

Colorado Department of Public Health  
and Environment

Colorado Department of Public Health and Environment - Health Services and Connections Branch

FY 18-19 FAMILY PLANNING BUDGET--Title X

		FUNDING SOURCE				
EXPENSES		TITLE X	Indirect	STATE	Projected	TOTAL
		(b)(4)	(b)(4) / (b)(4) %	GEN.FUND	Program Income	COSTS
<b>PERSDNNEL</b>		(b)(4)				
<b>OPERATING</b>						
Travel						
Equipment						
Educational Supplies						
Office and Data Supplies						
	<b>Subtotal Operating</b>					
<b>CDNTRACTS</b>						
(b)(4)						
	<b>Subtotal Contracts</b>					
<b>OTHER</b>						
Training, Dues, Subscriptions, Conference						
<b>DIRECT CHARGES - TDTALS</b>						
<b>CDPHE INDIRECT CHARGES</b>						
<b>GRAND TOTALS - DIRECT PLUS INDIRECT</b>		<b>\$3,728,000</b>		(b)(4)		

\$3,728,000

10 % cost sharing

Federal Title X 2018-2019 Budget				2018-2022 Projected Budget
Description	Cost	Description	Leverage support through state and grant funds	Multi Year Budget Narrative September 2018 to September 2022
Personnel and Fringe Benefits: Division Costs	(b)(4)	<p>The Division Administrative Cost Pool includes the resources needed to perform the critical functions, programs, and initiatives required by the Prevention Services Division (PSD) to effectively meet our mission, remain competitive as a grant recipient, and assure that our Division's financial and contracting activities comply with state and federal laws. The funds are distributed to the following functions:</p> <p>The Fiscal, Contracts, Compliance, and Operations Branch is a team of fiscal, contracting, and purchasing officers who provide fiscal services and support for PSD grants. The officers are responsible for ensuring federal and state fiscal rule compliance, tracking the collection and expenditures of all funds, processing of contracts and purchase orders, budget tracking, reconciliation and monthly projections. In addition, the branch maintains a compliance monitoring unit for grant sub-recipient fiscal monitoring. The branch also provides administrative support for HR processes, centralized supply room, and other common services throughout the division.</p> <p>The Communications Unit plans and manages marketing campaigns to support policy and environmental change and positive health behaviors, uses media relations to increase visibility of key public health messages and information, provides quality improvement for written communications products, manages the Division's website and builds technology and communications capacity among Division staff.</p> <p>The Policy, Systems and Analytics Group works on developing effective public health policies with the legislature on issues impacting the PSD, including issues of funding. Work performed is complex, involving different levels of government, numerous stakeholders with diverse needs and interests, and the need to manage scientific uncertainty. The Group promotes an understanding of public health policy, ultimately helping PSD work with policy- and decision-makers effectively to accomplish our goals for public health.</p> <p>Costs related to these services were previously charged as a percentage of total direct costs. Based on a comprehensive analysis of the use by each program of Administrative Services, each program within PSD has been asked to fund a proportional portion of the total costs. This equates to an increase in this budget category for some programs and a decrease for others.</p>	\$0.00	Roughly the same amount for the four year project period.
Personnel and Fringe Benefits: Evaluation	\$0.00	The <b>Health Surveys and Evaluation Branch</b> is responsible for planning, evaluation and data analysis for the PSD. A program evaluator and an epidemiologist will be assigned to the Family Planning Unit to address the program's various surveillance and evaluation needs, including the Women Without Insurance assessment for the state and individual counties and the annual Title X funding formula. EPE will devise a framework to evaluate the impact of the Family Planning Program, using existing data from the Behavior Risk Factor Surveillance System (BRFSS) and the Pregnancy Risk Assessment Monitoring System (PRAMS). The budget estimate is based upon projected staff time allocation for the Family Planning Unit.	(b)(4)	Roughly the same amount for the four year project period.
Personnel and Fringe Benefits: Informatics	\$0.00	The <b>Public Health Informatics (Informatics) Unit</b> works alongside public health practitioners to strategically and effectively apply and manage information systems. Informatics is responsible for maintaining usability, supporting test environments, designing reports, and resolving data issues as well as implementing design modifications for the electronic data system resulting from changes in program data requirements.	(b)(4)	Roughly the same amount for the four year project period.

Personnel and Fringe Benefits: Statistics	\$0.00	The <b>Health Statistics Section</b> promotes understanding and utilization of health status information through the collection, analysis, and dissemination of vital event and health survey data. The section is comprised of the Vital Statistics Unit, Maternal and Child Health Surveillance Unit, Survey Research Unit and Public Health Informatics Unit. (b)(4) a question x 3 questions on the BRFSS.	(b)(4)	Roughly the same amount for the four year project period.
Personnel and Fringe Benefits: Family Planning Staff	(b)(4)	Personnel costs reflect salaries for <b>CDPHE Family Planning Unit staff</b> . This includes a portion of the Branch Director's salary (Ybarra), Unit Manager (Camp), a Nurse Consultant (Fellers-LeMire), a Family Planning Coordinator (Franklin) and a quarter-time program assistant position. Ad-hoc contractors are included in this line item, as well. Salaries are based on last year's salaries allow with a 3% increase included for salary increases. Fringe benefits include Public Employees Retirement Association health, dental and life insurance (as chosen by the employee); short term disability insurance and Medicare Amounts.	(b)(4)	Roughly the same amount for the four year project period.
Travel	(b)(4)	Travel cost estimate	\$0.00	Roughly the same amount for the four year project period.
Equipment	\$0.00	No planned Equipment costs	\$0.00	We don't anticipate equipment to be purchased with Federal funds.
Educational Supplies	(b)(4)	Title X funds will be used to purchase books for clinicians, CDs, videos, and English and Spanish pamphlets that provide a comprehensive overview of birth control methods, emphasizing LARC, as part of the training, technical assistance and outreach materials for delegate agencies.	\$0.00	Roughly the same amount for the four year project period.
Office and Data Supplies	(b)(4)	Cost estimates include in general office supplies, including computer equipment, and meeting and conference supplies. This includes the shared, PSD supply room costs of (b)(4)	(b)(4)	Roughly the same amount for the four
Contractual	(b)(4)	Title X funding will retain a board-certified obstetrician-gynecologist physician for consultation regarding state family planning policies and procedures. Title X funding will be used to hire trainers for such topics as adolescent issues, sexual risk avoidance, clinic efficiency, CPT coding, preconception counseling, reproductive life plans, Human Trafficking and/or contraceptive updates. Title X funding may be used to hire a temporary contractor to assist on time-limited projects such as quality assurance reviews and Male training. This budget also includes funds for Department of Corrections contraceptive access project.		Roughly the same amount for the four year project period.
Other	(b)(4)	Title X funding will support subscriptions, memberships (NFPRA \$5,000), periodicals from professional organizations, and training registration fees and continuing education for Family Planning staff members specific to program responsibilities. This also includes staff training costs for leadership programs such as The Regional Institute for Health and Environmental Leadership (RIHEL). The majority of this line item will be used to support the Title X, Family Planning Conference.	\$0.00	Roughly the same amount for the four year project period.
Contracts	(b)(4)	Sub-recipient / Vendor contracts for Title X work. In 2018-2019, we will contract with 30 delegate agencies to provide Title X clinical, educational and counseling services to approximately 42,000 women and men in Colorado.	(b)(4)	Dependent of Federal Title X funding. Requesting 5% increase annually for next three years.

Indirect	(b)(4)	Using CDPHE's federally 2017-2018 negotiated indirect cost rate, (b)(4) % in indirect costs have been assessed on on-site direct costs. An off-site rate of 1.1% has been applied to the subcontract total.	\$0.00	This is variable each year and dependent on approval by the Federal Government for the IDC
Leverage		Projected Income (from delegates) used for purpose of Title X such as Medicaid and insurance reimbursement, gifts, grants and donations, client fees and county contributions.	(b)(4)	Roughly the same amount for the four year project period.
<b>TOTAL</b>	<b>\$3,728,000.00</b>	<b>Budget for 2018-2019</b>	<b>\$3,372,800.00</b>	10% cost sharing plus sub recipient program income from contracts.

## 2018-2019 Itemized Travel Budget / Justification

FY18-19 (July 2018 - June 2019)	Location	Mileage	Hotel	PerDiem	Misc parking, taxi	
<b>Administrative Site Visits</b>						
(b)(4)						
<b>Clinical Site Visits</b>					\$ 10.00	
(b)(4)						
		(b)(4)				
	Subtotal mileage x	(b)(4)	cents			

		Flights				
NFPRHA in Atlanta in September						
(b)(6)		\$	(b)(4)			
		\$				
		\$				
NFPRHA in DC in March						
(b)(6)		\$				
		\$				
		\$				
Title X in Kansas City in July						
(b)(6)		\$				
Contraceptive Technology San Francisco						
(b)(6)		\$				
Work Related Conference						
(b)(6)		\$				
		\$				
		\$				
Clinical Trainings		\$				
Misc Mileage		\$				
Misc Hotel						
	Subtotal	\$				
	TOTAL	\$			\$ (b)(4)	

**Detailed Budget & Budget Narrative for CDPHE FPP Sub-Recipients**

**2018-2019**

	Name of Sub-Recipient	Total Project Award for 2018-2019	Federal Award for 2018-2019	State Award for 2018-2019
1	(b)(4)			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				



23	(b)(4)
24	
25	
26	
27	
28	
29	

Detailed budgets not available at this time. The nature of the work to be delegated is as follows:

In addition to providing high-quality, client-centered contraceptive counseling, delegate agencies are required to provide a broad range of medically approved family planning methods including, at a minimum, all CDPHE Title X providers must provide (onsite or by referral):

- At least three types of combined oral contraceptives;
- A progestin only oral contraceptive;
- The 3-month progestin only injection;
- One type of hormonal long-acting, reversible contraceptive method;
- One type of non-hormonal long-acting, reversible contraceptive method;
- One non-pill hormonal method such as the patch or vaginal ring;
- One barrier method;
- Condoms and spermicidal products;
- Fertility awareness-based methods (natural family planning), including, but not limited to, Standard Days Method®, sympto-thermal method, Marquette method, and Billings Ovulation method (cervical mucous method).

- Pregnancy testing and counseling is a core family planning service offered onsite at all.

Many delegate agencies choose to offer a much broader range of methods and services beyond those included on this list. CDPHE Title X agencies.

- Abortion is not considered a method of family planning and is not part of Title X services.

Delegates must offer all family planning and related preventive health services to ensure optimal care for clients, with referral to primary and specialist care, as needed. The 2011 American College of Obstetricians and Gynecologists and HRSA-supported Women's Preventive Service Guidelines list the following services that women should be included in all family planning visits:

- Well-woman visits;
- contraceptive counseling and follow-up care;
- STI and HIV counseling and screening;
- cervical cancer screening;
- breast cancer screening;
- interpersonal and domestic violence screening.

CDPHE FPP delegate agencies utilize the QFP clinical pathway of family planning services to assess client's need for services. This pathway includes 1) Reason for visit 2) Does the client have another source of primary care 3) What is the client's reproductive life plan, and 4) Does the client need preconception health services, STD services or other related preventive health services. Of the services listed above, the following are CDPHE FPP's required elements of each service:

- **STI and HIV:** All clients complete an assessment and history of STI risk as part of the initial, annual, and/or interim FPP visit. STI risk reduction is discussed as indicated. All clients under 25 years of age are offered Chlamydia and gonorrhea testing.
- **Cervical cancer:** Cervical cancer screening is required of all FPP delegate agencies.

Delegate agencies follow nationally recognized cervical cancer screening guidelines. Starting at age 21 years, women are screened with a Pap test every three years and women 30 years and older have the option of a Pap test with HPV screening every 5 years. A pelvic exam may also be provided following shared decision-making between client and provider.

- **Breast cancer:** Delegate agencies follow nationally recognized breast cancer screening guidelines for the early detection of breast cancer (i.e. ACOG, ACS, USPSTF, and ACR). Clinical breast exams may be provided every one to three years, starting at age 20, for asymptomatic women at low risk for breast cancer.

- **Preconception health:** Preconception health is a routine part of family planning visits, and focuses on establishing a reproductive life plan. An initial assessment of a client's plan for pregnancy is elicited through asking the One Key Question®.

- **Other, recommended, but optional services:** Other preventive health services may also be available onsite or by referral, including, but are not limited to lipid disorders management, skin cancer screening, colorectal cancer screening, osteoporosis evaluation and management, mental health assessments, and non-sexual health risk behavior screenings.

The process for Selecting delegate agencies is featured in the response to question # 13 of the Program Narrative.
--

## Plan for Oversight of Federal Award Funds

**How your organization will provide oversight of federal funds and how award activities and partner(s) will adhere to applicable federal award and programmatic regulations. And organizational controls that will ensure timely and accurate submission of Federal Financial Reports to the OASH Office of Grants Management and Payment Management Services as well as timely and appropriate withdrawal of cash from the Payment Management System.**

The CDPHE Fiscal, Contracts, Compliance and Operations unit oversees the preparation of contracts and purchase orders following state fiscal rules and procurement processes, monitors compliance with federal and state financial regulations by delegate agencies, and provides technical assistance for delegate agencies regarding financial issues. Staff implements budgets, approves expenditures, prepares financial reports, and monitors spending. In addition, the FPP has built a strong quality assurance system that includes a team of fiscal experts that perform onsite and desk audits of all contractors fiscal practices, physical site visits, medical record audits, periodic data report reviews through the iCare database, sliding fee scale and cost-analysis annual verification, mandatory delegate trainings, review of annual client satisfaction surveys, and a series of other checks.

**The organizational systems that demonstrate effective control over and accountability for federal funds and program income, compare outlays with budget amounts, and provide accounting records supported by source documentation.**

CDPHE FPP financial policies and procedures are determined by the Colorado Department of Personnel and Administration, State Controller's Office, Division of Finance and Procurement, Fiscal Rules, State of Colorado Procurement Code, Title X Administrative Manual, Accounting Section, and the CDPHE Accounts Payable Manual. The Family Planning Unit Manager, branch fiscal officers, and CDPHE Accounting, Purchasing, Contracts, and Budget Sections staff are responsible for appropriately dispersing and accounting for Title X funds, and ensuring there is an extraordinary separation of duties and internal controls. Title X federal requirements are incorporated at every level of policy and procedures. FPP staff work closely with FCCO unit to analyze, track and monitor the separation of Title X from non-Title X funds using the following reporting tools:

- **Monthly Invoice:** CDPHE works on a cost reimbursement model. Invoices from delegates are submitted monthly and reviewed to ensure that agencies request reimbursement and are paid for approved and appropriate costs only.
- **Site Visits:** During administrative site visits, staff verifies that family planning income, including client fees and donations, are only used for program purposes by reviewing delegate policies on donations, review charts, patient master bills, receipts and clients billing spreadsheets.
- **Financial Risk Monitoring System (FRMS):** Title X delegates are subject to CDPHE's Financial Risk Monitoring System (FRMS). FRMS is a standardized process to assess a contractor's risk of noncompliance with contractual fiscal requirements. Additionally, the system improves fiscal monitoring throughout the department by establishing standardized practices at the department and program level and utilizes a standardized invoice form. Delegates are monitored through random samplings of paid invoices and supporting documentation. Monitoring is conducted by FRMS expert staff based on risk level. Delegates rated as "high risk" are monitored more frequently than "low risk".
- **Annual Time and Effort:** The U.S. Office of Management and Budget (OMB) has established standards and principles for determining cost for federal awards through grants, cost reimbursement contracts and other agreements. Delegate agencies are required to comply with time and effort reporting, using these OMB guidelines.

**For any program incentives proposed, the specific internal controls that will be used to ensure only qualified participants will receive them and how they will be tracked.**

Not applicable.

