

W e l c o m e

Immigrant Mental Health Solidarity Network

CONVENING

March 2nd and 3rd, 2026

Morning Survey



WELCOME REMARKS

Presented By: Luke Smith



Learn more here!



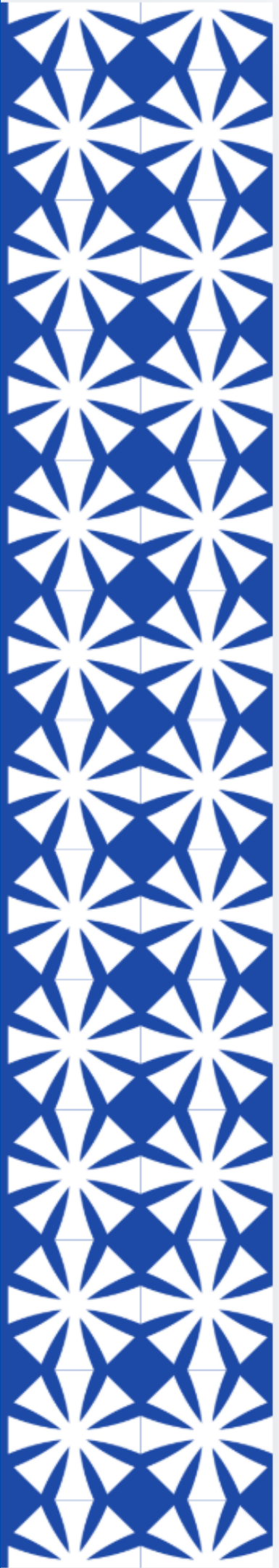


KEYNOTE

Presented By: Kelly Crosbie



Learn more here!



Introduction to Immigrant Mental Health

Presented By: Mary Jones and Pooja Mehta

"As immigrants or children of immigrants, many of us were taught to survive first, feel later."



Learn more here!



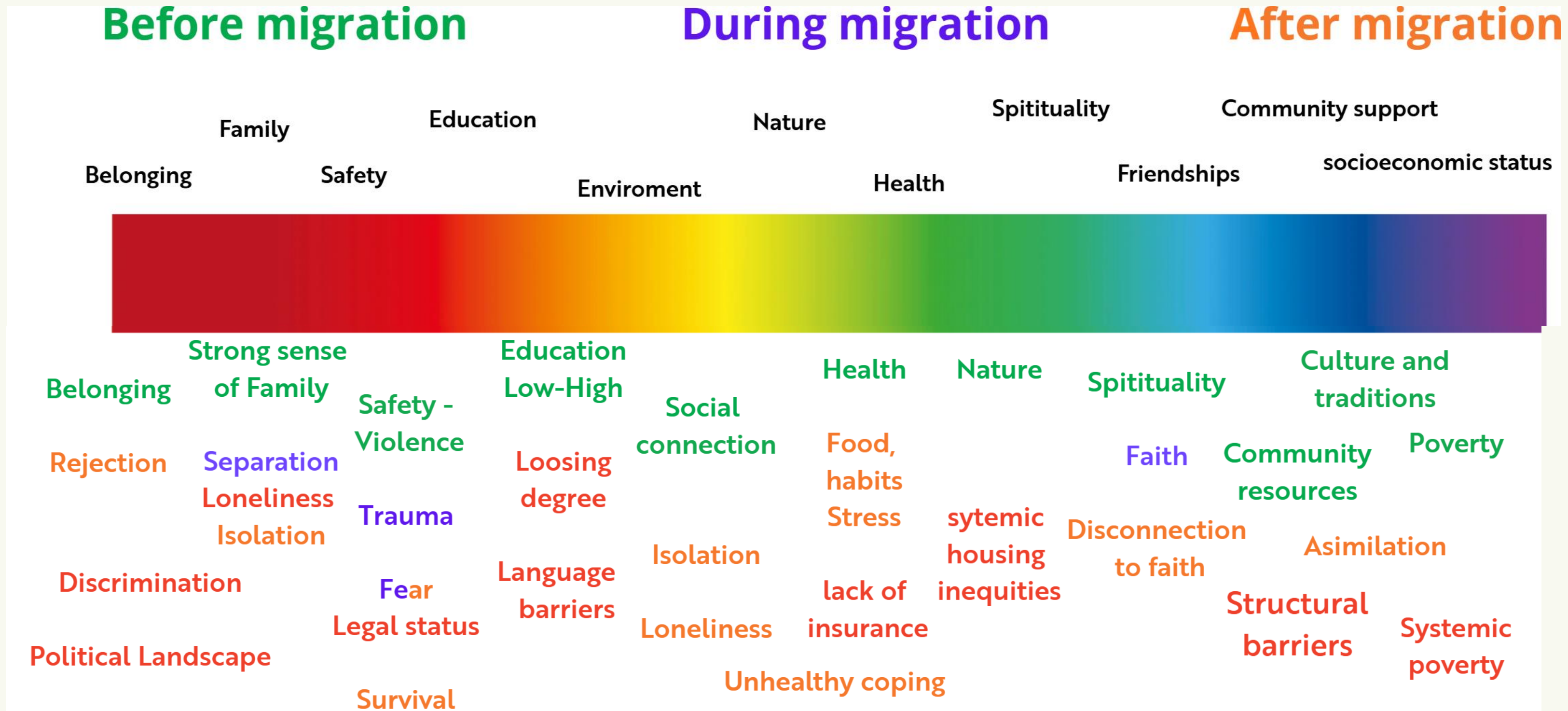
What Do We Mean by Immigrant Mental Health?

What did mental health mean in my family growing up?

What are some words you have heard to describe or talk about Mental Health?

