

**Need/Problem Statement:** Due to economic hardships in the State of Michigan which include high unemployment and uninsured rates (as described in the needs assessment), the family planning program strives to provide services in an efficient way to serve the maximum number of individuals in need.

**Administrative Goal: Maximize limited family planning resources to deliver high quality family planning and related preventive health services to the population in need.**

**Three Year Objective A:** By 3/31/13, assist individuals in determining the number and spacing of their children, by serving 154,000 users in the Family Planning Program while assuring federal priority population are included. (Baseline, 2008 FPAR: 125,042)

**FY 10/11 Objective A.1:** By 3/31/11, serve 134,000 total users in the Family Planning Program. (Baseline, 2008 FPAR: 125,042 clients)

Activity	Staff	Begin/End	Evaluation	Priorities
<p><b><u>Caseload and Funding:</u></b></p> <p>a) Allocate funds/user targets by delegate agency based on need.                      b) Seek FPAC and State/Local Funding Committee, administration input.                      c) Monitor total numbers served and caseload targets.                      d) Provide consultation to delegates not meeting performance objective (95% of caseload).                      e) Assist agencies in managing caseloads as state resources decrease.</p>	Unit Manager, Program Consultants	4/1/10 and annually	– Documentation of approved funding formula. - Semi-annual FPARs. - Documentation of consultation as needed.	P1, P2, P3, KI2
<p><b><u>Plan First:</u></b></p> <p>a) Serve 35,000 women who are Plan First! enrollees.                      b) Monitor waiver targets set by delegates and provide consultation as necessary.                      c) Distribute to delegates by county waiver enrollment numbers.                      d) Continue to discuss and problem solve waiver issues with delegates and Medicaid administration.                      e) Promote use of online Medicaid waiver application.                      f) Promote Medicaid Outreach opportunities.                      g) Offer at least one training discussing Plan First!.</p>	Unit Manager, Program Consultants	4/1/10 and ongoing	- Monitor semi-annual FPAR. - Meeting minutes/notes. - Monthly Waiver Enrollment Numbers Distributed. - Medicaid Outreach reports. - Training conducted.	P1, P2, P3, KI1, KI2

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**FY 10/11 Objective A.2:** By 3/31/11, to address the family planning needs of Title X priority populations in Michigan, at least 70% of caseload will be individuals from low-income (100% federal poverty level and below) families (Baseline, 2008 FPAR: 69%).

Activity	Staff	Begin/End	Evaluation	Priorities
<p>a) Evaluate delegate’s annual plans for services and work plan objectives targeting low-income individuals.</p> <p>b) Distribute annual poverty guidelines and mandatory sliding fee scale information to delegates.</p> <p>c) Monitor caseload to meet the following caseload targets by income level as listed below:</p> <ul style="list-style-type: none"> <li>100 % and below – 70%</li> <li>101-150% - 18%</li> <li>151-200% - 6%</li> <li>201-250% - 3%</li> <li>Over 250% - 3%</li> </ul> <p>d) Provide technical assistance to delegates having trouble meeting the income level targets.</p> <p><u>Baseline 2008:</u></p> <ul style="list-style-type: none"> <li>100% and below – 69%</li> <li>101-150% - 17.5%</li> <li>151-200% - 6%</li> <li>201-250% - 2.5%</li> <li>Over 250% - 4.5%</li> </ul>	<p>Unit Manager, Program Consultants, Data Analyst</p>	<p>4/1/10 – 3/31/11</p>	<p>- Annual Plan Review - Semi-annual FPAR review - Meet caseload targets at various income levels - TA provided and documented as needed.</p>	<p>P1, P2, P3, P7, KI2</p>

**FY 10/11 Objective A.3:** By 3/31/11, to address the family planning needs of Title X priority populations in Michigan, at least 28% of caseload will be teen clients. (Baseline, 2008 FPAR: 27%)

