

**ORANGE COUNTY SOCIAL SERVICES AGENCY
CFS OPERATIONS MANUAL**

Effective Date: January 9, 2023

Policy No.: I-0210

Sexual Orientation, Gender Identity, and Expression (SOGIE)

Purpose To provide guidance to CFS practice regarding children and nonminor dependents (NMDs) Sexual Orientation, Gender Identity, and Expression (SOGIE) rights.

Approved This policy was approved by Christine Snapper, CFS Director. *Signature on file.*

Most Recent Revision New.

Background Children and NMD's deserve safety and acceptance in their homes and communities. They need safety, support, and nurturance to develop and embrace all aspects of their evolving identities, including their Sexual Orientation, Gender Identity, and Expression (SOGIE). Children and NMD's flourish when their families, caregivers, social workers, and support network affirm and respect their SOGIE.

A child/NMD's journey of self-awareness and expression is unique and individualized according to their culture, environment, and lived experiences. Each component that makes up SOGIE is defined separately by the individual.

Children and Family Services (CFS) has a responsibility to provide care, placement, and services to children and NMD's without discriminating based on actual or perceived SOGIE.

The passing of [Senate Bill \(SB\) 731](#), [Assembly Bill \(AB\) 458](#), [AB 959](#), [AB 1856](#), and [AB 2119](#) has brought the importance of SOGIE to the forefront by:

- Adding rights for children and NMD's related to SOGIE
- Creating new requirements for:
 - SOGIE documentation in Child Welfare Services/Case Management System (CWS/CMS)

- Gender affirming mental and physical care for children and NMD's
 - Training on SOGIE
 - The Child Abuse Registry (CAR) to assess safety and risk regarding referrals alleging abuse related to a child/youth's SOGIE
 - Consideration of a child/NMD's voice and SOGIE in out-of-home placement
 - Expanding resources available to improve services to LGBTQ children and NMD's, their caregivers and prospective foster/adoptive parents
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Definitions

For the purpose of this policy, the following definitions apply:

Gender Affirming Health Care: Medically necessary health care that respects the gender identity of the patient, as experienced and defined by the patient, and may include, but is not limited to, the following interventions to:

- Suppress the development of endogenous secondary sex characteristics
- Align the patient's appearance or physical body with the patient's gender identity
- Alleviate symptoms of clinically significant distress resulting from gender dysphoria, as defined in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition

Gender Affirming Mental Health Care: Mental or behavioral health care that respects the gender identity of the patient, as experienced and defined by the patient, and may include, but is not limited to, developmentally appropriate exploration and integration of identity, reduction of distress, adaptive coping, and strategies to increase family acceptance.

Gender Non-Conforming (GNC): Describes people whose gender expression differs from the cultural norms prescribed for their assigned sex. The terms "gender expansive", "gender diverse", and "gender variant" are also used to describe gender non-conforming individuals.

Gender Transition: Refers to the process by which transgender people align their gender appearance more closely with their gender identity.

Transgender (Trans): A term used to describe people whose gender identity does not match expressions based on the sex they were assigned at birth.

Transgender and Gender Non-Conforming (TGNC): Those who have a gender identity that is not fully aligned with their sex assigned at birth.

LGBTQ: An acronym for lesbian, gay, bisexual, transgender, and queer or questioning. These terms are used to describe a person's sexual orientation or gender identity.

Sexual Orientation, Gender Identity and Expression (SOGIE): A term that represents the important intersection of three distinct identities.

