

Michigan Family Planning Advisory Council

Strategic Plan

2010 - 2015

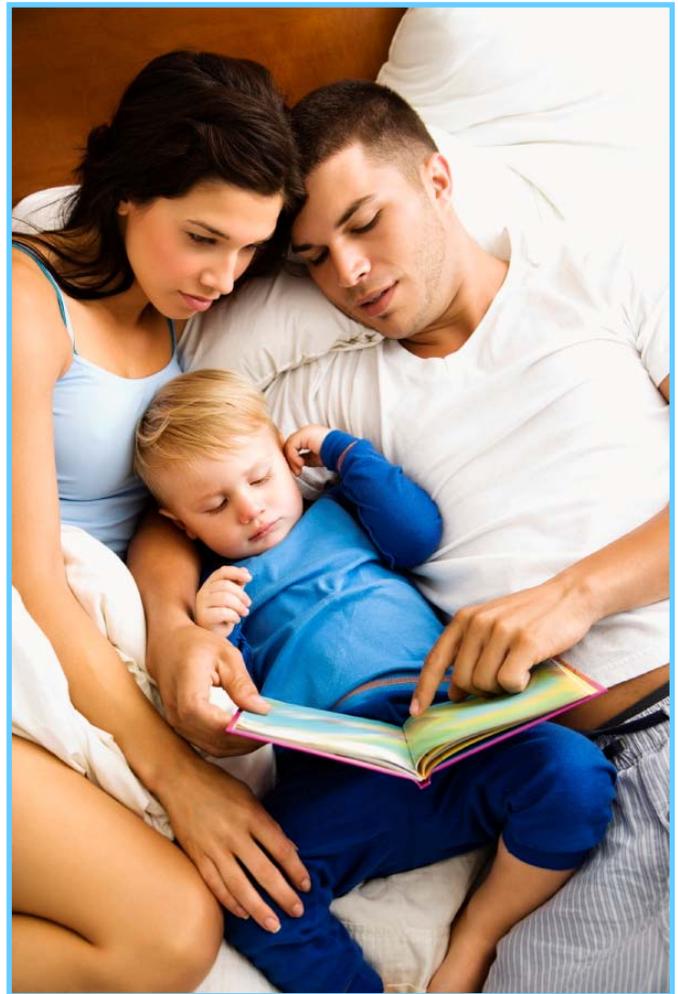




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April 9, 2010

To the Family Planning Advisory Council Members, Delegate Agencies and Community Partners:

It is with great pride and enthusiasm that I present you with the Michigan Family Planning Advisory Council's 2010-2015 Strategic Plan. The plan is a reflection of the comprehensive organizational planning process (outlined on page 4) which began in January 2009. The process involved a total of five meetings where there was considerable input and collaboration. As a result of those who dedicated time to participate in the process, the Family Planning Advisory Council (FPAC) has a plan that is futuristic and achievable.

The plan includes a shared mission, vision and seven key priorities (see page 15). The mission - which is the statement that describes why FPAC exists is:

"Through collaborative leadership and advocacy, the Advisory Council supports and improves the reproductive health of Michigan residents."

The mission is the statement that describes what the FPAC wants to be considered by community partners once the Strategic Plan is completed and states:

"FPAC is a highly visible and sought after partnership that assures innovative and quality policies, programs and services benefiting generations to come."

Under each key priority, there are goals that will provide direction to the FPAC to support the key priorities. The FPAC structure went through a change from having six standing committees to the formation of four task force groups responsible for carrying the strategic plan goals. The FPAC Task Force groups include: Revisioning, Policy Advancement, Resource Enhancement and Medical Advisory. In addition, a monitoring plan has been developed to monitor progress of the activities under each goal.

I want to thank all those who participated in and supported the strategic planning process. This 2010-2015 Strategic Plan will provide ongoing direction for the Advisory Council - as well as serve as a planning tool for future initiatives.

Sincerely,

Andrea Tabor

Andrea Tabor, BSN, MPH
FPAC Chair



Planning Process

The goals of any good strategic planning process should be to:

- conduct internal and external assessments,
- strategically define direction,
- identify key priorities,
- agree on the goals and actions to achieve the key priorities, and
- agree on a process to monitor progress on the implementation of the plan.

We do that by:

- getting stakeholders appropriately involved.
- not being constrained by overall organizational assumptions (*because we have always done it that way*).
- being perpetually fresh, forcing the asking of new questions.
- utilizing lots of thinking time and vigorous debate.

