

**Welcome to Title X Webinar  
September 25, 2018**

Coordinator: Thank you for standing by. At this time all lines have been placed in listen-only mode until the question-and-answer session. Today's call is being recorded. If anyone has any objections you may disconnect at this time. I would now like to turn the call over to Diane Foley. Thank you. You may begin.

Diane Foley: Hello everyone and welcome. I just want to welcome you to this time that we're going to spend together as an introduction to Title X. This is primarily to introduce our new grantees and give you particular information that will help to familiarize you with the requirements and resources that are available to help you be successful. We know that there are more than just new grantees on this call as well and so we want to welcome all of you to this webinar

The goals that we have today: I already mentioned introduce new grantees to the Office of Population Affairs but also to let you get to know some of the leadership and the staff here that you'll be interacting with. We also want to make sure that you have the ability to effectively run the programs that you have been awarded and we want to increase your knowledge, let you know where the resources are to help you, let you know the tools that are available, and then towards the end of the call we're going to turn it over to a couple of organizations that are particularly there to help you specifically with technical

assistance. And, so hopefully all of this will by the end of the time, bring some clarity to everything.

Now, you will be able to ask questions along the way if you want to type those in and we will try to answer those. There also will be a break time where if you don't have the ability to type in your questions you would be able to ask those questions of us. So, as we move along please make note of the questions that you have and we will be happy to answer as many of those as we can –to give you the most information possible.

As most of you know, the Office of Population Affairs is in the Department of Health and Human Services. Alex Azar is the Secretary of HHS and in that we are under the direction of the Office of the Assistant Secretary of Health, Dr. Brett Giroir. Under that office there are a number of offices and you can see there the Office of Population Affairs is just one of the many offices assigned to the Assistant Secretary for Health. So this helps you find where you are in the big scope of Health and Human Services.

Sue Moskosky: This is Sue Moskosky and I'm going to give an overview of the Office of Population Affairs and the Title X family planning program. OPA is charged with advising the Secretary and the Assistant Secretary for Health on a wide range of reproductive health issues including family planning, adolescent pregnancy, sterilization, and those kinds of issues. And most importantly for you all, we administer the Title X family planning program that you all are funded under.

The mission of the Title X program is to provide individuals with the information and means to exercise personal choice in determining the number and spacing of their children including providing access to a broad range of acceptable and effective family planning methods and services. And by doing

so, Title X family planning services promote positive birth outcomes and improved health for woman and infants and families, hopefully. This slide shows the staff of the immediate office of OPA, the staff that actually resides here. You can see that we're a small office - small but mighty we like to say. Dr. Diane Foley is the Deputy Assistant Secretary for Population Affairs. I'm the Deputy Director at OPA. Other people that you will be interacting with, or may interact with here at OPA is David Johnson who is the operations and admin officer, Terria Snowden, who actually if you call OPA most likely she's the person that will answer the phone and help you get to who you need. She's a program analyst. Karen Silver is our communications specialist. Shanae Murraine is a program analyst who is responsible for our website and our family planning database that you'll be hearing about a little bit later in the presentation. Bob Scholle is a public health advisor. He provides oversight for the embryo adoption program. Aisha Cody and Cynda Hall are both public health advisors on the service delivery team along with David Johnson and myself. And then in our research and evaluation team we have Brittni Frederiksen, Emily Decker, and Ana Carolina Loyola Briceño, who are all health scientists.

You can see on the next slide that the country is broken up into regions so each of you have a grant that's located in one of the states or territories that's on this map and you can see that states are actually clustered into regions and each of those regions has a regional office. Those regional offices are located where you can see the dot. Region 4 is in Atlanta, 3 Philadelphia, 2 in New York, 1 in Boston, et cetera. Each of those regional offices have a Regional Health Administrator but also your Regional Project Officer who has direct oversight for your family planning grant and is in your regional office that's listed - those Regional Office Project Officers are listed here on this slide, so depending on where you're located, one of these folks that's listed here is your project officer.

In terms of roles and responsibilities of OPA, as compared with the regional office staff, in OPA we actually have overall responsibility for program policy, budget, and administration of the program, oversight of all Title X activities at a mega level or macro level. We develop all the funding announcements here and we establish program priorities. Your Regional Project Officers carry out program activities. They actually monitor the Title X service grants. They provide technical assistance, advice, and support to you all in each of the regions. Then, importantly, the Office of Grants Management is responsible for grant policy, for approving grant modifications or changes in scope, those types of things as well as financial oversight.

I'm going to turn it over to Aisha Cody and she's going to cover the next couple of slides.

Aisha Cody: Thanks Sue. Along with the information that Sue provided we have for you some lines of communication. With any issue that you encounter your first course of action should be to contact your Regional Project Officer. You'll want to get in touch with them for information about program management and reports including FPAR, and any program issues you encounter. In the event that you have budgetary issues, need assistance on financial oversight, grant modifications and changes or grant policy questions, please get in contact with your Office of Grants Management Grant Specialist. You'll find information for both of those individuals on your notice of award. Additionally, when you have questions regarding the 340B Drug Pricing Program and if you are enrolled, you should reach out to the [HRSA Office of Pharmacy Affairs](#), the other OPA.

Additional communication tools are as follows. Our [OPA website](#) is an excellent resource for getting information about Title X including guidelines,

performance measures, and grants and funding. Additionally, we have a biweekly electronic newsletter. This subscription is not publically available and is only for the Title X network. Distribution includes regional staff, grantees, and service sites. It's important to keep your information on the Family Planning Clinic Locator Database current because that is also a vehicle we use in order to pull recipients for that biweekly e-newsletter.

And now we'll hear back from Sue on Title X.

