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The California Health Homes Program (HHP) helps manage and coordinate care for Medi-Cal managed care members with certain chronic health and/or mental health conditions who have high health care needs or experience chronic homelessness. The HHP is designed to coordinate the full range of members’ physical and behavioral health services and link them to community and social services including housing, as needed.

The HHP covers a large and diverse population of Medi-Cal beneficiaries. There can be challenges while locating and engaging eligible members to encourage them to enroll in the program, and in maintaining engagement once they are enrolled. Challenges include geographic, cultural, and linguistic barriers, as well as difficulties in trying to introduce members to a new program.

This toolkit provides strategies and promising practices for outreach staff from Managed Care Plans (MCPs) and Community-Based Care Management Entities (CB-CMEs) to successfully engage and enroll eligible members and maintain engagement once the member is enrolled in the HHP.

This toolkit seeks to:
- Outline key challenges;
- Identify and share promising practices; and
- Support MCP and CB-CME outreach staff.
The first step is for MCPs and CB-CMEs to work together to identify roles and responsibilities related to outreach and engagement, then build the necessary infrastructure to support these activities. MCPs or their CB-CME/community-based organization (CBO) partners may conduct these activities, depending on the situation.

Assigning Staff Roles
Two general approaches can be used to assign staff roles:

**Dedicated Outreach Staff**
One option is to hire staff or assign internal staff who are solely responsible for conducting outreach to members who may qualify for the HHP. Given that outreach to members (particularly members experiencing homelessness) can be challenging, it is critical to give staff adequate time to conduct comprehensive outreach and follow-up activities.

**Advantages:** Outreach activities are conducted by qualified and trained staff, in efforts to maximize enrollment in the HHP.

Outreach staff are trained specifically for this role, which requires a certain skillset.

**Challenges:** After outreach staff develop relationships with members and encourage them to enroll in the HHP, they have to transition them to care coordinators whom members have not yet met. It will take additional time and effort to build those relationships.
Outreach/Care Coordination Staff

Another option is to have MCP/CB-CME staff conduct initial outreach to members while simultaneously serving as care coordinators for enrolled members.

**Advantages:** The staff person who initially conducts outreach and enrolls members can start to build a relationship and trust, which is important in maintaining member engagement. This approach promotes continuity of care and minimizes handoffs.

**Challenges:** Given that both sets of activities are time-intensive, staff will likely have to maintain a balance between conducting outreach and providing care coordination services to enrolled members.

If staff prioritize providing services to already-enrolled members, this could reduce outreach activities and therefore program enrollment. If staff prioritize outreach activities, HHP members may not receive appropriate support.

If taking this approach, it is critical to have enough staff to ensure that both sets of activities continue at the necessary level. Staff need to have the skillset and cross training for both sets of activities.
Hiring the Right Outreach Staff

Below are some recommended strategies for hiring outreach staff:

- Hire outreach staff from the communities where activities will take place and ensure they are knowledgeable about the target communities and populations.
- Ideally, outreach staff will speak the languages of eligible members and understand the cultural differences and the needs of the target populations.
- Look for outreach staff who exhibit compassion, strong people skills, creativity, and who are friendly and good listeners.
  - These skills and qualities will help outreach staff establish credibility and trust with the target populations.
  - Community health workers often possess many of these attributes and can be considered strong candidates for outreach work.
Training and Supporting Outreach Staff

Training and supporting outreach staff are critical elements when providing effective outreach and engagement to eligible members.

**Training**

Training for outreach staff should include:

- How to talk about the HHP and its services in a simple and clear manner;
- Strategies for building relationships with target audiences and within communities;
- Medical and social service needs (including housing) of eligible members with chronic physical health, mental health, and substance use conditions;
- How to build relationships with entities who support eligible members in the community, and how to leverage these community partnerships to reach and build trust with eligible members; and
- Roleplaying so that outreach staff learn to practice approaching and engaging with eligible members.
Ongoing Support
In addition to training, supporting outreach staff in other ways will help increase their effectiveness.

There are three ways to do this:
• Provide staff with consistent messaging & materials for their outreach efforts;
• Convene staff; and
• Incentivize staff.

