

**MEETING MINUTES:**

**FAMILY PLANNING /FPAC**

**Date:** February, 27, 2019

**Time:** 10:00am – 11:30am

**Conference Call:** 888-494-4032, 2 way video conference call

**Meeting Facilitator:** Kelly Stempinski-Metoyer

**ATTENDEES/INVITES:**

Lisa Upshaw-Smith	Shannon Lightner
Natacha Saintilus-McGowan	Kelly Stempinski-Metoyer
Kandice Kent	Matthew McAllister
Phallisha Curtis	Nneka Ejindu
Charlene Sanders	Sandra Sommer
Robin Varnado	Nora Kelly
Araceli Morales	Nadja Millare

**Missing:** Ashley German  
Teri Saxton

**Introduction:** Kelly Stempinski-Metoyer opened the meeting by greeting the new FPAC members: Nora Kelly from IDPH STD Section and Sandra Sommer from Henry County Health Department.

**Welcome and Opening Remarks**

Call to Order: This FPAC meeting was called to order at 10:04am

Approval of Previous Minutes: Meeting minutes from 06/18/2018

Motion: Robin Varnado

2<sup>nd</sup>: Matt McAllister

Approved unanimously.

**Family Planning Program Update**

WHS Division Chief Update: Phallisha Curtis

The Office of Women’s Health and Family Services, Women’s Health Services Division Chief, Phallisha Curtis, informed the FPAC about the completion of the competitive application to the Office of Population Affairs (OPA). The application is in the hands of the OPA awaiting feedback.

The Delegate Agencies have received amendments to their FY19 grants. IDPH is moving to a full electronic system to gather reports and grant information from the delegate agencies as well as a new electronic accounting system. The new electronic accounting system requires the submission of electronic reimbursement for full transparency. Feedback from the Title X agencies is valued in order to modify the new process.

A new rule regarding Title X was recently released. This new rule has not yet been officially released. Once it takes effect, IDPH will provide guidance to the Title X Delegate Agencies on how this rule will affect the operations of our agencies.

#### Program Administrator Update: Lisa Upshaw-Smith

- The federal application was submitted to OPA in January 2019 requesting to continue services coverage for existing agencies with a plan to increase agencies downstate.
- The Medicaid rejection process has been in effect for a year allowing agencies who had clients that received Medicaid with no family planning coverage to be reimbursed. Medicaid denied payments are down to 2%.
- The amendment process has included additional Outreach funds to the delegate agencies. Upon review of the Outreach reports, it was identified that 50% of the delegate agencies are moving toward media outreach such as Radio, TV, web design, and digital boards. The goal for this upcoming year is to identify a new outreach campaign that encompass these ideals.
- The FPAR report was submitted to OPA on February 15, 2019. Below are some outcomes of this report:
  - 28 delegate agencies and 69 clinic sites, 2 delegate agencies lost since the last FPAR
  - Caseload: 44,650, down 3% from 2017
  - Services to our male clients increased from 5% to 7%
  - 81% of our population are at or below the poverty guidelines
  - Oral contraceptive is the most popular method with hormonal injection as the second most popular

#### Program Clinical Coordinator Update: Natacha Saintilus-McGowan

- The Family Planning Program is contributing to the reduction of infant mortality, adolescent pregnancy, and unintended birth outcomes through Title X services.
- We are in the second year of the biennial reviews of the Delegate Agencies. This new schedule ensures all sites receive attention and monitoring of program compliance. This new schedule also allows for more autonomy to perform independent quality assurance assessments, medical director oversight, and to meet the staff shortage as requested by the agencies. Family Planning reviewers are looking to partner with other program reviewers to streamline the onsite visits. This year 6 of 16 site reviews have been completed. During the off year, desk audits are completed to review reports submitted through EGrAMS. A position for a nurse consultant in the Edwardsville area has been posted for the southern region.
- Previous statewide campaigns included a Radio Disney advertisement in 2013 and the 2015 “Show Your Love” posters and brochures. Additional funding has been provided to each agency for outreach campaigns. Other statewide expansion plans include: telehealth, expansion into Community Health Centers and private office, and family planning for the homeless and incarcerated.
- In 2018, we began reimbursing the delegate agencies for offering Reproductive Life Plan intended to document the client’s plans for having a baby over the next year. As a result of the nurse reviews, agencies are reminded to select this item code on Ahlers documentation for reimbursement.
- The 2018 State FPAR report highlight the distribution of methods supplied by the DAs: 19% most effective, 53% were moderately effective and 16% less effective methods. 87 individuals were received FABM in 2018 and of the individuals that did not select a method 4,921 were seeking pregnancy or were pregnant. We are interested in exploring this data more to determine if there are any correlation to FABM in making this choice and also to determine the difference in those that

were actually pregnant. The program reviewers will inquire of about DA counseling and education plans of FABM moving forward.

- The Client Visit Record (CVR) form will be updated in the next year to:
  - Add Reproductive Life Plan key questions
  - Add mental health and substance abuse referral source
  - Add optional code for Medicaid override clients
  - Update the Payer Group Mix
- Family Planning is collaborating with the IDPH STD Section to increase Chlamydia screening in females less than 25 years of age. The rate of Chlamydia screenings was adjusted to 63% and to date we are at 60% for screening women under 25 years old.
- At the last Delegate Agency quarterly call, a presentation on PrEP from the IDPH STD Division was given. Additional training suggestions are welcome.

## **Old Business**

HCET Training Research Results: A needs assessment of the agencies was conducted in 2018. The results of this research are as follows:

- Prevalent Health Issues Impacting Communities: Obesity, STI's, and Chronic Illness/Chronic Mental Illness.
- Prevalent Social Issues Impacting Communities: Substance Abuse, Poverty, and Unemployment.
- Training Attendance Determinants for future trainings: Cost
- Preferred Training Method: 34% prefer Face-to-Face, 24% Webinar
- Special Population Training Topics: 40% Adolescents, 26% LGBTQA
- Specialized Health Care Training Topics: Mental Health, Family Engagement, and Trauma-Informed Health
- Clinical Services Training Topics: Contraception Counseling, Shared Decision Making Among Sexual Partners, and Reproductive Life Plan and Pregnancy Counseling
- Clinic/Agency Management Topics: Accurate Coding/Documentation, Clinic Management/Flow, Managing Difficult Conversation
- Health Promotion Training Topics: Creating/Conducting Outreach Campaigns, Using Social Media for Marketing/Outreach, Creating a Referral Network

FABM Providers: None online

## **New Business**

- Reproductive Life Planning – A topic requested by Kelly Stempinski-Metoyer. Kelly will be sharing the tools used by Hektoen Institute for incorporating Reproductive Life Planning into every visit. Additionally, these tools are trying to be incorporated into male client visits.
- Reimbursement Rates – Reimbursement rates continue to mimic Medicaid. The last change was in the last part of 2017/beginning part of 2018. These rates will be changing again towards the end of the month. The rate declined during the last update which mimics Medicaid with the exception of Reproductive Life Planning.

