



# **SBHC Operational Profile Training**

August 2022



# Agenda


- ✓ What is the Operational Profile
- ✓ SBHC Coordinator role
- ✓ Why, When & Where of the Operational Profile
- ✓ Operational Profile structure
- ✓ Staff – Who to include/Roles
- ✓ Key Performance Measure Audit
- ✓ Financial Entries
- ✓ SPO Audit Process


# What is the Operational Profile (OP)?


A web-based FileMaker database that collects detailed information about each SBHC

- Staff contact info, roles, credentials, and shift hours
- Operational hours for primary care and mh/bh services
- Key Performance Measure audit results
- Financial revenue entries

# Snapshot of the OP

 SBHC Detail - Web

 LIST



Fake SBHC

SBHC ID 753

Details

Operations

Hours of Operation

Staff

Shift Hours

Services

Cert Waiver

KPM

PH Revenue

MH Revenue

SBHC Name

Fake SBHC

Host School Name

Fake High School

SBHC Info

SBHC Physical Address

Address Line 1

555 Ne 9th ave

Address Line 2

Portland

or

97211

Phone

555-555-5555

Fax

555-555-5555

SBHC Mailing Address

555 Ne 9th Ave

Mail Address Line 2

Portland

OR

97211

InfoSystem

Epic

Primary Care EMR

Fancy EMR

Mental Health EMR

Fancy EMR

Bill 3rd party

☒ Yes

☐ No

Electronic Claim

☐ Yes

☒ No

☐ Same as Physical

County Info

County

Cascadiaq

Primary Contact

Jackie

Smith

Phone

555-555-5553

Email

JS@cascadiaq.co.com

Edit County Info

System/Medical Sponsor Info

System

zCascadiaTest

Primary Contact

Jenni

Williamson

Phone

503-123-4564

Email

jwilliamson@testing.com

Edit System Info

Mental Health Agency

Mental Health

Oregon Mental Health Agency

Primary Contact

Thanos

Phone

123-971-1101

Email

OMHA@OMHA.com

Dental Health Agency

Dental Health

Oregon Dental Agency

Primary Contact

Captain America

Phone

123-123-1234

Email

ODA\_Dental@Dental

Accuracy Confirmation

This information is accurate

☐

Confirmed by

# SBHC Coordinator Responsibilities

When must the Coordinator submit and update the OP?

**NEW**

Initial site certification



Annual update by October 1<sup>st</sup>



Prior to SBHC recertification site visit



As staffing changes occur through out the year

# Why have the OP?

Allows our program to ensure that every SBHC is meeting the Standards for Certification

- Certification-required Staff roles
- In-person operational hours
- Key Performance Measures
- Financial/Revenue information

# Why have the OP?

- Enables SPO to answer questions from legislators or partners
  - PCPCH Status
  - Number of SBHCs with Youth Advisory Councils
- Provides a snapshot of the SBHC
  - Population served outside of the host school
  - Staffing beyond certification requirements
  - Specific services provided (contraception, etc.)

# How to get started

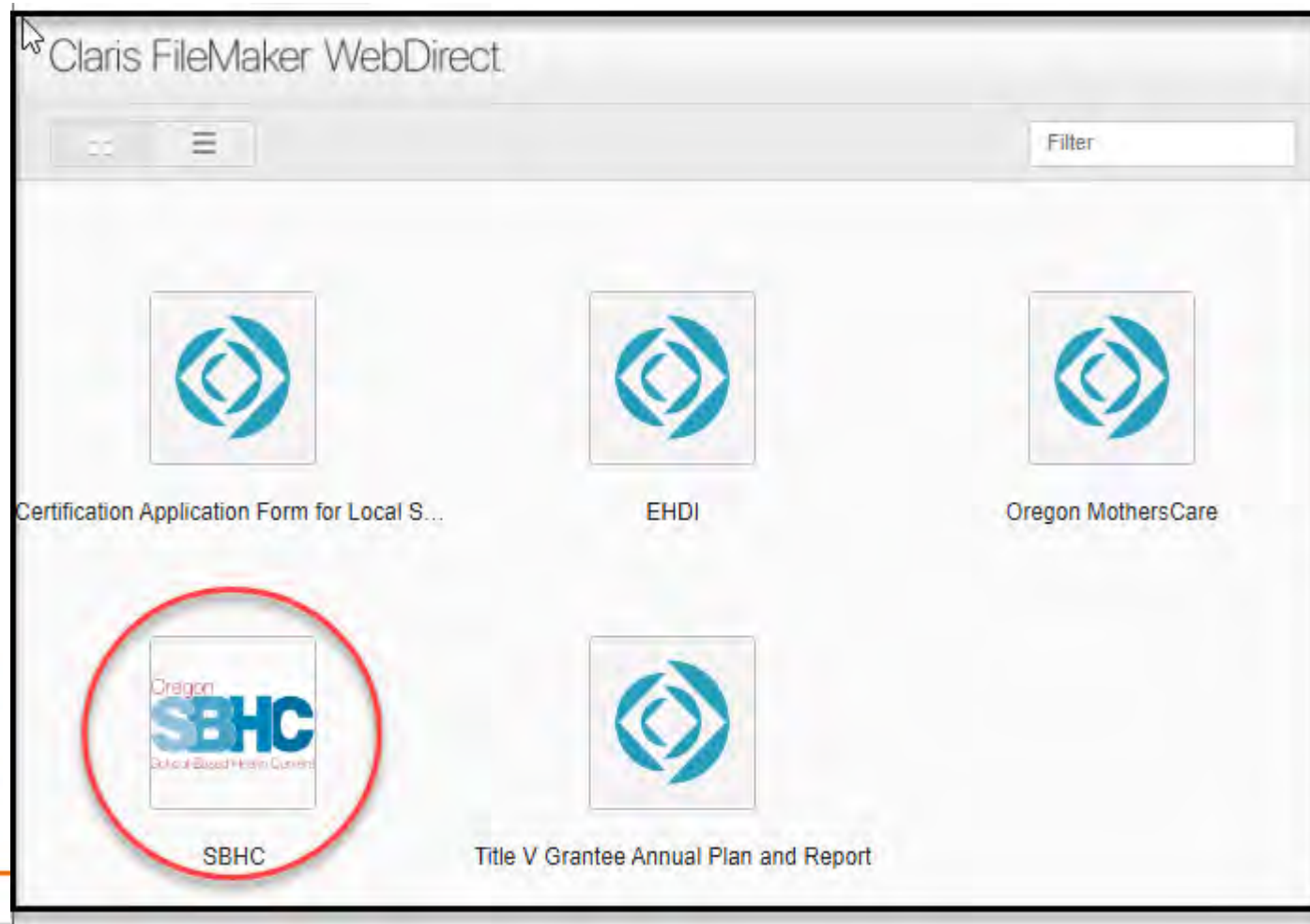
- Login and password required to access the OP
- Assigned by SPO
- One login per medical sponsor
- Separate login for outside MH agency to submit their financial entry
- Questions about login or access:

