

Transgender Pilot Project Final Innovations Learning Report

San Francisco Department of Public Health



San Francisco Health Network
Behavioral Health Services



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Background and Purpose

Overview of the Transgender Pilot Project (TPP)

The Transgender Pilot Project (TPP) was an MHSA Innovations (INN) funded program, managed by the San Francisco Department of Public Health (SFDPH), that aimed to increase access to mental health services and improve a sense of connectedness among transgender (trans) individuals, specifically trans women of color. In order to fulfil this goal, TPP implemented multiple, culturally informed strategies to support trans women of color and facilitate behavioral health service engagement using a peer support services model. As directed by the MHSA Oversight and Accountability Commission (MHSOAC) approved Innovations (INN) proposal, TPP implemented three core program activities:

1. Four weekly peer-led, strength-based and resiliency-focused support groups, each with a different theme, that provided a safe space for trans women of color to connect and share their experiences and linked participants to services in the community
2. Peer-led outreach and education in order to recruit participants to the program and provide information about available services, and
3. An annual, peer-run Transgender Health Fair for linkages to services.

By using peer specialists (individuals, primarily trans women, with lived mental health experience) from the community, TPP engaged un-linked trans women, with a focus on trans women of color, into the Behavioral Health Services (BHS) system of care through low-barrier entry points.

The overarching goals of TPP were to:

1. Link trans individuals to mental health services through the creation of social support networks,
2. Increase social connectedness,
3. Increase one's personal wellness and recovery, and
4. Increase one's quality of life.

Need for the Transgender Pilot Program

Prior to Fiscal Year (FY) 14-15, years of budget cuts to HIV prevention programs significantly reduced services to the transgender community in San Francisco. Multiple transgender health and wellbeing programs closed in a three-year period including Tenderloin Health, Ark House, Restoration House, Transcending, and T-lish. At the same time, transgender individuals have continued to be at high risk for mental health issues and suicide. According to a 2011 study published by the National Center for Trans Equality, transgender individuals have acute and unique needs when it comes to behavioral health:¹

- 41% have attempted suicide
- 50% of the respondents reported having to educate their provider on trans care
- 26% reported worsened health conditions because they postponed care
- Trans participants experienced high rates of violence and harassment, leading to PTSD and other mental health conditions.

¹ Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. *Injustice at Every Turn: A Report of the National transgender Discrimination Survey*. Washington: National Center for transgender Equality and National Gay and Lesbian Task Force, 2011.

Trans women of color specifically have increased mental health needs and are at even greater risk of poor mental health outcomes.² In San Francisco, large proportions of the transgender consumer population, especially trans women of color, had not been linked to needed mental health services. While exact numbers are unknown due to data limitations, it is well known anecdotally in the transgender community that there is unmet need for behavioral health services among trans residents, especially trans women of color.

Community Input for TPP

In accordance with San Francisco MHSA (SF-MHSA) requirements for MHSA-funded and INN programs, current and former behavioral health consumers and family members of consumers were involved in the areas of mental health policy development, program planning, implementation, monitoring, quality improvement, evaluation and budgeting activities regarding this project.

Starting in FY14-15 and throughout this entire project, SF-MHSA collected extensive information from stakeholders to determine the current needs of the community, with respect to the Transgender Pilot Project. Each fiscal year, SF-MHSA hosted 20-25 community engagement meetings across the City to collect community member feedback to better understand the needs of the community and TPP was a topic of discussion at several of these community meetings. Attendees included members of the transgender community, members of the LGBTQ+ (lesbian, bisexual, gay, trans, queer, questioning and more) community, mental health and other service providers, consumers of mental health services and their families, representatives from local public agencies, community- and faith-based organizations, residents of San Francisco, and other community stakeholders.

SF-MHSA received comprehensive stakeholder and community input regarding the need to implement a program that utilized peer programming, specifically one to serve transgender women of color. In one community meeting held prior to the implementation of TPP, mental health care consumers identified stigma, discrimination, and lack of culturally relevant outreach as reasons why they did not access the mental health system. Additionally, they identified a significant need to test strategies that could increase access to this underserved group by using peer support services and wellness activities. Specifically, they provided the following feedback, which informed the ongoing planning and implementation of TPP:

“There is a continued gap and need for programs focused on the specific needs of the transgender community.”

- San Francisco Community Member

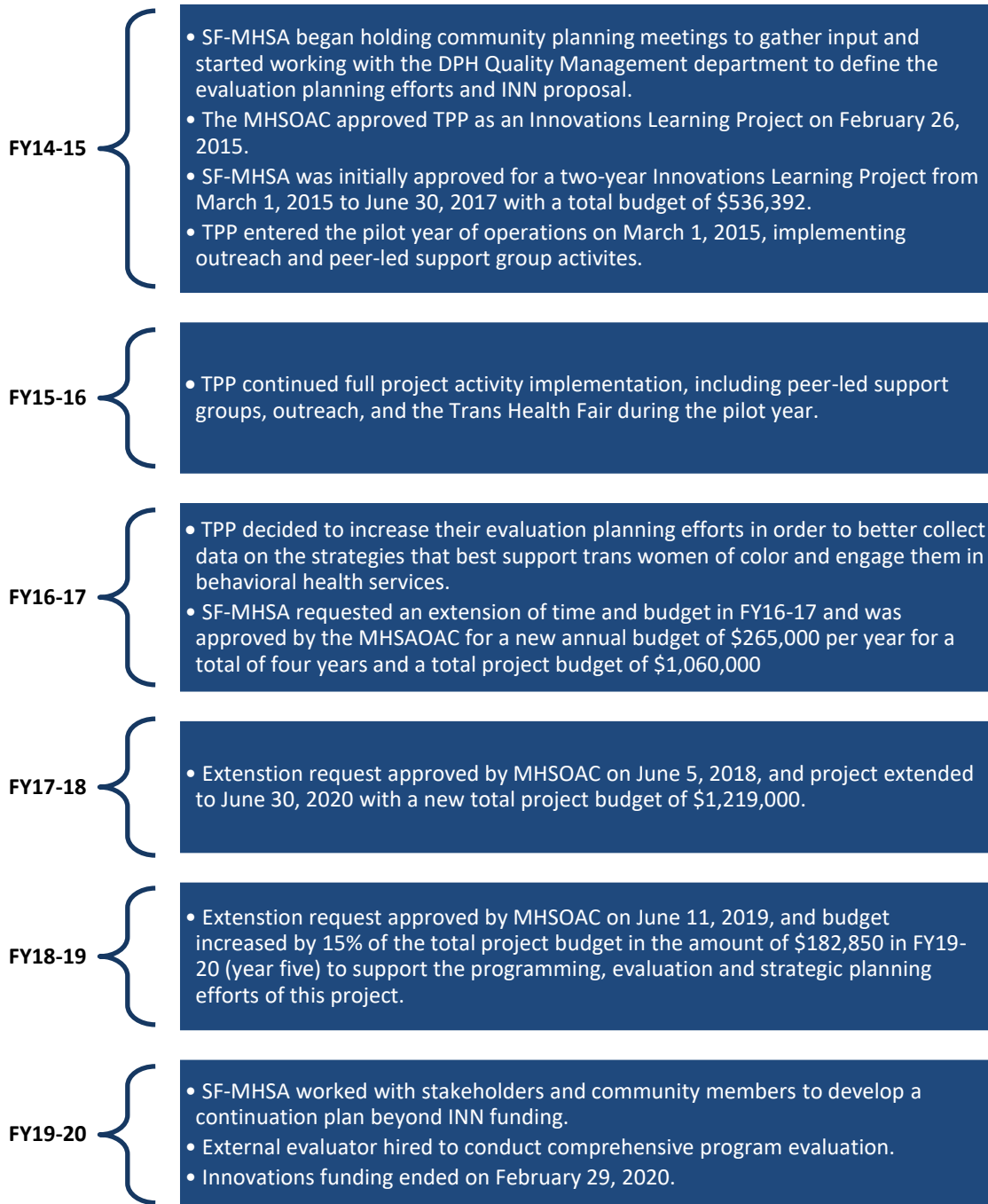
- Peer programs allow individuals with lived experience to bring their unique abilities and understanding into the mental health field and system of care. They are an important service that creates unique entry points into Behavioral Health Services for clients. There was a specific identified need for transgender peer specialists to run support groups.
- Peer specialists should be properly trained in techniques, methods, and approaches that are appropriate for working with the transgender community including trauma-informed care, de-escalating techniques, harm reduction, practicing self-care, and other wellness activities.

² Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. *Injustice at Every Turn: A Report of the National transgender Discrimination Survey*. Washington: National Center for transgender Equality and National Gay and Lesbian Task Force, 2011.

