

 <div style="text-align: center;"> <p>Massachusetts Department of Correction</p> <h1>POLICY</h1> </div>	<p>Effective Date</p> <p style="text-align: center;">9/2/2025</p>	<p>Responsible Division</p> <p>Deputy Commissioner, Clinical Services and Reentry</p>
	<p>Annual Review Date</p> <p style="text-align: center;">1/16/2026</p>	
<p>Policy Name</p> <p style="text-align: center;">103 DOC 652 IDENTIFICATION, TREATMENT AND CORRECTIONAL MANAGEMENT OF INDIVIDUALS DIAGNOSED WITH GENDER DYSPHORIA</p>	<p>Regulation Reference: M.G.L. Chapter 124, sections 1 (c) and (q)</p>	
	<p>DOC Policy Reference: 103 CMR 403; 103 DOC 530; 103 DOC 630; 103 DOC 650; 103 DOC 750</p>	
	<p>ACA/PREA Standards:</p>	
<p>Attachments</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>Library</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>Applicability: Staff</p>
<p>Public Access</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>Location: Department's Central Policy File Each Institution's Policy File</p>	
<p>PURPOSE:</p> <p>The purpose of this policy is to establish guidelines for the identification, treatment, and institutional management of incarcerated and civilly committed individuals diagnosed with Gender Dysphoria.</p> <p>RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY:</p> <p>Deputy Commissioner, Clinical Services and Reentry Assistant Deputy Commissioner of Clinical Services Director of Behavioral Health Mental Health Regional Administrators Superintendents Program Directors and Staff of the Contractual Medical, Mental Health, Sex Offender Treatment and Program/Substance Use Providers</p> <p>CANCELLATION:</p> <p>103 DOC 652 cancels all previous department policy statements, bulletins, directives, orders, notices, rules or regulations regarding Internal Regulations/Policies which are inconsistent with this document.</p> <p>SEVERABILITY CLAUSE:</p> <p>If any part of 103 DOC 652 is for any reason, held to be in excess of the authority of the Commissioner, such decision shall not affect any other part of this policy.</p>		

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DEFINITIONS

Clinical Supervision Group: The Gender Dysphoria Clinical Supervision Group shall be comprised of all mental health primary care clinicians who are assigned to work with an incarcerated or civilly committed individual(s) diagnosed with Gender Dysphoria, the contractual mental health provider's Psychiatric Medical Director, who may serve as Chair, or appoint a designee as Chair, the contractual Program Mental Health Director, the contractual Gender Dysphoria Consultant, based upon identified need, and a Department of Correction Health Services Division representative. Other treatment disciplines (e.g., medical, sex offender treatment or substance use treatment) may participate on an as needed basis. The role of the Department's Health Services Division representative shall be to monitor the Group's activities for contract compliance and to ensure the integrity of the supervision process through direct observation.

DSM-5 TR: Diagnostic and Statistics Manual of Mental Disorders Fifth Edition (DSM-5). A publication of the American Psychiatric Association (APA), which lists specific criteria that enable a clinician to establish diagnosis of mental disorders. The DSM-5 TR defines the criteria for Gender Dysphoria listed below. In the case that the DSM-5 TR is revised, the latest published version of the DSM applies.

Gender Dysphoria is defined by the DSM-5 TR as the following:

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 (six) months' duration, as manifested by at least two (2) of the following:
 - 1. A marked incongruence between one's experiences/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).
 - 2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).
 - 3. A strong desire for the primary and/or secondary sex characteristics of the other gender.
 - 4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
 - 5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
 - 6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).

- B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Gender Dysphoria Consultant: The Gender Dysphoria Consultant is an individual who is hired by/subcontracted to the Department of Correction's contractual mental health services provider. The Gender Dysphoria Consultant is Board Certified in Psychiatry and has documented experience in working with a transgender population.

