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HEALTH CARE SERVICES
DIRECTIVE-ADULT
Manual of Policies and Procedures

Title HEALTH SERVICES FOR TRANSGENDER AND GENDER DIVERSE ADULTS

Legal References (includes but is not limited to) IC 11-8-2-5	Related Policies/Procedures (includes but is not limited to) 01-02-101 02-01-115 02-01-118 01-04-101	Other References (includes but is not limited to) National Correctional Healthcare Standards
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I. PURPOSE:

The purpose of this Health Care Services Directive (HCSD) is to provide guidance for the diagnosis, treatment, and management of individuals who identify differently than the gender they were assigned at birth. The intent of the Indiana Department of Correction is to avoid any discriminatory actions and to ensure appropriate continuum of care for this population, maintaining the dignity and respect for all.

II. DEFINITIONS:

- A. GENDER: The male or female division of a species, especially as differentiated by social and cultural roles and behavior.
- B. GENDER DIVERSE: An umbrella term covering any gender identity or expression that does not fit within the gender binary. The label may also be used by individuals wishing to identify as falling outside of the gender binary without being any more specific about the nature of their gender. Examples include gender fluid, gender queer, intergender, or agender.
- C. GENDER DYSPHORIA: A condition in which an incongruence between one's sex assigned at birth and one's gender identity results in psychological distress. Individuals who experience gender dysphoria may pursue multiple domains of gender affirmation which include social, legal, medical, and/or surgical interventions. Not all individuals who are transgender will desire all domains of

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gender affirmation, and not all individuals who identify as transgender or gender diverse will have a diagnosis of gender dysphoria.

- D. **GENDER DYSPHORIA REVIEW COMMITTEE:** The evaluating psychologist and psychiatrist in addition to the regional mental health team who review and discuss whether a gender dysphoria diagnosis is present and what corresponding treatment is necessary to recommend.
- E. **GENDER IDENTITY:** An internal sense of being a man, woman, or something outside that binary. This is different from physical sex, which is assigned at birth based on sex characteristics.
- F. **HORMONE REPLACEMENT THERAPY:** A form of hormone therapy in which sex hormones and other hormonal medications are administered to individuals who are transgender or gender nonconforming for the purpose of more closely aligning their secondary sexual characteristics with their gender identity.
- G. **INTERSEX:** A condition usually present at birth that involves reproductive, genetic, or sexual anatomy that does not seem to fit the typical definitions of female or male. Intersex identification does not necessarily mean the patient also identifies as transgender or experiences gender dysphoria.
- H. **MULTIDISCIPLINARY TEAM (MDT):** A treatment team comprised of individuals from different disciplines that contribute a broad range of perspectives and treatment modalities in the management of patients' needs.
- I. **PRISON RAPE ELIMINATION ACT (PREA):** The federal law addressing sexual violence in prison, jails, and other correctional facilities. Under PREA, the National Prison Rape Elimination Commission was created with the responsibility for establishing standards for the prevention, detection, response, and monitoring of sexual abuse and violence within correctional systems.
- J. **QUALIFIED MENTAL HEALTHCARE PROFESSIONAL (QMHP):** A person with professional training, experience, and demonstrated competence in the treatment of mental illness. QMHPs include physicians, psychiatrists, psychologists, social workers, mental health counselors, mental health nurse practitioners, mental health-trained nurses, or other qualified persons as designated by the Executive Director of Behavioral Health Services.

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- K. **TRANSGENDER (TG):** An individual whose gender identity or gender expression differs from the sex they were assigned at birth. It is not a diagnosis and is often the self-label assumed by individuals with cross-gender feelings and behaviors.
- L. **TRANSGENDER REVIEW COMMITTEE:** A treatment team comprised of individuals from different on-site disciplines that contribute a broad range of perspective and treatment modalities in the management of patients' needs. This committee should include the classification supervisor, PREA Compliance Manager, Medical, Mental Health, Unit Team staff, Custody, and Deputy Warden at minimum.
- M. **TRANSITIONING:** A process that an individual who is transgender goes through to begin living their life in a way that aligns with their gender identity. Transitioning may also be regarded as an ongoing process of physical change and psychological adaptation. This may or may not include social, legal, medical, or surgical treatment.

