



## Shasta County Listening Session Report

The #Out4Mental Health Shasta County Listening Session was held on Wednesday, May 19, 2021 from 6:00 – 8:00 PM via Zoom. Of the 22 community members who attended, 10 filled out the demographic data form. For those who filled out the demographic information, four attendees identified as Bisexual/Pansexual/Sexually Fluid, three identified as Lesbian/Gay, one identified as Queer, and three identified as Heterosexual / Straight. Two attendees stated a gender identity along the Trans spectrum. Eight of the attendees identified as members of LGBTQ+ communities and one attendee identified as the parent of an LGBTQ+ youth. (The remaining two attendees who filled out the form were Heterosexual/Straight, cisgender mental health providers.) The ages reported ranged from 26 to 57. One attendee identified as Black/African American/African Ancestry and Latinx/Latine, two attendees identified as Native American/Alaskan Native, with one of those attendees also identifying as Latinx/Latine as their race/ethnicity. The remaining majority of attendees (8) who filled out the demographic information identified their race/ethnicity as White/European Ancestry. All attendees identified English, with one attendee also identifying Spanish, as their primary language(s).

Staff from the NorCal OUTreach Project and #Out4MentalHealth Shasta 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 face in living authentically as an LGBTQ+ person here in Shasta County?<sup>1</sup>
- What barriers do you, or other LGBTQ+ people you know, face when trying to get mental health services in Shasta County?
- What is needed in Shasta County to improve LGBTQ+ mental health?
- What is already here that supports LGBTQ+ mental health?
- Are there new or nontraditional ways Shasta County could use, or fund, to help meet the mental health needs of LGBTQ+ people living here?

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<sup>1</sup> This was chosen by the NorCal OUTreach Project and #Out4MentalHealth Shasta County Task Force as an additional question to the standard questions asked at all Listening Sessions.

*I find basic safety to be lacking. For example, I went to the post office in the middle of the day, happened to be wearing a shirt about Pride, and ended up with somebody yelling at me about how I was going to Hell. ... I feel like my safety to go to the grocery store, go to the post office, is not there.*

## **What barriers do you face in living authentically as an LGBTQ+ person here in Shasta County?**

Participants spoke of the various forms of stigma and discrimination they face in Shasta County because of their sexual orientation or gender identity. These negative experiences dissuade them from living as themselves in public, in the workplace, and with health care providers. In some cases, the hostility is very open and aggressive, and includes public shaming or deliberate outing. Many participants spoke of feeling a general lack of safety because they identify on the LGBTQ+ spectrum.

*I find basic safety to be lacking. For example, I went to the post office in the middle of the day, happened to be wearing a shirt about Pride, and ended up with somebody yelling at me about how I was going to Hell. To me, I'm just trying to go to the post office. I'm not trying to engage in some discussion with somebody—I'm just trying to mail a letter. It's frustrating that if I look straight and don't wear anything Pride-related, I have that privilege. But the minute I don't, I feel like my safety to go to the grocery store, go to the post office, is not there.*

*One of the barriers I face is I'm transgender. I get misgendered in public and when I go for my mental health appointments. Now they don't do it as much, but at the beginning, they would dead name me and would out me in front of everyone. ... I felt like I couldn't be me. I wasn't ashamed of being transgender, but I didn't want that tag because there's so much stigma attached to it. It's a very Republican area here. I feel like a lot of people aren't as accepting. Once I'm outed as transgender in front of everybody it kind of puts a more negative view in people's minds of who I am.*

California has laws against discrimination in the workplace that are meant to protect LGBTQ+ workers.<sup>2</sup> Even so, participants spoke about hostile work environments due to their sexual orientation or gender identity. One participant spoke about the intimidating tactics that were used against them, and the fear their coworkers created.

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<sup>2</sup> [https://www.dfeh.ca.gov/wp-content/uploads/sites/32/2020/06/LGBTQFactSheet\\_ENG.pdf](https://www.dfeh.ca.gov/wp-content/uploads/sites/32/2020/06/LGBTQFactSheet_ENG.pdf)

*I moved up here a couple of years ago from a very [LGBTQ+] friendly area. I expected a little bit of conservative existence here, but I was very surprised when I went into to the workforce how awful the experience could be. I was just blown away, because I work for agencies who work in mental health or deal with therapeutic practices, and was just astounded at the lack of compassion and empathy from coworkers. The amount of homophobia was ridiculous to the point of trying to get me fired, trying to drum up all kinds of weird situations to qualify me for sexual harassment issue. It was just very, very damaging for me. It made me not want to be out. ... I've always tried to live my authentic self. I felt that doing so [here] was going to cause me financial harm, was going to bring harm to my family.*

Fear of being publicly out leads to a lack of visibility. Many participants spoke about the difficulty of finding LGBTQ+ community here, and how that exacerbates their barriers to living authentically as an LGBTQ+ person. The lack of visible LGBTQ+ communities was a theme throughout the Listening Session.

