SERVING TRANSGENDER AND GENDER NONCONFORMING PERSONS:

Establishing and Improving Models of Care for Those without Homes

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Why this guide?

Transgender and gender nonconforming (TGNC) populations face disparities in physical and behavioral health issues and barriers to care. As the unique health care needs of this historically underserved population gain more awareness nationally, health centers may find themselves unprepared to adequately treat this population. This guide is intended to assist health centers in establishing access for and improving quality of care for TGNC people experiencing homelessness.

Who is this guide for?

While the clinical practices highlighted in this document are drawn from the experiences of health care providers from Health Care for the Homeless (HCH) grantees, this guide can be useful for any health center that serves TGNC persons as well as those serving sexual minority groups including gay, lesbian, and bisexual individuals. Resources shared in this guide may also be valuable for non-health related organizations, such as shelters, drop-in centers, and transitional housing programs. For the purposes of this resource, providers are broadly defined as clinicians, advocates, and administrators working with people experiencing homelessness or at risk of homelessness.

What does this guide include?

This guide reviews current literature on providing care to TGNC persons. It also includes promising practices to better serve this population based on interviews with three health center programs and one social support organization.

What can you expect to gain from this guide?

- You will be able to explain the importance of tailoring health care services to meet the needs of TGNC persons without homes
- You will be able to describe promising practices in establishing and improving models of care to better serve this population
- You will be able to identify challenges in establishing and improving models of care to better serve this population.

Interviewees:

Pamela Klein, RN, ACRN, MSN
HIV Nurse Case Manager and Transgender Program
Nurse Manager
Boston Health Care for the Homeless Program, Boston
(MA)

Heather Gay, LCSW
Deputy Executive Director of Programs
Ali Forney Center, New York (NY)

Jazz McGinnis
Lab and Transgender Services Coordinator
Outside In, Portland (OR)

Eva Embers
Transgender Housing Coordinator
Ali Forney Center, New York (NY)

Elisa Wallman Jacques, LMSW
Director of Community Programs
Institute for Family Health, New York (NY)

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Definitions

It is important to establish a basic understanding of specific terms and to dispel common misconceptions about TGNC persons before reviewing this guide.

Sex-assigned (at birth) is the **sex** one was labeled at birth, generally by a medical or birthing professional, based on cursory examination of external and/or physical sex characteristics such as genitalia and cultural concepts of male and female sexed bodies prior to self-identification

Gender is an ascribed social status assigned at birth

Gender identity is an inner psychological sense of oneself as a man or woman, both, neither or something else. This term refers to the gender with which one identifies regardless of one's sex

Transgender is an umbrella term that describes people whose gender identity or gender expression differs from expectations associated with the sex-assigned to them at birth

Gender nonconforming refers to situations in which people do not follow societal ideas and stereotypes about how they should look or act based on the sex they were assigned at birth

Gender fluid is when gender identity and expression shifts between masculine and feminine

Cisgender (cis) is someone whose gender identity matches the sex they were assigned at birth

Gender binary is the rigidly fixed classification of gender into two options- male or female, both grounded in a person's physical anatomy

TGNC is an acronym used throughout this publication that stands for transgender and gender nonconforming individuals. Use of TGNC may not be used or accepted by people within or outside of this community

A more comprehensive list of definitions related to gender minority populations can be found on the [University of California, San Francisco LGBT Resource Center website](#)

Note: In this document, unless otherwise noted, the term "health center" is used to refer to organizations that receive grants under the Health Center Program as authorized under section 330 of the Public Health Service Act, as amended (referred to as "grantees") and FQHC Look-Alike organizations, which meet all the Health Center Program requirements but do not receive Health Center Program grants. It does not refer to FQHCs that are sponsored by tribal or Urban Indian Health Organizations, except for those that receive Health Center Program grants.

