

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF ILLINOIS
EAST ST. LOUIS DIVISION**

JANIAH MONROE, MARILYN MELENDEZ,)
EBONY STAMPS, LYDIA HELENA VISION,)
SORA KUYKENDALL, and SASHA REED,)

Plaintiffs,)

- vs-)

No. 18-156-NJR

ROB JEFFREYS, MELVIN HINTON,)
and STEVE MEEKS,)

Defendants.)

**DEFENDANTS' REPORT ON COMPLIANCE
WITH PRELIMINARY INJUNCTION ORDERS**

Defendants, ROB JEFFREYS, MELVIN HINTON, and STEVE MEEKS, by and through their attorney, Kwame Raoul, Attorney General for the State of Illinois, provide the following report to the Court in compliance with this Court's preliminary injunction orders [Docs. 186-87]:

1. On December 19, 2019, this Court granted preliminary injunctive relief to Plaintiffs. The Court entered a memorandum and order with its findings [Doc. 186], and also entered a separate preliminary injunction [Doc. 187].

2. In both the order and separate injunction, the Court ordered Defendants to advise the Court in writing on or before January 22, 2020, as to the actions taken to implement the directives of the order. [Doc. 186, p. 38; Doc. 187, p. 2].

3. Defendants are separately going to request the Court to reconsider particular aspects of its preliminary injunction. Notwithstanding that request, Defendants have taken the following actions to comply with the Court's preliminary injunction.

4. The Court ordered Defendants to immediately “cease the policy and practice of allowing the Transgender Committee to make the medical decisions regarding gender dysphoria and develop a policy to ensure that decisions about treatment for gender dysphoria are made by medical professionals who are qualified to treat gender dysphoria.”[Doc. 187, p. 1, ¶ 1]. The Department has ceased the policy and practice of allowing the Transgender Care Review Committee (“TCRC”) to make medical recommendations. Notice was sent to the Department’s Regional Psychologist Administrators and the TCRC presenters of this requirement. Mental health treatment for gender dysphoria will now be provided by the licensed mental health professionals at the facility under the supervision of Dr. Shane Reister the Regional Psychologist Administrator for the Department and Dr. William Puga the Chief of Psychiatry for the Department. The TCRC will only be consulted for placement, security, and gender-related accommodation issues.

5. To make certain that medical providers are qualified to provide high quality care to patients with gender dysphoria, Wexford is currently developing a policy. Together, with IDOC, Wexford will provide educational support for those medical providers unfamiliar with transgender hormone therapy. The Department and Wexford will provide protocols related to how and when to initiate hormone therapy, frequency for checking hormone levels, tools to monitor progress and/or assess the deleterious side effects, and guidelines related to relative and absolute contraindications to initiating hormone therapy. Further, the Department with the assistance of Wexford will identify readily available experts for medical consultation when needed.

6. In the interim, the Office of Health Service for the Department has sent out a procedural bulletin outlining a procedure for hormone therapy. (Exhibit 1).

7. This Court ordered the Department to cease the policy and practice of denying and delaying hormone therapy for reasons that are not recognize as contraindications to treatment, ensure timely hormone therapy is provided when necessary, and perform routine monitoring of hormone levels. As referenced supra, the Department is in the process of drafting robust procedures and policies related to hormone therapy and transgender medical care. In the interim and to immediately effectuate the order of the Court, a procedural bulletin was sent out by the Office of Health Services identifying absolute contraindications to prescribing hormones and the frequency for checking hormone therapies as outlined in the WPATH guidelines.