*I realized that I'm used to a community that is out. And I came here and I can't find community. I wish I could find my community everywhere. I know you're there. I just can't see you. And we can't see one another. When I lived in [another city], when hate crimes were up, community came out and they backed one another. They stood side by side. ... We knew if something happened there was a bigger community to back us up. Here, I don't have that feeling. And that's a little unnerving. ... I don't want to have that comment about Shasta County. It's a beautiful area. The people here are very lovely, until they find out you're gay, lesbian, transgender, bisexual, or queer. I think for me the barrier is how do we transcend that?*

Two participants also spoke about the lack of an affirming and visible community, along with compounded barriers due to the intersectionality of being both Black and LGBTQ+ in Shasta County.

*We're in a predominantly white area, so it's extra challenging being a minority—a Black individual that is a part of the LGBTQ community—when there's not a lot of representation in the community as a whole, and then also in places of leadership. ... I find myself having to educate, even in queer spaces, a lot. ... This issue is even more compounded for me, because I experience as a Black individual microaggressions very different in queer spaces and non-queer spaces. ... When I identified as bisexual, I was immediately [seen as] a Black, lesbian predator trying to flip girls. There's that Black stereotype, and it's a very unique microaggression to being a Black queer individual. I find it's hard to feel like my community can fully hold me in safety if*

*they don't understand those intersections...and how my experience might be layered by some compounded issues.*

*Being from the Black community, there isn't that fallback. If you're white, you can go back to your queer community or back to other people, and they'll accept you. But in the Black community, in communities of color, there's no fallback. So, my only community that loves me is my queer community, and I can relate to the person speaking earlier, where it's like, "Where are you? I want to find you!"*

Another barrier to living authentically are providers who assume all clients/patients are both straight and cisgender, including not asking about sexual orientation or gender identity on intake forms. This assumption leaves LGBTQ+ individuals not knowing if this is a safe space for them. One participant spoke about the additional burden of having to continually correct providers' assumptions.

*Some therapy organizations don't ask for your sexual orientation, they don't ask for your gender identity, they don't make a safe space to be able to be who you are, and be who we are, and just start out on the right foot with being open about things. ... It doesn't feel like a safe space automatically, that there's an assumption that you're the straight person or heterosexual person. I'm bisexual, so... there's frequently an assumption made one way or another based on who I'm dating. I find that having that assumption made automatically then forces me to bring that up and bring up the conversation.*

One of the overarching barriers to not only living openly and authentically as an LGBTQ+ person, as well as the delivery and availability of LGBTQ+ affirming care, is the presence of Bethel Church. The Wikipedia entry describes the church this way:

Bethel Church is an American non-denominational neo-charismatic megachurch in Redding, California with over 11,000 members. The church was established in 1952 ... Bethel has its own music labels ... which have gained large popularity within contemporary worship music. The church runs the *Bethel School of Supernatural Ministry* with over 2,000 students annually. Senior church leaders have been supporters of socially conservative politics.<sup>3</sup>

Bethel Church supports the idea that being LGBTQ+ is a (harmful) choice, and that LGBTQ+ people can change their sexual orientation and gender identity. According to an article in the

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<sup>3</sup> [https://en.wikipedia.org/wiki/Bethel\\_Church\\_\(Redding,\\_California\)](https://en.wikipedia.org/wiki/Bethel_Church_(Redding,_California))

Washington Post<sup>4</sup>, the church is behind the ex-gay ministry *Changed Movement*<sup>5</sup>, which promotes ideology supportive of conversion therapy<sup>6</sup> tactics. The church also appears to be behind the website *Moral Revolution*. The website targets parents and has a section specifically addressing LGBTQ+<sup>7</sup>, which includes a blog from a Bethel Church pastor who states that she was once a lesbian but is now happily married to a man and is no longer gay<sup>8</sup>. Multiple organizations have denounced conversion therapy, and research has shown that efforts to change someone's sexual orientation or gender identity can be extremely harmful to the individual. In California, it is illegal for a licensed mental health professional to use conversion therapy practices with youth under the age of 18. The law, however, does not stop conversion therapy for adults or efforts by non-licensed individuals whatever the age of the client.

