# Culturally Responsive Care in New Hampshire

Celebrating and Uplifting Resources to Support Equitable Access to Behavioral Health among Diverse Communities

Final Report

May 13, 2024

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# Project Background and Overview

The Institute on Disability (IOD) at the University of New Hampshire is committed to enhancing equitable access to behavioral healthcare for children, youth, and families in New Hampshire (NH). To enhance the capacity of the behavioral health workforce in NH to be more responsive to the needs of all populations, the IOD seeks to foster change at various levels of the system: at the individual provider level, at the agency level, and at the state level.

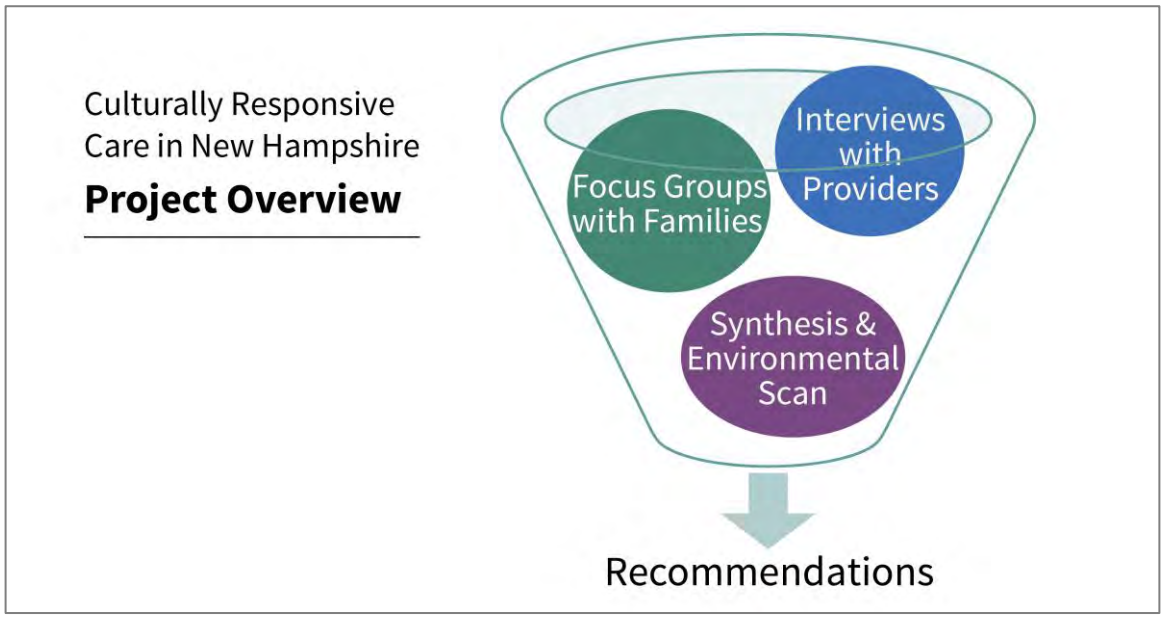
In May 2023 with funding from the Endowment for Health, the IOD awarded a grant to our team to better understand how the children's behavioral health system in New Hampshire might become more culturally responsive. The project team, led by Talmira Hill, T. L. Hill Group, and Anna Adachi-Mejia, Adachi Labs, LLC, included three additional consultants, namely Jennice Chewlin, Chewlin Group LLC, Nicole Sublette, Nicole Sublette Counseling Services, and Julianne Trejo, a mental health professional who is earning a master's degree in mental health counseling and works with children and families in a community mental health center. This team, comprised of People of Color (POC) who live and work in northern New England, brought a range of expertise in diversity, inclusion, and health equity to this project. In addition to providing this expertise, they bring lived experience with the various inequalities in the healthcare system.

The project, "Culturally Responsive Care in New Hampshire: Celebrating and Uplifting Resources to Support Equitable Access to Behavioral Health among Diverse Communities," centered the lived experiences of two groups in New Hampshire, namely:

1. behavioral healthcare providers who self-identify as belonging to the African American/Black/Afro Caribbean, Latine/o/a/x, refugee and immigrant, disability, and LGBTQ+ communities, and
2. adults from the African American/Black/Afro Caribbean, Latine/o/a/x, refugee and immigrant, disability, and LGBTQ+ communities who have attempted to access behavioral and/or mental health resources for themselves or their children, youth, and families.

Over eleven months, from May 2023 to March 2024, this project accomplished three main objectives, namely: (1) gaining perspectives of people with lived experience, including diverse behavioral/mental healthcare providers and individuals and families from diverse communities who have attempted to access NH's behavioral healthcare system; (2) conducting an environmental scan of informational resources based on key themes and issues emerging from the lived experiences of diverse people in NH; and (3) recommending ways to improve access to behavioral healthcare for residents in NH. An overview of the project is depicted in Figure 1.

*Figure 1. Culturally Responsive Care Project Overview.*




The team provided overviews of interim findings to the IOD throughout the process.

# How This Report Is Organized

## Section 1: Perspectives of People with Lived Experience

The consultant team conducted **interviews** and **focus groups** to elicit the perspectives of people with lived experience.

- In October 2023, we interviewed twelve diverse behavioral/mental healthcare providers about their experiences preparing for careers and practicing in New Hampshire.
- In January 2024, we conducted focus groups with nineteen adults from diverse communities who have attempted to access care for themselves and/or their families.

All interviews and focus groups were confidential and conducted remotely. Each participant was offered $50.00 as a thank you for their time, knowledge, and expertise as they shared valuable insights. The first section of this report highlights key themes and issues that emerged from people who shared their lived experiences during these interviews and focus groups.

## Section 2: Informational Resources

Based on themes and issues emerging from diverse providers, individuals, and families, the consultant team conducted an environmental scan of relevant national, statewide, and local information sources. The environmental scan identifies examples of effective practice, policy, research, and system reform in behavioral healthcare that promote equitable systems of care. An overview of environmental scan findings appears in the second section of this report.

## Section 3: Recommendations

We then applied the data analysis of interviews and focus groups, the review of informational resources from the environmental scan, and consultant team input to create recommendations for developing culturally responsive approaches to behavioral health. The final section of this report contains the team's recommendations for creating a more equitable behavioral healthcare system in New Hampshire.

# Defining "Diverse Communities" – Our Approach to This Inquiry

The Culturally Responsive Care project focused on the lived experiences of behavioral healthcare providers and individuals and families attempting to access care who self-identify as belonging to the African American/Black/Afro Caribbean, Latine/o/a/x, refugee and immigrant, disability, and LGBTQ+ communities in New Hampshire. Many interviewees shared their experiences of stigma, prejudice, ostracism, and racism in New Hampshire.

Throughout this project, the consultant team identified and explicitly addressed social constructs and paradigms inherent in the mental/behavioral healthcare system that perpetuate inequitable access. To honor the lived experiences of diverse communities, the consultant team approached this project by outlining the following core underlying assumptions:

### Acknowledging the uniqueness of experience.

We recognize that different communities have commonalities and differences across their experiences, and we do not equate the experiences of different groups. All references to individuals and communities who self-identify as African American/Black/Afro Caribbean, Latine/o/a/x, refugee and immigrant, disability, and LGBTQ+ are made with the understanding that each individual's experiences are unique. Similarly, the experiences of each distinct community are unique. Participants belonging to each of these communities shared their perspectives independently and confidentially. To maintain this privacy, we synthesized information to identify themes and issues.

### Acknowledging intersectionality.

The concept of "intersectionality" emerged repeatedly, both at the individual and system levels. Every person's identity is a unique composite of multiple characteristics, including that one is born with and those cultivated over time. A personal or social identity wheel is a useful way of mapping the myriad intersecting elements that contribute to one's identity (CCLI, 2020). A person who is African American also might have a disability and self- identify as LGBTQ+. Similarly, at the system level, our experiences accessing behavioral healthcare can be influenced by the extent to which agencies, providers, and others in the healthcare system are responsive to the intersectional nature of people's identities. For example, do programs and resources for people with disabilities also acknowledge the assets and needs of those who identify as LGBTQ+ or those who speak languages other than English?

### Acknowledging shared experiences.

We also recognize that some groups are more disproportionally affected than others due to the

current system. We acknowledge that these groups – African American/Black/Afro Caribbean, Latine/o/a/x, refugee and immigrant, disability, and LGBTQ+ – are distinct, and that they also have shared experiences. In this report we refer to a shared lack of access across these groups to mental/behavioral healthcare resources in New Hampshire. We seek to uplift and amplify their voices so their experiences are heard by the system.

### Acknowledging that language evolves over time.

Regarding the Latine/ Latino/ Latina/ Latinx community, different members use different words, which is why for this report we list all of them (e.g., Latine/o/a/x). Some now perceive the word Latine as more encompassing and inclusive than Latinx, the latter of which has had a mixed reception in some circles for a variety of reasons.

### Terminology.

For this report, we use behavioral and mental healthcare interchangeably and thus note it as behavioral/mental health. Behavioral health is an umbrella term that includes mental health and well-being (HRSA) as well as attention to substance use disorders, life stressors and crises, and stress-related physical symptoms (AMA). This report refers to efforts by people with lived experience in New Hampshire who are seeking resources to address any of these concerns and/or who are providing resources to address a broad range of circumstances and situations. The NH Children's Behavioral Health Resource Center offers a wide range of resources.

# SECTION 1: Perspectives of People with Lived Experience

## The Provider Perspective

The Culturally Responsive Care project began with centering the lived experiences of behavioral/ mental healthcare providers in New Hampshire who self-identify as belonging to the African American/Black/Afro Caribbean, Latine/o/a/x, refugee and immigrant, disability, and/or LGBTQ+ communities. These providers are an untapped resource in NH with much wisdom to offer regarding the opportunities and challenges faced by children, youth, and families of diverse backgrounds and identities in the state. We sought to learn from their wealth of insights given both their professional expertise and their personal lived experiences. We conducted interviews with twelve diverse providers in New Hampshire who represent a range of identities (See Figure 2).

*Table 1. Interviews with Behavioral Healthcare Providers in NH*

**12 Interviews with Diverse NH Providers**

Most interviewees have been in practice for 15+ years.

| Identities | Roles | Clients Served |
|---|---|---|
| • African American<br>• Latine/o/a/x<br>• Immigrant/Refugee<br>• Disability<br>• LGBTQIA+<br>• White<br>• Cisgender | • Community Health Workers (e.g., Nashua, Manchester)<br>• Private Practitioners<br>• State Level Agency Representatives (e.g., NAMI NH) | • BIPOC<br>• LGBTQIA+<br>• Disabilities (e.g., UNH)<br>• Rural (e.g., Claremont) |

## Reasons for Pursuing Behavioral Healthcare Careers

Many providers indicated that they entered the field of behavioral healthcare in part because of a commitment to reaching people, especially those from underrecognized communities. Providers are naturally helpers; being supported by others also helped them move towards the profession. As one provider described:

> "What's helped me get into my profession is connections, and…being very academically disciplined…**being able to get scholarships and also connect with other people who understood what I would like to do with my career**. I've met wonderful people along the way who have guided me even when I wasn't sure, OK is this something I want to do? I could be a social worker, I could be… but I was like, OK what can get me to this place where I can provide more than just counseling but more of the clinical aspects of counseling? So…**connection and people believing in my journey and my goal of wanting to help others and all walks of life**." – NH Provider

Some providers had a sense of wanting to be in the field yet also wanted to give some time to check it out to be sure. And other providers had racist work experiences in other sectors which drove them to doing what they always had wanted to do in the first place. For example:

> "My profession, and actually even getting into my profession in itself was a challenge…**I always knew that I wanted to be a therapist**, [but] my family always, always discouraged me…[so worked elsewhere, then has a racist experience at work]…and **that was just a final blow. And so, I went back to school.**" – NH Provider

## Barriers to Entering the Behavioral Healthcare Workforce

> "I've experienced racism, discrimination, and microaggressions that my colleagues/ supervisors don't see or understand." – NH Provider

While these diverse providers were eager to enter the behavioral healthcare workforce, they overcame tremendous barriers to succeed. Barriers ranged from financial and programmatic to personal.

The cost of professional training is expensive. Earning credentials in the behavioral/mental health field requires completing postsecondary education as well as supervised training. Often the expense of completing degree programs in behavioral or mental health, whether at the doctoral, master's, bachelor's, or associate's level, can be a barrier for students who are from underrepresented communities. Providers interviewed spoke of the importance that scholarships, financial aid, and paid internships played in enabling them to enter the field.

Providers spoke of the need for services that would have assisted them while in school, particularly increased accessibility to interpretation services for languages other than English, including American Sign Language (ASL). These services are not always easy to locate and arrange.

Aside from services students might be able to access in a program, students from communities that historically have been racialized and marginalized also struggle with other types of basic needs, such as reliable transportation to school. At a minimum, students who are unable to meet basic needs or whose families are unfamiliar with negotiating postsecondary education must figure out on their own how to do so, adding to their stress and sense of isolation, but also to their self-efficacy.

## Experiences Practicing in NH's Behavioral Healthcare System

Once diverse providers entered New Hampshire's behavioral healthcare system in various professions, they encountered a new set of challenges. Whether providers were working in community settings or private practice, they faced barriers that did not appear to confront their peers who are not from traditionally marginalized and racialized communities.

