



OREGON
HEALTH
AUTHORITY

SBHC Operational Profile Overview

Medical Sponsors & Behavioral Health Sponsors

Agenda

- ✓ Purpose of the Operational Profile
- ✓ Database layout
- ✓ SBHC staff roles and who to include
- ✓ SPO audit process
- ✓ Helpful hints
- ✓ EEEK! How do I get to the database?

Please bear with me because new information will be presented and I have no idea how fast I need to talk!

Type your questions in the chat

Due to time constraints, some questions may need to be answered in a follow-up FAQ document

What and why of the Operational Profile (OP)

- The OP is an online database where sponsors document info about their SBHC
- [Link to access the Operational Profile](#)
- Information from the OP assists the State Program Office (SPO) when verifying the SBHC is compliant with the [Standards for Certification, Version 5](#)

Operational Profile data and compliance

SBHCs submit information into the OP that attests they are meeting the requirements in the Standards for Certification

- SBHC staff and certification-required roles
- Clinic operations and hours
- Partner engagement activities
- Contraceptive services
- Financial revenue entry

Updating the Operational Profile

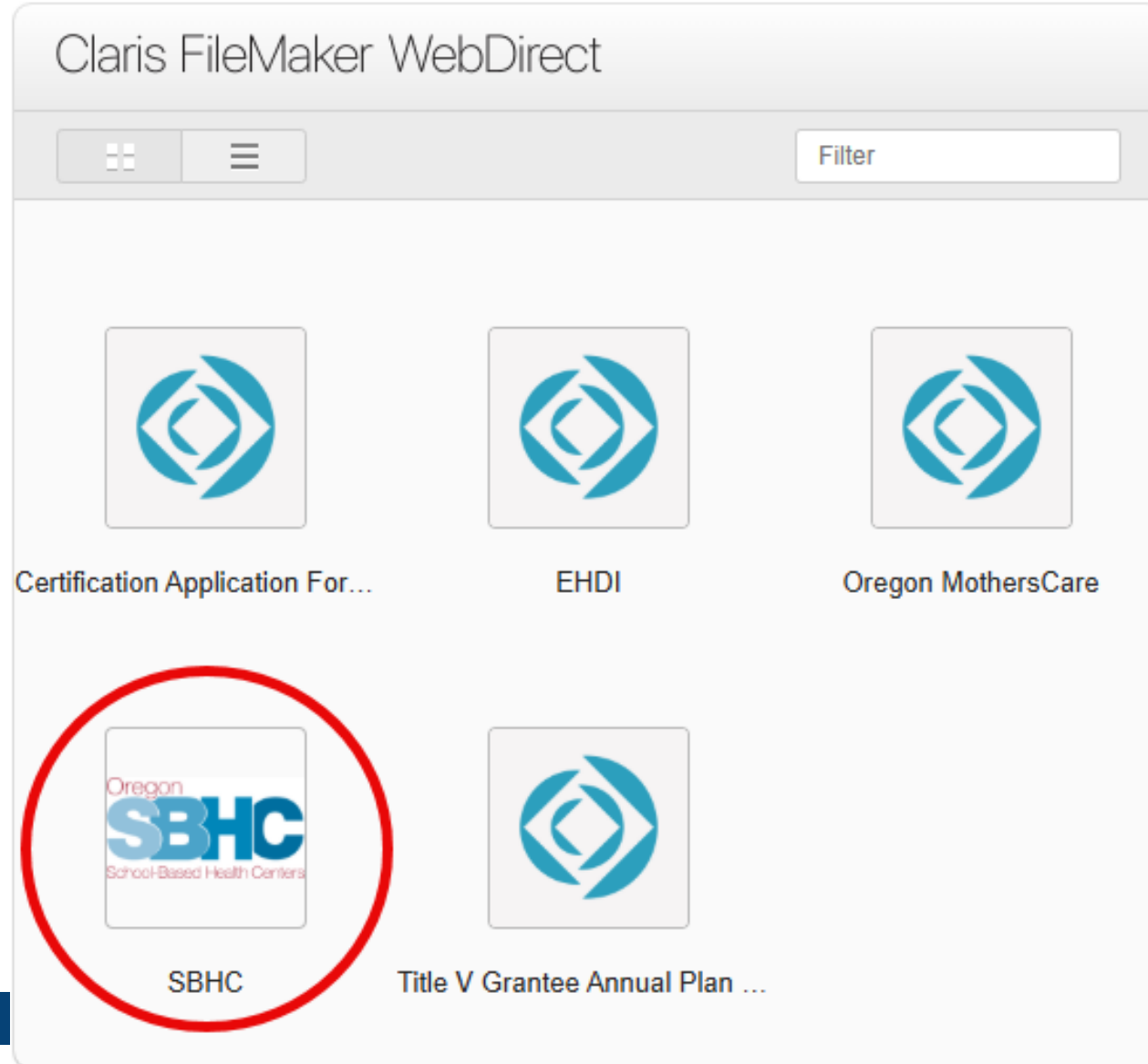
- Responsibility for updating the OP has shifted from solely the medical sponsor to joint documentation by medical and behavioral health sponsors.
- Behavioral health sponsors will have access to create, update, and maintain their staff information, and will continue to submit their revenue entries.
- When medical and behavioral health sponsors are within the same agency, they determine who is responsible for updating and maintaining behavioral health staff records in the Operational Profile

Timing of Operational Profile updates

- Every October 1 to renew certification status (**this year's deadline is November 1**)
- Prior to a certification site visit
- Updating staff when someone leaves or joins the SBHC
- Submitting waivers when out of compliance with the certification standards

Accessing the Operational Profile

- Login and password are assigned by SPO
- One login is assigned to each sponsor and can be used by any of their staff
- Medical and behavioral health sponsors who are part of the same agency use the same login/password and will decide who is responsible for updating the OP.



