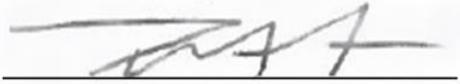


POLICY TITLE: TRANSGENDER, GENDER NONBINARY, AND INTERSEX ADULT RESIDENTS		Page 1 of 13
POLICY NUMBER: 23.8		
CHAPTER 23: CLASSIFICATION		
	STATE of MAINE DEPARTMENT of CORRECTIONS Approved by Commissioner: 	PROFESSIONAL STANDARDS: See Section VIII
EFFECTIVE DATE: November 16, 2015	LATEST REVISION: January 23, 2023	CHECK ONLY IF APA []

I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in 34-A M.R.S.A. Section 1403.

II. APPLICABILITY

All Adult Facilities

III. POLICY

It is the policy of the Maine Department of Corrections to provide a safe, supportive, and discrimination-free environment that is affirming of every adult resident’s gender identity, including transgender, gender nonbinary, and intersex residents.

IV. DEFINITIONS

1. Cisgender person – a person whose gender identity corresponds with their sex assigned at birth.
2. Gender dysphoria - is defined as is in the current Diagnostic and Statistical Manual and refers to psychological distress that results from an incongruence between one’s sex assigned at birth and one’s gender identity.
3. Gender expression - the ways (e.g., name, clothing, hair style, body language, and mannerisms) in which a person embodies gender attributes, whether masculine, feminine, or androgynous.
4. Gender identity - a person’s sincerely held core belief regarding their gender, whether male, female, both, or neither.
5. Gender nonconforming – a person whose gender expression falls outside what is generally considered for their sex assigned at birth.
6. Gender nonbinary person – a person whose gender identity falls outside the binary definition of male or female.

7. Health care provider – for purposes of this policy, physician, physician assistant, or nurse practitioner.
8. Intersex person – a person who is born with variations in sexual features that fall outside traditional conceptions of male or female bodies, including variations in external genitalia.
9. Licensed clinician – psychiatrist, psychologist, psychiatric nurse practitioner, licensed clinical case manager, licensed clinical professional counselor, or licensed marriage and family therapist.
10. Sexual orientation – the gender of persons to whom a person is sexually attracted, whether to persons of the same gender, a different gender, or more than one gender.
11. Staff – for purposes of this policy, Department employee or a person in an adult facility providing services to an adult resident by agreement with or under contract with the Department (e.g., facility health care staff), but not including a volunteer, student intern, delivery person, etc.
12. Transgender person – a person whose gender identity is different from what is their sex assigned at birth.

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VI. ATTACHMENTS

Attachment A:	Sexual Orientation, Gender Identity, and Gender Expression (SOGIE) Questionnaire
Attachment B:	Transgender, Intersex, or Gender Nonbinary Adult Resident Multidisciplinary Team Meeting Review form

VII. PROCEDURES

Procedure A: General

1. All adult facility staff, volunteers, and student interns who may have contact with an adult resident shall receive training on this policy and issues regarding transgender, gender nonbinary, and intersex residents, including, but not limited to:
 - a. how to communicate effectively and professionally with all residents, including transgender, gender nonbinary, and intersex residents;

