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# Family Planning Program (FPP) 2021 Title X Regulation and Protocol Update

December 13, 2021

# ***Objectives***



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

- Summarize the 2021 rule and regulation changes for the Title X family planning program.
- Understand the 2021 changes to clinical services and fee collection practices for implementation.
- Understand availability and requirements for the 2021 Title X Clinical and Non-clinical trainings.

# From Dr. Chris Novak

NMDOH PHD Medical Director



Thank you for attending the 2021  
Family Planning Title X Regulation  
and Protocol Update.

Welcome back to Dr. Wanicha  
Burapa, the new FPP Medical  
Director.

# 2021 Title X Rule Update

Kate Daniel, MS, CHES®

Title X FPP Manager

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**OASH**

Office of  
Population Affairs

# SUMMARY: 2021 Title X Final Rule

October 2021

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

The 2021 Title X final rule “Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services” was published October 7, 2021. The 2021 final rule revokes the 2019 Title X regulations (84 FR 7714, March 4, 2019) and readopts the 2000 regulations (65 FR 41270, July 3, 2000) with several revisions to ensure access to equitable, affordable, client-centered, quality family planning services for all clients, especially for low-income clients.



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Population Affairs

# SUMMARY: 2021 Title X Final Rule

October 2021

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

Applicable Federal Registers and applicable QFP links are provided here:

- 2021: [Federal Register :: Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services](#)
- 2019: [Federal Register :: Compliance With Statutory Program Integrity Requirements](#)
- 2000: [Federal Register :: Standards of Compliance for Abortion-Related Services in Family Planning Services Projects](#)

QFP link: <https://www.cdc.gov/reproductivehealth/contraception/qfp.htm>



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# **SUMMARY: 2021 Title X Final Rule**

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

**Ensuring access to equitable,  
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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*.**



## *Quality* (continued):

- Requires all family planning services to be delivered consistent with nationally recognized standards of care, **including removing restrictions on 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
- Requires all family planning services to be delivered consistent with nationally recognized standards of care, **including removing restrictions on nondirective pregnancy options counseling and referral.**

# 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 between abortion-related activities and Title X project activities.**
- **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.**



# *Access* (continued):

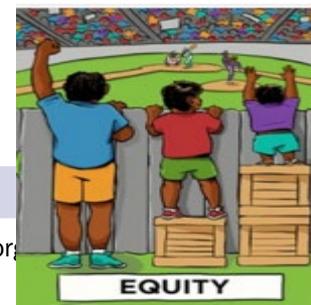
- **Clarifies that the program's income verification requirement** should not burden patients with low incomes or impede their access to care.
- **Reaffirms adolescent confidentiality protections** including that "Title X projects may not require consent of parents or guardians for the provision of services 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.





# Protocol Update

Dr. Wanicha Burapa  
Title X FPP Medical Director

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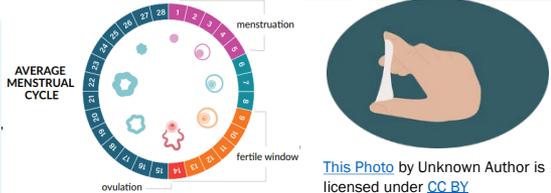
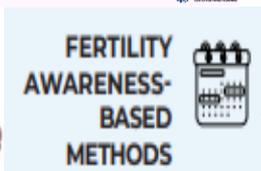
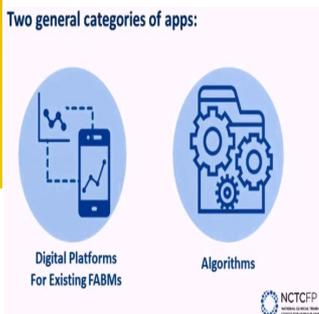