OP User's Guide

- Do you like step-by-step instructions with screenshots and arrows?
- The [Operational Profile User's Guide](#) has additional details not reviewed here

Oregon School-Based Health Centers

**OPERATIONAL
PROFILE
USER'S GUIDE**



Operational Profile Layout



Operational Profile tabs and topic areas

- SBHC Details
- Operations
- Hours of Operation
- Staff
- Shift Hours
- Partners
- Contraceptives
- Certification Waiver
- Financial Revenue: Physical/oral health
- Financial Revenue: Behavioral health

 HOME

SBHC Detail - Web

 LIST

Fake High School One

SBHC ID 753

Details

Operations

Hours of Operation

Staff

Shift Hours

Partners

Contraceptives

Cert Waiver

PH Revenue

BH Revenue

Host School Name Fake High School One

SBHC Name Fake SBHC

Sponsor type and OP documentation

- Clinic operations and on-site hours (mostly medical sponsor)
- Details about staff, their roles, and on-site shift hours (medical and behavioral health sponsors)
- Partner engagement activities (medical sponsor)
- Contraceptive services (medical sponsor)
- Waiver for non-compliance of certification requirements (medical and behavioral health sponsors)
- Financial revenue entries (medical and behavioral health sponsors)

Operational Profile tabs

- The next slides have a screenshot of each tab in the database
- Medical sponsor and behavioral health sponsor have different areas they must update, and some require collaboration.
- Review the [Operational Profile User's Guide](#) for step-by-step instructions on how to update and create entries on each tab of the database.
- Email questions to SBHC.Program@odhsoha.oregon.gov

Details tab

- Typically, very little information on this tab needs updating
- If an SBHC has behavioral health staff employed by medical sponsor and behavioral health sponsor, the green box should include the names of both electronic health record systems.
- Medical sponsor must update the remainder of this tab including confirmation box.

SBHC Detail - Web HOME LIST Oregon Health

Fake High School Two

Details Operations Hours of Operation Staff Shift Hours Partners Contraceptives

Host School Name **Fake High School Two** SBHC Name **Fake2**

SBHC Info

SBHC Physical Address

Address Line 1 3221 South 31st

Address Line 2

City, State, Zip 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

City, State, Zip

Primary Care EHR Test EHR

Behavioral Health EHR Test BH EHR 1, BH EHR 2

Community Information Exchange (CIE)

County Info

County Cascadia

Medical Sponsor

Sponsor zCascadiaTest

Medical Sponsor is providing BH services at SBHC ☐

Behavioral Health Sponsor

Sponsor zCascadiaBH Test

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

Operations tab

Medical sponsor is responsible for updating information on this tab including confirmation box.

However, if a behavioral health sponsor employs the Youth Advisory Council primary contact, they must update the area in the green box.

HOME

SBHC Detail - Web

LIST

Fake High School One

Details

Operations

Hours of Operation

Staff

Shift Hours

Partners

Populations Served

Serves students from other schools ☒ Yes ☐ No

Names of schools or districts that your SBHC serves

Entire school district

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

Entire community

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 Jake Lastname

Email jlastname@email.com

Accuracy Confirmation

This information is accurate ☐

Confirmed by

Hours of Operation tab

- Medical sponsor is responsible for the primary care hours of operation, summer hours, and the confirmation box.
- Behavioral health sponsor must update the behavioral health hours of operation. However, if medical and behavioral health sponsors both have behavioral health staff working in the clinic, this area should reflect all in-person behavioral health hours.

 HOME

SBHC Detail - Web

 LIST

Fake High School One

Details

Operations

Hours of Operation

Staff

Shift Hours

Partners

Primary Care Hours of Operation

In-person Hours

Open

Close

Monday

7:00 AM

▼

4:00 PM

▼

Tuesday

▼

▼

Wednesday

7:00 AM

▼

4:00 PM

▼

Thursday

▼

▼

Friday

7:00 AM

▼

4:00 PM

▼

Open During Summer

☐ Yes ☒ No

In-person Summer Hours

Open

Close

Monday

▼

▼

Tuesday

▼

▼

Wednesday

▼

▼

Thursday

▼

▼

Friday

▼

▼

Behavioral Health Hours of Operation

In-person Hours

Open

Close

Monday

7:00 AM

▼

4:00 PM

▼

Tuesday

▼

▼

Wednesday

▼

▼

Thursday

7:00 AM

▼

4:00 PM

▼

Friday

7:00 AM

▼

4:00 PM

▼

Accuracy Confirmation

This information is accurate ☐

Confirmed by

Partners tab

- Each year the medical sponsor will create a Partners entry in the OP that reflects current activities in the following areas:
 - Engaging youth,
 - Integrating within the school community,
 - Involving parents and caregivers in their child's care, and
 - Engaging the community.
- The medical sponsor and behavioral health sponsor are expected to discuss and collaborate on their current activities to ensure the Partners entry is complete and accurate.

