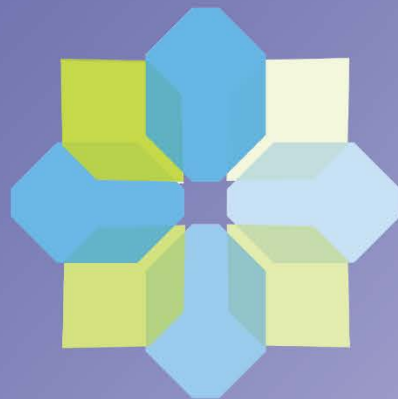


Increasing Access to Family Planning Services



2020 NFPRHA
NATIONAL CONFERENCE

Speakers

Bette Saxton



Cindy Kennedy



**Linda Snyder,
DrPH**



**Natalie Crouse,
NP-C, MSN**





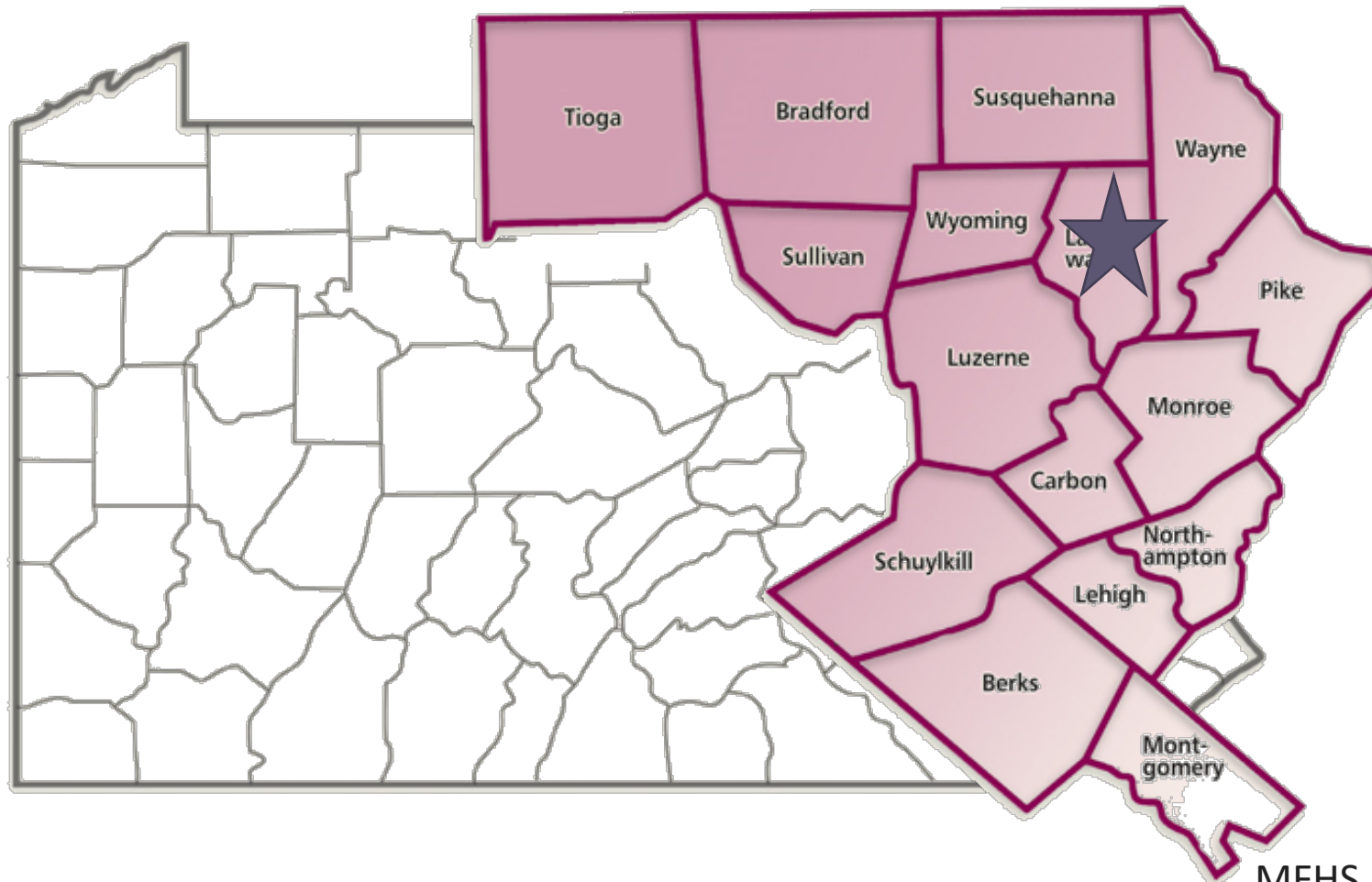
MFHS

MATERNAL AND FAMILY
HEALTH SERVICES, INC.

CHANGING LIVES.
IMPACTING COMMUNITITES.

Service network

- MFHS Network Covers:



Our Journey

- Pennsylvania has one of the highest opioid overdose death rates in the nation.
- Two of our network counties, Lackawanna and Luzerne, were in the top 8 counties (Pennsylvania) that lead the nation in drug overdose deaths and were higher than the national and state rate of *per capita* rate of opioid prescriptions.
- In 2017, we saw increased maternity clients with substance abuse and behavioral health issues as a whole.
- Clinicians acknowledged the lack of knowledge and skills to address the issue in the practice.
- Need to aggressively link recovering pregnant women with community resources.

