

**TITLE X REPRODUCTIVE AND SEXUAL HEALTH SERVICES WORK PLAN  
NH FAMILY PLANNING - SFY 20XX-20XX**

AGENCY:

COMPLETED BY:

**NH Family Planning Program (NH FPP) Priorities:**

1. Ensuring that all clients receive contraceptive and other services in a *voluntary, client-centered and non-coercive* manner in accordance with national standards and guidelines, such as the Centers for Disease Control and Prevention (CDC), *Quality Family Planning* (QFP) and NH FPP clinical guidelines and scope of services, with the goal of supporting clients' decisions related to preventing or achieving pregnancy;
2. Assuring the delivery of high-quality, affordable, and confidential voluntary family planning and related preventive health services, with priority given to individuals from low-income families;
3. Providing access to a broad range of acceptable and effective family planning methods and related preventive health services in accordance with the NH FPP program clinical guidelines and national standards of care. These services include, but are not limited to, contraceptive services including fertility awareness based methods, pregnancy testing and counseling, services to help clients achieve pregnancy, basic infertility services, sexually transmitted infection (STI) services, preconception health services, and breast and cervical cancer screening. The broad range of services does not include abortion as a method of family planning;
4. Assessing clients' reproductive life plan/reproductive intentions as part of determining the need for family planning services, and providing preconception services as stipulated in QFP;
5. Following a model that promotes optimal health outcomes (physical, mental and social health) for the client by emphasizing comprehensive primary health care services and substance use disorder (SUD) screening, along with family planning services preferably at the same location or through nearby referral providers;
6. Providing counseling for adolescents that encourages to delay the onset of sexual activity and abstinence as an option to reduce sexual risk, promotes parental involvement, and discusses ways to resist sexual coercion;
7. Identifying individuals, families, and communities who are medically underserved, but not currently receiving family planning services, through outreach to hard-to-reach and/or vulnerable populations, and partnering with other community-based health and social service providers that provide needed services;
8. Demonstrating that the project's infrastructure and management practices ensure sustainability of family planning and reproductive health services delivery throughout the proposed service area including:
  - Incorporation of certified Electronic Health Record (EHR) systems (when available) that have the ability to capture family planning data within structured fields;
  - Evidence of contracts with insurance plans and systems for third party billing as well as the ability to facilitate the enrollment of clients into private insurance and Medicaid, optimally onsite; and to report on numbers of clients assisted and enrolled; and
  - Addressing the comprehensive health care needs of clients through formal, robust linkages or integration with comprehensive primary care providers.

**TITLE X REPRODUCTIVE AND SEXUAL HEALTH SERVICES WORK  
PLAN NH FAMILY PLANNING - SFY 20XX-20XX**

**New Hampshire will also consider and incorporate the following *key issues* within its Service Delivery Work Plan:**

- Adhere to the most current Family Planning Scope of Services and NH FPP clinical guidelines;
- Establish efficient and effective program management and operations;
- Provide patient access to a broad range of contraceptive options, including Long Acting Reversible Contraceptives (LARC) and fertility awareness based methods (FABM), other pharmaceuticals, and laboratory tests, preferably on site;
- Use of performance measures to regularly perform quality assurance and quality improvement activities, including the use of measures to monitor contraceptive use;
- Establish formal linkages and documented partnerships with comprehensive primary care providers, HIV care and treatment providers, and mental health, drug and alcohol treatment providers;
- Incorporate the National HIV/AIDS Strategy (NHAS) and CDC’s “Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Health Care Settings;” and
- Conduct efficient and streamlined electronic data collection, reporting and analysis for internal use in monitoring staff or program performance, program efficiency, and staff productivity in order to improve the quality and delivery of family planning services.