Partner entry

- The Partner requirements are listed in the [Standards for Certification, Version 5](#) in Section B.4: Sponsoring agency collaboration
- The Partner entry is an attestation to the activities of the sponsors and partners
- Historical entries will be saved

Details	Operations	Hours of Operation	Staff	Shift Hours	Partners	Contraceptives	Cert Waiver
---------	------------	--------------------	-------	-------------	----------	----------------	-------------

Partner Activities

Add

Date Created	Fiscal Year	Date Submitted
Select	8/9/2026	7/1/2026 to 6/30/2027

Partner Strategies

Fiscal Year: 7/1/2026 to 6/30/2027 Date Created: 8/9/2026

Youth Engagement

☒ Maintains an active and engaged SHAC / YAC

☐ Employs youth interns

☐ Youth participate in peer health education trainings / programing

☐ Collaborates with youth to develop youth-centered marketing and communications

☒ Engages youth on SBHC policies or practices

☐ Youth representatives on an SBHC Advisory Council

☐ N/A Elementary school is exempt

☐ None of the above, Other, as approved by SPO

School Integration

☐ Actively participates in school events

☐ Involved in classroom health education and/or engagement in schoolwide prevention programs

☐ Participates in multidisciplinary, school-based teams that identify, assess and coordinate efforts to address student health and wellness needs

☐ Supports school / district staff wellness

☐ Collaborates with school / district on universal screening initiatives

☐ Includes school staff as representatives on an SBHC Advisory Council

☒ None of the above, Other, as approved by SPO

Parent/Caregiver Involvement

☐ Provides education and support to parents and caregivers around child / adolescent health and wellbeing

☐ Helps parents and caregivers meet health-related social needs such as insurance enrollment, food, transportation, and housing assistance

☒ Assesses parent and caregiver satisfaction with their child's care

☐ Includes parents/caregivers as representatives on an SBHC Advisory Council

☐ None of the above, Other, as approved by SPO

Community Engagement

☒ Participates in community events and initiatives to support child / adolescent health and wellbeing

☒ Collaborates with community-based and/or culturally specific organizations on youth focused initiatives and SBHC client care

☐ Participates in local and/or regional councils and coalitions

☐ Includes community members as representatives on an SBHC Advisory Council

☐ None of the above, Other, as approved by SPO

Date Submitted

PARTNERS INFORMATION COMPLETE: Submit to SPO

Partner activities – None of the Above response(s)

- If none of the checkboxes on the entry form describe current activities within a topic area, check the “None of the Above, Other as approved by SPO.” box and email the SBHC.Program@odhsoha.oregon.gov with a description.
- If you have multiple topic areas where your activities need approval, send them in one email.
- If you check one box in a topic area, do not send an email requesting approval for any additional activity you are doing.

Contraceptive Services tab

- Each year, every SBHC must complete a contraceptive services entry in the OP.
- While ES, MS and K-8 schools are not required in the standards for certification to dispense contraceptives, they must create an OP entry.
- The medical sponsor is responsible for creating the Contraceptive Services entry.
- See section F.1, table 2 in the standards for contraceptive requirements
- Sites must submit a waiver for non-compliance
- Historical entries will be saved

The screenshot shows the 'SBHC Detail - Web' interface. At the top, there's a navigation bar with 'HOME' and 'LIST' links. Below it, the page title is 'Fake High School One' with 'SBHC ID 753' on the right. A series of tabs are visible: 'Details', 'Operations', 'Hours of Operation', 'Staff', 'Shift Hours', 'Partners', 'Contraceptives' (which is highlighted with a red box), and 'Cert Waiver'. Below the tabs, the 'Contraceptive Services' section is shown. It includes a table with columns: 'Date Created', 'Fiscal Year', and 'Date Submitted'. The first row has values: '2/19/2026', '7/1/2025 to 6/30/2026', and '2/19/2026'. An 'Add' button is highlighted with a red box and a mouse cursor.

The screenshot shows the 'Contraceptive Services' table. The table has four columns: 'Contraceptive Services', 'Dispense on-site', 'Prescription to pharmacy', and 'Refer to other clinic or provider'. The rows list various contraceptive methods: 'Birth control pills', 'Cervical Barriers', 'Emergency Contraception', 'Implant', 'Injectable', 'IUD/IUS', 'Patch', 'Ring', and 'Condoms'. Each row has radio buttons for the 'Dispense on-site', 'Prescription to pharmacy', and 'Refer to other clinic or provider' columns. Below the table, there's a 'Fiscal Year' dropdown set to '7/1/2026 to 6/30/2027' and a 'Date Created' field set to '8/3/2026'. A 'Date Submitted' field is also present. A red button in the bottom right corner says 'SERVICES INFORMATION COMPLETE: Submit to SPO'.

Contraceptive Services	Dispense on-site	Prescription to pharmacy	Refer to other clinic or provider
Birth control pills	☐	☐	☐
Cervical Barriers	☐	☐	☐
Emergency Contraception	☐	☐	☐
Implant	☐	☐	☐
Injectable	☐	☐	☐
IUD/IUS	☐	☐	☐
Patch	☐	☐	☐
Ring	☐	☐	☐
Condoms	☐	☐	☐

Fiscal Year: 7/1/2026 to 6/30/2027 Date Created: 8/3/2026 Date Submitted:

SERVICES INFORMATION COMPLETE: Submit to SPO

Waiver submission

Waivers are entered in the OP when a clinic is out of compliance with the certification standards for 30 calendar days.

