

**FY 2022 PERFORMANCE PLAN**

<b>Family Planning Program</b>		Public Health/CHSB	Kathleen Pons Haines,RN x1212 Candace Warren,RN x1216 Lola Wodjouatt,RN x1214
Program Purpose	<ul style="list-style-type: none"> <li>To assist individuals in determining the number and spacing of their children</li> </ul>		
Program Information	<ul style="list-style-type: none"> <li>The Family Planning program provides services in accordance with Federal Title X Program requirements and nationally recognized standards of care administered by the Virginia Department of Health (VDH). The Title X Program is designed to provide contraceptive supplies and information to individuals of child-bearing age who want and need them. Outreach is targeted towards persons from low-income families. In addition to funds, the Title X Grant:               <ul style="list-style-type: none"> <li>Provides access to the 340B Drug Pricing Program—a program which provides contraceptives at a significantly reduced price.</li> <li>Provides federal confidentiality protection of teens’ records.</li> <li>There are no residency restrictions to receive services.</li> </ul> </li> <li>Clients complete an eligibility to determine sliding scale payment.</li> <li>Services include:               <ul style="list-style-type: none"> <li>Family planning education</li> <li>Counseling and provision of birth control methods</li> <li>Cervical cancer screening</li> <li>Well woman exam, including clinical breast exam</li> <li>Diagnosis and treatment of sexually transmitted infections including HIV</li> <li>STI risk reduction counseling</li> <li>Referral for mammogram</li> <li>Pregnancy testing and counseling</li> <li>Preconception counseling</li> <li>Development of a reproductive health plan (short interpregnancy intervals have been associated with poor maternal and fetal outcomes such as premature delivery, small for gestational age infants and neonatal mortality).</li> <li>Management of minor gynecological problems</li> <li>Services for teens through age 19, both male and female provided through a dedicated Teen Clinic. Teens are encouraged to involve parents and/or a trusted adult in their care.</li> </ul> </li> <li>Clinic hours are offered 4 days a week including 2 evenings. A broad range of contraceptive methods are available including long-acting methods such as Intrauterine Devices (IUDs) and implants. Long-acting reversible contraceptives (LARCs) are the most effective methods with a pregnancy rate of less than 1% per year. The major advantage of LARCs as compared with other reversible methods, is that they do not require ongoing effort on the part of the user. In addition, return to fertility is rapid after removal.</li> <li>Types of Family Planning visits include well-woman exam, contraceptive refill, contraceptive device insertion or problem visit. The program also sees women and men of reproductive age who do not seek contraceptive services.</li> <li>Referrals to community partners are given for gynecological and medical problems outside the scope of the program’s practice. All clients are screened for domestic violence and new mothers are screened for post-partum depression. All clients 40 years and older are given mammogram referrals.</li> </ul>		

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	<p>Arlington residents are offered no cost mammograms through collaboration with Arlington Free Clinic’s Community Breast Program.</p> <ul style="list-style-type: none"> <li>• Emergency contraception, contraceptive counseling, and emergency refills of birth control is being offered by nurse phone triage.</li> <li>• Outreach is done to reach teens and low-income women and men who may need family planning services. Outreach events include health fairs, flyer distribution and presentations on services to staff and target population. Outreach activities were suspended due to COVID-19 and resumed in January 2022.</li> <li>• The Family Planning/Teen Program was operating under the amended Title X and VDH COVID-19 Program Guidance for a portion of the year. Telehealth services were discontinued in April 2022 and capacity for in-person services was expanded.</li> </ul>
Service Delivery Model	<ul style="list-style-type: none"> <li>• Family planning services were delivered in person and via telehealth in FY 2022. Telehealth phased out in April 2022.</li> <li>• Most of the staff returned to full time CHSB related work. A small contingency of staff also supported COVID-19 vaccine clinics. Certain clinic days and times were temporarily moved to give clinic space to COVID-19 vaccination clinics for children and babies.</li> <li>• In FY 2023, will continue to offer family planning services in person and restart offering walk-in pregnancy testing on certain days of the week. As needed, will move clinics to different days and times to support vaccination clinics.</li> <li>• The full complement of clinic availability has not resumed to pre-COVID numbers. We will continue to monitor appointment demand versus availability and add clinics as needed.</li> </ul>