Providers expressed that they don't feel valued because of how others perceive them or particular aspects of their identities. As a result, they constantly are discerning the extent to which they can bring their full selves to the profession. Providers are concerned that people don't know about the services they offer and that many do not think to access mental health services. Others demonize needing behavioral healthcare and seek to avoid the stigma some communities associate with it.

> "I am here to give voice to my clients and to reduce suffering." – NH Provider

Several providers shared that they don't feel valued in their profession. They spoke of experiencing discomfort at work due the burden of representing all people who share their identities, whether racial/ethnic or other, and the emotional labor required to fulfill their responsibilities while surviving microaggressions and other stressors. A few providers even spoke of concerns for their physical safety. Providers discussed the need to keep aspects of their identity out of the workplace. For example, one provider lamented that there is "no room for my religious faith in the mental health field."

The lack of diversity among NH providers is challenging. NH needs greater representation of people with disabilities and transgender professionals on staff. As providers who themselves are from diverse, underrecognized communities, several interviewees commented that they are a resource for those communities. For example, these providers speak multiple languages. The wide range of skills these providers bring to their professions is an asset that is to be celebrated and not minimized.

> "My lived experience informs my work and helps me connect with clients. – NH Provider

Providers described a lack of explicit training and consistent professional development on issues of diversity, equity, inclusion, and belonging in their agencies and practices. They indicated that complicated dynamics occur in the workplace as they manage their relationships with colleagues as well as with clients. For example, they expressed distress when their supervisors and peers avoided talking amongst themselves about racism. Similarly, they worried that when a colleague is uncomfortable discussing racial or gender identities with a client, it creates gaps in the treatment because critical aspects of a person's identity are then unaddressed as part of their behavioral/mental healthcare.

> "Staff members and people who are supervisors [are] not realizing that racism exists, not realizing the weight." – NH Provider

The diverse providers interviewed commented that healthcare organizations are not investing in training to build competencies that are required for working effectively with diverse colleagues or for engaging respectfully with clients with diverse identities. Formal training is needed, but it is not enough. Diverse providers said that they need real conversations with their colleagues and bosses who need to talk with them without "othering" them. As one provider said:

> "When we have had some diverse clients, I think that other professionals who are predominantly white only have a surface level understanding of what a client is facing and how it impacts their many life domains. I think having that extra layer of deep- rooted understanding has helped to see why some things may be more challenging for some clients than others. Even if there is no personal experience, I think that being willing to invest the time to understand is very helpful and having more diverse training would help with this." – NH Provider

## A Commitment to Persevering

Despite facing challenges, these diverse providers expressed a commitment to persevering and excelling in their professions. Moreover, they are fully committed to enhancing the ability of the behavioral healthcare field to engage individuals and families more effectively from underrecognized communities. Providers commented that they are human too. They can relate to families seeking access to care based on their own lived experiences. These providers spoke openly about needing self-care, especially given that they had been treated badly by the behavioral healthcare system, their colleagues, and, at times, the people they are trying to assist.

When asked what would make conditions better, providers said that they want the workplace to feel fun. While behavioral/mental healthcare offers support for people to address serious issues in their lives, the agencies offering these services can be healthier and more supportive when levity and humility are expressed and honored as part of workplace culture. There is a need for workplace policies that offer flexibility for staff, especially for professionals who have family members with disabilities. The option to offer virtual therapy has been helpful for many providers.

## Provider Recommendations

**Providers had recommendations for making it easier for children, youth, and families of diverse cultural and other identities to access behavioral healthcare include expanding awareness and connections, and the need to reduce stigma around accessing behavioral healthcare services.**

Providers highlighted the importance of sharing information about available services through other networks including health care professionals (particularly primary care physicians), schools, community centers, local community gatherings where information can be provided (e.g., farmers markets, town fairs/festivals), and childcare centers. These are places where anyone would be able to access information, not only individuals and families who might be looking for resources on behavioral healthcare.

It is important to understand that families might not recognize what other supports exist to address needs beyond behavioral healthcare. For example:

> "Knowing that you can get support for, if you're a family who's low income and you need more than just food stamps and you need more than just health care from the state. There's all kinds of health care resources that you can get…People who might need help with health care, you can go to certain resources, and they can help you find places for clinics and if you're looking for something in particular… My mom didn't have health insurance for a while, and we didn't know where to look. Of course there's state aid, but it all depended on if you qualified. And so, it was hard to be like, where could we go if you know we just need basic care?...It's been good to see that there's more places like that. But I think **it would have been super helpful if we…were told, hey, if you don't feel comfortable getting food stamps, you can go to a church and get a free box of food. We didn't know about those things. And we always thought it's just state aid, but there's so many other community places that are willing to help people. And New Hampshire… has been a little bit better with providing those things for people who generally needed that**." – NH Provider

Stigma around accessing behavioral health is still a widespread barrier to overcome, perhaps more so in communities that have been historically racialized and marginalized. As one provider explained:

> "Behavioral health in general, it should be more understood…we still continue to demonize…behavioral health…we're doing a better job of…the substance misuse work that's happening in the state, because of the crisis, and because of, there's been more identification by mainstream people that this is a problem, so it's becoming more – I would describe all these things as normal…when I think they are, because they exist. **We haven't made [behavioral health issues] normal. It's normal to have cancer, or to be connected to someone who's had cancer. But is it normal to share [about your behavioral health issues]? Like if you had cancer and you shared that, you could have a cooler with dinner at your door for the next four months. But would you feel safe enough to say you had a behavioral health issue? …Would you share that with others? And would people respond the same way we respond to someone [with] cancer? I would say right now it doesn't happen, right?**" – NH Provider

**Workplace considerations regarding language accessibility**

Providers talked about future considerations for language accessibility in ways that currently do not exist. Here are three different novel aspects of language accessibility that providers described:

1. Language accessibility is inconsistent and uneven. While some people are successful in accessing these resources, others have little or no success. For example:

> "Providing not just a language helpline, but also…provide more documentation in that language... you have the Spanish language and then some things can come in Spanish, but what about Swahili? You can find a Swahili interpreter, **but you really can't find any documentation that is written in Swahili, right? That's something that should probably change**." – NH Provider

2. Language accessibility typically only goes in one direction – that of providing interpretation for clients, but not for providers. This means that clients miss out on skilled providers. As one provider describes it:

> "We have a lot of people in the field who feel like, oh, deaf people should only work with deaf people. Or, you know, if you're Spanish speaking, you should only work with Spanish people. But the English-speaking clinician, 'I can work with whoever I want to with an interpreter.' But the Spanish-speaking person can't work with whomever they want to with an interpreter, and that pisses me off so much because there are some fantastic clinicians who are deaf that could work with a much broader population of people. But we don't, we don't want them to. Now…maybe having behavioral health through an interpreter is not the best…and so if we all say that the ideal is nobody has an interpreter and everybody is able to have an interpreter that shares their language then fine, if that is what we are saying. But, **if you're allowing an English- speaking person to use an interpreter to work with somebody, why aren't you allowing a non-English-speaking person to use an interpreter to work with an English-speaking person?** Makes me mad…What are our standards, our uses, around interpreters? And then of course there's resources, that people will say, well, we don't want to use the resources in that in that direction…**Well they're not here for the clients, they're here for *all* of us to communicate**." – NH Provider

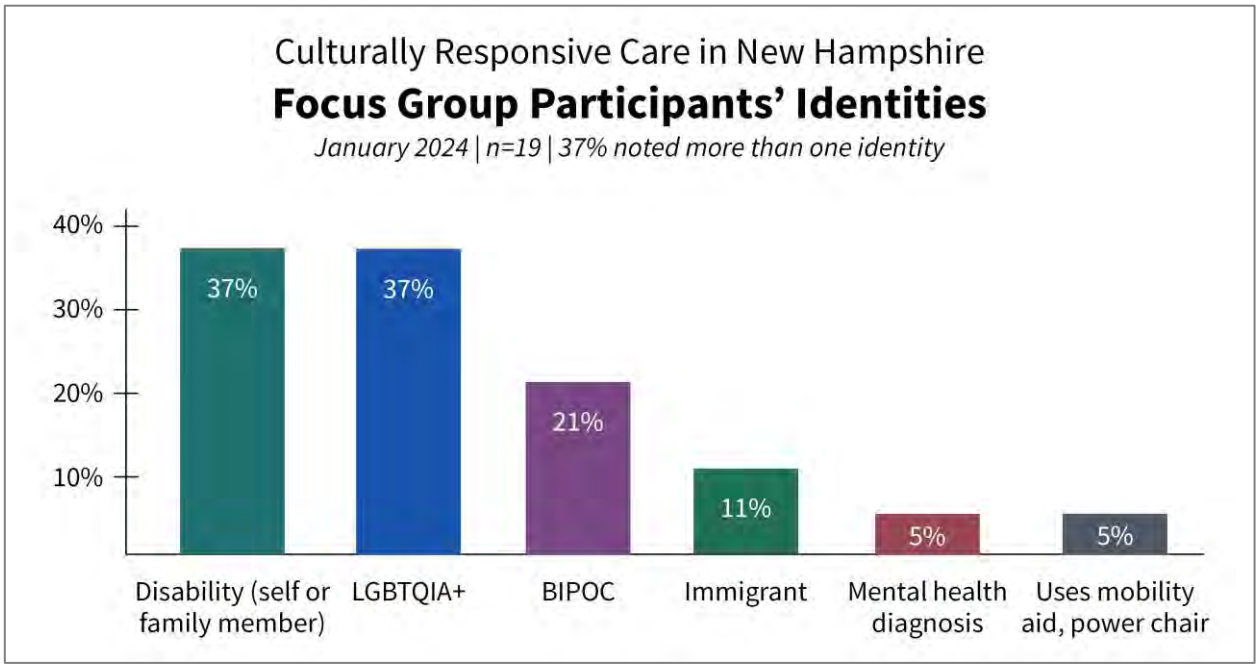
3. Among providers for whom English is not their first language, in order to support those providers with writing communication, they need to be connected with other providers for whom English is not their only language. As one provider explains:

> "…we have great mentors and resources, but we still lack people who speak another language and can help...When I write in English I [write how I] speak in Spanish...so… it may not be in the perfect order as an English speaker-thinker…because when you write in Spanish, the sentence sequence is not the same…a person who speaks English as their first language will read that paper of [mine], will be difficult for them to understand…they will not get it…they don't have the same experience, they don't have the same perspective. So, [the support] has to be…from someone [where] English is their <u>second</u> language. Doesn't have to be Spanish-speaking, but [if] English is their second language,…they could get that…and ask a [clarification] question, what do you mean with that?" – NH Provider

## The Individual and Family Perspective

In January 2024, we conducted online focus groups with 19 individuals who have attempted to access New Hampshire's behavioral healthcare system for themselves or for their families. Focus group participants ranged in age from 18 to 64 years old, with most (37 percent) in the 45 to 54 age range. While most focus group participants were white (68 percent), African American/Black/Afro Caribbean/Black participants made up 16 percent, Hispanic/Latine/a/o/x participants were 11 percent, and people who identified as both Black and white were five percent. Most participants identified as female (84 percent), while nonbinary and gender queer comprised 11 percent of participants, and transgender individuals made up 5 percent. Among participants, a majority (58 percent) identified as heterosexual/straight, while 37 percent identified with other sexual orientations, and five percent did not disclose this aspect of their identity. The chart below depicts the range of identities among focus group participants.

*Figure 2. Identities of Focus Group Participants*




**What the phrase "to care for your mind and body" and the term "healthy" means to focus group participants**

Focus group participants talked about being mindful and managing stress. They also mentioned nutrition, exercise, and sleep, as well as "community acceptance." Self-care practices included journaling.

One participant said:

> "I think being healthy is being away from any kind of sickness, also being mentally stable. And **I think it's a holistic thing that comes with the physical, the mental, spiritual,**

> **financial, all those aspects as a human being**." – Focus group participant

Another participant talked about how social determinants of health including having access to grocery stores, housing, and clean air plays a role in how people are doing. That participant added:

> "We think…people are to blame for their own health, or lack thereof, in a lot of ways. But when we look at the other factors [e.g., social determinants of health]…**people only have so much control**." – Focus group participant

In response, another participant added that environmental factors and race are associated with a person not having adequate access to support that a person needs.

