

INTEGRATE CARE WITHIN CORRECTIONAL FACILITIES AND SUBSTANCE USE DISORDER TREATMENT SERVICES

ASTHO, with support from CDC, the Centers for Medicare and Medicaid Services, and the HHS Office of Population Affairs, formed the Increasing Access to Contraception (IAC) Learning Community. This project comprises 27 states and territories and aims to disseminate strategies and best practices for implementing policies and programs leading to increased access to a full range of contraceptive options.

Women in correctional facilities and women with substance use disorders experience challenges identifying and accessing effective reproductive and contraceptive care, including:



Lack of informed consent due to drug or alcohol impairment.



Scheduling and costs for referral visits.



Difficulty confirming follow-up appointments.

Several states are addressing these challenges with **comprehensive care** strategies.





We work closely with the city jail and the county prison in terms of family planning access, and they are providing long-acting reversible contraception (LARC) at the main jail [if requested during counseling]...at intake, whether it's a medical reason they need a LARC, or upon being discharged."

—IAC participant on working with the state's correctional facilities to provide LARC



INCREASING ACCESS TO CONTRACEPTION FOR WOMEN IN CORRECTIONAL FACILITIES OR RECEIVING TREATMENT FOR SUBSTANCE USE DISORDERS: BARRIERS AND STRATEGIES

BARRIER



Some correctional facilities are covered by separate healthcare systems or contracted-out medical providers, making it difficult to know what (if any) contraceptive options are available.



Difficulty following up with women who attend substance use treatment programs who are then referred elsewhere for reproductive and contraceptive services.



Women who are actively using substances may be impaired at the time of their reproductive healthcare appointment and unable to provide informed consent for contraception.

STRATEGY

Working with the department of corrections to provide **holistic reproductive healthcare** for women in correctional facilities.

Working with groups who already **engaged with specific populations**, such as the health department's substance misuse division, and integrating family planning into existing treatment or interventions.

Providing **group education** to women in drug court and making later appointments for women who are interested in receiving contraception, including LARC.

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