Examples of non-compliance include:

- Fewer than 10 hours primary care or 10 hours of behavioral health
- Not providing condoms plus one type of contraceptive on-site
- Unable to submit client school enrollment data in the encounter data report

Certification Waiver tab

- To create a new certification waiver entry, click the “Add Waiver” button on the top right side of the waiver list.
- Review the [Operational Profile User’s Guide](#) for step-by-step instructions on how to complete the sections of the waiver.
- The SPO will respond to the waiver submission within 14 calendar days.

SBHC Detail - Web

HOME LIST

Fake High School Two SBHC ID 754

Details Operations Hours of Operation Staff Shift Hours Partners Contraceptives Cert Waiver

Certification Waivers

Add Waiver

	Date Created	Section Letter	Expected Completion	Approved	Date Approved	Date Resolved
Select	8/5/2026					
Select	8/5/2026	D: Operations/Staffing	9/30/2026			
Select	8/5/2026	F: Data Collection/Reporting	12/31/2026			

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.

Certification Waiver Info

Submitter Contact Date Created: 8/5/2026

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

Certification waiver entry

- Waiver entry in the OP must include:
 - Which Standard is not being met
 - Why it is not being met
 - Plan to come into compliance
- Information about waivers can be found in Section A.4 in the standards for certification
- Contact your assigned SBHC Public Health Nurse with questions.

QUESTIONS BREAK



SBHC staff roles and who to include

Certification-required staff roles

- Behavioral Health Provider (now required in the [Standards for Certification, Version 5](#))
- Behavioral Health Sponsor Primary Contact
- Health Department SBHC Primary Contact
(only required when a sponsor contracts with Local Public Health Authority)
- Immunization Coordinator
- Lab Coordinator
- Medical Director
- Office/Health/Medical Assistant
- Primary Care Provider
- Privacy Official
- Quality Assurance Coordinator
- SBHC Administrator
- School Primary Contact
- Site Coordinator
- Youth Engagement Coordinator

Email questions to: SBHC.Program@odhsoha.oregon.gov

New certification roles added

Standards Version 5 has new required roles:

- Behavioral Health Sponsor Primary Contact
- School Primary Contact
- Youth Engagement Coordinator

Staff Detail - Web

HOME LIST

Suzie Sanderson

Staff **Shift Hours**

First: Suzie Last: Sanderson

Email of staff member: SSanderson@ode.k-12.org Staff Phone #: phone

Employer: Oregon Middle School Alt. Phone #

(If mailing address other than SBHC)

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

Language(s) Spoken other than English: ☐ Chinese ☐ Russian ☐ Spanish ☐ Vietnamese

Other Language(s), if not listed:

Certification Roles

- ☐ Behavioral Health Provider
- ☐ Behavioral Health Sponsor Primary Contact
- ☐ Health Department SBHC Primary Contact
- ☐ Immunization Coordinator
- ☐ Laboratory Coordinator
- ☐ Medical Director
- ☐ Nurse
- ☐ Office/Health/Medical Assistant
- ☐ Oral Health Provider
- ☐ Primary Care Provider
- ☐ Privacy Official
- ☐ Quality Assurance Coordinator
- ☐ School Primary Contact
- ☐ SBHC Administrator
- ☐ Site Coordinator
- ☐ Youth Engagement Coordinator

SBHCs associated with Suzie Sanderson

To SBHC: Fake High School One

Systems associated with Suzie Sanderson

zCascadiaTest

Staff members can be associated with a system 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 - Behavioral Health

- ☐ Certified Alcohol and Drug Counselor (CAD)

OP data and SPO email groups

Some certification roles documented in the Operational Profile are used to create email list groups

- SBHC Administrator and Site Coordinator
- Behavioral Health Sponsor Primary Contact
- Contracts Manager
- Youth Engagement Coordinator
- Health Department Primary contact (if applicable)

SBHC Staff Detail

- Sponsors have different logins that allow them to view but not edit each other's staff records
- With some fancy database programming, a behavioral health sponsor will have access to their existing staff records to easily edit, update or delete
- Review the OP User's Guide on how to add, edit, and remove staff who are no longer affiliated with the SBHC.

HOME **Staff Detail - Web** LIST

Jonathon Charlesworth Staff ID: 3256

Staff Shift Hours

First Jonathon Last Charlesworth
Email of staff member jcharles@email.com Staff Phone #
Employer BH Sponsor name 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
☒ Behavioral Health Provider
☐ Behavioral Health Sponsor Primary Contact
☐ Health Department SBHC Primary Contact
☐ Immunization Coordinator
☐ Laboratory Coordinator
☐ Medical Director
☐ Nurse
☐ Office/Health/Medical Assistant
☐ Oral Health Provider
☐ Primary Care Provider
☐ Privacy Official
☐ Quality Assurance Coordinator
☐ School Primary Contact
☐ SBHC Administrator
☐ Site Coordinator
☐ Youth Engagement Coordinator

Behavioral Health Roles
☐ Case Manager
☐ Community Health Worker
☐ Drug and Alcohol/Substance Use Counselor
☐ Health/Patient/Resource Navigator
☐ Integrated Behavioral Health Provider/BH Consultant
☒ Mental Health Counselor/Therapist
☐ Psychiatrist
☐ Psychologist
☐ Skills Trainer
☐ Social Worker

Other Roles
☐ Contracts Manager
☐ Eligibility Specialist/OHP Assister
☐ Health Educator
☐ Outreach Worker
☐ Pharmacist
☐ YAC/SHAC Advisor
☐ Youth-Led Project Grant Contact

