

#Out4MentalHealth Journey Together

The Annual State of LGBTQ Communities 2021



This page intentionally left blank

This page intentionally left blank

This page intentionally left blank

TABLE OF CONTENTS

#Out4MentalHealth Project Overview 6

Local Policy Priorities 16

Statewide Policy Priorities 46

CA LGBTQ+ Mental Health Policy Agenda 66

This page intentionally left blank

Report Authors

Pasha Mikalson Walker, MSW

Rory O'Brien, MSW, MPH

Mandy Taylor, MSW

Report digitally designed by Andy Briseno
Contact: brisenoandy97@gmail.com

PROJECT OVERVIEW

#Out4MentalHealth



#Out4MentalHealth is a statewide project that advances mental health equity, provides resources to build capacity in local LGBTQ+ communities, and represents a coalition voice at state-level policy discussions.

The project just completed its fourth year (Year 1 of Cycle 2, OCT 2020-SEP 2021). This cycle of the statewide Stakeholder Advocacy Grants (JUL 2020 – SEP 2023) consists of five local events each year, one state event each year, fifteen local taskforces, and both state and local advocacy.



Local Level Partners

In Year 1, Cycle 2, there were five Local Level Entities (LLEs) coordinating #Out4MentalHealth Task Forces to support local LGBTQ+ community members and LGBTQ+ serving organizations engaging with LGBTQ+ mental health advocacy at the county, state, and federal level. The LLEs were located in Shasta County, Alameda County, two areas of Los Angeles County, and Imperial County. In Year 2, there will be five more LLEs (ten total) across California. In Year 3, an additional five LLEs will be brought onto the project (fifteen total).

#Out4MentalHealth Task Forces identify policy objectives, strategize, and take action to achieve LGBTQ+ mental health equity and grow local advocacy capacity. The task forces completed the following activities as a part of their scope of work:

- Facilitate monthly task force meetings
- Participate in LLE Asset Mapping
- Write a Community Engagement Plan
- Participate in capacity building trainings
- Host a Mental Health Advocacy Workshop
- Identify a task force policy objective
- Coordinate a Power Mapping Session

- Create an Advocacy Action Plan with Task Force members
- Communicate with behavioral health decision makers regarding policy objective
- Attend public meetings to address LGBTQ+ mental health
- Assess county LGBTQ+ mental health policies and complete a Score-Card to identify areas of success and growth
- Develop a plan to influence the county's 3-year MHSA plan

Each local partner in Cohort #1 also coordinated a **Local #Out4MentalHealth Convening** to provide local LGBTQ+ communities with the opportunity to speak to their own experiences of being LGBTQ+ in their County, share resources and information, and build solidarity to advocate for mental health equity. Each convening included an LGBTQ+ Community Listening Session, the finding from which will be shared in the next section of the report. Local convenings were an opportunity to address local LGBTQ+ community's mental health needs, create a collaborative environment to support ongoing advocacy, and provide attendees with skills and information they can use to improve access to LGBTQ+ affirming mental health care in their communities.

State Partner

Cal Voices acts as an **LGBTQ+ Cultural Broker** by strengthening the relationship between county providers, local policy makers, and local government officials and the Local Level Entities. They achieved this by coordinating an Informational Presentation to county behavioral health staff in partnership with each LLE, conducting targeted outreach to county mental health systems and providers to encourage their participation in each Local #Out4MentalHealth Convening, and providing detailed policy recommendations in writing to county behavioral health leadership.

Cal Voices facilitated an LGBTQ+ Community Listening Session at each Local #Out4MentalHealth Convening. Cal Voices also wrapped up local events and Listening Sessions by providing a detailed write up of attendee demographics, event evaluations, and local mental health priorities.



State Lead

The California LGBTQ+ Health and Human Services Network's primary role on the #Out4MentalHealth Project is to **advocate for California LGBTQ+ Mental Health Priorities** as identified by local communities, community leaders across the state, and stakeholder surveys. Some of the ways in which The Network advocates to impact state systems change in order to support LGBTQ+ mental health equity include:

- Developing annual California LGBTQ+ Mental Health Advocacy Priorities, included as the last section of this report.
- Facilitating advocacy conversations during monthly CA Health and Human Services Network Calls
- Providing space for Task Force Leads' Calls for technical assistance, skill sharing, and collaboration with local level partners across California
- Participating in and advocating at public meetings for state policy decision making bodies



- Participating in and advocating at legislative hearings and briefings for state policy decision makers
- Collaborating on activities with other stakeholder advocates across California
- Participating in and advocating at collaborative meetings and events for behavioral health policy advocates
- Utilizing and creating advocacy communications tools

The Network **works in partnership with Local Level Entities (LLEs)** to ensure that they have the knowledge, resources, and support needed to engage in mental health policy advocacy. This includes providing training and technical assistance to individuals and local organizations to grow their capacity for ongoing advocacy efforts. Some of the ways in which Health Access provides this support are as follows:

- Professional communications support
- Event management support
- LGBTQ+ mental health relevant policy updates and advocacy opportunities
- Provides task force specific technical assistance and opportunities to collaborate



- Holds capacity building meetings that offer opportunities for LLEs to support each other. Support includes specialized curriculum to grow local advocacy capacity.

The Network provides **technical assistance and capacity building support to LGBTQ+ organizations and communities**. Some examples of the type of technical assistance and capacity building support we can provide includes:

- Webinars on system navigation and advocacy
- Fact sheets and reports about LGBTQ+ mental health
- Social media toolkits that allow small organizations to raise local awareness about mental health issues
- Navigating the county behavioral health budgets and MHSA plans
- Information about program models being used in other regions
- Information about emerging policy issues
- Opportunities to collaborate with and learn from other LGBTQ+ organizations



The Network also coordinates and hosts the **California LGBTQ+ Health and Human Services Convening** each year to bring together LGBTQ+ leaders from across the state to network, share, and build skills related to health and human services program development, policy engagement, and advocacy strategies. These skills can then be taken back to strengthen the mental health of their local communities.



LOCAL POLICY PRIORITIES

#Out4MentalHealth



Local Listening Sessions

#STILLBISEXUAL



NORCAL OUTREACH
PROJECT

SERVING THE LGBTQ+ COMMUNITY IN
RURAL FAR NORTHERN CALIFORNIA



Five Local Listening Sessions, in 2021, provided members of LGBTQ+ communities across California with the opportunity to speak to their experiences regarding barriers to accessing care, services and resources needed, and anything else that affects their mental health and well-being. Information gathered from these Listening Sessions is intended to be used as an advocacy tool for the #Out4MentalHealth Task Forces and other advocates, as well as an educational resource for providers wanting to learn more about the needs of LGBTQ+ clients.

