

# The Impact of Title X on Publicly Funded Family Planning Services in California: Access and Quality



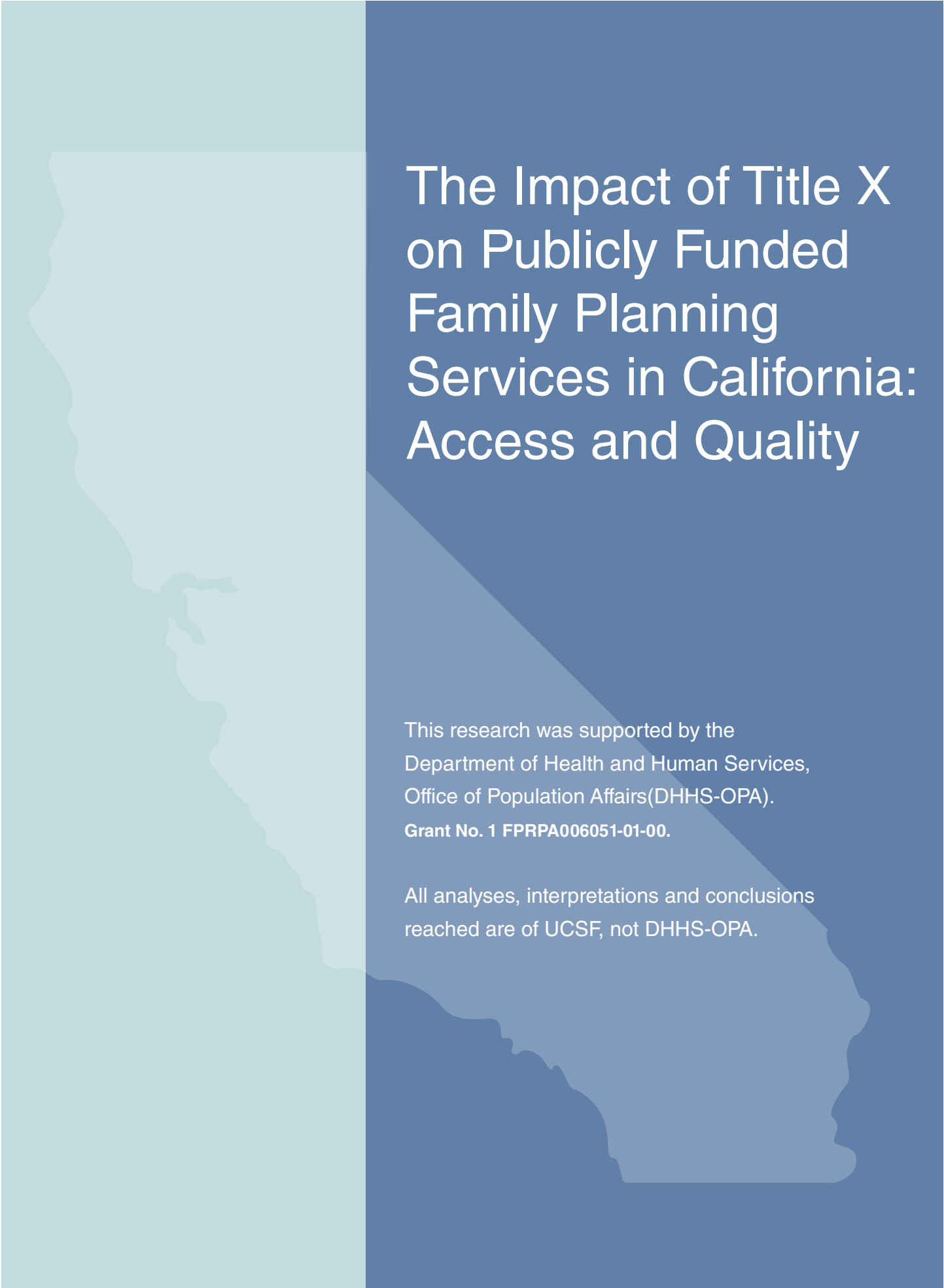
Bixby Center  
for **Global**  
Reproductive  
Health



University of California San Francisco

JANUARY 2014



The background of the page features a stylized map of California. The left side of the map is light teal, while the right side is a darker blue. A diagonal line separates the two colors, running from the top right towards the bottom left. The map is positioned behind the text, with the title on the right and the supporting text on the left.

# The Impact of Title X on Publicly Funded Family Planning Services in California: Access and Quality

This research was supported by the  
Department of Health and Human Services,  
Office of Population Affairs(DHHS-OPA).

**Grant No. 1 FPRPA006051-01-00.**

All analyses, interpretations and conclusions  
reached are of UCSF, not DHHS-OPA.

### **INVESTIGATORS:**

Philip Darney, MD, MSc

Heike Thiel de Bocanegra, PhD, MPH

Claire Brindis, DrPH

Maria Rodriguez, MD

### **STUDY TEAM:**

Joan Chow, DrPH, MPH

Julie Cross Riedel, PhD, MPH

Denis Hulett, MS

Fran Maguire

Mary Menz, PHN, BSN

Hye-Youn Park, PhD, MSc, MPH

Daria Rostovtseva, MS

### **CONTRIBUTORS:**

(California Family Health Council)

Julie Rabinovitz, MPH

Karen Chustz

Margie Fites Seigle

Maryjane Puffer, MPA

Kathryn Horsley, DrPH

### **CONSULTANTS AND CONTRACTORS**

Carol Wright Illustration &  
Graphic Design

---

#### **Suggested citation:**

Cross Riedel J, Thiel de Bocanegra H.  
The Impact of Title X on Publicly Funded  
Family Planning Services in California:  
Access and Quality. Sacramento, CA:  
Bixby Center for Global Reproductive Health.  
University of California, San Francisco, 2014.

# The Impact of Title X on Publicly Funded Family Planning Services in California: Access and Quality

## Introduction

---

*California has the highest number of Title X clients in the nation and its Family Planning, Access, Care, and Treatment (Family PACT) program is the largest Medicaid family planning expansion.*

---

In 2008, publicly funded family planning clinics served over seven million women, meeting 41 percent of the national need for family planning.<sup>1</sup> While publicly funded clinics are a key source of care, many states struggle to provide access to high quality reproductive health services in a cost-effective manner. There are two critical sources for publicly funded family planning services: 1) Title X of the Public Service Act, a federal grant program established in 1970 and administered by the Department of Health and Human Services, which provides high quality reproductive healthcare and contraceptive services to low income United States (U.S.) women and men;<sup>2</sup> and 2) Medicaid, a joint federal-state program which finances health services for low-income individuals. Medicaid funding for family planning services occurs through either traditional fee-for-service or managed care Medicaid, 1115 Medicaid demonstration waivers, and State Plan amendments. The waiver programs and State Plan amendments expand Medicaid eligibility requirements solely for family planning services. The success that these expansions have had in reducing unintended pregnancies and conserving state funds has increased their popularity in recent years. Currently 31 states, including California, operate Family Planning Medicaid expansions either as an 1115 demonstration waiver program or a State Plan amendment.<sup>3</sup> California's State Plan amendment was enacted in July of 2010 as part of the federal health care reform law.

