



DEPT OF CORRECTIONAL SERVICES

POLICY		
GENDER DYSPHORIA, TRANSGENDER, GENDER NON-CONFORMING TREATMENT AND INTERVENTIONS		
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EFFECTIVE: December 31, 2024

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SUMMARY OF REVISION/REVIEW

Reviewed, no changes.

APPROVED:

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NDCS Medical Director

Rob Jeffreys (Dec 4, 2025 15:26:09 CST)

Rob Jeffreys, Director
Nebraska Department of Correctional Services



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PURPOSE

The Nebraska Department of Correctional Services (NDCS) provides the following policy to ensure that appropriate Gender Dysphoria, Transgender, and Gender Non-Conforming interventions are provided for incarcerated individuals within the NDCS system.

It is the policy of NDCS to appropriately diagnose, treat and manage patients with gender dysphoria in a humane, safe correctional environment sensitive to their unique adjustment issues that are consistent with the core values, vision, and mission of NDCS and its commitment to provide adequate medical care and mental health services to all patients in NDCS custody

DEFINITIONS

For all health services definitions, see Policy 115.50 *Health Services Definitions*.

PROCESS

I. RESPONSIBILITIES OF THE GENDER DYSPHORIA CLINICAL SUPERVISION GROUP

A. The gender dysphoria clinical supervision group shall be composed of the NDCS medical director, NDCS mental health director, NDCS chief psychiatrist, and annual rotating members to include a medical provider, nurse, and a qualified mental health professional (QMHP).

B. Duties

The role of the gender dysphoria clinical supervision group is to serve as a resource to the site team members as they develop gender dysphoria-related specifications to incorporate into a patient's individualized treatment plan for any patient who has a provisional or confirmed gender dysphoria diagnosis; to conduct clinical reviews of specific cases; to provide supervision to the QMHP(s) assigned to work with patients 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 quarterly or as otherwise determined by the medical director/designee

C. Supervision

Each QMHP for a patient 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 QMHP's diagnosis or treatment plan to those patients diagnosed with gender dysphoria as well as those patients for whom the diagnosis of gender dysphoria is being considered.

For those receiving other clinical services, who are receiving hormonal therapy, it may be appropriate for providers of those services to participate in gender dysphoria clinical supervision group process on an as needed basis, to ensure that integrated and consistent treatment is being provided to the patient in which case access to the patient's relevant treatment records will be made available to them.

Recommendations of the gender dysphoria clinical supervision group shall be consistent with the current laws of the state of Nebraska and Drug Enforcement Agency (DEA) practices.

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D. Continuation of Hormonal Therapy Upon Admission

1. Upon admission to NDCS, any patient for whom hormonal therapy is currently, lawfully prescribed as part of an established regimen for gender dysphoria shall have this hormonal therapy continued from the time of admission unless a medical services provider determines that such treatment is clinically contraindicated. Hormonal therapy as described above shall be continued within NDCS. An appropriate treatment plan will be developed by the primary care provider (PCP) and QMHP through consultation with the gender dysphoria clinical supervision group. As with any other medical condition, medications and/or administration routes may be changed at the discretion of the PCP.
2. A refusal by a patient 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 hormonal therapy and for interrupting or tapering the medication(s), within the discretion of the medical director and chief of psychiatry. However, regardless of the status of hormone therapy, the patient shall continue to receive mental health services on an ongoing basis.

II. IDENTIFICATION AND DIAGNOSIS OF PATIENTS WITH GENDER DYSPHORIA

A. Provisional Diagnosis

1. Upon admission to NDCS, or at any other time during a patient's incarceration, if the patient either self-identifies as meeting the criteria for gender dysphoria or is referred secondary to possible gender dysphoria, a facility-based QMHP shall evaluate the patient to determine whether the patient meets the diagnostic criteria for a provisional diagnosis of gender dysphoria. This provisional diagnosis shall be based, in part, upon a face-to-face evaluation of the patient and a review of the medical and mental health history, as well as current medical and mental health treatment record documentation. All diagnostic criteria must be met.
2. After making the provisional diagnosis, a QMHP shall seek the patient's authorization of the appropriate ROI for access to his/her medical and mental health records prior to incarceration and shall place the patient on the special needs patient list. For newly admitted patients with gender dysphoria, 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.
3. The QMHP will review the case with the gender dysphoria clinical supervision group. A diagnosis of gender dysphoria will be confirmed if appropriate. Education will be provided in the event the diagnosis is not confirmed and shall include education regarding other possibilities.
4. If there are any concerns with the validity of the gender dysphoria diagnosis, a specialty physician consultant may be contacted for further evaluation. This decision by the gender dysphoria clinical supervision group regarding a patient's gender dysphoria diagnosis shall be made within 60 calendar days after the referral has been received from the QMHP.



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III. TREATMENT PLANNING FOR PATIENTS WITH GENDER DYSPHORIA

A. Development of the Gender Dysphoria Treatment Plan

1. Following a confirmed gender dysphoria diagnosis, the patient's QMHP 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.
2. The QMHP shall develop this treatment plan in whole or in part with consultation from the gender dysphoria clinical supervision group. In addition, the QMHP shall also consult with the patient's treating psychiatrist and any other clinician or practitioner who may provide clinical services to the patient. The treatment plan should be focused on the patient's individualized needs based upon the provision of medically necessary care.

