



# **SBHC Operational Profile Training**

August 2025



# Agenda

- ✓ What is the Operational Profile
- ✓ SBHC Coordinator role
- ✓ What, How & Where
- ✓ Database structure
- ✓ Staff – Who to include/Roles
- ✓ SPO Audit Process


# What is the Operational Profile and what are the Coordinator's responsibilities?

# 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

 HOME

 LIST

 Oregon Health Authority

 Oregon SBHC School-Based Health Centers

Fake2

SBHC ID 754

Details

Operations

Hours of Operation

Staff

Shift Hours

Services

Cert Waiver

KPM

PH Reve

SBHC Name

Fake2

Host School Name

Fake High School Two

SBHC Info

SBHC Physical Address

Address Line 1

3221 South 31st

Address Line 2

Portland

OR

99888

Phone

971-676-9988

Fax

971-676-9911

SBHC Mailing Address

☒ Same as Physical

Mail Address Line 1

Mail Address Line 2

Primary Care EMR

Test EMR

Behavioral Health EMR

Test BH EMR

Community Information Exchange (CIE)

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

Primary Contact

Pepper Potts

Phone

000-000-0000

Email

PepperPotts@email.com

Dental Health Agency

Dental Health

Outside Dental Agency

Primary Contact

Edward Packard

Phone

555-101-1010

Email

EPackard@email.com

Accuracy Confirmation

This information is accurate

☐

Confirmed by

# When must the Coordinator submit and update the OP?



Initial site certification



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



Prior to recertification site visit



As staffing changes occur through out the year

# What, How & Where

# What is the Purpose of the OP?

Collect data that allows our program to ensure every SBHC is meeting the Standards for Certification

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



# How Is OP Data Used?

- Enables SPO to answer questions from legislators or partners
  - PCPCH Status
  - Number of sites 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.)

