

**Alaska Department of Health and Social Services  
FY21-23 Title X RFP Appendix A  
DHSS TITLE X PROGRAM WORK AND EVALUATION PLAN: 7/1/20 -3/31/21**

**NOTE:** OPA’s 2019 Program Priorities, Legislative Mandates, and Key Issues referenced below may be found at: <https://www.hhs.gov/opa/title-x-family-planning/about-title-x-grants/program-priorities/index.html>. The following work plan includes the evaluation plan for each objective, including established performance measures and targets.

**Key:** AK DHSS Grantee staff = Family Planning Program Manager (FPPM) and Perinatal & Reproductive Health Nurse Consultant (NC); Title X sub-recipients/clinical service sites = “sub-recipients”, “clinics”, and/or “service sites”.

**Need:** To reduce Alaska’s unmet need for family planning and reproductive health services for both women and men 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.

<b>Goal 1: Assure that Title X clinics make high quality, low cost family planning &amp; related preventive health services accessible in order to improve the overall health for all people in their service areas, with priority given to low income individuals.</b>			
<b>Key Issues addressed:</b> 1, 3, 4, 7			
<b>Objective 1:</b> By March 31, 2021, increase the number of unduplicated, low income clients served by sub-recipient clinics by 2% over estimated annual numbers identified in SFY21 grant agreements, focusing on outreach activities to increase community awareness and new client referrals.			
<b>ACTIVITIES/ACTION STEPS</b>	<b>RESPONSIBILITY</b>	<b>EVALUATION</b>	<b>TIMELINE</b>
1. Upon execution of SFY21 grant agreements with sub-recipient agencies, Grantee staffs will work with each sub-recipient agency to establish a baseline of unduplicated Title X clients being served at each agency.	1-9: Sub-recipient/clinic	1. Grantee records;	1. Within 1 month of grant award execution.

<p>2. Each clinic will provide at least 1 – 2 outreach activities and/or presentations per quarter targeting schools and community-based health and/or social service organizations (including faith-based organizations) that serve low-income clients.</p> <p>3. Each clinic will develop or update its outreach materials as needed to focus on underserved individuals and groups, e.g., clearly worded flyers and/or wallet-sized cards with key clinic services and low cost/sliding fee discount schedules.</p> <p>4. Each clinic will design or update outreach materials according to local demographics, e.g., 6<sup>th</sup> grade reading level, prevailing non-English languages, etc.</p> <p>5. Grantee and sub-recipient staffs will assure that members of each Information and Education (I&amp;E) Committee optimally represent the target populations residing in the service areas of each sub-recipient site and will provide pertinent input for outreach activities and materials.</p> <p>6. Each clinic's I&amp;E Committee will review and approve or disapprove client education materials, including review for medical accuracy by qualified clinical staffs, before forwarding to grantee for approval.</p> <p>7. Each clinic will partner with community-based health and social service providers (primary care, HIV care/treatment, mental health, and drug/alcohol treatment) to increase awareness and access to quality, low cost family planning services among their respective populations served.</p> <p>8. Each clinic will send to the grantee evidence of new formal linkages and documented partnerships to increase community awareness of, and collaboration with, Title X clinics and services, e.g., with comprehensive primary care providers, specialty care providers, HIV care and treatment providers, and mental health, drug and alcohol treatment providers.</p> <p>9. Each clinic will submit outreach and client data to grantee quarterly to track progress in increasing client numbers, with data specific to low income clients (<math>\leq 100\%</math> Federal Poverty Level (FPL), and <math>\leq 250\%</math> FPL).</p>	<p>staffs; FPPM;</p> <p>6. Sub- recipients &amp; NC</p> <p>10-11. FPPM</p>	<p>2 – 10: Quarterly progress reports with measurable status/update on each action step; FPAR data; Grantee's evaluation of data and documentation of progress toward target.</p>	<p>2 – 10: From grant agreement execution – March 31, 2021, with quarterly progress reports from sub-recipients to Grantee annually by 4/30, 7/30, 10/30, and 1/30; FPAR data each February.</p> <p>7 - 8. New written agreements with pertinent health and allied health agencies confirmed by March 31, 2021.</p> <p>11. Annual review for each site in Fall 2020 -Spring 2021, with f/up to resolution completed by</p>
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10. Technical assistance (TA) will be provided on patient recruitment and retention as necessary to help clinic staff improve community outreach and awareness focusing on increasing services for low income clients.			established deadlines.
11. 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; OPA Priorities and Key Issues; Legislative Mandates; and national professional medical standards.			

