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| **Inputs** |  | **Outputs** |  | Outcomes – Impact / Changes in the Program Population |
|  | ***Activities*** | ***Participation*** |  |  **Short Term** | **Medium Term** | **Long Term** |
| Resources Needed to Deliver:StaffingFundingWorkforce DevelopmentTimeSupplies & MedicationsTechnology (ex: Web)Partners Volunteers |  | Key Strategies and Actions of Program Staff and Clients: Educate FP staff on the benefits and provision of long acting reversible contraceptive methods (LARCs), Preconception Health (PCH) services, and Reproductive Life Plans (RLP)Educate clients on FP issues and resources (ex: LARCs, PCH, RLP)Educate providers on conducting male physical examsIncrease funding for purchase of additional LARCsExpand the partnership between FDOH’s Infant, Maternal, and Reproductive Health (IMRH) Unit and the STD & HIV BureausPartner with the National Campaign to Prevent Teen Pregnancy to make awareness of teen pregnancy in the Florida through media campaigns Increase partnerships with school districts to improve reach to adolescents  | Partners & Stakeholders:Family Planning (FP) clinicsDOH Central PharmacyCommunities and providersHealthy Start CoalitionsFederally Qualified Health Centers Program (FQHC)DOH STD BureauDOH HIV BureauTitle X and Title V programsPlanned ParenthoodMomCareWICHealthy Families Women & men of childbearing age Low income familiesCDCNational Campaign to Prevent Teen Pregnancy Children’s Medical ServicesAHCANFRHA Cicatelli Associates National Clinical FP Training Center |  | * Increase # of staff trained on processing Medicaid FPW applications (Mode of measurement: Nurse liaisons review log of trainings at CHDs)
* Disseminate Medicaid FPW marketing materials for staff and consumers (every 1-3 years)
* Encourage HS and MomCare to promote FPW to their clients who are typically eligible
 | * Increase # of clients enrolled in FPW program
 | * Increase the # of patients using effective contraceptive methods
* Increased # of annual exams for clients served
* Increase the amount of revenue generated for CHDs

[HPA 1.1, 1.2, 1.3, 4.1, 4.2] |
| * Promote/enforce Technical Assistance Guidelines (TAG) stating that clients must get an annual exam before they can refill contraceptives
 | * Implement policy/ protocol across the state
 | * Increase # of return visits each year
* Increase the # of patients using effective methods
* Increase # of annual exams for clients served

[HPA 4.1, 4.2, 4.3]  |
| * Educate FP providers on the benefits and implementation of reproductive life plans
* Educate FP providers on using the RLP as a tool to promote male participation
 | Increase # of reproductive life plans developed with clientsIncrease # of women who invite male partners to the clinic  | * Increase the # of patients using effective contraceptive methods
* Increase # of annual exams for clients served
* Increase # of males served in Title X clinics

[HPA 4.1, 4.2, 4.3, 6.1, 8.1. 8.2] |
| * Increase # of Disease Intervention Specialists (DIS) trained on contraceptive methods by partnering with STD & HIV Bureaus
 | * Increase number of DIS workers who counsel clients on contraception
 | * Increase the number of clients who receive effective contraceptive methods

[HPA 1.1, 4.1, 4.2, 4.3] |
| * Partner with STD & HIV to create a Men’s Health Fair
 | * Disseminate CHD and contraceptive information at the Men’s Health Fair
* Survey men to find out whether they will receive FP services at the clinic within the next 1-3 months
* Survey men to find out what they like and don’t like about the clinic
 | * Increase # of males served in Title X clinics (Data needed for evaluation: ask males clients how they heard about the clinic)
* Increase # of male annual exams
* Make improvements at the clinic to improve men’s reproductive health services

[HPA 1.4, 3.1, 4.2, 4.3, 8.1, 8.2]  |

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|  |  | . | Potential Future Partnerships: Florida Universities with Medical ProgramsBright Futures for Women’s Health and WellnessNational Healthy Mothers Healthy Babies CoalitionsDOE  |  | * Partner with STD & HIV Bureaus to form teams that go to existing programs with a high prevalence of teen participation and attendance (Ex: Job Care, Boys & Girls Club, YMCA, etc).
 | Distribute information about CHDs, contraception, reproductive life plans, materials that make connections between economic/financial attainment and UIP; time/$ spent on travel for STD treatment, etc. | Increase the # of teens served at FP clinics (Data needed for evaluation: ask teens/new clients how they heard about the clinic)[HPA 1.4, 4.2, 4.3, 5.3] |
| * Promote clinic efficiency measures for assessing, educating, and caring for clients
* Promote administrative efficiency measures for decreasing no-show rates, etc
* Obtain toolkit developed by Cicatelli to assist CHDs with 1) evaluating their capacity to serve clients and 2) the demand for services, such as number of clients that call in for an appointment
 | * Increase same day/next day appointments
 | * Increase the number of clients seen per month
* Increase the number of clients who receive effective contraceptive methods

[HPA 1.1, 4.2, 4.3] |

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| **Assumptions (Theoretical assumptions about why the program works) / Facts:** |  | **External Factors:** |
| * In Florida, for every dollar spent for FP services, up to $4.14 is saved as a result of preventing expenditures for public programs that support women with unplanned and unwanted pregnancies and their infants. Of the $4.14 saved, $3.84 (92.8%) would be paid by Medicaid. (<http://www.doh.state.fl.us/family/famplan/documents/pdf/fpcostandsavings12_04_09.pdf>)

Partners, program staff, and clinic staff will actively participate in program deliveryFunding will be adequate and available when neededThe focus population wants to learn and change their contraceptive-use behaviors Community coalitions are an effective strategy for addressing family planning | Reduction of funding Low interest of providers working at clinics due to base salary availableCHD sense of excessive requests from Central OfficeClient perception of lower quality of care at CHD than at private officesTeens concerned about privacy, particularly in smaller countiesLack of interest by males and misperception that visits are only for STD treatmentsLack of transportationSocial and cultural norms against contraceptive useMedia and political influences  |