

Idaho Department of Correction 	Standard Operating Procedure Operations Division Operational Services	Control Number: 401.06.03.501	Version: 3.2	Page Number: 1 of 9
		Title: Gender Identity Disorder: Healthcare for Offenders with		Adopted: 10-31-2002 Reviewed: 12-21-2011 Next Review: 12-21-2013

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BOARD OF CORRECTION IDAPA RULE NUMBER 401

[Medical Care](#)

POLICY CONTROL NUMBER 401

[Clinical Services and Treatment](#)

DEFINITIONS

[Standardized Terms and Definitions List](#)

Administrative Review Committee (ARC)—GID: A committee comprised of the chief of the Operations Division; a deputy chief of the Prisons Bureau; the director of the Education, Treatment, and Reentry Bureau; and a deputy attorney general who is assigned to the Idaho Department of Correction (IDOC) and will act as legal advisor. The committee reviews recommendations of the Management and Treatment Committee (MTC). The ARC may, in its discretion retain a consultant versed in the treatment, management, and placement of persons with gender identity disorder (GID). The ARC makes recommendations regarding the classification, management and security of persons with GID. Recommendations of the ARC, together with the recommendations of the MTC, shall be submitted to the director of the IDOC for final consideration.

Chief Psychologist: The Idaho Department of Correction (IDOC) employee who is primarily responsible for overseeing or managing the IDOC's mental health services.

Consultant—GID: A medical or mental health professional, qualified by virtue of their training and experience to make non-binding recommendations regarding the diagnosis and treatment of offenders with gender identity disorder (GID). Any consultant involved with the diagnosis of GID must be a qualified GID evaluator.

Cross-sex Hormonal Therapy: Medical treatment in which an anatomically male person is prescribed feminizing medications or an anatomically female person is prescribed masculinizing medications for the purpose of generating either or both psychological or physical changes determined to be medically necessary.

Diagnostic and Statistical Manual of Mental Disorders (DSM): The standard manual of psychiatric diagnoses, as published and amended by the American Psychiatric Association from time to time.

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Facility: A building or residence (including the property and land where the building or residence is located) owned, leased, operated, or managed by the Idaho Board of Correction or Idaho Department of Correction (IDOC).

Facility Head: The person primarily responsible for overseeing, managing, or operating an Idaho Department of Correction (IDOC) facility.

Gender Identity Disorder (GID): A psychiatric disorder that includes gender identity disorder (GID) and gender dysphoria, as defined in the most current *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. A person with this condition is dissatisfied and sometimes seriously dysphoric with his or her own biological sex and desires to be considered and treated as a member of the opposite sex. In general, this condition is a stable nonviolent condition and not due to psychosis but it may accompany other mental disorders.

Health Authority: The Idaho Department of Correction (IDOC) employee who is primarily responsible for overseeing or managing the IDOC's medical services. (The health authority is commonly referred to as the health services director.)

Hormonal Replacement Treatment: A medical treatment in which male or female hormones are prescribed to a patient as a result of his/her inability to produce an adequate amount of these hormones internally. Persons who have undergone sexual reassignment surgery may require this therapy to treat medically significant side effects.

Level of Care (LOC): A system utilized by the Idaho Department of Correction (IDOC) in which offenders with mental health issues are assigned a LOC based upon the severity of their mental illness and degree of treatment needs.

Management and Placement Plan: A written plan devised by the Management and Treatment Committee (MTC) implementing the treatment plan, by addressing mental health services, facility placement, and other needed support services for individuals diagnosed with gender identity disorder (GID). The Management and Placement Plan is forwarded to the Administrative Review Committee (ARC) for their review and approval.

Management and Treatment Committee (MTC): A committee composed of the health authority, chief psychologist, psychiatrist, psychologist, medical director, and facility head. Other mental health, medical, human services, and security staff may be requested to attend in a recommendational capacity by the health authority.

Medical Director: A physician either employed by the Idaho Department of Correction (IDOC) or contracted through privatized services (i.e., the physician in charge if medical services are privatized).

