

Onboarding New Title X Subrecipients

January 26, 2021

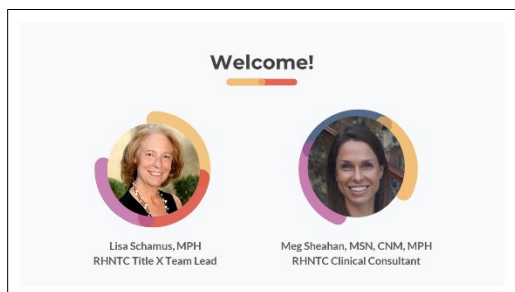
Transcript

Slide 1



Hi, everyone, and welcome. This is Katie Quimby from the Title X Reproductive Health National Training Center. And I'm so delighted to welcome you all to today's webinar about onboarding new Title X subrecipient agencies. I have a few announcements before we begin. First, everyone on the webinar today is muted, given the large number of participants. We do plan to have some time for questions at the end of the webinar today. And you can ask your question any anytime during the webinar using the chat function. A recording of today's webinar, the slide deck and the transcript will be available on rhntc.org within the next few days. This presentation was supported by the Office of Population Affairs or OPA. And the Office on Women's Health. Its contents are solely the responsibility of authors and do not necessarily represent the official views of OPA or OWH or HHS. And finally, as we begin, we wanted to start by acknowledging the many challenges that Title X providers have worked through in the past year and continue to work through in order to provide essential healthcare services. And the RHNTC team just wants to say that we really admire your dedication to your clients and the critical mission of the Title X program and wanted to start by saying thank you.

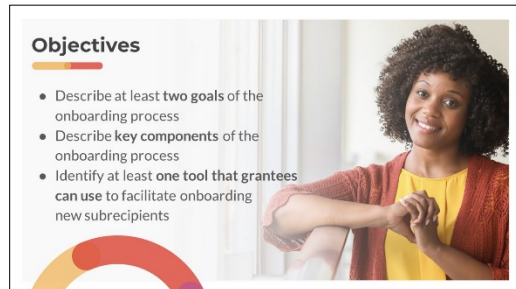
Slide 2



I'd like to briefly introduce our speakers today. My Reproductive Health National Training Center colleagues, Lisa Schamus and Meg Sheahan. Lisa Schamus currently serves as the Title X lead for the RHNTC. Lisa comes to this position with two decades of Title X experience. During Lisa's work as the director of program and evaluation for the Arizona Title X grantee from 2010 to 2017, Lisa had the opportunity to spearhead onboarding the number of subrecipient agencies, including county health

departments and FQHCs. Meg Sheahan is a practicing Certified Nurse Midwife. And prior to coming on board with RHNTC, Meg directed the Virgin Islands Title X Family Planning Program for nearly a decade. Together, with the input of Title X grantee agencies, Lisa and Meg led the effort to create the Onboarding New Title X Funded Agency Toolkit that we will be referring to today. With that, I'd now like to turn things over to Lisa to get us started. Lisa? Lisa, we will just need to have you come off mute.

Slide 3

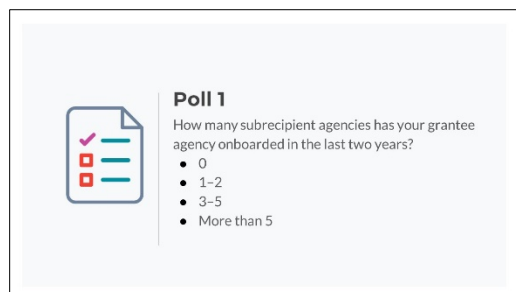


Objectives

- Describe at least two goals of the onboarding process
- Describe key components of the onboarding process
- Identify at least one tool that grantees can use to facilitate onboarding new subrecipients

Lisa Schamus: Thank you. Thanks, Katie. And thanks everyone for joining us today. We want to start off by looking at our objectives. So by the end of this webinar, participants will be able to describe at least two goals of the onboarding process, describe key components of the onboarding process and identify at least one tool that the Title X grantees can use to facilitate onboarding new subrecipients. Throughout the presentation, please type your questions into the chat and we'll have lots of time at the end, I hope, for questions and answers.

Slide 4



Poll 1

How many subrecipient agencies has your grantee agency onboarded in the last two years?

- 0
- 1-2
- 3-5
- More than 5

So let's kick this off with a poll. We'd like to hear a little bit about your experience with onboarding subrecipient agencies. Please let us know how many subrecipient agencies your grantee agency onboarded in the last two years. So if you could go ahead and click on your response, that would be great. (silence) I think we can maybe close the poll. And we can see that the largest proportion of you, about nearly half, have said that they've onboarded one to two subrecipient agencies in the last couple of years. There's a small portion of you, about 20%, that haven't onboarded any. And then there's another similar percentage that have both done three to five, and more than five. And so, that is a whole lot of work, I want to say, for those of you that are in the higher end of the categories, having done three to five or more. But I just wanted to let you know that because the onboarding process is so intensive and each experience is so unique, I think that everyone, from those of you that haven't yet had the pleasure to participate in the onboarding process, to those that have onboarded more than five subrecipient agencies, will find value in today's presentation.

Slide 5



So the overarching goals of the onboarding process are to first to ensure the delivery of high quality family planning services, that adhere to Title X regulations and the quality family planning guidelines or as we affectionately refer to them, the QFP. We also want to make sure that we take this opportunity to build trusting collaborative grantee subrecipient partnerships, and to establish expectations regarding what's needed from both the grantee and the subrecipient, to ensure that necessary work gets done and requirements are met. That said, there are many ways to approach an onboarding process. The process will need to be tailored to the circumstances of each grantee and subrecipient. So what we present today is by no means required, rather we present a plan along with modifiable tools for onboarding a new subrecipient. The action steps and considerations that we discuss will provide you with a very solid foundation to embark with. And then you and your team will shape the process within the context of your own unique environment.

Resource:

[Providing Quality Family Planning Services](https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf) (<https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>)

Slide 6



So the process that we present today is structured around three phases that are expected to take place over the course of approximately one year. Each phase has defined goals and action steps to take you through the onboarding process. Dividing the work into the phases is one logical way, but certainly not the only way to organize the process and to work through specific measurable action steps that have clearly delineated areas of responsibility and timelines for task completion. This approach provides a manageable framework and the opportunity to frequently celebrate milestones and achievements along the way. And we'd like to be clear though, that the framework and phases that we present are fluid and modifiable. A way of approaching and organizing a process that will unfold uniquely across grantee and subrecipient according to their unique features.

