

# LEARNING COMMUNITY PRESENTATION



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VICTIMS of  
TORTURE

## **Presentation by:**

**Andrea Northwood,  
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Services  
St Paul, Minnesota**

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Somali Community  
Liaison  
St. Cloud,  
Minnesota**





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# OUTLINE

❖ **Presenter Bios**

❖ **St. Cloud CVT Learning Communities Grant**

❖ **Examples of Challenges & Barriers**

❖ **Examples of Successes**

❖ **Resources**

# ANDREA NORTHWOOD



- Dr. Northwood has worked at CVT since 1995 as a psychologist providing psychological treatment to survivors of politically motivated torture and their family members. She became the Director of Client Services in 2006. She is responsible for supervising clinical services; directing the development, delivery, and evaluation of services to clients; and overseeing the performance and functioning of CVT's U.S. client services. This has included development of integrated care partnerships between CVT and primary care clinics, and most recently a resettlement agency in Atlanta, GA. She received her Ph.D. in Clinical Psychology and Child Development from the University of Minnesota.

# AMAL HASSAN



- Ms. Hassan has BA in Women Studies and a minor in human relations. Ms. Hassan is currently working towards finishing two master degrees in Sociology and second one in Child and Family Studies. Ms. Hassan worked in the domestic violence field for 8 years and has extensive experience working with victims of domestic violence with a goal to change the systems both at the state and local level. Ms. Hassan is a community leader and advocate for the refugee and immigrant communities in Central Minnesota. She started her work with CVT in May of 2015 as a Somali Community Liaison.

# LEARNING OBJECTIVES

- Participants will be able to describe common challenges and barriers in creating community-based approaches to address the behavioral health needs of refugee and war-traumatized populations
- Participants will be able to identify important considerations and components of successful approaches to engaging refugee communities in addressing their behavioral health needs
- Participants will have increased knowledge of resources available to them in crafting their own local solutions to emerging behavioral health needs amongst their newest neighbors

## ST. CLOUD CVT L.C. GRANT

- **GOAL:** To build a Learning Community focused on improving coordination and integration of behavioral health services for war-traumatized refugee populations and Minnesota's newest citizens that are currently overwhelming systems of care in St. Cloud.

# STAKEHOLDERS: 5 TEAMS

- Health and Behavioral Health
- Somali Community
- Frontline Partners included the following professionals:
  - Public health nurses
  - Child protection services
  - Domestic violence advocates
  - Basic needs/social services agencies
  - Law enforcement
- South Sudanese Community
- Technical Consultation



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# EXAMPLES OF CHALLENGES



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# CHALLENGES IN ST CLOUD

- High racial and religious tensions, amplifying distrust and hostility (example: Somali community members didn't feel safe attending learning events)
- Highly fractured South Sudanese community with many internal divisions; not able to attend brokered learning community events
- Lack of coordination and knowledge about systems & support services that need to be in place for successful behavioral health referrals and engagement (transportation, language, cultural barriers)
- Professional isolation: lack of connection to others doing the work
- Lack of skills: interpreters, providers, leaders
- Lack of information about US systems and how to navigate them (refugees)

# EXAMPLES OF SUCCESSSES



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# ART OF HOSTING AND HARVESTING CONVERSATIONS THAT MATTER

- The Art of Hosting method
- What is it? [www.artofhosting.com](http://www.artofhosting.com) “an approach to leadership that scales up from the personal to the systemic using personal practice, dialogue, facilitation and the co-creation of innovation to address complex challenges”
- How did it help?
  - An engaging and welcoming method for facilitating cross-cultural dialogue that includes refugees.
  - A way for refugees to immediately see their cultures reflected (circles of dialogue, African cloths, etc)

# OTHER EXAMPLES OF SUCCESSES

- Re-defining “Behavioral Health” for Refugees: Directory of Resources (social, legal, behavioral, transportation, vocational, educational, cultural)
- Identification of non-traditional entry ways into behavioral health for agencies to utilize:
  - Citizenship test waivers
  - Parenting classes
  - Classes on U.S. systems and how to navigate them – e.g., educational, legal, health care, child protection systems
- Inclusive community task force to improve refugee behavioral health is meeting monthly and carrying the learning community forward, with an emphasis on networking & relationship-building across teams

# WHAT IS HAPPENING RIGHT NOW AFTER THE GRANT?



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# COMMUNITY TASK FORCE

- After the grant, the five stakeholders involved in the learning community grant created a community task force that consisted of refugee leaders and behavioral health professionals.
- It has 27 members that meet monthly to discuss ways they can improve the behavioral health systems in St. Cloud MN.
- The task force hosted their first event on November 17<sup>th</sup> of 2016 working with the city hall mayors office to discuss recent events and services available to the refugee community.

# TECHNICAL ASSISTANCE

- CVT has had multiple technical assistance request after the learning grant. Some example of this are; the distract 742 requesting a professional development course from CVT.
- Adult Education professional/regional trainings
- Very high demand of requests from the Somali community-training parents on parenting through trauma and navigating the systems.
- Training the leaders on peer to peer social support
- Working with the local Islamic leaders such as Iman's on understanding the mental health.

# KNOWLEDGE TESTING

- What are the challenges that were experienced during the learning grant?
- What is the Art of Hosting?
- What are examples of successful ways to integrate behavioral health into community?

# WHAT ARE THE CHALLENGES THAT WERE EXPERIENCED DURING THE LEARNING GRANT?

- A.** Professional Isolation-lack of connection and support for providers.
- B.** Lack of skills and education for interpreters, community members and providers.
- C.** Identification of non-traditional entry ways into behavioral health for agencies to utilize
- D.** All of the Above
- E.** A and B

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# WHAT IS THE ART OF HOSTING?

- A.** An approach to leadership that scales up from the personal to the systemic using personal practice, dialogue, facilitation and the co-creation of innovation to address complex challenges.
- B.** It was originate from African it a way the members of the community can recognize their cultural immediately
- C.** It is very impactful way to communicate to the refugee community.

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# WHAT ARE EXAMPLES OF SUCCESSFUL WAYS TO INTEGRATE BEHAVIORAL HEALTH INTO COMMUNITY?

- Create and engage stakeholders to identify barriers and challenges in the local city
- Create an inclusive community task force to improve and carry out learning across team building relationships
- Identification of non-traditional entry ways into behavioral health
- All of the Above

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# RESOURCES

- Webinar 2: Refugee Mental Health: Building Trust and a Working Relationship

<http://www.health.state.mn.us/divs/idepc/refugee/guide/10mentalhealth.html>

- St Cloud Area Adult Behavioral Health & Support Services for Refugees (available upon request)
- PowerPoints (available upon request):
  - New Country, New Culture: Parents' Rights and Positive Discipline (for Somali parents)
  - Restoring Hope, Rebuilding Lives: Lessons from the Field