**Title X Work Plan 2018-2022  
September 2018 to September 2022**

**Year 1 of 4-Year Grant**

**GOAL 1: Assure the CDPHE Family Planning Program is following the CDC’s Quality Family Planning document and training its statewide network of delegates on family planning best practices.**

**Objective 1: Decrease the rate of unintended pregnancy for women 15-44 in Colorado from 28.5 in 2017 to 26.0 in 2022**

	Specific Activities	Measurement	Timeline	Responsibility
1.1	Provide quality family planning services to 50,000 clients annually.	The number of clients served reported in iCare data and the Family Planning Annual Report (FPAR).	September 2018 to September 2022	Informatics
1.2	Ensure Title X delegate agencies are clinically prepared to serve Title X clients by providing at least two trainings or clinical training opportunities based on Title X program requirements.	Summary of trainings offered each year. Agency representation for required trainings.	September 2018 to September 2022	Nurse Consultant
1.3	Provide Title X orientation trainings, as needed, but no less than one, for Title X Coordinators and staff.	A list of orientations by type each year.	September 2018 to September 2022	Unit Manager and Nurse Consultant

	Specific Activities	Measurement	Timeline	Responsibility
1.4	Provide unintended pregnancy rate expressed as the number of unintended pregnancies per 1,000 women 15-44. Unintended includes births desired later or not at all or where the mother responded she was not sure, plus reported induced terminations of pregnancy.	(Number of unintended births based on PRAMS data plus number of induced terminations of pregnancy from CDPHE vital statistics, ages 15-44) / Number of women 15-44; percent calculated each year.	September 2018 to September 2022	Health Surveys and Evaluation Branch, CDPHE

**Objective 2: Each year through September 30, 2022, 95 percent of Title X agencies will provide the following to clients under the age of 18 seeking family planning services: 1) Counseling that encourages family involvement in decisions regarding sexuality and contraception, 2) information about sexual coercion, and 3) services provided in compliance with mandatory reporting laws.**

	Specific Activities	Measurement	Timeline	Responsibility
2.1	Provide technical assistance and resources to delegate agencies in the three stated areas through meetings, Nursing and Administrative site visits and orientations.	List of agencies, site visit dates, orientations and topics covered each year. Percentage of agencies providing counseling, sexual coercion and services to clients under age 18 each year. Summary of technical assistance and resources provided through meetings.	September 2018 to September 2022	Nurse Consultant

	Specific Activities	Measurement	Timeline	Responsibility
2.2	Provide information regarding training opportunities and resources related to adolescent counseling and adolescent health care such as 1) Counseling that encourages family involvement in decisions regarding sexuality and contraception, and 2) information about sexual coercion.	Description of training and resources information provided each year.	September 2018 to September 2022	Nurse Consultant
2.3	Ensure all delegate agencies are up-to-date with Colorado mandatory reporting laws during each project period through the clinical site visit activity and training opportunities.	Percent of agencies that received a clinical site visit and confirmation that their mandatory reporting training of staff is up-to-date. Summary of technical assistance and resources provided through meetings.	September 2018 to September 2022	Nurse Consultant

**Objective 3: Ensure that 85 percent of total clients will be at or below 150 percent of the Federal Poverty Level (FPL) and/or age 19 or less.**

	Specific Activities	Measurement	Timeline	Responsibility
3.1	Encourage delegate agencies to recruit, serve and retain clients who are at or below 150 percent of FPL and/or 19 years or younger.	Percentage of clients at or below 150 percent FPL. Percentage of clients age 19 or under in the iCare data base.	September 2018 to September	Informatics



	Specific Activities	Measurement	Timeline	Responsibility
			2022	
3.2	Provide teen friendly training materials to delegate agencies to ensure their clinics systems are inclusive of younger clients.	Summary of content and resource provided.	September 2018-2019	Nurse Consultant

**Objective 4: Over the course of the project period (2018-2022), 95 percent of delegate agencies will attend training that incorporates The Office of Population Affairs (OPA) Title X program priorities and key issues.**

	Specific Activities	Measurement	Timeline	Responsibility
4.1	Provide training information and resources for providers and clinic staff on OPA priorities and key issues such as natural family planning methods, updates on OPA performance metrics, and sexual risk avoidance education and counseling to adolescents. These trainings will change annually, based on stated interests of OPA. In 2018-2019, CDPHE FPP will provide training information and resources on OPA Priority #1, Natural Family Planning methods and counseling, OPA Priority #6, Family Involvement in	List of delegate agencies, with trainings and content each year. Percentage of agencies attending trainings. Summary of trainings, content and resources provided.	September 2018 to September 2022	Nurse Consultant

	Specific Activities	Measurement	Timeline	Responsibility
	Decision Making and OPA Key Issue # 5, Sexual Risk Avoidance.			

**Goal 2: Improve the reproductive health of individuals and communities by partnering with community-based, faith-based and other service providers working with vulnerable or at risk populations.**

**Objective 5: Each year through September 30, 2022, 95 percent of delegate agencies will connect with one new group, throughout the state, to increase the visibility of their family planning programs.**

	Specific Activities	Measurement	Timeline	Responsibility
5.1	Title X delegate agencies will engage with at least one community group to share Title X information. Delegates will be encouraged to strengthen existing linkages and/or create new networks and raise visibility.	List of delegate agencies and associated community groups. Percentage of agencies that connected with at least one community group.	September 2018 to September 2022	Unit Manager and delegates
5.2	Delegates will provide information or training on birth control basics, family planning Medicaid coverage or other reproductive health topics to at least one	A summary of trainings provided to community groups.	September 2018 to September	Unit Manager

	Specific Activities	Measurement	Timeline	Responsibility
	community partner.		2022	
5.3	Collaborate with the Colorado Department of Corrections (DOC) to explore partnerships in the areas of inmate education and counseling in family planning, breast and cervical cancer screenings and heart health.	Summary of DOC activities during the program year.	September 2018-2019	Program Coordinator

**Goal 3: Monitor delegate quality of services and enhance clinical and administrative management of the Title X program in Colorado**

**Objective 6: Each year through September 30, 2022, 95 percent of delegate agencies will receive training and resources regarding quality care and healthcare business practices.**

	Specific Activities	Measurement	Timeline	Responsibility
6.1	Require an updated cost setting activity and updated sliding fee scale every three years. Provide training, coaching and technical assistance, if requested.	Description of training sessions.	September 2018 to September 2022	Unit Manager
6.2	Conduct administrative, medical and chart audit visits to delegate agencies as a quality assurance activity. Provide technical assistance to sites in need of	Number and description of quality assurance activities, such as site visits and chart audits,	September 2018 to September	Unit Manager, Nurse Consultant

	Specific Activities	Measurement	Timeline	Responsibility
	corrective measures.	completed each year.	2022	
6.3	Delegates to administer a client satisfaction survey one time during the project period, using results to improve or refine business practices when applicable.	Percentage of agencies with surveys administered.	September 2018 to September 2022	Unit Manager
6.4	The FPP staff will attend at least one conference related to Title X best practices and share information learned with delegate agencies.	List of staff and number of trainings/conferences attended each year. Percentage of staff attending at least one conference.	September 2018 to September 2022	CDPHE staff

**Goal 4: Family planning delegate agencies adapt to the changing health care environment and improve clinic business practices.**

**Objective 7: Each year through June 30, 2022, Title X agencies will increase total clinic revenue from Medicaid and 3<sup>rd</sup> party payors by one percentage point.**

	Specific Activities	Measurement	Timeline	Responsibility
7.1	Provide delegate fiscal trainings, clinic assessments and coaching to improve reimbursement.	Use of Annual Expense/Revenue Report to determine percentage	September 2018 to	Unit Manager

	Specific Activities	Measurement	Timeline	Responsibility
		point increase each year.	September 2022	
7.2	Host an annual Title X delegate conference where new and innovative Title X related information is presented and discussed. Trainings to include current and effective business practices for health clinics.	Description of activities, date and content of conference.	September 2018 to September 2022	Unit Manager
7.3	Assure collaboration between the family planning unit and the Colorado Department of Health Care Policy and Financing (HCPF) to improve access to reproductive health services among the Medicaid-covered population.	Description of contacts made between FPP and HCPF.	September 2018 to September 2022	Unit Manager

## 2018-2019 Title X Project Narrative

**Q1: A clear description of the need for the services provided and a detailed description of the geographic area and population to be served**

**Q1 Response:** The target population in Colorado for this application has a clear need for services.

There are still thousands of people without insurance coverage in need of safety net reproductive health care. The Colorado Department of Public Health and Environment Health Statistics and Evaluation Branch calculated the 2017 number of Colorado women without coverage for family planning services using data from the 2017 Colorado Health Access Survey. This calculation begins with the total Colorado female population in 2017 and determines the percent in need of family planning services (defined as sexually active women who are able to bear children, who are not pregnant and who do not desire a pregnancy). The number covered by Medicaid, private insurance and those who remain uninsured are also estimated. A conservative estimate is also made of the number of women with insurance who do not use their insurance because they fear a breach of confidentiality. Table 1 below shows the calculations.

<b>Table 1: Colorado Women Without Coverage for Family Planning, 2017</b>									
<b>Population</b>				<b>Insured</b>			<b>Women Without Coverage</b>		
Age and Poverty Groups	Total Female Population, 2017	Percentage in Need of Family Planning*	Number in Need of Family Planning	Total Covered by Insurance	Covered by Medicaid	Covered by Non-Medicaid Insurance	Uninsured	Estimated Number Covered But Not Using Insurance**	Total Uninsured plus Women Covered But Not Using Insurance
Ages 13-19	261,632	29%	75,900	73,200	13,000	60,200	2,700	3,800	6,500
Ages 20-44	950,301	68%	646,200	591,000	118,100	472,900	55,300	30,800	86,100
Below 139% FPL	226,228	65%	147,000	134,000	65,300	68,700	13,100	7,000	20,100
139% to 250% FPL	148,246	61%	90,400	76,700	21,000	55,700	13,700	4,000	17,700
Above 250% FPL	575,827	71%	408,800	380,300	31,800	348,500	28,500	19,800	48,300
<b>Total Ages 13-44</b>	<b>1,211,933</b>	<b>60%</b>	<b>722,100</b>	<b>664,200</b>	<b>131,100</b>	<b>533,100</b>	<b>58,000</b>	<b>34,600</b>	<b>92,600</b>
*Gutmacher 2012 estimates. Sexually active women who are able to bear children who are not pregnant and who do not desire a pregnancy.									
**An estimated 5.2% of women fall in this category. The percentage is based on a provider survey done in June 2015 by the Colorado Department of Public Health and Environment. The primary reason for not using insurance is concern for breach of confidentiality.									

This calculation arrived at 92,600 females without family planning coverage in Colorado. Considering CDPHE's Title X program served 41,684 women in 2016, the need for subsidized (Title X) family planning services is evident as fewer than half of all women without coverage are being served by the program.

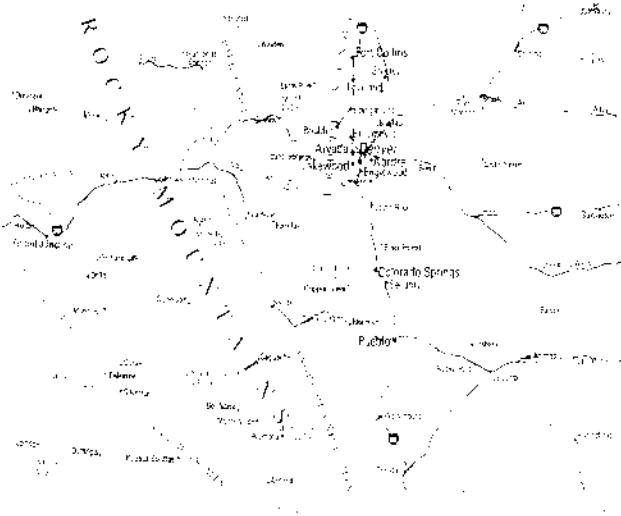
**Males:** In 2017, 2,853 of the 7,474 men served through CDPHE Family Planning Program (FPP) were 24-years or younger demonstrating that younger men, oftentimes still school-aged, are in need and seeking sliding fee scale family planning services. Moreover, 2016 Small Area Health Insurance Estimates (SAHIE) show that 16.6 percent of male, ages 16-64 years and <200 percent of Federal Poverty Level are uninsured in Colorado, indicating the need for safety-net health services for men.

While the Colorado economy is strong, there are still lower-income families who continue to struggle, facing food insecurity, inadequate housing and other challenges as described below:

- Nearly 1 in 7 Coloradans struggle with hunger, facing times when there is not enough money to buy food. (*Household Food Security in the United States in 2014, 9/2015*)
- Nearly 1 in 8 Coloradans live in poverty, including more than 1 in 6 children. (*U.S. Census Bureau, American Community Survey 2015 data*)
- Among all Colorado children, those under the age of six are most likely to be in poverty. They also are most at risk of living in homes without enough food. (*Colorado Children's Campaign, 2014 KIDS COUNT Colorado!*)
- Compared to other state participation rates, Colorado ranks 20<sup>th</sup> in school breakfast participation and 46<sup>th</sup> in SNAP/food stamps participation. (*Food Research and Action Center, School Breakfast Scorecard, February 2015*)

- Colorado ranks 30<sup>th</sup> in affordable housing. (*National Low Income Housing Center, Housing Spotlight 4 (1) (2014)*)

This data, along with the Table 1 calculation, serve as compelling evidence that there is a need among families and individuals for safety net family planning services in Colorado.



**Geography:** The state of Colorado is bisected from north to south by the Rocky Mountains, dividing it into Eastern and Western Slopes. Eighty-six percent of the state’s population lives in 16 metropolitan counties along the Front Range of the Eastern Slope and Mesa County on the Western Slope. The other 14 percent of the

population is scattered throughout Colorado’s 48 rural and frontier counties. Confirming the rural vastness of the state, 21 of Colorado’s 64 counties are considered frontier, defined as having a population density of fewer than six persons per square mile. While beautiful and diverse, this geography creates a striking barrier in access to health care for Coloradans. Nearly all Colorado counties have some part of the county designated as a Health Professional Shortage or Medically Underserved Area (HPSA). The HPSA designation describes a community’s need by the number of providers available to the population or a subset of the population. In addition, 51 of the 64 counties have some part of the county federally designated as a Medically Underserved Area. Despite previous increases in funding for community health center expansions, many of the Denver metropolitan area community health centers are at or over-capacity with extended waiting



periods for appointments and Colorado’s rural areas are struggling to find qualified providers who will relocate to rural areas.

**Population:** Colorado’s 2017 population was an estimated 5,655,405 and is expected to grow to 6,141,100 by 2022. The 2017 number of women of reproductive age (15-44 years) was estimated to be 1,136,800 and is anticipated to reach 1,247,700 by 2022. The vast majority (81percent) of the state’s residents are white, non-Hispanic. The population includes 4 percent black/African Americans, 3 percent Asians, and 1 percent American Indians. Seven percent of the population identifies itself as some other race and 3 percent is classified as two or more races. When ethnicity is considered, fully 21 percent of the population identifies itself as Hispanic. Colorado residents are slightly younger than the rest of the nation, with a median age of 36.1 years compared to 37.2 years nationally.

**Fertility:** In 2016, there were 66,611 births in the state of Colorado. With births peaking at their highest in 2009 in the past two decades, the state experienced a decline in births beginning in 2010. Although the numbers recovered slightly in 2014 and 2015, the total is still some 2,000 births below the 2009 high of 68,605. Table 2 below shows the numbers of births in 2009 and 2016 by race/ethnicity. Births to white, non-Hispanic women currently comprise about six in ten births; births to white Hispanic women make up about two in ten. The largest numerical decline between 2009 and 2016 was in Hispanic births, which dropped by more than 3,200 (18 percent). The largest numerical increase was among Asian births, which increased by 742 (30 percent).