Slide 7



So we'd like to highlight a resource that's available on the RHNTC website, entitled Onboarding New Title X-Funded Agencies: A Toolkit for Grantees. We've linked the toolkit here, and we'll also provide the link as a resource at the end of this webinar. The toolkit presents a modifiable step-by-step plan for implementing an onboarding process. It can help you avoid reinventing many, many wheels. With each step, the toolkit links to indispensable tools that can guide and support your onboarding process, including work plans, assessment checklists, policy templates, training requirements, summaries, and guidance on how to track your network's training. Resources to support establishing 340B, implementing a sliding fee scale and a quality improvement plan, as well as links to many other resources and toolkits that can help your agency and your subrecipients provide high quality family planning services and adhere to Title X requirements. The onboarding process detailed in this toolkit, again, is meant to be modifiable. Grantees can adjust the process and templates to meet their own needs and the needs of their subrecipients. We'll discuss and include links to several, but not all of the components of the toolkit in today's webinar.

Resource:

[Onboarding New Title X-Funded Agencies: A Toolkit for Grantees](https://rhntc.org/resources/onboarding-new-title-x-funded-agencies-toolkit-grantees)

(<https://rhntc.org/resources/onboarding-new-title-x-funded-agencies-toolkit-grantees>)

Slide 8



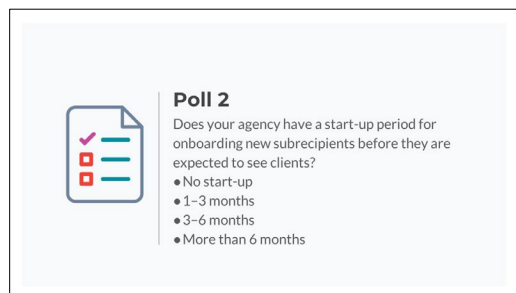
So Title X grantees are accountable for the quality and performance of subrecipients grant funded activities. As grantees and subrecipients work together on the onboarding process, the grantee provides monitoring to ensure the subrecipients understand, comply with and demonstrate their adherence to the Title X requirements. By building trusting, collaborative partnerships with subrecipients and providing supportive monitoring, grantees can ensure successful Title X program management for their networks. Hallmarks of grantees that successfully build trusting, collaborative relationships include that they meet and communicate often with subrecipients, understand subrecipients' unique needs and strengths, identify family planning champions at subrecipient agencies and provide targeted training and

technical assistance to support subrecipients' learning and development. They also acknowledge and reward progress, and they use a framework of equity, inclusion and diversity, considering each and every step of the process to ensure that all voices are heard and all perspectives are included. These are also the hallmarks of a successful onboarding process. The link at the bottom of the page takes you to a resource that offers strategies to help Title X grantees build supportive partnerships with their subrecipients.

Resource:

[Tips for Supportive Monitoring Practices](https://rhntc.org/resources/tips-supportive-monitoring-practices) (<https://rhntc.org/resources/tips-supportive-monitoring-practices>)

Slide 9



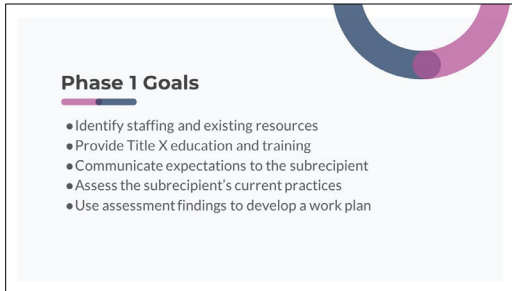
Poll 2
Does your agency have a start-up period for onboarding new subrecipients before they are expected to see clients?

- No start-up
- 1-3 months
- 3-6 months
- More than 6 months

The slide features a document icon with a checklist on the left and the poll text and options on the right.

So grantees can consider building an onboarding period into their contract and payment timeline. During which time the subrecipient is not expected to see clients. Typically, grantees must include this in their project proposal to the Office of Population Affairs or OPA. However, even if grantees didn't include an onboarding period in their initial proposal, they can ask their project officer to approve this change. And now, we'd like to learn a little bit more from you. Does your agency have a start-up period for onboarding new subrecipients before they're expected to see clients? And if so, how long is that? So again, if you can please just click on your response. That would be... (silence) All right. So it looks like the largest number of respondents, 38%, said that they have a one to three months start-up period. And some of you don't have a startup period. And there's a small percentage that have more than six months. Well, I was serving as the director of program and evaluation at a Title X grantee agency. I'll be honest, we tried just about every one of these scenarios. My first experience with onboarding new subrecipient agencies did not include any startup time. And we expected new subrecipient agencies to begin reporting Title X clients while simultaneously training staff to provide client centered care, developing policies, procedures, and protocols, and getting board approval for Title X sliding fee scales, et cetera. These experiences were very much akin to building the plane as we flew. And as a result, we began building onboarding periods into subrecipient contracts. The onboarding phase of the contract period ranged from three to six months, and really each had its benefits and its drawbacks. But I think that the biggest takeaway that I had from these experiences was that no matter how long the startup period was, there were always some tasks that we were hopeful would be completed before we finished our startup period, that we had to carry on into the next phase while the subrecipients were seeing clients.

Slide 10




Phase 1 Goals

- Identify staffing and existing resources
- Provide Title X education and training
- Communicate expectations to the subrecipient
- Assess the subrecipient's current practices
- Use assessment findings to develop a work plan

So, let's dive into the nuts and bolts of the onboarding process, starting with the goals of phase one. During the first phase of onboarding, the grantee and subrecipient identify staffing and existing resources. The grantee provides Title X education and training, communicates expectations to the subrecipient, assesses the subrecipients correct practices and uses assessment findings, develop a work plan. We anticipate phase one to unfold over about a three month period, give or take. And again, this will vary depending on the needs and circumstances of the grantee and the subrecipient. So I'm going to turn it over to my colleague, Meg, to talk us through some of the details of phase one.

