



Alameda County Listening Session Report

The #Out4Mental Health Alameda County Listening Session was held on Thursday, May 20, 2021 from 5:00 – 7:00 PM via Zoom. Of the 21 community members who attended, six filled out the demographic data form. For those who filled out the demographic information, three attendees identified as Lesbian / Gay, two identified as Heterosexual / Straight, and one declined to state. Two attendees stated a gender identity along the Trans spectrum. Four of the attendees identified as members of LGBTQ communities, while one attendee identified as the parent of an LGBTQ youth. The ages reported ranged from 34 to 57. All identified Black/African American/African Ancestry as their race/ethnicity. All attendees identified English as their only primary language.

Staff from the Oakland LGBTQ Center and #Out4MentalHealth Alameda County Task Force introduced themselves and the #Out4MentalHealth project to attendees. The remainder of the Listening Session was facilitated by the #Out4MentalHealth Cultural Broker. Attendees were asked five main questions during the evening:

- What barriers do you, or other LGBTQ people you know, face when trying to get mental health services in Alameda County?
- What is needed in Alameda County to improve LGBTQ mental health?
- What is already here that supports LGBTQ mental health?
- Are there new or nontraditional ways Alameda County could use, or fund, to help meet the mental health needs of LGBTQ people living here?
- If you've had interactions with the police here in Alameda County, what were those interactions like? And how does that affect your mental health?¹

We all deserve the best mental health care, and whatever it costs, we should have the resources to pay for it. Especially for Black people, especially for BIPOC people, especially for

¹ This was chosen by the Oakland LGBTQ Center and #Out4MentalHealth Alameda County Task Force as an additional question to the standard questions asked at all Listening sessions.

transgender people, especially for transgender people—I'm going to say that again. ... That should just be in place with no issue.

What barriers do you or other LGBTQ people that you know, face when trying to get mental health services in Alameda County?

Participants spoke about multiple barriers to accessing mental health services, particularly individual therapy. Participants first shared that finding a therapist that is a culturally appropriate fit is difficult to find. There are few BIPOC therapists available and those therapists are already overly booked. LGBTQ therapists are also difficult to access—especially those who are transgender. When intersecting BIPOC, LGBTQ, and/or language other than English, the lack of access is even a greater barrier. With that said, one participant clarified that just sharing a client's LGBTQ identity is not necessarily enough for a good fit.

There are a handful of therapists that I think primarily BIPOC people want to see. ... I think they serve 10 people in one day sometimes. I see that as an issue for sure.

Outside of the barrier of being unable to access someone, it's a barrier accessing someone who is LGBTQ.

So many trans individuals have come [to the Oakland LGBTQ Center] unable to find people of color transgender therapists. We've learned that people feel much more comfortable if they can go to a Black trans therapist, or a Black gay therapist, or a Black lesbian therapist, or a Latinx or Spanish speaking therapist. We met with Oasis Legal [Services]² today, who primarily serves Latinx people. On the whole, it's very difficult for them to find therapists who are queer and Latinx. So, to find a sort of one-on-one match is very difficult.

I just feel like me being a person of color, me also being trans ... there are limited individuals who look like me and identify with me. And sometimes, even we look for individuals who look like us, and who identify as us, we don't necessarily all share the same story. ... Just because you're trans, and we have a trans person here, we just think that you're just going to mesh—and that doesn't necessarily happen all the time. Because even though I'm trans and they're trans, it may not be their experience, as so many factors play a big part in what you're asking for.

One participant shared that the inability to find a therapist led them to becoming a therapist themselves so that they could help address the needs of these underserved communities.

² <https://www.oasislegalservices.org>

Early on in my transition, it was really hard to find someone that I could feel comfortable with. I was also faced with a lot of different levels of medical abuse. It's really important for us to have people that look like us and sound like us doing the work. That was really the precipice of me coming into this field, because I noticed that there weren't many people that look like me or sound like me that I could feel comfortable expressing myself to or even feel comfortable with them navigating me through the different platforms, services.

