

DBHDS Strategic Plan Dashboard

Reference Materials Governor's Right Help, Right Now Plan Secretary of Health and Human Resources OKRs for DBHDS



Welcome to the DBHDS Strategic Plan Dashboard.

Under the leadership of Commissioner Nelson Smith, the DBHDS Strategic Plan was developed with the 2025 ambition to transform Virginia's Behavioral Health and Developmental Disability systems of care to comprehensive continuum of care focused on integrated and accessible community services. The project's goals are guided and organized around three strategic domains:

- 1. Workforce: Develop a robust, strong, well-trained, and sustainable workforce.
- **2. Comprehensive Continuum of Care:** Increase access, grow capacity, and ensure quality of care in the most integrated setting across a comprehensive continuum of care for individuals with mental health disorders, substance use disorders, and developmental disabilities.
- **3. Modernization:** Modernize systems and processes that leverage best practices to drive and sustain high-quality service outcomes.

Each Domain includes Objectives which are measured by Key Results. Objectives and Key Results (OKRs) are a management methodology that will ensure that DBHDS focuses its efforts on the same critical issues. Within the OKR construct, the Objective is simply "the what" that is to be achieved while the Key Results benchmark and monitor "the how" to get to the objective. The dashboard provides a mechanism to track progress as DBHDS furthers its mission to support individuals by promoting recovery, self-determination, and wellness in all aspects of life.

Dashboard

Last Version Published: March 17, 2023

DBHDS OKRs by Domain ☐ Domain 1: Workforce **☐** Objective 1: Workforce Recruitment and Retention KR-1A New Hire Retention KR-1B* Vacancy Rate of Clinical Service Positions KR-1C Assess Public System Workforce Capacity **KR-1D Peer Recovery Specialists ☐** Objective 2: Workforce Sustainability KR-2A Provider Admin Burden **KR-2B* Licensure Process KR-2C Service Modification Process ☐** Domain 2: Comprehensive Continuum of Care **☐** Objective 3: Prevention, Early Intervention, & Youth Services KR-3A Community Prevention & Response Capacity KR-3B Expansion & Improved Outcomes KR-3C* Opioid-Related Deaths KR-3D Lapses in Care for Transitioning Students KR-3E* Teen Substance Use **☐** Objective 4: Integrated Settings KR-4A BH Community Capacity KR-4B Priority 1 Waiver Waitlist KR-4C BH Provider Availability KR-4D DOJ Settlement Housing KR-4E SMI Housing KR-4F* DOJ SA Indicator Compliance

KR-4G* DD Waiver/Waitlist

Governor's Right Help, **Right Now Plan**

Secretary of Health and Human Resources OKRs for DBHDS



Quick Links: Short-Term KRs

Opioids

DOJ Indicators

Data Exchange

Workforce

STATUS

KRs Complete

0

KRs On Target

57%

Key Result	Status
KR-1A New Hire Retention	On Target
KR-1B* Vacancy Rate of Clinical Service Positions	Some Issues (Off Target)
KR-1C Assess Public System Workforce Capacity	On Target
KR-1D Peer Recovery Specialists	On Target
KR-2A Provider Admin Burden	On Target
KR-2B* Licensure Process	Some Issues (Off Target)
KR-2C Service Modification Process	At Risk

CURRENT METRICS

55.17% New Hire Retention Rate	34% Vacancies
14% Licensed < 90 Days	970 Peer Recovery Specialists

Comprehensive Continuum of Care

STATUS

KRs Complete

0

17

KRs On Target

76%

Key Result	Status	^
KR-3A Community Prevention & Response Capacity	On Target	
KR-3B Expansion & Improved Outcomes	On Target	
KR-3C* Opioid-Related Deaths	Some Issues (Off Target)	
KR-3D Lapses in Care for Transitioning Students	On Target	
KR-3E* Teen Substance Use	Some Issues (Off Target)	
KR-4A BH Community Capacity	On Target	
KR-4B Priority 1 Waiver Waitlist	On Target	
KR-4C BH Provider Availability	On Target	
KR-4D DOJ Settlement Housing	On Target	
KR-4E SMI Housing	On Target	
KR-4F* DOJ SA Indicator Compliance	On Target	~
KR_AG* DD Maiver/Maitlist	On Target	

CURRENT METRICS

2,200 Opioid Related Deaths (2021)	1041 Providers Enrolled in VMAP
63% DOJ SA Indicators in Compliance	21% DD Waiver Employment

Modernization

STATUS

KRs Complete

KRs On Target

55%

Key Result	Status
KR-7A Structural Improvement	On Target
KR-7B Process Improvement	On Target
KR-7C Customer Satisfaction Tool	On Target
KR-8A Millennium EHR	On Target
KR-8B IT Enterprise Assessment	Some Issues (Off Target)
KR-8C Facility Financials & Operations	Some Issues (Off Target)
KR-9A Data Governance Policies	At Risk
KR-9B Data Warehouse	At Risk
KR-9C* Data Exchange	At Risk
KR-9D Data Governance Compliance	On Target
KR-9E Data Analytics	On Target

11

CURRENT METRICS

Submitted **CCBHC Planning Grant**

70% **Facility EHR Optimization**

2%

Data Governance Policy Project ...

