



BOARD OF DIRECTORS MEETING MINUTES May 3, 2022

This RBHA Board of Directors Meeting was held as an electronic meeting due to a local state of emergency declared by City Council in Resolution No. 2020-R025 pursuant to Virginia Code § 44-146.21 arising from the disaster represented by the spread of COVID-19. The continuing risk of infection from new variants of COVID-19 makes a meeting of a quorum of the Board in a single location unsafe.

Board members and staff participated by teleconference/videoconference via Zoom. The general public was able to participate by teleconference/videoconference via Zoom.

RBHA Board members present by roll call: Scott Cannady; Irvin Dallas, Vice Chair; Dr. Cheryl Ivey Green, Chair; Karah Gunther; Dr. Brian Maiden; Sarah Mines; Dr. Cynthia Newbille; and Eduardo Vidal.

RBHA Board members absent: Dr. Joy Bressler; Denise Dickerson, Secretary/Treasurer; Shauntelle Hammonds and Malesia "Nikki" Taylor.

Staff present: Dr. John Lindstrom, CEO; Bill Fellows; Susan Hoover; Dr. Jim May; Shenee McCray; Carolyn Seaman; Michael Tutt; Cristi Zedd and Meleese Evans, Executive Assistant.

RBHA's Legal Counsel: Jon Joseph of Christian & Barton, LLP.

Guests: None.

Proceedings:

- The meeting was called to order at 3:02 p.m. by Dr. Cheryl Ivey Green.
- The Board meeting minutes for April 12, 2022, were approved with a motion by Dr. Cynthia Newbille and seconded by Irvin Dallas. The motion carried by the following board member roll call vote: (7:1). Dr. Brian Maiden was not present during the vote.
- Public Comment: None.

Employee Recognitions

- Crystal Deaton, Talent and Human Resources Compliance Manager, was recognized as employee of the month.
- The Assertive Community Treatment (ACT) team, in Adult Mental Health, was recognized as team of the month.

Presentation: The RBHA 2022 Benefits Renewals were presented by Matt Davis of McGriff Insurance Services.

Motion and Vote: Dr. Cynthia Newbille moved that the RBHA Board adopt the recommendations presented by McGriff Insurance Services; seconded by Irvin Dallas. The motion carried by the following board member roll call vote: (7:1). Dr. Brian Maiden was not present during the vote.

Board Chair Report - Dr. Cheryl Ivey Green

- Dr. Cheryl Ivey Green thanked everyone for an incredible nine years and for entrusting her to provide leadership as Board Chair over the past couple of years.
- Dr. Green thanked the Board for following her leadership, engaging in the do it yourself (DIY) projects and being present for the Leadership Team.
- Dr. Green thanked the Leadership Team, on behalf of the Board, for doing a remarkable job of keeping the organization together during this pandemic.

Chief Executive Officer's Report - Dr. John Lindstrom

- The CEO Report was discussed and is included in today's board meeting packet and with today's meeting minutes.

RBH Foundation Report – Carolyn Seaman

- The RBH Foundation Development Report was discussed and is included in today's board meeting packet and with today's meeting minutes.
- Carolyn Seaman thanked those who came out for the combined Board DIY project to help put together the baby care kits.
- Carolyn thanked Dr. Green for her service and support of the RBH Foundation Board in her tenure as Chair of the RBHA Board.

Committee Reports:**Access & Service Delivery Committee** – Malesia "Nikki" Taylor

- The Access & Service Delivery Committee has not met since the last Board meeting.

Advocacy & Community Education Committee – Scott Cannady

- The Advocacy and Community Education Committee has not met since the last Board meeting.

Executive Committee – Dr. Cheryl Ivey Green

- The Executive Committee has not met since the last Board meeting.

