



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

The webinar will begin  
shortly.



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Slides for today's webinar  
are available on the CIHS  
website at:

<http://www.integration.samhsa.gov/pbhci-learning-community/webinars>



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

## Sexual Health: An Equal Opportunity in PBHCI

August 26, 2015



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

## Moderators

Brie Reimann, MPA,  
Deputy Director, CIHS



Emma Green, MPH, Training & Technical  
Assistance Coordinator, CIHS

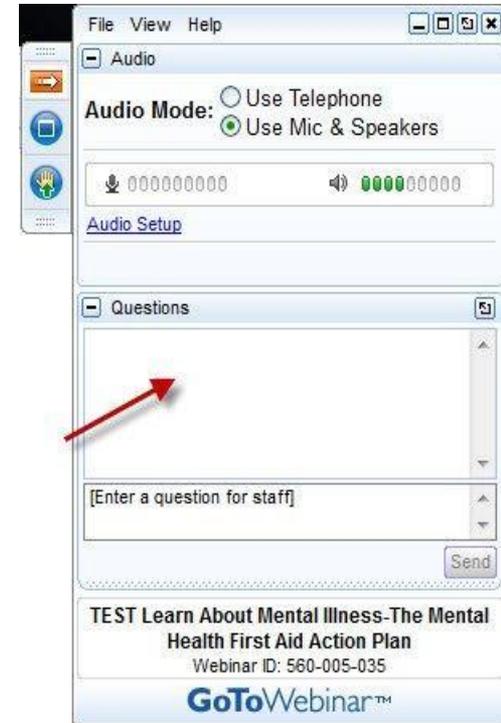


# How to ask a question during the webinar



If you dialed in to this webinar on your phone please use the “raise your hand” button and we will open up your lines for you to ask your question to the group. **(left)**

If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions. **(right)**



# Today's Purpose

1. Recognize the importance of facilitating an organizational culture that promotes sexual health.
2. Dispel common myths around sexual health promotion
3. Learn about strategies to integrate DCI questions into workflow.
4. Understand practical approaches to promoting sexual health

# **Poll Question: Sexual Health Promotion is a core function of our service provision.**

- True
- False



# **Poll Question: Our Staff is comfortable addressing sexual health with our consumers.**

- True
- False



# Myth or Fact

- Sexual histories are only necessary for clients who have signs or symptoms of sexually transmitted diseases (STDs).
- Clients are uncomfortable talking about sexual issues.
- Sexual health questions should only be asked once.
- Sexual orientation and behaviors remain constant over time.
- Sexual histories should only be completed with adults.

# DCI Questions

1. Which of the following do you consider yourself to be?
2. In the past 12 months, who have you had sex with?
3. Which statement best describes your feelings?
4. If you ever experienced an event that resulted in you feeling physically or emotionally harmed or threatened, what kind of event was this?



## Today's Speakers

**David Dean Jr., MS, PhD**  
Center for Behavioral Health Statistics and Quality

**Tierra Ortiz-Rodriguez, MEd, LPC**  
The Montrose Center

**Jim Pavlik, MA**  
Behavioral Health and Wellness Program

**Jamarie Geller, MA**  
Behavioral Health and Wellness Program

# LGBT Questions at SAMSHA

People are different in their sexual attraction to other people. Which statement best describes your feelings?

- I am only attracted to males
- I am mostly attracted to males
- I am equally attracted to males & females
- I am mostly attracted to females
- I am only attracted to females
- I am not sure

Which one of the following do you consider yourself to be?

- Heterosexual, that is straight
- (If female R) Lesbian or Gay
- (If male R) Gay
- Bisexual

# LGBT Questions at SAMSHA

In the past [time period] who have you had sex with?

- Men only
- Women only
- Both men and women
- I have not had sex

What sex were you assigned at birth, meaning on your original birth certificate?

- Male
- Female

What is your current gender identity?

