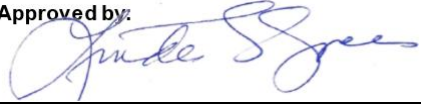


DCF	COMMONWEALTH OF MASSACHUSETTS ~ DEPARTMENT OF CHILDREN AND FAMILIES	
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GENDER AFFIRMING MEDICATION CONSENT POLICY

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I. POLICY

Variations in gender identity and expression are normal aspects of human diversity. The Department of Children and Families recognizes and respects the affirmed gender identities and various gender expressions of the children, youth, young adults, and families involved with the Department. Department staff destigmatize gender diversity by promoting the self-worth of all Department involved children and youth, facilitating access to affirming services and educating families when appropriate. Department staff maintain a safe community space where children and youth are free to develop and explore their gender identity and expression.

For children and youth in state custody (protective and CRA), the Department ensures that transgender and gender diverse youth have access to medically necessary care including psychotherapy without unnecessary delays, requirements, or barriers. The Department recognizes the importance of early identification of these children/youth along with early access to medical treatment and support. The Department has established policy guidelines and procedures for staff to follow to ensure the medical needs of transgender and gender diverse children in state custody are addressed in a timely manner. For transgender and gender diverse youth in care through a Voluntary Placement Agreement, the youth's parent(s) or guardian(s) consent to their medical care and treatment.

Medical providers must seek consent from the Department before beginning gender affirmation medication for children/youth in state custody. After receiving such a request, the child/youth's social worker gathers relevant information about the child for review by the Department's Regional Nurse, Child Psychiatrist, and Medical Director. This review is intended to provide consent and to ensure that the child/youth will have personal, clinical, and medical support and care coordination in their gender affirmation process. The Department responds to requests for gender affirmation medication in a timely manner. It is recommended that children/youth in state custody seeking puberty blocking medication participate in psychotherapy. It is required that children/youth in state custody seeking hormone therapy medication participate in psychotherapy.

A young adult who remains in DCF care beyond their 18th birthday is able to consent to their own medical care and treatment and does not need Department consent prior to beginning any medical treatment or medication, including gender affirmation medication and other gender affirming medical treatment.

II. PROCEDURES

A. DEFINITIONS AND TERMS USED IN THIS POLICY

Chosen Names and Pronouns - The use of a name that may differ from a person's legal name. Gender pronouns refer to the set of third-person pronouns that an individual prefers that others use in order to identify that person's gender (or lack thereof).

Fertility Preservation – The process of saving or protecting eggs, sperm, or reproductive tissue so that a person can use them to have biological children in the future.

Gender Affirmation – A process of reflection, acceptance, and, for some, medical treatment, to align their gender expression with their gender identity. It may include Legal Affirmation, Medical Affirmation, and/or Social Affirmation. Some individuals who identify as gender diverse may feel affirmed in their gender identity without pursuing medical or surgical interventions.

Gender Affirming Hormone Therapy – Hormonal medications administered to transgender and gender diverse individuals for the purpose of aligning their secondary sexual characteristics with their gender identity. This process is also known as **Medical Affirmation**.

Gender Diverse – A term that is used to describe people with gender behaviors, appearances, or identities that differ from the cultural norms ascribed to their sex assigned at birth. Gender diverse individuals may refer to themselves with many different terms, such as transgender, nonbinary, genderqueer, gender non-conforming, and gender fluid amongst others. Gender diversity is used to acknowledge and include the vast diversity of gender identities that exists.

Gender Dysphoria – A medical condition characterized by discomfort or distress caused by a discrepancy between a person's gender identity and their sex assigned at birth, including discomfort or distress with their physical sex characteristics and/or the associated gender role.

Gender Expression – The external way a person expresses their gender, such as with clothing, hair, mannerisms, activities, or social roles.

Gender Identity – A person's deep internal sense of being female, male, a combination of both, somewhere in between, or neither

Puberty Blockers – A group of medications that prevent puberty from occurring. Also called puberty inhibitors, puberty suppressants, or hormone suppressors, these medications inhibit puberty by blocking the hormones (testosterone and estrogen primarily) that lead to puberty-related changes of the body, such as menstrual periods and breast development/growth or voice-deepening and facial hair growth.

Sex – An assignment that is made at birth, usually male or female, typically on the basis of external genital anatomy.

Transgender – A term used to describe an individual whose gender identity is different from their sex assigned at birth and generally remains persistent, consistent, and insistent over time.

Trans Female; Affirmed Female; Male-To-Female – Terms that are used to describe individuals who were assigned male sex at birth but who have a gender identity and/or expression that is female.

Trans Male; Affirmed Male; Female-To-Male– Terms that are used to describe individuals who were assigned female sex at birth but who have a gender identity and/or expression that is male.

B. ROLES AND RESPONSIBILITIES

1. The **Child/Youth's Social Worker** is responsible for:
 - o discussing gender identity and gender affirmation with children/youth in a manner that is age and developmentally appropriate;
 - o compiling and submitting a request form for gender affirmation medication within 5 working days of receiving the request;
 - o making a referral for psychotherapy as needed; and
 - o documenting the request and decision in the electronic case record and notifying the requesting medical provider and youth of the decision.

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2. The **Supervisor** is responsible for:
 - reviewing and sending the request form to the Regional Nurse.
3. The **Regional Nurse, Department Child Psychiatrist, and Department Medical Director** are responsible for:
 - reviewing the request form;
 - making a decision to consent to the request within 20 working days of the request being made to the social worker; and
 - notifying the social worker and supervisor of the decision.