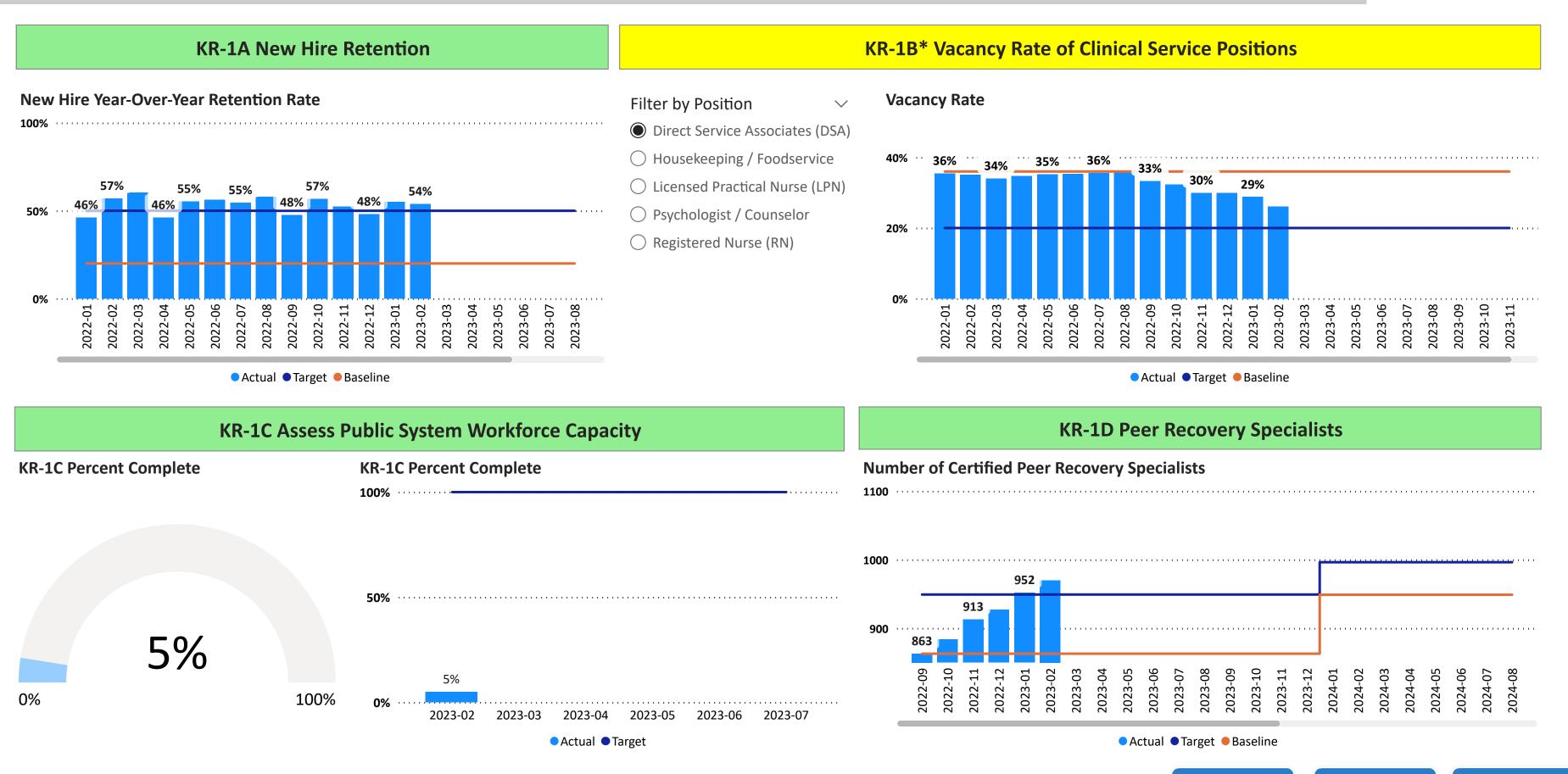
2%

Data Warehouse Project Plan C...

Objective 1: Workforce Recruitment and Retention



Increase recruitment and retention across the system of care to broaden and galvanize a BH/DD Workforce that delivers exceptional public health services



Risk Register

Action Plans

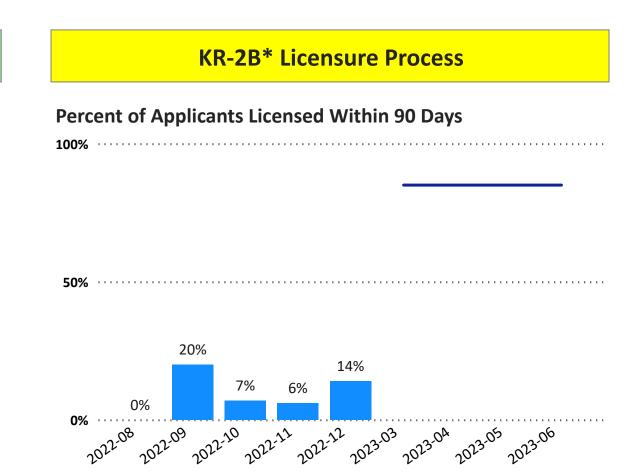
Objective 2: Workforce Sustainability



Achieve sustainability of BH/DD workforce by aligning all stakeholders to optimize regulatory, licensing, and service delivery requirements

KR-2A Provider Admin Burden

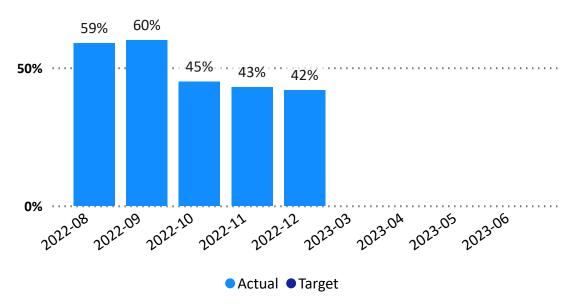
Data **Gathering In-Process**



Actual Target

KR-2C Service Modification Process

Percent of Service Modifications Completed Within 30 Days

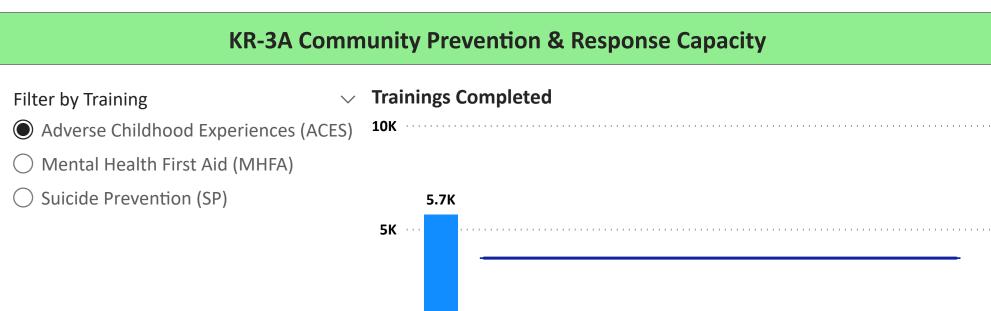


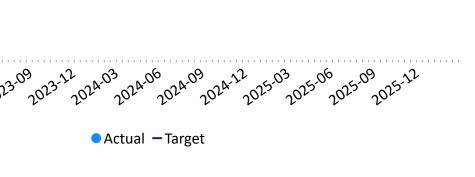


Objective 3: Prevention, Early Intervention, & Youth Services

Virginia Department of Behavioral Health & Developmental Services

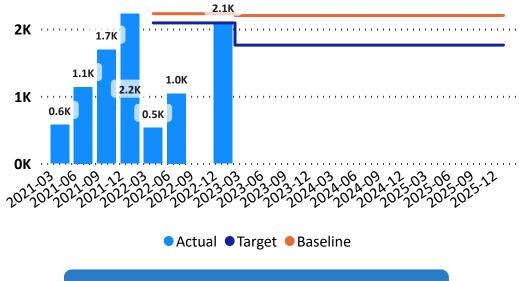
Increase prevention, early intervention, and youth behavioral health services





KR-3C* Opioid-Related Deaths

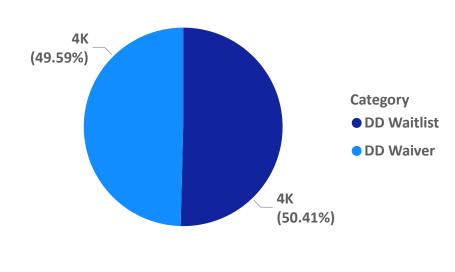
Opioid Deaths Recorded



Click for Curb the Crisis SUD Dashboard

KR-3D Lapses in Care for Transitioning ...

