



CDEP Local Evaluation Report

LOCAL EVALUATION DATA COLLECTION TIME PERIOD: MAY 2022–MAY 2025

IPP NAME: The Center for Sexuality and Gender Diversity

CDEP NAME: Reducing Isolation through Support and Empowerment

PRIORITY POPULATION: LGBTQ

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Table of Contents

Executive Summary	3
Recommendations for Future CDEP Implementation and Evaluation	7
Program Development Recommendations:	7
Future Evaluation Recommendations:	8
Introduction/Literature Review	9
CDEP Purpose, Description, and Implementation	14
Local Evaluation Questions	22
Evaluation Design and Methods	22
Results	26
Quantitative Findings	26
Local Core	26
Community Connectedness	26
Stress and Adversity	26
Resiliency	27
Attitudes Related to Sexual Identity	27
Outlook for the Future	28
Perceptions of CSGD Staff	28
Qualitative Findings	29
Youth and Young Adult Programming Focus Groups	29
Community and Atmosphere	29
Popular Programming and Impact	30
Access Barriers and Scheduling Challenges	30
Communication and Service Utilization	31
Suggestions for Enhancement	31
Adult Programming Focus Groups	32
Initial Motivations and Positive Experiences	32
Challenges and Barriers	32

Safety and Identity Representation	33
Service Needs	33
Recommendations for Improvement	33
Counseling Program Interviews	34
Program Structure and Clinical Quality.....	34
Client Impact and Service Delivery	34
Capacity and Organizational Challenges	35
Infrastructure and Data Collection Gaps	35
Community Context and Recommendations.....	35
Synthesis of Findings	36
Areas of Convergence	36
Areas of Divergence	37
Method-Specific Insights	37
Key Findings Related to Evaluation Questions	38
Discussion and Conclusion.....	41
Cultural Importance and Value of Findings	42
Practical and Theoretical Importance of Findings	43
Relationship to Previous Research and CDEP Goals	43
Recommendations for Future CDEP Implementation and Evaluation	44
Program Development Recommendations:.....	44
Future Evaluation Recommendations:	44
Study Limitations	45
Critical Take-Away Messages	46
References and Appendices.....	47

Executive Summary

CDEP Purpose, Description, and Implementation

The Center's Community-Defined Evidence Program (CDEP), Reducing Isolation through Support and Empowerment (RISE), seeks to prevent and/or reduce depression, anxiety, self-harm, and post-traumatic stress disorder resulting from isolation, discrimination, and oppression. In Phase II, RISE served individuals, the 2SLGBTQIA+ community, and the broader community in Bakersfield.

Individuals were supported by programming that sought to increase resilience and reduce isolation. The most marginalized 2SLGBTQIA+ populations were supported by resources especially designed for Transgender and/or Nonbinary youth and adults, as well as Bi+/Pansexual community members. The broader community was served via education for mental health and medical service providers, education spaces, and other



nonprofits pertaining to the 2SLGBTQIA+ community's unique needs and challenges, and ways to best provide affirming care. The services at The Center are provided in a welcoming space, by 2SLGBTQIA+ and allied people with deep understanding, lived experience, and/or compassion for the unique challenges and needs of community members. The programs are designed to support resilience and increase positive mental health outcomes for the 2SLGBTQIA+ individuals who engage with The Center's services.

The CDEP Phase II RISE program was built on the RISE program in CDEP Phase I. Several successful components from Phase I that were still needed were continued in Phase II, and several new components were added for Phase II. Programs were chosen because they directly addressed the needs of the community and built upon what was learned in the CRDP Phase I Evaluation, and because they provided culturally competent mental health care to 2SLGBTQIA+ individuals, and created safe spaces for 2SLGBTQIA+ individuals, including youth, to find connection and community.

Evaluation Questions

The questions that The Center originally proposed to answer in the Phase II local evaluation were:

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 2SLGBTQIA+ individuals, particularly youth and young adults, Transgender and Gender Non-Conforming (TGNC) community members, and older community members?
3. To what degree do The Center's activities result in more perceived inclusivity and awareness of the diversity of needs within the 2SLGBTQIA+ community, especially TGNC community members?
4. To what degree do cultural competency trainings and the intern training program have an impact on the number of providers who are 2SLGBTQIA+-affirming and to what extent do these activities increase the skills, knowledge and abilities needed to provide 2SLGBTQIA+-affirming services?

Some of these questions could not be answered fully due to significant organizational challenges, including the departure of two executive directors during Phase II and multiple significant changes in program offerings, both of which created major disruptions in and changes to programming and, as a result, to the implementation of evaluation efforts.

Evaluation Design and Methods

Design

Both the RISE program and this evaluation were rooted in the community-based participatory research (CBPR) approach. The Center worked with [Health Management Associates](#), a national research and consulting firm skilled in conducting CBPR for the social determinants of health with 2SLGBTQIA+ communities, to develop and conduct this evaluation. The evaluation included both quantitative and qualitative data collection efforts, including participation data, surveys, focus groups, and interviews.

Findings

The results of the quantitative and qualitative data collected reveal both strong convergence around community-building successes and concerning divergences regarding resilience and accessibility challenges.

Community Connectedness and Belonging: Quantitative survey data and qualitative findings across all focus groups demonstrate remarkable convergence regarding The Center's success in fostering community belonging. Survey data shows that 90 percent of respondents agreed to feeling like community members, while qualitative findings

consistently describe The Center as "welcoming" and fostering "lasting friendships that extend beyond the physical Center." This convergence across methods and participant groups provides strong evidence of The Center's community-building effectiveness.

Staff Cultural Responsiveness: Data triangulation reveals unanimous positive perceptions across all sources. Survey data shows 91–100 percent of respondents strongly agreeing that staff respect their diverse identities, while focus group participants across age groups consistently praised staff for "making everyone feel welcome" and respecting cultural differences, strengthening confidence in The Center's cultural competency.

Transportation as Primary Barrier: Qualitative findings demonstrate complete convergence across youth and adult focus groups in identifying transportation as the most significant participation barrier. Youth participants described "20 minutes plus having to walk 15 minutes from the bus stop," while adults characterized Bakersfield's bus system as "terrible," with service ending at 6:00 p.m. This was consistent across all participant groups and indicates a systematic accessibility challenge.

Resilience and Coping

Capacity: A concerning divergence emerges between quantitative resilience measures and qualitative descriptions of personal growth. While survey data reveals that 64–80 percent of respondents report limited confidence in handling stress and recovering from setbacks, qualitative findings



emphasize personal development, with participants describing becoming "a lot more social" and "more comfortable speaking up." This divergence suggests either measurement limitations or that The Center's community-building benefits may not translate to broader stress management capabilities.

Mental Health Service Access: Divergent perspectives emerge regarding mental health service availability. The clinical supervisor reported no current waitlist, while focus group participants described "quite the waitlist" and "a long waiting period before they hire somebody for the next internship." This divergence may reflect temporal differences in

data collection, different definitions of accessibility, or communication challenges, requiring further investigation.

Gender Identity Pride: A significant divergence appears in survey data regarding gender identity, where 60 percent report positive attitudes about their gender identity but only 10 percent feel proud of it. This internal inconsistency within the quantitative data warrants further exploration and suggests potential measurement issues or complex identity dynamics not captured in qualitative findings.

Conclusion and Recommendations

The evaluation of The Center for Sexuality and Gender Diversity's RISE program reveals a complex picture of both remarkable success and significant challenges in serving the 2SLGBTQIA+ community in Bakersfield, California. The findings demonstrate that The Center has successfully established itself as a vital community resource that effectively addresses identity-related mental health concerns while simultaneously revealing critical gaps in broader resilience support and systemic accessibility barriers.

The most striking finding is the identity affirmation-resilience paradox identified through data triangulation. While The Center demonstrates exceptional success in fostering 2SLGBTQIA+ identity acceptance (100% positive attitudes) and community belonging (90% feeling like community members), participants show concerning deficits in stress management and recovery capabilities (64–80% reporting limited confidence in handling stress). This paradox suggests that while community-based identity affirmation effectively prevents identity-related mental health problems, it may not automatically translate to broader psychological resilience skills.

The convergent identification of transportation barriers across all participant groups represents a critical finding regarding health equity and access. The systematic nature of this barrier—affecting both youth and adults, with specific details about bus route limitations and long walking distances—indicates that geographic accessibility functions are a significant determinant of who can benefit from The Center's services. This finding aligns with broader health equity literature that demonstrates how transportation barriers disproportionately affect marginalized communities and create differential access patterns.

The divergent perspectives on mental health service availability between clinical staff and community members warrant particular attention. While staff reported no current waitlist, focus group participants described significant wait times and continuity challenges. This discrepancy may reflect temporal differences in data collection, varying definitions of accessibility, or communication gaps between service providers and community

members. Such divergences highlight the importance of multi-stakeholder evaluation approaches in capturing the full complexity of service delivery.

From a practical standpoint, these findings provide actionable insights for community-based 2SLGBTQIA+ service providers, particularly those operating in conservative regions. The successful community-building model demonstrated by The Center offers a replicable framework for fostering identity acceptance and belonging. The specific programming elements identified as most effective—facilitated workshops, community mixers, and peer-led activities—provide concrete guidance for program development.

