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NM Department of Health Family Planning Program (FPP) Title X Annual Protocol Update

October 24, 2022



Objectives

By the end of this presentation, participants will be able to:

1. Understand the Title X Expectations
2. Summarize changes to the OCP table and new UPA/ella protocol
3. Learn about Title X telehealth grant and services
4. Access and utilize the new Resource Guide
5. Understand the Title X FPP financial requirements for clients



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Family Planning Program (FPP) Update

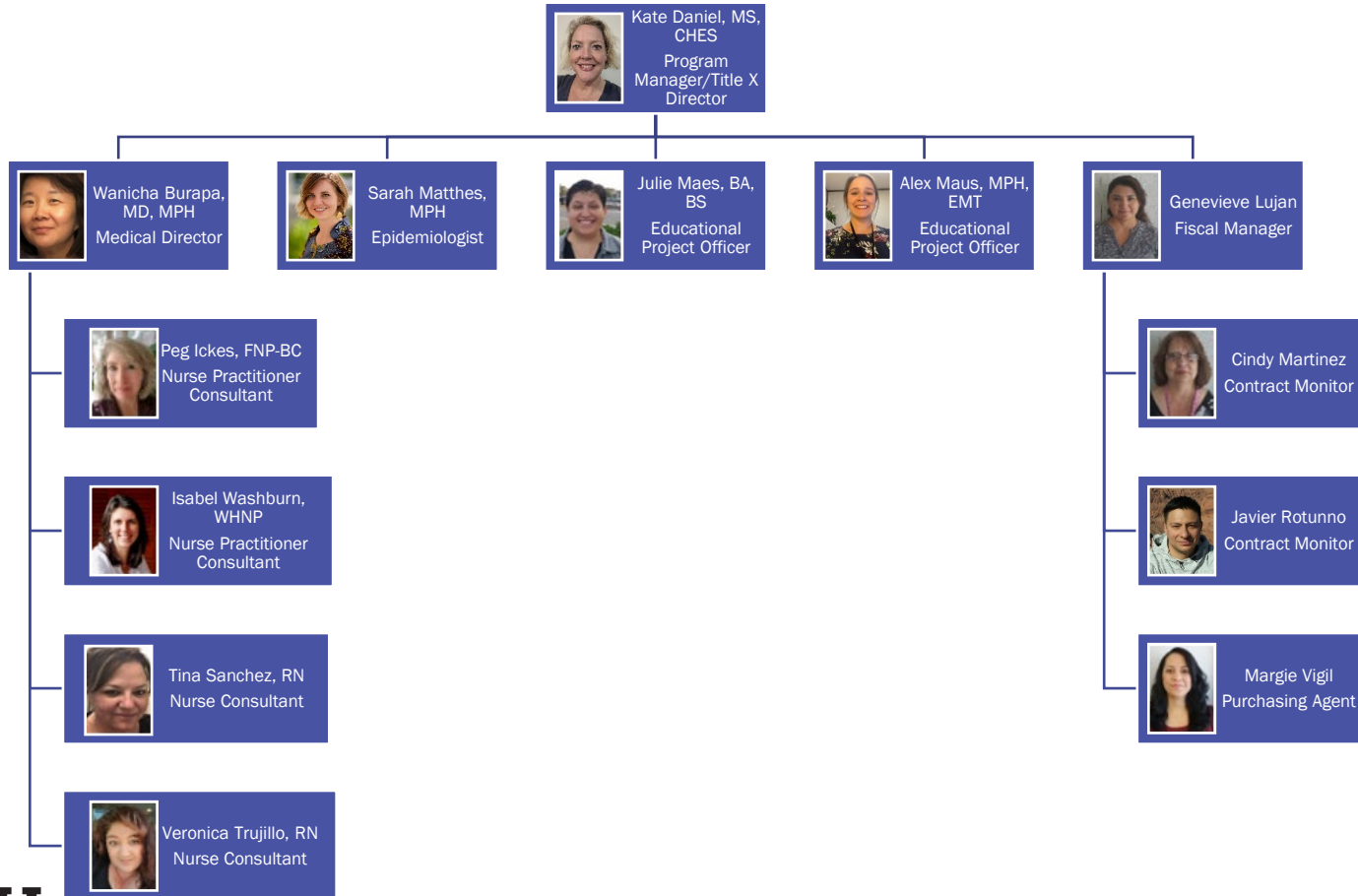
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Family Planning Program State Office Staff



Title X Expectations

<https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/title-x-program-expectations>
<https://opa.hhs.gov/grant-programs/title-x-service-grants/title-x-statutes-regulations-and-legislative-mandates>

OASH

Title X Requirements/Priorities

Title X Priorities include all of the legal requirements covered within:

- **Title X statute (42 U.S.C. Part 300)**
- **Title X Regulations (42 CFR Part 59 Subpart A) ([eCFR](#))**
 - Financial Accountability (45 CFR Part 75 Subpart E. (59.9)
 - Provision of Services
 - Prohibitions on Abortion
 - Subrecipient monitoring
 - Community Engagement, Information and Education
 - Compliance and Staff Training
- **Legislative mandates**
- **Program Policy Notices**



Title X Program Description

<https://opa.hhs.gov/grant-programs/title-x-service-grants/title-x-statutes-regulations-and-legislative-mandates>

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Title X Program Description

- Section 1001 of Title X of the PHS Act authorizes grants “to assist in the establishment and operation of voluntary family planning projects which offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents).”



OASH

Office of
Population Affairs

SUMMARY: 2021 Title X Final Rule

October 2021

Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning

Ensuring access to equitable, affordable,
client-centered quality family planning
through:
Quality
Access
Equity



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Quality

In April 2014, the Centers for Disease Control and Prevention and OPA developed *Providing Quality Family Planning Services: Recommendations from Centers for Disease Control and Prevention and the US Office of Population Affairs* (QFP) to define what constitutes quality in family planning service delivery. The 2021 final rule realigns the nation's family planning program with nationally recognized standards of care for family planning and sexual health services delivered at Title X-funded sites. Specifically, the 2021 rule:

- Clearly defines quality healthcare as safe, effective, client-centered, timely, efficient, and equitable
- Incorporates a comprehensive definition of family planning that is aligned with the [Providing Quality Family Planning Services Recommendations](#)
- Requires all family planning services to be delivered consistent with nationally recognized standards of care, including restoring the requirement for nondirective pregnancy options counseling and referral.
- Adopts the QFP definition of client-centered care to help ensure that Title X services are delivered in a manner that is being respectful of, and responsive to, individual client preferences, needs, and values and where client values guide all clinical decisions

Access

A hallmark of the Title X program is its essential role in supporting access to high-quality services delivered by highly qualified providers regardless of a patient's ability to pay, and the 2021 rule reinforces access as a central tenet of the program. Specifically, the 2021 rule:

- Eliminates the burdensome requirement established under the 2019 Title X rule for providers to maintain strict physical and financial separation of abortion services.
- Requires that Title X-funded sites not offering a broad range of methods on-site to provide a prescription to the client for their method of choice or referrals, as requested.
- Clarifies that the program's income verification requirement should not burden patients with low incomes or impede their access to care.
- Reaffirms adolescent confidentiality protections including that "Title X projects may not require consent of parents or guardians for the provision of services to minors, nor can any Title X project staff notify a parent or guardian before or after a minor has requested and/or received Title X family planning services."
- Enables a broader range of clinical services providers to direct Title X services and provide consultation for medical services.
- Incorporates the allowability of telehealth for Title X family planning services.

Equity

Advancing equity for all, including people from low-income families, people of color, and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality, is a priority for the Title X program. The 2021 final rule was written to ensure that the predominantly low-income clients who rely on Title X services as their usual source of medical care have access to the same quality healthcare, including full medical information and referrals, that higher-income clients and clients with private insurance are able to access. Specifically, the 2021 final rule includes:

- Defines health equity as “when all persons have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances” and reinforces that Title X services should be equitable
- Requires all family planning services to be client-centered, culturally and linguistically appropriate, inclusive, and trauma-informed.
- Adds a new grant review criterion to assess the ability of prospective grantees to advance health equity.



