Behavioral Health Services for Sexual and Gender Minority Adults: Where Data and Practice Intersect

June 29, 2017
National Council for Behavioral Health

Guest Speakers:
Brian Altman, J.D. (SAMHSA)
Jane Powers, MSW, LICSW (Fenway Health)
Christian Huygen, Ph.D. (Rainbow Heights Club)
Chris Kerr, M.Ed., LPC (Montrose Center)
Webinar Logistics

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Welcome & Introduction

Tom Hill, MSW
Vice President, Addictions and Recovery
National Council for Behavioral Health
Brian Altman, J.D., currently serves as both the Director of the Division of Policy Innovation and the Acting Director of Legislation at the Substance Abuse and Mental Health Services Administration (SAMHSA). As the DPI Director, Altman helps drive policy innovation in the field of behavioral health and provides counsel on major initiatives such as the agency’s budget and strategic priorities. Altman also helps develop appropriate responses to policy inquiries from the Department of Health and Human Services, other federal agencies, the White House and external stakeholders. Altman also helps lead SAMHSA’s efforts related to regulatory affairs, and the intersection of behavioral health with LGBT and aging populations.
Jane Powers, MSW, LICSW
Fenway Health – Boston, MA

Jane Powers, MSW, LICSW, is the Director of Behavioral Health at Fenway Health. She oversees a staff of more than 70 therapists, social workers, addictions specialists, and LGBT violence prevention experts. Jane has a clinical background in child, adolescent, and family therapy; her small panel now includes clients of all age groups. In 2016-17, Jane was part of a 5 person faculty in a year-long national ECHO online learning community, Transforming LGBT Health in Primary Care.
Christian Huygen, Ph.D.
Rainbow Heights Club - Brooklyn, NY

Christian Huygen, Ph.D. is a clinical psychologist. For 15 years he has served as the executive director of Rainbow Heights Club, a psychosocial support agency for LGBT adults living with serious mental illness. 90% of the clients stay free of hospitalization each year. Dr. Huygen organized three conferences on LGBT affirming behavioral health services, and developed a training program for mainstream care providers. The curriculum has been focus-group tested, and has been presented to thousands of individuals who work at 350 agencies, clinics, hospitals and residences.
Chris Kerr, M.Ed., LPC, is the clinical director of the Montrose Center, a non-profit, community-based out-patient behavioral health center targeting the gay, lesbian, bisexual and transgender (LGBT) community. He has worked at the Montrose Center for eighteen years serving the LGBT community of Houston specializing in LGBT, coming out, chemical dependency, HIV, Sexual Violence, and elder issues counseling.
Sexual Minority Data from the National Survey on Drug Use and Health

Brian Altman, J.D.
Director, Division of Policy Innovation
LGBT Policy Lead
Office of Policy, Planning, and Innovation

National Council
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Research suggests that sexual minorities are at greater risk for SU/MH issues compared to heterosexuals.

In 2013, NSDUH pilot tested sexual orientation questions.

In 2015, NSDUH added 2 sexual orientation questions: 1) Sexual identity and 2) Sexual attraction to the full survey.

National Survey on Drug Use and Health (NSDUH)

- Primary source of statistical information on illegal drug use, alcohol use, substance use disorders, and mental health issues
- Civilian, non-institutionalized population, aged 12 or older
- Population includes the following groups:
  - People in households (including civilians in households on military bases)
  - People in non-institutional group quarters (e.g., dormitories, boarding houses, homeless shelters)
  - People in the National Guard or military reserves (if not on active military duty)
- Sample includes all 50 states and DC
Limitations

- This report presents only the first findings-with a single year of data.

- Multiple years of data will allow for the analysis of a broader range of SU and MH topics, more detailed analysis across sexual minority subgroups, and track changes over time.

- NSDUH SOGI redesign meeting included discussion of future inclusion of GI data as well as data for 12-18 age group.
Sexual Attraction and Identity

- 4.3 percent of adults aged 18 or older in 2015 identified as a sexual minority
  - 1.8% identified as lesbian or gay and 2.5% as bisexual
Illicit Drug Use

- Sexual minority adults were more likely than sexual majority adults to be past year users of any illicit drug and of all 10 categories of illicit drugs.
Substance Use Disorder

- Sexual minority adults were more likely than sexual majority adults to have disorders related to their use of alcohol, use or misuse of illicit drugs, use of marijuana, or misuse of pain relievers.
• Sexual minority adults were more likely than their sexual majority counterparts to need SU treatment.
• Among who needed SU treatment, sexual minority adults were more likely than their counterparts to receive SU treatment at a specialty facility.
Any Mental Illness

• Sexual minority adults were more likely than sexual majority adults to have any mental illness (AMI), serious mental illness (SMI), and AMI excluding SMI in the past year.
• Sexual minority adults with AMI were more likely to receive mental health services than their counterparts in the past year.
Conclusions

• Overall, LGB adults have higher prevalence of SU/MH than heterosexual adults.