The Listening Sessions were organized through a collaborative effort between the #Out4MentalHealth Cultural Broker and the local #Out4MentalHealth Task Force. Due to Covid-19, all sessions were held virtually. The following is a summary of the five Listening Sessions held during the Spring of 2021. For more detailed information, please see the full Listening Session Summary Report for each region, which can be accessed at **www.out4mentalhealth.org** on the Task Force page.



Imperial Valley Listening Session

The #Out4Mental Health Imperial Valley Listening Session was hosted by the Imperial Valley Resource Center and held on Thursday, March 18, 2021 from 6:00 – 8:00 PM via Zoom. Fourteen community members attended. Below is a brief summary of attendees' comments.

What barriers do you, or other LGBTQ+ people you know, face when trying to get mental health services in the Imperial Valley?

Attendees shared that one of their greatest barriers to receiving care is that there are very few local providers who are LGBTQ+ knowledgeable and affirming.



This is particularly true for transgender-related services. Many attendees said they had to travel to San Diego for services, which is a difficult 2-hour drive.

The lack of reliable transportation and the cost of traveling to San Diego is a barrier to accessing services. Imperial County lists that most, if not all, of their providers are LGBT- competent, yet that has not been the experience of attendees.

“ The mental health services we have in the Valley--there are no gender specialists. Or there are so few gender specialists, or even any doctors willing to deal with trans-related healthcare. I had to go to San Diego....We don't have anyone who can help me with that locally. ...It's about a two-hour drive [to San Diego] ”

Repercussions from Covid-19 also created barriers for providing needed services, especially in-person services and events so important to the mental health and well-being of Imperial Valley (IV) LGBTQ+ residents. There are also barriers to accessing online services, as well as other online resources, due to both poor infrastructure and economic barriers.

“ Ever since I moved out here, to the Valley,...my access to the Internet is compromised many times. There's a lot of outages. ... Out here, for weeks on end, I get mixed signals. ”



What is needed in Imperial Valley to improve LGBTQ+ mental health?

Attendees spoke about the need for K-12 schools to have a more LGBTQ+ -affirming environment. They expressed a need for awareness and education to help combat the negative messaging about being LGBTQ+ that both straight/cisgender and LGBTQ+ students absorb from society, and particularly their culture. Attendees also stressed that affirming LGBTQ+ messaging and programs needs to take place at all grade levels, not just high school.

“ I did all of my education here in Imperial Valley and I was always bullied...People always were making comments like, [said in a negative tone] “Oh, you’re gay.” And I would believe it back then—like it was a bad thing. ... It’s deeply embedded into our culture. We’re 90% plus Hispanic here, and it’s something that is not going away. ... There’s always been anti-LGBTQ+ hate, always in Imperial Valley, always. ”

There is a need for education to reduce the stigma of seeking out and accessing mental health services. The stigma faced by attendees created both a barrier to them seeking services, as well as a need to keep silent about any mental services they were receiving.



“ There’s a lot of education that needs to happen amongst larger community of breaking the stigma going to see a therapist for something. I definitely have a few relatives I would never tell I’m seeing a therapist for something, because I already know their questions. They’re gonna be like. “What’s wrong with you?” ”

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

There is a need and a desire to involve parents of LGBTQ+ youth in order to promote acceptance and well-being. Attendees suggested programming that would bring both parents and youth together in the mutual pursuit of art, music, or other creativity could address part of this need.

“ I think that we tend to leave behind parents and other allies. ... When you come out, it can be difficult for everyone involved, and that kind of difficulty can make things worse, sometimes. It took my parents almost a year to really come to terms with my coming out. I think activities that focus around the parent, child, or sibling dynamics...would be very, very helpful in the long run. ”



Finally, lack of infrastructure and economic disparities has created a “digital divide” for members of LGBTQ+ communities, as well as residents of Imperial Valley in general. Attendees suggested that the County look to how other countries have addressed this issue through Internet Cafes that could provide community members with both Internet and the hardware needed to take advantage of online mental health resources, as well as offering the possibility of a social outlet.





Los Angeles County BIPOC TGI Listening Sessions

The #Out4Mental Health L.A. County BIPOC TGI Listening Session was hosted by Gender Justice LA and held on Tuesday, April 6, 2021 from 5:30 – 7:30 PM via Zoom. Ten community members attended. Below is a brief summary of attendees' comments.

What barriers do you, or other BIPOC TGI people you know, face when trying to get mental health services in L.A. County?

The first barrier attendees spoke about is the difficulty of finding BIPOC TGI-competent providers. Providers who are not TGI-competent often act as gatekeepers to desired and needed services.

Even more difficult is finding a BIPOC TGI-competent provider who is also BIPOC TGI and has the ability to address issues beyond just writing hormone and surgery letters.

“

Finding a Trans-competent therapist who is also Trans was really difficult. Or even queer. Finding one...able to support people beyond writing letters for surgeries.

”

Even if an individual is able to find a therapist they like, attendees stated that appointments are often weeks in between, and psychiatrists are even more difficult to get an appointment with.

“

The appointments are really far apart...it's weeks in between. And then if they also need access to medication, it's even harder to get an appointment with the psychiatrists.

”

Many attendees also spoke about the difficulties they encounter(ed) when trying to navigate the mental health care system, creating multiple barriers to getting services, including a barrier to finding BIPOC TGI-competent providers.

“

I've been doing this for almost a decade and I barely now this year found a queer, POC-competent therapist. That took me...4 years to do. ... That's me as a professional and college-educated... There's so few resources that are affordable and that people can get access to.

”



Attendees highlighted the racist and policing nature of traditional mental health services. This includes the overuse of mandated reporting and therapy used as a framework for operating within white supremacy rather than acknowledging the existence of a racist environment.

“ *The ways that therapy in and of itself often is a framework of fixing you enough to operate within white supremacy + capitalism, generational trauma,...etc. gets rationalized/minimized and often ...doesn't functionally shift the ways that we exist indeeply violent/harmful systems.* ”

What is needed in L.A. County to improve BIPOC mental health?

Participants shared their frustration that there are not many BIPOC TGI providers in mental health fields. L.A. County also needs to prioritize addressing this lack of diversity in their staff and their contractors.

“ *There's not enough of us in the field. There's not enough people of color TGI people who are going to get these degrees. ... There's...no scholarships, no free education, that would get us to go into those fields. ... Does the state or the county even offer those opportunities to us? No, they don't.* ”

Are there new or nontraditional ways L.A. County could use, or fund, to help meet the mental health needs of BIPOC TGI people living here?

Participants were clear that L.A. County needs to incorporate community care into their framework, and do so by funding organizations that are BIPOC TGI-competent, knowledgeable, affirming, and accessible.