[SBHC.Program@odhsoha.state.or.us](mailto:SBHC.Program@odhsoha.state.or.us)



# Where Is the OP?

Gain access to the **login** page using Chrome, Safari, Edge or Internet Explorer: <http://mchweb.oha.state.or.us/fmi/webd>



# Operational Profile Structure

- SBHC Details
- Operations
- Hours of Operation
- Staff
- Shift Hours
- Services
- Cert Waiver
- KPMs
- Financial Revenue
  - Physical/Dental Health
  - Mental Health

The screenshot displays the 'SBHC Detail - Web' interface. At the top, there's a navigation bar with 'HOME' and 'LIST' links, and the 'Oregon Health SBHC' logo. The main header shows 'Fake SBHC' and 'SBHC ID 753'. Below this is a tabbed interface with tabs for 'Details', 'Operations', 'Hours of Operation', 'Staff', 'Shift Hours', 'Services', 'Cert Waiver', 'KPM', 'PH Revenue', and 'MH Revenue'. The 'Details' tab is active, showing a form for 'Fake SBHC' with the following sections:

- SBHC Info:** Includes fields for SBHC Name (Fake SBHC), Host School Name (Fake High School), SBHC Physical Address (Address Line 1: 555 Ne 9th ave, Address Line 2: , Portland, OR 97211), SBHC Mailing Address (Mail Address Line 1: 555 Ne 9th Ave, Mail Address Line 2: , Portland, OR 97211), Phone (555-555-5555), Fax (555-555-5555), InfoSystem (Emc), Primary Care EMR (Fancy EMR), Mental Health EMR (Fancy EMR), Bill 3rd party (Yes/No), and Electronic Claim (Yes/No).
- County Info:** Includes County (Cascadia), Primary Contact (Jackie Smith), Phone (555-555-5553), and Email (js@cascadia.co.com).
- System/Medical Sponsor Info:** Includes System (zCascadiaTest), Primary Contact (Jenni Williamson), Phone (503-123-4564), and Email (jwilliamson@testing.com).
- Mental Health Agency:** Includes Mental Health (Oregon Mental Health Agency), Primary Contact (Theresa), Phone (123-971-1101), and Email (OMHA@OMHA.com).
- Dental Health Agency:** Includes Dental Health (Oregon Dental Agency), Primary Contact (Captain America), Phone (123-123-1234), and Email (ODA.Dental@Dental).

On the right side of the form, there is an 'Accuracy Confirmation' section with the text 'This information is accurate' and a checkbox, and a 'Confirmed by' field.

# Current Year vs. Previous Year

- **Details, operations, hours of operation, staff, shift hours and services information** reflect the current year (July 1, 2022 to June 30, 2023).
- **KPM and Financial/Revenue data** entries are retroactive, covering the previous year (July 1, 2021 to June 30, 2022).

# Operational Profile Tabs

- The next several slides include screenshots of each tab in the database
- Review the Operational Profile User's Guide for detailed step-by-step instructions on how to update and create entries in each section of the database.
- User's Guide is posted on the SPO website and is referenced on both the Certification and Data pages:

[Link to the OP User's Guide](#)

# Details 'tab'

Fake SBHC

SBHC ID 753

**Details**

Operations

Staff

Shift Hours

Services

Cert Waiver

KPM

PH Revenue

MH Revenue

SBHC Name **Fake SBHC**

Host School Name Fake High School

## SBHC Info

### SBHC Physical Address

Address Line 1 555 Ne 9th ave

Address Line 2

Portland or 97211

Phone 555-555-5555

Fax 555-555-5555

### SBHC Mailing Address

☐ Same as Physical

Mail Address Line 1 555 Ne 9th Ave

Mail Address Line 2

Portland OR 97211

InfoSystem Epic

Primary Care EMR Fancy EMR

Mental Health EMR Fancy EMR

Bill 3rd party ☒ Yes ☐ No

Electronic Claim ☐ Yes ☒ No

## County Info

County Cascadiaq

Primary Contact Testy

Phone 555-555-5555

Email TS@cascadiaq.co.com

Smithtest

[Edit County Info](#)

## System/Medical Sponsor Info

System zCascadiaTest

Primary Contact kj sdf

Phone 503-123-4564

Email joe@testsystem.com

PLEASE!! Update primary contact details for mental health and dental services

## Mental Health Agency

Mental Health Oregon Mental Health Agency

Primary Contact Thanos

Phone 123-971-1101

Email OMHA@OMHA.com

## Dental Health Agency

Dental Health Oregon Dental Agency

Primary Contact Captain America

Phone 123-123-1234

Email ODA\_Dental@Dental

## Accuracy Confirmation

This information is accurate ☒ 8/7/2019

Confirmed by Fake Staff



# Operations 'tab'

Update population served, PCPCH status, presence of a Youth Advisory Council and its primary contact (an email list is created with this information).

**SBHC Detail - Web**

HOME LIST

Fake2

Details **Operations** Hours of Operation Staff Shift Hours Services

**Populations Served**

Serves students from other schools ☐ Yes ☒ No

Names of schools or districts that your SBHC serves

Serves Non School-aged Population ☒ Yes ☐ No

**Population Served**

☒ Pre-K (Children from birth through 5 years of age)

☐ Post High School individuals

☐ Faculty and Staff of the school

☐ Other

Please enter any other non-student populations served by this SBHC

**FQHC**

Are you a Federally Qualified Health Center (FQHC) site? ☒ Yes ☐ No

**PCPCH**

PCPCH Status ☒ Yes ☐ No

Tier 2

Date of Last Recognition 7/7/2021

**Youth Advisory Council**

Do you have a Youth Advisory Council? ☒

**Primary Contact**

Name Jacki Johnson



Email JJohnson@email.com

**Accuracy Confirmation**

This information is accurate ☒ 7/13/2021

Confirmed by Test

# Hours of Operation 'tab'

 **SBHC Detail - Web** 

HOME LIST

Fake2

Details Operations **Hours of Operation**

*This tab is used to evaluate whether a site meets certification requirements for days of the week and total hours for IN PERSON services. Confer with any outside MH Agency to ensure hours are properly documented.*

## Primary Care Hours of Operation

	In-person Hours			In-person Summer Hours	
	Open	Close		Open	Close
Monday	9:00 AM	1:30 PM	Open During Summer <input type="radio"/> Yes <input checked="" type="radio"/> No	Monday	
Tuesday				Tuesday	
Wednesday	9:00 AM	1:30 PM		Wednesday	
Thursday	9:00 AM	3:30 PM		Thursday	
Friday	9:00 AM	3:30 PM		Friday	