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- b. awareness of needs, risks, and challenges that transgender, gender nonbinary, and intersex residents face;
 - c. resources available to transgender, gender nonbinary, and intersex residents; and
 - d. ways in which to provide a safe, supportive, and discrimination-free, harassment-free, and abuse-free environment that is affirming of every resident's gender identity.
2. Under no circumstances may any facility staff, volunteer, or student intern compel a resident to disclose information about the resident's gender identity, sexual orientation, or sexual features or threaten a resident with discipline or other negative consequences for failure to disclose such information.
 3. Under no circumstances may a search of a resident ever be conducted for the purpose of determining a resident's genitalia or other anatomical features.
 4. Under no circumstances may any facility staff, volunteer, or student intern attempt to change a resident's gender identity, gender expression, or sexual orientation. Under no circumstances may any facility staff, volunteer, or student intern prohibit or punish or impose other negative consequences due to behavior that is deemed to be gender nonconforming.
 5. In addition to the above training, all facility staff providing mental health services to residents shall be trained on issues specific to transgender, gender nonbinary, gender nonconforming, and intersex residents, such as bullying, isolation, harassment, family rejection, etc., that can have a negative effect on a resident's mental health and, as appropriate, shall confer with providers or consultants with expertise in these issues when providing services.
 6. In addition to the above training, all facility staff providing medical services to residents shall be trained on issues specific to transgender and intersex residents, such as hormone treatment, etc., that can have an effect on a resident's medical care, and, as appropriate, shall confer with providers or consultants with expertise in these issues when providing services.
 7. A transgender or gender nonbinary resident's gender identity or intersex resident's intersex status is mental health and/or medical information and may be disclosed only to the extent permitted by law and Department Policy (AF) 11.2, Confidentiality of Resident Information and any other applicable policies. Unless the resident gives consent, a transgender, gender nonbinary, or intersex resident's gender identity or intersex resident's intersex status shall not be disclosed to the resident's family or, if applicable, guardian.
 8. In addition to the above training, all facility staff providing education programs to residents shall be aware of issues specific to transgender, gender nonbinary, gender nonconforming, and intersex residents, such as acceptance of gender diversity, maintaining healthy relationships, etc., and, as appropriate, shall confer with consultants with expertise in these issues when providing the programs.

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9. The facility Chief Administrative Officer, or designee, shall ensure residents have access to reading materials specific to transgender, gender nonbinary, gender nonconforming, and intersex adults, as well as materials related to sexual orientation.
10. The facility Chief Administrative Officer, or designee, shall ensure residents have access to contact information for community support groups for transgender, gender nonbinary, and intersex adults, as well as community support groups related to sexual orientation.
11. Discrimination against or harassment of a transgender, gender nonbinary, gender nonconforming, or intersex resident by staff, volunteers, or student interns is not tolerated and shall be addressed as set forth in applicable policies, including but not limited to, Department Policies 1.6, Prohibition on Discrimination, 2.8, Contracted Services, 6.11.3, Sexual Misconduct (PREA & Maine Statutes) Reporting and Investigation, and 6.11.4, Sexual Misconduct (PREA & Maine Statutes) Administrative Sanctions and Grievances.
12. Harassment of a transgender, gender nonbinary, gender nonconforming, or intersex resident by another resident is not tolerated and shall be addressed as set forth in applicable policies, including but not limited to, Department Policies (AF) 20.1, Resident Discipline and 6.11.4, Sexual Misconduct (PREA & Maine Statutes) Administrative Sanctions and Grievances.
13. Physical, sexual, verbal, emotional, or other abuse of a transgender, gender nonbinary, gender nonconforming, or intersex resident is not tolerated and shall be addressed as set forth in Department Policies 7.1, Criminal Investigations and/or 7.3, Administrative and Personnel Complaint Investigations, as applicable.
14. Any transgender, gender nonbinary, gender nonconforming, or intersex resident may use the grievance process set out in Department Policy (AF) 29.1, Adult Resident Grievance Process, General, to file a grievance about discrimination, harassment, or abuse. A resident may also make a complaint in writing or verbally to any staff.
15. The Chief Administrative Officer, or designee, shall assess, on at least an annual basis, the facility's climate with respect to transgender, gender nonbinary, gender nonconforming, and intersex residents by reviewing grievances filed by and speaking with transgender, gender nonbinary, gender nonconforming, and intersex residents; conducting anonymous surveys of residents asking them for their observations on the treatment of transgender, gender nonbinary, gender nonconforming, and intersex residents; and holding discussions with staff, volunteers, student interns, and residents to gain insight into their experiences, etc.
16. Separate housing dedicated specifically to transgender, gender nonbinary, and/or intersex residents shall not be established.