Methods	Number of pregnancies expected (per 100 women)*	Use	Some Risks or Side Effects* *This chart does not list all of the risks and side effects for each product.
Sterilization Surgery for Women	less than 1	One-time procedure. Permanent.	Pain Bleeding Infection or other complications after surgery
Sterilization Surgery for Men	less than 1	One-time procedure. Permanent.	Pain Bleeding Infection
IUD Copper	less than 1	Inserted by a healthcare provider. Lasts up to 10 years.	Cramps Heavier, longer periods Spotting between periods
IUD with Progestin	less than 1	Inserted by a healthcare provider. Lasts up to 3-5 years, depending on the type.	Irregular bleeding No periods (amenorrhea) Abdominal/pelvic pain
Implantable Rod	less than 1	Inserted by a healthcare provider. Lasts up to 3 years.	Menstrual Changes Weight gain Alopecia Mood swings or depressed mood Headache
Shot/Injection	6	Need a shot every 3 months.	Loss of bone density Irregular bleeding Spotting/bleeding between periods Headache Weight gain Nervousness Dizziness Abdominal discomfort
Oral Contraceptives "The Pill" (Combined)	9	Must swallow a pill every day.	Spotting/bleeding between periods Nausea Breast tenderness Headache
Oral Contraceptives "The Pill" (Extended Continuous Use Combined Pill)	9	Must swallow a pill every day.	Spotting/bleeding between periods Nausea Breast tenderness Headache
Oral Contraceptives "The Mini Pill" (Progestin Only)	9	Must swallow a pill at the same time every day.	Spotting/bleeding between periods Nausea Breast tenderness Headache
Patch	9	Put on a new patch each week for 3 weeks (21 total days). Don't put on a patch during the fourth week.	Spotting/bleeding between periods Nausea Stomach pain Breast tenderness Headache
Vaginal Contraceptive Ring	9	Put the ring into the vagina for 3 weeks and then take it out for one week.	Spotting/bleeding between periods Nausea Mood changes Breast tenderness
Diaphragm with Spermicide	12	Must use every time you have sex.	Iritation Allergic reactions Urinary tract infection
Sponge with Spermicide	12-24	Must use every time you have sex.	Iritation
Cervical Cap with Spermicide	17-23	Must use every time you have sex.	Iritation Allergic reactions Abnormal Pap test
Male Condom	18	Must use every time you have sex. Provides protection against some STDs.	Iritation Allergic reactions
Female Condom	21	Must use every time you have sex. Provides protection against some STDs.	Discomfort or pain during insertion or sex Burning sensation, rash or itching
Spermicide Alone	28	Must use every time you have sex.	Iritation Allergic reactions Urinary tract infection

# Section 1: FPP Guidelines for Clinical Services

- **1.0 Introduction:** Title X scope of services wording was updated to match the 2021 Title X Rule.

The U.S. Department of Health & Human Services Office of Population Affairs (OPA) requires that programs are voluntary, confidential and include a broad range of medically approved services, which includes U.S. Food and Drug Administration (FDA)-approved contraceptive products **and natural family planning methods, for clients who want to prevent pregnancy and space births, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, sexually transmitted infection (STI) services, and other preconception health services**



# 1.1 Service Population

- Services must be provided in a manner that does not discriminate against any client based on religion, race, color, national origin, disability, age, sex, **sexual orientation, gender identity, sex characteristics**, number of pregnancies, or marital status.





# Appendix B: Fee Collection

- 1.B General Requirements for Providing Title X FP Services

All services must be provided without regard to religion, race, color, national origin, disability, age, sex, **sexual orientation, gender identity, sex characteristics**, number of pregnancies, or marital status.



# DEFINITION



## **1.1 Service Population**

Definitions of the following terms are provided and expected:

- *Client-centered care*
- *Culturally and linguistically appropriate services*
- *Health equity*
- *Inclusive*
- *Quality healthcare*

# Client-centered care

<https://rhntc.org/resources/client-centered-reproductive-goals-and-counseling-flow-chart>

**DISEASE-CENTERED CARE** vs. **PATIENT-CENTERED CARE**

Which Makes Sense for Patients & the Health Care System?