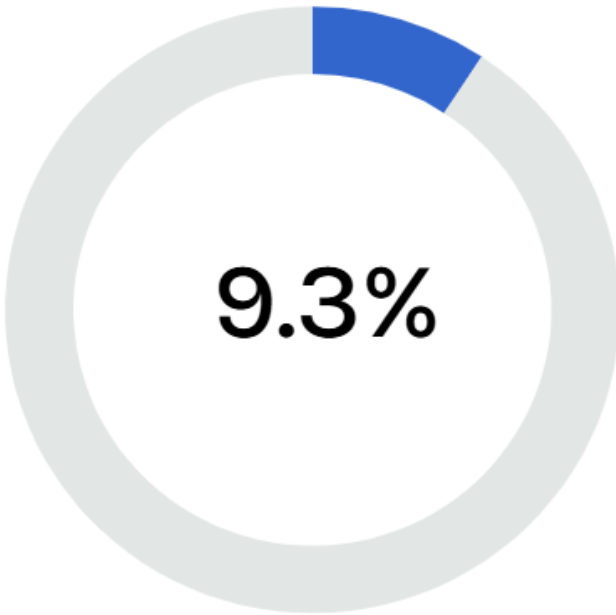


Key Stressors Impacting Immigrant Mental Health

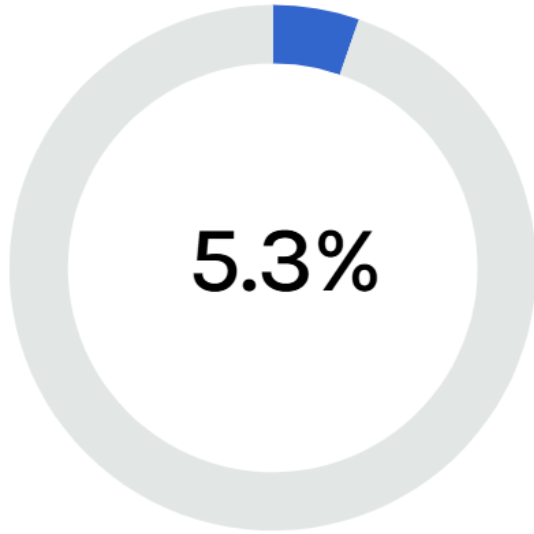


As leaders, we cannot individualize what is structural

Who are the immigrants in NC



Immigrant share of population



Share of U.S.-born residents who live with at least one immigrant parent

1,003,500

Number of immigrant residents

\$33.7B

Immigrant spending power

\$11.4B

Immigrant tax contributions

\$4.5B

Immigrants' contributions to Social Security

\$1.2B

Immigrants' contributions to Medicare

State & Local Taxes Paid

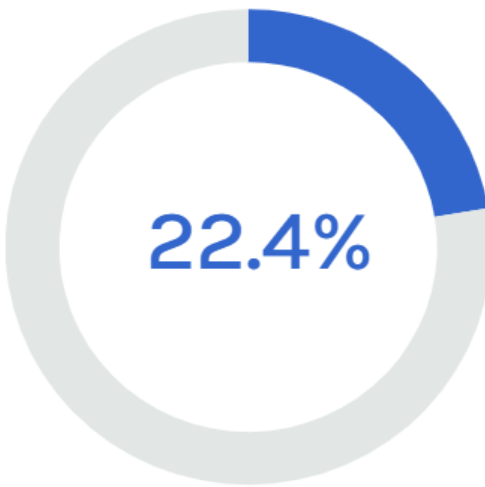
\$3.8B

Federal Taxes Paid

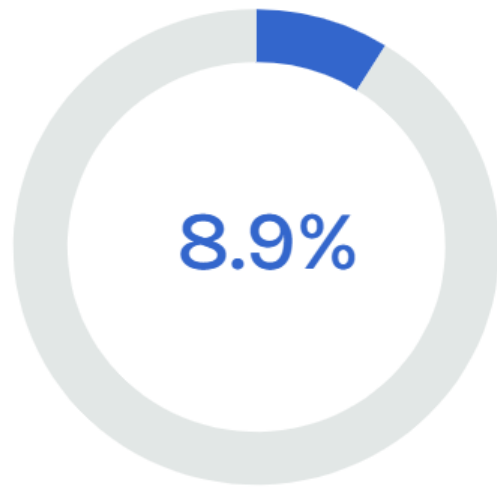
\$7.6B

TOP COUNTRIES OF ORIGIN FOR IMMIGRANTS

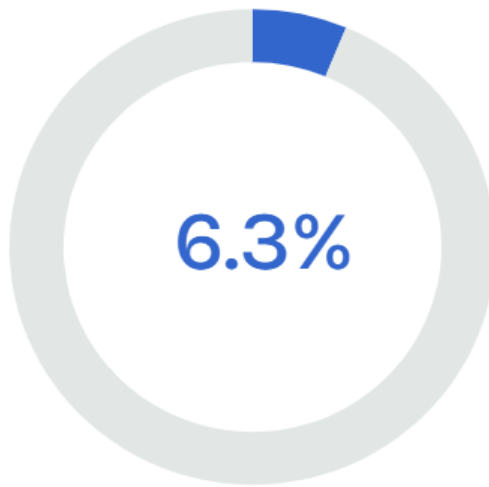
Mexico



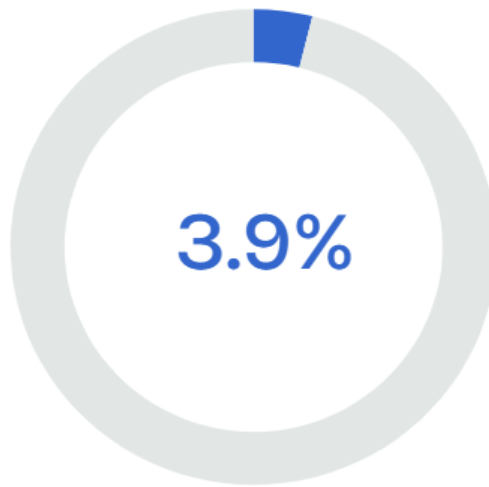
India



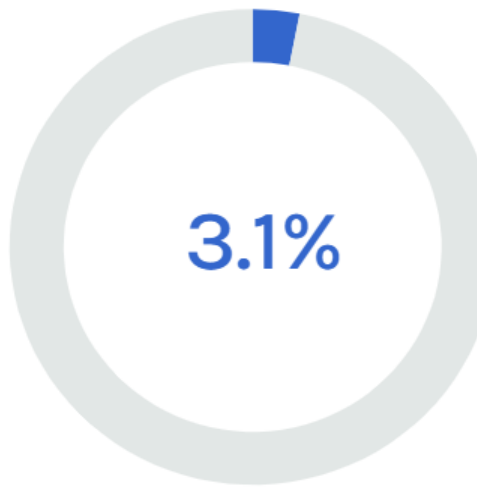
Honduras



El Salvador

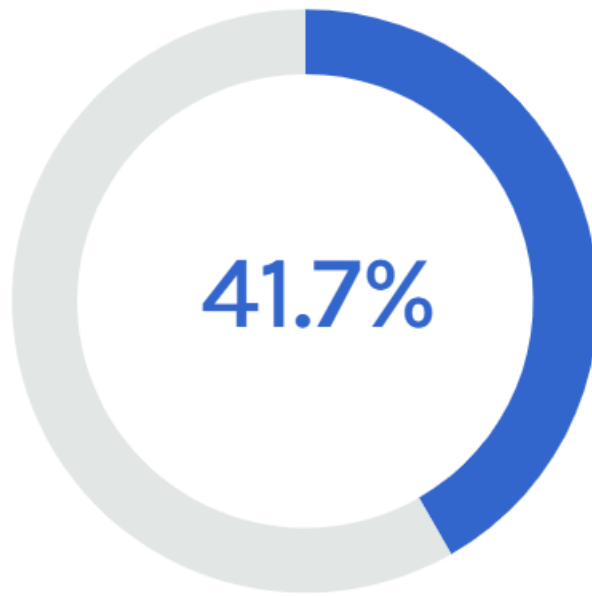


Guatemala

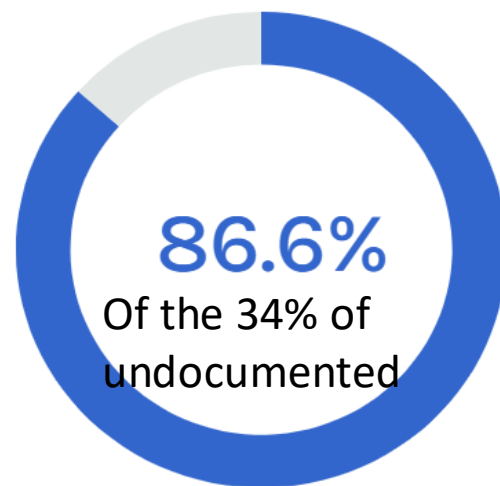


Data year 2023 from the American Immigration Council.

Power of immigrants in NC



Share of immigrants who are naturalized U.S. citizens



Share of undocumented immigrants who are working age

400,000

Number of immigrants who are eligible to vote

418,300

Number of immigrants who are naturalized U.S. citizens

143,400

Number of immigrants who are eligible for naturalization

342,100

Number of undocumented immigrants

27,600

Undocumented entrepreneurs

\$9.1B

Undocumented household income

\$7.2B

Total spending power

State & Local Taxes Paid

\$691.1M

Federal Taxes Paid

\$1.2B

Total Taxes Paid

\$1.9B

Data from the American Immigration Council.