Cross-Project Goal

Decrease barriers by building capacity within our clinical system and community partners to build referral and linkage relationships between MFHS programs and BH/substance abuse treatment centers to:

- **Reduce healthcare disparities.**
- **Improve access with effective bi-directional referral pathways.**
- **Wellness and prevention.**

Opportunities for wellness and prevention working across the lifespan by:

- **Tackling the challenges of prevention and treatment of opioid use among adolescents.**
- **Discussing family planning with women of reproductive age.**
- **Ensuring pregnant women with OUD have access to Medication Assistance Treatment (MAT) and related addiction services.**

Multiple Pathways

Integration of
Care Model
for
Behavior Health
and SUD/OD

Family Planning
Initiative
Integrated family
planning
screening,
education and
service delivery
within substance
use/addiction
programs

School Based
Health Initiative
Implement the
Screening, Brief
Intervention, and
Referral to
Treatment (SBIRT)
screening tool in
the Scranton
School District

Parallel
initiative
HealthyMoms
Pregnancy
Recovery
Program

Integrated Team Based Model

Functions of care delivery shared across team

Access to BH/OD/SUD expertise “where behavioral problems show up”

Improved communication

Improved care coordination and effective bi-directional referral pathways

Expanded health management support

Supported patient engagement

Planning Questions for Community Organizations

What will be our model of care?

What are the functions?

Who will be responsible for each function?

How and when will we train our staff?

How will we track outcomes?

How will team members communicate?

Planning Questions

What is our implementation strategy?

Who will lead and coordinate implementation?

What changes in structure are needed?

What barriers and challenges do we anticipate?

How will we measure success?

MFHS Reproductive Health/Behavioral Health Integration Of Care Initiative

**Identify individuals
receiving services from
MFHS that need
behavioral health care**

**MFHS hired an embedded
Behavioral Health Provider
for Circle of Care direct
service site**

**Identify screening tools
with appropriate staff
training**

**Implement universal
screening of all individuals
coming to any program at
the center. As indicated by
evidence-based screens,
referred to the social
worker using warm
handoffs.**

**The Behavioral Health
Provider will provide
expanded screening and
brief interventions using
the Primary Behavioral
Health model.**