III. IDENTIFICATION:

- A. While persons who are transgender or gender diverse often have this realization early in life, that is not always the case. Additionally, the person may not always have the support or feel safe to come out for many years. The stress and fear of being different during incarceration may exacerbate this reluctance and prevent some patients from identifying as transgender upon Intake into the Department. Therefore, this outlined process is applicable to all incoming patients committed to the Department, Parole Violators arriving from outside agencies and those who self-identify as transgender or diagnosed as intersex after Intake. The process and timelines outlined shall be followed regardless of identifying to a nurse during the Arrival Health Screen (AHS), identifying to the PREA Compliance Manager, Behavioral Health provider, Health Services Provider, or any other Department staff.

It should be noted that if a patient reports being transgender or gender diverse in a therapeutic setting and asks that it not be disclosed, confidentiality does still exist and the process does not need to continue per this HCSD.

- B. A patient who self-identifies as transgender, or has been diagnosed as intersex, shall be referred, for an appointment with a medical provider within twenty-four (24) hours and seen within seven (7) days of referral. State Form 46325, "Staff Referral for Medical Services," shall be used for this purpose.

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This evaluation shall include but is not limited to an assessment of the patient's gender identification, history of treatment such as taking hormones or undergoing any surgeries to align with their identified gender, and determination of the genital status (if previously unknown or previously diagnosed as ambiguous). If the patient has already begun a process of transitioning, continued health service needs, such as continuation of hormone replacement therapy, should be evaluated and managed during this appointment for continuity of care.

This assessment will assist with housing assignments to provide the safest and most secure environment for the patient, the incarcerated population, the Department, and Department staff. Therefore, the medical provider will be required to complete the State Form 56492 "Transgender Evaluation" medical evaluation portion during this evaluation and submit the form to the Health Services Administrator (HSA) upon completion.

- C. A patient who self-identifies as transgender, or is diagnosed as intersex, shall also be referred for a mental health evaluation by a qualified mental health professional within twenty-four (24) hours and seen within seven (7) days of referral.

This evaluation shall include but is not limited to an assessment of the patient's gender identification, treatment and life experiences prior and during incarceration, current and previous treatment such as therapy, hormone replacement therapy, surgical interventions, legal interventions such a change to name or sex on identification documents, and social or private expressions that conform to their gender identity. This assessment will also evaluate the patient's current emotional status, suicide risk, and treatment desires.

This assessment will also be used in assisting with housing assignments and possible accommodations and therefore the mental health provider shall complete the State Form 56492 "Transgender Evaluation," mental health evaluation and treatment summary sections and submit to HSA.

- D. Once State Form 56492, "Transgender Evaluation" is complete, the HSA will forward a copy to the Regional Director of Mental Health and PREA Compliance Manager. The PREA Compliance Manager then must schedule a Transgender Review Committee meeting to review applicable forms and discuss the patient's requests for potential accommodations. The patient should also be invited to this meeting. A summary of this Transgender Review Committee shall be documented in the Electronic Medical Record (EMR) by the mental health provider.

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- E. Following this Transgender Review Committee meeting, the PREA Compliance Manager shall forward the completed State Form 56615 “Transgender/Intersex Placement Review,” the most current completed PREA Screening, State Form 56492, “Transgender Evaluation,” and the psychiatry note affirming a diagnosis of gender dysphoria, if applicable, to the Executive Director of PREA Compliance within five (5) business days.

Within thirty (30) days of receipt, the Executive Director of PREA Compliance shall convene a Facility Placement Review meeting including Executive Staff from Classification, Operations, Programs and Re-Entry Readiness, Behavioral Health, and Policy Development to discuss treatment suggestions and accommodations made by the Transgender Review Committee and determine whether the patient is housed in a location that will offer optimal safety and security for them and the Department.

