

Behavioral Health Access Barriers and How to Help May 18, 2023

a project of



State of New Hampshire Department of Health & Human Services Office of Health Equity in partnership with



& made possible by support from



Team Members Included:

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- Cat Jones
- JoAnne Malloy
- Vernon Brooks Carter
- Drum Video Production

Welcome



- School based counselor
- Social Worker/ School Psychologist
- School Resource Officer / Juvenile Justice or Law Enforcement
- Educator or other school based staff or faculty
- Administrator
- Behavioral health provider
- Community provider
- Peer/Family Support Provider
- Trainer/ External Coach
- Researcher
- Other



1.9 Schoolwide Practices used in Classrooms:

Educators implement foundational Tier 1 practices (explicitly teach, prompt, and review schoolwide expectations as described in 1.4; implement schoolwide acknowledgements as described in 1.5; and respond to challenging behavior as described in 1.7) across all classroom locations and routines and integrate these supports within all academic and SEB instruction in a culturally responsive manner.

1.10 Classroom Practices:

Educators consistently and equitably implement positive and proactive classroom practices--including building relationships with students; developing a safe environment; prompting predictable routines and expected behavior; actively providing OTRs, active supervision, and specific feedback (i.e., specific praise and supportive corrections); and ensuring a high ratio (\geq 5:1) of positive to corrective feedback.

PA

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feedback.

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TFI 2.1, Score 2: (Fully implemented)

Classrooms are formally implementing all core Tier 1 features, consistent with school-wide expectations

TFI 3.0, Score: 4 (Fully implemented)

Almost all (>80%) educators are consistently implementing all foundational Tier 1 practices (schoolwide expectations, acknowledgements, and responses) in a culturally-responsive manner in the classroom and most (>61%) educators report integrating these supports within academic and SEB instruction.

This is a <u>new</u> TFI item:

1.10 Classroom Practices:

Educators consistently and equitably implement positive and proactive classroom practices--including building relationships with students; developing a safe environment; prompting predictable routines and expected behavior; actively providing OTRs, active supervision, and specific feedback (i.e., specific praise and supportive corrections); and ensuring a high ratio (\geq 5:1) of positive to corrective feedback.

TFI 3.0 Score: 2 Some (40-60%) educators consistently and equitably implement positive and proactive practices. TFI 3.0 Score: 3 Most (61-80%) educators consistently and equitably implement positive and proactive practices. TFI 3.0 Score: 4 Almost all (>80%) educators consistently and equitably implement positive and proactive practices.

Behavioral Health Equity Work Group

- Established in 2014
- Currently sits in The Office of Health Equity
- Comprised of various entities within the State
 Department and outside stakeholders

The Purpose of the BHEWG

- 1. Provide a forum for learning and safe discussion
- 2. Promote cultural and linguistic competence, and culturally and linguistically best practices / responsive services
- 3. Promote the improvement of systems, organizations, and individuals to work effectively to serve diverse populations

Previous Work

- Work on bringing the National Standards for Culturally & Linguistically Appropriate Services (CLAS) to New Hampshire
- Trainings on Community Engagement | Implicit Bias | Communication Access

Stories exploring inequitable access to behavioral health services in NH's historically marginalized communities

Behavioral Health Access Video Project

Goals

- 1. Strengthen the capabilities and services of NH's behavioral healthcare system to address disparities.
- 2. Advance health equity in underserved and disproportionately affected populations.
- 3. Produce 4 short videos that amplify the voices of those from historically marginalized communities who have experienced challenges accessing behavioral health services.
- 4. Help create dialogue for individuals and organizations to begin to ask questions like, **What can I do? How can I help?**

Funded by the Endowment for Health

"We Are Here" Video Project Process

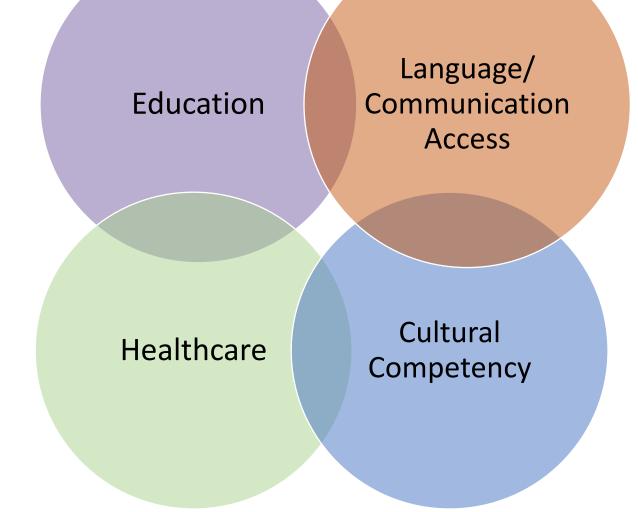
- Partners: Office of Health Equity (OHE) and Behavioral Health Equity Workgroup, UNH Institute on Disability, Drum Production Studio
- Reached out to historically marginalized communities to identify people willing to share their experience accessing behavioral health services
- Provided Strategic Sharing training by NAMI NH
- Compensated participants \$400 for their time and expertise
- Recorded interviews with video participants, including community leaders and behavioral healthcare service providers
- Completed final video edits and solicited input from interviewees
- Developed discussion guides for convening groups to view videos, linking key points to the National Culturally & Linguistically Appropriate Services (CLAS) Standards (US DHHS, Office of Minority Health)
- Host video screenings and discussions in Spring 2023

