

**Introductions:**

FEI:	Jennifer Conrad
	Lee Keitz
	Ludwing Najera
	Sarah Moore
	Marion Sarhy
San Diego:	Alice McLennan
	Scott Belfield
Salt Lake County	Cory Westergard
Sonoma:	David Sheaves
Hawaii:	Steve Okano
	Scott Jun
Maryland:	Joe Hong
Idaho:	Jamie Teeter
Iowa:	Diane Morris
New Hampshire:	John Sweeney

1. Review items posted to the forum:
  - a. Work Item #3352: Diagnosis: Filter diagnosis codes according to axis
    - i. Cory pointed out that primary/secondary/tertiary is listed by code on the first Diagnosis screen, and on the next screen it's listed alphabetically. He would like to see some consistency here.
    - ii. Cory wondered which code is primary in a dual diagnosis environment - Idaho says it depends on which side of the system they come through. If they were initially a Substance Abuse client, that is the primary diagnosis- if they were initially a Mental Health client, the MH diagnosis is primary.
    - iii. Sonoma doesn't have the same diagnosis screen, so they will not be impacted.
    - iv. Axis V question- in Idaho, if you are in a Mental Health domain, they have a "highest score in last 12 months" field because it's a federal MH reporting requirement.
    - v. There were no immediate objections to this proposal.
2. New topics:
  - a. Navigation of Client Profile (topic requested by Salt Lake County)

- i. The concern is that the Client Profile navigation is different based on customer. It would be easier for everyone if the navigation was the same for everyone. All the buttons should behave the same way. Currently (for example), the Finish button will sometimes return the user to the Profile screen, or it will sometimes return the user to the Activity List.
    - ii. There have been discussions about this in the past, but no agreement was reached by the members. Steve will forward notes from that discussion (including proposed behavior) to Sarah for evaluation.
    - iii. This topic will be resumed once the previous discussion has been reviewed.
  - b. Application of Treatment Domains to the Consent process (topic requested by Salt Lake County)
    - i. The question Cory had about Treatment Domains was whether or not consents could apply across all episodes within a domain. The current consent applies across all episodes, period.
    - ii. Jennifer explained that Treatment Domains were introduced to meet the needs of MH and SA and Prevention and Gambling separately. Some menu items are different; some screens are different, etc., depending upon which domain is in effect. It was designed to provide flexibility going forward, but was only developed as far as Idaho had a need.
    - iii. Can be indicated at Agency level (based on funding stream in Idaho right now). Can select more than one at the Agency level, in which case it can also be done at the Intake level.
    - iv. San Diego asked if this might be a good way to distinguish between Drug Court types. However, there is actually a Drug Court Type that should address this need.
    - v. Salt Lake County and Hawaii are both somewhat interested in this feature- Cory asked for a flowchart to see how treatment domains impact workflow. Jennifer said she could put together some information on Domains and their purpose and potential.
  - c. Scheduler:
    - i. Some changes are being proposed for the Scheduler:
      - 1. A calendar query to be built- by staff, date, or client- a list screen with an actions column - you could go to the appointment, or confirm appt., etc.
      - 2. Would also like to be able to see more than one day at a time- allow a date range
      - 3. Would like to create a recurring appointment- available in Maryland only at this point
    - ii. Cory mentioned that it would be nice to:
      - 1. See who created the appt.
      - 2. Create a meeting for multiple staff or clients at once (perhaps a mover box).
    - iii. Steve mentioned that the scheduler now is very cumbersome to use.

- iv. Proposed changes will be posted on the WUG forum for review/approval by members.
  - d. Date Business Rule Consistency:
    - i. Customers have often noted that Program Enrollment can be a future date, but Encounter can't be a future date. This seems inconsistent. The explanation for this is that if you don't allow program enrollment until the date they actually enroll, somebody has to enroll each client who is starting treatment that day before an encounter can be created. This causes logistical problems and was deemed impractical.
    - ii. Members agreed that this explanation is sufficient, and no change is necessary.
  - e. Duplicate Group Sessions/Types:
    - i. There are no business rules to prevent creating a duplicate group sessions or group types.
    - ii. This is a problem for Hawaii and Salt Lake County, because two counselors may co-facilitate a group, and then each go in and create the group. Sonoma County indicated that duplicates do occur, but very rarely, and it's not considered a significant problem.
    - iii. Group discussion on the call led to the conclusion that the definition of a "duplicate" can be different per agency or instance. This would make it difficult to provide built-in safeguards against duplicates. It was proposed that perhaps a warning message would be appropriate, instead of a business rule. Again, the requirements for a potential duplicate would need to be defined.
  - f. Admission Profile:
    - i. A question was posed about the Mental Health Problem field. Apparently, the Activity List detail calls it "psychiatric problem" instead.
    - ii. Steve in HI says that this is two different fields for Hawaii.
    - iii. This might still need to be resolved for customers with only one of the two fields, to make sure the labeling is consistent.
3. For next time:
- a. There are a lot of questions about Billing functionality. Members agreed that it would be helpful to have a WUG meeting focus on Billing questions. ***This will be the primary topic for discuss in the August meeting, and members should send their questions to Sarah beforehand, so that any necessary research can be done before the call.***