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## CALIFORNIA REDUCING DISPARITIES PROJECT

The California Reducing Disparities Project (CRDP) was established in response to former U.S. Surgeon General David Satcher's 2009 call for national action to address mental health disparities among minority populations. In California, CRDP became a statewide prevention and early intervention initiative aimed at reducing inequities in mental health outcomes through a community-driven approach.

CRDP focuses on five priority populations:

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

During Phase I, each population developed a community-participatory strategic plan to identify culturally appropriate strategies for improving access to care, service quality, and mental health outcomes.

In Phase II, launched in 2015, advanced this work through a \$60 million funding initiative by the California Department of Public Health's Office of Health Equity. The initiative supported community-based organizations to expand and evaluate culturally rooted mental health programs aligned with their communities' needs. Each organization received up to \$1.18 million to develop programs demonstrating "community-defined evidence of effectiveness."

The Phase II Extension began in 2022 and supported each organization with \$1.2 million over 3 years to continue to refine and evaluate CDEPs.

CRDP recognized that, while significant state funding from the Mental Health Services Act flows through mainstream public systems, few programs are tailored to meet the unique needs of CRDP populations. Many culturally grounded programs lack formal evidence bases despite being created by and for the communities they serve in response to systemic exclusion. CRDP sought to bridge this gap by validating and documenting the effectiveness of community-defined practices.

Through this approach, programs such as the Gender Health Center's (GHC) approach to care and serving the community through a variety of health initiatives have begun establishing formal evidence of effectiveness. The long-term goal is to increase access to sustainable funding and support the replication of culturally congruent mental health models across the state.



This report presents a comprehensive narrative description and program outcomes for GHC's Community-Defined Evidence Program - Mental Health Traineeships, which operates in Sacramento and supports trainees working with LGBTQIA+ individuals across the Greater Sacramento region and throughout California.

## SUMMARY FOR THE PEOPLE

In 2022, the Gender Health Center (GHC) remained one of the community-based organizations participating in the Phase II extension of the California Reducing Disparities Project (CRDP), a statewide initiative aimed at addressing mental health inequities within priority populations that included LGBTQIA+ communities. With support from the extension grant, GHC intended to strengthen its Community-Defined Evidence Program (CDEP). This comprehensive training initiative builds the behavioral health workforce's capacity to provide affirming, compassionate, and effective care for community members with a specific focus on serving LGBTQIA+ community members and those impacted by oppression-based trauma. The CDEP focuses on building provider competencies to reduce oppression-based trauma and mitigate mental health impacts stemming from systemic violence, including community disconnection, housing instability, educational disruption, depression, anxiety, and suicidality.

GHC's CDEP drives systems-level change by transforming institutional policies and mental healthcare provider training to better support the health and wellbeing of diverse Two-Spirit, transgender, gender diverse, and intersex people across the lifespan. The program strengthens access to quality, affirming mental healthcare for those impacted by the mental health impacts of trans-antagonism, cissexism, anti-Black racism, and heterosexism by cultivating a workforce of counseling trainees, doctoral interns, and community health workers who are equipped to deliver culturally attuned, humble, and ethical care.

Through strategic partnerships with local and distance-learning universities, GHC provides long-term (8–12 month) in-house internship/traineeship placements for Master's-level social work, marriage and family therapy, and counseling students, as well as doctoral-level practicum students. Additionally, beginning in September 2025, the GHC offered its first doctoral internship placement as a training consortium. The CDEP's learning model emphasizes intentional, progressive skill-building through direct engagement in both community and clinical contexts. This transformative training approach centers anti-oppression practices, critical reflection on power and privilege, and deep exploration of how the gender binary and social dysphoria intersect with experiences of gender dysphoria. Trainees participate in a hybrid model of in-person and virtual learning, receiving daily clinical guidance from GHC staff, weekly individual supervision from licensed volunteer mental health practitioners, and weekly group supervision and advanced training from GHC's Clinical Director and other licensed clinical supervisors. By cultivating a new generation of ethical and culturally humble mental health practitioners, the CDEP not



only expands the capacity of the behavioral health workforce but also advances health equity and resilience across LGBTQIA+ communities.

The GHC's CDEP has three primary goals: 1) Improve access to quality mental healthcare, 2) Bolster the capability of counseling trainees and doctoral interns to deliver culturally attuned, humble, and ethical service, and 3) Provide community members with diverse healing pathways. These goals are addressed through five program components:

1. Didactic & Experiential Counseling Training
2. Counseling Supervision
3. Counseling Sessions
4. Referrals & Advocacy
5. Community Outreach

The GHC's workforce development program entitled the "Mental Health Training Internship Program" provides an intersectional, interdisciplinary, critical training experience that addresses counseling trainees development of clinical and non-clinical competencies within a framework that emphasizes the following: a) Development of skills in providing Queer-informed narrative approaches, b) Awareness, knowledge, and skill development in Queer and Transgender liberation, d) the development of critical thinking & critical self-reflection praxis development. Students who participate in the program will develop an understanding of the unique psychosocial needs of Queer and Transgender persons, families, and communities, obtain strategies for community-based crisis intervention, practice harm reduction in clinical and community context, and receive comprehensive training in narrative therapy practices, while also learning to critically evaluate biases in the provision of services. The program also seeks to recruit and develop trainees who have direct lived experience navigating challenges with healthcare systems, navigating systemic oppression, and providing supportive guidance for intersectionality diverse people.

## INTRODUCTION TO GHC

Founded in 2010, the Gender Health Center (GHC) emerged from the vision of local allies and Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) community members who sought to create a safe and affirming space for transgender and gender non-conforming people. At a time when few programs addressed the unique health and wellness needs of transgender individuals, the GHC became a vital resource offering accessible, non-judgmental, and affordable counseling and support.

Since its founding, the GHC has continued to advance education, advocacy, mental health, and holistic health services for communities that have been historically inappropriately served and anchored in the principles of intersectional and healing justice. The GHC's programs address the diverse and interconnected health needs of Same-Gender-Loving, Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (SGL/2SLGBTQIA+) populations, with a particular focus on supporting transgender



and gender diverse people across intersections of race, culture, immigration status, ability, and socioeconomic background.

GHC's comprehensive services include counseling for youth, adults, families, and people in relationships; gender-affirming medical care, such as hormone therapy provided in collaboration with the University of California, Davis School of Medicine; and permanent hair removal through eleQTrospot, launched in 2025. The GHC also offers HIV and STI testing and operates a certified Syringe Services Program (SSP) as part of its harm reduction initiatives.

Beyond direct healthcare, GHC provides community-based cultural programming, gender health education for K–12 schools, corporations, hospitals, and health plans, and referrals to community support services. The Community Support Services Team provides medical appointment accompaniment, assisting community members in navigating healthcare access, food and housing access, and supporting identification documentation changes. The GHC maintains a medical-legal partnership with Legal Services of Northern California (LSNC) who provides assistance with legal name and gender marker changes and additional legal assistance with healthcare navigation.

The GHC also houses a robust Mental Health Training Program that prepares the next generation of culturally humble, healing-centered practitioners—including social workers, clinical counselors, marriage and family therapists, and clinical and counseling psychologists-in-training. In September 2025, the program expanded to include a Doctoral Internship in Health Service Psychology, developed in partnership with the Kindred Collective of Healing and Liberatory Traditions based in Santa Barbara, California. Counseling services for community members are provided by these counseling trainees, master's-level clinical associates, and doctoral interns under professional supervision.

The CRDP Phase I LGBTQ+ Population Report indicated a shortage of culturally competent mental health providers across the state of California. A number of empirical research study results indicate that mental health providers have received inadequate training in addressing the needs and concerns of Two-Spirit, transgender, and gender diverse (i.e., nonbinary, gender non-conforming, expansive, agender, etc.) community members.

Respondents on the 2022 United States Transgender Survey (USTS, 2024) that sampled 84,170 transgender adults and 8,159 youth (ages 16-17 years) nationwide indicated 24% did not see a doctor when they needed to in the last 12 months due to fear of mistreatment. Of those who saw a healthcare provider within the last 12 months, nearly half (48%) reported having at least one negative experience because they are transgender, such as being refused healthcare, being misgendered, having a provider use harsh or abusive language when treating them, or being physically rough. These types of negative experiences contribute to gender minority stressors that Testa & Hendricks (2012) described as common internal and external factors that impact trans, nonbinary, and gender non-conforming people based on



social context. These types of stressors and circumstances are also known as “social dysphoria” which highlights a specific constraining narrative that reinforces the experience of prejudice, discrimination, and harassment. Experiences of prejudice, bullying, physical violence, and harassment also contribute to heightened anxiety, depression, and suicidal ideation for transgender youth and adults. For example, research results revealed that for both trans women and trans men who have experienced physical and/or sexual violence were significantly more likely than those who had not had such experiences to report a history of suicide attempt and multiple suicide attempts (Testa et al, 2012).

Often, within clinical training programs mental health providers receive one multicultural diversity course that may or may not address the unique healthcare needs of Two-Spirit, transgender, gender diverse, and intersex people across the developmental spectrum. Even mental health providers who are more accustomed to working with binary transgender people may not have received education and training to work effectively with nonbinary clients (Rider, et al., 2019). Additionally, recent anti-transgender legislation passed in several states across the United States has sought to restrict access to healthcare, exclude transgender people from participation in recreation and athletics, prohibit the use of restrooms that align with one’s gender identity, and, in some cases, attempt to erase transgender people from U.S. history altogether. Also, trans-led organizations receive less grant funding and funding overall to address the impacts of social oppression and community violence placed upon transgender and gender diverse people. Given gaps in clinical training, cultural and political trans-antagonism and violence, and lack of funding support for trans-led community organizations, it is no wonder that transgender community members often experience harm within the counseling encounter and beyond. Systems and institutional transformation is needed to adequately address the health and wellness needs of our Two-Spirit, transgender, gender diverse community members. Emerging research that centers transgender and gender-diverse voices now conceptualizes gender dysphoria as encompassing both body-based and social dimensions (Galupo, Lindley, & Clements, 2025). A multidimensional conceptualization of gender dysphoria is informed by community-based frameworks that center the lived experiences of transgender and gender diverse people. It incorporates expansive and nonbinary understandings of gender, conceptualizing dysphoria as a continuous yet dynamic experience. This framework emphasizes the interrelation between embodiment and social context, situating the origins of distress within systems of gender normativity and minority stress (Galupo, Lindley, & Clements, 2025, p. XXX).

Additionally, practices that “signal safety” (Bennett & Clark, 2021) are needed within counseling relationships as clients and counselors and community workers work collaboratively to effectively address psychological, emotional, and social needs. This often involves mental health practitioners exploring and better understanding their own social status and identities as informed by ethnicity, socioeconomics, religion, gender, sexuality, and sociohistorical contexts. Internal, interpersonal, and systemic barriers like implicit bias, cisgender and heterosexual dominance, socioeconomic inequities, and the created social hierarchies that operate in conjunction with each other to shape both



practitioners' and individuals' experiences in mental health care. There needs to be more access to approaches to address not only clinician negative bias against gender and sexual minorities (McDowell, Goldhammer, Potter, & Keuroghlian, 2021), but also organizational and systems level changes to stop the mistreatment, scapegoating, and harsh treatment of transgender people.

Lastly, often amidst contexts of social oppression and violence, transgender, non-binary, and gender non-conforming community members throughout California, the United States, and across the world embody experiences of resilience, fortitude, and resistance (Avera, et al., 2015). Such an intensive focus on risk factors obscures the whole lives of SGL/2SLGBT+ persons and sights of joy, connection, and healing. It is also important that Queer and trans people are seen as whole and nuanced within their full lives and experiences and not just as victims within a cissexist society.

## Learning & Recommendations From CDEP Local Evaluation - Phase I

Insights from the prior local evaluation (January 1st, 2018 - June 30th, 2021) guided the design and priorities of the 2022–2025 extension, particularly in understanding the experiences of community members from diverse racial and ethnic backgrounds receiving counseling services at the Gender Health Center. The evaluation surfaced critical feedback about gaps in cultural and gender-competency among counseling trainees. Several participants reported feeling misunderstood or burdened with the responsibility of educating their counselors about gender identity and lived experiences. One community member shared, “My counselor was not very knowledgeable about gender and I ended up having to educate him, which took away from the time I was getting mental health care.” Another participant discontinued services for similar reasons, noting that their counselor “expected [them] to educate [the counselor],” which ultimately led them to stop seeking care.

