



**MARK S. INCH  
SECRETARY**

**PROCEDURE NUMBER: 403.012**

**PROCEDURE TITLE: IDENTIFICATION AND MANAGEMENT OF INMATES  
DIAGNOSED WITH GENDER DYSPHORIA**

**RESPONSIBLE AUTHORITY: OFFICE OF HEALTH SERVICES**

**EFFECTIVE DATE: NOVEMBER 13, 2019**

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**SUPERSEDES: NONE**

**RELEVANT DC FORMS: DC4-643A, DC4-643E, DC4-643F, DC4-643G, DC4-711L,  
DC4-711M, AND DC6-1009**

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**ACA/CAC STANDARDS: 4-4281-5 AND 4-4371**

**STATE/FEDERAL STATUTES: 28 C.F.R §115.5-501; 42 U.S.C. §15601-15609**

**FLORIDA ADMINISTRATIVE CODE: CHAPTER 33-603.101**

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**PURPOSE:** To provide guidelines for a medical appraisal, mental health screening, evaluation and treatment of inmates meeting criteria for a diagnosis of Gender Dysphoria.

**DEFINITIONS:**

- (1) **Clinical Group Therapy**, where used herein, refers to a cognitive behavioral or psychodynamic process by which a group of individuals is led by a Psychologist or Behavioral Health Specialist to guide interpersonal and intrapersonal growth through an examination of the patients' thoughts, feelings, experiences, and skills.
- (2) **Gender Dysphoria**, where used herein, previously known as Gender Identify Disorder, refers to discomfort or distress experienced by an individual because of a perceived discrepancy between the individual's gender identity and the inmate's gender assigned at birth.
- (3) **Gender Dysphoria Review Team (GDRT)**, where used herein, refers to a team composed of the Chief of Medical Services, Chief of Mental Health Services, Chief of Security Operations, Chief of Classification Management, and the Prison Rape Elimination Act (PREA) Coordinator. The team members may designate or send a representative when circumstances exist, which, prevents their attendance.
- (4) **Gender-Affirming Hormonal Therapy**, where used herein, refers to prescribed medication to facilitate biological change(s) during transitioning
- (5) **Individual Psychotherapy**, where used herein, refers to a collaborative treatment based on the therapeutic relationship between the patient and Mental Health Clinician, including, but not limited to, cognitive behavioral, dialectical behavioral, psychodynamic, and interpersonal modalities.
- (6) **Intersex**, where used herein, refers to a person whose sexual/reproductive anatomy or chromosomal pattern does not seem to fit the typical biological definition of male or female.
- (7) **Multidisciplinary Services Team (MDST)**, where used herein, refers to staff representing different professions and disciplines, which has the responsibility for ensuring access to necessary assessment, treatment, continuity of care and services to inmates in accordance with their identified mental health needs, and which collaboratively develops, implements, reviews, and revises an individualized service plan, as needed.
- (8) **Psychoeducational Group Intervention**, where used herein, refers to a didactic form of group therapeutic services designed to teach patients about their disorder and help them learn how to manage the related symptoms, behaviors and consequences. This may include workbook and/or homework activity.
- (9) **Transgender**, where used herein, refers to a general term used for inmate whose gender identity does not conform to the typical expectations associated with the gender they were assigned at birth. A male-to-female transgender inmate refers to a biological male who identifies as, or desires to be, a member of the female gender; a female-to-male transgender inmate refers to a biological female who identifies as, or desires to be, a member of the male gender. A transgender

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inmate may or may not qualify for a diagnosis of Gender Dysphoria depending on her/his level of distress or impairment.

- (10) **Transitioning**, where used herein, refers to the process during which transgender inmates may change their physical, social, and legal characteristics to the gender with which they identify. Transition may also be regarded as an ongoing process of physical change and psychological adaptation.
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**GENERAL GUIDELINES:**

**These standards and responsibilities apply to both Department staff and Comprehensive Health Care Contractor (CHCC) staff.**

(1) **GENDER DYSPHORIA REVIEW TEAM ROLE AND RESPONSIBILITY:**

- (a) The GDRT has the authority and responsibility to review recommendations for the treatment and management of inmates diagnosed with Gender Dysphoria to ensure individualization in the decision-making process.
- (b) The GDRT will convene at least quarterly to address issues in the treatment and management of inmates diagnosed with Gender Dysphoria. The GDRT may request any information it determines necessary to assist in its decision-making process.
- (c) The GDRT may consult with the warden and any other staff at the facility where an inmate diagnosed with Gender Dysphoria resides when making decisions regarding their management and plans of care.
- (d) The GDRT may access an outside consultant to evaluate known or potential Gender Dysphoria inmates and provide recommendations for treatment and transitioning. Recommendations from an outside consultant may be considered, but are not binding on the GDRT.
- (e) Specific facilities will be identified by the Department to provide ongoing treatment and accommodations for Gender Dysphoria.