Gender Dysphoria Treatment Committee: The Gender Dysphoria Treatment Committee shall be appointed by the Assistant Deputy Commissioner of Clinical Services of the Department of Correction. The Gender Dysphoria Treatment Committee shall be chaired by the contractual mental health provider's Psychiatric Medical Director or designee, and other members shall include the contractual Gender Dysphoria Consultant, based on identified need, the contractual Program Mental Health Director, and the Department of Correction's Director of Behavioral Health. The role of the Director of Behavioral Health shall be to monitor the committee activities for contract compliance and to ensure the integrity of the process through direct observation.

Open/Active Mental Health Case (OMH) Individual: An incarcerated or civilly committed individual who is diagnosed with a mental illness or determined to be in need of mental health intervention on an ongoing basis. At any time during their incarceration, an incarcerated or civilly committed individual may become OMH based on a mental health crisis, including suicidal threats or self-injurious behavior and/or the display of signs and/or symptoms of mental illness or emotional distress. Based upon clinical indications and within the discretion of the Primary Care Clinician in consultation with the site Psychiatrist (if on medication) and/or Mental Health Director, an incarcerated or civilly committed individual may also be removed from the active mental health caseload. However, any incarcerated or civilly committed individual carrying the Gender Dysphoria diagnosis will remain OMH. In the case that an incarcerated or civilly committed individual is suspected to no longer meet the clinical criteria for a Gender Dysphoria diagnosis, approval to change the diagnosis must be granted by the Gender Dysphoria Treatment Committee, with consultation from the contractual Gender Dysphoria Consultant as deemed necessary.

Primary Care Clinician (PCC): A Qualified Mental Health Professional who is responsible for case management, direct treatment services and the overall mental health care of incarcerated or civilly committed individuals assigned to their caseload while at a Department institution. Annual training specific to diagnosis and treatment for Gender Dysphoria is required for PCCs who treat incarcerated and civilly committed individuals with Gender Dysphoria.

Primary Care Provider (PCP): A Qualified Healthcare Professional, including a medical doctor or advanced practitioner (Physician Assistants, Nurse Practitioners with less than two (2) years of supervised practice and Clinical Nurse Specialists with less than two (2) years of supervised practice).

Program Medical Director: The physician in charge of the Department's medical services.

Program Mental Health Director: The contractual mental health provider who is responsible for the administration, management, supervision, and development of mental health programs and delivery of behavioral health services at all Department correctional institutions. The Program Mental Health Director provides and supervises mental health care services throughout the Department; evaluates patient care and assesses what is required by way of treatment; determines the condition and adequacy of treatment facilities and programs; identifies the need for appropriate equipment; acts as a consultant for physicians and behavioral health care staff; delivers emergency and ongoing direct clinical service; develops and reviews treatment plans; and evaluates incarcerated and civilly committed individuals when clinically indicated.

Psychiatric Medical Director: The physician(s) in charge of the Department's mental health services provider(s). The Psychiatric Medical Director is Board Certified in Psychiatry. The Psychiatric Medical Director provides and supervises psychiatric and mental health care services throughout the Department.

Qualified Mental Health Professional: includes treatment providers who are psychiatrists, psychologists, clinical social workers, licensed mental health counselors, Advanced Practice Registered Nurses, Clinical Nurse Specialists, and others, who by virtue of their education, credentials, and experience, are permitted by law to evaluate and care for the mental health needs of patients.

652.02

POLICY

It is the policy of the Massachusetts Department of Correction to appropriately diagnose, treat, and manage incarcerated and civilly committed individuals with Gender Dysphoria in a humane, safe, correctional environment, sensitive to their unique adjustment issues, consistent with the core values, vision, and mission of the Department and its commitment to provide adequate medical care and mental health services to all incarcerated and civilly committed individuals in its custody.

RESPONSIBILITIES OF THE GENDER DYSPHORIA CLINICAL SUPERVISION GROUP**A. Duties**

The role of the Gender Dysphoria Clinical Supervision Group is to provide orientation and specialized training to mental health PCCs and other practitioners; to serve as a resource to PCCs as they develop Gender Dysphoria-related specifications to incorporate into an incarcerated or civilly committed individual's, individualized Treatment Plan for any incarcerated or civilly committed individual who has or may have Gender Dysphoria; to conduct clinical reviews of specific cases; to provide supervision to the PCCs assigned to work with incarcerated and civilly committed individuals who have Gender Dysphoria; and to provide a forum for the discussion of challenging issues related to Gender Dysphoria. This group shall meet at least monthly or as otherwise determined by the Psychiatric Medical Director or their designee.