Feedback from Black, Indigenous, and People of Color (BIPOC) community members further emphasized the need for greater representation among GHC’s trainee cohorts. During a focus group convened specifically for BIPOC participants, individuals expressed that the lack of racial and cultural diversity among counselors hindered their sense of connection and safety in the therapeutic process.

While GHC staff (who were predominantly transgender and nonbinary) were widely recognized for their cultural humility and community-centered approach, the evaluation results identified a need for enhanced foundational training, structured shadowing, and layered supervision to better support counseling trainees entering practice often for the first time and who may not have much community-rooted experience. These recommendations aim to ensure that all trainees possess the cultural and clinical readiness necessary to build meaningful therapeutic relationships and to prevent harm caused by unacknowledged gaps in understanding.



Participants also raised concerns about extended waitlists and abrupt transitions at the conclusion of counselors' internships, describing feelings of "abandonment" once their counselor's placement ended. These findings reinforced the importance of continuity of care and strengthened infrastructure to sustain client support beyond trainee turnover.

The internship program was originally designed to improve access and linkage to care, reduce the duration of untreated mental health symptoms, and expand the number of culturally competent providers serving LGBTQIA+ communities. Access to non-stigmatizing and gender-affirming care—particularly transition-related medical and mental health services—has been shown to reduce isolation, suicidality, and prolonged suffering. However, the local evaluation results from prior years revealed that while GHC's model increased access, additional investment in training and supervision was needed to ensure that counseling trainees could provide the depth and quality of care expected by the community. Community Advisory Board (CAB) members had also provided continued feedback from their experiences as clinical supervisors and persons referring community members to the Gender Health Center.

Through these insights, GHC continues to refine its approach to workforce development and building systems that not only expand access to care but also uphold the integrity, inclusivity, and healing potential of each therapeutic encounter.

## Evaluation Design & Methods

The overall evaluation approach is participant-oriented and utilizes qualitative methodologies (interviews and document and artifact review) aimed at providing rich descriptions of the Mental Health Training Program, provider training, and institutional policy changes and its impacts over a span of a 3 year period. The Counseling Program Managers, Director of Mental Health Services, Clinical Director, Community Advisory Board were all a part of developing the local evaluation and analyzing the information shared.

As a part of the evaluation method, interviews were conducted with key stakeholders in the program including Director of Mental Health, current counseling trainees, and GHC alumni. Brief surveys that include open ended questions were conducted with supervisors and counseling trainees. The local evaluator and the CAB assessed curriculum documents, competencies, handbooks. The evaluation explored the degree to which there is alignment between the policies, values, and approaches of the Gender Health Center and impact on community members' health and wellness and counseling interns development as Queer and Trans libratory providers. Seeking to provide feedback to address the primary goals of the CDEP and utilize the information to help inform program improvement and development.





Community members will have the opportunity to engage with the evaluation team and GHC staff to turn results into products for dissemination and use by the community to advocate for their own health care needs. The products could take the form of Youtube videos, printed documents that outline key evaluation findings and promising practices uncovered through the CDEP evaluation, or other formats as determined by the community.

## Evaluation Questions

- Did counseling trainees complete the Mental Health Training Program as intended?
- How prepared are counseling trainees to serve as providers of ethical, trauma-informed, culturally humble quality care with diverse Queer and Trans community members?
- What is an effective, organized, and systematic procedure for implementing workforce development practices throughout the agency?

## GENDER HEALTH CENTER'S COMMUNITY-DEFINED EVIDENCE BASED PRACTICE (CDEP) PURPOSE & DESCRIPTION

*"Even though I'm a baby therapist...I will always be grateful to the GHC for setting me up and educating me how to provide quality care to community members where they aren't getting it elsewhere."*

*- GHC Trainee*

### Purpose

The Gender Health Center's Community-Defined Evidence-Based Practice (CDEP) focuses on systems-level change—such as institutional policies and mental healthcare provider training—to better support the health and well-being of Two-Spirit, transgender, gender diverse, and intersex individuals across the lifespan. Complementing this, the Mental Health Training Internship Program develops the next generation of gender-liberatory, healing-centered mental health providers through an intersectional, interdisciplinary, and critically informed training experience that combines clinical and community-based competencies.

The GHC's CDEP has three primary goals:

1. Improve access to quality mental healthcare.



2. Bolster the capability of counseling trainees and doctoral interns to deliver culturally attuned, humble, and ethical service.
3. Provide community members with diverse healing pathways.

These goals are addressed through five program components: Didactic & Experiential Counseling Training, Counseling Supervision, Counseling Sessions, Referrals & Advocacy, and Community Outreach.

Trainees receive comprehensive instruction, supervision, and practice within a framework that emphasizes:

- Development of skills in Queer-informed narrative therapeutic approaches;
- Awareness, knowledge, and practice grounded in liberation psychology;
- Critical thinking and self-reflective praxis to enhance ethical and culturally attuned care.

Participants gain a deep understanding of “extended self-as-therapist,” the unique psychosocial needs, strengths, and resilience of Queer, transgender, and gender diverse people, families, and communities. Training includes strategies for community-based crisis intervention, harm reduction practices, and narrative techniques and approaches, while encouraging the ongoing examination of personal and systemic biases in care delivery.

The Gender Health Center’s Community Advisory Board (CAB) is an essential part of GHC's commitment to incorporating community feedback in service provision and organizational direction. Members of the CAB have the opportunity to guide the planning, development, and evaluation of the programs and services at the Gender Health Center. GHC CAB members have a say in ensuring our community members receive the highest quality care and serve as community accountability partners. The GHC’s CAB includes a diverse group of Queer and Trans community members who work closely with GHC staff and the local evaluator to identify and specify community-defined best practices in the provision of care within the community, help interpret evaluation findings, and participate as interviewers for staff and interns. The CAB met approximately once per quarter to discuss the local evaluation process and provide continued feedback throughout the evaluation.

To incorporate community based feedback, the program currently prioritizes the recruitment and development of counselors who have lived experience navigating and resisting anti-Black racism, trans-hostility and trans-antagonism, and who have an understanding of critiques of transnormativity reinforcing the principle of “nothing for us, without us.” By emphasizing healing-centered, trauma-informed, culturally responsive, and strength-based approaches, the program addresses significant gaps in the mental health workforce serving Two-Spirit, transgender, gender diverse, and intersex communities, while also addressing the feedback from community members who have critiqued their counseling experience.



Graduates of the program are supported through continued professional development opportunities, including supervision, continuing education, and professional leadership pathways. Through this structure, GHC ensures that trainees carry forward their learning beyond the internship year, strengthening the capacity and sustainability of the affirming mental health workforce. Currently, the Director of Mental Health, Counseling Program Manager, and the majority of volunteer clinical supervisors completed prior counseling practicum or Associate-level training at the Gender Health Center. These are considered “full circle moments” for folks who started their professional career journey at the GHC and were able to apply and earn roles on staff. Also, former GHC trainees also lead a monthly consultation space at the GHC to continue supporting their practices and growth.



Picture of GHC alumni and current staff at the International Narrative Therapy Conference in 2025

GHC’s systems transformation strategy is designed as a long-term initiative to support workforce development and establish career pathways for Queer and Trans mental health providers serving the community. Concurrently, the organization is engaging in a structured self-assessment process to ensure that its policies, procedures, and practices support the delivery of effective, culturally responsive, and healing-centered services. Through these efforts, GHC aims to serve as a model for other agencies seeking to provide ethical, high-quality care in partnership with diverse Queer and Transgender people, families, and ethnically diverse communities.



## CDEP Implementation

Between 2022 and 2025, the Gender Health Center undertook significant organizational and programmatic transformations to strengthen its Mental Health Department, expand professional training, and enhance services for Queer, Trans, and gender-diverse communities. Key leadership and staffing transitions eventually stabilized the department and supported growth, including hiring an Executive Director, a licensed marriage and family therapist as Director of Mental Health, and expanding clinical supervision training, onboarding, and support. The hybrid counseling training program was enhanced with new volunteer supervisors, innovative and diverse healing programs and groups such as Drop-in Counseling, Mindful Movement Group, Mindful Creations Group, Black Utopians Group, and Nature Therapy Group, and the launch of a Doctoral Internship Consortium, creating robust pathways for future Black, Indigenous, and People of Color mental health providers. GHC also expanded provider training and community impact through its development of on-demand cultural competency courses, workshops for colleges, social service agencies, and state organizations, and consultations with health plans and hospitals, reaching thousands of participants. Collectively, these initiatives advanced culturally responsive, gender-affirming care, strengthened professional development of trainees and supervisors, and positioned GHC as a model for inclusive mental health service delivery.

### Explanation of Program & Staffing Changes

#### 2022 Program & Staffing Changes

##### *Staffing Changes*

- New Director of Mental Health begins (February 2022)
- Co- Executive Director resigns (May 2022)
- Co-Executive Director involuntary resignation (August 2022)
- GHC's Board of Directors assumes responsibility for the organization (August 2022)
- Counseling Program Manager begins (September 2022)
- Mental Health Department includes Director of Mental Health, Counseling Program Manager, Clinical Training Director (contract), volunteer clinical supervisors.

##### *Mental Health Internships - On-the-Job Training, Education, or Technical Assistance*

- Conducted monthly supervision of supervision sessions
- Hybrid counseling training continues provided with 10 volunteer clinical supervisors available

##### *Provider Training*

- No outside agency provider trainings

#### 2023 Program & Staffing Changes

##### *Staffing Changes*

- Director of Mental Health resigns (May 2023)

#### 2025\_GHC Local Evaluation First Draft



- Counseling Program Manager promoted to Director of Mental Health (May 2023)
- Mental Health department includes Director of Mental Health (GHC staff), Clinical Training Director (contract), volunteer individual clinical supervisors, Associate group supervisors (contract)

#### *Mental Health Internships - On-the-Job Training, Education, or Technical Assistance*

- Hybrid counseling training program continues, onboarded one new volunteer clinical supervisor
- New off-boarding procedures implemented including a guide to therapy endings at the GHC
- Continued with monthly supervision of supervision sessions
- Conducted quarterly internal Town Halls with all GHC staff and volunteers invited (Quarterly)

#### *Formal Workforce Development - Mental/Behavioral Health Provider & Community Health Worker Trainings*

- No additional outside provider training

#### *2024 Program & Staffing Changes*

##### *Staffing Changes*

- New Executive Director tenure begins (March 2024)
- Director of Mental Health resigns (August 2024)
- Interim Director of Mental Health begins (September 2024)
- Counseling Program Manager begins (October 2024)
- Group Coordinator begins (October 2024)
- Mental Health department includes Director of Mental Health (GHC staff), Counseling Program Manager (GHC Staff), Groups Coordinator (GHC Staff), Clinical Training Director (contract), volunteer individual clinical supervisors, Associate group supervisors (contract)

#### *Mental Health Internships - On-the-Job Training, Education, or Technical Assistance*

- Hybrid counseling training program continues, onboarded 5 new volunteer clinical supervisors
- Introduced Trainee and Volunteer Awards Dinner (May 2024)
- Drop-in Counseling Sessions Begin (September 2024)
- Mindful Movement Group implemented
- Mindful Creations Group implemented

#### *Formal Workforce Development - Mental/Behavioral Health Provider & Community Health Worker Trainings*

- Consultations with health plans and compliance staff at hospitals begins (August 2024)
- Began production of a new on-demand cultural competency course aligned with SB-923 Trans-Inclusive Care Act training recommendations and CDEP best practices (December 2024)



- Cultural Competency Training - *Effectively Working with Transgender, Nonbinary, Gender Diverse, and Queer BIPOC Students* for local community college mental health providers - approximately 35 providers trained.