8. The Court ordered the Defendants to cease the policy and practice of depriving gender dysphoric prisoners of medically necessary social transition, including by mechanically assigning housing based on genitalia and/or physical size or appearance. Currently, an offender is delivered to the custody of Department at a Reception and Classification Center by the sentencing county. At the Reception Center an offender can self-identify as transgender. An offender that self-identifies as transgender or for whom there are questions regarding gender dysphoria are presented to the TCRC within 30 days of arriving to their parent institution. An offender can request that the TCRC transfer him/her to a different division within the Department. The TCRC reviews the offender's placement on a case-by-case basis and will recommend housing

by gender identity when appropriate. The factors in making housing determinations include, but are not limited to, the offender's documented choice of placement, an inmate's security level, criminal and disciplinary history, current gender expression, medical and mental health needs and information, vulnerability to sexual victimization, and likelihood of perpetrating abuse, the ability of security staff to house and supervise the offender to ensure his or her safety along with the safety of all inmates in either environment. The TCRC may also consider facility-specific factors, including inmate populations, staffing patterns, and physical layout of the facilities.

9. The Court ordered the Defendants to develop policies and procedures which allow transgender inmates access to clinicians who meet the competency requirements stated in the WPATH Standards of Care to treat gender dysphoria. The Department is currently developing a policy to implement the requirements of this portion of the order. The Department is planning on implementing an administrative approval form that would permit a mental health professional to provide transgender care specific mental health services. The approval would require the mental health profession to meet the WPATH minimum qualifications to treat gender dysphoria.

10. The Court ordered the defendants to allow inmates to obtain evaluations for gender dysphoria upon request or clinical indications of the condition. The Department currently allows offenders to request mental health services. AD 04.04.100(II)(G)(4). Further, any offender received within a Classification Center that self-identifies as transgender or gender dysphoric is required to have a detailed medical examination and mental health assessment. AD 04.03.104 (II)(H)(1). As part of the mental health screening, a psychiatrist shall evaluate the offender using current DSM criteria to determine if he or she has gender dysphoria.

11. The Court ordered the defendants to develop a policy to allow transgender inmates medically necessary social transition, including individualized placement determinations, avoidance of cross-gender strip searches, and access to gender-affirming clothing and grooming items. The Department is in the process of reviewing and drafting policies in compliance with this portion of the Order. Further, IDOC has entered into a contract for consultation services to be provided by USPATH (a regional division of WPATH) President-elect, Erica Anderson, PhD. It is anticipated the Dr. Anderson will assist the Department in reviewing and drafting policies and procedures related to transgender care.

12. The Court also ordered Defendants to advise it as to what steps it has taken to train correctional staff on transgender issues. [Doc. 187, p. 2, ¶ 4]. As Defendants noted in their response to Plaintiffs' motion for preliminary injunction, IDOC had already developed such training and had begun providing that training to staff. [Doc. 143, pp. 4-5, 19]. IDOC now includes transgender training as part of its annual Cycle Training, provided to all correctional staff. It is called "Rehabilitation, Safety Management and Care for Transgender People in Correctional Settings." As of last week (the week of January 13, 2020), 1,380 security staff members had completed the training for this fiscal year. The Department is also making the training a requirement for all staff within the Department with interaction with offenders or parolees. All security staff or staff who interact with offenders or parolees will be required to complete the training by July 1 for this fiscal year (which ends June 30, 2020). The Department is also exploring additional training opportunities for its staff.

13. The Department is also in contact with additional consultants and experts in the areas of transgender care, inmate physical safety, and inmate sexual safety. There has been initial

contact made with Wendy Leach, a Senior Consultant with The Moss Group, regarding the possibility of obtaining her services to assist the Department in providing transgender specific training and implementing policies to ensure inmate safety.

Respectfully submitted,

ROB JEFFREYS, MELVIN HINTON, and
STEVE MEEKS,

Defendants,

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Plaintiffs,)

- vs-)

No. 18-156-NJR

JOHN BALDWIN, MELVIN HINTON,)
and STEVE MEEKS,)

Defendants.)