## Mental Health Hours of Operation

	In-person Hours	
	Open	Close
Monday	9:00 AM	1:30 PM
Tuesday		
Wednesday	9:00 AM	1:30 PM
Thursday	9:00 AM	1:30 PM
Friday	9:00 AM	1:30 PM

## Accuracy Confirmation

This information is accurate ☒ 7/13/2021  
Confirmed by test

# SBHC Staff – Certification Roles

SBHCs are required to assign the following certification-required roles and document them in the OP:

- SBHC Administrator
- SBHC Coordinator
- Immunization Coordinator
- Laboratory Coordinator
- Medical Director
- Health Department SBHC Primary Contact *(only for sites whose contracts go through their Local Public Health Authority)*
- Office/Health/Medical Assistant
- Primary Care Provider
- Privacy Official
- Quality Assurance Coordinator

[SBHC Certification Standards tab of SPO website](#)



# SBHC Staff Details

- Coordinator is also responsible for adding staff from outside mental/behavioral health or dental agencies who are working in the SBHC (confirm their shift hours, credentials, contact information, etc.)
- Update OP as staffing changes occur
  - Review OP User's Guide for steps to remove staff.
  - Contact your SBHC Public Health Nurse (Karen or Rebecca) if staffing changes bring you out of compliance with certification standards for more than 20 working days.
- Do *NOT* include VACANT staff positions

# Additional Staff to Include in OP

- Other Staff working on-site should be added to the database:

Alcohol and Drug counselor  
Community health worker  
Health educator  
OHP eligibility specialist  
Psychiatrist or Psychologist  
Traditional health worker

Behavioral Health counselor/provider  
Dentist or Hygienist  
MH counselor/therapist  
Outreach worker  
Qualified Mental Health Associate  
YAC/SHAC Advisor/Coordinator

- If someone works on-site in a role not previously mentioned, ADD them to the database and note their role in the text box.

# SBHC Detail - Staff 'tab'

This tab compiles information from all staff records associated with the SBHC. The information ensures certification requirements are met and identifies unassigned roles.

**SBHC Detail - Web**

HOME LIST

**Fake2**

Details Operations Hours of Operation **Staff** Shift Hours

**Staff**

To see all existing staff in system, ADD this SBHC or CREATE a

	Staff Name	Roles	Credentials
To Staff	First Last	Health Department Administrator	DMD
To Staff	Sam Samuels Samuel	Laboratory Coordinator, Medical Director, Primary Care Provider	PA
To Staff	Emily Test	Nurse	RN
To Staff	Jackie Smithson	Office/Health/Medical Assistant	
To Staff	Polly Pop	Privacy Official, Quality Assurance Coordinator, SBHC Administrator, SBHC Coordinator	
To Staff	Bob Salomon	Qualified Mental Health Professional - Licensed	LCSW

Missing Health Department SBHC Primary Contact  
Missing Immunization Coordinator

This area will display any Certification Role(s) that are not assigned to SBHC staff members.



Only SBHCs whose contracts go through their local Public Health Department must identify a "Health Department Administrator" and a "Health Department SBHC Primary Contact".

## Accuracy Confirmation

This information is accurate ☒ 7/13/2021

Confirmed by Test

# SBHC Detail - Shift Hours 'tab'

**SBHC Detail - Web**

HOMELIST

Oregon Health **SBHC**

Fake2SBHC ID 754

DetailsOperationsStaff**Shift Hours**ServicesCert WaiverKPMPH RevenueMH Revenue

**Shift Hours**

To see all existing staff in system, ADD a shift for an existing staff member to this SBHC or CREATE a new staff member click here: [Staff List](#)

	Day	Shift Frequency	Start	End	Shift Duration	Staff Member	Role
<a href="#">To Staff</a>	Monday	Weekly	7:00 AM	7:00 PM	12	Emily Test	Nurse
<a href="#">To Staff</a>	Tuesday	Weekly	7:00 AM	7:30 PM	12.5	Jackie Smithson	Qualified Mental Health Professional - Licensed
<a href="#">To Staff</a>	Wednesday	Weekly	7:00 AM	2:00 PM	7	Emily Test	Nurse

To EDIT or DELETE existing staff shifts for this SBHC, use the [To Staff](#) button on the left side of the shift row.

**Accuracy Confirmation**

This information is accurate ☒ 8/7/2019  
Confirmed by

# Staff Details Collected in OP

- Email address
- Agency/Organization
- Certification and Non-Certification roles
- Credentials
- Languages spoken
- On-site shift hours where applicable



# Staff Details 'tab'

Emily Testname Staff ID: 361

**Staff** **Shift Hours**

First Emily Last Testname  
Email of staff member e.test@fakesbhc.com Staff Phone # 555-555-5552  
Employer Alt. Phone # 553-333-3333  
(If mailing address other than SBHC)  
Organization  
Address Line 1  
Address Line 2  
City city State state Zip zip  
Language(s) Spoken other than English  
☐ Chinese  
☐ Russian  
☒ Spanish  
☐ Vietnamese  
Other Language(s), if not listed  
Certification Roles  
☐ Health Department Administrator  
☐ Health Department SBHC Primary Contact  
☐ Immunization Coordinator  
☐ Laboratory Coordinator  
☐ Medical Director  
☒ Nurse  
☐ Office/Health/Medical Assistant  
☐ Oral Health Provider  
☐ Primary Care Provider  
☐ Privacy Official  
☐ Qualified Mental Health Professional – Licensed  
☐ Qualified Mental Health Professional – Unlicensed  
☐ Quality Assurance Coordinator  
☐ SBHC Administrator  
☐ SBHC Coordinator  
Credentials - Physical Health  
☐ DO  
☐ LPN  
☐ MA/CMA  
☐ MD  
☐ ND  
☐ NP  
☐ PA  
☒ RN  
Credentials - Mental/Behavioral Health  
☐ CADC I/II/III  
☐ LCSW  
☐ LMFT  
☐ LPC  
Other Roles  
☐ Alcohol and Drug Counselor  
☐ Behavioral Health Counselor/Provider  
☐ Community Health Worker  
☐ Eligibility Specialist  
☐ Health Educator  
☐ Mental Health Counselor/Therapist  
☐ Outreach Worker  
☐ Psychiatrist  
☐ Psychologist  
☐ Qualified Mental Health Associate  
☐ Traditional Health Worker  
☐ YAC/SHAC Advisor/Coordinator  
Enter in Role(s), if not listed above  
Other role  
SBHCs associated with Emily Testname **Add SBHC**  
To SBHC Fake2  
Systems associated with Emily Testname  
zCascadiaTest  
Staff members can be associated with a system, even if they aren't staff members at any SBHC in that system.

