

<b>POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER</b> 11-E-14	<b>PAGE NUMBER</b> 1 of 9 plus attachments
	<b>RELATED ACA STANDARDS:</b> NCCHC: E-02 Receiving Screening (Essential) ACA: 4-4399, 4-4475, 4-4305, 4-4404, 4-4350 Special Needs and PREA: 115.15, 115.41, 115.42, 115.86.	
<b>CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES</b>	<b>SUBJECT:</b> Treatment of Transgender Persons	
<b>EFFECTIVE DATE: 9/9/2013</b>	<b>REVISED: 4/30/2016; 10/4/2016</b>	
<b>APPROVED FOR PUBLIC RELEASE</b>		

I. AUTHORITY:

11 Delaware Code § 1304

II. PURPOSE:

The purpose of this policy is to provide guidance for housing, medical and behavioral health treatment for transgender offenders in custody by the Delaware Department of Correction (DDOC). DDOC recognizes the intent of the Delaware Code in avoiding any discriminatory actions against persons identifying with a gender other than the one assigned at birth. In light of the Delaware legislative intent and that of the Federal Prison Rape Elimination Act of 2003 (PREA) this policy outlines specific procedures to determine the optimum housing situation to protect the offender, the overall DOC offender population and security staff in the DDOC facilities.

III. APPLICABILITY:

All DDOC employees and vendor staff, offenders, and all outside healthcare providers.

IV. DEFINITIONS:

See Glossary

V. SUMMARY OF CHANGES:

- A. Revises the policy wording from Mental Health to Behavioral Health.
- B. Removes the diagnosis of Gender Identity Disorder in accordance with changes in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).
- C. Clarifies the followup individualized treatment plans for those diagnosed with Gender Dysphoria and adds reference to the World Professional Association for Transgender

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Health (WPATH) as a guideline.

- D. Directs that the Medical Staff shall address a transgender person using their preferred gender pronouns, i.e. Mr., Ms., he, she, etc.

VI. POLICY:

- A. The DDOC shall respect the gender identity of a transgender offender housed in all DDOC facilities and under correctional supervision in the community. It is also the policy of DDOC to maximize the protection offered to offenders under the PREA statutes.
- B. The DDOC shall provide each offender with an individualized assessment of their physical and emotional characteristics, their medical care needs and behavioral health needs. The individualized assessment may assist with housing assignments to provide the safest environment for the offender, the DDOC offender population and the security staff.
- C. When an offender self-identifies a gender other than one that was assigned at birth and the offender's genital status is unknown, the status shall be determined during the Intake Screening process, by reviewing available medical records or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner during the initial medical examination or sick call appointment.
- D. Transgender individuals shall be addressed using their preferred pronouns, i.e. Mr., Ms., he, she, etc.
- E. This policy does not include those offenders with a medical diagnosis of ambiguous gender (a rare genetic abnormality at birth in which the genitalia cannot be readily differentiated). These offenders shall be designated according to how they have been identified during their lifetime or how they self-identify for gender.
- F. The Medical Contract Provider shall develop within 30 days of the effective date of this policy, a site-specific procedure for each Level 4 and Level 5 facility implementing this policy and coordinating the procedure with BCHS to provide these individualized

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assessments and notification procedures to provide that information to the facility Warden in a timely manner and within 24 hours of the Urgent Behavioral Health and Medical evaluations.

**VII. PROCEDURES:**

**A. General Instruction**

1. Medical Staff shall address a transgender person using their preferred gender pronouns, i.e. Mr., Ms., he, she, etc. whenever interacting with or referring to the transgender offender.

**B. Receiving and Booking**

1. The Intake Screening Process performed by a Registered Nurse in Receiving and Booking shall be completed in its entirety as usual, including the "bridge orders" for medications, e.g. prescribed gender hormones as determined through the verification process with the outside pharmacies.
2. The offender who self-identifies as a transgender person (Question #33 of the Intake Screening Questionnaire) shall have an Urgent Behavioral Health evaluation within twenty-four (24) hours of the Intake Screening consistent with all offenders considered as a high-risk for suicide or victimization.
3. The offender who self-identifies as a transgender person (Question #33 of the Intake Screening Questionnaire) shall also have an Urgent Medical appointment within twenty-four (24) hours of the Intake Screening for the individualized assessment by an Advanced Practice Nurse/Physician Assistant/Physician. During this initial appointment the determination of the genital status shall be accomplished in accordance with section DDOC Policy 11-E-14 Section VI. (B) above to determine the presence or absence of physical characteristics that would place the offender at a greater potential for victimization through rape, "bullying" or as a potential PREA sexual predator.
4. Attachment A, Transgender Evaluation Recommendation Form shall be used to

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document the individualized assessment by the Behavioral Health and Medical providers and convey this information to the security Shift Commander, facility Warden, appropriate Chiefs of the Bureau of Prisons or Community Correction and Chief, Correctional Healthcare Services.

