


STATE OF ALASKA DEPARTMENT OF CORRECTIONS  POLICIES & PROCEDURES	SECTION: Health and Rehabilitation Services		PAGE: Page 1 of 6
	CHAPTER: 807	NUMBER: 807.23	P&P TYPE: Public
	TITLE: Treatment and Management of Gender Dysphoria		
	APPROVED BY: <i>J. Winkelman</i> Jennifer Winkelman, Acting Commissioner		DATE: 07/05/2022
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POLICY:

- I. It is the policy of the Alaska Department of Corrections (DOC) to establish uniform procedures for the identification, clinical management, and treatment of prisoners diagnosed with gender dysphoria.
- II. It is the policy of DOC to manage patients with gender dysphoria in a safe environment using professional standards consistent with the Division of Health and Rehabilitation (HARS) vision, mission, and core values.
- III. It is the policy of DOC to provide protections afforded to prisoners under the Prison Rape Elimination Act (PREA).
- IV. It is the policy of DOC to diagnose gender dysphoria according to the current Diagnostic and Statistical Manual of Mental Disorders.
- V. It is the policy of DOC to provide essential mental health, medical and psychiatric care to prisoners with gender dysphoria that decreases the symptoms associated with gender dysphoria that limit activities of daily living while incarcerated.
- VI. It is the policy of DOC to establish a multidisciplinary committee to oversee treatment planning for prisoners with gender dysphoria.

APPLICATION:

This policy and procedure applies to all Department employees and prisoners.

DEFINITIONS:

As used in this policy, the following definitions apply:

Biological Sex or Sex: Categories of male or female characterized genetically by sex chromosomes and

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biologically by genital formation, reproductive capacity, or secondary sex characteristics.

Cross-Sex Hormone Treatment:

The use of feminizing hormones in an individual assigned male at birth based on traditional biological indicators or the use of masculinizing hormones in an individual assigned female at birth.

Disorder of Sex Development:

A congenital condition in which development of chromosomal, gonadal, or anatomic sex is atypical. Disorders of sex development are medical conditions and have been referred to as intersex medical conditions, hermaphroditism, or pseudo-hermaphroditism.

Essential Health Care

Indispensable care to prevent the onset of illness or the deterioration in health status during the duration of incarceration.

Gender Dysphoria:

The distress that may accompany the incongruence between one’s experienced or expressed gender and one’s assigned gender.

Gender Dysphoria Management Committee (GDMC):

A multidisciplinary committee designated by the MAC on a case-by-case basis to include, at a minimum, the Chief Mental Health Officer or designee, the Chief Medical Officer or designee, the treating psychiatrist or psychiatric provider, a regional medical officer, a treating mental health clinician and a treating health care provider. The GDMC shall ensure the treatment plan for a patient addresses medical, mental health, personal adjustment, and housing needs.

Health Care Provider

A physician assistant, advanced practice registered nurse or physician who is responsible for the delivery of health care at a facility.

Medical Advisory Committee (MAC):

The MAC is a Health Care Administrator appointed panel comprised of health care personnel to include at a minimum, the Health Care Administrator, Chief Medical Officer, Chief Nursing Officer, Chief Mental Health Officer, Health Practitioner II(s), Medical Social Worker, Quality Assurance and Utilization Review Nurse and selected collaborating and consulting physicians, psychiatrists, or nurses. The MAC shall authorize all non-emergency hospitalizations and surgeries, some specialty referrals, complex cases, special studies or treatments; review Departmental decisions that deny a prisoner treatment recommended by a consulting physician; investigate and respond to prisoner health care grievance appeals (DOC P&P 808.03, Prisoner Grievances); respond to prisoner’s appeals to the use of involuntary medication; and review and approve health care policies and procedures, clinical guidelines, medical operating procedures and protocols.

Mental Health Clinician (MHC)

A person with professional training, experience and demonstrated competence in the treatment of mental illness, emotional and behavioral issues who is a physician, psychiatrist, psychologist, social worker,

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masters level clinician, psychiatric nurse practitioner or other qualified person as determined by Alaska statute.