The transportation barrier findings have immediate practical implications for program accessibility. The specific details provided—13-minute walks from bus stops, service ending at 6:00 p.m., financial constraints affecting transit expenses—offer precise targets for intervention through carpooling coordination, route mapping, and shuttle services.

Theoretically, these findings contribute to understanding the relationship between community belonging and individual resilience in marginalized populations. The identity affirmation-resilience paradox challenges assumptions that community connection automatically translates to broader coping capacity, suggesting the need for more nuanced models that distinguish between identity-related resilience and general stress management capabilities.

The findings contribute to minority stress theory by showing that community-based interventions can effectively address identity-related stressors, while broader environmental stressors may require additional intervention approaches. Success in identity affirmation alongside persistent resilience gaps suggests that stress operates through multiple pathways, requiring differentiated intervention strategies.

Recommendations for Future CDEP Implementation and Evaluation

Program Development Recommendations:

Integrated Resilience Programming: Develop explicit stress management and coping skills programming that builds upon the strong community foundation and addresses identified resilience gaps. This programming should complement rather than replace community-building activities.

Transportation Equity Initiative: Implement comprehensive transportation support, including carpooling coordination, shuttle services from transit centers, and virtual/hybrid programming options that address the universally identified accessibility barrier.

Targeted TGNC Inclusion: Develop specific outreach and programming strategies to address transgender feminine underrepresentation, potentially including targeted support groups and mentorship programs.

Intersectional Programming Expansion: Build upon the identified need for program specifically designed for black, indigenous, and people of color (BIPOC) by developing systematic intersectional approaches that address the complex identity dynamics revealed in qualitative findings.

Future Evaluation Recommendations:

Longitudinal Assessment: Implement longitudinal evaluation designs that can better capture temporal changes in resilience and community belonging over time, potentially resolving divergences identified in this evaluation.

Multi-Stakeholder Validation: Develop systematic approaches for validating service availability and accessibility across multiple stakeholder perspectives to prevent the type of divergence identified regarding mental health service access.

Resilience Measurement Enhancement: Develop more nuanced resilience assessment tools that can distinguish between identity-specific coping and general stress management capabilities, potentially resolving the identity affirmation-resilience paradox identified in this evaluation.

Cultural Competency Training Assessment: Develop systematic assessment protocols for the evaluation questions pertaining to provider training effectiveness, an area where this evaluation identified significant data gaps.

Introduction/Literature Review

When the California Reducing Disparities Project (CRDP) began in 2016, The Center hired its first paid staff member: and executive director. 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. The growth of The Center, its services, and volume of community members served since then has been significant. Currently, The Center has four full-time equivalent staff, one contractor, and two service locations. In 2024, The Center had over 700 community member visits across programs. Leadership often notes that the biggest driver of considerable organization growth is 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 shaping client needs.

Mental health issues, as substantiated by decades of lived experience and observation by community members, are widespread among 2SLGBTQIA+ people in Bakersfield. In the region, conservative roots run deep. While there is little rigorous assessment of the need, all indicators from lived experience of community members, partners at the county behavioral health authority, and feelings reflected in the Phase I 2SLGBTQIA+ Strategic Report show us that the need is substantial. For decades, local 2SLGBTQIA+ people have endured threats, taunts, and violence. Even after California decriminalized same-sex relationships in 1976, 2SLGBTQIA+ clubs in Bakersfield were frequently visited by local police without cause, and incidents of high school-aged "gay bashers" wielding baseball bats caused many 2SLGBTQIA+ people to go "deeper into the closet".

The murders of at least eight gay men were recorded between 1978 and 2002.³ These murders and their trials were extensively covered by local news organizations, but few resulted in murder convictions. In those trials, defense attorneys shaped the narrative by focusing on the victims' lifestyles and sexual orientations. 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. In using the 2SLGBTQIA+ panic defense 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 2SLGBTQIA+ victims of violent crimes unfairly. This visit helped inspire the creation of county civil rights commissions across California.



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

The unequal treatment of these murder victims has often been attributed to an ultra-conservative political environment in the city of Bakersfield and across Kern County. Kern voters overwhelmingly endorsed conservative candidates for national and statewide office in every election for the past 50 years and 75 percent of Kern County voters supported [Proposition 8](#) banning same-sex marriage in 2008. Over half (53%) of Kern voters voted for Donald Trump in the 2016 presidential election, reflecting strong political alignment with anti-2SLGBTQIA+ efforts (Center PR, 2017). Kern County reports that 48 percent of its residents adhere to organized religion, with 61 percent belonging to Catholic congregations and 28 percent belonging to Evangelical Protestant congregations (Center, 2010). Faith communities in Bakersfield have been known to denounce 2SLGBTQIA+ persons as deviant and amoral, encouraging family members and friends to shun those who come out as 2SLGBTQIA+. While exact measurements or documentation of such activity do not exist, the outspoken anti-2SLGBTQIA+ sentiment and action is regarded by local 2SLGBTQIA+ leaders and allies as a characteristic of the local community.

No specific data are available on the size of the 2SLGBTQIA+ community in Kern County; however, a 2017 Gallup poll estimated that 4.5 percent of American adults identify as 2SLGBTQIA+. ⁴ Using 2019 estimates from the United States Census Bureau, about 29,000 adults in Kern County may identify as 2SLGBTQIA+. ⁵ This number does not include children and adolescents under 18, of which The Center serves dozens. Reflective of the need for youth support, more than 10 percent of seventh graders were harassed or bullied for

being—or being perceived as—gay or lesbian.⁶ Kern County’s rich agricultural business has also attracted migrant farmworkers for several decades. Many have settled here and their children are third and fourth generation Latinx/Latine residents.⁷ Consistent with this history, 55 percent of Kern residents are Hispanic or Latinx/Latine, while 33 percent are White and not Hispanic/Latinx/Latine, 6 percent are Black or African American, 5 percent are Asian, and 3 percent are American Indian/Alaskan, Hawaiian native, or other Pacific Islander.⁸ It is therefore critical to examine the experiences of 2SLGBTQIA+ community members through an intersectional lens that accounts for race and ethnicity. While not a monolith, cultural values of machismo and marianismo, as well as predominate adherence to Catholicism, has meant Hispanic/Latinx/Latine communities have traditionally held more conservative and discriminatory views against 2SLGBTQIA+ identities, especially against transgender and gender nonconforming (TGNC) identities.^{9,10} The effect of community-driven internalized shame and decreased community connectedness, compounded by the effect of racism, may exacerbate the mental health struggles of 2SLGBTQIA+ black, indigenous, and people of color (BIPOC) in Bakersfield.^{11,12}

In addition to available data and indicators, community-defined evidence of an anti-2SLGBTQIA+ environment in Kern County is abundant. The actions, memories, and input of community members and leaders support the claims of The Center as the basis of need for mental health services. The corresponding lack of data on the 2SLGBTQIA+ community or services for the 2SLGBTQIA+ community are consistent with the environment and a link that local 2SLGBTQIA+ have noted as being part of large trends to exclude the community. The qualitative data findings in this evaluation and in the Phase 1 report, validate the assertions of an anti-2SLGBTQIA+ conservative environment and a general lack of services for community members.

According to the [CRDP Phase 1 LGBTQ Population report](#), over three-quarters of 2SLGBTQIA+ community members surveyed across the state of California indicated emotional and mental health difficulties related to their gender identity/expression or sexual orientation and sought mental health services. While no data are available on mental health needs or services accessed by 2SLGBTQIA+ persons in Kern County, local news and anecdotal stories of depression, anxiety, and post-traumatic stress disorder among 2SLGBTQIA+ community members shed some light. As recently as 2016, when a 19-year-old transgender woman (Jai Bornstein) took her own life, the Bakersfield 2SLGBTQIA+ community has experienced and grieved suicides stemming from internalized homophobia; inequitable treatment by family members, schools, and other institutions; and community stigma.¹³ 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, which strengthened anti-bullying policies by adding protections for students who are bullied based on their perceived sexual orientation and gender identity/gender expression. These protections were denied for Seth by the school and local law enforcement.^{14,15} Seth's death also sparked the creation of Kern County's first 2SLGBTQIA+-centered space: The [Center for Sexuality and Gender Diversity](#) (previously the Gay & Lesbian Center of Bakersfield).

Since its founding in 2011, The Center has provided space for 2SLGBTQIA+ people and allies to seek support for mental health needs and community and social connection. The Center provides free counseling and advocacy to individuals and serves as a referral and information hub to help connect 2SLGBTQIA+ community members with other local 2SLGBTQIA+-affirming health and social services and provide training and support to local businesses, schools, and social service organizations on allyship and cultural competence. The Center chose to focus its Community-Defined Evidence Program (CDEP) to meet the needs of the two most marginalized groups of 2SLGBTQIA+ community in Kern County: transgender and bisexual+/pansexual (bi+/pan) individuals.

