The Webinar will begin promptly at 12pm
Due to the number of participants, you will be automatically placed on mute as you join to ensure good quality sound. If you would like to comment or ask a question,
please use the "chat feature"

Send your questions to the host via the chat window in the Zoom meeting.

Q+A will open at the end of the presentation.

Follow-up questions?

Contact

Samantha Di Paola
sdipaola@healthmanagement.com

![Integrated Care DC — A learning community for District of Columbia Medicaid providers]

LGBTQ+ CULTURAL COMPETENCY TRAINING PART 2

PRESENTED BY:
Nora Carreras, MPA
Kevin Waldorf-Cruz, DSW, LICSW, LCSW-C

Tuesday,
June 6, 2023
12:00 pm – 1:00 pm ET

Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the U.S. Department of Health and Human Services (HHS). A total of $3,500,365, or 81 percent, of the project is financed with federal funds, and $810,022, or 19 percent, is funded by non-federal sources. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, HHS or the U.S. Government.

![DHCF Department of Health Care Finance logo] ![HMA logo]

WHAT IS INTEGRATED CARE DC?

INTEGRATED CARE DC
A learning community for District of Columbia Medicaid providers

» Integrated Care DC enhances Medicaid providers' capacity to deliver whole-person care for the physical, behavioral health, substance use disorder, and social needs of beneficiaries.

» The technical assistance program is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH).

To improve care and outcomes, the program focuses on three practice transformation core competencies:

1 Deliver **patient-centered care** across the care continuum

2 Use **population health analytics** to address complex needs

3 Engage **leadership** to support person-centered, value-based care

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>> Integrated Care DC will help ensure you have the infrastructure, knowledge, and tools you need to deliver high-value care.

>> Our coaching team includes primary care, psychiatric, addiction medicine, and behavioral health clinicians with deep expertise in integrated care models.

>> Educational credit (CE/CME) is offered at no cost to attendees for live webinars.

>> All DC Medicaid providers are eligible.

Practice Coaching

Peer Learning

Partnership Building

Technical Assistance for DC Medicaid Providers

On-Demand Resources

Webinars

Health IT/ Health Information Exchange

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Are you receiving our Integrated Care DC Newsletters?

Check your inbox on the 1st and 3rd Tuesday for the Monthly Newsletter and the Mid-Month Update.

Got ideas?

Take this short survey to share suggestions and requests for trainings. www.integratedcaredc.com/survey

INTEGRATED CARE DC
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Nora Carreras, MPA
Health Management Associates
Subject Matter Expert
ncarreras@healthmanagement.com

Dr. Kevin Waldorf-Cruz, LICSW, LCSW-C
Whitman-Walker
Manager of BH Education & Training
KWaldorfCruz@whitman-walker.org

Faculty	Elizabeth Wolff, MD, MPA CME Reviewer	Shelly Virva, LCSW, FNAP / Muriel Kramer, LCSW, FNAP CE Reviewer	Nora Carreras, MPA Presenter	Dr. Kevin Waldorf-Cruz, LICSW, LCSW-C Presenter
Company	No financial disclosures	No financial disclosures	No financial disclosures	No financial disclosures
Nature of relationship	N/A	N/A	N/A	N/A

All content has been developed and reviewed by Health Management Associates, Inc. (HMA).
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>> To earn CE credit, social workers must log in at the scheduled time, attend the entire course and complete an online course evaluation. To verify your attendance, please be sure to log in from an individual account and link your participant ID to your audio.

>> The American Academy of Family Physicians (AAFP) has reviewed Integrated Care DC Webinar Series and deemed it acceptable for AAFP credit. Term of approval is from 01/31/023 to 01/30/2024. Physicians should claim only the credit commensurate with the extent of their participation in the activity. This session is approved for 1.0 Online Only, Live AAFP Prescribed credits.

>> **If you would like to receive CE/CME credit, the online evaluation will need to be completed.** You will receive a link to the evaluation shortly after this webinar.

>> Certificates of completion will be emailed within 10–12 business days of course completion.

LGBTQ+ Cultural Competency Training Part 2

>> Welcome and Program Announcements

>> Review of LGBTQ+ Key Terminology

>> Sexual Orientation and/or Gender Identity and Expression (SOGIE) and Health History Data Collection Best Practices

>> Impact of Discriminatory Practices

>> Practical Strategies to Foster Equity for LGBTQ+ patients

>> Closing Remarks

All content was created and delivered by HMA.

LGBTQ+ CULTURAL COMPETENCY TRAINING PART 2

1. Demonstrate and employ various methods and processes to collect and utilize SOGIE and health history data to improve care for individuals who identify as LGBTQ+.