Slide 11



Phase 1 Key Components (1/6)

- Put together onboarding teams and meeting schedule
- Provide overview of the onboarding process
 - Time and focus commitment
 - Value of the investment
 - Total Program Concept
 - Supportive monitoring strategies

Title X Subrecipient Onboarding Overview
Understanding the Total Program Concept

Meg Sheahan: Thanks, Lisa. So let's break these goals down a bit into manageable action steps. One of the first things to consider is putting together your onboarding team. These are the people who will be responsible for planning and implementing each step of the onboarding process. Since the onboarding process involves specific clinical, administrative, and fiscal activities, it will be helpful to identify representatives with expertise in each of these areas from both the grantee and subrecipient to form an onboarding steering committee. The steering committee members can then form discipline-specific teams that conduct focused activities and report back to the steering committee. During this step and throughout be mindful to build teams and undertake processes conscientiously to ensure equity, diversion, and inclusion. Once you've put together your steering committee and discipline-specific teams, lay out your meeting schedule. Doing this well in advance will allow team members to prioritize attending the meetings and completing required work in advance so that they can report back to this committee with their progress and their challenges. At the first meeting, you may provide an overview of the onboarding process to the steering committee and discipline-specific teams so that everyone knows what to expect in the year ahead. In the overview, you may wish to highlight that both the subrecipient and grantee must be prepared to commit significant time and focus to the onboarding process over the course of approximately one year. Reassure the team that the funding, along with the positive impact of the services it supports, ensures the value of this commitment and investment. This is an important time to orient the subrecipient to the total program concept, which states that because all

family planning clients benefit from Title X support. Data on all family planning clients, services, revenue and expenses, regardless of payer or funding source must be reported to the Office of Population Affairs. Also at the first meeting, expectations can be set by stating that throughout the process, the grantee will support the subrecipient in ongoing improvement and growth while also monitoring to ensure compliance. You can set a positive tone by discussing the strategies that the grantee will use to provide supportive monitoring and establish a trusting collaborative relationship with the subrecipient.

Resources:

[Title X Subrecipient Onboarding Overview](https://rhntc.org/resources/title-x-subrecipient-onboarding-overview) (https://rhntc.org/resources/title-x-subrecipient-onboarding-overview)

[Understanding the Total Program Concept](https://rhntc.org/resources/understanding-total-program-concept) (https://rhntc.org/resources/understanding-total-program-concept)

Slide 12

Total Program Concept

"Agencies can use Title X funds to pay for a variety of expenses. In addition to clinical services for uninsured and underinsured clients, Title X funds can cover staff training, quality assurance and quality improvement activities, program promotion and outreach, IT support, salaries and benefits, and other costs that support the delivery of Title X services. Therefore, all clients who receive family planning services at Title X-funded agencies benefit from Title X support.

Because all family planning clients benefit from Title X support, when an agency receives Title X funds, it agrees to report data on all of its family planning clients, services, revenue, and expenses—regardless of payer or funding source—to the Office of Population Affairs (OPA). This set of reporting requirements is referred to as the total program concept because a Title X-funded agency's family planning program includes, or totals, all of its family planning clients, services, revenue, and expenses."

[Understanding the Total Program Concept](#)

"We reviewed the Total Program Concept job aid with each subrecipient's program staff and finance leads. This collaborative strategy helped build their understanding and strengthened our relationship."

Karen Ted Mann,
Nevada Primary Care Association

Title X can be complicated and takes some time to learn. There will, no doubt, be times when a new subrecipient agency will need some extra technical assistance. We have heard, and experienced, that one area where subrecipients often need extra support is in producing accurate Title X fiscal reports. The Nevada Primary Care Association recently onboarded three new subrecipient agencies. After reviewing a couple of rounds of fiscal reports from their new subrecipients, the Nevada PCA revised their initial approach, which had been to review the fiscal reports after they were submitted and then provide feedback. In their new approach, instead of waiting to get the reports on their due date, the Nevada PCA began asking for a draft of the report in advance so they could troubleshoot problems and help the subs address them before the due date. After receiving the draft, the Nevada PCA reviewed it with the sub alongside the Total Program Concept job aid that is available on the RHNTC website to help the subs identify any sources of revenue they may not have been reporting. Using this strategy sped up the process of obtaining reports that included all data on all family planning clients, services, revenue, and expenses, regardless of payer or funding source. Using this supportive monitoring strategy decreased the amount of time that both grantee and subrecipient staff were spending on this piece of onboarding and helped build a collaborative relationship.

Slide 13

Phase 1 Key Components (2/6)

- Conduct policy and administrative, clinical, and fiscal assessments
 - Informed by Title X Program Review Tool
 - Conduct document reviews, interviews, visualization, site visits, EHR reviews
 - May be done in-person or remotely
- Plan to complete outstanding items
- Identify and support education and training needs

[Title X Subrecipient Policy Assessment and Onboarding Checklist](#)
[Title X Subrecipient Administrative Assessment and Onboarding Checklist](#)
[Title X Subrecipient Clinical Assessment and Onboarding Checklist](#)
[Title X Subrecipient Fiscal Assessment and Onboarding Checklist](#)
[Title X Program Review Tool](#)

We know there are a lot of words on this slide and we don't expect you to take them all in right now, but we wanted to illustrate the RHNTC's Total Program Concept job aid that is available on the website and provides a clear description of this concept. The job aid is particularly helpful as Title X can be complicated and it takes time to learn. There will no doubt be times when a subrecipient agency will need some extra technical assistance. We've heard and experienced that one area where subrecipients often need extra support is in producing accurate Title X fiscal reports. The Nevada Primary Care Association recently onboarded three new subrecipient agencies. After reviewing a couple of rounds of fiscal reports from their new subrecipients, the Nevada PCA saw a need to revise their initial approach in order to support the subs in producing accurate fiscal reports. Nevada PCA's initial approach had been to review the fiscal reports after they were submitted and then provide feedback. In their new approach, instead of waiting to get the reports on their due date, the Nevada PCA began asking for a draft of the report in advance so that they can troubleshoot problems and help the subs address them before the due date. After receiving the draft, the Nevada PCA reviewed it with the sub alongside the Total Program Concept job aid that's available on the website to help the subs identify any sources of revenue they may not have been reporting. Using this strategy sped up the process of obtaining reports that included all data on all family planning clients, services, revenue and expenses, regardless of payer or funding source. Using this supportive monitoring strategy decreased the amount of time that both grantee and subrecipient were spending on this piece of onboarding and helped build a collaborative relationship.

Resources:

[Title X Subrecipient Policy Assessment and Onboarding Checklist](https://rhntc.org/resources/title-x-subrecipient-policy-assessment-and-onboarding-checklist) (<https://rhntc.org/resources/title-x-subrecipient-policy-assessment-and-onboarding-checklist>)

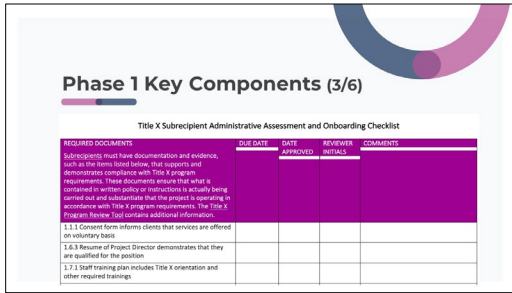
[Title X Subrecipient Administrative Assessment and Onboarding Checklist](https://rhntc.org/resources/title-x-subrecipient-administrative-assessment-and-onboarding-checklist) (<https://rhntc.org/resources/title-x-subrecipient-administrative-assessment-and-onboarding-checklist>)