C. PROCEDURES: IDENTIFICATION OF TRANSGENDER AND GENDER DIVERSE CHILDREN/YOUTH

Inquire About Gender Identity

1. It is important that Department staff identify transgender and gender diverse children early in order to best support them and their families. The best way to approach gender is to inquire with curiosity and without judgement about the child's or youth's experiences with and feelings about their gender identity in a manner that is age and developmentally appropriate. The conversation should focus on understanding and appreciating the child's/youth's unique gender experience. Department staff should talk about gender identity with children of all ages, as research shows that even very young children have strong feelings about their gender identity.
2. All staff should inquire about what name and pronouns to use when meeting a family for the first time. This should be done in a manner that maintains confidentiality for individual family members. Department staff should record information in the family's electronic case record that reflects their chosen names and pronouns and affirmed genders. Department staff should take care to note if children/youth have not yet talked to their family about their gender identity in order to protect their confidentiality.
3. For transgender and gender diverse children/youth, the social worker should inquire about their gender affirmation process. The social worker needs current information about what steps have been or need to be taken to support the child/youth. They should reach out to professional and other collaterals for additional information when appropriate.

Connect to Gender-Affirming Services and Supports

4. Supportive involvement of parents and family is associated with better mental and physical health outcomes for transgender and gender diverse children. The child's social worker should work with the child/youth to identify individuals in their life who can support them in their gender identity and gender affirmation process. They should develop a plan to discuss gender affirmation with parents when appropriate and with foster parents, guardians, or other placement providers when applicable. The social worker should help the child/youth access supports who will affirm, support, and promote the child's/youth's gender identity/expression and affirmation process.
5. Department staff should work with transgender and gender diverse children and their families to connect them to gender affirming services and community supports, including referring the child/youth to a gender-affirming physician or clinic and therapist. The child/youth should discuss options for gender affirmation with their medical provider and therapist.

D. PROCEDURES: REQUEST GENDER AFFIRMATION MEDICATION

The Department must give consent before a child/youth under age 18 in state custody can begin taking puberty blocking medication or hormone therapy medication. The Department only responds to requests for medication consent from a licensed medical professional.

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Complete Request Form

1. When a child/youth and their medical provider decide to pursue gender affirmation medication, the medical provider reaches out to the child/youth's social worker to request consent for medication. The child/youth's social worker gathers information to complete the request form within 5 working days of receiving the request.

The form includes:

- demographic information about the child/youth, including information about their living situation/placement;
- a summary of the child/youth's involvement with the Department and any relevant information from their or their family's Action Plan;
- a summary of the child/youth's support system;
- any other relevant information including strengths or concerns and collateral observations;
- documentation of the wishes of the child/youth's parent(s)/guardian(s) regarding treatment (see #3), except when termination of parental rights has occurred; and
- name and contact information for the requesting medical provider, the child/youth's primary care physician (if different from the requesting medical provider), and the child/youth's therapist.

2. The child/youth may attach an optional personal statement if they wish to provide context for their decision to request gender affirmation medication.
3. In completing the request form, the child/youth's social worker reaches out to the child/youth's parent(s)/guardian(s) to discuss the request for medication and records the parent/guardian's wishes on the request form.

The social worker does not need to discuss puberty blockers with the parent(s)/guardian(s) if the child/youth does not want to discuss it with them but must discuss hormone therapy with the parent(s)/guardian(s).

Additional Steps for Hormone Therapy

4. Youth who are seeking hormone therapy medication are required to participate in psychotherapy for at least three months with a frequency of at least two sessions per month prior to making the request. A comprehensive mental health evaluation must be completed. The evaluation should be completed by the youth's therapist but may be completed by a separate licensed psychiatrist, psychologist, or clinical social worker when needed. If the evaluation is being completed by someone other than the youth's therapist, the evaluation must include information from the youth's therapist.

The evaluation includes the following:

- a summary of the youth's understanding of their own gender identity and their reason(s) for seeking hormone therapy;
- a summary of the youth's strengths;
- a summary of the youth's mental health history, including any crises, hospitalizations, or suicide attempts/suicidality; and
- a recommendation to move forward with medication.

5. The request form for hormone therapy must also confirm that the youth's medical provider discussed fertility preservation with them.

Review the Request

6. The social worker sends the completed request form to their Supervisor for review. Their Supervisor forwards the form to the Regional Nurse. The Regional Nurse reviews and sends the form to the Department's Child Psychiatrist and Department's Medical Director. They review the form, seek out additional information or consultation as needed, and consent to the medication. They may include recommended steps for the social worker to assist in care coordination for the child/youth (e.g. new referrals, increased

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contact with collaterals). The Regional Nurse, Department's Child Psychiatrist and Department's Medical Director decide within 20 working days of the initial request and notify the Social Worker and Supervisor of the decision.

Resolving Disagreements

7. The social worker documents the request and consent in the child/youth's electronic case record. The social worker notifies the child/youth and the requesting medical provider of the decision.
8. When there is disagreement regarding hormone therapy between the youth, their parent(s)/guardian(s), or the Department, the Department files pleadings with the custody Court requesting that the Court make a substituted judgment as to whether the youth should or should not have hormone therapy. The Department will request appointment of a Guardian Ad Litem (GAL) to look into the facts of the matter and advise the Court on its decision. The Department will provide the GAL with any necessary documents in its possession relevant to the issue before the Court.

Continue Access to Gender Affirming Medical Care

9. If children/youth are already receiving gender affirming medical care when they enter state custody, including gender affirmation medication, their social worker or supervisor notifies the Regional Nurse to ensure that the child/youth is able to continue receiving medical care.

The Department works with foster families, placement providers, and the child/youth's family to ensure that the child/youth is able to continue receiving gender affirming medical care if they move placements or return home. When a young adult who is receiving gender affirming medical care ages out of state custody, the Department helps the young adult plan for how they will continue to access medical care.