

TITLE X PROJECT WORK AND EVALUATION PLAN: 4/1/23-3/31/24 (Year 2)*

* The federal budget period for the AK DOH Title X Project begins on April 1 annually, and the target dates for objectives listed below are aligned accordingly. AK DOH Title X staff will work with successful applicants to adjust targets to align with the State Fiscal Year upon award. Although the federal Title X office will review and approve an updated “Title X Project Work and Evaluation Plan” each year beginning on April 1, most goals, objectives, and activities will remain substantially similar to those listed below.

NOTES:

- As the AK DOH Title X Project has been ongoing for several decades to date, the current solicitation is open to both new applicants and those interested in continuing their current Title X programs. While most objectives and activities listed in this Work Plan apply to all grantees funded under this Project, some apply to continuing grantees (if successfully awarded) only, while others apply specifically to grantees new to this Title X Project. Upon award, AK DOH Title X staff will work with all grantees under this Project to align their objectives and activities accordingly.
- AK DOH Grantee staff = Project Director and Title X Lead Clinical Services Provider (Title X Lead CSP).
- Title X sub-recipients/clinical service sites = “sub-recipients”, “clinics”, and/or “service sites”. Kachemak Bay Family Planning Clinic (KBFPC) is the sole sub-recipient agency funded under this Title X Project through 6/30/23. If KBFPC applies for continued funding and is successfully awarded beginning July 1, 2023, the federally approved objectives and activities below that are specific to KBFPC as a continuing grantee under this Project will apply; if not, AK DOH Title X staff will adjust the Work Plan accordingly.
- The following work plan includes the evaluation plan (i.e., the “measurement of accomplishment”) for each objective, including established performance measures and targets.
- Activities included below listed in **grey font** are on hold until future years within this Project Period; they were included here only to provide context for continuation of the objective in question.
- OPA’s current Title X Statutes & Regulations, Legislative Mandates, and Program Expectations referenced below may be found at: <https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants>. *Providing Quality Family Planning Services: Recommendations from the CDC and the US Office of Population Affairs (QFP), April 2014*, and all subsequent updates, also referenced below, can be found at: <https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/quality-family-planning>

Need: To reduce Alaska’s unmet need for family planning and reproductive health services for all individuals as they plan their families, to decrease the number of unintended and teen pregnancies, and to improve the likelihood of a healthy pregnancy and birth should conception occur.

Goal 1: Assure that Title X clinics make high-quality, low-cost family planning & related preventive health services and family planning methods accessible in order to improve the overall health for all people in their service areas, with priority given to low income individuals.

Objective 1.1: By March 31, 2024, increase the number of unduplicated, low income ($\leq 250\%$ FPL) clients served by sub-recipient clinics by 5% from the previous budget year.

Rationale for Objective: The increased number of unduplicated, low-income clients served is evidence that sub-recipients are making their Title X services available and accessible to the priority population in their respective service areas.

Program Expectations Addressed: Project Administration, Prohibition on Abortion, Referrals for Social and Medical Services, Sub-recipient Monitoring, Community Engagement, and Performance Measures and CQI.

Status: N/A, will begin on 4/1/23.

ACTIVITIES/ACTION STEPS	RESPONSIBILITY	EVALUATION	TIMELINE
<p>1. As part of the execution of annual grant agreements with sub-recipient agencies, Grantee staffs will work with each sub-recipient agency to establish annual baseline and target for unduplicated Title X clients to be served by each agency.</p> <p>2. Grantee will collaborate with sub-recipients to develop (or update as needed) and implement comprehensive Project Promotion Plans to identify and address vulnerable and underserved groups in their respective service areas who could benefit from Title X services but are not currently accessing those services. <i>See Goal 3, objective 3.1 below for more detail on developing comprehensive Project Promotion Plans, including development of Disparity Impact Statements, for each sub-recipient under this proposed project.</i></p> <p>3. In addition to each sub-recipient’s comprehensive project promotion activities (described under objective 3.1 below), each agency will:</p>	<p>1. Sub-recipient/ clinic staffs, Project Director.</p> <p>2. Project Director and sub-recipient staffs.</p> <p>3. Sub-recipients</p>	<p>1. Executed grant awards with sub-recipients document annual baselines and targets.</p> <p>2-4: Quarterly progress reports with measurable status/update on each action step; FPAR data</p>	<p>1. Upon grant award execution.</p> <p>2 - 4. By March 31, 2024, with implementation activities documented in quarterly progress reports from sub-recipients to Grantee by 7/30, 10/30, 1/30 and 4/30. FPAR data</p>