- Sexual orientation – a person's emotional, romantic, and sexual attraction to individuals of the same sex and/or a different sex
- Gender identity – a person's internal, deeply felt sense of being male, female, both, or neither, regardless of the person's assigned sex at birth
- Gender expression – the manner in which a person expresses gender through clothing, appearance, speech, and/or behavior

POLICY

Confidentiality and Consent

Per [ACL 21-149](#), a child or NMD may not feel ready or comfortable to disclose personal information about their SOGIE or they may only feel comfortable sharing their SOGIE information with certain individuals. **A child or NMD should be given an opportunity to discuss their SOGIE with their social worker, but never be required to disclose.**

Pursuant to California Government Code (GOV) § 8310.8, the sharing of SOGIE information is **voluntary**. **A child/NMD may decline to discuss or disclose information regarding SOGIE.**

Prior to entering a SOGIE discussion with a child/NMD, the assigned SSW will:

- Inform the child/NMD:
 - That the sharing of SOGIE information is **voluntary and they may decline to disclose any of their SOGIE information.**
 - Of the right to confidentiality regarding their SOGIE.
 - That they have the right to keep their SOGIE information private and they can authorize or deny to whom their SOGIE information is disclosed.
 - That many individuals have a right to inspect or access a foster child's juvenile case file e.g., attorneys, child protective agency personnel, child's parent or guardian.
- Discuss the limits of confidentiality before the child/NMD gives consent and explain to the child/NMD that their SOGIE information

may be shared without their permission under the following circumstances:

- Arranging necessary medical care or services
- Arranging a new placement
- When it's necessary for their safety and well-being, or for any lawful authority
- A court order requires disclosure
- A child/NMD discloses or the assigned SSW suspects child abuse

The assigned SSW will document the child/NMD's consent in CWS/CMS. For further guidance, refer to the 'Documentation' policy section.

Documentation

Per [ACL 19-20](#) and [ACL 21-149](#), only the SOGIE information that the child/NMD has shared and given consent to, should be documented in CWS/CMS and should be updated only as changes are reported directly by the child/NMD. A child/NMD's SOGIE is not static and may change during the duration of a case.

A. CWS/CMS Data Entry

Per [ACL 19-20](#) and [ACL 21-149](#), a SOGIE data frame is available on the Client ID page of the Client Notebook in CWS/CMS, which includes options of "Birth" and "Identified" to the Name Type drop down list for both the Names and ICWA page.

During discussions regarding SOGIE with a child/NMD, the assigned SSW may:

- **Document only** what the child/NMD's has provided consent to disclose in the ID page of the Client Notebook in CWS/CMS by selecting the applicable answer in the drop-down lists for:
 - Sex at Birth
 - Sexual Orientation
 - Gender Identity
 - Gender Expression
- Document whether consent was provided

Refer to [Data Entry Standards \(DES\) D017- SOGIE](#) for further guidance.

B. CWS/CMS Contact Narrative

The assigned SSW will document case management activities regarding SOGIE in a CWS/CMS contact narrative.

Documentation may include, but not limited to the following, as applicable:

- The date and whether the child/NMD provided consent or not to disclose SOGIE information, as well as to whom the private information could be shared with.
- If consent was provided, document using the suggested language below:
 - The social worker and the child/NMD discussed topics of SOGIE
 - The social worker provided the child/NMD resources, services and/or referrals regarding SOGIE
 - The social worker offered to remove any barrier the child/NMD may experience in accessing services related to SOGIE
- Honor a child/NMD's consent and confidentiality by **not** disclosing SOGIE details in screener narratives, investigative narratives, court reports, case plans, Health Education Passports, Child and Family Team meetings, **unless** the child/NMD gives **voluntary consent** knowing who may be privy to and how their SOGIE information may be shared.

Refer to the following CFS P&Ps for further guidance:

- [Case Compliance Contacts and Documentation \(E-0105\)](#)
- [Referral and Case Filing \(E-0102\)](#)
- [Health and Education Passport \(I-0403\)](#)

C. **Case Plan**

Per [ACL19-27](#), children and NMDs in foster care have the right to be involved in the development of case plan elements related to placement and gender affirming health care, consistent with their gender identity.

