Bixby Center for Global Reproductive Health

UCSF

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Findings from the Family PACT Evaluation:

2008 Survey of Community-Based Organizations

July 2009

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Executive Summary

Overview of the Study

Increasing access to the Family PACT Program is an essential goal of the Centers for Medicare and Medicaid Services (CMS) waiver demonstration project being implemented in California. Among its efforts to achieve this goal, California's Office of Family Planning (OFP) seeks to coordinate with community-based organizations (CBOs) throughout the state to facilitate referrals of low-income women, men and adolescents to Family PACT services. Reaching out to CBOs is likely to be an effective strategy for increasing access for Family PACT-eligible populations. These organizations are, as the name implies, centered within the community and, therefore, attuned to the particular issues and needs of that community. They have established track records of addressing the needs of low-income residents, and often serve as a critical gateway between their clients and needed health and social services.

The 2008 Family PACT Survey of Community-Based Organizations was developed to assess the extent to which California CBOs – particularly those based in counties where access to family planning services is poor – are positioned to refer their clients to Family PACT providers. The study examined the extent to which CBOs are knowledgeable about the Family PACT Program and its services, refer their clients to Family PACT providers, and are involved in collaborative partnerships with providers. Surveys were collected from 209 Executive Directors of CBOs that serve clients likely to be eligible for Family PACT service and these organizations have in their mission statements an aim to connect clients to needed health services.

Key Findings

Most CBOs serve populations who are in need of family planning services and are likely eligible for the Family PACT Program; however, very few had heard of the Family PACT Program prior to the survey.

- All CBOs reported serving at least some segment of Family PACT eligible populations (women, men and/or teens), and many (83%) perceive their clients to be in need of free or low-cost family planning services.
- Only 29% of CBOs had heard of the Family PACT Program prior to the survey; an additional 5% were unsure. Of those who had heard of Family PACT, 47% could name at least one Family PACT provider in their community.
- CBOs that receive funding through the California Department of Public Health for a variety of programs were more likely to have heard of Family PACT than those that do not (50% vs. 28%, $p<.05$). Levels of awareness varied by service type, with organizations focused on immigrants and refugees (45%), child abuse prevention (42%), health education (39%), and domestic violence services (39%) being more knowledgeable than other organizations.

Among CBOs that had heard of Family PACT, most had some understanding of the program's eligibility criteria and available services.

- Most CBOs knew that uninsured, low-income individuals (80%), women of reproductive age (77%), and teens (73%) are eligible for Family PACT; fewer realized that services are available for men (57%). Many mistakenly believed that Medi-Cal recipients (60%) and pregnant women (57%) are eligible for Family PACT.

- Almost all CBOs could correctly identify that pregnancy testing (90%), contraception (85%), and STI testing/treatment (85%) are offered by Family PACT. However, many CBOs incorrectly thought that prenatal care (50%) and primary care check-ups (45%) are covered as well.

CBOs have experience with referrals and collaboration, and are well-positioned to provide clients with referrals to Family PACT.

- Nearly all (98%) CBOs surveyed currently provide referrals to clients for outside services; 61% provide referrals to half of their clients or more. The most common type of referral made is to health services (67%).
- CBOs use a variety of established referral sources, including county guides (73%) and the United Way's 2-1-1 directories (59%), to facilitate referrals when seeking a source of care for their clients.
- Nearly all (93%) CBOs surveyed are currently involved in coalitions and partnerships with organizations in their community, including organizations that offer clinical health care services (70%).

While most CBOs have not referred clients to or collaborated with Family PACT providers, those that do are satisfied with the process.

- Only 13% of CBOs in the study reported having referred clients to Family PACT providers, although this may be an underestimate if the organization did not realize a referring organization offered Family PACT services.
- The most commonly reported challenges in making Family PACT referrals are lack of information about eligibility criteria (41%) and about which providers offer Family PACT services in the community (33%). No CBOs, including those from faith-based organizations, reported that family planning referrals were contrary to their mission.
- Among those that had previously referred clients to Family PACT providers, most found the process to be very easy (63%) or somewhat easy (30%). Most feedback from staff and clients was positive.
- Of those that do collaborate with Family PACT providers, most are satisfied with the experience, believing it helps them better meet the needs of clients (89%) and coordinate services (61%).

CBOs are eager to learn more about the Family PACT Program and are interested in receiving information about the program and local providers.

- When asked about challenges in partnering with, or referring clients to, Family PACT providers, CBOs largely mentioned issues of lack of knowledge about the program, not lack of the organizations' interest or need.
- Most CBOs expressed interest in receiving materials from OFP to facilitate referrals, including written materials describing eligibility criteria (89%), promotional materials to give to clients (89%), and lists of providers in their community (85%) – all straightforward methods which are currently available and/or relatively inexpensive to prepare.

Conclusions

Improving access to family planning services for eligible populations will continue to be an essential goal of the Family PACT Program. Encouraging partnerships and referrals between Family PACT providers and community-based organizations is likely to be a fruitful effort, as both aim to improve the health and well-being of common target populations.

Introduction to the Study

Increasing access to the Family PACT Program is an essential goal of the Centers for Medicare and Medicaid Services (CMS) waiver demonstration project being implemented in California. Among its efforts to achieve this goal, the Office of Family Planning (OFP) seeks to coordinate with community-based organizations throughout the state to facilitate referrals of low-income women, men and adolescents to Family PACT services.

There are a number of reasons that reaching out to community-based organizations (CBOs) may be an effective strategy to increase access for Family PACT-eligible populations. CBOs are, as the name implies, centered within the community and therefore are attuned to the individual issues and needs of that community. Often, they have been expressly formed with the mission to serve a local community and have established track records of addressing the various needs of its low-income residents. They have already formed connections with community leaders, interacted regularly with residents, and developed reputations of trust and fairness among their community partners as well as their clients. Developing credibility and gaining the support of the community takes a great deal of time and effort; relying on well-established CBOs that have already developed such connections may be an efficient and effective method of reaching target communities.

Additionally, the vast majority of CBOs serve populations who are eligible to receive Family PACT services. Given the safety net of programs available for low-income families, most people who are eligible for one government program are likely to be eligible for others. Thus, CBOs are uniquely positioned to be in contact with potentially eligible populations and connect those in need of family planning services to a local Family PACT provider.

Finally, CBOs serve an important function in their communities by providing connections to needed social and health services for low-income men, women, and adolescents. They often serve as a critical gateway between their clients and government programs. Enrolling in such programs can be complicated and daunting, especially as difficult economic times lead to budget cuts and changing eligibility criteria. This confusion is often compounded when clients are faced with other challenges such as limited English proficiency, low literacy levels and distrust of medical providers. CBOs can help individuals and families navigate the system in a non-threatening, culturally sensitive way.

Using CBOs to increase client enrollment in health programs has been shown to be successful in other contexts in California, notably in increasing enrollment in Healthy Families (California's SCHIP program).[1] Such partnerships have been beneficial for all involved: the health care programs, the referring CBOs and, of course, the clients themselves. For all these reasons, CBOs are in a strong position to partner with Family PACT providers and offer referrals to those in need of family planning and reproductive health care.

The 2008 Family PACT Survey of Community-Based Organizations was implemented in order to assess the extent to which California CBOs are positioned to refer eligible clients to Family PACT providers and to collaborate with Family PACT providers to facilitate ongoing referrals. The survey findings can provide assistance to the Office of Family Planning in developing new collaborative activities between the Family PACT Program and CBOs at the local service level, as well as between OFP and other state programs at the administrative level.

[1] Perry M (2003). Promoting public health insurance for children. *The Future of Children,* 13:193-203; Ross DC and Hill IT (2003). Enrolling eligible children and keeping them enrolled. *The Future of Children,* 13:81-97.

About the Study

Study Purpose and Evaluation Questions

The purpose of this study was to examine the extent to which CBOs are positioned to refer clients to Family PACT. Specifically, the study focused on counties where the need for services is great and access to family planning services is low.[2]

The study sought to answer the following evaluation questions:

1. Are CBOs in areas of low access knowledgeable about the Family PACT program and providers in their communities?

2. Do these CBOs refer their clients to the Family PACT Program?
   a. What is the nature of these referrals?
   b. What have been the successes and challenges faced by CBOs in facilitating Family PACT referrals?
   c. What resources could be provided to CBOs by the Office of Family Planning to facilitate Family PACT referrals?

3. Are these CBOs involved in collaborative partnerships with Family PACT providers?
   a. What is the nature of these collaborative partnerships?

4. Are the administrative structures of these CBOs supportive of Family PACT referrals?

5. Have any recent policy changes, including budgetary changes, impacted collaborative partnerships and referrals?

Methodology

Development from Prior Studies

This study builds upon a previous UCSF survey of community organizations and local government agencies conducted for the Family PACT Evaluation in FY 2003-2004.[3] Among the findings in this previous work was the clear difference in awareness of the Family PACT program by organizations which already received funding through OFP (namely the Teen Pregnancy Prevention Programs), relative to those that did not. For that reason, the new study was designed to focus on organizations without such a connection, so that OFP might gain greater understanding on how to partner with a broad range of organizations to promote client referrals. Moreover, the study sample focused on organizations with a dedicated aim to serve clients in need of health services, under the assumption that such organizations would be most willing to learn about, and develop partnerships with, the Family PACT Program. Additionally, the FY 2008-09 study sample was selected using established resource guides, rather than lists of state grantees, to ensure a more holistic depiction of CBOs available to low-income populations. Because of these changes to the methodology, the findings presented in this report cannot be compared with those from the prior survey.

