**Yussuf Shafie**

**Narrator**

**Amy Sullivan**

**Interviewer**

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**Bloomington, Minnesota**

Yussuf Shafie -**YS**

Amy Sullivan -**AS**

**AS**: This is Amy Sullivan. It's December 19th, 2017 in Bloomington, Minnesota at Alliance Wellness Center with Yussuf Shafie.

**YS**: Yes, that's correct.

**AS**: Would you state your name and say you agree to be interviewed?

**YS**: Yes, I have agreed to be interviewed. My name is Yussuf Shafie. I am the CEO and the director of Alliance Wellness Center.

**AS**: Thank you. Tell me a little bit about your family, your childhood. Where were you born? How did you get to Minnesota?

**YS**: I am an immigrant. I came from Somalia with my family here back in 2001. I came in with my brothers, sisters, mom, and dad. Grew up in Burnsville, Minnesota. Believe it or not when I came here I didn't even know how to speak English. I've come a long way. Education was very important in my family. My mom made sure we all studied and went to college. I graduated from Burnsville High School back in 2006. Although I had been passionate about social work and mental health and addiction since I was a little kid, I don't know why. In our community there are people that have addiction or mental health issues and are stigmatized. I wanted to create awareness and educate folks. In order for me to do that I had to go to school. I went to Inver Hills Community College for my Associate's Degree because I'm cheap [laughs] and it went really well. My first semester actually was horrible. I didn't do so well. I failed all of my classes. I was young, playing basketball, chasing girls. An immature eighteen-year old. I didn't do well. It messed up my confidence a bit, which was good. I think it's the best thing that's happened to me.

So that happened. I got a letter from financial aid saying they were going to take my financial aid away if I didn't get my grades up next semester. I thought about all the hard work that my mom has done for us and my family and how hard we worked. My second semester I worked really hard. I got my act together and got all As and Bs, and I graduated in 2009. I went to Metro State for my Bachelor's in social work.

**AS**: How old were you when you came from Somalia?

**YS**: I was about ten, eleven years old.

**AS**: What was life like before you came to the US?

**YS**: It was kind of a blur. I was young and I don't remember much. It was a good life. We didn't have much, but we had enough. I've learned that we have a lot of privileges here in the US. Health care, education, safety. It depends on where you're from. There are parts that are really great in Somalia and there are parts that are—even before the civil war—there were a lot of great things.

**AS**: Where were you born?

**YS**: Actually I was born in Kenya, but I was raised here in the US. I was born and raised in Kenya, and then my mom and dad are from Somalia so it was like a next door neighbor. When the civil war broke down all the people went to the neighboring countries. I speak Swahili as well. I speak Somali and Swahili even though my Swahili is only eighty percent now, or seventy percent. I'm kind of losing it. So yeah I was born and raised in Kenya but my parents are Somali. My mom traveled between Somalia and Kenya. It's like here to Wisconsin kind of a thing. A little bigger, but you get the picture. People drove back and forth, and my mom was a businesswoman.

**AS**: What did she do?

**YS**: She ran a trucking business, which is not common for women to run that kind of business back home, but she was a hustler and that's where I get this working for myself. I've never believed in working for someone, or I've always been a risk taker and things like that, and that's where I get that from. That's a little bit about my childhood. Came to the states, worked really hard, learned English in ESL. I did go through a lot.

**AS**: Was that all during high school that you learned English?

**YS**: Middle school and high school.

**AS**: So you got your bachelor's from Metro State?

**YS**: I got my bachelor's from Metro State back in 2012, and then I decided if I wanted to do something I should go get my master's. I decided to go to the U [University of Minnesota] and get my master's. When I was going to grad school my sister called me one day and she said, "Hey, we should open a Somali restaurant in Burnsville," and I'm like, "You're crazy." I hung up the phone. She called me back three times and I knew she was serious. In 2013 we started the restaurant and it did really well. It took off. We had a *Star Tribune*article, and some big publications in *Minneapolis St. Paul*magazine, and the *Dakota Tribune,*which was a big article in Dakota County. We did really well, and that's how I got the money to start what I was passionate about with Alliance. I did that for about two and a half years, and I thought, "I don't want to do this." I'm passionate about mental health and chemical dependency.

