Exhibit #9

OREGON DEPARTMENT OF CORRECTIONS
BEHAVIORAL HEALTH SERVICES

Release Planning Referral Form

Inmate name: Goninan, Nathan Robert	Projected release date: 08/14/2017
SID: 17079611	STTL date:
Submitted by: Kristine Gates, MA, QMHP	County of release: Marion
	Date submitted: 2/13/17

MH Code: MH2
DD Code:

Releases of Information (ROI) signed for:
Release Counselor or Comprehensive Counselor ☒ Yes ☐ No
Community Corrections in County of Release ☐ Yes ☒ No
Reentry Benefits Coordinator ☐ Yes ☐ No ☒ NA

If ***NO***, please answer questions in general terms **without giving specific diagnoses or medications.**

TREATMENT & SYMPTOMS

Describe current mental health symptoms: Ct currently presents with some distress due to her current identity. Ct endorses feeling as though she is trapped in the wrong body and would like to complete the process of transitioning from male to female. Ct has been actively working on her transition throughout her time within ODOC. Along with this, Ct reports at times struggling with her self-image and worth, feeling depressed or loss of motivation, and reports difficulty with getting enough sleep at night.

Current diagnoses – **List diagnoses only if a ROI has been signed**: 302.0 Gender Dysphoria; 309.81 Posttraumatic Stress Disorder

Is there a history of sexual abuse? ☒ Yes ☐ No

Will this inmate need mental health services in the community? ☒ Yes ☐ No
If Yes, please describe: Ongoing psychiatric medication management as well as ongoing individual counseling; However, Ct will be paroling from ODOC and transported up to Washington to complete time in their DOC for a guilty conviction.

Revised 07/24/15

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MEDICATIONS

Is the inmate taking psychiatric medications? ☒ Yes ☐ No
<u>If Yes, list medications only if a ROI has been signed</u>: Benadryl 100mg HS; Lamictal 25mg (just started)

What symptoms are expected if the inmate stops taking medications? Ct would likely experience some depression and lack of motivation, as well as difficulty with sleep (falling asleep at night).

Has the inmate been placed on involuntary medications? ☐ Yes ☒ No

HARM TO SELF AND OTHERS

Is there a history of engaging in self-injurious behaviors? ☒ Yes ☐ No
If yes, please describe: Ct has engaged in various attempts of suicide during his incarceration, via self harm and hanging attempts.

Is there a history of assaultive or violent behavior? ☒ Yes ☐ No
If yes, please describe: Ct does have an extensive history of assaultive behaviors both before incarceration and during incarceration. Ct is currently serving a 10 year sentence in ODOC for an Assault charge.

LEVELS OF FUNCTIONAL IMPAIRMENTS

Activities of Daily Functioning (Please provide <u>examples of impairments</u>, such as: Does the inmate shower regularly with soap, brush his/her teeth, comb his/her hair, wear clean clothes, etc.? Does the inmate keep his/her area clean? Does the inmate attend meals? Is the inmate awake all night? Does the inmate require an orderly assistant?): Ct does not demonstrate any difficulties in completing activities of daily functioning.

Social Functioning (Please <u>provide examples of impairments</u>, such as: Does the inmate spend most of day on his/her bunk? Does the inmate participate in social activities such as yard, play cards, watch TV, etc.? Does the inmate have friends?): Ct does not struggle interpersonally and often engages in conversations and activities with others.

Revised 07/24/15

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Concentration, Persistence or Pace (Please provide **examples of impairments**, such as: Is the inmate able to attend appointments as scheduled? Is the inmate able to follow simple instructions? Is the inmate able to watch a TV show or read a book and remember the storyline or name the characters? Is the inmate able to stay focused on a task in a group or work setting?): Ct has not demonstrated any difficulty in concentration, even working in the legal library as an assistant.

Episodes of Decompensation: List number of MHI/ICH admissions. 0

Has the inmate required Mental Health Infirmary level of care during the past three years?
☐Yes ☒No

Revised 07/24/15

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PRE-RELEASE SOCIAL SECURITY & OTHER ISSUES

Does the inmate report that social security benefits were received in the past? ☐ Yes ☒ No
If Yes, e-mail a copy of this form to the Reentry Benefits Coordinator to contact Social Security to confirm past benefits?

Does the inmate demonstrate **marked impairments** in two of the four Levels of Functional Impairment (ADL's, Social Functioning, Concentration, Persistence or Pace, Episodes of Decompensation)?
☐ Yes ☒ No
If Yes, e-mail a copy of this form to the Reentry Benefits Coordinator to assist in applying for pre-release Social Security.

Does the inmate require completion of the Intake Application for Developmental Disability Services?
☐ Yes ☒ No
If Yes, e-mail a copy of this form to the BHS Transition and Release Specialist for review.

Does the inmate require specialized release planning (civil commitment, foster/group home, nursing home placement etc.)? ☐Yes ☒No
If Yes, e-mail a copy of this form to the BHS Transition and Release Specialist for review.

Is the inmate Seriously Mentally Ill? ☐ Yes ☒ No

If Yes, will the inmate **need assistance** with a follow-up medication appointment in the community?
☐ Yes ☒ No
If Yes, contact the county mental health provider at three months to schedule a follow-up medication appointment and forward mental health documentation. **A current list of County Contacts and ARC contacts for Multnomah County is on the U drive.** Contact the Release Counselor or Comprehensive Counselor by e-mail to confirm the appointment date and time or to notify them that an appointment has not been scheduled and the reason why.

Form Completed By: Kristine Gates, MA, QMHP	Date: 2/13/17

Form Instructions:

- **Do not use abbreviations, shorthand, or clinical jargon** – this form will be read by staffs who are not clinicians.
- Form to be filled out by QMHA/QMHP and an e-mail copy will be forwarded to the Release Counselor or Comprehensive Counselor.
- If the inmate is has received social security in the past or is eligible for pre-release social security e-mail a copy of this form to the Reentry Benefits Coordinator.
- If the inmate requires completion of an Intake Application for Development Disability Services or specialized release planning e-mail a copy of this form to the BHS Transition and Release Specialist.
- The Release Counselor or Comprehensive Counselor will provide a copy of the 'Release Planning Referral Form' to the appropriate Community Corrections staff person. A copy of this form will not be filed in the Institution Record and will not be released to any other agency without an additional signed ROI.
- The completed ROIs will be filed in the mental health section of the medical file behind the MH Consent tab.
- The completed BHS Release Planning Referral Form will be filed in the mental health section of the medical file behind the MH-Misc. tab.

Revised 07/24/15

Ex #9

Behavioral Health Services
Treatment Plan

■ **Crisis Prevention Plan**

NAME: GONINAN, NATHAN

SID #: 17079611

Date Initiated: 11/18/16

Problem Statement:

What I look, sound, and act like when I am having mental health concerns or functioning issues:

"Sometimes I get really quiet or isolate. I start having a lot of thoughts of hurting myself or acting out to get people to listen to me. I start sending a lot of kytes because I get paranoid that no one is hearing me."

Why I want to work on decreasing and managing my symptoms or functioning issues:

"So I can be happier and live the life I want. So I don't feel stressed out and overwhelmed all the time. I just want to feel like myself because I will be able to have a better mood and keep doing well."

When I am not managing my symptoms or functioning this is what happens short-term:

"I start feeling like there is a bomb inside me and start feeling impulsive. I start wondering what the point in doing good is if I feel so uncomfortable with the person I am."

This is what happens long-term:

"I might end up harming myself because I feel like it is the only way to have control over my own body."

Other mental health symptoms or functioning issues I have had in the past:

Signs I know when my mental health or functioning is getting worse:

I know I am not doing well when "I start getting really anxious and paranoid that people aren't hearing my suffering. I start sending a lot of kytes and start having thoughts of harming myself."

Staff would know when I am not doing well when "I send a lot of kytes. I try to tell people I need help, BHS counselor in particular."

I would like staff to know how to help me when I am not doing well, and the help I need is "Reminding myself that it is a process. Holding on to the progress that I have made, like being able to get alternative canteen. Talking to BHS or other transgender peers. Reading books of the struggles others have been through to remind myself that there is hope."

Strengths & Resources:

My strengths and/or supports are "My homeboy chief (peer at the prison), my brother who lives in Ohio, my wife Lucy, my friend Rachel that I write with, some of my friends in the prison."

The skills I know are "I try to do a lot of meditation, read the Hindu bible, weighing pros and cons to manage impulses, I will read books to distract myself."

I am good at "Drawing, writing music and singing, arts and crafts (knitting and dream catchers)."

Crisis Prevention Plan date initiated: 11/18/16

Crisis Prevention Plan date ended: 1/23/16

[Type text]

Ex #9

No Progress (No change in frequency toward goal)
Good Progress (50% increase in frequency toward goal)
Excellent Progress (Goal is being met)

1. Target Behavior (life threatening, obstacles to learning, or quality of life):
I would like to work on the following symptoms or functioning issues...

Feeling depressed and having chronic thoughts of self-harm as a result of feeling trapped in a male body.

Insert dates when increase in symptoms or progress toward goal was reviewed under columns (see above key).	Increase in Symptoms	No Progress	Good Progress	Excellent Progress
Goal: **My long term goal to manage my target symptoms or functioning issues is:** Work on my transition from male to female so I can feel comfortable and complete.			11/3	11/18 12/20
Methods/Skills (BHS appointments, DBT skills, self-care): ***To reach my long term goal, I need to...*** (Be clear, specific and measurable.) 1. Coming out to those around me, including peers and officers 2. Requesting others to refer to me as "she" instead of "he" 3. Get approved for alternative canteen			11/3 12/19	11/18 12/20 [illegible]

2. Target Behavior (life threatening, obstacles to learning, or quality of life):
I would like to work on the following symptoms or functioning issues...

Not getting stuck in a negative mindset and allowing those emotions to impact how I communicate with others; which sometimes results in impulsive thoughts or behaviors (aggressive in nature toward myself or others).

Insert dates when increase in symptoms or progress toward goal was reviewed under columns (see above key).	Increase in Symptoms	No Progress	Good Progress	Excellent Progress
Goal: **My long term goal to manage my target symptoms or functional issues is:** Be more mindful of how others are perceiving me and how I communicate my feelings/thoughts to others.	11/28			12/20 1/23
Methods/Skills (BHS appointments, DBT skills, self-care): ***To reach my long term goal, I need to...*** (Be clear, specific and measurable.) 1. If I mess up and do say something mean or act aggressively, I debrief this with BHS counselor. 2. Letting others know when I am in a bad mood beforehand. 3. Weighing pros and cons of acting out physically or verbally.	11/28			12/20 1/23

Goninan, Nathan
17079611
1/8/86

Ex #9

Transition and Level of Care Plan: Maintain myself on mainline at OSCI and continue working with BHS counselor toward my transition from male to female.

Additional Information (Safety Concerns / Boundary Issues):

NOTE:
Page 1 of this document would be used as a Crisis Prevention plan, when necessary:

- Problem Statement
- Other Mental Health Symptoms or Functioning Issues
- Signs I Know When My Mental Health or Functioning is Getting Worse
- Strengths and Resources

Treatment Plan Signatures:

QMHP Signature: K Lee, MA, QMHP Date: 1/23/17

QMHA Signature: Date:

Client Signature: [signature] Date: 1/23/17

Dates Reviewed:

Date		Initials (QMHP)		Initials (Client)	
Date	1/23/17	Initials (QMHP)	KL	Initials (Client)	NG
Date		Initials (QMHP)		Initials (Client)	
Date		Initials (QMHP)		Initials (Client)	
Date		Initials (QMHP)		Initials (Client)	
Date		Initials (QMHP)		Initials (Client)	
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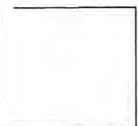
Date		Initials (QMHP)		Initials (Client)	

Goninan, Nathan
17079611
1/8/86



Ex #9

ODOC Behavioral Health Services
Progress Note

Date: 5/15/17
Time: 1:00pm
Duration: 50 minutes
Purpose of Session: Check-in per kyte request

Subjective:
Ct stated she had written a kyte requesting to be seen because she had not met with anyone in a couple months. Ct stated she has been having a lot of issues with the officers lately and her being on hormones. Ct stated she was harassed by an officer about taking her shirt off on the yard and then got "called out" for being on hormones in front of everyone on the yard. Ct reported she also called PREA because an OIC told her to take her shirt off so she could see if her boobs were real or not. Ct stated when she contacted PREA she began getting retaliated against. Ct stated she just wants people to know that this isn't okay and that everyone deserves to be treated with respect. Ct stated she knows she leaves in a couple months to go to Washington so she isn't going to do anything else but wants it at least brought to the attention of people. Ct stated she is nervous about her parole to Washington for her time she has to serve up there. Ct spoke about her time she will have to serve in Washington for the crime she committed up there, including some of her emotions about the crime that she committed. Ct reported she knows she will have to face her victim's family, which she is anxious about. Ct talked about starting hormones a couple months ago and feeling like finally she has been able to achieve her goal. Ct denied any SI/SH/HI.

Objective:
Ct was oriented x4. Ct's hygiene and grooming were adequate. Appears reported age. Ct maintained socially appropriate eye contact during the session, easily engages in rapport. Ct's mood was normal, affect was euthymic. Ct was alert, cooperative, and polite. Ct endorsed no issues with appetite; speech/tone/volume was WNL. Thought content appeared organized and insight/judgment are present. Ct will be up for parole on 8/2/17.

Assessment:
Ct's mental health diagnosis is currently 302.0 Gender Dysphoria, Moderate, LOF 3. Ct did not present any active symptoms at this time, indicating she has been relieved since starting her hormones. Ct expressed some difficulty with staff and feeling targeted at times. Ct has shown growth in her ability to manage her frustrations, sharing several examples during the session of frustrations over the past couple months that she was able to work through without violence. No changes at this time.

Has there been a change in diagnosis? ☐ Yes ☒ No

If yes, has the Diagnosis Justification Form been completed? ☐ Yes ☐ No **(Explain)**

Plan:
Ct was scheduled for RTC 30 day f/u on 6/12/17 to continue working on her goals for her transfer to Washington DOC. Ct has endorsed anxiety over this transition and not knowing what to expect for her hormone treatment in Washington DOC.

