

Oregon School-Based Health Centers

OPERATIONAL PROFILE USER'S GUIDE 2023-2024



Oregon
Health
Authority

PUBLIC HEALTH DIVISION
School-Based Health
Center Program

Oregon
SBHC
School-Based Health Centers

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Operational Profile – Why, Who & When

Why have an Operational Profile?

To start, **FILLING OUT THE SBHC OPERATIONAL PROFILE IS A REQUIREMENT FOR CERTIFICATION**. In addition to being a requirement, the profiles provide vital information that serves many purposes including:

- Demonstrate that SBHCs are meeting the Standards for Certification, including:
 - Staffing roles and shifts
 - Hours of Operation
 - Key Performance Measures (KPM)
 - Financial - Annual Revenue
- Enable the State Program Office (SPO) to answer questions from legislators or partners regarding information such as:
 - Patient Centered Primary Care Home (PCPCH) status
 - The number of centers with Youth Advisory Councils/Committees
 - The number of centers with Dental Providers, etc.

Who is responsible for filling out the Operational Profile?

Each SBHC Site Coordinator is responsible for the content of their Operational Profile(s) as a requirement for SBHC Certification.

When to fill out the Operational Profile?

- Before initial certification: Prior to initial certification verification site visit.
- After initial certification – October 1st Deadline: Concurrent with the start of each school year, sites are required to have their Operational Profiles up to date by October 1st each year.
- As changes occur throughout the year: Changes in staffing, hours, or other information occur throughout the year; sites are required to keep their Operational Profile up to date. *Key Performance Measure and Financial information is only submitted once a year by the October 1st deadline.*
- Prior to the verification site visit

State Program Office – Operational Profile Audit Process

After the October 1st deadline the SPO will audit the Operational Profiles to ensure sites comply with the current Standards for Certification. Sites that are out of compliance will be notified and may be required to submit waivers. Waivers are not issued for incomplete operational profile entries and updates.

Helpful Hints Before You Begin

Areas that need to be updated by the October 1st deadline AND throughout the year for the **CURRENT** fiscal year 2023-2024:

(Fiscal year = July 1st through June 30th)

- Details tab
- Operations tab
- Hours of Operation tab
- Staff tab
- Shift Hours tab
- Services tab

Areas that are updated once a year by the October 1st deadline for the **PREVIOUS** fiscal year 2022-2023:

(Fiscal year = July 1st through June 30th)

- KPM tab
- Physical Health Billing/Revenue tab
- Mental Health Billing/Revenue tab

NOTE: Brand new SBHCs that are certified on or after January 1 are not required to submit KPM data for that fiscal year. SBHCs who undergo a transfer of medical sponsorship on or after January 1 are not required to submit KPM data for that fiscal year, but they will need to submit financials for whatever portion of the year they sponsored the SBHC.

Accuracy Confirmation Areas **MUST** be Completed

Once you have logged in, you will see an accuracy confirmation area at the bottom of the Details, Operations, Staff and Shift Hours tab. You *must* verify the information on those pages/tabs is fully complete and accurate by filling out the accuracy confirmation area (shown below). This area indicates you have reviewed and updated the information shown on that tab and are confirming that it is accurate. If you don't fill this area out the Operational Profile is not complete.

Accuracy Confirmation Area



Accuracy Confirmation
This information is accurate ☐
Confirmed by

Internet Browsers

You can only use Chrome, Safari or Microsoft Edge.

Navigation Tip

Do not use the 'Back button' on your internet browser as it will take you out of the system. Use the buttons provided on the website.

Changes to the database are **AUTOMATIC**

Any change you make is immediately saved, even if you navigate away from the page before you are finished entering the information.

If you require any assistance or have questions, contact us at SBHC.Program@ODHSOHA.OREGON.GOV.

Where to start: Logging In

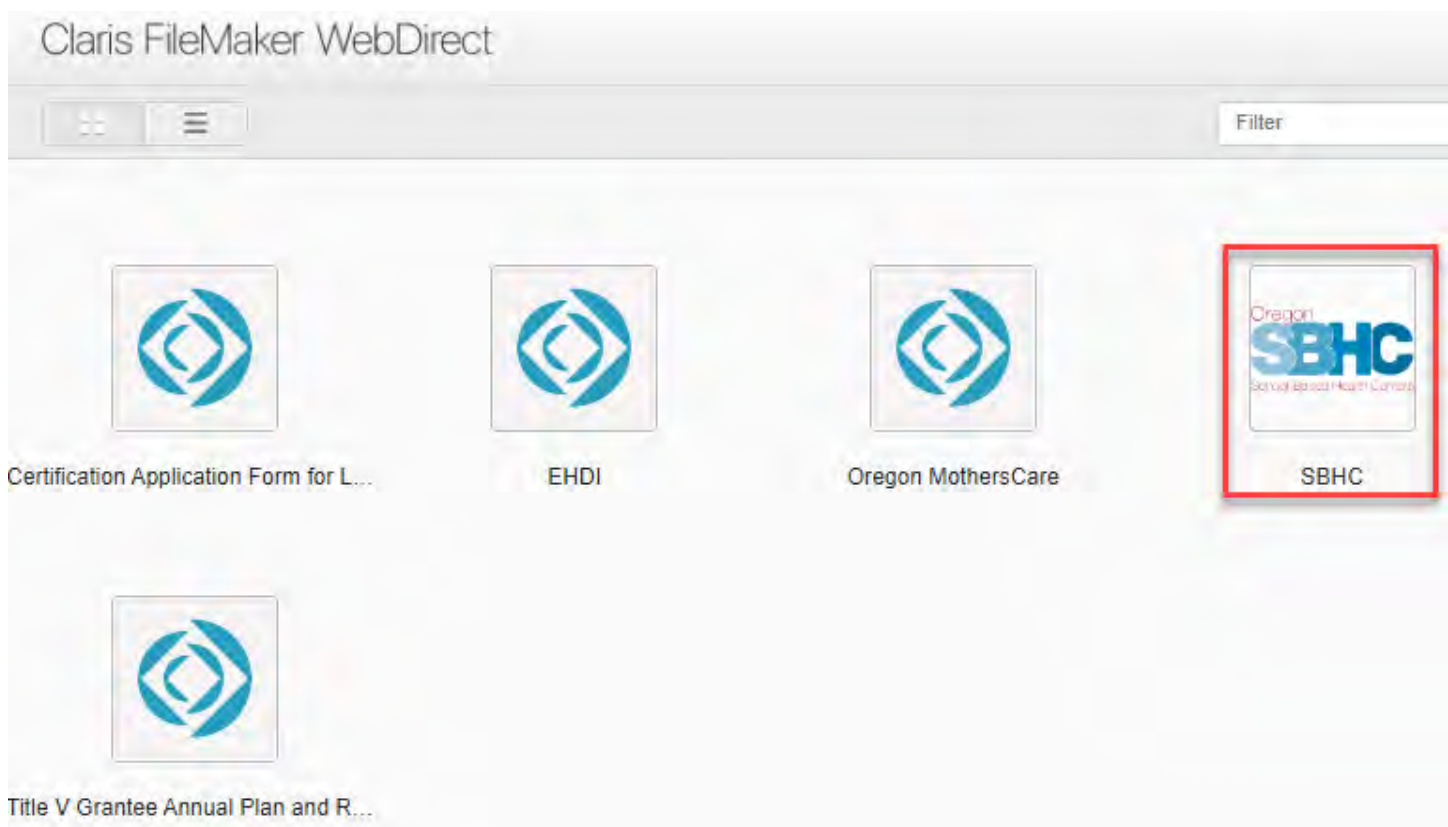
Before you can log in to the SBHC data system, you must obtain your Account ID and Password from the Oregon SBHC State Program Office at SBHC.PROGRAM@ODHSOHA.OREGON.GOV. Login information does not change from year to year.

1. Click the link to login:

<https://mchweb.oha.state.or.us/fmi/webd/>

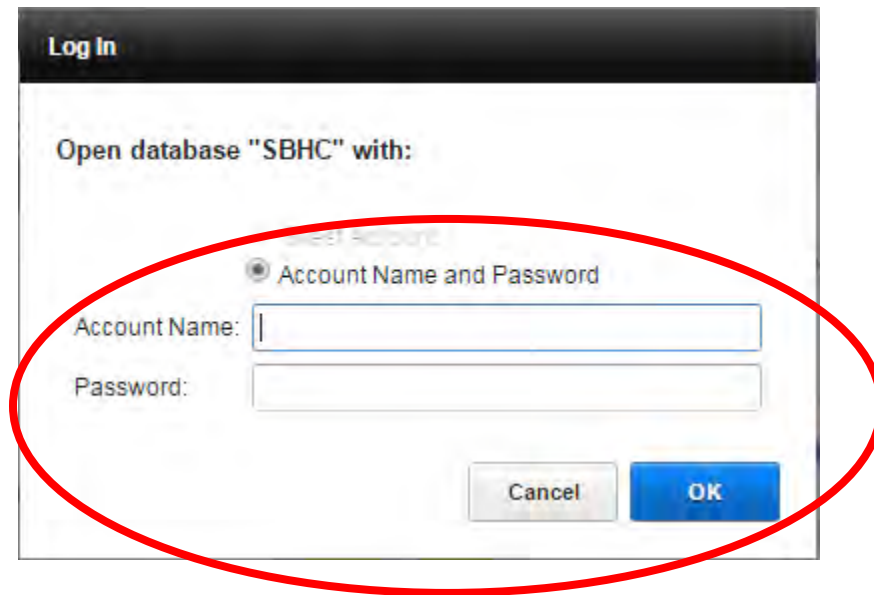
The FileMaker WebDirect screen will appear.

2. Open the SBHC Operational Profile login page by clicking the “SBHC” icon.



3. Enter your account name and password and click the "OK" button.

NOTE: Use the same login information as last year.



The image shows a 'Log In' dialog box with a black header. Below the header, it says 'Open database "SBHC" with:'. There are two radio buttons: 'Test Account' (unselected) and 'Account Name and Password' (selected). Below these are two text input fields: 'Account Name:' and 'Password:'. At the bottom right are 'Cancel' and 'OK' buttons. A red oval highlights the 'Account Name and Password' section and the input fields.

Updating SBHC Information

4. From the "SBHC Menu", select your desired center by clicking the "To SBHC" button.



The image shows the 'SBHC Menu - Web' interface. On the left is a sidebar with 'HOME', 'Lists' (containing 'SBHC List' and 'Staff List'), and 'Log Out'. The main area has a header 'SBHC Menu - Web' and 'Oregon Health Authority SBHC'. Below the header is a table titled 'SBHCs manageable by web test'. The table has columns 'Name', 'System', and 'County'. The first row is 'To SBHC Fake SBHC', 'zCascadia Fakey', and 'Cascadia'. The 'To SBHC' button is circled in red. Below the table is a footer with contact information.