2. Describe best practices utilized by providers to gather, store, and use SOGIE data.

3. Recognize and explain the impact of discriminatory practices and develop practical strategies to prevent and address these practices.

4. Discuss proven provider practices to address bias and improve clinical environments for patients who identify as LGBTQ+.

Photo by Burst on Unsplash

Lesbian

Gay

Bisexual

Transgender

Queer or Questioning

Intersex

Ally or Asexual

+ All the other ways that people identify

Photo by University of Central Florida (UCF)

All content was created and delivered by HMA.

» Create a Team

- Staff members who demonstrate commitment and enthusiasm for increasing LGBTQIA+ cultural responsiveness

- Include representatives of
  - Administrative and clinical departments
  - Staff from senior management
  - Health information technology (HIT)
  - Medical
  - Front desk/registration departments
  - LGBTQIA+ staff

Photo Source: Microsoft PPT Public Images

Ready, Set, Go! (2022). National LGBTQIA+ Health Education Center. https://www.lgbtqiahealtheducation.org/wp-content/uploads/2022/05/TFIE-64_Updates2022_ReadySetGo_10_18_22.pdf

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≫ **Sexual Orientation Questions** *(Collected at least annually)*

- Introduction: We are asking the following information in order to understand whom we are serving and to provide you with more patient-centered health care. This information will be entered into your electronic health record.

- **Sexual Orientation**: **Do you think of yourself as:** (Check all that apply) or **Please choose the option that best describes you**. (Currently some system allows only one option.)

  ☐ Lesbian or gay

  ☐ Straight or heterosexual (that is, not gay or lesbian)

  ☐ Bisexual

  ☐ Queer

  ☐ Pansexual

  ☐ Something else: _____
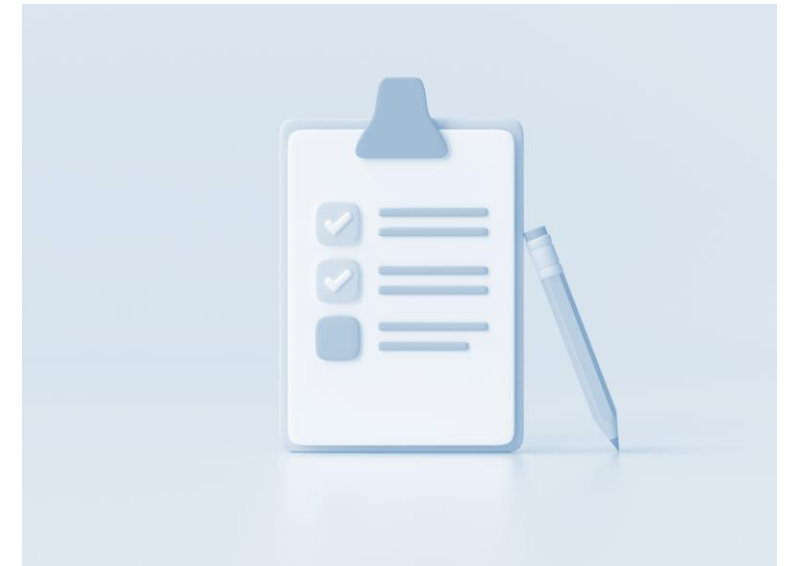
  ☐ Don't know

  ☐ Prefer not to answer

Photo Source: Microsoft PPT Public Images

Ready, Set, Go! (2022). National LGBTQIA+ Health Education Center. https://www.lgbtqiahealtheducation.org/wp-content/uploads/2022/05/TFIE-64_Updates2022_ReadySetGo_10_18_22.pdf

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≫ Gender Identity and Expression

What is your current gender identity? (Check all that apply) or **Please choose the option that best describes you.**
(Currently our system allows only one option.)

☐ Female/woman/girl

☐ Male/man/boy

☐ Nonbinary, genderqueer, or not exclusively female or male

☐ Transgender female/woman/girl

☐ Transgender male/man/boy

☐ Another gender: _____

☐ Don't know

☐ Prefer not to answer

> Consider **providing patients with definitions of SOGIE terms** alongside the SOGIE questions, particularly if they have patients who are unfamiliar with SOGIE terminology.
>
> **Resource: LGBTQIA+ Glossary**
> https://www.lgbtqiahealtheducation.org/wp-content/uploads/2020/02/Glossary-2022.02.22-1.pdf

Ready, Set, Go! (2022). National LGBTQIA+ Health Education Center.
https://www.lgbtqiahealtheducation.org/wp-content/uploads/2022/05/TFIE-64_Updates2022_ReadySetGo_10_18_22.pdf

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» Gender Identity and Expression

Why is this information relevant? What is gender fluidity?