The Michigan Family Planning Advisory Council (FPAC) invited statewide participation of over 35 family planning providers, State of Michigan program staff, and community representatives to participate in a strategic planning process. The group met on January 29, 2009 to review what was learned from a Historical Synopsis, Client Feedback and a Trend Analysis. Agreement on a shared mission or purpose statement came next, followed by agreement on a shared statement of vision for the year 2015 for FPAC. The final word-smithing was assigned to a smaller group who met in between the two stakeholder meetings to work on and propose the final statements at the next meeting.

Based on the vision statement, a list of seven key priorities was identified as critical to achieving the vision. These key priorities drive the rest of the detail in the plan including goals and actions needed to achieve each key priority.

The follow-up meeting was held February 20, 2009. A smaller group of fourteen stakeholders returned to complete the planning process which included:

1. Agreement on the final mission and vision statements.
2. Review of the seven Key Priorities.
3. Review and prioritization of the Goals under each Vision Priority.



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4. Defining the Actions under each of the prioritized Goals – which becomes the first year’s plan out of the five-year plan.
 5. Agreement on a process to monitor progress on the plan ensuring that the agreements reflected in the plan are truly driving the work of the FPAC.



Historical Synopsis

The stakeholders to FPAC in the state were polled via an online survey regarding two questions about the history of FPAC. Out of 35 people completing the survey, responses were as follows.

Question 1: What have we learned from the past that we (FPAC) do well and should carry forward into the future?

- Advocating for changes in policies (i.e. Plan First, prescriptions)
- The funding allocation process is excellent and the distribution is fair and equitable
- Developing medical protocols to use consistently throughout the State
- Continue to meet regularly face to face
- Meetings are open to everyone via teleconference, not just advisory board members
- Communication and willingness to stand up for change
- Keeping programs informed of new issues and addressing issues that are problems
- Take good minutes
- There is a definite need for licensed social worker availability thru family planning. This resource within the clinics is often missing and would be of benefit in both prevention and healthy pregnancy issues. Also, family planning clinics can offer an important resource to the transgender community as well as the broader LGBT community. More education is needed in these areas.
- Giving programmatic perspectives to the Department;
- Keep having meeting minutes available to all LPH Departments
- Helping to establish standards
- How to provide family planning services in a dignified way
- Offering participation by teleconference is a plus.
- Provide free or low cost birth control, provide training to the staff on how to pass wet mount proficiency tests



Question 2: What have we learned from the past that we should deliberately leave behind or quit doing?

- Enhance our partnerships with others for advocacy, programming, etc.
- Keep it all
- Improved communication process
- Long committee reports
- Duplicating work with subcommittees when the mostly the same individuals are on all the committees.
- Some of the sub-committees seem less than productive though I don't know which are required for Title X
- Unsure at the moment
- Nothing
- We should make it easier for people to get their supplies nearer where they live...??
- Stop making every site carry every type of birth control method.



Trend Analysis

In the same online survey, respondents were asked to consider trends and the implications of those trends on the work of FPAC. There were seven trend categories used.

1. Technology
2. Political (national and state)
3. Medical
4. Local and agency partners
5. Our consumers
6. Policy
7. Economic

The responses have been synthesized into the following bullet points to represent the overall trends.

In consideration of the trends we see in technology and where FPAC is currently, what should we consider doing in relation to technology?

- Utilize best practices in the utilization of technology to assist with communication (enhanced website, implement a “chat room” for sharing best practices, easier access to FP Medicaid & Plan First cost structure with CPT codes; Electronic FPAR, enhance communication between FPAC members via email, promote electronic medical records).

As we consider political trends, nationally and in Michigan, and how they will impact our work, what should the FPAC be doing to prepare?

- Create a policy agenda, evaluation data and results to share with key federal and state policy makers (emphasize cost savings in prenatal and perinatal care with dollars spent on family planning).
- Work with partners who can support our policy agenda (ie. NASW).



Recognizing trends in the medical arena and how that will impact our work, what should FPAC focus on?

- Share best practices (ie. prevention, access, clinic models, consider how local delegates can work closer with physicians and medical offices in their jurisdiction to enhance family planning efforts in all medical homes).
- Promote best practices regarding reaching youth and special populations.

If we consider what our consumers will look like in the future, what does the FPAC need to plan for?

- Consider effects of changes in the types of clients served by local delegates (younger and older, persons who have never accessed FP services but are doing so because of the economic status, ie. unemployed).
- Engage FP consumers in program and policy direction and implementation.
- Consider innovative ways to reach those in need of services so they are aware of the program (including youth, lesbian, gay, and other cultures [Arab, Latino]).



Given the current and future state of the economy, nationally and in Michigan, what must the FPAC be prepared for or do in the near future?

