

FPAR Number: 1006

Form Approved
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Exp. Date 09/30/2016

Date Submitted: 04/16/2015

Reporting Period: 01/01/2014 through 12/31/2014
(Month/day/year) (Month/day/year)

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Grantee Profile Cover Sheet

Grantee Legal Name	Name Washington State Department of Health	
	Street 101 Israel Rd Se,	
Address of Grantee Administrative Offices	City Tumwater	
	State WA	ZIP + 4 98501-5570
	Title X Project Director	
Title X Project Director	Name Cynthia Harris	
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Number of Subrecipients Supported by the Title X Grant	15	
Number of Family Planning Service Sites Supported by the Title X Grant	54	<input checked="" type="checkbox"/> Check if total number of sites is different from application

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Table 1
Unduplicated Number of Family Planning Users by Age Group and Sex

Age Group (Years)	Female Users (A)	Male Users (B)	Total Users (Sum Cols A + B) (C)
1 Under 15	683	25	708
2 15 to 17	7151	220	7371
3 18 to 19	8787	338	9125
4 20 to 24	22684	1427	24111
5 25 to 29	16060	1133	17193
6 30 to 34	9597	709	10306
7 35 to 39	5155	404	5559
8 40 to 44	2814	273	3087
9 Over 44	1911	309	2220
10 Total Users (sum rows 1 to 9)	74842	4838	79680

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Table 2
Unduplicated Number of Female Family Planning Users by Race and Ethnicity

Race	Hispanic or Latino (A)	Not Hispanic or Latino (B)	Unknown/ Not Reported (C)	Total Female Users (Sum Cols A to C) (D)
1 American Indian or Alaska Native	293	1062	0	1355
2 Asian	42	3306	0	3348
3 Black or African American	136	3147	0	3283
4 Native Hawaiian or Other Pacific Islander	42	673	0	715
5 White	3209	43658	0	46867
6 More than one race	109	1640	0	1749
7 Unknown/not reported	7236	10289	0	17525
8 Total Female Users (sum rows 1 to 7)	11067	63775	0	74842

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Table 3
Unduplicated Number of Male Family Planning Users by Race and Ethnicity

Race	Hispanic or Latino (A)	Not Hispanic or Latino (B)	Unknown/ Not Reported (C)	Total Male Users (Sum Cols A to C) (D)
1 American Indian or Alaska Native	8	69	0	77
2 Asian	4	111	0	115
3 Black or African American	7	390	0	397
4 Native Hawaiian or Other Pacific Islander	3	30	0	33
5 White	103	2959	0	3062
6 More than one race	0	103	0	103
7 Unknown/not reported	281	770	0	1051
8 Total Male Users (sum rows 1 to 7)	406	4432	0	4838

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Table 4
Unduplicated Number of Family Planning Users by Income Level

Income Level as a Percentage of the HHS Poverty Guidelines	Number of Users (A)
1 100% and below	48637
2 101% to 150%	14154
3 151% to 200%	5054
4 201% to 250%	2728
5 Over 250%	3518
6 Unknown/not reported	5589
7 Total Users (sum rows 1 to 6)	79680

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Table 5
Unduplicated Number of Family Planning Users by Principal Health Insurance Coverage Status

Principal Health Insurance Covering Primary Medical Care	Number of Users (A)
1 Public health insurance covering primary medical care	32252
2 Private health insurance covering primary medical care	20340
3 Uninsured (no public or private health insurance)	26849
4 Unknown/not reported	239
5 Total Users (sum rows 1 to 4)	79680

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Table 6
Unduplicated Number of Family Planning Users with Limited English Proficiency (LEP)

	Number of Users (A)
1 LEP users	5597
2 Not LEP users	74083
3 Unknown/not reported	0
Total Users (sum rows 1 to 3)	79680

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Table 7
Unduplicated Number of Female Family Planning Users by Primary Method and Age Group