- It is important to support the health and wellbeing of the peer specialists, to create a work environment that fosters staff wellness, and to properly compensate peer specialists for their work.
- There are not a lot of services for the transgender community focused on life skill development and there is a need for the creation of a program to help address the Wellness and Recovery (see *“Description of Program Activities and Services”* for a description of this framework) of the transgender community.
- There is a need for community education and stigma reduction around behavioral/mental health needs, particularly for trans women of color.
- There are not enough services designed specifically for trans women, and trans women are often grouped together with cis-women and gay men in programming.
- There should be more support groups and services offered later in the day.
- Service providers need training on serving transgender communities.



TPP Implementation Timeline and Lessons Learned



In the first phase of implementation (March 1, 2015 – June 30, 2016), it became clear that participants viewed “mental health” services as inclusive of more than just traditional clinic-based medication and psychiatric support. Additionally, many participants felt they did not want to be “experimented” on and instead would opt for low threshold group-based services. We heard from participants and peer specialists that linking transgender women to effective mental health treatment takes longer than anticipated due to the complex trauma that this community lives with day-in and

day-out. We also learned from participants that there appears to be a lack of mental health practitioners who have experience working with the transgender population, which resulted in delays in the initial implementation of this project.

Initially, TPP focused on mental health linkage services, but this was slow to implement given the dearth of providers with expertise in the transgender community. Additional time was needed to identify providers with the cultural competency needed to serve transgender participants. Therefore, we adjusted our implementation plan so that other TPP services, such as the peer-led support groups, outreach, and Transgender Health Fair, were emphasized. As part of this program revision process, the staff reviewed the evaluation plan and found the need to further refine and modify the evaluation design. Staff worked with the SFDPH Quality Management (QM) department to develop a specific evaluation plan and detailed data collection plan focused on gathering data to inform the progress towards program goals and objectives and to develop data collection instruments.

TPP staff requested several extensions of time in order to fully implement and evaluate the project effectively. In addition, we identified the need for more time in order to determine the effective peer support strategies and practices that will improve outcomes for this specific population. SF-MHSA formally requested an extension of time and budget in FY16-17 and was approved by the MHSOAC for a new annual budget of \$265,000 per year for a total of four years and a total project budget of \$1,060,000.

With the additional time and budget, TPP decided to increase their evaluation planning efforts in order to better collect data on the strategies that best support trans women of color and engage them in behavioral health services. TPP program staff began to work more closely with the SFDPH QM staff to explore new ideas for data collection and program evaluations. At this time, we were also able to maximize quality programming, better assess social and behavioral health needs of the community, and strengthen the relationships between our peer specialists and our consumer participants.

In FY17-18, SF-MHSA made another request to the MHSOAC and was approved on June 5, 2018 to extend the project for an additional final year (year five) ending on February 29, 2020, with a new total project budget of \$1,219,000. This helped to enhance existing programming, strengthen community collaborations and better evaluate the efficacy of the strategies being used to engage this population. A need was identified to have activities later in the day, outside of traditional settings, and available in Spanish to serve a large monolingual trans women of color population in San Francisco.

In FY18-19, SF-MHSA made a final request to the MHSOAC and was approved on June 11, 2019 to increase the budget by 15% of the total project budget in the amount of \$182,850 for FY19-20 (year five) to support the programming, and expand evaluation and strategic planning efforts of this project in support of developing a comprehensive continuation and sustainability plan.

In FY19-20, SF-MHSA continued to work with stakeholders and community members to gather feedback about this project. Program staff brought on an external evaluator, Hatchuel Tabernik & Associates (HTA) in order to conduct a more comprehensive evaluation of the program and to ensure that all the learning questions were answered for the final Innovations Report. The Innovations funding for this program ended on February 29, 2020.

Description of Program Activities and Services

Peer-to-Peer Approach

TPP worked to support participants and their families by offering a wide array of services, such as peer-led education and support groups, linkage to health and wellness services, community presentations to bring awareness of the program and other trans services, and trainings for service providers. TPP attempted to improve health outcomes, reduce stigma associated with behavioral or mental health conditions, and advocate on behalf of these populations. TPP also sought to improve and coordinate health and mental health services by partnering with service providers to offer culturally and linguistically appropriate services, and increase accessibility of services. TPP services were offered throughout San Francisco.

TPP followed the “Peer Model” which is an evidenced-based practice consistent with and embedded in the Wellness and Recovery Model (*described below*). TPP was 100% staffed by peer specialists, individuals who identify as having lived mental health experience, including the SFDPH manager of this project. The vast majority of staff also identify as trans women of color, in alignment with the target participant population. TPP ensured all components of the project included the following principles:

- Offered and received help based on shared understanding, respect and mutual empowerment between people in similar situations.
- Provided an opportunity for consumers who have achieved significant recovery to assist others in their recovery journeys.
- Modeled recovery, taught skills and offered support to help people experiencing mental health challenges lead meaningful lives in the community.

The target populations for our project included:

Population of Peers: Peer specialists are defined as individuals with personal lived experience who are consumers of behavioral health services, former consumers, or family members or significant others of consumers. The peers in TPP were also those who identified as trans and/or allies of trans individuals. Peers utilized their lived experience in peer-to-peer settings, when appropriate, to benefit the wellness and recovery of the participants and community being served. Peers in TPP were an employee, intern, or volunteer.

Population Served by Peers: Peers conducted culturally and linguistically appropriate outreach, education and peer support services to the trans community with an emphasis on trans women of color. Participants were recipients of services in residential, community, mental health care and primary care settings within the Department of Public Health and those currently un-linked and in need of behavioral health services.

As stated above, TPP tested three methods of reaching the target population which included:

1. Peer-led support groups for trans women of color,
2. Outreach that uses a provider that specializes in transgender issues, and
3. An annual Transgender Health Fair for linkages to services.

Wellness and Recovery Component

The fundamental objectives and principles of this program were based on the concepts of Wellness and Recovery for consumers of behavioral health services. The goal of Wellness and Recovery is for consumers to feel empowered to take charge of their own care and wellness while learning new skills and strategies for managing difficulties and challenges in their lives. TPP encouraged participants to draw upon personal strengths, better utilize natural supports, explore new strategies to cope and better navigate the behavioral health system of care.



Some of the specific wellness and recovery concepts for this program included: Wellness Recovery Action Plan (WRAP), the stages of change model, harm reduction treatment principles, holistic interventions, self-care, meaningful activities, community collaboration, social connection and increasing access to mental health services. All services offered by TPP also promoted recovery and resiliency by allowing participants and consumers to participate in defining their own goals in order to live fulfilling and productive lives.

It was TPP's philosophy that mental health needs are not defined by symptoms but rather by a focus on achieving, maintaining, and promoting the overall health and well-being of the individual. TPP helped to empower participants to: 1) establish, work toward and achieve their personal goals; 2) learn new skills and strategies to manage the challenges in their lives; and 3) draw strength and growth from their lived experiences.

Program Activities

Peer Outreach Services

TPP emphasized outreach services in order to provide education and resources to un-engaged members of the trans community in San Francisco. One of TPP's biggest strengths as a program involved the ability to seek out and build rapport over time with community members through a process of mapping "hang-out spots" and resources that have value to potential program participants. TPP determined specific areas of San Francisco that have the greatest number of trans individuals in need of support and prioritized them for outreach. Outreach activities often took a "meet the participant where they are" approach in informal locations such as parks, sidewalks, bars, or coffee shops. Using traditional outreach methods such as word-of-mouth and flyer distribution far exceeded our social media outreach activities in reaching this community. Additionally, given the high proportion of trans individuals who engage in sex work, outreach often targeted San Francisco areas where sex workers congregate in order to engage this high-needs population.

Engagement practices were based on building a relationship between the peer specialist and the participant, versus a "quick triage or assessment approach" that a caseworker might take in order to quickly identify a participant's needs. By taking this approach, the diverse team of peer specialists

were able to go out in the community to engage community members through meaningful connections directly informed by needs of the residents. Peer specialists spent time listening to personal stories, discussing wellness and recovery, and modeling hope. Information was provided on TPP peer-led support groups, the Transgender Health Fair, and other behavioral health and medical resources for the trans community.

In year five of the program, TPP determined that the program could reach more individuals when outreach was conducted in the evenings and weekends, rather than during the day. TPP staff learned that the service population often fears coming out during the day due to fear of community violence or other negative factors. Therefore, TPP started conducting more outreach activities after dark to engage more community members. Additionally, in year five, a bicultural, bilingual peer was hired and outreach efforts were expanded in order to reach monolingual Spanish-speaking trans women.

Lastly, TPP conducted outreach and education to service providers and community organizations in order to build collaborative relationships to meet the needs of trans clients and participants. TPP staff worked to teach providers best practices for engaging the trans community and provided opportunity for providers to refer their participants to TPP services.