- Offer opportunities for locals to develop and share best practices (ie. consider reimplementing of regional meetings for delegates to share information).
- Advocate for maintaining Plan First waiver past current sunset.
- Consider how additional financial challenges will impact services.
- Consider ways to deal with more demand for services with less funding from the State and local governments and decreases in client donations (ex. Enhanced ways to leverage client generated revenue – copays, donations, insurance, HSAs, FSAs).

Additional Comments: *The below comments were provided by the online survey respondents about what the FPAC should focus on and should be considered but did not necessarily reflect a trend.*

- Consider how family planning will fit in with universal health care.
- Survey local delegates on their needs.
- Negotiate cheaper billing costs via Networks since the State will no longer pay.
- Provide local delegates more funds to improve technology and medical equipment.
- Better training on IUD options.
- Enhance ability to verify, enroll Plan First clients with minimal hurdles.
- Continue to have knowledgeable guest speakers on current topics.
- Prepare to ensure that services are purposefully and competently extended to the most vulnerable populations, including to sexual minority youth and those with multiple minority statuses.
- Continue to advocate for a person's right to determine their own reproductive choices.
- Focus on mandated services only. Refer clients to FQHC for medical needs. Additional sources for sterilization in Southeast Michigan are needed.
- HPV testing and liquid based pap smears to be covered with adequate funds.
- New contraception methods.
- Realize the needs of clients will increase and change with the economy (will see clients with medical conditions beyond the FP scope and we must figure how to help them manage their care).
- Help funding for branding and marketing.



- It is important to provide a variety of contraceptives, but not necessarily every one.
- Support the National Children's Study.
- Easier, closer access to sterilization clinics.
- Encourage the promotion of healthy diet and exercise.
- How to better engage the school systems to support FP in the local community.
- Provide colposcopy services for the under- and un-insured.
- Increase the types of services provided to general GYN care (ie. Urinary tract infections, painful menses, etc) since more females will be uninsured.
- An increased level of personal accountability for personal health and wellness; compliance with care plans; consumer incentives; electronic communication capabilities; and language, ethnic, race or education level specific health education.
- Dealing with diabetes and the fertile patient.
- Poverty, homelessness, serving those individuals who do not know about FP clinics.
- FPAC must extend our focus beyond publicly funded policy and programs. Since health care delivery and reimbursement strategies are likely to remain at least partly in the private sector, the FPAC must begin to look carefully at impact of policy at the interface between public and private reimbursement. FPAC should bring together agencies and associations to shape health career reimbursement policy of all kinds.
- Provide more updated outreach materials.
- Address nursing and nurse practitioner shortages.
- Focus in part on ensuring policy and regulatory changes which enable integrated services (ie. reimbursement of MSW and other professionals by public and private insurance).
- Collaboration on the design and implementation of medical homes.



Customer Input

The group reviewed the most current customer input provided by a questionnaire used by all Title X family planning providers for calendar year 2008. Adults and teens were surveyed and the results are reported separately.

Adults:

Question	Poor 1	2	Fair 3	4	Excellent 5
1. I got an appointment as soon as I wanted one	2	8	73	140	473
2. The clinic hours are convenient for me	1	8	64	165	459
3. I was served in a timely fashion	1	11	77	144	465
4. I was told how long it would take to complete my visit	8	43	131	202	296
5. The facility was clean	1	1	27	112	551
6. My questions and concerns were addressed by staff		2	18	92	580
7. The clinic staff respected my individual culture and values			20	95	555
8. I felt the family planning staff showed respect for my privacy		2	19	71	600
9. The costs of my reproductive health services were fully explained to me	2	4	42	107	534

Comments:

- Every time I come here everything is awesome
- I love this staff
- I think this clinic does a wonderful job
- Everything was perfect
- Extended hours on Friday would help
- Some Hispanic people need help with language
- More staff so wait isn't so long
- Great staff - made me feel comfortable
- Just continue to be a well run business
- Later hours more days of the week
- Keep up good work - I have been here for 17 years
- Always informative and friendly
- Kind and helpful
- Very good services
- I have classes at Ferris and to drive down in the middle of the week for an appt is inconvenient
- Get another doctor for family planning



- Nurse was excellent
- Doing great job-- friendly staff
- Everything was great (4)
- Everyone is polite and respectful
- Waiting time can be very long
- Everything went well - People are really friendly
- Had an excellent visit - Can't think of anything I would have done different
- Excellent service and care - Staff extremely helpful
- Open more days if possible
- I come out of my way to come here
- I feel safe and know I can talk to a nurse about anything
- Sometimes it is hard to make appt because everyone is so busy
- You guys are great... I love coming here



Teens:

