



Operational Profile Training

Thursday, September 15th, 2016



Agenda

- ✓ SBHC Site Coordinator role
- ✓ Why, When & Where
- ✓ Operational Profile structure
- ✓ Staff – Who to include/Roles
- ✓ SPO changes to Operational Profile
- ✓ Helpful Hints
- ✓ Audit Process
- ✓ Operational Profile User's Guide

SBHC Site Coordinator role

- Operational Profile
 - Oct 3rd deadline
 - Update as changes occur throughout the year
- Fill required SBHC roles
- Attend Coordinators Meetings
 - October (In-person)
 - Winter (webinar)
 - Spring (webinar)
- Communicate with partners
 - LPHA, SBHC Staff, SPO, etc.
- Encounter Data Submissions
 - Mid-year, year-end
- Satisfaction Survey Submissions
 - Mid-year, year-end

Why have an Operational Profile?

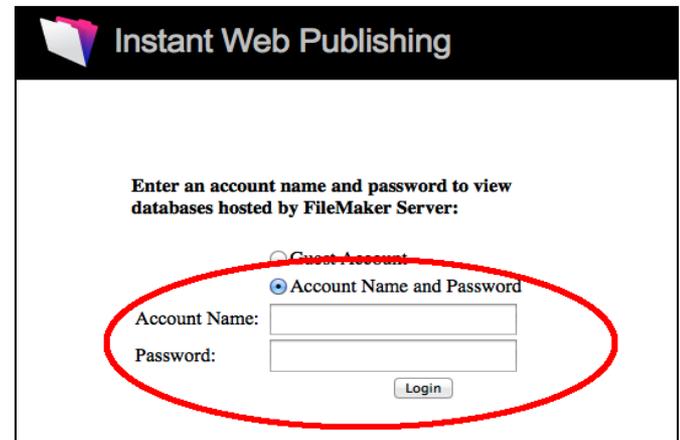
1. It's **required for Certification**
2. It demonstrates that sites are in compliance with the Standards for Certification such as:
 - Staffing roles & shifts, hours of operation, Key Performance Measures & financial information
3. Enables SPO to answer questions from legislators or partners regarding information such as:
 - PCPCH Status, number of centers with Youth Advisory Councils, number of centers with Dental Providers, etc.

When to fill out the profile

- Before initial certification: Prior to initial certification verification site visit (A.2.a.2.iii.b)
- After certification – October 3rd Deadline: Yearly renewal **no later than October 3** (normally October 1) to remain certified (A.2.a.2.iv.c)
- As changes occur throughout the year: Sites are required to keep their Operational Profile up to date
- Prior to a verification site visit

Where to get started

- Access the login page by visiting:
http://west-26.fmsdb.com/fmi/iwp/res/iwp_auth.html
 - Link can also be found on SPO website (Certification Standards page)
- Login information is issued by SPO to new sites and existing sites who have a new medical sponsor
- Login information does not change from year to year
- Feel free to contact us if you lose or forget your login information
sbhc.program@state.or.us



Instant Web Publishing

Enter an account name and password to view databases hosted by FileMaker Server:

Guest Account

Account Name and Password

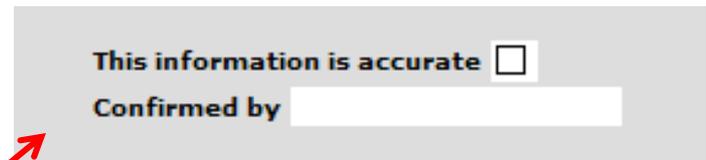
Account Name:

Password:

Login

Operational Profile structure

- You must review and update the following tabs/pages:
 - Details
 - Including County, System and Medical Sponsor information
 - Operations
 - Staff
 - Individual Staff pages (Staff & Shift Hours)
 - Shift Hours
 - KPMs
 - Financial
- Be sure to mark the accuracy confirmation boxes. If you don't we can only assume your Operational Profile is not done.



This information is accurate
Confirmed by

Reminder:

- **SBHC details, operations and staff/shift hours** information should be for the current fiscal year (July 1, 2016 to June 30, 2017).
- **KPM and Financial data** should be from the previous fiscal year (July 1, 2015 to June 30, 2016).
 - **NOTE:** If a new or recently reopened/recertified site was NOT open and certified by January 1st of the previous fiscal year it is NOT required to submit KPM and/or Financial data for that fiscal year.