Kristine Gates, MA, QMHP
Print Name
KGates, MA, QMHP
Signature

5/15/17
Date

Name	Goninan, Nathan
SID	17079611
DOB	1/08/1986
MH Code	MH2
Acuity/LOF	Mod/3

Ex#9

ODOC Behavioral Health Services
Progress Note

Date: 5.9.2016
Time: 11:30
Duration: 75
Purpose of Session: Routine session

Subjective:
Mr. Goninan #17079611 reports that he has been complaining so much that he has annoyed himself. He reports that he wants to feel happy, so has stopped complaining. He states he wants to stay in BHU until his release. He described his experienced living in foster care, including being shown piranna fish eating chicken legs, and being threatened that if he misbehaved, he would also be fed to the pirannas. He discussed issues surrounding his gender identity, asking for access to traditionally feminine items from the canteen list, and hormone replacement therapy. He stated that while he had no current plans to harm himself, he would consider removing his own genitals in the future by himself if he is not given options for his gender transformation. He reports that he has disclosed his transgender status to peers, and has not received any harrassment. He described adventures he had in his life in the free community. He did not report any thoughts or plans to harm himself or others.

Objective:
Mr. Goninan demonstrated a bright and relaxed affect today. He demonstrated good insight regarding his own behavior and how he can spend a lot of effort being angry and unhappy. His thought process was organized and goal directed. His thought content was reality based. His conversation was spontaneous and congruent. His eye contact was direct and relaxed. He was not intimidating or threatening. He was clean, and mildly disheveled. He was oriented x4, alert and focused. He did not demonstrate any indicators of harm to self or others today.

Assessment:
Diagnosis: 298.8 Unspecified Psychosis MH3 Mod. There is no change to Mr. Goninan's diagnosis. He continues without medication support at this time. He does not report or demonstrate any symptoms of psychosis. He has earned a level B, and has moved back to section 3. He is not a danger to self or others today.

Has there been a change in diagnosis? ☐ Yes ☒ No

If yes, has the Diagnosis Justification Form been completed? ☐ Yes ☐ No **(Explain)** NA

Plan:
See Mr. Goninan once a week and in between as necessary for extra support. Continue to support Mr. Goninan as he develops his sexual identity. Provide active listening, values clarification, and distress tolerance as he moves through the beaurocracy of DOC processes.

Dana D. Crane, QMHP
Print Name

Dana D Crane, QMHP
Signature

5.9.2016

Name	Nathan Goninan

17079611

Ex #9

Date

SID	17079611
DOB	1/8/1986
MH Code	MH3
Acuity/LOF	Mod

Ex #9

ODOC Behavioral Health Services
Progress Note

Date: 9/23/16
Time: 8:00am
Duration: 45 minutes
Purpose of Session: RTC 1 week f/u (recent arrival from BHU)

Subjective:
Ct stated he has been doing alright but endorsed it is hard because he stepped down from BHU and feels like there is just as much cell time at OSCI as there was at BHU. Ct stated it is nicer being at OSCI because the staff have been nicer. Ct endorsed having a lot of issues over at BHU with the staff after people learned that he had went through an evaluation for a diagnosis of Gender Dysphoria. Ct stated he is still really frustrated with the way things happened at BHU, reporting he doesn't understand why the process took eight months and why there still hasn't been any report provided to him about why he doesn't qualify. Ct endorsed first talking to BHS about being transgender in 2010 and 2013. Ct stated he remembers being told that he shouldn't advocate for it because it will cause problems in prison. Ct talked about his desire to work toward achieving something in his transition process before moving on to Washington for his time up there. Ct denied SI/SH/HI.

Objective:
Ct was oriented x4. Ct's hygiene and grooming appeared adequate. Ct maintained appropriate eye contact during the session. Ct's affect was euthymic. Ct was alert, cooperative, and polite. Ct reports no issues with his sleep or eating patterns; speech/tone/volume was WNL. Ct did not demonstrate any signs of psychomotor agitation. Ct's thoughts were organized and clear. No distress evident.

Assessment:
Ct's mental health diagnosis is 309.81 Posttraumatic Stress Disorder. Ct continues to strongly advocate his desire for a diagnosis of Gender Dysphoria, reporting that there have been so many times in his past which he advocated for help and has been feeling distress over not being himself for years. Ct presents with some active symptoms of PTSD, as he disclosed difficulty focusing or hearing what is being said when triggers happen that remind him of his past. No change in diagnosis at this time.

Has there been a change in diagnosis? ☐ Yes ☒ No

If yes, has the Diagnosis Justification Form been completed? ☐ Yes ☐ No **(Explain)**

Plan:
Ct was scheduled for RTC mental health F/U on 10/11. Ct was encouraged to start forming a timeline of goals he would like to work toward in his transition (realistic goals within OSCI). Treatment plan process started and to be continued during the next session.

Kristine Gates, MA, QMHP
Print Name

Signature

9/23/16
Date

Name	Goninan, Nathan
SID	17079611
DOB	1/8/1986
MH Code	MH2
Acuity/LOF	Mod/4

Ex#9

ODOC Behavioral Health Services
Progress Note

Date: 10/03/16
Time: 10:00am
Duration: 30 minutes
Purpose of Session: To go over psychiatric evaluation

Subjective:
Ct had requested several times to go over her evaluation that was completed while at BHU. Ct has endorsed confusion as to why she was denied a diagnosis of Gender Dysphoria, indicating she was told before by the evaluator that she would be approved for Gender Dysphoria. Ct was presented with the evaluation, to which she stated she had already gone over the evaluation with the evaluator while at BHU, but stated she wanted a copy and was only waiting on that. Ct did go over some pieces of the evaluation and had questions about when another evaluation would be completed. Ct talked about recently telling lots of peers on the unit that she is transgender and requested that this writer start referring to her as a "she" even when communicating with officers. Ct reported she would like to go by "Two Feathers" or by "Nani". Ct asked about having a cellmate, reporting it would be helpful to have someone to spend time with and talk to. Ct was informed this information has been passed on and is awaiting STM approval. Ct denied any SI/SH/HI.

Objective:
Ct was oriented x4. Ct's hygiene and grooming were adequate. Ct maintained socially appropriate eye contact during the session. Ct's affect was euthymic. Ct was alert, cooperative, and polite. Ct endorsed no issues with appetite; speech/tone/volume were WNL. Ct did not demonstrate any signs of psychomotor agitation. Ct was goal-oriented and his thoughts were organized. No distress noted.

Assessment:
Ct's mental health diagnosis is 309.81 Posttraumatic Stress Disorder. Ct continues to demonstrate stability within this institution. Ct appears to have adjusted well and will be starting school soon. Ct continues to perseverate on receiving a diagnosis of Gender Dysphoria so she can receive alternative canteen. Ct appears to be opening up more with others within the institution and reported talking to many peers about being transgender. Ct appears frustrated by the system taking an extended period of time to provide requested documents. Ct does not appear symptomatic at this time and has shown the ability to communicate in a coherent and appropriate manner.

Has there been a change in diagnosis? ☐ Yes ☒ No

If yes, has the Diagnosis Justification Form been completed? ☐ Yes ☐ No (Explain)

Plan:
Ct was scheduled for her RTC session on 10/11. Ct was encouraged to write a kyte if additional questions came up in regard to the OAR's.

Kristine Gates, MA, QMHP
Print Name

Signature

10/03/16
Date

Name	Goninan, Nathan
SID	17079611
DOB	1/8/1986
MH Code	MH2
Acuity/LOF	Mod/4

Ex #9

ODOC Behavioral Health Services
Progress Note

Date: 3/30/16
Time: 1145
Duration: 60
Purpose of Session: Assessment

Subjective:
Mr. Goninan was seen in the BHU treatment office with his primary clinician in order to finish the assessment for Gender Dysphoria.

Objective:
Mr. Goninan maintains appropriate eye-contact; at times, he is not as evasive or guarded on this date as the week prior; cooperative overall, euthymic mood with congruent affect; appropriate grooming and hygiene, there is no malodor. There is no evidence in internal stimuli, and Mr. Goninan is not attending to internal stimuli during the assessment. He displays abstract thinking, no evidence of paranoia or delusional thought content; no evidence of SI/HI.

Assessment:
298.9 Unspecified Psychosis- No evidence of this diagnosis during the session with Mr. Goninan. Per discussion, there does appear to be some dysphoria secondary to gender identity. Please see assessment for more information.

Has there been a change in diagnosis? ☐ Yes ☒ No

If yes, has the Diagnosis Justification Form been completed? ☐ Yes ☐ No **(Explain)**

Plan: Will complete a chart review, consult with stakeholders and complete assessment.

Kaity Imbs, LPC, QMHP, OSP

4/2/16
Date

Name	Goninan, Nathan
SID	17079611
DOB	1/8/86
MH Code	3
Acuity/LOF	4

Ex #9

ODOC Behavioral Health Services
Progress Note

Date: 2/10/17
Time: 2:00pm
Duration: 50 minutes
Purpose of Session: Check-in at request of Ct before meeting about referral for HRT

Subjective:
Ct stated she has been pretty anxious about the upcoming meeting but feels that she has really done everything she could to take steps toward her transition. Ct stated she is happy to be back on unit 2 now with other transgender inmates so they can talk about their progress together. Ct stated this weekend for the first time she wore all her makeup and did her hair before going to chow hall. Ct stated it was really scary and she felt she had tunnel vision the whole time. Ct stated the moment someone made a comment she felt herself ready to attack but instead one of her "homeboys" had her back. Ct stated it helped her relax a lot after she was able to see that people were going to stand up for her. Ct stated later the person that had made a joke at her apologized to her for it. Ct said she has started to feel more empowered. Ct reported she also shaved her legs this weekend and it felt really nice to be able to do that and feel more feminine. Ct said she has been wearing all her makeup for almost a week now and finally feels really comfortable in all of it. Ct also reported she is still wearing her women's undergarments and has been since she got the approval to wear them. Ct did endorse she feels self-conscious about the tattoos on her face and wishes she had not done them because they are difficult to cover up. Ct denied any SI/SH/HI.

Objective:
Ct was oriented x4. Ct's hygiene and grooming were adequate; Ct was wearing full makeup and had her hair braided in the front. Appears reported age. Ct maintained socially appropriate eye contact during the session, easily engages in rapport. Ct's mood was normal, affect was euthymic. Ct was alert, cooperative, and polite. Ct endorsed no issues with appetite; speech/tone/volume was WNL. Thought content appeared organized and insight/judgment are present. Ct will be up for parole on 8/14/17.

Assessment:
Ct's mental health diagnosis is currently 302.0 Gender Dysphoria, Moderate, LOF 3. Ct was seen to assess her anxiety levels at her request due to the upcoming meeting in which she will be presented for hormone replacement therapy. Ct has endorsed to her prescriber an increase in some depression, to which her prescriber did a referral for Lamictal. Overall Ct presents as stable, aside from some situational anxiety and the changes in some of her depression. No change to diagnosis at this time.

Has there been a change in diagnosis? ☐ Yes ☒ No

If yes, has the Diagnosis Justification Form been completed? ☐ Yes ☐ No (Explain)

Plan:
Ct has been scheduled to meet with this writer on 2/15/17 for a check-in prior to this writer likely being out on maternity leave. Continue working with Ct on planning for her future and identifying progress toward her current goals.

Kristine Gates, MA, QMHP
Print Name

KGates, MA, QMHP
Signature

2/10/17
Date

Name	Goninan, Nathan
SID	17079611
DOB	1/08/1986
MH Code	MH2
Acuity/LOF	Mod/3

ODOC Behavioral Health Services
Progress Note

Date: 11/03/16
Time: 2:00pm
Duration: 75 minutes
Purpose of Session: — RTC 30 day F/U KG

Subjective:
Ct stated that her BHS radio got stolen, along with her glasses when she was at the yard. Ct stated she has been feeling really bored and has been overwhelmed with feeling like she isn't herself. Ct stated she doesn't understand why it is fair that the DOC gets to tell her whether or not she is distressed about being transgender. Ct stated she has been really open with a lot of her native friends on the yard and some of them are even calling her Nani, although she reported most of them continue to just call her by her nickname Two Feathers. Ct stated something that has been helpful has been a cellmate that is close to her that is also transgender. Ct stated they have been able to talk together about a lot of stuff and she stated it is nice just being able to talk to another person that knows what it is like. Ct talked a little about her history, endorsing she feels like she has always known she is transgender. Ct stated she remembers when she was around 8 yo her dad (who was always in and out of her life) had pulled her pants down to spank her and saw that she was wearing female underwear (her mother had purchased for her). Ct stated her father was very abusive and as she got older her father continued to make inappropriate comments, sometimes sexualized in nature, to her that made her feel like she couldn't come out about who she was. Ct stated when she was on her own in her late teens she spent a lot of time with the LGBTQ community and a couple years prior to incarceration she was dressing as a female regularly. She stated when she first came to prison in 2008 she asked her BHS counselor about how to get help working on her transition, but stated she was told that people who are in prison can't talk about stuff like that because they will be targeted or be vulnerable to other inmates. Ct stated she eventually gave up until last year, when she began thinking about who she wants to be as an adult. Ct stated she was "not a good person" for a long time and indicated she felt she had a lot of stuff to learn when she first came to prison. Ct stated she finally feels that she has the strength to fight for who she wants to be. Ct stated she wants to start the process of hormone replacement therapy while she is in the Oregon prison system, because she will be moved to Washington prison after this for a long time. Ct stated she is pen pals with a transgender inmate that is in prison in Washington and hears that Washington doesn't support that population, or even have alternative canteen items. Ct stated if she has already started the process here, she will likely be able to continue the process there. Ct stated she also feels that every day is more and more difficult because she can't transition to who she feels she truly is. Ct endorsed recently she created her own makeup and wore it out to yard. Ct stated it felt good to do something that made her feel more feminine. This writer spoke with Ct about re-doing her treatment plan and including some of the goals she has been working on already, as well as new ones. This writer sent a copy of a blank treatment plan with the Ct and requested she attempt to start working on it before the next session. Ct agreed. Ct denied any desire to engage in harm to herself or others.

