2026 Family Planning Coordinator Meeting

June 18, 2026

MDHHS
Michigan Department of Health & Human Services

Welcome
Sign-in

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Michigan Department of Health & Human Services

Introduction

- Please Introduce yourself:
  - Name.
  - Agency.
  - Title.
  - Length of time in family planning.
    - Less than one year would be new to family planning.

Family Planning Staff

Administrative Consultants

- Barbara "Quess“ Derman dermanb@michigan.gov.
- Darin McMillan mcmilland@michigan.gov.
- Nathene Morley morleyn@michigan.gov.

Nurse Consultant and Contractors

- Lizzy McDonald mcdonalde1@michigan.gov.
- Sue Montei monteis@michigan.gov.
- Lauren Krueger kruegerl3@michigan.gov.
- Jordan Wyeth wyethj@michigan.gov.

Analysts

- Rosemary ‘Rose’ Wilkins wilkinsr@michigan.gov.
- Stephen ‘Steve’ Utter utters@michigan.gov.

Reproductive Health Unit Manager

- Keyonie 'Key' James jamesk17@michigan.gov.

Icebreaker:
What's on your radar?

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Family Planning Update

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Family Planning Network

- Subrecipients: 33.
- Service sites: 85.
  - Grand Traverse County Health Department, Kingsley MI, effective November 2025.
- Calendar Year (CY) 25 Family Planning Annual Report (FPAR):
  - Unduplicated users 35,785, down 9% from 2024.
  - Male users 5,315, down 2% from 2024.
  - Teen/youth users 2,477, down 19%.
  - Female 15-44 Most/Moderately Effective (MME) 62%.
  - Female Long-Acting Reversible Contraceptive (LARC) 15-44 22.3%.

FY27 MDHHS Family Planning Awards

- Non-Compete Continuation (NCC) applications and guidance was released late this application period.
- Guidance is typically released at least three to four months before the start of new budget period which begins on April 1.
- MDHHS Family Planning was notified that its NCC application was approved and awarded for the budget period April 2026 through March 2027.

FY27 MDHHS Family Planning Awards, Continued

Current Family Planning Title X allocations reflect a Geographic Service Area (GSA) reduction across all subrecipients.

- FY27 allocations reflect:
  - $100,000 base funding, non-caseload dependent.
  - Original GSA funding.
  - Additional GSA funding with caseload requirements will be reduced by 10%.
- What is removed:
  - Access to contraceptive funding.
  - Reduction of GSA funding by 10%.

FY27 MDHHS Family Planning Awards, Continued

- FY27 funding amounts will be finalized once state of Michigan appropriations are known and may result in increased funding for subrecipients.
- Amendments, if applicable, would be applied according to standard amendment cycle.
- Initial FY27 agreements will be released between June and August 2026 in Electronic Grants Administration and Management System (EGrAMS).

FY27 Performance Expectations

- FY27 performance expectations will now be communicated to subrecipients through the MDHHS Family Planning Program.
- Performance requirements will not be reflected in EGrAMS contracts.
- The Family Planning Program will send a FY27 award letter to health officers and family planning coordinators to include:
  - FY27 allocation amounts.
  - FY27 performance caseload requirements.

FY27 Contract Language Update

- Performance will be monitored using the year-end FPAR 2.0 data.
- Each grantee is expected to:
  - Meet minimum performance requirements to access the full amount of allocated funds.
  - Provide family planning services in a manner that is client-centered by being culturally and linguistically appropriate, non-discriminatory, accessible to everyone and trauma-informed. Which protects the dignity of the individual and ensures quality service for all clients.
  - Establish and implement planned activities to facilitate community awareness and access to family planning services.
  - Provide coordination, referrals and connections with other healthcare providers, social services and counseling services.

FY27 Contract Language Update, Continued

- Each grantee will use FPAR 2.0 to:
  - Identify program trends and areas for improvement.
  - Implement quality improvement techniques.
  - Utilize program promotion or community outreach.
- Effective Oct. 1, 2025, HHS transitioned from *45 Code of Federal Regulations (CFR) Part 75* to *2 CFR Part 200*, with HHS-specific provisions in *2 CFR Part 300*, which now govern federal award requirements.
  - Each grantee assures all project expenditures comply with noted federal regulations and are expended solely for the purpose of delivering Title X family planning services. Additionally, all family planning revenue earned will be invested back into the program and documented as earned income for financial reporting.

FY27 Contract Language Update, Continued

Report Name	Period	Due Date	How to Submit
FPAR 2.0 year-end family planning encounter level report (CY26).	Annually	Second Friday in January.	MOVEit via family planning transfer area.
FPAR quarterly and mid-year data reports encounter level (CY26).	Quarterly	Second Friday in month after quarter-end.	MOVEit via family planning transfer area.
FPAR table 13 and 14 family planning encounter and revenue report (CY26).	Biannually	Second Friday in month after Q2 and Q4.	MDHHS Family Planning inbox mddhs-reproductivehealthunit@michigan.gov.
Annual healthcare plan.	Annually	Second Friday in September.	MDHHS Family Planning Inbox mddhs-reproductivehealthunit@michigan.gov.
Family planning consumer survey.	Annually	Third Friday in April.	MDHHS Family Planning Inbox mddhs-reproductivehealthunit@michigan.gov.

MOVEit File Transfer Protocol (FTP)

- MILOGIN will be sunset as the State's secure file transfer system in summer 2026 (est. August 3, 2026).
- MOVEit, will replace MILOGIN for secure file transfers.
- This change will impact local agencies that share secure information with MDHHS (e.g., Family Planning, Audit).
- MOVEit is expected to be web-based (URL access only).
- Active user accounts and files will be migrated from MILOGIN to MOVEit.
- DTMB will notify users of migration and provide training materials and videos to support users on website (est. May 29, 2026).
- August 3, 2026, MOVEit estimated go live.
- Local Agency FPAR 2.0 Reports due Oct. 9, 2026, will occur in MOVEit.
- Family Planning will provide a MOVEit training during the Sept. 26, 2026, FPAR 2.0 Office Hours.

Calendar Year 2026 Reporting

Due Date	Reporting Obligation	Reporting Period Represented
Friday, January 9, 2026	FPAR 2.0 year-end family planning encounter-level report.	Prior calendar year/year-end reporting.
Friday, January 9, 2026	FPAR Tables 13 and 14 family planning encounter and revenue report.	Prior calendar year.
Friday, April 10, 2026	FPAR 2.0 quarterly encounter-level data report.	CY26 Quarter 1.
Friday, April 17, 2026	Family planning consumer survey.	Annual 2026 submission.
Friday, July 10, 2026	FPAR 2.0 mid-year encounter-level data report.	CY26 Quarter 2/mid-year.
Friday, July 10, 2026	FPAR Tables 13 and 14 family planning encounter and revenue report.	CY26 Quarter 2/mid-year.
Friday, September 11, 2026	Annual healthcare plan.	Annual 2026 submission.
Friday, October 9, 2026	FPAR 2.0 quarterly encounter-level data report.	CY26 Quarter 3.

Calendar Year 2027 Reporting

Due Date	Reporting Obligation	Reporting Period Represented
Friday, January 8, 2027	FPAR 2.0 year-end family planning encounter-level report	CY26 year-end report.
Friday, January 8, 2027	FPAR Tables 13 and 14 family planning encounter and revenue report	CY26 year-end.
Friday, April 9, 2027	FPAR 2.0 quarterly encounter-level data report	CY27 Quarter 1.
Friday, April 16, 2027	Family planning consumer survey	Annual 2027 submission.
Friday, July 9, 2027	FPAR 2.0 mid-year encounter-level data report	CY27 mid-year.
Friday, July 9, 2027	FPAR Tables 13 and 14 family planning encounter and revenue report	CY27 mid-year.
Friday, September 10, 2027	Annual healthcare plan	Annual 2027 submission.
Friday, October 8, 2027	FPAR 2.0 quarterly encounter-level data report	CY27 Quarter 3.
Friday, January 14, 2028	FPAR 2.0 year-end family planning encounter-level report. FPAR Tables 13 & 14.	CY27 year-end report.

FY27 Federal Title X Grant: Notice of Funding Opportunity (NOFO)

- The Office of Population Affairs (OPA) announced the anticipated availability of funds for FY27 grants under the authority of Title X of the Public Health Service Act, Section 1001 (42 U.S.C. §300).
- OPA anticipates offering approximately $257 million for up to 90 grant awards for a period up to five years. This amount will not be determined until the FY27 federal budget is enacted.
- The 2027 NOFO for the Title X Family Planning services award will reflect a shift in program priorities and expectations for potential funding recipients with Title X rules and regulations remaining unchanged.
- Program priorities are now centered upon chronic disease management, counseling, education, referrals, body literacy, fertility, family formation and compliance expectations.
- Priorities identified are tied to executive orders, newly developed Office of the Assistant Secretary for Health (OASH) program priorities, and White House executive reports.
- MDHHS Family Planning intends to submit their application for funding before the due date of Jan. 9, 2027.

Title X NOFO

OPA Program Priorities:

- In 2022, priorities derived from *Healthy People Objectives*, whereas in 2027, they are informed by the *OASH Statement of Priorities* specifically citing Make America Healthy Again (MAHA) reports and executive orders.

Addressing the chronic disease epidemic:

- The focus of Title X shifts toward the root causes of poor health outcomes and specifically targets conditions like polycystic ovarian syndrome, endometriosis, low sperm count and introduces lifestyle factors such as nutrition and sleep as areas for intervention.

Reducing overmedicalization:

- Critiques the overreliance on pharmaceutical and surgical treatments and encourages non-invasive, evidence-based practices and fertility-awareness-based methods over traditional contraceptive methods that may have side effects.

Promoting body and health literacy:

- Mandates that clinics incorporate education on menstrual cycle physiology and hormonal health into counseling to address the infertility crisis.

Title X NOFO, Continued

Advancing reproductive goals counseling:

- *Healthy People Objectives* mentioned client-centered care, while this priority explicitly directs grantees to counsel on the sequence of education, workforce participation, and marriage prior to childbearing as a means of ensuring economic and family stability. Title X clinics are expected to provide services that support individuals and families seeking to have children.

Promoting evidence-based care:

- Places emphasis on biological reality and biological science in counseling, particularly regarding adolescent development and protecting children. Includes key strategies of providing developmentally appropriate counseling rooted in biological science; ensuring referral pathways align with evidence-based care; and collaborating with community partners to promote practices that support healthy adolescent development.

Enforcing the Hyde Amendment:

- Formalizes the prioritization of life-affirming programs and requires recipients to demonstrate strict separation from elective abortion activities.

Title X NOFO, Continued

- Ensuring OASH funds benefit eligible individuals and not illegal aliens.
  - New Priority: Ensure federal resources are not used to "facilitate or incentivize illegal immigration," citing Executive Order 14218.
- Implement Quality Improvement (QI) and Quality Assurance (QA) Plan.
  - Previous priority with minor updates: This priority remains largely the same as in the 2022 NOFO. Both years require a QI/QA plan and FPAR data report. The 2027 priority removes the 2022 transition language regarding the move from FPAR 1.0 to 2.0, as FPAR 2.0 is now the established standard.

Title X of NOF, Continued

Sections Removed from the OPA Program Priorities

- Advance health equity (2022 Priority 1): The explicit focus on "historically underserved" populations and "socially determined circumstances" is removed.
- Disparity Impact Statement (2022 Priority 2): The 2027 NOFO removes the requirement for a formal Disparity Impact Statement using local data.
- Improve and expand access (2022 Priority 3): Expanding access via "telehealth, drive-thru, and mobile clinics" is not discussed in the 2027 priorities.
- Deliver services of the highest quality (2022 Priority 4): The 2022 emphasis on "client-centered care" (defined by client values guiding all clinical decisions) and strict adherence to Quality Family Planning (QFP) guidelines has been replaced by the 2027 focuses on overmedicalization and body literacy.

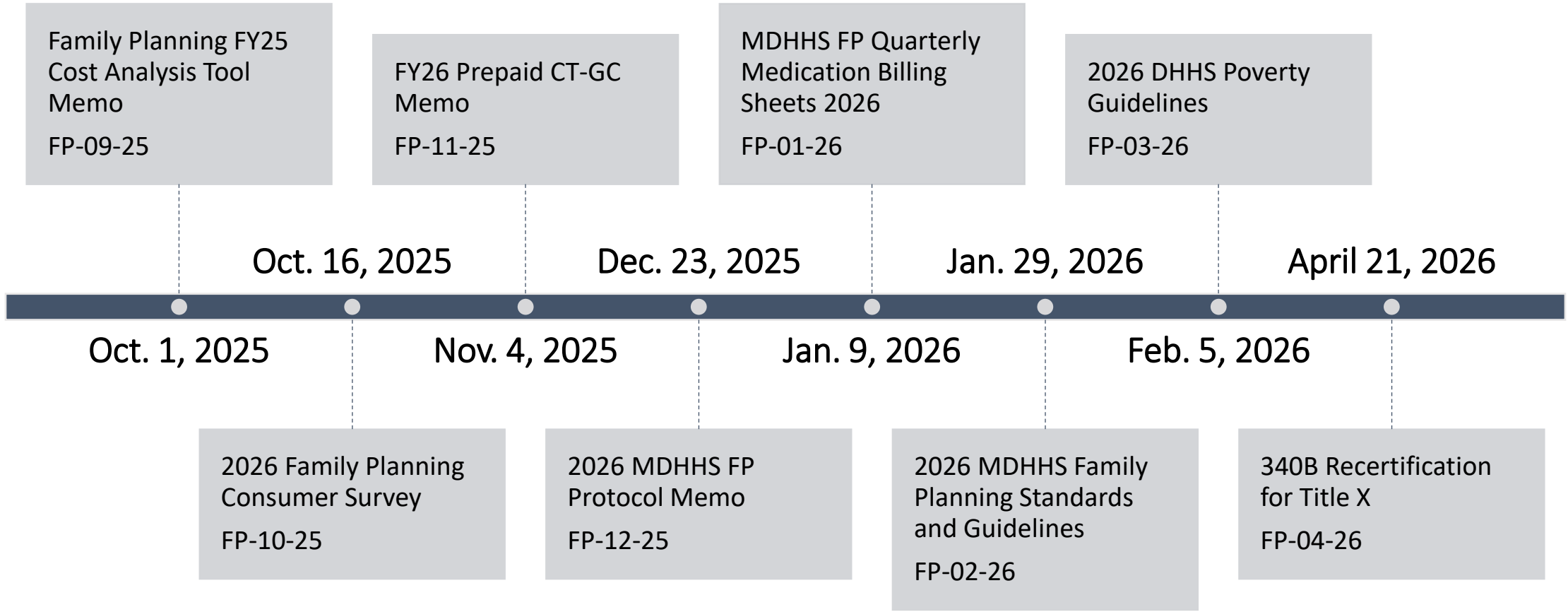
Title X NOFO, Continued

Shift Area	What Changed in 2027	Significance
Core framing	Moves from 2022 emphasis on comprehensive family planning, access, and equity toward chronic disease, body literacy, fertility, and healthy pregnancy/family formation.	High
Program priorities	Adds priorities related to ending DEI policies, reducing overmedicalization, enforcing Hyde amendment, age-appropriate materials, parental rights, and ensuring funds do not benefit “illegal aliens,” to the extent allowed by law.	High

Title X NOFO, Continued

Shift Area	What Changed in 2027	Significance
Clinical/counseling expectations	Introduces reproductive goals counseling, body literacy counseling, fertility-awareness-based methods, and stronger focus on infertility and male reproductive health conditions.	High
Application strategy	Removes 2022 disparity-impact framing and places more weight on alignment with new OASH priorities and “go/no-go” compliance elements.	High
Compliance posture	Signals closer scrutiny of abortion-related separation, federal stewardship, reviewer alignment review, and post-submission risk assessment.	High

Fiscal year 2026 memos



General Updates

Reproductive Health National Training Center (RHNTC).

