



Immigrant And Refugee Youth Behavioral Health:

COMMUNITY ADVISORY BOARD ROADMAP FOR SUCCESS



*Report Provided by the Immigrant & Refugee Coalition of Frederick County, Maryland
with support from the City of Frederick FY24 Community Partnership Grant. Based on a Community Advisory Board convening
in Spring 2024 composed of 10 representatives of diverse immigrant and refugee communities in Frederick County.*



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ROADMAP

INTRODUCTION

Two years ago, four Frederick organizations, collectively known as the Immigrant and Refugee Coalition (IRC), came together to understand the mental health challenges and needs of immigrant and refugee youth in the County. The Association of Nigerians in Frederick (NIF), Centro Hispano de Frederick (Centro), the Asian American Center of Frederick (AACF), and Evangelical Reformed United Church of Christ (ERUCC) worked in direct collaboration with ten refugee communities.

Together they worked for over a year to identify the needs and develop solutions – from the community’s perspective – that would address the mental health challenges. The results of this work advocate for a continuum of culturally competent, linguistically appropriate, trauma-informed behavioral health services for I&R youth and their families in Frederick County, Maryland.

This effort was conceived when leaders of the organizations recognized that youth suicides in their communities were occurring across the immigrant and refugee populations at an alarming rate. As the IRC leaders shared stories and sought solutions, it became evident that the unique trauma experienced by immigrants and refugees had no available viable mental health solution. It was critical to understand the unique mental health issues across the I&R communities collectively to address two overarching problems:

- 1) gaps in the continuum of behavioral health services available for residents of Frederick County due to factors such as shortage of providers, and
- 2) underutilization of available behavioral health and wraparound services due to lack of awareness of available services as well as a dearth of culturally and linguistically appropriate services.

All the IRC’s work was premised on the fact that I&R community members are experts relative to their cultures

and needs. They can be effective change agents given the “space and time” to voice for themselves. To effectively address this, the IRC worked with community liaisons from 9 cultural communities to identify and recruit parents and youth who would be willing to attend listening sessions and share their perspectives.

Project Overview– Phase one, listening sessions data gathering

During 2023 and 2024, the IRC completed 7 adult and 7 youth listening sessions about the behavioral health of immigrant and refugee (I&R) youth in phase one. The sessions were conducted with various cultures in Frederick County, Maryland (i.e., English and Spanish-speaking Hispanic, English and French-speaking African, Chinese, Burmese, South Asian, Asian Pacific Islander, Ukrainian and Russian).

As a result, the IRC accumulated close to 100 recommendations from listening session participants to significantly improve the mental health environment for immigrant and refugee youth. Using the gathered information, the IRC identified five challenges for which the community offered solutions:

- **Challenge 1:** Impact of school life and practices on immigrant and refugee youth
- **Challenge 2:** Disconnect between immigrant parents and children in their understanding about mental health and how to address it
- **Challenge 3:** Impact of trauma and loss on I&R youth
- **Challenge 4:** Insufficient, ineffective mental health services, availability, and information
- **Challenge 5:** Lack of understanding of the immigrant community and experience.

With these five challenges and the wide range of solutions offered during the listening sessions as the foundation, the IRC moved forward to create a clearer roadmap for solving the mental health crisis.

Project Overview– Phase two, Community Advisory Board analysis and roadmap

Phase two was designed to bring together a smaller group of community members to analyze and organize the outcomes of the listening session to facilitate implementation. The IRC considered it critical for the I&R community to identify which solutions would address which challenges and, of those, which solutions were the highest priorities. The IRC also considered it critical for the I&R community to prioritize the recommendations before sharing them with the broader Frederick County community and the key stakeholders responsible for implementation. The

IRC wanted the actions taken for Frederick County's I&R community to be congruent with the expressed needs and priorities of the I&R community and implemented in on-going consultation with those who have lived experience.

To this end, in summer 2024, the IRC convened a Community Advisory Board (CAB) comprised of 10 representatives of Frederick County's various I&R cultures. A few of the representatives chosen had participated in the listening session for his/her culture. The CAB was chaired by one of the three leaders of the IRC, NIF President and Frederick County Immigrant Affairs Commission Chair, Dr. Yewande Oladeinde, and facilitated by IRC staff support, Jane Tammagna. The charge of the CAB was to categorize and prioritize the recommendations from the listening sessions.



PURPOSE OF THE ROADMAP

While phase one was intended to create a picture of the mental health environment and gather a wide range of ideas for solutions, phase two moved this work forward. The CAB met on August 10, 2024, and August 24, 2024 for a total of ten hours. This group was charged with representing their communities to create a roadmap by which providers could fully understand the mental health needs and solutions and understand how best to work together with the community to make things better.

The objective was to create a roadmap to guide providers (e.g., Frederick County Public Schools, Frederick County Health Department, Mental Health Association, mental health providers, County and City politicians and others) as the IRC worked with them to implement solutions for improving behavioral health for I&R youth. This roadmap would tell the providers what the I&R community needs. Equally important, and normally not asked by anyone, the roadmap would tell what successfully addressing these needs would look like from the perspective of the I&R community.

