MPR Changes for FY18

Effective October 1, 2017, the CAHC Program will no longer make a specific distinction between “elementary” and “adolescent” health centers. Instead, the program will move to a single set of Minimum Program Requirements (MPRs) allowing school-based health centers, if they choose, to see both children of elementary school age and adolescents and count them toward their Projected Performance Output Measure (unduplicated user count).

While this seems like a significant change for the program, there is actually very little that will change for the majority of health centers, even those that choose to see clients from both elementary and adolescent populations.

What’s NOT New

Adolescent-Only School-Linked Health Centers

School-linked health centers remain adolescent-only health centers, serving adolescents ages 10 – 21 years. The infants and small children of adolescents may also be served.

School-Based Health Center Client Focus

The focus first and foremost should always be on reaching the students in the school in which the health center is located. All the reasons the health center was funded at that site still remain: community need, greatest access to that population of youth, and opportunity to build relationships with other caring adults who can support the work of the health center.
What’s NOT New, continued

Needs Assessment (MPR #6b and MPR #12b)

Every health center must continue to conduct a needs assessment of the population it serves, at least every two to three years. For school-based health centers, the needs assessment will remain focused on the school/students in the school where the health center is located. For both school-linked and school-based health centers serving adolescents, an adolescent risk behavior survey must be included as part of the overall needs assessment process.

Focus Area Interventions

Focus area interventions should make sense for the population served. A focus area intervention is not required for each age group served. We anticipate that school-based health center clients are going to continue to come primarily from the school in which the health center is located; but if a fair proportion come from outside of the school, their needs should be considered when selecting focus areas and interventions.

Adolescent-Only Hours (MPR # 8)

If a school-based health center will see a fair number of clients spanning both age ranges, adolescent-only hours must be established. Research shows that while adolescents are at increased risk and are generally underserved, they may be reluctant to seek care if privacy is not guaranteed. This requirement protects the integrity of one of the basic tenets of the model—maintaining privacy—by reserving clinical time devoted solely to adolescents, with a goal of increasing comfort level and encouraging access to needed services.

The specific number of adolescent-only hours is not being mandated but should make sense for the population served. If a health center in an elementary building opens services to adolescents, it will likely see a limited number of clients in this age group. For them, it may be as simple as setting aside even a few hours each week for adolescents only to be seen. Obviously, if a young child should come to the door during adolescent-only hours with an urgent need, such as an acute asthma attack, the health center can see that child. Adjustments can be made as needed to expand or shorten the number of adolescent-only hours. Conversely, an adolescent center located in a high school could set aside time for seeing younger children e.g., walk-ins the first hour of every day, as the majority of time would naturally be expected to be “adolescent only.”

What MIGHT BE New

Needs Assessment (MPR #6b and MPR #12b)

If a school-based health center plans on serving youth outside of the age range of the school it serves, and a fair proportion of clients come from this expanded age range, the health center should include a formal needs assessment of this age group and/or parents to determine needs of this expanded client base.

“Confidential Services” Policy (MPR #13e)

Review health center policies on services allowed under minor consent laws to make sure they apply to the entire age range served. Revisions to these policies must be approved by the Community Advisory Council.