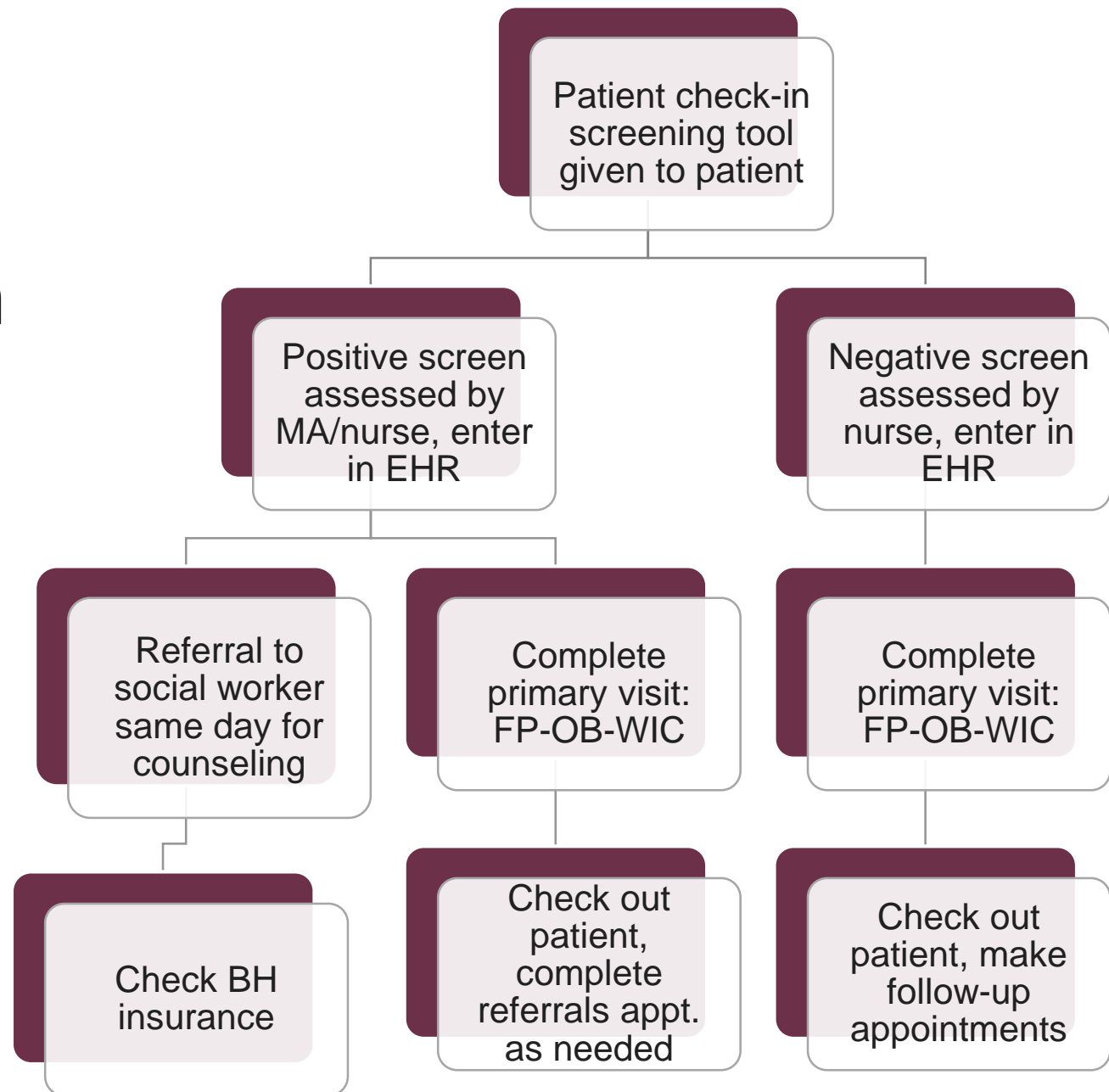
Sample action plan

Goal	Activities	Person(s) Responsible	Status
To identify individuals receiving services from MFHS that need behavioral health care	<ol style="list-style-type: none"> (1) Initiate universal screening, using the PHQ2 and CAGE-AID, at the front door of the agency (2) Redesign initial intake form to have PHQ2 Score and CAGE-AID score available for the program level staff that are to see the individual (3) Undertake a review of the intake forms across programs to identify redundant information that could be collected at the initial intake and eliminate repeated questions to consumers 		
Insure organizational policies support for integration	<ol style="list-style-type: none"> (1) Update the following key policies across PC and BH: <ul style="list-style-type: none"> • Confidentiality • Release of Information • Consent to Treatment • HIPAA Consent Form (2) Create security levels for access to all information based on need to know criteria (3) Assign security levels to all staff 		
Solidify the role of the embedded Behavioral Health Provider in the organization	<ol style="list-style-type: none"> (1) Document the workflow for referrals to Behavioral Health Provider after intake screens (2) Establish communication mechanism between the referring program and the Behavioral Health Provider (3) Create documentation process in EHR for behavioral health information 	MFHS.org SafeTeens.org	

Sample action plan

Goal	Activities	Person(s) Responsible	Status
Providers will demonstrate an understanding of their role in the co-located, referral model	<ul style="list-style-type: none">(1) Train all staff in the model and workflow of the Behavioral Health Provider(2) Review BH workflow with staff and identify provider, RN, MA and receptionist roles		
Establish process outcomes for initial BH services	<ul style="list-style-type: none">(1) Establish a way to identify and track all individuals referred to primary care(2) Ensure screening scores are trackable and trendable for each individual and as a group		
Establish product outcomes for behavioral health services	<ul style="list-style-type: none">(1) Indicate registries for behavioral health disorders(2) Integrate product outcomes into quality improvement program		

Health Center Behavioral Health Flow Process



Self assessment Screening Tool



Patient Name: _____ Date of Visit: _____

MFHS is asking that you complete this brief questionnaire that asks about your emotional well being, use of alcohol and recreational drug use. Please answer the questions as honestly and accurately as possible. All information shared will be kept confidential. This information will help us provide the best and highest possible treatment and standard of care.

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3

Circle Yes or No to the questions below.

- | | | |
|---|-----|----|
| 1. Have you ever felt you should cut down on your drinking or drug use? | Yes | No |
| 2. Have people annoyed you by criticizing your drinking or drug use? | Yes | No |
| 3. Have you ever felt bad or guilty about your drinking or drug use? | Yes | No |
| 4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)? | Yes | No |

Office Use Only:

Form Not Completed: _____ Nurse Assessment: _____

Type of Appointment: _____ Referred to LCSW: _____ Seen By LCSW: _____

Referred to LCSW not seen: _____ Referred elsewhere: _____

8/30/18 Rev. 6/12/19

Tracking Tool

CAGE AID PHQ2 Depression Screen

Oct-Nov-Dec 2019

IOB/ Initial/Annual/Nurse Visits

	OCT	NOV	DEC	Total
Total Patient Visits	200	183	196	579
Patients Complete Form	181	167	175	523
Screenings Refused	2	2	7	11
Total Screenings	179	165	168	512
Positive	17	26	31	74
Negative	162	139	137	438
Did Not Want to Discuss With RN/Refused LCSW	7	11	11	29
After Screening Activity				
** Referred to LCSW	10	15	9	34
LCSW Visit/Counseled	4	4	8	16
* Referred Elsewhere	1	1	11	13
Positivity Rate	9%	16%	18%	14%
*Current PT Elsewhere	3%	6%		
	OCT	NOV	DEC	Total
Referred to LCSW	10	15	9	34
Referred and Not Seen	2	4	7	13
Referred Elsewhere	1	1	11	13
Pending F/U	0	3	6	0

2019 DATA

- # of consumers screened: **1,681**
- # of visits by the LCSW: ***105 from Initial Screens***
- Results of screens: ***230 or 14% positive for Depression/D&A***
- Follow-up appointments: ***249 / 40 referrals made elsewhere***
- Refused LCSW: **74**

Family Planning Center and Behavioral Health Screening Integration

What Works:

- High screening rates.
- Low patient declination rates.
- Integrating MSW/LCSW into FP center for immediate counseling and referrals.
- Effective working relationships with Behavioral Health; MAT, Primary Health, Safe Care Plans and Community Partners.

Challenges:

- Paradigm shift.
- Organizational culture.
- Financing (i.e. billing, coding, payment credentialing).
- Behavioral program sustainability.
- Workforce development: challenging market for MSW/LCW positions.
- Selling the case For onsite services at MAT centers.

Collaboration With Medical Assisted Treatment Centers of Excellence Initiative

ONE KEY QUESTION

Efficient Questions for Client-Centered Contraceptive Counseling

Asking about parenthood/pregnancy attitude, timing, and how important pregnancy prevention is to your clients is an efficient approach for engaging clients in a conversation to help clarify their reproductive goals and needs.

Clarify your client's reproductive goals and needs. Ask:

- Do you think you might like to have (more) children within the next year?
- When do you think that you might want to become pregnant?
- How important is it to you to prevent pregnancy (until then)?