<ul style="list-style-type: none"> • On an annual basis, conduct and document educational presentations for at least four schools or community-based agencies, or community events serving/reaching vulnerable or underserved populations (e.g., faith-based agencies, domestic violence and homeless shelters, incarcerated/ troubled youth programs, health fairs, etc.) in their respective service areas. • engage in opportunities to enhance their delivery of Title X services via a telehealth (TH) format, including expanded use of their respective EHRs for appropriate delivery of TH services, patient reminders of the availability of Title X services via TH, and advertising of TH services in all marketing materials. • develop or update its outreach materials as needed to focus on underserved individuals and groups with information about key clinic services, low cost/sliding fee discount schedules, and options for virtual, curbside, and in-person service delivery. • document new formal linkages and partnerships with community agencies to facilitate reciprocal referrals for comprehensive and specialty health and social services, including primary care; HIV care and treatment providers; mental/behavioral health; drug and alcohol treatment providers; and homeless and other vulnerable populations to assure optimal health care for shared clients. <p>For KBFPC only: On Nov. 15, 2022, this sub-recipient agency was approved by OPA to expand their Title X service delivery area to the entire Kenai Peninsula through a pilot project implementing such innovative service delivery formats as “pop-up” clinics, colocation with strategic partners, and expansion of their telemedicine and mail services. KBFPC was approved to implement this pilot project between date of approval and June 30, 2023, after which time they will evaluate the effectiveness of all new strategies and decide what to keep, what to eliminate, and what new strategies they might try. Though KBFPC will be tracking client services and encounter data by individual location or format (i.e., mail services, telehealth services), all data will be collected and reported per established FPAR reporting mechanisms and</p>	<p>4-6. Project Director and sub-recipient staffs.</p>	<p>documenting annual unduplicated clients served by each sub-recipient; Grantee’s evaluation of data and documentation of progress toward annual targets.</p> <p>5. T/TA documented in Grantee files and sub-recipient quarterly progress reports.</p> <p>6. Grantee and sub-recipient files with executed agreements.</p>	<p>submitted by Feb. 15, 2024.</p> <p>5. By March 31, 2024, with all training/technical assistance documented in quarterly progress reports from sub-recipients to Grantee by 7/30, 10/30, 1/30 and 4/30.</p> <p>6. By March 31, 2024, with new written agreements with pertinent health and allied health agencies submitted for Grantee review with quarterly progress reports from sub-recipients to Grantee by 7/30, 10/30, 1/30 and 4/30.</p>
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<p>deadlines for this agency. <i>See further information on use of the Quality Improvement model and this pilot project under Goal 2, Objective 2.4 below.</i></p> <p>4. Each sub-recipient will submit outreach and client data to Grantee quarterly to track progress in increasing client numbers, with data specific to low-income clients ($\leq 100\%$ Federal Poverty Level (FPL), and $\leq 250\%$ FPL) and adolescents.</p> <p>5. Technical assistance (TA) will be provided as necessary/requested on new client recruitment/retention and assuring equitable access to Title X services to help clinic staff improve community outreach and awareness focused on increasing services for low-income clients.</p> <p>6. Grantee assures that all agreements - between the Grantee and sub-recipient, and the sub-recipient and coordinating agencies – and all Title X information, education and outreach materials, are fully compliant with current Title X statutes and regulations, legislative mandates and Program Priorities.</p>			
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<p>Objective 1.2: By Feb 15, 2025, the Grantee and all sub-recipients under this Title X Project will collect and report encounter-level Title X client services data to OPA in full compliance with FPAR 2.0 reporting requirements.</p>			
<p>Rationale for Objective: Encounter-level data collected by sub-recipients and reported by the Grantee will document the demographic characteristics and Title X services delivered as evidence that sub-recipients are making their Title X services available and accessible to the priority population in their respective service areas.</p>			
<p>Program Expectations Addressed: Project Administration, Sub-recipient Monitoring, Compliance and Staff Training, and Performance Measures and CQI.</p>			
<p>Status: In progress</p>			
ACTIVITIES/ACTION STEPS	RESPONSIBILITY	EVALUATION	TIMELINE
<p><i>Note: This Grantee was approved (via waiver) to follow the “alternate approach” to reporting FPAR 2.0 data, i.e., the phased implementation approach, with full implementation of encounter-level data submission estimated to occur no later than February 15, 2025 (for FPAR year 2024 data). As such, the Grantee will</i></p>	<p><i>Waiver request and progress reporting to OPA = Project Director</i></p>	<p><i>Approved waiver on file with Grantee, Grantee reports to OPA on annual basis documenting progress toward transition to FPAR 2.0.</i></p>	<p><i>Per OPA’s established deadline for annual waiver request.</i></p> <p>1a-1c. By March 31, 2023, for continuing</p>

<p><i>submit subsequent annual waiver requests in the interim as needed, with updated progress on the Project’s implementation process per the activities below.</i></p> <p><u>4/1/23-3/31/24 activities:</u></p> <p>1a. Continue to trial data collection with existing sub-recipient, and establish systems to trial data collection with new sub-recipient(s): sub-recipients will submit partial or complete encounter-level data to the Grantee in “flat file” format on a quarterly basis so that the Grantee can “practice” the FPAR 2.0 data validation checks described in the <i>FPAR 2.0 Implementation Guide</i>.</p> <p>1b. Identify and address data collection issues: Grantee will work with sub-recipients and their respective EHR vendors to identify and address data collection and reporting issues for FPAR (either or both FPAR 1.0 and 2.0, as applicable).</p> <p>1c. Update Patient Consent forms to cover FPAR 2.0: Grantee will work with sub-recipients and their respective EHR vendors on necessary modifications to patient information and consents necessitated by encounter-level data collection and disclosure.</p> <p>1d. Solicit 3rd party data management contractor to handle all data collection, validation and reporting on behalf of Grantee/Project.</p> <p><u>4/1/23-12/31/23 activities:</u></p> <p>2a. Continue to collect and inspect encounter-level data submitted by sub-recipients on quarterly basis and</p>	<p>1a-1b. Grantee and sub-recipient staffs.</p> <p>1c. Sub-recipients</p> <p>1d. Grantee</p> <p>2a. Grantee and sub-recipient staffs.</p> <p>2b. Grantee</p> <p>3a-3b. Grantee and sub-recipient staffs.</p>	<p>1a – 1c. Sub-recipients’ quarterly progress reports to Grantee that include encounter-level data elements in approved FPAR 2.0 file, documentation of progress on identifying and addressing issues and updating Patient Consents with respective EHRs.</p> <p>1d. Grantee reports to OPA on annual basis documenting progress toward transition to FPAR 2.0.</p> <p>2a. Sub-recipients’ quarterly progress reports to Grantee that include encounter-level data elements in approved FPAR 2.0 file, and documentation of any remaining issues with FPAR 2.0 data collection and reporting, and progress on resolution.</p> <p>2b. CY 2023 FPAR data submitted by deadline.</p> <p>3a. Sub-recipients’ quarterly progress reports to Grantee</p>	<p>sub-recipient; by Oct 30, 2023, for new sub-recipient(s), encounter-level data submitted with, and progress on identified issues and Patient Consents updates documented in, quarterly progress reports from sub-recipients to Grantee by 4/30/23, 7/30/23 (continuing), 10/30/23, 1/30/24 (new and continuing).</p> <p>1d. No later than June 30, 2024.</p> <p>2a. By March 31, 2023, for continuing sub-recipient; by Oct 30, 2023 for new sub-recipient(s), encounter-level data submitted with, and progress on identified issues and Patient Consents updates documented in, quarterly progress reports from sub-recipients to Grantee by 4/30/23, 7/30/23</p>
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<p>address any identified issues.</p> <p>2b. Report blend of aggregate (FPAR 1.0) and encounter-level (FPAR 2.0) data for Title X Project for CY2023.</p> <p><u>1/1/24-12/31/24 activities:</u></p> <p>3a. Continue to collect and inspect encounter-level data submitted by sub-recipients with quarterly progress reports.</p> <p>3b. Prepare for full implementation of FPAR 2.0 requirements, including reporting encounter-level Title X client services data for CY2024.</p> <p>4. Grantee will continue to utilize all resources and support provided by OPA toward full implementation of FPAR 2.0 by CY2024 (for reporting in Feb '25), including making available to sub-recipients any training/technical assistance opportunities. Additionally, Grantee and service sites will incorporate any new data elements (e.g., data regarding sexual orientation and gender identity upon OMB approval) as required by OPA by required deadlines.</p>	<p>4. Grantee and sub-recipient staffs.</p>	<p>that include encounter-level data elements in approved FPAR 2.0 file, and documentation of any remaining issues with FPAR 2.0 data collection and reporting, and progress on resolution.</p> <p>3b. CY 2024 FPAR data submitted by deadline.</p> <p>4. T/TA documented in Grantee files and sub-recipient quarterly progress reports.</p>	<p>(continuing), 10/30/23, 1/30/24 (new and continuing).</p> <p>2b. By February 15, 2024.</p> <p>3a. By December 31, 2024, encounter-level data submitted with, and progress on identified issues documented in quarterly progress reports from sub-recipients to Grantee by 1/30/23, 4/30/23, 7/30/23, and 10/30/23.</p> <p>3b. By February 15, 2025.</p> <p>4. Annually, by February 15, 2025.</p>
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<p>Objective 1.3: By March 31, 2024, 100% of Grantee and sub-recipient financial processes and records document compliance with applicable Title X statutes & regulations, including 45 CFR Part 75, and OPA Title X Expectations.</p>
<p>Rationale for Objective: Effective financial management will assure the short- and long-term financial viability of the Project and sub-recipient agencies under this Project, as well as assuring that the limited Project funds are used as efficiently and effectively as possible to reach and serve the maximum number of clients in the priority populations.</p>
<p>Program Expectations Addressed: Project Administration, Prohibition on Abortion, Financial Accountability, Sub-recipient Monitoring.</p>
<p>Status: N/A; begins 4/1/23</p>