Objective:
Ct was oriented x4. Ct's hygiene and grooming were adequate. Ct maintained socially appropriate eye contact during the session. Ct's affect was euthymic and mood was normal. Ct was alert, cooperative, and polite. Ct endorsed no issues with appetite; speech/tone/volume was WNL. There was no evidence of any psychomotor agitation. Ct was goal-oriented and demonstrated good

Name	Goninan, Nathan
SID	17079611
DOB	1/8/1986
MH Code	MH2
Acuity/LOF	Mod/4

Gatesk QMHP

Ex #9

insight/organized thoughts. Ct's parole date is 9/13/17.

Assessment:
Ct's diagnosis is 309.81 Posttraumatic Stress Disorder. Ct does not appear to present with any active symptoms of Posttraumatic Stress Disorder at this time, and most of her current distress appears to be related to feeling uncomfortable living as a male. Ct has identified in the past, as well during the current session, that her goals are to transition from male to female. Ct reports this is not a new goal, providing examples of her history in which she dressed as a female. Ct discussed the desire to harm her genitals, feeling that it would be the only way to get others to understand the pain she is in. Ct endorses experiencing depression lately, which she believes is related to feeling uncomfortable in her own skin. Ct did report it has been helpful connecting with some other transgender inmates that she has come to know within OSCI. No change in diagnosis at this time.

Has there been a change in diagnosis? ☐ Yes ☒ No

If yes, has the Diagnosis Justification Form been completed? ☐ Yes ☐ No (Explain)

Plan:
Ct is scheduled for RTC in 2 weeks, as she does endorse increase in depression due to her distress about being unable to transition from male to female, and feeling as though others do not believe her. Ct will continue to work with this writer on re-doing her treatment plan to include goals about her transition.

Kristine Gates, MA, QMHP
Print Name

K Gates, MA, QMHP
Signature

Gates QMHP

11/03/16
Date

Name	Goninan, Nathan
SID	17079611
DOB	1/8/1986
MH Code	MH2
Acuity/LOF	Mod/4

Ex #9

ODOC Behavioral Health Services
Progress Note

Date: 11/18/16
Time: 9:00am
Duration: 50 minutes
Purpose of Session: RTC 2 week F/U

Subjective:
Ct stated she has been alright but is still trying to figure out what is happening with her gender dysphoria evaluation. She stated she had to be brought back to answer more questions about her gender dysphoria evaluation, which was confusing to her because the questions only had to do with her interactions with officers. Ct talked about her goals for treatment planning, stating that she would really like to get started on hormones because she feels like it will relieve a lot of her stress. Ct stated she has been reading a lot of books from the library on her rights and what kinds of things are evaluated before someone is able to be approved for hormones. Ct stated when she was in the community she was trying to be with the LGBTQ community because she felt like herself. Ct stated she knows she has a bad history and that people often look at her aggressive past and judge her. Ct stated she doesn't want to be that person because that person wasn't nice. Ct stated she wants to see her kids again and be able to get on with her life after she finishes her time in Washington. Ct talked about asking her friends to call her 2feathers or Nonnie. Ct stated Nonnie means "beautiful" in Native American culture. Ct denied any SI/SH/HI.

Objective:
Ct was oriented x4. Ct's hygiene and grooming were adequate. Ct maintained socially appropriate eye contact throughout the session. Ct was cooperative, alert, and easily engaged in rapport. Ct's mood appeared normal and affect was euthymic. Ct endorsed no issues with appetite; speech/tone/volume was WNL. Thought content was organized and goal-directed. No apparent distress. Ct will be eligible for parole on 9/13/17.

Assessment:
Ct's mental health diagnosis is currently 302.0 Gender Dysphoria. Ct continues to identify difficulties with managing her depression and feeling as though she cannot live her life in the body she desires. Ct has written multiple kytes to this writer about her hopes and goals. Ct has shown improvement in ability to articulate what her concerns are and be patient in waiting for responses. No change in diagnosis this time.

Has there been a change in diagnosis? ☐ Yes ☒ No

If yes, has the Diagnosis Justification Form been completed? ☐ Yes ☐ No (Explain)

Plan:
Ct was scheduled for RTC on 12/2. This writer will continue working on adjusting the treatment plan with the Ct in efforts to establish what steps the Ct can take to achieve her goals and increase her self-esteem.

Name	Goninan, Nathan
SID	17079611
DOB	1/8/1986
MH Code	MH2
Acuity/LOF	Mod/4

Kristine Gates, MA, QMHP
Print Name
K Gates, MA, QMHP
Signature
11/18/16
Date

Gatesk
QMHP

Ex #9

ODOC Behavioral Health Services
Progress Note

Date: 11/28/16
Time: 3:00pm
Duration: 20 minutes
Purpose of Session: Ct was taken to DSU for a pending misconduct

Subjective:
Ct stated she is very disappointed in herself for going to DSU. Ct stated she knows that she shouldn't have come to DSU but that she was so overwhelmed with always hearing this particular peer of hers extort people that when her peer called her a "bitch" she felt like she needed to do something to get him to leave her alone. Ct stated right after she slapped her peer she knew that she had messed up. Ct stated he knows that she shouldn't have done anything because she has come so far from the person she used to be. Ct stated last night she almost asked to come to DSU because she was feeling so uncomfortable with who she is. Ct stated she just sits in her cell all the time thinking about how she doesn't feel like she is in the right body. Ct stated he thinks things were just building up and she lost control. Ct stated she is not trying to make excuses, stating she understands she messed up. Ct stated she is disappointed that she will miss her graduation and that she lost $300 due to the assault. Ct denied any SI/SH/HI.

Objective:
Ct was oriented x4. Ct's hygiene and grooming were adequate; dressed in typical DSU attire. Appears reported age. Ct maintained socially appropriate eye contact during the session, easily engages in rapport. Ct's mood was normal, affect was euthymic. Ct was alert, cooperative, and polite. Ct endorsed no issues with appetite; speech/tone/volume was WNL. Thought content appeared organized and insight/judgment are present. Ct will be up for parole on 8/14/2017.

Assessment:
Ct's mental health diagnosis is currently 302.0 Gender Dysphoria and 309.81 Posttraumatic Stress DO. Ct was seen to assess her after she was taken to DSU for allegedly assaulting a peer on the unit. Ct has appeared distressed in the past several sessions in regard to feeling as though she is in the wrong body. Ct has also endorsed on multiple occasions distress and feeling isolated in a single cell. While Ct has endorsed some struggles with distress, it does not appear that this distress played a role in her assault on a peer. No change in diagnosis.

Has there been a change in diagnosis? ☐ Yes ☒ No

If yes, has the Diagnosis Justification Form been completed? ☐ Yes ☐ No (Explain)

Plan:
Ct has a RTC session scheduled on 12/2. Ct was encouraged to take time to reflect on other ways she could cope when she is distressed. Ct's mental health does not appear to have played a role in her pending misconduct. Ct does not demonstrate any deficits that would prevent her from attending and understanding the hearing.

Kristine Gates, MA, QMHP
Print Name

K Gates, MA, QMHP
Signature

11/28/16
Date

Name	Goninan, Nathan
SID	17079611
DOB	1/8/1986
MH Code	MH2
Acuity/LOF	Mod/3

Ex # 9

ODOC Behavioral Health Services
Progress Note

Date: 1/31/17
Time: 9:00am
Duration: 15 minutes
Purpose of Session: Check-in per kyte request

Subjective:
Ct stated she has been having a really hard time lately. Ct stated she thinks between her current cellmate, comments from staff around the institution, and her upcoming meeting about getting approved for hormones she feels overwhelmed. Ct stated she has been struggling with her current cellmate because he always makes comments about her wearing makeup or about her wearing a bra. Ct stated she has able to ignore it for a while and even tried to tell him to back off, but stated she can feel her frustration increasing. Ct stated she has changed a lot from the person she used to be and needs help trying to regulate so she doesn't do something she regrets. Ct was able to talk openly with this writer about ways in which she could ignore her peer's negativity, while still advocating for herself. Ct reported she did talk with security about it and should be moving cells soon as a result. Ct endorsed she felt better after being able to talk with this writer about how far she has come and about the person she wants to be. Ct endorsed she only wanted to discuss her concerns with this writer and did not wish that this writer pass on the harassment to security for fear of being labeled a snitch. Ct denied any current thoughts/plan of SI/SH/HI.

Objective:
Ct was oriented x4. Ct's hygiene and grooming were adequate; hair was tied back. Appears reported age. Ct maintained socially appropriate eye contact during the session, easily engages in rapport. Ct's mood was frustrated and irritable. Ct was alert, and cooperative. Ct endorsed no issues with appetite; speech/tone/volume was WNL. Thought content appeared organized and insight/judgment are present; demonstrating the ability to think of pros/cons. Ct will be up for parole on 8/14/17.

Assessment:
Ct's mental health diagnosis is currently 302.0 Gender Dysphoria, Moderate, LOF 3. Ct had requested a check in with this writer about some increasing frustrations. Ct was able to articulate herself well and after venting during the beginning of the session was even able to discuss the pros and cons of her actions. She was able to reflect on past behaviors and how they have impacted her today. After talking with this writer the Ct appeared much more calm and organized in her thoughts. No changes at this time.

Has there been a change in diagnosis? ☐ Yes ☒ No

If yes, has the Diagnosis Justification Form been completed? ☐ Yes ☐ No **(Explain)**

Plan:
Ct was seen per request of kyte to assist with some skill building and identifying pros/cons. Ct is still scheduled to meet with this writer on 2/10 for a mental health F/U. This writer did ask housing if they knew anything about a move happening for this Ct, to which housing reported a move was happening tonight for this Ct.

Kristine Gates, MA, QMHP
Print Name

K Gates, MA, QMHP
Signature

1/31/17
Date

Name	Goninan, Nathan
SID	17079611
DOB	1/8/1986
MH Code	MH2
Acuity/LOF	Mod/3

Ex #9

ODOC Behavioral Health Services
Progress Note

Date: 1/23/17
Time: 9:30am
Duration: 90 minutes
Purpose of Session: RTC 2 week F/U

Subjective:
Ct stated she is really anxious because she knows that her case will be presented on 2/14/17 for hormone replacement therapy. Ct stated she doesn't like thinking about getting denied because it increases her depression, but was able to recognize that it is important to consider the range of outcomes and possibilities. Ct stated when she starts to feel uncomfortable and impulsive, as a result of feeling like she is not in the right body; she will try to remind herself of the progress she has made. Ct mentioned in 2008 when she first brought up her gender identity she was embarrassed and was told there wasn't anything DOC could do at that time. Ct stated she can see now that she has actually made a lot of progress. Ct stated she tries to remind herself of the positive things she has been able to work toward, such as getting another evaluation, being diagnosed with Gender Dysphoria, getting approved for alternative canteen, and also having another review for hormones. Ct went through the treatment plan with this writer and was able to update some of her information, as well as identify some of the progress she has made on her goals. Ct stated she did finally get her undergarments, and while it was uncomfortable explaining to her cellmate and some of her peers that delivered it, she felt good about it after she was able to explain to them. Ct stated she has been able to open up to everyone she associates with about being transgender. Ct stated most of her friends have been very understanding and nonjudgmental about it. Ct requested to meet again one more time before the hormone replacement therapy meeting to help her with anxiety. While Ct endorsed at times she has some fleeting thoughts of harming herself, she stated she is able to remind herself that harming herself will not help her achieve her goals in the long run. Ct denied any current plans/thoughts of suicide, self-harm, or aggressive behaviors toward others.

Objective:
Ct was oriented x4. Ct's hygiene and grooming were adequate; Ct had her hair tied back during the callout. Appears reported age. Ct maintained socially appropriate eye contact during the session, easily engages in rapport. Ct's mood was normal, affect was euthymic. Ct was alert, cooperative, and polite. Ct endorsed no issues with appetite; speech/tone/volume was WNL. Thought content appeared organized and insight/judgment are present. Ct will be up for parole on 8/14/2017.

Assessment:
Ct's mental health diagnosis is currently 302.0 Gender Dysphoria and 309.81 Posttraumatic Stress DO, Moderate, LOF 2. Ct's primary diagnosis at this time is Gender Dysphoria. Ct has written multiple kytes in the past couple weeks about an increase in distress due to feeling as though she is in the wrong body. Ct has shown significant improvement in her ability to communicate her thoughts and concerns with this writer without immediately becoming defensive or engaging in harm toward herself or others. She has taken effort in working on her treatment goals with this writer and has opened up to her brother and her peers within the prison about being transgender. Ct continues to endorse desire to begin hormones, indicating she still feels like there is something missing and would feel more comfortable moving to the next stage of her transition. Ct was able to order alternative canteen and women's undergarments. No changes in diagnosis at this time; Posttraumatic Stress DO symptoms appear to be relatively stable at this time and Ct has not endorsed any distress due to this diagnosis.

Has there been a change in diagnosis? ☐ Yes ☒ No

If yes, has the Diagnosis Justification Form been completed? ☐ Yes ☐ No (Explain)

Name	Goninan, Nathan
SID	17079611
DOB	1/8/1986
MH Code	MH2
Acuity/LOF	Mod, 2

Ex #9

Plan:

Ct is scheduled to be reviewed for hormone replacement therapy on 2/14/17. Ct had requested to meet with this writer again prior to her review for hormones. This writer was able to schedule Ct for a check-in on 2/10/17 to address anxiety over her upcoming review. Continue working with Ct on her treatment plan and identifying progress on her goals.

Kristine Gates, MA, QMHP
Print Name

Signature

1/23/17
Date

Name	Goninan, Nathan
SID	17079611
DOB	1/8/1986
MH Code	MH2
Acuity/LOF	Mod, 2

EX#9

To: B.H.S. - Kristine Gates
From: Nathan Rober Goninan - Nonnie
SID#17079611

Date: Nov, 3, 2016

comeing out

Here is a list of step's Ive tooken on coming out as a transgender woman.

1) came out to my B.H.S. counslor QMHP Dana crain in the B.H.U. at O.S.P.

2) Asked for an evaluation for gender dysphoria.

3) wrote to outside agent that help and educate people in the L.G.B.T. communittie, for support and to learn to get what I need to be happy.

4) came out to a few people I was closs with to see there reaction.

5) came out fully to all those around me and asked people to call me Nonnie or 2 feathers.

