Attorney name
Law Firm

Attorney for Minor [CLIENT]

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES**

**JUVENILE DIVISION**

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| In the Matter of:<br><br>[CLIENT],<br><br>Minor. | CASE NUMBER: [REDACTED]<br><br>MINOR'S NOTICE OF MOTION AND MOTION FOR COURT AUTHORIZATION OF HORMONE THERAPY AND GENDER AFFIRMING CARE<br><br>Hearing: Non-Appearance Progress Report<br>Date:<br>Time:<br>Department: ___ |

**TO THE HONORABLE COURT, ALL PARTIES, AND THEIR COUNSEL OF RECORD:**

NOTICE IS HEREBY GIVEN that on _____date, or as soon thereafter as this motion may be heard in Department 401 of the Los Angeles County Superior Court, Juvenile Division, located at 201 Centre Plaza Drive, Monterey Park, California, counsel for minor will move the Court for an order authorizing minor, [CLIENT name] (hereinafter referred to as "[CLIENT]") to continue receiving hormone therapy treatment and for other gender affirming care, as needed, to be authorized by [CLIENT]'s Children's Social Worker (CSW).

This motion is based upon the points and authorities enumerated below, and such other oral and/or documentary evidence and argument as may be presented at the time of the hearing.

DATED: _____

Respectfully Submitted,

CHILDREN'S LAW CENTER OF CALIFORNIA, CLC___

By: _____
xxxxxx.
Attorney for CLIENT

## STATEMENT OF FACTS

### I. Minor [CLIENT] Has Been Under This Court's Jurisdiction for Over _____ Years Due to the Actions of His Parents and Their Failure to Reunify

Minor [CLIENT] (he/him), now seventeen years old, came to the attention of this Court on _____date, when the Department of Children and Family Services (DCFS) filed a Welfare and Institutions Code (WIC) section 300 petition alleging he was a person described by subdivision (b) due to the actions of both his mother, [MOTHER NAME] (hereinafter "mother") and his father, [FATHER NAME] (hereinafter "father"). (WIC 300 Pet., filed _____date.) The day after, the Court detained [CLIENT] and his sibling from their mother's care and placed them with their father. (Min. Order dated_____p__) On _____, the Court sustained the a-1, b-1, b-3, and j-1 allegations in the petition, finding that mother physically abused [CLIENT] and that she and father both neglected his emotional and mental health needs. (Min. Order dated _____, p. 1.)

#### A. This Court Terminated Mother's Family Reunification Services in _____, After Finding Her Progress Had Been "Minimal to None" After Four Years In The System.

Throughout the course of this case, mother expressed her disinterest in parenting or caring for [CLIENT]. In an interview conducted in _____ date which was submitted to the court through a Last-Minute Information (LMI), mother told the CSW that she didn't want her children back. (LMI dated _____, p. 3.) Despite this statement, the Court ordered individual counseling for both parents to address all case issues and for the parents to "ensure children receive all necessary medical and mental health treatment."

[CLIENT] and mother were temporarily reunited in _____, when [CLIENT] was placed in his mother's home along with his sibling. (Min. Order dated_____p. 1.) Within three months of being reunited, mother kicked [CLIENT] out of the house. With nowhere to go, [CLIENT] called 9-1-1 after midnight from a nearby Jack-In-The-Box. (Detention Report (Det. Rpt.) Despite the officer's best efforts "to reason with the mother"

for over two hours, mother refused to take [CLIENT] back because he broke the blinds in the home. (*Ibid*.) According to [CLIENT], this occurred over a week prior and he already talked to his CSW about the incident. (*Ibid.)* Although mother was unable to remember when the incident occurred, she told the officer that she had "had enough of [CLIENT]" and "did not want [him] in the home anymore." (*Ibid.)*

As a result of this behavior by mother, the Department filed a subsequent petition on behalf of [CLIENT] pursuant to WIC section 342. The court then sustained a b-1 allegation finding that mother excluded "the child from the home, failure to make a plan for the child and failure to provide for the child endangers the child's physical and emotional health and safety and places the child at risk of physical and emotional harm, damage and danger." (*Id*.at p. 3.) Two years after the original section 300 petition had been filed, DCFS reported that "none of the [case plan] ha[d] occurred" and that "[t]he parents [were] not in compliance with… court orders." Further, DCFS reported that both [CLIENT] and mother "refused to see each other" for visitation throughout the course of the case. (*Ibid*.)