Procedure B: Intake to Reception Facility

1. Upon intake to the reception facility, the intake staff shall inquire as to the adult resident's gender identity.

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2. Except as set out below, the security staff conducting or observing the intake unclothed body search shall be of the same gender as the resident's stated gender identity. In other words, if the resident identifies as male (whether cisgender male or transgender male), the staff shall be male (whether cisgender male or transgender male), and if the resident identifies as female (whether cisgender female or transgender female), the staff shall be female (whether cisgender female or transgender female).
3. If a resident who is transgender or intersex requests it, the staff shall be of the opposite gender as the resident's stated gender identity. If the resident identifies as gender nonbinary, the staff shall be of the gender (male or female) the resident requests.
4. The only exception to any of the above is if there is reasonable suspicion that the resident has in their clothing or on their body contraband consisting of a weapon or any other item that creates an imminent risk to the safety of self or others that cannot be easily retrieved through lesser intrusive means and staff of the appropriate gender is not available, in which case the search may be conducted by staff of any gender.
5. As part of the intake process, every resident shall be requested, but not required, to complete the Sexual Orientation, Gender Identity, and Gender Expression (SOGIE) Questionnaire (Attachment A).
6. This request shall be made before the intake unclothed body search, unless the intake unclothed body search is needed immediately due to reasonable suspicion that the resident has in their clothing or on their body contraband consisting of a weapon or any other item that creates an imminent risk to the safety of self or others that cannot be easily retrieved through lesser intrusive means, in which case this request shall be made after the unclothed body search.
7. Facility intake staff shall provide assistance to the resident to complete the questionnaire unless the resident indicates they do not need any assistance. A resident shall not be disciplined for refusing to complete the questionnaire in whole or in part.
8. The original of a partially or fully completed questionnaire shall be forwarded to the appropriate Unit Manager, or designee, to be placed in the resident's unit file, and copies shall be forwarded to the Chief Administrative Officer, or designee, and the facility PREA Compliance Manager, or designee.
9. Intake staff at the facility shall contact the Chief Administrative Officer, or designee, if any time during intake, whether on the questionnaire or otherwise, a resident reports as being transgender, gender nonbinary, or intersex.
10. The Chief Administrative Officer, or designee, shall determine the resident's immediate housing placement until a final decision is made and implemented as the result of a further, more in-depth assessment by the multidisciplinary team as set out below. Intake staff shall document in CORIS the reason stated by the Chief Administrative Officer, or designee, for the determination.
11. In the case of a transgender or intersex resident, the housing placement shall be consistent with the gender identity of the resident, except when placement in such housing would create a risk to safety, security, or orderly management of the facility,

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including, but not limited to, a risk to the safety of other residents or a risk to the safety of the transgender or intersex resident.

12. In the case of a resident who is gender nonbinary, the housing placement shall be in accordance with the resident's preference, except when placement in such housing would create a risk to safety, security, or orderly management of the facility, including, but not limited to, a risk to the safety of other residents or a risk to the safety of the gender nonbinary resident.
13. In the case of a reception facility with housing for only one gender, if the Chief Administrative Officer, or designee, would place the resident in a housing unit for the opposite gender if one were available, the resident shall be placed in a housing unit that will mitigate any risk to safety or security. The Chief Administrative Officer, or designee, shall, as soon as possible, contact the Director of Classification, or designee, for a determination as to whether the resident should be transferred to another facility with the other gender housing unit.
14. The Director of Classification, or designee, shall arrange for the transfer as soon as practicable, unless transfer to another facility for placement in the other gender housing unit would create a risk to safety, security, or orderly management of the facility.
15. If a safety issue arises that might require a change from the immediate housing placement made by the Chief Administrative Officer, or designee, facility staff shall take appropriate steps to mitigate the risk in accordance with relevant Department policies and facility practices, until the housing placement can be reviewed by the Chief Administrative Officer, or designee.
16. Except as set out below, the gender of the staff who are allowed to conduct or, if applicable, observe a search of a transgender or intersex resident shall be of the same gender as the gender identity of the resident as they stated it at intake, unless at intake the requested the opposite gender staff, until a final decision is made and implemented as the result of a further, more in-depth assessment by the multidisciplinary team as set out below. The gender of the staff who are allowed to conduct or, if applicable, observe a search of a gender nonbinary resident shall be of the gender the resident requested at intake until a final decision is made and implemented as the result of a further, more in-depth assessment by the multidisciplinary team as set out below.
17. The only exception is if there is reasonable suspicion that the resident has in their clothing or on their body contraband consisting of a weapon or any other item that creates an imminent risk to the safety of self or others that cannot be easily retrieved through lesser intrusive means and staff of the appropriate gender is not available, in which case the search may be conducted by staff of any gender.
18. In the case of a reception facility with insufficient staff of the appropriate gender, the resident may be searched by staff of any gender if staff of the appropriate gender is not available at a time when a search is required by Department Policy 14.14.1 (AF), Searches of Adult Residents. The Chief Administrative Officer, or designee, shall, as soon as possible, contact the Director of Classification, or designee, for a determination as to whether the resident should be transferred to another facility with sufficient staff of the appropriate gender.

