2016 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Integrating HIV and Hepatitis Care into Behavioral Health Care SAMHSA's Minority AIDS Initiative-Continuum of Care Pilot (MAI-CoC)

Lisa G. Kaplowitz, MD, MSHA, SAMHSA – Welcome & Intro
CAPT Ilze Ruditis, SAMHSA, CMHS- Overview
Seth Himelhoch, MD, University of Maryland
Moneta Sinclair, EdD, LPC, Positive Impact Health Centers
Emma Gianani-Maki, RN, University of Colorado, ARTS Center
Judith Ellis, SAMHSA, CSAP, Moderator
Stephen Carrington, SAMHSA, CSAT Q & A

Welcome from SAMHSA

Lisa G. Kaplowitz, MD, MSHA

Senior Medical Advisor

Office of Policy, Planning and Innovation

Substance Abuse and Mental Health Services Administration

Disclosures

Presenter(s) have no financial interest to disclose.

This continuing education activity is managed and accredited by Professional Education Services Group in cooperation with HRSA and LRG. PESG, HSRA, LRG and all accrediting organization do not support or endorse any product or service mentioned in this activity.

PESG, HRSA, and LRG staff has no financial interest to disclose.

Obtaining CME/CE Credit

If you would like to receive continuing education credit for this activity, please visit:

http://ryanwhite.cds.pesgce.com

Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Describe integrated care models for HIV and Hepatitis screening, testing and care in behavioral health settings.
2. Identify internal and external partnerships required for integrated care, including prevention and treatment.
3. Discuss advantages and strategies working in integrated behavioral health and medical services.

AGENDA

- Brief Programmatic Orientation of SAMHSA's MAI-CoC
- Presentations in varied geographic and programmatic settings:

  Mental health clinic, university affiliate, Baltimore, MD

  Mental health clinic, Atlanta, GA

  Substance use disorder treatment clinic linked with a Community Prevention Partner, Denver, Colorado

- Questions and Answers, Discussion

Overview and Requirements

Ilze Ruditis, MSW, ACSW

CAPT, USPHS

Diplomate in Clinical Social Work

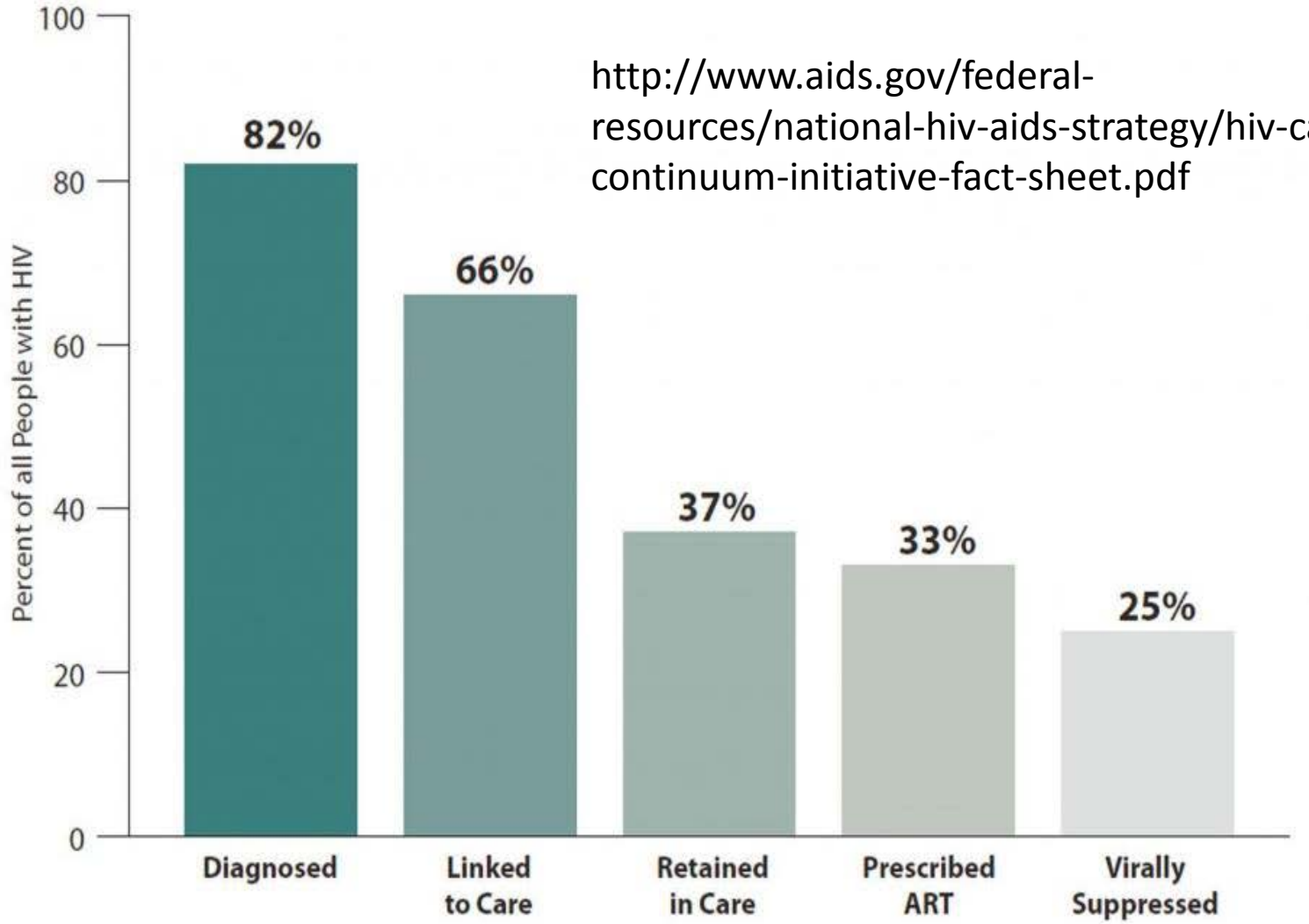
Sr. Program Manager

SAMHSA/CMHS/DSSI

WHY Initiate SAMHSA's MAI-CoC?