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[2] Access to family planning is measured by comparing the number of women who receive family planning services to the total number of women in need of such services within a given area. In previous documents, "areas of low access to family planning" were referred to as "areas of high unmet need." For more information about this methodology, see Chabot et al., 2008. Bixby Center for Global Reproductive Health. *Access to publicly funded family planning services in California, FY 1999-00 and 2003-04.* UCSF, Sacramento.

[3] Berglas N, Biggs A and Brindis C. 2004. *Key Findings from the Survey of Organizations Serving Populations in Need of Low-Cost Health Services.* UCSF, San Francisco.

Survey Development

The Survey of CBOs was developed by UCSF Family PACT evaluation staff for the purposes of the study **(Appendix A)**. The survey included measures to assess CBOs' awareness of Family PACT services, their referrals of clients to the Family PACT program, the resources they need to facilitate referrals, their levels of collaboration with Family PACT providers, whether their administrative structure is supportive of Family PACT referrals, and whether any recent policy changes have impacted collaborative efforts. The survey was designed to be completed by the Executive Director of the CBO, the person who is likely the most knowledgeable of the overall procedures and practices of the organization. The survey was reviewed by several key informants and pilot tested with a random sub-sample of CBOs before the final version was distributed to the entire sample. A web-based and a traditional pencil-and-paper version of the survey were developed.

The Sample of CBOs

As noted above, this study focused on CBOs based in geographic areas with low access to family planning services for adults and teens in need of these services. In these regions, the need for improved coordination and referrals is greatest, and thus, the lessons learned from this study would be relevant for OFP in planning its future efforts. Using preliminary analyses conducted by the UCSF Family PACT Evaluation for OFP,[4] study staff selected eleven California counties that demonstrated the lowest levels of access to family planning services among teens and/or adults.

Additionally, low access counties with populations of less than 10,000 women in need of services were excluded as there were too few CBOs in these sparsely populated, rural areas to create a meaningful study sample. Los Angeles County consists of eight Service Planning Areas (SPAs). Due to its population size and socioeconomic diversity, access to services was considered separately in each SPA. Two SPAs were identified as having lower access to care than the others.

The final sample included 10 counties and two Los Angeles SPAs:

Counties

- Alameda
- Imperial
- Merced
- Orange
- Riverside
- San Bernardino
- Stanislaus
- Tulare
- Ventura
- Yolo

Los Angeles SPAs

- SPA-1: Antelope Valley
- SPA-4: Metro

A comprehensive list of CBOs in the above areas was developed using established community referral guides which organize and list local organizations that provide health and human services. In particular, the United Way's 2-1-1 websites offer searchable county-organized databases to find community resources in areas such as health care, mental health services, shelter and housing, food support, family support services, and youth services.[5] Such websites were available for six of the counties in the sample; for the other counties, similar resource guides developed by those counties were used. UCSF staff verified and supplemented the information

[4] Target areas were chosen based upon preliminary findings reached by the UCSF Family PACT Evaluation team in 2007. These may not match findings from more recent reports or publications, due to modifications in the study methodology.
[5] See, for example, San Bernardino County's website at http://www.211sb.com.

provided in these guides through extensive internet searching; however, it is possible that some eligible CBOs were missed.

CBOs were determined as eligible for inclusion in the sample if:

a. They were *not* Family PACT providers and *did not* receive Teen Pregnancy Prevention funding from the Office of Family Planning[6] **and**

b. They served populations likely to be eligible for Family PACT services (based on age, income, and health insurance requirements), **and**

c. Their mission statement included an aim to serve clients in need of health services, either through their own programs, referrals to outside services, or through another comprehensive approach to assisting low-income populations.

In total, 537 CBOs were found that met these criteria. From the database of eligible CBOs, a random sample of 75% from each county or SPA was selected using a random number generator. Preliminary phone calls were attempted to each CBO in order to confirm the Executive Director's name and contact information and to encourage participation in the study **(Appendix B)**. CBOs that were identified during preliminary phone calls to be invalid (closed or outside the geographic limits of the study) were replaced as needed by randomly selected CBOs from the same county, to ensure that a 75% random sample of the database was maintained. The final sample included 372 CBOs.

Data Collection Procedures

The survey was mailed and an online version was launched on October 1, 2008. The mail survey included a cover letter which indicated that the survey could be completed online. Individual phone calls were made to all non-responding sites using a standardized script discussing the importance of the survey at 1 month intervals following original survey administration. Efforts were made to reach the Executive Director or their voicemail; messages were left with staff when the Executive Director could not be reached directly. Follow-up emails were sent to organizations for whom email addresses were available (58%, n=214) at bi-monthly intervals following survey administration. Postcards were sent to non-responding sites for which no email address was available at one month intervals **(Appendix B)**. Data collection closed on December 31, 2008 with a final response rate of 64% **(Appendix C)**. All respondents who submitted a completed paper or web survey were eligible to receive a $25 Target Gift Card as an incentive.

A total of 209 valid surveys were received. Fifty-nine percent (59%, n=123) of surveys were completed online and 41% (n=86) were completed on paper.

[6] OFP's Teen Pregnancy Prevention Programs grantees are *required* to refer their clients to Family PACT providers and thus are quite different from the rest of this sample. Domestic violence shelters that received OFP funding *were* included in the sample because they don't specialize in pregnancy prevention and do not have the same requirement.

Description of the Sample

Geographic Distribution

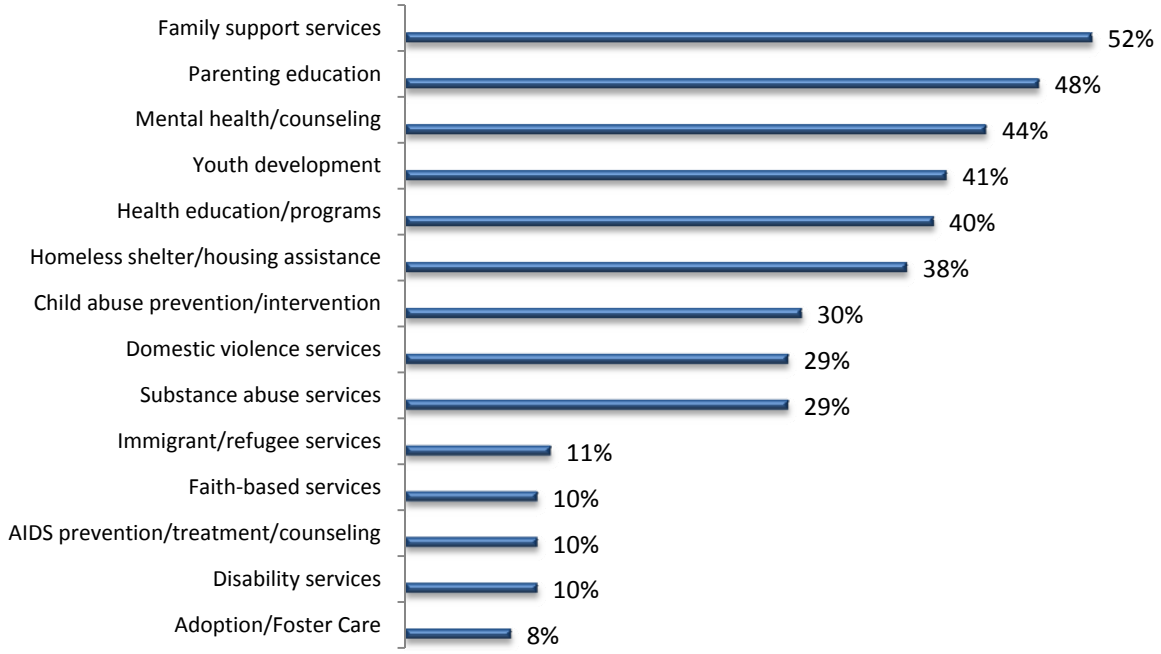
The geographic distribution of the sample can be seen in **Table 1**. The largest representation was from Orange County, Los Angeles SPA-4 (Metro) and Alameda County, followed by San Bernardino, Riverside, and Ventura Counties. The remaining six counties and Los Angeles SPA-1 each represented five percent or less of the sample. The vast majority (88%, n=184) of CBOs were located in Medical Service Study Areas (MSSAs) designated as urban (rather than rural) areas (not shown). This is largely due to the sampling methodology reflecting counties that were chosen tending to have urban centers. The map on page 9 **(Figure 1)** shows the distribution of CBOs in each county.

