

Carson City Health & Human Services Family
Planning and Related Health Services

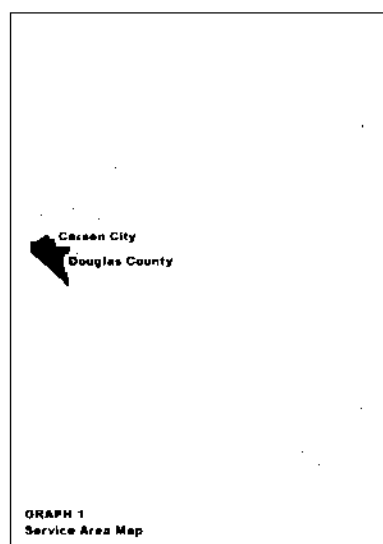
Carson City Health & Human Services Family Planning and Preventive Health Services Project

Funding Opportunity Announcement Number: PA-FPH-18-001; CFDA Number: 93.217

Project Narrative:

Carson City Health and Human Services (CCHHS) is applying for the *Announcement of Anticipated Availability of Funds for Family Planning Services Grant*, Funding Opportunity Number PA-FPH-18-00, CFDA number 93.217, for services to be conducted within the city municipality of Carson City and Douglas County in Nevada. The following assessment will outline the need for family planning services as evidenced by unintended pregnancy, adolescent pregnancy, sexually transmitted diseases (STD), low preventive health screening rates, poverty and poor access to health care. This proposal will also outline the experience and expertise of CCHHS in providing administrative, management, and clinical components of family planning and related preventive health services.

1. Description of Need for Services Provided and Geographic Area and Population:



The proposed project service area spans 856 square miles in Nevada to include Carson City, a consolidated municipality that encompasses both city and county governments, and the adjoining Douglas County, located in the Northwestern part of the state bordering California. Both of these counties are directly south of Reno, Nevada and east of Lake Tahoe. Geographically, Carson City is the smallest Nevada County; however, it is the third largest by population, while Douglas County is the fourth largest county

by population.¹ Total population of these two counties for 2017 is 104,139.¹ The proposed service area is comprised of slightly more female than males and is more homogenous in race

than Nevada overall. Carson City has a 21% Hispanic population and estimates of 19.4% of families who speak a language other than English at home, demonstrating a need for consistent and competent bilingual services.² Gender, age, race and ethnicity are outlined in Table I below.

Table I: Population Estimate & Projection by Gender, Age, and Race/Ethnicity, 2017²							
		Carson City		Douglas County		Nevada	
		2017	% of Total Population	2017	% of Total Population	2017	% of Total Population
	Total Population	53,250	1.8	48,606	1.6	2,965,767	-
Gender	Female	28,062	52.7	23,897	49.2	1,480,327	49.9
	Male	25,188	47.3	24,709	50.8	1,485,441	50.1
Age Group	<5	2,761	5.2	1,865	3.8	184,055	6.2
	5-19	10,446	19.6	7,375	15.2	605,091	20.4
	20-49	18,059	33.9	14,825	30.5	1,200,320	40.5
	50-64	11,425	21.5	11,589	23.8	553,384	18.7
	64>	10,559	19.8	12,953	26.6	422,918	14.3
Race/ Ethnicity	White	39,304	73.8	39,519	81.3	1,534,050	51.7
	Black	305	0.6	286	0.6	253,408	8.5
	AI/AN	1,331	2.5	1,199	2.5	34,291	1.2
	Asian	1,111	2.1	1,364	2.8	281,620	9.5
	Hispanic	11,198	21.0	6,237	12.8	862,399	29.1
Density	2010 data	339.2		65.9		26.8	

Income, Employment and Poverty

Unemployment rates and poverty in general are higher in the proposed services area when compared with state and national averages. The number and percent of family households headed by a single female with children under 18 years of age is higher in Carson City, NV than statewide or nationally. United States Census Bureau estimates that 16.7% of Carson City's and 10.9% of Douglas County's total population live in poverty, versus the state and national average of 15%.⁴ Special populations are the primary users of family planning and related health services and they face obstacles not always apparent in overall statistical averages. Need is particularly prominent when evaluating ethnicity and specific age groups within the service area. Analysis

reveals 23.8% of Hispanics/Latinos in Carson City and 21.8% in Douglas County live in poverty. Further, 18.2% of Carson City's and 17.7% of in Douglas County's residents aged 18-34 live below the federal poverty level (FPL) compared with 21.1% and 17.7% of Nevadans and 23.4% and 18.9% nationally.⁴ The estimated annual income for those 18- 24 years of age decreases to \$33,359 for Carson City and \$30,250 for Douglas County. Finally, 28.2% of family households headed by a single female with children under 18 years of age in 28.2% in Carson City compared with 25.7% statewide and 24.5% nationally.

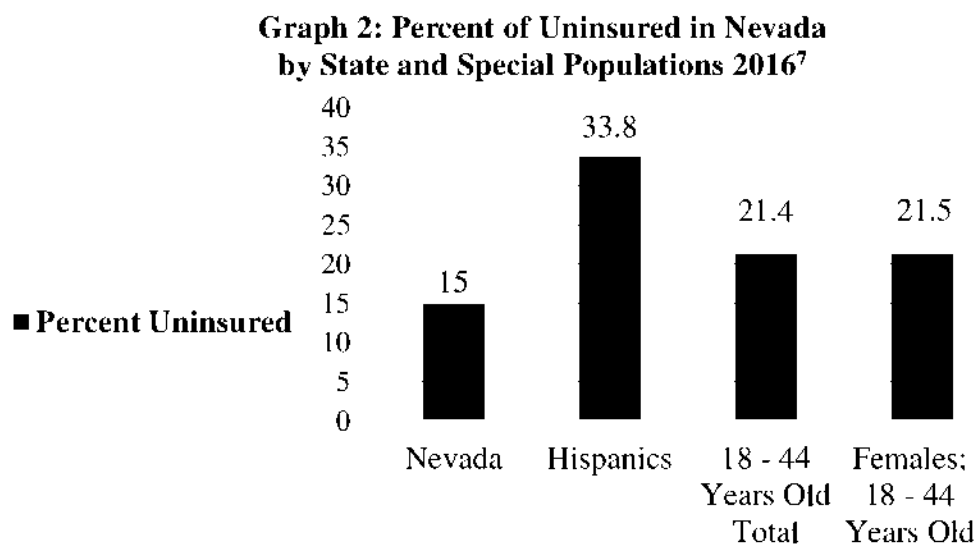
Table II: Socioeconomics: Service Area Compared with State and National Averages^{3,4,5}				
Estimated Median Household Income³	Carson City	Douglas County	Statewide	National
<i>total population</i>	\$50,108	\$58,940	\$52,205	\$53,482
<i>18 – 24 year olds</i>	\$33,359	\$30,250	Not available	Not available
Unemployment Rate³	Carson City	Douglas County	Statewide	National
(March 2018)				
<i>Total Population</i>	5.9%	4.8%	4.9%	4.1%
Poverty⁴ (2016)	Carson City	Douglas County	Statewide	National
<i># / % of population in poverty</i>	8,744 / 16.7%	5,148 / 10.9%	417,257 / 14.9%	47 million / 15.1
<i># / % of children <17 in poverty</i>	2,960 / 26.8%	1,405 / 16.5%	144,947 / 22.2%	15.3 million/ 21.7
<i># / % 18-44 years old in poverty</i>	3,336 / 19.4%	2,136 / 17.5%	110,882 / 17.2%	13.3 million/ 18.9
<i># and % of Hispanics in poverty</i>	2,914 / 23.8%	1,233 / 21.8%	164,476 / 21.1%	12.5 million/ 23.4
Household Make-up⁵	Carson City	Douglas County	Statewide	National
<i># / % of FAMILY households headed by a single-Female with OWN children under 18</i>	5298 / 28.2%	4163 / 21.5%	290523 / 25.7%	33567476 / 24.5%

Residents are attracted to this area by employment opportunities within the hotel, gaming, manufacturing, and construction industries. Most employment categories in these industries are lower than prevailing wages. The 2015 average annual wage for a job classified in the Leisure and Hospitality category is only \$23,286 and makes up as high as 28% of the total employment workforce.⁶ The prevailing wage for this prominent service area industry is below

the median household income by 54 % - 60 % for the overall service area, state and nation. Workers in this industry are generally young adults with young families. Gaming, retail and construction industries in Nevada are seasonal. Layoffs are not uncommon during economic down turns or seasonal weather variations, which has contributed to Nevada's transient and mobile population. The Nevada Department of Employment, Training and Rehabilitation states, "wage growth has been relatively constrained to date and is perhaps the weakest aspect of the recovery."⁶ Employment and wage growth lags behind national recovery efforts.

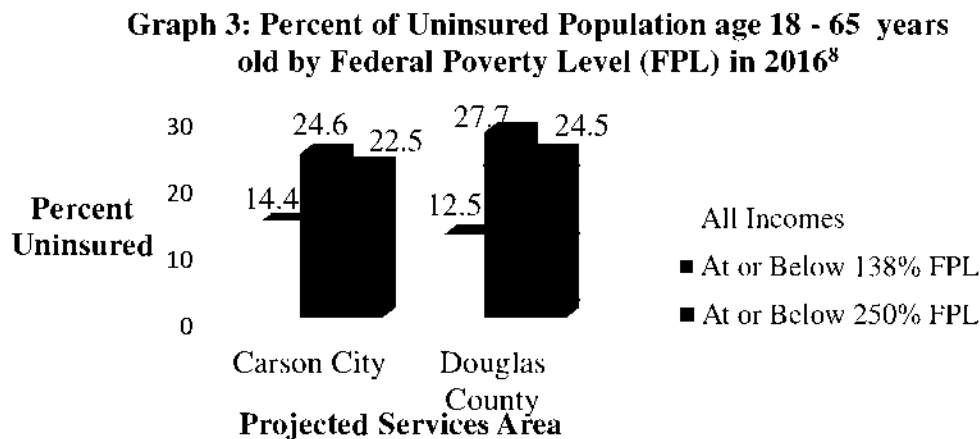
Uninsured Population

Nevada is eighth in the nation for uninsured residents; with 15% of individuals reporting they do not have any kind of healthcare coverage as found in Centers for Disease Control (CDC) Behavioral Risk Factor Survey (BRFSS) in 2016 .⁷ Hispanics lack insurance at a higher rate of 33.8%, while 21% of individuals and females aged 18 - 44 years of age lack healthcare coverage.⁷



When adjusting for the Federal Poverty Level (FPL) the percent of uninsured rises dramatically. Income < 250% FPL in the project service area dramatically increases the risk of being uninsured. And when incomes fall below 138% of the FPL, the uninsured rate is at its highest.

These points are illustrated in Graph 3 below;



In 2016, 22.5% of Carson City and 24.5% of Douglas County residents with incomes below 250% of poverty were without health insurance.⁸ For 2016, 27.7% of Douglas County residents and 24.6% in Carson City whose income fell below 138% of the FPL were uninsured.⁸ CCHHS 2017 FPAR data reported 47.6% uninsured being served at the Title X Grantee service site. National attempts to improve the percent of the population that are uninsured have fallen short of the needs within local communities, impeding the access to care.

Access to Medical Services

Recruitment and retention of healthcare providers, as well as transportation to and from any medical services, can be a challenge for rural communities, and in particular for Douglas County.

Table III: Medical Providers 2016³				
Primary Care Medical Doctors <i>Number / number per 100,000 population</i>	Carson City	Douglas County	Statewide	National
	50 / 110.6	20 / 48.0	1,704 / 70.6	Data Unavailable
Obstetrics & Gynecology Medical Doctors <i>Number</i>	Carson City	Douglas County	Statewide	National
	13	1	296	Data Unavailable
Population in Number and Percent Residing in a Primary Care Health Professional Shortage Area (HPSA)	Carson City	Douglas County	Statewide	National
	50,857 92.2%	18,501 38.4%	985,416 33.4%	Data Unavailable

Carson City and Douglas County, Nevada are designated as Primary Medical Care Health Care Professional Shortage Areas (HPSA) with an HPSA score of >16. Table III highlights that 95.5 percent of Carson City residents and 38% of Douglas County residents live in a HPSA.

The local federally qualified health center (FQHC) faces frequent provider retention and shortage issues. At the time of writing this application (April 13, 2018), the local FQHC had a four month wait for new patients and a six week wait for established patient appointments. The wait time did not change whether or not the patient was having a problem or needed a routine visit. This is compared with CCHHS where there is a 1-3 day wait to see the RN for initiation and continuation of a method, a 4-6 day wait time for a problem visit and a 2 week wait time for a new or established annual preventive health visit. These wait times are the same whether or not the patient is new or established. This FQHC is 20 miles from the residents in the sub recipient jurisdiction (Douglas County). There is a FQHC-designee that serves the adjoining community. However, this site frequently refers both women's health and family planning patients to the sub recipient site in order that they might focus on the chronic health conditions of those they serve.

The 2016 CDC BRFSS reveals that 30.8% of Nevadans report "No" when asked if they have one person they think of as their healthcare provider.⁷ As many as 30.9 % of Nevada reported they had not visited a doctor for a routine check-up in the past year while 18.7% of Nevadans report two or more years since they last visited a doctor for a check-up.⁷ Finally, 16% reported times in the last 12 months that they needed to see a doctor but could not due to costs.⁷

Reproductive and Preventive Health Indicators

Youth Risk Behaviors and Protective Factors

Nevada fares slightly worse in 5 of the 13 categories related to teen behavioral risk in comparison with the national averages, as reported in the Youth Risk Behavior Surveillance

System (YRBS). For eight of the behavioral risks categories Nevada performs better than the National average. Students who reported no sexual contact had a decrease in risk behaviors below national and state averages. Current public health efforts in Nevada strive to engage youth in positive ways towards building skills towards better health.

Table IV. YRBS: 2015 Youth Risk Behavior Survey ^{2,8}				
Behavioral Risk Questions	Proposed Service Area	State of NV	Nevada Youth Reporting No Sexual Contact	U.S.
Ever had sexual intercourse (SI)?	35.8%	39.1%	N/A	40.9%
Has had four or more sex partners?	8.4%	9.5%	N/A	11.2%
Sexually active in the past 3 months?	22.8%	26.1%	N/A	30.1%
Who were ever physically forced to have SI?	5.3%	6.6%	3.3%	6.5%
Who experienced physical dating violence?	6.9%	7.8%	2.8%	8.3%
Who drank alcohol or used drugs during their last SI?	17.9%	17.1%	N/A	20%
Who used birth control pills, an IUD, Implant, shot, patch or birth control ring during last SI?	30.3%	25.1%	N/A	27.1%
No method used to prevent pregnancy during last SI?	10.5%	10.3%	N/A	12.4%
Who experienced sexual dating violence?	6.9%	10.0%	N/A	9.1%
Who felt sad / hopeless almost every day for 2 or more weeks in a row?	30.1%	28.8%	22%	26.4%
Made a plan about how they would attempt suicide?	16.2%	13.3%	9.9%	11.9%
Who currently used tobacco, smokeless tobacco, cigar	17.2%	26.1%	13.4%	18.5%
Who currently drank alcohol?	33.3%	30.7%	16.3%	32.1%
Took prescription drugs without a prescription?	20.2%	15.9%	6.0%	15.5%

Unintended Pregnancy and Birth Rates

Strides have been made nationally in assisting women and men to be at their healthiest when desiring to start or add to their family. However, per the CDC, “Unintended pregnancy is associated with an increased risk of problems for the mom and baby. If a pregnancy is not

planned before conception, a woman may not be in optimal health for childbearing.”¹⁰ “Births resulting from unintended or closely spaced pregnancies are associated with adverse maternal and child health outcomes, such as delayed prenatal care, premature birth, and negative physical and mental health effects for children.”¹⁰ Significant health disparities exist for special populations. National data shows that more than half of all unintended pregnancies occur in women in their twenties.⁹ The rate of unintended pregnancies was highest among women aged 18–24, unmarried women (especially those living with a partner), low-income women, women who had not finished high school and minority women.¹¹ Per the CDC, protective factors for reducing unintended pregnancy include: marriage, increased education and increased income¹⁰.