Offender: A person under the legal care, custody, supervision, or authority of the Idaho Board of Correction, including a person within or out of the state of Idaho pursuant to an agreement with another state or contractor.

Primary Physical Sexual Characteristics: Genitalia and reproductive organs.

Psychiatrist: A psychiatrist, who meets the definition of a qualified gender identity disorder (GID) evaluator, employed by the Idaho Department of Correction (IDOC) or a private contractor and charged by their employer with oversight of delivery of psychiatric services to offenders.

Psychologist: A psychologist, who meets the definition of a qualified gender identity disorder (GID) evaluator, employed by the Idaho Department of Correction (IDOC) or a

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private contractor and charged by their employer with oversight of delivery of psychological services to offenders.

Qualified Gender Identity Disorder (GID) Evaluator: A Doctor of Philosophy (PhD) level practitioner licensed by an appropriate state licensing authority as a psychologist, or a physician licensed by a state Board of Medicine, who has demonstrated an indicia of basic competence related to the diagnosis and treatment of GID and related mental or emotional disorders through their licensure, training, continuing education, and clinical experience.

Reception/Diagnostic Unit (RDU): Initial housing for newly committed offenders (except those under sentence of death) where orientation, screening, assessment, and classification occur.

Sexual Reassignment Surgery: The surgical alteration of a person's physical appearance so that the person appears more like the opposite gender.

Sexual Reassignment Treatment: Treatment for a person diagnosed with gender identity disorder (GID) in which hormonal medications, surgical procedures, or both are utilized to alter a person's physical appearance so that the person appears more like the opposite gender. While these surgical procedures are available within the community, sexual reassignment surgery will not be considered for individuals incarcerated within the Idaho Department of Correction (IDOC), unless determined medically necessary by the GID evaluators.

Treatment Plan: A series of written statements specifying a patient's particular course of therapy and the roles of qualified healthcare professionals in carrying it out.

PURPOSE

The purpose of this standard operating procedure (SOP) is to establish guidelines for the diagnosis, treatment, management, and placement of offenders diagnosed with gender identity disorder (GID) to ensure offender safety and access to appropriate and necessary medical and mental health treatment. This SOP defines the extent and general limits of healthcare services provided to offenders identified as meeting the criteria for diagnosis of GID as outlined within the most current *Diagnostic and Statistical Manual of Mental Disorders (DSM)*.

SCOPE

This SOP applies to all Idaho Department of Correction (IDOC) offenders who request or are evaluated for and/or diagnosed with GID; Education, Treatment, and Reentry Bureau administrators, employees, contract medical providers and subcontractors; and limited IDOC staff such as facility heads, security staff, deputy attorneys general (DAG) who represents the IDOC, and the director of the IDOC.

RESPONSIBILITY

The director of the Education, Treatment, and Reentry Bureau **and** deputy chief of the Prisons Bureau shall be jointly responsible for the implementation of this SOP and for designating appropriate personnel to develop and implement procedures in conjunction with this SOP.

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GENERAL REQUIREMENTS

1. Initial Reporting

Information about all services available within the correctional system, including those to meet the needs of offenders with GID, will be made available to offenders while in the Reception/Diagnostic Unit (RDU). Upon the offender’s request, information about all services will be available throughout the offender’s incarceration. Until an offender who is suspected of having GID completes the RDU process, security staff and other relevant staff shall review whether to escort and transport the offender separately to avoid the risk of physical or sexual assault by other offenders in transit.

Offenders may be evaluated for GID at any point during their incarceration. When the offender has a prior diagnosis or is suspected of having GID or accompanying/supporting information (i.e., collateral information) is received pertaining to the suspicions of GID, any of the following may request an initial or subsequent evaluation for GID:

- **Offender** – Requests (in writing) health assistance in accordance with SOP [401.06.03.037](#), *Non-emergency Healthcare Requests and Services* or SOP [401.06.03.087](#), *Healthcare for Offenders Housed in Non-Idaho Department of Correction Facilities*.