<b>Goal 2: Assure the delivery of innovative, high quality family planning and related preventive health services that lead to improved reproductive health outcomes and overall optimal health (defined as complete physical, mental and social well-being, and not merely the absence of disease) in accordance with current Title X statutes and regulations; OPA Priorities and Key Issues; Legislative Mandates; and national professional medical standards.</b>			
<b>Key Issues addressed:</b> 1, 2, 3, 4, 5, 6, 7, 8, 9, 10			
<b>Objective 2.1:</b> By March 31, 2021, $\geq 90\%$ of client medical records reviewed at each clinic site will document <b>individualized &amp; client-centered care for family planning &amp; related preventive health services</b> that aligns with current Title X statutes & regulations, OPA’s Core Family Planning Services elements, national professional medical standards, and 2019 OPA Program Priorities & Key Issues.			
ACTIVITIES/ACTION STEPS	RESPONSIBILITY	EVALUATION	TIMELINE
<b>OPA Core Family Planning Services (CFPS) elements</b> include: 1) reproductive life plan; 2) a broad range of acceptable and effective family planning methods and services, including natural family planning or other fertility awareness-based methods; barrier protection contraceptives; emergency contraceptives; hormonal contraceptives; and long-acting reversible contraceptives; (permanent contraceptive methods (i.e., sterilization) are not required but <u>may</u> be provided under the agency’s approved Title X Scope of Services); 3) pregnancy testing and counseling; 4) services around pre-conception health and achieving pregnancy, including basic infertility services, STD prevention education, screening and treatment, HIV testing and referral for treatment when appropriate, screening for substance use disorders and referral when appropriate, and other reproductive health and related preventive health services included under each site’s approved Scope of Services.			

