



Supplement to CCHCS/DHCS Care Guide: Gender Dysphoria

GUIDELINES FOR REVIEW OF REQUESTS FOR SEX REASSIGNMENT SURGERY (SRS)

I. CLINICAL PROCESS

In accordance with California Code of Regulations (CCR) Title 15, Section 3350.1, transgender patients meeting basic prerequisite criteria as established by California Correctional Health Care Services (CCHCS) who request Sex Reassignment Surgery (SRS) will be referred by the institution to the Headquarters Utilization Management Committee (HQUMC) for evaluation and consideration for possible SRS consistent with these Guidelines.

II. REFERRAL AND REVIEW

A. REFERRAL

Requests for SRS for gender dysphoria (GD) shall be referred by institution providers to the Institution Utilization Management Committee (IUMC) using a Request for Services (RFS). The RFS should state that the patient is requesting evaluation for SRS and include information from the treating medical, mental health, and knowledgeable custody teams. (Suggested wording for the RFS: "The patient is requesting evaluation for sex reassignment surgery.")

The IUMC shall neither approve nor deny the request for SRS. The IUMC is responsible for reviewing and providing to the HQUMC the following:

1. All information required by the HQUMC for referral of the case to the Sex Reassignment Surgery Review Committee (SRSRC), including the requested medical, mental health, and custody information (Attachment 1);
2. Initialed and signed patient information document (Attachment 2); and
3. The completed IUMC SRS consideration check list (Attachment 3).

Only surgical procedures approved for SRS by CCHCS/Division of Health Care Services (DHCS) set out in Attachment 4 will be considered for approval.

B. REVIEW

1. Headquarters Utilization Management Committee

Upon receipt of the request for SRS and the required documentation from the IUMC, the HQUMC shall forward the case to the SRSRC, for consideration.

2. Sex Reassignment Surgery Review Committee

The SRSRC, a subcommittee of the HQUMC, shall review and act upon all requests for SRS submitted by IUMCs. The SRSRC shall:

- a. Determine the existence of any current medical or mental health contraindications which would preclude any further consideration of the request for SRS until they are resolved or mitigated;



Supplement to CCHCS/DHCS Care Guide: Gender Dysphoria

GUIDELINES FOR REVIEW OF REQUESTS FOR SEX REASSIGNMENT SURGERY (SRS)

- b. Consider the current treatment for GD being offered and received to alleviate the patient's GD, the efficacy of that treatment from both a medical and mental health perspective, and whether other ameliorative treatments besides SRS should be considered for addition to the existing regimen of treatment(s); and
- c. Determine whether the patient is an appropriate candidate for SRS from a medical and mental health perspective, following consideration of the applicable factors as set forth in paragraph 5, below.

3. SRSRC Membership

Six (6) voting members (and designees) shall be appointed by the Deputy Director Medical Services and the Deputy Director Statewide Mental Health Program from among DHCS/CCHCS/California Department of Corrections and Rehabilitation (CDCR) Headquarters staff:

- a. Two (2) physicians from Medical Services.
- b. Two (2) physicians from the Mental Health Program.
- c. Two (2) psychologists from the Mental Health Program.

The SRSRC Chair is a Deputy Medical Executive (and designees) appointed by the Deputy Director Medical Services. The Chair is a non-voting member, unless needed as a tie-breaker. Term of service for chair and members is two (2) years. All members are eligible for reappointment.

A quorum for purposes of voting shall be a) at least 50% of all voting members, and b) at least one (1) member of a, b and c, above. The chair may determine what non-voting members are necessary for a full and complete discussion in addition thereto, and may, if in their sole discretion they determine full discussion is not possible without better attendance, postpone any meeting where the number of available attendees will not achieve that result.

4. Non-voting Participants

CDCR Division of Adult Institutions custody representative(s) will participate as non-voting members of the SRSRC.

Additional non-voting participants may include, if deemed appropriate for the discussion by the Chair:

- a. Representatives from both CDCR and the Receiver's Office of Legal Affairs.
- b. Representatives from the HQUMC.
- c. Institution medical or mental health leadership.
- d. Medical or mental health providers for the patient.
- e. Warden or other institution staff.
- f. Other CDCR or CCHCS staff.



