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JEFFERSON S. DUNN
COMMISSIONER

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ADMINISTRATIVE REGULATION NUMBER **OPR: OFFICE OF HEALTH SERVICES**
637

GENDER DYSPHORIA

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the responsibilities, policies, and procedures to ensure a standard of care for the treatment and management of inmates with Gender Dysphoria.

II. POLICY

It is the policy of the ADOC to appropriately diagnose, treat, and manage inmates with Gender Dysphoria in a humane, safe, correctional environment, sensitive to their unique adjustment needs.

III. DEFINITION(S) AND ACRONYM(S)

- A. **Commissioners of Facilities:** For the purpose of this AR, the term “Commissioners of Facilities” refers to the Deputy Commissioner of Women’s Services and the Associate Commissioner of Operations.
- B. **Gender:** A term to denote the public lived role as boy or girl, man or woman.
- C. **Gender Dysphoria:** The condition of feeling one’s emotional and psychological identity as male or female to be opposite to one’s biological sex.
- D. **Gender Dysphoria Management and Treatment Committee (GDMC):** A team of clinicians and professional healthcare staff (licensed health care practitioners, psychiatrists and others as assigned) charged with ensuring that inmates with suspected or confirmed diagnosis of Gender Dysphoria are evaluated promptly. This team may meet via videoconference, teleconference or in person.
- E. **Hormonal Replacement Treatment (HRT):** Treatment in which sex hormones and other hormonal medications are administered to individuals for the purpose of

synchronizing or more closely aligning their secondary sexual characteristics with their gender identity.

- F. **Sexual Reassignment Therapy (SRT)**: A process to assist in physically transitioning from one gender to another, often consisting of hormone replacement therapy (HRT), medical surgery, and/or other procedures to alter one's physical appearance.
- G. **Transgender**: A broad spectrum of individuals who transiently or persistently identify with a gender different from their natal gender.
- H. **Transsexual**: Denotes an individual who seeks, or has undergone, a social transition from male to female (MF) or female to male (FM) that in many, but not all, cases also involves a somatic transition by cross-sex hormone treatment and genital surgery (sex reassignment surgery).

IV. **RESPONSIBILITIES**

- A. The Associate Commissioner of Healthcare Services is responsible for:
 - 1. Ensuring that all ADOC staff and contracted healthcare staff are aware and in compliance of this AR.
 - 2. Ensuring audit items specific to this regulation are developed and considered during routine quality assurance audits.
- B. The GDMC is responsible for determining the appropriate treatment plan for identified inmates.
- C. The Warden is responsible for implementing the recommendations provided by the GDMC. Should a security concern arise, to include the safety of an inmate as documented by the Warden at the facility where the inmate with Gender Dysphoria is housed, the Warden will have the opportunity to present that concern directly to the GDMC.

V. **PROCEDURES**

- A. Identification Upon PREA Intake.
 - 1. Pursuant to ADOC Admin Reg 454 “Prison Rape Elimination ACT” (PREA), all new incoming inmates shall be screened at the reception and diagnostic centers for a history of predatory sexual behavior, sexual abuse and the likelihood/potential of sexual abuse/victimization using the PREA Screening Checklist and Instructions for Utilizing the PREA Screening Checklist (Form 454-C).

2. If an inmate is identified or self-identifies as potentially possessing signs of Gender Dysphoria during the PREA screening process or while housed in existing population, the Institutional PREA Compliance Manager shall notify the Mental Health Professional (MHP) at the facility of origin.
3. The Institutional PREA Compliance Manager will complete ADOC mental health form MH-008 and submit the completed form to the MHP. The MHP will notify the Office of Health Services (OHS) Director of Mental Health Services, or the Associate Commissioner of OHS's designee.

B. Identification and Diagnosis of Inmate with Gender Dysphoria

1. Provisional Diagnosis
 - a. Upon admission to the ADOC, or at any other time during an inmate's incarceration, if an inmate either self-identifies or is referred for the evaluation of Gender Dysphoria upon completion of a Gender Dysphoria Psychological Evaluation Questionnaire, (ADOC Mental Health Form 637-A), an MHP shall refer the inmate to a designated psychiatrist utilizing OHS Form MH-008.
 - b. A psychiatrist will be assigned to evaluate the inmate to determine whether the inmate meets the clinical criteria for a provisional diagnosis of Gender Dysphoria. This diagnosis shall be based, in part, upon a face-to-face evaluation and a review of the medical and mental health history of that inmate by both the medical and mental health treating physicians.
 - c. For persons returned to the custody of the ADOC with a previously confirmed diagnosis of Gender Dysphoria, a new evaluation will not be required unless clinically indicated. A referral for a mental health review should be completed and submitted on form MH-008. A clinical note referencing previous incarceration, evaluation for Gender Dysphoria and diagnosis shall be placed under the "Mental Health" tab of the inmate's healthcare record.
 - d. After making a provisional diagnosis, the physicians shall seek the inmate's authorization to obtain the appropriate release of information (OHS Form H-2 (a)) for access to his/her medical and mental health records prior to incarceration and shall place the inmate on a medical hold until an evaluation is completed. For a newly admitted inmate identified with Gender Dysphoria, every effort shall be made to promptly secure medical and mental health records regarding the provision of Gender Dysphoria services prior to incarceration in order to enhance continuity of care.

