

**NWX-OS-OGC-RKVL**

**Moderator: Sue Moskosky**  
**July 7, 2011**  
**1:00 pm CT**

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode. To ask a question during the question and answer session, please press star 1 on your touch-tone phone. Today's conference is being recorded. If you have any objections you may disconnect at this time. I would now like to turn the conference over to Sue Moskosky. You may begin.

Sue Moskosky: Thank you. I want to welcome everybody to the OPA-hosted Webinar for Title 10 grantees. And today we'll be talking about our new OPA Web site, which is going to be launched by the end of this month, so we wanted to give you all an idea of what it will look like and how nice it's going to look.

And then also, the end of this call is going to be spent on titles and basics for new grant directors and administrators. We wanted to provide some basic information on Title 10 to folks that are new to the program so that we wouldn't have to waste valuable time also at the national grantee meeting that's coming up in August. And we're hoping that all of you who are on the phone today will be joining us for the national grantee meeting that takes place August the 2nd through the 4th in Miami Beach.

So with that, I know we're a little bit late getting started, and we want to make sure that we can get through all of our content and have plenty of time for questions, so I'm going to turn the phone over to (Sharon Flowers Maple) who is going to walk you through the OPA Web site, and - or the temp site of the new Web site. So, (Sharon)? (Sharon)'s a staff person - a health educator person in the office of family planning here at OPA.

(Sharon Flowers Maple): Hi, everyone. Again, as Sue mentioned, I'm (Sharon Flowers Maple), and I will be giving you a quick sneak peek of what is to be the newly redesigned OPA Web site. As Sue mentioned, the Web site is scheduled to launch at the end of this month, and please feel free as I comb through the home page of the Web site to provide any feedback. I have provided my email at - on the last slide, so you'll be able to write down that information as my presentation ends.

Okay. So this is what the new OPA Web site will look like. We are excited to announce that OPA now have a new logo - has a new logo - so you'll be seeing more of this. Also across the top, you'll see that there's some quick links there, and the purpose is so that you'll be able to more quickly be able to access the information that you're looking for. These are some top hot items that folks will - we anticipate folks will be visiting once they come to our Web site.

And one thing I want to bring to your attention that's a little bit different, "en espanol". It looks the same as what's currently on the Web site, but there's a new enhanced feature that if you for example go into the Web site, let's say if we were to click "Title 10 family planning", if you then click the "en espanol" link, it will link you to the correlated page. And in - on the current site, it takes you back to the "en espanol" home page, so we're happy to be able to provide that feature. Keep clicking.

Next I want to draw your attention to what will be a rotating image slash information section, and you'll be able to find the latest news and updates in this particular section here, so the Web site will look more interactive as well. Okay.

And next is the "Find a Family Planning Clinic" which we currently have on our site when you - if you wanted to look for clinics. But we also will have that widget here on the Web site as well as at the bottom of the page, and you'll see on the next slide.

Another feature that we're quite excited about because we've spent an extensive amount of time developing some content for the reproductive health section of the OPA Web site. And not only will you be able to find current, up-to-date information about reproductive health, contraception, and sexually transmitted infections on the site, but now you'll be able to download what we're calling fact sheets. So there will also be a link, for example, if you want to find out some information about cervical cancer, you will now be able to click the fact sheet link and print several copies that will look like a publication from these portions of the Web site.

Next I just wanted to bring your attention to the Title 10 family planning link across the top navigation bar. If you were to hover over the Title 10 family planning link, you will have a drop-down box. And this feature will help in trying to - help you in trying to find or locate particular documents so that you don't have to - or information - you don't have to click several times to find particular information. This drop-down box will give you some options to eliminate multiple clicking to find information that stairs down in this site.

So we're convinced that this will greatly enhance the site. Also this is just the bottom portion of the home page. This is if you were to scroll down and as on the current site, we have a news section, and we also have a publication section. And what I would like to highlight here is that now you can not only - or in addition to downloading a particular publication and printing it on your own or viewing it on your own, you can now order online. So we're quite excited about that feature.

If you were to click the order now button, or order button, you would get an online form that you would complete. And once you hit the submit button, you will receive a confirmation email that just confirms what you have ordered. And the clearinghouse also gives confirmation emails letting them know of your order that was placed.

And in the grantees' corner, this is a new feature that will launch with the Web site, and this again will ease trying to find particular documents or content or information that is on the site if it's currently buried now, it will be brought to the forefront in terms of documents that are most currently searched for. So for example, the Webinars, like today's Webinar, you will not have to kind of figure out where to find that information or that link. It will appear in the grantees corner. And if you all have any feedback or any suggestions on particular topics or documents or materials that should display in this grantees' corner, please feel free to send me an email on that as well.

And we're hoping that in the future sometime down the line, we will be able to highlight maybe some events or materials that some of the grantees are offering regarding family planning in this little box. So again if you have any feedback on innovative ways we can use this grantee corner box, please feel free to email me.

And again, this is just a section that is going to help you find sections more easily. And as I mentioned in the previous few slides back, we have the “find a family planning clinic” widget located at the top of the home page as well as at the bottom. So this is the one that’s at the bottom, and as you can see, you also have the ability to share or download the widget itself, the embedded code, so that you can place it on your Web site. So you too can have this fancy widget on your site.

And the “stay connected” section - this is very similar to what is currently on the Web site, but it looks more current, more modern. But again, the Twitter links to the OPA Twitter site. We have the RSSV capability to receive emails from us and to download some of the widgets. And you can visit some of the related links and some of their widgets as well in this section.

So that’s all I have in terms of highlights of the soon to be OPA Web site. Again, if you have any questions or comments or feedback for us, I certainly welcome it. You can send an email or if you prefer to give me a call, that’s fine too. That’s my information. Okay, I’ll turn it over to Sue now.

