

Department of Public Safety & Corrections
State of Louisiana

JOHN BEL EDWARDS
Governor



JAMES M. LE BLANC
Secretary

January 23, 2018

Southern Poverty Law Center
1055 St. Charles Avenue, Suite 505
New Orleans, LA 70130

Re: Your Request for Public Records Directed to the Louisiana Department of Public Safety and Corrections

Dear Mr. Clemons:

The Department is in receipt of your public records request, a copy of which is attached for your reference. Please be aware that the Department recognizes and will not produce documentation falling within the thirty-nine (39) exceptions given in Title 44 of the Louisiana Revised Statutes. The Department anticipates that it will take approximately two (2) to three (3) days for us to gather the requested information and respond to your request.

Sincerely,

Jonathan Vining, Esq.
General Counsel
Department of Public Safety & Corrections

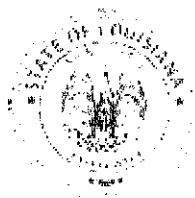
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Enclosures:

**STATE OF LOUISIANA
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
CORRECTIONS SERVICES**

**Health Care Policy
No. 47**

10 October 2017



**IDENTIFICATION AND MANAGEMENT OF
INTERSEX OFFENDERS, TRANSGENDER OFFENDERS, AND
OFFENDERS DIAGNOSED WITH GENDER DYSPHORIA DISORDER**

1. **AUTHORITY:** Secretary of the Department of Public Safety and Corrections as contained in Chapter 9 of Title 36.
2. **REFERENCES:** Department Regulation No. HC-01 "Access to Care," HC-03 "Continuity of Care," HC-11 "Chronic Care/ Special Needs," HC-13 "Health Screens, Appraisals and Examinations," HC-36 "Mental Health Program," HC-37 "Mental Health Screening, Appraisal, and Evaluation," and C-01-022 "Prison Rape Elimination Act (PREA)," Diagnostic and Statistical Manual of Mental Disorders, 5th ed. (DSM-5).
3. **PURPOSE:** To provide guidelines for the identification and management of offenders identifying as intersex or transgender and offenders diagnosed with gender dysphoria disorder.
4. **APPLICABILITY:** Deputy Secretary, Chief of Operations, Department's Medical/Mental Health Director, Regional Wardens and Wardens. Each Unit Head is responsible for ensuring that appropriate unit written policy and procedures are in place to comply with the provisions of this policy.
5. **POLICY:** It is the Secretary's policy that each DPS&C facility shall have a comprehensive approach for identifying and managing intersex offenders, transgender offenders, and offenders diagnosed with gender dysphoria disorder. Management of these offenders shall include providing appropriate evaluations and placement in a manner that is safe and consistent with the Department's mission, prevailing health care standards, and security guidelines.
6. **DEFINITIONS:**
 - A. **Gender:** Denotes the public (and usually legally recognized) lived role as boy or girl, man or woman. (See the DSM-5 for more information.)

- B. **Gender Dysphoria Clinical Management Team (GDCMT):** A team appointed by the Department's Medical/ Mental Health Director consisting of health care practitioners (including psychiatrists) and any other health care practitioner deemed appropriate. This team shall be responsible for ensuring that offenders with a suspected or confirmed diagnosis of gender dysphoria disorder (if made by a non-DPS&C health care practitioner) are evaluated promptly so that the diagnosis can either be confirmed or ruled out. If the diagnosis is confirmed, the GDCMT shall formulate an individualized treatment plan, which shall meet the acceptable standard of care. This team may consult with a specialist, such as an endocrinologist. This team may meet via videoconference, teleconference or in person.
- C. **Gender Dysphoria Disorder (GDD):** A mental health diagnosis characterized by clinically significant distress lasting at least 6 months in duration that is caused by a marked incongruence between one's experienced/expressed gender and assigned gender. (See the DSM-5 for more information.)
- D. **Health Care Practitioner:** Clinicians trained to diagnose and treat patients, such as physicians, dentists, psychologists, podiatrists, optometrists, nurse practitioners, and physician assistants.
- E. **Intersex:** A person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.
- F. **Mental Health Care Practitioner:** Staff who perform clinical duties for mentally ill patients, for example, physicians, psychologists, nurses, and social workers in accordance with each health care professional's scope of training and applicable licensing, certification, and regulatory requirements.
- G. **Mental Health Level of Care (LOC):** A designation that ensures an offender's appropriate placement at an institution that provides the mental health resources required by the offender. This designation identifies the minimum frequency or intensity of treatment required to address the needs of the offender.
- H. **Transgender (TG):** A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth. Transgender status is based on an individual's self-report of identifying characteristics. (See the DSM-5 for more information.)

NOTE: Individuals identifying as transgender do not necessarily have gender dysphoria disorder.

