone with you and helps you out.

Jessica [51:57](#)

Okay? And that's all part of, included in whatever.

Adi Tiwari [52:00](#)

All included. All included. The only thing we have to it's. That's going to be extra at this point, Jessica, is the onboarding fee. I don't know if I gave you a quote already for that. Can go back your claims. We have to figure out how many claims you guys are submitting. Maybe I gave you a number for that already. I'm not sure. Our pricing has changed probably since I gave you that, but still that, that what you have is what it is. You have, you have that written down. Claims is usually on a per usage basis. You can, you know, pay for that ahead of time for a little bit of cost savings. If your claims are pretty steady, that's a good ide. The other things we have are the AI tools. So Jessica, I'm not sure if we talked about this, but you know, there's that thing that can listen to your conversation and write the note for you if you're interested in that. That is not part of the base subscription. So it's this thing that will kind of write, transcribe what I'm saying and write the note for me. I want to give you pricing for this right now. This is \$30 extra per month for each user that wants it. And that gets you 125 sessions or notes per month. If you feel someone's going to need more than125, it's going to be \$50 a month. And that gets you unlimited. That's good for like medication managers who do like a ton of sessions all the time. Right. Usually 125 is enough for most, most people, but you know, your mileage may vary.

Jessica [53:27](#)

I can ask,

did you was this. And you'll have to excuse me because again, we are shopping the systems. Right. I don't think that's a surprise, but was Opus a system that we can meet using your tool with our clients? Because currently we use Zoom.

Adi Tiwari [53:50](#)

I can't remember you. So do you have your own Zoom account, Jessica? Yes, yes, yes. So let me show you just like this. If you come to schedule, if I book an appointment here? You'll see. Zoom meeting. Good to go. So let's. Let's do this together. I'll just book someone Aberrath, let's say psychiatric diagnostic assessment book. This here's what happens. Event was created, actually. Yeah. Let's just go to my debut here. Let's look at Albert. So this is me. I'm using Albert Thomas here as my pseudonym for today. And then what happens is when you click on your session, you'll see that the Zoom link is attached like so, and the invitation. That went to the client. Like, the reminders will have the Zoom link for them to be able to add and to go in. We also have the patient portal, which is included at no extra cost. They will also be able to join their sessions from there as well. So, yes, we integrate with Zoom. We don't charge you at all. We just guide you on how to give us, like, a special code in your Zoom account, and we hook it up and it just works.

Aleshia Tripps [54:57](#)

Can I.

Jessica [54:58](#)

Can I ask two questions real quick, please?

Aleshia Tripps [55:00](#)

Of course, Alicia. One is, does the system send out reminders to the clients without us having to kind of do the reminder call?

Adi Tiwari [55:12](#)

Yes, Alicia, you get two configurable appointment reminders that are delivered to the client, email and text message. Now, what I like to show my clients is we automate two, but you can send as many as you want. So the reason is, is because they're like spam laws. If you've heard of these, you can't really bombard people with texts and emails, as you might expect. So here's what I see providers do. When I sit down and watch a provider work, when they, when they wake up in the morning and they look at their schedule, they do this. They click on each appointment and they click this button right here that says, resend invitation to client. Okay. This sends an ad hoc email and text message reminder the day of to hopefully, you know, get the clients to attend if they forgot. And usually you do this with your clients, who tend to be a bit forgetful, tend to, you know, so on and so forth. But, Alicia, to answer your question, two automated reminders, free of charge, and then the provider can send as many as they'd like.

Aleshia Tripps [56:11](#)

Ad hoc. Okay, and then my other question is, do clients have to. To subscribe to the portal in order to utilize that? Like, to have the session or, I don't know, to pay a bill. Do they have to be portal users?

Adi Tiwari [56:28](#)

Pay a bill? Yes. Okay. Pay a bill. Yeah, they could. We can send paper statements if. If you want. So there's an extra charge for that. Okay. Just so we're on the same page, I'll get you the pricing for that. For paper statements. But yes, Alicia, like, we offer the ability to pay bills in the portal, but they do have to go in there and do it. If you do the paper statements, they have like a QR code that when they scan it, it will allow them to pay.