Supplement to CCHCS/DHCS Care Guide: Gender Dysphoria

GUIDELINES FOR REVIEW OF REQUESTS FOR SEX REASSIGNMENT SURGERY (SRS)

5. SRSRC Review Process

- a. The SRSRC shall review, evaluate and discuss the information provided by the IUMC and the patient and obtain additional information as determined necessary, prior to finalizing and reporting its findings to the HQUMC.
- b. The following criteria shall be considered by the SRSRC regarding whether or not SRS will be recommended:
 - 1) The patient has been diagnosed with GD by a CDCR mental health provider and the diagnosis is supported with appropriate documentation and clinical justification as set forth by CCHCS policies and care guidelines.
 - 2) Any known medical and/or co-existing mental health concerns have been fully assessed and have been well-controlled for at least one (1) year; do not pose a contraindication to SRS; and are not likely to worsen with surgery or impede surgical recovery.
 - 3) The patient has continuously manifested a desire to live and to be accepted as a member of the preferred sex, including the desire to make his/her body as congruent as possible with the preferred sex, for at least two (2) years; has lived full-time in his/her desired gender role for at least 12 months; and has received at least 12 continuous months of medically supervised hormone therapy appropriate to his/her gender goals (unless there was a medical contraindication to this therapy).
 - 4) The patient is in significant distress due to gender dysphoria; the distress cannot be attributed to the conditions of confinement, mental illness or any other factor; and there are no available, additional treatments other than SRS that are likely to alleviate the distress. Distress due to gender dysphoria can be demonstrated by clinical findings (such as anxiety and sadness), an inability to develop appropriate interpersonal relationships and/or an inability to grow emotionally or learn effectively.
 - 5) The patient must have at least two (2) years remaining before his/her anticipated parole or release date and has been provided with necessary and relevant information to enable him/her to understand that his/her environment will be different after surgery and the new environment may be unfamiliar and pose significant adaptive challenges.
 - 6) The patient can be expected to successfully and safely transfer and adjust medically and psychologically to confinement postoperatively with inmates of his/her postoperative gender, and there are no penological contraindications for placement in the prison housing the inmate's professed gender.
 - 7) There is no evidence suggestive of any external coercion or predation and the desire for SRS is freely given by the patient.
 - 8) Any relevant factors listed in Attachment 3.
 - 9) Any other information available which may be relevant to their discussion or determination.
- c. The findings of the SRSRC will be based on a majority vote of the members and forwarded to the HQUMC. The report to HQUMC shall detail in writing the committee's findings outlined in Sections II(B)2(a-c) and II(B)5(b)1-9.



Supplement to CCHCS/DHCS Care Guide: Gender Dysphoria

GUIDELINES FOR REVIEW OF REQUESTS FOR SEX REASSIGNMENT SURGERY (SRS)

6. Final Review Process

- a. The HQUMC shall meet to consider the report of the findings of the SRSRC, and any other factors or information relevant to their determination and consistent with CCR Title 15, Sections 3350 and CCR 3350.1, and reach a decision to:
 - 1) Approve the request and refer the patient to a contracted SRS surgeon to perform a presurgical assessment and perform the surgical operation requested and approved, if appropriate in their opinion; or
 - 2) Approve the request subject to certain conditions; or
 - 3) Deny the request.
- b. The decision of the HQUMC shall be communicated to the patient in writing within five (5) business days.
- c. The HQUMC decision is the final step in the review process for SRS requests. No further actions are necessary nor is further exhaustion of internal appeal processes required as a condition to legal action by the patient.
- d. Patients who are denied SRS may submit a new request for SRS no sooner than one (1) year after issuance of a denial.



Supplement to CCHCS/DHCS Care Guide: Gender Dysphoria

GUIDELINES FOR REVIEW OF REQUESTS FOR SEX REASSIGNMENT SURGERY (SRS)

ATTACHMENT 1

CASE MATERIALS TO BE SUBMITTED TO IUMC FOR SRS CONSIDERATION

Institution staff shall prepare the following items for submission to their IUMC for review of a request for consideration of SRS:

- A. Complete medical history and assessment of surgical and anesthesia risk.
- B. Complete history of medical therapy for gender dysphoria.
- C. Complete psychological history of gender dysphoria including criteria used for diagnosis and patient's experience with desired gender role inside and outside prison.
- D. Full assessment of psychiatric comorbidities and their current status/stability, including:
 1. Gender dysphoria assessment: Most recent mental health evaluation of the patient's overall mental health status with respect to symptoms related to gender dysphoria.
 2. Any history of self-injurious and suicidal behaviors.
 3. Evaluation to rule out malingering, if appropriate.
 4. Evaluation of decision-making capacity, if indicated.
 5. Discharge summary from most recent DSH or MHCB admission.
 6. Most recent IDTT report, if available.
- E. Report of patient's adherence with prescribed therapies including diagnostic tests, medications, etc. and patient's ability to interact productively with providers by attending appointments and cooperating with providers during visits.
- F. Personal background: A summary of the patient's upbringing from presentence report, diagnostic work-ups and other clinical materials with any information regarding issues concerning gender identification.
- G. Custody report to include a synopsis of the inmate's criminal history and CDCR performance to include:
 1. Circumstances regarding the current and previous commitment offense(s).
 2. Whether there appears to be any relationship between the offenses and the individual being transgender.
 3. An assessment of how the inmate has been able to program in CDCR (changes in classification, work/education, RVRs and appeals, especially following the diagnosis of gender dysphoria and/or initiation of hormone treatment).
 4. Recommended placement of the patient post-operatively and anticipated barriers to housing or programming for the post-operative patient with inmates of the new gender.
- H. Initialed and signed patient information sheet (Attachment 2).