B. Supervision

1. Each Primary Care Clinician (PCC) for an incarcerated or civilly committed individual diagnosed with Gender Dysphoria shall meet at least monthly or as scheduled with the Gender Dysphoria Clinical Supervision Group for the purpose of receiving supervision in a group setting regarding the PCC's provision of care to those incarcerated or civilly committed individuals diagnosed with Gender Dysphoria. Additionally, annual specialized training in the assessment and treatment of Gender Dysphoria is required for all PCCs working with Gender Dysphoria clients.
2. The Gender Dysphoria Consultant shall routinely be available for consultation to the Gender Dysphoria Clinical Supervision Group. Participation with the Gender Dysphoria Consultant may occur via conference call, in person, or by videoconference.
3. For those incarcerated or civilly committed individuals receiving other clinical services, such as substance use or sex offender treatment, or who are receiving cross hormonal therapy, it may be appropriate for providers of those services to participate in the Gender Dysphoria Clinical Supervision Group process on an as needed basis, to ensure that integrated and consistent treatment is being provided to the incarcerated or civilly committed individual, in which case access to the incarcerated or civilly committed individual's relevant treatment records will be made available to them.

652.04

RESPONSIBILITIES OF THE GENDER DYSPHORIA TREATMENT COMMITTEE

A. Duties

1. The role of the Gender Dysphoria Treatment Committee is to review the individualized Treatment Plans developed for incarcerated or civilly committed individuals diagnosed with Gender Dysphoria to determine if the proposed treatment recommendations related to the management of Gender Dysphoria are clinically appropriate and medically necessary.
2. The Gender Dysphoria Treatment Committee shall also be responsible for reviewing the overall treatment of all Gender Dysphoria diagnosed incarcerated and civilly committed individuals on a quarterly basis.

652.05

IDENTIFICATION AND DIAGNOSIS OF INDIVIDUALS WITH GENDER DYSPHORIA

A. Provisional Diagnosis

Upon admission to the Department, or at any other time during an incarcerated or civilly committed individual's incarceration, if the incarcerated or civilly committed individual either self-identifies as meeting the criteria for Gender Dysphoria or is referred secondary to possible Gender Dysphoria, An institution-based Primary Care Clinician (PCC) assigned to the incarcerated or civilly committed individual shall evaluate the incarcerated or civilly committed individual to determine whether they meets the clinical criteria for a provisional diagnosis of Gender Dysphoria. This diagnosis shall be based, in part, upon a face-to-face evaluation of the incarcerated or civilly committed individual and a review of the medical and mental health history, as well as current medical record documentation. For persons returned to the custody of the Department of Correction with a previously confirmed diagnosis of Gender Dysphoria, a new evaluation will not be required unless clinically indicated.

1. After making this provisional diagnosis, a PCC shall seek the incarcerated or civilly committed individual's authorization of the appropriate Releases of Information (ROI) for access to their medical and mental health records prior to incarceration and shall place the incarcerated or civilly committed individual on the "open mental health (OMH) case" list. For a newly admitted Gender Dysphoric incarcerated or civilly committed individual, every

effort shall be made to promptly secure medical and mental health records regarding the delivery of Gender Dysphoria services prior to incarceration, to enhance continuity of care.