- Funding for RHNTC ended on March 31, and the center is no longer able to provide direct training and technical assistance services.
- RHNTC resources and training materials will remain accessible on their website through Dec. 15, 2026.
  - (Note: resources will not be updated during this period).
- Training tracking system access, training accounts, certificates of completion and continuing education credits will be available through June 15.
- OASH/OPA has announced anticipated funding opportunities intended to support continued training and technical assistance for Title X grantees, subrecipients and service sites.
- Notice of Funding (NOFO) awards were announced May 30, 2026, with an expected award date of Sept. 30, 2026, for the following:
  - National Training Center for Family Planning
  - Infertility Training Center

General Updates

FY26 Pre-Paid Chlamydia/Gonorrhea (CT/GC) Forms.

- April 6, 2026, MDHHS Family Planning surveyed local agencies to assess need for CT/GC forms for the remainder of the FY.
- 18 agencies responded.
- Key takeaways indicated:
  - Over 50% of agencies are limiting or prioritizing testing.
  - Demand remains steady or increasing across service sites.
  - Projected need exceeds current reserve supply.
  - How Agencies Are Responding:

General Updates

FY26 Pre-Paid Chlamydia/Gonorrhea (CT/GC) Forms cont'd.

- How Agencies Responded:
  - Priority:
    - Clients ≤24 years.
    - Symptomatic or exposed individuals.
    - Retesting (90-day follow-up).
  - Reduced screening:
    - For lower-risk populations.
  - Shifts in billing:
    - Increased use of Medicaid/private insurance billing.
  - Management strategies:
    - Internal tracking, informal caps, and conservation strategies.
- If your agency has a need for more forms, please reach out to Quess Derman at **dermanb@michigan.gov**.

General Updates, Continued

Upcoming Trainings

- Perimenopause and Menopause Update on July 31, Virtually.
- Annual Family Planning Update on Sept. 16-17, in Midland, MI.
  - Christine Dehlendorf, MD, MAS.
  - Latoya Austin, MD.
  - Shira Heisler, MD.
  - Neil Simmerman, MD.
  - Noel Ramirez, DBH.
  - Mandated Reporting – Eric Hendricks.
  - National Coalition for Sexual Reproductive Health
  - Ask the Doctor: Panel Discussion
  - Pre-Conf. Breakout by EMR/EHR.

General Updates, Continued

- Maternal Infant Health Summit (MIHS).
  - July 15-16, 2026, Saginaw, MI.
  - Sold out.
- Existing training opportunities.
  - Michigan Family Planning website.
  - Bacterial Vaginosis.
  - Family Planning Pharmacy Training.
  - Contraceptive Counseling Modules (Sunsetting Sept, 30, 2026).
  - Implicit Bias.

Administrative Update

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Accreditation Administrative Indicator Review

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Cycle 9 Administrative Indicator Review

- MDHHS has completed five Family Planning Program reviews for Cycle 9.
- The Family Planning Cycle 9 Indicators are very similar to the *Cycle 8* indicators
- Based on the Minimum Program Requirements (MPRs) following the Title X Family Planning Standards & Guidelines.
- MDHHS Title X Family Planning Standards & Guidelines follow Title X Statute, current Title X Regulations of 2021 and federal and state laws that apply to Title X services.
- The Cycle 9 Indicator tool was developed during 2025 and reflects the Title X program priorities and language in place at the time.
- MDHHS is working to understand how the new program priorities and funding conditions are to be incorporated as we continue following Title X Regulations and laws. The Standards & Guidelines will be updated as needed.
- Cycle 9 Indicators will be updated if the Federal Title X Regulations change and require Minimum Program Requirement (MPR) changes for the program.

Cycle 9 Administrative Indicator Review, Continued

- MDHHS has completed five Family Planning (FP) Program reviews for Cycle 9 and agencies have done well with these indicators.
- The first seven FP Indicators are the administrative indicators:
  - MPR 1: Outlines the policies and procedures needed to assure the basic tenets of the Title X program are in place:
    - 1.1 Services are voluntary with no coercion to accept services.
    - 1.2 Services are client-centered and protect the dignity of all individuals served.
    - 1.3 Services are non-discriminatory.
    - 1.4 Services prioritize low-Income and underserved populations.
    - 1.5 Services protect the confidentiality and privacy of all individuals served.

Cycle 9 Administrative Indicator Review, Continued

- For MPR 1, reviewers are looking for:
  - Written FP program policies and procedures that describe the program and meet these program requirements.
  - Each listed item in the indicator tool is reviewed, and we will observe how these basic principles are carried out in the clinic workflow.
- MPR 2: Describes orientation and in-service training requirements for all Title X staff, including personnel policies that are in place for Title X staff:
  - For MPR 2 reviewers will look at:
    - Documentation for each required training within the time frame.
    - Documentation of required licenses including the drug control license for each prescribing provider.
    - Agency personnel policies and how they are followed.

Cycle 9 Administrative Indicator Review, Continued

- MPR 3: Describes the requirements for Title X projects to provide for a community-based FPAC and Informational and Educational (I&E) Advisory Committee that reflect the populations served.
  - MPR 3 reviewers look at FPAC & I&E documentation such as:
    - Membership roster(s), which must reflect the community they represent.
    - Minutes for the meetings should include attendance, dates and topics covered.
    - Documentation of materials approved by the I&E committee and a description of the advisory bodies.
  - Agencies may have combined committees so long as they meet the functions for both bodies.

Cycle 9 Administrative Indicator Review, Continued

- MPR 4: Describes requirements for documentation of Title X projects community education and outreach plans and activities to inform the community of family planning services and promote participation.
  - Reviewers will focus on:
    - Documentation of community activities provided and those identified in the agency's annual plan for education and outreach.
    - Social media and website activities that promote services to those who can benefit from family planning services.

Cycle 9 Administrative Indicator Review, Continued

- MPR 5 and MPR 6 describe Title X requirements for billing and collecting fees for clients without insurance and for clients with third-party payer coverage and Title X requirements for setting fees to address reasonable recovery of the costs of providing services for clients above 250% of the federal poverty level.
  - Reviewers will:
    - Review written policies and procedures for development of the fee schedule and billing policies.
    - Observe intake and exit procedures for individual clients.
    - Review client billing documentation.
    - Review billing procedures for self-pay and third-party payers
    - Review cost analysis documentation and the fee setting process.

Cycle 9 Administrative Indicator Review, Continued

- MPR 7 describes the financial policies and procedures that Title X projects must have in place to meet federal funding program requirements. The MDHHS reviewers and the MDHHS audit team work together to assure these requirements are in place.
    - Administrative reviewers look at written policies and procedures for purchasing supplies such as pharmaceuticals. They look for proper separation of duties, 340B policy and procedures and formal agreements for any purchase of services or paid referrals or sub-contracts.
- MDHHS administrative and clinical reviewers encourage family planning coordinators and providers to reach out with questions as you prepare for your review.
    - We encourage calls or meetings to discuss the process and answer questions and help with preparing for your review.

Family Planning State-Local Workgroup (Cycle 10) Planning

- Family Planning State-Local Workgroup (SLW) will convene to review and provide updates to the Title X Family Planning Standards and Guidelines and the Michigan Local Public Health Accreditation Program (MLPHAP) Cycle 10 Standards Review process.
- We are recruiting local agency Family Planning staff to participate in the Cycle 10 SLW.
- The proposed meeting schedule is as follows:
  - Jan. 2027: Initial review and approval of the 2027 edits to the Family Planning Standards and Guidelines.
  - July 2027: Review of draft materials and discussion of updates related to federal Title X program priorities.
  - Aug. 2027: Optional ad hoc meeting, if needed.
  - Oct. 2027: Final review and approval of draft materials before submission for the Cycle 10 Standards Review process
- Let us know by June 26, 2026, if you are willing and available to participate in the SLW for Cycle 10 planning.

FY26 Family Planning Consumer Survey

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FY26 Family Planning Consumer Survey

- MDHHS asked each agency to conduct a minimum of 30 surveys by April 17.
  - The results included 20 adult responses and ten teen responses.
  - Some responses were submitted later than the deadline and were not included in this analysis.
- Surveys include the Person-Centered Contraceptive Counseling (PCCC) measure.
- Data will help the Title X network understand:
  1. The client's impressions with the MDHHS Family Planning service delivery network.
  2. The client's experience and level of satisfaction with the contraceptive education and counseling received.
  3. The degree to which the client felt supported in the process of choosing a birth control method.
- A total of 1,096 surveys were collected from 33 agencies.

Break

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FPAR 2025 Overview

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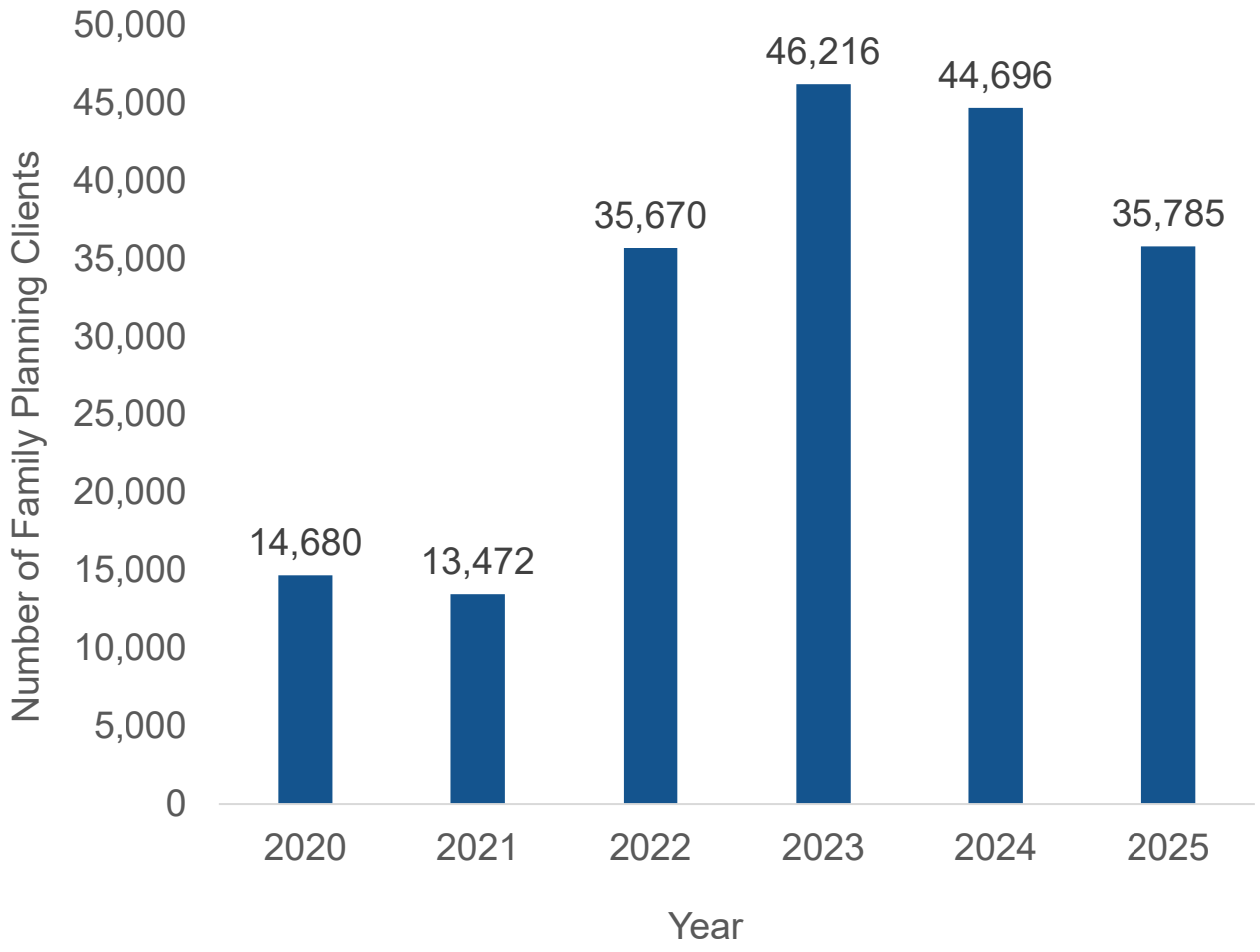
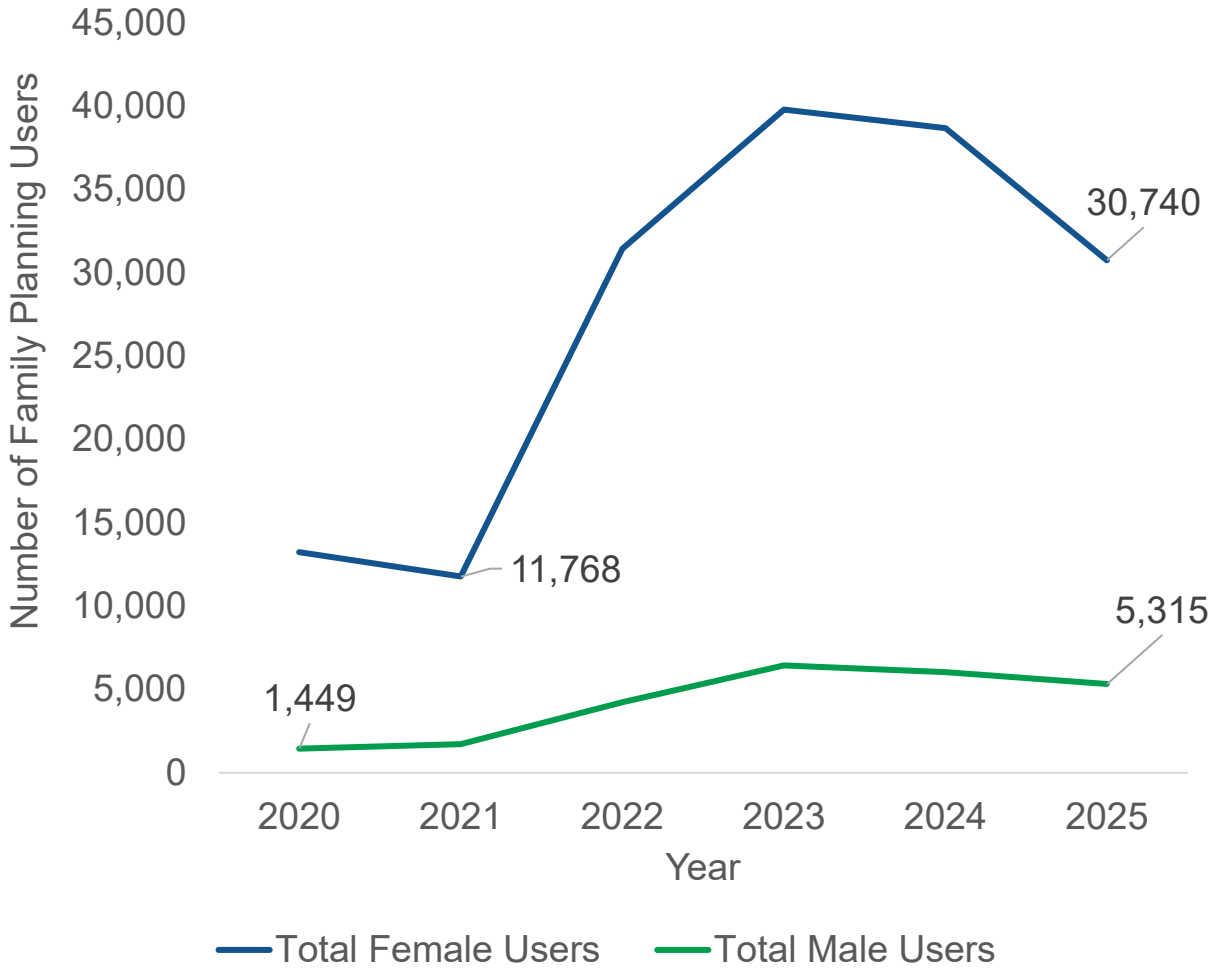
Number of Family Planning Clients, 2020-2025