DD Waitlist & Waiver Recipients



18-21 Year-Olds Comprise 58% of the DD Waitlist

KR-3B Expansion & Improved Outcomes



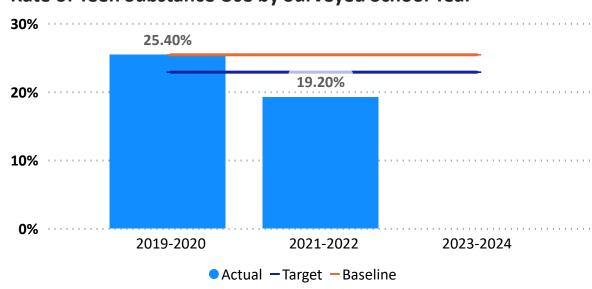
KR-3E* Teen Substance Use



16.5%
Tobacco Retail Violation Rate

7,117
Tobacco Retailers Visited from 7/20-6/22 (of 7,280)

Rate of Teen Substance Use by Surveyed School Year



The 10% reduction goal for teen substance use was met in School Year 2021-2022 for all 3 substance categories. However, the metric will continued to be measured through School Year 2023-2024, as the substantial drop in use is likely attributable to students being at home due to COVID-19.

Risk Register

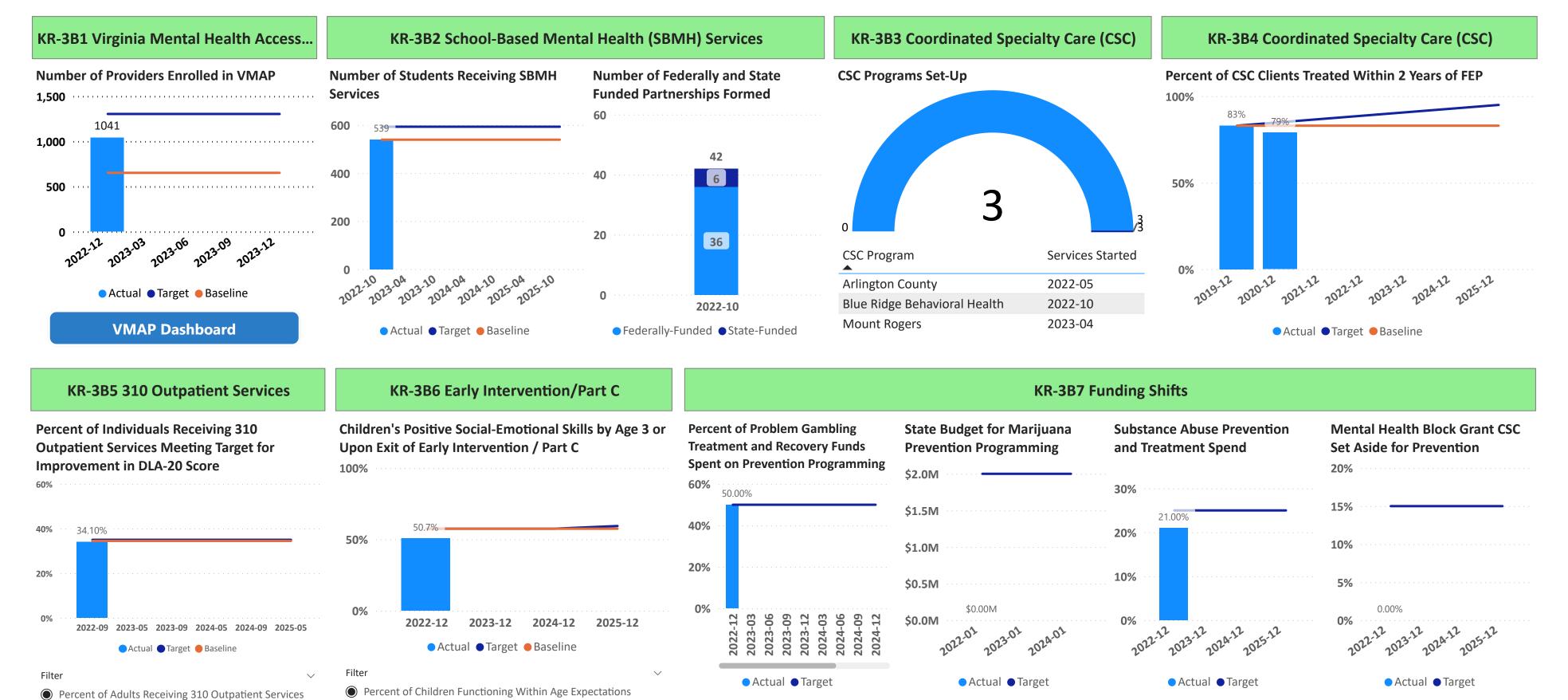
Action Plans

KR-3B: Demonstrate expansion and improved outcomes across 5 selected programs (Virginia Mental Health Access Program (VMAP), School-Based Mental Health (SBMH), Coordinated Specialty Care (CSC), 310 Outpatient Services, early intervention/Part C) on a continuous basis and demonstrate funding shifts toward early intervention across 2 of 4 selected funding streams (gambling, marijuana use, Substance Abuse Prevention and Treatment (SAPT) and Mental Health Block Grant (MHBG) CSC) by the end of 2024 and 4 by the end of 2025

O Percent of Children Increasing Rate of Growth

O Percent of Children Receiving 310 Outpatient Services





Objective 4: Integrated Settings

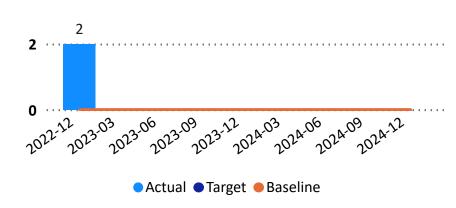






Number of Recently Established Public / Private **Partnerships**





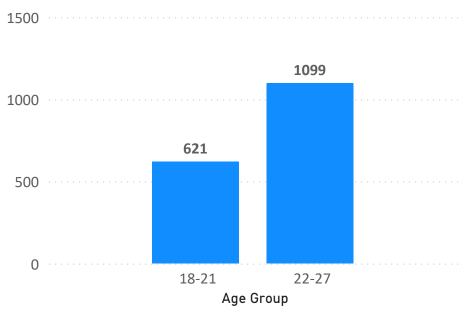
KR-4B Priority 1 Waiver Waitlist

1720

18-27 Year-Olds on Priority 1 DD Waiver Waitlist



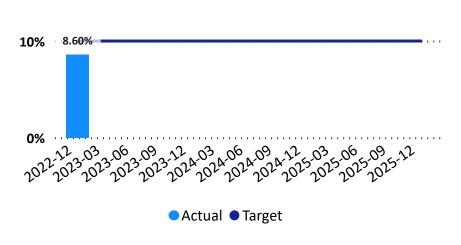




of 113 Localities in Virginia are Federally-Designated **Mental Health Professional Shortage Areas**

KR-4D DOJ Settlement Housing

% of Adults in DOJ Settlement Population in **Settlement Housing**

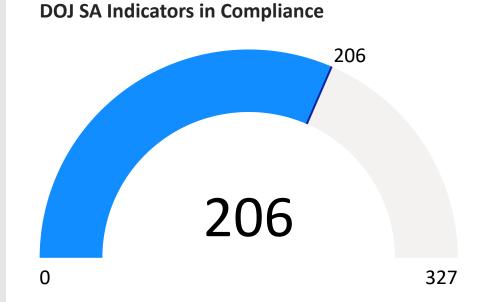


KR-4E SMI Housing

Onboard July 1, 2023

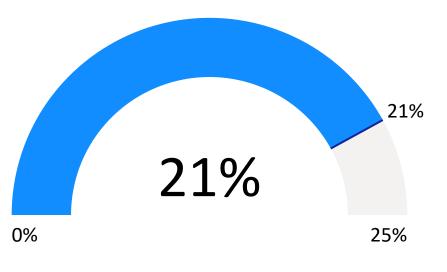
7,000 **Permanent Supportive Housing Slots Needed for Individuals with SMI**

