Integrating Women's Health into Substance Use Treatment - A Holistic Approach to Recovery
Agenda

• Welcome and Introductions

• The intersection of reproductive healthcare and addiction services at the Cincinnati Health Department- Jennifer L. Mooney, PhD, MS and Martha Walter, MS Director, Reproductive Health and Wellness Program

• Women in Recovery (WIRRe)- Andrew Heffron, RN

• Integrating reproductive health services into SUD treatment- Jo Taylor, MSN, APRN-CNP

• Questions
The intersection of reproductive healthcare and addiction services at the Cincinnati Health Department

Jennifer L. Mooney, PhD, MS
Director, Community Health Division

Martha Walter, MS
Director, Reproductive Health and Wellness Program
History, Rationale, & Impact

• 1970 – Title X of the Public Health Services Act created

• Purpose: “to provide access to contraceptive supplies and information to all who want and need them with priority given to low-income persons.”

• Only federal program with a dedicated focus on family planning

• 4400 clinics and 5 million people each year
Voluntary & Confidential Services

• Acceptance of family planning services is never a prerequisite to eligibility for, or receipt of, any other service or assistance from or participation in any other programs of the applicant.

• Must assure client confidentiality and provide safeguards for individuals against the invasion of personal privacy, as required by the Privacy Act. We are able to provide confidential services to minors without consent of a parent/guardian.
Accessibility

• Clients are never denied services due to inability to pay
• People with incomes between 100% and 250% of poverty pay according to a sliding fee schedule
• People with incomes above 250% pay the full cost of their care.
• People with incomes below 100% pay nothing.
• Fees for minors are based on their own income, rather than their parents.
Where we started

• Reproductive Health and Wellness Program
  – Funded through ODH since 2011.
  – Partnership with UC Health Dept. OB/Gyn, Division of Community Women’s Health Providers (M. DiNapoli, MD, Medical Director)
  – Title X: Sole purpose is to provide comprehensive preventative reproductive health services to women and men.
Our name for the RHWP at CHD
Clinical services started in March 2012 out of just one site (Elm Street Health Center)
Expanded to other clinical sites in December 2012.
We provide discounted services on a sliding scale that goes to $0.
Cincinnati-Hamilton County’s Title X Program

2012 to 2015

15,433 visits with 5,452 female clients & 1,908 visits with 1,645 male clients

Estimated Impacts

1,170 unintended pregnancies prevented.
580 unplanned births prevented.
400 abortions prevented.
190 miscarriages following unintended pregnancies prevented.
150 unplanned births after short interpregnancy intervals prevented.
90 unplanned preterm/LBW births prevented.
$7,383,380 saved in gross costs due to contraceptive services provided.
$195,390 saved in costs due to miscarriages and ectopic pregnancies.
$474,540 saved in costs associated with sexually transmitted infections.

Where we are now

– To date, enrolled over 17,000 unique patients over more than 38,000 visits.

– At any given point, **19.5%** of non-pregnant women not seeking pregnancy are using a LARC method in our CHD Health Centers – nearly 3x US rate of 7.2%.

– All 7 clinical sites provide access to comprehensive reproductive health services

– 75-80% of clients are at or below 100% FPL
Services provided

• History & Exam
• Laboratory Testing
  – STI diagnosis/treatment
  – Pap smears/other cancer screenings
• Follow-up & Referrals
  – If the client finds out that she is pregnant...
  – Referral to CCPC and all-options counseling:
    • prenatal care and delivery;
    • infant care, foster care, or adoption
    • pregnancy termination
• Comprehensive contraception access
  – LARC options, including same-day access
  – Nearly the entire range of contraceptive methods available can be provided on site, with only a few requiring an offsite referral or prescription (diaphragm or sterilization procedure)
• Focus on client centered counseling methods
• Providers
  – Preferences
    • Informed by negative experiences
    • Women-more knowledgeable of women’s bodies
    • Men- gentler, meticulous
    • Fear of confidentiality
    • “not another number”- individualized approach to patient care, patient centered medical home
    • Caring, credentialed
    • Continuity of relationship (OB care)
  – Ideal interactions
    • Talk to patient about all types of birth control- despite popularity or provider convenience (time)
    • Dispel myths- time in system, drug interactions
    • More counseling and education
    • Side effects discussion
    • Half-life after discontinuation
    • Hear experiences of others
    • Don’t profile patients
      – Income, race, insurance
  – Barriers to use
    • Side effects
      – Weight gain, heavy bleeding, fear of device, irregular bleeding, skin reaction, hair growth/loss
      – Hiding from parents
      – Maintenance
      – Fear of procedure
      – Fear of infertility
      – Fear of cancer
      – “side effects” significantly outweigh efficacy of methods
      – Lack of accurate knowledge of most effective methods
      – Health information not consistent or standardized
      – Religion- person
      – Religion- health care
Addressing the Addictions Crisis
How we started: Partnering with Organizations

