

Interprofessional Care Delivery

Meeting the Behavioral Health Needs of TGNB and LGB-Identified Patients in a Primary Care Setting

David A. Guggenheim, PsyD

CalLEN-LORDE

DISCLOSURES

David A. Guggenheim, PsyD

- **Has no relevant financial relationship to disclose**
- **Will not be discussing the off-label or investigational use of products**



Overview

Callen-Lorde Community Health Center

General Health Disparities

Specific LGBTQ Disparities & Treatment

Primary Care as a Vehicle for BH Delivery

Operational Integration

Quality of Care & Integration

Training the Next Generation

CALLEN-LORDE



OUR HISTORY

Callen-Lorde's grassroots heritage dates back to 1969 when the St. Mark's Clinic was founded to provide screening and treatment for sexually-transmitted diseases for LGBT people who were routinely stigmatized in mainstream health care. In 1972 Gay Men's Health Project joined St. Mark's in providing these critical services. In 1983 these clinics merged to form Community Health Project, a volunteer-staffed, episodic care program housing the nation's first community-based HIV clinic.

Upon the opening of our fully licensed flagship location on West 18th Street in 1998, Community Health Project renamed itself Callen-Lorde Community Health Center, to honor acclaimed musician and AIDS activist Michael Callen and New York State Poet Laureate and breast cancer activist Audre Lorde. Over the next two decades Callen-Lorde has served more than 100,000 unique patients at this location.

In 2014 we opened the Thea Spyer Center, our second clinical location one block away in Chelsea, which houses Callen-Lorde's long-term mental health program that serves thousands of LGBTQ New Yorkers each year, offering short and long term counseling, psychotherapy, crisis intervention, group therapy and more, all delivered through a supportive and culturally competent model by experts in LGBTQ health and wellness.

After being invited by long-time Bronx service provider BOOM!Health, we opened our first site outside of Manhattan in the Morrisania section of the Bronx in 2016. Callen-Lorde Bronx provides primary care, HIV care, transgender care and hormone therapy, lesbian and bisexual women's health care, young adult care, sexual health care, and short-term mental health services. Patients also have access to a convenient on-site pharmacy.

Earlier this year, Callen-Lorde signed a long-term lease and is in development of a new site in downtown Brooklyn, which is expected to open in 2019.

PATIENTS & VISITS

17,645
unique patients

108,318
patient visits

BY SITE LOCATION:

MANHATTAN
16,901
patients served

THE BRONX
1,565
patients served

BY SERVICES:

	# of visits		# of patients
	57,604	PRIMARY CARE	16,472
	31,303	BEHAVIORAL HEALTH	3,293
	9,085	DENTAL	2,440
	13,193	HIV	4,119
	14,733	ENABLING	6,712

SEXUAL ORIENTATION





Health Outreach to Teens (HOTT)

HOTT is a welcoming, non-judgmental, confidential program designed specifically to meet the medical and social needs of LGBTQ young adults aged 13-24. HOTT provides services to insured and uninsured youth regardless of ability to pay.

We Offer:

Primary care

Trans care

HIV care

Sexual health services

Case management

Behavioral health

Insurance enrollment

Groups

Flu shots and vaccines

Onsite pharmacy services

Minors need written parental consent for primary care



HOTT Offers Mobile Health Services

HOTT has a fully-equipped medical vehicle that travels throughout the city bringing health care to youth aged 13-24, with a focus on LGBTQ care.

FREE and CONFIDENTIAL services provided on the MMU regardless of insurance include:

- Urgent medical care
- Sexual health services
- HIV/ STI screening and treatment
- Physicals for school and work
- Transgender healthcare
- Flu shots and vaccines
- Crisis counseling
- Referrals

HOTT regularly partner with Safe Horizon-Harlem, City AS School, Hetrick Martin Institute, Streetworks-LES, and St. Luke's in the Field. Call our clinic to learn about where to find our health van.



Where to find the MMU



SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
28	29 Walk-In HIV Testing MMU — Hostos Community College	30 Walk-In HIV Testing Drop-In Surgery Support	1 Walk-In HIV Testing MMU — Hetrick-Martin Institute	2 Walk-In HIV Testing MMU — Streetworks LES HOTT Community Advisory Board Meeting	3 Walk-In HIV Testing MMU – Int’L HS at Laguardia	4
5	6 Walk-In HIV Testing MMU – Safe Horizon-Crisis Shelter	7 Walk-In HIV Testing MMU – StreetWorks Drop-In Surgery Support	8 Walk-In HIV Testing MMU — Hetrick-Martin Institute	9 Walk-In HIV Testing MMU — Streetworks LES	10 Walk-In HIV Testing	11 Rainbow Run MMU – St. Luke in the Fields
12	13 Walk-In HIV Testing MMU — City As School	14 Walk-In HIV Testing Drop-In Surgery Support	15 Walk-In HIV Testing MMU — Hetrick-Martin Institute MMU — House of Vogue	16 Walk-In HIV Testing MMU — Streetworks LES	17 Walk-In HIV Testing	18 MMU – Northeast Brooklyn Housing Development Corp
19 Urban Bear Street Fair	20 Walk-In HIV Testing MMU – Safe Horizon-Crisis Shelter	21 Walk-In HIV Testing MMU — City As School Drop-In Surgery Support	22 Walk-In HIV Testing MMU — Hetrick-Martin Institute	23 Walk-In HIV Testing MMU — Streetworks LES	24 Walk-In HIV Testing Kiki “Snap” Ball	25

**Check our website for monthly special events

Health Disparities

LGB adults have more than twice the risk for cardiovascular disease compared with their straight counterparts.

Smoking prevalence is higher among the LGBT population than among the population as a whole.

LB women have twice the risk of obesity compared with straight women.

LGB adults have 1.5 times the risk of asthma compared with straight adults.

Gay men and transgender women are at elevated risk for HIV/AIDS and other STIs

LGB individuals have twice the risk of lifetime exposure to traumatic experiences compared with straight people.

Bisexual men and women have almost three times the risk of becoming disabled as straight men and women.

GB men have a 2 to 4 times increased risk of suicide ideation compared with straight men, when measured in 12-month intervals and lifetime prevalence.

GB adult men and LGB youth have a significantly increased risk for depression, anxiety, suicide attempts and substance use disorders

One-third of LGB youth engage in hazardous weight control behaviors, such as fasting for more than 24 hours, using diet pills, or vomiting/using laxatives

Young GB men show on average significant elevations in biomarkers of cardiovascular disease compared with straight men.

LGBT youth are more likely than straight youth to report histories of initiation into misuse of prescription opioids and tranquilizers.

As compared with their non-LGBT counterparts, LGBT youth are significantly less likely to engage in moderate/vigorous physical activity or to participate in team sports.

LGBT people suffer from higher lifetime risk of violent victimization and maltreatment than straight, cisgender individuals.

LGB people on average become disabled at a significantly younger age than straight people.

Lesbian women have twice the risk of becoming disabled as straight women

One in five transgender individuals has been denied care by a physician. Transgender individuals of color are even more likely to report denial of care.

Compared with their white peers, lesbian and bisexual girls who identify as “mixed” race/ethnicity have more than four times the odds of reporting both unprotected vaginal sex with a male and sex with multiple male partners.

LGB youth are more likely than straight youth to be suicidal, and much more likely to make serious attempts at suicide. While LGB youth are twice as likely to have suicidal ideation as straight youth, they are four times as likely to make suicide attempts requiring medical attention.

Gay men are at greater risk for anal cancer than straight men.

Bisexual individuals have twice the risk of smoking as straight individuals.

Transgender individuals are more likely than cisgender individuals to be uninsured and to postpone medical care due to lack of insurance and experiences with discrimination. The risk of postponing medical care is highest for transgender men (FTM).

Compared with their straight counterparts, young gay men are more likely to report inconsistent condom use, multiple partners within the past 30 days, and a history of illicit drug use.

Homelessness

LGBTQ Populations



About 20% of TGNB folks face discrimination when seeking a home

About 10% are evicted because of their gender identity

About 20% of TGNB folks have experienced homelessness

About 20-40% of homeless youth are LGBTQ-identified

According to the Williams Institute, 40% of the homeless youth served by agencies identify as LGBT

43% of clients served by drop-in centers identified as LGBT

30% of street outreach clients identified as LGBT

30% of clients utilizing housing programs identified as LGBT

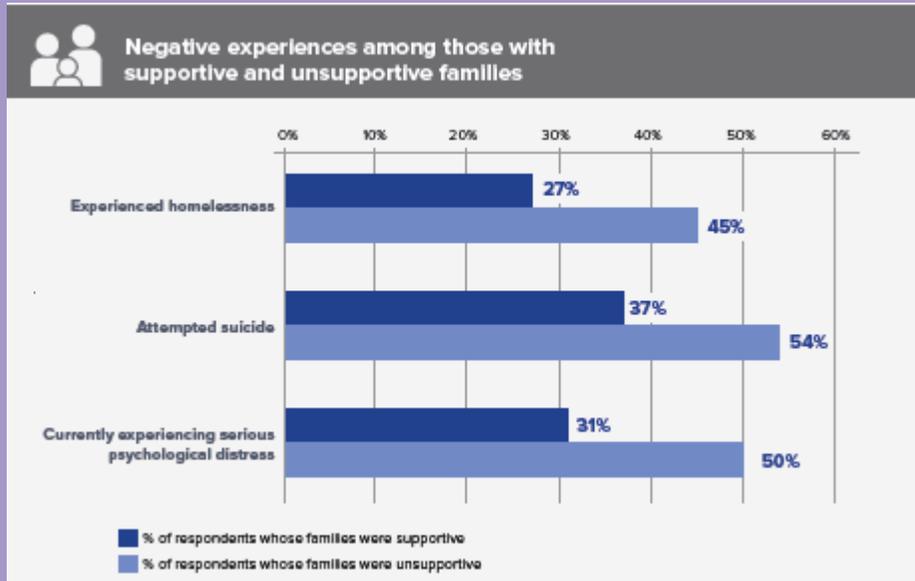
LGBTQ young adults had a 120 percent higher risk of reporting homelessness compared to youth who identified as heterosexual and cisgender.

