San Luis Obispo County

LGBTQ+ Mental Health Needs Assessment

COUNTY of SAN LUIS OBISPO

QCARES
Queer Community Action, Research, Education, & Support

2019

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San Luis Obispo County

LGBTQ+ Mental Health Needs Assessment

QCARES
Queer Community Action, Research, Education, & Support

Executive Report

MENTAL HEALTH SERVICES ACT PROPOSITION 63 CALIFORNIA
WELLNESS • RECOVERY • RESILIENCE

COUNTY of SAN LUIS OBISPO

GROWING TOGETHER INITIATIVE
a fund of
THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY

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Community Organizations

Access Support Network
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Cal Poly Pride Center
Central Coast Coalition for Inclusive Schools
Community Counseling Center
Community Action Partnership of San Luis Obispo
Cuesta College
Gay and Lesbian Alliance
House of Pride & Equality
LGBTQ+ High School Clubs
Peer Advisory and Advocacy Team
The Queer Crowd
Queer SLO
RISE
San Luis Obispo County Behavioral Health
Sierra Vista Regional Medical Center
SLO Bike Kitchen
SLOQueerdos
Transitions-Mental Health Association
Twin Cities Community Hospital
Tranz Central Coast
5 Cities Hope
#Out4MentalHealth Task Force

ACKNOWLEDGMENTS

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Thank you to San Luis Obispo County Behavioral Health and the Growing Together Initiative of the Community Foundation of San Luis Obispo for your generous support of this important work. This project would not have been possible without your contributions. We appreciate all you do to support our local LGBTQ+ community!

A very special thank you to all of the local LGBTQ+ activists, organizers, leaders, community members, and participants who made this project possible. We appreciate your willingness to be open and honest about your experiences as we seek to make San Luis Obispo County a more welcoming, inclusive, and supportive place, especially as it pertains to our communities' mental health and wellness.

Thank you all for helping us make local change possible.

In solidarity,
Dr. Jay Bettergarcia & The QCARES team

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EXECUTIVE SUMMARY

To provide a thorough and current understanding of the mental health statuses, experiences, and needs of LGBTQ+ individuals in San Luis Obispo County, the QCARES program developed and conducted a mixed-methods research study, consisting of a comprehensive online survey and a series of in-person focus groups with individuals of differing identities. This study was carried out from 2018-2019 with generous funding and support provided by the County of San Luis Obispo through the Mental Health Services Act and in collaboration with the County Behavioral Health Department, and the Growing Together Field of Interest Fund (GTI), a Fund of The Community Foundation San Luis Obispo County.

The findings suggest that there are several barriers to seeking mental health support services for LGBTQ+ people in SLO County, including several that were specific to finding or accessing an LGBTQ+ affirming or competent provider, including:

- Not knowing how to find an LGBTQ+ competent provider (68%, n = 137)
- Having no LGBTQ+ knowledgeable mental health services in their neighborhood (60%, n = 119).

The barriers to accessing mental health care are incredibly important to consider given the high levels of psychological distress that many of the participants report experiencing.

- Approximately 87% of transgender and nonbinary participants (n = 77) and 72% of sexual minority participants (n = 245) reported moderate to high levels of psychological distress.
- Approximately 74% of transgender and nonbinary (n = 67) and 56% of LGBQ+ participants (n = 186) reported that their distress is due, at least in part, to their gender or sexual orientation.
- Over half (51%, n = 45) of gender minority participants reported either moderate or severe symptoms of depression and anxiety as compared to approximately one-third (33%, n = 107) of sexual minority participants.

EXECUTIVE SUMMARY

It is particularly important to note that transgender and nonbinary community members fare far **worse** than sexual minority participants across various measures of distress, suicidality, minority stress, internalized stigma, and community connectedness in San Luis Obispo County.

Given the results of this needs assessment, a series of recommendations are provided to better support the mental health and wellness of LGBTQ+ communities across San Luis Obispo County. Though the list is not exhaustive, it should serve as a roadmap for organizations, agencies, and providers to better serve the mental health and wellness needs of LGBTQ+ community members.

1. **Organizations and agencies should attempt to identify areas for growth and change to help support LGBTQ+ mental health and wellness**

2. **Trainings are necessary to promote LGBTQ+ affirming practices for mental health providers, agencies, and community organizations**

3. **Transgender and nonbinary community members, in particular, are in need of more affirming mental health support**

4. **Suicide prevention efforts need to purposefully include LGBTQ+ community members**

5. **Increased support services for LGBTQ+ youth are necessary**

6. **LGBTQ+ affirming community spaces are needed to increase feelings of safety and community connectedness**

7. **A database of LGBTQ+ affirming services and providers is needed to reduce barriers to seeking care**

KEY TERMS

This list of definitions was drawn and adapted from UCSF LGBT Resource Center (General Definitions, n.d.) to provide clarity on the meanings and usages of some of the most frequently employed terms in this report. It is important to acknowledge differences of opinion among academics, as well as among members of any given identity group. Many of the terms below have evolved over decades and are likely to continue changing to best represent the identities, experiences, and expressions of future and aging generations.

Aromantic: A person whose primary romantic orientation is characterized by not experiencing romantic attraction. Romantic orientation is distinct from sexual orientation, as sexual attraction and romantic attraction may or may not be congruent within the individual.

Affirming: In the context of mental health care, affirming practices involve LGBTQ+ cultural competence, including, but not limited to, knowledge about LGBTQ+ identities, support for clients' self-asserted gender identities and sexual orientations, and awareness of the connections between mental health and the different forms of societal stigma and discrimination disparately affecting LGBTQ+ community members at the intersections of multiple marginalized social identities.

Asexual: A person whose primary sexual orientation is characterized by not experiencing sexual attraction. Asexuality is distinct from aromanticism as well as from celibacy, which is the deliberate abstention from sexual activity.

Bisexual: A person whose primary sexual orientation is toward people of two or more genders or the same and other genders.

Cisgender: The prefix cis- means "on this side of" or "not across." A term used to call attention to the privilege of people who are not transgender, or those whose sex assigned at birth is the same as their gender identity.

KEY TERMS

Gay: A person whose primary sexual orientation is toward people of the same gender; sometimes used as an umbrella term for sexual minority individuals.

Gender: A social construct used to classify a person as a man, woman, nonbinary, or some other identity or identities. Fundamentally different from the sex one is assigned at birth; a set of social, psychological, and emotional traits, often influenced by societal expectations.

Gender Expression: How a person expresses their gender in terms of dress, mannerisms and/or behaviors that society characterizes as "masculine," "feminine," “androgynous,” “gender neutral,” or something else.

Gender Minority: Traditionally used to describe people who are transgender, including those who identify as transgender men, transgender women, nonbinary, genderqueer, agender, more than one gender, or otherwise not cisgender.

Genderqueer: A person whose gender identity and/or gender expression falls outside of the dominant societal norm for their assigned sex, is beyond genders, or some combination of these traits.

Heterosexual: A person whose primary sexual orientation is toward people of a gender other than their own. Also commonly referred to as “straight,” heterosexuality is not antonymous with identifying as part of the LGBTQ+ community, as many heterosexuals may identify as transgender, intersex, aromantic, or romantically attracted toward people of the same or two or more genders.

Intersex: People who, without medical intervention, develop primary or secondary sex characteristics that do not fit “neatly” into society's definitions of male or female sex. Some but not all people believe that their intersex identities make them members of the LGBTQ+ community. Additionally, some intersex people identify as sexual and/or gender minorities and others do not.

KEY TERMS

LGBTQ+: An umbrella term collectively referring to those who identify as lesbian, gay, bisexual, transgender, queer, questioning, and all others who identify as a sexual or gender minority. The plus sign is used to explicitly include all sexual and gender minority identities not represented in the letter portion of the acronym.

Lesbian: A woman whose primary sexual orientation is toward women, though some lesbians may identify as nonbinary.

Nonbinary: A gender identity that embraces full universe of expressions and ways of being that resonate with an individual. It may be an active resistance to binary gender expectations and/or an intentional creation of new unbounded ideas of self within the world.

Pansexual: A person whose primary sexual orientation is toward people of all genders or toward people regardless of gender.

Queer: This can include, but is not limited to, lesbian, gay, bisexual, transgender, intersex, and asexual people. This term has different meanings for different people and many use the term to define their sexual orientation, gender identity, or both. Historically, and sometimes still used as a slur, some find the term offensive while others reclaim it to encompass the broader sense of history of the LGBTQ+ rights movements. Queer can also be used as an umbrella term like LGBTQ+.

Sex: A categorization typically based on the appearance of the genitalia at birth, but also includes the spectrum of internal and external physiology such as the natural human variance in chromosomes, hormones, gonads, and secondary sex characteristics.

Sexual Minority: Traditionally used to describe those who identify as lesbian, gay, bisexual, pansexual, asexual, queer, or otherwise not heterosexual. In this report, the acronym *LGBQ+* (lesbian, gay, bisexual, queer, questioning, and others) is used interchangeably with *sexual minority*.

Sexual Orientation: A social construct and identity involving emotional, romantic, or sexual attraction. Sexual orientation is often conceptualized as fluid.

Transgender: Used most often as an umbrella term, "transgender" is commonly defined as someone whose gender identity or expression does not fit (dominant-group social constructs of) assigned birth sex and gender.

INTRODUCTION AND BACKGROUND

Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) identified individuals often face health disparities due to social stigma and discrimination, both of which have been linked to higher rates of psychological disorders, substance abuse, and suicide (McLaughlin, Hatzenbuehler, & Keyes, 2010). In San Luis Obispo County, 51% of sexual minority (LGBQ+) youth (Elfers, DePedro, & Carlton, 2019a) and 58% of gender minority (transgender and nonbinary) youth (Elfers, DePedro, & Carlton, 2019b) report seriously considering attempting suicide in the past 12 months. Additionally, a 2003 study conducted with San Luis Obispo County LGBTQ+ communities found that barriers to mental health care included fear of being mistreated and insufficient services, specifically transgender services, youth services, and support groups (San Luis Obispo Community Foundation, 2003). Further, LGBTQ+ community members have identified supportive mental health services and youth services as two of the most important service needs in SLO County (Kenyon & Elfarissi, 2015). To provide a thorough and current understanding of the mental health statuses, experiences, and needs of LGBTQ+ individuals in San Luis Obispo County, the QCARES program developed and conducted a mixed-methods research study consisting of a comprehensive online survey and a series of in-person focus groups with individuals of differing identities. This study was carried out from 2018-2019 with generous funding and support from the County of San Luis Obispo through the Mental Health Services Act and in collaboration with the County Behavioral Health Department, as well as the Growing Together Initiative (GTI), a fund of The Community Foundation San Luis Obispo County.

WHAT IS QCARES?

The Queer Community Action, Research, Education & Support (QCARES) program was established in 2017 by Dr. Jay Bettergarcia, Ph.D., Assistant Professor in Psychology and Child Development at California Polytechnic State University, San Luis Obispo. QCARES was created to help bridge the gap between *research* about the mental health and wellbeing of LGBTQ+ identified individuals, and the *application* of these findings to support social change. QCARES conducts mixed-methods research studies from a community-based participatory action research (CBPAR) framework, in which researchers actively engage with individuals, organizations, and other stakeholders in the local community throughout the process of developing, conducting, and disseminating research.

WHAT ARE THE MAIN GOALS OF THIS PROJECT?

To assess the mental health, wellness, and related experiences in a sample of lesbian, gay, bisexual, transgender and queer (LGBTQ+) identified people currently living in San Luis Obispo County.

To provide recommendations about the mental health and wellness needs of San Luis Obispo County LGBTQ+ residents in an effort to create positive change for LGBTQ+ community members across San Luis Obispo County.

METHODS

Overview

This mixed-method LGBTQ+ mental health needs assessment study included an online survey and six focus groups held across San Luis Obispo County.

Participants

Participants included self-identified LGBTQ+ youth (14-17 years old) and adults (18+ years old), who lived in either San Luis Obispo County or Santa Maria (Northern Santa Barbara County) at the time of participation. Due to the nature of Santa Maria being on the cusp of the county line, often residents live and work in both counties. Therefore, those who live in Santa Maria were included in the survey.

Recruitment

Participant recruitment was conducted via purposive and snowball sampling, and a variety of tools were used for outreach, including: social media (e.g., Facebook, Instagram, Twitter), posting flyers across the county, contacting potential participants through email listservs, and speaking at community meetings and events.

Phase I: Quantitative Online Survey

Survey items included:

- Demographics
- Experiences with mental health care providers in San Luis Obispo County
- Access to services, barriers to care, and perceived areas of service needs
- Psychological distress (e.g., depression and anxiety)
- Alcohol and substance use
- Suicidality
- Community connectedness
- Minority stress and discrimination
- Internalized stigma

Data collection occurred between Spring of 2018 and Spring of 2019. Data were collected using a combination of online survey software and iPads.

Phase II: Qualitative Focus Groups

The six focus groups included:

- Lesbian women
- Gay men
- Bisexual, pansexual, queer, and asexual adults
- Transgender and nonbinary adults
- LGBTQ+ Adults
- LGBTQ+ Youth (14-17 years old)

Data collection occurred between Fall of 2018 and Spring of 2019. Adult participants were offered opportunities to attend the focus group centering on the identity of their choice. Focus groups were approximately 90 minutes long and followed a semi-structured interview script (see Appendix A).

Phase 1
Quantitative Online Survey

A total of 531 participants started the online survey. However, data was only analyzed for 438 participants. Approximately 38 people started the survey but were removed because they did not meet the study criteria (i.e., not identifying as LGBTQ+, not living in San Luis Obispo County or Santa Maria, not consenting to participate). An additional 55 participants were removed because they made less than 10% progress in the survey. However, all data was recorded for those who completed at least 10% of the survey regardless of whether they finished the survey. Many of the questions differ in the number of respondents because participants had the option to skip questions that they did not wish to answer.

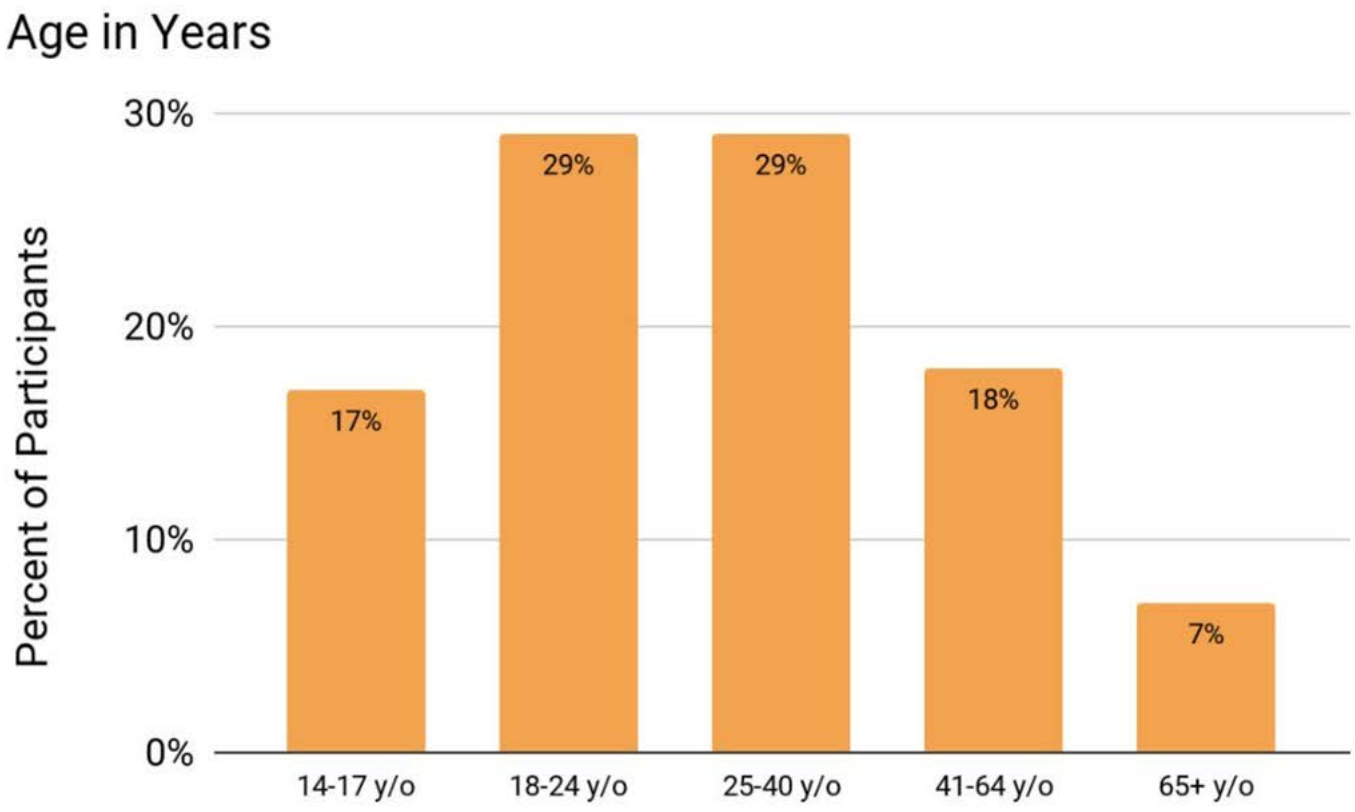
The survey was translated into Spanish, with two participants utilizing this version. The following results are provided from the online needs assessment survey.

Throughout this report, results are identified separately for sexual minorities (LGBQ+) and gender minorities (transgender, nonbinary, and questioning). Many participants (n = 104) identified as both a gender and a sexual minority.

AGE

Participants' ages ranged from 14 to 89 with a mean age of 32. Youth (ages 14-17) made up 17% (*n* = 52) of the sample. Approximately one-third of the participants were between 18 and 24 years old (29%, *n* = 86) and another third were between 25-40 years old (29%, *n* = 86). Fewer were between the ages of 41 and 64 years old (18%, *n* = 55), and older adults (ages 65 and older) made up 7% (*n* = 20) of the sample.

Figure 1: Age Demographics



Note: *n* = 299

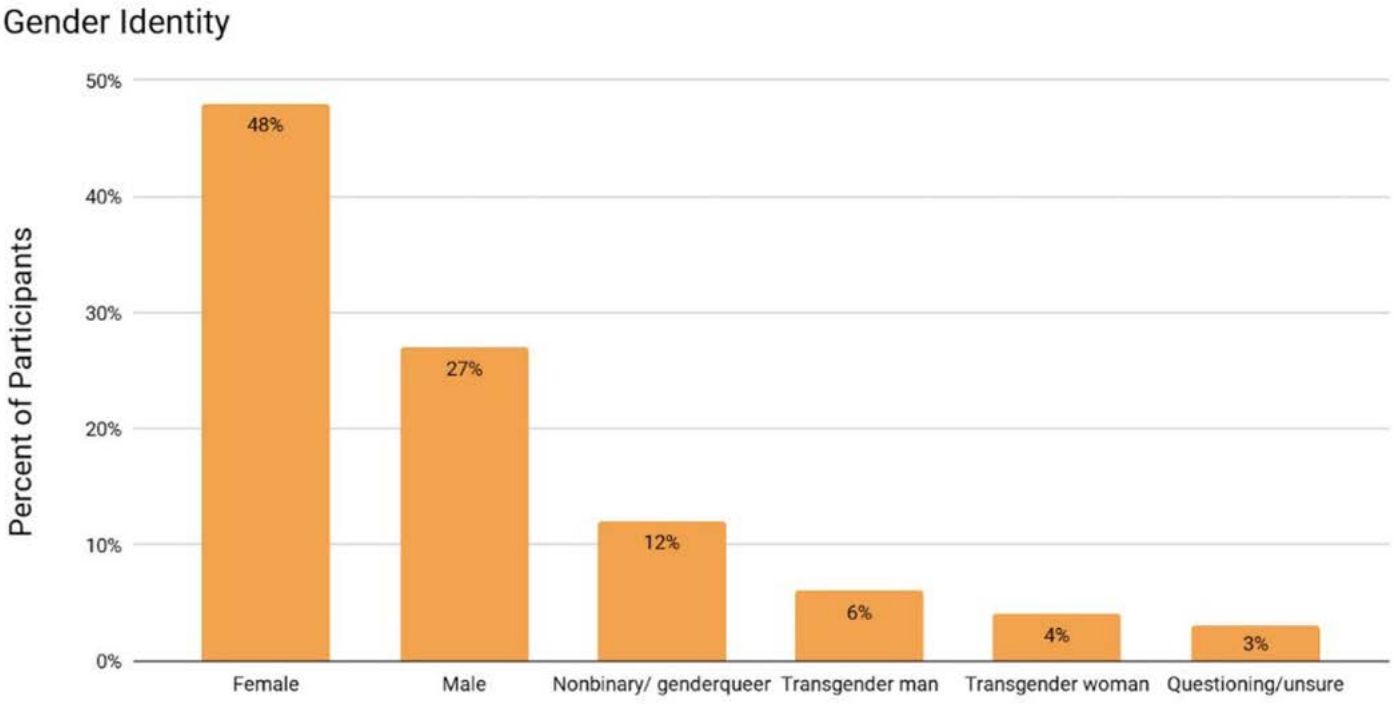
GENDER IDENTITY

Participants were asked to *select a term that most closely describes their gender identity*. Nearly half of the participants identified as *female* (48%, *n* = 209) and over one quarter identified as *male* (27%, *n* = 117). Fewer participants identified as *genderqueer/gender nonconforming/nonbinary* (12%, *n* = 51), *transgender man* (6%, *n* = 27), *transgender woman* (4%, *n* = 19), or *questioning/unsure* (3%, *n* = 13). Of all the participants, 75% (*n* = 326) identified as cisgender and 25% (*n* = 110) identified as transgender/nonbinary or questioning.