The group's charge was to develop a roadmap for providers by answering the three questions listed below:

1. What criteria can be used to assure the right solutions are implemented in the right way to address community needs? Answering this first question will offer service providers with a set of **criteria** by which to understand what makes a solution responsive to the immigrant and refugee community needs.
2. What solutions best solve each of the five challenges identified from the listening sessions and which solutions are priorities for the community to have addressed first? Answering this second question will give service providers an under-

standing of the relative importance of solutions to the community and it will allow them to focus on **prioritizing** those solutions while providing a framework to coordinate efforts.

3. How can providers work with immigrant and refugee communities in a way that builds trust, allows parents and students to feel safe participating in the process, and encourages partnership rather than institutional decision-making to create solutions offered in the way they can be helpfully received? Answering this third question will offer service providers a process by which providers can **successfully work** with the community to assure successful outcomes.

Where the first two tell providers “what” the community sees as critical solutions to the mental health of their youth, the third tells providers “how” the solutions need to be developed in order to be usable by the community. Both the what and the how are critical elements to successfully addressing the mental health needs of immigrant and refugee youth in Frederick.

This report documents the results of Phase Two of the IRC's effort to understand and address the mental health needs of immigrant and refugee youth.

The roadmap would effectively enable the I&R community to say to providers:

What are the challenges?

Here are the five key challenges affecting the behavioral health of our I&R youth from our perspective.

What solutions will address what challenges?

Here are the solutions from the listening sessions that will address the challenges the listening session groups named.

What are the most important solutions?

Here are the top solutions for each challenge that would make things better.

What would successful solutions look like?

What will make these solutions successful for our youth?

About the process:

Before addressing these questions, the group completed two foundational tasks.

First, the group agreed at the beginning of its work on a set of norms by which they would work together. Primary among these was that the process would be collaborative, not driven by any one person or community, and with the focus always remaining on what is best for the immigrant and refugee youth.

With this basis, the CAB then organized the 100 solutions according to which of the five challenges would be best be addressed by the solution. The collaborative process for this was an affinity diagram. At the end of this process, all solutions were categorized under the challenge they best addressed.

Then, the group moved on using the three critical pieces of guidance to address the questions.

To answer the first question, the CAB identified a set of criteria by which they would prioritize the most important solutions under each challenge. This assured the priority solutions would be selected against a commonly

agreed on set of goals, would not be driven by any one person or community, and would assure fairness. The collaborative process for this was a full group discussion involving all participants and requiring full agreement to finalize.

To answer the second question, the CAB applied the criteria to the solutions listed under each challenge to decide which of the many solutions was the most important to address first. To assure the understanding that the prioritization did not mean that some solutions could be ignored, the CAB established level one, two, and three priorities under each challenge. The collaborative process for this was to assign one challenge to each small group which rigorously applied the criteria. Each group then presented its priority results to the full group, engaged in discussion, made changes, and finalized the results with full agreement.

Finally, to answer the third question, the CAB worked to communicate to providers the “how”: how can providers work with the community in a way that keeps the focus on the community need, builds trust in partnership, and keeps providers from developing programs and resources that, in the end, are not useful to the community. The collaborative process for this was a thought experiment: each person individually answered the question “when you have worked with providers in Frederick County and have been helped, what was happening? When you have worked with providers in Frederick County and have not been helped, what was happening?” The results offer a partnership model.

FINDINGS: CHALLENGES AND BRIGHT LIGHTS

The CAB synthesized the findings identified during the 14 listening sessions into 5 challenges. In addition, an important part of the CAB's work in developing the road-map was its discussion of "bright lights," i.e., things that are happening now that address the challenges in a way that meets the I&R community's needs. While recognizing that the bright lights alone are insufficient, they provide a foundation for describing what works from the I&R community's perspective. Therefore, as the CAB synthesized the listening session findings into 5 challenges, it also identified bright lights that demonstrate current or past successes in addressing the challenges.

The 5 challenges and bright lights identified relative to them are listed below:

Challenge 1: Impact of school life and practices on immigrant and refugee youth

Bright light:

- Career coach available for students and parents

Challenge 2: Disconnect between immigrant parents and children in their understanding about mental health and how to address it

Bright lights:

- Movies available that deal with mental health issues
- Mental health literacy session offered at IRC's report out at Teen Summit

Challenge 3: Impact of trauma and loss on I&R youth

Bright lights

- FCPS/ESL program is good
- Religious organizations provide resources to help youth
- The public library provides good resources

Challenge 4: Insufficient, ineffective mental health services, availability, and information

Bright lights

- 211
- 988 is the way to get mental health services for now
- Counselors in school can provide help on more than academics – mental health also
- A teacher who worked to get to know the students so they would talk to her when they needed help. She then connected them to counselors.
- Transformative arts projects.

Challenge 5: Lack of understanding of the immigrant community and experience.

(No bright lights identified by the CAB).

SOLUTIONS FOR THE CHALLENGES

QUESTION 1. What criteria can be used to assure the right solutions are implemented in the right way to address community needs?

The CAB affirmed that all recommendations, i.e., proposed solutions, offered by participants in the listening sessions, as well those added by the CAB, are important. Nonetheless, the CAB's work was to identify what solutions would address what challenges and, more importantly, to identify the most important solutions to be implemented first from the community's perspective.

