



***SAMHSA-HRSA
Center for Integrated
Health Solutions***

**Resources for Culturally
Appropriate Integrated Services
for LGBT Individuals**

July 16, 2014



SAMHSA-HRSA Center for Integrated Health Solutions

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www.Integration.samhsa.gov

under About Us/Webinars



SAMHSA-HRSA Center for Integrated Health Solutions



**Adam D Swanson, MPP
(webinar moderator)**

Policy Associate

National Council for Behavioral Health





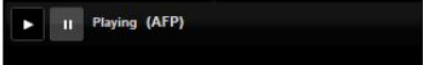

Twitter: @AdamDSwanson

E-mail: AdamS@thenationalcouncil.org

Before We Begin

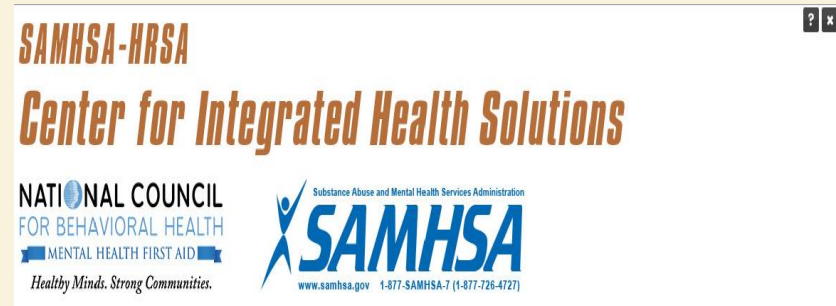
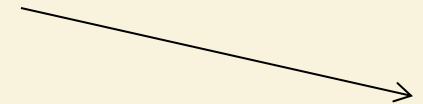
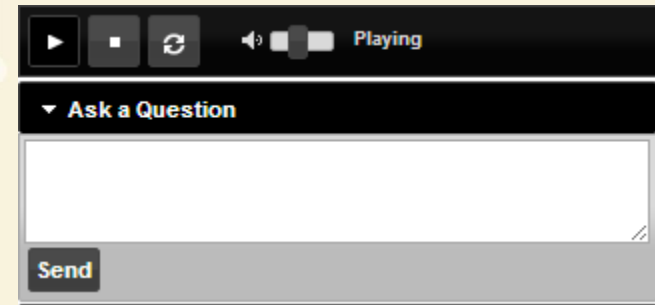
- During today's presentation, your slides will be automatically synchronized with the audio, so you will not need to flip any slides to follow along. You will listen to audio through your computer speakers so please ensure they are on and the volume is up.
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▼ Test my system now

Operating System	 Passed	Windows 7 Your operating system is ready to go!
Browser	 Passed	Google Chrome 33 Your browser is ready to go!
Bandwidth	 Passed	Your connection speed is approximately: 4,513 Kbps Your current bandwidth connection is ready to go!
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Slide Display Test	 Passed	Your system is ready to go!
Advanced Info	User Agent: Mozilla/5.0 (Windows NT 6.1; WOW64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/33.0.1750.117 Safari/537.36 Tech info: Windows 7 Google Chrome 33 BW: 4,513 Kbps AFP v.12.0.0 WMP v.Not installed or disabled IP: 98.141.87.70 RSA: 173.228.128.167 Screen Res: 1920 x 1080 Compatibility Mode Enabled: NA Cookies Enabled: Yes Click here for the advanced system test Time: Thu Feb 27 16:23:17 GMT+00:00 2014	

Before We Begin

- Submit questions to the speakers at any time during the presentation by typing a question into the “Ask a Question” box in the lower left portion of your player.
- If you need technical assistance, please click on the Question Mark button in the upper right corner of your player to see a list of **Frequently Asked Questions** and contact info for tech support if needed.
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Toll Free: **888-204-5477** or
Toll: **402-875-9835**



Today's purpose: Integrated primary care and behavioral health providers can create culturally appropriate, highly accessible integrated care to members of the lesbian, gay, bisexual, and transgender (LGBT) community with behavioral health conditions. Today's CIHS and CDC National Behavioral Health Network for Tobacco & Cancer Control webinar will cover ways to evaluate current organizational barriers to accessing care, strategies for reducing these barriers, and actionable steps for implementing culturally appropriate services. Review how to internally evaluate your agency's services, and leave with an understanding of best practices and resources to increase engagement efforts with the LGBT community.

During today's webinar we will:

- ✓ **Review** the common chronic health conditions experienced by LGBT individuals.
- ✓ **Examine** efforts in the healthcare industry to improve and expand services available to LGBT persons.
- ✓ **Highlight** organizational best practice, leadership considerations, and next steps.

Today's Speakers

- **Adam D Swanson, MPP (moderator)**
Policy Associate, National Council for Behavioral Health
- **Scout, Ph.D.**
*Director, Network for LGBT Health Equity at CenterLink:
The Community of LGBT Centers*
- **Harvey Makadon, MD**
*Director, National LGBT Health Education Center |
Professor of Medicine, Harvard Medical School*
- **Andrea Washington, LCSW-S**
SUD & Integrated Care Coordinator, Montrose Center



SAMHSA-HRSA Center for Integrated Health Solutions



Network for LGBT Health Equity at
CenterLink: The Community of LGBT Centers

Presented By:

Scout, Ph.D.

Director, Network for LGBT Health Equity at CenterLink: The Community of LGBT Centers



Twitter: **@scoutout**
E-mail: **scout@lgbtcenters.org**

LGBT Health Disparities

Access to Health

Access to health care and health insurance

■ Heterosexual ■ LGB ■ Transgender

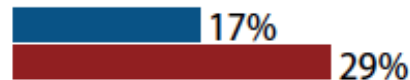
Health Disparity #1: Heterosexual adults are more likely to have health insurance coverage.⁵

% of adults with health insurance



Health Disparity #2: LGB adults are more likely to delay or not seek medical care.⁶

% of adults delaying or not seeking health care



Krehely J. How to Close the LGBT Disparities Gap. Center for American Progress. 2009.