Back in 2015 when I graduated from grad school I worked in Minneapolis Public Schools [MPS] for about a year in CUHC [Community University Health Care Center] clinic for about a year in Minneapolis where I learned a lot about addiction and mental health. It's an FQH, federally qualified health care center. It's owned by the University of Minnesota technically.

**AS**: When you said grad school did you get your MSW?

**YS**: Yes. My MSW [Master’s in Social Work], LGSW [Licensed Graduate Social Worker]. I did my internship at CUHC, so I did a social work triage position for about eight hundred hours or whatever the internship was. After that they hired me as a mental health practitioner, so I was working there for about a year. I was in the process of starting Alliance as well. Kind of a lot going on at the same time.

**AS**: Is the restaurant still open?

**YS**: It is. My sister manages it. It's about ten, fifteen minutes from here right in Burnsville. If you look up African restaurant it will come up. I did that, and that's where I learned the business aspect of things. I'm a social worker, I can't do math. [laughs] But I learned all about managing budgets and things like that. I learned a lot from the restaurant and starting and being patient and things like that.

**AS**: And restaurants are still communities.

**YS**: They are. They really are. Food brings people together. I did that, graduated, and started Alliance. I've been in business for about two and a half years now and we're doing really well. Things are going really well for us. We have a day group, Alliance Wellness, that works with the East African population that is culturally specific. We have twelve beds where we lodge them, so they go into treatment and then they go to the house too.

**AS**: So you bought a house?

**YS**: A couple houses, yes.

**AS**: Tell me about the stigma. Stigma around addiction is huge in many cultures. I had a Muslim student from Kenya I think, and she was in my history of addiction class a few years ago. She said that the stigma was very intense. Could you describe what that would mean in a family?

**YS**: Of course. I think in our culture people are always skeptical about alcohol and drugs and any addiction. I think in our culture we have black and white thinking, which is never a good thing. Either you're crazy or you're not. Either you're a drunk or you're not. Either you're a good person or you're a bad person. There's no in between. That's my biggest frustration. The religious aspect doesn't help. Because you're a Muslim you're not supposed to drink alcohol; it's forbidden. And I'm like why do we have fifteen clients in a group right now that are talking about alcoholism and addiction? And they're Muslim. It's like the elephant in the room. The worst thing you could do is drink. It's like being the priest's daughter and getting pregnant. It's like the worst thing.

**AS**: Yeah. It almost means you're not practicing your religion.

**YS**: No, you're not. It's horrible. People are shunned, and it's pretty bad. Especially for women. You're a woman, you're a person of color, you're a Muslim, and you're an addict. It's like it's the worst thing. You're down on the bottom. I think education and awareness are the most important. These things are not going to go away.

When you move to a culture—America is giving a lot of immigrants a lot of opportunities, but also you pick up the bad habits to some extents.

**AS**: There are a lot of bad habits I think.

**YS**: Kids having sex before marriage, kids partying. Back home it's more family oriented. You respect the elders and things. Kids are just not that bright to be honest. With cell phone technology and things it makes things a lot easier. The stigma piece—I think people are just not educated and so they tend to judge and be judgmental. I think people don't even know what to do as well. They don't know how to deal with addiction—the families. And the clients, too. All this happens, you're in detox, you're miserable. And pride. We're very prideful people. Like, "Do I want to get help? Now Yussuf will know my problem now. And he might know my mom or my dad."

**AS**: So even as an insider in the community you still struggle.

**YS**: Oh yeah. There are people that want to come help here. People might say, "Well, you're a Somali. What's the big deal?" Yeah, but sometimes it might not be a good fit. Just because you're Somali doesn't mean they'd be a good fit. I always make that comment when I do conferences or talk to people. The assumption is that if you're from the same culture—

**AS**: People who aren't Somali assume that.

**YS**: I think education across the board is important. I'm a big advocate for that.

**AS**: Can you tell me a story, without using their name, about someone who has struggled with addiction and what has happened to them and their family?