Sue Moskosky: Let me pull up the slide. Okay, so this part of the presentation, if you’re already a Title 10 grantee director and have been for many years, you probably may not need to stay on. But if you wanted to, everybody is welcome to stay on. I’m just going to be on this presentation walking through a little bit of the background and legislative history of Title 10, program requirements, scope and characteristics of Title 10 services, and then to actually go over several of the evaluations that the program has undergone under the last few years.

The Office of Population Affairs is a small agency that’s located within the Office of the Assistant Secretary for Health, which is part of the Department

of Health and Human Services, and that as you all are aware, Secretary (Kathleen Sebelius) is the Secretary of Health and Human Services, and then (Dr. Howard Koh) is the Assistant Secretary for Health. Within the assistant's office of the Assistant Secretary for Health, the Office of Population Affairs is the only service delivery program. So we're a little bit different than these other offices that you see represented up here. Currently we actually share suite space here in OPA with the Office of Adolescent Health that was newly created this last year.

The Office of Population Affairs is the focal point for the Department of Health and Human Services on a number of different reproductive health issues. It includes not just family planning but also adolescent pregnancy prevention programs, and some other issues that are closely related.

This is the organizational structure of the OPA: there's the Deputy Assistant Secretary for Population Affairs, who's a political appointee. Currently that's (Marilyn Keefe). I'm the director of the office of family planning, and I've been here for a number of years. And then we also have a small office of research and evaluation, an office of adolescent pregnancy programs that's directed by (Alicia Richmond Scott), and then we have our ten regional program officers that are actually under the direction of the regional health administrators, but the staff actually are also staff that work closely with us in the Office of Population Affairs and are actually paid for with Title 10 funds.

So within the Office of Population Affairs, there's actually just two different funding streams that come in to support all the activities, the Title 10 appropriation and then the Title 20 of the Public Health Service Act appropriation, which supports the Office of Adolescent Pregnancy programs. And so those two funding streams support all the activities within the office.

Title 10, as I think everybody knows, was created a very long time ago in 1970. It's part of the Public Health Service Act, and it was created because of concern over population issues, and the concern that folks that were of lower income didn't have access to family planning and related kinds of preventive health services on the same - to the same extent that people that had resources. And so priority to support services to individuals from low income families, and that's really a lot of what we emphasize in the program. We really want to make sure that the folks that are most needing the services are the ones that we're serving in the program.

The Title 10 program provides grants through public and private not-for-profit organizations, and we have - the main part of the family planning program is for family planning services, and then we have authority also for providing grants and contracts for research training and information and education materials. Those are all authorized under the Title 10 program, and they're all for the purpose of supporting the quality of family planning services.

The mission of the program and this is stated in our statute and in our regulations, is to provide individuals with the information and means to exercise personal choice in determining number and spacing of children, including access to a broad range of acceptable and effective family planning methods and services.

Title 10 programs, although Title 10 is not the biggest funding stream for publicly funded family planning services, the infrastructure that the Title 10 program supports actually supports more than two thirds of all clients who we see here at publicly funded family planning centers. It's been demonstrated in surveys conducted by (Gutenmacher) at National Survey of Family Growth that six in ten women who receive care in a family - publicly funded family planning center consider it to be their usual or primary source of medical care,

and one in three women who have a HIV or STI test or treatment receive that at a publicly funded family planning center.

You can see from this slide that the big orange part of the pie is actually Medicaid funding for family planning. It's a reimbursement source and so what happens is that after the services are provided in a family planning clinic or a family planning center, the services may - most of the services are reimbursed by Medicaid across the country in terms of publicly funded. That's not just in Title 10.

So only about 11.7% of the publicly funded family planning services are supported by Title 10, but it's a very important source of funding for, as I mentioned before, infrastructure and policy setting and creating guidelines that provide the structure or the outline for how care should be provided are actually developed by Title 10.

In terms of the funding history for Title 10, in 1971 you could see that the funding was very low, 6 million dollars, and then over the years we had actually experienced some significant increases, although fortunately there were a number of other funding sources that also helped to support public...

Coordinator: Please continue to stand by. The leader line has disconnected. I'll wait for a moment for that to reconnect. Please continue to stand by. Please continue to stand by. The conference leader will reconnect in just a moment. Please continue to stand by. Please continue to stand by. Your conference will resume momentarily. Please continue to stand by. You've reconnected, ma'am.

Sue Moskosky: Okay, thank you. We're really sorry. Our phone lines and our - everything went down in the building. So we're without phone lines and without



computers, although our computers are coming back up right now, so it'll be just a minute, and then we'll try to get started again, although our regular phone lines are down so we're having to talk to you on our cell phones, so hopefully you can hear all right. It'll be just a few minutes until our computers come back up.

Coordinator: Please continue to stand by. Your conference will resume momentarily. Please continue to stand by. Please continue to stand by. Your conference will begin momentarily. Please continue to stand by. Please continue to stand by. Your conference will begin momentarily. Please continue to stand by. Ma'am, you are reconnected to the conference.

Sue Moskosky: Thank you. I just want to apologize to everyone. We just had some technical difficulty on our end where our computers and phone lines went down, so I appreciate your patience. We're just going to go ahead and resume where we left off with the funding history for Title 10.

You can see that the funding history - since last year we experienced a fairly significant decrease in Title 10 funds, so the funding for this year is actually less than it has been since 2009 - or 2008 is the last most recent year that we had less money than we have this year. So it's especially important that Title 10 providers make sure that they're accessing all third party revenue and linking with other providers to sort of maximize the resources that they do have, and that any kind of Medicaid or any kind of sources for funding for family planning services are used effectively.

Sorry if there was an interference on the phone. We were moving the phone line closer to my mouth.