At the time of The Center's founding, there were only two known TGNC-friendly mental health providers serving the Bakersfield community. One of those was based in Tulare County—an hour north of Bakersfield. Local TGNC people routinely traveled to a clinic near Fresno, two hours north, to receive hormone therapy and other medical care. Information about TGNC care services spread by word of mouth, but given the conservative climate of the community, many TGNC people were socially isolated and did not receive that information. Several TGNC 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, may be the largest segment of the 2SLGBTQIA+ population in the US.^{16,17} Bi+ individuals have been reported to experience unique forms of discrimination and stigma, both in general and within the 2SLGBTQIA+ 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.¹⁸ Many bi+ clients and workshop participants at The Center have shared 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. The CDC reports that 61 percent of bisexual women experience sexual violence compared to 44 percent of lesbian

women and 35 percent of straight women.¹⁹ All these factors combined lead bi+ individuals, especially bi+ women, to experience worse mental health outcomes than their gay and lesbian peers.^{20,21,22}

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 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 TGNC.^{23,24} 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 2SLGBTQIA+ 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.^{25,26}

CDEP Purpose, Description, and Implementation

The Center's CDEP, Reducing Isolation through Support and Empowerment (RISE), seeks to prevent and/or reduce depression, anxiety, self-harm, and post-traumatic stress disorder resulting from isolation, discrimination, and oppression. In Phase II, RISE served individuals, members of the 2SLGBTQIA+ community, and broader Bakersfield.

Individuals were supported by programming aimed at increasing resilience and reducing isolation. The most marginalized 2SLGBTQIA+ populations were served via support and resources especially for Transgender and/or Nonbinary youth and adults and for Bi+/Pansexual community members. The broader community was served via education for mental health and medical service providers, education spaces, and other nonprofits about the 2SLGBTQIA+ community, unique needs and challenges, and ways to best provide affirming care.



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 TGNC and Bi+/Pansexual people experience with community isolation and stigma, The Center serves to provide individuals a physical and a virtual space to be with each other. 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 at The Center are provided in a 2SLGBTQIA+ welcoming space, by 2SLGBTQIA+ 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 2SLGBTQIA+ individuals engaging with services at The Center.

CDEP DESCRIPTION and IMPLEMENTATION PROCESS

The CDEP Phase II RISE program built upon the RISE program in CDEP Phase I. Several components that were successful in Phase I and that were still needed were continued in Phase II, and several new components were added for Phase II. The full set of programming that was planned for CDEP Phase II included:

- Workshops
 - Gender Rebels Support Workshops (continuing from Phase I)

- Bi/Pan+ Support Workshops (continuing from Phase I)
- Cultural Competency Trainings for behavioral health providers (continuing from Phase I)
- Affirming Events (continuing from Phase I)
- Intern Program (continuing from Phase I)
- Emotional Education (new in Phase II)
- Aro/Ace Support & Social Space (new in Phase II)
- Youth and Young Adult Development Programming (new in Phase II)

Each of these programs was chosen because they directly address community needs and build upon what was learned in the CRDP Phase I Evaluation. They also provide culturally competent mental health care to 2SLGBTQIA+ individuals and create safe spaces where they can find connection and community.

In Phase II, the RISE program continued to focus on serving members of the TGNC and bi+/pan communities, while also intentionally engaging the Aro/Ace community and QTBIPOC (Queer, Trans, Black, Indigenous, and other People of Color) individuals. These groups often experience feeling invisible, erased, and invalidated, even within the larger 2SLGBTQIA+ community. The Center's commitment to providing awareness education and support training within the 2SLGBTQIA+ community in Phase II was specifically focused on removing existing barriers that caused TGNC and bi+ individuals to feel left out or unsupported. All activities and events were rooted in true cultural competence and intended to build resiliency among the entire 2SLGBTQIA+ community. To be able to support the QTBIPOC community, The Center grew its programming and events with an intentional intersectional lens, as well as going through internal Diversity, Equity, and Inclusion (DEI) development. To support the Aro/Ace communities, The Center provided support and social spaces for community members to learn about their communities through connection and sharing together.

Experiences of erasure and isolation are heightened among members of TGNC and bi+/pan communities who are ethnic minorities. Their stories include not feeling like they have others who “look like me” or “understand my struggle.” 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/Latine community since its opening, resulting in a variety of Latinx/Latine-centric and Spanish language activities. Promotional materials and services were available in both English and Spanish, the threshold languages in Kern County. The Center hired bilingual staff members and utilized a professional language-line and American Sign Language translation services, when necessary. Finally, The Center committed to internal DEI training and initiatives being implemented. This included actively recruiting staff and board members across all genders, ethnicities, and sexual orientations to assure inclusivity, access to services, and diverse representation.

Workshops

Workshops that were planned for Phase II included a continuation of the Gender Rebels, Bi/Pan+, Radiant, and Emerge workshop series. A description of each workshop series, as well as the cadence and number of participants, is provided below.

Gender Rebels

Gender Rebels was created by The Center for Sexuality & Gender Diversity, including individuals who identify as part of the TGNC community, in response to a distinct need within the Bakersfield community for a learning and support space for trans and gender expansive individuals. The curriculum was designed to help community members explore and affirm their gender by providing them with affirming discussions and skill building activities. In addition to exploring gender identity, participants were encouraged to explore the ways their multiple identities intersect to create their unique perspectives as well which should be celebrated. The series explored the following topics:

- Defining Safe Space
- Gender 101
- Coming Out Stories
- Gender Rebels Representation
- Intersecting Identities
- Coping with Discrimination and Bullying
- Self-Care

This workshop ran from 2017 until 2023. The workshop concluded at the end of 2023 to make room for other support workshops. In Phase II, Gender Rebels was offered three times, with eight sessions offered in each series. A total of 80 community members participated in the Gender Rebels workshop series.

Bi+/Pan

The Bi+/Pan workshop series was created by The Center for Sexuality & Gender Diversity, including individuals who identify as part of the bi+/pan community, as space for community members who are attracted to more than one gender. The space was beneficial to the bi+ community in affirming their identities through group discussion and resilience building activities. The seven-week format participants explored the following modules:

- Defining Safe Space
- Identity, Sexual Orientation, and Labels
- Erasure, Representation, and Gender

- Coming Out as Bi+
- Managing Relationships as a Bi+ Person
- Relation to the Larger 2SLGBTQIA+ Community and Bi+ History
- Self-Care and Safety

Throughout the workshop series, participants were provided online and print resources for support related to each module.

This workshop ran from 2017 until 2023. The workshop concluded to make room for other support workshops. In Phase II, the bi+/pan workshop series was offered three times, with a total of 29 community members participating.

Radiant

The Radiant workshop series was offered for the first time in Phase II. Radiant is a four-week workshop that offers participants an exploration of self-discovery, resilience, and community connection through activities, discussions, and personal reflections.

Participants learn about topics including:

- Foundation of Self Care & Setting Intentions
- Building Resilience through Connection
- Cultivating Self Love & Acceptance
- Sustaining Healthy Practices for the Future

Radiant was designed to provide a dedicated space for personal growth and empowerment, self-discovery and resilience building, while also celebrating participants' unique identities within a supportive and inclusive community. This workshop was developed in 2023 and launched in 2024 to meet the community's request for a space open to all members of the 2SLGBTQIA+ community. The series was offered 16 times in Phase II, and a total of 106 community members participated in the series.

Emerge

The Emerge workshop series was offered for the first time in Phase II. Emerge is a four-week workshop designed to empower transgender, gender expansive, gender nonconforming, and questioning individuals through discussions on resilience, coming out, and self-care. Participants engaged in facilitated discussions, reflection exercises, and community-building activities. The series was designed to foster a supportive space for shared experiences and connection within the transgender community. Topics covered included:

- Coming Out to Ourselves & Resilience

- Navigating Coming Out to Others
- Trans Self- Care and Wellbeing
- Affirming Trans & Gender Expansive Identities

Emerge aimed to celebrate identity, cultivate resilience, and foster a sense of pride, belonging, and solidarity among participants empowering them to thrive authentically in their journey of self-discovery and growth. This workshop was developed in 2023 and launched in 2024 in response to Center leadership requesting a rebrand of Gender Rebels. EmERGE was offered eight times in Phase II, with a total of 114 community members participating.

Cultural Competency Trainings

CSGD planned to host a cultural competency training approximately every three to four months, with about 30–60 people attending each training. The trainings were intended to provide relevant information on the 2SLGBTQIA+ community and provide practices that individuals can start implementing to be more affirming. Due to a loss of staff and rapid leadership transition, these trainings had to be paused in Phase II.

Affirming Events

In Phase II, Affirming Events were a collection of activities open to community members, and were offered throughout the year. Some were recurring activities, such as bringing the community together in various ways during Pride Month. Others were one-time activities related to something current or responsive to a particular need. Affirming events at The Center were designed to provide a sense of an affirming community and education for all 2SLGBTQIA+ persons. Activities were responsive to community input and needs and were developed through ongoing review of findings from this evaluation.

As examples, The Center held panel discussions with TGNC and bi+/pan individuals to educate lesbian and gay community members. Some lesbian and gay people 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 TGNC and bi+/pan communities in general 2SLGBTQIA+ events following these panels. TGNC 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.