<b>Table 2: Colorado Births by Race/Ethnicity 2009 and 2016</b>	<b>2009</b>	<b>2016</b>
<b>Total</b>	68,605	66,611
<b>White Non-Hispanic</b>	40,975	40,185
<b>White Hispanic</b>	17,814	14,597
<b>Black</b>	3,304	3,836

2018-2022 Title X Grant\_ PA-FPH-18-001\_CFDA # 93.217

<b>Asian</b>	2,486	3,228
<b>American Indian</b>	701	756
<b>Other/Unknown</b>	3,325	4,009

Table 3 below contains data on the number of births and the age-specific fertility rates for Colorado in 2009 and 2016. The numbers and rates fell between these time periods for every group below age 30, and only slight increases occurred for those over age 30. The drop in the fertility rate for teens showed the most substantial decline, falling 54 percent over seven years, from 37.5 to 17.1, an unprecedented change. A large decline of 30 percent is noted for women 20 to 24 as is the decline of 16 percent for women 25 to 29. The fertility rate for the age group 25 to 29 was the highest rate in 2009; by 2016 the highest rate shifted to ages 30 to 34.

<b>Ages</b>	<b>Number</b>		<b>Rate</b>	
	<b>2009</b>	<b>2016</b>	<b>2009</b>	<b>2016</b>
10-14	71	35	0.4	0.2
15-19	6,201	3,053	37.5	17.1
20-24	15,256	11,818	91.9	64.7
25-29	19,105	18,704	111.4	93.9
30-34	17,130	20,404	96.1	96.3
35-39	8,885	10,365	51.3	55.3
40-44	1,898	2,064	11.2	11.9
45-49	133	132	0.7	0.7

\*Births per 1,000 women in the age group

Beginning in 2009, the CDPHE Colorado Family Planning Initiative (CFPI) provided substantial funding to increase patient load and to promote long-acting reversible contraception among Title X clients who wanted them. The availability of no- or low-cost intrauterine devices (IUDs) and implants contributed to the declines that occurred statewide. The 2016 Colorado Behavioral Risk Factor Surveillance System Behavior (BRFSS) survey data show that one out of every four women in Colorado using contraception is using an IUD or an implant, and the proportion using the same methods among Title X clients was one in three in 2016. Prior to the CFPI program, just one in 12

2018-2022 Title X Grant\_ PA-FPH-18-001\_CFDA # 93.217

Colorado women using contraception was using an IUD or implant (2006 data) as was just one in 12 Title X patients (2008 data).

**Unintended Pregnancy:** Reductions in birth rates reflect reductions in unintended pregnancy, as abortion rates fell at the same time as birth rates fell. In 2009, for example, teens ages 15-19, had an abortion rate of 10.3 induced terminations per 1,000 women, but by 2016 the rate had fallen sharply to 3.8. Estimates of unintended pregnancy rates combine data on unintended births from the Pregnancy Risk Assessment Monitoring System with abortion data. Among teens in 2009, an estimated 35 pregnancies per 1,000 were unintended. By 2016, this number dropped to 17, a greater than 50 percent decline. *Among young women ages 20-24, the 2009 rate of 75 unintended pregnancies per thousand fell to 49 in 2016, a drop of 35 percent. Among all women ages 15-44, the unintended pregnancy rate fell from 37 to 29 per thousand, a decline of 22 percent.*

While the drops in unintended pregnancies are notable, especially among young women, it is important to point out that the rates remain high. The 2016 rate of 17 unintended pregnancies for every 1,000 teens is based on the more than 3,000 unintended pregnancies that occurred, and the rate of 49 unintended pregnancies for women 20 to 24 is based on more than 9,100. In fact, for all women in 2016 the number of unintended pregnancies amounted to 33,130, a number that forcefully underscores the continuing need for safety net, family planning services in Colorado.

**Q2: Evidence that proposed projects will address the family planning needs of the full population in the service area to be covered;**

**Q2 Response:** CDPHE's proposed project covers all of Colorado's 64 counties and meets the family planning needs of patients, statewide. Through a vast network of delegate agencies (sub-recipients), CDPHE's FPP has successfully managed the Title X grant and built on lessons learned to meet the family planning needs of low-income Coloradans for the past 48 years. The activities below, along with FPP's 2018-2022 work plan (see Appendix A: 2018-2022 work plan) 2018-2022 Title X Grant\_ PA-FPH-18-001\_CFDA # 93.217

demonstrate that the proposed project will meet the family planning needs of the state's diverse population.

- After decades of cultivating partners in the field, CDPHE FPP currently has a statewide network of 30 delegate agencies, serving patients in over 75 clinics statewide. Partners include Federally Qualified Health Centers, large hospitals, public health clinics and nonprofit agencies. This variety of clinical settings allows Title X patients access to the full spectrum of health care, including primary, dental and mental health services at some sites. (see Appendix B: 2018 Service Site Map)
- Delegate agencies are skilled at addressing family planning and other health needs of individuals, families, and communities through outreach to hard-to-reach populations and by partnering with primary care providers, other community-based health and social service providers, school based health centers and faith-based organizations. The FPP and its delegate agencies have served low-income people over the past four decades and understand the outreach strategies needed to be successful. In recent years, the FPP served an average of 50,000 individuals each year, 89 percent of whom are at or below 150 percent of the federal poverty level (2017 Family Planning Annual Reports data).
- In some communities, delegate agencies partner with school based health centers to provide health education, counseling and contraceptives to school-aged youth.
- The FPP is considered a government champion and innovator of women's health and family planning, and has the full support of CDPHE leadership, Colorado Medicaid leadership and the Colorado Department of Corrections (DOC) and the Governor's Office. In addition, since 2011, CDPHE selected Reducing Unintended Pregnancy as one of Colorado's 10 Winnable Battles: <https://www.colorado.gov/pacific/cdphe/colorados10winnablebattles>

2018-2022 Title X Grant\_ PA-FPH-18-001\_CFDA # 93.217

- The FPP has in-house fiscal and contracting expertise to ensure the highest stewardship and due diligence of Title X funds. The FPP also receives support from the Colorado General Fund (state funds). In recent years, fourteen local foundations and an anonymous CFPI donor helped to leverage the Title X budget and expand the Family Planning Program statewide.

**Q3: Evidence of experience in the particular service area and with the particular community to be served;**

**Q3 Response:** CDPHE FPP’s cadre of delegate agencies have the experience needed in their communities to meet the needs of Title X clients. The following are just a sample of the vast experience our agencies possess:

- Delegate agencies possess the capacity and capability to serve the family planning needs of Colorado’s linguistically diverse residents with staff trained on the Limited English Proficiency (LEP) Executive Order. This allows delegates to provide clients from all linguistic backgrounds with meaningful access to federally funded and operated programs and activities, thereby reducing LEP as a barrier to reproductive health equity.
- All delegates are trained on The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (the National CLAS Standards).
- Agencies participated in multiple trainings focused on cultural competency as well as expanding male services, parental involvement, teen-friendly clinics, and human trafficking.
- The CDPHE FPP recruited unique and innovative partners specializing in particular areas or particular communities. For example, The Colorado Coalition for the Homeless, an FQHC delegate agency, not only focuses on the family planning needs of homeless people that come into their clinics, they also hire outreach workers to meet the needs of patients where they “live.” CDPHE recently acquired a Federally Qualified Health Center partner, High Plains Medical

Center, which serves people in the southeast corner of Colorado. High Plains created a network of four, smaller extension clinics to better serve the rural communities of the region. Another delegate agency provides outreach to the LGBTQ and transgender community to provide critically needed health services, including family planning, that are culturally competent and inclusive of all community members.

- The CDPHE FPP is currently collaborating with the Colorado Department of Corrections (DOC) and other CDPHE programs to better serve their incarcerated female population. In 2018-2019, a subset of CDPHE FPP contractors will provide health education sessions in the Denver and Pueblo women's prisons. Training topics will include family planning, breast and cervical cancer screenings, sexually transmitted infection prevention, and heart health. In addition, CDPHE FPP will train the DOC clinical providers in LARC insertion and removal, and counseling techniques across all family planning methods. Roughly 2,000 female inmates continuously cycle through both prison systems, and roughly 50 women are in pre-release programs every month. During the pre-release period, CDPHE FPP will provide contraceptive counseling across the broad range of acceptable and effective family planning methods to inmates while DOC will provide contraceptives for women who choose them. Both DOC and CDPHE FPP are committed to the success of this collaboration and to better serve incarcerated women, particularly as they re-enter the community. The collaborative goals include addition of long-acting, reversible contraceptive methods to the DOC formulary and for CDPHE FPP to continue to provide family planning training to their clinical staff.

- The majority of FPP's delegate agencies have been contractors for several decades and have local support and commitment of the community to ensure they are meeting the needs of the men and women that live there.

2018-2022 Title X Grant\_ PA-FPH-18-001\_CFDA # 93.217

**Q 4: Evidence that proposed projects have experience in providing clinical health services, are qualified to deliver family planning services, and have the capacity to undertake family planning and related health services required in statute and regulation, including a broad range of acceptable and effective family planning methods, natural family planning methods, infertility services and services for adolescents. A complete list of the family planning methods offered as part of the project should be included. Projects may consist of a single provider or a group of partnering providers who deliver coordinated and comprehensive family planning services. Each project should offer core family planning services as described earlier in this Funding Announcement. Each project must provide the full array of required services under this grant.**

**Q4 Response:** CDPHE's FPP has forty-eight years of experience successfully implementing the Title X grant, and maintains the capacity and support to continue managing program and clinical services. The FPP, located in the Family Planning Unit, is one of four units in the Health Services and Connections Branch. To ensure that all Title X clinical, fiscal, contracting, and data meet all requirements, FPP works collaboratively with the Fiscal, Contracts, Compliance and Operations (FCCO), Health Informatics Branch, and the Health Surveys and Evaluation Branch at CDPHE. The FPP and its delegate agencies are specially trained and qualified, and have the capacity to deliver high quality, culturally competent family planning services throughout the state across the broad range of acceptable and effective family planning methods. Experience and qualifications of FPP staff include the following:

- **Contracted Medical Consultant,** (b)(6) MD, is a board-certified obstetrician/gynecologist contracted to provide medical consultation in the form of medical policy and protocol review and approval. She also consults with the FPP on medical questions or individual client management issues. Dr. (b)(6) has served as FPP's medical consultant for the past seven years.

- **Nurse Consultant,** (b)(6) RN, MS, provides ongoing clinical consultation regarding client management issues and implementation of clinical guidelines to local delegate agency and state agency staff. (b)(6) directs quality assurance and improvement activities,

2018-2022 Title X Grant\_ PA-FPH-18-001\_CFDA # 93.217

conducts clinical site visits, and reviews agency medical records to evaluate appropriateness of medical care and adequacy of clinical documentation. This position develops clinical policies and protocols for the CDPHE FPP Clinical Manual to meet Title X requirements and services as described in the Quality Family Planning to assure compliance with federal regulations for the Title X Program. See Appendix C for Angela Fellers LeMire Curriculum Vitae

- **Health Services and Connections Branch Chief,** (b)(6) directs daily operations of the branch, supervising the (b)(6) and School-Based Health Centers Units. As Director, she has overall responsibility for planning, development, management, administration, and evaluation of these programs. She formulates policies, procedures, goals, objectives, and authorizes contracts, program activities, budgets, and expenditures. She helps write grant applications, federal and state performance reports, legislative reports and decision items.
- **Unit Manager,** Jody Camp, provides program direction and supervision of staff for the FPP. She monitors grant objectives, programmatic activities, prepares program budgets, grant writing, performance reports, legislative reports, and decision items. She oversees the determination of program strategic directions, processes, methods of operation, guidelines and tools (forms, technical assistance, and training). She advises the Health Services and Connections Branch Chief on changes in program policy as appropriate at the state and local levels, and provides technical assistance at both the state and local levels. See Appendix D for Jody Camp's Curriculum Vitae.
- **Family Planning Coordinator,** Grace Franklin, monitors and tracks all administrative program requirements and regulations. She manages the master calendar for delegate agencies and directs activities related to family planning conferences, trainings and special events. See Appendix E for Grace Franklin's Curriculum Vitae.

2018-2022 Title X Grant\_ PA-FPH-18-001\_CFDA # 93.217



- **Program Assistant, Jean McMains,** develops databases, spreadsheets, forms, reports, websites, maps, directories, training registrations, newsletters; designs effective work processes; and oversees daily office management.
  - **Fiscal, Contracts, Compliance and Operations unit** oversees the preparation of contracts and purchase orders following state fiscal rules and procurement processes, monitors compliance with federal and state financial regulations by delegate agencies, and provides technical assistance for delegate agencies regarding financial issues. Staff implements budgets, approves expenditures, prepares financial reports, and monitors spending.
  - **Health Informatics Branch** staff work to maintain and enhance the iCare data system through the creation of application databases, screens, queries, and reports. This branch oversees and develops operational procedures for Title X data collection and the ongoing improvement and updates to the system, and provides training and technical assistance to delegate agencies. Recently, the Health Informatics Branch implemented (b)(4) software to create more interactive visualization and analysis of FPP quality improvement measures in iCare.
  - **Health Statistics and Evaluation Branch** ensures that surveillance data informs program targets and planning, and interventions are rigorously evaluated and revised according to research findings and outcomes. Evaluation team members coach FPP staff and ensures work is defined by objectives that are specific, measurable, achievable, realistic and time-framed.
  - **Delegate Agencies:** The FPP has long-standing relationships with trusted Title X delegates throughout the state who are trained, experienced and committed family planning providers. In some cases, these relationships span four decades. For the past four years, delegates have been identifying specific strategies to address the advent of health care reform, adapting delivery of family planning and reproductive health services to a changing healthcare environment, and
- 2018-2022 Title X Grant\_ PA-FPH-18-001\_CFDA # 93.217

assisting clients with navigating the changing healthcare system under health care reform, including Medicaid expansion. Most are billing Medicaid and third-party payers, which adds a source of revenue contributing to Title X sustainability. All current Title X delegate agencies provide the six, Core Family Planning and related preventive health services as outlined in the 2018 FOA and QFP.

- **Staff Expertise:** During the 2015 and 2017 Title X Federal Reviews, CDPHE FPP was given few findings and received ample praise for its management of the Title X program at the state level and through its delegate agencies. CDPHE FPP staff have been asked to serve as Title X “trainers” for other states on many oversight activities like conducting a family planning site visit, clinical policy and procedures, the design and implementation of the administrative and clinical delegate manuals and Chlamydia screening Quality Improvement projects.

