

MEMORANDUM OF UNDERSTANDING
Siskiyou Community Health Center
and
Three Rivers School District

1. Purpose

This Memorandum of Understanding (MOU) establishes the terms, expectations, and responsibilities between Siskiyou Community Health Center (SCHC) and Three Rivers School District (TRSD) for the operation of a School-Based Health Centers (SBHC) located within the District.

The purpose of the SBHC's is to provide accessible, high-quality physical, behavioral, and preventive health services to students in support of their academic success and overall well-being.

This agreements is in effect from 07/01/2026-6/30/2027.

2. Guiding Principles

Both parties agree to operate the SBHC in alignment with the following principles:

- Promote student health, safety, and academic achievement
 - Ensure equitable access to services
 - Maintain confidentiality and compliance with all applicable laws
 - Foster collaboration between healthcare and educational professionals
 - Support a safe, respectful, and culturally responsive environment
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3. Responsibilities of Siskiyou Community Health Center (SCHC)

3.1 Clinical Services

SCHC will:

- Provide licensed medical, behavioral health, and support staff to deliver services in compliance with the SBHC Certification Standards version 5.

- Offer services such as primary care, behavioral health counseling, preventive care, immunizations, and referrals.
- Maintain clinical protocols, quality assurance processes, and standards consistent with state and federal regulations.
- Be available for participating in appropriate classes, communicable disease consultation, other school wellness initiatives as needed or requested.

3.2 Operations

SCHC will:

- Manage day-to-day clinical operations of the SBHC.
- Maintain all medical equipment, supplies, and technology required for clinical care.
- Ensure compliance with HIPAA, OSHA, and all relevant healthcare regulations.
- Maintain medical records and ensure secure storage and confidentiality.

3.3 Staffing

SCHC will:

- Hire, supervise, and evaluate all SBHC staff.
- Ensure all staff have appropriate credentials, background checks, and training.
- Provide ongoing professional development related to adolescent health, trauma-informed care, and school-based practice.

3.4 Communication

SCHC will:

- Coordinate with designated District administrators regarding scheduling, student flow, and operational needs.
- Provide aggregate, non-identifiable data to the District regarding utilization and outcomes, consistent with privacy laws when requested.
- Participate in joint planning meetings when requested.

4. Responsibilities of Three Rivers School District

4.1 Facilities

The District will:

- Provide dedicated space on campus for the SBHC, including utilities, custodial services, and reasonable access during school hours.
- Ensure the space meets safety, accessibility, and privacy requirements.
- Notify SCHC of any planned facility changes or maintenance needs.

4.2 Coordination

The District will:

- Designate a liaison to coordinate with SCHC on operational matters.
- Support appropriate student access to the SBHC during school hours.
- Assist with communication to families about the availability and purpose of the SBHC.

4.3 Student Information

The District will:

- Provide student information to SCHC only as permitted by FERPA and with appropriate consent.
- Ensure that any shared information complies with privacy laws and District policies.

4.4 Safety and Security

The District will:

- Maintain campus security and emergency procedures that include the SBHC.
- Provide SCHC staff with appropriate identification and access to campus.

5. Consent and Confidentiality

- SCHC will obtain parental/guardian consent for services as required by law.
- Both parties will comply with HIPAA, and all applicable state and federal privacy regulations.
- Information sharing between SCHC and the District will occur only with proper authorization or as otherwise permitted by law.

6. Liability and Insurance

6.1 Liability

- SCHC is solely responsible for the clinical care provided at the SBHC, including diagnosis, treatment, medical decision-making, and maintenance of medical records.
- The District is not responsible for clinical decisions, medical outcomes, or healthcare-related incidents occurring within the SBHC.
- The District remains responsible for general campus safety and incidents unrelated to clinical care.

6.2 Insurance

SCHC will:

- Maintain professional liability insurance, general liability insurance, and workers' compensation coverage for all SCHC employees and operations.
- Provide proof of insurance to the District annually or upon request.

The District will:

- Maintain liability insurance for District-owned facilities and District employees.

6.3 Indemnification

Each party agrees to indemnify and hold harmless the other party from claims arising from its own negligent acts, omissions, or misconduct, consistent with Oregon law.

7. Financial Arrangements

- SCHC is responsible for billing insurance, Medicaid, or other payers for services delivered.
 - No financial obligation is placed on the District for clinical operations unless otherwise agreed in writing.
 - Students will not be denied services due to inability to pay.
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8. Term, Renewal, and Termination

- This MOU becomes effective on 07/01/2026
 - The term is **one year and will require annual review**
 - Either party may request amendments in writing.
 - Either party may terminate the MOU with **90 days' written notice**, except in cases of immediate safety or legal concerns.
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9. Dispute Resolution

In the event of disagreement, both parties will:

- Attempt to resolve the issue through direct discussion between designated administrators.
 - If unresolved, escalate to executive leadership of both organizations.
 - Use mediation if mutually agreed upon.
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10. Non-Discrimination

Both parties agree to operate the SBHC without discrimination based on race, color, national origin, sex, gender identity, sexual orientation, disability, religion, or any other protected class under state or federal law.

11. Signatures

For Siskiyou Community Health Center

Name: _____

Title: _____

Date: _____

For Three Rivers School District

Name: _____

Title: _____

Date: _____