California serves the highest number of Title X clients in the nation and its Family Planning, Access, Care, and Treatment (Family PACT) program is the largest Medicaid family planning expansion. Title X clinics and Family PACT providers have complementary goals and a strong history of caring for California's low income residents. While both programs have similar goals, key differences exist between the two entities. Nearly all Title X subawards in the state (80 of 81) are managed by California Family Health Council (CFHC). CFHC's diverse Title X provider network includes federally qualified health centers and look alikes, city and county health departments, universities and hospitals, school-based health clinics, stand-alone family planning clinics, and Planned Parenthood affiliates.

---

*Title X funding can be used to: expand clinic hours, inform a target population of family planning services, introduce new technologies, improve service delivery through provider training, deliver clinical services for low-income individuals up to 250 percent of Federal Poverty Level (FPL), or provide bilingual or interpreter services.*

---

This network of providers collectively serves more than one million women, men and teens annually in 42 of California's 58 counties. Title X-funded health care organizations that receive three-year awards to enhance family planning services have to operate in areas of high need for family planning services and commit to adhere to clinical and administrative guidelines as determined by the U.S. Department of Health and Human Services, Office of Population Affairs. Title X funding can be used to: expand clinic hours, inform a target population of family planning services, introduce new technologies, improve service delivery through provider training, deliver clinical services for low-income individuals up to 250 percent of Federal Poverty Level (FPL), or provide bilingual or interpreter services. In contrast, Family PACT is a fee-for-service program that reimburses for direct clinical services provided to uninsured Californians up to 200 percent of FPL. Given that in California the majority of direct services are reimbursed through Family PACT, grantees can use Title X funding to increase clinic efficiency, remove barriers to access for vulnerable populations that need special attention or accommodation, and provide professional training to clinicians.

The Family PACT provider network includes over 2,000 public governmental and not-for-profit providers as well as private group and individual medical practices.<sup>4</sup> All Title X providers are Family PACT providers. This unique provider mix of Title X clinics, non-Title X public clinics and private providers makes it a compelling test-case for exploring the benefits of combining Title X and non-Title X funding sources.

It is important to assess the impact of the funding streams separately and combined to fully measure the value added of combining existing Title X networks with Medicaid family planning programs. A thorough understanding of how these funding streams impact quality and access to family planning services is essential.

This study was conducted by the University of California, San Francisco, Bixby Center for Global Reproductive Health, in coordination with CFHC. In 2009, UCSF received a three-year grant from the federal Office of Population Affairs which administers the Title X grant program. Using a variety of administrative databases and a provider capacity survey, findings from Title X clinics were compared with two other Family PACT provider groups (non-Title X public and non-Title X private sector providers) to explore the role of Title X funding regarding access to and quality of publicly funded family planning services to the low-income population in California. Detailed descriptions of the methodology and findings were published in journal articles<sup>5-8</sup> and policy briefs<sup>9-11</sup> and are summarized here.



## Methodology

In order to capture an accurate picture of the impact of Title X funding, Title X providers were categorized as those that had received Title X funding for three or more years. The expectation was that by this time Title X funding would have been able to impact infrastructure, provider training, and clinic efficiency. For the access analysis, the provider had to be a current Title X recipient in addition to the three-year requirement. Clients who were seen by another provider type as well as a Title X provider were assigned to the Title X group.

A variety of Family PACT administrative databases were used for these analyses including: client enrollment data (which include client demographic data), provider enrollment data (which include provider characteristics), and paid and denied claims for clinical, laboratory, and pharmacy services. The claims data contain procedural codes that allow for the identification of procedures related to the services in question.

In addition to administrative data, a provider capacity survey of California's Family PACT clinician providers was conducted to compare Title X-funded providers and non-Title X public and private providers on characteristics that might be influenced by Title X funding including: outreach to hard-to-reach groups and expanded clinic hours; implementation of clinic-based technology; enhanced services to limited English proficient (LEP) clients such as bilingual clinicians, trained interpreters, use of language lines, and/or signage in the office; and provider training opportunities.

## Findings: Access

### Access and Utilization<sup>9</sup>

Family PACT and Title X have built a network of family planning providers in California as diverse as the state itself, and each provider type plays an important role in enabling access to family planning services. In 2009, the network of 2,126 providers enrolled in Family PACT included 279 (13 percent) Title X-funded public clinics, 617 (29 percent) public clinics with no Title X funding, and 1,230 (58 percent) private providers.

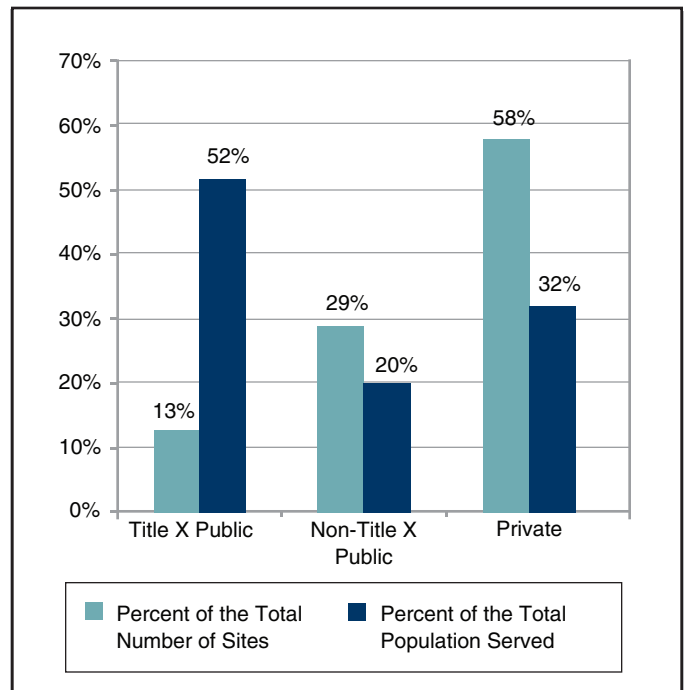
While only 13 percent of the clinics in the Family PACT provider network were Title X-funded clinics, they served half of the 1.8 million Family PACT clients in fiscal year (FY) 2008-2009. See Figure 1. Title X clinics tend to be strategically located in geographic areas where the number of individuals in need of publicly funded family planning services is high, typically in densely populated inner city areas. In contrast, non-Title X public clinics enable access in rural and remote areas where population density is low and family planning services are hard to come by. See Figure 2. Private solo and group offices tend to attract a larger proportion of Latino clients and clients with limited English proficiency. While private providers served fewer men and adults than Title X providers, they have higher proportions of male and adult clients compared to other provider types. Title X-funded providers have the highest proportion of teen clients compared to non-Title X and private providers. See Figure 3 and 4.

