

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety
Prisons

SECTION: Care and Treatment of Patient

POLICY TX I-13

PAGE 1 of 2

SUBJECT: Evaluation and Management of Disorders of
Gender Dysphoria

EFFECTIVE DATE: October 2014

SUPERCEDES DATE: June 2014

References: Standards of the National Commission on Correctional Health Care on Transgender Health Care in Correctional Settings, adopted 18 October 2009; Virginia Department of Corrections Policy on Transgender Health Care, effective December 2011; Memorandum on Management of Gender Identity Disorder, N.E. Kendig, Assistant Director, Health Services Division, Federal Bureau of Prisons, issued 15 June 2010.

PURPOSE

To establish a professionally appropriate, evidence-based, and legally sound policy within prison facilities of the North Carolina Department of Public Safety, Division of Adult Correction and Juvenile Justice, regarding the manner in which evaluation and management will be undertaken of those inmates who allege symptoms, or present with signs and symptoms, suggestive of gender dysphoria.

POLICY

Correctional facilities have a responsibility to ensure the physical and mental wellbeing of those in custody. Individuals with gender dysphoria (GD) may face a number of psychological and health-related barriers to safe and successful integration into the correctional environment. While controversy remains in professional circles regarding the care of those who profess a transgender status, an inmate's assertion of problems with gender dysphoria is merely the first step in the process; evaluations may include thorough reviews of past records, psychological testing, clinical interviews, physical assessments, laboratory testing, and consultations, all leading to a determination of the optimal avenues by which to proceed. Those inmates who self identify as transgender will be referred to the mental health staff.

DEFINITIONS

Transgender: a diverse group of individuals who identify their gender in ways that often do not correspond to their birth anatomy

PROCEDURES

- An inmate who raises a possible diagnosis of Gender Dysphoria, as outlined in the current *Diagnostic and Statistical Manual (DSM-5)* will receive appropriate evaluations from qualified medical and mental health practitioners.
- The inmate will sign an authorization for the release of information for all pertinent outside medical and mental health records, if any exist.
- Blood work will be drawn as warranted, and the inmate will be given a full physical examination by a clinician, with particular attention to description and documentation of external genitalia and secondary sexual characteristics.
- Evaluations will include an assessment of the inmate's pre- and post-incarceration histories, including but not limited to: 1) past or current hormone therapy; 2) surgical procedures; 3) life experiences consistent with the inmate's gender identity; and 4) mental health history.

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- If GD is supported by the diagnostic criteria in the current Diagnostic and Statistical Manual (DSM-5), a multi-disciplinary review panel will be convened. This panel is to include, at minimum, representatives from Prisons psychiatry and psychology, social work, primary care medicine, nursing, and administration/custody. The panel will interview the inmate and review all available records and collateral information once members of the panel have signed approved confidentiality agreements.
- In order to facilitate the convening of the multidisciplinary review panel, it is preferable for the inmate to be housed at a facility where a Prisons' psychiatrist attends on-site. When this is not possible, a psychiatrist may participate on the panel via teleconference
- The review panel will develop recommendations regarding ongoing issues that may impair the ability of the inmate to successfully adapt to the correctional environment. These recommendations will address such issues as the allowance or prohibition of items designed for masculinizing or feminizing effect, the provision for additional educational resources, the possible need for hormone therapy or other treatment interventions, referral to mental health and primary care services, and any management recommendations, including but not limited to housing and privacy accommodations while in the correctional environment.
- Each set of recommendations will be reviewed and approved by the Director of Health Services and the Director of Mental Health Services.
- In deciding whether to assign a transgender inmate to a facility for male or female offenders, and in making other housing and programming assignments, it will be considered on a case-by-case basis whether a placement would insure the inmate's health and safety, and whether the placement would present management or security problems.
- If, immediately prior to incarceration, hormone therapy was prescribed in the community by a licensed provider as part of a professionally accepted protocol toward gender reassignment, consultation with endocrinology may be requested by the review panel; until endocrinologists have completed their evaluation in such cases, and unless clinically contraindicated, the hormone therapy will be continued once approved through the prison utilization review process.
- Should disagreement between the members of the review panel exist, the Regional Director will decide upon the recommendations. The Director of Prisons will then render the final decision in consultation with the Deputy Director of Health Services of the Division of Adult Correction and Juvenile Justice.
- Attachment 1 Algorithm to Assess Gender Dysphoria outlines above procedure.



Terri Catlett, Deputy Director – Health Services

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Algorithm to Assess Gender Dysphoria (Formerly GID)

Inmate Reports/Verbalizes Gender Identity Issues
(Gender Dysphoria DSM-V)
(Gender Dysphoria – a condition characterized by a disconnection between someone’s assigned and perceived gender.)

MEDICAL

Schedule
Physical
Examination

- *Review Health History (focus on chronic conditions, medications, especially hormones)
- *Assess History of Dysphoria
- *Determine Previous Workup
- *Complete ROMI for Old Records Related to Condition
- *Document Physical Findings
 - focus on surgical procedures
 - focus on genitalia
- *Collect Baseline Labs
 - CBC
 - Metabolic Panel
 - TSH
 - Vitamin D
 - Testosterone (free & total)
 - Estradiol
 - US
- *If on hormones, may continue if clinically appropriate

MENTAL
HEALTH

Schedule
Mental Health
Evaluation

- *Review GID History
- *Assess History of Dysphoria
- *Determine if DSM-V Criteria for Diagnosis is Met
- *Schedule Follow-Up if Needed

GID Supported

Psychologist convenes Review Panel

- Primary Care Provider
- Psychiatrist
- Social Worker
- Nurse Manager
- Facility Administrator/Designee

Interview Inmate
Review All Records
Develop Treatment Plan to Determine:

- use of feminizing & masculinizing agents
- education resources to make available
- appropriate referrals (endocrinologist)
- management recommendations
 - *housing
 - *privacy

Facility Notified of Approval/Disapproval