2. The PCC will review the case with the site treatment team, including the Mental Health Director and psychiatric providers. If clinically indicated, the incarcerated or civilly committed individual will be assigned to the on-site psychiatric provider.
3. The PCC shall inform the Psychiatric Medical Director or designee, and the Program Mental Health Director or designee, of the provisional diagnosis of an incarcerated or civilly committed individual having Gender Dysphoria, using the Gender Dysphoria Mental Health Referral Form (Attachment #1). This written referral from the PCC shall be made upon determination of the provisional Gender Dysphoria diagnosis.
4. In cases where the incarcerated or civilly committed individual self-identifies as Gender Dysphoric and the site treatment team does not assess the incarcerated or civilly committed individual as meeting the clinical criteria for Gender Dysphoria, the case will be referred to the Psychiatric Medical Director and the Program Mental Health Director for a subsequent face to face evaluation within thirty (30) calendar days of the referral.

B. Confirmation of Diagnosis

The Psychiatric Medical Director or designee of the mental health service provider shall confirm if the incarcerated or civilly committed individual meets the clinical criteria for diagnosis of Gender Dysphoria. This diagnosis shall be based upon, at a minimum, a review of the incarcerated or civilly committed individual's medical and mental health record, the referral from the PCC, a consultation with the referring site psychiatrist who has personally assessed the patient, and a face-to-face evaluation of the patient by the Psychiatric Medical Director of the mental health service provider. If there are any concerns with the validity of the Gender Dysphoria diagnosis, the Gender Dysphoria Consultant may be contacted for further evaluation. This decision by the Psychiatric Medical Director regarding an incarcerated or civilly committed individual's Gender Dysphoria diagnosis shall be made within thirty (30) calendar days after the referral has been received from the PCC.

C. Confirmation of Community Diagnosis

Upon admission to the Department of Correction and verification of prescribed hormones for the treatment of Gender Dysphoria, the

Psychiatric Medical Director may designate a PCC to confirm the diagnosis. This designee will be an existing member of the Gender Dysphoria Supervision Group and will have direct experience treating persons with Gender Dysphoria.

652.06

TREATMENT PLANNING FOR INDIVIDUALS WITH GENDER DYSPHORIA

A. Development of the Gender Dysphoria Treatment Plan

Following a confirmed Gender Dysphoria diagnosis, the incarcerated or civilly committed individual's PCC shall prepare an individualized, initial treatment plan, and/or review and revise an existing treatment plan, which incorporates the diagnosis, along with all other outstanding co-occurring mental health issues.

1. The PCC shall develop this Treatment Plan in whole or in part with consultation from the Gender Dysphoria Clinical Supervision Group. In addition, the PCC shall also consult with the incarcerated or civilly committed individual's treating psychiatrist and any other clinician or practitioner who may provide clinical services to the incarcerated or civilly committed individual. The treatment plan should be focused on the incarcerated or civilly committed individual's individualized needs based upon the provision of adequate medical care utilizing prudent, professional standards, to include the most current version of the "Standards of Care" set forth by the World Professional Association for Transgender Health (WPATH).

B. Treatment Plan Review and Approval

Once the Treatment Plan has been developed, it shall be forwarded to the Gender Dysphoria Treatment Committee for review, to ensure that all recommendations are clinically appropriate, and taking into consideration the incarcerated or civilly committed individual's, individualized needs based upon the provision of adequate medical care utilizing the most current version of the standards of care referenced by WPATH. The Gender Dysphoria Treatment Committee may refer the incarcerated or civilly committed individual for specialty physician consultations if its members believe that such consultations are advisable.

1. If the Gender Dysphoria Treatment Committee recommends that cross-gender hormone therapy should be added as a component of the individualized Treatment Plan, then the incarcerated or civilly committed individual shall be referred and evaluated by the assigned institutional Primary Care Provider (PCP – physician or

advanced practitioner). If the site medical PCP does not believe that hormone therapy presents a significant physiological threat or contraindication to the patient for medical reasons, then the PCP shall make a referral to the designated endocrinologist under agreement to the contractual medical services provider.

