Competencies for Title X and TPP Program Staff

*Individual-Level Competencies Related to Title X, TPP, and OWH
Priorities that Support Successful Title X and TPP Project Implementation*

The Reproductive Health National Training Center (RHNTC) defines competencies as the **knowledge, skills, and behaviors that individuals need to be able to contribute to the successful implementation of a Title X or TPP project.** Defining staff competencies is an essential part of an effective training and technical assistance (TTA) program. The RHNTC will use competencies to:

- Develop TTA that addresses competencies that are un- or under-addressed by current TTA.
- Develop a plan for how to connect users to relevant TTA based on the competencies.

The framework for the competencies was derived from the RHNTC Funding Opportunity Announcement (FOA) which identified priority areas for Title X, TPP, and OWH. These FOA priority areas serve as the categories within which the competencies are organized. As higher level priority areas, these categories encompass priority topics/expectations identified annually by OPA/OWH. The RHNTC intends for these competencies to be applicable for individuals working in Title X and TPP settings regardless of specific characteristics (e.g., funding cycle, region, organization type, etc.)

Competencies are defined at the level of individual staff. It is not the expectation that every single individual working on a project would require the same level of competence or require competence in all areas; however, the sum total of individuals working on a project need a high level of competency in all areas to implement a successful project.

The RHNTC undertook a collaborative effort to define competencies. The process involved:

1. Review of RHNTC FOA to identify priority areas as the organizational framework for competencies. RHNTC also reviewed the FOA to identify topics and skills that OPA/OWH previously assigned to the stated priority areas.
2. Review of foundational documents including Quality Family Planning (QFP) Recommendations and Title X and TPP program requirements to understand expectations of Title X and TPP project staff.
3. Literature review to identify 1) sub-topics that should be included within each priority area, and 2) existing competencies in the literature that relate to each priority area.
   a. As part of this review, RHNTC identified competencies developed by the National Clinical Training Center for Family Planning (NCTCFP) for Title X grantees to operationalize QFP recommendations. For consistency, RHNTC and OPA agreed that RHNTC would use these existing competencies as a model.

4. Adaptation of existing competencies (where possible) or development of new language to address the full range of subtopics within each priority area. In this document, sources/citations are included for each competency.
5. Review of draft competencies for alignment and consistency while eliminating redundancies.
6. Vetting of competencies by subject matter experts at the NCTCFP and the American College of Obstetricians and Gynecologists. These organizations reviewed the OWH-related competencies for clinical accuracy.
7. Vetting of competencies by Title X and TPP grantee organizations. These organizations reviewed competencies in accordance with their understanding of program expectations as well as feasibility and clarity. The RHNTC obtained input from two TPP grantees (Hima Patel, Johns Hopkins University, and Deb Chilcoat, Healthy Teen Network, Maryland Department of Health and Baltimore City Health Department) and one Title X grantee (Tina Farmer, Delaware Department of Health and Social Services).
8. Final review of competencies by OPA and OWH staff. RHNTC incorporated OPA/OWH feedback to finalize the competencies.

*Notes: *Indicates OWH priority area-related competencies that appear in other sections. | ^Indicates language that is directly or adapted from NCTCFP competencies.*

Title X

1. Service delivery

1.1. Provide family planning services in accordance with Title X statutes and regulations. (OPA)
1.2. Provide family planning services in accordance with QFP recommendations. (QFP)
1.3. Provide culturally and linguistically appropriate services that respect and respond to individual needs and preferences.* (HHS)
1.4. Provide referrals to community-based resources, healthcare and support service providers when appropriate.* (Cappiello, 2016)
1.5. Counsel minors about how to resist sexual coercion and the importance of including a family member or other trusted adult when seeking family planning services. (Widman, 2016, OPA)
1.6. Comply with federal and state mandatory reporting requirements for child abuse, child molestation, sexual abuse, rape, or incest. (OPA)
1.7. Ensure equity in service provision by delivering high quality care to all clients, including adolescents, LGBTQ persons, racial and ethnic minorities, clients with limited English proficiency, and persons living with disabilities.* (QFP)
1.8. Engage the community through needs assessments and community participation, education, and project promotion activities to increase awareness of and access to family planning services. (Guttmacher, 2019)
1.9. Employ confidential billing practices. (OPA)

2.   Health workforce

2.1.   Maintain a working knowledge of Title X statute, regulations, and legislative mandates. (OPA)

2.2.   Maintain a working knowledge of QFP recommendations and nationally recognized guidelines relevant to one's role in the family planning program. (QFP)

2.3.   Apply health equity and CLAS principles to ensure services are equitable and culturally and linguistically appropriate for all clients.* (HHS)

2.4.   Develop, maintain, and enhance systems to identify training needs and leverage opportunities to build staff skills and knowledge. (OPA FOA)

2.5.   Foster a culture in which staff perceive that they work in an organizational context that supports and recognizes their effort to provide quality care. (OPA FOA)

2.6.   Recruit, mentor, and retain family planning providers of color, and promote them into leadership positions. (Mengesha 2017, National MCH Workforce Development Center)