12%

of participants identified as nonbinary/genderqueer

Figure 2: Gender Demographics

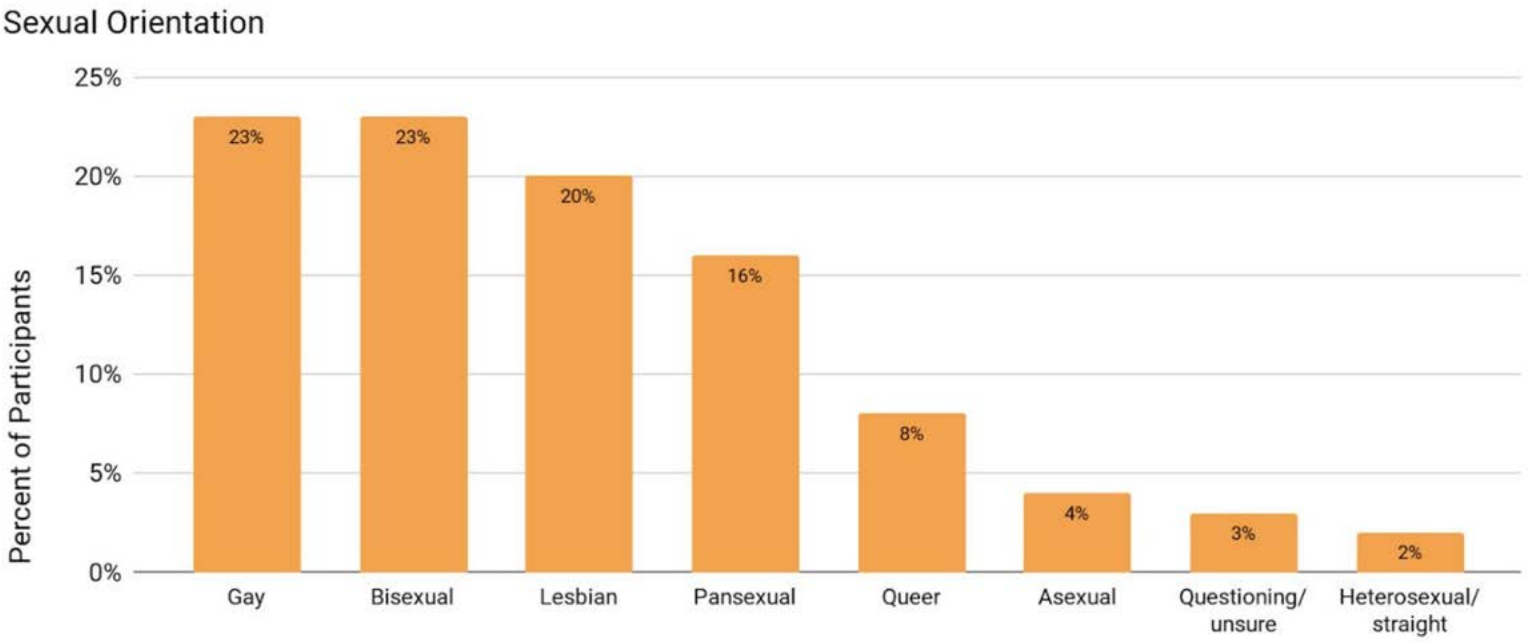


Note: *n* = 436

SEXUAL ORIENTATION

When participants were asked to *select a term that most closely describes their sexual orientation*, about two-thirds of the sample identified as either *gay* (23%, *n* = 102), *bisexual* (23%, *n* = 101), or *lesbian* (20%, *n* = 89). Fewer participants identified as *pansexual* (16%, *n* = 70), *queer* (8%, *n* = 36), *asexual* (4%, *n* = 17), *questioning/unsure* (3%, *n* = 12), or *heterosexual/straight* (2%, *n* = 10). All together, 98% (*n* = 427) identified as a sexual minority or questioning.

Figure 3: Sexual Orientation Demographics

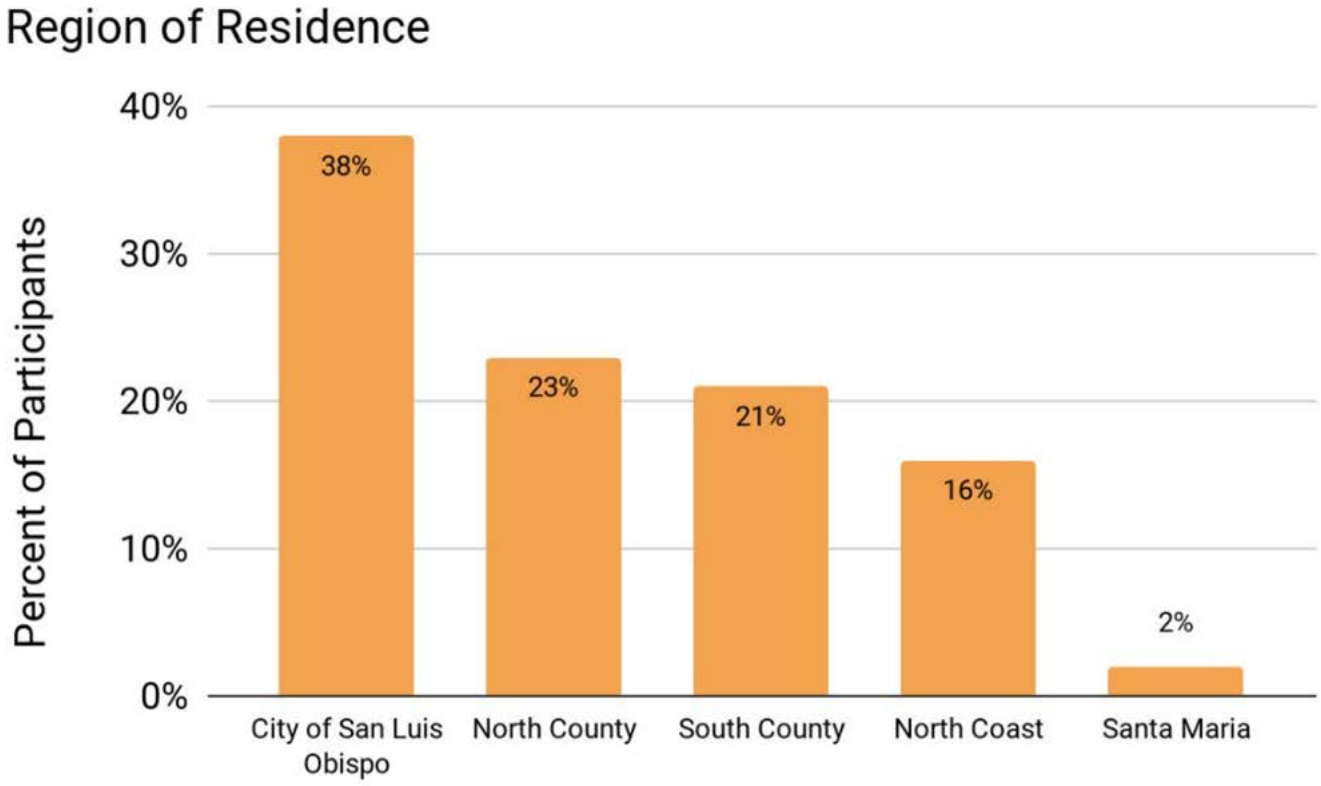


Note: *n* = 437

LOCATION IN SLO COUNTY

Participants were recruited from across San Luis Obispo County, though some recruitment occurred in Santa Maria via groups and organizations that are active across these county and city lines. The response rate from across the county was strong. Though most of the participants reported living in the city of *San Luis Obispo* (38%, *n* = 121), approximately two-thirds reported living in either *North County* (e.g., Paso Robles, Templeton, Atascadero; 23%, *n* = 73), *South County* (e.g., Nipomo, Arroyo Grande, Shell Beach; 21%, *n* = 69), or the *North Coast* (e.g., Los Osos, Morro Bay, Cambria; 16%, *n* = 53). Approximately 2% (*n* = 6) of participants reported living in Santa Maria.

Figure 4: Region Demographics



Note: *n* = 322

RACE & ETHNICITY

Participants were asked to select all choices that apply from a list of racial and ethnic identities that most accurately describes their identity, with a fill-in option if the provided options did not accurately identify the participants' race or ethnicity. The percentages of participants who selected one or more than one racial or ethnic identity are seen in Table 1a.

20%

selected more than one option

Table 1a: Racial and Ethnic Identity Demographics

Racial Identity (select all that apply)	Approximate %
Middle Eastern/North African	2% (*n* = 5)
African American/African/Black	2% (*n* = 6)
A racial/ethnic identity not listed above (other)	2% (*n* = 7)
Native Hawaiian/Pacific Islander	2% (*n* = 8)
Native American/Alaska Native	6% (*n* = 21)
Asian	8% (*n* = 26)
Hispanic/Latinx (Latino)	19% (*n* = 63)
White/Caucasian	85% (*n* = 276)

Note: *n* = 324

Table 1b: Racial and Ethnic Identity - Hispanic or Latinx (Latino)

Hispanic or Latinx (Latino) Identity	Approximate %
Mexican, Mexican-American, or Chicanx (Chicano)	71% (*n* = 45)
South American	13% (*n* = 8)
Other	11% (*n* = 7)
Caribbean	3% (*n* = 2)
Central American	2% (*n* = 1)

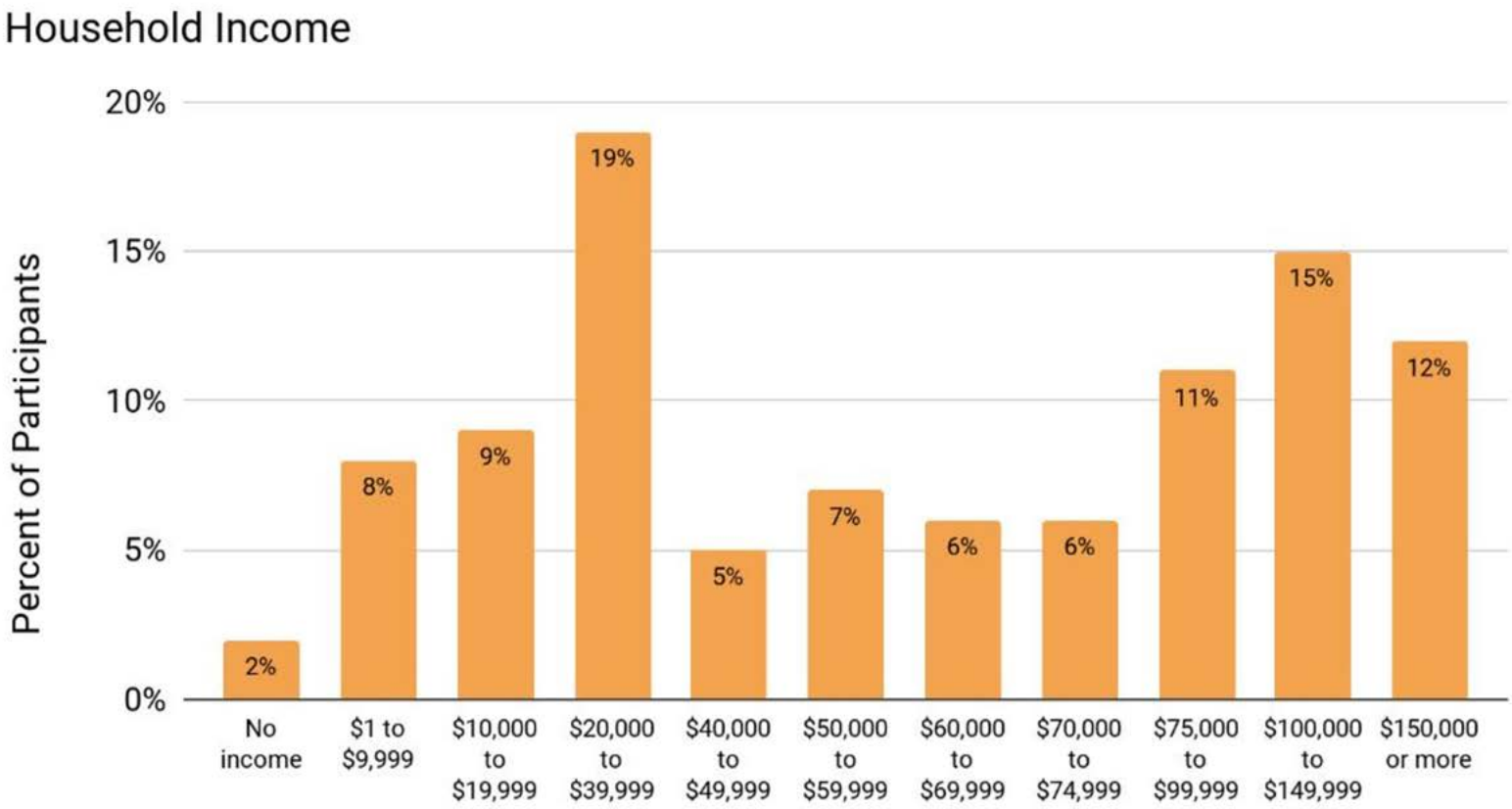
Note: *n* = 63

Approximately 20% (*n* = 65) of participants selected more than one race or ethnicity, with the remainder choosing one selection. Among other selections, 85% (*n* = 276) identified as White, nearly one-fifth identified as Latinx (Latino) or Hispanic (19%, *n* = 63), 8% (*n* = 26) identified as Asian, 6% (*n* = 21) as Native American, and fewer identified as Black (2%, *n* = 6), Middle Eastern or North African (2%, *n* = 5), Native Hawaiian or Pacific Islander (2%, *n* = 8), or a racial/ethnic identity not listed (2%, *n* = 7). The specific ethnic identities of participants who identified as Hispanic or Latinx (Latino) are in Table 1b. The option to select all applicable racial and ethnic identities diverges from the U.S. Census Bureau's (2019) method of collecting data on race and ethnicity and was offered to capture the nuance and complexity of participants' identities. The racial and ethnic composition of participants is comparable to current estimates of the racial and ethnic demographic data of San Luis Obispo County at large.

HOUSEHOLD INCOME

Participants reported a wide spread when asked to estimate their combined family/household incomes for 2017, ranging from *no income* (2%, *n* = 5) to *$150,000 or more* (12%, *n* = 30). At 19% (*n* = 45), the most common estimated household income range was *$20,000 to $39,999* and the median combined income was between *$50,000* and *$59,999* (*n* = 18), below the median household income in SLO County between 2013-2017 of $67,175 (representing 2017 dollars; U.S. Census Bureau, 2019). About 22% (*n* = 70) of respondents to this item were *unsure* of their estimated household incomes and therefore unrepresented in the former percentages.

Figure 5: Income Demographics

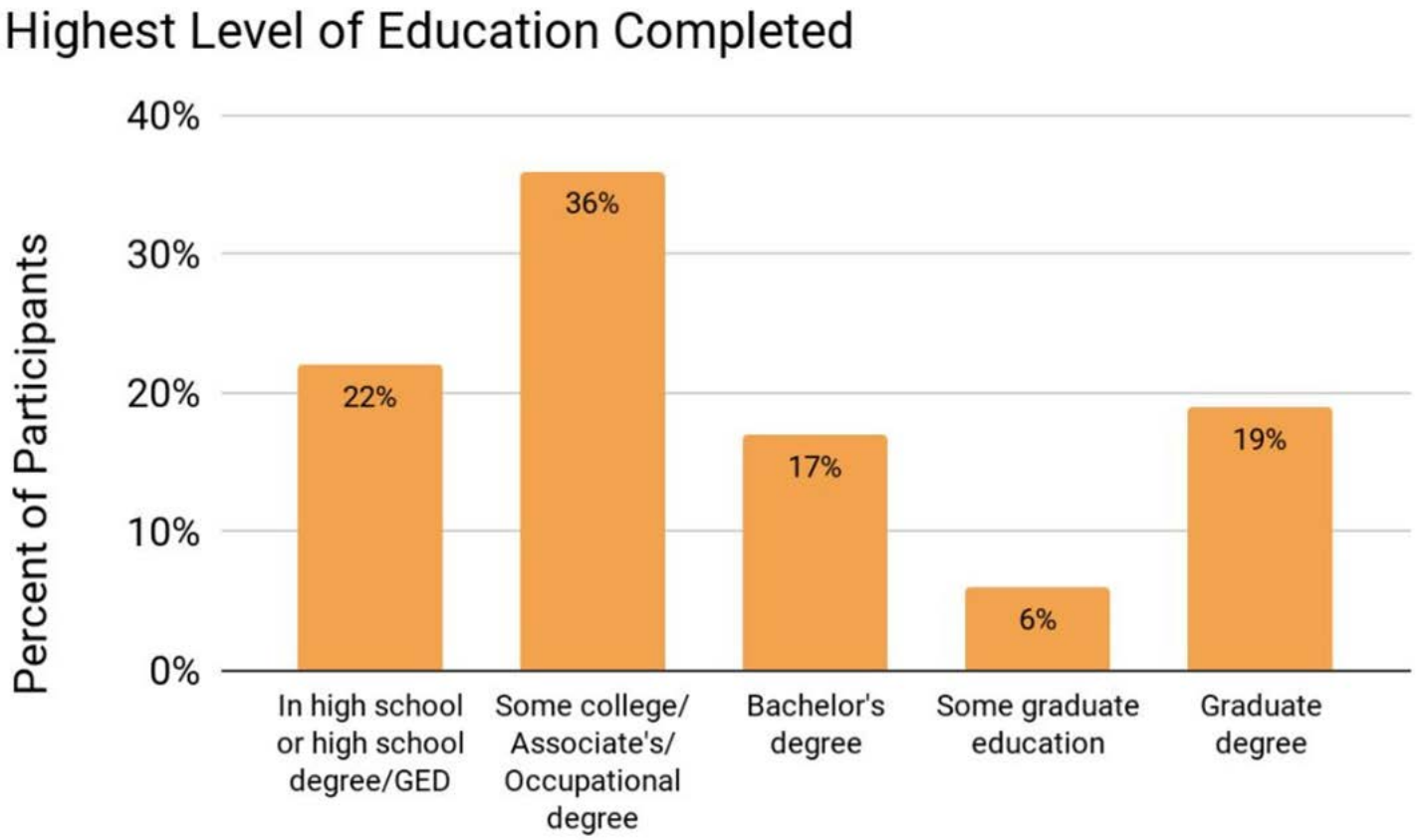


Note: *n* = 243

EDUCATION

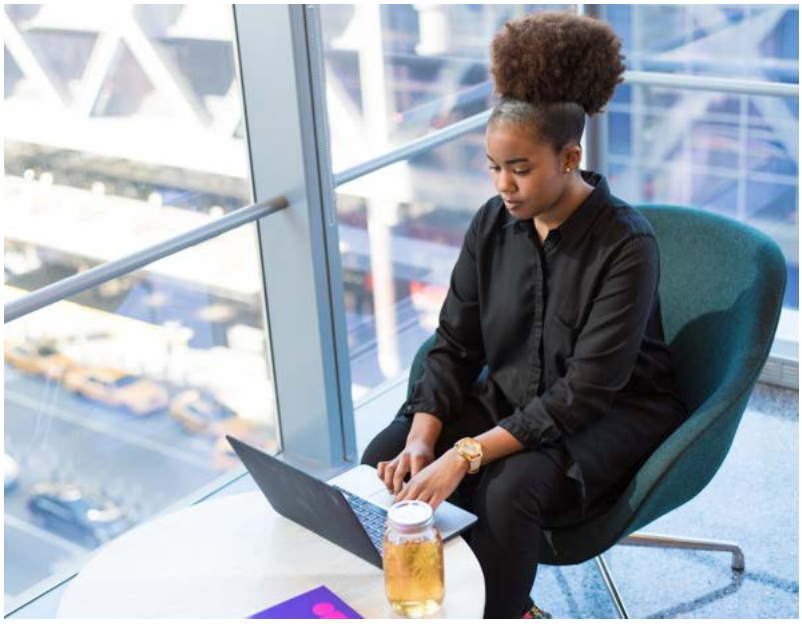
Participants were asked about their *highest level of education completed*. Approximately 22% (*n* = 70) reported that they were *still in high school* or *had a high school diploma* or *GED*. The most common level of education, 36% (*n* = 114), consisted of those who had *completed some college*, *an associate's degree*, or *an occupational degree*. The high number of students in the sample likely reflects representation of high school students as well as college students enrolled at California Polytechnic State University, San Luis Obispo; Cuesta College; Allan Hancock College; and other institutions of higher education. Approximately 42% (*n* = 133) had completed a *bachelor's degree* or higher, with nearly one-fifth of participants (19%, *n* = 60) having earned a *graduate degree*.