ACTIVITIES/ACTION STEPS	RESPONSIBILITY	EVALUATION	TIMELINE
<p>1. The Project Director is responsible for preparation and oversight of the approved annual Title X budget for the Project. The Project Director utilizes the applicable State accounting systems in place (that conform to the general cost principles described in 45 C.F.R. Part 75, Subpart E), to monitor all Title X expenditures for both grantee costs and federal funds dispersed to sub-recipients under this Project. The Project Director assures that all federal funds awarded to this Project are used in full compliance with all Title X program requirements and the terms and conditions of award.</p> <p>2. The Project Director works closely with division and department accountants to reconcile and submit all required Title X Federal Financial Reports (FFRs) by established deadlines or request extensions as needed via Grantsolutions.</p> <p>3. The Project Director prepares and submits all Title X revenue information required for the Family Planning Annual Report, Table 14.</p> <p>4. The Project Director updates as needed the State of Alaska Title X Policy Manual to assure accurate description of all provisions of Title X requirements affecting financial accountability, including prohibition of abortion, prohibition of lobbying/support for political campaigns or candidates, billing for confidential minor services, charges to clients based on income and/or insurance status and coverage, acknowledgement of federal funding on publications and public communications, etc.</p> <p>5. Sub-recipient staffs assure that the security and use of Title X funds awarded are fully compliant with all Title X program requirements and the terms and conditions of award through:</p> <ul style="list-style-type: none"> • Maintenance of administrative and financial policies and processes that are fully compliant with State Title X Policy Manual. 	<p>1-4. Grantee</p> <p>5. Sub-recipients</p> <p>6. Grantee and sub-recipients</p> <p>7. Grantee</p>	<p>1. Routine budget monitoring and reconciliation; triennial comprehensive federal program reviews.</p> <p>2. FFRs submitted on time (or by approved extension deadline) and with accurate financial data for applicable reporting period.</p> <p>3. Financial data reported annually on the FPAR Revenue Table meets expectations for the reporting period or acceptable explanation for exceptions is provided.</p> <p>4. Title X Policy Manual reflects the most current</p>	<p>1. Weekly, monthly, quarterly, and annual budget monitoring and reconciliation; triennial federal program review completed in Sept '22, (next one due in Project Year 4).</p> <p>2. Quarterly throughout Year 2.</p> <p>3. February 2024.</p> <p>4. As needed to remain compliant.</p> <p>5. Quarterly progress and fiscal reports from sub-recipients to Grantee submitted by 7/30, 10/30, 1/30 and 4/30; Annual program review for each site completed by</p>