**PM1: How much did we do?**

Staff	<p>Total 5.1 FTEs:*</p> <ul style="list-style-type: none"> <li>• 0.3 FTE Nursing Supervisor</li> <li>• 0.8 FTE FP Coordinator</li> <li>• 0.8 FTE FP Asst. Coordinator, Teen Health Services Coordinator</li> <li>• 1.3 FTE Public Health Nurses (PHNs)</li> <li>• 1.0 FTE Clinic Aide</li> <li>• 0.9 FTE Clinician</li> </ul> <p>*This is the staffing levels from the end of FY 2022. Staffing changed throughout the year as services expanded.</p>
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Customers and Service Data		<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>
	Total Clients Served	2,235	1,991	1,555	1,823
	Total Number of Visits	4,167	3,651	3,404	3,542
		<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>
	Total Number of Outreach Events	50	22	0	13
	Number of People Reached at Outreach Events	2,457	1,704	0	1,622

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**PM2: How well did we do it?**

2.1	Total visit time for comprehensive family planning visit
2.2	Teens encouraged to have parental/guardian involvement in their decisions regarding reproductive health

**PM3: Is anyone better off?**

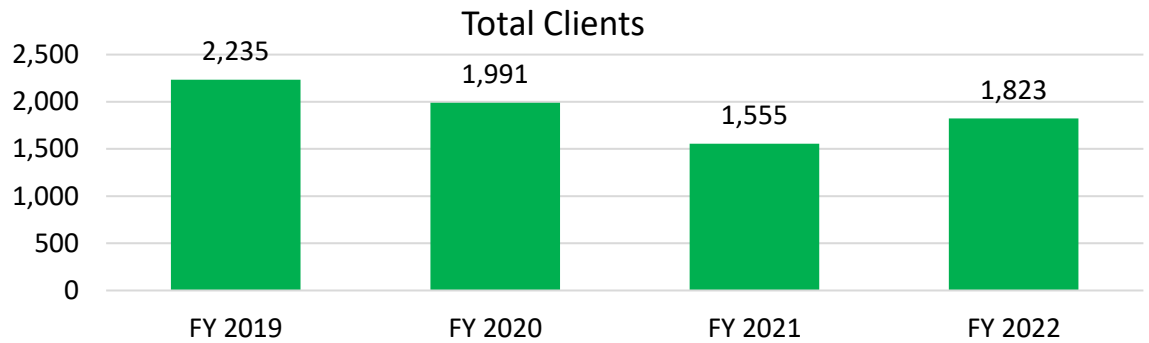
3.1	Clients requesting a LARC (long acting reversible contraceptive), who are medically approved, receive one the same day
3.2	Pregnancies among existing family planning clients conceived at least 18 months after a previous birth
3.3	Clients reporting a planned pregnancy when receiving the results of a positive pregnancy test result

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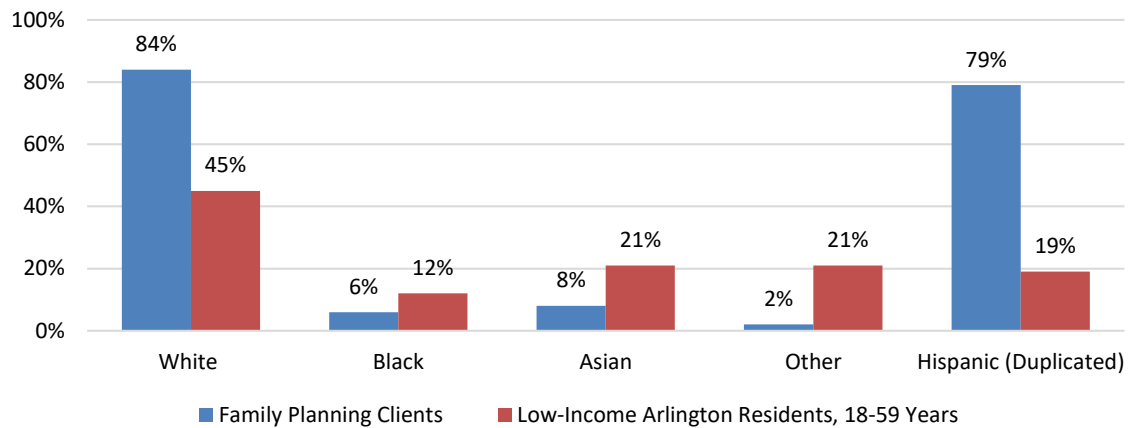
Family Planning Program