C. Urgent Behavioral Health evaluation

1. The purpose of the Urgent Behavioral Health evaluation is to assess the offender's suicide risk, the risk of becoming a victim of rape or "bullying", the offender's presenting emotional status, and the identification of the offender's statements about his/her gender as different from that assigned at birth. The Qualified Mental Health Professional shall document all statements and information, including the offender's actual statements that they identify their gender as different from that assigned at birth. For purposes of this determination the Diagnostic and Statistical Manual (DSM) diagnosis of Gender Dysphoria shall not be used in the recommendation as this determination requires a more comprehensive evaluation, unless the diagnosis has been made previously by an outside consultant.
2. This evaluation will include an assessment of the offender's treatment and life experiences prior to incarceration as well as experiences during incarceration (including hormone therapy, completed or in-progress surgical interventions, real life experiences consistent with an offender's gender identity, private expressions that conform to the preferred gender and counseling). If the diagnosis of Gender Dysphoria is considered, the offender will be referred for a Comprehensive Behavioral Health Evaluation by a licensed psychologist for confirmation.
3. At this evaluation a behavioral health or substance abuse diagnosis may be secondarily determined but this is not the primary purpose of this evaluation and a follow-up evaluation shall most likely be needed to diagnose any concomitant conditions. The offender shall be registered in the Behavioral Health roster for ongoing counseling as needed.

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D. Urgent Medical evaluation

1. The purpose of the Urgent Medical evaluation is to determine the presence or absence of physical characteristics that would draw attention to the transgender person in either the women's or men's facility.
  2. Discussions concerning registering the offender in the Chronic Care Clinic or prescribing continuing hormone treatments should occur at this time to avoid the potential of any adverse effects of abruptly discontinuing the hormone treatments.
- E. Upon completion of Attachment A, Transgender Evaluation Recommendation Form, the recommendations of the Behavioral Health and Medical providers shall be forwarded to the Shift Commander, Warden, Chiefs of the Bureau of Prisons, Community Correction and Correctional Healthcare Services and the facility PREA manager to determine whether the offender could be safely housed in the current, male or female facility, or whether discussion with a Warden of another facility is indicated.
- F. Enrollment into the Behavioral Health Roster and Chronic Care Clinic
1. If during the Urgent Behavioral Health assessment or the Comprehensive Behavioral Health Evaluation a DSM-5/ICD-10 diagnosis is made the offender will be enrolled into the Behavioral Health Roster and into the Medical Chronic Care Clinic to develop an individualized treatment plan.
  2. If a diagnosis of Gender Dysphoria is made, a proposed individualized treatment plan shall be developed which promotes the physical and behavioral stability of the offender. The development of the treatment plan is not solely dependent upon services provided or the offender's life experiences prior to incarceration. The treatment plan may include services that were, or were not provided prior to incarceration, including but not limited to: those real life experiences consistent with the prison environment, hormone therapy, and counseling. Treatment plans shall be reviewed regularly and updated as necessary.
  3. Current, accepted standards of care shall be referenced for developing the treatment

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plan. All appropriate treatment options prescribed for inmates with Gender Dysphoria will be considered by the appropriate medical and behavioral health staff.

4. An Initial Physical Examination shall be scheduled within the first seven (7) days of incarceration, and shall be scheduled at the time of the Intake Screening. It is at this appointment that the ongoing medical needs of the offender are identified and addressed.

5. If the offender has had hormone therapy prescribed by a physician prior to incarceration, the vendor medical provider shall contact that prescriber and verify the hormone therapy with drug and dosage, any adverse effects the prescriber was aware of prior to the offender's incarceration and their acknowledgement that continuation of the hormone therapy is indicated. Because of the common adverse reactions experienced with hormone therapy, it may be necessary to obtain a consultation with an outside Endocrinologist. If there are questions or significant adverse effects from the hormone therapy/depletion, an Endocrinology Consultation shall be obtained.

a. If the hormonal treatments cannot be verified or were not prescribed by a medical provider the medical provider shall request an Endocrinology consultation and use their judgment in prescribing continuing hormonal therapy until the consultation can be obtained.

6. Medical conditions that can be exacerbated by hormone treatment shall be evaluated, addressed and Informed Consent obtained in writing prior to initiation or continuation of hormone treatment.

7. If initiating hormone therapy is under consideration while incarcerated, an Endocrinology consultation shall be obtained prior to initiating hormone treatment.

8. Regular clinical and laboratory monitoring shall be performed upon the discretion of the hormone prescriber. Transgender hormone levels shall be maintained in the normal physiologic range for the desired gender taking into consideration age and

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associated medical conditions, for those on hormone treatment.