<ul style="list-style-type: none"> • Completion of quarterly client financial record reviews that document accurate income assessment, charges for Title X services and supplies, application of any applicable discounts, and client and third-party billing and collection processes. Chart reviews include use of a standardized review tool based on Title X program requirements, and use of the most current OPA Program Review Tool. • Participation in routine annual site reviews that include review of sub-recipient agency’s written policies and financial management processes (including security of assets purchased with Title X funds), review of agency’s financial records and accounting practices pertinent to their Title X award, chart reviews of client financial records, and observation of clinic financial practices. • Submission to Grantee the agency’s quarterly cumulative fiscal reports detailing expenditure of both federal and non-federal funds in support of their Title X Programs, and all program income earned during the reporting period. • Completion of the triennial agency Title X cost analysis (and annual adjustments) that assures that charges for Title X clinical services and supplies are current and reasonable for prevailing costs. <p>6. Upon issue of the US DHHS Federal Poverty Guidelines at the beginning of each calendar year, the Project Director notifies the sub-recipients of the new poverty levels and sets a deadline by which sub-recipients must update their site-specific Title X Schedule of Discounts (SOD). All sub-recipients are required to send an electronic copy of their updated Title X SOD to the Project Director for approval and Grantee records. Sub-recipient SOD must contain sufficient proportional increments so that inability to pay is never a barrier to service. The SOD must be applied to all services, tests, and contraceptive methods included in each sub-recipient’s approved Title X Scope of Services.</p>		<p>program requirements and OPA Expectations.</p> <p>5. Sub-recipients’ quarterly progress reports to Grantee documenting results of QA chart reviews and review of financial management processes, policy updates, results of cost analyses and updated fees for Title X services and supplies; sub-recipients’ quarterly Cumulative Fiscal Reports; Grantee site review reports on file in grantee office.</p> <p>6. Updated annual Title X Schedule of Discounts.</p> <p>7. Sub-recipients’ approved Title X Scope of Services.</p>	<p>March 31, 2024, with f/up to resolution of identified issues completed by established deadlines.</p> <p>6. On or before Feb 28 annually, depending on date of release of new Federal Poverty Guidelines.</p> <p>7. Annually, upon execution of sub-recipients’ grant agreements.</p>
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7. The Grantee reviews and approves sub-recipient agency Title X Scopes of Services, including any Title X services purchased via contract on behalf of Title X clients, to assure compliance with all Title X program requirements.			
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<p>Goal 2: Assure the delivery of equitable, client-centered, high quality family planning and related preventive health services that lead to improved reproductive health outcomes and overall optimal health in accordance with Providing Quality Family Planning Services (QFP) and other national professional medical standards; current Title X statutes, regulations and legislative mandates; and OPA program priorities (including pertinent Healthy People 2030 objectives. Client-centered care will focus on inclusiveness and health equity with approaches that are trauma-informed and culturally and linguistically appropriate.</p>
<p>Objective 2.1: By March 31, 2024, $\geq 90\%$ of client medical records reviewed at each clinic site will document individualized & client-centered care for family planning & related preventive health services that aligns with the QFP and other national professional medical standards, current Title X statutes, regulations and legislative mandates, and OPA program priorities (including pertinent Healthy People 2030 objectives).</p>
<p>Rationale for Objective: Routine monitoring by both Grantee and sub-recipients of documentation in client medical records of Title X services provided assures that any deviation from the QFP, etc., is identified and rectified as soon as possible.</p>
<p>Program Expectations Addressed: Project Administration, Provision of High Quality Family Planning Services, Adolescent Services, Prohibition on Abortion, Referrals for Social and Medical Services, Sub-recipient Monitoring, and Performance Measures and CQI.</p>
<p>Status: N/A, will begin on 4/1/23.</p>

ACTIVITIES/ACTION STEPS	RESPONSIBILITY	EVALUATION	TIMELINE
<p><i>Voluntary, confidential, client-centered family planning and related preventive health services provided under this Project include: a broad range of medically approved services, which includes FDA-approved contraceptive products and natural family planning methods, for clients who want to prevent pregnancy and space births, pregnancy testing, counseling, and referral, assistance to achieve pregnancy, basic infertility services, sexually transmitted infection (STI) services, HIV prevention education, counseling, testing and referral, other</i></p>	<p>(see below)</p>	<p>(see below)</p>	<p>(see below)</p>

preconception health services, breast and cervical cancer screening, adolescent-friendly health services, and referral for clients with a need for other health and social services that fall outside the scope of the sub-recipient agency's Title X services. Abortion services are not provided under this Project. See Project Narrative, "Scope of Services" section for more details.

Medical record review criteria for sub-recipient quarterly reports to Grantee:

- Quality Assurance medical record reviews must include at least one medical services provider working with Title X clients at each sub-recipient agency (and/or the agency's Title X Medical Director)
- 10% of the total clients seen during the reporting period (minimum of 15 client records must be reviewed each quarter)
- 1/3 of charts = clients < 18 years old
- Proportion of male charts (out of all charts reviewed) = proportion of male clients seen this reporting period out of all clients seen during this period (minimum of 2 male charts per quarter)

Records reviewed also must represent various purposes of visit:

- pregnancy test (negatives and positives)
- family planning services, per Title X scope
- HIV/STD screening and services
- breast and/or cervical cancer screening
- preconception health
- basic infertility services
- any special populations or services (e.g., follow-up on abnormal Pap smear, abnormal CBE results, or other clinical abnormalities or concerns)
- substance abuse screening and referrals for further evaluation and treatment