The CAB identified the most important, second most important, and third most important priority solutions under each challenge.

Criteria for selecting most important behavioral health solutions for I&R youth:

- Number of people affected by solutions
- Involves parents
- Listens to both sides (schools, parents, youth, community)
- Facilitates communication process between parents, youth, providers, the community
- Equity and social justice outcome
- Capacity for long term societal integration
- Ease of accessibility
- Addresses issues most prevalent
- Addresses teachers before staff and parents
- Impact on life threatening behaviors by youth
- Involves trusted members of the community

Any decisions made in the implementation process should be measured against these criteria.

QUESTION 2. What solutions best solve each of the five challenges identified from the listening sessions and which solutions are priorities for the community to have addressed first?

The following data is a comprehensive aggregation of the work from phase one and two. It lists the

- five challenges identified by the IRC in phase one,
- all solutions identified by the listening sessions in phase two,
- the categorization by the CAB of solutions under the challenge each best supports, and
- the priorities established under each challenge by the CAB.

This piece of the roadmap allows providers to see the complete universe of work. It also shows the collaborative, final view of the community about what solutions should be prioritized to address what challenge. This work offers guidance to resource allocation and scheduling.

Challenge 1: Impact of school life and practices on immigrant and refugee youth

Priority 1

Support teachers and staff and parents to develop skills identify and understand the unique needs of diverse I&R youth.

Increase diversity and representation in school staff at all levels so students have someone they are comfortable to talk to including more bilingual school counselors

Priority 2

Train teachers to use appropriate, inclusive, objective language to recognize their biases.

Parents and school staff need to know and be committed to **using resources/service/approaches to help children succeed.**

Provide cyber education for I&R youth

Provide teachers and staff with anti-bullying professional development so they can handle bullying.

Enforce the existing rules against bullying and racism to hold students accountable and reduce incidences

Create cultural liaison/ombudsman – community member liaison to schools to advocate for and represent I&R youth

Offer transition support for I&R youth and families new to the Frederick County Public School system

Provide safe spaces to share I&R experiences where kids can be themselves

Develop ways to inform the I&R families about academic resources (college prep, tutoring, scholarships) available to help them and how to access and use them

Priority 3

Make it safe for parents/caregivers to feel they can come to the school for help and answers.

Create pathways for schools to share with parents/caregivers when their children have issues

Address issues with teachers and staff – hold them accountable when they are wrong instead of protecting them

Define an escalation path for bullying incidents or any incidents where parents/caregivers need the school to address an issue

Find ways to **create connections** between parents and teachers

Accept the I&R kids as Americans

Secure proper translation services devices for non-English speaking students

Offer recreational sports and clubs so youth can get to know each other and have a fun time

Challenge 2: Disconnect between immigrant parents and children in their understanding about mental health and how to address it

Priority 1

Mental health literacy for immigrant parents, guardians, and youth via partnering through local associations, churches, families, groups, etc.

Provide mentorship programs specifically targeting I&R youth.

Hold an orientation to FCPS for I&R parents/caregivers so they know how the system works and how to be involved for their children.

Priority 2

Teach parents effective ways to help their children with homework to avoid expensive tutoring

Find ways to **increase frequency** of mental health conversations at home

Be culturally aware and sensitive; stop stereotyping

Priority 3

Families watch movies with mental health issues as theme

Resources for parents on how to access mental health services

Pair older students with younger ones who share cultures, languages, and experiences.

Collaborate with appropriate cultural and religious organizations (churches, temples, mosques, etc.) to educate parents about mental health

Communicate information orally and use easily accessible channels with I&R youth inside and outside schools

Listen to youth and families without judgement and with empathy and patience.

Challenge 3: Impact of trauma and loss on I&R youth

Priority 1

Increase the number, availability, and accessibility of therapists with language and culturally appropriate treatment practices to work with, understand, and have tools to help I&R youth who have suffered trauma through I&R experiences.

Educate families so they can overcome fear of obtaining resources – for example, Hispanic

culture may worry about information going to the government.

Create a system for providing ongoing follow up/ outreach/support to help I&R families obtaining services they need (insurance, mental health information, services)

Priority 2

Normalize mental health conversations to create understanding and willingness to help with solutions

Priority 3

Intentional provision of free and accessible counseling sessions, therapy sessions and mandatory follow ups with immigrants facing this challenge. Create or work with local centers where youth can get emotional and psychological help.

Create a “legion of grandparents” program.

Create an activity center for children.

Have people who understand the cultures **work with I&R youth** inside and outside schools.

Train teachers to use fair disciplinary approaches/consistent to the behavior

Challenge 4: Insufficient, ineffective mental health services, availability, and information

Priority 1

Create a system of family support groups where families can help each other

Have mental health therapists volunteers at school based health centers so parents or youth

who need assistance can have direct access with-
in schools.

Use social media to communicate about mental health, reduce stigma, provide information

Have mandatory mental health check-ins during school year to encourage I&R youth to seek help when they need it

Priority 2

School counselors should **proactively reach out**, organizing groups from similar cultural back-grounds to identify issues and provide resources

Create campaigns to assure immigrant youth it's okay to reach out for help

Provide English language and literacy to I&R families.