Question	Poor 1	2	Fair 3	4	Excellent 5
1. I got an appointment as soon as I wanted one		3	31	89	235
2. The clinic hours are convenient for me		2	34	100	223
3. I was served in a timely fashion	1	4	28	100	226
4. I was told how long it would take to complete my visit	10	20	62	107	150
5. The facility was clean	2	4	24	56	279
6. My questions and concerns were addressed by staff	1		6	44	296
7. The clinic staff respected my individual culture and values		2	4	38	304
8. I felt the family planning staff showed respect for my privacy			3	38	316
9. The costs of my reproductive health services were fully explained to me	1	6	20	61	265

Comments:

- Did a great job (3)
- I am completely satisfied
- I'm happy how you serve me now
- Maybe a Saturday appt. for emergencies
- Service was great
- Its perfect
- This place does a good job and is a big help
- I felt comfortable and could talk about anything
- You guys are amazing
- Would help if I could use my debit card to pay
- Wonderful - you are doing fine
- People were extremely wonderful
- I am satisfied with the service I receive
- Shouldn't make an appt. if you are not going to see the person at the appointment time that was given (2)
- Excellent
- Tele-task has a glitch
- I think the staff at PP is doing a great job and wouldn't change
- Get me in a little faster
- Received good treatment - everything is explained thoroughly
- Wonderful aspect to society how you help young women
- Everything was good - keep up the good work



Shared Mission and Vision

Through the two stakeholder meetings, the following shared mission and vision statements were developed and approved.

Shared Mission (Why FPAC Exists)

Through collaborative leadership and advocacy, the Family Planning Advisory Council (FPAC) supports and improves the reproductive health of Michigan residents.

Shared Vision (The Year 2014)

FPAC is a highly visible and sought after partnership that assures innovative and quality policies, programs and services benefiting generations to come.

FPAC Values

- In everything we do, we scan the environment and engage our stakeholders.
- We value integrating the latest technology in all we do.



Key Priorities

Based on FPAC's vision for the year 2015, the stakeholders agreed on the following seven key priorities. In essence, in order to fully achieve the vision, these seven priorities must be accomplished.

1. We developed and shared our identity.
2. We built the right infrastructure for maximum success of FPAC.
3. We established strategic partnerships with statewide and national networks
4. We provide leadership for quality service delivery. (standards, infrastructure, quality)
5. Utilize state-of-the-art information technology to assure Family Planning information is available.
6. We have a coordinated and strategic annual policy agenda carried out by an engaged network of stakeholders.
7. We seek opportunities to maximize existing or leverage new resources for programs that provide family planning.



Goals that support the Key Priorities

1. We developed and shared our identity.

Goal 1: We will clarify the role and function of the Family Planning Advisory Council.

Goal 2: We will develop materials to promote the value of family planning services in Michigan through talking points, success stories and strategic messaging with partners.

Goal 3: We will develop a comprehensive marketing plan to promote family planning services in Michigan.

2. We built the right infrastructure for maximum success of FPAC.

Goal 1: With input from FPAC members, we clearly defined the focus, intent and structure of FPAC meetings for maximum effectiveness and member engagement.

Goal 2: We will create a FPAC member orientation and training which clearly defines the role and responsibilities of members.

Goal 3: After clearly defining the focus of FPAC, we recruited new members to fill gaps.

3. We established strategic partnerships with statewide and national networks

Goal 1: We will utilize current FPAC partnerships and gain input on additional partnerships that need to be developed.

4. We provide leadership for quality service delivery. (standards, infrastructure, quality)

Goal 1: Chlamydia testing will be performed annually in 60% of all 15-24 year olds with high risk factors in Title X Clinics.

Goal 2: The family planning pap screening protocol will be implemented by 100% of agencies related to obtaining the first pap via current ACS screening guidelines (3 years after sexual activity or at age 21).

Goal 3: Title X clients less than 21 years of age will be appropriately referred for colposcopy.



Goal 4: Assess and assure agencies reproductive life plan protocol (pre-conception) includes identification of client risks to self and education that promotes behaviors to enhance a healthy pregnancy in the future.

5. Utilize state-of-the-art information technology to assure Family Planning information is available.

**This priority was considered across all work plan goals and objectives.

6. We have a coordinated and strategic annual policy agenda carried out by an engaged network of stakeholders.

Goal 1: We will develop an email listserv to inform stakeholders of family planning and reproductive health policy issues and action alerts.

Goal 2: We will develop a packet of materials that can be used to promote and educate legislators, other decision makers, and media about family planning services.

Goal 3: We will meet with members of the Senate and House Subcommittee for Community Health to promote the Family Planning Program and Women's Reproductive Health Policy.

Goal 4: We will promote an agenda for FPAC that includes Items to be reported on Policy Advancement Issues.