**Q4 continued: A complete list of the family planning methods offered as part of the project can be found in the response to Q4 c (Core Services). Projects may consist of a single provider or a group of partnering providers who deliver coordinated and comprehensive family planning services. Each project should offer core family planning services as described earlier in this Funding Announcement. Each project must provide the full array of required services under this grant.**

**The six Core Family Planning Services (A-F) featured in the 2018 FOA include:**

**Core Family Planning Service A). A sexual health assessment which ascertains current risk in light of sexual history and current behavioral practices. A sample is available at the CDC website. <https://npin.cdc.gov/publication/guide-taking-sexual-history>**

**Q4.a. Response:** Delegate agencies use A Guide to Taking A Sexual History (HHS and CDC), the 5 “P”s of Sexual Health, and OPA’s “Conducting a Sexual Health Assessment” to ensure comprehensive sexual health assessment and history components, including key dialogue

2018-2022 Title X Grant\_ PA-FPH-18-001\_CFDA # 93.217

elements. A sexual health history must be included in each client's comprehensive history and includes a reproductive life plan, relevant family history, obstetric, gynecologic, medical/surgical, and sexual history. Previous contraceptive use, any problems with the method, current sexual risks, behavioral practices, and client's plan for current and/or future pregnancies are also included in a sexual health history. Please see Appendix F for comprehensive sexual history requirement from the CDPHE Clinical Manual. Delegate agencies received training on assessing a client's sexual health, including taking a gender-appropriate sexual health history. Delegate agencies also completed motivational interviewing training for collecting a sexual health assessment and taking a sexual history. During the 2018-2022 contract term, delegate agencies will receive training on adult and adolescent sexual risk avoidance and reduction strategies, including the strategy of empowering individuals to build a healthy life, healthy relationships, and setting goals for a healthy future. These services will be provided alongside a broad range of acceptable and effective family planning methods, natural family planning methods, infertility services and services for adolescents

**Core Family Planning Service B). Introduction and access to tools for a personal family planning, fertility, and reproductive life plan, which informs decision-making and is important to client-provider communication. A reproductive life plan outlines personal goals about becoming pregnant: <https://www.cdc.gov/preconception/planning.html>.**

**Q4.b. Response:** Colorado's Title X providers use Quality Family Planning (QFP) and Title X recommended client-centered counseling components to assess Reproductive Life Plans (RLP) of clients. The purpose of reproductive life planning is to assist the client in determining the primary purpose for visiting the clinic, and clarifying for themselves what is important to them so they can obtain necessary information, make choices, and fulfill their goals. All categories of contraceptive methods are presented to assist clients in making informed decisions on contraceptive use, including withdrawal, fertility awareness-based methods (FABM) or natural family planning, and

abstinence. Colorado Title X providers are encouraged to use One Key Question®, “Would you like to become pregnant in the next year” or a similar question such as, “How important is it to you to prevent pregnancy during this next year?” as a preliminary question. These questions begin the reproductive life planning conversation between client and provider. Family planning counseling is non-coercive and includes a tiered-counseling approach as a place to start the contraceptive conversation.

For men and women wanting to return to sexual risk-free status, FPP providers counsel on topics like avoiding sexual activities that put an individual at risk for unwanted pregnancy, sexually transmitted infections or other associated risks. Other topics may include limiting the number of sexual partners or waiting until an older age to engage in sexual activities. CDPHE FPP Title X providers present all information in a clear and transparent manner, share the risks that may be associated with sexual activities and introduce risk-free alternatives. All providers offer a range of family planning and sexual health options that are consistent with the client’s expressed need

It is important to note that Colorado Title X providers use comprehensive, client-centered contraceptive counseling to avoid coercion. In addition, LARC devices are completely reversible and no FPP client is ever denied a LARC removal. The client ultimately makes the final decision determined in part by their personal goals about becoming pregnant. Delegate agency providers received reproductive life planning training, which includes acknowledging the complexity of RLP within a client-centered family planning encounter.

The control over one’s own reproduction, is a concept supported in reproductive life planning. In some cases, the reproductive life plan is not clearly defined nor is contraceptive effectiveness the client’s main concern. Client preferences should be the main emphasis during the family planning visit. Ultimately, assisting clients to clarify what they want and help them get it is most important.

2018-2022 Title X Grant\_ PA-FPH-18-001\_CFDA # 93.217

A reproductive life plan may also include self-assessment of life priorities and goals (i.e. education, work, family, relationships). Providers assist, guide, empower, and support as needed. Reproductive life planning also includes preconception care. “Would you like to discuss ways to prepare for a healthy pregnancy?” is an example of one question providers utilize to begin this discussion. This is also a good way to begin counseling on FABMs and standard prenatal counseling (i.e. folic acid, exercise, risk reduction, etc.). In 2017, delegate agency staff received training on comprehensive and inclusive reproductive life planning and will continue to receive resources and training information throughout the duration of the grant.

**Core Family Planning Service C). Family planning services which offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods- also called fertility awareness), and which includes pregnancy testing and counseling, as indicated. The broad range of services does not include abortion as a method of family planning.**

**Q4.c. Response:** Currently, the FPP contracts with 30 agencies to provide family planning services at 75 clinic sites. In addition to providing high-quality, client-centered contraceptive counseling, delegate agencies are required to provide a broad range of medically approved family planning methods including, **at a minimum, all CDPHE Title X providers must provide (onsite or by referral):** At least three types of combined oral contraceptives; A progestin only oral contraceptive; The 3-month progestin only injection; One type of hormonal long-acting, reversible contraceptive method; One type of non-hormonal long-acting, reversible contraceptive method; One non-pill hormonal method such as the patch or vaginal ring; One barrier method; Condoms and spermicidal products; Fertility awareness-based methods (natural family planning), including, but not limited to, Standard Days Method®, sympto-thermal method, Marquette method, and Billings Ovulation method (cervical mucous method). Pregnancy testing and counseling is a core family planning service offered onsite at all.

Many delegate agencies choose to offer a much broader range of methods and services beyond

those included on this list. CDPHE Title X agencies. Pregnancy testing and counseling includes: Reproductive life planning; Pregnancy testing; Nondirective pregnancy counseling; Nondirective and client-centered options counseling and referral, if pregnancy test is positive and client desires; Achieving pregnancy education; Basic infertility services and counseling; Preconception health education and counseling; and pregnancy test is negative, contraceptive counseling and contraception may be provided. Abortion is not considered a method of family planning and is not part of Title X services.

**d). Health screenings which are preventive and/or diagnostic in nature and which help clients achieve preconception health; offering at least STD screening and treatment and cervical and breast cancer screenings; and may also include other services including, but not limited to preventive health, mental health assessments, and risk behavior screenings.**

**Q4.d. Response:** Delegates must offer all family planning and related preventive health services to ensure optimal care for clients, with referral to primary and specialist care, as needed. The 2011 American College of Obstetricians and Gynecologists and HRSA-supported Women's Preventive Service Guidelines list the following services that women should be included in all family planning visits: Well-woman visits; contraceptive counseling and follow-up care; STI and HIV counseling and screening; cervical cancer screening; breast cancer screening, and interpersonal and domestic violence screening.

CDPHE FPP delegate agencies utilize the QFP clinical pathway of family planning services to assess client's need for services. This pathway includes 1) Reason for visit 2) Does the client have another source of primary care 3) What is the client's reproductive life plan, and 4) Does the client need preconception health services, STD services or other related preventive health services. Of the services listed above, the following are CDPHE FPP's required elements of each service:

- **STI and HIV:** All clients complete an assessment and history of STI risk as part of the initial, annual, and/or interim FPP visit. STI risk reduction is discussed as indicated. All clients

under 25 years of age are offered Chlamydia and gonorrhea testing. The CDC's Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings, September 2006, is referenced in the CDPHE FPP Clinical Manual. The FPP Clinical Manual also has information on the importance of early detection and linkage to care, and treatment to improve the health of individuals living with HIV and decrease transmission risk. Agency staff members are directed to assess each client's HIV risk, including sexual and intravenous drug use history, client's knowledge of HIV transmission and prevention, and provide risk reduction counseling. Providers routinely offer HIV screening, which may be offered on site, including point-of-care HIV testing, or by referral. Delegate agency staff are directed to provide community resources for HIV pre- and post-exposure prophylaxis for clients in need of these services. Most Colorado Title X agencies completed training on PrEP program implementation within their agency and are dispensing PrEP or referring to same-day PrEP services. Annual STI/HIV and PEP/PrEP training are offered to providers. See Appendix G Clinical Manual: Sexually Transmitted Infection and HIV Services Section.

- **Cervical cancer:** Cervical cancer screening is required of all FPP delegate agencies.

Delegate agencies follow nationally recognized cervical cancer screening guidelines. Starting at age 21 years, women are screened with a Pap test every three years and women 30 years and older have the option of a Pap test with HPV screening every 5 years. A pelvic exam may also be provided following shared decision-making between client and provider. Clients with abnormal cervical cancer screening tests are provided follow-up medical care and/or a referral according to American Society for Colposcopy and Cervical Pathology guidelines. Provider recommendation regarding HPV vaccine is strongly associated with acceptance of HPV vaccination. Family planning providers include STI prevention and risk reduction counseling and education, including

HPV vaccine, in their counseling with clients. Parental consent is required for vaccination of minors. Minors are given information about HPV and the HPV vaccine to discuss with their parents. Clients 18 and older are given information about HPV and the HPV vaccine, including a recommendation for the vaccine if they have not received all recommended doses. VCF vaccine is available for clients under 18 years. Clients 19-26 years old may choose to receive the HPV vaccine and utilize private insurance or Medicaid for reimbursement. Several delegate agencies and the CDPHE family planning nurse consultant participate in a statewide HPV taskforce that brings together various stakeholders to focus on HPV-related cancer prevention and screening. FPP initiated purchase of the statewide license for the documentary, “Someone You Love: The HPV Epidemic”, and is one of several programs bringing the documentary to communities across the state. The powerful documentary follows the lives of five women affected by HPV.

- **Breast cancer:** Delegate agencies follow nationally recognized breast cancer screening guidelines for the early detection of breast cancer (i.e. ACOG, ACS, USPSTF, and ACR). Clinical breast exams may be provided every one to three years, starting at age 20, for asymptomatic women at low risk for breast cancer. National guidelines begin screening mammography at either 40 or 45 years in asymptomatic, low risk women, depending on a woman’s individual risk and preference. Emphasis is placed on shared decision-making between client and provider in determining when to initiate breast cancer screening and appropriate screening intervals in asymptomatic women. This client-centered approach empowers women to consider all available options and make an informed decision. Women considered at a higher risk for breast cancer may start mammography at an earlier age and/or are screened more frequently according to guidelines. Mammography recommendations also depend on physical exam findings and provider (including radiologist) recommendation. All women presenting as symptomatic are referred for a diagnostic



evaluation. Annual training is offered on breast cancer screening guidelines.

- **Preconception health:** Preconception health is a routine part of family planning visits, and focuses on establishing a reproductive life plan. An initial assessment of a client’s plan for pregnancy is elicited through asking the One Key Question®. Other questions include asking if the client has children now and how many children, if any, the clients would like in the future. Clients planning a pregnancy, seeking infertility services, or at high risk for unintended pregnancy are offered preconception health counseling. Clients contemplating pregnancy within the next year should be given the opportunity to discontinue their method, with the objective of improving the outcome of a planned pregnancy. Additional screening and counseling elements for providing preconception health care (i.e. medications, drug use, intimate partner violence, nutrition, and depression) are included in Appendix H: Clinical Manual, Preconception and Interconception Health Services. Delegates are trained in providing preconception and interconception health services using CDC’s Preconception Health and Health Care, Colorado’s Guidelines for Preconception and Interconception Care, and Preventive Male Sexual and Reproductive Health Care: Recommendations for Clinical Practice.

- **Other, recommended, but optional services:** Other preventive health services may also be available onsite or by referral, including, but are not limited to lipid disorders management, skin cancer screening, colorectal cancer screening, osteoporosis evaluation and management, mental health assessments, and non-sexual health risk behavior screenings.

**e). Health information, education, and counseling with an optimal health outcome as the desired goal for the client. Optimal health refers to the best possible outcomes for an individual’s physical, emotional, and social health.**

**Q4.e. Response:** CDPHE delegate agencies must provide health information, education, and counseling with optimal health outcomes as the desired goal for the client. The World Health Organization states that “Health is a state of complete physical, mental, and social wellbeing, not

2018-2022 Title X Grant\_ PA-FPH-18-001\_CFDA # 93.217

merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic or social condition.” There are interrelated factors connected to achieving holistic and optimal health, which include physical, emotional, social, spiritual, and intellectual health. Providing information, education, and counseling on these factors for clients to achieve their goals for optimal health and wellbeing are included in all CDPHE FPP visits. This allows for the development of optimal health throughout the lifespan, ensures a balance of the five areas of health, and encourages movement towards a client’s best possible health outcomes, while keeping in mind that optimal health is defined differently by each client. During the course of this grant period, delegates will receive training resources on the concept of optimal health, including each of the five interrelated factors to achieving optimal health, and CDC’s Health-Related Quality of Life (HRQOL) tool.

**f). Referral services available to clients from a network of formalized linkages among community partners, as indicated.**

**Q4.f. Response:** All 30 delegate agencies must refer Title X clients to comprehensive primary care services (i.e. Federally Qualified Health Centers, local clinics, hospital and nonprofit health centers). Of the 30 delegates, nine provide comprehensive primary care services directly as they are located in a Federally Qualified Health Center or hospital setting. Many delegate agencies have formalized linkages with community partners that specialize in HIV care and treatment, STI treatment, mental health, prenatal care, infertility, abnormal breast screening, abnormal cervical screening (i.e. colposcopy and LEEP), local social services, WIC services, nutrition services, intimate partner violence, human trafficking, emergency care, and drug and alcohol treatment providers. Referral lists must be updated annually, at a minimum. CDPHE FPP requires that all delegate agencies have referral resources for the following:

2018-2022 Title X Grant\_ PA-FPH-18-001\_CFDA # 93.217

1. Medical problems beyond the scope of the treatment facility. Delegate agencies provide referrals to appropriate provider or hospital.
2. Problems noted at the time of the history taking, physical exam, or laboratory testing.
3. Problems arising because of contraceptive method.
4. Other preventive health services.
5. STI treatment.
6. Cervicitis, vaginitis, and minor gynecologic problems.
7. Positive or suspicious cervical cytology.
8. Hemoglobinopathies (e.g., sickle cell).
9. Positive tuberculin tests.
10. Pregnancy related services, when appropriate, including testing and counseling.
11. Sexual dysfunction and human sexuality counseling.
12. Infertility work-up and/or therapy of an extensive nature.
13. Clients or partners of clients requesting information about, and/or procedure for sterilization, if that service is not available on site.
14. Clients request additional referrals to other providers.
15. Social services and social casework not appropriately handled by project personnel.
16. Linkage to care for individuals living with HIV.
17. PrEP and PEP community providers.
18. Nutrition counseling and WIC services, the Colorado Department of Health Care Policy and 2018-2022 Title X Grant\_ PA-FPH-18-001\_CFDA # 93.217

Financing <https://www.colorado.gov/hepf>, the Colorado Program Eligibility and Application Kit: <https://coloradopeak.secure.force.com/> and Colorado Connect for Health <http://connectforhealthco.com/>

**Q 5. Evidence of familiarity with, and ability to provide services that include the following: a). family planning and related health issues; b). services that are consistent with standards of care related to family planning, adolescent health, and general preventive health measures for HIV, STDs, etc.; c). compliance with State laws applicable in the proposed service area requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, intimate partner violence, human trafficking, or incest; d). counseling techniques that encourage family participation in the decision of minors to seek family planning services, and incorporate resistance skills for minors to resist/avoid exploitation and/or sexual coercion; and e). counseling techniques that encourage family participation for all clients, including the involvement of parents, spouses, or family where practicable, mindful of the health, safety, and best interest of the client.**

CDPHE FPP has the familiarity with, and the ability to provide services which include:

**Q5.a Response: Family planning and related health issues:** CDPHE follows the Office of Population Affairs, 2014 Program Requirements for Title X Funded Family Planning Projects and Providing Quality Family Planning Services, Recommendations of the CDC and the U.S. Office of Population Affairs (QFP), including the 2017 updates. Title X Program Requirements and the QFP are included in the FPP Administrative and Clinical Manuals developed for delegate agencies. Core family planning services are provided, including contraceptive services, adolescent health counseling and services, including a return to sexual risk-free status, pregnancy testing and counseling, achieving pregnancy and basic infertility services, preconception health services, sexually transmitted infection services, HIV, breast and cervical cancer screening, and other preventive services. While the services provided to family planning clients, and the sequence in which they are provided, depends on the type of visit, nature of the service requested, and clients' desires for the visit, the following components are offered and documented in the medical record:

- Informed consent; Reproductive life plan; Relevant and evidence-based educational materials;

Non-directive, client-centered counseling for all clients, including adolescents;  
2018-2022 Title X Grant\_PA-FPH-18-001\_CFDA # 93.217

Comprehensive health history, including sexual health assessment and history; Physical assessment; Annual and return visits; Laboratory testing and Referrals and follow-up.

