

State of Iowa Department of Corrections

Policy and Procedures

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Chapter 6: Health Services

Sub Chapter: Mental Health

Related DOC Policies: IO-SC-18, IS-CL-03, IS-RO-02, IS-CL-02, IS-RO-03

Administrative Code Reference: N/A

Subject: Management of Gender Dysphoria and Transgender Housing

PRE Standards: 115.15(e)(c), 115.42(c)-(g)

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Authority:

1. PURPOSE

To ensure appropriate identification and evaluation of patients who are diagnosed with Gender Dysphoria (GD), and to ensure appropriate treatment for these individuals.

2. POLICY

It is the policy of the IDOC to appropriately diagnose, treat, and manage patients with Gender Dysphoria (GD) in a humane and safe correctional environment, that is sensitive to their adjustment issues, and to remain consistent with IDOC's commitment to provide medical and mental health care to all patients in its custody.

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3. DEFINITIONS

- A. Gender Dysphoria (GD) - GD is defined by the DSM-5-TR as: A marked incongruence between one's experienced/expressed gender and assigned gender, as manifested by at least two of the following: a marked incongruence between experienced/expressed gender and sex characteristics; a strong desire to be rid of one's sex characteristics, for sex characteristics of the other gender, to be another gender, to be treated as another gender; a strong belief or conviction that one has the feelings and reactions of another gender. The condition causes significant distress or impairment.
- B. GD Clinical Supervision Group - A group comprised of the IDOC Health Services Administrator/designee (chair), IDOC nursing services administrator, IDOC medical director, medical provider, mental health provider, and a GD consultant who participates based upon identified need. Other treatment disciplines (psychology, case management, substance abuse treatment, sex offender treatment, etc.) may participate on an as needed basis.
- C. GD Consultant - The GD Consultant is a community medical provider who specializes in the treatment of gender dysphoria and gender transition. This individual is hired by, or subcontracted to, the Department of Corrections, and shall routinely be available for consultation to the other members of the Clinical Supervision Group.
- D. Mental Health Care Plan - A plan for mental health treatment created by the patient and his/her providers and mental health care professionals.
- E. Intersex - An individual with a variation of male and female primary sex characteristics at birth.
- F. Medical/Mental Health Provider - Qualified health care professionals who by virtue of their education, credentials and experience are permitted by law to prescribe medications. These include physicians, physician assistants and nurse practitioners.
- G. Mental Health Professional - Qualified health care professionals who by virtue of their education, credentials and experience are permitted to care for the mental health needs of patients. These include psychologists, nurses, social workers and mental health counselors.
- H. Mental Health Team - Qualified health care professionals that include psychologists, psychiatrists, physicians, nurse practitioners, social workers, mental health counselors and nursing staff.

- I. Transgender – An individual whose gender identity (i.e. internal sense of being male, female, or an alternative gender) is different from the sex assigned at birth.

4. PROCEDURES

A. Responsibilities of the GD Clinical Supervision Group

1. Coordinate orientation and specialized training for IDOC mental health and medical providers, and mental health care professionals.
2. Provide direction to mental health and medical providers and mental health care professionals assigned to work with patients who have GD.
3. Serve as a resource to IDOC mental health and medical providers, and mental health care professionals as they develop and incorporate GD-related treatment recommendations to the Individualized Treatment Plans of patients with GD.
4. Provide a forum for all medical and treatment staff for the discussion of challenging issues related to treatment of GD, such as obtaining a second opinion and medication issues.
5. As needed, host a GD Clinical Supervision session in person, via conference call, or via videoconference for all mental health providers and mental health care professionals to discuss programming issues or patients whose individual situations are complicated by higher acuity co morbid mental health or medical conditions. For patients receiving other clinical services, such as substance abuse or sex offender treatment, or who are receiving cross-hormonal therapy, it may be appropriate for coordinators of those services to participate in the Clinical Supervision Group on an as needed basis, to ensure that integrated and consistent treatment is being provided to the patient.

B. Identification and Diagnosis of Patients with GD

1. Identification of patients with GD
 - a. All patients who self-identify themselves as GD entering IDOC custody shall be evaluated to confirm diagnosis by the mental health team.

- b. Patients seeking treatment or accommodations for GD should be forwarded to psychology staff.

2. Provisional Diagnosis

- a. It is the responsibility of psychology staff to contact the institutional mental health provider when a patient has been identified as possibly having GD.
- b. The institutional mental health provider shall evaluate these patients for GD, and determine whether the patient meets the clinical criteria for a provisional diagnosis of GD (DSM-5 302.6). This diagnosis shall be based, in part, upon a face-to-face or videoconference evaluation of the patient and a review of available medical and mental health history, as well as current medical record documentation.
- c. If a provisional diagnosis is made, the mental health provider shall coordinate with Health Services to seek to obtain the patient's authorization of the appropriate Releases of Information (ROI) for access to his/her medical and mental health records prior to incarceration in IDOC, and signed Releases of Information shall be submitted to obtain the records.
- d. The mental health provider shall inform and review the case with the mental health team. The medical provider shall also make his/her own face-to-face assessment of the patient if indicated, once the provisional diagnosis of GD has been made.

C. Treatment Planning for Patients with GD

1. Development of the Mental Health Care Plan

- a. Following a confirmed GD diagnosis, the patient's mental health and medical care professionals shall prepare an Individualized Mental Health Care Plan, or review and revise an existing treatment plan, which incorporates the GD diagnosis, along with all other co-occurring mental health issues. The treatment plan should consider accommodating the patient's individualized needs as they relate to identifying with and expressing their gender of choice over time. Each facility shall meet quarterly to conduct a review of the treatment plan by their multidisciplinary team on all patients with a diagnosis of GD.