What sex were you assigned at birth, on your original birth certificate? (Check one)

☐ Female

☐ Male

☐ X/Another sex: _____

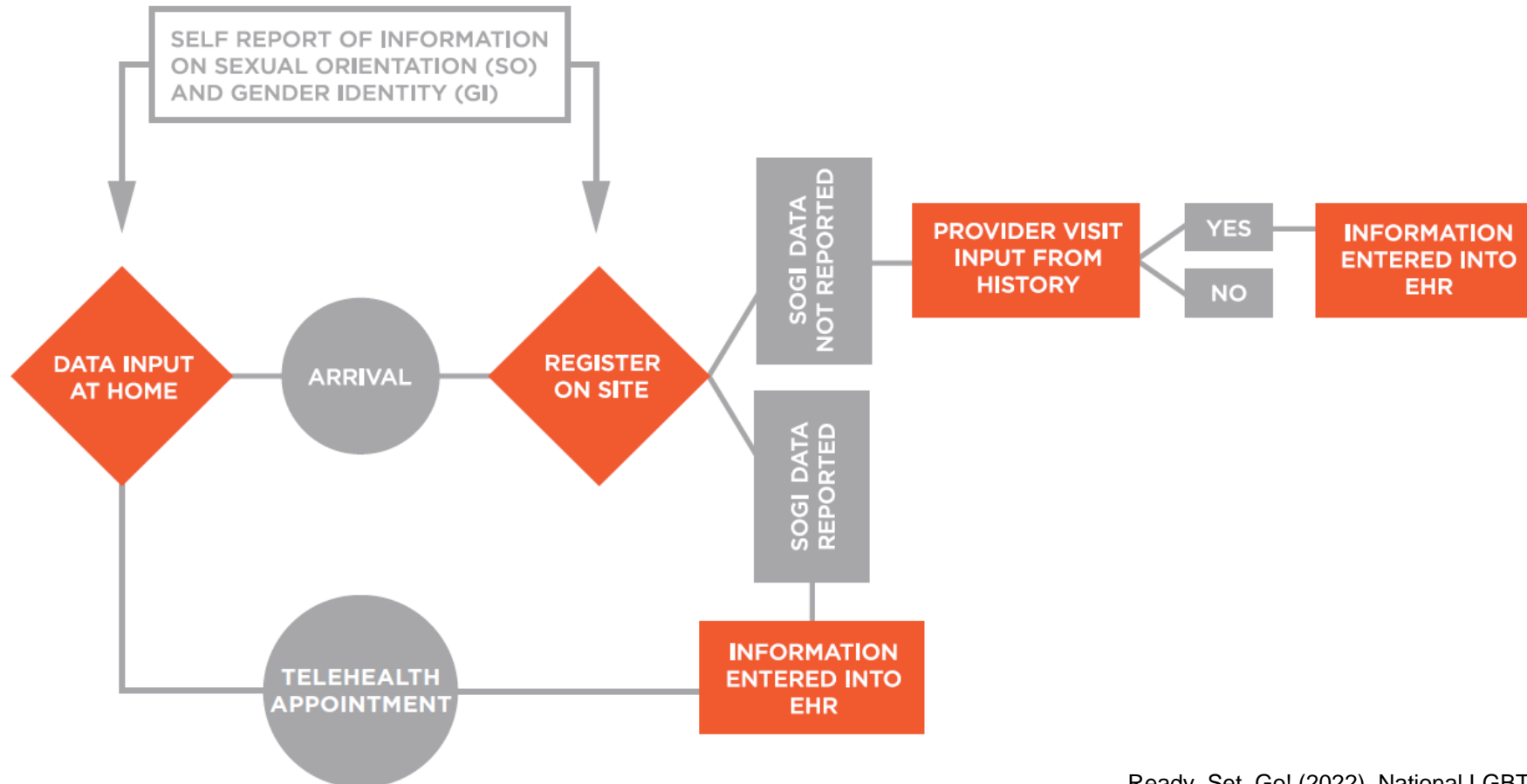☐ Don't know

☐ Prefer not to answer

Additional Resource
Gender Fluidity: What it means and why support matters.
Harvard Health Publishing
https://www.health.harvard.edu/blog/gender-fluidity-what-it-means-and-why-support-matters-2020120321544

Ready, Set, Go! (2022). National LGBTQIA+ Health Education Center.
https://www.lgbtqiahealtheducation.org/wp-content/uploads/2022/05/TFIE-64_Updates2022_ReadySetGo_10_18_22.pdf

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Figure 6: Sample Process of Collecting SOGI Data

Ready, Set, Go! (2022). National LGBTQIA+ Health Education Center.
https://www.lgbtqiahealtheducation.org/wp-content/uploads/2022/05/TFIE-64_Updates2022_ReadySetGo_10_18_22.pdf

Electronic Health Record (EHR) Customization

Customize EHR to accommodate SOGIE data collection workflow and patient population needs.