Who are the Refugees in NC

50,300

Number of likely refugees

79.1%

Share of refugees who are naturalized U.S. citizens

\$2.4B

Refugee household income

\$1.8B

Total spending power

3,460

Number of refugees resettled in the last fiscal year

96.7%

Employment rate of likely refugees

State & Local Taxes Paid

\$203.5M

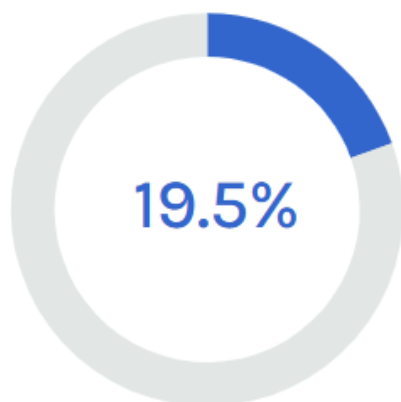
Federal Taxes Paid

\$401.5M

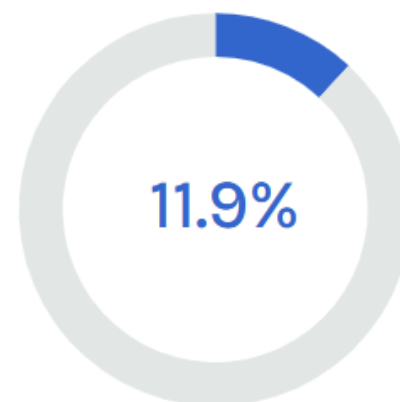
Total Taxes Paid

\$605.0M

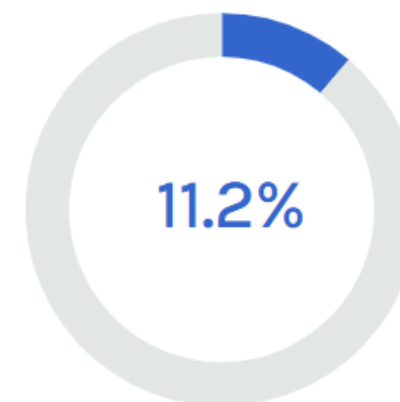
TOP COUNTRIES OF ORIGIN FOR REFUGEES RESETTLED IN THE LAST FISCAL YEAR



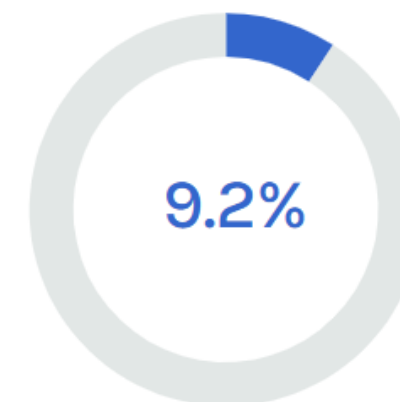
Democratic Republic of the Congo



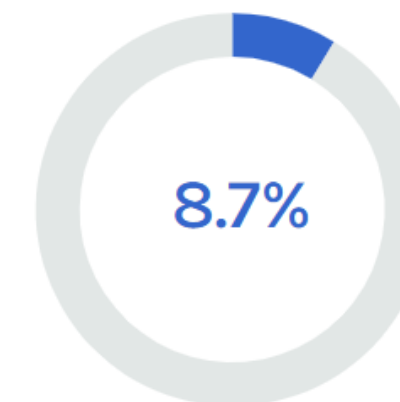
Venezuela



Syria



Afghanistan



Myanmar

Data from the American Immigration Council.

Demographics and Education

Age Group	Foreign-Born Population	U.S.-Born Population
0-15	7.1%	20.1%
16-64	81.4%	61.6%
65+	11.4%	18.3%

Educational Attainment by Nativity, Age 25+

Education Level	Foreign-Born Population	U.S.-Born Population
Less Than High School	24.3%	7.4%
High School & Some College	38.8%	55.9%
Bachelor's Degree	18.9%	23.4%
Graduate Degree	17.9%	13.3%

Nurses who are foreign-born





Immigrant Mental Health is about the whole journey! It's about trauma and resilience existing at the same time.

Immigrants come with extraordinary assets.

And yet, everyday they encounter systems that continue to erode those assets and compound their stress.



The Future of Immigrants Mental Health



Are our policies, our funding decisions, our organizations, and our state systems strengthening those assets —
or are they unintentionally reinforcing the very barriers that harm mental health in the first place?



***How do we support the mental health
of our communities?***



Challenges

STIGMA



Fear of being **judged** or ostracized may cause some to **not want to engage with mental health services**

LANGUAGE ACCESS



Lack of providers that **speak the native language** of immigrants could **lead to less quality care**

LACK OF INSURANCE



Many immigrants **don't qualify** for public insurance options and **can't get employer-provided insurance**



These are big challenges. BUT...

1. Mental health care is so much more than therapy and medication.
2. There is a lot we can do to help our communities navigate this current moment and come out stronger.



On an Individual Level



On a Community Level

Feeling connected to and having pride in your culture is proven to support mental health



The Montagnard Association's Traditional TAPS students perform a cultural dance



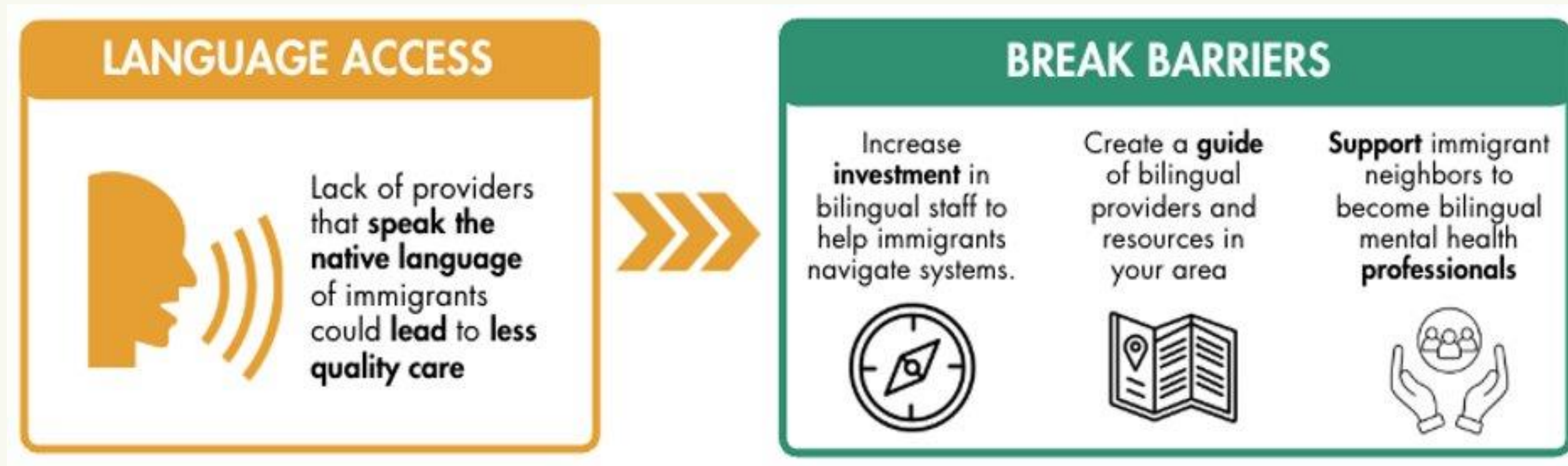
El Futuro's KERMES festival



On a Community Level

Communities can provide a lot of support

Scan the QR code on your table to download the one pager

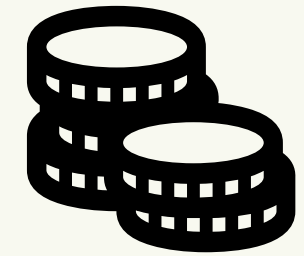
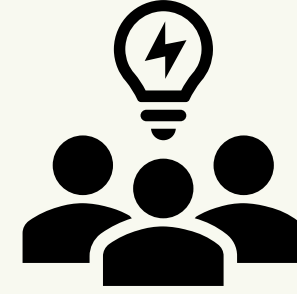