When an individual is able to find a therapist that might be appropriate for them, the cost of therapy can become the next barrier. Many therapists do not accept Medi-Cal, requiring clients to have to pay out-of-pocket. Even when those therapists or agencies offer sliding scale fees, the minimum cost can still be prohibitive for many individuals.

I hear a lot about community members being on Medi-Cal, and the whole process it takes to see someone is very difficult. But having Medi-Cal, and not being able to pay out-of-pocket costs themselves, that's a huge barrier—really, really huge—especially in this past year. ... Just not being able to find someone that took Medi-Cal and was LGBTQ.

What I'm learning is a lot of licensed providers don't accept Medi-Cal. A huge question mark is why is that system so difficult to navigate? When there's such a need, folks lining up—that's a huge barrier.

[There are] several providers who are LGBTQ willing to do the work, and we're able to refer people successfully. But that doesn't meet the needs of other folks who can't afford it. The major thing that we have always seen since the Center opened is, even if we are able to navigate someone to a POC or BIPOC therapist, the cost is prohibitive. And they just don't accept Medi-Cal clients. Even if they have a sliding scale fee, the lower end of the sliding scale is still cost prohibitive.

As a follow-up to barriers created for those on Medi-Cal, participants discussed the difficulties navigating services that are offered by Alameda County.

It's really not clear how to navigate what's already established in the County.

If you don't know somebody that's already providing the work or know how to navigate it, you're kind of like, "Where do I start?"

Another common barrier to accessing mental health services are the hours that most therapists are available.

Most of the people that we work with don't have the luxury to take off the time from work to even see a therapist when they're available, because most therapist schedules are crazy. They're available at nine o'clock on a Monday, or most of those time slots that would be easily accessible for the clients we're working with are usually taken.

Participants spoke about the difficulties people have in asking for services. One participant noted that society sends messages that individuals should have a "tough exterior." This messaging creates a barrier to asking for help when a person needs it.

Asking for help is not something that a lot of people are comfortable doing. And that could be asking for help from a wellness coordinator, asking for help from a partner, asking for help from a parent or other family members. I mean, we are kind of trained as a society to have this tough exterior. ... I'd like to think we are providing a space like that here at the [Oakland LGBTQ] Center. But I wish there were more spaces where people could come in and feel community and comfortable enough to say, "I'm not having a good day or week or year. I need some help. Everything's not okay." We train people to say, "Everything's okay. It's okay, I'm fine. I'm fine." But I would love to see more people say everything's not fine. Everything's not okay and I need help.

Another participant spoke about individuals, particularly BIPOC individuals, not knowing how best to ask for help. Either they are perceived as asking too many questions, or are afraid of being misconstrued and therefore do not ask all the questions they need to. The participant framed their comment as individuals not knowing how to ask, putting the onus on the individual, rather than the provider. However, from their comment, it appears that part or all of this barrier is due to implicit bias, where BIPOC individuals are often perceived in a negative light by providers if they ask for what they need.

Some of us just don't have the proper way of asking, or don't know how to ask for the services that we're looking for. I know a lot of times when we're trying to receive services, asking too many questions or not asking enough questions only get you so far. ... I think that sometimes, as a person of color, we're limited to ... speaking up for what you actually need at this time, compared to what is what you want, and not getting misconstrued. It's all really about the language, and what you're asking for and you're demanding to have, because sometimes that will get misconstrued. So, you miss out on a lot of what you could possibly get, because you don't know how to ask for it.

What is needed in Alameda County to improve LGBTQ+ mental health?

As mentioned above, mental health services, especially those offered by Alameda County or its contracted agencies, are difficult to navigate. Even when needed services are being offered, it is hard to find where they are. One participant suggested that Alameda County develop an accessible road map for services.