<http://www.americanprogress.org/issues/lgbt/report/2009/12/21/7048/how-to-close-the-lgbt-health-disparities-gap/>

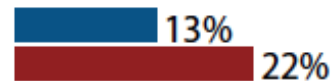
Access to Health

Access to health care and health insurance

■ Heterosexual ■ LGB ■ Transgender

Health Disparity #3: LGB adults are more likely to delay or not get needed prescription medicine.⁷

% of adults delaying or not getting prescriptions



Health Disparity #4: LGB adults are more likely to receive health care services in emergency rooms.⁸

% of adults receiving ER care



Physical Health

Impact of societal biases on physical health and well-being

■ Heterosexual ■ LGB ■ Transgender

Health Disparity #5: Heterosexual adults are more likely to report having excellent or very good overall health.

% of adults reporting excellent or very good health



Health Disparity #6: Lesbian and bisexual women are less likely to receive mammograms.

% of women receiving a mammogram in past 2 years



Physical Health

Impact of societal biases on physical health and well-being

■ Heterosexual ■ LGB ■ Transgender

Health Disparity #7: LGB adults are more likely to have cancer.

% of adults ever diagnosed with cancer



Health Disparity #8: LGB youth are more likely to be threatened or injured with a weapon in school.

% of youth threatened or injured with a weapon



Physical Health

Impact of societal biases on physical health and well-being

■ Heterosexual ■ LGB ■ Transgender

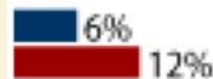
Health Disparity #9: LGB youth are more likely to be in physical fights that require medical treatment.

% of youth in a physical fight requiring medical treatment



Health Disparity #10: LGB youth are more likely to be overweight.

% of youth who are overweight



Mental Health

Impact of societal biases on mental health and well-being

■ Heterosexual ■ LGB ■ Transgender

Health Disparity #11: LGB adults are more likely to experience psychological distress.

% of adults experiencing psychological distress in past year



Health Disparity #12: LGB adults are more likely to need medication for emotional health issues.

% of adults needing medication for mental health



Mental Health

Impact of societal biases on mental health and well-being

■ Heterosexual ■ LGB ■ Transgender

Health Disparity #13: Transgender adults are much more likely to have suicide ideation.

% of adults reporting suicide ideation



Health Disparity #14: LGB youth are much more likely to attempt suicide.

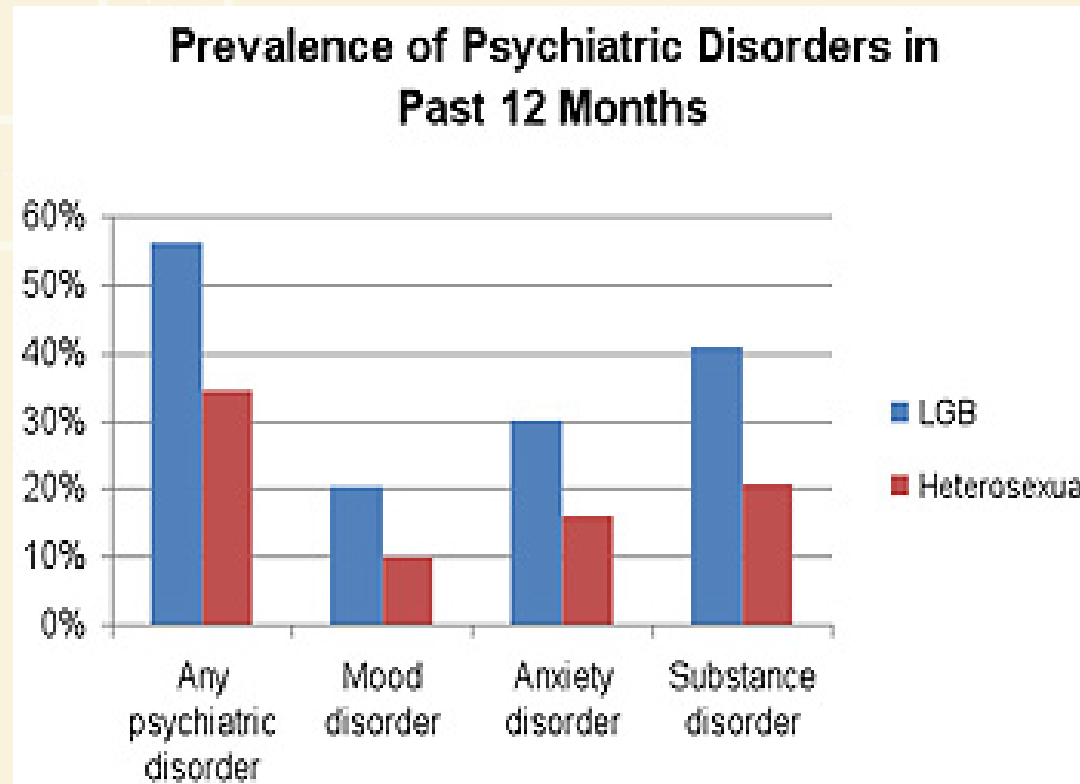
% of youth reporting suicide attempts



Discrimination isn't healthy

- LGB respondents in states without protective policies were 5X more likely than those in other states to have 2 or more mental disorders.
- LGB people who had experienced “prejudice-related major life events” were 3x more likely to have suffered a serious physical health problem over the next year than others.
- Lesbians/gays who were in physical fights or were physically assaulted had higher odds of being current smokers than their counterparts who did not experience those stressors.

Mental Health



Courtesy of the Center for Population Research in LGBT Health at The Fenway Institute

Alcohol



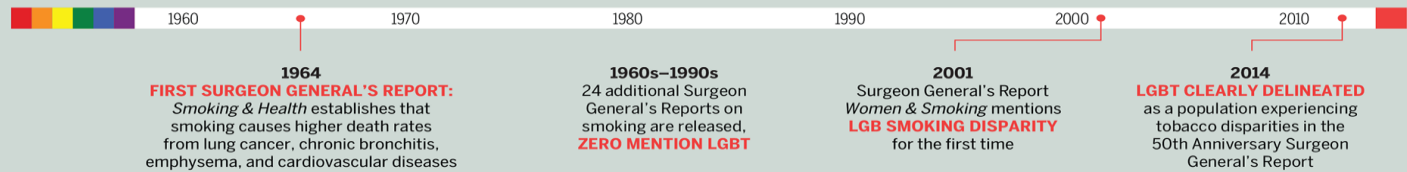
According to the 2013 National Health Interview Survey:

- ◆ 35.1% of lesbians & gays
- ◆ 41.5% bisexuals
- ◆ 26% of straight respondents

Had 5 or more drinks in a day in last year.

