

HIGHLIGHTS:

- Since 1997, Family PACT has provided family planning and reproductive health services at no cost to California's low-income women and men.
- The Family PACT Program includes on-site enrollment to facilitate access, ongoing provider training and continuous program monitoring and evaluation to maintain a high quality of care.
- The program includes providers from both the public and private sectors. There are approximately 2,200 providers within Family PACT's network.
- The program serves about 1.8 million clients annually.
- Family PACT averted an estimated 296,000 unintended pregnancies in 2007.



Bixby Center
for Global
Reproductive
Health



University of California San Francisco

<http://bixbycenter.ucsf.edu>

Fact Sheet

Fact Sheet on Family PACT: An Overview

Background

California is the most populous state in the nation with 37.3 million residents counted in the 2010 Census.¹ Between the 2000 and 2010 Censuses, the population of women in their prime reproductive years of 15-44 grew four percent; however, younger women age 15-24 saw an increase of 16 percent. Furthermore, a significant increase of 31 percent in this age group occurred among Hispanic women who traditionally have high fertility rates.

With nearly one-third of low-income women at or below 200% of the Federal Poverty Guideline (FPG) and of reproductive age uninsured, the need for publicly funded family planning services is great.² Low-income, working poor, and underinsured individuals are particularly unlikely to have the out-of-pocket resources to pay for family planning services and contraceptives and therefore are at a higher risk for experiencing unintended pregnancy. The need for publicly funded family planning services rises even more during economic downturns. For example, in 2008-09, during the peak of the economic recession, the number of low-income women in need of family planning rose sharply from 1.61 million to 1.83 million.³ Family PACT (Planning, Access, Care and Treatment) mitigated its impact by providing family planning services to many of these women. Through Family PACT, with its accessible, comprehensive family planning and reproductive health services, California continues its decades-long commitment to family planning.

Family PACT Program

Women and men are eligible for the Family PACT Program if they reside in California, are at risk of pregnancy or causing pregnancy, have a gross family income at or below 200% of the Federal Poverty Guideline (FPG), and have no other source of health care coverage for family planning services. The Family PACT Program is administered by the California Department of Public Health, Office of Family Planning (OFP).

Family PACT was established by the California legislature in 1996 and implementation began in January 1997. The program includes five key objectives:

1. To reduce the rate of unintended pregnancies
2. To increase access to publicly funded family planning for low-income Californians
3. To increase the use of effective contraceptive methods by clients
4. To promote optimal reproductive health
5. To reduce the overall number and cost of unintended pregnancies

Initially funded only by the State, California received a Centers for Medicare and Medicaid Services 1115 Waiver in 1999. Medicaid waivers allow States to waive Medicaid rules and are used to test new or promising ways to deliver or pay for health care services. Under the Waiver the State received federal matching funds for Family PACT services delivered. Effective July 1, 2010, the State submitted a State Plan Amendment, as permitted by the newly passed healthcare reform law, the Federal Patient Protection and Affordability Act. All features of the Program were retained.

Special Features

- **Broad client eligibility criteria:** Eligibility is based on income (at or below 200% of the FPG) for California women, men, and adolescents at risk of pregnancy or of causing pregnancy, who lack other health care coverage.
- **Immediate on-site enrollment:** Eligibility determination and enrollment in the Family PACT Program occur on-site during a client's first clinical visit, eliminating the need for multiple visits to different locations to enroll and enabling immediate access to services.
- **Public-private partnership:** The Family PACT provider network includes both public and private sector providers, thereby maximizing the number and type of providers from which clients can choose.
- **Pharmacy distribution sites:** Drugs and supplies are available at both clinics and pharmacies by prescription, increasing the accessibility of contraceptive supplies for clients.
- **Fee-for-service reimbursement:** Family PACT is a fee-for-service program that directly reimburses participating providers for all covered family planning services rendered to enrolled clients.
- **Comprehensive family planning services:** Family PACT offers a three-part package of benefits for reproductive health care that includes:
 1. Initiation and management of all FDA-approved methods of contraception, including emergency contraception and male/female sterilization;
 2. Clinical and preventive services to maintain reproductive health, such as testing and treatment for STIs, HIV-testing, breast and cervical cancer screening, and periodic physical exams;
 3. Individual reproductive health education and counseling.
- **Program standards:** Clinical care standards have been established to address informed consent, confidentiality, availability of options, linguistic and cultural competence, access to care, clinical and preventive services, and education and counseling to ensure high quality of care.
- **Provider support:** Ongoing provider support, through provider trainings, webinars, provider forums, and individual assistance, helps in maintaining program standards.
- **Monitoring and evaluation:** Ongoing data collection and analysis enables the OFP to continually improve the Program by identifying utilization management and cost containment opportunities and areas where the quality of care can be improved.