Peer-Led Support Groups

TPP provided peer-led support groups for trans women of color, other trans and gender non-binary individuals, and allies of trans folks. Multiple weekly groups were offered, with some focusing on a specific population within the trans community, such as older trans individuals. Through their facilitation of the groups, the peer specialists supported participants in gaining empowerment skills, learning about harm reduction strategies, engaging in mindfulness practices, and participating in health and wellness activities within a safe environment that utilized empathy and peer support to help promote and inspire recovery. Key to forming a sense of community groups included a meal provided by TPP.

These peer-led groups also acted as a venue to support participants with linkage to the mental health system, primary care, and other community-based services in San Francisco. The groups were launching points for education and engagement in community services that have traditional and non-traditional mental health components. The participants were provided with the opportunity for service providers to directly come to them in order to increase access to services. In addition, participants were given a forum during the groups to share ideas regarding services available in the broader community that impact their wellness and recovery.

TPP peer-led support groups offered throughout this five-year project included conversations, education, and support on the following topics:

- Harm Reduction
- Medical advocacy
- HIV support
- Broader trans issues
- Support for the older adult trans community
- Support for gender non-conforming adults
- Social isolation

Annual Transgender Health Fair

Each year in December, TPP held a one-stop Transgender Health Fair in order to share health and wellness resources, offer a place for collaboration between trans participants and providers who specialize in working with the trans community, and demonstrate that participants can recover and make positive contributions to the community. The Health Fair was held from 11:00am-2:00pm and offered lunch, guest speakers, tabling activities, a comprehensive resource fair, and a show or performance. On average, over 100 people attended the Health Fair each year.

In addition to being a source of information for participants, the Transgender Health Fair was safe place for providers to meet with one another in order to network and share best practices. This health fair provided a space where providers could offer education to participants about the specialized services they provide and, as a result, participants were linked to services.

After the Health Fair in December 2019 (year five), which was held at the San Francisco Main Public Library, TPP staff learned that declining participation in the fair may have been due to increased police presence at the library. TPP staff learned that the community viewed the library as a hostile environment for individuals experiencing homelessness or housing instability. Therefore, they planned to hold the next fair in a different location. Throughout the project, staff learned that where and when participants feel safe enough to come out of their homes was constantly changing. The increasing pressures on unhoused trans participants made it necessary to adjust program locations and the methods in which to find this population. This continuous feedback from participants is what ultimately led the program to change the Health Fair location.

The Transgender Health Fair provided resource tabling and linkage to services including:

- Health and social service providers specializing in working with the trans community
- Transportation and mobility
- Affordable housing
- Assistive technology
- Language interpretation
- Substance use services
- Cultural adjustment
- Immigration services
- Food assistance
- Women's services
- Medical assistance
- Gender reassignment services
- Mental health services
- Training and education programs
- Independent living skills
- Vocational services
- Re-entry services for those with criminal justice involvement

TPP held a second FY19-20 Transgender Health Fair on June 24, 2020. Initially scheduled before the end of the INN project and by using our INN fund increase that was approved on June 11,

2019, this fair was delayed due to the COVID-19 pandemic. We still held the fair even after the INN funding ended on February 29, 2020 by using an alternative funding source. Offered virtually via Zoom, this fair provided critical information and resources specific to the pandemic to the San Francisco trans community. Six agencies presented and there were virtual performances.

Training Activities for Peer Specialists

Peer specialists were trained throughout the course of their work in TPP. Many peers participated in the 12-week BHS Peer Specialist Mental Health Certificate Program, the Advanced Peer Certificate Program, and the Leadership Academy monthly training seminars for ongoing education. Additional training was offered including, but not limited to:

- Wellness Recovery Action Plan (WRAP)
- Harm Reduction theories
- Psycho-education on mental health, coping skills and socialization skills
- De-escalation strategies
- CPR/First Aid
- Personal safety training
- Seeking Safety
- Motivational Interviewing



Community Collaboration

TPP focused on forming collaborative efforts with service providers that had a level of expertise working with the transgender community. Providers that worked with TPP were able to address issues specific to this population such as high rates of suicide, anxiety, PTSD related to hate violence, and stressors related to gender reassignment. A vital component of TPP was collaboration among other SFPDH/BHS and SF-MHSA community peer-to-peer programs in order to share best practices, learn about other programs, and provide optimal care and support to consumers. TPP created collaborative partnerships with community programs including, but not limited to:

- Peer-to-Peer Employment Program: a peer counseling program that provides peer-to-peer supportive case management and resource linkage to behavioral health participants
- Peer Outreach and Engagement Services: a peer program aimed to reduce stigma, provide individual and group peer counseling services and teach basic nutrition and wellness skills
- Peer Specialist Mental Health Certificate Program: a certificate program that prepares consumers and family members with skills & knowledge for peer counseling roles
- Peer Wellness Center: a peer-led center comprised of peer counselors and wellness activities
- Tom Waddell Health Center: a primary health clinic that provides hormone treatment, therapy, and peer-led groups for trans women of color
- San Francisco Health Center: a specialty clinic that provides hormone treatment, therapy, and peer-led groups for trans women of color
- Gender Health SF: a county program that coordinates gender reassignment services, while providing peer support
- A Woman's Place: a shelter that serves trans women
- St. James Infirmary: a primary health clinic that provides hormone treatment, therapy, and peer-led groups for trans women
- Mental Health Access: a referral program for county mental health services

- Ella: a provider of counseling and referral resources for Spanish speaking trans participants
- Glide Memorial: a liberal church that provides meals, HIV testing, job placement support, computer classes, substance recovery groups and other community programming
- San Francisco Open Hand: a program that offers free meals to people in need

In addition to the above-mentioned relationships, TPP collaborated with the San Francisco Study Center (SFSC) which acted as a fiscal intermediary for this program. TPP was managed by the San Francisco Department of Public Health, however, SFSC helped support the fiscal and human resources activities for this project.



Evaluation Methods

Learning Questions and Program Objectives

The Transgender Pilot Project identified three learning questions in the original INN funding application (LQ 1-3) and, as part of the comprehensive evaluation planning conducted in FY19-20, added to the third question (*in italics below*). The final comprehensive evaluation plan developed in FY19-20 by Hatchuel Tabernik & Associates (HTA), an external evaluation consultant, was designed to answer these learning questions as fully as possible, considering available program data and possible additional data sources to fill programmatic data gaps. The comprehensive evaluation focused on two of the three main project activities – peer-led support groups and the Transgender Health Fair.

LQ1. Did this programming increase overall access on a county level to mental health services that directly promote mental health outcomes?

LQ2. Which activity was the most successful in increasing access to mental health services?

LQ3. What are the perceived outcomes and importance of the programming from the participant perspective? *What is the peer specialist perspective on the programming?*

In addition, program objectives were measured and reported on a yearly basis in the MHSA Year-End Narrative Reports. The program objectives were:

Objective 1: Program participants will report **increased social connection** as evidenced by 75% of participants **rating 4+**³ on a participant survey administered by SFDPH (the *Quality of Life Survey*), collected by the program manager and stored in a locked cabinet.

Objective 2: Program participants will **report improvements to health, wellness and recovery** as a direct result of program as evidenced by 75% of participants **rating 4+** (in FY2015-16, FY2016-17, FY2017-28, and FY2018-19) **or a 3+** (in FY 2019-20)⁴ on evaluations provided after the Trans Health and Wellness fair on a participant survey administered by SFDPH (the *Health Fair Evaluation*), collected by the program manager and stored in a locked cabinet.

Data Sources

Both qualitative and quantitative data were collected and analyzed in order to answer the learning questions as fully as possible. The following data sources were used to evaluate TPP.

Quality of Life/Satisfaction Survey. Participants who attended the weekly support groups were asked to complete a survey annually intended to measure “social connectedness.” This survey was developed in partnership with the SFDPH Quality Management unit in FY2015-16 and included four items with a Likert scale. The survey was subsequently revised to better measure social

³ Equivalent to a response of “agree” or “strongly agree”

⁴ While the Likert scale differed between years (5-point vs. 4-point), the performance targets in the objective both represent a response of “agree” or “strongly agree.”

connectedness. The revised survey was used in all following years and included five items. The survey was distributed to peer-led group participants each year in June. This survey was also used to assess yearly progress towards program objective #1 in the Year-End MHSA reports.

Transgender Health Fair Evaluation Survey. Attendees of the annual Transgender Health Fair were able to complete a survey intended to measure “improvements to health, wellness, and recovery” as a result of the Fair and overall quality of life. This survey was developed in partnership with the SFDPH Quality Management unit and included five items with a Likert scale. This survey was also used to assess yearly progress towards program objective #2 in the Year-End MHSA reports.

Peer Specialist Interviews. Five peer staff interviews were completed by the HTA in March 2020. Staff were asked about their experience as a peer specialist, perceptions of the program, impact on clients, and general mental health access for the transgender community. These interviews were recorded and coded for themes using a blended inductive and deductive approach.