Smoking

IT'S TIME FOR SMOKING TO COME OUT OF THE CLOSET



SMOKING IS THE LGBT COMMUNITY'S BIGGEST HEALTH BURDEN

\$7.9 billion

Estimated annual LGBT money spent on cigarettes

20% U.S. Population

33% LGBT Population

LGBT people smoke cigarettes at rates that are **68% HIGHER** than the rest of the population.

LIFE-YEARS LOST

12.3 vs **5.1**

smokers with HIV vs non-smokers with HIV

For citations and references, please visit <http://bit.ly/SGR50LGBT>

Smoking

LGBT tobacco disparities have been established by a series of studies over several decades.

The studies consistently show LGBT smoking prevalence is 35-200% higher than the general population.

New general population data show LGBT people smoke cigarettes at rates 68% higher than others.

Smoking

2.3 Million LGBT people are smoking in the U.S.
today

Estimated over 1 million LGBT people will die
early from smoking

Yet despite being our largest health burden,
most of us don't even understand we
smoke more.

LGBT Youth

Highly rejected young LGBT were

- **8x** more likely to have attempted suicide
- **6x** more likely to have serious depression
- **3x** greater risk for HIV and STD' s

Than LGBT youth with accepting families.

Family Acceptance Project: <http://familyproject.sfsu.edu/staff>.

SAMHSA's Resource Guide related to family acceptance: <http://store.samhsa.gov/product/A-Practitioner-s-Resource-Guide-Helping-Families-to-Support-Their-LGBT-Children/PEP14-LGBTKIDS>.

Post-Windsor, SAMHSA definition of family: <http://beta.samhsa.gov/grants/grants-management/policies-regulations>.

Discrimination in Medical Care

- According to National Transgender Discrimination Survey:
 - One in five transgender people report being turned away from a medical provider for being trans.
 - 28% were subjected to harassment in medical settings
 - 50% of the sample reported having to teach their medical providers about transgender care

Discrimination in Medical Care

- LGBT people routinely report avoiding health care when they can't find a welcoming doctor
- According to 2013 NHIS: 72.5% of bisexuals had a usual place to go for medical care v. 81% of straight respondents.
- Recent survey from National LGBT Cancer Network demonstrated LGBT cancer survivor's extremely poor experiences with medical providers
- While the world may be more accepting now, everyone carries their lifetimes' worth of experiences around with them.

How many people are affected?

There are an estimated minimum of 9 million LGBT persons in the U.S.

This is roughly equivalent to the population of the state of New Jersey

LGBT people are found in all Congressional districts in the U.S.

The number of LGBT people generally even across racial and ethnic groups.

Courtesy Williams Institute



Question: Is it legal to fire someone for being LGBT?

Current State Nondiscrimination Laws

Courtesy of the National Gay and Lesbian Task Force, as of May 21, 2014

Current State Nondiscrimination laws	# of States	Name of States
Banned discrimination based on sexual orientation & gender identity (LGBT)	19	CA, CO, CT, DC, DE, HI, IA, IL, MD, NJ, NM, MA, ME, MN, NV, OR, RI, WA, VT
Banned discrimination based on sexual orientation (LGB)	3	NH, NY, WI
<u>Have NOT</u> banned discrimination for LGBT	28	AK, AL, AR, AZ, FL, GA, ID, KS, KY, LA, MO, OK, UT, MI, MS, MT, NC, ND, NE, OH, PA, SC, SD, TN, TX, VA, WV, WY

Current State Nondiscrimination Laws

- People can still be fired in the U.S. for identifying as LGBT.
- **22** states have protections in place to prevent discrimination either for LGB or LGBT populations.
- Non-employment poses a potential barrier to getting coverage and accessing care.

OUT 2
ENROLL

To learn more about healthcare coverage resources for LGBT populations, visit www.Out2Enroll.org

**What are your patients/clients
bringing to the table?**

Do they have reason to trust you?

Resources

Our blog: <http://blog.lgbthealthequity.org/>



the network for
LGBTHEALTH EQUITY
a program of CENTERLINK

Linking People and Information

Proud
The Co

HOME ABOUT THE NETWORK ABOUT US CONTACT MPOWERED – RELEASED #SALUDLGBT 20

BLOGGING SCHOLARSHIP ANNOUNCEMENT- LGBTI HEALTH RESEARCH CONFERENCE, AUG.7-9 2014

Posted on July 11, 2014 by The Network for LGBT Health Equity



BLOGGING SCHOLARSHIP ANNOUNCEMENT- LGBTI Health Research Conference 2014
Cleveland, Ohio
August 7th- 9th, 2014

Resources

- Weekly LGBT Wellness Roundup in Huffington Post - <http://www.huffingtonpost.com/news/lgbt-wellness/>
- Direct training for health providers & policy makers looking to improve LGBT integration
- Best practices for LGBT tobacco care
- LGBT tobacco posters & quit guides
- [Forthcoming] LGBT Communities Cancer Action Plan
- Direct policy resources for LGBT providers to integrate wellness



SAMHSA-HRSA Center for Integrated Health Solutions



National LGBT Health Education Center
The Fenway Institute

Presented By:

Harvey Makadon, MD

*Director, National LGBT Health
Education Center , The Fenway
Institute*

*Professor of Medicine, Harvard
Medical School*





NATIONAL LGBT HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE



THE NATIONAL LGBT HEALTH EDUCATION CENTER: Improving Access to Quality Care For LGBT People

Harvey J Makadon, MD

WHO WE ARE

The National LGBT Health Education Center offers educational programs, resources, and consultation to health care organizations with the goal of providing affirmative, high quality, cost-effective health care for lesbian, gay, bisexual, and transgender (LGBT) people.