**DISEASE-CENTERED CARE**

- Defines patients by **their disease**.
- Sorts patients into **rigid treatment pathways**.
- Takes a **one-size-fits-all approach** based on the lowest-cost care.

**PATIENT-CENTERED CARE**

- Treats patients as **individuals**.
- Relies on a strong clinician-patient relationship built on **trust and shared decision-making**.
- Gives patients and health care providers a **voice** in treatment decisions.

The infographic features a male patient on the left and a female patient on the right. The bottom left shows a factory-like assembly line with boxes containing patient icons, while the bottom right shows a nurse shaking hands with a patient.

is respectful of, and responsive to, individual client preferences, needs, and values; client values guide all clinical decisions.

# Standing Order for PHC for Urine HCG Pregnancy Testing (page 46)

## COUNSELING IF THE TEST IS POSITIVE:

1. With increasing syphilis rates and concurrent congenital syphilis cases in New Mexico, ALL women with a positive pregnancy test should be screened for syphilis. This preliminary syphilis test does not replace regularly scheduled prenatal laboratory testing, and referral to prenatal, maternal-child health or primary care providers for prenatal care is provided upon client request.
2. Calculate pregnancy EDD by reviewing dates of unprotected sexual intercourse and menstrual history using tools such as a pregnancy due date wheel.
3. Document the client's pertinent history that helps determine pregnancy risk including genetic family history and pregnancy intention information.
4. Ascertain client's plans for pregnancy continuation or termination by providing **"All Options Counseling"**. Offer pregnant clients the opportunity to be provided information and counseling regarding each of the following options:
  - Prenatal care and delivery;
  - Infant care, foster care, or adoption; and
  - Pregnancy termination.

If requested to provide such information and counseling, provide neutral, factual information and nondirective counseling on each of the options, and referral upon request, except with respect to any option(s) about which the pregnant client indicates they do not wish to receive such information and counseling. Written materials (e.g., CHOICES) may be used to counsel the client (found in Appendix J and posted on FPP website).

5. Document in the client record that pregnancy options counseling was done.
6. Counsel client using **"Instructions for an Optimal Pregnancy"** and assess their social support.
7. Providers may dispense one bottle of Prenatal Vitamins according to the site policy/procedure.

# Culturally and linguistically appropriate services

are respectful and responsive to the health beliefs, practices and needs of diverse patients.

[https://rhntc.org/sites/default/files/resources/omh\\_clas\\_standards\\_2018-11-14.pdf](https://rhntc.org/sites/default/files/resources/omh_clas_standards_2018-11-14.pdf)

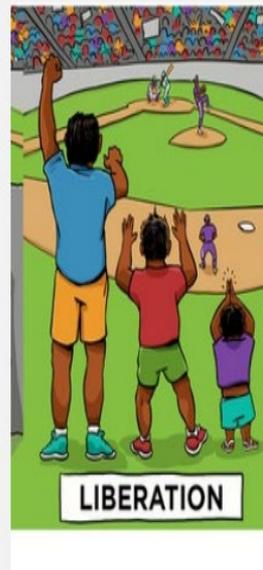
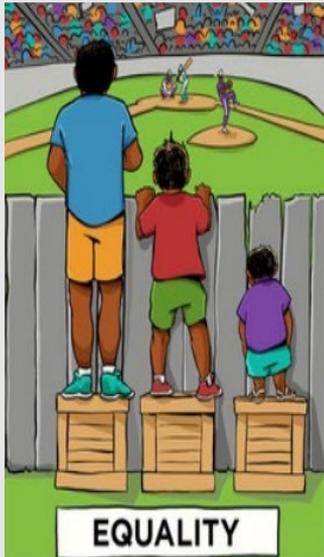


