

2022

>> Oregon School-Based Health Centers

Status Update 2022



Oregon
Health
Authority
PUBLIC HEALTH DIVISION

OREGON

School-Based Health Centers

Serving students since 1986

SBHCs value parents' involvement in their children's care.

Comprehensive services

Accessible

- Located on school campus
- Youth-centered
- Convenient and affordable
- Culturally responsive

High quality and effective

- Age-appropriate care
- Primary and preventive care
- Good use of state funds to attract local dollars
- Addresses health disparities

- Well-child exams
- Sick visits
- Minor injury treatment
- Vision, dental and other health screenings
- Immunizations
- Alcohol and drug counseling
- Mental health counseling
- Reproductive health services
- Classroom presentations

Health care a few steps away ...

Healthy and ready to learn!

Developed and sustained through partnerships among

- Schools, parents and students
- Community members
- County health departments
- Medical, mental and dental professionals
- State government

Acknowledgments

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Executive summary

The Oregon School-Based Health Center State Program Office (SPO) is pleased to share the Oregon School-Based Health Centers (SBHC) Status Update 2022*. The purpose of the report is to monitor trends among SBHCs and create a clear picture of the state of certified SBHCs in Oregon. The report makes information about SBHCs accessible to:

- SBHCs
- School districts
- Medical sponsors
- Policymakers
- Researchers
- Communities
- Media
- Youth, and
- Families.

SBHCs are a vital community resource with a youth-centered model that supports young people's health and well-being. Oregon SBHCs are clinics located in schools or on school grounds that provide medical care, behavioral health services and dental care. These easily accessible services support youth to grow, learn and thrive.

This SBHC Status Update 2022 documents SBHC service provision during the 2020–2021 service year. Highlights include:

- Basic data and demographics about SBHCs and clients
- The effects of coronavirus disease 2019 (COVID-19) and major Oregon wildfires, and
- How SBHCs used telehealth to provide health care access during school closures.

Here are a few fast facts about how SBHCs served as an access point for youth during the 2020-2021 service year.

- As of July 1, 2021, Oregon has 78 certified SBHCs in 25 counties. Seventy-four percent of the SBHCs are federally qualified health centers (FQHCs). Forty-nine percent are state-recognized patient-centered primary care homes (PCPCH). (1)
- During the 2020-2021 service year:
 - » Oregon SBHCs provided 91,058 visits for 28,610 clients.
 - » 33% of all visits were via telehealth.
 - » School-aged youth (5-21 years) accounted for 61% of all visits.

* This report can also be found on our website at <http://www.healthoregon.org/sbhc>

- » Reasons for SBHC visits among school-aged youth (5–21 years):
 - » 48% for primary care services
 - » 51% for behavioral health*, and
 - » 1% for dental health.
- » In 18 SBHCs, at least half of school-age clients (5-21 years) were youth of color.
- » 60% of school-aged youth (5-21 years) had Medicaid coverage at the first visit.
- » 95% of SBHCs had a behavioral health provider.

SPO would also like to recognize SBHCs' hard work and dedication during this service year. SBHC staff have truly been on the front lines during the COVID-19 pandemic and 2020 Oregon wildfires, providing vital sources of care to communities. Clinicians, therapists, front office staff, medical assistants, administrators, and their partners continued to show up for young people as schools navigated distance, hybrid, and returning to in-person learning across the state. SPO deeply appreciates SBHC staff members' and partners' commitment to Oregon's youth during such a challenging time. Thank you!

The SPO team



* Behavioral Health is used in this report to encompass mental health, behavioral health and substance use services

School-Based Health Centers in Oregon

School-Based Health Centers (SBHCs) are medical clinics that offer a full range of physical, behavioral, and preventive health services to all students, regardless of their ability to pay. SBHCs are located either within a school or on school grounds. Services are provided in-person, and in some cases also by phone or video (telehealth). By providing easy access to health care, SBHCs reduce barriers such as cost, transportation and concerns about confidentiality that keep parents and students from seeking the health services students need.

SBHCs have existed in Oregon since 1986. They succeed through public-private partnerships between:

- The Oregon Public Health Division
- School districts/Education service districts
- Local public health authorities
- Health care providers
- Parents
- Students, and
- Community members.

Unless otherwise noted, all statistics are from Oregon SBHC encounter data for the 2020-2021 service year (July 1, 2020-June 30, 2021). See 2022 SBHC Data Appendix at <http://www.healthoregon.org/sbhc>.

As of July 1, 2021, SBHCs are:

- 78 certified in 25 counties:
 - » 47 high schools
 - » 6 middle schools
 - » 11 elementary schools
 - » 14 combined-grade campuses
 - » Areas are:
 - » 38 urban
 - » 36 rural, and
 - » 4 frontier.

Thank you so much this has honestly been one of the best experiences with a health center I've had.

-SBHC client

This clinic is absolutely amazing. The people who work here are the most kind people I've ever seen in a health care environment. The school needs a place like this and I'm so glad my teacher told me to come here.

-SBHC client

- 49% are recognized as patient-centered primary care homes (PCPCHs). (1)
- 65% are in primary care health professional shortage areas (HPSAs). (2)
- 74% are federally qualified health centers (FQHCs). (1)

Services offered at Oregon SBHCs (service provision varies by site) in the 2020-2021 service year:

- Well-child exams
- Sick visits
- Minor injury treatment
- Vision, dental and other health screenings
- Immunizations
- Substance use screening and assessment
- Mental health counseling
- Reproductive health services
- Prevention and wellness messaging
- Health-related classroom presentations, and
- Emergency response, including services to address:
 - » Major Oregon wildfires, and
 - » COVID-19 pandemic.

Between July 1, 2020 and June 30, 2021

- SBHCs provided 91,058 visits for 28,610 clients. (Figure C)
 - » 7,794 clients had 29,598 visits via telehealth.
 - » 33% of visits were via telehealth.
 - » 91% of the telehealth visits were done via video
 - » 9% of the telehealth visits were done via phone

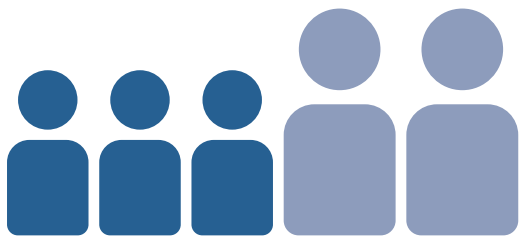
SPO would like to preface the 2022 Status Update with information about where SBHC encounter data is not reported, underreported and drastically different from previous service years. This context is important as you look at the data presented.

- SBHC staff reported the need to extend beyond traditional SBHC services to assist the community response to COVID-19 and major Oregon wildfires. Some examples include providing wellness kits to students at home, school lunch delivery while students were in distance learning and social services assessments at temporary shelters during fire emergencies. These types of services are not typically reported to the SPO, but we know these services consumed the time and resources of many SBHCs.
- Given rapid changes to federal and state telehealth policy, clinic workflows and challenges in updating data reporting systems, the SBHC encounter data in this report likely presents an undercount of the total telehealth visits that occurred in SBHCs.
- COVID-19 vaccines are likely underreported for a variety of reasons. SBHC staff reported assisting with mass vaccination clinics as part of community need, and in some instances, these doses are not reported in the SBHC encounter data. And finally, some SBHCs reported documenting these COVID-19 vaccine services in a separate location in their electronic medical record to expedite patient registration.

- On average, clients accessed the SBHC about three times per year.
- There were 65,072 school-aged youth (5–21 years) with access to SBHCs in their schools. (3)
- 61% of all visits were with school-aged youth (5-21 years)*
- 86% of all behavioral health visits were with school-aged youth
- 48% of all primary care visits were with school-aged youth
- 17,134 school-aged youth (5-21 years) had 56,013 visits
 - » 4,711 school-aged youth (5-21 years) had 20,068 visits via telehealth.
 - » 36% of visits among school-aged youth (5-21 years) were via telehealth (Figure H)
- Clients receiving services were:
 - » 76% White
 - » 54% White, non-Hispanic
 - » 24% Hispanic
 - » 3% Black
 - » 3% Asian
 - » 2% American Indian or Alaska Native
 - » 1% Native Hawaiian or other Pacific Islander
 - » 10% unknown race and ethnicity



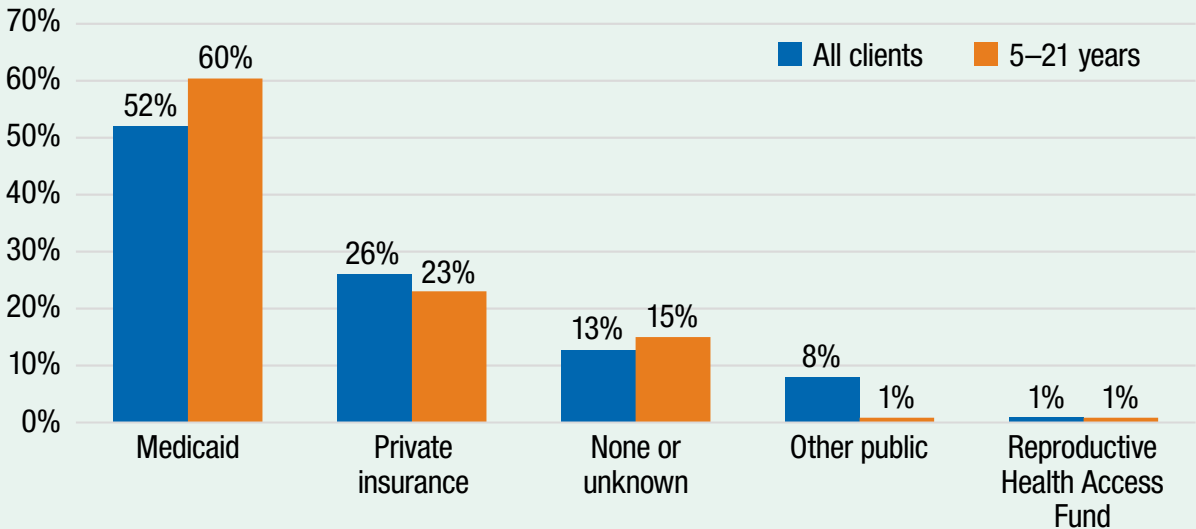
* This 61% rate is a marked decrease from prior years when school-age youth have comprised a higher percent of SBHC visits. In 2019-2020, 74% of SBHC visits were for youth ages 5-21. In the 2020-21 school year, SBHCs expanded their focus to serve their local communities during the COVID-19 pandemic with testing and vaccines, as well as during major wildfires. In addition, SBHCs' ability to reach school-aged youth was affected by pandemic-related school closures.



3 out of 5 clients
were between ages of 5 and 21

- In 18 SBHCs (23%), at least half of school-aged clients (5-21 years) were youth of color.
- In 59 SBHCs (76%), more than half of the youth clients (5-21 years) had Medicaid coverage.
- Fifty-two percent of clients had Medicaid coverage. (Figure A)

Figure A. Health coverage status of SBHC clients (all clients and ages 5-21) at the first visit, 2020-2021



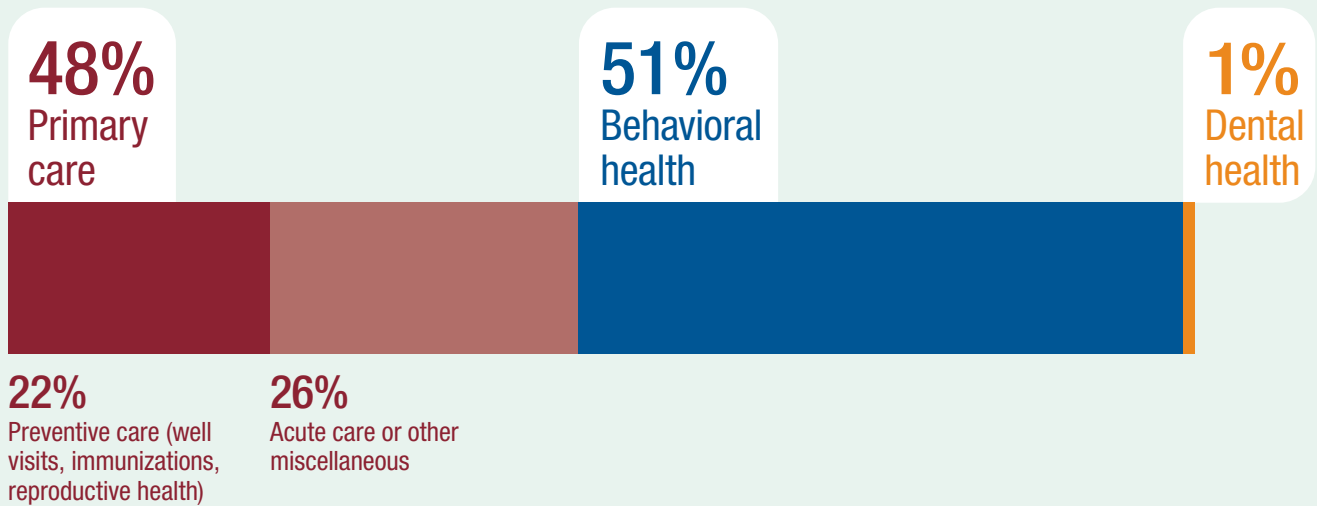
*Source: Oregon SBHC encounter data**

- For SBHC visits among school-aged youth (5–21 years) (Figure B):
 - » 48% were for primary care services.
 - » 51% were for behavioral health[†].
 - » 1% were for dental health.