Sue Moskosky: I'm going to provide a little bit of background on Title X. We always know when people know it's the Title X program rather than the Title 'x' program if they call our office and ask about Title x - we know that they know very little about us. But, actually Title X refers to the section of the Public Health Service Act that was passed by Congress and signed into law in 1970 about 50 years ago by then President Nixon. It amended the Public Health Service Act to provide for special grants for the provision of family planning services and related research, training, and technical assistance. By law, Title X provides priority for services to individuals from low-income families and it was actually established to make sure that people from low-income families have access to services to aid them in either preventing pregnancy or achieving pregnancy. The Title X program provides competitive grants to public and private not-for-profit organizations for family planning-related health services research, training, and information and educational materials. So you all are funded under the services authority of the program and although Title X is a very important source of public funding for family planning services you can see by this slide that it is by far not the largest public source of funding for family planning services. Title X represents about 10% of all funding for publically funded family planning services. While the Medicaid program that's administered by CMS, another part of the federal government and HHS, actually provides 75% of all the public funding for family planning - but the

important distinction between Medicaid and Title X is that Title X funds are provided as grant funds to organizations that allows them to lease space, to hire staff, to have contraceptive services and other services, onsite when a client shows up for services. With the Medicaid program, services have to be provided and then the provider bills for reimbursement that comes back into the program to allow services to go further. Even within Title X, sites are required to bill Medicaid for services provided as well as other insurance, - that's one of the important tenets of the program.

In terms of the important role of Title X and other publically funded family planning, Title X-funded programs serve about two-thirds of all clients who receive care at a publically funded family planning center but it doesn't mean that the Title X funds are the only funding source that goes to support that care. It's really a combination of different funding sources. And publically funded family planning helps women and families each year to avoid 1.9 million unintended pregnancies and Title X alone prevents about 973,000 of those unintended pregnancies including 200,000 in teens. Six in ten women who are of reproductive age consider their family planning or reproductive health provider to be their usual or sometimes only source of medical care. And one in three women who have an HIV test or receive STD testing or treatment get that service in a publically funded family planning center.

In terms of Title X and grants, there are several different sections of the Title X statute or law that are very important to be aware of and the first section is Section 1001 which is the Services Authority which states in the law that the Secretary, "is authorized to make grants to and enter into contracts with public or nonprofit private entities to assist in the establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and services including natural family planning methods, infertility services, and services for

adolescents.” And this is the way the law is stated. Within the law there are also other sections or authorities for providing funds for training which is our Section 1003. You'll be hearing from our training centers later on in the presentation. We also fund research under Section 1004. Under Section 1005 which is Title X information and education, we support our website and also e-newsletter activities and publications. And then Section 1008 is a very important section which states that none of the funds appropriated under this title shall be used in programs where abortion is a method of family planning. That means that Title X funds cannot be used to promote or provide abortions.

In terms of the entities that receive Title X grants, currently we have 96 service grantees in the network and they include state, territorial, tribal, county, or local health departments as well as universities, faith-based, community-based, and not-for-profit agencies. About one-quarter of our Title X service sites are community health centers and then a whole variety of other types of not-for-profit agencies. Currently - and this is information that we gleaned from our family planning annual report - we have approximately 3,900 family planning clinics or service sites in all of the states, the District of Columbia, and then all eight U.S. territories and Pacific Basin jurisdictions. In 2017 and over the last several years every year we've served at least 4 million clients with family planning and related preventive healthcare services. In 2017 most Title X clients were female, about 88%, and most are low income.

So also in 2017, two-thirds of all the clients that were seen had incomes at or below 100% of the Federal Poverty Level and according to Title X regulations and law there's to be no charge for services to persons with family incomes that are at or below 100% of the Federal Poverty Level and then for individuals whose family incomes fall between 101% and 250% of the Federal Poverty Level their charges are based on a sliding-fee schedule so they have reduced fees for their services. And Title X clinics are required to

bill all third party payers that are legally authorized - or legally obligated to pay for services so that would include Medicaid as well as private insurance. In 2017 the number of clients that are uninsured has come down. But still almost half of clients that are seen in Title X are clients that lack insurance for broad primary care services.

In terms of the requirements under Title X grants, services have to include a broad range of acceptable and effective family planning methods as well as education and counseling related to family planning. Also, physical exam and related preventive health services particularly those that are related to providing a method safely, pregnancy diagnosis and counseling services, services for adolescents and clinical procedures as I mentioned if they're indicated for a particular method as well as lab tests, basic infertility services are required within Title X - and also STD and HIV prevention education and counseling and testing either onsite or by referral. Although, we actually like to see all of these services provided onsite to give clients access to services that they need.

Now, I will turn it back over to Aisha to talk a little further about Title X family planning services.

Aisha Cody: Thanks Sue. So, Title X services requirements include stipulations that family planning services must be voluntary, confidential, provided to any person, male or female desiring services, with a priority for persons from low income families. They must be provided regardless of the ability to pay and they must be provided under the direction of a physician with training or experience in family planning. As noted, services, again, must be voluntary, confidential, and provided under the direction of a physician with training in family planning. Priority is for services for individuals from low-income families although services are available to all.



Now we'd like to discuss the [Title X program guidelines](#). As you begin work on your project you'll note that the program guidelines consist of two documents. First, the publication, [Providing Quality Family Planning Services](#) or QFP which recommends how to provide family planning services in an evidence-informed manner and the [Title X Program Requirements](#) which defines statutory and regulatory program requirements for grantees funded under the Title X program.

Sue will give us some more information about QFP.

Sue Moskosky: This next slide shows the framework for family planning and related and other preventive health services. So if you've looked at QFP - both of the documents that Aisha mentioned are available on the [OPA website](#). If you've not seen them yet please go under the section in the website that says Title X [Guidelines](#) and you'll be able to find links to both of these documents.

So the definition of family planning services in the core/orange middle circle here in this model includes a range of services that are related to both achieving as well as preventing pregnancy. The family planning services include contraceptive services, pregnancy testing and counseling, services to help clients achieve pregnancy, basic infertility services, preconception health services, and STD services including HIV services. The related preventive health services are services that are not directly related to preventing or achieving pregnancy but they're services that are typically provided in a family planning setting and include important services like cervical and breast cancer screening.

And then finally the other preventive health services are a range of primary healthcare service that might be provided in a setting that also provides family

planning services but they're not included nor are they considered Title X family planning services - but we want to make certain that clients have access to all services that they need either onsite or by referral to another closely linked provider within the community.