Name	System	County
To SBHC Fake SBHC	zCascadia Fakey	Cascadia

If you require any assistance or have questions, please contact the Oregon SBHC Program Office at: 971-673-0249 or send an email to SBHC.Program@STATE.OR.US

5. The “SBHC Detail” screen will appear with the “Details” Tab selected by default.

SBHC Detail - Web HOME LIST Health Authority **SBHC** SBHC ID 754

Fake2

Details | Operations | Hours of Operation | Staff | Shift Hours | Services | Cert Waiver | KPM | PH Revenue | MH Revenue

SBHC Name: **Fake2** Host School Name: _____

SBHC Info SBHC Physical Address SBHC Mailing Address ☒ Same as Physical

Address Line 1: 3221 South 21st Mail Address Line 1: _____
 Address Line 2: _____ Mail Address Line 2: _____
 Portland, OR 99888 _____
 Phone: 971-676-9988 InfoSystem: Epic Bill 3rd party: ☒ Yes ☐ No
 Fax: 971-676-9911 Primary Care EMR: Epic Electronic Claim: ☒ Yes ☐ No
 Mental Health EMR: Epic

County Info Edit County Info

County: Cascadiaq
 Primary Contact: Testy Smithtest
 Phone: 555-555-5553
 Email: TS@cascadiaq.co.com

System/Medical Sponsor Info Edit System Info

System: zCascadiaTest
 Primary Contact: Jenni William
 Phone: 503-123-4564
 Email: joe@testsystem.com

Mental Health Agency

Mental Health: Oregon Mental Health
 Primary Contact: Pepper Potts
 Phone: 000-000-0000
 Email: PepperPotts@email.com

Dental Health Agency

Dental Health: Portland State Dental Building
 Primary Contact: Iron Man
 Phone: 101-101-1010
 Email: IronMan@OHA.com

Accuracy Confirmation
 This information is accurate ☒ 7/13/2021
 Confirmed by: Test

This must be filled out for the tab to be considered complete.

- The “SBHC Info” section is where you edit physical address/ mailing address, host school name, phone numbers and EMR/EHR system used by the center.
- The “County Info” section contains information about your primary contact at the county. Click on the orange “Edit County Info” button to make changes to this area.
- The “System/Medical Sponsor Info” section is where you edit the primary contact for the System/Medical Sponsor. Click on the orange “Edit System Info” button to make changes to this area.
- The “Mental Health Agency”, and “Dental health Agency” sections contain primary contact information. **When appropriate, verify this information with the outside Mental Health agency who is partnering with the SBHC.**

Updating SBHC Operations and Hours of Operation Information

10. The “Operations” tab and “Hours of Operation” tab contain information about Populations Served, current PCPCH status, Youth Advisory Council, and Hours Open for in-person Primary Care and Mental Health Services. Both tabs must be updated for the CURRENT service year (7/1/2023 – 6/30/2024):

The screenshot shows the 'Operations' tab of the SBHC Detail - Web form. The form is for 'Fake2' with SBHC ID 754. The 'Operations' tab is highlighted. The form contains several sections: 'Populations Served' with checkboxes for 'Serves students from other schools' (Yes/No), 'Names of schools or districts that your SBHC serves' (text area), 'Serves Non School-aged Population' (Yes/No), 'Population Served' (checkboxes for Pre-K, Post High School, Faculty and Staff, Other), and 'Please enter any other non-student populations served by this SBHC' (text area). The 'FQHC' section has a checkbox for 'Are you a Federally Qualified Health Center (FQHC) site?' (Yes/No). The 'PCPCH' section has a checkbox for 'PCPCH Status' (Yes/No), a 'Tier' dropdown (set to 2), and a 'Date of Last Recognition' date picker (set to 7/7/2021). The 'Youth Advisory Council' section has a checkbox for 'Do you have a Youth Advisory Council?' (checked), a 'Primary Contact' section with 'Name' (Jacki Johnson) and 'Email' (JJohnson@email.com) fields. The 'Accuracy Confirmation' section has a checkbox for 'This information is accurate' (checked) and a date (7/13/2021), with a 'Confirmed by' field (set to Test). A red box highlights the 'Accuracy Confirmation' section with the text 'This must be filled out for the tab to be considered complete.'

The screenshot shows the 'Hours of Operation' tab of the SBHC Detail - Web form. The form is for 'Fake2' with SBHC ID 754. The 'Hours of Operation' tab is highlighted. The form contains two main sections: 'Primary Care Hours of Operation' and 'Mental Health Hours of Operation'. Each section has a table for 'In-person Hours' with columns for 'Open' and 'Close' times for each day of the week. The 'Primary Care Hours of Operation' section also has a checkbox for 'Open During Summer' (Yes/No) and a table for 'In-person Summer Hours' with columns for 'Open' and 'Close' times for each day of the week. The 'Mental Health Hours of Operation' section has a table for 'In-person Hours' with columns for 'Open' and 'Close' times for each day of the week. The 'Accuracy Confirmation' section has a checkbox for 'This information is accurate' (checked) and a date (7/13/2021), with a 'Confirmed by' field (set to test). A red box highlights the 'Accuracy Confirmation' section with the text 'This must be filled out for the tab to be considered complete.'

Staff of an SBHC

11. To view a list of all the staff who work for an SBHC, navigate to the “Staff” tab from the SBHC Detail page.

SBHC Detail - Web **HOME** **LIST** **Oregon Health Authority** **SBHC** **SBHC ID 9999**

Fake SBHC

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

Staff To see all existing staff in system, **ADD** an existing staff member to this SBHC or **CREATE** a new staff member click here: **Staff List**

	Staff Name	Roles
To Staff	Test First Test Last	Nurse, Health Dept Administrator, Health Dept SBHC Primary Contact
To Staff	Crystal Test	Health Dept Administrator
To Staff	Starr Lord	SBHC Administrator
To Staff	Bob Salomon	Primary Care Provider
To Staff	Staffy Stafferson	Office/Health/Medical Assistant
To Staff	John Testy	Medical Director, Health Dept Administrator, Health Dept SBHC Primary Contact
To Staff	Test Person	Primary Care Provider
To Staff	Needle Happy	Immunization Coordinator, SBHC Site Coordinator, Quality Assurance Coordinator, Laboratory Coordinator, Nurse, Privacy Official
To Staff	Newest SuperStaffer	Nurse

This must be filled out for the tab to be considered complete.

Accuracy Confirmation
This information is accurate ☒ 6/15/2017
Confirmed by Fake Staff

12. The “Staff” tab contains a list of all staff associated with the selected SBHC and their roles. Roles are assigned by editing the individual staff records. To edit staff roles, see #30 of the “Editing Existing Staff Records” section for more information.
- SBHCs should assign the following roles (staff may hold multiple roles):
 - Immunization Coordinator
 - Laboratory Coordinator
 - Medical Director
 - Office/Health/Medical Assistant
 - Primary Care Provider
 - Privacy Official
 - Quality Assurance Coordinator
 - SBHC Administrator
 - SBHC Site Coordinator
 - Only SBHCs whose contracts go through their local Public Health Department must identify the Health Department Administrator and Health Department SBHC Primary Contact.
 - Additional roles are available and should be assigned to appropriately reflect the SBHCs staffing model (i.e., QMHP, Oral Health Provider, Nurse, etc.)
 - SBHC role descriptions can be found in the Standards for Certification found on the SPO website (www.healthoregon.org/sbhc).

SBHC Detail - Web

HOME LIST

Fake2 SBHC ID 754

Staff

To see all existing staff in system, ADD an existing staff member to this SBHC or CREATE a new staff member click here: **Staff List**

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

This must be filled out for the tab to be considered complete.

13. To create a new staff member record, see below in the “Creating New Staff Records” section for more information.
14. To add, edit or remove an existing staff member to the SBHC staff list, see below in the “Editing Existing Staff Records” section for more information.

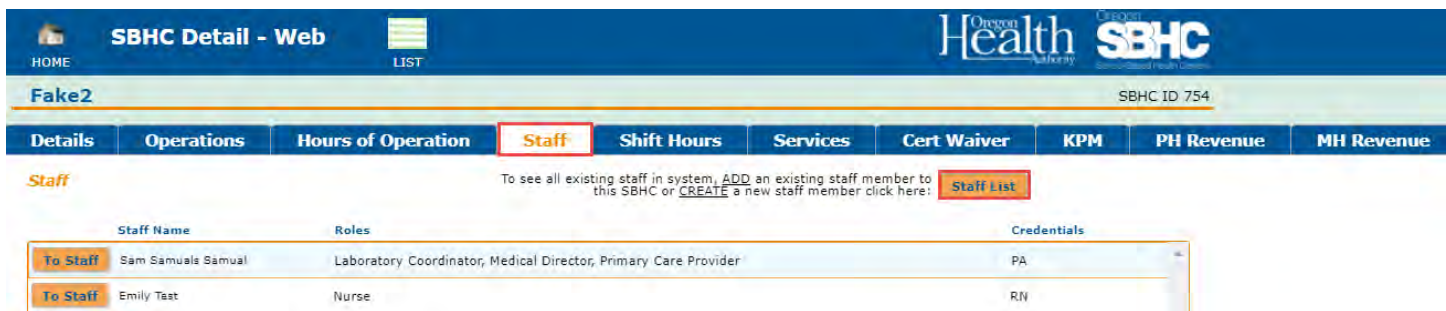
Creating New Staff Records

15. To create a new staff member, go to the “Staff List” page. There are two ways to get there (shown below):

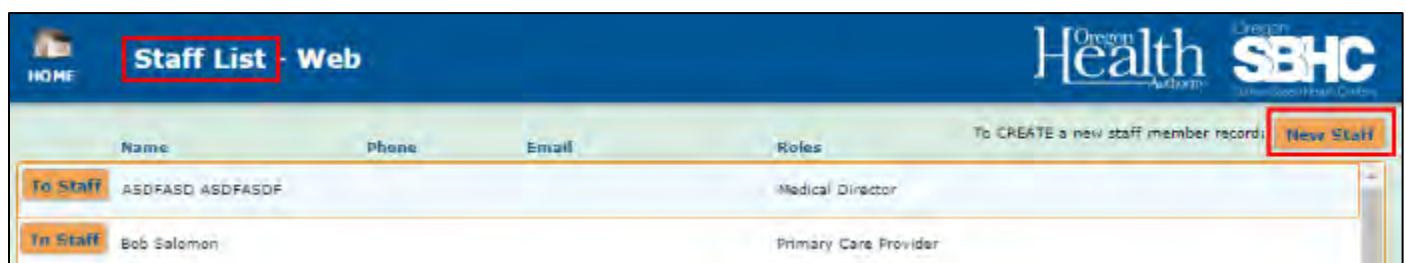
a. Via the “SBHC Menu” page by selecting the “Staff List” button.