Measure 1 Total Clients and Visits

Data



Family Planning Clients Compared to All Low-Income Arlington Residents ages 18-59, by Race and Ethnicity



\*92% of Family Planning Clinic clients who are White are also Hispanic.

Data Summary

- The number of clients has decreased 18% since FY 2019
- The number of visits has decreased 15% since FY 2019.
- The number of clients and visits is tracked in WebVision.

What is the story behind the data?

- The overall decrease in clients since FY 2019 is likely related to a combination of two factors: 1) the decrease in the number of uninsured women of reproductive age living in Arlington; and 2) the expansion of the Affordable Care Act (ACA and Medicaid) may have led to an increase in the number of clients who met eligibility criteria and were therefore insured and able to find a private provider.
- The FY 2020 and FY 2021 decrease is due to the impact of COVID-19 and the reduced number of in-person clinic spots and services offered. The increase in FY 2022 was a result of the expansion of in-person services.
- While Arlington’s client volume decreased during the COVID pandemic, a number of localities were unable to offer Title X Family Planning services as public health staff were redeployed

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to work on COVID response. Arlington County prioritized maintaining these services to ensure access to care for the County’s vulnerable residents.

- 79% of Family Planning Clients are Hispanic compared with 19% of Low-Income Arlington residents. Family Planning Clients are less likely to qualify for health insurance due to their residency status.

**Recommendations**

**Target Dates**

- Continue to monitor appointment demand versus availability and add clinics as needed.
- Explore alternative data sources for demographic comparison that have combined race and ethnicity data.
- Consider reporting the number of clients served by Teen Clinic as a separate data-point.
- Explore partnering with the Community Outreach Program to promote Family Planning Services in the community.

- Ongoing
- FY 2023 Q4
- FY 2023 Q2
- FY 2023 Q4

**Forecast**

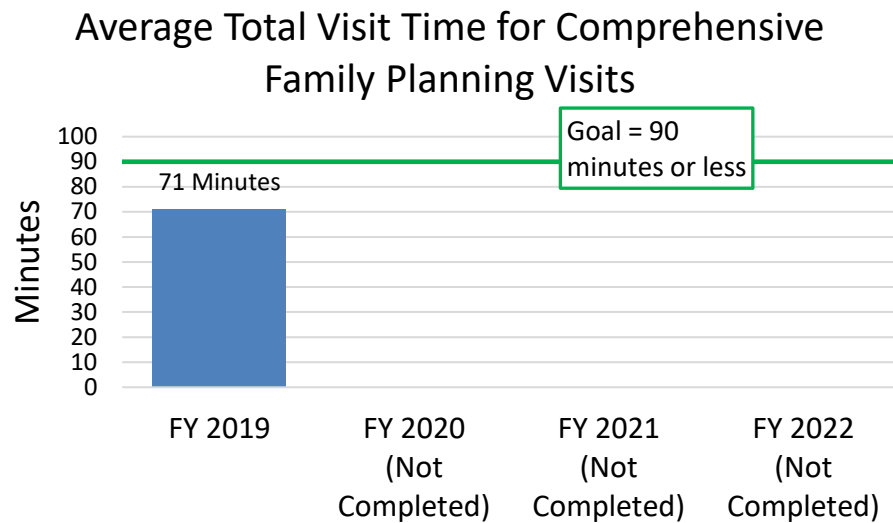
- For FY 2023, we expect the number of [visits-clients](#) to stay about the same.

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**Family Planning Program**

<b>Measure</b>	2.1	Total visit time for comprehensive family planning visit
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**Data**



**Data Summary**

- Total visit time is the time from when the eligibility is completed at registration to check out time.
- A comprehensive visit is an initial, annual or post-partum visit.
- The average visit time in FY 2019 was 71 minutes, measured during 6 separate clinics.
- The average visit time was not calculated for FY 2020, FY 2021, or FY 2022.