I heard there's quite a few organizations in the County who are funded to do mental health services, but there's no connection. There are resources here, but they're all broken up. There could be a level of connection between the agencies, but there's not. ... [We need] a better roadmap and more involvement from [County] behavioral health.

The majority of the responses to this question focused on the need to for Alameda County to prioritize BIPOC and/or LGBTQ services, prioritize funding for BIPOC LGBTQ organizations, and provide resources to subsidize therapy for BIPOC individuals.

Participants emphasized that there are not enough resources for LGBTQ communities in Alameda County and the County is not acting to prioritize this need. Needs Assessments done by the County do not focus on the needs of LGBTQ residents, and culturally competent care is not accessible or prioritized.

I do not think that there are enough resources for queer people in Alameda County. We see it whenever they do their Needs Assessments, or when they put out their reports. We're like a footnote in the report. They don't really talk about queer people. Recently, there was a substance abuse grant, and no LGBTQ organization was funded for this particular substance abuse grant. And that speaks volumes to me—how people, how these governments, are thinking about our community.

We literally need trauma-informed, culturally competent [mental health care], Black people need to be able to go anywhere in this county and see a Black queer therapist—they should have access to that. The same for the Latinx community and immigrants. It can happen, but no one is prioritizing it. And they won't, they're not.

Participants were passionate regarding the prioritization of funding to not only BIPOC and/or LGBTQ organizations, but also providing a funding mechanism that would prioritize BIPOC and LGBTQ therapists. Transgender individuals and BIPOC individuals of all sexual orientations and gender identities face tremendous stressors in this society and deserve to have access to culturally competent mental health services with a therapist who is a good fit—and such services should be provided at no out-of-pocket cost to the individual.

They give preference points to certain organizations for certain things. But they need to make being queer a preference point. People need more choice, because ... the therapist at that agency might not be for you. ... If they're a trans therapist, but they're white, maybe that white trans therapist won't connect with that Black trans person. ... Instead of just saying, "Oh, I guess this is all I get. Let me see if this works," they should be able to choose someone that feels right to work with.

We should fund subsidies so that people can choose to go to whatever therapist they want to. ... The whole system needs to be revamped so that they make services more client-centered instead of geared towards how the government, the contracts, want it to go.

If [the Oakland LGBTQ Center] is providing the services, cost shouldn't be a factor. ... People of color go through trauma every day, and I feel as though we definitely need services to be free. ... We go through a lot every day. I mean, from the moment we wake up to the moment we go to sleep. ... We need this help. A lot of people are turning down mental health care because of the cost of it, ... particularly people of color. I really think that this needs to be free of all costs. Wherever you see your doctor at or wherever you receive your care from, they should be able to cover the back end of that, and not have to worry about it coming out of our pocket. It's something that we desperately need at this time. We need the services.

It's really important that if we [the Oakland LGBTQ Center] have to pay therapists at cost, so that someone doesn't have to pay for it, we literally need to have the funds and say, "You know what? This person feels this therapist is best for them. Whatever it costs, pay it for that person." We should be able to do that—that shouldn't be difficult. ... People shouldn't have to turn down mental health because they can't pay, or have to choose something because it's cheaper somewhere that they don't even want. We all deserve the best mental health care, and whatever it

costs, we should have the resources to pay for it. Especially for Black people, especially for BIPOC people, especially for transgender people, especially for transgender people—I'm going to say that again. ... That should just be in place with no issue.

What is already here that supports LGBTQ+ mental health?

Organizations mentioned by Listening Session participants:

- CAL-PEP³
- Oakland LGBTQ Center⁴
- Oakland VA Clinic⁵
- Queer Art Center⁶

Participants spoke about how the pandemic and subsequent shut downs has negatively affected the ability to provide services, and the availability of social venues. Prior to the pandemic, there were more supports available to members of LGBTQ communities in Oakland.