Figure 6: Education Demographics



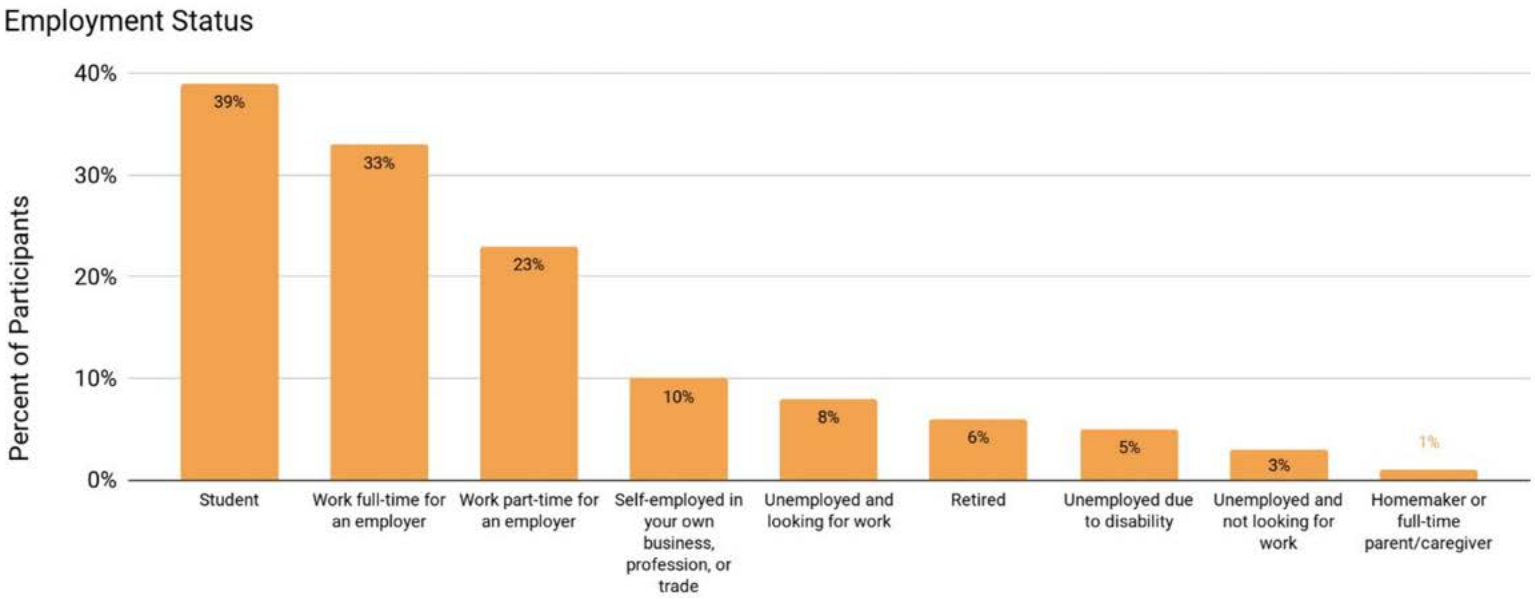
Note: *n* = 317

EMPLOYMENT



Participants were asked to indicate their *current employment status* by selecting all applicable options from a list provided. Most of the participants reported that they are currently *students* (39%, *n* = 127). The majority of participants reported working in some capacity, including *working for an employer full-time* (33%, *n* = 108), *part-time* (23%, *n* = 75), *being self-employed* (10%, *n* = 34), or *working as a homemaker or full-time parent or caregiver* (1%, n = 3). A larger percentage (15%, n = 50) reported being *unemployed* when compared to the overall unemployment rate in SLO County of 3% as of July 2019 (Lee).

Figure 7: Employment Demographics

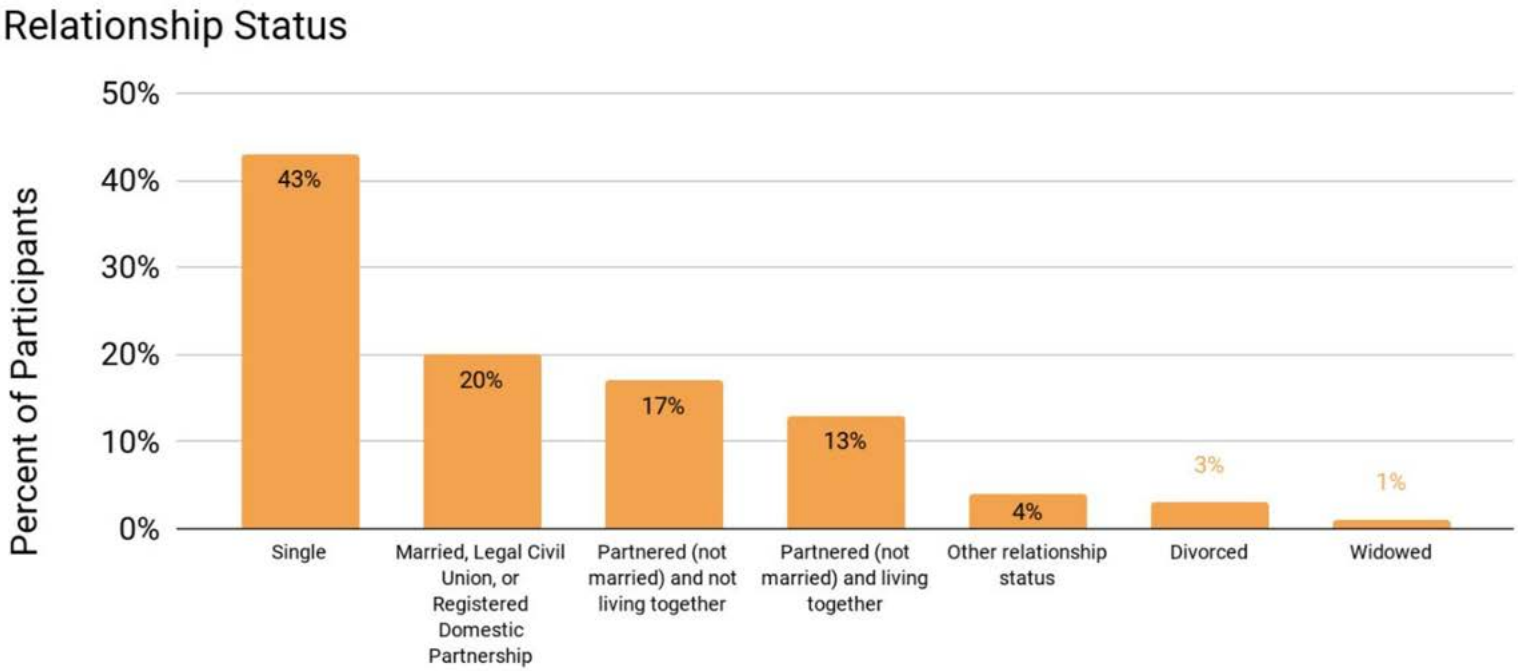


Note: *n* = 324

RELATIONSHIP STATUS

Participants were asked about their *current relationship status*. A plurality of participants reported being *single* (43%, *n* = 138), one-fifth (20%, *n* = 65) reported being in a state-recognized union (i.e., *married*, *civil union*, *domestic partners*), and 30% (*n* = 96) reported being *partnered* but not in a state-recognized union. Fewer reported having *another relationship status* (4%, *n* = 12), *divorced* (3%, *n* = 8), or being *widowed* (1%, *n* = 4).

Figure 8: Relationship Demographics



Note: *n* = 323

HOMELESSNESS

17%

reported a history of homelessness

Participants were asked two questions about homelessness: *Are you currently homeless?* and *Have you ever been homeless?* Homelessness was defined in the survey as *living in a temporary living arrangement (such as staying with a friend or at a shelter); or with a primary nighttime residence that is not ordinarily used as a regular sleeping accommodation for human beings, including but not limited to a car, park, abandoned building, bus, or train station.* Of 325 responses, approximately 17% (*n* = 54) reported a *history of homelessness* and nearly 2% (*n* = 6) reported being *homeless at the time of the study.*

FOSTER CARE HISTORY

Participants were asked questions about their experiences in foster care, identifying whether they were *currently in foster care or group home* and *whether they had any past experiences in foster care or group home.* No participants reported being in foster care or living in a group home at the time of the study, though 2% (*n* = 8) of 324 reported *past experiences in foster care or group homes.*

2%

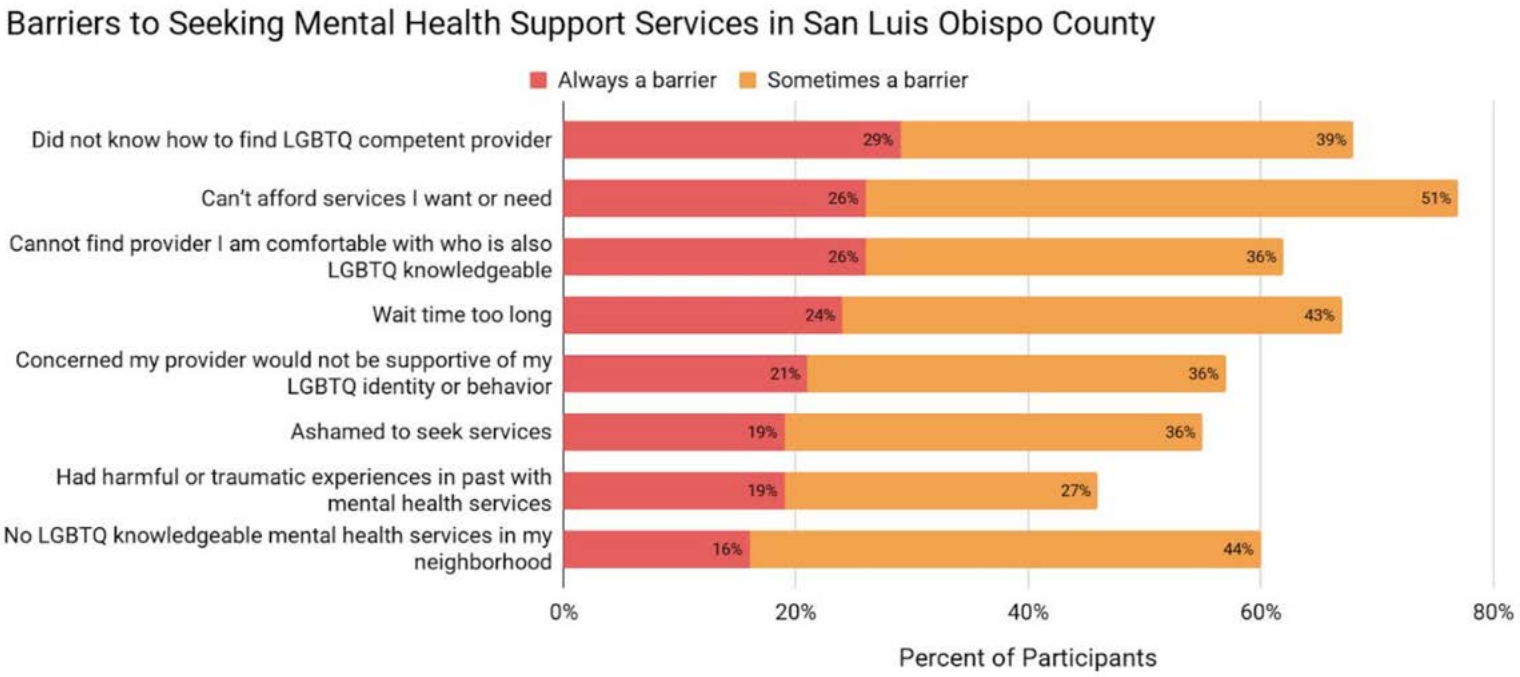
reported past experiences in the foster care system

BARRIERS TO SEEKING MENTAL HEALTH SERVICES

Participants who had accessed mental health services in SLO County were asked: *Please indicate the extent to which the following factors have posed a barrier to you when seeking mental health services or support in San Luis Obispo County. If you are not currently seeking services, please answer based on what would be a barrier if you were seeking services.* Participants were asked to rate each item, from a list provided, across a 3-point scale which included *always a barrier*, *sometimes a barrier*, and *never a barrier*.

The top three reasons that participants rated an item as *always a barrier* included that participants *did not know how to find an LGBTQ+ competent provider* (29%, *n* = 59), *cannot afford the services I want or need* (26%, *n* = 52), and *cannot find provider I am comfortable with who is also LGBTQ+ knowledgeable* (26%, *n* = 53). Though some of the most frequently-endorsed barriers were not specific to LGBTQ+ identities or experiences, several of the top-rated barriers included those that were specific to being LGBTQ+ (*trouble finding an affirming provider*, *concerned about provider not being LGBTQ+ affirming*, or *having no LGBTQ+ knowledgeable providers in their area*).

Figure 9: Barriers to Seeking Mental Health Services



Note: *n* = 198-202

EXPERIENCES WITH MENTAL HEALTH SERVICES

Table 2: Percent of Participants with Mental Health Experiences in SLO County

Any experiences with mental health services in SLO County?	Approximate %
Yes	55% (*n* = 238)
No	45% (*n* = 196)

Note: *n* = 434

When asked, *Have you had any experiences with mental health services in San Luis Obispo County?*, 55% (*n* = 238) of participants responded *yes*. The 45% (*n* = 196) of participants who responded *no*, indicating they had not had any experiences with mental health services, were asked why they had not had any experiences and to *select all that apply* from a list of possible reasons. The most common reason was that participants *felt no need to seek services* (47%, *n* = 90).

However, common reasons for not seeking these services included being *unsure what services are available* (48%, *n* = 60), *feeling uncomfortable seeking services* (35%, *n* = 44), or *not being able to afford services* (29%, *n* = 36). There were also 64 participants who reported *no need to seek services* and no other barriers to care. It is important to note that beyond general discomfort, cost of treatment, and uncertainty about the services available, 15% (*n* = 18) of those who had not accessed mental health services but felt a need to seek services reported that they *felt uncomfortable seeking services because of their LGBTQ+ identity*.

Table 3: Reasons Why Participants Have Not Accessed Mental Health Services

Reasons Why Participants Have Not Accessed Services in SLO County	Approximate %
Unsure what services are available	48% (*n* = 60)
Uncomfortable seeking services (unspecified reason)	35% (*n* = 44)
Couldn't afford services	29% (*n* = 36)
Uncomfortable seeking services because of LGBTQ+ identity	15% (*n* = 18)
No insurance	10% (*n* = 12)

Note: *n* = 124

EXPERIENCES WITH MENTAL HEALTH PROVIDERS

Participants were asked about their experiences with mental health providers in San Luis Obispo County. The prompt stated:
The following questions ask about experiences with your mental health care provider. If you do not currently have a mental health care provider, please refer to your past provider(s) when answering.

Four items were composed by QCARES and the remainder were drawn from previous research findings about why sexual minority adolescents may not disclose their identities to health care providers (Allen, Glicken, Beach, & Naylor, 1998) and a survey assessing youths' feelings of safety in health care settings (Ginsburg et al., 2002).

Tables 4a, 4b, and 4c identify the percentage of sexual and gender minorities who *agree* or *strongly agree* with various statements regarding the competence of mental health care providers in San Luis Obispo County.

Table 4a: General Experiences with Mental Health Providers

General Experiences with Current or Past Mental Health Providers		
Participants responding *agree* or *strongly agree* to the following statements	**Approximate %**	
	Transgender/ nonbinary	LGBQ+
I assumed that my health care provider was against homosexuality and/ or gender identity noncomformity.	19% (*n* = 13)	14% (*n* = 28)
My mental health care provider made distinct homophobic or transphobic remarks.	9% (*n* = 6)	4% (*n* = 8)
The provider is open minded and nonjudgmental of LGBTQ+ people.	61% (*n* = 42)	67% (*n* = 134)
The provider is aware and educated about LGBTQ+ people.	42% (*n* = 29)	51% (*n* = 102)
I have a choice of having an LGBTQ+ provider.	20% (*n* = 14)	22% (*n* = 43)
The provider does not assume that I'm heterosexual or straight and/ or cisgender.	28% (*n* = 19)	32% (*n* = 63)

Note: Total transgender/nonbinary participants (*n* = 68-72) and total LGBQ+ participants (*n* = 193-206) for tables 4a-4c

A significant percentage of sexual minorities (67%, *n* = 134) found their provider to be *open minded and non-judgmental of LGBTQ+ individuals.* However, approximately half of LGBQ+ (51%, *n* = 102) and less than half of transgender or non-binary (42%, *n* = 29) participants found their provider to be *aware and educated about LGBTQ+ people.*

EXPERIENCES WITH MENTAL HEALTH PROVIDERS

Participants who identified as transgender or nonbinary experienced therapists as being *accepting* or *very accepting* less frequently (67%, *n* = 48) than sexual minorities (85%, *n* = 174). Less than half (49%, *n* = 33) of transgender/nonbinary individuals *felt safe discussing their gender identity with their provider*, and nearly 35% (*n* = 24) reported feeling *afraid that their mental health providers would think they are mentally ill due to their gender identity*.

Table 4b: Gender Identity-Related Experiences with Mental Health Providers

Gender Identity-Related Experiences with Current or Past Mental Health Providers		
Participants responding *agree* or *strongly agree* to the following statements	**Approximate %**	
	Transgender/ nonbinary	LGBQ+
My mental health care provider asked me about my gender identity.	39% (*n* = 27)	23% (*n* = 47)
I felt safe discussing gender identity with my provider.	49% (*n* = 33)	52% (*n* = 104)
My provider said they would be willing to discuss gender identity.	54% (*n* = 37)	38% (*n* = 77)
I was afraid my mental health care provider would think I was mentally ill due to my gender identity.	35% (*n* = 25)	13% (*n* = 26)
In general, the mental health professionals I see or have seen are knowledgeable in discussions about gender identity.	35% (*n* =25)	41% (*n* = 84)
The therapists are accepting or very accepting of my gender identity.	67% (*n* = 48)	85% (*n* = 174)

Importantly, over one-third (34%, *n* = 37) of transgender and nonbinary participants *disagreed* or *strongly disagreed* with the statement that they *felt safe discussing gender identity with their mental health providers*. With regard to more general statements about the knowledge level of mental health professionals, approximately one-third of gender minority participants (35%, *n* = 25) reported that the mental health professionals they had seen were *knowledgeable in discussions about gender identity*.