Provide staff with consistent messaging & materials for their outreach efforts
• Develop messaging that resonates with the target population and incorporate this messaging into materials and trainings.
• Provide outreach staff with clear and simple marketing/outreach materials to share with eligible members. Materials should be:
  ○ Written at a sixth-grade reading level; and
  ○ Accessible to eligible members.
• When possible, MCPs should co-brand materials with CB-CMEs, which helps legitimize the outreach person and outreach activity.
• Develop outreach scripts, including call scripts, that outreach staff can use for training as well as when they engage with eligible members.

Appendix A of this toolkit includes a sample outreach call script.
Convene staff

- Outreach work can be challenging and isolating since staff work independently. Bringing outreach staff together creates a network and support system so they can work together to improve their effectiveness, share successful outreach/engagement techniques, identify barriers and collaborate on improvement tactics.
- One strategy is to bring together MCP and CB-CME outreach staff for trainings, to brainstorm effective ways to conduct outreach, and to share challenges and creative solutions on how to overcome those challenges.
- These convenings should include leadership, clinical staff, and compliance officers to ensure that everyone is on the same page.
3 **Incentivize Staff**

- Consider offering incentives to outreach staff who meet or exceed goals (or demonstrate improvement) to keep them motivated. This could include recognizing successful milestones through awards, small financial bonuses, or extra time off.
- Consider recognizing good outreach work in internal MCP and/or CB-CME communications or publications.
- Recognize successful outreach staff during meetings. Consider allowing outreach staff to give out small incentives to the eligible members such as MCP or CB-CME branded pens, shopping bags, or hand sanitizer to encourage member engagement with outreach staff.
Creating a Data Sharing Infrastructure

Effective outreach relies on precise and timely data exchange between MCPs, CB-CMEs, and CBOs.

MCPs should establish processes to provide accurate and timely member data to CB-CMEs for reaching eligible members. In addition, MCPs should consider real-time data sharing with partner providers. For example, if an eligible member ends up seeing a partner provider (e.g. an emergency room or clinic), the member can be identified as possibly eligible for the HHP and outreach can be performed. This type of process can be especially helpful when trying to reach hard-to-locate members.

To establish a data-sharing infrastructure, MCPs can employ the following strategies:

- Train CB-CMEs on the requirements for exchanging patient information with covered entities and business associates under the Health Insurance Portability and Accountability Act HIPAA, for example, when a member’s written permission or authorization is required to release information and when it is not required.

- Obtain a Release of Information form from the member early in the process. A good practice in conjunction with the release is to provide the member with a written explanation of why the information is being requested and how it will be used. For example, add specific information about the MCP, what information is needed, and the purpose of treatment.

- Ensure the MCP’s compliance officer is available to CB-CMEs to discuss information exchange requirements and to answer questions.

CBOs are not covered entities but they can still be great partners. MCPs should consider obtaining written consent from members to share information with CBOs.
Leveraging Community Partnerships

Many health care providers, county agencies, CBOs, and other entities already work with members who are eligible for the HHP. Members often have established relationships with and trust these organizations and view them as credible sources of information.

Examples:

- Housing agencies
- Homeless services agencies
- Social service organizations
- Law enforcement and/or the Department of Probation
- Community clinics
- Health centers
- Hospitals
- County social services departments

Working with community partners is a relatively low-cost approach to supporting outreach efforts and effectively engaging eligible members. To leverage these community-based providers and organizations, MCPs should:

- **Build relationships with these entities and provide them with HHP information and materials.**
  - Once relationships are established, these organizations can be leveraged to share HHP information with eligible members and potentially to help outreach staff locate members if a data sharing process/agreement is established.
- **Leverage trusted communication channels that members use such as websites, community boards, newsletters, etc.**
- **Embed outreach staff in the organization to help locate and engage members.**
Locating Eligible Members

Locating eligible members is the first step in the outreach process, but it can be challenging for the following reasons:

1. **Incomplete/Incorrect/Outdated Contact Information**
   Contact information from the Department of Health Care Services (DHCS) Targeted Engagement List (TEL) and internal MCP data may be insufficient, incorrect, or outdated. Members do not always keep their Medi-Cal information and/or contact information updated in county systems and county systems do not always work well with state systems. Any of these issues can leave CB-CMEs with inadequate contact information to conduct outreach activities.