- People living with HIV are disproportionately affected by viral hepatitis; HIV infection accelerates viral hepatitis progression, thus, related liver problems
- Integration and collocation of care can relieve burden for individuals with conditions that are frequently associated with cognitive impairment (HIV infection, substance use, and mental disorders), which may lead to gaps in medically necessary services
- Result – Improved care access, adherence to care, and behavioral health and clinical outcomes

HIV Care Continuum and MAI-CoC



http://www.aids.gov/federal-resources/national-hiv-aids-strategy/hiv-care-continuum-initiative-fact-sheet.pdf

MAI-CoC Pilot: Purpose

- The purpose of this jointly funded program is to integrate care (behavioral health (BH) treatment, prevention, and HIV medical care services) for racial/ethnic minority populations at high risk for BH disorders and high risk for or living with HIV (page 7).
- This program is primarily intended for SA treatment programs and community MH programs that can co-locate and fully integrate HIV prevention and treatment and HIV medical care services within their BH programs.

Definitions

- The FOA provides key definitions:
  - Co-location-providing the HIV services within the physical space of the BH program
  - Full Integration-clients receiving the entire spectrum of HIV medical care in coordination and conjunction with the BH services being received.

MAI-CoC Details -Populations of Focus

- Racial/ethnic minority populations at high risk for or having a mental and/or substance use disorder and who are most at risk for, or living with HIV, including African American and Latino women and men, gay and bisexual men, and transgender persons

- Other high priority populations, such as American Indian/Alaskan Natives, Asian Americans, and other Pacific Islanders may be included based on the grantee's local HIV/AIDS epidemiological profile

MAI-CoC Program Details

- Up to 4 years (9/2014-9/2018) FOA ti-14-013
- 34 projects (up to $500,000) - *(5% required for hepatitis screening, testing and vaccination)*
- Funded under 3 Centers in SAMHSA- CMHS, CSAT and CSAP – in one FOA
- Almost all regions, with most in southeast and northeast

SAMHSA Government Project Officers for MAI-CoC

Center for Substance Abuse Prevention (CSAP)

Patricia Sabry

Barbara Rogers

Karim Hamadi

Morris Flood

Judith Ellis

Center for Substance Abuse Treatment (CSAT)

Kirk James

Ed Craft

Stephen Carrington

Center for Mental Health Services (CMHS) – Ilze Ruditis

Sites overview of their setting:

Agency and Program Structure

Experience and dynamics of integrating care

Relationships with Partner Agencies/Providers

Progress – Hepatitis, HIV, HIV services and mental and substance use disorders, prevention services

MAI-CoC - Variety of Settings

Seth Himelhoch, MD, University of Maryland
Walter P Carter Clinic, Baltimore, MD

Moneta Sinclair, Ed D, LPC, Positive Impact Health Centers, Atlanta, GA

Emma Gianani-Maki, MSS, RN, CAC III
University of Colorado, ARTS Center, Denver, Co

QUESTIONS?

STIRR-IT: INTEGRATEDSCREENING FOR HIV AND HCV AND PROVISION OF RISK REDUCTION COUNSELING IN A COMMUNITY MENTAL HEALTH SETTING

Seth S. Himelhoch M.D., M.P.H.

Program Director, Project STIRR-IT
Professor
Department of Psychiatry
University of Maryland School of Medicine

STIRR-IT

Baltimore City

http://www.insidethehuddle.tv/articles/traveler-baltimore-md-home-ravens

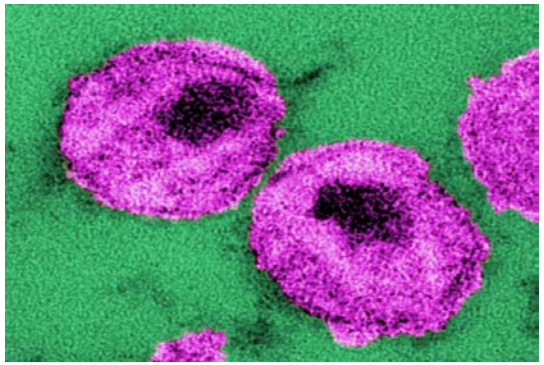
WHAT DOES STIRR-IT MEAN?

Screening &
Testing for HIV/HCV,
Immunization for Hepatitis A & B,
Risk **R**eduction Counseling linked to
Integrated HIV
Treatment

http://publichealthandeducation.blogspot.com/

WHAT IS STIRR?

- Evidence based practice



http://womenshealth.gov/hiv-aids/what-is-hiv-aids/how-hiv-is-spread.html

Psychiatric Services, 2010

Published in final edited form as:
Psychiatr Serv. 2010 September ; 61(9): 885–891. doi:10.1176/appi.ps.61.9.885.

Assessing the STIRR Model of Best Practices for Blood-Borne Infections in Clients with Severe Mental Illness

Stanley D. Rosenberg[1], Richard W. Goldberg[2,3], Lisa B. Dixon[2,3], George L. Wolford[1], Eric P. Slade[2,3], Seth Himelhoch[2,3], Gerard Gallucci[4], Wendy Potts[3], Stephanie Tapscott[3], and Christopher J. Welch[3]

[1]Departments of Psychiatry and Community and Family Medicine, Geisel School of Medicine, Lebanon, NH

[2]VA Capitol Health Care Network Mental Illness Research, Education, and Clinical Center, Baltimore, MD

[3]Department of Psychiatry, University of Maryland School of Medicine, Baltimore, MD

[4]State of Delaware, Division of Substance Abuse and Mental Health

Abstract

Objectives—People dually diagnosed with severe mental illness and substance use disorders are at markedly elevated risk for HIV, hepatitis B and hepatitis C, but generally do not receive basic recommended services. Several barriers impede receipt of services, including lack of programs offered by mental health providers, and client refusal of available services. Clients from ethnic minority groups are even less likely to accept recommended services. The intervention tested was designed to facilitate integrated infectious disease programming in mental health settings, and to increase acceptance of such services among clients.

Methods—A randomized clinical trial (n=236) compared enhanced treatment as usual (Control) to a brief intervention to deliver best practice services for blood-borne diseases in an urban, largely minority sample of dually diagnosed clients. This intervention included *Screening, Testing* for HIV and hepatitis, *Immunization* for hepatitis A and B, *Risk-reduction* counseling and medical treatment *Referral* and support (*STIRR*) at the site of mental health care.

Results—Clients randomized to STIRR had high levels (over 80%) of participation and acceptance of core services. They were more likely to be tested for HBV and HCV; immunized for hepatitis A and B; increase their hepatitis knowledge and to reduce their substance abuse. However, they showed no reduction in risk behavior, were no more likely to be referred to care (81 vs. 75%) and showed no increase in HIV knowledge. Intervention costs were $541 per client.