On a Systems Level

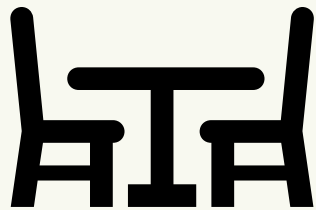
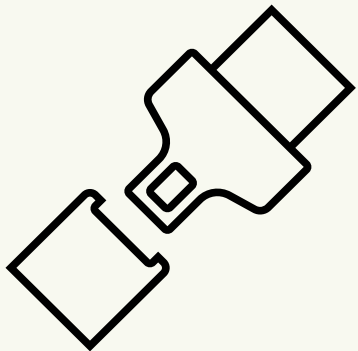
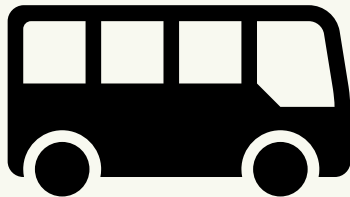
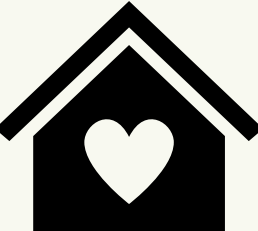
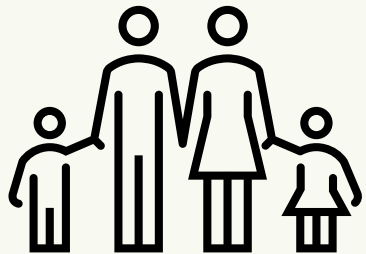
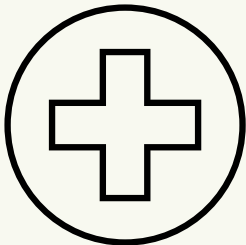
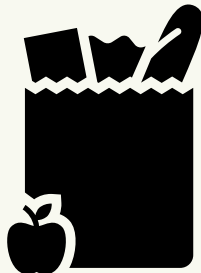
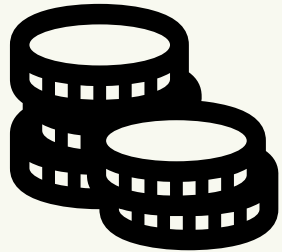
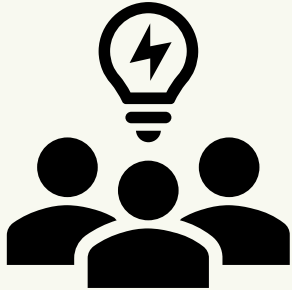
We cannot fully support the needs of our communities without pushing back against the systems that are failing us.



On a Systems Level



On a Systems Level



We are not here to “fix” immigrants. We are here to fix systems, narratives, and access.

Scan the QR code on your table to access the full landscape report



***Helping the people in our communities
reach their full potential.***



OUR STORY IN MOTION:

**THE IMMIGRANT MENTAL HEALTH
SOLIDARITY NETWORK ACROSS TIME**

Presented By: Molly Hayes & Stacey Carless



Learn more here!



Why an Immigrant Mental Health Solidarity Network?

- **Disproportionate Mental Health Burdens**
Immigrant communities—especially low-income, refugee, and undocumented groups—experience elevated stress, trauma, and depression linked to migration, discrimination, and economic instability.
- **Limited Access to Culturally & Linguistically Responsive Care**
Shortages of bilingual and bicultural providers, stigma, and systemic barriers keep many immigrants from receiving appropriate, timely mental health support.
- **Fragmented Advocacy & Underrepresentation in Policy**
Immigrants are often excluded from statewide mental health policy decisions, leaving gaps in services, funding, and protections.
- **Need for Collective Power & Shared Priorities**
Community organizations and leaders are doing important work, but often in silos. A solidarity network creates alignment, shared strategy, and stronger statewide advocacy.
- **Building Community Leadership & Long-Term Capacity**
By centering immigrant voices and supporting grassroots leadership, the network strengthens community power to shape mental health systems that reflect real needs.
- **Creating a Sustainable Infrastructure for Equity**
A coordinated, community-led network ensures immigrant mental health remains a priority beyond individual projects or funding cycles.

Goal: Support an Equitable Mental Health System in North Carolina for immigrant community members

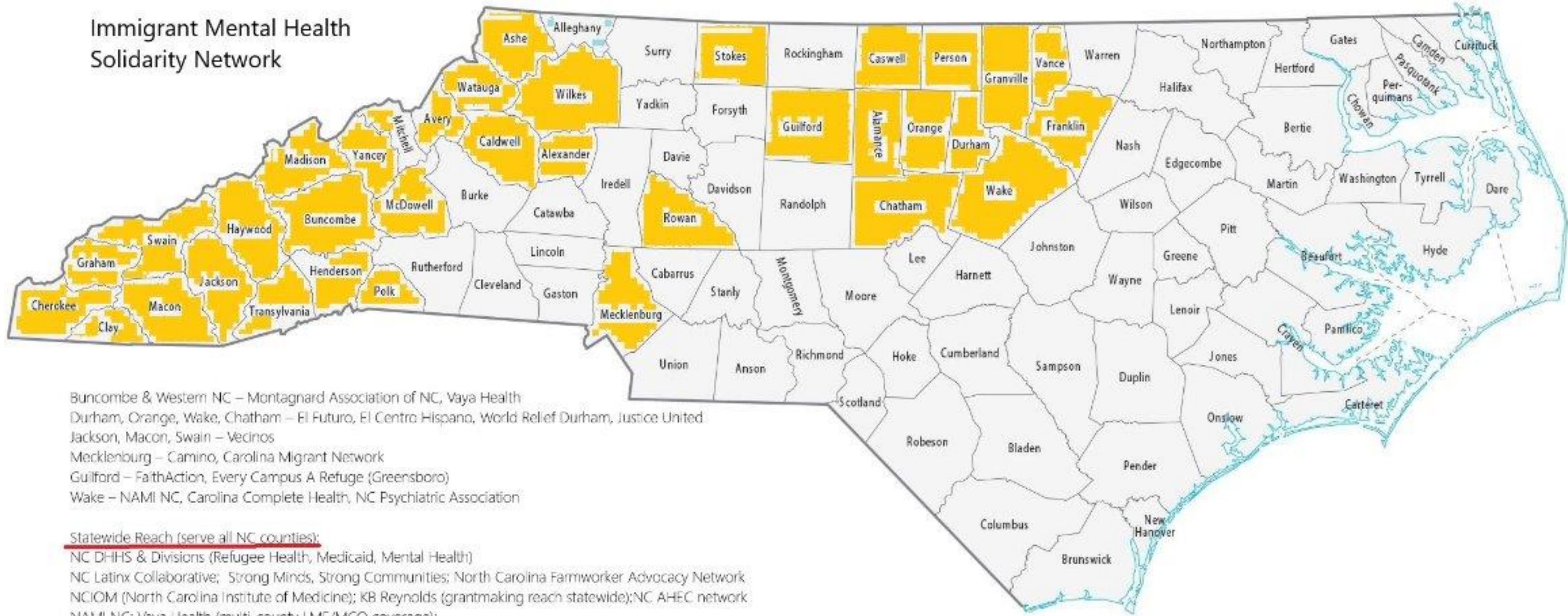


Learning the Landscape, Making Connections

- **Collaboration with North Carolina Institute of Medicine**
- **Engagement with 50 individuals from 40+ Organizations**
 - Community-based organizations (Centro Unido Latinoamericano, Vecinos, El Centro Hispano, Montagnard Association)
 - State agencies (NCDHHS, Governor's Office, NC Medicaid, NC Refugee Health Programs)
 - Foundations & Funders (K.B. Reynolds Charitable Trust, John Rex Endowment, BCBS Foundation)
 - Healthcare providers (Mustard Seed Clinic, VAYA Health, Carolina Complete Health)
 - Academic & research institutions (UNCG, NCIOM, Columbia University)
 - Advocacy & Faith-based groups (Justice United, Faith Action International, Every Campus A Refuge)
 - National & Regional networks (Hispanic Federation, NC Latinx Collaborative)
- **Network Meetings**
- **Key Informant Interviews, Analysis and Publishing of the Landscape Analysis**