Table 1. Distribution of CBOs among Counties and SPAs (N=209)	n	%
Orange	33	16%
Los Angeles – Metro	31	15%
Alameda	28	13%
San Bernardino	26	12%
Riverside	24	12%
Ventura	21	10%
Los Angeles - Antelope Valley	11	5%
Stanislaus	10	5%
Tulare	9	4%
Yolo	8	3%
Merced	5	2%
Imperial	3	1%

Services Provided

Figure 2 illustrates the range of services provided by the CBOs in the sample. The most common services provided were family support (52%, n=109), parenting education (48%, n=101), mental health/counseling (44%, n=91), youth development (41%, n=85), health education (40%, n=83), and homeless services/housing assistance (38%, n=80).

Figure 2. Primary Services Provided by Study CBOs (N=209)



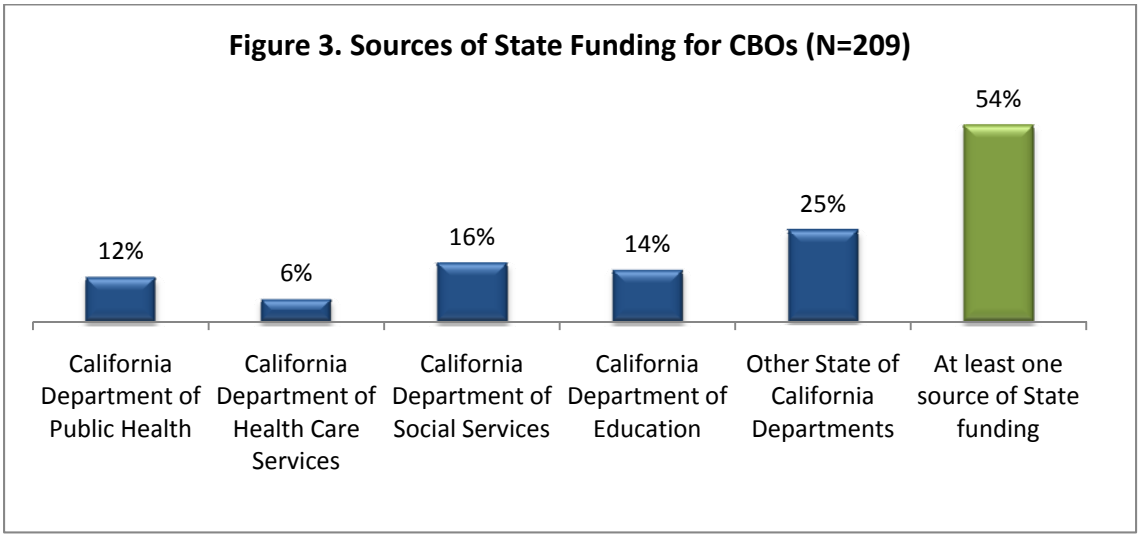
Note: Most CBOs reported providing more than one service type.

Funding Sources

CBOs were asked about their funding sources in order to better understand their relationships to governmental and non-governmental funding organizations. Most CBOs in the sample relied on a range of sources of funding. Seventy-nine percent of CBOs (n=166) reported receiving funding from the federal, state and/or local government. Many also received funding from private foundation grants (66%, n=137), individual donors (63%, n=132), and/or corporate donors (43%, n=90).

More than half of respondents (54%, n=113) received at least one source of state funding, but few received funding directly from the California Department of Public Health (12%, n=26) or Department of Health Care Services (6%, n=12) **(Figure 3)**. Some CBOs received funding from the Departments of Social Services (16%, n=34) and Education (14%, n=30). One-fourth received funding from other departments such as the Departments of Corrections and Rehabilitation (n=6), Housing and Community Development (n=5), Mental Health (n=4), Offices of Emergency Services (n=10), and Alcohol and Drug Programs (n=3).

Figure 3. Sources of State Funding for CBOs (N=209)

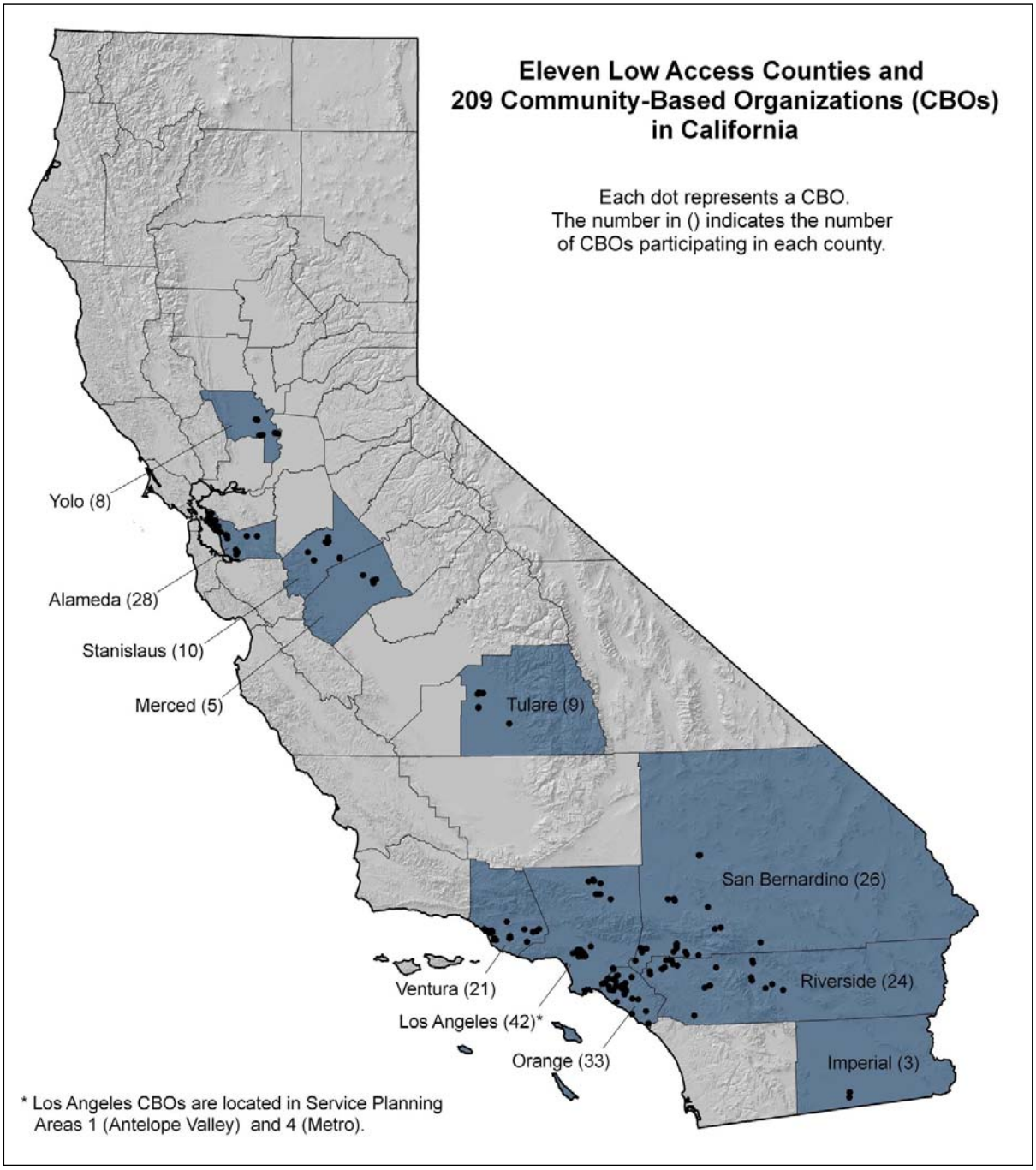


Clients Served

CBOs were asked about their client population as a means to understand their organizational capacity, approximate size of their Family PACT-eligible population, and potential as Family PACT partners. **Table 3** shows the number of clients served annually at each CBO. Most CBOs (74%, n=144) served 5,000 clients a year or fewer; however, a significant minority (16%, n=32) served more than 10,000 clients a year.