Throughout the Listening Session, beginning with this first question, participants spoke about the barriers, fear, and pain caused by the constant looming presence of Bethel Church. LGBTQ+ residents lack an overall sense of safety here largely due to not always knowing when and where they will have an encounter with a Bethel member. While many rural areas tend to lean more conservative, the influence of Bethel Church exacerbates anti-LGBTQ+ sentiment in Shasta County. The fear of their influence is so great that even participants were initially hesitant to speak about the church.

*Nobody else has addressed it yet, the elephant in the room, which is a very large religious organization in our community who promotes conversion therapy and has a following of people who don't accept us for who we are. And they work in every aspect of this community. That's sometimes the unspoken threat, where we don't feel safe, is because we don't know who we're going to be walking into and working with or dealing with, or seeing as a mental health professional or as a nurse or a doctor. There's a sense of not feeling safe, because of that reason. They have a strong hold on this community. And because we do live in a very conservative community, it's compounded because of the views of the majority in this region.*

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<sup>4</sup> <https://www.washingtonpost.com/religion/2019/09/06/ex-gay-christianity-movement-is-making-quiet-comeback-effects-lgbtq-youth-could-be-devastating/>

<sup>5</sup> <https://changedmovement.com>

<sup>6</sup> Conversion therapy (also known as reparative therapy) is any attempt to change a person's sexual orientation, gender identity, or gender expression using psychological, physical, or spiritual interventions.

<sup>7</sup> <https://www.moralrevolution.com/lgbtq-ssa/>

<sup>8</sup> <https://www.moralrevolution.com/blog/a-better-way-forward-with-lgbtq>

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

The majority of responses to this question focused on the lack of LGBTQ+ knowledgeable and affirming care, which is exacerbated for BIPOC LGBTQ+ individuals. Of those few therapists that do exist, most are so booked they are not taking new clients. In one participant's case, it took them 10 years to find an appropriate therapist.

*We do have a small list of therapists, but it's not a one size fits all. Everybody has their specialty and not everybody understands every part of our community. ... The problem is because there are so few that we know are affirming, most of them aren't taking new clients.*

*I was around 24 or 25 when I started my mental health journey in Shasta County. ... None of the professionals even understood or had the language to ask me how my gender identity... Well, I wasn't asked. So, in mental health spaces for a whole decade, I never even disclosed that I was queer. I didn't know that that was intrinsically connected with my mental health. And then, along with the color of my skin, being a Black nonbinary individual, I didn't realize that microaggressions and being weathered as a person of color in this society was also affecting my mental health. Not only did I not have the language at that time to even ask my providers to address those issues, the providers didn't have that language. ... I was 35 [when], for the first time, I found a therapist here in Shasta County that was comfortable talking about my gender identity, my sexual orientation, and race-related issues, and they all intersect.*

Many participants spoke about harmful experiences at the hands of non-affirming providers. One participant also reported a lack of trust in local agencies due to the presence of providers who intentionally sabotage gender transitions.

*I had a grandmother call in about a 28-year-old grandchild that went to therapy with somebody here. And they were not affirming. They were not supportive. And the 28-year-old ended up locking themselves in their room. Not wanting to go outside not wanting to interact with anybody. ... It would be nice if we had a list of affirming therapists that we could draw from when people call into the [NorCal OUTreach] Center, not just a generic list of providers to send people to, because it's heartbreaking. It breaks my heart every time. I think it's desperately needed.*

*Trying to find health care providers is definitely a harder experience... I have to drive an hour and a half to Chico to get [transgender-related] care basically, or I have to drive two hours*

*away to get electrolysis, so there's a lot of barriers. But it's also not seeing enough progress in the area to feel comfortable enough to be like, "Oh, I'm going to try Shasta health," or "I'm going to try tribal health," "I'm going to try these local places," just simply for the fact that I don't think there's enough doctors that will treat you. I have some friends who live in the area who have had horrible experiences of being "treated," and then having their transition go sideways—having the doctor knowingly damage the transition on purpose, or different things like that. That keeps somebody who's an outsider from maybe joining a Shasta County clinic. There's just not enough trust built.*

Participants discussed how to address the lack of needed providers. They were clear that just training existing providers is not the answer, as there are those who do not want to provide affirming care. The influence of Bethel Church was mentioned, and the need to at least hold providers accountable for their (non-affirming) actions.