SBHCs associated with Jonathon Charlesworth **Add SBHC**
To SBHC Fake High School One
Sponsor associated with Jonathon Charlesworth
CascadiaBH Test

Credentials - Physical Health
☐ APRN-NP
☐ DO
☐ LPN
☐ CMA (Certified Medical Assistant)
☐ MD
☐ ND
☐ NP
☐ PA
☐ RN

Credentials - 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)
☐ Qualified Mental Health Professional (QMHP)
☐ Traditional Health Worker - Community Health Worker (THW-CHW)
☐ Traditional Health Worker - Peer Support Specialist (THW-PSS)
☐ Traditional Health Worker - Peer Wellness Specialist (THW-PWS)

Credentials - Oral Health
☐ DDS
☐ DMD
☐ EFDA
☐ EFDH
☐ EPDH
☐ RDH

Enter in Credential(s), if not listed above

Enter in Role(s), if not listed above

Staff Record – required information

- Email address, Agency/Organization, languages spoken other than English
- All certification-required roles must be assigned
- Staff can hold multiple roles; check all that apply
- Every staff record must have at least one role checked; there is a free-text box if necessary
- Credentials: staff can have multiple credentials; ask staff to ensure accuracy and check all that apply

Behavioral health provider

- While this isn't a new role to SBHCs it is now a required role in the new certification standards.
- This staff might provide direct mental health care, integrated behavioral health care, substance use treatment, and/or other services to support emotional well being of youth.
- See the certification standards for examples of the different roles that meet the requirement, screenshot on the next slide

Behavioral health provider description in Standards

SBHC Standards for Certification, Version 5

Behavioral Health Provider:* A licensed, credentialed, or certified† provider with assigned staff hours at the SBHC and who can provide direct mental health care, integrated behavioral health care, substance use treatment and/or other services designed to support emotional well-being to youth ages 5–21. Roles of behavioral health providers may vary by SBHC based on local needs and resources and may include providers in roles such as:

- a. Case Manager;
- b. Community Health Worker;
- c. Drug and Alcohol/Substance Use Counselor;
- d. Health/Patient/Resource Navigator;
- e. Integrated Behavioral Health Provider/Behavioral Health Consultant;
- f. Mental Health Counselor/Therapist;
- g. Peer Support Specialist;
- h. Peer Wellness Specialist;
- i. Psychiatrist;
- j. Psychologist;
- k. Skills Trainer; and
- l. Social Worker.

- * Behavioral health is used to encompass mental health, integrated behavioral health, substance use treatment and other services designed to support mental or emotional wellness.
- † This could include Board Registered Associates or providers who are licensed through State Approved Licensing Boards. This could also include those certified or credentialed through entities such as OHA's Traditional Health Worker (THW) Program, Mental Health and Addictions Certification Board of Oregon (MHACBO), OHA's Health Care Interpreter (HCI) Program, or Tribal based practices providers covered under Medicaid.

Behavioral health provider – roles and credentials

- If the Behavioral Health Provider box is checked, the staff must also have boxes checked in the BH role and credential areas
- Traditional Health Worker moved under BH credentials
 - Community Health Worker
 - Peer Support Specialist
 - Peer Wellness Specialist
- Be sure staff have the appropriate credential box checked.

The screenshot displays a staff profile form with the following sections:

- Staff** (tab):
 - First: Jonathon, Last: Charlesworth
 - Email of staff member: jcharles@email.com, Staff Phone #: , Alt. Phone #:
 - Employer: BH Sponsor name
 - (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:
- Shift Hours** (tab):
- Certification Roles** (checkboxes):
 - ☒ Behavioral Health Provider
 - ☐ Behavioral Health Sponsor Primary Contact
 - ☐ Health Department SBHC Primary Contact
 - ☐ Immunization Coordinator
 - ☐ Laboratory Coordinator
 - ☐ Medical Director
 - ☐ Nurse
 - ☐ Office/Health/Medical Assistant
 - ☐ Oral Health Provider
 - ☐ Primary Care Provider
 - ☐ Privacy Official
 - ☐ Quality Assurance Coordinator
 - ☐ School Primary Contact
 - ☐ SBHC Administrator
 - ☐ Site Coordinator
 - ☐ Youth Engagement Coordinator
- Behavioral Health Roles** (checkboxes):
 - ☐ Case Manager
 - ☐ Community Health Worker
 - ☐ Drug and Alcohol/Substance Use Counselor
 - ☐ Health/Patient/Resource Navigator
 - ☐ Integrated Behavioral Health Provider/BH Consultant
 - ☐ Mental Health Counselor/Therapist
 - ☐ Psychiatrist
 - ☐ Psychologist
 - ☐ Skills Trainer
 - ☐ Social Worker
- Credentials - Behavioral Health** (checkboxes):
 - ☐ 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)
 - ☐ Qualified Mental Health Professional (QMHP)
 - ☐ Traditional Health Worker - Community Health Worker (THW-CHW)
 - ☐ Traditional Health Worker - Peer Support Specialist (THW-PSS)
 - ☐ Traditional Health Worker - Peer Wellness Specialist (THW-PWS)

Behavioral health sponsor primary contact a new required role

As described on page 19 in the [SBHC Standards for Certification, Version 5](#): this person is employed by the SBHC behavioral health sponsor who is responsible for overseeing SBHC behavioral health services. They are responsible for attending SPO meetings, preparing for attending verification site visits, and completing the Operational Profile.

