Program #40068 - Behavioral Health Quality Management | FY 2026 Department Requested

Department:	Health Department	**Program Contact:**	Sara Simmers
Program Offer Type:	Operating	**Program Offer Stage:**	Department Requested
Related Programs:	40065, 40067		
Program Characteristics:			

Program Description

The Quality Management (QM) Unit provides critical infrastructure support for the entire Behavioral Health Division. QM includes five individual programs: Compliance, Evolv (Electronic Health Record (EHR) system), Records, Reporting, and Revenue. The teams work collaboratively to provide statutorily required, essential, functional, and safety services to the client-facing programs within the Division. 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 underserved populations.

The Compliance team ensures BHD is able to rapidly identify, prevent, and mitigate risk, and assures compliance with regulatory and policy requirements to improve the safety and wellbeing of clients and staff. The team conducts internal and external agency audits, facilitates comprehensive staff onboarding, develops and reviews BHD policies and procedures, and reviews contracts. The Compliance team works directly with BHD clients who submit complaints or grievances to address concerns and mitigate risk. Additional work includes completion of Critical Incident Reviews for high risk incidents involving clients. The team also assists the State with licensing visits and Oregon Administrative Rules compliance for residential treatment homes and facilities, among other investigative and monitoring functions.

The Reporting and Data Management team provides timely and meaningful data, allowing leadership to measure outcomes in order to demonstrate appropriate stewardship of public funds and inform program development. They work closely with the Data Governance program, Information Technology, and other Health Department reporting teams to allocate and share county resources. Programs depend on the reports for program planning and critical resource allocation.

The Evolv Team maintains, updates, and customizes the EHR to meet the needs of clinicians and assists in creating individualized forms to improve efficiencies and meet statutory requirements for clinician documentation. The team provides oversight and local administration of the Evolv EHR. They build custom forms and fields in the system for teams to collect data and perform ongoing upgrades and system maintenance to ensure system efficiencies.

The Revenue team helps maximize revenue for BHD by supporting clinical staff. This ensures that client treatment encounters are correctly and appropriately documented in the EHR. They work with all payors and track legislative changes that impact clinical billing codes. They monitor access and use of Community Integration Manager (CIM) and Maintenance Management Information System (MMIS) data platforms, ensuring controls on access. The team regularly updates fee schedules and facilitates changes in the EHR and BHD procedures to support clinical staff and maximize revenue.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of requests managed by Decision Support Unit	3,334	3,200	3,464	2,800
Outcome	Percent of incidents in residential programs mitigated through immediate safety implementations	99.2%	96%	99.4%	96%
Output	# of BHD policies reviewed and updated based on annual and legislative required changes	30	30	50	40

Performance Measures Descriptions

Number of Requests managed by Decision Support Unit: In FY 2026, the Division expects a decrease in Evolv Support tickets. This is due to Direct Clinical Services moving to Epic in waves beginning September 2025.

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. Rule citations include: OAR 309-014, OAR 309-019, Section 6401 of the Patient Protection and Affordable Care Act (PPACA), 42 C.F.R. §422.503 and 423.504

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$1,443,147	$3,248,956	$1,444,967	$3,374,627
Contractual Services	$0	$518,702	$0	$186,301
Materials & Supplies	$10,967	$1,527,517	$5,956	$744,326
Internal Services	$77,245	$749,324	$48,273	$768,815
Total GF/non-GF	**$1,531,359**	**$6,044,499**	**$1,499,196**	**$5,074,069**
Program Total:	**$7,575,858**		**$6,573,265**	
Program FTE	8.32	16.50	8.12	16.24

Program Revenues				
Intergovernmental	$0	$4,841,071	$0	$3,154,848
Beginning Working Capital	$0	$1,203,428	$0	$1,919,221
Total Revenue	**$0**	**$6,044,499**	**$0**	**$5,074,069**

Explanation of Revenues

This program generates $402,184 in indirect revenues.
$1,919,221 - CFAA Settlement - Decision Support BWC and Quality Management BWC
$ 1,242,526 - (BHWi)
$ 89,241 - A&D Decision support
$ 810,878 - CFAC SE 01
$ 1,012,193   CareOregon Medicaid BH

Significant Program Changes

Last Year this program was: FY 2025: 40068 Behavioral Health Quality Management

1.0 FTE Reduction to meet constraint - no impact to QM team or Division, work will be covered by positions funded for CLP +