6) I waer self made makeup sometime's. and talk about transgender issue's with other transgender women at O.S.C.I.

my reaction, thought's, feeling's: So far it's not been to bad, Ive got some negtive feed back by peer's, But I feel a lot of reliefe at be open about who I really am and not haveing to hide it.

*

* obstacles and quality of life, mental issues *

1) I become verey deppressed and stressed out and verey self con about my male body, I have thought's and feeling of castration and suicid at time's because I think of me in this wrong body and how the Oregon D.O.C. won't let me get meaningful treatment and Im overpowered with hopelessness and hate.

2) O.D.O.C. is slow to evaluate and treat people with gender dysphoria a lot of the staff seem untrained on handeling transgender issue's, All this creats a big part of my deppression and stress.

Page 1 of 3

Ex #9

3) I have some fear of what othersmite think of me or what they will say or try and do.

my reactions, thought's, feeling's: Ive became more open to all thoughts around me and seen many reaction's, "good and bad" so I know what to expect more and Im more comfertable.
Im still struggeling verey much with my deppression and stress and thoughts of self harm, Ive tryed med's, meditation and religious support, talking to friend's and B.H.S., I draw and write music and poem's. But none of this has given me any reliefe, I feel that O.D.O.C. does not care that Im suffering with out treatment and that it's cruel.

* Goals, Treatment, Things I would like to happen *

1) Start hormone treatment right away.

2) order from the allternetive canteen list.

3) wear women's undercloths.

4) cell up with some one Im comfertable with that's transgender or from the L.G.B.T. communittie

5) work with B.H.S. - MS. Gate's on managing my deppression and stress.

My reaction's, Thought's, feelings: I feel and know the only way I can start to heal and feel better about my self is to start hormone treatment all the other stuff is supperfishel to me.
It's my phy body that creat's my mental pain. Even though makeup and womens cloth's will be nice they will not help in any meaningful way. I want to cell up with another transgender becuz they with be more understanding and accepting of who I am I don't won't someone as a cellythat will think becuz Im a transgender woman they can treat me badly or think I'll do sexual crap. And I like ms. Gate's (!!) she's nice and easy to work with!

2 of 3

Ex #9

* Steps I can take to acheev my Goals *

1) Keep working with ms. Gates - B.H.S.

2) Keep working with the A.C.L.U. on geting the treatment I need.

3) Keep expressing my thought, feelings and pain to O.D.O.C. about not geting treatment.

my reactions, Thoughts, feelings: I try my best to maintain. The only thing that stops me from hurting my self or blowing up is the ~~hop~~ hope I will start hormone treatment soon: But it is verry hard to the point that I Just want to give up. But Im trying.

Nonnie m. Lotusflower

Nathan R. Goninan #17079611

Date: Nov, 3, 2016

ODOC Behavioral Health Services
Progress Note

Date: 1/5/17
Time: 8:30am
Duration: 60 minutes
Purpose of Session: RTC 2 week F/U

Subjective:
Ct stated she has been doing alright and is happy to announce that she was finally able to get approved to have a cellmate. Ct stated she let her cellmate know that she has makeup and is transgender. Ct stated she was told today by one of the clothing room people that her women's undergarments would be delivered to her cell today. She stated she got measured before the callout for the clothing and is looking forward to going back to the cell to get her clothing. Ct stated she has a concern about some harassment from an officer she has seen directed toward transgender people while they are in medication line. She provided this writer some information on the comments the officer has made toward her as well as toward peers while in medication line. She stated she didn't want to attach her name to the complaint at this time for fear of retaliation. Ct stated she has been talking to her a brother a lot and is still waiting on some pictures to get sent in of her dressed in women's clothing when she was outside of prison. Ct talked about her relationship with her wife, to who she has continued to stay married to despite that her wife came out as lesbian and sees women now. Ct talked about her goals to start on hormones while she is in ODOC so when she goes to Washington prison she already has the process started. Ct discussed some more long term goals for after her incarceration of eventually owning a tattoo parlor. Ct denied any SI/SH/HI.

Objective:
Ct was oriented x4. Ct's hygiene and grooming were adequate. Appears reported age. Ct maintained socially appropriate eye contact during the session, easily engages in rapport. Ct's mood was normal, affect was euthymic. Ct was alert, cooperative, and polite. Ct endorsed no issues with appetite; speech/tone/volume was WNL. Thought content appeared organized and insight/judgment are present. Ct will be up for parole on 8/14/2017.

Assessment:
Ct's mental health diagnosis is currently 302.0 Gender Dysphoria and 309.81 Posttraumatic Stress Disorder. Ct has endorsed distress of feeling as though she is trapped in a body that she doesn't belong in. Ct reports dressing as a woman prior to incarceration and attempting to seek treatment even while incarcerated in Oregon. Ct often sends kytes to this writer about feeling uncomfortable in her own skin and wishing she could be a woman. Ct has been able to be open with family and peers within prison about being transgender. She recently was approved for alternative canteen and has been utilizing these resources. No changes at this time.

Has there been a change in diagnosis? ☐ Yes ☒ No

If yes, has the Diagnosis Justification Form been completed? ☐ Yes ☐ No (Explain)

Plan:
Ct was scheduled for RTC on 1/23/17 to continue talking about her treatment goals in relation to assisting her with feeling more comfortable with herself and building up her self-esteem. In regard to the concerns of discrimination and harassment this writer sent an e-mail to the PREA Captain and BHS manager.

Kristine Gates, MA, QMHP
Print Name
KGates, MA, QMHP
Signature

1/5/17
Date

Name	Goninan, Nathan
SID	17079611
DOB	1/8/1986
MH Code	MH2
Acuity/LOF	Mod/3

Ex#9

ODOC Behavioral Health Services
Progress Note

Date: 12/20/16
Time: 1:00pm
Duration: 60 minutes
Purpose of Session: RTC 2 week f/u

Subjective:
Ct stated she is doing alright but still really wants to get moved off of unit 1. Ct stated yesterday she got yelled at by an officer and made fun of because she is approved for alternative canteen. Ct stated the officer went on to make some false allegations on her and as a result the Ct requested the video to prove she didn't do anything and then also contacted the attorney general. Ct stated she turned his first alternative canteen order in and is excited about getting stuff. Ct stated most of her friends are aware at this point that she is transgender. Ct stated she is worried about the women's clothing coming in through the laundry room because some of her "crew" work down there are she thinks that they will make fun of her. Ct stated she is relieved to learn that her case presentation for hormones will be happening in February and is excited to start the process. Ct stated she spoke with her brother and should be getting some pictures mailed in to her of what she dressed like before she came to prison (reporting the pictures show her wearing women's clothing and makeup). Ct denied any SI.SH/HI.

Objective:
Ct was oriented x4. Ct's hygiene and grooming were adequate. Appears reported age. Ct maintained socially appropriate eye contact during the session, easily engages in rapport. C's mood was normal and affect was euthymic. Ct was alert, cooperative, and polite. Ct endorsed no issues with appetite; speech/tone/volume was WNL. Thought content was organized and insight/judgment is present. Ct will be up for parole on 8/14/17.

Assessment:
Ct's mental health diagnosis is currently 302.0 Gender Dysphoria and 309.81 Posttraumatic Stress Disorder. Ct continues to endorse distress of feeling uncomfortable being on the current unit she is on due to not many transgender individuals being present on that unit. Ct has endorsed difficulty with managing sleep at times due to flashbacks of trauma she experienced as a child; however, she does not appear to be impaired by her PTSD at this time. No changes.

Has there been a change in diagnosis? ☐ Yes ☒ No

If yes, has the Diagnosis Justification Form been completed? ☐ Yes ☐ No (Explain)

Plan:
Ct was scheduled for RTC on 1/5 to continue working on her treatment plan and goals to help her decrease her distress around feeling as though she is stuck in a male body.

Kristine Gates, MA, QMHP
Print Name
KGates, MA, QMHP
Signature

Gatesk QMHP

12/20/16
Date

Name	Goninan, Nathan
SID	17079611
DOB	1/8/1986
MH Code	MH2
Acuity/LOF	Mod/3

Ex#9

Read all

To: Dana
From: Nathan Robert Goninan

Sep, 18, 2015

I have a problem that is hard for me to talk about
So I am puting it in a letter for you to read and hopefully
we can talk about the issue in privet.
starting Jan, 1, 2016 I am going to be liveing as a Transgender
woman. Ive been this way for as long as I can remember
But the fear I feel about comeing out is beyond word's
I need support and understanding. I can no longer live
hideing in my shell.
I have so much fear about Jugdment I have so much anger
built up in me becuz I can't live as a woman and Ive hide
it so well.
I need help comeing out I want to feel more like who I am
inside and I would like to be seen by a transgender
specialist and talk about estrogen hormone teatment
I would like to wear makeup and use magic shave to remove
all body hair. one step at a time can we please have a indepth
talk about this. But please remember this is hard for me.

Nathan Robert Goninan
#17079611
B.H.U. #38

my new name will be Nonnie

Thankyou!

Ex # 9

Date and Time	MENTAL HEALTH PROGRESS NOTES

\# 17079611

7/8/2010 Time: 1:00pm
BHS Progress Note
17079611 Goninan, Nathan
S: "My kosher meal has been spoiled several times and my eggs were raw yesterday", he stated as he discussed his frustration over the meals and how he has no one who will do anything about them. Discussed problem solving skills and how the officer on the unit at that moment is not going to be able to do anything about it. He is going to kyte food services and religious services. He also discussed issues with his past use of resperidaul and not being able to ejaculate when he was on it or since he has been off of it. He discussed wanting some type of testing done for the issue. He also is struggling with forgetfulness, headaches and severe dry mouth. He is wondering if it is due to his new medication.
He had sent a kyte (4 pages) about his identity issues and "wanting to be a woman". Today he stated I don't want to talk about it. He is willing to have some 1:1 counseling to work through identity issues.
He is currently not doing his packets/programming due to feeling mistreated and starting over level 2 for the third time. He stated, "I think they are retaliating because they have searched my cell three times this week". Discussed how they search cells all the time and that is part of being in IMU.
O: He was oriented to person, place, and time. His affect was liable. His mood was paranoid, anxious, and frustrated. His hygiene and grooming were good. His speech was normal rate and volume. He got up several times, looked behind him, looked out onto the tier and stated that he knows someone is going through his things. His thought process was organized. He reported no suicidal or homicidal thoughts. He reported thoughts of paranoia and frustration with officers on the unit "not listening to me".
A: 295.70 Schizoaffective Disorder, MH3 mod. He reported eating, working on legal things, and drawing. He appeared to be frustrated, upset, and angry. He reported problems with his medications.
P: F/U in one week per policy.

S. Green, BS
S. Green BS

NAME:
SID #:

Date and

MENTAL HEALTH PROGRESS NOTES

9/22/08
17079611 GONINAN, NATHAN ROBERT 11:00 A 5 SRCI IMA20
Chart Note: Inmate received a DR on 9/20/08 for telling a nurse to "Suck my dick, you fucking bitch. The precipitating event was that he requested medical treatment and was told that his issue could wait until sick call tomorrow. The behavior was clear and goal directed, his mental health issues were not a factor and he understood the consequences of his behavior. No mental health intervention made.

9/23/08
17079611 GONINAN, NATHAN ROBERT 10:00 A 5 SRCI IMA20
IPC note: Inmate was restarted on his level 2 as of 9/21 for disrespect toward nursing staff. Will watch for increasing agitation; this may be an isolated incident however, since his last misconduct was toward the same nurse. He would have been eligible for level 3 as of 11/16/08. Will address behavior at his next appointment.

17079611 GONINAN, NATHAN ROBERT 9:00 A 5 SRCI IMA20
S: "Did you get the letters? This guy bet me that I wouldn't do it. I didn't mean it. No, it's real; I'm just embarrassed."
Met with inmate after I received 3 kytes in succession detailing questions about his gender identity. He stated that they were both true and false, and it was impossible to tell which story was accurate, though he has not mentioned this to this writer previously. Inmate notes that he just found out that "when all the stuff from the staff assault is done", they will be taking him up for trial for murder in Washington. He has been told not to talk about the case, but he is worried about it. The offense was in Bellingham Washington; he agrees to sign a release of information for the county for his medical records. He requested and received his medical records but the month of May was missing and believes that OSP is covering up their failure to follow their own procedure. He has court on the 9th and expects to leave next week, and is worried about being in OSP's IMU. He will do "everything and anything" to not be in IMU. Twice before he has made a suicide attempt in order to get out of there, and the first time resulted in optical damage, according to him. He can't guarantee safety is he goes to IMU there; after 2 months of clear conduct here, they dry celled him and left him with little property. We discussed that he has to do his part to keep himself safe, and he noted that he will try, but the noise makes him paranoid, and the staff harass him and he can't get away. He is doing somewhat better on his medication, and there have been no adverse comments on his tracking file since his 9/21 disrespect toward the nurse. Affect is cheerful and childlike. I suspect that his defense structure is similarly rudimentary, and his acting out is a result of a primitive need to strike back in response to what he perceives as attacks on his self esteem.
A: 295.70 Schizoaffective D/O, moderate
P: RTC as previously scheduled. Will contact OSP about his upcoming transfer for court. Will suggest if they cannot house him in the MHI that they place him immediately on suicide close observation to try to circumvent the self-harm behavior.

GONINAN, NATHAN
17079611
01/08/1986

Mental Health Progress Notes - Progress Notes

Ex#9

Exhibit #10

LOCAL / CALIFORNIA

In a first, California agrees to pay for transgender inmate's sex reassignment

Shiloh Quine was convicted of first-degree murder, kidnapping and robbery. Under a settlement agreement, if Quine completes surgery she will be moved to a women's prison. (Kristin Schreier Lyseggen / / SFINX Publishing/The Women of San Quentin)

By **Paige St. John** · **Contact Reporter**

AUGUST 10, 2015, 3:30 AM

California is first in the nation to agree to pay for a transgender inmate's sex reassignment operation, but the state's settlement of a recent court case sidesteps the question of whether such surgery is a constitutional right.

The state concedes that Shiloh Quine, who entered the California prison system in 1980 as Rodney, suffers severe gender dysphoria that can be treated only by physically conforming her body to her psychological gender.

The agreement to settle Quine's federal lawsuit seeking the surgery was announced late Friday, with a brief statement from the corrections department that "every medical doctor and mental health clinician

who has reviewed this case, including two independent mental health experts, determined that this surgery is medically necessary for Quine."