**YS**: Well, I know twenty people I can tell you about. A lot of them don't get support. In a Western, white, American culture it's easier for someone to support you, or to come to AA with you and things like that. It's a little more socially acceptable. If your son or daughter is using you could kind of assist them and get them help.

**AS**: So there's not even that for parents?

**YS**: For us, no. You're not helping at all. She doesn't even speak English. How's she going to help you get into treatment? Or she doesn't understand it.

**AS**: And she thinks, "Why don't you just stop?"

**YS**: Yeah. "Why don't you stop?" And they always tell me that. "If Amy just stops drinking, she's really a good person." Well, yeah, but why is she drinking in the first place? Let's find the underlying issue. Amy didn't just pick up prescription pills. Maybe she had a back pain issue and the Vicodin wasn't enough so now she's buying street drugs. Because there's always an underlying cause. There's always pain under that addiction. I think people don't understand that and it's hard for them to fathom.

**AS**: Is there also a mental illness stigma?

**YS**: Oh yeah, huge. Mental illness is more accepted than addiction. The interesting thing is that ninety percent of my clients are concurrent. A lot of them have mental health issues. They self-medicate themselves to cope with their mental illness. The addiction starts because the mental illness is not met. Mental health issues are not being treated so they self-medicate by using drugs and alcohol.

**AS**: When you were talking about the black and white of being crazy or not that's almost doubly stigmatized. If you actually do get a diagnosis and your addiction was the cause does it matter to the families?

**YS**: No, it doesn't matter. To some extent if you have mental health issues you are the crazy one and it's not acceptable. They will kind of feel bad for you. Rather than if you have severe mental health issue and then you come home drunk or high now it's a problem. In the reality you're treating your mental illness and that's what the issue is. Oftentimes we find that when we treat the mental health issue and get you get people stable on medication and they see the psychiatrist things are a lot easier to deal with. The addiction can be treated because you're stable. If the mental illness is like up and down and you're not medicated or you're not seeing a psychiatrist and you're not stable then it's not going to work. You cannot treat your addiction. We try to tackle both.

**AS**: What's the environment like at the sober house? Do you call it a sober house?

**YS**: Yeah, supportive housing.

**AS**: I like that name better than 'sober house.' I just think about language a lot.

**YS**: Yeah, of course. Language is really important.

**AS**: Yeah, so what is life like there?

**YS**: It's really good. Some do well and some don't do well. We teach them some life skills. They all have some chores. They all have to go to AA. They have to learn how to make appointments for themselves. They learn life skills. Some of them might not get along. They fight about pickles and ketchup, who knows. There's always something. A lot of them are homeless, so in the winter we are more busy. So right now we have twelve beds and we're full. In the summers it's a little bit slower because people tend to go outside and have a good time.

**AS**: And you help them find the services that they need?

**YS**: That's one of the daily commands. We apply for GRH [group residential housing] or apply for some type of long-term housing for them. So that way by the time they graduate here they can find something.

**AS**: Can you tell me about any success stories you've had?

**YS**: Where do you want me to start? [laughs]

**AS**: Well, you never know. It's a tricky business.

**YS**: That's true, it is. We have a couple clients that have graduated, a couple that show up at least once a month out of gratitude, thankful, have two jobs. This guy came from jail. He had like four DWIs. Chronic alcoholic. Everybody disowned him in his family. His wife, his three kids. Now he's back with his wife and kids and working two jobs. It took six months of hard work with him. He did some outpatient too and is doing AA.