- F. The Department has a number of available accommodations for gender diverse patients to promote healthy gender identification and prevent unnecessary distress and psychological suffering. All gender diverse persons will be encouraged to share their preferred pronouns and staff are encouraged to refer to them as such. They shall have access to a gender-neutral commissary, cross-gender undergarments, and access to Health Services providers as established in accordance with HCSD 2.01A, “Access to Care.” Mental health providers are trained on this population’s needs in order to support culturally competent care in Individual Treatment Plans, such as social role transition, exploration of gender identity, role and experience, alleviating internal transphobia and promoting resilience.

If a diagnosis of Gender Dysphoria is being considered or the patient is requesting accommodations or treatment for Gender Dysphoria that is not available to the incarcerated population as listed above or following their own advocacy of such at the facility Transgender Review Committee, the patient shall be referred to a qualified mental health professional for further evaluation. Within ninety (90) days of the referral, the mental health professionals shall meet with the patient and complete their evaluation for the presence of Gender Dysphoria and assess for any co-occurring diagnoses.

- G. Once the evaluation has been completed, a Gender Dysphoria Review Committee encompassing the evaluating professional along with the Regional Director of Mental Health, Regional Director of Behavioral Health and Regional Director of Psychiatry will convene to review and discuss the evaluation completed for the patient and whether a GD diagnosis is present. If the patient is experiencing GD, the Gender Dysphoria Review Committee will also discuss what treatment is

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medically necessary and what accommodations should be recommended to alleviate symptoms of dysphoria. A result of this meeting could also be a recommendation of a second evaluation and subsequent Gender Dysphoria Review Committee.

IV. TREATMENT OPTIONS FOR GENDER DYSPHORIA:

Patients diagnosed with Gender Dysphoria or intersex shall be enrolled on the mental health roster and in Chronic Care Clinic to develop an Individualized Treatment Plan. Patients shall receive treatment in accordance with HCSD 3.01A, “Chronic Disease Intervention Guidelines,” HCSD 2.15A “Medication Management,” HCSD 4.03A, “Adult Mental Health Services,” HCSD 2.11A, “Treatment Planning,” Policy and Administrative Procedure 02-01-118, “Inclusive Gender Practices for Incarcerated Individuals,” and any other applicable HCSD, policy and administrative procedure, or facility directive or operational procedure.

Treatment options to alleviate symptoms of Gender Dysphoria, reduce comorbid mental health conditions, prevent suicidality, and improve overall quality of life may include:

- A. Psychotherapy: For many gender diverse or transgender patients, anxiety and depression are managed through psychotherapy alone and may be encouraged to remain in therapy as needed. Others may find support and some social changes in gender expression (i.e., feminine products off commissary for male to female transition or masculine products for female to male transition) to be enough to relieve any psychological distress.
- B. Hormonal Therapy: For some patients, psychotherapy and social support changes may not be enough to relieve their dysphoria. In those cases, if clinically indicated, the patient and mental health professionals may consider hormone therapy.

If the Gender Dysphoria Review Committee agrees that hormone treatment is appropriate, the patient shall be referred to the site level Medical Director for evaluation and consideration for hormone therapy initiation.

- C. Gender Affirmation Surgery (GAS): Individuals may live successfully as transgender persons without surgery. The Department will adhere to all State laws and regulations and will provide the most comprehensive care available.

At any time during treatment of a patient who is gender diverse, transgender, or intersex, staff at the facility may initiate a Transgender Review Committee at the facility or request from the Executive Director of PREA Compliance to reconvene a Facility Placement

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Review meeting to review and ensure the patient is housed in a location that will offer optimal affirmation as well as safety and security for them and the Department.

V. APPLICABILITY:

This HCSD is applicable to all facilities housing incarcerated adults.

signature on file
Adrienne Bedford, MD
Chief Medical Officer

Date