If your client is interested in pregnancy prevention, ask:

- Do you have a sense of what is important to you about your birth control method?
- Would you like to know more about that?

If they answer yes:

- I can refer you to a provider in the area where you can access free or low cost birth control options, including long acting methods. They offer STD/HIV screening as well. I can help make you the appointment if you'd like.



Use the provided appointment cards to give to your clients who are interested in making an appointment at Maternal and Family Health Services Circle of Care location, or whom you have made an appointment for.

MFHS Circle of Care | 640 Madison Ave | Scranton, PA 18510
570-961-5550 | MFHS.org | SafeTeens.org

Integrate family planning screening, education, and service delivery within substance use and addiction programs.

- Onsite services
- Develop tool for provider to make it easy to provide (or refer for) family planning services
- Referral agreements

MFHS.org | SafeTeens.org



School Based Health Initiative

that identify youth in need of services and increase school staff capacity to respond to SUD and OUD



Masters Social Worker hired 2019



Identified an evidence-based screening tool, brief intervention and referral path in a Lackawanna School District and alternative schools



Implemented the Screening, Brief Intervention, and Referral to Treatment (SBIRT) screening tool



211 drug and alcohol counseling sessions 2019/2020 with 23 students referred to Licensed Clinical Social Worker

Collaboration With Healthy Moms Program



The Healthy Maternal Opiate Medical Support (MOMS) program is funded in part by a grant from the Pennsylvania Department of Drug and Alcohol Programs AllOne Foundation.

Our reality

Newborns on Medicaid Born with Neonatal Abstinence Syndrome (2016)

2,250

Pennsylvania

86

Lackawanna County

Neonatal Abstinence Syndrome at Moses Taylor Hospital (2018)

91

Expectant
mothers battling
opioid addiction

51

Babies born
without
risk of NAS

40

Babies born **at**
risk for NAS and
admitted to NICU

Healthy MOMS

ENTRY POINTS



No wrong door approach

THE TEAM

Our team is comprised of a group of unique, community-based professionals



Healthy MOMS has helped me by...
"Helping me find housing. They have given me so many resources I didn't know were available to me."

MFHS.org | SafeTeens.org



MFHS Role

Support pregnant women in recovery with:

- **Pre/Postpartum care**
- **Contraceptive care**
 - **LARC insertions**
- **Wraparound services**
 - **Family Planning STD/HIV**
 - **WIC**
 - **Nurse Family Partnership**

Lessons Learned

Define mission and philosophy of integrated care and share with everyone

Administrative, clinical, support staff buy-in: have champions at every level!

Make change systematic and organized

Invest in training

Build the right team

Integrate into work flow

NEXT STEPS

Implement in
counties we
deliver direct
services.

Train MFHS
Family Planning
staff in
Screening, Brief
Intervention,
Referral, and
Treatment.

(SBIRT) and
expand the
program to
screen all Title X
clients for
substance use in
counties we
deliver direct
services.

Q&A

Bette Cox Saxton, President and CEO
(Bette@MFHS.org)

Cindy Kennedy, Director of Client Services
(CindyK@MFHS.org)

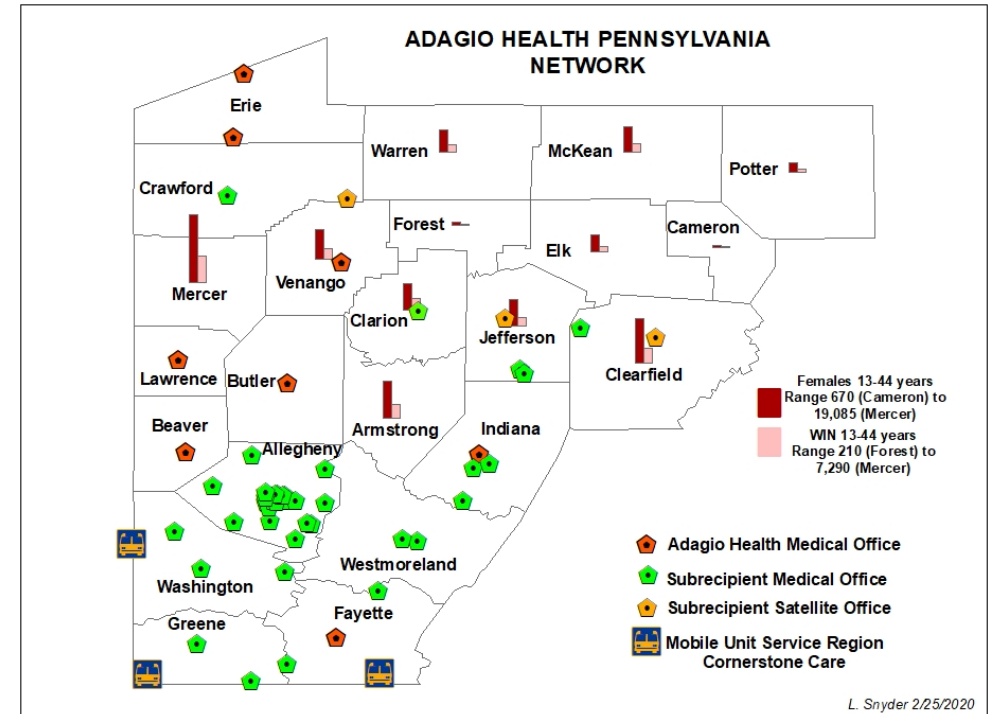
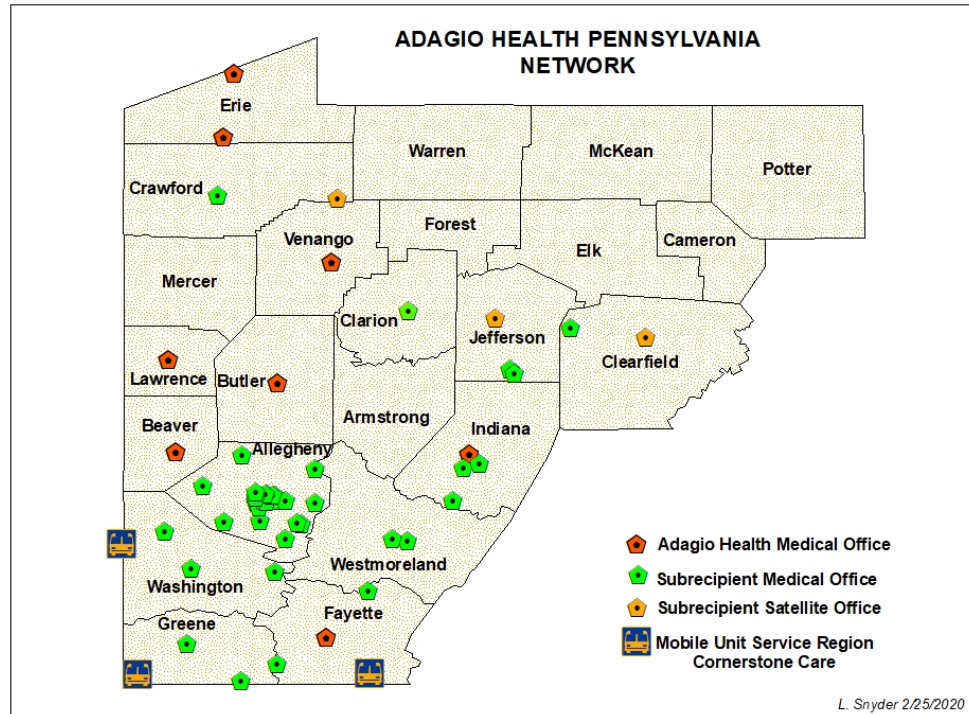
MOBILE MEDICAL SERVICES