Staff Name	
Staff	Shift Hours
First Staff BH Sponsor	Last Name
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	Other Language(s), if not listed
☐ Russian	
☐ Spanish	
☐ Vietnamese	
Certification Roles	
☒ Behavioral Health Sponsor Primary Contact	
☐ Health Department SBHC Primary Contact	
☐ Immunization Coordinator	
☐ Laboratory Coordinator	
☐ Medical Director	
☐ Nurse	
☐ Office/Health/Medical Assistant	
☐ Oral Health Provider	
☐ Primary Care Provider	
☐ Privacy Official	
☐ Quality Assurance Coordinator	
☐ School Primary Contact	
☐ SBHC Administrator	
☐ Site Coordinator	
☐ Youth Engagement Coordinator	

Youth Engagement Coordinator a new required role

- Check the role box for staff employed by an SBHC sponsor supporting SBHC youth engagement efforts
- SBHCs located at an elementary school are exempt from this role requirement
- While the Youth Engagement Coordinator staff role is a certification requirement, it does not mean the SBHC must have a YAC/SHAC
- Email SPO with questions about this role

Staff Detail - Web

HOME LIST

Jonathon Charlesworth

Staff **Shift Hours**

First: Jonathon Last: Charlesworth

Email of staff member: jcharles@email.com Staff Phone #:

Employer: BH Sponsor name 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

☐ Behavioral Health Provider
☐ Behavioral Health Sponsor Primary Contact
☐ Health Department SBHC Primary Contact
☐ Immunization Coordinator
☐ Laboratory Coordinator
☐ Medical Director
☐ Nurse
☐ Office/Health/Medical Assistant
☐ Oral Health Provider
☐ Primary Care Provider
☐ Privacy Official
☐ Quality Assurance Coordinator
☐ School Primary Contact
☐ SBHC Administrator
☐ Site Coordinator
☐ Youth Engagement Coordinator

Staff record – Other Roles & Credentials

- There are new role checkboxes for the Contracts Manager and the Youth-Led Projects Grant Contact.
- These are not certification required roles, however adding the staff to the OP or checking the role box for staff already in the OP helps when issues arise or when email announcements need to be sent directly to those individuals.
- There are areas at the bottom of the Staff record to write in other Roles or Credentials applicable to a staff member if none of the existing check boxes are applicable

Other Roles

- ☐ Contracts Manager
- ☐ Eligibility Specialist/OHP Assister
- ☐ Health Educator
- ☐ Outreach Worker
- ☐ Pharmacist
- ☐ YAC/SHAC Advisor
- ☐ Youth-Led Project Grant Contact

Enter in Role(s), if not listed above

Description of other role

Enter in Credential(s), if not listed above

Description of other credential

Staff tab display

- Staff records for both medical and behavioral health sponsors will display here
- The bottom left of the tab will display any certification-required role that has not been assigned. You must check the box for an existing staff or add staff to the OP.
- The medical sponsor is responsible for verifying all roles are assigned and confirmation check box.

HOME

SBHC Detail - Web

LIST

Oregon Health Authority

Oregon SBHC

Behavioral Health Centers

Fake High School One

SBHC ID 753

Details

Operations

Hours of Operation

Staff

Shift Hours

Partners

Contraceptives

Cert Waiver

PH Revenue

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	Sponsor Name
To Staff	BH first Last bh spons	Behavioral Health Provider, Health Department SBHC Primary Contact, Mental Health Counselor/Therapist	Licensed Professional	zCascadiaBH Test
To Staff	Staff Name	Behavioral Health Sponsor Primary Contact		zCascadiaBH Test
To Staff	First name Last Med spons	Behavioral Health Provider, Integrated Behavioral Health Provider/BH Consultant	Licensed Clinical Social Worker	zCascadiaTest
To Staff	First Staff	Community Health Worker	Traditional Health Worker -	zCascadiaTest
To Staff	Steven Last	Immunization Coordinator	RN	zCascadiaTest
To Staff	Emily Testname	Laboratory Coordinator, Privacy Official, Quality Assurance Coordinator	APRN-NP	zCascadiaTest
To Staff	Test Staff Diff System	Office/Health/Medical Assistant	CMA (Certified Medical Assistant)	zCascadiaTest
To Staff	Suzie Sanderson	Office/Health/Medical Assistant	CMA (Certified Medical Assistant)	zCascadiaTest
To Staff	Polly Pop	Primary Care Provider	APRN-NP	zCascadiaTest

Missing Medical Director
Missing School Primary Contact

Accuracy Confirmation
This information is accurate ☐
Confirmed by

Which staff need shift hours

- Anyone who works on-site providing services to SBHC clients
- Staff who have a set weekly schedule as well as those who work once, twice or three times a month
- Do not include a shift hours if a staff is only providing telehealth services during that day's timespan
- Do not document multiple start and end times for a staff's lunch, there should only be one row per day

Staff Detail Shift Hours tab

- This tab summarizes staff shift hours entered by all sponsors.
- Be sure to review a staff's record if you do not see a shift hour on a day they are working in the SBHC.
- The medical sponsor is responsible for the confirmation check box.