Primary Method	Under 15 (A)	16 to 17 (B)	18 to 19 (C)	20 to 24 (D)	25 to 29 (E)	30 to 34 (F)	35 to 39 (G)	40 to 44 (H)	Over 44 (I)	Total Female Users (Sum Cols A to I) (J)
1 Female sterilization	0	0	0	25	118	228	272	228	236	1107
2 Intrauterine device or system	17	264	511	1936	1899	1245	662	358	139	7031
3 Hormonal implant	55	505	525	1171	646	274	118	47	19	3360
4 1-Month hormonal injection	0	0	0	0	0	0	0	0	0	0
5 3-Month hormonal injection	182	1655	1518	3192	1992	1414	815	547	282	11597
6 Oral contraceptive	251	3062	3826	9274	5814	3008	1499	828	528	28090
7 Contraceptive patch	41	316	365	887	590	419	162	66	27	2873
8 Vaginal ring	19	225	380	1399	1207	586	180	62	23	4081
9 Cervical cap or diaphragm	0	0	3	7	8	4	8	4	2	36
10 Contraceptive sponge	1	1	3	5	2	2	1	0	0	15
11 Female condom	0	1	1	3	4	3	5	2	2	21
12 Spermicide (used alone)	0	4	1	3	1	5	3	3	4	24
13 Fertility Awareness or Lactational Amenorrhea Method	0	2	2	9	16	8	7	1	3	48
14 Abstinence	30	123	104	233	183	130	111	52	82	1048
15 Withdrawal or other method	1	38	43	129	168	131	72	55	129	766
Rely on Male Method										
16 Vasectomy	0	0	1	7	25	27	35	29	26	150
17 Male condom	53	566	784	2080	1403	920	556	317	200	6879
No Method										
18 Pregnant or seeking pregnancy	12	253	549	1754	1511	908	452	119	16	5574
19 Other reason	21	136	171	570	473	285	197	96	193	2142
Unknown/Not Reported										
20 Method unknown/not reported	0	0	0	0	0	0	0	0	0	0
21 Total Female Users (sum rows 1 to 20)	683	7151	8787	22684	16060	9597	5155	2814	1911	74842

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Table 8
Unduplicated Number of Male Family Planning Users by Primary Method and Age Group

Primary Method	Under 15 (A)	15 to 17 (B)	18 to 19 (C)	20 to 24 (D)	25 to 29 (E)	30 to 34 (F)	35 to 39 (G)	40 to 44 (H)	Over 44 (I)	Total Male Users (Sum Cols A to I) (J)
1 Vasectomy	0	0	0	3	14	37	22	17	18	111
2 Male condom	6	163	279	1181	914	514	284	188	209	3738
3 Fertility Awareness Method	0	0	0	0	1	0	0	1	0	2
4 Abstinence	9	16	17	38	27	19	13	8	13	160
5 Withdrawal or other method	0	4	12	49	43	44	31	13	25	221
Rely on Female Method										
6 Rely on female method(s)	0	7	8	10	15	9	7	4	7	67
No Method										
7 Partner pregnant or seeking pregnancy	0	1	0	3	4	4	1	2	0	15
8 Other reason	10	29	22	143	115	82	46	40	37	524
Unknown/Not Reported										
9 Method unknown/not reported	0	0	0	0	0	0	0	0	0	0
10 Total Male Users (sum rows 1 to 9)	25	220	338	1427	1133	709	404	273	309	4838

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Table 9
Cervical Cancer Screening Activities

Screening Activity	Number of Female Users or Number of Tests (A)
1 Unduplicated number of female users who obtained a Pap test	11334
2 Number of Pap tests performed	11401
3 Number of Pap tests with an ASC or higher result	2176
4 Number of Pap tests with an HSIL or higher result	131

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Table 10
Clinical Breast Exams and Referrals

	Screening Activity	Number of Female Users (A)
1	Unduplicated number of female users who received a clinical breast exam (CBE)	13133
2	Unduplicated number of female users referred for further evaluation based on their CBE	21

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Table 11
Unduplicated Number of Family Planning Users Tested for Chlamydia by Age Group and Sex

Age Group (Years)	Female Users (A)	Male Users (B)
1 Under 15	405	8
2 15 to 17	4790	170
3 18 to 19	5959	275
4 20 to 24	14480	1243
5 25 and over	15434	2079
6 Total Users (sum rows 1 to 5)	41068	3775

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Table 12
Number of Gonorrhea, Syphilis, and HIV Tests and Number of Confidential HIV Tests

Test Type	Female Tests (A)	Male Tests (B)	Total Tests (Sum Cols A and B) (C)
1 Gonorrhea	45103	4076	49179
2 Syphilis	1493	361	1854
3 HIV – All confidential tests	5249	1889	7138
4 HIV – Positive confidential tests			11
5 HIV – Anonymous tests			4

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Table 13
Number of Full-Time Equivalent Clinical Services Providers
and Family Planning Encounters by Type of Provider