2. **Transient Location**
   Some members are transient, experiencing homelessness, unstably housed, or residing with a family member, friend, in a shelter or other temporary housing.

3. **Lack of Access to Communication Devices**
   Not all members have access to a reliable telephone, computer, and/or email service.

**Leverage MCP/CB-CME/Community Partner Data Sharing**

A key first step in successfully locating eligible members is for MCPs to provide accurate and up-to-date member information to CB-CMEs. Additionally, if the MCP and/or CB-CME has established a data sharing agreement with a community partner, that partner relationship could be leveraged to help locate the member and/or to share information with the member.

For example, often local area emergency departments, providers, pharmacists, and county agencies have frequent contact with eligible members. With a data-sharing agreement in place, these entities can alert outreach staff of the eligible member’s location and/or can relay information from outreach staff to the eligible member.
Use Multiple Communication Channels
MCPs and CB-CMEs should approach eligible members through multiple communication channels to increase the likelihood of making contact:

- Telephone and/or text message
- Mail
- Email
- Social media, such as Facebook (in compliance with Health Insurance Portability and Accountability Act [HIPAA] regulations)
  - If outreach staff can verify that the profile is that of an eligible member, sending them a note through Facebook can be effective.
- Approach the member in person (see more information below)

Seek to Connect In-Person
While all the methods above should be attempted, in-person conversations are the most effective approach for reaching members. Outreach staff should attempt to meet members where they live, sleep, or receive health care or social services. Additionally, if the CB-CME is a medical provider, they can figure out when the member has an appointment and outreach staff could approach the member at that point.

While in-person outreach is the most effective method, it is also time and resource intensive. Therefore, a good practice is to start with a mailed letter or email and phone/text message before attempting to meet in person.

Promising Practices
- Vary the time of day, day of the week, and location where outreach staff are attempting to meet and/or call the member.
- Leave a business card/note in a sealed envelope if the member is unavailable. A member’s personal health information should never be left because the information could be picked up by someone else.
Rural Areas
In-person engagement is not always the best use of time and resources in rural areas because it can be inefficient for outreach staff to travel for hours to attempt to reach one eligible member. Some additional challenges the outreach staff can face while locating and engaging members in-person in rural areas are as follows:

- The member’s address might be incorrect, or the member may have moved.
- Some remote rural areas lack public transportation or require long periods of travel time to access.
- Some rural areas may be unfamiliar and/or unsafe for outreach staff.

Promising Practice
First establish contact via another method and then visit the member in-person at the earliest opportunity.

Conduct Outreach Quickly Upon Receiving Member Contact Information
Outreach activities must be conducted quickly upon receiving a member’s contact information because members can move and/or change their contact information. This occurs frequently in the HHP’s target populations, such as transient members, members in unstable housing, and/or those experiencing homelessness.

Promising Practice
Employ multiple, varied outreach methods concurrently or in quick succession to achieve the best results.
Engaging members is critical to the success of the Health Homes Program (HHP). It is important to educate members about the HHP, what it offers, and how they can join. Below are some challenges outreach staff may face, as well as strategies for overcoming them.

**Challenges**

Outreach staff should be prepared for the following types of challenges when engaging with members:

**Member Confusion**

Some eligible members may be uninterested in exploring new programs and benefits, such as the HHP, and may resist engaging with outreach staff and providers. Member confusion can arise for various reasons, including:

- Members have not heard of HHP, or they may be confused by the name and/or the services provided since it is similar to other programs.
- Some Medi-Cal members may not fully understand their Medi-Cal benefits.
- Members assume there are financial costs associated with the HHP. Members may distrust outreach staff, governmental entities, health care plans, and/or providers due to past negative experiences.
Cultural & Linguistic Barriers
Members represent a broad and diverse range of cultures and backgrounds and speak different languages. This richness in diversity can create outreach challenges since the goal is to use communication strategies related to the person’s culture and language. The following are helpful tips for engagement with diverse populations:

- Messaging that resonates with one population will not work for all populations and is best when tailored to each population.
  - Some phrases and terminology do not translate well to other languages.
  - It can be difficult for non-native English speakers to understand the information being conveyed.
- Members may value services and programs differently and may respond to messaging and outreach differently. For example, cultural stigma surrounding behavioral health issues or substance use disorder can keep certain populations from seeking support. These issues can be exacerbated for non-native English speakers.
- Preparing messaging and materials in languages other than English requires more resources and most likely requires employing outreach staff that speak the languages of eligible members.