Aleshia Tripps [56:57](#)

But, yeah, digitally, they got to be in the portal. No, no, no. What I was saying, like, do they have to be subscribed? To the portal. Like do they could they, is there a link that will just be sent to them and they could click it? You know, sometimes when you, I don't know, are at or ordering food, you can just order as a guest. Yeah.

Adi Tiwari [57:13](#)

Like, is that something they are able to do? That is exactly correct. So take a look at this, Take a look at this. Let me show you what the portal experience is. So here's I use Mary because Mary has my email. If you look at just in her email, I just have Mary set up for me. Right. So here's what I'm going to do. I'm going to send an instant portal link. I can actually come here and say, you know what, I want to send an instant portal link. I can send this not only to Mary but anyone attached to Mary, by the way. Okay. And you'll see I'm going to send this. It's going to be received. So let me show you what that process is so you can see exactly what the client will experience. Oh, that was quick. Here it is. So right here you're going to see it says, hey, Mary, you've requested a portal. This is actually your logo is going to be here team. And you get to control what this verbiage is. You actually get to say opus. This is what I want mine to say. Right. So anyways, so this is the experience, Alicia. Click open. In this case, I have access to two clients. And this will happen if you have a mother or a father with kids. So they'll be able to choose. And then we'll go into Mary's. Mary will see any pending stuff she has, but she can pay her bill by coming right over. Okay. And in this case, she didn't have anything. Another quick little thing here. I want you to see this. If she can join her sessions. Okay. And we actually have something called a paywall feature. Right. So right here you're going to see all these appointments Mary has. If I hit join session right here, because Mary has an outstanding bill, it's going to say, hey, your account currently has a balance. Can you follow these to make sure you pay configurable? Can turn this on, can turn this off. And this is an option that you have.

Aleshia Tripps [58:54](#)

Okay. Okay. So every client, once they are scheduled, are automatically portal members or not automatically. Okay.

Adi Tiwari [59:03](#)

They do have to sign up. Okay, let me show you how it works, Alicia. Right. Okay. So let's say, let me, let me create a new client. You guys have. It's 4:30.

Jessica [59:10](#)

You guys have two minutes after this.

Adi Tiwari [59:11](#)

Yes, I have. All right, let's. Let's do this. It's 3:30 for you guys though. So if I come in here and I create a new patient, Alicia, let's do this together. If you don't mind. I'm going to set you up, Alicia. What's your preferred name? Here you go. That's it. Yep, yep. There we go. So I'm going to put your email. We're just going to say this isn't your email, right, Alicia, Just blah, blah, blah here. But we'll get, we'll put your phone number here as well. So here's what happens. And I'm going to add a contact as well. Let's add, let's add Jessica as a contact. Jessica, relationship. Just going to say other friend, colleague. So we'll add Jessica and sorry, Stephanie, if I tap faster.

Aleshia Tripps [59:58](#)

Faster.

Adi Tiwari [59:59](#)

I'd add you in. We'll go to the portal kiosk access. And you can see they're disabled by. By default. Right. You can enable when you want. Right. Okay. Now, in most cases for somebody else, depending on the age of the client. What you want to do if I take you into Mary Chart here is you want to have a release of information on file. Right. So you can come here and you can see. Okay. Dr. Marissa Govres has an active ROI versus these folks have expired ROIs. Right. So we have an organization here for ROI. So, you know, you can. This is your, your process internally when our ROI is, you know, Whatever. But this is completely customizable. This is like an ROI form. Alicia, as with me, I go five steps beyond the question you asked. No, I appreciate it.

Aleshia Tripps [1:00:49](#)

Hopefully this makes sense. Yes, it does. And I have another question out. So we are sending out consent forms from this system.

Adi Tiwari [1:00:58](#)

I love it. Nice. All right, perfect.

Aleshia Tripps [1:01:00](#)

Can I give you the spiel about it, or is that just an option?

