



BCN Transgender Care Guidelines

1. **Mental health professionals serve two essential, but distinct functions in providing gender dysphoria healthcare**

The first is to provide treatment and ongoing support with the goal of reducing symptoms of gender dysphoria, addressing co-occurring symptoms, addressing environmental stressors, and improving overall mental health. The second is to provide assessment and diagnosis of gender dysphoria to support medical transition. For these functions, the HERC policy states that professionals are qualified as outlined in WPATH.

WPATH Standard of Care

http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=4655

2. **Standards of Care, Version 7 guideline, described below**

- a. Clinical training may occur within any discipline that prepares mental health professionals for clinical practice, such as psychology, psychiatry, social work, mental health counseling, marriage and family therapy, nursing, or family medicine with specific training in behavioral health and counseling.
 - i. Clinicians offering assessments should have a master's degree (QMHP) or its equivalent in a clinical behavioral science field. This degree, or a more advanced one, should be granted by an institution accredited by the appropriate national or regional accrediting board. The mental health professional should have documented credentials from a relevant licensing board or equivalent for that country.
- b. It is recommended that mental health professionals develop and maintain cultural competence to facilitate their work with, transgender, and gender-non-conforming clients.
- c. If the mental health professional is not able to provide a gender dysphoria assessment for the individual, the individual should be referred to another provider who can conduct this assessment and make this diagnosis.
- d. Ongoing psychotherapy is not a requirement prior to or after accessing medical transition services, including hormone therapy surgery.

3. **Develop an informed care approach:**

- a. Develop a standard of care approach
- b. Develop a standard services and treatment authorization and referral protocol
- c. Develop harm reduction mindfulness care for transgender health care services in all areas of care which includes awareness of life choice and potential high-risk behaviors.
- d. Develop standardized forms and assessment letters
- e. Develop Gender Identification (EHR system)
- f. Informed insurance qualifications (OHP)

4. **Gender Dysphoria informed care approach:**

- a. Read Trans Health Provider Tool Kit- <http://www.healthshareoregon.org/for-providers/provider-resources/Provider%20tool%20kit%20v4.pdf>
- b. Conduct an Adult Assessment update
- c. Adult/Adolescent Screening tool example- Gender Identity/Gender Dysphoria Questionnaire for Adults and Adolescents (GIDYQ-AA)

<https://thomasingenderland.com/2016/11/08/gender-dysphoria-diagnosis-part-5-gidyq-aa-full-text/>

d. Therapist updates care team

5. Surgical treatment for gender dysphoria depends upon an individual's sex assigned at birth

- a. The HERC policy requires two letters, the BCN requires one letter from a QMHP and the second letter from a Licensed Supervisor to access benefit approval for gonad and genital reconstructive surgeries.
- b. For patients seeking genital reconstructive surgeries hair removal at surgical sites (genital site or donor site) will be required. The HERC guidelines has approved hair removal at pre-surgical sites through electrolysis or laser, whichever is determined necessary due to hair features.

6. Invest in provider development

- a. Front line staff including call center services representatives, schedulers, patient access coordinators, receptionists, etc.
- b. Competency training for clinical staff in network, including certified nursing assistants, medical assistant, lab technicians, phlebotomists, specialized support staff.
- c. Competency training for pharmacy staff, including with CCOs/health plans.
- d. Clinical training providers.
- e. Model prescription formulary
- f. Maintain provider list reflecting experienced and affirming transgender health professionals.
Example: www.oregontranshealth.com

Process for Approval

- 1. Clinical Supervisor initiates the Guideline Review.
- 2. Clinical Supervisor and Therapist jointly consider the Therapist's trainings, coursework and skill level in each of the categories included in the Guidelines.
- 3. Demonstrated experience (as determined by the clinical supervisor) and 8 hrs annual documented training for working with transgender/non-binary patients and their family. Clinical supervisor will identify gaps and develop a plan for education/training for the Therapist.
- 4. Pathway without demonstrated experience-14 hrs of documented training as well as completing 1 & 3
- 5. Clinical Supervisor signs off on Approval once each element is found to be met.
- 6. Supervisor submits name and trainings of approved therapist to BCN (Lparks@mvbcn.org) for inclusion in the list maintained by the BCN.

I approve _____ who meets the Guidelines
(Clinician Name)

(Signature of Clinical Supervisor/Print Name)

(Date)