---

*Family PACT and Title X have built a network of family planning providers in California as diverse as the state itself, and each provider type plays an important role in enabling access to family planning services.*

---

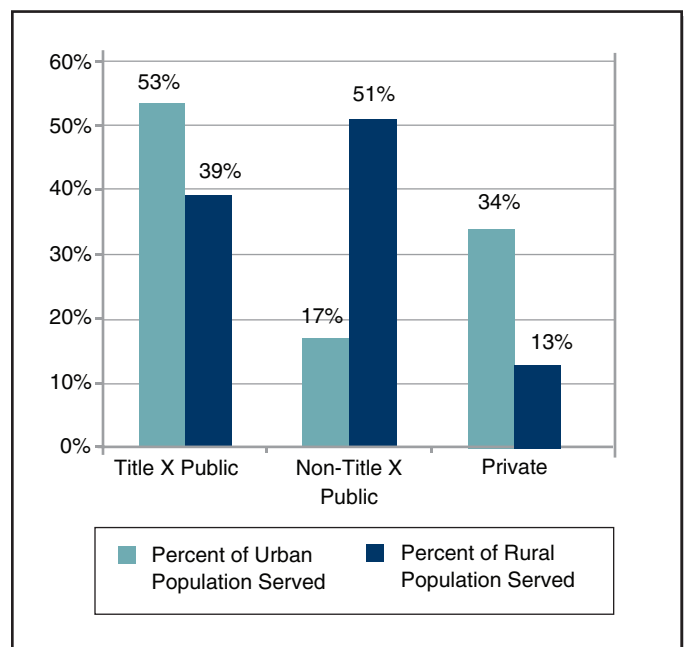
**Figure 1**  
Family PACT Provider Sites and Population Served<sup>a</sup>  
by Provider Type



<sup>a</sup> Clients could be served by more than one provider type, so total is greater than 100 percent.

Source: Family PACT claims and client enrollment data.

**Figure 2**  
Percent of Urban and Rural Clients Served<sup>a</sup>  
in Family PACT by Provider Type

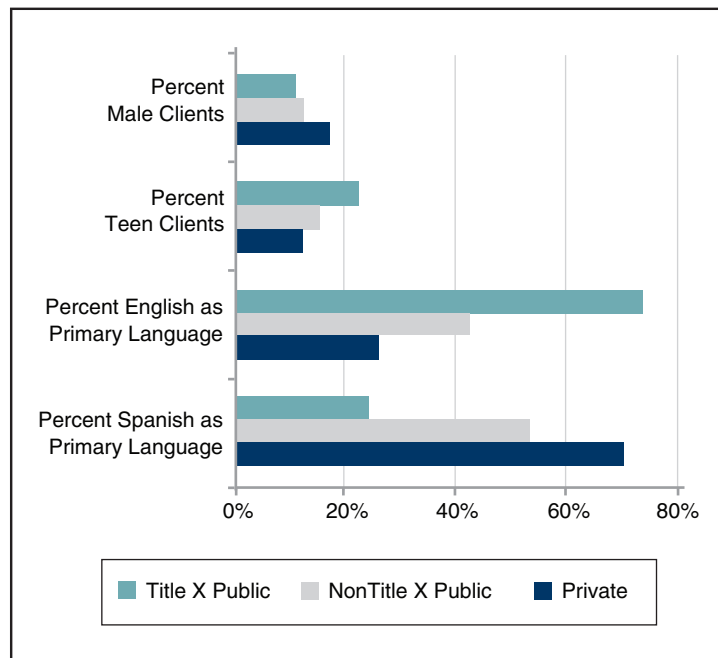


<sup>a</sup> Clients could be served by more than one provider type, so total is greater than 100 percent.

Source: Family PACT claims and client enrollment data.



**Figure 3**  
**Characteristics of Provider Sites in Family PACT by Provider Type**

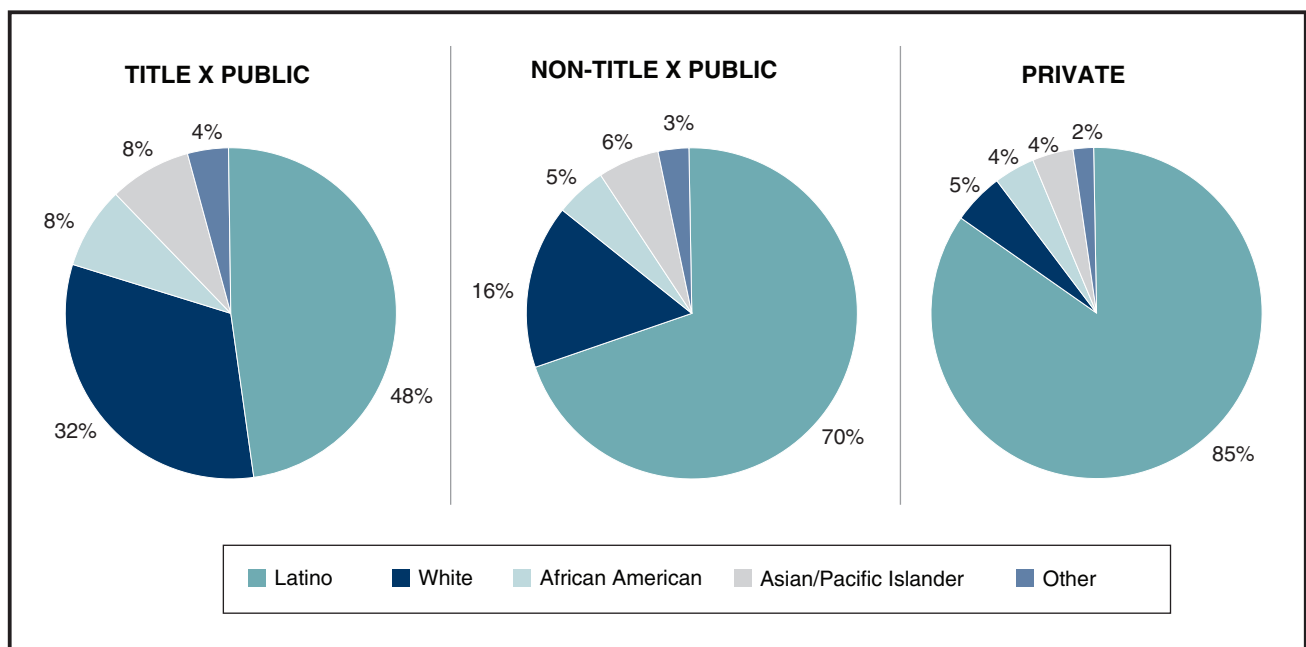


Source: Family PACT claims and client enrollment data.