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- **Healthcare staff** – Prepares a referral in accordance with SOP [401.06.03.037](#) or [401.06.03.087](#) and forwards to the chief psychologist.

Subsequent Evaluations

Also see [section 11](#).

2. Referral and Placement of the Offender for Evaluation Purposes

The chief psychologist will take the necessary action to transfer an offender who is scheduled to be evaluated for GID to the appropriate facility for evaluation as follows:

- **Male offenders**—will be housed within the Secure Mental Health Unit (located within the Idaho Maximum Security Institution [IMSI]). Offenders who are believed to pose a security risk may be placed in more secure housing following consultation with the IMSI warden's office.
- **Female offenders**—will be housed at the Pocatello Women's Correctional Center (PWCC) following consultation with the warden of PWCC.

Note: The chief psychologist must be a doctoral level psychologist licensed in the state of Idaho and employed by the IDOC. The chief psychologist reports directly to the director of the Education, Treatment, and Reentry Bureau, should be a qualified GID evaluator, and shall be responsible for overseeing the delivery of all IDOC mental health services provided by state of Idaho and/or contract providers. If the chief psychologist is not a qualified GID evaluator, he must engage and rely upon a consultant who must be a qualified GID evaluator.

When determining appropriate placement, the chief psychologist will consider factors such as the offender's diagnostic needs, prior institutional adjustment, and safety and/or security concerns. Upon reviewing these and other relevant factors, the chief psychologist may exercise the option to place the offender in a facility other than those listed above in this section. In consultation with the warden, unless there are overriding security and/or safety concerns for the offender, the chief psychologist will place the offender (who either requests a GID evaluation **or** is diagnosed with GID) in a correctional facility consistent with the offender's primary physical sexual characteristics.

The transfer will occur as soon as practicable, subject to variables such as bed and transportation availability, and security considerations. The evaluation process will commence within 30 days from the date a written request, **or** referral from medical staff for evaluation, is received by the chief psychologist.

3. Evaluation of the Offender

Once the offender has been moved to the appropriate housing unit, the offender will be evaluated by the psychologist and/or psychiatrist. The chief psychologist, at his discretion, may require that a consultant perform this initial evaluation.

Note: Any consultant involved with the diagnosis of GID must be a qualified GID evaluator.

This evaluation shall include a comprehensive history, mental status evaluation, and clinical interview. Documentation of any claim by the offender of prior GID diagnosis, treatment, or transgender lifestyle shall be obtained as part of the evaluation process. An offender's

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refusal to provide written authorization to access medical records relating to prior diagnosis or treatment of GID may be considered a factor for a non-GID finding by the evaluators.

The diagnosis of GID shall be based on the most current *Diagnostic and Statistical Manual of Mental Disorders*. If the evaluators believe it is necessary, they may contract a medical or mental health consultant to assist in the evaluation process. Any diagnoses by the evaluators should include consideration of the consultant's report.

Throughout the evaluation process, the chief psychologist shall monitor the progress of the evaluation to ensure the GID evaluation is completed as soon as practicable. Absent extenuating circumstances, the GID evaluation—including the chief psychologist's review and report (see [section 5](#))—will be completed within 60 days from the date the evaluation process commences as described in [section 2](#).

4. Evaluator Findings, Diagnosis, and Reporting

The psychologist (and/or psychiatrist) or consultant conducting the evaluation shall prepare independent written reports detailing their findings, diagnosis, and recommended treatment options. These independent written reports shall include dates of contact, instrumentation utilized, collateral data obtained, and the consultant's report, if applicable. The reports shall also include a multiaxial diagnosis **and** a summary of the information and impressions that support the diagnosis and recommended treatment options. These written reports shall be forwarded to the chief psychologist for consideration.

In cases where an offender was receiving (prior to incarceration) feminizing **or** masculinizing hormones from a licensed medical professional as treatment for GID, the prior treatment will be continued and incorporated into the offender's individualized treatment plan, unless hormone therapy is—for medical reasons—subsequently contraindicated.