Quine's victory was made possible by another inmate, Michelle Norsworthy, born as Jeffrey, who in April won a federal court order for surgery to reshape her genitals. Gov. Jerry Brown on Friday allowed a parole grant for Norsworthy instead, making that ruling moot days before an appellate panel was to hear California's legal challenge.

In both instances, California prison officials had denied the surgeries, arguing that sex reassignment was not medically necessary. The state's position was undermined in June when its own expert concluded that Quine required the operation.

"Sex reassignment surgery is medically necessary to prevent Ms. Quine from suffering significant illness or disability, and to alleviate severe pain caused by her gender dysphoria," wrote Richard Carroll, a clinical psychologist and director of the Sexual Disorders and Couple Therapy Program at Northwestern University in Chicago. Surgery, he said, would reduce her "depression, anxiety and risk of suicide attempts."

Waiting until she got out of prison was not an option. Quine is serving a life sentence without parole for murder.

"A settlement is not a precedent, but I suppose it gives a little ammunition to the next guy, to say you did this for him, why not me?" said Kent Scheidegger, legal director for the Criminal Justice Legal Foundation, a conservative organization based in Sacramento that weighs in on criminal justice litigation across the nation. Those requests are bound to eventually force another legal challenge, he said.

"The idea that the 8th Amendment requires something for prisoners not available to the law-abiding public is something a lot of people find offensive," Scheidegger said.

California has nearly 400 transgender inmates receiving hormonal treatment, according to prison medical data. Quine's lawyers said their research shows the cost of the operation she seeks ranges from $15,000 to $25,000.

Litigation over surgery marks a "gigantic" progression in the rights of transgender inmates, said Valerie Jenness, dean of the School of Social Ecology at UC Irvine and a prominent researcher in the field. Her work documented the high incidence of sexual assault of transgender inmates in California, at nearly 60%.

"You can see the evolution," Jenness said.

California's settlement and Norsworthy's parole allow the state to avoid for now the danger of a higher court ruling putting sex-change surgeries on par with other medical procedures, with implications beyond the state's prisons.

Even without such a decision, Quine's lawyers said they believe the precedent has been set.

"This is clearly where the law is going and where the entire health industry is going," said Ilona Turner, legal director at the Transgender Law Center in Oakland, which handled the cases of Norsworthy and Quine. "These exclusions in health management plans are illegal."

The U.S. Department of Health and Human Services in May 2014 lifted its own exclusion on transgender services under Medicare, the national health insurance provider for seniors, allowing the tax-supported program to cover "gender-confirming" procedures endorsed by a patient's physicians.

Quine, who turned 56 on Friday, has been incarcerated since her Los Angeles County conviction in 1980 on first-degree murder, kidnapping and robbery. During that time, her legal filings show, she has repeatedly attempted suicide. In April 2014, a prison psychologist assessing Quine wrote that he believed sex reassignment was "reasonable and necessary to alleviate severe pain." When prison officials again denied the surgery, Quine in June 2014 tried once more to kill herself.

"I'm in severe pain," she wrote in a prison appeal after a state board recommended moving Quine to a maximum security unit. "I feel tortured and now being placed in future substantial risk of harm."

She has lived openly as a woman since 2008 and in 2009 began hormone treatment prescribed by her prison physicians. However, the prison system has denied her attempts to legally change her name, and she has filed numerous legal challenges seeking to require "sensitivity training" for prison officers and for officers to address her with feminine pronouns.

She is housed at Mule Creek State Prison, one of nine male institutions to which California sends transgender women. Transgender inmates often are housed apart from the general population in so-called sensitive needs yards, among child molesters, gang dropouts and others whose lives might be at risk.

Under Friday's settlement agreement, Quine will be moved to a women's prison if she completes surgery.

Until now, California has had only one other transgender woman inmate at a women's prison. The state's decision to reclassify and put Sherri Masbruch, a convicted rapist, among women caused an uproar in 2009. To this day, the California corrections department keeps her location secret, said corrections spokeswoman Terry Thornton. Prison officials in court have said Masbruch has been moved repeatedly in response to threats and assaults.

Ex#10

"Arranging for an inmate's sex reassignment surgery, providing the necessary security during hospitalization and ensuring that appropriate placement is available for both postoperative recovery and placement have no precedent in California's prison system, or in any other U.S. correctional environment of which I am aware," state prisons director Kelly Harrington said in a May deposition.

The issue of whether transgender inmates have a constitutional right to sex reassignment surgery was taken up by a federal judge in San Francisco, Jon Tigar, an appointee of President Obama.

Tigar had been on the bench less than two years last fall when he assigned himself to Quine's complaint and appointed a team of lawyers at a San Francisco firm and at the Transgender Law Center to represent her.

He already had Norsworthy's litigation before him. He noted the nation had yet to see a federal appeals court ruling on whether denying an inmate's doctor-prescribed sex change constituted "deliberate indifference" to a serious medical need. If it did, it would violate the 8th Amendment's bar on "cruel and unusual punishment."

At the time, Tigar said that precedent might be set on the East Coast, in the long-running litigation of Massachusetts transgender inmate Michelle Kosilek.

It took Kosilek a decade to win the right to hormone treatment in 2002. In early 2014, with supporting briefs from national organizations such as the American Civil Liberties Union, a panel of 1st Circuit Court of Appeals justices ruled that Kosilek, who had repeatedly tried to kill and to castrate herself, had a constitutional right to sex reassignment surgery as a medical necessity.

But two months later, a special panel of the Boston-based appellate court recalled that ruling and in December, the full court denied surgery to Kosilek. The majority opinion raised questions of prison security. Massachusetts had contended that a gender-reassigned Kosilek would be unsafe to house anywhere: a target for assault in a male prison, a source of mental distress for female inmates who had been victims of domestic abuse.

The state offered instead to provide suicide therapy if needed.

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This article is related to: Jails and Prisons, Medical Research, Mental Health Research, Minority Groups, Mental Health

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UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA

JEFFREY B. NORSWORTHY (a/k/a MICHELLE-LAEL B. NORSWORTHY), Plaintiff, vs. JEFFREY BEARD; A. NEWTON; A. ADAMS; LORI ZAMORA; RAYMOND J. COFFIN; MARION SPEARMAN; DAVID VAN LEER; JARED LOZANO; and DOES 1-30, Defendants.	Case No. 3:14-cv-00695-JST **FIRST AMENDED COMPLAINT**

Ex #10

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1 Plaintiff Michelle-Lael B. Norsworthy (a/k/a Jeffrey B. Norsworthy) ("Plaintiff" or
2 "Norsworthy") for her Complaint against Defendants Jeffrey Beard, A. Newton, A. Adams, Lori
3 Zamora, Raymond J. Coffin, Marion Spearman, David Van Leer, Jared Lozano and Does 1-30,
4 alleges as follows:

5 **NATURE OF THIS ACTION**

6 1. Plaintiff brings this civil rights action under 42 U.S.C. § 1983 to seek prospective
7 injunctive relief based upon Defendants' failure to provide Plaintiff with medically necessary
8 surgery in violation of the Eighth and Fourteenth Amendments to the United States Constitution
9 and failure to allow Plaintiff to pursue a legal name change also in violation of the Eighth and
10 Fourteenth Amendments.

11 **PARTIES**

12 2. Plaintiff Michelle-Lael Bryanna Norsworthy is a citizen of California currently
13 housed at Mule Creek State Prison in Ione, California by the California Department of
14 Corrections and Rehabilitation ("CDCR"). Plaintiff has been incarcerated under the custody of
15 the CDCR since on or around April 15, 1987. Plaintiff is a transsexual woman – an individual
16 whose gender identity is different from the male gender assigned to her at birth, who requires
17 medical treatment to better conform her body to that gender identity. She experiences severe
18 dysphoria and distress resulting from the incongruence between her male physical features and
19 her female gender identity. Plaintiff has been living as a female since the mid-1990s and has
20 received feminizing hormone therapy and chemical castration treatments since 2000. As a result,
21 plaintiff is a biological female based upon her estrogen and testosterone levels, yet Defendants
22 have refused to allow Plaintiff to obtain medically necessary surgery to further her treatment.

23 3. Upon information and belief, Defendant Dr. Jeffrey Beard ("Beard") is a resident
24 of California. Since his appointment by Governor Edmond G. Brown, Jr. on December 27, 2012,
25 Beard has served as Secretary of the CDCR. In his position as Secretary, Beard has ultimate
26 responsibility and authority for the operation of the CDCR, including the administration of health
27 care and the execution of policies governing medical care and name changes.

28 4. Upon information and belief, Defendant A. Newton ("Newton") is a resident of

1 California. Upon information and belief, at all relevant times, Newton was an agent or employee
2 of the CDCR with the title "SRN II" and was charged with evaluating certain appeals of prisoner
3 health care issues with the authority to grant or deny the relief requested in the appeals. Upon
4 information and belief, A. Newton is currently employed by the CDCR at Salinas Valley State
5 Prison in Soledad, California.

6 5. Upon information and belief, Defendant A. Adams ("Adams") is a resident of
7 California. Upon information and belief, at all relevant times, Adams was an agent or employee
8 of the CDCR with the title "CME" and was charged with evaluating certain second level appeals
9 of prisoner health care issues with the authority to grant or deny the relief requested in the
10 appeals. Upon information and belief, A. Adams is currently employed by the CDCR at the
11 Correctional Training Facility in Soledad, California.

12 6. Upon information and belief, Defendant Lori Zamora ("Zamora") is a resident of
13 California. Upon information and belief, at all relevant times, Zamora was Chief of the CDCR
14 Office of Third Level Appeals-Health Care with the authority to grant or deny the relief requested
15 in the appeals.

16 7. Upon information and belief, Defendant Raymond J. Coffin ("Coffin") is a
17 resident of California. Upon information and belief, at all relevant times, Coffin was the Chief
18 Psychologist at the California Substance Abuse Treatment Facility and State Prison in Corcoran,
19 California and an employee of the CDCR charged with evaluating the merits of certain inmates'
20 claims of inadequate medical care.

21 8. Upon information and belief, Defendant Marion Spearman ("Spearman") is a
22 resident of California. At all relevant times, Spearman was the Warden for the California
23 Correctional Training Facility located in Soledad, California, at which facility Plaintiff was
24 housed when the CDCR decisions at issue here were made. As warden, Spearman is responsible
25 for reviewing and approving or denying an inmate's request for a legal name change.

26 9. Upon information and belief, Defendant David Van Leer ("Van Leer") is a
27 resident of California. Upon information and belief, at all relevant times, Van Leer was an
28

1 Appeals Examiner for the CDCR with responsibility for reviewing and approving or denying the
2 appeal of the denial of an inmate's request for a legal name change.

3 10. Upon information and belief, Defendant Jared Lozano ("Lozano") is a resident of
4 California. Upon information and belief at all relevant times, Lozano was the Chief of the Office
5 of Appeals for the CDCR with responsibility, among other things, for reviewing and approving or
6 denying the appeal of the denial of an inmate's request for a legal name change. Upon
7 information and belief, Lozano is currently employed by the CDCR at the California Health Care
8 Facility in Stockton, California.

9 11. Does 1-30 are unnamed agents or employees of CDCR that participated in the
10 decision to deny Plaintiff medical care and/or the right for Plaintiff to seek a legal name change.

11 12. Plaintiff reserves the right, consistent with applicable rules and orders, to amend
12 this Complaint to include other officials should it become apparent that those officials' inclusion
13 is necessary to grant the prospective injunctive relief requested herein.

14 **JURISDICTION**

15 13. This court has jurisdiction over the claims pursuant to 42 U.S.C. §§ 1331 and
16 1343(a)(3).

17 14. Venue is appropriate in this judicial district pursuant to 42 U.S.C. § 1391(b)(2), as
18 a substantial part of the events giving rise to the claim occurred in the Northern District of
19 California.

20 **FACTUAL BACKGROUND**

21

22 **I. PLAINTIFF'S PERSONAL HISTORY WITH GENDER DYSPHORIA**

23 15. Plaintiff was born in 1964 in Detroit, Michigan. While Plaintiff was still an infant,
24 her parents divorced and Plaintiff was sent to live with her grandmother. Approximately ten
25 years later, Plaintiff's mother retook custody of Plaintiff and moved the family to the West Coast,
26 eventually settling in California. Throughout childhood and adolescence, Plaintiff never felt
27 comfortable in the male gender assigned to her at birth. Plaintiff attempted to overcompensate for
28 feeling weak and less than a man as a result of Plaintiff's feminine characteristics and gender

1 identity confusion by acting out aggressively, owning guns and turning to alcohol. At sixteen,
2 Plaintiff dropped out of high school and moved to Hollywood, California, eventually working as
3 a police informant in her late teens and joining the military.

4 16. On December 4, 1985, Plaintiff encountered a male acquaintance at a bar in
5 Fullerton, California with whom Plaintiff had a contentious history due to Plaintiff's work as an
6 informant. Both intoxicated, an argument began in the bar and Plaintiff left the bar to go to
7 Plaintiff's car. The acquaintance followed Plaintiff to the car, and Plaintiff retrieved a loaded
8 rifle from the car. Plaintiff fired a warning shot but the acquaintance reached for the gun and a
9 struggle ensued. During the struggle, the acquaintance was shot in the neck. Plaintiff
10 immediately attempted to administer first aid and, upon police arriving, stated "I shot my friend."
11 The acquaintance was taken to the hospital, but died a few days later as the result of a blood clot
12 from the gunshot wound. Plaintiff was convicted of second degree murder and sentenced to
13 seventeen years to life. Plaintiff has been under the custody of CDCR since on or about April 15,
14 1987 and currently is housed at Mule Creek State Prison in Ione, California.

15 17. Since at least adolescence Plaintiff has experienced significant distress and anxiety
16 as a result of the discrepancy between the male sex assigned to her at birth and her own female
17 gender identity. In the 1990s, Plaintiff's feelings and understandings surrounding her gender
18 began to consolidate and Plaintiff came to understand and accept that she is a transsexual woman.