Activity	Staff	Begin/End	Evaluation	Priorities
a) Evaluate delegate annual plans for teen services including a community outreach objective targeting teens. b) Monitor teen caseload. c) Evaluate teen friendly clinic hours and services. d) Ensure through chart reviews that mandatory counseling on parental involvement and coercion is occurring. e) Obtain successful strategies on increasing teens from local agencies and share with the network. f) Conduct one teen focused training. g) Collaborate with adolescent health section to conduct annual conference.	Unit Manager, Program Consultants, Clinical Consultants	4/1/10-3/31/11	- Annual plan review. - Semi-annual FPAR. - Clinic schedules reflect friendly hours. - Chart review, at least once every three years. - Strategies shared with the network. - Training conducted. - Conference complete.	P1, P2, P3, P5, P6, P7, LM1, LM2, KI2, KI3

**FY 10/11 Objective A.4:** By 3/31/11, to address the family planning needs of Title X priority populations in Michigan, at least 3% of caseload will be male clients. (Baseline 2008: 3%)

Activity	Staff	Begin/End	Evaluation	Priorities
<b>Males: (Baseline 2008: 3%)</b> a) Evaluate delegate annual plans for target male caseload. b) Monitor male users. c) Promote availability of condoms distributed to delegates through bulk purchasing arrangements. d) Annually offer/promote a delegate training on male friendly services. e) Monitor delegates at site visits for male accessibility and male friendliness, and adherence to annual plan projected male users.	Unit Manager, Program/Clinical Consultants	4/1/10 – 3/31/11	- Annual Plan review - Semi-annual FPAR Review - Condoms allocated and distributed. - Training provided. Monitor delegate participation. - Site visit reports.	P1, P2, P3, P5, KI2

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**Three Year Objective B:** By 3/31/13, to assure compliance with federal and state requirements, 100% of delegate agencies will be monitored (at least one site review and one monitoring visit) by competent grantee staff.

**FY 10/11 Objective B.1:** By 3/31/11, to assure compliance with federal and state requirements, the following monitoring of delegate agencies will occur: one-third will receive a site review, one-third will receive a monitoring visit, 100% will receive an annual plan review, and 100% will receive semi-annual FPAR reviews.

Activity	Staff	Begin/End	Evaluation	Priorities
<p><b><u>Site Review: Part of the State and Local Agency Accreditation</u></b>                      a) One-third of delegates receive a comprehensive site review according to annual calendar/schedule.                      b) Annually review and modify visit protocol if needed.                      c) Conduct and document visits per protocol.                      d) Manager and Lead Quality Assurance Consultant will oversee a quality assurance review of the site review.                      e) Manager will share quality assurance results with division management semi-annually.                      f) Review common findings and develop agency trainings based on findings.</p>	<p>Unit Manager,                      Clinical/Program                      Consultants</p>	<p>4/1/10 and                      annually</p>	<p>- Calendar of site reviews complete.                      - Documentation of reviews. Feedback to agencies on record.                      - Log of site review visits and results.</p>	<p>P1, P2, P3,                      P5, P6,                      LM1, LM2,                      KI2, KI3,                      KI4, KI5,                      KI9</p>
<p><b><u>Monitoring Visit:</u></b>                      a) Monitor one-third of delegates according to annual calendar/schedule.                      b) Annually review and modify visit protocol if needed.                      c) Conduct and document visits per protocol.                      d) Manager and Lead Quality Assurance Consultant will oversee a quality assurance review of the monitoring visit.                      e) Manager will share quality assurance results with division management semi-annually.                      f) Review common findings and develop agency trainings based on findings.</p>	<p>Unit Manager,                      Clinical/Program                      Consultants</p>	<p>4/1/10 and                      annually</p>	<p>- Calendar of visits complete.                      - Documentation of visits and feedback to agencies on record.                      - Log of visits and results.</p>	<p>P1, P2, P3,                      P5, P6,                      LM1, LM2,                      KI2, KI3,                      KI4, KI5,                      KI9</p>

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MDCH Title X Family Planning Program Work Plan, April 1, 2010 – March 31, 2013