National data shows 45 unintended pregnancies per 1,000 women aged 15–44, with states ranging from 32 per 1,000 to 62 per 1,000.¹¹ In a 2014 Guttmacher Institute report, Nevada had the 7th highest pregnancy rate in the nation with 54 per 1,000 women aged 15–44.¹⁰ Unintended pregnancies in Nevada cost the state and federal government 102.9 million dollars.¹²

In Carson City, the rate of unintended pregnancies was 43.9 per 1,000 and in Douglas County it was 27.5 per 1,000 for women aged 18–44.⁸ Breaking down the age groups further reveals a concerning problem with teen pregnancy in those 18–19 years of age. The charts below show the pregnancy rate for those 15–19 years of age and even higher rates when looking specifically at those 18–19 years of age.

Table V	Pregnancy and Birth Rates 2015 & 2016^{2,13}						
	Carson	Douglas	Nevada		Carson	Douglas	Nevada
2015 Pregnancy Rate				2016 Pregnancy rate			
15-17	18.9	14.2	14.8	15-17	13.9	13.0	12.5
18-19	117.8	24.3	58.2	18-19	63.4	15.0	51.9
15-19	52.6	18.3	31.9	15-19	37.6	13.8	28.0
2015 Birth Rate				2016 Birth Rate			
15-17	13.3	11.8	11.2	15-17	10.1	7.8	9.2
18-19	92.1	20.8	46.7	18-19	53.7	9.4	40.2
15-19	40.2	15.5	25.2	15-19	31.0	8.4	21.4

In 2015, the birth rate per 1,000 women aged 15-44 in the United States was 62.5 and 63.3 in Nevada.¹³ In the same year, the teen birth rate per 1,000 women aged 15-19 in the United States was 22.3, and 27.6 in Nevada.¹³ Nationally, in 2015 Nevada ranks 18th in teen birth rates with 25.2 births per 1,000 for women aged 15-19.¹³ When looking at ethnic differences in the same year, Hispanic teens gave birth at a rate of 35.4 per 1,000.¹³ Data at a county level for 2016 reveals that Carson City has a higher teen birth rate at 31.0 per 1,000, while Douglas County is below national and state averages at 8.4 per 1,000.¹³

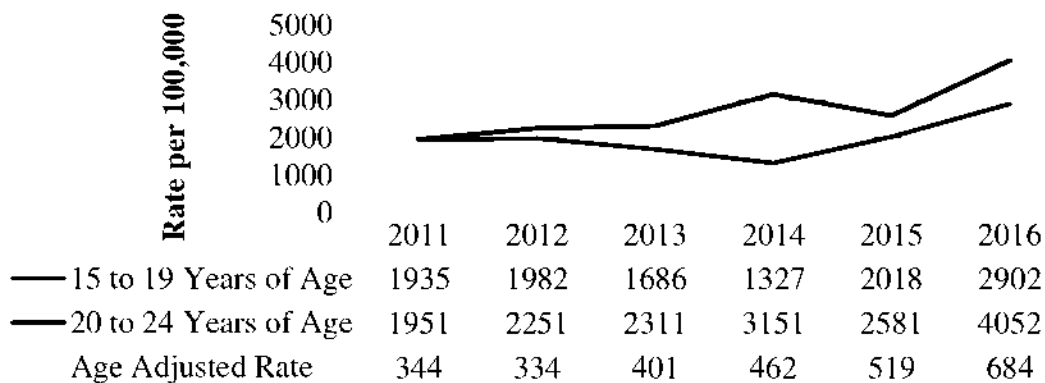
Carson City and Douglas County have made strides in reducing teen pregnancy and teen births thus meeting Objective FP-8.1 of Healthy People 2020, which sets a goal of reducing teen pregnancy rates in 15-17 year olds to 36.2 per 1,000 and in 18-19 year olds to 105.9 per 1,000.¹⁴ However, in order to continue to meet pregnancy prevention objectives access to confidential family planning services that include a broad range of family planning methods and reproductive life planning remains an essential need for teens in the proposed service area. As previously noted available appointment with community medical providers involves an extensive wait for appointments. The CCHHS Title X Family Planning Project is essential in order to increase optimal health and decrease social and economic disadvantages for both mothers and infants.

Sexually Transmitted Diseases (STD)

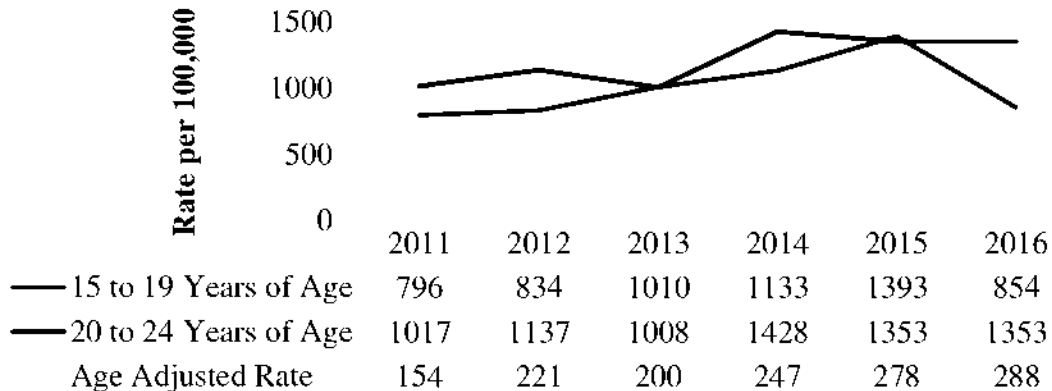
Chlamydia (Ct) is the most frequently reported STD in the U.S. and can result in pelvic inflammatory disease, ectopic pregnancy and infertility.¹⁵ Rates of asymptomatic Ct can reach 90% in men and 70-95% in women.¹⁵ In Carson City and Douglas County areas, Ct is the most prevalent STD, occurring at a rate of almost 89% of all STDs diagnosed.¹⁵ When evaluating specific age groups, young adults aged 20-24 experienced a greater than 50% increase in Ct

rates from 2011 to 2016 in Carson City and a 33% increase in Douglas County. Increased testing rates have aided in identifying/treating this STD. ¹⁶

**Graph 4: Carson City 2011 - 2016:
Chlamydia Rate per 100,000 and Total Age-Adjusted Rate¹⁶**



**Graph 5: Douglas County 2011 - 2016:
Chlamydia Rates per 100,000 and Total Age-Adjusted Rate¹⁶**



Eighty percent of all Ct cases diagnosed are in individuals <25 years of age.¹⁶ Public Health family planning clinics in Carson City and the three adjoining counties diagnosed 35% of all STDs for the same counties.¹⁶ Patients and local health care providers consider CCHHS and the sub recipient site their primary and trusted source for quality education and screening for STDs.

The CDC recommends and Nevada law allows for expedited partner therapy. Thus, in addition to treating the patient, policies and procedures are in place to ensure partner treatment in the instances that he/she cannot seek testing and treatment in person. The 2015 CDC STD Treatment Guidelines highlights that “The most reliable way to avoid transmission of STDs is to abstain from oral, vaginal, and anal sex or to be in a long term, mutually monogamous relationship with a partner known to be uninfected.”¹⁵ The primary prevention of STDs and the secondary prevention of STDs through screening and surveillance as a means of preventing infertility and other sequelae remains an instrumental role for Title X Family Planning clinics.

Low Birth Weight and Infant Mortality

Low birth weight is a major public health problem in the U.S., contributing substantially to adverse health outcomes and infant mortality. The principal determinants of low birth weight in the U.S. is premature delivery and fetal growth restrictions.¹⁷ Premature delivery is the factor most responsible for the high infant mortality rate in the U.S.¹⁸ The CDC reported in 2014, the United States ranks 26th when compared with other industrialized nations for infant mortality.¹⁸.

Table VI. Percent of Low Birthweight Births by Race/Ethnicity, 2015^{2,13}				
	Carson City	Douglas County	NV	US
Non-Hispanic White	7.1%	6.4%	7.8%	6.9%
Non-Hispanic Black	5.3%	Suppressed for confidentiality	13.6%	13.3%
Hispanic	7.2%	12.1%	7.3%	7.2%
All Races	7.3%	7.8%	8.5%	8.1%

Table VII. Percent of Preterm Births by Race/Ethnicity, 2015^{2,13}				
	Carson City	Douglas County	NV	US
Non-Hispanic White	7.0%	5.9%	13.3%	13.4%
Non-Hispanic Black	Suppressed for confidentiality	Suppressed for confidentiality	9.4%	8.9%
Hispanic	6.7%	14.0%	9.2%	9.1%
All Races	7.2%	7.0%	10.0%	9.6%

Those of Hispanic Race in Douglas County in particular face dramatic increases in low birth weight births and preterm births and evidenced by Table VI and Table VII above. Low birth weight babies are more likely to have health problems impacting the respiratory and cardiac systems, the gastrointestinal tract, and the brain, compared to infants born of normal weight. Causes of low birth weight and infant mortality include undiagnosed or poorly controlled maternal medical conditions, genetic disorders and/or high risk behaviors, including tobacco, alcohol or illicit drug use. In 2014 in Nevada, 15.2% of women of childbearing age reported binge drinking in the past month, 13% reported smoking and 24% were obese.¹⁷ All of these are health indicators that could lead to prematurity, low birth weight, and birth defects.¹⁷

Reproductive life planning, preconception counseling and early prenatal care improve the health of the mother during pregnancy, leading to healthy birth outcomes. Uninsured pregnant women in Carson City and Douglas County must travel to Washoe County, an adjoining county north of Carson City to the only available prenatal care provider who will see them. From Carson City, this is a 32 mile one-way trip, and from Douglas County, it is a 47 miles one-way trip. Also, Douglas County does not have a hospital with obstetrics services, and the closest prenatal care providers that will see women with Medicaid are 16 miles away. Title X services provided through CCHHS and the sub recipient site play a vital role in providing preconception screening/counseling to ensure women are in optimal health from the start of a pregnancy.

Breast & Cervical Cancer

One in every eight women will be affected by breast cancer in the U.S.¹⁹ Breast cancer is the leading cause of death in U.S women ages 40–54 and is second to lung cancer in all cancer deaths among U.S. women.¹⁸ Per the State of Nevada’s 2015 Comprehensive Cancer Report, breast cancer has the highest incidence and is second to lung cancer in all cancer deaths among

Nevada women, as well as women in Carson City and Douglas County.²⁰ To further compound breast cancer mortality, over one third of all breast cancer in Nevada is diagnosed at late stages.²⁰ This percentage rises from 34% in Caucasian women to 42% in Asian and 45% in Black and Hispanic women in Nevada.²⁰ The overall percent of late stage breast cancer diagnosis in Carson City is 33% and 29% for Douglas County.²⁰

Healthy People 2020 names two objectives relating to breast and cervical cancer screening. Objective C-15: Increase the proportion of women who receive cervical cancer screening based on the most recent guidelines to 93.0%.¹⁴ Objective C-17: Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines to 81.1 %.¹⁴ Progress towards the Healthy People 2020 objectives can be seen in Table VI below:

Table VIII: Pap Smear and Mammography Screening Figures 2016²				
Pap Smear <i>% of women 18-64 reported pap within last 3 years</i>	Carson City	Douglas County	Statewide	National
	79.8%	62.4%	74.8%	79.7%
Cervical Cancer <i>Incidence Rate / 100,000 Women</i>	9.4*	7.4*	7.8	7.5
Mammography <i>% of women 40+ reported having within last 2 years</i>	61.7%	58%	66.8%	72.3%
Breast Cancer <i>Incidence Rate/ 100,000 Women</i>	136.0*	114.6*	106.6	123.9
*Data obtained from the Nevada Cancer Registry for Combined years 2010 - 2014				

Nevada women are at risk for late detection of breast and cervical cancer as evidenced by the fact that 20.2 percent in Carson City and 37.6 percent in Douglas County had not had a pap smear in the prior three years. In addition, 38.3% of women over forty in Carson City and 42% in Douglas County had not had a mammogram in the past two years. Since early detection can save lives, it is essential to increase breast and cervical cancer education and screening services to the low-income women throughout Nevada.

Populations to be Served

Through review of the needs assessment and current available family planning program data, CCHHS has identified five target areas/populations to be addressed in the two-county region.

a. Low-Income and Uninsured Residents

Unemployment rates are 4.8% in Douglas County and 5.9% in Carson City, the proposed service area.² Available employment lags behind national and local recovery efforts. Poverty is experienced by 19.4% of women 18 – 44 years of age and 23.8 % of Hispanics/Latinos in Carson City. Poverty is experienced by 17.5% of women 18 – 44 years of age and 21.8 % of Hispanics/Latinos in Douglas County. Poverty undermines the ability of women and men to put in place holistic activities to achieve optimal health. Family Planning Annual Report (FPAR) data for CCHHS' 2017 FPAR data reported 62% of unduplicated clients were below 100% of the FPL, 80% were below 150% of FPL and 48% uninsured are being served at the Title X Family Planning service site. This data provides evidence that CCHHS prioritizes men and women of low income and uninsured populations as required in 42 CFR 59.5. Considerable efforts have been made to assist clients towards Medicaid and health insurance enrollment. Using a sliding fee scale for clients whose income falls below 250% of the FPL and regardless of a client's ability to pay allows clients to voluntarily choose family planning services: obtain pregnancy testing and prenatal care referrals; STD testing and treatment; reproductive life planning, and preventive health services, including cervical and breast cancer screening.

b. Women of Child Bearing Age

Over one half of all pregnancies nationwide and in Nevada are unintended. Preventing unintended pregnancy has far-reaching implications for the improvement of maternal and child health outcomes, as well as social and economic benefits. Addressing health disparities within

special populations will be instrumental in reaching this goal. CCHHS seeks to aid in the prevention of unintended pregnancies as a way of also addressing public health and social challenges facing clients within the service areas. CCHHS is committed to patients through appointments available within 2-3 weeks for annual preventive services and 3-5 days for problem visits. To accommodate patients, CCHHS offers walk-in visits and Saturday hours; a patient portal for patient use in making appointments and viewing lab results; and bilingual staff.

c. Adolescents

Historically, teen pregnancy has been an obstacle in Nevada to teens reaching their optimal potential. Nevada has the 7th highest pregnancy rate among states and the 16th highest birth rate for teens aged 15-19 .¹⁰ Students who reported no sexual contact had a decrease in risk behaviors below national and state averages. In addition to providing voluntary, non-coercive family planning and related health services to adolescents, Title X family planning staff are in place to facilitate conversations between teens and their parents, help teens avoid the negative consequences of sex, including pregnancy and STDs, while being available to encourage long term goals for education and healthy monogamous relationships. In both Carson City and Douglas County, CCHHS has cultivated interactive relationships with local community partners, parents, coalitions and the community high schools. Public health nurses are included in presenting education on the negative results of STDs during high school health classes. STD presentations by family planning staff complement the abstinence-based “Promoting Health Among Teens” (PHAT) that is provided to local high schools, youth detention centers and onsite at CCHHS by the Adolescent Health program within CCHHS’ Chronic Disease Division.

d. Men and Women of Reproductive Health Age in Need of Preventive Health Services

Low birth weight and infant mortality are the result of many factors, including the health of

the mother, prenatal care, quality of health services delivered, and child and infant care.