Community Education, Participation, and Engagement (CE&O)

- Provide for opportunities for CE&O to:
 - Achieve community understanding of FP & related services
 - Inform community of availability of FP services
 - Promote continued participation in FP & related services
- While PHOs are no longer required to submit monthly Community Education and Outreach reports, please continue to order materials and provide CE&O opportunities in your local area, as able.
- PA sites are encouraged to continue their CE&O activities.



2022 Telehealth Grant

- One-year funding to enhance/expand telehealth/telemedicine infrastructure/capacity across NM.
 - Increase access
 - Narrow health equity gap
 - Using client-engagement telehealth platform and customized pathways
 - Training providers in telehealth best practices
 - Providing mail-order pharmaceutical supplies



2023 Federal Program Review

- We have been notified the next federal program review will be conducted in 2023. This may be an onsite visit and/or virtual components combined.
- We will prepare and work with the federal reviewers and selected site staff to facilitate and support the process.
- This is an exciting opportunity to celebrate our strengths and identify areas of improvement in an environment of changes over the past two years.



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Summary of 2022 FPP Protocol Updates

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Locating the 2022 FPP Protocol and Summary of Revisions

<https://nmhealth.org/about/phd/fhb/fpp/pvdr>

← → ↻ 🏠 <https://www.nmhealth.org/about/phd/fhb/fpp/pvdr?updated=20170630>



WHAT WE DO

YOUR HEALTH

MOST POPULAR

LOCATIONS

ABOUT NMDOH

MENU

[Providers](#)

CONTACT INFORMATION

505-476-8882.

Use the search below to find a

Family Planning Service Providers

Protocol

Documents

- [Table of Contents](#)
- [Title X Family Planning Program Priorities](#)
- [Protocol Change Sheet](#)




Section ii: Title X Requirements

Title X is no longer using “Key Issues” as they have in the past- this Section is now updated to include the:

- Title X Statute,
- Regulations,
- Legislative Mandates, and
- Program Priorities

These are now considered part of the Title X “**Expectations**” that guide our Title X services.



Section 1: FPP Guidelines for Clinical Services

- **Telehealth:** permissible as Title X encounters
- Consider use of “safe word”
- BP considerations during telehealth visits

Telehealth for PHOs

- http://intranet/PHD/clinical_protocols.html



- On PHD CHILEnet, Clinical, Protocols

Telehealth Documents for PHOs

- [Clinical Protocols](#)

CLINICAL DOCUMENTS POLICIES AND PROCEDURES UPDATED APRIL 2022

[PHD Policy for Verbal Telephone Standing Orders April 2016](#)

[Clinical Records Protocol 2013](#)

[Clinical Records Protocol Signature Page 2013](#)

[NMDOH PHD Imaging Plan BEHR Revised 01_03_18 Final](#)

[Document Destruction Protocol Addendum 1.2.2020 Signed](#)


Access Clinical Records forms on [Clinical-Forms](#) page

[Notification To Clients ENG SPAN](#)

[NMDOH Telemedicine Protocol Revised April 2022](#) 

[FPP Telehealth Job Aid 04.22](#)

[How to conduct telehealth visits through MS teams Job Aid 04.22](#)

[PHD Telemedicine Training Workflow 06.22](#) (Required for all employees doing Telemedicine) 

[Telemedicine Completion Certificate](#) 

[Telehealth Standard Hybrid Training 6.22](#)

[Scheduling a Telehealth Client \(video only, no sound\)](#)

[Entering Telehealth Charges for Hybrid Standard Visit \(video only, no sound\)](#)

[Documenting in EHR for Telehealth \(video only, no sound\)](#)



Telehealth Survey for PHOs

- Beginning October 1st, please use telehealth survey for all family planning telehealth visits.
- Survey link can be added to the MS Teams invitation that was used to conduct the telehealth visit.
- Survey allows clients to select English or Spanish, and can be used multiple times for different clients.
- <https://www.surveymonkey.com/r/86NQ6S8>

Telehealth Privileges for PHO Clinicians

Good Afternoon,

PHD has added a telehealth/telemedicine privilege to the core privileging form. If you will be providing or believe you might need to provide telehealth/telemedicine services in the future, I have attached the new privileging form for you to complete and submit to the MSO in order to request this privilege. Once I receive the completed privileging form, I will start the process to request this be issued to you as a temporary privilege. If you have any questions regarding the privileging form, please let me know.

Thanks!

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Credentialing Coordinator



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Standing Orders for PHN for HCG Pregnancy Testing

PA sites can also use the guidance in this section regarding prenatal vitamins and counseling for clients requesting abortion/termination following positive pregnancy test results.



Clients Requesting Abortion Referral

Upon client's request,

- Provide a list of agencies helping with this service
- Discuss any questions they may have.
- Referral for abortion may include providing a client with the **name, address, telephone number,** and other relevant factual information (such as **whether the provider accepts Medicaid, charges, etc.**).

<https://reproductiverights.gov/> link to abortion finder

Clients Requesting Abortion Referral, continued

Staff may NOT provide services that directly facilitate the use of abortion as a method of family planning, such as:

- × providing transportation for an abortion,
- × explaining and obtaining signed abortion consent forms from clients interested in abortions,
- × negotiating a reduction in fees for an abortion, and
- × scheduling or arranging for the performance of an abortion.

The limitations on referrals do not apply in cases in which a referral is made for medical indications (client's condition or the condition of the fetus- such as where the client's life would be endangered).

<https://www.govinfo.gov/content/pkg/FR-2000-07-03/pdf/00-16759.pdf>



Section 2: Contraceptive Methods

Contraceptive implant and IUD returns:

- Please follow instructions in these sections, and work with DOH Pharmacy Warehouse for returns. **The company must send all replacements to the DOH Pharmacy Warehouse, and not to the PHO/PA clinic.**
- In the rare occurrence that the manufacturer send them to a clinic, the clinic should maintain the original packaging and immediately notify DOH Pharmacy Warehouse.



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Title X Formulary Changes in 2023

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Three major changes

- Discontinuation of the FPP:
 - Metronidazole pills used to treat bacterial vaginosis in Public Health Offices
 - Podofilox used for genital warts in Provider Agreement sites

Once the current supplies in the Pharmacy Warehouse are depleted, there will be no new meds available to order– anticipated to be around January 2023.

- Oral Contraceptive Formulary Table – Section 3
Effective January 2023

- Another emergency contraceptive pill added
Ulipristal Acetate – Section 2.8
Effective January 2023

New OCP Table

| ESTROGEN CONTENT | ESTRANE | GONANE |
|----------------------------|--|---|
| POP Progestin Only Pill | NORETHINDRONE 0.35 mg norethindrone Brand Names: <u>Norethindrone</u> , Camila, Errin, Heather, Jolivette, Micronor, Nor-QD, Nora-BE | |
| 20 MCG EE | NORETHINDRONE 1 mg norethindrone / 20 mcg EE Brand Names: <u>Microgestin Fe 1/20</u> , Blisolvi Fe 1/20, Gildess FE 1/20, Junel Fe 1/20, Loestrin FE 1/20 | LEVONORGESTREL 0.1 mg levonorgestrel/20 mcg EE Brand Names: <u>Vienna</u> , Aviane, Lessina, Lutera, Orsythia, Sronyx |
| 25 MCG EE | | TRIPHASIC-NORGESTIMATE 7 D 0.18 mg norgestimate/25 mcg EE 7 D 0.215 mg norgestimate/25 mcg EE 7 D 0.25 mg norgestimate/25 mcg EE 7 D placebo Brand Names: <u>Tri-Lo-Estarylla</u> , Tri-Lo-Marzia, Ortho-Tri-Cyclen Lo |
| 30 MCG EE | NORETHINDRONE 1.5 mg Norethindrone / 30 mcg EE Brand Names: <u>Microgestin Fe 1.5/30</u> , Blisovi Fe 1.5/30, Gildess FE 1.5/30, Junel Fe 1.5/30, Loestrin FE 1.5/30 | LEVONORGESTREL 0.15 mg levonorgestrel/30 mcg EE Brand Names: <u>Kurvelo</u> , Altavera 0.15/30, Levora, Nordette, Portia, Seasonale, Seasonique |
| 35 MCG EE | | NORGESTIMATE 0.25 mg norgestimate / 35 mcg EE Brand Names: <u>Mili</u> , Estarylla, MonoNessa, Ortho-Cyclen, Previfem, Sprintec |

Ulipristal Acetate (UPA, Ella®) 30 mg



- Progesterone agonist/antagonist
- Most effective ECP available in the U.S.
- **Clinician prescribed only**
- Mechanism of action:
 - Mostly - preventing/delaying ovulations
 - Less commonly – prevent fertilization
- Effective for 5 days (120 hours) following USIC
- Blood levels are similar among obese and normal-BMI women.