<ul style="list-style-type: none"> any individuals who screened positive for partner violence, Sexual Abuse of Minor (i.e., Mandatory Reporting cases), or mental health issues. <p>Review Tools utilized:</p> <ul style="list-style-type: none"> Medical Record Review Tool: Standardized annually (with periodic updates as indicated) by service site staffs in collaboration with Grantee to assure that tool covers pertinent services per QFP and other national standards of care, as well as administrative and fiscal elements relevant to Title X visits. In addition to the QA/QI process of noting specific, measurable elements of medical record documentation, the review tool includes a section to write qualitative comments for each record. The review tool is used by Grantee staffs during site visits and annual reviews (tool includes clinical, administrative, and financial review elements) and by sub-recipients for quarterly QA activities. OPA Program Review Tool: Grantee uses the most current version of this tool to assess compliance with all Title X program requirements during annual site reviews. The service site staff also use OPA’s Tool as a resource for self-monitoring. <p>1. Each sub-recipient agency provides their site’s Title X Scope of Services and Methods lists as an integral part of their grant applications for Grantee review and approval; approved lists are a part of the official sub-recipient agreements and remain in effect until execution of the next agreement, or with any necessary updates to remain compliant with Title X requirements. If updates to either of the lists are requested by the sub-recipient or required by the Grantee, approval is issued as a special condition of the agreement.</p> <p>2. Each clinic will review its clinical protocols annually and update as needed to assure they are based on current, evidenced-based national</p>	<p>1. Grantee and Sub-recipients</p> <p>2. Clinic staff</p> <p>3-4. Clinic staff and Title X Lead CSP</p> <p>5. Title X Lead CSP and clinic staff</p>	<p>1. Approved Title X Scope of Services and Methods lists on file in Grantee office.</p> <p>2-3 & 6. Grantee-approved clinical protocols reflect current national professional standards of care, reference national evidence-based guidelines, and are compliant with OPA Program requirements. Inventory of family planning methods (including FABM) represent broad</p>	<p>1. Submitted with application for Title X funding in spring ’23, with awards in place by July 1, 2023.</p> <p>2-3. Within 3 months of grant award execution.</p> <p>4-5. From grant agreement execution thru March 31, 2024, with quarterly progress reports from sub-recipients to Grantee by 7/30,</p>
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<p>standards (i.e., QFP, USPSTF, CDC, etc.) and are compliant with all current Title X program requirements. <i>Note: New Title X sub-recipient agencies will follow the Grantee's prioritized list of required protocols included in the Grantee onboarding plan to assure timely and systematic completion of all protocol updates and approval and implementation process.</i></p> <p>3. Each clinic will assure that its protocols and services adhere to the Title X Scope of Services approved by the Grantee (and OPA). All new and updated clinical protocols then will be reviewed and approved by the Grantee.</p> <p>4. Quarterly, service sites will review a sample of medical records for Title X compliance and report findings via their progress report to the Grantee. The Grantee will comment and make recommendations for corrective action as needed to meet the annual target for this objective.</p> <p>5. If service sites do not meet the annual target for this objective, documentation of omissions and gaps in care identified by the Title X Lead CSP will be promptly followed-up with clinic staff, verbally and with a written report. Grantee will follow-up according to timelines through resolution and is available for technical assistance as needed.</p> <p>6. Annual medical record reviews and observation by the Title X Lead CSP of client visits will ensure that clinical services provided to clients align with clinic protocols, QFP, current, evidenced-based national standards, OPA Program priorities and HP2030 objectives. Observation of staff-client interactions and medical record documentation also will be evaluated to assure appropriate referral to primary or specialty care providers for additional services as needed. Also during the annual review at each site, the Title X Lead CSP will conduct a comprehensive assessment of all clinical program elements and operations.</p> <p>7. Annually, all client demographic and services data will be collected by the clinics and reported to the Grantee for the Family Planning</p>	<p>6. Title X Lead CSP</p> <p>7. Grantee and clinic staff</p>	<p>range of methods at each clinic.</p> <p>4-5. Medical record documentation shows compliance with the above standards of care and Grantee-approved protocols, as documented in sub-recipients' quarterly progress reports to Grantee.</p> <p>6. Annual site review reports completed and on file with Grantee and each sub-recipient documents compliance and/or corrective action plans for resolution of any findings, with follow-up to resolution as indicated; written agreements with pertinent health and allied health agencies on file with Grantee and sub-recipients.</p> <p>7. FPAR annual data submitted by required deadlines.</p>	<p>10/30, 1/30 and 4/30.</p> <p>4 & 6. Annual program review for each site with f/up through resolution of findings completed by established deadlines; written agreements established annually as needed to assure continuum of care for shared clients.</p> <p>7. FPAR data submitted by February 15, 2024.</p>
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Annual Report (FPAR). Additionally, data on client primary family planning methods used will be collected and used to calculate the NQF-endorsed contraceptive care measure : <i>percent of women aged 15-44 at risk of unintended pregnancy who are provided a most or moderately effective contraceptive method.</i>			
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Objective 2.2: By March 31, 2024, $\geq 90\%$ of client medical records reviewed at each service site will document **screening, counseling & education** emphasizing individual client need and be in accordance with the QFP and other national professional medical standards, current Title X statutes, regulations and legislative mandates, and OPA program priorities (including pertinent Healthy People 2030 objectives).

Rationale for Objective: Routine monitoring by both Grantee and sub-recipients of documentation in client medical records of Title X counseling and education provided assures that any deviation from the QFP, etc., is identified and rectified as soon as possible.

Program Expectations Addressed: Project Administration, Provision of High Quality Family Planning Services, Adolescent Services, Prohibition on Abortion, Referrals for Social and Medical Services, Sub-recipient Monitoring, Compliance and Staff Training, and Performance Measures and CQI.

Status: N/A, will begin on 4/1/23.

ACTIVITIES/ACTION STEPS	RESPONSIBILITY	EVALUATION	TIMELINE
<p>Key counseling and education elements include: <i>client-centered reproductive life planning throughout a person’s lifespan, a broad range of family planning methods (including fertility awareness based methods), pregnancy testing, preconception, infertility, sexual health assessment and STI and related counseling, adolescent-specific counseling (i.e., encouraging family participation in the decision of minors to seek family planning services and counseling for minors on how to resist coercive attempts to engage in sexual activities), relationship health and safety, intimate partner violence screening/counseling, tobacco/alcohol/substance use screening/counseling, related preventive health issues for reproductive health, and counseling to improve health outcomes for all individuals (and their future children). When clinical or psychosocial/behavioral health issues need intervention beyond the Title X Scope of Services, clients are counseled and referred to a primary care provider or a pertinent specialist. All</i></p>		<p>1. Grantee-approved, written protocols reflect that screening, counseling and education services are based on current national professional standards of care, reference national evidence-based guidelines, and are aligned with the</p>	<p>1. Within 3 months of grant award execution and annual updates. 2. From grant agreement execution thru March 31, 2024, with quarterly</p>