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19. The Director of Classification, or designee, shall arrange for the transfer as soon as practicable, unless transfer to another facility would create a risk to safety, security, or orderly management of the facility.

Procedure C: After Intake

1. If, after intake to the reception facility, an adult resident reports to any staff, whether at the reception facility or at a facility to which the resident has been transferred, as being transgender, gender nonbinary, or intersex, the staff shall, as soon as possible, contact the Chief Administrative Officer, or designee, and the PREA Compliance Manager, or designee.
2. The Chief Administrative Officer, or designee, shall notify the resident's case manager. The resident shall be requested, but not required, to complete the Sexual Orientation, Gender Identity, and Gender Expression (SOGIE) Questionnaire (Attachment A).
3. The case manager shall provide assistance to the resident to complete the questionnaire unless the resident indicates they do not need any assistance. A resident shall not be disciplined for refusing to complete the questionnaire in whole or in part.
4. The original of a partially or fully completed questionnaire shall be forwarded to the resident's Unit Manager, or designee, to be placed in the resident's unit file, and copies shall be forwarded to the Chief Administrative Officer, or designee, and the facility PREA Compliance Manager, or designee.
5. The resident shall not be moved to a housing unit with residents of a different gender than the resident has been housed with and shall be searched by staff of the same gender as other residents in the unit until a final decision is made and implemented as the result of a further, more in-depth assessment by the multidisciplinary team as set out below.

Procedure D: Medical and Mental Health Care and Other Matters

1. The Chief Administrative Officer, or designee, shall notify the facility Health Services Administrator (HSA) as soon as possible when an adult resident reports being transgender, gender nonbinary, or intersex.
2. A transgender or intersex resident who at the time of intake to the reception facility is currently being treated with hormonal medications shall be continued on those medications at least until the resident has been seen by the facility health care provider in accordance with Department Policy (AF) 18.7, Pharmaceuticals. Once the resident is seen, the facility health care provider shall continue the hormonal medications unless determined not to be medically necessary or contraindicated. A determination to discontinue hormonal medications shall not be based on a belief that hormonal medications are detrimental to the resident's sex assigned at birth.
3. If applicable, the HSA shall attempt to expedite the process of confirming through health care records whether the resident has received a diagnosis of gender dysphoria, has received hormonal treatment, has received transition related medical or mental health care, or there exist any other relevant factors.

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4. Health care staff shall ask the resident to sign any necessary release of information to obtain the appropriate health care records.
5. If the resident has a guardian, under no circumstances shall the guardian be asked to sign a release to obtain health care records.
6. Appropriate health care staff shall determine whether a transgender, gender nonbinary, or intersex resident requires an evaluation for gender dysphoria, an expedited medical and/or mental health assessment, or medical and/or mental health counseling or treatment.
7. Medical or mental health care decisions shall be made by the relevant health care provider or licensed clinician, as appropriate. Under no circumstances may a resident be prescribed hormonal treatment or other transition related medical care unless it is medically necessary, not contraindicated, and the resident consents to the treatment.
8. If applicable, the Chief Administrative Officer, or designee, may contact the resident's probation officer, case manager at another facility, or any other Department staff to request any information that might be relevant to whether the resident has a consistently held gender identity or any other relevant information.
9. A transgender or intersex resident shall be given the opportunity to shower and use toilet facilities privately.
10. When providing State-issued clothing, facility staff shall provide transgender, gender nonbinary, gender nonconforming, and intersex residents with clothing, including undergarments, consistent with their gender identity or gender expression unless otherwise requested by the resident.
11. When providing State-issued hygiene and grooming items, facility staff shall provide all residents with items consistent with their gender identity or gender expression unless otherwise requested by the resident, except that feminine hygiene items shall only be provided to those residents who menstruate.
12. Clothing, hygiene and grooming items, and other gender-specific property items allowed to a transgender, gender nonbinary, gender nonconforming, or intersex resident shall not include items that are not allowed to other residents, except, if applicable, for clothing items that are consistent with a resident's gender identity or gender expression, e.g., padded bra for a resident who identifies as female, chest binding for a resident who identifies as male, etc.