Immigrant Mental Health Solidarity Network



Buncombe & Western NC – Montagnard Association of NC, Vaya Health
 Durham, Orange, Wake, Chatham – El Futuro, El Centro Hispano, World Relief Durham, Justice United
 Jackson, Macon, Swain – Vecinos
 Mecklenburg – Camino, Carolina Migrant Network
 Guilford – FaithAction, Every Campus A Refuge (Greensboro)
 Wake – NAMI NC, Carolina Complete Health, NC Psychiatric Association

Statewide Reach (serve all NC counties):

NC DHHS & Divisions (Refugee Health, Medicaid, Mental Health)
 NC Latinx Collaborative; Strong Minds, Strong Communities; North Carolina Farmworker Advocacy Network
 NCIOM (North Carolina Institute of Medicine); KB Reynolds (grantmaking reach statewide); NC AHEC network
 NAMI NC; Vaya Health (multi-county LME/MCO coverage);

Beyond NC: Hispanic Federation (regional/national); Columbia University / Wichita State (national partners)



Landscape Analysis Findings

NC Immigrant Community Challenges

- Language barriers, cultural differences, stigma
- SDOH factors; discrimination & legal status concerns
- Barriers to mental health care: limited info, cost, language, fear of deportation
- System pressures: Medicaid shifts, nonprofit instability, ICE involvement

NC Immigrant Mental Health Impacts

- High stress, anxiety, trauma
- Youth facing bullying, mental health strain, need for safe spaces
- Community fear due to rhetoric, deportations, travel restrictions

Shared Strengths

- Strong family ties, cultural traditions, community resilience
- Trusted support from religious leaders, traditional healers, community figures

What Provides Hope

- Community solidarity & mutual support
- Joyful cultural events and pride
- Collaborative action: listening sessions, shared resources, advocacy
- Sustained network: ongoing meetings & cross-region connection



IMMIGRANT MENTAL HEALTH

In North Carolina



OVERVIEW OF NORTH CAROLINA IMMIGRANTS

Prepared for community leaders and organizations committed to improving immigrant mental health.

Who are the immigrants living in North Carolina?

8%

Percentage of NC population that are foreign-born immigrants



1 out of 5 children in NC have at least one immigrant parent



Latin America: ~520,000
Asia: ~264,000
Europe: ~104,000
Africa: ~85,000
Oceania: ~2,500

How are immigrants contributing to strengthening North Carolina?



\$9.8 BILLION

Total tax contributions of immigrants in North Carolina



BUSINESS

38% of NC-based Fortune 500 companies founded by first/second generation immigrants



602,600

Total immigrant workers in NC

Perceptions of priority

For many people, mental health may take a lower priority to physical health and other pressing needs. Economic survival can dominate immediate concerns for some immigrants, as securing stable employment, housing, and food are essential for the family's well-being.



"There's just a lot of stigma, a lot of fear. A lot of my clients tell me, 'you know, I don't want my family to know that I'm here talking to you.'"

Quote from immigrant-serving clinician

Why is there so little data available on immigrant communities?

In many immigrant communities, there is a strong cultural stigma associated with mental illness, leading individuals to avoid discussing these issues openly or seeking professional help for fear of social rejection.

TOP 20 LANGUAGES WITH THE MOST SPEAKERS WHO ALSO SPEAK ENGLISH LESS THAN "VERY WELL" (NUMBER OF SPEAKERS, 2021)

Spanish	330,018 speakers
Chinese (Mandarin, Cantonese)	17,062
Vietnamese	13,592
Arabic	10,910
Korean	8,208
Gujarati	6,845
French	6,425
Russian	5,397
Telugu	4,860
Socano, Samoan, Hawaiian, or other Austronesian Languages	4,748
Thai	4,268
Amharic	4,121
Hindi	4,062
Hmong	3,912
Portuguese	3,885
Japanese	3,566
German	3,400
Tagalog	3,349
Nepali	3,104
Haitian Creole	3,012

If you'd like to learn more, for additional translations, or to join this effort with the Immigrant Mental Health Solidarity Network (IMHSN), please visit our website



IMMIGRANT MENTAL HEALTH

In North Carolina



The North Carolina Institute of Medicine and El Futuro gathered information to better understand the strengths and challenges that immigrants in NC face concerning their mental health. Here are some of the barriers found and some potential solutions community leaders may be able to implement.

FROM BARRIERS TO ACTIONS

STIGMA



Fear of being judged or ostracized may cause some to not want to engage with mental health services

NORMALIZE

Have regular conversations about mental health in your community



Promote mental health literacy and resources among community leaders



Include mental health workshops in church or other groups



LANGUAGE ACCESS



Lack of providers that speak the native language of immigrants could lead to less quality care

BREAK BARRIERS

Increase investment in bilingual staff to help immigrants navigate systems.



Create a guide of bilingual providers and resources in your area



Support immigrant neighbors to become bilingual mental health professionals



LACK OF INSURANCE



Many immigrants don't qualify for public insurance options and can't get employer-provided insurance

CONNECT TO RESOURCES

Connect uninsured community to free or low cost services



Organize local health fairs to connect your community to providers



Help others navigate paperwork to qualify for subsidized services



Want to know more? Scan this QR code to access the full landscape analysis.



Identifying Growth- Policy Recommendations

- **Funding for Community Health Programs**
 - 21 workgroup members

- **Access to Linguistically Appropriate Services**
 - 18 workgroup members

IMMIGRANT MENTAL HEALTH SOLIDARITY NETWORK
 Policy Recommendations



Drawing on insights from the *Immigrant Mental Health in North Carolina Landscape Analysis*, the Immigrant Mental Health Solidarity Network (IMHSN) convened two policy workgroups in Fall 2025 to develop actionable recommendations for improving mental health care access for immigrant communities. These proposals aim to guide state and local policy changes that better address the needs of North Carolina's immigrant population.

Access to Linguistically Appropriate Services

SUPPORTING BILINGUAL PROVIDER WORKFORCE

Support Bilingual Mental Health Providers

- Develop systems to reduce burnout among bilingual providers who are tasked with additional roles (e.g., interpreting, case management) and create space for self-advocacy within organizations and in policy.
- **Responsible parties:** Immigrant Mental Health Solidarity Network, philanthropy, multilingual mental health providers, mental health provider trade associations

Simplify Credentialing for Foreign-Trained Providers

- Offer financial and administrative support for foreign-trained bilingual providers navigating U.S. licensure; begin by researching similar efforts in other states.
- **Responsible parties:** Immigrant Mental Health Solidarity Network members, immigrant mental health providers, mental health provider licensure boards (i.e., fee-Based practicing pastoral counselors, marriage and family Therapists, psychologists, professional counselors, social workers), mental health provider trade associations

Targeted Workforce Development for Bilingual Mental Health Professionals

- Expand initiatives to grow the multilingual mental health and interpreter workforce, especially in underserved areas. Strategies may include:
 - Scholarships and paid internships
 - Interpreter training and hands-on experience (e.g., UNC Greensboro, Durham Tech)
 - Courses for providers serving immigrant communities (e.g., UNC Charlotte)
 - Bilingual workforce training at community colleges (e.g., Forsyth Tech)
 - Career exposure for high school students through service learning and CTE programs
- **Responsible parties:** Immigrant Mental Health Solidarity Network members, NC Community College System, UNC System, NC Department of Public Instruction

SYSTEMS TO SUPPORT LINGUISTIC ACCESS

Develop Language Access Plans

- Managed care organizations should assess enrollee language needs and create provider-facing access plans. NC Medicaid should prioritize funding for interpreters, scholarships, and related supports.
- **Responsible parties:** NC Medicaid, managed care organizations serving Medicaid enrollees

Enhance Reimbursement for Bilingual Services

- Implement higher reimbursement rates for bilingual care and interpretation to incentivize linguistically accessible services.
- **Responsible parties:** NC Medicaid, managed care organizations serving Medicaid enrollees, NC private insurance payers

Centralize Language-Accessible Provider Information

- Create and promote a centralized database of multilingual mental health providers and interpreters using existing sources:
 - NC Medicaid
 - Private insurers
 - Psychology Today
- **Responsible parties:** Immigrant Mental Health Solidarity Network

Train Providers and Interpreters in Cultural Humility


- Develop CE courses and recertification requirements focused on cultural humility, tailored to regional immigrant communities.
- **Responsible parties:** NC AHEC, mental health provider trade organizations

Expand Interpreter Training for Mental Health Settings


- Strengthen interpreter training specific to behavioral health care.
- **Responsible parties:** NC AHEC, NC Community College System, interpreter training programs

Integrate Language Justice in Provider Education

- Embed language justice and cultural humility in all mental health education programs to prepare future providers.
- **Responsible parties:** NC Community College System mental health provider training programs, UNC System mental health provider training program

IMMIGRANT MENTAL HEALTH SOLIDARITY NETWORK
 Policy Recommendations Cont.