Conclusions—STIRR appears to be efficacious in providing a basic, best-practice package of interventions for dually diagnosed clients.

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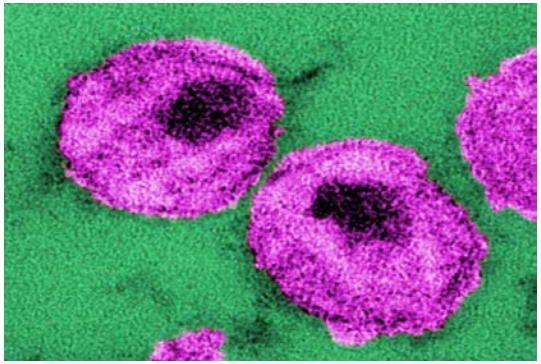
Conclusions—STIRR appears to be efficacious in providing a basic, best-practice package of interventions for dually diagnosed clients.

WHAT IS STIRR?

- Evidence based practice
- Provides HIV & HCV Screening and Testing, Immunization and Risk Reduction Counseling



http://womenshealth.gov/hiv-aids/what-is-hiv-aids/how-hiv-is-spread.html

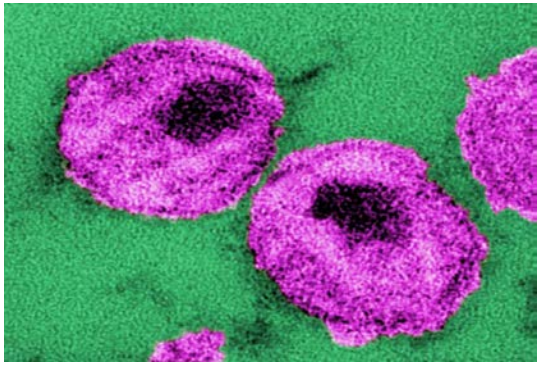
CDC RECOMMENDATIONS

- HIV screening for all persons aged 13-64 in all health care settings in the United States
- HCV testing for all people in 1945-1965 age group and/or engage in IDU
- Vaccination with HBV and HAV for those who engage in unsafe sex or risky drug use

http://www.cdc.gov/knowmorehepatitis/

WHAT IS STIRR?

- Evidence based practice
- Provides Screening, Immunization and Risk Reduction Counseling
- Targets people with Serious Mental Illness (SMI)



http://womenshealth.gov/hiv-aids/what-is-hiv-aids/how-hiv-is-spread.html

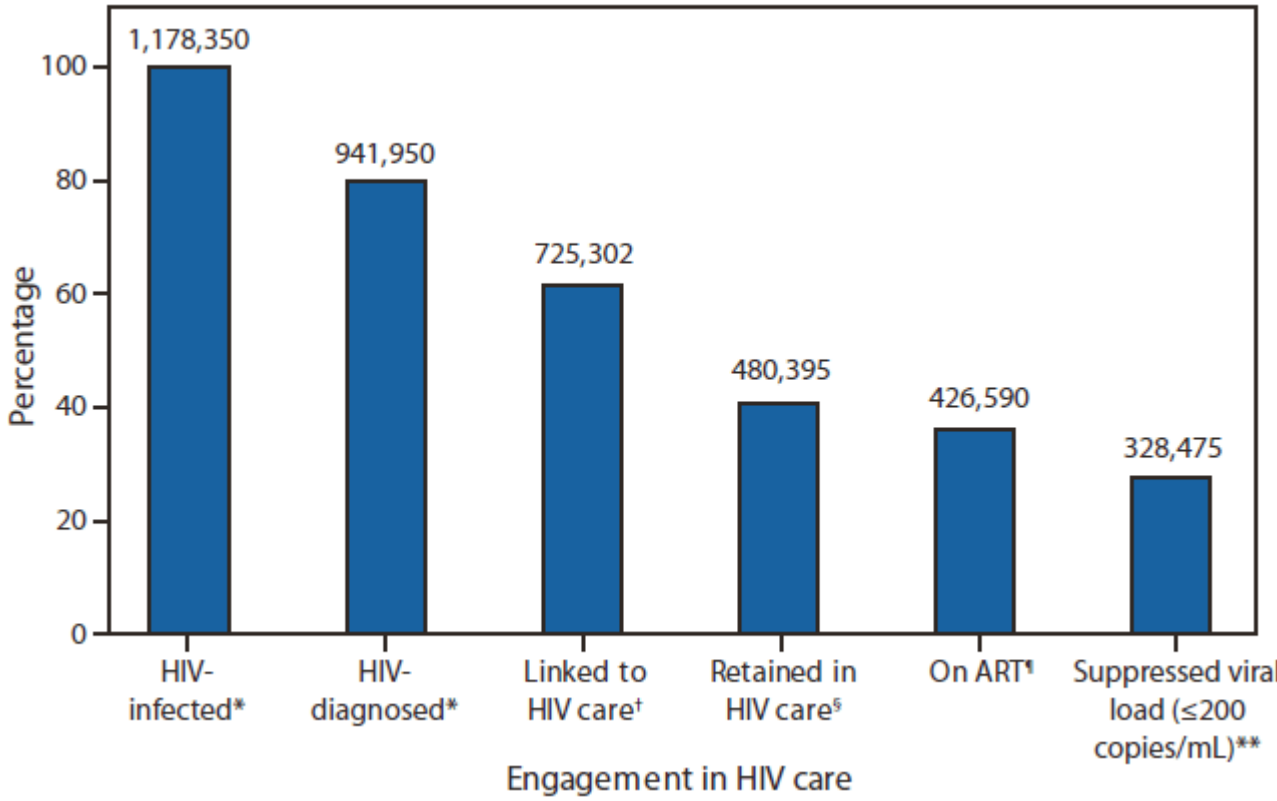
WHY THOSE WITH SMI?

