



OFFICE OF FAMILY PLANNING  
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

# **Serving Teens in Your Family PACT Program:**

## **A Toolkit for Tracking Referrals From Teen Pregnancy Prevention (TPP) Programs**

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## **What are Teen Pregnancy Prevention (TPP) Programs?**

One of the goals of the Family PACT program is to reduce the number of pregnancies to low income adolescents in California. In order to achieve this goal, the California Department of Public Health, Office of Family Planning (OFP) is charged to promote the coordination of outreach services and partnerships among state funded pregnancy prevention programs to ensure teens can access necessary family planning and reproductive health services. To achieve this goal, in addition to the Family PACT program, OFP funds Teen Pregnancy Prevention (TPP) information and outreach programs: the Community Challenge Grant (CCG) and Information & Education (I&E) program.

The Community Challenge Grant (CCG) and Information & Education (I&E) Program are wide-scale, community-driven teen pregnancy prevention programs that utilize a variety of approaches and strategies to reduce teenage and unintended pregnancy and absentee fatherhood; promote responsible parenting; and increase the involvement of fathers in the economic, social, and emotional development of their children.

At the core of OFP's Teen Pregnancy Prevention (TPP) programs is the development and establishment of community networks, a plan to work together from different vantage points, venues and strategies, to prevent teen pregnancies and the social and health consequences it may have on individual lives and their surrounding communities.

Currently there are TPP programs located in forty-nine (49) counties throughout California. As a Family PACT provider, it is highly recommended that you be familiar with the TPP programs in your area in order to develop an effective referral network and working relationship that will provide continuity of care and access to needed family planning services to teens in your communities. A complete listing of the TPP Programs can be found on the Family PACT website at [http://familypact.org/Files/PR\\_TPP\\_FINAL20090326.pdf](http://familypact.org/Files/PR_TPP_FINAL20090326.pdf)

## **The Importance of Linking TPP Programs and Family PACT Providers**

In 1992, California's teen pregnancy rate was the highest in the nation, but by 2005, the rate declined by 52%. California's teen pregnancy rate decline was the steepest in any state, far above the national decline of 37% over the same time period. Public health experts credit this decline to California's aggressive teen pregnancy prevention efforts and the Family PACT programs continual efforts to increase access to services.<sup>1</sup>

Since the inception of the TPP programs, grantees have been required to make clinical linkages with Family PACT providers to ensure a referral network is in place to provide teens with appropriate and necessary family planning services. Since teens make up 18% of Family PACT clients, it is important to understand the number of teen clients being referred by TPP programs. Currently, in order to track the linkage between the TPP program and a Family PACT provider, TPP programs utilize a Family PACT Clinical Linkage Form which is part of

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<sup>1</sup> Guttmacher Policy Review, "Winning Campaign: California's Concerted Effort to Reduce Its Teen Pregnancy Rate," Spring 2010, Vol. 13, No. 2.

their grantee Progress Report to OFP. While the form tracks the specific Family PACT providers they have linked with during a reporting period, the form does not record the individual number of referrals made nor the types of services for which the teen was referred.

### **Purpose of the Toolkit**

The purpose of this toolkit is to provide you with tools to assist you in linking with your local Teen Pregnancy Prevention (TPP) programs and ensuring that TPP programs are aware of the services you provide. Tools are also provided that will help you track referrals you receive from TPP programs.

## TOOLKIT CONTENTS

The toolkit includes the following tools:

### **Community Resource Summary of Services Form (Attachment A)**

This form is designed as an introduction letter for you to send to your local TPP Programs.

### **TPP Program – Referral for Clinical Services Form (Attachment B)**

This form is designed to be completed by the TPP Program when a teen is referred to your clinic for family planning and reproductive health services. A blank copy of the form is designed to be sent with the Community Resource Summary of Services Form for use by the TPP Program.

### **TPP Referral Tracking Log (Attachment C)**

This form is designed to be a log of all referrals made to your agency by TPP Programs. It should be kept on file in your office to track the number of teens referred to your agency by TPP Programs.

### **Flowchart for Tracking Referrals from TPP Programs (Attachment D)**

This document shows the flow of the steps you should take if a client is referred to your clinic for services from a TPP program using the forms in the toolkit.

## INSTRUCTIONS FOR USE OF TOOLKIT FORMS

### **Community Resource Summary of Services Form**

Locate the name and address of TPP programs in your area by using the Teen Pregnancy Prevention Programs List on the Family PACT website at [http://familypact.org/Files/PR\\_TPP\\_FINAL20090326.pdf](http://familypact.org/Files/PR_TPP_FINAL20090326.pdf).

