A large part of the success of TSO is due to the fact that grantees are based within organizations that also provide clinical services, facilitating the referral process for teens in need of reproductive health care. Nonetheless, this structure does not make outreach and referrals uncomplicated, or necessarily lead to an easy working relationship between outreach and clinical staff. TSO coordinators and staff spend significant effort building relationships with their clinic counterparts.

Throughout the interviews, TSO coordinators agreed that their relationship with the clinical staff at their own organization has considerable impact on the success of their outreach and referral activities. While the nature of this relationship varied for each organization, coordinators identified five key factors that have had the greatest impact.

1. Sharing Physical Space

Most TSO programs (14 of 20) are based at or very near a clinic where teens reached through outreach activities can access services. However, half of these agencies are made up of multiple clinic sites; therefore, TSO staff may be near one clinic site, but be far from other sites they use for teen referrals. In this way, their physical situation is similar to the other six TSO programs, which are not housed near any clinic, but instead are based several miles away.

Coordinators at “co-located” TSO programs described their physical proximity as directly benefiting their project, their relationship with the clinic, and the teens they serve. Being nearby ensures that TSO staff are accessible to clinic staff, easily allows for common meetings, encourages feedback, and promotes good communication. As one coordinator noted, “With more face contact, [we] get greater accountability and buy-in from other agency staff.” Proximity also allows TSO staff to access clinic computer systems for scheduling appointments, oversee tracking procedures, and work closely to implement surveys.

For the six TSO programs based separately from any clinic, coordinators gave mixed responses about the impact of this arrangement on their project. Most mentioned drawbacks, noting that
they have limited interaction with clinic staff as a result of being farther away. According to one coordinator, having TSO staff within the clinic would give the clinic more ownership of the outreach activities, which would benefit both teams. “Instead,” she said, “it’s a struggle.” Another described the territorialism expressed by clinic staff: “I’m invading on their turf.” On the other hand, another coordinator found separate locations to be mutually beneficial, since it allowed each staff to focus on their own responsibilities.

2. Having Common Priorities

TSO coordinators note the importance of having a shared goal – that is, providing teen-friendly reproductive health services – in building strong, positive relationships between outreach and clinic staff. At some agencies, an organizational mission statement “connects us even though we do very different things.” One coordinator mentioned how outreach and clinic staff both value “the teen voice” and consider it in all aspects of the work that they do. Another described her agency’s “really good providers who see the need and value of teen reproductive health services.”

However, at other agencies, the organizational focus is not directed toward serving adolescent clients, but rather on “maintaining the clinic as a whole” and seeing patients quickly due to high patient volumes. One coordinator noted, “[Clinic staff] don’t think that they need outreach activities to get more clients”; therefore, losing the TSO or other TPP grants does not seem detrimental. Several coordinators mentioned that the relationship between the TSO program and the clinic was strained because individual staff did not see the value of each others’ work. As one coordinator explained, “The clinical staff basically sees us as health educators… They don’t really see us for our TSO efforts [toward] teen pregnancy prevention.” Interactions are only able to function with significant effort and tailored approaches.

3. Integrating TSO Staff into the Clinic

In addition to conducting outreach, staff at most (15 of 20) TSO programs perform various duties within the clinic, including:

- Staffing dedicated teen-only clinic hours
- Offering administrative support
- Providing education/counseling to teen clients
- Overseeing data collection

Overall, coordinators report that having responsibilities in the clinic greatly benefits both the TSO staff and the teen clients they serve. Seeing the familiar faces of outreach staff in the clinic helps teen clients feel more at ease. As one coordinator stated, “It makes it more comfortable for them, [because] at least they know somebody over here.” Furthermore, since they are familiar with clinic policies and procedures from their experience working in the clinic, TSO staff can tell teens exactly what to expect when they come in for an appointment.

Coordinators also note that when TSO staff have responsibilities in the clinic, the clinic staff benefit as well. Communication is improved by the overlap in duties, and both groups better understand the role and value that the other team provides. As a result, group camaraderie develops.