Since the pandemic, so much was shut down. Not having that sort of in-person connection with people and losing that was really huge. But as we start to come out of this pandemic, and have people come back together, I think that the groups [at the Oakland LGBTQ Center] definitely contribute to people building community and having support. There are different organizations like CAL-PEP and here at the [Oakland LGBTQ] Center where queer people can talk to other queer people and get the support that they need. The Queer Art Center, where people are able to do art, also contributes to their mental health.

I think there are many elements of services or activities that have existed pre-COVID, and that are starting to come back together again. But if you're not in a click, you may not be as accepted at the club, or in certain circles. ... That's where I think organizations like [the Oakland LGBTQ Center], and some of the others mentioned, can be a place where people can sort of find themselves apart from the crowd and still feel good about who they are.

I think that Oakland has a really strong, rich, LGBTQ environment where there's a lot of things going on. It's just sucks, because the pandemic really kind of blocked out a lot of what has started to happen. ... I'm actually from San Francisco, born and raised, but from the moment

³ <https://www.calpep.org>

⁴ <https://www.oaklandlgbtqcenter.org>

⁵ <https://www.va.gov/northern-california-health-care/locations/oakland-va-clinic/>

⁶ <https://www.queerartscenter.com>

that I came to Oakland, I was really, really embraced by the culture of the LGBTQ community. ... I still feel as though there is a rich culture of LGBTQ acceptance, LGBTQ community, and still a lot of things that Oakland has to offer. But we just have to wait until we get out of this crazy pandemic.

One participant spoke about a friend who is reluctant to seek out mental health services because their coverage is through the Veterans Administration (VA). In response, a fellow veteran spoke about their positive experience at the VA in Oakland.

I'm a veteran and I go to the Veterans Administration. I choose to go my VA rather than go to [HMO provider]. When I go to [HMO provider] I feel like I get treated like a number. But when I go to the VA, they're like, "Hey baby, how you doing?" Especially in Oakland—Oakland's is really Black. So, you're going to that VA you feel like you're at home, literally. And I actually was helped by a Black trans woman. ... It was great for me and it's my preferred place to go for care.

Are there new or nontraditional ways Alameda County could use, or fund, to help meet the mental health needs of LGBTQ+ people living here?

Participants continued the theme of needing more funding for LGBTQ+ organizations, as well as prioritizing funding for LGBTQ+ organizations.

They just need to fund more queer organizations.

We're funded by the county, state city and fed. ... But when it comes to mental health, they told us that they have preference points, and that's the deciding factor. If you're a queer organization, if you're a Black led queer organization, if you're a POC BIPOC lead queer organization, give them preference points, just for being that. We've been left out. ... We need to be one of those preference points.

Recognize and prioritize funding for LGBTQ orgs that provide spaces for people seeking support services.

Participants also requested funding for family therapy, both to help with youth who are coming out as LGBTQ and to address intergenerational trauma.

I would just like for them to offer more of their mental health for ... LGBTQ youth and families. When I was growing up, there was limited amount of information pertaining to families in their relationship with their siblings who are of LGBTQ experience. I still see that to this day. ... I've yet to see families getting services for youth that are coming up in this generation.

Provide family therapy. We should not be responsible for unpacking our parents' and grandparents' trauma.

During this part of the discussion, participants spoke about drug use in their communities and the need for greater acknowledgement of the issue. While there has been a focus on the opiate crisis, problems with crack and meth use are ignored. There is also a lack of individual acknowledgement that they have a drug addiction, making it difficult to offer and provide appropriate interventions. In addition, families often “normalize” drug use by caring for their unhoused family members without holding the individual accountable for their addiction.

People aren't even talking about drugs being an issue in certain communities. The first step is to acknowledge that there's a problem. ... I know many people who are affected by drugs, particularly crack and meth, and these problems are not being talked about. You hear people talk about the opiate crisis ... but we're not talking about helping people like DMX and Whitney Houston, and we're not talking about these things as problems. And that's the problem.