- I. **Transgender/Intersex Management Team (TIMT):** A multidisciplinary team at the unit level consisting of individuals from various departments, including but not limited to: PREA Compliance Manager, Unit Head or designee, Security representative, Mental Health Director or designee, Medical Director or designee, Nursing Director or designee, classification representative and any other staff deemed appropriate by the Unit Head. This team shall be responsible to determine the necessary and reasonable accommodations for offenders identifying as intersex or transgender while ensuring public safety.
- J. **Treatment Plan:** Series of written statements that specify the particular course of therapy and the roles of medical and nonmedical personnel in carrying it out. A treatment plan is individualized, based on assessment of the individual patient's needs, and includes a statement of the short- and long-term goals and the methods by which the goals will be pursued. When clinically indicated, the treatment plan provides inmates with access to a range of supportive and rehabilitative services, such as individual or group counseling and/or self-help groups that the physician deems appropriate.

7. PROCEDURES:

A. Identification Upon Intake

1) Intersex and Transgender Offenders

- a. All new incoming offenders shall be screened at a reception and diagnostic center regarding their perception of being intersex or transgender using the PREA Screening Checklist and Instructions for Utilizing the PREA Screening Checklist (Form C-01-022-D). (See Department Regulation No. C-01-022 "Prison Rape Elimination Act (PREA)" for more information.)
- b. Offenders who are identified as intersex or transgender and/or would like to receive any health service shall make this request via the Request for Medical Treatment (Form HC-01-A). (See Department Regulation No. HC-01 "Access to Care" for more information.)

- c. The unit's PREA coordinator shall notify the Transgender/Intersex Management Team (TIMT) of every offender identifying as intersex or transgender.

This team shall be responsible to determine the necessary and reasonable accommodations for offenders identifying as intersex or transgender while ensuring public safety.

2) Offenders with Gender Dysphoria Disorder

- a. The Unit Mental Health Director shall ensure that any offender identified during the Mental Health Intake Screening (Form HC-37-A) as having a suspected or confirmed diagnosis of gender dysphoria disorder be referred for a Mental Health Appraisal Report (Form HC-37-B). (See Department Regulation No. HC-37 "Mental Health Screening, Appraisal, and Evaluation" for more information.)
- b. The Unit Mental Health Director shall notify the Department's Medical/ Mental Health Director within two business days of every offender having a suspected or confirmed diagnosis of gender dysphoria disorder. The Department's Medical/ Mental Health Director shall ensure a Gender Dysphoria Disorder Clinical Management Team (GDCMT) be formed to further evaluate and manage the offender.

This team shall be responsible for ensuring that offenders with a suspected or confirmed diagnosis of gender dysphoria disorder (if made by a non-DPS&C health care practitioner) are evaluated promptly so that the diagnosis can either be confirmed or ruled out. If the diagnosis is confirmed, the GDCMT shall formulate an individualized treatment plan, which shall meet the acceptable standard of care. This team may consult with a specialist, such as an endocrinologist. This team may meet via videoconference, teleconference or in person.

B. Identification Within Existing Population

1) Intersex and Transgender Offenders

- a. Offenders within the existing population who wish to self-report as intersex or transgender and/or would like to receive any health service shall make this request via the Request for Medical Treatment (Form HC-01-A). (See Department

Regulation No. HC-01 "Access to Care" for more information.)

- b. The unit's PREA coordinator shall notify the TIMT of every offender identifying as intersex or transgender.

This team shall be responsible to determine the necessary and reasonable accommodations for offenders identifying as intersex or transgender while ensuring public safety.

2) Offenders with Gender Dysphoria Disorder

- a. Offenders within the existing population who wish to self-report as having been diagnosed with gender dysphoria disorder and/or would like to receive treatment, an evaluation, or any other health service shall make this request via the Request for Medical Treatment (Form HC-01-A). (See Department Regulation No. HC-01 "Access to Care" for more information.)
- b. In the event staff suspects an offender of having symptoms of gender dysphoria disorder, the staff member shall refer the offender to mental health staff via Request for Mental Health Services (Form HC-37-C) to determine if there is a need for a mental health evaluation and/or appraisal. (See Department Regulation No. HC-37 "Mental Health Screening, Appraisal, and Evaluation" for more information.)
- c. Offenders self-reporting or referred by staff as outlined in sections a. and b. above shall be evaluated by a mental health care practitioner, in accordance with Department Regulation No. HC-37 "Mental Health Screening, Appraisal, and Evaluation." The focus of the mental health evaluation shall be clinically significant distress lasting at least 6 months in duration that is caused by a marked incongruence of gender identity. (See the DSM-5 for more information.)
- d. If, after a thorough evaluation, there is substantial clinical evidence to suspect the diagnosis of GDD, the mental health care practitioner shall notify the Unit Mental Health Director within 2 business days from the evaluation. The Unit Mental Health Director shall notify the Department's Medical/ Mental Health Director within two business days. The Department's Medical/ Mental Health Director shall ensure a GDCMT be formed to further evaluate and manage the offender.