Linda Snyder, DrPH – Senior Director Family Planning Programs
Natalie Crouse, NP-C, MSN – Director Clinical Services, Adagio Health

Is it time to take the show on the road?

Linda Snyder, DrPH

Is there a need?



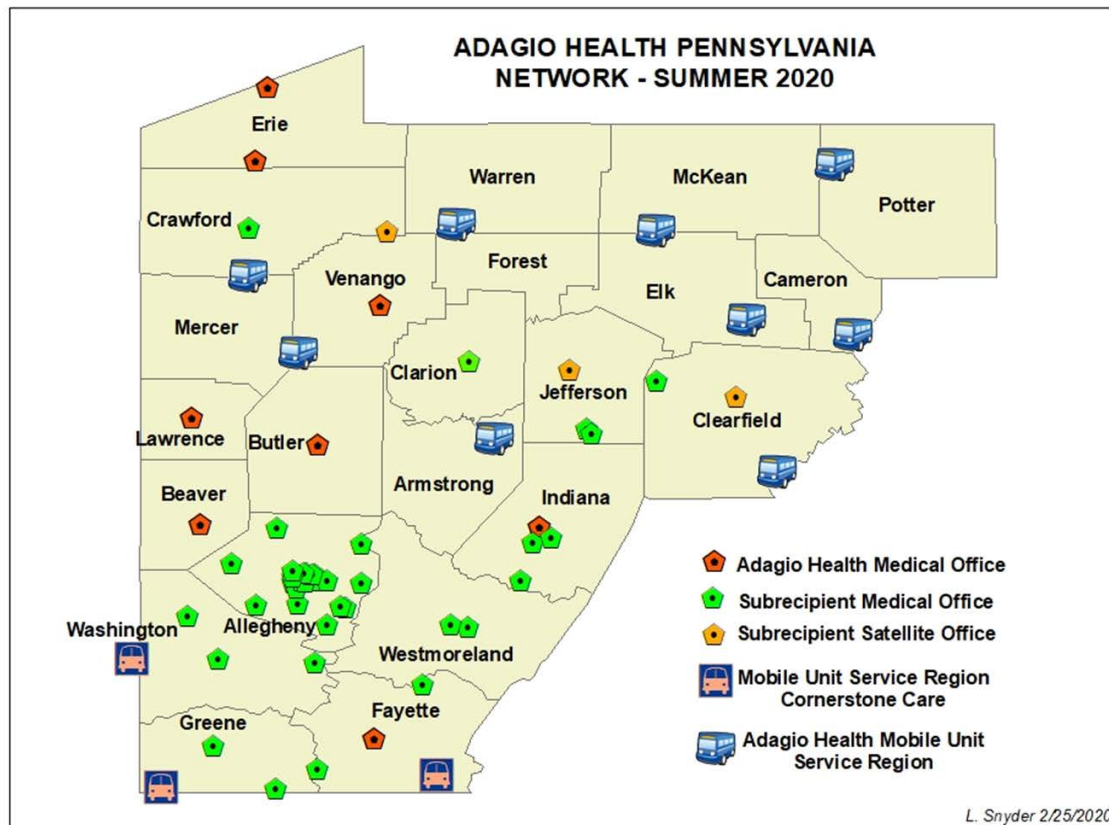
A Successful Partnership Leads the Way...

WEST VIRGINIA

- Barriers & Challenges
- Demographics & Geography
- Current Demand



Our new access points....



COSTS & CONSIDERATIONS



UNIT +
STORAGE +
INSURANCE +
FUEL +
R&M ...

