

**Work Summary and Evaluation for Refugee Mental Health and Resettlement Collaboration
Triangle Community Foundation (TCF) Phase II Capacity-Building Grant**

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Receiving Agencies: Refugee Mental Health & Wellness Initiative (RMHWI/Refugee Wellness, project of University of North Carolina at Chapel Hill) & U.S. Committee for Refugees & Immigrants (USCRI) Raleigh
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This report summarizes the work and presents evaluation results for a one-year collaboration between a refugee mental health agency (RMHWI) and a refugee resettlement agency (USCRI Raleigh). These agencies handle different realms of refugee well-being (mental health versus daily physical needs and long-term economic self-sufficiency), but their work overlaps significantly. The purposes of the one-year grant-funded collaboration included increasing confidence and knowledge among USCRI staff in dealing with refugee mental health issues, improving strategies for interagency case management approaches, strengthening interagency communication and protocols, strengthening channels of communication with additional agencies regarding refugee mental health and other needs, and piloting a model of cooperation between a resettlement agency and a refugee-focused mental health agency. The report documents successes, challenges, and lessons resulting from this one-year collaboration.

Grant Use Objectives

An initial organizational assessment of USCRI Raleigh and RMHWI revealed that these organizations were strong in their shared mission and their established, respected work with the refugee population in the Triangle Region of North Carolina (the cities of Raleigh, Durham, Chapel Hill, and the surrounding counties). Yet the organizations experienced needs for:

- increased confidence and knowledge among USCRI staff in dealing with refugee mental health issues and referrals
- improved strategies for handling interagency interaction over case management needs
- increased communication and protocols between the two agencies

Purposeful interagency capacity building was also viewed as a way to:

- improve channels of communication between these two agencies and surrounding agencies regarding refugee mental health and other needs
- pilot and test a model of cooperation between a resettlement agency and a refugee-focused mental health agency, assessing the model's effectiveness, weaknesses, and strengths

Grant Use Activities

To support the above objectives, RMHWI and USCRI Raleigh undertook the following steps:

- engaged a mental health coordinator in order to provide increasingly cohesive care between the two agencies in effectively promoting refugee mental health needs
 - Shahrzad Rouhani held this position from October 2015 to May 2016, and Claire Bates held this position from May 2016 to August 2016.

- With the assistance of the mental health coordinator, RMHWI provided services to 52 female USCRI clients and 61 male USCRI clients between July 2015 and June 2016.
- RMHWI staff presented at cultural orientation sessions provided by USCRI throughout the year, to increase visibility of mental health services to new clients, and met biweekly with Nicole Redford, USCRI employment coordinator, to collaborate around care.
- provided four trainings on two mental health topics to increase the mental health understanding of USCRI staff
 - In Fall 2016, an independent trainer was hired and provided two training sessions on Motivational Interviewing—jointly, to USCRI and RMHWI staff. A midyear evaluation survey and input from USCRI director Scott Phillips led RMHWI director Josh Hinson to conclude that training in Motivational Interviewing was only moderately useful to USCRI staff.
 - In Spring 2016, two training sessions on trauma-sensitive care were provided to USCRI and RMHWI staff through the Center for Child and Family Health. Evaluation surveys conducted following these trainings (see Appendices A and B) showed that the majority of participants strongly believed that what they had learned in these sessions applied to their daily work and helped them to understand mental health, stress, and trauma. In the end survey conducted at the end of this grant period, USCRI staff attested to increased understanding of what their clients experience.
- developed new and fine-tuned existing protocols for direct communication between the two agencies, especially in preparation for a geographic agency relocation
 - In June 2016, in preparation for a geographic move by USCRI and to solidify protocols for referral, a meeting was held between USCRI director Scott Phillips, RMHWI director Josh Hinson, RMHWI program coordinator Laura Garlock, and mental health coordinator Claire Bates. Plans were established to promote consistent, continued referral and cooperation between the two organizations. This document is included in Appendix C.
 - These protocols for referral and plans for ongoing collaboration were presented to USCRI staff at a USCRI staff meeting by mental health coordinator Claire Bates in early July 2016.
- connected high-need USCRI clients with outside agencies and compiled databases of resources in the region to support the work of this interagency collaboration
 - In sessions provided by RMHWI to USCRI clients between July 2015 and June 2016, outreach services (direct, assisted connections to outside resources) were provided to 30 USCRI clients. Info and referral services were provided to 65 USCRI clients.
 - Outreach and info and referral activities involved connecting clients with over 40 agencies as diverse as: counseling clinics and groups, payment programs and case coordination for psychotropic medication, literacy classes, exercise and physical health support for interwoven physical and mental health symptoms, community gardens, coethnic community supports, domestic violence safety programs, financial assistance, educational planning, and transportation to appointments for mental health.
 - Mental health coordinators expanded an existing database of mental health community supports and created other databases about community supports (including parenting, English, and community gardening resources). Databases now describe 74 local organizations and include referral information for most organizations.

