

MICHIGAN DEPARTMENT OF CORRECTIONS POLICY DIRECTIVE	EFFECTIVE DATE 12/20/10	NUMBER 04.06.184
	SUBJECT GENDER IDENTITY DISORDERS IN PRISONERS	
SUPERSEDES 04.06.184 (04/19/93)		AUTHORITY MCL 791.203 ACA STANDARDS 4-4305, 4-4350
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POLICY STATEMENT:

Prisoners with gender identity disorders shall be managed as set forth in this policy.

POLICY:

- A. To be diagnosed with a gender identity disorder, 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 disorders, 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

- B. If a prisoner is suspected of having a gender identity disorder the medical provider shall ensure that the prisoner receives a complete medical history and physical examination, including a detailed genital or pelvic examination by a physician 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

- C. If the medical/mental health evaluations support a diagnosis of gender identity disorder, the medical provider shall formulate an individual management plan; an Individual Management Plan for Gender Identity Disorder (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 annually at the discretion of a psychiatrist or fully licensed clinical psychologist.
- D. 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 for final approval. The Chief

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Medical Officer 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 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.

- E. The prisoner shall be seen by an appropriate medical provider at least annually for the medical provider 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 Identity Disorder form. The form shall be submitted for approval, and distributed, consistent with the requirements set forth in Paragraph D.

HORMONAL TREATMENT

- F. Hormonal treatment of a prisoner with a gender identity disorder may be undertaken only if approved by the Chief Medical Officer 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 university affiliated gender identity disorder clinic (as documented by receipt of definitive records) and was receiving hormonal treatment under that clinic'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 Chief Medical Officer.
- G. Prior to beginning hormonal treatment of the prisoner, 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 Chief Medical Officer shall be used in the treatment.

SURGICAL SEX REASSIGNMENT

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

PROCEDURES

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

AUDIT ELEMENTS

- J. 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: PLC 11/30/10