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| CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL | Effective Date: 1/10/2017 | NUMBER: G-51.11 Page 1 of 3 |
| | Replaces: 8/26/2015 | |
| | Formulated: 01/06 | |
| | Reviewed: 07/2022 | |
| TREATMENT OF INMATES WITH INTERSEX CONDITIONS, or GENDER DYSPHORIA, FORMERLY KNOWN AS GENDER IDENTITY DISORDER | | |

PURPOSE: To provide guidelines in the management of inmates with intersex conditions and Gender Dysphoria (GD), formerly known as Gender Identity Disorder (GID).

POLICY: To ensure that inmates with complaints consistent with intersex conditions or Gender Dysphoria are evaluated by appropriate medical and mental health professionals and treatment is determined on a case-by-case basis as clinically indicated.

DEFINITIONS:

Gender Dysphoria (GD) – is defined as the clinically significant distress or impairment that is associated with the marked incongruence between one’s experienced or expressed gender and one’s assigned gender for a specified time (e.g., of at least 6 months duration). This terminology replaces GID. The diagnosis can be made with a concurrent disorder of sex development. [Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) p. 451-459]

Intersex – a person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as sex development disorders. [28 CFR § 115,5]

Transgender - a person whose gender identity (i.e. internal sense of feeling male or female) is different from the person’s assigned sex at birth. [28 CFR § 115,5]

PROCEDURES:

- I. Suspected anatomical intersex conditions
 - A. An inmate suspected of having or known to have an anatomical intersex condition will be referred immediately to the facility health department for a complete history, physical examination, and laboratory studies, as clinically indicated.
 - B. A concerted effort will be made to expeditiously obtain the inmate’s prior medical and mental health records from the free world providers who diagnosed and/or treated the inmate.
 - C. The inmate may decline all or part of the physical exam.
 - D. Facility health staff shall immediately notify the facility warden or designee of all inmates reporting or presenting with signs or symptoms of an intersex condition and enter the appropriate diagnosis into the electronic health records (EHR) system.

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- E. As additional information becomes available to facility medical and/or mental health staff regarding an inmate’s possible intersex condition throughout the inmate’s incarceration in the Texas Department of Criminal Justice at (TDCJ), applicable facility health staff will update the problem list in the EHR.
- II. At intake, an inmate with a reported history of (GD) prior to incarceration will receive thorough medical and mental health evaluations.
- A. The inmate will be continued on the same documented hormone regimen, if any, upon arrival into the TDCJ, unless medically contraindicated. Hormone therapy will be requested with indefinite refills through the non-formulary process to ensure that continuity of care is maintained during the initial evaluation process. Documentation of inmate education and written consent are required prior to submission of the non-formulary request, (Attachments A and B).
 - B. A concerted effort will be made to expeditiously obtain the inmate’s prior medical and mental health records from the free world providers who diagnosed and/or treated the inmate.
 - C. Medical evaluation will include a thorough history, complete physical examination, and baseline laboratory studies, as clinically indicated. The medical provider shall refer the patient to the designated Specialty Clinic consultant for further clinical evaluation and therapy as needed.
- III. When a new diagnosis of GD is under consideration or suspected:
- An inmate will be scheduled for medical evaluation to include a thorough history, complete physical examination, and baseline laboratory studies, as clinically indicated. The medical provider shall refer the patient to the designated Specialty Clinic consultant for further clinical evaluation and therapy as needed.
- IV. Only the designated GD Specialty Clinic consultant may make or confirm a diagnosis of GD for an inmate:
- A. If an inmate is diagnosed with GD and hormone therapy is initiated, the designated GD Specialty Clinic consultant will routinely monitor the inmate for adverse effects and adjust the dosage as needed.
 - B. If an inmate is diagnosed with GD, the provider may consider referral to unit mental health

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services if clinically indicated. . Follow-up mental health care will target any associated emotional or behavioral problems, and will emphasize supportive treatment modalities.

- V. Diagnosis codes have been established in the Pearl EHR for the following categories:
- A. RHGD - Reported history of GD (intake or others that self-identify later within their incarceration)
 - B. ROGD - Rule out or provisional diagnosis of Gender Dysphoria in Adolescents and Adults
 - C. F64.1 (ICD10) - Gender Identity Disorder in Adolescents or Adults (only to be used by the GD Specialty Consultant at UTMB)

References:

ACA Standard 4-4359 (Ref. New) Mandatory
ACA Standard 4-4368 (Ref. 3-4336) Mandatory

2008 NCCHC Standard P-G-02, Patients with Special Health Needs (essential)

US Department of Justice Federal Bureau of Prisons Program Statement and Memorandums on Gender Identity Disorder Evaluation and Treatment, June 15, 2010 and May 31, 2011

World Professional Association for Transgender Health website, www.wpath.org

National Commission on Correctional Health Care Position Statement on Transgender Health Care in Correctional Settings, October 2009

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Text Revision (DSM-IV-TR), American Psychiatric Association, 2000

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (DSM-5), American Psychiatric Association, 2013

Department of Justice, 28 CFR § 115, Prison Rape Elimination Act National Standards