Chlamydia is especially a concern, as it may lead preventable and costly health outcomes, such as pelvic inflammatory disease, ectopic pregnancy and infertility. Low birth weight and infant mortality may be prevented by addressing health issues, such as obesity, tobacco/ illicit drug use, and undiagnosed or poorly controlled maternal medical conditions. Chlamydia can be detected and treated with routine, age-based screening per national standards. Providing reproductive life planning, recommended health screenings and health education for men and women of child-bearing age is imperative in order to improve reproductive health outcomes in Nevada.

e. Women Without Access to Breast and Cervical Screening

Breast cancer is second only to lung cancer in cancer deaths among Nevada women. Over one-third of all breast cancer in Nevada is diagnosed at a late stage, compounding efforts for treatment and cure.¹⁹ Early detection lags, as evidenced by the fact that 25% of Nevada women had not had a pap smear in the prior three years and 33% of women over age forty years had not had a mammogram in the past two years.² For the service site area, cervical cancer screening rates ranged from 62-80% of women over age forty report they have not had a mammogram in the past two years. As early detection saves lives, it is essential to increase breast and cervical cancer education and screening services to low-income women throughout Nevada.

2. Proposed Projects Addresses the Family Planning Needs of Population to be Covered

The proposed project area is Carson City and Douglas County, Nevada. Services would be available to those living in the area and those from outlying counties who work, do business or seek resources in our communities. Per the needs assessment, there are 5,472 individuals 18 – 49 years of age living in the service area whose income falls below the FPL. This project proposes to reach those in this age group who due to being uninsured or having Medicaid are unable to get

appointments in a timely manner with the limited availability of providers in our community. This project does not seek to reach those that may already have established medical care in our communities. (Appendix A: Service Area Map)

3. Experience in the Particular Service Area and the Particular Community to be Served

Experience in Particular Service Area

CCHHS has a 12-year history in providing quality Title X family planning services. CCHHS has provided clinical, educational, social, and referral services relating to Title X family planning in Carson City, Nevada, since 2005. Initially, CCHHS was a sub-grantee of the State of Nevada for the service area specific to Carson City, Nevada. In 2010, CCHHS became a direct grantee for the Title X project. In 2009, Nevada State Health Division delegated to CCHHS extended authority to conduct public health preparedness activities and perform disease surveillance and investigation for Douglas County. Recognizing the success of this public health cross-jurisdictional sharing relationship, Carson City and Douglas County partner to provide services to its residents. Since January 2012, CCHHS has been providing and/or overseeing family planning and preventive health services in this second county: first as a sub recipient of the state, then as a direct grantee and now including these services in a sub grantee relationship. (Appendix B: Douglas County Letter of Commitment)

Experience with Particular Community to be Served.

CCHHS is located within the census tract with the densest population, the lowest median household income, and the most ethnically diverse in the City. The sub recipient site is centrally and conveniently located in a brand new county-operated community center within 10 minutes of the most densely populated family community. In the two county areas in 2017, just over 5,000 high-quality family planning and other preventive health visits were provided to thousands of

low income and/or uninsured individuals. Per the 2017 FPAR, 87% of the people we serve are women and 13% are men. Thirty-nine percent self-reported a Hispanic ethnicity. Sixty-two percent have incomes below 100% of the Federal Poverty Level (FPL), while 80% report incomes at or below 150% of FPL. Forty-eight percent are uninsured and 28% have public insurance. Since, access to a healthcare provider is not readily available to all residents in our community; CCHHS is designated by CMS as an Essential Community Provider. Services at our Title X Funded sites are provided at a lower cost than physician-based clinics, as our Title X clinics are staffed with nurse practitioners and registered nurses.

Per 42 CFR 59.5(4), services are provided without regard to religion, race, color, national origin, handicapping condition, age, sex, number or pregnancies or marital status. Both family planning sites are located in buildings accessible per the Americans with Disabilities Act. CCHHS is conveniently located just outside of the downtown within 0.5 miles of several community agency resources, including Partnership Carson City (Hispanic and Youth services) and Ron Wood Family Resource Center. Carson City operates Jump Around Carson (JAC), a public transit system, which stops at the side of the CCHHS building. Douglas County operates Douglas Area Rapid Transit (DART), a public transit system that is run out of the community center where the sub recipient clinical site is located for easy access.

Bilingual Services

Staffing at both clinical sites is representative of the target population and sensitive to Title X Program Requirements 8.5.2. The management assistants who act as front-line medical receptionists represent the ethnicity of the population served and are available for translation and interpretation services. Each service site also employs a registered nurse bilingual in English-Spanish and one site has an Asian nurse bi-lingual in English-Bisaya. All essential paperwork,

including demographic and consent forms, authorization for release of information, the Notice of Business Practices, complaint forms, and educational materials, are available in both English and Spanish. The program has a Limited English Proficiency (LEP) policy that is reviewed by staff upon hire and annually thereafter. Access to a language line allows for the ability to serve populations that speak other languages. Policies and training include attention to cross cultural interactions, provision of nondiscriminatory services and culturally sensitive written materials.

4. Organizational Capacity and Qualifications/Experience Providing Family Planning and Related Preventive Health Clinical Services

Organizational Overview

Carson City became a consolidated municipality in 1969 in accordance with Chapter 439 of the Nevada Revised Statutes (N.R.S.). In 2003, the Carson City Board of Supervisors approved the creation of a local health department and a County Board of Health. The Board of Health has jurisdiction over all public health matters in the City and consists of 5 elected officials (4 Board of Supervisors and the Mayor), the elected Sheriff, and the County Health Officer. CCHHS is a department within the city municipality. (Appendix C: Carson City Board of Health)

CCHHS structure includes six divisions: Fiscal, Clinical Services, Disease Prevention & Control, Environmental Health, Human Services, and Public Health Preparedness. Each division is headed by a manager that reports to the CCHHS Department Director. The Title X family planning program is administered within the Clinical Services Division of CCHHS. The Clinical Services Manager is responsible for managing day-to-day operations, ensuring all program components meet Title X statutory and regulatory guidelines, facilitating staff training and development, and consulting with contractual service providers regarding any program issues, problems, needs or concerns that arise. (Appendix D: Organizational Chart)

Public Health Accreditation

CCHHS became an accredited health department through the Public Health Accreditation Board in May 2016. Engaging the broader community (hospitals, educational institutions, service organizations, businesses, civic organizations, faith-based groups, housing organizations and criminal justice organizations) in a Community Health Needs Assessment and a Community Health Improvement Plan has contributed to a coordinated service and referral network in our community. CCHHS stands ready to mobilize partners towards successful public health – preventive health initiatives and leverage available community resources.

Federal Title X Site Review Results

Strong evidence of CCHHS’ administrative, clinical and fiscal qualification, capacity, and expertise is evidenced by the December 2016 Federal Title X Program Review. There were no findings identified during the program review. CCHHS received a score of highly developed for providing a framework for planning and evaluation. CCHHS scored as fully developed in the areas of client-centered counseling; cultural competency and client dignity; clinical protocol compliance; pregnancy testing and counseling; and communication and education.

Additional Onsite Services Available to Title X Patients

CCHHS has a robust internal network of services for clients onsite within our organization. Human Services is available onsite to assist with housing, workforce readiness, employment and Women, Infants and Children (WIC) Services. CCHHS has partnered with the Division of Welfare and Supportive Services (DWSS) to offer onsite enrollment and education for public health insurance; and education and referrals for private health insurance. CCHHS’ Health Educators conduct a science-based Abstinence program “Promoting Health Among Teens” (PHAT) in our schools as well as onsite at our facility. CCHHS is a smoke-free workplace and

promotes the prevention/cessation of tobacco products. A tobacco prevention program has been successful in working with multi-unit housing complexes to become tobacco free; is assisting the community college to become a tobacco free institution and provides resources for Title X staff and patients about the “5 As” model of tobacco cessation. (Appendix E: DWSS Letter of Commitment and Appendix F: CCHHS Human Services Letter of Commitment)

Infrastructure Development and Maximizing Use of Non-Federal Funds

Carson City and Douglas County, NV represented approximately 4% of Nevada’s population in 2016 and notable is the fact that CCHHS’ Title X Family Planning Program saw 25% of the total of all family planning users reported on the 2016 FPAR for Nevada.

CCHHS has been in the forefront of using an electronic health record (EHR) and billing for public health services in Nevada. CCHHS converted to an EHR / Practice Management System, eClinicalWorks (eCW), in 2006. The sub recipient site has been utilizing eCW since 2012. A laboratory interface allows for the electronic submission and receipt of laboratory tests. eCW also has encounter level FPAR reporting capabilities that CCHHS has utilized exclusively since 2014 for FPAR reporting. eCW is designed with tiered security assigned when an employee is granted access to the system. Programming features restrict employee access to the areas of eCW deemed unnecessary for job performance. CCHHS also has an electronic interface with the Nevada Immunization Registry WebIZ and is enrolled in a health information exchange HealthHIE Nevada for a seamless exchange and retrieval of patient medical record data.

Medical records and patient information are handled in a confidential manner. Annual training and review policies occur on Confidentiality, HIPAA and security of electronic information. Staff is required to review and sign a “Confidential Information User Agreement” when assigned email and eCW access. HIPAA Business Associate agreements are active.

CCHHS has established and maintains contracts with all major private and public insurance carriers in our area. (Appendix G: Contracted Insurance List) CCHHS and the adjoining community have committed local general funds to support the project. Our local health department has invested in building the infrastructure that supports quality care for our residents. We are a responsible steward of federal dollars. CCHHS utilizes multiple revenues streams in order to minimize the need for and use of federal funding while sustaining our safety net public health, family planning and reproductive health program. Federal funds are requested and utilized only when non-federal funds fall short of operational needs.

Personnel and Oversight

Per 42 CFR 59.5 (b)(6) and Program Guideline 8.5.2, CCHHS' Title X Family Planning Program is overseen by a physician who is board certified in Obstetrics and Gynecology. The Clinical Services Manager has 17 year's experience in family planning and preventive health services; 8 of those years managing the Title X program. Personnel at CCHHS include a full-time Advanced Practice Registered Nurse (APRN) with 27 years of experience in women's healthcare as well as training and certification in colposcopy and cryotherapy; a part-time APRN with 27 years of experience in women's healthcare; and three registered nurses (RN) with a range of 8-10 years of women's health experience. Nursing staff also has 5-year backgrounds in urgent care and internal/adult medicine. Nursing staff are licensed by the Nevada State Board of Nursing and required to practice under the Nurse Practice Act, NRS Chapter 632. The local school of nursing utilizes CCHHS as a clinical training site for of undergraduate nurses, registered nurses seeking a bachelor's degree, and APRN's. Other personnel at both sites include and management assistants. (Appendix H: Curriculum Vitae Key Personnel)

Staffing at the selected sub recipient site consists of a full-time and a per diem APRN, both of

whom have more than 15 years of women's health experience and certification in colposcopy (per diem APRN) and cryotherapy (per diem APRN) with multiple years working with Title X family planning sites. In addition, the team at the sub recipient site has two full-time Registered Nurses (RN) who each have more than 6 years of Title X Program experience, and each more than 10 years of women's health experience. Clinical staff is trained in and complies with the regulations governing grants for family planning services (42 CFR part 59, subpart A) and follows all requirements regarding the regulations, statutes, and provision of family planning services under Title X of Public Health Service Act, 42 U.S.C. 300 et seq.

(Appendix I: Curriculum Vitae Key Personnel – Sub Recipient Site)

Policies and Procedures

Per Title X Program Guidelines 8.5.1 and 9.6, both clinical sites operate under clinical and administrative policies and procedures. Policies and procedures are updated annually by the Clinical Services Manager, along with clinical staff, based on current practice recommendations. Updated policies and procedures are reviewed and approved by the Medical Director. Clinical staff also review and sign off on the policies. Region IX Title X Regional Office staff has requested the use of CCHHS' policies and procedures as a template for other Title X providers.

Family Planning Methods Offered

Nevada is unique in legislating public health nurses' ability to safely dispense medication, such as those needed for family planning, under the direction of the State Board of Health, N.R.S. 454.215. Having the ability to dispense medications onsite decreases barriers and costs and while increases patient accessibility to affordable care. Per 42 CFR 59.5(a)(1) and Program Guidelines 9.8 and Program Priority 1 this project ensures that a broad range of family planning methods to include: education and support related to abstinence, fertility awareness based

methods (FABM) and the lactation amenorrhea method (LAM); condoms, diaphragm fit provision; combined-oral contraceptive pills; progestin-only contraceptive pills; 3-month hormonal injection; vaginal ring; and long-acting methods which include intrauterine and implantable devices. All services are available, to adolescents as well, with emphasis on counseling that communicates the risks with pregnancy and STDs, the benefits of abstinence, delaying sex, or returning to a sexually risk-free status and encourages family participation in the adolescents' healthcare decisions. (APPENDIX J: List of Services, Tests and FP Methods)

Pharmacy and Laboratory Services

Per 42 CFR 59.5 (b) (1) the applicant and sub recipient site have made provision for prescription and laboratory examination. Per N.R.S., public health registered nurses administer and dispense medications from an approved formulary. CCHHS and the sub recipient site contract with Clinical Pharmacy Services; a pharmacist that is available onsite weekly at CCHHS and monthly at the sub recipient site to oversee and monitor pharmacy activities. Pharmacy services provided conform to Nevada State Laws, Nevada Administrative Code (NAC), and State Board of Pharmacy (NSBP) Policies and Procedures. CCHHS is inspected annually by the NSBF to monitor compliance. The Pharmacy Law is covered under NRS Chapter 454 – Poisons, Dangerous Drugs and Hypodermics; Chapter 585 – Food, Drugs and Cosmetics: Adulteration, Labels, Brands; and Chapter 639 – Pharmacists and Pharmacy. NAC also governs practices in Chapter 453 – Controlled Substances; Chapter 454 – Poisons, Dangerous Drugs and Devices; and Chapter 639 – Pharmacists and Pharmacy. Pharmacy policies and procedures describe regulations and controls to ensure proper storage and distribution.

Both clinical sites are registered under the 340B Cooperative Purchasing Program and participate in the prime vendor program. This program allows CCHHS and the sub recipient site

to obtain optimal pricing for family planning methods. The sub recipient site was selected in 2015 for a Federal 340B compliance audit. This federal audit recorded no findings and noted program integrity and compliance in all areas of the 340B Program.

CCHHS and the sub recipient site operate an on-site laboratory certified by the Nevada State Health Division of Public and Behavioral Health's Bureau of Health Care Quality and Compliance (BHQC). The Laboratory Director and Clinical Services Manager are responsible for providing staff training, monitoring proficiency testing, quality control and reviewing/updating the laboratory manual. Onsite CLIA waived testing includes urine pregnancy testing, blood glucose monitoring, anemia screening, rapid HIV testing, urine analysis. APRN's may also perform additional microscopy to include vaginal wet prep. No deficiencies were noted in laboratory documentation or practice during a May 2015 site monitor by the State of Nevada BHQC. Specimens may also be collected and sent to outside laboratories for analysis. These tests may include cervical cancer screening, HPV testing, Hepatitis B and C, Chlamydia and other sexually transmitted diseases, lipid panel, and HIV confirmatory testing.

Emergencies

Staff is trained to handle clinical emergencies. Policies and procedures address vasovagal reactions, anaphylaxis, syncope, cardiac arrest, hemorrhage and respiratory difficulties, all of which enable staff to contend with a wide range of potential emergencies. Both sites have an automated defibrillation unit and oxygen available. Clients are referred to the local urgent care or emergency department, when necessary and for after-hours emergencies.

5. Evidence of Familiarity With and Ability to Provide Services

The environment in which we live, work, learn, and play can have an enormous impact on health outcomes. Thus, addressing people's physical, social and economic environment can

encourage healthy behaviors and improve health. Providing a wide-range of related preventive health services supports families in making healthy choices.

Family Planning and Related Health Issues

CCHHS and the sub recipient site prioritize family planning and related preventive services in accordance with Title X Program Guidelines and Program Priorities. Per Priority #1 and Program Requirement 9.1, 42 CFR 59(a)(6) services in this project are prioritized towards low-income adolescents, individuals, and families. 2017 FPAR for the CCHHS family planning project shows 62% of clients were below 100% of the FPL and 80% were below 150% of the FPL. Family planning and related preventive health services provided in this project proposal include non-hormonal contraceptive services, hormonal family planning services, pregnancy testing, basic infertility services, STD services and preconception health. Other related preventive health services include breast and cervical cancer screening and colposcopy. Service provision at both sites is based on nationally recognized standards of care that include CDC, the U.S. Preventive Task Force, and the American College of Obstetrics and Gynecologists (ACOG). Sourced policies and procedures outline practice in order to establish consistency and accuracy across service sites. Per 42 CFR 59.5(a)(2), Title X Program Requirement 8.1, 9.9 and Program Priority #3, all services are provided to clients on a voluntary, client-centered and non-coercive manner without any eligibility prerequisite requirements. Staff acknowledges in writing annual education that they are aware that all services must be voluntary and free of coercion.

