

Transgender Care Guide

January 2023



CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

Information contained in the Care Guide is not a substitute for a health care professional's clinical judgment. Evaluation and treatment should be tailored to the individual patient and the clinical circumstances. Furthermore, using this information will not guarantee a specific outcome for each patient.

Refer to "Disclaimer Regarding Care Guides" for further clarification.

<https://cchcs.ca.gov/clinical-resources/>

SUMMARY

GOALS

- ✓ Provide gender affirming care.
- ✓ Assess transgender patients for Gender Dysphoria (GD).
- ✓ Monitor patient's psychological well-being and functioning.
- ✓ Maintain gender affirming hormone levels that are safe and appropriate for the patient's individualized gender goals when gender affirming hormone therapy (GAHT) is prescribed for GD.

ALERTS

- ◆ Be aware of potential for gender related victimization and discrimination that increases risk for death by suicide.
- ◆ Risk of sexual coercion or assault, threatened or actual.
- ◆ Evaluate for comorbid medical conditions when on GAHT.
- ◆ Refer to Mental Health (MH) as appropriate.
- ◆ Refer to PREA Compliance Manager (PCM) as appropriate.

DIAGNOSTIC CRITERIA¹ For definitions see page 3.

Introduction: The term "transgender" is generally used to describe a diverse group of individuals whose gender identity differs from their sex assigned at birth. Gender dysphoria refers to discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth. Not all transgender individuals will have GD. DSM-5 GD diagnostic criteria include:

- A. A marked incongruence between one's experienced/expressed gender and assigned (natal) gender of at least six months duration as manifested by at least two of the following:
 - A marked incongruence between one's experienced/expressed gender and primary (1°) and/or secondary (2°) sex characteristics.
 - A strong desire to be rid of one's 1° and/or 2° sex characteristics b/c of a marked incongruence w/one's experienced/expressed gender.
 - A strong desire for the 1° and/or 2° sex characteristics of the other gender.
 - A strong desire to be of the other gender (or some alternative gender different from one's designated gender).
 - A strong desire to be treated as the other gender (or some alternative gender different from one's designated gender).
 - A strong conviction one has typical feelings/reactions of the other gender (or alternative gender different from one's designated gender).
- B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

EVALUATION

MENTAL HEALTH

- Assess self-identified transgender patients for GD (Pg. 4); enter the GD diagnosis on the Problem List.
- Assess for MH disorders.
- If the patient desires GAHT refer to the primary care provider (PCP), if evaluation not previously completed.
- Encourage the patient to join a transgender support group, if available.

MEDICAL

- Perform history - focus on past medical history and history of GD hormones/surgery, include review of MH assessment (Pg. 4-5).
- Physical exam when indicated (Pg. 5).
- Order baseline labs to include human immunodeficiency virus (HIV), hepatitis C virus (HCV), hepatitis B virus (HBV), and sexually transmitted infections (STIs) screening (Pg. 6).
- Assess and manage acute and chronic care conditions.
- Ensure the World Professional Association for Transgender Health (WPATH) criteria are met to be eligible for GAHT (Pg. 6).

TREATMENT

PRE-HORMONE THERAPY (for patients who request hormones)

- Discuss realistic goals and expectations of GAHT
- (Transwoman Pg. 7, Transman Pg. 15).
- Review baseline labs (Transwoman Pg. 7, Transman Pg. 15).
- Evaluate for contraindications to GAHT
- (Transwoman Pg.8, Transman Pg. 16).
- Inform the patient of the risks/benefits of GAHT (Transwoman Pg. 8, Transman Pg.16) and obtain informed consent using a CDCR 7528 (Transwoman) or CDCR 7528-1 (Transman).

SOCIAL/ENVIRONMENTAL/HOUSING

- As indicated, refer patient to submit a [CDCR Form 22](#) to the PCM and/or a Correctional Counselor for housing and/or gender appropriate allowable clothing and personal property (Transwoman Pg. 9, Transman Pg. 16).

HORMONE MEDICATIONS

- **Transwoman:** Estrogen/Androgen blockers (Feminizing) (Pg.9).
- **Transman:** Testosterone (Masculinizing) (Pg. 17).

GENDER AFFIRMING SURGERY (GAS)

- Upon patient request, submit RFS(s) (Pg. 21)

MONITORING

MENTAL HEALTH

- Assess as clinically indicated for MH conditions.

MEDICAL

- Monitor labs as indicated (Transwoman Pg.12, Transman Pg. 18).
- Ask patients about hormone effects, sexual activity, mental health, lifestyle, psychosocial issues, etc. (Transwoman Pg.12, Transman Pg. 19).
- Ensure routine preventive screening as needed for the patient's anatomy (Transwoman Pg.13, Transman Pg. 19).
- Treatment for patients with special circumstances (Transwoman Pg.14, Transman Pg. 20).
- Refer to specialist as clinically indicated (Transwoman Pg.14, Transman Pg. 20).