### Sources of inspiration and support

Focus group participants described the following types of sources of inspiration and support:

- Colleagues
- Healthcare providers
- Friends
- Family
- Being in nature

> "My partner and my closest friends, especially my fellow queer and trans friends, are definitely my biggest system of support…especially friends who have had challenging family acceptance situations or similar depression and anxiety issues…**I trust that they're coming from a similar place and understand some of the things that I'm facing**." – Focus group participant

> "Having a family that is **accepting who you are**." – Focus group participant

- Listening to music
- Doing artwork

## Places to Find Help when They Need It

Focus group participants talked about the following places of finding help when they need it:

- Friends

"Those people who know me well, and they accept me." – Focus group participant

- Family members
- Colleagues
- The internet, including online searches and Facebook groups

> "From social network that is, from internet for example, if there is some sort of information that I need. I can go to websites **if, for example, it's medical-related issue I go to a medical website**. Also, just go direct to Google… or through the internet, type, whatever kind of information that I'm looking for, and I'll get help." – Focus group participant

One participant talked about how friends were an important antidote to not being able to take action when they need help:

> "I also feel like it's like motivating for me to talk to somebody, and be like, 'Okay, now you gave me this referral now, okay, I'm gonna call them,' **and that holds me accountable** and, actually, following through, and knowing that they're gonna ask me, 'How did it go?' Whereas I feel like sometimes when I keep things to myself, and I have to figure this out all by myself, I procrastinate on it or don't do it." – Focus group participant

## Stigma Associated with Trying to Access Support outside of Friends and Family

Focus group participants described the **stigma** associated with a person trying to access support from outside one's family or circle of friends. Negative feelings came from both parents and from the individuals themselves. One participant described a negative experience as follows:

> "Before I went to therapy, when I was in high school, I talked to my favorite teacher about a lot of things I was experiencing with my dad not being supportive when I came out, and that helped some, but, I definitely needed to see a therapist, but I didn't even have like the concept of that. Because, like, no one in my family went to therapy, except when my parents were getting divorced and **we needed to talk to a counselor to figure out what was best for us in the divorce decision, and it kind of felt like punishment, or uncomfortable, and not actually about helping us at that time**." – Focus group participant

A focus group participant described the multitudes of ways in which stigma has appeared in their life:

> My brother went to therapy…and when he was sharing that with my dad, **my dad said he needed a priest, not a therapist... made it seem like religion is the only way to solve problems and was better than [mental health care]**. And…I have friends who have experienced the same…A friend who's a social worker…has told me that a lot of the kids that she sees…**their parents have even gotten mad that they went to talk to her as a counselor…even myself, I feel I've internalized some of that stigma**… After I went on antidepressants for a year, I felt like, 'Oh, I shouldn't need this. I should go off of them. And I didn't even talk to anybody about going off of them. I was just like, 'Oh, I'm in between, you know, moving to a new place and getting a new primary care doctor, I can just go off of them and figure it out.' And then I was absolutely miserable. And then the next person I saw said, 'Oh, **you wouldn't deny someone with diabetes insulin. Like, this is just something your brain needs in a similar way.**'" – Focus group participant

## Services That Can Help

We asked focus group participants to name services and other resources that can help children, youth, or families deal with challenging situations. Here are some of the resources that they mentioned, with examples of how they described these resources in their own words:

### New Hampshire

- Community Health Centers like Amoskeag Health (amoskeaghealth.org)
- The Division for Children, Youth and Family's (DCYF) Child Protection Bureau*

(dhhs.nh.gov/programs-services/child-protection-juvenile-justice/child-protection-services)

* This one had mixed reviews.

Positive:

> "The state facility that runs, like, family affairs and stuff." – Focus group participant

Less positive:

> "I do know people who experienced like abuse from their parents as children who didn't feel like that was enough for them and that they still unfortunately, they didn't make a difference and are, so, I think that…it can be difficult, without a lack of super clear evidence that abuse is occurring and a lot of people hide it and make it hard for those agencies to identify certain things that would allow them to act." – Focus group participant

- PathWays (pathwaysnh.org)

> "I get [their] services because of my disability…they provide services for families…they also provide services for other people who are not necessarily in those issues. So it's a wide range and a wide umbrella of people that they serve." – Focus group participant

- Waypoint (waypointnh.org)

> "I know some people that work there that specifically work with houseless youth and advocating for or solutions and resources that houseless youth need and just placing people in temporary homes to help them get back on their feet and stuff like that, as well as Waypoint's shelter services." – Focus group participant
>
> "I'm also familiar with Waypoint and their peer-to-peer groups as well for adults." – Focus group participant

- New Hampshire Youth Success Project (nhyouthsuccess.com)
- NAMI NH (naminh.org
- Facebook groups for individuals and counselors
- "Peer support groups for LGBTQ youth"

**National**

- Anxiety and Depression Association of America (ADAA) adaa.org
- Rape, Abuse & Incest National Network (RAINN) (rainn.org/resources)
- National Queer & Trans Therapists of Color Network (nqttcn.com)

## Suggestions on How to Design Support Services

We asked focus group participants, "If you had a magic wand to design these services in the way that you would want to, what would that look like?"

Here is what they said:

1. **Reduce waiting times.**

> "So for me, and a lot of my mental health resources, it took me about a year, up to two years, actually. **I was on a waiting list of 100 people just to get in to see a therapist who specifically focuses on cognitive behavioral health**. So, in essence…we ultimately waited a year to get my diagnosis of OCD. They think I've had it longer than just a year. But it's also sad that…the healthcare teams...it's not something…that's front and center, like making a diagnosis and a treatment plan.
>
> Um, so yeah, that was upsetting to, to know that **we had to wait a year for an answer that we knew was true from the very beginning, but it took us very long to get to that point**." – Focus group participant

2. **Make services free.**

> "Those services to be available, that is, anybody who need those services can access them...also making them affordable in terms of price. **Should be cheap or even completely free so that you're able to reach out to a wide group of people that may need these services**." – Focus group participant

3. **Pay therapists more.**

> "I also know **a friend who's a therapist, who has been working in Massachusetts because they pay therapists significantly more overall**, so I think increased pay would, could, alleviate the phenomenon of people choosing to take jobs in other states surrounding us rather than staying in New Hampshire." – Focus group participant

4. **Make services effective and efficient.**

> "The service should be effective and efficient. That the benefits that they will need, those services, and the results, and date of the day**. The person seeking those services [would] feel helped and taken care of [and] accepted**." – Focus group participant

5. **Offer services like Amoskeag Health in all towns across NH.**

> "I would love to see…**community health centers in every city or town across New Hampshire**." – Focus group participant

## The Negative Experience in Trying to Access the Behavioral Healthcare System in NH.

Individuals and families who participated in focus groups shared considerable heartache associated with their challenging experiences, sharing specific examples of what happened and how they felt, for themselves and for their families. Major themes that emerged from these heartfelt exchanges included:

1. **Lack of awareness** among parents and young people of behavioral/mental health resources available in NH and a lack of instruction for navigating the healthcare system to access those resources;
2. **Excessive wait times** to access behavioral/mental healthcare resources;
3. **Insufficient resources** in NH to meet the needs of individuals and families in general and especially to be responsive to diverse communities; and
4. **Feeling excluded** as individuals and families already involved with the behavioral healthcare system and/or those seeking resources, about their experiences on a regular, ongoing basis. They want providers to ask them about their experiences.

> "Trying to find advocacy for my son when I needed help; only help I could find she charged $500 for a consultation, but I didn't know I could get it for free." – NH Parent

### Lack of Awareness of Behavioral Health Resources

Parents in the focus groups indicated that they had no previous exposure to behavioral health resources in NH until their families had faced situations that led them to seek support beyond their usual networks.

**During routine visits with pediatricians during which information is shared about physical health and wellness, children and families typically do not receive information about behavioral/mental health resources.**

Only when circumstances call for additional resources do parents begin to seek them, and they discover that in NH information is not readily available. Focus group participants expressed frustration at having no clear guidance or information sources for learning about behavioral healthcare resources in NH. Participants indicated that they had to figure out on their own what resources were available. NAMI NH was named as a "really great resource." Several parents have taken classes at NAMI NH and found support and information by talking with other parents and joining peer support groups on Facebook and other social media. Another observation by a parent is that New Hampshire has two partial hospitalization programs (PHP), and people often have connections with those families; that becomes a network too. One critical area was a lack of awareness about access to health insurance or financial assistance that might be available for obtaining behavioral healthcare.

> "Until we were in the system, we didn't know it existed or how broken it was. Until you're in it, you don't understand it." – NH Parent

People sought additional resources when they found themselves in situations that interfered with

managing daily life or during an emergency or crisis. Types of situations shared by participants included having a family member with a disability; seeking mental or behavioral health care for themselves or family members; moving to NH from other states; speaking primary languages other than English; and identifying as a Black, Indigenous, or Person of Color (BIPOC) or a person from another country of origin.

The types of barriers people described in finding resources included a lack of centrally located sources of information; lack of case managers who can assist people in finding information and connecting them to resources; lack of readily available guidance to understand the process for accessing different types of behavioral healthcare resources available in NH; and lack of information about health insurance and how it affects whether people can access some types of resources.

After struggling for years to access behavioral healthcare information and resources in NH, participants in these focus groups expressed a lack of trust towards the children's healthcare system. One parent commented,

> "That's why I went back to school for a psychology degree. I went back again [for another degree]. **If you don't know the system, you don't know if they're telling you the truth**." – NH Parent

Parents who are seeking resources for their children rely mostly on information shared by other parents who are facing similar situations. As one parent shared:

> "People need to be educated about what is happening with their children. In the African community there is a stigma. We don't like to talk about it. We don't want people to know about it, so we hold onto it. Once I went through it with someone who is from my country. Some people would say, 'Don't be sent to the White guy.' **You have trust issues if someone is not from your community. If it comes from someone in your community, then you feel more comfortable**. I have a friend. She raised three boys with autism; she coached me. I'm so thankful for her. I had just been sitting there like answers would come from God. I am educated. I have to get even more educated and know what I can do to help my son. **I saw that girl, and she would say, 'You and your son – what can I do?' I felt so good**." – NH Parent

## Year-Long (or more) Wait Times for Accessing Behavioral Healthcare

After passing through the first hurdle of identifying behavioral healthcare resources in NH, focus group participants described the year-long (or more) wait times to then access the services. Several adults described how, after having had many years of experience attempting to access care for their children and still continuing to find it challenging, that they want to share this hard-won information that they have acquired to next others going through the same thing.

Specific examples regarding the challenges related to accessing resources included:

- long wait lists to see providers in NH due to shortages in staffing;
- lack of crisis intervention services in NH; and
- waiting for the insurance company to approve benefits is frustrating and has harmful impacts on families (e.g., one insurance company delayed a family's access to a device deemed

medically necessary for their child for six months as they awaited approval for coverage; in another instance, a parent learned from another parent in California about an effective program, but approval of benefits was delayed for a full year before the child could start the program).

> "My daughter has pretty severe mental illness. We were on a waiting list for a year. It took her reaching the point of getting suicidal before we could get help. Something like an intermediary step – that could be something life changing." – NH Parent

Here was one parent's experience during a crisis:

> "The 988 suicide hotline has not been helpful – who knows who you're going to get on the line? **Crisis teams, we've called those... the most helpful thing [they] tell you is go to the emergency [room]. Then you sit in an emergency room for hours.** We left NH and went to Massachusetts with my daughter. **We crossed state lines to get her care**; insurance allowed that." – NH Parent

## Insufficient Behavioral/ Mental Healthcare Resources in NH

Individuals and families described harrowing experiences in trying to access several types of services. Once they finally accessed services, they were inadequate. Many look to finding support in other states because they can't find it in NH. Key challenges included being forced to use the emergency room and experiencing variable quality of services, and problems with insurance. One parent summed up their multiple frustrations as follows:

> "When looking for therapists, waiting lists are **months and months long**; add insurance and **what your insurance company will cover**, then add the **competence** of the therapist. **We have a problem here in our state**." – NH Parent

1. **Being forced to use the emergency room.** Many families have **resorted to the hospital emergency room for care** because no other resources were immediately available in NH.
2. **Experiencing variable quality of services.** Some talked about how community health services are conveniently local and reach people with moderate to low incomes who have health insurance and need affordable care, however that **the quality of care varies by agency**. Private practices may or may not offer high quality care, and access is limited to people who can afford it. One parent commented:

> "Getting in there was hard. We private pay; we're fortunate enough to private pay, but you shouldn't have to pay. **You're desperate because it's taken so long** to get assistance." – NH Parent

**Support groups** and group therapy sessions for parents have been helpful for some adults. Unfortunately, similar options are not available for young people. One parent commented:

> "If therapy were more enjoyable, [my kids] might have stuck it out." – NH Parent

The baseline behavioral healthcare system in NH is so inadequate for parents that for them getting to a place of achieving cultural competency seems like a distant goal. One parent described the problem as follows:

> "It doesn't even matter about being culturally responsive; that wouldn't even come into the picture. **I'm just looking for competence.** If providers aren't competent, I don't want to add the layer of cultural responsiveness." – NH Parent

3. **Problems with insurance.** Low health insurance reimbursement rates prohibit private professionals from accepting clients who need insurance to cover the cost of their care. In NH, the shortage of professionals includes private practitioners who also are in high demand. Some families **access support from out-of-state therapists who meet with them online**, a solution that grew from the COVID-19 pandemic. However, health insurance does not always cover this solution. As one adult shared:

> "I've been going to a therapist online who is registered in NH, but she lives in Virginia (or that area). I'm paying out of pocket." – NH Resident

Here are other challenges that individuals and families shared:

Families lack a **baseline** level of support. It forces them to look outside of the state for assistance. One parent shared:

> "I will say over and over again: t**he state of psychological care in this state is wholly inadequate. It doesn't matter [re: being culturally responsive] if you don't have a foundation**. It just is ridiculous that I live in a state where you sit in an emergency room for weeks, then the system placed children in a bed in New York (3rd, 4th, 5th grade student). My child is at the Community Mental Health Center. I take her out of state. **You do what you're supposed to do for crisis intervention, but without follow-up support, then you know you will end up back in crisis again**." – NH Parent

A parent who has navigated the system for years and whose son is now an adult gave an example of basic competence she expected from the behavioral healthcare system.

> "Due to autism, [it's been difficult.] A lot of staff don't speak English. [My son] doesn't understand when you speak a different language. This is an issue all throughout NH. **It's hard to find people who work in this field; they're not trained to work with adults who have autism.** They might get CPR or other training, but they're not trained to work with people who have autism. Yelling, using idioms he doesn't understand, sarcasm – that makes it difficult for him to like his life." – NH Parent

Another parent commented about how receiving wrap-around services was essential for their family. In this instance, the parent used "wrap-around" to refer to services that included all members of the family and were well coordinated among providers. In this instance, the parent was speaking broadly, not referring to the "NH Wraparound Model" that is a "solution focused process that is family and youth driven … to connect [them] with supports and services in their communities (Heinrich, et. al., 2016) as part of New Hampshire's System of Care Project.