[Title X Subrecipient Clinical Assessment and Onboarding Checklist](https://rhntc.org/resources/title-x-subrecipient-clinical-assessment-and-onboarding-checklist) (<https://rhntc.org/resources/title-x-subrecipient-clinical-assessment-and-onboarding-checklist>)

[Title X Subrecipient Fiscal Assessment and Onboarding Checklist](https://rhntc.org/resources/title-x-subrecipient-fiscal-assessment-and-onboarding-checklist) (<https://rhntc.org/resources/title-x-subrecipient-fiscal-assessment-and-onboarding-checklist>)

[Title X Program Review Tool](https://rhntc.org/resources/title-x-program-review-tool) (<https://rhntc.org/resources/title-x-program-review-tool>)

Slide 14



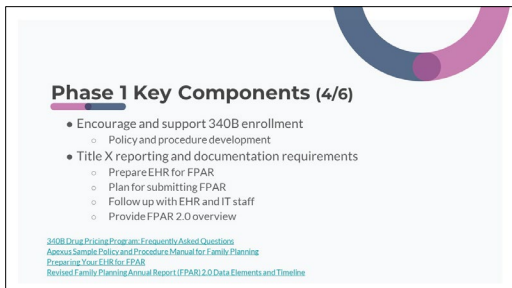
Phase 1 Key Components (3/6)

Title X Subrecipient Administrative Assessment and Onboarding Checklist

REQUIRED DOCUMENTS	DUPLICATE	DATE	REVIEWER	COMMENTS
	APPROVED	APPROVED	APPROVED	
Subrecipients must have documentation and evidence, such as the items listed below, that supports and demonstrates compliance with Title X program requirements. These documents ensure that what is contained in written policy or instructions is actually being carried out and substantiate that the project is operating in accordance with Title X program requirements. The Title X Program Review Tool contains additional information.				
1.1.1 Consent forms when clients that services are offered on voluntary basis				
1.1.8 Return of Project Director demonstrates that they are qualified for the position				
1.7.1 Staff training plan includes Title X orientation and other required training				

The next step is to conduct a subrecipient policy and administrative clinical and fiscal assessments for compliance with Title X requirements. These assessments are informed by the Title X Program Review Tool, this is a significant undertaking that can be made easier through the use of a series of assessment checklists available in the onboarding toolkit. These checklists assess which Title X policies and requirements the subrecipient has in place in which they need to work on. Information to complete the assessments can be gathered by conducting document reviews, interviewing or directly visualizing the work of subrecipient or clinical site staff, conducting site visits and electronic health record reviews. The objective is to ensure that what is contained in written policy or instructions is actually being carried out and that documentation substantiates operation in accordance with Title X program requirements. While you may elect to complete some or all of these activities in person, many can be done remotely to support a fair, transparent and balanced process ensure that participants involved in the assessments from both the grantee and subrecipient teams are diverse and represent all members of the community equally. Following the assessments, create a plan with the subrecipient to complete the outstanding items. Ideally, this plan will outline specific tasks, who is responsible for the task, a timeline for completion and indicators of the task's completion. Using the assessment findings, identify the subrecipient's education and training needs. Once needs are identified, a great next step is to visit the RHNTC website to browse or search for resources that address these needs, then develop a plan for providing resources, training and technical assistance. Identifying which Title X policies and requirements that a subrecipient has in place and which they need to work on, can feel like a very detailed and daunting task. The policy, administrative, clinical, and fiscal assessment checklists presented in the onboarding toolkit and shown here can help organize and streamline that process.

Slide 15



Phase 1 Key Components (4/6)

- Encourage and support 340B enrollment
 - Policy and procedure development
- Title X reporting and documentation requirements
 - Prepare EHR for FPAR
 - Plan for submitting FPAR
 - Follow up with EHR and IT staff
 - Provide FPAR 2.0 overview

[340B Drug Pricing Program: Frequently Asked Questions](#)
[Access Sample Policy and Procedure Manual for Family Planning Prescribing Under EHR for FPAR](#)
[Revised Family Planning Annual Report \(FPAR\) 2.0 Data Elements and Timeline](#)

Also during Phase 1, if the subrecipient is not already enrolled in the 340B Drug Pricing Program, provide resources and encourage them to start the enrollment process as soon as possible. Because of the three-month lag between enrolling and being granted eligibility, delaying this process can be very costly.

Resources:

[340B Drug Pricing Program: Frequently Asked Questions](https://rhntc.org/resources/340b-drug-pricing-program-frequently-asked-questions) (https://rhntc.org/resources/340b-drug-pricing-program-frequently-asked-questions)

[Apexus Sample Policy and Procedure Manual for Family Planning](https://rhntc.org/resources/apexus-sample-policy-and-procedure-manual-family-planning) (https://rhntc.org/resources/apexus-sample-policy-and-procedure-manual-family-planning)

[Preparing Your EHR for FPAR](https://rhntc.org/resources/preparing-your-ehr-fpar) (https://rhntc.org/resources/preparing-your-ehr-fpar)

[Revised Family Planning Annual Report \(FPAR\) 2.0 Data Elements and Timeline](https://rhntc.org/resources/revised-family-planning-annual-report-fpar-20-data-elements-and-timeline) (https://rhntc.org/resources/revised-family-planning-annual-report-fpar-20-data-elements-and-timeline)

Slide 16

Phase 1 Key Components (5/6)

- Support subrecipient in providing Title X-required training
- Orient subrecipient to:
 - Federal Title X required training topics
 - RHNTC website
 - RHNTC Training Tracking System
- Confirm plan for staff to complete required Title X training

Federal Title X Training Requirements Summary
RHNTC website
Using the FPNTC Website to Track Your Network's Training Completion Job Aid

Supporting the subrecipient in 340B program implementation may include the development of site-specific 340B policies and procedures. Supporting the subrecipient in adhering to Title X reporting and documentation requirements, specifically related to FPAR and FPAR 2.0, also begins in Phase 1.

Resources:

[Federal Title X Training Requirements Summary](https://www.fpntc.org/resources/federal-title-x-training-requirements-summary) (https://www.fpntc.org/resources/federal-title-x-training-requirements-summary)

[RHNTC website](http://www.rhntc.org) (www.rhntc.org)

[Using the FPNTC Website to Track Your Network's Training Completion Job Aid](https://www.fpntc.org/resources/using-fpntc-website-track-your-networks-training-completion-job-aid)

(https://www.fpntc.org/resources/using-fpntc-website-track-your-networks-training-completion-job-aid)

Slide 17

Phase 1 Key Components (6/6)

Title X Subrecipient Onboarding Work Plan: Phase 1

Action Step 1: Organize Phase 1 onboarding work.