(Human Rights Campaign, 2017)

(National Center for Transgender Equality, 2019, National Coalition for the Homeless, 2019)

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Family Support



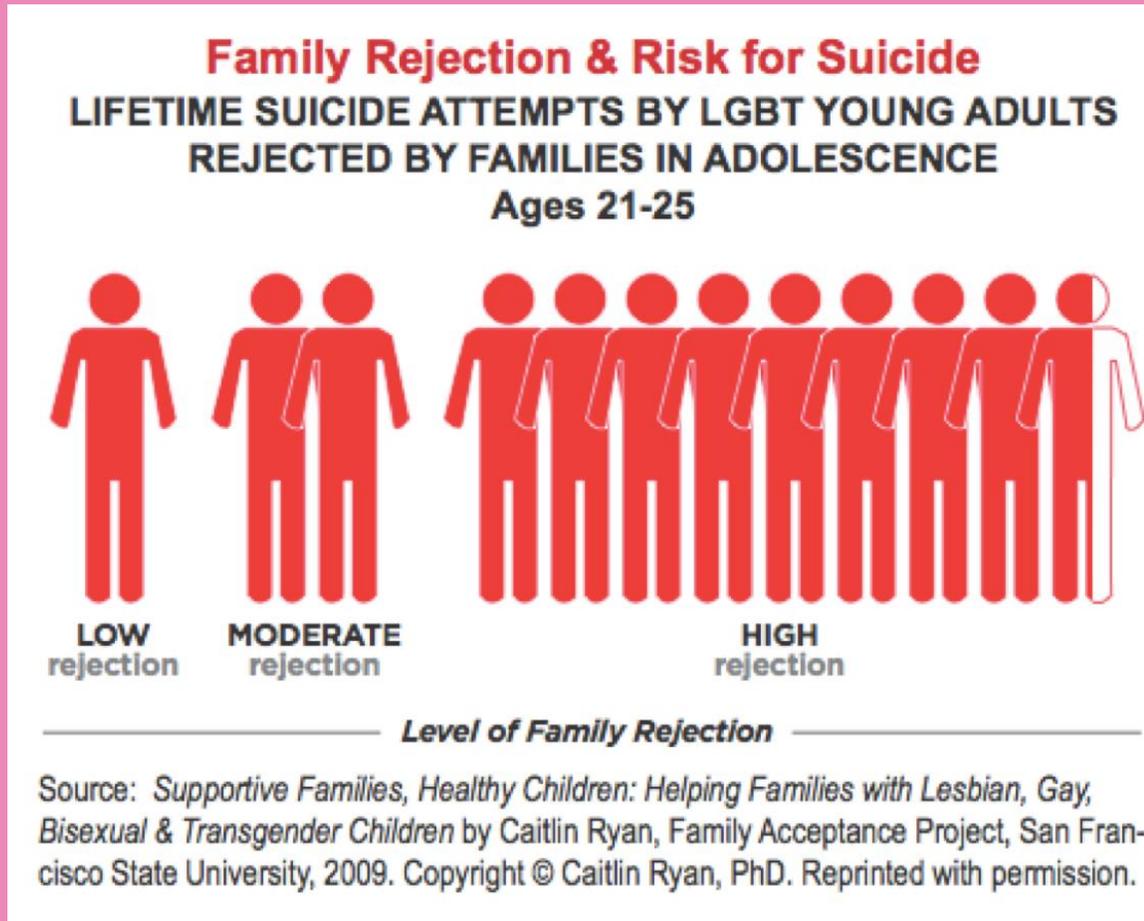
Twenty-two percent (22%) of respondents rated their health as “fair” or “poor,” compared with 18% of the U.S. population.

Thirty-nine percent (39%) of respondents were currently experiencing serious psychological distress, nearly eight times the rate in the U.S. population (5%).

Respondents with family support were:

- More likely to be **employed** (65%) than those with unsupportive families (52%)
- Less likely to have ever done **sex work** (11%) than those with unsupportive families (16%)
- **Less likely to have experienced homelessness (27%) than those with unsupportive families (45%)**
- Less likely to report currently experiencing serious **psychological distress** (31%) in contrast to those with unsupportive families (50%)

Family Support

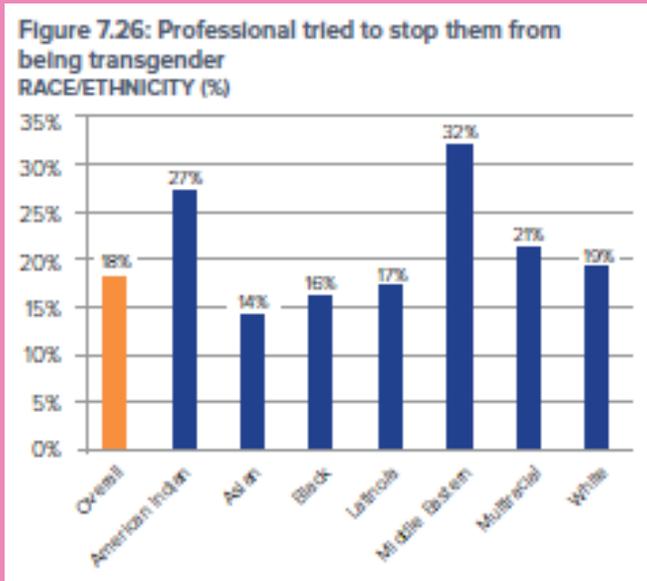


Davis, B (2016)

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Counselor Support

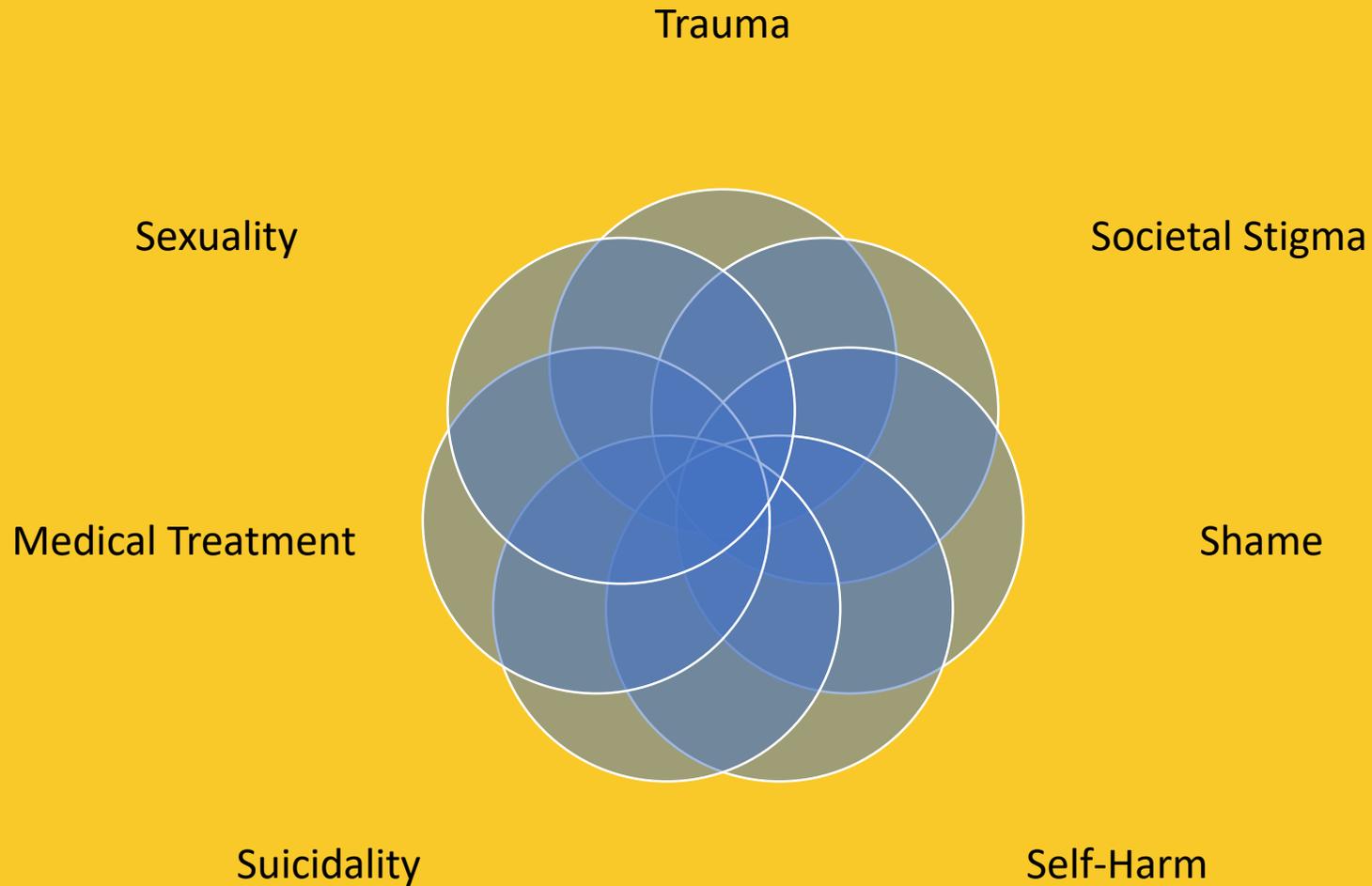
Thirteen percent (13%) of respondents reported that one or more professionals, such as a psychologist, counselor, or religious advisor, tried to stop them from being transgender.



Participants who had a professional try to stop them from being transgender were:

- Far more likely to currently be experiencing serious **psychological distress** (47%) than those who did not have the experience (34%).
- More likely to have **attempted suicide** (58%) than those who did not have the experience (39%).
- Nearly three times as likely to have **run away from home** (22%) than those who did not have the experience (8%).

Therapy



People of transgender experience have higher rates of trauma and face increased discrimination and violence

In addition to helping patients cope with distress, therapists often work as advocates and provide health and resource education

Therapists should be aware of treatment in emergency and residential facilities; inpatient facilities sometimes stop hormones, believing that they cause psychological distress

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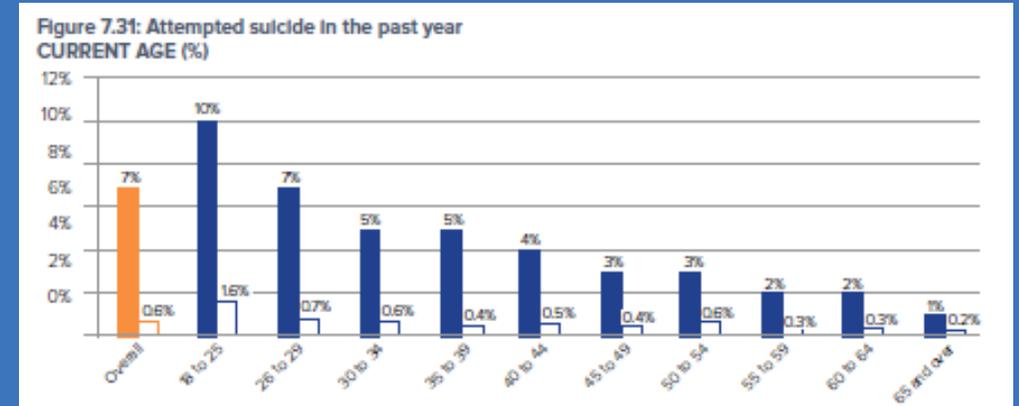
Substance Use

- One-quarter (25%) of respondents used **marijuana** within the past month, compared to 8% of the U.S. population.
- Seven percent (7%) of respondents used **prescription drugs** that were not prescribed to them or used them not as prescribed (“nonmedical prescription drug use”) in the past month, compared to 2% of the U.S. population.
- Four percent (4%) of respondents used **illicit drugs** (not including marijuana and nonmedical use of prescription drugs) in the past month, and 29% have used them in their lifetime.
- **Overall**, 29% of respondents reported illicit drug use, marijuana consumption, and/or nonmedical prescription drug use in the past month, nearly three times the rate in the U.S. population (10%).