DRAFT

**TITLE X REPRODUCTIVE AND SEXUAL HEALTH SERVICES WORK  
PLAN NH FAMILY PLANNING - SFY 20XX-20XX**

**Goal 1: Maintain access to family planning services for low-income populations across the state.**

Performance INDICATOR #1:

**Through June 20XX, the following targets have been set:**

- 1a. \_\_\_\_\_ clients will be served
- 1b. \_\_\_\_\_ clients <100% FPL will be served
- 1c. \_\_\_\_\_ clients <250% FPL will be served
- 1d. \_\_\_\_\_ clients <20 years old will be served
- 1e. \_\_\_\_\_ clients on Medicaid will be served
- 1f. \_\_\_\_\_ male clients will be served

**SFY XX Outcome:**

- 1a. \_\_\_\_\_ Clients served
- 1b. \_\_\_\_\_ Clients <100% FPL
- 1c. \_\_\_\_\_ Clients <250% FPL
- 1d. \_\_\_\_\_ Clients <20 years old
- 1e. \_\_\_\_\_ Clients on Medicaid
- 1f. \_\_\_\_\_ Clients – Male
- 1g. \_\_\_\_\_ Women <25 years old positive for Chlamydia

**Through June 20XX, the following targets have been set:**

- 1a. \_\_\_\_\_ clients will be served
- 1b. \_\_\_\_\_ clients <100% FPL will be served
- 1c. \_\_\_\_\_ clients <250% FPL will be served
- 1d. \_\_\_\_\_ clients <20 years old will be served
- 1e. \_\_\_\_\_ clients on Medicaid will be served
- 1f. \_\_\_\_\_ male clients will be served

**SFY XX Outcome:**

- 1a. \_\_\_\_\_ Clients served
- 1b. \_\_\_\_\_ Clients <100% FPL
- 1c. \_\_\_\_\_ Clients <250% FPL
- 1d. \_\_\_\_\_ Clients <20 years old
- 1e. \_\_\_\_\_ Clients on Medicaid
- 1f. \_\_\_\_\_ Clients – Male
- 1g. \_\_\_\_\_ Women <25 years old positive for Chlamydia

**Goal 2: Assure access to quality clinical and diagnostic services and a broad range of contraceptive methods.**

By August 31, 20XX 100% of sub-recipient agencies will have a policy for how they will include abstinence in their education of available contraceptive methods amongst family planning clients, specifically those clients less than 18 years old. (*Performance Measure #5*)

Sub-recipient provides grantee a copy of abstinence education policy for review and approval by August 31, 20XX.

**Goal 3: Assure that all women of childbearing age receiving Title X services receive preconception care services through risk assessment (i.e., screening, educational & health promotion, and interventions) that will reduce reproductive risk.**

By August 31, 20XX, 100% of sub-recipient agencies will have a policy for how they will provide STD/HIV harm reduction education with all family planning clients. (*Performance Measure #6*)

Sub-recipient provides grantee a copy of STD/HIV harm reduction education policy for review and approval by August 31, 20XX.

**TITLE X REPRODUCTIVE AND SEXUAL HEALTH SERVICES WORK  
PLAN NH FAMILY PLANNING - SFY 20XX - 20XX**

**Goal 4: Provide appropriate education and networking to ensure populations in need of reproductive health services are aware of the availability of family planning services, and to inform public audiences about Title X priorities.**

By August 31st, of each SFY, sub-recipients will complete an outreach and education report of the number of community service providers that they contacted in order to establish effective outreach for populations in need of reproductive health services. (*Performance Measure #7*)

Sub-recipient provides grantee a copy of completed outreach & education report by August 31, 20XX.

Sub-recipient provides grantee a copy of completed outreach & education report by August 31, 20XX.

**Goal 5: The NH FPP program will assure sub-recipient agencies are providing appropriate training and technical assistance to ensure Title X family planning staff (e.g., any staff with clinical, administrative and/or fiscal responsibilities) are aware of federal guidelines, program priorities, and new developments in reproductive health and that they have the skills to respond.**

By August 31st of each SFY, sub-recipients will submit an annual training report for clinical & non-clinical staff that participated in the provision of family planning services and/or activities to ensure adequate knowledge of Title X policies, practices and guidelines. (*Performance Measure #8*)

Sub-recipient provides grantee a copy of completed annual training report by August 31, 20XX.