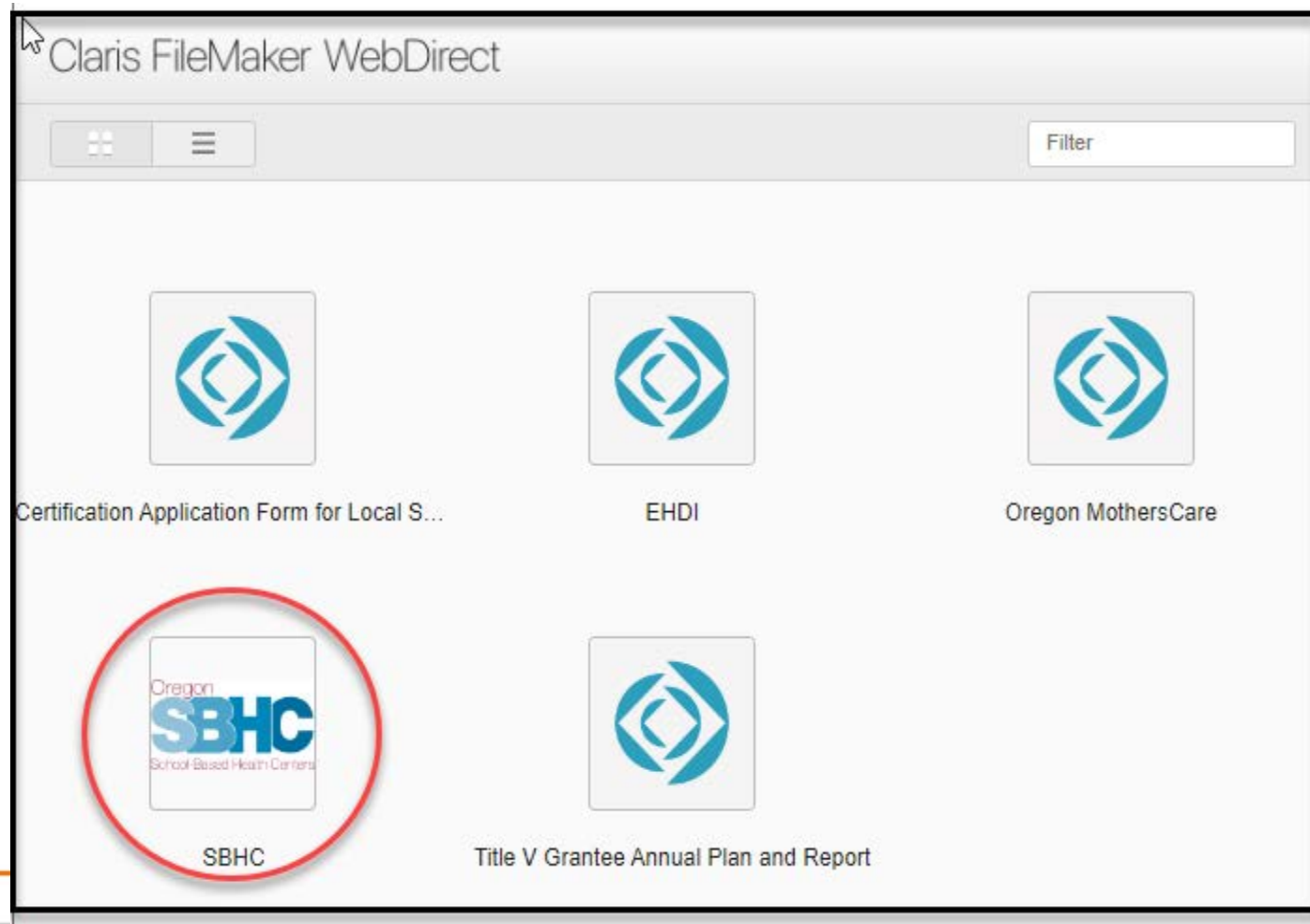
# How to Access the OP

- 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.oregon.gov](mailto:SBHC.Program@odhsoha.oregon.gov)

# Where Is the OP?

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



# 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

## 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:



### 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

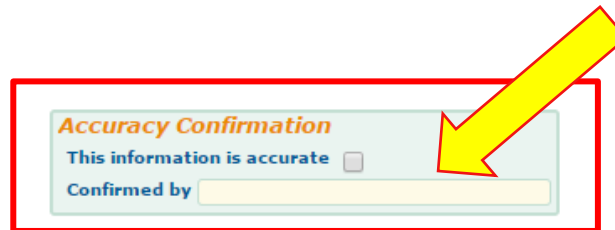
Each SBHC is required to submit a brief description of their chart audit process as well as a chart audit tracking sheet. The SPO created a sample tracking sheet that SBHCs may use:  [KPM Blank Chart Audit Spreadsheet](#). For an example of how the data should be entered into the chart audit spreadsheet,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

# Helpful Hints about OP

- Changes are automatically updated, there is no Save button.
- Do not use your internet browser 'back' button. Use the buttons in the database.
- When you're updating the database, be sure to scroll to the bottom of the page to see if you need to check an Accuracy Confirmation box.



The screenshot shows a light blue rectangular box with a red border. Inside the box, the text "Accuracy Confirmation" is in orange. Below it, "This information is accurate" is followed by an unchecked checkbox. At the bottom, "Confirmed by" is followed by a yellow input field. A large yellow arrow points from the top right towards the checkbox.

# OP database structure

# 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', 'LIST', and the 'Oregon Health Authority SBHC' logo. Below this, the title 'Fake SBHC' is shown with 'SBHC ID 753' on the right. A horizontal menu contains tabs: 'Details' (selected), 'Operations', 'Hours of Operation', 'Staff', 'Shift Hours', 'Services', 'Cert Waiver', 'KPM', 'PH Revenue', and 'MH Revenue'.

The 'Details' tab is active, showing a form 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 No 9th ave, Address Line 2: Portland, OR 97211, Phone: 555-555-5555, Fax: 555-555-5555), 'SBHC Mailing Address' (Mail Address Line 1: 555 No 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), and 'Electronic Claim' (Yes/No).
- County Info:** Includes 'County' (Cascadia), 'Primary Contact' (Jackie Smith), 'Phone' (555-555-5553), and 'Email' (js@cascadiaq.co.com). An 'Edit County Info' button is present.
- System/Medical Sponsor Info:** Includes 'System' (zCascadiaTest), 'Primary Contact' (Jenni Williamson), 'Phone' (503-123-4564), and 'Email' (jwilliamson@testing.com). An 'Edit System Info' button is present.
- Mental Health Agency:** Includes 'Mental Health' (Oregon Mental Health Agency), 'Primary Contact' (Thanos), 'Phone' (123-071-1101), 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, 2025 to June 30, 2026).
- **KPM and Financial/Revenue data** entries are retroactive, covering the previous year (July 1, 2024 to June 30, 2025).