Suicidality

- Forty percent (40%) of respondents have attempted suicide at some point in their life, compared to 4.6% in the U.S. population.
- Forty-eight percent (48%) of respondents have seriously thought about killing themselves in the past year, compared to 4% of the U.S. population, and 82% have had serious thoughts about killing themselves at some point in their life.
- Nearly one-quarter (24%) of respondents made plans to kill themselves in the past year, compared to 1.1% of the U.S. population.
- Seven percent (7%) of respondents attempted suicide in the past year, compared to 0.6% in the U.S. population.
- More than two-thirds (71%) of respondents who have attempted suicide have done so more than once in their lifetime, with 46% of those who have attempted suicide reporting three or more attempts.



Trauma & Suicidality



Snapshots of transgender life

The National Transgender Center for Equality surveyed 6,450 transgender individuals in the U.S. Full results are available at transequality.org.



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Trauma and Suicidality

45%

Of patients who complete suicide have had contact with their primary care provider in the previous month.

70%

Integration

of primary care visits are driven by patients' psychological problems, such as anxiety, panic, depression, and stress.

More than **80%** of patients with medically unexplained symptoms receive psychosocial treatment in primary care by a physician—only 10% will follow up on a referral to a mental health provider that is not co-located.

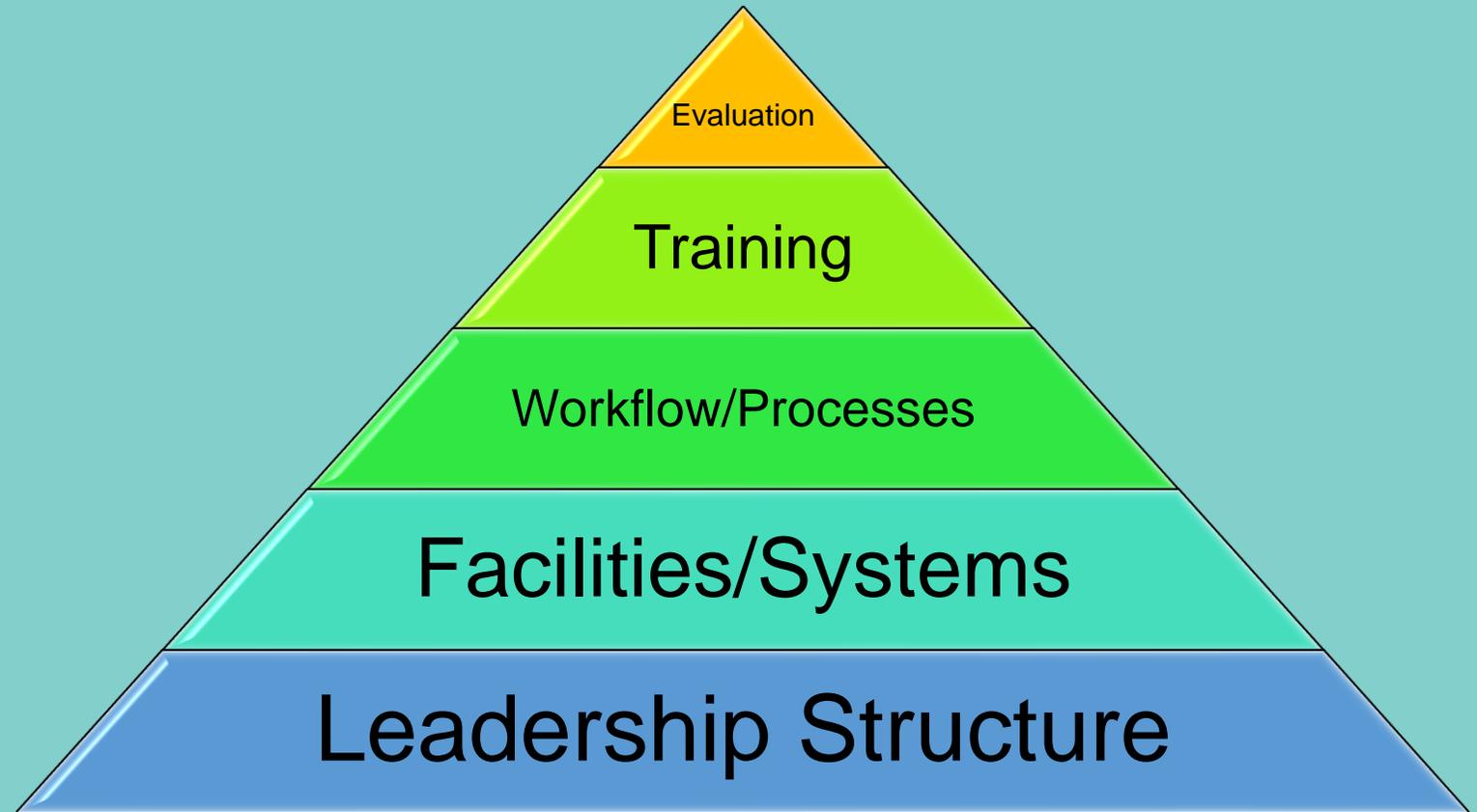
Research has also shown a “cost offset of 20 to 40 percent for primary care patients who receive behavioral health services.” Fewer hospitalizations result in significant cost reductions for patients with chronic physical illness and/or mental health conditions. Access to behavioral health services during medical visits likewise improves treatment adherence, which has been associated with \$105 billion in annual avoidable health care costs.

(Hunter, et al. 2009; APA, 2014)

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Service Delivery Integration

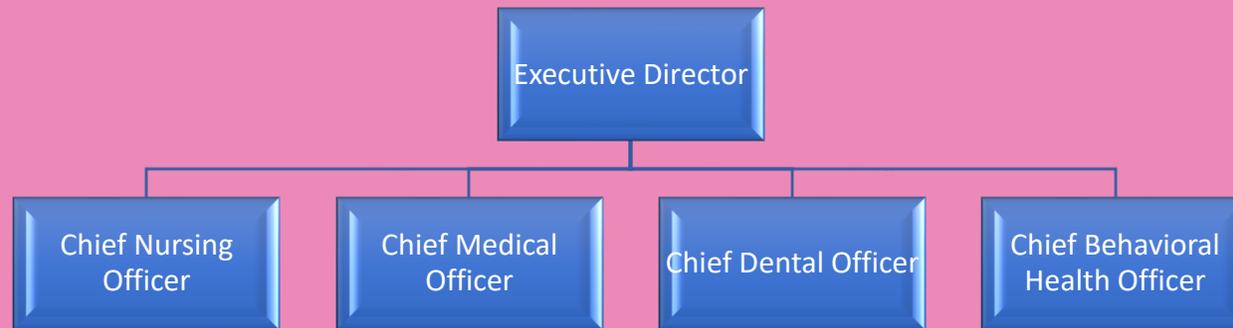
Foundations of Interprofessional Care Delivery



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Service Delivery Integration

Foundations of Interprofessional Care Delivery



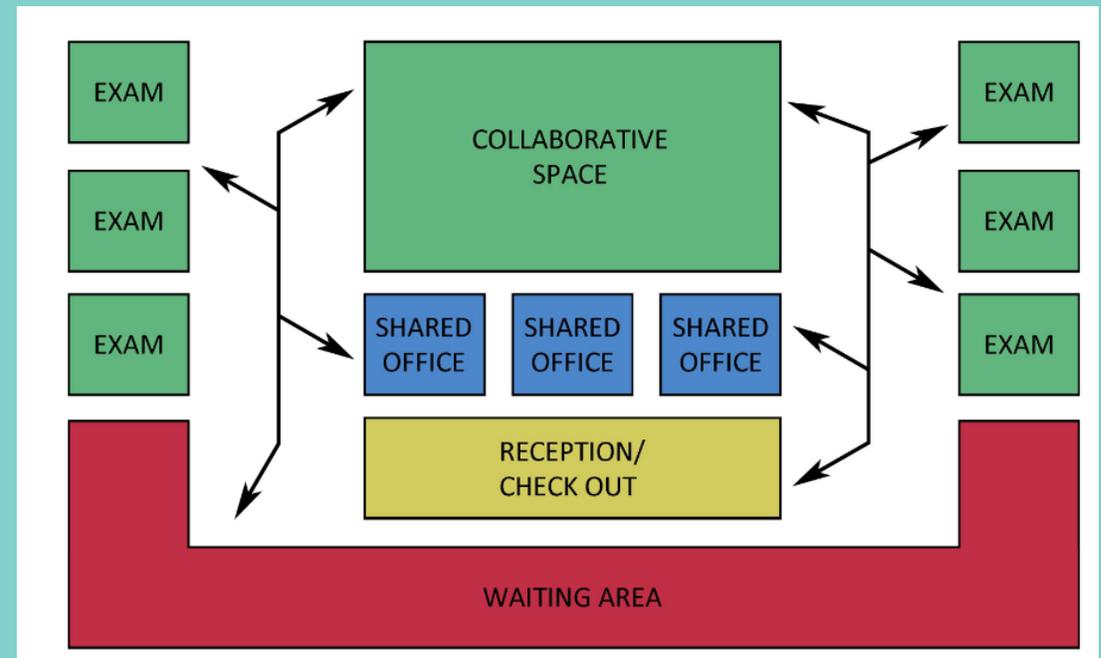
- Interdisciplinary leadership meetings:
 - Patient care integration
 - Workflow
 - Quality Metrics
 - Leadership training