**SPECIFIC PROCEDURES:**

(1) **SCREENING AND IDENTIFICATION:**

- (a) Mental health staff is responsible for the diagnosis of Gender Dysphoria. All initial diagnoses of Gender Dysphoria will be provisional until a comprehensive assessment can be completed by a psychologist credentialed to diagnose and treat Gender Dysphoria and the results are reviewed by the GDRT. The provisional diagnosis must be a consensus of the MDST or, if not available, a clinician credentialed to diagnose and treat Gender Dysphoria.

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- (b) The MDST or, if not available, a clinician credentialed to diagnose and treat Gender Dysphoria will enter the provisional diagnosis into the Offender Based Information System (OBIS) within three business days and will notify the Regional Mental Health Director by e-mail of the provisional diagnosis, while initiating the transfer process as outlined in “Mental Health Transfers,” Procedure 404.003.
- (c) Within three business days of receipt of the request for the Gender Dysphoria evaluation, the Central Office Mental Health Transfer Coordinator will review and log the request into an excel spreadsheet for tracking purposes. The request will be forwarded by e-mail to Population Management and Reception/Youthful Offender Services, which will notify the Central Office Mental Health Transfer Coordinator of its approval for transfer.
- (d) The inmate, along with the current medical and mental health record, will be transferred to an institution designated by the GDRT for completion of the “Psychological Evaluation for Gender Dysphoria,” DC4-643E.

**(2) ASSESSMENT OF GENDER DYSPHORIA:**

- (a) Upon the inmate’s arrival at an institution designated by the GDRT, the Psychological Services Director will place a mental health hold on the inmate pending completion of the evaluation and further disposition by the GDRT.
- (b) An appointment for the inmate will be scheduled by the evaluating psychologist, who must be credentialed in the diagnosis and treatment of Gender Dysphoria. The psychologist will:
  - 1. explain the limits of confidentiality and the potential consequences of a Gender Dysphoria diagnosis;
  - 2. explain the potential treatment and permissible accommodations; and
  - 3. obtain a new “Consent to Mental Health Evaluation or Treatment,” DC4-663.
- (c) The DC4-643E will be completed within 90 calendar days of an inmate’s arrival to the designated site.
- (d) Upon Completion, form DC4-643E will be sent to the CHCC Regional Mental Health Director for review. Within seven business days, the CHCC Regional Mental Health Director will forward the completed evaluation to the GDRT for review and final disposition.

**(3) TREATMENT FOR GENDER DYSPHORIA:**

- (a) Inmates diagnosed with gender dysphoria shall have access to necessary mental health treatment at each of the designated Gender Dysphoria facilities. Treatment will include, but not be limited to, clinical group therapy once weekly, psychoeducational group interventions twice weekly, and individual psychotherapy at least every 30 days.
- (b) Inmates with a provisional diagnosis of Gender Dysphoria who refuse the evaluation for Gender Dysphoria will be assigned to a facility designated by the GDRT and will be offered treatment that will include, but not be limited to, individual psychotherapy at least weekly.

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- (c) While receiving any treatments for Gender Dysphoria inmates must remain at a mental health designation of S-2 or higher.
- (d) Treatment interventions will focus on the ambivalence and/or dysphoria regarding gender identity, social transitioning, assisting with adjustment to incarceration, and community re-entry. Gender-affirming hormonal medication will be prescribed as clinically indicated.

**(4) GENDER AFFIRMING HORMONAL THERAPY:**

- (a) All gender-affirming hormonal therapy will be provided on a single dosage basis.
- (b) An inmate who is receiving hormonal medication at the time of intake will be continued on hormonal medications provided the following conditions are met:
  - 1. the hormones represent an established treatment that has been prescribed under the supervision of a qualified clinician;
  - 2. the inmate cooperates with health care staff in obtaining written records or other necessary confirmation of her/his previous treatment; and
  - 3. health care staff determine the hormones are medically necessary and not contraindicated for any reason.
- (c) An inmate who is not receiving hormonal medication at the time of intake may be started on hormonal medications while incarcerated provided the following conditions are met:
  - 1. the inmate cooperates with health care staff in efforts to obtain written records or other necessary confirmation of previous treatment, if present; and
  - 2. the GDRT determines that the hormones are medically necessary and not contraindicated for any reason.
- (d) Gender-affirming hormonal therapy shall not be implemented unless the appropriate consent form, either “Transgender Hormone Therapy – Testosterone Informed Consent,” DC4-711M, or “Transgender Hormone Therapy – Estrogen and Antiandrogens Informed Consent,” DC4-711L, is signed by the inmate, the psychologist, and the medical practitioner. The medical practitioner and psychologist shall allow the inmate to read the appropriate consent form, as well as discuss the content of the form with the inmate to ensure that she/he understands this content thoroughly. A signed copy of the informed consent shall be given to the inmate. The original shall be placed in the health record on the left side under the sub-divider entitled Consents/Refusals.
- (e) Gender-affirming hormonal treatment shall be managed by a CHCC Physician and/or outside consultant. Any Transgender or Gender Dysphoric inmates on hormone therapy will be placed in the Miscellaneous – Chronic Illness Clinic (HSB 15.03.05 Appendix 3) for treatment and monitoring by the institutional CHO/Medical Director
- (f) The CHO/Medical Director shall write and submit a consult for a follow-up appointment as requested by the consultant, but no longer than 180 days from the last consult until the hormonal levels are within normal range for a transgendered individual.