19 18. In 1999, Plaintiff underwent several weeks of testing by a psychologist, Dr. Carl
20 Viesti, at a CDCR facility. "The results of all test instruments were consistent with the profile of
21 a transsexual" and Plaintiff was diagnosed with gender identity disorder – "the only DSM-IV
22 diagnosis available for this condition." Subsequent to Plaintiff's initial diagnosis, the American
23 Psychiatric Association published a revised version of its Diagnostic and Statistical Manual of
24 Mental Disorders ("DSM-V") in 2013, which replaced the "gender identity disorder" diagnosis
25 with "gender dysphoria." The DSM-V characterizes the diagnosis of gender dysphoria as
26 follows: "[i]ndividuals with gender dysphoria have a marked incongruence between the gender
27 they have been assigned to (usually at birth, referred to as *natal gender*) and their
28 experienced/expressed gender." Am. Psychiatric Ass'n, Diagnostic and Statistical Manual of

Ex # 10

1 Mental Disorders 453 (5th ed. 2013) ("DSM-V") In addition to this marked incongruence,
2 "[t]here must also be evidence of distress about this incongruence." *Id.* Hereinafter this
3 Complaint will generally refer to the condition as gender dysphoria even when referring to
4 diagnoses prior to 2013.

5 19. Upon receiving this diagnosis in early 2000, it was determined that it was
6 medically necessary for Plaintiff to receive treatment for her condition that would help to bring
7 her body into greater conformity with her gender identity. Toward this end, Plaintiff was
8 prescribed feminizing hormone therapy and injections of a progestin (Depo-Prevera) to
9 accomplish chemical castration. Plaintiff has received these treatments continually from January
10 2000 through the present, with periodic dose adjustments as necessary.

11 20. As a result of Plaintiff's feminizing hormone therapy and chemical castration
12 treatments over the past fourteen years, Plaintiff's physical features and voice have feminized.
13 Plaintiff has been living as a female since the 1990s and her medical records repeatedly describe
14 her as a "biological female" based upon her presentation, her estrogen and testosterone levels and
15 the chemical castration. Her prison records note that she "tend[s] to move and gesture in a
16 feminine manner" and describe her as "a pleasant-looking woman, slender and coiffed in a pony
17 tail" who "walk[s] the yard . . . as a woman."

18 21. The end goal of Plaintiff's treatment has always been to bring her primary and
19 secondary sex characteristics into conformity with her female gender identity. The only way this
20 can be accomplished for Plaintiff is through sex reassignment surgery ("SRS"), also known as
21 gender confirming surgery, which involves, *inter alia*, reconstructing the genitalia to conform in
22 appearance and function to that typically associated with the person's gender identity. Plaintiff's
23 records from the 1990s through the present reflect that she considered herself a transsexual,
24 suffered severe distress as a result of her condition and desired to obtain a "sex change." Her
25 medical records consistently reflect that she was "undergoing a sex change" and in the "process"
26 of changing her sex, with the final step of that process being SRS.

27 22. In addition to treating the severe mental anguish Plaintiff experiences as a result of
28 her gender dysphoria, SRS also is medically necessary so that Plaintiff may reduce the high

dosages of feminizing hormones and Depo-Provera that she receives, which Defendants have repeatedly acknowledged are medically necessary treatment for Plaintiff's gender dysphoria. Large intake of these hormones over the course of many years has been attributed to increased risk for heart and vascular conditions and certain types of cancer. Eliminating these unnecessary increased risks is particularly essential in Plaintiff's case, because she contracted Hepatitis C after being gang raped while in CDCR custody in 2009 and thus already has significant risk factors and would face significant, heightened risks if she were to develop one of these conditions. SRS would entirely eliminate the need for Plaintiff to take Depo-Provera and would reduce by approximately 2/3 the required feminizing hormone dosage.

23. In 2012, Plaintiff's treating psychologist, Dr. Reese, expressly prescribed SRS as medically necessary for Plaintiff, finding that "it is clear that clinical medical necessity suggest and mandate a sex change medical operation before normal mental health can be achieved for this female patient." Dr. Reese repeatedly renewed his opinion with regard to the necessity of SRS for the following six months, at which time Plaintiff was removed from his care by the CDCR.

II. SRS IS WIDELY RECOGNIZED AS MEDICALLY NECESSARY TREATMENT FOR GENDER DYSPHORIA

24. Dr. Reese's finding that SRS was a medically necessary treatment for Plaintiff's gender dysphoria is supported by leading medical research and standards of care. Gender dysphoria is recognized as a serious medical condition, with mental and physical manifestations. SRS has widely been accepted as genuine, necessary treatment for severe cases of gender dysphoria, including by the federal courts that have addressed the issue.

25. Gender dysphoria is not just a mild discomfort with one's sex assigned at birth; rather, it is a profound disturbance such that the lives of some transsexual people revolve only around performing activities to lessen their gender distress. DSM-V 453-454. Gender dysphoria often comes with severe mental anguish and the inability to function normally at school, at work, or in a relationship. *Id.* at 457-58. Moreover, those suffering from gender dysphoria often become socially ostracized and stigmatized, which further diminishes self-esteem. *Id.* Although gender dysphoria on its own is not considered a life-threatening illness, when not properly

1 treated, it is often associated with dangerous related conditions such as depression, substance
2 related disorders, self-mutilation, and suicide. *Id.* at 458-59. Without treatment, the path for
3 those suffering from gender dysphoria can be torturous, as evidenced by shockingly
4 high suicide rates: 45 percent for those aged 18-44, in comparison to the national average of 1.6
5 percent, according to the 2009 National Transgender Discrimination Survey.

6 26. The World Professional Association for Transgender Health ("WPATH") is a non-
7 profit, multidisciplinary professional association dedicated to understanding and treating gender
8 dysphoria. The organization seeks to promote evidence-based care, education, research,
9 advocacy, public policy, and respect for transgender health. WPATH publishes the Standards of
10 Care for the Health of Transsexual, Transgender, and Gender Nonconforming People ("Standards
11 of Care"), which are based upon the best available science and expert professional consensus and
12 articulate clinical guidance for health professionals to assist with safe and effective care that
13 maximizes the patients' overall health and psychological well-being. The current version of the
14 Standards of Care—Version 7—was released in September 2011 following a five-year process in
15 which eighteen gender dysphoria specialists submitted peer-reviewed papers to help identify the
16 most effective treatments for gender dysphoria. Eli Coleman et al., Standards of Care for the
17 Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7, 13 INT'L J.
18 OF TRANGENDERISM, 165 (2011) ("Standards of Care"), attached hereto as Exhibit 1. WPATH's
19 Standards of Care are the prevailing standards for treating gender dysphoria. Mental health
20 providers and medical professionals rely heavily on the Standards of Care in determining the best
21 course of treatment for their patients.

22 27. The Standards of Care make clear that SRS is an "essential and medically
23 necessary" treatment for gender dysphoria in certain cases. Hormone therapy alone for those
24 individuals is not sufficient. As the Standards of Care explain:

25 While many transsexual, transgender, and gender-nonconforming individuals find
comfort with their gender identity, role, and expression without surgery, for many
26 others surgery is essential and medically necessary to alleviate their gender
dysphoria. For the latter group, relief from gender dysphoria cannot be achieved
27 without modification of their primary and/or secondary sex characteristics to
establish greater congruence with their gender identity.

28

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1 28. Under the Standards of Care, the criteria for vaginoplasty (surgical construction of
2 a vagina) in male-to-female transsexuals include "[p]ersistent, well-documented gender
3 dysphoria," "[twelve] continuous months of hormone therapy as appropriate to the patient's
4 gender goals," and "[twelve] continuous months of living in a gender role that is congruent with
5 their gender identity." *Id.* at 60. The twelve-month requirement that an SRS candidate live in an
6 identity-congruent gender role is "based on expert clinical consensus that this experience provides
7 ample opportunity for patients to experience and socially adjust in their desired gender role,
8 before undergoing irreversible surgery." *Id.* It is also recommended that patients seeking SRS
9 have regular visits with a mental health professional or other medical professional.
10 29. The Standards of Care apply equally to inmates and non-inmates, expressly noting
11 that "[h]ealth care for transsexual, transgender, and gender-nonconforming people living in an
12 institutional environment should mirror that which would be available to them if they were living
13 in a non-institutional setting within the same community. . . . All elements of assessment and
14 treatment as described in the SOC can be provided to people living in institutions. Access to
15 these medically necessary treatments should not be denied on the basis of institutionalization or
16 housing arrangements." *Id.* at 206-07.
17 30. In California, both Medicaid and private health insurance plans offer coverage for
18 health care treatment related to gender transition, including SRS.
19 31. Medical studies have shown the effectiveness of SRS as a treatment for gender
20 dysphoria. Modern SRS has been practiced for more than half a century and is the internationally
21 recognized treatment to treat gender dysphoria in transsexual persons. A thorough analysis of
22 available research conducted in 1990 concluded that SRS is an effective treatment for gender
23 dysphoria because it drastically reduced the distress of patients with gender dysphoria. In 2007 a
24 review of multiple studies on SRS was conducted. Special attention was paid to the effects of
25 SRS on gender dysphoria, sexuality, and regret. The researchers concluded that SRS is an
26 effective treatment for gender dysphoria and the only treatment that has been evaluated
27 empirically with large clinical case series.
28 32. A 2009 study aimed at evaluating the results of surgical reassignment of genitalia

in transgender women concluded that surgical conversion of the genitalia is a safe and important phase of the treatment of transgender women.

33. In a study published in 2010 on outcomes of individuals following sex reassignment almost all patients were satisfied with the sex reassignment and 86% were assessed by clinicians at follow-up as stable or improved in global functioning.

34. Another study conducted in 2010 with 247 transgender women indicated surgical treatments are associated with improved mental health-related quality of life.

35. Nearly every study to date has concluded SRS is an effective treatment for gender dysphoria.

36. Research also has confirmed that hormone therapy alone is insufficient to treat certain cases of gender dysphoria. For example, one study compared gender dysphoria patient groups before treatment, during hormone therapy and after SRS and showed that a bigger improvement occurs after SRS than after simply changing the gender role.

III. DEFENDANTS DENIED PLAINTIFF MEDICALLY NECESSARY SURGERY

37. On September 16, 2012, Plaintiff filed a Patient/Inmate Health Care Appeal seeking SRS as a medically necessary treatment for her gender dysphoria, because the extensive feminizing hormone therapy and chemical castration treatments she had received over the course of the prior thirteen years were unsuccessful in reducing the extreme distress Plaintiff suffers as a result of her gender dysphoria. Plaintiff ultimately was denied SRS at three levels of review, despite the explicit finding by Dr. Reese – Plaintiff's treating mental health care professional – that SRS is medically necessary to treat Plaintiff's gender dysphoria and Plaintiff's well-documented mental anguish – including anxiety and depression – resulting from being forced to retain her male genitalia.

38. The first level of review was performed by Defendant Newton. Defendant Newton denied Plaintiff's appeal for SRS on or around September 28, 2012 despite Plaintiff's well-documented case of serious gender dysphoria and the resulting mental anguish, including anxiety and depression that only SRS would effectively treat. Plaintiff's medical records make clear that Plaintiff had been living as a female and receiving feminizing hormone therapy and chemical

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castration treatments for over twelve years but still experienced significant distress and anxiety as a result of the discrepancy between her remaining male sex characteristics, including non-functioning male genitalia, and her female gender identity. In fact, Plaintiff's mental anguish is intensified by the fact – repeatedly established in her medical records – that Plaintiff is a "biological female" based upon her hormone levels and chemical castration, yet is being forced to live every minute of every day in a body with male genitalia that does not match her biology or deeply rooted identity. It thus was clear under prevailing Standards of Care and medical research that SRS was medically necessary and that Plaintiff fully met the requirements for sex reassignment surgery.

39. Defendant Newton thus was fully aware that Plaintiff faces a serious medical need for SRS in order to treat her diagnosed gender dysphoria but was deliberately indifferent to Plaintiff's medical need for SRS and denied her appeal. Defendant Newton failed to take any reasonable measures to address the ongoing mental anguish that Plaintiff suffers as a result of her gender dysphoria, which is not fully addressed by the feminizing hormone therapy and chemical castration treatments that Plaintiff has been receiving for the past 14 years. Defendant Newton's denial of Plaintiff's request for medically necessary SRS was unreasonable and manifested a wanton disregard for appropriate treatment of Plaintiff's gender dysphoria based upon her history documented in her medical records and the prudent professional standards embodied by the WPATH Standards of Care. Defendant Newton's deliberate indifference is further evidenced by unreasonable reliance upon Newton's own non-specialized conclusions rather than those of a qualified, experienced medical provider.

40. Following Defendant Newton's denial of Plaintiff's request, Plaintiff appealed to the second level of review on October 1, 2012. In appealing to the second level of review, Plaintiff explained that she "suffers greatly w/out gender reassignment surgery," and indicated that her suffering would be substantially relieved through SRS. Plaintiff's second level appeal was denied by Defendant Adams on or around November 27, 2012.

41. In the denial, Defendant Adams writes that "[o]ver the past year and a half, neither your mental health [provider] nor your [Primary Care Provider] has recommended SRS as a

1 treatment for any of your medical conditions," and while "[Plaintiff's] mental health team is well
2 aware [of her] needs," "[t]hey have not recommended SRS as a treatment which would help any
3 of [Plaintiff's] mental health conditions." Notably, Defendant Adams' denial of the appeal does
4 not state that either Plaintiff's mental health provider or primary care provider opposed SRS or
5 that Defendant Adams ever expressly asked Plaintiff's mental health provider or primary care
6 physician if Plaintiff needed SRS. Moreover, there is no indication that Plaintiff's request for
7 SRS was ever reviewed by a health care provider with sufficient experience or knowledge
8 regarding gender dysphoria.

9 42. Instead, Defendant Adams relies only on Adams' own, non-specialized conclusion
10 that SRS is not necessary solely because the medical records purportedly did not explicitly state
11 that SRS was recommended. Had Defendant Adams inquired, Adams would have discovered that
12 Plaintiff's mental health provider did, in fact, recommend SRS as medically necessary treatment
13 for Plaintiff's gender dysphoria. Indeed, only two days later, on November 29, 2012, Dr.
14 Reese—Plaintiff's treating mental health care professional—specifically prescribed SRS as
15 medically necessary to treat Plaintiff's gender dysphoria, writing that "[a]s a female person, and
16 one for the last 13 years, with the diagnoses given and awarded 13 years ago, it is clear that
17 clinical necessity suggest and mandate a sex change medical operation before normal mental
18 health can be achieved for this female patient."