Finance Committee Report – Irvin Dallas for Denise Dickerson

- The cash and performance ratio reports for March are included in the Board package. Due to systematic problems with Profiler the complete set of financial statements was not available at the time of the Finance Committee meeting. March and April statements will be presented at the June Board meeting; however, two key financial indicators are as follows:
 - Total cash in the bank at March 31st was \$29.2 million, and RBHA's share of that cash is \$11.5 million.
 - RBHA's current operating reserve ratio for March was 1.42 or more than 2 months of expenses.
 - The note payable balance at March 31st was \$2.8 million.
- Pursuant to Section 2.2-3711A(6) of the Code of Virginia, a motion was made by Irvin Dallas and seconded by Dr. Cynthia Newbille to move the meeting into closed session at 4:10 p.m. for discussion of investment of public funds. Irvin Dallas rescinded the motion, as a quorum was not present.
- As noted in Dr. Lindstrom's CEO report, RBHA received funds from the Department of Behavioral Health and Developmental Services (DBHDS) toward start-up costs for a Crisis Receiving Center (CRC) (23 hour observation) to be located on RBHA's North Campus. The CRC is part of the state's encouraged expansion of the state-wide crisis continuum. It will be working adjacent to, and with some shared staffing with, RBHA's withdrawal management unit. The program will operate 24/7 admitting people for 23 hour observation assessment, treatment initiation and disposition. The original rough estimate for facility redesign was relatively low, there was an estimate from our project planner that came in close to \$500,000, and after releasing an Invitation for Bid (IFB), we received a quote for \$766,000 from a qualified low bidder. The Bid was reviewed and found to be credible. Therefore, RBHA is bringing forth the unanticipated funding demand of \$766,000 to do renovation around the proposed 23 hour emergency observation Crisis

Receiving Center (CRC) at RBHA's North Campus, which will include renovation of our withdrawal management unit simultaneously; and recommends that the Board approve RBHA to proceed with the contract to renovate that space for \$766,000.

- **Motion and Vote:** Irvin Dallas moved that RBHA proceed with the contract to renovate the Crisis Receiving Center (CRC) space for \$766,000; seconded by Dr. Cynthia Newbille. The motion carried by the following board member roll call vote: (7:1). Eduardo Vidal was not present during the vote.

Human Resources Committee –Irvin Dallas

- The Human Resources Committee has not met since the last Board meeting.

Nominating & By-Laws Committee – Dr. Joy Bressler

- The Nominating and By-Laws Committee has not met since the last Board meeting.

Presentation: Electronic Health Record Procurement – Status Update was presented by Susan Hoover, LCSW, CAO. The presentation is included with today's meeting minutes.

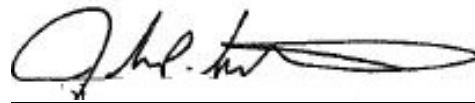
The meeting adjourned at 5:12 p.m.

The next Board of Director's meeting will take place on Tuesday, June 21, 2022, at 2:30 p.m., at the Delta Hotel by Marriott Richmond Downtown, 555 E. Canal Street in Richmond, VA 23219.

Respectfully Submitted:



Dr. Cheryl Ivey Green
RBHA Board Chair



Dr. John P. Lindstrom
Chief Executive Officer

Richmond Behavioral Health Authority
Board of Directors
Chief Executive Officer's Report
May 3, 2022

As you probably know from media reports, May is Mental Health Awareness Month and this first week in May has been designated Maternal Mental Health Awareness Week. We are currently preparing information for the Mayor's Office in support of a local proclamation.

The Virginia Association of Community Services Boards will meet this week, May 4 – 6, at the Hyatt Regency in Reston, for its annual training conference. RBHA will be well represented in the various training sessions and council meetings.

Please keep your calendars marked for the Employee Appreciation event, to be held at Bryan Park from 11:00 AM to 4:00 PM on Friday, May 20. This out-of-doors event will be rain or shine and will include great food, fun, and fellowship. The RBHA Board, and Foundation Board, are welcome to attend all or part of the festivities. At 1:00 PM, the Wayne H. Blanks Service in Recovery Award recipients will be recognized.

RBHA management is fully immersed in FY 23 budget development and moving forward with a budget conditioned on expected, but as of yet verified funding. Our plan is to have a draft budget to the RBHA finance committee at its late May meeting, with the intention of presenting for approval the Performance Contract and FY 23 Budget during the business meeting immediately preceding the June 21 Retreat. As a reminder, the Board Meeting and Retreat is scheduled from 2:30 to 7:00 at the Delta Hotel on June 21. The RBHF Board has an open invitation to attend the Retreat portion.