» Talk to EHR vendor— several vendors have already helped other customers with similar needs.

» Connect with other organizations that use the same EHR and may have already developed solutions.

» When customizing EHR forms, differentiate between the possible reasons why the data may be missing:

- Is it due to the data not being collected/staff is not asking? Or to a patient skipping/refusing to answer?

Ready, Set, Go! (2022). National LGBTQIA+ Health Education Center.
https://www.lgbtqiahealtheducation.org/wp-content/uploads/2022/05/TFIE-64_Updates2022_ReadySetGo_10_18_22.pdf

EHR Customization (Continued)

» **Changes to the EHR that can facilitate patient-centered care:**

- Decide which staff will have permission to enter, modify, or view data

- Ideally, clinical staff will have access to SOGIE information when meeting with patients so they can ask appropriate questions.

- Clinicians should be able to edit the fields in case patients give them new information

- Create fields for name used and pronouns, and ensure staff can see them

» **Creating banners or alerts in the EHR that show a patient's name and pronouns**

Ready, Set, Go! (2022). National LGBTQIA+ Health Education Center. https://www.lgbtqiahealtheducation.org/wp-content/uploads/2022/05/TFIE-64_Updates2022_ReadySetGo_10_18_22.pdf

EHR Customization (Continued)

>> **Additional customizations to consider** (transgender and gender diverse populations focus)

- Adjust mailing systems so that they do not automatically fill in salutations, such as Mr. and Ms. (Use Dear Patient)

- For prescriptions, patient instructions, and chart summaries, etc., develop a way to add name used and pronouns adjacent to the name on the person's insurance. This will help with staff interactions without interfering with insurance claims.

- Create additional forms, such as anatomical inventories, to support clinical decisions based on a patient's anatomy rather than assigned sex at birth or gender identity.

Ready, Set, Go! (2022). National LGBTQIA+ Health Education Center. https://www.lgbtqiahealtheducation.org/wp-content/uploads/2022/05/TFIE-64_Updates2022_ReadySetGo_10_18_22.pdf

>> Aggregate population data on key metrics.

>> Are easy to understand.

>> Identify TGD patients through a cross-check of the gender identity field with the sex assigned at birth field.

>> Suggested metrics for TGD dashboards include:

1. # of new patients

2. # and % of returning patients

3. # of patients by service and provider panel

4. % of patients taking gender-affirming hormones

5. % of patients receiving recommended behavioral health screenings

6. % of patients with common health concerns (including HIV)

Grasso C, Goldhammer H, Thompson J, Keuroghlian AS. Optimizing gender-affirming medical care through anatomical inventories, clinical decision support, and population health management in electronic health record systems. J Am Med Inform Assoc. 2021 Oct 12;28(11):2531-2535. doi: 10.1093/jamia/ocab080. PMID: 34151934; PMCID: PMC8510278.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8510278

Example of an anatomical inventory

. Each data field should link to a corresponding code from the International Statistical Classification of Diseases and Related Health Problems. The format of this anatomical inventory is designed for expansion to accommodate additional variables and emerging health priorities over time.

» **Breasts ☐ Present ☐ Absent**
  - ☐ Chest reconstruction
  - ☐ Bilateral mastectomy
  - ☐ Unilateral mastectomy, R
  - ☐ Unilateral mastectomy, L
  - ☐ Breast augmentation/implants

» **Uterus ☐ Present ☐ Absent**
  - ☐ Hysterectomy—cervix removed
  - ☐ Hysterectomy—cervix remains

» **Ovaries ☐ Present ☐ Absent**
  - ☐ Bilateral salpingo-oophorectomy
  - ☐ Unilateral salpingo-oophorectomy, R
  - ☐ Unilateral salpingo-oophorectomy, L

» **Cervix ☐ Present ☐ Absent**

» **Vagina ☐ Present ☐ Absent**
  - ☐ Colpocleisis—closure of the vagina
  - ☐ Vaginoplasty

» **Penis ☐ Present ☐ Absent**
  - ☐ Phalloplasty/penile implant
  - ☐ Metoidioplasty
  - ☐ Erectile device
  - ☐ Penectomy