**Q5.b Response: Services that are consistent with standards of care related to family planning, adolescent health, and general preventive health measures for HIV, STDs, etc.:**

Services provided by delegate agencies are consistent with current national standards of care and are outlined in the FPP Clinical Manual. The FPP Clinical Manual is reviewed and revised with assistance from a group of mid-level delegate providers and local reproductive health experts. Any changes or additions made to the Clinical Manual must be approved by Stephanie Teal, M.D., FPP Medical Consultant, then annually circulated to all delegate agencies to become the updated family planning clinical standard. Delegate agency medical directors, mid-level providers, coordinators, registered nurses, and other clinic staff are required to review and sign the Clinical Manual annually and with any interim changes.

FPP clinical policies and protocols, including the provision of family planning health care services, contraception services (counseling and methods), pregnancy testing and counseling, achieving pregnancy and basic infertility services, adolescent health services, preconception health services, STI/HIV services, and breast and cervical cancer screening and follow-up are based on the most recently published nationally recognized guidelines for sexual, reproductive and preventive health care are as follows: American College of Obstetrics and Gynecologists (ACOG), Center for Disease Control and Prevention (CDC) US Medical Eligibility Criteria for Contraceptive Use (US MEC), CDC US Selected Practice Recommendations (US SPR), CDC Sexually Transmitted Disease Treatment Guidelines, CDC Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Health Care Settings, CDC Division of Adolescent and School Health (DASH), U.S. Department of Health & Human Services Office of Adolescent

2018-2022 Title X Grant\_ PA-FPH-18-001\_CFDA # 93.217

Health (OAH), Society for Adolescent Health and Medicine (SAHM), United States Preventive Services Task Force (USPSTF) Screening Guidelines, CDC Preconception Health and Health Care, Colorado's Guidelines for Preconception and Interconception Care, American Society for Colposcopy and Cervical Pathology (ASCCP) Consensus Guidelines for Managing Abnormal Cervical Cancer Screening Tests and Cancer Precursors, American Cancer Society (ACS), American Heart Association, American Society for Clinical Pathology (ASCP) Screening Guidelines for the Prevention and Early Detection of Cervical Cancer, American Society for Reproductive Medicine, American Urological Association, American College of Physicians (ACP), American Academy of Family Physicians (AAFP), Male Training Center for Family Planning and Reproductive Health, Preventive Male Sexual and Reproductive Health Care: Recommendations for Clinical Practice, Family Planning National Training Center, The Center of Excellence for Transgender Health and the GLMA Health Professionals Advancing LGBT Equality.

**Q 5.c Response: Compliance with State laws applicable in the proposed service area requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, intimate partner violence, human trafficking, or incest:** Policies and procedures regarding adherence to state laws requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, intimate partner violence, human trafficking, and incest are contained in both the Administrative Manual and the FPP Clinical Manual. Title X delegate staff members are required to read the policies and procedures, and provide signatures acknowledging understanding of, and adherence to, these laws. CDPHE FPP verifies that the manuals are signed by staff during clinical site visits. At a minimum, delegate agencies are required to have written internal mandatory reporting and human trafficking procedures that are reviewed during the clinical site

2018-2022 Title X Grant\_ PA-FPH-18-001\_CFDA # 93.217

visit. The CDPHE nurse consultant also discusses mandatory reporting requirements, through the use of clinical examples, with delegate staff to assess their understanding of and adherence to both existing and new state laws. Delegates receive training on mandatory reporting laws in Colorado, including information on reporting child abuse and molestation, incest, sexual abuse, sexual assault, intimate partner violence, human trafficking, sexting, how to access Colorado Department of Human Services Child Welfare On-Line Training System, and how to report: <https://www.coloradocwts.com/>). See Appendix I: Clinical Manual: Mandatory Reporting & Human Trafficking.

**Q 5.d Response: Counseling techniques that encourage family participation in the decision of minors to seek family planning services, and incorporate resistance skills for minors to resist/avoid exploitation and/or sexual coercion:** The Adolescent Services section of the Clinical Manual describes family involvement that includes, but is not limited to, parental awareness of an adolescent's decision to seek family planning services, discussion of family planning options, and encouragement of responsible health care decision-making, including reproductive and sexual health and a return to sexual risk-free status, if the patient desires. The following are included in discussions with an adolescent client:

- An explanation of the confidentiality policy, including examples of information to be shared (e.g., certain STIs and situations covered under the mandatory reporting laws).
- A statement that it is the clinic policy to talk to all adolescents about family involvement.
- Adolescent motivational interviewing (MI) to determine if the adolescent client has talked to a parent, family member, or trusted adult about healthy relationships, sex, birth control, or STIs, and if not, what are the barriers. MI is a client-centered, directive counseling technique. MI strategies for brief clinic visits that encourage family participation are shared with delegates

regularly in the family planning newsletter (i.e. ask permission, ask-tell-ask, reflection, responding to resistance, and change talk). Adolescents that receive accurate information about healthy relationships, sexuality, reproduction, and sexual risk behaviors from trusted adults experiment less and at later ages compared to adolescents that do not receive such information.

- Resisting/avoiding sexual exploitation and sexual coercion are addressed in the Clinical Manual. Counseling content on this topic may include:
  - An explanation of the distinction between sexual exploitation, trafficking, sexual coercion (rape), and sexual abuse.
  - Review of risks that make sexual exploitation, trafficking, and sexual coercion more likely (i.e. poverty, power, sex and gender, societal tolerance, family conflict, disruption, or dysfunction, and history of abuse).
  - Review of skills that can be used for prevention of sexual exploitation, trafficking, coercion, and abuse (i.e. increase awareness and knowledge, avoid unsafe situations, risk reduction techniques).
  - The definition of sexual consent and the right to set limits and refuse sex at any time without negative consequences.
  - An awareness of the different kinds of peer pressure that might lead to sexual exploitation or coercion and how the influence of drugs and alcohol can affect behavior and decision making.
  - The importance of self-esteem and self-respect in avoiding exploitation and coercive relationships. Empowering and building client confidence may increase the likelihood that they will act against abuse.
  - A list of available community resources is readily available.



During the 2018-2022 project period, delegate agencies will continue to receive online resources and training opportunities related to family participation, sexual exploitation, sexual coercion, trafficking, and sexual abuse, including The National Family Planning Training Center website: <https://www.fpntc.org/resources/encouraging-family-participation-adolescent-decision-making-training-guide>

**Q 5.e Response: Counseling techniques that encourage family participation for all clients, including the involvement of parents, spouses, or family where practicable, mindful of the health, safety, and best interest of the client:** The Adolescent Services section of the Clinical Manual describes the importance of family participation and family engagement when this type of participation is in the best interest of the client. Family, guardian, or “askable” adult involvement/communication must be meaningful, on-going, two-way, and include mutual respect. Delegates will continue to receive online resources and training opportunities for increased family participation. Examples include:

- The CDC’s “[Parent Engagement: Strategies for Involving Parents in School Health](#)”
- Colorado Personal Responsibility Education Program (PREP) “Becoming an Askable Adult” Training.
- CDPHE has a long history of supporting family planning education in public health, including a CDPHE unit dedicated to the prevention sexual violence. This unit has many resources for family participation on their website, and its resources will continue to be shared with delegate agencies: <https://www.colorado.gov/pacific/cdphe/svp>

**Q 6. For the proposed schedule of discounts provided in the Appendices, a description of how the schedule of discounts was developed; or for applicants with multiple subrecipients, a policy that is applicable to sub-recipients which meets the criteria set out in the Title X regulations at 42 CFR §59.5(a)(7)-(9). (Title X regulations require that the schedule of discounts be applied to all services provided to individuals with family income between 101-250% of the Federal Poverty Level (directly by the grantee and/or through the subrecipient)**

2018-2022 Title X Grant\_ PA-FPH-18-001\_CFDA # 93.217

**as part of the proposed projects as described in the application).**

**Q6 Response: Schedule of Discounts (Sliding Fee Scale):** In March of 2018, the FPP hired RT Welter and Associates to oversee the training and review of CDPHE's 30 delegate agency with their cost-setting activities and sliding fee scales. RT Welter and Associates are experts in cost-setting, and ACA readiness and implementation, especially within the local public health model of health care delivery. In March, RT Welter hosted three training webinars on cost-setting, formulas and philosophies. CDPHE encourages delegates to set their fees according to their true costs and ensure payment of services, as appropriate for the patient. Because the 30 agencies vary in their business models, no one cost analysis model fits all. In May, RT Welter will review several different methods of cost-setting for accuracy, fairness and incremental cost structure steps between 101 and 250 percent of federal poverty level, and will give technical assistance and follow-up with delegate questions. By June 2018, all 30 cost-setting activities and subsequent sliding fee scales will be validated by RT Welter and approved by CDPHE staff. During both the 2015 and 2017 OPA Federal Review, Jerry Christie met with RT Welter staff and praised and approved this effort of training and review. Cost-setting activities must be done every three years or at any time there is a drastic change in costs or business models. As required by Title X guidelines, no client is ever denied services due to an inability to pay, and clients with incomes at or below 100 percent of the federal poverty level are not charged for required Title X services.

**Q7. Evidence that the proposed services are consistent with the Title X statute, as well as the program regulations, and regulations regarding sterilization of persons in federally assisted family planning services projects, and legislative mandates, as applicable;**

**Q7 Response:** The FPP has Administrative and Clinical Manuals that include policies, protocols, procedures and information about Title X regulations and Colorado state law. The manuals include links to the Title X statute, federal sterilization regulations, legislative mandates and program requirements. The Clinical Manual specifically addresses sterilization and the federal 2018-2022 Title X Grant\_ PA-FPH-18-001\_CFDA # 93.217

regulations regarding sterilization of persons in federally assisted family planning services projects. Delegate agency staff are required to read the Administrative and Clinical Manuals and must sign a signature sheet verifying that they understand and will comply with the manuals. Delegate agencies have the option of utilizing their own medical policies and protocols, and these are reviewed during clinical site visits to assure congruence with the Title X regulations, and FPP policies and protocols. Title X Statute and Regulations include, but are not limited to regulations regarding the provision of family planning services under Title X can be found in the statute (Title X of the Public Health Service Act, 42 300 et seq.) and guidance for grants for family planning services (42 CFR part 59, subpart A), as applicable. In addition, sterilization of clients as part of the Title X program must be consistent with 42 CFR part 50, subpart B (“Sterilization of Persons in Federally Assisted Family Planning Projects”). Please see Appendix J for the table of contents for the Clinical and Administrative Manuals that are provided to delegates. The table of contents from these manuals demonstrates the depth, consistency and expectations of each delegate in relation to the Title X Program, including program regulations, Title X requirements, legislative mandates and the quality guidelines. These manuals serve as “musts” and “should” for all Title X activities and serve as the road map for any family planning program. Delegate agencies are expected to read, share, and embed manual sections and protocols into their day-to-day work. Compliance with this expectation is reviewed at the administrative and clinical site visits. A full electronic copy of both of these manuals can be found at <https://www.colorado.gov/cdphe/titlex-familyplanning>.

In addition to the manual guidance, the FPP has built a strong quality assurance system that includes a team of fiscal experts that perform onsite and desk audits of all contractors fiscal practices, physical site visits, medical record audits, periodic data report reviews through the iCare

2018-2022 Title X Grant\_ PA-FPH-18-001\_CFDA # 93.217

database, sliding fee scale and cost-analysis annual verification, mandatory delegate trainings, review of annual client satisfaction surveys, and a series of other checks and balances to ensure that delegate agencies are in compliance with Title X and state regulations.

During administrative site visits, staff verifies that delegate agencies have a plan for policies and procedures that address all applicable HIPAA regulations. The Clinical Manual has a policy on medical records that details the confidential nature of personal health information (see Appendix K: HIPAA Policy). During the clinical site visits, clinic areas are observed for compliance with confidentiality standards.

**Q8. Evidence that Title X funds will not be used in programs where abortion is a method of family planning;**

**Q 8 Response:** Title X Regulations and Federal and State Laws contains information on complying with Title X federal requirements prohibiting abortion services (Section 1008 of the Public Health Service Act). Along with this requirement stated in each delegate agencies' contract, delegate staff must sign that they have reviewed the manual annually, indicating their agreement to comply. One of the items addressed on the clinical site visit is the provision that no Title X funds may go to a program that uses abortion as a method of family planning. In addition, delegate agencies that perform abortions (without Title X funds) as part of their work are subject to annual CDPHE separation audits by CDPHE's fiscal compliance staff to ensure Title X funds are accounted for separately from funds used to support abortion activities.

**Q9. Evidence that Title X activities are separate and distinct from non-Title X activities;**

**Q9 Response:** CDPHE FPP tracks Title X activities to ensure they are separate and distinct from non-Title X services. Currently, financial support for the FPP is received from Title X, Colorado State General Funds and local delegate agencies. Financial policies and procedures are determined by the Colorado Department of Personnel and Administration, State Controller's Office, Division 2018-2022 Title X Grant\_ PA-FPH-18-001\_CFDA # 93.217

of Finance and Procurement, Fiscal Rules, State of Colorado Procurement Code, Title X Administrative Manual, Accounting Section, and the CDPHE Accounts Payable Manual. The Family Planning Unit Manager, branch fiscal officers, and CDPHE Accounting, Purchasing, Contracts, and Budget Sections staff are responsible for appropriately dispersing and accounting for Title X funds, and ensuring there is an extraordinary separation of duties and internal controls. Title X federal requirements are incorporated at every level of policy and procedures. FPP staff work closely with FCCO unit to analyze, track and monitor the separation of Title X from non-Title X funds using the following reporting tools:

- **Monthly Invoice:** CDPHE works on a cost reimbursement model. Invoices from delegates are submitted monthly and reviewed to ensure that agencies request reimbursement and are paid for approved and appropriate costs only.
- **Site Visits:** During administrative site visits, staff verifies that family planning income, including client fees and donations, are only used for program purposes by reviewing delegate policies on donations, review charts, patient master bills, receipts and clients billing spreadsheets.
- **Financial Risk Monitoring System (FRMS):** Title X delegates are subject to CDPHE's Financial Risk Monitoring System (FRMS). FRMS is a standardized process to assess a contractor's risk of noncompliance with contractual fiscal requirements. Additionally, the system improves fiscal monitoring throughout the department by establishing standardized practices at the department and program level and utilizes a standardized invoice form. Delegates are monitored through random samplings of paid invoices and supporting documentation. Monitoring is conducted by FRMS expert staff based on risk level. Delegates rated as "high risk" are monitored more frequently than "low risk" delegates.

- **Annual Orientation and Contract Kick-off:** The FPP is required to host a contract orientation and kick-off session where invoicing, contracting and fiscal processes are presented and discussed with delegate staff.
- **Annual Time and Effort:** The U.S. Office of Management and Budget (OMB) has established standards and principles for determining cost for federal awards through grants, cost reimbursement contracts and other agreements. Delegate agencies are required to comply with time and effort reporting, using these OMB guidelines.

**Q10. A plan for providing community information and education programs which promote understanding about the availability of services. The plan should include a strategy for maintaining records of information and education activities;**

**Q10 Response: Information and Education Committee:** The FPP delegated the Information and Education (I&E) Committee requirement to its 30 Title X delegates as they are most familiar with the needs of their communities. I&E committee members are representative of the community served, knowledgeable about the population, and cognizant of the community's need for services and health education. To help meet this important element to the program, delegate agencies are provided with instructions, a sample recruitment letter, a sample materials evaluation form, and a sample materials approval summary table in the Administrative Manual. I&E Committees approve all information and education materials to ensure that they are current, factual, and medically accurate. Materials are reviewed for literacy level, cultural competence, length, readability, and appropriateness for the target population. The FPP monitors compliance with this policy during administrative site visits and delegate agencies are required to retain documentation of I&E Committee determinations for as long as each material is in use by the family planning program.