So this next slide actually makes another key point in QFP which is that we're trying to address the family planning needs of all individuals who need services related to preventing or achieving pregnancy. On the left side of this diagram is the flow chart for services that are to be offered to clients who come to a service site seeking services specifically related to preventing or achieving pregnancy. And once their initial request is addressed, the diagram shows that their needs related to STD services, preconception, and related preventive health services should be assessed and appropriate services offered in accordance with nationally recognized clinical recommendations. But the right side of this diagram makes the point that clients who seek services for a reason unrelated to prevented or achieving pregnancy should also be asked about their need for those services and probably many of you've heard of things like the One Key Question, in which clients are asked when they come in -- even if they've come in for upper respiratory infection or they come in to have their hypertension assessed in a primary care setting -- that they should also be asked whether they're planning a pregnancy within the next year. If they're not, further information should be gleaned from them related to whether they need services related to preventing pregnancy or achieving pregnancy and then providing services according to the left hand side of this diagram. We're finding that a lot more of these services are starting to be provided across the country in a variety of primary care settings who are starting with One Key Question or a similar question.

This next slide is really important and probably this will look familiar to those of you when you writing your grant application. In the funding announcement

and on our website this is very prominent. We've had legislative mandates that are part of the Title X appropriation over more than the last 10 years that we expect will be carried forward this next year. And these provisions include language that states that none of the funds appropriated in this act may be made available to any entity under Title X of the Public Health Service Act unless the applicant for the award certifies to the Secretary of Health and Human Services that it encourages family participation in the decision of minors who seek family planning services and that it provides counseling to minors on how to resist attempts to coerce them into engaging in sexual activities and also that notwithstanding any other provision of law no provider of services under Title X shall be exempt from any state law requiring notification or reporting of child abuse, child molestation, sexual abuse, rape, or incest.

OPA expects that every project will comply with the applicable state laws in the proposed service area and will have project wide monitoring and reporting policies related to child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence, and human trafficking. These policies need to include details related to annual staff training on policy and protocols, how protocols and policies are implemented and monitored, and always making sure that all staff have a clear understanding of the reporting process.

Also you probably noticed in the funding announcement that it stated that any teen who presents with an STD or a pregnancy or any suspicion of abuse should be screened to rule out if they've been victimized. We want to make sure that we're doing everything we can to protect our young people across the country that are coming in for Title X services.

Also every year in the funding announcement we actually list the Title X priorities for that next year. The FY 2018 Title X priorities that were included

in the funding announcement included these priorities that we expected you to address not only in your grant application but we also expect that if we come on site that we'll see services that reflect these priorities. They include assuring innovative and high quality family planning related services that will improve overall health, assuring that projects offer a broad range of family planning and related health services tailored to the unique needs of the client, assuring activities that promote positive family relationships for the purpose of increasing family participation in family planning and healthy decision making, ensuring that all clients are provided services in a voluntary, client-centered and non-coercive manner in accordance with Title X regulations.

Additionally, priorities included promoting the provision of comprehensive primary healthcare services to make it easier for individuals to receive both primary healthcare and family planning services preferably in the same location or through nearby referral providers, assuring compliance with all legislative mandates, assuring compliance with all of the statutory and regulatory requirements, and also using OPA performance metrics to regularly perform quality assurance and quality improvement activities.

Also in the funding announcement we identified key issues that we expect grantees funded under the funding announcement to be addressing through their services. In 2018 these were identified as efficiency and effectiveness in program management and operations, management and decision making and accountability for outcomes, cooperation with community-based and faith-based organizations, meaningful collaboration with subrecipients and documented partners in order to demonstrate a seamless continuum of care for clients, a meaningful emphasis on education and counseling that communicates the social science research and practical application of topics related to healthy relationships, as well as committed, safe, stable, healthy marriages and benefits of avoiding sexual risk or returning to a sexual risk

free status, especially when communicating with adolescents. Also activities for adolescents that don't normalize sexual risk behaviors but clearly communicate the benefits of delaying sex or returning to a risk-free status, and emphasis on the voluntary nature of family planning services. You'll notice that I've said - we've all said voluntary about five times already during this presentation so you can see that voluntariness and non-coercion are really big key issues that we look for and make sure –that services are not being provided that in any way shape or form look like they're being coercive or non-voluntary. And then finally, data collection like the Family Planning Annual Report that you're going to hear about later on in the presentation that you use to monitor your own performance and improve your own services.

Now I'm going to turn it over to David who is going to talk about grantee accountability and monitoring.

David Johnson: Great. Thanks Sue. So, one of the things we want to be able to do is define and understand some of the terminology that we use. So within each of your grant applications we define the Title X project as what you've identified in your competing application. This included you as the grantee, your subrecipients, and all of your service sites, so everything that's any part of that. So we want to combine everything together and talk about your entire system as one entity, i.e.: the project.

The Title X project, all of those entities and all of those components, must be in compliance with all of the Title X statutes and requirements. In addition, they also must adhere to all of the grant requirements that will be identified in your Notice of Award that you have. Overall, the Title X project services should reflect quality. Quality care is something that we've really been highlighting over the years. And we want to make sure that that care is demonstrated, one, by the use of current evidence-based standards for care

that are both published by federal agencies, so QFP would be one of those, and other professional medical organizations.

How do we do this? One of the things that OPA also has been focusing on in the past and we are really stepping up to do this even more is program monitoring. So we think about this through continuous quality improvement and this includes monitoring at many different levels. One is monitoring for statute adherence and compliance with statute, regulations, and policy - but also how you implement your project. So the number, the types, and how services are actually done at and through the service sites. Other areas of program monitoring includes looking at and reviewing the grant application - both your competing and also your noncompeting applications. We also do this through site visits and/or program reviews. We do this with phone calls, so we'll have - (your project officers will have) regular monthly calls with you and then also with you and your other colleagues as a group. Then we also look at the FFR (the Federal Financial Report), the FPAR (the Family Planning Annual Report), as well as other reports that are submitted throughout your project period. And then finally, program reviews are really the formal process by which we do program monitoring of grantees. So we go on site, and we see both the administrative site and some clinical service sites as well.