UPA

- May be administered at any time during the menstrual cycle
- Not intended for > 1 episode of USIC in a menstrual cycle
- Not intended for routine use as a contraceptive
- **Contraindications:** known/suspected pregnancy
 - Post-marketing surveillance: no teratogenic effects among 232 pregnancies with known outcome
- **Not recommended** – breastfeeding clients

UPA

- UPA + OCPs/DMPA/LNg IUD/Implant 

Reduce both UPA and hormonal contraceptive intended effects

- After taking UPA, client should not use hormonal contraception sooner than 5 days + should use a reliable barrier method until the next menstrual period.

UPA

- **Effectiveness:** ↓ pregnancy risk by 62-85%
- **Side effects:**
 - Changes in menstrual bleeding
 - Abdominal/Menstrual pain
 - Headache
 - Dizziness
 - Nausea
 - Fatigue
- **Warning Signs:** If period does not start within 3 weeks after taking UPA → pregnancy test



UPA Prescription

- Clinician must prescribe UPA.
- If no clinician is available (either in PHO or via prior/agreeable telehealth arrangement), PHN will offer levonorgestrel ECP using the FPP protocols and standing orders.
- UPA is not included in the EC standing orders for PHNs.



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2022 Sterilization Program Update

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Title X Family Planning Program Nurse Consultant

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STERILIZATION

- Vasectomy Contraindications have been added to Section 2 in FPP Protocol. FPP is working to add two new providers for vasectomy with Title X
- UNM Center for Reproductive Health is currently the only provider for sterilizations with Title X
- A sample Sterilization Consent and FPP Request Form has been added to Appendix J. Current Sterilization Consent and FPP Request Form should be scanned into BEHR and sent in a secure email to veronica.trujillo2@doh.nm.gov and cindy.martinez@doh.nm.gov

2.3 STERILIZATION:
Procedure for Submitting Request for Sterilization Funding – Public Health Offices

| | |
|---|--|
| The client qualifies if s/he... | <ul style="list-style-type: none"> Is 21 years of age or older. Does not have Medicaid/other insurance and is not eligible for Medicaid. Is a Title X FP client with a Priority A rating for tubal ligations or Priority A or B for vasectomy. |
| Client's medical record includes... | <ul style="list-style-type: none"> Documentation of either: <ul style="list-style-type: none"> A Title X visit within the last 12 months that includes a comprehensive client health history and physical exam, as described in the FPP Protocol Section 1, Subsection 1.2.H.A "Contraceptive Services", or PHO clinician reviews the outside records that the client had a comprehensive visit described in the FPP Protocol Section 1, Subsection 1.2.H.A "Contraceptive Services" and documentation <u>that the client is a suitable candidate for sterilization surgical procedure that may require general anesthesia.</u> An assessment of contraindication and, if present, documentation that a Surgical Provider was notified and agrees to perform the procedure. Documentation of non-coercive sterilization counseling and education (STEP 3 of Section 1, Subsection 1.2.H.A and Section 2, Subsection 2.3.D below), including the permanent nature of sterilization and the alternative, most effective, reversible methods such as IUDs and implants. Justification of Priority Level Rating (see FPP Protocol Sterilization section), for tubal ligation/vasectomy. Clinician's documentation of sterilization referral order. |
| Forms required include... | <ul style="list-style-type: none"> Current Income Assessment Worksheet, completed, signed, and dated by client and staff. Current Consent for FP Services form, signed and dated by client. Current Sterilization Request/Consent for Sterilization forms, with all blank areas filled in. <ul style="list-style-type: none"> Each form must be scanned and filed in the client's MR. |
| Only after all the above criteria are met, mail the following documents to the FP State Office: | <ul style="list-style-type: none"> The completed Sterilization Request Form. The completed Consent for Sterilization Form. |
| When the PHO receives the approved request: | <ul style="list-style-type: none"> The client is entered into the PHO internal tracking system (approved, not approved, pending); The client is notified; and, Arrangements are made for the client to pick up their approved paperwork. |
| During the appointment for paperwork pick-up, the PHO clerk will... | <ul style="list-style-type: none"> Assist the client with making an appointment for their procedure. Scan a copy of the approved paperwork into the medical record. Give the client copies of: <ul style="list-style-type: none"> Approved sterilization request Consent for sterilization Instruction letter Printed copies of the annual physical exam/health history Other pertinent information Review with the client the consent's expiration date, appointment date, clinic location/phone number, and next steps. Enter the charge and collect the percentage pay, if due, from the client. Inform the FP State Office of the client's name and procedure appointment date. |

Sterilization Process for Non-PHOs to be used as a Reference

| | |
|---|--|
| The client is 21 years of age or older? | <ul style="list-style-type: none"> If yes, PROCEED. If no, STOP; the client does not qualify for FPP Title X sterilization funds. |
| Does client have private insurance? | <ul style="list-style-type: none"> If no, PROCEED. If yes, STOP; the client does not qualify for FPP Title X sterilization funds. Have the client contact their insurance company. |
| Does client have Medicaid (e.g., FP, Centennial Care MCOs)? | <ul style="list-style-type: none"> If no, PROCEED. If yes, STOP; the client does not qualify for FPP Title X sterilization funds. Have the client contact Medicaid. Refer to any provider accepting Medicaid. |
| Is client eligible for FP Medicaid? | <ul style="list-style-type: none"> Consider: <i>Eligibility for FP Medicaid: NM Resident, U.S. Citizen/approved immigrant status, income up to 235% Fed Poverty level and a SS Number.</i> If no, PROCEED. If yes, STOP; the client does not qualify for FPP Title X sterilization funds. Refer to Income Support Division. |
| Contraindication | <ul style="list-style-type: none"> If none, PROCEED. If contraindications are noted; consultation with the surgeon is required. If you are also the provider who will perform the surgery, it would be helpful to send a referral that includes your acceptance to perform surgery despite the contraindication. |
| Priority Rating | <ul style="list-style-type: none"> FPP is currently accepting applications for <u>Female Priority A only & Males Priority A or B.</u> If one of the criteria is met, PROCEED. Refer the client to a Public Health Office with a completed referral for FPP sterilization and copies of client's FP/annual exam medical record in the last 12 months, if available. If criteria are not met, the client does not qualify for FPP Title X sterilization funds. |



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FAMILY PLANNING PROGRAM STERILIZATION REQUEST FORM

CLIENT INFORMATION

| | | | |
|---|--|---|---|
| 1. Name (Last, First, Middle Initial) Smith, Betty, A. | 2. Date of Birth 10/24/1988 | 3. Date Consent Signed 8/24/2022 | 4. Clinic Name Your Public Health Office |
| 5. Type of Procedure Requested <input checked="" type="checkbox"/> Tubal Sterilization <input type="checkbox"/> Post Partum Tubal Sterilization <input type="checkbox"/> Vasectomy | | 6. Percent Pay (From current Federal Poverty Guidelines) 0% | |
| 7. Staff Name, Phone # and PHD Region John Doe, RN Your Phone # Your Region | 8. Priority Rating (Refer to Family Planning Protocol) <input checked="" type="checkbox"/> Priority A <input type="checkbox"/> Priority B Priority Justification: <u>Justification for priority level selected, can use protocol list</u> | | 9. Client contact information (Phone # included) Client's Phone # |
| 10. Pay Source | | | |