Sexual Health Assessment

Assessment of clients' sexual health history follows guidance in the US Department of Health and Human Services CDC, "A Guide to Taking a Sexual History". The assessment is incorporated into an initial visit, annual preventive health exams and whenever a client presents

with symptoms consistent with a potential sexually transmitted disease. Five areas are addressed that include: partners, practices, protection from STDs, past history of STDs and prevention of pregnancy. The ultimate goal of a sexual risk assessment is to lead to client-centered discussions that promote positive family relationships, family participation and healthy decision making as well as education and counseling that prioritize optimal health as outlined in program priority #2.

Family Planning Services

As part of a family planning visit, staff establishes rapport, collects and assesses clinical and social information that includes a client medical history, reproductive life planning assessment, and sexual health assessment. Standards of medical eligibility for family planning are evaluated by staff based on a client's medical history. Clinical staff then facilitates an interactive session of client experiences and preferences. Staff assesses and educates clients related to STD, HIV, intimate and sexual partner violence, and substance use behaviors. Physical assessment and laboratory testing are recommended and performed based on nationally recognized standards. Per 42 CFR 59.5(a)(1) and Program Guidelines 9.8 and Program Priority #1, this project ensures that a broad range of family planning methods to include: education related to the abstinence, FABM and LAM, condoms, diaphragm fitting and provisions, cervical cap, combined-oral contraceptive pill, progestin-only contraceptive pills, 3-month hormonal injection, vaginal ring, and long-acting methods which include intrauterine and implantable devices. During counseling a client will: (a) be informed of method risk, side-effects and on how to discontinue the method selected, if needed, and (b) discuss and plan a return schedule. Clinical staff confirms client understanding of education. Services are provided while ensuring a client confidentiality throughout all areas of the patient visit from check-in through service billing. Per 42 CFR (5), abortion is not provided as a method of birth control. Neither CCHHS nor the sub recipient site

performs abortions. (Previously Noted - APPENDIX J: List of Services, Tests and FP Methods)

CCHHS has (b)(4)

resource in the area of fertility awareness-based methods. They are included in our grant application budget for the provision of staff training and technical assistance for outreach efforts.

(Appendix K: Letter of Commitment - (b)(4)

Pregnancy Testing and Counseling

Per Title X Program Requirement 9.9, service sites in this project provide pregnancy diagnosis and counseling services. During a pregnancy assessment, staff establishes rapport, assesses clinical and social information that includes a client medical and sexual health history, & reproductive life planning. Staff assesses and educates clients related to STDs, HIV, intimate and sexual partner violence, and substance use behaviors. Health screening is offered and based on nationally recognized standards. At this time counseling is based 42 CFR 59.5(a)(5)(i)-(ii) and Program Guideline 9.11. Information and discussion is provided in a neutrally factual manner without coercion into a specific course of action or decision. Education encourages optimal health and includes gestational age, prenatal care and social services referrals, folic acid / prenatal vitamins, substance use, medication contraindications and dietary and exercise recommendations. Community referrals are provided as indicated by patient identified need. Per Key Issue #3, a local faith-based agency is included on the referral list to support those who are pregnant. (b)(4) to respond to the needs of a mother-to-be through mentorship, emotional support and resource access. In women whose pregnancy testing is negative, reproductive life planning and family planning education is offered.

Basic Infertility Services

CCHHS utilizes the Family Planning National Training Centers Check List in implementing

basic infertility services. Women and men seeking pregnancy are provided a medical history, sexual health assessment, and reproductive life planning and counseling. For women, physical examination may include height, weight, blood pressure, clinical breast and pelvic exam including a pap, a review of signs for androgen excess, and a thyroid examination. For men, physical examination may include height, weight, blood pressure and genital exam.

Personal Family Planning, Fertility and Reproductive Life Plan

Incorporating Title X Program Priority #1, reproductive life planning is initiated with male and female patients of child-bearing age. Reproductive life planning assessment and health addresses an individual's physical, emotional and social health needs while providing resources to reach optimal health outcomes. A medical and social history guides testing, and education recommendations and provision. Providers screen, educate and refer related to height, weight, body mass index, blood pressure, intimate partner violence, substance use and abuse, immunizations, depression and diabetes. Clinical staff is trained and use a nationally recognized brief intervention for tobacco cessation. Referrals are made to Nevada's Tobacco QuitLine, as needed. CCHHS has a Public Health Nurse that coordinates the area's Tobacco Prevention and Control Program so Title X staff receives training and can consult with her as needed. Our facilities provide a comprehensive immunization program across the lifespan that utilizes vaccines through the Federal Vaccines for Children's Program and Section 317 of the Public Health Services Act for uninsured and underinsured adults, as well as private purchased vaccines for the insured. Following the Advisory Committee on Immunization Practices (ACIP), any recommended immunizations are provided with emphasis on the human papilloma virus (HPV); influenza; measles, mumps, rubella (MMR); and tetanus, diphtheria, and pertussis (Tdap).

Health Screenings - Sexually Transmitted Disease Services

Utilizing the 2015 CDC Sexually Transmitted Disease guidelines, clinical staff assesses, screens, treats, and provides behavioral counseling for chlamydia, gonorrhea, syphilis, HIV, and Hepatitis C. CCHHS and sub receipt utilize 4th generation Rapid HIV testing with confirmatory testing for any positive result. Clinical staff receives training on HIV counseling and testing, and HIV pre and post-test education and counseling. Clinical staff receives thorough training on STD sample collection. RNs and APRNs provide counseling and treatment. Per CDC and U.S Preventive Services Task Force, clients <25 are screened for Ct. Clients of other ages are offered testing based on risk. Attempts to reach clients with positive results are made on the day the lab results are received and reviewed to arrange for immediate treatment. Staff at both sites work closely with CCHHS's onsite Disease Investigator to perform contact investigations for treatment and recommended follow-up. As required by state statute, physicians, laboratories and hospitals are required to report positive STDs from a quad county area to the CCHHS Disease Investigator. Clients may use the patient portal to access test results and his/her convenience.

Health Screenings - Related Preventive Health Services

In addition to reproductive health services, related preventive health services may be offered based on currently recommended national standards for reproductive health of our family planning clientele. These services include: cervical exams with follow-up procedures for abnormal Pap smears and clinical breast exams with a referral program for screening mammography, as well as diagnostic screening of a palpable breast mass. APRN's utilize protocols adopted from the American Society for Colposcopy and Cervical Pathology (ASCCP) for follow-up of abnormal pap smears. Additionally, CCHHS provides colposcopy diagnostic services per sliding fee scale at our Caron City site. The sub recipient refers to CCHHS as

needed. Adolescent males genital examinations may be provided for purposes of documenting normal growth and development, signs of STDs, and other abnormal or normal findings.

Adolescents

Adolescents are often faced with uncertainty, ambivalence, and anxiety about making sexual health decisions. Staff is objective and sensitive to clients' individual differences and strives to create an environment in which they are comfortable discussing very personal information. Per 42 CFR 59.5(a)(2), individuals are not coerced to accept services or to employ or not employ any particular method of family planning. Staff provides non-coercive counseling so teens can reach a voluntary informed decision that reflects their individual needs. Communication is encouraged and facilitation offered related to parental, familial and/or legal guardian involvement in decisions related to family planning services as outlined in Program Priority #6. Per program priority #5, staff reviews with each adolescent state law related to abuse reporting, human trafficking, child molestation, intimate partner violence, incest and sexual statutory seduction. Per Program Priority # 5, staff assists teens in identifying and learning skills for resisting coercive tactics for engaging in sexual activity. Adolescent clinical services are consistent with medical practice standards and include annual preventive health check-ups, STD testing and treatment, depression screening, counseling regarding substance use effects on impaired decision making, avoiding sexual risk, the risk of pregnancy and STDs and returning to a sexual risk-free state. Charting in the EHR captures all pertinent and required documentation.

Adherence to State laws regarding Child Abuse Reporting

Per Program Priority # 5, staff receives annual education and follows Nevada's laws, listed below, related to mandatory abuse reporting.

- Mandatory Child and Neglect Abuse (NRS 432B.220): Mandates reporting to appropriate

authorities any contact that causes a reasonable person to believe that there is abuse or neglect of a minor occurring.

- Definitions of Abuse (NRS 432B.090, 432B.070, 432B.140, 432B.100, 432B.110):
Outlines what constitutes physical abuse, mental injury, child neglect or maltreatment, sexual abuse, sexual exploitation.
- Mandatory Lewdness with a Minor of or under the age of 14 (NRS 201.230): Mandates the reporting to appropriate authorities any contact that causes a reasonable person to believe there is any kind of lewd acts occurring with a minor of or under the age of 14.
- Mandatory Statutory Sexual Seduction: (NRS 200.364 and 200.368). This law mandates reporting to appropriate authorities about the discovery of a person who is 18 years of age having sexual relations with anyone who is 14 or 15 years of age and who is at least 4 years younger than the perpetrator.

CCHHS and the sub recipient site have policies regarding Child Abuse and Neglect Policy, Statutory Sexual Seduction Protocol & Human Trafficking. These policies address the laws and reporting requirements for child abuse, neglect, child molestation, sexual abuse, and rape and incest, as well as human trafficking. During orientation, and annually thereafter, new clinic staff is required to receive training that reviews these protocols, and policies and procedures. CCHHS has enlisted, Awaken, a local not-for-profit, faith-based organization whose mission is to provide education related to commercial sexual exploitation to provide annual Human Trafficking training to staff. (Appendix L: Awaken Letter of Commitment, Faith-Based Partnership)

Counseling Techniques for Teens - Family Participation and Resistance Skills

CCHHS' Health Educators in our Chronic Disease Division conducts a science-based Abstinence program "Promoting Health Among Teens" (PHAT) in our schools, local detention

centers as well as onsite at our facility. As part of the core curriculum, PHAT addresses areas such as *“Getting to Know You and the Steps to Making Your Dreams Come True, Making Abstinence Work for Me, Consequences of Sex: HIV/STD Infections, and Pregnancy, Improving Sexual Choices and Negotiation, Role plays: Refusal and Negotiation Skills*. CCHHS will utilize Abstinence Program staff to provide education and resourcing to family planning staff.

Per Program Priority #2 and #6 and Key issue # 5and #6, CCHHS will engage staff at the primary and sub recipient family planning sites in education regarding teen developmental issues and current trends to recognize why an adolescent might resist engaging parental/familial support and what might be the learning needs or barriers to teens avoiding sexual risk or maintaining and/or returning to a sexually risk-free state. Staff will use open-ended questions with teen clients to assess family dynamics and relationships as well as perceptions the teen may have regarding barriers of seeking parental involvement. Staff will utilize open-ended questions to explore resistance to delaying sex or returning to a sexually risk-free state. As clinical time allows, staff will incorporate experiential activities such as role play to model an interpersonal relating skills building exercises. Then staff and teens can debrief the exercises and identify how the teen anticipates trialing a conversation at home and within their current sexual relationship. Staff will facilitate a conversation with the teen to identify a trusted adult family member that they can discuss health matters with and ask the teen to have a conversation with this adult as a “practice” for how he/she might approach a parent/guardian. Together, the staff and teen identify one goal and/or action the teen would enlist between clinical visits. Staff will inform the client that staff is available to facilitate any conversation the teen may need assistance in undertaking.

Counseling Techniques for All Clients that Encourage Family Participation

Per Program Priority#2 and working off of the model expressed in in the previous

paragraphs, staff will use open-ended questions with all clients to understand family dynamics and relationships as well as perceptions regarding barriers to seeking familial participation in sexual health and general health matters. Using techniques such as the “Empty Chair Technique”: a partner may express his or her feelings to a sexual partner/spouse/family member (empty chair), then play the role of the spouse and carry on a dialogue. This technique facilitates communication skills. Together, the staff and client can identify one goal and/or action that the client feels will lead to his or her optimal health between clinical visits. Project staff will inform the client that staff is available to facilitate conversations with families or partners as needed.

6. Proposed Schedule of Discounts

Sliding Fee Schedule and Client Intake

This project operates under a schedule of discounts that complies with 42 CFR 59.5 (a)(7) – (9) and Title X Program Guidelines 8.4 Charges, Billing and Collections. A financial screening process occurs at check-in. Clients are asked questions regarding third party payers, household size and household income during the check-in process and annually thereafter. Proof of income is requested through earnings statements or annual IRS tax return documents. Household income and size are then verbally verified by management assistant staff poverty level is determined.

Clients are assessed to see if they have a third party payer, such as Medicaid or private insurance. Each client is then ascribed a tiered schedule of discounts in accordance with FPL. The methodology used to calculate the fee schedule is based on a cost analysis study that is updated every 3 years. Both CCHHS and the sub recipient site utilize the cost analysis that can be found at the Family Planning National Training Center’s website www.fpntc.org.

A tiered system establishing fees for those whose income falls above 251% of the FPL decrements in the following categories 250%–201%, 200–151%, 150–101% and <100%. Each

tier discounts charges by (b)(4) from the top tier schedule until reaching a zero charge category for those below (b)(4) of the FPL. The sliding fee schedule is maintained according to the FPL and is used to determine the client's financial category. Minors seeking confidential services are assigned a schedule of discounts based on a household size of one and the minor's separate income. (Appendix M: CCHHS Policy and Procedure A11: Title X Sliding Fee Assessments)

If a client does have a third party payer, charges are calculated at full fee and reimbursement is sought through the third party payer. When copays, deductibles or additional fees come into play, a client is not charged more than they otherwise would be charged based on his/her tiered discount. Clients are informed of the total cost of services, the ascribed discount based on tier, and then the total amount that is due at the end of each visit. Clients without a third party payer and with a stated income below (b)(4) of the FPL are placed in a zero pay category and thus have a zero charge for services following the discount. If uninsured self-pay clients with incomes above (b)(4) FPL have a tiered balance and are unable to pay at the time of service, a statement is issued for future payment. Family planning and related preventive health services are provided without condition and never denied to any client for inability to pay regardless of income level.

Client confidentiality is maintained when billing and collecting outstanding balances. All charges that have been outstanding for more than (b)(4) months are written off. Each billing statement is addressed to the client only, and can be mailed to an alternate address of the client's choice. The client may also elect to have no written correspondence. Payments received by phone, via mail, or by the third party medical billing company are recorded in the patient EMR.

7. Proposed Services in Accordance with Title X Statute, Program Regulations Legislative Mandates, Program Guidelines and Program Policy Notices

Clients accessing services within this project are ensured they can do so on a voluntary basis

without prerequisite while being treated with the utmost respect regardless of religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies or marital status as outlined in 45 CFR 59.5(a)(3)(4) and Program Guidelines 8.1, 9.2 and 9.3. Previously outlined in this application are programmatic requirements 45 CFR 59.5(a)(1)(2)(3)(4)(5)(6)(7)(8)(9):

- 1) the provision of a broad range of acceptable family planning methods; 2) services on a voluntary basis without coercion; 3) protection of the dignity of the individual;
- 4) nondiscrimination and culturally competent staff representative of the community served; 5) service sites do not provide or coerce abortions; 5a) pregnancy information and counseling services; 6) prioritization of services to low-income individuals; 7) a schedule of discounts; and no charge to qualifying low income; 8) third party billing persons policies and procedures sourced to national standards of care; 9) familiarity with abuse reporting laws; 10) adolescent counseling that incorporates family participation; 11) education and skills for resisting sexual coercion and abuse reporting; 12) confidentiality safeguards; and 13) programmatic supervision by a physician trained and experienced in family planning. CCHHS has also outlined per 42 CFR 59.5 (b)(1), the applicant and sub recipient site has made provision for prescription and laboratory testing. Each of these items specifically addressed in the application establish evidence that statutes, guidelines, and legislative mandates will be adhered to within this project.

