

MICHIGAN DEPARTMENT OF CORRECTIONS POLICY DIRECTIVE		EFFECTIVE DATE 10/13/2015	NUMBER 04.06.184
SUBJECT GENDER IDENTITY DISORDER (GID)/GENDER DYSPHORIA		SUPERSEDES 04.06.184 (03/20/2015)	
		AUTHORITY MCL 791.203, Diagnostic and Statistical Manual, IV and 5th Edition	
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POLICY STATEMENT:

Prisoners with Gender Identity Disorder/Gender Dysphoria shall be managed as set forth in this policy.

RELATED POLICIES:

03.03.140 Prohibited Sexual Conduct Involving Prisoners

POLICY:

DEFINITIONS

- A. GENDER IDENTITY DISORDER/GENDER DYSPHORIA: A conflict between a person’s physical gender and the gender s/he identifies with. Gender Dysphoria is not the same as homosexuality. A person whose appearance or manner does not conform to traditional societal gender expectations (not a clinical definition. DSM IV refers to Gender Identity Disorder while DSM 5 refers to Gender Dysphoria.)

- B. INTERSEX: A general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that does not seem to fit the typical definitions of male or female. For example, a person may be born appearing to be female on the outside, but having mostly male-typical anatomy on the inside, or may be born with genitals that seem to be in-between the usual male and female types. Intersex medical conditions are sometimes referred to as disorders of sex development.

- C. PRISONER HEALTH RECORD: Documentation in electronic form, paper form, or any other medium that pertains to the prisoner’s health.

GENERAL INFORMATION

- D. When making housing and programming assignments, facility staff shall consider on a case-by-case basis whether a placement would compromise the prisoner’s health and safety and any management or security concerns.

- E. Staff shall not physically examine a prisoner for the sole purpose of determining the prisoner’s genital status. If unknown, it may be determined during conversations with the prisoner, by reviewing medical records or, if necessary, as part of a broader medical examination conducted by medical staff in accordance with this policy.

- F. To be diagnosed with a Gender Identity Disorder/Gender Dysphoria, there must be evidence of a strong and persistent cross-gender identification (i.e., the desire to be, or the insistence that one is, of the other sex) and evidence of persistent discomfort about one’s assigned sex or a sense of inappropriateness in the gender role of that sex. While imprisonment provides special difficulties in the diagnosis and management of persons with Gender Identity Disorder/Gender Dysphoria, the condition represents serious medical needs which may not be ignored. The best foundation for appropriate management and for avoiding inappropriate interventions is a prompt and thorough initial medical and mental health evaluation, followed by implementation of an individual management plan by both custody and health care staff.

EVALUATION

- G. If a prisoner is believed to be, or self-reports that s/he is, Gender Dysphoric the medical provider shall

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ensure that the prisoner receives a complete medical history and physical examination, including a detailed genital or pelvic examination by a physician, physician's assistant, or nurse practitioner and a comprehensive evaluation by a psychiatrist or a fully licensed clinical psychologist. Specific historical details, including any hormonal or surgical sex reassignment or cosmetic surgical procedures, shall be included. Documents supporting any claims of prior diagnosis, treatment, and cross-gender living and working shall always be sought. The evaluations and the historical documentation shall be filed in the prisoner health record.

INDIVIDUAL MANAGEMENT PLAN AND PLACEMENT

- H. If the medical/mental health evaluations support a diagnosis of Gender Identity Disorder/Gender Dysphoria, the medical provider shall formulate an individual management plan. An Individual Management Plan for Gender Dysphoria (CHJ-339) form shall be used for this purpose. The medical provider shall give consideration to all of the following in development of the plan:
1. Placement and housing (generally single-occupancy cell);
 2. Access to toilet and shower facilities with relative privacy;
 3. Clothing (e.g., brassieres for a male prisoner with breast development or augmentation);
 4. Characteristics of the prisoner, including size and tendency toward violence or predatory behavior, which are relevant to placement;
 5. Need for visits to a mental health provider for supportive psychotherapy. The visits initially shall be at least every three months but may be decreased to at least twice a year at the discretion of a psychiatrist or fully licensed clinical psychologist.
- I. The individual management plan and the medical/mental health evaluations shall be submitted to the appropriate Regional Medical Officer. If the Regional Medical Officer concurs with the plan, s/he shall forward the individual management plan to the Chief Medical Officer (CMO) for final approval. The CMO shall consult with the Deputy Director of Correctional Facilities Administration (CFA) regarding the plan and, if approved, appropriate placement of the prisoner. A copy of the Individual Management Plan for Gender Identity Disorder/Gender Dysphoria form shall be provided to the appropriate Resident Unit Manager and included in the prisoner's Counselor and Record Office files and in the prisoner health record.
- J. The prisoner shall be assessed by an appropriate medical provider at least twice a year to determine if any changes are needed to the approved individual management plan. Any recommended changes to the plan shall be specifically identified on the Individual Management Plan for Gender Dysphoria form. The form shall be submitted for approval, and distributed, consistent with the requirements set forth in Paragraph I.

HORMONAL TREATMENT

- K. Hormonal treatment of a prisoner with a Gender Identity Disorder/Gender Dysphoria may be undertaken only if approved by the CMO and only if one or more of the following apply:
1. The prisoner was, immediately prior to incarceration, scheduled for sex reassignment surgery at a recognized hospital or university affiliated Gender Identity Disorder/Gender Dysphoria clinic (as documented by receipt of definitive records) and was receiving hormonal treatment under that clinic's or hospital's supervision;
 2. The prisoner has been surgically castrated (confirmed anatomically or, in biological females, by receipt of definitive records);
 3. The prisoner had a valid prescription prior to incarceration for hormonal treatment;
 4. Other circumstances as approved by the CMO.

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- L. Prior to beginning hormonal treatment, the prisoner shall be advised of the potential side effects and dangers of the treatment. The treatment shall begin only after the prisoner provides written informed consent to receive the treatment. Only hormones approved by the CMO shall be used in the treatment.

SURGICAL SEX REASSIGNMENT

- M. Surgical procedures for initiation, advancement, or maintenance of sex reassignment shall not be performed except in extraordinary circumstances as determined by the CMO, and the Director.

PROCEDURES

- N. Procedures are not required for this policy directive.

AUDIT ELEMENTS

- O. A Primary Audit Elements List has been developed and is available on the Department's Document Access System to assist with self-audit of this policy pursuant to PD 01.05.100 "Self Audit of Policies and Procedures."

APPROVED: HEW 09/08/2015