* “None or unknown” categories include some clients who have insurance, but for whom insurance information is not captured in the data for a number of reasons: It is not a billable visit; it is a confidential visit, so insurance is not billed; student does not know or provide evidence of their insurance.

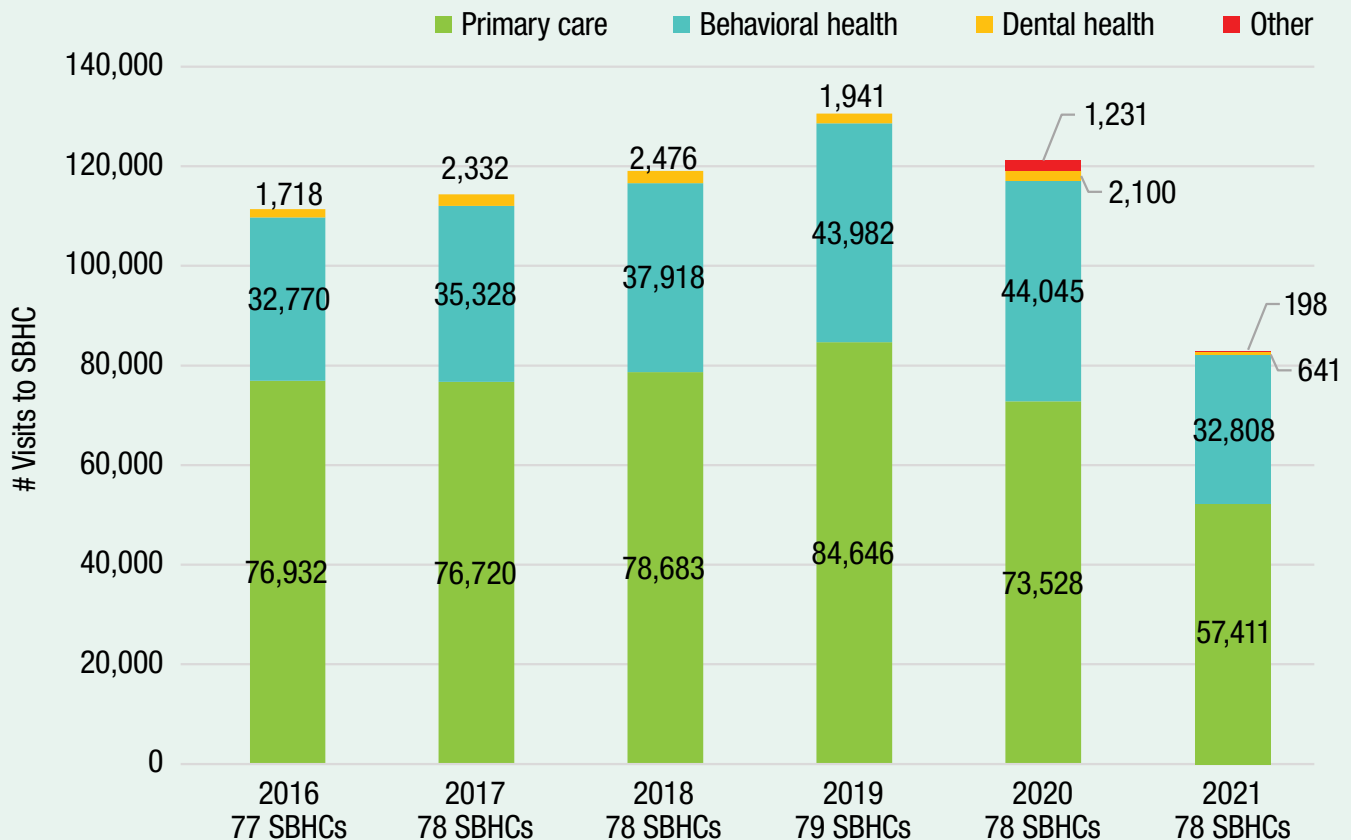
[†] Behavioral Health is used in this report to encompass mental health, behavioral health and substance use services

Figure B. Reasons for SBHC visits, ages 5-21, 2020-2021



Source: Oregon SBHC encounter data

Figure C. Number of SBHC visits by provider type, school years ending 2016-2021



Source: Oregon SBHC encounter data

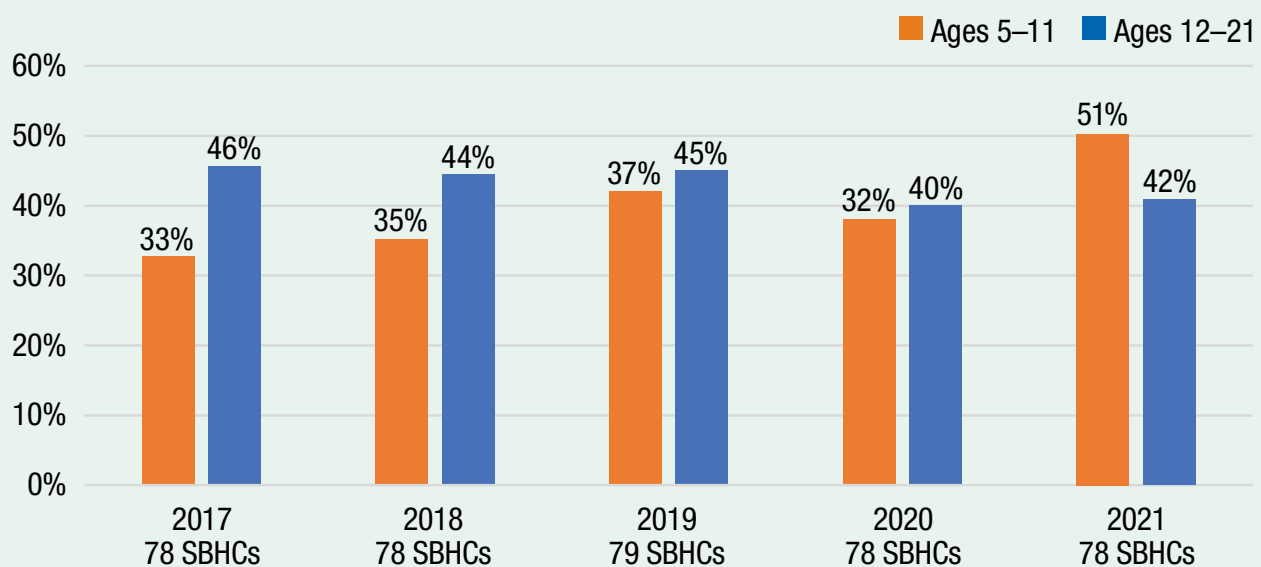
Primary care services:

- 43% of all clients received an immunization.
 - » 12% received a COVID-19 vaccine.
- 46% of school-aged youth (5-21 years) received an immunization.
 - » 11% received a COVID-19 vaccine.
- 44% of school-aged youth (5-21 years) received a well visit.
- 64% (50 of 78) of Oregon's certified SBHCs reported dispensing at least one type of contraceptive on-site. Condoms and long-acting reversible contraceptives are the most common forms.
 - » Sites that dispense contraceptives are in 18 counties, in both urban and rural areas.
 - » 60% of SBHCs are providing long-acting reversible contraceptives on-site.

I love coming to this clinic. They are fast, efficient, and care about their clients.

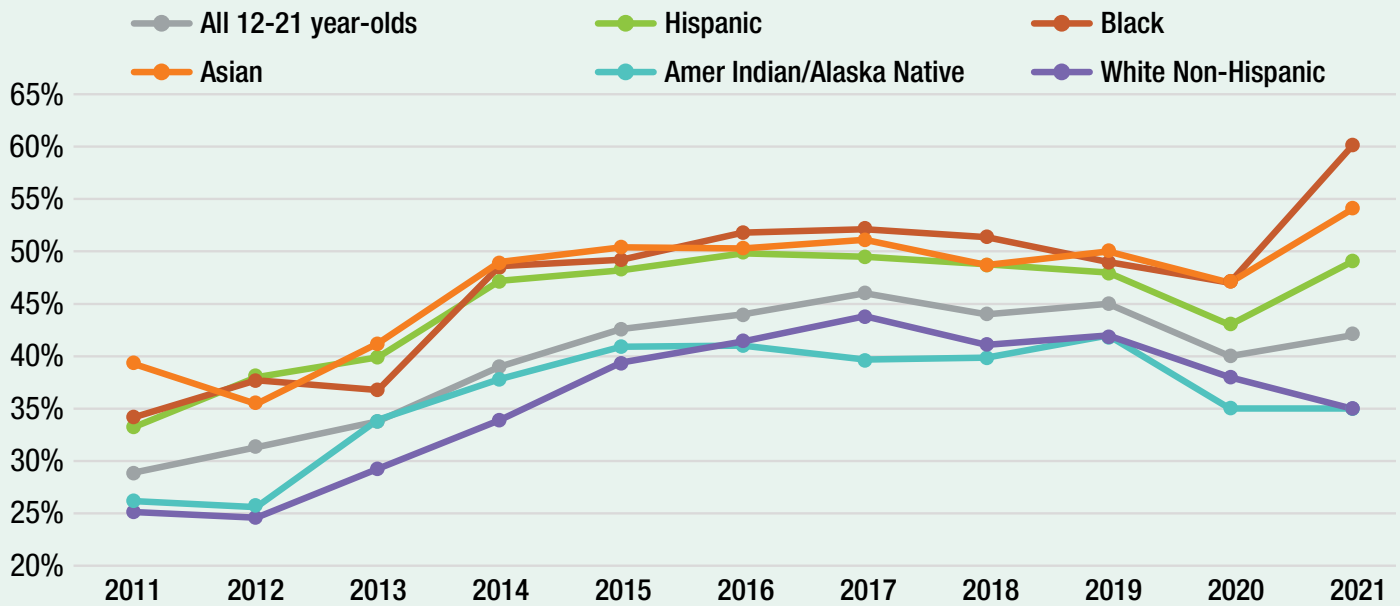
-SBHC client

Figure D. Percent of SBHC clients (ages 5-11 and 12-21) who received a well visit, school years ending 2017-2021



Source: Oregon SBHC encounter data

Figure E. Percent of SBHC clients (ages 12-21) receiving a well visit, by race/ethnicity, school years ending 2011-2021



Source: Oregon SBHC encounter data

The percentage of clients who received a well visit increased notably among Black, Asian, and Hispanic clients aged 12-21 during the 2020-2021 service year. (Figure E) Several SBHC medical sponsors in particular contributed to this increase. According to interviews with their SBHC Coordinators and staff, factors contributing to this increase included:

- Continued SBHC services in schools with higher percentages of Black, Asian, and Hispanic clients during COVID-19-related school closures
- Investment in SBHC staffing, such as the hiring of bilingual and/or bicultural front office staff and training existing staff to be Oregon Health Plan (OHP) enrollment assisters
- Promotion of well visits and vaccinations through targeted campaigns, and
- Increased SBHC visibility in the community while supporting local COVID-19 pandemic response, including mass vaccination clinics.