Provider Type		Number of FTEs (A)	Number of Family Planning Encounters (B)
1	Clinical Services Providers		98265
1a	Physicians	1.50	
1b	Physician assistants/nurse practitioners/ certified nurse midwives	46.00	
1c	Registered nurses with an expanded scope of practice who are trained and permitted by state- specific regulations to perform all aspects of the user physical assessment	0.00	
2	Other Services Providers		22946
3	Total Family Planning Encounters (sum rows 1 + 2)		121211

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**Table 14
Revenue Report**

Revenue Source		Amount	
Title X			
1	Title X grant (Section 1001: family planning services)	3308271	
Payment for Services			
2	Total client collections/self-pay	2405175	
3	Third-party payers	Amount Prepaid (A)	Amount Not Pre-paid (B)
3a	Medicaid (Title XIX)	0	11061844
3b	Medicare (Title XVIII)	0	1617
3c	Children's Health Insurance Program (CHIP)	0	0
3d	Other public health insurance	0	4080
3e	Private health insurance	0	4269718
4	Total – Third-Party Payers (sum rows 3a to 3e)	0	15337259
5	Total – Payment for Services (sum row 2 + cell 4a + cell 4b)	17742434	
Other Revenue			
6	Title V (MCH Block Grant)	0	
7	Title XX (Social Services Block Grant)	0	
8	Temporary Assistance for Needy Families (TANF)	0	
9	Local government revenue	1977352	
10	State government revenue	9905060	
11	Bureau of Primary Health Care (BPHC)	377877	
12	Other (Specify: <u>UnitedWay, Harrison Foundation, Burning Foundation</u>)	185060	
13	Other (Specify: <u>Donations and Fundraising</u>)	423345	
14	Other (Specify: <u>CDC: Breast, Cervical, & Colon Health</u>)	36272	
15	Other (Specify: <u>Personal Resp Educ Prog and other ed (supports TX)</u>)	108806	
16	Other (Specify: <u>Miscellaneous</u>)	42396	
17	Total – Other Revenue (sum rows 6 to 16)	13056168	
18	Total Revenue (sum rows 1 + 5 + 17)	34106873	

FPAR NOTES

General:

Grantee Profile:

Washington State's 2014 application included 73 family planning service sites; in fact 54 sites operated during the year. The application included 13 pending sites at Public Health Seattle-King County that were not implemented due to insufficient funds; two sites at Planned Parenthood of Greater Washington and North Idaho that were ultimately not included in their project; three sites at Cowlitz Family Health Center (CFHC) sites that opted out of the Title X; and one site at Kitsap County Health Department that closed. Of the 54 sites that provided services in 2014, 51 operated for the full year. Public Health Seattle King County closed one site and Planned Parenthood of the Columbia/Willamette closed one site in June. Okanogan Family Planning closed one site in November. Compared to the previous reporting period, the net effect of these changes increased the number of family planning sites in our Title X system by two. Compared to 2013, the number of clients in our Title X family planning system increased by 1% which was due to Planned Parenthood of the Great Northwest re-designating sites into the Title X system (additional 10,353 clients). All other agencies in the state saw a decline in the number of clients (reduction of 9,693 clients) representing an average decline of 17%. The amount of decline varied widely by agency.

Table 1:

From 2013 to 2014 the total number of Title X clients increased by 1%, (see notes on cover sheet). This included a 1% increase in female clients and a 2% increase in male clients. Consistent with previous reports, the vast majority (94%) of clients were female, and more than half (52%) of all clients were under the age of 25. The gradual upward shift in age distribution noted for the past several years was still evident: In 2014 the average age for females increased to 25.7 years, the average age of males was 28.3 years. The reason for this change is unclear, there is also uncertainty as to whether it will persist post-implementation of the Affordable Care Act. The age and gender profile of Title X clients will continue to be monitored and included in discussions with subrecipients in 2015.

Table 2:

In 2014, as in previous reporting periods, the majority (63%) of females self-identified their race as white. But, the percentage of non-white females increased by 13% and the percentage of multi-racial females increased by 61%. This may reflect our state's changing demographic profile and preferences for race/ethnicity self-identification. It may also reflect our work with subrecipients to correct system errors and ensure that multiple races are captured. There is still more work to be done in this area; complete and correct classification of race and ethnicity are very challenging. The level of missing race data among Hispanic clients continues to be an issue although some improvement was noted. This may also reflect our work with subrecipients. The percentage of Hispanic females with missing race declined from 71% in 2013 to 65% in 2014. As previously reported, the reason for a high level of missing race data is that Hispanic clients tend to identify with their ethnicity and not with any of the five major race categories. By contrast, only 16% of non-Hispanic females had unknown/not reported race. Note: Zero entries are accurate. Data correct as reported.