Delivery Integration

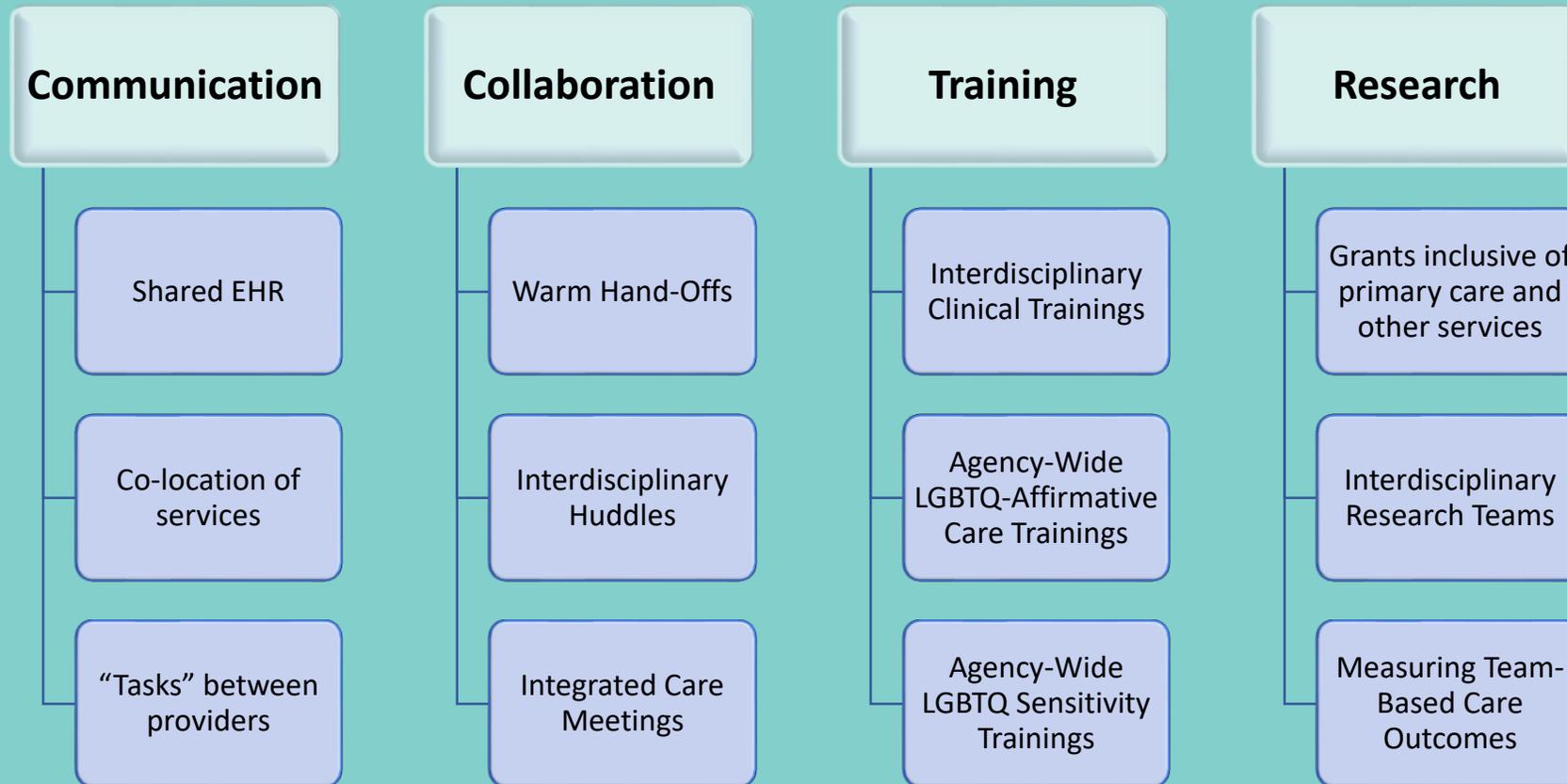


Callen-Lorde's newest location in 40 Flatbush Extension, Brooklyn

More than 80% of patients with medically unexplained symptoms receive psychosocial treatment in primary care by a physician—only 10% will follow up on a referral to a mental health provider that is not co-located (APA, 2014)



Service Delivery Integration



Service Delivery Integration

NextGen EHR: EVA TEST OTHER: 51578 DOB: 08/10/1976 AGE: 39 years 8 months

Address: 353 East Moshulu Parkway ...
Bronx, NY 10467
Contact: (646) 472-4787 (Cell)

Insurance: PrEP SPARK Study Only
Nickname: TEST
NextMD: Yes

Primary Pharm: Callen-Lorde Com...
Primary Pharm #: (212) 271-7260

PCP: BELKIND, URI MD
Referring: ...
Rendering: Nurses, ...

Date	Instrument	Severity	Completed By
09/09/2015	Suicidal/Homicidal Risk	Medium risk	Jennifer Wilson
04/07/2015	Suicidal/Homicidal Risk	High risk	Morris Roy
02/20/2015	Suicidal/Homicidal Risk	High risk	Shyvon Paul
01/30/2015	Suicidal/Homicidal Risk	Low risk	Jennifer Wilson
01/30/2015	Suicidal/Homicidal Risk	Medium risk	Jennifer Wilson

Cardiology Alerts

Alert	Start Date	StopDate
Needs urine screen at next visit to clinic.	11/20/2015	/ /

OPH Alerts: Note: Add

Save & Close Cancel

Skype for Business

What's happening today?

David Guggenheim
Busy
Set Your Location

Find someone

GROUPS STATUS RELATIONSHIPS NEW

ONLINE

- Chris Mainor - Available
- Danielle Downer - In a meeting Inactive 5 mins 17th
- George Scaravelli - In a meeting
- Kate Filmore - Available
- Morris Roy - Available
- Mytri Singh - Busy

AWAY

- Chloe Schwenke - Away - Skype
- Donnie Roberts - Away 20 mins

Conversation (3 Participants)

Danielle Downer, Morris Roy
3 Participants

Hi there! I have a patient in need of a warm hand-off. Experiencing panic attacks after a trauma. Can you send someone for a WHO? 12:47 PM

Kate Filmore
got it on my way 12:48 PM

Last message received on 10/9/2018 at 12:48 PM.

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Service Delivery Integration

Shared Medical Appointment Checklist

The checklist provides information about preparing for a shared medical appointment (SMA). The list is comprehensive and focuses on productivity and quality measures. The model may be adapted depending on size and scope of the SMA, such as for practices with medical providers alone. Dr. David A. Guggenheim was the author of this checklist.

□ NEEDS ASSESSMENT

- Project Manager: Review electronic health record (EHR) data for prevalent chronic health conditions based on diagnoses, and elicit provider feedback.
- Project Manager: Review any quality metrics demonstrating need for improvement, including national data.
- Project Manager: Consider treatment of co-occurring disorders with multiple disciplines by reviewing patient data regarding substance use, mental illness, and other co-occurring conditions.
- Project Manager: Examine patient demographics, and look for specific patterns among different groups.
- Project Manager: Bring in additional support (other providers/administrators), and identify disease processes and patient demographic to be addressed by the SMA.

□ INITIAL PLANNING

- Project Manager: Identify stakeholders. Staffing may include only medical providers, nursing, and support, though it is recommended that an interdisciplinary team work to address the area of need. This may include everyone from providers to reception staff.



Service Delivery Integration

Integrated Planned Care

azara healthcare David Guggenheim | Search Reports and Measures

Total Providers: 12 Scheduled Appointments Export this Provider to PDF

1:00 PM | Tuesday, October 9, 2018 Visit Reason: HOTT - Paneled Patient | f/u TG as per Uri cs

MRN: 000000 Sex at Birth: F Phone: [REDACTED] Last Well Visit: 7/30/2018 PCP: BELKIND, URI
 Gender Identity: TransMale/Tran Language: English- No Portal Access: N Payer: GHI
 DOB: [REDACTED] Sexual Orientation: 3-Bisexual Risk: **Low** Care Manager:

Diagnoses (0)	Alert	Message	Most Recent Date	Most Recent Result
	Pap Anal Missing Depr Screen Missing Tx Plan Initial	Missing Missing Missing		

1:30 PM | Tuesday, October 9, 2018 Visit Reason: HOTT - Paneled Patient | f/u as per Uri. pt rs from 9/20

MRN: 000000 Sex at Birth: F Phone: [REDACTED] Last Well Visit: PCP: BELKIND, URI
 Gender Identity: TransMale/Tran Language: English- No Portal Access: N Payer: HEALTHFIRST MEDICAID
 DOB: [REDACTED] Sexual Orientation: 6-Something Else Risk: **Moderate** Care Manager:

Diagnoses (1)	Alert	Message	Most Recent Date	Most Recent Result
DEP/BP	Pap Anal Missing Pap HPV Missing BMI & FU Missing Tx Plan Update	Missing Missing Missing Due	5/18/2018	

2:00 PM | Tuesday, October 9, 2018 Visit Reason: HOTT - Paneled Patient | Per pt

MRN: 000000 Sex at Birth: M Phone: [REDACTED] Last Well Visit: 8/1/2016 PCP: BELKIND, URI
 Gender Identity: TransFemale/Tr Language: Declined to specify- No Portal Access: N Payer: HEALTHFIRST MEDICAID
 DOB: [REDACTED] Sexual Orientation: 3-Bisexual Risk: **Moderate** Care Manager:

Diagnoses (1)	Alert	Message	Most Recent Date	Most Recent Result
DEP/BP	Pap Anal Missing BMI & FU Missing Psychiatry Recall Tx Plan Update	Missing Missing Follow-up Missed Follow-Up Due Shortly	11/2/2017 6/30/18 7/30/18	27.88

Service Delivery Integration

CalLEN-LORDE		Progress: New	Frequency: every 2 weeks Type of provider: Licensed Social Worker
PATIENT:	Davidson, Eric	INTERVENTION(S)/METHOD(S)/ACTION(S) Modality: Individual therapy Frequency: every 2 weeks Type of provider: Licensed Social Worker	INTERVENTION(S)/METHOD(S)/ACTION(S) Modality: Group therapy Frequency: every 2 weeks Type of provider: LPN
DATE OF BIRTH:	1/14/1989	OBJECTIVE 2 DETAILS: Start date: 10/02/2018 Target date: 01/02/2019 Progress: New	TRANSITION/DISCHARGE CRITERIA Estimated length of treatment and stay: 12 Months How will provider/individual/guardian know level of care changes is warranted? Review of PHQ scores over time; review of A1C level over time Discharge plan: Upon discharge, client may be referred to group therapy and self-help groups for continued on outcomes. Individual has participated in the development of this plan: Yes Others participated in the development of this plan: No
DATE:	10/9/2018	INTERVENTION(S)/METHOD(S)/ACTION(S) Modality: Psychopharmacology Frequency: q 90 days Type of provider: Psychiatrist	
VISIT TYPE:	Behavioral Health IAP	GOAL 2: Will reduce A1C from 11 to <7 (new) - Objective: Will reduce A1C from 11 to 9 within 3 months -- Intervention: Client will engage in cognitive-behavioral therapy to address cognitions that lead to unhealthy eating patterns, and will learn and implement coping strategies to engage in alternative behaviors -- Intervention: Will attend weekly nursing groups focused on cognitive skills to reduce depressive symptoms with focus on nutrition and monitoring glucose Start date: 10/02/2018 GOAL 2 DETAILS: Target date: 10/02/2019 Assessed need: Depression and DM Identified problem: yes Desired outcomes: I want to get my diabetes under control Individual's strength/skills: Patient is resourceful and knowledgeable of nutrition resources Supports and resources: Nursing, individual therapy, PCP visits	
INDIVIDUALIZED ACTION PLAN Program name: Adult Mental Health Admission date: 09/09/2018 Effective date of initial IAP: 10/02/2018 Next review date: 01/02/2019			
GOALS, OBJECTIVES AND INTERVENTIONS Goal 1: Decrease in depressive symptoms, increase in overall social-emotional functioning as rated by client (new) - Objective: Reduction in PHQ score from 18 to 9 within 3 months. (therapist goal) -- Intervention: Client will engage in bi-weekly 30 minute psychotherapy sessions focused on cognitive-behavioral skills to develop at least 3 effective coping strategies to reduce depressive symptoms. - Objective: Complies with prescribed psychotropic medication (psychiatry goal) -- Intervention: Client will attend and engage with psychiatry provider and work with psychiatry provider to come up with plan for medication to treat depressive symptoms Start date: 10/02/2018 GOAL 1 DETAILS: Target date: 10/02/2019 Assessed need: Depression and DM Identified problem: yes Desired outcomes: I'd like to feel better and less depressed			
			SIGNATURES Patient name: Test Test, on 10/09/2018 Staff: Signed by David Guggenheim, PsyD on 10/09/2018 Psychiatrist: Signed by David Guggenheim, PsyD on 10/09/2018