*If there's not providers, we need to figure out a way to like bridge that gap, especially with health care. I'm not sure if that means we find ways to attract newer graduates or people who are practicing in those fields to come to Redding. ... Finding a solution to bridge that gap, because there's no way we're going to teach these doctors here that don't want to work with us to just work with us. On top of that you have a religious cult that's going around telling people that [LGBTQ+ people] can change. ... At the end of the day, we need newer faces, or we need accountability for those that are providing care.*

Participants also spoke about the barriers created by siloed care, particularly for those who are needing gender affirming care. Currently, each agency providing care works independent of the others, even if the client is receiving services in multiple places.

*There needs to be some sort of coordination between the care providers here who do gender affirmation. Now it's a silo of Planned Parenthood, Shasta Community, Hill Country, mental health providers, case caseworkers. ... I would really advocate for a coordinated wraparound service ... because it's a small rural community that the sum is greater than its parts.*

Based on participants remarks, coming out in Shasta County can be not only difficult, but dangerous. There is justifiable fear that identifying as LGBTQ+ can create risk of losing relationships, employment, and safety, causing a barrier to, among other things, seeking or receiving appropriate mental health care. As stated previously, LGBTQ+ community here is difficult to find, and a support for those newly out is needed.

*I grew up here and left the minute I was 18 because I'm gay. I moved back here as an adult and entering a second career getting an MSW in social work. ... With my caseload, I am often the first person that people came out to, regardless of age, and fear of losing their job fears of losing their family, fear of harassment, fear of losing their friends. ... As we try to hopefully deconstruct that paradigm in Shasta County, and as abhorrent as that is, maybe there's a really unique way to draw in people in a really cool, private platform so those folks aren't left hanging, for reasons that are truly frightening to them.*

Finally, as stated previously, there is a lack of transgender knowledgeable and affirming care here. It appears that some out-of-area urban agencies believe the solution to this lack of care is doing outreach to LGBTQ+ communities here. One such agency representative interrupted this Listening Session to encourage participants to seek services with them. Their comments were not well received, as many LGBTQ+ residents do not have the time or resources to travel. As one participant pointed out, offering services that are two or three hours away is not a helpful solution.

*Thank you for giving a shout out for rural remote area with high poverty. Asking people to drive two and three hours away to receive their care is extraordinarily inappropriate.*

### **What is needed in Shasta County to improve LGBTQ+ mental health?**

During this section, participants focused their discussion on improving provider care and strengthening visibility of LGBTQ+ communities.

One participant referred back to the comment about needing to hold non-affirming and harmful providers accountable for their actions, with recognition that discriminatory behavior against LGBTQ+ individuals is against the law in California.

*This might sound a little harsh but, coming back to Shasta County, I feel like I'm experiencing the same stuff that I experienced as a young person when I told medical providers that I was gay. ... I think it's okay to be a little bit more forceful in terms of moving this boulder forward and saying that kind of language and that kind of behavior is against the law in California.*

Participants spoke of a need to have more informed providers, especially those working with transgender clients. According to one participant, County staff receive very little training about LGBTQ+ or BIPOC individuals. Improving the depth and breadth—and length of time—of trainings for County staff on BIPOC and LGBTQ+ needs, care, and cultural sensitivity would be an important improvement.

*I went to one of the psychiatric facilities within Shasta County Mental Health. And they knew nothing about transgender ... and how to address me. Some of them tiptoed around me like they were walking on eggshells, and some of them were just very blatantly misgendering and dead naming.*

*When County workers start working for the County they have to go through training, but they lump things together to get through it quicker. They lump the BIPOC issues, and the transgender issues, and LGBTQIA+, all of that together in one hour-long setting. They really shouldn't do that. They should have a set thing for each one of those so they get a more thorough understanding of our community, of how to address us in a respectful manner. I think that would just go miles.*

Participants once again spoke about the lack of visibility here when looking for LGBTQ+ communities. This has been exacerbated by Covid. They suggested that strengthening the visibility and ability to connect with other LGBTQ+ people would help improve their mental health.