CERTIFICATE OF SERVICE

I hereby certify that on January 22, 2020, the foregoing document, **Defendants' Report on Compliance with Preliminary Injunction Orders**, was electronically filed with the Clerk of the Court using the CM/ECF system which will send notification of such filing to the following:

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MEMORANDUM

DATE: January 21, 2020

TO: All Regional Directors, Medical Directors, Physicians and Advanced Practice Level Providers

FROM: Office of Health Services

SUBJECT: **Standard Operating Procedures: Initiation of Transgender Hormone Therapy**

The purpose of this memorandum is to provide instructions for all Regional Directors, Medical Directors, Physician and Advanced Practice Level Providers as well as HCUAs regarding the change of status as to where and when hormone therapy is initiated for the transgender patient requesting hormone therapy.

To assist with this effort, this procedure will be available through SharePoint, and will provide guidelines for staff, and more specifically, physician providers and medical directors, that will be providing care for the transgender patient.

PROCEDURE BULLETIN: TRANSGENDER HORMONE THERAPY

A preliminary injunction was entered 12/19/2019 by the United States District Court for the Southern District of Illinois for IDOC to cease the policy and practice of allowing the Transgender Committee to make the medical decisions regarding gender dysphoria and develop a policy to ensure that decisions about treatment for gender dysphoria are made at the facility by medical professionals who are responsible for the care of such patient and are qualified to treat gender dysphoria.

The Court has also ordered IDOC to cease the policy and practice of denying and delaying hormone therapy for reasons that are not recognized as contraindications to treatment, ensure timely hormone therapy is provided when necessary, and perform routine monitoring of hormone levels. They have further ordered IDOC to cease the policy and practice of depriving gender dysphoric prisoners of medically necessary social transition, including by mechanically assigning housing based on genitalia and/or physical size or appearance.

To be in full compliance regarding initiating hormone therapy and to provide comprehensive care at the highest standards we are initiating the following procedure effective immediately:

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.



When a Transgendered offender requests hormone medication for the treatment of their Gender Dysphoria, the MHP will interview the offender and complete a DOC0400. They will refer the offender to the psychiatrist for confirmation of diagnosis medication on either DOC0503 or DOC 0502. Mental Health clinicians will determine if the Gender Dysphoria disorder is present and persistent. In their notation they will describe whether there are existing psychiatric disorders and comment if the symptoms are relatively stable. They will also comment on competency to make decisions and give informed consent.

When the above evaluations are completed, they are forwarded on to the facility Medical Director who will perform a physical examination as described in AD 04.03.104. The Medical Director will determine appropriateness of hormone prescription considering the offender's medical stability and whether there are any relative contraindications that require consideration or absolute contraindications to prescribing the hormones such as:

- Feminizing hormones:
 - Previous thromboembolic events
 - History of estrogen-sensitive neoplasm
 - End stage chronic liver disease

- Masculinizing:
 - Pregnancy
 - Unstable coronary artery disease
 - Untreated polycythemia with a hematocrit of 55% or higher

The decision for hormone trial will be determined by the offender and their physician, which in most cases will be the Medical Director. The Transgender Care Review Committee will no longer be making decisions to approve hormone treatment, instead it's role will continue to be oversight regarding placement, security concerns and gender related accommodations. For complicated cases or where Medical Director needs additional clinical guidance, consultation to Endocrinologists or Care Providers skilled in Transgender Medicine should be pursued without delay.

To make certain that medical providers are qualified to provide high quality care to transgender patients, Wexford is currently developing a national policy that is in draft form. Together with IDOC, Wexford will provide educational support for those medical providers unfamiliar with transgender hormone therapy that will include protocols that will define

- 1) How and when to initiate hormone therapy
- 2) Frequency/interval for checking hormone levels
- 3) Tools to monitor progress and/or assess for deleterious side effects in patients receiving hormone therapy
- 4) Create a safety check list that addresses relative and absolute contraindication to initiating hormone therapy
- 5) Provide appropriate patient consent forms for the patient
- 6) Create a clinic progress note template for the transgender patient
- 7) Create a teach back/posttest that can insure provider has the proper knowledge and training
- 8) Provide readily available expert professional medical consultation when needed via telemedicine for complicated cases or when provider needs additional guidance.