MOBILE MEDICAL UNIT

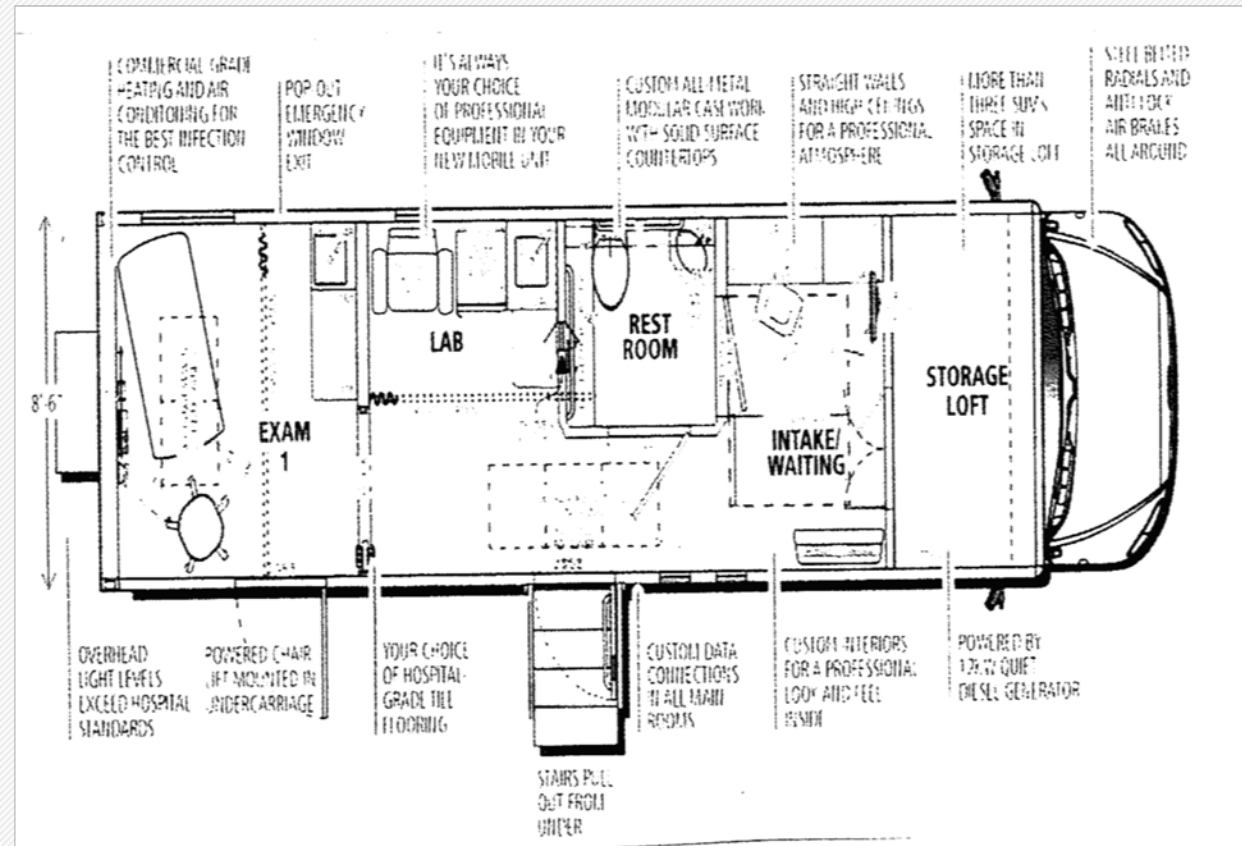
- Mobile Unit
 - \$277,000 - \$450,000+
- Storage Facility
- Insurance Costs
 - Estimates in the \$15 - \$20K range
- Estimated Fuel Costs
 - 29,000 – 36,000 miles/year



What are your priorities?

- Exam rooms
- Bathrooms
- Waiting area
- Storage

IT ALL ADDS UP – weight is important



STAFFING MODELS

- West Virginia model
- Pennsylvania model
- Coordination

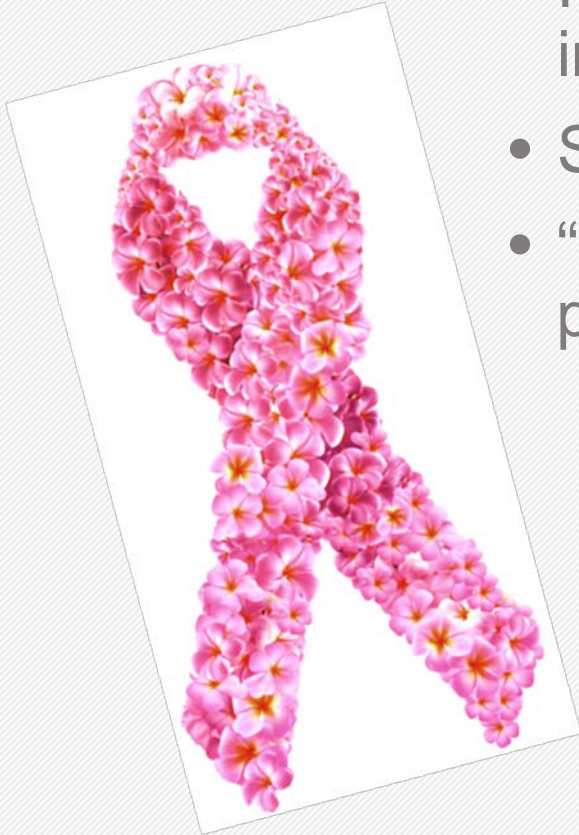


The icing on the cake....



Where are we heading?