Sub-recipient provides grantee a copy of completed annual training report by August 31, 20XX.

**Goal 6: Provide counseling for minors that encourages delaying the onset of sexual activity and abstinence as an option to reduce sexual risk, promotes parental involvement, and discusses ways to resist sexual coercion.**

Within 30 days of Governor and Council Approval, 100% of sub-recipient agencies will have a policy for how they will provide minors counseling to all clients under 18 years of age.

Sub-recipient provides grantee a copy of minors' policy for review and approval within 30 days of Governor and Council Approval

**TITLE X REPRODUCTIVE AND SEXUAL HEALTH SERVICES WORK PLAN  
NH FAMILY PLANNING - SFY 20XX - 20XX**

## **Clinical Performance**

The following section is to report inputs/activities/evaluation and outcomes for three out of six Family Planning Clinical Performance Measures as listed below:

- **Performance Measure #1:** The percent of all family planning clients of reproductive age (15-44) at risk of becoming pregnant who receive preconception counseling
- **Performance Measure #2:** The percent of family planning clients < 25 years old at risk of becoming pregnant who are screened for chlamydia infection.
- **Performance Measure #4:** The percent of family planning clients of reproductive age (15-44) at risk of unintended pregnancy provided a long-acting reversible contraceptive (LARC) method (Implant or IUD/IUS)

### **Work Plan Instructions:**

Please use the template on pages 6-11 to complete the two-year work plan for SFY XX & SFY XX

The work plan components include:

1. **Project Goals:** Broad statements that provide overall direction for the Family Planning Services.
2. **Project Objectives:** *List 2-3 objectives for each goal.* Objectives represent the steps an agency will take to achieve each goal. *Each objective should be **Specific, Measurable, Achievable, Realistic, Time-phased, Inclusive and Equitable (SMARTIE)**.* Each objective must be related and contribute directly to the accomplishment of the stated goal.
3. **Input/Resources:** List all the inputs, resources, contributions and/or investments (e.g., staff, vouchers, training) the agency will use to implement the planned activities and planned evaluation activities.  
*Note: Inputs listed on your work plan be accounted for in your budget.*
4. **Planned Activities:** Activities that describe what your agency plans to do to bring about the intended objectives (e.g., bus vouchers, trainings)
5. **Evaluation Activities:** Activities that tell us how you will determine whether or not the planned activities were effective (i.e., did you achieve your measurable objective?)
6. **Work Plan Performance Outcome:** At the end of each SFY you will report your annual outcomes, indicate if targets were met, describe activities that contributed to your outcomes and explain what your agency intends to do differently over the next year.

*See sample work plan on page 12.*

**TITLE X REPRODUCTIVE AND SEXUAL HEALTH SERVICES WORK  
PLAN NH FAMILY PLANNING - SFY 20XX - 20XX**

<b>Performance Measure #1</b>	
The percent of all family planning clients of reproductive age (15-44) at risk of becoming pregnant who receive preconception counseling	
<i>Program Goal: Assure that all family planning clients of reproductive age at risk of becoming pregnant receive preconception care services through risk assessment that will reduce reproductive risk (i.e., screening, education, health promotion, and interventions).</i>	
<b>Project Objectives:</b>	
<b>INPUT/RESOURCES</b>	<b>PLANNED ACTIVITIES</b>
	<b>EVALUATION ACTIVITIES</b>

**TITLE X REPRODUCTIVE AND SEXUAL HEALTH SERVICES WORK  
PLAN NH FAMILY PLANNING - SFY 20XX - 20XX**

**Performance Measure #1 WORK PLAN PERFORMANCE OUTCOME**

*The percent of all family planning clients of reproductive age (15-44) at risk of becoming pregnant who receive preconception counseling*

**To be completed at the end of each SFY**

**SFYXX Outcome:** *Insert your agency's data/outcome results here for July 1, 20XX-June 30, 20XX*

Target/Objective **Met**

Target/Objective **Not Met**

*Explain what happened during the year that contributed to success, or why the objective was not met (barriers, improvement activities, etc.):*