Challenge 5: Lack of understanding of the immigrant community and experience.

Priority 1

Promote more diversified cultural events within educational systems and county events

Provide opportunities for interactions with those outside the I&R cultures for us to understand each other.

Clubs that teach languages – ask if there is any-one who wants to teach. Reach out to PTAs.

Priority 2

Bi-directional exchange program on cultural diversity

Priority 3

Understand and accept people's beliefs

Celebrate diverse cultures in the schools by hosting a culture night affirming cultures in Frederick

QUESTION 3. How can providers work with immigrant and refugee communities in a way that builds trust, allows parents and students to feel safe participating in the process, and encourages partnership rather than institutional decision-making to create solutions offered in the way they can be well received?

In answering this question, the CAB was to describe the elements of a process by which providers could assure successful implementation. The CAB members articulated that there were critical elements that needed to be put in place for successful implementation of the recommendations. Failing to do this would result in implementing ineffective solutions/ programs that the I&R community would find unhelpful.

GUIDANCE FOR SUCCESSFUL IMPLEMENTATION OF SOLUTIONS

The CAB developed guidance to help providers understand what the I&R community needs from them as solutions are being implemented. The intent is to enable providers maximize success, from the perspective of the I&R community, when implementing solutions.

The guidance for providers about what will make implemented solutions fail or succeed is as follows:

WHAT WILL CAUSE IMPLEMENTATION OF SOLUTIONS TO FAIL FOR THE COMMUNITY	WHAT WILL CAUSE IMPLEMENTATION OF SOLUTIONS TO SUCCEED FOR THE COMMUNITY
Fail to learn, think, and ask about the unique need the immigrant community experiences that differentiates the solution from that for the general population.	Take time to learn who the trusted community liaisons are and develop trusting relationships with them.
Don't take time to build trust with the community that already has reason to distrust or fear those outside their community	Involve them in reaching out to and working with the community to get the right people to the table to describe the need and help give feedback about whether the solution meets the need.
Don't take time to find out who the trusted community liaisons are and build relationships so they can help bridge understanding with the community.	Don't take time to find out who the trusted community liaisons are and build relationships so they can help bridge understanding with the community.
Dismiss or minimize the concern and opinions voiced because it's not how you think of it or how it's being done	Ask those affected about what will work and whether what you develop meets the need.
Don't listen fully to what the community is expressing about the need and the solution	Take time to learn about the unique needs of the I&R community- the way their experiences cause them to experience things like bullying, insufficient resources, and other challenges in a way that is different than that of their American counterparts.
Fail to work with partners affected by the issue as you work on implementation	Take time to ask more questions about what will help them to be involved, to be part of the solutions, to accept help.

WHAT WILL CAUSE IMPLEMENTATION OF SOLUTIONS TO FAIL FOR THE COMMUNITY	WHAT WILL CAUSE IMPLEMENTATION OF SOLUTIONS TO SUCCEED FOR THE COMMUNITY
Fail to find ways to accommodate partners who you need in order to get the solution right – this may be translation, place or time of meeting, having trusted people at the table.	Understand that for many refugees in particular, getting involved is a “death sentence” in the country they came from. Reaching out to participate is a risk and should not be treated lightly.
Fail to provide resources – information about what’s being done, how things work, logistics of meetings	Take time to think about your own assumptions about the group or person you are working with. You may have views about the cultural community that affect your plans for implementing solutions....and these may be wrong.
Fail to be empathetic.	Don’t offer general information. Telling an I&R student to “just research” something without understanding they may not know the terms or words to explore. For example, I&R families do not come to school knowing that AP classes are an option so the student would not know to research this.
Fail to take time to understand your own biases, assumptions, beliefs that may affect how you implement solutions in ways that do not serve the community. For example, an assumption that youth arriving with no English do not want to be high achievers in school and therefore want serious guidance about how to do this in this system is incorrect and leads to failing to help.	Ask about what’s needed for affected people to be involved in helping you get the solution implanted in a way that makes things better.
Failing to understand that these limits on understanding are stereotyping and can result in racism.	Ask about whether interpretation is needed at any meeting and find interpreters who are culturally and linguistically knowledgeable about the community you are working with.
Focusing on your ideas of the negative about any community and implementing from that perspective.	Offer information in ways that supplement written documents.
Allowing infractions to implemented solutions...failing to require compliance causes communities to lose faith in the system.	If you have something you think addresses the need, share what it is and ask if this meets what the community needs.

WHAT WILL CAUSE IMPLEMENTATION OF SOLUTIONS TO FAIL FOR THE COMMUNITY	WHAT WILL CAUSE IMPLEMENTATION OF SOLUTIONS TO SUCCEED FOR THE COMMUNITY
Failing to involve community members in describing what's needed and giving feedback about plans	Once a solution is implemented, assure compliance. People will only come to the table to work if they know what you arrive at together will be put in place and change will happen.
Listening to the loudest voices.	
Not working on the belief that every voice must be heard.	
Fail to bring diverse views.	
Failing to recognize that things change...Frederick has a quickly growing I&R population.	
Dismiss the need described by saying "we already have something for that."	