In _____ at the WIC section 366.21(f) statutory hearing, the Court determined that mother's progress on her case plan had been "minimal to none" and, therefore, terminated family reunification services for mother.[1]

**B. This Court terminated Father's family reunification services over two and a half years ago after determining that Father had made no progress in the case.**

Although [CLIENT] and his brother were placed with father when this case began, they were removed from his care within six months "due to parents not being in compliance with the current Court orders," as well as new allegations. (Status Review Report dated .) Two months later, the Court sustained a-1, b-2, and j-2 allegations naming

[1] [MOTHER] filed a notice of intent to file a writ petition on _____.Mother did not file a timely petition and on _____, the Second District Court of Appeal designated the writ and case as "non-operative." No writ is currently pending before the appellate court.

father in the WIC section 342 petition due to physical abuse, as well as the 387 petition which included a s-1 allegation for failure to comply with prior court orders.[2] Since that time, father has not had any visits with [CLIENT]. (See Section 366.26 Rpt. dated _____p. ___; see also ["Throughout the duration of the case, father has not had any visits with [CLIENT]."].)

**C. Since Termination of Family Reunification services,** [CLIENT] **Expressed interest in Long-term Foster Care and the Current Permanent Plan is Another Planned Permanent Living Arrangement (APPLA).**

Once family reunification services were terminated, [CLIENT] expressed interest in long-term foster care. The Court set a WIC section 366.26 (.26) hearing for _____; on that day, the Court took the hearing off calendar and, per the Department's .26 report, ordered the Department to prepare a report to review [CLIENT]'s permanent planning options.) On _____, DCFS then recommended APPLA as an appropriate plan for [CLIENT]. (The Department also filed a renewed report reviewing the permanent plan later that month, where it again recommended APPLA as the appropriate plan for [CLIENT]. On _____, all parties submitted on that recommendation before this Court.

## II. [CLIENT] Identifies As A Trans Man And, Under Appropriate Medical Guidance, Has Been Receiving Gender Affirming Care To Bring His External Body In Line With His Gender Identity.

Since a young age, [CLIENT] did not feel that he fit in. (See Letter from Dr. _____dated, attached as Exhibit A (Ex. A.); Letter from _____, LCSW dated _____, attached as Exhibit B (Ex. B.) ["He reports feeling discomfort in his female gender assignment and has felt aligned with a male identity since first

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consciousness."].) [CLIENT] began experimenting with masculine gender expression and was considered a "tomboy" at a young age. (Ex. A.) During puberty, [CLIENT]'s feelings that his gender identity was not congruent with his external body intensified. (*Ibid.*) Although [CLIENT] attempted to express his feelings to mother at the age of eleven, she did not accept him. (*Ibid.*) Two years later, [CLIENT] began living "consistently and successfully in the gender role that is congruent with his identity." (*Ibid.*)

Since 2019, [CLIENT] scheduled multiple intake appointments at LAC+USC's Alexis Project with Dr._____to assess his readiness for hormone treatment. (Ex. A.) However, due to repeated changes in placement, [CLIENT] was unable to meet with Dr. _____and her team until _____(*Ibid.*) According to both Dr. _____and _____, a licensed clinical social worker (LCSW), [CLIENT] meets the criteria for Gender Dysphoria of Adolescence or Adults as defined in the DSM-V. Further, [CLIENT] "has an excellent understanding" of the risks, benefits, limitations, and alternatives to gender affirming care. (Ex. A, p. __; Ex. B, p. __.)

On _____, one year prior to the termination of mother and father's family reunification services, Judge _____ ordered gender affirming hormone therapy for [CLIENT]. Since that time, [CLIENT] worked consistently with his medical team at the Alexis Project, under the supervision of Dr. _____, to continue his hormone treatment. His hormone treatment is regularly monitored, and [CLIENT] administers the treatment himself. (RPP Rpt. dated _____p.____"[CLIENT] . . . is currently taking weekly hormone shots."].) [CLIENT]'s CSW, _____, regularly picked up and delivered this treatment to [CLIENT] for more than a year and a half.