## 2025 Program & Staffing Changes

### *Staffing Changes & Updates*

- Interim Director of Mental Health appointed to Director of Mental Health (January 2025)
- Peer Ambassador & Legislative Advocate contracted (January 2025)
- Website overhaul (March 2025)
- Group Coordinator position ended (May 2025)
- Mental Health department includes Director of Mental Health (GHC staff), Counseling Program Manager (GHC Staff), Clinical Training Director (contract), Peer Advocate (contract), volunteer individual clinical supervisors, Associate group supervisors (contract)
- Funding for Mental Health department threatened and advocacy at the Capitol at the Senate Budget Committee on Health (May 2025)

### *Formal Workforce Development - Mental/Behavioral Health Provider & Community Health Worker Trainings*

- Cultural competency training - *Transforming Workplaces* - for a large state agency completed (February 2025) - over 500 non-clinical people trained
- Cultural competency training - *Building Resilience & Belonging Across Gender Spectrums* - for local social service agency completed (February 2025) - over 50 Mental/Behavioral Health Workers
- Free monthly/quarterly continuing education workshops introduced (March)
  - 3 free continuing education (CE) workshops completed (March, April, May) - 29 Mental/Behavioral Health Workers
- *Supporting Gender Expansive Community Members, Clinical Practice with Gender Expansive Youth & Their Families, & Gender Health Evaluation Training* for a group clinical practice completed - approximately 50 Mental/Behavioral Health Workers (June 2025)
- Completed an online, on-demand course for distribution to health plans, hospitals, and other organizations, *Improving Care Practices For Transgender, Gender Diverse, and Intersex Community (March 2025 - present)* - thousands of Mental/Behavioral Health Workers
- Consultation with health plans related to trans-inclusive care practices (January - Present)

### *Mental Health Internships - On-the-Job Training, Education, or Technical Assistance*

- Hybrid counseling training continues, onboarded two new volunteer clinical supervisors
- Moved to quarterly supervision of supervision sessions with weekly consultations with the Director of Mental Health
- First ever Nature Therapy group implemented by a counseling trainee





- Launched Black Utopians Group, co-facilitated by GHC Psychology Associate & Peer Advocate (January 2025)
- Doctoral internship consortium begins (September 2025)
- Parents of Trans Individuals Clinical Group resumes (October 2025)

## GHC Counseling Trainees

During the Phase II extension, the Gender Health Center's Mental Health Training Program supported a total of 52 counseling trainees, including both practicum students and associate clinicians. The program operates across three training cycles: Fall (August/September–December), Spring (January–May), and Summer (June–August). Each cycle typically includes 2–3 associate clinicians who have completed their master's degrees and are accruing licensure hours, along with 8–16 practicum students pursuing master's or doctoral degrees in health service professions. This results in an average of 10–18 counseling trainees per cycle, with Summer placements generally being smaller in size. Of all students who began the program, 2 prematurely ended the internship for personal reasons.

As part of the GHC onboarding process, all counseling trainees were invited to complete pre-internship surveys designed to assess their initial experiences and self-evaluation of foundational professional competencies. Participation in these surveys was voluntary, and respondents were not required to provide demographic information if they chose not to.

Among the counseling trainees who completed pre-internship surveys, the majority (68%,  $n = 36$ ) were new to the counseling field, having provided professional counseling services for less than six months. A smaller proportion (17%,  $n = 9$ ) reported more than two years of counseling experience.

In terms of education, 62% of trainees had completed some graduate-level coursework, while 28% had earned a master's degree. The most common program of study among trainees was Marriage and Family Therapy (57.7%), followed by Social Work (21.2%), and doctoral programs in Clinical or Counseling Psychology (14%), including both Ph.D. and Psy.D. candidates.

Demographic data reflect the diversity of GHC's training cohort. Among respondents who chose to disclose their racial or ethnic identity, 40.5% identified as White/Caucasian/European, 24% as Hispanic/Latine, 14.3% as Black or African American, 12% as Asian/Asian American, and 7.1% as Multiracial or Multiethnic. Regarding gender and sexual identity, 37.14% identified as transgender, gender non-conforming, trans femme, or trans masc, and 82.86% identified as Queer, Same-Gender-Loving, Gay, Lesbian, Bisexual, or Pansexual. Gender identity among trainees has been consistently diverse over the past three years. Cisgender women, non-binary, and gender non-conforming identities are the most common each year. In 2025, cisgender female and gender non-conforming identities were equally represented (27% each), with non-binary, male, transgender, and



queer identities also present in smaller proportions. This shows a diverse range of gender identities and sexual orientations among GHC trainees, with strong representation of queer and non-cisgender identities.

Through the Phase II extension, the Gender Health Center hosted counseling trainees from 14 universities, representing programs in Social Work, Marriage and Family Therapy, Counseling Psychology, and Clinical Psychology. The GHC also supported Associate Clinicians as they accrued hours toward licensure. The GHC currently maintains active Memoranda of Understanding (MOUs) with over 20 universities across California and the United States. In 2025, GHC launched a new doctoral internship consortium in partnership with the University of California, Santa Barbara's Hosford Specialty Clinic—*Kindred Collective of Healing & Liberatory Traditions*. Through this consortium, a doctoral intern divides their time between the GHC and the Kindred Collective, engaging in both clinical services and community-based advocacy work.

## Recruitment & Interviewing for the Counseling Traineeships

Prior to the Phase II extension, the GHC strengthened its counseling trainee recruitment processes by implementing more rigorous and inclusive standards. The revised process requires applicants to submit a cover letter, résumé, and professional references, followed by a structured interview with Mental Health Department staff. Candidates are evaluated using a standardized rubric and selected based on established acceptance criteria. Acceptance rates typically range from 15% to 23%. For example, during the Spring 2025 training cycle, 14 applicants applied for GHC mental health internships and traineeships. Ten applicants were invited to interview, nine attended, and three were offered and accepted positions. Applicant motivations varied, including gender-expansive and queer individuals seeking to give back to their communities, as well as some applicants perceived by staff as demonstrating performative allyship to secure a practicum placement.

The Phase II extension further encouraged GHC to expand its recruitment reach and ensure that all materials and practices were intentionally inclusive of Black, Indigenous, and People of Color (BIPOC), as well as transgender and gender-diverse counseling trainees. By maintaining a hybrid training model, GHC successfully recruited participants from across California, increasing linguistic and cultural diversity and addressing community feedback on representation and accessibility. This approach also strengthened partnerships with universities offering LGBTQIA+ healthcare tracks in Southern California, connecting GHC with students committed to serving transgender and gender-diverse communities.

As one trainee reflected on their interview experience:

- *"I could tell that GHC was different because I was being asked about racism, structural oppression, and power and privilege. I realized that this wasn't just a counseling position—it was about engaging deeply in the kind of justice-centered work I want to do."*





## GHC Group & Individual Supervisors

Due to current funding limitations, the GHC does not employ paid individual clinical supervisors. Instead, GHC relies on licensed mental health providers who volunteer their time to supervise trainees. The GHC's policy for its clinical supervisors is well aligned with the California Board of Behavioral Sciences (BBS) standards for supervising associate clinicians. Specifically, GHC requires supervisors to be licensed for at least two years before supervising, to complete the mandated 15 hours of initial supervisor training, and to engage in 6 hours of continuing supervisor training every renewal cycle. The policy also addresses record-keeping of credentials, which supports oversight and compliance. To fully ensure compliance, GHC also verifies that supervisors supervision agreements, establish procedures for crisis and emergency contact, and conducts regular formal evaluations of supervisees as described in the BBS regulation. (§ 1871(a)(1)(D)–(H)).

Most of the GHC's clinical supervisors practice independently or in group settings, work at community mental health agencies, and some serve as professors at local universities. Among the current individual supervisors, six previously completed clinical associate hours or practicum placements at GHC prior to obtaining licensure. All clinical supervisors are at least two years post-licensure.

In Fall 2023, volunteer clinical supervisors were surveyed regarding their training experiences and preparation for supervision. Of the seven respondents, most reported receiving training in social justice-informed clinical practice and in writing letters supporting medical gender transition ( $n = 5$ ). However, gaps were identified in comprehensive clinical supervision training. To address this, the Director of Mental Health used CRDP grant funds to provide a stipend for supervisors to complete formal Clinical Supervision training. Additionally, some universities offer up to six free continuing education hours for supervisors overseeing graduate students and supervisors connected with these resources.

Since 2025, GHC has partnered with the Gender Health Training Institute to provide further support through care consultations and didactic training experiences with other providers who work with similar communities. Supervisors have expressed interest in additional training focused on working with transgender youth and their families, navigating cultural and religious intersectionality, and supporting community members across diverse relationship structures. During the 2024–2025 school year, the Counseling Program Manager and Director of Mental Health Services revised the CORE Training curriculum to incorporate the requested topics. By offering these pre-recorded online trainings with free continuing education (CE) credits, GHC strengthened supervisor competency, enhanced the quality of supervision, and ensured that supervisors could apply this knowledge in care consultation sessions to better support trainees and improve community member care outcomes.

To standardize and strengthen engagement with volunteer clinical supervisors, a comprehensive Clinical Supervisor Handbook was refined in collaboration with one of the former Directors of Mental Health and



a local evaluator. In Fall 2023, the Counseling Program Manager transformed the handbook into a web-based resource, centralizing access to supervision expectations, forms, and additional guidance. This platform provides consistent support to clinical supervisors and has evolved into a comprehensive suite of resources to enhance supervisory practice and trainee development at GHC.

## DIDACTIC & EXPERIENTIAL TRAINING

To learn more about and assess the GHC's training, all course syllabi, research articles, training materials, narrative artifacts were analyzed and the Director of Mental Health was interviewed to better understand the content and the creation process that helped to inform all didactic and experiential training experiences. Exit interviews with counseling trainees were also conducted by the local evaluator to determine trainees assessment of their entire clinical training program experience.

The Community Advisory Board met to discuss the core competencies of the trainees completing the training and used their knowledge of transgender healthcare and navigating healthcare systems to inform their reflections.

The GHC's hybrid (i.e., virtual and in-person) didactic and experiential training series consists of 3 complementary experiences: 1) CORE Training (foundational knowledge and skills in gender affirming care and basic GHC on-boarding), 2) Letter Writing Training & Interviews (practical skills for supporting access to medical gender transition), and 3) Narrative Seminar (deepening understanding of lived experiences and narrative approaches in therapy and community work)

### Training Program Learning Outcomes

1. Demonstrate understanding of trans-inclusive and gender-affirming care practices, integrating current professional standards from social work, psychology, and marriage and family therapy into clinical and community settings.
2. Apply critical and anti-oppressive frameworks to both community engagement and clinical practice, recognizing and addressing systemic barriers impacting transgender and gender-diverse people.
3. Identify and reflect upon personal and systemic biases, developing skills to increase self-awareness and empathy working alongside people with diverse gender identities and expressions.
4. Develop competency in treatment planning and goal setting that centers the needs and experiences of community members, ensuring care is affirming, accessible, and supportive.
5. Advocate effectively for social justice and equity, utilizing strategies for co-conspiratorship and allyship in both clinical and community contexts to reduce barriers to gender-affirming care, including surgeries and hormone therapies.



6. Employ compassionate, liberatory, and engaged approaches in therapeutic relationships, fostering empowerment and healing for members of diverse communities in alignment with ethical and professional standards.



## CORE Training

The Gender Health Center's (GHC) CORE Training Program provides foundational instruction to counseling trainees through a combination of asynchronous and in-person/virtual learning components. This series covers essential topics such as mandated reporting, suicide risk assessment using the Columbia Suicide Severity Rating Scale, and narrative therapy approaches to working with community members who experience distress related to suicidal thoughts. The CORE Training is designed as a decolonized learning space that centers collaboration, experiential learning, critical self-reflection, and community connection. Trainers encourage trainees to engage courageously with complex material and each other, fostering an environment where diverse perspectives are honored and dialogue is integral to the learning process. The training is intended to support an overall liberatory praxis for counseling trainees. During the Phase II extension, 52 counseling trainees successfully completed all CORE training modules, which included over 2,205 onboarding training hours.

CORE training is offered three times a year at the start of each training cycle and consists of 5-hour training a few days a week over the course of four weeks and includes homework for trainees to complete during off hours. All trainees must participate in the full 40 hours unless they have reasonable conflicts. The training incorporates multi-modal teaching styles, shadowing, modeling, including readings, group work and discussions, with an emphasis on case studies and role play to aid trainees' understanding of how to implement these theories and approaches in their work. Current and former community members and staff are also brought in to present about their own experiences providing and receiving counseling at GHC. During COVID-19 pandemic in-person restrictions, all training was held virtually. After restrictions were lifted, the training was conducted hybrid with some in-person sessions, in-person/Zoom synchronous sessions, and completing virtual sessions. In-house professional development placements as part of the CDEP lasted 8-12 months, typically 16-24 hours per week, depending on school contract.

Over the past eight years, the CORE Training has evolved significantly—from intensive in-person sessions to a fully virtual model during COVID-19, and more recently to a hybrid structure that integrates both synchronous and asynchronous components. The introduction of new leadership and expanded clinical and community oversight since September 2024 has strengthened program structure, curriculum development, and accountability. Updated materials now include modules on intersectionality, power, and social oppression, providing trainees with an increased awareness of how systemic inequities influence both client care and practitioner development.