Activity	Staff	Begin/End	Evaluation	Priorities
<p><b><u>Annual Plans:</u></b>                      a) Review and revise annual local agency plan instructions for FY11 as needed.                      b) Review and provide annual plan feedback to delegates.</p>	Unit Manager, Program Consultants	4/1/10- 10/30/10	- Completed revision of plan instructions. - Documentation received and feedback on plans provided to delegates.	P1, P2, P3
<p><b><u>FPAR:</u></b>                      a) Meet semi-annually to review FPAR data.                      b) Identify two tables and develop protocols for review.                      c) Supervisor approves protocols and adds to staff operations manual.                      d) Collaborate with Epidemiologist to update FPAR data tables and develop reports for local agency data.</p>	Unit Manager, Epidemiologist, Clinical/Program Consultants	4/1/10 and ongoing	- Semi-annual FPAR meeting documentation. - Two FPAR review protocols approved and included in staff manual. - Data tables updated. - Bi-annual Local agency reports developed.	KI6, KI7
<p><b><u>Staff Competency:</u></b>                      a) Conduct annual performance evaluations on all grantee staff and document in electronic personnel records.                      b) Identify training needs through quality assurance activities, staff meetings, and performance monitoring and evaluations.                      c) Develop and maintain staff training log that reflect addressing identified training needs and appropriate refresher topics.</p>	Unit Manager, Clinical/Program Consultants, Analysts	4/1/10 and ongoing	- Evaluation complete and documented in electronic personnel record. - Address and document training needs. - Completed Training log.	P1

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**Three Year Objective C:** By 3/31/13, 90% of agencies will report that state offered trainings were designed to help them realize program delivery efficiencies and allowed them to maximize reduced resources.

**FY 10/11 Objective C.1:** By 3/31/11, 90% of delegate agencies will access at least one (1) MDCH sponsored family planning training accessible through electronic media to help maximize reduced training resources at the local level.

Activity	Staff	Begin/End	Evaluation	Priorities
<p><b>Electronic Media</b></p> <p>a) At least three MDCH sponsored trainings will be available to delegates by electronic media (ex. Web cast/video archived) to reduce local resources needed to attend trainings.</p> <p>b) Survey delegates on satisfaction with trainings using electronic media.</p> <p>c) Promote HCET and other electronic media training opportunities.</p>	Unit Manager, Program Consultants, Clinical Consultant	4/1/10 – 3/31/11	- 3 trainings offered. - Delegate survey results - Review HCET reports for local agency participation.	KI2, KI6

**FY 10/11 Objective C.2:** By 3/31/11, a minimum of three (3) trainings will be offered to delegates to promote clinic efficiency.

Activity	Staff	Begin/End	Evaluation	Priorities
<p><b>Clinic Efficiency Training:</b></p> <p>a) Offer a Clinic Efficiency Training to delegate agencies.</p> <p>b) Promote the training to delegates via email lists and annual calendar of events.</p>	Program Consultants, Clinical Consultant	Training complete by 5/1/2010.	- Training conducted. - Feedback from participants.	P1, P3, KI1, KI2
<p><b>Patient Flow Analysis:</b></p> <p>a) Offer a Patient Flow Analysis Training with HCET to delegate agencies.</p> <p>b) Promote the training with delegates via email lists and annual calendar of events.</p>	Program Consultants, Clinical Consultants	Training complete by 6/1/2010.	- Training conducted. - Feedback from participants.	P1, KI1, KI2, KI6

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<p><b>Michigan Family Planning Annual Conference:</b></p> <p>a) Planning group will brainstorm training ideas to promote clinic efficiency and/or increase revenue.</p> <p>b) Develop specific topic and secure speakers.</p> <p>c) Offer training at Michigan Family Planning Annual Conference.</p>	<p>Program Consultants, Clinical Consultant</p>	<p>Training complete by 10/1/2010.</p>	<p>- Planning group meeting notes. - Training complete.</p>	<p>P1, P2, P3, P4, P5, P6, LM1, LM2, LM3, KI2, KI3, KI4, KI9</p>
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**Need/Problem Statement:** While operating under a limited scope of service and with limited resources, agencies must meet the health care needs of individuals whose family planning may be their only source of health care for the year.