Background

It is estimated that 1% of the US population identifies as transgender, and that 20% of transgender individuals do not have secure housing and may require shelter services.[1,2] A modest but growing body of research has also documented a high prevalence of poor health outcomes in this subpopulation, including depression, anxiety, substance use, suicidality, and HIV [Table 1].[2,3] Moreover, experiences of homelessness among TGNC persons are inextricably linked to increased rates of these poor health outcomes. For example, in the National Transgender Discrimination Survey, HIV rates of TGNC persons with a history of homelessness was 7.12%, compared to 1.97% of those who did not; and suicide and substance use rates were almost double compared to housed TGNC counterparts.[3]

Research has also consistently shown that service access barriers contribute to these health disparities and to housing instability. Within a system designed for cisgender individuals, high levels of individual and systematic oppression are at the root of many of these barriers [Table 2].[4] As defined by Lennon and Mistler (2014), "cisgenderism" is "the cultural and systemic ideology that denies, denigrates, or pathologies self-identified gender identities that do not align with assigned gender at birth as well as resulting behavior, expression, and community."[5,p63] This framework contends that individuals and systems often overlook, deny, and challenge experiences of TGNC persons in such a way that this population is not fully accepted in mainstream society and is discriminated against in areas such as employment, education, and health care.[4,5]

Table 1: Health discrepancies between TGNC persons and general US population.[3,6-14]

Health Outcome	Transgender individuals	General US population
Depression	Up to 54%	6.7%
Anxiety	Up to 48%	Up to 18%
Drug use*	43%	Up to 21.5%
Alcohol use**	47%	25%
Suicidal attempt	41%	1.6%
Survivors of sexual violence	10%	5%
HIV	2.64%	0.6%

Note: Estimates are drawn from data reported between 2011-2015 from various studies and national surveys.
*Estimates of drug use for transgender individuals are based on past 12 month use of illicit drugs vs past month use in general population
**Estimates of alcohol use for transgender individuals are based on past 3 months of binge drinking vs past year binge drinking in general population

Table 2: Individual and systematic barriers to health and social support services.[2,3,15]

Individual
• Reticence to disclose gender identity out of fear of rejection and compromising safety
• Internalized transphobia
• Perception that providers lack transgender-specific knowledge
• Mistrust of providers
• Limited income, uninsured, and/or under insured

Systematic
• Lack of appropriate accommodations (e.g. welcoming environments, and gender neutral/fluid restrooms and shelters)
• Limited gender choices on legal documents and service records
• Limited or no access to spousal/partner benefits
• Insufficient protection policies and existing policies going unenforced
• Lack of provider transgender-specific knowledge
• Lack of cultural humility among providers
• High cost of primary and transition-related health services

To assist health centers with their efforts in establishing and improving models of care for TGNC persons without homes, this guide will describe current driving forces, explore the different components needed for a TGNC service models, and provide examples from different organizations.

Driving forces in transgender health care

Transgender and gender nonconforming persons face a tremendous amount of economic, social, and health vulnerabilities due to persistent stigma and discrimination. Health professionals, policy makers, advocates and researchers are increasingly beginning to acknowledge these issues as well as publicly support the inclusion of TGNC persons in health care. This knowledge and support has led to an increase in the number of health centers that deliver culturally affirming care as well as the development, passing, and implementation of local and national policies. Health care access policies related to TGNC persons include[1,16-18]:

- **The Affordable Care Act (ACA).** It bans sex discrimination, including on the basis of gender identity, in health care centers and programs receiving federal financial funding. It also expands coverage options to low income individuals and prohibits insurers from denying patients based on a pre-existing condition.
- **Marriage and Recognition Laws**. Recently at the federal level same-sex marriage has been legalized nationwide. Many transgender individuals are able to enter a heterosexual marriage after undergoing legal transitional processes in some states and some may also be able to enter marriage to a person of the same sex.
- **The Health Insurance Portability and Accountability Act (HIPAA).** It protects the privacy and security of individual's identifiable health information and establishes individual rights with respect to access one's own health information including information related to a person's gender identity.
- **US Department of Veteran Affairs Health Administration (VHA) Directives**. VHA published a directive that establishes policies for all veterans enrolled in the VA's health care system including transgender individuals. In accordance with their medical standards of care, they provide primary care, mental health care, hormonal therapy, and medically necessary pre- and post-operative care for sex affirming surgery. It does not, however, cover nor actually provide sex affirming surgery.