Oral health services:

- 9 SBHCs had a dental provider on site. (1)
- 641 dental visits were provided to 422 clients. (Figure C)
- 79 school-aged youth (ages 5–21) received dental sealants at an SBHC.
- Some oral health services are also provided by primary care providers:
 - » 1,058 school-aged youth (ages 5–21) received dental fluoride varnish at an SBHC.
 - » 488 school-aged youth (ages 5–21) received a dental screening at an SBHC.

Behavioral health services:

- 95% of SBHCs had a behavioral health provider. (1)
- 32,808 behavioral health visits were provided to 4,619 clients. (Figure C)
 - » 54% of behavioral health visits were via telehealth.
- On average, behavioral health clients accessed an SBHC for behavioral health visits eight times a year.
- 36% of all SBHC visits were to a behavioral health provider.
- 51% of the SBHC visits by school-aged youth (5-21 years) were to a behavioral health provider. (Figure B)
- School-aged youth (5-21 years) receiving behavioral health services were:
 - » 80% White
 - » 57% White, non-Hispanic
 - » 27% Hispanic
 - » 4% Black
 - » 2% Asian
 - » 4% American Indian or Alaska Native
 - » 1% Native Hawaiian or other Pacific Islander
 - » 6% unknown race and ethnicity
- 24% of school-aged behavioral health clients (5-21 years) also received a well visit in the SBHC.



The effect of COVID-19 and major Oregon wildfires

During the 2020-2021 school year SBHCs served as resilient and responsive partners to ensure youth had access to health care. This was a continuation of efforts that began during the previous school year when SBHCs supported local emergency response and provided health services at the beginning of the COVID-19 pandemic.

As fall 2020 approached, Oregon Governor Kate Brown issued [reopening guidance](#) for the 2020-2021 school year considering the ongoing COVID-19 pandemic.* The guidance outlined options based on local conditions and readiness, of each school selecting one of these ways to begin school in the fall:

- Return to a school campus (on-site learning)
- Return to school with a blend of on-site and comprehensive distance learning (hybrid learning), or
- Return to school through comprehensive distance learning (off-site learning).

SBHC partners stepped in to ensure families had basic needs of food and shelter along with behavioral health supports. Jackson County is the home to five SBHCs operated by Rogue Community Health and nine SBHCs operated by La Clinica. Jackson County was the site of the Alameda Fire which officials estimate burned more than 2,600 homes, including teachers' homes that worked at Eagle Point High School, where the Eagle Point SBHC is located. Some SBHCs in this County were forced to delay opening of their SBHCs for several weeks, as clinic resources were diverted to assist the community wildfire response. The Butte Falls SBHC was inaccessible for weeks due to road closures.

-SBHC site coordinator

* Office of the Governor, State of Oregon. (2020, June). Executive Order No. 20-29. Available from: https://www.oregon.gov/gov/Documents/executive_orders/eo_20-29.pdf

In early September 2020, as SBHCs prepared for the 2020-2021 school year to begin, devastating wildfires destroyed communities across Oregon. This presented even more challenges for students and families, adding to the existing physical, social and emotional damages already caused by COVID-19. The wildfire disaster emergency affected Clackamas, Douglas, Jackson, Klamath, Lane, Lincoln, Linn, Marion, and Tillamook counties which are home to 31 of Oregon's 78 certified SBHCs.*

When the Holiday Farm fire hit in Lane County in the late summer, the McKenzie River Clinic operated by Orchid Health burned to the ground. Orchid Health, who additionally operates a SBHC in Clackamas County and an SBHC in Lane County, quickly responded by supporting the McKenzie River community with a mobile clinic.

-SBHC site coordinator

In fall 2020, most of Oregon's students were unable to access on-campus learning and services, including onsite services at SBHCs. Based on plans submitted to the SPO by Oregon-certified SBHCs in October 2020, the SPO determined the majority of SBHCs were located in schools offering comprehensive distance learning (87% or 68 of 78 SBHCs); of the remaining schools, 3 were offering on-site learning and 7 were offering hybrid learning. Additionally, SBHC service plans submitted to the SPO outlined the following:

- 47 SBHCs were offering on-site primary care services
- 72 SBHCs were offering telehealth primary care services
- 36 SBHCs were offering on-site behavioral health services
- 76 SBHCs were offering telehealth behavioral health services, and
- 21 SBHCs were offering COVID-19 testing on-site

SBHCs had to be flexible to ensure Oregon youth had access to quality health care as the effects of the pandemic, wildfires and school closures continued to unfold through 2020 and into 2021.

Some considerations for SBHCs included:

- Ensure the health and safety of staff

* Office of the Governor, State of Oregon. (2020, Oct). Executive Order No. 20-60. Available from: <https://www.oregon.gov/gov/eo/eo-20-60.pdf>

- Work with limited staff capacity as staff continued to:
 - » Support local COVID-19 and wildfire response
 - » Maintain a 6-foot physical distance in the clinic
 - » Isolate or quarantine due to COVID-19 infections, or
 - » Leave the clinical workforce.
- Provide telehealth services for primary care and behavioral health services
- Coordinate with multiple partners (for example, schools, county public health and community organizations) to ensure youth got the services they needed
- Conduct outreach and engagement to the youth of vulnerable populations and those disengaged
- Ensure student access to health services while:
 - » Meeting COVID-19 school cohorting guidance
 - » Some students were attending hybrid on partial school days, and
 - » Students isolated or quarantined due to COVID-19 infections
- Support COVID-19 screening and testing, and
- Support COVID-19 vaccination at mass clinics and SBHCs

Considering the continued challenges SBHCs were experiencing, SPO also had to continue to be flexible and supportive to ensure the sustainability of the SBHC model. SPO also had to continue to be flexible and supportive to ensure:

- Ensure the health and safety of staff
- Assess compliance with SBHC Standards for Certification given travel restrictions
- Work with SBHCs to understand ongoing and changing needs and challenges, and
- Adjust SBHC Standards for Certification requirements temporarily.

From winter 2020 into spring 2021, Governor Kate Brown directed schools to safely return to in-person instruction. SBHCs and the SPO remained flexible as trends in SBHC staffing, COVID-19 disease rates, uptake of COVID-19 vaccine and community needs varied across the landscape of Oregon.

In spring 2021 as Oregon began to reopen more fully, SBHCs voiced continued challenges with:

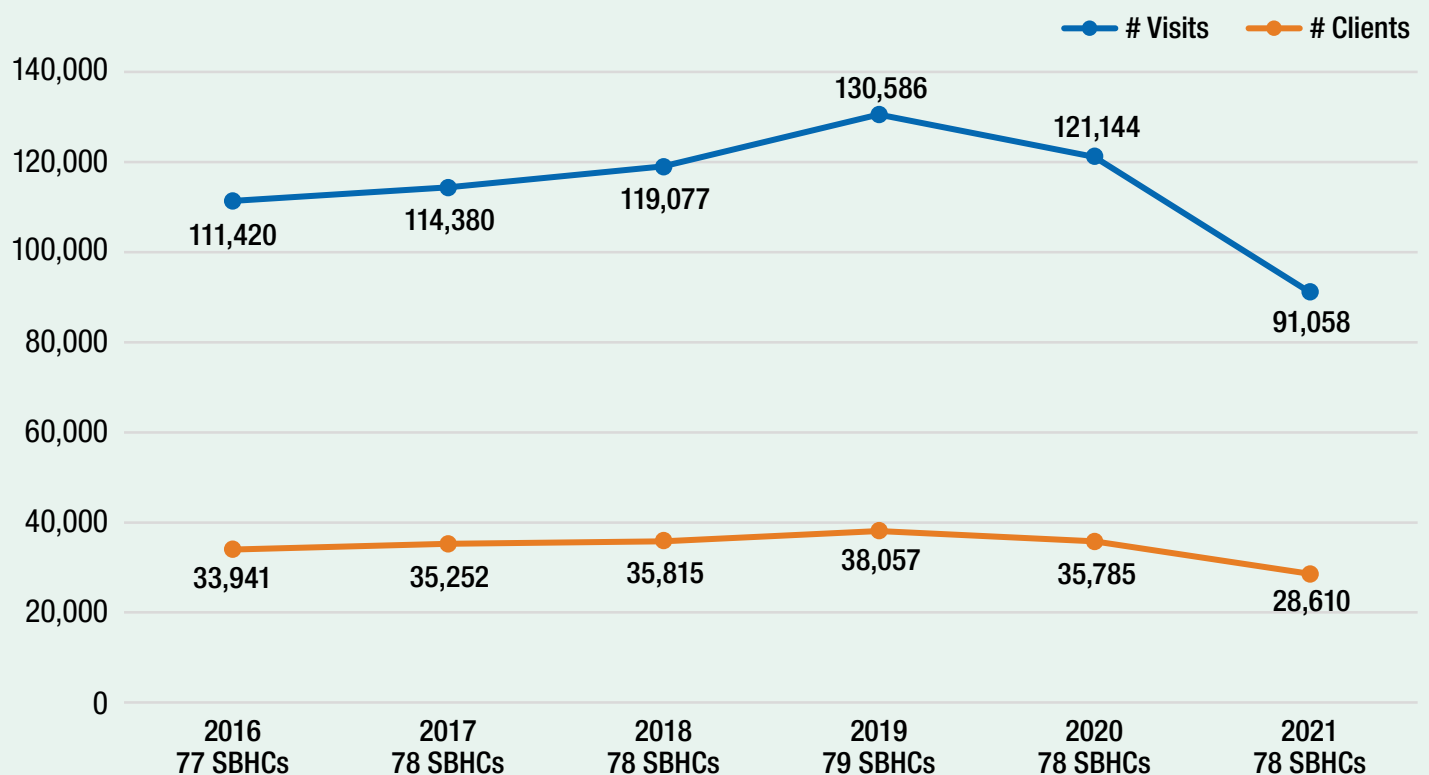
- Staff burnout and turnover
- High level of unmet patient need, and
- Ability to predict plans for fall 2021, given constantly shifting COVID-19 pandemic response and school reopening plans.

However, the majority of SBHCs anticipated returning to operations in line with SBHC certification minimum requirements in Fall 2021. Many SBHCs also planned to continue offering some level of services via telehealth.

In June 2021, Governor Kate Brown announced steps the state would take to lift COVID-19 health and safety restrictions and fully reopen. This marked a shift away from a state-led emergency COVID-19 response effort to focus on pandemic recovery. With restrictions lifted, the state will shift to a focus on helping Oregonians and communities recover from the impacts and the economic toll of the pandemic.*

COVID-19, Oregon wildfires, and the resulting school closings in the 2020-2021 school year caused a significant impact on the number of SBHC visits. Figure F shows overall SBHC utilization fell from 121,144 visits in 2019-2020 to 91,058 visits in 2020-2021, a decrease of 25%. Behavioral health utilization fell from 44,045 visits in 2019-2020 to 32,808 visits in 2020-2021. This 26% decrease in behavioral health visits is consistent with the overall 25% decrease in visits.

