Determination and Management of Inmates with Gender Dysphoria

The purpose of this procedure is to establish processes for the appropriate assessment, diagnosis, and management of inmates with gender dysphoria (GD) in the Oklahoma Department of Corrections (ODOC).

I. **Definitions**

Definitions related to gender nonconforming inmates are outlined in OP-030601 entitled “Oklahoma Prison Rape Elimination Act.”

A. **Gender Dysphoria (GD)**

A condition where there is clinically significant discontent or distress with one’s sex assigned at birth and/or the gender roles associated with that sex.

B. **Male-to-Female (MtF)**

Feminized male (genotypic male) who has physical/medical risk factors of a male with added medical and mental health risks associated with feminization. Transgender female refers to the gender identity of a MtF person.
C. Female-to-Male (FtM)

Masculinized female (genotypic female) who has physical/medical risk factors of a female with medical and mental health risks associated with masculinization. Transgender male refers to the gender identity of a FtM person.

II. Process for the Assessment and Determination of Gender Dysphoria

The “Request for Gender Dysphoria (GD) Evaluation/Treatment” Algorithm (Attachment C, attached) provides an outline of this process.

Inmates may self-identify as transgender, but not have gender dysphoria.

A. STEP ONE:

Initial request for gender dysphoria (GD) evaluation and/or treatment.

1. The inmate must submit a “Request for Health Services” form to medical requesting gender dysphoria (GD) treatment, specifying the type(s) of GD related considerations (GD evaluation, property, housing, hormone treatment, etc.) that they are requesting.

2. The facility health care provider will assess the inmate for the following:

   a. Inmate’s appearance and/or behavior do not match the gender identified on court or medical records.

   b. Medical disorders causing or contributing to gender dysphoria symptoms (chromosomal or hormone conditions);

   c. Medical conditions which may preclude or complicate medical treatment of GD;

   d. Previous history of GD treatment;

   e. Assess the inmate’s understanding of medical effects and possible adverse effects of GD therapies; and

   The inmate must read and sign the “Female to Male (FtM) Hormone Therapy Risk and Information Form” (Attachment B, attached) or “Male to Female (MtF) Hormone Therapy Risk and Information Form” (Attachment A, attached) acknowledging he or she understands and accepts all risks associated with GD treatment. The signed form is scanned into the inmate’s electronic health record.
f. The health care provider will document any medical contraindications to GD treatment and refer the inmate to Mental Health.

B. **STEP TWO:**

Mental Health Evaluation by a qualified mental health professional (QMHP).

1. The qualified mental health professional (QMHP) appointed by the Chief Mental Health Officer will:
   a. Review mental health history;
   b. Assess for co-occurring mental health disorders/conditions that may complicate treatment or confound diagnosis of GD;
   c. Determine substance use, past and present; and
   d. Based on the current version of the Diagnostic and Statistical Manual of Mental Disorders, the qualified mental health professional will determine if the inmate meets criteria for a gender dysphoria diagnosis. If the inmate is diagnosed with gender dysphoria, the diagnosis is entered into EHR under the “Problem List.”

C. **STEP THREE:**

Treatment and Reasonable Accommodations for inmates with a confirmed diagnosis of gender dysphoria.

Following diagnosis of gender dysphoria, if the inmate requests specific treatment and/or reasonable accommodations, the inmate must submit a “Request for Health Services” (DOC 140117A) form for each housing or treatment request. Housing requests will be submitted to mental health services. Medical treatment requests will be submitted to medical services for review and consideration.

D. **Housing**

Housing will be in accordance with OP-030601 entitled “Oklahoma Prison Rape Elimination Act.” The agency shall not place transgender or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status. Health services staff may make housing recommendations to the facility head, after any necessary medical and/or mental health assessments have been completed. Complex cases that require a more extensive review will be submitted to the Personal Identity Administrative Review Authority (PIARA) by health services staff, a facility’s PREA compliance manager, or a facility/unit head.
E. **Inmate Property**

Inmates will be provided standard ODOC attire in accordance with **OP-030120** entitled “Inmate Property.” Inmates with a confirmed Gender Dysphoria diagnosis may receive state issued gender specific clothing/property or may purchase the items from the canteen. The clothing/property must be noted on the “Inmate Property Inventory Form” (**DOC 030120A**).

Any approved property will be allowed at subsequent facilities should the inmate transfer unless the approval has been revoked. Any authorized undergarments may be worn if not visible when the inmate is out of their cell. At no time will authorized undergarments be worn in a manner that is disruptive or provocative.

Misuse of gender specific clothing or property may result in revocation of authorization for the property and disciplinary action.