References

1. 2010 Census Summary File 1 extracted by the State Data Center, California Department of Finance, July 22, 2010.
2. UCSF analysis of Combined California Women's Health Survey, 2006-2007 for women ages 18-44.
3. Bixby Center for Global Reproductive Health. University of California, San Francisco. *Family PACT Program Report, FY 2008-09*. Sacramento, CA. 2010.
4. Brindis C, Amaral G, Foster D, and Biggs MA, Cost-benefit Analysis of the California Family PACT Program for Calendar Year 2007; A UCSF Report to the State of California Department of Health Services, Office of Family Planning; April 2010.
5. Center for Reproductive Health Research and Policy, *Family PACT Program Monitoring Report, FY 1997-98*. Sacramento, CA. 1999. Report delivered to the OFP.

Program Outcomes

- **Family PACT is cost effective.** A cost-benefit analysis indicated that an estimated 296,000 unintended pregnancies were averted in 2007 and every dollar spent on Family PACT services saved taxpayers an estimated \$4.30 in medical and social services costs up to 2 years after birth (and \$9.25 up to 5 years after birth).⁴
- **Family PACT has greatly increased the number of clients receiving family planning services.** In FY 1995-96 – prior to Family PACT – the OFP's family planning program served 525,000 clients. ^{5,6} In FY 2009-10 Family PACT's 2,183 enrolled clinical providers served 1.82 million clients.
- **Special populations, such as adolescents and men, are served in high numbers.** Over 300,000 adolescents are served annually. The number of men in the program has increased from 28,000 in FY 1997-98 to 249,000 in FY 2009-10.
- **Clients receive a diverse array of reproductive health services and report high levels of satisfaction with services.** In FY 2009-10, 69% of Family PACT clients received a contraceptive method. This figure does not include those on long-term reversible contraceptives received in prior years. Sixty-seven percent (67%) received tests for one or more sexually transmitted infections (STIs). Among female clients, 40% were tested for pregnancy and 43% were screened for cervical cancer.⁶ Ninety-nine percent (99%) of clients report satisfaction with services received.⁷
- **Family PACT has increased access to family planning by reaching women in need.** Prior to Family PACT, the OFP's family planning program along with Medi-Cal were serving fewer than half of the women in need of publicly funded contraceptive services.⁸ Ten years after the implementation of the Program, 58% of women in need were served by Family PACT and 12% by Medi-Cal.⁹ During the economic recession of FY 2008-09 when the number of women in need rose sharply, 57% accessed Family PACT.

Conclusion

Since 1997, Family PACT has greatly increased the number of low-income residents who have access to family planning services. The Program reaches a large percentage of women in need and, thus, averts unintended pregnancies and saves millions of dollars of public expenses. Some of the particular features of the Program that have allowed for its success in averting unintended pregnancies include broad eligibility criteria, on-site enrollment of clients, an expanded provider network, and access to all federally approved methods of contraception.

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6. No percentages are given because the methodology for the calculation of women in need and women served between 1995 and FY 2006-07 is not directly comparable. Less information was available in 1995.
7. Biggs MA, Rostovtseva D, Brindis CD. *Findings from the 2007 Family PACT Client Exit Interviews*. San Francisco, CA.: Bixby Center for Global Reproductive Health, University of California, San Francisco, CA, 2010
8. Greene, D., Carson, E., Danielsen, B., Bradsberry, M., Unmet Need for Publicly Funded Family Planning Services in California, 1995. UCSF 1998. Report delivered to the OFP.
9. Chabot M.J., Lewis, C., Thiel de Bocanegra, H. *Access to Publicly Funded Family Planning Services in California, Fiscal Year 2006-07*. UCSF. 2010. San Francisco. Duplicated.