So why is this important? Well, as said, we have an obligation to ensure that there is documented evidence that grantees are complying with all federal requirements throughout their networks. We also need to ensure that grantees and their subrecipients provide high quality care. As we've previously discussed, we want to ensure compliance but also really want to be able identify best practices and replicate those best practices when possible. So monitoring isn't just about compliance. It's also looking at what is working

and what we can help improve upon, and where we can provide training and technical assistance.

As none of you are unaware, Title X is also a very sensitive and highly visible program. So it goes without saying that we want to make sure that there is additional emphasis put on the program as well as really going forward with our duty for monitoring and oversight. And we really want to be able to ensure program integrity and we do this with all of the components that we've discussed a little bit before this but also making sure that program integrity is very high through the process of actually providing high quality services.

So, finally, when we think about this we're also talking about your sub recipients. So grantees, you all on the phone, you all are responsible for monitoring your subrecipients and service sites for compliance with Title X. We also will do that both at headquarters and at the regional office level, but again we want to make sure that you also understand that your responsibility is to provide this monitoring for these areas. Ultimately, the grantee is accountable for the quality, cost, accessibility, acceptability, reporting, and performance of the grant-funded activities provided by and within your project.

One of the ways we do this is through the Program Review Tool. The Program Review Tool is really a document, it's a tool that OPA staff - and that's regional and headquarters staff - as well as consultants use to assess the project's compliance with Title X program guidelines. And that also includes, again, the statute and the regulations. We encourage you to adapt the Program Review Tool to do your own self assessments as well as also to monitor and evaluate your subrecipients and service sites. When we come on site, we use the Program Review Tool to monitor different components. One is project management and administration. We also look at the project services and

clients, community participation, education, and project promotion are the other areas. One significant area is confidentiality followed by information and education materials and the approval process that you have identified both in your application but actually we also look at how you're doing that onsite. And finally, we also look at additional administrative requirements.

So, now I'm going to turn it over to Emily Decker to discuss the Title X Family Planning Annual Report.

Emily Decker: Great. Thanks David.

Hi everyone. My name is Emily Decker. I'm a health scientist on the research and quality team and I'm also the Family Planning Annual Report or FPAR data coordinator at OPA Headquarters. My colleague Carolina Loyola is also working quite closely with me on activities related to FPAR. So, I'm just going to give an extremely brief overview of what FPAR is and where you can find helpful information and training for this reporting requirement today.

The [Family Planning Annual Report](#), or FPAR, as you've heard a few times throughout this presentation, is the only source of annual uniform reporting from all Title X family planning service grantees. This annual data collection effort provides OPA with consistent national-level data on the Title X program grantee organizations and the clients receiving Title X family planning services. FPAR data are used in a variety of ways, primarily for program planning efforts and determining where to target quality improvement initiatives. They are also used to communicate key facts about the Title X program to Congress and other policy makers. The data are also used to monitor grantee performance as well as to evaluate the impacts of the program.



So all grantees that receive Title X funds must report the FPAR data annually through OPA's electronic data system. You can visit that data system website at any time. It is open and the National Summary is open to the public. The website is: <https://fpar.opa.hhs.gov>.

The primary person in charge of reporting FPAR data at each of your organizations will receive login information to access the password protected areas of the website including the pages that are for submitting FPAR data each year. I'll explain a little bit about that process. So, in general, FPAR collects data on activities conducted during each calendar year from January 1 through December 31. Grantees have to collect all data elements from subrecipients and clinical service sites included in their Title X project during that calendar year or for any portion of a year that a clinical service site or sub-recipient is part of the Title X project. Grantees compile data from their whole network and submit results through the FPAR data system on or around February 15 of every year.

While I don't have time to get into all the details of the variables and processes that are involved in FPAR reporting, we have three in depth training videos that are available and accessible at any time on the FPAR data system website. When you visit the website you'll see that there are three tabs available at all times without a login - the Home Screen, Reports and Forms, and lastly Training. If you click on the Training tab you'll find three training videos and corresponding PDFs of the training. The first training called "Understanding the Reporting Requirements" is highly recommended for anyone that is new to FPAR reporting. The second training, "Submitting the FPAR Using the FPAR Data System" is always helpful to watch as you prepare to submit your data each year. The final training on the data system website explains the submission, review, validation, and approval processes for FPAR and it is helpful if you'd like to understand how FPAR data are validated.

The most important reference for FPAR is a document called [Forms and Instructions](#). This is a guidance document that contains all the definitions for FPAR data elements and how to report them in the data system. There's also a series of frequently asked questions and answers in this manual to address reporting of complex care scenarios. OPA updates this manual every three years to ensure that it's aligned with current clinical guidelines and practices and also the Office of Management and Budget reviews and approves this data collection tool every three years.

Just to reiterate where you can find the FPAR data system website now that I've mentioned it a few times and talked about the resources available there, we put it up on the screen again. You can also find helpful information about FPAR on OPA's website. From the home page you can click on the Title X button and scroll to the Family Planning Annual Report listing. This page has an archive of all the national summary reports as well as the current forms and instructions guidance document.

Now, in terms of who to reach out to for help on FPAR, please get in touch with your Regional Project Officer as your first and primary point of contact for FPAR. If necessary, they'll reach out to me and Carolina and we may also reach out to additional resources available.

So now I'm going to turn the presentation back to the OPA team to talk about the family planning clinic locator and database. Thanks.

Aisha Cody: Thank you Emily. The Title X Family Planning Clinic Locator and Database, which you can view online by going to <https://opa-fpclinicdb.hhs.gov/>, is an essential tool for storing, accessing, and maintaining up-to-date information on grantee organizations, subrecipients, and service sites The

clinic tool locator is also available on the [www.hhs.gov/opa](http://www.hhs.gov/opa) website and typically this is the first stop that women and men of reproductive age use to actually try to find a Title X family planning clinic near them. By visiting this site, they'll be able to find information about clinics offering a broad range of family planning and preventive health services. This is the best way to make sure clients are finding your site and figuring out how best to get there.