The following programmatic components support further evidence of the operationalization of statutes, guidelines, and legislative mandates within the proposed service provision and will also be found outlined in the project work plan. Per 42 CFR 59.5 (b)(3), CCHHS has an information and education advisory committee that is representative of age, race, and sex of clients served in both Carson City and Douglas County. This committee approves all educational materials utilized under this project, after it is determined that it is factually correct, meets the

educational and cultural make-up of those who will be using the material, and is appropriate for the population served. In addition, per 42 CFR 59.5(b)(10), CCHHS has an established advisory board that broadly represents the population served and participates in the development, implementation and evaluation of the family planning project. The committee reviews the Title X work plan and provides feedback on new ideas, items specific to the needs of their particular community and ways of facilitating community awareness of the project.

Finally, per CCHHS's and the sub recipient policy and procedure this project is aware of and follows 42 CFR 59.5 requirements for voluntary informed consent for sterilization in competent individuals who are at least twenty-one years of age. This project makes referrals but does not perform or arrange for sterilization. Annually, staff receives education and signs off that they are aware of the requirement for voluntary informed consent for sterilization.

8. Evidence Funds Will Not be Utilized for Abortions

Neither CCHHS nor the sub recipient provide abortion services and neither organization will utilize Title X Grant Funds to provide or facilitate abortion services. CCHHS and sub recipient staff shall not engage in activities which promote, encourage or directly facilitate abortion as a family planning method. Examples of activities forbidden to staff include transportation, negotiating reduced fees, arranging appointments or obtaining informed consent. Staff review and sign off on policies and acknowledge that they are aware per Section 205 of Pub L 94-63 that coercing a person to undergo an abortion or sterilization shall result in fine or imprisonment.

9. Separation of Title X Project Activities and Finances

CCHHS and the sub recipient site are required to adhere to Internal Control Procedures set in place by each Finance Department. These procedures provide reasonable assurance regarding the safeguarding of assets against loss from unauthorized use or dispositions and the reliability of

financial records for preparing financial reports that demonstrate compliance with applicable laws and regulations. The annual budget, which includes individual grant budgets, serves as the financial plan for the department's programs and activities. The budgets are reviewed and approved by the City Board of Supervisors or the sub recipient's Board of Commissioners. The budget is then integrated into the financial system for monitoring and control. Each individual grant is assigned a separate cost center identification number. Each individual revenue source has a series of accounts that separate personnel, operating, travel, training, contractual, equipment, professional services. Program revenue is also separated into differing cost centers and identified at the time of receipt according to the program that generated the revenue. In-house spreadsheets organized by cost centers are used to separate operational expenses and are retained as supporting documents. Grant expenses, approved for payment, are validated as meeting Title 2 CFR 200 for cost eligibility. In addition, no costs are charged to a grant that are not approved as meeting the individual grant parameters, as specified in the applicable Notice of Grant Award.

Policies outline the specific procedures used to access the City's accounting system to secure recorded grant expenditures. Per 42 CFR 59.5 (b)(7), all services purchased for project participants are authorized by the Title X Manager or her designee. Purchases made by the sub recipient site are authorized by the program supervisor following budget approval by CCHHS. A separation in duties exists for purchasing, receiving and accounts payable

Financial Audit

NRS 354.624 requires Carson City to issue an annual report on its financial position and operations for the fiscal year. The Comprehensive Annual Financial Report (CAFR) is prepared annually in accordance with the auditing standards generally accepted in the United States, and the standards applicable to financial audits contained in Government Auditing Standards, issued

by the Comptroller General of the United States. The financial statements are the responsibility of and are compiled by Carson City's Finance Department.

The most recent audit conducted for the fiscal year ending June 30, 2017 was performed between September and November 2017 by Eide Bailly LLP and accepted by the Carson City Board of Supervisors. The results of the audit disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

10. Community Information and Education Plan

42 CFR 599b(3) this project “provides for informational and educational programs designed to— (i) Achieve community understanding of the objectives of the program; (ii) Inform the community of the availability of services; and (iii) Promote continued participation in the project by persons to whom family planning services may be beneficial.” CCHHS utilizes the local newspaper and social media to educate the public regarding pertinent health issues and to inform the public about available services. CCHHS has an annual marketing plan that utilizes national health observance days and months to guide content. This plan is outlined for the content of 52 weekly educational newspaper articles and 260 week-day social media posts. The marketing plan is updated every year and previous plans document topic areas and platforms utilized. All specific community education content is archived in a shared computer drive. The sub recipient site utilizes social media to inform and educate the community regarding available services.

CCHHS and sub recipient staff participate with local community-based coalitions that include: (b)(4)

(b)(4) in Douglas County, and the (b)(4)

(b)(4) These coalitions aid in reaching low-income, Hispanic, African American, and Asian populations in our communities. Meeting minutes document and archive activities.

11. Information and Education Advisory Committee

Per CFR 59.6 “the project shall provide for the review and approval of informational and educational materials developed or made available under the project by an Advisory Committee prior to their distribution, to assure that the materials are suitable for the population or community to which they are to be made available and the purposes of title X of the Act.”

CCHHS has an established Information and Education Committee (I & E) that has evaluated all educational materials in use to date. This committee is made up of participants that utilize the family planning preventive health services at CCHHS and sub recipient site. CCHHS will continue to facilitate a bi-annual client-based Information and Education Committee in July and December of each project period and evaluate 100% of new family planning educational materials or any materials that have not been re-evaluated within 3 years of original approval. A three-part review will consist of staff review for reading level and culturally sensitive content, medical provider review for factual accuracy, followed by the I & E Committee review. The ultimate selection of materials deemed medically accurate by staff is completed by the I & E Committee members. Revision of policy and processed will occur as needed.

12. Evidence that Title X Priorities and Key Issues are Addressed in Project Plan and

15. Goals and Outcome Objectives (Appendix N: Work Plan)

Goals, objectives, activities, and evaluation will occur at both clinical site locations. Any use of CCHHS in this work plan is intended to include both CCHHS and the sub recipient site.

Goal 1: To provide client-centered, voluntary and non-coercive, quality family planning and related preventive health services in accordance with 42 CFR 59.5 and nationally recognized standards of medical care, with an emphasis on low-income and other vulnerable populations of Carson City, Douglas County and surrounding rural communities in Nevada to reduce unplanned pregnancy, prevent reproductive complications, and promote optimal health and wellness.

Objective 1.1: From Sept. 1, 2018 – Aug. 31, 2019 this project will provide client-centered, voluntary and non-coercive, schedule of discounted core family planning services to 3,200 low-income clients (2,200 CCHHS, 1,000 sub recipient) with a 5% increase annually through 2021 as supported by adequate funding. At least 70% of participants will have an income < 100% of FPL

Activities in Action Plan: Services will be available to 2200 clients at CCHHS & 1000 at the sub recipient site in project year 1, (Total 3200); 2310 by CCHHS & 1050 by sub recipient in the 2nd project year (Total – 3360), and 2425 by CCHHS and 1102 by sub recipient (Total - 3527) in the 3rd project year:

- Walk-in or same-day appointments available for all clients including adolescent clients.
- Saturday Hours at CCHHS two days per month.
- A broad range of family planning methods, including abstinence, barrier methods, fertility awareness-based methods, lactation amenorrhea method, EC, intrauterine devices, implants, pills, Excludes abortion services.
- Quick start of any applicable family planning method per best practice standards.
- Provision of Basic Infertility Services
- Public/private insurance billing to maximize federal resources - cost centers to identify and separate finances.

Time Frame / Result / Evaluation: Client totals based on age, race and income; will be retrieved from activity reports available via the EHR and reported for the mid-year progress report, annual progress report and FPAR. Annual progress reports will be submitted within 90 days of the close of the project period on August 31, 2019 and annually thereafter. Initial FPAR report completion for calendar year 2018 will occur by February 15, 2019, and annually thereafter.

Responsible Entity: Clinic APRN, Clinic RN, Clinical Services Manager

Objective 1.2: From Sept. 1, 2018 – Aug. 31, 2019 CCHHS will offer client-centered, voluntary and non-coercive, schedule of discounted preventive health services to 3,200 low-income clients (2,200 CCHHS, 1,000 sub recipient site). Per the CDC's 2015 STD Treatment Guidelines, CCHHS and the sub recipient site will screen 90% of women <25 years of age for Chlamydia and 90% of individuals for HIV. Per Healthy People 2020 Objective C-15 and C-17 the proportion of women receiving cervical cancer screening will reach 93.0% and the proportion of women receiving breast cancer screening will reach 81.1% per medical standards.

Activities in Action Plan:

Services will be available to 2200 clients at CCHHS and 1000 at the sub recipient site, in project year 1, (Total 3200); 2310 by CCHHS and 1050 by sub recipient in the 2nd project year (Total 3260), and 2425 by CCHHS and 1102 by sub recipient (Total - 3527) in the 3rd project year:

- Client counseling and education regarding risk of STD and HIV, Annual Ct testing to women < 25 years old, and HIV Prevention education, counseling, testing & referral per the 2015 CDC STD Treatment Guidelines
- Breast and cervical cancer screening per the U.S Preventive Task Force & ACOG
- Public and private insurance billing, Utilization of Women's Health Connection, Mammovan and Soroptimist to maximize federal resources
- Active referral, appointment scheduling and follow up for clients with identified health issues utilizing primary care MOU & process

Time Frame/Result/Evaluation: Client totals based on age, race and income; will be retrieved via the EHR and reported for FPAR, the mid-year, annual and final progress report. Progress reports will be submitted within 90 days of the project period end on August 31, 2019 and annually thereafter. 2018 calendar year FPAR will occur by February 15, 2019, and annually thereafter.

Responsible Entity: Clinic APRN(s), Clinical Services Manager

Objective 1.3: CCHHS will optimize quality services for all clients. CCHHS and sub recipient site will conduct ongoing quality assurance and improvement to include 5 monthly chart audits, quarterly Meaningful Use (MU) /FPAR audits and an annual client satisfaction survey. Audits will reflect 90% of women <25 years for Chlamydia and 90% of individuals for HIV testing per 2015 CDC Guidelines. Satisfaction surveys will show satisfaction rate of at least 90% annually.

Activities in Action Plan:

Implementation of Quality assurance/quality improvement

- Perform 5 chart audits monthly per clinical site,
- Perform quarterly MU/FPAR audits and annual satisfaction survey
- Bi annual evaluation of clinic services based on chart audits, MU/FPAR data and satisfaction survey recommendations and findings by the CCHHS and sub recipient site Quality Improvement Committees.
- Initiate Improvement Team as needed upon evaluation

Time Frame / Result / Evaluation: A minimum of 5 chart audits will be completed monthly beginning October 2018 through August 2019. MU Dashboard and Clinical Quality Measure Reports will be reviewed quarterly in and December 2018, and 2019 in March, June, and September and continue each project year through September 2021. Patient satisfaction surveys will be conducted annually beginning January 2019 and annually through 2021. Tabulation of satisfaction survey data will be completed by March 2019 and annually through 2021, Survey data will be evaluated during the April 2019 QI committee meeting and annually through 2021. This evaluation will include strategies to improve deficit areas and assign a lead staff member and improvement team for implementation once improvement strategies have been developed.

Responsible Entity: APRN, QI Committee Members and Clinical Services Manager

2018 Program Priority (PP) #1, #3, #4, #7 and #8: Key Issues #1, # 2, #3, #4, #7, and #8:

Assuring the delivery of quality family planning, infertility and related preventive health services to improve overall health with priority for services to low-income families. Project offers a broad range family planning methods and related preventive health services tailored to the individual.

Ensure voluntary, client-centered and non-coercive services. Promoting the provision of primary care. Title X activities clear and distinct, ensuring abortion is not a family planning method. Use of OPA performance metrics, regular performance of quality assurance and quality improvement activities. Efficiency and effectiveness in management and operations. Management & accountability for outcomes. Cooperation with community-based organizations. Meaningful collaboration with sub recipient. Emphasis on voluntary nature of family planning services. Data collection for use in monitoring and improving services.

GOAL 2: To provide voluntary, client centered, non-coercive education and counseling to women and men of child bearing age, including adolescents applicable to family participation, healthy monogamous relationships, healthy decision making-relationship skills and education and counseling that prioritizes optimal health and the benefits of avoiding sexual risk to all clients while assuring patient confidentiality and compliance with abuse reporting laws.

GOAL 2.1: To provide adolescent-sensitive services and teen pregnancy prevention interventions with activities that do not normalizing sexual risk behavior, with an emphasis on benefits of delaying sex to avoid sexual risk or returning to a sexually risk-free status, encouraging family participation and resisting coercion.

Objective 2.1: 90% of women/men of childbearing age seen at CCHHS and the sub recipient site will receive screening, education and counseling related to family participation, healthy

monogamous relationships and decision making, healthy relationships and education and counseling that prioritizes optimal health and the benefits of avoiding sexual risk behavioral and risk -reduction education.

Activities in Action Plan:

- Annual Staff education related to abuse reporting laws: child abuse & molestation, sexual abuse, rape, incest, intimate partner violence and human trafficking (Awaken).
- Monitor staff compliance with reporting laws through chart audits identified in Goal 1.3
- Implement the National Resource Center for Healthy Marriages and Families integration strategies for Level 1: Basic engagement through brochures to clients and handouts in waiting room (Project year 1); Level 2: Engaging community members and stakeholders that teach healthy relationships (Project Year 2 and 3).

<https://www.healthymarriageandfamilies.org/program-development>

With 90% of all clients' staff to engage:

- Annual Sexual Health Assessment
- Open-ended questions to understand family dynamics and relationships and to ascertain perceptions regarding barriers to seeking familial participation in sexual health and general health matters
- Use of skills-based communication techniques (Empty Chair Technique) to identify one goal/action client feels can assist to optimal health.
- Facilitation of familial conversations as requested by client

Time Frame / Result / Evaluation: Structured data field created in electronic health record by Sept 30, 2018. Structured data fields will be monitored and reported out per the Title X mid-year,

annual and final progress report requirements beginning Sept. 1, 2018 - August 31, 2019, with a

(b)(4)

increase for each project year through August 31, 2021.

Responsible Entity: APRN, RNs and Clinical Services Manager

Objective 2.2: CCHHS and the sub recipient service sites will implement nationally recognized teen pregnancy prevention strategies to reduce unplanned pregnancy and improve family planning services to include health screenings, labs, and other related health services. Counseling and education will assess and address participation of the family, parent or legal guardian in the decision to seek family planning services, abuse reporting laws, counseling and skills building to resist attempts coercing sexual activity, a review of the benefits of delaying sex to avoid sexual risk or returning to a sexually risk-free status on adolescent clients at least once annually and more often as needed based on the intake and repeat visit assessment.

Activities in Action Plan:

- Staff education regarding teen development issues, current trends and resistances to familial involvement and resisting coercive sexual activities

With 90% of all adolescents' staff to engage:

- Implement science-based education and counseling techniques on the benefits of delaying sex to avoid sexual risk and/or returning to a sex-free status.
- Implement science-based education/counseling related to familial participation in health and decision making and negotiation skills for resisting coercive sex.
- Facilitation of familial conversations as requested by clients.

Time Frame / Result / Evaluation: Structured data field created in electronic health record by Sept 30, 2018. Structured data fields will be monitored and reported out per the Title X mid-year, annual and final progress report requirements beginning Sept. 1, 2018 - August 31, 2019, with a

5% increase for each project year through August 31, 2021.