### In 2009,

- Title X providers made up only 13 percent of the Family PACT provider network but served half of the Family PACT clients.
- Title X clinics tended to be strategically located in urban areas where the number of individuals in need is high.
- Title X clinics served the highest proportion of teen clients.
- Non-Title X public providers enabled access in rural areas.
- Private providers served the highest proportion of Latino, male, and adult clients.

**Figure 4**  
**Race/Ethnicity of Clients Served in Family PACT by Provider Type**



Source: Family PACT claims and client enrollment data.

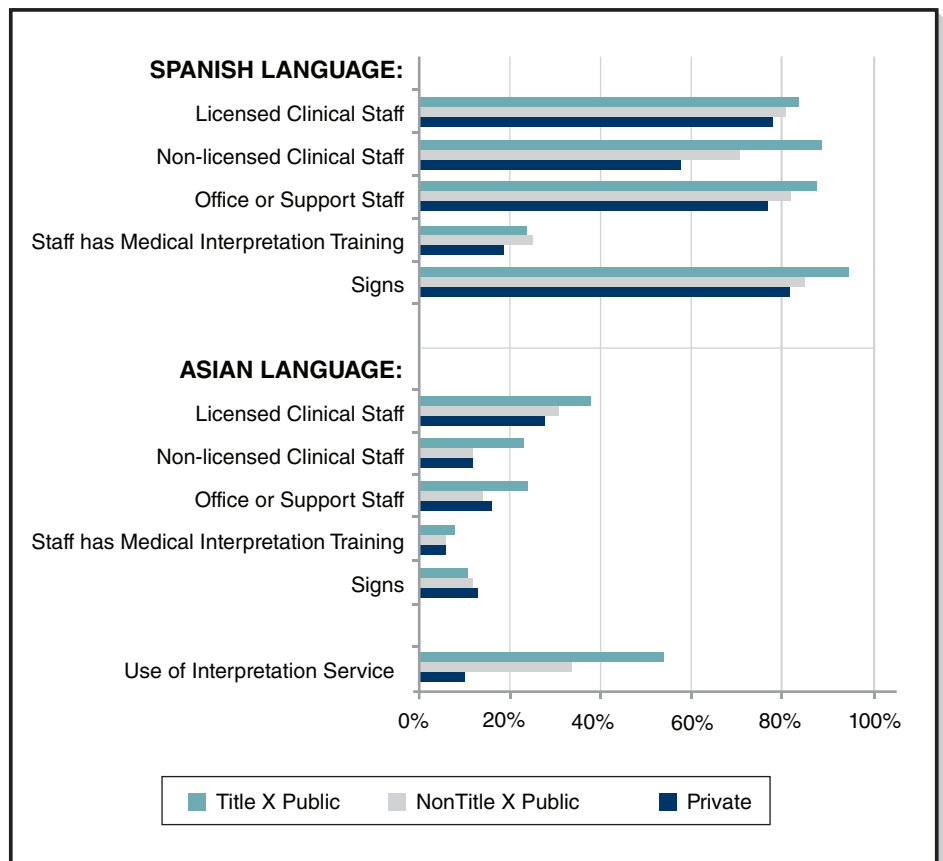
*Compared with other Family PACT providers, clinics that receive Title X funding have increased access to care through language services for LEP clients.*

## Clinic Access through Outreach, Clinic Efficiencies and Provider Training<sup>5,10</sup>

The provider capacity survey was mailed to all Family PACT provider sites in 2010. Of 2,237 surveys, 1,072 were returned for an overall response rate of 48 percent: 22 percent were from Title X providers, 29 percent from non-Title X public providers, and 49 percent from private Family PACT clinician providers.

Compared with other Family PACT providers, clinics that receive Title X funding have increased access to care through language services for LEP clients. In general, Title X providers were more likely than other public and private providers to have staff and signage available in Spanish and Asian languages (including Vietnamese, Tagalog/Ilocano/Cebuano, Korean, and Mandarin/Cantonese). See Figure 5.

**Figure 5**  
Language Availability among Family PACT Providers by Provider Type



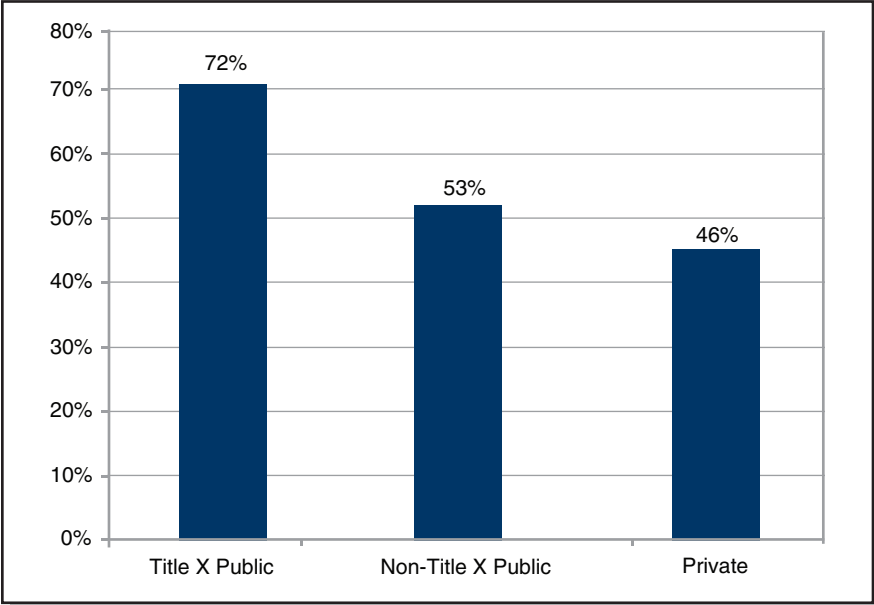
Source: Provider Capacity Survey.

Lower overall levels of Asian language availability may be due to less need in the local area. A higher proportion of Title X providers also made use of an interpreter service (either through a paid interpreter or a telephone language line) than non-Title X public and private providers.

Compared with other Family PACT providers, clinics that receive Title X funding have reduced barriers to care though expanded clinic hours (evening and/or weekend hours) and increased outreach to vulnerable and hard-to-reach populations. See Figures 6 and 7. Additionally, to a greater extent than other providers, Title X providers have improved clinic efficiency through the implementation of technology such as electronic health records, electronic communication with laboratories, and online interactions with clients. See Figure 8. This may be because Title X-funded providers in California receive reimbursement from Family PACT for most direct services and therefore have more resources to develop infrastructure necessary to provide an array of services that best respond to their clients' needs.