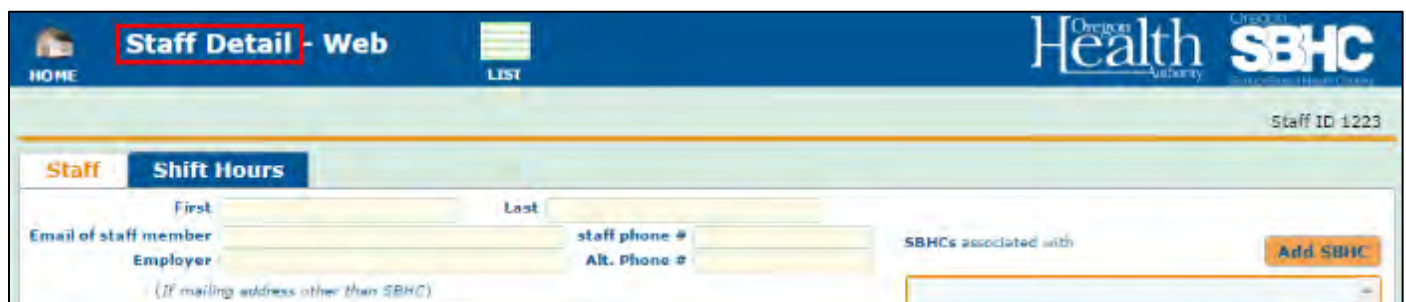
b. Via the “SBHC Detail” page – “Staff” tab by selecting the “Staff List” button.



16. At the “Staff List” screen you can create a new staff record by clicking the “New Staff” button in the upper right-hand corner of the page. This will take you to a blank individual staff record.

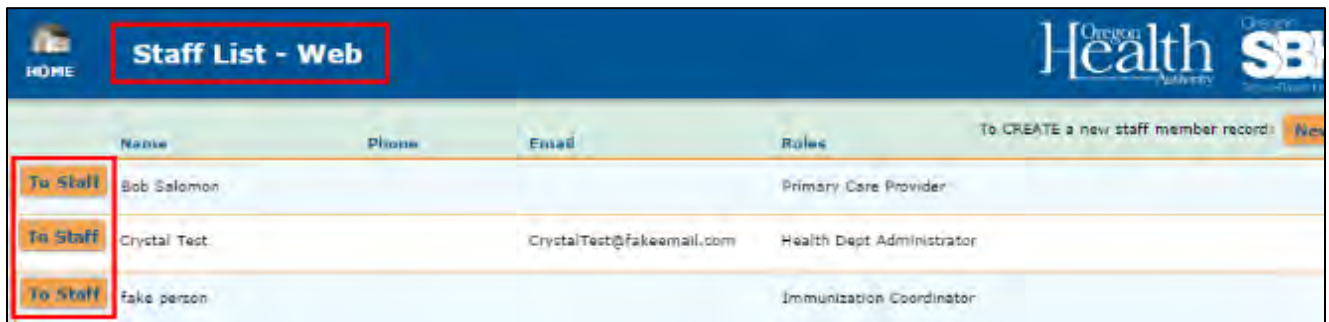


17. In the blank staff record (“Staff Detail” page), you need to fill out the required information. see the “Editing Existing Staff Records” section for more information.

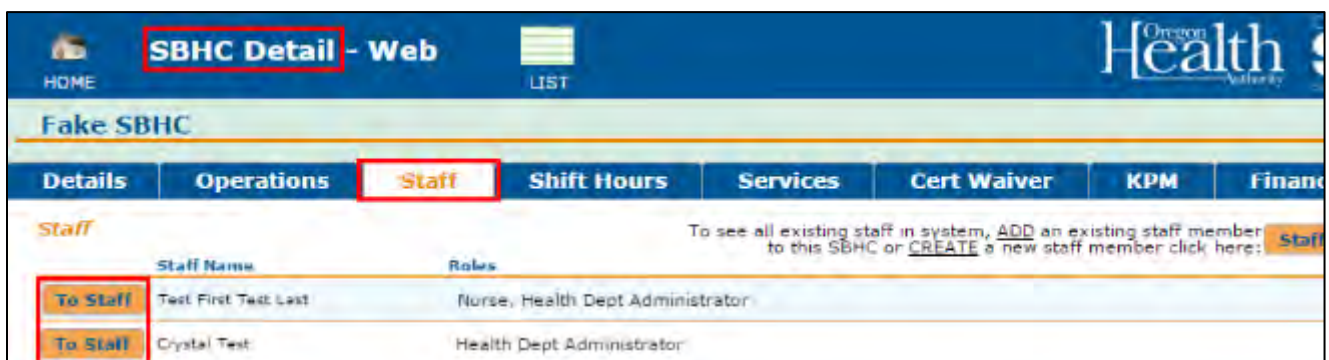


Editing Existing Staff Records

18. To edit a staff member record, you can navigate to the staff record in one of two ways.
- One way is via the “SBHC Menu” page by selecting the “Staff List” button. Once you are on the “Staff List” page you can access an existing staff record by clicking the “To Staff” button on the left side of the desired staff member row. The “Staff Detail” page will appear with the “Staff” tab showing.



- The other way to access an existing staff record is via the “SBHC Detail” page – “Staff” tab by selecting the orange “To Staff” button on the left side of the desired staff member row. The “Staff Detail” page will appear with the “Staff” tab showing.



19. The individual staff record has multiple areas that must be completed. They include basic contact information, mailing address, languages spoken other than English, roles and credentials. PLEASE USE PROPER CAPITALIZATION in this section.

Staff Detail - Web

HOME LIST

Health SBHC

Bob Salomon Staff ID: 97

Staff Shift Hours

First: Bob Last: Salomon

Email of staff member: Staff Phone #: Employer: Alt. Phone #: (If mailing address other than SBHC)

Organization: Address Line 1: Address Line 2: City: State: Zip:

Language(s) Spoken other than English: Other Language(s), if not listed:

☐ Chinese ☐ Russian ☐ Spanish ☐ Vietnamese

SBHCs associated with Bob Salomon: Add SBHC

To SBHC: Fake2

Systems associated with Bob Salomon: zCascadiaTest

20. The mailing address for the staff member should be filled out if they receive mail at a different address than the SBHC. If the staff member works at multiple SBHCs, list their preferred mailing address.

21. Accurate credential information for all staff members is very important. Please consult with staff members to ensure proper documentation of their credentials, including staff from outside Mental Health or Dental agencies.

HOME

Staff Detail - Web

LIST

Oregon Health Authority

SBHC

Behavioral Health Centers

Janey Jefferson

Staff ID: 2511

Staff

Shift Hours

First JaneyLast Jefferson

Email of staff memberStaff Phone #

EmployerAlt. Phone #

(If mailing address other than SBHC)

Organization

Address Line 1

Address Line 2

CityStateZip

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 (as defined by OARs, not necessarily MHACBO)

☐ Quality Assurance Coordinator

☐ SBHC Administrator

☐ SBHC Coordinator

Other Roles

☐ Case Manager

☐ Community Health Worker (CHW)

☐ Drug and Alcohol/Substance Use Counselor

☐ Eligibility Specialist/OHP Assister

☐ Health Educator

☐ Health/Patient/Resource Navigator

☐ Integrated Behavioral Health Provider/BH Consultant

☐ Mental Health Counselor/Therapist

☐ Outreach Worker

☐ Peer Support Specialist (PSS)

☐ Peer Wellness Specialist (PWS)

☐ Pharmacist

☐ Psychiatrist

☐ Psychologist

☐ Skills Trainer

☐ Social Worker

☐ YAC/SHAC Advisor

☐ Youth Engagement Coordinator

Enter in Role(s), if not listed above

SBHCs associated with Janey Jefferson

Add SBHC

To SBHC Fake SBHC

Systems associated with Janey Jefferson

zCascadiaTest

Staff members can be associated with a system, even if they aren't staff members at any SBHC in that system.

Credentials - Physical Health

☐ APRN-NP

☐ DO

☐ LPN

☐ CMA (Certified Medical Assistant)

☐ MD

☐ ND

☐ NP

☐ PA

☐ RN

Credentials - Mental/Behavioral Health

☐ Certified Alcohol and Drug Counselor (CADC)

☐ Clinical Social Work Associate (CSWA)

☐ Licensed Clinical Social Worker (LCSW)

☐ Licensed Marriage and Family Therapist (LMFT)

☐ Licensed Professional Counselor (LPC)

☐ Marriage and Family Therapist Associate (MFTA)

☐ Professional Counselor Associate (PCA)

☐ Psychiatric-Mental Health Nurse Practitioner (PMHNP)

☐ Qualified Mental Health Associate (QMHA)

Credentials - Oral Health

☐ DDS

☐ DMD

☐ EFDA

☐ EFDH

☐ EPDH

☐ RDH

Credentials - Traditional Health Worker

☐ Traditional Health Worker

Enter in Credential(s), if not listed above

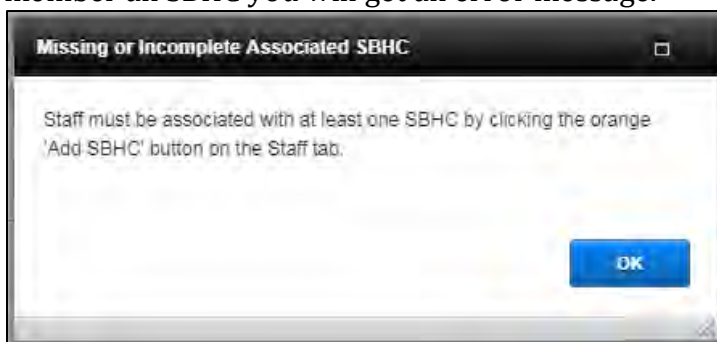
22. Another area of the “Staff” tab lists the SBHC(s) where the staff member works. To add a staff member to the staff list of an SBHC, click the orange “Add SBHC” button on the upper right side of that area and choose an SBHC from your system SBHC list.

IMPORTANT: Staff will only show up on SBHC Staff lists (“SBHC Detail” page – “Staff” tab) of SBHCs listed in this area. EVERY staff member must have at least one SBHC listed unless their record is being deleted. Shifts hours cannot be added without adding an SBHC.

23. A menu bar will appear below, click the triangle on the right side of bar to show the drop-down menu of SBHCs in your System. Choose the appropriate SBHC.

The screenshot shows the "Staff Detail - Web" interface. The "Staff" tab is selected, and the "Shift Hours" sub-tab is also visible. The form contains fields for staff information: First Name (Test First), Last Name (Test Last), Email (TLast@fake.com), Employer (County X Public Health Department), Organization (County X Public Health Department), Address Line 1 (123 South Jay Street), Address Line 2 (Room 10), City (Lost City), State (OR), and Zip (97522). There are also fields for staff phone # (541-555-1234) and alt. phone # (541-555-4321). A section for "Roles" includes checkboxes for Health Dept Administrator, Health Dept SBHC Primary Contact, Immunization Coordinator, Laboratory Coordinator, Alcohol & Drug Counselor, Community Health Worker, CNA, and Dentist (DMD). On the right, a section titled "SBHCs associated with Test First Test Last" shows a list of SBHCs: Fake SBHC, Fake SBHC Loretta, and Fake SBHC Matt. An "Add SBHC" button is located next to the list. A red box highlights the "To SBHC" dropdown menu.