Table 3. Number of Clients Served Annually by Participating CBOs (n=195)		
	n	%
1-1,000	76	39%
1,001-5,000	68	35%
5,001-10,000	19	10%
10,001 or more	32	16%

Figure 1. Geographic Distribution of the Sample of CBOs

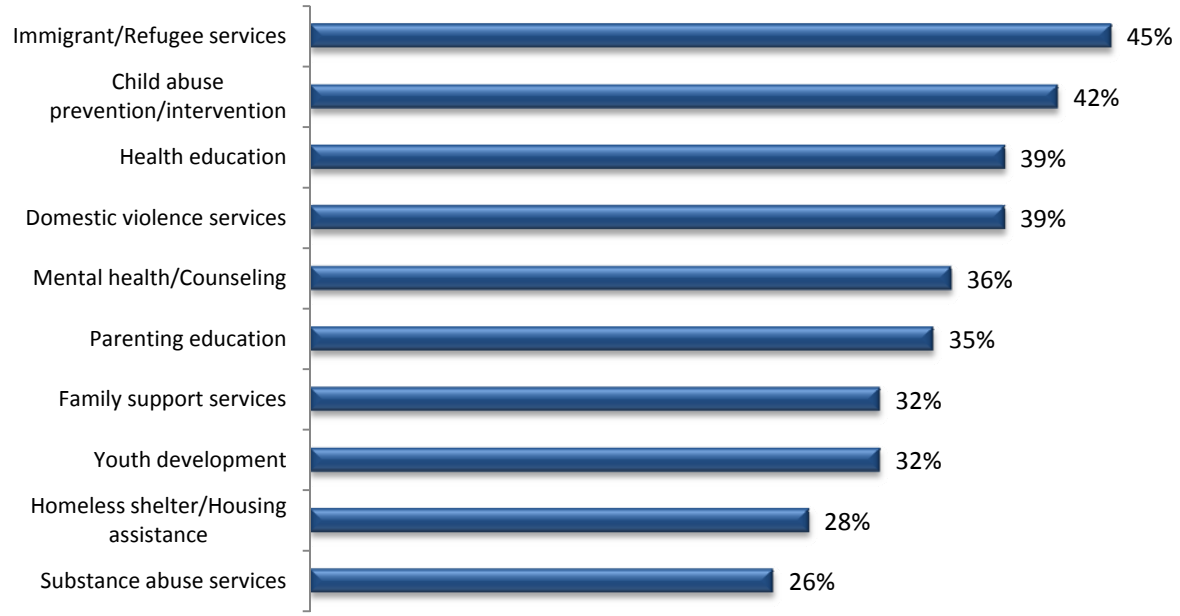


Knowledge of the Family PACT Program

Recognition of the Family PACT Program

In order to refer clients to Family PACT providers, general knowledge of the program's availability and eligibility is required. **Among the sample of CBOs, only 29% (n=60) had heard of the Family PACT Program prior to the survey. The majority (66%, n=137) had not heard of the program, and 5% (n=10) were unsure.** The proportion of respondents that had heard of Family PACT varied by service type, as illustrated in **Figure 4**. Almost half of Immigrant/Refugee service providers had heard of Family PACT (45%, n=10). Two out of five CBOS that provided child abuse prevention, health education, or domestic violence services had also heard of the program. Notably, only about one-third (32%, n=26) of youth development program providers had heard of the program.

Figure 4. Proportion of Respondents that had Heard of the Family PACT Program by Most Common Service Types



CBOs that received funding from the California Department of Public Health were significantly more likely to have heard of the Family PACT program than those that did not receive this type of funding (50% vs. 28%, p<.05). There were no statistically significant differences in recognition of Family PACT by geographic location (urban vs. rural), number of clients served, or receipt of state funding generally.

Respondents who had heard of Family PACT (n=60) were asked a series of questions about their knowledge of the program. Among these respondents, 47% (n=28) could name at least one Family PACT provider in their community. 30% of this sub-sample (n=18) were able to identify three or more Family PACT providers by name.

Knowledge of Family PACT Eligibility and Services

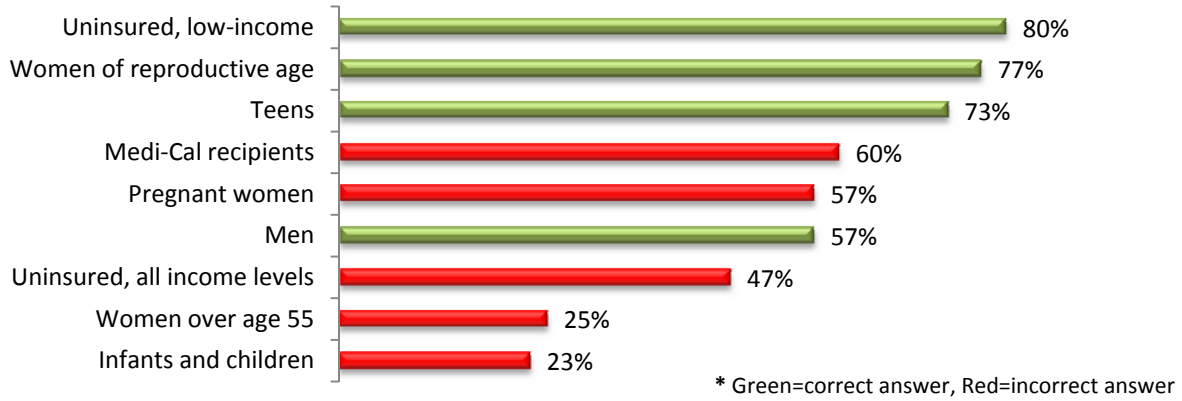
Respondents were asked a series of questions to test their knowledge of Family PACT eligibility and services.[7] Among those that had heard of the Family PACT Program (n=60):

[7] Only those respondents who had heard of Family PACT were asked additional knowledge questions.

- 88% (n=53) of respondents correctly answered that immigrants who are legal residents are eligible for Family PACT services. However, only 53% (n=32) knew that undocumented immigrants are also eligible for the program.
- 91% (n=48) of respondents correctly answered that residents of other states were NOT eligible for Family PACT services.

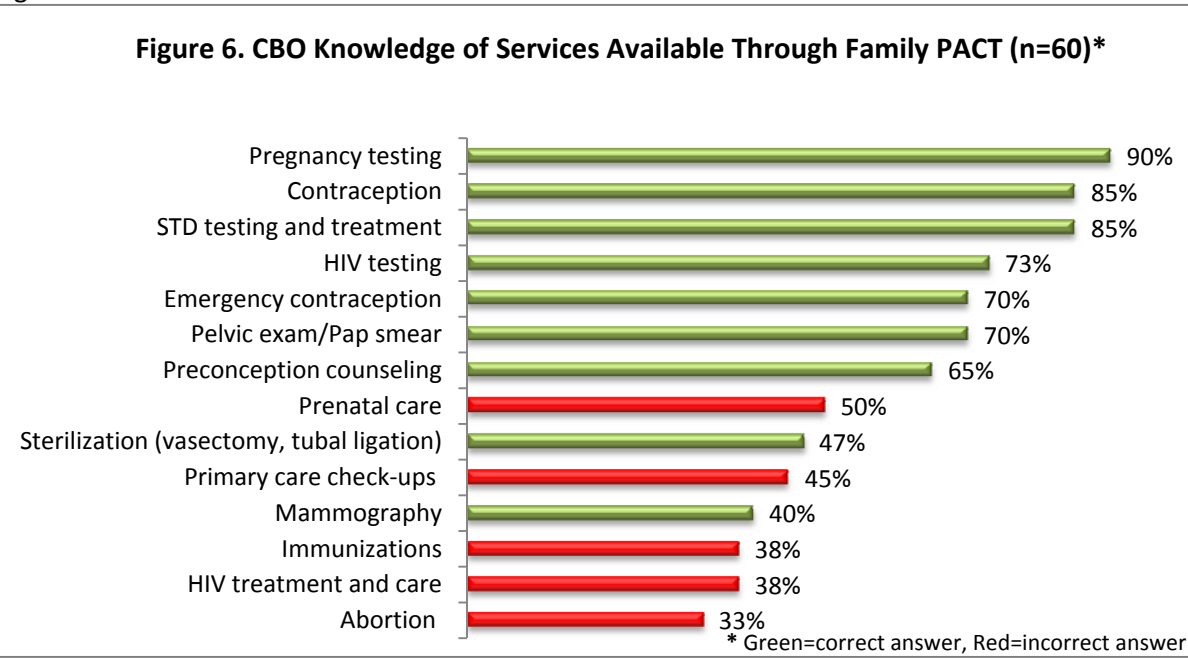
Figure 5 shows the proportion of respondents who believed that selected populations were eligible for Family PACT. The majority of respondents correctly identified women of reproductive age, uninsured/low-income individuals, teens, and males as eligible. Many also *incorrectly* presumed that Medi-Cal recipients and pregnant women were eligible, indicating some confusion about the specifics of eligibility.

Figure 5. CBO Knowledge of Populations Eligible for Family PACT services (n=60)*



Almost all respondents could correctly identify that pregnancy testing (90%, n=54), contraception (85%, n=51), and STI testing and treatment (85%, n=51) are services that are covered by Family PACT **(Figure 6)**. However, half of respondents *incorrectly* thought prenatal care was also covered by the program, and many believed that primary care, immunizations and HIV treatment were funded by the program, indicating need for clarification of program benefits.