- **State and Local Nondiscrimination Laws**. Laws that prohibit discrimination based on sex or gender identity in federally funded health programs, public accommodations, housing, employment, and insurance and lending companies. These nondiscrimination laws vary by state where some are still without appropriate protection laws and existing laws go unenforced or ignored all together.
- **HUD Equal Access Rule.** This ruling was issued by the US Department of Housing and Urban development in 2012, and requires all HUD housing programs be available to individuals and families without regards to actual or perceived sexual orientation, gender identity, or marital status. In February of 2015, they issued additional guidance on best practices to provide shelter to transgender persons in single-sex facilities.
- **HRSA Uniform Data Systems Changes.** Recent changes to be implemented in 2016 now require federally funded Health Center Program grantees to collect and report sexual orientation and gender identity (SO/GI) information in an aim to better understand populations served.
- **Medicare programs** provide health insurance to older and disabled Americans and for TGNC persons provides routine medically necessary care, hormone replacement therapy (HRT), and gender affirming surgeries
- **Medicaid programs** provide health insurance for low-income persons. Eight states and the District of Columbia cover transition-related care, often including HRT and some gender affirming surgical services.

Transgender care in different settings

Over the past two decades, promising practices in offering culturally affirming, affordable, and comprehensive transgender health services have emerged in primary care settings.[19] To learn more about the ways that organizations have been serving this population, the National Health Care for the Homeless Council conducted phone interviews with three health centers and one social support organization about their TGNC service models, including the challenges and solutions in developing and implementing these models. The four interviewed sites were:

- **Outside In (Portland, OR)**: A stand-alone HCH grantee with a mission to help homeless youth and other marginalized people move towards improved health and self-sufficiency. They offer a number of services including primary care, youth drop-in, education, employment, job readiness training, youth housing, and syringe exchange services.
- **Boston Health Care for the Homeless Program (BHCHP) (Boston, MA)**: A large service organization that operates multiple sites throughout the greater Boston area to increase access to high quality health care wherever people are experiencing homelessness.
- **Institute for Family Health (IFH) (New York, NY)**: A large non-profit health organization, operating 19 health centers across New York as a sub-contractor of Care for the Homeless for over 25 years. Care for the Homeless funding supports IFH's delivery of primary care and support services at eight sites in Manhattan for people experiencing homelessness.
- **The Ali Forney Center (New York, NY)**: A nonprofit social services organization. The Center provides housing and a continuum of supportive services for LGBTQ homeless youth including a drop-in center, outreach, emergency shelter, transitional living, and job readiness.

What is transgender health care?

While many consider transgender care to be specialty care, in actuality, it includes culturally appropriate primary care much the same as for cisgender individuals in the general population. Like the cisgender population, it is important to maintain TGNC persons' general health, screen for common diseases, and diagnose and treat acute and chronic illnesses. A unique and critical element of primary care for some TGNC persons is transition-related care, which includes HRT, referrals for gender affirming surgery, and

pre-/post-operative care. Primary care also includes referrals and support for behavioral health and social services like shelter, housing, and employment assistant programs.[20-22] These are especially important for TGNC persons without homes as they may face additional challenges in their day to day life that may cause or exacerbate poor health conditions. All interviewed sites felt that health services for TGNC persons are within the scope of practice for primary care providers but understand that not all providers may share similar sentiments or capacity and so specialized training is needed for some providers so that TGNC persons have increased access to high quality gender affirming care.