Despite [CLIENT]'s numerous placements during this period, he remained consistent with his hormone treatment and all other necessary medical meetings with this team at the Alexis Project.[3] ["Further, this CSW would visit [CLIENT] weekly to provide him with his dose of testosterone injections."].)

[CLIENT] is also interested in other gender affirming medical care and, in _____, he met with LCSW _____, to determine if he would be a candidate for top surgery.[4] (Ex. B.) In her letter of recommendation, Ms. _____ stated that chest masculinization surgery is "medically necessary for [CLIENT]" and that "it is essential for his continued mental, emotional and physical health" that he receive this gender-affirming care. (*Ibid.*) During this meeting, [CLIENT] and Ms._____ discussed [CLIENT]'s readiness for surgery, including [CLIENT]'s relationship to his gender, his gender dysphoria, his body, and his future goals for gender expression. (*Ibid.*)

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[3] [CLIENT] has been away from care since _____. While away from care, [CLIENT] has been unable to access his regular testosterone dosage.

[4] According to John Hopkins School of Medicine, top surgery is "another name for chest masculinization or feminization. Using one of several surgical approaches, surgeons augment or remove breast tissue, and in some cases reshape and reposition the nipples[.]" (See *Top Surgery (Chest Feminization or Chest Masculinization)*, John Hopkins Medicine <https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/top-surgery#:~:text=Top%20surgery%20is%20another%20name,nipples%20for%20an%20affirming%20look> [as of Jan. 5, 2023].) This procedure "removes or augments breast tissue and reshapes the chest to create a more masculine or feminine appearance for transgender and nonbinary people." (*Id.*) Most surgeons and insurance companies require one letter of recommendation for top surgery and two letters of support for bottom surgery. (See e.g., *Top Surgery for Transgender Men and Nonbinary People*, The Mayo Clinic <https://www.mayoclinic.org/tests-procedures/top-surgery-for-transgender-men/about/pac-20469462> [as of Jan. 5, 2023] ("World Professional Association of Transgender Health (WPATH) standards of care criteria requires obtaining one letter of support from a mental health provider competent in transgender health. You'll need a mental health evaluation to receive a letter of support.").) [CLIENT] has expressed an interest in top surgery and met with LCSW Tricia Kayiatos-Smith to begin the recommendation letter process.

[CLIENT] was also referred to the DCFS Tailored Services Program[5] and receives services from the LA LGBT Center's RISE program.[6] According to [CLIENT], neither mother nor father have supported [CLIENT] in seeking gender affirming care or using [CLIENT]'s chosen name and pronouns; although Dr. _____and the medical team at the Alexis Project do not recommend stopping hormone treatment, both father and mother object to the continuation of [CLIENT]'s gender affirming care, resulting in the current need to brief this issue before the Court.

[5] The DCFS Office of Equity's Tailored Services Program began in March of 2022. Services are provided for foster youth based on SPA location; partnering organizations include Penny Lane Centers (SPAs 1 and 7), The Help Group – Kaleidoscope (SPA 2), the LA LGBT Center (SPAs 3, 4, 5, and 6), the Long Beach LGBTQ Center (SPA 8). The program is available to LGBTQ+ children and youth, starting at age 2, participating in emergency response referrals and/or with open DCFS services, as part of prevention, intervention, reunification, and after care services, including current and former Transition Age Youth (TAY), ages 18 to 25.

[6] The LA LGBT Center is the largest LGBT organization in the world. The RISE (Recognize Intervene Support Empower) program works with youth, parents, caregivers, and professionals to better support LGBTQ+ youth in systems of care. Through this program, [CLIENT] has received multiple chest binders, has met with LGBTQ+ case managers, and has been connected with an LGBTQ+ therapist.