Adi Tiwari [1:01:04](#)

Okay, so here's what's cool about opus is. And I want to quickly make this little. And Jessica, I remember. I think I showed you this. But we operate. We like to operate under the term workflows, Right? Yeah. We want you to set up your system and let us help you such that everything is connected. It's like a momentum type of thing. Right. So right here, Alicia, this intake documentation, you see, I have this kind of. In this little square here, this square is representative of a package. And you can have multiple types of documentation packages because you have multiple types of clients. Couples, families, adolescents, so on and so forth. So look at what happens in opus. You can come here. This is one way. One way to do it. You can come to document request and sharing. Great. This is telling you what is currently requested of the client. So this is stuff they haven't filled out. This is stuff that's going out automatically. The system is sending this out automatically. You don't even have to worry about it. It's sending out a nine every three weeks. So, Alicia, if I remember, you have certain assessments or certain things that

Aleshia Tripps [1:02:19](#)

you need to collect from your clients.

Adi Tiwari [1:02:20](#)

Right, Right. If you feel like there's a certain assessment that you wouldn't mind the client getting a text message saying, hey, your provider has sent you this thing. Click this link, fill it out, you're done. Right. The system will do that. Okay. And it will score it, and it will graph it and do all this stuff. Right. Okay. So I wanted to make sure you understand this is a feature. And you can see, like, I have the consent to treat.

Jessica [1:02:42](#)

Repeat every year, so I don't have to worry about it. Yep. Can I interrupt?

Adi Tiwari [1:02:47](#)

So that's a feature that's included, right?

Jessica [1:02:49](#)

Included, Jessica. Yes. And so they can fill out through their. Through their text message.

Adi Tiwari [1:02:54](#)

Okay. Okay. Just so we're on the same page, it's not like they get the text message and, like, in the field, for the text message, they can, like, fill it out. No, no, no. They have to click. It's a link. Click a link and they go. I want to make sure we're clear, Alicia.

Jessica [1:03:09](#)

Oh, you had another point. I have another question about the configurable when someone is going to join a session. So going all the way back. Yeah. You know how it came up that if they don't pay, they cannot join? Yep. Okay. So is this configurable per client or is it a global? Global.

Adi Tiwari [1:03:30](#)

That's what I thought.

Jessica [1:03:30](#)

Okay.

Adi Tiwari [1:03:31](#)

Global. Okay. Yeah. You, you say I want this on for everybody or I don't want this on for everybody. Okay. Yep. Great question. Great question. Great clarification. Question. Does anyone have any other clarification questions on something I've.

Aleshia Tripps [1:03:44](#)

Communicated thus far. So I have a quick question. Maybe.

Adi Tiwari [1:03:48](#)

Maybe it's clarifying.

Aleshia Tripps [1:03:50](#)

No worries. So when they complete the forms, they're automatically. The forms are then automatically attached to their. To their record? Yes. Okay, perfect. So if they need to send us a form, does that work the same way? Like, if they need to upload their insurance card, will that automatically attach to the record?

Adi Tiwari [1:04:12](#)

The difference is they can't just say, like, there's no option right now for them to say, I want to go in and upload my insurance. There actually is. But like, for example, there's this messages area here. Like, they could. Technically, we're in the client portal, we're in the experience the client may have. They could come here, they could attach something and upload something that way. But what we do. Let me quickly. It's a bit of a longer explanation, Alicia, but it'll be fine if I take you into the form builder. Also, team, you should be aware you have a form builder in the system that you can completely use free of charge. No problem. Jessica, I'll make you a commitment. If anything I talk about is an extra charge, I will tell you for sure that's good. We try to keep it simple, right? It's like a per user cost claims. Like everything else is there, but like there's a certain other things like eligibility. The AI thing is extra, some other stuff. Okay. What we're going to have is, is this picture concept here, right? So on your forms, you can literally like make a form and this is going to be called insurance upload thing. Right, Whatever. And when you send this as part of a package, the client's going through, like their intake package, like on their phone, they'll say, oh, I have to upload my insurance thing. They'll hit the take a picture thing. They'll point it at their card or whatever the case, click it, and then it comes back to the system. Right. But the difference is they can't just decide to give it to you. You prompt them to do it.

Aleshia Tripps [1:05:42](#)

And I want to be clear.

Adi Tiwari [1:05:43](#)

Right. You could also say, hey, client, can you go into the messages here, click the paperclip and upload it. Right.