*When I first moved here, I did a couple Google searches, and they were not successful. ... I didn't see anything on TikTok and I should have searched Facebook, but I'm honestly never on there. ... Also, Covid made everything harder because I also didn't go anywhere.*

*I think for improving mental health, like others have said, strengthening that community. I am relatively new here. ... For the first seven months I was here I found one queer checker at the grocery store. ... I was so excited! I went home and called my friends: "Oh my god, the person who bagged my groceries was queer!" So, better community visibility...for people like me who were new to the community would be wonderful.*

## What is already here that supports LGBTQ+ mental health?

Aside from NorCal Outreach Project, participants spoke specifically about three organizations that are currently supporting LGBTQ+ individuals in Shasta County<sup>9</sup>.

### **Legal Services of Northern California<sup>10</sup>:**

*I just wanted to point out that we do work with health care issues...including gender identity affirming health care. ... If you're just not sure if your provider is telling you the right information, or if Medi-Cal is not giving you the right information, you can always give us a call and we'll be happy to work with you on that.*

### **Ready For Life host homes<sup>11</sup>:**

*It's short-term host homes for youth and young adults aged 18 to 24 who are homeless or housing insecure. ... My experience working with them has been that they're working actively to be inclusive and a good place for youth and young adults who are homeless or couch surfing or otherwise lacking good places to sleep and to live.*

### **Shasta Community Health Center gender health services<sup>12</sup>:**

*We have been able to open up our gender health services at SCHC. ... We currently are serving any of our current patients. The goal is to open it up so that it is not just Shasta Community Health Center patients, so it will be broader, further reaching. It's a multidisciplinary team. ... I get to educate, right on the floor, right in that moment, "Here's what this patient needs" and "Here's what you need."*

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<sup>9</sup> This list may not include all agencies/programs currently supporting LGBTQ+ residents of Shasta County, but rather the agencies/programs that participants spoke of during this Listening Session.

<sup>10</sup> <https://lsnc.net/office/redding>

<sup>11</sup> <https://www.readyforlife.net/hosthomes> From their website: *Short-term host homes* are an intervention for young adults who are currently experiencing homelessness for any variety of reasons, including but not limited to family conflict, poverty, gender identity and sexual orientation. The goal of short-term Host Homes is to provide a safe, temporary, welcoming space for up to six months where the young adult has time to repair their relationships with self-identified family or make decisions about other housing options with the support of a caring housing case manager.

<sup>12</sup> <https://www.shastahealth.org/gender-health-services> From their website: At Shasta Community Health Center, we welcome all transgender patients for any health and wellness needs you may have. Services include primary and preventive health care, acute care through our Urgent Care department, STD Screening, hormone therapy for adults, referrals for pediatric hormone therapy and guidance with gender affirming process. Through your primary care clinician, you may also be referred for behavioral health consults, case management, and mental health care.

One participant noted that they now have more gender choices on mental health forms, and the choices are now optional, which is beneficial to this participant's—and most likely other trans spectrum clients'—mental health.

*Something that I've noticed that's at least new to me is, now when I go to fill out forms for mental health, the gender box doesn't just have two genders anymore. There's an "other" box or an "x" box—something else there that I can select. And it's optional too now. Before they're like, "No, you got to select one." Now, I don't have to and I think it's an amazing thing.*

Another participant noted that their current workplace leadership is supportive, and now they can be out in their job for the first time. This is allowing them to intersect their LGBTQ+ identity with their work efforts, which brings purpose and meaning to their life.

*My first job here in Redding, I was outed on the job. It was hard, and I had no support. ... [In my current job], it's not like I'm always held in 100% safety, but at least I have direct leadership that gets it. Not only am I out on a job for the first time, like boldly, but it's also in mental health. Now my identity can intrinsically be attached to what I do for a living, which has so much purpose and so much meaning, and brings so much of that to my life. That's really awesome.*

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

To address the general and specific lack of safety spoken about earlier in the session, participants suggested the creation of safe spaces for both LGBTQ+ and BIPOC individuals. One participant, who identified as an ally, offered a current support group for teenagers that was accepting—although not exclusively LGBTQ+. This motivated a discussion of the importance of having a safe space meant specifically for a particular identity (such as LGBTQ+ or BIPOC) versus a general space that is merely accepting, and whose members may not share or understand your experiences. As one participant stated:

*I would love...to see BIPOC safe spaces. There are days that I am weathered more than others. ... There's some times I can't—it's gonna sound horrible but I'm just gonna say it: I can't bear my soul and be vulnerable in a white space. I need to go and be around other BIPOC individuals that get the microaggression that I experience on a day-to-day basis, whether that's being queer, or being an individual of color.*

Another participant suggested that an LGBTQ+ support group sponsored by Shasta County Behavioral Health might provide an important safe space.