Establishing or improving models of care

In establishing or improving upon TGNC health care services, there are many components to consider including: community needs, program structure, services being offered, funding sources, cultural humility of staff and volunteers, environment in which services will be offered, and program policies and procedures.[21] The following sections provide an overview on these components, site examples, and specific challenges that sites have faced. Additional resources in developing, implementing, and sustaining programs and service models for TGNC individuals can be found in the resource list at the end of this publication.

Community needs

The first step in establishing or improving models of care is to be aware of TGNC-specific needs.[21] This can be achieved by staying abreast of current issues, conducting needs assessments and collecting ongoing feedback from advisory groups and clients from the TGNC community. Having these data resources will enable a program to develop or improve upon TGNC health service models.

> SITE EXAMPLE. In 2008 at BHCHP, a highly motivated nurse recognized a gap in primary care services for TGNC persons without homes. This nurse led a community needs assessment of local social service organizations that served the LGBT population collecting information on health needs, resources available, and the existence of health programs that serve LGBT in the community.

Program structure

Health centers have varying organizational structures. Some are stand-alone where all services are specifically for subpopulations like people without homes, while others may be part of a larger health center, hospital, or local health department where services are available to a broader patient population. They may also include mobile clinics, shelter-based clinics, and drop-in centers offering health services during specific days and times of the week.[23] With this in mind it is important to consider where and when TGNC services will be offered. Some health centers have created specific transgender clinics offering services during specific days and times of the week. Others have integrated TGNC care throughout the larger health organization, offering culturally competent and affirming care to the population in an everyday primary care setting.

> SITE EXAMPLE 1. Both Outside In and BHCHP initially started by offering TGNC health services on specific days in the evening hours but faced multiple challenges in doing so. **Challenges**: 1) limited availability of services such as psychiatry, dental, and neurology outside of normal operating hours; 2) high turnover of providers due to heavy work load; 3) waitlists for specific services that were as long as six months; and 4) restrictive shelter hours for persons without homes to claim a bed for the night. **Solution:** both organizations decided to scale-up transgender services to be included in their everyday primary care setting and trained all staff on providing competent and affirming care to this population.

> **SITE EXAMPLE 2**. IFH has recently started to integrate transgender competent care throughout their 19 primary care settings across NY. Health services are offered at the Ali Forney Center staffed by a primary care provider one and a half days per week and a psychiatrist two days a week. Additional services are provided by a part-time RN, medical office assistants, and social workers.

Defining services offered

It is also important to consider what types of services will be offered to the TGNC patient population.[21] Health centers receiving federal funding to serve people experiencing homelessness are required to provide primary, preventive, enabling health, substance abuse and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals.[24] For the most part, general preventative health and wellbeing services for TGNC people without homes should be offered in a primary care setting that is undifferentiated from services offered to cisgender people. It is also possible to provide care specific to gender transition, such as HRT, in primary care settings.[21] All interviewed sites offered general primary care, HRT, and behavioral health services. In addition, all sites recognized the importance of social services for TGNC persons without homes including housing, shelter, employment assistance, and legal services. Some are able to offer these support services and others are able to connect clients to partner organizations.

> **SITE EXAMPLE 1**. Outside In offers additional specialty care services from visiting volunteer providers like neurologists and podiatrists for all patients. They also provide referrals for gender affirming surgery and various social support services including an identification program to help individuals attain legal identification with their correct name and gender identity.

> **SITE EXAMPLE 2**. In addition to integrated primary care services, BHCHP also offers support groups and legal services from volunteer law firms for help with navigating the name and gender change process and other legal issues they may face such as denial of a place to live due to discrimination. They also provide specialized clinical teams for TGNC persons living with HIV/AIDS.

Funding transgender health services

Many health centers may require additional funding to provide services for TGNC persons without homes. However, those that receive federal funding and are able to get reimbursements from private and public health insurance are already in the position to provide health and social services to TGNC individuals without homes. Additional funding can be sought through donations, and private, local, and national grant opportunities to expand services. All three interviewed health center sites receive 330h funding through the Bureau of Primary Health Care and are located in states that have expanded Medicaid, which substantially increased access to health services for TGNC persons without homes. They also expressed that often overlooked resources that can help with the costs of services are the use of volunteer providers and collaborations with local community organizations.