Staff – Who to include

- Please include all staff that have clinical on-site shifts at the SBHC including:
 - Staff whose hours are not used to meet certification requirements
 - Staff whose data is not submitted to the SPO
 - I.e.: Support staff, community health workers, health educators, etc.
- Also include staff who do not have regular on-site clinical shifts but have other roles associated with the SBHC
 - I.e.: Health Department Administrator, SBHC Administrator, etc.
 - Use the ‘Comments’ box on their individual Shift Hour page to list their role, physical work location and typical weekly shift schedule (days/hours).
 - I.e.: HD Administrator. Works Mon-Fri, 8am-5pm at the county health dept.

Staff - Roles

- SBHCs are required to assign the following roles:
 - Health Department Administrator
 - Health Department Primary SBHC Contact
 - Immunization Coordinator
 - Laboratory Coordinator
 - Medical Director
 - Primary Care (MD, DO, ND, NP, PA)
 - Privacy Official
 - Quality Assurance Coordinator
 - SBHC Administrator
 - SBHC Site Coordinator
 - Support Staff
- Some staff may hold multiple roles
- Additional roles are available and should be assigned to appropriately reflect the SBHC staffing model (i.e.: QMHP, Dental Provider, etc.).
- SBHC role descriptions can be found on the Certification Standards page of our website (www.healthoregon.org/sbhc)

QUESTIONS???

SPO Changes to Operational Profile

- We have made changes to the following 'tabs':
 - Individual Staff
 - KPM
- No changes have been made to the following 'tabs':
 - Details
 - Operations
 - Staff
 - Shift Hours
 - Cert Waiver
 - Financial

Details 'tab' – no changes

 SBHC Detail - Web 

HOME LIST

Fake SBHC SBHC ID 9999

Details Operations Staff Shift Hours Cert Waiver KPM Financial

SBHC Name Fake SBHC Host School Name Yo

SBHC	SBHC Physical Address	Mail Address Line 1	SBHC Mailing Address <input type="checkbox"/> Same as Physical
Address Line 1	999 Fake St.	D ST	
Address Line 2	Suite 2756		
	Fakertons OR 97213	Fakertons OR 97213	
Phone	503-222-8883	InfoSystem	Bill 3rd party <input checked="" type="radio"/> Yes <input type="radio"/> No
Fax	503-222-8883	Info System	Electronic Claim <input checked="" type="radio"/> Yes <input type="radio"/> No
		Primary Care EMR	
		The EMR	
		Mental Health EMR	

County Info To County

County Cascadia

Primary Contact Terry Smith

Phone 555-555-5553

Email TS@cascadiaq.co.gov

System Info To System

System zCascadia Fake

Primary Contact Joe Williams

Phone 503-123-4563

Email joe@testsystem.net

Medical Sponsor

Medical Sponsor zCascadia Fake

Primary Contact Joe Williams

Phone 503-123-4563

Email joe@testsystem.net

This information is accurate

Confirmed by _____

Operations 'tab' – no changes

SBHC Detail - Web  HOME  LIST

Fake SBHC SBHC ID 9999

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

Hours of Operation

	Regular		Open During Summer	Summer	
	Open	Close		Open	Close
Monday			<input checked="" type="radio"/> Yes <input type="radio"/> No	Monday 10:30 AM	2:30 PM
Tuesday	8:30 AM	4:30 PM		Tuesday 8:30 AM	3:30 PM
Wednesday	9:00 AM	2:00 PM		Wednesday 9:30 AM	2:30 PM
Thursday				Thursday 9:30 AM	3:30 PM
Friday				Friday 8:30 AM	2:30 PM

Populations Served

Serves students from other schools Yes No

Names of schools or districts that your SBHC serves
Fakeriffic

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
Teachers and other staff members.

FQHC

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

PCPCH

PCPCH Status Yes No

Tier 1

Date of Last Recognition 05/06/2012

Youth Advisory Council

Do you have a Youth Advisory Council?