This tab displays staff details which include email, languages spoken, roles and credentials. When appropriate, you can associate staff with multiple SBHCs.

**Check with your mental health staff to ensure credentials are accurately documented. This includes staff from outside agencies.**

# Which Staff Need Shift Hours in the OP?

- ALL staff who work on-site, including individuals who:
  - Work hours that are not used to meet certification requirements
  - Don't work a standard schedule each week (i.e., monthly, bi-weekly)
  - Are employed by an outside mental/behavioral health or dental agency

*Do NOT include telehealth hours*

## Staff Detail Shift Hours 'tab'

**Staff Detail - Web**

HOME LIST

First Name Last Name \*Shift Hours entry is missing information Staff ID 548

**Staff Shift Hours**

Day	Shift Frequency	Start	End	Shift Duration	SBHC Name	Add Shift
Monday	Three times a month	12:30 PM	5:30 PM	5	Fake SBHC	X
Tuesday	Weekly	1:30 PM	5:30 PM	4	Fake SBHC	X
Wednesday	Weekly	7:00 AM	7:00 AM	0	Fake SBHC	X
Thursday						
Friday						

**Warning message will display if the shift hour line is incomplete.**

**Shift Incomplete**

A listed shift is incomplete. Each shift must include the day, start time, end time, and SBHC the shift takes place. Please correct or delete the shift before continuing.

OK



## Staff Detail Shift Hours – One Row/Day/SBHC

**Staff Detail - Web**

HOME LIST

### John Williams

**Staff** **Shift Hours**

Day	Shift Frequency	Start	End	Shift Duration	SBHC Name	Shift
Tuesday	Weekly	8:00 AM	11:00 AM	3	Fake SBHC	
Tuesday	Weekly	11:30 AM	4:00 PM	4.5	Fake SBHC	
Thursday	Weekly	8:00 AM	4:00 PM	8	Fake SBHC	

**Incorrect**


**Correct**

Staff record should include ONE shift for each day they work at the SBHC. For staff who work at 2 different SBHCs in a day, they should have a row for each of site.


Staff record should include ONE shift for each day they work at the SBHC. For staff who work at 2 different SBHCs in a day, they should have a row for each of site.

*Information on this tab ensures the SBHC meets certification requirements for days of the week and hours by staff type/role.*

# Services 'tab'

 HOME

**SBHC Detail** Web

 LIST

Fake2

DetailsOperationsStaffShift Hours**Services**Cert Wait**Comprehensive Pediatric Health Care Services**

SPO wants to know about the following services and whether the SBHC is providing them **on-site or by referral**.  
Please collaborate with SBHC providers (physical, mental, and oral health) to complete this section.

**Sensory Screening**Hearing

☐ On-site ☐ By referral

**Physical Health Services**Medical specialty services

☐ On-site ☐ By referral

**Developmental/Behavioral Services**Alcohol and other drug assessment

☐ On-site ☐ By referral

Family counseling and treatment

☐ On-site ☐ By referral

Group counseling and treatment

☐ On-site ☐ By referral

Individual counseling and treatment

☐ On-site ☐ By referral

Prescriptions for mental health conditions

☐ On-site ☐ By referral

Social Services assessment and referral

☐ On-site ☐ By referral

**Oral Health Services**Comprehensive oral health evaluation and treatment

☐ On-site ☐ By referral

Fluoride varnish application

☐ On-site ☐ By referral

**Reproductive Health Services**HIV treatment

☐ On-site ☐ By referral

Prenatal care

☐ On-site ☐ By referral

This tab collects information about some SBHC services and whether they're provided on-site or by referral.

Collaborate with physical, mental and oral health providers to ensure accuracy.

## Accuracy Confirmation

This information is accurate ☐

Confirmed by

# Waiver Entry if SBHC is Out of Compliance

- SBHC must submit a waiver in the OP when it is out of compliance with the Standards for Certification for 20 working days.
- Waiver submission includes:
  - Which Standard is not being met
  - Why is not being met
  - Plan to come into compliance.
- Contact your assigned SBHC Public Health Nurse with questions.

# Cert Waiver 'tab'



HOME

**SBHC Detail - Web**



LIST

Oregon Health Authority **SBHC**  
Salem, Oregon Health Care

Fake SBHC

SBHC ID 753

Details

Operations

Staff

Shift Hours

Services

**Cert Waiver**

KPM

PH Revenue

MH Revenue

## Certification Waivers

Add Waiver

Date Created	Section Letter	Expected Completion	Approved	Date Approved	Date Resolved
--------------	----------------	---------------------	----------	---------------	---------------

Select	8/7/2019				
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Select	5/30/2019	A: Certification Process	No	6/25/2019	6/24/2019
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### Waiver Submission Confirmation

Waiver has been sent to Oregon SBHC State Program Office for review.

Message displays after pressing the Submit to SPO button.

OK

### Waiver

Instructions located on the State Program Office website under the Certification Standards tab.

To submit the waiver, click the red "WAIVER INFORMATION COMPLETE: Submit to SPO" button ONCE to send the waiver to the State Program Office for review.

## Certification Waiver Info

### Submitter Contact

Date Created: 8/7/2019

First

Last

Title

Email

Phone

### County Contact

Has County Public Health been notified? ☐ Yes ☐ No

First

Last

Title

Email

Phone

Certification Section

Which standard is not being met?

Explanation of why standard is not met:


Action plan to meet standard

Expected date of compliance

**WAIVER INFORMATION COMPLETE: Submit to SPO**

# Helpful Hints about OP

- OP User's Guide is posted on both the Certification Standards page and Data Requirements page of our website:  
[www.healthoregon.org/sbhc](http://www.healthoregon.org/sbhc)
- ONLY use Chrome, Safari, Edge or Internet Explorer (11 or higher).
  - Firefox and older versions of Internet Explorer will not work reliably.
- Do not use your internet browser 'back' button. Use the buttons in the database.
- Changes are automatically updated.
- Check all accuracy confirmation boxes.



**Accuracy Confirmation**  
This information is accurate ☐  
Confirmed by



# OP Information Posted Online

## SPO Website

### Operational Profile

The Operational Profile is a web-based database where SBHCs enter information that is, in part, used to demonstrate compliance with the Standards for Certification. Information collected in the database includes staffing roles and shifts, hours of operation, services provided on-site or by referral, waiver submissions for out of compliance issues, Key Performance Measures (KPM) and Financial - Annual Revenue entries for both Primary Care and Mental Health services. Each SBHC Coordinator is responsible for the managing and keeping up to date the content in their Operational Profile. The Operational Profile must be filled out before a site's initial certification site visit, updated yearly by October 1st, as changes occur throughout the year, and prior to the verification site visit.