**What is the story behind the data?**

- A PFA was not completed in FY 2020, FY 2021, or FY 2022 due to combining of the Family Planning/Maternity/STI Clinics, followed closely by the COVID-19 pandemic and subsequent need for community health staff to be reallocated to support the public health COVID-19 response efforts.
- In FY 2021 and the beginning of FY 2022, the program streamlined processes to reduce the amount of time spent in clinic by each client, reduce COVID exposure, increase efficiency, and improve customer experience. Nurses completed portions of the interview and screening telephonically ahead of time, reducing in-person visit time.

**Recommendations**

- Resume PFA

**Target Dates**

- FY 2023 Q3

**Forecast**

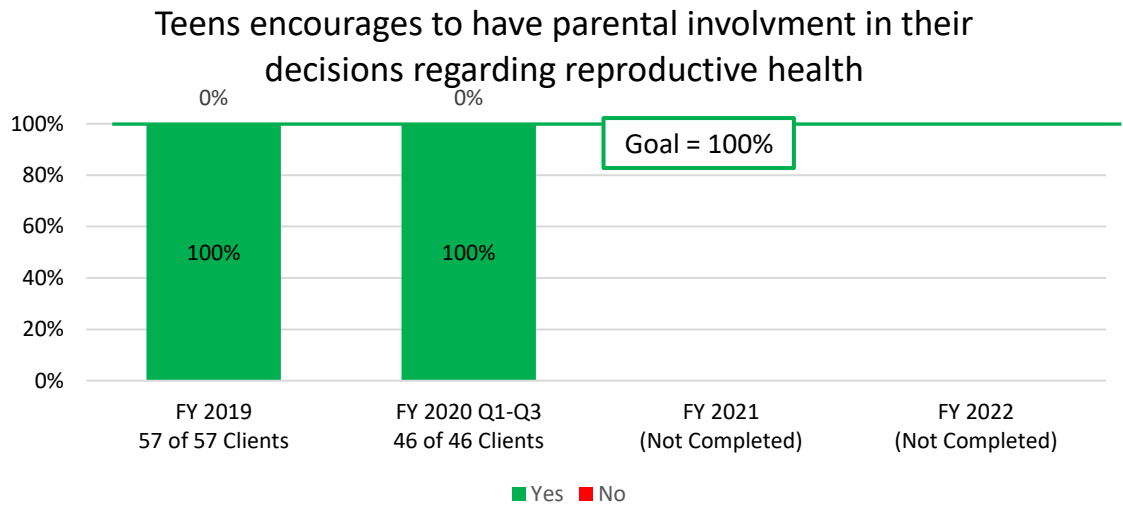
- In FY 2023, the average visit time is expected to meet the goal.

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**Family Planning Program**

<b>Measure</b>	2.2	Teens encouraged to have parental/guardian involvement in their decisions regarding reproductive health
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**Data**



**Data Summary**

- In FY 2020, 100% of clients in Teen Clinic were encouraged to have parental involvement in their decisions regarding reproductive health.
- Data is gathered through a quarterly audit of all new client visits and annual appointments in Teen Clinic for one month during the quarter.
- Data has not been collected since FY 2020 Q3 due to COVID.

**What is the story behind the data?**

- During the COVID-19 pandemic, the Teen Clinic services were done in the same modality as the Family Planning program described above. Teen Clinic returned to a stand alone clinic model in June 2022 under modified schedule due to rebuilding of client base. Teens still have the option to go to Family Planning Clinics if the time is better for them. Outreach efforts directed towards the teen population are ongoing.
- Under Title X requirements, services must be provided confidentially to teens. This is important to reduce barriers to accessing care. Title X also requires encouraging teens to involve their parents and/or trusted adult in reproductive health decisions.
- There are many advantages of a teen involving their parent in their reproductive health care. These include: (a) Parents may be the sole source of important medical history, (b) they may be able to help the teen by asking questions and exploring options, (c) If the parent learns from another source that the teen received confidential services, the teen’s relationship with the parent may be compromised, (d) the parent can support ongoing management of a health care issue if further treatment is needed.
- Teen Clinic webpage on Arlington County’s website includes several resources for parents on communicating about reproductive and sexual health issues with their teen.
- In FY 2022, we began adding QR codes to our handouts linking to our websites. At the end of the 2021-2022 school year, Family Planning/Teen Clinic staff worked with School Health staff to have information tables at all of the high schools in APS.