19 43. Regardless, even if none of Plaintiff's health care providers explicitly included in
20 their reports a recommendation for SRS, Plaintiff's medical records make clear that Plaintiff had
21 been living as a female and receiving feminizing hormone therapy and chemical castration
22 treatments for over twelve years but still experienced (and continues to experience) significant
23 distress and anxiety as a result of the discrepancy between her remaining male sex characteristics,
24 including non-functioning male genitalia, and her female gender identity and thus that SRS is
25 medically necessary treatment for her. Defendant Adams was fully aware that Plaintiff faces a
26 serious medical need for SRS in order to treat her diagnosed gender dysphoria but was
27 deliberately indifferent to Plaintiff's medical need for SRS when Adams denied Plaintiff's appeal.
28 Defendant Adams failed to take any reasonable measures to address the ongoing mental anguish

1 that Plaintiff suffers as a result of her gender dysphoria, which is not fully addressed by the
2 feminizing hormone therapy and chemical castration treatments that Plaintiff has been receiving
3 for the past 14 years. Defendant Adams' denial of Plaintiff's request for medically necessary
4 SRS was unreasonable and manifested a wanton disregard for appropriate treatment of Plaintiff's
5 gender dysphoria based upon her history documented in her medical records and the prudent
6 professional standards embodied by the WPATH Standards of Care. Defendant Adams'
7 deliberate indifference is further evidenced by unreasonable reliance upon Adams' own non-
8 specialized conclusions rather than those of a qualified, experienced medical provider.
9 44. Despite Dr. Reese's clear prescription of SRS as treatment for Plaintiff's gender
10 dysphoria, no official moved to schedule or otherwise provide SRS to Plaintiff. Plaintiff
11 therefore appealed to the third level of review on December 4, 2012.
12 45. In response to Plaintiff's third appeal, Defendant Coffin was assigned to create a
13 report. Defendant Coffin interviewed Plaintiff for the report on or around July 1, 2013 and he
14 submitted the report on or around October 10, 2013. Upon information and belief, Defendant
15 Coffin has no significant experience or training in the treatment of transsexual patients and is not
16 qualified to make a determination with regard to the medical necessity of SRS.
17 46. In his report, Defendant Coffin reconfirms Plaintiff's diagnosis of gender
18 dysphoria, agreeing that she legitimately suffers as a result of the discrepancy between the gender
19 assigned to her at birth and her own female gender identity and that Plaintiff does not identify as
20 female for any perceived cultural advantage, or to otherwise reap any benefits from a female
21 classification. Defendant Coffin confirms that Plaintiff had an "extended period of gender
22 identity confusion" which was consolidated in the mid-1990s, and her behavior "appears to
23 confirm the accuracy of [Dr. Carl Viesti's 2000] diagnosis [of gender dysphoria]." Defendant
24 Coffin also acknowledges that, despite 14 years of feminizing hormone therapy and chemical
25 castration, Plaintiff's gender dysphoria continues to "create distress for [Plaintiff] related to [her]
26 gender identity," including living a "miserable existence" because Plaintiff is "not happy with
27 who [she] is."
28 47. Defendant Coffin even acknowledges that Plaintiff likely meets the requirements

for SRS, yet self-servingly concludes: "While it appears likely that [Norsworthy's] medical consultants would approve [her] as a candidate for SRS as an *elective* procedure, in the opinion of this evaluator the available documentation does not establish SRS as medically necessary at this time." Defendant Coffin fails to explain why Plaintiff's treating psychotherapist Dr. Reese's findings that SRS is medically necessary should not be followed, other than to state that "the available evidence does not clearly document that the necessary recommendations have been made or approved consistent with Department policy," as "[t]here does not appear to be evidence on the record that the gender and endocrinology specialists involved in [Plaintiff's] care have made a specific recommendation regarding SRS." Thus, rather than making an assessment of what treatment actually is medically necessary for Plaintiff based upon her medical records, his own evaluation of Plaintiff, and standards of care in the field, Defendant Coffin solely bases his recommendation on his self-serving conclusion that "the available evidence" does not explicitly include a recommendation for SRS from "gender and endocrinology specialists."

48. Notably, similar to Defendant Adams, Defendant Coffin does not state that any gender or endocrinology specialist ever recommended against SRS or that he actually ever even consulted with a gender or endocrinology specialist regarding Plaintiff's treatment. Nor does Defendant Coffin offer any explanation for why the recommendation of a gender or endocrinology specialist is required or why, if required, a gender or endocrinology specialist was not charged with providing the report for the third level of review.

49. Under these circumstances, it is clear that the rationale for Defendant Coffin's recommendation against SRS was merely a pretext. Plaintiff's medical records make clear that Plaintiff had been living as a female and receiving feminizing hormone therapy and chemical castration treatments for over 13 years but still experienced (and continues to experience) significant distress and anxiety as a result of the discrepancy between her remaining male sex characteristics, including non-functioning male genitalia, and her female gender identity and thus that SRS is medically necessary treatment. Defendant Coffin thus was fully aware that Plaintiff faces a serious medical need for SRS in order to treat her diagnosed gender dysphoria but was deliberately indifferent to Plaintiff's medical need for SRS in recommending against SRS.

1 Defendant Coffin failed to take any reasonable measures to address the ongoing mental anguish
2 that Plaintiff suffers as a result of her gender dysphoria, which he acknowledged is not fully
3 addressed by the feminizing hormone therapy and chemical castration treatments that Plaintiff has
4 been receiving for the past 14 years. Defendant Coffin's denial of Plaintiff's request for
5 medically necessary SRS was unreasonable and manifested a wanton disregard for appropriate
6 treatment of Plaintiff's gender dysphoria based upon her history documented in her medical
7 records and the prudent professional standards embodied by the WPATH Standards of Care.
8 Defendant Coffin's deliberate indifference is further evidenced by Coffin's unreasonable reliance
9 upon his own non-specialized conclusions rather than those of a qualified, experienced medical
10 provider.

11 50. On October 25, 2013, based upon Defendant Coffin's recommendation Plaintiff's
12 third and final appeal was denied by Defendant Zamora, Chief of the CDCR Office of Third
13 Level Appeals-Health Care because "[Plaintiff's] current providers have documented the
14 determination that the subject surgery is not medically necessary for [her]," and Plaintiff's
15 "appeal of that determination does not include a showing that the subject surgery is medically
16 necessary." Defendant Zamora's decision is wholly unsupported by Plaintiff's medical records.
17 Defendant Zamora failed to address Dr. Reese's opinion that SRS was medically necessary in the
18 denial, failed to obtain the recommendation of any other qualified health care provider, and failed
19 to offer any measures to address Plaintiff's ongoing mental anguish resulting from her gender
20 dysphoria.

21 51. Defendant Zamora was fully aware that Plaintiff faces a serious medical need for
22 SRS in order to treat her diagnosed gender dysphoria but was deliberately indifferent to Plaintiff's
23 medical need for SRS in denying her SRS. Defendant Zamora failed to take any reasonable
24 measures to address the ongoing mental anguish that Plaintiff suffers as a result of her gender
25 dysphoria, which Zamora acknowledged is not fully addressed by the feminizing hormone
26 therapy and chemical castration treatments that Plaintiff has been receiving for the past 14 years.
27 Defendant Zamora's denial of Plaintiff's request for medically necessary SRS was unreasonable
28 and manifested a wanton disregard for appropriate treatment of Plaintiff's gender dysphoria based

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upon her history documented in her medical records and the prudent professional standards embodied by the WPATH Standards of Care. Defendant Zamora's deliberate indifference is further evidenced by Zamora's unreasonable reliance upon the conclusions of non-specialized, inexperienced health care providers rather than those of a qualified, experienced health care professional.

52. Defendant Zamora's denial exhausted Plaintiff's administrative remedies within the CDCR.

53. Defendant Beard has ultimate authority for whether or not Plaintiff is provided SRS and for the implementation of CDCR policy with regard to medically necessary medical treatment. Defendant Beard has endorsed and affirmed the discriminatory and deliberately indifferent conduct of Defendants Newton, Adams, Coffin and Zamora by failing to intercede and grant Plaintiff medically necessary SRS and by failing to ensure that CDCR's policies surrounding the provision of medical treatment are implemented in a fair and non-discriminatory manner and/or that inmates receive medically necessary treatment for gender dysphoria, including SRS in appropriate cases. Defendant Beard's deliberate indifference is further evidenced by Beard's unreasonable reliance upon the conclusions of non-specialized, inexperienced health care providers rather than those of a qualified, experienced health care professional.

IV. CALIFORNIA CODE OF REGULATIONS TITLE 15, SECTION 3350.1 IS DISCRIMINATORY AND DOES NOT IMMUNIZE DEFENDANTS' UNCONSTITUTIONAL DENIAL OF SRS

54. Defendants' refusal to provide SRS to Plaintiff is not justified by California Code of Regulations ("C.C.R.") Title 15, Section 3350.1, which identifies vaginoplasty as a "[s]urgery not medically necessary [that] shall not be provided" except for cystocele or rectocele (conditions involving damages to the vaginal wall) unless the patient's attending physician prescribes the treatment and "[t]he service is approved by the medical authorization review committee and the health care review committee." 15 C.C.R. § 3350.1(b)(2); 15 C.C.R. § 3350.1(d).

55. As a preliminary matter, this regulatory scheme is facially discriminatory against transsexual women inmates by making vaginoplasty *de facto* unavailable for such inmates but

allowing the treatment for non-transgender female inmates with certain conditions such as cystocele. The regulation singles out inmates assigned male at birth, and transgender women inmates in particular, by placing onerous, significant barriers to obtaining vaginoplasty even when, as here, it is medically necessary.

56. Moreover, the regulation was applied by each of the Defendants in a manner that discriminated against Plaintiff on the basis of her status as an inmate assigned male at birth, and a transsexual woman in particular. Each of the Defendants failed to give proper consideration to whether or not SRS was a medical necessity for the treatment of Plaintiff's gender dysphoria and based their conclusions on different factors and processes than they would have in determining the appeal of a non-transgender inmate's request for medically-necessary surgery. Each Defendant regarded and applied the regulation as a *de facto* bar to Plaintiff's request for SRS – and vaginoplasty in particular – solely as the result of Plaintiff being assigned male at birth, and status as a transgender woman in particular.

57. Finally, each of the Defendants discriminated against Plaintiff and manifested deliberate indifference to the mental anguish and suffering still resulting from her gender dysphoria by failing to prescribe SRS and refer Plaintiff's SRS for approval by the medical authorization review committee and the health care review committee pursuant to 15 C.C.R. § 3350.1(d).

58. Plaintiff continues to suffer deep anxiety and distress as a result of the discrepancy between her female gender identity and her remaining male sex characteristics, including non-functioning male genitalia. Plaintiff's mental anguish is intensified by the fact – repeatedly established in her medical records – that Plaintiff is a biological female based upon her hormone levels and chemical castration, yet is being forced to live every minute of every day in a body with male genitalia that does not match her biology.

V. PLAINTIFF'S REQUEST FOR A NAME CHANGE

59. Plaintiff identifies and has been living as a woman since the 1990s. As part of her treatment for gender dysphoria and to militate against the effects caused by the discrepancy between Plaintiff's female gender identity and the male sex assigned to her at birth, Plaintiff

changed her name from the normatively masculine Jeffrey Bryan Norsworthy, to the normatively feminine name Michelle-Lael Bryanna Norsworthy. Plaintiff has been using the name "Michelle" – in all settings in which she had the ability to do so – since the mid-1990s.

60. Use of the name "Jeffrey" is a painful reminder to Plaintiff of the discrepancy between Plaintiff's female gender identity and the male sex assigned to her at birth and causes Plaintiff severe distress and anxiety each time it is used. WPATH's Standards of Care recognize "changes in name and gender markers on identity documents" as an important part of the treatment for gender dysphoria. Standards of Care at 171-72. In a statement issued by the WPATH Board of Directors in 2008, they made it clear that SRS "is not required for social gender recognition, and such surgery should not be a prerequisite for document or record changes." Instead, "[c]hanges to documentation are important aids to social functioning, and are a necessary component of the pre-surgical process; delay of document changes may have a deleterious impact on a patient's social integration and personal safety."

61. Consistent with the Standards of Care, Plaintiff's treating doctors generally refer to her as "Michelle" not "Jeffrey."

62. With very few exceptions, California law permits any person to obtain a change of name from a California Superior Court. Cal. Code Civ. Proc. §§ 1275, 1279.5. For a transgender person seeking a change of name to better conform the name to the person's gender identity, the law provides that a name change petition must be granted without the necessity of a hearing if no opposition is raised.

63. Persons under the supervision of CDCR, however, are required to obtain the permission of the warden of the facility in which he or she is housed in order to submit documentation to the Superior Court for approval of a requested name change. Cal. Code Civ. Proc. § 1279.5.

64. In furtherance of her treatment for gender dysphoria and to minimize the use of the name "Jeffrey" and the pain and distress associated therewith, Plaintiff submitted a request for approval for a legal name change to the warden of the CDCR facility to which she was assigned at the time – Defendant Spearman of the Correctional Training Facility. However, her request for

1 a name change was denied.

2 65. The formal appeal at the first level was bypassed by the appeals coordinator and
3 Plaintiff's appeal was accepted at the second level of review. Defendant Spearman denied the
4 appeal, however, because although Spearman "acknowledge[d] the appellant is in the process of
5 'trans-sexualism'" he determined "that it would not be appropriate to approve a name change to
6 the feminine until the appellant is determined to meet the criteria to be assigned to an institution
7 for female offenders." Defendant Spearman presented no justification or reasoning for this
8 position.

9 66. Defendant Spearman's decision explicitly discriminates against Plaintiff on the
10 basis of her gender – refusing to allow Plaintiff a feminine name because Plaintiff was assigned
11 the male sex at birth and has not yet been provided medically necessary SRS treatment.
12 Defendant Spearman's decision further discriminated against Plaintiff because she is a
13 transsexual woman, treating Plaintiff's request differently and subjecting it to different criteria
14 than he would the name change request of an inmate who was not transgender.