Funding for Community Health Programs

COMMUNITY HEALTH WORKER REIMBURSEMENT

Leverage Medicaid Capitation Funds

- Exert pressure on health plans to utilize their capitation funds to hire and deploy CHWs more effectively by leveraging existing guidance from Medicaid to encourage health plans to use these funds to support community health workers.
- **Responsible parties:** NC Medicaid, Immigrant Mental Health Solidarity Network, physician champions

Mandate CHWs in Medicaid Managed Care

- Advocate for a Medicaid managed care policy change that mandates health plans employ CHWs as part of their service model. Additional funds should be allocated to implement this policy.
- **Responsible parties:** NC Medicaid, Solidarity Network, NC General Assembly, healthcare allies

Ensure Immigrant Representation in CHW Policy

- Include Immigrant Mental Health Solidarity Network representatives in the Partners in Health Task Force on Community Health Workers.
- **Responsible parties:** Partners in Health, Solidarity Network

Expand CHW Training & Technical Assistance

- Expand statewide technical assistance programs for organizations employing CHWs to ensure that CHWs are deployed effectively in community settings, rather than being limited to administrative tasks. Training programs should also highlight cultural humility for both CHWs and the organizations employing them to better serve immigrant communities.
- **Responsible parties:** AHEC Work Group, NC CHW Association, NC AHEC, Office of Rural Health, NC Medicaid

Invest in CHW Data & Reporting Systems


- Advocate for investments in technology and training to ensure that organizations employing CHWs can track their outcomes and submit necessary data to health plans, and identify ways to simplify and streamline billing and reporting processes for CHW services.
- **Responsible parties:** NC CHW Association, NC Medicaid, Office of Rural Health, philanthropy, Solidarity Network

COLLABORATIVE PHILANTHROPY


- The Immigrant Mental Health Solidarity Network should serve as a central access point for philanthropy related to immigrant mental health. Philanthropic efforts should include community-led participatory grantmaking and strategies to ensure that less-dominant immigrant cultural groups have access to funding opportunities.
- **Responsible parties:** Immigrant Mental Health Solidarity Network, philanthropy

ACCESS TO MENTAL HEALTH CARE FOR ALL IMMIGRANT POPULATIONS

The Immigrant Mental Health Solidarity Network will continue to explore opportunities to advocate for increased access to mental and physical health care for all immigrants.



Scan to learn more!



Shifted Realities–Deepened Solidarity

- **First Immigrant Mental Health Solidarity Convening–** December 8, 2024
- **Network meetings became a space of true solidarity**
 - **Themes**
 - Rising fear, stress, and uncertainty due to enforcement, policy shifts, misinformation, and barriers to care.
 - Ongoing community resilience, cultural celebration, and mutual aid highlighted across meetings.
 - Dedicated collective care spaces, including a Holding Space meeting for grounding and connection.
 - **Collective Action**
 - Turning research into action: Adapted the Landscape Analysis into accessible, culturally relevant community tools.
 - Strengthening advocacy: Refined policy recommendations and created low-risk, shareable advocacy materials.
 - Organizing *Solidarity Through Resilience: A Convening of Hope*
 - **Looking To The Future**
 - Strengthened as a trusted space for solidarity, shared leadership, and collective care.
 - Continued commitment to mental health equity, sustainable infrastructure, and cross-community collaboration.
 - Building long-term infrastructure: Launched the process to select an Anchor Organization



Finding a New Home

Goal: Ensure the Network's work continues beyond funding cycles and shifting policy environments

- Building durable infrastructure to support statewide collaboration.
- Anchor Organization to provide statewide coordination and stability.
- Supports collective coalition-building across immigrant and refugee communities.
- Ensures representation of all immigrant and refugee groups across North Carolina.
- Strengthens the Network's ability to engage in effective policy and advocacy.
- Living the value of being community-lead.



Selecting an Anchor Organization

IMMIGRANT MENTAL HEALTH SOLIDARITY NETWORK Anchor Organization Selection Process

Respondent Evaluation Criteria

To ensure a fair, value-aligned, and comprehensive review, respondent submissions were evaluated using a set of clearly defined criteria. Below are some of the criteria the selection committee looked for:

- Alignment with Mission & Values**
 - How well the organization's mission aligns with the IMHSN's focus on immigrant justice, mental health equity, and system change.
- Advocacy & Policy Work**
 - Experience in leading or supporting advocacy, education, or policy work related to immigrant and mental health issues.
- Mental Health Focus**
 - Experience or partnerships related to behavioral health services, healing practices, or immigrant mental health services.
- Organizational Readiness**
 - A clear staff structure or plan is in place to coordinate and manage grant funds responsibly.

The 12 RFA written submissions were evaluated using a scoring system based on the above criteria. As a result of this process, 4 respondent organizations were invited to participate in the interview process.

Interview Process

The selection committee served as the panelists for 1 hour, in-depth interviews with each organization. These interviews allowed for the organizations to share their goals for the network. Questions centered on the following criteria:

- Equitable representation:**
 - Ensuring representation across multiple immigrant communities and across the state of North Carolina
- Vision for the Network**
 - Vision for growing the network
 - Ideas for centering mental health as a core component of the work
 - Ideas for continued funding
- Ways of Working**
 - Approach to coalition building
 - Plans to engage in advocacy and policy work
 - Capacity and staff support



Following the interviews, the selection panel met and ranked the shortlisted candidates based on their responses to the in-depth interview questions. From that selection process, NC Counts Coalition was recommended by the panel for the IMHSN Anchor organization opportunity.

On November 17, NC Counts Coalition accepted the opportunity to be the new anchor organization of the Immigrant Mental Health Solidarity Network!

IMMIGRANT MENTAL HEALTH SOLIDARITY NETWORK Anchor Organization Selection Process

A diverse group of organizations from the Piedmont, Triangle, and Eastern North Carolina applied to serve as the Anchor Organization for the Immigrant Mental Health Solidarity Network, reflecting strong cultural, linguistic, and regional diversity and broad statewide interest in advancing the Network's mission.

Overview of Responding Organizations

Respondent Locations Across the State:

- Of the 12 responses received, the geographic distribution included:
- Greensboro - 4
 - Raleigh - 2
 - Wilson - 2
 - Durham - 2
 - Newport - 1
 - Charlotte - 1



Regions served:

Among the 12 respondents, many reported statewide service coverage, with particular emphasis on the Piedmont/Triad and Triangle regions.

Population Focus Areas:

- Out of the 12 respondents, the organizations that applied serve a wide variety of communities:
- 11 organizations serving immigrant and refugee populations
 - 4 organizations specifically supporting Latino immigrant communities
 - 2 organizations focused on BIPOC and LGBTQ+ individuals
 - 1 organization centering its work on Swahili-speaking refugees and immigrants

Most applicants focused on community engagement, bilingual education and resources, immigrant and refugee support, health navigation, and advocacy.