**Recommendations**

**Target Dates**

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<ul style="list-style-type: none"><li>• Resume data collection.</li><li>• Continue outreach efforts with teens and parent groups, as staffing levels permit.</li><li>• Continue to explore innovative ways to reach teens and connect them with services and resources, such as social media and teen community partners.</li></ul>	<ul style="list-style-type: none"><li>• FY 2023 Q1</li><li>• On-going</li><li>• On-going</li></ul>
<b>Forecast</b>	
<ul style="list-style-type: none"><li>• In FY 2023, 100% of clients audited will be encouraged to have parental involvement.</li></ul>	



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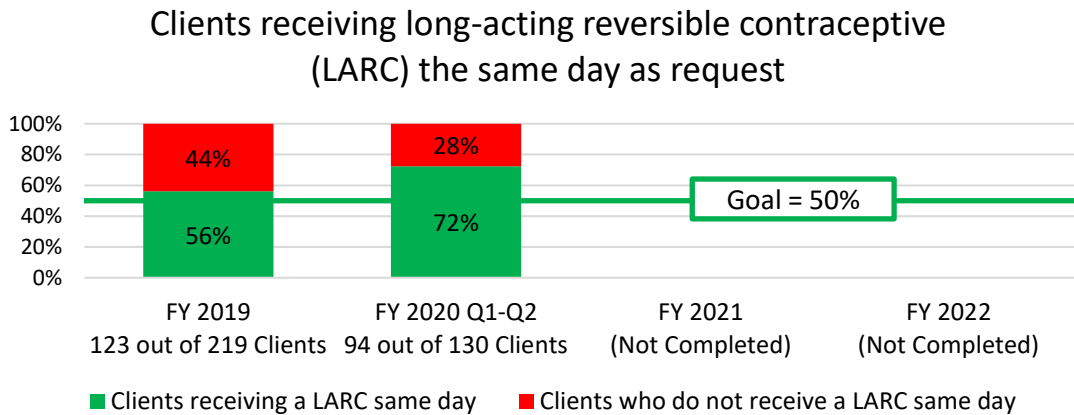
**Family Planning Program**

Measure

3.1

Clients requesting a LARC (long-acting reversible contraceptive), who are medically approved, receive one the same day

Data



Data Summary

- Data on approved client requests for a LARC is collected on a tracking log during reviews of all client charts by Clinic Coordinators after every clinic.
- Data on all LARC insertions are extracted from WebVision and compared to determine the number of days between the client requesting a LARC and receiving one.
- Clients requesting a later appointment or who need to wait for medical reasons are removed from the calculations.
- Data only calculated for the first half of FY 2020 because clinic and data analysis staff were pulled into COVID response. Data was not calculated for FY 2021 and FY 2022 because of staffing constraints.

**What is the story behind the data?**

- During the COVID-19 pandemic, procedures were suspended by local decision, including all LARC procedures. When the decision was made to resume procedures on a limited basis in March 2021, focus was turned to accommodate clients who were not able to have LARCs removed, reinserted or placed on demand during the procedure suspension.
- LARCs are only inserted the same day for clients as clinic capacity and flow permits.
- Title X endorses client-centered counseling and decision-making on family planning methods and does not emphasize one method over another.

**Recommendations**

**Target Dates**

- Explore changing measure 3.1 to reflect client leaving appointment with method of choice.
- Explore tracking percentage of which methods clients are using, from most to least effective.