Access and login information is issued and maintained by the SPO. For instructions and background information about the Operational Profile, please reference both the [User's Guide](#) and the [Training presentation](#).

### SBHC Annual Operating Revenue Information

The billing/revenue/funding data is collected via a web-based template. It is a retrospective data report for the previous service/school year. Some of the data collected includes revenue from registration fees, third party payors such as Medicaid and Private Insurance. The template also collects other public and private funding that is used to operate the SBHC. Submission of the SBHC Annual Operating Revenue Report must occur no later than October 1st for the preceding service year (July 1-June 30) into your sites Operational Profile. For instructions, please reference the [Operational Profile User's Guide](#) and this [Financial - Annual Revenue presentation](#).

# More Posted OP Information

## SPO Website

### Key Performance Measures (KPMs)

Each certified SBHC is required to report on two Core KPMs, as well as one of eight Optional KPMs. As part of the KPMs process, SBHCs are required annually to perform a random chart audit of 20% of their charts of the eligible population, with a **minimum** of 30 charts and a **maximum** of 50 charts. If the SBHC has fewer than 30 eligible charts, they should review all eligible charts. Any physical, mental or oral health visit for which the SBHC currently submits data to SPO would be eligible to be included in the chart audit, unless explicitly stated otherwise.

For background information and instructions on how to submit chart audit results, please reference this [KPM presentation](#).

Guidance documents were created to outline the definitions and requirements for each measure:

#### Visits During 2021-22 Service Year

##### Core KPMs:

1. Health Assessment
2. Well Visit

##### Optional KPMs:

1. Adolescent Immunization
2. Adolescent Teen Immunization Series
3. Chlamydia Screening
4. Depression Screening
5. Flu Immunization
6. HPV Immunization
7. Nutrition Counseling
8. Substance Use Screening

#### Visits During 2022-23 Service Year

##### Core KPMs:

1. Health Assessment
2. Well Visit

##### Optional KPMs:

1. Adolescent Immunization
2. Adolescent Teen Immunization Series
3. Chlamydia Screening
4. Depression Screening
5. Flu Immunization
6. HPV Immunization
7. Nutrition Counseling
8. Substance Use Screening

### KPM Chart Audits

Each SBHC is required to submit a brief description of their chart audit process as well as a chart audit tracking sheet. The SPO created a sample tracking sheet that SBHCs may use: [KPM Blank Chart Audit Spreadsheet](#). For an example of how the data should be entered into the chart audit spreadsheet, review this [KPM Sample Chart Audit Dummy Data](#).

### KPM Submission Timeline

Submission of KPMs data must occur no later than **October 1st for the preceding service year** (July 1 - June 30) into your site's Operational Profile. For instructions, please reference the [Operational Profile User's Guide](#).

# Key Performance Measures (KPM)

- SBHCs are committed to high-quality, age appropriate, accessible health care for school-aged youth.
- KPM audit is a quality assurance/ improvement process that includes a chart review of a subset of school-age SBHC clients who received services in the measurement year
- Chart audit looks for evidence that a KPM service was provided to clients in the eligible population



# KPM Audit Timeline



By October 1<sup>st</sup> of each year, SBHCs must:

- Audit charts of clients between the ages of 5 and 21 seen during the previous school year (July 1 – June 30)
- Submit two KPM audit documents to Loretta for approval
  - Chart Audit process
  - Chart Audit tracking spreadsheet (sent via secure email)
- Once Loretta approves audit documents, enter results into the Operational Profile

# May 2022 KPM Training Webinar

- Detailed hour-long training held in May
- Archived webinar includes:
  - KPM background and purpose
  - Impact of KPM audits
  - Review of KPM Guidance documents
  - Age range and exclusions for each KPM
  - Optional KPM selection
    - Timeline and process
    - Guidance about selection

# Links to KPM Training Webinar

- Webinar recording and PowerPoint presentation are posted on the [Trainings and Presentation tab of the SPO website](#)
- KPM information posted on the [Data Requirements tab of the SPO website](#)

# Core and Optional KPMs

Core – both required

- ♦ Well-Care Visit
- ♦ Comprehensive Health Assessment

Optional – one selected and tracked for 2 years

- ♦ Adolescent Immunizations (Tdap & Meningococcal)
- ♦ Adolescent Teen Immunization Series (HPV, Tdap & Meningococcal)
- ♦ Chlamydia Screening
- ♦ Depression Screening
- ♦ Flu Immunization
- ♦ HPV Immunization
- ♦ Nutrition Counseling
- ♦ Substance Use Screening

[Link to SPO website with KPM information](#)

# SPO Website - KPM Guidance Documents

[Click here to access SPO website and KPM Guidance Documents](#)

Guidance documents include:

- Measure Description
- Eligible Population
- Exclusions
- Measure Specifications
- FAQs
- Resources

## Key Performance Measures (KPMs)

Each certified SBHC is required to report on two Core KPMs, as well as one of eight Optional KPMs. As part of the KPMs process, SBHCs are required annually to perform a random chart audit of 20% of their charts of the eligible population, with a **minimum** of 30 charts and a **maximum** of 50 charts. If the SBHC has fewer than 30 eligible charts, they should review all eligible charts. Any physical, mental or oral health visit for which the SBHC currently submits data to SPO would be eligible to be included in the chart audit, unless explicitly stated otherwise.

For background information and instructions on how to submit chart audit results, please reference this [!\[\]\(0aff635c4179ba9e710b00f4b01d3b20\_img.jpg\) KPM presentation](#).

Guidance documents were created to outline the definitions and requirements for each measure:

### Visits During 2021-22 Service Year

Core KPMs:

1. Health Assessment
2. Well Visit

Optional KPMs:

1. Adolescent Immunization
2. Adolescent Teen Immunization Series
3. Chlamydia Screening
4. Depression Screening
5. Flu Immunization
6. HPV Immunization
7. Nutrition Counseling
8. Substance Use Screening

### Visits During 2022-23 Service Year

Core KPMs:

1. Health Assessment
2. Well Visit

Optional KPMs:

1. Adolescent Immunization
2. Adolescent Teen Immunization Series
3. Chlamydia Screening
4. Depression Screening
5. Flu Immunization
6. HPV Immunization
7. Nutrition Counseling
8. Substance Use Screening

## KPM Chart Audits

Each SBHC is required to submit a brief description of their chart audit process as well as a chart audit tracking sheet. The SPO created a sample tracking sheet that SBHCs may use: [!\[\]\(179f167ede0522ebb4ea025b3ad78ca7\_img.jpg\) KPM Blank Chart Audit Spreadsheet](#). For an example of how the data should be entered into the chart audit spreadsheet, review this [!\[\]\(87058f19cbcad5cb0037b3939e56d0cf\_img.jpg\) KPM Sample Chart Audit Dummy Data](#).