Aleshia Tripps [1:05:50](#)

But it's a little, little different. Right? Okay. Okay. And I'm sure Jessica asked this already. What's the. How's the language work? Like, how do. How does this work for our clients that don't speak English?

Adi Tiwari [1:06:01](#)

Great question. So you have a few choices. Okay. You could literally create. I'm thinking about like consent paperwork and having images, literally, you could have on you could have different packages. You can have Spanish, French, and then the consents, you just build them in a different language.

Aleshia Tripps [1:06:21](#)

You see what I'm saying?

Adi Tiwari [1:06:23](#)

But the portal will still be in English. It is. So let me show you. Let me show you something here. Um, like your web browsers, like modern web browsers, especially on mobile phones, you can set a default so that they convert text, okay, to any language. So, like, for example, I could come here and I can hit translate to Espanol, like so. And this is going to be.

Aleshia Tripps [1:06:44](#)

In Spanish. Like so.

Adi Tiwari [1:06:45](#)

Okay, so it'll just change the. Yeah. Okay. Right. And I want to be clear, this is not like an OPUS thing. This is like modern chrome, modern Firefox.

Aleshia Tripps [1:06:54](#)

Yeah, yeah, yeah, yeah. I knew it was. I knew that part was there. I just didn't know how it worked with the portal.

Adi Tiwari [1:06:59](#)

But that's good to know. Thank you. My pleasure. So. And you know, unfortunately, there's some, like, softwares out there that they'll be like, oh, yeah, don't worry, it's in Spanish. We're going to do it for you. No, no, no, no, no. This is just something that you can do. Like. Yeah. And most people who speak different languages, they have their phones already set, translates to Spanish, right? So, yeah, sometimes this doesn't translate back to English.

Jessica [1:07:21](#)

Sometimes it's kind of funny when I talk about this.

Adi Tiwari [1:07:23](#)

Okay, good, we're back. I do speak.

Jessica [1:07:26](#)

You guys speak Spanish.

Adi Tiwari [1:07:27](#)

Yes.

Jessica [1:07:31](#)

In Miami. So.

Adi Tiwari [1:07:33](#)

Okay. Bueno. But that makes sense. Yeah, yeah, there's a little bit.

Aleshia Tripps [1:07:38](#)

But Alicia, more, more questions you had for me.

Adi Tiwari [1:07:43](#)

I'm thinking I, I want to tell you about the packages when we get. Let's, let's talk about that because as a, as a front desk staff, like, what's the problem with, with that, right? Is like, at least when we were in business is like if it was like a united plan, we had like a special form we always needed to send called an AOR because of like our contracts, right. And like if it was like a Medicaid, we had like a Medicaid waiver. And if it was a, if it was a adolescent we minor consent form to go to the, you know, the parent and a bunch of stuff. And it was like in somebody's head to know what to like send or it's on a post it note on your computer, like, oh, if child, you know, do this right. So we wanted to take that away. So what we have is in the document request and sharing, you can, you can create a packages Jessica Unlimited, no problem. Not going to pay for this. And then right here you're going to see. If I come down here, you can see some examples. Adolescent child commercial couples therapy intake. And each have like their own set of requirements that are going. And Alicia, hopefully you're on the same page with me. There might be one here that says Spanish language, mental health, Spanish, French, so on and so forth. Right?

Aleshia Tripps [1:08:59](#)

So that's what we would do. So Stephanie asked a really good question. So currently we also participate in like community health fairs. We have events at our organization and we track those as outreach. Can we track that in Opus? Talk to me a little bit more. So one of my teams actually provides workshops. So we have people that come in, maybe 30 people, and they will sit through a workshop, and we give them information about financial literacy. Sometimes Jessica's team will join us, or we'll join Jessica's team. They'll talk about mental health services. Jessica's team does a really good job of one of anxiety, and I want them to do it all the time. Time, because it's helpful. They do breathing exercises. It's wonderful. You should video in one day.

Adi Tiwari [1:09:49](#)

It's great. Anyway, hey, I'm a 478 practice practitioner myself.