EXPERIENCES WITH MENTAL HEALTH PROVIDERS

The majority of sexual minority participants (86%) reported that therapists are *accepting* or *very accepting of their sexual orientation*. However, only one-third (34%, *n* = 69) of LGBQ+ participants reported that their mental health providers *asked them about their sexual orientation*. It is important to note that more than half (62%, *n* = 126) of sexual minority participants reported *feeling safe discussing their sexual orientation with* their provider. However, 15% (*n* = 31) of LGBQ+ participants reported feeling *afraid that their mental health providers would think they are mentally ill due to their sexual orientation*. In terms of knowledge about sexual orientation, approximately half of both sexual minorities (53%, *n* = 108) and gender minorities (47%, *n* = 33) *agreed* or *strongly agreed* that their mental health providers are *knowledgable in discussions about sexual orientation*.

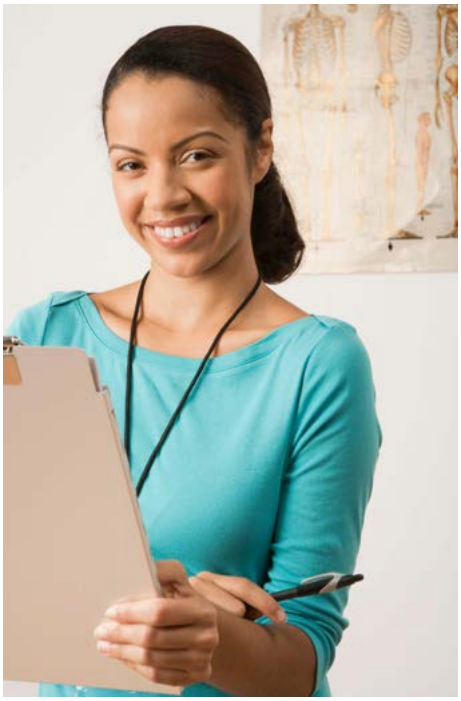
Table 4c: Sexual Orientation-Related Experiences with Mental Health Providers

Sexual Orientation-Related Experiences with Current or Past Mental Health Providers		
Participants responding *agree* or *strongly agree* to the following statements	**Approximate %**	
	Transgender/ nonbinary	LGBQ+
My mental health care provider asked me about my sexual orientation.	40% (*n* = 28)	34% (*n* = 69)
I felt safe discussing sexual orientation with my provider.	59% (*n* = 41)	62% (*n* = 126)
My provider said they would be willing to discuss sexual orientation.	54% (*n* = 37)	48% (*n* = 96)
I was afraid my mental health care provider would think I was mentally ill due to my sexual orientation.	22% (*n* = 15)	15% (*n* = 31)
In general, the mental health professionals I see or have seen are knowledgeable in discussions about sexual orientation.	47% (*n* = 33)	53% (*n* = 108)
The therapists are accepting or very accepting of my sexual orientation.	76% (*n* = 55)	86% (*n* = 177)

67%

found their provider to be open minded & nonjudgmental of LGBTQ+ individuals

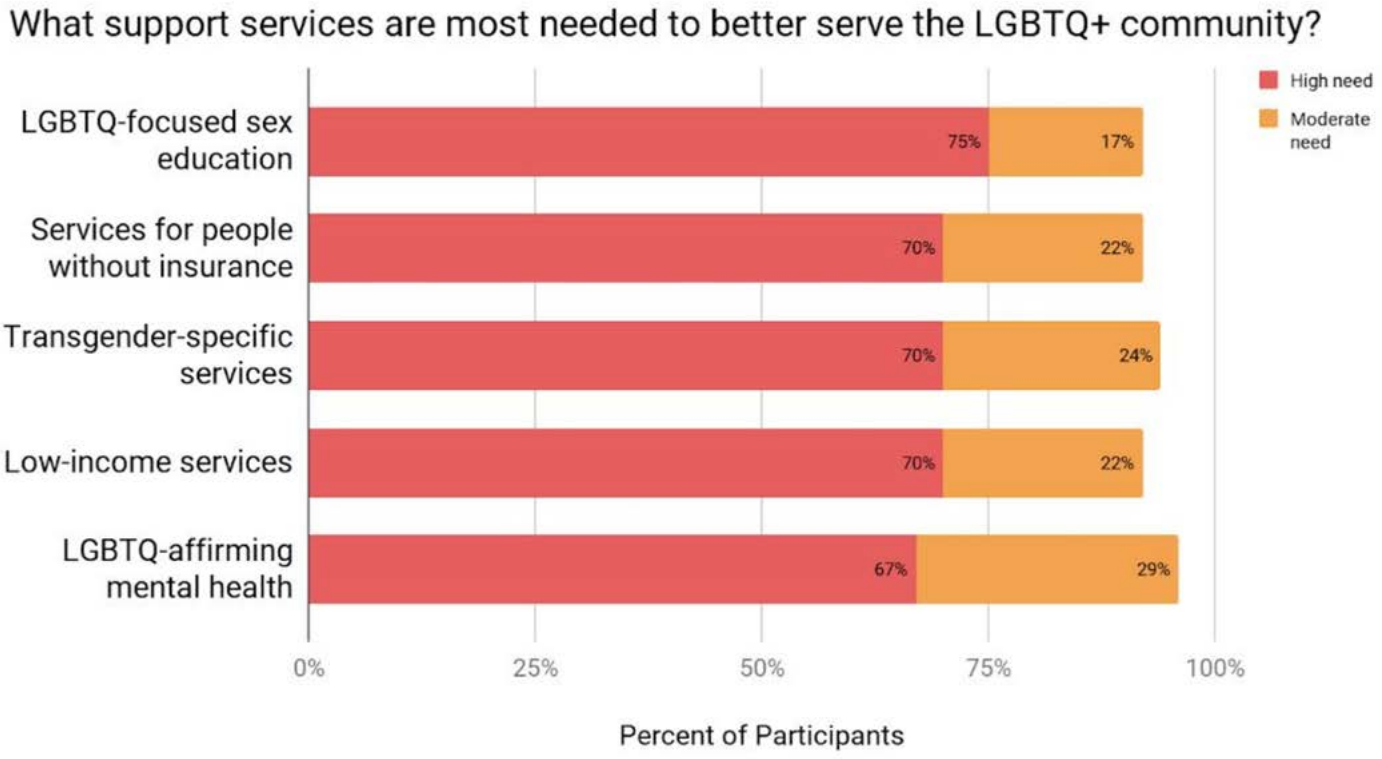
SUPPORT SERVICES NEEDED



Participants were asked: *What type of support services are most needed to better serve the LGBTQ+ community in SLO County? Please rate all from no need to high need. Answer based on your personal experience or general impression.*

Of a list provided, the support service needs most frequently rated as a *high need* for San Luis Obispo LGBTQ+ communities were *LGBTQ-focused sex education* (75%, *n* = 265), *services for people without insurance* (70%, *n* = 265), *transgender-specific services* (70%, *n* = 243), *low-income services* (70%, *n* = 244), and *LGBTQ-affirming mental health providers* (67%, *n* = 234).

Figure 10: Support Services Most Needed



Note: *n* ranges from 348-354

MENTAL HEALTH DISTRESS

A series of measures and questions were used to assess experiences of mental health distress, including general psychological distress, anxiety, depression, alcohol use, substance use, suicidal thoughts and behaviors, and self-harm.

The majority of transgender and nonbinary participants had a higher level of psychological distress (across the various measures) than sexual minorities. At 65% (*n* = 58), gender minority respondents were much more likely to report high levels of psychological distress than sexual minorities (46%, *n* = 156; see Figure 11), with about half of transgender and nonbinary participants (51%, *n* = 45) experiencing moderate or high symptoms of depression and anxiety (see Figure 12). In contrast, sexual minority participants self-reported higher alcohol consumption than gender minority participants (see Figure 13) and similar levels of drug use and associated problems (Figure 14).

65%

of transgender and nonbinary participants reported high levels of psychological distress

PSYCHOLOGICAL DISTRESS

The Kessler-6 (K6) Distress Scale (Kessler et al., 2002) measures general psychological distress by asking questions about depression and anxiety symptoms. The K6 is a 6-item inventory that uses a 5-point Likert scale. It has been widely established that a score of 13 or greater is indicative of a diagnosable mental illness (Kessler et al., 2003).

Table 5: Psychological Distress Measurements

Percent of participants who felt _____ most of the time or all the time in the past 30 days		
Participants responding *most of the time* or *all of the time* to the following statements	**Approximate %**	
	Transgender/ nonbinary	LGBQ+
Nervous?	59% (*n* = 53)	38% (*n* = 128)
Hopeless?	23% (*n* = 21)	15% (*n* = 51)
Restless or fidgety?	48% (*n* = 43)	35% (*n* =120)
So depressed that nothing could cheer you up?	24% (*n* = 22)	14% (*n* = 47)
That everything was an effort?	53% (*n* =47)	30% (*n* = 101)
Worthless?	30% (*n* = 27)	17% (*n* = 60)

Note: Total transgender/nonbinary participants (*n* = 89-90) and total LGBQ+ participants (*n* = 340-343)

Participants who identified as transgender, nonbinary, or questioning scored significantly higher across all indicators of psychological distress.

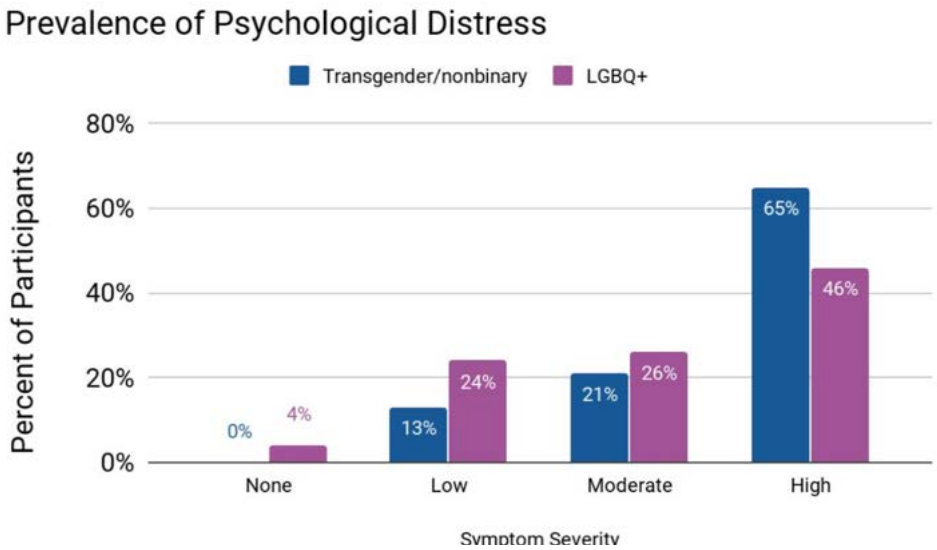
Nervousness
Restlessness
Everything is an Effort

items that were frequently selected by participants

Of all participants in the survey, approximately 32% (*n* = 110) had a score of 13 or higher. The K6 is commonly used in practices and research within the psychological, medical, and behavioral fields. The scale's psychometrics have been well-established (Kessler et al., 2002). The scale is scored by summing together the six items for a possible range of 0 to 24. A score of 0 indicates no psychological distress, 1-5 indicates low distress, 6-10 indicates moderate levels of psychological distress, and 11-24 indicates high levels of psychological distress.

PSYCHOLOGICAL DISTRESS

Figure 11: Prevalence of Psychological Distress



Note: Total transgender/nonbinary participants (*n* = 89) and total LGBQ+ participants (*n* = 329)

All gender minorities reported experiencing at least some level of psychological distress and approximately 65% (*n* = 58) of transgender, nonbinary, and questioning individuals experienced high levels of psychological distress.

DISTRESS DUE TO SEXUAL ORIENTATION & GENDER IDENTITY

Participants were asked, *During the past 30 days how often has your gender identity or sexual orientation been the cause of these feelings?* in reference to psychological distress (see Table 6). Approximately 57% (*n* = 186) of LGBQ+ participants and 74% (*n* = 67) of transgender, nonbinary, and gender questioning participants identified that their distress was due to their sexual orientation and/or gender identity.

Table 6: Frequency of Distress Due to Sexual Orientation & Gender Identity

During the past 30 days how often has your gender identity or sexual orientation been the cause of these feelings?		
Response options	**Approximate %**	
	Transgender/ nonbinary	LGBQ+
Not at all	26% (*n* = 23)	44% (*n* = 146)
Several days	53% (*n* = 48)	46% (*n* = 151)
More than half the days	11% (*n* = 10)	7% (*n* = 23)
Nearly every day	10% (*n* = 9)	4% (*n* = 12)

Note: Total transgender/nonbinary participants (*n* = 90) and total LGBQ+ participants (*n* = 332)

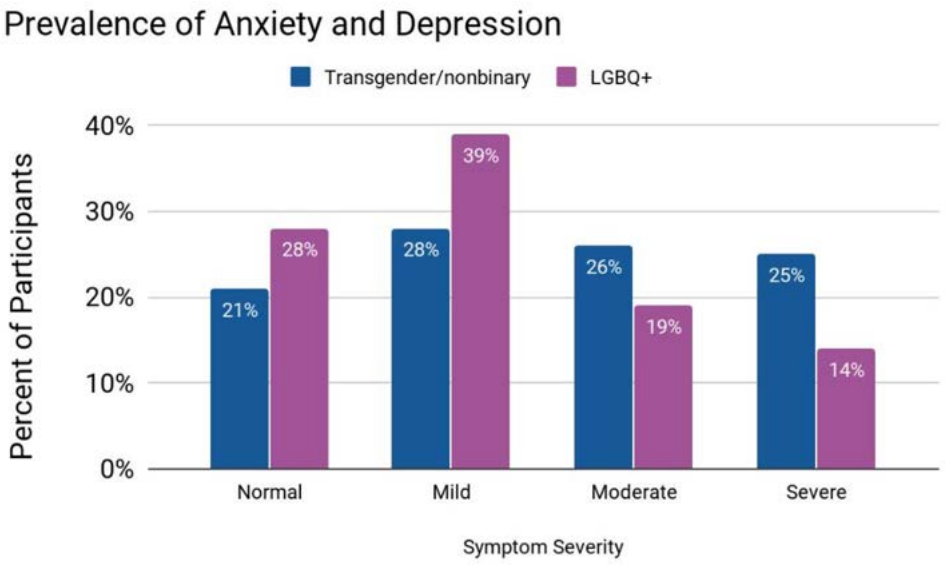
DEPRESSION AND ANXIETY

The Patient Health Questionnaire (PHQ-4; Kroenke, Spitzer, William, & Löwe, 2009) is a widely-used, brief screening scale for depression and anxiety in psychological and medical practice and research. It measures depression and anxiety by asking four questions, the first two addressing anxiety symptomatology and the second two addressing depression. It states: *The following questions ask about problems you may have experienced as a part of daily life. When answering, think about how often you have been bothered by the following problems in the past two weeks.*

- *Feeling nervous, anxious, or on edge?*
- *Not being able to stop or control worrying?*
- *Little interest or pleasure in doing things?*
- *Feeling down, depressed, or hopeless?*

Participants were asked to respond using on the following scale:
not at all = 0, *several days* = 1, *more than half of the days* = 2, *nearly every day* = 3

Figure 12: Prevalence of Anxiety and Depression



Note: Total transgender/nonbinary participants (*n* = 89) and total LGBQ+ participants (*n* = 327)

The values of the selected response options were summed and interpreted accordingly (Kroenke et al., 2009; see Figure 12.) As shown, over one-quarter of gender minority (28%, *n* = 25) and over one-third of sexual minority participants (39%, *n* = 127) indicated mild symptoms of anxiety and depression. Over half (51%, *n* = 45) of gender minority participants reported either moderate or severe symptoms of depression and anxiety, as compared to approximately one-third (33%, *n* = 107) of sexual minority participants.

SUICIDALITY

Table 7 shows approximate percentages of participants who responded *yes* to various questions about suicidality. In reference to the past year, approximately 28% (*n* = 94) of sexual minorities and 38% (*n* = 33) of gender minorities reported *seriously considering attempting suicide*. Approximately half (51%, *n* = 44) of gender minorities reported that they had made specific *plans* for suicide.

The Revised Adolescent Suicide Questionnaire (ASQ-R; Pearce & Martin, 1994) is a 5-item measure of suicidal thoughts and behaviors. The measure asks questions in a binary *yes* or *no* format. The questions cover the topics of suicidal ideation, plans, threats, self-harm, and attempts. The precise language of the ASQ-R was used to maintain scale validity. However, it should be noted that some of the language (i.e., *commit suicide*, *made threats*) is outdated, stigmatizing, and contributes to the inaccurate and harmful associations of suicidality with criminality and danger to others (Beaton, Forster, & Maple, 2012). An additional item n line with the California Healthy Kids Survey (California School Climate, Health, and Learning Surveys, n.d.) asked about thoughts of suicide in the past year.

The data indicate that suicidal thoughts are common, with approximately three-quarters (74%, *n* = 249) of sexual minorities and 85% (*n* = 74) of gender minorities reporting having thought about suicide at some point in their lives.

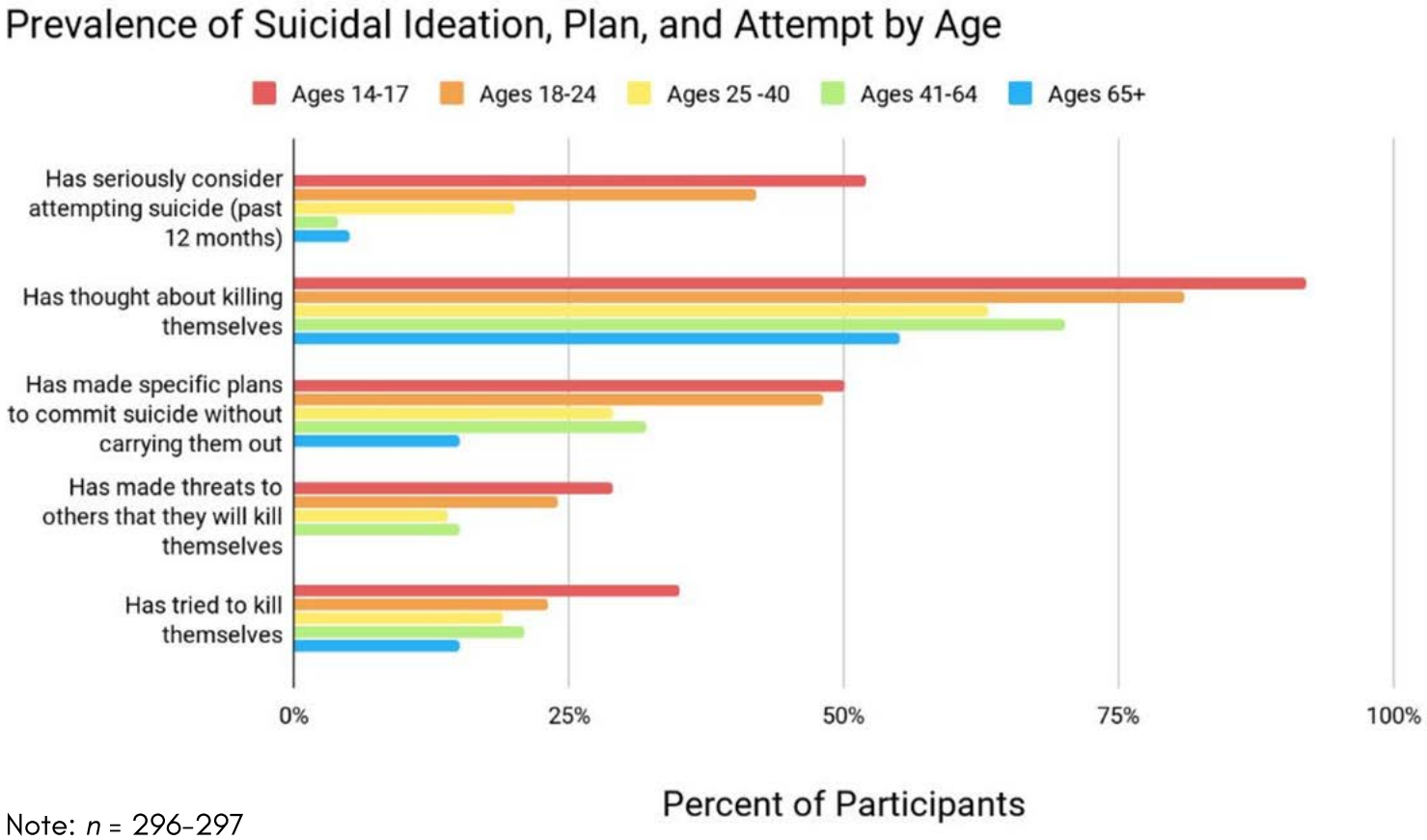
Table 7: Prevalence of Suicidality

Suicidality		
Participants responding *yes* to the following statements	**Approximate %**	
	Transgender/ nonbinary	LGBQ+
During the past 12 months, did you ever seriously consider attempting suicide?	38% (*n* = 33)	28% (*n* = 94)
Have you ever thought about killing yourself?	85% (*n* = 74)	74% (*n* = 249)
Have you ever made specific plans to commit suicide without carrying them out?	51% (*n* = 44)	37% (*n* = 123)
Have you ever made threats to others that you will kill yourself?	24% (*n* = 21)	19% (*n* = 62)
Have you ever tried to kill yourself?	36% (*n* = 31)	23% (*n* = 75)

Note: Total transgender/nonbinary participants (*n* = 87) and total LGBQ+ participants (*n* = 334-335)

SUICIDALITY

Figure 13 : Prevalence of Suicidal Ideation, Plan, and Attempt by Age



Note: *n* = 296-297

Approximately 85% of transgender and nonbinary participants reported that they have thought about killing themselves at some point in their life (n = 74), with 36% attempting to die of suicide at some point in their life (n = 31). Youth and young adults reported higher rates of suicidality across all measures.

