July 2014

AMCHP Case Study

Coordinating Efforts across the Title V MCH Services Block Grant and the Title X Family Planning Program

Introduction

Systems integration has been identified as an essential element for achieving the Triple Aim of health reform, which is a useful framework developed by the Institute for Healthcare Improvement for optimizing health system performance. It includes the following dimensions: improving patient experience of care, improving the health of populations, and reducing the per capita cost of health care. The Affordable Care Act (ACA) is rapidly changing the health care landscape in states; while it should greatly improve women's access to family planning and preventive health services, some details remain unclear, including the impact for the low-income population and women who will continue to be uninsured.

Title X of the *Public Health Service Act*, enacted in 1970, authorizes and funds the Title X Family Planning Program, the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services, with a special emphasis on the low-income and uninsured population. Title X sets the standards and guidelines for the provision of publicly funded family planning services in the United States and supports key components of clinic operations. Title V of the *Social Security Act,* enacted in 1935, established the only federal program that focuses solely on improving the health of all mothers and children. Known as the Title V Maternal and Child Health (MCH) Services Block Grant, the program is a federal-state partnership that encompasses a wide array of direct services to individuals and population-based programs that serve everyone in a community. Despite different histories and legislative origins, the Title V and Title X programs share common goals to improve outcomes in reproductive, maternal, and infant health. These goals include preventing HIV/STIs, reducing teen pregnancy, increasing access to preventive health, including contraceptive counseling and services, and improving smoking cessation and optimal birth spacing. This case study shares examples from five states – Alaska, Iowa, West Virginia, Wisconsin, and Virginia – of collaboration between Title V and Title X-funded programs. The purpose of this case study is to assist Title V agencies in considering opportunities for aligning resources and coordinating efforts toward shared outcomes.

Historical Relationship between Title V and Title X in States

The Office of Population Affairs in the U.S. Department of Health and Human Services awards Title X grants directly to a network of community-based clinics, public and private non-profit institutions, and state agencies in addition to administering other grants and cooperative agreements. The five state agencies that participated in this case study have different funding relationships with the Title X program: in Alaska, both the Department of Health and Social Services (DHHS) and the Municipality of Anchorage DHHS Reproductive Health Clinic are grantees of the Title X program; in Iowa, the Department of Public Health and the Family Planning Council of Iowa are Title X grantees; in Virginia, both the Department of Health and Planned Parenthood of the Blue Ridge are Title X grantees; in West Virginia, the Department of Health and Human Resources is the sole grantee for Title X and delivers services to individuals via their sub-recipients and contracted service sites; and in Wisconsin, Planned Parenthood of Wisconsin is the sole grantee, with no Title X funds passing through the health department.

Despite the differences in funding structure, the Title V agencies shared a number of similarities with Title X agencies with regard to how today, Title V funding enables coordination, continuum of care in MCH services, and 'gap filling' in access to family planning and preventive health services in their respective states.

- Alaska used Title V funds to provide supplemental support to Title X personnel, continuing education to

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Title X grant staff, and clinical services contracts for lab processing of Pap smears and other key activities.
- As one of two Title X grantees in the state, the Iowa Department of Public Health leverages its Title V funds to coordinate training and align internal policy oversight activities with the Family Planning Council of Iowa, the other Title X grantee.
- West Virginia describes the Title V program as the 'foundation' that knits together a continuum of care for MCH services that include the Title X program, and enables coordination across similar efforts.

Four of the five state agencies that participated in this case study are both Title V and Title X grantees. These agencies share that the flexibility of the Title V program allows them to use available funding to fill gaps when Title X funds run short, allowing for the majority of Title X dollars to go to direct service providers. According to the Guttmacher Institute, only 1.2 percent of public expenditures for family planning client services come from the Title V MCH Services Block Grant.[1] Despite Title V comprising a small proportion of family planning dollars, it is critical for the functioning of the program.