**Q11. A plan for an information and education advisory committee that is consistent with the Title X statute and regulations and that ensures that all information and education materials are current, factual, and medically accurate, as well as suitable for the population or community to which they will be made available;**

2018-2022 Title X Grant\_ PA-FPH-18-001\_CFDA # 93.217

**Q11 Response: Advisory Committee:** In addition to the required I&E Committee, the FPP delegated the education advisory committee requirement to all 30 Title X delegates. They must maintain an advisory committee that allows community members to participate in the program’s mission, including assisting with the development, implementation and evaluation of the delegate family planning program. The FPP monitors compliance with this policy during administrative site visits and assures that the committee is broadly representative of the population served. Some delegate agencies utilize the same group of community members for the I&E Committee and the advisory committee, while others have two separate committees.

**Q12. Evidence that the Title X program priorities and key issues outlined above in this announcement are addressed in the project plan;**

<b>Program Priorities 2018-2019</b>
<p><b>Priority 1:</b> Assuring innovative high quality family planning and related health services that will improve the overall health of individuals, couples and families, with priority for services to those of low-income families, offering, at a minimum, core family planning services enumerated earlier in this Funding Announcement. Assuring that projects offer a broad range of family planning and related health services that are tailored to the unique needs of the individual, that include natural family planning methods (also known as fertility awareness based methods) which ensure breadth and variety among family planning methods offered, infertility services, and services for adolescents; breast and cervical cancer screening and prevention of STDs as well as HIV prevention education, counseling, testing, and referrals;</p>
<p><b>CDPHE Practice related to Priority 1:</b> All core services featured in the 2018 funding announcement are offered in all CDPHE Title X clinics. CDPHE FPP requires a broad range of family planning clinical services (see answer to Q4c, page 16 for a list of required procedures, testing and pharmacy) and related health services. CDPHE Title X clinics offer Fertility Awareness-Based Methods (FABM), also known as natural family planning methods for patients that request them. According to recent Family Planning Annual Reports, 676 women and 71 men requested FABM or lactational amenorrhea method support between 2013 and 2017. All FPP staff</p>

were trained and certified in the Georgetown University, Standard Days Method online training and certification program in December 2017 and participated in several refresher FABM trainings, including the April 9, 2018 National Clinical Training Center for Family Planning's one-hour webinar, "Understanding and Counseling Potential Users of Fertility Awareness-Based Methods for Pregnancy Prevention". CDPHE FPP will share information with delegate agencies through formal trainings and, newsletter updates and central email communications. Resources include the U.S. MEC for Contraceptive Use (2016), NFPRHA FABM resources, and Family Planning: A Global Handbook for Providers. In addition, in 2018-2019, CDPHE FPP will host a minimum of one clinical training on FABMs (natural family planning methods), including, but not limited to Standard Days Method®, sympto-thermal method, Marquette method, and/or Billings Ovulation method. This training will include multiple categories and types of FABM, how to determine a client's fertile window, and observable fertility signs. If a client desires pregnancy prevention, this training will also include the importance of using a barrier method or other contraceptive method, or avoiding vaginal intercourse (periodic abstinence) during their fertile window.

**Priority 2:** Assuring activities that promote positive family relationships for the purpose of increasing family participation in family planning and healthy decision-making; education and counseling that prioritize optimal health and life outcomes for every individual and couple; and other related health services, contextualizing Title X services within a model that promotes optimal health outcomes for the client.

**CDPHE Practice related to Priority 2:** The Adolescent Services section of the Clinical Manual describes family involvement as, but is not limited to, parental awareness of an adolescent's decision to seek family planning services, discussion of family planning options, and encouragement of responsible health care decision-making, including reproductive and sexual health. The following are included in discussions with an adolescent client:



- An explanation of the confidentiality policy, including examples of information to be shared (e.g., certain STIs and situations covered under the mandatory reporting laws).
- A statement that it is the clinic policy to talk to all adolescents about family involvement.
- Adolescent motivational interviewing (MI) to determine if the adolescent client has talked to a parent, family member, or trusted adult about healthy relationships, sex, birth control, or STIs, and if not, what are the barriers. MI is a client-centered, directive counseling technique. MI strategies for brief clinic visits that encourage family participation will be shared with delegates regularly in the biweekly family planning newsletter (i.e. ask permission, ask-tell-ask, reflection, responding to resistance, and change talk). Adolescents that receive accurate information about sexual risk free and sexual risk avoidance counseling, healthy relationships, sexuality, reproduction, and sexual risk behaviors from trusted adults experiment less and at later ages compared to adolescents that don't receive such information.

In support of the “optimal health” concept, the World Health Organization states, “Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.” There are interrelated factors connected to achieving holistic and optimal health, including physical, emotional, social, spiritual, and intellectual health. Counseling and education on these interrelated factors allows for the development of optimal health throughout the lifespan, ensures a balance of the five areas of health, and encourages movement towards a client's best possible health outcomes, while keeping in mind that optimal health is defined by each client differently. During the course of this grant period, delegates will receive information about online training opportunities and resources on the concept of optimal health, including each of the five

interrelated factors to achieving optimal health, and CDC's Health-Related Quality of Life (HRQOL) tool.

**Priority 3:** Ensuring that all clients are provided services in a voluntary, client-centered and non-coercive manner in accordance with Title X regulation.

**CDPHE Practice related to Priority 3:** CDPHE FPP promotes patient-centered counseling in all of its patient sessions. In recent years, multiple trainings have been held in Motivational Interviewing and client-centered counseling for our family planning providers. The FPP program ensures non-coercive practices by having the patient lead the informational and education sessions, signing Title X consent forms, and IUD and implant consents including information on side effects and removal. All family planning required services are on the same sliding fee scale. The Family Planning Bill of Rights is given to every patient specifying the voluntary nature of all Title X services. Lastly, during all site visits, CDPHE FPP staff confirm that all delegate agency staff abide by these regulations and have reviewed and annually signed the Family Planning manuals inclusive of these regulations.

**Priority 4:** Promoting provision of comprehensive primary health care services to make it easier for individuals to receive both primary health care and family planning services preferably in the same location, or through nearby referral providers, and increase incentive for those individuals in need of care choosing a Title X provider.

**CDPHE Practice related to Priority 4:** The CDPHE FPP has a vast network of FQHC delegate agencies that offer Title X services and comprehensive primary health care services. The following are our current FQHC Title X delegate agencies and the regions they serve:

1. **Denver Health and Hospital Authority FQHC:** A network of 18 Title X clinics that serve the Greater Denver area.
2. **Metro Community Provider Network FQHC:** A network of three Title X clinics that serve the Greater Denver area with Jefferson County.

3. ***Summit Community Cares FQHC***: A network of two Title X clinics that serve Central Mountain and resort communities.
4. ***Northwest Colorado Health FQHC***: A network of two Title X clinics serving Northern and rural Colorado.
5. ***Mountain Family Health Centers FQHC (New Contractor)***: A new delegate agency that will onboard in July 2018. This FQHC has a network of five clinics that serve the Mountain corridor and some of western Colorado.
6. ***Colorado Coalition for the Homeless FQHC***: A Title X clinic, Stout Street Health Center, serving the Greater Denver area. This FQHC has a network of six clinics that include a mobile medical unit and Southeastern rural Colorado.
7. ***High Plains FQHC***: A network of five Title X clinics serving the Southeastern Plains region of Colorado.

All other (non FQHC) delegate agencies must refer Title X clients to comprehensive primary care services, including Federally Qualified Health Centers, local clinics, hospitals and nonprofit health centers. Many delegate agencies also have formalized linkages with community partners that specialize in HIV care and treatment, STI treatment, mental health, prenatal care, infertility, abnormal breast screening, abnormal cervical screening (i.e. colposcopy and LEEP), local social services, WIC services, nutrition services, intimate partner violence, human trafficking, emergency care, and drug and alcohol treatment providers. Referral lists must be updated annually, at a minimum. See required referral services in answer Q4f, page 21.

**Priority 5:** Assuring compliance with State laws requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence, and human trafficking.

**CDPHE Practice related to Priority 5:** CDPHE FPP consistently trains to ensure compliance with Colorado mandatory reporting laws for child abuse, child molestation, child neglect, sexual abuse, sexual exploitation, sexual coercion, rape, incest, intimate partner violence, and human trafficking. CDPHE recently held a mandatory webinar for delegates on mandated reporters to the child welfare system, updates to current law, when and how to report, and community resources. Two additional training sessions were held at the CDPHE Annual Women’s Conference in 2018. One training focused on Colorado mandatory reporting and human trafficking laws with a family planning lens, and the other was titled “Sexting: From Scandal to Opportunity.” Colorado Possession of Child Pornography (Sexual Exploitation) laws recently changed dramatically, and these laws directly affected how delegates counsel on sexting and sexual exploitation.

**Priority 6:** Encouraging participation of families, parents, and/or legal guardians in the decision of minors to seek family planning services; and providing counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities;

**CDPHE Practice related to Priority 6, family participation:** CDPHE FPP consistently shares resources with delegate agencies, encouraging participation of families seeking family planning services and information on sexual violence prevention, as evidenced by its web resource library: <https://www.colorado.gov/pacific/cdphe/svp>. During the grant period, CDPHE will partner with a contractor to offer an “Askable Adult” training to its delegate agencies. This training helps adults build the skills and obtain the tools needed to talk to adolescents about sex and sexuality. From the intake form to the face-to-face counseling session to the clinical visit, providing counseling to minors on coercion is core to CDPHE FPP’s work. At every appointment, counselors ask about the types of partners patients have, whether there are drugs, alcohol or anyone being forced into sexual activities. All providers have been trained in mandatory reporting laws and have the resources they

need to report, if necessary. While coercion counseling is especially important with minors, it crosses all age groups and is discussed with all patients, male or female, young or old.

**Priority 7:** Demonstrating that Title X activities are separate and clearly distinct from non-Title X activities, ensuring that abortion is not a method of family planning for this grant.

**CDPHE Practice related to Priority 7:** Title X Regulations and Federal and State Laws contains information on complying with Title X federal requirements prohibiting abortion services (Section 1008 of the Public Health Service Act). Delegate staff must review and sign the FPP manuals annually, which state that no Title X funds may go to a program that uses abortion as a family planning method. In addition, delegate agencies that perform abortions (without Title X funds) as part of their work are subject to a CDPHE separation audit that ensures Title X funds are accounted for separately from funds used to support abortion activities. Separation audits are conducted on an annual basis by CDPHE's Fiscal Compliance Unit.

**Priority 8:** Use of OPA performance metrics to regularly perform quality assurance and quality improvement activities.

**CDPHE response to Priority 8:** CDPHE FPP understands that the data it submits annually for the Family Planning Annual Report (FPAR) are used to calculate OPA performance measures. CDPHE FPP uses FPAR data in quality assurance and quality improvement activities, research, data fact sheets and storytelling as evidenced below:

- **Quality Improvement:** From 2015-2017, CDPHE FPP invested in a three-year, chlamydia screening QI project and uses FPAR data on a quarterly basis to track progress, monitor delegate agency compliance and inform analysis. The CDPHE Informatics team used FPAR data to create delegate agency dashboards to visually track progress and easily uncover challenges in the QI project delivery.
- **Research:** Using data to help inform the analysis, CDPHE used FPAR population and sex (Table 1), Race and Ethnicity (Tables 2&3), Income Level (Table 4) and Contraceptive

Methods by sex (Tables 7&8) to create “Game Change: Widespread use of Long Acting Reversible Contraceptives” in 2014 to share the early data returns and impacts of family planning on teen birth rates. In addition, CDPHE FPP used 10 years of FPAR data to help inform a 2017 cost avoidance analysis called, “Taking the Unintended Out of Pregnancy”. This analysis featured the decrease in teen birth rates and detailed the fiscal impacts to Medicaid, Temporary Assistance to Needy Families, the food assistance program and the WIC program in Colorado.

- **Data Fact Sheets:** CDPHE FPP is regularly asked for data and facts regarding its Title X program, and FPAR data is used to inform this work. FPAR Revenue Report (Table 14 in FPAR) is used to demonstrate success in Medicaid and Insurance increased reimbursement through Title X clinics (see below).

	<b>Medicaid Reimbursement</b>	<b>Private Health Insurance Reimbursement</b>
2011	\$464,699	\$52,832
2012	\$1,031,994	\$138,394
2013	\$1,137,395	\$273,005
2014	\$2,333,932	\$547,387
2015	\$3,187,623	\$884,157
2016	\$3,969,743	\$1,191,984
2017	\$3,534,950	\$1,351,523

- **Storytelling:** Since 2015, CDPHE FPP was featured in over 300 media articles in print and online. FPAR data is consistently used to show impact and help tell the story of family planning. See examples below:
  - 2016 New York Times: <https://www.nytimes.com/2016/07/19/opinion/winning-the-campaign-to-curb-teen-pregnancy.html>
  - 2016 National Public Radio: <https://www.npr.org/sections/health->

[shots/2016/10/06/496393340/long-term-reversible-contraception-gains-traction-with-carolina-teens](https://www.usnews.com/news/best-states/articles/2018-03-13/rural-teen-pregnancy-rates-drop-in-colorado)

- 2018 US News and World Report: <https://www.usnews.com/news/best-states/articles/2018-03-13/rural-teen-pregnancy-rates-drop-in-colorado>

### **2018-2019 Key Issues**

**Key Issue 1:** Efficiency and effectiveness in program management and operations;

**Key Issue 1 Response:** CDPHE FPP has directed the Title X grant activities in Colorado for 48 years. It has the systems and skills needed to perform all due diligence on the grant in an efficient and effective manner. In fact, many of Colorado’s monitoring tools have been shared in national family planning meetings and used as examples of good policy, clear procedure and best practices in the Title X field and among other CDPHE programs. In 2014, the CDPHE FPP went through a Lean event resulting in a mostly paperless system of management and combined several, separate reporting tools into a single, quarterly reporting system for delegate agencies. CDPHE FPP has an in-house FPAR data collection system that allows for efficient data collection and reporting.

**Key Issue 2:** Management and decision-making and accountability for outcomes;

**Key Issue 2 Response:** CDPHE FPP has been through several OPA Federal reviews and all resulted with little to no findings regarding the management and accountability for the Title X program. After 48 years, CDPHE FPP has proven its deep understanding of the work and has the staff, tools and data needed to demonstrate accountability. See staffing and management overview in the response to Q 4 on page 10.

**Key Issue 3:** Cooperation with community-based and faith-based organizations;

**Key Issue 3 Response:** CDPHE FPP relies on the cooperation of community-based and faith-based partners to implement the Title X work plan. Annually, CDPHE FPP requires that delegate agencies

connect with one new group (community and/or faith-based), throughout the state, to increase the visibility of their family planning programs, strengthen existing linkages and/or create new networks (see Appendix A for work plan which features this deliverable). Examples of partnerships include local health education session at community colleges, 1:1 counseling at domestic violence shelters, mental health referrals, healthy nutrition and cooking classes at the family planning clinic, participation on health advisory committees, and Information and Education work groups.

**Key Issue 4:** Meaningful collaboration with subrecipients and documented partners in order to demonstrate a seamless continuum of care for clients;

**Key Issue 4 Response:** CDPHE FPP considers its subrecipient partners as the backbone to the entire family planning program. Without their hard work, motivation and dedication to public health, Colorado could not claim the great success we enjoy today. The CDPHE FPP collaborate with subrecipients through face-to-face site visits, quarterly Med Pac meetings where subrecipient advise and manage the meeting content, the CDPHE Annual Women’s Health Conference where subrecipient agencies advise on conference content. Annual, staff from multiple delegate agencies serve as CDPHE FPP thought partners and contribute to its work and through ad-hoc committees and quality improvement groups. This collaboration translates to seamless continuum of care for clients because the subrecipients are informing the training, funding and advisement ultimately to serve more clients and improve the quality of care.

