

Determination and Management of Inmates with Gender Dysphoria	1
I. Definitions.....	1
A. Gender Dysphoria (GD)	1
B. Male-to-Female (MtF).....	1
C. Female-to-Male (FtM).....	1
II. Process for the Assessment and Determination of Gender Dysphoria.....	2
A. Step One	2
B. Step Two	2
C. Step Three	3
D. Housing.....	3
E. Inmate Property.....	3
F. Hormone Therapy	3
III. Surgical Sex Reassignment.....	4
IV. Initiating Review by Personal Identity Administrative Review Authority (PIARA).....	5
A. Personal Identity Administrative Review Authority (PIARA)	5
V. References	6
VI. Action	6
Referenced Forms.....	7
Attachments	7

Section-14 Health Services	OP-140147	Page: 1	Effective Date: 04/15/2025
Determination and Management of Inmates with Gender Dysphoria	ACA Standards: None		
Steven Harpe, Director Oklahoma Department of Corrections		Signature on File	

Determination and Management of Inmates with Gender Dysphoria

The purpose of this procedure is to establish processes for the appropriate assessment, diagnosis, and management of inmates with gender dysphoria (GD) in the Oklahoma Department of Corrections (ODOC).

I. Definitions

Definitions related to gender nonconforming inmates are outlined in [OP-030601](#) entitled "Oklahoma Prison Rape Elimination Act."

A. Gender Dysphoria (GD)

A condition where there is clinically significant discontent or distress with one's sex assigned at birth and/or the gender roles associated with that sex.

B. Male-to-Female (MtF)

Feminized male (genotypic male) who has physical/medical risk factors of a male with added medical and mental health risks associated with feminization. Transgender female refers to the gender identity of a MtF person.

C. Female-to-Male (FtM)

Masculinized female (genotypic female) who has physical/medical risk factors of a female with medical and mental health risks associated with masculinization. Transgender male refers to the gender identity of a FtM person.

II. Process for the Assessment and Determination of Gender Dysphoria

The “Request for Gender Dysphoria (GD) Evaluation/Treatment Algorithm” ([Attachment C](#)) provides an outline of this process.

Inmates may self-identify as transgender but not have gender dysphoria.

A. Step One

Initial request for gender dysphoria (GD) evaluation and/or treatment.

1. The inmate will submit a “Request for Health Services” ([DOC 140117A](#)) to medical requesting gender dysphoria (GD) treatment, specifying the type(s) of GD related considerations (GD evaluation, property, housing, hormone treatment, etc.) that they are requesting.
2. The facility health care provider, registered nurse (RN), or licensed practical nurses (LPN), will confirm and document the inmate understands the risk associated with Hormone Replacement Therapy (HRT) and wishes to proceed with the GD evaluation process.
3. If the inmate wishes to proceed with the GD evaluation process, refer the inmate to Mental Health.

B. Step Two

Mental health evaluation by the qualified mental health provider (QMHP) appointed by the CMHO to conduct gender dysphoria evaluations.

1. The QMHP appointed by the Chief Mental Health Officer (CMHO) will:
 - a. Review mental health history;
 - b. Assess for co-occurring mental health disorders/conditions that may complicate treatment or confound diagnosis of GD;
 - c. Determine substance use, past and present; and
 - d. Based on the current version of the Diagnostic and Statistical Manual of Mental Disorders, the qualified mental health professional will determine if the inmate meets criteria for a gender dysphoria diagnosis. If the inmate is diagnosed with

Section-14 Health Services	OP-140147	Page: 3	Effective Date: 04/15/2025
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gender dysphoria, the diagnosis is entered into EHR under the “Problem List.”

C. Step Three

Treatment and reasonable accommodations for inmates with a confirmed diagnosis of gender dysphoria.

Following diagnosis of gender dysphoria, if the inmate requests specific treatment and/or reasonable accommodations, the inmate will submit a “Request for Health Services” ([DOC 140117A](#)) for each housing or treatment request. Housing requests will be submitted to Mental health services. Medical treatment requests will be submitted to medical services for review and consideration.

D. Housing

Housing will be in accordance with [OP-030601](#) entitled “Oklahoma Prison Rape Elimination Act.” The agency will not place transgender or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status. Health services staff may make housing recommendations to the facility head after any necessary medical and/or mental health assessments have been completed. Complex cases that require a more extensive review will be submitted to the Personal Identity Administrative Review Authority (PIARA) by health services staff, a facility’s PREA compliance manager, or a facility/unit head.

E. Inmate Property

Inmates will be provided standard ODOC attire in accordance with [OP-030120](#) entitled “Inmate Property.”