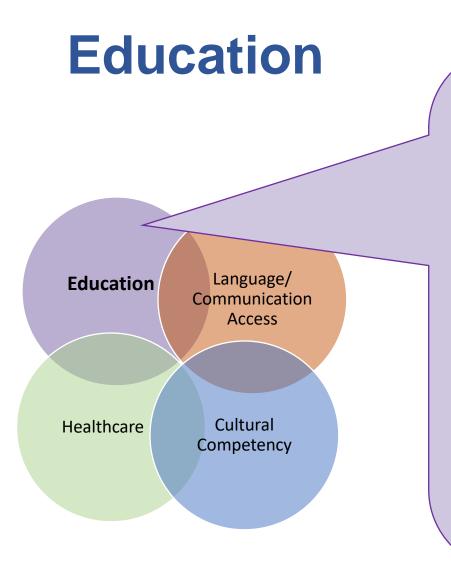
Video Project Participants

Varied representation of participants from rural and urban environments sharing personal and professional experiences as advocates.



4 Themes Identified





- Lack of mental health and substance misuse education and supports in schools.
- Taking the time to educate on the whole person.
- Create inclusive learning environments.
- Eliminate assumptions based on socioeconomic status, academic performance, etc. that mental health cannot affect certain individuals or communities.

Culturally & Linguistically Appropriate Services (CLAS)

Principal CLAS Standard



Principal CLAS Standard

Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce CLAS Standard

Advance and sustain organizational governance and leadership that promotes CLAS and health equity via policy, practices, and allocated resources. Recruit, promote, and support culturally and linguistically diverse governance, leadership, and workforce that are responsive to service area population. Educate and train governance, leadership, and workforce in CLAS related policies and practices on an ongoing basis.

Communication and Language Assistance CLAS Standard

Offer no-cost language assistance to people with limited English proficiency or other communication needs to ensure timely access to all care and services. Inform all people of available language assistance services clearly, in their preferred language, verbally and in writing. Ensure competence of language service providers; avoid using untrained people or minors. Provide easy-tounderstand materials and signage in languages most commonly used by service area populations.

Engagement, Continuous Improvement, & Accountability CLAS Standard

Infuse CLAS related goals, policies, measurements, regular assessment, and management accountability throughout planning and operations; communicate progress to partners and the public. Track demographic data and assess community health assets and needs to evaluate impact of CLAS activities on health equity and inform service delivery. Partner with community to plan, implement, and assess policies, practices, and services. Create culturally & linguistically appropriate conflict and grievance resolution processes.

Let's view one video addressing Cultural Competence

Notice:

- What are some examples of providers not taking participants' diverse cultural health beliefs and practices, preferred languages, health literacy or other communication needs into consideration? How or why do you think this happens?
- What do participants say about the workforce & care providers?
- How do participants describe communication accommodations or lack thereof from care providers? How are participants made aware of options for language assistance?
- How do the participants identify inaccessibility due to having difficulty understanding materials provided?

Education Video



Small Group Instructions (you will have 10 mins):

Momentarily we will get into small groups of 4-5.

- Briefly introduce yourself
- Ask for a volunteer to take notes on your discussion.
- Allow about 3 minutes to discuss each question prompt.
- Identify a spokesperson to report out key take aways from your conversation at the end.

Small Group Discussion (10 mins): Reactions/ What did you notice?

Reflect...

- What does effective, equitable, quality care look like?
- What are some of the consequences or outcomes of not providing care that is responsive to individuals' needs?
- What are you already doing that models this principle, both individually and at your organization or community level? What changes could be made to make improvements (both individually and to systems in your organization and/or community)?

When You Know Better....

"Do the best you can until you know better. Then when you know better, do better." - Maya Angelou

Next Steps

- Share the films with NH behavioral health providers – celebrate successful strategies and explore steps for making improvements.
- 2. Plans to produce a fifth video focused on individuals with substance use disorders.
- 3. New proposed project: Develop a website to help navigate "Culturally Responsive Care in NH: Celebrating and Uplifting Resources to Support Equitable Access to Behavioral Health among Diverse Communities."

Contact Us

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Resources

- <u>American Psychological Association Best Practices for Mental Health Facilities</u> <u>Working With LGBT Clients</u>
- <u>Behavioral health implementation guide for the national standards for</u> <u>culturally and linguistically appropriate services in health and health care</u>
- <u>Guidelines of Care for Lesbian, Gay, Bisexual and Transgender (LGBT)</u> <u>Patients</u> by the Gay and Lesbian Medical Association
- LGBTQ+ Behavioral Health Equity Center of Excellence
- Oklahoma School for the Deaf is offering <u>free online ASL classes</u> through July 2023. ASL 1 and ASL 2 are prerecorded, self-guided classes. Please share with family members, caregivers, teachers, employees, or anyone else who may want to learn ASL.
- <u>Practice Brief September 2018 "Providing Services and Supports for Youth who</u> are Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex or Two-Spirit", <u>The National Center for Cultural Competence, Georgetown University,</u> <u>Washington, DC</u>
- <u>Practice pronouns.com</u>

Resources, continued

- <u>The Welcoming Project</u> Free Printable Signs
- <u>Think Cultural Health Culturally & Linguistically Appropriate Service (CLAS)</u> <u>Standards</u>
- US Health & Human Services Office of Minority Health
- <u>University of New Hampshire Institute on Disability Website</u>
- <u>US Department of Labor Communication Access Resources</u>
- <u>Video: Spotlight on Youth Voices</u>
- <u>Video: Young, Gifted and Black</u>

Thank You!