Participant Interviews. Ten participant interviews were completed by HTA in May and June 2020. One additional participant interview was not finished per participant request, and therefore was not included in analysis. Participants were asked about their experience in TPP support groups, experience at the Transgender Health Fair, impact of the program on their health and wellbeing, and general facilitators and barriers to mental health care. Interviews were recorded and coded for themes using a blended inductive and deductive approach.

Program Documents. *Year-End Narrative Program Reports* completed for the funder (MHSA) were reviewed for program description, challenges, successes, and the total unduplicated count of participants served each year. *Group Sign-In Sheets* were used to collect data at each support group. Though not available for all participants, demographic data for the group participants was compiled for all program years by staff from the sign in sheets and analyzed by HTA to provide a profile of the population reached.

Data Notes and Limitations

- Given historical and continued distrust of medical and social services, and other complex factors experienced in the transgender community, participants may have chosen not to report their demographics, or may have reported demographics inconsistently over time. In order to compile individual level demographic data on as many participants as possible for the final evaluation, program staff reviewed all sign in sheets and filled in missing demographic information from their knowledge of the participants when possible. Therefore, the demographic data analyzed for this report may differ from the demographics reported in the year-end MHSA reports, but may be a more complete and consistent representation of participants across all five years.
- Demographic data was not collected in the initial months of the project (March – May 2015), so results are unavailable for those dates.
- Demographic data represents unduplicated participants within each fiscal year, but participants may be duplicated across years.
- As the MHSA Innovations funding for the program ended on February 29, 2020, data collection for FY19-20 ended on that date, so is not representative of the full fiscal year.

Wherever “FY19-20” appears in this report, the true time period is July 1, 2019 - February 29, 2020.

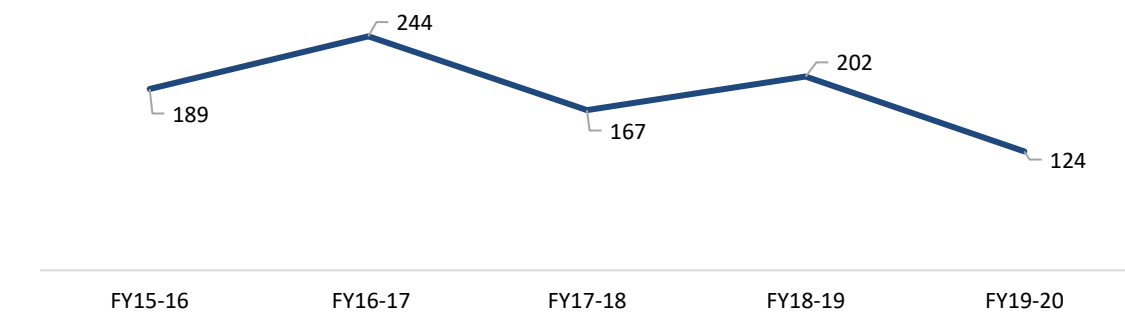
- The Quality of Life survey used in FY15-16 differed from that used in later years as it was revised to better fit the program. Therefore, Quality of Life survey results from FY15-16 year are not comparable to subsequent years.
- The individual level data for FY15-16 and FY 16-17 Health Fair Evaluations were unavailable, so aggregated results reported in the Year-End Narrative Program Reports is presented. The sample sizes for these years are unknown.
- The Health Fair Evaluation used in FY19-20 differed than in other years. The survey items were the same, but the Likert-scale used was a 4-point scale rather than a 5-point scale as used in previous years, omitting the “not sure” response option. Therefore, comparability between FY19-20 and previous years is reduced.
- Changes in county-wide data reporting did not allow for a full analysis of Learning Question #1. Previous to 2018, the BHS data system used by SFDPH and contracting providers did not allow for collection of gender identity data. In 2018, the Sexual Orientation and Gender Identity (SOGI) guidelines were adopted and implemented. Therefore, transgender and gender non-confirming participants are only recently starting to be identified as such in records, and this data continues to be mostly incomplete as implementation of the guidelines is ongoing. Additionally, some TPP participants (and other transgender SFDPH participants) choose not to identify as transgender when receiving services in order to reduce discrimination. Therefore, data on transgender participants in BHS services is not fully complete or accurate at this time.

Evaluation Findings

Program Participation and Demographics

Between 124 and 244 unduplicated individuals participated in the Transgender Pilot Project each year, and it is highly likely that individuals participated over multiple years. It is likely that FY 19-20 saw a lower total number of participants as the funding for the program ended on February 20, 2020, before the end of the fiscal year.

Figure 1. Total TPP Participants, Peer-Led Groups and Transgender Health Fair (Unduplicated).



Source: TPP Year-End MHSA Reports, FY15-16, FY16-17, FY17-18, FY18-19; TPP Group Sign-In Sheets FY19-20

TPP peer-led support groups were diverse in terms of participants’ race/ethnicity and age, and the program was successful in its goal to serve transgender women of color. Most participants identify as female or transgender female, with a minority as male, transgender male, or another gender identity. Many participants identify as a person of color or multiracial, with 20% or less of participants identifying as white each year. This diversity was mentioned as a strength of the program in interviews as participants placed value on learning from others who have backgrounds and experiences that differ from their own.

“It’s a really special thing when you talk to older trans women, their stories, their path in life. The ones that started early, there was a lot of adversity that they faced.”
 – TPP Participant

Table 1. Race/Ethnicity, TPP Peer-Led Group Participants

	June 2015 (N=77)	FY15-16 (N=159)	FY16-17 (N=183)	FY17-18 (N=122)	FY18-19 (N=207)	FY19-20 (N=124)
American Indian/Alaska Native	1%	3%	3%	3%	3%	8%
Asian	3%	2%	2%	4%	6%	5%
Black or African American	52%	42%	45%	42%	23%	20%
Hispanic or Latinx	17%	15%	15%	18%	16%	21%
Native Hawaiian or Other Pacific Islander	0%	2%	3%	3%	4%	2%
Multiracial	0%	10%	10%	11%	11%	13%
White	20%	19%	15%	13%	19%	20%
Other	5%	4%	4%	6%	11%	9%
Declined to answer	0%	0%	0%	0%	1%	0%
Unknown/Missing	3%	3%	2%	0%	7%	2%

Source: TPP Group Sign-In Sheets, June 2015, FY15-16, FY16-17, FY17-18, FY18-19, FY19-20 (unduplicated clients each year)

Table 2. Age, TPP Peer-Led Group Participants

	June 2015 (N=77)	FY15-16 (N=159)	FY16-17 (N=183)	FY17-18 (N=122)	FY18-19 (N=207)	FY19-20 (N=124)
16-25	4%	8%	7%	6%	9%	9%
26-59	75%	76%	77%	75%	66%	66%
60+	18%	14%	13%	17%	18%	23%
Declined to answer	0%	0%	0%	0%	1%	0%
Unknown/Missing	3%	3%	2%	2%	7%	2%

Source: TPP Group Sign-In Sheets, June 2015, FY15-16, FY16-17, FY17-18, FY18-19, FY19-20 (unduplicated clients each year)

Table 3. Gender, TPP Peer-Led Group Participants

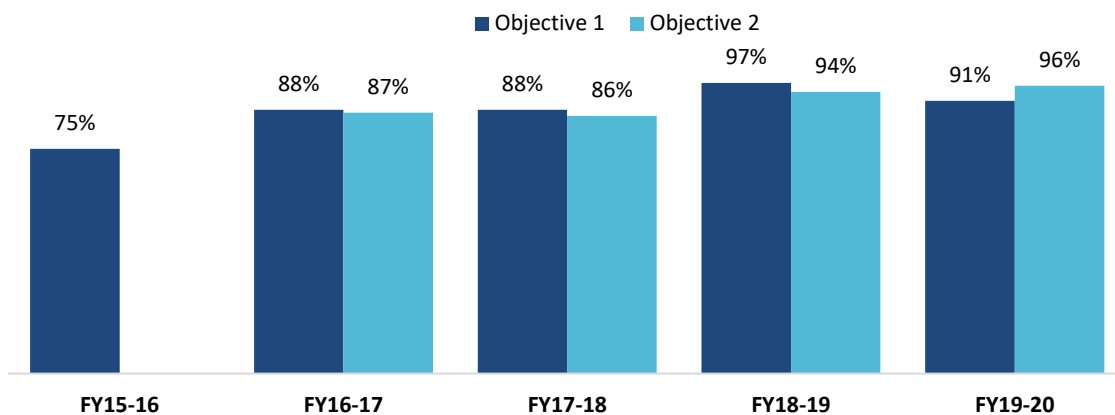
	June 2015 (N=77)	FY15-16 (N=159)	FY16-17 (N=183)	FY17-18 (N=122)	FY18-19 (N=207)	FY19-20 (N=124)
Female	8%	24%	24%	18%	23%	25%
Male	5%	3%	5%	1%	4%	2%
Transgender	3%	1%	0%	0%	0%	0%
Trans Female	74%	66%	66%	72%	49%	58%
Trans Male	9%	6%	5%	4%	4%	2%
Another Gender Identity	1%	1%	1%	4%	14%	11%
Unknown/Missing	0%	0%	1%	1%	5%	2%

Source: TPP Group Sign-In Sheets, June 2015, FY15-16, FY16-17, FY17-18, FY18-19, FY19-20 (unduplicated clients each year)

Yearly Program Objectives

In each of its five years, TPP met or exceeded the performance targets outlined in the two program objectives. Each year, at least 75% of participants reported an increase in social connectedness as a result of their participation in the peer-led groups (Objective 1). Additionally, over 75% of Health Fair participants reported improvements to their health, wellness, and recovery as a result of attending the fair each year (Objective 2).