However, several challenges remain. Early exit interviews (Fall 2022–Fall 2023) revealed that many trainees felt underprepared to conduct intake sessions following CORE Training. Participants described difficulty applying theoretical concepts to practice, noting that while readings were “helpful and interesting,” they lacked guidance on “how to implement them within [their] practice.” Some trainees



also indicated that asynchronous formats limited opportunities for experiential learning and relational connection. One trainee reflected,

- “I know my situation was unique because I started over the summer so there weren't many people in the Gender Health Center...I did a lot of readings and watched a series of YouTube videos, but I never really got to sit down with someone to shadow a session or watch someone navigate [the electronic medical record]. I figured it all out...but at the start, it was a little bit alarming.”

A review of the 2022–2024 CORE curriculum further confirmed several content gaps. While transfeminine experiences were well-represented, transmasculine, Two-Spirit, and other gender-diverse perspectives were underdeveloped. Cultural representation was similarly limited, with most training materials authored by individuals of European American or White Canadian backgrounds. To address these inequities, GHC introduced new modules and guest trainers with lived experience across diverse racial, cultural, and gender identities. There was no mechanism to verify whether trainees had completed all components of the asynchronous training, aside from their self-reported confirmation via a checkbox on a shared file.

Despite these challenges, trainees consistently described the CORE Training and broader program environment as affirming, supportive, and transformative. As one participant noted, “How supportive the Gender Health Center is, how available they are, how much of the program is also centered around education and learning, and even unlearning, right?” Another shared, “I was able to unlearn that it’s okay to need support. It’s okay to ask if you need more time...This space definitely created the opportunity for that.” These reflections highlight the success of GHC’s trauma-informed and community-centered training model in fostering psychological safety, self-awareness, and ethical care practices.

## Recommendations and Next Steps

To build on existing strengths and address ongoing challenges with the CORE training, GHC has initiated several steps and identified future priorities:

- **Expand interactive learning opportunities** such as live case discussions, reflective teams, and shadowing sessions to improve skill integration.
- **Enhance cultural and gender diversity in CORE materials** by commissioning content from Black, Indigenous, Latine, and other trans and nonbinary educators and clinicians.
- **Increase structured onboarding and mentorship**, ensuring all trainees—especially those starting off-cycle—receive consistent guidance and community connection.
- **Strengthen feedback loops between trainees and trainers** to ensure the curriculum remains relevant, responsive, and equitable.



These efforts reflect GHC's ongoing commitment to cultivating a critically engaged, culturally competent, and community-grounded counseling workforce.



## Letter Writing Training & Interviews

One of the most important services GHC counselors provide to transgender, non-binary, and gender non-conforming community members is writing letters of support for gender-affirming surgeries and hormone therapy. These letters play a vital role in reducing barriers to medically necessary, life-affirming care. The GHC's approach emphasizes facilitation and accessibility rather than gatekeeping, focusing on supporting each community member's preparation for transition-related care and fostering holistic wellness and recovery. During the local evaluation assessment period (Fall 2022 - Winter 2024), GHC providers completed 232 gender evaluation/letter assessments with the majority completed from January 1st - December 31, 2024 ( $n = 135$ ).

Counseling trainees and doctoral interns receive specialized training to conduct thorough and ethical clinical interviews and provide documentation support for community members pursuing medical gender transition, including hormone therapy and surgical procedures. All trainees complete approximately 11 hours of experiential training designed to build competencies in rapport development, clinical interviewing, and gender-affirming documentation. This training prepares practitioners to provide high-quality "Gender Health Evaluations," which include both documentation support and a Gender Journey Wellness Report (Coté, 2024) for community members. Although all counseling trainees receive specialized training, only providers who have completed at least a master's degree in a clinical discipline and are either licensed mental health professionals or under the supervision of one are authorized to complete the final documentation. Training modules are led by the Director of Mental Health (licensed marriage and family therapist), Counseling Program Manager (associate clinical social worker), and, at times the Executive Director (psychologist), who have extensive training and education in transgender healthcare. This curriculum was refined in August 2024 and was completed at the beginning of 2025.

The training sequence consists of 3-hour asynchronous modules and several experiential learning components. The module covers:

- The history of medical gender transition and current WPATH Standards of Care.
- Hormone and surgical options for community members seeking gender-affirming care.
- Considerations when working with youth, adolescents, and non-binary individuals.
- Best practices for gender-affirming clinical interviews and letter writing.
- Ethical, psychological, and practical aspects of readiness assessments for gender-affirming care.
- Discussing the differences between letters of support and gender health evaluations and the roadblocks and stigmas that are often faced by gender expansive people seeking access to specific types of medical care.

Beyond training GHC's in-house counseling trainees, the Mental Health staff also delivered an abbreviated two-hour Gender Health Evaluations training to approximately 50 mental health providers serving Butte, Yuba, Sutter, and Nevada counties. Ten volunteer clinical supervisors also completed the 2-hour Gender Health Evaluation training.



All people who complete the training were invited to evaluate training outcomes and the following narratives were shared:

- Outstanding! It was all great!
- I appreciated the [Counseling Program Manager's] lived experiences to help bring concepts to life. Things were clearly explained by both [Counseling Program Manager] and [Director of Mental Health].
- I really enjoyed the course. I really appreciated the lived experiences that were shared.
- Great information about the evaluation process, guidelines, and expectations for all clinicians
- The information regarding the purpose of the wellness evaluations and why it is important to provide assessments to make sure the community member is safe and well prior to their procedures and afterwards was well done.
- Great!





## Narrative Seminar

The Narrative Group Seminar is a graduate-level training offered to all GHC counseling trainees and Associate practitioners who have not previously completed formal training in Narrative Therapy. It is a required component of counseling and community work. The seminar meets for 2 hours per week during the Fall and Spring semesters (approximately 24 sessions per year) and is conducted virtually to accommodate both in-person and remote trainees. The seminar provides a comprehensive exploration of Narrative Therapy concepts and tools, emphasizing their application with diverse children, families, and adults across a variety of clinical modalities and settings. Each semester includes a detailed syllabus, assigned readings, and supplementary materials to guide learning and practice. The Fall semester focuses on Introduction to Narrative Practices, offering foundational knowledge and skills. The Spring semester expands upon this foundation through Advanced Applications of Narrative Practice. Sign-in sheets for counseling trainees indicated that counseling trainees completed over 85% of the Narrative Seminar sessions in their entirety.

Participants include counseling trainees ranging from first-year Master of Social Work students to doctoral interns and Associate-level practitioners completing their clinical practicum at GHC. Volunteer clinical supervisors are also invited to participate to deepen their understanding of narrative approaches and enhance their capacity to support trainees.

Seminar sessions begin with an overview of Narrative Therapy through a culturally humble and social justice lens. Instruction incorporates a range of experiential learning methods, including small group activities, case discussions, clinical demonstrations, videotaped therapy sessions, and live counseling interviews. A key emphasis of the seminar is on the intersection of Narrative Therapy and queer theory, highlighting applications within queer and transgender communities.

Participants engage in topics such as:

- Trans-inclusive and gender-affirming care
- Critical and anti-oppressive practice
- Practitioner self-awareness and implicit bias navigation
- Treatment planning and collaborative goal setting
- Social justice advocacy and co-conspiratorship

By the end of the seminar, participants are expected to leave with a diverse set of narrative tools, interventions, and reflective practices to integrate into their clinical work with clients and community members. The seminar is primarily facilitated by GHC's Clinical Director, who brings over 30 years of experience in clinical supervision and teaching, and more than 15 years of experience supporting transgender and gender diverse communities. Guest presenters from around the world—including Mexico, Canada, Australia, and Japan—contribute to the seminar, enriching the learning experience with



diverse cultural and clinical perspectives.

## Narrative Therapy Seminar: Trainee Reflections and Implications

Counseling trainees consistently reported that narrative therapy seminars offered a distinct and impactful approach to clinical learning. One trainee reflected on the richness of narrative methods compared with traditional therapy, stating, “In traditional therapy it can be very clinical, it can be very, you’re just like almost like checking off boxes to ask questions. Where the narrative is so much richer and it’s almost like you’re, you know, unveiling a curtain slowly, slowly, slowly.” Trainees described narrative therapy as a vehicle for reflection, relational learning, and self-awareness. Participation in group exercises allowed trainees to observe peers’ clinical approaches, revealing alternative strategies and fostering critical thinking. One trainee emphasized the personal resonance of the methodology, noting, “I had read narrative radically, and I’m like, ‘Oh, I liked it. I liked the sound of it. This talks to me.’”

The use of narrative approaches supported trainees in differentiating their own perspectives from external expectations, enabling a more authentic and client-centered practice. As one trainee summarized, narrative methods helped her “separate [her] own voice from external pressures,” underscoring the potential for this framework to strengthen ethical, collaborative, and culturally responsive care practices.

These reflections suggest that narrative therapy seminars are not only effective for skill development but also foster deeper self-awareness, ethical reflection, and relational competence. The experiential and reflective components of the training enhance critical thinking, encourage individualized therapeutic approaches, and support trainees in engaging with clients in a more holistic and culturally attuned manner. Future training efforts could expand the use of peer reflection and experiential exercises to further strengthen these outcomes.

## COUNSELOR SUPERVISION

All counseling trainees at the Gender Health Center are required to participate in weekly supervision to meet professional training standards. Trainees receive a total of three hours per week, combining individual and group supervision. Doctoral interns are required to receive a minimum of four hours of clinical supervision weekly, with at least two hours conducted with a licensed psychologist. In addition, counseling trainees have the opportunity to engage in Reflecting Teams, a narrative practice approach that supports skill development through collaborative observation and feedback.

The GHC clinical supervisors semi-annually provide formal written evaluations of counseling trainees typically aligned with master’s and doctoral program requirements. GHC also provides a survey for supervisees to complete related to their experience with their supervisor and encourages trainees to



provide feedback to their clinical supervisors. The number of active clinical supervisors has grown steadily over time: nine in Fall 2023, nine in Spring 2024, eight in Summer 2024, ten in Fall 2024, and eleven in both Spring and Summer 2025. Typically, each clinical supervisor provides support for one trainee per year, contributing an average of seven hours per month in volunteer supervision. Clinical supervisors are accessible to trainees via phone, video conference, or text during clinical sessions. In-person supervision is also available for sessions conducted on-site at the GHC. Current licensed supervisory staff include the Executive Director, Clinical Training Director, Director of Mental Health, and a contracted Group Supervisor.

During the extension period, GHC implemented monthly survey check-ins for both group and individual clinical supervisors to monitor supervision processes and address emerging needs. These brief surveys, requiring approximately 1 - 2 minutes to complete, included questions about supervisory meetings, crisis-related concerns, and the use of outcome measures in supervision. Survey data indicated that 62.24% of volunteer supervisors managed one student per semester, while 21.68% supervised at least two students. Supervisors were also available for unscheduled consultation and crisis management as needed, though trainees accessed these services less frequently, approximately 27% of the time. Most supervisors (81%) reported reviewing FIT outcomes, including the Outcome Rating Scale (ORS) and Session Rating Scale (SRS), with their supervisees each month. The primary concerns documented in these surveys related to documentation and the timely completion of clinical notes, which were subsequently addressed by the Director of Mental Health or the Counseling Program Manager.

## Analysis of Supervision of Supervision Meeting Themes (September 2022 – January 2025)

In addition to completing monthly check-in surveys, clinical supervisors, the Clinical Training Director, and other GHC Mental Health staff conducted monthly supervision of supervision sessions. Over the course of meetings from September 2022 through January 2025, several consistent themes emerged that highlight the GHC's priorities in supporting clinical supervisors, counseling trainees, and community members. A central focus was on training and professional development, including both trainee and supervisor education. Supervisors consistently received guidance on queer-informed narrative and other advanced clinical tools for working with diverse populations. The development of trainees' clinical skills was reinforced through structured training programs such as the CORE curriculum, letter writing workshops, and crisis de-escalation training. Additionally, the introduction of monthly supervisor gatherings offering 1 CE hour, combined with case consultation and guest presentations, emphasized ongoing professional growth and engagement.

Additionally, supervisors routinely discussed check-ins regarding supervisees' confidence, professional growth, and management of complex care experiences with community members. There was a strong emphasis on reflective practice, including the use of video and audio recordings of sessions to enhance



skill development and supervision discussions. Care consultation remained a structured and integral component, particularly focused on LGBTQIA+ care and clinical supervision challenges.

Another recurring theme was clinical operations and documentation. Meetings frequently addressed the importance of accurate service coding, timely progress note completion, and compliance with agency and regulatory standards. Supervisors were provided guidance on intake procedures, documentation for self-consenting minors, and quality assurance processes, including audits of clinical records. These operational priorities are closely tied to program evaluation and outcome monitoring through tools such as the Session Rating Scale (SRS), Outcome Rating Scale (ORS), and monthly supervisor check-ins surveys. These measures create continuous feedback loops that inform training, supervision, and service delivery.