<p><i>counseling and education provided is client-centered and specific to each client's unique health care needs.</i></p> <p>1. Each clinic will update its screening, education and counseling protocols to reflect key counseling and education elements per QFP and other pertinent evidenced-based national standards, current Title X statutes, regulations and legislative mandates, and OPA program priorities. All new and updated clinical protocols then will be reviewed and approved by the Grantee. <i>Note: New Title X sub-recipient agencies will follow the Grantee's prioritized list of required protocols included in the Grantee onboarding plan to assure timely and systematic completion of all protocol updates and approval and implementation process.</i></p> <p>2. Quarterly, service sites will review a sample of medical records (see objective 2.1 for QA criteria) for Title X compliance and report findings via their progress report to the Grantee. The Grantee will comment and make recommendations for corrective action as needed.</p> <p>3. Annual medical record reviews and observation by the Title X Lead CSP of client visits will ensure that screening, counseling and education provided to clients aligns with clinic protocols, QFP and other pertinent evidenced-based national standards, current Title X statutes, regulations and legislative mandates, OPA program priorities, and HP2030 objectives. Observation of staff-client interactions and medical record documentation also will be evaluated to assure appropriate referral to primary or specialty care providers for additional counseling and services as needed.</p> <p>4. If service sites do not meet the annual target for this objective, documentation of omissions and gaps in care identified by the Title X Lead CSP will promptly be followed-up with clinic staff, verbally and with a written report. Grantee will follow-up to resolution according to established timelines and is available for technical assistance as needed.</p>	<p>1-2. Clinic staffs, Title X Lead CSP</p> <p>3. Title X Lead CSP</p> <p>4-5. Clinic staff and Title X Lead CSP</p>	<p>QFP, and Title X Statutes and Regulations.</p> <p>2. Medical record documentation shows compliance with the above standards of care and Grantee-approved protocols, as documented in sub-recipients' quarterly progress reports to Grantee.</p> <p>3-4. Annual site review reports completed and on file with Grantee and each sub-recipient document compliance and/or corrective action plans for resolution of any findings, with follow-up to resolution as indicated.</p>	<p>progress reports from sub-recipients to Grantee annually by 7/30, 10/30, 1/30 and 4/30.</p> <p>3-4. Annual program review for each site, with f/up through resolution of findings completed by established deadlines; written agreements with pertinent health and allied health agencies established annually as needed to assure continuum of care for</p>
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5. Service sites and the Title X Lead CSP will identify continuing education opportunities and technical assistance to enhance staff skill sets in counseling and education, e.g., S creening, B rief I ntervention, and R eferral to T reatment (SBIRT) training for substance use disorders; sexual risk reduction; motivational interviewing; additional training in counseling on the broad range of family planning methods, and topics regarding assuring health equity in service delivery.		5. T/TA documented in Grantee files and sub-recipient quarterly progress reports.	shared clients. 5. By March 31, 2024.
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Objective 2.3: By March 31, 2024, medical record documentation and FPAR data at clinics will show that $\geq 85\%$ of sexually active females < 25 years of age have received (or declined) an annual (and as needed) Chlamydia (CT) and gonorrhea (GC) test according to clinical protocols based on current CDC recommendations.

Rationale for Objective: Routine monitoring by both Grantee and sub-recipients of documentation in client medical records of efforts to screen, test and treat this high priority population for CT and GC will assure compliance with national guidelines, movement toward reducing Alaska’s Chlamydia epidemic and reaching related Healthy People 2030 goals (STI-01 and STI-07), and improved reproductive health outcomes and overall optimal health for this population.

Program Expectations Addressed: Project Administration, Provision of High Quality Family Planning Services, Adolescent Services, Prohibition on Abortion, Referrals for Social and Medical Services, Sub-recipient Monitoring, Compliance and Staff Training, and Performance Measures and CQI.

Status: N/A, will begin on 4/1/23.

ACTIVITIES/ACTION STEPS	RESPONSIBILITY	EVALUATION	TIMELINE
<p>1. Each clinic will ensure that its STI protocols (including CT/GC screening, testing and treatment) are updated according to current CDC recommendations. All new and updated protocols from each clinic will be reviewed and approved by the Title X Lead CSP. <i>Note: New Title X sub-recipient agencies will follow the Grantee’s prioritized list of required protocols included in the Grantee onboarding plan to assure timely and systematic completion of all protocol updates and approval and implementation process.</i></p> <p>2. In quarterly record reviews, medical record documentation at clinics will show that at least 85% of sampled records for females < 25 years of age and other high-risk individuals appropriately received annual (or more frequently as medically-indicated) testing for Chlamydia and gonorrhea. If quarterly</p>	<p>1. Clinics, Title X Lead CSP</p> <p>2-3. Clinics</p> <p>4. Clinics, Title X Lead CSP</p> <p>5. Title X Lead CSP</p>	<p>1. Grantee-approved, written STI screening, testing, counseling and treatment protocols reflect CDC’s current recommendations.</p> <p>2-3. Medical record documentation shows compliance with the above standards of care and Grantee-approved protocols, as</p>	<p>1. Within 3 months of grant award execution and annual updates.</p> <p>2-3. From grant agreement execution thru March 31, 2024, with quarterly progress reports</p>