In terms of the Title 10 program as we mentioned before that the Title 10 program mainly supports clinic infrastructure, and that would include the up-front costs that are needed to be able to handle the family planning service site, so that would be equipment, buildings, staff, those contraceptive supplies, those types of things. And then the other reimbursement sources, actually, are used to make those - the family planning services be able to continue to be sustained.

It's important to note that the program funds are for all individuals who want family planning services, not just women, although the majority of the clients who are served in Title 10 are females. But the family planning funds are for women, men, and adolescents who may not have health insurance or who are not eligible for Medicaid, mostly, so that's who our subsidized services are for.

In terms of the grant program - and Title 10 is mainly a grant-making program, and all of the grants that are provided under Title 10 are discretionary, or competitive grants, and so there's always a competitive funding opportunity announcement that's announced every year for family planning services. And then any time we are going to do a new opportunity or have a competitive process for awarding grants for training or researcher information or education, those all have to be based on a competitive process where we have objective review committees that review all the applications.

We have mainly five main provisions of the Title 10 law or the statute and under four of those we have authority for awarding grants and contracts. And you can see those up there. And as I mentioned before, all of the grants besides Section 101 are actually for the purpose of supporting the service grants that are funded under Section 101.

Section 108 is a particularly important section of the Title 10 statute, and it's the section that states that none of the funds shall be used in programs where abortion is a method of family planning, and what that means is that family planning Title 10 funds cannot be used to promote or provide abortions, and that - and entities that provide abortion with other sources of funds, that those services can't appear to be part of the Title 10 program. And they have to be kept separate, and there's lots of requirements, lots of monitoring that goes on to ensure that that happens and that funds are used appropriately.

Section 103 is our training authority, and again it authorizes us to award grants or contracts that are awarded to assist preparing individuals that are going to care for the family planning - the clients that receive family planning services and programs that are funded under Section 101. So the training is specifically for improved services.

Currently we have 10 general training or regional training center grants. We have one in each of the regions, and then we have three national training center cooperative agreements. We have a male training center that provides training for the purpose of improving or enhancing services to males. We have a clinical training center that conducts both preceptor training and conducts national clinical conferences, and a national training center that conducts other types of national training meetings as well as collecting and disseminating training materials that are developed by any of the training centers, and also they prepare nationally relevant training materials and host expert panels on a number of relevant topics.

Section 104 is our research authority, and it allows us to make grants or contracts for research for service delivery improvement related to family planning and population. Currently we have a number of different research areas that we're funding.

We have a family planning male research program, currently, where we have five research sites and a coordinating center that are all using the same research protocol to see whether it actually enhances or results in increased services to males. We have a number of service delivery and pre-research projects. We have three research cooperative agreements, one with (Gutenmacher), one with Child Trends, and one with California, the state of California. And then also the program does provide a significant funding support to the National Survey of Family Growth and also Add Health Survey.

Section 105 is our authority for information and education materials, and under this authority we make available or we actually fund a clearinghouse, and that's the clearinghouse address right there, the Web site address. And also the OPA Web site is funded as part of our authority for information and education, and that's the call letters for our Web site, which you just were walked through the test site of that.

Through the OPA clearinghouse, there are a number of different publications that are available for Title 10 clients as well as some for parents and clinicians and for the public. All of the publications that are made available through the clearinghouse are free of charge and (Sharon) talked about the way that you could either access a publications form through the OPA Web site, or you can actually contact the clearinghouse directly with that Web site address that I had flashed up on the screen beforehand.

Also just so that folks know this presentation will be up on the OPA Web site within a few days after this Webinar finishes, and as well as the audio portion of it will also be available so that folks - if they need to go back and look at any of the information that's been provided. Also these are some of the badges

that are on our Web site currently. But this - one of the important features, and Sharon talked about it when she was doing her presentation, is the “find a family planning clinic” feature. It’s on the Web site.

One of the things I want to emphasize is that all of the time our Web site - not our Web site, but the OPA clearinghouse - keeps the family planning database current and one of the things that we need your help with in terms of keeping that current is making sure that if you have clinic sites or your organization itself or delegate agencies or any site that changes address or if you open a new site or close a site, we need for you to keep that information current at all times so that people can find a service site that’s closest to them. And that’s the way that we get that information is through the OPA clearinghouse database. So please, please, please help us with keeping that information current.

This is the texting feature that enables folks to find a family planning clinic near them. And these are some of the little cards that we have available that can be ordered from the clearinghouse and handed out to clients or put on the desk of your clinic or the grantee, and the clearinghouse will be at the Title 10 grantee meeting and will have some of these resources available.

In terms of the Title 10 statute and regulations and what actually has the force of law as opposed to other kinds of issuances of guidance that we distribute through the program, the Title 10 statute and the regulations are actually laws and so those are things that you’re required to follow. But then we have a number of other types of documents or guidances that are issued, the Title 10 program guidelines being one of those.

And Title 10 program guidelines have been an interpretation - they function both as an interpretation of the regulations, but also provide guidance for how

we expect the program to be implemented, and I'll talk a little bit later on in the presentation about our process for updating the program guidelines to separate this part of the guidelines that actually is an explanation of statute and regulations from the other part of the guidelines, which is actually guidance for how we expect clinical services to be provided.

Appropriations language is language that is added each year to our annual appropriation, and it actually also has the force of law. And it lists expectation that Congress establishes for us, and so that becomes part of our funding announcements. It becomes part of any other guidance that we send out from the program because it does assume the force of law.

Also we have program instructions that are issued by the Office of Population Affairs periodically to provide additional guidance to grantees or to clarify program requirements. These two are requirements. They're not suggestions. They're not just good ideas, but they're actually guidances that we expect to be followed and they actually are program requirements. And so we'll refer to a couple of those during the presentation, but all of this information is available also on the OPA Web site.