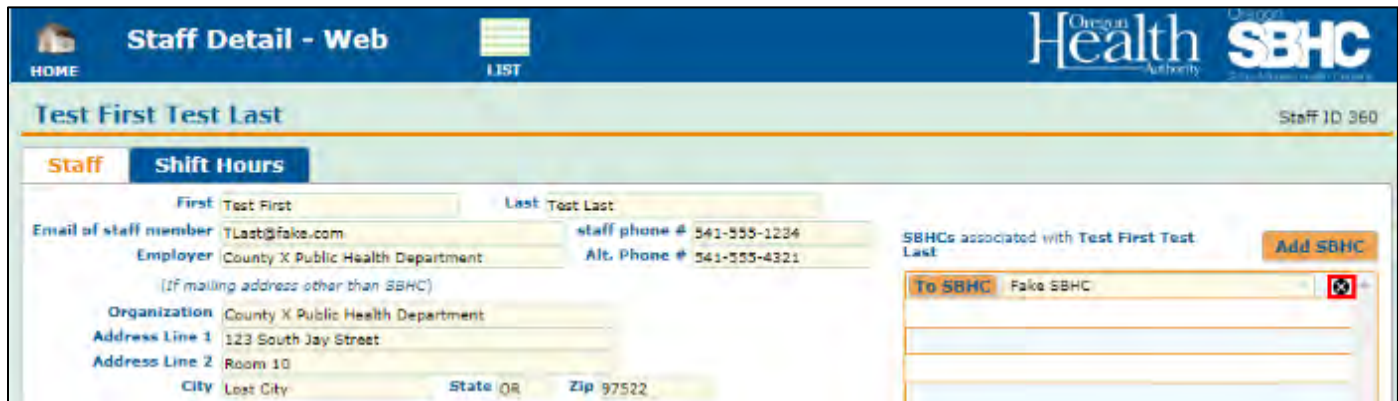
NOTE: If you try to navigate to the Staff Detail - Shift Hours tab without assigning the staff member an SBHC you will get an error message.



24. To remove a staff member from the staff list of an SBHC:

- On the Shift Hours tab, delete any shifts the staff member has at the SBHC you are removing them from. See “Editing Existing Staff Record” section for more information about deleting shift hours.
- On the Staff tab, click the “X” in the black circle to the right of the SBHC.

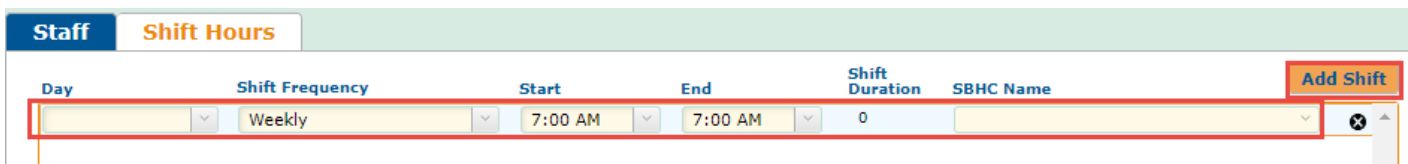
NOTE: This does NOT remove the staff member from other SBHCs listed in this area or the overall system staff list. To remove a staff member from the system staff list, see “Removing Staff from the System Staff List” section for more information.



25. After the “Staff” tab is complete, move to the “Shift Hours” tab of the staff. It contains the area where their on-site shift hours are listed. All on-site shifts display on this tab even if they work at multiple SBHCs.

IMPORTANT: Shifts cannot be created unless the staff member is listed on the staff list of a SBHC first. See instructions on adding staff to an SBHC staff list.

26. To add a shift, click the orange “Add Shift” button in the upper right corner of the tab to create a new shift record. A blank shift row will appear with drop-down menus to select the shift details like the shift day, shift frequency, start time, end time and the SBHC where the shift is worked.



27. To add or edit shift details click the arrow on the right side of each drop-down menu to select the shift day, shift frequency, start time, end time and SBHC where shift is worked. **Do not enter the staff member's lunch hour. There should be only one shift hour row that reflects their start time and end time for each day they work in the SBHC.**

NOTE: If the “*Shift Hours entry is missing information” warning is present you haven’t filled out all of the required shift information.

Staff Detail - Web

HOME LIST

Jackie Smithson

*Shift Hours entry is missing information

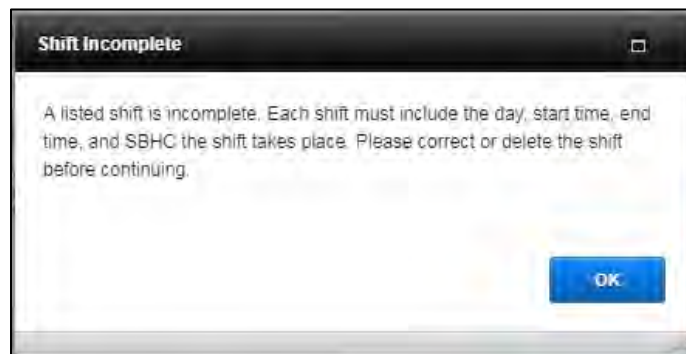
Staff ID 1610

Staff Shift Hours

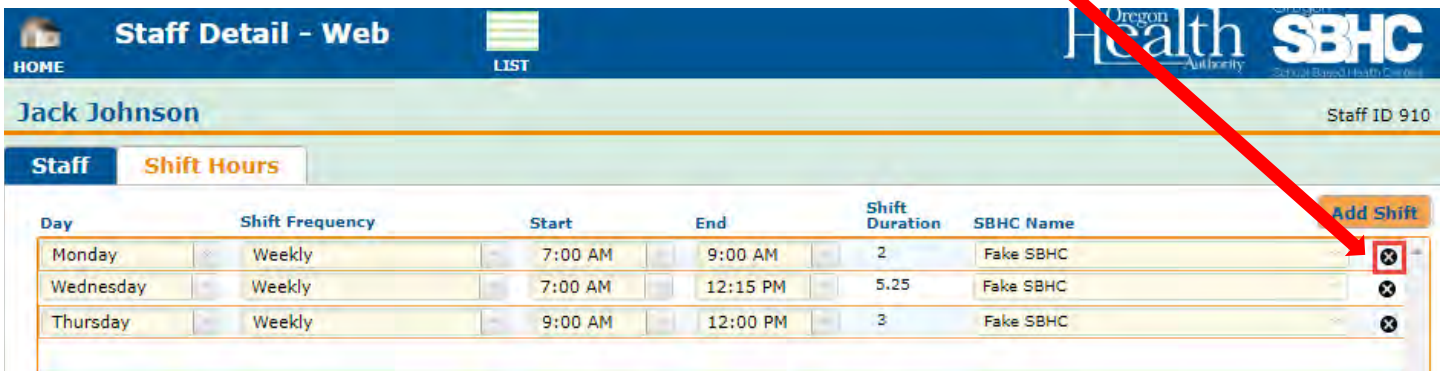
Day	Shift Frequency	Start	End	Shift Duration	SBHC Name
Monday	Weekly	7:00 AM	7:00 AM	0	
Tuesday					
Wednesday					
Thursday					
Friday					

add shift

NOTE: If you try to navigate away from the Staff Detail – Shift Hours tab without fully completing the shift you were working on, the bellow error message will pop up telling you the shift is incomplete.



28. To delete an existing shift, click the “X” in the black circle.



Staff Detail - Web HOME LIST Oregon Health Authority SBHC Staff ID 910

Jack Johnson

Staff **Shift Hours**

Day	Shift Frequency	Start	End	Shift Duration	SBHC Name	
Monday	Weekly	7:00 AM	9:00 AM	2	Fake SBHC	
Wednesday	Weekly	7:00 AM	12:15 PM	5.25	Fake SBHC	
Thursday	Weekly	9:00 AM	12:00 PM	3	Fake SBHC	

Add Shift

Shift Hours of an SBHC

29. To view a list of all shift hours for each staff associated with an SBHC, click the “Shift Hours” tab from the “SBHC Detail” page. There should only be one row each day for an individual staff member. Do not include separate rows that reflect a staff’s break in the day for their lunch break.



SBHC Detail - Web HOME LIST Oregon Health Authority SBHC SBHC ID 754

Fake2

Details **Operations** **Hours of Operation** **Staff** **Shift Hours** **Services** **Cert Waiver** **KPM** **PH Revenue** **MH 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
To Staff Monday	Weekly	7:00 AM	7:00 PM	12	Emily Test	Nurse
To Staff Tuesday	Weekly	7:00 AM	7:30 PM	12.5	Jackie Smithson	Office/Health/Medical Assistant
To Staff Wednesday	Weekly	7:00 AM	2:00 PM	7	Emily Test	Nurse
To Staff Thursday	Weekly	7:00 AM	5:00 PM	10	First Last	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 ☒ 7/13/2021
Confirmed by Test

30. Shift hours are created, edited and/or deleted in the individual staff record. To navigate to an existing individual staff record click the orange “To Staff” button to the left of their shift row. You can also click the orange “Staff List” button in upper right corner to navigate to the system staff list to access or create individual staff records.

NOTE: See the “Editing Existing Staff Records” section for more information on shift hours.

SBHC Detail - Web

HOME LIST

Fake2

Details Operations Hours of Operation Staff Shift Hours Services Cert Waiver KP

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
To Staff	Monday	Weekly	7:00 AM	7:00 PM	12	Emily Test	Nurse
To Staff	Tuesday	Weekly	7:00 AM	7:30 PM	12.5	Jackie Smithson	Office/Health/Medical Assistant
To Staff	Wednesday	Weekly	7:00 AM	2:00 PM	7	Emily Test	Nurse
To Staff	Thursday	Weekly	7:00 AM	5:00 PM	10	First Last	Nurse

31. After all staff shift hours are listed and verified to be correct, click the Accuracy Confirmation checkbox and type your name in the bottom right corner of the tab.

IMPORTANT: If you do not fill out this area, the profile is incomplete and out of compliance.

[To Staff](#) Monday 8:00 AM 12:00 PM 4 Bob Salomon Primary Care Provider

[To Staff](#) Monday 12:30 PM 5:30 PM 5 Larry Test Qualified Mental Health Professional Dept SBHC Primary

[To Staff](#) Tuesday 8:00 AM 3:30 PM 7.5 Gary Test

[To Staff](#) Tuesday 1:00 PM 5:30 PM 4 Larry Test

[To Staff](#) Wednesday 7:00 AM 11:00 AM 4 Staffy Stafferson Office/Health/Med

[To Staff](#) Thursday 9:00 AM 12:00 PM 3 Test First Test Last Nurse

This must be filled out for this tab to be considered complete

Accuracy Confirmation
☐ This information is accurate
 Confirmed by


To EDIT or DELETE existing staff shifts for this SBHC, use the "To Staff" button on the left side of the shift row.