**Clinical Goal:** Provide clinical family planning services that are high quality, efficient, and consistent with Title X requirements and nationally recognized standards of care.

**Three Year Objective D:** Annually, to assure high quality family planning and related preventive health services that will improve the overall health of individuals, 90% of delegate agencies will reach the below benchmarks for cervical cancer screening follow-up and Sexually Transmitted Infection Screening.

**FY 10/11 Objective D.1:** Annually, delegate agencies will follow-up on 100% of abnormal pap tests.

Activity	Staff	Begin/End	Evaluation	Priorities
<p><b>Cervical Cancer Screening:</b></p> <p>a) 100% of abnormal pap tests with an ASC grade or higher will receive follow-up.</p> <p>b) Review semi-annually FPAR Table 9.</p> <p>c) Review delegate procedure and process for managing clients with abnormal and provide consultation as needed.</p> <p>d) Include Pap follow-up in one training.</p>	<p>Clinical/Program Consultants</p>	<p>4/1/10 and semi-annually.</p>	<p>- Semi-annually FPAR reports. - Consultation and/or monitoring visit and site review report. Document follow-up. - Pap follow-up included in at least one training.</p>	<p>P1, P3</p>

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**FY 10/11 Objective D.2:** Annually, delegate agencies will provide Chlamydia screening to 40% of females aged 15-24 served in a Title X clinic.

Activity	Staff	Begin/End	Evaluation	Priorities
<p><b><u>Sexually Transmitted Infections:</u></b>                      a) Maintain the estimated percentage of females aged 15-24 in Title X clinics who receive at least one test for Chlamydia to 40% (Baseline FPAR 2008: 45% or 32,834 of 73,593. Baseline January-July FPAR 2009: 37% or 18,908 of 50,785.)                      b) Collaborate with state lab and STD program to purchase \$267,171 in Chlamydia/Gonorrhea laboratory services for delegate agency use.                      c) Review allocation schedule to delegates and allocate laboratory services according to positivity rates, and numbers of clients served.                      d) Encourage use of urine based testing for clients not receiving a pelvic exam. (ie., pregnancy test) and encourage use of self vaginal swab.                      e) Increase third party payer availability to support testing.                      f) Distribute a minimum of 806 cases of condoms to delegate agencies obtained through cost-effective bulk purchasing.                      g) Develop allocation based on delegate agency caseload.</p>	<p>Unit Manager,                      Clinical                      Consultant</p>	<p>4/1/10-                      3/31/11</p>	<p>- Lab services provided based on criteria.                      - Allocation schedule reviewed.                      - MDCH STD Statistics reviewed.                      - Number of agencies receiving condoms and amount received.                      - Monitor FPAR</p>	<p>P1, P3, KI9</p>

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**Three Year Objective E: By 3/31/13, 34 of 37 delegate agencies will utilize clinical protocols based on current nationally recognized standards of care.**

**FY 10/11 Objective E.1:** By 3/31/11, to promote high quality and effective program delivery based on nationally recognized standards of care, at least two (2) clinical tools and/or resources will be offered to delegate agencies.

Activity	Staff	Begin/End	Evaluation	Priorities
<p><b><u>Clinical Guidelines</u></b>                      a) Contraceptive guidelines will be reviewed and revised to incorporate the CDC Contraceptive Guidelines, expected to be released in January 2010. The guidelines are designed for local agency use and are optional.                      b) Review state protocols for health care preventative services to ensure they are based on current nationally recognized standards of care.                      b) Obtain approvals by Medical Advisory Cmte, FPAC, and MDCH.                      c) Distribute to delegates.</p>	Unit Manager, Clinical Consultant	- Guidelines complete by 6/1/10. - Protocols complete by 3/31/11.	- Approved Contraceptive guidelines. - Approved protocols for preventative services. - Distributed to agencies.	P1, P2, P3, P4, KI2, KI8, KI9
<p><b><u>Preconception Care:</u></b>                      a) Develop guidelines/requirements for preconception counseling as part of family planning services.                      b) Distribute guidance to delegates and discuss at one training.</p>	Unit Manager, Clinical Consultant	Complete by 7/1/2010.	- Guidance developed. - Training complete by 7/1/2010.	P1, P4, KI9

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**Need/Problem Statement:** To improve fiscal monitoring of the MDCH Title X Family Planning Program as needed according to the 2007 OPA Federal Review of the program.