KR-4F* DOJ SA Indicator Compliance



KR-4G* DD Waiver/Waitlist

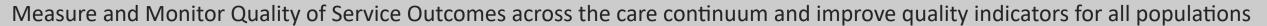
DD Waiver / Waitlist Adult Employment



Risk Register

Action Plans

Objective 5: Quality of Service Outcomes





KR-5A BH QMS Metrics

KR-5A Action Plan Task Breakdown by Action Status

Action Status	# of Tasks	% of Tasks
Complete	16	42.11%
On Target	20	52.63%
Some Issues (Off Target)	2	5.26%
Total	38	100.00%

Committees Established

- BH Risk Management Review Committee: Completed 12/13/2022
- BH Key Performance Area Committee: Target Date 5/31/2023
- BH Quality Improvement Committee: Target Date 7/31/2023

Milestones

- Evaluation of BH Quality Management System: Target Date 6/30/2024
- Publication of BH Quality Management Plan: Target Date 3/31/2025

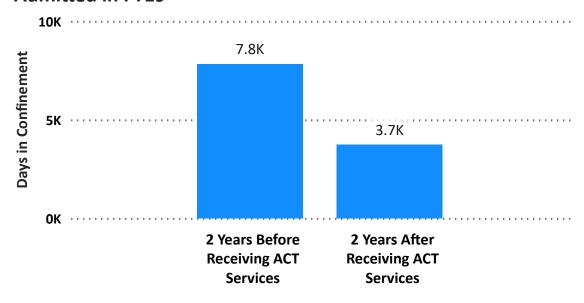
KR-5B DD QMS Annual Review

KR-5B Action Plan Task Breakdown by Action Status

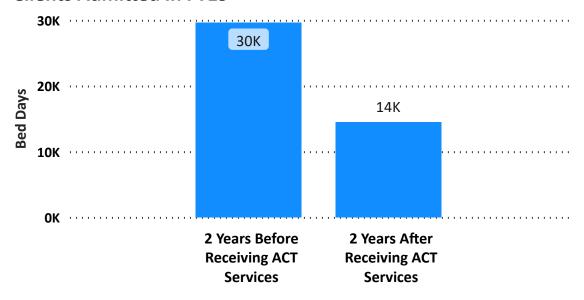
Total	13	100.00%
Complete	11	84.62%
	2	15.38%
Action Status	# of Tasks	% of Tasks

KR-5C ACT Outcomes

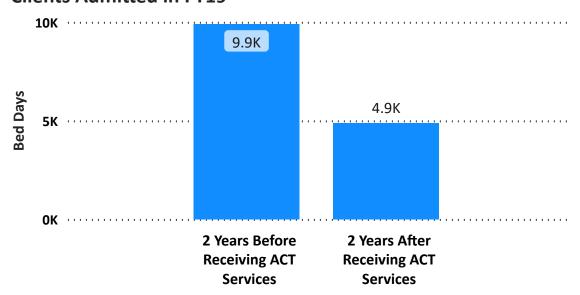
Reduction in Days Spent in Confinement - All ACT Clients Admitted in FY19



Reduction in State Hospital Psychiatric Bed Days - All ACT Clients Admitted in FY19



Reduction in Local Hospital Psychiatric Bed Days - All ACT Clients Admitted in FY19



Objective 6: Restrictive and Involuntary Settings and Interventions

Decrease the number of restrictive and involuntary settings and interventions



KR-6A TDO Volume

KR-6B Crisis Service Array Availability

21,099 **FY 2022 Civil TDOs**

3,006 **State Hospital Civil TDO Admissions**

Data **Gathering In-Process**

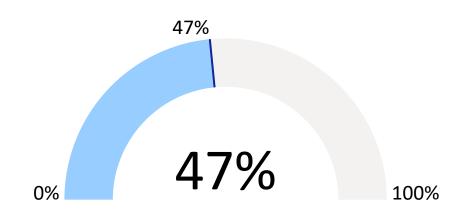
Objective 7: Services Administration

Transform the management and administration of services among DBHDS, CSBs, facilities and private providers



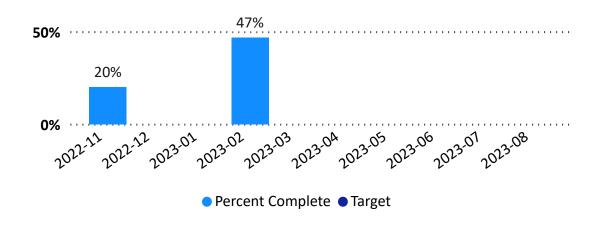
KR-7A Structural Improvement

KR-7A Percent Complete



KR-7A Percent Complete

100%

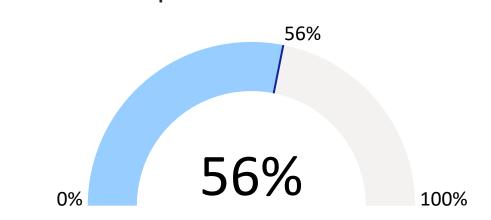


Major Milestones

- December 2022: Submitted Planning Grant to SAMHSA for CCBHC model
- By March 2023: Grant Award
- April 2023: Infrastructure Development
- March 2024: Certify CCBHCs