3.   Health information technology

3.1.   Effectively use electronic health records to provide efficient, effective, and confidential care for clients. (Vehko, 2019)

3.2.   Understand and accurately report FPAR data. (OPA)

3.3.   Use data, including validated performance measures (e.g., contraceptive care, chlamydia screening) and FPAR data, for program management, quality assurance, and to monitor performance as part of the continuous quality improvement process. (OPA, NCTCFP)^

4.   Contraceptive and other medical products

4.1.   Provide timely, uninterrupted access to a broad range of contraceptive methods (optimally same-day) and supplies:

4.1.1.   Address scheduling and clinic flow needs for streamlined family planning services. (NCTCFP)^

4.1.2.   Leverage existing partnerships between family planning, state, local, and community organizations to pool funds, connect with champions, and share expertise. (Colorado Family Planning Initiative)

4.1.3.   Provide placement and removal of the long-acting reversible methods of contraception (LARC) as indicated by the preference of the client. NCTCFP)^

4.1.4.   Ensure clinicians are appropriately trained on a wide array of contraceptive methods. (QFP)

4.2.   Develop and maintain an inventory system to monitor stock and stock-outs of family planning supplies and equipment. (RHNTC)

5. Financial sustainability

5.1. Understand the organization's financial health and develop a plan for continuity and sustainability. ([NCTCFP](#))^

5.2. Use accounting skills to integrate sustainability considerations into the organization. ([A4S](#))

5.3. Implement a sliding fee scale compliant with Title X regulations. ([OPA](#))

5.4. Bill the correct payer and optimal amount. ([RHNTC](#))

5.5. Monitor and manage client fee collections. ([RHNTC](#))

5.6. Monitor and manage payments from 3rd parties. ([RHNTC](#))

6. Leadership and management

6.1. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources. ([HHS](#))

6.2. Create an internal organization-wide culture of equity by including equity goals in the organization's mission to improve the health of disadvantaged populations, enforcing racially equitable hiring practices, providing cultural competency training to staff, and aligning policies and protocols with equity goals. ([APHA](#))

6.3. Apply adaptive leadership skills to manage change. ([RHNTC](#))

6.4. Implement supportive monitoring practices with subrecipients to ensure quality, efficiency, and continuous improvement as well as compliance with Title X statutes and regulations. ([RHNTC](#))

6.5. Establish and maintain strong referral networks with a broad array of healthcare and support service providers, and other community-based resources.* ([Cappiello, 2016](#), [AWHONN](#))

TPP

1. Program design

1.1. Engage TPP program participants and families to understand needs, hear their stories and identify solutions through the program design. ([WHO](#))

1.2. Engage diverse community members to ensure that the program is medically accurate, age appropriate, and culturally responsive as well as a good fit for the audience it is intended to serve. ([Mueller, 2017](#))

1.3. Develop and implement an actionable plan to ensure the TPP program is designed in an inclusive, responsive, and effective manner. ([Margolis, 2014](#))

1.4. Incorporate strategies into program design that support positive youth development to support adolescent sexual and reproductive health and wellbeing.([WHO](#))

1.5. Deploy rapid cycles of improvement and innovation to guide the development, revision and continued fine-tuning of tools, processes, and team roles. ([Waters Center for Systems Thinking](#))

1.6. Develop and implement systems thinking procedures for staff to integrate feedback loops into program activities to diffuse, disseminate, and implement TPP programs. ([Tabak, 2017](#))

2. Content expertise

2.1. Demonstrate an understanding of adolescent development and positive youth development in the context of the conditions in which they live, learn, work and play and the systems they interact within.* (WHO)

2.2. Apply principles of equity, meaningful engagement, and inclusion in TPP programming. (WHO)

2.3. Maintain a working knowledge of healthy adolescent sexual and reproductive health. (WHO)

2.4. Maintain a working knowledge of trauma-informed approaches and healing centered practice.* (WHO)

2.5. Demonstrate an understanding of the selected program core components and how to maintain fidelity to those core components (for replication programs only). (OAH, 2015)

3. Program implementation

3.1 Build a project management system that supports the oversight of the project scope, human resources, budget, schedule, communication, quality, contracting and risk management of the TPP project. (Pinto, 2013)

3.2 Pilot test the program with a small number of participants from the intended population to ensure readiness and fit with the population. (Margolis, 2014)

3.3. Develop and implement a facilitator guide, curriculum materials, and any supplemental materials needed to implement the program with fidelity across implementation sites. (Margolis, 2014)

3.4 Apply adaptations with fidelity to better fit a program for the population served while recognizing fidelity may be compromised with too many adaptations indicating a different program is needed. (Margolis, 2014)

3.5 Implement a comprehensive and iterative recruitment and retention strategy that considers participant and family needs, provides responsive and respectful services, engages and supports families participating in the program, builds trusting relationships and identifies barriers to ongoing participation, and continuously monitors enrollment and the quality of program. (Margolis, 2014)

3.6 Establish rapport with participants and conduct participant-centered instructional approaches that support a variety of learning styles and cultural backgrounds. (Margolis, 2014)