Timeline	Task	Responsible	Indication of Completion
	Identify clinical, administrative, and fiscal representatives from the grantee and subrecipient to form an onboarding steering committee. Steering committee members can then form discipline-specific teams that report back to the steering committee.		Completed spreadsheet with steering committee and discipline-specific team members' names, roles, and contact information
	Fill in Subrecipient Onboarding Phase 1 Work Plan tasks, timelines, and responsible individuals.		Filled in Phase 1 Work Plan

Title X Subrecipient Onboarding Work Plan: Phase 1

To start, you may review the EHR to ensure that it includes Title X required documentation fields and determine which steps must be taken to ensure that the EHR is ready for FPAR reporting. You can work with the subrecipient to prepare a plan for compiling the FPAR data and ensure that the subrecipient knows how to meet the grantee's FPAR data reporting requirements. It will be helpful to schedule

meetings with the subrecipient's EHR and IT staff to follow up on progress towards FPAR data submission. Finally, now is a good time to provide the subrecipient a high-level overview of the FPAR 2.0 data elements and timeline. As a final step in Phase 1, support the subrecipient in providing training for staff on all required Title X topics. Orient the subrecipient to federal Title X training requirements in the RHNTC website, where they can access a variety of trainings and other resources that they can use to address these requirements. You may also choose to use and provide guidance on the RHNTC training tracking system to develop training plans, track staff completion of assigned trainings, and ensure compliance with Title X training requirements. Finally, confirm that the subrecipient has a plan for staff to complete training on all required topics and offer additional support if needed. These key components and others you determined necessary to your site come together in a work plan that lays out the action steps, tasks, timelines, responsible individuals, and indicators of task completion. Modifiable work plan templates populated with action step suggestions for each phase of the onboarding process are provided in the toolkit.

Resource:

[Title X Subrecipient Onboarding Work Plan: Phase 1](https://rhntc.org/resources/title-x-subrecipient-onboarding-work-plan-phase-1) (https://rhntc.org/resources/title-x-subrecipient-onboarding-work-plan-phase-1)

Slide 18

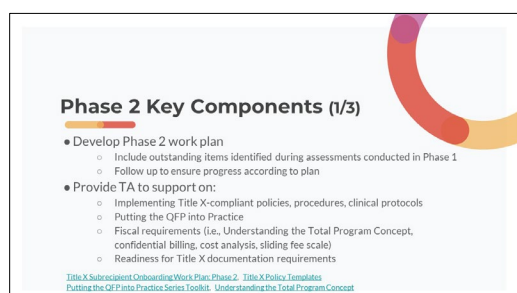


Phase 2 Goals

- Provide training and technical assistance
- Support the subrecipient in finalizing policies, procedures, and clinical protocols
- Work collaboratively to help the subrecipient provide quality family planning services in compliance with Title X requirements

Lisa Schamus: Thanks Meg. So now we're going to move on to Phase 2. During this second phase of onboarding, the grantee provides training and technical assistance, supports the subrecipient in finalizing policies, procedures, and clinical protocols, and works collaboratively to help the subrecipient provide quality family planning services in compliance with Title X requirements. During Phase 2, you'll move from that preparation stage to implementation of many of the processes that you laid the foundation for in Phase 1.

Slide 19



Phase 2 Key Components (1/3)

- Develop Phase 2 work plan
 - Include outstanding items identified during assessments conducted in Phase 1
 - Follow up to ensure progress according to plan
- Provide TA to support on:
 - Implementing Title X-compliant policies, procedures, clinical protocols
 - Putting the QFP into Practice
 - Fiscal requirements (i.e., Understanding the Total Program Concept, confidential billing, cost analysis, sliding fee scale)
 - Readiness for Title X documentation requirements

Title X Subrecipient Onboarding Work Plan: Phase 2 | Title X Policy Templates
Putting the QFP into Practice Series Toolkit | Understanding the Total Program Concept

So a very helpful first step as you enter Phase 2 is to customize and create your Phase 2 work plan with action steps to meet the needs of both your grantee agency and the unique needs of your subrecipient. You want to include any outstanding items identified during the policy, and administrative, clinical, and fiscal assessments that were conducted in Phase 1, including timelines, responsible individuals, and indicators of completion for each task helps keep everybody on track. Over time, it's critical to provide consistent follow-up to ensure progress according to the plan and to identify support needs. Based on assessment findings can also be used to support the subrecipient and understanding and implementing policies, procedures, and clinical protocols that adhere to Title X requirements. While developing written policies in accordance with Title X statutes and regulations can be a daunting task. The RHNTC offers policy templates that provide a foundational structure towards being in compliance with requirements of the Title X program. Grantees can tailor these templates to their needs or provide subrecipients with the templates to ensure that they also meet Title X requirements. This will involve providing technical assistance to ensure the subrecipient understands how to implement clinical requirements and deliver quality family planning services, essentially putting the QFP into practice. It may also be necessary to provide technical assistance to ensure the subrecipient understands and implements fiscal requirements, including the Title X or the Total Program Concept on reporting client numbers, expenses and revenues, confidential billing, cost analysis requirements, and the sliding fee schedule. As your work in supporting the subrecipient in readying their EHR for Title X specific documentation requirements and FPAR data submission continues in Phase 2, this may include providing FPAR forms and instructions on the network's FPAR data submission procedures and having subrecipient share test or actual FPAR data and other data, and then reviewing that data and providing feedback and technical assistance to address any concerns. And finally, confirming the Title X-required documentation fields are “live.”

Resources:

[Title X Subrecipient Onboarding Work Plan: Phase 2](https://www.fpntc.org/resources/title-x-subrecipient-onboarding-work-plan-phase-2) (<https://www.fpntc.org/resources/title-x-subrecipient-onboarding-work-plan-phase-2>)

[Title X Policy Templates](https://rhntc.org/resources/title-x-policy-templates) (<https://rhntc.org/resources/title-x-policy-templates>)

[Putting the QFP into Practice Series Toolkit](https://rhntc.org/resources/putting-qfp-practice-series-toolkit) (<https://rhntc.org/resources/putting-qfp-practice-series-toolkit>)

[Understanding the Total Program Concept](https://rhntc.org/resources/understanding-total-program-concept) (<https://rhntc.org/resources/understanding-total-program-concept>)

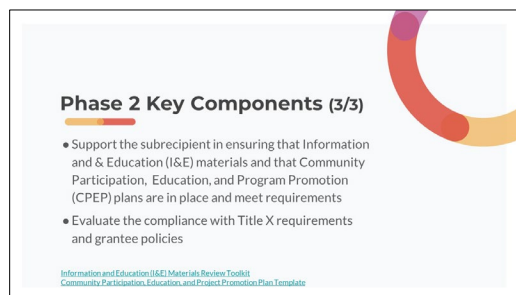
Slide 20



Sometimes the layers for approval required at both the subrecipient agency and the grantee level require special consideration. Two examples of this are clinical protocols and administrative policies, which usually need to be approved by the subrecipient's medical director and board respectively. It's important to work with the subrecipient to ensure that the protocols and policies meet Title X standards

before they go to the subrecipient's approval process to avoid having the possibility of having the medical director or board have to review and re-approve various iterations of these documents. When I was working at the grantee level, this was an issue when we were onboarding an FQHC that obtained approval for their Title X sliding fee scale before having us review it. Unfortunately, the sliding fee scale didn't meet our needs and needed to be revised and sent through the board approval process a second time.