Integration of Records

Coordination Along the Continuum of Care

Patient History

Patient History | Patient Demographics | Categories

New | Lock | Filter

- 10/01/2018 12:00 PM DAVID GUGGENHEIM PsyD
- 09/25/2018 02:40 PM RICHIE TRAN MD
- 09/24/2018 12:00 PM DAVID GUGGENHEIM PsyD (BH provider/therapist)
- 09/24/2018 10:00 AM JAN P. GONZALEZ-TORRES DDS (dental provider)
- 09/18/2018 03:40 PM MARK HALL PMHNP-BC
- 09/17/2018 02:00 PM DAVID GUGGENHEIM PsyD
- 09/14/2018 01:34 PM ANGELIKI PESIRIDOU MD (psychiatry provider)
- 09/13/2018 07:00 PM _ Admin (case manager)
- 09/11/2018 03:17 PM MARK HALL PMHNP-BC
- 09/10/2018 08:30 AM JAN P. GONZALEZ-TORRES DDS
- 09/07/2018 11:49 AM RICHIE TRAN MD (medical provider)
- 09/04/2018 12:00 PM DAVID GUGGENHEIM PsyD
- 08/28/2018 09:30 AM JAN P. GONZALEZ-TORRES DDS
- 08/27/2018 12:00 PM DAVID GUGGENHEIM PsyD
- 08/27/2018 11:40 AM MARK HALL PMHNP-BC
- 08/21/2018 01:40 PM RICHIE TRAN MD
- 08/20/2018 12:00 PM DAVID GUGGENHEIM PsyD
- 08/20/2018 11:00 AM MARK HALL PMHNP-BC
- 08/08/2018 05:20 PM SUE WEISS FNP
- 08/06/2018 12:00 PM DAVID GUGGENHEIM PsyD
- 08/03/2018 02:32 PM DANIEL BOWERS MD
- 08/03/2018 10:20 AM SUE WEISS FNP
- 07/31/2018 08:00 PM ANTHONY PHO ANP-BC
- 07/31/2018 07:00 PM Aviva Cantor RPA-C
- 07/30/2018 12:00 PM DAVID GUGGENHEIM PsyD

Custom

Medication Adherence

From: Guggenheim, David PsyD
Sent: Tuesday, October 02, 2018
To: **(No Recipients): Click to add**

Due Date: 10/02/2018 Priority: High Status: Pending
Categories: Lab f/u

Hi Peter,

Patient reports non-adherence to medications since depressive episode began on 9/3/18. Patient reported interest in attending newly diagnosed group with goal of increased adherence and has psychiatry appointment Tuesday to address increased depressive symptoms. Referral to group completed.

Dave

Send Task Undo

Eva3 Test (F)
DOB: 08/08/2000 (18 years)
(646) 000-0000 (D)
356 Wst 18th
New York, NY
10011

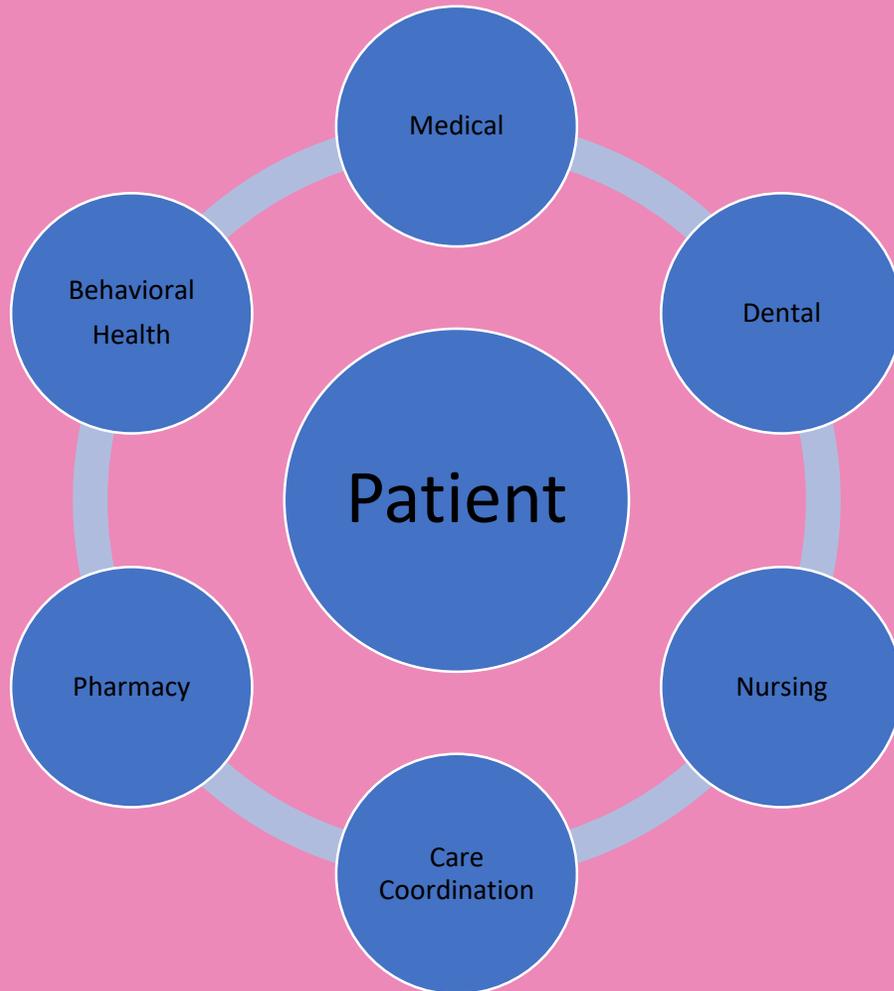
*Home Page
Template
10/01/2018 11:55 AM

- Alerts
- Appointments 0
- Allergies 2
- Problems 7
- Diagnoses 2
- Medications 1
- Lab Results

Program Enrollment History (right click on the grid for options to edit an enrollment record or add a new one)

Department	Program	EnrollmentDt	DischargeDt	DischargeRsn
Behavioral Health	Article 28	08/07/2018	/ /	
Care Coordination	Health Homes	06/04/2018	/ /	
Behavioral Health	Article 31	01/02/2018	05/08/2018	Completed therapy/service

Integration of Care



External Referrals

Housing

Other Assistance

Legal Aid

Food Security

Integration of Workflow



Lifespan Model

- Patients seen throughout the lifespan
- Screenings as appropriate by age
- Behavioral health “check-ups” at time of physical
- Focused psychotherapy throughout the lifecycle
 - One issue at a time
 - Brief, evidence-based interventions
 - Assist in transitions

The “hand back”

Integration: Psychiatry eConsults

Referrals Order

Assessments | My Plan | A/P Details | Labs | Diagnostics | **Referrals** | Office Procedures | Cosign Orders

Insurance name: _____ Policy #: _____

To:

- Specialty/specialist name/site
- Obstetrics
- Therapies/Rehabilitation
- DME

Specialty:

Provider name: Location: Internal referral:

Authorization required: No Yes

Diagnosis:

Description:	Code:	Description:	Code:
1. PTSD (post-traumatic stress disorder)	F43.10	3. _____	_____
2. _____	_____	4. _____	_____

Services requested:

- Consult
- Evaluate and treat
- Follow-up and treat
- Assume care
- Surgery
- Diagnostic testing

Clinical indications:

Reason for referral: Time limit: _____ Timeframe: _____

Clinical information/Comments:

Patient prescribed Wellbutrin as a means of reducing depressive symptoms, states no change in mood after 4 weeks. Could you review dosage/record and advise? Thanks!

Attachments: _____

Instructions:

- Patient referral/instructions given
- Summary of Care/Record sent

Referrals ordered:

- Incomplete
- Completed

Status	Ordered Date	Done	Code	Diagnosis	Order	Referral	Reason

Close | Share | Quick Task | Send Task

All Order Management - [275 of 275]

Order: Referrals: ERIC YARBROUGH MD -Psychiatry Code: _____

Diagnosis: Bipolar II Disorder Code: F31.81

Reason (for referral): eConsult

Clinical information/comments: _____

Attachments/description: _____

Authorization

Authorization req'd: No Yes

Authorization #: _____ Effective: _____ Expiration: _____ # Visits: _____

Consent

Performed: On: _____ Reason/comment: _____

Scheduling

Performed: On: _____ Reason/comment: _____

Timeframe: _____ Appt: _____ Hr: _____ Min: _____ Location: _____

Obtained/performed/placed

On: 02/02/2017 Reason/comment: _____

Seq: _____ Strength: _____ Dose: _____ Units: _____ Route: _____ Side: _____ Site: _____ Position: _____

Lot #: _____ Expiration: _____ Brand name: _____ Qty: _____ Reaction: _____

Manufacturer: _____

Education/instructions

On: _____ Instruction(s) provided: _____

Performed: On: _____ Reason/comment: _____

Why do some fields appear to be locked?

Billing codes

Order: _____ Mod 1: _____ Mod 2: _____

Bill units: 1.00 Service date: 02/02/2017

Admin/other 1: _____ Clear

Admin/other 2: _____ Clear

Venipuncture: _____ Clear

Additional information

Ordering provider: ANTHONY VAVASIS MD

Ordered: 02/02/2017 Reason/comment: _____

Performed: _____ Reason/comment: _____

Verbal/standing order: On: _____ Reason/comment: _____

Cosigned/signed off: On: _____ Reason/comment: _____

Canceled: On: _____ Reason/comment: _____

Clear For Add | Delete | **Save** | Close

Integration of Care

Medical

- Schedule follow-up visit in 1 month

Behavioral Health

- Referred for Immediate BH Triage
- Scheduled for Intake for Therapy, Psychiatry Services

Dental

- Dental visit scheduled to establish care

Nursing

- Nursing develops patient plan, including health education to lower A1C
- nursing to educate for hormone self-injections

Care Coordination

- Trans Case Management to explore GAS options
- Referral made to external resource for employment services

On-site Pharmacy

- Pharmacy available for prescription pickup and to educate re medications prescribed

The screenshot displays the NextGen EHR interface for a patient named EVA TEST (F), DOB: 08/10/1976 (39 years), Weight: 124.00 lb (56.2). The patient's address is 353 East Mosholu Parkway, Bronx, NY 10467. The interface shows a list of active problems:

- Patient A1C >9
- Patient PHQ = 18
- Patient to start prescribed hormones
- Patient to explore gender-affirming surgery options
- Patient with oral hygiene needs
- Patient looking for employment