For Phase II, CSGD planned to hold six events per year, each drawing between five and 50 people. More events than planned were held. Table 1 below provides details about the number of events held and the number of community members who attended.

Table 1: Affirming Events

Year	Number of Events	Number of Participants
2023	27	165
2024	43	358
2025	81	995
Total	151	1,518

Intern Program

In Phase II, CSGD planned to bring in two to three interns to provide services and receive training for 6–12 months. A focus of CSGD’s work with the interns is to train them on ways to be the most affirming to clients and able to demonstrate this by working directly from the community.

During Phase II, The Center expanded the intern program. In the past, interns primarily came from the county mental health department and CA State University Bakersfield. In Phase II, The Center expanded to be a site for MSW and MFT students from Pepperdine University, Arizona State University, Alliant University, and University of Denver. Several staffing transitions at The Center in 2023 resulted in the intern program functioning at less than full capacity. By expanding their local partnerships in 2024, The Center was able to resume the expected level of service provision.

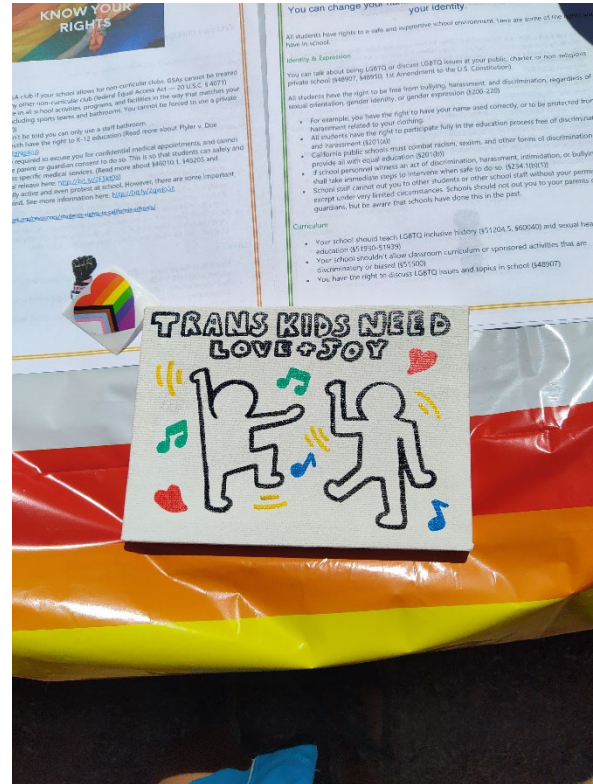
Table 2: Intern Program

Year	Number of Interns	Number of Client Advocates	Number of LCSW Supervisors	Number of Counseling Sessions Provided
2023	7	2	1	1,290
2024	8	1	1	676
2025	6	0	1	507*
Total	21	3	3	2,467*

*To date in 2025, as of September 1, 2025

Youth and Young Adult Development

Youth and Young Adult Development programming became part of the CDEP in early 2024. It supports 2SLGBTQIA+ young people aged 13–26 in Bakersfield and Kern County. The events and activities are designed to be affirming, safe, and supportive to encourage youth and young adults to express themselves, access resources, make friends and build community. Included under the umbrella of youth and young adult programming is the Youth and Young Adult Discord Server, the Youth and Young Adult Council, Kaleidoscope Youth Support Space, and Teen Space.



The Teen and Young Adult Discord Server is a digital community designed to provide a safe, supportive, and inclusive environment for 2SLGBTQIA+ young people in Kern County. It is geared toward providing an affirming virtual platform for rural youth in particular who cannot commute to Bakersfield for in-person youth spaces. It helps young people connect with peers, get support, and engage in positive community-building that is affirming of their identities.

The Youth and Young Adult Council is a volunteer leadership program for young people ages 13–26 who want to be leaders in their community. It aims to create a transformative and inclusive environment to empower young people to find and use their unique voices. Council members organize and facilitate two events for the Youth and Young Adult Program, provide feedback to staff on youth and young adult programming, and receive personal and professional development support from staff.

Kaleidoscope Youth Support Space is a social space for Kern County youth ages 12 and under to connect and build friendship and community. Crafts, board games, and video games are available to the youth and their families within the space.

Teen Space is a monthly after school drop-in for teenagers between the ages of 13 and 17. The drop-in space has crafts, board games, and video games. Individualized emotional support and life coaching, as well as support group-style discussions and other activities

are also available to teens and their families within the space. Teenagers are invited to participate in the space however they feel most comfortable, including by spending time in the space doing homework, art projects, or playing their own video games and other activities. The space is facilitated by staff with ongoing co-facilitation, input, and support from Teen Youth Council volunteer facilitators.

Table 3: Youth and Young Adult Events

Year	Number of Programs/Events	Number of Participants	Number of Discord Events	Number of Discord Participants
2023	9	89	35	487
2024	14	44	23	306
2025	16	87	18	346
Total	39	220	76	1,139

Explanation of Major Program Changes

During Phase II, a number of changes from the originally planned programming were made. Some of these were due to loss of staff, while some were due to changes in what the community expressed as needs.

First, the Emotional Education workshops and services that were planned were not implemented due to loss of staff to support these programs in 2023. Because The Center has been able to strengthen and increase its intern program in the last year, The Center intends to begin to implement these workshops and services in 2026 with interns supporting the program.

Second, the Aro/Ace support workshops were discontinued because a majority of the group who were attending moved out of town. The Center still includes Aro/Ace community members in all of its programming and event spaces and will implement specific programming again if community interest and feedback points to wanting and needing a dedicated Aro/Ace Space again.

Third, the Gender Rebels workshop series and the bi+/pan workshop series were discontinued in 2023 and replaced with the Emerge workshop series and the Radiant workshop series in 2024.

Fourth, the Youth and Young Adult Program was added as a CDEP Component in 2023. That program has grown into a large portion of programming run at The Center, with very strong participation among young people in the community.

Local Evaluation Questions

The questions that The Center originally proposed to answer in the Phase II local evaluation are as follows:

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 2SLGBTQIA+ individuals, particularly youth and young adults, TGNC, and older community members?
3. To what degree do The Center's activities result in more perceived inclusivity and awareness of the diversity of needs within the 2SLGBTQIA+ community, especially TGNC community members?
4. To what degree do cultural competency trainings and the intern training program have an impact on the number of providers who are 2SLGBTQIA+-affirming and to what extent do these activities increase the skills, knowledge and abilities needed to provide 2SLGBTQIA+-affirming services?

Due to significant organizational challenges, including the departure of two Executive Directors during Phase II and multiple significant changes in program offerings, some of these evaluation questions could not be answered, or could not be answered fully.

Evaluation Design and Methods

Design

As community-based initiatives, the RISE program and this evaluation were rooted in the community-based participatory research (CBPR) approach. The Center worked with [Health Management Associates](#), a national research and consulting firm skilled in conducting CBPR for the social determinants of health with 2SLGBTQIA+ communities, to develop and conduct this evaluation.

During Phase I of CDEP, The Center and HMA convened the RISE Advisory Committee (RAC). The RAC included people receiving services and participating in activities, including non-2SLGBTQIA+ community members who receive training and other technical assistance from The Center. The RAC provided input and feedback on all RISE activities and the 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 cultural responsibility, relevance, removed bias, and accuracy. RAC members were also helpful in suggesting certain variables for data disaggregation and themes for deeper explorations, ensuring that community voices were fully captured.

To obtain additional input about programming and evaluation methods, The Center engaged the broader community through multiple events. 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 ensure the evaluation was culturally and linguistically competent and reflected the needs and identity of the community. 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.

In Phase II, the RAC was not reconvened. However, community member and staff input continued to be sought throughout the evaluation process.

Research Questions

The objectives of phase of the evaluation were to understand the experience of program participants and for formative evaluation as some of the program implementation was new or had undergone some revision and evolution. The evaluation questions, indicators, and instruments described below evolved from the initial planning phases in Phase I and were adapted to the needs of The Center and the community in Phase II.

The questions that The Center sought to answer in the local evaluation are as follows:

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 2SLGBTQIA+ individuals, particularly youth and young adults, TGNC, and older community members?
3. To what degree do The Center's activities result in more perceived inclusivity and awareness of the diversity of needs within the 2SLGBTQIA+ community, especially TGNC community members?

4. To what degree do cultural competency trainings and the intern training program have an impact on the number of providers who are 2SLGBTQIA+-affirming and to what extent do these activities increase the skills, knowledge and abilities needed to provide 2SLGBTQIA+-affirming services?

Surveys

Quantitative data for RISE programming were collected via a local evaluation core survey that was developed in Phase I. It was intended to be administered to community members enrolled in RISE, regardless of their specific program participation. The local core survey was intended to follow a pre-post matched format, with ongoing post surveying every six months to assess differences in responses over time based on length of engagement. The local evaluation core survey incorporated some adapted questions from the UCLA Three-Item Loneliness Scale and the PHQ-9 Depression Scale,^{30,31,32} as well as some community-centered questions to assess how community members' relationships with their identity and the larger 2SLGBTQIA+ community have been impacted by participating in activities at The Center.