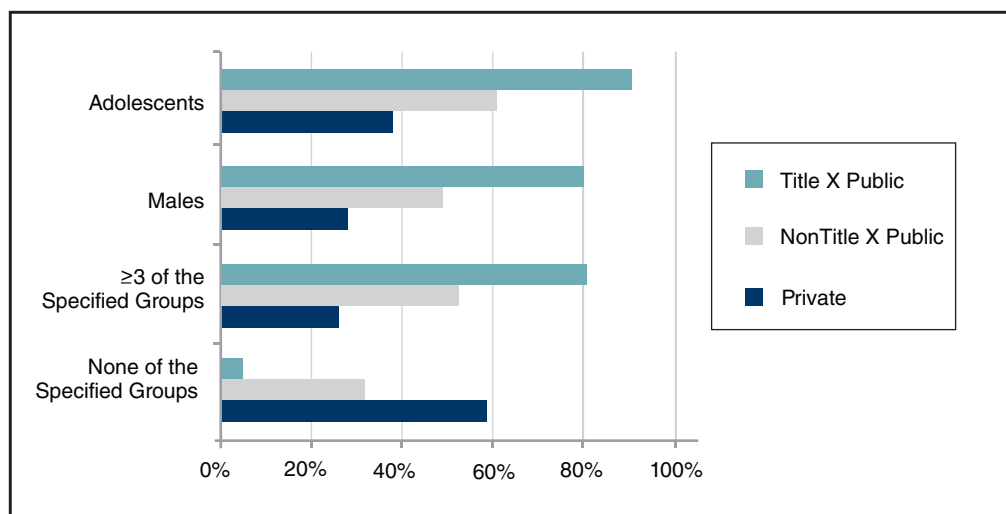
*Compared with other Family PACT providers, clinics that receive Title X funding have reduced barriers to care through expanded clinic hours (evening and/or weekend hours) and increased outreach to vulnerable and hard-to-reach populations.*

**Figure 6**  
Extended Hours<sup>a</sup> among Family PACT Providers by Provider Type



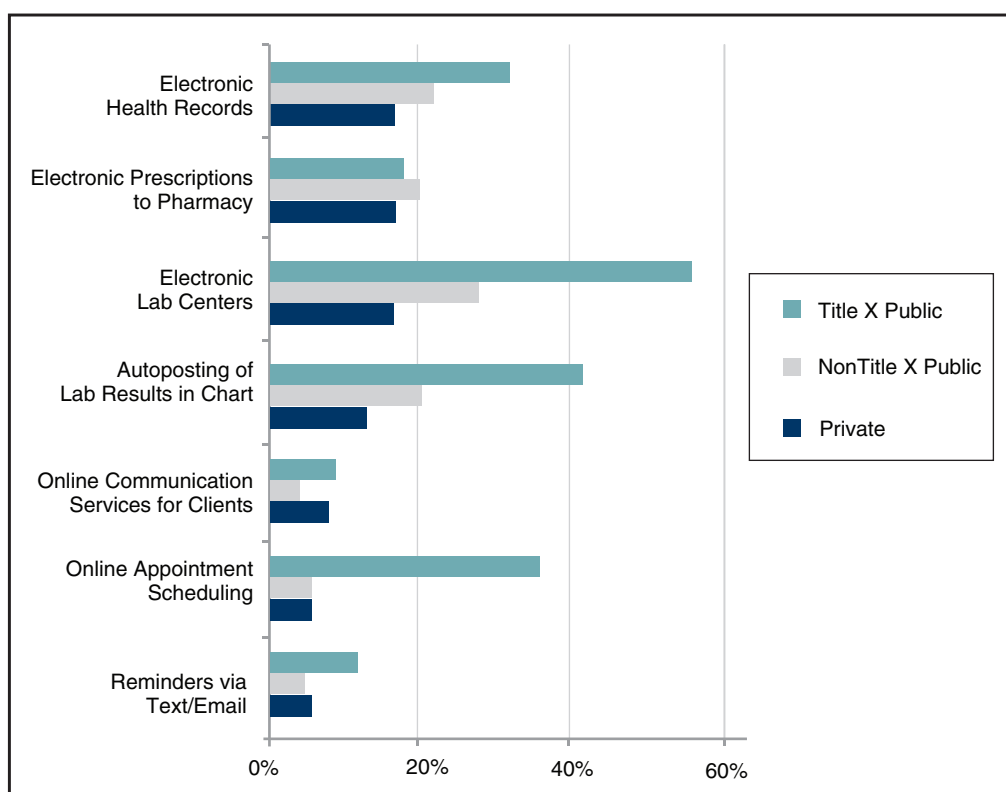
<sup>a</sup> Extended hours include evening and/or weekend hours.  
Source: Provider Capacity Survey.

**Figure 7**  
**Outreach to Vulnerable or Hard-to-Reach Populations<sup>a</sup> among**  
**Family PACT Providers by Provider Type**



<sup>a</sup> Populations specified include: adolescents, males, persons not proficient in English, lesbian/gay/bisexual/transgender, migrant workers, homeless persons, alcohol/substance users, refugees/immigrants, and persons with disabilities.  
Source: Provider Capacity Survey.