- Male
- Female
- Trans male/Trans man
- Trans female/Trans woman
- Genderqueer/Gender non-conforming
- Different identity (please state): \_\_\_\_\_

# Future LGBT Data Collection...?

## NSDUH

- Addition of sexual behavior question
- Addition of (trans)gender identity question(s)
- Addition of all questions for adolescents

## Program Monitoring & Evaluation

- The questions we want...
- Potential addition to block-grant reporting

# LGBT Behavioral Health Reporting

## Data systems

- NSDUH same-sex couple behavioral health
- Common Data Platform (2015)
- NSDUH LGB health (2016)

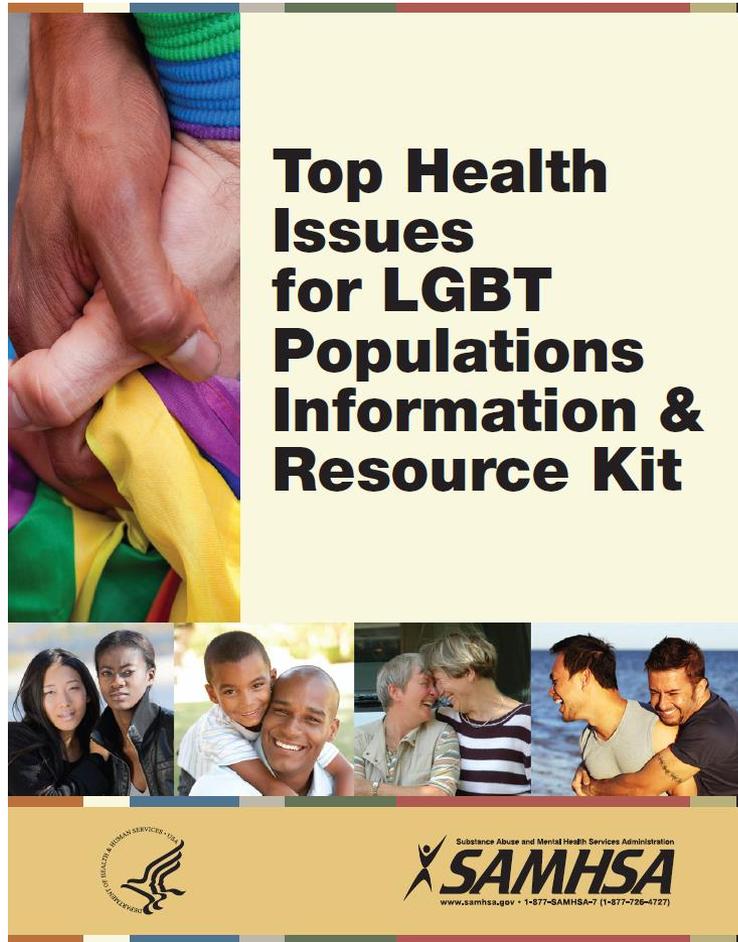
## Reports & Analysis: <http://www.samhsa.gov/data/>

- CBHSQ Spotlights, Short Reports, Data Reviews
- Peer-reviewed journal articles
- Public-use datasets

# Summary

- LGB data collection in 2015 and estimates will be available in 2016
- Interesting and necessary topic to better understand U.S. population
- Gender identity and youth questions to be determined
- Interest from States and data users

# Data & services resource



Developed by Dr. Alex Camacho (now at HRSA)

## Topics

- Terms and definitions
- LGBT sections
  - physical health
  - behavioral health
- Web-based resources

Office of Behavioral Health Equity



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

## Integrating Sex-Positive Interventions at All Levels of Care

Tierra Ortiz-Rodriguez, LPC  
Staff Therapist and Case Manager  
The Montrose Center, EMBody Program



# Patients want to talk about sexual concerns

- In a survey of 500 men and women over age 25, 85% of respondents expressed an interest in talking to their providers about sexual concerns, even though 71% thought their provider would likely dismiss their concerns.