7. We seek opportunities to maximize existing or leverage new resources for programs that provide family planning.

Goal 1: We will develop an email listserv to inform family planning and reproductive health coordinators of changes and updates in the pricing of family planning supplies and materials.

Goal 2: Convene a Group/Think Tank to work on long-term strategies aimed at investigating the benefits of group purchasing or other collaborative efforts to reduce network costs for family planning supplies and materials.

Goal 3: Promote via listserv the availability of mini grants that enhance/supplement reproductive health services.

Goal 4: Establish a process to share billing "best practices" aimed at sharing information about billing to include; 1) best practices for identified insurers; 2) common errors; 3) clarifications.



Monitoring Plan for Strategic Plan

Purpose	How	Who	When	How are we doing?
To be focused on foundational agreements for the business of the meeting	Print on agenda, read and focus on your Mission and Vision at the beginning of meetings. (5 minutes)	Chair	At every meeting	
Review of the strategic plan	At all FPAC meetings give update on progress on the plan.	Chair/Task Force Rep. /MDCH Staff	At each meeting	
Formally update the strategic plan annually.	<ul style="list-style-type: none"> - Revisit in more depth the Mission and Vision and Key Priorities asking about current relevance. - Update what goals are completed and add or change goals. - Review Monitoring Plan. 	Chair/Staff	January meeting or special meeting	
Bring new members up to speed with the plan.	Include Mission, Vision, Key Priorities and Goals into new staff and/or member orientation.	MDCH Staff	On-going	
Access to the current plan.	Keep current version of the strategic plan on a web-site. Distribute to FPAC annually.	MDCH Staff	2/2010	
Accountability by workgroups	Send report/checklist to Executive Committee	Chair	Starting 1/2010	



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Actions	Who <i>could be</i> involved	Champion	Resources	When Complete	How will we measure
KEY PRIORITY #1: WE DEVELOPED AND SHARED OUR IDENTITY.					
Goal 1: We will clarify the role and function of the Family Planning Advisory Council.					
1. Draft "Who is FPAC" fact sheet.	Re-visioning Task Force	Deanna Charest	Information from FPAC about purpose/intent of FPAC.	April 2010	Draft completed. Complete
2. Re-visioning Task Force reviews fact sheet and offers edits/comments.	Re-visioning Task Force	Deanna Charest	Fact Sheet	June 2010	Input obtained and revisions to draft completed. Complete
3. Fact sheet presented and approved by FPAC for use with potential members.	FPAC and individuals who regularly participate in FPAC meetings	Deanna Charest	Fact Sheet	July 2010	Final fact sheet completed.
Goal 2: We will develop materials to promote the value of family planning services in Michigan through talking points, success stories and strategic messaging with partners.					
1. Partner with the Policy Advancement Task Force to create resource documents to promote the value of family planning programs. Discuss and participate in the next Policy Advancement Task Force meeting.	Re-visioning Task Force Policy Advancement Task Force	Andrea Tabor		Jan. 2010	Plan for materials creation developed. Met with Policy Task Force.
2. Identify existing statewide materials for use in promoting the value of family planning. (Example: MALPH Talking Points/Success Stories.)	MALPH	Andrea Tabor	<ul style="list-style-type: none"> • Materials created by MALPH • Other existing materials • Success Stories from local agencies. 	July 2010	Materials and/or responses obtained.
3. Identify similar materials used by family planning programs in other states.	Re-visioning Task Force Family Planning partners in other states.	Deanna Charest	Identified partners.	July 2010	Materials and/or responses obtained. Discussed with Washington State, April 2010.
4. Finalize packet of resource documents utilizing identified resources and partnering with Policy Advancement Task Force.	Re-visioning Task Force Policy Advancement Task Force	Deanna Charest Quess Derman		Jan. 2011	Packet complete.
Goal 3: We will develop a comprehensive marketing plan to promote family planning services in Michigan. **On hold due to limited resources.					

Actions	Who <i>could be</i> involved	Champion	Resources	When Complete	How will we measure
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KEY PRIORITY #2: WE BUILT THE RIGHT INFRASTRUCTURE FOR MAXIMUM SUCCESS OF FPAC.

Goal 1: With input from FPAC members, we clearly defined the focus, intent, and structure of FPAC meetings for maximum effectiveness and member engagement.

1. Conduct "needs assessment" to identify focus and structure of FPAC meetings. Draw ideas from FPAC groups in other states.	Re-visioning Task Force FPAC	Deanna Charest	Feedback from participants.	July 2010	Input obtained. Next steps determined. Survey complete.
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Goal 2: We will create a FPAC member orientation and training which clearly defines the role and responsibilities of members.