<https://thinkculturalhealth.hhs.gov/clas/standards>

C • L • A • S

Culturally & Linguistically Appropriate Services

# Health equity

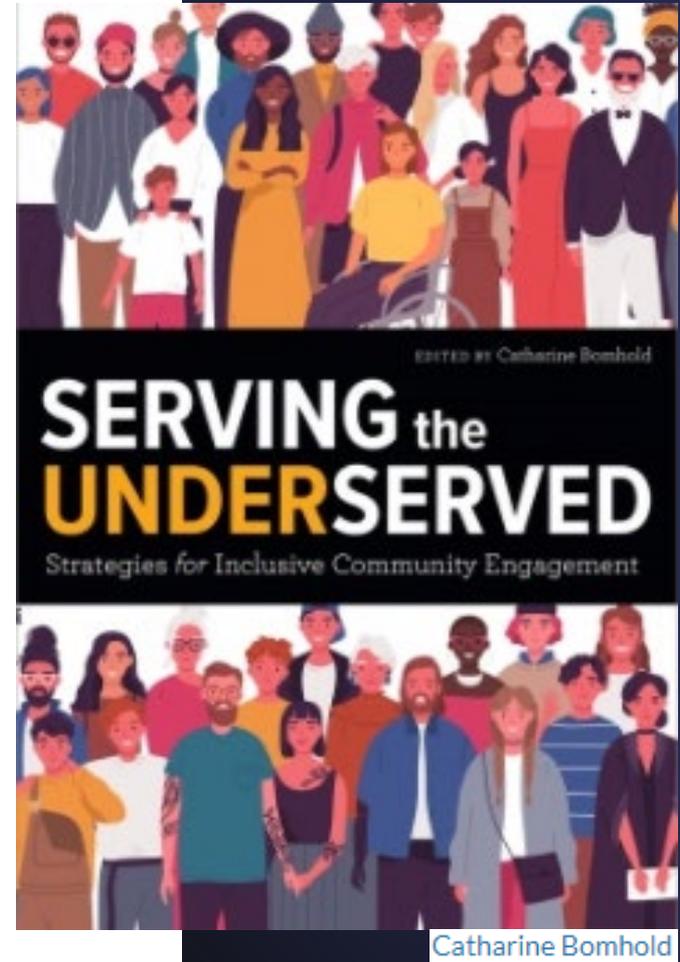


Story Based Strategy  
<http://www.storybasedstrategy.org/blog/the4thbox>

is 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.

# Inclusive

is when **all people are fully included** and can actively participate in and benefit from family planning, **including, but not limited to, individuals who belong to underserved communities**, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other **persons of color**; members of **religious minorities**; lesbian, gay, bisexual, transgender, and queer (**LGBTQ+**) persons; persons with **disabilities**; persons who live in **rural areas**; and **persons otherwise adversely affected by persistent poverty or inequality**.





# Quality healthcare

is safe, effective, client-centered, timely, efficient, and equitable.



# 1.2.A Definition of Title X Family Planning Encounter

A family planning encounter is either face-to-face in a Title X service site **or virtual using telehealth technology.**



Family Planning Encounter

**FACE TO FACE  
ENCOUNTERS**



**Virtual Care**



# 1.2.G Consent for FP Services

- Provide services without subjecting individuals to any coercion to accept services **or to employ or not to employ any particular methods of family planning.**
- Personnel working within the family planning project may be subjected to prosecution if they coerce or try to coerce any person to undergo an abortion or sterilization procedure



Program Requirements for  
Title X Funded Family  
Planning Projects

# 1.2 H. A Contraceptive Services

- Provision of one or more selected contraceptive method(s), preferably on site, but by **prescription** or referral if necessary.



This Photo by Unknown Author is licensed under [CC BY-ND](#)

