



# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

<b>VOLUME 4: MEDICAL SERVICES</b>	Effective Date: June 2007
<b>CHAPTER 26</b>	Revision Date(s): 12/12
<b>POLICY 4.26.1: TREATMENT OF TRANSGENDER PERSONS</b>	Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

## I. POLICY

California Correctional Health Care Services (CCHCS) and the California Department of Corrections and Rehabilitation (CDCR) shall provide medically necessary treatment that meets constitutional requirements for incarcerated individuals who are diagnosed with Gender Identity Disorders (GID). This condition, more commonly known as transsexualism and/or transgenderism<sup>1</sup>, is recognized in the Diagnostic and Statistical Manual of Mental Disorders (DSM), (refer to DSM-IV, 1994 and DSM IV-TR, 2000), and published by the American Psychiatric Association. All GID diagnoses shall be made in conformity with the policy herein and be based upon each patient-inmate's individual needs along with the judgment of the patient-inmate's providers to include any consulting specialists.

## II. PURPOSE

The purpose of this policy is to state the generally accepted standards for diagnosis and treatment of GID patient-inmates in a correctional setting. Additionally, this policy shall include the factors that must be considered by primary care providers (PCP) as they exercise their clinical judgment while providing constitutionally adequate medical care and personal safety to patient-inmates who have been diagnosed with GID.

Generally accepted standards for diagnosis and treatment in a correctional setting include:

- A. Mental health evaluation, including, but not limited to, reference to the current DSM for diagnostic criteria.
- B. Determination and documentation of informed consent for any requested or proposed treatment, including, but not limited to, efforts to rule out institutional pressures such as victimization by predatory inmates.
- C. Thorough medical and social history, including but not limited to, early history of GID symptoms, any related treatment and lifestyle choices and practices, history of sexual assault, history of contraindications for endocrine or surgical therapy, and any evaluations or treatment for GID symptoms by a health care professional prior to entering CDCR.
- D. Referral to a medical transgender specialist for diagnosis and advice on medically and psychiatrically appropriate treatment plans.

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<sup>1</sup> For the purpose of this policy, the terms transgender persons and/or transgender adults has the same meaning as transsexual persons and/or transsexual adults.

# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

Consideration of medically necessary and appropriate therapies, including but not limited to:

- A. Maintenance of the current therapy pending evaluation and advice from a medical transgender specialist.
- B. Start of endocrine therapies.
- C. Psychotherapy and other counseling (as clinically indicated to possibly reduce discomfort and assist coping skills).
- D. Psychoactive medication (as clinically indicated to possibly reduce discomfort and assist coping skills).

### III. DEFINITIONS

#### **Generally Accepted Standards for Diagnosis and Treatment in a Correctional Setting:**

Standards based on credible scientific evidence published in peer-reviewed medical literature, any other relevant medical factors, and generally recognized by the relevant medical community, physician specialty society recommendations, and the views of physicians practicing in relevant clinical areas. Likewise, these standards are to be practices or procedures that are in common use and are of reliable benefit, and are consistent with the Eighth Amendment requirement for minimally adequate care that is not deliberately indifferent.

**Gender Identity Disorder (Gender Identity Dysphoria):** There are four components of GID, all of which must be present to make this diagnosis: 1) there must be evidence of a strong and persistent cross-gender identification, which is the desire to be, or the insistence that one is, of the other sex (Criterion A). This cross-gender identification must not merely be a desire for any perceived cultural advantages of being the other sex. 2) There must also be evidence of persistent discomfort about one's assigned sex or a sense of inappropriateness in the gender role of that sex (Criterion B). 3) The diagnosis is not made if the individual has a concurrent physical intersex condition (e.g., partial androgen insensitivity syndrome or congenital adrenal hyperplasia) (Criterion C). 4) To make the diagnosis, there must be evidence of clinically significant distress or impairment in social, occupational, or other important areas of functioning (Criterion D). (Refer to DSM IV-TR, 2000)

**Hormone Therapy (Endocrine therapy):** Use of hormones that are prescribed to transgender patient-inmates to enable physical changes consistent with the patient-inmate's internalized gender identity.

**Medical Transgender Specialist:** Medical professionals who have been trained to work with transgender patient-inmates.

**Mental Health Transgender Specialist:** Mental health professionals who have been trained to work with transgender patient-inmates.

**Minimally Adequate Care:** Medical services at a level reasonably commensurate with modern medical science and of a quality acceptable within prudent professional standards. Minimally adequate medical care does not mean that a patient-inmate is entitled to ideal care or the care of his or her choice, or necessarily, the care that might be available to those not incarcerated. CCHCS/CDCR has the right to exercise discretion in deciding which of several adequate treatments may be chosen in treating a serious medical or mental health condition.

# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

**Transgender:** A person born with the physical characteristics of one gender who identifies himself or herself as having the internalized identity of the opposite gender.

