

Implementation Pilot Project (IPP) LGBTQ+ Hub

**Community-Defined Evidence Practice (CDEP)**

Community defined evidence practices include programs and interventions that are accepted and used by a group or culture, but is oftentimes not accepted, funded, or used in the mainstream mental health system. Within the California Reducing Disparities Projects, these are culturally and linguistically appropriate, as well as trauma-informed programs. They aim to improve the mental health of African American/ Black identified; Latino/x; Asian and Pacific Islander; Native American; and LGBTQ+ communities. These practices have been overlooked, erased, and underfunded by Western modalities of mental health treatment, leading to harm and stigma in these populations.

**API Wellness Center/SF LGBT Center—San Francisco**

*Let’s Connect*

API Wellness Center in partnership with SF LGBT Center will deliver the "Touchpoints" intervention, a prevention and early intervention program that aims to prevent and/or reduce a number of mental health disparities facing transgender people and LGBTQ+ youth. The intervention impacts specific mental health-related problems by improving community resilience by developing social support, empowering participants, and reducing stigma, isolation and barriers to care, through:

* Culturally and linguistically appropriate community outreach and engagement efforts;
* Early identification and accurate assessment of mental health needs; and
* Addressing the social and environmental determinants of health such as education, employment, and income through the provision of wraparound services.

*Let’s Connect Outcome Data*

* Populations served: 162 LGBT folks in California, mainly in the Bay Area
* Hours of service: At least 150 hours of programming
* Programmatic Solutions: We offer clear skills for better interpersonal relationships.
* COVID-19 Accommodation: We are now providing the "Let's Connect" CDEP virtually to anyone in California who is 18+ and is Trans, Gender Non-Conforming (GNC), or Lesbian, Gay, Bisexual, Transgender, Queer, or Questioning (LGBTQ+). Previously, participants were limited to those who could travel to the meeting locations in San Francisco, where living expenses are high and economically marginalized populations are less likely to be able to continue living and more likely to drop from the CDEP before it ended.
* Other outcomes? A program participant shared, “I would 100% recommend this series. I learned a lot of new things, about myself, other people, human relationships, conflict-resolution, from an interpersonal perspective and from a more technical perspective. It was really interesting and valuable experience for me. I feel honored to have participated. Xochitlquetzal is a truly wonderful teacher.”

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**Gender Health Center—Sacramento**

*Mental Health, Health Advocacy, Community-Building Social and Recreational Programming*

Gender Health Center’s CDEP is a PEI (Prevention Early Intervention) program that aims to prevent and/or reduce risk of mental illness consequences resulting from systemic violence, such as suicide, depression, isolation, anxiety, unemployment, homelessness, school failure and dropout, for LGBTQ+ populations by decreasing stigma and social isolation, and increasing access to affirming relationships, including cultural and community connections and mental health care. It is designed to address lack of Access to Mental Health Services, Improve Quality of Mental Health Services, and Build on Community Strengths to Increase Capacity and Empowerment.

*Gender Health Center’s CDEP Outcome Data*

* Populations served: Our CDEP has served approximately 175 LGBTQ community members ranging from ages 12-60+. We also have a workforce development component that has trained approximately 45 participants/providers in culturally-responsive, gender-affirming care.
* Hours of service: I'm unable to provide the hours of service for community members. However, we've been keeping track of the number of hours of training for our workforce development component which was approximately 1500 hours according to our last Semi-Annual Report.
* Outcome Data: Our community members have reported an increase in life enjoyment, companionship, and ability to ask for support since enrolling in our CDEP. A majority of these community members attribute these positive impacts to their involvement in services/activities at the Gender Health Center.
* Programmatic Solutions: Our CDEP and organization is led by Black and Brown queer trans youth. Our programmatic solutions are greatly informed by our own lived experiences with mental health. We have created an organization that is low-barrier, low-cost, and highly responsive to the needs of our community.
* COVID 19 Accommodation: We moved a majority of our services to online platforms with minimal delay. COVID has forced us to realize our limits. We have used this time to fine tune the 'container' in which our community members receive services. We are currently working towards an organizational zero-tolerance policy for anti-Blackness, politicizing our education/training program, and focusing services on our most marginalized community members.
* Other outcomes? In our most recent focus group with our workforce development participants, folks have expressed that GHC's values, teaching approach, and culture provided a "richness and depth" to the learning experience.