- Full family planning exams, including LARCs
- Special screenings
- “Pop-Up” clinics for special populations



VETERANS HEALTH



SUSTAINABILITY....

- Average operational cost - \$429,000 / year
- Adagio Health projections – 1,152 clinical hours / year
- Conservative 2 visits / hour
- Average visit reimbursements of \$200-\$225

Stories from the road

Natalie Crouse, NP-C, MSN

All Aboard Options

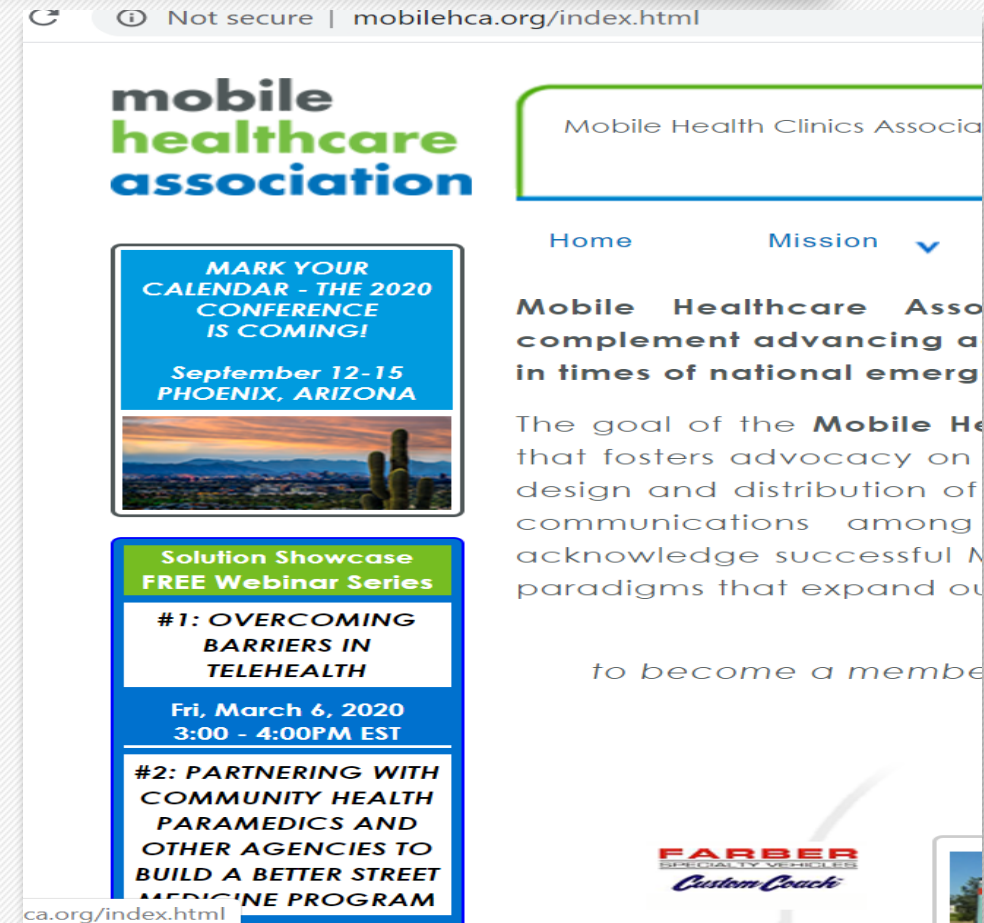
- ☐ Mammography
- ☐ Dental
- ☐ Optometry
- ☐ Screenings
- ☐ Family Planning
- ☒ Family Practice – Challenging
- ☐ Occupational Services
- ☐ Fee-for-Service
- ☐ Clinics



Get Involved – MHCA \$245 annually

- ☐ Learn trusted models
- ☐ Discover lessons learned
- ☐ Take away practice details
- ☐ <http://www.mobilehca.org/index.html>

* Don't reinvent the wheel



Get Organized

- ☐ Plan
- ☐ Budget
- ☐ IT
- ☐ Staff
- ☐ Phone
- ☐ Marketing
- ☐ Community Partnerships
- ☐ Search Unmet Needs
- ☐ Be accessible
- ☒ Think beyond you!





Understand the Tunnel

Living, shopping, visiting, staffing?

Roll With It – Event day

- ☐ Buy-In
- ☐ Connect
- ☐ Engage
- ☐ Best Laid Plans
- ☐ But





Someone Has to Care

Sometimes,
scrap
traditional
methods
Startup?
Think
grassroots



Helpful language – Booking

Call or email for appt.

Book online. **Walk-ins okay**

Medical office on wheels

We see uninsured, underinsured

To schedule the unit, XXXXX

Helpful language – Services/Referrals

Tx for brief illness

Chronic follow-up **script refill**

Lab services

School, work, sports physicals

CDL physicals – revenue @ truck stops

Family planning (pregnancy testing, birth control, STD screen and tx)

Some Rx assistance – No drugs kept on unit

Referrals for :

Relief of pain

Mental health

SUDS

Helpful language – Successful visit

Name of last doctor

Insurance card

Uninsured? Proof of income (paystub, tax return)

List of medication

Know your allergies

Know your last pharmacy used

Contact and **next of kin**

Reliable method of contact

Successful road trips

- ❑ Domestic violence shelters
- ❑ Missions
- ❑ Food pantry distribution days
- ❑ Telemarketing centers
- ❑ Resorts
- ❑ Oil and gas meetings sites
- ❑ Coal mines
- ❑ MAT distribution sites