NEXT STEPS:

The IRC will take this roadmap back to service providers and decision makers in Frederick County to help them understand what is needed from the I&R perspective and to make the implementation of the solutions a reality.

The IRC on its own cannot address many of these complex and expensive issues in a way that would have the biggest impact on the communities most affected. The IRC sees its role as providing oversight and accountability to each service provider organization to ensure that the recommendations from the listening sessions are being implemented the way the community described. The IRC can have considerable impact by supporting the following activities of the service provider organizations:

- Political advocacy around issues that support immigrant community needs;
- Public education campaigns to increase knowledge and awareness of immigrant community needs, how they are currently being addressed, and how available programs can be leveraged to better support those needs; and
- Partnerships with non-profit organizations to better address and support the immigrant community.

We envision that there will be a series of work groups to meet, answer questions, and discuss how to move forward. We envision meeting with schools, politicians/ government officials, non-profit organizations, and mental health organizations/ providers, and others. The workgroups will involve a member of the IRC, and members of the immigrant community. The IRC envisions that each work group will come up with an action plan for which organization will be responsible for implementing the recommendations either by leveraging programs that currently exist or by developing new programs. This will ensure that each organization is working in their areas of strength as they tackle many of the challenges in this report and will avoid duplication of work and resources. By doing this, the IRC can have a positive, impactful role to play in making connections, and building consensus across the County regarding how to best to serve the immigrant community in addressing their mental health needs.

APPENDIX A

Acknowledgements

The Immigrant and Refugee Coalition gratefully acknowledges the participation of the listening session participants in Phase 1, the Community Advisory Board members in Phase 2 who helped develop the roadmap for implementation, and the assistance of the cultural liaisons who helped with recruitment.

Members of the CAB

Hasibullah Alamzai

Gbemisola Bankole

Mayra Marchena

Aldo Barillas Mora

Lakshmi Darbha

Tatyana Prikazchikov

Tan Phu Quach

Lesme Sierra

Michael Wei

Min Shain

Persons listed in bold italics also were part of the listening sessions.

Cultural Liaisons

Elizabeth Chung

Maria-Teresa Shuck

Dr. Yewande Oladeinde

Dr. Lakshmi Darbha

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Michelle Beadle, Evangelical Reformed United Church of Christ

Jeanellen Kallevang, Evangelical Reformed United Church of Christ

Jane Tamagna, Consultant and Facilitator

APPENDIX B

Materials used

Binders, colorful sticky dots, easels with pads, name tags, pen, colorful markers, pens

CAB Strategic Planning Roadmap Workbook

See original worksheets following this page.

WELCOME COMMUNITY ADVISORY BOARD MEMBERS

TO THE

IMMIGRANT AND REFUGEE COALITION

IMMIGRANT AND REFUGEE YOUTH MENTAL HEALTH
SOLUTIONS PLANNING MEETING

August 10, 11-5

August 24, 11-3

MEET YOUR FELLOW BOARD MEMBERS

WHAT TO DO:

1. Open the card at your desk. You will find a name on the card inside.
2. Find the person whose name is on your card and find a place to sit together.
3. Ask questions to get to know your partner. One person will ask questions first and then you will switch. You each have 5 minutes to ask questions.
Ask any question you like but be sure to find out:
 - Why did you agree to be a member of this mental health immigrant and refugee youth community advisory board?
 - What are your hopes for this meeting?
4. After 5 minutes, switch.
5. You have two minutes to introduce your partner to the whole group.

INTRODUCTION TO THE IRC IMMIGRANT AND REFUGEE YOUTH MENTAL HEALTH PROJECT

WHY ARE WE HERE?

WHAT HAVE WE DONE SO FAR?

WHAT DO WE NEED TO ACCOMPLISH TO MOVE THE WORK FORWARD?

OBJECTIVE AND AGENDA

OBJECTIVE:

When we are finished our work together, we should have a roadmap to improving mental health for our immigrant and refugee youth.

This roadmap will tell providers (Frederick County Public Schools, Frederick County Health Department, Mental Health Association, mental health providers, County and City politicians and others) what the community needs AND what successfully addressing these needs would look like from our perspective...not from the perspective of the providers.

We will be able to say to providers:

What are the challenges?

Here are the five key challenges affecting the mental health of our immigrant and refugee youth from our perspective.

What solutions will address what challenges?

Here are the solutions from the listening sessions that will address the challenges the listening session groups named.

What are the most important solutions?

Here are the top solutions for each challenge that would make things better.

What would successful solutions look like?

What will make these solutions successful for our youth?

The IRC will take this roadmap back to providers and decisionmakers in Frederick to help them understand what is needed from our perspective and to make the solutions a reality.

AGENDA

DAY ONE: AUGUST 10

1. Getting ready: know each other, understand what work has been done and why we are here, know what to expect as we work together.

CAB Greeting	Yewande
Meeting the Team	Full group
Overview of what we've done and what the CAB will do	Yewande
Agenda: Plan for the full solutions workshop	Jane
Working together: Agreements	Jane, full group

2. Break

3. Defining the challenges: understand the five major challenges the listening session groups identified and describe what fixing them would look like for the community.