When developing a case plan, the assigned SSW will:

- Engage the child/NMD in Case Plan elements related to placement and gender affirming medical and mental health care
- Consider the child/NMD's gender identity as part of the case development and placement plan
- Maintain the child/NMD's privacy and/or gender identity by not releasing confidential information without the child/NMD's permission or legal authority to do so. For further guidance, refer to CFS P&P [Confidentiality - CFS Client Records \(F-0105\)](#)

For further guidance, refer to CFS P&P [Case Plans \(D-0101\)](#).

Note: Per CFS P&P [Child and Family Teams \(D-0314\)](#), case plan development will include the input of the Child and Family Team (CFT).

Case Management Requirements

Per [ACL 17-64](#), [ACL 19-20](#), and [ACL 19-92](#), receiving comprehensive health education and referrals as needed regarding SOGIE and Sexual/Reproductive Health is vital to the well-being of children and NMDs in foster care.

As outlined in CFS P&P's [Case Compliance Contacts and Documentation \(E-0105\)](#) and [Extended Foster Care \(EFC\) \(J-0101\)](#), assigned SSW's will assess, monitor and document the ongoing health and development needs of children/NMDs in foster care.

Per CFS policy, the assigned SSW should make efforts to:

- Introduce and monitor a child/NMD's SOGIE and reproductive health understanding and development
- Create a safe and affirming environment to enhance ongoing SOGIE and reproductive health discussions and assessment
- Refer to safe community resources and healthcare providers appropriate to the child/NMD's needs
- Provide children and NMDs access to age-appropriate, medically accurate health information as authorized in WIC § 369(h)
- Seek supervisory consultation when needed

Further, assigned SSW's will, as applicable:

- Provide or facilitate receipt of comprehensive sexual and reproductive health, as well as SOGIE information, education and resources
- Coordinate access to reproductive and SOGIE services and treatment, if requested
- Address barriers to a child/NMD's access to reproductive and SOGIE education or services
- Confirm caregivers comply with expectations (refer to appropriate licensing or approval agency/liaison as needed)
- Consult with and/or refer to Public Health Nurses and/or Orange County Health Care Agency as needed for provision of services, referral information, etc.

For further guidance regarding Sexual Reproductive Health, refer to CFS P&P [Sexual/Reproductive Health and Parenting \(I-0207\)](#).

SOGIE Discussions

Engaging a child/NMD in a SOGIE discussion at the earliest opportunity assists in advancing the objectives of the child/NMD's:

- Case Plan
- Safety
- Identification of Placement

- Permanency/Well-Being

When considering engaging in a SOGIE discussion with a child/NMD, the assigned SSW should:

- Determine if the child/NMD feels safe. If the child/NMD does not, select the “Did Not Ask” field under the drop-down lists in the ID page of the Client Notebook in CWS/CMS for SOGIE. Use the “Did Not Ask” field on a temporary basis only, and then document in the description box the reason for not asking.
- **Stop the SOGIE discussion if the child/NMD expresses that they do not feel comfortable, safe, or ready to discuss their SOGIE.** A child/NMD should not be coerced or forced to share their information.
- Evaluate if the child/NMD is developmentally and cognitively capable of understanding and discussing gender, in an age-appropriate discussion of their preferred gender expression and the gender with which they identify.
- Understand there will be times when it is not appropriate to ask a child or NMD regarding their SOGIE and use their professional experience to determine when to do so. It is recommended that social workers develop and nurture a relationship of trust and rapport with a child/NMD prior to asking any questions about SOGIE.
- Find a setting that allows for privacy and engage in a SOGIE discussion only in the presence of the child/NMD and not in the presence of other individuals or peers.

As a reminder the assigned SSW will:

- Have periodic and ongoing age-appropriate conversations regarding a child/NMD’s SOGIE and their consent as it can be fluid and may change over time.