This team shall be responsible for ensuring that offenders with a suspected or confirmed diagnosis of gender dysphoria disorder (if made by a non-DPS&C health care practitioner) are evaluated promptly so that the diagnosis can either be confirmed or ruled out. If the diagnosis is confirmed, the GDCMT shall formulate an individualized treatment plan, which shall meet the acceptable standard of care. This team may consult with a specialist, such as an endocrinologist. This team may meet via videoconference, teleconference or in person.

C. Indicator Codes in Offender Management System

Offenders identifying as intersex or transgender and offenders diagnosed with gender dysphoria disorder shall receive a respective unique indicator code in the Department's offender management system.

D. Medical Records

- 1) The Unit's Director of Nursing or designee shall ensure that all efforts are made to obtain pertinent medical and mental health records for offenders identifying as intersex or transgender and offenders diagnosed with gender dysphoria disorder.

- 2) Intersex and Transgender Offenders

The Unit's Director of Nursing or designee shall ensure that all efforts are made to provide the medical and mental health records for offenders identifying as intersex or transgender to the TIMT prior to any TIMT meeting.

- 3) Offenders with Gender Dysphoria Disorder

The Unit's Director of Nursing or designee shall ensure that all efforts are made to provide the medical and mental health records for offenders diagnosed with gender dysphoria disorder to the GDCMT prior to any GDCMT meeting.

E. Medical Examinations

- 1) No search or physical exam may be conducted when the sole purpose of the search or physical exam is to determine the offender's genital status, pursuant to Department Regulation No. C-01-022 "Prison Rape Elimination Act (PREA)."

- 2) Questions regarding identification of the genital status of an offenders identifying as intersex or transgender or diagnosed with gender dysphoria disorder shall be referred to the Department's Medical/Mental Director for review and, if needed, determination of a physical examination in a private setting by a health care practitioner is necessary. (See Department Regulation No. C-01-022 "Prison Rape Elimination Act (PREA)" for more information.)

F. Treatment for Offenders Diagnosed with GDD

- 1) Mental Health Level of Care

Offenders diagnosed with GDD shall receive a mental health level of care 4 (or a mental health level of care requiring a higher frequency/intensity of treatment if clinically indicated) and shall be followed up by the mental health staff in accordance with Department Regulation No. HC-36 "Mental Health Program."

- 2) Treatment Plan

- a. All offenders having a diagnosis of gender dysphoria disorder shall be provided an individualized, written treatment plan. (See Department Regulation No. HC-36 "Mental Health Program" for more information.)
- b. Though the medical management of GDD shall be determined by GDCMT, the ongoing management of dysphoria shall be the responsibility of unit's mental health care practitioner.
- c. All recommendations by non-departmental health care practitioners shall be pursuant to Department Regulation No. HC-03 "Continuity of Care."

- 3) Hormone Therapy

- a. If an offender has a current, documented and verified prescription for hormone therapy upon intake at the facility, a referral shall be immediately made to the Unit Medical Director for review. All efforts shall be made to ensure continuity of care, unless the treating health care practitioner decides to not continue the hormone therapy. In that case, the clinical reasons that support this decision shall be clearly documented in the offender's medical records. The decision

to initiate, continue or discontinue hormone therapy is solely a clinical decision.

- b. If deemed medically necessary, hormone therapy shall be provided in accordance with relevant clinical guidelines.
- c. If prescribed at the facility level, the prescribing health care practitioner shall explain the side effects of hormone therapy medication and shall document this on Gender Affirming Hormone Consent Form (Male to Female) (Form HC-47-A) or the Gender Affirming Hormone Consent Form (Female to Male) (Form HC-47-B). Consent forms shall be filed in the offender's medical record. Follow up visits with a health care practitioner shall be based on the clinical needs of the offender and the offender's response to treatment. An offender on hormone therapy shall be routinely followed up by a health care practitioner at a minimum of every 6 months. (See Department Regulation No. HC-11 "Chronic Care/ Special Needs" for more information.)
- d. If the treating mental health care practitioner determines that the offender's dysphoric symptoms require more medical management than gender affirming hormone therapy, then the treating mental health care practitioner shall notify the Unit Mental Health Director. The Unit Mental Health Director shall inform the Department's Medical/ Mental Health Director, who may refer this to the GDCMT for additional evaluation.
- e. In the event this treatment changes the offender's appearance to the extent a new identification card is needed, the offender shall not be charged for the identification card.