Components of Successful Collaborations

Of the states that participated in this case study, four out of the five Title V agencies also are Title X grantees. These programs expressed a number of benefits to co-location that enable successful collaborations, including supervision across programs, shared decision making at the leadership level, and frequent dialogue and exchange of ideas. However, for many states, co-location of programmatic activities is not feasible. Regardless, all participating agencies offered a number of strategies that can be employed in coordinating efforts across Title V and Title X programs:

- **Needs assessment:** Alaska, Iowa, Virginia, and West Virginia described the Title V needs assessment and similar activities as an opportunity to share information and resources for program planning purposes, support reproductive health goals and objectives between programs, and effectively link programs through the life course approach.
- **Sharing information at joint meetings:** Iowa, Virginia, West Virginia and Wisconsin identified regional meetings, statewide networks or committees, and yearly planning sessions as opportunities to learn about various programs and foster integration of program goals to better serve the MCH population.
- **Training:** Both Iowa and Wisconsin identified training as an opportunity for successful collaboration. In Wisconsin, the MCH Women's Health-Family Planning Training Program is a joint collaboration for program and personnel training and continuing education that has helped to support an integrated statewide approach to training MCH professionals.

Role of Performance Measures

Participating agencies overall agreed that performance measures play a critical role in the evaluation of efforts under both grant programs. While the Title X performance measures are described as a 'subset' of the Title V performance measures with regard to reproductive health and unintended pregnancy prevention, and focus on clinical family planning service delivery, states described performance measures as an opportunity to focus on preconception and interconception care while working toward common goals.

- Iowa acknowledged that performance measures for low birth weight and preterm birth are related to maternal health, including interpregnancy intervals and the role of family planning in preconception health. In this respect, key activities such as reproductive life planning are steps toward both improved maternal and infant health outcomes. Iowa describes the Title V and Title X goals as, "interwoven, though not connected on paper."
- In Virginia, reporting on the Title X performance measures led to the inclusion of preconception and interconception health into the recent Title V agency Infant Mortality Strategic Plan.

Further, Title V agencies also discussed the role of quality indicators and benchmarks in promoting quality and the cost effectiveness of care. Wisconsin emphasized that measuring performance and outcomes can establish the credibility of these programs in setting quality standards and as an integral component of the health care landscape. In Virginia, program and district staff have ready access to a dashboard displaying benchmark data to see areas of opportunity and to initiate communication.

Sustainability

Between FY 2010 and FY 2013, the Title X family planning program experienced $39.2 million in funding reductions– a total of 12.3%.[1] The final FY 2014 Omnibus package included a modest $8.2 million increase, not replacing the cuts that had already taken place. The Title V MCH Block Grant also has seen declines: since FY 2003, funding for the Title V MCH Block Grant has decreased by $91 million, with FY 2013 appropriations totaling $639 million.[2] Sequestration further cut the Title V MCH Block Grant down to its lowest level since 1991.[3] This trend of federal funding reductions presents a significant concern to states regarding the sustainability of maternal and child health services. For example, as a result of funding reductions, the total number of individuals served by Title X shrunk from 5.22 million users in 2010 to 4.76 million in 2013, with no indication that patients went elsewhere for care. Moreover, between 2011 and 2012, there was a decrease of 193 service sites, from 4,382 to 4,189.[4] Title V agencies participating in this case study describe the Title V and Title X programs as providing a critical safety net for the low income and uninsured population, which will likely continue to face challenges accessing quality care during and after the implementation of the ACA.

In particular, agencies participating in this case study expressed concern that policymakers, accountable care organizations, and other decision makers may not see the value of providers of Title V and Title X-funded services. These programs have been historically characterized as providing gap-filling funds for women's health and reproductive health services, prevention and reduction of chronic disease, or in the provision of care coordination, interpretation, or transportation services. However, community-based providers supplement the functions and interventions of primary care providers, and serve as specialists in a primary care spectrum that can contribute to system enhancement and system building around evidence-based reproductive health practices in the community. To ensure their value is communicated, Wisconsin recommends recognition of family planning providers as essential health providers, becoming part of community health plans, or preserving "choice of provider" for contraceptive services as part of the ACA women's health services. Participating agencies also described opportunities for Title V and Title X presented by the ACA. Examples include linking these services to private-public partnerships and collaborating with private health care systems and positioning Title V and Title X as facilitators for the process of ACA implementation and ensuring continuity in access to no-cost or low-cost services such as family planning and prenatal care, especially in those states that choose not to expand Medicaid.