Figure 6. CBO Knowledge of Services Available Through Family PACT (n=60)*

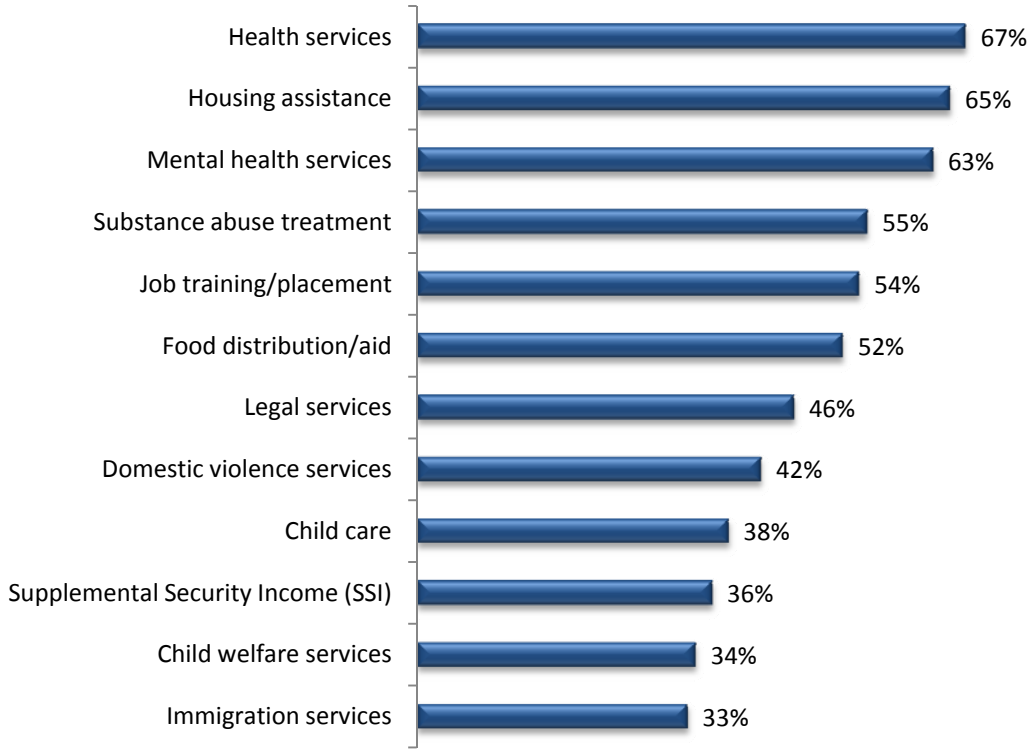


Referral Practices of CBOs

General Referral Practices

CBOs were asked about their organization's referral practices to get a sense of their experience and comfort level making referrals, and thus gauge their ability to refer clients to Family PACT providers. **Nearly all respondents (98%, n=205) reported that their organizations provided referrals for their clients to outside services**; 61% (n=128) of CBOs provided referrals to half of their clients or more. The most common types of referrals made were for health services, housing assistance, mental health services, substance abuse treatment and job training/placement **(Figure 7)**.

Figure 7. Most Common Types of Referrals Made by CBOs (N=209)



Respondents reported using a variety of resource guides to help them with client referrals. These include guides developed by their county (73%, n=153), the United Way's 2-1-1 Directory (59%, n=123), and other resource guides (35%, n=74) developed by their own organizations or others.

When asked what factors generally keep their staff from referring clients to other services, the most common response was that their organization encountered no problems making referrals (40%, n=84). However, almost one-third of the CBOs cited lack of information about eligibility for other programs (31%, n=65), lack of staff training (30%, n=63), and lack of information about community resources (30%, n=63) as barriers to referring clients to other services **(Figure 8)**. Fewer responded that they had difficulty finding appropriate services in their community, or that their organization was philosophically or administratively unsupportive of making such referrals.

Figure 8. Factors that Prevent Staff from Referring Clients to Other Services (N=209)

Referrals to Family PACT Providers

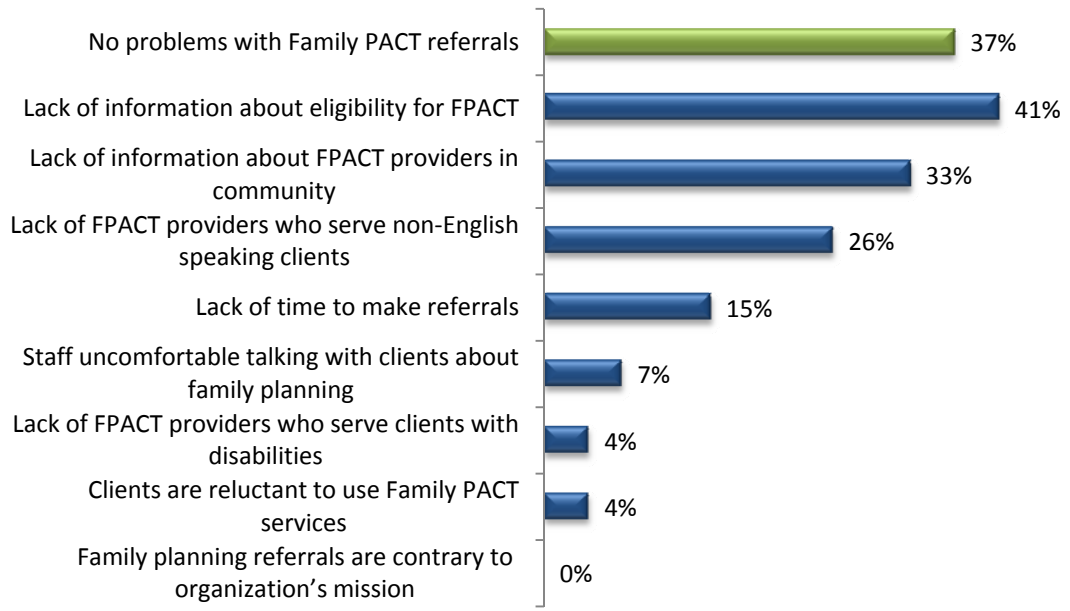
All CBOs were asked specific questions about their clientele to approximate need and eligibility for Family PACT services. All reported serving at least some segment of Family PACT eligible populations, including adult females (71%, n=148), adult males (55%, n=115), teen females (62%, n=129) and teen males (57%, n=118). **Survey respondents thought 83% (n=171) of their clients may be in need of free or low cost family planning services.**

Respondents that had heard of Family PACT (n=60) were asked about their referral practices regarding Family PACT providers. **Among CBOs that had heard of Family PACT, 45% (n=27) reported having referred clients to a Family PACT provider.** Respondents who had referred clients to Family PACT providers were asked further questions about their experiences. *Because the number of CBOs responding to these questions is so small (n=27), these findings should be interpreted with caution.*

Among the CBOs that had previously referred their clients to Family PACT providers, most indicated it was *very easy* (63%, n=17) or *somewhat easy* (30%, n=8) to do so. Two respondents (7%) felt it was *somewhat difficult* and none responded that it was *very difficult*.

The most common challenges associated with making Family PACT referrals were lack of information about eligibility for Family PACT (41%, n=11) and lack of information about providers in the community (33%, n=9) **(Figure 9)**. Notably, no respondents, including those from faith-based organizations, reported that family planning referrals were contrary to their organization's mission or goals. Just over one-third of respondents (n=10) reported no problems with Family PACT referrals.

Figure 9. Challenges Staff Face in Making Referrals to Family PACT Providers (n=27)



Nature of Family PACT Referrals

Respondents with past experience referring to Family PACT providers were asked about their organizations' referral practices. Among the 27 CBOs that had referred clients to Family PACT providers:

- 15 organizations (60%) always/very often document the referral in the client's case file.
- 4 organizations (15%) always/very often make the appointment with the provider for the client.
- 17 organizations (63%) always/very often give the client directions to the Family PACT provider.
- 8 organizations (33%) always/very often have staff follow-up with the clients to ensure he/she followed through with the referral.
- 6 organizations (23%) always/very often ask the client about their satisfaction with family planning services received at the Family PACT provider at a later visit.

Feedback on the Referral Process

Many of the CBOs had not received any **feedback from their staff** about individual Family PACT providers. Among those who had received feedback from staff (n=16), 10 ranked the feedback as *very positive*, 3 as *somewhat positive*, 3 as *somewhat negative*, and none as *very negative*. Most comments were positive:

- *"The team constantly refers to the Family PACT program because of its simple and effective access. The [Family] PACT program is one of the few services which are offered to our youth in Imperial County. We are very pleased to have medical access for the adolescents of the Imperial Valley."*

- *"Staff who have interacted with Planned Parenthood tell me of very positive experiences, particularly with the outreach and education departments. I don't know much about their interaction with Family PACT clinics."*

- *"The staff at Family PACT providers is very knowledgeable of the subject. They present information to the teens in a clear and friendly manner."*

However, a few noted negative experiences:

- *"Some organizations are easier to work with than others. Some referrals take a day, some longer."*
- *"Staff at [the] clinic is rude and doesn't seem to be happy to be where they are. Clients are not greeted and spend more than 1/2 hour in the lobby waiting."*

Similarly, most respondents had not received **feedback from their clients** about their experiences when referred to Family PACT providers. Among those who had received such feedback (n=12), 6 ranked the feedback as *very positive*, 4 as *somewhat positive*, 2 as *somewhat negative*, and none as *very negative*. Their comments included:

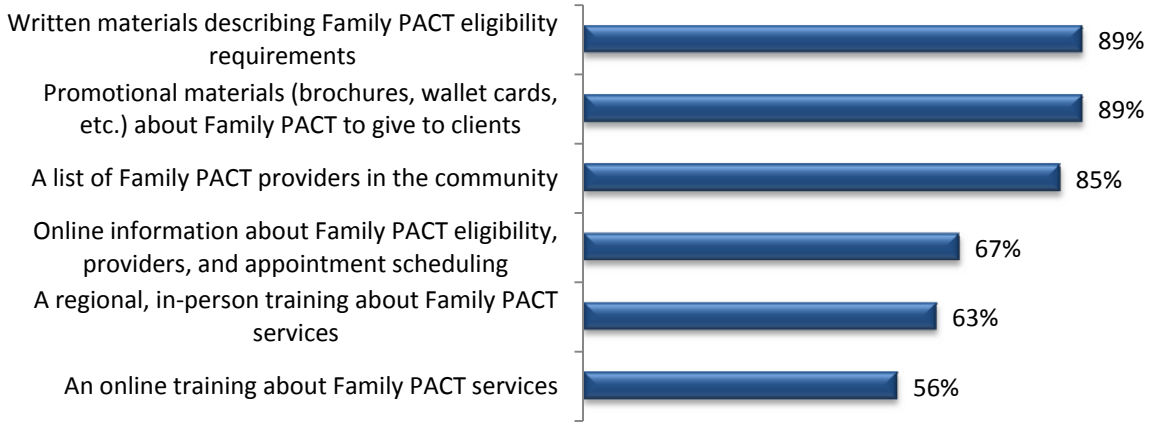
- *"All women referred are satisfied with services provided. [We] have received no negative feedback."*
- *"Clinic hours [are] not always conducive to work schedules. Not all clinics allow other children to be present at visits. Not all clinics provide Mixteco Interpreter services."*

All but three respondents (n=24) reported that policy changes (including state budget cuts) had not affected their organization's ability to make referrals to Family PACT providers. Two respondents reported that budget cuts had limited their ability to provide transportation and childcare for women during their family planning appointments. Another respondent mentioned that frequent budget cuts created *"uncertainty about whether services even exist."*

Suggestions for Improving Referrals

Figure 10 shows CBOs' responses when asked what resources the Office of Family Planning could provide to facilitate referrals of clients to Family PACT providers. The most requested resources were written materials describing Family PACT eligibility requirements (89%, n=24), promotional materials (brochures, wallet cards, etc.) about Family PACT to give to clients (89%, n=24), and a list of Family PACT providers in their community (85%, n=23). More time-intensive resources such as an in-person or online training were less popular, but still requested by more than half of respondents. One respondent commented, *"[We are] so short-staffed right now; training is not an option."* Write-in responses included promotional materials in non-English languages, the option of completing the enrollment application with the client at the CBO site, and lists of pharmacies that distribute emergency contraception over-the-counter.

Figure 10. Potential Resources that Could be Provided by the State to CBOs to facilitate Family PACT Referrals (n=27)



Note: Analysis limited to CBOs that reported providing referrals to Family PACT (n=27).

Collaboration with Family PACT Providers

Partnerships and collaboration between CBOs and health programs is one effective way to promote referrals to health care providers. Nearly all survey respondents (93%, n=194) reported being involved in collaborative groups (e.g., coalitions, partnerships, alliances) with other organizations in their community and 70% (n=135) reported that some of the organizations in their collaborations provide clinical health care services.

Among those who had heard of the Family PACT Program (n=60), 30% of CBOs (n=18) reported being involved in collaborative groups with Family PACT providers in their community. These respondents were asked additional questions about the nature of these partnerships. *Again, due to the small sample size for these questions (n=18), the following findings should be interpreted cautiously.*

Nature of Collaborative Partnerships

Table 4 shows the collaborative activities between CBOs and Family PACT providers. The most frequent activities included informal networking (72%, n=13), maintaining letters of commitment/support (67%, n=12), and meeting on a regular basis (61%, n=11).

Table 4. Collaborative Activities between CBOs and Family PACT providers (n=18)

	n	%
Informal networking	13	72%
Letters of commitment/support	12	67%
Meeting on a regular basis	11	61%
Agreeing on a common mission statement	8	44%
Participating in joint trainings	7	39%
Applying for new funding	7	39%
Formal contractual agreements	7	39%
Advocating for or against policies	4	22%
Other	2	11%

Successes and Challenges with Collaboration

CBOs were asked about the benefits of their partnerships with Family PACT providers. The vast majority of respondents (89%, n=16) felt that their collaboration with Family PACT providers enabled them to better meet the needs of their clients. Others (61%, n=11) felt that collaboration resulted in improved coordination of services between their organization and Family PACT providers **(Table 5)**. Fewer felt that it gave them access to new client populations, improved their reputation, gave them new ideas about their work, or helped them access new funding.

Table 5. Perceived Benefits of Collaborating with Family PACT Providers (n=18)

	n	%
Able to better meet needs of clients	16	89%
Improved coordination of services	11	61%
Reached new target populations	6	33%
Built reputation within the community	5	28%
Learned new ideas/approaches	5	28%
Accessed new funding sources	4	22%

The CBOs were also asked about the challenges experienced in their collaborative relationships with Family PACT providers. Eight respondents (44%) felt that lack of time and/or resources presented a challenge to collaborating with Family PACT providers. A few respondents noted other challenges such as different desired outcomes (n=4), different organizational philosophies (n=3), and different goals/expectations for the collaboration (n=3) **(Table 6).** Additionally, three respondents reported that recent policy changes, including state budget cuts, had impacted their organizations' ability to collaborate with Family PACT providers (not shown).

Table 6. Perceived Challenges of Collaborating with Family PACT Providers (n=18)

	n	%
Lack of time or resources	8	44%
Different desired outcomes	4	22%
Different organizational philosophies	3	17%
Different goals/expectations for the collaboration	3	17%
Unclear delineation of responsibilities	2	11%
Communication difficulties	2	11%
Differences regarding contracts and work rules	1	6%
Community opposition to family planning	1	6%
Organizational opposition to family planning	0	0%

Respondents were asked about their overall satisfaction working with Family PACT providers in their community. While there were few responses to this question, it is comforting to know that 12 out of 17 respondents (71%) reported they were *very satisfied*, 3 were *somewhat satisfied*, 2 were *somewhat unsatisfied*, and none were *very unsatisfied*.

Suggestions for Improving Collaboration

Respondents were asked to give suggestions for how the Office of Family Planning could improve collaboration between CBOs and Family PACT providers. Most suggestions centered on providing CBOs with more information about Family PACT services and eligibility:

- *"Have local providers become involved with CBOs to see how they can enhance each other."*
- *"Send us brochures about your services and locations of Family PACT providers."*
- *"Provide additional information about what Family PACT providers can do. We can then disseminate this information widely into the community. I think some community members may think it's only for young women."*
- *"Give local agencies information about the program and its services."*
- *"Publicize who the providers are, what they provide, and what the eligibility is."*

Conclusions and Recommendations

Based on the findings presented in this report, UCSF has reached the following conclusions and offers recommendations to the Office of Family Planning (OFP) to improve collaboration with community-based organizations and, in turn, improve access to Family PACT services for eligible populations. Overall, CBOs are capable of referring their clients in need and willing to learn more about the program. While the challenges to OFP are notable, solutions may be straightforward and relatively low cost.

Summary of Findings

- **CBOs serve populations that are Family PACT-eligible and in need of services**. Eighty-three percent of respondents perceived their clients to be in need of free or low cost family planning services. Furthermore, **CBOs are well-positioned to provide their clients with referrals to Family PACT providers.** The vast majority of CBOs already refer their clients to outside services, and two-thirds already provide them with referrals to health care providers. CBOs use established sources, such as the United Way's 2-1-1 resource directory, to provide referrals when they need help finding a source of care for a client.

- **Many CBOs have not heard of the Family PACT Program; those that have heard of Family PACT need additional information about eligibility and services.** Despite reporting their clients need for family planning services, less than one-third of the sample (29%) had any prior knowledge of the Family PACT program. Among those that knew about the program, many lacked knowledge about critical elements of the program, such as the range of demographic groups that are eligible for the program and the range of services provided.

- **Many CBOs do not currently refer clients to Family PACT providers.** Only 13% of the CBOs in this study reported ever referring a client to a Family PACT provider. While it is important to note that this is probably an underestimate (for example, they may have referred a client to a community clinic not knowing they were a Family PACT provider), there remains room for improvement. **Fortunately, those CBOs that do refer clients are generally satisfied with the process.** The most common challenges that were cited had to do with lack of knowledge about the program's eligibility, services, and locating providers rather than problems encountered with individual providers.

- **Many CBOs do not currently collaborate with Family PACT providers.** Virtually all the CBOs in the sample (94%) are involved in collaborative partnerships with other health and social service organizations in their communities. However, very few organizations (n=18) formally collaborate with Family PACT providers in this way. Again, this is most likely an underestimate of actual practices. **Those that do collaborate with Family PACT providers believe it serves their organization and clients well.** Almost all reported that such collaboration helped them to better meet their clients' needs and most felt that it improved coordination of services.