Focus Groups

The evaluation's qualitative design component included more frequent focus groups with program participants to assess how well the RISE programs were working, uncover challenges and barriers to participation, and explore additional areas for program improvement. Focus groups and interviews were held periodically throughout the project. Given scheduling, one-on-one interviews sometimes replaced focus groups but with 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.

Recruitment and Participation

Recruitment for RISE followed The Center's standard program recruitment and outreach processes which included flyers, word of mouth, social media postings, and staff outreach. All individuals participating in workshops or activities at CSGD 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.

All protocols were approved by the institutional review board of the California Office of Statewide Health Planning and Development (OSHPD).

While there was good participation from community members in focus groups and interviews, survey response rates suffered throughout data collection efforts.

Data Analysis

Quantitative data from surveys were analyzed using Excel. Because of small sample sizes, no inferential statistics could be run. Therefore, analyses are limited to for descriptive analyses, such as participant demographic description, participation, and program monitoring.

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 to validate themes and ensure interpretation was culturally appropriate. 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

Quantitative Findings

Local Core

Between November 2024 and May of 2025, a total of 11 community members completed the local core pre-survey. No community members completed the local core post-survey, so this descriptive analysis is inclusive only of the pre-survey data.

The average number of months respondents had been participating in activities with The Center at the time of survey completion was 24.9 months, or just over two years.

Community Connectedness

Participants were asked about their level of connectedness with their community.

Overall, the results suggest that participants generally felt connected to their community.

A large majority (91% respectively) strongly agree or agree that they feel like a member of this community and that they belong in this community. A smaller majority (55%

respectively) strongly agreed or agreed that they have a good bond with others in the community or are active or socialize in the community. This suggests that while respondents feel they belong, fewer actively engage within the community. Most respondents (72%) agreed or strongly agreed that they can get what they need in their community.



Stress and Adversity

Participants were asked questions to assess their confidence in handling stress and adversity. In total, there were six questions on this topic. Generally, responses show that participants lack confidence in their ability to confront stress and adversity. Over half of respondents (between 55% and 73%) responded that they are only a little confident or not at all confident in their ability to break an upsetting problem down into smaller parts, to leave options open when things get stressful, to sort out what can and cannot be changed, and to find solutions to their difficult problems. In contrast, most respondents (N=6, 55%) felt fully or very confident that they could get emotional support from friends and family.

Resiliency

Participants were asked six questions to assess their sense of personal resiliency. Overall, responses indicated a generally low sense of resiliency. A large majority—80 percent—either strongly agreed or agreed that it tends to take them a long time to get over setbacks in their lives. Similarly, 64 percent strongly agreed or agreed that it is hard for them to snap back when something bad happens, and 55 percent strongly agreed or agreed that they have a hard time making it through stressful events.

In contrast, when asked positively framed questions, 73 percent strongly disagreed or disagreed that they recover quickly from a stressful event. Another 64 percent strongly disagreed or disagreed that they tend to bounce back quickly after hard times, and 55 percent strongly disagreed or disagreed that they tend to get through hard times with little trouble. When asked specifically whether they bounce back quickly after hard times, 36 percent of respondents (N=4) disagreed when asked if they bounce back quickly after hard times. Another 27 percent (N=3) either agreed or strongly disagreed, while 9 percent (N=1) said they were neutral.

Attitudes Related to Sexual Identity

Participants were asked six questions about their attitudes related to their sexual identity. Overall, respondents' attitudes on this topic were very positive, with 100 percent strongly agreeing or agreeing that they feel proud to be 2SLGBTQIA+ and that they have a positive attitude about being 2SLGBTQIA+. The majority of participants (91 %) strongly disagreed or disagreed that they feel uneasy around people who are very open in public about being 2SLGBTQIA+, while 73 percent strongly agreed or agreed that for the most part, they enjoy being 2SLGBTQIA+. Respondents were somewhat divided in their responses to whether they worry a lot about what others think about them being 2SLGBTQIA+, with 45 percent strongly disagreeing or disagreeing, and 36 percent strongly agreeing or agreeing. Meanwhile, 64 percent (N=7, 64%) strongly agreed and 46% (N=4) agreed that they have a positive attitude about being 2SLGBTQIA+.

Attitudes Related to Gender Identity

Participants were asked six questions about their attitudes related to their gender identity. Overall, respondents' attitudes on this topic were mixed. Most respondents (90 %) strongly agreed or agreed that they have a positive attitude about their gender identity, and 60 percent strongly agreed that for the most part, they enjoy being their gender. Additionally, 89 percent strongly disagreed or disagreed that they feel uneasy around people who are very open in public about their gender identity. In contrast, half of respondents (50%)

strongly agreed or agreed that they worry a lot about what others think about their gender identity, and 50 percent strongly disagree that they feel proud of their gender identity.

More than half of respondents (N=6, 60%) said they strongly agree and 30 percent (N=3) said they agree that they have a positive attitude about their gender identity, while 10 percent (N=1) said they are neutral.

Outlook for the Future

Respondents were asked one question about their future outlook. Respondents were not overly optimistic, with just over half of respondents (N=6, 55%) saying they expect their overall quality of life to be somewhat better in the next five to 10 years, 18 percent (N=2) saying they expect it to be about the same or somewhat worse, and 9 percent (N=1) saying they expect it to get much worse.

Perceptions of CSGD Staff

Participants were asked 11 questions about their experiences and perceptions of CSGD staff. Responses were overwhelmingly positive, with between 82 percent and 100 percent strongly agreeing or agreeing to all statements. Respondents felt that CSGD staff treat them with respect, including having respect for their religious and/or spiritual beliefs, their gender identity, the sexual orientation, their race and/or ethnicity, and their cultural beliefs. Further, respondents reported that CSGD staff have an understanding of the diversity within different identities, including racial/ethnic identities, spiritual and religious backgrounds, and gender identities and sexual orientations.

Conclusion

The results reveal a community with strong positive attitudes toward their 2SLGBTQIA+ identity, with 100 percent of respondents expressing positive feelings about being 2SLGBTQIA+ and feeling proud of this identity. Community connectedness appears robust, with the vast majority feeling like members who belong in their community and can get what they need from it. Staff perceptions are overwhelmingly positive, with most respondents strongly agreeing that Center staff treat them with respect and understand the diversity within their identity groups.

However, the data reveal concerning patterns in resilience and coping. Most respondents report limited confidence in handling stress and difficult situations, with many struggling to bounce back, taking extended periods to recover from setbacks. This suggests that, while the community provides strong identity affirmation and belonging, members may benefit from additional support in developing coping strategies and resilience skills. The mixed outlook for the future, with over a quarter expecting their quality of life to remain the same or worsen, further underscores the importance of addressing these resilience gaps

alongside the community's existing strengths in fostering identity acceptance and belonging.

Qualitative Findings

In the Spring of 2025, a focus group was held with community members who were active within the youth and young adult programming. Additionally, two focus groups were conducted with adults (primarily Gen Z and millennials, ages 20–29) who participate in adult-focused programming at The Center. Participants included both cisgender and transgender individuals who have been engaging with The Center for one to five years. Additionally, one-on-one interviews were held with staff who provided services as part of the counseling program.

Focus groups were held to gather feedback on CSGD programs and their impact on participants, and to gather recommendations for improvements to existing services, information about unmet needs, and information about barriers to participation. Interviews with counseling program staff were held to understand the impact of the intern program on interns' ability to serve LGBTQ individuals.

Youth and Young Adult Programming Focus Groups

One focus group was conducted in the spring of 2025 with four active participants in youth and young adult programming at The Center. Participants included a youth and young adult council member with two years of volunteer experience, a recent participant who joined on Valentine's Day, 2025 a three-year volunteer who facilitates events and programming, and a regular attendee with one to two years of involvement focused on community events.

Community and Atmosphere

Findings from the focus group revealed that The Center has successfully established itself as a welcoming, non-pressuring environment that allows participants to engage at their comfort level. Participants consistently praised the atmosphere, with one describing it as "very cozy and doesn't put a lot of pressure on you to participate if you don't want to! It's a nice space to be yourself and have fun with others as



well." The facilitators actively foster inclusion, with participants noting that "The facilitators are always awesome at making everyone feel welcome and checking on those who seem lost or alone."

The space cultivates lasting relationships that extend beyond the physical Center. As one participant reflected, "I've met some amazing people that I have friendships with outside The Center! And without The Center I wouldn't have met those people." The Youth and Young Adult council plays an active role in designing events, giving participants ownership in their programming and fostering leadership development.

Popular Programming and Impact

Friday game nights emerged in the discussion as consistently well-attended events, along with crafting and board game nights that facilitate casual social interaction. The Jam-Boo-Ree event was highlighted as particularly memorable, with one participant sharing, "The Jam-Boo-Ree event our council held last year! I helped put everything together and got my own bingo game to host! I loved feeling included and guiding others to have fun with my game!"

Cooking events, including activities like cooking with nettles and making rainbow cookies, provide hands-on learning experiences, though some require fees for ingredients. The Center also offers two adult Dungeons and Dragons groups and Sunday meditation sessions. Participants report significant personal development through their involvement in this programming, with one volunteer noting, "Volunteering with The Center has a great experience. I've become a lot more social than I used to be and getting more comfortable speaking up for myself. It's one of the best things to happen to me."