- FY 2023 Q2
- FY 2023 Q2

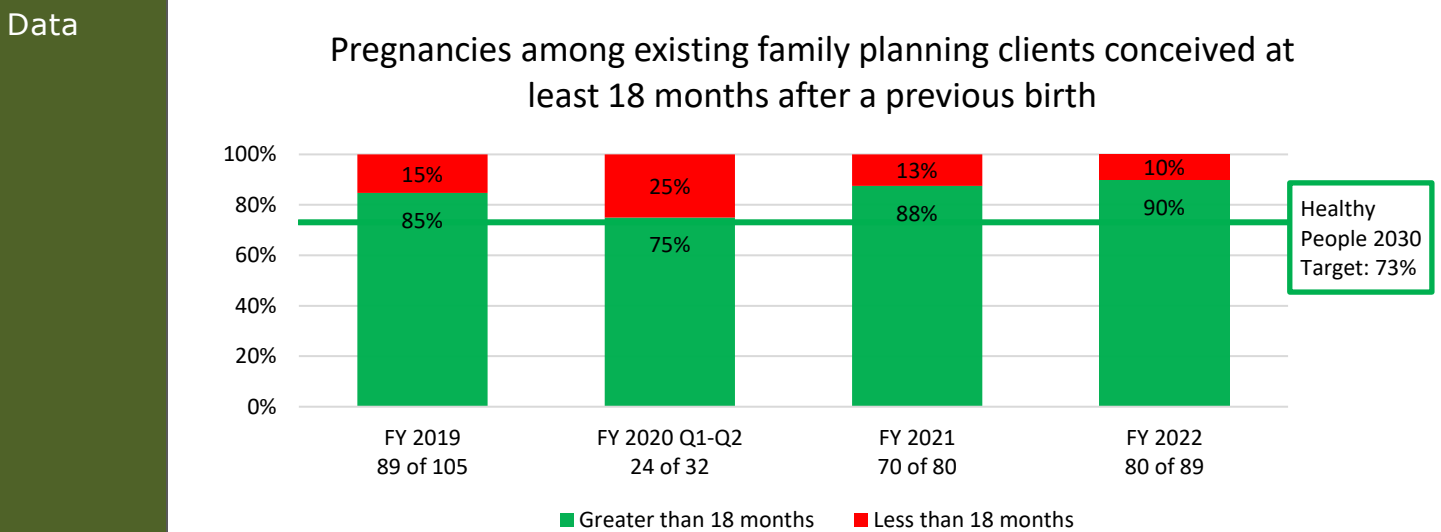
**Forecast**

- In FY 2023, the percent of clients requesting a LARC receive one the same day will not be measurable because the measure is being changed.

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**Family Planning Program**

<b>Measure</b>	3.2	Pregnancies among existing family planning clients conceived at least 18 months after a previous birth
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- Data Summary**
- After a slight decrease in FY 2020, the percent of pregnancies conceived at least 18 months after a previous birth has returned to pre-pandemic levels.
  - Data collected among clients seen by the Family Planning clinic since their previous pregnancy who use the Maternity Clinic services.
  - The date of any previous births is collected at the Maternity Clinic Admissions visit.
  - The time from the previous birth to estimated conception is calculated based on the due date.
  - The Healthy People 2030 target is 70%.
  - Data only calculated for the first half of FY 2020 because clinic and data analysis staff were pulled into COVID response.

**What is the story behind the data?**

- Literature shows that short intervals between pregnancies are associated with poor maternal and fetal outcomes such as premature delivery, small for gestational age infants, and neonatal mortality.
- Clients are encouraged to think about their reproductive health goals, whether and when to become pregnant and have (or not have) children. Reproductive health plans are discussed with all family planning clients annually and as needed.
- Clients who do not have a LARC are offered Emergency Contraception to have on hand in case needed in the future. Most clients are taking advantage of this offer.
- Staff continued to collaborate with Virginia Hospital Center-Arlington Outpatient Clinic to better coordinate post-partum care. According to ACOG (American College of Obstetrics and Gynecology), 40% of women do not attend their post-partum appointment. Also, by 6 weeks post-partum many clients have already had unprotected sex and are, therefore, at risk of another pregnancy.

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- During COVID pandemic, post-partum visits were being offered via telehealth and in-person. Resumed to 100% in-person in April 2022 due to client preference for in-person appointments.

**Recommendations**

**Target Dates**

- Continue to offer Emergency Contraception to take home to prevent unintended pregnancies.
- Collaborate with community partners when the public health emergency resolves and/or staffing allows.