Who Helped Guide the Selection Process?



Mary Jones (El Futuro)
Molly Hayes (El Futuro)



Shereka Dunston (NAMI NC)



Jennifer Morillo (NC Department of Health and Human Services)



Daniela Ceron (NC Latinx Collaborative)
Amanda Huber Lopera (Sunrise Amanecer)



NC Counts Coalition as the Anchor Organization

1. Serving and Centering Immigrant Communities

Immigrant communities are central to NC Counts' mission, and our work ensures they are seen, counted, and resourced through immigrant-led partnerships and lived experience across our team and leadership.

2. Culturally Grounded Engagement & Narrative Shift

NC Counts supports community-based organizations to lead engagement and outreach rooted in culture, relationships, and people power, elevating community voice and leadership.

We also work to ensure language is not a barrier to belonging, participation, or representation, and advocate for institutions to partner with communities rather than dictate solutions.



NC Counts Coalition as the Anchor Organization

3. Cooking Coalitions the Work

NC Counts has successfully aligned cross-sector partners around shared goals.

4. Collective Action, Not Competition

NC Counts is built on collaboration, capacity-building, and peer learning so organizations can achieve more collectively than any could alone.

5. Trust Through Transparency

NC Counts facilitates open communication, shared decision-making, and coordinated action across organizations and regions through regular convenings, member-led working groups, and transparent funding processes.



Looking to the Future

A *network*
rooted in *trust*,
shared leadership,
and *community wisdom*,
where *immigrant communities*
lead the design of mental
health *solutions* that support
their *wellbeing*.



Stay Connected!



Email:

Angélica Wind, She/Ella

Angelica@nccounts.org



A close-up photograph of dark brown coffee beans and finely ground coffee. The beans are in the foreground, some in sharp focus, while the ground coffee fills the background. A white rectangular box is overlaid on the right side of the image, containing text.

Cafecito Break
SEE YOU AT 11:15

FIRESIDE CHAT: **The Power of Collaboration**

Presented By:

sumi dutta

Lariza Garzón

Heysoll Rodríguez Soto

Angélica Wind



Learn more here!

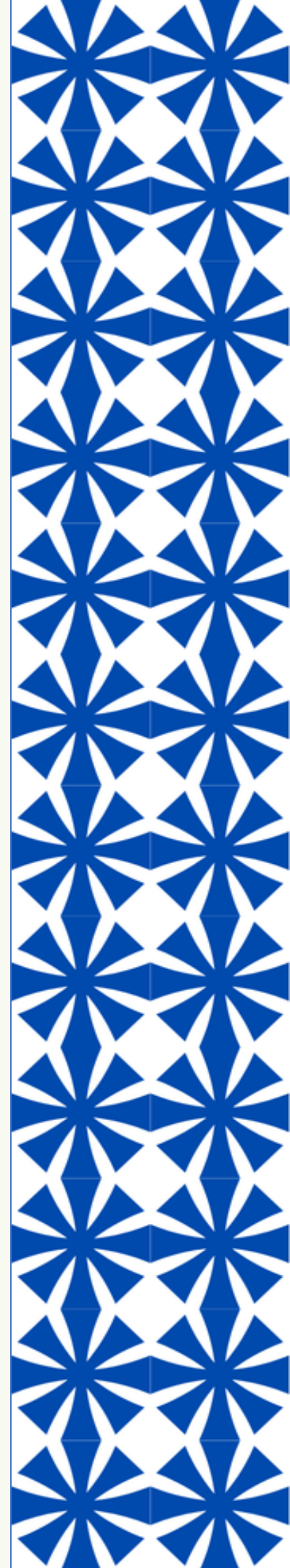




hispanicfederation

Taking **Hispanic causes** to heart

- National organization with offices in North Carolina (City of Charlotte and Town of Mt. Olive)
- Our mission is to advance and empower the Hispanic community through education, health, immigration, civic engagement, economic empowerment, and environmental justice.
- We accomplish this through policy advocacy, institutional strengthening, and program implementation.
- Coalitions led by HF: Latine Justice Alliance of Charlotte, Unidos por la Tierra y la Comunidad, and Salud NC.





north carolina JUSTICE CENTER

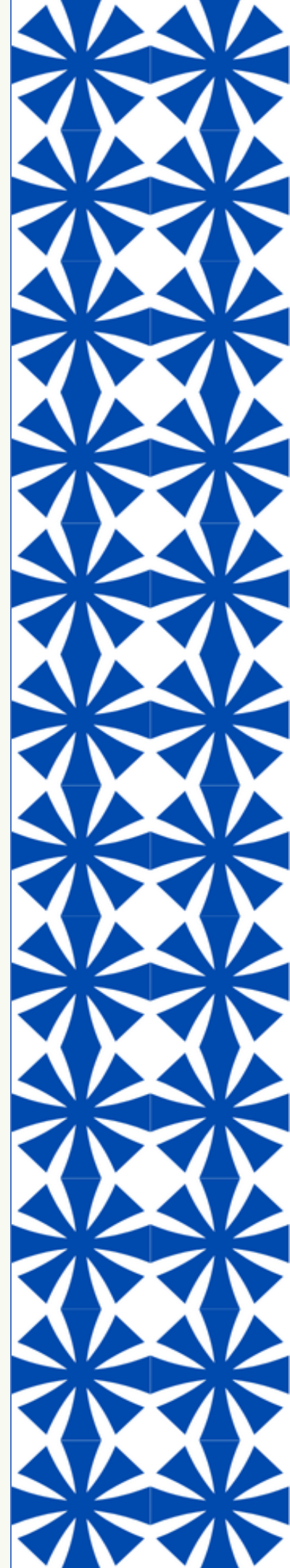
Health Advocacy Project works to ensure that all North Carolinians-especially those with low incomes who are uninsured/underinsured, people of color, and those living in rural communities-have access to high quality, affordable, comprehensive and equitable health care for better health outcomes and improved quality of life.

- **Expanded Medicaid outreach efforts:** Partnered with NCDHHS to co-brand and disseminate Medicaid expansion outreach materials, reaching 1.2 million people in all 100 counties through more than 1,000 organizations.
- **Helped secure \$6.5 billion in medical debt forgiveness:** Led a campaign to pressure all 99 critical care hospitals in NC to join a first-in-the-nation medical debt forgiveness program, which resulted in over \$6.5 billion in debt forgiven for 2 million North Carolinians, financial assistance programs at every hospital, and a ban on predatory collections.
- **Defended Medicaid and SNAP food benefits:** Coordinated delivery of 500 health professionals' signatures and 100 personal stories to all Congressional offices in the state, organized calls every five minutes for 60 business hours to Senators Tillis and Budd, and planned eight simultaneous vigils outside their offices statewide.
- **Moved key decision-makers:** Our pressure campaign helped to persuade Senator Tillis to oppose the harmful "Big Beautiful Bill," building momentum for future federal advocacy, despite the bill's eventual passage.
- **Developed resources to mitigate the impacts of medical debt:** Following steep cuts to public health benefits and Congress's failure to extend ACA premium tax credits.

Strategies:

- **Coordinate with coalition partners** on campaign, advocacy, and communications strategies to protect and improve health care and ensure policymakers invest in the needs of all North Carolinians.
- **Build community** capacity and power by creating accessible materials, organizing partner trainings, hosting public events, and supporting community advocacy efforts.
- Center and amplify real life experiences to push for policy change by continuing to grow and support our community of storyteller advocates.
- **Engage with the media** to amplify our policy perspectives and connect them with storyteller advocates.
- **Track and lobby to support legislation** favorable to health care and oppose or mitigate harmful proposals.
- **Apply a race equity lens and use evidence-based approaches to guide program and policy decisions.**

ADVOCACY WORKS!!!