• In particular, sexual minority adults were more likely to use illicit drugs in the past year, to be current cigarette smokers, and to be current alcohol drinkers compared with their counterparts.

• Sexual minority adults were more likely than sexual majority adults to have mental illness in the past year.

However, sexual minority adults were significantly more likely than sexual majority adults to receive needed treatment for mental illness and substance use disorders.
Fenway Health’s Work in Behavioral Health with LGBTQ people

M. Jane Powers, LICSW
Director of Behavioral Health
June 29, 2017
FENWAY HEALTH

- Founded in 1971: healthcare is a right, not a privilege
- Federally Qualified Health Center
- 30,000 primary care patients
- 3 locations
- Half of patients identify as LGBTQ (including over 2,000 trans* pts.)
- Half of staff identify as LGBTQ
- The Fenway Institute: research, training, policy
- HIV prevention, outreach, case management (merger with AIDS Action Committee)
SERVICES OFFERED

- Individual, couples, family and group therapy
- Addiction Recovery & Wellness Program
  - Detox Acupuncture
  - Daily recovery skills groups
  - Suboxone program
- Psychiatry/Psychopharmacology
- Violence Recovery Program
- Integrated BH in Primary Care
- Training the next generation of LGBTQ competent BH clinicians
HEALTH DISPARITIES

- LGBT youth are 2 to 3 times more likely to attempt suicide.
- LGBT youth are more likely to be homeless.
- Lesbian women are less likely to receive preventive cancer screenings.
- Gay men are at higher risk of HIV and other STDs, especially Black and Latino gay men.
- Lesbian and bisexual women are more likely to be overweight or obese.
- Transgender people have a high prevalence of HIV/STDs, violence victimization, mental health issues, and suicide, and are less likely to have health insurance than non-transgender people.
- Older LGBT people face additional barriers to health because of isolation and a lack of social services and culturally competent providers.
- LGBT populations have disproportionately high prevalence of tobacco, alcohol, and other substance use.
**NATIONAL LGBT HEALTH AND EDUCATION CENTER**

- Educational programs, resources, and consultation to health care organizations with the goal of optimizing quality, cost-effective health care for lesbian, gay, bisexual, and transgender (LGBT) people
- HRSA supports the Ed. Center in its focus on CHC’s across the country
- Work with cities/municipalities (NYC, Cambridge)
- ECHO
- Currently developing measures to demonstrate the positive impact of training and link between LGBT cultural competency and improved health outcomes
RIGHT ABOUT NOW…

• High demand for BH services
• Research is “showing positive health effects of social policies that affirm and protect the equality of the LGBT community, and those positive benefits extend beyond LGBT individuals to the general population”
• SOGI advocacy (with HRSA, with EMR’s, within field of health research)
WHAT YOU CAN DO!

• Ask about sexual orientation and gender identity

• Include LGBT books, brochures, posters, and “LGBTQ ally” or rainbow stickers in offices, waiting rooms, etc.

• Increase your organization’s LGBTQ cultural competency: free webinars & publications at https://www.lgbthealtheducation.org/
Data Collection and LGBTQ Affirming Services

Christian Huygen, Ph.D.
Executive Director
Rainbow Heights Club
Rainbow Heights Club

• Psychosocial support
• Peer specialists
• Community
• Recovery
• Training
• Advocacy for affirming services and data collection
• Ongoing monitoring and evaluation of our own performance outcomes
90%

• How do I know that?
• How do we achieve that?
• What does knowing that allow me to do?
What our data lets us do:

• Ongoing contracts with the city and the state
• PCS starting in 2013
• MHARS since 2015
• Statewide coalition of public agency SO/GI data collection in New York State’s DOH, OCFS, OMH, NYSOFA, and the correctional system
• Making this population and its needs visible
• Train thousands of individuals from hundreds of agencies in New York City, improving the care that people receive
Why should your agency provide LGBTQ affirming services?
Why should your agency collect its own performance outcome data?
Why should your agency advocate for SO/GI data collection in your city and state?
Summary

Follow-up questions:

christianhuygen@rainbowheights.org
718 852 5212
Thank you!
MISSION

“Empowering LGBT Houston”

The Montrose Center empowers our community–primarily lesbian, gay, bisexual and transgender (LGBT) individuals and their families–to enjoy healthier, more fulfilling lives.