Strategies
Talking with Members
- Speak with members in a way that will encourage an ongoing dialogue - ideally in their preferred language.
- Begin with clearly identifying themselves, their role, and the purpose of the contact. This will help alleviate any mistrust the member may have.
- Start the conversation with a neutral topic, e.g. the weather or asking the member to share something about themselves. As the conversation progresses, attempt to read the member’s body language (or vocal cues) to see how they are responding to information.
- Avoid jargon, acronyms, and do not rush since the new information may be difficult for the member to understand.
**Describing the HHP**

- Talk about the program in a positive way and express excitement when communicating how the program can help.
- Listen carefully and identify any concerns and/or potential barriers to the member joining the program.
- Provide real stories of how the HHP has helped other members.
- Give examples of goals the member could work on if they joined the HHP.
- If the member is unsure about the program, let them know that they have time to think about the decision to join the HHP and arrange another time to connect with them. Establish their preferred time, location, and method for future correspondence.
- Before leaving or ending the communication, give the member your business card, HHP materials in their preferred language, and other relevant materials they may need – e.g. a list of local resources, a contact list of county agencies, or a plan on how you can get such resources to them.
**Key Messages**

Outreach staff and other MCP and CB-CME staff play critical roles in explaining the HHP to members. When talking to members, consider sharing the following messages:

- You will have a care team – including a care coordinator – that works together to help you get the care you need.
- To get HHP services, you must have certain health and/or mental health issues and need extra help with your health care or be experiencing homelessness.
- You receive extra services at no cost as part of your Medi-Cal benefits, including help with:
  - Finding doctors and making appointments
  - Understanding your prescription drugs
  - Setting up transportation to your doctor and other medical visits
  - Getting follow-up services after you leave the hospital
  - Connecting to and applying for community programs and services, including food benefits and housing
- You can keep your doctors, and you can get an added layer of support.
Reaching members who are experiencing homelessness often requires using creative strategies. For most members experiencing homelessness, it is critical to conduct in-person outreach. This work is time and resource intensive and may include outreach in unfamiliar and/or unsafe areas. It is important to prepare a strategy that is specific to locating and engaging this population.

**Strategies**

Strategies for engaging members who are experiencing homelessness include:

- Partner with homeless shelters, homeless service agencies, agencies that provide street outreach or medical outreach, and/or drop-in centers by providing outreach staff contact information and a brief message as to why they are attempting to contact the member through the shelter/agency and to ask staff to share it with the member.

- Once a member is located, it is important to help them with housing and other resources, such as a safe place to store documents or connecting them to social services that can help meet immediate needs before discussing the HHP and related services. Some members will likely have many unmet needs and may not be able to focus on and/or consider joining the HHP until some of their needs are met.

- In discussing the HHP, it is important to focus on the housing support offered, but not to overpromise how HHP can help them. This is likely the most important service initially and it is critical for members to obtain stable housing so they can begin to work on other issues and to begin to address their health care needs.

- Once a connection is established with the member, offer them the option to accept further outreach. If they decline, share how they can get in contact with the outreach staff in case they changed their minds. Clearly communicate what the member can expect if they choose to accept further outreach.
The lesbian, gay, bisexual, transgender and queer (LGBTQ+) community faces social stigma, discrimination, and barriers to care which are not necessarily experienced by people outside of this community. These added stressors put members of the LGBTQ+ community at higher risk of experiencing behavioral health issues, including mental health diagnoses and substance use disorders. This is true for LGBTQ+ community members of all ages and across many different identities.

All these factors, and others, contribute to the likelihood that HHP outreach teams will encounter members of the LGBTQ+ community in their work. Therefore, it is important for the MCP and CB-CME outreach staff and care teams to be knowledgeable about the LGBTQ+ community’s unique social and medical needs. One example is using the correct pronoun when referring to a member of the LGBTQ+ community (for example, when a singular individual chooses to be referred to as ‘they/them’ instead of the binary ‘he/him’ or ‘she/her’).