<p><b>Medical record review criteria:</b></p> <ul style="list-style-type: none"> <li>– 10% of the total clients seen during this reporting period</li> <li>– 1/3 of charts = clients &lt; 18 years old</li> <li>– 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</li> </ul> <p>Records reviewed also must represent various purposes of visit:</p> <ul style="list-style-type: none"> <li>• pregnancy test (negatives and positives)</li> <li>• family planning services, per Title X scope</li> <li>• HIV/STD screening and services</li> <li>• breast and/or cervical cancer screening</li> <li>• preconception health</li> <li>• basic infertility services</li> <li>• any special populations or services (e.g., follow-up on abnormal Pap smear, abnormal CBE results, or other clinical abnormalities or concerns)</li> <li>• substance use screening and referrals for further evaluation and treatment</li> <li>• any individuals who screened positive for partner violence, Sexual Abuse of Minor (i.e., Mandatory Reporting cases), or mental health issues.</li> </ul> <p><b>Review Tools utilized:</b></p> <ul style="list-style-type: none"> <li>• <b>Medical Record Review Tool:</b> Standardized annually by Grantee in collaboration with service site staffs to be used by Grantee staffs during site visits and reviews (tool includes clinical, administrative, and financial review elements) (service sites may use their own tool for internal chart reviews, as long as the tool covers all Title X-required elements).</li> <li>• <b>OPA Program Review Tool:</b> When available, Grantee uses the most current version of this tool to assess compliance with all Title X program requirements during annual site reviews.</li> </ul> <p>1. Each clinic will update its clinical protocols as needed to include language specific to OPA’s Core Family Planning Services elements and to assure they are based on current, evidenced-based national standards (e.g., QFP, USPSTF, CDC, etc.). Protocols also will be compliant with Title X statutes &amp; regulations, and reflect</p>	<p>1. Clinic staff</p>	<p>1-4 &amp; 6. Clinical services and protocols reflect most current national professional standards of care, reference national evidence-based guidelines, and are compliant</p>	<p>1-2. Within 3 months of grant award execution.</p> <p>3. From grant agreement execution – March 31, 2021, with quarterly progress reports from sub-recipients to</p>
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<p>OPA's 2019 Program Priorities and Key Issues. <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. Each clinic will assure that its protocols and services adhere to the scope of Title X services approved by the grantee. All new and updated clinical protocols then will be reviewed and approved by the grantee.</p> <p>3. 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.</p> <p>4. Annual medical record reviews and observation by the NC of client visits will ensure that clinical services provided to clients align with clinic protocols and current, evidenced-based national standards. 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 NC will conduct a comprehensive assessment of all clinical program elements and operations. Finally, the NC will verify that all services provided are fully compliant with current Title X statutes and regulations; OPA Priorities and Key Issues; Legislative Mandates; and national professional medical standards.</p> <p>5. Annually, all client demographic and services data will be collected by the clinics and reported to the grantee for the Family Planning 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 at risk of unintended pregnancy who are provided a most or moderately effective contraceptive method.</i></p> <p>6. If service sites do not meet the 90% target for this objective, documentation of omissions and gaps in care identified by the NC will promptly be 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>2-3. Clinic staff and Grantee (NC)</p> <p>4. Grantee (NC)</p> <p>5. Grantee (FPPM) and clinic staff</p> <p>6. Grantee (NC) and clinic staffs</p>	<p>with Program requirements. Inventory of family planning methods (including FABM) represent broad range of methods at each clinic.</p> <p>3. Quarterly progress reports with data for performance measures.</p> <p>5. FPAR annual data submitted by required deadlines.</p>	<p>Grantee annually by 4/30, 7/30, 10/30, and 1/30; FPAR data each February.</p> <p>4 &amp; 6. Annual review for each site in Fall 2020 -Spring 2021, with f/up to resolution completed by established deadlines; written agreements with pertinent health and allied health agencies established by March 31, 2021.</p> <p>5. FPAR data each February.</p>
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**Objective 2.2:** By March 31, 2021,  $\geq 90\%$  of client medical records reviewed at each service site will document **screening, counseling & education** emphasizing individual client need and be in accordance with current Title X statutes & regulations, national professional medical standards, OPA's 2019 Core Family Planning Services (see objective 2.1), and OPA's 2019 Program Priorities, Key Issues, & Legislative Mandates.

ACTIVITIES/ACTION STEPS	RESPONSIBILITY	EVALUATION	TIMELINE
<p><b>Key counseling and education elements include:</b> reproductive life planning; counseling and education on a broad range of family planning methods; counseling that emphasizes optimal health for all, and education that communicates current social science research on healthy relationships; encouraging family participation in family planning decisions for minors; counseling minors on the benefits of avoiding sexual risk; screening minors to rule out victimization (especially when a minor presents with an STD, pregnancy, or any suspicion of abuse); pregnancy test counseling; preconception health counseling and achieving healthy pregnancy, including basic infertility services, STD/HIV prevention, and substance use/abuse counseling.</p> <p>1. Each clinic will update its screening, education and counseling protocols to reflect OPA's Core Family Planning Services key counseling and education elements per current, evidenced-based national standards, current Title X statutes &amp; regulations, and OPA's 2019 Program Priorities, Key Issues, and Legislative Mandates. 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 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 NC of client visits will ensure that screening, counseling and education provided to clients aligns with clinic</p>	<p>1. Clinic staff</p> <p>2. Clinic staffs, Grantee (NC)</p> <p>3. Grantee (NC)</p>	<p>1-5. Screening, counseling and education protocols and services reflect most current national professional standards of care, reference national evidence-based guidelines, and are aligned with OPA's 2019</p>	<p>1. Within 3 months of grant award execution.</p> <p>2. From grant agreement execution – March 31, 2021, with quarterly progress reports from sub-recipients to Grantee annually by 4/30, 7/30, 10/30, and 1/30.</p> <p>3-4. Annual review for each site in Fall 2020 -Spring 2021, with f/up to resolution completed by established deadlines; written</p>