F. Hormone Therapy

1. Assessment and Reception Inmates Only

Inmates arriving at an assessment and reception center, who are received with hormone therapy prescriptions, will have that therapy continued without interruption while the diagnosis is verified. The facility health care provider may temporarily continue the hormone medications after all of the following occur:

- a. Ensure there are no medical contraindications to hormone therapy;
- b. The inmate has signed the “Female to Male (FtM) Hormone Therapy Risk and Information Form” ([Attachment B](#)) or “Male to Female (MtF) Hormone Therapy Risk and Information Form” ([Attachment A](#)) acknowledging they understand and accept all risks associated with GD treatment;

Section-14 Health Services	OP-140147	Page: 4	Effective Date: 04/15/2025
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- c. Inmate is informed that a mental health evaluation will be performed and based upon the mental health evaluation report the medications may be discontinued;
 - d. If the mental health evaluation confirms the inmate has a GD diagnosis, and the inmate requests specific GD HRT, the facility health care provider will complete a consult for OUMC Endocrine Specialist for HRT medication management. If clinically appropriate, the facility health care provider may order the HRT medications and labs recommended by the OUMC Endocrine Specialist. Approval of GD HRT medication will go through the non-formulary approval review process.
- 2. Inmates requesting hormone therapy following a GD diagnosis will submit a "Request for Health Services" ([DOC 140117A](#)) requesting hormone therapy.
 - a. The health care provider will confirm that a diagnosis of gender dysphoria has been confirmed by a qualified mental health professional appointed by the CMHO based on the diagnostic criteria of the most current version of the Diagnostic and Statistical Manual of Mental Disorders.
 - b. If an inmate has a confirmed GD diagnosis, the facility health care provider will complete a consult for OUMC Endocrine Specialist for HRT medication management. If clinically appropriate, the facility health care provider may order the HRT medications and labs recommended by the OUMC Endocrine Specialist. Initial prescriptions for GD HRT medications will have the approval of the Chief Medical Officer (CMO), or their designee, through the non-formulary approval process. Facility provider will engage their regional supervising physician or the Chief Medical Officer for any needed guidance on HRT management. Follow-up appointments at the OUMC Endocrine clinic for GD management is a clinical judgement decision by the facility provider with input from the regional supervising physician or CMO. GD Endocrine Specialty follow-up is recommended for cases involving clinical complications or complexity.
 - c. Before HRT medications will be prescribed, the inmate will acknowledge they understand and consent to all the risks associated with GD treatment and sign the "Female to Male (FtM) Hormone Therapy Risk and Information Form" ([Attachment B](#)) or "Male to Female (MtF) Hormone Therapy Risk and Information Form" ([Attachment A](#)).

III. Surgical Sex Reassignment

Section-14 Health Services	OP-140147	Page: 5	Effective Date: 04/15/2025
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Surgical procedures for the initiation, advancement, or maintenance of sex reassignment will not be performed, except in extraordinary circumstances.

In accordance with [OP-140121](#) entitled “Outside Providers for Health Care Management,” the facility’s health care provider will refer an inmate’s request for surgical treatment of gender dysphoria to the Utilization Review Committee (URC) for consideration of approval. If the referral is approved, URC will forward the referral to the agency Director for final review and authorization.

Self-inflicted genital mutilation will not constitute surgical reassignment therapy and will not qualify an inmate for placement in a facility for inmates of the opposite sex from the inmate’s birth sex.

IV. Initiating Review by Personal Identity Administrative Review Authority (PIARA)

Inmates with a confirmed gender dysphoria diagnosis will have their housing, clothing, and health care needs specific to their gender associated request assessed by PIARA. This committee will consider each inmate on a case-by-case basis to ensure fair, safe, and appropriate management of their gender associated requests. (PREA 115.42/115.242)

A. Personal Identity Administrative Review Authority (PIARA)

1. The committee may include, but is not limited to, any or all of the following:
 - a. Chief Mental Health Officer;
 - b. Chief Medical Officer;
 - c. Agency PREA Coordinator;
 - d. Inmate’s facility head or designee; and/or
 - e. Medical and mental health provider at facility level.
2. In accordance with [OP-090124](#) entitled “Inmate/Offender Grievance Process,” the inmate may initiate a PIARA review through the grievance process.
3. PIARA consideration will be requested by health services staff, a facility’s PREA compliance manager, or a facility/unit head, if an exception to policy is needed or to determine consistency of agency practice. The referring staff member will complete a “Referral for Gender Associated Requests” ([DOC 140147A](#)). The completed form will be scanned and emailed to PIARA@doc.ok.gov.

4. Upon receipt of a PIARA review request, the PIARA will convene to review the request within 30 days.

V. References

OP-030120 entitled "Inmate Property"

OP-030601 entitled "Oklahoma Prison Rape Elimination Act (PREA)"

OP-090124 entitled "Inmate/Offender Grievance Process"

OP-140117 entitled "Access to Health Care"

OP-140121 entitled "Outside Providers for Health Care Management"

Rape Elimination Act of 2003, 42 U.S.C.A. §15601

"Diagnostic and Statistical Manual of Mental Disorders"

PREA 115.15/115.215

PREA 115.41/115.241

PREA 115.42/115.242

VI. Action

The Chief Medical Officer is responsible for compliance with this procedure and the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the agency Director.

This procedure is effective as indicated.

Replaced: OP-140147 entitled "Determination and Management of Inmates with Gender Dysphoria" dated December 21, 2022

Distribution: Policy and Operations Manual
Agency Website

<u>Referenced Forms</u>	<u>Title</u>	<u>Location</u>
DOC 140147A	“Referral for Gender Associated Requests”	Attached
DOC 140117A	“Request for Health Services”	OP-140117
<u>Attachments</u>	<u>Title</u>	<u>Location</u>
Attachment A	“Male to Female (MtF) Hormone Therapy Risk and Information Form”	Attached
Attachment B	“Female to Male (FtM) Hormone Therapy Risk and Information Form”	Attached
Attachment C	“Request for Gender Dysphoria (GD) Evaluation/Treatment Algorithm”	Attached