G. Housing and Programming

- 1) It is prohibited to place an offender who identifies as intersex or transgender in a dedicated unit or facility solely on the basis of that identification, unless such placement is pursuant to a legal requirement for the purpose of protecting such an offender. (See Department Regulation No. C-01-022 "Prison Rape Elimination Act (PREA)" for more information.)
- 2) In deciding whether to assign an offender who identifies as intersex or transgender or who has a diagnosis of gender dysphoria disorder to a male or female facility, as well as when making other

housing and programming assignments, the unit shall consider on a case-by-case basis the following:

- a. Whether placement would ensure the offender's health and safety, and
 - b. Whether the placement would present management or security problems.
- 3) Placement and programming for an offender who identifies as intersex or transgender or who has a diagnosis of gender dysphoria disorder shall be reassessed and documented at least twice each year utilizing the Reassessment for Offenders Identifying as Intersex or Transgender or Offenders Diagnosed with Gender Dysphoria Disorder (Form C-01-022-O) by Classification staff to review any threats to safety experienced by the offender.

H. Showering Preference

Offenders who identify as intersex or transgender or who have a diagnosis of gender dysphoria disorder shall be given the opportunity to shower separately from other offenders. Each unit shall maintain documentation of the efforts to offer separate showers utilizing the Shower Preference Statement (Form C-01-022-N). (See Department Regulation No. C-01-022 "Prison Rape Elimination Act (PREA)" for more information.)

I. Clothing and Commissary

- 1) If a transgender man retains female secondary sex characteristics (such as breasts) then the unit may provide the sports bra, if requested by the offender.
- 2) A transgender woman offender may be issued men's underwear (boxers) if requested, even if housed at a female facility.
- 3) All other offender requests for items related to intersex, transgender, and gender dysphoria disorder needs shall be sent to the Unit Manager and then forwarded to the TIMT and/or the GDCMT for review.

J. Staff Training

- 1) Intersex and Transgender Offenders

- a. Pursuant to Department Regulation No. C-01-022 "Prison Rape Elimination Act (PREA)," the Department's Training Director, in conjunction with the Chief of Operations, Regional Wardens, Department's PREA Coordinator and Department's Medical/Mental Health Director, shall ensure training regarding offenders identifying as intersex or transgender includes the following:
 - i. Training tailored to the gender of the offenders at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa.
 - ii. Training for all security staff in how to conduct cross-gender pat-down searches and searches of offenders identifying as intersex and transgender in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.
 - iii. Training for all staff on how to communicate effectively and professionally with offenders identifying as intersex or transgender.
 - iv. The provisions of this regulation.

2) Offenders with Gender Dysphoria Disorder

- a. The Department's Training Director, in conjunction with the Chief of Operations, Regional Wardens, Department's PREA Coordinator and Department's Medical/Mental Health Director, shall ensure training regarding offenders who have a diagnosis of gender dysphoria disorder includes the following:
 - i. Training tailored to the gender of the offenders at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa.
 - ii. Training for all security staff in how to conduct cross-gender pat-down searches and searches of offenders

diagnosed with gender dysphoria disorder in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

- iii. Training on how to communicate effectively and professionally with offenders diagnosed with gender dysphoria disorder, including, but not limited to:
 - a) Addressing the offender with the assigned name and sex at birth, unless the name and gender has been legally changed;
 - b) Specific pronouns shall not be used unless name and gender has been legally changed; and
 - c) Addressing offenders by last name, such as "Offender _____."
- iv. Annual mental health training regarding gender dysphoria disorder, including, but not limited to:
 - a) The definition of gender dysphoria disorder, and
 - b) How to recognize signs and symptoms of gender dysphoria disorder.
- v. The provisions of this regulation.

8. MONITORING REQUIREMENTS/REPORTS:

The TIMT and GDCMT shall each prepare a quarterly report regarding a review of all cases of offenders identifying as intersex or transgender and offenders diagnosed with gender dysphoria disorder. This report shall be submitted to Department's Medical/Mental Health Director who shall compile all the reports and send final report to Secretary on a quarterly basis.

s/James M. Le Blanc
Secretary

Forms:

Form HC-01-A	Request for Medical Treatment
Form HC-37-B	Mental Health Appraisal Report
Form HC-37-C	Request for Mental Health Services
Form HC-47-A	Gender Affirming Hormone Consent Form (Male to Female)
Form HC-47-B	Gender Affirming Hormone Consent Form (Female to Male)
Form C-01-022-D	PREA Screening Checklist and Instructions for Utilizing the PREA Screening Checklist
Form C-01-022-N	Shower Preference Statement
Form C-01-022-O	Reassessment for Offenders Identifying as Intersex or Transgender or Offenders Diagnosed with Gender Dysphoria Disorder