Figure 2. Percentage of Participants Meeting Yearly Performance Objective.



Note: FY2015-16 data for Objective 2 is not available

Source: TPP Year-End MHSA Reports FY15-16, FY16-17, FY17-18, FY18-19; Peer Group Participant Quality of Life Survey FY2015-16 (N=69), FY2016-17 (N=42), FY2017-18 (N=35), FY2018-19 (N=49), & FY2019-20 (N=16); Transgender Health and Wellness Fair Evaluation Survey, 2015 (N unknown), 2016 (N unknown), 2017 (N=44), 2018 (N=52), & 2019 (N=20)

Lessons Learned

Learning Question 1: Did this programming increase overall access on a county level to mental health services that directly promote mental health outcomes?

Key Findings

1. In 2017, 2018, and 2019, over 80% of Transgender Health Fair attendees who completed the evaluation survey reported that they were more aware of and more likely to access transgender services after the fair.
2. The San Francisco Department of Public Health Behavioral Health Services programs implemented and began to actively collect data on sexual orientation and gender identity for participants accessing mental health and substance use services, a step towards being able to better measure service utilization and outcomes for transgender and gender non-conforming residents. While not directly related to TPP, this change has the potential to positively impact program participants by better tracking access to services for the transgender community.

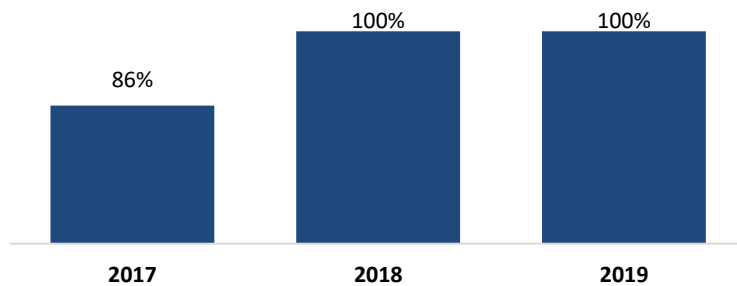
A key lesson learned was that in order to fully and accurately answer this question, significantly more robust data systems were needed, the development of which was not possible for the scope of this program. Two main data limitations, described below, both within and outside of the TPP program design impacted the ability to fully evaluate and answer this learning question.

1. TPP program activities and participants were not tracked in the San Francisco Department of Public Health behavioral health data system, Avatar, as it is fundamentally a MediCal billing and reimbursement system, and the program collected limited program data. This was a conscious decision made by the program staff in order to ensure that the services were low barrier and that participants were comfortable attending activities. Transgender women of color are often mistrusting of health and social services as many have been mistreated or discriminated against when seeking and/or receiving care. Therefore, community members could be wary of providing personal information. In order to ensure accessibility and serve as many people as possible, TPP greatly limited the amount of participant data collected.
2. Until 2018, the San Francisco County Department of Public Health Behavioral Health Services data tracking system, Avatar, did not track gender identity, only “sex assigned at birth.” In 2018, SFPDH began the process of implementing the Sexual Orientation and Gender Identity (SOGI) in order to be more inclusive of all sexual orientations and gender identities in data collection. The implementation of the SOGI guidelines is still in progress. Therefore, data on BHS participants’ gender identity is currently not fully accurate or complete.

Even with these limitations, a partial picture of TPP’s impact on county-wide mental health services can emerge using the data available. For example, TPP’s Transgender Health Fair aimed to have a broader reach into the Trans community than the support groups. Over 100 participants attended

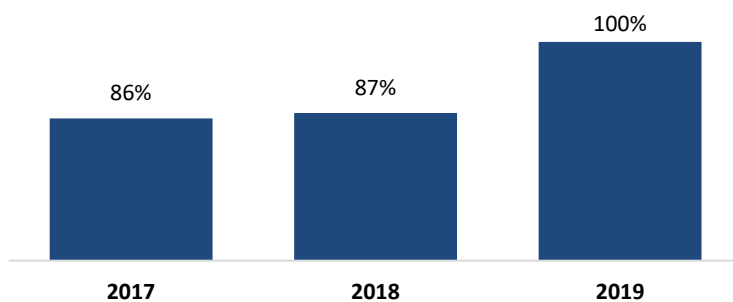
and about 15-20 organizations participated in the fair each year. In 2017, 86% of the fair attendees who completed the evaluation survey reported that they were more aware of transgender services in the community after the fair. In 2018 and 2019, 100% of attendees who took the survey reported this. Additionally, 86%, 87%, and 100% of fair survey respondents reported that they would be more likely to access transgender services after the fair in 2017, 2018, and 2019, respectively. Though we do not know whether these attendees accessed services, or whether they were referring specifically to mental health services, it is promising that such a large proportion of individuals attending the Transgender Health Fair felt more knowledgeable about and likely to access necessary services in the transgender community.

Figure 3. Percentage of Participants Who Reported Being More Aware of Available Services in the Transgender Community After the Trans Health Fair.



Source: Transgender Health and Wellness Fair Evaluation Survey, 2017 (N=44), 2018 (N=52), & 2019 (N=20).

Figure 4. Percentage of Participants Who Reported That They Would Be More Likely to Access Transgender Services After the Trans Health Fair.



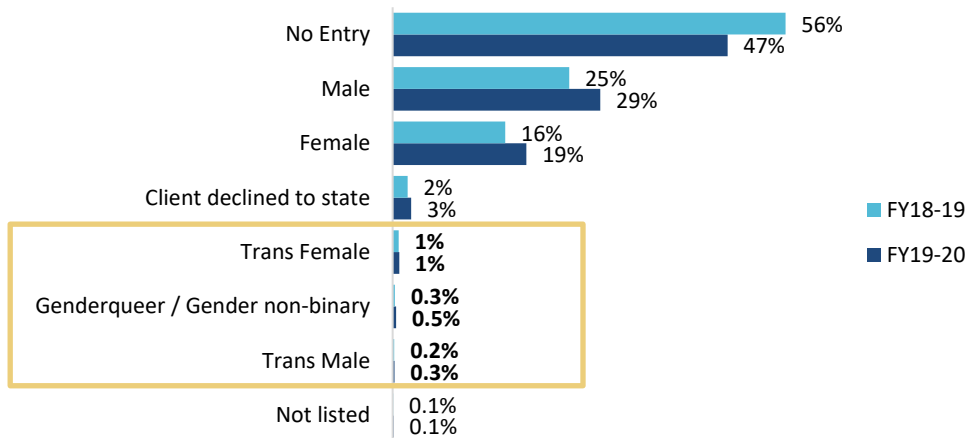
Source: Transgender Health and Wellness Fair Evaluation Survey, 2017 (N=44), 2018 (N=52), & 2019 (N=20).

Additionally, though we cannot accurately assess for change in mental health service access over time for transgender individuals, the implementation of the SOGI guidelines in 2018 allows for the assessment of a baseline. Looking at users of BHS services by the new demographic variable gender identity, helps us see 1) the progress of SOGI guideline implantation, and 2) a rough count of how many BHS clients identify as transgender and genderqueer/gender non-confirming. In both FY18-19 and FY19-20, less than 2% of participants served by BHS programs⁵ identified as transgender female, transgender male, or genderqueer/gender non-binary.⁶

⁵ This count include individuals who access programs in the following categories: intensive case management/full-service partnerships, standard outpatient, prevention services (substance use only), residential treatment (mental health and substance use), and narcotic replacement therapy.

⁶ It is important to note that many BHS programs/services have not fully implemented the SOGI guidelines and many participants' gender identity is not entered. Therefore, this data does not fully or accurately represent the gender identity breakdown of all BHS participants. Rather, it presents a preliminary baseline measure.

Figure 5. BHS Participants in Ongoing/Routine Services FY18-19 & FY19-20



Note: Given that TPP is focused on providing and referring for routine and ongoing behavioral and mental health care (including substance use treatment) for transgender individuals, the data presented includes programs that are not providing short term crisis or psychiatric inpatient services.