- They may be at Higher Risk:

CONDITION	PREVALENCE AMONG THOSE WITH SMI	PREVALENCE IN THE GENERAL POPULATION
HIV	1-23%	0.03%
HCV	8.5-30%	1.8%

Himelhoch et al., Psychiatric Services, 2007; Psychosomatics, 2009

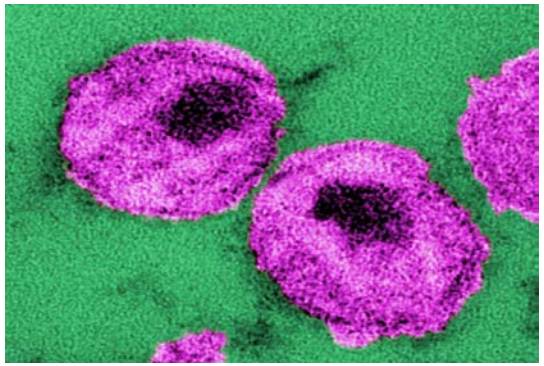
THIS IS CRITICAL…



CDC.gov

WHAT IS STIRR?

- Evidence based practice
- Provides Screening, Immunization and Risk Reduction Counseling
- Targets people with Serious Mental Illness (SMI)
- Occurs in Behavior Health Centers



http://womenshealth.gov/hiv-aids/what-is-hiv-aids/how-hiv-is-spread.html

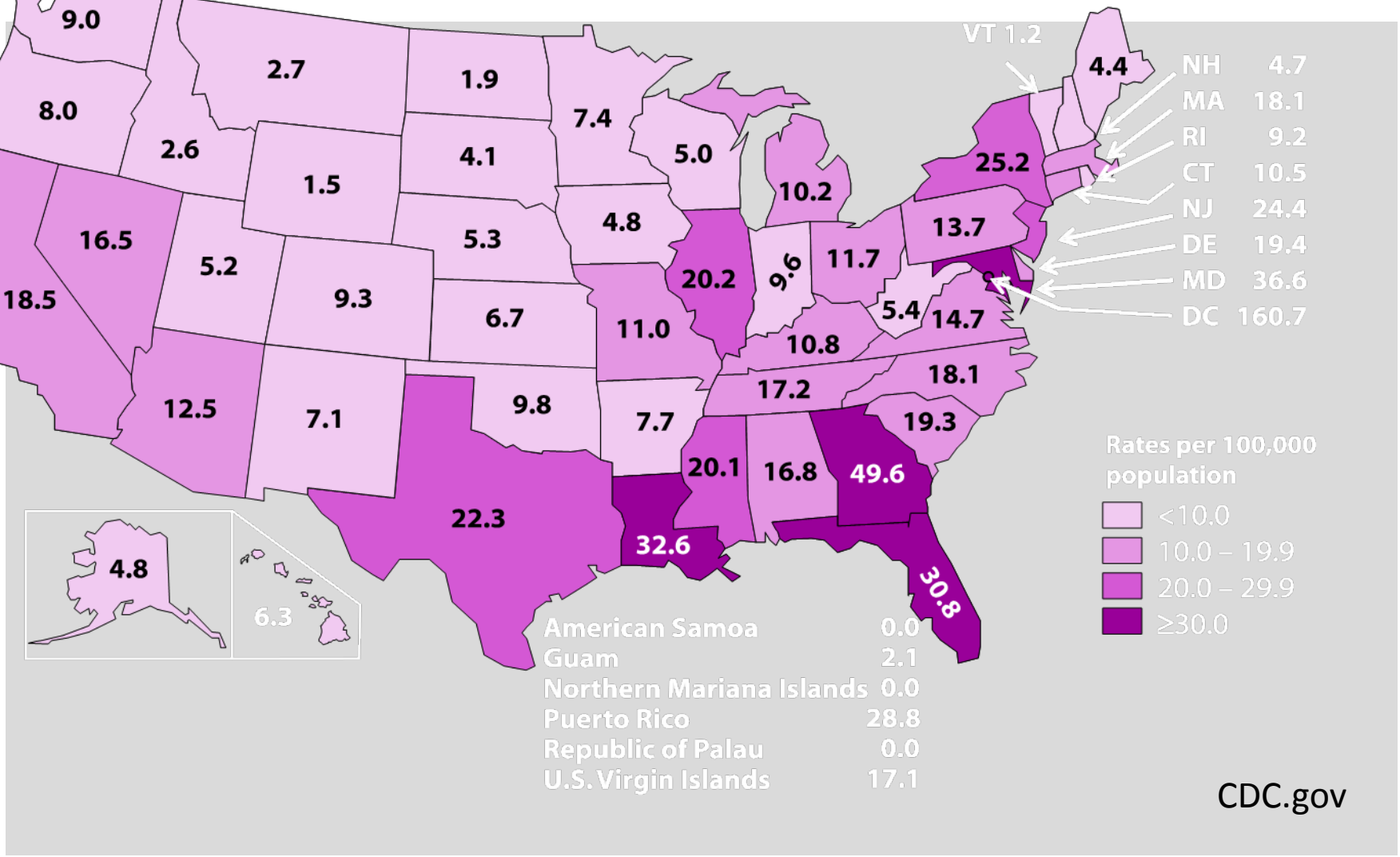
WHY BEHAVIORAL HEALTH CENTERS?

- Less than ½ people at risk for HIV and HCV with SMI receive testing
- Reliance on mental health system to provide medical care
- Maximize efficiency to ensure people get into early treatment
- Allow for co-location of treatment

WHY BALTIMORE?