> "We received wrap-around services at NFI North, an agency that serves Maine and New Hampshire with resources for individuals with mental and behavioral health, including children, adults, seniors, and families. The state of Massachusetts has a much more robust system with a person you can go to. A psychologist, therapist, specialist doctor, occupational therapist – I'm the one talking to each one. I'm the one figuring out where to find the specialist. Other states have someone who handles all of that." – NH Parent

Participants commented that behavioral healthcare professionals in NH tend to use a standardized or "checklist" approach to offering assistance as opposed to offering personalized assistance to individuals and families. A NH professional who was highly effective and expressed concern for the safety of a young person in her care suggested that the parent go out-of-state to find behavioral healthcare services. One family drove an hour each way, a two-hour round trip down the highway every week, to access behavioral healthcare services for siblings.

Parents spoke extensively about their complicated experiences with schools. They all said that they had attempted to access information about behavioral healthcare from school counselors, teachers, or administrators. They expected this information to be available at school. However, they were mistaken. Schools do not necessarily have readily available information about behavioral healthcare resources.

> "[The] school system in general doesn't help with mental health." – NH Parent

This dynamic was disappointing for parents who weren't sure where to begin finding information on their own. Once their children were diagnosed and given treatment plans, the plans often involved receiving support at school. However, they found that teachers and other educators were not well trained to provide that support. One parent explained:

> "My oldest has a 504 plan, but teachers are overwhelmed. **They're drowning at the school. They have too many kids with IEPs [Individualized Education Plans] and 504s.** My kid's 504 says he needs to sit at the front of classroom, but other kids with IEPs need to sit at the front too. There's only so much room at the front. I'm constantly trying to find help for my kid. … Resources – counselors at school, doctors, therapists, all are hard to find. … In the school system, anything that brought the students with 504s learning toward a goal, a fun hangout with your peers. Even having regular services followed through with would be helpful." – NH Parent

On the other hand, a parent shared a positive experience that points to the potential for schools to be places that offer access to information. One parent described a school counselor who was "comfortable to be around, open, and easy to talk to," and added:

> "[This] counselor at my kid's school was really helpful for helping find my kids resources. On Facebook, [the counselor] reached out and asked if anyone had openings for kids with this specific insurance, using no names, of course. **This group was a giant group chat for local counselors.**" – NH Parent

Along these lines, when asked about ways to improve access to NH's system, another parent suggested that providing training for schools on how to access behavioral healthcare resources, probably starting with school counselors, would be worthwhile.

> "I would establish relationships with schools. They are places where parents have trust, students have trust. It's a lot easier than their trying to do it on their own." – NH Parent

Some parents who are also educators in NH public schools described a school system with teachers and counselors who are overwhelmed. One parent commented,

> "Half of the kids need help; undiagnosed kids are even worse. The parents don't want to know that their kid might need behavioral or mental healthcare. Always they make excuses

> about the school not having enough people to teach all the kids." – NH Parent

Another parent added,

"We're talking about mental health a lot more, but there's still a huge stigma that it would be nice to see that change which I see in school. Working on that stigma [is something schools have to do]."

## Ask Us How We Experience Behavioral Healthcare Resources

Individuals and families shared that the behavioral healthcare system needs to better understand their perspectives, beginning with what "health and wellness" means to them and to people in different communities. People define health and wellness differently, but there were common threads important to all participants. Health included mind, body (physical), emotional, and spiritual elements. Participants talked about yoga, hiking, biking, getting outdoors to be in nature, and other hobbies, as well as spending time with family and friends as supportive and restorative. Nutrition was discussed as an important factor for healthy living.

Individuals identified a range of sources of support and inspiration, including friends, a partner/spouse (sometimes), peers/support groups, other parents with similar experiences, family members, and therapists. These opportunities to be with loved ones and people who share experiences contribute significantly to well-being. One participant shared, "Lots of times getting support is having someone to vent with, talk to; partially it's the mental burden of feeling like I have to handle all of this myself." She added that she would talk to her neighbor across the street but had to stop visiting because this friend is immunocompromised, and she can't go over there in winter. Missing those talks contributed to the decision to seek outside support.

Participants shared important critiques of behavioral healthcare that was not culturally responsive. One woman was disappointed by her experience with a therapist:

> "Only can speak to LGBTQIA+; it's so hard because **everyone wants to check the box that they are LGBTQIA+ friendly**. My therapist thought she was being helpful by questioning my every move, but it didn't feel helpful. I needed my then-girlfriend's support to get out of my marriage. Instead of questioning my decision and asking questions about whether or not this is a good decision, I wish she would have [supported me]." – NH Client

In one focus group, a white parent reassured a parent who is new to this country that their experiences were equally frustrating; the parent who immigrated to NH heaved a sigh of relief because she'd wondered if the system was exerting racial/ethnic bias. However, the white parent added:

> "We've also seen it from the other side. My son is not white; he was adopted from [country name redacted]. He does have a culture. People don't respect that. **He is treated differently sometimes because of his color**. He's had to deal with that in elementary school. People didn't want to play with him because he's brown." – NH Parent

# Similarities and Differences Across the Perspectives of Providers and Families

The experiences of diverse individuals and families attempting to access care and the perspectives of diverse behavioral/mental healthcare providers were similar in some regards but differed significantly in others. Participants in this project self-identified as belonging to the African American/Black/Afro Caribbean, Latine/o/a/x, refugee and immigrant, disability, and LGBTQ+ communities.

## Contrasting Perceptions between Providers and Families

While the providers interviewed for this project expressed their commitment to working with diverse individuals and families, their perceptions of behavioral healthcare in NH differed in several important ways from those of people attempting to access care. For example:

- Individuals and families seeking resources stated that they don't know where to start, while providers describe information about their services as being readily available.
- Families described exorbitant wait times to access services, while providers indicated they can get people in quickly.
- Parents and their children experienced a lack of available resources in NH, despite the fact that behavioral healthcare organizations are confident that they are offering helpful resources.
- Individuals and families said that they haven't been asked what they need, while providers asserted that they know who can be helpful to assist families seeking care.

The gap between the perceptions of people seeking to access care and practitioners in the behavioral/mental healthcare system, even among diverse people, is striking. Exposing these differences in how behavioral healthcare in NH is experienced by families and how it is perceived by providers is critical for improving access to and quality of care.

## Similarities in Perception and Experience among Providers and Families

While differences are stark, core similarities characterize how diverse individuals and families experience the behavioral healthcare system in NH and how providers perceive the system. Families seeking care and providers offering care who identify as belonging to the African American/Black/Afro Caribbean, Latine/o/a/x, refugee and immigrant, disability, and LGBTQ+ communities share two common experiences.

First, these families and providers feel their needs are not being met by NH's behavioral healthcare system. Individuals and families seeking care described unmet needs for guidance and assistance to find resources available to them; a lack of timely access to care; a shortage of providers in NH that contributes to excessive wait times; and a lack of outreach by the system to ask families what they need or how they are experiencing services. Diverse providers described unmet financial and social needs that make it challenging for them to enter the behavioral healthcare field; limited numbers of diverse providers in the field; a lack of training or professional development within the field to acknowledge and address issues of diversity, inclusion, belonging and equity; and a sense that they and their contributions are not valued by their colleagues.

Second, these families and providers feel isolated when engaging with NH's behavioral healthcare system. The feeling of isolation stems in part from the fact that many diverse groups are at best underrecognized in New Hampshire, or worse, experience racialization and marginalization by the majority. For people seeking assistance and providers offering it in behavioral healthcare settings in NH, unless intentional efforts are made to acknowledge and celebrate diversity, inclusion, belonging, and equity, the system will default to perpetuating longstanding inequities and biases.

# SECTION 2: Informational Resources

Themes and issues shared by diverse people with lived experience and providers practicing in NH provided a basis for the consultant team to conduct an environmental scan. An environmental scan is a process that assesses factors external to an entity (e.g., nonprofit organization, public agency, business), initiative, or program, and overall dynamics outside the entity that might affect its competitiveness and viability in the wider market or context.

The purpose of the environmental scan is to contribute information from outside NH's behavioral healthcare system that its leaders might use to become more responsive to the needs and aspirations of people in NH's diverse communities. The rationale for environmental scanning is based on acknowledging that in addition to behavioral healthcare organizations understanding and mastering their internal missions, goals, and strategies, it is necessary to have a comparable grasp of externalities that might affect their ability to have a greater positive impact.

Based on themes articulated by people with lived experience, the consultant team conducted an environmental scan to identify informational resources. The scan included the following categories of information: (a) key concepts raised during interviews and focus groups; (b) examples of promising practice at the provider, state, and system levels; and (c) selected relevant national initiatives aimed at enhancing culturally responsive behavioral healthcare. Please refer to Appendix A.

## Key Concepts

1. Perceptions of "health," "wellness" and what it means to care for one's mind and body seem to be universal, with only slight variations in approach based on one's cultural perspective.
2. Provider Issues & Concepts
    a. *Lack of support* for people of diverse identities/backgrounds to enter the behavioral/mental health field is widely acknowledged as contributing to a shortage of diverse providers in the field.
    b. *Lack of preparation or professional development and training* for providers on "culturally responsive care" while studying or prior during internships prior to entering the behavioral/ mental health field is problematic; ignoring this component of care in school and training contributes to providers' lack of confidence in dealing with cultural differences once they are working in the field.
    c. *Lack of support within agencies for providers* to address culturally diverse perspectives or acknowledge issues related to diversity, equity, inclusion, or belonging (DEIB) exacerbates the sense of isolation diverse providers experience in the workplace. It also makes it difficult for people to respect and embrace diversity among their colleagues, which generally contributes to a culture in which people ignore or react negatively to situations that arise due to bias or cultural differences.
    d. The entire behavioral healthcare system will need to integrate more holistic and asset-based approaches that center the lived experiences of individuals and families. For example, trauma-informed care and methods that honor people's identities are critical for providers to be effective. Moreover, state health insurance guidelines and related policies need to be examined for accessibility.
3. Individual & Parent/Family Issues & Concepts
    a. The role and lived experiences of parents as they attempted to access mental and behavioral healthcare resources for their children offer tremendous insight into the reality of behavioral healthcare.
    b. Challenges accessing behavioral health, mental health, and wellness resources for oneself are multiplied when seeking to access them for children as well.
    c. There is a gap between community needs and public agency resources available to provide behavioral/mental healthcare.
    d. There are specific and distinct observations based on the lived experiences of people who self- identify as belonging to the African American/Black/Afro Caribbean, Latine/o/a/x, refugee and immigrant, disability, and LGBTQ+ communities. The experiences of these groups share similarities, but there are unique differences in how they perceive the behavioral healthcare system.

# SECTION 3: Recommendations

## Five Ways to Improve Culturally Responsive Behavioral Healthcare for Providers in NH

1. Widen the Pipeline. Encourage and support diverse providers to enter the behavioral healthcare field.
    a. Proactively cultivate relationships with schools and students making career pathway decisions.
        - Some providers stumbled upon their career – how can it be more of an intentional choice?
    b. Clarify requirements for earning credentials in behavioral healthcare professions.
    c. Bolster support to first-generation trainees.
    d. Provide more financial aid for education.
    e. Increase the pool of supportive mentors for diverse students. Ideally, mentors would share similar backgrounds and education to minimize isolation and feelings of invalidation.
        - Provide mentors and teachers with formal, official training on diversity, equity, inclusion, and belonging.
        - Beware of BIPOC mentor turnover for BIPOC trainees. Ideally replace support if the mentor leaves the state.
    f. Create more networking opportunities for students in behavioral health programs.
    g. Increase access to reliable transportation for students.
    h. Increase opportunities for paid internships.
2. Lead the Way. Leaders of behavioral healthcare agencies and organizations need to start changing the workplace culture "from the top" by prioritizing and valuing culturally responsive care.
    a. The hierarchy within the system is a barrier, creating a "ceiling effect" for diverse providers if the managers/ supervisors are not informed of approaches that are more equitable and inclusive.
    b. Intentionally recruit, hire, and retain people of diverse backgrounds to cultivate a more diverse workforce. This will increase the possibility of clients connecting with providers who are from the same backgrounds and with whom they might feel more trust. Require agencies and organizations to prioritize more strategic methods for outreach, interviewing, hiring, orientation, and performance management.

c. Hire more diverse front-end staff to encourage culturally responsive care from the moment a person makes a phone call or walks in the door.

d. Agency and organization leaders need to invest in cultivating competencies themselves and among all providers on staff for paying attention to interpersonal dynamics and engaging in effective listening, communication, and conflict resolution strategies.

3. Cultivate a Culture of Inclusion. Agencies and organizations need more diverse providers, but even as they diversify, they need to foster a culture of inclusion that enables individuals and families seeking care to feel welcome.

   a. Actively increase the number of diverse providers on staff, particularly by hiring more transgender providers and providers with disabilities.

   b. Provide professional development and training for all providers to hone their competencies to work effectively in settings with diverse colleagues and clients.

   c. Offer more language access and support with interpreters (in both directions – for both clients and providers).

   d. Offer paid leave to allow staff members to take time off for caregiving (e.g., for a family member with a disability).

   e. Facilitate cross-agency and cross-sector connections among professionals.