“ Dismantling the mental health organization with L.A. County, so that they learn how to incorporate community into their framework. ...Put the money into the organizations that are going to do this ...and let them do the work because you sure ain’t doing the work. ”

Finally, L.A. County (and all of mental health) should reexamine the policy and practice of mandated reporting. Multiple studies of mandated reporting for the Child Welfare System have uncovered racist practices and racial inequities, and a call to revamp or end the practice. There are no recent studies regarding racial bias in mental health mandated reporting, but older studies, anecdotal evidence, and the current heightened awareness regarding the existence of implicit bias, all support the need for ending the current practice and replacing it with more appropriate services.

“

This is one of the few spaces I’ve heard explicitly conversations about ending policing and mental health and ... ending mandated reporting. I think that would be a very powerful and meaningful step in terms of actually getting people to access care and also change the whole dynamic of power in terms of mental health.

”

¹ Inguanta, G., & Sciolla, C. (2021). Time Doesn’t Heal All Wounds: A Call to End Mandated Reporting Laws. *Columbia Social Work Review*, 19(1), 116–137. <https://doi.org/10.52214/cswr.v19i1.7403>



Los Angeles County San Fernando Valley Listening Session

The #Out4MentalHealth San Fernando Valley Listening Session was hosted by Still Bisexual and held on Thursday, May 13, 2021 from 4:00 – 6:00 PM via Zoom. Six community members attended. Below is a brief summary of attendees' comments.

What barriers do you or other LGBTQ+ people that you know, face when trying to get mental health services in the San Fernando Valley or LA County area?

One of the main barriers participants faced was difficulty in finding and accessing appropriate therapists. BIPOC participants had an even harder time finding LGBTQ+ knowledgeable therapists who also understood the full intersection of their culture, language, heritage, etc.



“ It is extremely difficult to find therapists who are LGBTQ+-affirming, and also culturally competent. And when we say culturally competent, we don’t just mean language. It’s also about understanding the background, the heritage, and all the intersections and complications that come with your identity and how that impacts your mental health. ”

The cost of individual therapy continues to be a barrier, especially in an area like L.A. County where living costs are high and wages are often low. In addition, the wait time for affordable therapy is often unacceptable.

“ Money is always, always an issue. I am only able to see my therapist because they give me a reduced fee. ... Even with insurance, that cost...can be \$180 - \$200. ... That is one more expense that you have to justify for yourself, even if you want to make your mental health a priority. ”

“ It took 8 months for me to get even a call back ...that there was a therapist that could see me. ”

The location, travel time, and time of appointments were also voiced as barriers by participants. Traffic is usually a greater concern than actual number of miles—especially when services are only available during working hours.



“ *Just me from Sun Valley, going to Hollywood or the [LA LGBT] Center, it would take an hour and 20 minutes just because of traffic. I think the biggest issue is people think we could travel and have that time as working-class people to use one hour and a half to go get mental health.* ”

“ *A lot of people from the Valley are working-class... we all get off at 5 and 6pm. A lot of these therapy sessions...always happen earlier.* ”

What is needed in either the San Fernando Valley specifically, or LA County in general, to improve LGBTQ+ mental health?

There needs to be a reframing of how mental health is discussed when it comes to LGBTQ+ individuals—mental health needs are not just about sexual orientation or gender identity.

“ *Experiencing racism and any other types of violence, those add to my mental health in a way that is really difficult to sum up when it comes to just defining something as depression or anxiety because of who I am as being queer. There’s other layers to it.* ”

Participants spent much of the session speaking about the lack of funding for needed mental health services, and the need for resources rather than policing. They also emphasized that very little funding is ever dedicated to BIPOC LGBTQ+ communities.



“ Looking how the distribution of monies given out in...L.A. County, and how much goes to mental health, which is pennies compared to the police department. ... We need more money. The money does exist—it’s just not being distributed”

“ Relying on institutions like the police, especially when it comes to individuals who need mental health, especially when those individuals are from BIPOC communities, is so incredibly harmful and dangerous. ... We are looking at alternatives to how we approach mental health. That includes not being institutionalized. That includes not calling the police. That includes not using any sort of measures against the individuals who are experiencing a mental health crisis. ”

“ LGBT people of color always are the last people who get anything. ... We have crumbs compared to these bigger systems. ”

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

Participants expressed concern that BIPOC and LGBTQ+ individuals face multiple barriers to becoming mental health providers, and that these barriers need to be addressed.



“ If you don’t have the resources to go to school, to find mentorship or training, or you’re not able to find mental health services yourself, we’re not going to see more BIPOC and Queer therapists, or service providers in general, until those barriers are addressed too. ”

Participants also voiced their frustration with trainings for cisgender, heterosexual, and white providers as a solution to disparities faced by LGBTQ+ and BIPOC individuals—rather than funding those LGBTQ+ / BIPOC providers already doing culturally competent work.

“ One of the things that they always assume [when] trying to change whatever it is, “Okay, well, let’s just get more trainings.” ...Whatever money is going to these trainings... just needs to start going directly to the people on the ground ... Trainings don’t see results. Results are showing with the people we work with on the ground. ”

² “When Reimagining Systems Of Safety, Take A Closer Look At The Child Welfare System,” Health Affairs Blog, October 7, 2020.DOI: 10.1377/hblog20201002.72121





NORCAL OUTREACH
PROJECT

SERVING THE LGBTQ+ COMMUNITY IN
RURAL FAR NORTHERN CALIFORNIA

Shasta County Listening Session

The #Out4Mental Health Shasta County Listening Session was sponsored by NorCal OUTreach Project and held on Wednesday, May 19, 2021 from 6:00 – 8:00 PM via Zoom. Twenty-two community members attended. Below is a brief summary of attendees' comments..

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

Many participants spoke of feeling a general lack of safety because they identify on the LGBTQ+ spectrum. Negative experiences dissuade them from living as themselves in public, in the workplace, and with health care providers.



“ 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. ”

“ When I go for my mental health appointments... they would...out me in front of everyone. Once I’m outed as transgender...it puts a more negative view in people’s minds of who I am. ”

“ 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? ”

One of the overarching barriers to living openly and authentically as an LGBTQ+ person is the constant presence of Bethel Church. The fear of their influence is so great that participants were initially hesitant to speak about it.

“ 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...the unspoken threat, where we don’t feel safe, because we don’t know who we’re going to be...working with, or dealing with, or seeing as a mental health professional, or nurse or a doctor. There’s a sense of not feeling safe, because...they have a strong hold on this community. ”



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. In one participant's case, it took them 10 years to find an appropriate therapist.

“ *We do have a small list of therapists. ... 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. ... 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.* ”



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

Participants spoke of a need to have more informed providers, especially those working with transgender clients. Participants were also 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 also mentioned.

“ I went to one of the psychiatric facilities within Shasta County Mental Health. 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. ”

“ 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. ”

³ 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.