What are the five major challenges we heard about in the listening sessions?	Yewande
Defining the challenges: Bright lights Where has this challenge been addressed well in a way that serves the community? How can we describe success to providers?	Small groups work on two

4. Break

5. Organizing the solutions: take all the solutions suggested by the listening session groups and organize them so we know what solutions will address what challenges.

Review of solutions offered by listening groups	Yewande
Organizing of solutions under challenges they address (affinity diagram)	Full group
Review and approve solutions	Full group

6. Prioritizing the solutions: decide which solutions are most important to move forward first

Identify the most important solutions to address first Small group
(As you prioritize which solution to address first, think about the criteria you used to select one solution first over another)

7. Closing: recognize our work, review of how it all fits together and will be used at our next meeting

DAY TWO: AUGUST 24

1. Greeting, review, agenda

2. Defining the solutions: describe how the most important solutions will be implemented and what it will look like when they are implemented in a way that serves the mental health of immigrant and refugee youth.

Defining the solutions

Small groups

Review and approve

Full group

3. Break

4. Final look: are we satisfied with how we have defined the challenges, the solutions we have chosen, and how we have defined the solutions?

Review of full roadmap

Individual

Finalizing:

What do we like?

Full group

Are there any changes we want to make?

How can our communities support this?

What suggestions do we have for the IRC for bringing this roadmap to providers?

5. Closing

**HOW DO WE WANT TO WORK TOGETHER?
WORKING AGREEMENTS**

STEP ONE: THE CHALLENGES – BRIGHT LIGHTS

When we finish this step, we will:

- A. Understand the five major mental health challenges for immigrant and refugee youth the listening session groups identified .
- B. Share examples of where these challenges have been met in a way that works for the community.
- C. Define the impact of these bright lights that we want to see included in any response to the challenges.

A. Understanding the challenges identified by the adult and youth listening sessions

What were the five major mental health challenges the listening sessions told us were challenges facing immigrant and refugee youth?

1. Impact of school life and practices on immigrant and refugee youth.

The issue is:

Frederick County schools have not adequately addressed issues in the school that negatively affect immigrant and refugee youth. These include bullying, racism, and discrimination; academic inequities; and unsupportive school practices.

2. Disconnect between immigrant parents and children in their understanding about mental health and how to address it.

The issue is:

There is a need for shared understanding of mental health between parents and children through increased, relevant mental health literacy to address the perceived parental downplay of their children’s mental health needs and support and pressure from the “American Dream.”

3. Impact of trauma and loss.

The issue is:

Immigrant and refugee youth have experienced trauma and loss from war, violence, fleeing their home, leaving behind friends and family, and the brutal journey to this country.

4. Insufficient, ineffective mental health services, availability, and information.

The issue is:

The mental health needs of immigrant and refugee youth are unmet because of limited availability of services, lack of trauma-informed, culturally and linguistically competent services; and insufficient information provided in a way that is helpful to immigrant and refugee families.

5. Lack of understanding of the immigrant community and experience by the Frederick community.

The issue is:

Frederick County is not welcoming to the immigrant and refugee community and has a limited understanding of the immigrant and refugee experience. This can result in feelings of isolation, loneliness, and shame about their culture.

B. Sharing bright lights:

We have been talking about the problems created by the challenges. We also know there are examples of places, people, and organizations that have helped solve these challenges in a way that works for the community.

We can use these examples to describe what it would look like if our challenges were addressed in ways that work for our community.

We know that some providers (schools, therapists, politicians for example) may hear a community express a need and then try to solve it based on what they think is needed. This is what we are working to avoid.

We want the providers to understand the need from the community's perspective, and be able to describe what good responses look like and how they impact our community.

Here's an example.

What to do:

Your group has two jobs:

- Share “bright lights you have seen or experienced to create a list of actions, policies, or systems that addressed your group’s challenge in a way that worked for the community. This can be small – a school bus driver intervening in bullying - or large – a principal who manages a school in a welcoming way or the County that passes legislation or policies that improve the challenge.
 - Come up with a list that describes what successfully addressing the challenges looks like for the community. Some of this may come from the discussion of bright lights. Some of this may come from what you know the community needs.
1. Move to your group. Your group has been assigned two challenges to work on.
 2. Assign someone to be leader. This is the person whose birthday is earliest in the year. Leader, you are responsible for
 - making sure the group stays focused on the assignment,

- giving everyone a chance to participate, and
- keeping track of time.

3. Assign someone to write down the group's decisions (Scribe). This is the person who is the tallest.

Scribe, you are responsible for

- writing down the ideas,
- reading them aloud when all the ideas are out,
- making changes as the group suggests.
- writing a final list on the flip chart.

3. Take five minutes to think about and write down the bright lights you have seen or experienced.

4. Share your list – each person reading one bright light until you have heard them all.

5. As a full group, finish this sentence:

From these bright lights we can see that when this challenge is addressed in a way that serves our community....

6. Share with full group.

BREAK/ICEBREAKER

What is your favorite tradition or ceremony?

STEP TWO: ORGANIZING THE SOLUTIONS

When we finish this step, we will:

have the list of solutions organized under the challenge each one addresses.

About this list of solutions:

The listening session group offered suggestions to solve the challenges.