## MEMORANDUM OF POINTS AND AUTHORITIES

### A. Introduction

Pursuant to WIC section 362, subdivision (a), the juvenile court is authorized to make any and all "reasonable orders for the care, supervision, custody, conduct, maintenance, and support" of a child declared a dependent of the court. Further, WIC section 369, subdivision (b) authorizes the court to make "an order authorizing the performance of the necessary medical, surgical, dental, or other remedial care for" a minor in need of such treatment "upon the written recommendation of a licensed physician…after providing due notice to" a parent who is unable or unwilling to authorize such treatment. Finally, WIC section 369 subdivision (c) states that the parents or guardians of a dependent child still have the authority to consent to all non- "ordinary" medical, dental, and surgical care, unless "it appears to the court that there is no parent, guardian, or person standing in loco parentis capable of authorizing or willing to authorize medical, surgical, dental or other remedial care or treatment for the dependent child." (WIC § 369, subd. (c); c.f., *San Joaquin County Human Services Agency v. Marcus W.* (2010) 185 Cal.App.4th 182 [holding WIC § 362 inapplicable where the agency did not file a WIC § 300 petition to declare the child a dependent].) In this situation, after giving notice to the parents, the Court may allow the child's social worker to consent to treatment. (See WIC § 369, subd (c).)

In the case at bar, this Court has the authority to override both parents' unwillingness to consent to [CLIENT] receiving gender affirming care. Even if parents refuse to provide consent for [CLIENT] to continue hormone therapy and to receive other gender affirming care, this Court has the authority to override their unwillingness to consent pursuant to WIC sections 362, subdivision (a), and 369, subdivisions (b), and (c).

**B. Under California Law and Considering All Relevant Factors, This Court Can and Should Authorize Continued Hormone Therapy and Other Necessary Gender Affirming Care For** [CLIENT]**.**

**1. California case law and statutes provide this Court with broad authority to authorize medical care over parents' objections.**

Once a child is adjudged to be a dependent of the court under WIC 300, the court may "make any and all reasonable orders for the care, supervision, custody, conduct, maintenance, and support of the child, including medical treatment[.]" (WIC § 362 subd (a); *In re S.P.* (2020) 53 Cal.App.5th 13, 17, *review denied* Nov. 10, 2020.) While the California Family Code (Fam. Code.) contemplates a parent must give consent to such a procedure, this requirement is not without exception. (See Fam Code §§ 6903, 6910.) As such, WIC section 362 subdivision (a) expressly gives the juvenile court authority to make all reasonable orders relating a dependent child's medical treatment; moreover, "[n]o statute restricts that authority." (*In re Christopher I.* (2003) 106 Cal.App.4th 533, 555.) Consequently, the juvenile court has authority "to obtain care – including medical care – in the dependent child's best interests[.]" (*In re S.P., supra*, 53 Cal.App.5th at p. 17 (quoting *In re Christopher I.*, *supra*, 106 Cal.App.4th at pp. 554-555.).)

Additionally, when reunification services are terminated for a family, the state's interest in providing stability to the dependent children "requires the court to concentrate its efforts…on the child's placement and well-being," rather than on a parent's challenge to or disagreement with a court order. (See *In re Marilyn H.* (1993) 5 Cal.4th 295, 307.) Further, the parent's liberty interest in the care, custody, and control of their child, while protected by the Fourteenth Amendment to the U.S. Constitution, is not an absolute right. (*Santosky v. Kramer* (1982) 455 U.S. 745; U.S. Const., 14th Amend., § 1.) The State is "the

guardian of society's basic values." (*In re Petra B.* (1989) 216 Cal.App.3d 1163, 1171.) Under the doctrine of *parens patriae*, the State has a duty to protect children. (*Ibid.*; see also, *Prince v. Massachusetts* (1944) 321 U.S. 158, 166.) State officials may interfere in family matters to safeguard the child's health, educational development, and emotional well-being. (*In re Petra B.*, *supra*, 216 Cal.App.3d at p. 1171.)

**2. This Court must consider several factors in weighing whether to exercise its authority to order medical care over parents' objections.**

One of the most basic values protected by the state is the sanctity of human life. (See U.S. Const., 14th Amend., § 1.) Where parents fail to provide adequate care— including medical care— for their children, the state is justified in intervening. (*In re Petra B.* (1989) 216 Cal.App.3d 1163, 1171.)

