

September 16, 2021

**Los Angeles County  
Board of Supervisors**

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TO: Supervisor Hilda L. Solis, Chair  
Supervisor Holly J. Mitchell  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn  
Supervisor Kathryn Barger

FROM: Christina R. Ghaly, M.D.   
Director

SUBJECT: **CARE WITH PRIDE: ENSURING APPROPRIATE LGBTQ+ AND GENDER-AFFIRMING CARE IN LOS ANGELES COUNTY (ITEM 31 FROM THE JUNE 22, 2021 BOARD MEETING)**

**Christina R. Ghaly, M.D.**  
Director

**Hal F. Yee, Jr., M.D., Ph.D.**  
Chief Deputy Director, Clinical Affairs

**Nina J. Park, M.D.**  
Chief Deputy Director, Population Health

**Elizabeth M. Jacobi, J.D.**  
Administrative Deputy

On June 22, 2021, the Board of Supervisors (Board) instructed the Department of Health Services (DHS), in collaboration with the Department of Mental Health (DMH), the Department of Children and Family Services (DCFS), and relevant Community-Based Organizations (CBO) to:

1. Expand and replicate existing LGBTQ+ competent, affirming healthcare, including the model utilized by the Alexis Project and similar providers to create regional clinics across Los Angeles County (LA County) to provide gender-affirming and culturally appropriate healthcare for LGBTQ+ individuals.
2. Assess the current protocols with regard to gender-affirming care at County-run health clinics and develop a standardized referral process to link LGBTQ+ individuals seeking culturally competent gender-affirming care with service providers, including the Alexis Project.
3. Partner and consult with subject matter experts to establish a toolkit and informational materials for all foster youth who identify as LGBTQ+, with a focus on transgender and gender non-conforming youth.
4. Consult with community experts, including the Alexis Project to identify mental health resources and support for LGBTQ+ patients of all ages, with a focus on transgender and gender non-conforming people.
5. Report back within 60 days with a plan to implement these directives to expand LGBTQ+ care, specifically gender-affirming services, at LA County-run health clinics. The plan should include existing Departmental revenues to expand programs to provide gender-affirming care and resources, similar to the services at the Alexis Project.

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The following is an update on activities related to the five directives outlined above.

## **1. Expanding Services for Affirming Care**

Healthcare services and resources for the LGBTQ+ population are available across the full breadth of clinical settings at DHS, including primary care, specialty care, emergency services, inpatient, and diagnostic services. In addition to these core clinical locations, specialized services for the LGBTQ+ population are available at LAC+USC Medical Center's (LAC+USC MC) Alexis Project Clinic, at each of DHS' six Hub Clinics for youth in foster care, and within social work departments at each facility, providing critical support for LGBTQ+ patients. Additionally, there are future opportunities to expand community outreach and programming in the HIV/Positive Care clinics.

Surgical services are also provided at LAC+USC MC, Olive View-UCLA MC (OVMC), and Harbor-UCLA Medical Center (Harbor-UCLA MC) all which provide gender affirming surgical interventions for transgender and gender expansive patients. A brief summary of these services is below. Each site offers different surgical services and include top surgery, hysterectomy, facial feminization, orchiectomy and body contouring.

The Alexis Project is located on the LAC+USC MC campus and provides the highest level of care and services available to LGBTQ+ patients at DHS, including primary care, transgender health services, social work services, mental health services, mentoring, and care coordination. Patients are referred to the Alexis Project by providers throughout DHS and referrals also come from community clinics outside of DHS.

Hub Clinics are located throughout DHS, in partnership with DMH, Department of Public Health (DPH), and DCFS, and have begun to expand primary care services to include the specific needs of LGBTQ+ youth in foster care. The services for LGBTQ+ patients at Hub Clinics are limited compared to those at the Alexis Project; however, Hub Clinics are often the only source of needed healthcare services and referrals for LGBTQ+ youth in foster care.

Care for LGBTQ+ patients is also available in the DHS Ambulatory Care Network as an integrated part of primary care services; however, the services provided in the primary care setting are dependent on individual provider knowledge of the specific healthcare needs of the LGBTQ+ community.

Social Work services are being integrated into all levels of care for LGBTQ+ youth. Social Work teams developed tools for the assessment of youth who disclose an LGBTQ+ identity to aid in coordination of care and referrals for medical and social services.

To support the expansion of healthcare services for LGBTQ+ patients, DHS is meeting and engaging key stakeholders, prioritizing inclusion of LGBTQ+ patients and CBOs. DHS LGBTQ+ patients will be invited to bring the expertise of their own lived experiences to guide program development via longitudinal involvement in a patient advisory board as well as through short term involvement. These efforts will provide immediate and targeted feedback. Patient participants will be compensated for their involvement appropriately and in accordance with DHS and LA County policy.