B. Treatment Plan Review and Approval

1. Once the treatment plan has been developed, it shall be forwarded to the gender dysphoria clinical supervision group for review, to ensure that all recommendations are clinically appropriate and taking into consideration the patient's individualized needs based upon the provision of medically necessary care.
2. If the gender dysphoria clinical supervision group recommends that hormone therapy should be added as a component of the individualized treatment plan, then the patient shall be referred and evaluated by the assigned facility physician or mid-level practitioner.
 - a. If the facility medical PCP believes the use of hormone therapy does not present any significant physiological threat or contraindication to the patient for medical reasons, the facility PCP may prescribe hormone therapy as medically necessary.
 - b. If the facility medical PCP believes 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 medical director for review.
 - c. In the event treatment with hormonal therapy is medically contraindicated by a specialty physician consultant, the determination shall be communicated to the medical director.
 - d. Any patient refusing to be evaluated by the facility PCP and/or a specialty physician consultant shall not receive hormonal therapy due to the potential for clinical ramifications; medical risks involved, and the need for expert medical management from a specialty physician consultant.



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IV. ESSENTIAL ELEMENTS OF THE TREATMENT PLAN FOR GENDER DYSPHORIA DIAGNOSED PATIENTS

- A. The goal of gender dysphoria-related modifications to the Individualized mental health treatment plan is to assist the gender dysphoria-diagnosed patient in exploring and managing his/her issues related to gender dysphoria as well as any co-occurring mental health disorders.
- B. Although individualized, the treatment plan for all patients diagnosed with gender dysphoria shall contain, at a minimum, these essential elements:
 1. The patient is offered participation in at least monthly individual psychotherapy provided by the mental health service provider.
 2. The treatment plan may contain recommendations regarding access to gender affirming clothing and canteen/cosmetic items.
 - a. In the event that a treatment recommendation is made that may potentially present security, safety, or operational difficulties within the correctional environment, the mental health director shall refer the treatment recommendation to the facility warden for a security review. The security review shall take into account the patient's individual history of incarceration and present circumstances.
 - b. In the event that the treatment recommendation is determined to present security, safety or operational difficulties, the security review will be forwarded to the NDCS medical director. The medical director shall meet with the gender dysphoria clinical supervisory group to determine the best way to mitigate security concerns and deliver appropriate care.
 3. Commensurate with the security level of the housing placement, gender dysphoria patients 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 patients housed in that institution. If it is determined that there is need for additional garments the request will be reviewed individually.
 4. Similarly, gender dysphoria patients 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 patients housed in that institution. If it is determined that there is need for additional garments the request will be reviewed individually.
- C. The treatment plan shall become effective after the gender dysphoria clinical supervisory treatment group has developed or agreed with clinically appropriate and medically necessary treatment recommendations. If a patient refuses to participate in any or all aspects of the treatment plan as it relates to his/her treatment of gender dysphoria, this will be documented and modifications based on clinical need will be made to the treatment plan.
- D. The gender dysphoria clinical supervision group recognizes that access to gender affirming canteen items may be beneficial to the well-being of transgender and gender nonconforming individuals. Transgender and gender non-conforming individuals will only

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be permitted to purchase and retain canteen items that are allowed within the facility and level of security that is commensurate to their housing assignment

V. REPORTING

A. Gender Dysphoria Clinical Supervision Group

1. The gender dysphoria clinical supervision group shall prepare a quarterly report regarding its review of all cases of patients diagnosed with gender dysphoria and any specific recommendations. The report will also include transgender and gender nonconforming persons. The format of this report shall be approved by the mental health director.
2. The quarterly report of the gender dysphoria clinical supervision group shall be submitted within 30 calendar days after the end of the quarter to the mental health director.
3. The quarterly report shall be reviewed by the medical director and the mental health director and shall be available for review by NDCS team members and others on a "need to know" basis as determined by the mental health director and copied to the facility warden(s) at those facilities where individual(s) with gender dysphoria diagnosis are housed.

VI. MANAGEMENT AND PLACEMENT

- A. A patient who is committed to the NDCS shall be placed in a facility according to the sex assignment at birth or after gender confirmation surgery based on Neb. Rev. Stat. §71-604.01.
- B. The institutional psychologist supervisor may provide clinical input as to their clinical recommendations related to housing of a patient diagnosed with gender dysphoria at their respective facility. Consideration of these clinical recommendations should be given by NDCS when making determinations regarding such issues; however, final determination regarding housing placement is the responsibility of the NDCS administration and the facility wardens.
- C. All housing determinations shall be made in accordance with PREA and its implementing regulations.

REFERENCE

- I. STATUTORY REFERENCE AND OTHER AUTHORITY
 - A. Neb. Rev. Stat. - §71-604.01
- II. NDCS POLICIES
 - A. Policy 115.50 *Health Services Definitions*
- III. ATTACHMENTS – None noted
- IV. AMERICAN CORRECTIONAL ASSOCIATION (ACA) – None noted