However, since the state must first consider the wishes of the parents in accordance with basic due process protections, it carries the burden of justification before abridging parental autonomy by substituting its judgment for that of the parents.[7] (*In re Phillip B.* (1979) 92 Cal.App.3d 796, 801-802 ("*Phillip B.*").) The resulting standard for the trial court to apply in such circumstances is a balancing test that appropriately weighs the wishes of the child and/or Department against the due process rights of an objecting parent. In *Phillip B.*, the appellate court described several factors that must be taken into consideration to appropriately balance these interests:

> "The state should examine the seriousness of the harm the child is suffering or the substantial likelihood that he will suffer serious harm; the evaluation for the treatment by the medical profession; the risks involved in medically treating the child; and the expressed preferences of the child. Of course, the underlying consideration is the child's

[7] This burden is also carried by a petitioning party requesting such an abrogation. This extends to [CLIENT]'s request before this Court.

> welfare and whether his best interests will be served by the medical treatment."

(*Phillip B., supra*, 92 Cal.App.3d at 802; see also *In re Petra B.* (1989) 216 Cal.App.3d 1163, 1171 [affirming *Phillip B.,* agreeing that a parent's constitutional protection of parental autonomy is not absolute].) The juvenile court's discretion under these circumstances is "very…extensive" and the court's "determination will not be reversed save for clear abuse of that discretion." (*In re Robert D.* (1984) 151 Cal.App.3d 391, 396; see also *In re Eric B.* (1987) 189 Cal.App.3d 996, 1005 [citing *Phillip B.* for the standard regarding entering medical decisions over a parent's objection, and also reviewing jurisprudence regarding appropriate exercise of *parens patriae* jurisdiction for ordering medical treatment over a parent's objection].)

**3. In balancing interests, this Court must also consider** [CLIENT]**'s right to receive gender affirming care under California law, and under specific guidance from the California Department of Social Services**

LGBTQ+ foster youth in California have a variety of rights that are specific to protecting and affirming their sexual orientation, gender identity, and gender expression. Under the Foster Youth Bill of Rights, dependent youth have a right to be involved with developing their case plan, including "the development of case plan elements related to placement and gender affirming health care, with consideration of their gender identity." (WIC § 16001.9, subd. (a)(19).) Further, guidance provided by the California Department of Social Services ("CDSS") via All County Letter (ACL) 19-27 states that "AB 2119 [signed into law in September of 2018,] clarifies the right to receive gender affirming physical health care and gender affirming mental health care is subject to existing laws governing consent to health care for minor and nonminor dependents in foster care and does not add,

limit, or otherwise affect applicable laws governing consent to health care." (ACL 19-27, pp. 1-2, found at https://www.cdss.ca.gov/Portals/9/ACL/2019/19-27.pdf?ver=2019-05-09-101636-810.) The letter continues by stating that:

> "It is the role of the child welfare agency and foster caregiver to support a minor/nonminor dependent's ability to access gender affirming physical health care and gender affirming mental health care while recognizing that community support is an important aspect of affirming an individual's transition, and ultimately their overall wellness."

(ACL 19-27, pp 6-7.) Gender affirming health care is defined as "medically necessary health care that respects the gender identity of the patient, as experienced and defined by the patient[.]" (WIC § 16010.2, subd. (b)(3)(A).) Such health care may include: "(i) Interventions to suppress the development of endogenous secondary sex characteristics. (ii) Interventions to align the patient's appearance of physical body with the patient's gender identity. (iii) Interventions to alleviate symptoms of clinically significant distress resulting from gender dysphoria […]." (WIC § 16010.2, subd. (b)(3)(A)(i-iii).)

Additionally, ACL 19-27 clarifies that if a minor is under the age of 18 and is seeking surgical or medical treatment, "a parent or legal guardian of said minor generally must provide consent, unless the juvenile court has limited the parents' medical rights." (ACL 19-27, p. 8.) ACL 19-27 advises county welfare agencies that the juvenile court may grant the CSW or juvenile probation officer the authority to consent to "medical, surgical, or other remedial gender affirming care upon the recommendation of the attending physician and surgeon" if, after due notice, "no parent or guardian is capable of authorizing or willing to authorize" such care. (*Ibid.*)

**4. Applying the *Phillip B.* factors to this case weighs heavily in favor of authorizing [CLIENT]'s request for an order for gender affirming care over parents' objections.**

In this case, [CLIENT] was adjudicated a dependent of this Court over four and a half years ago. While this Court offered family reunification services to both mother and father, the services proved unsuccessful, resulting in termination of services in _____. The permanent plan is not to reunify [CLIENT] with either of his parents; rather, all parties have submitted to the Department's APPLA recommendation for [CLIENT]. [CLIENT] will be eighteen on [DOB], and the Department was ordered to provide services to prepare [CLIENT] for long-term foster care. Even though mother and father's parental rights have not been terminated, efforts to reunify [CLIENT] with either of his parents have been terminated and [CLIENT] remains a dependent of this court.