• We’ve worked with a variety of agencies providing AOD services to pregnant or postpartum women in need of other RHWP services.

• There are access barriers for some women with SUD because family planning is not offered in all OB/Gyn settings.

• We make sure the community knows the CHD can provide family planning and Reproductive Life Planning if desired.
Cultural Change in our FQHCs

• Implemented a pilot project, “Safe Places Cincy” to provide real time access to treatment.

• Need to take advantage of when someone decides to seek help. It can be a very temperamental decision and folks are fragile in this state.

• SPC is a way for someone to walk in, tell the front desk staff that they want drug or alcohol treatment, and the staff person initiates a protocol involving a strike team.
Safe Places Cincy

• Launched in March 2019.
• In the first month, we had 7 folks walk in
• All 7 health centers serve as access points to treatment.
• Partnering with 3 treatment providers in community (Center for Addiction Treatment, BrightView, Talbert House) offering all levels of care (e.g., OP, IOP, IP, Residential)
• Utilize Uber Health.
Safe Places Cincy

- We medically evaluate the person for medical clearance.
- We provide all patients with Narcan.
- We schedule the individual for an assessment at the treatment facility and to get them there, if they do not have transportation, we call an Uber Health.
- Evaluation of the data from the health and treatment side during the pilot.
Expansion of MH-SUD Services

• In fall of 2018, received HRSA funding to expand mental health and SUD services.

• Expansion of services to include medication assisted treatment (MAT).

• Will utilize the Hub and Spoke model.

• As patients are referred in for SUD and MAT, we will also establish the health center as medical home, if in need of one.

• Then offer RHWP services.
Intersection of Services

• Bringing MAT and therapy to CHD which is a Title X system.
• Will be able to incorporate services and make a holistic system for RH and SUD.
• Acknowledge that women are particularly vulnerable when addicted to AOD just based on biology (i.e., risk for pregnancy).
• Great deal of services for addicted pregnant women and infants.
• Goal is to improve services for women who may not want to become pregnant and are substance users.
Funded through Federal Title X of the Public Health Service Act, Maternal and Child Health Block Grant and general revenue funds.

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Women In Recovery Program (WIRE)

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Integrating Reproductive Health Services into SUD Treatment

Jo Taylor, MSN, APRN-CNP
Women’s Health & Wellness Center
Reproductive Health Trends among Women in Treatment

**Women’s Sexual Health**
- 77% of women 21-30 engaged in **risky sexual behavior**
- Less Likely to seek prenatal care
- Can have higher rates of HIV, Hepatitis and STIs

**Contraception Use**
- Women with SUD are **less likely to use contraception**
- Condoms are the most widely used method of contraception
- 90% of pregnancies among opioid users are unintended

**Health Outcomes**
- Drug use during pregnancy can cause complications and potential adverse outcomes including preterm delivery, low-birth weight and miscarriage

Pregnant or recently pregnant, opioid users: contraception decisions, perceptions and preferences
Offering reproductive health services in SUD treatment is a potential way to decrease unplanned pregnancies and improve reproductive health of women with SUD

“A Missed Opportunity”

Partners

- Right players
- Right time
- A Clear Vision
Planning

- Contraceptive Counseling for CompDrug Staff
- Extension of Title X services through Columbus Public Health
- Converted offices into clinic space
- Created marketing materials for clients
- Conducted survey of female clients to determine interest and logistics for the clinic
The Clinic