<p>protocols, current, evidenced-based national standards, current Title X statutes &amp; regulations, and OPA's 2019 Program Priorities, Key Issues, and Legislative Mandates. 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 90% target for this objective, documentation of omissions and gaps in care identified by the NC 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>5. Service sites and the NC will identify continuing education opportunities and technical assistance to enhance staff skill sets in counseling and education, e.g., <b>S</b>creening, <b>B</b>rief <b>I</b>ntervention, and <b>R</b>eferral to <b>T</b>reatment (SBIRT) training for substance use disorders; sexual risk reduction; motivational interviewing; additional training in counseling on the broad range of family planning methods.</p>	<p>4-5. Clinic staff and grantee (NC)</p>	<p>Priorities, Key Issues and Legislative Mandates, Core Family Planning Services, Title X Statutes and Regulations.</p> <p>2. Quarterly progress reports with data for performance measures.</p>	<p>agreements with pertinent health and allied health agencies established or confirmed by March 31, 2021.</p> <p>5. As needed from grant agreement execution – March 31, 2021.</p>
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<p><b>Objective 2.3:</b> By March 31, 2021, medical record documentation and FPAR data at clinics will show that <math>\geq 80\%</math> of sexually active females &lt; 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.</p>			
ACTIVITIES/ACTION STEPS	RESPONSIBILITY	EVALUATION	TIMELINE
<p>1. Each clinic will ensure that its STD 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 Grantee NC. <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 80% of sampled records for females &lt; 25 years of age and other high risk individuals received annual (and as needed) testing for Chlamydia and gonorrhea.</p>	<p>1. Clinics, NC</p> <p>2-3. Clinics</p> <p>4. Clinics, Grantee staffs</p> <p>5. NC</p>	<p>1-6. Qtrly progress reports with measurable status/update on each action step; Grantee review of clinical protocols</p>	<p>1. Within 3 months of grant award execution.</p> <p>2-5. From grant agreement execution – March 31, 2021, with quarterly progress reports from sub-</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 NC will conduct comprehensive record reviews which will include documentation of Chlamydia and gonorrhea testing (or client's declination of) for females &lt; 25 years of age and for other high risk individuals. Follow up will be done based on data. The NC also will verify that all screening, counseling and education provided to clients aligns with clinic protocols, current, evidenced-based national standards, current Title X statutes &amp; regulations, and OPA's 2019 Program Priorities, Key Issues, and Legislative Mandates.</p> <p>5. If record reviews do not meet the 80% 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 close collaboration with its linkage agency (state public health center) to follow-up as needed. Due to the critical nature of having established linkages, written agreements must be formalized between agencies.</p>	6. Grantee staffs, clinics	and sites' record review processes.	<p>recipients to Grantee annually by 4/30, 7/30, 10/30, and 1/30.</p> <p>6. Written agreements with pertinent agencies established or confirmed within 2 months of grant award execution.</p>
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<b>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 &amp; social services providers that work with vulnerable, at-risk, or hard-to-reach populations.</b>			
<b>Key Issues addressed:</b> 1, 2, 3, 4, 5, 7, 10			
<b>Objective 3.1:</b> By March 31, 2021, staffs of each sub-recipient agency will conduct at least four community- & school-based educational/outreach events or presentations, with special emphasis on the target population for Title X services, to raise awareness of the social & health benefits of family planning & related health services within the context of optimal health outcomes for all individuals and families, and the services available at their Title X clinics.			
<b>ACTIVITIES/ACTION STEPS</b>	<b>RESPONSI BILITY</b>	<b>EVALUA TION</b>	<b>TIMELINE</b>