As such, the state's interest in providing stability to [CLIENT] requires that the Court concentrate its efforts on [CLIENT]'s well-being rather than any challenges or objections brought by father and mother. In applying the *Phillip B.* standard to this case, this Court can, and should, order the continuation of [CLIENT]'s hormone treatment, as well as other gender affirming care. Each prong of the *Phillip B.* standard is discussed in turn.

First, this Court must consider "[t]he seriousness of the harm [CLIENT] is suffering or the substantial likelihood that he will suffer serious harm." (*Phillip B.*, *supra*, 92 Cal.App.3d at p. 802.) According to [CLIENT]'s medical team, [CLIENT] will suffer serious harm if this course of treatment was denied to him. In her letter to the juvenile court dated _____, Dr. _____stated, "I believe [CLIENT] would

benefit greatly both medically and psychologically from hormone therapy." (Ex. A.) Similarly, in her letter of recommendation for gender affirming surgery in _____, LCSW_____stated, "It is my professional clinical opinion that this procedure is medically necessary for [CLIENT] and that it is essential for his continued mental, emotional and physical health." (Ex. B.)

There is an abundance of information regarding the harm that transgender people suffer when they are denied access to gender affirming care. Specifically, the Williams Institute of UCLA School of Law articulated the harm associated with denying gender affirming healthcare to those in need:

> "Research shows that gender-affirming care improves mental health and overall well-being for transgender people, including youth. A 2020 study published in Pediatrics found that access to pubertal suppression treatment was associated with lower odds of lifetime suicidal ideation among transgender adults. […] Research conducted by the Williams Institute noted that fewer transgender people who wanted and received gender-affirming medical care attempted suicide in the prior year compared to those who did not receive such care (6.5% vs. 8.9%, respectively). More generally, research indicates that efforts to support transgender youth in living according to their internal sense of gender is associated with better mental health and feelings of safety at school, while efforts to change the gender identity of transgender people (i.e., conversion therapy) are associated with suicidality."

(The Williams Institute of UCLA Law School, *Prohibiting Gender-Affirming Medical Care for Youth* (March 2023), <https://williamsinstitute.law.ucla.edu/publications/bans-trans-youth-health-care/> [as of Sept. 19, 2023].) Similarly, a 2022 study by The Trevor Project[8] found that access to gender affirming healthcare is "significantly related to lower rates of

[8] The Trevor Project is one of the leading LGBTQ+ organizations in the U.S. dedicated to LGBTQ+ youth and their mental health. Their mission is to end suicide among LGBTQ+ youth by creating a more inclusive world where these young people can see themselves. They provided crisis services, peer support, public education, advocacy, and research. (See The Trevor Project <https://www.thetrevorproject.org/strategic-plan/> [as of September 19, 2023].)

depression and suicidality among transgender and nonbinary youth." (Green, DeChants, Price & Davis, *Association of Gender-Affirming Hormone Therapy with Depression, Thoughts of Suicide, and Attempted Suicide Among Transgender and Nonbinary Youth* (Apr. 1, 2022) 70 J. Adolescent Health 643.) Since LGBTQ+ youth are four times more likely to attempt suicide, gender affirming care can be lifesaving. (*Ibid.*; see also The Trevor Project <https://www.thetrevorproject.org/strategic-plan/> [as of Sept. 19, 2023].)