» **Testicles ☐ Present ☐ Absent**
  - ☐ Testicular implant(s)
  - ☐ Bilateral orchiectomy
  - ☐ Unilateral orchiectomy, R
  - ☐ Unilateral orchiectomy, L

» **Urethra ☐ Present ☐ Absent**
  - ☐ Urethral lengthening

» **Prostate ☐ Present ☐ Absent**
  - ☐ Prostatectomy

Grasso C, Goldhammer H, Thompson J, Keuroghlian AS. Optimizing gender-affirming medical care through anatomical inventories, clinical decision support, and population health management in electronic health record systems. J Am Med Inform Assoc. 2021 Oct 12;28(11):2531-2535. doi: 10.1093/jamia/ocab080. PMID: 34151934; PMCID: PMC8510278.
www.ncbi.nlm.nih.gov/pmc/articles/PMC8510278

Stigma & Discrimination

The **minority stress model** refers to the conflict between the values of members of a minority group in relation to dominant values within the broader social environment. Predominant social norms stigmatize homosexuality, specially for gay men.

» Stigma and discrimination can:

- Affect access to work, health insurance, and financial stability.

- Make it harder to disclose identity to providers and access health and social supports.

- Increase the risk of adverse health outcomes including HIV acquisition.

- Decrease use of the healthcare system.

- Internalize homonegativity (directing negative social attitudes about homosexuality toward self).

Mental Health Facts for Gay Populations. (2018). American Psychiatric Association.
https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-Gay-Populations.pdf
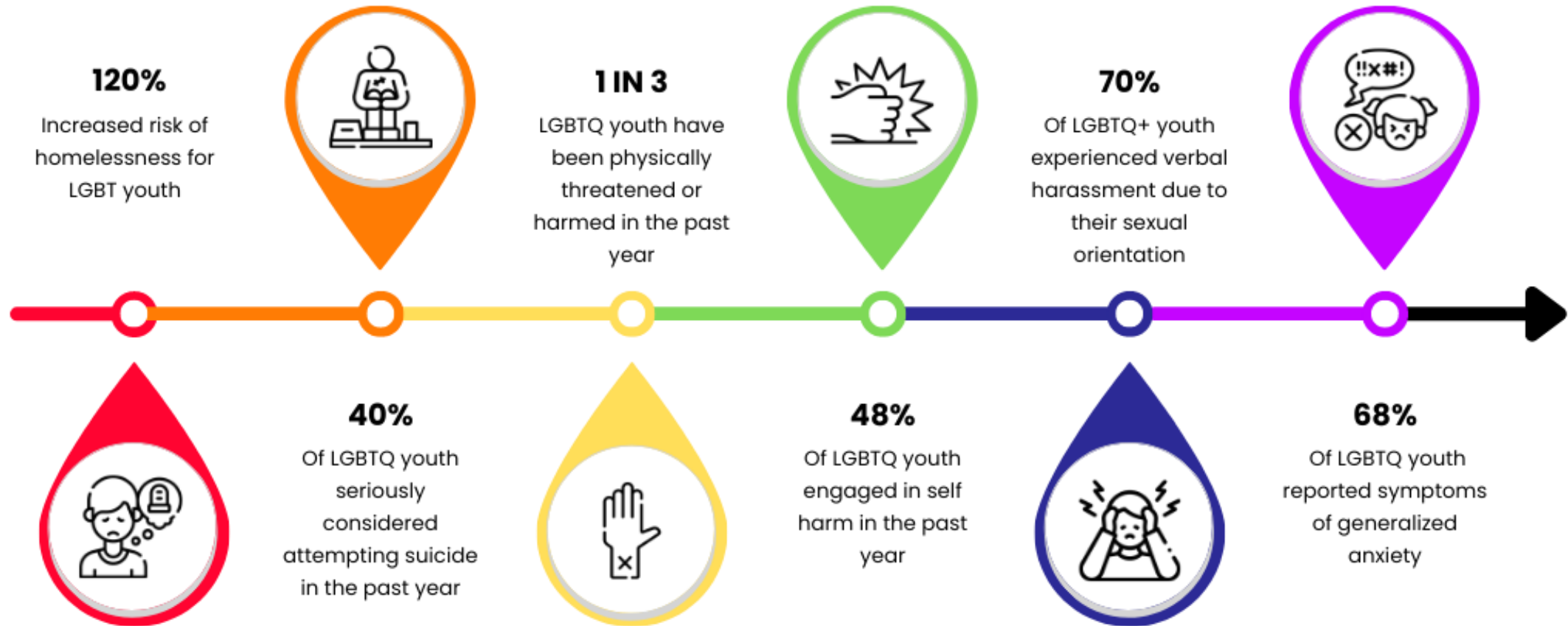
Barriers to Accessing Mental Health Services (Gay Men)

» Report increased dissatisfaction and less use of mental health services than heterosexuals.