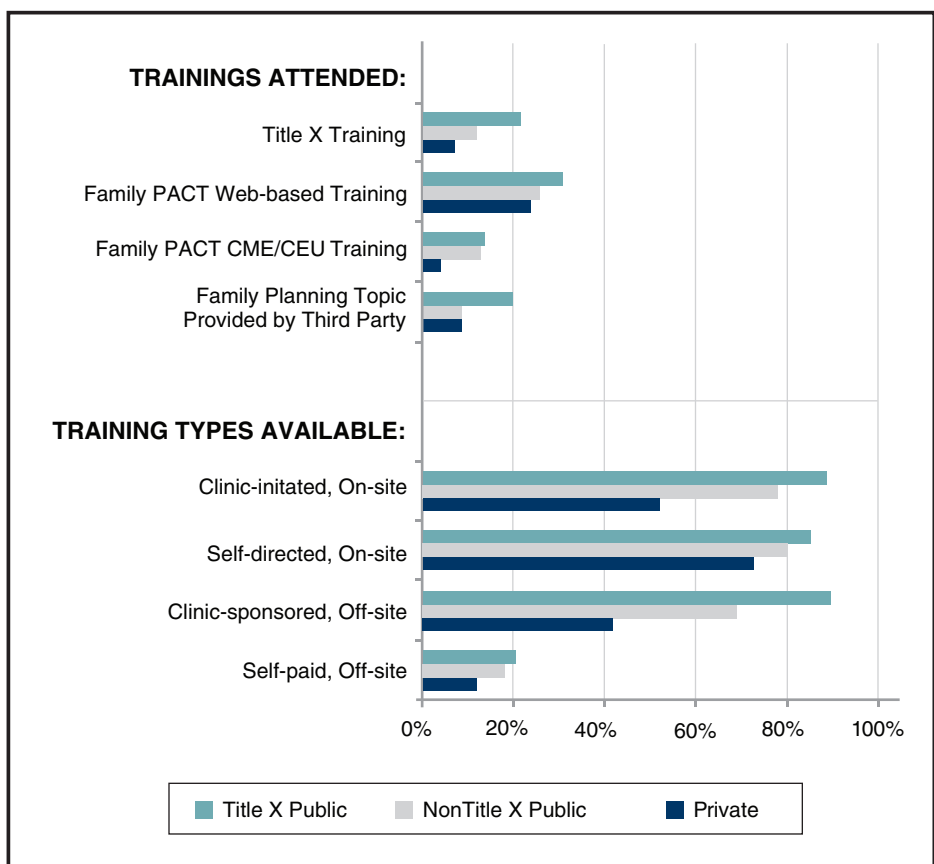
**Figure 8**  
**Use of Advanced Technologies among Family PACT Providers by Provider Type**



Source: Provider Capacity Survey.

Provider training is an important way for clinicians to remain current on standards of care so that patients receive high quality reproductive health services. A higher percentage of Title X providers participated in continued clinical training and a larger variety of clinical training opportunities were available to Title X providers. See Figure 9. Web-based trainings were the educational venue with the highest use. The preference is understandable given that they are convenient, low cost and can facilitate the professional enhancement of clinicians in rural or small clinics who may be less able to participate in other trainings.

**Figure 9**  
Attendance at Trainings and Types of Trainings Available among  
Family PACT Providers by Provider Type



Source: Provider Capacity Survey.

### According to a 2010 provider capacity survey,

- Title X providers were more likely to increase access to care through language services for LEP clients.
- Title X providers were more likely than other providers to increase access to care via extended clinic hours and outreach to hard-to-reach and vulnerable populations.
- Title X providers were more likely than other providers to improve clinic efficiency through the use of clinic-based advanced technologies.
- A higher proportion of clinicians working at Title X clinics have access to and participate in clinical training opportunities.
- Web-based trainings are important venues for provider education for all three provider types (Title X public, non-Title X public, and private).

## Clinic Access:

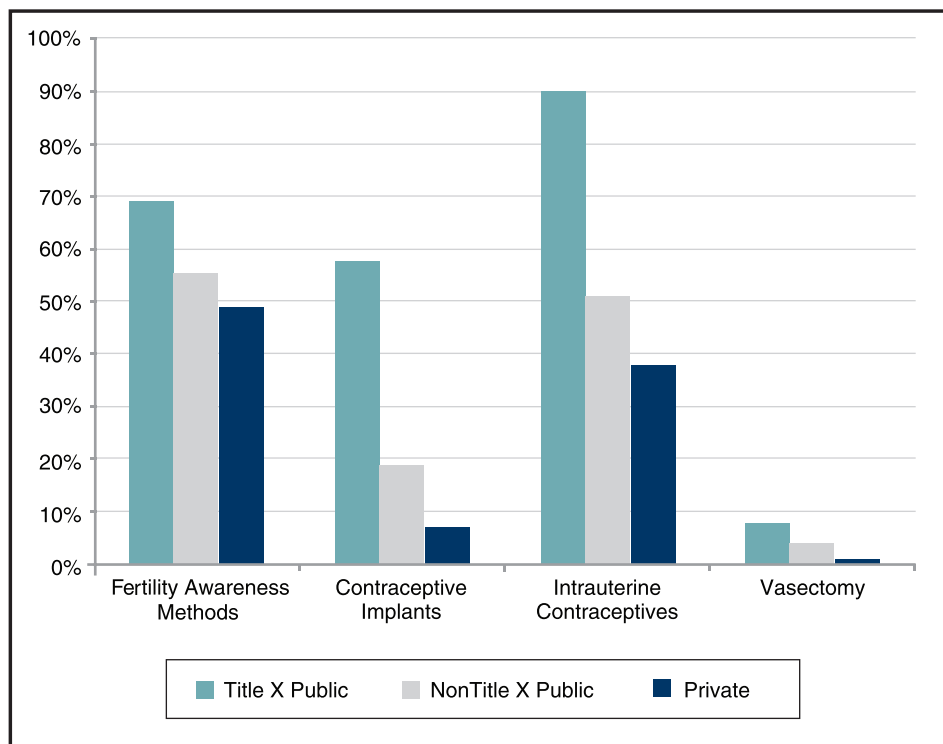
- A greater proportion of Title X providers offered onsite services for LARC, vasectomy, and fertility awareness methods.
- The relationship between Title X and onsite provision of services remained after stratifying individually by clinic capacity, specialty, location, and clinic type.

## Clinic Access through Onsite Provision of Contraception<sup>8</sup>

A primary objective of quality family planning services is providing clients with increased access to a broad range of contraceptive methods. Lack of onsite provision poses barriers to these methods which may restrict or delay their initiation or lead to selection of a less effective method. In Family PACT, methods that require specialized clinical skills, such as long-acting reversible contraception (LARC) (contraceptive implants and intrauterine contraceptives or IUCs), sterilization, and fertility awareness methods to achieve or prevent pregnancy, can be referred to another provider. Data from the provider capacity survey were matched to Family PACT claims data to examine onsite provision of IUCs, implants, and vasectomies. Providers were considered to offer the service if they had submitted at least one claim for the service in question during 2009-10. Provision of fertility awareness methods was obtained from the survey.

A greater proportion of Title X-funded clinics provided onsite services for LARC, vasectomy, and fertility awareness methods. See Figure 10. The relationship between Title X and onsite provision remained after stratifying individually by clinic capacity, specialty, rural/urban location, and clinic type. Title X-funded clinics may be more likely to train their providers to offer fertility awareness methods and LARCs, and to employ experienced clinicians to offer post-training mentorship.

**Figure 10**  
Percent of Family PACT Providers Offering Family Planning Method Onsite by Provider Type



Source: Family PACT claims data, client enrollment data, and Provider Capacity Survey.