Responsible Entity: APRN, RNs and Clinical Services Manager

2018 Program Priority #2, #5, and #6; Key Issues: #5 and #6: Assuring activities that promote positive family participation, healthy decision making; education and counseling that prioritizes optimal health. Assure compliance with state laws regarding child abuse & molestation, sexual abuse, rape, incest, intimate partner violence and human trafficking. Participation of families, parents, legal guardian in decision of minors to seek family planning and counseling to minors on how to resist coerce to engage in sexual activities. Meaningful emphasis on education and counseling related to healthy relationships, to committed, safe, stable, healthy marriages, and benefits of avoiding sexual risk or returning to a sexually risk free state. Adolescent activities that do not normalize sexual risk behaviors and communicates benefits of sexually risk-free state.

GOAL 3: Improve birth outcomes through the introduction of reproductive life planning.

Objective 3.1: 90% of women and men of childbearing age seen at CCHHS and the sub recipient site will be introduced to tools for a personal family planning, fertility, and reproductive life plan to reproductive life planning and engaged in screening and behavioral risk reduction education and actively linked to primary care as needed to improve pregnancy outcomes and optimize overall health during each year of the project period.

Activities in Action Plan:

- Staff training will on reproductive life plan and preconception policy and procedures.
- Assessment of the client's reproductive health plan and readiness for pregnancy.
- Screen for undiagnosed or known chronic health conditions or high risk behaviors.
- Active referral, appointment scheduling and follow up for clients with identified health issues utilizing primary care MOU & process.

- Assess for history of or current intimate partner violence, depression and other mental health concerns.
- Facilitate social services and mental health referrals as outlined in Project Narrative.
- Provide physical exam, pap, STD/HIV screening per clinical guidelines.
- Provision of immunizations utilizing a separate (Non-Title X Family Planning) program and fee structure. Cost centers will delineate separate expenses and revenue. This service will follow internal Immunization program policies, procedures and fee schedules along with federal VFC and 317 Guidelines.
- Provide prenatal vitamins to any woman considering pregnancy.
- Provide family planning per patient request.
- Client-centered education-pregnancy spacing, breastfeeding and risk-reduction behaviors.

Time Frame / Result / Evaluation: Client totals for reproductive life planning will be retrieved via the EHR and reported for the mid-year, annual and final progress reports. Annual progress reports will be submitted within 90 days of project year end date August 31, 2019 as required by grant guidelines, and annually thereafter through 2021

Responsible Entity: APRN, Clinical Services Manager

Objective 3.2: CCHHS and the sub recipient site will assess 90% of all clients for tobacco use and provide 90% of all tobacco users brief intervention cessation counseling and Nevada tobacco QuitLine referral in order to decrease by (b)(4) annually those reporting tobacco usage.

Activities in Action Plan:

- Assess individual client's use of tobacco products and readiness to quit.
- Provide tobacco prevention and cessation brief intervention and referral activities.
- Annual training and evaluation of tobacco cessation efforts lead by Chronic Disease

Prevention Tobacco Program Specialist.

Time Frame / Result / Evaluation: Client totals for tobacco assessment and cessation activities will be retrieved via the EHR and reported for the mid-year, annual and final progress reports. Annual progress reports will be submitted within 90 days of project year end date August 31, 2019 as required by grant guidelines, and annually thereafter through 2021

Responsible Entity: Tobacco Program Specialist, APRN, and RNs

2018 Program Priority #1, #2, #4, #7 and Key Issue #4: Assuring innovative high quality family planning and related health services that will improve the overall health of individuals, couples and families, with priority for services to those of low-income families, offering, at a minimum, core family planning services enumerated earlier in this Funding Announcement. Assuring that projects offer a broad range of family planning and related health services that are tailored to the unique needs of the individual, that include natural family planning methods (also known as fertility awareness based methods) which ensure breadth and variety among family planning methods offered, infertility services, and services for adolescents; breast and cervical cancer screening and prevention of STDs as well as HIV prevention education, counseling, testing, and referrals. Assuring activities that promote positive family relationships for the purpose of increasing family participation in family planning and healthy decision-making; education and counseling that prioritize optimal health and life outcomes for every individual and couple; and other related health services, contextualizing Title X services within a model that promotes optimal health outcomes for the client. Promoting provision of comprehensive primary health care services to make it easier for individuals to receive both primary health care and family planning services preferably in the same location, or through nearby referral providers, and increase incentive for those individuals in need of care choosing a Title X provider.

Demonstrating that Title X activities are separate and clearly distinct from non-Title X activities, ensuring that abortion is not a method of family planning for this grant. Meaningful collaboration with sub recipients/ documented partners in order to demonstrate a seamless continuum of care;

GOAL 4: To address comprehensive family planning and preventive health needs among families (including adolescents) and vulnerable populations by engaging community stakeholders in educational material review and community-wide outreach efforts.

Objective 4.1: CCHHS will facilitate a bi-annual client-based Information and Education Committee in December and July of each project period and evaluate 100% of family planning educational materials. Approved Educational materials will be re-reviewed every 3 years. Committee will meet guidelines as set forth in 42 CFR 59.

Activities in Action Plan:

- Ongoing education material evaluation for reading level and culturally sensitive content.
- Complete three-part review—client, staff and medical—for new educational material.
- Update review of materials that were reviewed prior to 3 years.
- Revision of policy as needed.

Time Frame / Result / Evaluation: Bi-annual client Information and Education Committee in December and July in each project period beginning in 2019 and continuing through 2021. Meeting documentation and Educational material review tracking spreadsheet citing recommendations with annual recommendations provided to the Division Manager.

Responsible Entity: Information and Education coordinating RNs

Objective 4.2. CCHHS will create an annual marketing plan that address written and social media forms of reaching the public to educate regarding Family planning and related preventive health. CCHHS will engage four community stakeholders through our community health

improvement plan and strategic planning process as well as a Title X Family Planning Advisory Board each project period to seek input on improving access to family planning and related preventive health services and implement these methods within 6 months of identification. This objective will follow guidelines as set forth in 42 CFR 59

Activities in Action Plan:

- Annual written and social media marketing plan as outlined in project narrative
- Convene Title X Advisory Board
- Implement recommended interventions

Time Frame / Result / Evaluation: CCHHS will document Marketing Plan development by January 2019 and annually thereafter through 2021. Title X Advisory Board will be convened annually in November or December beginning 2018, continuing annually through 2021. Data will be reported for the mid-year, annual and final progress report. Annual progress reports will be submitted within 90 days of project year end date August 31, 2019 and annually to 2021.

Responsible Entity: Clinical Services Manager

Key Issue #4 and 42 CFR 59: Meaningful collaboration with sub recipients/documented partners in order to demonstrate a seamless continuum of care. Provide for informational and educational programs designed to (i) Achieve community understanding of the objectives of the program; (ii) Inform the community of the availability of services; and (iii) Promote continued participation in the project by persons to whom family planning services may be beneficial.

13. Service Site Selection Process and Criteria

CCHHS issued a Request for Application (RFA) for the adjoining county, Douglas County, Nevada. The RFA was posted on the CCHHS website, distributed via email to community coalitions and posted at areas prescribed by open meeting law processes in that county (Library

Administrative offices, courthouse). Eligible entities included public and private not-for-profit entities including primary care providers, hospitals, healthcare coalition, women's health centers, and community or faith-based entities. Final selection was made by a Review and Selection Committee based on 1) Capabilities as addressed in Project Narrative and Work Plan, 2) Project Experience, 3) Personnel, and 4) Fiscal Evidence of capability to carry out the project.

14. Staffing Plan

Personnel Policies

Per 42 CFR 59.5(b)(4), orientation and in-service education is provided to staff at CCHHS and the sub recipient site. Department orientation covers phone and computer systems, incident policies, evacuation plan, overview of CCHHS and the 10 Essential Public Health Services. New staff members participate in a clinic-specific orientation. A skills – based competency checklist includes laboratory skills training and competency review, policy and procedure review, blood borne pathogens training, introduction to Title X Statutes and guidelines via webinar, HIPAA, abuse reporting and human trafficking laws, family planning, immunizations, and STDs.

Position Descriptions

Director, Carson City Health and Human Services (MPH, MSN, RN) is responsible for strategic planning, business operations, personnel management; and the oversight of all activities of CCHHS. The Director is vested with: a) final review and approval of the Title X grant program application, b) oversees Clinical Services Manager with regard to the professional and clerical staff and Title X grant administration, c) approves contracts with outside service providers, and d) reviews program and training travel requests.

Clinical Services Manager (RN) is responsible for the development and initial review of the Title X grant application, development and execution of grant monitoring processes, Family

Planning fee regulations, coordinating and monitoring clinic protocol activities, supervising assigned professional and paraprofessional staff, providing staff training in proper work methods and techniques, employee performance evaluations, participating in resource allocation decisions for clinic services deliverables, and sub recipient monitoring

Medical Oversight - (b)(6) is the Family Planning Medical Director and Collaborating Physician at CCHHS. Dr. (b)(6), reviews policies and procedures, participates in Quality Improvement meetings, reviews medical records, provides consultation to the APRNs for specific client issues, takes referrals for clients when emergent gynecological needs are identified and or for clients whose gynecological needs surpass the scope of this project or, and is available by phone or e-mail when not onsite.

(Appendix O – Medical Director Letter of Commitment)

Advance Practice Registered Nurse (APRN) Project has one full-time and one part-time APRN. The APRN is the primary provider in family planning clinical aspects, including: conducting the initial and annual physical exams, performing screening tests such as Pap smears, counseling of clients on various birth control methods, and prescribing and dispensing birth control medications and devices. The APRN is responsible for the diagnosis and treatment of sexually transmitted diseases and other gynecological conditions.

Public Health Nurse (RN) provides professional family planning services, including initiations and refills. The RN initiates medical records, obtains comprehensive medical and social histories, collects and processes laboratory specimens, and educates and counsels clients on family planning issues and preventive health measures. The RN also provides tracking of clients with abnormal health findings to ensure necessary testing and treatment.

Office Specialist supports clinic reception duties to include: answering phones, patient intake/checkout, scheduling, and daily receipt reconciliation. The Office Specialist operates a variety of office equipment, including computer terminal, inputs and retrieves a variety of data and text, and maintains computerized records, including electronic medical records, monthly reports and statistics, and the state immunization registry. This position performs general secretarial and clerical work such as filing, faxing, and ordering and maintaining office supplies. This position is primarily responsible for payment collection and insurance billing coordination. Bilingual staff provide translation and interpretation services.

Billing Specialist – Establishes and renews third party contracts. Processes client and third party payments. Responsible for back-end revenue cycle management and processes.

Fiscal Grants Analyst is the primary fiscal agent who is responsible for internal controls to include developing, reviewing and monitoring the grant program budget requests; participating in resource allocation decisions and reconciling grant fiscal activities while tracking grant expenditures. (Previously Noted Appendix H & I: Curriculum Vitae Key Personnel)

15. See Item # 12 as #15 is included in that section.

16. Referral Agencies and Access Plan

Comprehensive Primary Care

Per Program Priority # 4, CCHHS has an active linkage with Nevada Health Centers, a federally qualified health center that provides comprehensive primary care services throughout Nevada. CCHHS entered into a Memorandum of Understanding (MOU) with the local federally qualified health center in 2015 and the MOU is effective through 2020. In addition to the MOU formalizing the primary care partnership, an electronic system is utilized to communicate bi-directional referrals. Clients may contact either of our agencies directly and both agencies also

contact the referred client to schedule an appointment. Once a client is given an appointment, the appointment information is communicated back to the referring agency for documentation and follow up purposes. The sub recipient site is exploring expanding their services to include primary care. In the meantime, they have engaged in formal conversations with the local rural health center to ensure primary care is available to any client in need. (Appendix P: Primary Care MOU; Appendix Q: Sub Recipient Primary Care Documentation)

Obstetrics and Gynecology

A local OB/GYN Office associated with our Title X Medical Director provides emergent care to our clients on a referral basis. CCHHS and the sub recipient site are able speak with the office manager and arrange for necessary appointments. (Appendix R: OB/GYN Care)

Other Needed Health, Mental Health and Social Services

Carson City Human Services is co-located in the same building as CCHHS' family planning services. A second social services agency, Ron Wood Family Resource Center, is located within walking distance of CCHHS. Douglas County Social Services (DCSS) is located within a few miles of the sub recipient site along the bus route. DCSS is managed by the same individual supervising the sub recipient family planning site, leading to integrated services. These agencies assist clients with social services and are equipped to handle other ancillary needs of clients, including shelter, food, energy assistance, job readiness and employment. W.I.C. is co-located in the same building of both clinical sites and is managed by the CCHHS Human Services Division Manager. CCHHS and the Douglas County sub recipient site have partnered with the Division of Welfare and Supportive Services for onsite enrollment for public health insurance and education and referrals for private health insurance. By addressing social, cultural, and basic survival

needs, these agencies provide a complete assistance package. (Previously Noted - Appendix F: Social Services Letter of Commitment; and Appendix E: DWSS Letter of Commitment)

For women under 40 with a palpable breast mass without a payer source, screening and diagnostic services funding is available through S (b)(4) a local philanthropic group focused on assisting low-income/uninsured women w/ diagnostic screening.

Clients testing positive for HIV will be referred to (b)(4) federally qualified health center in Reno, NV specializing in HIV care. These clients will also be referred to the CCHHS' Ryan White HIV program's treatment adherence case manager. This case manager is onsite at CCHHS for immediate intervention.

CCHHS staff works collaboratively with mental health providers as well as substance abuse treatment centers. There is an inpatient substance abuse treatment center co-located in the same complex as CCHHS. CCHHS clinical staff provides tuberculosis testing and immunizations at this substance abuse treatment centers= through a Substance Abuse Treatment grant (SAPT). This formal relationship has enhanced provider referral relationships between public health and mental health providers in Carson City. In Douglas County, a coalition is addressing mental health on a community level. Sub recipient staff participates on this coalition that includes mental health professionals, social services, faith-based agencies and medical providers.

CCHHS' County Health Officer leads a Sexual Assault Response Team (SART), and the Clinical Services Manager is a member of this team. This team also includes a county elected official, sexual assault nurse examiners, the district attorney's office, the Sheriff Office's detectives and a not-for-profit assistance agency, (b)(4) These relationships allow for addressing barriers to seamless access to any patient identified with service needs related to domestic or sexual violence. CCHHS collaborates with the local hospital

and (b)(4) to provide a sexual assault program in Carson City.

Clinical Services professionals within the family planning project utilize and refer to the local Mobile Outreach Safety Teams (MOST) teams in both communities. These teams are available to residents during immediate and ongoing mental health crisis.

17. Collection and Reporting of Required FPAR Program Data

CCHHS has been submitting an FPAR report since first receiving Title X funds in 2005. Initially, as a sub grantee, we submitted reports to the State of Nevada. Since 2009, we have submitted the FPAR data directly via the internet processes established by the Title X Program. eCW has encounter-level FPAR reporting capabilities. Specific FPAR structured data fields were developed and staff was trained in optimal charting to capture needed data. Quarterly quality improvement monitoring at our primary and sub recipient sites ensures accurate reporting. CCHHS has exclusively utilized this electronic data from our EHR for the FPAR since calendar year 2014. The sub recipient site also uses eCW and has the same FPAR reporting capabilities.

18. Evidence for Ensuring Quality Family Planning Services

Federal Site Review Results

Strong evidence of CCHHS' administrative, clinical and fiscal qualification, capacity, and expertise is evidenced by the December 2016 Federal Title X Program Review. There were no findings identified during the program review. CCHHS received a score of highly developed for providing a framework for planning and evaluation. CCHHS scored as fully developed in the areas of client-centered counseling; cultural competency and client dignity; clinical protocol compliance; pregnancy testing and counseling; and communication and education.