Removing Staff from the Operational Profile

32. If a staff member no longer works for any of the SBHCs in their SBHC system, steps need to be taken to properly remove them from the Operational Profile

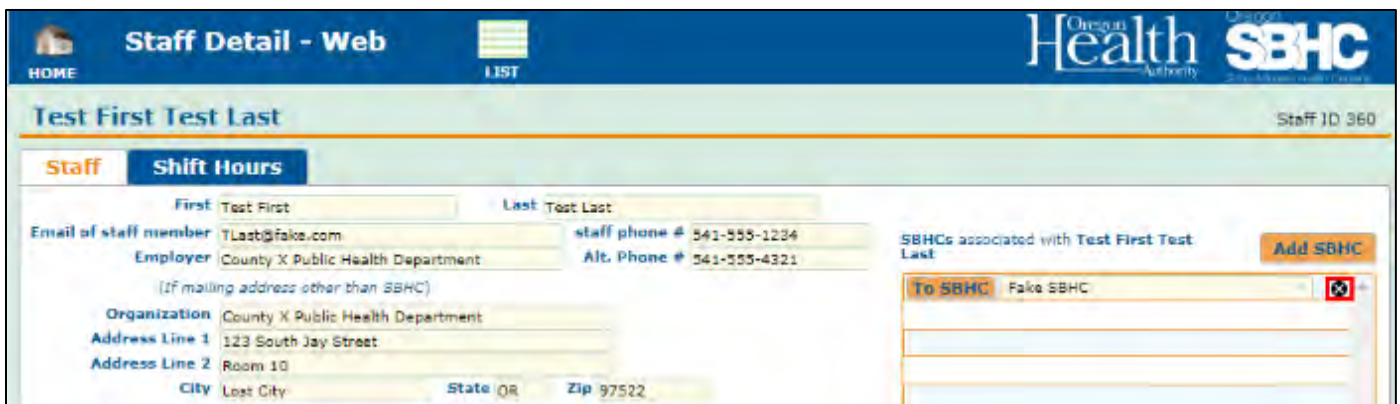
NOTE: If the staff member still works at an SBHC in the system but needs to be removed from one SBHC staff list, see the “Editing Existing Staff Record” section.

33. Delete ALL shift hours the staff member had in their individual staff record. This is done by clicking the “X” in the black circle on the right side of the shift row on the “Shift Hours” tab of the “Staff Detail” page for that staff member.



34. Remove the staff member from all SBHC staff lists. To remove a staff member from the staff list of an SBHC, click the “X” in the black circle to the right of the desired SBHC on the “Staff” tab of the “Staff Detail” page for that staff member.

NOTE: It is very important that you remove all shift hours before this step.



35. To completely remove the staff member, send an email request to SBHC.PROGRAM@ODHSOHA.OREGON.GOV. Include the name of the staff member and the SPO will remove them from your system staff list.

NOTE: It is helpful if you send staff deletion requests to the SPO in batches. For example, if you are cleaning up your site profiles and have several staff that need to be removed, email the SPO one list with the names to be deleted.

Comprehensive Pediatric Health Care Services

36. The “Services” tab identifies if an SBHC provides those services on-site or by referral.

NOTE: For more information about the Comprehensive Pediatric Health Care Services required by the SBHC Standards for Certification, Version 4, visit the Certification Standards page of the SPO website (www.healthoregon.org/sbhc).

Be sure to click the Accuracy Confirmation checkbox and type your name in the bottom right corner of the tab.

SBHC Detail - Web

HOME LIST

Fake SBHC SBHC ID :

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

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

	Dispense on-site	Prescription to pharmacy	Refer to other clinic or provider
Birth control pills	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Cervical Barriers	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Emergency Contraception	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Implant	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injectable	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
IUD/IUS	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patch	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Ring	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Condoms	Available on-site - Yes <input type="radio"/>		No <input checked="" type="radio"/>

Accuracy Confirmation
This information is accurate ☐
Confirmed by _____

This must be filled out for the tab to be considered complete.

Certification Waivers

37. The “Cert Waiver” tab contains a list of all certification waivers submitted for the site. To create , view or edit Certification Waiver entries, navigate to the “Cert Waiver” tab on the “SBHC Detail” page.

NOTE: For more information about Certification Waivers, see the SBHC Standards for Certification, Version 4 on the Certification Standards page of the SPO website (www.healthoregon.org/sbhc).

The screenshot shows the "SBHC Detail - Web" interface. The top navigation bar includes "HOME", "SBHC Detail - Web", and "LIST". The main header displays "Fake SBHC" and "SBHC ID 9999". The "Cert Waiver" tab is selected and highlighted. Below the tabs, the "Certification Waivers" section features an "Add Wavier" button and a table of waivers.

	Date Created	Section Letter	Expected Completion	Approved	Date Approved	Date Resolved	
Select	11/4/2013	Data Collection/Reporting	11/21/2013	Yes	4/9/2014	1/8/2016	✕
Select	11/4/2013	Sponsoring Agency/Facility	12/25/2013	Yes	4/9/2014	12/29/2015	✕
Select	7/8/2013	Sponsoring Agency/Facility	1/15/2016	Yes	8/5/2013	12/29/2015	✕
Select	12/5/2012	Data Collection/Reporting	7/16/2014	Yes		12/29/2015	✕
Select	11/29/2012	Sponsoring Agency/Facility	7/11/2014	Yes	4/9/2014	4/9/2015	✕

Waiver Instructions
Instructions on how to fill out a waiver are in the Operational Profile User's Guide 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.

38. To view or edit an individual waiver, click on the “Select” button on the left side of its row. A pane will then show up on the right side of the window with all the waiver information.

39. To create a new certification waiver entry, click the “Add Waiver” button on the top right side of the waiver list. This will show a panel on the right where you can fill out the details of the waiver you want to submit.

Certification Waivers

Select	Date Created	Section Letter	Expected Completion	Approved	Date Approved	Date Resolved
Select	7/20/2017					
Select	11/4/2013	Data Collection/Reporting	11/21/2013	Yes	4/9/2014	1/8/2016
Select	11/4/2013	Sponsoring Agency/Facility	12/25/2013	Yes	4/9/2014	12/29/2015
Select	7/8/2013	Sponsoring Agency/Facility	1/15/2016	Yes	8/5/2013	12/29/2015
Select	12/5/2012	Data Collection/Reporting	7/16/2014	Yes		12/29/2015
Select	11/29/2012	Sponsoring Agency/Facility	7/11/2014	Yes	4/9/2014	4/9/2015

Add Waiver

Certification Waiver Info

Submitter Contact Date Created: 7/20/2017

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

Waiver Instructions

Instructions on how to fill out a waiver are in the Operational Profile User's Guide 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.

40. To fill out a new certification waiver, fill out each section of the waiver as outlined below:

- Submitter Contact: Enter your name, title and contact info
- County Contact: Enter name, title and contact info of the county public health employee if you informed them that the SBHC is requesting a waiver for non-compliance. **Only SBHCs whose contract goes through the County Public Health Department must complete this area.**
- Certification Section: Choose certification section that is not being met from the drop-down menu
- Which standard is not being met? Explain WHAT is not in compliance with the Oregon School-Based Health Centers Standards for Certification
- Explanation of why standard is not met? Explain WHY the SBHC is not in compliance
- Action plan to meet standard. Explain HOW the SBHC will come into compliance. Be specific.
- Expected date of compliance: Enter date to complete action plan.

Certification Waiver Info

Submitter Contact Date Created: 7/20/2017

First: Test First
 Last: Test Last
 Title: SBHC Site Coordinator
 Email: Test@testdomain
 Phone: 555-555-1234

County Contact

Has County Public Health been notified? ☒ Yes ☐ No

First: County First
 Last: County Last
 Title: County Contact
 Email: County@county.com
 Phone: 555-333-2525

Certification Section: C: Facility

Which standard is not being met?
 Standard that is not being met.

Explanation of why standard is not met
 Reason standard is not being met.

Action plan to meet standard
 Detailed action plan.

Expected date of compliance
 7/28/2017

WAIVER INFORMATION COMPLETE: Submit to SPO

41. After the certification waiver information is completely filled out, click the red “WAIVER INFORMATION COMPLETE: Submit to SPO” button to send the waiver to the State Program Office for review.

NOTE: You only need to click the “WAIVER INFORMATION COMPLETE: Submit to SPO” button once.

Certification Waiver Info Date Created: 7/20/2017

Submitter Contact

First: Test First
Last: Test Last
Title: SBHC Site Coordinator
Email: Test@testdomain
Phone: 555-555-1234

County Contact

Has County Public Health been notified? ☒ Yes ☐ No

First: County First
Last: County Last
Title: County Contact
Email: County@county.com
Phone: 555-333-2525

Certification Section: C: Facility

Which standard is not being met?
Standard that is not being met.

Explanation of why standard is not met
Reason standard is not being met.

Action plan to meet standard
Detailed action plan.

Expected date of compliance
7/28/2017

WAIVER INFORMATION COMPLETE: Submit to SPO

42. After clicking the red submit button, a ‘Waiver Submission Confirmation’ pop up box will appear as confirmation of that the waiver submission was emailed to the SPO. It will disappear after clicking ‘OK’. The SPO will follow-up with you within 7 days of submitting the waiver.



Key Performance Measures (KPM)

43. The “KPM” tab contains lists of all Key Performance Measures and Optional KPM - Biennial Selections submitted for the site. To view, edit or create a KPM entry, navigate to the “KPM” tab.

IMPORTANT information about new KPM entries: The Add KPM button is locked until the Chart Audit Process Summary and the Chart Audit Tracking sheet documents are reviewed and approved by Loretta Gallant (LORETTA.L.GALLANT@OHA.OREGON.GOV).

Go to the [SBHC Data Requirements web page](#) for more information about KPM requirements, including individual Guidance documents and sample Chart Audit Tracking sheet.

SBHC Detail - Web HOME LIST Health Authority Oregon SBHC School-Based Health Centers SBHC ID 9999

Fake SBHC

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

Key Performance Measures Add KPM

	Date Created	Fiscal Year	REQUIRED	Well Visit %	HA %	Opt. KPM %	Date Submitted	
Select	7/5/2017	7/1/2016 to 6/30/2017	80%	60%	75%	7/5/2017		
Select	8/11/2016	7/1/2015 to 6/30/2016	17%	67%		8/11/2016		

Optional KPM - Biennial Selection Add Optional KPM

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

NOTE: Annual KPM entries are ‘locked’ on January 1st each year. Optional KPM – Biennial Selections are ‘locked’ 30 days after they are created. You can view entries but not edit them after they have been locked. If you need to make changes, email SBHC.PROGRAM@ODHSOHA.OREGON.GOV.