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

Participants suggested the creation of safe spaces for both LGBTQ+ and BIPOC individuals. Being able to identify which 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 would love...to see BIPOC safe spaces. There are days that I am weathered more than others. ... I need to 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.* ”

“ *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.”* ”

“ *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. ... It’s anxiety provoking—and you never know when you’re going to have a bad experience.* ”





Oakland
LGBTQ COMMUNITY CENTER

Alameda County Listening Session

The #Out4Mental Health Alameda County Listening Session was sponsored by the Oakland LGBTQ+ Center and held on Thursday, May 20, 2021 from 5:00 – 7:00 PM via Zoom. Twenty-one community members attended. Below is a brief summary of attendees' comments.

**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. There are few BIPOC therapists available and those therapists are already overly booked. When intersecting BIPOC, LGBTQ+, and/or language other than English, the lack of access is even a greater barrier.



“ 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, are a Latinx or Spanish speaking therapist. ... So, to find a sort of one-on-one match is very difficult. ”

When an individual is able to find an appropriate therapist, the cost of therapy becomes the next barrier. Many therapists do not accept Medi-Cal. Even when those therapists or agencies offer sliding scale fees, the minimum cost can still be prohibitive for many individuals.

“ Even if we are able to navigate someone to a... [LGBTQ+/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. ”

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. ...Most therapist schedules are crazy. They’re available at nine o’clock on a Monday, or...time slots that would be easily accessible for the clients we’re working with are usually taken. ”



What is needed in Alameda County to improve LGBTQ+ mental 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.

“ *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.* ”

“ *People of color go through trauma every day. ... We need this help. A lot of people are turning down mental health care because of the cost of it...particularly people of color.... This needs to be free of all costs. It’s something that we desperately need at this time. We need the services.* ”

“ *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. ... That should just be in place with no issue.* ”



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

Participants again emphasized the need for prioritizing funding for LGBTQ+ organizations.

“ *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 BIPOC led queer organization, give them preference points, just for being that. We’ve been left out.* ”

Alameda County needs to fund services that support LGBTQ+ people with both mental health and substance abuse challenges and focus on services that address the type of drug use that is happening in this community. While there has been a focus on the opiate crisis, problems with crack and meth use are ignored.

“ *The first step is to acknowledge that there’s a problem. ... I know many people who are affected by drugs, particularly crack and meth. ... You hear people talk about the opiate crisis ... but we’re not talking about helping people [using crack and meth]. We’re not talking about these things as problems, and that’s the problem.* ”



“

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.

”



This page intentionally left blank

Listening Sessions

Conclusion

While each Listening Session included barriers, needs, and recommendations that were unique to that local community, there were themes common to all five sessions. Overall, there is a lack of LGBTQ+ competent and affirming providers, with an even greater scarcity for those who are knowledgeable in working with transgender clients. For participants who are both BIPOC and LGBTQ+ the difficulty in finding and accessing culturally appropriate care is even greater. BIPOC participants struggle to find BIPOC therapists in general, and have an even harder time finding therapists who are both BIPOC and LGBTQ+ knowledgeable, and who understand the full intersection of their culture, language, heritage, etc.

Even if an individual is able to find a mental health provider they like, lack of insurance, the provider not taking insurance, or any out-of-pocket costs, becomes the next barrier and can force the individual to settle for inferior services or forego services altogether. The location, travel time, and time of appointments were also voiced as barriers by participants.

For rural participants, the actual distance is the problem, whereas for urban participants, the distance might be comparatively short, but the traffic creates a burdensome travel time. The cost of having to travel is also burden and a barrier.

In order to help address these barriers, LGBTQ+ individuals—especially Transgender and BIPOC LGBTQ+ individuals—need to have access to resources, including funding, that would encourage and allow them to enter the mental health field. In addition, agencies and therapists already doing this work and meeting the needs of these populations need greater support from counties and the State, including direct contracts and funding for their services.

#Out4MentalHealth is dedicated to building capacity within LGBTQ+ communities to advocate for change at both the state and local levels. This includes both financial support and technical assistance to each local #Out4MentalHealth Task Force to work within their county's mental/behavioral and physical health care systems to promote meaningful and positive change.

STATEWIDE POLICY PRIORITIES

#Out4MentalHealth



**LGBTQ+ MENTAL HEALTH
POLICY PRIORITIES SURVEY**

Statewide Policy Priorities

LGBTQ+ advocates who attended #Out4MentalHealth virtual events in 2021 were invited to complete a survey that asked about their demographics and their perceptions of service availability and accessibility, barriers to care, and need for types of services. The purpose of the survey was to understand the perspectives of LGBTQ+ advocates on service gaps and policy priorities as #Out-4MentalHealth constructs its policy agenda for the coming year.

The Survey Sample

Participant responses were accepted if the survey was complete (n=40) and if the participant identified as LGBTQ+ (n=39). Survey demographics are provided in-text and in **Table 1**. All surveys were conducted in English, though 3 respondents noted that they were bilingual in Spanish and 2 respondents were bilingual in American Sign Language. Most respondents (28 in total) were between 27-59 years of age, with another 10 respondents between 18-26 years of age, and 1 respondent age 65 or higher. Respondents were from all 5 Mental Health Service Act Regions, including 10 respondents from 7 Central region counties, 9 respondents from 3 Bay Area counties, 9 respondents from 3 Superior region counties, 7 respondents from Los Angeles, and 4 respondents from 3 Southern region counties. In total, respondents represent 16 geographically diverse counties across California. More than half of respondents (25) stated that they live with a disability, and 2 respondents had ever served in the military.

Half of respondents (19) identified as solely White/Caucasian, 11 identified with multiple race groups, 5 identified as solely Latinx/Latine or Hispanic, and 4 identified as solely Black/African American/Caribbean. The 11 multiracial respondents selected multiple of the following race/ethnicities:

White/Caucasian (6), Latinx/Latine or Hispanic (5), Indigenous/ Native American/ Aboriginal (4), Black/African American/Caribbean (2), and Native Hawaiian / Pacific Islander (1).

The racial / ethnic makeup of this small sample of LGBTQ+ advocates who completed the survey after attending #Out4MentalHealth events should not be considered to represent the racial / ethnic composition of LGBTQ+ advocates or LGBTQ+ people. White / Caucasian and multiracial respondents are over-represented and Black, Asian, and Latinx people are under-represented in this sample compared to the California state population identified in the 2019 American Community Survey; survey findings discussed in this report should be interpreted with this in mind.