- gathered evaluation information throughout the collaboration regarding the effectiveness and possible areas for change in this model of interagency collaboration
 - This project team initially hoped to use resettlement outcomes (e.g., employment data) to evaluate the usefulness of this collaboration and of RMHWI’s mental health services. On closer examination, an evaluation of this type was not able to be structured due to lack of controls and the lack of resources to create a new program structure in order to utilize controls.
 - Increasingly rigorous protocols for evaluation are a high priority to the RMHWI team and a focus for near-future development. In spring and summer 2016, RMHWI intern Rosemary Byrnes designed a precise plan for a more outcome-focused evaluation approach using specific categories of mental health data. RMHWI hopes to hire a part-time evaluation researcher in the near future to continue to measure the impact of this work and of this collaboration using specific outcomes of mental health well-being.
 - To evaluate the RMHWI–USCRI collaboration enabled by the TCF Phase II Capacity-Building Grant, the mental health coordinator conducted a multifaceted review of the collaboration including key informant interviews (KIIs), end surveys conducted with USCRI staff, and surveys conducted following trainings throughout the collaboration. Based on trends noted in this evaluation, tables summarizing strengths and areas and ideas for growth are included in the “Evaluation of This Collaboration” section of this report. Post-training surveys, KII transcripts, and end surveys from USCRI staff are included in Appendices A, B, and D through H.

Adjusting to Context

USCRI, one of the two agencies collaborating under this grant, underwent organizational changes during the grant period. While the organizational assessment began with Kevin Noonan as USCRI Raleigh’s director, he was succeeded by interim director Stacie Blake, then Scott Phillips, who began as USCRI Raleigh’s director in November 2015. The variety of leadership styles during this time provided this collaboration with the opportunity to test different styles of relating between the two agencies and to develop protocols that could survive organizational change. As this grant period concludes, USCRI Raleigh has undergone a geographical transition that changed their geographical orientation to their client base. For several months it seemed that USCRI and RMHWI would no longer be able to share an office location, and the teams planned for continued collaboration accordingly. However, at the time of this writing RMHWI and USCRI Raleigh will share office space in USCRI’s new location and will share this location with Raleigh Immigrant Community (RIC). RIC is a grassroots refugee and immigrant organization focused on self-empowerment, mutual aid, and advocacy. RIC initially developed from an RMHWI community-adjustment support group and recently became a nonprofit organization with the assistance of RMHWI. RIC will collaborate with USCRI and RMHWI in future organizational partnerships and in seeking grants.

Evaluation of the Collaboration

Following the mental health trainings provided jointly to RMHWI and USCRI staff members throughout the year, surveys were conducted about the usefulness of those trainings. During the conclusion of the grant period (July and August 2016), end surveys were collected from USCRI staff, and structured key informant interviews were conducted with four staff members integral to the RMHWI–

USCRI collaboration. Details and results of the evaluation are included in Appendices A, B, and D through H of this report. Tables 1 and 2 below summarize key findings of the evaluation.

Table 1

Strengths & Areas Functioning Well

Strengths Noted	Benefits/Reasons for Appreciation
Overall collaboration regarding clients	<ul style="list-style-type: none"> • Each program provided a type of support the other program’s staff knew its clients needed. • USCRI staff reported that access to mental health support was very important for their clients’ transitions to the United States and into self-sufficiency. • USCRI staff appreciated the opportunity to easily connect clients with mental health support by directly contacting RMHWI’s mental health coordinator. • USCRI staff expressed appreciation for the peaceful and welcoming spirit of RMHWI project staff and RMHWI support in starting Raleigh Immigrant Community (RIC).
USCRI’s new volunteer coordinator role and its increased recruitment and inclusion of volunteers, interns, and case aides	<ul style="list-style-type: none"> • The high number of case management needs noticed by each organization was more effectively addressed. • Staff noted higher satisfaction among and support for clients.
Mental health coordinator role and its provision of increased case collaboration between agencies and increased connection to outside community resources, especially resources focused on mental health	<ul style="list-style-type: none"> • The RMHWI team appreciated the consolidation of mental health case management work when addressed by one team member. The role simplified RMHWI’s response to case management needs. • RMHWI team members experienced new and expanded databases about mental health community resources as useful. • The role enabled effective follow-through by connecting high-need clients to resources improving their mental health. • USCRI appreciated home visits to high-need clients and referral back to USCRI as needed.
Joint trainings attended by staff from the two organizations on mental health awareness and approaches	<ul style="list-style-type: none"> • An RMHWI team member noted increased connection and recognition between members of the two organizations. • USCRI staff expressed appreciation for increased knowledge about mental health and possible internal experiences of clients.