Figure F. Number of SBHC visits and clients, school years ending 2016-2021



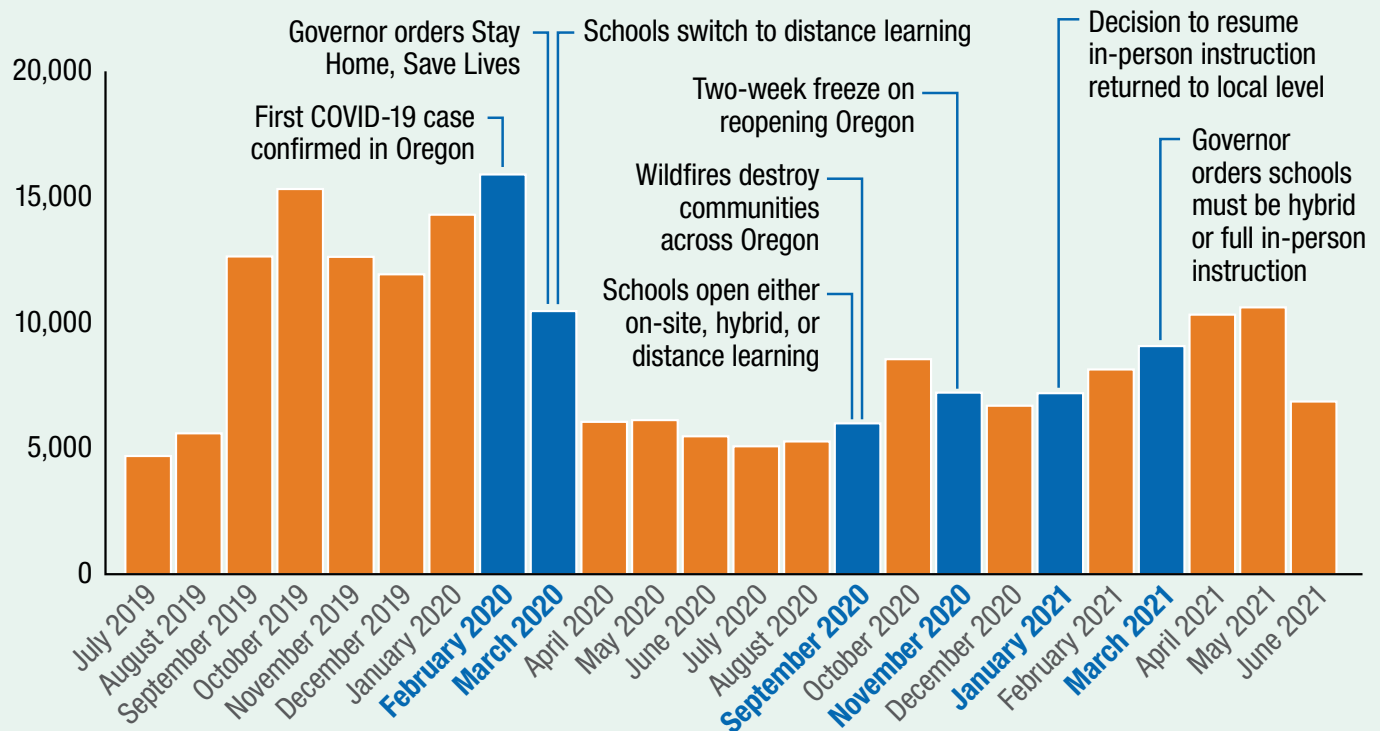
Source: Oregon SBHC encounter data

* Office of the Governor, State of Oregon. (2021, June). Executive Order No. 21-15. Available from: https://www.oregon.gov/gov/Documents/executive_orders/eo_21-15.pdf

Major milestones in the COVID-19 pandemic and 2020 wildfires track changes to SBHC utilization from March 2020-June 2021 (Figure G). For example, SBHC visits sharply decreased when schools were ordered closed from March through June 2020. Visits began to increase as some schools returned to in-person learning across Oregon in September 2020 but decreased again in Fall 2020 during a COVID-19 case surge and resulting pause on reopening Oregon. Visits again increased in early 2021 when Governor Kate Brown asked all schools to safely return to in-person learning.



Figure G. Number of SBHC visits by month; 2019-2021



Source: Oregon SBHC encounter data

We added two sections in this report to record the history and changes in the SBHC field related to the COVID-19 pandemic and Oregon wildfires:

1. COVID-19 and Oregon wildfire timeline July 1, 2020 through June 30, 2021—

A detailed chronology of key events in Oregon’s COVID-19 pandemic and Oregon wildfire response related to schools and SBHCs, interspersed with significant actions taken by SPO in response to the local needs of SBHCs. ([Appendix C](#))

2. Stories during the time of COVID-19 and Oregon wildfires — Firsthand experiences from SBHCs. Watching, witnessing and sharing the story of the response to COVID-19 can help SBHCs and others across the state evolve and prepare for the next public health emergency. ([Appendix D](#))



Telehealth

Some Oregon SBHCs had been offering services through telehealth before the start of the COVID-19 pandemic. These SBHCs had either invested in telehealth infrastructure on their own or received grants from the SPO over the past several years to support the purchase of telehealth equipment. Many of these projects focused on providing primary care services via telehealth, although a few also offered behavioral health supports, such as telepsychiatry.

The COVID-19 pandemic and school closures greatly increased the number of SBHCs delivering services through telehealth. This expansion was also supported by temporary changes to state and federal policies that allowed SBHCs and other medical providers to:

- Bill Medicaid for more “types” of visits, such as:

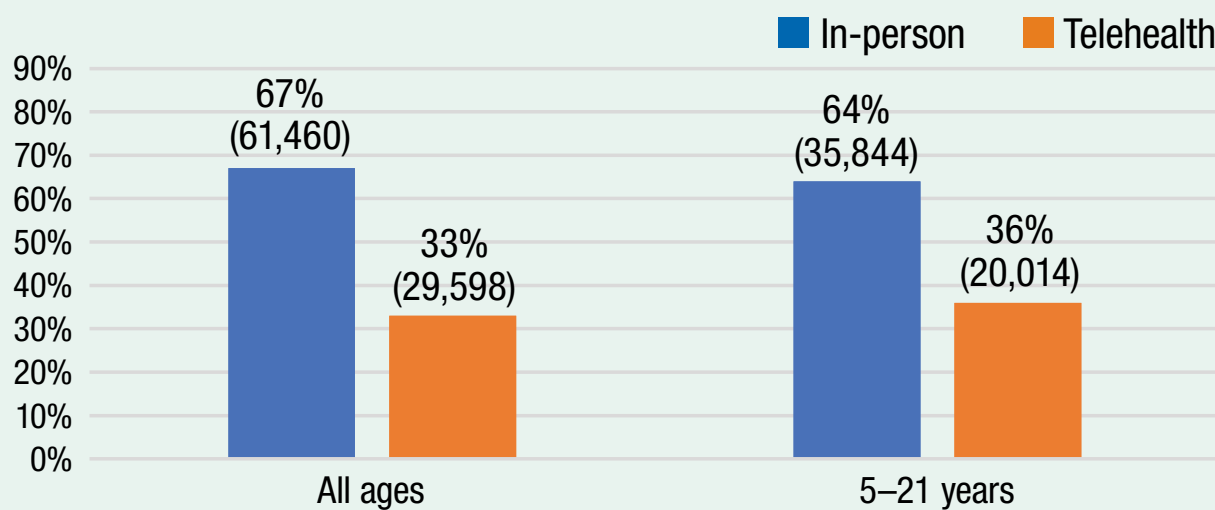
- » Audio only
- » Quick virtual check-ins
- » Visits using non-HIPAA compliant platforms such as Facetime, Skype and Google Hangouts, and
- » Visits with a provider located outside of Oregon

- Receive the same level of reimbursement for telehealth services as in-person services
- Provide telehealth services from non-clinical locations, such as a provider’s home, and
- Offer telehealth visits for all services, not just COVID-19-related services.

As a result, 36% of all visits for school-aged youth (5-21 years) during the 2020-2021 service year were provided via telehealth. (Figure H) This is a significant increase from the previous service year, during which 8% of visits for school-aged clients were provided via telehealth.



Figure H. Percent of SBHC visits (all ages and ages 5-21) by visit type, 2020-2021



Source: Oregon SBHC encounter data



SBHCs reported benefits to telehealth services, including:

- Increased parent/guardian involvement in their child's care
- Youth comfort with telehealth technology (including phone and video calls)
- Ease of access, particularly in case of school closures due to bad weather or illness
- Ability to connect with students in the school district who do not have an SBHC at their school, and
- Ability to maintain a connection with current SBHC clients during school closures.

SBHCs also reported some drawbacks to telehealth services, including:

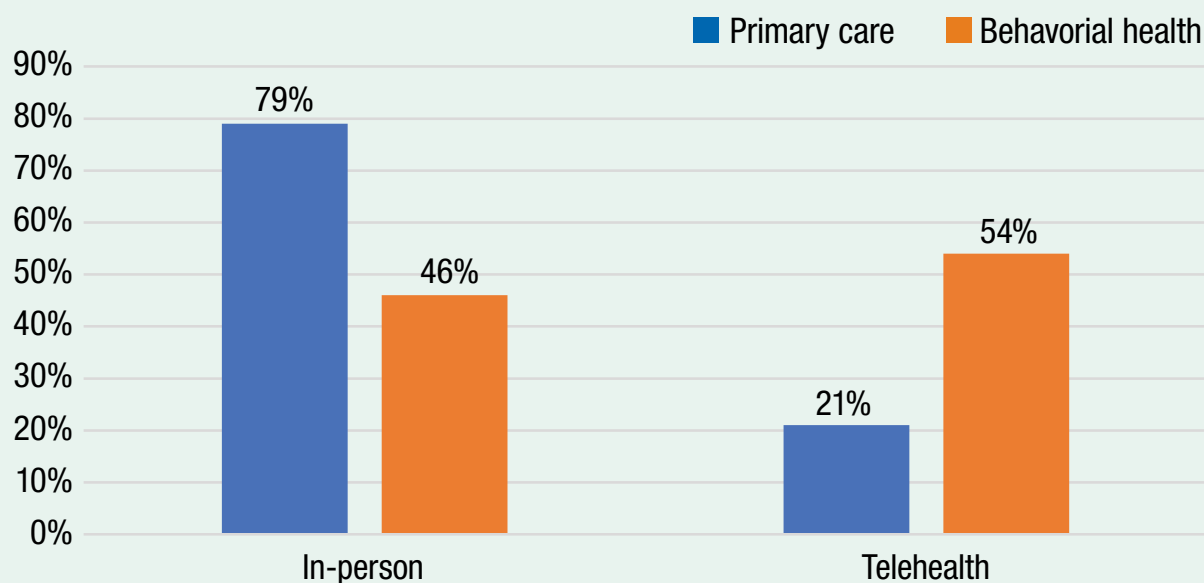
- Youth's lack of access to smartphones or computers
- Technological barriers, such as lack of Wi-Fi or cell phone service
- Challenges engaging clients, especially younger children, in the telehealth format
- Decreased integration between school staff and SBHC staff when one or both not working at the school
- Difficulty integrating behavioral health and primary care telehealth services
- Challenges scheduling appointments during extended school closures, including:
 - » Difficulty reaching students outside of the school environment
 - » Higher no-show rates for virtual visits as compared to in-person visits
- Concerns about client confidentiality and safety while communicating with a client in their home environment, and
- Challenges establishing trust and rapport with clients over phone/video.

As with most of Oregon, schools within our county were closed and much of our work remained remote. Although our behavioral health consultant service levels were at an all-time high throughout our system, we believe there are many that were unable to access services due to [a] lack of privacy and possible internet challenges. Having the ability to offer services in a virtual setting is amazing and we are truly grateful, however, it does pose many challenges in building connection[s] and establishing trust, especially as the pandemic fatigue increased. I anticipate that we will continue with some version of remote/virtual visits.