1. Incorporating input from needs assessment, create new member orientation documents.	Re-visioning Task Force	Deanna Charest	"Who is FPAC" worksheet, Promotion materials.	Summer 2011	Member orientation outline created.
2. Member orientation and training plan developed and approved by the FPAC.	FPAC	Deanna Charest		Fall 2011	Member orientation packet and training materials completed.

Goal 3: After clearly defining the focus of FPAC, we recruited new members to fill gaps.

1. Review FPAC roster and determine membership gaps based on the identified ideal group composition.	Re-visioning Task Force Full FPAC	Andrea Tabor		2011 to 2014	Membership list reviewed and gaps identified.
2. Successfully recruit new FPAC members to fill gaps.	Full FPAC	Andrea Tabor	Family planning promotion materials New member orientation materials.	2011 to 2014	FPAC Roster represents group composition plan.

KEY PRIORITY #3: WE ESTABLISHED STRATEGIC PARTNERSHIPS WITH STATEWIDE AND NATIONAL NETWORKS.

Goal 1: We will utilized current FPAC partnerships and gain input on additional partnerships that need to be developed.

1. Identify desired partners.	Re-visioning Task Force Full FPAC and individuals who regularly participate in FPAC meetings	Andrea Tabor	Input obtained and prioritized.	Fall 2010	Input obtained.
2. For each identified partner, define what partnership means and how we will interact/communicate.	Re-visioning Task Force Full FPAC and individuals who regularly participate in FPAC meetings	Andrea Tabor		Winter 2011	Communication established.

Actions	Who <i>could be</i> involved	Champion	Resources	When Complete	How will we measure
KEY PRIORITY #4: WE PROVIDED LEADERSHIP FOR QUALITY SERVICE DELIVERY.					
Goal 1: Chlamydia testing will be annually performed in 60% of all 15-24 year olds with high risk factors in Title X Clinics.					
1. Review agency's policy and procedure for Chlamydia testing	Sharon K Sue Montei Linda Gregg	Sharon Karber	CDC STD Guidelines IPP Guidelines	3 Yr	Policy identified in agency manual
2. Reinforce Chlamydia testing recommendations at the family planning coordinator meeting, annual conference and/or clinical update	Sharon K Amy Peterson	Amy Peterson	IPP Guidelines CDC Guidelines	1 Yr	Documented in presentation content
3. Inform FPAC, medical advisory and delegate agencies via written communication as to the status of the goal	Jeanette Lightning Sharon Karber	Jeanette	FPAR data	1 Yr	Documented communication
4. Conduct medical record audits during agency accreditation to evaluate implementation of annual Chlamydia testing for 15-24 years with high risk factors	Sharon K Sue Montei Linda Gregg	Sharon K	Assure in Accreditation Tool Medical record audits	3 Yr	<ul style="list-style-type: none"> Chart review of up to 10% of agency population of 15-24 yr clients with high risks (minimum of 10 and maximum of 30 charts per agency) Review agency's past accreditation report (was Chlamydia testing an issue)
5. Conduct medical record audits during monitoring visits to evaluate the implementation of annual Chlamydia testing for 15-24 years with high risk factors	Sharon K Sue Montei Linda Gregg	Sharon K	Assure in Monitoring Tool Medical record audits	3 Yr	<ul style="list-style-type: none"> Chart review of 1-2 high risk 15-24 year olds Review agency's past monitoring report (was Chlamydia testing an issue)
Goal 2: 100% of agencies will utilize the ACS protocol for initial pap screening (3 years after start of sexual activity or age 21, whichever comes first)					
1. Assure all agencies have the Family Planning Pap Protocol	Sharon K Sue M Linda G	Sharon	MDCH Pap Protocol	3 Yr	<ul style="list-style-type: none"> Observation at agency accreditation Policy present in agency family planning manual Review agency documentation for pap screening and process
2. Reinforce recommendations at the Family Planning Conf.	Sharon Karber Ann Garvin	Ann Garvin	MDCH Pap Protocol	1 Yr	Information in presentation handout

