



Photo credit: John Harte, "Vigil for Orlando"

CDEP LOCAL EVALUATION REPORT

LOCAL EVALUATION TIME PERIOD:

JANUARY 1, 2018 – JUNE 30, 2021

IPP NAME: The Center for Sexuality & Gender Diversity

CDEP NAME: Reducing Isolation through Support and Empowerment

PRIORITY POPULATION: LGBTQ

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ABOUT THE CALIFORNIA REDUCING DISPARITIES PROJECT

The idea of the California Reducing Disparities Project (CRDP) was born in 2009 out of former U.S. Surgeon General David Satcher's call for national action to reduce mental health disparities amongst minority populations. The program was later launched as a California statewide Prevention and Early Intervention effort to provide a truly community-focused approach to reducing the disparities of poorer health outcomes and experiences of minority populations. CRDP focuses on five populations:

- ▶ African Americans
- ▶ Asians and Pacific Islanders (API)
- ▶ Latinos
- ▶ Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning Individuals (LGBTQ)
- ▶ Native Americans

In the first phase of CRDP, each population group developed its own community-participatory strategic plan to identify culturally appropriate strategies to improve access to services, quality of care, and mental health outcomes. Phase II of CRDP was launched in 2015 with the release of the request for proposals to community organizations serving CRDP populations. In a landmark breakthrough for minority populations' mental health concerns in California, the Office of Health Equity at the California Department of Public Health announced this \$65 million funding initiative to advance the strategies documented in the strategic reports.

The concept of Phase II retained the CRDP community-focus by making \$1.2 million available to community organizations to expand and evaluate mental health programs that are culturally congruent with community needs. The program recognized that while hundreds of millions of Mental Health Services Act dollars flow through mainstream public agencies, almost no programs designed to meet the unique needs of CRDP populations are offered. Culturally rooted programs almost always lack a formal evidence base, and yet they have been created by the community and for the community in the face of the public system's failure to take their needs into account. CRDP honored the lived experience of the communities, and provided funding based on community defined evidence of effectiveness.

This program, extraordinary by any measure, was strategically designed so that upon completion, these community programs, such as The Center for Sexuality & Gender Diversity's Reducing Isolation through Support and Empowerment (RISE) program, will have the beginnings of a more formal evidence base. The hope is that this will provide a breakthrough for community organizations to begin qualifying for mainstream funding and expand and replicate services to meet what the strategic plans showed to be an enormous need. This report aims to present evidence of effectiveness for the Centers' programs based in Bakersfield.

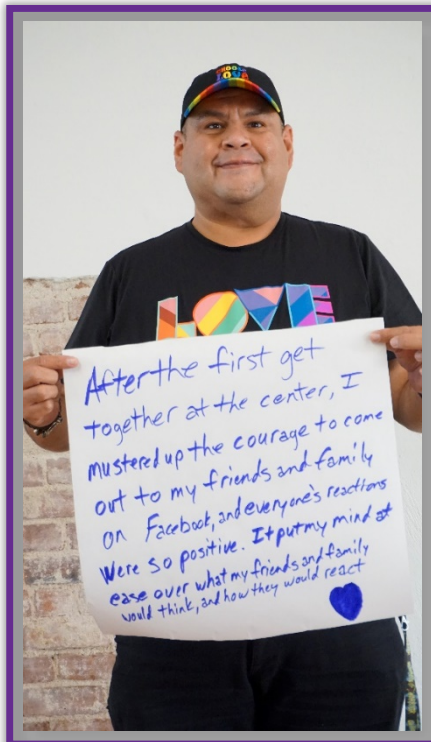
For updates and more information about the California Reducing Disparities Project, please visit the [CDPH Office of Health Equity website](#).

EXECUTIVE SUMMARY

Purpose and Summary of the CDEP

The Center for Sexuality & Gender Diversity in Bakersfield (the Center), formerly known as the Gay & Lesbian Center of Bakersfield, opened in 2011 as an all-volunteer organization to provide safe, supportive spaces and services to the gay, lesbian, bisexual, transgender, and queer (LGBTQ+¹) community following the tragic suicide of a local teenager in 2010. Building its work slowly, yet consistently over several years, the Center applied to be a Capacity Building Pilot Project in the CRDP Phase II funding opportunity. With some notoriety for providing LGBTQ+ cultural competency trainings to the Kern County behavioral health agency, the Center proved to be a competitive applicant. Upon receiving notification of its award to participate in the program in 2016, and in consideration of the \$1.2+ million in grant funding, the Center's board of directors took the landmark step of hiring their first ever paid staff member to lead and further grow the organization.

With the funding from this grant, the Center launched its Community-Defined Evidence Program (CDEP), titled Reducing Isolation through Support and Empowerment (RISE). RISE is a prevention and early intervention program aimed to prevent and reduce social isolation and loneliness, as well as the symptoms related to depression, anxiety, and long-standing trauma for LGBTQ+ by offering tailored programming that:



Increases social connectedness and engagement, sense of community, and access to aging and LGBTQ-affirming mental health services

Reduces harm from discrimination, shame, rejection, inequality, and other prejudices experienced by LGBTQ+ community members

Support development of positive coping skills and resiliency.

¹ The acronym LGBTQ+, used from this point forward in this report, is used by the Center with strong consensus from the community it serves that "LGBTQ" is reflective of conventional categorization, while the "+" designates full inclusion of the many identities that exist in the community of sexual minorities and gender diverse people.

RISE is comprised of **four program components**:

1. Support Workshops, specifically the Gender Rebels and Bi+/Pan workshops
2. One-on-one (1:1) Advocacy
3. Community Activities and Events
4. Trainings for behavioral health providers in Kern County²

The work of the Center is essential because the LGBTQ+ population in Kern County currently and historically has been challenged with mental health issues, discrimination, threats, taunts, violence, and a general anti-LGBTQ+ conservative environment. There is a lack of services for community members, including mental health services. The Center offers services to individuals across the LGBTQ+ spectrum but chose to focus its CDEP most heavily on the needs of the two most-marginalized groups of the LGBTQ+ community in Kern County: transgender and bisexual+/pansexual (bi+/pan) individuals.

As part of the CRDP, the Center followed RISE participants over more than four years, using a mixed-methods observational study design consisting of surveys, focus groups, and interviews to understand how their participation in RISE programs had an impact on their mental health. This evaluation was structured around **five core questions**:

1. To what degree is the implementation of RISE programs occurring as planned and how are challenges to program implementation addressed?
2. To what degree is participation in the Center's services associated with prevention of mental health problems or worsening mental health problems, strengthened positive self-image, and/or improvement in self-reported quality of life for LGBTQ+ individuals?

The following questions were proposed in the original evaluation plan but were dropped from the evaluation plan early in the project due to changes in the CDEP.

3. To what degree do the Center's RISE outreach activities result in more perceived inclusivity and awareness of the diversity of needs within the LGBTQ+ community?
4. To what degree does outreach and training have an impact on the number of LGBTQ+ affirming providers and the degree to which providers are LGBTQ+ affirming?
5. To what degree does outreach, training, and community events have an impact on the level of support and awareness of LGBTQ community needs by non-LGBTQ individuals (non-providers)?

Evaluation Design and High-Level Findings

The evaluation design was developed through a community-based participatory research (CBPR) process led by [Health Management Associates, Community Strategies®](#) (HMACS) in collaboration with a RISE Advisory Committee (RAC). The RAC included Center staff, people receiving services and participating in activities, and non-LGBTQ+ community members. The RAC informed the larger evaluation, including development of the program logic model and evaluation design, selection of data elements, development of collection protocols, and recommendations for analytic approaches and uses of data.

² The Center was providing training on LGBTQ+ cultural competency for behavioral health professionals in Kern County with various arrangements including a contract in which the County behavioral health agency had engaged them. Necessary participation in the evaluation by those professionals proved too difficult to secure and therefore this program component was removed from the CDEP evaluation.

Evaluation methods were guided by a set of research questions developed by the RAC which resulted in the specification of a quantitative/qualitative mixed-methods design. The quantitative component relied on survey instruments corresponding to the three Center program areas, 1:1 Advocacy, Bi+/Pan, and Gender Rebels, and a “Local Evaluation Core” survey that was developed for Center community members enrolled in RISE, regardless of their specific program participation. Survey items were mostly Likert-type or scaled items. In addition, a number of open-ended questions were included in surveys to gather follow-up information related to scaled items.

The qualitative component consisted of focus groups and individual interviews of program participants. These data were used to supplement quantitative data and explore how and why RISE programs did or did not appear to work, uncover challenges and barriers to participation, and explore additional areas for program improvement. Finally, to supplement focus groups, interview, and quantitative survey data, participants were asked to express how they had been impacted by services and support by submitting written, photo, video, or artwork as testimony for the Center.

Data analysis was completed in coordination with the RAC to ensure results were culturally and programmatically appropriate and relevant. Quantitative data from surveys were analyzed using rigorous analytic methods, including t-tests and chi-square. Qualitative analysis was guided by an initial set of thematic codes developed by the RAC that was subsequently used by researchers trained in qualitative analysis. Findings were shared with Center staff and the RAC to validate themes and ensure interpretation was culturally appropriate. Data collected through written, photo, video, and art materials were analyzed without a priori codes.

Quantitative Findings

As with programming efforts, the evaluation experienced significant challenges due to the COVID-19 pandemic. The intention for all survey data collection was to use pretest-posttest matching. However, recruitment and retention challenges and a stoppage of in-person service delivery required that both the Bi+/Pan and Gender Rebels data collection strategies be changed to a retrospective design. Additionally, the number of pre-post matches that could be achieved across all surveys was very low and therefore, data are difficult to interpret. Notable findings include:

- ▶ All programs and Center services in general demonstrated meaningful impacts on program participants, with data almost uniformly trending in a positive direction.
- ▶ In general, the Center’s services showed positive outcomes on four of eleven scales including confidence in managing and getting help in stressful situations, improved comfort being LGB and with gender identity issues, and in feeling respected by staff. Issues of isolation and resiliency were seen to trend in a negative direction suggesting the need for further follow-up in these areas.
- ▶ 1:1 advocacy programming demonstrated statistically significant findings for participants in areas including resiliency, isolation, self-esteem, and decreased alcohol and drug use. Also, services were seen to have directly helped participants reach the program goals they had set for themselves.
- ▶ Bi+/Pan programming was found to be helpful in areas related to gender identity and sexual orientation, and in the development of skills that support coming out to others and improving romantic relationships. Programming was also seen to encourage the willingness of participants to attend future events related to Bi+/Pan and gender/transgender issues.
- ▶ Gender Rebels workshops demonstrated statistically significant changes in participants’ self-understanding, and knowledge of gender identity and sexual orientation concepts. They were also found to be helpful for increasing one’s sense of pride and positive attitudes in these two areas.

Overall, the evaluation findings suggest that Center programming is effective in supporting participants' learning, development of new skills, improvement of self-understanding, and adoption of positive behaviors. Future evaluation efforts should strive to increase participant numbers to test more definitively these preliminary, though promising, results.

Qualitative Findings

Qualitative data were collected by way of focus groups and interviews with the Center's program participants. Participants responded to questions related to their overall experience with the Center, with 1:1 advocacy support, and with workshops. In 2021, additional focus groups and key informant interviews were conducted to understand participant's experiences related to the Center and the support they received related to COVID-19, and the increased societal awareness of and response to the police brutality that communities of color face and have been facing. Notable findings include:

- ▶ Many participants learned about the Center online, or from friends and family, often related to therapy and mental health services.
- ▶ The staff and volunteers at the Center positively impacted participant's first impressions of the Center.
- ▶ Most participants sought to gain friends and community through the Center programs. Resources, and personal growth were also reasons people participated in the Center programs.
- ▶ Participants shared that the 1:1 advocacy support offered by the Center is helpful in large part due to the staff's ability to speak to multiple experiences, their attention to detail, openness, ability to provide suggestions or specific tools, representation and sharing shared experiences.
- ▶ Participants shared that the workshops offered by the Center were successful because of the positive nature of the environment and being peer-led. One challenge with the workshops offered by the Center is the amount of material covered in a relatively short period of time.
- ▶ Most participants reported feeling that their diverse identities were welcomed and celebrated by staff and volunteers; however, some non-binary community members and younger community members, reported experiences where they felt their identities could have been better celebrated.
- ▶ Participants identified several unique contributions of the Center programs and services to the LGBTQ+ community, including that it is welcoming and detail oriented, the providers are sensitive to and understanding of identities across the LGBTQ+ spectrum, there are more counseling options as compared to traditional therapy, workshops are peer-led, and the Center is very welcoming to the queer community.
- ▶ The Center has far reaching positive impacts on participant's quality of life related to their attitudes and knowledge, mental health, perceived quality of life, personal coping skills, self-image, and resilience.
- ▶ Participants suggested the following potential areas for improvement: space and hours, increased funding, additional resources, expanded services and activities, and better ways to provide feedback.
- ▶ During the height of COVID-19, participants felt that the communications from the Center about changes to services were effective, and they were able to get reconnected to services in a timely manner. While participants preferred face-to-face services, many shared they appreciated having the option of interacting virtually rather than not at all.
- ▶ Participants' experiences navigating concerns or challenges related to structural racism varied widely based on their unique life experiences. Some participants suggested the Center create space for people to talk about topics like Black Lives Matter, race, and racism.
- ▶ Participants widely agreed that the Center is a safe space that is welcoming and non-judgmental, offers community, welcomes allies in addition to people who identify as LGBTQ+, and offers free counseling.

- Suggestions for improvement, in particular during COVID-19, included creating spaces for difficult conversations related to politics, race, and racism; expanded educational opportunities in the community; peer learning opportunities; and multi-lingual services.

These data offered important insight into the experiences of CDEP participants related to the Center, RISE, and their lives outside of the Center. The qualitative data collected provide additional context for the quantitative data and offer suggestions for how the Center can improve and evolve.

INTRODUCTION

When the CRDP began in 2016, the Center hired its first executive director as the first paid staff member for the organization. This milestone was made possible through the Center’s participation in the CRDP. At that time the organization had about 1,000 client visits per year. Since that time, the growth of the Center, its services, and volume of community members served has been robust. Currently the Center has five full time equivalent staff (and one contractor), two locations at which services are provided, and in 2019, it had over 3,500 community member visits across all programs. The leadership of the organization often notes that the biggest driver of the considerable growth of the organization is the funding received through the CRDP. Consistent with that growth, the need for services in the community is great. In order to understand the impact of the RISE program, it is essential to understand the environment within which the client’s needs exist.

Mental health issues, as substantiated by decades of lived experience and observation by community members, are widespread among LGBTQ+ people in Bakersfield, where conservative roots have historically run deep in the region. While little exists in terms of rigorous assessment of the need, all indicators from the lived experience of community members, partners at the county behavioral health authority, national reports, and detail reflected in the Phase I LGBTQ+ Strategic Report show that the need is great. Local LGBTQ+ people consistently recall having endured threats, taunts, and violence for decades. Even after California decriminalized same-sex relationships in 1976, LGBTQ+ clubs in Bakersfield were frequently visited by local police without cause, and incidents of high-school aged “gay bashers” wielding baseball bats caused many LGBTQ+ people to go deeper into the closet.

In Bakersfield, there were eight murders of gay men recorded between 1978 and 2002 (Price, 2019). This devastating statistic is consistent with the national landscape. These murders and their trials were extensively covered by local news organizations, but few resulted in murder convictions. In those trials, defense attorneys attempted to shift the narrative by focusing on the victims’ “lifestyles.” In the most prominent of these cases, defendant and businessman William Robert Tyack explained that he was angered that two gay men had become his neighbors. After using the LGBTQ+ “panic” defense tactic to explain his murder of Jack Blankenship and Sidney Moses Wooster, Tyack was acquitted by the jury on one murder charge and convicted only of involuntary manslaughter for the second killing. After the 1982 Tyack trial and another in the same year with a similar outcome, an attorney from the California Attorney General’s Commission on Racial, Ethnic, Religious, and Minority Violence came to Bakersfield to investigate whether the local judicial system was treating LGBTQ+ victims of violent crimes unfairly. This visit helped inspire the creation of county civil rights commissions across California. Although California is currently among the 21 states and the District of Columbia to have laws that address hate or bias



Photo credit: Bakersfield Californian, 1982.

Community members protested the outcome of the 1982 Tyack trial. People with bags on their heads were concealing their identity due to fear for their safety.

crimes based on sexuality or gender identity, bias-motivated crimes against LGBTQ+ individuals often go unaddressed (Human Rights Campaign Foundation, 2020).

The unequal treatment of the aforementioned murder victims has often been attributed to an ultra-conservative political environment in the city of Bakersfield and across Kern County. Kern voters have overwhelmingly endorsed conservative candidates for national and statewide office in every election for the past fifty years. Seventy-five percent of Kern County voters supported [Proposition 8 banning same-sex marriage](#) in 2008. Fifty-three percent of Kern voters voted for Donald Trump in the 2016 presidential election, reflecting strong political alignment with anti-LGBTQ+ efforts (Center P. R., 2017). Nationally, under the Trump administration, the environment for LGBTQ+ individuals became increasingly hostile. In 2018, 21 anti-transgender bills were introduced by 10 states. Kern County reports 48% of its residents are adherents to organized religions, with 61% of those belonging to Catholic congregations and 28% belonging to Evangelical Protestant congregations (Center, 2010). Faith communities in Bakersfield have been known to denounce LGBTQ+ persons as deviant and amoral, encouraging family members and friends to shun those who come out as LGBTQ+. While exact measurements or documentation of such activity do not exist, the outspoken anti-LGBTQ+ sentiment and action are regarded by local LGBTQ+ leaders and allies as a somewhat fixed characteristic of the local community.

