
 <p>State of Connecticut Department of Correction</p> <p>ADMINISTRATIVE DIRECTIVE</p>	<p>Directive Number 8.17</p>	<p>Effective Date 10/30/2023</p>	<p>Page 1 of 5</p>
<p>Approved By</p>  <p>Commissioner Angel Quiros</p>	<p>Supersedes Gender Non-Conforming, dated 02/13/18</p> <p>Title Gender Diverse</p>		

1. Policy. The Connecticut Department of Correction shall identify, diagnose, treat and manage inmates who identify as gender diverse, and/or who have an intersex condition. The Department of Correction will manage these populations in a manner consistent with accountability, safety and security, in a safe, humane, correctional environment, sensitive to their unique adjustment issues and consistent with the Department's core values, vision, and mission.
2. Authority and Reference.
 - a. Connecticut General Statutes, Sections 18-81cc, 18-81ii, 46a-51, 46a-58 46a-71.
 - b. 42 U.S.C.156.01 et.seq. Prison Rape Elimination Act of 2003.
 - c. Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-V).
 - d. Administrative Directives 2.2, Sexual Harassment; 2.7, Training and Staff Development; 2.17, Employee Conduct; 6.12, Inmate Sexual Abuse/ Sexual Harassment Prevention and Intervention Policy; 6.7, Searches Conducted in Correctional Facilities; 8.1, Scope of Health Services; 8.5, Mental Health Services; 8.9, Health Services Review; 9.3, Inmate Admissions, Transfers and Discharges 9.4, Restrictive Status; 9.7, Offender Management; and 9.9, Protective Management.
3. Definitions and Acronyms. For the purposes stated herein, the following definitions and acronyms apply:
 - a. Assessment Package: the assessment package shall include the CN81701, Gender Diverse assessment, and may also include correctional information, health information, or other relevant documentation.
 - b. Cisgender: an adjective used to describe a person whose gender identity and gender expression align with sex assigned at birth.
 - c. DSM-V: Diagnostic and Statistical Manual of Mental Disorders, 5th edition. This manual is used by mental health professionals to diagnose mental disorders.
 - d. Gender: A socially constructed concept classifying behavior as either "masculine" or "feminine," unrelated to one's external genitalia.
 - e. Gender Dysphoria: A DSM-V diagnosis defined as marked incongruence between one's experienced and/or expressed gender and biological gender.
 - f. Gender identity: A person's gender-related identity, appearance or behavior, whether or not that gender-related identity, appearance or behavior is different from that traditionally associated with the person's physiology or assigned sex at birth, which gender-related identity can be shown by providing evidence including, but not limited to, medical history, care or treatment of the gender-related identity; consistent and uniform assertion of the gender-related identity; or any other evidence that the gender-related identity is sincerely held, part of a person's core identity, or not being asserted for an improper purpose.
 - g. Gender Diverse (GD): Gender identity and/or expression that does not conform to those typically associated with a person's biological sex.
 - h. Gender Diverse Management Plan (GDMP): Management plan approved by the Commissioner and/or designee based on recommendations of the Gender Diverse Review Committee, addressing the unique management needs of an individual identifying as gender diverse, and/ or having an intersex condition.
 - i. Gender Diverse Review Committee (GDRC): A multi-disciplinary team appointed by the Commissioner of Correction and/or designee tasked with providing consultative assessment and review of all treatment plans and custody related management of inmates identifying as gender diverse and/or who have intersex conditions.

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- j. Intersex: A person who's sexual or reproductive anatomy or chromosomal pattern does not fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as Disorders of Sex Development.
 - k. Transgender: A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.
 - i. Transgender female: A person whose birth sex was male but who understands herself to be, and desires to live her life, as a female.
 - ii. Transgender male: A person whose birth sex was female but who understands himself to be, and desires to live his life, as a male.
4. Intake. Upon intake to the CTDOC, an inmate who identifies as or is known to identify as gender diverse or having an intersex condition will be assessed for initial placement. This initial assessment, by custody, will be based on the safety and security of the inmate, inmate population and staff at the respective facility. If this assessment can be completed prior to entry into the DOC as a new intake, the sending agency can transport the inmate to the appropriate facility. If the intake facility receives an inmate believed to be intersex or gender diverse without forewarning from the Judicial Marshalls, other Law Enforcement Agency, or other sources, the receiving facility shall accept the inmate and initiate assessment as above. Intake staff shall notify the Unit Administrator who will then notify the appropriate District Administrator. A CN 81701, Referral for Gender Assessment will be initiated by the custody staff completing the PREA screen (CN9306) or the staff person to whom the inmate discloses as being gender diverse or as having an intersex condition and submit to the unit or shift supervisor for completion. The supervisor shall complete the referral form and submit it to the Unit Administrator. The Unit Administrator shall forward within three (3) business days of receipt to the facility Supervising Psychologist for appropriate assessment.
- a. Upon receipt of the inmate at the designated DOC facility, the inmate will be secured in a cell with no other inmates until processed by custody and assessed by medical in accordance with Administrative Directive 9.3, Admission, Transfers and Discharges, and Administrative Directive 8.1, Scope of Health Services. The inmate shall not be medically or physically examined for the sole purpose of identifying the inmate's gender. In the event the inmate's status has not been previously determined by the sending agency for appropriate housing/facility, the inmate will be housed separately based on classification needs, safety and security, and other risk needs until appropriate assessment of management plan can be instituted.
 - i. For inmates who return to custody and who have been previously determined to be gender diverse or having an intersex condition, the Unit Administrator or designee shall review the inmates previous Gender diverse management plan and submit a CN 81701, Referral for Gender Dysphoria Assessment in accordance with section 5 of this Directive.
 - ii. During orientation phase, or until the appropriate facility has been determined, the current facility housing the inmate shall:
 - 1. In accordance with Administrative Directive 9.3, Inmate Admission, Transfers and Discharges house inmate separately (while assessments are occurring), allowing for inmate to participate in any orientation, recreation, and out of cell time with the rest of the population in accordance with the rules of that unit.
 - 2. Afford the inmate the opportunity to shower separately from other inmates.
 - 3. Determine the preferred gender of the officer who will conduct pat search, strip searches, and/or body scan.
 - a. In making this determination, the facility shall take into account the inmate's gender preference, facility needs, and safety and security.
 - i. This preference will be considered during routine non-emergency pat searches, strip searches, and body scans. In the event of an emergent situation, safety and security