Program Requirement Compliance Process

CCHHS' Clinical Services Manager is tasked with monitoring, evaluating and ensuring

compliance with Title X Program Requirements. The Clinical Services Manager has utilized the Office of Population Affairs Title X Program Guidelines: Program Review Tool to regularly monitor program compliance. The sub recipient's Title X Program Policies set the framework for sub recipient compliance and the Clinical Services Manager utilizes the Office of Population Affairs Title X Program Guidelines: Program Review Tool, chart audits and data monitoring to assess the quality of services provided throughout the defined project. Fiscal, Administrative and Clinical monitoring of the clinical site will occur annually and more frequently as needed utilizing the Federal Title X site review tool. Monitoring will be conducted by CCHHS Fiscal Analyst and Clinical Services Manager

Defined Performance Measures and Assessment Process

CCHHS has a comprehensive Quality Assurance/Improvement Plan in place to assure high-quality care is provided to all clients and that all federal, state and local requirements are met, including OSHA and the Clinical Laboratory Improvement Amendments of 1988 (CLIA). This plan has been adopted by CCHHS and the sub recipient site with clinic-specific additions.

CCHHS utilizes program performance measures to track the following areas: client satisfaction, service utilization, Chlamydia testing rates, low income and minority population participation, outreach methods, Title X grant activities and deliverables.

The following sources are used for data collection for monitoring and evaluating quality of care:

- Audits on infection control, laboratory and clinical procedures,
- Chart reviews by the medical director, supervisor or peers,
- Discussion of Quality Improvement in monthly team meetings,
- Incident reports review and evaluation by management,
- Program review using the Title X Program Review Tool.

- Review of personnel files for required licensure, certification and training,
- Bi-annual review of program performance measures with action plans for unmet goals
- Annual staff performance evaluations

Specific examples of performance monitoring include: Laboratory audits are performed annually at a minimum to ensure standards are met. A medical records audit tool was developed in collaboration with Title X Regional Staff. Approximately fifteen charts per quarter are reviewed, and more if found to be necessary. An internal auditing tool is used; discrepancies and a time frame for correction are discussed with the practitioners individually and through presentation at monthly quality improvement committee meetings.

19. Third Party Billing and Facilitation of Medicaid Enrollment

CCHHS has actively pursued infrastructure development to ensure sustainability. CCHHS is contracted with Medicaid as well as 11 commercial insurance plans with a total of 20–25 networks within these plans. The sub recipient site is contracted with Medicaid and the majority of private payers in our area. (Previously Sited Appendix F: Insurance Plans List)

Both service sites also enroll women in the Breast and Cervical Cancer Early Detection Program, through W(b)(4) This program is designed for women ages 40 and older that meet low-income guidelines. The program funds clinical breast exams and pap smears for clients aged 40–49. Clients aged 50 and older also benefit from screening mammograms in addition to the clinical breast exam and pap testing.

As previously mentioned, CCHHS has partnered with the Division of Welfare and Supportive Services to offer onsite enrollment and education for public health insurance, and education and referrals for private insurance enrollment.

(APPENDIX S: Sources of Data)

APPENDIX N: Work Plan; Sept 1, 2018 – August 31, 2021

Carson City Health & Human Services (CCHHS) Family Planning and Preventive Health Services Project

Funding Opportunity Announcement Number: PA-FPH-18-001; CFDA Number: 93.217

CCHHS 900 East Long Street Mon-Wed and Fridays 8:30-5:00, 2 Saturdays each month 8:30-5:00

Douglas County Community Health 1329 Waterloo Lane, Garnerville, NV, Mon- Friday: 8:30-5:00 pm

NEED 1: In Nevada, 17.2 % of individual 18-44 years of age, 21.1% of Hispanics/Latinos live in poverty, 5.0% are unemployed and 21% of individuals and females 18-44 are uninsured.^{2,6} In Carson City, 19.4 % of individual 18-44 years of age, 23.8% of Hispanics/Latinos live in poverty, 5.9% are unemployed and 24.6% whose income fell under 138% of the FPL were uninsured.^{1,7} In Douglas County, 17.5 % of individual 18-44 years of age, 21.8% of Hispanics/Latinos live in poverty, 54.8% are unemployed and 27.7% whose income fell under 138% of the FPL were uninsured.^{1,7} These barriers impede vulnerable populations in seeking family planning/related health services, and can lead to unplanned pregnancies, undiagnosed health conditions, infertility, and even death.

GOAL 1: To provide client-centered, voluntary and non-coercive, quality family planning and related preventive health services in accordance with 42 CFR 59.5 and nationally recognized standards of medical care, with an emphasis on low-income and other vulnerable populations of Carson City, Douglas County and surrounding rural communities in Nevada in an effort to reduce unplanned pregnancy, prevent reproductive complications, and promote optimal health and wellness.

Objective 1.1: From Sept. 1, 2018 – Aug. 31, 2019 this project will provide client-centered, voluntary and non-coercive, schedule of discounted core family planning services to 3,200 low-income clients (2,200 CCHHS, 1,000 sub recipient site) with a 10% increase annually through 2021 as supported by adequate funding. At least 70% of participants will have an income < 100% of FPL.

Objective 1.2: From Sept. 1, 2018 – Aug. 31, 2019 CCHHS will offer client-centered, voluntary and non-coercive, schedule of discounted preventive health services to 3,200 low-income clients (2,200 CCHHS, 1,000 sub recipient site). Per the CDC's 2015 STD Treatment Guidelines, CCHHS and the sub recipient site will screen 90% of women <25 years of age for Chlamydia and 90% of individuals for HIV. Per Healthy People 2020 Objective C-15 and C-17 the proportion of women receiving cervical cancer screening will reach 93.0% and the proportion of women receiving breast cancer screening will reach 81.1% per medical standards.

Objective 1.3: CCHHS will optimize quality services for all clients. CCHHS (and sub recipient site) will conduct ongoing quality assurance and improvement to include 5 monthly chart audits, quarterly Meaningful Use (MU) /Family Planning Annual Report (FPAR) audits and an annual client satisfaction survey. Audits will reflect 90% of women <25 years for Chlamydia and 90% of individuals for HIV testing per 2015 CDC Guidelines. Satisfaction surveys will show satisfaction rate of at least 90% annually.

TIMELINE	ACTIVITIES/ACTION STEPS	RESPONSIBLE	EVALUATION
Sept. 1, 2018 - August 31, 2019, with a 5% increase for each project year through August 31, 2021	<p>Services will be available to 2200 clients at CCHHS & 1000 at the sub recipient site in project year 1, (Total 3200); 2310 by CCHHS & 1050 by sub recipient in tear 2 (Total – 3260), and 2425 by CCHHS and 1102 by sub recipient (Total - 3527) in year 3:</p> <ul style="list-style-type: none"> • A broad range of family planning methods, including abstinence, barrier methods, fertility awareness-based methods, lactation amenorrhea method, EC, intrauterine devices, implants, pills. <u>Excludes abortion services.</u> • Quick start of family planning method per practice standards. • Walk-in or same-day appointments available for all clients including adolescent clients. • Saturday Hours at CCHHS two days per month • Provision of Basic Infertility Services • Public/private insurance billing to maximize federal resources - cost centers to identify and separate finances 	APRN; Clinical Services Manager; Sub recipient Supervisor	<p>Client totals by age, race and income retrieved from activity reports via EHR, and reported via FPAR.</p> <p>Project year 1, (Total 3200); 2nd project year (Total – 3260); 3rd project year: (Total - 3527)</p>
Sept. 1, 2018 - August 31, 2019, with a 5% increase for each project year through August 31, 2021	<p>Services will be available to 2200 clients at CCHHS and 1000 at the sub recipient site, in project year 1, (Total 3200); 2310 by CCHHS and 1050 by sub recipient in the 2nd project year (Total – 3260), and 2425 by CCHHS and 1102 by sub recipient (Total - 3527) in the 3rd project year:</p> <ul style="list-style-type: none"> • Breast and cervical cancer screening per the U.S Preventive Task Force & American College of Ob/GYNs • Client counseling and education regarding risk of STDs; the expedited partner therapy; HIV Prevention education, counseling, testing & referral; and Annual Ct testing to women < 25 years old per the 2015 CDC STD Treatment Guidelines 	APRN; Clinical Services Manager; Sub recipient Supervisor	Annual FPAR data and evaluation of STD, HIV, breast/cervical cancer screening activities

	<ul style="list-style-type: none"> Public and private insurance billing. Utilization of Women's Health Connection, mobile Mammovan and Soroptimist to maximize federal resources Active referral, appointment scheduling and follow up for clients with identified health issues utilizing primary care MOU & process 		
<u>Chart Audits</u> Monthly Sept. 2018 – Aug. 2019; and each project year to 2021 <u>MU/FPAR</u> – Dec., March, June, Sept, 2018 -2019 and each project year to 2021 <u>Satisfaction Surveys</u> Jan 2019 & and each project year to 2021 <u>Evaluation</u> –Biannual Jan 19 and July 19 & each project year 2021	Implementation of Quality assurance/quality improvement <ul style="list-style-type: none"> Perform 5 chart audits monthly, per clinical site Perform quarterly MU/FPAR audits and annual satisfaction survey Bi annual evaluation of clinic services based on chart audits, MU/FPAR data and satisfaction survey recommendations and findings by the CCHHS and sub recipient site Quality Improvement Committees. Initiate Improvement Team as needed upon evaluation 	Clinical Services Manager; Sub recipient Supervisor; CCHHS and sub recipient site QI Committee	Documentation of chart audit results, satisfaction survey results. Quality Improvement (QI) Meeting minute documenting evaluation and action taken related to QI activities
2018 Program Priority (PP) #1, #3, #4, #7 and #8: Key Issues #1, # 2, #3, #4, #7, and #8: Assuring the delivery of quality family planning, infertility and related preventive health services to improve overall health with priority for services to low-income families. Project offers a broad range family planning methods and related preventive health services tailored to the individual. Ensure voluntary, client-centered and non-coercive services. Promoting provision of primary care. Title X activities clear and distinct, ensuring abortion is not a family planning method. Use of OPA performance metrics, regular performance of quality assurance and quality improvement activities. Efficiency and effectiveness in management and operations. Management & accountability for outcomes. Cooperation with community-based organizations. Meaningful collaboration with sub recipient. Emphasis on voluntary nature of family planning services. Data collection for use in monitoring and improving services.			

<p>NEED 2: In a 2014 Guttmacher Institute report, Nevada had the 7th highest pregnancy rate overall and the 16th highest birth rate for teens 15-19 years of age in the nation.¹⁰ In 2016 Carson City unintended pregnancies was 43.9/1,000 and for teens 15-17 yrs old aged 13.0 /1000 pregnancy rate, while those aged 18-19 remains at 63.4/1000.^{2,12} In 2016 Douglas County unintended pregnancies was 27.5/1,000 overall and for teens 15-17 years old aged 13 /1000 pregnancy rate, while those aged 18-19 is at 15/1000.^{2,12}</p>			
<p>GOAL 2: To provide voluntary, client centered, non-coercive education and counseling to women and men of child bearing age, including adolescents applicable to family participation, healthy monogamous relationships, healthy decision making and education and counseling that prioritizes optimal health and the benefits of avoiding sexual risk to all clients while assuring patient confidentiality and compliance with abuse reporting laws.</p>			
<p>GOAL 2.1: To provide adolescent-sensitive services and teen pregnancy prevention interventions with activities that do not normalizing sexual risk behavior, with an emphasis on benefits of delaying sex to avoid sexual risk or returning to a sexually risk-free status, encouraging family participation and resisting coercion.</p>			
<p>Objective 2.1: Ninety percent of women and men of childbearing age seen at CCHHS and the sub recipient site will receive screening, education and counseling related to family participation, healthy monogamous relationships, abuse reporting laws, healthy decision making and education and counseling that prioritizes optimal health and the benefits of avoiding sexual risk behavioral risk avoidance, and risk -reduction education</p>			
<p>Objective 2.2: CCHHS and the sub recipient service sites will implement nationally recognized teen pregnancy prevention strategies to reduce unplanned pregnancy and improve family planning services to include health screenings, labs, and other related health services. Counseling and education will assess and address participation of the family, parent or legal guardian in the decision to seek family planning services, abuse reporting laws, counseling and skills building to resist attempts coercing sexual activity, a review of the benefits of delaying sex to avoid sexual risk or returning to a sexually risk-free status on adolescent clients at least once annually and more often as needed based on the intake and repeat visit assessment.</p>			
TIMELINE	ACTIVITIES/ACTION STEPS	RESPONSIBLE	EVALUATION
Structured data field created in electronic health record by Sept 30, 2018	<ul style="list-style-type: none"> Annual Staff education related to abuse reporting laws: child abuse & molestation, sexual abuse, rape, incest, intimate partner violence & human trafficking (Awaken). 	APRN RN Clinical Services Manager;	Sign in sheets and documentation training content
Sept. 1, 2018 - August 31, 2019, with a 5% increase for each project year	<ul style="list-style-type: none"> Monitoring staff compliance with reporting laws through chart audits identified in Goal 1.3 	Sub recipient Supervisor	Chart Review

through August 31, 2021 National Resource Center for Healthy Marriages and Families Level 1: Basic engagement(Project year 1); Level 2: Engaging community members and stakeholders that teach healthy relationships (Project Year 2 and 3).	<ul style="list-style-type: none"> Implement the National Resource Center for Healthy Marriages and Families integration strategies for Level 1: Basic engagement through client brochures and handouts in waiting room Level 2: Engaging community members and stakeholders that teach healthy relationships. https://www.healthymarriageandfamilies.org/program-development <p><u>With 90% of all clients staff to engage:</u></p> <ul style="list-style-type: none"> Annual Sexual Health Assessment Open-ended questions to understand family dynamics and relationships and to ascertain perceptions regarding barriers to seeking familial participation in sexual health and general health matters Use of skills-based communication techniques (Empty Chair Technique) to identify one goal / action client feels can assist to optimal health. Facilitation of familial conversations ((client requested) 		EMR reports from Structured data fields
Sept. 1, 2018 - August 31, 2019, with a 5% increase for each project year to August 31, 2021	<ul style="list-style-type: none"> Staff education regarding teen development issues, current trends and resistances to familial involvement and resisting coercive sexual activities <p><u>With 90% of all adolescents staff to engage:</u></p> <ul style="list-style-type: none"> Implement science-based education and counseling techniques on the benefits of delaying sex to avoid sexual risk and/or returning to a sex-free status. 	APRN RN Sub recipient supervisor	1.Sign in sheets &documentation training content 2.Chart Review 3.EMR reports from Structured data fields

	<ul style="list-style-type: none"> • Implement science-based education/counseling related to familial participation in health and decision making and negotiation skills for resisting coercive sex. • Facilitation of familial conversations (client requested) 		4, Evaluate teen utilization of services with the annual FPAR.
<p>2018 Program Priority #2, #5, and #6; Key Issues: #5 and #6: Assuring activities that promote positive family participation, healthy decision making; education and counseling that prioritizes optimal health. Assuring compliance with state laws regarding child abuse child molestation, sexual abuse, rape, incest, intimate partner violence and human trafficking. Participation of families, parents, legal guardian in decision on minors to seek family planning and counseling to minors on how to resist attempts to coerce into engaging in sexual activities. Meaningful emphasis on education and counseling related to healthy relationships, to committed, safe, stable, healthy marriages, and benefits of avoiding sexual risk or returning to a sexually risk free state. Adolescent activities that do not normalize sexual risk behaviors and communicates research informed benefits of delaying sex, sexually risk-free state.</p>			
<p>NEED 3: In Nevada 8.5% of infants are born with low birth weight. In Carson City 7.3% of infants are born with low birth weight and in Douglas County the rate is 7.8%.^{2,13} In 2014 in Nevada, 15.2% of women of childbearing age reported binge drinking in the past month, 13% reported smoking and 24% were obese.¹⁷ These are risk factors could lead to prematurity, low birth weight, and birth defects.¹⁷ Addressing preconception health issues prior to pregnancy is imperative in order to improve birth.</p>			
<p>GOAL 3: Improve birth outcomes through the introduction of reproductive life planning.</p>			
<p>Objective 3.1: 90% of women and men of childbearing age seen at CCHHS and the sub recipient site will be introduced to tools for a personal family planning, fertility, and reproductive life plan to reproductive life planning and engaged in screening and behavioral risk reduction education and actively linked to primary care as needed to improve pregnancy outcomes and optimize overall health during each year of the project period.</p>			
<p>Objective 3.2: CCHHS and the sub recipient site will assess 90% of all clients for tobacco use and provide 90% of all tobacco users brief intervention cessation counseling and Nevada tobacco QuitLine referral in order to decrease by 3% annually those reporting tobacco usage.</p>			
TIMELINE	ACTIVITIES/ACTION STEPS	RESPONSIBLE	EVALUATION
Sept. 1, 2018 - August 31, 2019 and for each project year through August 31, 2021	<ul style="list-style-type: none"> • Staff training regarding reproductive life plan and preconception policy and procedures. • Assessment of the client's reproductive health plan and readiness for pregnancy. 	APRN Clinic Manager Sub recipient supervisor	Documentation of staff training regarding evidence based counseling