Examples of Specific Impacts

In reflecting on the results of partnerships between Title V and Title X efforts, participating agencies shared a number of specific impacts for the promotion of access to women's health services for specific populations or for specific services:

- In **Alaska**, Title X funds are adequate to support two clinical service sites; however, in other parts of the state with a high need for family planning services and methods but insufficient infrastructure for Title X dollars to be used, the state MCH program provides support to tribal health agencies and community health centers to deliver needed services. The state MCH program uses Title V dollars to support the purchase of highly effective long-acting reversible contraceptive (LARC) methods for the local agencies that provide the direct services. Additionally, the state MCH program promotes the comprehensive model of women's health developed by the Title X program to guide clinical best practices and build capacity around comprehensive women's health in the local partner agencies where Title X funds cannot reach. This alliance of Title V and Title X programs allows Alaska to maximize limited federal dollars from both programs while utilizing the comprehensive model of women's health from Title X to improve the services to women in areas with the highest need.

- Title V and Title X have worked together in **Iowa** to implement a comprehensive approach across MCH services. For example, home visits include domestic violence screening and education and the provision of family planning information, while maternal health clinics began counseling on reproductive life planning. Title V and Title X programs also emphasize bi-directional referrals.

- The **Virginia** teen pregnancy prevention program coordinator is supported by Title V but is supervised by the Title X Family Planning Supervisor and works closely with the Abstinence Education Program. The teen pregnancy prevention coordinator supervised seven health districts with high rates of teen pregnancy that received state funds to implement comprehensive teen pregnancy prevention programs that are not allowed by the Abstinence Education Program. From 2005-2009, four of the seven health districts reduced the teen pregnancy rate; one rural district reduced its rate nearly by half (40.3 to 27.3).

- The **West Virginia** Title X Family Planning Program screens for intimate partner violence and provides counseling and education for clients with needs in those areas and provides STD screening and treatment following standardized guidelines. The Family Planning Program is located in the same division as the Breast and Cervical Cancer Screening Program so both programs work together to seamlessly transition women from one program into the other to meet their needs.

- In **Wisconsin**, Title V and Title X personnel collaborate on a joint effort on standards of care and practice through the MCH Women's Health-Family Planning Program's Quality Assurance Committee. This committee helped establish an integrated system of community-based services. Further, uniform standards of practice for chlamydia and gonorrhea testing and treatment services have created a statewide network of community-based STD services, and uniform standards for cervical cancer screening have created a statewide system of evidence-based screening services and increased access to colposcopy services.

Summary

To achieve the Triple Aim of health reform, health systems must work together. Coordinating efforts between Title X and Title V programs provides an important example: Title X programs ensure quality and accessible family planning and preventive health services, with family planning sites serving as a vital direct-service complement to the infrastructure and core systems funding provided by Title V MCH Block Grant dollars. The states that participated in this case study illustrate how MCH programs can leverage Title X investments or collaborate with Title X grantees to maximize their impact on reproductive, maternal, and infant health, improve the health of women across the life span, and create a continuum of care and integrated system of community-based services in women's health. MCH programs are in a unique position to design service and system linkages and effective practices and establish accountability for continuity of care throughout a woman's life course.

[1] *Title X Funding History." Office of Population Affairs, U.S. Department of Health and Human Services.* *http://www.nationalfamilyplanning.org/page.aspx?pid=4792*
[2] *Sustain Funding for the Title V Maternal and Child Health Service Block Grant. Washington, DC: AMCHP, 2013.*
[3] *Sequestration: Fiscal Year 2013 and Beyond Frequently Asked Questions. Washington, DC: AMCHP, 2013.*
[4] *Christina Fowler, Julia Gable, Jiantong Wang, Emily McClure, and Kathryn LeTourneau, Family Planning Annual Report: 2012 National Summary, (Research Triangle Park, NC: RTI International, December 2013),* *http://www.hhs.gov/opa/pdfs/fpar-national-summary-2012.pdf*

This publication was supported by cooperative agreement number U65CCU324963 from the Centers for Disease Control and Prevention, Division of Reproductive Health. Additionally, this case study was compiled in consultation with the National Family Planning and Reproductive Health Association (NFPRHA), and its content has been reviewed by NFPRHA and the AMCHP members represented. Its contents are solely the responsibility of the author and do not necessarily represent the official views of the CDC.
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