People lose hope when they are at rock bottom. Sometimes when you lose hope people are incapable of doing anything. Hope is a big thing. I think a lot of people are like, "Shit, what do I have to lose?" I'm in jail for a year now, I have four DWIs, my wife left me, my three beautiful daughters left me. My mom won't even talk to me. What do I have to lose? They throw in the towel. I think when you give people hope—it makes a big difference when you give people three meals a day and a place to stay. It makes a huge difference. You educate them and you give them opportunities and you believe in them. I think you see a difference in people.

**AS**: Do you have a personal connection to addiction in your family? You said you've always wanted to do this.

**YS**: Actually I don't to be honest, which is actually kind of interesting because I would say sixty percent of my staff are in recovery. That is always good because we need people with that experience. Personally I don't. Nobody in my family has addiction. I do have highly addictive behaviors as some of us do. I don't have any addiction issues. I've always been passionate about it. I've always understood it, and I was always curious. I'm very passionate about helping people that are underserved. I thought that my community needs me, and why not do my own thing. It took me a lot of years to think about this and to plan and go through all the DHS and all the stuff. It's not easy. It's a lot of work.

**AS**: How many clients do you have right now? How is it growing?

**YS**: In the day group we have about twelve to fifteen. We also have the evening group that is mostly white or black—it's not culturally specific. Then we have a Sunday group. In total I would say we have about thirty to thirty-five.

**AS**: Those are clients?

**YS**: Yes.

**AS**: Has it stayed at that level?

**YS**: It is so up and down. Winter is a little more busy. People are more depressed. Summer is down. The numbers are more like fifteen to twenty.

**AS**: That's pretty common in the field, isn't it?

**YS**: Yeah. That's how it is for the big people with the clients too.

**AS**: When it gets cold and dark people are ready to go.

**YS**: Absolutely.

**AS**: What is your treatment model here?

**YS**: We have many models. I think the most important thing is to meet people where they're at. That's the first important thing. We need to figure out if they have toothpaste. Let's go to Wal-Mart and get them some toothpaste. Let's not worry about the alcoholism or the opioid addiction right now. He needs a towel and some toothpaste and we'll start with that. Let him get some sleep tonight and make sure he brushes his teeth. Dignity is very important. He showers and tomorrow morning he comes and we will treat the mental health issue, the addiction issue. Meeting people where they're at—I'm a big fan of that.

**AS**: Do you see that as part of a harm reduction model?

**YS**: Oh yeah. Harm reduction is so important. That's my frustration sometimes. You have to understand the client and where they're at. A lot of people don't understand. There are big companies out there that have their own policy. "Our policy is we cannot buy a client toothpaste." Well, yeah, that doesn't help anyone if he can't brush his teeth. He's probably afraid to talk to you. Do you see what I mean? I think motivation is a big thing that we use here. EMDR [eye movement desensitization and reprocessing] is something we use, CBT, and DBT is big. I think the most important thing is just treat people like human beings. That's the most important thing. I think a lot of people struggle with that.

**AS**: That's a big part of the history of treatment in the US. There's the moral component that's really big. How do twelve-step programs work into your program?

**YS**: Yes, we invite people. I have been trying to establish a Muslim twelve-step based—there's a lot of need for that. I wear so many hats and I've got so much stuff to do. I just need to find the right person to help me with that. It's just really important.

**AS**: How would you change it for a Muslim based twelve-step? Because twelve-step is always about how the higher power can be anything

**YS**: Yeah, the higher power, God—I don't know how it would look. I actually should sit down and think about it.

**AS**: You might not be the first person to think about it. There might be someone else out there.

**YS**: Yeah I know they did something in New York, but I don't know. I want to do more research and figure it out about NA or AA for a twelve-step model, but I think there's a need for that. Again, the same token, the whole "let's hold hands and sing kumbaya" is all a Western, American cultural thing. We have to find a way. In fact, I had a client that has graduated and is doing really well that talked to me about wanting to start a support group. That's his thing. He's a big fan of that. So, I've got to support him in doing that. I got him a space he could do. We maybe do a weekly meeting or something.

**AS**: What do you think about best practices? Meeting people where they're at, but when you think about the future of treatment where do you want it to go, where do you see it going? Is that the same thing or not?