52%

of youth reported that they seriously considered attempting suicide in the past 12 months

Although self-injurious behaviors are not necessarily a component of suicidality, participants were asked about self-injury, *Have you ever deliberately tried to hurt yourself (self-harm)?* Nearly half (47%, *n* = 157) of sexual minority participants and about two-thirds (66%, *n* = 57) of gender minority participants reporting having *engaged in self-injurious behaviors.*

ALCOHOL MISUSE

The Alcohol Use Disorders Identification Test-C (AUDIT-C; Bush, Kivlahan, McDonell, Fihn, & Bradley, 1998) is a brief, 3-question scale used to identify consumers of alcohol who have risky drinking habits or potential alcohol use disorders.

This test was used to guide the following questions asked on the survey:
How often do you have a drink containing alcohol?
How many standard drinks containing alcohol do you have on a typical day?
How often do you have six or more drinks on one occasion?

Scale totals for this measure of alcohol use were calculated for each respondent by summing the values assigned to the response options selected for a scale range of 0-12. Participants who responded *never* to the first item were automatically directed to the proceeding set of questions and therefore scored a total of 0.

The AUDIT-C risk group designations of "low" use and "mild" alcohol misuse—but not moderate and severe misuse—are typically dependent on the test-taker's self-reported sex (Bradley et al., 2016), but sex-differential scoring of alcohol misuse scales is based on research in which sex and gender are incompletely operationalized, thus rendering unclear whether gender identity, internal or external physiological sex characteristics, or sex assigned at birth is most relevant to the interpretation of alcohol misuse measures (Gilbert et al., 2018).

Given the inadequate guidance on the interpretation of alcohol misuse scales for transgender and nonbinary participants (Gilbert, Pass, Keuroghlian, Greenfield, & Reisner, 2018), the low use and mild alcohol misuse ranges suggested for AUDIT-C scoring (Bradley et al., 2016) were combined to create a single category independent of participant sex and gender.

Risk groups were defined as a score of:
0 = no alcohol misuse
1-4 = low use to mild alcohol misuse
5-8 = moderate alcohol misuse
9-12 = severe alcohol misuse.

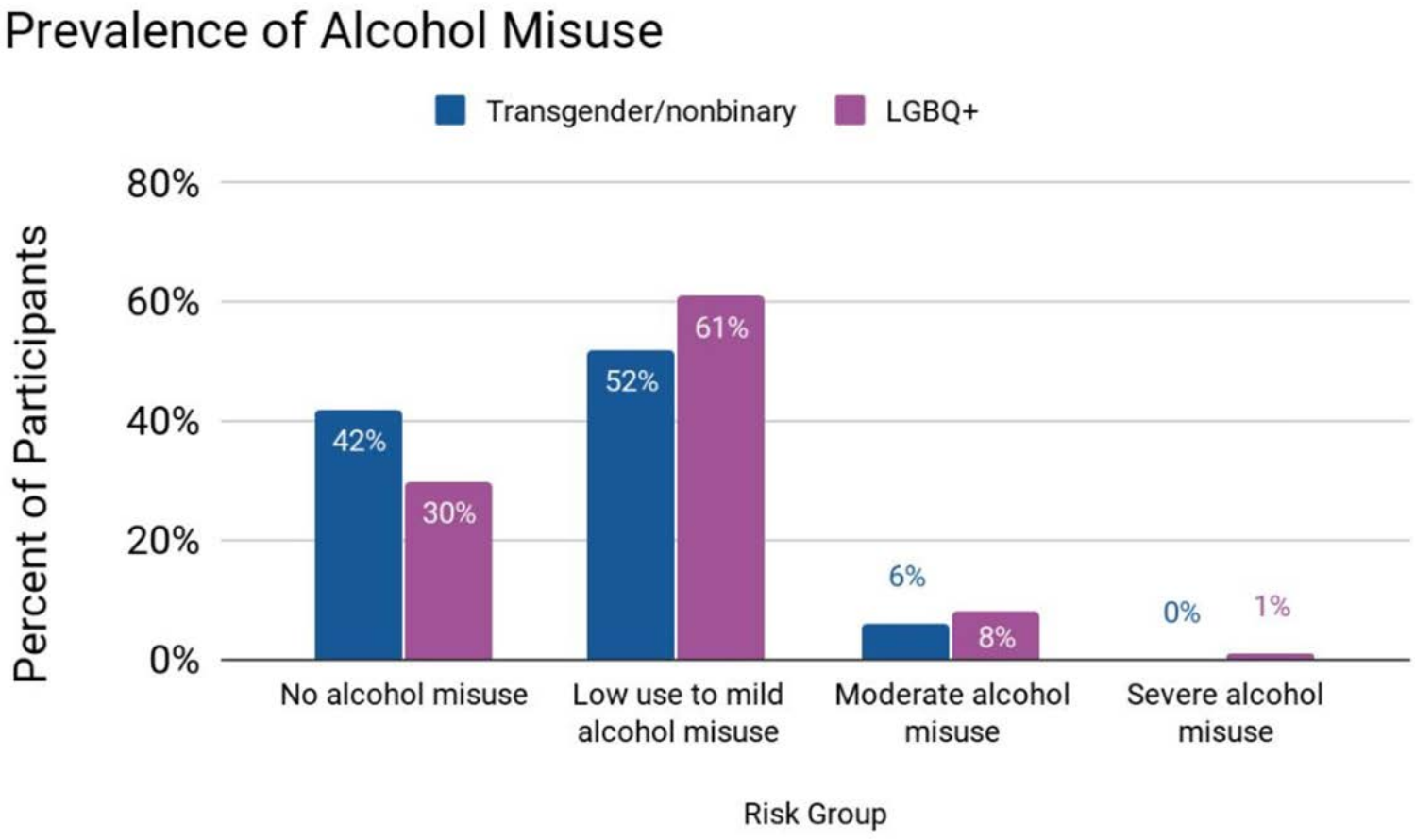
ALCOHOL MISUSE

61% Transgender & Nonbinary **&** **52%** LGBQ+

reported low to mild alcohol use

Gender minority participants were more likely to have abstained from alcohol use (42%, *n* = 38) than sexual minority participants (30%, *n* = 104; Figure 14). Sexual minority participants were more represented in the categories of low use to mild alcohol misuse (61%, *n* = 207), moderate alcohol misuse (8%, *n* = 27), and severe alcohol misuse (1%, *n* = 3), with just over half (52%, n = 47) of gender minority participants reporting low use to mild alcohol misuse, 6% (n = 5) reporting moderate alcohol misuse, and none scoring in the category of severe alcohol misuse.

Figure 14: Prevalence of Alcohol Misuse



Note: Total transgender/nonbinary participants (*n* = 90) and total LGBQ+ participants (*n* = 341)

DRUG ABUSE

The Drug Abuse Screening Test-10 (DAST-10; Skinner, 1982) is a brief screening tool that provides a quantitative measure of problems related to past-year drug abuse. It is used to identify potential drug problems as well as provide information about the degree of problems reported.

Participants were asked about using drugs, blackouts, and withdrawal, among other questions (see Appendix A). Response options *yes* and *no* were scored as 1 and 0, respectively, with the exception of the third item, *Are you always able to stop using drugs when you want to?* which was reverse-scored. Participants who responded *no* to the first item asking, *Have you used drugs other than those required for medical reasons?* were automatically directed to the proceeding set of questions and therefore scored a total of 0 on the DAST-10.

The scale was scored by adding the values assigned to each response option for a range of 0-10. Scores were interpreted as a score of 0 indicating no problems reported, 1-2 as low level, 3-5 as moderate level, 6-8 as substantial level, and 9-10 as severe level of problems related to drug abuse (Drug Abuse Screening Test, DAST-10, n.d.).

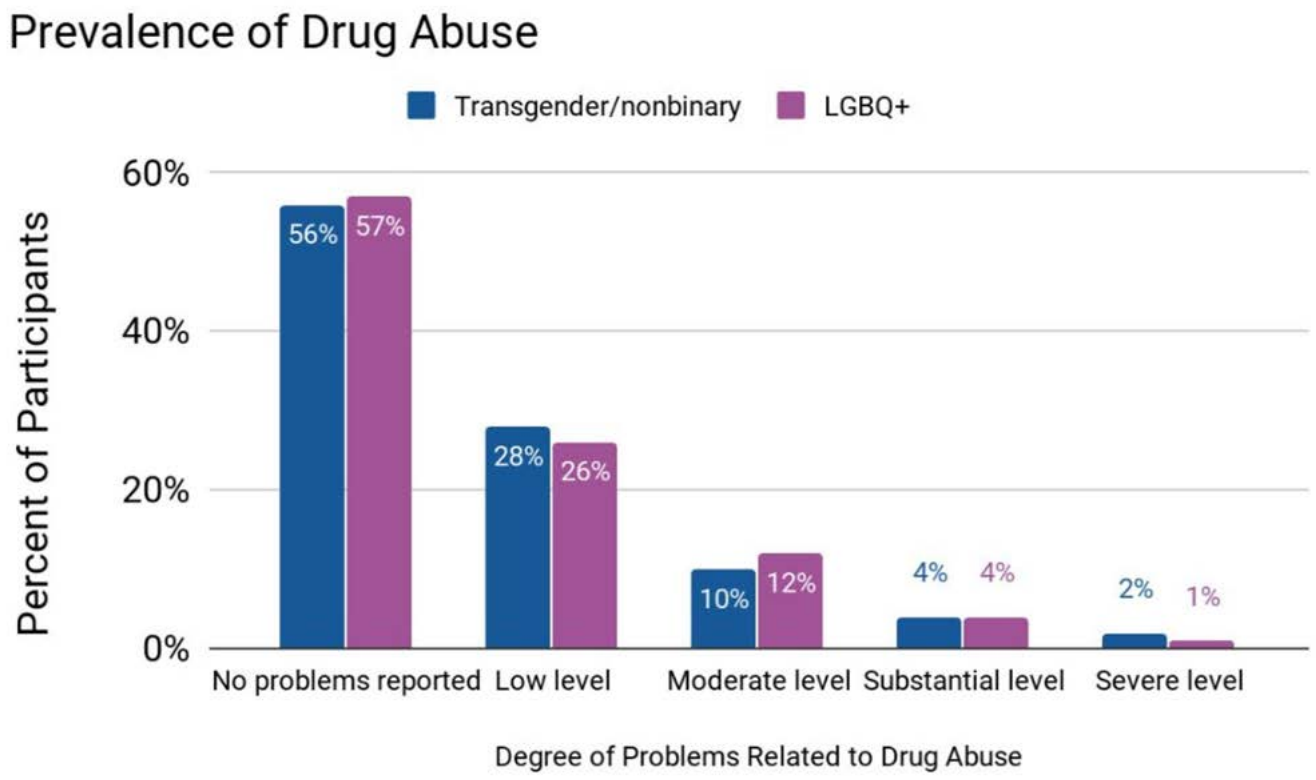
Over half of participants reported **no drug use**

DRUG ABUSE

Just over one quarter of both gender minority participants (28%, *n* = 25) and sexual minority participants (26%, *n* = 87) reported low levels of drug use problems, with 16% (*n* = 15) of transgender and nonbinary participants and 17% (*n* = 60) of sexual minority participants reporting moderate to severe levels of past-year problems associated with drug use. Approximately 10% (*n* = 9) of gender minority and 12% (*n* = 41) of sexual minority participants scored a moderate level of problems related to drug abuse.

Figure 15 demonstrates comparable representation of gender and sexual minority participants in each category of drug abuse-associated problems. Nearly half of both sexual minorities (43%, *n* = 147) and gender minorities (44%, *n* = 40) reported using drugs in the past 12 months.

Figure 15: Prevalence of Drug Abuse



Note: Total transgender/nonbinary participants (*n* = 90) and total LGBQ+ participants (*n* = 340)

COMMUNITY CONNECTEDNESS

Participants were asked a series of questions regarding how akin they felt to their community (Flanagan, Cumsille, Gill, & Gallay, 2007) and about their connectedness to others who share their sexual orientation or gender identity (Testa et al., 2015).

Participants were asked about their connectedness to the community using the prompt below.
Please select the most appropriate response for how well each statement finishes the following statement:

Table 8: General Community Connectedness

General Community Connectedness		
Participants responding *somewhat agree* or *strongly agree* to the following statements *In my community...*	**Approximate %**	
	Transgender/ nonbinary	LGBQ+
There are people I can ask for help when I need it.	59% (*n* = 51)	74% (*n* = 243)
Most people try to make this a good place to live.	59% (*n* = 51)	69% (*n* = 228)
People trust each other.	35% (*n* = 30)	46% (*n* = 153)
Most LGBTQ people feel safe.	29% (*n* = 25)	29% (*n* = 94)
In general, people from my town work to solve our problems.	22% (*n* = 19)	40% (*n* = 130)
In general, I have found that people pull together to help each other.	45% (*n* = 39)	58% (*n* = 192)
When someone moves here, people make them feel welcome regardless of their identities.	26% (*n* = 23)	35% (*n* = 114)
You can meet others of different sexual orientations/gender minorities.	59% (*n* = 51)	56% (*n* = 183)

Note: Total transgender/nonbinary participants (*n* = 86-87) and total LGBQ+ participants (*n* = 327-330)

Table 8 identifies approximate percentages of general community connectedness, with less than one-third of participants (29%, transgender/nonbinary *n* = 25; LGBQ+ *n* = 94) responding that *most LGBTQ+ people feel safe in their community* and only approximately one-quarter of gender minority participants (26%, n = 23) and one-third of sexual minority participants (35%, *n* = 114) *feeling that people are welcomed when they move here regardless of their identities.*

COMMUNITY CONNECTEDNESS

When examining community connectedness specific to gender (Table 9) and sexual (Table 10) minorities, more than half (53%, n = 50) of gender minorities did not *feel like they are a part of a community of people that shares their gender identity*, and approximately one-quarter (25%, n = 22) *felt isolated and separated from others* who share their identity.

Table 9: Gender Minority Community Connectedness

Transgender/Nonbinary Community Connectedness	
Participants responding *agree* or *strongly agree* to the following statements	**Approximate %**
I feel part of a community of people who share my gender identity.	43% (*n* = 37)
I feel connected to other people who share my gender identity.	60% (*n* = 52)
When interacting with members of the community that shares my gender identity, I feel like I belong.	59% (*n* = 51)
I'm not like other people who share my gender identity.	25% (*n* = 22)
I feel isolated and separate from other people who share my gender identity.	25% (*n* =22)

Note: *n* = 87

Table 10: Sexual Minority Community Connectedness

Sexual Minority Community Connectedness	
Participants responding *agree* or *strongly agree* to the following statements	**Approximate %**
I feel part of a community of people who share my sexual orientation.	48% (*n* = 159)
I feel connected to other people who share my sexual orientation.	57% (*n* = 188)
When interacting with members of the community that shares my sexual orientation, I feel like I belong.	59% (*n* = 195)
I'm not like other people who share my sexual orientation.	24% (*n* = 79)
I feel isolated and separate from other people who share my sexual orientation.	26% (*n* = 86)

Note: *n* = 328-329

A little over half (57%, *n* = 188) of sexual minority participants felt *connected to others who share their sexual orientation*; however, approximately one-quarter (26%, *n* = 86) of respondents reported feeling *isolated* from those that share a similar sexual orientation.

The Community Connectedness subscale of the GMSR (Testa, Habarth, Peta, Balsam, & Bockting, 2015), a measure of transgender individuals' affiliation and connectedness to the gender minority community, was also included to assess identity-specific community connectedness. Language for both the Community Connectedness subscale of the GMSR Measure was adapted to create a comparable measure for sexual minorities. These questions were included given the documented importance of community and connection for mental health and wellness (Kertzner, Meyer, Frost, & Stiratt, 2009; Meyer, 2003; Pflum, Testa, Balsam, Goldblum, & Bongar, 2015).

MINORITY STRESS AND DISCRIMINATION

The Minority Stress Model (Figure 17) demonstrates the pathway by which discrimination and societal stigma culminate in mental and physical health disparities between members of marginalized identity groups (e.g., LGBTQ+ community members and people of color) and people holding privileged social identities (e.g., cisgender, heterosexual, and white people; Meyer, 1995, 2003).

Figure 16: Minority Stress Model

The Daily Heterosexist Experiences Questionnaire (DHEQ; Balsam, Beadnell, & Molina, 2013) is a 50-item, research-based assessment tool with good internal reliability across subscales (Cronbach's alpha ranging between .76 and .87) and in its entirety (α = .92) that is used to assess the unique, intersectional experiences of minority stress in varying gender and sexual minority individuals. Thirty-one items across eight subscales (see Tables 11a-11g) were selected for use to assess the degree to which participants have faced stressors specific to LGBTQ+ communities.

Reports of being sexually harassed yielded significant percentages with 22% (*n* = 68) of sexual minorities and 34% (*n* = 29) of gender minorities reporting that this experience happens to them some or all of the time (see Table 11g).

MINORITY STRESS AND DISCRIMINATION

Gender minority participants reported feeling significant stress surrounding their gender expression, with 78% (*n* = 68) feeling *misunderstood because of their gender expression* and approximately half (48%, *n* = 42) *feeling invisible in the LGBTQ+ community*. In terms of direct discrimination, approximately 17% (*n* = 56) of sexual minority participants and almost one-quarter (24%, *n* = 21) of gender minority participants reported that they have been verbally harassed by strangers because of their LGBTQ+ identity.

Table 11a: Minority Stress - Gender Expression

Gender Expression		
Participants responding *somewhat applicable* to me or *applies to me a lot* to the following statements	**Approximate %**	
	Transgender/ nonbinary	LGBQ+
Feeling invisible in the LGBT community because of your gender expression.	48% (*n* = 42)	22% (*n* = 71)
Being harassed in public because of your gender expression.	32% (*n* = 28)	16% (*n* = 51)
Feeling like you don't fit into the LGBT community because of your gender expression.	36% (*n* = 31)	16% (*n* = 52)
Being misunderstood by people because of your gender expression.	78% (*n* = 68)	36% (*n* = 116)

Note: Total transgender/nonbinary participants (*n* = 84-87) and total LGBQ+ participants (*n* = 313-335) for tables 11a-11h

Table 11b: Minority Stress - Discrimination/Harassment

Discrimination/Harassment		
Participants responding *somewhat applicable* to me or *applies to me a lot* to the following statements	**Approximate %**	
	Transgender/ nonbinary	LGBQ+
Being called names such as "fag" or "dyke."	31% (*n* = 27)	25% (*n* = 80)
People staring at you when you are out in public because you are LGBT.	49% (*n* = 43)	32% (*n* = 104)
Being verbally harassed by strangers because you are LGBT.	24% (*n* = 21)	17% (*n* = 56)
Being verbally harassed by people you know because you are LGBT.	31% (*n* = 27)	14% (*n* = 45)
People laughing at you or making jokes at your expense because you are LGBT.	35% (*n* = 30)	19% (*n* = 60)

Additionally, 25% (*n* = 80) and 31% (*n* = 27) of sexual and gender minorities, respectively, reported that they regularly *hear derogatory slurs directed toward them*. Large percentages of both gender (79%, *n* = 67) and sexual (62%, *n* = 201) minorities reported feeling vigilant around heterosexual people and approximately one-third (35%, *n* = 112) of sexual minority participants reported that they pretend to be heterosexual and hide their relationships from others (see Table 11c).