Slide 21




Also in Phase 2, the grantee supports the subrecipient in ensuring that Information & Education or I&E materials and Community Participation, Education, and Program Promotion plans are in place and meet requirements. First, you'll want to determine if the grantee or the subrecipient will assume responsibility for I&E requirements, then orient the subrecipient to the I&E process that will be implemented. If the subrecipient assumes responsibility for I&E, you might want to consider giving the subrecipient the I&E toolkit, linked here, and confirming that the subrecipient has a plan to meet I&E requirements. If the grantee assumes responsibility for your I&E, you might want to consider using the I&E toolkit to complete the review of I&E materials, communicate the review results to the subrecipient, and confirm that the subrecipient has a plan to meet those I&E requirements. Also review the community participation, education, and project promotion, or CPEP requirements with the subrecipient, and confirm that the subrecipient has a CPEP plan that means Title X requirements. From the start the community participation, education, and program promotion process should equitably include representatives from all of the elements of the population to be served, and by people from within the community who are knowledgeable about the community's need for family planning services. Finally the grantee evaluates the subrecipients compliance with Title X requirements and grantee policies. The evaluation should include a review of adherence to administrative policies, clinical protocols and standards, and fiscal requirements. This may include the subrecipients adherence to Title X confidentiality standards, conducting clinical observations and chart reviews, ensuring correct implementation of Title X compliance sliding fee scale, and ensuring adequate processes for collecting third-party payments. Throughout the evaluation provide supportive feedback and additional training to the CPEP recipients as needed.

Resources:

[Information and Education \(I&E\) Materials Review Toolkit](https://rhntc.org/resources/information-and-education-ie-materials-review-toolkit) (<https://rhntc.org/resources/information-and-education-ie-materials-review-toolkit>)

[Community Participation, Education, and Project Promotion Plan Template](https://rhntc.org/resources/community-participation-education-and-project-promotion-plan-template) (<https://rhntc.org/resources/community-participation-education-and-project-promotion-plan-template>)

Slide22

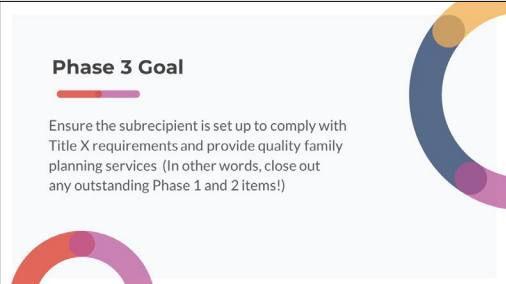


Poll 3
How soon after you start the onboarding process do you conduct your first site visit?

- 6 months
- 1 year
- 3 years
- Other

All right, let's do another poll. For those of you who've onboarded new SOP recipients, how soon after you start the onboarding process do you conduct your first full site visit? All right, it looks like just about half of you conduct your first site visit after a year. And a third do it at the end of the six month period. And then I see that there's a small chunk of people that replied other. This was another area that over the course of the time while I was at the grantee level we modified our approach. Initially we had a fairly aggressive timeline, like most of you where we were doing that first full site visit at the end of a six month period. And this approach meant that many of the expectations outlined in OPA's program review tool, which is the basis for many grantees site visits, we're still in progress. The result of doing a review that early, at least for us, meant that there were still a lot of "findings". And we found that waiting a bit longer until the subrecipient and grantee can collaboratively work through all of those items that are still outstanding or many of them, and get policies and procedures in place can help create a more trusting and supportive relationship.

Slide 23

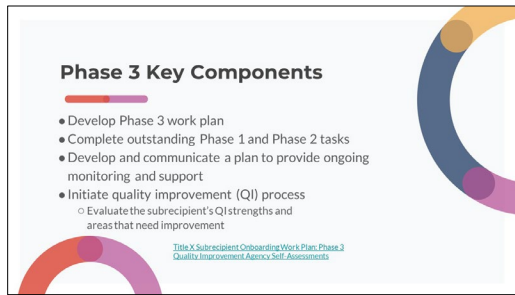


Phase 3 Goal

Ensure the subrecipient is set up to comply with Title X requirements and provide quality family planning services (In other words, close out any outstanding Phase 1 and 2 items!)

Okay, so welcome to Phase 3. During Phase 3 your goal is to ensure the subrecipient is set up to comply with the Title X requirements and provide quality family planning services. In other words, circle back to close out any outstanding items from Phase 1 and Phase 2. And again, hopefully this is a time when you can also reflect on all of the hard work and accomplishments. Onboarding new subrecipient agencies is no easy task, and by now you will have accomplished a great deal. If you've used them, be sure to update your toolkit assessments and checklists on a regular basis. Ultimately you'll review these and your work plans to ensure that all necessary action, steps, and tasks have been completed.

Slide 24



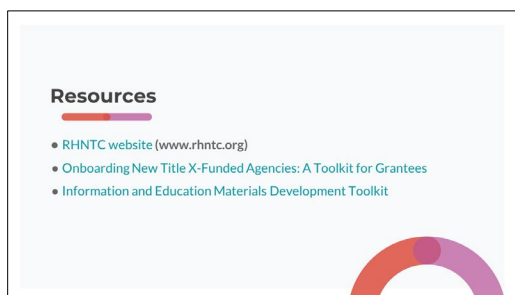
As in Phases 1 and 2, you'll start by organizing the Phase 3 onboarding work. You can do this by adding any outstanding Phase 1 and 2 tasks, timelines, and responsible individuals to the Phase 3 work plan, and work towards completing those tasks. While the onboarding work will phase out as essential steps are completed, the grantee continues to provide supportive monitoring of the SOP recipient. For this reason it's important now to develop and communicate a plan for the grantee to provide ongoing monitoring, communication, quality improvement activities, and support. You can work with the subrecipient to develop a plan for ongoing support and monitoring. We suggest including Title X program and reproductive health updates and information on training opportunities. This can occur through newsletters, network-wide meetings and conferences, subrecipient website portals, information, information virtual, or in-person site visits, and other mechanisms. Finally this is a good time to initiate an ongoing quality improvement, or QI process with the SOP recipient. To do this you can start with an assessment to evaluate the subrecipients QI activities strengths and the areas that they need improvement.