<p>Quarterly report review of EMR structured data: Oct., Jan., April, July of each project reporting year</p> <p>Sept. 1, 2018 - August 31, 2019 and for each project year through August 31, 2021</p>	<ul style="list-style-type: none"> • Screen for undiagnosed or known chronic health conditions or high risk behaviors. • Active referral, appointment scheduling and follow up for clients with identified health issues utilizing primary care MOU & process. • Assess for history of or current intimate partner violence, depression and other mental health concerns • Facilitate social services and mental health referrals as outlined in Project Narrative. • Provide physical exam, pap, STD/HIV screening childbearing women per clinical guidelines. • Provision of immunizations utilizing a separate (Non-Title X Family Planning) program and fee structure. Cost centers will delineate separate expenses and revenue. This service will follow internal Immunization program policies, procedures and fee schedules along with federal VFC and 317 Guidelines. • Provide prenatal vitamins to any woman considering pregnancy. • Provide family planning per patient request. • Provide client-centered education regarding pregnancy spacing, breastfeeding and risk-reduction behaviors. 		<p>techniques.</p> <p>EMR reports from Structured data fields</p> <p>EMR reports from Structured data fields</p>
<p>Sept. 1, 2018 - August 31, 2019 and for each project year through August 31, 2021</p>	<ul style="list-style-type: none"> • Assess client's use of tobacco products / quit readiness. • Provide tobacco prevention and cessation brief intervention and referral activities. • Annual training and evaluation of tobacco cessation efforts lead by Chronic Disease Prevention Tobacco Program Specialist. 	<p>APRN RN Chronic Disease Prevention Tobacco Program Specialist.</p>	<p>EMR reports from Structured data fields</p>

2018 Program Priority #1, #2, #4, #7 and Key Issue #4: Assuring innovative high quality family planning and related health services that will improve the overall health of individuals, couples and families, with priority for services to those of low-income families, offering, at a minimum, core family planning services enumerated earlier in this Funding Announcement. Assuring that projects offer a broad range of family planning and related health services that are tailored to the unique needs of the individual, that include natural family planning methods (also known as fertility awareness based methods) which ensure breadth and variety among family planning methods offered, infertility services, and services for adolescents; breast and cervical cancer screening and prevention of STDs as well as HIV prevention education, counseling, testing, and referrals. Assuring activities that promote positive family relationships for the purpose of increasing family participation in family planning and healthy decision-making; education and counseling that prioritize optimal health and life outcomes for every individual and couple; and other related health services, contextualizing Title X services within a model that promotes optimal health outcomes for the client. Promoting provision of comprehensive primary health care services to make it easier for individuals to receive both primary health care and family planning services preferably in the same location, or through nearby referral providers, and increase incentive for those individuals in need of care choosing a Title X provider. 7. Demonstrating that Title X activities are separate and clearly distinct from non-Title X activities, ensuring that abortion is not a method of family planning for this grant. Meaningful collaboration with sub recipients and documented partners in order to demonstrate a seamless continuum of care for clients:

NEED 4: Engaging community members who access family planning services into the service delivery of family planning and related health services can build a shared understanding of the barriers that exist for our vulnerable populations. A community may often perform redundant services in which greater inefficiencies begin to occur. In building shared understanding with our community partners we will accomplish three things: 1) a method to determine what services are needed within the community; 2) a consistent approach in information dissemination; and 3) increase our abilities to reach vulnerable populations.

GOAL 4: To address comprehensive family planning and preventive health needs among families (including adolescents) and vulnerable populations by engaging community stakeholders in educational material review and community-wide outreach efforts.

Objective 4.1: CCHHS will facilitate a bi-annual client-based Information and Education Committee in December and July of each project period and evaluate 100% of family planning educational materials. Approved Educational materials will be re-reviewed every 3 years. Committee will meet guidelines as set forth in 42 CFR 59

Objective 4.2. CCHHS will create an annual marketing plan that address written and social media forms of reaching the public to educate regarding Family planning and related preventive health. CCHHS will engage four community stakeholders through our community health improvement plan and strategic planning process as well as a Title X Family Planning Advisory Board each project period to seek input on improving access to family planning and related preventive health services and implement these methods within 6 months of identification. This objective will follow guidelines as set forth in 42 CFR 59

TIMELINE	ACTIVITIES/ACTION STEPS	RESPONSIBILITY	EVALUATION
December 2018 and July 2019 and annually thereafter through 2021	<ul style="list-style-type: none"> • Ongoing education material evaluation for reading level and culturally sensitive content. • Complete three-part review—client review, staff review and medical review—for newly introduced educational material. • Update review of materials that were reviewed prior to 3 years. • Revision of policy as needed. 	Clinic Manager (RN) I and E Committee members	Educational material review Tracking spreadsheet siting annual recommendations Policy revision
Marketing Plan by January 2019 and annually to 2021; Title X Advisory Board annually in Nov/Dec. 2018, to 2021	<ul style="list-style-type: none"> • Creation of annual written and social media marketing plan as outlined in project narrative • Convening Title X Advisory Board • Implement recommended interventions 		

Key Issue #4 and 42 CFR 59: Meaningful collaboration with sub recipients and documented partners in order to demonstrate a seamless continuum of care for clients. Provide for informational and educational programs designed to— (i) Achieve community understanding of the objectives of the program; (ii) Inform the community of the availability of services; and (iii) Promote continued participation in the project by persons to whom family planning services may be beneficial.

BUDGET NARRATIVE**Carson City Health & Human Services – Family Planning Services: CDFDA 93.217**

This descriptive Budget Narrative corresponds to the specific line item budget included in an Excel spreadsheet. Included is a specific budget for each year of the proposed 3-year project. A table at the end of each project year outlines the costs of the Total Family Planning Project per year as well as the requested Federal Title X Family Planning dollars by these categories: Personnel Salary, Personnel Fringe, Travel & Training, Equipment, Operating, Contractual and Other. The Excel Spreadsheet also denotes how to distinguish funds attributed to CCHHS and costs related to the sub recipient. Also highlighted is the amount and percent requested in Federal Funds, the Government of other in-kind funds, Program Income and cost per unduplicated User.

TOTAL COST - Budget Year 1			(b)(4)
	FP Project Costs	Title X Grant	
Personnel Salary/Wages	(b)(4)		Title X Grant Requested amount
Personnel Fringe Benefits			
Travel & Training			
Equipment Total - N/A			
Operating Supplies Total			Program Income - client receipts, third party payers
Contractual Total			
Other Total			Unduplicated Patient Cost/Year - 3200 Users
TOTALS			
DCCH - Sub recipient	(b)(4)	Title X Federal Share	
CCCHHS - Grantee		Title X Federal Share	

1. PERSONNEL/FRINGE

CCHHS Title X Medical Director: Responsible for oversight and leadership for the Title X Program and nurse practitioner in the family planning clinic. Reviews APRN protocols, provides random chart reviews, and participates in quality improvement processes.

Clinical Services Manager: Supervises the professional nursing staff and paraprofessional employees who provide family planning services. Coordinates scheduling and clinic activities. The Clinic Manager is responsible for the planning, developing, managing and implementing the CCHHS family planning grant goals and objectives. 66% of this position manages Title X deliverables and clinic operations at our primary clinical site and monitors the sub-grantee site. 46% is funded through local government funding and 20% is funded through the Title X grant.

CCHHS Advanced Practice Nurse (APRN): Under the direction of the collaborating physician and reporting to the Clinical Services Manager, provides direct health care for a specified patient population. Performs tasks involved in the reproductive care of adult and adolescent clients; prescribes and administers medical treatment; orders and evaluates laboratory and diagnostic

testing; counsels and educates patients; maintains accurate electronic medical record, administers prescriptions; reviews, reports, records, and general progress of patients; instructs and educates trainees and/or staff. This position is funded 100% with Title X funds.

CCHHS Advanced Practice Nurse (APRN) (Part-Time): Under the direction of the collaborating physician and reporting to the Clinical Services Manager, provides direct health care for a specified patient population. Performs tasks involved in the reproductive care of adult and adolescent clients; prescribes and administers medical treatment; orders and evaluates laboratory and diagnostic testing; counsels and educates patients; maintains accurate electronic medical record, administers prescriptions; reviews, reports, records, and general progress of patients; instructs trainees. This part-time APRN works 336 hours of her time on Title X covering Saturday hours and vacations. This position 100% funded with Title X Grant Funds

CCHHS Public Health Nurse (RN): Under general supervision, provides professional family planning services, including method initiations and refills. The RN obtains comprehensive medical/social/sexual histories, processes laboratory specimens, and educates clients on family planning issues and preventive health measures. The RN follows up w/patients regarding abnormal test results. This RN is funded 66% with Title X grant funds and 15% with in-kind.

CCHHS Public Health Nurse (RN): Under general supervision, provides professional family planning services, including method initiations and refills. The RN obtains comprehensive medical/ social / sexual histories, collects and processes laboratory specimens, and educates and counsels clients on family planning issues and preventive health measures. This position is funded 45% through local government and in-kind funds to work within the Title X Project.

CCHHS Public Health Nurse (RN) (Part-time) (Bi-lingual - Spanish): Under general supervision, provides professional family planning services, including method initiations and refills. The RN obtains comprehensive medical/ social / sexual histories, collects and processes laboratory specimens, and educates/counsels clients on family planning issues and preventive health measures. This position is funded 100 through in-kind funds for the Title X Project

CCHHS Office Specialist (Bi-lingual - Spanish): This position is responsible for processing all incoming patients. The receptionist assists clients with in-take forms, making appointments, and reviewing and monitoring of the client's Title X billing. The receptionist is bi-lingual and assists not only ESL clients who need help with required forms but also with ESL patients when this skill is needed by an RN during the exam. This position is 80% funded with Title X grant funds.

CCHHS Fiscal Analyst: Under general supervision, provides grant oversight, administration and procurement of services for funding. Conduct principles and practices of budget preparation, fiscal analysis, and statistical data analysis. This position is pad .05 FTE from Title X funds and .05 FTE from in kind revenue to work within the Title X project.

CCHHS Billing Specialist: Establishes and renews third party contracts. This position processes client and third party payments. This position is Responsible for back-end revenue cycle management and processes. 60% of this position's time is spend on Title X Family Planning, 30 Title X Funded and 30% Program Income

Fringe Benefits: Employer paid plan – (b)(4) Employer/Employee paid plan 1 (b)(4)

Fringe Benefits for the Public Employee's Retirement System are currently calculated by the percentages above. These percentages can change annually, biannually, or during other periods depending on State Legislation changes and/or other organization factors.

Insurance benefits depend on the employee's level of coverage. Benefits range from (b)(4) o \$ (b)(4)

Medicare is calculated at (b)(4) and Workers Compensation Insurance is a flat rate of (b)(4) per fiscal year.

2. TRAINING/TRAVEL EXPENSES: Training expenses for the staff associated with the eCW annual National Conference and including attendance at the bi-annual Title X Administrators related to family planning.

3. SUPPLIES/ OPERATING

Medical Supplies: These funds will be used to purchase auxiliary medical and laboratory supplies necessary to operate a community clinic. Items such as onsite laboratory testing devices, control solutions, thermometer probes, gloves, table paper, client covers, and speculums are among the necessary items.

Laboratory Services: CCHHS contracts with LabCorp to process all required outside lab test including: Pap tests, blood work, biopsies and STIs, etc.

Pharmaceuticals: Pharmaceuticals include birth control - oral contraceptives, Depo-Provera, intrauterine devices, diaphragms, implants, condoms, contraceptive patch, contraceptive ring, and emergency contraceptive and prenatal vitamins. Medications utilized to treat sexually transmitted, bacterial, viral, and urinary tract infections. These medications include antibiotics, antivirals, and antifungals in oral, injectable, or cream preparations.

Social Media – Facebook promotion of family planning services and education for family planning and related health services health topics.

4. CONTRACTUAL

CCHHS Professional Services Contract: Physician Select Management will provide Internet-based software application and components hosting and delivery services related to integrated business software and clinical systems, including the application eClinicalWorks®;

CCHHS eClinicalWorks: Funds will be used to secure ongoing maintenance of our Electronic Medical Records (EMR) System including the following quarterly costs: recurring maintenance - Support, Business Optimizer, e-prescribe.

Sub recipient Advanced Practice Nurse (APRN): Under the direction of the collaborating physician and reporting to the Clinical Services Manager, provides direct health care for a specified patient population. Performs tasks involved in the reproductive care of adult and adolescent clients; prescribes and administers medical treatment; orders and evaluates laboratory and diagnostic testing; counsels and educates patients; maintains accurate electronic medical record, administers prescriptions; reviews, reports, records, and general progress of patients; instructs and educates trainees and/or staff. This position is funded 50% with Title X funds.

Sub recipient Public Health Nurse (RN): Under general supervision, provides professional family planning services, including birth control method initiations and refills. The RN initiates medical records, obtains comprehensive medical/social histories, collects and processes laboratory specimens, and educates and counsels clients on family planning issues and preventive health measures. The public health nurse provides tracking of clients with abnormal test results to ensure necessary testing and treatment. This position is 75% funded by the local government to work within the Title X Family Planning Project.

Sub recipient Public Health Nurse (RN): Under general supervision, provides professional family planning services, including birth control method initiations and refills. The RN initiates medical records, obtains comprehensive medical/ social histories, collects and processes laboratory specimens, and educates and counsels clients on family planning issues and preventive health measures. The public health nurse provides tracking of clients with abnormal test results to ensure necessary testing and treatment. This position is 50% funded by the local government to work within the Title X Family Planning Project.

Sub recipient Management Assistant: This position is responsible for processing all incoming patients. The receptionist assists clients with the in-take forms, making appointments, and reviewing and monitoring of the client's Title X billing. The receptionist is bi-lingual and assists not only ESL clients who need help with required forms but also with ESL patients when this skill is needed by an RN during the exam. This position is 50% funded by the local government to work within the Title X Family Planning Project.

Sub recipient Medical Supplies: These funds will be used to purchase auxiliary medical and laboratory supplies necessary to operate a community clinic. Items such as onsite laboratory testing devices, control solutions, thermometer probes, gloves, table paper, client covers, and speculums are among the necessary items.

Sub recipient Laboratory Services: CCHHS contracts with LabCorp to process all required outside lab test including: Pap tests, blood work, biopsies and STIs, etc.

Sub recipient Pharmaceuticals: Pharmaceuticals include birth control - oral contraceptives, Depo-Provera, intrauterine devices, diaphragms, implants, condoms, contraceptive patch, contraceptive ring, and emergency contraceptive and prenatal vitamins. Medications utilized to treat sexually transmitted, bacterial, viral, and urinary tract infections. These medications include antibiotics, antivirals, and antifungals in oral, injectable, or cream preparations.

Sub recipient Title X Medical Director: Responsible for oversight and leadership for the Title X Program and nurse practitioner in the family planning clinic. Reviews APRN protocols, provides random chart reviews, and participates in quality improvement processes.

Sub recipient Professional Services Contract: Physician Select Management will provide Internet-based software application and components hosting and delivery services related to integrated business software and clinical systems, including the application eClinicalWorks®;

Sub recipient eClinicalWorks: Funds will be used to secure ongoing maintenance of our Electronic Medical Records (EMR) System including the following quarterly costs: recurring maintenance - Support, Business Optimizer, e-prescribe.