- Client population has been trending downward since 2010.
- In 2021, the program saw its lowest client population for both males and females.
- Unduplicated client population decreased by approximately 20% from 2024 to 2025.



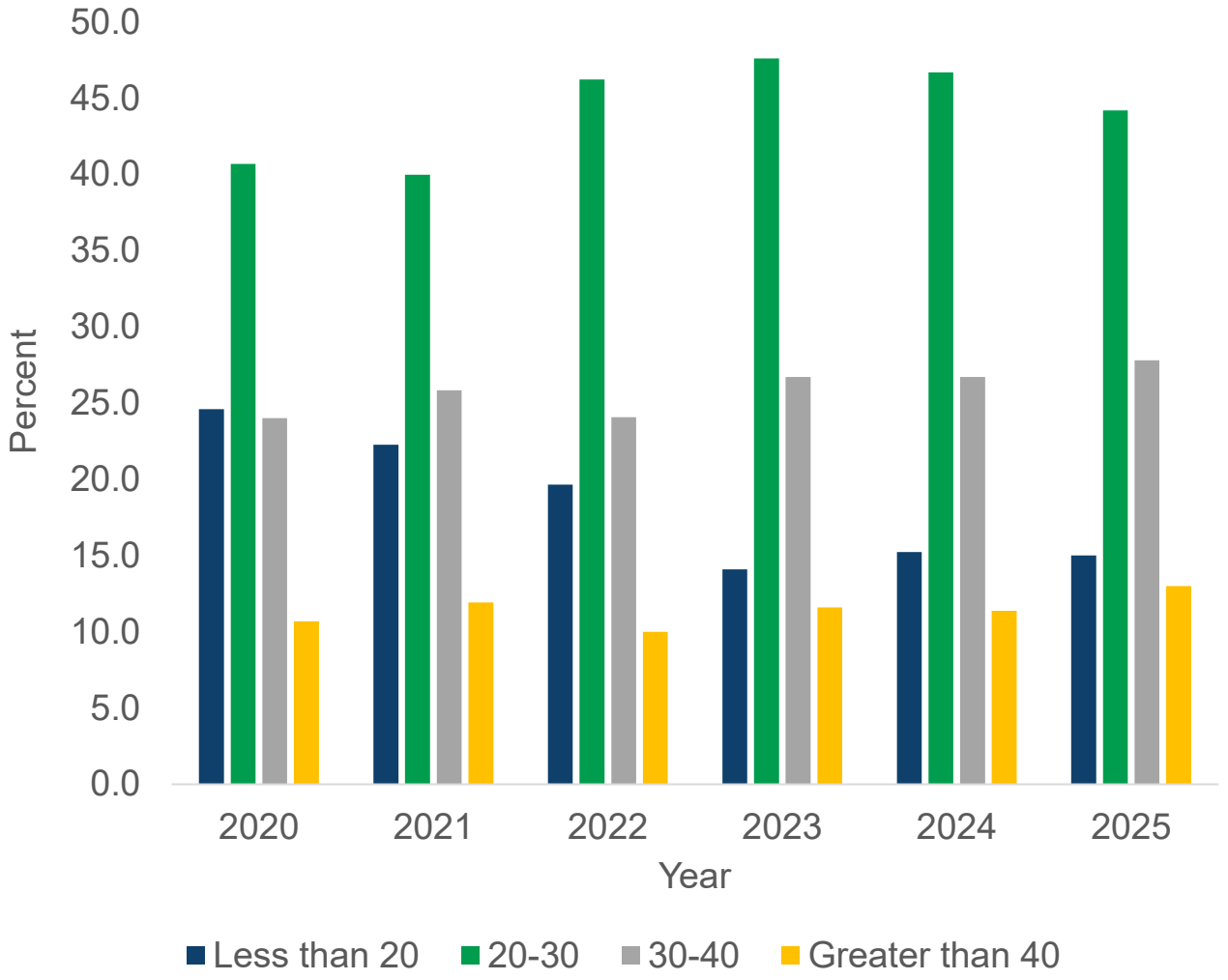
Male vs. Female Clients, 2020-2025

- Male and female client populations have followed similar trends.
  - There were approximately 20.5% less unduplicated female clients in 2025 than in 2024.
  - Male client populations decreased as well in 2025, decreasing approximately 11.9%.

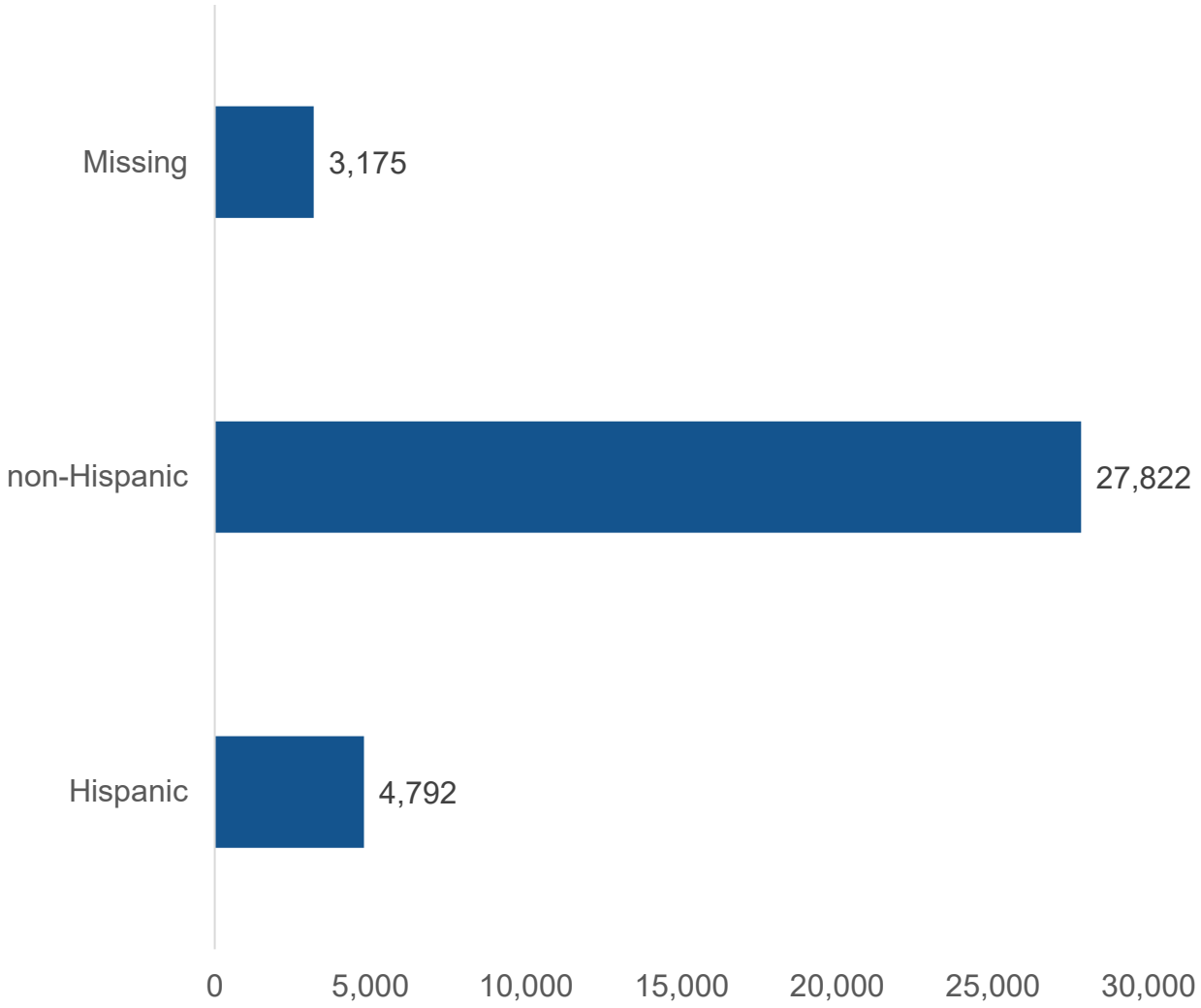


Distribution of Clients by Age Group, 2020-2025

- The primary population served by Michigan's Title X program were between 20 and 30 years of age for both males and females.
- Michigan's Title X population has been aging over time, with both the 30-40 and 41+ age groups seeing more representation each year.

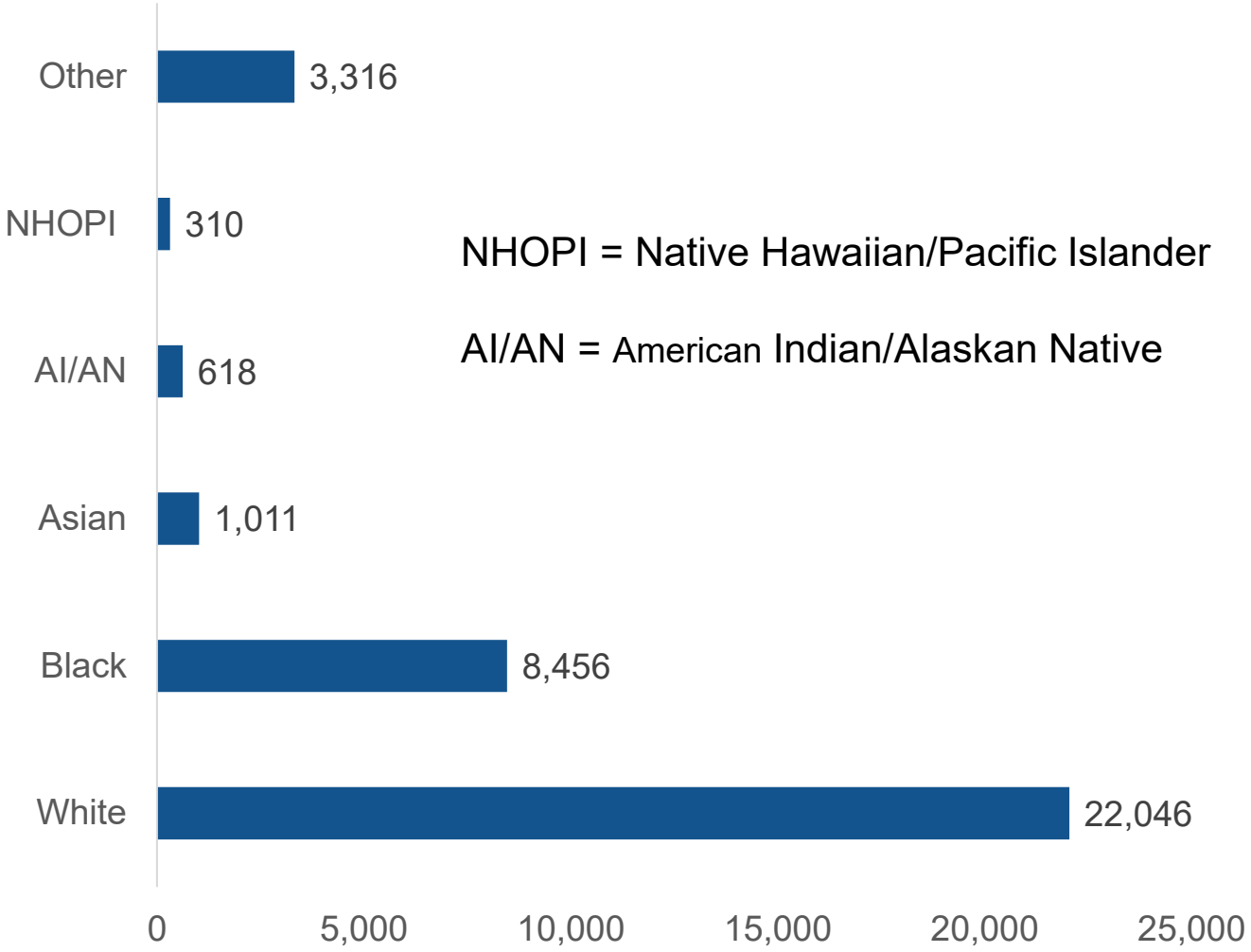


Ethnic Distribution of Title X Clients, 2025



- In 2024, the Title X program switched to encounter level data. This transition in data collection methods posed some minor issues early in the calendar year for some agencies within the network.
  - Ethnicity continues to be a challenge in data collection in 2025, with roughly 8.9% of the data reported missing.
- Roughly 13.4% of clients self identified as Hispanic in 2025.