**YS**: I'm just a small, tiny guy. I think we need more counselors, number one. LADCs [licensed alcohol and drug counselor] in general because there's not many in the field. Also, people who are culturally competent are very important. Culturally competent is kind of a broad word, but people that are sensitive to other people and other cultures are really important. I think also it's important with policy. They keep cutting budgets and all these things. It's just going to keep getting worse. It's not going to get better. Whoever is in charge, the big boss, and they read this book we need more funding. I had a professor that used to say, "Funding drives practice." Which is true. You have to make sure the bills are paid.

**AS**: And that it's that important that it can determine how you practice.

**YS**: It costs so much money, Amy, to put you in jail and prison than it would cost me—like ten dollars a day. That's just hypothetically speaking, but it's a hundred dollars in the county jail a day. With these ten dollars you get three meals a day and treatment. You're learning about how your mind thinks. You're not just sitting in the cell for twenty-three hours. That's not going to do any good. For you and for me because I'm a taxpayer too.

**AS**: The whole incarceration—incarcerating people with addiction and mental illness because they 'committed a crime.'

What can you tell me about your clientele and opioids?

**YS**: We have been seeing a lot of that recently.

**AS**: What are they using?

**YS**: Heroin, prescription pills, benzos. I think a lot of them especially in the Somali community there are a couple cases. We had one guy that OD'd and passed away. I have clients that say—we talk about it in group. A lot of the guys are more alcohol than opioids and they call it the rock.

**AS**: They call heroin 'the rock'?

**YS**: Yeah, like rocks. It's a street name I think. What they do is basically they're saying, "I'm an alcoholic, but alcohol will not kill me." So they're discriminating against each other. It's very interesting.

**AS**: There's a whole hierarchy of it. The pain pill people think they're better than the injection drug users.

**YS**: I'm like really? I tend to challenge them.

**AS**: So you're seeing an increase in heroin. What about meth?

**YS**: I don't see much meth. Somali women I see it.

**AS**: That makes sense because it gives you energy. If you have children.

**YS**: Child protection cases, yes. We see a lot of alcohol. Opioids have increased. Our numbers have been increasing. A lot of them it starts with a car accident and back pain, or an accident in football, baseball, or basketball. You have to be mindful of this. My mom had back surgery and he gave her a prescription for ninety pills of oxycontin. I was like, “Dude what the hell are you doing?” My LADC—that kind of thing. I'm not LADC but my treatment director in me was like, "That's a lot of pills." And that stuff is highly addictive. We have to make the doctors responsible.

**AS**: There is some work being done on that here. Do you know Chris Johnson? He's an MD. I'll connect you with him. He's doing an opioid prescribing task force to try to cut that. He got really frustrated as an ER doctor in St. Louis Park.

**YS**: How does he feel about Suboxone or methadone?

**AS**: Oh, absolutely. How do you feel about that here?

**YS**: I love it. I'm a big fan of all avenues of recovery. What works for you might not work for me. I've challenged people that say, "Well..." Whatever works for you I'm a big fan of that.

**AS**: All seven of the doctors I've interviewed—because they're science based. Their evidence based and they know that it can work.

**YS**: Yes, if you do it right.

**AS**: Can you get your clients to their clinic everyday?

**YS**: Yeah, or we have people that have [unclear]. I was looking into establishing one actually.

**AS**: Oh really? It's the time. It's the moment for that for sure. I've worked closely with people from Valhalla Place. Well that's where I met you!

**YS**: Yeah, what was his name?

**AS**: Chuck [Hilger]. That's where I met you was that MAT [medication assisted treatment] training. It's fascinating that we have a medicine that can actually help people get their mind on track, but we still have a stigma about even the different medications. Methadone is for the hopeless cases. It's not true though.