Appendix B in this toolkit provides several free educational resources in the form of reading materials, online trainings, and web-based curriculums that can assist MCP and CB-CME staff to gain cultural competency to outreach more successfully to members of the LGBTQ+ community. Language surrounding these issues is constantly evolving and more research on LGBTQ+ health disparities is emerging daily, so HHP outreach staff are encouraged to stay current on these topics by revisiting these resources and others.
Ongoing Member Engagement

Once a member is enrolled in the HHP, it is critical to continue engaging and communicating with the member to keep them motivated to continue with the HHP. Care coordination staff at the MCP or CB-CME should keep in touch with the member on a regular basis, even if the member is not contacting them.

**Strategies**

- Establish a regular time, date, and place to meet with the member to discuss their needs and progress.
- Schedule appointments in advance and send reminders to help keep the member engaged and participating in the HHP.
- Periodically ask the member about their satisfaction with the program and if there are ways to better engage them or if they have new unmet needs.
  - If they have new unmet needs, discuss how the HHP can help.
- Discuss the member’s health and social goals and check in on their progress on a regular basis.
- When progress is made, even if it is a small gain, communicate that to the member and help them celebrate the progress. This will help them see how the HHP is continuing to help them.
Safety Tips & Outreach Supplies

The well-being and safety of outreach staff is a top priority. Below are some ways to keep staff safe while conducting outreach.

**Outreach Staff Safety Tips**

- Bring a fellow outreach staff person if the outreach location is in unfamiliar or unsafe areas.
- Conduct outreach during daylight hours.
- Tell a supervisor and/or colleague where you are going and when you plan to be back.
- If an eligible member appears highly escalated, walk away and let them know that you will try to contact them again another day.
- Program important phone numbers (e.g., a crisis line or a supervisor’s number) into your cell phone prior to conducting outreach.

**Outreach Supplies to Carry with You**

- Business Cards
- Envelopes
- Hand Sanitizer
- Charged Cell Phone
- Paper
- Pens
- Release of Information (ROI) for the member to sign
- Applications for bus passes, IDs, housing, and other local resources
- A list of local resources with contact information
- HHP outreach materials in different languages
Hello, my name is [CALLER NAME] with [ORGANIZATION NAME], here in [COUNTY OR TOWN]. Am I speaking with [MEMBER NAME]?
(verify demographics here)

How are you doing today? (pause and listen)

I am calling because you now qualify to receive a free service as a part of your Medi-Cal health insurance through [HHP PLAN NAME].

**Question 1:**
Is it okay if I share more about this program with you?

**Option 1:**  
Member says “NO”  
We understand it might not be the best time. Would it be okay if I call you next week to check back in? Or is there a time and day that works better for you?

Again, my name is [CALLER NAME] with [ORGANIZATION NAME] and my phone number is [CALLER PHONE NUMBER] if you would like to talk again. I will call you next week to check in again. Have a great day!

**Option 2:**  
Member says “YES”  
Great! Before I describe the new service that I’m calling about, which is called the Health Homes Program, I have a few questions so that I can get a better understanding of your current situation.

[ASK PERSONALIZED QUESTIONS] (This is a good time to begin building a relationship with the member and showing that the caller/MCP/CB-CME cares and is there to support the member. Ask a few questions and listen.)
Examples of questions that could be asked:

- Do you feel like you’re getting the most out of your Medi-Cal?
- Do you have any questions about your Medi-Cal services?
- Can you use any help coordinating with your doctors or other medical providers?
- I understand you recently went to the hospital — are you getting what you need?
- Are your housing needs being met?

[CALLER SHOULD IDENTIFY HELPFUL RESOURCES BASED ON THIS DISCUSSION THAT CAN BE GIVEN TO THE MEMBER AT THE END OF THE CALL]

Thanks for sharing. Now I’m going to briefly describe the Health Homes Program and how it can help you.