- Insert your organization's name and address in the top paragraph of the form. Also include the contact information for the staff person in your organization who will collect these forms when they are returned from the TPP Programs so that you can maintain an accurate list of community resources for teens.
- Include a copy of the TPP Program – Referral for Clinical Services Form

### **TPP Program – Referral for Clinical Services Form**

- Include a blank copy of this form when you send out the Community Resource Summary of Services Form to TPP programs. Instructions on how to use this form are included at the top of that form.
- When the TPP program refers a teen to your organization for family planning or reproductive health services, the TPP program should complete this form. The completed form can be given to the client to accompany them to their appointment.
- The TPP Program should keep a copy of this form for their files.

### **TPP Referral Tracking Log**

- Complete this form each time you receive a referral from a TPP Program.
- Maintain a copy of the log in a separate file.

**CHECK THE FAMILY PACT WEBSITE FOR OTHER TEEN  
AND REFERRAL RESOURCES, CLIENT EDUCATION  
MATERIALS, AND TRAINING OPPORTUNITIES**

**[WWW.FAMILYPACT.ORG](http://WWW.FAMILYPACT.ORG)**

**ATTACHMENT A**

**COMMUNITY RESOURCE  
SUMMARY OF SERVICES FORM**

## Community Resource Summary of Services Form

**Insert the name of your organization** is a Family PACT provider serving the **service area** area. We provide comprehensive family planning and reproductive health services to eligible low-income women, men and teens in our community. We strive to serve our clients with the best care including referring them to community resources available to them for services which go beyond our scope of services. We want to maintain a community directory that is comprehensive and up-to-date. In order to accomplish this, we kindly request your time in filling out this form. It will help us to identify our community partners with whom we hope to reciprocate services to better serve the needs of our clients. Please note that if your organization already has prepared written information that would answer the questions below, feel free to submit these with the form.

For your convenience, we are enclosing a TPP Program - Referral for Clinical Services form that you can use for referring clients to our organization. Complete the form and send it with your client when they come for their appointment.

**Return completed forms to:** **Fill in name, address, and phone number of contact person in your organization**

Today's Date:	
Name of TPP Organization:	
Address:	
Phone numbers (include any toll free numbers):	Days/hours of operation:
	Fax number:
Website:	
Primary person to contact (Name & title):	
Secondary person to contact (Name & title):	
Description of your organization's mission:	
Description of services offered:	
List eligibility requirements (if any):	
List your fees for service (if any):	

**ATTACHMENT B**

**TPP PROGRAM –  
REFERRAL FOR CLINICAL  
SERVICES FORM**

## TPP Program - Referral for Clinical Services

**Please complete this form and send a copy with your client when they come for their appointment. Keep a copy for your records.**

### Section A: Client Information

Today's Date:

Client name:

Date of Birth:

Sex:

Address:

City, State, Zip:

Phone:

### Section B: Referred by

TPP Program Contact Person:

Date of referral:

TPP Program Name:

Phone:

Address:

Type of organization\*\* :

Purpose of referral (check all that apply):

1. Birth control, initiation/maintenance (specify)	8. STI treatment (specify)
2. Birth control counseling	9. STI testing (specify)
3. Sterilization	10. STI education & counseling
4. Emergency contraception	11. HIV testing
5. Pregnancy testing	12. HIV prevention counseling
6. Pregnancy education & counseling	13. HIV confirmatory test counseling
7. Repro health cancer screening (specify)*	14. Other (specify)

Specify or other notes to Family PACT Clinic:

\*\*Health Department, youth development program, school/university, violence prevention program, community health center, mental health agency, substance abuse treatment program, etc.

**ATTACHMENT C**

**TPP REFERRAL TRACKING LOG**

### TPP Referral Tracking Log

Today's Date	Patient Name/ HAP ID#	Referred By	TPP?*(Y/N)	Purpose for referral (use codes**)	Referred To	Services provided (use codes**)	Services complete (Y/N)	Date services received	Follow-up required (Y/N)

\*Teen Pregnancy Prevention program referral  
 \*\*1. Birth control, initiation/maintenance (specify method), 2. Birth control counseling, 3. Sterilization, 4. Emergency contraception, 5. Pregnancy testing, 6. Pregnancy education & counseling, 7. Reproductive health cancer screening (includes pap smear, mammogram, prostate cancer screening), 8. STI treatment (specify STI), 9. STI testing (specify STI), 10. STI education & counseling, 11. HIV testing, 12. HIV prevention counseling, 13. HIV confirmatory test counseling, 14. Other condition or diagnosis (specify)

**ATTACHMENT D**

**FLOW CHART  
FOR TRACKING REFERRALS  
FROM  
TPP PROGRAMS**

## FLOWCHART FOR TRACKING REFERRALS FROM TEEN PREGNANCY PREVENTION (TPP) PROGRAMS