You'll notice on the next couple of slides, these images are included just to give you an idea of the look and feel of the database from your viewpoint. We want to be able to make sure that grantees, service site users and our regional officers are able to maintain site data.

So as you log in you'll see pages that look similar to these. You know, we do apologize knowing that this font is very small, but this is just to give you an idea of what you'll be looking at.

Again, keeping this database current is essential for making sure that your program is visible to the public and to men and women who are looking for services in your area. It's really important for you to fill out as much information as possible including all of those services that are offered by your site to the public.

The more information that you include in your site information, the better we're able to post that info for the public to be able to see what's being offered and for them to be able to make a selection as far as the clinic and site that will best suit their needs.

And, as stated, it's very important not only to drive clients to your location, but it's also a requirement of your Notice of Award. And so you'll see on this slide that there are several different points. This is basically a capture of

what's in your grant Notice of Award, but it's really important for you to include timely notice to OPA, as well as the appropriate regional office staff, of any additions, closures changes to your name, the location, et cetera.

Some of those changes will require a little bit more work and so we do ask that you make sure that you get in contact with the HHS Regional Office as soon as possible

This database is also used to verify eligibility for the 340B Drug Pricing Program including program registration and recertification. So for those sites who you're adding to your network or deleting from your network, you'll really want to make sure that you're keeping accurate accounting of which locations are involved so that you're able to verify the eligibility for 340B without delay.

David Johnson: Thanks Aisha, appreciate it. So we're going to move on to the Title X family planning program grant requirements. So one of the things - this first slide is actually looking at an important timeline. And so, first, what I want to make sure is that everyone is aware of is the period of performance.

And this is the seven-month project period that you have, which started on the first of September 2018 and it will go through midnight of the 31st of March 2019. The other timelines that are very important, and these have been identified in your Notice of Award, are the due dates for your Federal Financial Reports. You will have three that are due. The first one ends with the first quarter for the federal fiscal year and that is from the 1st of September through the end of September. So the first Federal Financial Report under this project will be for one month. The following three months will capture information for your second FFR (October 1 – December 31, 2018) with the third reporting as actually your final report. So every Federal

Financial Report, the FFR or SF425, is actually comprehensive and each one builds on the other.

The other important date is the final end of the project period report and that is due on the 29th of June 2019. Again, that is also indicated in your Notice of Award. Just for those that are our current previous grantees, so those grantees that just had a project period ending at the end of August 2018, your final End of Project Period Report is due on the 29th of November 2018. So again, just a reminder for those.

And the other important date is your SAM registration. SAM registration is required annually. And it's really important to know that there have been some delays in the past with SAM registrations for both new and current registrants. Recently, all of you have had successful applications, but this means that all your renewals need to be done in advance. You need to be mindful and shouldn't wait till the last minute to do this.

So check your registrations, make sure it's active well before any application deadlines are due because without active registration OASH may determine that you're not qualified to receive an award or, if in a competitive cycle, the award may not go to you because of that.

The Notice of Award (NOA), as Aisha referenced a couple slides ago, there's a lot of information that's indicated in your Notice of Award. Please read the entire document. This is a legally binding document that's issued to you all and includes several pieces of information. It sets the award amount, terms and conditions, and allows funds to be drawn from the Payment Management System (PMS).

You accept the award, its associated terms and conditions, and regulations and policies incorporated by reference when you draw down or request funds from the Payment Management System. So even though you have the award it's right when you take that first dime of money, that is when you officially have accepted the award. The Notice of Award indicates everything that you need to be aware of.

And if you have questions about the Notice of Award, your first point of contact would be your grant specialist, but also feel free to follow up with your Regional Project Officer. They also are very well versed in what your Notice of Award indicates.

The administrative requirements are the areas, and there are several actions that require prior approval from OASH, more specifically from the Office of Grants Management. Grantees are really expected to provide timely notice within 30 days before something is going to happen to the Office of Grants Management and our Office of Population Affairs through your Regional Project Officer for any changes.

Even if it's not a change in scope such as, you know, a nearby relocation of a service site, you really need to also update the [database](#). But please make your Project Officer aware of all of these changes.

Retroactive requests may be considered, but they really should be an exception. Everything listed here requires prior approval specifically, part two of the HHS Grants Policy Statement includes a thorough discussion for all of these prior approval items. But during this time you really always should check with regulations well.

Again, your first point of contact for many of these is going to be your Regional Project Officer and/or your Grant Specialist.

After you submit, OASH has 30 days to review and respond to a request. So be sure to submit your request well in advance of your anticipated or proposed implementation.

The areas that we have indicated here are change in scope, significant re-budgeting, change in Principle Investigator or Project Director, or reduction in time for one or two of those positions.

Other areas that require prior approval are alterations and renovations, typically referred to as A&R. And then, also, change in grantee organization and or a carryover request or no-cost extension. The one area that I do want to point out is for proposals requesting significant budget revision, this technically means a change in 10% or more of the total award.

The request should include a revised budget narrative justification and matching SF424 and SF424a. Other than that there's a lot more working parts to this, but we'll probably recommend that you follow up with your Project Officer to answer questions on what you need to submit to them and when you need to submit it.

So notifications, again, these are items requiring written notification to OGM. This is a change in authorizing official, an organizational name change, as well as a change in contact information, for example address, phone or email for these positions.

And this helps OGM, the Office of Grants Management, knows who to contact especially when we have changes to grant issues whether or not there

are amendments to your Notice of Award or amendment decisions. Please note that organizational changes such as mergers and reorganizations may require a successor and interest.

Once these actions are completed, they require significant processing time so please contact your grant specialist as soon as you're aware of any potential changes. And just to make sure that we're all on the same page, your project officer and grant specialist are indicated in your Notice of Award.

So finally, project reporting. We mentioned this a little bit earlier, but we want to make sure that these are areas that you're focusing on as well. Again, we talked about the Quarterly Federal Financial Report, the FFRs - check your Notice of Award for those due dates.

Also audits, if these are applicable. According to 45CFR part 75 section 500, audits are required when a recipient or sub recipient expends \$750,000 or more of federal funds in any fiscal year. Again this is a discussion that you and your financial team should be having.