2. The endocrinologist shall conduct the incarcerated or civilly committed individual's assessment for consideration of cross-hormonal therapy as a clinical intervention in the incarcerated or civilly committed individual's Gender Dysphoria Treatment Plan and determine the appropriate course of hormonal treatment, when indicated, if no medical contraindications are present. The medical PCP referral to the endocrinologist shall be made no later than thirty (30) calendar days after the medical PCP has made the initial determination that there are no physiological threats or contraindications to cross-gender hormonal therapy.
3. The purpose of the referral to the endocrinologist is to determine the appropriate cross-gender hormone regimen or any medical contraindications to initiating or continuing treatment with cross-gender hormones. Any approved update to an incarcerated or civilly committed individual's Treatment Plan shall not include cross-gender hormone therapy as a formal recommendation until after an endocrinologist has evaluated the incarcerated or civilly committed individual and determined that cross hormonal therapy does not present with any medical contraindications.
4. In the event treatment with cross-gender hormonal therapy is medically contraindicated by the endocrinologist the determination shall be communicated to the Program Medical Director. Any and all follow-up evaluations shall be conducted by the endocrinologist on a periodic basis as clinically indicated. Any incarcerated or civilly committed individual refusing to be evaluated by the site PCP and/or the endocrinologist shall not receive cross-gender hormonal therapy due to the potential for clinical ramifications; medical risks involved and need for expert medical management from an endocrinologist.

C. Essential Elements of the Treatment Plan for Gender Dysphoria Diagnosed Incarcerated or Civilly Committed Individuals

1. The goal of Gender Dysphoria related modifications to the individualized mental health Treatment Plan is to assist the Gender Dysphoria diagnosed incarcerated or civilly committed individual in exploring and managing their issues related to Gender Dysphoria as well as any co-occurring mental health disorders.

2. Although individualized, the Treatment Plan for all incarcerated and civilly committed individuals diagnosed with Gender Dysphoria shall contain, at a minimum, these essential elements:
 - a. The incarcerated or civilly committed individual is offered participation in at least monthly individual psychotherapy provided by the contractual mental health service provider;
 - b. The Treatment Plan may contain recommendations regarding access to cross-gender clothing and canteen/cosmetic items approved for incarcerated or civilly committed individuals in accordance with the 103 CMR 403, *Inmate Property*.
 - i. Commensurate with the security level of the housing placement, Gender Dysphoria incarcerated or civilly committed individuals housed in a male institution (Male to Female, or MTF) shall be permitted to purchase and retain clothing items and articles authorized for other male incarcerated or civilly committed individuals housed in that institution, as well as those items authorized for females commensurate with their particular security level at the female institution.
 - ii. Similarly, Gender Dysphoria incarcerated or civilly committed individuals housed in a female institution (Female to Male or FTM) shall be permitted to purchase and retain clothing items and articles authorized for other female incarcerated or civilly committed individuals housed in that institution, as well as those items authorized for males commensurate with their particular security level at the male institutions.
 - iii. Incarcerated and civilly committed individuals diagnosed with Gender Dysphoria will only be permitted to purchase and retain canteen items that are allowed within the level of security that is commensurate to their housing assignment.
3. The Treatment Plan shall become effective after the Gender Dysphoria Treatment Committee has developed clinically appropriate and medically necessary treatment recommendations. If an incarcerated or civilly committed individual refuses to participate in any or all aspects of the Treatment Plan as it relates

to their treatment of Gender Dysphoria, this will be documented pursuant to 103 DOC 630, *Medical Service*, section 630.19, and clinically driven modifications will be made to the Treatment Plan.

4. All incarcerated or civilly committed individuals diagnosed with Gender Dysphoria shall have their Treatment Plans updated in accordance with 103 DOC 650, *Mental Health Services*. All treatment plans for incarcerated or civilly committed individuals diagnosed with Gender Dysphoria shall be revised as necessary to reflect changes in treatment recommendations, as appropriate. Such revisions shall be made in consultation with the Gender Dysphoria Clinical Supervision Group and must be approved by the Gender Dysphoria Treatment Committee.