Source: SFDPH Quality Management, Avatar service data, FY18-19 (N=17, 519) and FY19-20 (through 2/29/20; N=15,013)

Learning Question 2: Which activity was the most successful in increasing access to mental health services?

Key Finding

The weekly support groups and Transgender Health Fair were both successful, with each meeting the needs of participants in different ways. The groups provided a safe space in which participants were able to actively discuss mental health, reduce isolation, and improve social connectedness. The Fair allowed for participants to meet representatives from organizations that provide a variety of services, including mental health.

From a peer specialist perspective, both the weekly support groups and annual Transgender Health Fair were successful in increasing access to mental health services. Each activity created the opportunity for participants to learn about and access mental health services in different ways, and are viewed as equally important and successful.

Peers reported that they saw the groups themselves as a mental health service. Participants were able to learn about mental, behavioral, and physical health resources from the peers and from other participants. More than that, these groups provided participants with a safe space for social support and connection. In interviews, peers emphasized that while there are more trans-friendly clinics in San Francisco than in the past, participants continue to feel outed and have their privacy violated when they attempt to access services.

“In combination with having the health fair and our groups, people are always linked to services, especially for mental health. The fact that some of the groups are in medical facilities, there’s onsite therapists there that we can always take them out of the group and walk them over to get started.”

– Peer Specialist

The safe and trusting environment created in the TPP groups provide a space for participants to not only process these traumas, but also to work with the peers to figure out how to access services in a way that makes them feel comfortable and safe. For example, one participant reported not wanting to access needed services as she did not feel comfortable telling the receptionist out loud that she was there for transgender-specific care, which would have put her at risk of other clients hearing. Peers heard and understood this concern, and suggested that she pass a note to the receptionist upon arrival so as to maintain her privacy in the waiting room.

The annual Transgender Health Fair provided community members with concrete linkages to information and resources. With approximately 15-20 organizations participating each year, it served as a one-stop-shop for people to learn not just mental health services, but legal, physical health, and other services as well. Peer specialists viewed this activity as complimentary to the groups, and also as more accessible to the wider transgender community in San Francisco. Community members who were unable or chose not to attend the support groups accessed crucial health, wellness, legal, housing, and social service information and resources.

Learning Question 3: What are the perceived outcomes and importance of the programming from the participant perspective? What is the peer specialist perspective on the programming?

Key Findings

1. The peer-led support groups were perceived to be a safe space where participants could build community, improve social connection, and learn about resources from trusted members of their community.
2. Support group participants viewed the groups themselves as a mental health service.
3. Peer specialists were viewed as role models, and contributed to an increase in transgender representation in the health and social service field.
4. There is a need for peer-led support groups to have dedicated physical space that is safe for and trusted by the transgender community.

Peer-Led Support Groups

Transgender individuals have and continue to experience trauma and discrimination in the community and in service agencies, and may not feel safe or comfortable in many spaces. According to both participants and peer specialists, the TPP support groups were an exception. These groups offered a unique and safe space where participants could build community, increase social connection, support each other, and learn from both other participants and peer leaders. Participants placed high value on the sharing of stories and knowledge within in the group.

Peer specialists viewed their role as facilitators and educators, responsible for creating a safe, non-judgmental space and providing information on transgender-friendly

“It’s fun to be in a safe space with people where you don’t have to explain yourself or apologize for existing.”
- TPP Participant

community resources and linkage to services. They worked to be trusted role models and leaders, someone participants could identify with and look up to as a model of what is possible for transgender people of color. Many peer specialists expressed the rarity of such role models, especially when they were younger and early in their transition, and the negative impact that had on their self-esteem and self-worth over time.

“It’s also rewarding to be in a position to show other people who identify as trans or gender non-conforming that it is possible for them to have a job like mine as well or whatever else they dream of. Growing up, there was no representation. I did not see myself in any type of employment or school. So, working with our community it’s good to let them know that things have changed. We can go to school. We can work. There are opportunities for us.”

– Peer Specialist

According to participants, peer specialists were successful in their role. Participants saw the peers as someone to emulate, someone who had achieved life goals after having experienced relatable challenges. For example, both peers and participants discussed the importance of seeing the peer specialists with stable housing and employment. Having guidance from trusted, relatable group leaders was critical to ensuring that the groups were safe, enjoyable, and effective.

“What draws me to these support groups is actually having representation from the community being in leadership.”

- TPP Participant

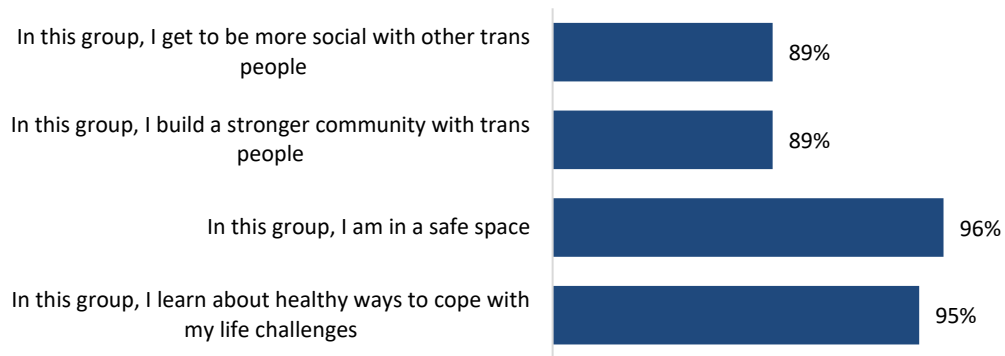
Participants additionally reported that the groups were a place where they could see transgender women of color represented in leadership and direct service positions, something that is lacking in other service agencies. A number of participants reported the lack of transgender, and specifically transgender people of color, representation in program and agency staffing can be barrier to receiving

services. TPP overcame this barrier by using a peer-based model to ensure that program staff, as much as possible, represented the participants in the groups. This led to participants feeling safe in the groups, comfortable asking for help, and open their to sharing experiences without fear of judgement or discrimination (also see Figures 6 and 7). Working with peers who they could see as role models helped participants feel empowered in reaching their goals. Additionally, it encouraged participants to seek out new roles within the support groups. Many participants interviewed reported that they not only participated in groups, but volunteered in and lead other groups as well, having been inspired by peer specialists. Many participants talked about a role in the groups as one of “giving back” to others in the community.

“They always connect you to resources, but I also feel that these actual groups have proven to be outlets... they’ve acted as my clinician or mental wellness guide... It’s an opportunity to share, and in that moment, I can be honest and it’s healing... When you can talk with someone who really understands your struggle or your blessing, it just kind of is powerful.”

- TPP Participant

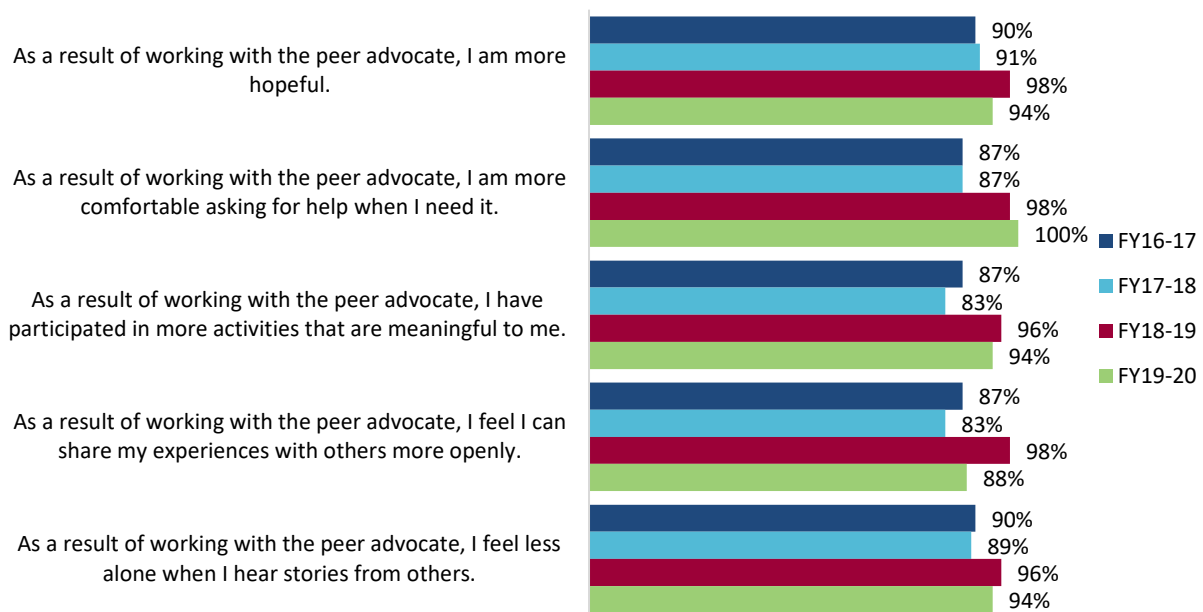
Figure 6. Percentage of Group Participants (FY15-16 Only) Who Agree or Strongly Agree with the Statement.