44. View or edit an individual KPM entry by clicking the “Select” button on the left side of its row. This opens a pane that will show all the information in the Key Performance Measure submission.

HOME

SBHC Detail - Web

LIST

Oregon Health Authority

Oregon SBHC School-Based Health Centers

SBHC ID 9999

Details

Operations

Staff

Shift Hours

Services

Cert Waiver

KPM

Financial

Key Performance Measures

Add KPM

	Date Created	Fiscal Year	REQUIRED	Well Visit %	HA %	Opt. KPM %	Date Submitted	
Select	7/5/2016	7/1/2015 to 6/30/2017	80%	60%	75%	7/5/2017		X
Select	8/11/2016	7/1/2015 to 6/30/2016	17%	67%		8/11/2016		X

Optional KPM - Biennial Selection

Add Optional KPM

	Date Created	Biennium	Optional KPM Measure	
Select	1/7/2016	2015 - 2017	Adolescent Immunization	X

Key Performance Measure Info

Fiscal Year

7/1/2015 to 6/30/2016

Date Created

8/11/2016

CORE MEASURES (Required)

Well-Care Visit

Reviewed

30

Number of charts reviewed

In compliance

5

Number of charts in compliance

16.7%

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

Adolescent Immunization (Immunization data will be entered by SPO)

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

Test Tester

Please provide any explanations/feedback

KPM INFORMATION COMPLETE: Submit to SPO

45. Once the Chart Audit Process and Tracking Sheet documents are approved by Loretta Gallant, you can create a new KPM entry. Click the “Add KPM” button on the top right side of the KPM list. This will open a blank KPM entry for you to fill out.

NOTE: KPM entries should be entered for the previous fiscal year (7/1/22 – 6/30/23).

NOTE: Sites who chose an Immunization-related Optional KPM measure should NOT enter any optional measure information. You must submit via secure email a list of all clients in the eligible population who were seen during the last fiscal year (7/1/22 – 6/30/23) to Loretta Gallant (LORETTA.L.GALLANT@OHA.OREGON.GOV). Information on the spreadsheet must include columns with First Name, Last Name, Date of Birth, Street Address, City, State and Zip code.

NOTE: Review the KPM guidance documents on the Data Requirements page of our website (www.healthoregon.org/sbhc) for more information about KPM requirements and detailed instructions for submitting required documents to the SPO, including details about the eligible population for each KPM.

The screenshot displays the 'SBHC Detail - Web' interface. At the top, there's a navigation bar with 'HOME', 'LIST', and 'SBHC ID 9999'. Below this, a tabbed interface shows 'Details', 'Operations', 'Staff', 'Shift Hours', 'Services', 'Cert...', and 'Financial'. The 'Details' tab is active, showing 'Key Performance Measures'. A red starburst annotation points to the 'Fiscal Year' field, stating 'Entries should be for previous fiscal year.' The 'Key Performance Measures' section includes a table with columns: 'Date Created', 'Fiscal Year', 'REQUIRED Well Visit %', 'REQUIRED HA %', 'Opt. KPM %', and 'Date Submitted'. Below this is an 'Optional KPM - Biennial Selection' section with a table for 'Date Created', 'Biennium', and 'Optional KPM Measure'. On the right, a 'Key Performance Measure' form is shown, with sections for 'CORE MEASURES (Required)' (Well-Care Visit, Comprehensive Health Assessment (HA)), 'OPTIONAL MEASURE', and 'REQUIRED DOCUMENTS'. The 'REQUIRED DOCUMENTS' section has checkboxes for 'Chart audit process summary' and 'Chart audit tracking sheet'. At the bottom right, a red button says 'KPM INFORMATION COMPLETE: Submit to SPO'.

Date Created	Fiscal Year	REQUIRED Well Visit %	REQUIRED HA %	Opt. KPM %	Date Submitted
Select	7/19/2018				
Select	6/21/2018	7/1/2017 to 6/30/2018	21%	45%	7/2/2018
Select	1/23/2018	7/1/2016 to 6/30/2017	0%	100%	53%
Select	9/22/2017	7/1/2016 to 6/30/2017	100%	100%	100%
Select	8/11/2016	7/1/2015 to 6/30/2016	17%	67%	40%

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

46. The Required Documents area has two checkboxes for you to indicate you have sent the Chart Audit Process Summary and the Chart Audit Tracking Sheet via secure email to the SPO.

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

47. After you have filled out the KPM information, click the red “KPM INFORMATION COMPLETE: Submit to SPO” button to submit the entry to the SPO and populate a date in the “Date Submitted” column of the KPM list.

IMPORTANT. If you do not click this button, we do not know the information on this page is complete. If a date is not populated in the “Date Submitted” column, the profile is incomplete.

Key Performance Measures

Date Created	Fiscal Year	REQUIRED		Opt. KPM %	Date Submitted
		Well Visit %	HA %		
Select 7/21/2017					
Select 7/5/2017	7/1/2016 to 6/30/2017	80%	60%	75%	7/5/2017
Select 8/11/2016	7/1/2015 to 6/30/2016	17%	67%		8/11/2016

Optional KPM - Biennial Selection

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

Key Performance Measure Info

Fiscal Year _____ Date Created 7/21/2017

CORE MEASURES (Required)

Well-Care Visit

Reviewed _____ Number of charts reviewed _____
In compliance _____ Number of charts in compliance _____
Percent of charts in compliance _____

Comprehensive Health Assessment (HA)

Reviewed _____ Number of charts reviewed _____
In compliance _____ Number of charts in compliance _____
Percent of charts in compliance _____

OPTIONAL MEASURE

Reviewed _____
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

This must be clicked for the KPM entry to be complete

48. To create a new Optional KPM – Biennial Selection entry, click the “Add Optional KPM” button on the top right side of the Optional KPM list. This will open a blank Optional KPM entry for you to fill out. The SPO will notify SBHCs every two years when it is time to create an Optional KPM - Biennial Selection entry. Do not select a new Optional KPM unless you are directed by the SPO to do so.

NOTE: For more information about Optional KPM requirements visit the SBHC Data Requirements page of the SPO website (www.healthoregon.org/sbhc).

Optional KPM - Biennial Selection

Add Optional KPM

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

Optional KPM - Biennial Selection Info

Biennium: [Dropdown]

Choose One:

- ☐ Adolescent Immunization
- ☐ Chlamydia Screening
- ☐ Depression Screening
- ☐ Nutrition Counseling
- ☐ Substance Use Screening

This information is accurate

Confirmed by: [Text Box]

49. After you have the Optional KPM – Biennial Selection filled out and verified to be correct, click the checkbox and type your name in the white box below it.

Physical Health Revenue Information

50. The “PH Revenue” tab contains a list of all annual revenue entries submitted for the site. To view, edit or create a center's yearly financial information which should include Physical and Dental Health services, click the “PH revenue” tab on the “SBHC Detail” page.

SBHC Detail - Web

HOME LIST

SBHC

Fake SBHC 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	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

51. You can view an existing or edit a recent individual financial entry by clicking the “Select” button on the left side of its row. This will show an overview of the information in a pane to the right. To open the financial entry further, click the “View/Edit Entry” button in the bottom right corner.

The screenshot shows the 'Financial - Annual Revenue' page. At the top, there is a table with columns: Date Created, Fiscal Year, Total Op Rev, and Date Submitted. Each row has a 'Select' button on the left and a delete icon on the right. A red box highlights the 'Select' button for the first entry. To the right of the table is a detailed pane titled 'Annual Revenue Info' for the selected entry (Fiscal Year: 7/1/2016 to 6/30/2017). This pane shows a 'Revenue Breakdown by Source' with categories like Public funds, Medical Sponsor Funds, One-time grants, Fundraising, Patient fees, Third party billings, and Other. A 'Total Operating Revenue' is shown as \$152,241. At the bottom of this pane is a 'View/Edit Entry' button, which is also highlighted with a red box.

	Date Created	Fiscal Year	Total Op Rev	Date Submitted
Select	7/21/2017	7/1/2016 to 6/30/2017	\$152,241	
Select	6/2/2016	7/1/2015 to 6/30/2016	\$1,853,948	7/21/2017
Select	9/21/2015	7/1/2014 to 6/30/2015	\$127,715	9/21/2015
Select	7/14/2015	7/1/2012 to 6/30/2013	\$68,131	7/31/2015
Select	8/5/2013	7/1/2013 to 6/30/2014	\$1,986	7/14/2015
Select	9/4/2012	7/1/2011 to 6/30/2012	\$5,000	7/14/2015

Annual Revenue Info
Date Created: 7/21/2017

Revenue Breakdown by Source
Fiscal Year: 7/1/2016 to 6/30/2017

- Public funds (federal, state, county, city): \$15,020
- Medical Sponsor Funds:
- One-time grants or awards (public or private):
- Fundraising and in-kind donations:
- Patient fees: \$3,000
- Third party billings: \$134,221
- Other:
- Total Operating Revenue: \$152,241

SBHC explanations/feedback:

View/Edit Entry

52. To create a new annual revenue entry, click the “Add Annual Rev” button at the top. This will take you to a new screen, showing a blank “Physical Health Revenue Detail” page.

The screenshot shows the 'SBHC Detail - Web' page. At the top, there is a navigation bar with 'HOME', 'LIST', and 'SBHC Detail - Web'. Below this is a 'Fake SBHC' header with 'SBHC ID 753'. A tabbed interface shows 'Details', 'Operations', 'Staff', 'Shift Hours', 'Services', 'Cert Waiver', 'KPM', 'PH Revenue', and 'MH Revenue'. The 'PH Revenue' tab is selected. Below the tabs is the 'Financial - Annual Revenue' section. It features an 'Add Annual Rev' button at the top. Below the button is a table with columns: Date Created, Fiscal Year, Total Op Rev, and Date Submitted. Each row has a 'Select' button on the left and a delete icon on the right.

	Date Created	Fiscal Year	Total Op Rev	Date Submitted
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

53. The “Physical Health Annual Revenue Detail” page contains information about the fiscal year for the information being entered and contact information for the person filling out the form. Be sure to fill out all of these fields. **NOTE:** Physical Health Revenue entries should be entered for the previous fiscal year (July 1, 2022-June 30, 2023).

Physical Health Revenue Detail - Web

HOME

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

Oregon Health SBHC
Authority
State-Based Health Centers

SBHC Name: Fake SBHC
Fiscal Year:
First Name:
Last Name:
Phone:
Title:
Email:
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: Public/Medical Sponsor Funds
(This does NOT include billing revenue)

Federal Funds
Description of Federal Funds:
State Funds
SPO Base Funding:
SPO/AMH (Mental Health) Funds:
Other State Funds:
Description of Other State Funds:
County Funds:
City Funds:
School District Funds:
Medical Sponsor Funds:
Public/medical sponsor funds TOTAL:

Revenue Source Breakdown: Grants
Add Grant

Grant Name	Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
One time grants or awards TOTAL: <input type="text"/>	

Revenue Source Breakdown: Events and in-kind donations
Add Event

Event Name	Revenue
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Donations TOTAL: <input type="text"/>	

Next Page >>

Annual Revenue entries should be for the previous fiscal year (July 1 - June 30).