- Complete all areas 1-11 and scan into MR
- Priority Justification should be documented on #8
- In #9 confirm a current contact number with client
- This form can be found in Appendix J and under FORMS

<https://www.nmhealth.org/about/phd/fhb/fpp/pvdr>

FAMILY PLANNING PROGRAM STERILIZATION REQUEST FORM

CLIENT INFORMATION

| | | | |
|---|--|------------------------|--|
| 1. Name (Last, First, Middle Initial) | 2. Date of Birth | 3. Date Consent Signed | 4. Clinic Name |
| 5. Type of Procedure Requested <input type="checkbox"/> Tubal Sterilization <input type="checkbox"/> Post Partum Tubal Sterilization <input type="checkbox"/> Vasectomy | | | 6. Percent Pay (From current Federal Poverty Guidelines) |
| 7. Staff Name, Phone # and PHD Region | 8. Priority Rating (Refer to Family Planning Protocol): <input type="checkbox"/> Priority A <input type="checkbox"/> Priority B Priority Justification: _____ | | 9. Client contact information (Phone # included) |
| 10. Pay Source | | | |
| <ul style="list-style-type: none"> • Does client have private insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, STOP and have client contact their insurance company. • Does client have Medicaid (e.g. FP, Centennial Care MCOs)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, STOP and refer to any provider accepting Medicaid. • Is client eligible for FP Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No (Eligibility for FP Medicaid: NM Resident, U.S. Citizen/approved Immigrant status, Income up to 235% Fed Poverty level and a Social Security Number). If yes, STOP and refer to Income Support Division. | | | |
| 11. I authorize the release of any medical information necessary to process this claim. I will be responsible for related cost not previously approved. Co-pay is non-refundable. Autorizo la liberación de cualquier información de salud necesaria para procesar mi reclamación. Me haré responsable de cualquier costo relacionado que no haya sido aprobado previamente. El copago no es reembolsable. | | | |
| CLIENT SIGNATURE: _____ | | | |

STATE FAMILY PLANNING OFFICE INFORMATION

| | | | |
|---|---|--|--|
| 12. Control Number | 13. Consent Valid (30 days after signature) | 14. Status of Request <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved | |
| 15. Consent Expiration (180 Days after signature) | 16. Approval Date | 17. Total Amount \$ | 18. Date put on pending list |
| PHYSICIAN INFORMATION (To be filled in by SURGEON) | | | AMOUNT APPROVED BY DEPT. OF HEALTH |
| 19. Date Procedure/Service Provided By | | | |
| Tubal Surgery | | \$ | |
| Facility | | \$ | |
| Anesthesiology | | \$ | |
| Vasectomy | | \$ | |
| | | | Approved By _____ PHD Staff |
| 20. Accept assignment as per agreement with PHD Family Planning Program <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| | | | DOH/PHD to remit payment for medical and/or other services indicated above to: |
| 21. I certify that all services indicated were completed | | | |
| Signature of Physician | Date | Please leave this area blank for State FP Office use I certify that this is true copy of the original and that payment for services has not been received | |

New Mexico Public Health Division – Family Planning—Sterilization Request Rev 10/22



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Consent For Sterilization Form

Form Approved: OMB No. 0637-0168
Expiration date: 4/30/2022

CONSENT FOR STERILIZATION

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

■ CONSENT TO STERILIZATION ■

I have asked for and received information about sterilization from Public Health Office. When I first asked Public Health Office Doctor or Clinic for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Temporary Assistance for Needy Families (TANF) or Medicaid that I am now getting or for which I may become eligible. I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN. I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I will be sterilized by an operation known as a Bilateral Tubal Ligation. The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction. I understand that the operation will not be done until at least 30 days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs. I am at least 21 years of age and was born on: Date of Birth

I, Printed Name, hereby consent of my own free will to be sterilized by From Appendix F Doctor or Clinic by a method called Bilateral Tubal Ligation. My consent expires 180 days from the date of my signature below. I also consent to the release of this form and other medical records about the operation to: Representatives of the Department of Health and Human Services, or Employees of programs or projects funded by the Department but only for determining if Federal laws were observed. I have received a copy of this form.

You are requested to supply the following information, but it is not required. (Ethnicity and Race Designatory) (please check)
Ethnicity: Race (mark one or more):
 Hispanic or Latino American Indian or Alaska Native
 Not Hispanic or Latino Asian
 Black or African American Native Hawaiian or Other Pacific Islander
 White

■ INTERPRETER'S STATEMENT ■

If an interpreter is provided to assist the individual to be sterilized: I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read/heard the consent form in language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

Interpreter's Signature _____ Date _____

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before Client's Name signed the consent form, I explained to him/her the nature of sterilization operation: Bilateral Tubal Ligation. The fact that it is Bilateral Tubal Ligation intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it. I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds. To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure. Nurse/Clinician Signature of Person Obtaining Consent _____ Date _____ PHO clinic name Facility _____ clinic address Address _____

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon _____ on _____ None of Individual _____ Date of Sterilization _____ I explained to him/her the nature of the sterilization operation: _____, the fact that it is _____ Specify Type of Operation _____ intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it. I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds. To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure. (Instructions for use of alternative final paragraph: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.) (1) At least 30 days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed. (2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested): Premature delivery Individual's expected date of delivery: _____ Emergency abdominal surgery (describe circumstances): _____

Physician's Signature _____ Date _____

Make sure form has not expired

Use mailing address of PHO

This section to be completed by Surgeon performing the procedure.

- All highlighted areas must be completed
- If client refuses to answer Race/Ethnicity, please document this on the consent form
- If a translator is used to completed the consent this must be documented on the form
- Current consents can be found at:

<https://opa.hhs.gov/grant-programs/title-x-service-grants/key-resources-title-x-grantees>

If client refuses to answer, please indicate so on form here for Federal reporting purposes.

If interpreter was used, write in language (e.g., Spanish), and signature of staff that provided translation.

If interpreter phone line used, document this information.



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2022 Section 4: Lab Update

Isabel Washburn, CNP

Title X Family Planning Program Nurse Practitioner Consultant

IsabelA.Washburn@doh.nm.gov

SECTION 4.3.B.3

CERVICAL CANCER SCREENING

- Cervical Cancer **Screening** Recommendations have remained the same

Table 2: FPP's Cervical Cancer Screening Recommendations

| Age | Screening interval | Action/Comments |
|-------------------------------------|--|--|
| <21 years | No Screening | No Screening |
| 21-24 years | Cytology alone every 3 years | HPV testing not recommended |
| 25-65 years | Cytology every 3 years | Reflex HPV for ASCUS. Primary HPV testing may ONLY be done if indicated for management of previous abnormality. |
| Post-hysterectomy | No Screening | Applies to clients <i>without</i> a cervix who <i>do not have</i> a history of CIN2 or a more severe diagnosis in the past 25 years or cervical cancer ever. |
| HPV Vaccinated | Follow age-specific recommendations (same as unvaccinated clients) | |
| HIV Positive/ Immuno-compromised | Screen within 1 year of first intercourse or at 21, whichever comes first. Cytology annually x3 years then every 3 years for life | |

SECTION 4.3.B.3

CERVICAL CANCER SCREENING

- Changes to 2022 Cervical Cancer **Surveillance** Recommendations
 - Removal of Tables 3 and 4 from 2021 Protocol
 - Table 3: Abnormal Pap Results and Recommended Follow-Up
 - Table 4: Miscellaneous Pap Abnormalities and Recommended Follow-Up
 - Replaced in 2022 Protocol with guidance to use ASCCP Web App or Mobile App for all surveillance and management of abnormal pap results

