

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Child and Family Services Agency



**Administrative Issuance: CFSA-20-1**

TO: All Staff

FROM: Brenda Donald  
Director

DATE: November 22, 2019

RE: Gender Affirming Care Practice and Health Care for Youth in Foster Care

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In its October 2018 policy statement entitled [Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents](#), the American Academy of Pediatrics (AAP) notes that adolescents and adults who identify as transgender and gender diverse (TGD) have high rates of depression, anxiety, eating disorders, self-harm and suicide. The AAP further endorses a growing belief among professionals who work with the TGD population that these mental health issues are not necessarily attributable to their identity of TGD. These issues, rather, stem from various factors, including internal conflict between appearance and identity, limited availability of mental health services, low access to health care providers with expertise in caring for the TGD population, discrimination, stigma, and social rejection. Moreover, youth who identify as TGD experience disproportionately high rates of homelessness, violence, substance abuse, and high-risk sexual behaviors.

CFSA practice around gender affirmative health care is based largely on the model that the AAP put forth in its policy statement. As youth who identify as TGD develop their gender identity and consider options and interventions to better align their gender expression with their gender identity, the process of reflection, acceptance and (for some) intervention, is known as “gender affirmation”.

The purpose of this Administrative issuance is to expound upon the [Agency’s Position Statement in Support of the DC Human Rights Act of 1977](#) and to assert CFSA’s practice requirements around:

- supporting youth who identify as TGD; and,
- providing them access to physical and mental health services to support their discernment around medical decisions.

### **Gender Affirmative Care Practice Requirements**

CFSA’s gender affirmative care practice centers on providing developmentally appropriate case management that is oriented toward understanding and appreciating the youth’s gender experience. Social workers, nurse care managers (NCM), and resource providers (i.e. foster parents and congregate care providers) establish strong, nonjudgmental partnerships with children and families, and create a supportive environment within which to help them navigate complicated emotions and gender-diverse expressions.

Through the exercise of gender affirmative practice, social workers, NCMs, and resource providers convey the following messages to the TGD population and their families:



- Transgender identities and diverse gender expressions do not constitute a mental disorder.
- Variations in gender identity and expression are normal aspects of human diversity, and binary definition of gender (male or female) do not always reflect emerging gender identities.
- Gender identity evolves, typically during prepubescence, as an interplay of biology, development, socialization, and culture
- If a mental health issue exists, it most often stems from stigma and negative experiences rather than being intrinsic to the child.

### **Access to Gender Affirming Health Care for Youth in Foster Care**

Youth in the District of Columbia foster care system have a right and must be provided with regular, high quality care from health professionals, which includes individualized medical and behavioral health care and counseling. They should feel safe and supported in exercising their right to ask medical professionals treating them about any physical or mental health matters, including those pertaining to sexual orientation, gender identity, therapy treatment, and reassignment surgery. CFSA staff and resource providers have the obligation to maintain their confidentiality and to support youth throughout their discernment and development of their gender identity and expression.

Social workers and NCMs are to facilitate the youth and family's access to gender-affirming medical, mental health, and social services, including specific resources and supports for caregivers, parents, and families. This includes the provision of referrals to specialized gender-affirmative therapists who can assist the youth and family with building skills for dealing with gender-based stigma, address symptoms of anxiety and depression, and reinforce the child's overall resiliency.

Social workers, NCMs, and resource providers may field questions from youth who identify as TGD about available medical interventions and treatments. Staff and resource providers are to emphasize with youth and families that the decision of whether and when to initiate gender-affirmative treatment is personal and involves careful consideration of risks, benefits, and other factors unique to each youth and family.

Specific requests for (or inquiries about) gender-affirmative treatment and gender reassignment surgery are addressed with the youth on a case-by-case basis within the requirements of Agency policy on [Medical Consent](#). The youth's team members (Assistant Attorney General, Guardian Ad Litem, foster parents, parents, relatives, etc.) should be engaged in dialogue, in consultation with the youth, around such requests. For decisions regarding gender reassignment surgery, CFSA follows the [Gender Reassignment Surgery Policy](#) of the DC Department of Health Care Finance, which is based in part on the [Standards of Care of the World Professional Association for Transgender Health](#) (specifically Appendix C of that document).

Social workers who field such requests should first consult with the supervisory social worker, and then engage in the following activities in order (stopping as appropriate):

1. If a NCM has not already been assigned to the youth, then the social worker is to complete a referral to CFSA's Office of Well Being to have a one assigned.
2. Consult with clinical team comprising NCM and the social worker's chain of command (up to and including Principal Deputy Director) to determine next steps, coverage and treatment options.
3. Consult with the General Counsel regarding medical consent and client confidentiality.



4. Refer the youth to a qualified mental health professional, as defined in the DHCF Gender Reassignment Surgery Policy.
5. Inform clinical team and CFSA Director that youth has been accepted by mental health professional to begin consultation and care.
6. Follow NCM and clinical decision-making process for youth.
7. Facilitate the youth's access to a gender affirming health care provider.