Furthermore, DHS, DMH and DPH representatives established a TransCare Work Group to address the immediate needs and whose focus will be to work with patients and community organizations to oversee the further development of clinical services for LGBTQ+ patients at DHS. Expansion of affirming services remains the core focus of the Care with Pride Initiative and will be addressed once the assessment of current services is complete.

## **2. Assessment of Current Protocols for Gender-Affirming Care**

Although there are multiple channels for LGBTQ+ service referrals, specifically for gender affirming care, there is no single standardized process in place across DHS. Channels must be strengthened systemwide to increase awareness of existing resources and services to LGBTQ+ individuals seeking culturally competent care. Currently, there are two types of referrals for DHS LGBTQ+ services:

- a. Provider referrals- via e-Consult placed from a DHS or outside community clinic to Transgender/Gender Services, based on the location of the patient, that referral is triaged to either the Alexis Project or to providers at Harbor-UCLA MC. The teams at both locations then work to address the medical needs of the patient by either seeing the patient directly or by coordinating care with a primary or specialty care physician.
- b. Patient Self- referrals- Patients individually connecting with a DHS provider who is known to prescribe hormones or see LGBTQ+ patients or by calling the Alexis Project Clinic front desk directly to schedule an appointment to be seen for care.

On a countywide level, the Sexual Orientation/Gender Identification (SOGI) Initiative was launched to help better identify LGBTQ+ patients of all ages. As of early August 2021, DHS ORCHID data collection protocols were updated to include SOGI data fields to better define the need for and gaps in LGBTQ+ services. Continued work to standardize and contextualize this process will happen as part of the development of clinical services and increased cultural fluency.

Additionally, DHS initiated internal evaluations of the existing LGBTQ+ services and patient experience to better define and understand how to best bridge the gaps in services and improve LGBTQ+ services, patient coordination and increase healthcare services to better serve the LGBTQ+ population.

## **3. Expansion of Toolkit and Informational Materials**

DCFS currently uses an internal tool kit, as a reference, for clinicians involved in the care of LGBTQ+ youth in foster care. It includes a foster youth bill of rights, information about how to access needed medical services, and community resources. DCFS, in collaboration with DHS, will expand and modify the content of the toolkit for DCFS distribution to reach as many LGBTQ+ youth as possible, not just those who DCFS has identified as LGBTQ+. To date, three meetings have taken place to further develop and update the toolkit content.

## **4. Consulting and Engaging with Community Experts for Linkage to Mental Health Services**

DHS recognizes this is a unique opportunity to strengthen LA County partnerships and consult with community experts, including the Alexis Project, to ensure LGBTQ+ patient healthcare needs are addressed appropriately. Within the next month, a CBO advisory group will convene providing feedback and insight to identify and define current gaps and provide recommendations for solutions.

DMH will also be a valuable partner in providing and identifying mental health resources for LGBTQ+ patients. DMH has a long history of engaging LGBTQ+ patients and community in collaborative efforts to improve and provide services to this population. Currently, DMH runs the Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual, Two-Spirit (LGBTQIA2-S) Underserved Cultural Committee, a monthly work group chaired by community members prioritizing the voices of LGBTQIA2-S patients and community-based organizations which provide services to LGBTQ+ people within LA County. As partners in developing services, connections between DHS' CBOs and patient groups will be critical.

Leveraging expertise in serving LGBTQ+ patients will aid in providing the highest quality of care with primary medical care, transgender health services, social work services, mental health services, mentoring, and care coordination.

## 5. Report Back/Moving Forward

The budgeting process is currently underway to fund activities which will engage CBOs as well as patients in a needs and assets assessment for LGBTQ+ services at DHS. With preliminary data from this assessment, planning for clinical expansion, additional administrative coordination and program development can begin. Budgeting for the creation and expansion of services will happen at that time by the TransCare Work Group. The next immediate steps include to:

- a. Strengthen existing referral processes for accessing LGBTQ+ services internally and externally;
- b. Develop plans for program and clinical services to meet LGBTQ+ patients' needs;
- c. Expand and modify the tool kit and information for foster care youth; and
- d. Convene groups of LGBTQ+ patients and CBOs.

The Care with Pride Initiative has generated tremendous momentum to improve services for the LGBTQ+ population and has provided an opportunity for cross department collaboration between DHS, DMH and DCFS. DHS will work collaboratively to continue this momentum to improve services, access, experience, and outcomes, and promote the well-being and resilience of LA County's LGBTQ+ individuals and communities receiving services from LA County. The TransCare Workgroup will provide a follow-up report in 120-days to keep the Board engaged and aware of its progress.

If you have any questions, you may contact me or your staff may contact Dr. Katherine Gardner, via email at [KGardner@dhs.lacounty.gov](mailto:KGardner@dhs.lacounty.gov).

CRG:kg

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