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- (g) If an inmate chooses to discontinue hormonal medications while incarcerated and then wishes to restart hormonal medications, the GDRT shall evaluate the request and consider the medical necessity of the treatment option.

**(5) ACCOMMODATIONS FOR INMATES WITH A DIAGNOSIS OF GENDER DYSPHORIA:**

- (a) To assist in transitioning, facilities designated by the Department will:
  - 1. provide alternate canteen and quarterly order menus in addition to the menus available to other inmates at the facility;
  - 2. allow inmates to wear make-up inside the housing unit. Make-up will be removed prior to departing the housing unit;
  - 3. allow inmates to grow and style their hair in accordance with the female hair standards as stated in Rule 33-602.101, F.A.C.; and
  - 4. issue opposite gender inmate uniform and under garments. Inmates will be issued the approved type, but may purchase other types of under garments independently from either the alternate canteen or quarterly menu. These items can be worn outside of the housing unit.
- (b) The name of the inmate as it appears on the on the indictment page of the commitment package shall be used, unless there is a subsequent court order for a name change. If so, a new indictment page of the commitment package must be issued or the court order must specifically state “change all records.”
- (c) Inmates may use preferred titles of Ms., Miss, Mrs., or Mr. in correspondence; however, the name at the time of commitment and DC number must be used.
- (d) Facilities shall encourage staff to use gender-neutral forms of address (e.g., Inmate Smith or Smith) for gender dysphoria inmates who request it.
- (e) All other requested accommodations must be presented to the GDRT for review and final determination.

**(6) GENDER DYSPHORIA REVIEW TEAM DISPOSITIONS:**

- (a) Following review of the completed DC4-643E, the GDRT will document its disposition on the “Gender Dysphoria Review Team Dispositions,” DC4-643F and the “Accommodation(s) Pass,” DC4-643G. Property and apparel shall be consistent with the inmate’s DC4-643F as approved by the GDRT. These forms will be routed and filed as follows:
  - 1. the Mental Health Quality Assurance Manager in Central Office will e-mail the completed DC4-643F and DC4-643G to the CHCC State Mental Health Director, CHCC Regional Mental Health Director, Psychological Services Director, and the Health Services Administrator (HSA);
  - 2. the original forms will be mailed to the HSA at the institution who will be responsible for reviewing with treating mental health and medical staff;

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3. the HSA will ensure these forms are filed in the Mental Health Evaluation Reports section of the health record next to the DC4-643E; and
  4. a copy of the DC4-643G will be provided to the inmate by the Health Services Administrator at the institution. A replacement DC4-643G will be provided to an inmate upon request due to loss or excessive damage. Inmates found to have altered their DC4-643G may be subject to discipline in accordance with Rules 33-601.301-.314, F.A.C.
- (b) The PREA coordinator will notify the Warden at the facility currently housing the inmate through e-mail advising her/him of the final disposition(s). The notice will include the DC4-643F and the “Transgender/Intersex Housing Determination,” DC6-1009. The Warden will be responsible for notifying the appropriate staff/departments within the facility regarding any applicable dispositions for accommodations or actions to be taken.
- (c) For inmates requiring transfer subsequent to the completion of the DC4-643F, an automated e-mail notification will be generated to the sending and receiving facilities to notify the Warden(s) of the upcoming transfer. The sending facility will be responsible for ensuring all applicable forms/dispositions are included in the inmate’s records. The receiving facility will be responsible for ensuring any accommodations/dispositions are met upon the inmate’s arrival.
- (d) For those inmates receiving a formal diagnosis of Gender Dysphoria, further facility and housing assignments shall be made on a case by case basis with inmates being placed at one of the designated treatment facilities for Gender Dysphoria. The health and safety of the inmate, as well as all treatment, management, and security concerns will be examined. The inmate’s own views regarding safety shall be given careful consideration.
- (e) Issues relating to an inmate’s Gender Dysphoria diagnosis that emerge after completion of the DC4-643F will be addressed through the institutional MDST. At institutions where there is no available MDST, issues will be addressed by a mental health clinician credentialed to provide a Gender Dysphoria evaluation. If it is determined additional review by the GDRT is required, the MDST or the credentialed mental health clinician may refer the issue(s) to the GDRT for further consideration.
- (6) **RELEASE PLANNING**: Pre-release continuity of care planning for necessary medical and mental health treatment and services shall be provided in accordance with “Pre-release Planning for Continuity of Health Care,” HSB 15.03.29; and “Mental Health Re-Entry Aftercare Planning Services,” HSB 15.05.21, respectively.



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Chief of Staff