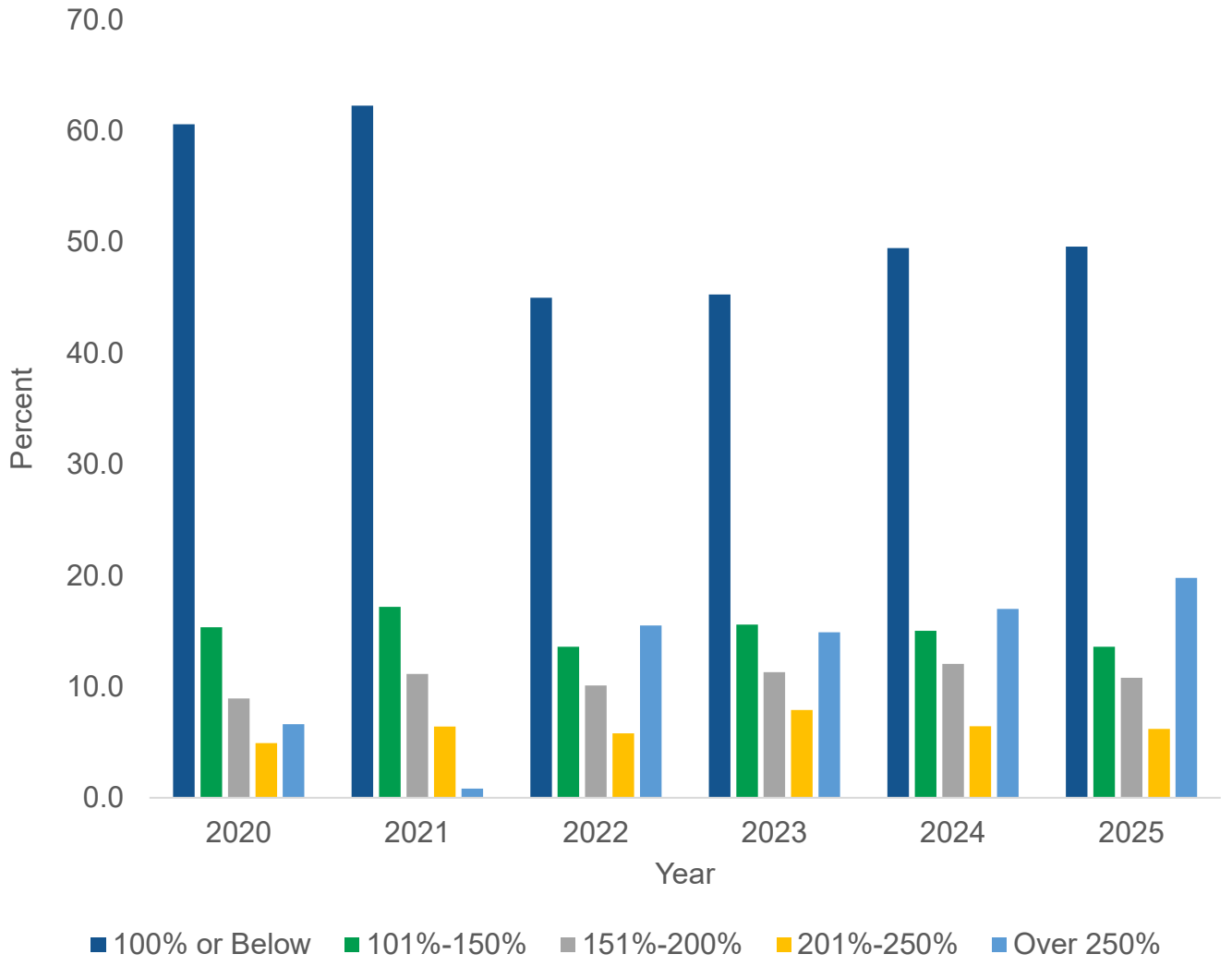
Racial Distribution of Title X Clients, 2025



- Similarly, in 2024 the way with which agencies were expected to report race data changed to accommodate new data guidelines from the Office of Population Affairs (OPA).
  - "Multiracial" was no longer an acceptable category. Instead, 'yes' responses would be reported indicating what races specifically the clients were.
- Client race demographic distributions were similar to previous years.

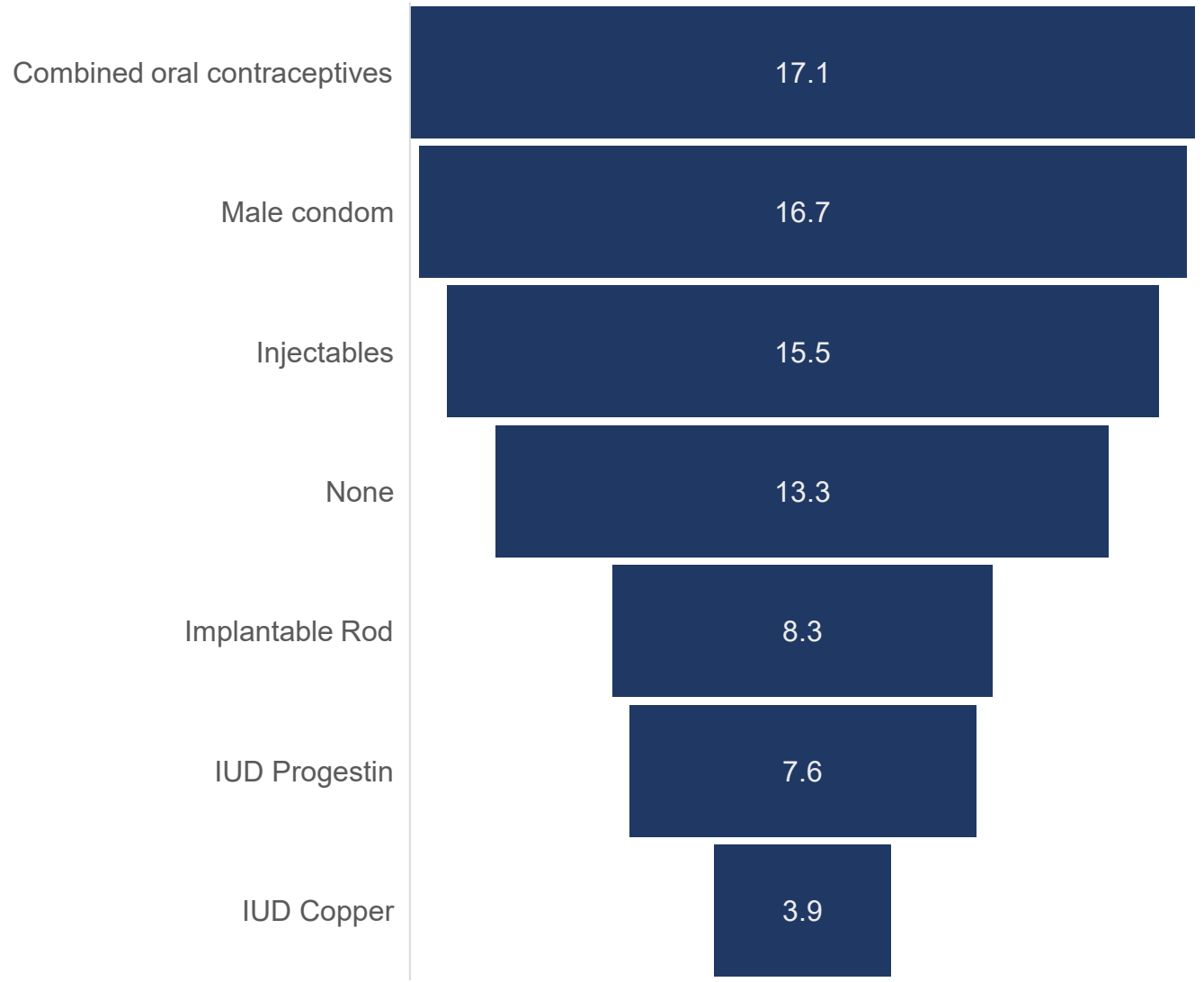
Income as Percent of the HHS Poverty Guidelines, 2020-2025

- In 2025, approximately 49.6% of clients were at or below 100% the HHS poverty level.
- While the 250% or higher income bracket representation has increased over time, 2025 this number peaked at 19.8% of the overall clients receiving Title X services.



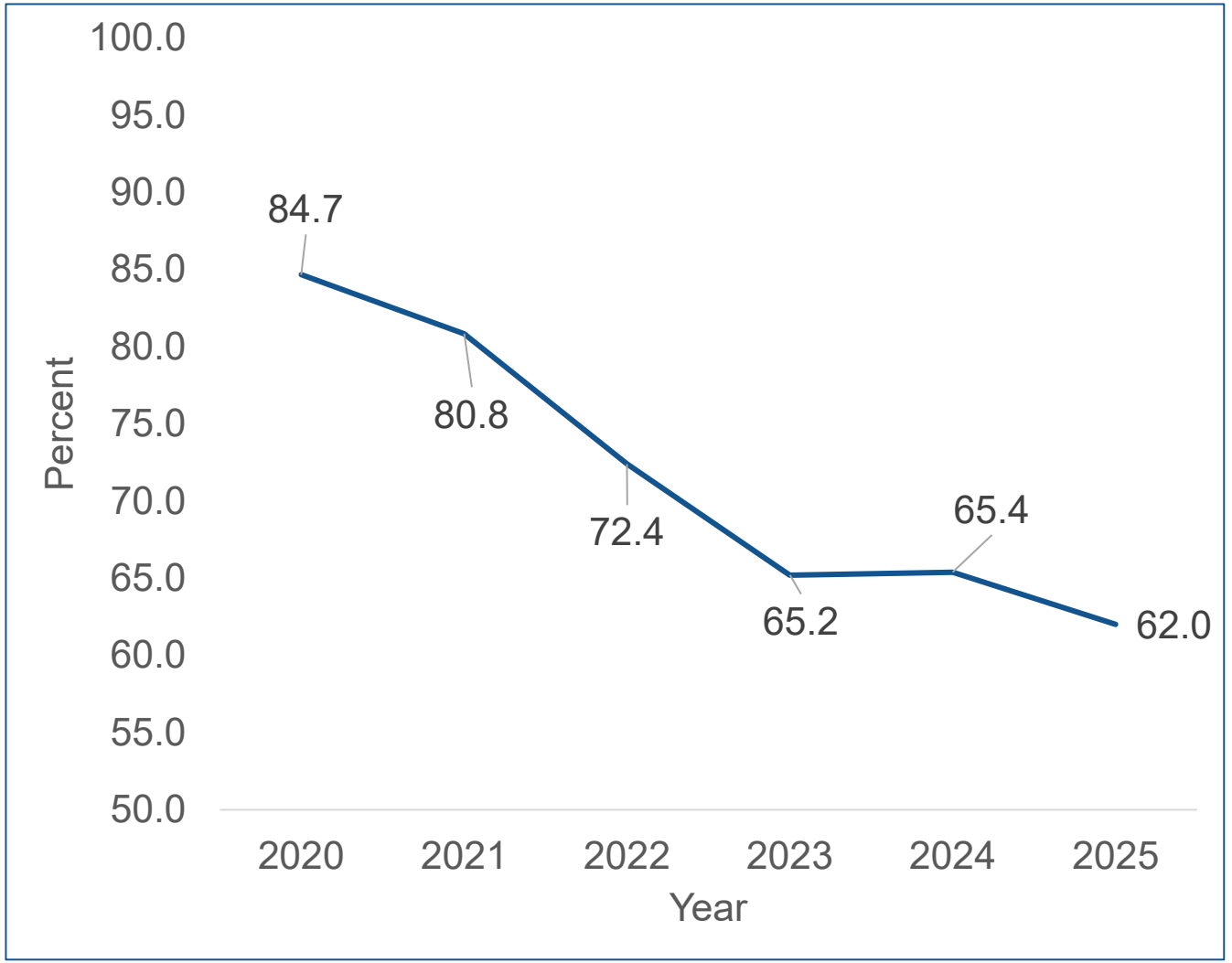
Most Common Female Contraceptive Methods, 2025

- Female Title X clients tended to favor oral contraceptive methods as their primary form of contraceptive at exit (17.1%)
- Of the females using no forms of contraceptive method, 18.6% were pregnant and another 22.5% wanted to become pregnant.
- Approximately 16.7% of women relied on male only forms of contraceptive methods.