- HRSA (BPHC) National Cooperative Agreement
 - Training and Technical Assistance for Health Centers
- Grand Rounds for Faculty, Staff, and Trainees
- Focused Workshops on Critical Issues
- Consultation on Creating Strategic Change
- Resources and Publications

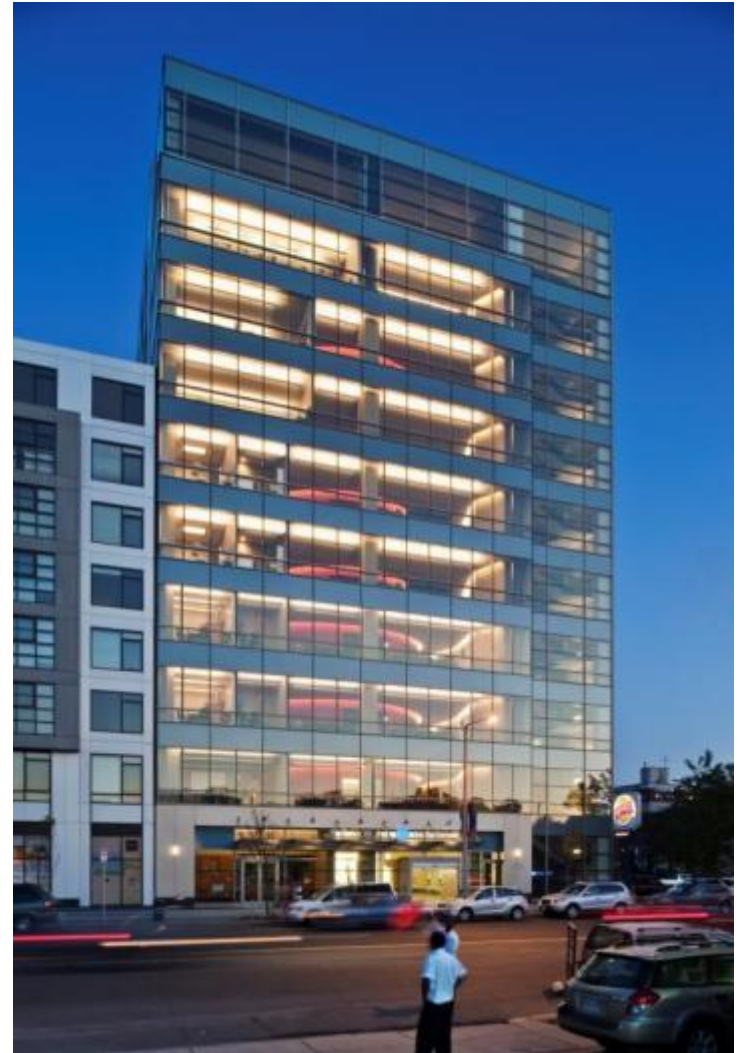
OUR ROOTS

Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBT community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research and advocacy
- Integrated primary care model, including HIV services and behavioral health

The Fenway Institute

- Research, Education, Policy



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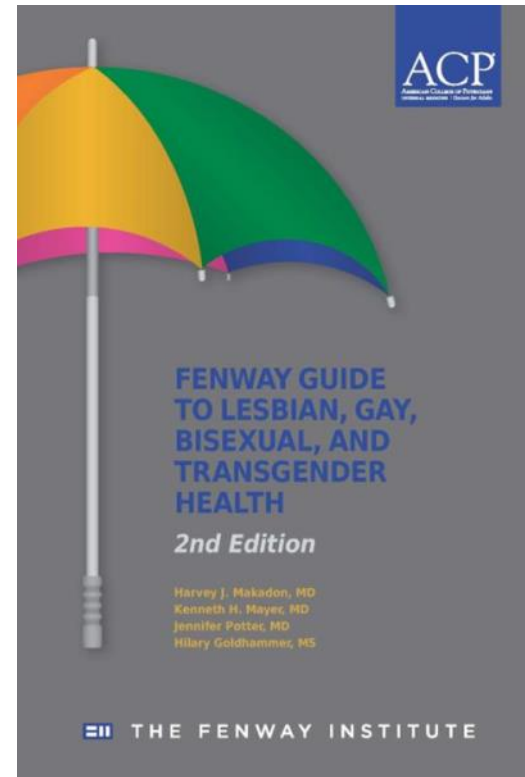
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OUR BEGINNING AND OUR FUTURE