# Section 5: Special Populations

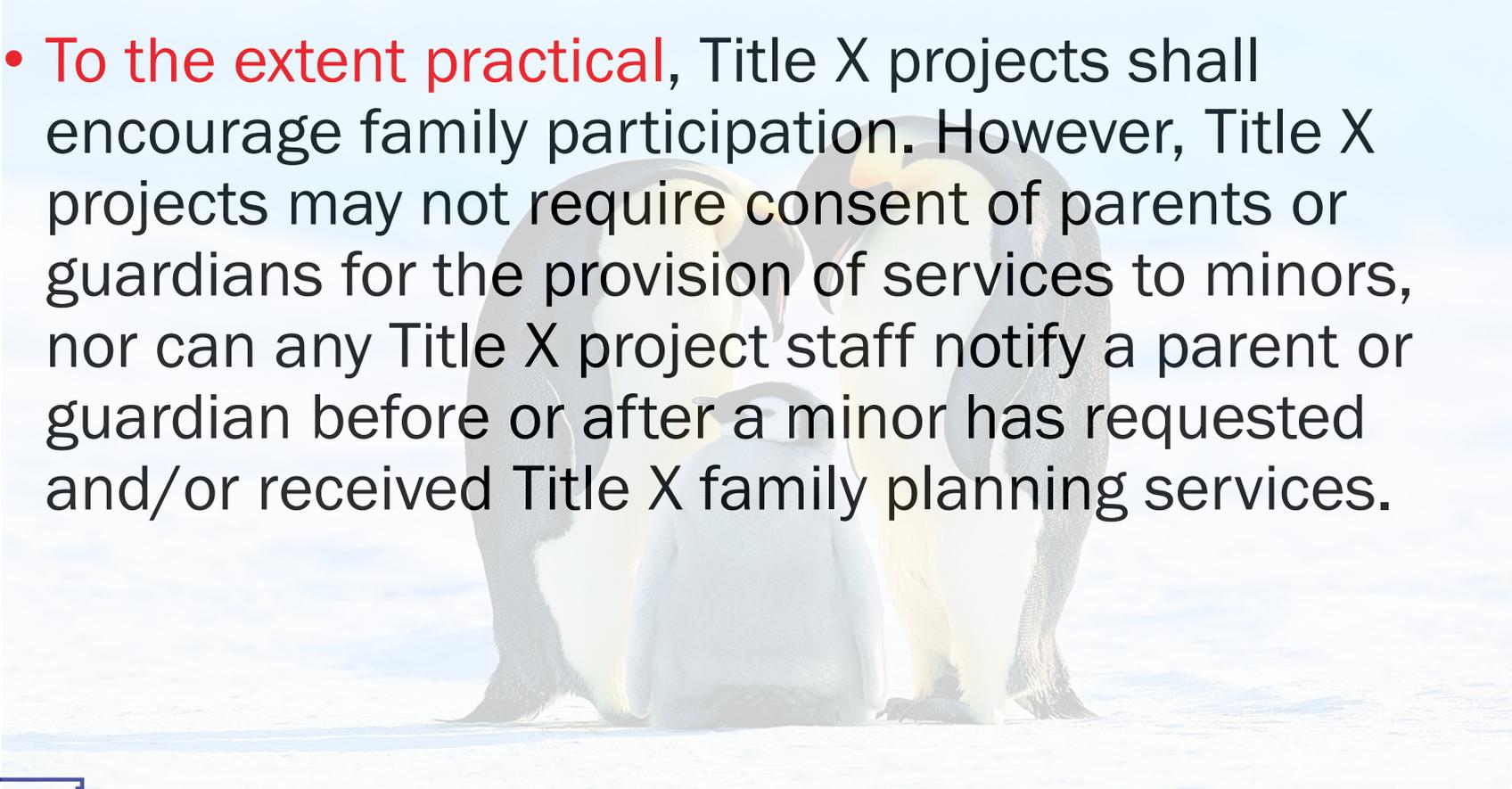
- 5.1.2 MINORS AND FAMILY PLANNING

Adolescent-friendly health services are services that are accessible, acceptable, equitable, appropriate and effective for adolescents.





# 1.2.G Parental/Family Involvement

- **To the extent practical**, Title X projects shall encourage family participation. However, 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.
- 



# Appendix B:

- IV.B. Billing

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.



# Appendix B:

- III.B. Income

Clinics shall make **reasonable** measures to verify client income, **without burdening clients** from low-income families.