> **SITE EXAMPLE**. Ali Forney receives funding from the US Department of Housing and Urban Development (HUD), Department of Youth and Child Development (DYCD), Office of Victims of Crime, Substance Abuse and Mental Health Services Administration (SAMHSA), and private donations. These funding steams allow for a number of social support services for LGBTQ homeless youth. They also partner with IFH, a subcontractor of Care for the Homeless, to get health services at their drop-in center (as described earlier).

Cultural humility in health centers

Cultural humility refers to the ability to maintain "an interpersonal stance that is other-oriented rather than self-focused, characterized by respect and lack of superiority toward an individual's cultural background and experience."[25] It includes: having a lifelong commitment to self-evaluation and self-critique as it relates to cultural awareness; a desire to fix power imbalances; and aspiration to develop partnerships with people and groups who advocate for others.[26] It is important to provide cultural humility training for all new staff and volunteer providers, from those who will be first to interact with clients (e.g. frontline security guards and front-desk assistants) to those providing clinical services (e.g. doctors, nurses, and medical technicians). Health centers can use peer providers from within or outside of the organization who have the ability to teach and pass on practical strategies to provide affirming care. Health centers can also engage TGNC persons from the community who can provide training, recommendations, and program feedback on staff performance. Lastly, assessment tools can be used to measure staff performance, attitudes, knowledge, and skill sets in serving TGNC persons.

All interviewed sites provide some form of cultural based training to new hires as well as ongoing training on an annual basis. Trainings include: agency operations and non-discrimination policies, agency philosophies in serving TGNC persons, use of appropriate language and terminology, what not to ask (as it pertains to role and client's needs), and the provision of not only competent but affirming care.

SITE EXAMPLE 1. The Ali Forney Center has weekly all staff meetings that address updates of name and pronoun changes and reinforce use of appropriate language when referring to a patient. These changes are also reflected in each health record.

SITE EXAMPLE 2. BHCHP includes grand rounds for clinicians and all other staff periodically to provide updated and new information. **Challenges**: 1) achieving cultural competency among other clients who are cisgender; 2) overloaded providers who receive more TGNC clients because they may seem more competent or have an established relationship with members of the client population; and 3) a lack of providers who received cultural competency training during education prior to employment. **Solutions**: In regards to the first challenge, the interviewee recommended increasing visibility of non-discrimination policies in the waiting room as well as delivering de-escalation trainings to all staff. The interviewee also stressed the importance of training all staff on delivering affirming care and doing warm hand offs of TGNC clients to other affirming providers to address the second challenge. Lastly, in regards to the third challenge, BHCHP has started offering shadowing opportunities for local professional schools to increase the number of graduates who can provide affirming care to TGNC clients in primary care.

Welcoming Environment

Creating an open, nonjudgmental space for TGNC persons to seek services is important to removing barriers and providing affirming care. Including health and health policy related signs, posters, and TGNC specific health fact sheets and brochures can promote cultural acceptance and let clients know that your commitment to providing health care is inclusive of a diverse patient population.[21] These materials should reflect the heterogeneous TGNC community which is racially, ethnically, and socially diverse. Non-discrimination policies or statements and acknowledgements of relevant days of observation (e.g. National Transgender Day of Remembrance and LGBT Pride Day) should also be made visible for all program clients and staff to see. In addition to the physical appearance of the program, it is important to ensure that staff uses appropriate language in and outside of every clients' listening range.

SITE EXAMPLE. Outside In ensures that the client's correct name and pronoun is used when calling clients from the waiting room and through warm hand offs to other providers. They expressed the

importance of using the person's correct name and pronoun even when the patient is not present. They also display posters that represent a diverse LBG and TGNC community and provide clear and prominently marked gender neutral bathrooms for all clients to use.