**YS**: Yeah, Suboxone is really good. I know.

**AS**: What's your dream for this place? Five years from now.

**YS**: I think my biggest challenge is housing. I want to house people and it's important—because what happens sometimes to be honest is we find someone, treat them for ninety days and they do well, and then after that we have to, not kick them out, but insurance will only pay for so many days. We have to form them back into the community. Apartments are usually good because they have [unclear] or they didn't pay their rent. A lot of them don't have a job. If we can get them into the GRH. I need some type of long-term housing. Even if they can get a place to sit for another four, five months until they figure things out. What happens is they go back to the streets, they relapse, they come back to treatment. Resources are not there and it's a waste of money if you ask me. You give people three months and a place to stay they will likely get a job, or at least a place to take their meds. So housing is my biggest challenge. If I could find a place to house people I think it would be good. I think that's one of my goals is to find long-term housing for people.

**AS**: How are you thinking about doing that?

**YS**: Getting a contract with the county. Or figuring something out.

**AS**: That would be under Alliance Wellness?

**YS**: Yeah. Or anybody. It takes so long for us to get someone discharged because they can't find a place to live. I have a couple guys right now that are ready to graduate and we don't know what to do with them. We give them an extension for thirty days. Sometimes I honestly do a free service for them because they have nowhere to go honestly.

**AS**: When you say the homelessness—you mentioned this a couple of minutes ago—but the homelessness is usually a result of being shut out from their families, right?

**YS**: Oh yeah. Obviously when someone is using they steal, cheat, and lie. It's not the person so much as the addiction. A lot of families don't understand that. They say, "Oh, Amy, she's an asshole. She stole a hundred bucks from me!" Well, yeah, you left a hundred bucks on the counter and she's an addict. What are you going to do? The families don't understand that. We have to educate the family. Don't leave the hundred bucks.

**AS**: Do you have a family group? Have you been able to do that?

**YS**: I do. They don't come. I don't blame them. One is transportation. I think a lot of immigrant families are working two jobs and trying to support them, so time is of the essence. I think they're also skeptical about me to do their dirty laundry. Because of pride and ego.

**AS**: Because is there an understanding of trust?

**YS**: No, honestly I think a lot of them are skeptical about me and I don't blame them. If I was a Somali guy who was an alcoholic I probably wouldn't go see Yussuf too. To be honest.

**AS**: Why?

**YS**: Because of the stigma. It's a small world. Everybody knows everybody. It's a small community. I think pride and ego are a big thing, too. I think a lot of people are skeptical sometimes. I think an important thing for a lot of families is they don't understand it. They have no clue. They love their kid and will do anything for them, but the kid or whatever, the person, the client, has cheated on them, or yelled, or lied, and they've bailed them out twenty-five times. "We are just tired. Stop it. Shut up. Leave us alone."

**AS**: That's a common thing in every culture.

**YS**: Absolutely. But if you don't have a lot of resources and I bailed you out with the three thousand dollars I had in my savings it's not going to look good if you go back using again. I had a client that was telling me that thirty-three thousand dollars her dad wrote a check to Hazelden for a month or whatever for the treatment. The day after she came out she relapsed. She said, "My dad was pissed." I said, "I would be pissed, too." But things like that. Addiction is a disease and we have to figure out a way to treat it. I think a lot of people don't understand that.

**AS**: Yeah, seventy-five years later we are still talking about that. We are still trying to convince people it's a disease.

**YS**: If you're a diabetic and you see a doctor you take your insulin. And it's like, "Oh, you're a diabetic. I'm sorry. Make sure you take your blood sugar." Whatever. Make sure you eat. Addiction is kind of the same idea but nobody feels bad for you. Those comments on Facebook—my blood pressure goes up. I get into fights with people on Facebook all the time.

**AS**: Your Alliance account or just your personal one?

**YS**: Just my personal one. People are idiots and I educate them. Some times I say, "Enough is enough," and I just start. I'm like, well that worked for you, and you got lucky maybe and good for you. And others are like, "Boo hoo. Feel sorry for me." And maybe by the grace of God you did well, but it doesn't mean that you can look down on people that are struggling. You struggle for five years before you get out, or whatever. I think it's important that we do that. Education is very important.