5. Chief Psychologist's Review of Findings

Upon receipt of the evaluators' reports, the chief psychologist shall review the findings. If the chief psychologist agrees with the findings, he shall issue a report stating his agreement and basis for his decision and finalize the portion of the treatment plan involving GID. The chief psychologist may, in his discretion, request an additional evaluation by a consultant who will provide an independent diagnosis and report. The chief psychologist shall—based upon his review of all available information, including the reports of the evaluators and any consultant—issue a report resolving any differences of opinions concerning diagnosis and/or treatment, including his own findings. In all cases in which an evaluation is performed, the chief psychologist will determine an appropriate level of care (LOC) based on the resulting multiaxial diagnosis. All reports generated by the evaluators, consultants, or the chief psychologist will be placed in the offender's medical file.

Note: The LOC system utilized by the IDOC requires that each offender with a major 'axis I' and/or 'axis II' diagnosis for a disorder, which includes behaviors that may prove a significant risk, be assigned to one (1) of three (3) LOCs. The resulting LOC establishes defined parameters including, but not limited to, the required time frame for treatment plan reviews. These time frames can vary based upon the needs of the individual offender, but will occur no less than one time per year.

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Findings

Supported: If a diagnosis of GID is supported by the evaluation process. The chief psychologist will then convene the full Management and Treatment Committee (MTC) within 15 working days after the diagnosis has been finalized. (See [section 6](#).)

Not supported: In incidences in which the diagnosis of GID is not supported by the evaluation process, the chief psychologist may, in his sole discretion,

- Request an additional evaluation by a consultant who will provide an independent diagnosis, **or**
- Issue a report detailing that finding and refer the offender to the Prisons Bureau for housing in a suitable facility based on the offender's security and treatment needs.

Note: The IDOC has a comprehensive, uniform, and objective offender classification system that is used to place offenders in facilities that offer the appropriate security and programs. See SOP [303.02.01.001](#), *Classification: Offender*.

Re-evaluation of Findings Initially Not Supported

See [section 11](#).

6. Management and Treatment Committee (MTC) Meeting

When convened, the MTC shall develop and recommend a plan for the management and placement of the offender. Copies of all reports authored by the psychologist, psychiatrist, or consultant(s)—as well as the chief psychologist's report—will be provided to the MTC.

The MTC (in coordination with team case management) shall develop and recommend an individualized *Management and Placement Plan* for each offender diagnosed with GID, which implements the treatment plan approved by the chief psychologist.

The medical director may also initiate cross-sex hormonal therapy when such therapy has been prescribed as part of the treatment plan. When initiated by the medical director, the cross-sex hormonal therapy may commence prior to and independent of the Administrative Review Committee's (ARC) review. The chief psychologist may initiate mental health services prescribed as part of the treatment plan prior to and independent of the ARC review.

Management and placement recommendations for offenders with GID will take into account both treatment **and** security needs, with a goal of least restrictive placement. As provided in [section 2](#), facility placement will be based upon the offender's primary physical sexual characteristics.

The MTC shall forward its recommendation for management and placement to all ARC members within 15 working days of the MTC meeting.

7. Administrative Review Committee (ARC) Meeting

Convening Responsibility

As soon as possible after receiving the MTC's report and recommendation, the deputy chief of the Prisons Bureau shall convene a meeting of the ARC.

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Review of Management and Placement Plan

The ARC shall review the *Management and Placement Plan* recommended by the MTC and, at its discretion, consult with members of the MTC in an effort to address concerns and/or questions related to the proposed plan.

Upon approval of the MTC's proposed *Management and Placement Plan*, the ARC shall submit its recommendation for management to the director of the IDOC within 15 working days of meeting.

8. Final Approval of the Management and Placement Plan

The director of the IDOC shall review the ARC's recommendation, and in his sole discretion:

- Take into consideration existing security concerns within the facility **and** available space in the facility identified in the *Management and Placement Plan*; **and either**
- Send the recommendation back to the ARC **or** the MTC for additional findings or information, **or**
- Retain consultants to address any concerns or questions with the recommendation.