MINORITY STRESS AND DISCRIMINATION

Table 11c: Minority Stress - Vigilance

Vigilance		
Participants responding *somewhat applicable* to me or *applies to me a lot* to the following statements	**Approximate %**	
	Transgender/ nonbinary	LGBQ+
Watching what you say and do around heterosexual people.	79% (*n* = 67)	62% (*n* = 201)
Pretending that you are heterosexual.	31% (*n* = 26)	35% (*n* = 112)
Hiding your relationship from other people.	31% (*n* = 27)	29% (*n* = 94)
Avoiding talking about your current or past relationships when you are at work.	42% (*n* = 36)	42% (*n* =136)
Hiding part of your life from other people.	64% (*n* = 56)	60% (*n* =195)

Participants reported high percentages of vicarious trauma, with notable findings including 68% (*n* = 216) of sexual minorities and 84% (*n* = 73) of gender minorities reporting that they frequently *hear about LGBTQ+ individuals they know being treated unfairly.*

Vicarious trauma has been identified as having a significant impact on individuals who identify as being in a marginalized group. Perry and Alvi (2012) found that being aware of violence toward others of the same identified group provoked similar emotions of anger and vulnerability.

Table 11d: Minority Stress - Vicarious Trauma

Vicarious Trauma		
Participants responding *somewhat applicable* to me or *applies to me a lot* to the following statements	**Approximate %**	
	Transgender/ nonbinary	LGBQ+
Hearing about LGBT people I know being treated unfairly.	84% (*n* = 73)	68% (*n* = 216)
Hearing about LGBT people I don't know being treated unfairly.	89%(*n* = 77)	82% (*n* = 260)
Hearing about hate crimes (e.g. vandalism, physical or sexual assault) that happened to LGBT people you don't know.	89%(*n* = 77)	83% (*n* = 263)
Hearing other people being called names such as "dyke" or "fag".	70% (*n* = 61)	59% (*n* = 186)
Hearing politicians say negative things about LGBT people.	91% (*n* = 79)	88% (*n* = 276)
Hearing someone make jokes about LGBT people.	94% (*n* = 82)	82% (*n* = 260)

MINORITY STRESS AND DISCRIMINATION

Table 11e: Minority Stress - Family of Origin

Family of Origin		
Participants responding *somewhat applicable* to me or *applies to me a lot* to the following statements	**Approximate %**	
	Transgender/ nonbinary	LGBQ+
Your family avoiding talking about your LGBT identity.	64% (*n* = 56)	54% (*n* = 172)
Being rejected by relatives because you are LGBT.	40% (*n* = 34)	36% (*n* =113)

Most gender minority (64%, *n* = 56) and sexual minority (54%, *n* = 172) participants reported avoiding talking about their identities with their families.

Table 11f: Minority Stress - HIV/AIDS

HIV/AIDS		
Participants responding *somewhat applicable* to me or *applies to me a lot* to the following statements	**Approximate %**	
	Transgender/ nonbinary	LGBQ+
Worry about getting HIV/AIDS.	17% (*n* = 14)	15% (*n* = 47)
Worrying about infecting others with HIV.	5% (*n* = 4)	4% (*n* = 13)
Other people assuming that you are HIV positive because you are LGBT.	11% (*n* = 9)	6% (*n* = 18)

40%

of transgender/nonbinary participants reported being rejected by their families due to identifying as LGBTQ+

Seventeen percent of gender minority participants and 15% (*n* = 47) of sexual minority participants reported worrying about getting HIV/AIDS.

MINORITY STRESS AND DISCRIMINATION

Table 11g: Minority Stress - Victimization

Victimization		
Participants responding *somewhat applicable* to me or *applies to me a lot* to the following statements	**Approximate %**	
	Transgender/ nonbinary	LGBQ+
Being punched, hit, kicked, or beaten because you are LGBT.	13% (*n* = 11)	8% (*n* = 25)
Being sexually harassed because you are LGBT.	34% (*n* = 29)	22% (*n* = 68)

About one-third (34%, *n* = 29) of gender minorities and one-fifth (22%, *n* = 68) of sexual minorities reported sexual harassment due to their identities.

Significant percentages of both transgender (74%, *n* = 63) and LGBQ+ (54%, *n* = 172) participants reported having *difficulty finding a partner*. Additionally almost half of both gender minorities (55%, *n* = 47) and sexual minorities (46%, *n* = 145) reported *having very few people to talk to about being LGBTQ+*.

53%

of all participants experienced difficulty finding LGBTQ+ friends

Table 11h: Minority Stress - Isolation

Isolation		
Participants responding *somewhat applicable* to me or *applies to me a lot* to the following statements	**Approximate %**	
	Transgender/ nonbinary	LGBQ+
Difficulty finding a partner because you are LGBT.	74% (*n* = 63)	54% (*n* = 172)
Difficulty finding LGBT friends.	60% (*n* = 51)	53% (*n* = 168)
Having very few people you can talk to about being LGBT.	55% (*n* = 47)	46% (*n* = 145)
Feeling like you don't fit in with other LGBT people.	47% (*n* = 40)	43% (*n* = 135)

INTERNALIZED STIGMA

Internalized stigma is a minority stressor involving the adoption of societal shame and negative beliefs by those holding marginalized social identities into their self-concepts and attitudes about their stigmatized identities (Meyer, 1995). Specifically, internalized stigma of gender minority identities is termed *internalized transphobia* whereas *internalized heterosexism* refers to internalized stigma of sexual minority identities.

Overall, transgender and nonbinary participants selected all items related to internalized transphobia at higher rates than did LGBQ+ participants for each corresponding item of internalized heterosexism.

Table 12: Internalized Transphobia

Internalized Transphobia	
Participants responding *agree* or *strongly agree* to the following statements	**Approximate %**
I resent my gender identity or expression.	18% (*n* = 14)
My gender identity or expression makes me feel like a freak.	26% (*n* = 21)
When I think of my gender identity or expression, I feel depressed.	26% (*n* = 21)
When I think about my gender identity or expression, I feel unhappy.	26% (*n* = 21)
Because of my gender identity or expression, I feel like an outcast.	55% (*n* = 44)
I often ask myself: Why can't my gender identity or expression just be normal?	43% (*n* = 34)
I feel that my gender identity or expression is embarrassing.	31% (*n* = 25)
I envy people who do not have a gender identity or expression like mine.	40% (*n* = 32)

Items from GMSR - Testa et al. (2015); Note: *n* = 80

Nearly one-fifth (18%, *n* = 14) of transgender or nonbinary participants and one-tenth (9%, *n* = 28) of sexual minority participants reported *resenting their gender identity or expression* or their *sexual orientation*, respectively.

Table 13: Internalized Heterosexism

Internalized Heterosexism	
Participants responding *agree* or *strongly agree* to the following statements	**Approximate %**
I resent my sexual orientation.	9% (*n* = 28)
My sexual orientation makes me feel like a freak.	9% (*n* = 30)
When I think of my sexual orientation, I feel depressed.	7% (*n* = 23)
When I think about my sexual orientation, I feel unhappy.	10% (*n* = 34)
Because of my sexual orientation, I feel like an outcast.	27% (*n* = 88)
I often ask myself: Why can't my sexual orientation just be normal?	23% (*n* = 75)
I feel that my sexual orientation is embarrassing.	16% (*n* = 51)
I envy people who do not have a sexual orientation like mine.	15% (*n* = 47)

Adapted from GMSR - Testa et al. (2015); Note: *n* = 325-329

The most highly-endorsed items of internalized stigma across the two scales pertained to *feeling like an outcast* because of a marginalized gender identity or expression (55%, *n* = 44) or sexual orientation (27%, n = 88) and questioning why one's gender identity or expression (43%, *n* = 34) or sexual orientation (23%, *n* = 75) is not *normal*.

RESULTS

Phase 2

Focus Groups

A series of six focus groups were conducted in San Luis Obispo County to further assess LGBTQ+ residents' mental health needs, experiences with care, and barriers to care. Thematic analysis was used to categorize the data into six major themes with sub-themes in various categories.

The themes are:

- Barriers to Accessing Mental Health Care
- Conditional Feelings of Safety
- Supportive Space and Community
- Negative Experiences with Mental Health Providers
- Positive Experiences with Mental Health Providers
- Gender Identity-Specific Experiences and Perceptions

The series of focus groups included groups of lesbian women; gay men; bisexual, pansexual, queer, & asexual adults; transgender & nonbinary adults; LGBTQ+ adults; and LGBTQ+ youth (14-17 years old).

THEME 1: BARRIERS TO ACCESSING MENTAL HEALTH CARE

"I think there needs to always be more information in Spanish and other languages."

"I've had issues with my family, like, I know that my mom doesn't believe in getting help for mental health things."

"...regardless of, you know, the orientation thing, I find it difficult just to get any help. I tried through [agency], I've tried through other things, and I get anything from, they don't return calls, to "Well, I'm not taking clients right now," you know? Even if they take insurance or whatever, they're just...booked. They're full."

"And it's, like, you find these therapists that look really nice online, but again, it's like—they're not lower-income friendly or insurance-friendly or anything like that, so it's really inaccessible."

Financial Issues

"You'll find a provider that is exactly what you want and then you can't go there because you can't afford it. And, you know, I'm on state insurance and a lot of places that really specialize in specific areas don't accept that insurance."

Mental Health Stigma

"I'm out at work, I'm comfortable talking about being bi at work, but the fact that I'm bipolar, oh no, nobody knows about that secret."

"...because there's stigma about mental health and then there's the whole stigma around LGBTQ+, issues, it's like a double whammy..."

THEME 1: BARRIERS TO ACCESSING MENTAL HEALTH CARE

Knowing How to Find and Access Mental Health Care

"...just more advertisement for both therapists and support groups in general, just have it more common knowledge [than] just around the town..."

"And mental health-wise, therapists are...not known to the general community. I had to ask many, many people, 'Who can I see? Who can I talk to? Who is your recommendation for a doctor?' And I strictly found out by word of mouth through groups...there's nothing publicly."

Lack of LGBTQ+ Affirming Providers

"...my husband and I both have experiences with mental health providers—it's not like anyone's doing terribly...it's just a lack of knowledge and it's really hard to find someone who is actually LGBT to work with."

"I'd say they're fine as people, but when you take the gay or trans part then, like, they don't know what to do."

"...[we need] more therapists and doctors who know about queer stuff, who are trained, who are queer themselves; there's like one doctor in town who does hormones."

THEME 2: CONDITIONAL FEELINGS OF SAFETY

"...but there's also a difference between safety and comfort. Not in every circumstance would I feel comfortable...making a loud declaration of bisexuality."

Based on Identity and Presentation

"We don't find ourselves feeling super comfortable to hold hands walking down the street, really anywhere in the county...that's definitely something I'd love to see change or be a part of that change."

"Sometimes I'm a little anxious about wearing my skirt somewhere where it seems very cis-expressive... that's a little nerve-wracking."

"I don't feel the same freedom to express my love for my wife in public the same as I might feel in a city environment..."

Based on Location

"It's kinda always on my mind, about making sure you know where you are, your whereabouts, who your audience is, if you're paying for gas, going out to lunch, or whatever it may be..."

"You still get crawly creatures up your back when you see some people—you worry about even walking downtown San Luis Obispo after dark, especially at bar closings."

"I think it has a lot to do with your workplace. I mean, that's where you encounter so much of the pressure to disclose or not disclose, or talk about these things or [wonder] am I going to respond to that weird comment or just let it go?"

THEME 3: SUPPORTIVE SPACE AND COMMUNITY

"I like GALA, GALA's pretty cool."

"I think teachers should know how much this would mean if [they] could use the correct pronouns, that would mean the world to someone if [they] got called on."

"5 Cities Hope. [Staff member at 5 Cities Hope] is pretty cool."

Need and Want More Supportive Formal Meetings and Spaces

"I would love to see a support group for women that are just coming out."

"...I want so badly [to have] a real life group of other trans people, like 16 to, I don't know, like, 25...I have that online... and that's great too, [I] talk to all of them, but I wish I had that in real life."

"A support group!...that would be helpful, just to have a place to go and have somebody mirror and reflect back to me 'That's okay that you feel that way,' or, 'Yeah, I've had that feeling, too. Here's how I've dealt with it.' Just some kind of feedback."

Need and Want More Supportive Informal Hangout Spaces

"...to have a brick and mortar place, you know that might even be government supported, or county supported...where you could go and belong, and not fear for your safety."

"...if there [was] just one place in the town that was like a coffee shop or a clubhouse or some sort of just LGBT central area where you could just go at anytime and...hang out and meet people, you know?"

"...if we had a community center...[or] a community forum like a bar, or something like that, then, there [could] be a bulletin board...kind of like where we saw the QCARES advertisements there could be something there where everyone will see it."

THEME 3: SUPPORTIVE SPACE AND COMMUNITY

Role of Social Support

"Something that I've kind of noticed is a lot of people just want to find community...they want to [find] people who are like them."

"For me [social support] has mostly been friends and family members, but I also really lucked out with my job, being super open-minded. Like, as soon as I came out to them, because I was getting ready to start testosterone; they all rallied around me. Like, they've been amazingly supportive."

THEME 4: NEGATIVE EXPERIENCES WITH MENTAL HEALTH PROVIDERS

"I went to see a therapist two or three years ago. And I had an incredibly poor experience—she made a few comments about how it was too bad I was using the employee assistance program at my work to see her because she wouldn't be making as much money as if I was paying outright."

"I would probably prefer to be just treated as a regular person, [rather] than being, 'Oh, you're trans, lemme talk to you about these trans issues,' instead, [ask] 'How are you doing today?' 'What's going on in your life?' instead of 'How's your dysphoria doing?'"

Lack of LGBTQ+ Competence

"It's frustrating sometimes because I don't want to be the one to educate you."

"I've really struggled, actually, to find someone to open up to and talk to about things that understands...I've had a couple different therapists in the past who have straight up told me 'Well, I don't really know how to help you with your gender thing because I don't understand it.'"

"It was really hard...calling around and realizing that you had to ask that question, that if I was hetero I would have never had to bring this up, but having to identify as gay...asking that person, 'Are you okay with that?' And there's always that seven-year-old self in you that you always want to hear everybody be like, 'Oh, that's fine, that's completely fine.' You know [that] you're loved, you belong. And, [then] people say to you, 'No, actually I'm not really comfortable with that, but thanks for calling.'"

THEME 4: NEGATIVE EXPERIENCES WITH MENTAL HEALTH PROVIDERS

Lack of General Mental Health Competence

"...it was more just finding that I couldn't really get deep into any topics with people because they just weren't getting the basic stuff. So if I was going to talk about depression, I had to talk about it in more of a general way. And sort of keep transition related things out of it, because they just weren't gonna be able to give me any specifics on that..."

"I will say that my experience with [agency] has also been pretty poor. I would say the [agency] is just terrible to begin with—because it's not helpful for long-term, and they just basically tell you to go somewhere else, which I found really frustrating."

"...as someone who used to receive their mental health care from [agency]...It's awful...It's just substandard care at best, to begin with...so, I got out of there."

THEME 5: POSITIVE EXPERIENCES WITH MENTAL HEALTH PROVIDERS

"I have a great relationship with my therapist. He's very nice. Definitely [does not have] a whole of lot of understanding about specific...LGBTQ concerns or issues, but he's great and we have a good relationship and he's helped me a lot."

"I super lucked out when I came out in this community by connecting with a lesbian therapist."

"I feel like everyone I saw in a professional capacity who I told I was bi was overwhelmingly positive in their reception. There was never a moment's hesitation with whether or not that was an okay way to be a human."

Mental Health Providers Demonstrate Curiosity, Interest, and Humility

"I think the biggest positive for me in recent years is just seeing that more minds are opening and more people are willing to educate themselves."

"I haven't had any negative experiences with [agency] either. Everybody's been really open to whenever I wanted to share, anything about my sexual orientation, so that was pretty refreshing."

LGBTQ+ Affirming Experiences

"I had one [therapist] recently who was gay, and who got it and I felt like we had a shared language there."

"The therapist that I have is accepting and completely embracing of all my identities that I have shared, and helps me with working through things..."

"...it was really neat getting to work with [provider] because she totally understood the intersection of faith and spirituality and sexuality."

"I go to a therapist and she's actually one of the few that I've found that actually is open to me being gay and that becomes a topic of conversation for me to unload."

"I will say my psychiatrist currently is super, super supportive and I have an acquaintance that sees her as well, that I know is lesbian and she says she loves her, too. She's great! I can talk to her about anything and she's super supportive."

THEME 6: GENDER IDENTITY SPECIFIC EXPERIENCES & PERCEPTIONS

"Just my perception, but I think that if you are gay, lesbian, bi, but identify as cisgender, that's definitely more understood, versus trans is such the buzzword now, but I don't feel like there's a lot of understanding of the emotions and decisions and mental health impact of somebody coming out as trans..."

"I've had a lot of luck with, in regards to sexuality stuff, but as soon as I bring my gender into it it's, like, completely shut down."

"...sexuality-wise, I've had a lot more luck with people being open-minded and really understanding, but unfortunately, at least in my case when it comes to gender stuff, it's just been really hard to find anyone to talk to about it."

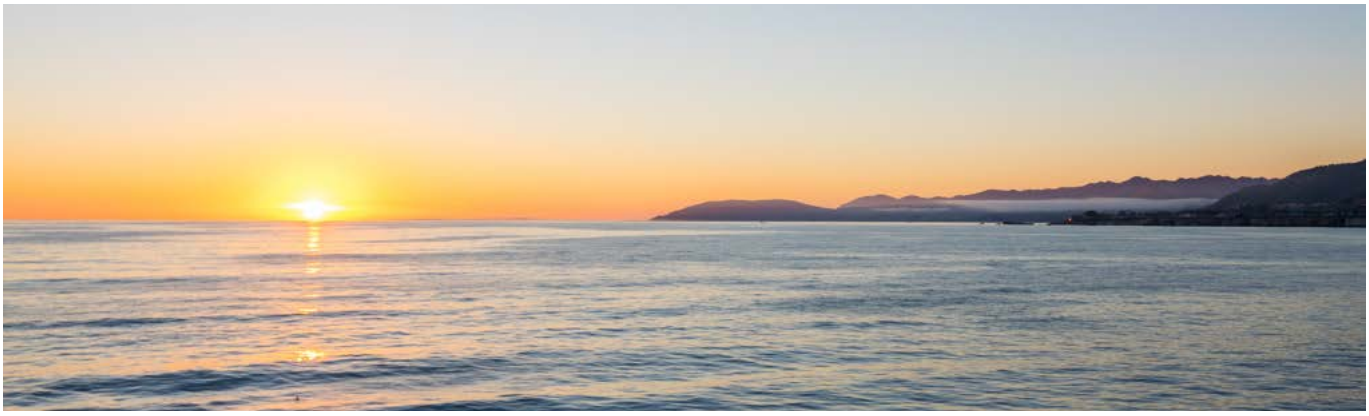
"...having people straight-up tell you to your face that they're not willing to respect your pronouns, to me, immediately makes the whole rest of the encounter, no matter how positive it might attempt to be, [it] just sours it."

"...when it comes to gender identity I feel, like, that's very different. I identify as genderqueer and that feels very, very invisible to me, especially at work. We have gendered bathrooms and I am the only person under the age of 30 in my workplace...if I really wanted to, I could say 'Hey, you all need gender-inclusive bathrooms,' and they couldn't tell me 'No,' but I also haven't because I feel like that would put a target on me as the only person in the office."

CONCLUSIONS AND RECOMMENDATIONS

Overall, the data provide a nuanced view of the current state of LGBTQ+ mental health in San Luis Obispo County. The results provide important information about barriers to seeking mental health care, experiences with mental health care providers, and the support services that LGBTQ+ community members see as most important to serve the needs of the community. Further, this needs assessment provides a snapshot of the current state of mental health and wellness for LGBTQ+ community members, including levels of psychological distress, suicidality, alcohol, and drug use.