Table 1. Survey Demographics (n=39)

Age	N (%)
18 - 26 years	10 (25.6)
27 - 59 years	28 (71.8)
65+ years	1 (2.6)
Race (check all that apply)	
White/Caucasian, only	19 (48.7)
Latinx/Latine or Hispanic, only	5 (12.8)
Black/African American/Caribbean, only	4 (10.3)
Multiracial	11 (28.2)
Language	
English	39 (100)
Spanish	3 (7.7)
ASL	2 (5.1)
Lives with a disability	25 (64.1)
Ever served in the military	2 (5.1)
Sexual Orientation (check all that apply)	
Queer, only	10 (25.6)
Bisexual/Pansexual/Sexually Fluid, only	6 (15.4)
Gay, only	5 (12.8)
Lesbian, only	3 (7.7)
Multiple and additional sexual orientations selected	14 (35.9)
Decline to answer	1 (2.6)
Gender Identity (check all that apply)	
Woman	8 (20.5)
Man	7 (17.9)
Nonbinary or gender non-conforming	7 (17.9)
Transgender and Nonbinary or gender non-conforming	4 (10.3)
Transgender	2 (5.1)
Transgender man	2 (5.1)
Transgender woman	1 (2.6)
Multiple gender identities	7 (17.9)
Decline to answer	1 (2.6)
Sex assigned at birth	
Female	25 (64.1)
Male	13 (33.3)
Decline to answer	1 (2.6)
Intersex	
Yes	3 (7.7)
No	35 (89.7)
Unsure	1 (2.6)
California Region	
Central	10 (25.6)
Bay	9 (23.1)
Superior	9 (23.1)
Los Angeles	7 (17.9)
Southern	4 (10.3)

⁴Johnson, H., McGhee, E., & Cuellar Mejia, M. (2021). Just the Facts: California's Population. Public Policy Institute of California. Accessed 7 December 2021

When asked how they currently identify their sexual orientation (check all that apply), 10 respondents solely identified as queer, 6 as bisexual/pansexual / sexually fluid, 5 as gay, and 3 as lesbian. The 14 remaining respondents selected multiple of the following sexual orientations: queer (10), bisexual/pansexual/sexually fluid (7), gay (5), asexual (3), lesbian (2), and demisexual, polysexual, two-spirit, and questioning (1 each).

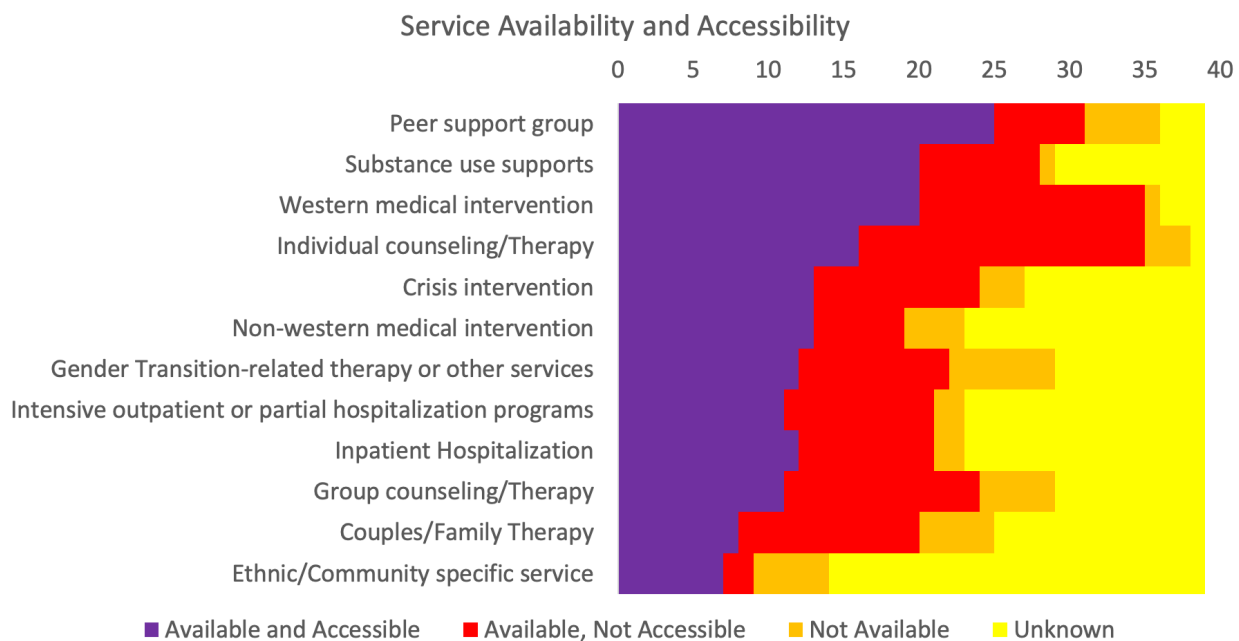
For gender, 8 participants solely identified as women, 7 as men, and 7 as gender non-conforming or nonbinary. Another 4 people identified as nonbinary transgender, 2 people identified as transgender, 2 as transgender men, and 1 as a transgender woman. Another 7 people selected multiple of the following gender identities: women (3), gender non-conforming or nonbinary (3), two-spirit (2), and intersex, transmasculine, questioning, agender, and man (1 each). One person declined to provide a gender identity. In total, a majority of respondents (61.5%) identified as transgender, nonbinary, gender-nonconforming, or another non-cisgender identity. Twenty-five respondents were assigned female at birth, 13 were assigned male, and 1 respondent declined to answer. In a separate question about intersex status, 3 respondents were intersex, 1 was unsure, and the other 35 were not intersex. Participants were also invited to share about their involvement in any LGBTQ+ adjacent/sub-communities.

Twenty-eight respondents did not provide a response or responded “none” or “N/A.” However, the remaining 11 respondents noted a variety of communities that they are engaged in, and 8 of the 11 respondents noted that they belong to multiple of these adjacent/sub-communities. The communities noted in responses included BDSM (5 mentions), Leather (3), and Kink (2); Polyamorous (3), Cruising (1), and Single Parents (1); and Radical Faeries (4), Sisters of Perpetual Indulgence (2), Witches (1), and the California Men’s Gathering (1). Many of these communities have deep historical links to social justice movements (e.g., leather) and some specifically facilitate social justice action in LGBTQ+ communities (e.g., Sisters of Perpetual Indulgence).

This sample of LGBTQ+ advocates were asked questions about their perceptions of the behavioral health system in California and their priorities for change in coming years within that system. Their responses to these questions and interpretation of findings are offered below.