After completing all of the above and as soon as practicable, the director of the IDOC may accept (in writing) the ARC's recommendation. If the director of the IDOC accepts the ARC's recommendation, the ARC will approve implementation of the *Management and Placement Plan*, and implementation shall begin within four (4) months of approval.

9. Implementation of the Management and Placement Plan

Offenders diagnosed with GID shall be:

- Managed pursuant to the *Management and Placement Plan* approved by the director of the IDOC, and
- Treated in accordance with their treatment plan (see [section 6](#)).

Offenders requesting evaluation for (or diagnosed with) GID will not be placed in administrative segregation based solely upon their request or diagnosis. During their evaluation for GID, offenders will be transferred to housing in accordance with [section 2](#). Once a diagnosis is complete, offenders may be returned to a correctional facility consistent with their security classification.

Hormone replacement treatment **and** cross-sex hormonal therapy shall be provided as needed but only when medically indicated and consistent with the offender's treatment plan. An offender who was receiving hormonal medications (related to cross-sex hormonal therapy) at the time of incarceration will continue on such hormonal medications, unless current medical providers determine there is a medically compelling reason to discontinue treatment. An offender who is initially diagnosed with GID while incarcerated at the IDOC will be eligible to receive hormonal medications as provided herein. The offender shall be required to provide their informed consent (see SOP [401.06.03.070](#), *Informed Consent*) to ensure the offender understands and accepts the risks associated with any prescribed treatment for GID.

10. Moral and Ethical Treatment of Offenders Diagnosed with GID

Offenders diagnosed with GID:

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- Shall be addressed by their last name (e.g., offender Smith),
- Will not be harassed because of their condition, and
- Will be treated by staff in a manner consistent with policy [201](#), *Respectful Workplace*. (I.e., Staff members must maintain a respectful and professional demeanor, and refrain from harassing offenders due to their gender/sex, etc.)

Offenders diagnosed with GID shall be provided access to the full range of services and programs available within the IDOC to the same extent as other offenders including, but not limited to, mental health services tailored to the offender's individual needs. Referral to such services or programs will be dependent on factors such as admission criteria (generally applied), availability within the facility or housing unit, and security considerations.

Strip searches of offenders diagnosed with GID will be conducted in a manner that is consistent with SOP [317.02.01.001](#), *Searches: Cell/living Unit, and Offender*.

11. Subsequent Reviews and Evaluations for GID

The evaluation process includes the assignment of a LOC (see [section 5](#)) in all cases in which an offender is assessed to have a major mental illness and dictates the minimum frequency in which the offender's resulting treatment plan must be reviewed.

In the event that additional observations **or** information concerning the offender's purported GID becomes available, a subsequent evaluation (i.e., a re-evaluation) may be requested as described in [section 1](#).

The decision to allow a re-evaluation shall be within the discretion of the chief psychologist based upon his review of all available information. If a re-evaluation is denied, the basis for the denial must be documented in the offender's healthcare record.

REFERENCES

Idaho Department of Correction Manual, [Correctional Mental Health Service System](#)

IDAPA 06.01.01, *Rules of the Board of Correction*, Section [302.05](#), Medical, Dental, Psychological and Psychiatric Care

IDAPA 06.01.01, *Rules of the Board of Correction*, Section [401](#), Medical Care

Policy [201](#), *Respectful Workplace*

Standard Operating Procedure [303.02.01.001](#), *Classification: Offender*

Standard Operating Procedure [317.02.01.001](#), *Searches: Cell/living Unit, and Offender*

Standard Operating Procedure [401.06.03.037](#), *Non-emergency Healthcare Requests and Services*

Standard Operating Procedure [401.06.03.070](#), *Informed Consent*

Standard Operating Procedure [401.06.03.087](#), *Healthcare for Offenders Housed in Non-Idaho Department of Correction Facilities*