**Financial Goal: Conduct excellent management of Family Planning financial resources in compliance with federal and state regulations.**

**Three Year Objective F:** Annually, to promote effective program delivery, efficiency and uniformity with federal guidance, improve fiscal monitoring for 100% of delegate agencies' financial records.

**FY 10/11 Objective F.1:** Annually, to promote effective program delivery, efficiency and uniformity with federal guidance, improve fiscal monitoring for 100% of delegate agencies' financial records.

Activity	Staff	Begin/End	Evaluation	Priorities
<p><b>Work group:</b></p> <p>a) Meet at least annually to discuss financial monitoring with the following MDCH Divisions: Family and Community Health, Accounting, Audit and Contracts and Grant Management.</p> <p>b) Meet every other month with the MDCH Division of Budget.</p> <p>c) Annually update delegate agreement language for upcoming fiscal year.</p>	Unit Manager, Fiscal Analyst, Family Planning Auditor	4/1/10- 3/31/11	- Documentation of meetings. - Agreement language reviewed annually.	P1, KI2
<p><b>Budgets:</b></p> <p>a) Review and update budget review protocol as needed.</p> <p>b) Annual delegate budgets reviewed and approved by staff.</p> <p>c) Budget amendments reviewed.</p>	Unit Manager, Fiscal Analyst, Program Consultants	4/1/10- 3/31/11	- Updated budget protocol. - Log of approved budgets. - Supervisor signoff on original budgets.	KI1, KI2
<p><b>Financial Status Reports:</b></p> <p>a) Monitor delegates Financial Status Reports at least quarterly.</p> <p>b) Communicate issues to delegates.</p> <p>c) Semi-annual reports detailing: revenue, revenue compared to last year, trends.</p>	Unit Manager, Fiscal Analyst, Program Consultants	4/1/10 and quarterly	- Monitor 100% of FSRs. - Log of FSR Status. - Feedback to agencies. - Semi-annual report; year end summary.	KI1, KI2

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MDCH Title X Family Planning Program Work Plan, April 1, 2010 – March 31, 2013

Activity	Staff	Begin/End	Evaluation	Priorities
<p><b><u>FPAR Tables:</u></b></p> <p>a) Monitor delegates semi-annual FPAR submissions, Table 14.</p> <p>b) Communicate issues to delegates.</p> <p>c) Semi-annual reports detailing: revenue, revenue compared to last year, trends.</p>	Unit Manager, Fiscal Analyst, Program Consultants	4/1/10 and semi- annually	<ul style="list-style-type: none"> <li>- Monitor 100% of FPARs.</li> <li>- Log of FPAR status.</li> <li>- Feedback to agencies.</li> <li>- Mid-year and year end summary.</li> </ul>	KI6, KI7
<p><b><u>Annual Performance Settlements:</u></b></p> <p>a) Create protocol for annual performance settlements.</p> <p>b) Implement and conduct annual performance settlements.</p>	Unit Manager, Fiscal Analyst, Auditor, Program Consultants	4/1/10 – 3/31/11	<ul style="list-style-type: none"> <li>- Protocol created.</li> <li>- Log of annual performance settlements.</li> <li>- 100% settlement action.</li> </ul>	
<p><b><u>Audits:</u></b></p> <p>a) Develop a protocol for reviewing audits.</p> <p>b) Review audits on site reviews.</p> <p>c) Conduct financial audits at one third of delegate agencies and report findings to Unit Manager. Program consultants will assist in follow-up on findings.</p> <p>d) Quarterly meeting with auditors to discuss findings.</p>	Unit Manager, Fiscal Analyst, Program Consultants, Auditor	4/1/10- 3/31/11	<ul style="list-style-type: none"> <li>- Protocol developed.</li> <li>- Audits reviewed on site reviews at least every three years.</li> <li>- Log of audit reviews.</li> </ul>	KI1, KI2

**FY 10/11 Objective F.2:** By 3/31/11 to improve fiscal program guidance, develop at least two (2) resources for delegate agencies use.