- **CBOs are eager to learn more about Family PACT and are interested in receiving information about the program and local providers from the Office of Family Planning.** It was clear from their responses and feedback that CBOs' unfamiliarity with Family PACT was an issue of lack of information, not lack of the organizations' interest or need. Respondents were very interested in learning more about the program; the majority expressed interest in receiving promotional materials, lists of providers, trainings, and information about eligibility requirements – all straightforward methods which are relatively inexpensive.

- **Many CBOs receive funding from the California state government.** The majority (54%) of CBOs in the sample receive funding from State Departments including Education, Public Health, Mental Health, and Social Services. This suggests a unique and important opportunity for OFP to collaborate with other state

programs that serve populations likely to be eligible for Family PACT in order to increase referrals and collaboration across programs.

Recommendations for the Office of Family Planning

Recommendations for OFP that have resulted from this study include:

- **Continue to utilize OFP's relationships with other state agencies to facilitate information-sharing about Family PACT.** Given that so many CBOs are already connected with the state government as grantees of various programs, OFP can use its established relationships (and create new relationships) with other state programs to educate CBOs about the Family PACT program. OFP has already established a partnership between Family PACT and the Domestic Violence Shelter Program (also housed within OFP and the Department of Public Health). However, other potential partners could include:
  - Women, Infants, Children (WIC) Supplemental Nutrition Program **(Department of Health Services)**
  - Cal-Learn **(Department of Social Services)** and Cal-Safe **(Department of Education)** programs for pregnant and parenting teens
  - Projects for Assistance in Transition from Homelessness (PATH) **(Department of Mental Health)**
  - Juvenile Justice Community Re-entry Challenge Grant **(Department of Corrections)**
  - Community Services Block Grants **(Department of Community Services and Development)**

- **Use grantee contact information from partnering programs to disseminate information about Family PACT.** After determining which state programs are appropriate to partner with, a next step is to increase visibility and knowledge of Family PACT among grantees of these programs. **Provide more CBOs with basic information about Family PACT, such as program eligibility, covered services, and location of community providers.** These three pieces of information are critical to being able to provide a successful referral. Disseminating information can be simple and inexpensive; some items, such as brochures and posters, may already be available. The Family PACT website contains a section for providers where informational materials which can be ordered or downloaded; OFP may consider adding a similar section to the website for referring organizations and distributing a postcard or email directing CBOs to the site and/or encouraging staff to subscribe to the Family PACT e-newsletter.

- **Encourage Family PACT providers to engage in collaboration with CBOs in their geographic area.** OFP has had great success in increasing clinical linkages by facilitating collaboration between its Teen Pregnancy Prevention (TPP) Program grantees and Family PACT providers. Encouraging Family PACT providers to engage in similar collaborative activities can help increase coordination of services and provide a steady stream of referrals. By engaging with CBOs that serve their common clientele, providers can increase their client volume and build community awareness of the program as a whole. OFP could also take advantage of the widespread availability of county and regional resource guides, such as the 2-1-1 Directory, by encouraging providers to list their services in such resource guides and on the referral lists of community organizations in their areas.

- **Evaluate collaborative and referral efforts through future studies to determine improvements and changes in practices.** Depending on the nature of the efforts OFP undertakes, follow-up evaluation studies should be designed to measure changes in Family PACT/CBO relationships. This could include a similar statewide survey of CBOs, a survey of grantees who receive funding through specific state programs, interviews with directors of state programs about partnership opportunities, and/or interviews or focus groups with CBO staff.

Appendix A: Survey

NAME OF YOUR ORGANIZATION: _____

YOUR PROFESSIONAL TITLE: _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

A. ABOUT YOUR ORGANIZATION

1. Approximately how many clients does your ENTIRE organization serve annually? _____

2. Please indicate the primary services your organization provides. (Mark all that apply.)

❑	Adoption/foster care
❑	AIDS prevention/treatment/counseling
❑	Child abuse prevention/intervention
❑	Disability services
❑	Domestic violence services
❑	Faith-based services
❑	Family support
❑	Health education/programs
❑	Homeless shelter/housing assistance
❑	Immigrant/refugee services
❑	Mental health/counseling
❑	Parenting education
❑	Substance abuse services
❑	Youth development
❑	Other: _____
❑	Other: _____
❑	Other: _____

3. What are your organization's primary funding source(s)? (Mark all that apply.)

❑ Government (federal, state, or local)
❑ Private foundation grants
❑ Individual donors
❑ Corporate donors
❑ Other: _____

4. Does your organization receive funding from any of the following sources? (Mark all that apply.)

❑ California Department of Public Health (CDPH)
  ❑ Office of Family Planning
  ❑ Maternal, Child and Adolescent Health
  ❑ Other CDPH
❑ California Department of Health Care Services (DHCS)
❑ California Department of Social Services (CDSS)
❑ California Department of Education (CDE)
❑ Other State of California Department(s), please specify:
  _____
❑ None of the above

5. Is your organization involved in any collaborative groups (coalitions, partnerships, alliances) with other organizations in your community?

❑ Yes
❑ No
❑ Don't know/Not sure

5A. If YES: Do any of the organizations you collaborate with provide clinical health care services?

❑ Yes
❑ No
❑ Don't know/Not sure

6. What populations does your organization primarily serve? (Mark all that apply.)

❑ Adult females
❑ Adult males
❑ Teen females
❑ Teen males
❑ Other: _____

7. Approximately what proportion of your clients are Medi-Cal recipients?

- ❑ All of our clients
- ❑ More than half of our clients
- ❑ About half of our clients
- ❑ Fewer than half of our clients
- ❑ None/almost none of our clients
- ❑ Don't know/Not sure

8. Do you think the clients that your organization serves may be in need of free or low-cost family planning services (such as birth control, pregnancy testing, STD testing, or annual pelvic exams)?

- ❑ Yes
- ❑ No
- ❑ Don't know/Not sure

9. Does your organization provide clients with referrals to services that are not offered at your facilities?

- ❑ Yes
- ❑ No
- ❑ Don't know/Not sure

10. What proportion of your clients do you refer to services that are not offered at your facilities?

- ❑ Not applicable: We do not provide referrals to other services
- ❑ All/almost all of our clients
- ❑ More than half of our clients
- ❑ About half of our clients
- ❑ Fewer than half of our clients
- ❑ Almost none of our clients
- ❑ Don't know/Not sure

11. Does your organization use any of the following resources to provide clients with referrals to other services? (Mark <u>all</u> that apply.)

- ❑ Not applicable: We do not provide referrals to other services
- ❑ United Way's 2-1-1 database
- ❑ Resource guide developed by our county
- ❑ Other: _____

12. What are the most <u>common</u> types of referrals your organization makes? (Mark <u>all</u> that apply.)

	Not applicable: We do not provide referrals to other services
	Acute health care
	Chronic health care
	Family planning/reproductive health care
	HIV/STD testing and treatment
	Pregnancy counseling
	Prenatal services
	Abortion services
	Mammograms
	Mental health services
	Substance abuse treatment
	CalWORKs
	Job training/placement
	Supplemental Security Income (SSI)
	Child care
	Child welfare services
	WIC
	Domestic violence services
	Food distribution
	Housing assistance
	Legal services
	Immigration services
	Other: _____

13. In your opinion, what factors keep staff from referring clients to other services? (Mark <u>all</u> that apply.)

	Not applicable: We do not provide referrals to other services
	Lack of time to make referrals
	Lack of staff training on how to make referrals
	Lack of information about resources available in the community
	Lack of information about eligibility for other programs
	Lack of trustworthy providers in the community
	Lack of services in the community for our clients
	Difficulty finding providers who can accommodate the language needs of our clients
	Difficulty establishing a referral system within the organization
	Making referrals is not part of this organization's mission or goals
	Other: _____ _____
	Not applicable: We do not have any problems with referrals
	Don't know/Not sure

B. ABOUT FAMILY PACT

The California Department of Public Health's Office of Family Planning (OFP) is interested in assessing its efforts to disseminate information about the Family PACT (Planning, Access, Care and Treatment) Program. This section is meant to give OFP information about what organizations like yours know about Family PACT, California's family planning program. Please answer the questions to the best of your knowledge.

1. Prior to this survey, had you ever heard of the Family PACT Program?

- ❑ Yes
- ❑ No
- ❑ Don't know/Not sure

If yes or don't know/not sure please continue. If **no**, you have finished the survey and do not have to complete the remaining sections. Thank you for participating in this survey!

2. Is your organization a Family PACT provider?

- ❑ Yes
- ❑ No
- ❑ Don't know/Not sure

If no or don't know/not sure please continue. If **yes**, you have finished the survey and do not have to complete the remaining sections. Thank you for participating in this survey!