The meetings also emphasized client/community member and community-centered care, with consistent attention to culturally humble, gender-affirming services. Supervisors supported trainees in providing competent care to transgender, queer, BIPOC, and polyamorous community members while navigating systemic barriers. Safety and crisis response were key discussion points, including protocols for drop-in counseling, suicide prevention, and office safety. Supervisors were encouraged to integrate trainees into the broader community context, helping them connect community members to appropriate services beyond the therapy room.

Organizational updates and staffing considerations were also featured prominently. Meetings documented ongoing GHC leadership transitions, processes for recruitment of trainees and supervisors, and departmental coordination, reflecting the dynamic structure of GHC. Policies and procedures, including confidentiality, BBS licensing compliance, and safety protocols, were regularly reviewed to ensure ethical, legal, and operational standards are upheld.

In summary, the supervision of supervision meetings reflected GHC's holistic approach to program administration as they balance operational oversight, supervisor and trainee development, and community-centered, culturally competent care. The consistent attention to reflective practice, outcome evaluation, and policy adherence demonstrates a commitment to high-quality supervision and services. Collectively, these efforts support the agency's mission to provide quality, affirming, and effective mental health care while fostering the growth of both trainees and supervisors within a trans-affirming framework. Also, GHC continues to integrate these approaches in working with clinical supervisors beyond the extension period as they have embedded these practices in their ongoing work with supervisors. GHC moved from monthly meetings toward quarterly care consultations to provide more space for continuing education and training.

## Individual Supervision

As discussed, all counseling trainees are required to participate in weekly in-person or virtual individual supervision that lasts between 50 - 60 minutes per session. To understand if counseling trainees



completed supervision as specified attendance sheets were analyzed and monthly reports from clinical supervisors were also analyzed. Supervision was either individual or triadic (i.e., with one clinical supervisor and 2 counseling trainees). In individual supervision sessions, counseling trainees receive developmentally appropriate support that may include navigating anxiety and worry as a beginning counselor, working to uproot and challenge implicit bias that may negatively impact therapeutic alliance building, being supported in developing skills in Queer-Informed Narrative therapy and other counseling approaches, watching recordings of counseling sessions and receiving collaborative feedback from a supervisor, receiving feedback on counseling documentation, and assisting the counseling trainee with their overall development as a mental health provider. Counseling trainees completed 1946 individual supervision sessions, which equates to 1946 hours of individual clinical supervision.

## Clinical Supervision Assessment (2022–2025)

After six months of clinical supervision, counseling trainees are invited to evaluate their supervisors' engagement and effectiveness. Between 2022 and 2025, 24 trainees completed these evaluations. All respondents reported that their supervisors met weekly and utilized the full supervision hour, demonstrating consistency and commitment to structured supervision. Trainees unanimously agreed that supervisors fostered relationships characterized by trust, respect, and professional boundaries. Additionally, all trainees indicated that supervisors considered intersectionality in their work with community members, reflecting GHC's emphasis on culturally responsive and equity-centered practice.

Some variation emerged regarding the use of video and audio recordings as teaching tools. Half of trainees "neither agreed nor disagreed" on whether recordings were used effectively, suggesting that while some supervisors integrate these best practices, others may rely on alternative approaches to supervision. Similarly, three trainees neither agreed nor disagreed regarding supervisors' availability for emergencies or on-the-spot consultation, indicating potential areas for enhanced accessibility.

Trainees highlighted several positive impacts of supervision. They reported growth in clinical technique, experiential learning, case-based analysis, emotional support, and professional development. One trainee noted, "[My supervisor] has been extremely patient with me from the get-go as I've been trying to acclimate myself to a new area of training which helped to develop my own confidence." Another shared, "I was reviewing a transcript of a session with [my clinical supervisor], and he shared a balance of constructive comments and positive feedback... Once I started receiving constructive comments, the positive feedback felt more impactful." Others emphasized the value of individualized guidance: "[My supervisor] has been an amazing supervisor both for group and individual. They gave me nuggets that were both tailored and unique to the community members I brought to supervision... I feel more skilled and aware overall because of their intentional and consistent supervision guidance."

Constructive feedback centered on the need for additional guidance with documentation and note-writing, particularly in the context of narrative therapy. One trainee explained, "Sometimes I do



tend to get lost in the subjectivity of narrative therapy as it can be very abstract. Breaking down concepts in narrative therapy using the case examples that I provide to concretize it will be helpful.”

Overall, these findings indicate that supervision, from the trainees perspective at GHC, provides trainees with consistent, supportive, and culturally responsive guidance that strengthens clinical skills, professional confidence, and reflective practice. While most trainees reported highly positive experiences, the feedback highlights opportunities for further integrating best practices in supervision, including more structured use of recordings and enhanced support around documentation. The assessments underscore the critical role of clinical supervision in trainee development and its direct impact on the quality of care provided to GHC’s community members.

## Exit Interview Analysis: Counseling Trainee Experiences and Implications

During the Phase II extension period, the local evaluator and Director of Mental Health conducted individual exit interviews with 35 counseling trainees. Each interview lasted approximately 45 to 60 minutes and was recorded with participant consent. Transcriptions were generated using AI technology and manually reviewed for accuracy by the evaluator. The Gender Health Center has since institutionalized the exit interview process as a core component of trainee off-boarding, recognizing its value in capturing meaningful feedback to inform program improvement and maintain ongoing connections with departing trainees.

Exit interviews with counseling trainees highlight the multifaceted impact of GHC’s clinical supervision on professional and personal development. Supervisors provided complementary forms of guidance, balancing practical, hands-on strategies with emotional support, which helped trainees navigate uncertainty and build confidence in clinical practice. This combination of structure and flexibility enabled trainees to engage deeply with narrative approaches while accommodating individual learning styles. Strong connections with supervisors and peers were consistently identified as central to both learning and professional growth.

Trainees emphasized the emotional support embedded in supervision. One trainee reflected, “Emotionally definitely... there was a lot of opportunity for that... also appreciated... weekly check-in of ‘How are you actually? Are you doing okay? What do you need?’” Others described profound personal growth, noting the acceptance and reflective space provided by supervisors: “I think I grew a lot as a human... I really feel it was a place where I cried a lot... and I was humbled by how accepted I was,” and, “I think that that was a really big piece of growth for me... separating what belongs to society and what belongs to me.”

Supervision also fostered cultural humility and professional curiosity. One trainee shared, “I still feel like I have no clue what I do... there’s a lot of curiosity, a sense of cultural humility that comes with engaging with folks in that way.” The modeling of professional approaches alongside individual personality and



relational style helped trainees orient themselves in clinical practice: “I consider those relationships both professionally appropriate...having models strongly by those folks, but also seeing the individual personality and approach that each of those people...helps me get my bearings.”

Trainees valued intentionality and the commitment to community-centered care. As one explained, “I just was super appreciative to see the intentionality...that our community deserves quality care.” Engagement with session recordings provided additional reflective opportunities, creating visceral learning moments: “Going through recordings with my supervisor...visceral moments that will continue to motivate me to seek out communities of practice and consultation.”

These reflections indicate that GHC’s supervision model not only develops technical counseling competencies but also cultivates emotional resilience, cultural humility, and reflective practice. The dual emphasis on practical guidance and emotional support is critical for trainee confidence and professional identity formation. Supervisors’ modeling of intentional, community-centered care reinforces the importance of ethical and culturally responsive practice. Future program development may benefit from systematically incorporating reflective exercises, such as session recordings and peer consultation, and ensuring ongoing support for emotional processing and professional identity formation. These strategies are likely to enhance trainee readiness to provide high-quality, affirming care to Queer, Trans, and gender-diverse community members.

## Group Supervision

All counseling trainees participate in weekly virtual group supervision sessions lasting 90 to 120 minutes. Each group typically includes up to eight trainees and one licensed mental health professional trained in clinical supervision. These sessions provide developmentally appropriate guidance within a collaborative learning environment that fosters community, peer support, and professional growth. Counseling trainees completed 207 group supervision sessions which equates to 414 hours of group supervision.

Through this model, trainees strengthen their clinical competence, cultural humility, and confidence in providing affirming, liberation-focused care. Group supervision promotes reflective practice, encourages constructive feedback, and builds a supportive community of emerging clinicians who learn from one another’s experiences. Depending on cohort size, GHC supervisors facilitate up to three group supervision sessions per week. Each trainee is assigned to one group and may rotate at the end of the semester based on scheduling needs. This structured and collaborative approach ensures consistent supervision, high-quality service delivery, and the continued development of a skilled, affirming mental health workforce serving transgender and gender-diverse communities.

During exit interviews, counseling trainees consistently described the group supervision spaces as uniquely affirming, collaborative, and growth-oriented environments. Many emphasized the profound sense of belonging and mutual learning fostered within their training cohorts. One trainee reflected,





“sharing this space with everybody... our community of colleagues was so kind and giving and just sharing of knowledge... It was just this really nice space to be in, very calming and comforting. No judgment.” This atmosphere of psychological safety allowed trainees to engage deeply with both their professional development and personal identity exploration.

Trainees also highlighted the value of peer connection and collective learning, describing these as essential to sustaining motivation and confidence in clinical work. As one trainee shared, “In this larger community space, it’s what fed me to just feel like, okay, I have counterparts that are going through the same thing and have the same questions.” Another noted that the challenges faced as a cohort ultimately strengthened solidarity and resilience, explaining, “Very quickly we got battles that I think... ended up creating strengths in my cohort... It ended up being a strong, very strong cohort.”

Group-based reflective learning spaces were also described as vital to professional growth and confidence building. One participant stated, “Groups... being able to hear other people also come up with the same kinds of questions... and that is something I really wish I could continue.” Collectively, these findings demonstrate that GHC’s emphasis on community-centered learning and peer collaboration not only enhances clinical skill development but also contributes to long-term professional resilience and commitment to serving transgender, gender-diverse, and queer communities.

## Reflecting Teams

From a Narrative therapy perspective, reflecting teams create collaborative and non-hierarchical spaces where community members’ stories are witnessed and honored. Rather than positioning therapists as experts, this approach values multiple perspectives and shared meaning-making, inviting both reflection and dialogue. At the GHC, counseling trainees, staff, and community members participate in Narrative Reflecting Teams which are supportive, in-person gatherings where participants observe a therapy session and then offer reflections to the community member(s) receiving services. These reflections are strength-based and affirming, highlighting resilience, preferred narratives, and possibilities for healing and growth. This practice reinforces GHC’s commitment to collective care, community engagement, and liberation-centered healing. It also allows counseling trainees to deepen their understanding of narrative practices, witness the impact of feedback in real time, and engage in culturally humble, collaborative therapeutic work that centers the voices and expertise of transgender and gender-diverse community members.

During the reporting period, trainees engaged in X reflecting teams. Trainees’ experiences and reflections on Reflecting Teams varied from helpful and insightful to feeling protective of their community members. One trainee noted that in their individual debrief with their adolescent client, that the client did not feel supported and seen in the reflecting team session that featured more the parents perspective on the youth than theirs. They expressed frustration. Other trainees shared about how powerful reflecting teams were, *“Even getting to do the witness experience was really powerful, not just*





*with my community member, but we even did one with another intern and just I mean beautiful, really powerful really moving."*



## Counseling Sessions

Gender Health Center counseling trainees, Master's level clinical associates, and doctoral interns provide both in-person and HIPAA compliant virtual counseling sessions 6 days a week, 12 hours a day (M-F)/6 hours on Saturdays. Counseling trainees typically provide services for 5-9 people on their care loads. Youth, adults, families, and people in relationships typically access services according to their personal needs – typically 1 appointment per week. Group therapy sessions are also available. Currently (October 2025), the GHC offers 2 clinical groups- Parents of Trans Individuals and Trans Youth Group. GHC also offers drop-in counseling appointments (virtual and in-person) to address the emergent needs of community members. Depending on the time of the year, approximately 12 weekly drop-in appointments are available Monday through Friday, 10 AM - 4 PM.

Depending upon the language proficiencies of counseling trainees, GHC often offers individual and relational counseling services in Spanish and English on a weekly basis for the duration needed. Depending on the interests and capacities of counseling trainees, additional psychoeducational groups may also be offered. For example, GHC counseling trainees have co-facilitated groups addressing the needs of non-binary community members, trans masculine community members, and parents of transgender youth, provided nature therapy, mindful movement therapy, and mindful creations art therapy. As SGL/2SLGBTQ+ affirming providers, GHC supports all families navigating life transitions, including those specific to SGL/2SLGBTQ+ persons such as “inviting in” friends and family, and also navigating the workplace, medical, legal, and social transition processes. Additionally, counselors have the opportunity to develop skills and approaches working with monogamous and polyamorous families and members of the kink/BDSM communities.