**Key Issue 5:** A meaningful emphasis on education and counseling that communicates the social science research and practical application of topics related to healthy relationships, to committed, safe, stable, healthy marriages, and the benefits of avoiding sexual risk or returning to a sexually risk-free status, especially (but not only) when communicating with adolescents;

**Key Issue 5 Response:** The CDPHE FPP will put meaningful effort into educating FPP Contractors on topics related to healthy relationships; committed, safe, stable, healthy marriages; and the benefits of avoiding sexual risk or returning to a sexually risk-free status, especially (but not only) when communicating with adolescents by sponsoring no less than two delegate agency



trainings on these topic in the 2018-2019 project year. The FPP has many government counterparts that are committed to partner on this work.

**Colorado PREP Program:** In preparation for this FOA, CDPHE FPP discussed possible strategy and training opportunities with its sister agency, Colorado Department of Human Services (CDHS), Personal Responsibility Education Program (PREP) program which is an abstinence and contraceptive grantee for the state. CDHS received federal PREP funding in 2010 to develop a sexual health education program and awarded funding to three communities: City and County of Denver Department of Human Services, Garfield County Department of Human Services and Huerfano County Department of Social Services. In two of the three communities, CDPHE and CDHS already have a strong, referral relationship between FPP and PREP. Coordinators in each of these counties work to bring comprehensive sexual health programming to young people in Colorado along with trainings for trusted adults who would like to increase their skills in answering questions about sensitive topics. Comprehensive sexual health education is important because research has shown that it helps youth:

- Delay the initiation of sex (abstain);
- Reduce the frequency of sex;
- Reduce the number of new partners;
- Reduce the incidence of unprotected sex.

Colorado PREP supports various curriculum that complement the FPP program such as:

1. *Love Notes:* Love Notes builds skills and knowledge for healthy and successful relationships with partners, family, friends, and co-workers. It is designed to help young people (16- 24 years of age) make wise relationship and sexual choices.
2. *Be Proud, Be Responsible:* Be Proud! Be Responsible! An Evidence-Based Intervention to

Empower Youth to Reduce Their Risk of HIV is a multi-media, 6-module curriculum that provides adolescents with the knowledge, motivation and skills to change their behaviors in ways that will reduce their risk of contracting HIV.

3. *Street Smart*: Street Smart is for runaway and homeless youth ages 11-18. This skills-building intervention uses short group sessions and individual counseling sessions to help prevent HIV/STIs and other harm.
4. *Draw the Line, Respect the Line*: is a 3-year evidence-based curriculum that promotes abstinence by providing students in grades 6, 7 and 8 with the knowledge and skills to prevent HIV, other STD and pregnancy. Using an interactive approach, the program shows students how to set personal limits and meet challenges to those limits. Lessons also include the importance of respecting others' personal limits.

These four programs were vetted through CDHS and are well received in the communities they serve. CDPHE FPP will rely on partners like PREP to help us achieve our training goals in sexual risk avoidance and a return to sexual risk free status.

**Colorado Title V, Abstinence Education Program:** CDPHE FPP discussed possible strategy and training opportunities with its partner, the Colorado Department of Education's (CDE) Title V, Abstinence Education Program. The purpose of CDE's funding is to address the rates of teen pregnancy among groups who are most likely to bear children out of wedlock. For that reason, CDE funds sexual risk avoidance programs, including mentoring, counseling, and adult supervision as a means of promoting healthy relationships. CDE's current grantees include an afterschool club in the San Luis Valley, a coaching and mentoring program to help adolescents build healthy relationships from elementary through high school, a company that addresses relationship-building and healthy relationships between couples and workplace colleagues, and a peer mentoring

programs that provide teens with strong role models that enable them to make positive life choices like refraining from high-risk behaviors (e.g. alcohol, tobacco, and drug use; early sexual activity; and violence). A sample of sexual risk avoidance curriculum supported through these partners are as follows:

1. **Nu-CULTURE** helps students understand the risk associated with early sexual activity and develops skills necessary to make healthy decisions and avoid risky behaviors. The program emphasizes increasing skills and self-efficacy in communication and refusal skills using through age appropriate, medically accurate information about teen pregnancy prevention, sexually transmitted infections, and other sexual health topics. Nu-Culture includes daily parent connection forms designed to engage parents in the topics covered and encourage open parent-teen communication.
2. The *Promoting Health Among Teens! Comprehensive* curriculum helps students learn about puberty, sexually transmitted diseases (STDs), including HIV, and pregnancy prevention through a lively, interactive and student-centric curriculum, that includes talking circles, brainstorming, role plays, DVDs, exercises and games that make learning enjoyable. This curriculum includes information about condom use as well as abstinence.

The CDE, Title V Grant is part of a comprehensive approach to adolescent well-being that seeks to support Colorado youth in developing and navigating healthy relationships and in making decisions that result in reduced teen pregnancy and sexually transmitted infections. Annually, the CDE Title V Program hosts a Sexual Risk Avoidance Specialist (SRAS) Training, through Ascend Organization, that is open to the public and to those seeking program certification CDPHE FPP seeks to invite FPP providers and health educators to attend the SRAS training. Another opportunity might be for FPP providers to refer their family planning patients to sexual risk

avoidance community trainings being held by CDE Title V partners in the community.

In researching sexual risk avoidance programs in Colorado, CDPHE FPP was referred to Dr. Lisa Rue with University of Northern Colorado and Preventative Technology Solutions (PTS). PTS is a clinical waiting room application which allows patients to access iPad technology to screen for sexual health risk, mental health risk and substance abuse risk. Real time results from the risk assessment are electronically uploaded into the clinic EMR, printed out or emailed to a provider to delete after reviewing. If any flags arise from the three risk factors, the provider is alerted for counseling and warm hand-off referral. Of interest to the OPA Key Issue of sexual risk avoidance is the PTS sexual health risk screening component which bundles patients screening results into the following categories:

1. Primary—encouraging sexually inactive adolescents to refrain from sexual activity and encouraging risk reduction guidance if necessary.
2. Secondary—teaching social and emotional skills to encourage sexually active adolescents to reestablish sexual boundaries if they desire.
3. Tertiary—encouraging sexually active adolescents to engage in risk reduction practice.

This waiting room screening tool could be a piloted in Title X clinics to help providers rapidly reveal if patients are engaged in healthy relationships and/or committed, safe, stable, healthy marriages.

If awarded the Title X grant, CDPHE FPP will partner with CDE, CDHS, PTS and similar organizations to help secure training in sexual risk avoidance and a return to sexual risk-free status.

**Key Issue 6:** Activities for adolescents that do not normalize sexual risk behaviors, but instead clearly communicate the research informed benefits of delaying sex or returning to a sexually risk-free status.

**Key Issue 6 Response:** CDPHE FPP will put a meaningful effort into advancing FPP Contractors

knowledge on topics related to activities for adolescents that do not normalize sexual risk behaviors, but instead clearly communicate the research informed benefits of delaying sex or returning to a sexually risk-free status. CDPHE FPP commits to sponsoring no less than two delegate agency trainings on these topics in the 2018-2019 project year. While training partners have not been identified at this time, we have many government counterparts that will partner with us on this work. See response to Key Issue 5.

**Key Issue 7:** Emphasis on the voluntary nature of family planning services;

**Key Issue 7 Response:** CDPHE FPP promotes equitable and voluntary family planning services to ensure the client's right to attain the highest standards of sexual and reproductive health, free from coercion. Voluntary family planning services ensure individuals the basic rights and autonomy to choose their family size, access to high-quality family planning and preventive services, and a sense of empowerment in their decision-making. A signed informed consent for services is obtained from all family planning clients, including voluntary acceptance of services and receipt of family planning services is not a prerequisite to receipt of any other services offered. CDPHE FPP LARC contraceptive counseling training includes both consent and coercion relative to insertion and removal of LARC methods.

**Key Issue 8:** Data collection, such as the Family Planning Annual Report (FPAR), for use in monitoring performance and improving family planning services.

**Key Issue 8 Response:** CDPHE has an in-house data repository called iCare that is managed by the CDPHE Informatics Unit. iCare is an acronym for integrity, community, accountability, respect, and excellence and was named by a vote among delegate agencies. Delegate agencies are required to enter client profiles into the iCare data system for FPAR data collection and reporting. The FPP staff and delegates use iCare reports to monitor, evaluate, and assess the program's progress and utilization of family planning services throughout the state.

**Q13. To the extent that the applicant will not provide all services directly, a description of the process and selection criteria used or to be used to select service sites and providers, including a description of eligible entities for funding as subrecipients.**

**Q 13 Response:** CDPHE does not directly provide clinical family planning services. Currently, 30 delegate agencies are contracted to provide family planning services. Selection of delegate agencies is accomplished through an open and competitive process to identify new, potential delegates and retain strong, existing delegates. CDPHE uses a competitive Request for Applications (RFA) process for Title X funding every 3 to 5 years, when needed due to resignation of an existing Title X agency, or pursuant to a new Title X FOA. Selection criteria include, but are not limited, to:

- The technical aspects of applications are assessed based on the soundness of the applicant's approach and the applicant's understanding of the requirement. Past experience/qualifications are assessed by considering the extent to which the qualifications, experience, and past performance are likely to foster successful, on-time performance. Technical and past experience assessments may include a judgment concerning the potential risk of unsuccessful or untimely performance, and the anticipated amount of State resources necessary to insure timely, successful performance. The criteria for scoring are in direct correlation to the required application components and ask questions like:

- Does the applicant have the capacity to provide services?
- Does the applicant have required commitment of personnel, including reasonableness to accomplish objectives?
- Does the implementation plan match the deliverables in the scope of work?
- Was the response submitted on the requested templates and required supporting documents and attachments, etc.?

2018-2022 Title X Grant\_ PA-FPH-18-001\_CFDA # 93.217

- Does the applicant demonstrate the ability to complete this project and knowledge and experience providing the services proposed?
- Does the response demonstrate sufficient understanding of the project?
- Does the organization have a diverse clinic budget that can help to sustain a family planning program?
- The extent to which the applicant agrees to Colorado's basic contract terms and required Special Provisions without seeking exceptions.

Applications are scored (100 point scale) needing a minimum score of 80 to be considered for funding. A review committee made up of state agency staff score all complete applications and then meet to make funding decisions.

In 2015, 2017 and 2018 the FPP used either the Request for Application (RFA) or the state bids system to solicit new delegate agencies. CDPHE FPP gained Metro Community Partners Network in 2015, High Plains Community Network in 2017, and will gain Mountain Family Health Centers in 2018 all as FQHC delegate agencies. To ensure continuity of care, Mountain Family Health Centers will replace a longtime partner that resigned from the program. **Description of eligible entities for funding as sub-recipients:** Eligible sub-recipients, referred to as delegate agencies, currently include local public health agencies, FQHCs, FQHC look-alike clinics, community health centers, school-based health clinics, hospital clinics, and nonprofit clinics. Current and new delegates must implement a comprehensive family planning program in compliance with Section 1001 of the federal act and all applicable federal regulations, as amended, in Title X, 42 C.F.R., subpart A, Part 59 as well as all applicable state regulations and the Colorado Constitution, including mandatory reporting laws. Delegate agencies must offer the following family planning services to women and men of reproductive age:

2018-2022 Title X Grant\_ PA-FPH-18-001\_CFDA # 93.217

- Program promotion efforts designed to recruit clients for family planning services and make services known to the target population.
- Direct clinical services to include a comprehensive health and social history, physical examination, and laboratory services following all applicable clinical policies and procedures that have been, or may be, established in the Title X program requirements and regulations and CDPHE Health Services and Connections Branch.
- Provision of contraception services to include a broad range of contraceptive methods (including FABMs/natural family planning methods), pregnancy testing and counseling, services to help clients achieve pregnancy, basic infertility services, STI/HIV services, preconception health services and breast and cervical cancer screening.
- Provision of education and counseling regarding family planning, STIs and HIV, nutrition, adolescent parental involvement, avoiding sexual coercion, and other related health issues.
- Follow-up and/or referral services, as appropriate.
- Collection and monthly submission of family planning data utilizing CDPHE web-based data submission system.
- Participation in the development, implementation, and evaluation of the project by persons broadly representative of the population served and by persons in the community who are knowledgeable about the community's needs for family planning services.
- Community education programs, based on a community needs assessment, that enhance the community's understanding of family planning and reproductive health.

**Delegate funding and budget guidelines:** Title X delegate agencies must have a diverse mix of funds available to carry-out their family planning activities and demonstrate that that the FPP is not the sole funder of their family planning program. Other delegate-related funds are generated



from local/agency support, patient fees, donations, Medicaid, and other third-party payment sources. Typically, CPDHE FPP Title X program funding covers 30-40 percent of the overall budget for delegate agencies.

**Budget Guidelines:** In accordance with Title X guidelines, delegate agencies may not charge for any Title X-required family planning services provided to patients with incomes at or below 100 percent of the federal poverty level. Service charges to patients with incomes at 101 to 250 percent of the federal poverty level must be set on a sliding fee scale model and based on the delegate's actual costs in providing family planning services. Delegate agencies are also required to utilize program income generated from client fee collections and donations for family planning purposes only. The delegate may not deny services based on the patient's inability to pay any of the agencies' sliding fees.

**Q14. A staffing plan which is reasonable and adheres to the Title X regulatory requirement that family planning medical services be performed under the direction of a physician with special training or experience in family planning. Evidence that staff providing clinical services (e.g., physicians, State-recognized advanced practice nurses, physician assistants) will be licensed and function within the applicable professional practice acts for the State in which they practice.**

**Q 14 Response:** Clinical staff members are licensed and expected to follow their respective Colorado State board rules and regulations for practice. The following is a summary of applicable professional staff legislation, rules and regulations.

- **Physician (M.D. or D.O):** Physicians providing oversight at both CDPHE and at delegate level practice under the Colorado Medical Practice Act must be licensed to practice medicine in Colorado, follow Colorado Medical Board rules and regulations, and must possess expertise in the area of family planning.

- **Registered Nurse:** Professional nurse licensure requirements from the Colorado Board of Nursing include that the applicant has completed a professional nursing educational program and

has a certificate of graduation or a certificate of completion from an approved program. The applicant must pass a written examination approved or prepared by the Board.

- **Advanced Practice Registered Nurse:** Advanced Practice Registered Nurses (APRN), including nurse practitioners (NP) and certified nurse midwives (CNM), practice under the scope of the Colorado Nurse Practice Act. The training and education received by the APRN within a particular specialty area defines the APRN's scope of practice per Colorado Revised Statutes. To be included in the APRN registry, a professional nurse must successfully complete an appropriate graduate degree as determined by the Colorado Board of Nursing; and obtain national certification from a recognized accrediting agency, as defined by the Colorado Board of Nursing, in the appropriate role and population focus. CDPHE recommends that a physician review and co-sign a sample of 10 percent of delegate agency medical records for the purpose of quality assurance and risk management. The APRN collaborates with a physician when indicated, and follows protocols developed by the Medical Policy Advisory Committee and signed by the consulting physician.

All family planning clinic sites have onsite pharmaceuticals, which allow APRNs without prescriptive authority to select and dispense pharmaceuticals according to protocols. APRNs with prescriptive authority are expected to follow Colorado Board of Nursing rules and regulations regarding prescriptive authority.

- **Mid-Level Providers Other Than Nurses (Child Health Associates and Physician Assistants):** Physician assistants are licensed by the Colorado Medical Board and practice under the supervision of a licensed physician. The requirements to be licensed as a physician assistant include successful completion of an education program that complies with standards approved by the Colorado Medical Board, and successful completion of a physician assistant national certifying examination or examination approved by the Colorado Medical Board.

- **Professional Credentials and Licensure:** Delegate agencies are required to have a policy in place to verify that health care professionals are properly licensed in the state of Colorado. Compliance is verified during the clinical site visit.