The program is free and provides you with new health care services and other help to meet your needs. If you join the program, you will have your own care coordinator who will work closely with you, your doctors, and others that help you with health-related and other support services. The Health Homes Program can help you:

- Apply for housing
- Connect you to low-cost or free community and social services, like food and housing
- Make appointments and find doctors
- Schedule transportation to go to doctor visits
- Better understand your medications
- Get follow-up services after a hospital stay
Appendix A: Sample Call Outreach Script

**Question 2:**
Does this seem like a program you might be interested in?

**Option 1:**
*Member says “NO”*

We understand it might not be the best time. Would it be okay if I call you next week to check back in? Again, my name is [CALLER NAME] with [ORGANIZATION NAME] and my phone number is [CALLER PHONE NUMBER] if you would like to talk again. I will call you next week to check in again. Have a great day!

**Option 2:**
*Member says “MAYBE”*

Since you’re not sure, do you currently have any questions?

If not, I certainly understand that this might not be the best time to discuss the program. Would it be better if I call back tomorrow? Or is there another day and time that would work better for your schedule? (Move to Call Close.)

**Option 3:**
*Member says “YES”*

Great, do you have more time now to go over the program in detail or could I meet with you in person today or sometime this week to tell you more about the program? Are there days or times that work better for you? (Offer an appointment day and time.) This is the address I have for you [MEMBER ADDRESS].
Question 3: Would you like to meet me at this address?

Option 1: 
Member says “YES”

Option 2: 
Member says “NO”

Member says “YES” and gives location

Member says “NO” to in-person meeting

Member says “YES” to phone meeting

Member says “NO” to phone meeting

Thank you! I look forward to meeting there. (Move to Call Close.)

I understand that you don’t want to meet in person. Can we schedule a phone meeting?

Great, thank you! (Move to Call Close.)

OK, thank you - I’m here if you have any questions. Is it OK for me to call you in three months to check in about the HHP? (Move to Call Close.)

OK great, thank you! (Move to Call Close.)

Is there a place where you would prefer to meet? I can meet you at your doctor’s office, etc. (Ask what neighborhoods they are in during the day and offer to meet them at a public place like a bus stop, fast food restaurant, community center, etc.)
Call

Is this the best number to reach you at? Are there other numbers that you would like to share where I can reach you?

Close

Is there someone else, like a friend or family member, who you would like to be at the meeting? If so, please feel free to invite them to our meeting.

Do you have any questions I can answer now?

Are there any resources that I can help you with at this time? (Have a list of local resources ready to share with the member and include any resources identified throughout the call that might be helpful).

If something comes up and you need to change our meeting time you can reach me at [CALLER PHONE NUMBER]. Again, my name is [CALLER NAME]. I can wait if you want to write this information down.

Thanks for your time today. I look forward to meeting you on [DAY] at [TIME] at [LOCATION].
Appendix B: LGBTQ+ Outreach Resources

SafeZone
SafeZone is a free online resource that provides a 2-hour curriculum which covers the basics of LGBTQ+ identity, community, preferred language, and cultural competency. This training provides a broad, introductory level overview of these topics for a general audience.

GLMA: Health Professionals Advancing LGBTQ+ Equality
GLMA is a national organization with a multidisciplinary membership that provides resources, advocacy, and support for LGBT+ patients, providers, and researchers. They have a cultural competency webinar series directed towards providers and researchers.

National LGBTQIA+ Health Education Center
The National LGBTQIA+ Health Education Center provides educational programs, resources, and consultation to health care organizations with the goal of optimizing quality, cost-effective health care for LGBTQ+ people. They have free videos and webinar recordings on a variety of topics to do with LGBTQ+ cultural competency and LGBTQ+ health care.

OutCare
OutCare provides resources and education for both patients and providers. They provide CME-certified provider trainings for LGBTQ+ health care and cultural competency.

National Resource Center on LGBT Aging
The National Resource Center on LGBT Aging is a technical assistance center aimed at improving quality of services and supports offered to LGBTQ+ older adults. They provide a variety of educational resources.

The World Professional Association for Transgender Health (WPATH)
WPATH is a nonprofit which promotes evidence-based care, education, research, advocacy, public policy, and respect in transgender health.

Standards of Care for Transgender Patients
This is a free-to-access PDF that details standards of care in clinical health care settings for transgender patients; available in 18 languages.