Mobile Medical Unit

Legacy of commitment to the underserved



Mobile Culture

Cultural Warfare

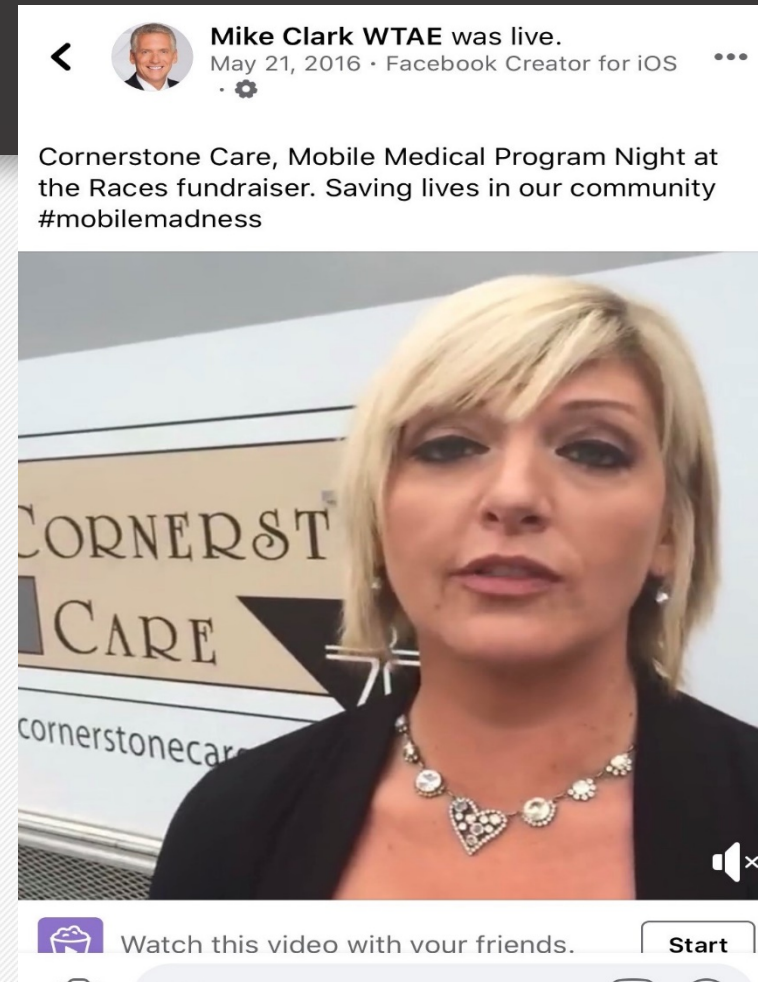
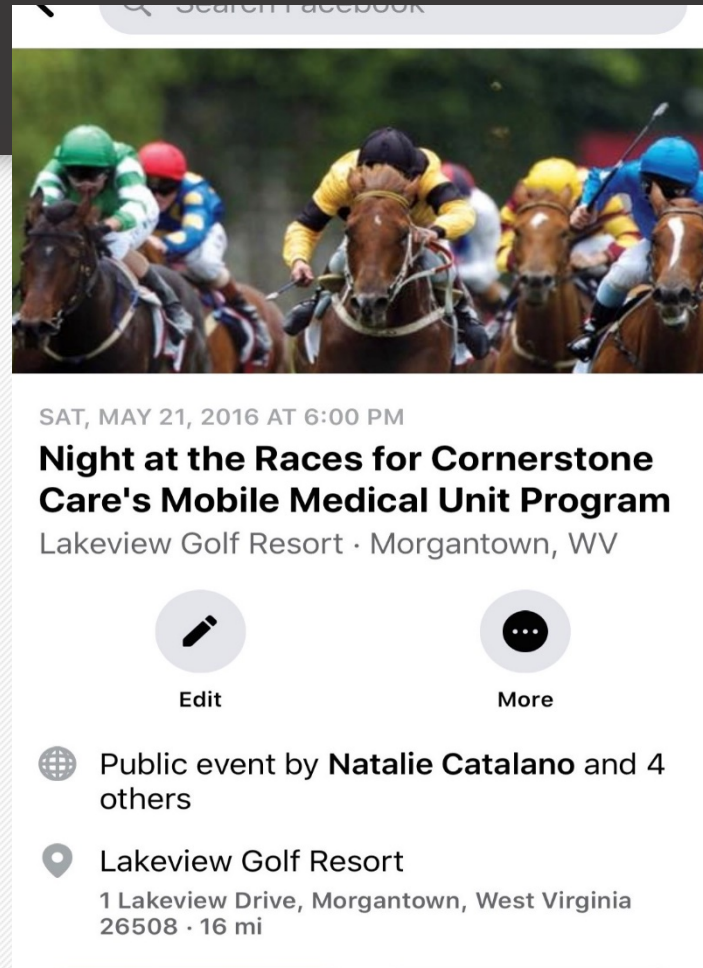
- Attitude
- Ego
- Opinion
- Religion
- Politics

Humility

- Balanced view
- Help, encourage, serve & care for others
- Putting aside personal preferences
- Servant-minded
- Treat people with respect, care, concern, regardless of status

Outreach

- ☐ Testimonials
- ☐ Experiences
- ☐ Stakeholders
- ☐ Community leaders
- ☐ Media



<https://www.facebook.com/MikeClarkWTAE/videos/1047181248706300/>

Engaging the community

Continue the Legacy

Thank you for
your interest 😊



REFERENCES

- MOBILE HEALTH MAP

www.mobilehealthmap.org

- MOBILE HEALTHCARE ASSOCIATION

www.mobilehca.org

Q&A



THANK YOU



Deikner@NFPRHA.org



202-631-9896

National
Family Planning
& Reproductive Health Association