54. The Physical Health Revenue Entry has three tabs: public/medical sponsor funds, grants, fundraising/in-kind donations, patient fees, third party billing, and other funding sources.


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

First Name
Last Name

Phone
Title

[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: Public/Medical Sponsor Funds
(This does NOT include billing revenue)

Revenue Source	Amount
Federal Grants	
State Grants	
Local Government Grants	
Private Foundations	
Other Grants	
One time grants or awards TOTAL	

Revenue Source Breakdown: Grants

Grantor Name	Grant Name	Amount
One time grants or awards TOTAL		

Revenue Source Breakdown: Fundraising and in-kind donations

Event Name	Revenue
Donations TOTAL	

Revenue Source Breakdown: School and Medical

Revenue Source	Amount
School	
Medical	
Public/medical sponsor TOTAL	

Totals might not calculate until you leave the revenue entry and come back.

[Next Page >>](#)

55. Navigate through all three pages/tabs of information by clicking their respective tab or the “Next Page” button at the bottom.

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: Public/Medical Sponsor Funds
(This does NOT include billing revenue)

Federal Funds
Description of Federal Funds: funds

State Funds
SPO Base Funding: \$2,354.00
SPO/AMH (Mental Health) Funds: \$2,534.00
Other State Funds: \$542.00
Description of Other State Funds: description

County Funds: \$54,534.00

City Funds: \$524.00

School District Funds: \$224,523.00

Medical Sponsor Funds: \$645,234.00

Public/medical sponsor funds TOTAL: **\$940,479.00**

Revenue Source Breakdown: Grants Add Grant

Grantor Name	Grant Name	Amount
grantor	grant name	\$523,453.00

One time grants or awards TOTAL: **\$523,453.0**

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

Event Name	Revenue
Awesome event	\$52,323.00

Donations TOTAL: **\$52,323.00**

Next Page >>

56. Like the Certification Waiver and KPM entries, you can create entries for specific grants, fundraising events, and other sources by clicking their respective “Add...” button and filling out the fields that are created on the row below.

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. | Oregon Health SBHC Authority

HOME | Public Funds | Fees/Billing | Other and Total

After you hit the "Add..." button, an entry row will be created below it for you to fill out. Just click in the blank

Revenue Source Breakdown: Grants Add Grant

Grantor Name	Grant Name	Amount
grantor	grant name	\$523,453.00

One time grants or awards TOTAL: **\$523,453.0**

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

Event Name	Revenue
Awesome event	\$52,323.00

Donations TOTAL: **\$52,323.00**

Next Page >>

57. The “Fees/Billing” page/tab is where you enter physical health revenue gained from patient fees or third-party billing for physical and dental health services.

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

SBHC Name: Fake SBHC Fiscal Year: 7/1/2018 to 6/30/2019 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 state fees from uninsured:

Other patient fees:

Donation of other patient fees:

Other:

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
C-Care (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

Physical Health TOTAL \$8,000.00

Third party billing GRAND TOTAL \$8,000.00

This section is for viewing historic entry only. The MH Billing Revenue has been moved to a separate tab on the SBHC Detail page.

Payor Type	Mental health billing revenue	Does mental health billing revenue include PMPM or Incentive Payments?
OHP (DMAP - FFS)		<input type="radio"/> Yes <input type="radio"/> No
OHP (CCOs)		<input type="radio"/> Yes <input type="radio"/> No
C-Care (Family Planning)	N/A	N/A
Private Insurance		<input type="radio"/> Yes <input type="radio"/> No
Other third party payor(s)		<input type="radio"/> Yes <input type="radio"/> No

Mental Health TOTAL

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

58. The “Other and Total” page/tab is where you add additional sources of funding not covered by the previous sources.

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

SBHC Name: Fake SBHC Fiscal Year: First Name: Last Name: Phone: Title: Email: [Back to SBHC Detail](#)

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

Revenue Source Breakdown: Other funding source [Add Other](#)

Source Description	Amount

Other funding sources TOTAL

Revenue Breakdown by Source

- Public funds (federal, state, county, city)
- Medical Sponsor Funds
- One time grants or awards (public of private)
- Fundraising and in-kind donations
- Patient fees
- Third party billing
- Other

GRAND TOTAL OPERATING REVENUE for :

Please provide any explanations/feedback

[<< Previous](#) [FINANCIAL INFORMATION COMPLETE: Submit to SPO](#)

59. After all three pages/tabs are complete, submit the information by clicking “FINANCIAL INFORMATION COMPLETE: Submit to SPO” button. Clicking this button will populate a date in the “Date Submitted” column of the “Financial – Annual Revenue” entry list on the “Financial” tab of the “SBHC Detail” page (see below).

IMPORTANT. If you do not click this button, we do not know the information entered is complete. If a date is not populated in the “Date Submitted” column, the profile is incomplete.

SBHC Name: Fake SBHC
Fiscal Year: 7/1/2016 to 6/30/2017
First Name: Test First
Last Name: Test Last
Phone: 303-555-1234
Title: SBHC Fiscal Officer
Email: fiscal@sbhc.com

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

Revenue Source Breakdown:
Other funding source
Add Other

Source Description	Amount

Other funding sources TOTAL

Revenue Breakdown by Source

Public funds (federal, state, county, city)	\$15,020
Medical Sponsor Funds	
One time grants or awards (public or private)	
Fundraising and in-kind donations	
Patient fees	\$3,000
Third party billing	\$134,221
Other	
TOTAL REVENUE	\$152,241

Please provide any explanations/feedback

FINANCIAL INFORMATION COMPLETE: Submit to SPO

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	4/23/2019	7/1/2017 to 6/30/2018	\$161,250
			4/23/2019

The date you click the submission button should populate here on the "PH Revenue" tab.

Mental Health Revenue Information

60. To create a new annual Mental Health revenue entry, click the “Add MH Billing” button at the top. This will take you to a new screen, showing a blank “Mental Health Revenue Detail” page.

The screenshot shows the 'SBHC Detail - Web' interface. At the top, there's a navigation bar with 'HOME' and 'LIST' buttons. Below it, the 'Fake SBHC' header is visible. The main menu includes tabs for 'Details', 'Operations', 'Staff', 'Shift Hours', 'Services', 'Cert Waiver', 'KPM', 'PH Revenue', and 'MH Revenue'. The 'MH Revenue' tab is selected. Under the 'Financial - Mental Health Billing' section, there is a table with columns: 'Date Created', 'Fiscal Year', 'Total Op Rev', and 'Date Submitted'. A red box highlights the 'Add MH Billing' button. The table contains three rows of data, each with a 'Select' button in the first column.

	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	\$636	6/27/2019

61. The “Mental Health Annual Revenue Detail” page includes information about the fiscal year for the information being entered and contact information for whoever fills out the form. Enter information in the red boxes. **NOTE:** Mental Health Revenue entries should be entered for the previous fiscal year (July 1,2022 -June 30, 2023).

The screenshot shows the 'Mental Health Revenue Detail' form. At the top, there's a header with 'HOME' and 'The purpose of this report is to identify all sources of mental health revenue Oregon State-Funded SBHCs receive every year.' Below the header, there's a section for 'SBHC Name' (Fake SBHC) and 'Fiscal Year' (7/1/2018 to 6/30/2019). To the right, there's a section for contact information: 'First Name' (John), 'Last Name' (Smith), 'Phone' (971-555-1212), 'Title' (Billing Director), and 'Email' (john.smith@mhagency.org). A red box highlights the 'Fiscal Year' field. Below this, there's a section for 'Billing Revenue and State Funds' and 'Other and Total'. The 'State Funds' section has a red box around 'SPO Mental Health Funding \$33,000'. The 'Revenue Source Breakdown: Third Party Billing' section has a table with columns: 'Payor Type', 'Mental health billing revenue', and 'Does mental health billing revenue include PMPM or Incentive Payments?'. The table contains four rows of data. A red box highlights the 'Mental Health TOTAL' field, which shows '\$15,500.00'. A red starburst callout box points to the 'Mental Health TOTAL' field with the text: 'This will auto-populate with the Total dollars entered on this Tab.' A 'Next Page >>' button is at the bottom right.

Payor Type	Mental health billing revenue	Does mental health billing revenue include PMPM or Incentive Payments?
OHR (DMAP - FFS)	\$2,500.00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
OHR (CCOs)	\$3,500.00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Private Insurance	\$4,000.00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other third party payor(s)	\$5,500.00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Mental Health TOTAL \$15,500.00

62. The “Other and Total” page/tab is where you add any additional sources of funding not covered by the previous sources and a summary of the total amounts entered on the first page/tab. You can create entries for other sources of mental health revenue by clicking the “Add Other” button and filling out the fields that are created on the row below.

HOME

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 SBHC

Authorizes

Connect Oregon Health Care

SBHC Name Fake SBHC

Fiscal Year 7/1/2017 to 6/30/2018

First Name test person 5

Last Name supa 5

Phone 555-5555

Title Master 5

Email big5@email.5

Back to SBH Detail

Billing Revenue and State Funds

Other and Total

Revenue Source Breakdown:
Other funding source

Add Other

Source Description	Amount
School district	\$5,000.00

Other funding sources TOTAL \$5,000.00

Revenue Breakdown by Source

State funds \$555

Third party billing \$70

Other \$5,000

GRAND TOTAL OPERATING REVENUE
for 7/1/2017 to 6/30/2018: \$5,625

Please provide any explanations/feedback

<< Previous

FINANCIAL INFORMATION COMPLETE: Submit to SPO

63. After both pages/tabs are complete, submit the information by clicking the “FINANCIAL INFORMATION COMPLETE: Submit to SPO” button in the lower right corner of the “Other and Total” page/tab of the “Mental Health Revenue Detail” entry. Clicking this button will populate a date in the “Date Submitted” column of the “Financial Mental Health Billing” entry list on the “Financial” tab of the “SBHC Detail” page (see below).

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: 7/1/2017 to 6/30/2018
First Name: test person 5
Last Name: supa 5
Phone: 555-5555
Title: Master 5
Email: big5@email.5

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

Revenue Source Breakdown: Other funding source

Source Description	Amount
School district	\$5,000.00

Other funding sources TOTAL: \$5,000.00

Revenue Breakdown by Source

- State funds: \$555
- Third party billing: \$70
- Other: \$5,000

GRAND TOTAL OPERATING REVENUE
for 7/1/2017 to 6/30/2018: **\$5,625**

Please provide any explanations/feedback

FINANCIAL INFORMATION COMPLETE: Submit to SPO

IMPORTANT. If you do not click this button, we do not know the information entered is complete. If a date is not populated in the “Date Submitted” column, the profile is incomplete.