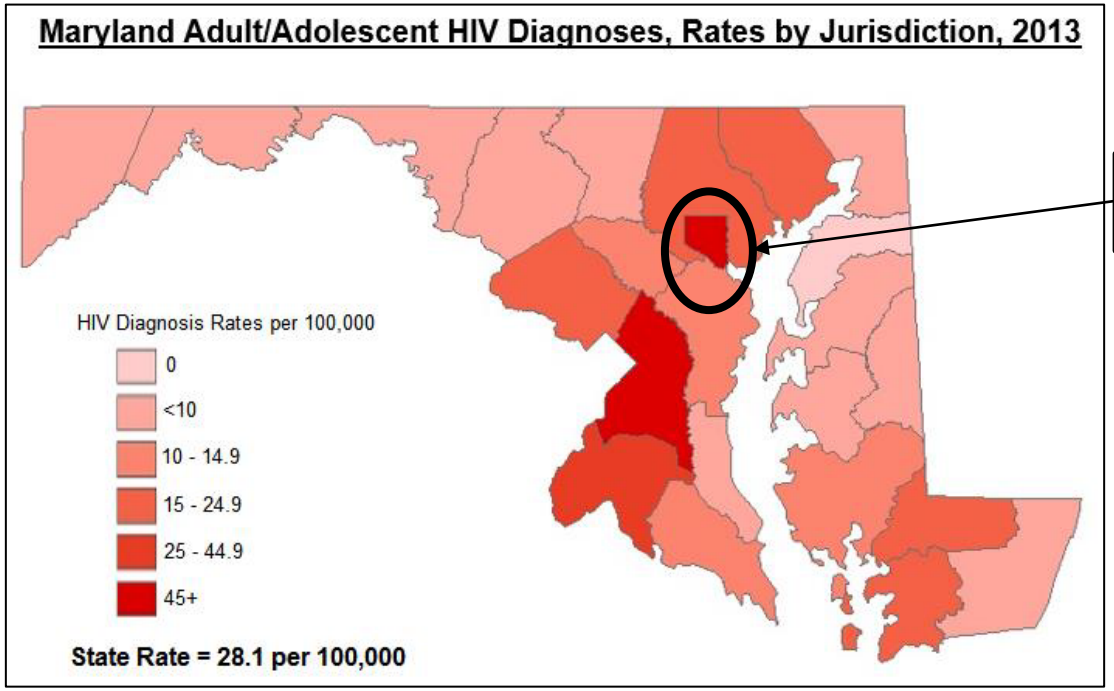
http://www.insidethehuddle.tv/articles/traveler-baltimore-md-home-ravens

UNITED STATES



CDC.gov

MARYLAND

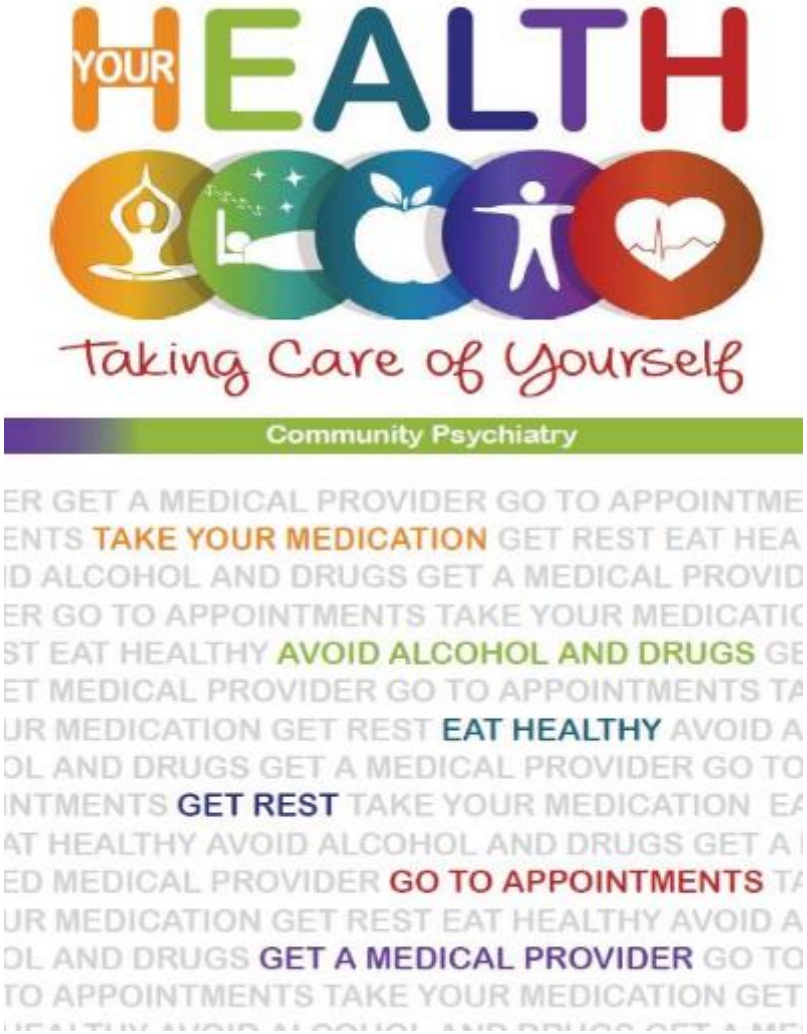


http://phpa.dhmh.maryland.gov

RISK FOR HIV AND HCV

- Study of 153 people with SMI receiving mental health services in Baltimore, Maryland
- ~25% reported history of IDU
  - 92% reported sharing needles
- 83% reported history of unprotected sex
  - ~30 reported unprotected sex in last 6 months
- ~20% reported MSM history

Himelhoch et al., *J Community Psychol* 2011


YOUR HEALTH
Taking Care of Yourself
Community Psychiatry
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CLINIC DEMOGRAPHICS

- Over 80% self-identify as African-American.
- Average age is 53 years (range: 18-69 years)
- Half are women
- Over 70% diagnosed with SMI
- Vast majority with history of substance use

STIRR IT-TEAM

- **NURSE**
  - Delivers STIRR-IT intervention
- **PEER NAVIGATOR**
  - Assists nurse and provides additional support
- **NURSE PRACTITIONER**
  - Provides on-site access for treatment and referral
- **CONSULTANTS**
  - ID and Psychiatry

STIRR-IT DELIVERY MODEL

- Integrated staff
- Accessible office near waiting room
- Blood drawing facilities on-site
- Vaccines stored and delivered on-site
- Connected to Electronic Medical Record
  - Accessible notes and results of testing

  - Active care partnerships exist throughout the University medical center complex

- Education about Hepatitis and HIV
- Testing for Hepatitis and HIV
- Vaccination for Hepatitis A & B (Twinrix)
- Discussing risk factors for getting Hepatitis and HIV
- Discussing ways to lower risk of contracting Hepatitis and HIV
- If positive, access to services needed
- Evaluation of the project (research interviews)

				Visit Time Frame
Research Visit 1	Intro Consent Baseline ($25 Gift Card)	*Clinical Visit 1*	Overview of Project Education of HEP & HIV Blood draw	Today
		Clinical Visit 2	Blood Results Review of Risk Factors Twinrix #1 or HEP A #1	1 week later
		Clinical Visit 3	Review of Risk Factors Twinrix #2	1 month later
Research Visit 2	Re-Assessment ($25 Gift Card)	*Clinical Visit 4*	Review of Risk Factors Twinrix #3 or HEP A #2	6 months later
Research Visit 3	Discharge ($25 Gift Card)			1 year later

