

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety
Prisons

SECTION: Care and Treatment of Patient

POLICY TX I-13

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SUBJECT: Evaluation and Management of Disorders of
Gender Dysphoria

EFFECTIVE DATE: May 2014
SUPERCEDES DATE: September 2013

References: Standards of the National Commission on Correctional Health Care on Transgender Health Care in Correctional Settings, adopted 18 October 2009; Virginia Department of Corrections Policy on Transgender Health Care, effective December 2011; Memorandum on Management of Gender Identity Disorder, N.E. Kendig, Assistant Director, Health Services Division, Federal Bureau of Prisons, issued 15 June 2010.

PURPOSE

To establish a professionally appropriate, evidence-based, and legally sound policy within prison facilities of the North Carolina Department of Public Safety, Division of Adult Correction and Juvenile Justice, regarding the manner in which evaluation and management will be undertaken of those inmates who allege symptoms, or present with signs and symptoms, suggestive of gender dysphoria.

POLICY

Correctional facilities have a responsibility to ensure the physical and mental wellbeing of those in custody. Individuals with gender dysphoria (GD) may face a number of psychological and health-related barriers to safe and successful integration into the correctional environment. While controversy remains in professional circles regarding the care of those who profess a transgender status, an inmate's assertion of problems with gender dysphoria is merely the first step in the process; evaluations may include thorough reviews of past records, psychological testing, clinical interviews, physical assessments, laboratory testing, and consultations, all leading to a determination of the optimal avenues by which to proceed.

DEFINITIONS

Transgender: a diverse group of individuals who identify their gender in ways that often do not correspond to their anatomic gender of birth.

PROCEDURES

- An inmate with a possible diagnosis of GD will receive appropriate physical and mental health evaluations from qualified medical and mental health practitioners.
- The inmate will sign an authorization for the release of information for all pertinent outside medical and mental health records, if any exist.
- Blood work will be drawn as warranted, and the inmate will be given a full physical examination by a clinician, with particular attention to description and documentation of external genitalia and secondary sexual characteristics.
- Evaluations will include an assessment of the inmate's pre- and post-incarceration histories, including but not limited to: 1) past or current hormone therapy; 2) surgical procedures; 3) life experiences consistent with the inmate's gender identity; and 4) mental health history.
- If GD is supported by the diagnostic criteria in the current *Diagnostic and Statistical Manual (DSM)*, a multi-disciplinary review panel will be convened. This panel is to include, at minimum, representatives

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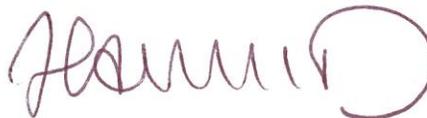
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from DACJJ psychiatry and psychology, social work, primary care medicine, nursing, and administration/custody. The panel will then interview the inmate and review all available records and collateral information.

- It will be necessary for the inmate to be housed at a prison facility at which a DACJJ psychiatrist attends on-site (as opposed to one conducting telepsychiatry clinics) in order to facilitate the convening of the multi-disciplinary review panel as noted above.
- The review panel will develop recommendations regarding ongoing issues that may impair the ability of the inmate to successfully adapt to the correctional environment. These recommendations will address such issues as the allowance or prohibition of items designed for masculinizing or feminizing effect, the provision for additional educational resources, the possible need for hormone therapy or other treatment interventions, referral to mental health and primary care services, and any management recommendations, including but not limited to housing and privacy accommodations while in the correctional environment.
- Each set of recommendations will be reviewed and approved by the Director of Health Services and the Director of Mental Health Services. If referred to mental health, subsequent treatment plans will be reviewed regularly by the assigned clinicians and revised as necessary.
- In deciding whether to assign a transgender inmate to a facility for male or female offenders, and in making other housing and programming assignments, it will be considered on a case-by-case basis whether a placement would insure the inmate's health and safety, and whether the placement would present management or security problems.
- If, immediately prior to incarceration, hormone therapy was prescribed in the community by a licensed provider as part of a professionally accepted protocol toward gender reassignment, consultation with endocrinology may be requested by the review panel; until endocrinologists have completed their evaluation in such cases, and unless clinically contraindicated, the hormone therapy will be continued once approved through the prison utilization review process.
- Should disagreement between the members of the review panel exist, the Regional Director will decide upon the recommendations. The Director of Prisons will then render the final decision in consultation with the Director of Health Services and Director of Mental Health Services of the Division of Adult Correction and Juvenile Justice.



5/15/14

John S. Carbone, MD, JD, FCLM
Director of Mental Health Services

Date