We have collected all the solutions offered from the youth and adult sessions in the list you will see here. They are written here as we heard them in the listening sessions.

This list is not organized in any way.

Some solutions are repeated using similar or different words.

Some solutions would solve more than one challenge.

There are probably solutions missing. You will have a chance to add these once we organize the ones on this list.

You may not agree with some of the solutions. This is fine. The next step is to decide which solutions are most important so those the group does not agree with or are not as urgent or important will not become priorities.

How will we organize the solutions? The affinity diagram

We will use a method called an “Affinity Diagram” to organize the solutions under the challenges they solve.

A few words about the affinity diagram.

1. Silence:

This method is done in silence. Why? It forces us to focus on natural data groupings instead of differing opinions about what belongs where.

If we let the data drive the groupings, we will see the right solutions under the right challenges.

So silence is very important.

2. Moving stickies.

You will be putting stickies under the challenge you think they will solve. If someone has put a sticky where you don't want it, move it to where you think it belongs.

If your sticky has been moved, feel free to write the same solution on another sticky and put it where you think it belongs.

3. How do we know when it's finished?

All the stickies will be under a challenge heading and everyone will stop moving stickies.

What to do: Individually at the wall chart.

Part 1: Group solutions under the challenge they will address.

1. After Yewande introduces the solutions, read through the list in your binder. The stickies may have a shortened version of the suggestion so be sure to read through all the suggestions to know what is there. You may ask questions if you do not understand what a solution means, but we will not discuss whether it is good or bad, important or not, or should be worded differently.

It is only important that you understand the intent of the solutions.

2. The wall chart is filled with stickies. ALL solutions are listed on a sticky on the wall chart. Go to the wall.

3. Move solution stickies underneath the challenge heading you believe the solution would address.

4. If you see a solution under a challenge heading but you do not believe it belongs there, move the sticky to the challenge heading you believe the solution would address.

5. If your solution is moved from where you believe it belongs, write the same solution on a blank sticky and put it where you believe it belongs.

6. When the solution stickies are under the challenge headings you believe they will help, sit down.

Review: Full group

What do we like about what we have done?

Are any solutions that should be moved?

What solutions are missing and where do they belong?

Part 2: Group solutions into smaller clusters to narrow and combine them.

Join your challenge group at the wall chart with your challenges.

1. Look at the solutions under your challenges. Look for ones that are similar or will accomplish the same thing.
2. Group the similar solutions together.
3. Eliminate any that are duplicates or combine those that can be combined into one solution.

Break/Icebreaker: Let's play Pictionary!

STEP THREE: PRIORITIZING THE SOLUTIONS

When we finish this step we will:

be able to tell providers which solutions are most important to implement first.

We now know which solutions will address which challenges. But there are lots of suggestions and some of them are similar. Our next work is to decide which solutions are most important to make happen first.

This will tell providers (FCPS, Mental Health Assn., politicians, community members, others) what solutions the immigrant and refugee community see as most important.

What to do:

In small groups:

1. Select someone on your team to be a leader and someone to be a scribe.
2. Each person writes each solution for your challenge on one card.
3. Think about how you would decide which solutions are most important to move forward first.

4. ON YOUR OWN IN SILENCE, put your cards in order of importance **for the most important three solutions**. The most important solution to get done is first, then the second, then the third.

Be prepared to explain why you decided on your order.

5. One by one, explain your results. The scribe will keep track of the top three choices for each person.

4. If there is an obvious agreement, you are ready to present to the full group.

5. If there is not obvious agreement, discuss and resolve your differences so you can present the top three solutions to the full group.

6. Present to full group.

CLOSING

Recognizing our work together:

You have a card with the name of a CAB member on it. Think about what that person has done to contribute to date. Share with the full group something you appreciate about how that person has contributed today.

Next steps:

Today, you have taken a large step to creating a roadmap for successful mental health services and practices for immigrant and refugee youth in Frederick. You have:

1. Created “what success looks like” definitions to tell providers who should be happening when the challenges are addressed;

2. Organized the many solutions into the challenges they will address; and
3. Identified the most important solutions to be addressed so providers know what to work on first.

Next week there is more important work to do.

1. Create “what success looks like” definitions for the high priority solutions so providers know what they should be creating, and
2. Provide suggestions for how to bring this roadmap back to providers in Frederick County.

**IMMIGRANT AND REFUGEE MENTAL HEALTH SOLUTIONS
PLANNING MEETING**

DAY TWO

MEET YOUR FELLOW CAB MEMBERS

What to do:

We have some new CAB members who were not here at our last meeting. We want to learn about them and also introduce them to those who were here last meeting

1. Find someone you did not talk with at our last meeting. This is your partner. Find a place to sit together. If this is your first time at the meeting, be sure to pair with someone who was here at that meeting.
2. Ask questions to get to know your partner. One person will ask questions first and then you will switch. You each have 5 minutes to ask questions.
3. After 5 minutes, switch.
4. You have two minutes to introduce your partner to the whole group.