SCHEDULE MAY CHANGE DUE TO MISSED APPOINTMENTS

Have questions or concerns?
Please contact Rachel or Joseph at the STIRR IT clinic

STIRR-IT—RESULTS TO DATE

http://www.insidethehuddle.tv/articles/traveler-baltimore-md-home-ravens

DEMOGRAPHICS

CHARACTERISTICS	PARTICIPANTS (N=121)	OVERALL CLINIC
AGE	50 YEARS	53 YEARS
AFRICAN-AMERICAN	96%	80%
FEMALE	39%	50%
HIGH SCHOOL	55%	50%
SMI DIAGNOSIS	100%	70%

OUTCOMES

- **Successfully implemented model**
- **Process Measures:**
  - 121 began receipt of STIRR services
  - 84 completed STIRR services to date
  - 54/110 (50%) received immunization
    - (21= already had immunity)
- **Outcome Measures:**
  - 30 HCV positive (25%)
  - 7 HIV positive (6%)
  - 100% referred to care

QUESTIONS?

POSITIVE IMPACT HEALTH CENTERS

Managing Co-Occurring Disorders in a SAMHSA CoC – The Fuse Project Atlanta, GA

Moneta Sinclair, EdD, LPC, MAC

Clinical Director, Addiction Services

Program Director, FUSE

Merging of Two Phenomenal Agencies
March 1, 2015

Positive Impact, Inc. Founded 1993 in Atlanta to provide MH services for people affected by HIV	AID Gwinnett/Ric Crawford Clinic Founded in 1990 to provide HIV care to PLWHA in North Metro-Atlanta
By 2015, each year the agency provided: • HIV prevention services and HIV/STI testing to over 4,000 • IMPACT, licensed substance abuse treatment program, to 75 • Behavioral Health services in 4 HIV primary care settings • Comprehensive behavioral health services (individual, couples, group & psychiatry) to 600 • Training 250 behavioral health professionals	By 2015, each year the agency provided: • HIV prevention services and HIV/STI testing to over 1500 • HIV Specialty Care to 800 in two locations • Case management and patient advocacy to all patients • Wrap around services including transportation and housing support

SAMHSA Continuum of Care Pilot:

FUSE

Facilitating **U**nified **S**ervice **E**fforts

Integrating Behavioral Health, Prevention, and Primary Care

Populations of Focus

African American and Latino men and women, gay and bisexual men, transgendered individuals, and people with addictions and/or substance misuse.

Veterans and their families will also be served.

Areas of Focus

- Co-locating HIV primary care and behavioral health
- Substance abuse prevention/HIV prevention: CLEAR
- Mental health and substance abuse counseling
- Substance abuse treatment navigation services
- Substance abuse treatment: IOP, CCP, and New Beginnings
- HIV/Hepatitis testing, Hepatitis vaccination
- Wrap-around recovery support and retention

Primary Modes of Service Entry to FUSE

No Wrong Door is our mantra

- Prevention: HIV/Hep/STI testing
- Mental Health: Individual & Couples Psychotherapy and Psychiatry
- Addictions: IOP, CCP, Risk Reduction (through community outreach and local jails)
- Primary HIV care
- **Linkage via Partnership with AID Atlanta**

SBIRT

FUSE Year Two Progress

- Prevention:
  - HIV testing: 100
  - Hepatitis C testing: 94
  - Hepatitis A&B vaccination: 36
  - CLEAR intervention: 10 completed series
- Mental health: 48
- Substance use disorder/Co-occurring disorders (COD):
  - Treatment navigation: 189
  - Outpatient drug/alcohol treatment: 56
- Peer support: 114
- Primary care: 43

The Complexity of Co-Occurring Disorders

- The link between mental health and substance abuse
  - One may contribute to the other
- HIV can exacerbate either or both disorders
  - Increased psychological distress
  - Some illicit drugs known to increase replication of virus
- Integrating treatment – disorders need to be addressed concurrently for improved health outcomes

The Case of William

- 30 year old, AA, Gay-identified male
- Presents for HIV testing, confirmed HIV positive
- Immediately screened for high-risk behavior, MH, substance use disorder (SUD), primary care needs

William in Prevention

- Association of sexual activity and drug use
- Offered enrollment in CLEAR (Choosing Life: Empowerment! Action! Results!)
  - Goal: Promoting healthy living and more productive choices
  - Skill development for living with HIV
- Referred to clinical services for HIV primary care and the treatment navigator for SUDs

William in Behavioral Health

- Registration
- Assessed for ASAM level of care needed
- Deemed appropriate for intensive outpatient treatment services - IMPACT
- Assigned SUDs counselor & certified peer specialist (CPS) to develop WRAP (Wellness Recovery Action Plan)
- Offered and received Hepatitis C testing and began A&B vaccination series; RHHT completed

William in Behavioral Health (cont'd)

- Behavioral health assessment/diagnostic interview Assessed with 10 year history of depression and chronic substance abuse – Was one of disorders first? Does it matter?
- Psychiatry
- SMART treatment plan developed to address 5 life areas – MH, SUDs, medical, legal, and CM

William in Behavioral Health (cont'd)

Monday	Tuesday	Wednesday	Thursday	Friday
Process Group 1:00-2:30	Creative Process 1:00-2:00	Poetry Workshop 1:00-2:30	NO IOP GROUPS	Anger Management 1:00-2:00
Break				
Seeking Safety/Yoga 2:45-3:45	HIV Education 2:10-3:10	Poetry Workshop Process 2:45-3:30		
15 minute break & snacks				15 minute break
Emotional Maturity 4:00-4:45	Relapse Prevention 3:15-4:30	Healthy Relationships 3:45 - 4:45		12 step 2:15-3:00
Clean up 4:45-5:00	Clean up 4:45-5:00	Clean up 4:45-5:00		Weekend Planning 3:15-3:45
Continuing Care 5:00-7:00pm		Continuing Care 5:00-7:00pm		

William in Primary Care

- Nurse case manager assesses medical history and continually tracks appointment and medication adherence
- Blood/lab tests conducted to obtain baseline measures for HIV and medication determination
- Lab results indicate CD4 of 320, viral load of 10K
- Placed on Atripla based on his genotypes and phenotypes

William's Outcome

- Placed in transitional housing and consistently attended IMPACT program and medical appointments
- Experienced a relapse; processed with MH/SUDs counselor and treatment plan updated addressing contributing factors Addressed underlying MH issues that fueled SUDs
- Became employed
- Completed CLEAR and the Hepatitis vaccination series
- Completed the IMPACT program with sustained recovery within 18 months and continues MH/SUDs counseling
- HIV is undetectable with a CD4 of 700+
- He is healthy, productive, and HAPPY
- We all share in his accomplishment

QUESTIONS?