Service Availability, Accessibility, and Need

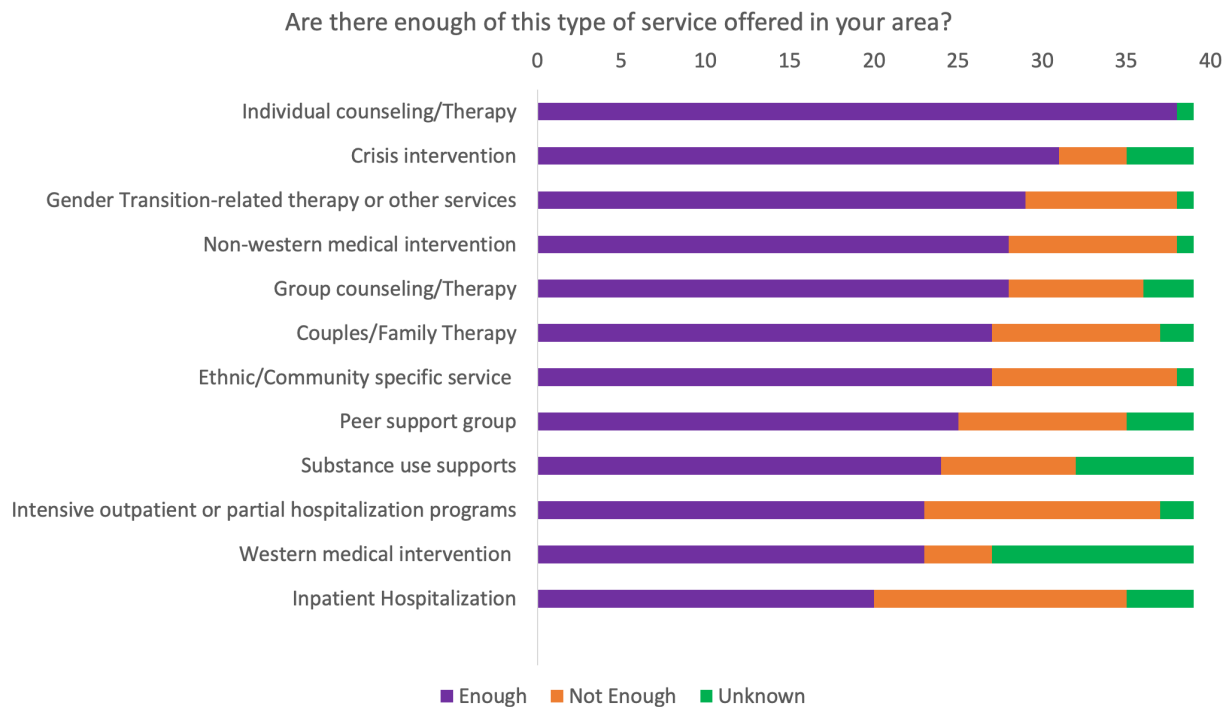
LGBTQ+ advocates were asked about the availability, accessibility, and need for various types of services in their respective counties. All twelve types of services listed in the survey can be seen in **Charts 1 and 2** in this section. Respondents were first asked, “How available and accessible are the following LGBTQ+ affirming behavioral health services to you in your county?” Availability was defined in the survey as a service that exists in the respondent’s county, whereas accessibility was defined as a service that is attainable, easy to get, affordable, and nearby. Respondents were given the options, for each type of service, to indicate if the service is “not available,” “available but not accessible,” “available and accessible,” or if they are “unsure” of the availability and/or accessibility of the specific type of service.



As shown in Chart 1, there are clear differences between types of services in their availability and accessibility. Responses indicate that peer support was the most accessible service, with 25 respondents stating that the service is both available and accessible. However, responses clearly show that availability of a service is not the same as its accessibility. In the most extreme cases, 35 respondents stated that individual counseling/therapy is available, but 19 of those 35 respondents claimed that these available services are not accessible. This closely mirrored responses to western medical intervention (for which the survey clarified, “e.g., medication such as antidepressants, hormone treatments, etc.”); 15 of the 35 people who said the service is available did not believe that western medical interventions are accessible.

Chart 1 also reveals where respondents, who were all #Out4MentalHealth advocacy event attendees and may be hypothesized to be more informed of services than the average LGBTQ+ Californian, nonetheless lack information on specific types of services. Most respondents (25) reportedly did not know whether ethnic/community specific services were available or accessible. Nearly half of respondents did not know about the availability or accessibility of non-western medical interventions, inpatient hospitalization, or intensive outpatient or partial hospitalization programs in their areas. Advocacy for increased availability and accessibility of ethnic/community specific, non-western medical interventions, and hospital-based interventions may be stymied by the lack of familiarity with these services among LGBTQ+ advocates.

Respondents were also asked “What LGBTQ+ services do you need more of in your area?” with the options to respond for each type of service that in their area “We need more,” “We have enough,” and “Unknown.” All but 1 respondent stated that they have enough individual counseling/therapy in their area. More than half of the sample stated that enough of each of the listed services were available.

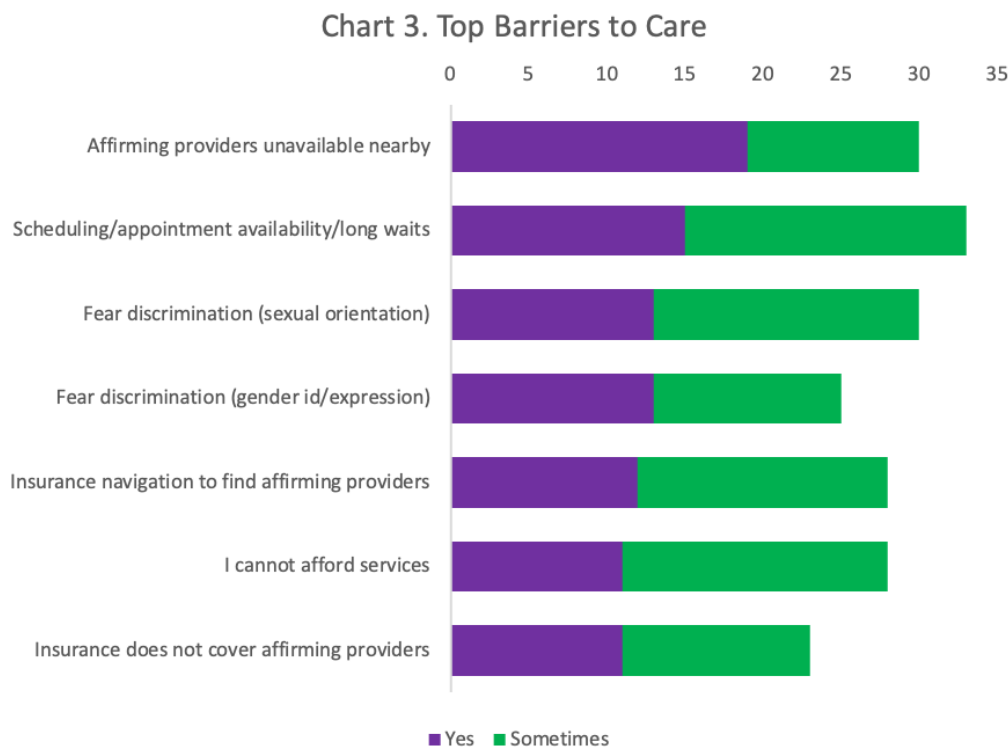


However, there were notable differences in respondent's perception of the availability of a service (in Chart 1) and the need for more of that service (in Chart 2). For example, despite a majority of the sample stating that they did not know whether "inpatient hospitalization" and "intensive outpatient or partial hospitalization programs" are available or accessible in their area, 15 and 14 respondents, respectively, said there are not enough of these services. That nearly half of the sample believes there is not enough of these services may reflect the sample's professed lack of knowledge on the availability of these services more than an actual need. Likewise, despite that nearly all respondents (35) believed that western medical interventions (e.g., medication such as antidepressants, hormone treatments, etc.) are available, 12 respondents then stated that they

do not know whether their area has enough or not enough of western medical interventions. Though the current survey is limited in explaining this difference, it is possible that western medical interventions are available, but that the need surpasses this availability. Further investigation of whether these services exist and are robust may be necessary to inform the any potential policy recommendations on these services.