“What to include as income” can be found at:  
<http://healthcare.gov/income-and-household-information/income>



## 5.1.3 Minors and Coercion

- The availability of community services such as counselors, domestic violence shelters and rape crisis centers should be readily available. **Keep an updated referral list in the clinic to give to clients.**



# 1.2.K Referral Services



Title X clinics should provide for coordination and use of referrals and linkages with primary healthcare providers, other providers of healthcare services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs, who are in close physical proximity to the Title X site, when feasible, in order to promote access to services and provide a seamless continuum of care.



# Standing Order for PHC for Urine HCG Pregnancy Testing (page 47)

- CARRYING PREGNANCY TO TERM:

If she will qualify and wants Medicaid Presumptive Eligibility and/or home visiting services (via Early Childhood Education & Care Department-provider list on ECECD website), start the process.

<https://www.nmeccd.org/wp-content/uploads/2020/06/New-Mexico-Home-Visiting-Program-Contact-List-6.29.20.pdf>

New Mexico Early Childhood Education & Care Department



## Home Visiting Regional Contact List

Northwest			
Home Visiting Program	Counties Served	Primary Contact	Contact Info
Avenues Early Childhood Services	McKinley	Regina Huffman	(O): 505-870-4982 Email: avenues.ecs@gmail.com

3. Upon client's request, provide a list of agencies helping with this service and discuss any questions she may have.
4. If she will qualify and wants Medicaid Presumptive Eligibility, start that process as she might be covered for pregnancy-related benefits, including pregnancy termination.



# Appendix F: Referrals

- Title X clinics must provide for coordination and use of referrals and linkages.
- Information on referrals for prenatal care, adoption, abortion, and infertility has been updated.
  - Ex: New Mexico Midwives Association website provides “Find a Midwife” search feature for Home and Birth Center Deliveries at <http://www.newmexicomidwifery.org>



# Appendix B:

- I.B.3 Private Medical Insurance

With regard to **insured** clients, **clients whose family income is at or below 250% of the Federal Poverty Level (FPL)** should not pay more (in co-pays or additional fees) than what they would otherwise pay when the sliding fee discount schedule is applied. Fees must be waived for individuals with family incomes above 100% of the FPL who, as determined by the service site project director, are unable, for good cause to pay for family planning services (Title X Program Requirements).

**In non-public health emergency situation**, PHO staff will check the client's insurance eligibility and determine with client's co-pay amount based on their insurance plan.

# Appendix B:

- IV.A.2 Charges for clients with incomes between 101% and 250% FPL

For clients with private medical insurance, if the co-pay is less than the client would pay on the sliding fee schedule, they should pay the co-pay. If the co-pay is more than what the client would pay based on the sliding fee discount schedule, the client pays what they would pay based on the sliding fee discount schedule. (FPP will provide “A **Job Aid** for the Front Desk Staff” when PHO staff are no longer subjected to public health emergency operations).

Collecting Co-Pays and Applying  
Sliding Fee Discount Schedule  
A JOB AID FOR FRONT DESK STAFF



# Protocol Appendix D Update

Tina Sanchez

Title X FPP Nurse Consultant

[tina.sanchez2@state.nm.us](mailto:tina.sanchez2@state.nm.us)



# Training Requirements for 2021

## New Rule Changes

[Service Providers \(nmhealth.org\)](http://nmhealth.org)

### Title X Clinical and Non-Clinical courses

Within 90 days of this protocol update, ALL current staff are required to complete the Title X Clinical OR Non-Clinical courses in NMTRAIN.

#### TITLE X MANDATORY TRAININGS

- Title X Orientation - Clinical and Non-Clinical (Revised):
  - All staff (both Public Health Office & Provider Agreement) are required to complete trainings within 30 days of hire or delivering Title X services.
  - When updated training is available, current employees must complete within 90 days.
  - Completion required annually.