SECTION 4.3.B.3

CERVICAL CANCER SCREENING

| RESULTS | NEXT CERVICAL CYTOLOGY/ACTION | NEXT CERVICAL CYTOLOGY/ACTION |
|--|---|--|
| ASC-US (Atypical Squamous Cells of Undetermined Significance) | <25 yrs: Cytology at 12 and 24 months. If negative cytology x 2, return to routine screening. | At 12 months: ▲ If ASC-US/LSIL: Repeat cytology in 12 months (i.e. at 24 months) ▲ If ASC-H, AGC or HSIL: Colposcopy At 24 months: ▲ If negative and the previous cytology was ASC-US/LSIL: Repeat cytology at 12 month intervals until negative x 2 (e.g. at 24 and 36 months) before returning to routine screening ▲ If ≥ASC-US x2 (not including initial pap): Colposcopy |
| | 25 yrs. and older: Add-on HPV | If HPV positive: Colposcopy HPV negative: HPV based test in 3 years |
| LSIL (Low Grade Squamous Intraepithelial Lesion encompassing HPV) Mild dysplasia | <25 yrs: Cytology at 12-month intervals. If negative cytology x 2, return to routine screening. | At 12 months: ▲ If ASC-US/LSIL: repeat cytology in 12 months (i.e. at 24 months) ▲ If ASC-H, AGC or HSIL: Colposcopy At 24 months: ▲ If negative and the previous cytology was ASC-US/LSIL: Repeat cytology at 12-month intervals until negative x 2 (e.g. at 24 and 36 months) before returning to routine screening ▲ If ≥ASC-US: Colposcopy |
| | 25 yrs. and older: Colposcopy | Follow as per ASCCP guidance using colposcopy results |
| ASC-H | Colposcopy | Follow up as per ASCCP guidance |
| HSIL (High Grade Squamous Intraepithelial Lesion) Moderate dysplasia Severe dysplasia/CIS | <25 yrs: Colposcopy 25 yrs. and older: Colposcopy or Excision | HPV based test 6 months after treatment if applicable |
| Unsatisfactory | Repeat in 2-4 months | If Unsatisfactory x 2: Refer to colposcopy |

Table 4: Miscellaneous Pap Abnormalities and Recommended Follow-Up

| RESULTS | NEXT ACTION | SUBSEQUENT ACTION |
|---|--|--|
| AGC (Atypical glandular cells) NOS, favor neoplasia, AIS (adenocarcinoma in situ) | Refer for Colposcopy with endocervical sampling and endometrial sampling if ≥35 yrs. or at risk for endometrial neoplasia. | If no pathology identified: Co-testing at 12 and 24 months |
| Atypical Endometrial Cells | Refer for endometrial and endocervical sampling | If no endometrial pathology: Refer for colposcopy |
| Squamous Cell Cancer, Adenocarcinoma, Grossly Abnormal Appearing Cervix | Refer to Gyn-Oncologist immediately | |
| Benign Endometrial Cells | If asymptomatic and premenopausal: no further action If postmenopausal: refer for endometrial sampling | |

THESE TABLES HAVE BEEN REMOVED

SECTION 4.3.B.3

CERVICAL CANCER SCREENING

2022 Protocol Guidance on Surveillance

SURVEILLANCE: Surveillance refers to the ongoing management of someone with a past history of an abnormal result. Surveillance should be done with HPV-based test strategies as it is more sensitive than cytology alone in some clinical scenarios.

- Management of abnormalities is based on the 2019 ASCCP Guidelines:
https://journals.lww.com/jlgt/Fulltext/2020/04000/2019_ASCCP_Risk_Based_Management_Con_sensus.3.aspx
- All clinicians need to use the ASCCP Web app or a smartphone mobile app (preferred) for follow-up and management guidelines. If uncertain about the recommendations, contact the Regional Health Officer or FPP.
 - ASCCP Website: <https://www.asccp.org/guidelines>
 - ASCCP Web App: <https://app.asccp.org/>
 - ASCCP Web App User Guide: <https://www.asccp.org/userguide>
 - ASCCP Mobile App: <https://www.asccp.org/mobile-app>
- For follow-up testing after colposcopy/treatment, FPP will cover HPV-based testing (co-test) for all clients 25 and older, or as recommended by ASCCP. For example:
 - Testing after ASC-US Pap in ≥25 years old clients
 - Follow up on known HPV infection
 - Follow up after colposcopy or treatment
 - Surveillance of prior abnormal Pap



Section 4 – Table Changes

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Table 4: Organisms Reported on Cytology Testing and Recommended Follow-Up

Table 4: Organisms Reported on Cytology Testing and Recommended Follow-Up

| RESULTS | NEXT ACTION |
|-----------------------------|---|
| <u>Trichomonas</u> | <ul style="list-style-type: none"> • If the client was treated when the test was taken and told that their partner needs treatment, no further action is needed. • If the client was not treated, consider treatment based on the result. • Among clients with a uterus at risk for STIs, screen for GC and chlamydia if this was not already done. • Explain potential trichomoniasis complications and advise STD evaluation and treatment for their partner. |
| Bacterial Vaginosis | The test is not an accurate test for B.V. If the client is pregnant or trying to conceive and their cytology is positive for B.V, notify them and offer other testing (pH, wet prep and amine) prior to treatment. Asymptomatic non-pregnant clients do not require further action. |
| Candida | If the client is symptomatic and was not treated, consider treatment. |
| Actinomyces | See IUD in Section 2 for management. |
| Herpes Simplex Virus | If client is aware of HSV infection, no immediate follow up needed. If they are not aware, contact for education and resources. |

Metronidazole Change in PHOs

- FPP Metronidazole will be discontinued
 - Once the current supplies in the Pharmacy Warehouse are depleted, there will be no new FPP Metronidazole available to order– anticipated to be around January 2023.
- All Metronidazole will then be funded by STD
 - Family Planning clients will be given STD Metronidazole



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Appendix B: Fee Collection Protocol

Mercedes Gonzales-Clay and Cindy Martinez

Title X Family Planning Program

Mercy.Gonzales-Clay@doh.nm.gov and Cindy.Martinez@doh.nm.gov

Title X Expectations for Income Assessment, Sliding Fee Scale and Fees

The Federal Title X expectation is for clinics to assess fees for services rendered to clients with family income above 100% Federal Poverty Level (FPL). Both family size and family income are used to determine the client's percent pay rate based on the clinic's sliding fee scale.

Family income should be assessed before determining whether copayments or sliding fees are charged.

Clients who are at or below the Federal Poverty Level cannot be charged for FP services including any flat fees that the clinic has in place.

Fee Collection

- Sliding Fee Scale
 - Must slide from 0% to 250% of the current Federal Poverty Levels (FPL)
 - FQHCs slide up to 200% but Title X clients must have a slide up to 250%
- Income Worksheet
 - Income worksheet must be completed annually or whenever the client has a change in income or family size. Whenever a new income worksheet is obtained the previous income worksheet must be expired and the new income worksheet will be valid for one year.
 - Both family size and gross annual (monthly, weekly) family income are used to determine the percentage of actual costs that a client will be assessed utilizing the FPL.
 - Must clearly state what the client's percent-pay is.
 - <https://www.nmhealth.org/about/phd/fhb/fpp/pvdr>

Fee Collection (continued)

- Confidential clients can count only the income available to them with a total household of “1”.
- If a confidential teen is insured, all precautions should be used to guarantee that the client’s confidentiality is not breached.
- Proof of income can be requested but must not be required to qualify for discounted FP services. A verbal declaration of income is acceptable, and the client is charged based on what he or she has declared.

Hardships

Occasionally, the client may experience problems beyond their control which constitutes a temporary financial hardship. Examples of hardship situations are illness in the family, fire, theft, being underinsured, job loss, etc. After a good faith determination of financial need by the Clerk/Receptionist and Nurse Manager/billing department supervisor, a Title X clinic may waive fees for the visit date stated in the Hardship Declaration Form.