Subrecipient reporting, this is related to the FSRS system and this is a requirement under the Federal Financial Accountability and Transparency Act, FFATA, which requires the data entry at the sub recipient reporting system that all sub awards and subcontracts issued at \$25,000 or more be reported as well as executive compensation for both grantees and sub-recipient organizations.

Finally, End of Project Period close-out reports - these are due 90 days from the end of your project period. Comprehensive Grant Reports are due as part of that and they're submitted as a grant note in Grant Solutions. Again, these pieces will be included in your NOA and as we get closer to the end of your



project period we'll also reiterate and provide some more guidance with that. And as stated here, official guidance is available on the OPA website.

So with that, we're going to close out the first portion of this and open up for any questions. So you have two options I think of asking questions. One is through the chat and the other is to contact the operator and do a voice question.

Coordinator: And for any questions on the phone please press \*1 and please record your name when prompted. If you'd like to withdraw the question you may press \*2. Again to ask a question please press \*1. One moment please for the first question.

David Johnson: So I will say one question is whether or not the slides will be available later and they will be posted probably within about two weeks with a transcript on our website. So once this happens all of you - the same email that was sent out for the information for this webinar will also be sent out when the materials are posted. .

So I think I see another question that came up about how often is the site visit. Typically what we were referring to as a site visit actually is a comprehensive program review. So in the past we have done these once every project period. Given that this is a shortened project period, we'll be modifying this to at least have a program review for each entity within three years of when they first received funding.

So again it may not coincide this year with your period of performance or your project period, but certainly within the next several years you will be receiving an on-site program review.

Sue Moskosky: If I could just add to what David said, too, with those entities that are brand new to the program, please do expect that either the regional office or somebody from OPA or possibly both will be scheduling a time to come and visit you. This is not a monitoring visit, it's just more or less a get-to-know-you visit. We want to really see where you live, what you're setting is, and what you need from us.

It really is more of a meet and greet. So if you've not already heard from your Regional Project Officer you will be hearing from them soon to try to set up a time that would be convenient for you for them to come out and visit with you on site. And I know that some OPA staff are also going to be helping to conduct some site visits with some of the new grantees.

We want to make sure you all have what you need to get started and that we can be supportive as well as know what your setting looks like and what your service delivery system looks like on the ground.

Aisha: Sue, I see one question online and that's to ask if there's a specific time period for site registration on the OPA website, and the answer to that question is that yes there is. You have 30 days to register your information.

You'll be getting some additional information about how to do that and then periodically you'll need to update. You should be receiving some correspondence from the website contractor likely within the next week or two to help you through that.

Sue Moskosky: Please be aware that you also need to register - there are specific times to register - with the 340B program. Registration on the OPA database website doesn't give you access to the 340B program -- that's a separate registration process that we'll be sending out notification from OPA about that.

But it's really important that your sites are also in the OPA database because that's the way the Office of Pharmacy Affairs can verify that you really are a Title X provider and are eligible for that 340B discount. So it's really important to be in both places – the [OPA clinic database](#) and the 340B database.

Also with the 340B program, even though you register at the time that registration is open, it's not automatic that you have access to drugs at the 340B discount. So go up on the HRSA Office of Pharmacy Affairs website and there'll be a lot more information there including when the registration dates are and other important information should be posted up there. But we send out information periodically in the e-newsletters but that's why it's also important that we make sure we have two people from each grantee and we have valid email addresses.

So if you have changes in people at the grantee level, if you have a new person that comes in - and we typically want two people per grantee on our list that gets the OPA e-newsletter – please notify us.

Aisha:

And also just to address a couple question I've just seen, in terms of the specific time period for site registration on the OPA clinic database website, your first point of contact is your Regional Project Officer.

Before any sites can be added to the website, especially if you're adding sites to your project that weren't included in your funded and approved application, you'll need to get in contact with your Regional Project Officer. This will require putting in a change in scope request. The request is then reviewed by your Regional Project Officer. After receiving approval, that is when you'll be able to add that site to the OPA clinic database website.

As I previously mentioned, after changes approved, grantees must make the necessary additions, deletions, or modifications to the sites listed in the OPA clinic database within 30 days.

And just to echo something that Sue mentioned, when it is time for your recertification for 340B please know that the process to add, remove, or modify sites associated with your project is not instantaneous. You'll want to definitely plan ahead and make contact with your Regional Project Officer at least 30-60 days before the recertification period so that the Change in Scope and update to the [clinic database](#) are completed in a timely manner.

Sue Moskosky: Also, if I could just add on to, you know, in terms of the OPA clinic database - and this was already said earlier - but I just want to emphasize the importance of making sure not just that the sites are clearly identified with the address and telephone number, but also that the services provided at each site are clearly identified.

So if a client is looking for a site that provides HIV PrEP services - they want to know whether you provide that service on site or if you provide a particular method of contraception - they may be looking for a particular fertility awareness-based method or they're looking for an IUD or something - they want to be able to know that your site provides that because it's really important that clients get the services that they need at the time that they need them.

David Johnson: We've got one or two questions about training and technical assistance and resources for providers. So just so that you all know, that's going to be addressed in part two so if you still have questions after that we'd certainly

answer that. We want to make sure that we're responsive to your questions but you should be receiving that in the next section.

Aisha Cody: Operator, were there any further questions?

Coordinator: Aisha, no questions.

Aisha Cody: Thank you. So, we'll move forward with the webinar. And as David mentioned this is Part Two now. And I saw a couple of questions regarding training and technical assistance so you'll want to definitely tune into this portion right now.

I'm going to introduce our National Training Centers. The Title X program is really resource rich. We have two [National Training Centers](#). We have the FPNTC which stands for the [Family Planning National Training Center](#). They provide a host of information and resources on their website, many different job aids, tools, and web-based training modules specific to project administration, counseling and education, financial resources and many other resources for grantees, service sites and employees of your project to take advantage of.