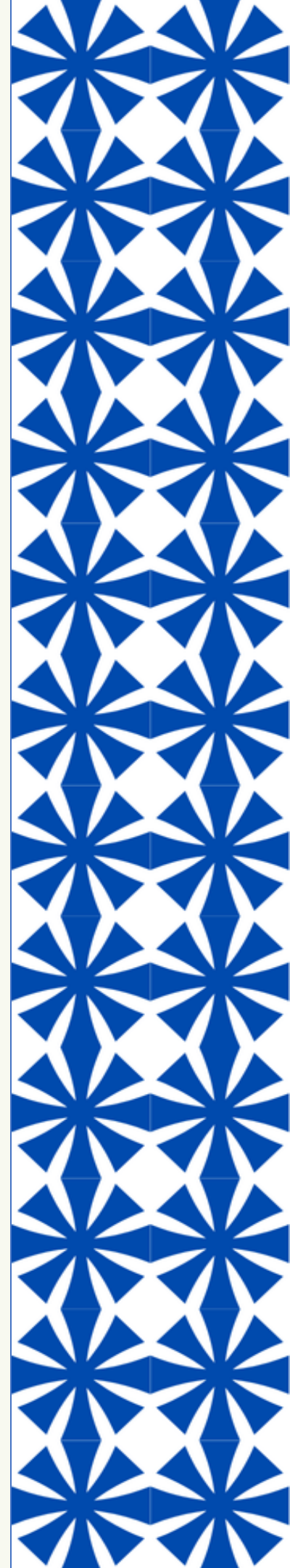


SONG

SOUTHERNERS ON NEW GROUND

MISSION:

SONG is a home for LGBTQ liberation across all lines of race, class, abilities, age, culture, gender, and sexuality in the South. We build, sustain, and connect a southern regional base of LGBTQ people in order to transform the region through strategic projects and campaigns developed in response to the current conditions in our communities. SONG builds this movement through leadership development, intersectional analysis, and organizing.





***Lunch Provided
by:
Alpaca***

***Dance Presentation
@12:45
Ishyna Dance
Company***

In Lunchroom

Welcome Back!



Seeds of Connection

Presented By: Luke Smith



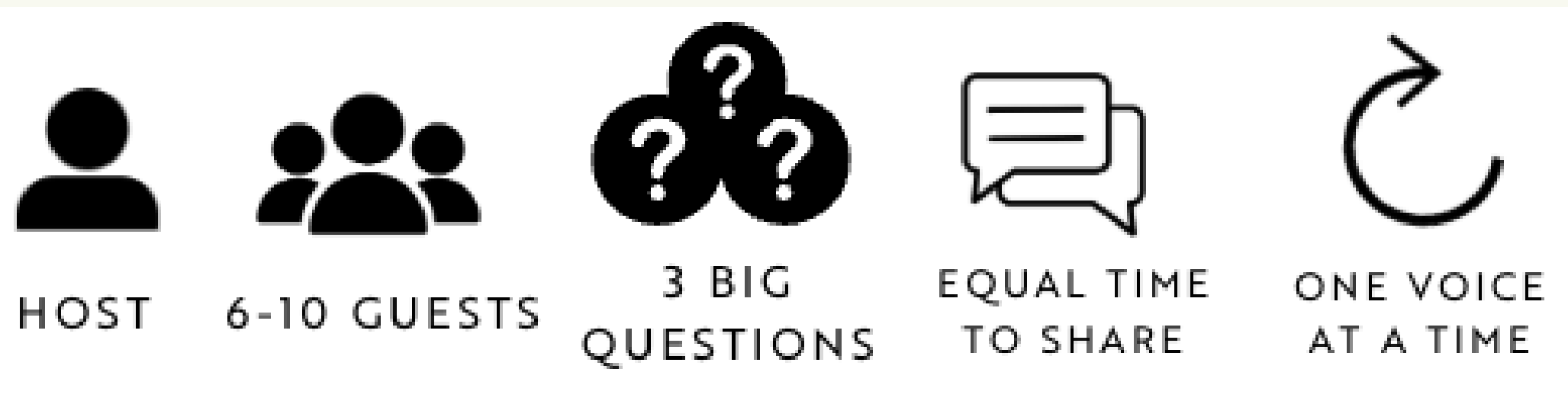
Learn more here!



OPENING CONVERSATION

Growth is one of the most natural and necessary parts of being human. Just like seeds that wait for the right conditions to thrive, we also need connection, care, and purpose to grow. Research shows that people who regularly reflect on their sense of purpose and connection report higher levels of well-being, creativity, and resilience. In times of change or uncertainty, those roots help us stay grounded and keep moving forward. This conversation is a chance to reflect on what helps you grow and how we can strengthen one another through purpose, hope, and connection.

HOW IT WORKS



Introductions - 1 minute per person

Our lives are a story. **Share your name and the title of the chapter of your life you are currently living in, and why you chose it.**



07:00



Question 2 – Hurricanes and Hope 2 – 3 minutes per person

When a hurricane comes, the winds can be fierce and unpredictable. The palm tree bends with the storm but does not break—its strength is in its deep roots. In the same way, when life feels uncertain and the future unclear, we can stay grounded in what truly matters: our faith, our values, and our connections with one another. Hope is not pretending the storm isn't real; it's trusting that our roots are deep enough to hold us steady and that, in time, we will rise and keep growing toward the light.

- **How do you hold onto hope or find joy during difficult times?**
- **Can you share a moment that helped you discover your purpose or clarified your "why"?**
- **What habits or mindsets help you stay grounded and keep growing when the future is uncertain?**



Question 2: 2-3 minutes per person

How do you hold onto hope or find joy during difficult times?

Can you share a moment that helped you discover your purpose or clarified your "why"?

What habits or mindsets help you stay grounded and keep growing when the future is uncertain?

21:00



**Flash Presentations:
Models that Work in Immigrant
Mental Health**



Leveraging Youth Advisory Councils for More Impactful Latine Mental Health Care

presented by: Rachel Siegel, Ismael Mastache Lagunas & D'Arlene Martinez

Mental Health Awareness Project in the Swahili-Speaking Community in North Carolina

presented by: Jemima Kavusa, Benis Lubunga & Gloire Mushuju

Tarang: A Community-Driven Movement for Asian American Pacific Islander (AAPI) Mental Health

presented by: Pooja Mehta

When Evidence Meets Access: Free Mental Health Support in the Community

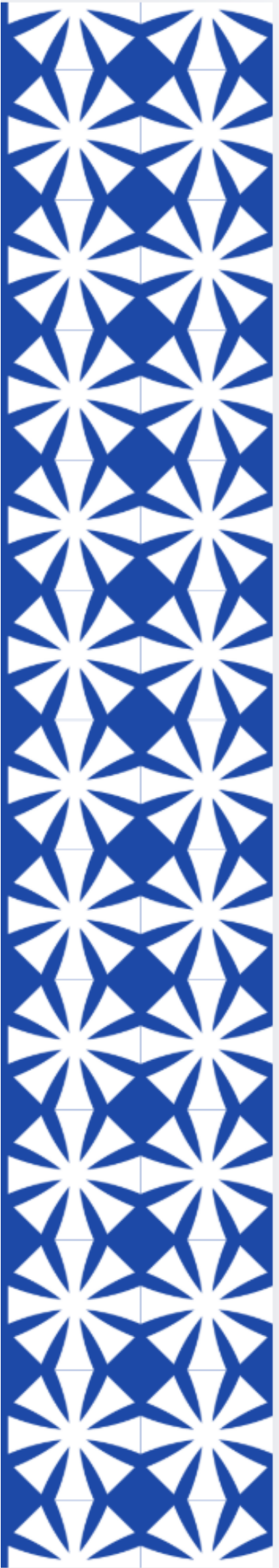
presented by: Vung Ksor, Rachel Mack, Tala Najjar, & Martha Thompson



Learn more here!



Please transition to classrooms.



2026 IMHSN Convening

Day 1 Reflections

Afternoon Survey



Raffles

Thank you for being with us today!



Afternoon Survey