# Great reasons to start conversations about sexual health

- Assess patient's level of understanding of sexual health
- Opportunity to educate and counsel patients about sexual health
- Opportunity to connect to treatment and care

# Building a sex-positive organizational culture

- Addressing sexual health starts at intake and is elaborated throughout, via clinical interventions, staff trainings, and community education and outreach.

# At the Montrose Center, addressing sexual health starts at intake

- Assess whether patient is established in medical care, has tested or received treatment for HIV and STIs
- Assess sexual activity
  - Sexual orientation: sex with men, women, both, pansexual
  - One partner or multiple partners; monogamous or not monogamous
  - What kinds of sex are you having? (e.g., oral, vaginal, anal, masturbation, sex toys)
- Ask about perceived level of risk
  - What are your safer sex practices and sexual health habits?
  - Did you use condoms the last three times you had sex?
  - Any sexual activity under the influence of alcohol and drugs?
- Ask about concerns with sexual functioning
  - Do you have any concerns about your sexual health or sex life?

# Clinical interventions

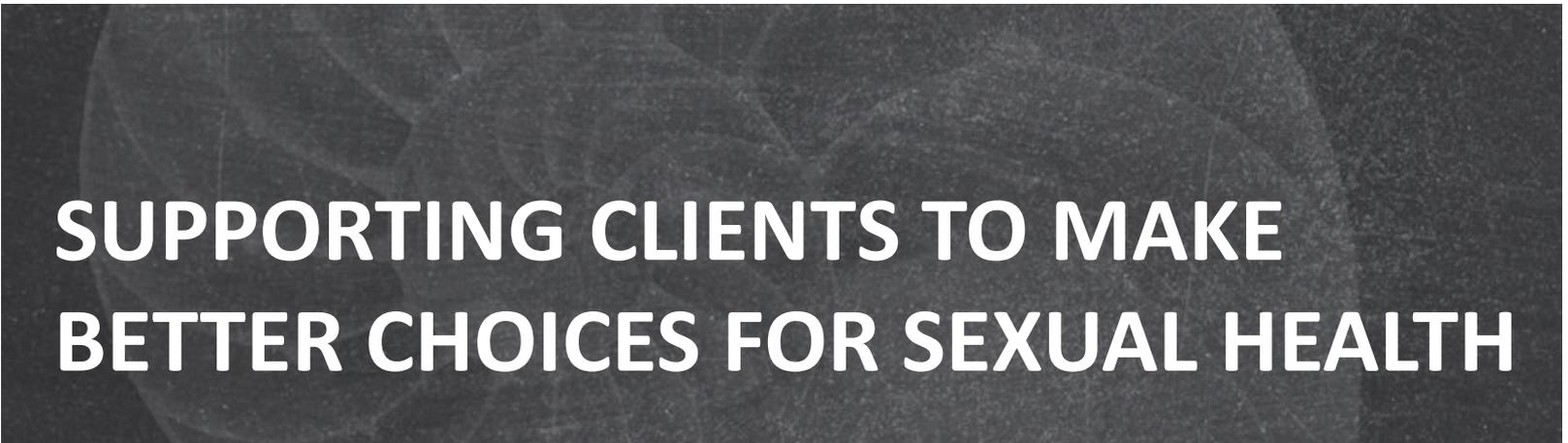
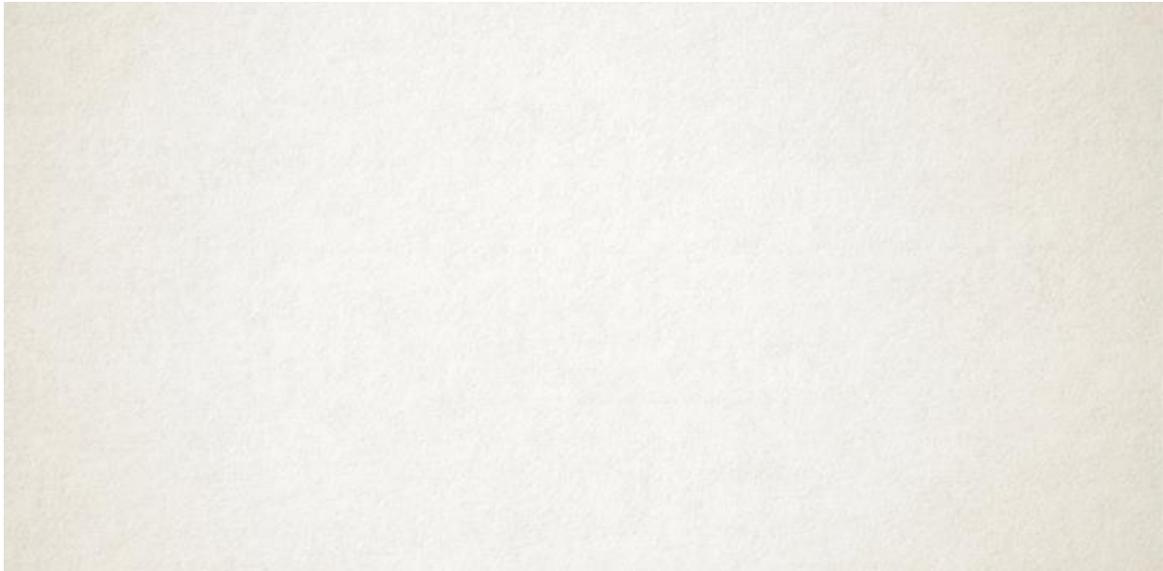
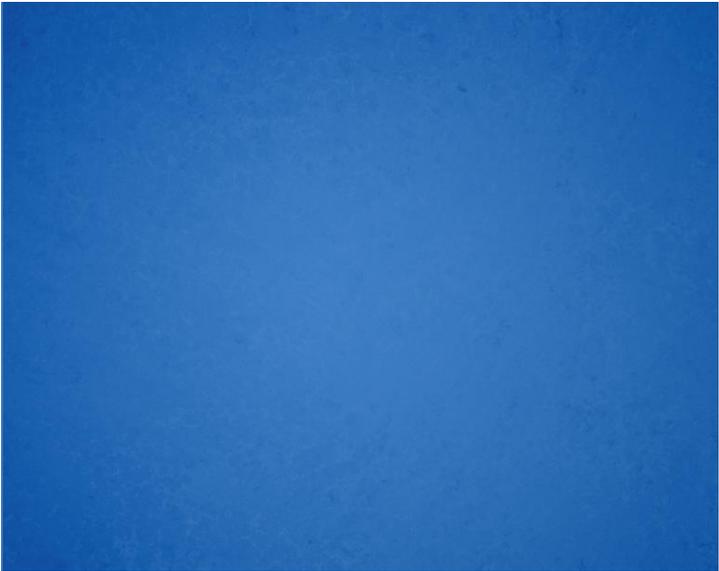