VISION

We envision a healthier society marked by permanent, positive changes in attitudes and behaviors toward the LGBT communities, and the ability of all LGBT individuals to realize their fullest potential.
1978

HISTORY

Grass roots effort to provide safe, affirming counseling for the “gay community.”

Joint Commission accredited for Behavioral Health
- mental health
- addiction
- case management
Program Evolution
Identify the need, implement a program
Think outside the box

* Counseling
* Adult Substance Use Disorder treatment
* HIV counseling, case management, prevention, education, testing
* Anti-violence services
* Same-sex domestic violence shelter
* LGBTQ youth services, Hatch, Safe Zones
* SPRY senior services, congregate meal
* Behavioral health/primary care INTEGRATION
* Lesbian Health Initiative
* Recovery coaches
* Community Center
* Re-entry (HIV)
* LGBTQ Youth rapid re-housing
* Certified Community Behavioral Health Clinic
* Affordable LGBT-affirming senior housing
Make those services accessible and affordable

* Sliding scale
* Licensed clinical staff
* MCR, MCD, insurance
* Grants DSHS, Ryan White, SAMHSA, HEI, VOCA, VAWA, SAPCS, RSS, HUD, Re-entry, AAA, HOPWA, Rapid Re-housing
* Groups—peer led, grant supported groups, community support groups
* Texas--no Medicaid expansion, Affordable Care Act in jeopardy
* CCBHC
* Safety net
Services beyond the 4 walls of the counseling room
A cultural/paradigm shift:
A continuum of treatment services for integrated, holistic health

* Community center
* social programs,
* behavioral activation,
* ending isolation (curative, portals to other services)
* senior congregate meal and social programming,
* LGBTQ teen support group (Hatch),
* rapid re-housing for LGBTQ youth 18-26,
* space for 12-step programs
* many other community groups,
* Wellness programs, e.g., yoga, meditation, walking group
Services beyond the 4 walls of the counseling room
A cultural/paradigm shift:
A continuum of treatment services for integrated, holistic health

* Peer support groups with trained and supported peer facilitators
* coming out support group
* coming out over age 40
* transgender support group
* polyamory support group
* seniors and seniors of color support group.
Services beyond the 4 walls of the counseling room
A cultural/paradigm shift:
A continuum of treatment services for integrated, holistic health

* Traditional individual, family, group psychotherapy, case management with a licensed counselor or social worker
* Primary care, including psychiatry (collocated Legacy Community Health, a FQHC primary care and gender clinic)
Advocacy
Beyond the building:
On behalf of our LGBT clients and the LGBT community

* SOGIE—cultural competency and a revolutionary activity
* Peer outreach workers (Indigenous leader Model)
* Proactively connect with the LGBTQ community
* Overt in communicating that you are LGBT affirming and competent
* Community activism and advocacy, e.g., LGBT HPD liaison, training for police cadets and officers, Mayor’s LGBTQ Advisory Committee, space for community activism to happen,
Community gathering and healing, e.g., Pulse night club vigil, upcoming HPD town hall on building trust

Training to Raise the level of LGBTQ cultural competency of all service providers

Context is everything—Minority stress, historical oppression and trauma, how the community and environment effects or clients.

Red State Anxiety disorder 😊

LGBTQ research: PRIDEnet, Caring and Aging with Pride, Montrose research Institute

Connecting to other LGBTQ programs and community centers around the country, e.g., Center Link
Closing Thoughts

* Addressing the behavioral health needs of the LGBTQ community holistically and inside and outside the box
* There is still a need for LGBTQ focused community centers, behavioral health centers, primary care centers
* There is still a need for LGBTQ focused programing
* Déjà vu “It’s 1978 all over again!”
* Given the negative political climate in our state and federal government . . .
* Given the threats to our basic behavioral health and primary care . . .
* We may have to depend on ourselves
www.montrosecenter.org

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Questions?
Thank you!

- A PDF handout of today’s slides is attached as a handout on this webinar
- A recording will be available on the National Council Webinars homepage within 48 hours
- Please fill out the post-webinar evaluation that will pop up on your screen

Further questions/comments? Email TomH@thenationalcouncil.org