Table 3:

In 2014, as in previous reporting periods, the majority (63%) of males self-identified their race as white. But the percentage of non-white males increased by 8% and the percentage of multi-racial males increased by 29%. This may reflect our state's changing demographic profile and preferences for race/ethnicity self-identification. It may also reflect our work with subrecipients to correct system errors and ensure that multiple races are captured. There is still more work to be done in this area; complete and correct classification of race and ethnicity are very challenging. The level of missing race data among Hispanic clients continues to be an issue although some improvement was noted. This may also reflect our work with subrecipients. The percentage of Hispanic males with missing race declined from 75% in 2013 to 69% in 2014. As previously reported, the reason for a high level of missing race data is that Hispanic clients tend to identify with their ethnicity and not with any of the five major race categories. By contrast, only 17% of non-Hispanic males had unknown/not reported race. Note: Zero entries are accurate. Data correct as reported.

Table 4:

Compared to the previous reporting period, the percentage of clients with unknown/not reported income increased from 0% to 7%. One large agency was responsible for all records with unknown/not reported income. The problem started late in 2014 when the agency made changes to their data system. We are working with this agency to ensure that income data reported in 2015 are complete and accurate. Including clients with missing income data in the FPAR table distribution, makes it appear that the percentage of clients at or below 100% of poverty declined from 69% in 2013 to 61% in 2014. When the analysis is restricted to clients for whom income is known, the percentage of clients at or below 100% of poverty is 66%. Shifts between FPL groups are occurring, but the degree of change cannot be determined with certainty due to missing data. Data on income and insurance status are priority items, needed to assess the impacts of the Affordable Care Act on need and demand for Title X family planning services. Note: Data correct as reported.

Table 5:

From 2013 to 2014 the percentage of clients with public health insurance nearly doubled, from 21% to 41%; the percentage of private insurance clients increased from 18% to 26%. By contrast, the percentage of uninsured clients declined from 61% to 34%. Clients with unknown/not reported insurance status continued to represent less than 1 percent of the total distribution. The observed changes in health insurance status were substantial and encouraging. We will continue to closely monitor insurance status in 2015 to ensure that we have the data required to assess impacts of the Affordable Care Act, especially as they relate to need and demand for Title X family planning services.

Table 6:

From 2013 to 2014 the percentage of clients reported to have Limited English Proficiency (LEP) remained stable at 7%. Note: Zero entries are accurate.

Table 7:

From 2013 to 2014 the percentage of females using some method of contraception remained stable at 90%. Among method users, the percentage of females using most effective methods (i.e., hormonal implants, IUDs, or sterilization) remained stable at 17%; the utilization of LARC also remained steady at 15%. Among LARC users, there was a substantial shift toward implants and away from IUDs. Other changes among method users included a small decrease in the use of combined hormonal methods (pill, patch, ring) from 54% to 52% and an increase in the use of 3 month hormone injections, from 16% to 17%. Data quality and practice improvement efforts in 2014 included data evaluation and discussions with subrecipients to identify barriers and strategies to increase LARC utilization. Primary barriers include inadequate reimbursement and need for staff training. We will continue our data quality improvement activities in 2015. The work plan will follow-up on no contraceptive method (not pregnancy related) among females ages 44 & older, which was reported for 10% of these clients in 2014. Note: Zero entries are accurate.

Table 8:

From 2013 to 2014 the percentage of males using some form of contraception increased from 84% to 87%. The vast majority of males (77%) used condoms. Condom use among males has steadily increased over the past several years; the 2014 data represent a 2% increase in the percentage of condom users since 2013. Compared to the previous reporting period, the percentage of males with no method (not pregnancy related) declined from 14% to 11%; the use of the withdrawal or other non-specified methods increased from 3% to 5%. Reasons for the high rate of no method and the increase in reported use of withdrawal or other non-specified methods are unknown. We will investigate the use of these categories in 2015 to decrease non-specific data and promote utilization and reporting of most effective methods. Our strategies for monitoring and improving quality will continue to include repeated cycles of targeted data evaluation and feedback to subrecipients. Note: Zero entries are accurate. Data correct as reported.

