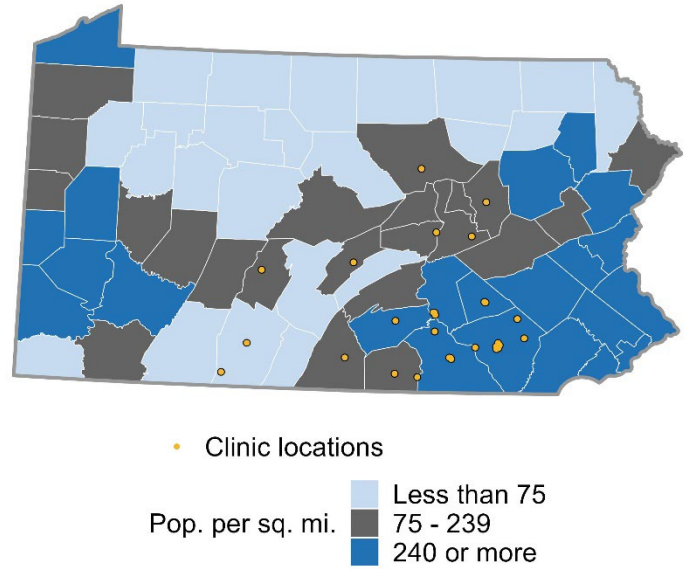


Family Health Council of Central Pennsylvania

The Family Health Council of Central Pennsylvania (FHCCP) is a nonprofit organization that has served central Pennsylvania as a Title X grant recipient since the 1970s. It delivers services to approximately 28,000 clients through subrecipients including health departments, hospitals, free-standing family planning clinics, federally qualified health centers (FQHCs), and faith-based institutions.¹





Stats at a Glance²

- ▶ Number of family planning (FP) encounters – 43,368
- ▶ FP users with incomes below 100% Federal Poverty Level (FPL) – 16,759 (60%); all FP users with incomes below 250% of FPL – 25,685 (93%)
- ▶ Number of tests performed for gonorrhea – 7,801, syphilis – 3,506, and HIV – 7,166
- ▶ Number of female users who received a chlamydia test – 6,041 or a Pap test – 1,610



Overview of Services Offered

As a Title X recipient, FHCCP provides a broad range of FP services including pregnancy prevention and birth spacing, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, sexually transmitted infection (STI) services, and other preconception health services. The services are voluntary, confidential, and provided regardless of ability to pay.³ The infographic below is an Overview of Services Offered within the FHCCP network. The data shown below are not specific to any particular site but rather are representative of the broader grantee network. For information on services available at individual service sites, please refer to the [OPA clinic locator](#).

 Pregnancy assistance and counseling	 Contraceptive services	 STI services	 Other preventative health services
<ul style="list-style-type: none"> ● Counseling on achieving pregnancy ● Preconception health services ● Pregnancy testing and counseling ● Basic infertility services 	<ul style="list-style-type: none"> ● FDA approved long-acting contraceptives ● FDA approved short-acting contraceptives ● Natural family planning methods 	<ul style="list-style-type: none"> ● STI and HIV education and counseling ● STI and HIV screening and testing ● STI and HIV treatment ● STI self-testing ● Expedited partner therapy ● PrEP counseling and risk assessment ● PrEP prescription services ● PEP counseling ● PEP prescription services 	<ul style="list-style-type: none"> ● Screening for breast cancer ● Screening for cervical cancer ● HPV vaccinations ● Screening for intimate partner violence ● Screening for mental health ● Screening for obesity ● Screening for smoking, drug, and alcohol use ● Adolescent-friendly health services
<p>LEGEND</p> <ul style="list-style-type: none"> ● Available at all service sites ● Available at service sites and through referrals ○ Available through referral only 			

¹ Source: Data collected by Mathematica in 2023 for the Title X Implementation Study.

² Source: Family Planning Annual Report (FPAR): [2022 National Summary](#).

³ See the [Title X Service Grants web page](#) for more information on the requirements and regulations guiding Title X projects.

Equity in Practice



To provide high quality services to all clients, one FHCCP subrecipient not only translated materials into Arabic but used some of the grant funds FHCCP allocated for telehealth infrastructure to hire virtual language interpreters who can be available during appointments. These efforts ensure all service delivery sites, regardless of the number of clients they serve, can offer telehealth and use best practices for translation, such as not having family members be translators. These virtual interpretation services help providers build trust and rapport with their clients, and FHCCP believes they improve the quality of care and clients' overall experiences receiving care.

Innovations in Practice



FHCCP has a large subrecipient network serving clients with unique backgrounds in variety of clinic settings. To support consistent care across this diverse network, FHCCP has developed "blueprints" that outline Title X policies, best practices specific to the Quality Family Planning Standards, and strategies for ensuring quality care and related policies are successfully integrated into a given site's policies. Blueprints cover topics such as best practices in providing family planning care to adolescents, LGBTQIA+ clients, and clients who cannot pay for care. This ensures providers, regardless of clinic type, have a resource for best practices. Another subrecipient specializing in LGBTQI+ care helped FHCCP draft a blueprint on how to provide gender-affirming care. These blueprints ensure consistency across the FHCCP network. Having network members in alignment supports quality improvement, data monitoring, and technical assistance. FHCCP continues to partner with subrecipients to help develop these blueprints and to provide additional training to the network about best practices in family planning.

Did You Know?



To improve clients' access to care, FHCCP focused on expanding and improving telehealth across its network. FHCCP directed funds from its OPA-funded telehealth infrastructure grant to support the network's telehealth programs, particularly for subrecipients with the least capacity. These sites tend to be smaller and serve clients who don't have reliable transportation or face other barriers to care. During the COVID emergency, FHCCP rolled out a community outreach campaign to ensure clients knew telehealth services were available, safe, and reliable. As part of this telehealth expansion, FHCCP is working with sites to update their billing and coding processes so clinics can distinguish between telehealth and in-person visits. This will allow the network to track and monitor telehealth use and needs throughout central Pennsylvania. FHCCP also continues to use data to assess the impacts of telehealth in its network and make programmatic adjustments as needed to best serve clients and provide high-quality, accessible care.



FHCCP uses staff and client surveys to continuously improve services and expand care to those most in need. For example, surveys revealed that in central Pennsylvania, people were afraid to go to appointments because of COVID concerns. Several subrecipients then used outreach campaigns during the height of the COVID emergency to communicate with community members, leaders, and service agencies about telehealth capabilities, sanitizing practices, and service availability at their sites. This helped community members slowly return to clinics for much-needed care. These survey efforts continue, with the network meeting regularly to discuss annual results of the client survey. Using FPAR data and FHCCP-initiated surveys, FHCCP and its network continue to refine their outreach, training, and clinic policies to address challenges identified in the survey and to build on successes. Their goal is to return client numbers to pre-pandemic levels and continue improving care to meet clients' evolving needs.



FHCCP continuously monitors data to reduce administrative burden across its network while improving care. For example, FHCCP identifies where sites can better reach clients most in need in a given geographical area. Using subrecipient-level data to find gaps in access, FHCCP connects clinics having success in these areas with sites that want to improve in these areas; examples are expanding outreach to adolescents or increasing the number of STI tests.

About the Title X Program

The Title X Family Planning Program, created in 1970 and authorized under Title X of the Public Health Service Act, is administered by the Office of Population Affairs (OPA) in the U.S. Department of Health and Human Services. For more information, please refer to OPA's [website](#).

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Website: <https://fhccp.org/>

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