**Q15. Goal statement(s) and related outcome objectives that are specific, measurable, achievable, realistic and time-framed (S.-M.-A.-R.-T);**

**Q 15 Response:** CDPHE FPP created a 4-year budget period, September 2018-September 2022.

The full report with all details is featured in Appendix A. The Title X Work Plan 2018-2022 high level goals and objectives areas follows.

**GOAL 1:** Assure the CDPHE Family Planning Program is following the CDC's Quality Family Planning document and training its statewide network of delegates on family planning best practices.

- *Objective 1:* Decrease the rate of unintended pregnancy for women 15-44 in Colorado from 35 in 2018 to 32 in 2022.
- *Objective 2:* Each year through September 30, 2022, 95 percent of Title X agencies will provide the following to clients under the age of 18 seeking family planning services: 1) Counseling that encourages family involvement in decisions regarding sexuality and contraception, 2) information about sexual coercion, and 3) services provided in compliance with mandatory reporting laws.
- *Objective 3:* Annually, ensure that 85 percent of total clients will be at or below 150 percent of the Federal Poverty Level (FPL) and/or age 19 or less.
- *Objective 4:* Over the course of the project period (2018-2022), 95 percent of delegate agencies will attend training that incorporates The Office of Population Affairs (OPA) Title X program priorities and key issues.

**Goal 2:** Improve the reproductive health of individuals and communities by partnering with

2018-2022 Title X Grant\_ PA-FPH-18-001\_CFDA # 93.217

community-based, faith-based and other service providers working with vulnerable or at risk populations.

- *Objective 5:* Each year through September 30, 2022, 95 percent of delegate agencies will connect with one new group, throughout the state, to increase the visibility of their family planning programs.

**Goal 3:** Monitor delegate quality of services and enhance clinical and administrative management of the Title X program in Colorado

- *Objective 6:* Each year through September 30, 2022, 95 percent of delegate agencies will receive training and resources regarding quality care and healthcare business practices.

**Goal 4:** Family planning delegate agencies adapt to the changing health care environment and improve clinic business practices.

- *Objective 7:* Each year through June 30, 2022, Title X agencies will increase total clinic revenue from Medicaid and 3rd party payors by one percentage point. Please see full work plan (Appendix A: SMART work plan) for more detailed information on goals, objectives, activities and measurements.

**Q16. Evidence, including signed referral agreements with relevant referral agencies, that the applicant has a plan to facilitate access to the following: all required clinical services, provided according to a schedule of rates that are reasonable and necessary as required by 42 CFR 59.5; comprehensive primary care services, if not provided by the project, and other needed health and social services for clients served in the Title X funded family planning projects, such as HIV care and treatment services.**

**Q 16 Response:** All delegate agencies provide family planning services, as required by Title X, on-site, or by referral for specialized services such as LARC insertion or pelvic exams. With only five agencies referring some clinical services, the majority of CDPHE FPP delegate agencies perform all required clinical services in-house. The five agencies that sub-contract specialize services must adhere to the sub-contracting policy. The policy requires all delegates to notify

CDPHE FPP about all subcontracted Title X services and provide an Attestation of Memorandum of Understanding (MOU) signed by both the delegate agency and subcontractor. The Attestation of MOU outlines the work performed by the subcontractor, how the delegate agency is monitoring and evaluating plans of the subcontractor, and ensure that the MOU includes Title X program requirements, including the prohibition of funds used for abortion. The FPP monitors compliance with this policy during administrative site visits with delegate agencies.

Required services:

1. Contraceptive services;
2. STI and HIV screening and prevention services;
3. Breast and cervical cancer screening services;
4. Adolescent services;
5. Preconception health services and discussion with patients regarding reproductive life plans;
6. Basic infertility services and counseling;
7. Pregnancy testing and counseling.

Typical subcontracted services include:

1. Insertion or removal of long-acting, reversible contraceptive (LARC) insertions;
2. Breast and cervical cancer screening related services, such as a pap test;
3. Sexually transmitted infection services.

**Q17. Evidence of the capability to collect and report the required program data for the Title X annual data collection system, the Family Planning Annual Report (FPAR)**

**Q 17 Response:** CDPHE has an in-house data repository called, iCare that is managed by the CDPHE Informatics Unit. Delegate agencies are required to enter client profiles into the iCare data system for FPAR data collection and reporting. Delegate staff assigned to iCare data entry must abide by the terms of the Data Security, Use and Confidentiality Agreement in order to be granted

access to the data system. An alternate data submission method is submission of an electronic file of data records. To ensure the data in iCare is accurate throughout the year, reports are periodically generated and reviewed to identify data inaccuracies and correct errors. In addition, a lot of time is spent training, building capacity and coaching delegate staff on data entry. In December of each year, complementary FPAR surveys gather additional data, such as full-time equivalent staff, abnormal Pap test results, and expense and revenue reports. The iCare data system is an important tool for reporting annual Title X data. In addition, the FPP staff and delegates use iCare reports to conduct QI projects, and to monitor, evaluate, and assess the program's progress and utilization of family planning services throughout the state.

**Q18. Evidence of a system for ensuring quality family planning services, including: a process for ensuring compliance with program requirements; defined performance measures, including an agreement to measure those provided to successful grantees upon notification of award, and a process for systematically assessing the quality of services provided throughout the defined projects; and a methodology for ensuring the healthcare practitioners have the knowledge, skills, and attitudes necessary to provide effective, quality family planning and related preventive health services that are consistent with current, evidence-based national standards of care and which include core family planning services, as enumerated early in this Funding Announcement. This will include training of select healthcare practitioners by OPA, and may utilize other clinical training opportunities available through OPA.**

**Q 18 Response: A process for ensuring compliance with program requirements:** The FPP evaluates compliance with program requirements through the following, rigorous quality assurance and reporting system:

- **Medical Record Audit:** Each delegate agency participates in a medical record audit every three years conducted by either a contracted advanced practice nurse with women's health care and family planning expertise or the FPP nurse consultant. Agencies must score at least 90 percent on criteria in the medical chart audit tool. Delegates scoring below 90 percent must provide a corrective plan with technical assistance provided by the CDPHE nurse consultant.
  - **Clinical Site Visit:** Each delegate agency participates in a clinical site visit every three years.
- 2018-2022 Title X Grant\_ PA-FPH-18-001\_CFDA # 93.217

The FPP nurse consultant observes clinic flow, and the content and quality of care provided. The site visit tool is a checklist for monitoring compliance with all Title X clinical services requirements. An onsite review of medical records is conducted for completeness of documentation of care. At the close of the visit, recommendations for improvement are discussed. After the site visit, delegates receive a written site visit report, highlighting pertinent Title X compliance issues. Delegates are required to respond with correction and improvement plans that must be implemented within three months. If concerns are not resolved within the three-month time frame, the nurse consultant coaches the delegate and negotiates a new plan that may include a follow-up site visit. See Appendix L for the Clinical Site Visit tool.

- **Administrative Site Visit:** Each delegate agency participates in an administrative site visit every three years on an alternating basis with medical chart audits and medical site visits. The purpose of the site visit is to determine whether delegate agencies are managed effectively and comply with Title X, federal and state requirements. The site visit includes a review of charts, program income documentation, service charges and collections, donations, and a comparison of chart information to iCare reported data. The administrative site visit tool is a checklist for monitoring compliance with the Title X administrative requirements. At the close of the visit, recommendations for improvement are discussed and delegates later receive a written site visit report highlighting Title X compliance issues. Delegates are required to respond with correction and improvement plans that must be implemented within three months. If concerns are not resolved within the three-month time frame, FPP staff coaches the delegate, negotiates a new plan that may include follow-up site visit, and monitors monthly. See Appendix M for the Administrative Site Visit Tool.

- **Fiscal Desk Review/Site Visit:** The fiscal site visit takes all questions on the Federal Review 2018-2022 Title X Grant\_ PA-FPH-18-001\_CFDA # 93.217

Tool and applies them to every delegate agency. The FCCO Unit manages this process by requesting materials and documentation from delegate agencies and performing a desk review of their fiscal practices. A report is sent to the delegate agency detailing any findings and citing any recommendations. The fiscal site visit is performed by a trained compliance officer who is skilled in the monitoring and evaluation practices needed to manage Title X and state family planning funds. See Appendix N for the Fiscal Site Visit Tool.

- **Laboratory Results:** Pap tests and other lab work results are tracked via the delegates' electronic health record (EHR) or in lab logs listing the client's name, clinic or identification number, type of test, testing date and results. This provides a mechanism for identifying labs for which no results are returned, as well as for tracking abnormal lab results that need follow-up. Laboratory compliance and best practices are reviewed during the clinical site visit.
- **Cervical Cancer Screening Compliance:** CDPHE provides consultation, training, written policies and procedures for cervical cancer screening and follow up. Tracking systems exist to ensure that lab results are received by the agency and that abnormal tests receive prompt follow up. The CDPHE nurse consultant monitors the tracking and follow-up of abnormal lab results as a quality assurance activity through the review of reports and procedures during site visits.
- **Referral Follow-Up:** All service referrals beyond the scope of the family planning clinic are given in writing and tracked for appropriate follow up. Referrals are categorized as emergent, urgent, essential, or discretionary with time frames based on the level of concern. Clinics must have a referral follow up procedure to avoid losing clients in the event of abnormal findings. The clinics' system for recording, tracking, and following up on referrals is evaluated during the clinical site visit. The systems used for tracking and follow up of labs and referrals vary in nature from paper logs to more sophisticated electronic tickler systems.



- **Client Satisfaction:** Every family planning clinic conducts annual client satisfaction surveys. CDPHE provides a template for agencies to use or agencies may use their own survey. Delegates use the results of their client satisfaction surveys to understand where strengths and challenges lie in service delivery and to adjust their clinic practices.
- **Sliding Fee Scales and Cost Analysis:** Each delegate agency is required to do a cost analysis or cost-setting activity every three years or sooner if significant changes have occurred affecting costs.

**Defined performance measures, including an agreement to measure those provided to successful grantees upon notification of award; and a process for systematically assessing the quality of services provided throughout the defined projects:** iCare reports, including statewide, aggregate and agency-specific data elements, are downloaded into an Excel spreadsheet used to evaluate statewide and individual delegate agency performance. The iCare data elements evaluated include chlamydia and gonorrhea screening rates for women under 25 years and women 25 years and older; percentage of female clients who use the most, moderately and least effective contraceptive methods; client demographics such as gender, age, race, and ethnicity; and percentages of client insurance types (private, public, and uninsured). The reports are used to develop benchmarks for quality improvement targets and measures, compare sites with each other and the state as a whole, and evaluate gaps in data collection. Each agency receives its individual report and the statewide report for comparison. In 2015, the FPP convened a committee of delegate agency coordinators and providers to develop a clinical quality improvement (QI) plan. Preliminary goals, standards, measures and targets developed by the FPP QI committee include chlamydia and gonorrhea screening rates in females under 25 years old, percentage of females using LARC methods, and percentage of females using the most, moderately and least effective

contraceptive methods.

**A methodology for ensuring the healthcare practitioners have the knowledge, skills, and attitudes necessary to provide effective, quality family planning and related preventive health services that are consistent with current, evidence-based national standards of care and which include core family planning services:** Training and networking are important elements to Colorado's Title X program. Financial and human resources are allocated to this work from staff training to engaging delegate agencies in family planning best practices and cutting edge technology. This objective is met through a variety of efforts, including:

- **Title X Training Meeting:** Three times a year, CDPHE holds a two-hour Title X training meeting. During these meetings, CDPHE clinical staff book expert speakers to discuss innovative strategies in contraceptive technology, data collection pitfalls and best practices, and the latest family planning trends and Title X guidelines. In addition, these meetings are a forum to discuss the Office of Population Affairs priorities, including human trafficking education and training.
- **NFPRHA membership and website:** CDPHE's National Family and Reproductive Health Association (NFPRHA) membership includes a family planning training module for delegates and an opportunity for free or discounted registration for NFPRHA conferences and meetings.
- **National Training Centers:** CDPHE consistently refers to the OPA-funded National Family Planning Training Centers for resources, training, updates and innovation.
- **Newsletter Correspondence:** CDPHE emails a biweekly FPP newsletter to all delegates. Title X coordinators and clinic staff are provided information regarding upcoming local and national conferences and trainings related to contraceptive and preventive health services. The e-newsletter is also used to share updated national guidelines, such as the **CDC US Medical Eligibility Criteria for Contraceptive Use** and **STD Treatment Guidelines**, adult and adolescent immunization

2018-2022 Title X Grant\_ PA-FPH-18-001\_CFDA # 93.217

recommendations and schedules, cervical cancer screening guidelines, nutritional and physical activity counseling information, and drug and alcohol resources.

- **CDPHE family planning website:** The FPP maintains a web site with Title X family planning program information for the public, such as service site information. The complete Clinical and Administrative Manuals, clinical and administrative forms, and resources and training information for delegate staff. <https://www.colorado.gov/cdphe/family-planning>
- **Family Planning Orientation:** FPP staff members provide various orientations for delegate staff ranging from larger sessions where all interested delegate staff are invited, via phone or in-person at CDPHE, to an individualized, agency-level orientation for new delegate family planning coordinators and interested staff.
- **Contraception information resources:** CDPHE has traditionally purchased and distributed updated editions of Contraceptive Technology to delegate agency clinic staff.
- **CDPHE Annual Family Planning Conference and Noteworthy Speakers:** For seven years, the FPP has hosted an annual conference that brings together delegates to network, learn, and train together. In years past, CDPHE brought in national speakers on contraceptive technology (Dr. Michael Policar), the future of family planning in the United States (Rachel Gold) and several billing and coding experts. This conference is done in conjunction with CDPHE's Women's Wellness Connection and the WISEWOMAN program to expand topics to breast and cervical cancer screening, and heart health. These other programs bring to the conference a wider provider network and more peer learning opportunities.

**This will include training of select healthcare practitioners by OPA, and may utilize other clinical training opportunities available through OPA.**

CDPHE FPP relies on the training and expertise of OPA funded training centers to covers topics

like financial operations, best practices in chlamydia screening and 340b trainings. Both the clinical and administrative National Family Planning Training Centers are invaluable resources for CDPHE FPP staff and delegate agencies.

**Q19. Evidence that the applicant has ability to bill third party commercial insurance carriers and Medicaid in accordance with Title X requirements; and the ability to facilitate enrollment of clients into Medicaid.**

**Q 19 Response:** *Billing:* All CDPHE Title X delegate agencies are billing Colorado Medicaid and actively receive reimbursements from the Colorado Department of Health Care Policy and Finance. Most delegate agencies have contracts with insurance companies and are receiving reimbursements. In some Colorado communities, for-profit insurance companies will not contract with Title X providers, citing “adequate network coverage” as the reason. In addition, Kaiser Permanente was the most widely chosen insurance company on Colorado’s health insurance exchange and Kaiser is a closed system that does not contract outside of its own network. Below is evidence of billing success:

	<b>Medicaid Reimbursement</b>	<b>Private Health Insurance Reimbursement</b>
2011	\$464,699	\$52,832
2012	\$1,031,994	\$138,394
2013	\$1,137,395	\$273,005
2014	\$2,333,932	\$547,387
2015	\$3,187,623	\$884,157
2016	\$3,969,743	\$1,191,984
2017	\$3,534,950	\$1,351,523

*Enrollment:* Several of CDPHE’s FPP delegate agencies have an onsite insurance and Medicaid enrollment specialist to assist patients with eligibility and enrollment. For those agencies that do not have in-office enrollment, they are required to refer patients to Medicaid and the insurance marketplace. Most other delegate agencies have enrollment counselors “down the hall” or on a different floor in the building. All delegate agencies are required to share information with clients as to where they can enroll in both Medicaid and for-profit insurance.