As you will recall, RBHA received funds from DBHDS toward start-up costs for a Crisis Receiving Center (23 hour observation) to be located on our North Campus. The CRC is part of the state's encouraged expansion of the state-wide crisis continuum. Within the last week, we received a quote in response to an Information for Bid for facility redesign well in excess of our early cost estimates. As full details were not available at the time of last week's finance committee meeting, and due to tight time lines for implementation, the Board will be asked to consider the issue of moving forward during today's meeting. More details will be provided during discussion.

The process of appointing new RBHA Board members is well underway. The Mayor has designated a member of his administration and City Council will act on reappointments and new appointments filling vacant and expiring seats this month. One additional seat will be filled later, one specifically designated for a current consumer of services. If all goes as planned, RBHA's Board of Directors should be at its 15 seat limit by the end of July.

By way of reminder, the RBHA Board officer positions are open for nominations. A slate of officers will be before the Board at the June meeting. If you wish to advance someone for consideration, or perhaps nominate yourself, please let Dr. Bressler or me know and I will pass the information on to the Nominating & By-laws committee. The officer posts are Chair, Vice Chair, and Secretary-Treasurer.

The presentation for today's Board meeting addresses our quest to acquire and implement a new Electronic Health Record. As you will hear greater detail during Susan Hoover's presentation, I will go no further than to say this will be a multi-year process, spanning 3 fiscal years, with a total estimated cost of 2.6 million and an ongoing cost of \$512,000 per year, thereafter.

With your approval, the annual CEO evaluation will kick off this week. Surveys will be sent to all Board members and Executive Leadership Team members. The response window will remain open this week and the next two full weeks. This timetable will allow for review by the Chair and HR Committee, and CEO, in advance of the July board meeting for evaluation conclusion and action.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "John P. Lindstrom", with a long horizontal flourish extending to the right.

John P. Lindstrom, Ph.D., LCP
Chief Executive Officer

RBHA Board Meeting
Development Report – May 3, 2022

Richmond Behavioral Health Foundation

YTD Unrestricted to RBHF: \$19,631.08 (as of 04/30/22)

YTD Restricted Funds to RBHF: \$100,246.46

YTD grants awarded: \$81,000 + \$4,996.46 (grant awarded in FY2021) = \$85,996.46

YTD gifts-in-kind: \$108,572.44 (donated items + volunteer hour value)

YTD Total Revenue: \$212,950.71 (includes GIK values)

	Current Year (FY22)	Past Year (FY21)	2 years ago (FY20)
	Total Grants/Requests Submitted in FY21 (July 1, 2021 – June 30, 2022)	Total Grants/Requests Submitted in FY21 (July 1, 2020 – June 30, 2021)	Total Grants/Requests Submitted in FY20 (July 1, 2019 – June 30, 2020)
Number of Submitted Grants/Requests	12 Total: \$612,500.00	7 Total: \$108,820	2 carryover from FY19 (\$40,000) 10 (TOTAL: \$151,000)
Number of Funded Grants/Requests	7	3	7
Dollar Value of Awarded Grants/Requests	\$81,000.00	\$51,320	\$142,000
Number of Pending Grants/Requests	2	1	0
Dollar Value of Pending Grants/Requests	\$128,000.00	\$15,000	0
Number of Denied Grants/Requests/Postponed	3	3	2 - denied 3 – cancelled (COVID)
Dollar Value of Denied or Partially Funded Grants/Requests	\$408,500	\$57,500	\$59,000
Gifts in Kind - Monetary Value (Includes Value of Volunteer Hours and Value of donated items)	\$65,242.44 (Volunteer Hours Value) \$43,330.00 (Donated Items Value)	\$68,357.20	\$57,671.25

RBHA Board Meeting
Development Report – May 3, 2022

Volunteer Hours	2306	1551	863
-----------------	------	------	-----

Update on Grants and Gifts: See attached chart

Communications/Marketing:

Communications Plan has begun for 2022 – increased community awareness of RBH, educate and inform about behavioral health

Social Media Platforms, Email Newsletters, Website

Highlighting Employees – Social Work Month, National Counseling Month, etc.

Volunteer Projects:

Spring Projects - one more drop off date scheduled for 05/05/22

- Activity Kits
- Baby Care Kits

Combined Board DIY Project – scheduled for Thursday, April 28, 12noon – 2pm in the Board Room at 107 S.5th St.