SOGIE Rights

Per [All County Letter \(ACL\) 17-64](#), [ACL 19-27](#), [ACL 21-69](#), and [Welfare and Institutions Code \(WIC\) § 16001.9](#), SOGIE rights for children and NMD’s in foster care include the following:

- To be informed of and receive a copy of their personal rights
- To receive gender affirming:
 - Physical health care (medical, dental, vision)
 - Mental health care
- Access to all available services, treatment, and benefits, and not to be subjected to discrimination or harassment based on actual or perceived sex, sexual orientation, or gender identity
- Involvement in:
 - Development of their case plan

- Placement decisions
- Placement according to gender identity regardless of the gender or sex listed in their court or child welfare records
- Confidentiality regarding their SOGIE
- A right to use of preferred SOGIE language regarding:
 - Personal self-identification
 - Medical care
 - Mental health care
 - Case plan
 - Placement considerations

Note: Social workers are required to inform children/NMD's in out-of-home care and their caregivers of the Foster Youth Bill of Rights (FYBOR), which include SOGIE rights listed above.

Refer to CFS Dispatch [Foster Youth Rights \(D-0316-D\)](#) for further guidance.

Training Requirements

Per [ACL 19-20](#) and [ACL 21-149](#), social workers should receive SOGIE training and possess the skills necessary to sensitively and appropriately engage and discuss with a child/NMD their sexual orientation, gender identity, and expression.

For further guidance, refer to CFS P&P [Child Welfare Training Regulations \(B-0215\)](#).

Lesbian, Gay, Bisexual, Transgender (LGBT) or Questioning Youth Support

Research indicates youth in foster care who are questioning their sexual orientation or who identify as being LGBT have a higher incidence than the general population of:

- Multiple sexual partners
- Substance use during sex
- Survival sex
- Dating violence
- Pregnancy
- Suicide

Given these findings, it is vital that in addition to receiving support and understanding, children/NMDs in foster care who identify as LGBT or are questioning their sexual orientation be provided:

- Resources to assist with coping with isolation, fears and prevention of high-risk behaviors; refer to CFS Intranet [Sexual/Reproductive Health & Parenting Resources for Foster Youth](#) and [SOGIE RDM Resources](#)
- Access to social and recreational services and events consistent with their interests and the community in which they identify
- Caregivers providing adequate care of lesbian, gay, bisexual, and transgender youth, pursuant to WIC § 16001.9

- Fair and equal access to available services, care and treatment, and benefits
- Privacy regarding their sexual orientation or gender identity information. Staff should discuss any contemplated disclosure with the child/NMD, considering the purpose and nature of any disclosure, as well as the potential consequences and benefits

Refer to CFS P&P [Sexual/Reproductive Health and Parenting \(I-0207\)](#) for further guidance.

Child Abuse and Adult Protective Services Hotline Referrals Related to a Child/Youth's SOGIE

Per [ACL 19-92](#), if a child abuse referral alleges abuse or neglect due to the child's SOGIE, the Hotline SSW should make further inquiries, as applicable, such as:

- Is the child being punished, shamed, degraded, teased, or bullied? If so, why?
- Are all the children in the home treated in the same manner or is this child being singled out?
- Are there family conflicts?
- Has this child been "kicked out" of their home, or otherwise left without provision for support?
- Is the child exhibiting severe anxiety, depression, withdrawal, or untoward aggressive behavior toward themselves or others as a result of the parent or caregiver's conduct?
- Is the youth missing from care? If so, is it because they are being bullied, teased, or discriminated against?
- Is the child at liberty to freely discuss SOGIE with their parent/caregiver?

The Hotline SSW will:

- Assess whether a parent/caregiver's behaviors, actions, or omissions threaten the child's immediate safety and/or present a risk that the child will suffer serious future harm.
- Enter all relevant information pertaining to SOGIE into the narrative section of the referral.

Note: Hotline SSW's **do not** need to complete SOGIE Data fields in CWS/CMS as these fields should be completed by a social worker who has had chance to speak directly with the child/youth about their SOGIE, not based on information provided by a third party.

For further guidance, refer to CFS P&P [Child Abuse Registry \(CAR\) \(M-0109\)](#).