This information is accurate 1/14/2016
Confirmed by Melanie

Main Staff 'tab' – no changes

SBHC Detail - Web

HOME LIST

Fake SBHC SBHC ID 9999

Details Operations **Staff** Shift Hours 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 Gary Test	Dental Provider (DMD, EFDA, RDH); SBHC Administrator; SBHC Site Coordinator
To Staff Test First Test Last	Health Dept Administrator; Health Dept SBHC Primary Contact
To Staff Larry Test	Support Staff (Office/Health/Medical Asst)
To Staff Crystal Test	Health Dept Nursing Supervisor; Immunization Coordinator; Laboratory Coordinator; Medical (RN/LPN); Privacy Official; Quality Assurance Coordinator
To Staff Star Lord	Qualified Mental Health Provider (QMHP)
To Staff Blahmaster Salomon	Medical Director; Primary Care (MD, DO, ND, NP, PA)

Created: 3/16/2012 10:14:49 AM
Last Viewed: 9/21/2015 8:44:31 AM
View Count: 2804

This information is accurate
Confirmed by _____

Changes to Individual Staff 'tab'

Staff Detail - Web

HOME LIST

Larry Test Staff ID 548

Staff Shift Hours

First Larry Last Test

Email of staff member larrytest@fakeemail.com staff phone # 503-555-1234

Employer zCascadia Fake Alt. Phone #

(If mailing address other than SBHC)

Organization
Address Line 1
Address Line 2
City State Zip

Roles

- Dental Provider (DMD, EFDA, RDH)
- Health Dept Administrator
- Health Dept SBHC Primary Contact
- Immunization Coordinator
- Laboratory Coordinator
- Nurse (RN/LPN)
- Medical Director
- Primary Care (MD, DO, ND, NP, PA)
- Privacy Official
- Qualified Mental Health Provider (QMHP)
- Quality Assurance Coordinator
- SBHC Administrator
- SBHC Site Coordinator
- Support Staff (Office/Health/Medical Asst)

Credentials

- Alcohol & Drug Counselor
- Community Health Worker
- CNA
- Dentist (DMD)
- DO
- Expanded Function Dental Assistant (EFDA)
- Health Educator
- LCSW
- LPC
- LPN
- MD
- Medical Assistant
- ND
- NP
- PA
- QMHA
- QMHP
- Registered Dental Hygienist (RDH)
- RN

Other Roles Other Credentials

SBHCs associated with Larry Test + SBHC

To SBHC	Fake SBHC

Systems associated with Larry Test

zCascadia Fake

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

Created 4/22/13 1:58 PM by web test
Modified 8/29/16 1:33 PM by Melanie Potter

Main Shift Hours 'tab' – no changes

SBHC Detail - Web

HOME LIST

Fake SBHC SBHC ID 9999

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

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	Start	End	Shift Duration	Staff Member	Role
To Staff	Monday	8:00 AM	12:00 PM	4	Bob Salomon	Medical Director; Primary Care (MD, DO, ND, NP, PA)
To Staff	Monday	12:30 PM	5:30 PM	5	Larry Test	Support Staff (Office/Health/Medical Asst)
To Staff	Tuesday	7:00 AM	9:00 AM	2	Star Lord	Qualified Mental Health Provider (QMHP)
To Staff	Tuesday	8:00 AM	1:00 PM	5	Bob Salomon	Medical Director; Primary Care (MD, DO, ND, NP, PA)
To Staff	Tuesday	8:00 AM	3:30 PM	7.5	Gary Test	Dental Provider (DMD, EFDA, RDH); SBHC Administrator; SBHC Site Coordinator
To Staff	Tuesday	1:30 PM	5:30 PM	4	Larry Test	Support Staff (Office/Health/Medical Asst)
To Staff	Wednesday	8:00 AM	5:00 PM	9	Larry Test	Support Staff (Office/Health/Medical Asst)
To Staff	Wednesday	1:00 PM	3:00 PM	2	Bob Salomon	Medical Director; Primary Care (MD, DO, ND, NP, PA)

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

This information is accurate

Confirmed by

Individual Shift Hours 'tab' – no changes

Staff Detail - Web

HOME LIST

Bob Salomon *Shift Hours entry is missing information Staff ID 970

Staff **Shift Hours**

Day	Start	End	Duration	SBHC Name	+ Shift
Monday	8:00 AM	12:00 PM	4	Fake SBHC	X
Tuesday	8:00 AM	1:00 PM	5	Fake SBHC	X
Wednesda	1:00 PM	3:00 PM	2	Fake SBHC	X
Thursday	1:00 PM	5:00 PM	4	Fake SBHC	X
	7:00 AM	7:00 AM	0		X
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Comments

Write a note here explaining staff members without clinic shift hours listed – i.e.: Site Administrator, Health Department SBHC Primary Contact