Table 9:

From 2013 to 2014 the percentage of females who received a Pap test dropped from 17% to 15%. Pap tests have substantially declined over the past several years, consistent with national standards and recommendations for Pap frequency. In 2014 nearly all (99%) of Pap tests were for females age 21 or older. Pap tests for women under age 21 has steadily declined since 2010. From 2013 to 2014 the percentage with Pap tests with an ASC or higher result decreased from 21% to 19%; Paps with an HSIL or higher result remained stable at 1%.

Table 10:

From 2013 to 2014 the number and percentage of clients who received clinical breast exams (CBEs) declined by 8%. CBEs have steadily declined over the past several years, consistent with national standards and guidelines for CBE screening. The number of clients referred for further evaluation based on their CBE also declined, but the numbers are too small for meaningful analysis.

Table 11:

From 2013 to 2014, the percentage of all females under age 25 who received at least one chlamydia test decreased from 71% to 65%. Decreases were observed for all age subcategories excepting females under age 15, which had too few clients for meaningful analysis. This contrasts with strong improvements in chlamydia testing reported in 2013, which were attributed repeated cycles of targeted data evaluation and feedback to subrecipients. The decrease in testing in 2014 is likely related to changes in work and data priorities combined with changes in care seeking behavior among clients. For example, our 2013 study of females who did not receive a chlamydia test in 2013 found that a main reason for no testing was "patient had only one visit during the year, was not due for a chlamydia test at that time, and did not return for care". Grantee staff are preparing a report of findings from the 2013 study, which will be available by mid-year 2015. The results will include suggested practice changes to increase chlamydia testing and reporting for females under age 25.

Table 12:

From 2013 to 2014, there was a modest increase in the number of syphilis and HIV tests for both males and females. The number of gonorrhea tests remained fairly stable. We continued to monitor visits that included STD tests to ensure that Title X visit criteria were met. Compared to the previous period, there were more positive HIV tests but the numbers are too small for meaningful analysis. The frequency of anonymous HIV tests continued to decline, consistent with recommendations from State STD and family planning staff who need client identifiers to conduct follow-up when indicated.

Table 13:

Compared to 2013, the total number of family planning encounters stayed the same but the number of FTE's substantially increased. This inconsistency in the data is explained by the actions of one subrecipient, Planned Parenthood of the Great Northwest (PPGNW) (see cover sheet). PPGNW's re-designation of five clinics in 2014 resulted in 13,685 additional encounters and 8.0 FTE additional clinical service providers (CSPs), specifically PA/NP/CNM providers. While the number of family planning encounters at all other agencies in the state substantially declined between 2013 and 2014, most subrecipients maintained or modestly reduced their PA/NP/CNM staffing levels. This produced a drop in the number of CSP encounters per CSP FTE, from 2522.1 to 2068.7. The shift toward more utilization of non-clinical staff, first noted in 2013, continued in 2014. The percentage of encounters reported for non-clinical staff increased by 20%. This shift is consistent with the continuing efforts of subrecipients to improve efficiency and reduce operating costs by ensuring that nurses and aides are utilized at their highest competency. It is likely that subrecipients are reluctant to reduce CSP capacity until the short and long term impacts of the Affordable Care Act become more clear, particularly as they relate to need and demand for Title X family planning services. Note: Zero entries are accurate.

Table 14:

All zero entries accurate. Row 1: Awarded same amount as in 2013, but amounts shown differ by 23% due to timing of drawdowns. Row 2: Decrease (24%) of client collections due to increased insurance collections and reductions in visits. Row 3a, 3c, 3d & 3e: Decrease due to variation in number of clients accessing services and reduction in client visits. Row 3a: Revenue from Medicaid Waiver is included with Medicaid revenue. Reduction was due to reduction in client visits and lag time in reimbursements. Row 3b: Increase (11%) due to two subrecipients showing increase in this area and small amount of revenue. Row 5: Total Payment for Service is down 16%. See note for Rows 2 & 3. Row 6: No subrecipients reported Title V revenue unlike 2013. Rows 7 and 8: No funding reported for Title XX or TANF. Rows 9, 10: Local revenue is up 9%. State funds dedicated to family planning (Title X cost share: \$8,301,025) is down 5%. Row 11: Only one subrecipient received revenue from this source. Decrease of 6%. Row 13: Increase (46%) due to subrecipients increased efforts to access other grant/foundation funding. Row 14: Decrease (14%) shows reduction in BCCHP funding. Row 15: Increase (24%) one large subrecipient increased charges for educational programs. Row 16: Includes invoice discounts, refunds, and other misc. revenue. Decrease (21%) from 2013. Row 18: See Rows 2, 3a, 3d and 3e which accounts for most of the 12% decrease.