Access Barriers and Scheduling Challenges

Transportation emerged as the most significant barrier to participation in youth and young adult programming at The Center. One participant explained, "Transportation is a huge problem for some people. We have a lot of people who do not live around The Center so they have to bus, myself included," describing their commute as "20 minutes plus having to walk like 15 minutes from the bus stop so that's around what it takes me."

Participants also reported that the weekend-heavy programming schedule creates additional barriers, as one person noted, "Definitely in need of more weekday events! We do a lot of our programming on weekends since that's when most people are free, but weekday events open stuff up to the weekend worker crowd." Participants emphasized the need for more weekday evening programming as well, while considering school schedules for youth.

Communication and Service Utilization

Participants shared that confusion exists between The Center's multiple locations, with events typically held at the 902 18th Street location while support workshops occur at the Truxtun offices. They noted that event promotion follows an inconsistent pattern, with posts appearing two weeks in advance followed only by day-of Instagram story updates. One participant observed, "More updates on events. We typically post like two weeks in advance then only announce on our [Instagram] stories when they happen that day. So more updating on events that are coming up would help."

Participants explained that support groups struggle with low attendance, sometimes having only two people present. The issue appears to stem from unclear descriptions, as one youth noted, "All of our support groups and such feel like they don't get as much outreach as games night and Center events, I wonder if it may be a problem with sharing more specifics about them or how they're phrased?" Another participant agreed, adding, "I agree... The phrasing isn't super direct, it's usually like 'healing space' which is kinda broad."

Suggestions for Enhancement

Participants strongly advocated for an ambassador program where trained youth would visit schools and colleges to spread awareness about The Center. As one focus group participant explained, "I would love for us to be able to go to schools or colleges and talk about The Center. I've talked to [staff] about us having an 'ambassador' program where we go and explain the history of The Center and what we got going on now!" They also suggested increased community tabling at events and enhanced social media strategy.

Programming expansion ideas included a teen Dungeons and Dragons group, anime viewing nights, community homework and/or tutoring spaces, more cooking events, and potluck dinners. Physical space improvements were proposed, including additional bookshelves, better board game organization, comfort items like weighted stuffed animals, and decorative enhancements.

Youth and young adult participants express deep appreciation for The Center's welcoming atmosphere and community-building impact, describing significant personal growth and lasting friendships. However, transportation barriers, weekend-heavy scheduling, and communication gaps limit participation. Participants envision expansion through school outreach, diverse programming including teen-specific activities, and physical space enhancements while maintaining The Center's core philosophy of acceptance and inclusion.

Adult Programming Focus Groups

Two focus groups were conducted with adults (primarily Gen Z and millennials, ages 20–29) who participate in adult-focused programming at The Center. Participants included both cisgender and transgender individuals who have been engaging with The Center for one to five years.

Initial Motivations and Positive Experiences

Participants were primarily drawn to The Center seeking community and connection with other 2SLGBTQIA+ individuals in Bakersfield, a conservative area with limited queer spaces. As one participant explained, "I was looking for community in Bakersfield," while another shared, "I want to find trans people. Because I'm only kind of accepted in my family, but not really."

Several participants noted recent programming improvements that increased their involvement: "I was timid at first because I didn't see that there was a whole lot going on. And then the last three years or so. Things have picked up and so I've been a lot more involved."

The Self-Care Workshop emerged as a standout experience, with one participant describing it as "like my favorite experience so far with The Center. I would really have the opportunity to engage in meaningful discussions with people in the community there." Community mixers providing professional networking opportunities were also highly valued, with participants appreciating the chance to "see professionals in the space, especially other 2SLGBTQIA+ individuals, to see where their careers are at and what's available."

Challenges and Barriers

Multiple participants identified timing conflicts as a major barrier to participation. As one explained, "There's a lot of events that start right at 4:00 but so many of us work until 4:00 or 4:30 or even 5:00. I miss a lot of stuff because it starts right before [I leave work]."

Participants preferred weekday evenings after 6:00 p.m. and weekend events, particularly mornings, along with consistent programming over sporadic or ad hoc events.

Participants expressed preference for facilitated activities over open format events: "What I really liked about the Self-Care workshop was that it was a facilitated discussion. And some of the other adult events are not as structured... I like when we have a structure to meet people because if I come alone... it's just easier."

Public transportation emerged as the most significant barrier to participation. As one participant described, "Bakersfield [has a] terrible bus system... The closest stop to The

Center is a 13-minute walk away... The Center is nowhere near a bus, [and] it stops at 6:00 p.m." Another noted the financial burden: "I borrowed a car. But I don't like having to pay gas money."

Communication challenges were consistently identified, with participants noting, "I feel like The Center has a hard time posting more than a day out." The need for more frequent communication was emphasized across focus groups.

Safety and Identity Representation

Participants discussed the complex balance between visibility and safety in Bakersfield's conservative environment. One shared an experience where "We had agricultural students that were Pro Trump come and harass us at one of our meetings... it created an environment where I feel like there was a lot of fear." The Center's discrete location provides important safety benefits, with one participant noting, "We just gotta remember we are in Bakersfield... that's what's great about the annex is that... it's literally in the back, literally all the way in the back [of the building]" and out of sight.

Concerns were raised about identity representation gaps, particularly that "there aren't many trans feminine people that show up or participate," with one participant explaining that their friend "was afraid she'd be the only trans woman there." The importance of intersectional programming was emphasized: "My queerness is piggybacking on my blackness so the inclusivity comes from my blackness first, so maybe something for POC's would be helpful."

Service Needs

While participants appreciated existing therapy services, capacity limitations were noted: "We have the mental health services, but I do hear, though, that it's quite the waitlist, so it's hard to get started with it." Continuity challenges with the internship-based therapy model were also mentioned: "My therapist, I love her. She's graduating. She's out. She's gone. So, I have a long waiting period before they hire somebody for the next internship."

Participants expressed a need for support navigating gender-affirming care: "My girlfriend is trans. She has had a difficult time with her insurance getting gender-affirming care... everyone gives her the run around and stuff and then she will delay on her estrogen and stuff."

Recommendations for Improvement

Participants suggested diverse programming ideas including professional networking events, drag shows, film screenings, cooking competitions, art workshops, and neurodivergent support groups. Communication improvements included more frequent

social media posting, day-of event reminders, and weekly newsletters. Transportation solutions such as carpooling coordination and shuttle services from transit centers were proposed.

Adult participants value The Center as a vital community space in a conservative area but face significant barriers including transportation challenges, scheduling conflicts with work, and communication gaps. While they appreciate the welcoming environment and meaningful programming like facilitated workshops, they seek more structured activities, intersectional programming, and improved access to mental health and healthcare navigation services. Addressing these barriers could significantly expand engagement among working adults in the community.

Counseling Program Interviews

Interviews were conducted with two former counseling interns and with one clinical supervisor at The Center's mental health services program. The interviews explored experiences, challenges, and opportunities for improvement in counseling services offered at The Center.

Program Structure and Clinical Quality

The mental health program operates with one licensed clinical social worker (LCSW) serving as director of mental health services and clinical supervisor. The program can accommodate up to eight graduate student interns but currently maintains five from various universities including Arizona State, Pepperdine, and Cal State Bakersfield. The supervisor maintains a caseload of 19 clients, while each intern typically carries 9–10 cases.

Both former interns praised the clinical supervisor's expertise and professional development opportunities. One intern specifically noted participating in a Yale training for LGBTQ-affirmative Cognitive Behavioral Therapy (CBT) techniques that the supervisor facilitated, which enhanced their ability to serve 2SLGBTQIA+ clients in their subsequent employment. The Center's internship program attracts interns who specifically request placement there, often because they receive little to no training on serving 2SLGBTQIA+ individuals in their graduate programs.

Client Impact and Service Delivery

Interns described significant success stories and meaningful client impact. One intern shared an example of a client who "initially was unsure why they were in therapy but through CBT and narrative therapy work realized they had experienced significant trauma and began making substantial progress within two to three sessions." The program offers

both virtual and in-person services, with increasing requests for in-person delivery, and cross-promotes with other Center programs including monthly support groups and clothing swaps.

Capacity and Organizational Challenges

The most significant challenge faced by the counseling program that was identified was having only one LCSW supervising four to five interns while maintaining their own substantial caseload. This creates "a strenuous workload for the supervisor and limits the program's ability to serve all community members who express a need for services." One former intern noted waiting lists of up to six months, though the supervisor indicated at the time of the interview that they currently do not have a waitlist.

Client retention policies contribute to capacity constraints, with both former interns observing that "clients often remain in services for extended periods (sometimes years), limiting availability for new clients." The lack of clear session limits or graduation policies contributes to this challenge. However, because of the scarcity of 2SLGBTQIA+-affirming therapists in the area, this is a difficult challenge to address.

Infrastructure and Data Collection Gaps

Interviewees identified several infrastructure needs, including the need to explore medical insurance billing capabilities to "provide new opportunities for growth and financial sustainability, reducing the organization's reliance on grant funding." Additionally, interviewees noted that additional data collection would make it easier to systematically track client outcomes and satisfaction.