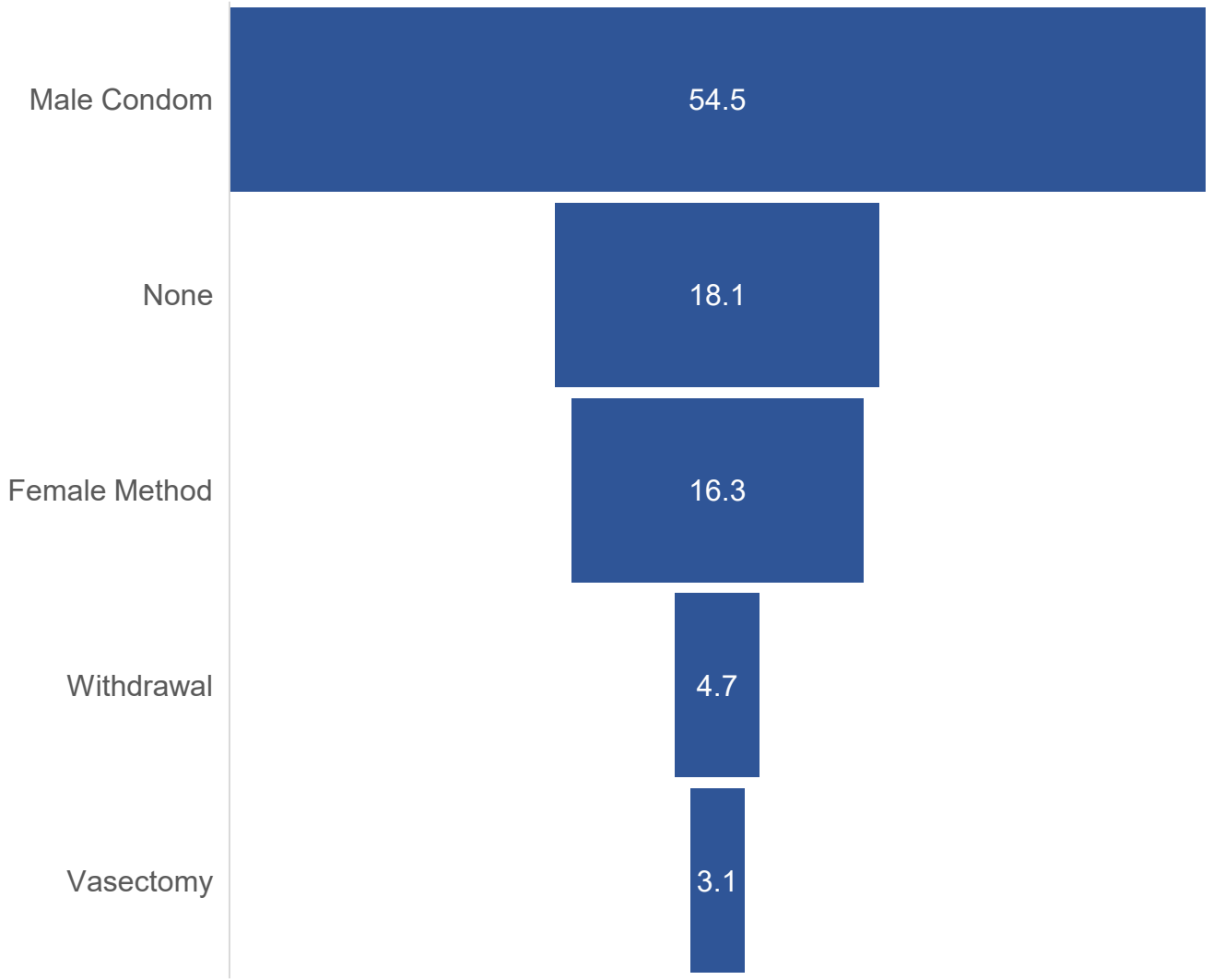
Percent of Females Using Most/Moderately Effective Contraceptive Methods, 2025

- In 2025, numbers remained relatively low for the percent of females using most or moderately effective contraceptive methods, decreasing from 2024.
  - Female sterilization
  - Intrauterine devices
  - Hormonal implants
  - 3-Month hormonal injections
  - Oral contraceptives
  - Hormonal/contraceptive patch
  - Vaginal ring
  - Cervical cap/diaphragm



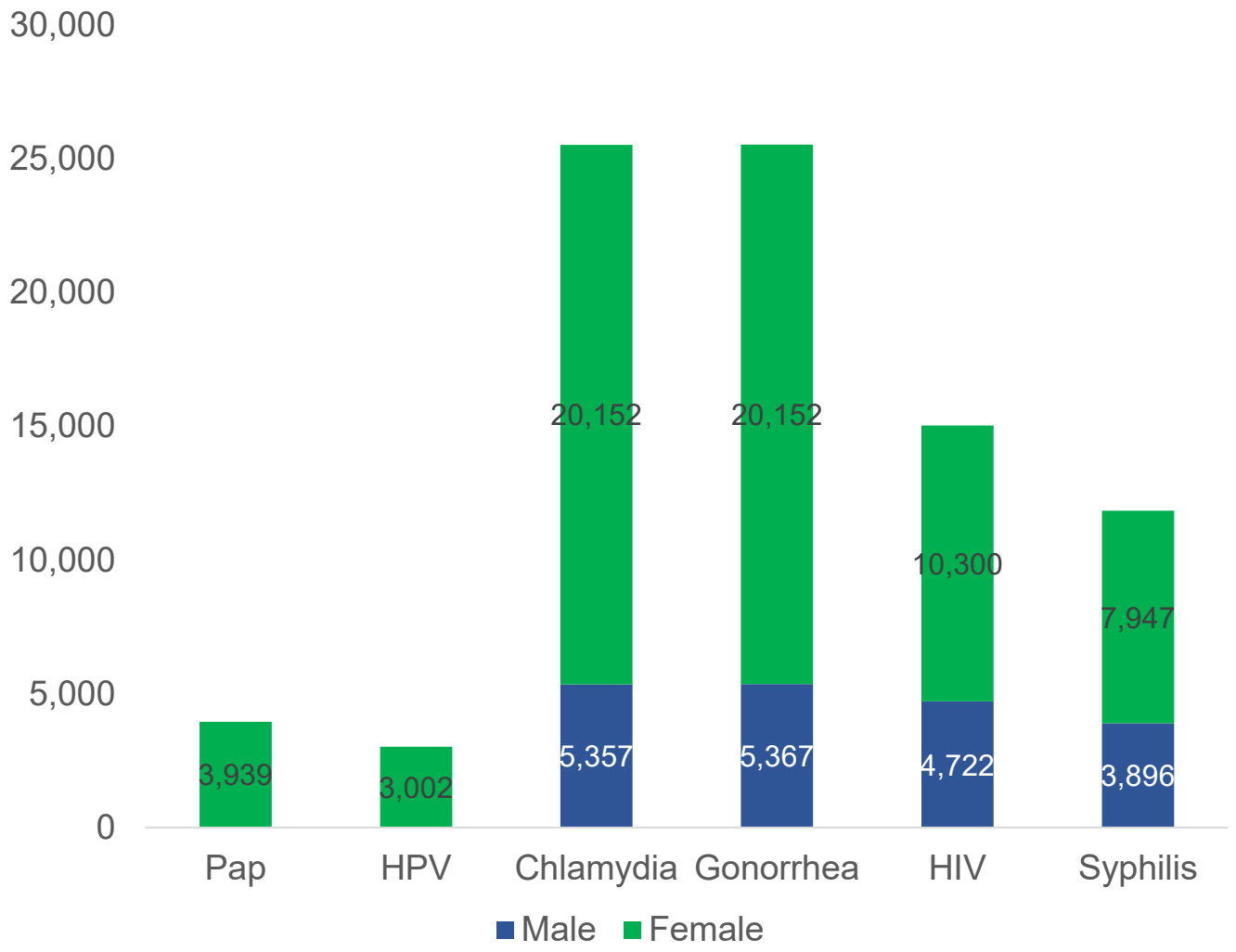
Most Common Male Contraceptive Methods, 2025

- Overwhelmingly, male clients utilized male condoms as the primary form of contraceptive method at exit in 2025 (54.5%)
- Roughly 16.3% of males relied on female contraceptive methods, and 18.1% of males were not utilizing any form of contraception.



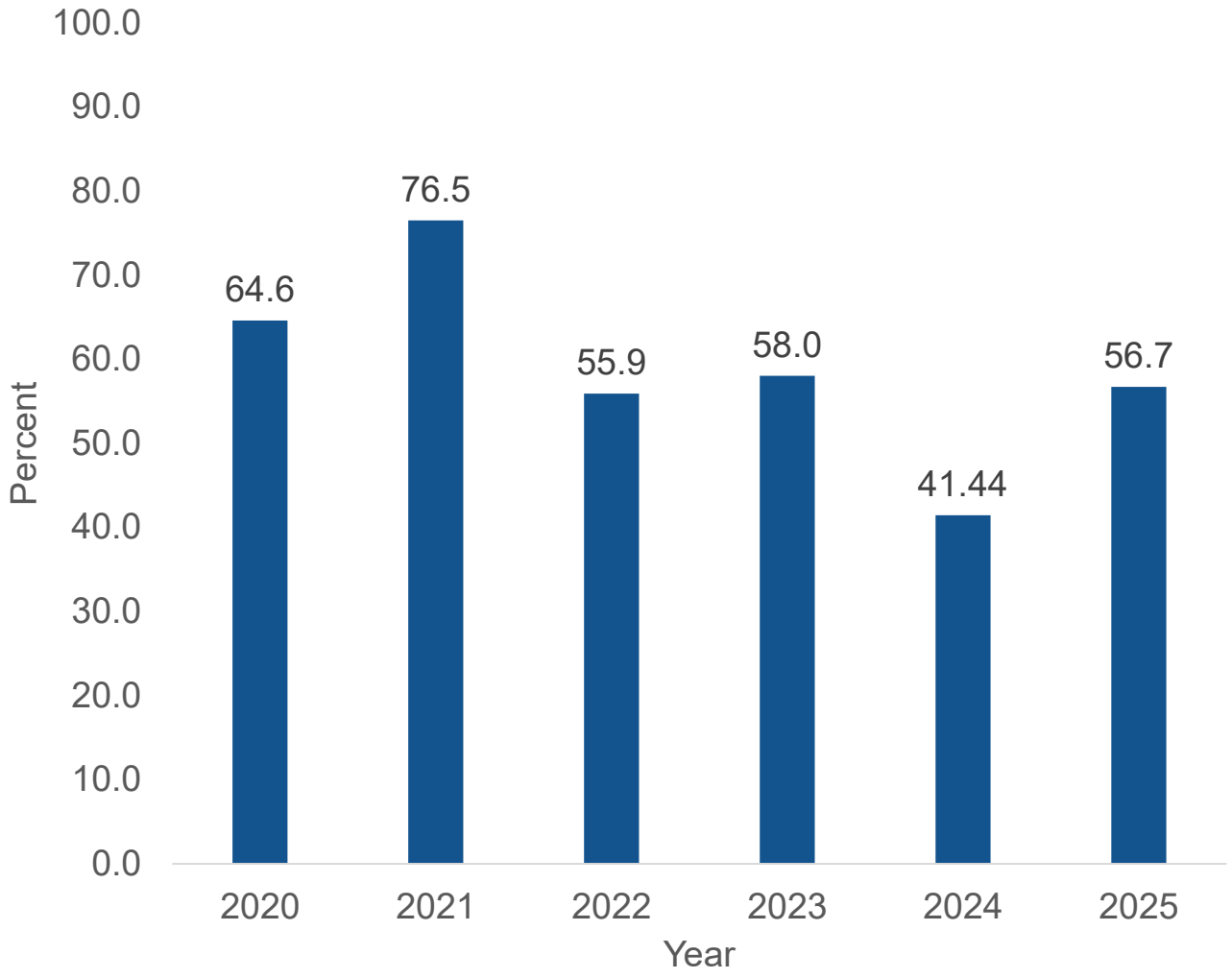
Number of STD/STI Tests Performed, 2025

- Due to the transition to encounter level data, reporting of lab data has been a challenge for agencies within the Title X network.
- The number of Pap tests given within the Title X network decreased from 2023 (-15.6%).
- Chlamydia testing for females decreased by approximately 15%, and by about 9% for males in 2024.



Chlamydia Testing for Females <25, 2025

- Chlamydia testing for females under the age of 25 was more successful in 2025 than in 2024, seeing a roughly 15.3% increase in overall testing rates proportionally.



MDHHS Maternal and Child Health, Epidemiology

Kenneth “Ken” Hanson, hansonk@michigan.gov

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Working Lunch and Group Activity

- Social media best practices.
- Maximizing the website experience.
- Family planning staffing models.

Community Health Outreach and Guidance

- Build strong relationships.
- Understand the needs of the community.
- Offer mobile health services.
- Use multiple communication channels.
- Engage in active listening.
- Focus on education and empowerment.
- Follow-up and maintain engagement.

Social Media Discussion Topics

- Complete the social media questionnaire (5 mins).
- Discuss:
  - Social Media platforms engagement.
  - Primary audience.
    - Target audience.
  - Messages and call to action.
  - When do you post.
  - Measurement.
  - Boosting.

Social Media Discussion Topics, Continued

- Association for State and Territorial Health Officials (ASTHO) Social Media Tool Kit:
  - Does the social media align with the community you wish to engage/reach?
  - Does the social media match the primary or target population you intend?
  - Does your message type match the social media recommendations?
  - Are you posting accordingly?
  - Can you measure the reaction to your call to action?
  - Student internship.

Website Best Practices

- Functional clicks, “bait.”
  - Ask the nurse.
  - Clinic tour.
  - Interaction.
    - Condom packs.
    - Pregnancy tests.
    - Downloads:
      - Prevention.
      - Education.
- Meet our staff.
- Make an appointment.
- Consumer feedback.

Website Best Practices

- Helpful links:
  - Lenawee Health Department YouTube video.
  - Monroe County Health Department flyer.
  - Detroit Health Department YouTube video.
    - Detroit Health Department "Ask a Doctor“.
  - Midland County Health Department "Take Cover" program request form.

Staffing Model Best Practices

- What strategies ensure nurse practitioners operate at the top of their license:
  - Artificial Intelligence.
  - Patient portals.
    - Demographics/Health and Human Services (HHS) collection.
  - Pre-visit/Lower no-show rates.
    - Medical Assistant (MA)/Registered Nurse (RN).
    - Patient portal forms.
    - What to expect on your visit.
    - Proactive response to patient questions/concerns.

Staffing Model Best Practices

- **RN/MA Cross training opportunities:**
  - Confidentiality.
  - Healthy relationships.
  - Coercion.
  - Abuse.
  - Methods.
  - Healthy behaviors:
    - Smoking cessation.
    - Drug use.
    - Risk avoidance.
  - Parental involvement.
  - Sexually Transmitted Infection (STI) prevention/education.
  - Pre Exposure Prophylaxis (PreEP)/Doxy PrEP.
  - Harm reduction.
  - Title X.

Staffing Model Best Practices, Continued

- Organizations should allocate dedicated resources for training programs upskilling RN/MAs on any technologies or processes foundational to new models.
  - Cultivate a growth mindset around continual learning.
  - Make training dynamic and interactive using simulations.
  - Create online training repositories allowing self-paced learning.
  - Recognize obtained certifications.
- Continuous QI.
  - Measuring client satisfaction.
    - Communication/exchange of Ideas for improvement benefits both clients and team members.

Beyond just acquiring new technology, effectively implementing and optimizing next-generation staffing strategies requires leadership, communication, training and integration.

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MDHHS Medicaid and PlanFirst! Update

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Agenda

- STI Only Billing
- Plan First
- State Medicaid Policy Updates
- Federal Updates and Changes

STI Only Billing

- The Medicaid program covers STI-only services.
- Claims for STI only billing cannot be billed as FP claims but can be billed as a clinic or LHD claim.
- These visits can be counted as FP Title X visits per OPA.
  - Questions related to Title X federal guidance should go to the state FP team.
  - Any Medicaid policy or billing questions can be directed to Medicaid.

Plan First

- As of May 2026, there were over 175,000 beneficiaries with the Plan First benefit.
- Over 100,000 of these individuals are in 10 counties which include:
  - Wayne, Macomb, Oakland, Kent, Genesee, Ingham, Kalamazoo, Muskegon, Saginaw and Washtenaw.