HOME

SBHC Detail - Web

LIST

Oregon Health Authority SBHC School-based Health Centers

SBHC ID 753

Details

Operations

Hours of Operation

Staff

Shift Hours

Partners

Contraceptives

Cert Waiver

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	Sponsor Name
To Staff	Monday	Weekly	7:00 AM	4:00 PM	9	First Staff		zCascadiaTest
To Staff	Monday	Weekly	7:00 AM	4:00 PM	9	Testing	SBHC Administrator, Site Coordinator	zCascadiaTest
To Staff	Monday	Weekly	7:00 AM	4:00 PM	9	Test Staff Diff	Office/Health/Medical Assistant	zCascadiaTest
To Staff	Monday	Weekly	7:00 AM	4:00 PM	9	First name Last Med	Behavioral Health Provider	zCascadiaTest
To Staff	Monday	Weekly	7:00 AM	2:00 PM	7	Jonathon		zCascadiaBH Test
To Staff	Wednesday	Weekly	7:00 AM	4:00 PM	9	Polly Pop	Primary Care Provider	zCascadiaTest
To Staff	Wednesday	Weekly	7:00 AM	4:00 PM	9	Test Staff Diff	Office/Health/Medical Assistant	zCascadiaTest
To Staff	Wednesday	Weekly	9:00 AM	3:30 PM	6.5	Emily Testname	Quality Assurance Coordinator, Laboratory Coordinator, Privacy Official	zCascadiaTest

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 ☐

Confirmed by

Staffing requirements: type, hours, days

- Found on page 35 in the [Standards for Certification, Version 5](#)
- Submit waiver if SBHC does not meet the staffing requirements

- (1) Office/Health/Medical Assistant — 15 hours/week;
- (2) Primary care provider — 10 hours/week, at least two days/week;
- (3) Behavioral health provider — 10 hours/week, at least two days/week; and
- (4) Additional hours for youth health and wellness services — 5 hours/week to directly support youth to access the care they need. Staff hours that could be used to meet this requirement include, but are not limited to:
 - i. Primary care, behavioral, or oral health provider, Office/Health/Medical Assistant, Nurse, YAC Coordinator, Traditional Health Worker, and/or peer educator, or other as approved by the SPO.

Table 1: SBHC minimum staffing requirements

SBHC staffing type	Minimum hours per week	Minimum days per week
Office/Health/Medical Assistant	15 hours	Unspecified
Primary Care Provider	10 hours	2 days
Behavioral Health Provider	10 hours	2 days
Youth health and wellness	5 hours	Unspecified
Total minimum hours open and operating: 15 hours/week, 3 days/week		

General OP helpful hints

- Changes are automatically updated; there is no Save button.
- Do not use your internet browser 'back' button. Use the buttons in the database by clicking on the different tabs or home icon.
- If you have multiple SBHCs, the home button takes you to a screen that list all clinics so it's easy to click and access them
- If you're struggling to update an area of the OP, email SPO with your questions: SBHC.Program@odhsoha.oregon.gov



QUESTIONS BREAK

Before the exciting Financial/Revenue entries

Financial/Revenue entries



Financial Revenue tabs

- Physical health and dental services (PH Revenue tab)
- Behavioral health services (BH Revenue tab)
- Information includes revenue from registration fees, insurance reimbursement from payors like Medicaid and Private Insurance, public and private funding used to operate the SBHC.
- Financial revenue entries are only visible to the sponsor that created it

PH Revenue tab

- This tab contains a list of all annual PH revenue entries previously submitted for the SBHC for physical and oral health services
- To create a new annual revenue entry, click the “Add Annual Rev” button

The screenshot displays the 'SBHC Detail - Web' interface for 'Fake High School Two' (SBHC ID 754). The 'PH Revenue' tab is selected and highlighted with a red box. Below the tab, the section 'Financial - Physical Health Annual Revenue' is visible, featuring an 'Add Annual Rev' button (also highlighted with a red box). A table lists two annual revenue entries:

	Date Created	Fiscal Year	Total Op Rev	Date Submitted	
Select	7/22/2026	7/1/2025 to 6/30/2026	\$221,175	7/22/2026	✕ ▲
Select	3/12/2025	7/1/2024 to 6/30/2025	\$148,905	5/30/2025	✕

PH Revenue Detail tab

- Entry is for previous fiscal year
- Select 7/1/2025 – 6/30/2026
- Fill-out the Contact Information in case follow-up is needed

Physical Health Revenue Detail - Web

The purpose of this report is to identify all sources of physical health and dental revenue the SBHC received during the fiscal year.

HOME

Host School Name **Fake High School One**

Fiscal Year

First Name Phone

Last Name Title

Email

[Back to SBHC Detail](#)

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

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

Revenue Source Breakdown: Public/Medical Sponsor Funds

(This does NOT include billing)

Federal Funds

Description of Federal Funds

State Funds

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](#)

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 >>](#)

Entry should be for the previous fiscal year.

PH Revenue Detail tab – Fees/Billing

- When entering billing revenue, it should be total charges minus any adjustments; if this is not possible then enter payments.

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 Authority SBHC** School-Based Health Centers

HOME SBHC Name **Fake SBHC** First Name **First Test** Phone **5035555555** **Back to SBHC Detail**
Fiscal Year **7/1/2025 to 6/30/2026** Last Name **Last Test** Title **SBHC Fiscal Officer**
Public Funds/Grants/Donations **Fees/Billing** Other and Total Email **fiscal@sbhc.com**

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	☒ Yes ☐ No
OHP (CCOs)		☐ Yes ☐ No
C-Care (Family Planning)		☐ Yes ☐ No
Private Insurance		☐ Yes ☐ No
Other third party payor(s)		☐ Yes ☐ 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 page on the Detail page.