*An LGBTQ+ group at mental health services would signal to the queer community that, “Hey, this group is just for me! Maybe they're more affirming. Maybe someone there gets it.”*

Being able to identify which spaces and providers are “safe” is also important. Imagery, both in the office and online, would help to alleviate well-founded anxiety when seeing a new provider.

*I think for me, both as a provider and then also as a queer woman who identifies as nonbinary, it would really help me to have safe space imagery on doors, on websites, on social media, so that's just not a worry in the back of my head constantly. And I mean all providers: the dentist, massage therapists, acupuncture, certainly medical, and all the ones that we spoke about before. It's anxiety provoking—and you never know when you're going to have a bad experience.*

When discussing safe zones, one participant spoke about the need to take a stand that this area belongs to LGBTQ+ and BIPOC people, too.

*We can make this our community, too. We're being told that it's not our community... It's our community, let us take our community. I've lived in many communities in this world, and nobody ever goes, “Here you go. Here is your slice of heaven.” So, we need to create our own community safe zones.*

BIPOC participants expressed the need for the county to address LGBTQ+ and BIPOC traumatic stress that occurs for the entire community whenever there is LGBTQ+ and/or BIPOC motivated violence. There needs to be recognition regarding how violent behavior against one trans or BIPOC person creates trauma not just for the victim, but for all those who share that victim's identity. Emergency supports need to be put in place to help all those affected at the time of the incident(s).

*As a BIPOC individual in our political climate, and also as a queer individual, there's a lot of harm and violence that comes to Black bodies and queer bodies. We see also a lot of chance*

*gender violence. When I really think about my mental health...and times that I have been lacking support...is when we actually experience transgender violence, and violence comes to harm Black individuals. ... I would love to see an LGBTQ local protocol for when there is transgender violence or Black queer violence...to hold each other to address the aggression, to address the grief, to address our systems being triggered and activated. I've actually reached out to mental health services and actually told them, "Do you realize right now you have a whole population in your community that's being triggered online because they're seeing these horrible images?*

*What are we doing for them? What supports are we giving them?" I think some type of emergency protocol of ways we come together as a community to hold each other in safety and grieve. Then we can also find really healthy ways to advocate and rally, so are we're not just reacting, but we can respond.*

In response to a comment made by an ally attendee, one participant added further clarity to the need for support in the face of both microaggressions and violence in order to protect their mental health.

*I saw someone made the comment that they weren't sure what we were talking about. Sometimes when you get into these intersections, it can feel like we've gone off topic. But when I experience microaggressions, or I'm experiencing something that's going on in our world—a violence on transgender individuals, or Black individual being shot by the police—these are the times that I'm more likely to stop eating. If I stop eating, it will increase my anxiety. If I my anxiety increases, I will start having panic attack issues. If that continues on, I probably might call out to work. So, these things are intrinsically connected to our mental health.*

There is a dearth of knowledgeable, affirming medical and mental health care providers in the area. Participants voiced a need for better and more specific referral lists, both for local services and for when they must refer people to services in Sacramento or San Francisco.

*I do have some [therapists] that don't just say they're understanding, but they actually have the education experience to go with it. ... So, to be able to continue that referral base.*

*We end up doing a lot of referrals for surgeries, both top and bottom to San Francisco and Sacramento. The other drawback we have with our gender health services is we're 18 and older.*

*So, for young 'uns, we're having to refer them to places like San Francisco, Sacramento, the bigger areas. Instead of giving a blanket referral: "They've got all their gender health services listed on their website," I'd love to have actual names of people that they can be connected with.*

Finally, as mentioned earlier in the session, participants would like to see a wraparound approach when it comes to care, particularly for transgender clients/patients.

*Someone mentioned a wraparound approach [for transgender care] with providers. I think that is just a beautiful idea. I actually have worked on wraparound teams, in children's services, and now adult services, and they offer so much more whole person holistic type understanding of what we're providing.*

*Wraparound care—not having to run around and find your team. That shouldn't have to be an added stressor in this community.*