## Counseling Care Service Delivery & Impact

At the start of the CDEP, 348 people were actively receiving counseling at GHC. Between January 1, 2022, and December 31, 2024, GHC trainees and Associates conducted 272 initial counseling sessions, representing 272 new clients entering care. This equates to an average of approximately 90 new community members per year, with most clients engaging in services for a three-month period (typically 8–12 sessions). Notably, dropout rates were exceptionally low compared to standard outpatient settings, with fewer than 10% of clients failing to show for a scheduled follow-up appointment after their initial session.

In September 2024, GHC introduced drop-in counseling sessions to increase accessibility and meet immediate community needs. From September through December 2024, 30 drop-in sessions were provided, and from January 6 through June 30, 2025, 55 additional drop-in sessions were completed. These services demonstrate GHC's ability to expand access to care and respond to community demand, while maintaining high retention and engagement rates. Given the current political climate and targeting of transgender healthcare and access to gender affirming care, the GHC has been experiencing an increase of community members who have relocated from other parts of the country and are utilizing GHC's multiple care service offerings. Over 80% of counseling community members identify as



transgender and gender diverse.

## Counseling Session Approaches

The Gender Health Center counseling trainees offer a variety of different healing modalities working with youth, adults, groups, people in relationships, and families. All of the healing pathways are rooted in the development of a strong therapeutic relationship, alignment between the goals and expectations of community members, cultural humility, crisis support, and Queer and Trans liberation. All counseling approaches reflect that providers have been developing knowledge and awareness of gender identity and its formation, the spectrum of diverse gender identities, cultural factors that influence trans experiences, the interfacing of gender and sexuality, hormone therapy and surgical procedure effects and impacts, interdisciplinary practice considerations, and additional resources to support Trans people and communities that Trans folks are a part of (Chang, Singh, & dickey, 2018).

Counseling trainees at GHC receive both didactic and experiential training in Queer-Informed Narrative Therapy (QINT) and other culturally humble, anti-oppression, and liberation-focused approaches. GHC developed QINT approaches to distinguish people from problems and engage them in dialogue about “forgotten” and preferred stories. Grounded in Narrative Therapy and Queer Theory, this model offers a respectful, non-judgmental approach that positions community members as experts in their own lives, with therapists serving as witnesses and companions on their journeys. Queer Theory informs Narrative Therapy by critiquing gender and sexuality binaries and centering the lived realities of SGL/2SLGBTQ+ people who challenge dominant cultural norms. This approach creates space for imagining new possibilities in attraction, sexual expression, and gender performance, while framing problems as systemically and culturally produced rather than as personal deficits. For example, mental distress is understood as a response to pervasive anti-queer and anti-trans discrimination rather than individual failing.

GHC emphasizes culturally humble providers as advocates and witnesses alongside transgender people across families, workplaces, schools, and healthcare systems, recognizing that supportive, affirming relationships in these contexts are essential to reducing mental distress. Narrative approaches to therapeutic work at GHC also include narrative letters, notes, and other shared artifacts, enabling lessons learned in counseling to be passed along to others facing similar challenges, fostering collective learning and expertise within the community. Near the end of counseling, community members are invited to use their creativity to share their wisdom with others.

## GHC Trainees Counseling Reflections

Counseling trainees consistently described their time at the GHC as transformative, highlighting both personal and professional growth that extended beyond traditional clinical education. Many trainees expressed that the GHC’s emphasis on agency, collaboration, and community-centered practice profoundly shaped their clinical approach and strengthened their relationships with community members. One trainee reflected, “I never felt like I was being pushed to practice a certain way. And so it has been really impactful for me to see the role my own agency has had and the impact that's been



making on my community members. Now that we're closing out, I have a lot of people saying, 'Don't go.'"

This sense of autonomy and empowerment allowed trainees to develop their own therapeutic style while remaining responsive to the lived experiences of the transgender, gender-diverse, and queer community members they served. Another trainee described the experience as a process of "unlearning" traditional hierarchical or pathologizing approaches to therapy, sharing, "From the moment I started my MSW program... my brain goes immediately to like, what are the symptoms, what would the DSM say. I felt like it was really hindering me in some moments. I really had to unlearn that reflex... or to focus too much on behavioral things... The work wasn't collaborative. So I felt like that was also part of that unlearning—how to not have that power dynamic so hard set in my brain."

These reflections underscore the impact of GHC's liberatory and narrative-informed framework, which prioritizes collaboration, cultural humility, and power-sharing in the therapeutic relationship. Trainees' experiences demonstrate that this model not only enhances clinical competency but also cultivates a deeper commitment to ethical, community-based, and affirming mental health care.

## Community Narratives & Artifacts (Story Documents & Circulation)

This section illustrates what narrative approaches sound like, look like, and feel like. All narrative artifacts presented here come from community members who consented to share their thoughts, insights, and lessons learned for the benefit of others. This reflects an intentional narrative practice known as creating story documents and circulating them, which supports the development of communities that reinforce preferred narratives and ways of living (Nylund & Temple, 2017). These narrative letters and documents often function as "rites of passage," marking the recognition of new realizations to be integrated into daily life. They also reflect community member growth toward outcomes they sought in counseling. Unlike quantitative outcomes, these reflect the 'thickened stories' of lived experiences, capturing the meaningful changes and new possibilities unfolding in community members' lives. As Epston (1994) observed, "conversation is, by its very nature, ephemeral. After a particularly meaningful session, a client walks away aglow with provocative new thought, but a few blocks away, the exact words that had struck home as so profound may already be hard to recall ... But the words in a letter don't fade and disappear the way conversation does; they endure through time and space, bearing witness to the work of therapy and immortalizing it." These documents were intended to have counseling lessons live on outside of the counseling room and be circulated amongst community members potentially living through similar experiences and life challenges.

### *Narrative Artifact A. Narrative Letter*

#### *Change of Fortune*

I went from being almost homeless to being a homeowner

I went from living off of GoFundMe donations to making GoFundMe donations



I was grabbing on to opportunity like a cat

I persistently worked hard on my job, anything I could do I took advantage

Whatever opportunity came to me I grabbed it like a cat grabs its prey

I have a lot of physical resilience, which is not the same as strength, but I can easily handle any pain

And now I'm looking at a promotion, I'm looking to go even higher

#### Narrative Artifact B

"Even when the flame dies down, the embers still burn. And thank you so much for seeing that and realizing that in me. I will carry that for the rest of my life."

#### *Narrative Artifact C. Narrative Letter*

##### *On the Bridge of Us There is No Shame*

Shame shared is shame lessened.

Like pain shared is pain lessened, I'm sharing this with you. You are not alone, you are not the only one.

If you can share your shame with the right people it empowers you.

I have disfunctions but I'm not going to zone in on all of that shit. Don't go into the black vortex that is going to suck you in and you aren't going to see all the good parts and you are going to focus on the darkness and dysfunction. Focus on the good qualities of yourself, the light of your character, the light inside you that's always available whenever you need it because that inner pilot is always there. You are reading this now, so that means that all of the darkness you have experience in your life you have survived so obviously you know that you have that inner pilot in you, nothing can destroy it.

Welcome to the human experience, we all have shit, we all have dysfunction. But don't let that distract you from your inner pilot which always has the light which you can always focus on, that will always be light. Focus on the light in the darkness.

I think that's how we gotta get through it. Even through all of history, through all the generational trauma: How people have survived, there really is an inner pilot in people. You can be a compassionate zombie and be compassionate with the people in the world around you.

There are 6 primary human emotions: Happiness, sadness, anger, disgust, surprise, fear. They are fleeting, and they're not permanent.

You have to be your own hero.

May you find your sword, and go conquer your mental health – your depression, your anxiety, personality disorders, all your trauma.



May your sword clear the way.

Narrative Artifact D. Narrative Letter

Dear [Community Member],

My name is [clinical supervisor], and I meet with [your counselor] on Tuesday mornings for supervision. [Your counselor] played the audio recording of your recent session with me. I was really moved by your deep understanding of your values. Particularly, when it came to ending a relationship with a friend you have had for around ten years who ended up engaging in white supremacist language and dialogue against transgender folks.

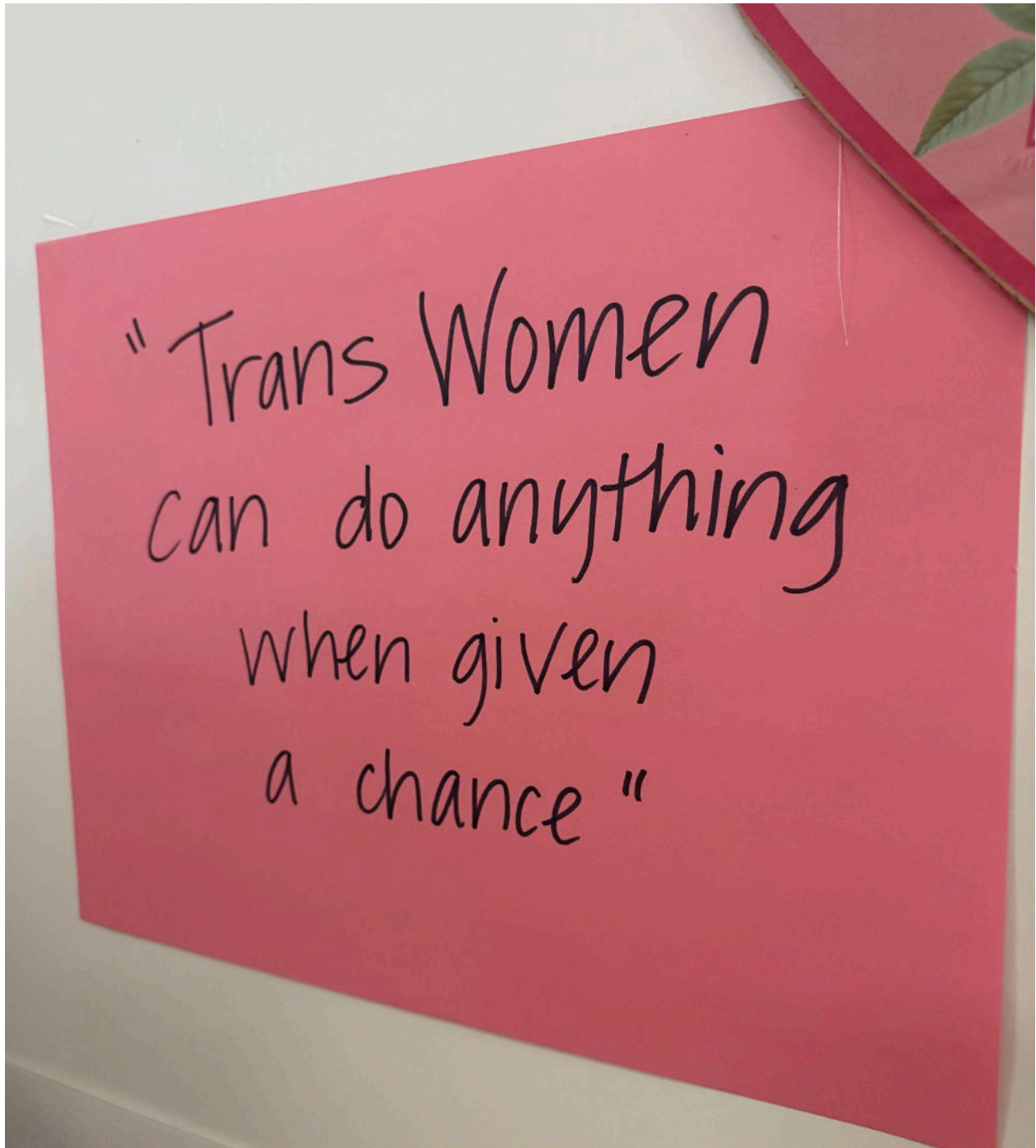
I also find it really impressive how strong your boundaries are in interpersonal dynamics that no longer serve you. For example, ending a relationship with a “friend” who was taking advantage of you by driving them everywhere. I appreciate hearing about your boundary of “I know I’m not cut out for self-sacrifice.” I think it’s so cool that you love yourself so much that you are not willing to be taken advantage of.