**Proposed Improvement Plan:** *If target was not met, explain what your agency will do (differently) to achieve the target/objective for next year:*

**Revised Work Plan Attached** (Please check if work plan has been revised)

**SFYXX Outcome** *Insert your agency's data/outcome results here for July 1, 20XX-June 30, 20XX*

Target/Objective **Met**

Target/Objective **Not Met**

*Explain what happened during the year that contributed to success, or why the objective was not met (barriers, improvement activities, etc.):*

**Proposed Improvement Plan:** *If target was not met, Explain what your agency will do (differently) to achieve the target/objective for next year:*

**Revised Work Plan Attached** (Please check if work plan has been revised)

**TITLE X REPRODUCTIVE AND SEXUAL HEALTH SERVICES WORK  
PLAN NH FAMILY PLANNING - SFY 20XX - 20XX**

<b>Performance Measure #2</b>	
The percent of family planning clients <25 years old at risk of becoming pregnant who are screened for chlamydia infection	
<b>Program Goal:</b> <i>To promote the availability of STD screening per CDC screening recommendations for chlamydia and other STDs (as well as HIV testing) that have potential long-term impact on fertility and pregnancy</i>	
<b>Project Objectives:</b>	
<b>INPUT/RESOURCES</b>	<b>PLANNED ACTIVITIES</b>
	<b>EVALUATION ACTIVITIES</b>



**TITLE X REPRODUCTIVE AND SEXUAL HEALTH SERVICES WORK PLAN  
NH FAMILY PLANNING - SFY 20XX - 20XX**

**Performance Measure #2 WORK PLAN PERFORMANCE OUTCOME**

*The percent of family planning clients <25 years old at risk of becoming pregnant who are screened for chlamydia infection*

**To be completed at the end of each SFY**

**SFY XX Outcome:** *Insert your agency's data/outcome results here for July 1, 20XX- June 30, 20XX*

Target/Objective Met

Target/Objective Not Met

*Explain what happened during the year that contributed to success, or why the objective was not met (barriers, improvement activities, etc.)*

**Proposed Improvement Plan:** *If target was not met, Explain what your agency will do (differently) to achieve the target/objective for next year.*

**Revised Work Plan Attached** (Please check if work plan has been revised)

**SFYXX Outcome** *Insert your agency's data/outcome results here for July 1, 20XX June 30, 20XX*

Target/Objective Met

Target/Objective Not Met

*Explain what happened during the year that contributed to success, or why the objective was not met (barriers, improvement activities, etc.)*

**Proposed Improvement Plan:** *If target was not met, Explain what your agency will do (differently) to achieve the target/objective for next year.*

**Revised Work Plan Attached** (Please check if work plan has been revised)

**TITLE X REPRODUCTIVE AND SEXUAL HEALTH SERVICES WORK  
PLAN NH FAMILY PLANNING - SFY 20XX - 20XX**

<b>Performance Measure #4</b>	
The percent of family planning clients of reproductive age (15-44) at risk of unintended pregnancy provided a long-acting reversible contraceptive (LARC) method (Implant or IUD/IUS)	
<b>Program Goal:</b> <i>Assure access to quality clinical and diagnostic services and a broad range of contraceptive methods</i>	
<b>Project Objectives:</b>	
<b>INPUT/RESOURCES</b>	<b>PLANNED ACTIVITIES</b>
	<b>EVALUATION ACTIVITIES</b>

**TITLE X REPRODUCTIVE AND SEXUAL HEALTH SERVICES WORK  
PLAN NH FAMILY PLANNING - SFY 20XX - 20XX**

**Performance Measure #4 WORK PLAN PERFORMANCE OUTCOME**

*The percent of family planning clients of reproductive age (15-44) at risk of unintended pregnancy provided a long-acting reversible contraceptive (LARC) method (Implant or IUD/IUS)*

