



**Program #40068 - Behavioral Health Quality Management** FY 2025 Department Requested

**Department:** Health Department **Program Contact:** Jennifer Gulzow  
**Program Offer Type:** Operating **Program Offer Stage:** Department Requested  
**Related Programs:** 40065, 40067  
**Program Characteristics:** In Target

**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	Department Requested General Fund	Department Requested Other Funds
<b>Program Expenses</b>	<b>2024</b>	<b>2024</b>	<b>2025</b>	<b>2025</b>
Personnel	\$1,201,348	\$2,173,957	\$1,429,250	\$3,240,671
Contractual Services	\$10,752	\$185,521	\$0	\$518,702
Materials & Supplies	\$18,030	\$87,619	\$29,798	\$1,537,588
Internal Services	\$217,646	\$342,731	\$68,960	\$747,538
<b>Total GF/non-GF</b>	<b>\$1,447,776</b>	<b>\$2,789,828</b>	<b>\$1,528,008</b>	<b>\$6,044,499</b>
<b>Program Total:</b>	<b>\$4,237,604</b>		<b>\$7,572,507</b>	
<b>Program FTE</b>	7.17	13.65	8.32	16.50

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

## 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