No specific data are available on the size of the LGBTQ+ community in Kern County; however, a 2017 Gallup poll estimated that 4.5% of American adults identify as LGBTQ+ (Newport, 2018). Using 2019 estimates from the United States (US) Census Bureau, this means about 29,000 adults in Kern County may identify as LGBTQ+ (US Census Bureau, 2019). This number does not include children and adolescents under 18, of which the Center serves dozens. A 2017 survey of Kern County public schools found that more than 10% of seventh graders were harassed or bullied for being or being perceived as gay or lesbian (WestEd Health, 2019). Research has shown that physical and mental health disparities seen between LGBTQ+ and heterosexual cisgender youth are influenced largely by their experiences of stigma and discrimination during the development of their sexual orientation and gender identity and throughout the life course, so this is particularly concerning (Institute of Medicine, 2011).

Kern County's rich agricultural business has also attracted migrant farmworkers from Central and South America for several decades; many have settled here, and their children are 3rd and 4th generation Latinx residents.³ As such, 55% percent of Kern residents are Hispanic or Latinx, while 33% are white and not Hispanic/Latinx, 6% are Black or African American, 5% are Asian, 3% are American Indian/Alaskan or Hawaiian native and other Pacific Islander (US Census Bureau, 2019). It is therefore critical to examine LGBTQ+ community members' experience through an intersectional lens with race/ethnicity. While not a monolith, cultural values of machismo and marianismo, as well as predominate adherence to Catholicism, has meant Latinx communities have traditionally held more conservative and discriminatory views against LGBTQ+ identities, especially against transgender and gender non-conforming (T&GNC) identities (National Center for Transgender Equality & National LGBTQ Task Force, 2012; Gray, 2015). The effects of community-driven internalized shame and decreased community connectedness, which this environment creates for some people, compounded by the larger effects of racism, may serve to further mental health struggles of LGBTQ+ black, indigenous, and people of color (BIPOC), especially Latinx people, in Bakersfield (Sutter, 2016; McConnell, 2018).

³ "Latinx" is a gender-neutral term that Spanish speakers in the US and abroad have begun to use to refer to individuals with ethnic origins from Latin American countries.

In addition to the data and indicators that are available, community-defined evidence exists in abundance to support the claim that there is and has historically been an anti-LGBTQ+ environment in Kern County. The actions, memories, and input of community members and leaders frame the claims put forth by the Center as the basis of need for mental health services. The corresponding lack of data on the LGBTQ+ community or services for the LGBTQ+ community are telling of this trend to exclude the community in Kern County. The qualitative data findings in this evaluation, reported later, validate the assertions of an anti-LGBTQ+ conservative environment and a general lack of services for community members.

According to the [CRDP Phase I LGBTQ Population report](#), over three quarters of LGBTQ+ community members surveyed across the state of California indicated that they have experienced emotional and mental health difficulties related to their gender identity/expression or sexual orientation and sought mental health support. While there are no data available on mental health needs or services accessed by LGBTQ+ persons in Kern County, local news and anecdotal stories of depression, anxiety, and post-traumatic stress disorder among LGBTQ+ community members shed light on the mental health needs of the community. As recent as 2016, when a 19-year-old transgender woman, Jai Bornstein, took her own life, the Bakersfield LGBTQ+ community has experienced and grieved suicides stemming from homophobia and transphobia, inequitable treatment by family members, schools, and other institutions, and larger community stigma (Ardis, 2017). The 2010 suicide of 13-year-old gay teenager Seth Walsh, who took his own life due to unrelenting bullying in school and his community, was the impetus for Seth's Law. This state law strengthened anti-bullying policies by adding protections for students who are bullied based on their perceived sexual orientation and gender identity/gender expression—protections that Seth was denied by the school and local law enforcement (Barrientos, 2011; ACLU, 2012). Seth's death also sparked the creation of Kern County's first LGBTQ+-centered space: The [Center for Sexuality & Gender Diversity](#) (the Center), previously the Gay & Lesbian Center of Bakersfield.

Since the time of its founding in 2011, the Center has provided space for LGBTQ+ people and allies to seek support for mental health and community and social connection. The Center not only provides free counseling and advocacy to individuals, but it also serves as a referral and information hub to help connect LGBTQ+ community members with other local LGBTQ+ affirming health and social services and provide training and support to local businesses, schools, and social service organizations on allyship and cultural competence. Evidence shows that social support plays an important role in supporting mental health. The role of community organizations like the Center needs to be understood more fully, and CRDP grant gave the Center an opportunity to contribute to the national knowledge base on this topic (Institute of Medicine, 2011). The Center chose to focus its Community-Defined Evidence Program (CDEP) to meet the needs of the two most-marginalized groups of LGBTQ+ community in Kern County: transgender and bisexual+/pansexual (bi+/pan) individuals.

At the time of the Center's founding, there were only two known T&GNC-friendly mental health providers serving the Bakersfield community. One of those was based in Tulare County – an hour north of Bakersfield. Local T&GNC people routinely traveled to a clinic near Fresno, two hours north, to receive hormone therapy and other medical care. Information about T&GNC care services spread by word-of-mouth, but given the conservative climate of the community, many T&GNC people were socially isolated and did not receive that information. Several T&GNC people even disclosed that they stayed away from any medical intervention, including hormone therapy, as part of their efforts to retain their jobs. They worked in the appearance of the gender they were assigned at birth and lived quietly, asserting their true gender identity where they felt safe enough to do so.

National surveys show that bisexual, pansexual, demisexual, and other persons identifying with sexual orientations outside of straight, gay, and lesbian (bi+), may be the largest segment of the LGBTQ+ population in the US (UCLA School of Law Williams Institute, 2011; Pew Research Center, 2013). Bi+ individuals have been reported to experience unique forms of discrimination and stigma, both in general and within the LGBTQ+ community, sometimes being stereotyped as hypersexual or being forced into rigid binaries of heterosexual and homosexual orientations as a form of erasure of their identities (Callis, 2013). Many bi+ clients and workshop participants at the Center have related many instances where they have felt marginalized by statements like, “Pick a side!” or “Just come out as gay – you’re in denial”. Additionally, recent studies show that bi+ women in particular experience much higher rates of sexual violence, with the CDC reporting 61% of bisexual women experience sexual violence, compared to 44% of lesbian women and 35% of straight women (CDC, 2010). All these factors combined lead bi+ individuals, especially bi+ women, to experience worse mental health outcomes than their gay and lesbian peers (Flanders et al., 2016; Flanders et al. 2019; Chan et al., 2020).

At the core of the Center’s work, including their CDEP services, is community. Given the conservative nature of Bakersfield and Kern County, and the particular struggles trans and bi+ people experience with community isolation and stigma, the Center serves to provide individuals a physical, and now – since the rise of COVID-19 – virtual space to be with each other. Studies have shown that social support and community connectedness has a strong positive impact on mental health symptoms and outcomes for T&GNC (Pflum et al, 2015; Bowling et al., 2020). While few studies exist showing the impact of community connectedness in improving mental health outcomes for bi+ people, the Center staff believe that, given the documented positive impact of community among LGBTQ+ populations more broadly and the intra-community isolation bi+ people often experience, holding spaces for bi+ people, specifically, to connect may address barriers of isolation and enhance their mental health outcomes (Pucket et al., 2015; Ceatha et al., 2019).

CDEP PURPOSE, DESCRIPTION, AND IMPLEMENTATION

CDEP Purpose

The Center’s CDEP, Reducing Isolation through Support and Empowerment (RISE), sought to prevent and/or reduce depression, anxiety, self-harm, and post-traumatic stress disorder resulting from isolation. RISE addressed the following populations:

1. **Individuals** – by strengthening personal coping skills and resiliency;
2. **LGBTQ+ community** – by supporting marginalized LGBTQ+ populations, especially transgender and/or bisexual+/pansexual individuals; and
3. **The wider community** – by educating mental health and medical providers about LGBTQ+ needs and how best to provide affirming care.



By strengthening healthy coping mechanisms, promoting positive self-image and social support, fostering community connections, and increasing access to and utilization of culturally competent mental health services, RISE is based on documented behavioral health resiliency strategies. The services are provided in an LGBTQ+ welcoming space, by LGBTQ+ and allied people with deep understanding, lived experience, and/or compassion of the unique challenges and needs of community members. The programs are designed to support resilience and increase positive mental health outcomes for LGBTQ+ individuals engaging with services at the Center.

CDEP Description and Implementation Process

RISE is an expansion and evaluation of three core elements of the Center’s services and programs. These programs were chosen because they directly advance strategic plan goals outlined in the [CRDP Phase I LGBTQ Population report](#) to provide culturally competent mental health care to LGBTQ+ individuals and create safe spaces in which LGBTQ+ individuals, including youth, are able to find connection and community.

Support Workshops

Throughout the CRDP grant period, the Center ran multiple support workshops centering on different experiences within the community. These support workshops were free and open to all. They were convened at the Center, in private locations, and in the discrete administrative offices for the RISE program, “the Annex”. Each workshop was facilitated by Center staff and/or trained volunteers. Given the Center’s emphasis on supporting bi+/pan individuals and T&GNC individuals, RISE focused on two particular support workshops:

Gender Rebels

This workshop provides individuals who identify as, or are questioning, being T&GNC a safe place to come together and discuss their life experiences and receive support. In addition to exploring gender identity, participants are encouraged to explore the ways their multiple identities intersect to create their unique perspectives as well which should be celebrated. This workshop follows a seven-week format in which participants explore the following modules:

1. Defining Safe Space
2. Gender 101
3. Coming Out Stories
4. Gender Rebels Representation
5. Intersecting Identities
6. Coping with Discrimination and Bullying
7. Self-Care

Bi+/Pan

This workgroup is for people who are bisexual, pansexual, queer or anyone who has ever been attracted to more than one gender. It also follows a seven-week format in which participants explore the following modules:

1. Defining Safe Space
2. Identity, Sexual Orientation, and Labels
3. Erasure, Representation, and Gender
4. Coming out as Bi+
5. Managing Relationships as a Bi+ Person
6. Relation to the Larger LGBTQ+ Community and Bi+ History
7. Self-Care and Safety

A typical facilitated workshop begins with an icebreaker activity to relax and engage the participants. Then, facilitators educate the participants on the weekly topic using multi-modal methods (video, photo, essays, etc.), engage the participants in a discussion around the topic, and the workshop ends with an open forum for those who wish to discuss struggles for which they would like to support or comment about a situation that happened during the previous week. Throughout the seven-week workshops series, participants are provided online and print resources for support related to each module. Both workshops were developed by individuals who identify as part of the respective group population. Members of the T&GNC and bi+/pan community were surveyed and provided feedback to help create the curriculum for these workshops.

The table below outlines the original planned program structure and delivery for this component of activities over the course of the CRDP and evaluation. Given the long-term hope to scale and replicate the CDEP programs, documentation of the program model was treated with great importance.

Program cycles planned	32	Program start date	January 2018
Cycle duration/ frequency	7-week workshops; weekly for one hour	Setting	Private space in the Center
Participants per cycle	8	Staff	Center program manager
Enrollment	Cycles are closed with advance registration required		
Participant demographic features	Trans adults and teens; bi+/pan adults		

The Center planned eight workshops per year and projected that eight participants would be served in each. The offerings and schedule were flexible—the staff gauged the demand, availability of staff, and

competing programs. As is often the case in operating programs over multiple years, changes were made for various important reasons. Enrollment can fall short, staff can change, enhancements identified through quality improvement efforts are often implemented and in 2020 the COVID-19 global pandemic to some extent disrupted every service in the CDEP. The table at the end of this report section tracks the actual implementation of all program components and details any notable changes to program structure or content.

One-on-One (1:1) Advocacy

The 1:1 advocacy program helps individuals through their own conscious effort to solve personal and interpersonal problems and to try to master, minimize, or tolerate stress and conflict. The 1:1 advocacy program is different from traditional counseling, but it does incorporate many of the same elements. The Center's approach focuses on increasing self-esteem, decreasing depression, decreasing anxiety,



increasing self-reliance, decreasing gender dysphoria, increasing self-acceptance, decreasing isolation, and increasing self-empowerment. Program staff do this by creating a service plan in which the Advocacy Services Coordinator (ASC) ascertains the client's main concerns. The Center's work with clients focuses on the acute and most concerning matters initially such as self-harm or suicidal ideations. If a client has suicidal ideations, the coordinator implements the Applied Suicide Intervention Training (ASIT) model. Using the ASIT model, the coordinator determines if the client should be referred to an affirming mental health specialist and/or to crisis intervention services. If the client is not experiencing suicidal ideations, staff set up appointments based on the client's individual needs.

Advocates use non-clinical behavioral techniques to help clients to minimize negative coping behaviors (alcohol and drug abuse, cutting, isolating, etc.) by exploring the causes of these behaviors. Advocates also work on re-framing thoughts (i.e., instead of "I can't", say "I can"); in this way a client can decrease negative thoughts and increase positive and constructive thinking. Using the person-centered approach, the advocate guides clients on a journey that helps to focus on living in the present rather than trying to "predict the future" or continually re-living past traumas. Further, advocates use cognitive behavioral techniques (CBT), practice deep breathing, and mindfulness, to help decrease acute and chronic symptoms.

The ASC at the time of the CDEP launch had experience working with youth from ages 3-18, which requires adjusting language to fit appropriate age level and may include use of board games or worksheets to help the young person to feel comfortable and safe, while allowing them to appropriately express themselves. Advocates and community members examine the situation that is causing the anxiety, depression, and/or anger symptoms and assist the client to find and practice effective strategies to complete the identified goals and decrease symptoms.

The frequency of appointments is determined based on the amount of assistance required to stabilize an individual; the client is reassessed during varying time periods of 60, 90, 120 and 365 days, which may change

based on evaluation needs. Clients are self-referred either by outreach services, from mental health services, or from the support workshops.

The table below outlines the original planned program structure and delivery for this program component's activities over the course of the CRDP and evaluation.

Program cycles planned	Ongoing	Program start date	January, 2018
Cycle duration/ frequency	Ongoing; intermittent, 1-3x month on average	Setting	Private space in Center
Participants per cycle	N/A	Staff	Program manager
Enrollment	Open and ongoing		
Participant demographic features	LGBTQ+ adults and teens; partners and/or parents; allies		

This program has open enrollment and does not have a designated duration, as the service is scaled to match the client need and availability. As an ongoing program, the Center considers this program to provide one cycle per program year. The table at the end of this report section tracks the actual implementation of all program components and details any notable changes to program structure or content. The changes documented for 1:1 Advocacy are primarily related to scaling up of staff and capacity concurrent with the organizational growth driven largely by the CRDP program and funding, and the delivery of the service shifting to a HIPAA compliant virtual platform.

Activities and Events

Activities at the Center are designed to provide a sense of an affirming community and education for all LGBTQ+ persons. Activities are responsive to community input and needs and were developed through ongoing review of findings from this evaluation. As examples, the Center has held panel discussions with T&GNC and bi+/pan individuals to educate L&G community members. Some lesbian and gay persons in the audience expressed a new understanding; many said they had no idea of the issues faced by these populations prior to the panel. There was an increase in participation from members of both the T&GNC and bi+/pan communities in general LGBTQ+ events following these panels. T&GNC individuals have overseen a monthly clothing swap, where community members can go through donated clothing items to add to their wardrobe, an essential element in helping to build self-esteem among newly transitioning individuals, particularly those of lower income. After the first Bi+/Pan support workshop, the members wanted to keep the new community they found. To support them, the Center hosted social events specific for this new group, who have dubbed themselves “The Unicorns”.



The Center aimed to integrate T&GNC and bi+/pan individuals into the larger LGBTQ+ community through programming, but some were fearful for their safety. Some of the locations where these programs occur are not identified externally as being part of the Center, which has helped individuals feel more comfortable coming to these events. All activities and events are rooted in true cultural competence and intended to build resiliency among the entire LGBTQ+ community.

The table below outlines the original planned program structure and delivery for this program component's activities over the course of the CRDP and evaluation.

Program cycles planned	Ongoing	Program start date	January 2018
Cycle duration/ frequency	Ongoing; 32 activities per year	Setting	The Center
Participants per cycle	12	Staff	Staff, board members, and volunteers
Enrollment	LGBTQ+ and general population		
Participant demographic features	LGBTQ+ community, family, and allies. youth and adults		

This program is a collection of activities open to community members which are offered throughout the year. Some are recurring activities, such as bringing the community together in various ways during Pride Month. Others are one-time activities related to something current or responsive to a particular need. As an ongoing program, the Center considers this program to provide one cycle per program year and projected that it would have 32 activities offered per year. The table at the end of this report section tracks the actual implementation of all program components and details any notable changes to program structure or content.

The RISE program's first focus is on providing services for members of the T&GNC and bi+/pan communities because these two particular communities have profound experiences of feeling invisible, erased, and invalidated by the larger LGBTQ+ community as a whole. The Center's commitment to providing awareness education and support training within the LGBTQ+ community is specifically focused on removing any barriers that exist that make many trans and bi+ individuals feel left out of the LGBTQ+ support network. Early in implementation of the RISE program, The Center began hosting support workshops for T&GNC and bi+/pan adults. Recent to the start of the CDEP, support activities were created to provide social time for young trans kids, and a support group for their parents.