<https://www.nmhealth.org/about/phd/fhb/fpp/pvdr>

Steps to document hardship

- Hardship Declaration Form is filled out by staff and signed and dated by the client.
- Since hardship may result in a change of the client's family income, a new income worksheet is completed by the client and there is thorough review of the income worksheet by the Clerk/Receptionist and Nurse Manager/billing department supervisor.
- Only the charge for services and supplies provided on that day will be assessed and waived.
- All subsequent visits should revert to the most current regular income worksheet unless a new one is needed.
- A client can document hardship as many times as necessary.
- A client requesting sterilization does not constitute a hardship.
- For PHOs, percent-pay clients should be prepared to pay for their procedure when they come in to pick up their approved paperwork.

Charges

- Client income must be assessed at the initial family planning visit and annually thereafter. Clients are informed of any charges for which they will be billed, and the clinic's payment options. Title X clinics will apply fees according to the sliding fee scale and issue a statement/receipt to clients.
- If possible, a statement/receipt should show what the charge for services provided, discount based on the income worksheet, and what the client owes. The receipt should also show any payment the client paid, and their current balance.

Billing and Collections

- For insured clients, Title X clinics must make reasonable efforts to collect charges by billing third party payor without jeopardizing client confidentiality. Clinic staff must inform the client of any potential for disclosure of their confidential health information to policyholders where the policyholder is someone other than the client.
- For a Provider Agreement (PA), non-PHO clinic, this means that:
 - FP services provided to insured clients should be billed for third party reimbursement instead of using Title X contraceptives, supplies or lab tests.

Billing and Collections

- The exception is when the client requests confidential Title X services; in which case the PA clinic can dispense Title X contraceptives/supplies and utilize Title X lab tests according to the contract. In doing so, the PA clinic cannot bill the third-party payor for all the services provided that the client deemed confidential.
- Reasonable efforts should be made to collect outstanding balances on FP accounts without jeopardizing confidentiality.
- Contracted providers should follow their aging balances policy with a reminder that Family Planning clients must not be sent to collections nor denied services based on their ability to pay.

Monthly Reports (for PHOs)

- Monthly reports are submitted to the Family Planning Program and Administrative Services Division by the 5th of the month via secure email.
 - FP contact – Cindy.Martinez@doh.nm.gov
 - ASD contact – Lewanda.platero@doh.nm.gov
- Monthly reports must include all percent-pay clients seen in the clinic who have a current or past balance for the month whether a payment was made or not. If there are no fees collected for the entire month, please note “No fees collected” on the form with a reminder to include **all** percent-pay clients seen.
- Medicaid clients and clients who are “0 pay” without a previous balance should not be listed. Please fill in **all** the information requested on this form.



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Appendix D

Staff Orientation & Training

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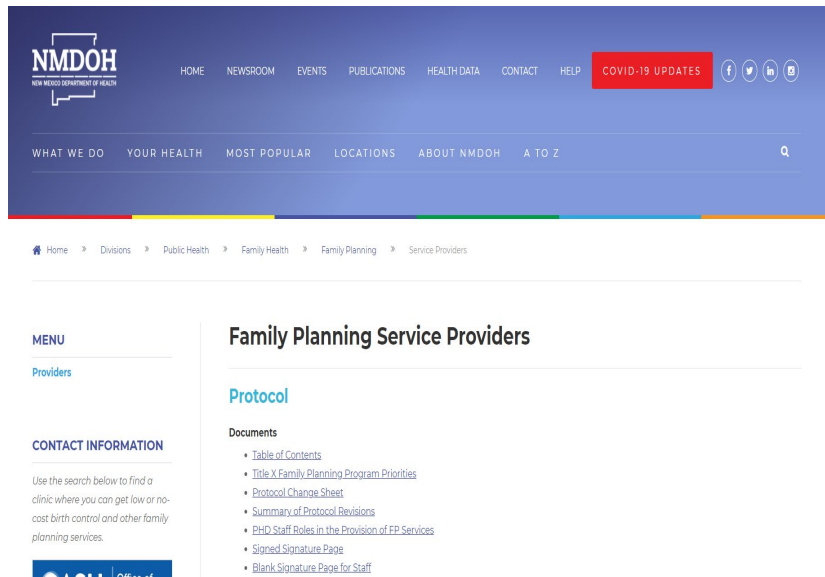
FPP Training Takeaways for 2022

- ***The FPP webpage has detailed instructions for required training course links. Go to the “Staff Training” section mid page.***
- There are no new required trainings added this year. Required trainings are the same as presented last year (in Sept., Dec.).
- VAST-D training is **removed** as a requirement.
- **ONLY** use training course links from the FPP provider webpage! Using course links from your TRAIN course histories/tabs might take you to an obsolete course and you will not be current (but you think you are).
- FPP recommends sites have a staff member designated to assure all Title X staff complete required courses on time and that certificates/training records are maintained at all service sites. A Tracking tool template is available from the FPP upon request.
- The slide deck on training presented today is available for sites to use for orienting staff or as a reference for existing staff.
- FPP staff are available to help. Reach out if needed.

Title X Mandatory Trainings

Training links and details are on the FPP provider webpage at

<https://nmhealth.org/about/phd/fhb/fpp/pvdr>



Staff Training



There are four trainings that are required by the Title X Family Planning Program in New Mexico for public health office staff and provider their function/license.

The term "all staff" refers to every person who works with or has contact with Title X clients, including receptionists, clerks, administrative assistants & medical/medication technicians, licensed professionals (clinicians and nurses), volunteers and students.

NOTE: Keep certificates of completion with your supervisor's signature on file at your worksite.

Required Training

Title X

All staff are required to complete Title X training within 30 days of hire or delivering of Title X services and annually thereafter. There are non-clinical staff and one for clinical staff. Please make sure you click on the appropriate link depending on your job function.

Non-Clinical

The [Title X Non-Clinical Training](#) is designed to guide New Mexico non-clinical staff (receptionist, clerks, and administrative), who provide Title X services in New Mexico to:

1. Gain knowledge to determine a client's need for a range of services.
2. Inform and educate staff regarding information provided in the "New Mexico Family Planning Fee Collection Protocol," "Program Requirements for Title X Funded Family Planning Projects" and "Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs."
3. Provide guidance on how to complete an income assessment & consent form.

Clinical

The [Title X Clinical Training](#) is designed to guide New Mexico clinical staff (nurses, clinicians, counselors, students, medical assistants, medication technicians), who provide Title X services in New Mexico to:

Title X Mandatory Trainings



- Up-to-date certificates/training records of completion/attendance must be maintained at each Public Health Office (PHO) and Provider Agreement (PA) site for all mandatory courses.
- Certificates *may* be requested for all site visits conducted by the NM Family Planning Program and/or federal program reviewers.

| Staff Name | Title/Position | License/Exp | *Title X Orientation Clinical or Non-Clinical All Staff Annual (Date Taken) | Reporting Child Abuse & Human Trafficking All Staff Annual (Date Taken) | Cultural Competency All Staff Once per RHNTC (Date Taken) | HIPAA All Staff <i>How often per Agency Policy</i> (Date Taken) |
|------------|----------------|-------------|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Title X Mandatory Trainings

Refer to the FPP Protocol Appendix D Staff Orientation & Training links on the FPP provider webpage at <https://nmhealth.org/about/phd/fhb/fpp/pvdr>

- Title X Orientation - Clinical and Non-Clinical (Revised as of 12/13/21):
 - All staff (both Public Health Office & Provider Agreement) are required to complete trainings within 30 days of hire or delivering Title X services.
 - Completion required annually.

ONLY use current links on the FPP webpage for these courses now. Do not use old course links (from your NM TRAIN training history) as they will take you to obsolete courses and will not meet current requirements.

- Reporting Abuse and Human Trafficking:
 - All staff (both Public Health Office & Provider Agreement sites) are required to complete training within 30 days of hire or delivering Title X services.
 - Completion required annually.