-SBHC behavioral health provider

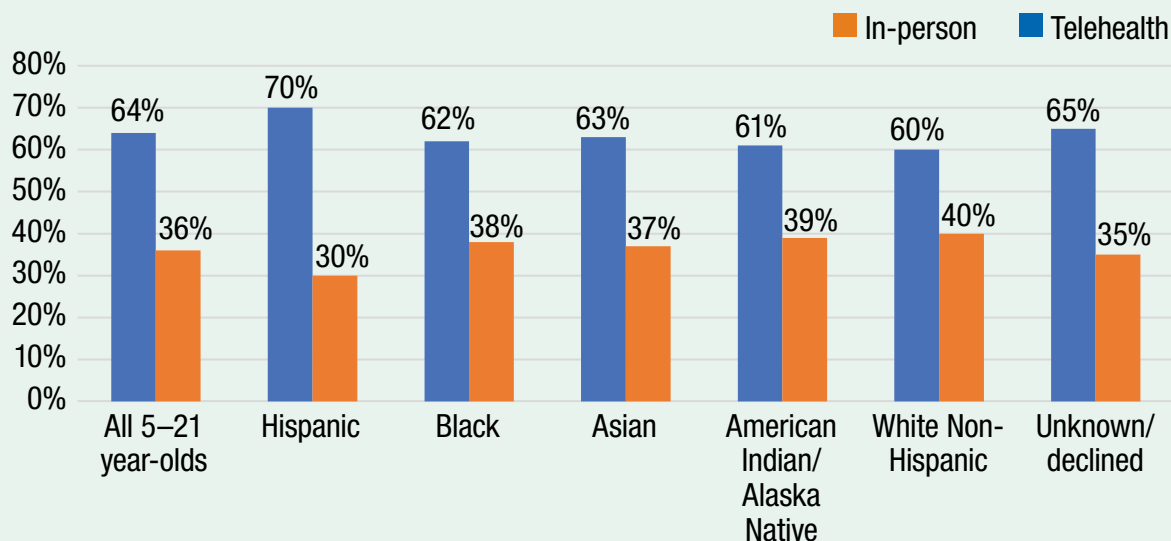
Despite these challenges, many SBHC systems plan to continue offering telehealth appointments for physical and behavioral health services in future service years. As Figure I shows, telehealth comprised a bigger share of behavioral health visits than primary care visits in the 2020-2021 service year.

Figure I. Percent of SBHC visits by provider type and visit type, 2020-2021



Source: Oregon SBHC encounter data

Figure J. Percent of SBHC visits (ages 5-21) by race/ethnicity and visit type, 2020-2021



Source: Oregon SBHC encounter data

Behavioral health

Telehealth became an important tool for supporting access to behavioral health during the COVID-19 pandemic. In some cases, such as during school closures, telehealth was the only way for behavioral health providers to stay connected to their clients. These services were a vital lifeline for young people and their families amid the rapidly increasing need for behavioral health support in the 2020-2021 service year.

Fifty-four percent of all SBHC behavioral health visits during the 2020-2021 service year were delivered via telehealth. (Figure I) SBHCs offered a variety of behavioral health services via telehealth, including individual therapy, group therapy, and brief check-ins.

They made me feel safe and calm about a situation that was extremely anxious.

-SBHC client

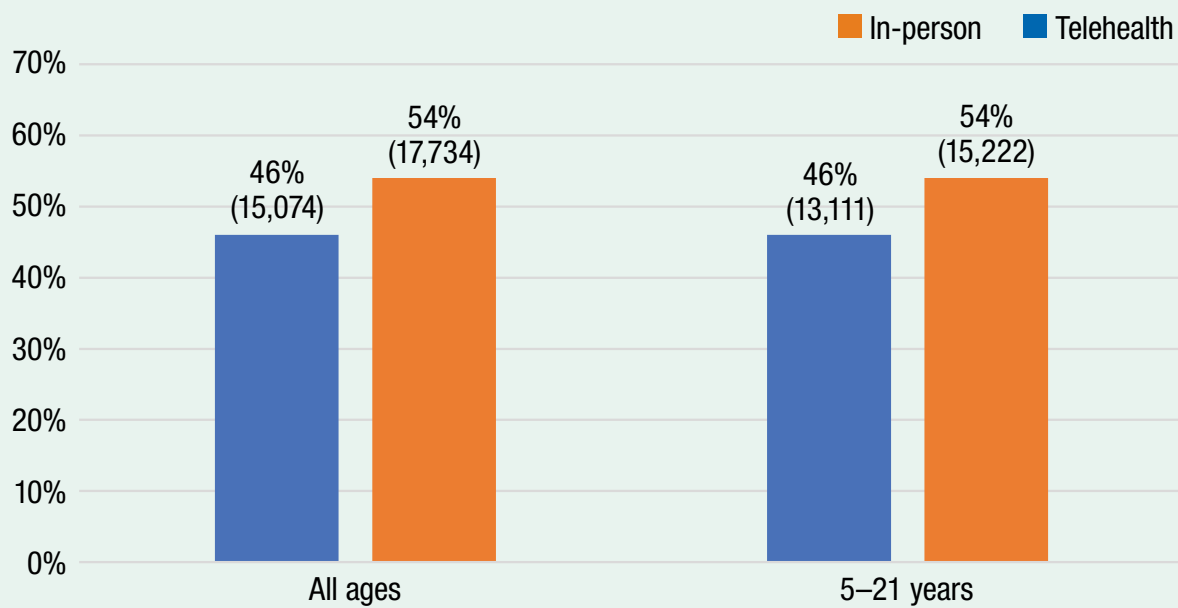
As reported nationwide, children and adolescents are struggling on so many levels. They miss the routine of school, the social interaction, and the availability of in-person help when they needed it. Children and adolescents referred to me are presenting with behaviors parents have not seen before – or at least not to this degree – chronic irritability, lashing out, low to no motivation, isolation, difficulty sleeping, failing grades and compulsive behaviors.

-SBHC behavioral health provider

Telehealth services have provided some new opportunities to serve youth and families. Clinicians have noted that the use of telehealth services ... brought about an increase in contact and involvement by parents in their child's mental health treatment. In the past, office-based services were often a barrier (due to work, travel challenges) to parents attending therapy sessions. Telehealth services will allow for a more flexible service delivery as clinicians will be able to utilize both office-based and telehealth platforms.

-SBHC behavioral health provider

Figure K. Percent of SBHC behavioral health visits (all ages and ages 5-21) by visit type, 2020-2021



Source: Oregon SBHC encounter data

We are working with a youth who was forced to disengage ... treatment due to transportation barriers. His father is the only person in his household who drives so he could not get to appointments outside the school hours. Current telehealth services have allowed us to start having weekly sessions to focus on his behavior, family support and dynamics. His behavior and relationship with his mother and sister have improved, his mom reports that his behavior has improved, and he reports lower levels of stress and sadness. We started to do regular check-ins with his mother, and she began to share some concerns about two of her other children. Both began accessing treatment through telehealth as well as regular work with the parents and overall family health reports skyrocketed.

-SBHC behavioral health provider

Looking forward

The 2020-2021 service year was filled with unprecedented challenges for Oregon SBHCs and the communities they serve. From COVID-19 to wildfires, school closures to school reopening, SBHCs weathered constant uncertainty as they responded to these overlapping crises. The clinics rose to meet these challenges with characteristic innovation. SBHCs lived up to their mission of reducing barriers to access and providing youth-centered services, including telehealth, COVID-19 testing and COVID-19 vaccination, direct outreach, health and social safety net navigation and support to youth.

As we approached June 2021, hopes were high that Oregon would soon see an end to the COVID-19 pandemic. Governor Kate Brown had lifted COVID-19 health and safety restrictions and Oregon as a whole was beginning to work on pandemic recovery. The wide availability of COVID-19 vaccination offered the possibility of widespread immunity and the resumption of pre-COVID-19 activities.

Unfortunately, it has become clear the COVID-19 pandemic and major wildfires will have significant lasting impacts on the health, wellness, and development of young people. SBHCs continue to be well-positioned to support youth and their communities through the ongoing COVID-19 pandemic and beyond.

COVID-19 and the 2020 wildfires have also prompted the SPO to rethink how we support SBHCs and communities. These events have forever changed us and the SBHC model. SPO is committed to ongoing conversations with SBHCs, partner organizations, and the community about how SBHCs can emerge stronger from these challenging times.

Looking forward, SPO will support the following efforts in the 2021-2022 service year:

- Center youth and health equity in SPO decision making
- Seek ongoing input from SBHCs to better understand their needs and challenges
- Provide continued flexibility for SBHCs in meeting SBHC Standards for Certification requirements, given unprecedented challenges to SBHC capacity

Always appreciate the optimism, hopeful and supportive communication. This is outstanding and so necessary in this time of community crisis. You are one of the best parts of OHA.

-SBHC coordinator

- Support SBHCs to work with schools as they fully reopen for in-person learning in Fall 2021
- Provide one-time grant funding for COVID-19 recovery to SBHCs, SBHC host schools, school districts, community-based organizations, and youth-led investments
- Ensure SBHCs are recognized in and aligned with state and federal policy initiatives, such as health care workforce incentives, telehealth billing policy changes, and [CCO 2.0](#)
- Explore expansion and modification of Oregon school health service models to include other modalities, such as telehealth and mobile units, as outlined in [HB 2591](#), and
- Recognize the enduring trauma and loss from the COVID-19 pandemic and 2020 wildfires. Work to uplift SBHCs, youth and the community as we move into recovery.

We sincerely appreciate your genuine interest in our programs and support for our success. This is a unique approach from OHA's SBHC team where trauma-informed approaches are modeled in every interaction, expectations are clear and program autonomy, local decision making, and flexibility are supported to assure our programs are effective. This is very hard work for all of us and we feel like you are on our team with support, expertise and encouragement. Thank you.

-SBHC behavioral health provider



Endnotes

1. State Program Office School-Based Health Centers. Oregon SBHC Operational Profile, 2020–2021
2. U.S. Department of Health and Human Services. Health Professional Shortage Areas [Internet]. Health Resources & Services Administration Data Warehouse. Available from: <https://datawarehouse.hrsa.gov/tools/analyzers/geo/ShortageArea.aspx>
3. Oregon Department of Education. Student Enrollment Report 2020-2021 [Internet]. 2021. Available from: <https://www.oregon.gov/ode/reports-and-data/students/Pages/default.aspx>

Appendix A: SBHC medical sponsor list, 2020–2021

County name	SBHC school name	Medical sponsor
Baker	Baker High School	Baker County Health Department
Benton	Lincoln Elementary School†	Community Health Centers of Benton and Linn Counties*
	Monroe Grade School†	Community Health Centers of Benton and Linn Counties*
Clackamas	Estacada High School	Orchid Health
	Milwaukie High School†	Outside In*
	Oregon City High School	Clackamas County Health Clinics*
	Rex Putnam High School	Clackamas County Health Clinics*
	Sandy High School	Clackamas County Health Clinics*
Columbia	Clatskanie MS/HS	Columbia Health Services
	Lewis & Clark Elementary School†	Columbia Health Services
	Rainier Jr/Sr High School†	Columbia Health Services
	Vernonia K-12	Columbia Health Services
Coos	Marshfield High School†	Waterfall Community Health Center*
Crook	Pioneer High School†	Mosaic Medical*
Deschutes	Bend Senior High School†	Mosaic Medical*
	Ensworth Elementary School†	Mosaic Medical*
	LaPine K-12 School†	La Pine Community Health Center*
	M.A. Lynch Elementary School	Mosaic Medical*
	Redmond High School	Mosaic Medical*
	Sisters High School	St. Charles Health System
Douglas	Roseburg High School	Aviva Health*
Grant	Grant-Union Jr/Sr High School	Grant County Health Department
Hood River	Hood River Valley High School	One Community Health*
Jackson	Ashland High School†	Rogue Community Health*
	Butte Falls Charter School†	Rogue Community Health*
	Crater High School†	La Clinica*
	Eagle Point High School†	Rogue Community Health*
	Hanby Middle School	La Clinica*
	Jackson Elementary School†	La Clinica*
	Jewett Elementary School†	La Clinica*
	Kids Unlimited Academy	La Clinica*
	Oak Grove Elementary School†	La Clinica*
	Phoenix Elementary School†	La Clinica*
	Scenic Middle School†	La Clinica*
	Table Rock Elementary School	Rogue Community Health*
	Washington Elementary†	La Clinica*
	White Mountain Middle School	Rogue Community Health*
Jefferson	Madras High School	Mosaic Medical*
Josephine	Evergreen Elementary School†	Siskiyou Community Health Center*
	Grants Pass High School	Siskiyou Community Health Center*
	Illinois Valley High School†	Siskiyou Community Health Center*
	Lorna Byrne Middle School†	Siskiyou Community Health Center*