- Ongoing
- Ongoing

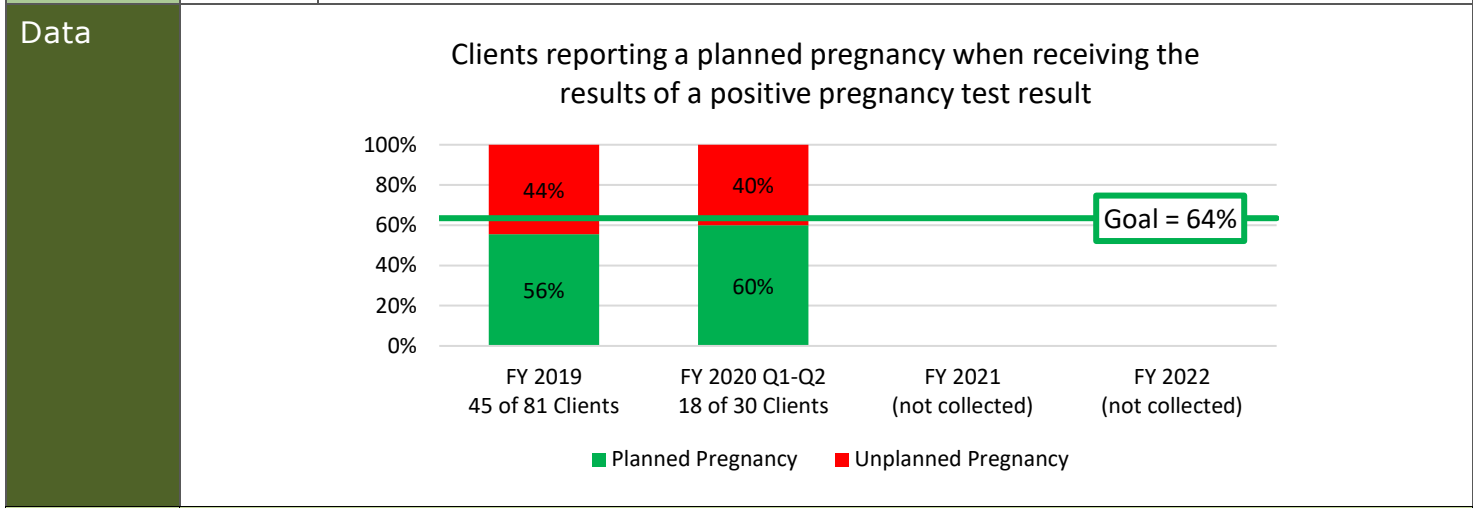
**Forecast**

- In FY 2023, the percent of client pregnancies conceived at least 18 months after a previous birth will be similar to FY 2022.

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**Family Planning Program**

<b>Measure</b>	3.3	Clients reporting a planned pregnancy when receiving the results of a positive pregnancy test result
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<b>Data Summary</b>	<ul style="list-style-type: none"> <li>• When clients have a positive pregnancy test, they are asked if the pregnancy was planned or unplanned.</li> <li>• Only clients seen in the Family Planning clinic within the past 3 years before the positive pregnancy test are included in the analysis.</li> <li>• The Healthy People 2030 target is 63.5%.</li> <li>• Data was not collected in FY 2020 Q4, FY 2021, FY 2022 due to suspension of pregnancy testing.</li> </ul>
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**What is the story behind the data?**

- Walk-in pregnancy testing was suspended during COVID-19.
- The program has an active Outreach Program to promote services, which was reinstated in FY 2022.
- Review of literature shows that offering methods in a tiered approach of effectiveness (i.e. LARCs first) is effective in decreasing unintended pregnancies.

<b>Recommendations</b>	<b>Target Dates</b>
<ul style="list-style-type: none"> <li>• Resume walk-in pregnancy testing.</li> <li>• Explore ways to offer pregnancy testing in other settings.</li> </ul>	<ul style="list-style-type: none"> <li>• FY 2023 Q3</li> <li>• FY 2023 Q3</li> </ul>

**Forecast**

- When pregnancy testing resumes in FY 2023, about 56% of pregnancies will be reported as planned.