Source: Peer Group Participant Quality of Life Survey, FY2015-16 (N=69).

“People talk about the stuff that they’re going through, giving you the ability to have strength around it yourself. Sometimes when I see or hear something, I find something I didn’t even know I needed. I hear something I didn’t even know I wanted... For me, I think groups like this are immeasurable for people who are seeking out help or betterment for themselves.”
 - TPP Participant

Figure 7. Percentage of Group Participants Who Agree or Strongly Agree with the Statement.



Source: Peer Group Participant Quality of Life Survey, FY2016-17 (N=42), FY2017-18 (N=35), FY2018-19 (N=49), & FY2019-20 (N=16)

“There is all of this support and information in the group, which is power. As an individual to be able to walk away with that type of power or knowledge or strength is very important. And as stuff like this continues to happen, there is going to be a stronger and stronger community, and a healthier community, mentally.”

- TPP Participant

“I kind of figured out by listening to other people tell their stories how to navigate surgeries; how to stay sober; how to get mental health treatment; how to get substance abuse treatment; and health treatment.”

- TPP Participant

In addition to building community and social connectedness, resources and information was shared. Participants reported learning, or seeing others learn, about mental health, housing, medical/surgical, and financial resources from each other and from the peer specialists. In interviews, many participants discussed how peer specialists and participants brought a wealth of knowledge to the groups, and how information was shared freely. Even participants who have attended and/or led other support groups for years noted that there was always something new to learn. More than learning about mental health resources that could be accessed outside of the groups, participants and peer specialists viewed the groups themselves as a mental health service. By providing a safe space for participants to talk, learn, and build social connection, the TPP groups supported and, anecdotally, improved the mental health and wellbeing of participants.

“Sometimes you’ll be in a dark space and you don’t even know that you be there. Sometimes somebody can say something in a group and it can hit you, and they be referring to you. And you don’t even know that you’re in that dark space. You can be just like, ‘why am I feeling like this? is there a reason I’m feeling like this?’... and then someone can say something that hits you right on and then it’s like, ‘oh I really needed to come to this group. Because if I wouldn’t have come to this group, I wouldn’t have known what I was going through.’”

- TPP Participant

“I’ve seen participants go into programs. I’ve seen participants better their health. I’ve seen participants have better relationships with their doctors by having conversations with them. I’ve seen people access services a lot more as opposed to just sitting down and expecting things to just happen or saying ‘woe is me.’”

- Peer Specialist

Peer-Led Support Group Challenges

While both participants and peers were overwhelmingly positive about the support groups and the impact on participants, they reported challenges as well. Peer specialists cited challenges with some of the clinics where they held the groups. This included clinics not wanting peer specialists who were

also clinic patients to lead groups and participants being treated poorly and banned from clinics without clear protocol for how to be allowed back. According to staff, the latter was especially challenging as participants would be banned for something that happened outside of the TPP group and were not given specific information about the length of time or if they would ever be allowed back in the clinic. Therefore, the participant would not be able to attend TPP support groups. Both of these challenges led to difficulty in retaining participants in groups and to TPP seeking out new facilities for groups multiple times over the five-year period. While necessary for ensuring that groups were held in a safe and trusted space, the continual changes in location also made participant retention difficult. These challenges speak to the importance of having dedicated space for these groups in a place that is safe for and trusted by the transgender community.

Finally, TPP staff worked to ensure that hot meals were provided as part of the groups. Both participants and staff reported that this was a key aspect of the groups that kept people coming back, as many participants are food insecure, and helped them build community within the groups. Funding challenges and restrictions throughout the five years meant that providing high quality, healthy, hot meals was not always possible.

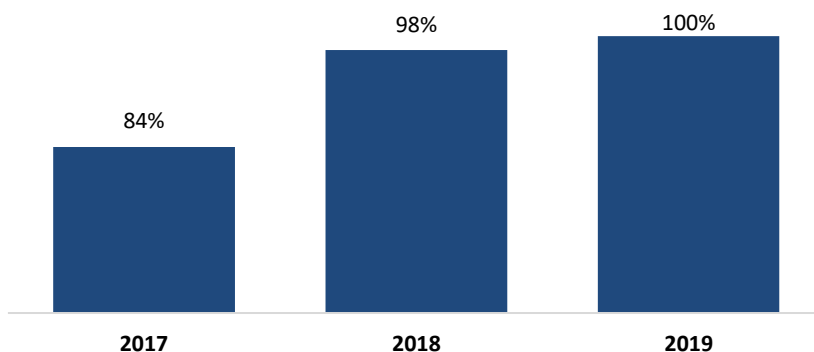
“Realistically, we are dealing with people who are low income and are trying to supplement what they have. When they come in, they want to eat just what you and I eat... We do what we can do... You can’t please everybody, but before there were things in place, like bringing healthy snacks, but when you have a group of people and a budget of \$30 and two people are diabetic, what do you get everybody?”

- Peer Specialist

Transgender Health and Wellness Fair

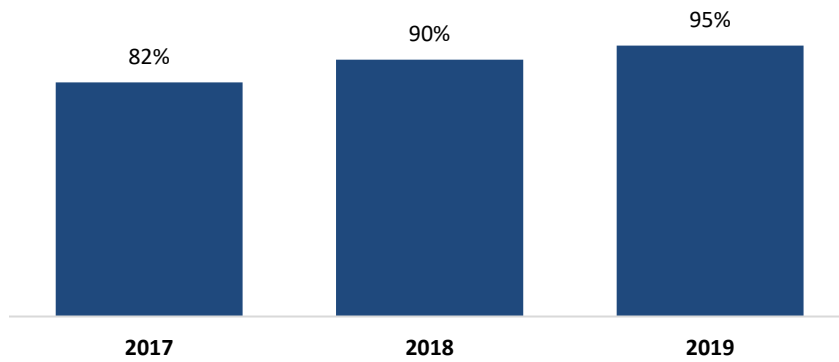
Transgender Health Fair attendees who completed the evaluation survey reported positive outcomes resulting from their participation. In 2017, 84% of survey respondents reported feeling more social connected to the transgender community after the fair, and 82% reported feeling more hopeful. In 2018 and 2019, 98% and 100% of respondents, respectively, reported feeling more socially connected, while 90% and 95% reported feeling more hopeful. This continuous increase in positive responses may indicate continuous improvement of the event each year.

Figure 8. Percentage of Participants Who Felt More Socially Connected to the Transgender Community After the Trans Health Fair.



Source: Transgender Health and Wellness Fair Evaluation Survey, 2017 (N=44), 2018 (N=52), & 2019 (N=20).

Figure 9. Percentage of Participants Who Felt More Hopeful After the Trans Health Fair.



Source: Transgender Health and Wellness Fair Evaluation Survey, 2017 (N=44), 2018 (N=52), & 2019 (N=20).

The six participants interviewed as part of this evaluation who had attended the Transgender Health Fair reported that there were many helpful resources and organizations at the event. Specifically mentioned were housing, medical, and legal resources. Participants reported that mental health organizations were not well represented at the Health Fair, though some added that they were not actively seeking out mental health care when they attended the event. Overall, participants appreciated the collaborative nature of the event, the wide variety of resources, and the focus on making the event fun through performances and food.

Some participants brought up concern about the lack of community representation, reporting that they believe increased outreach in the transgender community would result in greater attendance. One participant mentioned that there were few transitional age youth (18-24) at the event, a population that may be early in their transition and in need of increased services and support.

“The health fair is the best thing we got going for us because it’s a collaboration of different organizations who are there for transgender women specifically. It was amazing. It was an abundance of information on health care. It was an abundance of information on different doctors and what they were doing for the girls to get your hormones. And to get your name changed.”

- TPP Participant

Participant Success Stories

The Transgender Pilot Project peer specialists were working with a participant who was seeking support. She had fallen out of care with her various behavioral health providers; she was very discouraged and feeling hopeless about her situation. She reported feeling extremely depressed due to the stressors taking place with her current housing status. The peer specialists worked with the participant to re-engage with her and build a trusting relationship, utilizing the common thread of lived experience as a transgender participant of behavioral health services. As a result, she was eventually linked back to behavioral health case management care and also linked to services at the Curry Senior Center's program for isolated older adults. The participant began to emerge out of her room more frequently and become less socially isolated. She was also linked to housing support and secured a new room. The participant's overall demeanor drastically changed over the course of working with the peer specialists at TPP and as a result of her new support services and housing.