**ABOUT OUR LAST MEETING:
NOTES**

OBJECTIVE AND AGENDA

Objective for today:

- Prioritize solutions
- Give providers guidance for successful implementation

Agenda:

Opening

Introductions

Review of last meeting's work

Agenda – the roadmap

Working agreements

STEP THREE - Prioritize solutions:

What are the most important solutions to be implemented first from the community's perspective? Dot sorting and measure satisfaction with results

Break – review work and take a lunch

Finalize priorities

STEP FOUR - Define successful implementation:

What can we tell providers to make sure they understand how to implement solutions in a way that works for the community?

Break

STEP FOUR - Next steps:

How do we want to share our direction for the goals and specific solutions to be implemented in ways that we have defined?

How can our community help?

What suggestions do we have to bring this to providers?

Final looks

Are we satisfied with our work?

Closing

WORKING AGREEMENTS: HOW DO WE WANT TO WORK TOGETHER?
Do we want to make any changes?

From our first meeting:

- Respect everyone's opinion
- Allow people to finish talking – no interruptions
- Don't "hog the microphone" – manage your time talking so others can have space to talk
- Pay attention to who has spoken and be sure everyone has an opportunity to speak
- Recognize our own biases and be respectful
- Ask if you don't understand what I am saying
- Understand our cultural diversity and be open to learning
- Of you don't agree, take a moment, and then ask questions
- Think from the youth point of view
- Recognize language differences: if they interfere with understanding, ask

STEP THREE - PRIORITIZING SOLUTIONS:

What are the most important solutions to be implemented first from the community's perspective?

What to do?

You have five minutes to think about your answer to the question:

“What criteria would I use to choose the most important mental health solution for the community?”

A criteria is simply something we can use to compare things against each other and make a choice. For example, when we were choosing where to buy food for today, we thought about

- Who could provide food packaged so it was easy to eat at the table
- Who could provide options
- Who could deliver
- Who have we worked with before and can rely on

Using these criteria, we were able to choose a source for your lunch today.

When you select your criteria, do not think about what makes it easier or more cost effective. Your only question is “***what criteria can I use to help me select the most important mental health solution for the youth of our community?***” Something may take a long time or be expensive or hard to implement and still be very important for the community. The future conversations with providers will address cost, time, and implementation complexity.

What to do:

You should have five sets of dots, each with three dots. Your job is to identify the most important solutions from the perspective of the community IN EACH CHALLENGE. This represents your view of importance to the community.

1. Spend five minutes reviewing the solutions list in the front of your binder.
2. Count out loud from 1-5.
3. Ones go to challenge one, twos to challenge two, threes to challenge three, fours to challenge four, and fives to challenge five.
4. WITHOUT TALKING (No trading dots!), decide which of the solutions in the challenge you are at is the most important mental health challenge to be addressed. You can put all three dots on one, one dot on three, or any combination.
5. When I call time, move to the next challenge and repeat.

BREAK**What to do:**

1. Go back to your number groups (1-5) and move to your flip chart.
2. Individually, on the flip chart for each solution, put a check under the number representing how you feel about the solutions prioritized in that challenge.

5= Implementing these solutions in this order will result in an improved mental health environment for our immigrant and refugee youth

3= Implementing these solutions in this order will not make any change in the mental health environment for our immigrant and refugee youth

1= Implementing these solutions in this order may negatively impact the mental health environment for our immigrant and refugee youth.

3. Rotate through all five flip charts as you did in the last step.

STEP FOUR - DEFINE SUCCESSFUL IMPLEMENTATION:

What can we tell providers to make sure they understand how to implement solutions in a way that works for the community?

We can bring these solutions to providers. But if we do not help them understand what it takes to implement a solution in the way that works for the community, we may get the right solution offered in the wrong way. For example, a principal may believe that saying “my door is always open; come tell me if you are having trouble with a teacher” solves the gap between the school and the parents. This is a disconnect between how the provider thinks about implementing the solution and the way the community needs the solutions to be implemented.

We want to be able to tell providers what successful implementation looks like. We will do this by exploring what makes help ***not work***, then see what common elements would make the help work for the community.

What to do:

1. Individually, take five minutes to think about and make notes to answer this question:

Thinking about a time when a provider (or service, individual, policy, resource, anything) helped you or someone in your community, but it didn't work. Why didn't it work?

Think about:

- How did they behave or act that got in the way?
- What obstacles or barriers were in the way?

2. Using a round robin (each person offers their answers in turn), share your answers giving each person 5 minutes.

3. Select a leader to keep the round robin going and watch time. This is the person who speaks the most languages.

4. Select a recorder to keep notes. Recorder's job is to write "What didn't work" about each person's story on the flip. This is the person who is newest to Frederick.

Full group: What do these "don't works" have in common?

What can we tell providers about what will work?

STEP FOUR - DEFINE SUCCESSFUL IMPLEMENTATION:

How do we want to share our direction for the goals and specific solutions to be implemented in ways that we have defined?

How can our communities help?

What suggestions do we have to bring this to providers?

Our community:

Taking it to the providers:

A FINAL LOOK:

How satisfied are we with our work?

CLOSING

What to do:

1. You have a card with a person's name on it.
2. Think about something they have contributed to this meeting. It can be a comment, a way of working, a way they engaged in the meeting, or anything.
3. Share with the group your person's name and what you appreciated about them during this meeting.