Payor Type	Physical / dental health revenue	Does billing revenue include PMPM or Incentive Payments?
OHP (DMAP - FFS)		☐ Yes ☐ No
OHP (CCOs)		☐ Yes ☐ No
C-Care (Family Planning)		☐ Yes ☐ No
Private Insurance		☐ Yes ☐ No
Other third party payor(s)		☐ Yes ☐ 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.

<< Previous Next Page >>

PH Revenue Detail tabs – Other and Total

- If there are other funding sources that support physical or oral health services for the SBHC, click the Add Other button and enter the description.
- A new revenue entry can be edited for up to 30 days after it was created if you're unable to complete it all at once.
- Click the button at the bottom right when entry is complete

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.

Oregon Health Authority Oregon SBHC School Based Health Centers

SBHC Name Fake SBHC

Fiscal 7/1/2025 to 6/30/2026

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

Other funding sources TOTAL \$9,870.00

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

Please provide any explanations/feedback

<< Previous

FINANCIAL INFORMATION COMPLETE: Submit to SPO

BH Revenue tab

- This tab contains a list of all annual BH revenue entries previously submitted for the SBHC behavioral health services
- To create a new annual revenue entry, click the “Add Annual Rev” button

HOME

SBHC Detail - Web

LIST

Oregon Health Authority

Oregon SBHC School-Based Health Centers

Fake High School One

SBHC ID 753

Details

Operations

Hours of Operation

Staff

Shift Hours

Partners

Contraceptives

Cert Waiver

PH Revenue

BH Revenue

Financial - Behavioral Health Billing

Add BH Billing

	Date Created	Fiscal Year	Total Op Rev	Date Submitted	
Select	7/29/2026	7/1/2025 to 6/30/2026	\$122,222	7/29/2026	⊗ ▲
Select	4/29/2026	7/1/2024 to 6/30/2025	\$145,000	8/6/2026	⊗

BH Revenue Detail tab

- Entry is for previous fiscal year
- Select 7/1/2025 – 6/30/2026
- Fill-out the Contact Information if follow-up is needed

 **Behavioral Health Revenue Detail**

The purpose of this report is to identify all sources of behavioral health revenue the SBHC received during the fiscal year.

 **SBHC**
School-Based Health Centers

[HOME](#)

Host School

Fiscal Year

First Name

Last Name

Phone

Title

Email

[Back to SBHC Detail](#)

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

Revenue Source Breakdown: Third Party Billing

Payor Type	Billing revenue	Does billing revenue include PMPM or Incentive Payments?
OHP (DMAP - FFS)		☐ Yes ☐ No
OHP (CCOs)		☐ Yes ☐ No
Private Insurance		☐ Yes ☐ No
Other third party payor(s)		☐ Yes ☐ No

Behavioral Health TOTAL

[Next Page >>](#)

BH Revenue tab – Billing Revenue & State Funds

- When entering billing revenue, it should be total charges minus any adjustments; if this is not possible then enter payments.

The screenshot displays a web form for entering behavioral health revenue. At the top, there are two tabs: "Billing Revenue and State Funds" (highlighted with a red box) and "Other and Total". To the right of these tabs is an "Email" input field. Below the tabs, a instruction reads: "Please enter total revenue received for each category below for the entire fiscal year (July 1 - June 30)."

On the left side, under the heading "State Funds", there is a text input field labeled "SPO Mental Health Expansion Grant".

On the right side, under the heading "Revenue Source Breakdown: Third Party Billing" (also highlighted with a red box), there is a table with the following structure:

Payor Type	Billing revenue	Does billing revenue include PMPM or Incentive Payments?
OHP (DMAP - FFS)		☐ Yes ☐ No
OHP (CCOs)		☐ Yes ☐ No
Private Insurance		☐ Yes ☐ No
Other third party payor(s)		☐ Yes ☐ No

Below the table, there is a label "Behavioral Health TOTAL".

BH revenue tab – Other and Total

- If there are other funding sources that support behavioral health services for the SBHC, click the Add Other button and enter the description.
- A new revenue entry can be edited for up to 30 days after it was created if you're unable to complete it all at once.
- Click the button at the bottom right when entry is complete

Behavioral Health Revenue Detail The purpose of this report is to identify all sources of behavioral health revenue the SBHC received during the fiscal year. **Oregon Health Authority SBHC** School Based Health Centers

[HOME](#)

Host School First Name Phone
Fiscal Year Last Name 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

Other funding sources TOTAL

Revenue Breakdown by Source

SPO Mental Health Expansion Grant
Third party billing
Other

GRAND TOTAL OPERATING REVENUE for :

Please provide any explanations/feedback

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

Current or previous service year??

Current year (July 1, 2026 to June 30, 2027):

Information on the following tabs in the database:

SBHC details, operations, hours of operation, staff, shift hours, partner activities entry and contraceptive services entry.

Previous year (July 1, 2025 to June 30, 2026):

Financial revenue entries

SPO audit review after Fall OP submissions

- Medical sponsor is responsible for Accuracy confirmation boxes located at the bottom of the Details, Operations, Hours of Operation, Staff, and Shift Hour tabs
- Non-compliance of minimum operating hours or staffing
 - Waiver submission required
- Missing partner activities entry
- Missing contraceptive services entry
- Missing financial entries

EEK! How do I get to the database??

[Link to access the Operational Profile](#)

FINAL QUESTIONS?



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

Loretta Gallant: Loretta.L.Gallant@oha.oregon.gov