State Medicaid Policy Changes

- Coverage of:
  - Licensed Midwives (1/2027)
  - Homebirth (1/2027)
  - Freestanding Birth Centers (once licensed)

- Public comment closed on May 13 for initial versions of the Licensed Midwife and Homebirth policies.

- A second public comment period might be held.

Upcoming Federal Changes – H.R.1

- Changes impact Healthy Michigan Plan recipients or the Medicaid expansion population.
- Exempt individuals include pregnant, postpartum, caregivers of children under 14.
- No changes to the Maternity Outpatient Medical Services program or MOMS.

Federal Changes – Cont.

- For Healthy MI Plan Beneficiaries (Medicaid expansion population)
  - Work requirements (1/2027)
    - Individuals are required to report work or community engagement hours (80) in the month prior to either applying for Medicaid or eligibility redetermination.
  - Increased redeterminations, every 6 months instead of 12 months (1/2027)
  - MDHHS Upcoming Federal Changes website.

- MDHHS will create resources providers can utilize to support beneficiaries in meeting new program requirements.

Federal Changes Cont. – Immigration Statuses

- No changes to full coverage for legally residing pregnant individuals and children under 21.

- H.R.1 does limit full Medicaid benefits to the following immigration statuses either upon entry or by meeting the 5-year bar (10/2026):
  - Legal permanent residents,
  - Cuban and Haitian entrants, and
  - Compacts of Free Association (COFA) migrants.

- Medicaid policy related to immigration statuses – 2615-Eligibility

Rural Health Transformation Program

- This federal fund is provided to states through the Centers for Medicare and Medicaid Services (CMS) but can be utilized outside of the Medicaid program.

- Michigan has identified four initiative areas:
  - Transforming rural health through partnerships
  - Workforce for wellness
  - Interoperability in action
  - Care closer to home

- There is a RHTP listserv if you'd like to stay up to date on this project.

Michigan Medicaid Policy, Practitioner Services

Janell Troutman, troutmanj2@michigan.gov

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Break

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Closing the Gap: New Strategies in Syphilis & Congenital Syphilis Prevention

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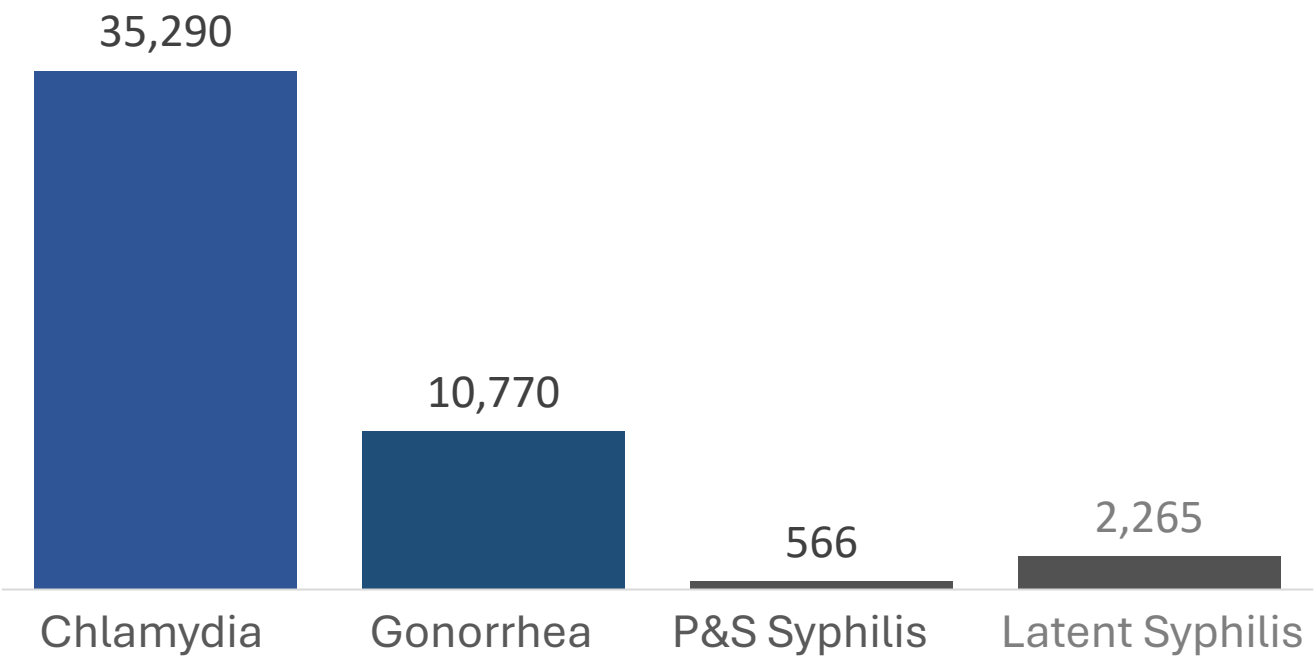
Total Number and Rates of Reported STI Diagnoses, *2025



	Count (N)[1]	Rate[2]
Chlamydia	35,290	348.0
Gonorrhea	10,770	106.2
P&S Syphilis	566	5.6
Latent Syphilis	2,265	22.3

Includes probable and confirmed cases reported in the Michigan Disease Surveillance System (MDSS).

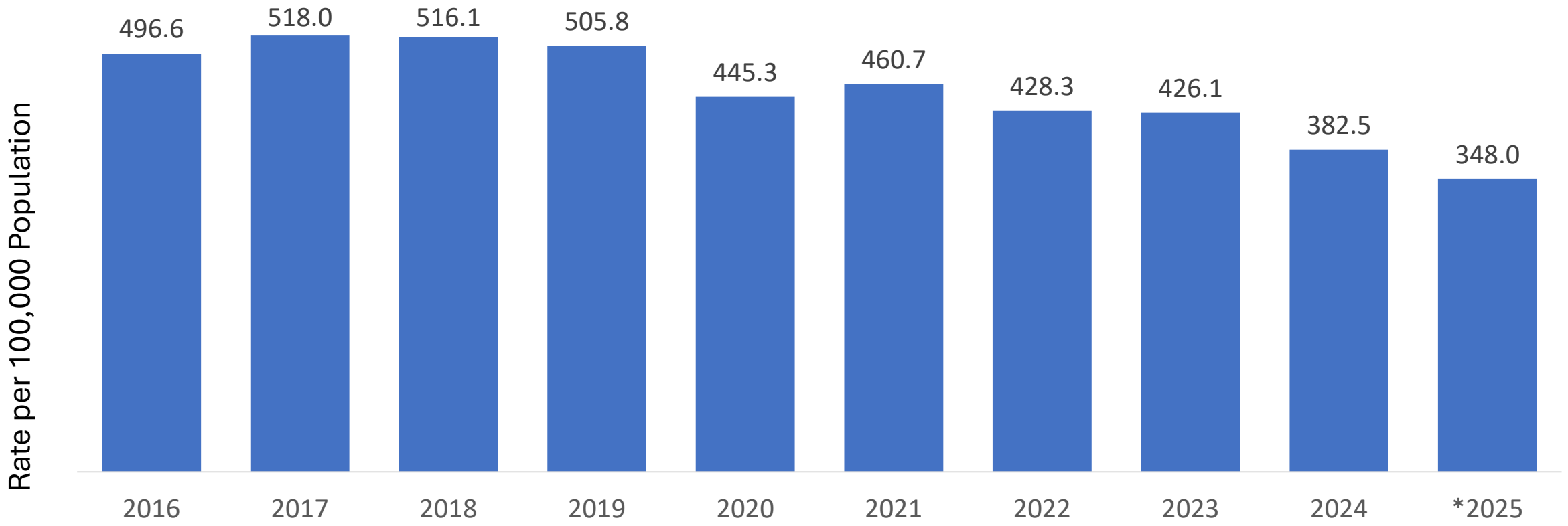
Case dates are pulled from onset date when available, then diagnosis date, then referral date to MDHHS if other dates are blank.

Primary and secondary (P&S), or the earliest stages of syphilis infection, are used to reflect incident rather than prevalent infection. During primary syphilis, symptoms appear where syphilis entered the body and last 3-6 weeks. During secondary syphilis, symptoms typically manifest with body rash and last 2-10 weeks. We will focus primarily on these stages throughout the remainder of the slides.

1 – Counts (N) of diagnoses during 2025
2 – Rate of reported infection per 100,000 population during 2025

Chlamydia – Trends

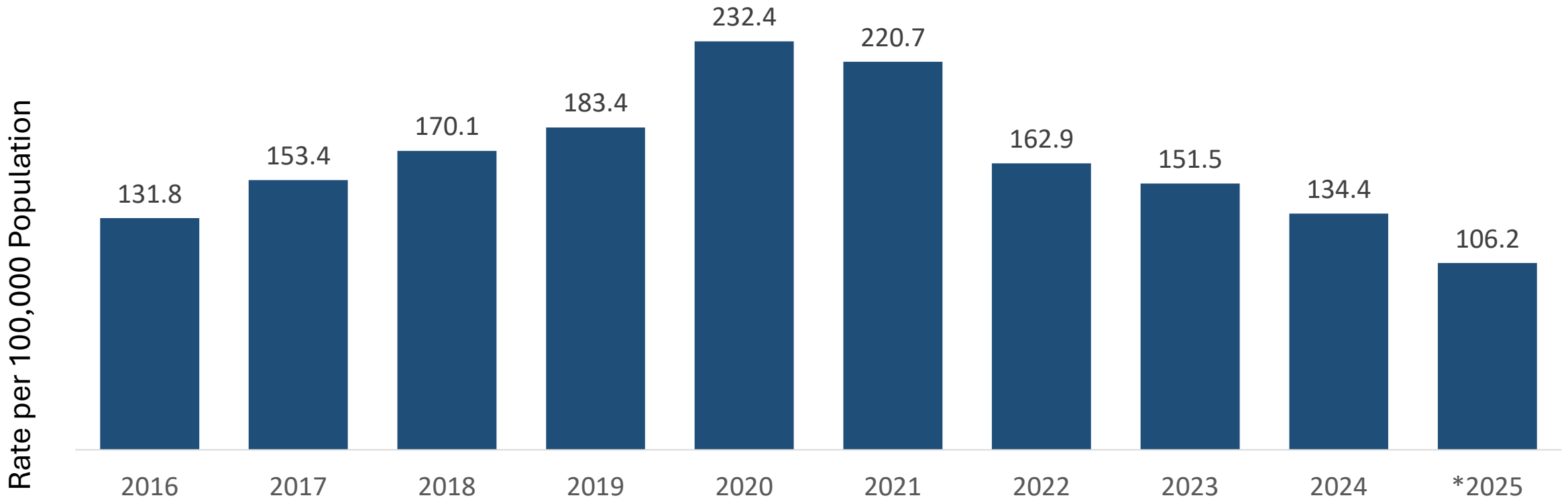
Chlamydia case rates have been heading in a decreasing trajectory, with a **33 percent** decrease from 2018 to 2025.



[See full trend report here.]

Gonorrhea – Trends

From 2016 to 2020, gonorrhea rates increased by **76 percent** in Michigan, followed by a **54 percent** decrease from 2020 to 2025.

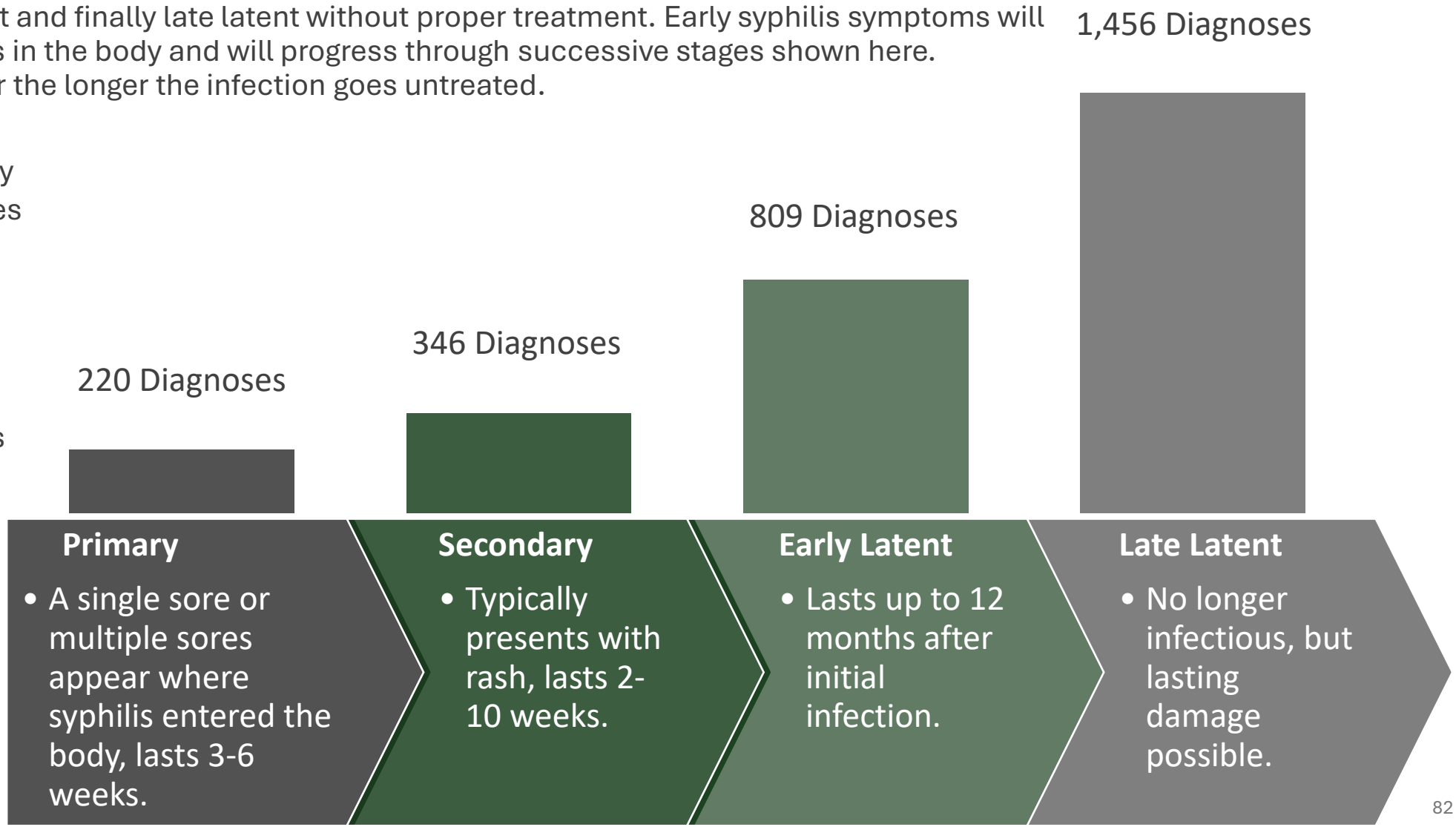


[See full trend report here.]