4. Integrate More Effective Approaches. Agencies and organizations must listen to what individuals and families need and then apply behavioral health approaches that are most likely to be responsive to the aspirations and needs of clients.

   a. Seek out direct ongoing feedback from the community on how it feels to use behavioral health services in NH.

   b. Provide more exposure, education, and professional development on cultural sensitivity and multicultural interactions, such as

      - understanding clients' cultural backgrounds;
      - having openness and curiosity to address misperceptions and miscommunication; and
      - eliminating microaggressions and discriminatory behavior in the workplace.

   c. Provide staff with exposure to a more holistic approach to behavioral healthcare, not just formal training.

      - Provide a more trauma-responsive approach when working with families.
      - Provide comprehensive, coordinated services.
      - Offer more language access and support with interpreters (in both directions – for both clients and providers) *[this point is intentionally repeated]*.

   d. Proactively repair damage from harmful discriminatory experiences and/or racist behavior when they occur in the workplace.

e. Support self-care among providers as well as individuals and families.

f. Enhance coordination between schools and behavioral/mental healthcare providers.

5. Let's Talk. Have more conversations among providers. Providers need and want to talk about their experiences for validation, exploration, understanding, and training.

> "I think a lot of people think training is the answer. And I think, I think there's actually an illusion, if you will, about, like, how much training can actually impact people. And I think what's really needed is more conversation. Like the one we're having. Right? That's really depth and connected and where we can innovate and be creative, but in a way that honors everybody's voice and isn't just simply, 'I'm gonna train you to be more culturally effective.' It's just not, it's not enough. It's just not enough. It's important, and it's not enough." – NH Provider

## Five Ways to Improve Culturally Responsive Behavioral Healthcare for Individuals and Families Seeking Care in NH

1. Heighten everyone's awareness of resources. Information about behavioral health resources is not universally available. That means people must seek it out on their own. Usually, people are facing challenging circumstances and might even be in a crisis situation when they decide to seek additional support. When they start seeking resources, it is likely that they are experiencing stress and feel under pressure to find assistance.

Instead of continuing to be demand-driven, the behavioral healthcare system needs to proactively reach out to all parents and young people with information about resources. A universal approach is needed. Waiting for people to seek resources is not enough. Making everyone aware of behavioral healthcare resources, whether there is an immediate need to access them or not, needs to become the norm. Make information available in places people usually frequent – schools, doctor's offices, social media, and community events. Universal outreach strategies require partnering with other professionals, such as school leaders, pediatricians, community leaders, and others to provide all parents and children with information about behavioral health resources.

Helping people to understand what different types of services are available.

2. Offer step-by-step guidance for accessing resources. Information about behavioral healthcare resources in NH is not centrally located. Provide step-by-step guidance about what people can expect and what to do when they are seeking resources in NH. Ideally, a case manager or other professional who is familiar with the behavioral healthcare system in NH could be matched with parents and families seeking additional support. The case manager would be able to provide information and steer families in the right direction based on their needs. In the absence of a person to help guide the way, it is essential to provide materials outlining what steps to take and to anticipate at each point, including information about health insurance and how coverage affects which options are available to families. A step-by-step decision tree might help people seeking information to gain a clearer understanding of the entire behavioral healthcare system and the range of choices available to them at any given point in time based on their specific circumstances. Include real-time information about available services, such as which providers are accepting new patients/clients.

Aware that information about behavioral health resources in the state was dispersed and not centrally located, in February 2024, the New Hampshire Department of Health and Human Services (NH DHHS) launched the Children's Behavioral Health (CBH) Resource Center, an online portal (https://childrensbehavioralhealthresources.nh.gov/). According to the website, it serves as "a comprehensive and easy-to-use guide to resources in the New Hampshire's System of Care for children (CSoC). The CBH Resource Center is intended to link children, youth, young adults, and caregivers who experience mental health or substance use concerns and the people who support them to high quality, proven practices." The site is designed to enable children, families, and

caregivers to find information to help figure out where to start based on what a person and their loved ones are experiencing. The website had not been launched when interviews and focus groups were conducted for this project, so participants were unaware that this resource was being developed. It will be timely to find out whether people who participated in this project take advantage of this new resource that aims to make information about behavioral healthcare resources in NH readily available and easy to access.

3. Improve the quality of NH's behavioral healthcare system. Reducing wait times to access behavioral healthcare is the #1 way NH can begin to improve services. Once people overcome the hurdle of finding information about available resources, and they identify a provider, wait times to access care are egregious. Since people often don't seek resources until there's an urgent need for them, and they are frustrated after searching on their own for assistance, when people finally identify care, finding that there is a wait list for being seen by a provider is like hitting a brick wall. Ideally, NH needs to increase the number of providers to reduce wait times. Until that happens, an intermediary solution is needed to support individuals and families while they are waiting to be seen or to enter care with a provider. In addition to supporting families who are wait-listed, the behavioral healthcare system needs to enhance the quality of care offered. A basic and fundamental client-centered orientation is needed over and above the focus on healthcare services. In the private sector, this is referred to as a "customer service" orientation instead of a "product delivery" orientation. Center the individuals and families seeking support; their lived experiences will inform ways to improve NH's behavioral healthcare system. Get to know families and individuals within families so resources can be tailored to their unique assets and needs. Parents suggested instituting a case management system with individuals and families at the center of care. Hire more diverse providers who can relate with all clients, especially those who are from underrecognized communities. Improve professional development and training among NH's behavioral healthcare providers. Emphasize such methods as trauma-informed care as well as actively listening to clients. Require training that values diversity, equity, inclusion, and belonging, and that enables providers to learn competencies for incorporating attention to diverse identities so that client care is holistic. Instruct providers on how to handle difficult conversations that might involve differences in how people experience care or the behavioral healthcare system.
4. Learn from and apply successful practices from other states. While we recognize that New Hampshire is different from other states, given the preponderance of successful practices shared by project participants on what has already worked well in other states, New Hampshire's agencies and organizations are in a timely position to benefit from learning about what is working well in behavioral healthcare in other states. Learning from other states includes identifying effective practices at multiple levels, including strategies for providers/agencies and statewide at the system of care level.

Parents indicated that when their children were <u>not</u> having positive experiences that helped them manage their situations, effective providers at times recommended that the family seek care outside NH. They felt that behavioral health providers in other states would be able to offer higher quality, more effective care than was available in NH.

a. **Make health insurance more widely available to everyone.** Reduce barriers to

receiving Medicaid and allow people to keep their Medicaid benefits. Each state has its own Medicaid eligibility requirements. In NH, a resident needs to have lived in the state for five years to qualify for Medicaid benefits, even if they have a green card. According to The Commonwealth Fund which has for several decades ranked every state's health care system using a scorecard that assesses "how well it provides high-quality, accessible, and equitable health care," in June 2023 listed Massachusetts, Hawaii, and New Hampshire as having the top rankings (Commonwealth Fund, 2023). New Hampshire has the opportunity to learn from its neighboring state of Massachusetts how Medicaid requirements might be adjusted to better serve immigrants and refugees new to the state and to this country.

b. **Advocate for improvements to Medicaid reimbursement rates.** NH's agencies are oversubscribed with long wait lists and questionable quality of care. However, lower income families find it difficult to afford private care. Private practitioners generally don't accept Medicaid because low reimbursement rates put a financial strain on the practice, often resulting in negative payouts. Increasing reimbursement rates is one way to enable more families to access private behavioral healthcare, thus improving timely access to care for individuals and families while relieving pressure on public agencies.

c. **Encourage more diverse providers to enter the behavioral healthcare system by offering financial aid or loan forgiveness assistance for postsecondary education and training.** Postsecondary education institutions that offer degree programs in behavioral/mental health disciplines would attract more students from diverse backgrounds and identities to enter the field if financial aid and other financial incentives were offered for enrolling in and completing these programs.

d. **Increase supports available to diverse providers,** encouraging the formation of affinity groups and peer networks for affirmation, problem-solving, mentoring, and recommending improvements to NH's behavioral healthcare system. Once students are enrolled and pursuing their degrees, it is essential that they are provided with opportunities to form their own support systems and to access knowledgeable mentors and guides who can assist them in navigating the system to earn their degrees and requisite certifications. Students need these types of assistance to thrive.

5. Ask us about our experiences. Ask individuals and families early and often about their experiences attempting to access behavioral healthcare resources. Conversations with individuals and families who are accessing care are essential for providers to learn what the system is actually like. Families want to be asked about their experiences and perspectives. Keep asking them repeatedly about their experiences; it's not "one and done" as one parent pointed out. One approach would be to implement a feedback form for individuals and families to complete whenever they attempt to access behavioral healthcare resources.

"Doing what you're doing right now – talking to the people who've lived through it in the state. A lot of the providers don't realize how atrocious it is. I have a master's degree and financially capable of getting my daughter what she needs, and if it's this hard for me, I can't imagine how difficult it's been. Asking the providers and hospitals alone is missing the boat." – NH Parent

Also, foster opportunities for families to connect with one another. Families will help, support, and validate each other in these conversations. Many people described their participation in social media groups as supportive. Online groups are a way to share experiences, exchange information, and reduce feelings of isolation. Focus group participants often learned of these social media groups through word of mouth. They appreciated being able to tap into the wisdom of fellow parents and others who are trying to locate information so that they can benefit from the guidance of people who are experiencing similar situations.

## Limitations

We are thankful to the many individuals and organizations who supported this work and who provided the necessary connections that enabled the team to speak with and interview a wide range of people with varied lived experiences. Participants were quite willing to share their personal stories. We valued the opportunity to learn from diverse providers about their experiences as behavioral/mental health professionals and from individuals about their experiences attempting to access resources for themselves and their families. However, the constraints of this project enabled us to interview only a limited number of people. Therefore, some of these findings may or may not be generalizable across the state.

This project is an initial pilot to future larger endeavors. Each of the lessons provided can be treated as a starting point and a springboard to continued discussions regarding what is best for the state as a whole moving forward.

Our hope is that readers are able to apply the information from this work across many contexts. Participants demonstrated deep interest, enthusiasm, and thoughtfulness towards providing culturally responsive care in New Hampshire. **The groundswell of interest from families, caregivers, clinicians, providers, administrators, and policymakers signals great potential towards advancing future next steps.**

# Consultant Team's Suggestions and Guidance for Next Steps

Participants displayed extensive persistence and resilience that has enabled them to navigate the system, either as a provider or as an individual or a family member seeking support. They expressed frustration, despair, anger, and many other feelings as they described their challenges that they overcame through persistence and resilience. Participants have proposed solutions generated from the pain and triumph of lived experience. These solutions are based on the realities of people who have negotiated their way through New Hampshire's behavioral healthcare system.

To supplement these recommendations, we have identified five key strategies that can be implemented with leadership from the UNH Institute on Disability and its partners on the Behavioral Health Equity Workgroup of the Office of Health Equity. These strategies are responsive to participant recommendations and are designed to demonstrate a commitment to instituting more culturally responsive behavioral healthcare system in New Hampshire.

## Five Strategies that the members of the UNH Institute on Disability and the Behavioral Health Equity Workgroup of the Office of Health Equity Can Lead

1. Communication Approach & Getting the Word Out – Clear the air about what's available and not available. Information about behavioral healthcare resources in NH needs to be clearer and more transparent.
    a. Current existing information is well-intentioned yet needs more clear integration with awareness and understanding about the lived experiences of individuals and families, including the types of stories shared in this report.
    b. Language accessibility is more layered than the system currently supports. For example, the system needs interpreters bi-directionally, not just to provide support for individuals and families but also for providers. The system needs to promote communication for both ASL and for non-native English speakers. Examine norms about who is welcome to request interpretation and translation services. At a minimum, include interpretation services provided by behavioral/mental health providers. And consider that interpretation services are not only about an exchange of words but also about sharing culture. For some, Google Translate or artificial intelligence is an entry point, however those tools can miss nuances, variation within a language, or correct conjugation. For example, Spanish words vary by country and the conjugation varies by the nature of the relationship between the speaker and the person they are talking to.
    c. Help people to learn what other resources that are available (i.e., food pantries, thrift shops for inexpensive clothing, assistance for home heating, etc.). Offer step-by-step guides for individuals and families. As one parent described:

> "We need an easier way to access what is available. It almost needs to be an 'If …, then …' format. STEP #1. IF THIS IS WHERE YOU'RE AT, THEN DO THIS. STEP #2. Once you move out of the first step, then go to step #2. There are only two options in NH. To celebrate what we have to offer, we have to let people know what it is we offer." – NH Parent

Offer more organized resources, including possibly a database with real-time information on NH providers who are accepting new clients/patients.