9. If significant adverse effects develop from hormone therapy/depletion, and the vendor prescriber and offender disagree concerning stopping therapy, documentation of an Informed Consent must be obtained from the offender acknowledging that the hormone treatment is not the usual treatment outside of the transgender situation, that adverse effects may be caused by the hormone treatment and that the offender desires and assumes responsibility for any future complications stemming from continuing the hormone treatment; and an Endocrinology consultation shall be obtained.
  10. Treatment for erectile dysfunction shall not be continued while incarcerated and any decision to reinstate treatment for erectile dysfunction shall be made by the offender's personal prescriber upon release. Some treatments for erectile dysfunction are also prescribed for prostatic hypertrophy. In this situation an alternative treatment for the prostate problem shall be substituted until the offender's release.
  11. Testing for sexually transmitted diseases is offered confidentially to all offenders in a private, opt-out situation.
  12. Gynecological care is available to all transgender and female offenders through the Medical Services contract.
  13. Gender re-assignment surgery, electrolysis and voice training decisions are based on the individualized treatment plan and considered on a case-by-case basis as a component of the individualized treatment plan.
- F. Clothing for Male-to-Female Transgender Offender who are Housed at Male Institutions
1. There is a potential of housing a male-to-female offender at a male institution following the individualized assessment. As part of the medical classification process, transgender offender's status shall be documented in the electronic health

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record (iCHRT) of DACS. If necessary and based upon the individualized assessment, male-to-female transgender offenders shall be provided brassieres and women's underwear (panties), if necessary as part of their standard clothing issue as is provided for the female offender population.

**G. Clothing for Female-to-Male Transgender Offender who are Housed at Female Institutions**

1. There is a potential of housing a female-to-male offender at a female institution following the individualized assessment. As part of the medical classification process, transgender offender's status shall be documented in the electronic health record (iCHRT) of DACS. Assuming the female-to-male transgender offender is no longer menstruating because surgical reassignment or male hormone administration shall be provided boxers if necessary as part of their standard clothing issue as is provided for male offender population. If there is potential that they will menstruate they shall continue to be provided the clothing and sanitary supplies as needed.

**H. New Self-identifications of Transgender**

1. If an inmate self-identifies as transgender while incarcerated, an urgent Behavioral Health and Urgent Sick Call appointment shall be scheduled to annotate Attachment A, Transgender Evaluation Recommendation Form to make a recommendation to Security staff in accordance with section VI.B. above.

**I. The WPATH Standard of Care Guidelines**

1. WPATH Standards of Care may/should be used as clinical guidelines for the treatment of transsexual, transgender and gender-nonconforming offenders with such considerations as may be necessary or appropriate in light of safety and/or security concerns.

**J. Training**

1. Correctional Staff shall receive 2.5 hours of initial training on Healthcare in the Delaware Department of Correction which includes topics on the treatment of

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transgender offenders during Correction Employee Initial Training (CEIT) and Basic Officer Training Course (BOTC).

2. The Medical and Behavioral Health Vendors shall develop orientation and annual refresher training plans for their employees concerning treatment of the transgender offender and coordinate the Lesson Plans with BCHS.

**Approval:**

Marc D. Richman, Ph.D. Bureau Chief,	Date	Robert Coupe Commissioner	Date
	5/25/16		10/04/16

Attachment A Transgender Evaluation Recommendation Form

Offender Name \_\_\_\_\_ SBI \_\_\_\_\_  
Delaware Department of Correction Facility \_\_\_\_\_  
Date \_\_\_\_\_ Birth Assigned Gender \_\_\_\_\_ Self-Identified Gender \_\_\_\_\_

**Behavioral Health Evaluation**

Is there evidence of a strong and persistent cross-gender identification, which is the desire to be, or the insistence that one is, of the other gender? This cross-gender identification must not merely be a desire for any perceived cultural advantages of being the other gender.

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Is there evidence of persistent discomfort about one's assigned gender or a sense of inappropriateness in the gender role of that gender?

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In the opinion of the behavioral health provider, are there any characteristics, mannerisms, gestures, verbal cues that possibly would identify this offender as transgender and at risk for sexual exploitation?

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A suicide-risk assessment and victimization assessment shall be documented on separate forms.

**Medical Evaluation** (Physical examination must be performed with a chaperone)

Does the offender verbalize their identification as different from their birth-assigned gender?

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Does the offender provide a history of taking gender altering hormones or having undergone gender re-assignment surgery and provide the name of the treating prescribers?

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Are there tattoos or body markings suggesting gender identification other than the birth-assigned gender such as partner names tattoos?

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Offender Name \_\_\_\_\_ SBI \_\_\_\_\_

Is the breast tissue consistent with the age of the birth-assigned gender, e.g. female breast size in a young birth-assigned male, or breast size and consistency of an elderly birth-assigned male versus atrophied breast tissue in a young birth-assigned female? Are there any surgical scars in the breast areas?

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Is there a normally shaped penis and scrotum with testicular tissue present in a birth-assigned male or is there evidence of surgical alternation of the male genitalia? Is there usual vaginal area or a surgical constructed vaginal opening?

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In the opinion of the medical provider, are there any characteristics, mannerisms, gestures, verbal cues that possibly would identify this offender as transgender and at risk for sexual exploitation?

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Is there any suggestion of an adverse reaction to gender altering hormone treatments such as ascites, edema, hirsutism, breast or testicular atrophy?

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**Recommendation to the Warden and Security Shift Commander**

Based upon the Behavioral Health and Medical assessments, we recommend this offender be housed in a \_\_\_\_\_ male facility or a \_\_\_\_\_ female facility.

\_\_\_\_\_  
Signature

\_\_\_\_\_

\_\_\_\_\_  
Behavioral Health Provider name

\_\_\_\_\_  
Medical Provider name