# 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'

SBHC Detail - Web		Oregon Health Authority		Oregon SBHC School-Based Health Centers					
HOME	LIST	Fake2		SBHC ID 754					
Details	Operations	Hours of Operation	Staff	Shift Hours	Services	Cert Waiver	KPM	PH Reve	
SBHC Name		Fake2				Host School Name		Fake High School Two	
<b>SBHC Info</b>		<b>SBHC Physical Address</b>		<b>SBHC Mailing Address</b>		<input checked="" type="checkbox"/> Same as Physical			
Address Line 1		3221 South 31st		Mail Address Line 1					
Address Line 2				Mail Address Line 2					
Portland		OR		99888					
Phone		971-676-9988		Primary Care EMR		Test EMR			
Fax		971-676-9911		Behavioral Health EMR		Test BH EMR			
		Community Information Exchange (CIE)							
<b>County Info</b>		<b>Edit County Info</b>							
County		Cascadiaq							
Primary Contact		Jackie Smith							
Phone		555-555-5553							
Email		JS@cascadiaq.co.com							
<b>System/Medical Sponsor Info</b>		<b>Edit System Info</b>							
System		zCascadiaTest							
Primary Contact		Jenni Williamson							
Phone		503-123-4564							
Email		jwilliamson@testing.com							
<b>Mental Health Agency</b>									
Mental Health		Oregon Mental Health							
Primary Contact		Pepper Potts							
Phone		000-000-0000							
Email		PepperPotts@email.com							
<b>Dental Health Agency</b>									
Dental Health		Outside Dental Agency							
Primary Contact		Edward Packard							
Phone		555-101-1010							
Email		EPackard@email.com							

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

# 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

Date of Last Recognition

## Youth Advisory Council

Do you have a Youth Advisory Council? ☒

### Primary Contact

Name

Email

## Accuracy Confirmation

This information is accurate ☒ 7/13/2021

Confirmed by

# Hours of Operation 'tab'

*This tab is used to evaluate whether a site meets certification requirements for days of the week and total hours for IN PERSON services.*

**Make sure Staff shift hours cover the Hours of Operation**



SBHC Detail - Web



HOME

LIST

Fake2

Details

Operations

Hours of Operation

Staff

Shift Hours

Service

## Primary Care Hours of Operation

### In-person Hours

Open

Close

Open During Summer

☐ Yes ☒ No

### In-person Summer Hours

Open

Close

Monday	9:00 AM	1:30 PM
Tuesday		
Wednesday	9:00 AM	1:30 PM
Thursday	9:00 AM	3:30 PM
Friday	9:00 AM	3:30 PM

Monday		
Tuesday		
Wednesday		
Thursday		
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

# 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 Services Cert Waiver KPM PH R

## 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
<a href="#">To Staff</a>	First Last	Health Department Administrator	DMD
<a href="#">To Staff</a>	Sam Samuals Samual	Laboratory Coordinator, Medical Director, Primary Care Provider	PA
<a href="#">To Staff</a>	Emily Test	Nurse	RN
<a href="#">To Staff</a>	Jackie Smithson	Office/Health/Medical Assistant	
<a href="#">To Staff</a>	Polly Pop	Privacy Official, Quality Assurance Coordinator, SBHC Administrator, SBHC Coordinator	
<a href="#">To Staff</a>	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


# Shift Hours 'tab'

 HOME

**SBHC Detail - Web**

 LIST

 Oregon Health Authority

 Oregon SBHC School-Based Health Centers

Fake2

SBHC ID 754

Details

Operations

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
<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

- This tab displays information about on-site shift hours by day of the week.
- *Do not include shift hours if they are solely dedicated to telehealth encounters.*
- The Role column **ONLY** displays the Certification-related roles.

**Accuracy Confirmation**  
This information is accurate ☒ 8/7/2019  
Confirmed by

# SBHC Staff Details

- Coordinators are responsible for entering all SBHC staff into the OP which includes outside MH/BH or Dental agencies
- 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



# Staff Information Collected in OP

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

# 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](#)

**Staff Detail - Web**

Oregon Health Authority **SBH** School-Based Health Center

Janey Jefferson

Staff ID: 2

**Staff Shift Hours**

First Janey Last Jefferson  
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**

- ☐ 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**

System
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

Qualified Mental Health Professional (QMHP) isn't a new role. It does need to meet [OAR 309-019-0125](#) Staff Qualifications and Competencies, but does not need to be registered or credentialed through [Mental Health & Addictions Certification Board of Oregon \(MHACBO\)](#)

# SBHC Staff – Other Roles & Credentials

## 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

If the Qualified Mental Health Professional box is checked, please check all appropriate boxes in the “Other roles” and “Credentials” sections.

