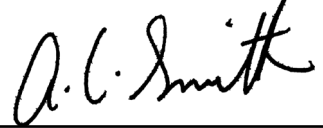




Department of
Rehabilitation & Correction

SUBJECT: Gender Identification and Treatment	PAGE <u> 1 </u> OF <u> 7 </u> . NUMBER: 69-OCH-07
RULE/CODE REFERENCE: ORC 5120.01	SUPERSEDES: NEW 69-OCH-05 (VI.B-D) dated 06/19/2017
RELATED ACA STANDARDS:	EFFECTIVE DATE: August 15, 2021
	APPROVED: 

I. AUTHORITY

Ohio Revised Code 5120.01 authorizes the Director of the Department of Rehabilitation and Correction, as the executive head of the department, to direct the total operations and management of the department by establishing procedures as set forth in this policy.

II. PURPOSE

The purpose of this policy is to establish guidelines for the identification, treatment, support, and monitoring of incarcerated individuals identified with gender identification and treatment needs.

III. APPLICABILITY

This policy applies to all persons employed by or under contract with the Ohio Department of Rehabilitation and Correction (ODRC), and specifically to Behavioral Health staff, Medical staff and all incarcerated individuals receiving services in ODRC institutions.

IV. DEFINITIONS

The definitions for the below listed terms can be found at the top of the ODRC policies page on the ODRC Intranet at the following:

[Definitions Link](#)

- **Electronic Health Record (EHR)**
- **Independently Licensed Mental Health Professional (ILMHP)**
- **Mental Health Administrator/Mental Health Manager (MHA/MHM)**
- **Mental Health Liaison (MHL)**
- **Mental Health Professional (MHP)**
- **Multidisciplinary Treatment Team (MTT)**

V. POLICY

It is the policy of the Ohio Department of Rehabilitation and Correction (ODRC) that all incarcerated individuals receive a mental health screening upon arrival at reception to identify those with gender related concerns. Incarcerated individuals who express gender related concerns at any time while with ODRC shall receive appropriate level of services from Behavioral Health and Medical staff, including consideration for medical and non-medical interventions, as described below.

VI. PROCEDURES**A. Identification and Triage Process**

1. After arrival at Reception Centers, incarcerated individuals will be asked about gender related concerns on the EHR Detailed Mental Health Screen. Based on the results of the screening, the mental health professional (MHP) shall order the following:
 - a. A full electronic Mental Health Evaluation (DRC5269) to be completed at the Reception Center; or
 - i. A referral for an incarcerated individual to be seen by an independently licensed mental health professional (ILMHP) at the institution to which the incarcerated individual is assigned within fourteen (14) days of arrival at that institution.
2. If other significant mental health concerns exist, refer to ODRC Policy 67-MHN-02, Mental Health Screening and Mental Health Classification, and follow the mental health evaluation process outlined.
3. Any institutional employee can make a referral to the Behavioral Health department for services at any time.
 - a. If an incarcerated individual requests mental health services regarding gender identification and treatment needs and it is not an emergency, staff shall encourage the incarcerated individual to contact Behavioral Health to access care or utilize walk-in hours.

B. Mental Health Evaluation

The ILMHP shall complete the electronic Mental Health Evaluation (DRC5269) using the procedures outlined in ODRC Policy 67-MNH-02, Mental Health Screening and Mental Health Classification. The evaluation shall include a comprehensive assessment of gender identification and treatment needs.

C. Classification Form for Gender Identification and Treatment Needs Level of Service

1. Behavioral Health staff shall select the appropriate level of service on the EHR Mental Health Caseload Classification following the guidelines listed below:

- a. Level 5: The incarcerated individual has been approved by the State Medical and Psychiatry Director for ongoing hormone treatment.
 - b. Level 4: The incarcerated individual indicates upon screening and/or referral that they had been receiving ongoing medical treatment (i.e., hormones and/or surgery) in the community prior to their incarceration.
 - c. Level 3: The incarcerated individual indicates upon screening and/or referral that they would like to access mental health services to address gender related concerns but do not meet criteria for a referral for medical interventions.
 - d. Level 2: The incarcerated individual indicates upon screening and/or referral that they would like to access mental health services to address gender related concerns, but they are not currently requesting medical interventions (i.e., hormones).
 - e. Level 1: An incarcerated individual who has a positive finding on the Gender Identity Screen and who is neither interested nor assessed to need further mental health services. This incarcerated individual shall be assigned a mental health liaison (MHL) and monitored annually by Behavioral Health.
2. Behavioral Health staff shall determine an incarcerated individual to be Level 1 if the following criteria are met:
- a. The incarcerated individual has selected a preferred gender pronoun that is the opposite of the gender of the majority of incarcerated individuals at their assigned institution; and/or
 - b. The incarcerated individual has received a Mental Health Evaluation (DRC5269) and is not interested in, nor assessed to need, further mental health services.
 - c. Level 1 incarcerated individuals will not be placed on the mental health caseload or be classified as having a mental illness based on their gender identification. An EHR Mental Health Classification (DRC5268) shall be completed for Level 1 incarcerated individuals. Level 1 incarcerated individuals who do not have a DSM5 diagnosis or an intellectual or developmental disability will be classified as an N on the Mental Health Caseload Classification (DRC5268). They shall be assigned an MHL and have annual contact with Behavioral Health.
3. If the Behavioral Health staff determines that the incarcerated individual should be deemed a Level 2, 3, 4 or 5, a full electronic Mental Health Evaluation (DRC5269) and a Mental Health Caseload Classification (DRC5268) shall be completed.
4. Level of service determinations may change as clinically indicated. If a Mental Health Evaluation (DRC5269) that addressed gender identity related concerns was already completed and the only change is the level of service, the EHR Mental Health Caseload Classification may be completed as a stand-alone document.

5. Positive findings on the Gender Identity Screen that are made in error will not result in the selection of service level. These findings shall be documented in the incarcerated individual's EHR.

D. Provision of Hormone Treatment for Existing Diagnosis of Gender Dysphoria

1. An incarcerated individual at reception who is received with a valid medical prescription for hormones for gender dysphoria shall be evaluated by a medical advanced level provider (Medical-ALP).
2. If there are no medical contraindications for hormone treatment, an initial prescription for hormone treatment at reception shall be written in accordance with ODRC Policy 52-RCP-06, Reception Intake Medical Screening, pending confirmation of diagnosis and prescription through the incarcerated individual's community medical records.
 - a. At the expiration of fourteen (14) days, a non-formulary request shall be completed to continue medications.
 - b. Hormone treatment shall not be discontinued unless it is determined to be in the best interest of the incarcerated individual through a case conference attended by the institution's chief medical officer (CMO)/Medical ALP, health care administrator (HCA), highest ranking mental health advanced level provider (MH-ALP) and the mental health manager (MHM).
3. For an incarcerated individual who self-reports receiving hormone treatment in the community but does not have an active valid prescription, a referral shall be made to behavioral health staff for an evaluation. Behavioral health staff shall work to obtain community treatment records at the time of the evaluation; if records are obtained, medical staff shall be informed.
 - a. If confirmation records are not received, hormone treatment may also be initiated by medical staff via the non-formulary medication request process.
 - b. If confirmation records are received, hormone treatment will be initiated by medical staff via the non-formulary medication request process.
 - i. The incarcerated individual shall be monitored for adverse side effects and medical contraindications.
 - ii. Hormone treatment shall not be discontinued unless it is determined to be in the best interest of the incarcerated individual through a case conference attended by the institution's CMO/Medical ALP, HCA, highest ranking MH-ALP and the MHM.

E. Evaluation and Treatment of Gender Dysphoria

1. An incarcerated individual may request an evaluation for gender dysphoria through Medical Operations or Behavioral Health Operations.

- a. Once a request is made, Behavioral Health Operations shall evaluate and assess the incarcerated individual by completing a Mental Health Evaluation that addresses gender related concerns comprehensively to identify the presence of any mental disorders mimicking, causing, or contributing to gender dysphoria symptoms.
 - b. If it is determined that the incarcerated individual satisfies the current DSM5 criteria for gender dysphoria, the diagnosis shall be recorded by Behavioral Health Operations in the incarcerated individual's EHR.
 - i. Behavioral Health Operations shall ensure individuals with gender dysphoria have access to patient education and therapy when indicated.
2. Referrals for additional accommodations shall be made to the institution's Accommodation Strategy Team and shall comply with ODRC Policies 79-ISA-04, PREA Risk Assessment and Accommodation Strategies, and 79-ISA-05, LGBTI Policy.
 3. Following the evaluation by Behavioral Health Operations, if appropriate, the EHR Request for Hormone Treatment shall be completed and routed to the State Psychiatry Director.
 - a. Institutions using private medical services shall follow the above evaluation processes and route the completed EHR Request for Hormone Treatment to the State Psychiatry Director.
 - b. Treatment with hormones for incarcerated individuals diagnosed with gender dysphoria shall be reviewed on a case-by-case basis and requires joint consultation between the State Medical Director and the State Psychiatry Director.