Moreover, many national and international medical associations support gender-affirming care for youth. (See The Transgender Legal Defense and Education Fund, *Medical Organization Statements*, <https://transhealthproject.org/resources/medical-organization-statements/> [as of Sept. 19, 2023].) Most major U.S. medical associations—including those in fields such as pediatrics, endocrinology, psychiatry, and psychology—have issued statements recognizing the appropriateness of and need for gender affirming care for youth, particularly noting the harmful effects of denying access to these services. (Lindsey Dawson, Jennifer Kates & MaryBeth Musumeci, *Youth Access to Gender Affirming Care: The Federal and State Policy Landscape* (June 1, 2022), Kaiser Family Foundation <https://www.kff.org/other/issue-brief/youth-access-to-gender-affirming-care-the-federal-and-state-policy-landscape/> [as of Sept. 19, 2023].) The American Medical Association supports this sentiment, as it opined as recently as March of 2021 that, "[] research has demonstrated that improved body satisfaction and self-esteem following the receipt of gender-affirming care is protective against poorer mental health and supports healthy relationships with parents and peers." (See The American Medical Association, *AMA Fights to Protect Health Care for Transgender Patients* (Mar. 26, 2021),

<https://www.ama-assn.org/health-care-advocacy/advocacy-update/march-26-2021-state-advocacy-update> [as of Sept. 19, 2023].) It further asserts that, "studies also demonstrate dramatic reductions in suicide attempts, as well as decreased rates of depression and anxiety." (*Ibid.*) Thus, considering the mental and physical benefits stated by both Dr. _____and Ms. _____, the overwhelming support of the medical community generally, and, conversely, the serious harm [CLIENT] would suffer should the Court refuse to intervene to support [CLIENT]'s care, this factor weighs heavily in [CLIENT]'s favor.

Second, this Court must consider "the evaluation for the treatment by the medical profession." (*Phillip B.*, *supra*, 92 Cal.App.3d at p. 802.) The medical profession generally and [CLIENT]'s medical team more specifically supports gender affirming treatment for youth who identify as transgender, and, according to the medical profession, that treatment should not be delayed. (See The American Civil Liberties Union, *Doctors Agree: Gender-Affirming Care is Life Saving Care* (Apr. 1, 2021), <https://www.aclu.org/news/lgbtq-rights/doctors-agree-gender-affirming-care-is-life-saving-care> [as of Sept. 19, 2023]; see also The Transgender Legal Defense and Education Fund, *Medical Organization Statements*, <https://transhealthproject.org/resources/medical-organization-statements/> [as of Sept. 19, 2023]; The Gay Lesbian Alliance Against Defamation, *Medical Association Statements Supporting Trans Youth Healthcare and Against Discriminatory Bills* (Apr. 19, 2021), <https://www.glaad.org/blog/medical-association-statements-supporting-trans-youth-healthcare-and-against-discriminatory> [as of Sept. 19, 2023].) The medical profession—

on national and international levels—clearly supports gender affirming care as the appropriate treatment for transgender youth. The medical professionals who have evaluated and treated [CLIENT] strongly support him continuing to receive hormone therapy and other gender affirming care. This factor weighs heavily in [CLIENT]'s favor.

Third – "The risks involved in medically treating the child." (*Phillip B.*, *supra*, 92 Cal.App.3d at p. 802.) The risks of harm for gender affirming care are minimal, especially considering that [CLIENT] would suffer serious harm should his current hormone treatment be stopped, as discussed *supra*. Prior to beginning hormone therapy over a year ago, Dr. _____ discussed the "risks, benefits, limitations and alternatives" to hormone therapy with [CLIENT]; some of these risks include "the length of time it would take for the full benefits to take effect, potentially heightened risk of cancer and risks associated with reproductive and sexual health." (Ex. A.) Dr. _____ found that [CLIENT] "had an excellent understanding" and, "[a]lthough he is only 15, he [wa]s able to express complex thoughts and complex understanding of the risks and benefits of hormone therapy." (*Ibid.*) Ultimately, Dr. _____expressed her belief that [CLIENT] would "benefit greatly, both medically and psychologically" from gender affirming care. (*Ibid.*) More recently, Ms. _____expressed a similar sentiment, writing that gender affirming care is "medically necessary for [CLIENT]" and that it is "essential for his continued mental, emotional and physical health." (Ex. B.) The minimal risks that gender affirming care pose have been discussed with—and understood by—[CLIENT], and his medical team believes that the benefits greatly outweigh any collateral

risks. More persuasively, the risk of *not* providing such care, as discussed *supra*, weighs in favor of [CLIENT]'s request for such care.