2016 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Integrating HIV and Hepatitis Care into Behavioral Healthcare

Emma Gianani-Maki, MSS, RN, CAC III

Medical Case Manager

University of Colorado at Denver, School of Medicine

University of Colorado School of Medicine
Department of Psychiatry

Addiction Research & Treatment Services (ARTS)

Mission

To **save** lives and **improve** the quality of **life** for persons struggling with **substance** abuse and dependence, through the application of **empirically** supported **treatments**.

ARTS Addiction Research & Treatment Services

SCHOOL OF MEDICINE
Department of Psychiatry
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Project REACH

- Peer Educator Services
- Culturally Specific Education and Support Groups
- Risk Reduction Groups
- Peer Groups
- Abstinence Monitoring
- Incentives for Participation
- Infectious Disease Testing
- Hepatitis A & B Vaccination
- Tobacco Cessation

ARTS Addiction Research & Treatment Services

SCHOOL OF MEDICINE
Department of Psychiatry
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Project REACH (continued)

- EBP Substance Abuse and Cognitive Therapy Groups
- Individual Sessions
- Medication Assisted Treatment
- Primary Care with Nurse Practitioner
- Medical Case Management with RN
- Transportation Assistance
- Psychiatric Care
- Gender Response
- Trauma-Informed Care

ARTS Addiction Research & Treatment Services

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Department of Psychiatry
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

PARTNER WITH:
Sisters of Color United for Education

- Colorado's oldest Promotora de Salud Program
- 25 years providing prevention/testing/education
- Provides Peer curriculum, Mi Vida Su Vida, adapted from SISTA, integrated to REACH
- Houses LISTOS (Latinos Integrating Sexual Teaching Others Safe Sex)
- Integrated Peer, on-site with REACH
- Prevention/education groups and trainings for schools and the community, and events

PROMOTORA®
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ARTS Addiction Research & Treatment Services

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Progress

- 128 enrolled in Project REACH
- Program is serving 28 patients who are HIV+ each month, and 5 newly positive under the project since inception
- 126 HIV tested / and five newly identified HIV+
- 126 hepatitis tested / and 30 newly identified HCV+
- Over 300 people have received rapid testing for infectious diseases since the inception of Project REACH – Estimate 10-15% HCV+ rate in the agency

Integrated Care

Mental Health

Substance Use Disorder Treatment

Medication Assisted Treatment

Primary Care

ARTS Addiction Research & Treatment Services

SCHOOL OF MEDICINE
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UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Why Integrated Care?

"….produces the **best** outcomes and proves the most **effective** approach to **caring** for **people** with **multiple** healthcare **needs**."

SAMHSA, [www.integration.samhsa.gov/resource/what-is-integrated-care 2016](www.integration.samhsa.gov/resource/what-is-integrated-care)

ARTS Addiction Research & Treatment Services

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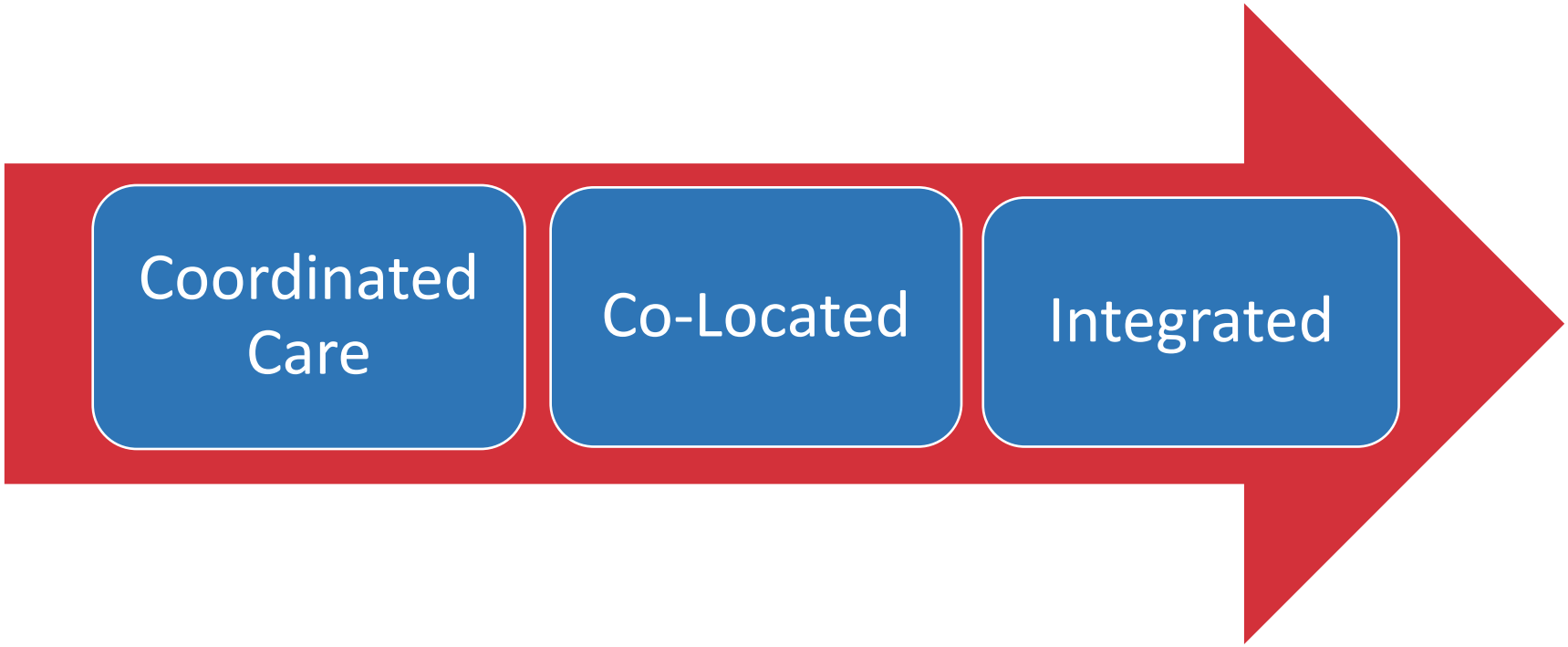
Where is your agency on the Continuum of Integration?