Table 2

Areas Needing Growth & Ideas for Future Direction

Areas for Growth Noted	Ideas for Future Improvement
<p>Desire among USCRI staff for a “two-way process”—increased communication from RMHWI staff about how clients are doing as they access mental health support and increased, consistent modes for case collaboration between the two agencies</p>	<ul style="list-style-type: none"> • RMHWI staff may consistently ask all RMHWI–USCRI clients how much information they are comfortable having shared with USCRI staff. • RMHWI staff may explain to USCRI staff the general clinical reasons why clients may decline to share clinical information. In such cases the two teams may explore other collaboration approaches. • Organization of monthly interagency staffing meetings attended by RMHWI staff and USCRI case managers may facilitate discussion of strategies for best meeting clients’ needs in shared cases.
<p>Need for increased awareness among USCRI clients about RMHWI services</p>	<ul style="list-style-type: none"> • RMHWI staff members may continue to present at all cultural orientation sessions for USCRI clients. • RMHWI staff may make frequently updated schedules of RMHWI support groups easily accessible to USCRI staff. • Refugee Wellness staff may present to USCRI staff about the difference counseling makes for torture survivors, who may be unlikely to directly speak up about needs for mental health support and who might be unaware of opportunities for counseling unless mentioned to them by resettlement staff. RMHWI staff may ask USCRI staff to present counseling opportunities to all clients.
<p>Difficulty maintaining strong and peaceful relationships between clients and resettlement staff when resettlement support resources become strained</p>	<ul style="list-style-type: none"> • RMHWI staff could present a training entitled “Building Rapport in a System That’s Stacked against Your Client”—a participatory training eliciting collaborative thinking on this topic. • The agencies can develop formal routes for client feedback to reach and positively impact USCRI. • Continued and increasing inclusion of RIC (a grassroots, participatory organization) in formal collaborations will prioritize ideas of immigrants and refugees in addressing resettlement challenges. • RMHWI staff has occasionally created and/or strengthened teams of community members or volunteers surrounding refugee families in especially difficult situations. This approach works well and could be expanded and/or systematized.

Areas for Growth Noted	Ideas for Future Improvement
Desire for increased definition around which agency performs which case management duties	<ul style="list-style-type: none"> • Definition must take into account that roles shift throughout phases of the resettlement process. • If the mental health coordinator role continues, staff from both teams may meet together to clarify that role including allocation of case management duties across organizations.
Desire for interagency clarity about available general community resources	<ul style="list-style-type: none"> • Creating and maintaining a set list of general community resources to which both agencies frequently refer clients may raise awareness of staff and increase efficiency and efficacy of referral.
Lack of shared culture about using mental health services to motivate compliance with resettlement policies	<ul style="list-style-type: none"> • An agency (USCRI) or interagency (USCRI and RMHWI) policy must be developed to address this topic.

Conclusion & Future Directions

This funded collaboration has successfully strengthened the ability of USCRI and RMHWI to work together in assisting refugees to establish stable and self-sufficient lives in the Triangle Region. The collaboration has increased purposeful teamwork between the two organizations, allowed the two organizations to find more effective ways to meet case management needs, enabled strengthened connections to and increased information available regarding community resources supporting mental health, and provided USCRI staff with important knowledge about refugee mental health. Areas for future growth include developing a consistent meeting process for the two organizations; increasing widespread referral to RMHWI; strengthening skill in using relationships between clients and staff members as assets even in situations of low resources; and increasing clarity about roles, the culture around use of services, and a main set of general community resources to which both agencies may refer shared clients. Ideas for improvement in these areas are proposed in Table 2, above.

RMHWI and USCRI intend to partner further in the future. They will also partner with RIC—a grassroots refugee and immigrant organization focused on self-empowerment, mutual aid, and advocacy, which began from an RMHWI support group.

RMHWI seeks continued support to:

- provide interpreted and culturally competent mental health services to refugees and refer refugees to outside supports as necessary,
- refine collaboration with USCRI and RIC in the areas for growth discovered by the end-of-grant evaluation (including nurturing RIC into a role of increased voice and power in the resettlement community), and
- increase the rigor of evaluation structures employed by RMHWI by hiring a part-time evaluation researcher and implementing a more data-driven program structure focused on observable mental health outcomes.

RMHWI aims to support these goals by hiring a part-time evaluation researcher and one additional clinical staff member who would free up time for RMHWI program coordinator Laura Garlock to build community and expand organizational partnerships with USCRI and RIC. To support its work, RMHWI continues to seek funding from state and philanthropic organizations and individuals. The ongoing, three-agency collaboration will apply for a What Matters Innovation Award with TCF, an Impact Award with GlaxoSmithKline, and an Allied Agencies grant through USCRI.

Appendix

[Note: The following appendices of this grant report have been redacted here for privacy and brevity:

- Appendix A: Evaluation of Trauma-Informed Organization Training I, April 21, 2016
- Appendix B: Evaluation of Trauma-Informed Organization Training II, May 12, 2016
- Appendix C: Referral & Collaboration Protocol for USCRI & Refugee Wellness as USCRI Moves to a New Location, June 20, 2016
- Appendix D: Survey Results From End Survey With USCRI Staff Regarding Refugee Wellness–USCRI Partnership—Administered at USCRI Staff Meeting, July 7, 2016
- Appendix E: KII With Mental Health Coordinator Under TCF Grant, July 25, 2016
- Appendix F: KII With RMHWI Program Coordinator, July 8, 2016
- Appendix G: KII With USCRI Case Manager, August 4, 2016
- Appendix H: KII With Mental Health Coordinator Under TCF Grant, August 1, 2016]