Actions	Who <i>could be</i> involved	Champion	Resources	When Complete	How will we measure
3. Conduct medical record audits (for female clients having initial exams) during agency accreditation to evaluate implementation of pap screening guidelines (3 years after sexual intercourse or at age 21).	Sharon K Sue M Linda G	Sharon K	Assure in Accreditation Tool	3 Yr	<ul style="list-style-type: none"> • Chart review of up to 10% of agency client population less than 21 yr (minimum of 10 and maximum of 30 charts per agency). • Review past accreditation report (was pap screening an issue for this age group?)
4. Conduct medical record audits (for female clients having initial exams) during monitoring visits to evaluate the implementation of pap screening Guidelines (3 years after sexual intercourse or at age 21).	Sharon K Sue M Linda G	Sharon K	Assure in Monitoring Tool	3 Yr.	<ul style="list-style-type: none"> • Chart review of 1-2 clients less than 21 years of age • Review past monitoring report (was pap screening an issue?)
Goal 3: Title X clients less than 21 years of age will be appropriately referred for colposcopy					
1. Assure all agencies have the Family Planning Pap Protocol	Sharon K Sue M Linda G	Sharon	MDCH Pap Protocol	3Yr	Review family planning manual during agency accreditation
2. Assure all agencies have access to the ASCCP Algorithm for abnormal pap follow-up for adolescents	Sharon K Sue M Linda G	Sharon	Provide web site to ASCCP for charts	1 Yr.	Observe for document during agency accreditation
3. Reinforce recommendations at the Family Planning Conference	Sharon K Sue M Linda G	Ann Garvin	Included in presentation handout	1 Yr	Included in Presentation
4. Inform FPAC and delegate agencies via written communication	Sharon	Sharon		1 Yr	Memo documentation
5. Monitor bi-monthly the BCCCP data related to colposcopy referral for adolescents	Ann Garvin Sharon K	Ann Garvin		1 Yr	Log of data results
Goal 4: Assess and assure agencies reproductive life plan protocol (pre-conception) includes identification of client risks to self and education that promotes a healthy lifestyle and a healthy future pregnancy (if pregnancy is desired).					

Actions	Who <i>could be</i> involved	Champion	Resources	When Complete	How will we measure
1. Assess and educate agencies on health behaviors that include: diet, exercise, vitamin intake with folic acid, medication use, substance use, environmental hazards, and safety behaviors	Brent Davidson Sharon K Sue M Linda G	Brent	CDC MMWR Publication on, "Preconception and Interconception Health" Vol. 56, No. 10. 12/14/07 HCET Teleconf., Preconception Care. 10-22-09	1 Yr	Educate agencies at FP conf.
2. Develop a Reproductive Life Plan template clinical guideline and place on the web for agency use	Sharon K Sue M Linda G	Brent	CDC MMWR Publication on, "Preconception and Interconception Health" Vol. 56, No. 10. 12/14/07 HCET Teleconf., Preconception Care. 10-22-09	2 Yr 5 Yr	<ul style="list-style-type: none"> • Documented evidence that (%) agencies assess client risks related to preconception health • Documented evidence that (%) agencies implement a Reproductive Life Plan protocol
KEY PRIORITY #5: UTILIZE STATE-OF-THE-ART INFORMATION TECHNOLOGY TO ASSURE FAMILY PLANNING INFORMATION IS AVAILABLE. **This priority was considered across all work plan goals and objectives.					
KEY PRIORITY #6: WE HAVE A COORDINATED AND STRATEGIC ANNUAL POLICY AGENDA CARRIED OUT BY AN ENGAGED NETWORK OF STAKEHOLDERS.					
Goal 1: We will develop an email listserv to inform stakeholders of family planning and reproductive health policy issues and action alerts.					
1. Develop structure of list serve, how it will work, a description of the list serve intention, and format for list serve messages (headlines/links). Monthly newsletter to be sent out second week of the month starting in May 2010.	Task Force members	Sarah Scranton Quess Derman	The group will identify websites, lists and organizations to monitor, such as Guttmacher, NFPRHA, National Partnership, Kaiser, PPFA, National Campaign. Rely on Sarah Scranton's experience with action alerts.	April 8, 2010 at Task Force mtg.	Structure and Description completed