Appeals:

- Exceeded 100% increase in year-end appeal

Grant Applications:

- Several granting organizations have moved to Letters of Intent prior to grant applications – organizations will need to be invited to submit full applications.

RBHF Board Fundraising Project:

- Tom Maness has offered a \$5,000 match to RBHF Board member fundraising for a specific project (\$10,000 total). Project TBD on May 13, 2022.

RBHA Mini Grants:

- Due to increased unrestricted donations, RBHF is able to offer 6 \$5,000 Mini Grants to RBHA Programs and services. Staff will submit brief proposals for the grants. RBHF Executive Committee will review proposals and present “finalists” to the RBHF Board for vote.
- Three \$5,000 grants will be awarded in July 2022 and three in January 2023.

RBHA Board Meeting
Development Report – May 3, 2022

- Through the Mini Grants we hope to accomplish:
 - Increased RBHA staff engagement with the Foundation – and tangible results of our work, especially in programs who have not benefitted from grant funding through RBHF.
 - Meeting needs of programs and services where gaps in funding exist.
 - Providing the RBHF Board opportunity to be more engaged and, hopefully, inspire more Board Member fundraising on behalf of the organization.
 - Provides RBHF Development with a list of needs across the agency for potential grant applications.
 - Allows for specific feedback to donors who give unrestricted funding.

Electronic Health Record Procurement Status Update

May 3, 2022

Contents

Background –What do we do?

EHR Vision & Goals

Market Survey

Budget Projections

Project Scope and Schedule

Progress and Current Status

Background

- January 2011 – RBHA signed a contract to purchase and implement Profiler.
- May 2013 – Profiler went live and has been in use for 9 years.
- RBHA has experienced significant growth in staff, programs, new service lines and we have been challenged with an ever-changing complex payer environment since Go Live.



- Profiler can no longer keep up with our changing business needs.
 - Software is dated.
 - End-user interface is antiquated and cumbersome.
 - It is not web based and requires a VPN connection.
 - Lacks interoperability which poses problems with future state and federal reporting requirements.
 - Managing a 60-to-90-day revenue cycle has become more challenging in recent years.

What do we do.....

- Everyone agrees we need a new E.H.R!
- Everyone agrees that we are a very large and complex organization!
- Everyone agrees that clearly defining what our business needs are and estimating the cost of procuring and implementing a new EHR are critical!



- We created an EHR Exploratory team led by Travis Tucker and Steve Buffenstein and find a consultant to help RBHA develop our EHR vision and goals, conduct a market scan and develop estimated project budget.
- We got approval from the BOD in the January 2022 to further engage the consultants to help us with the procurement process.

EHR Modernization Vision & Goals

Vision:

To facilitate the agency's vision of enabling an inclusive and healthy community where individuals are inspired to reach their highest potential through the implementation of a **commercial Behavioral Health-centric solution** that:

- supports all facets of the agency's strategy, mission, and expanding set of services
- facilitates the provision of these support services to all residents through a highly intuitive and agile solution
- allows all staff to better focus on customer care and outcomes

Decrease ongoing training and support through a highly intuitive user experience

Provide accessible data through online dashboards and access to robust reporting tools

Increase productivity through the integration of third-party services (Rx, Labs & authorizations)

Increase customer communication through electronic means

Simplify our environment by reducing the overall number of additional solutions

Maintain the integrity of our data through robust audit trails

Decrease the amount of cost and effort to implement new lines of service

Increase customer outcomes through better health analytics

Maximize revenue through more real-time billing and reduction of collection cycles

Lower cost of ownership through a highly reliable solution

Market Scan

Survey Participants

- Cerner
- Harris*
- Credible*
- Netsmart*
- Welligent*
- Nextgen
- eClinicalWorks
Healthcare
- InSync Healthcare
Solutions
- Core Solutions**

*Vendors with current Virginia CSB clients

**Vendor implementing first Virginia-based CSB

Company Information and Contacts

General Product Information

Business Functional Components

State of Virginia Specific Experience

Implementation Support

Hosting Options

Licensing Models

Third Party Solution Partnerships

Security Certifications

Cost / Budgetary Estimates

Project Budget Projections

Procurement and Implementation

Original Model Assumptions:

Software as a Service (SaaS) model of delivery - SaaS fees used are on the medium to high end of estimates
 A 12 month timeline for initial go-live
 Figures represent mid to high range of estimates
 Third party cost are estimates to be updated based on further analysis of internal operations
 Project budget needs to pay for entire implementation and SaaS fees until go-live
 No capital expenditures needed for hardware, personal computing equipment will be expensed in SaaS model
 Final consulting costs will be determined based on further internal resourcing discussions.