Activity	Staff	Begin/End	Evaluation	Priorities
<p><b><u>Financial Guidance:</u></b></p> <p>a) Analyze site reviews for common financial management findings.</p> <p>b) Train agencies and offer technical assistance based on those findings.</p> <p>c) Review and expand financial guidance in the Michigan Title X Family Planning Standards and Guidelines manual based on findings.</p> <p>d) Disseminate manual revisions.</p>	Unit Manager, Fiscal Analyst, Program Consultants	4/1/10- 3/31/11	<ul style="list-style-type: none"> <li>- Site review results analyzed and common findings identified.</li> <li>- Training and/or TA documented.</li> <li>- Manual revisions as needed.</li> </ul>	P1, KI2

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MDCH Title X Family Planning Program Work Plan, April 1, 2010 – March 31, 2013

Activity	Staff	Begin/End	Evaluation	Priorities
<b>Cost Analysis:</b> a) Analyze statewide cost study using FY 08 data and report results.	Unit Manager, Fiscal Analyst	4/1/10 – 3/31/11	- Completed cost study with at least 95% delegate agency participation.	KI1, KI2

**Need/Problem Statement:** With fewer state resources and decreasing numbers of people with personal insurance coverage, program promotion and community education efforts are needed to raise awareness of family planning programs in Michigan. Word of mouth continues to be the best advertisement.

**Community Goal:** Assure community outreach and consumer input to better serve those in need of family planning services.

**Three Year Objective G:** Annually, 100% of delegate agencies will conduct community education and program promotion activities to enhance community understanding of the project and obtain consumer input to facilitate program improvement.

**FY 10/11 Objective G.1:** Annually, community education and program promotion activities will occur at both the state level and at 100% of local delegate agencies.

Activity	Staff	Begin/End	Evaluation	Priorities
<b>Community Plans:</b> a) 100% of delegate annual plans will include a community education and program promotion objective. b) Feedback regarding these objectives will be given to the delegate agency. c) Monitor progress toward objective in annual plan on monitoring visits.	Program Consultants	4/1/10 – 3/31/11	- Annual plans reviewed and feedback provided to delegates. - Site visit reports.	P7, KI4
<b>Update Website:</b> a) MDCH will develop a section of their statewide website targeting consumers and the public. b) Obtain input from delegate agencies and FPAC members on desired content.	Unit Manager, Program Consultants	4/1/10- 3/31/11	- Website content developed and active.	P7, KI6

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**FY 10/11 Objective G.2:** Annually, consumer input will be obtained at both the state level and at 100% of local delegate agencies.

<p><b><u>Statewide Consumer Survey:</u></b>                  a) Implement survey according to agreed upon plan and timetable.                  b) Tabulate and analyze results received from 100% of delegates.                  c) Determine next steps based on survey results.</p>	<p>Program Consultants</p>	<p>4/1/10-3/31/11</p>	<p>- Completed survey process.                  - Results and next steps shared with delegates and FPAC.</p>	<p>P7</p>
<p><b><u>Consumer Input:</u></b>                  a) 100% of delegate annual plans will describe how consumer input is obtained locally.                  b) Monitor advisory groups and consumer input mechanisms during site reviews and monitoring visits.</p>	<p>Program Consultants</p>	<p>4/1/10-3/31/11</p>	<p>- Annual plans reviewed and feedback provided to delegates.                  - Visit reports.</p>	<p>P7</p>

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