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**Gender Spectrum—Statewide**

*Gender Inclusive Schools*

Gender Spectrum’s CDEP is a prevention and intervention program that is designed to prevent and reduce the mental health needs of transgender and gender expansive youth by providing and evaluating comprehensive services to transform schools from what are often experienced as hostile settings into inclusive centers of wellness that celebrate gender diversity.

The CDEP addresses the LGBTQ+ Population Strategic Report strategies of:

* Interventions targeted to specific populations, such as transgender youth
* Training of service providers who work with those specific populations
* Implementation of evidence--based, evaluated interventions that specifically address physical, emotional and social bullying
* With the aid of this intervention:
* Members of the school community, including educators and students, will become more aware of how they can be affirming of gender diversity and take concrete steps to be more gender affirming.
* Transgender students and students who fall all along the gender spectrum will see their experience affirmed and recognized by their school. This will lead to increased connection and decrease mental health problems associated with bullying and isolation – such as anxiety, depression, and suicidal ideation.
* Students who are struggling with their gender identity and/or expression will be more inclined to approach adults in school for support and more students will access needed mental health services and other resources which will lead to more gender-affirming experiences in this key area of their lives and beyond.

*Gender Inclusive Schools Outcome Data*

* Populations served: 43 Schools. Of these schools 67% have student bodies which are 50% or more students of color.
* Hours of service: Varied based on programmatic needs.
* Outcome Data: Before and after Gender Spectrum Trainings participants are asked whether they have the skills and knowledge to support transgender and gender expansive students. On a scale of 1-10, before the training the average rating is 6.18. After the training the average rating increases to 8.9.
* Programmatic Solutions: Our theory of change is based on strategies for early intervention and prevention. Research shows that support from adults in supportive environments decreases the risk of mental health challenges for transgender and gender expansive youth. Our CDEP helps schools build environments where transgender and gender expansive students can thrive.
* COVID-19 Accommodation: Most importantly we have increased our online programming. We have taken our in-person two day Gender Inclusive School Network Training and created an online model for it. We are currently doing outreach to find a school district that is ready to implement the training in that way. (A number of in person trainings were postponed as a result of Covid-19) We have moved our Foundation of Gender of Schools Training to be offered solely online and gotten IRB approval for revised data collection. These trainings are continuing but at a slower rate than they would have been without the limitations posed by Covid-19.

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**The Center for Sexuality & Gender Diversity (Formerly Gay and Lesbian Center of Bakersfield) —Bakersfield**

*Reducing Isolation through Support and Empowerment (RISE)*

Reducing Isolation through Support and Empowerment (RISE) is a PEI program to prevent and/or reduce depression, anxiety, self-harm, and post-traumatic stress disorder resulting in isolation by strengthening healthy coping, promoting positive self-image and social support, fostering community connections, and increasing access and utilization of culturally competent mental health services. The following Phase 1 priority population recommendations are addressed: 1. Individuals - strengthen personal coping skills and resiliency; 2. LGBTQ community - support for marginalized LGBTQ populations, especially for those transgender and/or bisexual ; 3. Wider community - educate mental health and medical providers about LGBTQ needs and how best to provide affirming care. The CDEP advances strategic plan goals 2.2 (support/promote LGBTQ protections already in place), 2.7 (cultural competence standards for mental health providers), 2.9 (safe spaces for LGBTQ youth), and 4.2 (increase LGBTQ nonprofit funding capacity).

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**LGBTQ Connection (subsidiary of On The Move)—Napa and Sonoma Counties**

*OASIS*

The OASIS model is a prevention and early intervention program that aims to prevent and/or reduce the appearance or severity of depression and anxiety by decreasing isolation, rejection, and distress and increasing community connectedness, peer connectedness, positive self-regard, and help-seeking behaviors for young people aged 14- 24. The OASIS model is designed to address the following Phase I priority population strategies: ensuring culturally and linguistically competent services; elevate schools as centers for wellness in the community, build on community strengths to increase the capacity of and empower unserved, underserved, and inappropriately served communities; and, work with parents, foster parents, and families to reduce disparities.