» Patients report dissatisfaction when a clinician acts judgmental of same-sex activity, maintains anti-gay attitudes and/or displays a lack of knowledge around health concerns specific to the gay community.

» African American and Hispanic males report less access and use of mental health services.

  • Variation in socioeconomic status and increased social discrimination

» Social discrimination - linked to social isolation and worsening of psychological symptoms.

Mental Health Facts for Gay Populations. (2018). American Psychiatric Association.
https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-Gay-Populations.pdf

120% Increased risk of homelessness for LGBT youth

1 IN 3 LGBTQ youth have been physically threatened or harmed in the past year

70% Of LGBTQ+ youth experienced verbal harassment due to their sexual orientation

40% Of LGBTQ youth seriously considered attempting suicide in the past year

48% Of LGBTQ youth engaged in self harm in the past year

68% Of LGBTQ youth reported symptoms of generalized anxiety

Narkewicz. E. L. (2022). Providing Culturally Competent Mental Health Care to LGBTQIA+ Youth & Young Adults. Worcester, MA: UMass Chan Medical School, Department of Psychiatry, Implementation Science and Practice Advances Research Center (iSPARC), Transitions to Adulthood Center for Research. https://www.umassmed.edu/TransitionsACR/resources/culturally-competent-mhc-to-LGBTQIA/

PRACTICAL STRATEGIES TO FOSTER EQUITY FOR LGBTQ+ PATIENTS

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1. Accept LGBTQIA+ youth and work to understand and affirm clients' gender identities & sexual orientations	2. Understand that stigma, discrimination, and a lack of acceptance of LGBTQIA+ individuals occur on a spectrum and allow clients to share microaggressions	3. Ask and honor the pronouns & names of LGBTQIA+ youth & young adult clients	4. Prioritize confidentiality and communicate upfront its bounds	5. Be open to and knowledgeable in how to assist clients in obtaining gender-affirming care as needed
LGBTQ+ youth: • Distrust the mental health system. ▪ 20% perceive they will not be understood. ▪ 22% had a previous negative experience. • Are labeled as inherently mentally ill /subjected to harmful "treatments" Mental health providers: • Be knowledgeable and affirming of LGBTQ+ clients to earn their trust.	Mental health providers: • Understand that lack of acceptance can occur on a spectrum. ▪ An incident does not have to involve physical violence or verbal abuse to be damaging to a youth or young adult's mental health.	• Misgendering or using an incorrect name is painful and rejects who LGBTQ+ youth are. • Transgender youth who can use their chosen name at home, school, work, and with friends reported fewer depressive symptoms and less suicidal ideation and suicidal behavior.	LGBTQ+ youth: • Are unwilling to disclose information to a provider that will be shared with their parents. ▪ 22% of LGBTQ+ youth cite fear of being outed as a barrier to receiving mental health care. Mental health providers: • It is essential to clearly communicate and honor confidentiality.	• Access to gender-affirming tools, clothing, and medical treatments can be life-changing those struggling with gender dysphoria. • Gender-affirming mental health care is a key aspect of gender-affirming treatment. • Ethical obligation to seek out collaboration, consultation, and/or referrals with an expert in this field when needed.

Narkewicz. E. L. (2022). Providing Culturally Competent Mental Health Care to LGBTQIA+ Youth & Young Adults. Worcester, MA: UMass Chan Medical School, Department of Psychiatry, Implementation Science and Practice Advances Research Center (iSPARC), Transitions to Adulthood Center for Research. https://www.umassmed.edu/TransitionsACR/resources/culturally-competent-mhc-to-LGBTQIA/

How to be an ally

>> Reflect on your own reactions and feelings

>> Speak up when you see discriminations, insensitivity, and gaps in knowledge

>> Advocate for policy changes that are LGBTQ affirmative and post it

>> Include SOGIE in a zero-tolerance discrimination policy and post it

>> Examine your language

>> Education and training

>> Come out as an ally

>> Accept and celebrate diversity

>> Understand intersectionality

Veltman, A., La Roas, T. (Dec. 2019). LGBTQ Mental Health: What Every Clinician Needs to Know. Psychiatric Times https://www.psychiatrictimes.com/view/lgbtq-mental-health-what-every-clinician-needs-know

Photo Source: Microsoft PPT Image Library

Facilitated Group Self-Reflection Exercise: Bias and Mitigation Strategies

Providers have an ethical obligation to seek out supervision, collaboration, consultation, and/or referrals with an expert in this field when needed.