15 67. In addition to being discriminatory, Defendant Spearman's denial of Plaintiff's
16 request to pursue a legal name change was deliberately indifferent to Plaintiff's gender dysphoria
17 and the mental anguish and suffering caused by not being able to legally change her name.
18 Defendant Spearman was fully aware that Plaintiff suffers from gender dysphoria, even
19 acknowledging her condition in the decision, but failed to take any reasonable measures to
20 address the ongoing mental anguish that Plaintiff unnecessarily suffers as a result of not being
21 able to change her name or to offer any legitimate justification for refusing to allow her to pursue
22 a legal name change.

23 68. Plaintiff appealed to the third level of review, where the appeals examiners,
24 Defendants Van Leer and Lozano, found the Warden's denial of Plaintiff's name change request
25 "appropriate as the appellant is still incarcerated in an institution for men."

26 69. The decision of Defendants Van Leer and Lozano to deny Plaintiff access to
27 pursue a name change – just like that of Defendant Spearman – clearly discriminates against
28 Plaintiff by treating Plaintiff's request differently than those of other inmates solely on the basis

of Plaintiff's gender and gender dysphoria. In addition to being discriminatory, Defendants Van Leer and Lozano were deliberately indifferent to Plaintiff's gender dysphoria and the mental anguish and suffering caused by not being able to legally change her name.

70. The final denial by Defendants Van Leer and Lozano exhausted Plaintiff's administrative remedies available to her within the CDCR. Because Plaintiff is incarcerated, she is unable to petition the California Superior Court for a name change without first obtaining approval from the Warden and ultimately Defendant Beard, the Secretary of the CDCR. Cal. Code Civ. Proc. § 1279.5.

71. Defendant Beard thus has ultimate authority for whether or not Plaintiff is allowed to pursue a legal name change and for the implementation of CDCR policy with regard to inmate name changes. Defendant Beard has endorsed and affirmed the discriminatory and deliberately indifferent conduct of Defendants Spearman, Van Leer and Lozano by failing to intercede and grant Plaintiff's request to pursue a legal name change and by failing to ensure that the name change policy is implemented in a fair and non-discriminatory manner and/or that inmates receive medically necessary treatment for gender dysphoria, including the ability to change one's legal name.

72. Plaintiff seeks permission for a legal name change as a further step toward minimizing the discrepancy between her gender identity and the sex she was assigned at birth and as a fundamental aspect of expression of her true, female identity. As a transsexual woman, Plaintiff suffers severe emotional and psychological stress and anxiety when she is referred to by the normatively masculine name given to her at birth.

73. This distress can be alleviated by a simple name change that will aid in the treatment of Plaintiff's gender dysphoria and allow Plaintiff to express herself authentically in accordance with her female gender identity. The repeated refusal to provide Plaintiff with this treatment for gender dysphoria serves no government objective, and there is no rational basis under which to deny her requested name change. The only explanation offered (that Plaintiff does not qualify for placement in a women's facility) is wholly unsupported by the medical literature regarding the treatment of gender dysphoria and clearly discriminates against Plaintiff based upon

1 her gender and gender dysphoria.

2 **COUNT ONE**

3 VIOLATION OF 42 U.S.C. § 1983 BASED UPON
4 DEPRIVATION OF EIGHTH AMENDMENT RIGHTS RESULTING FROM FAILURE TO PROVIDE MEDICALLY NECESSARY SURGERY

5 (against Defendants Beard, Newton, Adams, Zamora, and Coffin)

6 74. Plaintiff repeats and realleges the allegations of Paragraphs 1 through 73 as if fully
7 set forth herein.

8 75. Plaintiff has been diagnosed with the serious medical condition of gender
9 dysphoria which, despite 14 years of feminizing hormone therapy and chemical castration,
10 continues to cause Plaintiff serious mental distress, and requires treatment in the form of SRS as
11 prescribed by Plaintiff's former treating mental health provider, Dr. Reese, and supported by
12 prevailing medical standards of care.

13 76. Each Defendant – acting in his/her official capacity and under color of state law –
14 was and remains deliberately indifferent to Plaintiff's medical need for SRS. Each Defendant
15 knew of Plaintiff's serious medical need for SRS and disregarded Plaintiff's need and failed to
16 take any reasonable measures to address Plaintiff's continued pain and suffering resulting from
17 her gender dysphoria. The deliberate indifference of each Defendant is further demonstrated by
18 that Defendant's unreasonable reliance on their own conclusions or those of other non-specialized
19 individuals rather than the conclusions and recommendations of a health care professional with
20 sufficient training and/or experience in the treatment of gender dysphoria.

21 77. Defendants' continued denial of SRS is causing irreparable harm to Plaintiff,
22 including severe anxiety and distress as a result of the discrepancy between her remaining male
23 sex characteristics, including non-functioning male genitalia, and her female gender identity.
24 Plaintiff's mental anguish is intensified by the fact – repeatedly established in her medical records
25 – that Plaintiff is a "biological female" based upon her hormone levels and chemical castration,
26 yet is being forced to live every minute of every day in a body with male genitalia that does not
27 match her biology. The denial of SRS also unreasonably and recklessly places Plaintiff at
28 increased risk for heart and vascular conditions and certain types of cancer, particularly given that

1 she is afflicted with Hepatitis C, which risks could be substantially reduced as a result of the
2 substantially reduced hormone treatments that would be required following SRS.
3 78. By failing to provide SRS to Plaintiff while incarcerated, Defendants have
4 deprived Plaintiff of her right to medically necessary treatment guaranteed by the Eighth
5 Amendment to the United States Constitution.
6 **COUNT TWO**
7 VIOLATION OF 42 U.S.C. § 1983 BASED UPON DEPRIVATION OF FOURTEENTH
8 AMENDMENT RIGHT TO EQUAL PROTECTION BY REFUSING PLAINTIFF SRS ON THE BASIS OF GENDER AND TRANSGENDER STATUS
9 (against Defendants Beard, Newton, Adams, Zamora, and Coffin)
10 79. Plaintiff repeats and realleges the allegations of Paragraphs 1 through 78 as if fully
11 set forth herein.
12 80. California Code of Regulations ("C.C.R.") Title 15, Section 3350.1 identifies
13 vaginoplasty as a "[s]urgery not medically necessary [that] shall not be provided" except for
14 cystocele or rectocele unless the patient's attending physician prescribes the treatment and "[t]he
15 service is approved by the medical authorization review committee and the health care review
16 committee." 15 C.C.R. § 3350.1(b)(2); 15 C.C.R. § 3350.1(d).
17 81. This regulatory scheme discriminates against transsexual women inmates by
18 making vaginoplasty *de facto* unavailable for such inmates but allowing the treatment for non-
19 transgender female inmates with certain conditions such as cystocele. The statute singles out
20 inmates assigned male at birth, and transgender women inmates in particular, by placing onerous,
21 significant barriers to obtaining vaginoplasty even when, as here, it is medically necessary.
22 82. Each of the Defendants applied the statute in a manner that discriminated against
23 Plaintiff on the basis of her gender and transgender status. In considering Plaintiff's need for
24 SRS, each Defendant failed to give proper consideration to the specific circumstances of
25 Plaintiff's gender dysphoria and need for SRS but instead based their conclusions on factors and
26 processes that they would not have considered in determining the medical necessity of a treatment
27 for a non-transgender inmate's request for medically-necessary surgery. Each Defendant
28 regarded and applied the statute as a *de facto* bar to Plaintiff's request for SRS – and vaginoplasty

1 in particular – solely as the result of Plaintiff being assigned male at birth, and a transsexual
2 woman in particular.

3 83. Finally, each Defendant discriminated against Plaintiff and manifested deliberate
4 indifference to the mental anguish and suffering still resulting from her gender dysphoria by
5 failing to prescribe SRS and refer Plaintiff's SRS for approval by the medical authorization
6 review committee and the health care review committee pursuant to 15 C.C.R. § 3350.1(d)

7 84. Defendants intentionally treat Plaintiff differently from non-transgender female
8 inmates seeking vaginoplasty due to her gender and transgender status.

9 85. Due to the difference in treatment, similarly situated non-transgender women with
10 serious medical needs are able to receive adequate medical care, including medically necessary
11 vaginoplasty, but inmates assigned male at birth and transgender inmates requiring such treatment
12 are either barred from receiving it or, at a minimum, held to a more onerous standard.

13 86. The difference in treatment between transgender women and non-transgender
14 women does not further any important government interest in a way that is substantially related to
15 that interest, nor is it rationally related to any legitimate government interest.

16 87. Defendants' discriminatory denial of SRS is causing irreparable harm to Plaintiff,
17 including severe anxiety and distress as a result of the discrepancy between her remaining male
18 sex characteristics, including non-functioning male genitalia, and her female gender identity.
19 Plaintiff's mental anguish is intensified by the fact – repeatedly established in her medical records
20 – that Plaintiff is a "biological female" based upon her hormone levels and chemical castration,
21 yet is being forced to live every minute of every day in a body with male genitalia that does not
22 match her biology. The denial of SRS also unreasonably and recklessly places Plaintiff at
23 increased risk for heart and vascular conditions and certain types of cancer, particularly given that
24 she is afflicted with Hepatitis C, which risks could be substantially reduced as a result of the
25 substantially reduced hormone treatments that would be required following SRS.

26 88. By failing to provide SRS to Plaintiff while incarcerated, Defendants have
27 deprived Plaintiff of her right to equal protection under the laws guaranteed by the Fourteenth
28 Amendment to the United States Constitution.

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1 **COUNT THREE**

2 VIOLATION OF 42 U.S.C. § 1983 BASED UPON
DEPRIVATION OF EIGHTH AMENDMENT RIGHTS RESULTING FROM
3 FAILURE TO ALLOW PLAINTIFF LEGAL NAME CHANGE

4 (against Defendants Beard, Spearman, Van Leer and Lozano)

5 89. Plaintiff repeats and realleges the allegations of Paragraphs 1 through 88 as if fully
6 set forth herein.

7 90. Plaintiff has been diagnosed with the serious medical condition of gender
8 dysphoria and the continued use of Plaintiff's normatively masculine legal name causes Plaintiff
9 serious mental distress that would be significantly reduced by allowing Plaintiff to change her
10 legal name to her preferred normatively feminine name, Michelle-Lael Bryanna Norsworthy.

11 91. Each Defendant – acting in his/her official capacity and under color of state law –
12 was and remains deliberately indifferent to Plaintiff's medical need for a legal name change, in
13 spite of Plaintiff's well-documented condition and widely recognized Standards of Care
14 recognizing the need for a name change. Each Defendant knew of Plaintiff's serious medical
15 need for the name change and deliberately disregarded Plaintiff's need and failed to take any
16 reasonable measures to address Plaintiff's continued pain and suffering resulting from her
17 inability to legally change her name. The deliberate indifference of each Defendant is further
18 demonstrated by that Defendant's unreasonable reliance on their own conclusions or those of
19 other non-specialized individuals rather than the conclusions and recommendations of a health
20 care professional with sufficient training and/or experience in the treatment of gender dysphoria.

21 92. Defendants' continued denial of the request to pursue a legal name change is
22 causing irreparable harm to Plaintiff, including severe anxiety and distress.

23 93. By failing to provide permission for Plaintiff to petition the California Superior
24 Court for a name change while incarcerated, Defendants have deprived Plaintiff of her right to
25 medically necessary treatment guaranteed by the Eighth Amendment to the United States
26 Constitution.

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COUNT FOUR

VIOLATION OF 42 U.S.C. § 1983 BASED UPON DEPRIVATION OF FOURTEENTH AMENDMENT RIGHT TO EQUAL PROTECTION BY REFUSING PLAINTIFF PERMISSION TO PURSUE A LEGAL NAME CHANGE ON THE BASIS OF GENDER AND TRANSGENDER STATUS

(against Defendants Beard, Spearman, Van Leer and Lozano)

94. Plaintiff repeats and realleges the allegations of Paragraphs 1 through 93 as if fully set forth herein.

95. California Code of Regulations, Title 15, section 3294.5 explicitly allows inmates to request legal name changes.

96. Each Defendant – acting in his/her official capacity and under color of state law – discriminated against Plaintiff by refusing to permit her to seek a legal name change as a result of her gender and transgender status. In particular, each Defendant refused Plaintiff's request to change her name to a normatively feminine name solely because Plaintiff was assigned male at birth. Upon information and belief, similarly situated non-transgender female inmates are permitted to change their names to normatively feminine names and similarly situated non-transgender male inmates are permitted to change their names to desired normatively masculine names.

97. This difference in treatment with regard to name changes based upon gender and transgender status does not further any important government interest in a way that is substantially related to that interest, nor is it rationally related to any legitimate government interest.

98. Defendants' discriminatory denial of Plaintiff's request to petition the California Superior Court for a name change is causing irreparable harm to Plaintiff, including severe anxiety and distress.

99. By failing to provide permission for Plaintiff to petition the California Superior Court for a name change while incarcerated, Defendants have deprived Plaintiff of her right to equal protection under the laws guaranteed by the Fourteenth Amendment to the United States Constitution.

PRAYER FOR RELIEF

WHEREFORE, Plaintiff prays for judgment against Defendants Beard, Newton, Adams, Zamora, Coffin, Spearman, Van Leer and Lozano, and Does 1-30 as follows:

100. Enter injunctive relief enjoining Defendants from interfering with the discretion of the mental health and other medical professionals involved in Plaintiff's care;

101. Enter injunctive relief declaring California Code of Regulations, Title 15, Section 3350.1(b)(2) unconstitutional on its face and as applied;

102. Enter injunctive relief enjoining Defendants to provide Plaintiff with adequate medical care, including SRS;

103. Enter injunctive relief requiring Defendants to allow Plaintiff to seek a legal name change in the Superior Court of California pursuant to California Code of Regulations, Title 15, section 3294.5; California Code of Civil Procedure sections 1279.5, 1276 and 1277;

104. Award reasonable attorneys fees and costs to Plaintiff pursuant to 42 U.S.C. § 1988; and

105. Such other relief as the Court finds appropriate in the interests of justice.

Dated: July 2, 2014

MORGAN, LEWIS & BOCKIUS LLP

By /s/ - Herman J. Hoying

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