Health center policies and procedures

Documented policies and procedures are important because they are directly related to the consistency and quality of care a client receives.[27] For TGNC persons this includes non-discrimination and privacy protection policies as well as intake procedures and transition-related protocols.

Non-discrimination policies
TGNC clients have a long history of discrimination to outright refusal of care based on gender identity and expression. Some have even experienced physical and verbal assault in doctor offices and as a result of these past negative experiences have delayed or refrained from seeking care altogether.[3] Clear non-discrimination policies that include gender identity and expression are important in preventing these discriminatory acts and must be adopted throughout the health center, part of staff curriculum, and displayed for clients and staff to see. In addition, protocol must be established for situations if these policies are not followed.

> SITE EXAMPLE. The Ali Forney Center has what they call 'no shade' policies displayed throughout their program, which teach young people not to use derogatory language towards peers. If someone violates these policies, procedures are in place to address and resolve the situation. They usually start with a warning paired with education. If the problematic behavior continues, then the client is asked to leave the space and return for additional resolution strategies. The client can return if they agree to go through a hate speech protocol with a staff member where they have a reflective conversation about language they used, why that was hurtful, and the consequences. This strategy helps to repair relationships and is used as a teaching opportunity.

Privacy protection policies
For TGNC persons, maintaining a high level of confidentiality is extremely important in all aspects of health services to prevent situations of discrimination, harassment, and isolation. Federal HIPAA laws set the tone for these protection policies and must be applied and adhered to by staff at every level of care. This information may include but is not limited to diagnoses, medical history, sex-assigned at birth, and anatomy. Health center staff may disclose health information only if it is relevant to the patient's care and appropriate to their role and responsibilities.[28]

Intake procedures
As mentioned earlier, it is important to use and adopt inclusive and affirming language during initial contact and throughout the client's visit. Inclusive and affirming language should also be included in all clinical intake forms as TGNC persons face unique challenges related to changing their legal name and sex-assigned at birth on legal documents. Thus, in addition to collecting a client's legal name, intake forms should also collect personal names, correct pronouns, gender identity (allow for self-identification), and sex-assigned at birth.[21] Asking these questions validates gender identity and allows for disclosure of a person's history. It is important to note that not all people who identify with a gender that is different from their sex-assigned at birth will identify as transgender or other gender variant terminologies for a number of reasons.[29]

Depending on the health center setting and environment, staff may need to conduct intake paperwork in a private and safe space or allow clients to fill out forms on their own. It is important that intake processes not take place in locations where other clients may be waiting for services and hear the conversation due to

the sensitive nature of the questions being asked. While collecting this information may be pertinent to understanding a patient's history, it may not be relevant to addressing the client's current health needs. Providers should ensure that the intake process prioritizes urgent needs and collects relevant past medical history, medication usage (including cross-sex hormones), family history, and general prevention screening. TGNC clients may also reveal their status to clinicians when they are in the exam room, or their status may be revealed upon physical examination.[29]

> **SITE EXAMPLE**. BHCHP developed a step-by-step guide for admitting patients into their respite program. Medical respite is a short-term medical and recuperative service for people without homes who are too sick to be on the street or in shelters but not sick enough to occupy a hospital bed. This guide includes protocols to follow in the event of conflict between patients and how to go about collecting gender identity information and preferences for room assignments. By eliciting this information, the respite program was able to assign patients to rooms more appropriately.

Many health centers, if not all, utilize electronic health record (EHR) systems to guide administrative and clinical staff practices and processes. Information as it relates to TGNC persons should be included in all EHR systems; however, developers and vendors have yet to update these systems and most EHRs currently use binary gender fields with no fields for correct names and pronouns that the patient would like to be referred to as. Health centers can advocate for these changes to be made and, in the meantime, find innovative ways to record that information in current EHR set-ups.