## 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

If the Traditional Health Worker credential box is checked, the staff should be [certified with OHA](#) and a corresponding role should be checked in the “Other Roles” section (CHW, PSS, PWS)

## 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

# 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)

Do Not include shift hours if only telehealth services are provided during that time

## Staff Detail Shift Hours 'tab'

FirstName LastName

\*Shift Hours entry is missing information

Staff ID 548

## Staff

### Shift Hours

Add Shift

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	✕
Tuesday	Weekly	1:30 PM	5:30 PM	4	Fake SBHC	✕
	Weekly	7:00 AM	7:00 AM	0		✕

Monday  
Tuesday  
Wednesday  
Thursday  
Friday

Weekly  
Once a month  
Twice a month  
Three times a month

**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

Comment

### 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.

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

OK

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


[illegible]

One shift hour row per day.


Do not add a line to show a staff member's lunch hours.

*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 referralFamily counseling and treatment☐ On-site ☐ By referralGroup counseling and treatment☐ On-site ☐ By referralIndividual counseling and treatment☐ On-site ☐ By referralPrescriptions for mental health conditions☐ On-site ☐ By referralSocial Services assessment and referral☐ On-site ☐ By referral**Oral Health Services**Comprehensive oral health evaluation and treatment☐ On-site ☐ By referralFluoride varnish application☐ On-site ☐ By referral**Reproductive Health Services**HIV treatment☐ On-site ☐ By referralPrenatal 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, MH/BH, and dental 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 business days.
- The Waiver entry in the OP must include:
  - Which Standard is not being met
  - Why it 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**  
School-Based Health Centers

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						✕
Select	5/30/2019	A: Certification Process		No	6/25/2019	6/24/2019	✕

### 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**

# Key Performance Measures

# Key Performance Measures (KPM)

- KPM audit is a quality assurance/ improvement process that includes a chart review of a subset of school-age SBHC clients (5 - 21 years) 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 guidance and sample documents are posted on the [Data Requirements tab of the SPO website](#)

# KPM Training Webinar

Full KPM webinar recording and PowerPoint are posted on the [Trainings and Presentation tab of the SPO website](#)

- KPM background and purpose
- Impact of KPM audits
- Review of KPM Guidance documents
- Age range and exclusions for each KPM

# 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 [!\[\]\(10f8862fc183b400327470ea85afe9ae\_img.jpg\) KPM presentation](#).

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

### 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: [!\[\]\(aab88c0d099e5d18d6533a97b13ec28d\_img.jpg\) KPM Blank Chart Audit Spreadsheet](#). For an example of how the data should be entered into the chart audit spreadsheet, review this [!\[\]\(30511f8b621e91d2a09037fa36f8d30d\_img.jpg\) KPM Sample Chart Audit Fake 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 [!\[\]\(5abce1a84a655b073239ab33e1199487\_img.jpg\) Operational Profile User's Guide](#).

# Audit Process Document Submission

Chart Audit Process Summary should answer the following:

- How did you identify charts from the eligible population for each KPM?
- How many clients were eligible?
- How were charts randomly selected?
- How did you decide if a chart was compliant or excluded?
- How was the compliance percentage calculated?

# Selecting Charts to Audit

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

- Include any physical, mental/behavioral or oral health visit for clients in the designated age range (do not include clients over 21)
- Review Guidance document for client age range and other specifics client information before performing audit
- SBHCs do NOT audit charts for the immunization KPMs. Must provide client list to SPO.



# Audit Tracking Sheet

- Tracking Sheet must include:
  - Patient ID/MRN
  - Client age
  - If visits reviewed were in-person/telehealth/both
  - Compliance/Non-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 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 9/22 and 9/30, send a request to the SPO at [SBHC.Program@odhsoha.oregon.gov](mailto:SBHC.Program@odhsoha.oregon.gov)

# Immunization KPMs

- ALERT Immunization program performs audit for all Immunization-related KPMs.
- SBHC sends via secure email a spreadsheet to Loretta with ALL clients in the eligible population.
- Spreadsheet must include separate columns with client name, Medicaid ID (if appropriate), date of birth, gender, street address, city and zip code
- *Review Guidance documents posted on the SPO website to identify eligible population.*

# KPM 'tab' – Creating a new entry

HOME

SBHC Detail - Web

LIST

Oregon Health Authority

SBHC

School-Based Health Centers

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

# QUESTIONS BREAK


Before the ultra exciting Financial/Revenue entries!