Integrating TSO staff into the clinic can be a slow and lengthy process, especially if there is a long history of separation between the two teams. It may take a while for the clinic to “warm up” to having TSO staff around. In addition, it may be difficult for TSO staff to juggle clinical duties with their outreach activities.
4. Involving Clinic Staff in Outreach Activities

Some TSO programs (9 of 20) involve clinic staff in the development or implementation of outreach strategies, including:

- Assisting at outreach events
- Providing input on outreach materials

Coordinators describe many benefits to having clinic staff present at outreach events. Having clinic staff provide input on “what issues teens are facing” and “what is going on in the community [and] prevalent with teens currently” helps TSO staff tailor presentations and materials. Introducing teens to clinic staff during outreach gives them another familiar face to see when they come in for an appointment, adding to the teen-friendliness of the clinic. In addition, clinic staff gain a better understanding and appreciation of TSO work.

At 11 TSO agencies, however, clinic staff do not play any role in outreach efforts. Coordinators indicate that, although they would like to involve clinic staff in their outreach efforts, it is extremely difficult due to staffing, time constraints, lack of time, or lack of interest on the part of clinical staff. Clinic staff may not be able to assist in outreach activities due to institutional barriers, such as union rules that prevent nurses from working outside of the clinic setting.

5. Promoting Ongoing and Open Communication

Open communication between TSO and clinic staff, whether through regular meetings or more informal interaction, is essential in maintaining a strong relationship. At some agencies (11 of 20), TSO staff attend joint meetings with clinical staff on a monthly basis to give updates, discuss emerging issues, resolve problems, and learn clinic protocols. Joint meetings are a venue for TSO staff to talk about upcoming events and recent activities in the community, and to explain their outreach work to clinic staff. One coordinator explained, “We try to watch out for each other, keeping everyone well informed and updated, and they do the same for us.”

At some agencies, meetings are less cooperative in nature. TSO staff may be invited on occasion to clinic-focused meetings, or meetings may be limited to supervisors and managers. In other cases, staff meetings are focused on the role of clinic staff in completing TSO requirements, such as implementing surveys, tracking new patients, and billing correctly for TeenSMART services. When meetings are focused on fulfilling grant or billing requirements only, this can hinder the relationship between clinic and outreach staff. As one coordinator noted, “Sometimes the clinic staff will [say], ‘Oh my, more paperwork?’, and that’s a challenge.”

In addition to formal meetings, informal opportunities to interact also help build connections between outreach and clinic staff. At many TSO agencies (12 of 20), staff share kitchen space and frequently eat lunch together. This time together helps build personal connections that positively influence professional efforts. One coordinator noted that “because they have that friendship [and] established relationship, it’s easy to talk about problems.”

Additional information is available through the full research report prepared by UCSF.
Strategies to Overcome Common Challenges

The following summarizes common challenges identified by TSO Coordinators, and effective strategies that agencies have used to manage and overcome these obstacles.

**Challenge: Clinic staff are not aware of or do not value outreach activities.**

- Ask clinic staff to participate in an outreach activity or attend an outreach event.
- Have outreach staff spend time in the clinic, even if only for a few hours a week. Clinic staff appreciate the extra help.
- Ask clinic staff for their opinion on outreach materials or for advice on current issues that teens are facing. They appreciate having their expertise put to use in the field.
- Share evaluation results and feedback from your teen participants with clinic staff.

> "We bring questions from teens back to the clinicians [after outreach]. They like that because they see that it’s a question that came from a teen, and that outreach staff wants their support. They enjoy that we bring questions to them and give their expertise."

- Attend clinic meetings as often as possible, or organize regular joint meetings among outreach and clinic staff.

> "It took us a few months to get started. We started having monthly teen clinic staff meetings, where [TSO] staff and some clinic staff… all come once a month and sit down to talk about patient flow, issues having to do with teen clinic, protocols and procedures. These meetings are definitely helpful for us to find common ground."

- Ensure that training for new clinic staff includes an overview of role of outreach, and that training for new outreach staff includes some understanding about the clinic.
- Provide opportunities for informal, social interaction between staff members.