While one of the primary goals of the present needs assessment is to provide recommendations to better serve the mental health and wellness needs of local LGBTQ+ residents, this study also identified the strengths our community possesses. Very few transgender and nonbinary (9%, n = 6) and sexual minority (4%, n = 8) participants reported that their mental health providers made distinct homophobic or transphobic remarks and most agreed that their providers are open minded and nonjudgmental of LGBTQ+ people (see Table 4a). Further, at 86% (n = 177), most of sexual minority (see Table 4c) and 67% (n = 48) of transgender and nonbinary (Table 4b) participants felt that their providers were accepting of their sexual orientation or gender identity, respectively. These positive experiences are not mutually exclusive to the recommendations presented in the following pages, as both the areas of LGBTQ+ mental health care that are doing well, and areas for growth, merit recognition.



CONCLUSIONS AND RECOMMENDATIONS

Organizations and agencies should attempt to identify areas for growth and change to help support LGBTQ+ mental health and wellness

Organizations and agencies should engage in a routine process of self-assessment in order to better understand the current climate and needs of those they serve and their employees aligned with national best practice in their respective fields. Agencies should implement policies that protect and are inclusive of LGBTQ+ individuals in order to ensure equity for all and compliance with local state and federal laws. See Appendix B for an adapted Organizational Self-Assessment.

67%

of participants reported LGBTQ+ affirming providers as a **high need** (*n* = 234)

Moreover, having an identified individual, liaison, or point person who is responsible for proper implementation of affirming and culturally competent practices is strongly encouraged. This person (or group of people) should be a source of support on LGBTQ+ policies, practices, and inclusion efforts for those they serve and agency employees. There are several examples of this best practice, including the City of New York, Department of Corrections creating a director of LGBTQ+ initiatives (Tracy, 2019). Additionally, the Administration for Children's Services in New York, has established a Provider LGBTQ Point Person Network (LGBTQ Children, Youth & Families, n.d.). This is a crucial step to ensuring that LGBTQ+ affirming initiatives continue to be considered, included, and implemented throughout and across agencies and organizations.

CONCLUSIONS AND RECOMMENDATIONS

Trainings to promote LGBTQ+ affirming practices for mental health providers, agencies, and community organizations

Community organizations and mental health agencies should provide training for their staff about how to provide affirming services to LGBTQ+ community members. Given participants' experiences with mental health providers, specifically, provider trainings are foundational to creating positive change for LGBTQ+ community members. Though no data was collected directly from therapists, anecdotally, many agencies, therapists, and local groups have requested training about LGBTQ+ affirming services. This recommendation is in line with past research suggesting that therapists often do not feel confident in their ability to provide affirming services (Anhalt, Morris, Scotti, & Cohen, 2003; Couture, 2017; Farmer, Welfare, & Burge, 2013). In this survey, only half (51%, n = 102) of LGBQ+ and 42% (n = 29) of transgender and nonbinary participants reported that their providers were educated about their unique identities and experiences (Tables 4a-4c).

It is important to note that being LGBTQ+ friendly and supportive is an important first step; however, providers, agencies, and community organizations should also have *knowledge* about the broader LGBTQ+ community (including specific gendered identities and sexual orientations) and the health issues and disparities the community faces. Finally, providers often need to be trained with the *skills* to provide affirming mental health care.

Providers also need to develop an increased awareness of their own beliefs and biases about sexual orientations and gender identities, including heterosexist, binary, and cisgender norms.

CONCLUSIONS AND RECOMMENDATIONS

Transgender and nonbinary community members are in need of more affirming mental health support

Throughout the needs assessment, transgender and nonbinary participants consistently rated mental health provider experiences as less affirming and knowledgeable and reported more disparities in most areas of mental health and wellness when compared to sexual minority participants. Notably, less than half (49%, *n* = 33) of transgender and nonbinary participants felt safe discussing their gender identity with their mental health providers (Table 4b). Transgender and nonbinary participants largely reported more negative mental health outcomes, including higher levels of psychological distress (Figure 11 & Tables 5-6), depression and anxiety (Figure 12), suicidality (Table 7 & Figure 13), lower levels of community connectedness (Tables 8-10), more frequent experiences of minority stress (Tables 11a-11h), and higher levels of internalized stigma (Tables 12-13). These disparities highlight the need for a substantial increase in gender-affirming mental health care in SLO County. All efforts to support LGBTQ+ mental wellness, more generally, must take steps to ensure that any deficits in provider knowledge, awareness, and skills in terms of working with transgender and nonbinary clients are appropriately addressed so as to not perpetuate the existing gaps in provider competence in serving clients with diverse gender identities and sexual orientations.

Cultural competency trainings need to include emphases on transgender and nonbinary identities and experiences, including at the intersections of sexual orientation, racial and ethnic identity, socioeconomic status, and nationality or documentation status.

CONCLUSIONS AND RECOMMENDATIONS

Suicide prevention efforts need to purposefully include LGBTQ+ community members

In this study, approximately 28% (*n* = 94) of LGBQ+ and nearly 38% (*n* = 33) of transgender and nonbinary participants seriously considered attempting suicide during the past 12 months, with much higher percentages for youth and young adults. Kaniuka et al. (2019) found that community connectedness was a significant moderator between perceived stigma, depression, and suicidal behavior. In conjunction with concerted efforts to create safe spaces, specific suicide prevention initiatives need to be directed towards the LGBTQ+ community. Research has demonstrated that LGBTQ+ specific crisis services have played an integral role in suicide prevention among the LGBTQ+ community (Goldbach, Rhoades, Green, Fulginiti, & Marshal, 2019). In addition to common trainings such as Mental Health First Aid and Question, Persuade, Refer (QPR), *suicide prevention trainings should include a specific LGBTQ+ component.*

Increased support services for LGBTQ+ youth are necessary

In the present needs assessment, 92% (*n* = 48) of youth participants have thought about killing themselves and 52% (*n* = 27) of youth participants reported seriously considering suicide in the past 12 months. Further, 35% (*n* = 18) of youth participants have attempted suicide. Similarly, the 2017 California Healthy Kids Survey found that 51% of SLO County LGB youth (Elfers et al., 2019a) and nearly 58% of trans youth (Elfers et al., 2019b) had seriously considered attempting suicide in the past 12 months. Additional research has identified that LGBTQ+ youth are at increased risk of drug and substance use in comparison to their cisgender and heterosexual peers, leading to increased suicide ideation and attempts (Hatchel et al., 2019). Notably, inclusive sex education was rated as a high need by 75% (*n* = 265) of participants.

An increased focus on LGBTQ+ youth services is needed in San Luis Obispo County, including LGBTQ+ affirming support groups and safe spaces to connect with peers, particularly at school.

CONCLUSIONS AND RECOMMENDATIONS

LGBTQ+ affirming community spaces are needed to increase feelings of safety and community connectedness

Feeling a strong connection to a sense of community was of central importance and a recurring theme throughout the needs assessment in both the quantitative and qualitative portions of the study. Research has found community connectedness to be a resilience factor associated with perceived social support (Testa et al., 2015) and the belief that America is a just society (Flanagan et al., 2007). Given the role of community connectedness as a buffer against the deleterious effects of minority stressors on mental health in LGBTQ+ populations (Meyer, 2003), there is a demonstrated need from participants for more accessible and supportive community spaces (see Theme 3 from focus groups). With survey results finding that only 29% (transgender/nonbinary *n* = 25; LGBQ+ n = 94) of participants agreed that most LGBTQ+ people feel safe in their community (see Table 8), structural actions fostering a stronger connection to the local LGBTQ+ community may result in lower levels of psychological distress and increased mental wellness in LGBTQ+ San Luis Obispo County residents.

CONCLUSIONS AND RECOMMENDATIONS

LGBTQ+ affirming community spaces are needed to increase feelings of safety and community connectedness

1) Increased funding, resources, and staffing is needed for local LGBTQ+ organizations and for agencies that disproportionately serve LGBTQ+ individuals. Funding is also needed to support and increase LGBTQ+ affirming initiatives across all agencies and organizations.

2) Provide funding to form new support, social, and wellness groups or organizations, particularly where these are lacking (e.g. North County) or a need has been indicated.

3) Support for the LGBTQ+ community should be displayed prominently and meaningfully in public and private spaces.

The null environment hypothesis (Freeman, 1979) posits that explicit demonstrations of support are necessary for marginalized communities to feel welcome and safe in a given space. Because the absence of overt cis- and heterosexist hostility is insufficient for promoting feelings of safety, organizations, businesses, and agencies can signal LGBTQ+ affirming practices by flying pride flags (e.g. Philadelphia Pride Flag, Daniel Quasar's Progress Pride Flag, transgender pride flag). Such displays of support must be accompanied by policies and practices that create actually LGBTQ+ affirming environments. Other benchmarks for access, equity, and inclusion can be found in the organizational self-assessment (see Appendix B).

The avenues of funding for and feasibilities of each previously-mentioned recommendation to bolster community connectedness may differ, however, these steps represent examples of concrete, structural-level actions that may lead to measurable improvements in the mental health of local LGBTQ+ community members by way of supporting community connectedness.

CONCLUSIONS AND RECOMMENDATIONS

A database of LGBTQ+ affirming services and providers is needed to reduce barriers to seeking care

Participants noted several barriers to seeking and receiving mental health care, including many that could be remedied with an easy-to-access and searchable online database of providers. Participants noted that finding affirming providers is largely "word of mouth", and many noted that it was difficult to find LGBTQ+ affirming services. In fact, most participants reported not knowing how to find an LGBTQ+ competent provider (68%, n = 137), and many believe that there are no LGBTQ+ knowledgeable mental health services in their neighborhood (60%, n = 119).

There are several considerations when creating a directory or database of providers, including which organizations will host directories, the criteria for providers who are interested in being placed on the list, the management of the directory over time, and usability of content (i.e., being able to search by geographic region, insurance, etc.). Though these all need to be carefully considered, it should not stop the progress of such a venture.

There are some national online directories that help LGBTQ+ community members find medical doctors or mental health providers, however, there are often very few, if any, providers listed for San Luis Obispo County. Ideally, more affirming therapists might join national directories that are LGBTQ+ specific. Unfortunately, when directories are not LGBTQ+ specific, there are often questions from community members about how knowledgeable and affirming the providers really are, or if they simply "checked a box" on a form.

It may be advantageous to have more than one data base. These might be hosted by different agencies and organizations, or a collaboration between agencies might support the development of a more robust database, ideally focusing on various aspects of health and wellness. The ability to search for providers online will likely enhance community members' ability to find the doctors, therapists, agencies, and organizations that support and affirm their identities, thereby enhancing community connectedness.

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APPENDIX A

Phase I Survey Questions

Eligibility Questions and Demographics

- What is your current age (in years)?
- If you agree to voluntarily participate in this research project as described, and are at least 14 years old, please indicate your agreement by completing and submitting the following questionnaire.
- Do you identify as part of the lesbian, gay, bisexual, transgender, queer, questioning, intersex, or asexual (LGBTQIA) community?
- Do you currently live in San Luis Obispo County?
- Are you 14 years old or older?
- What term below would most closely describe your gender identity? (Note:- You will have the opportunity to mark all gender identities that apply to you towards the end of the survey)
- What term below would best describe your sexual orientation? (Note: You will have the opportunity to mark all sexual orientations that apply to you towards the end of the survey)

Barriers, Experiences, and Services Needs in San Luis Obispo County

- Have you had any experiences with mental health services in San Luis Obispo County?
- If you have not had any experiences with mental health services, please select all that apply:
- Please check any of the following mental health services that you have had any experiences with:

Provider Ratings

- Respond to the following statement: In general my experiences at _____ were:
- Please explain any positive or negative experiences (if applicable):
- Are you still receiving treatment at _____?
- If no, why were your treatments ended? Please select all that apply.
- How satisfied would you say you are with the therapy you are receiving?

APPENDIX A

Provider Ratings Continued

- Please rate the therapists (all together) who have treated you on the following scales.
- In general, the mental health professionals I see or have seen are knowledgeable in discussions about sexual orientation.
- In general, the mental health professionals I see or have seen are knowledgeable in discussions about gender identity.
- My mental health care provider asked me about my sexual orientation.
- My mental health care provider asked me about my gender identity.
- I felt safe discussing sexual orientation with my provider.
- I felt safe discussing gender identity with my provider.
- My provider said they would be willing to discuss sexual orientation.
- My provider said they would be willing to discuss gender identity.
- I assumed that my health care provider was against homosexuality and/ or gender identity noncomformity.
- I was afraid my mental health care provider would think I was mentally ill due to my sexual orientation.
- I was afraid my mental health care provider would think I was mentally ill due to my gender identity.
- I was afraid my mental health care provider would send me to a psychiatric hospital.
- My mental health care provider made distinct homophobic or transphobic remarks.
- The provider is open-minded and nonjudgmental of LGBTQ+ people.
- The provider is aware and educated about LGBTQ+ people.
- Staff are discreet; they are sensitive to the issue of being LGBTQ+ or closeted.
- I have a choice of having an LGBTQ+ provider.
- The site offers services that focus on LGBTQ+ youth.
- The provider does not assume that I'm heterosexual or straight and/ or cisgender.

APPENDIX A

Barriers

Please indicate the extent to which the following factors have posed a barrier to you when seeking mental health services or support in San Luis Obispo County. If you are not currently seeking services, please answer based on what would be a barrier if you were seeking services.

- I cannot afford the mental health services I want or need.
- I was not eligible for the services I want or need.
- The wait time to be seen by a mental health service provider was too long.
- I feel ashamed to seek out mental health services.
- I had a harmful or traumatic experience in the past with mental health services.
- I am concerned that my mental health care will not be kept confidential.
- The mental health services I have been using have been cut.
- The provider hours did not work with my schedule.
- There were no couples or relationship counseling services offered.
- I have chronic physical health problems which limit my ability to access services.
- My culture (e.g., racial, ethnic, religious) does not support mental health services.
- I was only offered group services instead of individual services.
- I do not have transportation to mental health services.
- There are no mental health services in my neighborhood.
- I am concerned that the mental health provider will mistreat me due to my race or ethnicity.
- I do not know how to find a mental health provider that is LGBTQ+ competent.
- I cannot find a provider I am comfortable with who is also LGBTQ+ knowledgeable.
- I am concerned that my provider would not be supportive of my LGBTQ+ identity or behavior.
- There are no LGBTQ+ knowledgeable mental health services in my neighborhood.
- I am afraid that my sexual orientation or gender identity will not be kept confidential.
- Several of the LGBT providers I would visit are in the same social circle as me (e.g., attend the same social events).

APPENDIX A

Service Needs

- What type of support services are most needed to better serve the LGBTQ+ community in SLO County? Please rate all from no need to high need. Answer based on your personal experience or general impression.
- What do you feel is needed in San Luis Obispo County to improve LGBTQ+ mental health services? Please include as many suggestions, comments, and ideas as you would like.

Mental Health

General Distress

The following questions ask about your recent thoughts, feelings, attitudes, and behaviors about yourself and everyday life. Please select the answer that most accurately describes you.

Select all that apply:

During the past 30 days, about how often did you feel...

- Nervous?
- Hopeless?
- Restless or fidgety?
- So depressed that nothing could cheer you up?
- That everything was an effort?
- Worthless?

The following questions ask about how your responses to feelings in the previous question may have affected you in the past 30 days.

- During the past 30 days how often has your gender identity or sexual orientation been the cause of these feelings?
- During the past 30 days, how many days out of 30 were you totally unable to work or carry out your normal activities because of these feelings?
- During the past 30 days, how many times did you see a doctor or other health professional about these feelings?

Mental Health

General Distress Continued

The following questions ask about problems you may have experienced as a part of daily life. When answering, think about how often you have been bothered by the following problems in the past two weeks.

- Feeling nervous, anxious, or on edge?
- Not being able to stop or control worrying?
- Little interest or pleasure in doing things?
- Feeling down, depressed, or hopeless?

Suicidality

- During the past 12 months, did you ever seriously consider attempting suicide?
- Have you ever thought about killing yourself?
- Have you ever made specific plans to commit suicide without carrying them out?
- Have you ever made threats to others that you will kill yourself?
- Have you ever deliberately tried to hurt yourself (self-harm)?
- Have you ever tried to kill yourself?

Substance Use

Alcohol Use

The questions use the term "standard drink." When answering, you can consider a standard drink to be: 12 ounces of regular beer, 5 ounces (a standard glass) of wine, or a 1.5 fluid ounce shot of spirits (gin, rum, tequila, etc.).

- How often do you have a drink containing alcohol?
- How many standard drinks containing alcohol do you have on a typical day?
- How often do you have six or more drinks on one occasion?

APPENDIX A

Substance Use

Drug Use

When answering the following questions, please think about the past 12 months. When the words “drug use” are used, they mean the use of prescribed or over-the-counter medications and/or drugs, in excess of the directions, and any non-medical use of drugs. The various classes of drugs may include: cannabis (e.g., marijuana, hash), solvents, tranquilizers (e.g., valium), barbiturates, stimulants (e.g., speed, cocaine), hallucinogens (e.g., LSD), or narcotics (e.g., heroin). This does not include alcohol or tobacco.

- Have you used drugs other than those required for medical reasons?
- Do you use more than one drug at a time?
- Are you always able to stop using drugs when you want to?
- Have you had "blackouts" or "flashbacks" as a result of drug use?
- Do you ever feel bad or guilty about your drug use?
- Do your spouse/partner, friends, or parents ever complain about your involvement with drugs?
- Have you neglected your family because of your use of drugs?
- Have you engaged in illegal activities in order to obtain drugs?
- Have you ever experienced withdrawal symptoms (felt sick) when you have stopped taking drugs?
- Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?

Community Connectedness

The following questions are about your connectedness to the community. Please select the most appropriate response for how well each statement finishes the following statement:

"In my community..."

- There are people I can ask for help when I need it.
- Most people try to make this a good place to live.
- People trust each other.
- Most LGBTQ+ people feel safe.

Community Connectedness Continued

The following questions are about your connectedness to the community.
Please select the most appropriate response for how well each statement finishes the following statement:
"In my community..."

- In general, people from my town work to solve our problems.
- In general, I have found that people pull together to help each other.
- When someone moves here, people make them feel welcome regardless of their identities.
- You can meet others of different sexual orientations/gender minorities.

Sources of Support

- Where do you feel you get the most support for your gender identity (please select all that apply)?
- Where do you feel you get the most support for your sexual orientation (please select all that apply)?

Internalized Stigma and Identity-Specific Community Connectedness

Internalized Transphobia

Please indicate how much you agree with the following statements.

- I resent my gender identity or expression.
- My gender identity or expression makes me feel like a freak.
- When I think of my gender identity or expression, I feel depressed.
- When I think about my gender identity or expression, I feel unhappy.
- Because of my gender identity or expression, I feel like an outcast.
- I often ask myself: Why can't my gender identity or expression just be normal?
- I feel that my gender identity or expression is embarrassing.
- I envy people who do not have a gender identity or expression like mine.

APPENDIX A

Internalized Stigma and Identity-Specific Community Connectedness Continued

Internalized Heterosexism

- I resent my sexual orientation.
- My sexual orientation makes me feel like a freak.
- When I think of my sexual orientation, I feel depressed.
- When I think about my sexual orientation, I feel unhappy.
- Because of my sexual orientation, I feel like an outcast.
- I often ask myself: Why can't my sexual orientation just be normal?
- I feel that my sexual orientation is embarrassing.
- I envy people who do not have a sexual orientation like mine.

Gender Minority Community Connectedness

Please indicate how much you agree with the following statements.

- I feel part of a community of people who share my gender identity.
- I feel connected to other people who share my gender identity.
- When interacting with members of the community that shares my gender identity, I feel like I belong.
- I'm not like other people who share my gender identity.
- I feel isolated and separate from other people who share my gender identity.

Sexual Minority Community Connectedness

- I feel part of a community of people who share my sexual orientation.
- I feel connected to other people who share my sexual orientation.
- When interacting with members of the community that share my sexual orientation, I feel like I belong.
- I'm not like other people who share my sexual orientation.
- I feel isolated and separate from other people who share my sexual orientation.

APPENDIX A

Minority Stress and Discrimination

Respond to the statements according to the scale.