F. Consultation Requests for Hormone Treatment

1. The State Psychiatry Director shall review the evaluation completed by Behavioral Health Operations at the incarcerated individual's institution and may request any additional information needed to make an informed decision. The State Psychiatry Director may:
 - a. Recommend the incarcerated individual be reevaluated due to concerns about the institutional diagnosis of gender dysphoria; or
 - b. Recommend that some period of time for patient education and/or mental health therapy be completed before a consultation request for hormone treatment is resubmitted by the institution; or
 - c. Deny further evaluation for hormone treatment and recommend an alternative plan of care due to factors such as co-occurring mental health disorders, criminogenic factors or other factors related to public safety, including the safety and security of other incarcerated individuals; or
 - d. Recommend consultation for hormone treatment.

2. The State Psychiatry Director shall communicate findings back to initiating institutional Behavioral Health Operations utilizing the EHR Hormone Treatment Referral Decision.
 - a. The information on the EHR Hormone Treatment Referral Decision shall be communicated to the incarcerated individual within seven (7) days of issuance of the decision in Treatment Team and documented in the EHR.
 - b. Additionally, the State Psychiatry Director/designee shall provide a letter to the incarcerated individual reflecting the decision utilizing one the following forms:
 - i. Hormone Treatment Request Decision-Approval (DRC4162); or
 - ii. Hormone Treatment Request Decision-Ineligible (DRC4163); or
 - iii. Hormone Treatment Request Decision-More Information Needed (DRC4170).
3. If the State Psychiatry Director recommends hormone treatment, the EHR Hormone Treatment Referral Decision shall be routed to the State Medical Director for review.
4. The State Medical Director shall review the recommendation and may authorize the institution CMO/Medical ALP to complete a specialty consultation with a qualified endocrinologist via the specialty consultation process detailed in OCHC Protocol B-1, Consultation Referrals: Initiation, Process, & Follow-Up.
5. The CMO/medical ALP, highest ranking institutional MH-ALP, HCA, and MHA/MHM shall meet to discuss the endocrinology recommendations.
 - a. Treatment, including hormone treatment, recommended by the endocrinology shall be requested by the medical ALP via the non-formulary process, per OCHC Protocol E-2, Pharmacy Operations.
 - b. Follow-up with the patient to discuss consultation recommendations shall be completed per OCHC Protocol B-1, Consultation Referrals: Initiation, Process, & Follow-Up

G. Medication Compliance with Hormone Treatment

1. The HCA/designee is responsible for ensuring that a hormone treatment medication compliance review has been completed monthly. If the monthly hormone treatment medication compliance falls below 80%, the HCA/designee shall notify the MHM/designee.
2. A joint Medical and Behavioral Health treatment team shall occur with the incarcerated individual present to discuss any non-compliance related issues (i.e., medical or mental health barriers or concerns, incarcerated individual concerns, etc.). The treatment team meeting shall be documented by Behavioral Health and Medical staff in the EHR.
3. Hormone treatment medications shall NOT be discontinued for medication non-compliance without a joint Medical and Behavioral Health treatment team meeting and a face-to-face evaluation by the prescribing clinician, unless there is a clear clinical need to

do so (e.g., side effects). It is important to consider both possible risks and likely benefits of hormone treatment prior to any discontinuation of medication.

H. Continuous Quality Improvement (CQI)

1. The institutional CQI Committee shall monitor and track adherence to the guidelines set forth in this policy.
2. The CQI committee shall review and discuss findings during monthly CQI meetings.
3. The institutional CQI committee shall track all requests for hormone treatment regardless of whether a Request for Hormone Treatment is being pursued. This log will be reviewed by the regional behavioral health administrator quarterly.

Referenced OCHC Protocols:

- B-1 Consultation Referrals: Initiation, Process, & Follow-Up.
- E-2 Pharmacy Operations

Referenced ODRC Policies:

- 52-RCP-06 Reception Intake Medical Screening
- 67-MHN-02 Mental Health Screening and Mental Health Classification
- 79-ISA-04 PREA Risk Assessment and Accommodation Strategies
- 79-ISA-05 LGBTI Policy.

Referenced Forms:

Hormone Treatment Request Decision-Approval	DRC4162
Hormone Treatment Request Decision-Ineligible	DRC4163
Hormone Treatment Request Decision-More Information Needed	DRC4170
Mental Status Exam & Summary	DRC5161
Mental Health Biopsychosocial/Mental Status Exam & Summary	DRC5269
Mental Health Biopsychosocial Assessment	DRC5309
Health Services Request	DRC5373