2. Stigma – Stigma is associated with accessing mental health support. Stigma is encountered by providers; providers are people too. Everybody brings expertise to the behavioral healthcare professions. Many diverse providers are wishing people would see them as resources. They feel they are given a chair but not necessarily a seat at the table in their agencies and private practices. Layers of stigma differ among groups. Bias occurs in response to different aspects of people's identity.
3. Professional Development & Training – Formal and informal training are needed. While formal training provides basic exposure and learning opportunities, informal training is what

most influences providers' ability to manage day-to-day experiences and resolve conflicts in ways that are affirming for all involved. Professional development must be repeated; it's not "one and done" when cultural responsiveness is being cultivated. Part of the challenge is in figuring out how to name things. The ability to have a dialogue about things that happen is necessary because part of learning entails being able to try things out. Things are constantly evolving in the behavioral healthcare field and in the field of DEIB, so professionals need to continuously update their learning.

a. Agencies and providers can benefit from a wide range of professional development and training opportunities to become more culturally responsive. Training topics might include learning how to recruit, hire, retain, and promote diverse professionals; instituting workplace practices that affirm and value DEIB, such as interrupting bias and learning how to manage conflict; integrating holistic approaches to behavioral healthcare that embrace people's identities; strengthening the confidence of leaders to center culturally responsive care as a core principle;

b. System partners (e.g., UNH/IOD, NH DHHS, etc.) would benefit from the same types of training outlined for agencies and providers, but they also bear responsibility for promoting solutions that improve the state's system through policy, regulations, and procedures. System partners also are in a position to advance statewide commitments, to foster coordination among various partners within the system, and to institute changes designed to increase transparency and foster a culture of belonging throughout the system.

4. Policy & System Advocacy – At the state level, it is important to pay attention to policies that affect the ability of the behavioral/mental healthcare system to become more culturally responsive. Throughout this report, specific examples of policies that can improve the quality of basic behavioral healthcare in NH and contribute to more diverse and inclusive agencies are cited. Below is a brief recap of several policy interventions.

   a. Offer financial incentives to encourage people from communities that have been historically racialized and marginalized to enter the field of behavioral/mental healthcare. Incentives might include access to scholarships, loan forgiveness for pursuing careers in behavioral/mental health system.

   b. Provide incentives for organizations to offer training and internship opportunities to students from underrecognized communities.

   c. Examine statewide policies and policies of providers in NH that affect the ability of parents to access behavioral healthcare for their children. Legal issues like the following one shared by a parent can lead to unintended consequences:

> "After we got our kids into something an hour away, a closer company a half hour away opened, [but they] required another signature from the father (the other parent). Another legality. But he might be reluctant to give his permission. Shouldn't put up roadblocks like that. It's good if a mother wants the kids in therapy. Maybe make it possible for one parent to get a child into therapy." – NH Parent

At the system level, behavioral healthcare providers need support; they will not be able to enhance

cultural responsiveness on their own. They will need to partner with institutions in other sectors, such as medical healthcare providers (e.g., pediatricians, general practitioners); public school systems (i.e., pre-K through grade 12); postsecondary institutions (particularly those offering degree programs in behavioral/mental health disciplines); nonprofit, community, and faith-based organizations that people rely on for other types of information; and providers of other resources such as food pantries, workforce development programs, housing agencies, etc. Becoming more responsive to the needs of individuals and families will require behavioral healthcare system to foster partnerships and coordinate efforts so that referrals to other resources are transparently and consistently offered.

5. Accountability – Ask Us – Continuous Improvement – The most compelling and actionable recommendation from people with lived experience who participated in this project is that the behavioral healthcare system must hold itself accountable to the people it aims to serve. The best way to do this is to establish a process of continuous improvement across the entire system. Start by asking clients and people who are trying to access resources to name what is working and what's not working well in the behavioral healthcare system. Representation of clients and patients at the core of the accountability mechanism is essential. Opportunities to provide feedback on every aspect of the behavioral healthcare system must be ongoing. Like professional development and training opportunities, feedback loops must not be "one and done." To be effective, client and patient feedback must be documented, reviewed, and incorporated into performance measures that are used to evaluate the behavioral healthcare system. Indicators and benchmarks are essential for measuring progress because, as the adage states, "What gets measured gets done."

In Appendix B, the consultant team has provided one-page handouts for different audiences. This information can be used to help support changes to workplace policy and practice, training and professional development, as well as considerations for system-wide change.

# Recommended Next Steps for the Culturally Responsive Care Project

Taking action on any of the rich and insightful recommendations outlined by people with lived experience has the potential to rapidly improve the ability of people from underrecognized groups in New Hampshire to access behavioral healthcare.

The recently launched NH Children's Behavioral Health Resource Center and recent improvements to the "988" crisis hotline are two examples of ways the system has begun to respond to issues and concerns raised by diverse providers who self-identify as belonging to the African American/Black/Afro Caribbean, Latine/o/a/x, refugee and immigrant, disability, and LGBTQ+ communities. It is a first step.

In addition to the multiple recommendations described above, here are some recommended next steps for the Culturally Responsive Care project that the UNH Institute on Disability, NH DHHS, and other partners on the Behavioral Health Equity Workgroup of the Office of Health Equity could pursue as the next phase of this project:

- Disseminate what's being learned. The diverse providers and individuals who

have attempted to access behavioral healthcare resources generously imparted a wealth of information and insight about their lived experiences and solutions that they believe would be effective. The consultant team has created one-page handouts that have been provided in the Appendices as a first step to aid in that dissemination process.

As examples of possible next steps in the next phase of this project,

- The consultant team would be prepared to meet with the UNH Institute on Disability, NH DHHS, and other partners on the Behavioral Health Equity Workgroup of the Office of Health Equity to review findings and recommendations with the aim of facilitating a process to identity concrete strategies and/or actions that can be operationalized with a planning process.
- The consultant team would have the capacity to produce a more reader-friendly, streamlined, electronic version of this report to be formatted for wider dissemination.
- The one-page handouts and information from the environmental scan could be reviewed and uploaded to the NH Children's Behavioral Health Resource Center.

➢ **Extend the reach of this project.** To extend this reach of this project, the consultant team would be prepared to expand beyond the original sample size of providers interviewed and families participating in focus groups. The consultant team had completed interviews and focus groups based on the scope and budget allocated for this project. A wait list was created for individuals and families who registered for focus groups but whose schedules did not align with the times offered. There is pent-up demand among clients and patients to share their experiences and suggestions for improvement.

  - Go deeper for each of the groups, to further understand their specialized needs. Clarify the core underlying assumptions outlined at the beginning of this report that explain why it's important to disaggregate people's experiences based on their unique identities while seeking to identify solutions that take into account experiences that underrepresented groups have in common.

➢ **Broadly publicize the new NH Children's Behavioral Health Resource Center.** The recent launch of this web-based resource is timely for people who participated in this project. Given the methods people are currently using to try to access information about available resources, the consultant team is interested in exploring how NH DHHS is letting people know that this new resource center available. The findings of this report have implications for how agencies and behavioral healthcare system providers might more effectively disseminate information about the NH Children's Behavioral Health Resource Center. The consultant team is poised to assist the UNH Institute on Disability, NH DHHS, and other partners in figuring out strategies that expand and supplement current dissemination channels announcing the NH Children's Behavioral Health Resource Center.

# Acknowledgements

We extend our sincere appreciation to every interviewee and focus group participant for contributing their perspectives with the aim of improving access to behavioral healthcare for all in New Hampshire. As part of our process, we invited providers to indicate if they would like to be listed as a contributor to this project, and if so, how they would like their name to appear. We have listed those below:

Wanda Castillo-Diaz

Jaden Howard

Amanda M. McGuire, MA, CMHC, NCC

Dr. Cynthia Whitaker

Melony Williams, LCMHC

And many others!

# Appendices

**Appendix A**

Environmental Scan

**Appendix B**

We have included one-pagers that summarize what can happen at various levels by audience:

- For Providers & Agencies: Recommendations for taking the pressure off of individuals
- For Providers & Agencies: Recommendations for workplace training
- For Providers & Agencies: Recommendations about language interpretation & accessibility
- For Providers & Agencies: Ways in which a diverse workforce can help your agency
- Recommendations For Training Programs (for NH DHHS and Behavioral Healthcare System)

# Appendix A: Environmental Scan

*Table 2. Key Terms and Concepts*

| Term or Concept | Definition(s) | Reference |
|---|---|---|
| **Behavioral Health (I)** | Behavioral health is an umbrella term that includes mental health and substance abuse conditions, life stressors and crises, stress-related physical symptoms, and health behaviors. Behavioral health conditions often affect medical illnesses. *Agency for Healthcare Research and Quality* | integrationacademy.ahrq.gov/about/integrated-behavioral-health |
| **Behavioral Health (II)** | Behavioral health is an umbrella term that includes mental health and well-being. *Health Resources and Services Administration, Maternal and Child Health* | mchb.hrsa.gov/programs-impact/focus-areas/mental-behavioral-health |
| **Behavioral Health (III)** | Behavioral health refers to the wide range of relationships between daily habits and the health and well-being of the body and mind, constituting the behavioral health definition. It encompasses the impact of behaviors such as diet, exercise, and substance use on overall health. *Total Mental Wellness. January 19, 2024* | totalmentalwellnessfl.com/behavioral-health-vs-mental-health/ |
| **Behavioral Health (IV)** | Behavioral health generally refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. Behavioral health care refers to the prevention, diagnosis and treatment of those conditions. *American Medical Association* | ama-assn.org/delivering-care/public-health/what-behavioral-health |
| **Behavioral Health Terms for Specific Groups** | American Indian/Alaska Native Behavioral Health resources are one set of resources assembled by the *Centers for Medicare and Medicaid Services Division of Tribal Affairs* to enable access to culturally competent healthcare. | cms.gov/outreach-education/american-indian/alaska-native/behavioral-health/behavioral-health-terms |
| **Integrated Behavioral Health** | Emerging approach to health care; focuses on “whole-person care”; other terms “behavioral health integration,” “integrated care,” “collaborative care,” or “primary care behavioral health.” *Agency for Healthcare Research and Quality* | integrationacademy.ahrq.gov/about/integrated-behavioral-health |
| **Behavioral and Mental Health (I)** | While mental health "refers to our thoughts and emotions and how they may impact our lives," behavioral health refers to "the decisions people make and actions they take and how these impact their mental and physical health (e.g., substance use disorders, gambling addiction, etc.)." *BetterHelp, 5/7/2024* | betterhelp.com/advice/general/what-is-the-difference-between-behavioral-health-vs-mental-health/ |

| Term or Concept | Definition(s) | Reference |
|---|---|---|
| **Behavioral and Mental Health (II)** | The distinction between behavioral and mental health becomes less clear under scrutiny. The American Psychological Association and American Psychiatric Association do not have formal positions on the use of these terms. *Psychology Today, 11/15/2023* | psychologytoday.com/us/blog/abcs-of-child-psychiatry/202311/behavioral-health-or-mental-health-which-is-it |
| **Health System** | Defining Health Systems *Agency for Healthcare Research and Quality* | ahrq.gov/chsp/defining-health-systems/index.html |

*Table 3. Key Issues and Topics*

| Topic | Article | Author | Online Source | Date |
|---|---|---|---|---|
| **School Engagement** | Leveraging Medicaid to Enhance School Mental Health Services and Supports | National Institute for Health Care Management Foundation, PoP Health, Vinu Ilakkuvan, DrPH, and Anne Ekedahl De Biasi, MHA | nihcm.org/assets/articles/Leveraging-Medicaid-to-Enhance-School-Mental-Health-Services-and-Supports-PoP-Health-1.pdf | May 2023 |
| **School Engagement** | Leveraging Medicaid to Enhance School Mental Health Services and Supports: Findings from a Survey of State Medicaid Programs | Well Being Trust and KFF, Nirmata Panchal and Madeline Guth | kff.org/mental-health/issue-brief/leveraging-medicaid-for-school-based-behavioral-health-services-findings-from-a-survey-of-state-medicaid-programs/ | Feb.-2023 |
| **School Engagement** | Parent Partnership: Engaging Community Support to Empower Diverse Families of Students with Disabilities | George Lucas Educational Foundation, Edutopia, Lusa Lo | edutopia.org/article/engaging-community-support-empower-diverse-families-students-disabilities/ | Jul. 2022 |
| **School Engagement** | Supporting Children's Mental Health in Schools: Teacher perceptions of needs, roles, and barriers | Reinke, W. M., Stormont, M., Herman, K. C., Puri, R., & Goel, N. (2011). Supporting children's mental health in schools: Teacher perceptions of needs, roles, and barriers. *School Psychology* | https://doi.org/10.1037/a0022714 | 2011 |

| Topic | Article | Author | Online Source | Date |
|---|---|---|---|---|
| | | *Quarterly, 26* (1), 1–13. | | |
| **School Engagement** | Teachers' experiences collaborating in expanded school mental health: Implications for practice, policy and research | Mellin, Elizabeth A.; Ball, Annahita; Iachini, Aidyn; Togno, Nicole; Rodriguez, Ana Maria | https://doi.org/10.1080/1754730X.2016.1246194 | 2017 |
| **Specific Populations/ Groups** | Expanding Mental Health Resources Among Latinx Youth | Cedars-Sinai Medical Center, Cedars-Sinai Blog, Victoria Pelham | www.cedars-sinai.org/blog/mental-health-latinx-youth.html | Aug. 2022 |
| **Specific Populations/ Groups** | Mental Health Resources in the LGBTQ+ Community | Human Rights Campaign | https://www.hrc.org/resources/mental-health-resources-in-the-lgbtq-community | |
| **Specific Populations/ Groups** | Identity and **School Engagement** Cultural **School Engagement** Dimensions | National Alliance on Mental Illness (NAMI) | https://www.nami.org/your-journey/identity-and-cultural-dimensions/ | |