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of the inmate, the inmate population and the facility will take priority.

4. Determine programming and housing assignments based on the facility's PREA Compliance Manager's recommendations.
 - a. Upon completion of the Gender Dysphoria Assessment and development of a management plan or for other custodial reasons, programming and housing assignments may change.
 - b. Upon intake, if the inmate who self identifies as being gender diverse, reports that they had been receiving gender affirming care in the community, confirmation of such treatment and/or medications be obtained in accordance with Administrative Directive 8.1, Scope of Health Services. The intake clinician will seek the inmate's authorization for the appropriate Release of Information (ROI) to obtain relevant medical records from outside medical providers.
 - i. If the inmate refuses to authorize a Release of Information for current treatment providers, the inmate will be educated that the provision of the inmate's current treatment may be changed or discontinued following a complete medical assessment by a licensed physician or APRN (including lab work and any other diagnostic assessment suggested by the provider).
 - ii. If the inmate reports receiving gender affirming care prior to incarceration, including non-prescribed hormones, a referral will be made to a licensed physician or APRN to evaluate the inmate within 10 business days.
 - iii. Staff are to maintain the privacy and confidentiality of inmates identifying as gender diverse and/or having an intersex condition, to the fullest extent possible while also ensuring the safety and security of the facility. Only that information which is required for staff to perform their specified job duties will be shared.
 1. Inmates will not be discriminated against due to their gender identity and/or intersex condition and will be afforded the same treatment and protection as any cisgender inmate.
 - a. In accordance with Administrative Directive 2.2, Sexual Harassment and Administrative Directive 2.17, Employee Conduct, there is a zero tolerance for any form of harassment by any staff, vendor, visitor or inmate. Any substantiated incidences of harassment may result in disciplinary action.
5. Identification of need for a Gender Diverse Management Plan. Upon admission to the CTDOC, or at any other time during an inmate's incarceration, if the inmate either self-identifies as being gender diverse or is referred as possibly having Gender Dysphoria or Intersex related condition, a CN 81701, Gender Diverse Referral Form shall be initiated by the staff person whom the inmate discloses such information or by any staff member that refers an inmate for Gender Dysphoria assessment. The initiated CN 81701, Gender Diverse Referral Form shall be submitted to the unit supervisor for completion. Once the unit or shift supervisor completes form CN 81701, Gender Diverse Referral Form, the referral shall forward the completed form to the Unit Administrator. The Unit Administrator shall forward within three business days of receipt to the facility Supervising Psychologist for assessment.
 - a. Upon receipt of the CN 81701, Gender Diverse Referral Form, the Supervising Psychologist or trained clinician shall schedule a face-to-face interview with the inmate. The interview shall occur within ten (10) business days from the receipt of the CN 81701, Gender Diverse Referral Form. The purpose of the interview is to assess and determine if the inmate meets the criteria outlined in the DSM-V for a diagnosis of Gender Dysphoria.
 - i. For inmates who meet the DSM V criteria for Gender Dysphoria or who may require a management plan, the assessment tools, CN 81701, Referral for Gender Dysphoria Assessment, CN 81702, Gender Diverse Management Plan, provisional recommendations and any other pertinent information shall be forwarded as a comprehensive package in a timely manner to the Gender Diverse

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Review Committee (GDRC) and so documented in the Electronic Health Record (EHR).

- b. All inmates who meet the DSM V criteria for Gender Dysphoria will be referred to a licensed physician or APRN and facility psychologist for an evaluation to discuss possible medical and psychological interventions. All medical and mental health services, relating to gender diverse care, provided by the healthcare employee shall be in accordance with Administrative Directives 8.1 Scope of Health Services and 8.5 Mental Health Services.