D. Continuation of Cross-gender Hormonal Therapy upon Admission

Upon admission to the Department, any incarcerated or civilly committed individual for whom cross-gender hormonal therapy is currently, lawfully prescribed as part of an established regimen for Gender Dysphoria shall have this cross-gender hormonal therapy continued at the time of receipt into the Department unless a contractual medical services provider determines that such treatment is clinically contraindicated. Cross-gender hormonal therapy as described above shall be continued within the Department until an appropriate treatment plan has been developed by the PCC through consultation with the Gender Dysphoria Clinical Supervision Group, reviewed and approved by the Gender Dysphoria Treatment Committee.

1. All newly admitted Gender Dysphoria incarcerated and civilly committed individuals receiving hormone therapy for the management of Gender Dysphoria shall be evaluated by the medical Primary Care Provider (PCP) on-site and then referred to the identified contractual endocrinologist for assessment and continuity of therapy. The endocrinologist determines whether there are any medical contraindications to cross-gender hormone treatment. If no such contraindications exist, the endocrinologist recommends the appropriate medication, dose, and route for management with cross-gender hormone therapy. The site Medical Director reviews the endocrinologist's recommendation and either writes a corresponding medical order or documents the rationale for alternative treatment.
2. A refusal by an incarcerated or civilly committed individual to provide a Release of Information (ROI) so that medical and mental health records prior to incarceration may be obtained and reviewed may be cause for discontinuing cross-gender hormonal therapy and

for interrupting or tapering the medication(s), within the discretion of the Psychiatric Medical Director. However, regardless of the status of cross-gender hormone therapy, the incarcerated or civilly committed individual shall be identified as OMH and continue to receive mental health services on an ongoing basis.

3. In those instances where the PCC may believe that the incarcerated or civilly committed individual is not competent to provide informed consent for treatment, the PCC shall consult with the Psychiatric Medical Director of the mental health service provider. If the incarcerated or civilly committed individual is under a guardianship then the PCC will consult with the incarcerated or civilly committed individual's attorney/guardian. If the incarcerated or civilly committed individual is in need of a guardianship then the procedures set forth in 103 DOC 650, *Mental Health Services*, shall be followed.

652.07

REPORTING

A. Gender Dysphoria Treatment Committee:

1. The Gender Dysphoria Treatment Committee shall prepare a quarterly report regarding its review of all cases of incarcerated or civilly committed individuals diagnosed with Gender Dysphoria. The format of this report shall be approved by the Department's Director of Behavioral Health.
2. The quarterly report of the Gender Dysphoria Treatment Committee shall be submitted within thirty (30) calendar days after the end of the quarter to the Department's Director of Behavioral Health.
3. The quarterly report shall be reviewed by the Department's Director of Behavioral Health and made available to the Deputy Commissioner of Clinical Services and Re-Entry through the Assistant Deputy Commissioner of Clinical Services.
4. This quarterly report shall be available for review by Department staff and others on a need-to-know basis as determined by the Deputy Commissioner of Clinical Services and Re-Entry or Commissioner.

652.08

SECURITY REVIEW

- ##### **A.**
- In the event that a treatment recommendation is made that may potentially present overwhelming security, safety, or operational difficulties within

the correctional environment, the Director of Behavioral Health shall refer the treatment recommendation to the Deputy Commissioner of the Prison Division and the Deputy Commissioner of Clinical Services and Reentry for a security review. The security review shall take into account the incarcerated or civilly committed individual's history of incarceration and present circumstances.

- B. In the event that the treatment recommendation is determined to present overwhelming security, safety or operational difficulties, the security review will be forwarded to the Commissioner for final review. If the Commissioner determines that the treatment recommendation presents overwhelming security, safety, or operational difficulties, they shall articulate specific and justifiable reasons for the denial of the recommended treatment, based on their overwhelming security, safety and/or operational concerns, in writing. The security review shall be completed within sixty (60) calendar days of the referral from the Director of Behavioral Health.
- C. If the Gender Dysphoria Treatment Committee determines that no clinical alternatives are viable, the Commissioner shall provide articulate, specific, and justifiable reasons, in writing, for the denial of the recommended treatment, based on their overwhelming security, safety and/or operational concerns.