## KPM Submission Timeline

Submission of KPMs data must occur no later than **October 1st for the preceding service year** (July 1 - June 30) into your site's Operational Profile. For instructions, please reference the [!\[\]\(e119fc79c8f448683d20ba4c873025a2\_img.jpg\) Operational Profile User's Guide](#).

# Selecting Charts to Audit

Randomly select 20% of SBHC charts from eligible population with a minimum of 30 charts and maximum of 50.

- Any physical, mental or oral health visit should be included in the chart audit, unless stated otherwise on the Guidance document
- Review eligible population criteria on the Guidance documents before performing chart audit
- SBHCs do not audit charts for the immunization-related KPMs. Audits are performed by Oregon Immunization Alert Program.

# Audit Process Document Submission

Chart Audit Process Summary should answer the following:

- What process and criteria were used to identify charts from the eligible population for each KPM?
- How were charts randomly selected?
- What criteria was used to determine compliance or exclusions?
- How was the compliance percentage calculated?

***\*\*Strongly recommend sending audit process to Loretta before completing the chart audit\*\****

# Audit Tracking Sheet

- Tracking Sheet must include:
  - Patient ID/MRN
  - Client age
  - If visits reviewed were in person/telehealth/both
  - Compliance for each measure
  - Reason if chart was excluded or not reviewed.
- A blank template of the [tracking sheet](#) is posted on the SPO website as well as a [sample sheet](#) with fake data to guide your submission.



# Audit Tracking Sheet example

Document why chart was excluded or not reviewed.

	A	B	C	D	E	F	G	H
1	SBHC name	Patient ID	Age	Type of visits (in person only, telehealth only, or both)	Core Well Visit	Core Health Assessment	Optional KPM name	Reason why chart was Excluded or Not reviewed
2	Your sbhc	ptid1	16	in person	Compliance	Compliance	Non-compliance	
3	Your sbhc	ptid12	14	tele	Non-compliance	Compliance	Compliance	
4	Your sbhc	ptid13	8	both	Compliance	Compliance	Not reviewed/Not in population	Client too young
5	Your sbhc	ptid24	19	tele	Compliance	Compliance	Compliance	
6	Your sbhc	ptid31	6	both	Refused	Compliance	Refused	
7	Your sbhc	ptid42	11	both	Compliance	Compliance	Compliance	
8	Your sbhc	ptid53	14	both	Non-compliance	Non-compliance	Non-compliance	
9	Your sbhc	ptid64	17	both	Excluded	Excluded	Compliance	
10	Your sbhc	ptid75	20	both	Non-compliance	Compliance	Compliance	
11	Your sbhc	ptid86	13	both	Compliance	Compliance	Not reviewed/Not in population	Client too young
12	Your sbhc	ptid97	7	tele	Compliance	Compliance	Compliance	
13	Your sbhc	ptid108	17	in person	Refused	Non-compliance	Compliance	
14	Your sbhc	ptid119	13	both	Excluded	Excluded	Excluded	Attempt parental consent
15	Your sbhc	ptid130	14	both	Non-compliance	Compliance	Non-compliance	
16	Your sbhc	ptid141	16	both	Excluded	Compliance	Non-compliance	Attempt to get records from PCP
17	Your sbhc	ptid152	15	in person	Non-compliance	Compliance	Compliance	
18	Your sbhc	ptid163	9	both	Compliance	Compliance	Not reviewed/Not in population	Client too young
19	Your sbhc	ptid174	17	both	Excluded	Compliance	Compliance	Confidential visit
20	Your sbhc	ptid185	20	in person	Refused	Compliance	Compliance	
21	Your sbhc	ptid196	12	tele	Compliance	Compliance	Compliance	
22	Your sbhc	ptid207	16	both	Non-compliance	Non-compliance	Non-compliance	
23	Your sbhc	ptid218	13	both	Excluded	Non-compliance	Non-compliance	Attempt to get records from PCP
24	Your sbhc	ptid229	18	both	Excluded	Excluded	Excluded	2 no-show appts
25	Your sbhc	ptid240	12	both	Non-compliance	Non-compliance	Compliance	

Do not select replacement chart for "Excluded" or "Refused". Those charts do not count against your compliance calculation.

Select a replacement chart if not in eligible population

# Audit Tracking Sheet Submission

- Submit the chart audit tracking sheet to Loretta via secure email for approval. If you need a secure email initiated by our office between 9/15 and 9/29, send a request to the SPO at [SBHC.Program@odhsoha.state.or.us](mailto:SBHC.Program@odhsoha.state.or.us).
- *Important note about Immunization-related KPMS:*
  - State Immunization Program will review ALERT IIS to determine compliance
  - Sites MUST securely send a spreadsheet of ALL clients in the Immunization-related KPM eligible population. ***Review Guidance documents posted on the [SPO website](#) to determine the eligible population.***
  - The spreadsheet must include client name, date of birth, gender, street address, city and zip code

# KPM 'tab'

The KPM entry button in the OP is locked until Loretta approves the audit process summary and audit tracking sheet.

**SBHC Detail - Web**

HOME LIST

**Fake SBHC**

Details Operations Staff Shift Hours Services Cert Waiver **KPM**

**Key Performance Measures**

**REQUIRED** Add KPM

Date Created	Fiscal Year	Well Visit %	HA %	Opt. KPM %	Date Submitted
Select 6/21/2018					
Select 6/12/2018					
Select 1/23/2018	7/1/2016 to 6/30/2017	0%	100%	53%	5/14/2018
Select 9/22/2017	7/1/2016 to 6/30/2017	100%	100%	100%	9/26/2017
Select 8/11/2016	7/1/2015 to 6/30/2016	17%	67%	40%	8/11/2016

**Optional KPM - Biennial Selection**

Date Created	Biennium	Optional KPM Measure
Select 7/21/2017	2017 - 2019	Adolescent Immunization
Select 1/7/2016	2015 - 2017	Chlamydia Screening

**KPM ENTRY IS LOCKED**

Before creating a new KPM entry, you must submit the KPM Chart audit process and the KPM Chart audit tracking sheet.

Please contact the SBHC State Program Office for assistance.