Finally, this Court must consider [CLIENT]'s expressed preferences, including what is in his best interest. (*Phillip B.*, *supra*, 92 Cal.App.3d at p. 802.) [CLIENT]'s expressed preferences have been consistent in asking for and seeking gender affirming care and LGBTQ+ specific supports. As previously discussed, [CLIENT] has struggled with his identity and overcame significant institutional and familial obstacles to begin living "consistently and successfully in the gender role that is congruent with his identity." (Ex. A.) [CLIENT] has been his own advocate, securing services with the Alexis Project, DCFS' Tailored Services Program, and the LA LGBT Center's RISE Program. This is in addition to following the recommendations of medical and mental health professionals to secure the gender affirming healthcare he currently receives.

With respect to what is in [CLIENT]'s best interest, his expressed wishes are in full alignment with the best interest standard. As discussed with respect to the first and second prongs of the *Phillip B.* standard, medical professionals recognize that there is a greater harm to denying gender affirming healthcare than there is any collateral risk or detriment to a youth who seeks such healthcare. Importantly, [CLIENT] will be turning 18 in August of this year. He is approaching the age of majority, has clearly understood the options available to him, and the risks, and is firm in his need for ongoing gender affirming care. Considering his consistency throughout the course of this case regarding his gender identity and need for gender affirming care, this prong heavily weighs in [CLIENT]'s favor.

Weighing the interests posited by the *Phillip B.* standard is the appropriate consideration of [CLIENT]'s autonomy and what remains of mother and father's parental rights over him. The conclusion heavily weighs in favor of [CLIENT], satisfying this Court's obligation to afford both mother and father appropriate due process protections. As such, this Court has a clear basis and the legal authority to limit mother and father's medical rights and grant [CLIENT]'s request.

**C. Mother And Father's Due Process Rights Are Met By Holding A Hearing To Determine Whether This Court Has The Authority To Override Mother And Father's Unwillingness To Consent To Gender Affirming Care.**

Parents involved in dependency proceedings have due process rights of notice and an opportunity to be heard. (*In re Dakota H.* (2005) 132 Cal.App.4th 212, 222–223; *Ingrid E. v. Superior Court* (1999) 75 Cal.App.4th 751, 756-757.) Of importance is "fairness in the procedure employed"; this fairness is achieved through a "meaningful hearing" where parents have "the right to confront and cross-examine witnesses[.]" (*Ingrid E. v. Superior Court*, *supra*, 75 Cal.App.4th at pp. 756-757.) Thus, if parents involved in dependency proceedings are afforded a meaningful hearing where they can present their objections and confront and cross-examine witnesses, their due process rights have been fulfilled.

Mother and father's assertion that [CLIENT] receiving gender affirming care without their consent violates their parental rights is without merit. [CLIENT] had his initial appointment at the Alexis Project on _____. (Ex. A.) [CLIENT] was also referred to the LA LGBT Center's RISE program on _____, and services began shortly thereafter. On _____, Judge _____ordered for [CLIENT] to begin hormone therapy; since that time, DCFS CSW _____

continues to ensure that [CLIENT] regularly receives and administers his hormone treatment. Although that order was not made by this Court, this Court and all parties have been aware of [CLIENT]'s hormone therapy for over a year, per the Department's own filings in this case.

[CLIENT]'s interest in continuing hormone therapy and receiving other gender affirming care heavily outweighs mother and father's interest in their rights to make medical decisions, especially since family reunification services were terminated and there is no plan to ever reunify. [CLIENT] will turn eighteen in eight months and has already been receiving hormone therapy for over a year and a half. In accordance with *Phillip B.,* it is in [CLIENT]'s best interest to continue to receive his hormone therapy and any other gender affirming care that is recommended by his medical team.

## CONCLUSION

For the foregoing reasons, [CLIENT] respectfully requests that this Court authorize him to receive further treatment (including appropriate consultations) from the Alexis Project and CHLA, including hormone therapy and all other gender affirming care as recommended by the medical teams to bring his external body into alignment with his internal male gender.

DATED: xxxxxxx

Respectfully Submitted,

CHILDREN'S LAW CENTER OF CALIFORNIA, CLC___

By: _____
xxxxxx.
Attorney for CLIENT