Syphilis – Stages of Infection, *2025

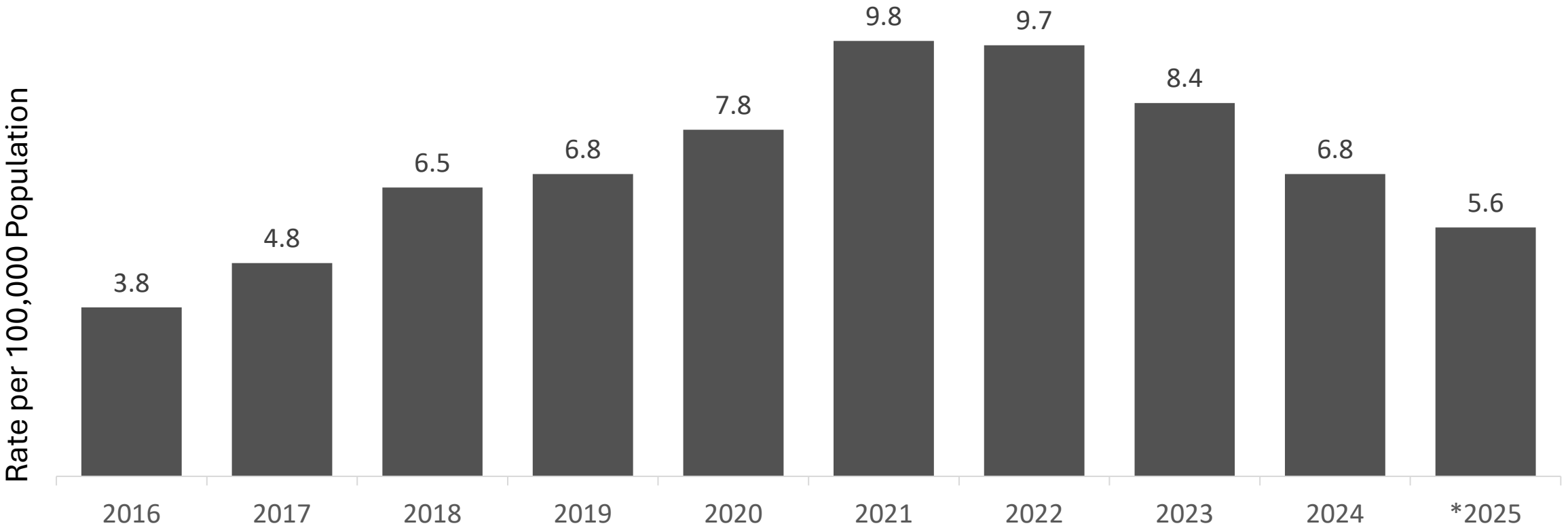
Syphilis can be diagnosed in multiple stages, but all syphilis infections progress from primary to secondary, then to early latent and finally late latent without proper treatment. Early syphilis symptoms will fade but the infection remains in the body and will progress through successive stages shown here. Irreparable damage can occur the longer the infection goes untreated.

Most people with untreated syphilis do not develop tertiary syphilis. However, when it does happen, it can affect many different organ systems, including the heart and blood vessels, and the brain and nervous system. In tertiary syphilis, the disease damages your internal organs and can result in death.



P&S Syphilis – Trends

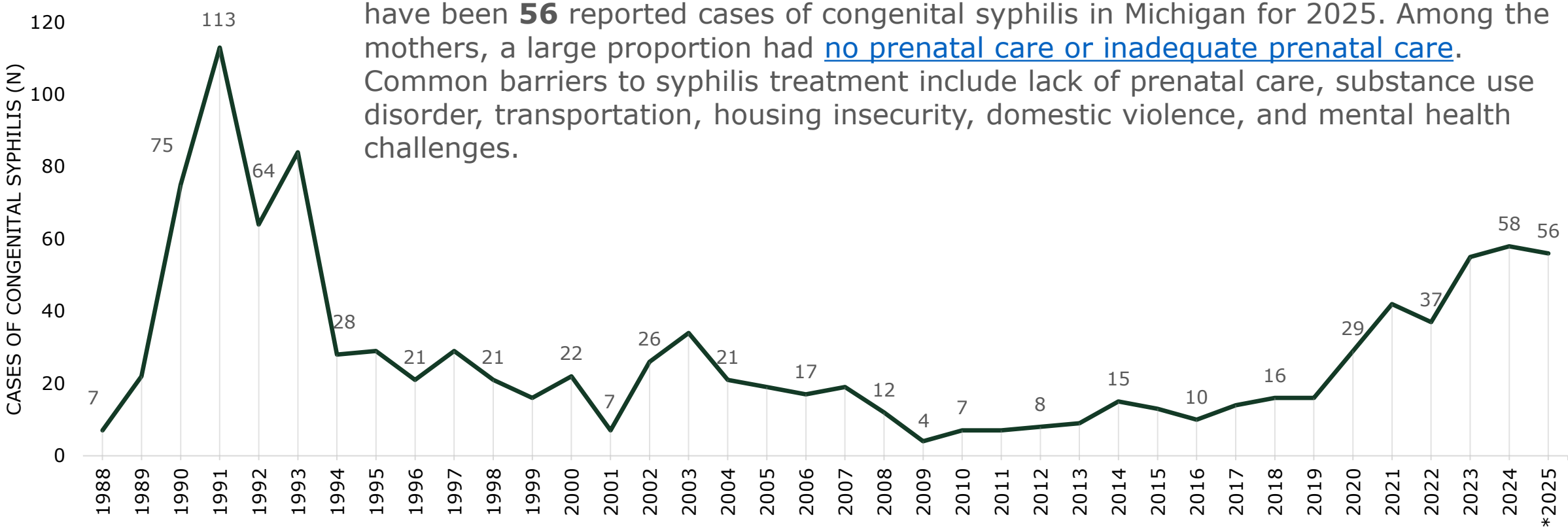
From 2016 to 2021, syphilis case rates increased **158 percent**; however, more recently (from 2021 to 2025) there has been a **43 percent** decrease observed in case rates.



See full trend report here.

Congenital Syphilis

Congenital syphilis, or vertical transmission from mother to infant, can be prevented by timely diagnosis and complete treatment of pregnant women. Currently, there have been **56** reported cases of congenital syphilis in Michigan for 2025. Among the mothers, a large proportion had no prenatal care or inadequate prenatal care. Common barriers to syphilis treatment include lack of prenatal care, substance use disorder, transportation, housing insecurity, domestic violence, and mental health challenges.



Live Births by County and Race, Michigan Residents 2024

Interventions

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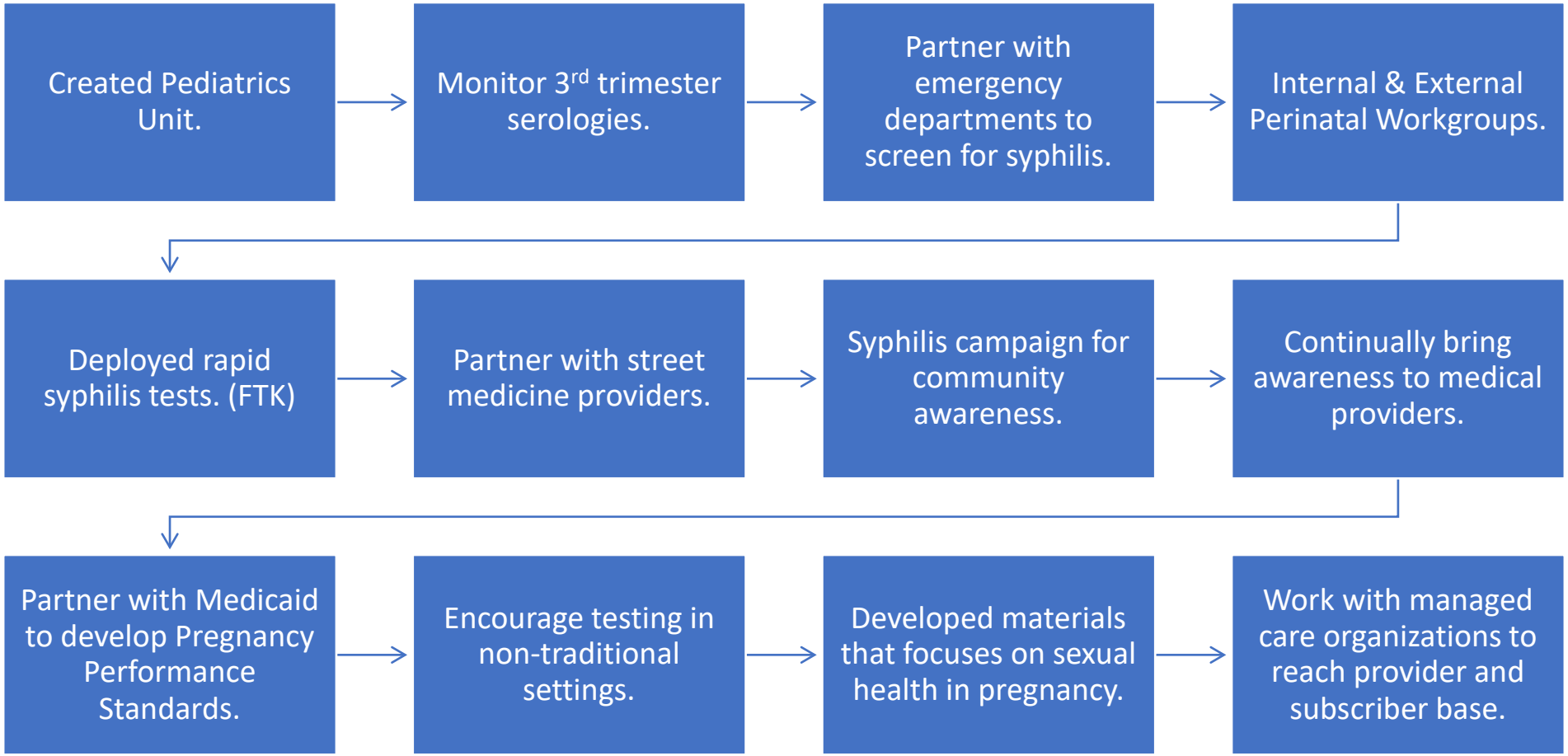
Intervention Goals

Increase	Awareness among females of childbearing age that syphilis “is a thing” for them and encourage them to seek screening.
Increase	Number of females of childbearing age who are screened for syphilis in all/any health care setting, including emergency departments and urgent care facilities
Increase	Number of pregnant females who access early prenatal care.
Increase	Number of pregnant females who are screened at recommended points in their pregnancy. (First Trimester, Third Trimester, and delivery)
Increase	Number of females diagnosed with syphilis who complete their treatment and follow-up testing in a timely manner.

Bureau of HIV & STI Programs' Response



SIU Interventions

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Pilot Project Background

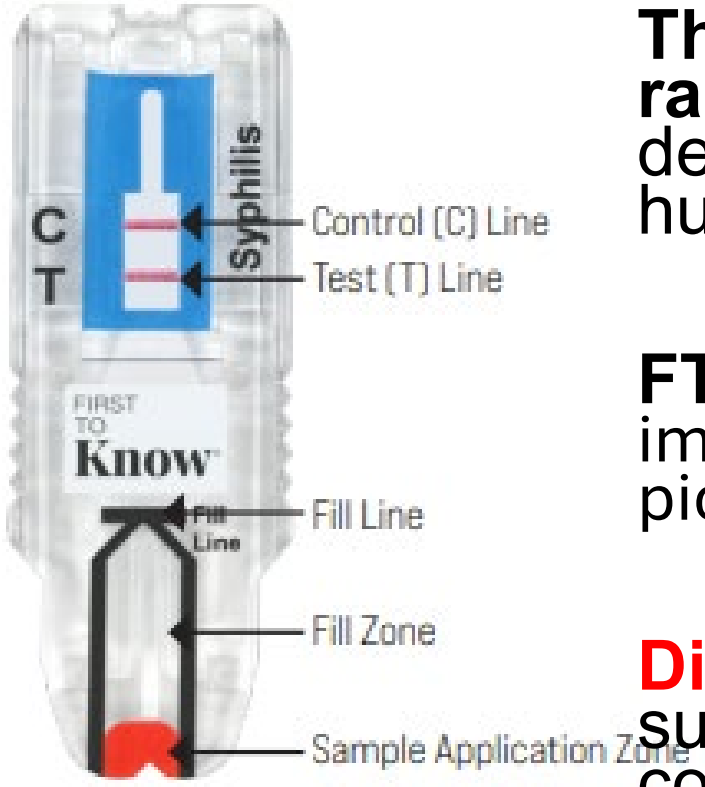
- Funding for this project is from Michigan Healthy Initiative Works Project Grant.
- First to Know (FTK) is an FDA authorized for usage as a point of care syphilis test from NOWDiagnostics.
- The goal for this project is for select DIS to utilize this test device in instances in the community to limit missed opportunities to screen individuals who could benefit from a rapid syphilis test and for use in outreach settings where HIV rapid testing is available.

Michigan Response

- Partnering with Health Department of Northwest Michigan Family Planning.
- Training of Pediatric Disease Intervention Specialist unit to administer First to Know (FTK).
- Ensuring women of child-bearing age are part of the priority populations across all pilot sites.
- Working with partners to collaborate on community events that provide services to child-bearing age women (ie; community baby showers, health fairs).

***All pilot agencies also offer HIV rapid screening in combination with the FTK device.**

What is First to Know?