NMTRAIN REVISED Title X Clinical and Non-Clinical Orientation courses

TRAIN New Mexico



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[ADMIN](#) [HELP](#)

NMDOH FPP 2021 Title X Orientation Clinical

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[Print Certificate](#)



Completed: Not Verified

Web-Based Training - Self-Study

ID 1096130

Skill Level: Introductory

1h

★★★★★ (195)

The purpose of this training is to educate clinical staff who provide Title X family planning services in New Mexico on the Title X Family Planning Program Guidelines.

TRAIN New Mexico



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NMDOH FPP 2021 Title X Orientation Non-Clinical

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[History](#)

[Launch](#)

[Print Certificate](#)



Completed: Not Verified

Web-Based Training - Self-Study

ID 1101363

Skill Level: Introductory

1h

★★★★★ (39)

The purpose of this training is to educate non-clinical staff who provide Title X family planning services in New Mexico on the Title X Family Planning Program Guidelines.

Do NOT take old courses that are entitled NMDOH-FP005 Clinical Title X and NMDOH-FP004 Non-Clinical Title X or courses without "2021" in the title.

NMTRAIN Child Abuse/Neglect Reporting & Human Trafficking course

TRAIN New Mexico



HOME COURSE CATALOG YOUR LEARNING CALENDAR RESOURCES DISCUSSIONS
ADMIN HELP



NMDOH-FP001 | Child Abuse/Neglect Reporting & Human Trafficking Online Training

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Completed Web-Based Training - Self-Study ID 1058821 Skill Level: Introductory

★★★★☆ (721 Ratings)

Please Note The Following Program Requirements for Title X Family Planning Projects Before Beginning This
[Show More](#)

[About](#) [Contacts](#) [Reviews](#) [Discussion](#) [Certificates](#)



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Title X Mandatory Trainings

Refer to the FPP Protocol Appendix D Staff Orientation & Training links on the FPP provider webpage at <https://nmhealth.org/about/phd/fhb/fpp/pvdr>

- **Cultural Competency (New FPP Required Course as of last year):**
 - All staff (both Public Health Office & Provider Agreement sites) are required to complete training within 90 days of hire or delivering Title X services.
 - Completion required once.

FIRST, go to www.RHNTC.org and create a profile/account, log in, and do course “search” by entering the name “Cultural Competency in Family Planning Care eLearning”. THEN proceed in completing the course and evaluation. You have to be signed in to complete the evaluation and generate a certificate of completion. **Important to log in FIRST, do course search, select course, then complete the course.**



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Welcome to the Reproductive Health National Training Center

The RHNTC is your go-to source for family planning and adolescent health training and technical assistance. [Learn more](#)



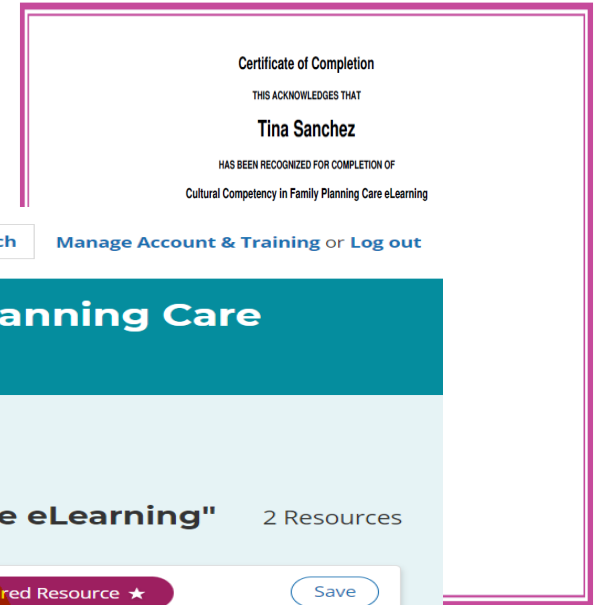
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Title X Mandatory Trainings

www.rhntc.org

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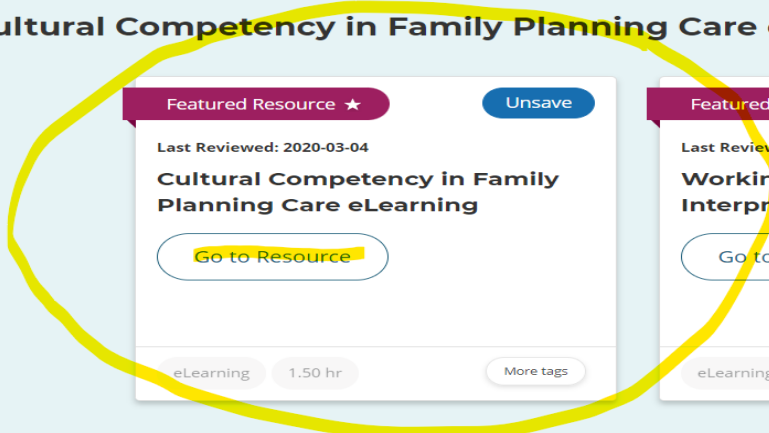
Resources (2)

Grantee Spotlights (0)

Events (0)

Resources Matching "Cultural Competency in Family Planning Care eLearning" 2 Resources

- Training Category +
- Format / Type +
- Purpose +
- OPA Program +
- Intended Audience +
- Language +



Featured Resource ★

Unsave

Last Reviewed: 2020-03-04

Cultural Competency in Family Planning Care eLearning

Go to Resource

eLearning

1.50 hr

More tags

Featured Resource ★

Save

Last Reviewed: 2019-11-12

Working Effectively with Medical Interpreters eLearning

Go to Resource

eLearning

0.50 hr

More tags



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Title X Mandatory Trainings

OTHER WORKPLACE-SPECIFIC REQUIRED TRAININGS for Title X:

- PHO sites: need to complete all DOH required trainings related to HIPAA, civil rights, and work safety.
- PA Sites: refer to your agency's written policies & procedures for trainings that address HIPAA, civil rights and work safety.



NEW!

VAST-D Training No Longer Required

As of this protocol update, VAST-D training is no longer required for licensed professional staff at PHOs (Public Health Offices) and PA (Provider Agreement) sites.

*** The training links have been removed from the FP provider webpage.*

VAST-D

- Violence
- Alcohol Abuse
- Substance Abuse
- Tobacco Use
- Depression

VAST-D Training Discontinued New Health Screening Resource Guide

- Background on the VAST-D Training:
 - The VAST initiative began in 1998, funded by the New Mexico Department of Health, Public Health Division, Title X Family Planning Program and the U.S. Department of Health and Human Services. Since then, many individuals have dedicated time, knowledge, and commitment to this initiative because they see the effects of violence, alcohol abuse, substance abuse, and tobacco use in their communities. This guidebook is a result of the efforts of these individuals, both from within the Department of Health and from the New Mexico health care community. (VAST Guidebook, last updated October 2005)
- VAST-D Training is no longer a Title X Requirement for Family Planning Staff. However, asking essential screening questions to Family Planning clients is still important and necessary for equitable, client-centered, quality care.

VAST-D Training Discontinued New Health Screening Resource Guide

- Original Goal of the VAST-D Training:
 - The vision for the Department of Health initiative is to expand VAST screening to all public health programs and contractors and to provide these guidelines to other public and private providers who may want to implement this initiative. This begins with essential screening questions being asked of clients in all NM Department of Health, Public Health Division, public health offices and programs. Asking standardized screening questions in the areas of VAST will allow the public health workforce first to identify the problem and second, to conduct further assessment and clinical management in our public health settings. (VAST Guidebook, last updated October 2005)

VAST-D Training Discontinued New Health Screening Resource Guide

- Goal of the Health Screening Resource Guide
 - The purpose of this resource guide is to provide clinical staff with resources, an overview of screening tools, and trainings that will promote equitable, inclusive, client-centered, and trauma-informed care. It also encourages clinical staff to become familiar with the various programs and resources within the New Mexico Department of Health as well as other state and national resources.