Integration to Address HIV

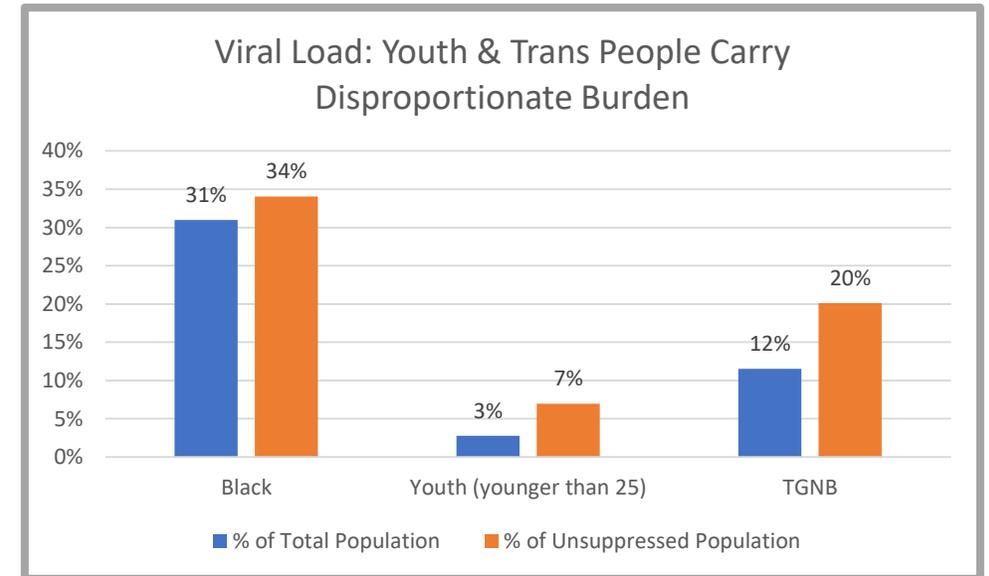
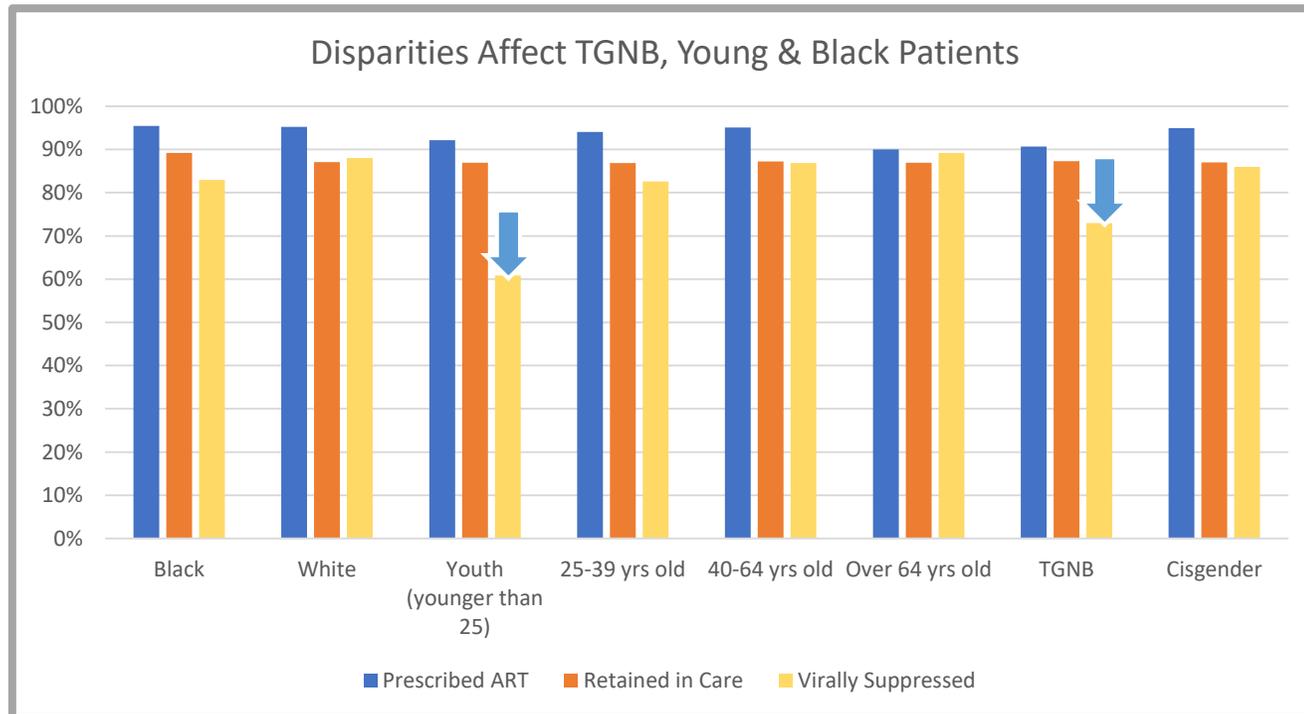
Living with HIV: 5x more likely to have engaged in sexual activity for food

Living with HIV: More likely to have been paid for underground economy work

Living with HIV: Almost twice as likely to be homeless



Integration to Address HIV



Integration of Quality Improvement

CALEN LORDE FY 2018 MONTHLY QUALITY IMPROVEMENT DASHBOARD									
Category		Index Number	Indicators (%)	Benchmark	Target	FY 2017	FY 2018	Current Denominator	Current Numerator
Core Clinical	Primary	1	Tobacco Cessation Intervention	80%	50%	45%	58%	2,336	1,363
	Preventive	2	Breast Cancer Screening, Patients Ages 50-74	59%	42%	38%	43%	566	242
	Equity	3	Viral Suppression, HIV+ Transgender Women	88%	86%	78%	82%	353	290
Clinical	Bronx	4	Colon Cancer Screening, Patients Ages 50-75	67%	19%	17%	15%	147	22
	Dental	5	Dental Crowns Completed Within 3 Visits	100%	87%	79%	81%	67	54
	Behavioral	6	Depression Screening and Follow-Up Plan	65%	48%	44%	37%	13,026	4,882
Access	7	Calls Answered in < 2 Minutes (Call Center)	69%	55%	50%	47%	132,941	62,023	
Care Coordination	8	External PCP Documented, Limited Services Patients	TBD	25%	0%	8%	2,923	246	
Management	9	Completed Annual Staff Evaluations	76%	85%	78%	86%	276	236	
							Green = At or Above Target		

IEF 4/17/18

CalLEN-LORDE

Quality Improvement Plan Behavioral Health Support

Transgender women carry a disproportionate share of the HIV burden, with a viral suppression rate of 81% among Callen-Lorde's patient population. The organization's target suppression rate among transgender women is 86%, to be achieved by June 30.

In conjunction with the work of other departments, the Behavioral Health Department will offer services to target the behavioral health needs of our transgender female population living with HIV who are working toward full viral suppression.

Of patients who identify as transgender women and who are living with HIV that is not suppressed, 38 individuals have never engaged in behavioral health services, 31 had previously received but are not currently engaged in behavioral health services, and 6 are currently engaged in behavioral health services.

In an effort to meet this quality benchmark, the behavioral health department will:

- *Take referrals directly from Care Coordinators and schedule specific dates/times for assessments on the 6th floor of 18th street.* The scheduling of assessments in advance is open only to the target population. These will be scheduled through Kate Filmore.
- *Provide priority standing on the Article 31 waitlist for patients who are assessed to have needs that would be best met in the Article 31 clinic.* Care Coordinator referrals through assessments will result in priority Article 31 scheduling for those who need services.
- *Provide access for patients who wouldn't typically be considered "eligible" for Article 31 services.* Article 31 services are typically reserved for patients with severe and persistent mental illness. In some cases, SPMI may be related to chronic health conditions, and thus patients may be considered a priority based on HIV viral suppression status.
- *At the request of Care Coordination and others running groups, the behavioral health department may participate in and/or run established groups so that specific clinical needs are addressed.* The behavioral health department will also provide training/education to care coordinators and health educators that are running groups for the target population.

It is necessary that a flag in either EHR or EPM be available so that behavioral health management is able to identify and triage patients in the target population to provide the additional services outlined above.

For more information, please contact: Morris Roy; Dave Guggenheim; Kate Filmore

Integration of Quality Improvement

Behavioral Health

Medicine & Nursing

Care Coordination

Pharmacy

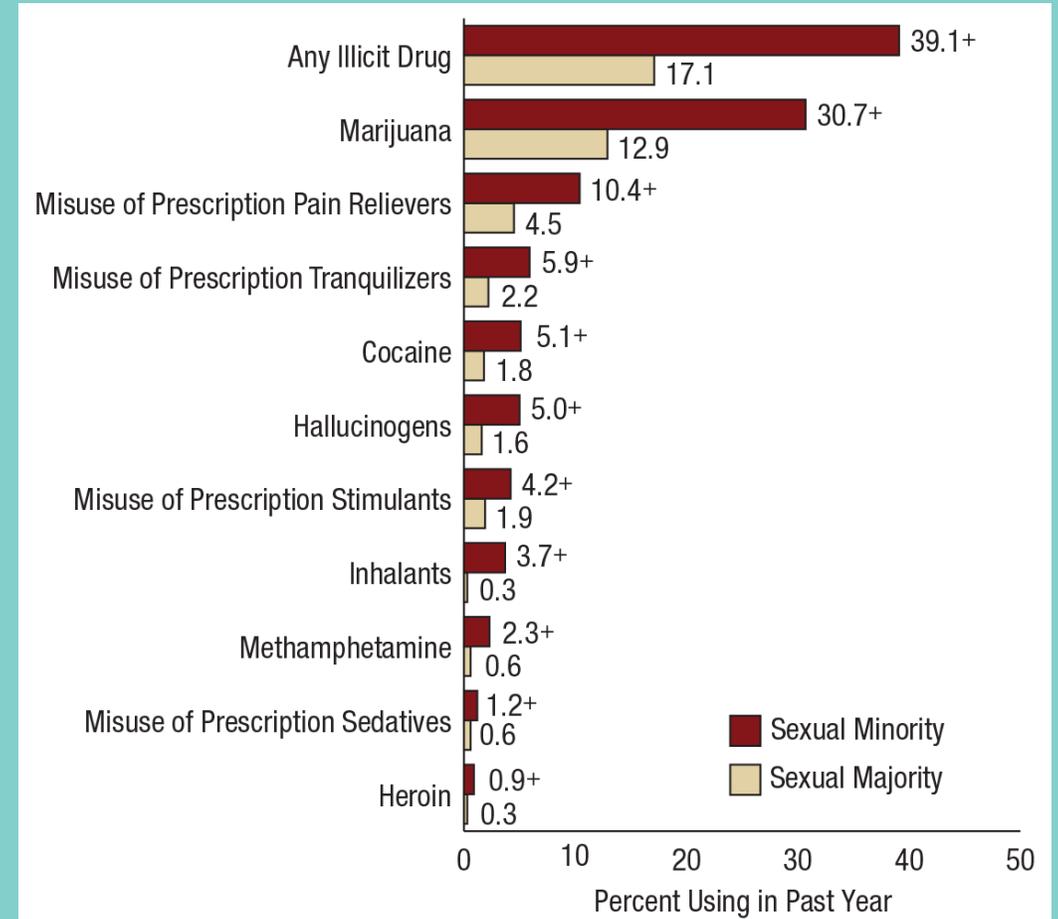
Quality Team

CalLEN-LORDE

Integration: Substance Use

Past Year Illicit Drug Use among Sexual Minority and Sexual Majority Adults Aged 18 or Older, by Drug Type: Percentages, 2015