» Use Zoom anonymous sticky notes, chat, or unmute yourself.

» Identify bias (personal or witnessed). Based on information shared, identify strategies to mitigate them.

» Share opportunities for collaboration or consultation.

Photo Source: Microsoft PPT Image Library

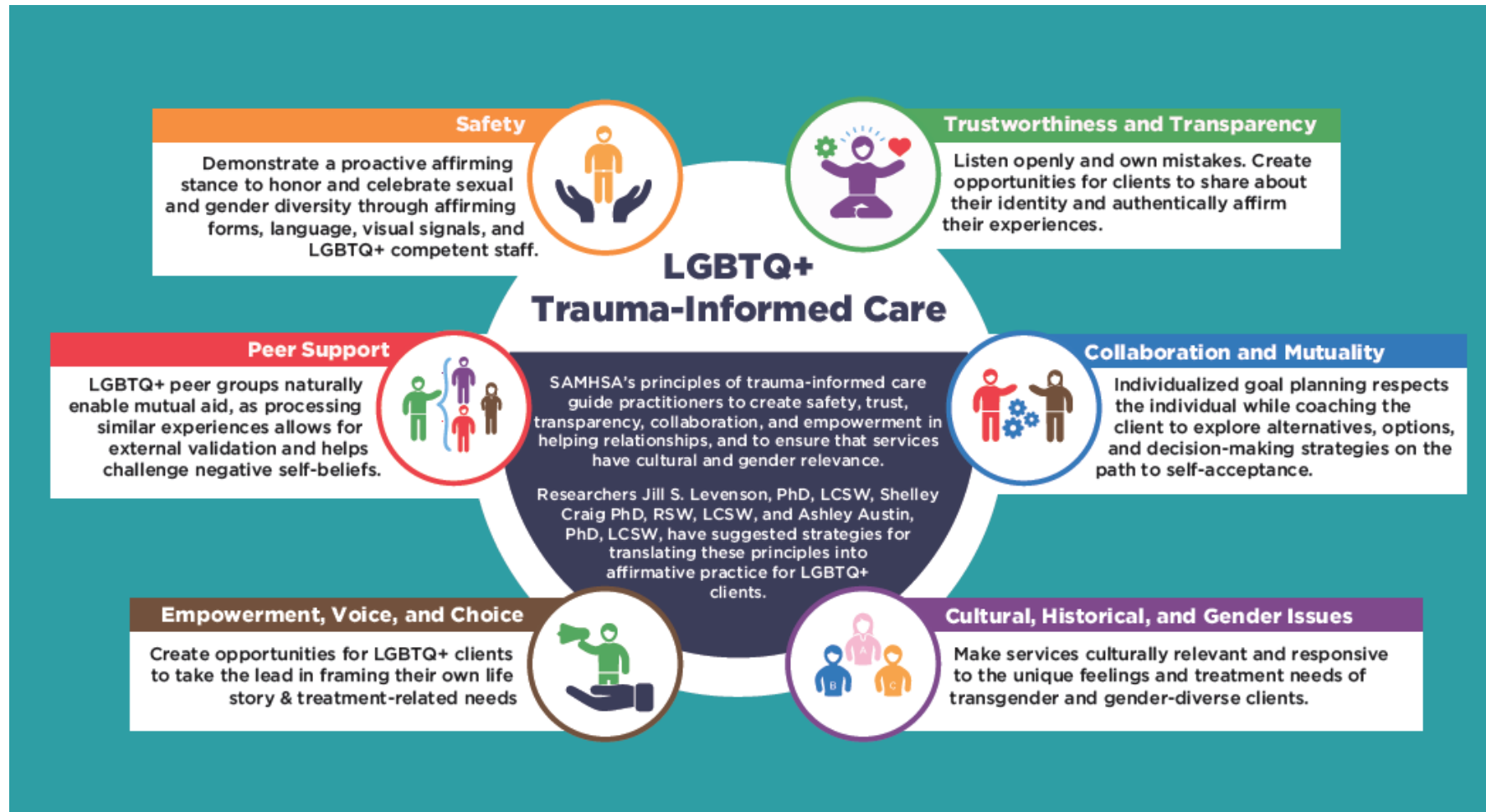## Facilitated Group Self-Reflection Exercise: Bias and Mitigation Strategies

THANK YOU!