---

3. Do you know of a Family PACT provider in your community?

- ❑ Yes
- ❑ No
- ❑ Don't know/Not sure

4. Please list up to three (3) Family PACT providers in your community.

1) _____

(name of provider) (city)

2) _____

(name of provider) (city)

3) _____

(name of provider) (city)

5. Which of these populations do you think are eligible for Family PACT services? (Mark all that apply.)

- ❑ Uninsured, low-income (<200% poverty level)
- ❑ Uninsured, all income levels
- ❑ Medi-Cal recipients
- ❑ Men
- ❑ Women of reproductive age
- ❑ Pregnant women
- ❑ Women over age 55
- ❑ Teens
- ❑ Infants and children under age 10

6. Under what circumstances do you think immigrants are eligible for Family PACT? (Mark all that apply.)

- ❑ If they are citizens
- ❑ If they are legal residents
- ❑ If they are undocumented residents
- ❑ If they are temporary guest workers

7. Do you think residents of neighboring states (e.g. Nevada) can come to California for Family PACT services?

- ❑ Yes
- ❑ No

8. Which of the following services do you think are available through Family PACT? (Mark all that apply.)

- ❑ Pregnancy testing
- ❑ Contraception
- ❑ Sterilization (vasectomy, tubal ligation)
- ❑ Primary care check-ups
- ❑ Mammography
- ❑ Emergency contraception
- ❑ Pelvic exam/Pap smear
- ❑ STD testing and treatment
- ❑ HIV testing
- ❑ HIV treatment and care
- ❑ Abortion
- ❑ Preconception counseling
- ❑ Prenatal care
- ❑ Immunizations

C. ABOUT REFERRALS TO FAMILY PACT PROVIDERS

1. Does your organization ever refer clients to Family PACT providers?
   - ❑ Yes
   - ❑ No
   - ❑ Don't know/Not sure

If yes or don't know/not sure, please continue. If no, please skip to Section D.

1. Approximately what proportion of your organization's clients who are in need of free or low cost family planning services (such as birth control, pregnancy testing, STD testing, or annual pelvic exams) are referred to Family PACT providers?

- ❑ All/almost all
- ❑ More than half
- ❑ About half
- ❑ Fewer than half
- ❑ Almost none
- ❑ Don't know/Not sure

2. How difficult is it for your organization's staff to refer clients to a Family PACT provider?

- ❑ Very easy
- ❑ Somewhat easy
- ❑ Somewhat difficult
- ❑ Very difficult

3. What are some of the challenges your staff faces with making referrals to Family PACT providers? (Mark all that apply.)

	Lack of time to make referrals
	Lack of information about Family PACT providers in the community
	Lack of Family PACT providers who serve non-English speaking clients
	Lack of Family PACT providers who serve clients with disabilities
	Lack of information about eligibility for Family PACT
	Staff are uncomfortable talking with clients about family planning
	Family planning referrals are contrary to our organization's mission or goals
	Clients are reluctant to use Family PACT services
	Other: _____
	Not applicable: We do not have any problems with referrals to Family PACT.
	Don't know/not sure

4. To the best of your knowledge, when your organization refers clients to Family PACT providers, how often do staff…..? (Check one box for each row.)

	Always or very often	Sometimes	Never or almost never	Don't know or N/A
Complete a referral form to give to the client	☐	☐	☐	☐
Provide pertinent records to the provider that the client was referred to (with client consent)	☐	☐	☐	☐
Make the appointment for the client with the Family PACT provider	☐	☐	☐	☐
Give the client directions to the provider	☐	☐	☐	☐
Document the referral in the client's chart or case file	☐	☐	☐	☐
Follow-up with the client to ensure he/she followed through with the referral	☐	☐	☐	☐
At a later visit, ask the client about their satisfaction with family planning services received at the Family PACT provider	☐	☐	☐	☐
Receive documentation (e.g., medical records) from the Family PACT provider confirming that the client accessed services	☐	☐	☐	☐

6. Overall, what kind of feedback have you received from your <u>staff</u> about Family PACT providers?

- ❑ Very positive
- ❑ Somewhat positive
- ❑ Somewhat negative
- ❑ Very negative
- ❑ I have not received feedback about any Family PACT providers from staff

6A. Please describe the feedback, if any, you received from staff.

7. Overall, what kind of feedback have you received from <u>clients</u> about Family PACT providers?

- ❑ Very positive
- ❑ Somewhat positive
- ❑ Somewhat negative
- ❑ Very negative
- ❑ I have not received feedback about any Family PACT providers from clients

7A. Please describe the feedback, if any, you received from clients.

8. Have any recent policy changes, including state budget cuts, impacted your organization's ability to make referrals to Family PACT providers?

- ❑ Yes
- ❑ No
- ❑ Don't know/Not sure

8A. If YES: Please describe.

9. What resources could be provided by the State to community-based organizations to facilitate Family PACT referrals? (Mark <u>all</u> that apply.)

- ❑ Written materials describing Family PACT eligibility requirements
- ❑ A list of Family PACT providers in the community
- ❑ Promotional materials (brochures, wallet cards, etc.) about Family PACT to give to clients
- ❑ Online information about Family PACT eligibility, providers, and appointment scheduling
- ❑ An online training about Family PACT services
- ❑ A regional, in-person training about Family PACT services
- ❑ Nothing
- ❑ Don't know/Not sure

9A. Are there any other resources that would be useful? Please describe.

D. ABOUT COLLABORTION WITH FAMILY PACT PROVIDERS

Is your organization involved in any collaborative groups (coalitions, partnerships, alliances) with Family PACT providers in your community?

- ❑ Yes
- ❑ No
- ❑ Don't know/Not sure

If yes or don't know/not sure, please continue. If no, you have finished the survey and do not have to complete the remaining section. Thank you for participating in this survey!

1. In general, what is involved in these collaborative efforts? (Mark all that apply.)

- ❑ Meeting on a regular basis
- ❑ Agreeing on a common mission statement
- ❑ Formal contractual agreements
- ❑ Letters of commitment/support
- ❑ Participating in joint trainings
- ❑ Applying for new funding
- ❑ Advocating for or against policies
- ❑ Informal networking
- ❑ Other: _____

2. What have been some of the benefits of collaborating with Family PACT providers? (Mark all that apply.)

- ❑ Able to better meet needs of clients
- ❑ Reached new target populations
- ❑ Improved coordination of services
- ❑ Learned new ideas/approaches
- ❑ Built reputation within the community
- ❑ Accessed new funding sources
- ❑ Other: _____

3. What have been some of the challenges of collaborating with Family PACT providers? (Mark all that apply.)

- ❑ Different organizational philosophies
- ❑ Different goals/expectations for the collaboration
- ❑ Unclear delineation of responsibilities
- ❑ Differences regarding contracts and work rules
- ❑ Different desired outcomes
- ❑ Lack of time or resources
- ❑ Communication difficulties
- ❑ Organizational opposition to family planning
- ❑ Community opposition to family planning
- ❑ Other: _____

4. Have any recent policy changes, including state budget cuts, impacted your organization's ability to collaborate with Family PACT providers?

- ❑ Yes
- ❑ No
- ❑ Don't know/Not sure

5A. If YES: Please describe.

5. Overall, how satisfied are you working with Family PACT providers in your community?

- ❑ Very satisfied
- ❑ Somewhat satisfied
- ❑ Somewhat unsatisfied
- ❑ Very unsatisfied

6. What could the Office of Family Planning or other State agencies do to help improve your collaboration with Family PACT providers?

Appendix B: Survey Follow-Up Procedures

Data collection opened on October 3, 2008 and closed on December 31, 2008, following 13 weeks of data collection.

Activity	Date	Number of CBOs Contacted
Follow-Up Email #1	10/13/08	214
Follow-Up Email #2	10/23/08	139
Follow-Up Email #3	11/17/08	108
Follow-Up Email #4	12/8/08	98
Pre-Survey Calls	7/21/08-8/22/08	372
Follow-Up Call #1	11/3/08-11/26/08	191
Follow-Up Call #2	12/1/08-12/12/08	165
Follow-Up Postcard #1	11/3/08	94
Follow-Up Postcard #2	12/1/08	53

Appendix C: Response Rate Calculation

Of 372 CBO sites in the final sample:

- 45 sites were identified during follow-up calls or survey responses as being included in error (i.e. did not meet the study inclusion criteria):
  - 14 CBOs had closed[8]
  - 7 were located outside of the geographic limits of the study
  - 8 were duplicates of other CBOs in the sample (listed by similar, but not identical names)
  - 10 were identified as part of governmental agencies or school districts (not CBOs)
  - 1 was identified as a private sector company (not a CBO)
  - 4 were identified as Family PACT providers
  - 1 was identified as a recipient of state Teen Pregnancy Prevention (TPP) Program funding from the Office of Family Planning

- **372 sites – 45 invalid sites = 327 valid sites**

Of 220 surveys received:

- 11 surveys were identified as invalid:
  - 10 CBOs completed multiple surveys (the survey that was most complete was retained)
  - 1 survey was not completed beyond the first section

- **220 surveys received – 11 invalid surveys = 209 valid surveys**

The final response rate was calculated without error sites or invalid surveys:

- **209 valid surveys received / 327 valid CBO sites = 64%**

[8] UCSF made an effort to locate the correct address by conducting a Google search with the CBO name and city. When a substitute address could be *clearly* identified, a second survey was sent to that address. This number includes only those sites where no adequate substitute address could be identified.