SBHC Detail - Web

HOME | LIST

Fake SBHC | SBHC ID 753

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

Financial - Mental Health Billing

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

Add MH Billing

The date you click the submission button should populate here on the MH Revenue Tab.

Mental Health Revenue Entry for Outside MH Agencies

A new login area in the Operational Profile was created to allow outside Mental Health agencies working with SBHCs to create their own Billing and Revenue entry for the October 1st deadline. The new login area is ONLY needed for Outside MH agencies providing services in the SBHC who need to directly submit their annual billing and revenue information to the SBHC State Program Office.

Medical Sponsors who provide mental health services enter their mental health billing/revenue into the OP using their regular Account ID and password. If the outside MH agency would like the Medical Sponsor to enter their MH billing and revenue entry into the OP, feel free to do so.

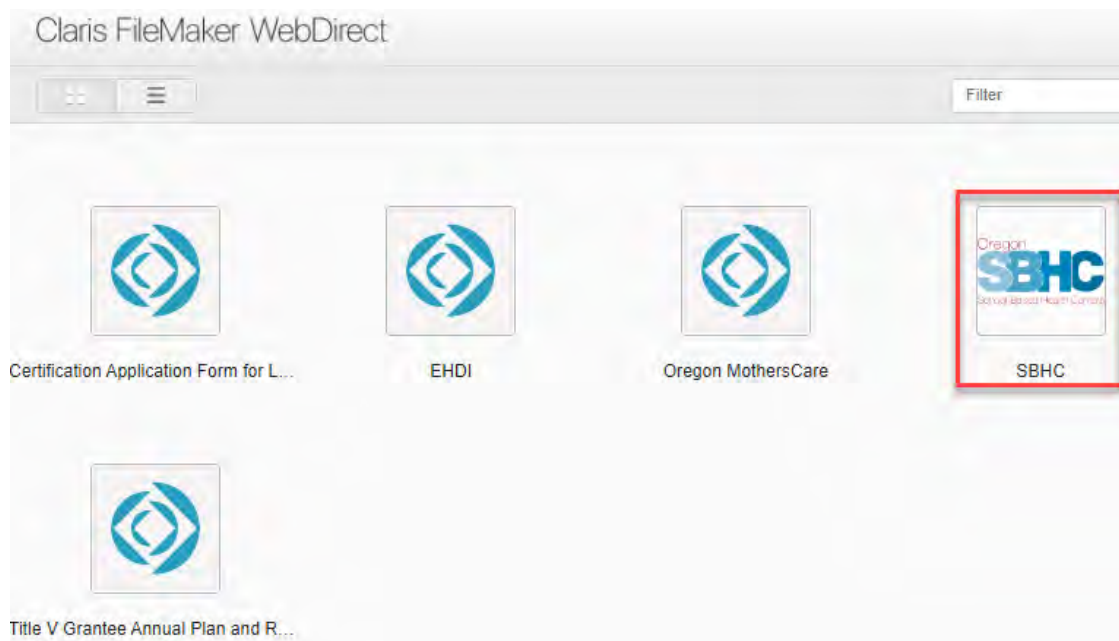
In order to gain access to the new separate MH billing/revenue entry area of the OP, a request for Login ID and password should be sent to our SBHC State Program Office email address: SBHC.PROGRAM@ODHSOHA.OREGON.GOV. Please let us know the name of your MH agency and the SBHC(s).

Internet Browsers

You can only use Chrome, Safari, Edge or Internet Explorer (11 or higher).

Click the link to login: <http://mchweb.oha.state.or.us/fmi/webd>

64. Open the SBHC Operational Profile login page by clicking the "SBHC" icon.



65. Enter your account ID and password and click the "OK" button.

NOTE: You must get your account name and password from the SBHC Program Office (SBHC.PROGRAM@ODHSOHA.OREGON.GOV)

Log In

Open database "SBHC" with:

☐ Guest Account

☒ Account Name and Password

Account Name:

Password:

66. After logging in, you will see a list of all SBHCs in the database. Scroll down and click on the "To SBHC" button for the SBHC you want to create a Mental Health Billing/Revenue entry. **You will only have access to entries you create with your Login ID.** If you accidentally create an entry for the wrong SBHC, send an email to SBHC.PROGRAM@ODHSOHA.OREGON.GOV so we can clean up the database.

SBHC Menu - Web Mental Health Billing

HOME

Oregon Health Authority **SBHC** Oregon SBHC Program

Name	System	County
To SBHC Eagle Point High School	Rogue Community Health	Jackson
To SBHC Ensworth Community SBHC	Mosaic Medical	Deschutes
To SBHC Estacada High School	Orchid Health	Clackamas
To SBHC Evergreen Elementary School	Siskiyou Community Health Center	Josephine
To SBHC Fake SBHC	zCascadiaTest	Cascadia
To SBHC Fake2	zCascadiaTest	Fake County
To SBHC Forest Grove High School	Virginia Garcia Memorial Health Center	Washington
To SBHC Franklin High School	Multnomah County Health Department	Multnomah
To SBHC George Middle School	Multnomah County Health Department	Multnomah
To SBHC Gilchrist School Based Health Center	La Pine Community Health Center	Klamath
To SBHC Grant High School	Multnomah County Health Department	Multnomah
To SBHC Grant Union	Grant County Health Department	Grant
To SBHC Grants Pass High School	Siskiyou Community Health Center	Josephine
To SBHC Hanby Middle School	La Clinica	Jackson

If you require any assistance or have questions, please contact the Oregon SBHC Program Office at: 971-673-0249 or send an email to SBHC.Program@ODHSOHA.STATE.OR.US

67. To create a new annual Mental Health revenue entry, click the “Add MH Billing” button at the top. This will take you to a new screen, showing a blank “Mental Health Revenue Detail” page.

SBHC Detail - Mental Health Revenue - Web

HOME

Fake SBHC

MH Billing

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

Financial - Mental Health Billing

Add MH Billing

Date Created	Fiscal Year	Total Op Rev	Date Submitted

- 83 The “Mental Health Revenue Detail” page contains information for a single annual revenue entry. The top of the page includes information about the fiscal year for the information being entered and contact information for whoever fills out the form. **NOTE:** Mental Health Revenue entries should be entered for the previous fiscal year (July 1, 2022 -June 30, 2023). Enter information in the red boxes:

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.

HOME

SBHC Name: Fake SBHC

Fiscal Year: 7/1/2018 to 6/30/2019

First Name: John Phone: 971-555-1212

Last Name: Smith Title: Billing Director

Email: john.smith@mhagency.org

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

State Funds

SPO Mental Health Funding \$33,000

Revenue Source Breakdown: Third Party Rillinn

Payor Type	Mental health billing revenue	Does mental health billing revenue include PMPM or Incentive Payments?
OHR (DMAP - FFS)	\$2,500.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
OHR (CCOs)	\$3,500.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Private Insurance	\$4,000.00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other third party payor(s)	\$5,500.00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Mental Health TOTAL \$15,500.00

This will auto-populate with the Total dollars entered on this Tab.

Next Page >>

84. The “Other and Total” page/tab is where you add any additional sources of funding not covered by the previous sources. You can create entries for other sources of mental health revenue by clicking the “Add Other” button and filling out the fields that are created on the row below. A summary of the total amounts entered on the first page/tab will auto-populate on the right side of the page.

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 SBHC**

HOME

SBHC Name **Fake SBHC** First Name **test person 5** Phone **555-5555** **Back to SBHC Detail**

Fiscal Year **7/1/2017 to 6/30/2018** Last Name **supa 5** Title **Master 5**

Email **big5@email.5**

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

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

Source Description	Amount
/School district	\$5,000.00

Other funding sources TOTAL **\$5,000.00**

Revenue Breakdown by Source

State funds \$555
Third party billing \$70
Other \$5,000

GRAND TOTAL OPERATING REVENUE for 7/1/2017 to 6/30/2018: \$5,625

Please provide any explanations/feedback

FINANCIAL INFORMATION COMPLETE: Submit to SPO

<< Previous

85. After both pages/tabs are filled out and verified to be correct, submit your information to the SPO by clicking the “FINANCIAL INFORMATION COMPLETE: Submit to SPO” button in the lower right corner of the “Other and Total” page/tab. Clicking this button will populate a date in the “Date Submitted” column of the “Financial – Annual Revenue” entry list on the “Financial” tab of the “SBHC Detail” page (see below).

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: 7/1/2017 to 6/30/2018

First Name: test person 5
Last Name: supa 5
Phone: 555-5555
Title: Master 5
Email: blg5@email.5

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

Revenue Source Breakdown: Other funding source

Source Description	Amount
School district	\$5,000.00

Other funding sources TOTAL: \$5,000.00

Revenue Breakdown by Source

State funds: \$555
Third party billing: \$70
Other: \$5,000

GRAND TOTAL OPERATING REVENUE for 7/1/2017 to 6/30/2018: \$5,625

Please provide any explanations/feedback

FINANCIAL INFORMATION COMPLETE: Submit to SPO

<< Previous

IMPORTANT. If you do not click the Submit button, we do not know the information entered is complete. If a date is not populated in the “Date Submitted” column, the profile is incomplete.

SBHC Detail - Web

HOME | LIST

Fake SBHC | SBHC ID 753

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

Financial - Mental Health Billing

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

The date you click the submission button should populate here on the MH Revenue Tab.

86. If you need to create Mental Health Billing/Revenue entries for other SBHCs, click on the Home button in the upper left corner of the screen and it will return you to the list of all SBHCs. You can begin on step #81 to create additional entries for other SBHCs.

The screenshot shows the 'SBHC Detail - Mental Health Revenue - Web' interface. At the top left, there is a 'HOME' button with a house icon, highlighted by a red box and a red arrow. Below the header, the page title is 'Fake SBHC'. There is a tab for 'MH Billing'. The form contains fields for 'SBHC Name' (Fake SBHC) and 'Host School Name' (Fake High School). Under 'SBHC Info', there are fields for 'SBHC Physical Address', 'Address Line 1' (555 Ne 9th ave), 'Address Line 2', 'Portland', 'or', and '97211'. Below this is a section for 'Financial - Mental Health Billing' with an 'Add MH Billing' button. A table displays billing data with columns: 'Date Created', 'Fiscal Year', 'Total Op Rev', and 'Date Submitted'. The first row shows '7/29/2019', '2019', '\$32', and '7/29/2019'. There are four empty rows below it.

Date Created	Fiscal Year	Total Op Rev	Date Submitted
7/29/2019	2019	\$32	7/29/2019

If you require any assistance or have questions, contact the Oregon SBHC State Program Office SBHC.PROGRAM@ODHSOHA.OREGON.GOV