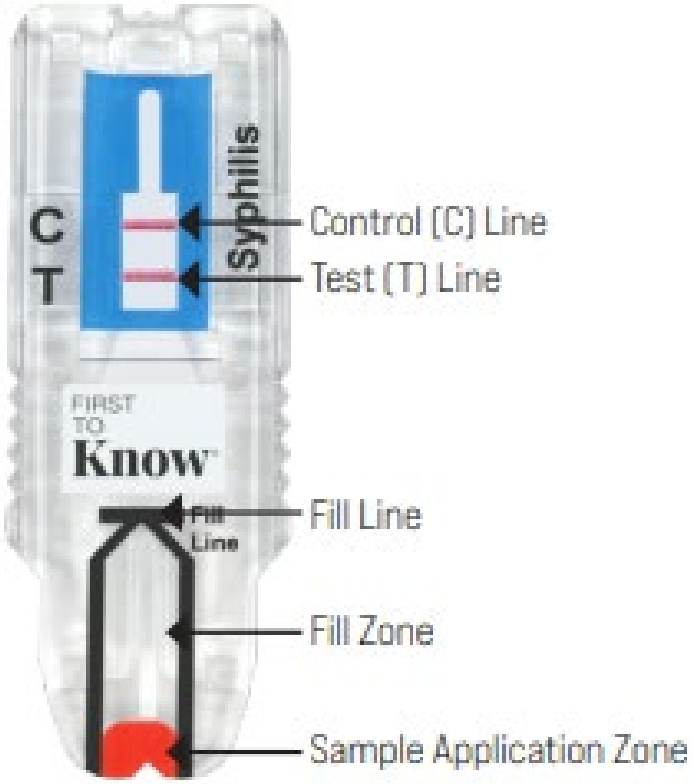


The First To Know (FTK) Syphilis Test is a qualitative **rapid** membrane immunochromatographic assay for the detection of Treponema Pallidum (Syphilis) antibodies in human whole blood capillary.

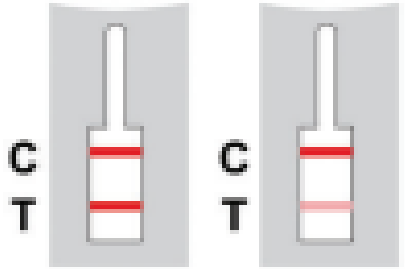
FTK is a treponemal test and classified as an immunochromatic EIA with a bridging assay format which picks up all isotypes of antibody raised to the bacterium.

Disclaimer: Positive test results with FTK is not sufficient for a Syphilis diagnosis. A follow-up confirmatory is needed to make a complete diagnosis.

Understanding Results

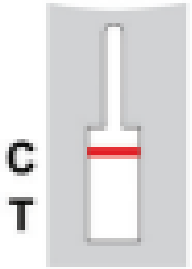


Understanding a Positive Result



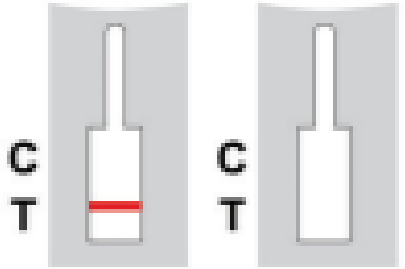
It means the test detected antibodies to the syphilis bacteria in the blood sample. You might have syphilis now or had it before. See your healthcare provider. For additional information, see Common Questions & Answers.

Understanding a Negative Result



It means the test did not detect antibodies to the syphilis bacteria in the blood sample. See your healthcare provider if you still have symptoms. It is possible you tested too early. For additional information, see Common Questions & Answers.

Understanding an Invalid Result



If no control "C" line appears, the test is invalid. You must retest using a new test. If you get an invalid result, please call our toll-free number at 1-844-207-3370.

FTK Data

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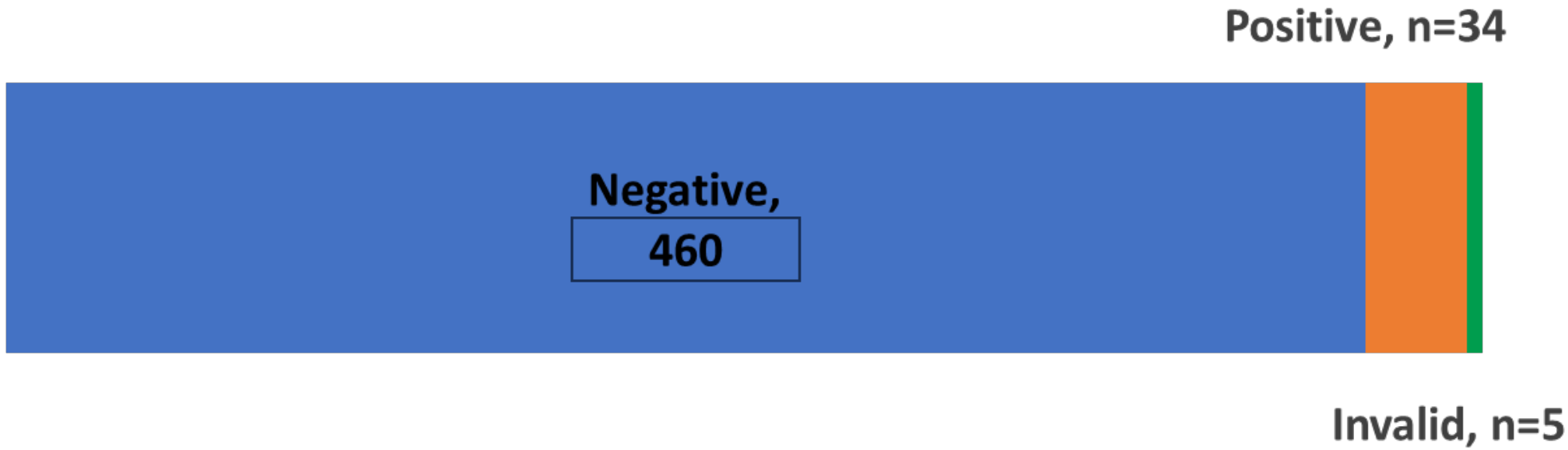
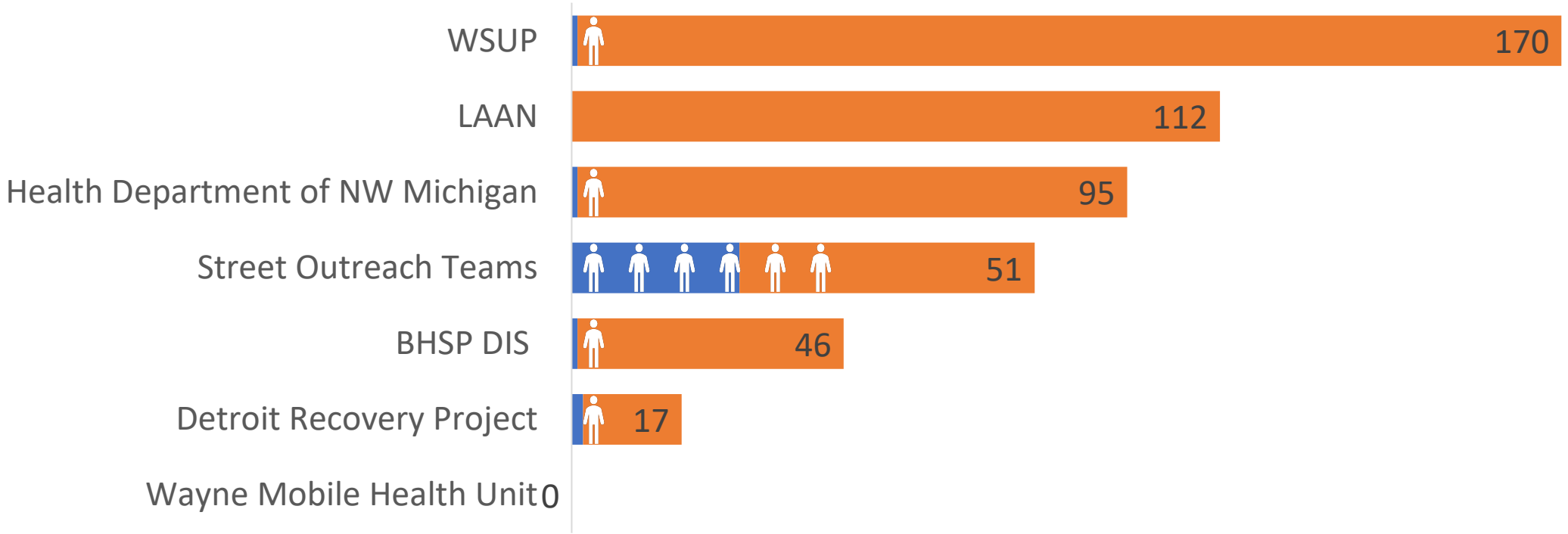
- As of May 1st, a total of 500 FTK tests have been used, of which there were **460** negatives, **34** positives and **5** invalids, 10 confirmed newly diagnosed.



New Infections



Rapid Test Reporting Protocols

- All positive and negative rapid test results must be reported to the Bureau of HIV/STI Programs (BHSP).
- REDCap is utilized to record all rapid test results.
- Positive rapid results must be reported to BHSP within **24** hours of discovery.
- Negative rapid results must be reported by the 10TH of each month.

Success & Challenges

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Pilot Partner Response

- FTK is easy to use in outreach settings with limited spaces.
- FTK does not require controls which led to increased device usage.
- Clients were more receptive to rapid HIV testing since only one specimen is required for both tests at one encounter.
- Some sites saw an increase in STI testing rates due to rapid testing being available.

Challenges

- Client screening:
  - Implementing a rapid test with clients experiencing complex barriers to care and treatment (SUD or unhoused individuals).
  - Using FTK device with clients with known syphilis history.
- Site capacity:
  - Learning curve with REDCap and lack of dedicated staff for data entry.
  - Mobile unit staffing challenges.
- Opportunities for device utilization:
  - DIS have limited instances where the FTK device can be utilized.
  - DIS report that some patients prefer to go to their own PMD/clinic for testing and follow up vs receiving a rapid test.

MDHHS Bureau of HIV and STI Programs

Tiera DeFoe, STI Provider Liaison defoet@michigan.gov

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Break

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Clinical Update

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Communications

- Monthly newsletter.
  - Should be received by all family planning staff.
  - Reach out if not receiving monthly email update.
  - Clinical question box.
- Quarterly coordinator's call.
  - Reach out with any questions/topics you would like to be covered during the call.
- Annual coordinator in-person meeting.
  - Opportunity for networking.
- Annual conference.
  - Encourage all family planning staff to attend (clerical, clinical, administrative, etc.).
  - Continuing education opportunities.
- Always available for questions.

Policy Review

Standards and Guidelines Updates

- Michigan Title X Family Planning Standards & Guidelines Manual (Revised: Jan. 2026).
- Clinical changes:
  - Definitions: Resuming use of "client-centered care" language rather than "person-centered care" following terminology of the 2021 Title X regulations terminology (p.34).
    - This follows OPA and the RHNTC terminology, as well as following the 2021 Title X Regulations.
  - Updated clinical section introduction (p.57).
  - Slight language update regarding determining reason for visit and desire for reproductive health care at current encounter (p.60).

Cycle 9

- Good news is that we are back to reviewing agencies once every three years.
- So far have completed 4 agency reviews.
- Minimum Program Requirement (MPR) Indicators 8.1 through 15 are the clinical indicators.
- The information listed under the MPR indicator specifies where the full guidance can be found in the Standards and Guidelines.
- Now that we have resumed the typical public health review schedule, any MPR found to be out of compliance will require a Corrective Plan of Action (CPA) and follow up.

Site Review Reminders

MPRs 8.1-8.7 relate to the core Title X services.

- Consents.
  - Signed for all services.
  - Intrauterine device/Nexplanon need their own procedural consents for insertion and/or removal (cannot be the same consent for both).
- Documentation.
- Protocols.
  - Policy vs. protocol.
  - Need to be dated.
- 8.2 Pregnancy Testing.
  - Chlamydia/gonorrhea testing.
  - Documentation of coercion, intimate partner violence and abuse.

Site Review Reminders, Continued

MPRs 8.1-8.7 relate to the core Title X services.

- 8.5 Sexually Transmitted Infection (STI) Services.
  - Although it is a standalone service, consider adding as much FPAR data as client is willing to share.
- 8.7 Related Preventive Health Services.
  - Not a provided protocol, agencies are required to create their own.
  - Reminder that we are a joint project with Breast and Cervical Cancer Control Program (B3CNP).
  - Link to BC3NP medical protocol.

Site Review Reminders, Continued

- MPR 9.1 Services for Minor Clients.
  - Coercion, family involvement and mandated reporting.
  - Is it consensual and are you educating?
- MPR 10.1 Medical direction by a clinical services provider with family planning expertise.
  - Where a designated medical director is not specialty trained, OB-GYN or with direct experience providing family planning services to clients, at least four hours training specific to family planning or reproductive health every two years is documented.
- QA.
  - MPR 10 Medical Audits.
  - MPR 14 Chart Audits.

Site Review Reminders, Continued

- MPR 11.1 Medical Emergency/Situations and Equipment and Supplies.
  - After-hours policies.
  - When a client is referred for emergency clinical care the agency:
    - Documents that the client was advised of the referral and importance of follow-up.
    - Documents that the client was advised of their responsibility to comply with the referral.

Site Review Reminders, Continued

- MPR 12.1 Pharmaceuticals/ Prescriptions.
  - Agencies must operate in accordance with federal and state laws relating to security and record keeping for drugs and devices.
  - Inventory, supply and provision of pharmaceuticals must be conducted in accordance with the State of Michigan pharmacy laws and profession practice regulations.
  - A system must be in place to monitor expiration dates and ensuring disposal of all expired drugs, including drugs for medical emergencies.
  - There must be a system in place for silent notification in case of drug recall.
  - Writing of prescriptions follows the MDHHS policy including:
    - Prescriptions may be written for clients who choose and can obtain their method of choice and medications from a pharmacy.
    - Prescriptions or a referral must be provided for clients whose method of choice is unavailable at the service site.
    - Accepting a written prescription must not pose a barrier for the client.

Site Review Reminders, Continued

- MPR 13.1 Laboratory Testing and Follow-up.
  - Written laboratory protocols and procedures must be in place that include:
    - Pregnancy testing must be provided on site.
    - Cervical cancer screening must be provided on-site.
    - STI and HIV testing, or referral for testing.
    - Laboratory tests must be provided if indicated for a specific method of contraception.
  - Equipment maintenance and calibration must be documented.
- MPR 14.1 Medical Records and Quality Assurance System.
- MPR 15.1 Provide for Coordination of Referral Arrangements for other Healthcare, Related Social Services and Counseling.

Thank You For All You Do

- Lauren Krueger: kruegerl3@michigan.gov.
- Lizzy McDonald: mcdonalde1@michigan.gov.
- Sue Montei: monteis@michigan.gov.
- Jordan Wyeth: wyethj@michigan.gov.

References.

- Office of the Assistant Secretary for Health's Statement of Priorities.
- The MAHA Report - The White House.
- Make our Children Healthy Again Report
- HHS OASH Fertility Knowledge Survey.
- Executive Order 14218—Ending Taxpayer Subsidization of Open Borders.

Questions and Closing

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