2008



2014

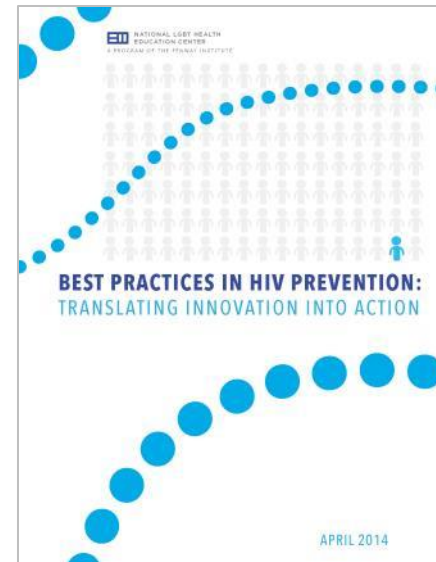


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OUR CORE PROGRAMS

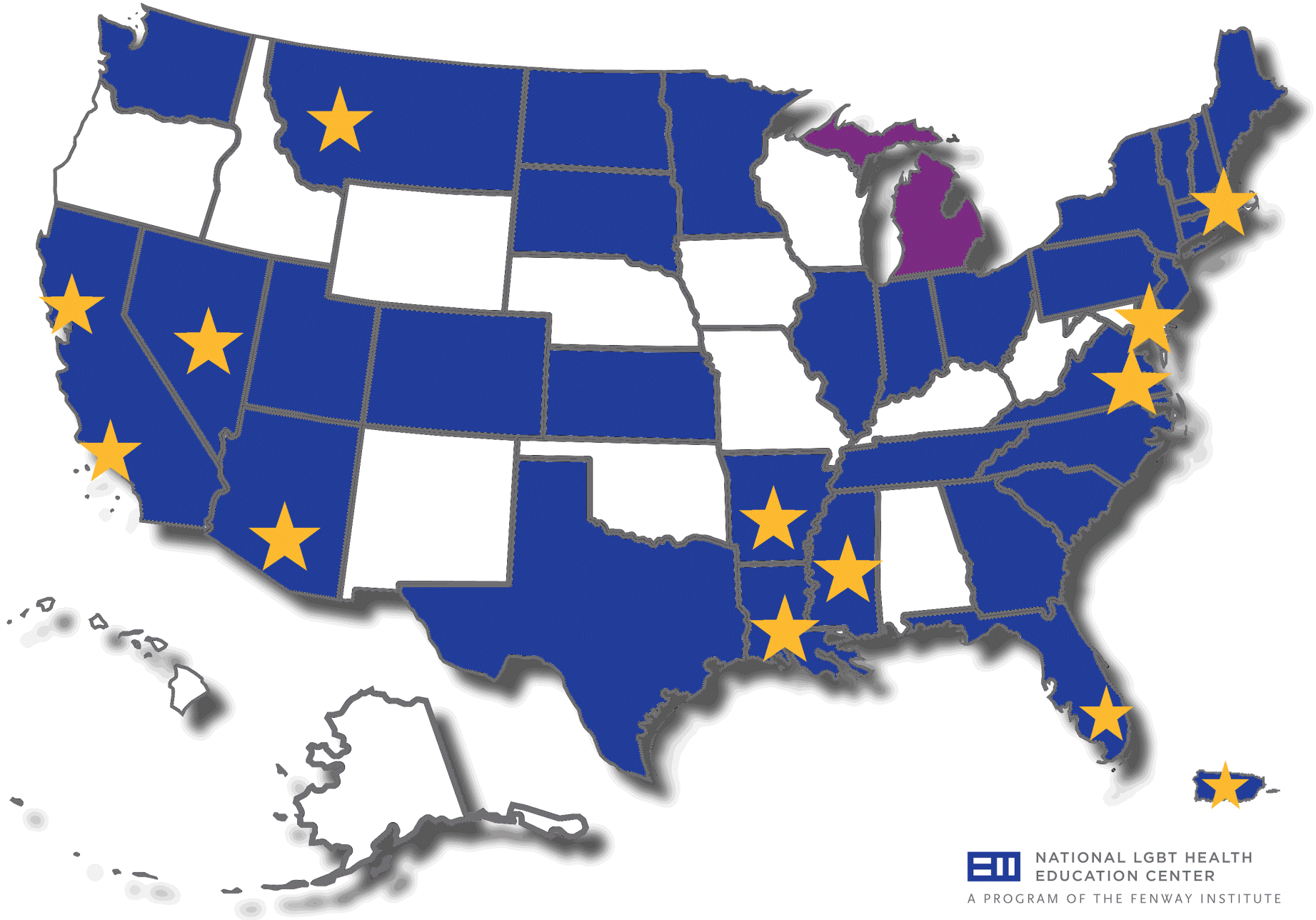
- Live Workshops
- Webinars with free CME/CEU credits
- Grand Rounds
- Publications
 - The Fenway Guide- Second Edition
 - Clinical and Policy Briefs
 - Training Guides
- Website www.lgbthealtheducation.org
 - On-Demand Webinars
 - Learning Modules, Online Courses
 - Links to Suggested Resources



NATIONAL ADVISORY BOARD AND FACULTY



NATIONAL REACH



NATIONAL LGBT HEALTH
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GRAND ROUNDS



Cleveland Clinic



VANDERBILT



Baylor College of Medicine



UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES



EINSTEIN

Albert Einstein
College of Medicine
OF YESHIVA UNIVERSITY

MAYO
CLINIC



North Shore LIJ Staten Island
University Hospital



EINSTEIN

Albert Einstein
College of Medicine
OF YESHIVA UNIVERSITY



Bellevue
Hospital
Center

BOSTON
MEDICAL
CENTER

EXCEPTIONAL CARE. WITHOUT EXCEPTION.



BOSTON HEALTH CARE for
the HOMELESS PROGRAM



UNIVERSITY of
ROCHESTER



UNC
HEALTH CARE



Bronx-Lebanon
Hospital Center



CEDARS-SINAI



Winchester Hospital

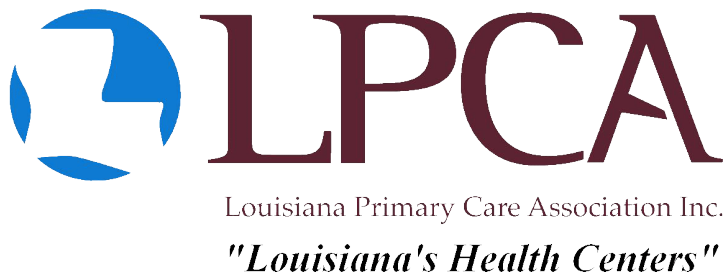
Advancing Health. Advancing Care.



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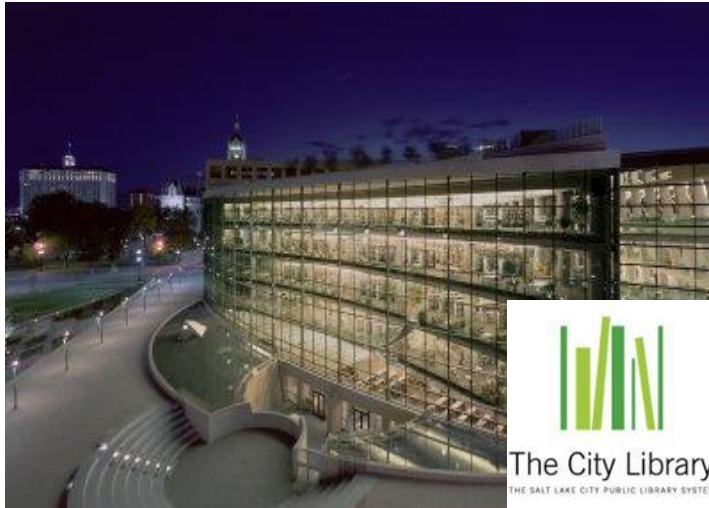
COLLABORATIONS: PRIMARY CARE ASSOCIATIONS



COLLABORATIONS WITH NATIONAL CENTERS OF EXCELLENCE



REGIONAL PROGRAMS





JACKSON, MISSISSIPPI

Open Arms Health Care Center Grand Opening

PROGRAMS IN LITTLE ROCK, ARKANSAS

- University-wide Grand Rounds at the University of Arkansas for Medical Sciences
- HIV Prevention training at the Arkansas Department of Health
- Department of Family Practice Grand Rounds at UAMS
- Primary Care Conference 2014



REGIONAL EFFORTS: PUERTO RICO

- Introduction to Asociación de Salud Primaria through BPHC in early 2012 at NACHC P&I
- Presentation at annual meeting of Asociación de Salud Primaria in September 2012
- Presentation at 4th Public Health Conference of Puerto Rico, Spring 2013



REGIONAL EFFORTS: PUERTO RICO

- Collaboration with Carmen M. Velez-Vega at HealthProMed Health Center on EHR and LGBT Issues
- Administering readiness assessment of Health Centers in collaboration with La Escuela Graduada de Salud Pública de la Universidad de Puerto Rico and Asociación de Salud Primaria



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PIEDMONT HEALTH, NC: LGBT AFFIRMATIVE CARE IN A MAINSTREAM HEALTH CENTER



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WEBINAR SERIES

- Hosted over 25 Webinars since October 2012
- Over 2,000 participants to date
- All webinars available “on-demand” on our website for free CME/CEU credit
- LGBT Health... ¡En Español!