Maintaining a Child/Youth's SOGIE Privacy

When cross-reporting, Hotline SSW should work closely with law enforcement to protect the privacy of the child/youth's SOGIE if that information is known.

If a referral is evaluated out, the Hotline SSW should consider the need for privacy prior to referring a parent/caregiver to a SOGIE specific community resource, as revealing a child's SOGIE may put them at greater risk for abuse or neglect.

Gender Affirming Care

Per [ACL 19-27](#), children and NMD's in foster care have the right to receive gender affirming medical and mental health care.

Gender affirming care involves an individualized approach that allows Transgender and Gender Non-Conforming (TGNC) children and NMDs to explore and understand their gender identity at their own pace. For children and NMDs experiencing gender dysphoria, treatment focuses on alleviating distress by taking steps, known as "**gender transition**," to affirm the gender that is authentic to the individual.

The assigned SSW will respond to the unique needs of TGNC children and NMDs regarding gender affirming care as follows:

- Provide access to gender affirming healthcare services (mental and medical) to any child/NMD in foster care as needs are identified.

The assigned SSW may as applicable:

- Utilize the California Department of Social Services (CDSS)/SOGIE Advisory Workgroup screening tool or the list of approved providers available in the link below:
 - <http://www.cdss.ca.gov/Portals/9/Screening%20Tool%202.19.19.pdf?ver=2019-02-19-161842-863>

For resources regarding Gender Affirming Care, refer to [SOGIE RDM Resources](#).

Consent for Gender Affirming Care

Per [ACL 19-27](#), gender affirming physical and mental health care are subject to the same rules governing consent for health care services for children and NMDs in foster care.

- Children of any age may consent to:
 - Medical care related to the prevention or treatment of pregnancy (except sterilization) which includes receiving birth control and obtaining an abortion per [Family Code \(FAM\) § 6925](#)
 - Diagnosis, treatment, and collection of evidence regarding a rape or sexual assault (acts of oral copulation, sodomy, or other violent crimes of a sexual nature) per [FAM § 6928](#)
- Children in foster care who are 12 years or older may seek consent to outpatient mental health care counseling and treatment, which includes gender affirming mental health care.

If a child in foster care is under age 12 and seeking mental health treatment or is under age 18 and seeking surgical or medical treatment, consent from a parent or legal guardian of the child should be sought.

After due notice, if no parent or guardian is capable of or willing to authorize medical, surgical, or other remedial care or treatment, authorization from the juvenile court is required.

Note: SOGIE-related medical procedures such as re-constructive surgery, hormone therapy, etc. **are not** included in children's' limited consent rights.

Refer to CFS P&P [Consent for Medical Care and Physical Examination \(I-0206\)](#) for further guidance.

NMDs retain all legal decision-making authority as an adult. Per CDSS [ACL 17-22E](#), this includes the right to privacy regarding medical conditions, and the right to consent to medical and dental care.

Release of Medical Information

Medical information protected by the Health Insurance Portability and Accountability Act (HIPPA), which includes gender affirming medical care received by the child/NMD will not be shared without appropriate authorization except for the purpose of coordinating health care services and medical treatment provided to the child/NMD.

Refer CFS P&P's [Confidentiality-CFS Client Records \(F-0105\)](#) and [Acquisition of Health Care Information \(I-0404\)](#) for further guidance.

Placement Considerations Related to SOGIE

Pursuant to [ACL 17-64](#), and [WIC § 16006](#), social workers will make placement decisions according to the child/NMD's best interests and SOGIE, regardless of the gender or sex listed in the court or child welfare records.

When considering placement, the assigned SSW will:

- Inform the child/NMD of the right to be placed according to gender identity if they so choose. Discuss with the child/NMD their choice regarding placement.
- Consider the personal rights of any child/NMD with whom they may be cohabitating.
- Engage the CFT when addressing placement; consider the child/NMD's gender identity when developing the case plan.
- Assess the caregiver's willingness to support the child/NMD's SOGIE related to their dress, pronoun usage, and customs.
- Discuss with the caregiver the appropriate room arrangements for each child/NMD based on the child/NMD's input.