652.09

MANAGEMENT AND PLACEMENT

Initial Classification and Placement

- A. At the time of commitment, adjudicated individuals are court ordered into Department of Correction custody and are transported to the reception institution based upon said court order. For all new commitments, an Internal Housing Risk Assessment (see 103 DOC 401, *Booking and Admissions*, Attachment #4 and #5) is completed in IMS and examines issues of risk of victimization and risk of violence/predatory behavior and/or abusiveness. Should an individual identify as Gender Dysphoric or appear to need additional clinical assessment, the process of confirmation will commence as outlined in 103 DOC 652.05. An assessment will inform housing, work, education, and program assignments and will focus on individual safety. These assessments will occur on a case-by-case basis and will include security level, criminal and discipline history, medical and mental health assessment of needs, vulnerability to sexual victimization and potential of perpetrating abuse based on prior history. A Gender Dysphoric incarcerated or civilly committed individual's own views with respect to their own safety shall be given serious consideration. In addition, consideration of specific cases with partial completion of sex reassignment surgery, removal or augmentation of breasts, removal of

testicles, etc. shall be evaluated on a case-by-case basis by the Program Medical Director and reported to the Assistant Deputy Commissioner of Classification for consideration of any safety, security and/or operational concerns presented. Consideration of these clinical recommendations should be given by the Department of Correction when making determinations regarding such issues. Final determination as to the most appropriate housing, however, is the responsibility of the Department.

B. Bi-Annual Review

An Internal Housing Risk Assessment (see 103 DOC 401, *Booking and Admissions*, Attachment #4 and #5) will be completed in IMS at least every six (6) months in collaboration with medical, mental health and correctional professionals to assess ongoing placement for each Gender Dysphoric incarcerated or civilly committed individual. This bi-annual review will include a review of any threats to safety experienced by the incarcerated or civilly committed individual.

C. Internal Placements

Site mental health directors may provide clinical input as to their clinical recommendations related to housing of an incarcerated or civilly committed individual diagnosed with Gender Dysphoria within their respective institution. Consideration of these clinical recommendations should be given by the Department of Correction when making determinations regarding such issues; however, final determination regarding housing placement is the responsibility of the Department and site Superintendent.

D. Transportation

Incarcerated or civilly committed individuals diagnosed with Gender Dysphoria will be transported per 103 DOC 530, *Inmate Transportation Policy*.

E. Hygiene

Incarcerated or civilly committed individuals diagnosed with Gender Dysphoria shall be given the opportunity to shower separately from other incarcerated or civilly committed individuals per 103 DOC 750, *Hygiene Standards*.

**MASSACHUSETTS DEPARTMENT OF CORRECTION
MENTAL HEALTH SERVICES
GENDER DYSPHORIA MENTAL HEALTH REFERRAL**
(To be completed by Primary Care Clinician, PCC)

Incarcerated or Civilly Committed Individual Name: _____ Date: _____
ID Number: _____ Institution: _____
Primary Care Clinician (PCC): _____
Referral Source (if other than PCC): _____

Brief Criminal History:

Date of State Incarceration (most recent): _____
Charge(s): _____
Sentence Structure: _____
Anticipated Release Date: _____

Brief Psychiatric History (including self-injurious behavior and suicidality): _____

DSM-5 Diagnosis: _____

Other Conditions That May Be a Focus of Clinical Attention: _____

Psychotropic Medications (current): _____

Psychiatric Hospital Admissions (include 18(a) to Bridgewater State Hospital or DMH) and Dates: _____

History of Self-Injurious and/or Suicidal Behavior: _____

History of Gender Dysphoria Diagnosis by Qualified Mental Health Professional: _____

Prior Cross-Gender Hormone Therapy with Dates: ☐ Yes ☐ No

When: _____

Duration: _____

Prescriber: _____

Medication(s) – including drug name, dosage and start date: _____

Pharmacy: _____

Current Name: _____ Name Change: _____

Diagnostic Impressions (prompting Gender Dysphoria referral): _____

Signatures:

PCC: _____

Date: _____

Site Psychiatrist: _____

Date: _____

Site Mental Health Director: _____

Date: _____