

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.85</u>
SUBJECT: <b>STANDARDS FOR TREATMENT OF GENDER DYSPHORIA</b>  PROPONENT: <u>Helen Hanks, Administrative Director</u> <i>Name/Title</i> <u>Medical/Forensic Services 271-3707</u> <i>Office Phone #</i>	EFFECTIVE DATE <u>5/15/2014</u> REVIEW DATE <u>5/15/2015</u> SUPERSEDES PPD# <u>NEW</u> DATED <u>N/A</u>
ISSUING OFFICER:  <hr/> <i>William Wrenn, Commissioner</i>	DIRECTOR'S INITIALS: _____ DATE: _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

I. PURPOSE:

It is the purpose of this policy to set a standard of care for the treatment of Gender Dysphoria (GD) as clinically defined in the diagnostic criteria established by the American Psychiatric Association (APA) most recent diagnostic and statistical manual (DSM) and to define the extent and general limits of the healthcare services that will be provided to this population.

II. APPLICABILITY:

To all healthcare personnel providing services to inmates and patients under the custody of the NH Department of Corrections.

III. POLICY:

It is the policy of the NH Department of Corrections (NHDOC) to provide medically appropriate treatment services, determined on a case by case basis, to inmates and patients identified as meeting the criteria for a diagnosis of GD.

IV. PROCEDURE:

A. Gender Dysphoria Treatment Overview Committee: This committee will be established and maintained by the Division of Medical & Forensic Services.

- a. Committee Membership: The GD Treatment Overview Committee will be comprised of the Department's Chief Medical Officer, both psychiatric and medical; the Division Director or designee; the Administrator of Behavioral Health services; and the Director of Nursing. In addition, when possible consultants specializing in the treatment and identification of GD shall be retained. The committee will convene on a quarterly basis if a case(s) have been identified and referred by behavioral health staff for review.
- b. Function: The diagnosis of GD will be based on the most currently published DSM from the APA and must be made by a mental health professional who is qualified and experienced in diagnosing and treating GD. An outside consultant should be retained for this purpose, if necessary, when NHDOC identifies an inmate whose diagnosis might include GD. The committee will complete a review of each inmate/patient considered

and approve a treatment plan for each inmate/patient so diagnosed. The treatment plan will be based on a review of any previous treatment and documented diagnosis, length of time with diagnosis prior to incarceration and attempts to obtain sexual reassignment, the person/s current treatment potential, and the effects of change in treatment. This treatment plan will be documented and will address medical, behavioral health, and personal adjustment needs and will incorporate the accepted relevant medical standards including the World Professional Association for Transgender Health (“WPATH”) Standards of Care (7th Version).

**B. Treatment for Gender Dysphoria**

- a. Behavioral health services will provide medical evaluation services and access to health care through an individualized treatment plan in accordance with the applicable standards of care for treating GD within a reasonable time after diagnosis. Treatment options will not be precluded solely due to the level of medical services and treatments received, or lack of such services and treatments, prior to incarceration. The inmate’s medical treatment plan must also ensure that prison personnel do not disrupt or interfere with the approved treatment plan. The GD Management and Treatment Committee must approve the treatment prior to any implementation.
- b. Hormonal replacement treatment and other medically necessary treatment to treat GD will be provided when medically necessary, after approval by the GD Treatment Overview Committee. In general, diagnosed transgender patients who received hormone therapy prior to incarceration should have that therapy continued without interruption pending evaluation by the GD Treatment Overview Committee, absent urgent medical reasons to the contrary. Reasonable accommodations will also be considered on a case-by-case basis to allow the inmate to live consistent with his or her gender identity in accordance with the applicable medical standards of care for treating GD.

**C. Housing and Facility Transfer**

- a. In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the NHDOC shall consider on a case-by-case basis whether a placement would ensure the inmate’s health and safety, and whether the placement would present management or security problems and document such reasoning in writing.
- b. All housing determinations shall be made in accordance with the Prison Rape Elimination Act (“PREA”) and its implementing regulations.

**D. Responsibility**

- a. It is the responsibility of the Chief Psychiatric Medical Officer and the Division Director to enforce and maintain this policy.
- b. It is the responsibility of the Chief Psychiatric Medical Officer and the Division Director to ensure that all the behavioral health staff is trained and knowledgeable about this standard of care.
- c. It is the responsibility of all contract and full-time equivalent behavioral health NHDOC employees to use this policy as a guide to practice and this standard of care.

**REFERENCES:**

Standards for the Administration of Correctional Agencies  
Second Edition Standards

Standards for Adult Correctional Institutions  
Fourth Edition Standards

Standards for Adult Community Residential Services  
Fourth Edition Standards

Standards for Adult Probation and Parole Field Services  
Third Edition Standards

World Professional Association for Transgender Health  
Seventh Version Standards of Care

Other

HANKS/clr