# Clinical interventions

1. Dimensions of wellness
2. Invite patients to talk about sexual functioning and sexual practices
3. Provide sexual health information (with permission)
  1. Regular check-ups
  2. STI testing
4. Encourage medical self-advocacy
5. Talk about sex, mental health, and drugs/addiction

# Promoting a sex-positive culture

1. Staff meetings and trainings on sexuality – e.g., routine sexual histories, lesbian sexuality, PrEP, PEP
2. Community-wide outreach and education – e.g., LGBT Health Awareness Week, sexual ethics workshop, offer STI testing
3. Create spaces that welcome people of all sexual orientations and gender identities – e.g., polyamory support group, transgender support group



# **SUPPORTING CLIENTS TO MAKE BETTER CHOICES FOR SEXUAL HEALTH**

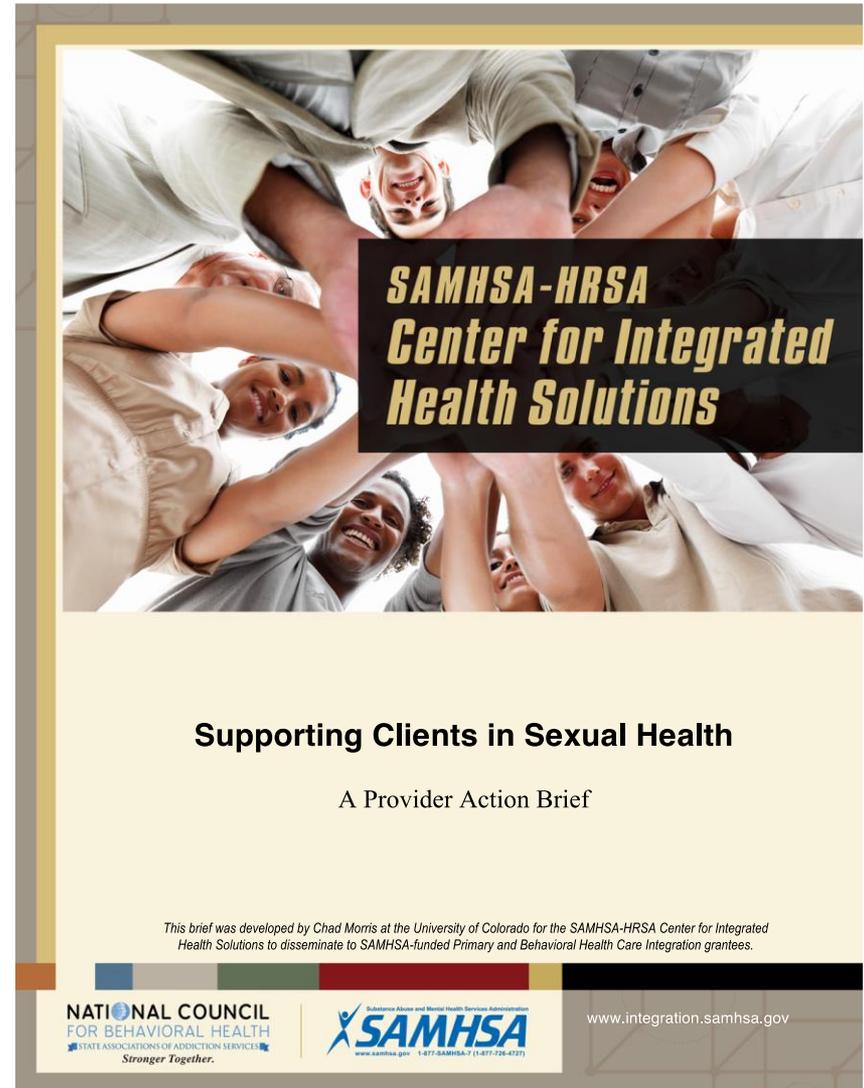


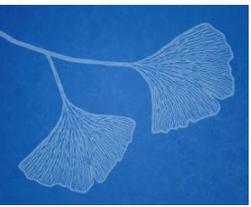
Jim Pavlik, MA  
Jamarie Geller, MA  
26 August 2015



# Supporting Clients on Sexual Health: A Provider Action Brief

- Guidelines to ensure a respectful, non-threatening conversation
- Protocol for ensuring that clients receive good advice in an efficient manner
- Standard protocol for assessing risk
- Quick reference list of example language
- Example questions you can ask during assessments
- List of national resources on various topics





# Why Talk to Clients about Sexuality and Sexual Health?

- 110 million Americans have an STI
- 20 million new infections each year
- 1 million living with HIV
  - 1 in 6 unaware they are infected
- About 50% pregnancies are unintended
- Many adverse outcomes are preventable