Procedure E: Team Recommendations

1. Within ten (10) working days of the intake to the reception facility of an adult resident who reports as transgender, gender nonbinary, or intersex during intake or within ten (10) working days of the report to staff by a resident who reports as transgender, gender nonbinary, or intersex after intake, the Chief Administrative Officer, or designee, shall convene a meeting of a multidisciplinary team.
2. The multidisciplinary team shall be composed of the Unit Manager of the housing unit where the resident has been housed, or the Unit Manager's designee, the resident's

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case manager, the facility Health Services Administrator (HSA), or designee, the Department's Medical Director, or designee, the Department's Director of Behavioral Health Services, or designee, a member of the facility behavioral health care staff, a member of the facility security staff, a member of the facility classification staff, and the facility PREA Compliance Manager, or designee, as well as any other staff deemed appropriate.

3. Unless the resident's behavior warrants otherwise, the resident may attend and participate in the meeting. If the resident is not at the meeting, either because of behavioral issues or because the resident declines to attend, the views of the resident shall be obtained and presented to the team by the Unit Manager, or designee.
4. At the conclusion of the meeting, this team shall make recommendations about the following matters, as applicable:
 - a. type of housing appropriate for the resident, including, if applicable, whether a transfer to another facility is necessary to implement this recommendation;
 - b. gender of staff who are allowed to conduct and, if applicable, observe searches, including, if applicable, whether a transfer to another facility is necessary to implement this recommendation;
 - c. any special shower and toilet arrangements;
 - d. any safety or security precautions required;
 - e. any accommodations required due to relevant medical issues;
 - f. any accommodations required due to relevant mental health or other behavioral health issues;
 - g. any relevant program or service needs; and
 - h. any other relevant matters.
5. The recommendations shall be based on, but not be limited to, the following factors, as applicable:
 - a. the resident's gender identity;
 - b. whether that gender identity has been consistently held;
 - c. the steps, if any, taken by the resident toward transitioning, considering the resident's age, ability to transition, and whether the resident was or still is questioning their gender identity;
 - d. any potential risks to the continuing safety of the resident or other residents or to security or orderly management of the facility;
 - e. the resident's views with respect to their own safety;
 - f. any views of the resident with respect to the above matters;
 - g. any relevant information from the resident's PREA screening, assessment, and any reassessment;
 - h. any relevant information from the resident's SOGIE;
 - i. any relevant mental health and other behavioral health issues;