There are a lot of individuals that I know personally that do not feel that their [substance] use is an addiction. It's more of a survival for them. It's something that we as providers have to be more observant of. A lot of times when we're talking to the client and they get frustrated, because we're asking questions that they might not feel is a problem for them. They might not feel that their drug use or their substance use is an issue. But helping them identify what is an addiction and what is not, I think that's something that they're going to have to actually talk to somebody [about], but it's really hard, because a lot of times now, in this day and age, a lot of people aren't identifying their addiction as a problem.

I think we need to hold people accountable for their behaviors, and not normalizing it. ... I have so many family members who we know are on the streets. They come around every now and then. When they're around, it's just so normal for them to be around and nobody says anything. It's just swept under the rug. If we're really there for these people, really care about and love them, then we need to make it a priority to make ourselves available to support them. Now I know that it's a two-way street. You can't support someone who doesn't want to be supported. But I do

think, as a community, we too often just let that family member come around and be around without anybody saying anything or holding that person accountable—and just literally watching them die.

Based on participants' comments, Alameda County needs to fund services that support LGBTQ people with both mental health and substance abuse challenges. As stated in a previous comment, many community members are using substances as a means of survival, and not addressing the underlying trauma and mental health needs that often lead to addiction decreases the effectiveness of services. In addition, the County needs to focus on services that address the type of drug use that is happening in this community.

I did want to say something about the need for mental health service support for people who are dealing with substance abuse issues. The meth epidemic is just out of control, and there's a need for people who are dealing with schizophrenia and other sort of issues as a result of using crystal meth. We really need services for our community that is geared towards that issue.

You may have one or two hidden gems in a community who provide somewhat of support around co-occurring disorders but again, it's really not a priority for LGBTQ folks in the County. I do know, just from years of doing the work that ... you don't see anything for queer folks.

Staff from the Oakland LGBTQ Center requested one additional question be asked during the listening session.:

If you've had interactions with the police here in Alameda County, what were those interactions like? And how does that affect your mental health?

Two participants shared their stories. One spoke of a personal encounter and one spoke of an encounter experienced by a client. Both stories are illustrative of the mistreatment and abuse that transgender people, particularly BIPOC transgender people, experience at the hands of law enforcement. Both stories speak to the trauma this mistreatment and abuse causes, both for the individual and those that hear their story. The remedy to preventing this type of egregious behavior is beyond the scope of this report, but these stories are not isolated or unusual incidents and Alameda County should use its resources toward prevention of law enforcement abuse in the future.

Long story short, we were just in the wrong place at the wrong time. We got pulled over by the cops. The cops is talking to us and what have you. I just explained who I was. I knew from the beginning that you have to be extra cautious with the cops because of my gender identity, and I

didn't want anything to be misconstrued. So, had a conversation of a really polite, really sweet nature, but then things turned really South. They were actually really, really rude. They have all the guns drawn on me. I was sweating bullets, because I had no idea what's even going on. They went from using [female] pronouns to now they're calling me "he" "him." The experience was a lot. Once they found out that I had no part of what was going on, they ended up letting me go, but they were really rude. They actually left me. I had to walk almost a mile to get from where I was at just to get to some type of salvation. This experience just showed me that at any point, and at any given time, you are not exempt from anything. The cops are just there. They're just who they are. I feel as though they definitely need a lot more education on how to approach individuals like myself. ... I get the severity of how the situation was, but just the mere fact that I had no part of it and how it went so fast and the guns was in my face—that was so traumatic for me. ... Just another check in my trauma book.

I have an ex-client who was arrested. Once they were taken down to the jail house, they were given new clothes. [The jail staff] started to realize that this person did not have the anatomy that matched their preferred gender. [The staff] started to treat them like a circus act—started bringing people by the door saying, "This is actually a female. Look at this person." And they're laughing. These were actually cops and employees of the jail. When this person told me that, it was like tertiary trauma. I started to internalize that because, at any moment, any one of us can be misgendered and mistreated by police—which are supposed to protect us.