**To be completed at the end of each SFY**

**SFYXX Outcome:** *Insert your agency's data/outcome results here for July 1, 20XX- June 30, 20XX*

Target/Objective Met

Target/Objective Not Met

*Explain what happened during the year that contributed to success, or why the objective was not met (barriers, improvement activities, etc.)*

**Proposed Improvement Plan:** *If target was not met, Explain what your agency will do (differently) to achieve the target/objective for next year.*

**Revised Work Plan Attached** (Please check if work plan has been revised)

**SFYXX Outcome:** *Insert your agency's data/outcome results here for July 1, 20XX- June 30, 20XX*

Target/Objective Met

Target/Objective Not Met

*Explain what happened during the year that contributed to success, or why the objective was not met (barriers, improvement activities, etc.)*

**Proposed Improvement Plan:** *If target was not met, Explain what your agency will do (differently) to achieve the target/objective for next year.*

**Revised Work Plan Attached** (Please check if work plan has been revised)

**TITLE X REPRODUCTIVE AND SEXUAL HEALTH SERVICES WORK  
PLAN NH FAMILY PLANNING - SFY 20XX - 20XX**

<b>Sample Work Plan</b>	
<b>Project Goal:</b> To provide to patients/families support that enhance clinical services and treatment plans for population health improvement	
<b>Project Objective #1:</b> By June 30, 2017, 60% of patients who complete a SWAP (Sustained Wellness Action Plan) will report an improvement in health/well-being, as measured by responses to a Quality of Life Index.	
<b>INPUT/RESOURCES</b>	<b>PLANNED ACTIVITIES</b>
RN Health Coaches Care Management Team Clinical Teams Behavioral Health and LCSW staff SWAP materials and SWAP Self-Management Programs and Tools	<ol style="list-style-type: none"> <li>1. Clinical Teams will assess patients/families' potential for benefit from more intensive care management and refer cases to Care Management Team and Health Coaching, as appropriate.</li> <li>2. Care Management Team may refer, based on external data (such as payer claims data and high-utilization data)</li> <li>3. RN Health Coaches assess patients/families and engage in SWAP, as appropriate.</li> <li>4. SWAP intervention may include Team-based interventions, such as family meetings with Social Work, Behavioral Health, etc.</li> <li>5. Comprehensive SWAP may include referral to additional self-management activities, such as chronic disease self-management program workshops.</li> <li>6. RN Health Coaches will administer Quality Of Life Index at start and completion of SWAP.</li> </ol>
	<b>EVALUATION ACTIVITIES</b>
	<ol style="list-style-type: none"> <li>1. Director of Quality will analyze data semi-annually to evaluate performance.</li> <li>2. Care Management Team will conduct regular reviews of SWAP results as part of weekly meetings and examine qualitative data.</li> </ol>
<b>Project Objective #2: (Care Management/Care Transitions):</b> By June 30, 2017, 75% of patients discharged from an inpatient hospital stay during the measurement period will have received Care Transitions follow-up from agency staff	
<b>INPUT/RESOURCES</b>	<b>PLANNED ACTIVITIES</b>
Nursing/Triage Staff Care Transitions Team Care Management Team EHR Transitions of Care template documentation Access to local Hospital data	<ol style="list-style-type: none"> <li>1. Nursing/Triage Staff will access available data on inpatient discharges each business day and complete Transition of Care follow-up, as per procedure.</li> <li>2. Care Transitions Champion and other Care Transitions Team members will participate in weekly telephone calls to do care coordination activities and status updates for patients who are inpatients in local critical Access Hospital, have just been discharged, or that staff feel may be at risk for an upcoming admission.</li> <li>3. Staff conducting Transitions of Care follow-up will update patients' record, including medication reconciliation.</li> </ol>
	<b>EVALUATION ACTIVITIES</b>
	<ol style="list-style-type: none"> <li>1. Care Management Team will evaluate available data (example: payer claims data, internal audits/reports) semi-annually to evaluate program effectiveness on patient care coordination and admission rates/utilization</li> <li>2. Director of Quality will run Care Transitions report semi-annually to evaluate performance.</li> </ol>