Prison Rape Elimination Act (PREA):

Federal law established in 2003 to reduce the risk of sexual misconduct within the correctional setting.

Sex Offender:

A prisoner who has been convicted of a sex crime.

Surgical Intervention for Treatment of Gender Dysphoria:

A surgical procedure or procedures performed to modify primary or secondary sex characteristics. Also called sex reassignment therapy, gender affirming surgery, genital surgery, or sex realignment surgery.

Transgender:

Adjective used to describe a person within the broad spectrum of individuals who transiently or persistently identify with a gender different from their biological sex.

PROCEDURES:

I. Screening of Transgender Individuals

- A. All prisoners shall be screened in accordance with DOC P&P 807.14 (Health Examinations) and DOC P&P 808.19 (Sexual Abuse and Reporting).
- B. Individuals who self-identify as having gender dysphoria shall be referred to mental health for a gender dysphoria evaluation.

II. Identification and Assessment of Prisoners for Gender Dysphoria:

- A. Upon admission to a correctional facility, or at any time during a prisoner’s incarceration, a person who self-identifies as meeting the criteria for gender dysphoria or is referred secondary to possible gender dysphoria, shall be referred to a Mental Health Professional for evaluation and diagnosis.
- B. The lead Mental Health Professional shall meet with the prisoner and conduct an assessment. The MHC shall seek the patient’s authorization for access to his/her community medical and mental health records by using the Authorization for Release of Personal Health Care Information (ROI) (Form 807.06A).
- C. A health care provider shall evaluate the prisoner for medical conditions that may affect treatment for gender dysphoria such as congenital medical problems, disorders of sex development, cardiovascular disease risk, smoking history, hypercoagulable states, active liver disease, or disease secondary to substance abuse.
- D. The MHC shall review the case with the site treatment team. If a provisional diagnosis of gender dysphoria is made, a referral to the facility psychiatrist, or designee, for confirmation of the diagnosis shall be made.

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Mental health interventions shall be initiated as soon as the diagnosis of gender dysphoria is confirmed. If the MHC determines that the individual does not meet criteria for gender dysphoria, the clinician shall inform the psychiatrist and Chief Mental Health Officer. The facility psychiatrist and Chief Mental Health Officer shall determine whether any additional evaluation or review should be conducted.

- E. The final determination of whether a patient meets the clinical criteria for a diagnosis of gender dysphoria shall lie with the facility psychiatrist, or a designee.
- F. Any prisoner under this policy who refuses to be evaluated by the MHC, health care provider and/or psychiatrist, shall not be prescribed cross-sex hormone treatment due to the potential for poor clinical outcomes, medical risks and need for expert medical management of pharmacologic treatments.
- G. A prisoner convicted of a sexual crime or who is awaiting trial for a sexual offense, the prisoner shall be referred to an approved DOC sex offender treatment provider for assessment to ensure that the reported symptoms are not associated with a paraphilic disorder.

III. Gender Dysphoria Management Committee (GDMC):

- A. The GDMC shall be established by the Medical Advisory Committee.
- B. The committee shall be co-chaired by the Chief Mental Health Officer and the Chief Medical Officer. Committee members shall include the treating psychiatrist or psychiatric provider, the regional medical officer, a MHC, and a health care provider.
- C. The committee shall meet on a quarterly basis to review cases which have been referred for consideration. Interim meetings shall be conducted to make a determination regarding prisoners who are remanded while undergoing treatment for gender dysphoria in the community. Meetings of the GDMC shall not replace facility treatment team meetings.
- D. The committee shall review and approve treatment plans for each prisoner diagnosed as having gender dysphoria or incarcerated while receiving medical or surgical treatments to alter secondary sex characteristics.
- E. Facility treatment team meetings shall be scheduled periodically for reviewing the efficacy of an individual’s treatment plan. The facility treatment team shall include the treating psychiatric provider, mental health clinician(s) and facility medical provider. The regional medical officer may be included in facility treatment teams as needed.