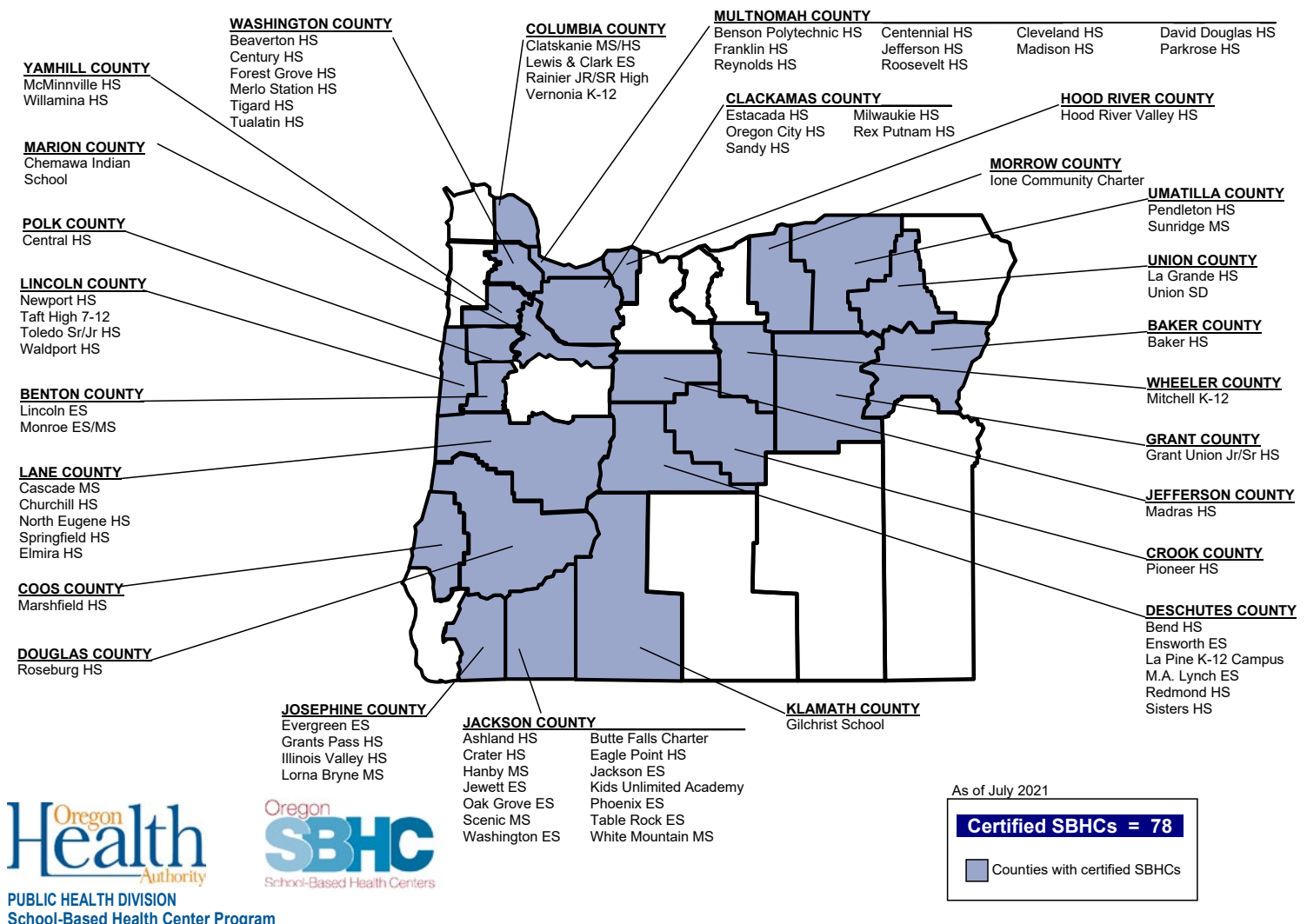
County name	SBHC school name	Medical sponsor
Klamath	Gilchrist School†	La Pine Community Health Centers*
Lane	Cascade Middle School	Bethel Health Center/PeaceHealth Medical Group
	Churchill High School	PeaceHealth Medical Group
	Elmira High School	Orchid Health
	North Eugene High School	PeaceHealth Medical Group
	Springfield High School†	Community Health Centers of Lane County*
Lincoln	Newport High School†	Lincoln County Health & Human Services*
	Taft High 7-12	Lincoln County Health & Human Services*
	Toledo Jr/Sr High School	Lincoln County Health & Human Services*
	Waldport High School	Lincoln County Health & Human Services*
Marion	Chemawa Indian School	Indian Health Services
Morrow	Ione Community Charter School	Morrow County Health District
Multnomah	Benson High School	OHSU Family Medicine Richmond*
	Centennial High School†	Multnomah County Health Department*
	Cleveland High School†	Multnomah County Health Department*
	David Douglas High School†	Multnomah County Health Department*
	Franklin High School†	Multnomah County Health Department*
	Jefferson High School†	Multnomah County Health Department*
	Madison High School†	Multnomah County Health Department*
	Parkrose High School†	Multnomah County Health Department*
	Reynolds High School	Multnomah County Health Department*
	Roosevelt High School†	Multnomah County Health Department*
Polk	Central High School†	Salem Health
Umatilla	Pendleton High School	Umatilla County Public Health
	Sunridge Middle School	Umatilla County Public Health
Union	La Grande High School	Center for Human Development, Inc.
	Union School District	Center for Human Development, Inc.
Washington	Beaverton High School	Virginia Garcia Memorial Health Center*
	Century High School	Virginia Garcia Memorial Health Center*
	Forest Grove High School	Virginia Garcia Memorial Health Center*
	Merlo Station High School	Neighborhood Health Center*
	Tigard High School	Virginia Garcia Memorial Health Center*
	Tualatin High School	Neighborhood Health Center*
Wheeler	Mitchell School	Asher Community Health Center*
Yamhill	McMinnville High School	Sunrise Family Clinic
	Willamina High School†	Virginia Garcia Memorial Health Center*

*Indicates School-Based Health Center is a federally qualified health center site.

†Recognized by the state as a patient-centered primary care home.

Appendix B: Oregon School-Based Health Center map

OREGON SCHOOL-BASED HEALTH CENTERS 2021



Appendix C: COVID-19 and Oregon wildfire timeline July 1, 2020 through June 30, 2021

Below is a chronology of key events in Oregon's COVID-19 pandemic response related to schools and School-Based Health Centers (SBHCs), along with significant actions by the SBHC State Program Office (SPO) in response to the local needs of the SBHC field. Also included are key events in Oregon's response to the major wildfires of summer 2020.

July 17, 2020

SPO polled the SBHC field on the use of telehealth services. SPO assessed SBHC knowledge about if/how youth were accessing non-SBHC services during times that SBHCs were closed, their ability to track and report telehealth visits when a provider was not located in the SBHC, as well as challenges and successes of providing telehealth primary care and behavioral health services.

July 22, 2020

The Oregon Department of Education (ODE) and the Oregon Health Authority (OHA) released updates to the 2020-2021 [Ready Schools Safe Learners Guidance](#).^{*} The updated guidance includes a requirement that face coverings are required for all students and all staff in grades kindergarten through 12th grade.[†]

Aug. 7, 2020

SPO messaged the SBHC field with certification expectations for the upcoming 2020-2021 school year.

SPO announced:

- State SBHC funds were to be used for SBHC operations if schools are open or to support students' **access** to health services if schools are closed.
- In-person certification verification site visits for the 2020-2021 school year were cancelled.
- The due date for completion of the Operational Profile database was postponed from October 1 to Dec. 1, 2020. It would include documentation of both onsite and telehealth hours.
- Sites should submit telehealth visits in their encounter data submissions.

^{*} Oregon Department of Education (ODE) and Oregon Health Authority (OHA). (2020 July). Ready Schools, Safe Learners. Available at <https://digital.osl.state.or.us/islandora/object/osl%3A949804/datastream/OBJ/view>

[†] Oregon Department of Education. (2020, July). News release. Available at: <https://content.govdelivery.com/accounts/ORED/bulletins/296c573>

Aug. 11, 2020

[Revised school guidance](#)* gave rural schools more flexibility to offer in-person instruction. Low, medium and non-contact sports were now allowed, but not full-contact sports. The priority was to return to in-person instruction as soon as possible with stability and safety.†

Aug. 20 and 21, 2020

SPO held listening sessions with SBHCs to help answer questions and provide space for SBHCs to hear from each other about plans for adapting to COVID-19.

Early September 2020

Wildfires destroyed communities across Oregon, adding to existing physical, social, and emotional damages already caused by COVID-19. The geographic scope of this wildfire disaster emergency included Clackamas, Douglas, Jackson, Klamath, Lane, Lincoln, Linn, Marion, and Tillamook Counties‡ – home to 31 of Oregon’s 78 certified SBHCs.

Sept. 29, 2020

SPO hosted a work session with SBHCs to discuss Key Performance Measures (KPMs) for the 2020-2021 service year. SPO learned COVID-19 and wildfires affected each medical sponsor differently, but SBHCs consistently had limited staffing and resources for process improvement initiatives.

Oct. 1, 2020

SBHCs submitted a plan for how their SBHC would ensure access to both primary care and behavioral health services for their students in the 2020-2021 school year.

These plans determined that out of the 78 SBHCs:

- 47 SBHCs were offering on-site primary care services
- 72 SBHCs were offering telehealth primary care services
- 36 SBHCs were offering on-site behavioral health services
- 76 SBHCs were offering telehealth behavioral health services.
- 21 SBHCs were offering COVID-19 testing on-site

* Oregon Department of Education (ODE) and Oregon Health Authority (OHA). (2020 Aug). Ready Schools, Safe Learners. Available at: <https://digital.osl.state.or.us/islandora/object/osl%3A951131/datastream/OBJ/view>

† Oregon Department of Education. (2020, Aug). News release. Available at: <https://content.govdelivery.com/accounts/ORED/bulletins/299c4e4>

‡ Office of Emergency Management. (2020 Sept). News release. Available at: <https://www.oregon.gov/newsroom/Pages/NewsDetail.aspx?newsid=63055>

SPO also determined the 78 certified SBHCs were in:

- 3 schools offering on-site learning,
- 7 schools offering hybrid learning, and
- 68 schools offering comprehensive distance learning.

Oct. 7, 2020

SPO polled SBHCs. With the annual SBHC Coordinator's Meeting canceled due to COVID-19 travel restrictions, SPO sought input on how to best support SBHCs during this time. SPO received responses from 23 medical sponsors, representing 20 counties.

The top needs included:

- Support for SBHC staff during COVID-19
- Outreach (for example, reaching youth, engaging parents, and families).

Oct. 28, 2020

Governor Kate Brown issued [Executive Order 20-60](#).^{*} This proclaimed a state of emergency to support the ongoing recovery from catastrophic wildfires.

Oct. 30, 2020

[Revised school guidance](#)[†] including updated metrics for returning to in-person instruction. The metrics were based on the latest COVID-19 studies and data, aligned to Centers for Disease Control and Prevention (CDC) recommendations and standards in other states, and were meant to help Oregon to return more students to in-person instruction.

Nov. 17, 2020

Governor Kate Brown issued [Executive Order 20-65](#)[‡] placing a temporary freeze on reopening Oregon. This addressed a surge in COVID-19 cases in Oregon.

Nov. 22, 2020

SPO announced a plan to resume SBHC certification verification site visits in January 2021. SPO developed a virtual review process to include records reviews and staff interviews.

^{*} Office of the Governor, State of Oregon. (2020, Oct). Executive Order No. 20-60. Available from: https://www.oregon.gov/gov/Documents/executive_orders/eo_20-60.pdf

[†] Oregon Department of Education (ODE) and Oregon Health Authority (OHA). (2020 Oct). Ready Schools, Safe Learners. Available at: <https://digital.osl.state.or.us/islandora/object/osl%3A956065/datastream/OBJ/view>

[‡] Office of the Governor, State of Oregon. (2020, Nov). Executive Order No. 20-65. Available from: https://www.oregon.gov/gov/Documents/executive_orders/eo_20-65.pdf

Dec.1, 2020

SPO assessed the SBHC field about their service provision. Most of Oregon's students were still unable to access on-campus learning and services, including onsite services at SBHCs.