Carlos E. Rodríguez- Díaz and Carmen M Velez-Vega present
“Calidad de cuidado para lesbianas, gays, bisexuales, transgéneros y transeuales: Eliminando la invisibilidad y las disparidades en salud”

WEBINAR SERIES: FEATURED TOPICS

- Introduction to LGBT health
- Older adults
- Youth
- Families
- Lesbian health
- Bisexual health
- HIV prevention: screening, PEP and PrEP, outreach
- Transgender care: introductory to advanced
- Migrant farmworkers
- Sexual health
- STI prevention, treatment
- Anal HPV and cancer
- Substance use
- Mental health
- LGBT workforce



PUBLICATIONS

Do Ask, Do Tell

Let your provider know if you are LGBT. Your provider will welcome the conversation. **Start today!**

NATIONAL LGBT HEALTH EDUCATION CENTER
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Pregunte y dígalos:
Hable con su proveedor de atención médica sobre ser LGBT

Do Ask, Do Tell:
Talking to your health care provider about being LGBT

TAKING ROUTINE HISTORIES OF SEXUAL HEALTH:
A System-Wide Approach for Health Centers

April 2013

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A PROGRAM OF THE FENWAY INSTITUTE NATIONAL ASSOCIATION OF
Equality Health Centers

POLICY FOCUS:
Asking Patients Questions about Sexual Orientation and Gender Identity in Clinical Settings
A Study in Four Health Centers

THE FENWAY INSTITUTE Center for American Progress

Affirmative Care for Transgender and Gender Non-Conforming People: Best Practices for Front-line Health Care Staff

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BEST PRACTICES IN HIV PREVENTION:
TRANSLATING INNOVATION INTO ACTION

APRIL 2014

NATIONAL LGBT HEALTH EDUCATION CENTER
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EMERGING CLINICAL ISSUE:
HEPATITIS C INFECTION IN HIV-INFECTED MEN WHO HAVE SEX WITH MEN

JUNE 2012

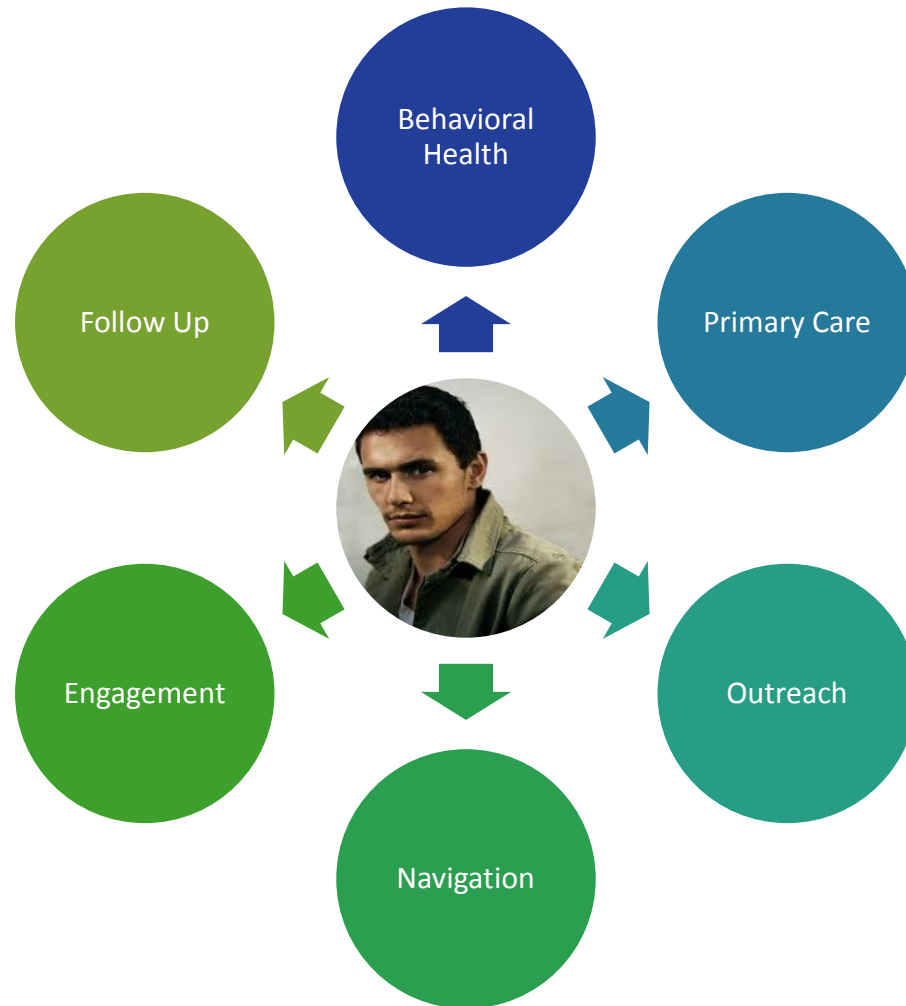
NATIONAL LGBT HEALTH EDUCATION CENTER
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OPTIMIZING LGBT HEALTH UNDER THE AFFORDABLE CARE ACT:
Strategies for Health Centers