- e. The facility Medical Director and Mental Health Administrator will review the case with the site treatment team, including but not limited to the facility MHP. The inmate will be assigned to a psychiatrist or his/her designee.
 - f. The Contracted Psychiatric Clinical Director or designee shall inform the OHS Commissioner or designee of the provisional diagnosis of an inmate with Gender Dysphoria, using the Gender Dysphoria Referral and Evaluation Management Log (ADOC Mental Health Form 637-B). This written referral from the physician shall be made upon determination of the provisional Gender Dysphoria diagnosis.
 - g. In cases where the inmate self-identifies as having Gender Dysphoria and the site treatment team does not assess the inmate as meeting the clinical criteria for Gender Dysphoria, the case will be referred to the Contract Psychiatric Clinical Director and the ADOC Clinical Psychiatrist for a subsequent face-to-face evaluation within thirty (30) working days of the referral.
2. Confirmation of Diagnosis
- a. The Contracted Psychiatric Clinical Director shall confirm if the inmate meets the clinical criteria and diagnostic features of Gender Dysphoria.
 - b. This diagnosis shall be based upon, at a minimum, a review of the inmate's healthcare record, the referral from the primary care mental health and/or medical clinicians, a consultation with the referring psychiatrist who has personally assessed the patient, and a face-to-face evaluation of the patient by the Contracted Psychiatric Clinical Director. The decision by the Contracted Psychiatric Clinical Director regarding an inmate with a Gender Dysphoria diagnosis shall be made within thirty (30) working days after the referral has been received.
 - c. If there are any concerns with the validity of the Gender Dysphoria diagnosis, a Gender Dysphoria Consultant may be contacted for further evaluation.
3. Confirmation of Community Diagnosis
- a. Upon admission to the Department of Corrections and verification of prescribed hormones for the treatment of Gender Dysphoria, the Contracted Psychiatric Clinical Director, or Medical Director, may designate a qualified provider to confirm the diagnosis. This designee will be an existing member of the GDMC and will have direct experience treating persons with Gender Dysphoria.

- b. The Contracted Medical Director will review the inmate's medical history and current physical health. He will advise whether there are any physical issues that are contraindicated to, if relevant, the continuation of hormone therapy.
 - c. Inmates entering ADOC with prior surgical alteration of genitals and/or hormonal therapy procedures will continue to receive maintenance hormone therapy, if prescribed.
4. Gender Dysphoria Committee
- a. The institutional provider (CRNP/Psychiatrist) will refer any inmate presenting with symptoms of Gender Dysphoria to the GDMC. The referral will be documented on ADOC Gender Dysphoria Referral Log (MH-637 B).
 - b. At a minimum, the committee is comprised of the Contract Medical Director, Contract Psychiatric Clinical Director, ADOC Clinical Directors of Psychiatry and Medical, and ADOC Regional Psychologist. Other healthcare disciplines may be designated and assigned by the Associate Commissioner of Health Services.
 - c. Facility representatives may be assigned by the Commissioners of Facilities to attend the committee meetings as needed for individual case consultation purposes.
 - d. During the GDMD review process, the committee will:
 - (1) Review the evaluation of each identified inmate.
 - (2) Develop an individualized treatment plan for each identified inmate that addresses the inmate's medical, mental health, security, and personal adjustment needs.
 - (3) The Contracted Psychiatric Clinical Director will meet with the Warden of the facility where the inmate with Gender Dysphoria is housed to discuss the recommendations for accommodations by the GDMC.
 - (4) A specialist in the treatment of Gender Dysphoria patients may be retained as a consultant on specific cases.

C. Gender Dysphoria Treatment

- 1. The diagnosis of Gender Dysphoria will be based on the current DSM criteria and will be assigned and/or approved by the Contracted Psychiatric Clinical Director.