I hear you when you say you want friendships that talk to you nicely and treat you with kindness. So do I! As a trans/non-binary, “neuro-spicey” person, I also have had a hard time with friendships and finding people who are nice and kind. I have found that the stronger my boundaries are, and keeping folks out who are unsafe has been really great for my mental health, especially my relationship with depression. I also don’t have anyone in my life who I’ve known for over a decade, but I’d rather have safe people in my life than abusive people.

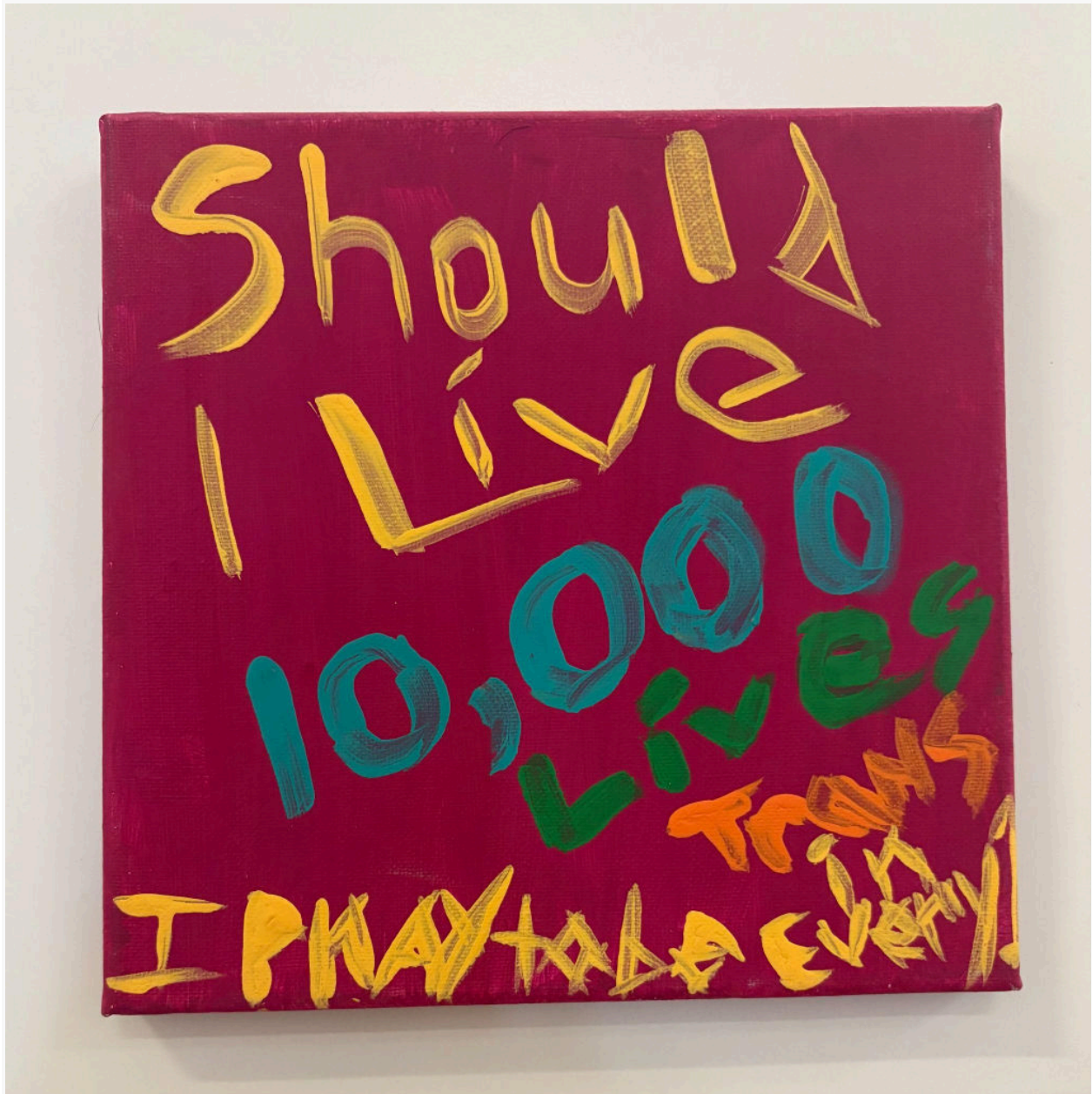
Thanks for reminding me that it’s okay to be independent and safe, versus being around people who are taking advantage of me.

Warmly,

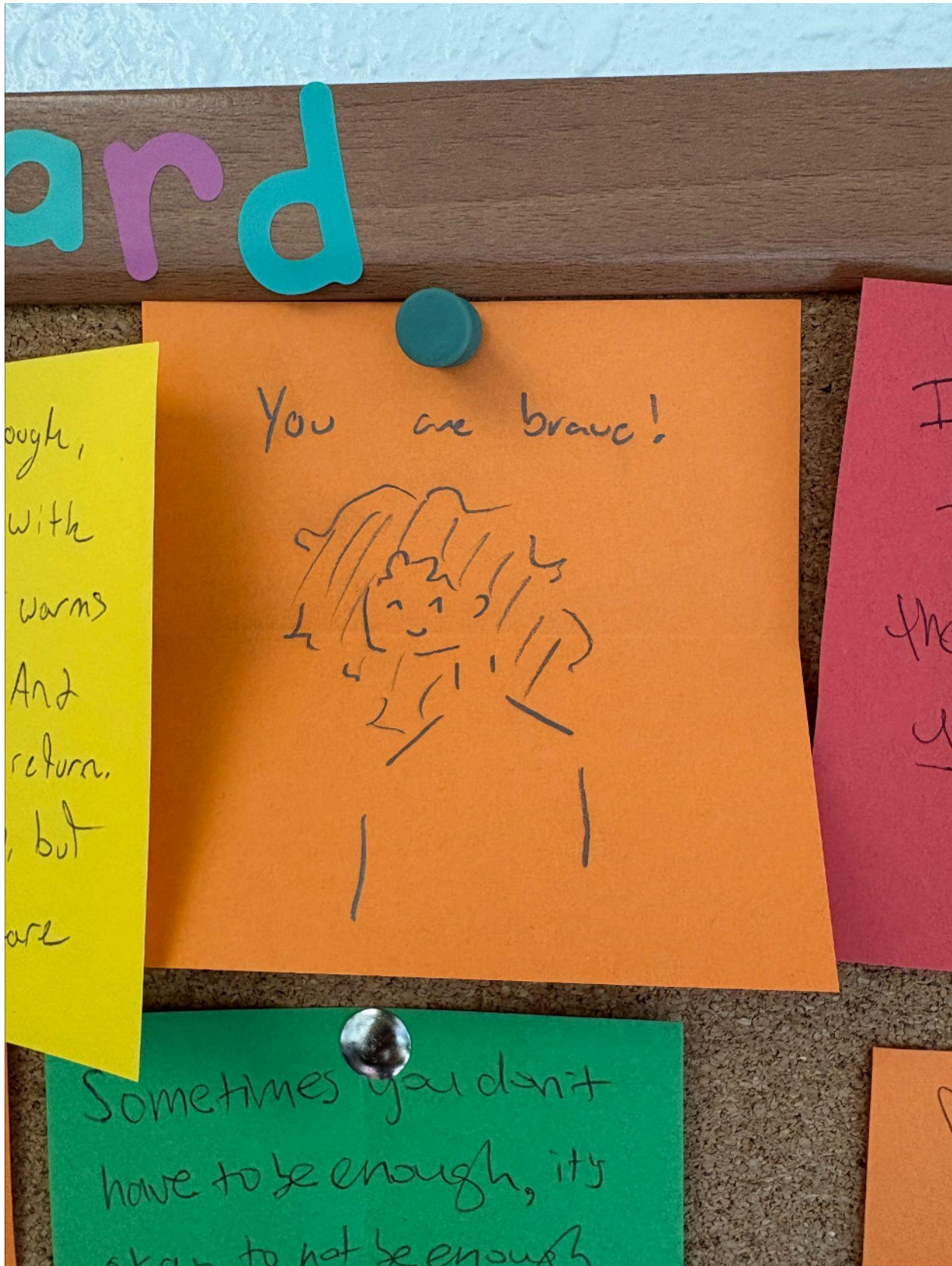
[Clinical Supervisor]