<p>target is not achieved, clinic staff document explanation and plans for improvement; Grantee follows up as needed.</p> <p>3. Each clinic’s staff will evaluate records of clients with positive CT/GC tests to assure that appropriate treatment, partner notification, and follow up is done and documented per protocol.</p> <p>4. During the Grantee’s annual site review at each clinic, the Title X Lead CSP will conduct comprehensive record reviews which will include documentation of Chlamydia and gonorrhea testing (or client’s declination of) for females < 25 years of age and for other high-risk individuals. Follow up will be done based on data. The Title X Lead CSP also will verify that all screening, counseling and education provided to clients aligns with clinic protocols, QFP and other pertinent evidenced-based national standards, current Title X statutes, regulations and legislative mandates, and OPA program priorities.</p> <p>5. If record reviews do not meet the 85% target, Grantee will follow-up (via staff reminders and additional training) to assure compliance with CDCs recommendations for screening this age group. Technical assistance will be provided by the Grantee, as needed.</p> <p>6. Given the ongoing spike in GC cases in Alaska, each clinic will assess trend data from each quarter to aim for decreasing GC cases in their service areas through prioritized treatment in the Title X clinic, and partner notification and treatment in close collaboration with its linkage agency (state public health center) to follow-up as needed. Due to the critical nature of having established linkages, the Grantee will assure that written agreements are formalized between agencies.</p>	<p>6. Grantee staffs, clinics</p>	<p>documented in sub-recipients’ quarterly progress reports to Grantee.</p> <p>4-5. Annual site review reports completed and on file with Grantee and each sub-recipient document compliance and/or corrective action plans for resolution of any findings, with follow-up to resolution as indicated.</p> <p>6. Written agreements with pertinent health and allied health agencies on file with Grantee and sub-recipients.</p>	<p>from sub-recipients to Grantee by 7/30, 10/30, 1/30 and 4/30.</p> <p>4-6. Annual program review for each site, with f/up through resolution of findings completed by established deadlines.</p>
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Objective 2.4: By March 31, 2024, Kachemak Bay Family Planning Clinic will have completed at least one quality improvement project with a focus on improving the health of Title X clients.

Rationale for Objective: Quality improvement efforts will help this sub-recipient continuously evaluate their service delivery strategies and services to assure the delivery of accessible, equitable, inclusive, client-centered, high quality family planning and related preventive health services in adherence to national standards of care.

Program Expectations Addressed: Project Administration, Provision of High Quality Family Planning Services, Adolescent Services, Sub-recipient Monitoring, and Performance Measures and CQI.			
Status: In progress			
ACTIVITIES/ACTION STEPS	RESPONSIBILITY	EVALUATION	TIMELINE
<p>1. In Jan – June 2022, the Title X Lead CSP and clinical staff at KBFPC participated in tailored technical assistance (TA) from the Reproductive Health National Training Center (RHNTC) to support the Project’s goals to improve hypertension prevention and control in our Title X service sites, employing the RHNTC’s Hypertension Prevention and Control Toolkit and related resources. Using the lessons learned from this TA experience, KBFPC will utilize the Quality Improvement (QI) model to continue their systematic plan to improve hypertension prevention and control activities in their service delivery, including improving clinical support staff procedures to take blood pressures per protocol (including repeat BP measuring as medically indicated), provide general education to clients on healthy lifestyle choices to improve elevated BP using wall charts and other educational resources, and creating a process within the EHR to flag for the CSP those clients with elevated BP, for follow-up and treatment or referral as needed. KBFPC will develop an achievable timeline within Year 2 for establishing new baselines and targets for moving through the change package to reach these new improvement goals.</p> <p>(The Title X Lead CSP will continue working on a framework for replicating KBFPC’s change processes with the new sub-recipient(s) under this Project, likely to be implemented in Years 3 or 4 of the Project period after the new sub-recipient has been successfully onboarded into the Project.)</p> <p>2. As noted under Goal 1, Objective 1.1 above, KBFPC will continue their pilot project (through June 30, 2023) to expand their service delivery area to the entire Kenai Peninsula using innovative service delivery formats as “pop-up” clinics, colocation with strategic partners, and expansion of their telemedicine and mail services. During and after the pilot period, KBFPC will employ the QI model to continually evaluate and improve the effectiveness of their efforts, and ultimately decide what to keep, what to eliminate, and what new strategies to try.</p>	<p>1. Title X Lead CSP, KBFPC Medical Director and clinic staff.</p> <p>2. KBFPC CEO, Medical Director, and clinic staff.</p> <p>3. Title X Lead CSP, KBFPC Medical Director and clinic staff.</p> <p>4. Title X Lead CSP, new sub-recipient’s Medical</p>	<p>1-3. QI Change Package documents maintained on file in KBFPC offices.</p> <p>4. Grantee documentation of QI framework and plans for QI work with new sub-recipient on file with Grantee.</p>	<p>1. KBFPC’s QI change package and Grantee’s framework for replicating KBFPC’s change process with the new sub-recipient both completed by March 31, 2024.</p> <p>2. By March 31, 2024.</p> <p>3. KBFPC’s collaboration with MPQH by March 31, 2024, with actual timelines for each QI change package TBA.</p>

<p>3. Currently, the Grantee maintains a formal contract with Mountain Pacific Quality Health (MPQH), a healthcare quality improvement agency that partners with healthcare providers in Alaska on a variety of quality improvement initiatives (this contract is funded with Title V MCH Block Grant and other federal funds, NOT Title X funds). Once KBFPC has successfully completed the Hypertension improvement work noted in #1 above, the Grantee will engage MPQH to provide technical assistance to KBFPC in future quality improvement efforts, including improving use of their EHR to address and improve other Title X client health issues (e.g., overweight and obesity, diabetes, substance use, etc.), and enhancing use of telehealth technologies to improve access to care. New QI objectives will be established accordingly.</p> <p>(This activity on hold in Project Year 2 to allow sufficient time for successfully onboarding new sub-recipient(s): 4. Lessons learned from KBFPC’s quality improvement efforts will be shared with the new sub-recipient agency and objectives specific to the new agency will be established accordingly; Grantee will engage MPQH to provide technical assistance to new sub-recipient in their quality improvement efforts. (Grantee contract with MPQH currently extends through June 30, 2024)</p>	<p>Director and clinic staff.</p>		
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<p>Goal 3: Improve the health of individuals, families and communities in the Project service areas through outreach to, and partnerships with schools and community-based organizations, including faith-based and secular health & social services providers that work with vulnerable, at-risk, or hard-to-reach populations.</p>
<p>Objective 3.1: By March 31, 2024, each sub-recipient agency under this Title X Project will have completed development and implementation of their respective comprehensive Project Promotion Plans to increase access to Title X services, with special focus on addressing disparities in access to Title X services within the Project service areas.</p>
<p>Rationale for Objective: Comprehensive Project Promotion Plans designed to be responsive to historically underserved and marginalized populations will help the sub-recipients assure the delivery of accessible, equitable, inclusive, client-centered, high quality family planning and related preventive health services. Continuous evaluation and improvement of those Plans using the QI model will assure that those Plans remain nimble and responsive to the changing needs of the populations within each agency’s service area.</p>
<p>Program Expectations Addressed: Project Administration, Provision of High Quality Family Planning Services, Adolescent Services, Sub-recipient Monitoring, Community Engagement, Information and Education, and Performance Measures and CQI.</p>
<p>Status: In progress</p>