These experiences of erasure and isolation are heightened among members of T&GNC and bi+/pan who are in an ethnic minority group. Their stories include not feeling like they have others who "look like me" or "understand my struggle" of day-to-day life. To that end, the Center worked to provide culturally and linguistically appropriate services for all ethnic populations. The Center has developed strong connections within the Latinx community since its opening, which have resulted in a variety of Latinx-centric and Spanish language activities. Promotional and evaluation materials were available in both English and Spanish, the threshold languages in Kern County, and services were intended to be

available in both languages as well. The Center hired bilingual staff members and utilizes a professional language-line and American Sign Language translation services, when necessary. Finally, the Center intends to actively seek staff and board representation from across the entire range of gender and ethnic identities and all sexual orientations to assure inclusivity, access to services, and diverse representation.

As a new organization, the Center recognizes that it has some learning to do with respect to intersectional analysis and developing a deep understanding of how such identity issues impact the experience of community members, their mental health needs, and the appropriateness of services offered. The Center planned from the beginning of the evaluation to use the findings for rapid cycle quality improvement with a continuous feedback loop from community members to fuel the growth of the Center's knowledge and capacity for more fully serving all its community members in all their intersecting identities.

Participatory evaluation, research, design, and dissemination were planned cornerstones of the CDEP. The RAC's knowledge, experience, and direct involvement with the communities that this CDEP is engaged with will be heavily utilized to plan, design, collect data, analyze, and deliver the dissemination of findings.

Program Offerings, Participation and Changes

The program offerings, participation, and any changes for all CDEP components are documented in the table below. Any material program changes are noted and the narrative that follows the table provides detail about what change was made.

	Program Component	Workshops	1:1 Advocacy Support	Activities at the Center	Outreach/ Training of LGBTQ Community Members	Outreach/ Trainings with Larger Community	Outreach/ Trainings with Providers
	Activity	Workshops	Counseling sessions	Affirming Activities	Outreach	Trainings	Trainings
2017	# of program cycles	6	1	1	1	1	1
	Total served (# events/# served)	69	47	96/1085	1/31	2/8	6/99
	Any major program changes?	No	Yes	No	No	Yes	No
2018	# of program cycles	7	1	1	1	1	1
	Total served (# events/# served)	224	81	187/1460	1/13	5/98	24/708
	Any major program changes?	No	Yes	No	No	Yes	No
2019	# of program cycles	9	1	1	1	1	1
	Total served (# events/# served)	178	134	215/1966	0/0	7/194	15/409
	Any major program changes?	No	Yes	No	No	No	No

2020	# of program cycles	8	1	1	1	1	1
	Total served (# events/# served)	91	103	68/379	0/0	6/180	8/260
	Any major program changes?	Yes	Yes	Yes	Yes	Yes	Yes
2021	# of program cycles	5	.5	.5	.5	.5	.5
	Total served (# events/# served)	27	75	NA	0/0	0/0	2/18
	Any major program changes?	No	No	No	No	No	No

Explanation of Major Program Changes

2017 Program Changes:

- ▶ 1:1 Support Component, a MSW intern was to provide additional counseling capacity as a supplement to our Advocacy Services Coordinator (ASC). The ASC is responsible for adherence to protocols and reporting requirements, which did not change.
- ▶ Outreach/Trainings with Larger Community Component, for-profit businesses requested and received Cultural Competency Trainings although the original plan included institutions and non-LGBTQ+ non-profit organizations. The Center felt it was an important service to provide beyond the initial focus to help to create a wider community that is affirming to LGBTQ+ people.

2018 Program Changes:

- ▶ 1:1 Support Component added a second MSW intern to provide additional counseling capacity as a supplement to our Advocacy Services Coordinator (ASC) and the intern was brought in during reporting period #1.
- ▶ For Outreach/Trainings with Larger Community Component, on January 9, 2018, the Board of Directors approved charging a fee for training to selected organizations and businesses as a sustainability measure. The Board of Directors gave discretion to the Executive Director to waive the fee when the organization is part of the program's core mission of educating providers and community institutions.

2019 Program Changes:

- ▶ 1:1 Support Component hired a Client Advocate on 11/5/2018. Since that date, the program was able to do outreach and start providing individual counseling services to outlying areas of Kern County.

2020 Program Changes:

- ▶ Workshops Component ran as planned via face-to-face interaction from January to March 2020. However, due to COVID-19 restrictions, program ended one Gender Rebels Workshop #14 (for T&GNC persons) one week early. Additionally, in April 2020 program began conducting our workshops through a HIPAA compliant online platform.
- ▶ 1:1 Support Component conducted the sessions as planned via face-to-face interaction from January to March 2020. However, due to COVID-19 restrictions, in March 2020 the program began conducting our counseling sessions through a HIPAA compliant online platform.

- ▶ Activities at the Center Component conducted affirming activities such as mediation, yoga, commuter mixers, single mixers, clothing swap, and craft together at the downtown location from January to March 2020. Other affirming events included African American History celebration and the Center's Anniversary celebration at the downtown location. However, due to COVID-19 restrictions, the program ended all regular monthly face to face activities in March 2020 and in April 2020 began conducting some virtual drop-in hours via an online platform.
- ▶ Outreach and Training of LGTBQ Community Members Component conducted volunteer trainings via face to face from January to March 2020. However, due to COVID-19 restrictions, program ended all regular face to face trainings in March 2020. The program trained volunteers and board members regarding new online procedures via an online platform.
- ▶ Outreach/ Trainings with Larger Community and with Providers Components conducted the cultural competency trainings via face to face from January to March 2020, however, the COVID-19 restrictions ended all regular face to face trainings in March 2020. When it was apparent that the restrictions were going to be in place for an extended period, program staff adapted trainings to be delivered virtually via Zoom. Those trainings resumed in July 2020.

March 2020 – December 2020

- ▶ Workshops and 1:1 Support, and Outreach/Trainings with Larger Community Components and with Providers was implemented with a lot of change remotely as the Center closed due to stay-at-home orders.
- ▶ Activities at the Center stopped providing in person drop-in hours at the downtown center, due to stay at home orders.
- ▶ Outreach and Training of LGBTQ Community Members was not implemented because of COVID-19, the racial uprising, and wildfires.

EVALUATION DESIGN AND METHODS

Design

As a community-based initiative, both the RISE program itself and this evaluation were rooted in a community-based participatory research (CBPR) approach. The Center worked with [Health Management Associates, Community Strategies®](#) (HMACS), a national research and consulting firm skilled in conducting CBPR for the social determinants of health with LGBTQ+ communities, to develop and conduct this evaluation.

Shortly after launching RISE, the Center convened the RISE Advisory Committee (RAC). The RAC was made up of people receiving services and participating in activities, including non-LGBTQ+ community members who receive training and other technical assistance from the Center. The RAC provided input and feedback on all RISE activities and the larger evaluation, including development of the evaluation design; finalization of the logic model; selection of data elements and creation of collection protocols; and recommendations related to analytic approaches and uses of data. Once data collection began, RAC members were continually asked to provide feedback on emergent findings and review the final evaluation report to ensure contents were culturally responsible, relevant, unbiased, and accurate. RAC members were also helpful in suggesting certain variables for data disaggregation and themes for deeper explorations to ensure that the voices of community members were fully captured.

In addition to the RAC, the Center engaged the broader community through multiple events to obtain additional input into programming and evaluation methods. An initial town hall meeting with interested community members was held to provide background information on RISE and the evaluation and to discuss opportunities for involvement. At this event, community members provided feedback to help ensure the evaluation was culturally and linguistically competent and that it reflected the needs and identity of the community that both RISE and the evaluation were designed to serve. Community member input from this town hall helped shape the final evaluation questions to ensure they reflected the priorities and diversity of the community. Community members also had the opportunity to provide input into data collection tools and evaluation methods and were asked to review emerging findings to ensure they would resonate with the community.

Taken together, HMA working in collaboration with the RAC and community members, developed a mixed-method evaluation plan that included both qualitative and quantitative data collection efforts with related tools and approaches to analysis. Primary quantitative efforts were implemented through the administration of several pre-post survey instruments that were created in relation to each program area, with one tool, the “Local Evaluation Core,” administered to all participants. Though more robust, the ability to implement a matched comparison group design was deemed impractical due to potential ethical concerns (denial of service) and service delivery constraints. As described below, due to COVID-19-related program challenges, much of the quantitative data collection was converted to a retrospective design (asking individuals to rate items and constructs in the present and how they remembered these in the past) due to the inability to match participants from pre to post over the course of the evaluation.

Qualitative data collection took on many forms including open-ended items on program surveys, interviews, and focus groups. Data were analyzed using a grounded theory methodology, wherein concepts and themes were derived inductively through a careful reading, categorization, and subsequent organization of collected information. This information was then summarized in ways that highlighted important insights drawn from the data.

Research Questions

The objectives of the evaluation were to understand the experience of program participants and program implementation fidelity and adjustments. The evaluation questions, indicators, and instruments described below are a product of the community-driven nature of the Center and the way they structured RISE. Through an initial planning phase, the RAC constructed the following research questions to intentionally address and illustrate the priorities and needs of the population.

1. To what degree is the implementation of RISE programs occurring as planned and how are challenges to program implementation addressed?
2. To what degree is participation in the Center's services associated with prevention of mental health problems or worsening mental health problems, strengthened positive self-image, and/or improvement in self-reported quality of life for LGBTQ+ individuals?
3. To what degree do the Center's RISE outreach activities result in more perceived inclusivity and awareness of the diversity of needs within the LGBTQ+ community?
4. To what degree does outreach and training have an impact on the number of LGBTQ+ affirming providers and the degree to which providers are LGBTQ+ affirming?
5. To what degree do outreach, training, and community events have an impact on the level of support and awareness of LGBTQ community needs by non-LGBTQ individuals (non-providers)?

The last three questions (numbers 3, 4 and 5, above) were proposed in the original evaluation plan but were dropped from the evaluation plan early in the project due to changes in the CDEP program model.

Surveys

Quantitative data for RISE programming were collected through a variety of participant surveys. Surveys for 1:1 advocacy participants followed a pre-post matched pair format. Participants who engaged in 1:1 advocacy completed their first survey upon starting advocacy and post surveys every six-months, thereafter. Questions for the 1:1 advocacy survey were developed by the RAC and included some adapted scales from validated tools including the UCLA Three-Item Loneliness Scale, the PHQ-9 Depression Scale, and the Brief Resilience Scale (Kroenke et al., 2001; Hughes et al., 2004; Smith et al., 2008). Questions were designed to assess participants' reflections on mental health, tools, and coping skills they learned, and overall satisfaction with the Center's advocacy services.

Initially, surveys for the Gender Rebels and Bi+/Pan workshop also followed a pre-post matched format wherein participants completed a pre-survey during the first module of the workshop and a post survey during the last module of the workshop. However, due to high participant attrition and the informal, drop-in nature of these workshops, the RAC modified these surveys part-way through programming to collect one retrospective post survey from workshop participants. These workshop surveys asked about specific knowledge and skills that participants felt they gained from workshop content. They allowed participants to reflect on how, if at all, the workshops impacted their relationship with their identity and with how others perceive their identity. Participants were also given the opportunity to provide comments and critical feedback on how to improve workshops.

Lastly, a "Local Evaluation Core" survey was developed for all Center community members enrolled in RISE, regardless of their specific program participation. The Local Core survey also followed a pre-post matched format, with ongoing post surveying every 6-months to assess differences in responses over time based on length of engagement. Similar to the 1:1 tool, these surveys also incorporated some adapted questions from the UCLA Three-Item Loneliness Scale and the PHQ-9 Depression Scale (Kroenke et al., 2001; Burckhardt et al., 2003; Hughes et al., 2004). The RAC also developed more community-centered questions to assess how

community members' relationships with their identity and the larger LGBTQ+ community have been impacted by participating in activities at the Center. Also, given the historical violence inflicted upon LGBTQ+ people in Bakersfield, RAC members added questions to assess participants' experiences with discrimination and perceptions of their environment and community. The Center conducted a power analysis to assess the target sample size for each of the survey tools to ensure adequate validity and strength of statistical analysis of these data.

Power Analysis

A power analysis was conducted at the beginning of the evaluation determine the potential impacts of programs and services on LGBTQ+ participants. Intended impacts included in the power analysis were increases in personal coping skills and resiliency and decreases in depression and anxiety. Because research indicates that "higher self-reported resilience has been associated with lower levels of anxiety, psychological distress, and mixed anxiety/depression," the power analysis focused on increases in resiliency and coping skills (Joyce et al, 2018).

The power analysis utilized three assumptions and data from the literature. First, information from a 2018 meta-analysis of CBT and/or mindfulness-based interventions designed to increase resiliency and coping skills, and reduce depression, anxiety and other mental health conditions was used (Joyce et al, 2018). This analysis reviewed 111 articles and based on quality of the research, 11 were included in the final meta-analysis. The interventions that were studied had strong similarities with the Bakersfield interventions, including similar activities, similar delivery and dosage, and similar goals and measures. Though the study populations for these 11 interventions that were included in the meta-analysis were not exclusively LGBTQ+, the participants were at high risk for the same mental health concerns and had similar needs for support around resiliency and coping skills. The mean effect size of these similar programs was 0.44. Other studies of interventions with similar goals were examined, but no other interventions or groups of interventions were as similar to the Center's intervention and goals as those that were included in the 2018 meta-analysis (Connor et al., 2003; Steinhardt et al., 2008; Loprinzi et al., 2011; Sood et al., 2011, Leppin et al, 2014).

Second, the power analysis assumed that values to be compared were continuous (ordinal but treated as interval) values of responses to questions about resiliency, coping skills, depression, and anxiety, including items in the statewide evaluation and items in the local evaluation, such as the Brief Resilience Scale. Further, it assumed a one-group design, using pre and post measurement.

Third, some standard statistical assumptions were used. The analytic plan included use of a two-tailed test because of the exploratory nature of this first round of analyses. For type 2 error, a 0.20 risk was used (80% power threshold) and for type 1 error, a 0.05 (5%) risk was used.

Based on these assumptions, and using a [standard power calculator](#) for a matched pair sample and t-tests as the basic test of significance, a minimum sample size of 43 (matched from pre to post local core surveys) for each CDEP component was needed to provide sufficient power. The anticipated levels of participation met this sample size.

CDEP Component	Expected Number of Participants Per Cycle	Number of Cycles	Expected Total Number of Participants	Number Needed to Provide Sufficient Power	Provides Sufficient Power relative to Resiliency and Coping Skills
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Component 1: Workshops	8	8	64	43	Yes
Component 2: 1:1 Advocacy	N/A	N/A	50	43	Yes
Local Core	N/A	N/A	50	43	Yes

Unfortunately, the minimum required number of matched pairs for the Local Core was not achieved. Due to changes in the survey instruments (to a retrospective post-survey, rather than pre and post surveys), the power analysis results are irrelevant for the workshops and 1:1 Advocacy. The change to the retrospective post survey allowed for at least some estimation of changes despite the low number of matched pairs.

Focus Groups

The evaluation's qualitative design component included annual focus groups with program participants. These focus groups were used to supplement quantitative data to explore "how" and "why" RISE programs did or did not appear to work, uncover challenges and barriers to participation, and explore additional areas for program improvement. Focus groups and interviews were held at six months and twelve months in the first year of data collection, and then yearly until the end of the project. Given scheduling, one-on-one interviews sometimes replaced focus groups, but used the same questions. Information obtained from these focus groups and interviews, including ideas for program improvement, were used by the Center for continuous quality improvement of RISE programming and services.

Creative Testimonials

To supplement focus group, interview, and quantitative survey data, the Center and RAC members created an opportunity for RISE participants to express how they had been impacted by the services, support, and community at the Center through a multi-model form of data collection. Participants were encouraged to submit written, photo, or artwork as testimony for the Center. In keeping with the CBPR approach of this evaluation, the RAC believed that these data enhanced representation of the community's unique voice in the program evaluation. Photographs of these creative testimonials, like the one to the right, are incorporated throughout the report.



Implementation

Recruitment & Participation

Recruitment for RISE followed the Center's standard program recruitment and outreach processes which includes flyers, word of mouth, social media postings, and staff outreach. All individuals receiving 1:1 advocacy or participating in workshops or activities included with RISE were eligible and invited to participate in the evaluation; there were no exclusion criteria for participation. Participants were invited to take part in the evaluation as they entered services or engaged with RISE activities. For those who had been engaged in services already, recruitment efforts for participation in the evaluation began once data collection started.

Recruitment included an informed consent process which included: sharing of information about the evaluation, what the participant would be asked to do, perceived benefits, and any risks to participation. Evaluation materials, including consent materials, were translated into Spanish to ensure broader

understanding. Center staff provided this information in a manner that ensured that all potential participants could knowingly provide informed consent. As part of the work with the RAC, the Center and HMA reviewed recruitment and consent processes to ensure they were culturally competent. Recruitment materials were also pilot tested before they were implemented to test whether they were understandable and make needed changes.

Workshop participants and 1:1 advocacy participants were recruited for and enrolled in the evaluation at their first session. Community members who engaged in Center-only for services were recruited at several annual recruitment events where the evaluation was explained, consent processes were conducted, and the Local Core pre-survey was administered. During the COVID-19 pandemic and resulting stay-at-home orders in 2020 and 2021, the Center did not hold any in-person recruitment events, and participation in RISE programming and survey data collection suffered. As a solution, the RAC brainstormed other types of virtual interactive events for recruitment. One of the most successful of these was a virtual paint night, in which more than 30 community members attended a live painting class on Zoom led by a professional instructor. As the stay-at-home orders were lifted and community members felt more comfortable being in-person, the Center held three outdoor events—"Speaking With Pride!" to collect creative data and testimonials for the Center. These events coincided with Pride month and gave community members the opportunity to come to the newly renovated space and take pictures, record videos, do artwork, and write messages to include as part of the creative data collection. The Center also publicized creative data submission opportunities online to allow community members to virtually submit testimonials.