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- j. any relevant medical issues; and
 - k. any other relevant factors.
6. Within three (3) working days of receiving the recommendations from the team, the Chief Administrative Officer, or designee, shall make the final decisions as to all of the team's recommendations, except in relation to medical or mental health care or transfer. The resident shall be informed of those decisions by the Unit Manager, or designee, as soon as practicable.
 7. If there is a recommendation to transfer the resident to another facility and the Chief Administrative Officer, or designee, agrees, the recommendation shall be forwarded to the Department's Director of Classification, or designee, for a final decision. In the meantime, no final decisions shall be made about type of housing and searches. If the resident is transferred, the Chief Administrative Officer, or designee, of the receiving facility shall convene a meeting of a multidisciplinary team within ten (10) working days of the transfer.
 8. If there is any legal issue, the Chief Administrative Officer, or designee, shall consult with the Department's legal representative in the Attorney General's office prior to making the final decision on that issue.
 9. Unless safety, security, or orderly management considerations dictate otherwise, decisions about type of housing and searches shall be consistent with a transgender or intersex resident's consistently held gender identity or, in the case of a gender nonbinary resident, consistent with their consistently held preference.
 10. Once the final decision is made by the Chief Administrative Officer, or designee, as to the gender of the staff who are allowed to conduct and, if applicable, observe searches of a transgender, gender nonbinary, or intersex resident, then only staff of that gender shall conduct any pat search or conduct or observe any unclothed body search.
 11. The only exception is if there is reasonable suspicion that the resident has in their clothing or on their body contraband consisting of a weapon or any other item that creates an imminent risk to the safety of self or others that cannot be easily retrieved through lesser intrusive means and staff of the appropriate gender is not available, in which case the search may be conducted by staff of any gender.
 12. The final decisions on the recommendations shall be used to inform the development of the resident's case plan.
 13. The Chief Administrative Officer, or designee, shall reconvene the team within six (6) months of the initial meeting to review its recommendations. This review shall include whether the recommendations need to be changed. Specific attention shall be given to any risks to safety reportedly experienced by the resident.
 14. The Chief Administrative Officer, or designee, shall reconvene the team every six (6) months thereafter to review its recommendations.
 15. The Chief Administrative Officer, or designee, may reconvene the multidisciplinary team to review its recommendations at any other time the Chief Administrative Officer, or

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designee, deems it appropriate, including due to risks to safety of the resident or other residents, at the request of staff, or at the request of the resident.

16. Within three (3) working days of receiving any new recommendations from the team, the Chief Administrative Officer, or designee, shall make the final decisions as to all of the team's recommendations, except in relation to medical or mental health care or transfer. The resident shall be informed of those decisions by the Unit Manager, or designee, as soon as practicable.
17. If a resident reports that they no longer identify as transgender, are no longer gender nonbinary, or otherwise do not need these team meetings, the Chief Administrative Officer, or designee, shall discontinue them. The resident shall not be disciplined for reporting this.
18. Except for recommendations relating to medical or mental health care and related decisions of the health care provider or licensed clinician, multidisciplinary team meetings, as well as recommendations of the team and decisions by the Chief Administrative Officer, or designee, including reasons, shall be documented in CORIS.
19. If applicable, any multidisciplinary team recommendations as to medical or mental health care and related decisions of the health care provider or licensed clinician, including reasons, shall be documented in the resident's electronic health care record.
20. In addition, each review by the multidisciplinary team shall be documented on the Transgender, Intersex, or Gender Nonbinary Adult Resident Multidisciplinary Team Meeting Review form (Attachment B). The form shall be maintained in the resident's unit file.
21. The Chief Administrative Officer, or designee, shall ensure that practices are in place to provide relevant staff information pertaining to the daily management of the resident, including, but not limited to, gender of staff to conduct searches, gender-specific property items allowed, shower arrangements, and name and pronoun usage.

Procedure F: Name and Pronoun Usage

1. When a facility staff, volunteer, or student intern is addressing an adult resident by first name, the person shall address a transgender, gender nonbinary, or intersex resident by the resident's preferred first name, except as set out below.
2. A preferred first name shall not be used if the Chief Administrative Officer, or designee, determines it indicates affiliation with any gang or terrorist group, has vulgar, obscene, or repugnant connotations, or otherwise creates a risk to safety, security, or orderly management of the facility. In such a case, the resident shall be asked if they have a different preferred first name that does not violate these restrictions.
3. When a facility staff, volunteer, or student intern uses a pronoun in reference to a transgender, gender nonbinary, or an intersex resident, the person shall use a pronoun that reflects the resident's preference, except as set out below.
4. Unless the resident gives consent, a preferred first name or pronoun that would reveal to the resident's family, or, if applicable, guardian, that the resident is transgender,

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gender nonbinary, or intersex shall not be used in the presence of or when communicating with such a person nor shall it otherwise be revealed to such a person that the resident is transgender, gender nonbinary, or intersex.