November 2013

NATIONAL LGBT HEALTH EDUCATION CENTER
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INTEGRATED CARE MODEL



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INTEGRATED CARE EXAM MODULE

Exam 1
RN

Exam 7
NP/PA

Exam 2
MD

Exam 6
MD

Exam 3
NP/PA

Exam 5
LICSW

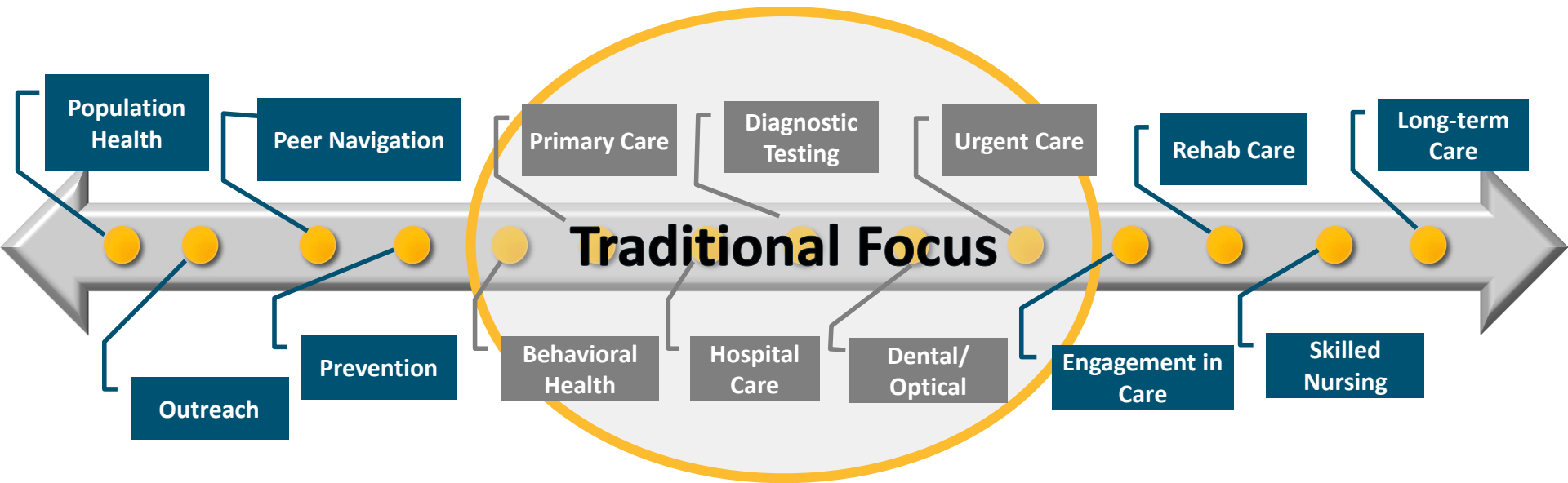
Exam 4
Psych



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EXPANDING THE CARE CONTINUUM TO OPTIMIZE INTEGRATION OF SERVICES: THE BIG PICTURE



EFFECTIVE INTEGRATED SCREENING, PREVENTION AND CARE IN HEALTH CENTERS

- Comprehensive Care
 - Outreach and linkage to care and treatment at the same center
 - Integrating medical and behavioral health
- Patient-Centered
 - Addressing stigma and homophobia in healthcare
 - Understanding the social determinants of health and relevant needs of clients/patients
- Coordinated Care
 - Case management to ensure linkage to/retention in care
 - Linkage of high-risk individuals for HIV prevention, follow up
- Quality and Safety
 - Collecting information on SO/GI in the EMR
 - Electronic decision support for HIV testing, warnings about medication interactions, adherence





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WE ARE HERE TO HELP YOU!



Adrianna Sicari, Hilary Goldhammer, Harvey Makadon

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 lgbthealtheducation@fenwayhealth.org

 617.927.6354



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Montrose Center

Presented By:

Andrea Washington, LCSW-S

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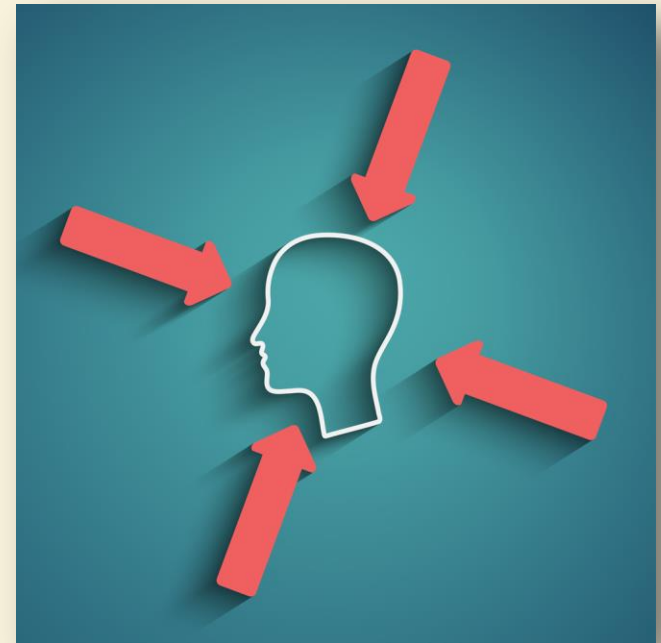


Some Appropriate Terminology

- **Heterosexual**
- **Gender**
- **Gender identity**
- **Gender expression (or presentation)**
- **Sexuality**
- **Sexual orientation**
- **Gay**
- **Lesbian**
- **Bisexual**
- **Transgender**
 - **FTM**
 - **MTF**
- **Bigender**

Role of Leadership in Cultural Competency

Leadership: Leaders must clearly articulate a organization's commitment to meet the unique needs of its patients, and establish an organizational culture that values effective communication, cultural competence, and patient- and family-centered care.



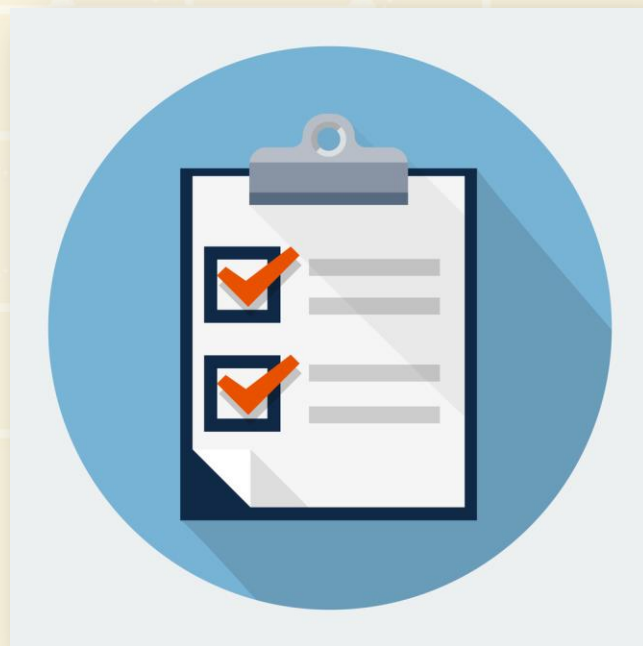
Steps Towards Cultural Competency Leadership

1. **Adopt** a nondiscrimination policy.
2. **Develop** patients' right to identify.
3. **Incorporate** a broad definition of *family* consistent with the law.
4. **Monitor** organizational efforts to provide culturally competent care.
5. **Identify** an individual leader who will be accountable .
6. **Support** champions with special expertise and experience.