# FPP webpage and NMTRAIN

[Service Providers \(nmhealth.org\)](http://nmhealth.org)

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

**TRAIN** New Mexico

HOME COURSE CATALOG YOUR LEARNING CALENDAR RESOURCES DISCUSSIONS  
ADMIN HELP



**NMDOH FPP 2021 Title X Orientation Clinical**

Back

History

Launch

Print Certificate



Completed

Web-Based Training - Self-Study

ID 1096130

Skill Level: Introductory

1h

★★★★★ (116 Ratings)

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.

About

Contacts

Reviews

Discussion

Certificates



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# FPP webpage and NMTRAIN

## [Service Providers \(nmhealth.org\)](http://nmhealth.org)

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

**TRAIN** New Mexico

[HOME](#) [COURSE CATALOG](#) [YOUR LEARNING](#) [CALENDAR](#) [RESOURCES](#) [DISCUSSIONS](#)

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



**NMDOH FPP 2021 Title X Orientation Non-Clinical**

[Back](#)

[History](#)

[Launch](#)

[Print Certificate](#)

Completed

Web-Based Training - Self-Study

ID 1101363

Skill Level: Introductory

1h



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.



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# NMTRAIN User Tips!

- Consider clearing cache to promote easier (and quicker) viewing of trainings.

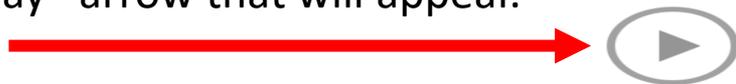
[View and delete browser history in Microsoft Edge](#)

\*\*Another tip is it helps when using our webpage (as well as others).

- Allow time to complete the courses. There is a large amount of content to load (especially the Clinical/QFP course).

- After “launching” a course, 

allow a few moments to pass allowing the course to fully load before clicking “Play” arrow that will appear.





# NMTRAIN User Tips!

If the starting slide is not a cover slide with title, click refresh or rewind button (on slide loader, NOT browser) and slide deck should reset to the first slide.





# NMTRAIN User Tips!

*Starting slides for each course:*



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## New Mexico Department of Health Family Planning Program

### *Title X Orientation and Quality Family Planning (QFP) Training for Clinical Staff 2021*

This training course is a self-paced review of Program Requirement slides that can be advanced by the participant. A clinical and QFP overview video and Fee Collection video require speakers or headphones to complete this course.

Let's begin. Use arrows to  
move slides.



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## Family Planning Program

### *Title X Orientation Training for Non-Clinical Staff*

2021

This training course is a self-paced review of Program Requirement slides that can be advanced by the participant. A Fee Collection video requires speakers or headphones to complete this course. This on-line course will take approximately one hour to complete.

There is a Final Assessment at the end of this training. A passing score of 80% or higher will be necessary to receive a certificate of completion.

Let's begin. Use arrows to  
move slides.

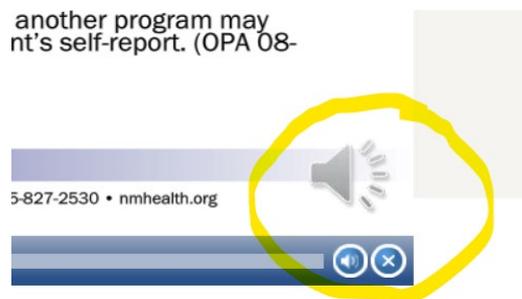


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# NMTRAIN User Tips!

- Manually advance slides using play or forward buttons **one at a time, allowing a pause in between**. NEVER use fast forward button if it is an option. It may alter sequencing and play of slides.
- **Do not advance slides rapidly** as it will lose picture or audio. If this happens, click pause button and wait a few seconds. Then proceed backward or forward using buttons, **one click at a time**. You may have to start over from beginning if it does not reset for you.
- When viewing/listening to a recorded slide, it will have a speaker symbol (in right lower corner of slide) and will self-advance when the audio is complete. If it does not self-advance, click the forward button once.