While there was good participation from community members in focus groups and interviews, survey response rates suffered throughout data collection efforts, especially during the COVID-19 pandemic, when services were not in-person and pre and post surveys could not be completed in-person. In trying to boost survey responses, the Center began offering \$20 Visa gift cards to participants for each survey they completed. Additionally, staff conducted phone and email outreach to individual RISE participants when they were eligible to complete a program survey. All protocols were approved by the institutional review board of the California Office of Statewide Health Planning and Development (OSHPD).

Programs

When the COVID-19 pandemic began in spring of 2020, the Center suspended all in-person programs, including RISE programs. These programs were then moved to virtual once the Center resumed operations. However, given varying levels of technology and computer literacy among participants and other factors, including increased isolation, dissatisfaction with virtual programming, and general disruption to routines, many original RISE participants did not continue to engage in programs. While Center staff and volunteers continued to try and engage these individuals, the internal operational struggles caused by COVID-19 made it difficult to seamlessly transition services. This massive disruption not only caused the quality of RISE program delivery and participant responsiveness to suffer, it also disrupted and decreased the planned "dose", or level of exposure and engagement that participants had to RISE programming.

Throughout these challenges and changes, the Center and the RAC remained responsive to the needs of the community. Questions about



community needs and experiences during COVID-19 were added to focus groups and interview guides and these responses helped inform the Center's outreach methods and programming. These prompted the Center to be more flexible in its delivery of RISE programs to participants, while still maintaining fidelity to the true purpose of RISE. Due to the very fluid nature of the programming and the need to focus on other components of programming and evaluation, no formal assessments of implementation fidelity were conducted (Research Question 1).

Data Analysis

All analysis was completed in coordination with the RAC to ensure results are culturally and programmatically appropriate and relevant. Quantitative data from surveys were analyzed using rigorous analytic methods, using Stata for inferential analyses (i.e., t-tests and chi-square) and for descriptive analyses, such as participant demographic description, participation, and program monitoring. This analysis plan was developed alongside the survey instruments with continuous input from the RAC. Analyses included an exploration of differences in outcomes by demographic, mental health, dosage, type of services utilized, and other variables.

Qualitative data collected from focus groups and interviews were recorded and transcribed. A set of initial codes through which to assess transcript was developed with the RAC and aligned with the guides. Transcriptions were then manually coded by researchers trained in qualitative analysis and emergent themes were captured. These findings were then shared with Center staff and the RAC to validate themes and ensure interpretation was culturally appropriate. Data collected through written, photo, video, and art materials were analyzed without a priori codes. Emergent themes were explored in relation to other findings captured from focus groups and interviews.

These varying data collection methods and analyses served to mutually inform and reinforce each other to ensure that findings were validated across all analyses.

RESULTS

Participant Demographics

As a component of the local-core survey, participants were asked demographic questions related to age, gender identity, sexual orientation, and race/ethnicity. The tables below summarize demographic information collected.

Age

The majority of respondents were between the ages of 18 and 29 years old (45%), or 30 and 39 years old (22%). The smallest proportion of respondents was between the ages of 45 and 49 (3%), followed closely by 65 years and older (5%).

Age	Frequency (N)	Percent (%)
18-29	29	45.31
30-39	14	21.88
40-44	7	10.94
45-49	2	3.13
50-64	9	14.06
65 or Older	3	4.69
Total	64	100

Gender Identity

The gender identity of respondents varied, with the largest proportion of respondents identifying as genderqueer or nonbinary (23%). Respondents could select more than one gender identity.

Gender Identity*	Frequency (N)	Percent (%)
Genderqueer/nonbinary	16	23
Cisgender Female	11	15
Cisgender Male	11	15
Transgender Woman	9	13
Transgender Man	11	15
Questioning/unsure	7	10
Other	4	6
No Gender	2	3
Total	71	100

When respondents were grouped by cisgender or transgender or gender non-conforming (T&GNC), 56% of respondents were T&GNC.

Gender Identity	Frequency (N)	Percent (%)
TGNC	28	56
Cisgender	22	44
Total	50	100

Sexual Orientation

Respondents could select more than one option for sexual orientation. The largest proportion of respondents identified as heterosexual (26%), followed by bisexual and pansexual (both 19%), and gay (15%).

Sexual Orientation*	Frequency (N)	Percent (%)
Heterosexual	18	26.47
Bisexual	13	19.12
Pan	13	19.12
Gay	10	14.71
Lesbian	8	11.76
Asexual	5	5.00
Queer	2	2.94
Questioning	2	2.00

*respondents could select more than one sexual orientation

Race

Thirty eight percent (38%) of respondents identified as white, followed by Latinx/Hispanic and Multi-Racial (both 21%). When looking at persons of color (POC) versus white respondents, 43% identified as POC, and 57% as white.

Race	Frequency (N)	Percent (%)
White	15	38
Latinx/Hispanic	8	21
Multi-Racial	8	21
American Indian/Alaskan Native	3	8
Black	2	5
Asian	1	3
Native Hawaiian/Other Pacific Islander	1	3
Other	1	3
Total	39	100

Race	Frequency (N)	Percent (%)
White	20	57
POC	15	43
Total	35	100

Quantitative Data Analysis

Four different surveys were used as part of the larger project evaluation. The pre-post “Local Core Survey” was administered to all Center community members enrolled in RISE, regardless of their specific program participation, and three additional surveys for the 1:1, Bi+/Pan and Gender Rebels programs were used to collect information from individuals who participated in related program services. Like the Core survey, the 1:1 instrument collected data using separate pretest and posttest survey tools. However, the Bi+/Pan and Gender Rebels programs used a single retrospective survey (one administration with before and now questions) due to low participation and retention levels brought on by the COVID-19 pandemic. Results are organized by each survey and data are generally presented in order of items as they appear on each instrument. Where possible,

t-tests measuring the statistical significance of pre-post changes are used and a Chi-Squares test is employed on data that are more categorical in nature.

Local Core Results

The Local Core Survey consists of separate pre and post versions. Though these are largely the same, the post version includes items that are only logical to ask at follow-up. The pretest survey consists of 10 multipart quantitative questions (analyzed as scales) and four standalone questions for a total of 75 items. All quantitative questions are rated on Likert-type rating scales, where anchored words (e.g., Strongly Agree to Strongly Disagree) are converted to numbers for subsequent analysis. The 10 scales are designed to measure a variety of underlying constructs including:

- ▶ Community Connectedness
- ▶ Feelings of Isolation
- ▶ Coping/Support
- ▶ Resiliency
- ▶ LGB and Gender Comfort
- ▶ Depression
- ▶ Life and Health Satisfaction
- ▶ Safety of Home and Community
- ▶ Quality of Project Staff

There is also one qualitative question that asks respondents to describe which LGBTQ+ communities are important to them.

The posttest consists of the same question, though the addition of several follow-up items raises the total number to 80. This version also contained 11 qualitative questions. Most of the added posttest questions, both quantitative and qualitative, asked respondents to reflect on the extent to which they felt programming was responsible for impacts reflected in their scaled responses.

The following presentation provides information from each of the scaled and individual items, in sequential order. Means and standard deviations are presented for each scale and t-tests were conducted on paired respondents to determine if changes were statistically significant. A probability level of .05 or lower was used as the standard for **determining statistical significance** and given small samples sizes, .09 to .05 was used as a standard for a determination of **approaching statistical significance**. Due to small samples sizes, all findings should be interpreted cautiously and as preliminary.

Question one of the Local Core survey asked participants to identify the extent to which various aspects of the LGBTQ+ community are important to them. This 11-item scale (11 items that are averaged to derive a composite mean), scored 1-5 where 1 means “Strongly Disagree” and 5 means “Strongly Agree”, covers areas that include a sense of belonging, personal influence in the community, feelings of connectedness and the extent to which one is able to get their needs met within the community. Initial pretest measurement included 90 participants, with a mean scale score of 3.76 (SD=.75). However, matching individuals to conduct pre-post paired t-tests at the time of the evaluation yielded just 17 participants. Pretest scores on these matched pairs reflected a mean of 4.05 (SD=.51) and a slightly higher post-test mean of 4.08 (SD=.32). This negligible .03 change did not result in a statistically significant finding at the .05 level. (Note that when pretest scores are found to be at the high end of a scale, as is the case here, it may be difficult to move these significantly higher.)

Respondents	Time	Scale Mean	SD	P-P Diff	P-value
17	Pre	4.05	.51		

17	Post	4.08	.32	.03	P=.38
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A single, posttest-only item asked participants to rate the degree to which involvement in the Center's services and/or activities had a positive effect in this area (Community Connectedness) at the completion of services, which was also scored on the 1-5 rating scale. Respondents (24) rated this item at the high end of the scale with a mean of 4.17 (SD=1.17) suggesting a positive relationship between the program and their posttest response.

The second question on the Local Core survey consists of a seven-item scale that explores various aspects of a participant's sense of isolation including from their LGBTQ+, spiritual and racial communities, as well as family and friends. The scale also incorporates two items from the University of California, Los Angeles (UCLA) Loneliness Scale (2004) – *How often do you feel that you lack companionship* and *How often do you feel left out* – and all items are scored using a three-point scale where 1 is “Hardly Ever” and 3 is “Often.” In using this scale, lower scores reflect more positive results.

The original pretest score of 90 individuals rated this scale above the midpoint with a mean of 1.94 (SD=.55). Pre-post matching yielded 17 respondents with a pretest mean of 1.88 (SD=.33) and a posttest score of 2.15 (SD=.33), which was **statistically significant** (p=.00). This .06 change is noted to be in the opposite direction of what was expected, suggesting that participants felt more isolated at the completion of the program. While one should be cautious interpreting this finding given the small sample size, it may be important to note that the posttest occurred during the COVID-19 pandemic which may have affected feelings of isolation.

Respondents	Time	Scale Mean	SD	P-P Diff	P-value
17	Pre	1.88	.33		
17	Post	2.15	.33	.06	P=.00

Similar to question one, a posttest-only item asked participants to rate the degree to which involvement in the Center's services and/or activities had a positive impact on this construct by the end of services. Responding again to the previously mentioned 1-5 rating scale, respondents (25) rated this at 3.84 (SD=1.11).

The third survey question asked respondents to reflect on the degree to which they were confident in their ability to personally manage or receive support during difficult or stressful circumstances. This 6-item scale is scored on a 1-5 rating scale where 1 means “Not at all Confident” and 5 means “Fully Confident.” An original sample of 89 participants yielded a pretest mean of 2.89 (SD=.92). Seventeen participants could be matched at the time of the evaluation, with a pretest mean of 2.80 (SD=.70) and a posttest mean of 3.06 (SD=.60). This .26 positive change was found to be **approaching significance** (p=.09) and the posttest mean is observed to fall at the midpoint of the scale.

Respondents	Time	Scale Mean	SD	P-P Diff	P-value
17	Pre	2.80	.70		
17	Post	3.06	.60	.26	P=.09

The fourth question focuses on the resiliency of participants using the Brief Resiliency Scale, a validated tool developed Smith and colleagues at Ohio State University (Smith et al, 2008). This 6-item scale asks participants to rate the degree to which they feel they can bounce back, recover and/or generally make it through stressful or difficult times. Items are scored on the same 1-5 Agree to Strongly Disagree scale, and an initial pretest mean

was computed at 2.87 (n=88, SD=.87), which sits just below the mid-point. Seventeen participants could be matched at the time of the evaluation, with a pretest mean of 2.76 (SD=.72) and a posttest mean of 2.59 (SD=.74). This .18 change moves in the opposite direction of what was hypothesized and was **statistically significant** using a one-tailed t-test (p=.03). It is possible that this question functions in a manner similar to the isolation scale given its similarity and, therefore, was also impacted by the COVID-19 pandemic.

Respondents	Time	Scale Mean	SD	P-P Diff	P-value
17	Pre	2.76	.72		
17	Post	2.59	.74	-.18	P=.03

The same posttest-only item discussed above was asked of respondents in this program area and resulted in a mean of 3.81 (n=26, SD=1.10). This suggests that the program had a moderate influence on perceived resiliency for the 26 respondents.

Question five is a 5-item scale that asked respondents to rate their comfort level with being LGB including their sense of pride, positive attitude, concern for others' judgments and the degree to which LGB openness in public was comfortable. A mean score of 3.92 (SD=.84) was computed on an initial population of 86 participants. Sixteen individuals could be matched for paired t-tests, with a pretest mean of 3.98 (SD=.77) and a posttest mean of 4.29 (SD=.57). This change of .31 on the scale **approached significance** (.07) and overall, the posttest score is observed to be at the higher end of the scale.

Respondents	Time	Scale Mean	SD	P-P Diff	P-value
16	Pre	3.98	.77		
16	Post	4.29	.57	.31	P=.07

The posttest-only follow-up item found a mean of 3.96 (n=26, SD=1.04) when rating the degree to which participation in the program had a positive impact on the participant in this area.

Question six is similar in content to question five but focuses instead on comfort related to gender identity. Here, the initial mean was computed on 89 respondents yielding a score of 3.90 (SD=.84). Seventeen participants could be paired at the time of the evaluation with a pretest mean of 4.03 (SD=.88) and a posttest mean of 4.24 (SD=.78). This change of .21 **approached significance** (p=.08).

Respondents	Time	Scale Mean	SD	P-P Diff	P-value
17	Pre	4.03	.88		
17	Post	4.24	.78	.21	P=.08

Similar to the above posttest only item, participants, on average, agreed that participation in programs had a positive effect on this scale score with a mean of 4.03 (n=26, SD=.82).

Question seven focuses on the degree to which participants felt depressed, worried, or anxious, or conversely, healthy, and positive about life, in the past 30 days. This 5-item scale, based loosely on the Patient Health Questionnaire (PHQ-9), is scored using a 1-5 rating scale, where 1 means "Not at All" and 5 means "A Lot" (Kroenke, 2001). Importantly, higher scores are more negative meaning greater levels of reported depression, anxiety, etc. A pretest score on the original sample of 88 participants yielded a mean of 3.30 (SD=.84). A small change was noted for 17 matched participants, with a pretest mean of 3.32 (SD=.52) and a posttest mean of 3.35 (SD=.50). However, this .04 change was not found to be statistically significant (p=.44).

Respondents	Time	Scale Mean	SD	P-P Diff	P-value
17	Pre	3.32	.52		
17	Post	3.35	.50	.04	P=.42

The same single posttest-only item as above was answered by 26 respondents with a mean of 3.77 (SD=1.14).

Question eight explores participants' satisfaction with various aspects of their life including quality, health, place of living and use of spare time. This 7-items scale is scored 1-5, where 1 is "Very Dissatisfied" and 5 is "Very Satisfied." The pretest mean on 17 matched participants was 3.18 (SD=.81) with a posttest of 3.12 (SD=1.05). This small .06 difference, which moves in the opposite direction of what was expected, was not statistically significant.

Respondents	Time	Scale Mean	SD	P-P Diff	P-value
17	Pre	3.18	.81		
17	Post	3.12	.1.05	.06	P=.59

The single Posttest-only item asking about the impact of program participation on this scale (n=26) had a mean of 3.77, (S=1.14), which is somewhat higher than the scores above, but also derived from a slightly different (larger) sample.

A related single item question was asked on both the pre and posttest versions: *When thinking about the next five to 10 years, do you expect your overall quality of life (including your financial well-being, mental and physical health, recreation and leisure time, and family situation) to get...* "Much Worse" (score of 1) to "Much Better" (score of 5). The initial pretest mean on this item based on 89 respondents was 4.08 (SD=1.09). The pre to post change on 17 matched pairs was .06, with a pretest mean of 4.30 (SD=.92) and posttest of 4.24 (SD=.71) which was not found to be a statistically significant. However, it should be noted that these scores are already quite high on the scale.

Respondents	Time	Scale Mean	SD	P-P Diff	P-value
17	Pre	4.30	.92		
17	Post	4.24	.71	.06	P=.59

The single Posttest-only item asking about the impact of program participation on this scale (n=25) had a mean of 3.84 (S=.94), which suggests moderate agreement with this item.

Question 10 is a 6-item scale that asked participants to rate the perceived quality of their home and neighborhood environment, including safety, affordability, the degree to which the neighborhood met their needs, and their ability to remain in their home. Items were scored on a 1-5 scale with 1 meaning "Not at All" and 5 meaning "Completely." The initial pretest score of 89 respondents was 3.56 (SD=.73) suggesting a "Moderate" to "Mostly" rating. Seventeen participants could be matched at the time of the evaluation, with a mean pretest score of 3.60 (SD=.67) and a posttest score of 3.53 (SD=.81). This small -.07 change was not found to be statistically significant.

Respondents	Time	Scale Mean	SD	P-P Diff	P-value
17	Pre	4.30	.92		
17	Post	4.24	.71	.06	P=.59

The final scaled item examined perceptions of program staff's response to participants in terms of respect and understanding in the areas of religion, gender, sexual orientation, and cultural beliefs. The initial pretest score of 85 respondents was 4.39 (SD=.86) suggesting a high satisfaction level with staff. Pre and posttest scores were also high on the 17 paired participants, going from 4.22 (SD=.93) to 4.68 (SD=.64), a .45 difference that was **statistically significant** (p=.02).