# The 5As:

- Ask
- Advise
- Assess
- Assist
- Arrange



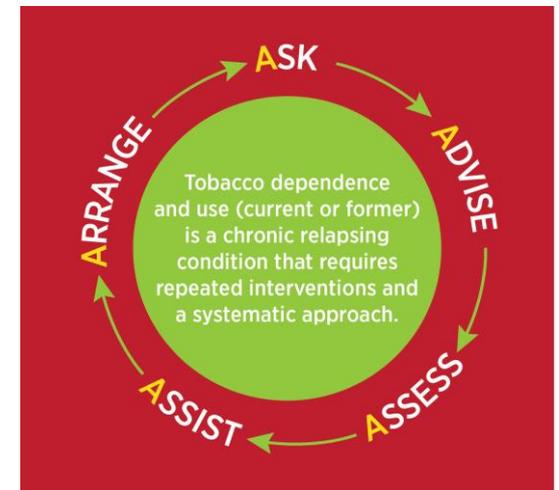
# Asking

- *“I talk to all my clients about their sexual health. Is there anything in particular you’d like to discuss?”*
- *“Have you ever talked about your sexual health?”*
- *“I’d like to discuss your sexual history, which I know can be personal. Is that ok?”*

# Advising

Encourage the client to stop or reduce some behaviors, focusing on those that:

- Are posing the highest risk
- The client wants to change
- Are achievable



# Assessing

- Assess the client's willingness to change
- Assess the client's risk level





# Ambivalence and Motivating Change

*“It seems like you’re saying you don’t use condoms often, yet you want to stay protected against HIV. Is that accurate?”*

*“It sounds like the fear of getting pregnant is causing you a lot of anxiety, but you think you can’t afford birth control. Do you want to talk about some options?”*

# Assessing the Client's Risk

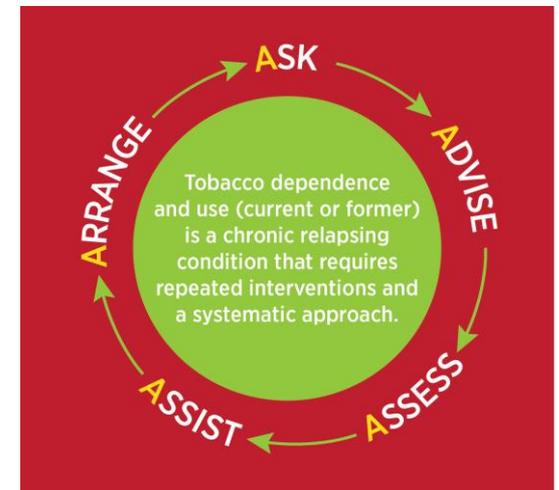
## The 5 Ps:

- Partners
- Practices
- Past STIs
- Pregnancy
- Protection



# Assisting

- Developing skills
- Creating an action plan

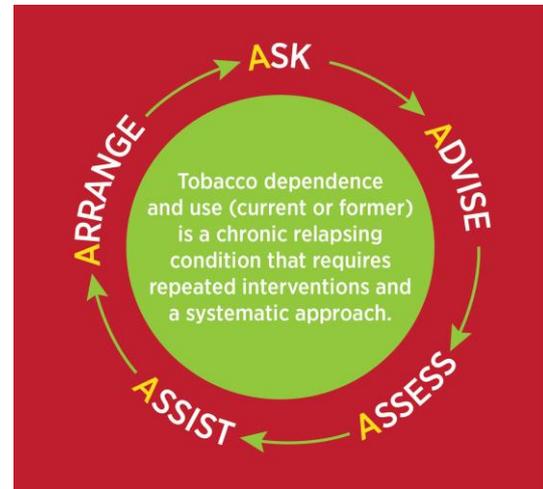


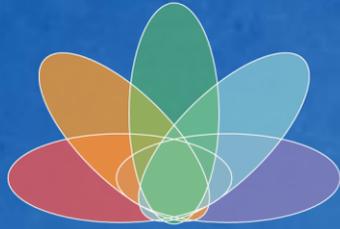
# Action Plan Examples:

- I will get an STI/HIV screen every time I have a new sexual partner.
- I will visit my primary care provider or OB/GYN for my yearly exam before the end of the month.
- I will limit my sexual partners to only those who are willing to use protection.
- I will plan for sexual safety and prevention before using alcohol or drugs.