Policy development needs were identified, including establishing clear policies around session limits, treatment duration, and client behavior management, including instances of missed appointments and inappropriate conduct.

Community Context and Recommendations

The interviews revealed that community stress and anxiety levels have increased significantly throughout Phase II, with particular challenges related to changes in the political climate affecting 2SLGBTQIA+ individuals. The Center serves as one of the few 2SLGBTQIA+-affirming mental health resources in the area, creating both high demand and significant responsibility.

Recommended improvements to the mental programming and internship program included hiring an associate-level clinician or additional LCSW to expand service capacity, establishing clearer treatment policies while being sensitive to limited community

alternatives, developing medical insurance billing capabilities, implementing boundary and safety policies, and reestablishing systematic feedback collection.

The counseling program demonstrates strong clinical quality and meaningful community impact through expert supervision and 2SLGBTQIA+-affirming therapeutic approaches. However, it faces significant sustainability challenges related to capacity constraints with a single supervisor managing multiple interns and substantial caseloads, organizational instability from leadership transitions, and infrastructure gaps including billing capabilities and outcome tracking. Strategic expansion of staffing and organizational stability will be necessary to meet growing community mental health needs without overwhelming existing clinical staff.

Synthesis of Findings

The results of the quantitative and qualitative data collected reveal both strong convergence around community-building successes and concerning divergences regarding resilience and accessibility challenges.

Areas of Convergence

Community Connectedness and Belonging: Quantitative survey data and qualitative findings across all focus groups demonstrate remarkable convergence regarding The Center's success in fostering community belonging. Survey data shows 90 percent of respondents agree that they feel like community members, while qualitative findings consistently describe The Center as "welcoming" and fostering "lasting friendships that extend beyond the physical Center." This convergence across methods and participant groups provides strong evidence of The Center's community-building effectiveness.

Staff Cultural Responsiveness: Data triangulation reveals unanimous positive perceptions across all sources. Survey data shows 91–100 percent of respondents strongly agreeing that staff respect their diverse identities, while focus group participants across age groups consistently praised staff for "making everyone feel welcome" and respecting cultural differences. This convergence strengthens confidence in The Center's cultural competency achievements.



Transportation as Primary Barrier: Qualitative findings demonstrate complete convergence across youth and adult focus groups in identifying transportation as the most significant participation barrier. Youth participants described "20 minutes plus having to walk 15 minutes from the bus stop," while adults characterized Bakersfield's bus system as "terrible," with service ending at 6:00 p.m. This consistent finding across participant groups indicates a systematic accessibility challenge.

Areas of Divergence

Resilience and Coping Capacity: A concerning divergence emerges between quantitative resilience measures and qualitative descriptions of personal growth. While survey data reveals that 64–80 percent of respondents report limited confidence in handling stress and recovering from setbacks, qualitative findings emphasize personal development, with participants describing becoming "a lot more social" and "more comfortable speaking up." This divergence suggests either measurement limitations or that The Center's community-building benefits may not translate to broader stress management capabilities.

Mental Health Service Access: Divergent perspectives emerge regarding mental health service availability. The clinical supervisor reported no current waitlist, while focus group participants described "quite the waitlist" and "a long waiting period before they hire somebody for the next internship." This divergence may reflect temporal differences in data collection, different definitions of accessibility, or communication challenges, requiring further investigation.

Gender Identity Pride: A significant divergence appears in survey data regarding gender identity, where 60 percent reported positive attitudes about their gender identity but only 10 percent claimed to feel proud of it. This internal inconsistency within the quantitative data warrants further exploration and suggests potential measurement issues or complex identity dynamics not captured in qualitative findings.

Method-Specific Insights

Quantitative-Only Findings: Survey data uniquely revealed the concerning resilience gaps and mixed future outlook (only 55% expecting quality of life improvements), patterns not explicitly discussed in focus groups. This suggests participants may not spontaneously identify these challenges as priorities.

Qualitative-Only Findings: Focus groups uniquely identified organizational instability impacts, specific programming preferences (structured vs. open format), and detailed suggestions for improvement. Interview data alone revealed the extent of capacity strain on the clinical supervisor and infrastructure gaps.

Key Findings Related to Evaluation Questions

Evaluation Question 1: Program Implementation and Challenge Resolution

Implementation Fidelity: While data sources confirm successful core program delivery, challenges with evaluation data collection make it difficult to determine the degree to which all programs were implemented with fidelity.

Organizational Stability Impact: Qualitative findings uniquely reveal that implementation was significantly disrupted by multiple executive director transitions, creating "reduced access to clinical supervision" and worker uncertainty about job security. Quantitative data did not capture the changes in leadership, highlighting the value of qualitative methods for understanding the full context of what was happening organizationally, and the impacts on programming and staff.

Challenge Resolution Capacity: Mixed evidence emerges regarding challenge resolution. A focus group participant noted improvements over "the last three years," but persistent barriers (transportation, communication, scheduling) suggest systematic challenge resolution mechanisms may need strengthening.

Evaluation Question 2: Prevention of Mental Health Problems and Quality of Life Outcomes

Identity-Related Mental Health: Strong convergence across methods supports The Center's success in identity affirmation, with 100 percent of survey respondents expressing positive 2SLGBTQIA+ attitudes and qualitative findings consistently describing authentic self-expression opportunities. This represents a successful prevention of mental health problems among Center participants related to identity-related distress.

Stress Management and Resilience: Critical divergence emerges between methods. Survey data reveals concerning patterns with most respondents reporting limited confidence in stress management and difficulty bouncing back from hardships. However, qualitative findings emphasize personal growth and increased confidence. This divergence suggests The Center may successfully address identity-related challenges while gaps remain in broader resilience building.

Quality of Life Complexity: Survey data shows only 55 percent expecting future quality of life improvements, while qualitative findings emphasize meaningful relationships and personal development among Center participants. This divergence may reflect different conceptualizations of quality of life or temporal perspectives not captured across methods.

Evaluation Question 3: Inclusivity and Awareness of Community Diversity

General Inclusivity Success: Strong convergence demonstrates The Center's inclusivity achievements, with survey data showing overwhelming respect for staff across identity dimensions and qualitative findings, and consistent praise for the welcoming atmosphere at The Center.

TGNC-Specific Gaps: Qualitative findings reveal divergences within the community regarding transgender inclusion. While survey data shows positive attitudes overall, a focus group participant specifically noted that "there aren't many trans feminine people that show up" and described a transgender woman being "afraid she'd be the only trans woman there." This qualitative insight highlights one inclusion gap not captured in quantitative measures.

Intersectionality Awareness: Qualitative findings uniquely reveal intersectionality needs, with participants noting "my queerness is piggybacking on my blackness so the inclusivity comes from my blackness first." This insight emerged only through a focus group discussion, demonstrating the value of qualitative methods for understanding complex identity dynamics.

Evaluation Question 4: Cultural Competency Training and Provider Development Impact

Qualitative Training Quality: Interview data show the effectiveness of training, with one former intern praising the clinical supervisors training opportunities offered, and noting their own enhanced ability to serve 2SLGBTQIA+ clients in subsequent employment as a result. This suggests high-quality training delivery, and also an opportunity for greater systematic assessment of this measure.

Sustainability Challenges: Interview findings uniquely reveal training program sustainability concerns, including supervisor overload and short intern tenure periods, challenges not captured through other methods.

Additional Cross-Cutting Findings

The Identity Affirmation-Resilience Paradox

Data triangulation reveals a central paradox: while The Center demonstrably succeeds in fostering identity affirmation and community belonging (evidenced through convergent positive findings across all methods), participants show concerning gaps in personal resilience and stress management (revealed primarily through quantitative measures). This pattern suggests The Center's community-building model may need expansion to include explicit resilience skill development.

Accessibility Equity Concerns

Convergent qualitative findings across all focus groups identify systematic barriers that create differential access patterns. Transportation limitations, scheduling conflicts with work obligations, and communication gaps disproportionately affect community members with economic constraints or non-traditional schedules. These barriers are not captured in survey data from current participants, highlighting potential selection bias in quantitative measures.

Capacity-Demand Mismatch

Triangulated findings reveal concerns about capacity constraints across many program areas. Mental health services face supervisor overload and potential waitlists, while programming demands and interests among both youth and adult community members exceed current offerings. This pattern appears consistently across data sources, indicating systematic under-resourcing relative to community need.

Safety-Visibility Balance

Qualitative findings uniquely reveal the complex navigation required in Bakersfield's conservative context, where The Center's discrete location provides necessary safety while maintaining accessibility. This insight emerges only through participant discussions and highlights environmental factors not captured in the local core survey.

Discussion and Conclusion

The evaluation of The Center for Sexuality and Gender Diversity's RISE program reveals a complex picture of both remarkable success and significant challenges in serving the 2SLGBTQIA+ community in Bakersfield, California. The findings demonstrate that The Center has successfully established itself as a vital community resource that effectively addresses identity-related mental health concerns while simultaneously revealing critical gaps in broader resilience support and systemic accessibility barriers.