*Table 4. Promising Places and Practices*

| Title, Organization Name, Resource | State | Website | Mission Statement, Source, Author | Programs/ Trainings | Special Programs | Mentioned by Providers | Mentioned by Individuals. & Families | Serves BIPOC Population | Serves LGBTQIA+ Population | Serves Disability Population | Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 311 Hotline | | | | | | | X | | | | Mentioned by individuals/ families as a helpful resource |
| 12-Step Community | | | | | | | X | | | | |
| Amoskeag Health | NH | www.amoskeaghealth.org/ | "Amoskeag Health is a nonprofit federally qualified health center dedicated to improving the health and well-being of patients and communities through comprehensive healthcare services that address both physical and mental health under one roof. We've proudly served Manchester, NH, since 1993." | | | | | | | | |
| And Still We Rise MA | MA | www.andstillwerise.us/group-therapy | And Still We Rise, LLC is a liberation-focused mental health and consulting practice based in Massachusetts. As a | Therapy and coaching services; Family services; Children, | | | | X | | X | |

| Title, Organization Name, Resource | State | Website | Mission Statement, Source, Author | Programs/ Trainings | Special Programs | Mentioned by Providers | Mentioned by Individuals. & Families | Serves BIPOC Population | Serves LGBTQIA+ Population | Serves Disability Population | Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | liberation-focused practice, our providers and consultants not only support clients in exploring how they may be impacted by marginalization and/ or oppression (e.g., racism, sexism, transphobia), but our providers and consultants are also involved in community efforts to dismantle oppressive systems. | adolescents, individual, group, couples consulting; art therapy group for BIPOC and LGBTQ+ adolescents. | | | | | | | |
| Applied Behavior Analysis (ABA) for Autism | | | | | | | X | | | X | Mentioned by individuals/ families as a program that helped their child; they learned about it from a friend in another state. |
| Arlington Street Community Center Parent | NH | www.asccnashua.com/ | | | | | X | | | | Mentioned by individuals/ families as a wonderful |

| Title, Organization Name, Resource | State | Website | Mission Statement, Source, Author | Programs/ Trainings | Special Programs | Mentioned by Providers | Mentioned by Individuals. & Families | Serves BIPOC Population | Serves LGBTQIA+ Population | Serves Disability Population | Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Café | | | | | | | | | | | experience as a parent to experience connection and community |
| Augmentative and Alternative Communication (AAC) device to communicate | | | | | | | X | | | | Mentioned by individuals/ families as a communication tool for their child with non-verbal skills to be able to communicate; would have been helpful for more prompt support in having it to be financed/provided for free without a long wait |
| Belknap House | NH | www.belknaphouse.org/ | "Belknap House operates as a family shelter year-round. To qualify for services, you must be a family that became homeless in Belknap County. We define family as at least one | | | | | | | | |

| Title, Organization Name, Resource | State | Website | Mission Statement, Source, Author | Programs/ Trainings | Special Programs | Mentioned by Providers | Mentioned by Individuals. & Families | Serves BIPOC Population | Serves LGBTQIA+ Population | Serves Disability Population | Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | adult caring for at least one child under the age of 18. Individuals will only be accepted if they are pregnant." | | | | | | | | |
| Big Brothers, Big Sisters | | https://www.bbbs.org/ | Mission: Create and support one-to-one mentoring relationships that ignite the power and promise of youth. Vision: All youth achieve their full potential. | | | | X | | | | Mentioned by individuals/families as a helpful resource |
| Black Lives Matter New Hampshire | NH | https://blmnh.org/ | At BLM NH, our mission is clear: to dismantle anti-Blackness, eradicate systemic racism, champion racial equality, combat racial injustices, put an end to police brutality, and advocate for justice for all Black lives in New Hampshire. | | | | | X | | | |
| Black Mental Wellness, | DC | https://www.blackmental | The mission of Black Mental Wellness® | Corporate webinars and | Examples of trainings and | | | X | | | |

| Title, Organization Name, Resource | State | Website | Mission Statement, Source, Author | Programs/ Trainings | Special Programs | Mentioned by Providers | Mentioned by Individuals. & Families | Serves BIPOC Population | Serves LGBTQIA+ Population | Serves Disability Population | Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Washington DC | | wellness.com/trainingprogram | Corp. is to provide access to evidence-based information and resources about mental health and behavioral health topics from a Black perspective, to highlight and increase the diversity of mental health professionals, and to decrease the mental health stigma in the Black community. | PD trainings on a range of mental health topics; Culturally inclusive mental health and wellness trainings; topics related to coping with racial stressors and trauma; Speaking engagements and panel discussions; Retreat facilitation & content development; Professional development, consultation, & webinars for schools, school districts, youth | workshops that are specific to youth: Introduction to Mental Health Why Do We Need Emotions Anyway?: Exploring Self-Awareness and Our Relationships with Others Understanding Trauma They Might Think I am Crazy: Addressing Mental Health Stigma Teachers Just Don't Understand: Increasing | | | | | | |

| Title, Organization Name, Resource | State | Website | Mission Statement, Source, Author | Programs/ Trainings | Special Programs | Mentioned by Providers | Mentioned by Individuals. & Families | Serves BIPOC Population | Serves LGBTQIA+ Population | Serves Disability Population | Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | organizations; Curriculum development; Social/ emotional learning workshops for educators, students, youth organizations | Effective Communication with Students and Families Helping Students Cope with Perceived Racism, Prejudice, and Bias | | | | | | |
| **Building Community in New Hampshire** | NH | www.bcinnh.org/ | "Our logo shows a big tent, or perhaps a cozy home, supported by a diverse set of characters. New Hampshire can be that home for refugees from around the world as well as for those with deep roots in New England. Resettled here by the U.S. State Department, most refugees have spent years in refugee camps working together. Our | | | | | | | | |

| Title, Organization Name, Resource | State | Website | Mission Statement, Source, Author | Programs/ Trainings | Special Programs | Mentioned by Providers | Mentioned by Individuals. & Families | Serves BIPOC Population | Serves LGBTQIA+ Population | Serves Disability Population | Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | partners, Ascentria Care Alliance and the International Institute of New England, meet arrivals at the airport and get them into an apartment and a first job. BCNH steps in after that, with case managers who speak the language and who can help the arrivals connect with their broader community." | | | | | | | | |
| Can We Talk… | MA, RI | https://canwetalknetwork.org/about-us-2/ | "A spiritually inspired, community-based, clinically supported safe space for sharing our pain." Social Impact Center, Cory Johnson Program for Post-Traumatic Healing | | | | | X | | | |
| Capitol Center for the Arts | NH | www.ccanh.com/ | "As an organization, the Capitol Center for the Arts is committed to equity, diversity, inclusion, and accessibility throughout our | | | | | | | | |

| Title, Organization Name, Resource | State | Website | Mission Statement, Source, Author | Programs/ Trainings | Special Programs | Mentioned by Providers | Mentioned by Individuals. & Families | Serves BIPOC Population | Serves LGBTQIA+ Population | Serves Disability Population | Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | organization and all aspects of our work, recognizing this commitment as essential to realizing our mission, a commitment that extends to fostering a culture where team members can truly belong, contribute, and grow." | | | | | | | | |
| The Child Center of NY | NY | https://childcenterny.org/about-us/ | The Child Center takes a holistic approach, supporting each individual's cognitive, social-emotional, and physical well-being. We support the entire family and community, providing services for parents and caregivers, and offering our programs right in the communities where they are needed most. Our team collectively speak two | Programs: Behavioral Health and Primary Care; Cash + Community Works Early Childhood Education Health Home and Integrated Care; Prevention and Family Support; Residential Services Youth Development | | | | | | | |

| Title, Organization Name, Resource | State | Website | Mission Statement, Source, Author | Programs/ Trainings | Special Programs | Mentioned by Providers | Mentioned by Individuals. & Families | Serves BIPOC Population | Serves LGBTQIA+ Population | Serves Disability Population | Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | dozen languages and understand the challenges our clients face | Asian Outreach Program | | | | | | | |
| Cinnamon Rainbows Surf Company | NH | https://www.cinnamonrainbows.com/lessons-rentals-camps | | | | | X | | | X | Mentioned by individuals/ families as a program that helped their child with swimming and surfing at Hampton Beach |
| Community Action Partnership of Strafford County | NH | https://straffordcap.org/ | Community Action Partnership of Strafford County is a private nonprofit founded in 1965 with a mission to reduce barriers to help clients improve their economic stability and well-being through education, advocacy, and partnerships. | Family Support; Homelessness Prevention and Housing; Food & Nutrition; Energy Assistance; Early Care and Education | | | X | X | X | X | CAP of Strafford County, 577 Central Ave., Suite 10, Dover, NH 03820 |
| Concord Hospital | NH | www.concordhospital.org | | | | | X | | | | Mentioned by individuals/ |

| Title, Organization Name, Resource | State | Website | Mission Statement, Source, Author | Programs/ Trainings | Special Programs | Mentioned by Providers | Mentioned by Individuals. & Families | Serves BIPOC Population | Serves LGBTQIA+ Population | Serves Disability Population | Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | / | | | | | | | | | families as a place where they have received care that they needed. |
| Connecticut Coalition to End Homelessness | CT | https://ctceh.springly.org/page/2380969-home<br><br>https://dpbh.ucla.edu/strive/ | The Connecticut Coalition to End Homelessness, in partnership with members and communities throughout the state, creates change through leadership, advocacy, and building the capacity of members and the field to respond to environmental challenges. Our collective mission is to prevent and end homelessness in Connecticut. | Trainings on racial inequalities in housing and homelessness, mental health and addiction services | Project STRIVE (Support to Reunite, Involve and Value Each Other) is a psycho-educational intervention for reunifying families and their adolescents who have run away. | | | | X | | |

| Title, Organization Name, Resource | State | Website | Mission Statement, Source, Author | Programs/ Trainings | Special Programs | Mentioned by Providers | Mentioned by Individuals. & Families | Serves BIPOC Population | Serves LGBTQIA+ Population | Serves Disability Population | Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Connecticut State Department of Mental Health and Addiction Services | CT | https://portal.ct.gov/DMHAS/Programs-and-Services/Finding-Services/LGBT-Services | DMHAS supports people who are lesbian, gay, bisexual, transgender, queer, questioning, asexual, intersex (LGBTQIA+) and their allies. Our goal is to create a safe, inclusive environment throughout the DMHAS continuum of care, as well as in our contracted behavioral health and recovery agencies. | Trainings for providers: Intro to Gender Affirming Clinical Practice, Intro to Clinical Practice with LGBTQ+ Clients, Embrace the Rainbow: Working at the Intersection of LGBTQ+ Identity and Trauma, The Importance of Family Acceptance in the Lives of LGBTQIA2+ People, Gender & Life-Affirming Medicine: Providing Primary and | | | | | X | | |

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| | | | | Specialty Health Care for Trans Patients | | | | | | | |
| Connor's Climb Foundation | NH | www.connorsclimb.org/ | "The mission of Connor's Climb Foundation is to provide suicide prevention education by raising awareness, reducing stigma, and equipping youth, educators, and the community at large with tools and resources focused on the vulnerable age group of 10–24-year-olds, to New Hampshire and bordering communities." | | | | | | | | |
| Community-based therapy | | | | | | | X | | | | Mentioned by individuals/ |

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| - family services | | | | | | | | | | | families as a helpful resource to obtain support/ treatment |
| Easterseals NH | NH | https://easterseals nh.org/ | "Since 1936, Easterseals New Hampshire has provided exceptional services to ensure we change the way the world defines and views disability by making profound, positive differences in people's lives every day." Easterseals NH services include early childhood centers of excellence, medical rehabilitation, camping and recreation, vocational services, senior services, substance use treatment, adult day programs, community-based services, individual service options, | | | | | | | X | |

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| | | | transportation services, residential service options, and veterans' services." | | | | | | | | |
| **Eboni Queens of New Hampshire Podcast (Spotify)** | NH | https://open.spotify.com/episode/3fmP4yQasPG10eVLr4U3Ih | The mission of Eboni Queens of New Hampshire podcast is to focus and bring awareness to mental health and racism. The podcast will be a steppingstone to have voices heard from a raw and authentic viewpoint. The hope and goal are to educate those who may have a misperception of racism and start conversations regarding mental health and racism within the African Descendant | | "Unpacking Mental Health and Racism," Episode 1, May 3, 2024 | | X | X | X | X | This podcast is hosted by Brenda Lett, Stephanie Hawkins and Devona Warner. Learn more about them by emailing them at EboniQueensofNH@outlook.com or follow them at https://nhblackwomenhealth.org . |

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| | | | communities. | | | | | | | | |
| El Futuro | NC | https://elfuturo-nc.org/about/our-story/ | El Futuro is a community-based nonprofit organization that seeks to transform Latino-serving mental health care in North Carolina and beyond. We provide bilingual and culturally-responsive mental health services including therapy, psychiatry, substance use treatment, and case management in a welcoming environment of healing and hope. | Therapy and Psychiatry, Youth Mental Health, Substance Use Support Groups. Parent Education, ADHD Program, Community Engagement, Case Management, Training, Education, and Consultation | | | | X | | | |

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| Facebook Groups, social media groups with other parents who are caregivers | | | | | | | X | | X | X | During the focus groups, many mentions of how these are very helpful. |
| Gather | NH | www.gathernh.org/ | "Gather's mission is to offer innovative programs that build food security in welcoming and dignified ways. " | | | | | | | | |
| Health and Wellness Podcasts – Dhru Purohit | | https://dhrupurohit.com/category/podcast/ | | | | | X | | | | Mentioned by individuals/ families as a helpful resource for learning about different topics |
| Hope on Haven Hill | NH | www.hopeonhavenhill.org/ | "We provide a safe, nurturing home for pregnant women with substance use disorder, along with their children." | | | | | | | | |