- i. In the event the inmate is seeking gender affirming hormone care and has a medical contraindication(s) that prevents gender affirming hormone care, the inmate will be informed by the medical provider the reason for the contraindication(s) and may be referred externally for further evaluation.

- c. If the identified inmate does not meet DSM-V criteria for a diagnosis for Gender Dysphoria following the initial interview, a qualified mental health clinician who was not involved in the initial interview of the inmate, will conduct a secondary interview within ten (10) business days of the diagnostic determination.

- i. If the interviewers cannot agree on the diagnosis, the inmate will be given a provisional diagnosis of Gender Dysphoria, which will be reviewed within six (6) months for diagnostic clarification. The GDRC shall be notified.

- 1. If an inmate disagrees with the diagnosis, then the inmate will have the opportunity to file a Health Services Administrative Remedy form in accordance with Administrative Directive 8.9, Health Services Review.

- 6. Gender Diverse Review Committee (GDRC) The Gender Diverse Review Committee (GDRC) is a multi-disciplinary group that shall approve management plans and may provide other recommendations regarding custodial management as it relates to inmates identifying as gender diverse and/or who have an intersex condition.

- a. The GDRC will be chaired by a designated member of the Health Services Unit as directed by the Chief Operating Officer. The chair shall identify other subject matter expert(s) deemed appropriate.

- b. Upon receipt of the assessment package and provisional recommendations contained in the CN 81702, Gender Diverse Management Plan, the GDRC shall review all documents received as soon as practicable. After such time, the GDRC shall accept, reject, or suggest revisions to the provisional recommendations and provide any appropriate comments.

- i. Each decision made by the GDRC is final and not subject to appeal unless a change in circumstances requires a new review.

- c. The CN 81702, Gender Diverse Management Plan shall be submitted to the facility administrator for inmate signature and implementation. A copy shall be kept in section 6 of the inmate master file. A copy shall be provided to Health Records, the inmate, and Population Management. The Unit Administrator or designee shall forward a copy to the appropriate Counselor Supervisor for a classification update function and shall only be distributed to individuals who need to know the information contained therein.

- d. GDRC will meet, at a minimum, monthly to review all current submissions, requested reviews or updates / changes.

- e. GDRC will review this directive annually, to ensure it supports current community standards.

- 7. Inmate Classification. Upon completion of the Gender Dysphoria Assessment, the MH level may be reevaluated and changed if clinically indicated.

- a. Once a GDMP is approved, the GDRC shall notify the appropriate Unit Administrator in accordance with section 6 (c) of this directive.

8. Transfers.

- a. Inter-facility transfers. Any and all inter-facility transfers shall be in accordance with Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges. Whenever possible, prior to an inter-facility transfer occurring, the

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GDRC shall be notified via email by population management for the purpose of providing consultation with the receiving facility to ensure the GDMP can be executed at the receiving facility.

- b. Planned Community transfers. The GDRC may be notified via email by either the Community Release Unit (CRU) or Parole and Community Services (PCS) staff for the purpose of providing consultation for any and all planned community transfers, including inmates under active parole supervision.
 - i. The preferred gender of the officer who will conduct the pat searches will be determined in consultation with the GDMP. This preference will be considered during routine non-emergency pat searches. In the event of an emergent situation, safety and security of the inmate and others in the facility will take priority.
 - ii. If an inmate is remanded to a facility and has a birth certificate, passport or driver's license that reflects his or her gender identity, he or she shall presumptively be placed in a correctional facility with inmates of the gender consistent with that indicated on the identification. This presumptive placement may be overcome if the placement would present significant safety, management, or security problems as determined by the Commissioner or designee.
- c. Readmission. Inmates with a GDMP who return to DOC custody within a year of their discharge, shall be managed according to that GDMP.
 - i. The inmate may request a review of the GDMP.

9. Commissary Items. Upon entry into any facility, any inmate may order commissary from the commissary list for that identified facility. Once the diagnosis of Gender Dysphoria is made, any alternate commissary will be identified as part of the inmates GDMP. All approved commissary items/ property will be in accordance with Administrative Directive 6.10, Inmate property.

10. Training

- a. Pre-Service Training. A gender responsive curriculum shall be part of the training program for all new Department employees with direct inmate contact in accordance with Administrative Directive 2.7, Training and Staff Development.
- b. In-Service Training. Direct contact employees shall be required to participate in training at the interval determined by the Director of the Maloney Center for Training and Staff Development (MCTSD) and, when appropriate, by the training division of the DOC contracted healthcare provider in consultation with MCTSD.

11. Forms and Attachments. The following forms are applicable to this Administrative Directive and shall be utilized for their intended function.

- a. CN 81701. Gender Diverse Referral Form.
- b. CN 81702. Gender Diverse Management Plan.

12. Exceptions. Any exceptions to the procedures in this Administrative Directive shall require prior written approval from the Commissioner.