Program announcements or funding announcements are another area where we give guidance, and in our funding announcement that we issue every year, we outline expectations, requirements that we expect if somebody applies for a grant under that specific funding opportunity. And so that's another opportunity for us to give explanations of what we expect if folks accept Title 10 funds. So this is just sort of again another way to illustrate what the hierarchy is. So the Title 10 statutes and regulations are both force of law.

So the Title 10 statute - if you look at it, it's very short. There's a paragraph basically for each of the sections of the statute, and then the Title 10

regulations actually are developed to explain what's expected in the statute. And then the Title 10 guidelines are our opportunity as a program to interpret the Title 10 law and regulations and operational terms, as well as revise our perspective on family planning, what's necessary for good family planning care, and what other types of grant requirements Title 10 grantees are expected to follow.

This is an example of Title 10 appropriations language that we've had for more than the last 10 years now, and these are actually legislative mandates, and you'll see them in your notices of grant award. You'll see them in like I mentioned before, funding announcements. But Title 10 providers are required to certify that they encourage family involvement and provision of counseling to all minors and resisting coercion to engage them into sexual activities.

And then Title 10 providers are also required to comply with state laws regarding notification or reporting of child abuse, child molestation, sexual abuse, rape, or incest. And the fact that in some cases - sometimes there'll be some confusion if one of your states may pass a law that requires, for instance, parental notification. But the fact that the Title 10 regulations say that services have to be provided confidentially regardless of age, takes precedence over that.

It's only because we have appropriations language that states that Title 10 providers have to comply with state laws in this area, that you do have to follow all state laws with regards to reporting child abuse, child molestation, sexual abuse, rape, or incest. So it does get confusing sometimes when your states pass different laws.

This is an example of one of the OPA program instruction series'. This is the most recent one that has just come out, and it is entitled Title 10 Grantee Compliance, Grant Requirements, and Applicable Federal and State Law, Including Reporting Laws. This program instruction just reiterates the longstanding requirement for the reporting of child abuse, child molestation, sexual abuse, rape, or incest. It also reminds grantees that they're required to comply with federal anti-trafficking laws, and it reiterates the required compliance with Section 108, which is the prohibition on abortion in Title 10 programs.

It also goes on to say that grant - that regional offices are responsible for reviewing titles and grantees to ensure compliance with these requirements, and that grantees are responsible for monitoring sub-recipients to make sure that they are complying, and that regional offices need to ensure that grantees and grantees' sub-recipients and all of the project staff receive training regarding the provision of the program instruction within six months. And so that's why the end of September of this year that all Title 10 providers across the country get a repeat training that's specific to their individual state on these provisions.

Another part of our appropriations language that we've had over ten years now is that we have language that states that we have to disperse the funds that go out to the regional offices for the provision of services within 60 days of the appropriation being enacted. This year of course we didn't have an appropriation until I think it was May, so it was a little bit silly because we needed to get out much of the appropriation before we even had an appropriation. So a lot of times we don't even have a budget when grantees are due to be funded.



Another part of this language is that we are to disperse at least 90% of the appropriated funds for clinical services as defined under Section 101 of the statute. So in this past year, the Title 10 service grantees actually got a lesser cut in terms of their reduction and the overall funds because of this language that 90% of all the funds have to go out for family planning services.

The program - Title 10 program is the only federal program that I'm aware of at this point that is a decentralized program, which means that the authority for service delivery is delegated to the regional health administrators in the regions. And so that means that the regional health administrators and their staff and the regional office are responsible for reviewing any competitive applications for Title 10 service funds.

They're responsible for convening the independent objective review committees that consider applications that come in for family planning services. They're responsible for deciding once the money goes from OPA to the region how those funds get divided up among the grantees, and they're also responsible for monitoring and ensuring that the grantees within the constellation that that regional office is responsible for - that they're monitoring and ensuring that the grantees and providers within their states are compliant with Title 10 requirements, doing that through a variety of different monitoring mechanisms.

And we have an MOU between our office and each of the regional offices, the regional health administrators, every year that actually goes into the expectations and the resources that were provided to the regions for carrying out the program in that year. So it's only the services program that actually the responsibility is delegated to the regional health administrators.

This is how the federal public health service regions are divided up, so you can see that in each of these federal regions, there is a regional office, so those are the dots in each of these different regions on the map. So you can see where you're located just in case you have any doubt or are not sure where your particular grants - you know, whether you're a part of Region 10 or Region 4.

As I mentioned before, the regional office staff carry out program activities related to the service grantees, and then the headquarters which is here in Rockville, Maryland, and part of the Office of Population Affairs, is mainly a policy office. And we oversee the regional office activities and we also develop all of the funding announcements, program priorities. We actually are the overseer of any of the national contractor grants and all of the research grants.

In terms of Title 10 priorities for 2011, each year this program establishes priorities for how we expect services to be provided and what we want folks to focus on within that year, and a lot of the program priorities are derived from the statute and regulations.

So the first one of the priorities is assuring the delivery of quality family planning and related preventive health services where evidence exists that those services should lead to improvement in overall health of individuals and that they should be giving priority for services to individuals from low-income families.

The second priority is assuring access to a broad range of acceptable and effective family planning methods and related services.

The third priority is providing family planning services in accordance with nationally recognized standards of care.

The fourth one is emphasizing the importance of counseling family planning clients on reproductive life plan, and also providing preconception counseling if that's appropriate.

The next one is adjusting to comprehensive family planning and other health needs of hard to reach and vulnerable populations.

And then the final one is identifying specific strategies for addressing provisions of health care reform and the changing health care environment.

These issues are those issues that we know are having an immediate effect on program operations, and so we ask that also the grantees focus on these in the development of their work plans. So efficiency and effectiveness in program management as resources become tighter, that becomes increasingly important. Cost of contraceptives, which we know is having a direct impact on your ability to provide services that - a lot of emphasis on including long-acting reversible contraceptives, and knowing that there's - the cost implications have a real impact on how far those resources can go in terms of making those widely available.