- Opened 2/21/2018
- Open every Wednesday morning 8:30 AM - 12:30 PM
- One office for intake and an exam room
- Nurse and Nurse Practitioner staffing model
- Separate building
Staff Training and Client Education

Staff Training
- Contraceptive Counseling
- Staff Meetings
- One-on-One discussions

Client Education
- Ask a Nurse
- Counseling Groups
- Lobby Presence
- Vaccination Clinics
Promotion

- Brochures
- Posters
- Lobby Display
- Electronic Monitors
- Sandwich Board
- Lobby Presence
Accomplishments

• 14 months in operation
• 109 visits completed
• 40 obtained a same-day birth control method
• Other services:
  – Cancer screening
  – Pregnancy testing
  – Vaccinations
  – Problem visits
There was a 27% show rate for pre-booked appointments
Contraceptive Mix

- Implant: 14
- IUD: 9
- Injection: 6
- Oral: 1
- Ring: 1
- Patch: 1

City of Columbus • Columbus Public Health
Ongoing Evaluation

- Customer Satisfaction Surveys
- Series of Focus Groups
  - Nearly all participants supported the on-site clinic
  - Led to change of marketing materials
  - Expansion of services to include comprehensive reproductive health
  - Provided valuable insight and considerations, such as previous healthcare experiences and misconceptions regarding birth control
A patient told me where I could best draw her blood because she had used the same site that morning to inject heroin. After blurting that out, she said she was “ashamed” that she had said that to me. And I told her “I could very easily be sitting on that table where you are and you could be sitting here on my stool, don’t be ashamed”. We went on to talk about how having an addiction doesn’t mean you are weak or unworthy. And that our paths were more similar than different. She started to cry and told me “that’s the nicest thing anyone has ever said to me”
Unique Considerations

Stigma and abuse from the healthcare system
- Seen as drug seeking at ER, delivery, etc
- “The Look” and feeling stigmatized when explaining to a prenatal provider that you are on MAT
- Having to reveal details to new nurses and doctors and clinic staff about the addiction

“nobody cares because they think I just want drugs”
Unique Considerations

Trust and engage the treatment providers

There are strong bonds formed between the participants and nursing staff and counselors. Participants overwhelmingly spoke of trusting counselors and nursing staff and even spoke with great affection.

One week, a long-time counselor that leads the Hepatitis C support group walked his entire group over to tour the clinic. This resulted in several of the participants staying for a Hepatitis A vaccine. And in subsequent weeks, several more returned for additional services.
Survey Feedback

- “I have a 2 and a 3 year old and can’t afford to get pregnant so fast again”
- ”You guys are really special to do this”
- “I can’t believe I can get my birth control here today. I’ve been trying to get into my OB/GYN for months”
- “Thank you. I’m focused on me right now and this helps”
- “I am so happy you are here. This was so easy”
- “This is easy – somewhere we can come and be helped”
- “These services are a blessing. Thank you.”
- “Love coming here”
- “Thank you so very much. I’m very grateful for your help”
- “You made my day, thank you”
Other Lessons Learned

- Walk-ins and flexible scheduling critical
- Stress confidentiality
- Zero repercussions
- Expect, acknowledge triggers
- Messaging matters
Strength of Collaboration

A fundamental factor leading to the success of this project is the collaboration of multiple community partners and the support of Ohio Better Birth Outcomes (OBBO).
Next Steps

• Further integration
  • Regular women’s health support group for credit
  • Intake question “When was your last women’s health appointment?”
  • Include reproductive health assessment or referrals in treatment plans (and EHR)
Replication

- An effective blueprint for expansion in other facilities
- **OBBO formula** – medical services, staff training and client education, integration into current operations, and marketing
- Sharing challenges and successes
Final Thoughts

A woman shared with us that at age 12, she was sold by her mother (also an addict) into sex work. In the years following that time, she had 5 children back to back and also became an addict. Now in treatment, she came to see us for her annual well woman and a same-day contraceptive implant. She said that taking care of her own health makes her feel empowered, in control, and hopeful for the future.
Questions?