> “Having a good rapport, having those casual sit-downs or lunches together, the fact that we do things together, work and play together, helps build the relationship. If everyone likes each other and knows each other, they’re more likely to help each other out.”

**Challenge: The TSO program is based far from the clinic site, limiting staff interaction.**

- Have supervisory staff (at least) attend joint meetings and trainings. Ask staff to bring questions/concerns to their supervisor so that all issues are addressed in a systematic manner.
- Build a relationship with at least one person in the clinic, to turn to with any questions or concerns. Ask each clinic site to designate a contact person (usually the clinic manager) with whom they can communicate regarding tracking, distributing incentives, and administering surveys.

> "Each [clinic] site has a unique dynamic, so it works better to have individual meetings and give each clinic individual attention."
Challenge: Organizational structure or leadership do not allow for an overlap of staffing responsibilities.

- Provide opportunities for informal interaction.
- Look for opportunities to interact outside of traditional settings. For example, offer to help clinicians with off-site sports physicals, join a committee/task force working on an issue related to teens, or partner with clinic staff to sponsor a sports tournament.

“Things don’t happen overnight. Even if we think it will work, do physicians agree? Do front desk staff? Do CEO/COO agree? Does HIPAA play in? It takes awhile to get things going.”

Challenge: Clinic staff are busy and overburdened. Staff turnover is high.

- Acknowledge there are competing demands in the clinic setting and allow new arrangements time to work.
- Work regularly with clinic staff to re-assess referral procedures and adapt system as needed.
- Work to develop a relationship with one particular staff at the clinic who buys into the program. Refer teens to that person specifically.

“There is always one advocate in the organization, but you just have to find them.”

Challenge: Clinic staff are not willing to help with tracking procedures & administering surveys.

- Offer incentives or a reward system for clinics to complete tracking protocols and administer surveys (such as providing lunch for the clinic that collects the most surveys).

“[When we] know clinic staff personally, that has resulted in great cooperation – they even ask the teens how they heard of the clinic even if they don’t have a [referral] card.”

- Work with clinic staff on the development of tracking materials. Periodically revise the form with their input to get their support.
- Have TSO staff take over the implementation of New Teen Client Survey within the clinic.

“[We] decided to take the burden off clinic staff because it was too much - they weren’t doing it [and] we didn’t want to create animosity.”
Recommendations for OFP

Many TSO coordinators noted that their relationship with the clinical side of their organization was largely an internal matter, one that OFP had little influence to change or improve. As one coordinator put it, “Each agency needs to figure out what works best.” Nonetheless, all coordinators shared suggestions for OFP that might improve the teen-friendliness of their clinic environments, reduce their administrative burdens, and improve their referral/tracking systems.

- Offer trainings on building partnerships with clinical staff and improving teen-friendliness would be useful for both providers and TSO programs. As one coordinator explained, “A teen-friendly training for providers would really help alleviate some of the anxieties some providers face in working with teens.”

- Require Family PACT providers to collaborate with outreach and education activities, within and outside of their organization. This would help TSO programs in their efforts to work with the clinical staff at their own organizations, as well as the other TPP programs trying to meet their own OFP requirements.

- Have fewer data collection requirements and fewer changes to reporting formats, due to limited time and resources and the challenges faced collecting data from the clinic. As one put it, “These are clinics. They are overworked! We’re happy if they can provide services to teens. For clinics, surveys are another piece of paper, even if they are simple.”

- Provide more technical assistance for tracking clients from outreach to clinic services, including concrete ideas on how to implement a tracking and referral system, rather than “have the expectation of the agencies, when not all agencies have the capacity to do this.” Some coordinators suggested that OFP standardize a few tracking instruments that agencies could choose from, in order to limit the time and resources spent on developing new system.

- Develop a statewide computer system to be used by all Family PACT providers with a universal tracking card, to simplify tracking of clients. Or, encourage regions to develop common procedures or databases through discussions at regional collaborative meetings. OFP could support these efforts by providing start-up funds or allowing agencies to share the costs of developing common systems.