Respondents	Time	Scale Mean	SD	P-P Diff	P-value
17	Pre	4.22	.93		
17	Post	4.68	.64	.45	P=.02

Discussion of Local Core Survey Results

As stated previously, presented data should be interpreted cautiously and as preliminary. As seen throughout the presentation of findings, sample sizes are very small (~17) for each matched pair t-test. This creates two problems. First, it can be difficult to detect significance as the small sample size may not provide sufficient power to detect a true underlying change. Secondly, the sample may be biased since it represents just a subsample of those who would have otherwise participated in the program. This is demonstrated in the much larger pretest population sizes for which there are not matched pairs. Note that the means for this larger population tend to be lower on presented items, suggesting that the population, overall, is somewhat different from the matched pairs used in later analyses.

With these issues in mind, the survey does suggest that in some areas, programming was helpful to this population and that changes, if not statistically significant, trended in a positive direction. Of the 11 scales or items presented, three were observed to be approaching or reaching statistical significance in a positive direction. Two additional scales also reached statistical significance – isolation and resiliency – however these moved in a negative direction. It is not clear whether the COVID-19 pandemic may have played into these results as it might be reasonably argued that COVID-19 could have affected both of these areas. Moving forward it will be important to increase samples sizes in order to obtain more robust measures of changes. Moreover, these larger samples will allow researcher to test the inherent reliability of multi-item scales as poor internal consistency can also impact the ability to detect meaningful change.

1:1 Survey Results

The 1:1 Program Survey consists of pretest and posttest versions. Though these are largely the same, the posttest version included items that were only logical to ask at follow-up. The pretest survey consisted of seven multipart quantitative questions (analyzed as scales) and one standalone question for a total of 36 items. All quantitative questions are rated on Likert-type rating scales, where anchored words (e.g., Strongly Agree to Strongly Disagree) are converted to numbers for subsequent analysis. The seven scales are focused on the following underlying constructs:

- ▶ Resiliency (same as Core Survey)
- ▶ Feelings of Isolation (Same as Core Survey)
- ▶ Self-Esteem
- ▶ Depression (Same as Core Survey)
- ▶ Use of Drugs and Alcohol
- ▶ Coping/Support (Same as Core Survey)
- ▶ Fit/Adaptability of Program Services

The following presentation provides information from each of the scaled and individual items, in sequential order. Means and standard deviations are presented for each scale and t-tests were conducted on paired respondents to determine if changes were statistically significant. Like the Local Core Survey results, a probability level of .05 or lower was used as the standard for **determining statistical significance** and because of small samples sizes, .09 to .05 was used as a standard for a determination of **approaching statistical significance**. Paired sample sizes are small and therefore findings should be interpreted cautiously and as preliminary.

The first survey question focused on the resiliency of participants using the Brief Resiliency Scale, a validated tool developed by Smith and colleagues at Ohio State University (Smith et al, 2008). This 6-item scale asks participants to rate the degree to which they feel they can bounce back, recover and/or generally make it through stressful or difficult times. Items are scored on a 1-5 rating scale where 1 means “Strongly Agree” and 5 means “Strongly Disagree”. An initial pretest mean of 2.67 for 113 respondents (SD=.79) was computed, which sits just below the mid-point of the scale. Twelve participants could be matched at the time of the final evaluation, with a pretest mean of 2.41 (SD=.73) and a posttest mean of 3.08 (SD=.90). Despite the small sample size, the .66 change was found to be **statistically significant** using a one-tailed t-test ($p=.02$).

Respondents	Time	Scale Mean	SD	P-P Diff	P-value
12	Pre	2.41	.73		
12	Post	3.08	.90	.66	$P=.02$

The second question consists of seven items that explores various aspects of a participant’s sense of isolation related to their LGBTQ+, spiritual and racial community, and family and friends. The scale also incorporates two items from the University of California, Los Angeles (UCLA) Loneliness Scale (2004) – *How often do you feel that you lack companionship* and *How often do you feel left out* – and all items are scored using a 3-point scale where 1 is “Hardly Ever” and 3 is “Often.” With this scale, **lower scores reflect more positive results**.

The original pretest score of 113 individuals rated this scale at the midpoint (“Some of the Time”) with a mean of 2.06 (SD=.56). Pre-post matching again yielded just 12 respondents with a pretest mean of 2.19 (SD=.51) and a posttest mean of 1.73 (SD=.72). This positive directional change of .97 suggesting lowered isolation was found to be **statistically significant** ($p=.03$).

Respondents	Time	Scale Mean	SD	P-P Diff	P-value
12	Pre	2.19	.51		
12	Post	1.73	.72	-.46	$P=.03$

The third question asked participants to rate their level of self-esteem on a rating scale where 1 means “Very Low” and 5 means “Very Strong.” The scale’s three items include assessments of self-esteem, self-reliance, and self-empowerment. The original pretest score of 109 respondents was found to be 2.80 (SD=1.05). A later analysis of 12 matched participants found a pretest mean of 2.74 (SD=.98) and a posttest mean of 3.44 (SD=1.16). This positive .71 change was found to be **statistically significant** ($p=.02$).

Respondents	Time	Scale Mean	SD	P-P Diff	P-value
12	Pre	2.74	.98		
12	Post	3.44	1.16	.71	$P=.02$

Question four measures the frequency with which participants say they feel depressed, worried, or anxious, and conversely, healthy, and positive about life. This 4-item scale, based loosely on the Patient Health Questionnaire (PHQ-9), is scored using a 1-3 rating scale, where 1 means “Often” and 3 means “Not at All” (Kroenke et al., 2001). On this scale, higher scores are more negative. A pretest score on the original sample of 110 participants yielded a mean above the midpoint of 2.26 (SD=.39). A pre-post analysis on 11 participants found little change on this item with an initial mean of 2.18 (SD=.46) and posttest mean of 2.16 (SD=.44) reflecting a .02 difference and a p-value of .56.

Respondents	Time	Scale Mean	SD	P-P Diff	P-value
11	Pre	2.18	.46		
11	Post	2.16	.44	.02	P=.56

Question 5 explores alcohol and drug use and self-harming behaviors. This 3-item scale is scored using a 4-point rating where 0 means “Never” and 4 means “Often.” For this question, lower scores are more positive. An initial mean computed on 109 participants was .79 (SD=.59), which falls in the category of “Hardly Ever.” An analysis of nine (9) matched participants found a pretest mean of 1.11 (SD=.82) and a posttest mean of .70 (SD=.42). This -.41 change was in a positive direction and observed to be **approaching significance** (p=.07).

Respondents	Time	Scale Mean	SD	P-P Diff	P-value
9	Pre	1.11	.82		
9	Post	.70	.42	-.41	P=.07

The sixth question asked respondents to reflect on the degree to which they are confident in their ability to manage, stay open, deal with and/or develop strategies to address things that are not going well. This 6-item scale is scored 0-5 where 0 means “Not at all Confident” and 5 means “A Lot.” The original pretest group of 113 had a mean of 1.86 (SD=.78). Eleven participants could be matched at the time of the final analysis, with a pretest mean of 1.50 (SD=.89) and a posttest mean of 2.48 (SD=1.00). This positive 1.0 improvement was found to be **statistically significant** (p=.00).

Respondents	Time	Scale Mean	SD	P-P Diff	P-value
11	Pre	1.50	.89		
11	Post	2.48	1.00	1.0	P=.00

Nineteen participants were asked if the program help them to achieve their desired goals. As reflected in the table below, 17 of the 19 selected “Yes” or “Yes and More.”

Yes, and More	Yes	Neutral	A Little	Not at all
10	7	1	1	0

The last series of questions asked respondents to reflect on the degree to which program services were responsive to the needs of participants with the final item focused on whether they see themselves living more in the present or the past. Items were rated on a 5-point scale where 1 means “Strongly Disagree” and 5 means “Strongly Agree.” As seen in the table below, participants rated items related to programming favorably, ranging from a low of 4.39 to a high of 4.67. The present/past item was rated more moderately with a mean of 3.84 (SD=1.30).

	Respondents	Mean	SD
I felt heard, understood, and respected	18	4.67	.59
We worked on and talked about what I wanted to work on and talk about	18	4.67	.59
The frequency of the appointments was a good fit	19	4.39	.78
I felt the program adjusted to my need	19	4.47	.77
I live in the present more than I dwell on the past	19	3.84	1.30

Finally, the last two individual questions on the posttest asked respondents to rate their satisfaction with services and, separately, staff. Both were rated highly on a 5-point scale at 4.5 (SD=.58 and .76, respectively).

Discussion of 1:1 Survey Results

As with the previous survey discussion, tests and the interpretation of results are greatly affected by small sample sizes available for analyses. For this survey, participants for which there were matched pairs was even smaller than that for the Local Core survey, ranging from 9 to 12 participants. This is compared to initial sample sizes on pretests that were over 100. Again, this means that any results should be interpreted cautiously.

Perhaps given that questions related to a specific program (unlike the Local Core which was a general questionnaire, discussed below), the pre to post assessment may have been easier for participants to assess. It is interesting to note five of six scales/items where a t-test was performed demonstrated statistically significant, or in one case approaching statistical significance, change. Also, the one item that did not register change was focused on depression and anxiety, which could have been affected by the COVID-19 pandemic. Importantly, items related to goal attainment, program responsiveness and both staff and service satisfaction were all rated highly suggesting, at least for this small sample, that the general program orientation and environment was assessed as being very positive. As with Local Core Survey results, it will be important in the future to increase sample sizes in order to conduct more robust tests of program impacts and to explore the integrity of the measures themselves.

Bi+/Pan Survey Results

The original Bi+/Pan program survey was supposed to be administered as separate pretest and posttest instruments. However, due to recruitment and client retention issues this was changed to single administration, retrospective survey. Retrospective instruments are not considered to be as valid as pre-post measures since they ask respondents to think about how they **would have** rated something in the past compared to now. However, in some cases this becomes the only option and provides at least some information on how perceptions or behaviors changed over time.

The survey consists of the following types of questions:

- ▶ Four post-only questions on how workshops changed perspectives related to identity, labels, coming out, and the development of positive partner relationships;
- ▶ Pre-post questions related to the development of skills for correcting individuals who mis-gendered pronouns and dealing with questions related to sexual orientation;
- ▶ Six pre-post questions measuring whether participants are out as much as they would like to be with family, friends and at work; skills to be out; and sense of isolation from not being out as much as they would like to be;
- ▶ Whether participants did and currently have a safe place for talking about being Bi+/Pan or related issues;
- ▶ Intentions to participate in bisexual+/pansexual and LGBTQ events; and

► Knowledge gains related to Bi+/Pan and transgender issues.

Seven different workshops were provided in the Bi+/Pan program, listed in the table below. Workshops had between 13 and 21 participants, with Wellness & Self-Care showing the highest attendance. Note that respondents could select more than one workshop, so numbers do not reflect unique individuals.

Introductions & Safe Space	Identity, Labels & Intersectionality	Representation & Gender	Coming Out	Introductions & Safe Space	Identity, Labels & Intersectionality	Representation & Gender
14	17	18	18	13	16	21

The first set of questions asked respondents to rate the degree to which Bi+/Pan workshops helped them change ways of thinking and improved skills in the areas of identity, labels, coming out and improved relationships. Items were scored on a 5-point scale (collapsed below to three categories) with 5 meaning “Strongly Agree” and 1 meaning “Strongly Disagree”. As observed in the table below, scores were highly clustered in the “Agree/Strongly Agree” category, which is further reflected in the relatively high means scores.

<i>The Bi+/Pan workshops...</i>	Agree/ Strongly Agree	Neutral	Disagree/	Mean (SD)
... helped me be clearer about how I identify	21	7	2	3.87 (1.08)
... changed how I think about labels	19	11	0	3.93 (83)
... provided me with skills and techniques to help me feel more comfortable if I choose to come out to new people	23	6	1	4.0 (91)
... provided me with skills and techniques to help me improve my current or future relationship with a romantic partner	23	4	1	missing

The next two questions explored whether there was a before to after shift in items related to learning how to correct others when they used mis-gendered pronouns and the ability to respond to questions about their sexual orientation. As seen in the table below, “After” responses shifted in the direction of improvements in both of these areas (as reflected in increased Agree/Strongly Agree selections) which is further observed by positive mean changes.

Item	Agree/ Strongly Agree		Neutral		Disagree/ Strongly Disagree		Mean Change	
	Before	After	Before	After	Before	After	Before	After
I knew of ways to correct others when they used mis-gendered pronouns	17	23	9	4	5	2	3.58 (SD=.99)	4.03 (SD=.87)

I felt prepared to deal with questions about my sexual orientation.	21	25	6	4	4	1	3.81 (SD=.98)	4.17 (SD=.91)
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The next set of items asked workshop participants to rate the degree to which they agreed with a set of statements about “being out” to various groups, obtaining support to be out and feeling isolated because they were not as out as they wanted to be. Three of the items (out to family, had support, had skills) trended in a positive direction from before to after while the remaining three (out to friends, out at work feeling isolated) trended in the opposite direction, seen in both the counts and means. The negative shift on the “felt/feel isolation” item (last in table) is actually a positive change in that respondents are saying they more strongly disagree with the statement of feeling isolated after workshop participation. It is less clear why there was a negative shift on being out to friends and at work, unless perhaps this reflects the awareness of a stronger desire to be out in these areas because of workshop participation. Follow-up discussions with participants on these items might prove helpful for developing a better understanding of the observed trends.

Item	Agree/ Strongly Agree		Neutral		Disagree/ Strongly Disagree		Mean Change	
	Before	After	Before	After	Before	After	Before	After
I was/am as out to family as I wanted to be.	17	19	4	3	9	7	3.40 (SD=1.40)	3.55 (SD=1.30)
I was/am as out to my friends as I wanted to be.	19	17	2	2	9	10	3.43 (SD=1.46)	3.28 (SD=1.51)
I was/am out at work as I wanted to be.	16	12	7	9	7	8	3.47 (SD=1.38)	3.21 (SD=1.40)
I had/have the support I needed to be as out as I wanted to be.	13	21	6	3	10	5	3.28 (SD=1.46)	3.76 (SD=1.09)
I had/have the skills I needed to be as out as I wanted to be.	12	19	8	3	10	7	3.17 (SD=1.37)	3.52 (SD=1.27)
I felt I was/am somewhat isolated because I couldn't be as out as I would have liked to be.	16	13	7	8	7	8	3.4 (SD=1.33)	3.14 (SD=1.39)

The next question simply asked participants whether they had a safe space for talking about being Bi+/Pan or discussing related issues before and then after workshop attendance. The item was scored on a 3-point scale where 2 means “Yes” and 0 means “No Place at All.” The mean was observed to move from 1.31 (SD=.60) to 1.83 (SD=.47), which represents a positive 40% increase.

The next two items asked participants about the degree to which they planned to participate in Bisexual/Pansexual Events and separately, LGBTQ+ Community Events in the future. Increased attendance was projected in both types of events in the categories of “as much as I can” and “If I know about them.”

Item	Fully – attend as much as I could/can		Yes – If I knew/know about them		Maybe – Depended/s on the activity		No – I didn't/don't want to	
	Before	After	Before	After	Before	After	Before	After
Bisexual/Pansexual Events	12	16	8	10	7	1	2	1
LGBTQ+ Community Events	13	16	7	11	5	0	2	1

Respondents were then asked if their intention to participate in these events changed **because of the Bi+/Pan Workshop**. Four respondents stated that they did not plan to attend events anymore, however, **23 individuals** stated that they intended to start going to more events because of workshop attendance.

The final two scaled items asked participants to reflect on whether their knowledge of Bi+/Pan and, separately, gender and transgender issues improved due to attending the workshops. This item was scored on a scale of 1 to 4 where 1 means “Not Knowledgeable at All” and 4 means “Very Knowledgeable.” As observed in the table below, respondents reported large gains on both of these items.

	Before	After
How much do you know about Bi+/Pan issues?	2.79 (SD=.68)	3.31 (SD=.71)
How much do you know about gender and transgender issues?	2.90 (SD=.83)	3.20 (SD=.68)

Discussion of Bi+/Pan Survey Results

As previously discussed, it is important to be cautious when interpreting results from a retrospective survey design since these rely on a comparison of memories to a current state. Analysis of Bi+/Pan survey data did not include any statistical tests, but rather a presentation of after only or before/after frequencies of scaled responses. As with the data presented in the previous section, trends in general were seen to move in a positive direction. Moreover, the sample size for responses in this program are a bit larger, at around 30 individuals.

What is observed in the first two items is high levels of agreement with improvements in concrete topic areas that relate to both knowledge and skill development. This suggests that information was provided in a way that could be acted upon by the participants. As noted in the summary of results related to being out, most of the items trended in a positive direction with the exception of being out to friends and at work. While improvements were not necessarily seen in these areas, this finding may provide help to guide further exploration and possible program refinements. Finally, participants stated an interest in increasing their willingness and desire to participate in more events and before to after shifts in learning show a positive trend for both Bi+/Pan and gender/transgender issues. These findings suggest that outcomes may have lasting affects for these participants.

Gender Rebels Survey Results

Like the Bi+/Pan program, Gender Rebels program data was to be collected using separate pretest and posttest instruments, but was changed to a single, retrospective administration because of COVID-19-related challenges. Results are presented below, largely in the order of items in the survey.