- 47 SBHCs were offering on-site primary care services
- 72 SBHCs were offering telehealth primary care services
- 37 SBHCs were offering on-site behavioral health services
- 75 SBHCs were offering telehealth behavioral health services.

Dec. 1, 2020

SBHCs selected KPMs for the 2020-2021 school year. SPO eliminated statewide KPM benchmarks. Each SBHC chose at least two measures from a list of fourteen which included new measures related to immunizations. The new immunization measures were for youth to catch up on vaccines missed while SBHCs were closed or to prepare for a flu season during the COVID-19 pandemic.

Dec. 2, 2020

Governor Kate Brown issued [Executive Order 20-66](#)* announcing updates to county risk levels. The framework used four different risk levels for counties based on COVID-19 spread—Extreme Risk, High Risk, Moderate Risk, and Lower Risk — and assigns health and safety measures for each level. County risk levels were reassigned every two weeks.

Dec. 11–13, 2020

Pfizer-BioNTech COVID-19 vaccine given emergency use authorization (EUA) for the prevention of COVID-19 in people 16 years of age and older.^{†‡§}

Dec. 14, 2020

The first dose of the Pfizer-BioNTech COVID-19 vaccine was administered in Oregon.**

* Office of the Governor, State of Oregon. (2020, Dec). Executive Order No. 20-66 Available from: https://www.oregon.gov/gov/Documents/executive_orders/eo_20-66.pdf

† U.S. Food & Drug Administration. (2020, Dec). News release. Available from: <https://www.fda.gov/news-events/press-announcements/fda-takes-key-action-fight-against-covid-19-issuing-emergency-use-authorization-first-covid-19>

‡ Centers for Disease Control and Prevention. (2020, Dec). Morbidity and Mortality Weekly Report. Available from: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6950e2.htm>

§ Oregon Governor's Office. (2020, Dec). News release. Available from: <https://www.oregon.gov/newsroom/Pages/NewsDetail.aspx?newsid=63305>

** Oregon Health Authority. (2021, Mar). Coronavirus Update. Available at: <https://content.govdelivery.com/accounts/ORDHS/bulletins/2c5092d>

Dec. 18–19, 2020

Moderna COVID-19 vaccine is given EUA for use in people 18 years of age and older.*†‡

Dec. 23, 2020

Governor Kate Brown directed ODE and OHA to partner with school districts, educators, and communities in preparing more Oregon schools, especially elementary schools, to return to in-person instruction by Feb. 15, 2021.¶ Educators and school staff were prioritized for COVID-19 vaccinations. Governor Kate Brown directed the agencies to work with schools to provide on-site, rapid COVID-19 testing. In addition, Effective Jan. 1, 2021, Oregon's school metrics, the measures of local community spread of COVID-19 that guide when it is appropriate to open schools for in-person instruction, would be advisory rather than mandatory. Moving forward, decisions to resume in-person instruction must be made locally, district by district, school by school.

Jan. 11, 2021

SBHC site certification verification visits resumed, prioritizing the SBHCs postponed from Spring 2020.

Jan. 12, 2021

Governor Kate Brown announced vaccines for childcare providers and early learning and K-12 educators and staff would start on Jan. 23, 2021.§

* U.S. Food & Drug Administration. (2020, Dec). News release. Available from: <https://www.fda.gov/news-events/press-announcements/fda-takes-additional-action-fight-against-covid-19-issuing-emergency-use-authorization-second-covid>

† Centers for Disease Control and Prevention. (2021, Jan). Morbidity and Mortality Weekly Report. Available from: https://www.cdc.gov/mmwr/volumes/69/wr/mm695152e1.htm?s_cid=mm695152e1_w

‡ Oregon Governor's Office. (2020, Dec). News release. Available from: <https://www.oregon.gov/newsroom/Pages/NewsDetail.aspx?newsid=63333>

¶ Oregon Governor's Office. (2020, Dec). News release. Available from: <https://www.oregon.gov/newsroom/Pages/NewsDetail.aspx?newsid=63267>

§ Oregon Governor's Office. (2021, Jan). News release. Available from: <https://www.oregon.gov/newsroom/Pages/NewsDetail.aspx?newsid=63423>

Jan. 19, 2021

[Revised school guidance](#)* includes updated advisory metrics for returning students to in-person instruction.

Changes included:

- Updated advisory metrics allowing for a return to in-person instruction for elementary students at higher levels of community case rates than previously recommended.
- When students and staff return to in-person instruction out of alignment with the metrics, schools were required to offer access to on-site COVID-19 testing for symptomatic students and staff identified as well as those with known exposure to individuals with COVID-19.

Jan. 20, 2021

SPO notified SBHCs about OHA's [COVID-19 Testing in Oregon's K-12 Schools](#) testing guidance. OHA recommended all public and private K-12 schools in Oregon offering partial or full in-person instruction offer free, on-site COVID-19 testing to students and staff who display symptoms of COVID-19 or who have been exposed to COVID-19 in the school setting.

Feb. 5, 2021

SPO released the annual student satisfaction survey for SBHC use in the field. SPO shortened the survey to reduce the time clients spend taking the survey at the clinic, thus reducing the burden on SBHC staff.

Feb. 10, 2021

OHA and the ODE introduced an online tool, the [school reopening dashboard](#), highlighting a school's current instructional model and current school in-person recommendations based on COVID-19 case counts, rates and test positivity by county.

Feb. 10, 2021

Governor Kate Brown announced updates to outdoor sports guidance.† Outdoor contact sports will be permitted to resume with health and safety protocols in place based on county risk level.

* Oregon Department of Education. (2021, Jan). News release. Available at: <https://digital.osl.state.or.us/islandora/object/osl%3A960858/datastream/OBJ/view>

† Oregon Governor's Office. (2021, Feb). News release. Available from: <https://www.oregon.gov/newsroom/Pages/NewsDetail.aspx?newsid=63549>

Feb. 18, 2021

Governor Kate Brown issued an updated statement encouraging continued progress towards in-person instruction.*

Feb. 19, 2021

SPO awarded funding to support SBHC Outreach and Engagement projects to promote student access to health and behavioral health services, increase student and family engagement, and create systems responsive to community needs. SPO prioritized funding to SBHCs focused on serving and engaging Oregon Tribal Nations, people of color and populations disproportionately affected by health inequities. Nearly \$623,000 in grants were awarded to support projects at 37 SBHCs in 11 counties.

Feb. 27-March 2, 2021

Johnson & Johnson (Janssen Biotech) COVID-19 vaccine is given EUA for the prevention of COVID-19 in people 18 years of age and older. †‡¶

March 3, 2021

OHA recorded more than 1 million vaccines administered to Oregonians. Approximately one in five Oregonians who were likely eligible had received at least one dose.§

March 5, 2021

Governor Kate Brown announced she will be issuing an executive order to return Oregon public school students to the classroom.** In a [letter to OHA and ODE](#), she directed all Oregon public schools to offer universal access to in-person instruction on or before the weeks of March 29 for K-5 students and April 19 for students in grades 6-12.

* Oregon Governor's Office. (2021, Feb). News release. Available from: <https://www.oregon.gov/newsroom/Pages/NewsDetail.aspx?newsid=63573>

† U.S. Food & Drug Administration. (2021, Feb). News release. Available from: <https://www.fda.gov/news-events/press-announcements/fda-issues-emergency-use-authorization-third-covid-19-vaccine>

‡ Centers for Disease Control and Prevention. (2021, Mar). Morbidity and Mortality Weekly Report. Available from: <https://www.cdc.gov/mmwr/volumes/70/wr/mm7009e4.htm>

¶ Oregon Governor's Office. (2021, Mar). News release. Available from: <https://www.oregon.gov/newsroom/Pages/NewsDetail.aspx?newsid=63633>

§ Oregon Health News. (2021, Mar). COVID blog. Available from: <https://covidblog.oregon.gov/oregon-hits-milestone-1-million-doses-of-covid-19-vaccine-administered/>

** Oregon Governor's Office. (2021, Mar). News release. Available from: <https://www.oregon.gov/newsroom/Pages/NewsDetail.aspx?newsid=63643>

March 12, 2021

Governor Kate Brown issued [Executive Order 21-06](#),* requiring all Oregon public schools to offer universal access to hybrid or full in-person instruction by the weeks of March 29 for grades K-5, and April 19 for grades 6-12.†

March 15, 2021

[Revised school guidance](#)‡ includes updated metrics that require schools to offer in-person instruction with options for families that want to continue with CDL.¶

March 18, 2021

SPO held a COVID-19 listening session for the SBHC field. SBHC sites talked about the COVID-19 response in their communities, schools, and clinics. SPO invited staff from OHA's COVID-19 Response and Recovery Unit (CRRU) to help answer questions.

March 22, 2021

[Revised school guidance](#)§ allows a shift to allow 3 feet of physical distancing under certain conditions in schools, including county COVID-19 case rate levels for students in middle and high school.**

April 6, 2021

Governor Kate Brown announced all Oregonians over the age of 16 will be eligible for a COVID-19 vaccine on April 19.††

* Office of the Governor, State of Oregon. (2021, Mar). Executive Order No. 21-06. Available from: https://www.oregon.gov/gov/Documents/executive_orders/eo_21-06.pdf

† Oregon Governor's Office. (2021, Mar). News release. Available from: <https://www.oregon.gov/newsroom/Pages/NewsDetail.aspx?newsid=63675>

‡ Oregon Department of Education (ODE) and Oregon Health Authority (OHA). (2021 March). Ready Schools, Safe Learners. Available at: <https://digital.osl.state.or.us/islandora/object/osl%3A965105/datastream/OBJ/view>

¶ Oregon Department of Education. (2021, Mar). News release. Available at: <https://content.govdelivery.com/accounts/ORED/bulletins/2c73c94>

§ Oregon Department of Education (ODE) and Oregon Health Authority (OHA). (2021 March). Ready Schools, Safe Learners. Available at: <https://digital.osl.state.or.us/islandora/object/osl%3A965711/datastream/OBJ/view>

** Oregon Department of Education. (2021, Mar). News release. Available at: <https://content.govdelivery.com/accounts/ORED/bulletins/2c8e47c>

†† Oregon Department of Education. (2021, Apr). News release. Available at: <https://www.oregon.gov/newsroom/Pages/NewsDetail.aspx?newsid=63835>

April 8, 2021

SPO held a technical assistance call to support Outreach and Engagement grantees and their health equity goals. This was an opportunity for grantees to share how things were going with projects, discuss barriers and successes thus far, and provide support and feedback to one another.

April 13, 2021

Joint CDC and FDA Statement on Johnson & Johnson COVID-19 vaccine recommended a pause in the use of this vaccine. CDC and FDA were reviewing data involving six reported United States cases of a rare and severe type of blood clot in individuals after receiving the Johnson & Johnson vaccine.*

April 23, 2021

SPO polled the SBHC field about current SBHC operations and plans for the upcoming school year. This information would be used to inform State certification guidance for the 2021–2022 school year.

Results:

- Shifting COVID-19 pandemic response and school reopening timelines made it difficult to predict plans for Fall 2021
- Staff recruitment and retention was an ongoing challenge
- Most SBHCs planned to be able to meet SBHC certification minimum requirements by Fall 2021, and
- Telehealth services would likely continue in the future.

April 23, 2021

Following a safety review, the FDA and CDC determined the use of the Johnson & Johnson COVID-19 vaccine in the U.S. should resume.†

* U.S. Food & Drug Administration. (2021, Apr). News release. Available from: <https://www.fda.gov/news-events/press-announcements/joint-cdc-and-fda-statement-johnson-johnson-covid-19-vaccine>

† U.S. Food & Drug Administration. (2021, Apr). News release. Available from: <https://www.fda.gov/news-events/press-announcements/fda-and-cdc-lift-recommended-pause-johnson-johnson-janssen-covid-19-vaccine-use-following-thorough>

May 10–12, 2021

Pfizer-BioNTech vaccine authorized for use in 12- to 15-year-olds.* † ‡

May 12, 2021

OHA recorded more than 2 million vaccines administered to Oregonians.¶

May 19, 2021

FDA authorizes a longer time for refrigerator storage of thawed Pfizer-BioNTech COVID-19 vaccine before dilution. This makes the vaccine more widely available by easing the ability of vaccine providers, such as community doctors' offices, to receive, store and administer the vaccine.§

June 3, 2021

SPO held a listening session with the SBHC field to receive input on requiring the SBHC student satisfaction survey for telehealth clients.