- b. The patient's medical provider shall concurrently prepare a plan for GD-related medical care, which should be focused on providing medically necessary treatment. The medical provider shall assess the need for cross-hormonal therapy and determine an appropriate course of hormonal treatment. In medically complicated cases it will be necessary to determine if there are apparent medical contraindications to initiating or continuing treatment with cross-gender hormones. The DOC does not provide aesthetic or cosmetic surgical services.
- c. The mental health and medical providers may contact the GD Consultant for assistance in drafting or revising these plans.
- d. Consent forms shall be signed once the decision is made. Treatment shall not be implemented unless the consent form is signed by the patient and the medical practitioner. An encounter shall be entered in to the EMR by both the psychologist and the medical provider. The signed form shall be placed in section III of the medical record or scanned into ICON Medical file cabinet under "Hormonal Therapy Consent".

2. Treatment Plan Review and Implementation

- a. If cross-hormonal therapy is found to be medically contraindicated by the medical provider and/or the GD consultant, follow-up evaluations shall be conducted by the medical provider on a periodic basis as clinically indicated. This applies to patients who either have yet to begin cross-hormonal therapy, or are currently undergoing treatment.
- b. Due to the limitations inherent in being in a secure facility for incarcerated individuals, complete real-life experiences for the purpose of gender-reassignment therapy is not possible for incarcerated individuals that reside at IDOC facilities.
- c. Gender affirming surgery will not be provided to IDOC incarcerated individuals.
- d. Any patient refusing to be evaluated by his/her medical provider and/or the GD consultant shall not receive cross-hormonal therapy due to the potential for clinical ramifications, medical risks involved, and need for expert medical management.

- e. If a patient refuses to participate in any or all aspects of the treatment plan as it relates to his/her treatment of GD, this shall be documented and clinically driven modifications will be made to the treatment plan.
- f. All patients diagnosed with GD shall have their Mental Health Care plans updated by the mental health care professional at least bi-annually. All treatment plans for patients diagnosed with GD shall also be revised as necessary to reflect changes in treatment recommendations.
- g. A patient may choose to discontinue treatment at any time. The consequences of discontinuance of treatment should be thoroughly explained. The choice shall be documented with the completion of a signed Treatment Refusal Form in ICON Medical with a copy issued to the patient. Patient may request to rescind the Treatment Refusal Form with the provider and sign a new Informed Treatment Consent.

3. Essential Elements of the Treatment Plan for Patients diagnosed with GD

- a. The goal of GD-related modifications to the Mental Health Care Plan is to assist the patient diagnosed with GD in exploring and managing his/her issues related to gender identity as well as any co-occurring mental health disorders.
- b. The Mental Health Care Plan for all patients diagnosed with GD shall contain, at a minimum, these essential elements:
 - 1) The patient shall meet with their mental health care professional every 90 to 180 days, and with their mental health provider every 90 to 180 days or as clinically indicated.
 - 2) Identify the patient's preferred gender pronoun (he, she, or ze) and preferred first name.
 - 3) Identify the patient's preference for the gender of staff who shall conduct strip searches. This information shall then be forwarded to the security. Searches or physical examinations of transgender or intersex patients by any staff member other than a physician for the purpose of determining a patient's genital status are prohibited. **(PREA 115.15(e))**
 - 4) Recommendations regarding access to property as allowed in IDOC Policy **IS-RO-03**, *Incarcerated Individual Personal*

Property. Patients diagnosed with GD shall only be permitted to purchase and retain canteen items that are allowed within the level of security.

- c. The treatment plan is documented by the psychologist in ICON Medical.

4. Gender Dysphoric Incarcerated Individual Identification Badges

Incarcerated Individuals medically diagnosed for gender dysphoria shall be issued an identification badge containing the last name, "preferred first name" and number along with a current photo on the front of the ID badge. The Incarcerated Individual's legal name shall be used for all legal documentation as well as information in ICON.

D. Transgender Housing

In alignment with the Prison Rape Elimination Act (**PREA 115.42(c)**), the Iowa Department of Corrections (IDOC) establishes the following policy for the housing of transgender patients. The primary determinant for housing assignment shall be the individual's biological sex, either male or female, as observed or clinically verified at birth. However, recognizing the unique vulnerabilities and needs of transgender individuals, IDOC commits to a careful, individualized assessment of each transgender patient's case. This assessment will consider the health and safety of the transgender patient, alongside the need to maintain security, order, and the safety of all patients and staff within IDOC.

The assessment process will encompass a thorough evaluation of the patient's gender identity and the potential risks associated with housing them according to their biological sex at birth. Factors to be considered include, but are not limited to, the patient's own views regarding their personal safety, any history of victimization, the patient's physical and mental health needs, and the potential impact of the placement on the facility's overall security and operational stability. This policy mandates ongoing review and potential adjustment of housing assignments to respond to any significant changes in the patient's circumstances or facility environment.

Furthermore, IDOC is committed to providing all necessary and appropriate support services to transgender patients, including access to mental health and medical care consistent with the patient's gender identity, as well as implementing protective measures to mitigate the risk of harassment, abuse, or assault. Staff training and education will be integral to ensure respectful,

non-discriminatory treatment of transgender patients and to foster an environment of safety and dignity for all individuals under the care of IDOC. This policy underscores IDOC's dedication to upholding the rights and well-being of transgender patients, while also ensuring the security and orderly management of its facilities.