IV. Gender Dysphoria Treatment Plans:

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- A. Following a confirmed gender dysphoria diagnosis, the GDMC shall review the case and develop an Individualized Treatment Plan (ITP). Development of the Individualized Treatment Plan shall consider prior treatment, suicide risk, and medical risk factors and establish clearly defined treatment goals.
 - B. Referral to a specialist with expertise in the provision of cognitive behavioral interventions for the treatment of gender dysphoria and secondary symptoms may be incorporated into an ITP.
 - C. Referral to a specialist with expertise in the management of cross-sex hormone treatment may be incorporated into an ITP when cognitive behavioral interventions have proven unsuccessful in aiding the prisoner in managing symptoms of gender dysphoria and the psychiatric benefit of hormone treatment outweighs medical risks.
 - D. Once the ITP is developed, two representatives from the GDMC (a mental health and a medical representative) shall meet with the patient to discuss the treatment plan and clarify expectations of treatment outcomes.
- V. Gender Dysphoria Treatment Modalities:
- A. Psychiatric and mental health services provided to prisoners with gender dysphoria shall focus on enabling prisoners to better adjust to institutional living and to improve their level of mental health functioning.
 - B. Cross-sex hormone treatment provided to prisoners with gender dysphoria shall be for therapeutic purposes that meet the criteria for essential health care.
 - C. Cosmetic or elective surgical procedures for the purpose of enhancement shall not be provided.
 - D. Prisoners who have initiated surgical interventions for the treatment of gender dysphoria prior to incarceration shall receive essential healthcare, including post-operative follow up care.
 - E. Surgical interventions for prisoners with gender dysphoria shall be for therapeutic purposes that meet the criteria for essential health care when symptoms of gender dysphoria have not responded to non-surgical interventions.
- VI. Continuation of Cross-Sex Hormone Treatment at Remand
- A. A prisoner receiving lawfully prescribed hormone therapy as part of an established treatment regimen under the direction of a licensed prescriber at the time of remand to a DOC institution shall be referred to a DOC health care provider.
 - B. If the medical provider determines the risk of discontinuing treatment outweighs the risk of continuing treatment, the patient expresses an understanding of the risks of treatment and an informed consent is

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signed by the patient, bridging therapy may be continued up to 30 days or until an ITP is developed by the GDMC.

- C. Prior to prescribing bridging cross-sex hormone treatment, the treating health care provider shall obtain the patient’s community medical and mental health records by using the Authorization for Release of Personal Health Care Information (ROI) (Form 807.06A).
- D. The treating health care provider shall notify the patient that after review by the GDMC the cross-sex hormone treatment may be continued, discontinued, or changed to an alternate regimen. This notification shall be documented in the health care record.
- E. If the patient is prescribed bridging cross-sex hormone treatment, the GDMC shall convene within 30 days of the prisoner’s remand in order to review the case and develop an ITP. The ITP shall consider prior treatment, suicidal risk, medical risk factors, and clearly defined treatment goals. Patients not receiving bridging hormones shall be referred to the subsequent quarterly GDMC meeting.

VII. Health and Hygiene

- A. Prisoners diagnosed with gender dysphoria shall receive essential medical, dental, and mental health care specific to biological sex, age, and co-morbid medical conditions in addition to preventive screening for added risk factors known to affect transgender persons such as the risk for suicide, sexually transmitted disease, cardiovascular disease, and substance abuse.
- B. Prisoners diagnosed with gender dysphoria shall be provided the opportunity to shower separately from other prisoners.
- C. Personal hygiene products shall be made available as appropriate to a prisoner’s biological sex.
- D. Cosmetic products, clothing and other non-health care related items shall not be provided by medical or mental health staff.

VIII. Security

- A. Health care staff shall not search or physically examine a transgender prisoner or prisoners with disorders of sex development for the sole purpose of determining the prisoner’s genital status. This does not preclude genital exams performed for evaluation of medical conditions specific to a person’s biological sex such as epididymitis, prostatitis, prostate cancer, ovarian cancer, dysfunctional uterine bleeding, etc.
- B. If an ITP presents a disruption of or conflict with the security, safety or operations of a facility, the DOC Chief Mental Health Officer, or designee, shall inform the facility Superintendent. The facility MHC, psychiatrist, physician, and health care provider shall work with security and administration staff to develop a resolution plan for such conflicts.

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