June 3, 2021

As Oregon moved from a mass clinic distribution model to a model where all clinics can request vaccines, SPO, in coordination with CRRU, asked all SBHCs to enroll as COVID-19 pandemic providers by August 1.

* U.S. Food & Drug Administration. (2021, Apr). News release. Available from: <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-pfizer-biontech-covid-19-vaccine-emergency-use>

† Centers for Disease Control and Prevention. (2020, May). Morbidity and Mortality Weekly Report. Available from: <https://www.cdc.gov/mmwr/volumes/70/wr/mm7020e1.htm>

‡ Oregon Governor's Office. (2021, May). News release. Available from: <https://www.oregon.gov/newsroom/Pages/NewsDetail.aspx?newsid=63931>

¶ Oregon Health Authority. (2021, May). Coronavirus Update. Available at: <https://content.govdelivery.com/accounts/ORDHS/bulletins/2d8f09d>

§ U.S. Food & Drug Administration. (2021, Apr). News release. Available from: <https://www.fda.gov/news-events/press-announcements/fda-brief-fda-authorizes-longer-time-refrigerator-storage-thawed-pfizer-biontech-covid-19-vaccine>

June 4, 2021

Governor Kate Brown announced steps the state would take to lift COVID-19 health and safety restrictions and fully reopen the economy after 70% of all Oregonians 18 and older have received the first dose of a COVID-19 vaccine. Oregon planned to lift most state restrictions and move away from a state-led emergency COVID-19 response effort, shifting focus to pandemic recovery.*

June 25, 2021

ODE announced the [Ready Schools, Safe Learners Resiliency Framework for the 2021-22 School Year](#). The framework would help school districts prepare school staff and campuses for the next academic year. The framework shifted public school districts to a more traditional, local decision-making model.

June 25, 2021

Governor Kate Brown signed a recovery-focused [Executive Order 21-15](#)[†] lifting all remaining COVID-19 health and safety restrictions issued under Oregon's emergency statutes. Restrictions would be lifted when Oregon achieves a 70% first dose adult vaccination rate or on Wednesday, June 30, whichever occurs sooner.[‡]

* Oregon Governor's Office. (2021, June). News release. Available from: <https://www.oregon.gov/newsroom/Pages/NewsDetail.aspx?newsid=64003>

† Office of the Governor, State of Oregon. (2021, June). Executive Order No. 21-15. Available from: https://www.oregon.gov/gov/Documents/executive_orders/eo_21-15.pdf

‡ Oregon Governor's Office. (2021, June). News release. Available from: <https://www.oregon.gov/newsroom/Pages/NewsDetail.aspx?newsid=64005>

Appendix D: Stories during the time of COVID-19 and major Oregon wildfires

These are firsthand experiences from SBHCs. Many of the stories speak to an increase in youth clinical and behavioral health needs, connections with family, school, and community, and how SBHCs responded during a time when access to students was at times limited by COVID-19, wildfires, and school closures.

Watching, witnessing and sharing the story of the response to COVID-19 and Oregon wildfires can help the SBHC field and others evolve and prepare for the next public health emergency.

Usually, we host a teen health fair, where 7th -12th-grade students from all 5 school districts would spend a full day learning about a variety of health-related topics. Due to COVID-19, we had to get ... creative, and boy did we! This year, every 7th -12th-grade student in all 5 of our school districts received Health and Wellness Kits. Kits included an array of items that encourages a healthy lifestyle, healthy minds, healthy coping skills, as well as a sense of belonging. We wanted our students to know their **community** cares about them and their well-being – *SBHC site coordinator*

We are seeing more youth who have eating disorders or disordered eating which really does require **integration** between mental health and physical health. – *SBHC behavioral health provider*

A highlight of the program was a group of students coordinating a walk-a-thon fundraising event and school-supply drive to benefit those affected by the Mill City wildfire. The fundraiser inspired the small school of 36 students to raise over \$4,000 for a community over three hours away from us. There were layers of positive things that occurred because of the fundraising; students' behaviors improved in the classroom; self-confidence improved; students were proud of themselves. It turned the tide ... a very positive, kind environment – you could see the **transformation in students and teachers**, and you could feel the encouraging emotions, during such a devastating time of the wildfires. – *SBHC behavioral health provider*

This year, we made changes to our Health Assessment form. The process **to improve** the form included a focus group with YAC participants to review and determine the best wording for questions regarding self-image, bullying, [the] impact of social media and [the] impact of racism and discrimination. – *SBHC site coordinator*

We are seeing increases in **extremely acute and complex clinical needs**. Examples include multiple students with near-lethal suicide attempts, severe depression and eating disorders. We are seeing longer waiting lists or no hope for access to acute psychiatric hospitalization or psychiatric residential treatment programs, especially with COVID-19 leading to those facilities needing to close some units at times due to outbreaks and quarantining. Of course, this means we are needing to provide a much higher level of clinical service for a much longer time than we are equipped to do. – *SBHC behavioral health provider*

The pandemic has been challenging for students to access behavioral health services even though our SBHC has been providing telehealthcare. Despite the use of promotional videos, [and] virtual talks to classrooms on how to access services via telehealth, most students **did not wish to engage virtually**. It's been my experience that students prefer to access services by walking into the SBHC, rather than doing virtual visits. – *SBHC behavioral health provider*

I've never seen anything like it before. Because of the pandemic and schools being closed, our main clinic needed all-hands-on-deck. There was a huge influx in phone calls and the community **need was so high**. We had SBHC staff working in our main clinic doing outreach to SBHC and other clients, some SBHC nursing staff were pulled to help with COVID-19 contact tracing, SBHC reception staff helped schools pass out free lunches to school kids, [and] the SBHC nurses helped organize a drive-by flu clinic for school district students and staff. When the wildfires hit our communities, we had all our behavioral health staff helping families dislodged from their homes. The behavioral health staff provided mental health therapy, as well as worked alongside the community health workers, assisting families to meet their basic needs. – *SBHC site coordinator*

We anticipate the use of telehealth services at our clinic will continue to be available to youth and families for the foreseeable future. Telehealth is recognized as a viable option for supporting rural families in obtaining regular services and increasing engagement when other obstacles exist to treatment. Ensuring that telehealth continues to be a viable option for families will help to improve **health outcomes for youth**. – *SBHC behavioral health provider*

One of the biggest shifting trends experienced during the COVID-19 health crisis and regional wildfires has been the **increase in family participation** in treatment services and planning. In general, telehealth has been received by older youth as more supportive and effective. Middle school and high school-aged youth have been more likely to engage independently and authentically while at home which has led to longer and more meaningful sessions. Conversely, younger elementary-aged youth have experienced [a] greater challenge with this modality of treatment delivery and are most likely unable to participate independently of caregiver support. – *SBHC behavioral health provider*

This year the challenge really has been centered around how to **navigate** in a pandemic where some students are on campus and some students aren't. – *SBHC site coordinator*

A trend has continued where families are more likely to participate in sessions or regular treatment planning with access to telehealth services. Telehealth itself requires an additional layer of coordination for scheduling and conducting sessions and **parents and caregivers** have taken on a more active role. This has led to improved rapport and therapeutic alliance with caregivers due to regular connection points in a familiar setting. Home is often where problem behaviors are most likely to arise and since services are happening remotely in the home, this has led to opportunities for immediate intervention, problem-solving, and lasting change in patterns of behaviors. Overall, this immediacy has improved family investment in the process and influenced youth gains in treatment progress. – *SBHC behavioral health provider*

Understandably, given the complexity of the last year, this has been a **very difficult year** for patients/students. Both the acuity and complexity of clinical presentations have been beyond what we have experienced in the past. We were able to change our focus short term and provide more mental health services to patients than we have in the past. We have been creative in accessing clients via text when they no show for appointments and then ... the option of how they would like to have [a] session: phone, face time, my chart virtual. We have seen a real increase in suicidal ideation/risk. – *SBHC behavioral health provider*

Since students had virtual learning for two-thirds of the year, fewer children were accessing pediatric services at our clinic. We met this challenge by maintaining our weekly care coordination meeting where all staff members discuss the complex needs of our patients to develop care coordination plans. Additionally, we moved to ... telehealth and virtual visits. While not the same as in-person visits, telehealth allowed us to maintain appointment availability and **connections** with our patients. – *SBHC site coordinator*

The biggest challenge we are currently facing is the behavioral health **workforce shortage**. Our staff ... remained flexible and pivoted with telehealth models of service delivery, and the pandemic has really stretched our team causing some turnover. – *SBHC behavioral health provider*

The strengths of the SBHC team and program continue to be our network of relationships with our school and partners, our ability to support clients remotely throughout the pandemic, and our ability to conduct outreach to vulnerable youth and families. The challenges we faced in the last six months were **preventing provider burnout**, increased acuity of client needs and navigating various logistical considerations for remobilization. – *SBHC behavioral health provider*

COVID-19 seems to have put the SBHC on the map. The community is aware that anyone could receive COVID-19 testing in the parking lot, near the SBHC entrance. The COVID-19 pandemic has been unfortunate, but the silver lining is that the SBHC seems to play a more **prominent role in the schools' operations**, along with being recognized and appreciated in a different aspect. Additionally, parents were thrilled to be able to get their kids into seeing a provider quickly. – *SBHC site coordinator*

With no previous experience, we made telehealth a major success ... **engaging more parents**, especially fathers, in the therapy process. – *SBHC behavioral health provider*

In June 2020 we did a targeted campaign on the importance of getting a well visit and vaccinations. We advertised our SBHCs were “safe” as “well sites” only and routed our acute/sick visits to specific, separate clinics. We were also very **visible** in the community as we offered large vaccine clinics at area high schools. – *SBHC site coordinator*

We continued to be challenged by school closures, local wildfires, families in high levels of trauma and crisis, [and] families who lost homes, pets [and] vehicles and were forced to relocate or live with family members. SBHC therapists provided **crisis and trauma screenings** for those kids and families. – *SBHC behavioral health provider*

We truly see the impact of the SBHC program on the lives of our patients of families of lower economic status and appreciate ... being on campus and **accessible** to students and their families. – *SBHC site coordinator*

The major challenge was being able to be on campus when school was closed to in-person learning. We had to connect via email with school counselors to get referrals and they were unable to send us many because they had little contact with [the] kids themselves. Once school was back in session there was a **flood of referrals** and students being seen. – *SBHC behavioral health provider*

I personally think, COVID-19, created a renewed **relationship** with the SBHC and educators. – *SBHC site coordinator*

Many students were able to work with telehealth services successfully but there was still virtual fatigue and clinician need for in-person assessments. This caused mental health services to adjust and look at **creative** ways to offer services. Given schools started the year in comprehensive distance learning, the staff came up with the concept of a counseling cab. This allowed staff to travel to students and provide physically distanced counseling sessions in the back of a modified van (with parental consent ahead of time). This was well received and helped to fill the gap during distance learning. – *SBHC site coordinator*

Access to services continues to be a major challenge for families. Due to COVID-19 restrictions, school closures, quarantine circumstances, and regional wildfires, rural communities have been **disproportionately impacted** by additional barriers to service access. Barriers include limited internet, decreased availability ... technology (computers, telehealth platforms, etc.), the loss of school as the community hub (historically serving as [a] point of access to basic needs resources for family systems), and the displacement of families from homes and community of support. – *SBHC behavioral health provider*

One of our biggest **success stories** has been how the SBHC has become the vaccination headquarters for school districts in our area! Our small but mighty team has administered over 3,000 vaccines! – *SBHC site coordinator*



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