- Feeling invisible in the LGBT community because of your gender expression.
- Being harassed in public because of your gender expression.
- Feeling like you don't fit into the LGBT community because of your gender expression.
- Being misunderstood by people because of your gender expression.
- Watching what you say and do around heterosexual people.
- Pretending that you are heterosexual.
- Hiding your relationship from other people.
- Avoiding talking about your current or past relationships when you are at work.
- Hiding part of your life from other people.
- Being called names such as “fag” or “dyke."
- People staring at you when you are out in public because you are LGBT.
- Being verbally harassed by strangers because you are LGBT.
- Being verbally harassed by people you know because you are LGBT.
- People laughing at you or making jokes at your expense because you are LGBT.
- Hearing about LGBT people I know being treated unfairly.
- Hearing about LGBT people I don’t know being treated unfairly.
- Hearing about hate crimes (e.g., vandalism, physical or sexual assault) that happened to LGBT people you don't know.
- Hearing other people being called names such as “dyke” or “fag”.
- Hearing politicians say negative things about LGBT people.
- Hearing someone make jokes about LGBT people.
- Your family avoiding talking about your LGBT identity.
- Being rejected by relatives because you are LGBT.
- Worry about getting HIV/AIDS.
- Worrying about infecting others with HIV.
- Other people assuming that you are HIV positive because you are LGBT.
- Being punched, hit, kicked, or beaten because you are LGBT.
- Being sexually harassed because you are LGBT.

APPENDIX A

Minority Stress and Discrimination Continued

Respond to the statements according to the scale.

- Difficulty finding a partner because you are LGBT.
- Difficulty finding LGBT friends.
- Having very few people you can talk to about being LGBT.
- Feeling like you don't fit in with other LGBT people.

Demographics

- Where do you live in San Luis Obispo County?
- How many years have you lived in San Luis Obispo County?
- In this study, homelessness is defined as living in a temporary living arrangement (such as staying with a friend or at a shelter); or with a primary nighttime residence that is not ordinarily used as a regular sleeping accommodation for human beings, including but not limited to a car, park, abandoned building, bus, or train station.
  - Are you currently homeless?
  - Have you ever been homeless?
- What is your age?
- What is your current employment status? Check all that apply.
- What is the highest level of school or degree you have completed?
- What is your current relationship status?
- How much was your total individual income in 2017 in USD?
- How much was your total combined family/household income in 2017 in USD? (If living alone, please indicate your individual income.)
- The following question asks about experience with the foster care system. Which of the following best applies to you?
- The choices below may not encompass your entire racial/ethnic identity, but for the purposes of this survey, please select the choice(s) that most accurately describes your identity: (Mark all that apply)
- You marked that you are Hispanic or Latinx. Which of the following do you most closely identify with?
- What sex were you assigned at birth?
- Please mark all gender identities that apply to you:
- Please mark all sexual orientations that apply to you:

APPENDIX A

Sample of Phase II Focus Group Questions

- What are your general perceptions of being a member of the LGBTQ+ community in San Luis Obispo County?
- Drawing from your perceptions or your experiences, how knowledgeable are mental health providers in San Luis Obispo County about the needs of LGBTQ+ people?
- How skilled are the mental health providers in San Luis Obispo County in serving LGBTQ+ clients?
- Where do LGBTQ+ community members in San Luis Obispo County seek mental health services and support?
- What are some of the negative experiences you have had with mental health providers in San Luis Obispo County?
- What are some of the positive experiences you have had with mental health providers in San Luis Obispo County?
- What might be the barriers to seeking or receiving mental health care in San Luis Obispo for the LGBTQ+ community?
- What can San Luis Obispo County do to better support the mental health and wellness of the LGBTQ+ community?

APPENDIX B

CROSS CULTURAL CENTERS

ORGANIZATIONAL SELF-ASSESSMENT

FOR LGBTQ+ ACCESS, EQUITY, & INCLUSION

This tool was adapted from The LGBTQ Access Project to assist organizations and departments at California Polytechnic State University in the process of evaluating their current performance in serving LGBTQ+ students, faculty, staff, and alumnx. The self-assessment is an examination of organizational policy and practice, based on key areas of operation. While the tool is extensive, it is not intended to be comprehensive. This is a starting point for those organizations and departments interested in building capacity to increase LGBTQ+ access and inclusion within a broader commitment to social justice. The assessment should be done in a team in order to bring various perspectives into conversation about organizational performance. Each section includes both open ended questions and ratings on specific indicators. The accuracy of the ratings is not as important as the questions and conversations the tool will spark and the changes it may prompt in your organization or department.

HOW IT WORKS

The Organizational Self-Assessment is divided into ten related areas of organizational operations: mission, vision, and values; physical and digital infrastructure; human resources, organizational climate, volunteer programs, professional development, intake & referral, services & programs; collaboration & outreach; and development & communications.

Indicators are specific areas related to LGBTQ+ access and inclusion. For each indicator, you will be prompted to rate the current effectiveness of your organization on the following scale:

HIGHLY EFFECTIVE
EFFECTIVE
NOT EFFECTIVE
HAVE NOT TAKEN ACTION

N/A (not applicable) is an alternative response when the organization does not perform on a particular indicator or the indicator may not apply. For items where your organization does perform, but is currently not taking action, mark "HAVE NOT TAKEN ACTION."

Framing question - dialogue prompts that help organizations consider unique strengths and opportunities that might not be reflected in the standard indicators.

QUICK ASSESSMENT

- ❑ Conduct organizational assessments to better understand the climate and needs of your organization
- ❑ Implement model policies that protect and include LGBTQ+ people, volunteers, and employees.
- ❑ Put best practices into place to show clients that your organization is affirming and welcoming and values equity and inclusion
- ❑ Update forms and promotional materials to be more inclusive
- ❑ Ensure your facilities and physical infrastructure are accommodating
- ❑ Apply best practices to volunteers and employees, especially in hiring, onboarding, and training & development practices
- ❑ Challenge biases of your own and others

TEAM-BUILDING APPROACH

- **INVITE A TEAM** of people from across your organization or department who will bring diverse perspectives to the assessment process. The team should include representation from various levels of the staffing and stakeholders of your organization.
- **SCHEDULE A FEW MEETINGS**, at least two meetings around 90- minutes is recommended to complete the assessment. The facilitator should familiarize themselves with the assessment tool before the first meeting and bring at least two copies of the assessment to the first meeting. It is not recommended to circulate the assessment tool to members in advance.
- **COMPLETE THE ASSESSMENT:** The facilitator should help set intentions or guidelines that help all members participate freely and for differences of opinions to emerge. The facilitator leads by using the prompts offered in the assessment and by encouraging dialogue and differing points of view.
- **DOCUMENT DISCUSSIONS** using this form to capture assessment ratings and track ideas and action items generated for change.
- **FOLLOW-UP** with the group with next steps to keep everyone engaged.

TIPS FOR THE TEAM

- **ENCOURAGE CANDID RESPONSES:** Utilize your team's different viewpoints and experiences to promote a dynamic "snapshot" of the organization at this moment in time. Attempt to become an observer to the organization, rather than an opinion leader or champion. Ultimately, the rating the group assigns is less important than the conversation your team engages in or the actions it may inspire you to take.
- **DEEPEN COMMITMENTS:** This tool is best used as a companion to or complimentary with assessments related improving services for underserved groups (language access, disability, anti-racism, etc.). The terms "equity & social justice" are used throughout this document to refer broadly to strategies that an organization may use to enhance diversity and improve access and inclusion to space and services for underrepresented communities. Where these terms appear, organizations may choose to replace them with the terminology used at the organization (e.g. diversity, humility, etc.).
- **DOCUMENT STRENGTHS:** Organizations often find that they are performing more effectively in some areas than in others. If the organization is highly effective in a specific area, take note of that success. For example, if your organization is HIGHLY EFFECTIVE in recruiting and retaining LGBTQ+ individuals, write down some of the strategies that make the organization effective. Documenting strengths may inform strategies for other areas and help the organization recognize and sustain successful practices.

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Organizational Self-Assessment. Adapted from "The LGBTQ Access Project," Copyright 2016.

APPENDIX B

MISSION, VISION, & VALUES	Highly Effective	Effective	Not Effective	Has Not taken action	N/A
The organization integrates its mission, vision, and values into daily practice					
The organization has a highly visible equity and social justice statement that includes LGBTQ+ access, equity, and inclusion and opposes practices that support systems of oppression (e.g. racism, sexism, heterosexism, cissexism, classism, ageism, nationalism, etc)					
The organization takes intersections of identity into account when addressing needs of individuals (this includes but is not limited to: sexual orientation, gender identity, gender expression, race, ethnicity, skin-color, socio-economic background, cultural upbringing, immigration status, family trauma, health or behavioral health diagnoses, disability, and cognitive differences).					
The organization makes its commitment to LGBTQ+ access and inclusion explicit to stakeholders and the broader Cal Poly community					
Major policy and protocol decisions are analyzed for impact on LGBTQ+ access, equity, and inclusion					
The organization encourages purchasing from women and minority-owned vendors/businesses, including LGBTQ+ businesses					
The organization's continuing improvement practices, accreditation processes, and/or other forms of evaluation include equity indicators, including those related to LGBTQ+ access and inclusion					
The organization seeks out recommendations and technical assistance from LGBTQ+ leaders, field experts, and organizations					
The organization commits resources to access, equity, and inclusion efforts					

FRAMING QUESTIONS
How does LGBTQ+ access, equity, and inclusion fit into the overall mission & values of the organization? Could the organization further incorporate LGBTQ+ inclusive practices into its ongoing equity & social justice commitments? How might the organization better advocate for LGBTQ+ individuals in the broader community?

PHYSICAL & DIGITAL INFRASTRUCTURE	Highly Effective	Effective	Not Effective	Has Not taken action	N/A
The organization has a plan to support access for people with disabilities and/or people who have experienced trauma.					
The organization visually communicates that racially diverse LGBTQ+ people are welcome in its facilities (artwork, magazines, posters).					
The organization visually communicates its equity and social justice values in its facilities (artwork, magazines, posters).					
The reception area is configured to best ensure privacy in completing documents and forms that may reveal personal information.					
The organization affirms members gender identity by allowing and supporting them to use the facilities that correspond to their gender identity (e.g. restrooms, locker rooms, and living accommodations)					
All gender restrooms are available and readily accessible for participants of your organization in the spaces you occupy.					
It is your organizational policy to ensure that all gender restrooms are made available at off-site events and programming.					
The organization's informational and marketing materials (flyers, brochures website, social media) include representations that create a welcoming environment for LGBTQ+ people (including affirmation statements towards LGBTQ+ people, same gender couples, etc)					
Residential facilities and roommate matching options allow for a variety of options to house people of all genders. (e.g. options for same gender, gender neutral, and universal options)					

FRAMING QUESTIONS
How is a commitment to LGBTQ+ access reflected in the organization's facilities and physical spaces? What are some of the physical, spatial, or geographic barriers to LGBTQ+ access that the organization might be able to address?

ORGANIZATIONAL CLIMATE	Highly Effective	Effective	Not Effective	Has Not taken action	N/A
The organizational policies on harassment and discrimination include protections for sexual orientation, gender identity, and gender expression					
All new members of your organization receive information about the organization's commitment to equity and social justice, including LGBTQ+ access and inclusion.					
A person or committee is designated to lead organizational equity efforts, including LGBTQ+ access and inclusion					
Positions at all levels are able to participate in equity efforts (e.g. trainings, task forces, events, etc) as a part of their position description					
Leadership* participates in organizational equity and inclusion efforts					
Events and social activities (recreational, celebrations, fundraisers, etc) engage and appeal to the diversity of staff and volunteers that are presently at the organization					
There are LGBTQ+ affinity groups or spaces created in your organization					
The organizational climate is affirming for LGBTQ+ individuals					

FRAMING QUESTIONS
Is the organization's workplace culture welcoming and affirming of LGBTQ+ people? Are LGBTQ+ people connected to each other within your organization? Are staff or organizational social events engaging the diversity of staff at your organization, including LGBTQ+ staff? Does your organization solicit feedback from staff about equity and inclusion concerns or organizational climate?

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APPENDIX B

VOLUNTEER PROGRAMS	Highly Effective	Effective	Not Effective	Has Not taken action	N/A
The organization maintains a diverse pool of volunteers, including LGBTQ+ volunteers					
Prospective volunteers are screened for their understanding of the organization's commitment to equity and inclusion, including LGBTQ+ access and inclusion					
All new volunteers receive notice of non-discrimination policies and information on organizational equity and inclusion efforts, including LGBTQ+ access and inclusion					
Volunteers working directly with community members receive an orientation or training that includes information on gender identity, expression, and sexual diversity and LGBTQ+ access and inclusion					
Comprehensive training on equity and inclusion is offered to all new volunteers and includes LGBTQ+ access					
Volunteers are provided with and encouraged to reference educational materials related to LGBTQ+ individuals and communities					
There are strategies in place to address learning or experience gaps among volunteers, including gaps related to LGBTQ+ access and inclusion.					
Volunteer supervisors are equipped to respond to volunteers who express bias or discriminate against LGBTQ+ community members					
The organization maintains a diverse pool of volunteers, including LGBTQ+ volunteers					

FRAMING QUESTIONS
Does the organization's volunteer program attract LGBTQ+ volunteers and prepare all volunteers to uphold the organization's commitment to LGBTQ+ access, equity and inclusion? How might the organization specifically recruit LGBTQ+ volunteers and advance the skills of all volunteers in supporting the organization's commitments to LGBTQ access, equity, and inclusion?

PROFESSIONAL DEVELOPMENT	Highly Effective	Effective	Not Effective	Has Not taken action	N/A
There is a minimum mandatory training or orientation requirement for all new members of our organization that includes information on gender identity, gender expression, and diverse sexualities as well as LGBTQ+ access and inclusion					
Comprehensive training addressing barriers to access is offered to all new members and includes barriers for LGBTQ+ people					
Members are expressly encouraged to attend ongoing professional development opportunities (trainings, webinars, events, conferences), including those related to LGBTQ+ issues					
There is an organizational member or committee of members designated to update LGBTQ+ resources, educational materials, and literature available to members of our organization					
The organization routinely outreaches to the Pride Center staff for consulting in advancing organizational and operational structures through a lens of compliance with the law, best practice for LGBTQ+ equity and inclusion					
The organization prepares leadership and staff to talk to members about (mark each bullet): • Sexual orientation, sexual identity, or sexuality and gender identity and expression • Diverse families or relationship structures • Individual, Organizational, and Systematic Racism, White Supremacy, Colorism, and Anti-blackness • Economic Status and Classism • Sexual violence and trauma • Other forms of violence and trauma (family violence, police violence, hate bias, etc) • Civil legal protections for LGBTQ+ people • Accessibility (physical, social, structural, etc)					
The organization has affiliations with local and national LGBTQ+ organizations that help inform organizational practice					

FRAMING QUESTIONS
How does organization prepare its members to reduce barriers facing LGBTQ+ community members? What are some strategies the organization might use to create a culture of learning and constructive feedback in serving LGBTQ+ individuals & communities? What else does your organization need to ensure its individuals can best advocate and support LGBTQ+ community members?

INTAKE & REFERRAL PROCESSES	Highly Effective	Effective	Not Effective	Has Not taken action	N/A
The organization explicitly states that LGBTQ+ people and their relationships / families are included in its services and programs					
The organization has a policy related to data collection on sexual orientation and gender identity (including options for non- binary or open-end options) **In CA, it is against the law (SB 179) to collect data in binary ways.*					
Forms allow members to report or update their lived-name/preferred name and gender-affirming pronouns **In CA, it is a form of Sex Discrimination to incorrectly use affirming names and pronouns.*					
Members receive notice of the organizations commitment to LGBTQ+ access, equity, and inclusion					
Programs that serve by gender (e.g. women-only, gay/bi men only, mom's group, etc) affirm the individuals self-reported gender identity, sexuality, and familial relationships					
Paperwork and forms use inclusive, non-assumptive language (e.g. instead of mother/father say parent/guardian) and intake staff/leadership are trained in LGBTQ+ sensitivity					
Information of LGBTQ+ specific referrals are readily available to staff and community members, and staff make LGBTQ+ referrals (internally and externally), when appropriate					

FRAMING QUESTIONS
How might intake process be improved to ensure LGBTQ+ people are welcomed and affirmed, and that confidentiality is maintained? Do current referral processes ensure that referrals are effective, safe, and appropriate for LGBTQ+ people?

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APPENDIX B

OUTREACH & COLLABORATION	Highly Effective	Effective	Not Effective	Has Not taken action	N/A
Organizational partnerships ae evaluated for impact on LGBTQ+ access, equity and inclusion					
The organization intentionally develops relationships with culturally-specific service providers					
The organization cultivates relationships with LGBTQ+ specific providers and organizations					
Partnerships are periodically evaluated for fidelity to their intended goals and outcomes					
LGBTQ+ people, families, and communities attend organizational events and/or programs					
The organization officially participates in LGBTQ+ community and cultural events (e.g. LGBTQ+ history month, Pride, Lavender Grad)					
LGBTQ+ specific organizations refer individuals to the organization					
Outreach materials (e.g. brochure, websites) indicate that the organization serves LGBTQ+ people					
Staff use social media and other online forums to outreach to LGBTQ+ communities and organizations					

FRAMING QUESTIONS
Does the org cultivate relationships and partnerships with culturally-specific service providers, including the LGBTQ-specific services, programs, and groups? Does the org utilize outreach strategies that appeal to diverse LGBTQ+ individuals and communities? How might the org improve its collaborations and outreach?

DEVELOPMENT & COMMUNICATIONS	Highly Effective	Effective	Not Effective	Has Not taken action	N/A
The organization intentionally recruits leadership to reflect the diversity of the communities served, including LGBTQ+ leaders					
Your organization has explicit access, equity, and social justice efforts, including an organizational commitment to serving LGBTQ+ communities					
Leadership in your organization can communicate the organization's commitment to LGBTQ+ access, equity, and inclusion					
Leadership will advocate on behalf of LGBTQ+ communities in public forums					
Development efforts showcase LGBTQ+ related work (e.g. highlighted services and programs, collaborations and partnerships, LGBTQ+ members stories, etc)					
LGBTQ+ content is included in the organization's communications (blogs, newsletter, etc)					
The organization advertises or collaborates with local LGBTQ+ specific or LGBTQ+ friendly media					

FRAMING QUESTIONS
What information does the org's leadership need to prepare them to represent the organizations commitment to LGBTQ+ access, equity, and inclusion? How might the organization's development team better integrate LGBTQ+ access, equity, and inclusion values and objectives into their communications or development activities?

ACTION PLANS

In review of your assessment and framing questions above, please identify one or two action items for each area and create a plan/timeline to increase LGBTQ+ support in your organization. Allow this tool to assist your organization in becoming more accessible, equitable, and inclusive.

Mission, Vision, & Values:
Physical & Digital Infrastructure:
Organizational Climate:
Volunteer Programs:
Professional Development:
Intake & Referral Processes:
Services & Programs:
Outreach & Collaboration
Development & Communications:

For assistance in enhancing your organizational climate, feel free to reach out to the Cal Poly Pride Center or the Lead Coordinator for Campus LGBTQ+ Initiatives

APPENDIX B

FACILITATION NOTES

FOR FACILITATORS

- Set up conditions for a successful meeting. Welcome everyone, lead introductions, acknowledge time parameters.
- Identify a note taker and provide them with instructions and the team's copy of the organizational self-assessment.
- Explain the purpose and process for the organizational self-assessment to the team and go over the timeline of the process.
- Provide an overview of the areas of the assessment.
- Move the group into the first list of indicator questions. Ensure that everyone participating understands the question before it is discussed. First consider whether the question is applicable to your organization or department. If applicable, discuss briefly before moving the group to a rating. If consensus cannot be met, move onto the next question.
- For large organizations or organizations with multiple programs or divisions, there may be substantially different ratings for different areas of the organization. You may choose to mark multiple boxes and indicate the programs associated with each.
- Following most sets of indicators you will find a set of framing question. Invite the group to consider if improvements could be made to any of the indicators, as well as other areas that were not addressed.
- Keep the team on track to the thematic area you are working on. Set the amount of time you will spend on each sections

At least two meetings around 90-minutes is recommended to complete the organizational assessment.

A team of people from across your organization or department will bring greater perspectives to this assessment process. The team should include representation from various levels of staffing and stakeholders in your organization.

FOR NOTETAKERS

- Log each date your team worked together, the start and end time, and a roster of team members present.
- On each indicator, register ratings as decided by the group.
- Make a ? next to any question that is confusing or unclear to the group
- Take notes during the discussion, including identified strengths, gaps, and barriers.
- Take notes of any areas where the teams needs additional information, training, consultation, or technical assistance.
- Take any other notes that you think may be relevant to your team's experience completing the Organizational Self-Assessment.

CROSS CULTURAL CENTERS