The most striking finding is the identity affirmation-resilience paradox identified through data triangulation. While The Center demonstrates exceptional success in fostering 2SLGBTQIA+ identity acceptance (100% positive attitudes) and community belonging (90% feeling like community members), participants show concerning deficits in stress management and recovery capabilities (64–80% reporting limited confidence in handling stress). This paradox suggests that while community-based identity affirmation effectively prevents identity-related mental health problems, it does not automatically translate to broader psychological resilience skills.



The convergent identification of transportation barriers across all participant groups represents a critical finding regarding health equity and access. The systematic nature of this barrier—affecting both youth and adults, with specific details about bus route limitations and walking distances—indicates that geographic accessibility functions as a

significant determinant of who can benefit from The Center's services. This finding aligns with broader health equity literature demonstrating how transportation barriers disproportionately affect marginalized communities and create differential access patterns.

The divergent perspectives on mental health service availability between clinical staff and community members warrant particular attention. While staff reported no current waitlist, focus group participants described significant wait times and continuity challenges. This discrepancy may reflect temporal differences in data collection, varying definitions of accessibility, or communication gaps between service providers and community members. Such divergences highlight the importance of multi-stakeholder evaluation approaches in capturing the full complexity of service delivery.

Cultural Importance and Value of Findings

These findings hold profound cultural significance within the context of Bakersfield's historically anti-2SLGBTQIA+ environment. The documented success in creating safe, affirming spaces where 100 percent of participants express positive 2SLGBTQIA+ identity attitudes represents a remarkable achievement in a region with a documented history of 2SLGBTQIA+ violence, discrimination, and exclusion. The historical context provided in this evaluation—including the murders of eight gay men between 1978 and 2002, the use of 2SLGBTQIA+ "panic" defenses in trials, and the conservative political climate, with 75 percent supporting Proposition 8—underscores the cultural importance of The Center's identity affirmation work.

Participants consistently describe The Center as fostering "lasting friendships" and providing space to "be yourself." This takes on heightened significance given the documented isolation and community rejection historically experienced by 2SLGBTQIA+ individuals in the area. The cultural value extends beyond individual mental health outcomes to represent community healing and resilience building in the face of systemic oppression.

However, limited qualitative findings show that transgender feminine individuals are underrepresented and may indicate ongoing cultural barriers within the 2SLGBTQIA+ community. This finding reflects broader patterns of marginalization within 2SLGBTQIA+ spaces and highlights the ongoing cultural work needed to ensure true inclusivity across all identity intersections.

Practical and Theoretical Importance of Findings

From a practical standpoint, these findings provide actionable insights for community-based 2SLGBTQIA+ service providers, particularly those operating in conservative regions. The successful community-building model demonstrated by The Center offers a replicable framework for fostering identity acceptance and belonging. The specific programming elements identified as most effective—facilitated workshops, community mixers, and peer-led activities—provide concrete guidance for program development.

The transportation barrier findings have immediate practical implications for program accessibility. The specific details provided—13-minute walks from bus stops, service ending at 6:00 p.m., financial constraints affecting transit expenses—offer precise intervention targets, such as carpooling coordination, route mapping, and shuttle services.

These findings contribute to understanding how community belonging relates to individual resilience in marginalized populations. The identity affirmation-resilience paradox challenges assumptions that community connection automatically translates to broader coping capacity, suggesting the need for more nuanced theoretical models that distinguish identity-related resilience from general stress management capabilities.

The findings also contribute to minority stress theory by demonstrating how community-based interventions can effectively address identity-related stressors while revealing that broader environmental stressors may require additional intervention approaches. The success in identity affirmation combined with ongoing resilience gaps suggests that community member's stress operates through multiple pathways requiring differentiated intervention strategies.

Relationship to Previous Research and CDEP Goals

These findings align with established research demonstrating the mental health benefits of 2SLGBTQIA+ community connectedness, particularly for transgender and bisexual individuals who often experience unique forms of marginalization. The study's finding that The Center successfully creates affirming spaces supports previous research on the protective effects of community belonging for 2SLGBTQIA+ mental health outcomes.

However, the resilience gaps identified in this evaluation diverge from some previous research suggesting that community connection alone provides sufficient protective effects. This divergence may reflect the unique environmental stressors present in conservative regions like Bakersfield or may suggest that previous research has not adequately distinguished between identity-specific and general resilience factors.

Alternatively, the discrepancy could be due to the level of participation or engagement respondents had with The Center.

Regarding the original CDEP goals of reducing isolation, discrimination effects, and mental health problems among transgender and bi+ individuals, the findings present mixed results. The strong identity affirmation and community belonging outcomes suggest successful achievement of isolation reduction goals. However, the resilience gaps and the specific finding of transgender feminine underrepresentation may indicate that discrimination effects are not being fully addressed for all target populations.

The RISE program's emphasis on "strengthening personal coping skills and resiliency" appears partially successful based on qualitative reports of personal growth, but the quantitative resilience measures suggest this goal requires additional attention. This finding indicates that while the community-building foundation is strong, explicit resilience skill development programming may be needed to fully achieve CDEP objectives.

Recommendations for Future CDEP Implementation and Evaluation

Program Development Recommendations:

Integrated Resilience Programming: Develop explicit stress management and coping skills programming that builds upon the strong community foundation while addressing the identified resilience gaps. This programming should complement rather than replace community-building activities.

Transportation Equity Initiative: Implement comprehensive transportation support including carpooling coordination, shuttle services from transit centers, and virtual/hybrid programming options to address the universally identified accessibility barrier.

Targeted TGNC Inclusion: Develop specific outreach and programming strategies to address transgender feminine underrepresentation, potentially including targeted support groups and mentorship programs.

Intersectional Programming Expansion: Build upon the identified need for POC-specific programming by developing systematic intersectional approaches that address the complex identity dynamics revealed in qualitative findings.

Future Evaluation Recommendations:

Longitudinal Assessment: Implement longitudinal evaluation designs that can better capture temporal changes in resilience and community belonging over time, potentially resolving some of the divergences identified in this evaluation.

Multi-Stakeholder Validation: Develop systematic approaches for validating service availability and accessibility across multiple stakeholder perspectives to prevent the type of divergence identified regarding mental health service access.

Resilience Measurement Enhancement: Develop more nuanced resilience assessment tools that can distinguish between identity-specific coping and general stress management capabilities, potentially resolving the identity affirmation-resilience paradox identified in this evaluation.

Cultural Competency Training Assessment: Develop systematic assessment protocols for evaluation question 4 regarding provider training effectiveness, an area where this evaluation identified significant data gaps.

Study Limitations

Selection Bias in Quantitative Measures: The quantitative survey data represents only a small number of current participants who successfully access The Center's services, potentially excluding community members who face the accessibility barriers identified in qualitative findings. This selection bias may result in overestimation of positive outcomes while underestimating the prevalence of access barriers in the broader 2SLGBTQIA+ community. Future evaluations should include outreach to non-participants and systematically assess barriers among those who do not access services.

Temporal Misalignment Across Data Sources: The evaluation data were collected across different time periods, with some interview data reflecting experiences during organizational leadership transitions while other data reflect more stable periods. This temporal misalignment may contribute to some of the divergences identified, particularly regarding mental health service accessibility. Future evaluations should ensure synchronized data collection timeframes and explicitly account for organizational changes that may affect service delivery during evaluation periods.

Limited Provider Training Assessment: The evaluation included insufficient measures to adequately assess the effectiveness of cultural competency training and provider development activities (evaluation question 4). This limitation prevents comprehensive understanding of The Center's impact on expanding 2SLGBTQIA+-affirming provider capacity in the region. Future evaluations should include pre/post training assessments, follow-up surveys with training participants, and systematic tracking of provider behavior changes following training participation.

These limitations are inherent to community-based program evaluation and do not invalidate the findings but rather highlight areas where future evaluation efforts could

strengthen the evidence base. The mixed-method approach employed in this evaluation helped identify and partially mitigate some of these limitations through data triangulation.

Critical Take-Away Messages

Build on Community Success with Stress Management Skills

The Center has successfully created a welcoming community where 2SLGBTQIA+ individuals feel accepted and connected. This community belonging is essential for mental health. However, the evaluation shows that feeling accepted in the community does not automatically teach people how to handle stress and bounce back from difficult situations. While participants feel good about their 2SLGBTQIA+ identity, many still struggle with everyday stress management and recovering from setbacks. The Center needs to add programming that specifically teaches coping skills and stress management techniques while maintaining its strong community-building foundation. This combination of community support plus practical life skills training would better achieve the goal of preventing mental health problems.

Create Systematic Solutions for Systematic Accessibility Barriers

The universal identification of transportation barriers across all participant groups underscores that individual-level interventions alone are insufficient to address the accessibility challenges facing the 2SLGBTQIA+ community in Bakersfield. These systematic barriers—including transportation, scheduling, and communication obstacles—require comprehensive, structural solutions rather than placing the burden on individuals to navigate them alone. Addressing these challenges is not simply a matter of program improvement; it is a justice imperative that determines who can access life-improving and even life-saving services. The Center's continued growth and impact depends on its ability to evolve from a resource for those who can access it to one that proactively ensures equitable access for all who need it.

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