Actions	Who <i>could be</i> involved	Champion	Resources	When Complete	How will we measure
2. Develop an invitation and identify individuals and groups to be contacted and invited to receive emails. <ul style="list-style-type: none"> The group will identify stakeholders to be in first invitation list. (FPAC members, MALPH Nurse Administrators, FP admin, Health Officers) Seek other groups/names of supports of Reproductive Health & FP (e.g., Primary Care Assn, FQHCs, Health Plans, University Health Centers, Hospital Assns; etc, 	Task Force members	Sarah Scranton Ques Derman		Invitation sent to initial group 4/12/10 To be discussed at 4/15 FPAC meeting	Initial list completed, and invitation sent to first group
3. Invite additional names and suggestions from FPAC to receive an invitation to the listserv	Task Force members	Sarah Scranton Ques Derman	FPAC	April 15, 2010	Expanded list completed.
4. Send Invitation to expanded list of recipients	Task Force members	Sarah Scranton Ques Derman	FPAC	By May 8 Task Force meeting.	Invitations to expanded list
Goal 2: We will develop a packet of materials that can be used to promote and educate legislators, other decision makers, and media about family planning services.					
1. Collaborate with Re-visioning Task Force to identify types of materials and information to include in a packet of materials to be used to promote and educate legislators and other decision makers.	Policy Task Force, Re-visioning Task Force and interested FPAC members	Ques Derman Deanna Charest	Develop Family Planning Brochure, Fact Sheets, Family Planning Program Data, such as the old "Pink Sheet"	Jan. 2011	Packet of Materials
2. Identify materials that already exist that promote Family Planning.	Task Force members	Ques Derman	Utilize materials from resources such as PPFA, NFPRHA, Guttmacher, National Partnership, Kaiser Health News, National Women's Law Center, etc.	May 2010	Sample of collected materials presented to FPAC
3. Contact other resources and other states about resources they use to promote family planning with their decision makers.	Task Force members	Ques Derman	Family Planning Program administration	July 2010	Report to FPAC status

Actions	Who <i>could be</i> involved	Champion	Resources	When Complete	How will we measure
4. Develop packet of materials to be used to promote and educate legislators and other decision makers about the value of Family Planning Programs.	Task Force members	Ques Derman	FPAC members	Jan. 2011	Packet of Materials
Goal 3: We will meet with members of the Senate and House Subcommittee for Community Health to promote the Family Planning Program and Women's Reproductive Health Policy.					
1. Become familiar with membership of Senate and House Subcommittee for Community Health and accessibility and interests in regards to reproductive health issues.	Task Force and other interested FPAC members	Task Force	Task Force members	Begin Jan. 2011	Reports to FPAC
2. Monitor activities of subcommittee and timetables for budget development, and legislature.	Task Force members	Sarah Scranton, Judy Karandjeff, Ques Derman	Task Force members	Begin Jan. 2011	Reports to FPAC
3. Develop skills among the group and potential presenters to advocate for Family Planning by providing trainings on advocacy for the program. Possible session at FP Update.	FPAC members, Family Planning program staff, Family Planning Update planning group & Force	Judy Karandjeff, Ques Derman	Family Planning program	Sept. 2010 and ongoing	Training program
Goal 4: We will promote an agenda for FPAC that includes Items to be reported on Policy Advancement Issues.					
1. Identify Policy Issues for FPAC to consider as agenda items for the FPAC to work on and consider throughout the year, such as: <ul style="list-style-type: none"> • Funding for Family Planning Programs • Promote FP and Reproductive Health education in • Schools (eg Michigan Model) • Contraceptive Equity initiatives in legislature 	FPAC Task Force	Sarah Scranton, Judy Karandjeff	Listserv, Task Force members	Beginning in 2011.	Policy Issues reported on and discussed at FPAC Meetings

Actions	Who <i>could</i> be involved	Champion	Resources	When Complete	How will we measure
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KEY PRIORITY # 7: WE SEEK OPPORTUNITIES TO MAXIMIZE EXISTING OR LEVERAGE NEW RESOURCES FOR PROGRAMS THAT PROVIDE FAMILY PLANNING.

Goal 1: Establish, support and maintain a Resource Enhancement Task Force for the purposes of identifying costs savings and resource enhancement opportunities in reproductive health.

1. Meet with Task Force recruits to develop the organizational structure of the taskforce. <ul style="list-style-type: none"> • Goal/Purpose • By Laws • Meeting Schedule • Membership Responsibilities 	All TF members	Darin McMillan	Task Force	April 2010	By Laws for Resource Enhancement TF Developed
2. Assign TF members to areas of interest <ul style="list-style-type: none"> • Contraceptive Pricing Changes • Mini Grants for Reproductive Health Agencies • Cost Saving Best Practices • Bulk Purchasing 	Task Force Members	Darin M.	Task Force Member Input	April 2010	Task Force members will each have an assigned area of interest
3. Promote availability of "Title X Resource Enhancement" listserv to Title X delegates and other interested parties <ul style="list-style-type: none"> • Identify and add interested participants • Encourage TF and members to post useful information by topic areas 	Task Force Members	TF Members	Email listserv	Quarterly	Listserv Activity/Postings
4. Quarterly Inform FPAC of Listserv activities <ul style="list-style-type: none"> • Draw attention to concepts that generate interest • Discuss lucrative and relevant reproductive health opportunities with FPAC membership. 	Task Force Members	Darin M.	Items Posted for Listserv	Sept. 2010	Discussion on Listserv activities
5. Survey Listserv members to determine satisfaction with process	Task Force members	Darin M.	Member Feedback	April 2011	Satisfaction Survey