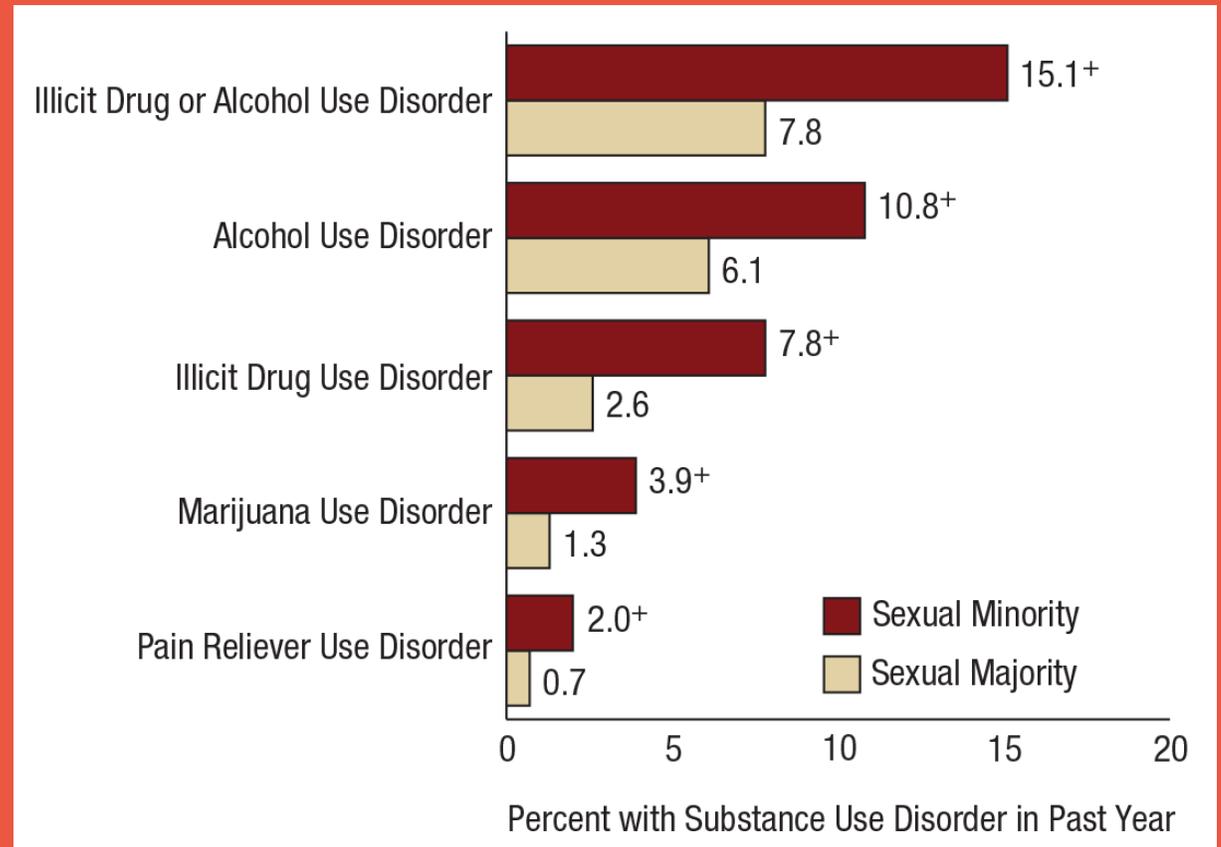
Source: In 2015, the National Survey on Drug Use and Health (NSDUH)



Integration: Substance Use

Substance Use Disorder in the Past Year among Sexual Minority and Sexual Majority Adults Aged 18 or Older: Percentages, 2015

Source: In 2015, the National Survey on Drug Use and Health (NSDUH)



Integration: Substance Use

Screenings

Date	Instrument	Score	Severity/Interpretation	Completed By	Comments	MDD Classification
06/04/2018	Drug Abuse Screening Test (DAST)	9	High	David Guggenheim		
06/04/2018	AUDIT Screening Instrument	35	Zone IV	David Guggenheim	referral to specialist for diagnostic evaluation and treatment	

OSIS03 SBIRT Screen

OSIS FULL SBIRT SCREENING

Positive SBIRT
 Negative SBIRT
 Patient declined SBIRT

How many times in the past year have you had 4 or more drinks in a day? None 1 or more
 Alcohol Use Identification Test (Audit)

How many times in the past year, have you used a recreational drug or used a prescription medication for nonmedical reasons? None 1 or more
 Drug Abuse Screening Tool (DAST)

Provider Follow-Up

Feedback/Intervention needed? Yes No Declined Intervention? Yes No

Screening & Feedback? Yes No

Brief Intervention? Yes No

Referral to Traditional Treatment? Yes No

Intervention performed: 99408: Alcohol and/or substance (other than tobacco) abuse brief intervention services - 15-30
 Referred for treatment
 Declined treatment

Intervention comments: Patient set SMART goals to reduce alcohol use, referred to BH for follow-up re drug treatment referrals.

Submit to Superbill

(Click the grid for the 'Update' button)

Date	SBIRT	Intervention	Declined Treatment	Referred for Treatment	Comments

Update Cancel



Integration of Care

- Patients seamlessly transitioned to BH with score of 10 or higher
- Patients given access to behavioral health triage as entryway to behavioral health services
- Future directions:
 - SBIRT (DAST, AUDIT)
 - GAD-7
 - Trauma Screenings
 - Duke Health Profile

MANUAL SCORING FOR THE DUKE HEALTH PROFILE
 Copyright ©1994-2016 by the Department of Community and Family Medicine
 Duke University Medical Center, Durham, N.C., U.S.A.

To calculate the scores in this column the raw scores must be revised as follows:
 If 0, change to 2; if 2, change to 0; if 1, no change.

Item	Raw Score*	Revised	Score
PHYSICAL HEALTH SCORE			
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
Sum	_____ x 10 =	_____	_____
MENTAL HEALTH SCORE			
1	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
Sum	_____ x 10 =	_____	_____
SOCIAL HEALTH SCORE			
2	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
15	_____	_____	_____
16	_____	_____	_____
Sum	_____ x 10 =	_____	_____
GENERAL HEALTH SCORE			
Physical Health score	_____	_____	_____
Mental Health score	_____	_____	_____
Social Health score	_____	_____	_____
Sum	_____ + 3 =	_____	_____
PERCEIVED HEALTH SCORE			
Item 3	Raw Score* _____	Revised _____	Score _____ x 50 = _____
SELF-ESTEEM SCORE			
Item 1	Raw Score* _____	Revised _____	Score _____ x 10 = _____
Item 2	Raw Score* _____	Revised _____	Score _____
Item 4	Raw Score* _____	Revised _____	Score _____
Item 6	Raw Score* _____	Revised _____	Score _____
Item 7	Raw Score* _____	Revised _____	Score _____
Item 17	Raw Score* _____	Revised _____	Score _____ x 50 = _____
ANXIETY SCORE			
Item 2	Raw Score* _____	Revised _____	Score _____
Item 5	Raw Score* _____	Revised _____	Score _____
Item 7	Raw Score* _____	Revised _____	Score _____
Item 10	Raw Score* _____	Revised _____	Score _____
Item 12	Raw Score* _____	Revised _____	Score _____
Item 14	Raw Score* _____	Revised _____	Score _____
Sum	_____ x 8.333 =	_____	_____
DEPRESSION SCORE			
Item 4	Raw Score* _____	Revised _____	Score _____
Item 5	Raw Score* _____	Revised _____	Score _____
Item 10	Raw Score* _____	Revised _____	Score _____
Item 12	Raw Score* _____	Revised _____	Score _____
Item 13	Raw Score* _____	Revised _____	Score _____
Sum	_____ x 10 =	_____	_____
ANXIETY-DEPRESSION (DUKE-AD) SCORE			
Item 4	Raw Score* _____	Revised _____	Score _____
Item 5	Raw Score* _____	Revised _____	Score _____
Item 7	Raw Score* _____	Revised _____	Score _____
Item 10	Raw Score* _____	Revised _____	Score _____
Item 12	Raw Score* _____	Revised _____	Score _____
Item 13	Raw Score* _____	Revised _____	Score _____
Item 14	Raw Score* _____	Revised _____	Score _____
Sum	_____ x 7.143 =	_____	_____
PAIN SCORE			
Item 11	Raw Score* _____	Revised _____	Score _____ x 50 = _____
DISABILITY SCORE			
Item 17	Raw Score* _____	Revised _____	Score _____ x 50 = _____

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
 (Use ✓ to indicate your answer)

	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
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

For office coding: 0 + _____ + _____ + _____ + _____ = Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



CALLEN-LORDE



Integration of Care

Letters for Gender-Affirming Surgery

At time of evaluation:



The clinician evaluates the patient's capacity to make informed consent. *The clinician does not evaluate whether or not the patient is transgender.*

CALLEN-LORDE

CalLEN-LORDE

356 West 18th Street – New York, NY – 10011
Phone: 212 271 7200 – Fax: 212 271 7225

July 30, 2018

Re: Michaela Dantez (DOB: 1/7/1984)

To Whom It May Concern:

Michaela Dantez has been seen at Callen-Lorde Community Health Center since 8/1/18. This writer has worked at Callen-Lorde Community Health Center since January 2016. Ms. Dantez has been evaluated for services by our medical team and I join them in writing this letter in support for Ms. Dantez undergoing breast augmentation.

Callen-Lorde's Integrated Transgender Health Program

Callen-Lorde Community Health Center in New York City, NY has been at the forefront leading clinical care for transgender and non-binary people in the U.S. for more than three decades. In 2016, Callen-Lorde served nearly 5,000 transgender patients across three clinical sites making us the largest provider of transgender clinical care on the U.S. East Coast. Callen-Lorde provides hormone therapy according to established protocols. Callen Lorde's medical providers have contributed to hormone guidelines published by WPATH, the world health organization, the American Psychiatric Association, and the UCSF primary care guidelines for transgender and non-binary people.

In addition to ongoing primary care treatment, transgender and non-binary identified patients seeking surgical options are guided through an integrated surgery coordination process with our care coordination and mental health departments. Through the Callen-Lorde Surgery Preparation Clinic, patients are able to access a curriculum based psychoeducation series regarding surgical procedures and medical preparation, insurance policy education, pre and post-surgical planning, and open access to mental health providers on a weekly basis for group and individual sessions.

Gender Health History

Ms. Dantez experiences persistent gender dysphoria, and I am in support of gender-confirming surgery as the next step in her transition process. In order to receive gender-affirming hormone treatment at Callen-Lorde, Ms. Dantez was determined to have capacity to make informed consent. Ms. Dantez has been living full-time in her gender since 8/1/2010. During interview, Ms. Dantez is engaged, prepared for therapy, socially well-connected, and able to verbalize thoughts, feelings and behaviors related to gender dysphoria.