Cost Category	Projections SaaS Model (Implementation begins 12 months from start to go live)	Projections SaaS Model (Implementation begins 24 months from start to go-live with a two month post go- live enhanced support)				Totals
		FY22	FY23 Jan-June	FY24	FY25 July-Feb	
Procurement Support - Consulting						
RFP development, vendor selection, Contract Negotiations	\$300,000	\$60,000	\$100,000			
Total Procurement Support costs	\$300,000	\$60,000	\$100,000			\$160,000
Implementation						
Direct EHR Vendor Contractual Costs						
Implementation services Proof of Concept	\$900,000		\$200,000	\$600,000	\$300,000	
SaaS Costs	\$500,000		\$30,000	\$300,000	\$100,000	
License Fees (self Hosted)						
Hardware (if applicable; tablets, etc.)	\$20,000				\$20,000	
Total EHR Vendor Costs	\$1,420,000	\$0	\$330,000	\$900,000	\$420,000	\$1,650,000
Third Party Solution Costs						
Implementation services	\$120,000		\$20,000	\$60,000	\$40,000	
Software (SaaS or license fees until go-live)	\$60,000		\$10,000	\$30,000	\$20,000	
Hardware (if not SaaS and/or as applicable)	\$50,000			\$25,000	\$25,000	
Total Third Party Solution Costs	\$230,000	\$0	\$30,000	\$115,000	\$85,000	\$230,000
RBHA Implementation Support - Consulting	\$375,000		\$100,000	\$150,000	\$125,000	\$375,000
Total Consulting Costs						
Project Contingency Funds	\$250,000				\$250,000	\$250,000
Total Implementation Costs	\$2,275,000	\$0	\$460,000	\$1,165,000	\$880,000	\$2,505,000
Total Procurement & Implementation	\$2,575,000	\$60,000	\$560,000	\$1,165,000	\$880,000	\$2,665,000

EHR Budget Projections – Yearly Cost

Cost Category	SaaS Model	Profiler	
Five Year Projected Costs Post Go-Live			
Yearly recurring Costs			
EHR Solutions - Yearly Cloud/SaaS Fees	\$500,000		<div style="border: 1px solid black; padding: 5px;"> Cloud hosting fee estimates based on the mid to high range of vendor estimates for approximately 600-700 users (\$833/user/year) </div>
Third Party Solution Fees	\$12,000		
Other support	\$0		
Software			
Current Profiler yearly license maintenance fees		\$100,000	
Pinnacle yearly license and maintenance fees		\$50,000	
Other third party software fees			
Welligent (appointment reminders / staff notifications)		\$12,000	
Methasoft		\$10,000	
MMSI - primary care billing		\$10,000	
Zoom - telemedicine		\$43,000	
Consulting/contractor costs for support & maintenance		\$20,000	
Hardware - directly or partially attributed to the EHR			
Yearly maintenance and support costs for servers		\$10,000	
Yearly maintenance and support costs for other networking equipment			
Consulting/Contractor costs for support & maintenance			
Server operating systems license fees (MS Server, Hypervisor, etc.)			
RBHA Staff Costs			
IT staff costs associated with maintaining and supporting the EHR			
Other RBHA staff cost associated with maintaining and supporting the EHR			
Total Yearly Recurring Costs	\$512,000	\$255,000	<div style="border: 1px solid black; padding: 5px;"> Yearly recurring fixed costs </div>
Additional investments to support implementation (Software Hardware, staff)			
Year 2		\$120,000	<div style="border: 1px solid black; padding: 5px;"> Investment needed to update data center and add disaster recovery services </div>
Year 3		\$35,000	
Year 4		\$35,000	
Year 5		\$35,000	
Total additional Costs		\$225,000	
Total Costs - first five years after go-live	\$2,560,000	\$1,500,000	
Total Projected Project Costs	\$5,135,000	\$1,500,000	
Estimated Average Yearly Costs - first five years after go-live	\$512,000	\$300,000	