The Gender Rebels program consists of seven different workshops designed to provide participants with a safe place to openly share with others and obtain support. Topics include:

- ▶ Community Defined Safe Space Rules
- ▶ Gender 101
- ▶ Representation Coming Out Stories
- ▶ Intersecting Identities
- ▶ Coping with Bullying & Discrimination
- ▶ Healthy Relationships
- ▶ Self-Care

Unfortunately, data on participation rates in these sessions was not available so cannot be reported. However, the survey was designed to measure the degree to which participants were affected by these workshops in relation to the identified topic areas. It consists of 10 standalone quantitative questions and two multipart questions organized in item blocks (note that due to data issues, data for the multipart question on disclosure of Gender Identity is not reported). Some of the standalone items are measured using before and after scales which focus on session-related content such as having a safe place to discuss identity issues, understanding differences in the ways gender identity and sexuality are interpreted and expressed, and examining whether participants have acquired language to describe themselves to others comfortably. Other questions provide summaries of learning on specific concepts including identity, labels, and self-care. Finally, the one reported multipart question focuses self and others' attitudes about gender identity and sexual orientation. The survey also includes several qualitative questions that provide respondents an additional opportunity to describe the ways in which they were directly impacted by workshop sessions.

The first set of questions asked respondents to report how they changed over time and in some cases, as a direct result of workshop participation. Items were scored using a 3-point rating scale where 2 means "Yes," 1 means "Somewhat" and 0 means "Not at All" (note, this last label was adjusted as needed to reflect the focus of the question). As observed in the table below, all items demonstrated noticeable shifts from Before to Now in the direction of larger (more positive) "Yes" scores. Follow-up questions for three of the items asked if participants viewed changes as a direct result of workshop participation. Comparing the added values of "Yes" and "Somewhat" responses to "Not at All" shows that 58%, 64% and 71% respectively felt that the workshops were responsible for at least some of their identified change.

Before/Now you attended the workshop...	Yes		Somewhat		Not at All	
	Before	After	Before	After	Before	After
...did you have a place where you could talk about your experiences and identity?	15	34	18	10	12	1
Fisher's Exact Test	.27					
...did you feel you understood the ways gender identity, gender expression, biological sex, sexual attraction, and romantic attraction are different?	31	40	11	4	3	1
Do you think you better understand the areas because of this workshop ?		18		8		19
Fisher's Exact Test	.07					

...did you feel that you understood your gender identity, gender expression, biological sex, sexual attraction, and romantic attraction?	26	32	14	9	4	3
Do you think you better understand the areas because of this workshop ?		17		11		16
Fisher's Exact Test	.02					

A Chi-Square test of significance was also performed on these items to determine if the size of the change from “Before” to “Now” was statistically significant. Chi-squares was selected as the analysis option over a t-test given the small number (3) of rating categories. Two different statistics can be examined when conducting a Chi-Squares test: Pearson’s coefficient or Fisher’s Exact Test, the latter being preferred when sample sizes are small. Given the small number of respondents, the Fisher’s Exact Test was used. As presented in the table above, change on the last two items was found to be **statistically significant** at the .05 or lower threshold ($p=.02$ for both items). The item measuring changes in different gender, sexuality and attraction concepts was found to be **approaching significance** ($p=.07$) while the first item that examines talking about experiences and identity was found not to be significant ($p=.27$).

The next set of items asked participants to rate the degree to which they previously would have agreed and, secondly, now agree with several statements related to Gender Identity and Sexual Orientation. Items were measured on a 5-point rating scale where 1 means “Strongly Disagree” and 5 means “Strongly Agree.” Note that negatively stated items – see the 2nd for example – were reversed scored so that higher scores are more positive. T-tests were conducted on all items to determine if changes were statistically significant. As observed in the table below, change on items related to positive attitudes for both Gender Identity and Sexual Orientation were **statistically significant** ($p=.00$, $p=.03$) as was questions related to pride in both areas ($p=.00$ and $p=.04$). While worry about what others thought about gender identity did improve and was **statistically significant**, the “Now” mean remained low, near the midpoint of the scale. All other items stayed relatively constant from Before to Now.

<i>Please note the degree to which you agree with the following statements:</i>	N	Before	Now	P-P Diff	p-value
I had a positive attitude about my gender identity.	42	3.55 (SD=1.29)	4.10 (SD=.96)	.55	.00
I felt uneasy around people who are very open in public about their gender identity.	41	4.34 (SD=1.02)	4.39 (SD=.96)	.05	.41
For the most part I enjoyed being my gender.	41	3.54 (SD=1.12)	3.71 (SD=1.23)	.17	.19
I worried a lot about what others thought about my gender identity.	40	2.18 (SD=1.27)	2.68 (SD=1.23)	.5	.02
I felt proud about my gender identity.	41	3.32 (SD=1.27)	4.00 (SD=.89)	.68	.00
I had a positive attitude about my sexual orientation.	40	4.2 (SD=.88)	4.38 (SD=.74)	.18	.03
I felt uneasy around LGBTQ+ people who were very open in public about their sexual orientation.	41	4.32 (SD=1.15)	4.39 (SD=1.14)	.07	.36

I worried a lot about what others thought about my sexual orientation.	39	3.49 (SD=1.34)	3.46 (SD=1.50)	.03	.55
I felt proud about my sexual orientation.	41	4.02 (SD=.99)	4.24 (SD=.89)	.22	.04

Two composite measures or scales were developed by combining the first five items in the table above, to comprise a composite measure of the degree to which participants were able to embrace their own gender identity. Similarly, the bottom four items are a composite of items that measures the degree to which participants embrace their own sexual orientation. The newly created items retained the same 5-point scale as used above. As observed in the table below, both items improved from “before” to “now” in terms of gender identity showed a **statistically significant** change ($p=.00$), while the measure around sexual orientation **approached statistical significance** ($p=.057$). Note that composite/scale scores tend to be more accurate measures of a construct than individual items and, therefore, these two changes reflect findings that are likely more reliable than the single items above.

<i>Please note the degree to which you agree with the following statements:</i>	N	Before	Now	P-P Diff	p-value
Embrace of Gender Identity.	42	3.38 (SD=.78)	3.76 (SD=.63)	.38	.00
Embrace of Sexual Orientation.	41	3.97 (SD=.79)	4.14 (SD=.73)	.17	.06

The next two items focused on experiences of discrimination and knowledge of people in history or the media who were gender diverse or transgender. These items were also measured on the previously discussed 3-point rating scale. Shifts on the discrimination item were seen to be modest. Additionally, participants rated the workshop as having helped in this area at a ratio of 35 to 10. In addition, some change was observed in the Yes category for the history items, which grew from 19 at “Before” to 29 “Now.”

Item	Yes		Somewhat		Not at All	
	Before	After	Before	After	Before	After
Had you experienced discrimination or bullying because of ignorance or negative attitudes toward gender diverse or transgender people?	24	25	17	16	4	4
Do you feel like you have new skills to address discrimination and bullying because of the Gender Rebels workshop?		16		19		10
Did you know of people in history or in the media who are gender diverse or transgender?	19	29	22	0	3	15

The next three items asked respondents to reflect on the degree to which Gender Rebels workshops helped them understand identity and labels and also learn ways to take care of themselves and others. On these items, 70%, 56% and 71% of respondents rated workshops as “Somewhat” or “Yes, helpful.”

Item	Yes	Somewhat	Not at All
Did the Gender Rebels workshop help you understand your identity better?	16	14	13
Did the Gender Rebels workshop change how you think about labels?	16	12	22
Did you learn of some ways to take care of yourself and others in this workshop?	27	8	14

The final scaled item asked participants to reflect on whether they were able to respond to an experience of discrimination prior to workshop involvement in a way that felt authentic and empowered. Of the 50 respondents, 23 stated that they “Definitely” or could “Somewhat,” while 27 said “Not Really” or “Not at All.” The survey did not include a follow-up “Now” question.

Yes, Definitely	Somewhat	Not Really	Not at All
11	12	15	12

Discussion of Gender Rebels Survey Results

Survey questions for the Gender Rebels program were designed to measure the degree to which workshops changed participants’ attitudes and understanding of gender and sexual identity issues. The survey used a before to now retrospective design, which is less reliable as an administration method given its reliance on memory of before assessments, as was mentioned above. The survey had somewhat higher participation rates than the previously discussed programs, which provides greater stability in observed findings.

Participants reported being impacted by their participation in many of the workshops at a statistically significant level. Several survey items were measured using a three category “Yes”, “Somewhat” and “Not at All” response format and data are presented as frequencies to see if scores moved in the direction of more positive categories from before to now. In the first set of items, shifts were seen in participants’ self-understanding, learning of concept differences, and skills related to gender identity, gender expression, biological sex, sexual attraction, and romantic attraction. This movement was examined using a Chi-Squares test of significance which found three of the four items changing in a positive statistically significant direction. Follow-up items seeking to determine attribution of these changes to the workshops were more ambiguous, though tended to show higher response levels for “Yes” and “Somewhat.” Similarly, a block of items scored on a 5-point scale measured changes related to gender identity and sexual orientation. The items focusing on positive attitudes and sense of pride in these areas were observed to improve at a statistically significant level, as did two compositive variables created by combining like gender identity (first five) and sexual orientation (bottom four) items (the latter approaching significance with $p=.06$). Final evidence of workshop impacts is observed in the second to last item where large majorities of participants rated the impact of workshops on labels, identity, and self-care as “Yes” or “Somewhat.”

Overall, findings from the evaluation suggest that the Gender Rebels workshops were helpful to participants in understanding concepts of gender and sexual orientation, and that this understanding provided them insights about themselves and others. In the future, it will be important to implement a stronger pretest-posttest design to assess whether these results can be replicated.

Qualitative Data Analysis

The following summaries reflect the major themes found among data collected via 2019 and 2021 focus groups and interviews with the Center’s program participants. Areas to explore in focus groups and interviews were developed with input from the RISE Advisory Council members, and the Center’s staff. These areas of exploration reflect some of the themes found in the focus groups and interviews, and other new themes emerged during the research.

In 2019, the focus groups consisted of the following:

- ▶ One focus group with 1:1 advocacy participants (9 individuals)
- ▶ One focus group with Bi+/Pan and Gender Rebels group participants (7 individuals)
- ▶ One focus group with participants of multiple activities and programs (10 individuals)
- ▶ One-on-one interviews with program participants who were unable to attend focus groups (3 individuals)

In 2021, qualitative data collection consisted of focus groups with 9 individuals, and two key informant interviews. These discussions and interviews were held virtually, with a focus on how the Center had supported them during the COVID-19 pandemic and following the killing of George Floyd and the subsequent heightened awareness of structural racism.

The findings from the 2019 focus groups and interviews are presented first, followed by a summary of the findings from the 2021 focus groups and interviews.

2019 Focus Groups and Interviews

Introductory Questions

Participants were asked about how they first learned of the Center, how long they have been involved, and what their first impressions were.

First Learned of the Center

Participants first learned of the Center in a variety of ways. Many **participants initially found information online**. Some participants simply searched LGBTQ+ centers in Bakersfield, often hoping to find a community. One participant was **searching for places to get married**, and the Center had a list of resources available on their website. Multiple participants reported that they **sought out the Center after moving from another city**. Other participants learned about it by **driving by the space**, in the **local newspaper**, and **at the local Women’s March**.

Many participants were told about the Center by friends or family, often related to therapy and mental health services. Several participants shared that their friends told them about the Center because they were looking for LGBTQ+-specific therapy services. One participant noted, “typically the care that I find from LGBTQ+ centers tends to be more compassionate and more spot on for me. So, I decided that this was going to be the thing I want to invest in.” Another participant shared that they were shocked to learn about the Center. They grew up in Bakersfield and shared that their identity was often dismissed. Learning that there was an LGBTQ+ center was a welcome surprise. Other participants shared that they had friends send them invites on Facebook, or they saw **events posted on Facebook**.

Another participant was **referred by their primary care doctor** when asking about therapy services, and one shared that they learned of the Center through an **LGBTQ+ allies’ group** at their place of employment.

Length of Involvement

Participants shared varying lengths of involvement with the Center. Some participants have been involved “from the beginning”, “back when it was on Union and 18th”, and “a long time ago”. Others shared they started visiting the Center between 9 months and 6 years ago.

First Impressions

People

When asked about first impressions, it was the people at the Center that were discussed most often. This includes staff, volunteers, and other people hanging out at the Center. It was not always possible to discern which category the people being mentioned fell into – if it was possible to discern, the reference is explicitly mentioned.

Participants shared that their first interactions with people working at the front desk were positive, often putting participants “immediately at ease”. One participant shared that they spoke with the Center staff member on the phone before coming in person and that this was a positive experience. Another participant shared that a meeting with one staff member made them feel “safe in that space”. Others shared that they were very nervous coming for the first time – one stated that they were early in their transition and felt unsure about their physical appearance, and another said that they felt nervous as a person of color. Both participants noted that they felt welcome immediately and that people went out of their way to talk to them – “it just took someone to get me out of my shell to open up and see this place as super great”. One participant noted that upon leaving the first time, “there was no apprehension, feeling like I was missing something, or they didn’t help this part. It was very fulfilling”.

Participants shared that when they came to the Center, the environment was one of non-judgement, openness, and kindness. “The people here are amazing. They’re so welcoming.” Many participants mentioned that the people at the Center “really care”. One participant noted that it is not just their therapist who remembers their name, but that “other people in the office remember who I am and know my name”, which creates a positive experience each time they visit. More than one participant equated the Center to “Cheers” – “where everybody knows your name”. One other participant shared that what they really enjoyed about the people was the receptiveness. This participant noted that they felt immediately received for who they are – “you don’t need to disarm people when you’re coming in here, emotionally, mentally, or anything like that.”

Several participants mentioned that every time they visit, someone offers them a soda. This was discussed as something that immediately disarms people and puts them at ease. They love feeling like they are visiting a friend’s house, and one participant noted that having something in their hands helps ease their anxiety.

Building and Environment

Many participants noted that when they first visited the Center, they first noticed the building’s decorations such as flags (inside and outside), artwork, and buttons. Participants feel the flags help with representation and that “you really feel like you’re walking into a space that you already, a part of you already exists in.” One participant brought their child with them and the child “loved that he could go get a pin that had his pronouns on it.” Participants also noticed that there are lot of pamphlets and information available when you walk in. One participant shared that the “little calendars are great because I can show it to other people and say, “hey, an event is coming up”. The ambiance was described as a “cool kind of soothing feeling”, “homey”, “comforting”, and “what you wish a doctor’s office felt like”.

Participants had varying levels of comfort before coming to the Center for the first time. Many were nervous or anxious to try something new. Some reported social anxiety. Others were excited at the prospect of meeting new people and creating new community. Many participants reported that the overall environment at the Center put them at ease. One participant noted that they “felt seen”, while another noted they “felt really calm and accepted right away”. Others feel like they are going to a friend’s house when they come to the Center or “you feel like you’re coming home”. Other participants noted that everything felt very organized.

What Is It That Really Works?

Participants were asked questions about what they were most hoping to get out of, what has gone particularly well, and what they most value about the programs and services at the Center.

Most Hoping to Get Out of Programs

Community

Participants most often reported seeking friends and community from the Center’s programs and activities. One participant shared that they “wanted to find other people that are kind of more like me”. Another shared that they are not out to anyone which prevents them from truly meeting other people in the LGBTQ+ community. They hoped coming to the Center would allow them to meet other people in a safe space. Another had come out a few months before visiting the Center and was hoping to find community. Some older adult participants shared that they were hoping to find a social group because they live alone and feel isolated. Another shared that they simply wanted to feel accepted. Another participant noted that they feel safer within the LGBTQ+ community and after “experiencing my whole life really bad stuff”, they were hoping to find that sense of community at the Center.

Resources

Some participants shared that they were seeking resources when they came to the Center. These included hormone replacement therapy, facilitator training, community service training, and general information.

Personal Growth

One participant shared that they initially started attending workshops at the Center to address their own internalized transphobia. This participant shared that they were looking for a set of tools to address their own inner work. Another noted that they hoped to continue the personal, inner work they had started on their own and related to their mental health and relationships.

What Has Gone Particularly Well?

1:1 advocacy

Participants in the 1:1 advocacy group spoke extensively about their experience with staff members. Major themes include staff’s ability to speak to multiple experiences, attention to detail, openness, providing suggestions or specific tools, representation, and sharing shared experiences.

Several participants noted that **staff’s experience and knowledge of varied life experiences has contributed to their satisfaction** with the 1:1 advocacy program. Participants mentioned specific knowledge of the BDSM community, “queer things”, and traditional mental health issues like anxiety and depression, and ADHD. “What I love is that not only is she super knowledgeable of things that aren’t just queer things but with anxiety and depression and all of that.” Other participants shared that the fact that **staff are capable of**

multiple types of counseling has been helpful. This includes counseling with family and children. This has helped participants deal with mental health issues in their families, and issues in their marriages.

Participants shared that **1:1 advocacy providers pay attention to the details**, which makes them feel cared for. Details such as names and pronouns were mentioned. One participant shared that their provider helped them share their new pronouns with people, which felt like “genuine care”. Another participant noted that their provider remembers every detail of their sessions which helps keep them on track.

Participants shared that **providers are very open** – “there’s never been any feeling of reticence about anything when I talk with her, everything’s on the table and everything’s okay.” This helps participants feel comfortable. “I don’t feel like I have to censor the way I talk because of my identity, gender, or sexuality.” One participant described this openness and their experience with the Center:

“And that’s one of the best things because if you have to tussle, if you have to wrestle with your psychiatrist or the person who wants to help you, that can be counterintuitive. But because just the openness, the wanting to participate with people, the collection of all sorts of things here. The atmosphere that they have cultivated, I think that it makes it really special and it really enables people to try to just get to the heart of their therapy, what they want to do, their self-help, what they want to come here for and their goals.”