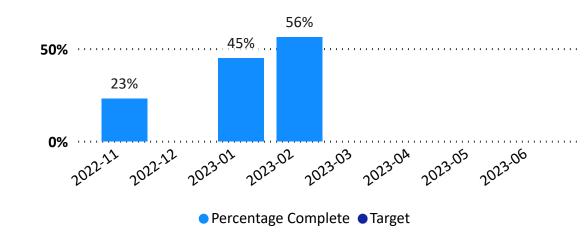
KR-7B Process Improvement

KR-7B Percent Complete



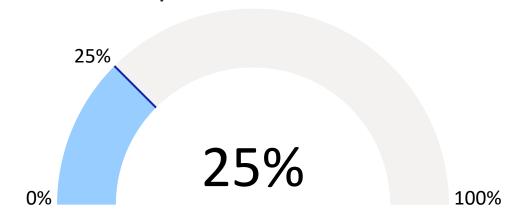
KR-7B Percent Complete

100%



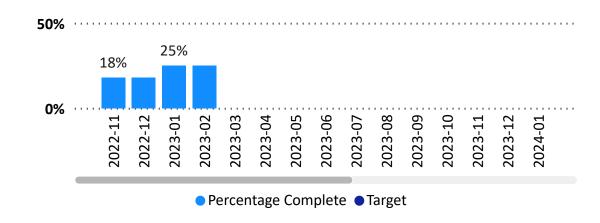
KR-7C Customer Satisfaction Tool

KR-7C Percent Complete



KR-7C Percent Complete

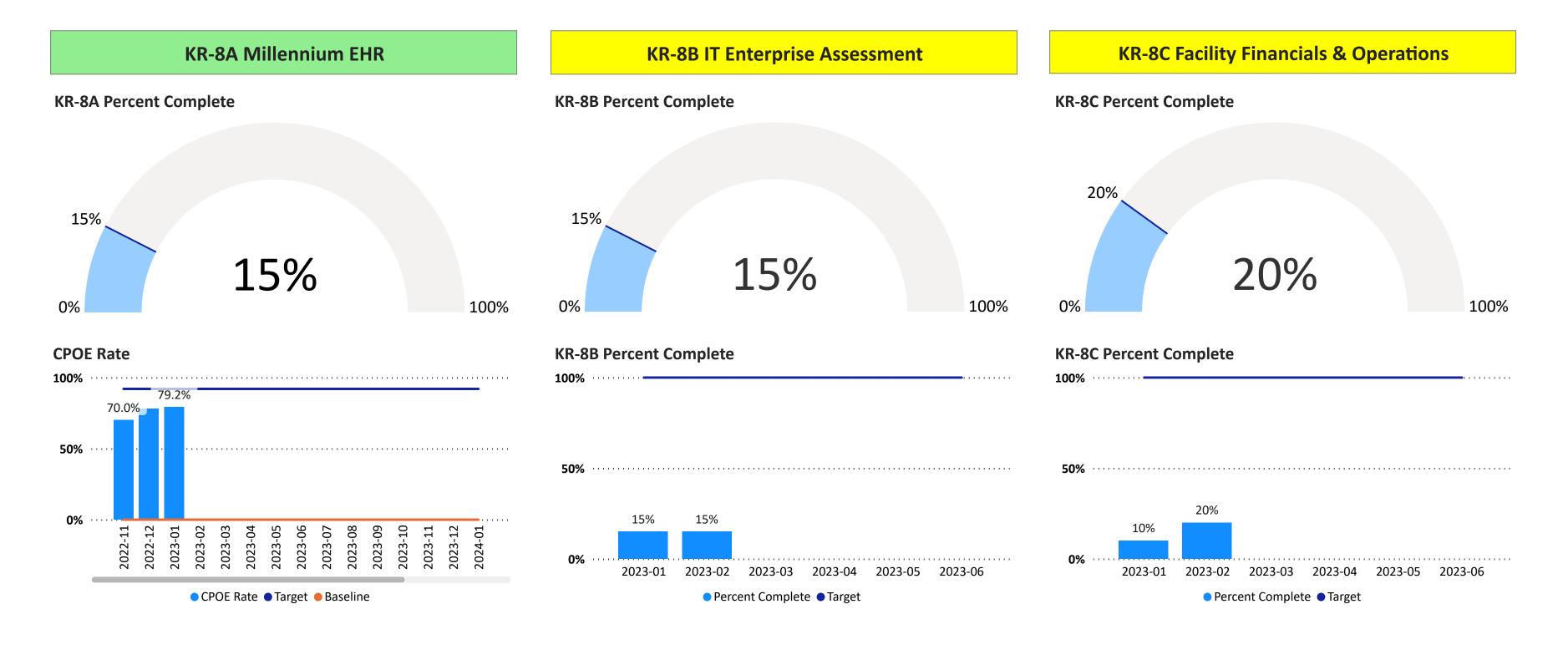
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Objective 8: Facility Systems Modernization