5. A preferred first name or pronoun shall not be used nor shall it otherwise be revealed that the resident is transgender, gender nonbinary, or intersex in other circumstances if the resident indicates that would create an unsafe situation and it is not necessary for that information to be revealed in order to carry out the functions of the Department.
6. When a facility staff, volunteer, or student intern is addressing any resident by last name, the person shall address the resident by using the last name only or by using the title "Resident" in front of the last name.
7. The resident's first and last name as it appears on the judgment and commitment or other court order under which the resident was admitted to the Department shall be used for all Department records, including, but not limited to, administrative records, unit records, electronic health care records, log book entries, and CORIS notes and other entries, except as set out below.
8. If different from the first name as it appears on that order, designated facility staff shall enter the resident's preferred first name on the alias screen in CORIS, and it shall be treated like any other alias for recordkeeping purposes.
9. If a resident obtains a first and/or last legal name change through a court, upon receipt of an attested court order, designated facility staff shall enter the current legal name on the alias screen in CORIS, and it shall be treated like any other alias for recordkeeping purposes, except that mail addressed to the resident with the current legal name shall be forwarded to the resident, as well as mail addressed with the resident's name as it appears on the court order under which the resident was admitted to the Department. In addition, designated facility staff shall forward the legal name change information to the State Bureau of Identification.
10. Identification cards, labels, tags, markings, and other identifiers issued to the resident or placed on their property by the facility shall show the resident's current legal name. The identifiers shall also show the resident's MDOC number. No other names shall appear on the identifier.
11. In addition, when a resident obtains a legal name change through a court, the resident's current legal name shall be used when addressing the resident.
12. When documenting recommendations of the multidisciplinary team, as well as resulting decisions, and in any other lengthy documentation relating to the resident, it is permissible to use the resident's preferred first name or changed legal name, as applicable, as long as the resident's name as it appears on the court order under which the resident was admitted to the facility is used to identify the resident at the beginning of the documentation.
13. The only exception to the use of a resident's changed legal name on mail, on identifiers, when addressing the resident, or otherwise is if the Chief Administrative Officer, or designee, determines it indicates affiliation with any gang or terrorist group, has vulgar,

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obscene, or repugnant connotations, or otherwise creates a risk to safety, security, or orderly management of the facility.

14. Under no circumstances may the resident's first and last name as it appears on the court order under which the resident was admitted to the Department be deleted from any Department or other records.

Procedure G: Release and Discharge Planning

1. All facility staff, volunteers, and student interns working with adult residents who are being released or discharged shall be familiar with community resources that provide services to transgender, gender nonbinary, gender nonconforming, and intersex adults.
2. As part of release and discharge planning for a transgender, gender nonbinary, gender nonconforming, or intersex resident in accordance with Department Policy (AF) 27.1, Release and Discharge, the resident's Unit Management Team shall include in the resident's discharge plan any applicable referrals to community resources that provide services to transgender, gender nonbinary, gender nonconforming, and intersex adults. The unit case manager, in coordination with the adult community corrections officer, if applicable, shall take appropriate steps to facilitate communication between the resident and these community resources.
3. For a transgender, gender nonbinary, gender nonconforming, or intersex resident who is being released from the facility without a discharge plan, where practicable, the unit case manager shall provide information on community resources that provide services to transgender, gender nonbinary, gender nonconforming, and intersex adults and attempt to facilitate communication between the resident and these community resources.

Procedure H: Grievances and Appeals

1. Any decision made pursuant to this policy is appealable through the resident grievance process as set out Department Policies (AF) 29.1, Adult Resident Grievance Process, General and 29.2, Adult Resident Grievance Process, Medical and Mental Health Care, except for a decision, such as a transfer decision, which is appealable through another process as set out in the relevant policy.

VIII. PROFESSIONAL STANDARDS

None

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
23.8 (AF) Management of Transgender, Gender Nonbinary, and Intersex Adult Residents	28 (AF) Classification	Page 13 of 13 1/23/23R