# Financial/Revenue entries


# Financial Revenue Tabs


- Physical health and dental services (PH Revenue tab)
- Mental/behavioral 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, 2024 – June 30, 2025)


# PH Revenue Tab

 HOME

**SBHC Detail** - Web

 LIST

 Oregon Health Authority

 Oregon SBHC School-Based Health Centers

Fake SBHC

SBHC ID 753

DetailsOperationsStaffShift HoursServicesCert WaiverKMPH RevenueMH 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

Total Operating Revenue: \$975,626

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**

Select Fiscal Year and provide Contact Information.

SBHC Name Fake SBHC

Fiscal Year 7/1/2024 to 6/30/2025

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: Public/Medical Sponsor Funds

(This does NOT include billing revenue)

### Federal Funds

\$2.00

Description of Federal Funds

Description

### State Funds

SPO Base Funding

\$69,879.00

SPO/AMH (Mental Health) Funds

Other State Funds

\$8,000.00

Description of Other State Funds

Description

### 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 grants or awards TOTAL

## 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 Name** Fake SBHC

**Fiscal Year** 7/1/2024 to 6/30/2025

**First Name** First Test

**Last Name** Last Test

**Phone** 5035555555

**Title** SBHC Fiscal Officer

**Email** fiscal@sbhc.com

[Back to SBH C 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
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**

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

# 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 7/1/2024 to 6/30/2025

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

Description

\$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.oregon.gov](mailto:SBHC.PROGRAM@ODHSOHA.oregon.gov) along with the name of your agency and SBHC(s) in the email request.


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


# MH Revenue Tab

 HOME

SBHC Detail - Web

 LIST

 Oregon Health Authority

 Oregon SBHC School Based Health Centers

SBHC ID 753


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**

HOME

Select Fiscal Year and provide Contact Information

Resources of SBHCs



SBHC Name **Fake SBHC**

Fiscal Year **7/1/2024 to 6/30/2025**

First Name **Jan**

Last Name **Smith**

Phone **555-555-5555**

Title **Coordinator**

Email **Jan.Smith@SBHC.com**

Billing Revenue and State Funds

Other and Total

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

**State Funds**

SPO Mental Health Expansion Grant **\$123,155**

**Revenue Source Breakdown: Third Party Billing**


Payor Type	Billing revenue	Does billing revenue include PMPM or Incentive Payments?
OHP (DMAP - FFS)	<b>\$1,200.00</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
OHP (CCOs)	<b>\$10,000.00</b>	<input type="radio"/> Yes <input type="radio"/> No
Private Insurance	<b>\$2,500.00</b>	<input type="radio"/> Yes <input type="radio"/> No
Other third party payor(s)	<b>\$0.00</b>	<input type="radio"/> Yes <input type="radio"/> No

**Mental Health TOTAL \$13,700.00**


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

# MH Revenue Detail tabs

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.

 **SBHC**  
School-Based Health Centers

SBHC Name

Fiscal Year

First Name

Last Name

Phone

Title

Email

Back to SBHC Detail

Billing Revenue and State Funds

Other and Total

Revenue Source Breakdown:  
Other funding source

Add Other

Source Description	Amount	
School District funds	\$25,000.00	✕
County funds	\$30,000.00	✕
Sliding scale and copays	\$950.00	✕

Other funding sources TOTAL \$55,950.00

Revenue Breakdown by Source

SPO Mental Health Expansion Grant \$123,155

Third party billing \$13,700

Other \$55,950

GRAND TOTAL OPERATING REVENUE  
for 7/1/2022 to 6/30/2023: \$192,805

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

Please provide any explanations/feedback

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
  - Missing financial entries
- SBHC will be notified if they are out of compliance, or any information is missing



# Final Helpful Hints

- Check with staff from outside MH/BH or Dental agencies to ensure their credentials, shift hours, and contact information is correct.
- Send KPM audit process and tracking documents to Loretta
- Tracking sheet must be sent via secure email. Send email to [SBHC.Program@odhsoha.oregon.gov](mailto:SBHC.Program@odhsoha.oregon.gov) if you need our office to initiate a secure email between 9/12 and 9/30.

# SPO Contact Information

School-Based Health Center Program

Oregon Public Health Division

800 NE Oregon St., Ste. 805

Portland, OR 97232

[SBHC.Program@odhsoha.oregon.gov](mailto:SBHC.Program@odhsoha.oregon.gov)

Loretta Gallant: [Loretta.L.Gallant@oha.oregon.gov](mailto:Loretta.L.Gallant@oha.oregon.gov)

Phone: 503-310-5831

# FINAL QUESTIONS?

Oregon  
Health  
Authority