In addition, we have the [National Clinical Training Center for Family Planning](#). The CTCFP provides a wealth of information specific to clinicians, clinical personnel, medical directors, nurses, but also your counselors and educators and other staff who are engaged in the clinical care of the clients who are seeking service at your project and in your sites.

And so with that, I want to introduce two personnel from those centers. I'm going to introduce Jennifer Kawatu who works with our Family Planning National Training Center and Viannella Halsall who works with our National

Clinical Training Center for Family Planning. They're going to guide you through the next few slides and let you know what resources are available. And also please check out your chat box in just a moment. I'll forward a couple of links for some of those resources that you all have been asking for in the chat.

(Jennifer Kawatu): Thanks Aisha. So I'm just going to briefly introduce the Title X National Training Center. And as Aisha just described, they're really two sister training centers that work closely together.

The FPNTC, or Family Planning National Training Center, as Aisha said, is managed by JSI Research and Training Institute, or JSI. And we partner with the University of North Carolina (UNC) for their experience and background in implementation science research.

The FPNTC is tasked with serving all Title X agency staff on a wide variety of topics as Aisha started to list. And we are both funded by OPA through a cooperative agreement.

The National Clinical Training Center for Family Planning, NCTCFP, is specifically charged with training clinical staff and managed by the University of Missouri, Kansas City. So I'm going to state just a little bit about the FPNTC and the training program as a whole, and then I'll pass it on Viannella from the Clinical Training Center.

The goal of both of the National Training Centers together is really to provide free training, technical assistance and resources that support Title X agencies in delivering high quality family planning and preventive health services.

You can find training resources and opportunities at these two websites, at <http://www.fpntc.org> and <http://www.ctcfp.org>. You can access the brand-new [welcome package](#) there for new Title X grantees. It's actually the first featured resource on FPNTC. You can search for, download and otherwise find tools, resources, job aids and a wide variety of different supportive resources.

You can access past and existing online training such as recorded webinars and e-learning courses. And you can register for and find out about new and upcoming trainings. Make sure that you also sign up for our [joint newsletter and training announcements](#) and you can do that at [fpntc.org](http://fpntc.org). And that is separate from the OPA e-newsletter that has been mentioned before. So make sure that you sign up for both of those.

And you can also contact us through both of our websites, through the "contact us" feature with any questions or concerns that you have.

Next some of the key foundational training that you grantees will probably want to check out and share with your staff include titles like [Title X Orientation: Program Requirements for Title X Funded Family Planning Projects](#), which is a great overview e-learning course. There's the [Counseling Adolescents About Sexual Coercion and Abuse](#) which is an e-learning course about this Title X priority.

[Child Abuse Reporting Law: Developing and Implementing Policies and Trainings](#) is an archived webinar about this legislative mandate. And there's also a [guide for developing mandatory reporting policies](#) that's available with state specific links and some other resources.

And the resource, [Encouraging Family Participation in Adolescent Decision Making](#), which is a training guide for this Title X priority and legislative mandate.

And we also have a [Human Trafficking in the Family Planning Setting](#) archived webinar. We have the [Family Planning Basics](#), an important foundational e-learning course. And [Putting the QFP into Practice](#), which is an archived webinar series about the QFP, Quality Family Planning Services Recommendations from the CDC and Office of Population Affairs.

There's the [Quality Contraceptive Counseling and Education: A Client Centered Conversation](#), for which there's both an e-learning course and a training guide with that. And these are really some of the really core training resources just to be aware of and a great place to start.

For all of these courses, staff can obtain either certificates of completion or continuing education credit for e-learning courses and archived webinars. You should be aware that for the FPNTC trainings you must be [registered on fpntc.org](#) to obtain the certificate.

And another new feature to let you know about that's coming soon is a training tracking system with which training administrators can create training lists to share with staff and track their completion.

We also want to just share a few things that we're working on that are coming up soon. So the [Welcome Package](#) is already up. The package includes a [list of Title X requirements](#) we've pulled together that we hope will help make it clear what the federal training requirements are and to help you both build a strong program and help you with upcoming program reviews.



We will be doing a webinar on *Counseling Adolescents on Delaying Sexual Activity*. We're updating the mandatory reporting training guide and developing some additional program monitoring resources. So these are just a few things that we're working on. We're always developing new resources and we'll always put new and upcoming resources in our [e-news](#). So that's what makes it really important that you sign up for that.

And encourage your staff to sign up for that as well, anyone who's in your network or on staff is more than welcome to sign up for that individually as well.

And then last, but not least, we just wanted to let you know that each Title X grantee has been assigned a Grantee Liaison at the FPNTC who will contact them periodically to gather input and to share information. So the liaisons will be reaching out individually to each grantee in the next few weeks to introduce the FPNTC a little bit more and talk about your specific training needs.

But if you have any questions before that, Title X grantees can reach out directly to their liaisons to know who they are or you can also just use the contact us feature on the website with any questions or concerns related to family planning training.

So now I'm going to pass it on to Viannella at the National Clinical Training Center to tell you about some of the things specific to that side of the training program.

Viannella Halsall: Thank you Jennifer. Hello everyone, my name is Vianella and I'm a Program Manager at the [National Clinical Training Center for Family Planning](#). At this

time I'm going to briefly review the types of trainings and resources our center provides.

First we provide technical assistance for clinicians. Grantees can [contact us](#) to request TA and we will work with the grantee to tailor the TA according to needs. Our most common TA request is IUD placement training. We provide a one to two-day workshop consisting of a didactic overview, case studies, hands on practice with pelvic models, hands on practice with a virtual training simulator. We do request a minimum of 20 clinicians for this workshop.

Additionally we offer a LARC mentor program where a Title X clinician who has completed an initial in-person training but needs additional support as they begin placements in patients can request an experienced (LARC) clinician for one-on-one guidance and support.

We can also provide TA around communication and counseling in the exam room, specifically around cultural sensitivity when working with LGBTQIA and gender nonconforming clients.

Last, we host the National Conference for Clinicians with presentations from nationally recognized speakers and opportunities to practice skills including sessions with standardized patients. Our last conference was held in July and [recordings of the plenary sessions](#) are available for viewing on our website [ctcfp.org](http://ctcfp.org).