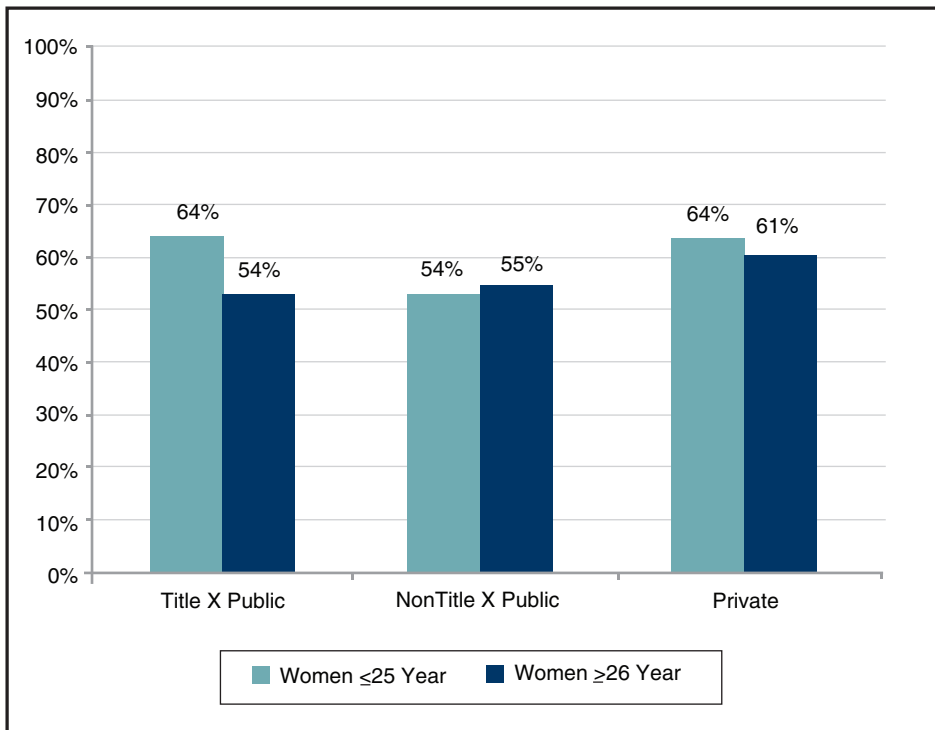
## Findings: Quality

### Chlamydia Screening Rates<sup>6,11</sup>

Routine annual screening for chlamydia is recommended for sexually active women aged 25 and under, while targeted screening based on behavioral risk factors is recommended for women older than 25.<sup>12,13</sup> Family PACT administrative data were used to examine rates of chlamydia screening among women in both age groups. All providers enrolled in Family PACT who served at least 20 female clients aged 25 and younger during calendar year 2009 were included in this analysis. Of the 1,568 providers included, 17 percent were Title X public providers, 29 percent were non-Title X public providers, and 53 percent were private providers.

Private and Title X providers had higher screening rates for young clients than non-Title X public sector providers. Private providers also had the highest screening rate among older women, which was nearly as high as that for younger women. At non-Title X public clinics, the percentage of screened women older than 25 years was even slightly higher than that of younger women. These findings suggest that private providers and non-Title X public clinics tended to order the chlamydia test independent of a female client's age or risk history. In contrast, Title X providers had the lowest screening rate for older women and the largest absolute difference in screening rates for young females versus older females. This reflects a greater adherence to age-specific screening criteria by Title X providers likely due to additional oversight and Title X program management. See Figure 11.

**Figure 11**  
**Age-Specific Chlamydia Screening Rates<sup>a</sup> among Family PACT Providers by Provider Type**



<sup>a</sup> Clinical guidelines for chlamydia screening recommend routine screening (100 percent) for women ≤25 years and targeted screening of less than 50 percent, based on risk history, for women ≥26 years.

Source: Family PACT claims and client enrollment data.

## Quality:

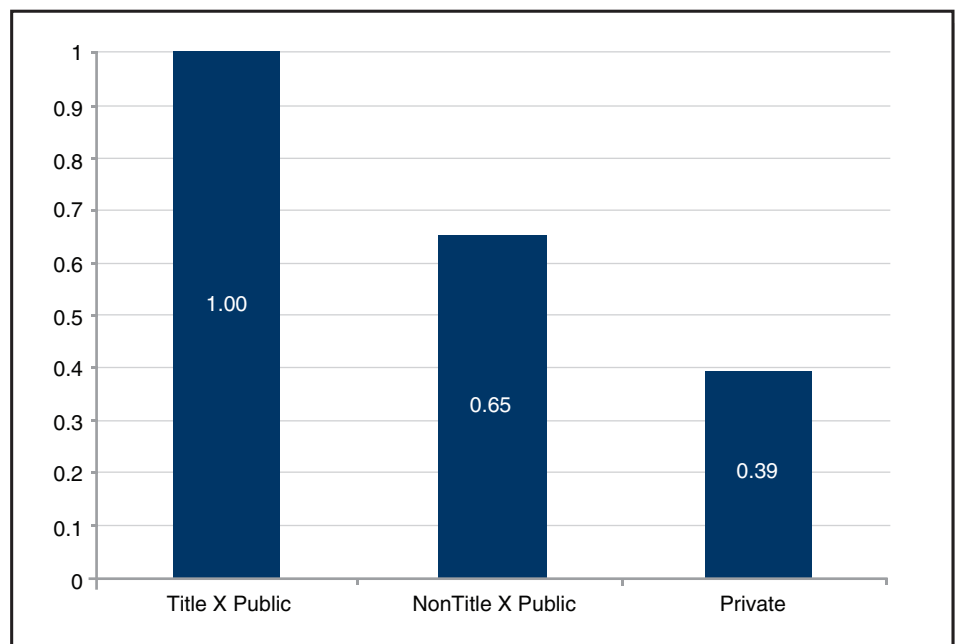
- Screening protocols for chlamydia recommend high rates of testing for young women and lower rates of targeted testing, based on risk factors, for older women. Title X providers had the lowest screening rate for older women and the largest absolute difference in screening rates for younger females vs. older females, suggesting better adherence to screening guidelines.
- LARCs are considered to be among the most effective and cost efficient means of pregnancy prevention. The odds of LARC provision were significantly greater in Title X clinics, compared to non-Title X public and private providers, when controlling for clinic size, urban/rural location, and proportion of teen, African-American, and Latina clients. Greater access to resources and clinical training might explain the gap.

## Provision of Long-Acting Reversible Contraception (LARC)<sup>7</sup>

LARC, including intrauterine contraception (IUCs) and contraceptive implants, are considered to be among the most effective and cost efficient means of pregnancy prevention. The proportion of clients receiving LARC services from Title X providers compared to other providers was studied using Family PACT administrative data. All providers enrolled in Family PACT who served at least 20 female clients a year during calendar year 2009 were included in this analysis. Of the 1,786 providers included, 15 percent were Title X public providers, 29 percent were non-Title X public providers, and 55 percent were private providers.

