

Program #40068 - Behavioral Health Quality Management

FY 2025 Adopted

Department: Health Department Program Contact: Jennifer Gulzow

Program Offer Type: Operating Program Offer Stage: Adopted

Related Programs: 40065, 40067

Program Characteristics:

Executive Summary

Quality Management (QM) includes the Compliance, Quality Improvement (QI), Records, Reporting, Evolv and Billing teams. The teams work collaboratively to assure the Division is able to rapidly identify, prevent, and mitigate risk; provide timely and meaningful data and outcomes to demonstrate appropriate stewardship of public funds and inform program development; maintain secure electronic health records and billing; and assure compliance with regulatory and policy requirements. These teams support workforce retention by attending to onboarding and training needs of employees. These teams advance racial equity by providing real time information and data on systems, programs and policies that perpetuate systemic barriers to opportunities and benefits for BIPOC and other underserved populations.

Program Description

The QM, QI and Compliance teams conduct: internal and external agency audits, internal investigations and Root Cause Analysis, coordinate onboarding, policy and procedure development and review, contract reviews, timely responses to complaints and assure compliance with grievance procedures; Critical Incident Reviews for high risk incidents; assisting the State with licensing visits and Oregon Administrative Rules (OARs) compliance for residential treatment homes and facilities; investigating complaints about residential care; and monitoring progress of providers found to be out of compliance with OARs.

The Reporting team uses SSRS and Tableau software to produce visuals and reports for measuring outcomes and fulfilling Reporting duties. They work closely with the Data Governance program, Information Technology (IT) and other Health Department Reporting teams to allocate and share county resources. They continue to lead in the implementation of industry best practices for the software development lifecycle, version control, user documentation, and process standardization.

The Evolv team provides oversight/administration of the Evolv EHR. They build custom forms and fields in the system for teams to collect data and work in conjunction with the Reporting team for the data entering and exiting the system. They perform ongoing upgrades and system maintenance to ensure system efficiencies. The team has representation at the National level, helping to support big improvements in Netsmart's approach to our experience as an Evolv customer. The Billing team implements and tracks communication procedures for provider billing set-up to prevent claim denials and reprocessing. They monitor access and use of Community Integration Manager (CIM) and Maintenance Management Information System (MMIS) data platforms, ensuring access controls. This year they reviewed rate changes for mental health and addiction services and updated fee schedules for internal and external providers to ensure payments for services are correct and optimized. They also developed and delivered training materials to BHD staff on Fraud, Waste and Abuse.

Performance Measures								
Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target			
Output	Number of requests managed by Decision Support Unit	3,464*	3,800	2,896	3,200			
Outcome	Percent of incidents residential programs mitigated through immediate safety implementations	98%	96%	97%	96%			
Output	# of BHD policies reviewed and updated based on annual and legislative required changes	32	N/A	30	30			

Performance Measures Descriptions

*In FY23, Evolv moved to Service Now as a new ticketing system. Evolv support tickets are more organized and streamlined now. DSU was without one Data Analyst for 6 weeks in FY 24 which impacted our completed Evolv Support tickets.

Legal / Contractual Obligation

Each provider of community mental health and developmental disability service must implement and maintain a QA program. Elements of the QA program include maintaining policies and procedures, grievance management, fraud and abuse monitoring, performance measurement, and contract management.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$1,201,348	\$2,173,957	\$1,443,147	\$3,248,956
Contractual Services	\$10,752	\$185,521	\$0	\$518,702
Materials & Supplies	\$18,030	\$87,619	\$10,967	\$1,527,517
Internal Services	\$217,646	\$342,731	\$77,245	\$749,324
Total GF/non-GF	\$1,447,776	\$2,789,828	\$1,531,359	\$6,044,499
Program Total: \$4,237,604		\$7,575,858		
Program FTE	7.17	13.65	8.32	16.50

Program Revenues								
Intergovernmental	\$0	\$1,687,177	\$0	\$4,841,071				
Beginning Working Capital	\$0	\$1,102,651	\$0	\$1,203,428				
Total Revenue	\$0	\$2,789,828	\$0	\$6,044,499				

Explanation of Revenues

This program generates \$425,709 in indirect revenues.

- \$ 1,203,428 CFAA Settlement Decision Support BWC and Quality Management BWC
- \$ 2,052,648 (BHWi)
- \$ 80,000 A&D Decision support
- \$ 771,635 CFAC SE 01
- \$ 1,936,788 CareOregon Medicaid BH

Significant Program Changes

Last Year this program was: FY 2024: 40068 Behavioral Health Quality Management