2. Treatment with hormonal medications for the purposes of sexual reassignment treatment may be initiated while incarcerated in the ADOC, at the discretion of the participating licensed psychiatrists on the GDMC, on a case by case basis with medical clearance
3. An inmate receiving hormonal medications as part of an established sexual reassignment treatment regimen, under the supervision of a medical doctor at the time of incarceration, will be allowed to continue hormonal medications.
4. Prior sexual reassignment treatment must be verified through the request for the inmate's prior treatment records. The inmate will voluntarily sign a Release of Information to allow ADOC medical and mental health staff to obtain past treatment records. If the inmate refuses to sign a release of information for the providers to obtain medical records, ADOC is under no obligation to provide the requested treatment.
5. The facility medical provider shall report any abnormal medical/physical findings pertaining to the inmate's Gender Dysphoria diagnosis to the Contracted Psychiatric Clinical Director.
6. The GDMC may allow/recommend special orders from the commissary of the opposite gender facility to be made available for the inmate with Gender Dysphoria. The inmate will be responsible for the cost of any such items the inmate wishes to obtain.
7. All inmates with Gender Dysphoria who are prescribed HRT will be placed on the medical chronic care treatment list and will be placed on the mental health caseload for adjustment issues and medication follow-up.
8. The GDMC will review the treatment plan for each inmate with Gender Dysphoria at a minimum of twice a year.

D. Quality Improvement and Tracking

1. Statistical data gathered related to inmates identified with Gender Dysphoria will be recorded, updated, and maintained on ADOC Form MH-637 B, "Gender Dysphoria Referral, Evaluation, Management." A monthly update of patient specific information provided on MH-637 B, will be included in the healthcare provider's monthly health services report. ADOC forms MH-637 A and MH-637 B will be maintained and retained in accordance with OHS policy H-3, "Retention of Health Records."
2. The GDMC will at a minimum meet quarterly to monitor and discuss issues of concern. Trends in grievances filed by inmates with Gender Dysphoria will be analyzed and discussed for future recommendations or changes to policies and procedures.

3. Inmate grievances related to specific Gender Dysphoria treatment or accommodations will be initially addressed by the ADOC Regional Psychologist. All grievances submitted from the prior quarter will be presented to the GDMC. All grievances will be tracked and assessed for timeliness.

VI. DISPOSITION

Any forms used will be disposed of and retained according to the Departmental Records Disposition Authority (RDA).

VII. FORMS

- A. ADOC Form OHS-MH 637-A, *Gender Dysphoria Psychological Evaluation Questionnaire*.
- B. ADOC Form OHS-MH-637-B, *Gender Dysphoria Referral, Evaluation, Management Log*

VIII. SUPERCEDES

- A. This Administrative Regulation supercedes AR 637, *Gender Identity Disorder*, dated November 16, 2005 and any changes.

IX. PERFORMANCE

- A. National Commission of Correctional Health Care: Standards for Health Services in Prisons 2014. (P-A-09).
- B. Department of Mental Health and Mental Retardation Statutory Authority: The Code of Alabama, 1975, Section 22-50-11.
- C. Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- D. Diagnostic and Statistical Manual of Mental Disorders, 5th ed.


Jefferson S. Dunn
Commissioner

ALABAMA DEPARTMENT of CORRECTIONS
MENTAL HEALTH FORM 637-A
Gender Dysphoria Psychological Evaluation Questionnaire



1. How do you identify in terms of gender?
2. How are you affected by your internal sense of gender and your assigned gender?
3. What do others know about your gender identity?
4. How do others respond to your gender identity?
5. Do you experience distress related to your body?
6. Have you considered hormone therapy?
 - a) When?
 - b) How long?
 - c) From whom?
 - d) Impact?
7. Whom are you sexually attracted to?

ADOC Form OHS-MH 637-A
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CONFIDENTIAL MEDICAL INFORMATION

8. Do you currently have a significant other?

9. Do you experience body image issues that get in the way of how you express yourself sexually?

10. Do you have major medical issues?

11. What is your mental health history?

12. How might hormonal therapy affect your symptoms?

13. Do you currently struggle from substance abuse or have you had substance abuse issues in the past?

Completed "Assessment and Findings" to be documented on following page

ADOC Form OHS-MH 637-A
Page 2 of 3

File in Health Record under Mental Health Tab

CONFIDENTIAL MEDICAL INFORMATION

Gender Dysphoria Psychological Evaluation Findings
Assessment and Recommendations



Finding/Assessment:

DSM V Diagnosis, if applicable:

Recommendations:

Questions/Concerns from patient:

ADOC Form OHS-MH 637-A
Page 3 of 3

File in Health Record under Mental Health Tab

CONFIDENTIAL MEDICAL INFORMATION

ALABAMA DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES - MENTAL HEALTH 637-B
GENDER DYSPHORIA REFERRAL, EVALUATION, MANAGEMENT



Name/AIS	Facility	Date of Request Form MH-008	Date Submitted to MHP	Date of MH Evaluation	Date GDMC Notified	Approval/Disapproval	GDMC Findings/ Comments	Date Inmate Notified	Date Inmate Received ADOC Items

ADOC Form OHS-MH-637-B
Maintain in accordance of OHS H-3 "Retention of Records"
CONFIDENTIAL MEDICAL INFORMATION