<p>1. Each sub-recipient agency's staffs develop/update an annual plan for community education and outreach that includes outreach to newly-identified vulnerable or priority populations and engagement of community and faith-based agencies who serve those populations.</p> <p>2. Sub-recipient clinical staffs review all outreach and educational materials for medical accuracy prior to submission to sub-recipient I&amp;E Committees for review of appropriateness for target audience, etc. I&amp;E Committees review all outreach and education materials, and presentation formats and lists of partner agencies engaged throughout the year for any improvements in processes and/or new agencies or community events with which to engage in this process. I&amp;E Committees make recommendations for improvements to clinic staffs. Determinations are documented in Committee meeting minutes and submitted, along with all outreach and educational materials under consideration, to Grantee with next quarterly progress report.</p> <p>3. Each clinic's staffs conduct and document educational presentations for at least four schools or community-based agencies, or community events serving/reaching the target population (e.g., faith-based agencies, domestic violence shelters, incarcerated/ troubled youth programs, health fairs, etc.).</p> <p>4. Sub-recipients will include I&amp;E Committee meeting minutes and details of all community outreach events and presentations completed in their quarterly data and progress reports to the Grantee, and Grantee follows up with clinic staffs to assure improvements are considered and incorporated in a timely manner.</p> <p>5. Grantee assures that all Title X information, education and outreach materials and activities are fully compliant with current Title X statutes and regulations; OPA Priorities and Key Issues; Legislative Mandates; and national professional medical standards.</p>	<p>1. Sub-recipient staffs</p> <p>2. Sub-recipients' I&amp;E Committees;</p> <p>3. Sub-recipient staffs</p> <p>4. Clinic staffs, FPPM.</p>	<p>1-4. Each clinic's I&amp;E Committee meeting minutes and quarterly progress reports.</p>	<p>1-4. From grant agreement execution – March 31, 2021, with quarterly progress reports from sub-recipients to Grantee annually by 4/30, 7/30, 10/30, and 1/30; I&amp;E Committee meeting at least annually.</p> <p>5. Annual review for each site in Fall 2020 -Spring 2021, with f/up to resolution completed by established deadlines.</p>
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<p><b>Objective 3.2:</b> By March 31, 2021, each Title X sub-recipient agency will establish or renew at least one formal reciprocal referral agreement with a community agency to facilitate referrals for Title X clients for comprehensive and specialty health and social services not provided directly by the sub-recipient agency.</p>			
<b>ACTIVITIES/ACTION STEPS</b>	<b>RESPONSIBILITY</b>	<b>EVALUATION</b>	<b>TIMELINE</b>

<p>1. Each service site will establish (or renew) formal reciprocal referral agreements with community agencies to facilitate referrals for Title X clients 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 for services not provided directly by the sub-recipient agency. Details of new agreements reported in quarterly data and progress reports to Grantee.</p> <p>2. FPPM will provide technical assistance to each service site as needed, e.g., template agreement, recommendations for new formal agreements.</p> <p>3. Grantee assures that all agreements are fully compliant with current Title X statutes and regulations; OPA Priorities and Key Issues; Legislative Mandates; and national professional medical standards.</p>	<p>1 – 2. Clinic staff; FPPM.</p>	<p>1. Each clinic's quarterly progress reports.</p> <p>2. Agreements for linkages with local agencies for referrals; TA records for each site.</p>	<p>1. From grant agreement execution – March 31, 2021, with quarterly progress reports from sub-recipients to Grantee annually by 4/30, 7/30, 10/30, and 1/30.</p> <p>2. As needed/ requested.</p> <p>3. Annual review for each site in Fall 2020 - Spring 2021, with f/up to resolution completed by established deadlines.</p>
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