Health Screening Resource Guide

Located on Family Planning Program Provider Page

Health Screening Resource Guide

The purpose of the [Health Screening Resource Guide](#) is to provide clinical staff with resources, an overview of screening tools, and trainings that will promote equitable, inclusive, client-centered, and trauma-informed care. It also encourages clinical staff to become familiar with the various programs and resources within the New Mexico Department of Health as well as other state and national resources.

Health Screening Resource Guide

**TITLE X FAMILY PLANNING PROGRAM
HEALTH SCREENING RESOURCE GUIDE:
Health Screening that Promotes
Trauma-Informed Care and Health Equity**

| TOPICS | |
|---|---------|
| Trauma-Informed Care | Page 2 |
| Alcohol Use | Page 3 |
| Substance Use | Page 4 |
| Tobacco, E-Cigarette, and Vape Use | Page 5 |
| Interpersonal and Intimate Partner Violence | Page 6 |
| Mental Health and Depression | Page 7 |
| Suicide | Page 8 |
| LGBTQ+ | Page 9 |
| Pregnancy-Related Resources | Page 10 |
| Motivational Interviewing | Page 11 |
| Summary of Hotlines | Page 11 |

Health Screening Resource Guide

Trauma-Informed Care

TRAUMA-INFORMED CARE

| RESOURCES | |
|---|--|
| NMDOH Mental Health Fact Sheet for Adverse Childhood Experiences | https://www.nmhealth.org/publication/view/help/1831/ |
| CDC Trauma-Informed Care Infographic | Infographic: 6 Guiding Principles To A Trauma-Informed Approach CDC |
| CDC Adverse Childhood Events (ACEs) | Adverse Childhood Experiences (ACEs) (cdc.gov) |
| Adverse Childhood Events (ACEs) Screening Tools | Screening Tools ACEs Aware – Take action. Save lives. |
| SAMHSA Resources for Trauma-Informed Care | Resources for Child Trauma-Informed Care SAMHSA |
| SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach | SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach |
| National Counsel for Mental Wellbeing: Fostering Resilience and Recovery – Advancing Trauma-Informed Primary Care | Fostering Resilience (thenationalcouncil.org) |
| Trauma-Informed Care Implementation Resource Center | Trauma-Informed Care Implementation Resource Center - Trauma-Informed Care Implementation Resource Center (chcs.org) |
| TRAININGS, WEBINARS AND VIDEOS | |
| NCTCFP Trauma-Informed Care in the Family Planning Setting | Trauma-Informed Care in the Family Planning Setting – National Clinical Training Center for Family Planning (ctcfp.org) |
| RHNTC Providing Trauma-Informed Care in Family Planning Clinics Webinar | Providing Trauma-Informed Care in Family Planning Clinics Webinar Reproductive Health National Training Center (rhntc.org) |
| Trauma Literacy Webinar Series | Centering Trauma Literacy in the Health Center Medical Home Learning Collaborative (google.com) |
| National Center for Domestic Violence, Trauma, and Mental Health (NCDVTMH) Webinars | » Webinars (nationalcenterdvtraumamh.org) |

Health Screening Resource Guide

MENTAL HEALTH AND DEPRESSION

| RESOURCES | |
|--|--|
| NMDOH Mental Health Program | Mental Health (nmhealth.org) |
| NMDOH 2022 State of Mental Health in NM | State of Mental Health in New Mexico (nmhealth.org) |
| NMDOH Mental Health Fact Sheet | https://www.nmhealth.org/publication/view/help/1830/ |
| NMDOH Mental Health Fact Sheet for Adverse Childhood Experiences | https://www.nmhealth.org/publication/view/help/1831/ |
| NMDOH Mental Health Fact Sheet for Youth and Young Adults | https://www.nmhealth.org/publication/view/help/1833/ |
| Patient Health Questionnaire | Patient Health Questionnaire (PHQ-9 & PHQ-2) (apa.org) |
| Patient Health Questionnaire-2 | Patient Health Questionnaire-2 (PHQ-2) - Mental Disorders Screening - National HIV Curriculum (uw.edu) |
| Patient Health Questionnaire-9 | Patient Health Questionnaire-9 (PHQ-9) - Mental Disorders Screening - National HIV Curriculum (uw.edu) |
| Adverse Childhood Events (ACEs) Screening Tools | Screening Tools ACEs Aware – Take action. Save lives. |
| U.S. Surgeon General’s Protecting Youth Mental Health | surgeon-general-youth-mental-health-advisory.pdf (hhs.gov) |
| SAMHSA | SAMHSA - Substance Abuse and Mental Health Services Administration |
| NM Crisis and Access Line | NM Crisis Line - NM CAL |
| 988 Suicide and Crisis Lifeline | 988 Suicide and Crisis Lifeline Federal Communications Commission (fcc.gov) |
| TRAININGS, WEBINARS AND VIDEOS | |
| RHNTC Depression in Family Planning Settings Part 1 | Depression Screening in Family Planning Settings Webinar Part 1 Reproductive Health National Training Center (rhntc.org) |
| RHNTC Depression in Family Planning Settings Part 2 | Depression Screening in Family Planning Settings Webinar Part 2 Reproductive Health National Training Center (rhntc.org) |
| Mental Health First Aid | Mental Health First Aid |

Health Screening Resource Guide

Referrals and Resources

- Each Title X Public Health Office and Provider Agreement Site is required to have a list of social services and referrals

In addition to resources provided, please create a list of local and state resources and referrals for each Title X clinical site that includes the following:

- Alcohol abuse counseling and treatment
- Substance abuse counseling and treatment
- Tobacco, e-cigarette, and vaping cessation
- Mental health counseling and treatment
- Suicidal ideation
- Sexual assault
- Interpersonal and intimate partner violence

Health Screening Resource Guide

Referrals and Resources

- For Public Health Offices:
 - Discuss Regionally how to effectively use the Health Screening Resource Guide and create comprehensive referral and resource lists for each Public Health Office.

Health Screening Resource Guide

Referrals and Resources

- Clinic staff have a responsibility to provide referrals and resources if a client is screened
- Be mindful of patient safety and confidentiality with resources and referrals
 - Ask the patient if they are comfortable taking handouts and resource/referral forms home (especially with confidential teens and victims of Interpersonal and Intimate Partner Violence)
- State and national hotlines are included, but the list is not complete
 - Please include comprehensive local referrals and resources in handouts



For ongoing FPP in-service trainings:

Offers free CMEs, CNEs, CEUs, etc. for live attendance

Join Us for Reproductive Health (RH) ECHO

2nd and 4th Monday, from 12:00 pm to 1:00 pm (MT) for ongoing inservice training.

For more information contact us at ReproductiveHealthECHO@salud.unm.edu.

[Register for Reproductive Health ECHO \(for clinic notifications, link to recorded sessions, curriculum and case form\).](#)

- [Curriculum](#) – sessions are also recorded and available to view on-demand (CEs are not available for recorded sessions).
- [New Online Case Presentation Form](#) - quick and easy to submit directly from the form. Presentation is scheduled for a RH ECHO clinic session with facilitation by one of the RH ECHO Medical Directors. Please review the form and consider submitting and presenting a case to enhance learning for all.

<https://ctsctrials.health.unm.edu/redcap/surveys/?s=WPC4JRTCM4>



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Title X National Training Centers



www.rhntc.org

Formerly known as FPNTC



NCTCFP
NATIONAL CLINICAL TRAINING
CENTER FOR FAMILY PLANNING

www.ctcfp.org

Sign up for newsletters that give updates on trainings and resources related to SRH topics! Many offer CEUs.

Thank you!

- We would like to thank all staff who provide these important services, for the work that you do.
- FPP would also like to extend an additional thank you to our Protocol Reviewers, who provide their expertise and input to improve the Protocol each year.
- If you are interested in becoming a Protocol Reviewer, please contact Peg Ickes at peg.ickes@doh.nm.gov

Questions?