Many participants shared that they like **that 1:1 advocacy providers give them specific suggestions or tools to use in their daily lives**. Participants noted that providers “give me things to do that actually help me”, “follow through with suggestions”, and “give you things to do almost like homework”. One participant mentioned that this “homework” helps them in moments of anxiety – “it has really helped a lot and I’ve been able to use those tools with my son, too”. Specific tools related to selfcare, support plans, and meditation were discussed. One participant also noted that their provider always follows up and asks how the “homework” went – this follow-up opens up conversation and “it feels like you’re a little kid being praised for something so simple, but it really does make you feel good”.

Representation and sharing shared experiences were also important components of 1:1 advocacy, as discussed by focus group and interview participants. One participant noted that their provider “has some things in common with me that are helpful”. Another mentioned that their provider “has been through some of the same things” which is helpful. Several participants mentioned that they feel like their provider really cares for them – as evidenced by sharing shared experiences. This includes sometimes sharing “about herself and her partner” and “sharing part of her life or just kind of making those connections.” Another participant noted that usually providers have to keep a specific distance, but that their 1:1 advocacy provider bridges this distance which helps them know “she actually genuinely cares about how you’re doing and how your day is and looking forward to seeing what you do.” One participant described it as “healthy connection”.

Support Workshops

Environment and Activities

Participants of support workshops mentioned that the environment lent itself to positive experiences.

One participant noted that they “felt everyone’s warmth” when they attended. Another noted that the way the room was set up helped - chairs were in a circle, promoting conversation. When asked if they could comfortably interact with others in the group and ask questions, participants responded affirmatively. Participants mentioned that the way the workshops were structured, and certain activities were very positive. One participant noted that the get-to-know-you games were especially enjoyable and supportive.

Peer-led and Representation

One participant described the way the workshops are led as “peer-to-peer.” Having someone who is part of the community facilitate helps with connection. One participant noted that this model provides better representation. “It really makes [the workshops] work better because it’s not like someone just kind of projecting their own onto it.” One participant is also a facilitator, and they noted that their specific identities are tools they can use in the workshops. “But that’s a tool that I have as a facilitator, it makes me happy to have other friends that are like, ‘hey me too!’”.

Timing

When asked about the length and timing of the workshops, one participant noted that Gender Rebels crams a lot of information into 8 weeks. 10 or 12 weeks might be a better model. For Bi+/Pan, 8 weeks feels like the right amount of time. Other participants mentioned that having workshops offered at different times would also be helpful. One participant couldn’t make all the sessions due to conflicts with school, and others noted that they would like more offerings at different times of the day.

What Do You Value Most?

Participants were asked to share words that demonstrate what they value the most about programs at the Center. These included:

- ▶ Warmth
- ▶ Friendship
- ▶ Community
- ▶ Love
- ▶ Communication
- ▶ Fellowship
- ▶ Education
- ▶ Networking
- ▶ Guidance
- ▶ Experience
- ▶ Acceptance
- ▶ Uplifting

Make One Change

Participants were asked, “if you were in charge and could make one change at the Center, what would it be?” This was one of the most discussed topics in focus groups and interviews, with some of the most robust data collection.

Space and Hours

Participants would like a bigger space. They would like rooms to be more colorful and vibrant. Sometimes, they feel crowded in the smaller rooms when lots of people come to a group. They would like couches and chairs because sometimes people have to sit on the floor. Another participant mentioned wanting more flags for different communities, in order to be fully inclusive.

Several participants noted that often, there will be a sign with posted hours or an activity at a certain time and when they arrive, no one is there, or the doors are locked. They noted they understand this, as many things are volunteer led which can be difficult, but that it is frustrating to experience. One participant described this dilemma.

“And there is an inherent challenge with the current level of participation at the center, there are some days the volunteers will sit down there, and nobody will come in. And I get that. I totally recognize that. The temptation is just to shut up and leave early. That's one of my pet peeves, personally. People will show up and they'll be waiting out front and no one's there, and there's no sign on the door, there's no information. I've already expressed this myself, and I'm sure other people have too. I just think if you're going to advertise, you need to honor your hours.”

Other participants mentioned that they would like expanded hours, to have more time to just come and hang out. Participants feel that extended hours would allow for more services and could reach more people.

Funding

Participants discussed that they wish there was more funding available because the work the Center does is so valuable. “They are doing such a tremendous job here.” They feel that the Center could do more with more funding. One participant also mentioned that they would like counseling staff to have access to higher education, while another wished that the Center could provide more benefits to volunteers, such as housing or transportation assistance. One other participant mentioned that they would like more paid staff because they “keep things together”, and another mentioned that more counselors would be helpful.

Resources

Participants mentioned many resources they would like to be available. These include:

- ▶ Pamphlets and information – “a staple for every LGBTQ+ center”. Some participants reported enjoying referring their friends to the Center and would like to be able to have a wealth of information available for them to use, such as information on coming out, identity, and HIV.
- ▶ Access to and education on binders, specifically for youth
- ▶ A network of LGBTQ+ friendly resources, as well as a way to help network/market services provided by community members
- ▶ Transportation funding in order to attend all the activities participants want to attend
- ▶ Expansion of legal resources and support services including help with name changes, paperwork, and legal issues
- ▶ Hormone replacement therapy

► Housing and homeless services

Services and Activities

Expanding services and activities was a widely discussed topic. Desired expansion of services included more counseling services and more workshops, such as a poly group, a group for allies, and more support workshops. Participants shared that the existing workshops are very “education based” and they would like more time for general support. Other suggested a need for a group just for veterans, and private workshops for people who are not out.

Others suggested that it might be helpful to have Bi+/Pan and Gender Rebels “advanced” or “continuation” courses. Many participants shared that they want to attend more Bi+/Pan and Gender Rebels workshops, but that is difficult because the material stays the same or they need to make space for new people to attend. Other specific workshops that might be helpful include a non-binary group and workshops for specific age workshops (i.e., teens, 20’s, older adults).

Other focus group participants suggested that more non-educational activities and social events would be helpful, such as Bingo night, movie night, more family activities, and private activities for people who are not out.

Ways to Provide Feedback

Participants also expressed that they would like better ways to provide feedback about negative experiences. Some participants knew that the Center has a comment box, while others did not. Other participants expressed a desire for an anonymous email system to provide feedback. One other participant shared that they would like a stricter vetting system for volunteers, or a way to collect referrals on volunteers, in order to mitigate any potential issues. Participants cited hearing or reading transphobic remarks and sentiments both in public and on message boards as issues that have come up that they would like to see prevented. Other participants expressed that when they wanted to or tried to provide feedback on negative experiences with services or people, they did not feel heard or felt that their perspective was not valued.

Creating Safe Space and Inclusivity

Participants were asked questions regarding how their identities are celebrated, ways they feel more or less supported in their identities at the Center, their level of safety at the Center, how accessible the Center is, and the differences between the Center and other similar programs and services in the community.

Celebration of Diverse Identities, by Staff and Volunteers

Most participants reported feeling that their diverse identities were welcomed and celebrated by staff and volunteers. Participants shared that they feel that everything they share about themselves and their identities is received well. Multiple participants shared that when they have come into new identities, they have felt literally celebrated around the Center’s offices. One participant noted, “Every single time I come in here, they remember my name, they remember my pronouns, they remember my history. They’d treat me for who I am as much as I’ve shown them. And I feel like they treasure my identity as much as I do, which is great.” Other participants noted that they feel that diverse ethnicities are celebrated, with one example of an event specifically for individuals of Hispanic origin. Another participant described the Center as a “completely supportive environment”.

Some participants reported experiences where they feel their identities could have been better celebrated.

This feedback was centered in older adult and differing ability communities. Some participants shared that they felt excluded or isolated due to their age, by staff or volunteer facilitators of workshops. One participant described this experience sharing, “you can definitely feel the tension, a divide between some of the groups.” While many participants indicated this was a result of the other group participants, some noted that this was due to the facilitators. Another participant discussed that they discussed a specific neurodivergence with a group facilitator and did not feel the facilitator supported them or their requests for inclusion in the group. Other participants mentioned particular difficulty with volunteers. One participant noted the discomfort associated with the varying degrees of comfort and knowledge of the LGBTQ+ community among volunteers. Others mentioned that volunteers are not always as welcoming as paid staff. Another participant noted that volunteers have sometimes been derogatory or judgmental. One other participant noted that they feel the paid staff are aware of these issues and that it is improving.

Ways Participants Want to Feel More Supported in Their Identities at the Center

While the majority of focus group participants felt very safe and supported most of the time, a few participants shared ways that they could feel more supported in their identities at the Center, which revealed some possible areas of growth for the Center in its efforts to support people from across the LGBTQ+ community. This discussion focused on two inter-related issues: 1) the needs of non-binary community members, and 2) misunderstandings between younger and older community members around identity and language about identity.

Several younger, non-binary focus group participants mentioned feeling like there wasn’t a group for them, and that some “older folks don’t use their pronouns, because they don’t believe in non-binary.”

On the other hand, a few older adult focus groups participants expressed that some of the younger people seem “clique-y” which feels isolating to the older adult participants and prompts some older adults to not return. These participants shared that they often feel isolated in groups or activities by younger participants and feel that workshops and activities are changed or catered to younger people, leaving out older adults. Many participants indicated that they feel this group of young people falls into the trans or non-binary community, and that many older adults, even if trans, are more binary. They feel that information shared in workshops needs to be accessible to everyone, including non-binary young adults and binary older adults. For example, one participant shared that all the information shared in one group session was about being non-binary, which was difficult to understand or connect with for a binary trans individual.

In terms of solutions to these challenges, older adults expressed a desire for separate activities based on age, in order to encourage participation, and younger adults expressed a desire for more groups for non-binary individuals.

These challenges presented, and continue to present, an opportunity for the Center to serve as a bridge to connect younger adults and older adults and help them have the language to understand and support each other, while also being attentive to the needs of different groups of people who have evolving understandings of identity.

Safety and Accessibility

Participants shared that they would love to see some changes to how the downtown building space is used and that it could be structured better. One participant shared, “I would love to see more people come in and out and see it more used for more interactive things for just ... other than just kind of just being there”. Another

mentioned that there is “so much potential” for the downtown space. Other participants noted that the annex location is easier to get to than the downtown location, especially by public transportation. Parking was also discussed as an issue at the downtown location. Both locations were mentioned as accessible to people using wheelchairs or mobility devices. Many participants mentioned that they would like to see expanded service times, as the current schedule of services is limited and not always accessible around school, work, and transportation needs. Some participants also shared that they have had trouble with posted hours not being honored, or the building being closed during a scheduled open time.

Overall, participants reported feeling physically and emotionally safe at the Center. One participant noted, “I find it to be a safe place to go and... I don't know how else to describe it, but relax in the sense of... It's a place for me to go and, I don't have to worry and stress. And it's a place to be authentic and just comfortable, and it's some place that I don't find anywhere else.” Another participant noted that the people contribute to this sense of safety. Other participants noted that they feel safer at the Center than they do out in the world or in their own homes. Participants noted that help with transportation/safe rides would contribute to increased feelings of safety.

Differences Between the Center and Other Similar Services in the Community

1:1 Support

“The Center seems to fill in those gaps that traditional therapy just can't. The Center is a place that helps you celebrate [your identity] as opposed to trying to fix it.”

Participants in the 1:1 advocacy program shared that counseling services at the Center are more welcoming and detail oriented. Some participants shared that they have been misgendered or called the wrong names in other counseling services but that at the Center, these details are remembered and celebrated. Other participants shared that the Center provider's cultural competence – knowledge of “queer things” and various communities such as BDSM and poly is unique and leads to increased feelings of satisfaction with counseling services.

Participants also noted that the Center providers are more understanding of their identities than providers in traditional mental health settings and that the care is more culturally competent. One participant shared that the Center's 1:1 advocacy helped them be more open and honest about their identities with a psychiatrist noting, “I never would have done that without [then Center's provider's] support.” Another participant noted that they have heard of many other people in the community that have had issues accessing traditional mental health services, noting, “but now it's like we need so much more of this because I also am kind of hearing that others who have been experiencing the same difficulties, finding good help in Bakersfield, it has been a nightmare for me. I have been going through a lot of really bad stuff and it has been a nightmare trying to find traditional help. I have not been able to.” One participant described their experience with discrimination when trying to find traditional mental health services. They had “good insurance” and called numerous therapists seeking services. “As soon as they heard that I was in a same sex relationship, it's like, “okay, well that's not right.” This participant felt dismissed and not accepted and shared that some therapists even recommended trying an opposite sex relationship. “It was at a very low point in my life and I just felt like there was no hope. I felt I had nowhere to turn.” This participant then found and reached out to the Center, where they were able to find culturally competent and sensitive mental health care.

Another participant shared that the **counseling options are much greater at the Center versus a traditional setting**, such as county mental health services. “They have more in depth with trans and so on. Different types of counseling that you might need.” **Many participants shared that they feel traditional therapy settings reduce them to their sexual orientation or gender identity, instead of seeing them as a whole person.** One

participant shared that when they shared their LGBTQ+ identities with a former mental health care provider, the provider claimed that the mental health issues this individual was experiencing was a function of their identities, which the participant felt minimized their issues. When this participant came to the Center for 1:1 advocacy, they felt that their mental health issues were responded to appropriately and they were able to make progress with the things that mattered to them. Another shared that when therapists in traditional settings hear certain words related to identity they immediately “draw conclusions”, resulting in “misconceptions” about who they are and the care they need or want. “But one thing I do love about [the Center] is every single time I’ve had to have a coming out with any information about my identity or how I identify, it’s listened to.” **Other participants shared that they feel they must defend themselves and their identities to traditional therapy providers, but that is not the case at the Center.** One participant summed up how important receiving care from within the community is to them:

“And I would say that the therapists we’ve found in LGBTQ environments specific to that have a lot more knowledge about being LGBTQ and a lot of the issues that come along with that outside of those kind of places, like in traditional therapy settings, there’s a range between, ‘I’m really sensitive and open-minded but I don’t really understand everything you’re going through’ to just awfulness. Really. So, it’s so important to have specific LGBTQ+ specific therapy because in traditional settings, a lot of the problems that people have are, they just don’t understand them. So, they can’t treat them, you know?”

Workshops

Participants noted that having peers and members of the LGBTQ+ community is an important part of workshops and that this is not always the case with similar workshops. Participants feel that when members of the community facilitate, they are “more informed” than the general public. “Here, it’s actual other queer people running the groups”, which leads to increased feelings of comfort and trust for participants. “You can open up faster because you feel more comfortable.” Participants also noted that they feel the Center is more welcoming. Another participant noted that they feel other spaces do not allow them to be fully themselves.

Multiple Activities

Participants in multiple activities shared that the Center is “highly more queer” which is “great”. One participant noted that the culture of the Center is “almost completely different” than the culture of Bakersfield. “It’s a lot more inviting, a lot more welcoming here.”

One participant described how difficult it can be to access any services for the LGBTQ+ community and how much a place like the Center makes a difference:

“I think that is picked up by people in the LGBTQ community. Whether it's conscious or not, they're realizing that they don't feel 100% safe and secure that they're going to be cared for where they are. It's just kind of the nature of the beast, when you're trying to serve everybody, you're not going to be a specialist of anything. Especially with the way our society is right now, it's very hostile... It may not be perceived as hostile to outside people, but from inside LGBTQ, it feels very hostile in the general public. So just going outside your house is a risk, on different levels for different people because of their different experiences, especially for ones that present differently than the norms of society, on the outside. But actually trying to find services is even a huger risk. It's anxiety on top of anxiety. So, having some place that they have at least a reasonable expectation of acceptance and being able to deal with them where they are is a rare find in society in general. Especially when you're dealing with something as intimate and as challenging as counseling services, where you're dealing with very sensitive issues and you're baring your soul and dealing with issues that are very personal. You're not just getting stitches or something like that. It's a whole other level. It's hard for people to even seek out services to begin with when it comes to mental health, but there's additional levels of challenges for LGBTQ people that having these services, especially out in rural areas, which tend to be even more prejudiced and uninviting. That's a huge difference.”

Quality of Life

Participants were asked to share in what ways their life is different since coming to the Center. These changes centered around several major categories outlined below.

Attitudes, Knowledge, Intended Behavior

One participant said: “I would like to say that I've lived my life a lot more unapologetically queer now, after going through the Center.” Another said: “You get to encounter and you get to engage in discussions that you would not likely to engage in other places. So, there's this opportunity for me to learn about other people and other situations that I'm not involved in. But then also there's a chance when I get to share some of what I've learned with people.” Still another noted that: “I talked about things that I didn't feel like I could talk to and I feel like even though I'm still struggling with things and some things are harder, I feel like I actually am growing as a person for the first time since probably middle school or something in terms of the impact. So it's really nice to know that I was able to help myself to that.”

Mental Health, Perceived Quality of Life

Many participants noted that the impact of engaging with the Center on their mental health and quality of life was significant. For many, services at the Center infused their life with new hope: “The impact [of 1:1 advocacy] was that I didn't feel like my life was suddenly over or that the stuff that I went through meant that I couldn't do anything with my life. And so, I had someone who understood me on all these different levels and helped me work through it to where I went and saw a psychiatrist and I got on medication and I wasn't scared of it.” Another said simply: “It helped save my life. I'm a better person because it's here.”