Modernize mission critical facility operating systems

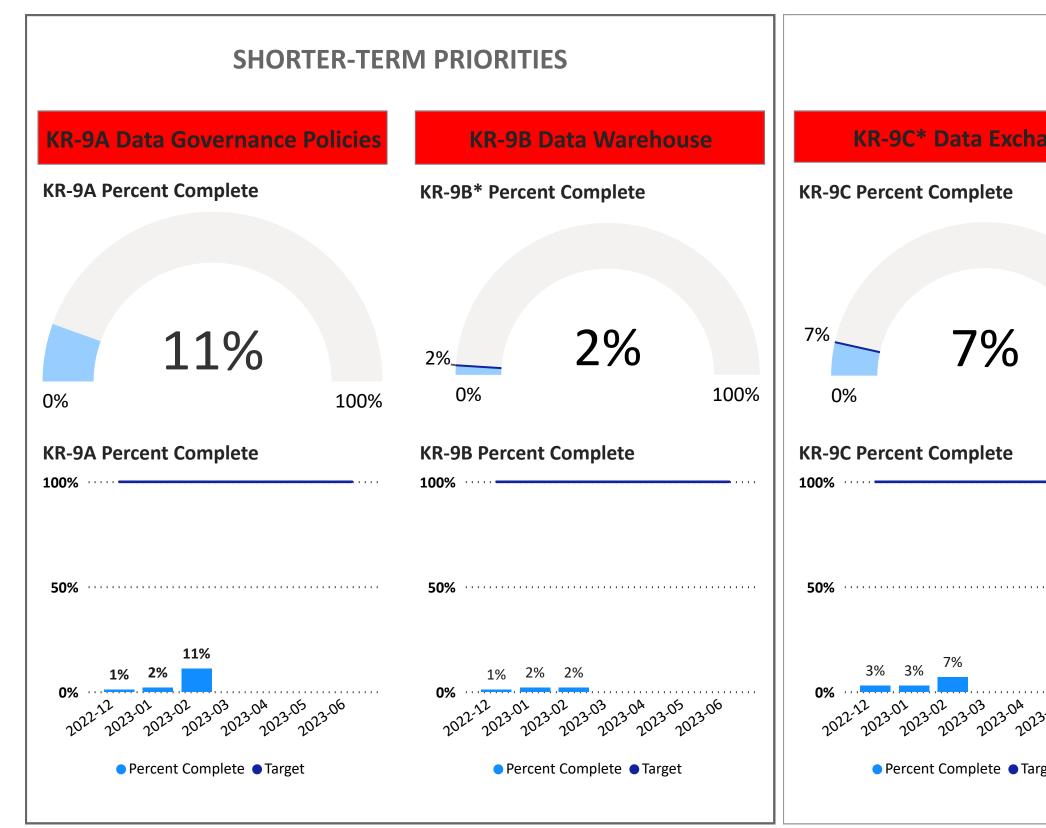


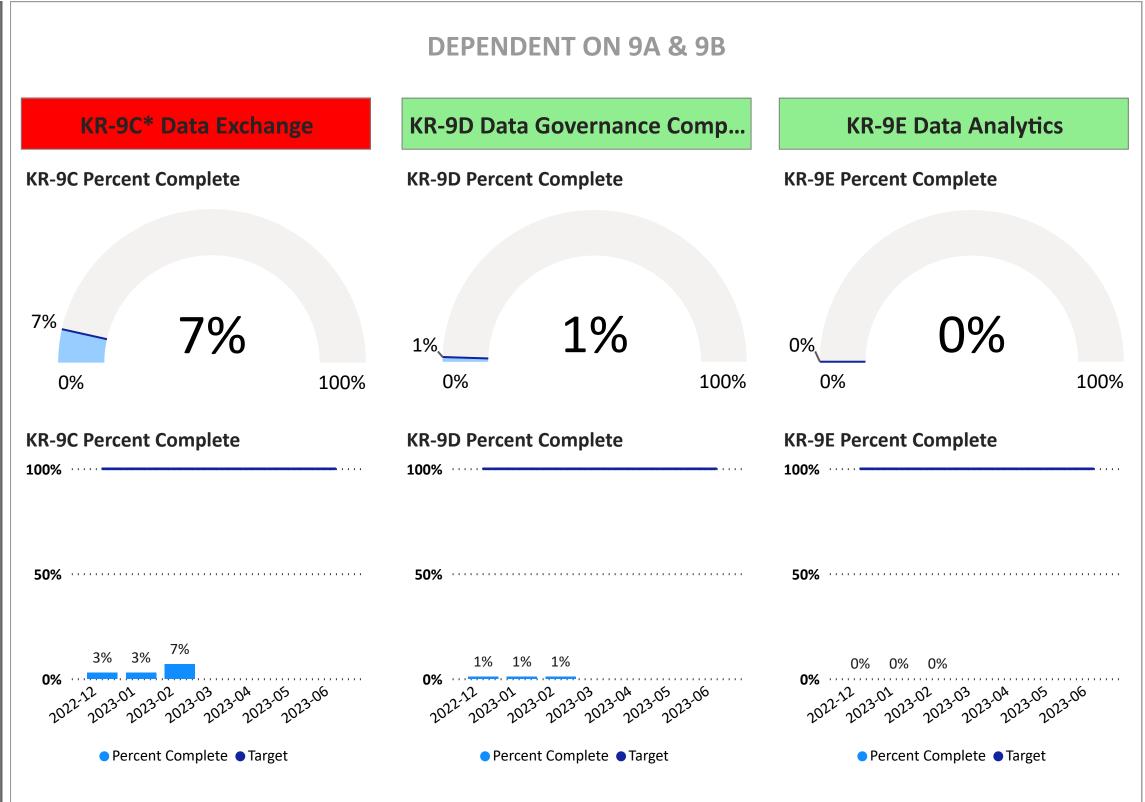


Objective 9: Statewide Data Exchange

Deliver transactional and secure statewide data exchange for behavioral health and developmental disability data











Key Results					Task Breakdown by Act	ion Status	
Key Result		Key Result Definition	Status ^		Action Status	# of Tasks	% of Tasks
KR-1A New H	ire Retention	Increase retention of DBHDS new hires after one year from 20% to 50% by December 2023	On Target	0.0	At Risk Complete	4 8	5.00% 10.00%
KR-1B* Vacan Clinical Servic	•	Reduce average vacancy rate of DBHDS clinical service positions to less than 20% by December 2023	Some Issues (Off Target)	80 Count of Action	On Target Some Issues (Off Target)	63 5	78.75% 6.25%
KR-1C Assess Workforce Ca	Public System pacity	By July 2023, work with CSBs to develop metrics, baseline, and a plan to assess workforce capacity for prioritized positions	On Target	Plan Tasks	Total		100.00%
Gantt Chart o	of Action Plans						
Action Status	At Risk • Comple	ete On Target Some Issues (Off Target)					
	Feb 2022 Mar 2022	2 Apr 2022 May 2022 Jun 2022 Jul 2022 Aug 2022 Sep 2022 Oct 2022 Nov 2022 Dec 2022 Jan 2023 Feb 2023 Mar 2023	T I I I I I I I I I I I I I I I I I I I	Jul 2023 Aug 2023 Sep 2023	Oct 2023 Nov 2023 Dec 2023		
KR-1A 1.0		Establish i	regular stakeholder to	uchpoints to assess challen	ges and develop opportunities	s a	
KR-1A 1.1		Identify an	interagency stakehol	der coalition to participate i	n discussions regarding overa	irc	
KR-1A 1.2		Conduct o	pen forum discussion	s regarding retention strate	gies and barriers including all	le	
KR-1A 1.3		Со	nduct research on nat	i <mark>onal</mark> standards and outcom	es related to employee retent	ior	
KR-1A 1.4		Est	tablish a diverse DBHI	S workgroup to assess and	evaluation recruitment and re	ete	
KR-1A 1.5		Create	e a best practices work	guide to build a recruitmen	t and retention strategic plan	fo	
KR-1A 1.6				Develop an	action plan outlining recomme	enc	
KR-1A 1.7				Identify reso	ource needs and determine av	en	
KR-1A 2.0		Enhance to	he interview process f	or new hires to improve thro	oughput and reduce hiring pro	ce	
KR-1A 2.1		Ide	entify stakeholders and	d evaluate the current interv	riew process and workflows.		
KR-1A 2.2		Со	nduct a gap analysis t	o determine what is working	g and not working regarding th	ie	
VD 14 0 0		Co	induct applicant and po	w emnlovee survevs to dat	her innut for notential improve	-m	

Key Results

Action Plans for Key Results



Task Breakdown by Action Status

Key Result	Key Result Definition	Status ^		Action Status	# of Tasks	% of Tasks
KR-2A Provider Admin Burden	Align, de-conflict, and simplify licensure and human rights process to reduce administrative burden on providers by 20% by July 2024	On Target	111	At Risk	1 2	0.88% 1.75%
KR-2B* Licensure Process	Streamline process for high priority / high need services and 85% of applicants licensed within 90 days, as demonstrated by April 1, 2023	to be Some Issues (Off Target)	114 Count of Action	Complete Incomplete	79	69.30% 0.88%
KR-2C Service Modification Process	Streamline process for high priority / high need services and 85% of applicants complete service modifications within 30 days, as demonstrated by April 1, 202	to At Risk	Plan Tasks	On Target	24	21.05%
Gantt Chart of Action Plan				Total	114	100.00%
Action Status ●At Risk ●Com	olete ●Incomplete ●On Target ●Some Issues (Off Target)					
Mar 2022 Apr 2022	May 2022 Jun 2022 Jul 2022 Aug 2022 Sep 2022 Oct 2022 Nov 2022 Dec 2022 Jan 2023 Feb 2023 Mar 2023 Apr 2023 May	2023 Jun 2023 Jul 2023 Aug 2023 Sep 202	23 Oct 2023 Nov 2023 Dec 2023 Jan 2	2024 Feb 2024 Mar 2024 Apr 2024 N	May 2024	
KR-2A 1.0	Amend provider guidance for reporting P2P neglect					
KR-2A 1.1	Convene workgroup for provider input					
KR-2A 1.2	Draft revised guidance					
KR-2A 1.3	Obtain input / sign-off from OAG					
KR-2A 1.4	Obtain input / agre	ement from RMRC				
KR-2A 1.5	Finalize Guid	dance (including economic anal	ysis)			
KR-2A 1.6	Appr	oval from Office Regulatory Ma	nagement			
KR-2A 1.7		Submit to Town Hall for publi	ic comment			
KR-2A 1.8		Post final version	on Town Hall			
KR-2A 2.0	Identify potential areas for quick regulatory reduction					
KR-2A 2.1	Compile baseline of exisiting discretionary regulatory r	equirements				
KD 04 0 10		Roard vote	to initiate action			



Action Plan information can be filtered by Objective, Key Result, Action Status, Start Date, and End Date using the "Filters" pop-out