ACTIVITIES/ACTION STEPS	RESPONSIBILITY	EVALUATION	TIMELINE
<p>Year 1 summary: In Jan – May, 2022, KBFPC completed their participation in the Project Promotion Technical Assistance Group (PP-TAG), hosted by the RHNTC. As a result of this TA, KBFPC completed development of their comprehensive Project Promotion Plan, submitted it for review and approval by their Information and Education (I&E) Advisory Committee, and have begun implementation of the Plan.</p> <p>Year 2:</p> <p>2a. KBFPC will continue to implement their Project Promotion Plan, incorporating strategies to address disparities in access to Title X services within their service area, and complete at least one Quality Improvement cycle to evaluate their Year 1 efforts.</p> <p>2b. KBFPC will review the Plan for any modifications necessary to adequately address their expanded service area and locations through their pilot project (see Goal 1, Objective 1.1 above for details).</p> <p>2c. Using the model learned from KBFPC’s Project Promotion Plan, as well as the tools and resources acquired through co-participation with KBFPC in the RHNTC’s PP-TAG, the Project Director will collaborate with new sub-recipient agency staffs to fully develop their Project Promotion Plan, also incorporating strategies to address disparities in access to Title X services within their service area. After review and approval by the new sub-recipient’s I&E Advisory Committee, this agency will implement their new Plan. This new agency will employ the continuous quality improvement model to evaluate and improve their annual Project Promotion Plan.</p> <p><u>Other Year 2 Project Promotion Activities</u></p> <p>2.d. Disparity Impact Statements: Pending release of technical assistance and support from OPA and/or other federal partner agencies, the Grantee and sub-</p>	<p>2a-b. Grantee and KBFPC</p> <p>2c. Grantee and new sub-recipient agency staffs.</p> <p>2d. Grantee and both sub-recipients</p> <p>2e. Both sub-recipients’ staffs</p>	<p>2a-b. All implementation strategies and CQI activities documented in KBFPC’s quarterly progress reports to Grantee.</p> <p>2c. T/TA documentation and new sub-recipient’s completed Project Promotion Plan (including CQI plan) maintained on file in Grantee and sub-recipient offices.</p> <p>2d. T/TA documented in Grantee files and sub-recipient quarterly progress reports; DIS for each sub-recipient on</p>	<p>2a-b. By March 31, 2024, with quarterly progress reports to Grantee by 7/30, 10/30, 1/30 and 4/30.</p> <p>2c. By March 31, 2024.</p> <p>2d. By March 31, 2024, with progress documented in quarterly progress reports from sub-recipients to Grantee by 4/30, 7/30, 10/30, and 1/30.</p>

<p>recipients will learn how to develop effective Disparity Impact Statements (DIS) for each Title X service area.</p> <p>2.e. Both sub-recipient agencies will collaborate with at least 2 community-based partners that serve segments of their respective populations who have been identified as vulnerable and underserved, with the goal of advancing equitable access to Title X services.</p> <p>2.f. The new sub-recipient agency will create a comprehensive inventory and tracking system for all informational and educational resources, including print, electronic, and web-based materials, to be used with Title X clients and for promotion of their Title X program, to assure that all materials are compliant with Title X requirements and undergo the required I&E review and approval process. (Note: KBFPC has already developed a comprehensive inventory and tracking system.)</p> <p>2g. The Grantee will collaborate with the Alaska Native Tribal Health Consortium’s (ANTHC) I Know Mine Program to complete the following activities targeting this Project’s Title X service areas:</p> <ul style="list-style-type: none"> • ANTHC I Know Mine (IKM) Program includes information about Title X services and locations in Alaska with the HIV self-test kits and condoms ordered by individuals online from IKM. Each order also will include educational information covering sexual health and risk reduction, as well as substance abuse prevention information. (Note: if there is another Title X-funded agency or service site in the service area, ANTHC will include information about all available Title X services and locations within recipient’s community, not just those under this Project, to assure client choice of provider and increased access to Title X services.) <p>Note: ANTHC I Know Mine Program is unable to accept funding for test kits and condoms from outside sources due to federal restrictions, so this Project cannot create a formal contract for this purpose. Instead, a small amount of Project funds will be allotted for creation of print materials re: Title X services for inclusion with test kits and condom orders. See Budget Narrative, “Other” budget justification.</p>	<p>2f. New sub-recipient</p> <p>2g. Grantee, ANTHC</p>	<p>file with Grantee and sub-recipients.</p> <p>2e. All collaboration efforts documented in sub-recipient quarterly progress reports to Grantee.</p> <p>2f. Grantee’s site visits and TA will document all project promotion efforts and materials are in compliance with Title X requirements.</p> <p>2g. Quarterly reports from ANTHC document numbers of unduplicated recipients served with HIV self-</p>	<p>2e. Annual site reviews completed for each site by March 31, 2024, will verify collaboration; quarterly progress reports from sub-recipients to Grantee by 4/30, 7/30, 10/30, and 1/30.</p> <p>2f. TA visits and comprehensive site review completed by March 31, 2024; quarterly progress reports to Grantee by 7/30, 10/30, 1/30, and 4/30.</p>
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<p>Years 3-5 activities:</p> <p>3.a. Each sub-recipient agency will implement the plan outlined in their respective Disparity Impact Statements for their service areas.</p> <p>3.b. Using current socio-demographic data available for their respective service areas and client populations (part of DIS process), each sub-recipient agency will employ the continuous quality improvement model to evaluate and improve their project promotion plans prior to implementation each year.</p>		<p>test kits and condoms.</p>	<p>2g. Quarterly throughout Year 2.</p>
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