Note: For a child/NMD, self-identification is a fluid process, which may occur before, during, or after being placed. Assigned SSWs should continue to assess the appropriateness of the child/NMD's placement.

Refer to CFS P&P [Out of Home Placement \(K-0208\)](#) for further guidance.

CDSS Community Care Licensing Division (CCLD) has developed a document that provides further guidance regarding placement and rooming standards:

- <http://www.cdss.ca.gov/inforesources/Community-CareLicensing/Policy/Appendices-and-Chaptered-Legislation>
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REFERENCES

Attachments and CWS/CMS Data Entry Standards

Hyperlinks are provided below to access attachments to this P&P and any CWS/CMS Data Entry Standards that are referenced.

- [Data Entry Standards \(DES\) D017-SOGIE](#)
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Hyperlinks

Users accessing this document by computer may create a direct connection to the following references by clicking on the link provided.

- CFS Dispatch [Foster Youth Rights \(D-0316-D\)](#)
 - CFS P&P [Child Welfare Training Regulations \(B-0215\)](#)
 - CFS P&P [Out of Home Placement \(K-0208\)](#)
 - CFS P&P CFS [Sexual/Reproductive Health and Parenting \(I-0207\)](#)
 - CFS P&P [Child Abuse Registry \(CAR\) \(M-0109\)](#)
 - CFS P&P [Abuse Investigations-Practice Guidelines \(A-0412\)](#)
 - CFS P&P [Confidentiality-CFS Client Records \(F-0105\)](#)
 - CFS P&P [Case Plans \(D-0101\)](#)
 - CFS P&P CFS P&P [Case Compliance Contacts and Documentation \(E-0105\)](#)
 - CFS P&P CFS P&P [Extended Foster Care \(EFC\) \(J-0101\)](#)
 - CFS P&P [Acquisition of Health Care Information \(I-0404\)](#)
 - The screening tool and list of providers for Gender Affirming Care developed by CDSS and the SOGIE Advisory Group may be viewed here:
 - <http://www.cdss.ca.gov/Portals/9/Screening%20Tool%202.19.19.pdf?ver=2019-02-19-161842-863>
 - CFS Intranet: [Sexual/Reproductive Health & Parenting Resources for Foster Youth](#)
 - SOGIE resources are provided at: [SOGIE RDM Resources](#)
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Other Sources

Other references include the following:

[CDSS Permanency Policy Bureau](#) contains links to resources for supporting LGBTQ+ youth in foster care.

[CDSS SOGIE Resource Guide for Children's Residential Providers and Caregivers](#) provides an in-depth exploration of the power of language, creating safe spaces, best practices in case scenarios; as well as resources and an appendix of terms.

[The California Department of Social Services \(CDSS\) and Community Care Licensing Division \(CCLD\) Document](#) provides guidance regarding placement and rooming standards affected by SB 731.

[Caring for LGBTQ Children and Youth](#) offers information about the care and support of lesbian, gay, bisexual, transgender and questioning children and NMDs.

[Supporting the Two Spirit and Native LGBTQ Community](#) provides guidance on how to support Indigenous North Americans who fulfill one of many mixed gender roles.

[Be True and Be You, A Mental Health Guide for LGBTQ Youth](#) is a mental health guide for LGBTQ youth.

[Best Practices for Asking Questions to Identify Transgender and Other Gender Minority Respondents on Population-Based Surveys](#) offers strategies for establishing consistent, scientifically rigorous procedures for gathering information relevant to the needs and experiences of transgender people and other gender minorities.

[Asking Youth About Sexual Orientation, Gender Identity, and Gender Expression \(SOGIE\)](#) offers guidance on how to engage children and NMDs regarding SOGIE.

FORMS

Online Forms

Forms listed below may be printed out and completed, or completed online, and may be accessed by clicking on the link provided.