Management and decision making through performance measures and outcome accountability, linkages and partnerships with other providers, including HIV care and treatment, mental health providers and the such, addressing the CDC recommendations for making HIV testing routine, use of electronic technologies, particularly Health IT, which you'll be hearing a lot about at the national grantee meeting, data collection, service delivery improvement, and translating research outcomes into practice, using practice

guidelines and recommendations that are developed by national professional organizations and federal agencies, and encouraging vaccination of individuals against influenza.

As I mentioned before, we have appropriations language that stipulates that at least 90% of the appropriation has to be used for clinical service programs, and in terms of the required services and what we hold grantees to is whatever they have put in their application, their competing application for funds.

So if a grantee comes in with an application saying that they're going to serve the entire state, and midway through the project something happens where they're not going to be able to do that, then we expect them to submit a request form changing the scope of the project and then the federal - on the federal side we have to decide what actions get taken in those kind of cases. But you are - the competing application that you're funded under becomes your contract with the federal government in terms of what you're expected to carry out.

Those are some of the highlights of what's required under Title 10. Services have to be voluntary, they have to be confidential regardless of age, although as I mentioned before, the state laws regarding reporting have to be followed. Priority is to be given to individuals from low-income families. That means that for individuals that are from families whose income is at or below 100% of the federal poverty level, services have to be provided at no charge, and then based on the sliding fee schedule, between 101 and 250% of the federal poverty level.

Services have to be provided regardless of gender, so male or female, and that means under the same requirements of Title 10. So you can't provide services

on the sliding fee schedule only to females and provide them based on full cost for males. They have to all be provided based on a sliding fee schedule.

Also, the Title 10 regulations stipulate that the services have to be provided under the direction of a physician with training or experience in family planning. That doesn't mean that all of the direct services have to be provided by a physician, but it does mean that there has to be a medical director that oversees and signs off on the protocols and the delivery of services within the family planning project.

Other required services include provision of a contraceptive method from among a broad range of acceptable and effective methods, and that includes natural family planning methods. Clinical procedures and lab tests have to be provided if they're indicated and - or they provide a contraceptive method safely. Services for adolescents are required, education and counseling, basic infertility services, and referrals to medical and social services outside the scope of the Title 10 project.

This wording is almost verbatim out of the Title 10 regulations, so you can see that a lot of the requirements are actually fairly brought, and so one of the processes that we're undergoing right now is trying to actually come up with some further explanation of what's expected in each of those areas in order to actually be providing good quality care.

In terms of other services that can be included within the scope of Title 10 services, we call these related preventive health services, and they are appropriate to include, but they're not required in the same way that the services on the previous slide are required. So HIV testing, prevention education, counseling and referral, breast and cervical cancer screening, lab screening for preventive purposes, FCIH testing and treatment, counseling

regarding reproductive life plan and preconception and referral and follow-up for a number of different things.

In terms of counseling, one of the very important provisions of the program is that programs must offer pregnant women the opportunity to be provided information and counseling on each of the following pregnancy options, which would be prenatal care and delivery, infant care, foster care, adoption, and pregnancy termination; and that if they're requested to provide that information, that they have to provide it in a non-directive fashion and they are required to provide neutral, factual, and non-directive counseling on each of the options and referral upon request, except with respect to any options about which the pregnant woman indicates she does not wish to receive such information and counseling.

With regard to education, again this is directly out of the regulations, and so Title 10 projects have to provide for information and education programs that would inform the community about the availability of services, as well as to promote continued participation in the project by people that would benefit from family planning services.

And any of the grants that are issued under Title 10 101 have to provide for the review and approval of information and education materials, developed or made available under the Title 10 project. So there has to be an advisory committee that reviews all of the materials that are being made available. And that information and education advisory committee has to consist of not fewer than five but not more than nine members. It has to be broadly representative of the community, and it's supposed to have written determinations that they've actually reviewed the documents that are being made available under the project, and that they've determined that it's suitable to that population.

In terms of adolescent services, this is directly out of the Title 10 statute, so that you can see here that it specifically talks about Title 10, the grantees are required to provide services for adolescents, and that to the extent that's practicable, even though they can't require parental consent or parental notification, that they are to encourage family participation in projects. So they are to include family participation, especially for adolescents, encourage them to talk to their parents or a trusted adult in terms of their decisions to receive family planning services.

With regard to adolescent services, the regulations define low income families and they've specified that unemancipated minors who wish to receive confidential services have to be considered on the basis of their own resources, and this was also addressed in a program instruction that OPA had released in '97, that titles, "Fees and Charges to Title 10: Low Income Clients and Teenagers". And so that's still up on our Web site if you'd like to go through and read it again.

But that means that if an adolescent comes in for confidential services, they have to be considered based on their own income. So if they have allowance, or if they have a part-time job, then that's what's to be considered as their resources, not, you know, what it costs to raise a minor. That cannot be what gets taken into consideration in determining what they would pay for services. I mentioned before that confidentiality is a hallmark of Title 10 services.

This is directly out of the regulations that all information as to personal facts and circumstances obtained by project staff with regard to individuals that receive services have to be held confidential, can't be disclosed without the individual's documented consent, etcetera, etcetera. Otherwise, then, FPAR data, as you all know, is aggregate data, so it's not - it does not identify

specific clients, and so FPAR data is not - doesn't fall into this, because it's not data that you're recording on a specific client.

Also in terms of quality assurance and quality improvement, there's language in the regulations that talks about that our services have to be of good quality. They have to be provided in a manner which protects the dignity of folks, and that they have to be provided without regard to religion, race, color, national origin, handicap and condition, age, sex, number of pregnancies or marital status.