> **SITE EXAMPLE**. **Challenge**: In developing and implementing the transgender program at BHCHP, they faced challenges with an EHR system that did not provide fields to collect gender identity information. **Solution**: In response they used the notes field of the EHR to capture gender identity and correct names, and pronouns. This note section also provided specialized prompts for clinicians, such as prompts to ask about history of hormone use, experiences of harassment, and use of body altering methods like chest binding.

Transition related procedures
As mentioned earlier, gender transition services are possible in primary care settings. Transitioning refers to a time a person begins to live as the gender they identify as rather than gender assigned at birth. It may or may not include social (e.g. coming out and changing mannerisms), legal (e.g. name and gender changes on legal documents) and physical changes (e.g. gender affirming surgery, HRT, and gender expression).[30] If a health center decides to offer gender transition services, it is important to be aware that not all TGNC persons desire to take on any transition related processes. Nevertheless, health centers should provide a welcoming environment that is accepting and affirming of these changes.

In regards to physical transition processes, health centers may not have the capacity to offer gender affirming surgery, commonly referred to as sex reassignment surgery, but can familiarize themselves with surgical referral processes and local surgeons to refer. Additionally, primary care providers can provide pre- and post-operative care. For HRT, medical professionals are increasingly acknowledging the capacity of primary care providers to offer HRT as it is already within scope to provide hormone therapy for a variety of health conditions.[16] HRT is the use of sex hormones to achieve physical changes that are congruent with an individual's understanding of their own gender identity and body image. It has been demonstrated to improve a person's mental health and quality of life and so it should be integrated into primary care services.[31,32]

Health centers can develop HRT protocols based on existing standards of care and evidence based-practices that outline processes, risks, and benefits. Standards of care set by the World Professional Association for

Transgender Health, for example, can be used with flexible interpretation.[22] In addition, the modification and adaptation of existing protocols from local and national health organizations is acceptable and encouraged. Many existing protocols include an informed consent protocol where a client may not need the approval of a behavioral health provider to receive HRT. However, primary care providers assessing eligibility for any physical transition processes should be competent in assessing basic mental health issues and make behavioral health referrals as needed.

> **SITE EXAMPLE 1.** Outside In provides HRT services with an informed consent approach and referrals for gender affirming surgery. **Challenge**: One particular challenge faced by Outside In was in regards to timeline of these services and expected outcomes. In particular, clients often came in for services and expected an expedited process for surgical referrals and receiving HRT. The interviewee expressed the importance of meeting people where they are, having transparency in care, and using motivational interviewing techniques to setting and meeting realistic timelines for transition-related health services. The interviewee also mentioned that providers need to be cognizant of competing health and social service priorities of each TGNC person and ensure that goals are set and agreed upon collaboratively by client and provider.
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> **SITE EXAMPLE 2**. BHCHP provides post-operative care through their respite program at the Barbara McInnis House. In providing HRT, they use an informed consent approach. They also provide additional support for primary care providers by providing guides for lab values and treatment regimen recommendations on a tab within the EHR system.
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> **SITE EXAMPLE 3**. IFH recently adopted clinical protocols for HRT services for TGNC persons. The protocols were developed with direct support from the Callen Lorde Community Health Center- a leader in NYC for LGBTQ health care. The protocol includes initial medical intake (e.g. discussion of risks and benefits with client, collection of medical history, and current medications), hormone counseling, education, informed consent, setting realistic expectations, gradual initiation of treatments, and ongoing monitoring of lab work and health risks. Concurrent with the development and review of the new clinical protocols, providers and staff of the IFH clinic at Ali Forney received enhanced training regarding HRT and related issues so that HRT services could be fully implemented. The implementation of HRT at Ali Forney is helping to inform the roll out of HRT services at other IFH health centers.