OK

# KPM 'tab' – Creating a new entry

HOME

SBHC Detail - Web

LIST

Oregon Health Authority SBHC  
Sole-Source Based Health Centers

Fake SBHC

SBHC ID 753

Details

Operations

Staff

Shift Hours

Services

**KPM**

PH Revenue

MH Revenue

**Key Performance Measures**

REQUIRED

Add KPM

Date Created	Fiscal Year	Well Visit %	HA %	Opt. KPM %	Date Submitted
Select 8/7/2019		83%	67%		
Select 6/18/2019	7/1/2018 to 6/30/2019	100%	50%	67%	6/18/2019

**Optional KPM - Biennial Selection**

Add Optional KPM

Date Created	Biennium	Optional KPM Measure
Select 6/3/2019	2019 - 2021	
Select 6/3/2019	2025 - 2027	

**Key Performance Measure Info**

Fiscal Year

Date Created 8/7/2019

CORE MEASURES (Required)

Well-Care Visit

Reviewed 30 Number of charts reviewed

In compliance 25 Number of charts in compliance

83.3% Percent of charts in compliance

Comprehensive Health Assessment (HA)

Reviewed 30 Number of charts reviewed

In compliance 20 Number of charts in compliance

66.7% Percentage of charts in compliance

OPTIONAL MEASURE

Reviewed Number of charts reviewed

In compliance Number of charts in compliance

Percentage of charts in compliance

REQUIRED DOCUMENTS

The following required documents have been submitted to the SPO:

☒ Chart audit process summary

☒ Chart audit tracking sheet

Submitted by

Please provide any explanations/feedback

**KPM INFORMATION COMPLETE: Submit to SPO**



# Impact of COVID-19 on KPMs

## School Years 2020-21 and 2021-22

- Temporary suspension of KPM statewide benchmarks
- Waiver submission for non-compliance *removed*

# Resume Benchmark Requirements

## School Year 2022-23

- *Resume* 70% compliance benchmark for all KPMs
- Includes visits occurring between July 1, 2022 and June 30, 2023
- In October 2023, non-compliance with benchmarks *require* a waiver submission with plan to improve compliance

# Financial Revenue Tabs


- Physical health and dental services (PH Revenue tab)
- Mental health services (MH Revenue tab)
- Separate login for an outside Mental Health agency to submit their Financial entry (email SPO to request this login)
- Entry covers the previous year (July 1, 2021 – June 30, 2022)
- Only include the portion of Federal, State or County funding allocated to the SBHC
- Grants, fundraising, other special funds
- Patient fees
- Third party billing



# PH Revenue Tab

 **SBHC Detail** - Web 

HOME LIST

SBHC ID 753

Details Operations Staff Shift Hours Services Cert Waiver KPM **PH Revenue** MH Revenue

**Financial - Annual Revenue**

**Add Annual Rev**

	Date Created	Fiscal Year	Total Op Rev	Date Submitted	
Select	8/7/2019				✕
Select	7/26/2019	7/1/2018 to 6/30/2019			✕
Select	7/9/2019				✕
Select	6/14/2019	7/1/2018 to 6/30/2019	\$975,626	7/1/2019	✕
Select	6/12/2019	7/1/2017 to 6/30/2018	\$24	6/13/2019	✕

**Annual Revenue Info**  
Date Created 6/14/2019

**Revenue Breakdown by Source**  
Fiscal Year **7/1/2018 to 6/30/2019**

Public funds (federal, state, county, city):	\$778,979
Medical Sponsor Funds:	\$98,777
One time grants or awards (public or private):	
Fundraising and in-kind donations:	
Patient fees:	\$80,000
Third party billing:	\$8,000
Other:	\$9,870
<b>Total Operating Revenue:</b>	<b>\$975,626</b>


explanations/feedback

**View/Edit Entry**


Click "Add Annual Rev" button to create a new PH entry.

Click "Select" button to view previous entries.

# PH Revenue Detail 'tabs'

 **Physical Health Revenue Detail - Web**

The purpose of this report is to identify all sources of operating revenue Oregon State-Funded SBHCs receive every year.

 **SBHC**  
School-Based Health Centers

**SBHC Name** Fake SBHC

**Fiscal Year** 7/1/2021 to 6/30/2022

**First Name** First Test

**Last Name** Last Test

**Phone** 5035555555

**Title** SBHC Fiscal Officer

**Email** fiscal@sbhc.com

**Back to SBHC Detail**

**Public Funds/Grants/Donations**

**Fees/Billing**

**Other and Total**

Select Fiscal Year and provide Contact Information.

**Revenue Source Breakdown: Public/Medical Sponsor Funds**  
(This does NOT include billing revenue)

**Federal Funds** \$2.00  
Description of Federal Funds Stuff

**State Funds**  
SPO Base Funding \$69,879.00  
SPO/AMH (Mental Health) Funds  
Other State Funds \$8,000.00  
Description of Other State Funds more stuff

**County Funds** \$465.00

**City Funds** \$654,987.00

**School District Funds** \$45,646.00

**Medical Sponsor Funds** \$98,777.00

**Public/medical sponsor funds TOTAL** \$877,756.00

**Revenue Source Breakdown: Grants** **Add Grant**

Grantor Name	Grant Name	Amount

One time grant

Add grants, fundraising and in-kind donations.

**Revenue Source Breakdown: Fundraising and in-kind donations** **Add Event**

Event Name	Revenue

**Donations TOTAL**

**Next Page >>**

# PH Revenue Detail 'tabs'

 **Physical Health Revenue Detail - Web**

The purpose of this report is to identify all sources of operating revenue Oregon State-Funded SBHCs receive every year.

 **SBHC**  
School-Based Health Centers

**SBHC Name** Fake SBHC  
**Fiscal Year** 7/1/2021 to 6/30/2022

**First Name** First Test  
**Last Name** Last Test

**Phone** 5035555555  
**Title** SBHC Fiscal Officer  
**Email** fiscal@sbhc.com

[Back to SBHC Detail](#)

**Public Funds/Grants/Donations** **Fees/Billing** **Other and Total**

Please enter total revenue received for each category below for the entire fiscal year (July 1 - June 30).

**Revenue Source Breakdown: Patient Fees**

Registration fees \$80,000.00

Co-pays/deductibles

Sliding scale fees from uninsured

Other patient fees

Description of other patient fees

**Patient fees TOTAL \$80,000.00**

**Revenue Source Breakdown: Third Party Billing**

Payor Type	Physical / dental health revenue	Does billing revenue include PMPM or Incentive Payments?
OHP (DMAP - FFS)	\$8,000.00	<input checked="" type="radio"/> Yes <input type="radio"/> No
OHP (CCOs)		<input type="radio"/> Yes <input type="radio"/> No
OHP (Family Planning)		<input type="radio"/> Yes <input type="radio"/> No
Private Insurance		<input type="radio"/> Yes <input type="radio"/> No
Other third party payor(s)		<input type="radio"/> Yes <input type="radio"/> No
<b>Physical Health TOTAL</b>		<b>\$8,000.00</b>
<b>Third party billing GRAND TOTAL</b>		<b>\$8,000.00</b>

Billing revenue should be adjusted charges - e.g., total charges minus any adjustments; if this is not possible, then enter payments.