Barriers to Services

Survey respondents were also asked “Which of the following are a barrier for you?” and provided with a list of 21 potential service barriers. Respondents could say that the statement is a barrier for them, is sometimes a barrier for them, or is not a barrier for them. Of those listed, the most endorsed barriers included a lack of available LGBTQ+ affirming mental health services/service providers nearby (Yes: 19, Sometimes: 11), scheduling conflicts/lack of appointment availability/too long wait times with service providers (Yes: 15, Sometimes: 18), and fearing mistreatment or discrimination due to my sexual orientation (Yes: 13, Sometimes: 17):



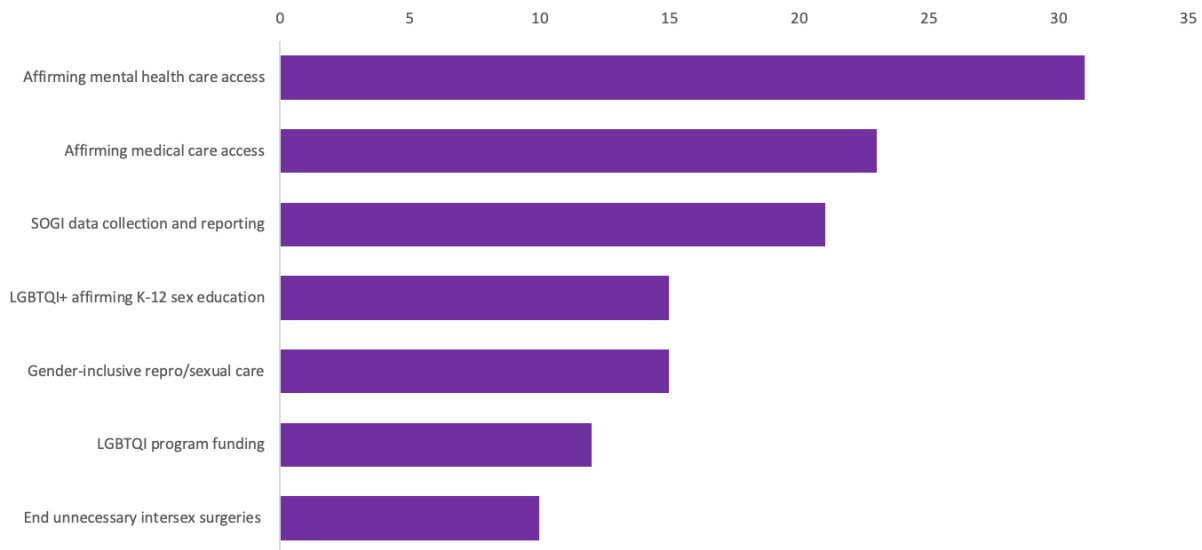
17). Closely following these top three barriers were fearing for mistreatment or discrimination due to my gender identity/expression (Yes: 13, Sometimes: 12), a lack of knowledge as to how to navigate insurance to find LGBTQ+ competent providers (Yes: 12, Sometimes: 16), and not being able to afford services (Yes: 11, Sometimes: 17).

Relatively lower endorsement of other barriers should be considered in terms of the survey sample. For example, only 3 respondents indicated that a “Lack of services in my primary or preferred language” is “sometimes” a barrier for them, but this is notable given that only 5 respondents speak a language other than English (in this case, Spanish or ASL). Likewise, only 3 people stated that “My parents/guardians do not give me permission to access services” is “sometimes” a barrier for them, reflecting that the survey respondents were all adults and mostly middle age (27-59 years). Endorsement of some of these barriers could therefore have looked different in samples with more English-as-second-language or non-English speakers or underage youth.

Policy Priorities

Through this survey, #Out4MentalHealth sought to identify policy priorities that could inform statewide advocacy in coming years. The survey included another question to help with this goal, which asked “What policies and systems changes would make the biggest difference to improve the mental health of LGBTQ+ Californians?” Each respondent was asked to select the 5 most important policy priorities from a list of 19 options, including processes for training LGBTQ+ affirming providers (9 votes), creating a county LGBTQ+ advisory committee or workgroup (6 votes), and disaster preparedness that includes LGBTQ+ needs and resources (3 votes).

Chart 4. Policy Priorities Endorsed by more than 25% of (10 or more) respondents



⁵ Associated Press. (5 April 2021). “California stalls bill banning some intersex surgery for children.” *Los Angeles Times*. Accessed 16 December 2021.

All options endorsed by 25% (10 votes) or more of the sample are shown in Chart 4. The two most highly endorsed policies were to ensure access to LGBTQ+ affirming mental health (31) and medical care (23), followed by accurate sexual orientation and gender identity (SOGI) data collection and reporting (21), LGBTQ+ affirming and competent K-12 sex education (15), trans-affirming and gender-inclusive reproductive and sexual health care (15), funding for LGBTQ+ specific interventions, programs, and organizations (12), and ending unnecessary surgeries on intersex infants (10).

Some of these policy priorities reflect ongoing policy battles at the state level, such as the annually proposed and still unadopted ban on unnecessary surgeries on intersex infants. Other policy priorities endorsed by respondents indicate a difference between policies already passed into law and the implementation of those policies in real life. For example, SOGI data collection and reporting is already required under several pieces of legislation (AB-959, AB-677, and SB-932), so its continued high priority among advocates may reflect issues with implementation of these laws. Likewise, the California Healthy Youth Act requires provision of comprehensive sexual health education in California schools; that nearly half of the sample called for prioritization of LGBTQ+ affirming and competent sex education could potentially indicate that the promises of this legislation may have not yet been realized statewide.

Conclusion

Thirty-nine LGBTQ+ advocates responded to the 2021 #Out4MentalHealth Survey while participating in the project's advocacy events. A majority of these LGBTQ+ advocates were white, between 27 and 59 years old, spoke only English, lived with a disability, did not identify as cisgender, and were assigned female at birth. The participants lived in 16 counties across California representing all 5 Mental Health Service Act regions.