Aleshia Tripps [1:09:53](#)

Yes. Yeah, it's wonderful. So we just want to be able to count those attendees that are coming to those workshops or to our events. Is that something we can track in opus? We currently are able to track that.

Adi Tiwari [1:10:09](#)

In my evolve. Let me ask, in my evolve, do you have to enter the names of the individuals participating?

Aleshia Tripps [1:10:17](#)

No, we just, we just want the number. We're not even looking at. We're not even looking at names particularly for that. We look at the number more. So. So we want to say the number and then we want to track like, demographics.

Adi Tiwari [1:10:31](#)

I don't think we'd be a good fit for that. I don't think I have like a good, a convenient way to do that. The reason is because, like, documentation is usually attached to an individual. Like, part of like, it's got to be associated with a client. So. Okay, if you entered the client names in. Yeah, but I think a short workshop like that might be a little too, like, time intensive.

Aleshia Tripps [1:10:54](#)

Hey, what's your name?

Adi Tiwari [1:10:55](#)

Fill it in, you know, and then. Yeah, yeah. My guess is in my, in my evolve, there's some type of like, just like blank PDF

Aleshia Tripps [1:11:02](#)

or something that you can just fill out. It's a form. It's almost like an assessment. And we click. You know, you can kind of go through and click it. Now, what about if it's not a one off? Like, what if it's. We're doing series so we have our financial stability team or groups. Yeah, like, like, like what if it's that? Because maybe we can put it under groups.

Adi Tiwari [1:11:22](#)

Maybe we can put all of this under groups. If it's like with the central groups, right? Where like the people who are in the groups, like you have a patient profile for them and like they're coming. No problem at all. We have very robust features around that. Okay, you know what, Alicia, if you wouldn't mind, and Jessica, we probably have to get to BAA before this happens, but if you can like record your screen and show me like, what is the process you have in my evolve, and maybe that'll give me more clear clarity there and I can give a better answer today. I'm just not sure would be convenient for you, you know, could I we figure something out? Maybe, but it just may not be nice. You know what I mean? But if it's okay, if you get that video, I can see oh, okay. This is how it works.

Aleshia Tripps [1:12:04](#)

I think we can.

Adi Tiwari [1:12:05](#)

We can find a solution. Yeah. I'm happy to take you guys through the group process as well if you want to see how that works. We're pretty proud of that.

Aleshia Tripps [1:12:14](#)

Yeah. Yeah.

Jessica [1:12:15](#)

Do you want to see it, Jessica? Yeah.

Adi Tiwari [1:12:19](#)

Yeah, that's good.

Aleshia Tripps [1:12:20](#)

Okay.

Adi Tiwari [1:12:21](#)

I've actually got Stephanie. Actually, team, I got to wind down for the. For the next call coming up here. My apologies.

Jessica [1:12:28](#)

Yeah, talk to me, Jessica. Yeah, no, I'm gonna say that's fine too, because I kind of have to run also, so maybe we can save that for the next time for groups. Let's do it.

Adi Tiwari [1:12:37](#)

Yeah, I have on my to do list here, Jessica, we have like, let's get the BAA signed. I'll have that over to you before the end of the. Day, if that's okay, then we'll like get together with the access we need to do the analysis for the migration. And I think we wanted to schedule another time for billers to take a look. And we could also do groups and any other questions because Alicia, Stephanie, you know what's going to happen after the call. Be like, oh, I forgot these 35 questions.

Aleshia Tripps [1:13:01](#)

I will.

Adi Tiwari [1:13:02](#)

You're absolutely right.

Jessica [1:13:03](#)

Y. Yeah. So that's good.

Adi Tiwari [1:13:04](#)

That's perfect.

Jessica [1:13:06](#)

Okay, that sounds good. Thank you for your time. Thank you all for joining in.

Adi Tiwari [1:13:09](#)

This was all really, really good and helpful, so I'm happy we didn't waste your time today. Nice to meet you. Alicia and Stephanie, have a good one.

Jessica [1:13:16](#)

And Jessica, will, I'll be in contact with.

Adi Tiwari [1:13:18](#)

Yes, thank you. Bye. Bye. Bye, everyone. Thank you. Bye.

It.