[<< Previous](#) [Next Page >>](#)

# PH Revenue Detail 'tabs'



HOME

## Physical Health Revenue Detail - Web

The purpose of this report is to identify all sources of operating revenue Oregon State-Funded SBHCs receive every year.



SBHC Name Fake SBHC

Fiscal Year 7/1/2021 to 6/30/2022

First Name First Test

Last Name Last Test

Phone 5035555555

Title SBHC Fiscal Officer

Email fiscal@sbhc.com

Back to SBHC Detail

Public Funds/Grants/Donations

Fees/Billing

Other and Total

### Revenue Source Breakdown: Other funding source

Add Other

Source Description

Amount

LKJSD STUFF

\$9,870.00

Other funding sources TOTAL \$9,870.00

If there are other funding sources that support physical or oral health services related to the SBHC, click the Add Other button and enter the description.

### Revenue Breakdown by Source

Public funds (federal, state, county, city) \$778,979

Medical Sponsor Funds \$98,777

One time grants or awards (public or private)

Fundraising and in-kind donations

Patient fees \$80,000

Third party billing \$8,000

Other \$9,870

GRAND TOTAL OPERATING REVENUE  
for 7/1/2018 to 6/30/2019: \$975,626

Click this button when you've finished your submission. We will assume it is INCOMPLETE until then.

Please provide any explanations/feedback

<< Previous

FINANCIAL INFORMATION COMPLETE: Submit to SPO


# MH Revenue Tab


- Separate Account Login and Password can be assigned to an outside Mental Health agency who wants to enter SBHC-related revenue and funding directly into the OP.



Email request for Login and Password: [SBHC.PROGRAM@ODHSOHA.STATE.OR.US](mailto:SBHC.PROGRAM@ODHSOHA.STATE.OR.US) along with the name of your agency and SBHC(s) in the email request.

- Medical sponsors providing direct MH services use their existing OP Login and Password.

# MH Revenue Tab

 SBHC Detail - Web

 LIST

Fake SBHC

SBHC ID 753

DetailsOperationsStaffShift HoursServicesCert WaiverKPMPH Revenue**MH Revenue**

**Financial - Mental Health Billing**



**Add MH Billing**

	Date Created	Fiscal Year	Total Op Rev	Date Submitted
Select	8/7/2019			
Select	8/7/2019			
Select	6/27/2019	7/1/2017 to 6/30/2018	\$5,625	8/19/2019

Click the Add MH Billing button to create new entry



# MH Revenue Detail tabs

 **Mental Health Revenue Detail** The purpose of this report is to identify all sources of mental health revenue Oregon State-Funded SBHCs receive every year. 

**SBHC Name** Fake SBHC

**Fiscal Year** 7/1/2021 to 6/30/2022

**First Name** test person 5

**Last Name** supa 5

**Phone** 555-5555

**Title** Master 5

**Email** big5@email.5

back to SBHC Detail

**Billing Revenue and State Funds** **Other and Total**

**State Funds**  
SPO Mental Health Funding \$555

**Revenue Source Breakdown: Third Party Billing**

Payor Type	Mental health billing revenue	Does mental health billing revenue include PMPM or Incentive Payments?
OHP (DMAP - FFS)	\$55.00	<input checked="" type="radio"/> Yes <input type="radio"/> No
OHP (CCOs)	\$5.00	<input checked="" type="radio"/> Yes <input type="radio"/> No
Private Insurance	\$5.00	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other third party payor(s)	\$5.00	<input checked="" type="radio"/> Yes <input type="radio"/> No


**Mental Health TOTAL \$70.00**

Select Fiscal Year and provide Contact Information

Billing revenue should be adjusted charges - e.g., total charges minus any adjustments; if this is not possible, then enter payments.

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# MH Revenue Detail tabs

 **Mental Health Revenue Detail**

The purpose of this report is to identify all sources of mental health revenue Oregon State-Funded SBHCs receive every year.

**Oregon Health Authority** **SBHC**  
School-Based Health Centers

**HOME**

**SBHC Name** Fake SBHC

**Fiscal Year** 7/1/2021 to 6/30/2022

**First Name** test person 5

**Last Name** supa 5

**Phone** 555-5555

**Title** Master 5

**Email** big5@email.5

**Back to SBHC Detail**

**Billing Revenue and State Funds**

**Other and Total**

**Revenue Source Breakdown:**  
**Other funding source**

**Source Description**

**Amount**

Test 5	\$5.00
test 2	\$6.00

**Other funding sources TOTAL \$11.00**

**Add Other**

**Revenue Breakdown by Source**

State funds \$555

Third party billing \$70

Other \$11

**GRAND TOTAL OPERATING REVENUE**  
**for 7/1/2017 to 6/30/2018: \$636**

**Please provide any explanations/feedback**

Enter any comments, additional information here.

Click this button when you've finished your submission. We will assume it is INCOMPLETE until then.

**FINANCIAL INFORMATION COMPLETE: Submit to SPO**

**<< Previous**

# SPO Operational Profile Audit Process

Immediately following the October 1<sup>st</sup> deadline:

- SPO will review OP information for the following:
  - Unchecked confirmation boxes at the bottom of each tab  
Details, Operations, Hours of Operation, Staff, Shift Hours, Services
  - Minimum operating hours or staffing requirements are not met
  - Missing KPM audit results
  - Incomplete financial entries
- SBHC will be notified if they are out of compliance, or any information is missing

# Helpful Hints

- Use Chrome, Safari, Edge or Internet Explorer (11 or higher).
  - Firefox and older versions of Internet Explorer will not work reliably.
- Changes are automatically updated.
- Check with staff from outside MH or Dental agencies to ensure their credentials, shift hours, and contact information is correct.
- Send Loretta the KPM audit process document before performing the chart audit. Audit tracking sheet must be sent via secure email. Send email to [SBHC.Program@odhsoha.state.or.us](mailto:SBHC.Program@odhsoha.state.or.us) if you need our office to initiate a secure email between 9/15 and 9/29.
- Review the May 2022 KPM training webinar. The recording and PowerPoint presentation are posted on our website.

# SPO Contact Information

School-Based Health Center Program

Oregon Public Health Division

800 NE Oregon St., Ste. 805

Portland, OR 97232

[SBHC.Program@odhsoha.state.or.us](mailto:SBHC.Program@odhsoha.state.or.us)

Loretta Gallant: [Loretta.L.Gallant@dhsosha.state.or.us](mailto:Loretta.L.Gallant@dhsosha.state.or.us)

Phone: 503-310-5831