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| Language Bank | New Engl and | https://thelanguagebank.org/ | "Helping You Understand And Be Understood. Language Bank is proud to serve the New England area and beyond for 20 years with language-access services as an Ascentria Care Alliance social enterprise program. We're here for all of your interpretation, translation, and interpreter training needs." | | | | | | | | |
| Lugha Translation Service | New Engl and | https://lughatranslationservices.com/ | "We pride ourselves in providing high-quality language services that help to connect and bridge communities. We are dedicated to a higher standard and professionalism when it comes to our interpreters and translators. " | | | | | | | | |

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| McIntyre Ski Area | NH | https://www.mcintyreskiarea.com/single-lessons/ | | | | | X | | | X | Mentioned by individuals/ families as a program that provided their child with disabilities with snowboarding lessons |
| Marion Gerrish Community Center, Derry NH | NH | https://mgccderrynh.org/ | | | | | X | | | | Mentioned by individuals/families as a helpful resource that is an example of multiple services under one roof |
| NAMI NH caregivers and families group | NH | www.naminh.org/ | NAMI New Hampshire is a grassroots organization working to improve the quality of life for all by providing support, education and advocacy for people affected by mental illness and suicide. | NAMI NH offers educational programs specifically designed for, parents and primary caregivers, family members with an adult loved one, individuals | Facebook groups for families and caregivers | | X | | | | Mentioned by individuals/families as a helpful resource for connecting with other families who are going through similar experiences and to share notes/resources/information |

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| | | | | with a mental health condition and older adults. | | | | | | | |
| New Hampshire Black Women Health Project | NH | https://nhblackwomenhealth.org/ | | | | | | | | | |
| New Hampshire Council on Developmental Disabilities | NH | https://nhddresources.wordpress.com/ | NHDD | | | | | | | X | |
| New Hampshire Department of Education list of Translators/ Interpreters | NH | education.nh.gov/who-we-are/division-of-learner-support/bureau-of-instructional-support/directory-translators-interpreters | "This directory has been created to help New Hampshire school administrators find translators and interpreters who speak in the native language of English Language Learners and their parents. " | | | | | | | | |
| New Hampshire Division of Children, | NH | https://www.dhhs.nh.gov/division-children- | Vision: Optimal health and well-being for everyone. Mission: To join communities and | | | | X | | | | Mentioned by individuals/ families as a helpful resource |

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| Youth and Families (DCYF) | | youth-and-families | families in providing opportunities for citizens to achieve health and independence. | | | | | | | | |
| NFI North | NH, ME | www.nfinorth.com/ | For more than 40 years, NFI North has served as an indispensable resource for individuals with mental and behavioral health including children, adults, seniors, and families. NFI North provides an array of services across Maine and New Hampshire. | | | | | | | | |
| Manchester Proud | NH | https://manchesterproud.org | Manchester Proud is not just a name; it's a movement dedicated to unlocking the potential of every Manchester resident. | | | | X | | X | | |
| The Moore Center in Manchester, NH | NH | http://moorecenter.org/ | Mission: The Moore Center serves people with intellectual, developmental and personal challenges | | | | X | | | X | |

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| | | | by creating opportunities for a good life. Vision: We envision a day when all people, despite their challenges, are fully engaged in their communities and living a good life. | | | | | | | | |
| PFLAG | NH, ME | www.pflagnh.org | Mission: To create a caring, just, and affirming world for LGBTQ+ people and those who love them. Vision: An equitable, inclusive world where every LGBTQ+ person is safe, celebrated, empowered, and loved. | | | | X | | X | | |
| Psychology Today | | www.psychologytoday.com/us | | | Sources for internships; database of online therapists | X | X | | | | A resource for identifying providers and an example of a model of one-stop shopping. |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| SAYFTEE MA | MA | www.sayftee.com/ | SAYFTEE is a socially conscious group practice offering a range of services including family therapy, individual therapy, couple/ relationship therapy, groups, workshops, training, consultation, and supervision. We are committed to serving gender expansive and LGBTQI+ people and those who love them. We are especially passionate about providing a nurturing and supportive environment for youth and young adults to discover the most authentic version of themselves. SAYFTEE's goal is to provide a safe place for connection that builds resilience to | For Providers: Individual and group consultations for therapists working with the LGBTQ+ communities. Trainings on a variety of topics for agencies and schools. Consultation Reading Group for Therapists Working with Transgender/ Non-binary Teens and Families. Soon to offer trainings for schools and agencies Workshops for clients, such as navigating college | | | | | X | | |

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| | | | help strengthen families and communities. | admissions for transgender students. Supporting LGBTQ+ Teens Living with Depression and Anxiety | | | | | | | |
| SEE Science Center | NH | https://see-sciencecenter.org/ | "We are here to create a welcoming space where all generations can play and explore together for and within our community. Touch, try, laugh and participate. Discover our world and one another with fun, memorable science-based experiences." | | | | | | | | |
| St. Anselm College | NH | www.anselm.edu/ | Saint Anselm is a Catholic, Benedictine college providing all its students a distinctive liberal arts education that incorporates opportunities for professional and | | | | X | | | X | Mentioned by individuals/ families as a source for being paired up with a buddy/mentor |

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| | | | career preparation. | | | | | | | | |
| Senator Jeanne Shaheen | NH | www.shaheen.senate.gov/ | | | | | X | | | X | A request from a focus group participant to have a state level of support from the Senator |
| Southeastern New Hampshire Drug and Alcohol Services | NH | https://senhs.org/ | "To provide expert addiction treatment to help and support individuals and families who are in need of services." | | | | | | | | |

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| University of New Hampshire Project Echo | NH | chhs.unh.edu/institute-health-policy-practice/focal-areas/delivery-system-payment-reform/project-echo | The Project ECHO® model is an evidence-based method developed by researchers at the University of New Mexico, connecting interdisciplinary specialists with community-based practitioners using web conferencing technology. During teleECHO™ sessions, experts mentor and share their expertise across a virtual network through case-based learning, enabling practice teams to manage complex conditions in their own communities. | | | | X | | | | Mentioned by individuals/ families as a helpful resource for training |

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| Vermont Permanency Initiative (VPI) | VT | https://www.vermontpermanencyinitiative.org/ | "To provide a therapeutic community that enables youth to heal from past trauma, find pleasure and joy in their present lives and build resources for their futures." | | | | X | | | | Mentioned by individuals/ families as a helpful resource for their child |

## Appendix B: Recommendation One-Pagers

## Recommendations for Taking the Pressure off Individuals | For Providers & Agencies

"Here in New Hampshire…**sometimes [I] feel like I'm wearing like neon signs when I go out**. Especially outside of…southern parts of the state where it is more visible that, in many spaces, I am the only person of color in the room. And that feels…like a lot of responsibility…because then you feel like you have to represent so many people, but then…so many, ideas of what you should be are also present. And it's a little overwhelming sometimes. But **sometimes it just makes me think, I have to do the job so that the next person that comes behind me doesn't have to be so stressed about being…hopefully they're not the only BIPOC person in the room, for example**." – Provider

"Things like **community health workers…individuals from the community being a linkage or a liaison to the behavioral health system itself**…A lot of time the kid becomes the identified patient and the system has a limited contact with the family because it's hard." – Provider

"I was definitely treated like an outsider. I was often **treated like I was invisible, often talked over**." – Provider

1. Remember that representation matters.
2. Consider the ways in which your workplace helps providers to feel not just welcomed, but also uplifted, valued, seen, and heard.
3. Provide bridges between families and the system through trusted community members, including community health workers.

## Recommendations for Workplace Training | For Providers & Agencies

Regarding disturbing racist behavior by the client towards the provider:

> "…[it was a] very, very high emotional time [for me]…after it was all said and done, I tried to consult with my supervisor...[she] was white…she couldn't really relate to me. All she could really say was, I'm really sorry that happened…It was very…dismissive. **It wasn't like, 'Oh…you want to consult about this? How do you feel? I'm so sorry that that happened.'** It was more like, 'Oh, that person was in, you know, a really bad state of mind, I wouldn't take it personal,' kind of thing. That's not the response that you should give somebody, especially of a different race who may have experienced that in their lifetime, right? **Being able to recover from that was hard…it made me question my ability to do the job**, ...I ended up being somewhat insecure, because after that, anytime that I see someone who's vulnerable and in need…[is] the first reaction gonna be, 'Oh, that person can't help me because they're this,' or…, 'I don't like that kind of people,'…. It was really hard to find that confidence again within myself after experiencing that…**I was like…is this what people see?…I thought we were past a lot of that racial discrimination, but of course… sometimes with naiveté you realize that no…it's still very present**." – Provider

> "**More education on multi-cultural interactions, cultural sensitivity, and just exposing people more to other cultures and other cultural norms would be huge**…We have immigrants from all over the world here and they need therapy too, right? I think if people either had access to resources or took it upon themselves to find those resources to learn more about someone else's cultural background, that the behavioral health field would not only be more accessible, it would be more comfortable." – Provider

1. Talk about what happened. Acknowledge the harm that was experienced. Practice ways to identify the problem.
2. Provide a mix of formal and informal training that is repeated over time.
3. Make time for ongoing discussions among staff.
4. Provide opportunities for creating and sustaining affinity spaces.

# Recommendations for Language Interpretation Accessibility | For Providers & Agencies

"Providing not just a language helpline, but also more documentation in that language… you have the Spanish language and then some things can come in Spanish, but what about Swahili? You can find a Swahili interpreter, **but you really can't find any documentation that is written in Swahili, right? That's something that should probably change**." – Provider

"We have a lot of people in the field who feel like deaf people should only work with deaf people. Or, you know, if you're Spanish-speaking, you should only work with Spanish speaking [clients],… but the English-speaking clinician can work with whomever [they] want to with an interpreter…. That pisses me off so much because there are some fantastic clinicians who are deaf who could work with a broader population of people. But we don't want them to.

**If you allow an English-speaking provider to use an interpreter with [a client], why aren't you allowing a non-English-speaking provider to use an interpreter to work with an English-speaking client?**

What are our standards, our uses, around interpreters? …People will say, well, we don't want to use the resources in that direction…**Well they're not [only] here for the clients, they're here for all of us to communicate**." – Provider

"We have great mentors and resources, but we still lack people who speak another language and can help.... When I write in English I [write how I] speak in Spanish… it may not be in the perfect order as an English speaker because in Spanish, the sentence sequence is not the same…a person who speaks English as their first language, that paper will be difficult to understand, they don't have the same experience, …the same perspective. **[Support] has to be… from someone [for whom] English is their second language**. Doesn't have to be Spanish, but **[if] English is their second language, they could get that and ask a [clarification] question**." – Provider

1. Provide multiple means of interpretation for all materials, not only for the spoken word.
2. Consider what adequate support actually looks like for a provider whose first language is not English.
3. Provide interpreters for providers, not just for clients.
4. Provide interpretation support as a default service, rather than as a special request.

## Recommendations for Training Programs

"It can be very emotionally tolling and there is **not a lot of financial assistance for the internship portion**. Being in NH, there are not many agencies either, so options are limited." – Provider

"Getting into school was difficult but I had that [outside] person to help me… I have two parents that would not sign off on the loans… they wouldn't give me their information. They didn't want to, but how [the school loans are] structured, they have to unless you're an independent, so **I'm lucky in the sense that someone was like, oh, like there's something wrong with the system, let's figure out how we can work around it.** So that was lucky, but it was a problem at first." – Provider

"I didn't have help or guidance in finding an internship at all. It was literally like, hey, you have two months to do this, good luck. So I found my internship by going through Psychology Today and calling every single counseling office or service that was listed and asking if they had availability…

…I would talk to my white cohort and find out that **they were not being asked to do the same things that I was asked to be doing**." – Provider

1. Clarify the steps needed towards completing the training.
    - Describe the specific pathway options – do not assume that the trainee is familiar with the available options.
2. Provide continuous mentorship.
    - Check if the trainee's mentor is still around/ appropriate/ available over time.
3. Provide support to ensure that the trainee has support for finalizing any formal paperwork needed, especially when supervisor signoff is required.
4. Recognize when trainees do not have family support/ endorsement or experience pursuing training. They may need additional support.
5. Consider adding financial assistance for internship positions.

## Ways in Which a Diverse Workforce Can Help Your Agency

"A lot of assumptions for race, gender, sexuality…I would like to think [my personal experience] makes me more open-minded and I try very hard not to assume even simple things. But I'll say in my sessions, I'll ask a question or say a statement and then I'll back up and be like, 'Wait, is that true,'…like I just realized I made an assumption. They're like, 'yeah' and sometimes they're like, '**No one's ever asked for that**, no it's not true, this isn't actually what I like,' and I go, 'Oh OK' and…I'm very hyper aware of not [making assumptions**]. I make some assumptions, but I think I more aware of them, and I think that helps.**" – Provider

"**We need to have a more diverse array of experiences reflected in the leadership** on these issues." – Provider

"It's a process…I think every organization needs to be…equity needs to be [a] priority…**make sure staff is diverse, not only racially and culturally, but culture means a lot of things. It's not only how I look**, it's what I eat, it's my home, like within my own cycle at home is my own culture, so being open…equal…it's important...it's a learning process." – Provider

Providers with lived experience:

1. Can make connections with clients and families in a way that is uniquely helpful.
2. Are able to serve as role models and guides to clients and families.
3. Are aware of ways to be highly attuned to client needs.
4. Can apply their multilingual skills and awareness in multiple ways.