The family planning annual report is the required data collection system for all Title 10 grantees. Those data that are reported on FPAR are presented in summary form, so confidentiality of individuals that are receiving services is protected. And we use this data for lots of reporting purposes, both to report to Congress as well as - you know, there's multiple uses of it. So it really is crucial that that data be accurate. It's - the data collection method is approved by the Office of Management and Budget, so it is a legitimate data collection system, and those data are not otherwise available anywhere else.

And a lot of the slides that I'm going to be showing starting with this slide are based on our 2010 FPAR preliminary data.

So currently we have 91 service grantees in the system. More than half of them are some sort of local or state health agency or tribal agency. The remainder of the grantees are universities and community-based not-for-profit agencies. That includes community health centers, Planned Parenthood, not-for-profit councils. And then under those family planning grantees, we have approximately 4400 service sites across the country.



This is what the client characteristics looked like in 2010, so about 92% of the total clients, which was about 5.2 million - 92% were female, 8% were male, and that's about a 3-fold increase over the last 10 years. You can see that more than half of the clients that are served are 24 years of age or younger. Twenty-two percent are teens under the age of 20, and disproportionately we serve a disproportionate number of racial and or ethnic minority clients. About - almost 70% of clients that are served are at or below the federal poverty level, and in 2010, 89% of clients were at or below 200% of the federal poverty level.

And you can see that the number of clients has climbed, so we - even though funding has not climbed that much, we actually have experienced really good increases in the number of clients. You can see here in the bar that is the darker kind of slate color that - 19 and younger is the bar on the left-hand side, so the number of 19 and younger has stayed fairly constant, although in 2010 it fell just a little bit because we've been right at about 25% of the total being under the age of 20, and it's now 22%. And then we have a significant number of clients that are between the ages of 20 and 29, so more than three quarters of the clients, or almost three quarters of the clients, are under the age of 30.

In 2010 we did more than 1.7 million PAP tests on clients, and about 13% of those had an abnormal finding of (unintelligible) or higher. And I believe it was about 2% that had HFIL or higher, in terms of within the abnormal.

And then clinical breast exams, we did 2 point - about 2.2 million unduplicated users received a clinical breast exam, and that includes males as well as females, and about 2% were referred for evaluation of abnormal findings. And you can see that more clients had breast exams than had cervical cancer screening, which is appropriate as people are following

nationally recognized standards of care in terms of initiating an interval with which people do cervical cancer screening.

Also about half - more than half of the clients that were under the age of 25 were tested for chlamydia, so 57%, so that's actually not as good as we would like it but actually pretty good. More than a million confidential HIV tests were performed, and of those we picked up 1,672 positive tests. So a lot of the HIV tests are being done in our HIV prevention projects that are funded with a combination of Minority AIDS and Title 10 money.

In terms of monitoring, we do lots of monitoring, as you all are aware in Title 10. It occurs at a number of different levels. We do both formal and informal. We actually do monitoring through both on-site monitoring as well as monitoring with the grant applications that you turn in or your FPAR data, and phone calls, a number of different mechanisms that we use for doing various types of monitoring.

Lots of communication within the program, both bi-directional, so that means you know, both our office with regional office staff, regional offices with grantees, grantees with sub-recipients, or service sites and clinics, and then the sub-recipients, so that you might have a delegate agency that has a number of service sites within their system and their clinics, and so what happens is - also what we like to have happen is, if anything happens within a grantee's system, that they would communicate that to the regional office, and then the regional office would communicate it to us so that we can also communicate it up the line.

It's increasingly important that if anything's happening within your state, that you're on top of that and that you let your regional office know the minute

that you become aware of something that's going to impact your Title 10 project or your family planning service delivery in any way, shape, or form.

Grant reviews - as I mentioned before, we do monitoring through grant reviews for - through competitive applications all undergo objective reviews by independent reviewers. And for your con-competing continuation applications, those are just reviewed by your federal staff person. We expect our regional office staff to do a site visit annually to each of the grantees, at least as much as possible. I think sometimes with the Pacific Basin grantees, it may not be possible to visit every one of them every year, but other than that, we do expect the regional office to visit every grantee every year. This is part of that MOU that's between our office and the regional health administrators.

And then the comprehensive program reviews are conducted usually every three years. Lots of written reports, they do become part of the official grant file, and then also lots of grantee meetings and conference calls that actually help to communicate information as well as - and function sometimes as a monitoring mechanism as well.

In terms of program monitoring, this includes assessment of financial requirements and administrative requirements as well as clinical requirements and quality of care, compliance with legislative mandates, including Section 108, and also compliance with or assessment of grant requirements and whether you all are fulfilling those.

Also, it's important again to emphasize that it's the responsibility of regional offices to monitor the grantees, and then it's the responsibility of the grantees to monitor the sub-recipient agencies, delegate agencies, and clinics that receive funds under them.

With regards, switching gears, to some of the special projects that Title 10 has been engaged in over the last several years, we've had longstanding arrangement or partnership with the Minority AIDS Initiative, and have received funds through them since 2001 that has enabled lots of onsite HIV testing and prevention services at family planning clinics.

Currently we have 78 funded projects that represent 456 service sites that are funded either by Minority AIDS Initiative or Title 10 funds or a combination of the two, and all of these projects are implementing the revised recommendations from CDC on making HIV testing routine in health care settings.

We also have had special focus on enhancing services to males that dates back to 1997. We currently fund a number of activities that hopefully are enhancing those services, and we started a family planning male training center. You can see these are the three main tasks that they have. We also have over the last several years hosted by way of the male training center an annual male grantees and projects meeting. And also we hold annual male health educator training institute as well as the training for project managers and administrators for male programs.

