

## **Sub-Recipient Title X Annual Plan Options (FY 2016)**

**GOAL A:** Assure that the delivery of quality family planning and related preventive health services is in accordance with Title X Program requirements and nationally recognized standards of care. (OPA Program Priority #1)

**Objective A1:** By June 30, 2016, Chlamydia testing on all sexually active women < 25 years will INCREASE by  $\geq 10\%$ . (*Baseline = FY 2013 data from RH Clinical Services spreadsheet*)

**Objective A2:** By June 30, 2016, routine Chlamydia testing on sexually active women  $\geq 25$  will DECREASE BY  $\geq 10\%$ . (*Baseline = FY 2013 data from RH Clinical Services spreadsheet*)

**Objective A3:** By June 30, 2016, Pap screens for women < 21 years will DECREASE by  $\geq 10\%$ . (*Baseline = FY 2013 data from RH Clinical Services spreadsheet*)

**Objective A4:** By June 30, 2016, pelvic exams for women < 21 years will DECREASE by  $\geq 10\%$ . (*Baseline = FY 2013 data from RH Clinical Services spreadsheet*)

**Objective A5:** By June 30, 2016, clinical breast exams for women < 20 years will DECREASE by  $\geq 10\%$ . (*Baseline = FY 2013 data from RH Clinical Services spreadsheet*)

**Suggested Activities:** Provide staff training on the national standards; create an alert to remind staff of clients needing Chlamydia testing; conduct QA every other month to monitor progress.

**National Standards:** Screening guidelines have been developed by American College of Obstetrics and Gynecologists (ACOG), American Cancer Society (ACS), and United States Preventative Services Task Force (USPSTF) which are based on scientific evidence. These guidelines are intended to advance health equity, improve quality and help eliminate health care disparities by developing recommendations for primary care clinicians and health care organizations.

**GOAL B:** Assure that the delivery of RH services to adolescents is in accordance with Title X Program requirements and nationally recognized standards of care (where they exist). (OPA Program Priority #2)

**Objective B1:** By June 30, 2016, increase **by  $\geq 10\%$**  the proportion of new MINOR (17 years and under) clients who receive parental/family involvement counseling within one year of initial visit. (*Baseline = FY 2013 data from RH Counseling Services spreadsheet*)

**Objective B2:** By June 30, 2016, increase **by  $\geq 10\%$** , the proportion of new ADOLESCENT (18 years and under) clients who receive abstinence, STD/HIV prevention and relationship safety counseling at their first visit. (*Baseline = FY 2013 data from RH Counseling Services spreadsheet*)

**Objective B3:** By June 30, 2016, increase **by  $\geq 10\%$** , the proportion of established ADOLESCENT (18 years and under) clients who receive STD/HIV prevention and relationship safety counseling at least once per year. (*Baseline = FY 2013 data from RH Counseling Services spreadsheet*)

**Suggested Activities:** Notify appropriate clinic staff of the Title X guidelines, offer staff training on effective counseling methods for adolescents, create a new process or tickler to remind staff to include this counseling during the initial visit, create an internal system to track and monitor progress, etc.

**National Standards:** No specific national standard exists; however, Title X Program guidelines state the following:

- ◆ Adolescent clients require skilled counseling and age-appropriate information ... Abstinence as well as contraceptive and safer sex practice options to reduce risks for STD/HIV and pregnancy must be discussed with all adolescents.
- ◆ Adolescents must be assured that the counseling sessions are confidential and, if follow-up is necessary, every attempt will be made to assure the privacy of the individual. However, counselors should encourage family participation in the decision of minors to seek family planning services and provide counseling to minors on resisting attempts to coerce minors into engaging in sexual activities. All new minor (17 years and under) clients receive parental/family involvement counseling within one year of their initial visit;

Though the guidelines clearly state the need for counseling of adolescents, there is less clarity regarding the timing. We have provided more specific timelines for these objectives, recognizing that this is an ideal and not always feasible given the clinical needs of your adolescent clients.

**GOAL C:** Direct services to address reproductive health disparities among your community's high priority and underserved populations (e.g., Hispanics, African-Americans, Native Americans, homeless youth, individuals in AOD treatment programs, individuals with disabilities). (*OPA Program Priority #4*)

**Objective C1:** By June 30, 2016 increase the proportion of \_\_\_\_\_ clients (list the priority population) served by \_\_\_\_%. (*Baseline = 2012 data from agency data sheet; 2010 Census data for county; other data source*)

**Objective C2:** By June 30, 2016, complete a plan to reach individuals from \_\_\_\_ (list at least one high priority group) with reproductive health information and services. (*Baseline = none*)

**Objective C3:** By June 30, 2016, participate in **at least two** community-based or other events to reach high priority populations with education, information and referral to reproductive health services. (*Baseline = # of community outreach events in 2013*)

**Suggested Activities:** Identify target audience; learn more about target audience members (e.g., conduct a RH assessment, refer to the agency CHA, conduct survey and/or focus groups); partner with another program and/or other community partners that work with target audience members; recruit a student intern; write a strategic outreach or marketing plan; develop outreach materials; etc.

**National Standard:** No specific national standard exists, however, best practices include: establish, or partner with, a community health worker program; community engagement; social marketing; and strategies informed by the social determinants of health.

**GOAL D:** Identify strategies for addressing the provision of health care reform and for adapting the delivery of reproductive health services to a changing health care environment. (*OPA Program Priority #5*)

**Objective D1:** By June 30, 2016, will initiate (or complete) at least one step toward adoption and/or use of an EHR system in your program. (Baseline = 2013 status)

**Objective D2:** By June 30, 2016, increase by \_\_\_ (list number), the number of contracts established with CCOs and/or Qualified Health Plan. (*Baseline = number of contracts in place in 2013*).

**Objective D3:** By June 30, 2016, will initiate (or complete) at least one activity toward enhancing your program's billing/coding capacity. (*Baseline = 2013 capacity*)

**Objective D4:** By June 30, 2016, will initiate (or complete) at least one activity toward supporting/providing insurance enrollment assistance to clients. (*Baseline = 2013 efforts*)

**Suggested Activities:** Conduct feasibility study for EHR, apply for funding, contract with EHR provider, begin implementation of EHR, initiate contract negotiations with CCO/QHP, draft contract, finalize contract, seek technical assistance from Reproductive Health Program, train staff in billing, conduct up-to-date cost analysis, train/certify staff in ICD-10, develop QA/QI process to evaluate billing process, dedicate staff to be trained as enrollment assisters, partner with community agency that has dedicated enrollment assisters, provide onsite access to application materials, etc.

**National Standards:** No specific national standard exists, however, recommendations from the Guttmacher Institute, NFPRHA and Office of Populations Affairs unanimously point to the need to become adept at working with health plans in order to remain viable health care providers.