F. **Hormone Therapy**

1. **Assessment and Reception Inmates Only**

Inmates arriving at an Assessment and Reception center, who are received with hormone therapy prescriptions should have that therapy continued without interruption while the diagnosis is verified. The facility health care provider may temporarily continue the hormone medications after all of the following occur:

   a. Ensure there are no medical contraindications to hormone therapy;

   b. The inmate has signed the “Female to Male (FtM) Hormone Therapy Risk and Information Form” (**Attachment B**, attached) or “Male to Female (MtF) Hormone Therapy Risk and Information Form” (**Attachment A**, attached) acknowledging he or she understands and accepts all risks associated with GD treatment;

   c. Inmate is informed that a mental health evaluation will be performed and based upon the mental health evaluation report the medications may be discontinued;

   d. Obtain baseline lab work;

   e. Chief Medical Officer (CMO) must approve the hormone treatment before the facility health care provider prescribes hormone medications;

2. **Inmates requesting hormone therapy following a GD diagnosis**
a. The health care provider confirms that a diagnosis of Gender Dysphoria has been confirmed by a qualified mental health professional appointed by the Chief Mental Health Officer based on the diagnostic criteria of the most current version of the Diagnostic and Statistical Manual of Mental Disorders;

b. The inmate has signed the “Female to Male (FtM) Hormone Therapy Risk and Information Form” (Attachment B, attached) or “Male to Female (MtF) Hormone Therapy Risk and Information Form” (Attachment A, attached) acknowledging he or she understands and accepts all risks associated with GD treatment;

c. Consent to obtain baseline lab work, if indicated, to ensure there are no medical contraindications to hormone therapy;

d. The Chief Medical Officer (CMO) will be co-signed to the note in the EHR for review of all relevant information and must approve the hormone treatment before the facility health care provider prescribes hormone medications.

III. Surgical Sex Reassignment

Surgical procedures for the initiation, advancement, or maintenance of sex reassignment will not be performed, except in extraordinary circumstances.

In accordance with OP-140121 entitled “Outside Providers for Health Care Management,” the facility’s health care provider will refer an inmate’s request for surgical treatment of gender dysphoria to the Utilization Review Committee (URC) for consideration of approval. If the referral is approved, URC will forward the referral to the director for final review and authorization.

Self-inflicted genital mutilation will not constitute surgical reassignment therapy and will not qualify an inmate for placement in a facility for inmates of the opposite sex from the inmate’s birth sex.

IV. Initiating Review by Personal Identity Administrative Review Authority (PIARA)

Inmates with a confirmed gender dysphoria diagnosis may have their housing, clothing, and health care needs specific to their gender associated request assessed by PIARA. This committee will consider each inmate on a case-by-case basis to ensure fair, safe, and appropriate management of their gender associated requests. (PREA 115.42/115.242)

A. The committee may include, but is not limited to any or all of the following:

1. Chief mental health officer;

2. Chief medical officer;
3. Agency PREA coordinator;
4. Director, Health Services;
5. Inmate’s facility head or designee; and/or
6. Medical and mental health provider at facility level.

B. In accordance with OP-090124 entitled, “Inmate/Offender Grievance Process,” the inmate may initiate a PIARA review through the grievance process.

C. PIARA consideration may be requested by health services staff, a facility’s PREA compliance manager, or a facility/unit head, if an exception to policy is needed or to determine consistency of agency practice. The referring staff member will complete a “Referral for Gender Associated Requests” (DOC 140147A, attached). The completed form will be scanned and emailed to PIARA@doc.ok.gov.

D. Upon receipt of a PIARA review request, the PIARA will convene to review the request within 30 days

V. References

OP-030120 entitled “Inmate Property”

OP-030601 entitled “Oklahoma Prison Rape Elimination Act (PREA)”

OP-090124 entitled “Inmate/Offender Grievance Process”

OP-140121 entitled “Outside Providers for Health Care Management”

Rape Elimination Act of 2003, 42 U.S.C.A. §15601

“Diagnostic and Statistical Manual of Mental Disorders”

PREA 115.15/115.215

PREA 115.41/115.241

PREA 115.42/115.242

VI. Action

The chief medical officer is responsible for compliance with this procedure.

The director of Rehabilitative Services is responsible for the annual review and revisions.
Any exceptions to this procedure will require prior written approval from the agency director.

This procedure is effective as indicated.

Replaced: Operations Memorandum No. OP-140147 entitled “Management of Gender Nonconforming Inmates” dated August 27, 2018

Distribution: Policy and Operations Manual
Agency Website
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<td>DOC 030120A</td>
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<tr>
<td>DOC 140147A</td>
<td>“Referral for Gender Associated Requests”</td>
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<td>DOC 140117A</td>
<td>“Request for Health Services”</td>
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**Attachments**

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