Ms. Dantez has experienced persistent gender dysphoria since childhood. She began hormone therapy on 8/27/2010 and has been consistent and adherent in regimen since. There is no indication that Ms. Dantez should have any difficulty continuing to follow established Standards of Care. Ms. Dantez experiences significant distress related to her gender dysphoria. Ms. Dantez reports that she has significant issues related to intimacy and low self-esteem as a result of the way her body looks. The distress experienced makes intimacy very difficult and hinders social relationships with others. She states that she avoids looking in the mirror and states that she looks "like a monster." Ms. Dantez's low self-esteem and self-confidence leads to increased isolation and mood symptoms at times, including depressive symptoms. Ms. Dantez reports crying spells, hypersomnia and adonia that appear directly related to gender dysphoria. Thus, I find that breast augmentation surgery is medically necessary for the health of Ms. Dantez, as a way to treat her well-documented gender dysphoria. Ms. Dantez meets the criteria as set forth by the World Professional Association for Transgender Health Standards of Care 7 for medical necessity. Breast augmentation surgery is not an elective procedure because the purpose is not solely to improve her physical appearance, but also to treat her persistent and well-documented gender dysphoria. "Delay of changes

Integration of Care

CalLEN-LORDE

356 West 18th Street – New York, NY – 10011
Phone: 212 271 7200 – Fax: 212 271 7225

may have a deleterious impact on a patient's social integration and personal safety. This surgical intervention is often of greater practical significance in the patient's daily life...The medical procedure attendant to gender affirming/confirming surgery is not "cosmetic" or "elective" or "for the mere convenience of the patient." This reconstructive procedure is not optional in any meaningful sense, but are understood to be medically necessary for the treatment of the diagnosed condition" (WPATH). Alleviating Ms. Dantez's mental health concerns will, in turn, combat the negative effects of gender dysphoria as she continues to transition.

Ms. Dantez reports that she attended therapy years ago for mood symptoms. While mental health counseling can be helpful for patients as they navigate the transition process, *as a result of this evaluation, further mental health counseling is not deemed medically necessary at this time.*

Ms. Dantez reports that she is financially stable, and in the event that she needs assistance, she has a wide network of friends to help her. Ms. Dantez states that her best friend plans to provide full aftercare support for her post-surgery. In addition, as a patient at Callen-Lorde, Ms. Dantez has access to primary care, behavioral health, dental and case management services. Should complications arise, our staff is available on-call 24 hours a day, including urgent-care and walk-in appointments. Case management services are available that are specific to patients of trans experience. Please call me at (212) 271-7189 with any questions or to arrange follow-up care.

Please call me at (212) 271-7189 with any questions or to arrange follow-up care.

Sincerely,

David A. Guggenheim, PsyD
Chief Behavioral Health Officer

CalLEN-LORDE

Integration of Care

Gender-Affirming Surgery Evaluation

Medical & Behavioral Health

Guideline

Members are eligible for GRS coverage when all of the following criteria are met:

1. ≥ 18 years of age.
2. Satisfaction of all of the following diagnostic criteria for "true" transsexualism:
 - A. A sense of estrangement from one's own body, so that any evidence of one's own biological sex is viewed as repulsive.
 - B. A stable transsexual orientation, as evidenced by a desire to eradicate one's genitals and assimilate into society as a member of the opposite sex lasting ≥ 2 years (not limited to periods of stress).
 - C. Absence of physical intersex or genetic abnormality.
 - D. Desire to construct one's body as congruently as possible with the preferred sex through surgery and hormone treatment.
 - E. Inability to achieve sexual arousal from cross-dressing.
 - F. Life-long sense of belonging to the opposite sex and of having been born into the incorrect sex (often since childhood).
 - G. The above must not be attributable to another biological, chromosomal or associated psychiatric disorder, such as schizophrenia.
3. Member has completed a program of gender identity treatment, as evidenced by all of the following:
 - A. Successful completion of ≥ 12 months of living and working within the desired gender role on a full-time basis (real-life experience simulation) without periods of reverting to the original gender.
 - B. Receipt of ≥ 12 months of continuous hormonal gender reassignment therapy (not required for mastectomy), as recommended by a mental health professional and carried out by an

- Meta-analyses show improvement in quality of life after gender-affirming surgery
- 2018 study showed 94-100% satisfaction rate with gender-affirming surgery, those satisfied with surgery reported increased level of "happiness," improved life satisfaction, alleviates feelings of dysphoria
- Much further study is needed to more fully understand improved outcomes

Murad et al., 2010
van de Grift, 2018

CALLEN-LORDE

Integrated Training Programs

GRAND ROUNDS

Dealing with Racist Patients



Friday, May 4th, 2018
The LGBT Community Center
208 W 13th Street, Room 301
Breakfast: 8:45-9:00AM
Session: 9:00-9:45 AM

Kimani Paul-Emile, J.D., Ph.D. is an Associate Professor of Law, Associate Director and Head of Domestic Programs and Initiatives at Fordham Law School's Center on Race, Law & Justice, and Faculty Co-Director of the Fordham Law School Stein Center for Law & Ethics. Dr. Paul-Emile specializes in the areas of law & biomedical ethics, law and inequality, race and the law, and health law. Her scholarship has been published widely, including in the Virginia Law Review, Georgetown Law Journal, UCLA Law Review, George Washington Law Review, and the New England Journal of Medicine among others. Her co-authored article on the clinical, ethical, and legal challenges attendant to dealing with racist patients in the hospital setting has been viewed over 131,000 times, placing it in the 99th percentile of articles published in the New England Journal of Medicine, and 99th percentile of all medical journals. Dr. Paul-Emile's scholarship has also appeared in or been covered by over 30 national and international news organizations, including the New York Times, Wall Street Journal, Washington Post, National Public Radio, CBS News, MSNBC, CNN, Al Jazeera America, and The Guardian.

CALLEN-LORDE

GRAND ROUNDS

Sex Trafficking & the EMPOWER Clinic



Friday, January 5, 2018
The LGBT Community Center
208 W 13th Street
Breakfast: 8:45 - 9:00 AM
Session: 9:00 - 9:45 AM

Veronica Ades, MD, MPH
Dr. Ades is a board-certified obstetrician- gynecologist. She completed her Doctor of Medicine degree at the State University of New York at Downstate in Brooklyn, NY, and a Master's degree in Public Health with a concentration in Quantitative Methods at the Harvard School of Public Health. She completed residency training in obstetrics and gynecology at the Albert Einstein School of Medicine in the Bronx, NY, and a fellowship in Reproductive Infectious Disease at the University of California, San Francisco. Dr. Ades also completed a Certificate in Comparative Effectiveness at the NYU School of Medicine. Dr. Ades has worked with Médecins Sans Frontières/Doctors Without Borders on assignments in Aweil, South Sudan in 2012 and 2016 and in Irbid, Jordan in 2013.

Dr. Ades is currently an Assistant Professor of Obstetrics and Gynecology and Director of Global Women's Health at the New York University School of Medicine (NYUMC). Her clinical work is at the New York Harbor VA, Gouverneur Health, and Bellevue Hospital. She is the Founder and Director of the EMPOWER Clinic for Survivors of Sex Trafficking and Sexual Violence at Gouverneur Health on the Lower East Side. Dr. Ades conducts research on sexual- and gender-based violence and trauma, and runs the Empower Lab at NYU.

CALLEN-LORDE

GRAND ROUNDS

Tobacco Use and the LGBTQ Community



Friday, September 7, 2018
The LGBT Community Center
208 W 13th Street, Room 301
Breakfast: 8:45-9:00AM
Session: 9:00-9:45 AM

Alex Kingsepp, MPH, is the Metro North Project Coordinator for NYC Treats Tobacco (NYCTT), a program funded by the New York State Bureau of Tobacco Control and based at NYU Langone Medical Center. NYCTT provides technical assistance to medical and behavioral healthcare organizations throughout New York City to support the provision of evidence-based tobacco use treatment to their patients. In particular, Alex is responsible for NYCTT's partnerships in Manhattan, Queens, and the Bronx.

Prior to her work with NYCTT, Alex was a consultant researcher and worked with various local and national non-profits to implement and evaluate community health programs. She has worked at the New York City Department of Health and Mental Hygiene to evaluate and support the implementation of SBIRT, a substance abuse screening and treatment tool, in primary health care settings throughout the city. She also worked at the Brady Campaign to Prevent Gun Violence and contributed to various data reports and media campaigns.

Alex is drawn to projects that target psycho-social issues and leverage systems-level change to improve community health and wellbeing. Her research interests include chronic illness and mental health in urban areas, particularly among immigrant communities.

Alex received a BA in Anthropology at New York University and an MPH at Columbia University's Mailman School of Public Health.

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Integrated Training Programs

Onboarding of New Staff



Medical Providers

Dental Providers

Behavioral Health Providers

Nursing

Operations Staff

Patient Care

Finance & Billing

Students

Communications

Management

Pharmacy

CALLEN-LORDE

Integrated Training Programs

Evaluation of Integration

Clinical Benchmarks

- Screening - DSRIP
- Screening - UDS
- Measuring BH Outcomes**

Practice Management Measures

- Patient ED Utilization
- Waitlists
- % of patients in BH
- Avoidable Hospitalization

Experience/Feedback Metrics

- Patient feedback
- Staff feedback

Sustainability

- Financial Data
- Productivity Measures



Integrated Training Programs

Student Training Programs

Medical Providers

Dental Providers

Social Work Students

Psychology Post-Doctoral Fellows

Nursing Students

CalLEN-LORDE



Barriers to Integration

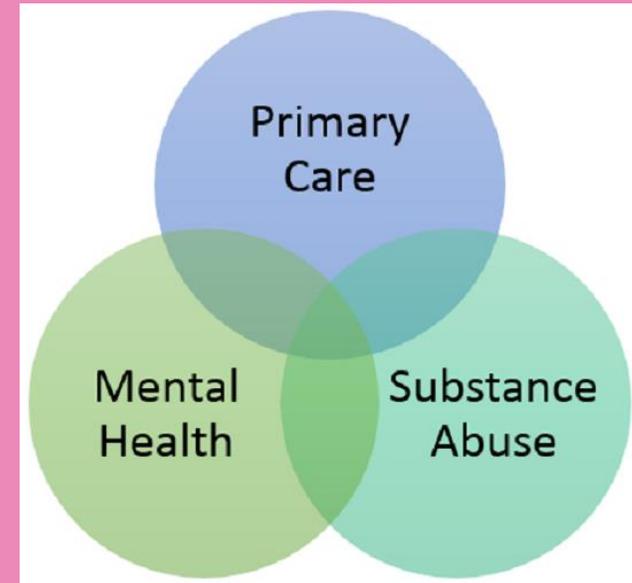
Staffing

- Primary care behavioral health providers
- Primary care psychiatry providers
- Primary care providers with understanding and knowledge of what we do

Operational

- Workflow issues
- Visit volume
- Measuring outcomes

Future Directions for Integration



Pronouns Matter & TGNB Best Practices Campaigns



CALLEN-LORDE



Questions

Contact Information

David A. Guggenheim, PsyD

Dguggenheim@callen-lorde.org

(212) 271 7189

www.callen-lorde.org

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