Conclusion

Transgender and gender nonconforming persons face a number of health vulnerabilities which may cause or be exacerbated by experiences of homelessness. Conversely there is still a huge gap in the inclusion of this population in primary care and even more so for those experiencing homelessness. As demonstrated in this guide, health centers are well-positioned to offer primary care services for this population much the same as for cisgender people. They are also well positioned to implement clinical protocols for some gender transition-related care. In providing these services, it is important for health centers to:

- Recognize the multiple needs of TGNC persons without homes who are living in their community;
- Evaluate their organizational needs, capacity, and staff competencies;
- Provide training for cultural humility and clinical competencies related to TGNC care;
- Form partnerships with local and national LGBT community organizations and other health centers who are already offering services for this population; and
- Develop and implement appropriate policies and procedures.

In establishing and improving models of care for TGNC persons without homes, health centers should stay abreast of the ever-evolving standards of care and allow for some program flexibility as progress is made in attaining equitable access to health care for TGNC persons.[21]

1. **Understand the context**. It is important for health centers to gain an understanding of the current norms, laws, health vulnerabilities, and needs of TGNC persons without homes.

2. **Evaluate organization capacity**. It is important for health centers to assess program structure that address the following:
   - Where and when services will be offered
   - What types of services will be offered
   - Program privacy, nondiscrimination, and other relevant policies

3. **Evaluate organization competencies and environment**. It is important for health centers to assess staff cultural humility and linguistic competencies and identify training needs to better meet the needs of TGNC individuals without homes. It is important for all staff at every level of the organization to receive cultural humility and linguistic competency training from the beginning of their work experience and refresher courses offered periodically and on an as needed basis. In addition, creating a welcoming environment that includes visible nondiscrimination policies, and posters, flyers and health education materials that include TGNC people is essential to providing a safe and affirming space for this population.

4. **Maximize collaborative relationships**. Collaborative relationships can be used to extend services through written arrangements and referrals. They may also help with meeting training needs and provide opportunities to share resources in providing culturally competent and affirming care.

5. **Meet clients where they are.** It's incredibly important to avoid making assumptions about the lives or health needs of the clients served. Using patient-centered and motivational interviewing approaches allow providers to build collaborative partnership with their patients.

6. **Lead with a trauma-informed perspective.** Many people living in homelessness have early experiences with trauma, not to mention the trauma of living in homelessness. Working in a trauma-informed manner means the provider assumes a history of trauma for all clients and acknowledges how that trauma may impact patient experiences and behavior. Efforts are made to ensure that patients are not re-traumatized by the provider behavior or language.

7. **Move toward holism.** Including holistic health services and support for clients is critically important as general physical health is so often ignored. Health centers developing and operating transgender and gender nonconforming services means moving past the notion of sexually transmitted infection, transition-related, and mental health services only. Health centers have an opportunity to incorporate a broad range of services and support that maximize prevention of acute and chronic diseases that are prevalent in the general population.

8. **Not about us without us.** Ensure that TGNC clients are involved in helping to shape the services and supports offered at health centers. This includes convening a steering committee or advisory board early in the phase of program development, or making sure to include TGNC patients on established boards.

9. **Incorporate peer providers.** Peer providers and peer advocates offer a culturally important way to better reach TGNC clients. Peers can be used in a wide variety of services and supports, including: engagement, follow-up and ongoing care management.

10. **Include low barrier health care options.** Including health care services through protocols that reduce the number of barriers TGNC persons without homes have to overcome will hugely benefit these clients. For example, using an informed consent model of care for HRT protocols removes the need to get approval from behavioral health provider and prevents further delay in care.

RESOURCE LIST

Community Needs

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Cultural competency of health center and welcoming environment

- National LGBT Health Education Center- A program of Fenway Institute. Webinar trainings, learning modules, and additional resources. Available at: http://www.lgbthealtheducation.org/topic/transgender-health/
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- National Center for Cultural Competence. Self-assessment checklist for personnel providing services and supports to LGBTQ youth and their families. Available at: http://nccc.georgetown.edu/documents/Final%20LGBTQ%20Checklist.pdf

Health center policies and procedures
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Note: This is not an exhaustive list of resources that are available. Health center programs are encouraged to identify organizations and resources available to them locally.

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