Resources:

[Title X Subrecipient Onboarding Work Plan: Phase 3](https://www.fpntc.org/resources/title-x-subrecipient-onboarding-work-plan-phase-3) (<https://www.fpntc.org/resources/title-x-subrecipient-onboarding-work-plan-phase-3>)

[Quality Improvement Agency Self-Assessments](https://rhntc.org/resources/quality-improvement-agency-self-assessments) (<https://rhntc.org/resources/quality-improvement-agency-self-assessments>)

Slide 25



So I imagine many of you have found the steps that we've outlined here a little overwhelming, and I want to acknowledge that onboarding is a huge endeavor. It takes time, resources, and planning. And the RHNTC has lots of resources that we hope will help you and your SOP recipients through the process. Meg, would you like to let the folks on the webinar know about what some of those resources are?

Meg Sheahan: I would, yes. So here we present some excellent resources. Check out RHNTC. org to access a huge array of family planning trainings, such as webinars, e-learning courses, and virtual and in-person events. The website also offers literally hundreds of resources to support family planning programs, including toolkits, job aids, and fact sheets. You can also access the training tracking system, which can help you develop training plans, track staff completion of assigned trainings, and ensure that subrecipients and service sites comply with the Title X training requirements. Also grantees can request customized technical assistance to tackle system level challenges related to program implementation. Here's the link to the Onboarding New Title X-Funded Agencies Toolkit that we have discussed today, as well as a link to support the development of information and education materials. We hope that today's session has clarified the goals of the onboarding process, as well as key components and action steps of each phase. If you haven't already, please do take a look at the onboarding new Title X funded agency's toolkit for grantees, available through the RHNTC website. As we've discussed, this toolkit presents a step-by-step plan for implementing an onboarding process with links to many supportive tools. The tools and processes can be modified to suit the unique features of the grantee and subrecipient agency. The toolkit truly does break down what can be a very daunting and overwhelming process into manageable steps. What questions do you have for us about the onboarding process or the toolkit? Please feel free to type your questions into the chat.

Resources:

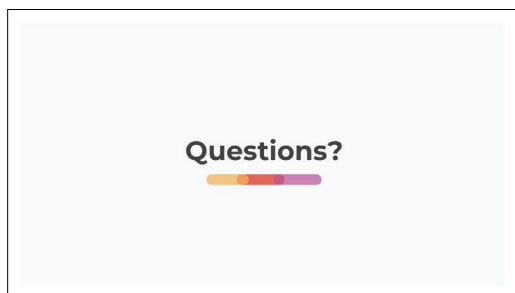
[RHNTC website](http://www.rhntc.org) (www.rhntc.org)

[Onboarding New Title X-Funded Agencies: A Toolkit for Grantees](https://rhntc.org/resources/onboarding-new-title-x-funded-agencies-toolkit-grantees)

(<https://rhntc.org/resources/onboarding-new-title-x-funded-agencies-toolkit-grantees>)

[Information and Education Materials Development Toolkit](https://rhntc.org/resources/information-and-education-ie-materials-review-toolkit) (<https://rhntc.org/resources/information-and-education-ie-materials-review-toolkit>)

Slide 26



Katie Quimby: Thank you so much Meg and Lisa. As Meg mentioned, we are opening up for questions, we do have some time for questions. So when you have your questions you can chat those in using the chat pod, which you can click on from the bottom of your screen. There is a little chat bubble that will bring it up if you don't already see it. We've received a number of questions already so we're going to dive in. I'm going to direct this question to Lisa and we'll start with Lisa for these. Lisa, you talked a little bit about the timeline, your lesson learned around timeline for when that first visit should be. This question is, do you have a suggestion for when the first visit to a subrecipient should take place?

Lisa Schamus: Thanks, Kate, great question. You know according to OPA standards, you want to do a formal site visit at least once every project period with each of your sub recipient agencies. And so I wouldn't want to let it go a whole three years with a new subrecipient agency necessarily, but I would also want to make sure that I give them time to be successful in that review. And again, to not have it be

something where there's so many findings, because they're still new to that onboarding process. My experience was that six months for the formal review was a little bit too early, but it's also a good time to be kind of doing a touch base. And I think that one year to two years is probably a good time for that first formal review.

Katie Quimby: Great. And a follow-up to that question, at that six month period would you use the OPA program review tool as part of that informal check-in?

Lisa Schamus: If I did use it, again I would use it in more of an informal basis rather than using it as something that would then result in a corrective action plan or a formal process.

Katie Quimby: Great. This question is, what suggestions do you have about onboarding virtually? What does onboarding look like in a virtual environment, and how might that be different, and what suggestions do you have around virtual onboarding?

Lisa Schamus: That is a great question. Thanks for asking it. While team building is vitally important during the onboarding process, and that's clearly more easily accomplished in person, most of the onboarding really can be done remotely. The use of Zoom meetings helps with relationship and team building. You can now share documents on platforms such as Google Drive or any other platforms that might be approved by both of the agencies, because I know that sometimes county and state governments have some restrictions around that. But it's helpful to keep work plans and other documents up to date when you're sharing them in that kind of an environment. You can use frequent email, phone calls, video conferencing also help to build those collaborative relationships. And the tools in the onboarding toolkit really do easily lend themselves to working in a virtual environment. So I suggest checking those out.

Katie Quimby: Great. Another question about how onboarding might look different based on provider type. So this question says, we've learned that onboarding looks different based on if the subrecipient is and SQHC, hospital. I'm wondering if you could talk a little bit about that, Lisa, based on your experience and also how the tools in the toolkit might be used in different ways depending on the provider type?

Lisa Schamus: Absolutely. I think that there are a couple of things here. It can look really different based on the provider type, the size of the agency, the number of resources that they have, the skills of their staff, all of those things play a role in how that onboarding process is going to unfold. And again, if you're using the tools that are in the toolkit, all of them are modifiable. And I think that one of the things that's nice about the toolkit is having those assessments available so that you can start off the process by looking at where that agency is from the beginning, so that you'll know what the important things are that you need to address, and what systems they already have in place.

Katie Quimby: Great. This is a clarification question, I know we've gotten this question quite a bit. But Lisa, could you talk about the difference between I&E and the community participation, education, and project promotion requirements and how those differ?