Cert Waiver 'tab' – no changes

SBHC Detail - Web

HOME LIST

Fake SBHC SBHC ID 9999

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

Certification Waivers

+ Waiver

Select	Date Created	Section Letter	Expected Completion	Approved	Date Approved	Date Resolved	X
Select	9/21/2015						X
Select	11/4/2013	Data Collection/Reporting	11/21/2013	Yes	4/9/2014	2/10/2015	X
Select	11/4/2013	Sponsoring Agency/Facility	12/25/2013	Yes	4/9/2014	12/04/2013	X
Select	7/8/2013	Sponsoring Agency/Facility	10/15/2014	Yes	8/5/2013	4/3/2015	X
Select	12/5/2012	Data Collection/Reporting	7/16/2014	Yes	4/9/2014	12/4/2013	X
Select	11/29/2012	Sponsoring Agency/Facility	7/11/2014	Yes	4/9/2014	4/9/2015	X

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 "Submit" button ONCE to send the waiver to the State Program Office for review.

Certification Waiver Info

Date Created 9/21/2015 10:21:56 AM

Submitter Contact

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

View Report

WAIVER INFORMATION COMPLETE: Submit to SPO

Changes to KPM 'tab'

SBHC Detail - Web

HOME LIST

Fake SBHC SBHC ID 9999

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

Key Performance Measures

Date Created	Fiscal Year	Well Visit %	HA %	Optional KPM %	Date Submitted
Select	8/11/2016	7/1/2015 to 6/30/2016	83.3%	66.7%	8/11/2016

REQUIRED

Key Performance Measure Info

Date Created 8/11/2016 1:53:07 PM

Fiscal Year

CORE MEASURES (Required)

Well-Care Visit

Reviewed Number of charts reviewed

In compliance Number of charts in compliance

83.3% Percent of charts in compliance

Comprehensive Health Assessment (HA)

Reviewed Number of charts reviewed

In compliance 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

Please provide any explanations/feedback

KPM INFORMATION COMPLETE: Submit to SPO

Optional KPM - Biennial Selection

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

Reminder – KPM Reference Materials

Guidance Document for each KPM on the 'Data Requirements' page of SBHC website
(www.healthoregon.org/sbhc)

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

Eligible Population for KPMs

Any SBHC client in the target age range is eligible to be included in the chart audit, unless stated otherwise.

- Includes physical, behavioral/mental, dental health visits, immunization-only and nurse-only visits
- Any visit that gets submitted to the SPO in the encounter data report is included in the chart audit
- Excludes “touch” visits, such as brief check-in for a Band-Aid or cough drop.

Exclusions: Client/parent refuses

Unsuccessful attempt to get other provider documentation

KPM Chart Audits

Each SBHC must audit 20% of charts from eligible population

- Minimum of 30 charts, maximum of 50. Sites may audit more than the required maximum.
- The same charts can be audited for each measure as long as the eligible populations are the same (e.g., well visit, health assessment and nutrition screening).
- Chart audit is not required for the Immunization measure (results will come from the ALERT Program and will be entered by the SPO). But, SBHCs must submit (via secure email) patient name and demographic data for all 13-year old SBHC clients seen between 7-1-15 and 6-30-16.

On the KPM tab of the Operational Profile, enter the number of charts audited and the number in compliance for each measure.

Required Chart Audit Documents

SBHCs must submit two documents as part of the annual KPM audit requirements.

- Chart Audit Process Summary: Explanation of how the SBHC identified patient charts eligible for the audit, how data was obtained and calculated for each KPM.
- Chart Audit Tracking Sheet: For all audited charts, SBHC must provide patient ID/MRN, whether or not the chart was in compliance for each measure or if it was excluded (and why it was excluded).

There is a box on the KPM tab of the Operational Profile you must check after you've emailed the documents to the SPO.

Chart Audit – Results Tracking Sheet

Screenshot of sample submission

	A	B	C	D	E	F
1	SBHC name	Patient ID	Core - Well Visit	Core - Health Assess	Optional Measure	Comments
2	Your sbhc	ptid1	Compliance	Refused/Excluded	Non-compliance	
3	Your sbhc	ptid12	Non-compliance	Compliance	Compliance	
4	Your sbhc	ptid13	Compliance	Compliance	Not reviewed	
5	Your sbhc	ptid24	Compliance	Compliance	Compliance	
6	Your sbhc	ptid26	Refused/Excluded	Compliance	Refused/Excluded	
7	Your sbhc	ptid36	Compliance	Compliance	Compliance	
8	Your sbhc	ptid37	Non-compliance	Non-compliance	Non-compliance	
9	Your sbhc	ptid44	Compliance	Refused/Excluded	Non-compliance	
10	Your sbhc	ptid49	Non-compliance	Compliance	Compliance	
11	Your sbhc	ptid51	Compliance	Refused/Excluded	Not reviewed	
12	Your sbhc	ptid55	Compliance	Compliance	Compliance	