## IV. TREATMENT FOR GENDER IDENTITY DISORDER PATIENT-INMATES

It is the policy of CCHCS/CDCR to have a consistent approach for determining and providing adequate care for patient-inmates who are diagnosed with GID.

### A. Required Mental Health Evaluation

There shall be a mental health evaluation assessing the diagnostic status of all patient-inmates identifying as GID to consider which, if any, transgender therapies may be needed. The mental health evaluation shall also determine capability for informed consent and identify any barriers or mental health contraindications to transgender therapies under consideration. The evaluation shall include an interview investigation as to the potential existence of other prison specific motivators, whether for personal secondary gain, or from external pressures exhibited on the patient-inmate.

### B. Required Medical History and Physical/Specialty Consult

A patient-inmate receiving a diagnosis of GID shall, in addition to a mental health evaluation, receive a general history and physical evaluation by a medical practitioner. This evaluation shall specifically identify any evaluations or assessments for GID symptoms performed by a health care professional prior to incarceration, any contraindications or comorbidities which might preclude hormone therapy or other transgender therapies as treatment options, and consider other treatment options as appropriate. Upon completion of the required medical evaluation a Request for Services (RFS) for a clinical review by a medical transgender specialist shall be initiated. This RFS shall include the results of both the mental health and medical evaluations.

### C. Creation and Implementation of a Treatment Plan

Upon completion of the specialist review and recommendations, the patient-inmate's PCP shall implement the recommendations of the specialist in regard to hormone therapy if informed consent has been obtained. However, the specialist's recommendations need not be followed if the PCP determines within his or her professional clinical judgment that the recommendations fail to adequately address the risk of harm to the patient-inmate due to medical or pharmacological contraindications, mental health contraindications as noted by a mental health clinician, or existing co-morbidities, which place the patient-inmate at an unreasonable level of risk.

In such event, the PCP shall attempt to reach a mutually concurrent view on whether to provide or withhold hormone therapy by discussing the patient-inmate's conditions and the areas of concern with the transgender specialist. The PCP shall document this discussion with the specialist and the clinical factors that place the patient-inmate at an unreasonable level of risk in the Unit Health Record (UHR).

In the event a consensus cannot be reached, the care of the patient-inmate shall be discussed between the PCP and the Chief Medical Executive (CME), (and/or the Statewide Chief Medical Executive or designee as needed) giving due consideration to the recommendations of the transgender specialist. Their decision (or decision by the CME, as needed) will

# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

dictate the care provided to the patient-inmate, consistent with approved Transgender Hormone Therapy guidelines. To the extent possible, any such consultative discussions shall be documented in the UHR.

## **D. Informed Consent Required Prior to Treatment**

In all cases, there shall be a discussion with the patient-inmate regarding the risks associated with hormone therapy. When such therapy is to be commenced or continued, written informed consent shall be obtained. There shall also be, in all cases, an interview investigation into as to the potential existence of other prison specific motivators, whether for personal secondary gain, or from external pressures exhibited on the patient-inmate (including victimization by other inmates).

## **E. Patient-Inmates Entering or In CDCR on Hormone Therapy**

If a patient-inmate is receiving hormone therapy at the time of entering into CDCR custody or during his or her incarceration, unless the continuation of such therapy poses an undue risk or harm such that continuing the therapy would be a breach of the standard of medical care, the therapy shall be maintained until a mental health evaluation, a medical history and physical exam, and transgender specialist consult has occurred. A continuation of that therapy shall be subject to a determination by the PCP, in consultation with the transgender specialist, and consistent with approved Care Guide: Gender Identity Disorder (GID). A treatment plan for such patient-inmates shall be created as set forth above. The PCP shall document any decision to discontinue hormone therapy, including the clinical factors that place the patient-inmate at an unreasonable level of risk, in the UHR.

## **F. Patient-Inmates Not on Hormone Therapy Upon Entry Into CDCR but Self Identify As Gender Identity Disorder**

There shall be a required mental health evaluation, medical history and physical evaluation and transgender specialist consultation, consistent with approved Care Guide: Gender Identity Disorder (GID) for patient-inmates seeking to initiate hormone therapy. In cases where deemed appropriate, a treatment plan shall be created consistent with this policy and guidelines.

## **V. CREATION OF APPROVED PROCEDURES AND GUIDELINES**

A set of procedures shall accompany this policy and operationalize the policy goals herein. A care guide shall be established, which, in combination with this policy and associated procedure shall be used to aid clinical decision making. Guidelines are a tool to assist in consistently applying clinical judgment in transgender patient-inmate cases. As such, they should be given great weight in the decision making process, but are not a substitute for the clinical judgment of the PCP.

## **VI. REFERENCES**

Diagnostic and Statistical Manual of Mental Disorders (DSM), DSM-IV, 1994 and DSM IV-TR, 2000

Inmate Medical Services Policies and Procedures Volume 3, Chapter 5, Clinical Guidelines Committee