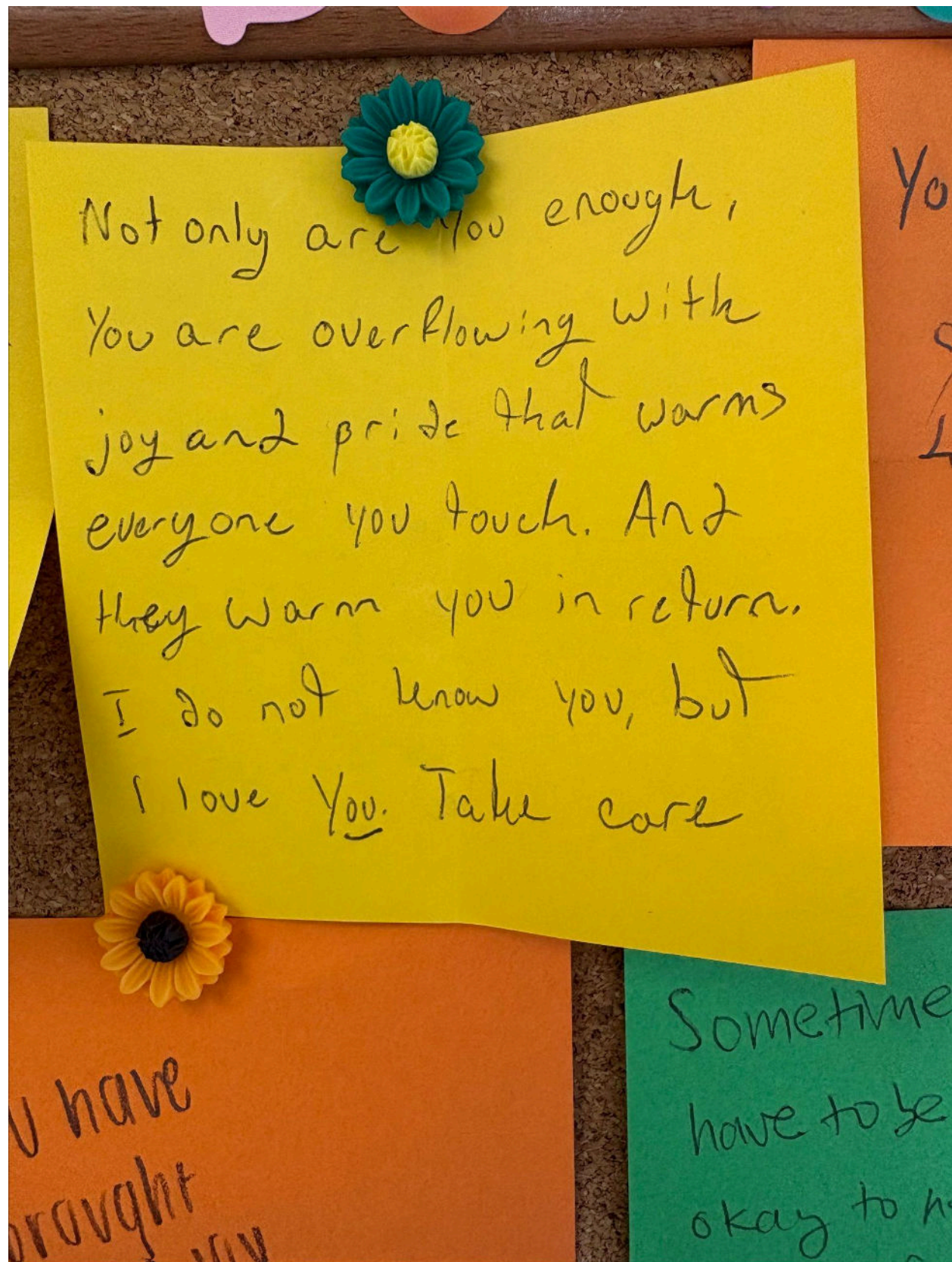






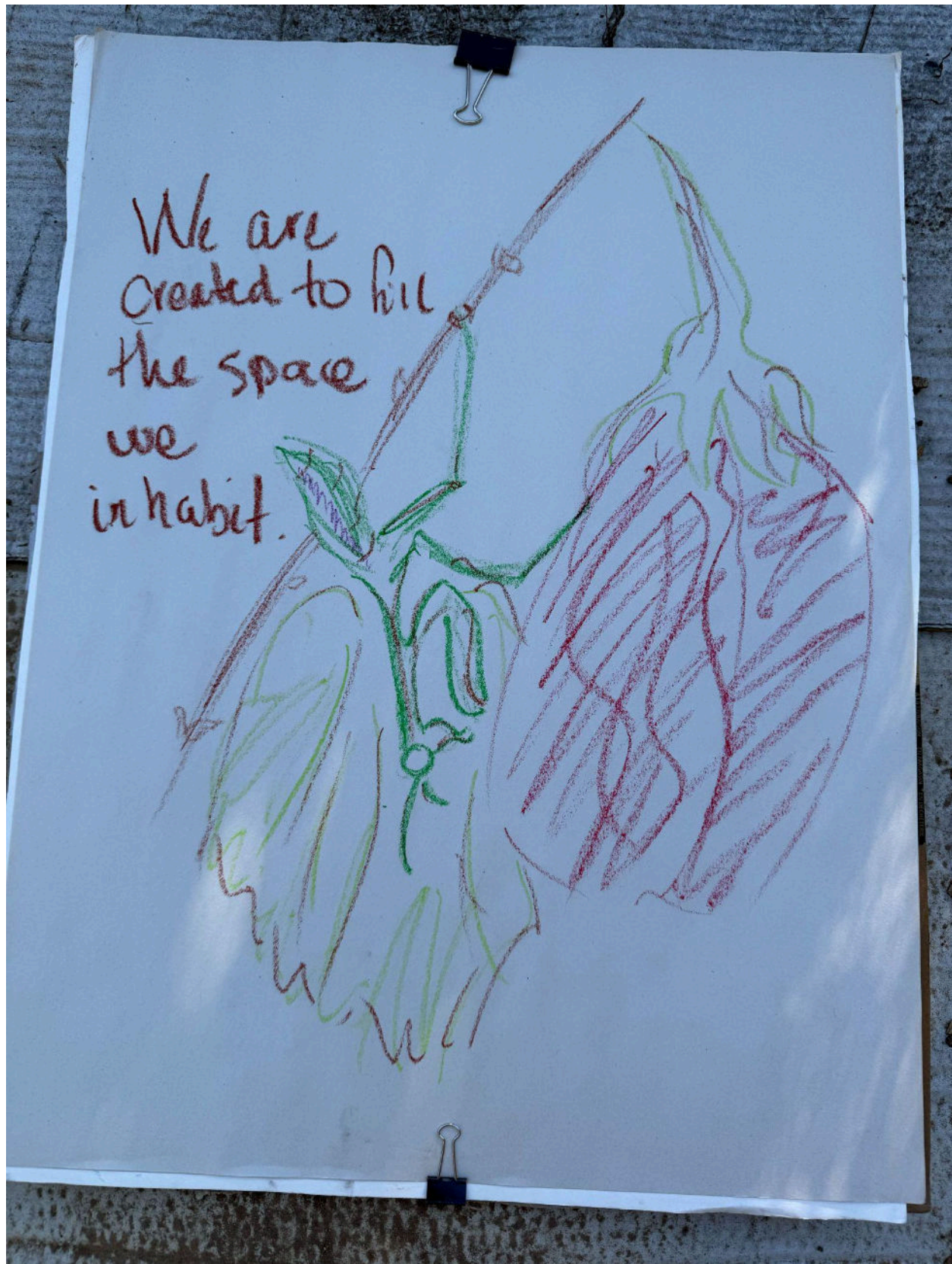






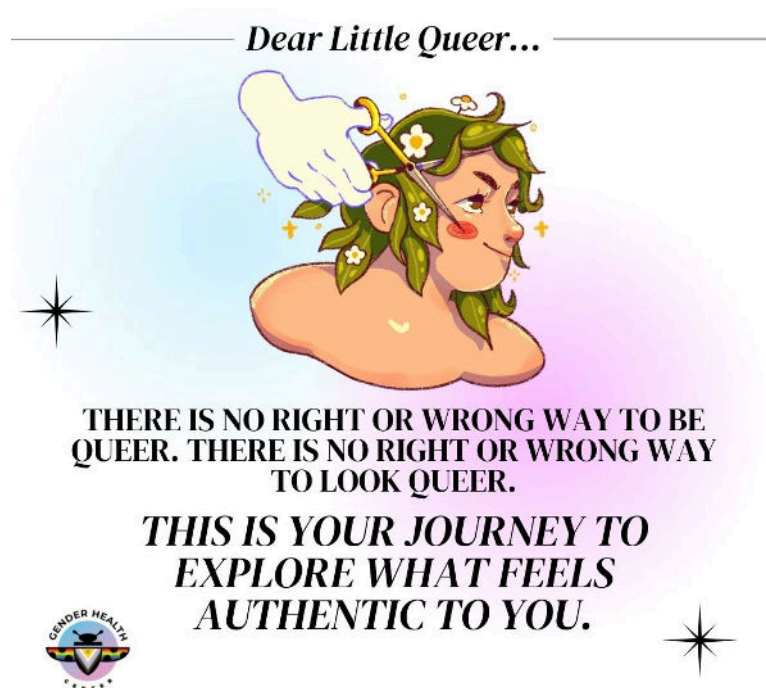








In addition to community member story document creation, the Gender Health Center staff, volunteers, and trainees also conducted a “Dear Little Queer” social media campaign in late 2024 - early 2025 as a means to distribute messages of hope to community members via Instagram and also in person. This was also a narrative practice intended to support preferred narratives that emphasize strengths and community resourcing.





*Dear Little Queer...*



**WHEN WE STAND IN OUR OWN  
POWER, WE INSPIRE OTHER TRANS  
& QUEER PEOPLE TO DO THE SAME.  
*SPARK THE MATCH.***



## Referrals & Advocacy

Counseling trainees provide in-house referrals to the Gender Health Center's Community Support Services (formerly Advocacy Services), GHC's Hormone Clinic, and GHC's Harm Reduction Services. Additionally, counseling trainees provide community-based referrals to other agencies that might be able to assist with community member needs that extend outside of the scope of GHC's services and programs. The GHC has created a tiered care management approach to assist trainees in effectively attending to the diverse healing pathways for community members.

For in-house referrals, counseling trainees connect directly with the Community Support Services Team to assist the community member with clarifying the need and seeing how each service may best be utilized. The GHC was unsuccessful in implementing a systemic approach to tracking their advocacy based referrals. Counseling trainees utilized a combination of in-person checking in with the Community Support Services team and using an internal messaging system to link community members with peer case management. Additionally, some tracking occurs with GHC trainees assisting community members with signing up on the CSS care management list that is on GHC's website. Given the lack of systematic approach, it was more difficult to collect the information for analysis.





## Community Outreach

The Gender Health Center actively engages in community outreach to expand awareness of its services and promote the health and wellness of Two-Spirit, transgender, gender-diverse, and intersex individuals, as well as those impacted by oppression-based trauma. Counseling trainees, staff, and volunteers participate in a wide range of community events, including career and internship fairs, health and multicultural festivals, LGBTQ+ Pride events, and university- and college-based programs. Outreach activities include resource tabling, education and training, panel participation, and distribution of harm reduction supplies such as condoms, lube, fentanyl test strips, and naloxone.

Beginning in September 2024, participation in community outreach became a required component of the counseling traineeship. Each trainee engages in at least three outreach experiences annually. GHC typically receives over 100 inquiries per year for community-based events, which range from basic needs and health fairs to cultural festivals and Pride events. Additionally, GHC participates in county- and region-level committees and networks, including Sacramento County's Cultural Competency Committee, the LGBT+ Task Force for K–12 students, and the Gender-Affirming Care Workers network across the Bay Area, East Bay, and Greater Sacramento, facilitating information sharing and mutual learning.

Prior to 2024, GHC did not maintain a systematic process for tracking outreach requests, and staff transitions had resulted in the loss of prior tracking systems. The GHC redeveloped a survey form system to better manage and document outreach participation. Challenges remain in selecting events that align with GHC's values while balancing staff and trainee capacity.

From January 1 to June 30, 2025, GHC participated in 21 community outreach and education events, including basic needs and health fairs, multicultural festivals, LGBTQ+ Pride events, resource fairs, and university and college events at Sacramento State University, UC Davis, and across the Los Rios Community College District.

Also, in January 2025, the Mental Health Services Team also began Queerly Be(Loved). Queerly Be(Loved) is a collaborative formed in response to the escalating political climate that has fueled trans antagonism, racism, and systemic harm—both overt and covert—against two-spirit, transgender, nonbinary, gender-expansive, and queer communities of color. Rooted in collective care and cultural resilience, Queerly Be(Loved) centers the spiritual, emotional, psychological, and physical well-being of these communities by fostering spaces of joy, healing, and safety. Through cross-organizational partnership, Queerly Be(Loved) unites Sol Collective the Gender Health Center, along with partnering with local community members and organizations, to strengthen community infrastructure, build affirming networks of support, and ensure access to culturally grounded resources. Together, these efforts work toward a future where two-spirit, transgender, nonbinary, and queer people of color can



thrive in environments free from violence, stigma, and erasure. Queerly Be(Loved) is funded by California Endowment and The Social Changery.

The GHC utilized multiple approaches to community healing and engagement through initiatives such as Queerly Be(Loved)—a community gathering and talking circle emphasizing authentic self-expression and collective care in partnership with local organizations—alongside Nature Therapy events facilitated by a GHC trainee and Healing Circles for Grief and Loss, which provided space for reflection, emotional support, and connection.









## Conclusion

The current evaluation examined the extent to which the Gender Health Center’s Mental Health Training Program was implemented as intended and identified the most practical and effective strategies to monitor the program’s approaches, norms, and values over time. The evaluation also explored the tools and supports that enhance supervisors’ and staff’s ability to nurture trainee development. Data collection for this report included document review, community advisory board discussions, trainee exit interviews, and interviews with the Director of Mental Health. Counseling placements took place both onsite and through hybrid modalities until June 2025. Traineeships were offered in flexible formats, combining virtual and in-person learning environments, with day-to-day supervision provided by GHC staff, weekly individual supervision by a pool of 15 volunteer clinical supervisors, and weekly group supervision and training facilitated by the Clinical Director.

As both a direct service provider and a training institute, GHC plays a critical role in expanding the local mental health workforce’s capacity to provide culturally responsive care to LGBTQ+ communities. Through training partnerships with local universities, clinics, and community organizations, GHC works to cultivate affirming, trauma-informed clinicians who are prepared to meet the complex and intersectional needs of transgender, nonbinary, Two-Spirit, intersex, and gender-diverse people. The Training Program remains a cornerstone of this mission, advancing systemic change through the development of a new generation of culturally attuned mental health professionals.

Findings from this evaluation confirm that GHC counseling trainees develop robust competencies in delivering culturally responsive and ethically grounded care. Trainees undergo a deeply transformative learning process that integrates personal reflection, narrative practice, and experiential learning—what GHC refers to as developing the “self-as-therapist.” This process fosters empathy, humility, and the ability to hold compassionate, nonjudgmental space for others. CORE training, narrative seminars, and reflective supervision collectively nurture critical thinking, self-awareness, and an understanding of the lived experiences of transgender, nonbinary, and BIPOC community members. Trainees consistently demonstrated growth in their capacity to provide affirming, trauma-informed, and relationally grounded care that honors the full humanity and intersectionality of GHC’s community members.

Evaluation data also revealed that GHC’s workforce development model equips emerging clinicians with the awareness, knowledge, and skills necessary to provide affirming care across the gender and sexuality spectrums. Trainees reported learning to address the impacts of trans-antagonism, social and familial rejection, and systemic oppression, while also recognizing community resilience and strength. They described the program as uniquely empowering, emphasizing critical thinking over prescriptive practice, and valuing collaboration, authenticity, and self-reflection as essential tools for ethical care.

A strong theme of empowerment and self-awareness emerged across all trainee reflections. Participants highlighted that the GHC provided a rare environment for integrating clinical skill-building with social





justice principles and identity exploration. Many spoke of the importance of learning to balance empathy, boundaries, and self-care, recognizing that sustainable care for others begins with care for oneself. These experiences fostered a sense of professional confidence, ethical clarity, and belonging within both the counseling field and the larger trans and queer community.

Ultimately, GHC's trauma-informed, community-centered, and narrative-oriented framework has cultivated a new generation of reflective, justice-oriented practitioners. Graduates of the program leave with enhanced cultural humility, critical insight, and the capacity to deliver compassionate, affirming care in diverse community contexts. As one trainee aptly stated, *"Even though I'm a baby therapist, I will always be grateful to the GHC for teaching me how to provide quality care to community members where they aren't getting it elsewhere."* This enduring impact reflects GHC's success in advancing equity, inclusion, and excellence in mental health care.



## References



## Appendices

### Trainee Participant Demographics