Submit MRN or dummy PT ID (SBHC must document the actual MRN and dummy ID for reference)

Submitting Required KPM Documents to the SPO

- If your chart audit tracking sheet contains actual medical record numbers, then it must be submitted to the SPO via secure email.
- If you don't have a way to initiate a secure email, either call or send Loretta Jenkins an email requesting one.
LORETTA.L.JENKINS@dhsosha.state.or.us
- Reminder, if you chose the Optional Adolescent Immunization Measure, you must submit a spreadsheet listing name, date of birth, gender and race on all the 13-year old clients seen in the SBHC. This information must be submitted via secure email.

Financial 'tab' – no changes

SBHC Detail - Web

HOME LIST

Fake SBHC SBHC ID 9999

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

Financial - Annual Revenue + Annual Rev

	Date Created	Fiscal Year	Total Op Rev	Date Submitted	
Select	9/21/2015	7/1/2014 to 6/30/2015	\$127,715.00	9/21/2015	X ▲
Select	7/14/2015	7/1/2012 to 6/30/2013	\$68,131.00	7/31/2015	X
Select	8/5/2013	7/1/2013 to 6/30/2014	\$1,986.00	7/14/2015	X
Select	9/4/2012	7/1/2011 to 6/30/2012	\$5,000.00	7/14/2015	X

Annual Revenue Info

Date Created 9/21/2015 11:09:44 AM

Fiscal Year 7/1/2014 to 6/30/2015

Revenue Breakdown by Source

Public funds (federal, state, county, city)	\$92,500.00
Medical Sponsor Funds	\$2,500.00
One time grants or awards (public of private)	\$15.00
Fundraising and in-kind donations	
Patient fees	\$3,200.00
Third party billing	\$32,000.00
Other	
Total Operating Revenue	\$127,715.00

Please provide any explanations/feedback

View/Edit Entry

Annual Revenue Detail 'tabs' - overview

 HOME

Annual 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

Fiscal Year

Public Funds/Grants/Donations

Fees/Billing

Other and Total

First Name

Last Name

Phone

Title

Email

[Back to SBHC Detail](#)

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	\$5,000.00
Description of Federal Funds	<input type="text" value="FQHC"/>
State Funds	
SPO Base Funding	\$60,000.00
SPO/AMH (Mental Health) Funds	\$0.00
SBHC Innovation Grants	\$0.00
Other State Funds	\$0.00
Description of Other State Funds	<input type="text"/>
County Funds	
City Funds	\$0.00
School District Funds	\$0.00
Medical Sponsor Funds	\$2,500.00
Public/medical sponsor funds TOTAL	\$92,500.00

Revenue Source Breakdown: Grants

[+ Add Grant](#)

Grantor Name	Grant Name	Amount
SBHC Foundation	Gold Star	\$15.00
One time grants or awards TOTAL		\$15.00

Revenue Source Breakdown: Fundraising and in-kind donations

[+ Add Event](#)

Event Name	Revenue	
Donations TOTAL		

[Next Page >>](#)

Annual Revenue Detail 'tabs' - overview

 HOME
Annual 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

Fiscal Year

First Name

Last Name

Phone

[Back to SBHC Detail](#)

Title

Email

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	<input type="text" value="\$200.00"/>
Co-pays/deductibles	<input type="text" value="\$2,000.00"/>
Sliding scale fees from uninsured	<input type="text" value="\$1,000.00"/>
Other patient fees	<input type="text" value="50.00"/>
Description of other patient fees	<input type="text"/>
Patient fees TOTAL	\$3,200.00

Revenue Source Breakdown: Third Party Billing

Payor Type	Total Revenue	Does revenue include PMPM or Incentive Payments?
OHP (DMAP - FFS)	\$20,000.00	<input type="radio"/> Yes <input checked="" type="radio"/> No
OHP (CCOs)	\$10,500.00	<input checked="" type="radio"/> Yes <input type="radio"/> No
C-Care (Family Planning)	\$1,500.00	<input type="radio"/> Yes <input checked="" type="radio"/> No
Private Insurance	\$0.00	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other third party payor(s)	\$0.00	<input type="radio"/> Yes <input checked="" type="radio"/> No
Third party billing TOTAL	\$32,000.00	

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

Annual Revenue Detail 'tabs' - overview

HOME
Annual 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

Fiscal Year

First Name

Last Name

Phone

[Back to SBHC Detail](#)

Title

Email

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)	\$90,000.00
Medical Sponsor Funds	\$2,500.00
One time grants or awards (public of private)	\$15.00
Fundraising and in-kind donations	
Patient fees	\$3,200.00
Third party billing	\$32,000.00
Other	
Grand Total Operating Revenue for 7/1/2014 to 6/30/2015	\$127,715.00

Please provide any explanations/feedback

FINANCIAL INFORMATION COMPLETE: Submit to SPO

[<<Previous](#)

QUESTIONS???