**AS**: And community education.

**YS**: Absolutely.

**AS**: What is your place in the community? That's a broad question.

**YS**: No, it's okay. I know that a lot of people like me. I think a lot of people respect what I do. I've been recognized. I think if you just Google it you'll find a lot of articles and stuff. Some people are skeptical about me still and you'll have people who doubt you, and that's okay. You can have it both ways. I graduated from the U as I told you, and the University of Minnesota did a story about Patty [Shandy], one of my former professors. [takes out the article]

**AS**: Is that her?

**YS**: Yeah, she's great. She is well known for trauma care.

**AS**: I was going to ask you about trauma.

**YS**: Oh yeah. We do a lot of EMDR. I think a lot of people, over ninety percent of Somali people are victims of torture. It's a high number. Because of the civil war. Have you seen the movie Hotel Rwanda? The Hutus and Tutsis. It's kind of the same thing.

**AS**: I studied a lot about Mozambique and southern Africa.

**YS**: Same thing. Same thing.

**AS**: One thing I've been reading about it the idea of epigenetics. That parents who experienced trauma their children or grandchildren might have a proclivity towards higher anxiety, depression.

**YS**: I didn't know that.

**AS**: I'll send you some stuff. I think you would find that as an interesting approach to think about how to help explain it to families.

**YS**: Yeah, please do.

**AS**: There's a lot of research connected to the Holocaust.

**YS**: Wow. There's this video I want to find for you. Yes, send it to me. I want to read it. There's something called Inside War. I'm thinking about it on YouTube right now. It's like an eight-minute video. You should watch it. The Inside War.

**AS**: Who do you have here that does EMDR?

**YS**: We have an LICSW [licensed independent clinical social worker] that we contract out. The War Inside, sorry. Treating Somali's mentally ill. It's like a nine minute thing. Abdulrahman Ali. Actually we have Skyped him many times.

**AS**: Anything else?

**YS**: No, that's all.

**AS**: Oh, is this the first—

**YS**: It's the second.

**AS**: That has an East African focus?

**YS**: Yeah.

**AS**: Where's the other one?

**YS**: In Minneapolis. They do things different. They might not welcome you.

**AS**: What's the name of it?

**YS**: South East Homes.

**AS**: They might not welcome me?

**YS**: No.

**AS**: What's their approach?

**YS**: I don't know, maybe you should call them and find out. The lady that owns it is very different. She doesn't believe in networking and stuff like that. She sees me as a threat. There's not enough clients for all of us. That kind of thing.

**AS**: Oh, so it's not like, "Great there's a second person that I can work with!"

**YS**: No. And there are like three or four after me that have established and helped.

**AS**: How many are there now?

**YS**: Four or five outpatient. Maybe one other one inpatient. So there's enough clients for all of us.

**AS**: What about other immigrant groups?

**YS**: I've helped the [unclear] open one with the Wilder Foundation. CLUES [Comunidades Latinas Unidas en Servicio] is doing the Hispanic community. The Hmong community? I don't know much.

**AS**: There's one.

**YS**: Okay, that's good to know.

**AS**: What do you think about the culturally specific—obviously you think it's important but as a practitioner?

**YS**: It's still different. You don't—here you just have your own forty minutes and then you have to bill for services. You get thirty minutes session and boom you're out. We do way more than that. We have to educate families. I feel like it's not fair sometimes with insurance companies or the state. They just want you to check your damn boxes and bill for it. But we might spend an hour and a half explaining something to a family but you can only bill for thirty minutes.

**AS**: There are things within the institutions and the structure that are not culturally sensitive.

**YS**: Absolutely. That's a nice way to say it. You should run for office.

**AS**: [laughs] I might. Once I finish my book.

**YS**: Let me know. I'll support you.

**AS**: Well, thank you.

**YS**: Yeah, you're doing great work. I think we need more awareness and we need more education so I'm glad you're doing this. Whatever support you need let me know.