EHR Procurement Project

Kick Off Meeting – February 14, 2022

- Project Team Leaders: Travis Tucker, Clinical Informatics Program Manager & Steve Buffenstein, Director IT
- Project Team: Susan Hoover, Dawn Parent, Michael Rogers, Elle Scribner, Travis Tucker, Steve Buffenstein
- Consultants: DLG Strategic-Scott and Quinn Lemler
- Core Team 2.0: Allison L. Powers; Amanda Shore; Amber Spivey; Andrew Etheredge; Angalena Little; Autumn Richardson; Bill Fellows; Brett Barker; Circe Black; Erin DeLizzio; Jennifer A. Kelly; Jessica Mayhugh; Kameron Lee; Kristen Scott; Lindsey Gary-Ford; Madeline Berry; Madeline Grey; Madu Nwajiaku; Margaret McQuail; Mary Harrison; Philmika Reid; Rachel Taylor; Sara Hilleary
- Meeting Cadence:
 - Core Team, Project Team & DLG –Tuesdays and Thursdays from 3pm to 5pm
 - Project Team & DLG as needed and every Friday from 12:30 to 1pm to review progress towards project plan

EHR Procurement Project Scope

Develop & Publish RFP

- Develop a business system architecture (current & future state)
- Create a comprehensive set of requirements ready for inclusion in an RFP
- Update process maps where needed & highlight areas of improvement
- Develop a set of program success metrics
- Provide review and comments to assist development of an RFP

Evaluate Written Proposals

- Provide summary evaluations of each proposal
- Provide scoring information per RBHA's defined process

Vendor Demos

- Attend all vendor demonstrations
- Provide summary evaluation for each vendor to include any follow-up questions
- Provide scoring information per RBHA's defined process

Final Evaluation and selection

- Provide vendor functional fit/gap analysis (top 2 vendors) as input to RBHA's final section process





Contract Negotiations

- Develop a set of guidelines to assist negotiations










Requirement Categories

Assessment	Billing/Payer Mgmt	Case Management	Chart Notes	Communications	Data Security	Discharge
General Technical	Group Treatment	Intake	Integration	Jail	Labs	Medical Records Management
Medication Management	Mobile	Operations Management	Portal	Reporting/Analytics	Residential Care	Staff Scheduling
Treatment Plan	Workflow Management	Workload Management	Call Tracking	Cashiering	Community Outreach	CTI
Data Analytics	Document Management	External Providers	General Financial	Health Data Exchange	Human Resources	Inventory Management
Meaningful Use	Online Dashboards	Regional Services	Patient Demographics	Patient Education	Patient Referral	Primary Care
Quality Assurance	Service Authorizations	Signatures	Patient Scheduling	Telemedicine	State Reporting	

Progress Towards Project Plan

#	Program Area / Activity	Deliverables	Status
1	Project Planning	<ul style="list-style-type: none"> Project Kick-off Project Workplan 	Complete
2a	Business Processes and Requirements – Milestone 1	<ul style="list-style-type: none"> RBHA Current/Future State Business Architecture 	Submitted Final Drafts (4/5) 
2b	Business Processes and Requirements – Milestone 2	<ul style="list-style-type: none"> EHR Business Process Diagrams – as needed EHR Requirements (completed review of current requirements) 	In Progress (4/29) 
2c	Business Processes and Requirements – Milestone 3	<ul style="list-style-type: none"> EHR Business Process Diagrams – as needed EHR Requirements 	
2d	Business Processes and Requirements – Milestone 4	<ul style="list-style-type: none"> EHR Business Process Diagrams – as needed EHR Requirements EHR Success Metrics 	
3	RFP Development Support	<ul style="list-style-type: none"> RFP attachments for EHR requirements Preliminary Contract Negotiations Framework & Negotiations Points 	In Progress 
	(RBHA Procurement will lead development of the RFP with DLG assistance)		
4	Current State and Process Review	<ul style="list-style-type: none"> EHR Future State Process Recommendations 	
5	Vendor Proposal Evaluation	<ul style="list-style-type: none"> Summary evaluations of each proposal Provide scoring information per RBHA's defined process 	
6	Vendor Demos	<ul style="list-style-type: none"> Summary evaluation for each vendor to include any follow-up questions Provide scoring information per RBHA's defined process 	
7	Functional Gap Analysis	<ul style="list-style-type: none"> Vendor Functional Fit/Gap Analysis (top 2 vendors) 	