We've had numbers - a number of evaluations of the Title 10 program. A lot of them have been targeted evaluations. This is one that was done a number of years ago, and it was an evaluation by the Assistant Secretary for the Administration of Management, which actually no longer exists. It's morphed into something else.

And this was a review of grants, management, practices, policies, and procedures that were used by program and grant staff, and the family planning

services program review protocol was identified as the best practice. I'm sure you all would agree.

Also we had an evaluation by the Office of the Inspector General back in 2005. The report - it was actually a report that was asked for by several members of Congress that wanted the Office of the Inspector General to go out and look at Title 10 agencies to see the extent to which they were reporting appropriately for child abuse, child molestation, sexual abuse, rape, and incest.

They did do an evaluation to assess the extent to which the program was informing grantees about their obligations to report and the extent to which we were doing training and various activities to make sure that folks were aware of their obligations, and the report that was produced as a result of that evaluation was very positive in terms of our efforts.

Also back in the mid-2000s - probably I think we had all of these evaluations within about a 2-year period of time - we went through the PART assessment, which is the Program Assessment and Rating tool, which was OMB-exercised that assessed programs or federal funding streams in four different areas. You can see those up here.

And it actually was for the purpose of identifying strengths and weaknesses and evaluating programs, and determining whether they were effective, moderately effective, adequate, or inadequate, or results not demonstrated. And Title 10 actually came out of this very well with a moderately effective rating.

We have incorporated our performance measures into the annual performance plan in our budget. We have three outcome and one efficiency measure that all

relate to services provided in Title 10, and one of the recommendations as a result of PART was that we have an independent broad-based evaluation of the impact of the Title 10 program. These are the current performance measures that we have. These are all measures that we calculate by way of the data that you all collect on FPAR, so the first two are increasing the number of unintended pregnancies averted by providing Title 10 family planning services, with priority for services to low-income individuals.

The second one is reducing invasive cervical cancer among women attending Title 10 by providing PAP tests, and the third one is reducing infertility among women attending Title 10 clinics by identifying chlamydia infections through screening females age 15 to 24, and then the efficiency measure is maintaining the actual cost for family planning client below the medical care inflation rate.

As a result of the PART assessment, and the recommendation that we have an independent broad-based evaluations program, we did work with the Institute of Medicine, who did an evaluation of the program and reviewed the program. And so they looked with - looked at the program to assess the administration and management of the program, including the extent to which the program needs to reexamine the scope of their services, or our services, objectives and operational requirements of the program.

So that report is available on the IOM Web site, and actually as a result of that also we're continuing to work with IOM on a standing committee to advise the program on a number of strategic issues, strategic planning, health care reform, those types of things.

We also - the most recent evaluation that we're actually still in the midst of is what's called the Program Integrity Initiative, and the purpose of this is to

enhance program integrity operations and business processes and also to identify where programs are vulnerable and to develop appropriate plans that would enhance the integrity, enrich response of programs. So we have already undergone the process of identifying risks, which was completed in May of this year, and then these next three stages we'll be going through at some point as well.

In terms of the guidelines, I think hopefully most of you were on the last conference call where we talked about the Title 10 program guidelines process, and we're in the midst of that right now, and we are updating the guidelines. We're overhauling the guidelines with an end product of producing evidence-based or evidence-informed Title 10 guidelines that also provide a service to the greater reproductive health community. We really want these guidelines to go beyond Title 10 in terms of serving as the blueprint for how good reproductive health family planning services should be provided.

We'll also be creating a process or a mechanism for keeping the guidelines current, and we will be using the review of the evidence and the gaps identified to help to identify our future research efforts so that we can bolster the evidence for family planning services.

What we've decided, and I mentioned before that we had - during this process have decided that it would be a good idea to separate the program requirements section which is that section of the guidelines that's derived from the statute and regulations and other kinds of grant policy and requirements - from the section of the guidelines that actually is more guidance in terms of how clinical services should be provided and what's needed for effective service delivery.

That should be informed by you know, evidence-based or evidence-formed, and different groups like CDC, ACOG, American Cancer Society, US Preventive Services task force, and others.

So we're in the midst right now of phase 1 of the process, and so we identified an expert work group that we first met with in April of 2010, so we've been at this for a little bit over a year now. We are - we've had the first expert meeting to plan for the revision process, presented that to the expert work group meeting. They helped us with identifying (unintelligible) where we would, with CDC's help - we're working side-by-side with partners at CDC - to do systematic reviews of the evidence.

And then we convened four technical panels back in May on adolescent services, counseling and education, community education, outreach and participation, and QIQA. Next week we're going to be convening the technical panel on clinical services for females, and then a week in between, and then the following week we'll be convening the technical panel on male services.

And then we'll be putting together all of the information that we have gathered from all of our technical panels and presenting it to our expert work group at the meeting of the expert work group in September. And based on their feedback, we'll be developing a first draft of the guidelines that will be sent out - hopefully will be ready and sent out to folks for their review and feedback in November of this year.

And then we'll move into phase 2 of the guidance - guidelines revision process, so there'll be - or there is a Web site already developed that - where once the guidelines drafts are developed, people will go onto that Web site to post their feedback or their comments or suggested revisions on that Web site.



And then the contractor will collate and put together all of the comments that we've received, and we'll convene the expert work group for a fourth time in January of 2012 to review the feedback that we've received. And based on that we'll go back and develop the second draft, figure out how we're going to incorporate those suggestions and what things we do need to develop differently, go off and develop a second draft of the guidelines that will go out to the field in March of 2012 for a final opportunity to give us feedback.

And based on that we will develop a final draft of the guidelines in May of - between May and August of 2012, and that final draft then will go through the clearance process and final approval process. And then what we'll - we'll have an expanded expert work group meeting sometime between August and October of 2012 that'll focus on dissemination and giving us ideas for how we're going to keep the guidance current at all times. And we are committed to having the final guidelines released in the fall of 2012. And we'll be happy, and we'll turn all different colors.