Steps Towards a Welcoming & Inclusive Environment

- **Prominently post** nondiscrimination policy or patient bill of rights.
- **Waiting rooms** and common areas should reflect and be inclusive of LGBT individuals and their families.
- **Create and designate** sex-neutral or single-stall restrooms.
- **Refrain** from making assumptions based on appearance.
- **Facilitate disclosure** of sexual orientation and gender identity.
 - Note: Disclosure or “coming out”* is an *individual* process.

Other Considerations: Welcoming & Inclusive Environment



- **Documentation & forms**
- **Language**
- **Listen & reflect**
- **Become familiar with resources**
- **Seek information**

Workforce Cultural Competence

- **Ensure** equitable treatment and inclusion for LGBT employees.
- **Demonstrate** commitment to LGBT equity in recruitment and hiring.
- **Incorporate** LGBT patient care information employee and staff training.
- **Commemorate** LGBT events
 - Pride Month; National Coming Out Day; AIDS awareness

SUD Treatment Considerations

Degree of “out”-ness

- Completely out; personal life only; family; work.
- Fear of being outed.

Familial considerations

- Of origin, of choice, & families they have developed (i.e. children of LGBT clients):
 - Whether they are out.
 - Level of acceptance of sexual orientation or gender identity.
 - History of abuse directly related to orientation or identify.
 - Inclusion of family of choice in patient’s treatment.

SUD Treatment Considerations

- **Provide** a safe, non-judgmental environment for individuals to share openly about addiction history.
 - Applicable to both individual & group therapy settings.
- **Sensitively manage** experiences of intolerance, and how it impacts their current beliefs and engagement.
- **Be aware** of internalized homophobia and shame, especially regarding sex during their addiction.

SUD Treatment Considerations

Connect with the greater recovery community:

- Sponsor/sponsee relationships.
 - Ally-sponsors
- Find alternate recreation & leisure activities.
- Encourage a sober life – new people, places and things.



Panel Discussion

Given the research available on the health consequences of institutional sexual orientation and gender discrimination, what steps should providers take to ensure their services do not re-trigger traumatic experiences?

Panel Discussion

How does the Affordable Care Act affect LGBT individuals, their families, and caregivers?

Panel Discussion

What factors should providers consider when working with LGBT sub-populations (i.e. transition age-youth, minorities, seniors, etc.)?

Panel Discussion

How does an organization address stigma or negative attitudes/beliefs about LGBT individuals among staff?

How could an employee in a non-leadership or decision-making role help implement more compassionate attitudes within the organization?

Resources

- SAMHSA's "A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children"
 - <http://store.samhsa.gov/product/PEP14-LGBTKIDS>
- The Fenway Institute's, "National LGBT Health Education Center"
 - www.lgbthealtheducation.org
- Network for LGBT Health Equity at CenterLink
 - www.lgbtcenters.org/programs.aspx



A PRACTITIONER'S RESOURCE GUIDE:
**Helping Families
to Support Their
LGBT Children**



Resources: SAMHSA's LGBT Training Curricula for Behavioral Health & Primary Care Practitioners

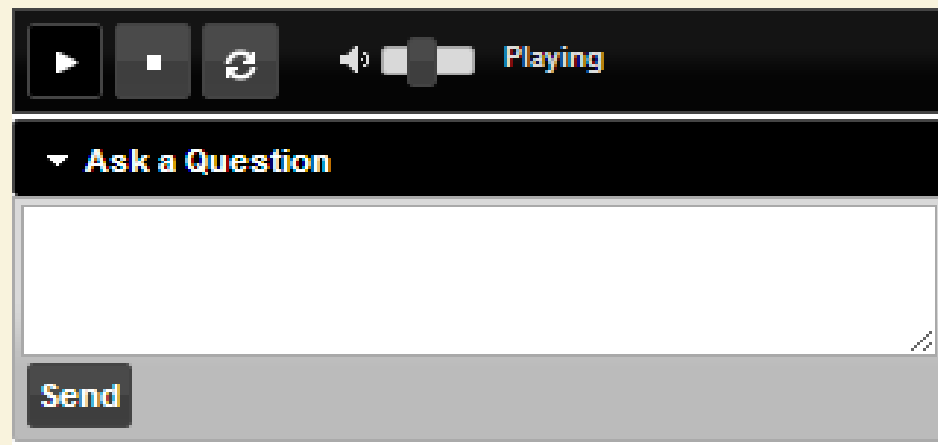
- ✓ “A Provider’s Introduction to Substance Use Treatment for LGBT Individuals: Training Curriculum”
- ✓ “Effective Communication Tools for Health Professionals”
- ✓ “HIV/AIDS and Substance Use Disorders in Ethnic Minority Men Who Have Sex with Men (MSM)”
- ✓ “National LGBT Health Education Center Continuing Education”
- ✓ “Nurses HEAL Elders Curriculum”
- ✓ “Removing the Barriers (RTB)”

<http://beta.samhsa.gov/behavioral-health-equity/lgbt/curricula>

Questions?

You may submit questions by typing a question into the “Ask a Question” box in the lower left portion of your player.

If you require further assistance, you can contact the Technical Support Center. Toll Free: **888-204-5477** or Toll: **402-875-9835**



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Additional Questions?
Contact the SAMHSA-HRSA Center for
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More Information & Resources

Visit www.integration.samhsa.gov or
e-mail integration@thenationalcouncil.org

Making Integrated Care Work CONTACT US: 202.684.7457

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CIHS promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in behavioral health or primary care provider settings.

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Thank you for joining us.

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