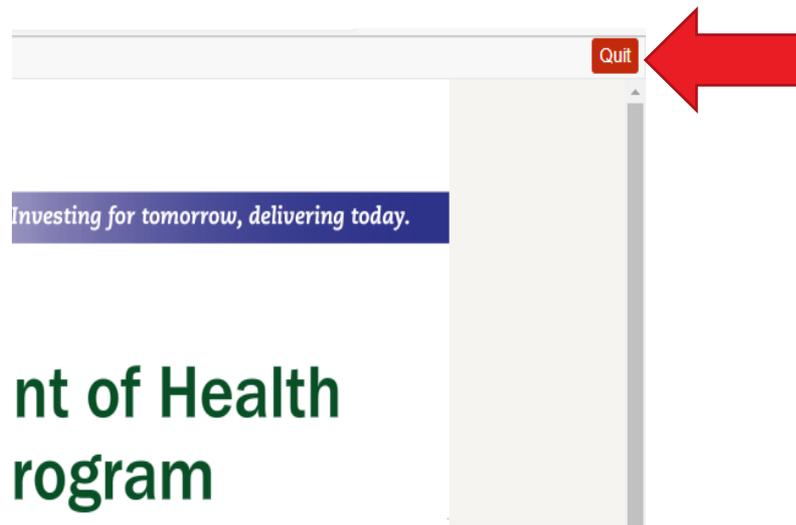


# NMTRAIN User Tips!

- For slides toward the very end of courses after audio ends, slides with a yellow arrow will remind you to click forward button once (the Post-Assessment then auto-releases for user completion).
- If you click the “Quit” button in right hand corner, it will close you out of entire course. Do not use it unless you intend to leave course unfinished. It will not reset to where you left off for your return another time.



Advance slide manually by clicking on forward button!





# NMTRAIN User Tips!

- If there is a lot of buffering during the course, consider logging out and returning later to try again another time. You may want to “Withdraw” from a course you cannot complete in one sitting or start having problems with so you can start over another time.

| Non-Clinical Title X

**More Actions**   **Launch**   **Print Certificate**

History   Training - Self-Study   ID 1064832   Skill Lev

**Withdraw**

The purpose of this training is to educate non-clinical staff who provide family planning services in

[Show More](#)

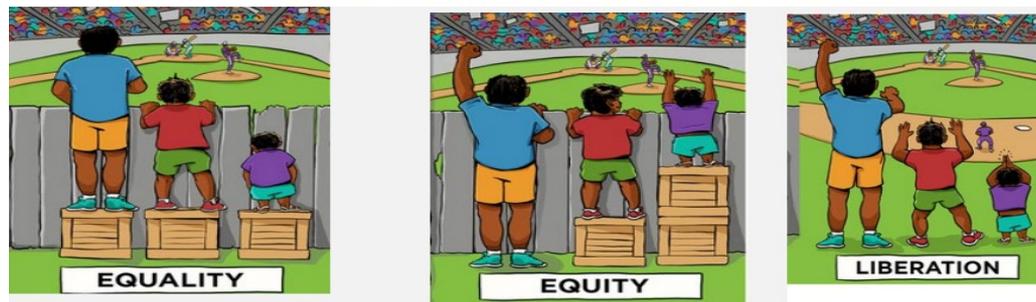
Reviews   Discussion   Certificates

# Health Equity related topics and resources

Recommended trainings and resources have been added to the FPP Protocol, Appendix D:

## o Health Equity related

- [National CLAS Standards \(rhntc.org\)](http://rhntc.org)
- [Presentations - Think Cultural Health \(hhs.gov\)](http://hhs.gov)
- [Education - Think Cultural Health \(hhs.gov\)](http://hhs.gov)



Story Based Strategy  
<http://www.storybasedstrategy.org/blog/the4thbox>

A green, rounded rectangular button with the word "REMINDER" in white, bold, uppercase letters. The button has a slight shadow and a gradient effect.

# REMINDER

- The 9/27/21 Protocol update session has been uploaded to the FPP webpage and the link was emailed to all sites on 10/22/21.

*Today's session will also be recorded and uploaded to the FPP webpage.*

- Title X Federal Program Review by OPA in 2022. Some service sites will be selected, and the process will be virtually, in-person or combination of the two.

# Questions?