Form Name	Form Number
None.	

Hard Copy Forms

Forms that may be completed in hard copy (including multi-copy NCR forms) are listed below. ***For reference purposes only***, links are provided to view these hard copy forms, where available.

Form Name	Form Number
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None.

**CWS/CMS
Forms**

Forms that may **only** be obtained in CWS/CMS are listed below. ***For reference purposes only***, links are provided to view these CWS/CMS forms, where available.

Form Name

Form Number

None.

Brochures

Brochures to distribute in conjunction with this policy may include:

Brochure Name

Brochure Number

None.

LEGAL MANDATES

California Department of Social Services (CDSS) All County Letter [\(ACL\) 17-22E](#) clarifies the expectations regarding health and dental referrals/exams for children and NMD's in out-of-home-care.

[All County Letter \(ACL\) 17-64](#) outlines the changes to placement practice for children and NMD's in out-of-home care according to their gender identity.

[ACL 19-20](#) provides County Welfare and Probation departments with guidance and instructions regarding how to document SOGIE information in CWS/CMS.

[ACL 19-26](#) informs child welfare agencies of the placement changes mandated by Assembly Bill (AB) 2247, effective January 1, 2019, which added Welfare and Institutions Code (WIC) Section 16010.7.

[ACL 19-27](#) clarifies right to gender affirming medical and mental health care services for foster children and NMD's.

[ACL 21-69](#) informs county child welfare agencies and juvenile probation departments of amendments to Health and Safety Code Section 1530.91 and Welfare and Institution Code Sections 16001.9 and 16164 that clarify the authority and responsibilities of the Office of the State Foster Care Ombudsperson, and expand, clarify, and revise the rights of foster youth found under the Foster Youth Bill of Rights.

[ACL 19-92](#) provides guidance to County Child Welfare Services (CWS) hotline social workers when receiving referrals alleging abuse related to a child or youth's SOGIE.

[ACL 21-149](#) reminds county social workers (SWs) and probation officers that in accordance with the LGBT Disparities Reduction Act, SWs and POs are required to document sexual orientation, gender identity and expression (SOGIE) information in the Child Welfare Services/Case Management System for each child and NMD served in the child welfare system. In addition, the ACL provides examples of best practices for SWs and POs to consider when discussing topics pertaining to SOGIE with children and NMDs in foster care.

California Department of Social Services (CDSS) [All County Information Notice \(ACIN\) I-30-18](#) contains Frequently Asked Questions (FAQ's) composed in collaboration with the Continuum of Care (CCR) Sexual Orientation and Gender Identity and Expression Advisory Group to provide additional information to consider when placing transgender children in out-of-home care.

[ACIN I-81-10](#) provides resources available to improve services to LGBTQ youth, their caregivers and LGBT prospective foster and adoptive parents.

[Family Code \(FAM\) § 6925](#) addresses the rights of a child to consent to the prevention or treatment of pregnancy.

[FAM § 6928](#) defines sexual assault and a child's right to consent to medical care related to the diagnosis and treatment of the condition, and the collection of medical evidence with regard to the alleged sexual assault.

[Welfare and Institutions Code \(WIC\) § 16001.9](#) All children placed in foster care, either voluntarily or after being adjudged a ward or dependent of the juvenile court pursuant to Section 300, 601, or 602, shall have the foster rights specified in this section. These rights also apply to nonminor dependents in foster care, except when they conflict with nonminor dependents' retention of all their legal decision-making authority as an adult.

[WIC § 16006](#) Children and NMDs in out-of-home care shall be placed according to their gender identity, regardless of the gender or sex listed in their court or child welfare records.

[WIC § 16010.2](#) defines gender affirming health care and gender affirming mental health care.

[WIC § 16010.7](#) clarifies the legislature's intent regarding unnecessary or abrupt placement changes; intent to prevent placement changes due to gender, gender identity, race, or cultural differences; placement preservation strategy; exceptions; waiver; applicability of section.