# Arranging

- Make a plan to track and follow up
- Stay positive and focused on *the client's* goals
- Congratulate any successes, even if they seem minor
- Encourage continued effort





# Behavioral Health & Wellness Program

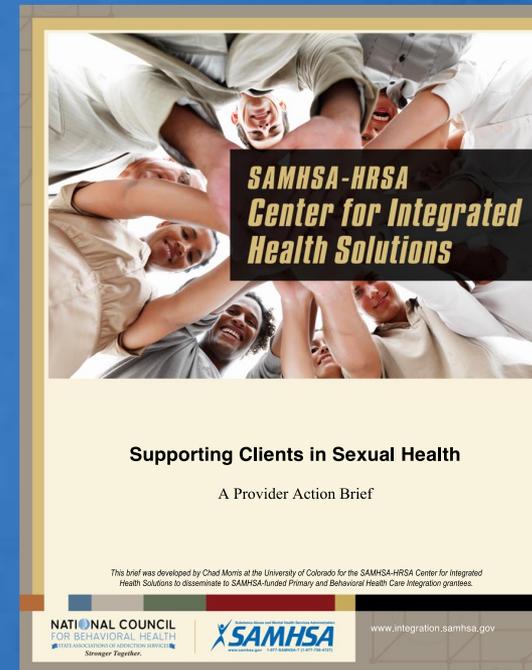
University of Colorado Anschutz Medical Campus  
School of Medicine

**Jim Pavlik, MA**

**Jamarie Geller, MA**

[bhwellness.@ucdenver.edu](mailto:bhwellness.@ucdenver.edu)

[www.bhwellness.org](http://www.bhwellness.org)



**Behavioral Health and  
Wellness Program**



**BHWP\_UCD**



# Resources

American Medical Association's *Patient sexual health history: What you need to know to help* (Video)

<http://www.bigshouldersdubs.com/clients/AMA/23-AMA-HealthHistory.htm>

CDC's *A Guide to Taking a Sexual History* (Brochure)

<http://www.cdc.gov/std/treatment/SexualHistory.pdf>

The Proactive Sexual Health History (Journal article)

<http://www.aafp.org/afp/2002/1101/p1705.html>

Taking Routine Histories of Sexual Health (Toolkit)

[http://www.lgbthealtheducation.org/wp-content/uploads/COM827\\_SexualHistoryToolkit\\_August2014\\_v7.pdf](http://www.lgbthealtheducation.org/wp-content/uploads/COM827_SexualHistoryToolkit_August2014_v7.pdf)

# For More Information & Resources

Visit [www.integration.samhsa.gov](http://www.integration.samhsa.gov) or  
e-mail [integration@thenationalcouncil.org](mailto:integration@thenationalcouncil.org)

The screenshot displays the homepage of the SAMHSA-HRSA Center for Integrated Health Solutions. At the top, there is a header with the text "Integrating Integrated Care Work" and a contact number "202.684.7457". Below this is the main title "SAMHSA-HRSA Center for Integrated Health Solutions" and a search bar. A navigation menu includes links for "About Us", "Integrated Care Models", "Workforce", "Financing", "Clinical Practice", "Operations & Administration", and "Health & Wellness". A secondary navigation bar features "Glossary" and social media icons for Facebook, Twitter, and LinkedIn, along with "Ask a Question" and "Email" options. The main content area is divided into several sections: "ABOUT CIHS" with a sub-header "SAMHSA-HRSA Center for Integrated Health Solutions" and a brief description of the center's mission; "TOP RESOURCES" featuring two articles from February 2014, one about Medicaid models and another about American Heart Month; and a "CALENDAR OF EVENTS" section listing upcoming events such as "Substance Use and Mental Disorders: Early Detection, Prevention, and Treatment" and "Integrating Peer Support in Primary Care".



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

**Thank you for joining us today.**

Please take a moment to provide your feedback by completing the survey at the end of today's webinar.