NCTCFP has a variety of web-based resources created with the clinician in mind. More information about these online resources can be found on our website. The most common question we've received from grantees and subrecipients is on long acting reversible contraception (LARC) training opportunities for their clinicians.

[The LARC link](#) on our website is a tool with a calendar and information on upcoming trainings across the country. So this doesn't just include our trainings, but also those from our partnering organizations and other organizations around the country and from other family planning focused organizations.

[The Competencies Connection](#) is a repository of resources based on the core competencies for Quality Family Planning. These core competencies provide a road map to assist providers in operationalizing the QFP. Each competency contains a list of organizations with resources to support that competency.

You've heard about QFP from OPA earlier in this webinar. [The QFP app](#) is something that we created as a sort of cheat sheet of the screening components for each type of family planning service. It is a reference guide and it's available in mobile app form for mobile iOS and android devices, but it's also a webpage as well that can be viewed on an office computer or a tablet.

Every year the training centers provide a series of live webinars. Our center hosts live webinars and archives prerecorded webinars on a wide range of topics relevant to family planning. Our collection of webinars and instructional videos which range from anywhere between eight minutes to 90 minutes can be found on our [video hub](#).

[Articles of Interest](#) is a series of a few journal articles about specific topics. Clinicians can read these bundled articles and complete a quiz to receive continuing education credits.

The [Family Planning Podcast Series](#) was made for clinicians who only have a few minutes to spare in between patients but want to get caught up on the

latest in reproductive health. This podcast series contains short and focused episodes on topics such as billing and coding services, STIs and contraceptive counseling, and episodes range anywhere from four minutes to 40 minutes.

Last, we've produced instructional videos to help the clinician understand screenings and examinations. Our [most popular instructional video](#) walks the clinician through the steps of performing a male genital exam.

So this is just an overview of some types of trainings and resources that we provide to support your advanced practice clinicians. Most of our trainings and resources provide CNE, CME, and pharmacology continuing education credits.

So we hope after hearing about all the great resources the training centers have developed and can provide for grantees that you'll want to take advantage of these resources. Here are three simple action steps in order to start learning more and accessing these resources.

First you can sign up for the training center's newsletter as Jennifer previously talked about. Just simply go to the website [fpntc.org](http://fpntc.org) and click on [e-newsletter](#) and sign up.

You can also create an account with [fpntc.org](http://fpntc.org) to help you track the trainings that you've completed. The e-trainings for clinical staff can be found on our learning management system called [Health eKnowledge](#) which is the clinical learning portal. Clinical staff will need to [create an account on healthknowledge.org](#) to access these trainings but they'll also be able to get their continuing education through that as well. So on behalf of the training centers I'd like to thank you for your time today and we look forward to working with you. Welcome to Title X!

Aisha Cody: Thank you so much, Jennifer and Viannella. And please, again, visit the website links on this page. Those are [www.fpntc.org](http://www.fpntc.org) and [www.ctcfp.org](http://www.ctcfp.org). I'm going to address a couple of questions that came through on the Q&A, and again please do enter your questions on the Q&A function or you can wait just a moment and the operator will allow you all to raise your hand if you do have questions.

One question came through about how to sign up for the e-newsletter because there's issues with finding the link on the OPA website. The e-newsletter is a closed subscription list and that's if we're referencing the OPA newsletter. The only way to sign up for that OPA newsletter is by providing your accurate contact information to your Regional Project Officer and, in addition, making sure that your contact information is valid on the [OPA clinic locator database](#).

In terms of the e-newsletter for the CTCFP and the FPNTC training centers, you'll be able to join right on their [website](#). You'll be able to subscribe, I believe the link is up in the top right corner and both Viannella and Jennifer mentioned those as a great way to keep in touch and keep updated on the newest and latest trainings that are offered and available in addition to resources, tool kits, job aids and many other really great tools.

And so we'll open it up for questions at this time.

Coordinator: Thank you. And at this time if you'd like to ask a question please press \*1. And please record your name when prompted. If you'd like to withdraw the question you may press \*2. Again to ask a question please press \*1. And we do have a question that came up prior, your line is open.

(Participant): Yes. I was wondering if it's possible to submit our data to FPAR using a secure file transfer protocol (FTP) and if there's a file spec available for that?

Emily Decker: Hi, this is Emily and no, unfortunately, you have to report through the FPAR data system website right now and not the FTP.

(Leigh Allalee): Okay. Thank you.

Coordinator: And once again, if you'd like to ask a question please press \*1. And at this time I show no further questions.

Aisha Cody: There's a question in the chat and it asks about analytics of the clinic website. Are you referring to the FPNTC or the CTCP) website or the Family Planning Clinic Locator Database website? At any rate, analytics are available for any of these sites. Please let us know which one you're interested in and we can share that information with you.

Sue Moskosky: If there aren't any further questions, again we want to thank everybody sincerely for participating in the call today. We scheduled it at a time that we hoped we would have maximum participation.

We understand that there are even people from the Pacific Basin on the call today and we really appreciate you all joining us. We know that it's very early in the morning for you all and, you know, past time to go home for many on the east coast so we just sincerely thank everybody for being on the call today and really want to welcome you to Title X.

Hopefully you have gotten some information that you didn't have previously but we want to make sure that you know where to find answers to any additional questions that you have and, as was covered during the presentation, your regional project officers are always there to help.

But we at OPA are also here to help you, so please let us know if there's any way that we can better support you or get your questions answered as you get started in Title X. And we want to wish you the best of luck. We really appreciate the work that you're doing on behalf of all of the patients that need these services so desperately. I'm going to turn it over to Diane to say a final thank you. Dr. Foley?

Diane Foley: Again thank you. I just want to reiterate what Sue said, that we are here to answer questions that you have, but there are so many resources out there including your regional project officers and the training centers that hopefully there won't be any questions that when we all put our heads together we can't come up with answers for you. Again thank you for being a part of this and please contact us with any questions that you have.

Sue Moskosky: Thank you and good night.

Coordinator: Thank you. This concludes today's conference. You may disconnect at this time.

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