*OASIS Outcome Data*

* Populations served: 328 LGBTQ+ youth ages 14-24 reached through direct services, and 1,700 providers trained on LGBTQ+ Best Practices
* Hours of service: 1,262
* Outcome Data: In a 3-month follow-up survey, 99% of training participants reported making changes to better serve LGBTQ+ people.
* Programmatic Solutions: Through social gatherings, youth leadership development, and community advocacy projects, LGBTQ+ youth increase connections to peers and community as a preventative mental health practice.
* 5. COVID-19 Accommodation: Almost all of our programming is now virtual, with youth groups and leadership teams meeting weekly over Zoom. Trainings and free counseling are also offered virtually. Shifting to virtual services has expanded our reach and created opportunities for connection for people who have been unable to meet in person due to geography, stigma, or transportation issues.
* 6. Other outcomes? Our youth leaders have implemented 14 innovative community advocacy projects in places where there has never been anything LGBTQ+ related before. These projects provide community-building spaces to gather while increasing safety and acceptance throughout Napa and Sonoma Counties.

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**OpenHouse—San Francisco**

*Openhouse Community Engagement Program*

The Openhouse Community Engagement Program (CEP) is a holistic and comprehensive prevention and early intervention program that aims to prevent and reduce social isolation and loneliness, as well as the symptoms related to depression, anxiety, and long-standing trauma for LGBTQ+ older adults. The CEP seeks to increase social connectedness and engagement, sense of community, and access to aging and LGBTQ-affirming mental health services. It is designed to integrate the following Phase 1 population strategies: reducing harm from discrimination, shame, rejection, inequality, and other prejudices and working within the specific themes of: directly and indirectly providing cultural and linguistic competence; and responding to the social and environmental determinants of health.

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**San Joaquin Pride Center—San Joaquin County**

*Cultivating Acceptance Program*

The San Joaquin Pride Center's Cultivating Acceptance Program (CAP) CDEP is a prevention and early intervention program that aims to prevent or reduce gender dysphoria, PTSD, depression, anxiety and adjustment disorders for LGBTQ+ youth in middle school and high school students in San Joaquin County. CAP will reduce LGBTQ+ youth isolation, school bullying, academic problems, and strengthen resilience of LGBTQ+ youth, acceptance, school engagement, family functioning/support, including increasing youth access to LGBTQ+ supports/services within schools and the community. This individual-focused CDEP is designed to address the Phase 2 LGBTQ+ priority population focusing on LGBTQ+ youth (high school students) and those individuals (be it family members, school administrators or clinical support) who impact them. SJPC will focus on the CRDP Phase 1 Priority Recommendation 2.2 and Priority Recommendation 2.3. We will measure outcomes based on how effective LGBTQ+ youth respond to and engage in our CAP program and how effective they are at improving their own school's climate.

In addition, outcomes of the individuals who make up a family unit or the individuals who work in the education system will be measured to gauge how better understanding they are of the impact their acceptance (or non-acceptance) has on the LGBTQ+ youth within their families or in their care as educators.

*Cultivating Acceptance Program Outcome Data*

* Populations served: About 200 people have been served in our counseling program.
* 2. Hours of service: 2,271 hours served
* Outcome Data: We have successfully worked with many adolescents with symptoms of gender dysphoria who were seeking support to better understand their gender identity and navigate decisions moving forward in their transition.
* Programmatic Solutions: We provide free counseling services, including training to cultivate acceptance and understanding. Trans\* related services to address gender dysphoria.
* COVID-19 Accommodation: We were able to successfully move all our clinical services to telehealth, allowing our youth and clients to continue to see their clinician without interruption. Our support groups and trainings have been also transitioned to the Zoom platform, allowing us to continue to provide those essential services.

* Other outcomes? Interns who provided supportive counseling to LGBTQ+ kids in high school saw big success in enabling those kids to remain in public school, as they felt they had a supportive individual that listened, advocated for them and helped them to feel accepted and valued.

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**About California Reducing Disparities Project (CRDP)**

California Reducing Disparities Project (CRDP), under Prop 63 (Mental Health Services Act), funds 35 culturally responsive, innovative Implementation Pilot Projects (IPPs) across the state of California working in the five population groups: African American/ Black identified; Latino/x; Asian and Pacific Islander; Native American; and LGBTQ+. The goal of the CRDP is to simultaneously demonstrate that community derived mental health practices reduce mental health disparities across the five unserved, underserved, and inappropriately served population groups as opposed to traditionally funded mental health services based on Western clinical models.