Lisa Schamus: And we're smiling because we know that that's one of my favorite topics. So when you look at the CFRs these are really two very separate processes. So community participation, education, and project promotion, the intent of that portion is really to ensure that your community knows about you, knows about the resources that you have available, and that they've had the opportunity to provide some input into the project. And your audience for those activities really are a very broad

community, including people that are knowledgeable about family planning needs. And you might be including people like sister social service agencies, justice agencies, or the criminal justice system, I might be using the wrong word for that. The faith-based community, primary care providers, et cetera, et cetera, et cetera. And it would involve a two-way relationship where you're getting input from them, and they're providing, and it's a mutually beneficial relationship ideally. Information and education is really narrow. Information and education is really focusing on the materials that you are providing to your family planning clients. And the CFRs are very clear that you should have a committee, which doesn't necessarily, we can talk a little bit about the committee makeup, but you have to have at least five to nine members of a committee who mirror, if you will, or even might actually be your actual family planning clients that look at the materials to make sure that they're at the right reading level, that they're culturally appealing to the clients that you're serving and that they are... And then you'll have a staff person also actually, before that, look at them to make sure that they're medically accurate and that they fit within the culture of your agency. So again, the I&E piece is a very narrow piece. The audience for that is generally people that either are your clients or mirror the makeup of your clients on any number of demographic characteristics. Community participation is a much broader, bigger audience.

Katie Quimby: Great. And we are getting a few more questions about I&E, but I wonder, Lisa, this might be an opportunity to mention what upcoming trainings we might have around I&E committees, since I know there are probably other questions that folks have around I&E that might be best suited for that training opportunity.

Lisa Schamus: Absolutely. You can look forward to receiving an announcement about an I&E webinar that we will be doing in April, and it will go through some different strategies for conducting information and education, a material review process. We also, in advance of that, have already published the information and education material review toolkit that is on the website and so please take advantage of that. If you have any questions from that, then we're here to answer them.

Katie Quimby: Great. And we will definitely store those questions that are I&E committee focused for that webinar so we can make sure to come back to those. We do have other questions about onboarding that I want to make sure we get to today. So just coming back a little bit to onboarding, some new questions that we've received. How would you approach the situation of a new subrecipient who may appear resistant to adhering to an implementation plan, like the one that you outlined in the toolkit?

Lisa Schamus: That is a fabulous question and I am guessing that many people on the webinar could have asked that question, because I think that a lot of people have experienced that over the years. I'd probably start off by having a conversation about what the challenges are and try to drill down to understand what the concerns are and the reasons for them. Is it actually the tools that are being used or specific requirements and activities? I'd work with them to identify what the stumbling blocks are and sometimes we might be surprised to find out that the pushback is coming from an issue that we weren't really aware of. So I would also ask them for suggestions on how we might approach the onboarding differently and maintain some flexibility to approach the onboarding in a way that works for the subrecipient that does not compromise the goals that we have set out and make sure that the needs of the onboarding process are met. So when you identify issues related to the sub not having the resources, you might be able to find some job aids and trainings on the RHNTC website that might be helpful. And I would definitely keep an open mind though, like I said, to modifying the work plan to break things down further and make things seem more manageable. And finally, I would keep those

supportive monitoring tips in mind, such as celebrating those small wins so that if they are feeling overwhelmed and a little demoralized, you can boost them back up and try and help them out in that way.

Katie Quimby: Great. And on a related note, on the implementation of that implementation plan, could you talk a little bit about some of the strategies you've found to be effective in helping subrecipients meet those deadlines and requirements that are outlined in the onboarding implementation plan?

Lisa Schamus: Another fabulous question. Thank you. So I think especially in the beginning when everything is new and deliverables might not meet the grantees needs the first time that they're submitted, I would suggest having frequent meetings or points where you touch base to see how progress is going. These meetings provide an opportunity to discuss progress and check to see if the subrecipient understands what the next steps are and how to accomplish them so that they don't get stuck and make sure that they know what to do next. Also, while reviewing drafts might seem really labor intensive, providing the feedback before the due date, like the Nevada PCA switched to doing, can really help to create that collaborative, trusting relationship and help you work the kinks out so that the submission isn't rejected when it's the final submission. And again, I think that that can really help foster that collaborative approach. And going back to that supportive monitoring and celebrating small wins along the way, I think setting that supportive tone from the beginning helps to encourage subrecipients to come to you when they need help, knowing that you're available to them and that you know that their success is your success, is I think, probably helpful.

Katie Quimby: Great. Another question, do you have a set of criteria... Or I guess I should rephrase. What set of criteria would you use to say that onboarding is complete?

Lisa Schamus: Is onboarding ever really complete? I think that onboarding is not necessarily ever really complete because as those of you have done this before know, there's staffing changes. So I think that there's that idea of, at the end of phase three, then you would complete that formal onboarding process. So I think that once you've wrapped up most of those tasks and you're confident that the subrecipient is well on their way to being able to provide Title X required services in accordance with the quality family planning, with QIPs, then I think that you're officially, your onboarding process is complete. But I think that it's really important to keep in mind as you move along, that onboarding is kind of a continual process because there's staff turnover, some of the Title X requirements... Or not requirements, but the priorities from OPA may change over time and some of their key issues. And so while the meat of the onboarding is complete at the end of that third phase, I think it's good to keep a mindset of ensuring that you're always there to support the subrecipient and make sure that they're aware of any changes and have all the training and technical assistance they need.

Katie Quimby: Great. I think we have time for one last question, and then we will move to wrap up here. But this question is, you had mentioned the RHNTC training tracking system, and could you talk a little bit about how you've seen that training tracking system be used to support a subrecipient onboarding process?

Lisa Schamus: Sure. Many agencies use the system to help subrecipients organize and track their training. So the grantee can provide the subrecipient with background information, and there's a job aid that demonstrates how the sub can assign a training administrator. And then that training administrator can assign both Title X required training, any grantee required training and any subrecipient specific training requirements that you can then track in that system. So I just want to make sure that I'm clear

that because the RHNTC training tracking system allows the administrator to track training available that's both on the RHNTC website, as well as external trainings, the subrecipient, and grantees of course, can use that tracking system to track all of their training.

Slide 27



Katie Quimby: Great. I am going to just quickly chat out that training tracking system job aid that you mentioned. And this is a good opportunity, we had one other question that I will respond to that was about whether the RHNTC's website resources can be used by those outside of the Title X network. And do just want to reiterate that yes, all of our resources are in the public domain. While they are developed with the Title X network in mind and specifically for that audience, everything on the website is free to use. You do not have to be a Title X provider or within the Title X network in order to use those resources.