**Supplement to CCHCS/DHCS Care Guide: Gender Dysphoria
GUIDELINES FOR REVIEW OF REQUESTS FOR
SEX REASSIGNMENT SURGERY (SRS)**

ATTACHMENT 2

**INFORMATION FOR PATIENTS CONSIDERING SEX REASSIGNMENT SURGERY IN
CCHCS/DHCS**

(To be reviewed with the patient by a medical provider)

**This form is for initial processing only –
It is not a substitute for Formal Written Informed Consent when applicable**

Patient
initials

_____ Sex reassignment surgery cannot be reversed.

_____ Sex reassignment surgery will result in permanent sterilization.
(You will be unable to father a child or become pregnant).

_____ Individuals with gender dysphoria can be successfully treated without
undergoing sex reassignment surgery.

_____ Hormone therapy will continue to be an important part of your treatment after
sex reassignment surgery.

_____ Your housing assignment within CDCR will change after sex reassignment
surgery.

_____ Surgical risks include bleeding, infection, accidental injury to structures not
intended to be involved in the surgery, inability to attain orgasm, lack of
vaginal sensation, vaginal closure, poor cosmetic outcome, as well as other
complications.

_____ Anesthesia risks include potential heart attack, stroke, blindness, and death.

_____ Your surgeon will provide more information to you about the potential risks of
surgery and anesthesia.

Patient Name (print) Patient Signature Date

Provider Name/Title (print) Provider Signature Date



Supplement to CCHCS/DHCS Care Guide: Gender Dysphoria
GUIDELINES FOR REVIEW OF REQUESTS FOR
SEX REASSIGNMENT SURGERY (SRS)

ATTACHMENT 3

SRS CONSIDERATION PATIENT CHECKLIST

(To be completed by the IUMC, not by one (1) individual)

YES	NO	The diagnosis of gender dysphoria is confirmed.
YES	NO	The patient has at least two (2) years remaining before his/her anticipated parole or release date.
YES	NO	The patient has the capacity to make a fully informed decision and consent for treatment.
YES	NO	The patient fully understands that SRS will cause permanent infertility.
YES	NO	The patient fully understands that the surgery is irreversible.
YES	NO	Patient has lived full-time in his/her desired gender role for at least 12 months.
YES	NO	The patient has received at least 12 continuous months of medically supervised hormone therapy appropriate to his/her gender goals (unless there was a medical contraindication to this therapy).
YES	NO	The patient is cooperative and adherent with prescribed therapies and follows provider's orders. (Expressed concerns regarding particular orders or therapies and requests to discuss with the prescriber are not necessarily considered noncooperation or nonadherence for purposes of this provision).

Completed at IUMC meeting on _____
Date IUMC Chair (print) IUMC Chair Signature



Supplement to CCHCS/DHCS Care Guide: Gender Dysphoria
**GUIDELINES FOR REVIEW OF REQUESTS FOR
SEX REASSIGNMENT SURGERY (SRS)**

ATTACHMENT 4

Surgical procedures which may be authorized for CCHCS/DHCS patients requesting SRS.

Male-to-female (transgender woman):

Vaginoplasty
Orchiectomy
Penectomy
Clitoroplasty
Labioplasty
Vulvoplasty

Female to Male (transgender man):

Vaginectomy
Hysterectomy
Salpingo-oophorectomy
Metoidioplasty
Phalloplasty
Urethroplasty
Scrotoplasty
Placement of testicular prostheses
Mastectomy and reduction mammoplasty

Procedures which are considered cosmetic will not be performed. These include:

- abdominoplasty
- rhinoplasty
- brow lift
- face lift
- forehead lift
- cheek/malar implants
- collagen injections
- lip enhancement
- facial bone reduction
- blepharoplasty
- breast augmentation
- mastopexy (breast lift)
- liposuction
- removal of redundant skin
- hair removal (at other than a surgical site)
- drugs for hair loss or hair growth
- hair transplantation
- voice modification surgery (laryngoplasty or shortening of the vocal cords)
- voice therapy/voice lessons
- skin resurfacing
- chin or nose implants
- lip reduction
- neck tightening
- reduction thyroid chondroplasty
- pectoral or calf implants