Legend:

-  As planned
-  At risk or mitigation required
-  Issue or Problem
-  Improving
-  Steady
-  Declining
-  Complete
-  In Progress
-  Not Complete

Status Summary

Legend: ● As planned
 ● At risk or mitigation required
 ● Issue or Problem

↑ Improving
 ⇌ Steady
 ↓ Declining

◆ Complete
 ◆ In Progress
 ◆ Not Complete

Project Summary		
Overall	● ⇌	Planning complete – all on schedule
Budget	● ⇌	Nothing to report
Staffing	● ⇌	Nothing to report
Schedule	● ⇌	Everything current on schedule
Risks	● ⇌	Nothing to report
Issues	● ⇌	Nothing to report
Scope	● ⇌	Nothing to report

Key Task Milestones (next six weeks)		
Mar.	◆ P	Future State Arch
Apr	◆ P	Initial Req review

Team Achievements	
Workstream	Description
Planning	<ul style="list-style-type: none"> Scheduled gap review for Recovery Plus (April 27)
Architecture	<ul style="list-style-type: none"> Submitted final drafts for review and approval
Requirements	<ul style="list-style-type: none"> Completed review of of the current requirements (860 requirements) Current total additional requirements - 60 Current total inactive requirements - 29
RFP Development	<ul style="list-style-type: none"> Nothing new this week

Upcoming Activities	
Workstream	Description
Planning	<ul style="list-style-type: none"> Continue to plan gap sessions Prepare budget information
Architecture	<ul style="list-style-type: none"> Complete any final updates and gain agency approval
Requirements	<ul style="list-style-type: none"> Complete first full review by 4/14 Begin final review of requirements, gaps, parking lot
RFP Development	<ul style="list-style-type: none"> Submit draft requirements format, Architecture drafts
Gap Sessions	<ul style="list-style-type: none"> Prioritize and schedule gap work streams

Open Business Decisions and Action Items
<ul style="list-style-type: none"> Final review and approval of the Future State Architecture Deliverables

Key Risks & Issues
Nothing to report

April

28 March	29 Req Review - 576	30 Future State Arch Review	31 Req Review 676	1 April Submit final Future State Arch PPT & Spreadsheet	2/3
4	5	6	7	8	9/10
11 Meeting to review services areas	12	13	14 Req Review 776	15	16/17
18	19 Req Review – parking Lot and Gap areas review, re-review 1-500	20	21 Final Review	22	23/24
25	26	27 Recovery Plus Gap Sessions	28	29	30/1 May
2	3`	4	5	6	7/8

Requirements Gap Areas

<u>Gap Area</u>	<u>SMEs</u>	<u>Scheduled Work Session</u>	<u>Status</u>
Primary Care •Req 652 – Decision support/clinical pathways	Deb Fleshman, Inga Robinson, Sara Hilleary	May 19, 2022 3-5pm	
Child Services - here a child is staying at a facility with their parent	Madeline Berry		
Payment of external "contractors" (individuals or organizations)	Mary Harrison		
Recovery Plus - Methadone program (replacement of Methasoft)	Kameron Lee, Karen Redford	April 27	
Regional Services (including call center)	Jenny Kelly, Amy Erb		
Prescribing guidelines - active Rx beyond episode of care (Ability to have Rx made inactive after their final refill)	Lindsey Gary-Ford, Riaz?		
Health Systems Integration	Travis		
Alerts/Notification	Amber Spivey/Philmika Reid, Mary Harrison, Kristen Scott, Madeline Berry		
REDCap/Crisis/REACH/Referrals/Triage-Pre-admin-Admissions	Neal Masri		
Crisis platform & integration (BHL through Netsmart)	Travis and Jenny Kelly		
WaMS - General discussion of process and requirements	Travis, Mary Harrison and Team		
Significant Events	Susan and Circe		
Jail	Margaret McQuail		
RBHA acting as a payor (subcontractors, part C)	Mary Harrison		
Health information exchange (HIE)	Travis, Autumn, Kristen, Mary H.		
Transportation	Angalena Little and Shenee McCray		

Any Questions?

Thank you.