Title X resources were associated with increased onsite provision of LARC when controlling for clinic size and location and key client demographic variables. The odds of non-Title X public providers and private providers providing LARC services were decreased in comparison to Title X providers [35 percent decreased odds (OR=0.65) and 61 percent decreased odds (OR=0.39), respectively]. See Figure 12. Because these methods often require specialized training to deliver, Title X-funded providers may have greater access to resources and appropriate training to provide LARC or to make LARC referrals than other providers. They may also have other organizational characteristics, for example length of time providing family planning care in California, that lend themselves to a role as early “adopters.”

**Figure 12**  
Estimated Odds Ratio<sup>a</sup> (OR) for Utilization of LARC among  
Family PACT Providers by Provider Type



<sup>a</sup> Controlling for clinic size, urban/rural location, and proportion of teen, African-American, and Latina clients with Title X Public as the reference group (OR=1.0).

Source: Family PACT claims and client enrollment data.

## Summary and Conclusions

These analyses show the relationship of Title X funding to improved access to family planning services and quality of service delivery among family planning providers. Title X clinics tend to be strategically located in areas where the number of women in need of publicly funded family planning services is high, typically in densely populated inner-city areas, and Title X-funded clinics serve the highest proportion of teen clients. Title X-funded providers were more likely to offer extended clinic hours, provide outreach to vulnerable or hard-to-reach populations, use advanced technologies in their clinics and provide alternate language services than non-Title X providers. Additionally, a greater proportion of Title X-funded clinics provided onsite services for LARC, vasectomy, and fertility awareness methods, services that are often referred out due to provision requiring a higher level of specialized skills. Title X also appeared to be associated with increased quality using measures available through claims analysis. Title X providers had greater adherence to chlamydia screening guidelines that require different levels of screening for different age groups, and were more likely to provide LARC services, the most effective and cost efficient means of pregnancy prevention.

The mission of Title X funding is to provide comprehensive family planning and related preventive health services to uninsured, low-income individuals. Special emphasis is given to targeting vulnerable and hard-to-reach groups. With the implementation of the Affordable Care Act, the Medicaid system will increasingly provide reimbursement for reproductive health services to a large group of women who have received services from Title X programs. Our findings show the value of funding allocated to reproductive health services in an environment where basic family planning services are reimbursed through a publicly funded program. Title X funding in California provides resources to enhance clinic efficiency and provide services to vulnerable populations that need special attention or accommodation when compared to non-Title X-funded public and private family planning providers. Our data also suggest that these enhancements provide better access to services and contribute to better quality of care.

California's expanded provider network of Family PACT and Title X providers ensures more geographic access points for rural, immigrant, adolescents, and males alike. Many of these clinics also provide primary care services to uninsured and underinsured groups. A clinic network with good infrastructure will be able to integrate the demand for primary care services of the newly insured while maintaining high quality reproductive health care services. Due to their focus on family planning and women's health issues, Title X-funded providers have an important function in modeling the evidence-based standards of reproductive health care for smaller and/or primary care providers in the network.

## REFERENCES

- 1 Frost JJ, Henshaw SK and Sonfield A. Contraceptive needs and services: national and state data, 2008 update. New York: Guttmacher Institute. 2010. Available at:  
**<http://www.guttmacher.org/pubs/win/contraceptive-needs-2008.pdf>**
- 2 A Review of the HHS Family Planning Program: Mission, Management, and Measurement of Results. The National Academies Press. Washington, D.C. 2009.
- 3 State Policies in Brief: Medicaid Family Planning Eligibility Expansions. Guttmacher Institute. January 1, 2013. Available at: **[http://www.guttmacher.org/statecenter/spibs/spib\\_SMFPE.pdf](http://www.guttmacher.org/statecenter/spibs/spib_SMFPE.pdf)**
- 4 Family PACT Program Report, FY 2010-11. Bixby Center for Global Reproductive Health, University of California, San Francisco. Sacramento, CA. 2012. Available at:  
**[http://bixbycenter.ucsf.edu/publications/files/FPACT\\_ProgramReport\\_10-11.pdf](http://bixbycenter.ucsf.edu/publications/files/FPACT_ProgramReport_10-11.pdf)**
- 5 Thiel de Bocanegra H, Maguire F, Hulett D, Horsley K, Puffer MJ, Brindis C. Enhancing Service Delivery Through Title X funding: Findings from California. Perspectives on Sexual and Reproductive Health. 2012 Dec; 44(4).
- 6 Chow J, Thiel de Bocanegra H, Hulett D, Park H, Darney P. Comparison of Adherence to Chlamydia Screening Guidelines among Title X Providers and Non-Title X Providers in the California Family Planning, Access, Care, and Treatment (Family PACT) Program. Journal of Women's Health. 2012 July; 21(0):1-6.
- 7 Park H, Rodriguez M, Hulett D, Darney P, Thiel de Bocanegra H. Long-acting reversible contraception method use among Title X providers and non-Title X providers in California. Contraception. 2012 Nov; 86(5):557-61.
8. Thiel de Bocanegra H, Cross Riedel J, Menz M, Darney PD, Brindis CD. Onsite Provision of Specialized Contraceptive Services: Does Title X funding Enhance Access? Journal of Women's Health. 2014 April. (in press).
- 9 Bixby Reproductive Health Brief: Providing Access to Family Planning through Title X and Medicaid Family Planning Expansion. Bixby Center for Global Reproductive Health, University of California, San Francisco. January 2011. Available at: **[http://bixbycenter.ucsf.edu/publications/files/Access%20Brief\\_Title%20X](http://bixbycenter.ucsf.edu/publications/files/Access%20Brief_Title%20X)**
10. Bixby Reproductive Health Brief: Family Planning Provider Education and Training in California. Bixby Center for Global Reproductive Health, University of California, San Francisco. March 2012. Available at:  
**<http://bixbycenter.ucsf.edu/publications/files/FPact%20Provider%20Training>**
11. Bixby Reproductive Health Brief: Chlamydia Screening in the Family PACT Program. Bixby Center for Global Reproductive Health, University of California, San Francisco. June 2012. Available at:  
**[http://bixbycenter.ucsf.edu/publications/files/FP\\_HealthBrief\\_3\\_Jan%202012.pdf](http://bixbycenter.ucsf.edu/publications/files/FP_HealthBrief_3_Jan%202012.pdf)**
12. U.S. Preventive Services Task Force. Screening for chlamydial infection: U.S. Preventive Services Task Force Recommendation Statement. Ann Intern Med. 2007; 147:128-33.
13. Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2010. MMWR 2010. 2010; 59(RR-12): 44-5.





Bixby Center  
for **Global**  
**Reproductive**  
**Health**

**UCSF**

University of California San Francisco

<http://bixbycenter.ucsf.edu>