3.7 Develop and implement a capacity building plan for staff that includes formal training on the program model and continued opportunities for learning content and skills. (Margolis, 2014)

4. Stakeholder engagement and sustainability

    4.1   Develop an inclusive plan and process for engaging youth, caregivers, community members, partners, and referral networks in the TPP program that is responsive to their needs and fosters sustainability. (Mueller, 2017)

    4.2   Center meaningful youth and family engagement in programmatic decision-making and leadership opportunities. (Starr, 2009)

    4.3.   Establish community engagement and partnership among diverse stakeholders to support a broader system of care. (Mueller, 2017)

    4.4   Establish formal referral networks, including written agreements with partners who are fully invested in the program and recognize the value to the community. (Goldberg, 2011)

5. Communication and dissemination

    5.1.   Map out key characteristics—and assess communications preferences—of different audiences. (Finley, 2018)

    5.2.   Develop a strategic communications plan that includes products to tell the TPP program's story to multiple audiences and raise awareness of adolescent sexual and reproductive health needs. (Finley, 2018)

    5.3.   Present information about the program through multiple communication channels to inform the community about the results of the program, retain stakeholders in the program, and build the evidence base for effective TPP programs. (Finley, 2018)

6. Evaluation, learning, and continuous quality improvement

    6.1.   Establish a collaborative relationship between program staff and evaluators to support real-time inclusion of evaluation findings into the program planning. (OPA)

    6.2.   Foster data literacy among staff, for example staff can identify sources of sexual and reproductive health data; identify gaps in data; and staff are fully trained to leverage data for improvement. (CDC, National Public Health Performance Standards, 2018)

    6.3.   Use data to conduct quality improvement activities throughout the life of the project that are informed by meaningful involvement of youth and families. (OAH, 2017)

    6.4.   Conduct an evaluation of the TPP Program using the appropriate methods for the funding tier to assess implementation quality and outcome findings. (WHO, Farb, 2016)

    6.5.   Assess fidelity by evaluating the adaptation process and measure of success of adaptations in order to identify if adaptations may have improved the delivery of the program sessions. (Kirby, D. 2007).

OWH

In this section, we identify if competencies relate to Title X staff (Title X), TPP staff (TPP), or both (TPP/Title X).

1. Maternal mortality

    1.1.   Provide quality preventive health services either on site or by referral for clients who are planning or capable of becoming pregnant. (TPP/Title X) (HHS)

1.2.   Provide strategies, support, and referrals to specialists and community-based resources as appropriate to help clients of childbearing age prevent, identify and manage chronic conditions. (Title X) (HHS, Cappiello, 2016)

1.3.   Screen for and provide support and referrals for social needs related to maternal health outcomes (e.g. safe neighborhoods, transportation, access to affordable, quality food, educational and employment opportunities, and safe housing). (TPP/Title X) (HHS, ACOG, Healthy People 2020)

1.4.   Implement strategies to mitigate the impact of racism/bias on the experience and quality of service provision. (TPP/Title X) (HHS, ACOG)

1.5.   Screen for, recognize, and respond to warning signs of potential health problems that can occur during pregnancy or in the year following pregnancy. (Title X) (HHS)

2.   Preconception health

2.1.   Screen all clients for their pregnancy desires and/or reproductive life plan; include the full range of potential desires/intentions and the possibility of changing desires/intentions in screening. (TPP/Title X) (NCTCFP)^

2.2.   Discuss reproductive life plan, sexual health assessment and medical history with clients of reproductive age and provide appropriate screening, counseling and follow up on-site or through referral. (Title X) (QFP)

2.3.   Provide recommended preconception health services for clients of reproductive age to address individual, community, and environmental factors that might affect future pregnancies. (Title X) (Cappiello, 2016)

2.4.   Provide recommended preconception screening for behavioral and mental health concerns and provide counseling and/or referrals as needed. (Title X) (Cappiello, 2016)

2.5.   Provide screening for past and present trauma including sexual coercion, violence, abuse, or exploitation and provide counseling and/or referrals as needed. (Title X) (Cappiello, 2016)

2.6.   Provide pregnancy testing and counseling and nondirective medically accurate counseling and referral as needed. (Title X) (NCTCFP)^

3.   Fertility awareness/ infertility

3.1.   Provide pregnancy testing and counseling and other services to help clients achieve pregnancy. (Title X) (NCTCFP)^

3.2.   Educate clients about causes of infertility and the ways to maximize natural fertility in order to achieve pregnancy. (TPP/Title X) (Cappiello, 2016)

3.3.   Conduct basic infertility services including a medical history, sexual health assessment and physical exam in order to determine potential causes of the inability to achieve pregnancy and provide referrals to specialist care as needed. (Title X) (Cappiello, 2016)

3.4.   Provide shared decision-making client-centered contraceptive counseling for the different types of contraceptive methods including fertility awareness-based methods, including how they work and their efficacy rates. (TPP/Title X) (QFP, Cappiello, 2016)

3.5.   Provide high-quality sexually transmitted infection and reproductive tract infection care in accordance with nationally recognized standards of care. (Title X) (WHO)