Key Result	Key Result Definition	Status	^
KR-3A Community Prevention & Response Capacity	Increase community capacity to prevent and respond to substance use, adverse childhood events, and mental health challenges by 2025 through annual training (3,500 individuals in Mental Health First Aid, 3,600 individuals in Adverse Childhood Experiences (ACES), 1,500 individuals in Suicide Prevention)	On Target	
KR-3B Expansion & Improved Outcomes	Demonstrate expansion and improved outcomes across 5 selected programs (Virginia Mental Health Access Program (VMAP), School-Based Mental Health (SBMH),	On Target	~
Gantt Chart of Action Plans			
Action Status • Complete			

102
Count of Action
Plan Tasks

Task Breakdown by Action Status

Action Status # of Tasks % of Tasks

98 96.08%

Complete 4 3.92%

Total 102 100.00%

Jan 2023 Feb 2023 Mar 2023 Apr 2023 May 2023 Jun 2023 Jun 2023 Jun 2023 Sep 2023 Oct 2023 Nov 2024 Feb 2024 Mar 2024 Apr 2024 Apr 2024 Apr 2024 Apr 2024 Apr 2024 Sep 2024 Oct 2024 Jun 2025 Feb 2025 Mar 2025 Apr 2025 May 2025 Jun 2025 Jun 2025 Sep 2025 Oct 2025

KR-3A 1.0	BHDS OBHW will provide Training for Trainer opportunities for stakeholders at least 4 times per year (MHFA, and ACEs) and at least 2 times per year for Suicide Prevention trainings (ASIST and safeTALK).
KR-3A 1.1	Ve will provide training materials as funding allows.
KR-3A 1.2)BHW team members will provide ongoing TA and support to trainers as requested and/or needed.
KR-3B 1.0	Increase the number of providers registered with the Virginia Mental Health Access by 100% by Dec. 2023
KR-3B 1.1	Ensure clarity with VMAP stakeholders about this specific goal within DBHDS Strategic plan by January 2023
KR-3B 1.2	Communicate with VMAP leadership the specific goal in the DBHDS Strategic Plan, how it will be measured, and what the baseline data show by December 2022
KR-3B 3.0	Support start-up activities and initial implementation of Coordinated Specialty Care programs with Mount Rogers, Arlington, and Blue Ridge Behavioral Health. Programs will be stood up by 2024.
KR-3B 6.2	Fully implement TRAC-IT, the statewide early intervention data system, by 2024 in order to understand who is and is not benefiting from our efforts to improve positive social-emotional skills and social relation
KR-3B 6.5	Continue implementing Virginia's Part C Early Intervention State Systemic Improvement Plan (SSIP), which is focused on this outcome and includes improvement activities and evaluation measures for 2022-20
KR-3B 6.6	Fully implement TRAC-IT, the statewide early intervention data system, by 2024 in order to understand who is and is not benefiting from our efforts to improve positive social-emotional skills and social relation
KR-3B 7.4	Increase SAPT prevention spend to 25% of total award

Key Results

Action Plans for Key Results



Task Breakdown by Action Status

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Key Result		Key Result Definition	Status	_ ^		Action Status	# of Tasks	% of Tasks
KR-4A BH Comm	nunity	Expand behavioral health community capacity through at least 5 public/private	On Target		04/	Complete	133	61.57%
Capacity VB 4B Briority 1	Waiyor	partnerships by December 2024 Eliminate Priority 1 waiver waitlist by June 2024	On Target		216	Complete	39	18.06%
KR-4B Priority 1 Waitlist	vvalvei	Eliminate Priority 1 waiver waitlist by June 2024	On Target		Count of Action	On Target Some Issues (Off Target)	36 8	16.67% 3.70%
KR-4C BH Provid	der Availability	Complete geographic analysis of BH provider availability (top 3 underserved areas), as informed by the BH Redesign Continuum of Care effort	On Target	~	Plan Tasks	Total		100.00%
Gantt Chart of A	Action Plans							
Action Status	Complete	On TargetSome Issues (Off Target)						
Oct 20	2022 Nov 2022 Dec 20	122 Jan 2023 Feb 2023 Mar 2023 Apr 2023 May 2023 Jun 2023 Jul 2023 Aug 2023 Sep 2023 Oct 2023 Nov 2023 Dec 2023 Jan 2024 Feb	1 2024 Mar 2024 Apr 2024	May 202	4 Jun 2024 Jul 2024 Aug 2024 Sep 2	2024 Oct 2024 Nov 2024 Dec 2024		
KR-4A 1.0	Review/analy	ze past and current partnerships and EBL needs (DEVELOPING COMMUNITY CAPACITY)						
KR-4A 1.2	Review EBL to	rends and gaps in services and supports						
KR-4A 1.3	Review variou	us private proposals that have been submitted to DBHDS						
KR-4A 2.0	Use data fron	n past/current partnerships to drive decisions regarding partnerships						
KR-4A 2.1	Identify which	types of previous partnerships have been most beneficial to DBHDS						
KR-4A 2.2	Identify priori	ity services/programs to be targeted by public/private partnerships						
KR-4A 3.1	Ensure that a	ny potential partnership is least restrictive and integrated						
KR-4A 3.2	Ensure that o	versight and controls are in place to ensure success of partnerships						
KR-4A 3.3	Work with Pro	ocurement to solicit, review, and establish selected public/private partnerships						
KR-4B 1.2	Deterr	mine which recommendation DBHDS will implement						
KR-4B 1.3		Identify stakeholder group						
VD 4D 1 0		Ensure interagency approval of the 2023 Virginia Plan to Increase Independent Living Onti	ons (VPIII A) hv .	lanııar	v 2023			



Action Plan information can be filtered by Objective, Key Result, Action Status, Start Date, and End Date using the "Filters" pop-out

Key Results		
Key Result	Key Result Definition	Status
KR-5A BH QMS Metrics	By July 2023, the BH QMS will establish 3 metrics related to health, safety, and wellbeing; integrated settings; and provider competency and capacity that quality committees will measure	Some Issues (Off Target)
KR-5B DD QMS Annual Review	Annually review the Developmental Disability (DD) Quality Management System (QMS), as part of the continuous quality improvement process, to identify areas of improvement that impact sustainability and functionality of the DD QMS (not later than November	Some Issues (Off Target)

54
Count of Action
Plan Tasks

Action Status	# of Tasks	% of Tasks
_	2	3.70%
Complete	28	51.85%
On Target	22	40.74%
Some Issues (Off Target)	2	3.70%
Total	54	100.00%

Task Breakdown by Action Status





2 Dec 2022 Jan 2023 Feb 2023 Mar 2023 Apr 2023 May 2023 Jun 2023 Jun 2023 Jun 2023 Sep 2023 Oct 2023 Nov 2023 Dec 2024 Jun 2024 Sep 2024 Oct 2024 Nov 2024 Dec 2024 Jun 2025 Feb 2025 Mar 2025 Apr 2025 May 2025 Jun 2025 Jun 2025 Jul 2025 Aug 2025 Sep 2025 Oct 2025 KR-5A 1.0 mal interviews. KR-5A 1.1 ds and the culture of quality across BH services. KR-5A 1.2 adiness Assessment to CBH leadership and staff. KR-5A 1.3 gement System: KR-5A 2.0 awareness of BH QMS planning. KR-5A 2.1 KR-5A 2.2 KR-5A 2.3 KR-5A 2.4 KR-5A 3.0 KR-5A 3.1