» Ready, Set, Go! (2022). National LGBTQIA+ Health Education Center. https://www.lgbtqiahealtheducation.org/wp-content/uploads/2022/05/TFIE-64_Updates2022_ReadySetGo_10_18_22.pdf

» Grasso C, Goldhammer H, Thompson J, Keuroghlian AS. Optimizing gender-affirming medical care through anatomical inventories, clinical decision support, and population health management in electronic health record systems. J Am Med Inform Assoc. 2021 Oct 12;28(11):2531-2535. doi: 10.1093/jamia/ocab080. PMID: 34151934; PMCID: PMC8510278. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8510278

» Mental Health Facts for Gay Populations. (2018). American Psychiatric Association. https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-Gay-Populations.pdf

» Narkewicz. E. L. (2022). Providing Culturally Competent Mental Health Care to LGBTQIA+ Youth & Young Adults. Worcester, MA: UMass Chan Medical School, Department of Psychiatry, Implementation Science and Practice Advances Research Center (iSPARC), Transitions to Adulthood Center for Research. https://www.umassmed.edu/TransitionsACR/resources/culturally-competent-mhc-to-LGBTQIA

» Veltman, A., La Roas, T. (Dec. 2019). LGBTQ Mental Health: What Every Clinician Needs to Know. Psychiatric Times. https://www.psychiatrictimes.com/view/lgbtq-mental-health-what-every-clinician-needs-know

» Please complete the online evaluation! **If you would like to receive CE or CME credit, the evaluation will need to be completed**. You will receive a link to the evaluation shortly after this webinar**.**

» The webinar recording will be available within a few days at: www.integratedcaredc.com/learning

» **Upcoming Webinar:**

- *Engaging Families (PCBH Series Part 12),* June 20, 2023,12:00pm – 1:00pm ET

» For more information about Integrated Care DC, please visit: www.integratedcaredc.com

All content was created and delivered by HMA.

Safety

Demonstrate a proactive affirming stance to honor and celebrate sexual and gender diversity through affirming forms, language, visual signals, and LGBTQ+ competent staff.

Trustworthiness and Transparency

Listen openly and own mistakes. Create opportunities for clients to share about their identity and authentically affirm their experiences.

LGBTQ+ Trauma-Informed Care

SAMHSA's principles of trauma-informed care guide practitioners to create safety, trust, transparency, collaboration, and empowerment in helping relationships, and to ensure that services have cultural and gender relevance.

Researchers Jill S. Levenson, PhD, LCSW, Shelley Craig PhD, RSW, LCSW, and Ashley Austin, PhD, LCSW, have suggested strategies for translating these principles into affirmative practice for LGBTQ+ clients.

Peer Support

LGBTQ+ peer groups naturally enable mutual aid, as processing similar experiences allows for external validation and helps challenge negative self-beliefs.

Collaboration and Mutuality

Individualized goal planning respects the individual while coaching the client to explore alternatives, options, and decision-making strategies on the path to self-acceptance.

Empowerment, Voice, and Choice

Create opportunities for LGBTQ+ clients to take the lead in framing their own life story & treatment-related needs

Cultural, Historical, and Gender Issues

Make services culturally relevant and responsive to the unique feelings and treatment needs of transgender and gender-diverse clients.

Levenson, J. S., Craig, S. L., & Austin, A. (2021). *Trauma-informed and affirmative mental health practices with LGBTQ+ clients. Psychological Services.*

CENTER of EXCELLENCE
LGBTQ+ BEHAVIORAL HEALTH EQUITY

Affirmative RESEARCH

UNIVERSITY of MARYLAND
SCHOOL OF SOCIAL WORK
THE INSTITUTE FOR INNOVATION AND IMPLEMENTATION

https://lgbtqequity.org/wp-content/uploads/2021/06/Trauma-InformedCare-Final.pdf

Sample free learning resources from the Center of Excellence on LGBTQ+ Behavioral Health Equity include:

» Things to Consider When Your LGBTQ+ Clients Plan to Attend Family Gatherings

» Eating Disorders in LGBTQ+ Populations

» Black LGBTQ+ Mental Health

» Practice Considerations: Use of the SBIRT Model Among Transgender & Nonbinary Populations

» Language Guidance When Serving LGBTQ+ Populations

» Resources for Supporting the Bisexual Community

» Supporting the Behavioral Health Workforce to Implement Best Practices for LGBTQ+ People

» FAQs on Medicaid Financing for LGBTQ+-Affirming Behavioral Health Services

Center of Excellence on LGBTQ+ Behavioral Health Equity. Resources. https://lgbtqequity.org/resources.

National LGBTQIA+ Health Education Center. LGBT Voices: Perspective on Health Care (9 January 2017). www.lgbtqiahealtheducation.org/video/lgbt-voices-perspectives-on-healthcare.