Others noted the day-to-day relief of being able to be in a space that is welcoming. “There's just the day-to-day, just the general interaction, ability to go down there and unwind and relax and be in a welcoming environment that makes a difference on... Instead of going home wound up and all stressed, being able to go home later in a more relaxed state. So you're able to unwind and get ready to go to bed, go to sleep.” Another said simply: “I'm kind of just generally happier because... I know there are people [like me]. I can actually see them. It's not just this abstract idea now.”

Personal and Community Connections

Others felt the Center had a strong positive impact on their connectedness with a supportive community. “They really helped me a lot because I don't really have any support outside of this community.” Another participant said they weren't expecting the Center to have such a big impact: “I wasn't expecting to make friends or for it to impact my life to a point where I wanted to give back and I wasn't expecting to pretty much have a home. I was not expecting that at all. I just thought it was going to be a ‘Hey, help me get testosterone. Okay, bye everybody. Thanks.’ But ever since I've been to Gender Rebels, I've never missed it again. Because I'm getting what I need, which is the social interaction and the community and people who are like me. People who actually use my name and pronouns.”

Another said simply: “I love the people here. And I'm so glad that they gave me things I wasn't looking for, but things I needed.” In the words of another participant: “Being at the Center, it gave me more support and acceptance than I ever would have gotten at home.”

For many community members, the Center is the only place they can get support they need. “Pretty much it gave me a home. A place where I can walk in, and the first thing I hear is a name that I don't hear anywhere else. Just people that I don't get to see anywhere else. I just never want to leave. I just stay till they kick me out. I love the Center with all of my heart and I just want it to keep flourishing and help more people.”

Personal Coping Skills, Positive Self-Image, Resilience

Others noted that they learned new skills, such as coping skills, and have become more resilient. “It [the Center] made me be who I am today. And to be happy and to know that I am accepted in this world.”

Others noted that working with the Center helped them become more comfortable with their identity and have a more positive self-image. “It helped me come out and be more open and more authentic with myself and who I am, and I totally appreciate that.” Another said: “I am not a very out person. I mean I will tell somebody if they asked me that I am bi, but I don't have the stickers on my phone or I don't own anything rainbow. And I don't really show my bisexual cards, so to speak, or show my gay card. And the Center here is still accepting of me because of that. I don't have to be out and loud and proud. I can just be proud and be accepted here. And I very much appreciate that.”

2021 Focus Groups and Interviews

In January of 2021, an effort to collect qualitative data from the Center's CDEP participants was undertaken. A total of nine people participated in two focus groups and two key informant interviews. The primary purpose

of these conversations was to understand participant's experience with the Center during the COVID-19 pandemic and the heightened attention to racial injustice and structural racism, including:

- ▶ What support they have needed and/or received since COVID-19;
- ▶ How well they have been able to get support from the Center during COVID-19;
- ▶ What the Center could be doing better during this time

Discussions also helped shed light on what participants like about the Center, the impact of the Center's programs on their quality of life, what has changed for them during the pandemic in terms of services with the Center, and whether they have had additional needs due to COVID-19 and the increased societal awareness around racial justice, given current events.

Services During COVID-19

Participants were asked about how well services and programs worked for them during the stay-at-home orders. Most of the participants said they received direct communication from the Center about changes in services when COVID-19 first hit. This communication came in the form of an email, text, or even a direct phone call from their counselor. Participants felt that the communications from the Center about changes were effective, and they were able to get reconnected to services in a timely manner, usually within a week.

Participants' experiences with the changes in services varied. Multiple people shared that they prefer face-to-face services but appreciate having the option to interact virtually rather than not at all. Those that prefer face-to-face services said that there is an element of personal connection that is lost in virtual communication, and that it is more difficult to be vulnerable and open up in the way that is critical for effective therapy when interacting virtually. Despite this, the general sentiment among participants was that having the option to continue services virtually during COVID-19 was greatly appreciated.

Some of the things that worked well for participants when activities and services changed due to COVID-19 included having the ability to continue to meet in groups or one-on-one despite restrictions; not having to navigate transportation; and greater ease in booking appointments.

There were a variety of things that didn't work as well for participants when services changed due to COVID-19. The most common theme among respondents was that they simply prefer face-to-face contact and that there are limitations to communicating virtually, including loss of personal connection.

Some participants shared that they do not have a private place where they can do their counseling sessions. Participants who lived with others, including parents, children, significant others, and roommates were especially nervous about others overhearing their potentially sensitive conversations during counseling sessions. One participant shared that while she does have a private space, given the work-from-home restrictions, that space is now where she does everything, including work, sleep, and socialize virtually. She expressed that this lack of spatial separation has affected her own experience in counseling, saying "It's been harder to turn off the screen, phone, etc. and be present." Other participants said that internet connectivity or slow internet sometimes makes virtual services challenging.

When speaking about the challenges of virtual services, on multiple occasions, participants followed up by saying things like, "Literally do not know what I would have done without the support during this time" and "I am truly grateful that the services have been provided. I don't know what I would have done without them."

Structural Racism

When asked about how the Center helped them with concerns or challenges related to structural racism, the responses received related to this question were highly individualized based on the participant's unique life experiences. One person shared that his involvement at the Center has helped him to become a better ally, understand his privilege as someone who passes for white, and work on lifting up the voices of others. He said, "At this moment in time, my voice doesn't need to be heard." Another participant said, "trauma is an understatement," in describing what she has experienced in the past few months given current events.

Some participants said that they would like the Center to create space for people to talk about topics like Black Lives Matter, race, and racism because they are topics considered taboo in the broader community. It was noted that facilitators of workshops at the Center sometimes avoid having conversations about police brutality and racial injustice during group discussions to ensure that all group members feel comfortable and safe. However, participants said they would like the Center to have more opportunities to discuss and process these larger societal issues. Other participants recalled that prior to COVID-19, they participated in community outreach and education through the Center focused on codeswitching, and really appreciated the opportunity to do so. Multiple participants shared that counseling has helped them in a variety of ways, including processing their own trauma related to the racism they or their loved ones have faced, and supporting their need to disengage from activism at times for their own healing, and self-care.

The Center's Value

In terms of the general value of the Center, participants generally felt that the Center creates a safe space that is welcoming and non-judgmental, offers community, welcomes allies in addition to people who identify as LGBTQ+, and offers free counseling. One person shared that she is fairly new to Bakersfield and as a queer person, has not felt safe, but that the Center has helped her gain a sense of safety in the community, saying that she feels like people have her back. The Center is actively working to make Bakersfield a safer place for LGBTQ+ people by outreaching to local schools to help them be more progressive related to gender identity. Others shared their appreciation that some of group facilitators have a similar background to them, and therefore understand their experiences better. This allows community members to talk freely and avoid having to explain themselves so much.

Another participant said that, after growing up in a more socially conservative, non-accepting part of the country and then moving to Bakersfield, the Center has been a lifeline and welcomed him with open arms. He shared that it was "hard for [him] to let [his] light shine" for a long time given the potential threat of violence against him because of his sexuality but now, in part thanks to the Center and the way they took him in, and acknowledged his beauty, he said, "I am a proud pansexual and I don't care what anyone thinks."

Another participant noted that there is a sense of family and unity that comes with the Center. This person said that they have seen Bakersfield become more progressive over time and the Center has paved the way for that.

Community

Participants said there are not other places in Bakersfield that offer community in the same way the Center does. One individual mentioned looking for a place to meet their needs for a few years, and only stumbled across the Center recently because of word of mouth. Another happily happened upon them through Instagram. Participants mentioned that the Center offers opportunities to meet new people and create community with people that support and understand them.

Multiple participants also expressed gratitude toward the Center for not only supporting them but supporting and offering community to their children and families. One participant who is the parent of a child who recently came out as trans said that he feels good knowing his kids have a safe supportive community through the Center. Another person appreciated that the Center has family-friendly and family-oriented activities.

Welcomes Allies

Two of the participants shared that they identify as cisgender and heterosexual. One said, “What I love about the Center is that it’s very diverse. Not just LGBT, but anyone can come. I could very well be an outcast to them, but I’m not.”

Free Counseling

At least one participant started coming to the Center for the counseling services because they were free. She noted that free mental health services are extremely rare in the area, and without the Center she would likely not be able to afford these services. This person has since stayed connected to the Center for many of the reasons mentioned above, but also because the counselor she sees is a person of color like her and an activist, and she appreciates seeing parts of her identity reflected back to her in her therapist.

Suggestions for Improvement

When asked what the Center could have done better during the coronavirus period, participants offered a variety of suggestions. Some suggested creating spaces for difficult conversations related to politics or race and racism. It was noted that it is sometimes difficult to talk about other things when these topics are front of mind and participants do not have an outlet to process them.

Participants thought it would be helpful if the Center expanded their educational opportunities in the community. For example, educating parents and children about different identities and how to talk to and support children related to gender and sexual identities. They pointed to the work the Center currently provides to schools educating students about gender identity and sexuality as a way this could be done.

One participant said they would really benefit from peer learning opportunities. They suggested that the Center organize something similar to a Ted Talk or a question-and-answer session, where a person who has been a member of the LGBTQ+ community for a while would talk about their experiences, and members of the audience could ask them questions and learn from them. At least two people suggested the need to add multi-lingual services. One person shared that in her job, she works with non-English speaking indigent persons who are not eligible for Medi-Cal and would really benefit from services through the Center. Other participants said they would benefit from help related to seeking out LGBTQ+ affirming healthcare, mental health care, legal services, assistance with disability paperwork, finding a job, and dating and relationships.

When asked if there was anything else participants wanted to add, one person said simply:

“They saved my life. I honestly couldn’t tell you that I would be here today if it weren’t for them.”

Organizational Evolution

As an additional component of qualitative data collection, HMA facilitated a conversation with Center staff to understand how the organization has evolved and transformed since the beginning of the CRDP funding.

Four years into its existence, the Center's board members gathered on the back patio of the space to hear about the initial findings from CRDP Phase I and decide if they were going to apply for one of the three capacity-building grant funding opportunities in CRDP Phase II. The decision was unanimous, but nerve-racking. In the words of Jan Hefner, Chair of the Board at the time, "It felt like a point of no return. We knew once we started providing services to the community, we had to sustain them."

When the Center opened its doors in 2011 as the Gay & Lesbian Center of Bakersfield, it was the first organization in Kern County dedicated to serving LGBTQ+ individuals with a permanent and visible location. It was entirely volunteer-run and functioned as a drop-in spot, where community members could come to learn about resources in the area that were friendly and affirming for LGBTQ+ people. One desktop computer at the Center served as this informal hub of community knowledge and was covered in virtual sticky notes giving random and piecemeal information on LGBTQ+-friendly therapists, primary care physicians, psychiatrists, and other providers who community members had learned about either through direct experience or by word-of-mouth. The Center also organized and ran a few community activities and events and support groups for LGBTQ+ community members. It was the start of something good but had not yet found its purpose.

A small group of volunteers were critical to the early organizational success during the CRDP, formalizing the workshops offered as part of the CDEP and developing the curriculum. Volunteers saw a specific need for support for the T&GNC community; almost a fourth of community inquiries asked about local trans-affirming healthcare and hormones services and the Gender Rebels workshop was the most popular of the groups offered. Anecdotally though, some community members shared that they did not recognize the Center as a space for T&GNC and other gender minorities, since the name was the Gay & Lesbian Center of Bakersfield. This prompted the board to officially change the organization's name to the Center for Sexuality & Gender Diversity in the early days of the CRDP grant period.

Most notably, because of CRDP funding, the Center hired its first staff members and has now transformed from being entirely volunteer-run, to having a dedicated, 5-person, fulltime staff with one contractor. This has been critical to ensure continuity in services and organizational support. In addition to expanding the early groups into formal workshops, the Center began offering 1:1 advocacy sessions with credentialed staff members. To boost its capacity to offer these services, it created an intern program, taking in Master's-level counseling students and teaching them how to provide culturally competent mental health services for LGBTQ+ community members. The effects of these internships, while not studied in this evaluation, have reverberated beyond the Center and helped to increase the larger pool of culturally competent and affirming mental health services across Kern County.

The leap in organizational capacity and services catalyzed by CRDP funding also had indirect impacts in the Center. An early focus of the CDEP was on enhancing culturally competent care in the community. Because of this, the Center formed lasting partnerships with Kern County Behavioral Health & Recovery Services, local law enforcement agencies, and school districts to provide trainings and informational materials in English and Spanish on LGBTQ+ affirming care and resources in the community. Less than a year after these partnerships were formed, more than 10,000 informational cards had been distributed across the county. With more legitimate service provision and dedicated staff, the Center was able to attract funding from the California Endowment and currently employs a youth and outreach liaison with this funding to support specific programs

for local LGBTQ+ youth. The Center also recently received a grant from the Kern County Behavioral Health & Recovery Services to further expand its advocacy services and connection community members to culturally competent behavioral health care.

The opportunities that the CRDP gave the Center have helped it establish itself as an institution in Bakersfield and in Kern County and helped it create a core sense of purpose and meaning as an organization for the community it serves. Looking ahead, the Center will only continue to expand in strategic ways, focusing on long-term sustainability and addressing the critical needs of the local LGBTQ+ community.



DISCUSSION

The evaluation of the RISE program was originally structured around five evaluation questions. Due to changes in the CDEP early on, it was ultimately framed around the following two questions:

1. To what degree is the implementation of RISE programs occurring as planned and how are challenges to program implementation addressed?
2. To what degree is participation in the Center's services associated with prevention of mental health problems or worsening mental health problems, strengthened positive self-image, and/or improvement in self-reported quality of life for LGBTQ+ individuals?

1. To what degree is the implementation of RISE programs occurring as planned and how are challenges to program implementation addressed?

RISE programming occurred as planned until the onset of COVID-19 in March of 2020. At that time, in person programming was halted altogether for a considerable amount of time, and consequently, evaluation activities were impacted as well. Because of the shift in program participation, there was little continuity in participants across RISE activities which led to smaller than anticipated sample sizes—in many cases, under 20—and in turn, made it difficult to match surveys on a pretest-posttest basis. This was also the case for programs employing a retrospective design—Bi+/Pan and Gender Rebels. These low numbers likely mean that analyses are not very reliable and that samples may be systematically biased.

Therefore, while the overall trends are positive in nature, data should not be overly interpreted. An additional caveat that should be considered in approaching findings is that the survey and scaled items may need more reliability or validity testing. For these reasons all presented data should be read with care.

Despite these concerns, it is worth noting that overall, Center programming is rated as effective in most areas and across programs. This was more easily detected in program-specific survey data than with the general Local Core Survey, perhaps due to greater specificity of services and program goals in the former. Additionally, this effectiveness is seen to cut across a diverse set of program objectives including the promotion of learning and knowledge gain, development of new skills, improvements in self-awareness and understanding, and the adoption of positive behaviors. During the onset of COVID-19, Center staff were able to adapt quickly and effectively to the challenges presented, as evidenced by feedback offered by participants in the 2021 focus group discussions. They did so by offering virtual recruitment events, offering gift card incentives for participation, and boosting phone and email outreach for survey completion.

2. To what degree is participation in the Center's services associated with prevention of mental health problems or worsening mental health problems, strengthened positive self-image, and/or improvement in self-reported quality of life for LGBTQ+ individuals?

As observed in the quantitative data, general Center services showed positive outcomes on four of eleven scales including confidence in managing and getting help in stressful situations, improved comfort being LGB, insight into gender identity issues, and in feeling respected by staff. This was confirmed in the focus group discussions in 2019 and 2021 as well. Participants shared that by participating in services at the Center, they gained tools to use in their daily lives which help them in moments of anxiety and enhancing their selfcare.

Participants also noted that through the community found at the Center, they achieved feelings of safety and self-acceptance, and that the workshops helped them identify and address challenging feelings like internalized transphobia. Participants also shared that the environment at the Center is non-judgmental, open, and kind.

Three of the items that were not found to be significant appear to be larger concepts such as life satisfaction, quality of life, and quality of home and community. It is hard to speculate about the lack of change on these variables since the sample size was just 17, but it may be argued that these larger concepts are more difficult to move from a general programming standpoint. Interestingly, two areas—isolation and resiliency—actually moved in a statistically significant negative direction in the Local Core survey, but in a positive direction on the 1:1 survey, which may be due to the latter program targeting these areas more directly and individually. The qualitative findings suggest that having programming continue during the coronavirus time period may have supported community members in feeling less isolated. 1:1 advocacy programming also demonstrated statistically significant findings for participants on a measure of self-esteem and in decreased alcohol and drug use, which may be related issues. This survey had the lowest response rate—around 11—which suggests that findings are not likely to be very representative.

Bi+/Pan programming focused on a wide variety of topics including knowledge gain, skill development, communication strategies and behavior change. While not tested for statistical significance, participants showed positive changes in these areas based on the survey's retrospective administration. This included increased understanding of gender identity and sexual orientation, improved skills related to coming out, correcting others on their misuse of pronouns and the development of techniques to strengthen romantic relationships.

Finally, Gender Rebels participants reported being impacted in significant ways through their participation in workshops. This was observed in the areas of skill development, self-understanding, and learning in the areas of gender identity, gender expression, biological sex, sexual attraction, and romantic attraction. Also, two items that focused on embracing gender identity and sexual orientation demonstrated a statistically significant improvement from before to now.

The Center's evaluation findings are positive, though preliminary. Larger samples will support a review of participant profiles to explore the representativeness of samples and sub-analyses on participant characteristics to better isolate and/or identify effects. Lastly, a larger sample size will allow researchers to test the internal consistency of survey scales in relation to their component measures.

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