So in conclusion, I just want a few summary points that we covered throughout the presentation.

Title 10 is a decentralized, discretionary or competitive grant program that we have five major sections of the law: services, training, research, information and education, and the section on prohibition of abortion. And all of the sections of the law support the delivery of high quality family planning services, and we conduct or award grants or contracts under four out of the five major sections of the law, and all of the grantees have to adhere to Title 10 requirements.

We have - couldn't do work at all without our regional office staff, and so - and the regional health administrators and the staff that work directly with us in the regions. Also we engage in a number of research and evaluation activities, and there's lots of monitoring that goes on by both regional and central offices, as well as by external evaluators that have great interest in the program.

So with that, I'm going to end my presentation and thank everybody for their patience with all of our technical difficulties. And I'm going to turn it back over to the operator to see if there are questions.

Coordinator: Thank you. At this time if you would like to ask a question, please press star 1, unmute your line, and record your name. To withdraw your question, press star 2. Again, if you would like to ask a question, please press star 1 and record your name. One moment, please. Please stand by for the first question. (Michelle Marshall), your line is open.

(Michelle Marshall): Good. This is (Michelle Marshall) up in Alaska. The question I have is regarding - Sue, how do you see the funding looking for the future of Title 10 and family planning with regards to health care reform? Have we gotten any more, kind of like a feeling on how that's going to go?

Sue Moskosky: We don't. Right now, I think we're probably - and this is not anything official. I mean, I haven't gotten this from the high-ups. But I think just because of the federal budget, more so than health care reform, I think that the next few years may be fairly tight. I think we're kind of in for a ride, although we've not heard anything formal. We're right now in the very beginning stages of the FY12, you know, budget process.

And the President's budget request is for FY2012 is that 327 million. I think that it is overly optimistic to think that we would actually receive that level of funding, although it would be really nice. That was the level of funding that we were actually supposed to receive in FY11.

So I think just because of the federal budget - not so much health care reform directly, but right now - but I think that the federal budget and the constraints with that and the challenges with that are going to have more of a direct impact. But that's just - that's a personal opinion rather than anything coming to me from HHS officials that advise our firm on those types of things.

(Michelle Marshall): So we can just plan on doing a lot more with less.

Sue Moskosky: Probably so, unfortunately.

(Michelle Marshall): Yes, we definitely up here in Alaska have seen an increase in the number of people that fall at 100% or below the poverty line.

Sue Moskosky: I think one of the things that, you know, we do need to be prepared for over the next, you know, few years, is making sure that - I know we - this last year's been quite a ride just in terms of even preparing documents and information on the value of the services that are provided, and you know, the level of unintended pregnancies and the quality of the services that you're providing and how much money you're actually saving your states. But I think a lot of that information is going to need - is going to be increasingly important as we move forward.

(Michelle Marshall): Yes. And having good data collections systems to back it up.

Sue Moskosky: Correct.

(Michelle Marshall): Thank you.

Sue Moskosky: You're welcome.

Coordinator: Your next question comes from (Cheryl Holfhauser). Your line is open.

(Cheryl Holfhauser): Hello, this is (Cheryl Holfhauser) calling also from the state of Alaska program. Hi, Sue.

Sue Moskosky: Hi.

(Cheryl Holfhauser): Thank you for doing the Webinar. My question is, there are many of us including myself who will not be able to attend the meeting in August, and I'm just wondering if there's any way that you can post recordings of some of the sessions or in some way use electronic technology to open up access to those of us who can't be physically present. Thank you.

Sue Moskosky: One of the things I can tell you, I don't know that we've made provisions for being able to audio record any of the sessions, but I do know that the presentations will be available up on the National Training Center Web site within a couple of weeks after the conference happens, and I think one of the things that we can do is work with the National Training Center to ensure that folks have access, even those that weren't able to attend the conference.

But in terms of providing any kind of, you know, way that you could attend that would be more quasi-live, I don't know that we'll be able to do that just because of the cost. But I really apologize for that, because I know that it is very difficult for folks to travel in a lot of cases now.

(Cheryl Holfhauser): Thank you.

Sue Moskosky: You're welcome.

Coordinator: There are no other questions at this time.

Sue Moskosky: There was one question that was posted up on the Webinar, and I think we probably addressed it, but just in case, the fact sheets that - the fact sheets are available in Spanish and other - well, they're available in English and Spanish. We don't currently have them available in other languages, and yes they would have to be approved by the Information and Education advisory committee.

One of the things even though we have to take all of the documents that are made available through the clearinghouse, we have to actually have them cleared with NHHS, but it doesn't necessarily mean that they're suitable for the population that you're intending to use them with. And so that's why it does have to be approved by your individual INE committees that - in the community where you're going to be using the publication.

And yes, these slides that we've used this afternoon will be available on the new Web site. So they'll be - in about a week they'll be posted on the existing Web site, but then the information on the existing Web site will be transferred over to the new Web site.

If there are no other questions, I just want to thank everyone for their patience this afternoon and for your participation. Again, I hope to see, or we hope to see many of you at the national grantee meeting in about a month. And also we hope that all of you will participate in the next Webinar that we will be

hosting with our friends from the Office of Pharmacy Affairs. It's going to be held on Monday, July the 18th.

I just sent out an email to the regional offices this afternoon asking them to please post - poll the grantees in the region to find out what questions you might have with regard to the 340B or prime vendor programs, so we can forward those questions to the folks that'll be helping with that presentation so that they'll have all the answers in advance.

So hopefully most of you if not all of you will be participating on that Webinar, and we look forward to seeing hopefully most of you in Miami Beach on August the 2nd. So thank you very much for your participation this afternoon.

Coordinator: Thank you for participating in today's conference. You may disconnect your lines at this time.

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