One of TPP's participants was concerned about her impending gender reassignment surgery. She had increasing anxiety about the process leading up to the event. Following the surgery, she experienced a wide variety of medical complications. She was gently coached and supported by the peer specialists and empowered to advocate for herself with her medical provider. The peers provided moral support, as well as group support to meet this participant's needs. As a result, the participant was better able to manage her behavioral health needs. Towards the end of the working relationship, the participant moved into a paid volunteer/internship position with the TPP support groups.



Continuation Plan

As a result of community and stakeholder feedback, the successful components of this project will continue with funding sources other than MHSA Innovations after February 29, 2020. Based on the evaluation efforts described above, the lessons learned and program activities that were proven to be effective will continue in some form.

Behavioral Health Services (BHS) conducted an extensive Community Program Planning Process to discuss the Transgender Pilot Project and to determine the successful components of the project, the areas of opportunities and the possible continuation of funding.

In 2019, SF-MHSA hosted 19 community engagement meetings across San Francisco to collect community member feedback on existing MHSA programming, including TPP, and to better understand the needs of the community regarding this learning project. Attendees included mental health and other service providers, members of the trans and LGBTQ+ communities, consumers of mental health services and their families, representatives from local public agencies, community- and faith-based organizations, residents of San Francisco, and other community stakeholders.

The community input gathered from these meetings helped to shape the Transgender Pilot Project Continuation Plan described here. Of the 19 community meetings held by SF-MHSA, 7 of those meetings specifically explored the needs of the trans women of color community, the trans population, peer programming and/or the Transgender Pilot Project. Below is a list of those community engagement meetings:

2019 Community Program Planning (CPP) Meetings	
Date	CPP Stakeholder Group/Location
March 13, 2019	MHSA Advisory Committee Meeting SF Public Library, 100 Larkin Street, San Francisco CA 94102
June 12, 2019	MHSA Advisory Committee Meeting 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102
September 11, 2019	MHSA Advisory Committee Meeting 1380 Howard Street, San Francisco, CA 94103
October 4, 2019	SF Behavioral Health Services Providers Meeting Atrium Conference Room 1 South Van Ness, San Francisco, CA 94103
October 11, 2019	Trans Women of Color San Francisco Community Health Center 730 Polk St, San Francisco, CA 94109
November 19, 2019	SF BHS Participant Council and MHSA consumers Peer Program Planning and RFQ Implementation 1380 Howard Street, San Francisco, CA 94103
December 11, 2019	MHSA Advisory Committee Meeting 1380 Howard Street, San Francisco, CA 94103

Overall, the stakeholders surveyed were very supportive of sustaining the Transgender Pilot Project. Below is a high-level summary of the stakeholder feedback we received.

- Trans women expressed the need for more intentional providers who are aware of their life circumstances and challenges. “Their approach should be intersectional and recognize complexity of identities”.
- An innovative idea put forth by one group was a resource guide that provides information on all available services for the trans community. Additionally, they would like to see the continuation of peer support groups and chats.
- Members of the transgender community stated the importance of streamlined services (eliminate paperwork and gatekeepers; increase safety measures) and continued services (linkage and outreach support) to advance mental health.
- One huge problem identified relates to fatal interactions with police - especially with trans women of color. Accountability of the San Francisco Police Department (SFPD) is needed and intentional sensitivity trainings for police could improve future interactions.
- Another major point of emphasis included the importance of messaging and campaigning to further conversations about mental health within the trans community.
- One group brainstormed how changes to funding-streams, services, education pathways, career-focused opportunities, and partnerships could better support sexual minorities.
- Participants frequently noted the importance of providing peer services to the trans community using peer specialists with lived experience as trans women of color and behavioral health lived experience.

As a result of overwhelming community feedback to continue TPP in some form, SFDPH worked to develop a Sustainability and Budget Proposal. In December of 2019, SF-MHSA staff submitted a request to the SFDPH Budget Office and the Behavioral Health Services (BHS) Executive Leadership Team.

We are pleased to say that a proposal was approved in January 2020 and TPP will continue programming in FY20-21. The final sustainability plan calls for the continuation of TPP programming in FY20-21 at roughly the same program capacity level as FY18-19, while serving 200 participants annually with a program budget of \$261,018. This plan includes the leveraging of \$50,000 of existing peer programming funding, the leveraging of \$21,018 of existing Adult Mental Health General Fund dollars, the reallocation of \$60,000 from a vacant peer position, and a new budget request for \$130,000 of MHSA Community Services and Supports (CSS) dollars from the SF-MHSA core budget.

Appendix A: TPP Group Participant Demographics

Table A-1. Sexual Orientation, TPP Peer-Led Group Participants

	June 2015 (N=77)	FY15-16 (N=159)	FY16-17 (N=183)	FY17-18 (N=122)	FY18-19 (N=207)	FY19-20 (N=124)
Bisexual	3%	4%	9%	9%	13%	15%
Gay/Lesbian/Homosexual	8%	1%	2%	1%	4%	8%
Heterosexual/Straight	88%	91%	86%	78%	30%	36%
Questioning/Unsure	0%	0%	0%	0%	1%	0%
Other	0%	1%	2%	10%	31%	37%
Declined to answer	0%	0%	0%	0%	1%	0%
Unknown/Missing	1%	3%	2%	3%	20%	5%

Source: TPP Group Sign-In Sheets, FY15-16, FY16-17, FY17-18, FY18-19, FY19-20

Table A-2. Primary Language, TPP Peer- Led Group Participants

	June 2015 (N=77)	FY15-16 (N=159)	FY16-17 (N=183)	FY17-18 (N=122)	FY18-19 (N=207)	FY19-20 (N=124)
Chinese	0%	0%	1%	1%	0%	0%
English	91%	89%	92%	83%	59%	81%
Russian	0%	0%	0%	0%	0%	0%
Spanish	8%	9%	7%	13%	12%	10%
Tagalog	0%	0%	0%	1%	3%	1%
Vietnamese	0%	0%	0%	0%	0%	2%
Other	0%	0%	0%	2%	1%	3%
Declined to answer	0%	0%	0%	0%	1%	0%
Unknown/Missing	1%	1%	0%	1%	25%	4%

Source: TPP Group Sign-In Sheets, FY15-16, FY16-17, FY17-18, FY18-19, FY19-20

Appendix B: Survey Instruments

Quality of Life/Satisfaction Survey Fiscal Year 2015-16

CBHS Peer-to-Peer Programs – Support Group Participant Quality of Life

Program Name: _____ Group Name: _____ Date: _____

<i>Please circle the number to the right that best matches your opinion.</i>	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Doesn't Apply to me
1. As a result of working with the peer advocate, I get to be more social with other trans people.	5	4	3	2	1	X
2. As a result of working with the peer advocate, I build a stronger community with trans people.	5	4	3	2	1	X
3. As a result of working with the peer advocate, I am in a safe space.	5	4	3	2	1	X
4. As a result of working with the peer advocate, I learn about healthy ways to cope with my life challenges.	5	4	3	2	1	X

What would you like to learn about?

What is one word that reflects your experience?

Any other comments?

Thank you for your feedback!

Rev 3/14

Fiscal Years 2016-17, 2017-18, 2018-19, & 2019-20

**CBHS Peer-to-Peer Programs – Support Group
Participant Quality of Life**

Program Name: _____ **Group Name:** _____ **Date:** _____

<i>Please circle the number to the right that best matches your opinion.</i>		Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Doesn't Apply to me
1.	As a result of working with the peer advocate, I am more hopeful.	5	4	3	2	1	X
2.	As a result of working with the peer advocate, I am more comfortable asking for help when I need it.	5	4	3	2	1	X
3.	As a result of working with the peer advocate, I have participated in more activities that are meaningful to me.	5	4	3	2	1	X
4.	As a result of working with the peer advocate, I feel I can share my experiences with others more openly.	5	4	3	2	1	X
5.	As a result of working with the peer advocate, I feel less alone when I hear stories from others.	5	4	3	2	1	X

Any other comments?

Thank you for your feedback!

Rev 3/14

Transgender Health Fair Evaluation Survey⁷

Transgender Health Fair Evaluation Survey						
<i>Please circle the number to the right that best matches your opinion.</i>	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Doesn't Apply to me
1. As a result of participating in the Trans Health Fair, I am more aware of available services for the Transgender Community.	5	4	3	2	1	X
2. As a result of participating in the Trans Health Fair, I am more socially connected to the Transgender community.	5	4	3	2	1	X
3. As a result of participating in the Trans Health Fair, I am more hopeful.	5	4	3	2	1	X
4. As a result of participating in the Trans Health Fair, I am more likely to access Transgender services if the need arises.	5	4	3	2	1	X

Thank you for your feedback!

⁷ The Transgender Health Fair Evaluation Survey in Fiscal Year 2019-20 did not include a “Not Sure” response option.