Helpful Hints

- Do not use the browser 'back' button. Use the buttons provided in the Operational Profile.
- Any change you make will be automatically saved
- Check all the accuracy confirmation boxes
 - Located on Details, Operations, Staff and Shift Hours 'tabs'
- Make sure staff information is complete and accurate (i.e.: email, shift hours, off site addresses, etc.)
 - Be sure to use fill out all the requested information, spell names correctly, use proper capitalization, etc.
- Make sure all KPM percentages are under or at 100%
 - If it's over 100% the information is incorrect

A screenshot of a grey rectangular box containing the text "This information is accurate" followed by an unchecked checkbox. Below this, the text "Confirmed by" is followed by a white rectangular input field.

QUESTIONS???

SPO Operational Profile Audit Process

- Existing Certified SBHCs:
 - The profile audit begins after the October 3rd deadline
 - What we are looking for:
 - All the required areas are complete and confirmed
 - » Details, Operations, Staff, Shift Hours, KPM & Financial information
 - SBHC has met minimum operating hours
 - SBHC has met minimum staffing requirements
 - SBHC has met minimum KPM requirements
 - Sites will be notified if they are out of compliance

New
Poll
Question

Do you feel prepared to complete your Operational Profile by the October 3rd deadline?

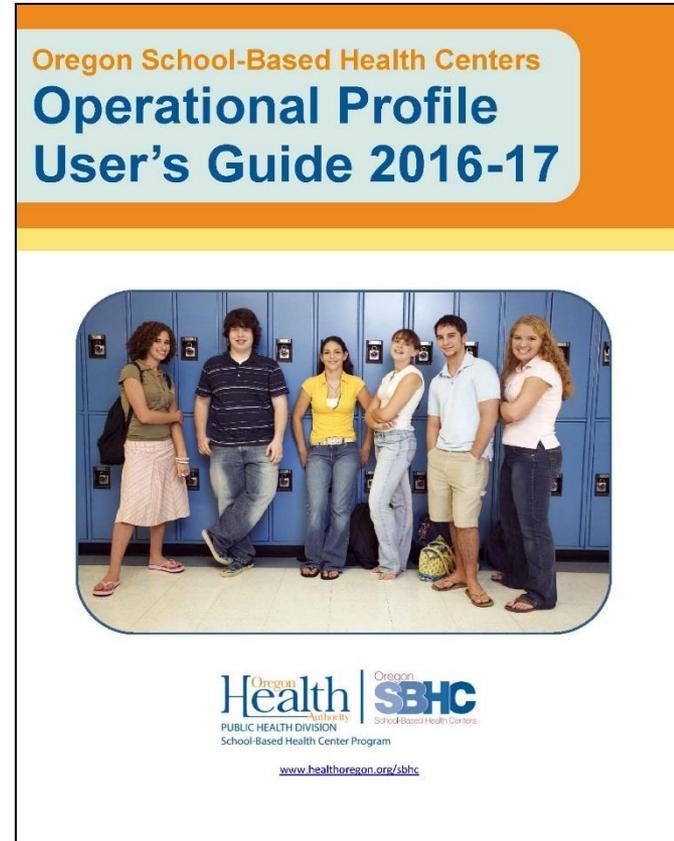
Don't forget...

WE ARE HERE TO HELP!

The audit process is not meant to be an iron hammer. If things look amiss we will help you. Just like the verification site visits, we are your partners and want you to succeed!

Operational Profile User's Guide

- Step-by-step instructions for making changes in the Operational Profile
- Can be found on our website at:
www.healthoregon.org/sbhc



Contact Information

Melanie Potter

School-Based Health Center Program

Oregon Public Health Division

800 NE Oregon St., Ste. 805

Portland, OR 97232

P: 971-673-0871

F: 971-673-0250

sbhc.program@state.or.us or melanie.m.potter@state.or.us

www.healthoregon.org/sbhc



Oregon
Health
Authority