Action Plan information can be filtered by Objective, Key Result, Action Status, Start Date, and End Date using the "Filters" pop-out

Key Results		
Key Result	Key Result Definition	Status
KR-7A Structural Improvement	Develop an implementation plan for structural changes to enhance the financing and delivery of BH/DD services, encompassing Community Service Boards (CSBs), Private Providers and State Facilities by August 2023	On Target
KR-7B Process Improvement	Working with stakeholders, assess processes that are not currently working well within DBHDS and among DBHDS, CSBs, and Private Providers by January 2023 and develop corrective action plan by June 2023	On Target

64
Count of Action
Plan Tasks

Task Breakdown by Action Status					
Action Status	# of Tasks	% of Tasks			
Complete	28	43.75%			
On Target	36	56.25%			
Total	64	100.00%			

Gantt Chart of Action Plans

Action Status • Complete • On Target

KR-7A 1.0	levelopment of external work studies
KR-7A 1.1	Study elements into the architecture of the plan
KR-7A 1.2	nt elements of the Governor's Plan for Virginia into the plan
KR-7A 1.3	areas of commonality within the OKRs of the North Star that further buildout the construct of such a plan
KR-7A 2.0	n internal processes of communication and workflow to support indiviudal & collective efforts to increase customer satisfaction by 30% as evidenced via survey feedback
KR-7A 2.1	Realign roles and responsibilities within and across departments that facilitate communication by 30%
KR-7A 2.2	c processes (internal) for how the system is envisioned and built out Reconstruct internal DBHDS clinical pre-work for increased strategy and interplay between areas by 30%
KR-7A 2.3	I partners direct impact for who should join planning conversation as guests (i.e. CSBs)
KR-7A 2.4	ts Administration to OMS to optimize workflow within expertise by SMEs
KR-7A 3.0	vey of current state of affairs (external) to develop key indicators
KR-7A 3.1	R survey completed on 11/30/2022 for MH, SUD & DD services satisfaction

2 Dec 2022 Jan 2023 Feb 2023 Mar 2023 Apr 2023 May 2023 Jun 2023 Jun 2023 Jun 2023 Jun 2023 Sep 2023 Oct 2023 Nov 2023 Dec 2024 Jun 2024 Jul 2024 Apr 2024 Dec 2024 Jun 2025 Feb 2025 Mar 2025 Apr 2025 May 2025 Jun 2025 Jun 2025 Jun 2025 Sep 2025 Oct 2025 Sep 2025 Oct 2025 O



Key Results	S				Task Breakdown by A	Action Status	
Key Result Key Result De		sult Definition	Status ^		Action Status	# of Tasks % of Tasks	
KR-8A Mille	applica patient provide evidend	ve overall state facility efficiency and effectiveness by: (1) automationable EHR administrative manual processes, thereby improving direct its, by June 30, 2024 (10% by March 31, 2024, 15% by June 30, 2024) er time and efficiency using the EHR system for all patient document ced by a 92% CPOE rate by June 30, 2024; and (3) enhance clinical dotthe EHR system to demonstrate a 95% authorization approval rate by	care to l); (2) improve tation as locumentation	72 Count of Action Plan Tasks	Complete On Target Some Issues (Off Target Total	3 4.17% 65 90.28% et) 4 5.56% 72 100.00%	
	t of Action Plans • Complete • On Target • S		by suite 50,				
		023 Apr 2023 May 2023 Jun 2023 Jul 2023 Aug 2023 Sep 2023 Oct 2023 Nov 2023 Dec 2023 Jan 2024 F			r r r r r r r r r r r r r r r r r r r	T	
KR-8A 1.0		ervices Quality Improvement Office Team to lead efforts to maximize EHR		•		2020 Apr 2020 May 2020 Guil 2020	
KR-OA I.U				- Colvidos ana Emorphico Ap			
KR-8A 1.1	Recruit and hire for	the position of EHR Informaticist & Quality and Risk Management Director) r.				
KR-8A 1.2	Review EHR	Review EHR Governance membership to ensure it includes all relevant stakeholders within Facility Services, Financial Services, Clinical and Quality Services, and IT Services					
KR-8A 1.3	Ens	Ensure onboarding and acclimation of new EHR Informaticist and Governance members					
KR-8A 1.4	Lin	Link the facilities' Informaticists with the EHR Informaticist to share information regarding facility needs and plans to assure consistency among facility practices					
KR-8A 2.0	Identify n	Identify manual patient documentation and administrative processes in practice at state facilities and facilitate transition to EHR automation.					
KR-8A 2.1	F	Poll facilities to identify residual manual patient documentation processes at all 12 sites.					
KR-8A 2.2		Review manual process workflows and categorize to ensure there is an EHR compliment and communicate enhancements as needed.					
KR-8A 2.3		Determine required resources and training needed to transition providers to EHR automated process for each identified workflow.					
KR-8A 2.4		Develop timeline for training and implementation of automated workflows with relevant stakeholders.					
KR-8A 2.5		Eliminate manual processes and monitor progress monthly until EHR documentation is optimized.					

Virginia Department of Behavioral Health & Developmental Services

Key Results					Task Breakdow	n by Action Status
Key Result		Key Result Definition	Status ^		Action Status # of Tasks % of Tasks	
KR-9A Data G Policies	Governance	Implement data governance policy / processes and tools by June 2023	At Risk	/ 2	Complete	18 28.57% 5 7.94%
KR-9B Data W	Varehouse	Create a single BH/DD enterprise data warehouse by June 2024	At Risk	63	In Progress	13 20.63%
KR-9C* Data	Exchange	Establish a platform for the exchange and management of CSB and DBHDS data to improve data collection and reporting by December 2024	At Risk	Count of Action Plan Tasks	Not Started Total	27 42.86% 63 100.00%
KR-9D Data G Gantt Chart o	Governance of Action Plans	All source systems adhere to the data governance policy to improve data reliability and	On Target			
Action Status	Complete	● In Progress ● Not Started				
2 Dec 2022 Jan 2023	Feb 2023 Mar 2023 Apr 20	023 May 2023 Jun 2023 Jul 2023 Aug 2023 Sep 2023 Oct 2023 Nov 2023 Dec 2023 Jan 2024 Feb 2024 Mar 2024 Apr 2024 May 2024 Jun 2024	T T T T T T T T T T T T T T T T T T T	Oct 2024 Nov 2024 Dec 2024 Jan 2025	i i i i Feb 2025 Mar 2025 Apr 2025 M	ay 2025 Jun 2025 Jul 2025 Aug 2025 Sep 2025 Oct 2025
KR-9A 003	Initiating - P	Project Charter				
KR-9A 006	Initiating -	Preliminary Project Scope Statement				
KR-9A 011	Planning	g - Scope				
KR-9A 017	Planning	- Develop Project Schedule				
KR-9A 022	Pla	nning - Risk Plan				
KR-9A 024	Plan	ning - Budget Plan				
KR-9A 026	Planning - Co	mmunications Plan				
KR-9A 028	Planning -	Procurement Plan				
KR-9A 033	PI	anning - Complete Project Management Plans(s)				
KR-9A 035	PI	lanning - Planning Complete				
	E.	xecution - Execution Start				