Care Models

Coordinated Care

- Collaboration (two or more systems)
- Independent locations
- Targeted Communication
- Linkage to care

Care Models (continued)

Co-Located Care

- Same or shared systems
- Close proximity or same space
- Regular communication
- Symbiotic roles

Integrated Care

- ✓ Same or **shared** systems
- ✓ **Communication**
- ✓ Collaboration
- ✓ Functions as a **team**
- ✓ **Multi-disciplinary**

ARTS Addiction Research & Treatment Services

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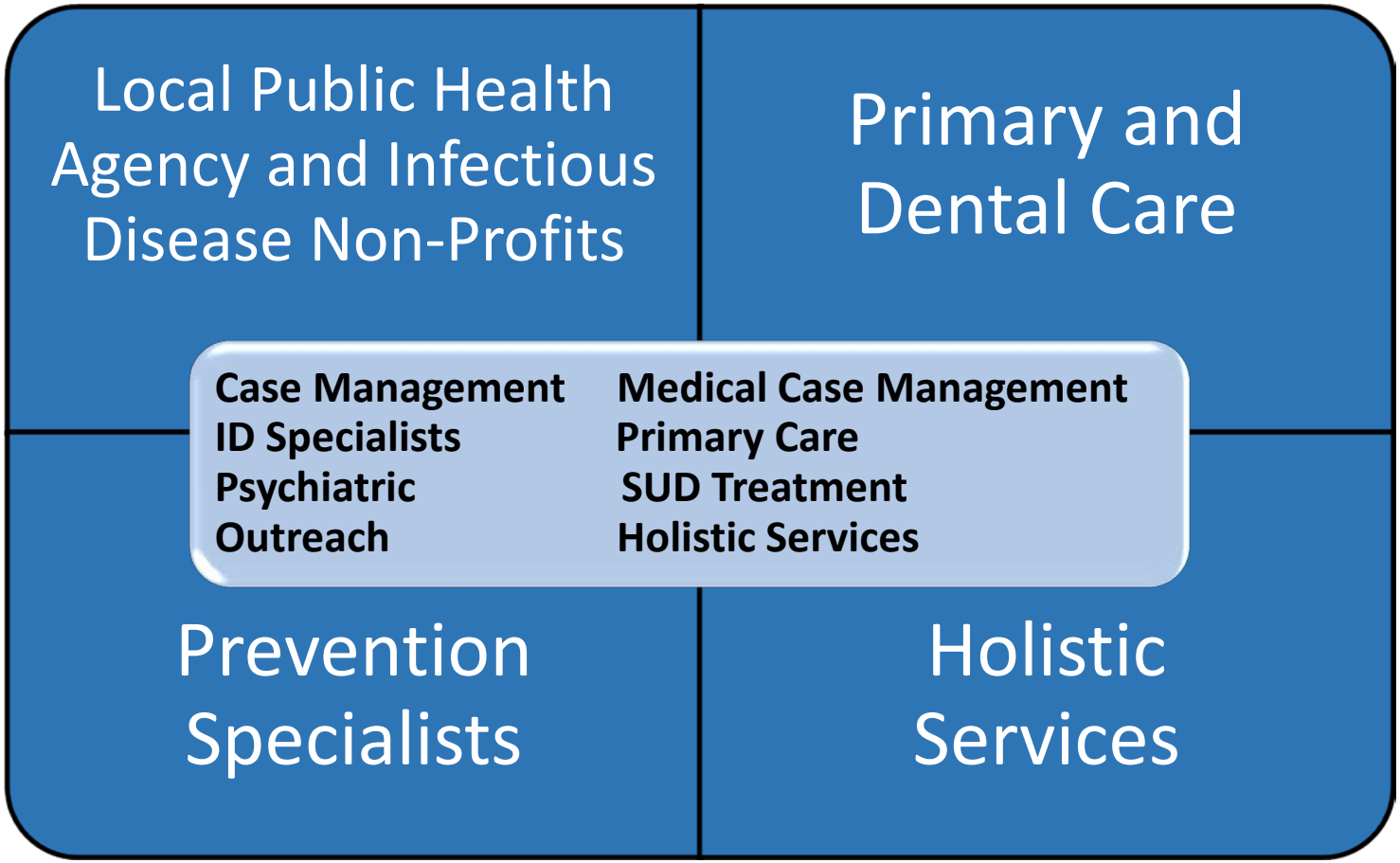
Internal and External Partnerships



ARTS Addiction Research & Treatment Services

SCHOOL OF MEDICINE
Department of Psychiatry
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Identify internal and external partnerships required for integrated care, including, prevention treatment

Internal Partnerships

(Define, and are MOU's necessary?)

- Case Management/Medical Case Management
- Infectious disease specialists
- Primary care
- Psychiatric
- SUD treatment
- Outreach
- Holistic Services

External Partnerships

(Define, and are MOU's necessary?)

- Organizations that provide outreach, engagement and prevention services
- Local Public Health Agency
- Primary Care Facilities
- Dental Care Agencies
- Harm Reduction Organizations
- Infectious Disease Non-Profits (i.e. Liver Health Connection)
- Holistic Services
- Infectious disease specialists

What is your vision?

How do we make an impact?

Challenges

- **Funding** mechanisms
- Organizational **capacities**
- Physical **locations**
- **Differing** perceptions
- **Technological** systems
- Professional **barriers**
- Perception of **cost** and benefits

Integration Benefits

- **Improved** patient **outcomes**
- **Reduction** of stigmas
- Financial **savings**
- Greater **treatment** participation

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Resources

SAMHSA-HRSA Center for Integrated Health Solutions

- http://www.integration.samhsa.gov/integrated-care-models
- http://www.integration.samhsa.gov/integrated-care-models/CIHS_Framework_Final_charts.pdf
- http://www.integration.samhsa.gov/clinical-practice/13_May_CIHS_Innovations.pdf
- http://www.integration.samhsa.gov/resource/what-is-integrated-care

Resources (continued)

Agency for Healthcare Research and Quality

- http://integrationacademy.ahrq.gov/

Medication Assistance

- http://pharmacycard.org/

Project REACH

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QUESTIONS?

Discussion!

For further information, please contact:

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