Respondents shared that, though largely available in their counties, services like western medical interventions and individual counseling/therapy were nonetheless inaccessible. Mixed findings in the survey indicate a need for further inquiry into the availability and accessibility of hospital-based services, like intensive outpatient and partial hospitalization and inpatient hospitalization, for LGBTQ+ people throughout the state.

Respondents endorsed that a lack of affirming nearby providers, scheduling challenges, and fears of discrimination on the basis of their sexual orientation and gender identity are major barriers to receiving care. These barriers were then reflected in the advocates' policy priorities, of which affirming mental and medical health care access topped the list. Additional policy priorities endorsed

by participants included SOGI data collection and reporting, LGBTQ+ affirming K-12 sex education, gender inclusive reproductive and sexual health care, LGBTQ+ program funding, and ending unnecessary intersex surgeries.

As a community-based project that seeks to bring LGBTQ+ perspectives to bear in California behavioral health policy, #Out4MentalHealth greatly appreciates and plans to act upon the recommendations of this group of advocates. Findings from this survey and the project's commitment to acting upon community input is reflected in the policy agenda in the following section of this report.

This page intentionally left blank

CA LGBTQ+ MENTAL HEALTH POLICY AGENDA

#Out4MentalHealth

California LGBTQ+ Mental Health Advocacy Priorities

The following 2022 California LGBTQ+ Mental Health Advocacy Priorities have been identified through a collective process that included: LGBTQ+ Community Member Listening Sessions, conversations with key LGBTQ+ community leaders across the state, participation in collaborative meetings and events, and an LGBTQ+ Stakeholder Mental Health Policy Priorities Survey. After each advocacy priority, the community has provided some ways in which mental health system decision makers can implement change.

Priority #1

Accessibility of LGBTQ+ affirming care for community members with all types of health insurance, including public plans, private plans, and employer plans.

Incorporate LGBTQ+ specific billable peer Community Healthcare Workers to help consumers navigate health systems and access care, prioritizing Trans Health Navigators and Bilingual Providers.

Increase the capacity of LGBTQ+ organizations by using insurance plan funding to support the community care, peer support, and resource connections they are providing to community members.

Reduce administrative barriers for LGBTQ+ organizations and providers to become eligible in-network providers and ensure that affirming providers are able to bill for services, particularly those specializing in Trans related care.

Infrastructure funding and support for LGBTQ+ organizations and providers, especially for Electronic Medical Records and insurance billing. When individual patient billing is not culturally appropriate, plans should provide alternative funding and/or billing options.

Increase access to current LGBTQ+ affirming providers by providing consumers with non-traditional support to receive care, particularly from providers offering intersectional expertise, including: subsidized therapy, transportation stipends, tele-health options for out of area providers, and dependent care during appointments.

Priority #2

Support and funding for culturally specific LGBTQ+ Community Evidenced Best Practices

Legitimize the use of Peer Support as a fundamental LGBTQ+ Community Defined Best Practice that has been used for generations, historically as the only safe option for a community labeled by mainstream medicine as clinically ill based on sexual orientation, gender identity, or gender expression.

Funding to create and support LGBTQ+ centered spaces that can assure basic safety and access to culturally affirming care, prioritizing the safety of LGBTQ+ Community members most at-risk of being harmed by mainstream systems of care: BIPOC, TGI, Non-English speakers, English second language speakers, and those who live in rural areas.

Center programs, services, and organizations that are “For Us, By Us” when developing funding budgets, releasing Requests for Proposals (RFPs), and contracting with Community Based Organizations. Prioritize funding already existing LGBTQ+ led programs, services, and organizations over funding efforts to create new programs within non-LGBTQ+ led organizations.

Incorporate intersectional approaches that support equitable access and care across the many diverse identities within the LGBTQ+ Community, particularly those who have been historically under-resourced: people with physical and psychiatric disabilities, BIPOC, Non-English speakers, and TGI community members.

Priority #3
Recruiting and retaining LGBTQ+ behavioral health providers within public mental health systems

Work towards changing the current culture of cis-het-normativity and white supremacy within the public mental health system in order to reduce provider burnout and the attrition of LGBTQ+ providers, particularly those who also identify as BIPOC or TGI, who leave to join culturally specific CBOs where they experience fewer daily micro-aggressions, unconscious bias, and/or discrimination in the work place.

Fund the recruitment and work-place supports necessary to retain LGBTQ+ providers, including traditional methods like tuition grants, student loan repayment, and educational pathways. Additionally include non-traditional methods that specifically support under-resourced LGBTQ+ community

members like transportation and technology stipends, tele-commuting options, dependent care support, and work-place “norms” that affirm LGBTQ+ identities (i.e. employment forms that include SOGI information, including pronouns in email signatures, gender inclusive language).

Processes to identify LGBTQ+ affirming providers in order to ensure an adequate network of safe providers, especially providers specializing in transition-related care. Establish baseline requirements a provider must meet in order to be identified as “LGBTQ+ Competent” and/or “LGBTQ+ Affirming”

Ensure the inclusion of Trans affirming Primary Care, Endocrinology, and Psychiatry providers within the mental health system of care because access to transition related medical care is critical to the mental wellness of Trans community members.

Priority #4

Accurate and relevant SOGI demographic data collection within and across systems of care

Include mandatory Sexual Orientation and Gender Identity demographics in provider electronic medical record systems and train front line staff and providers on how to collect this data (i.e. Clinician Gateway, Avatar, etc)

Update insurance plan billing and utilization systems to require and report SOGI data collection in all of the places it currently collects other demographic data such as gender, age, and race/ethnicity (i.e. Share Care).

Comprehensively and adequately, implement current California laws regarding SOGI data collection within California Departments (i.e. AB 959, AB677, SB932).

Identify systems where demographic data is being collected from Californians and include SOGI data in those processes when appropriate. This includes creating and implementing a standardized process to collect SOGI data.

Conclusion

#Out4MentalHealth is committed to connecting our community with decision makers and supporting those decision makers with implementing change. For those seeking more information about how to advocate for LGBTQ+ mental health equity in their community, #Out4MentalHealth provides technical assistance and capacity building support to LGBTQ+ organizations and communities. For those seeking support to implement the above recommendations within their system of care, #Out4MentalHealth provides technical assistance to state and local systems and public agencies to ensure that they have the knowledge, resources, and support needed to support LGBTQ+ consumers and communities. You can find resources and contact our team via our website, www.out4mentalhealth.org.

This page intentionally left blank

 **Out4MentalHealth**

 **HEALTH ACCESS**



WELLNESS • RECOVERY • RESILIENCE



#Out4MentalHealth is a collaborative program funded by the California Mental Health Services Act (Prop 63) and the Mental Health Services Oversight and Accountability Commission (MHSOAC).