Presentation to the Senate Committee on Health and Human Services: Overview of the Texas Health and Human Services System’s Involvement in Refugee Services

Judge John Specia
Commissioner
Department of Family and Protective Services

John Hellerstedt, MD
Commissioner
Department of State Health Services

Cecile Erwin Young
State Refugee Coordinator & Chief of Staff
Health and Human Services Commission

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OIRA Overview

- The Health and Human Services Commission’s (HHSC) Office of Immigration and Refugee Affairs (OIRA) oversees the day-to-day coordination of refugee services for the federal Office of Refugee Resettlement (ORR).

- OIRA assists lawfully present, program eligible participants in becoming self-sufficient as soon as possible after their arrival in the United States.
Political unrest such as war and ethnic cleansing leads to persecution in the refugee's home country.

The refugee flees into his or her country of first asylum, usually a neighboring country.

Refugee registers with UNHCR for determination of refugee status under international law. Meanwhile, the refugee lives in a refugee camp, often for many years.

Refugee referred by UNHCR for resettlement to the U.S. Less than one percent of refugees are given the opportunity to resettle to a third country.

Refugee departs for U.S. and arrives at airport where he or she is met by local resettlement staff and taken to an apartment that has been prepared for them.

IOM schedules a medical screening (provides treatment if needed), arranges a travel loan and arranges a flight, after assurance is verified.

An officer from DHS conducts a detailed, face-to-face interview with the individual to determine if he or she qualifies as a refugee under U.S. law.

DOS prepares a case file that includes "bio-data" information used for allocation to local resettlement agency.

In the U.S., the refugee receives:
- Housing and other necessities such as food, pocket money, clothing, and basic household and personal items.
- Medical screening.
- Community orientation from resettlement agency.
- Cash assistance (RCA, TANF, or Matching Grant) if determined eligible.
- Medical assistance (RMA or Medicaid) if determined eligible.
- Other services such as employment, case management, and English as a Second Language instruction.

Key Agencies

- **UNHCR**  United Nations High Commissioner for Refugees
- **DHS**  U.S. Department of Homeland Security
- **DOS**  U.S. Department of State
- **IOM**  International Organization for Migration
- **ORR**  Office of Refugee Resettlement
- **VOLAG**  Voluntary Agency - national agencies operating under cooperative agreements with DOS to sponsor and resettle refugees through local affiliate agencies.

*Does not apply to asylees, entrants, victims of trafficking*
Refugee Services

STATE

Health & Human Services Commission
Office of Immigration & Refugee Affairs (OIRA)

- Refugee Cash Assistance (RCA)
- Refugee Medical Assistance (RMA)
- Refugee Social Services (RSS)
- Other Special Discretionary Grants

STATE

DFPS
Unaccompanied Refugee Minor (URM)

DSHS
Refugee Health Screening

FEDERAL

U.S. Department of Health & Human Services
Administration for Children and Families (ACF)

Office of Refugee Resettlement

Division of Refugee Assistance
Division of Children’s Services

RSS, RCA, RMA, URM
Unaccompanied Alien Children

**Program eligibility requires lawful immigration status.**
OIRA Participants

- OIRA serves individuals with certain federally designated statuses:
  - **Refugee**: person living outside their country of origin who cannot return home due to fear of persecution based on race, religion, or membership in a particular social/political group
  - **Asylees**: same definition as refugee except status happens after an individual enters the U.S.
  - **Entrants from Cuba and Haiti**: enter the U.S. temporarily under humanitarian conditions or if entry is in the public interest
  - **Special Immigrant Visa Holders from Iraq and Afghanistan (SIV)**: granted legal entry due to affiliation and work with U.S. armed forces oversees
  - **International Victims of Trafficking**: not a U.S. citizen; has been sexually exploited or forced into labor
  - **URM Eligible**: Children under the categories above and Special Immigrant Juveniles (certain children who are unable to be reunited with a parent) and U status recipients (victims of certain crimes who have suffered mental or physical abuse and are helpful to law enforcement or government officials in the investigation or prosecution of criminal activity).

- The above groups will henceforth be referred to collectively as “refugees” unless otherwise noted.
OIRA Services

• OIRA contracts with local community- and faith-based organizations to provide the following services:
  • Refugee Cash Assistance (RCA) & Refugee Medical Assistance (RMA)
    • Recipients must be determined ineligible for TANF and Medicaid respectively.
  • Refugee Social Services (RSS):
    • Employment, job readiness training and vocational training
    • English-as-a-Second-Language instruction, Pre-GED instruction, driver’s education
    • Social adjustment and case management services
    • Citizenship services and cultural orientation
    • Information and referral services, interpretation, and translation services
  • Special Discretionary Grants
    • School Impact and Targeted Assistance
  • Unaccompanied Refugee Minors Program (URM) - DFPS
  • Refugee Health Screening Program - DSHS
Unaccompanied Refugee Minor Program

• Pursuant to an interagency contract with HHSC OIRA, the Department of Family and Protective Services (DFPS) operates the Unaccompanied Refugee Minor (URM) Program, which provides foster care and other services for federally designated URMs.
  • For SFY 2016, OIRA has funded two URM programs (1 in Fort Worth and 1 in Houston) with $6.2 million in federal funding to serve approximately 124 refugee-eligible children.
  • The URM program is separate and different from the Unaccompanied Alien Children (UAC) program.

• Within DFPS, Child Protective Services (CPS) monitors the federal contract and ensures appropriate levels of service are provided to participants in the URM program.
  • CPS does not have custody of URM children.
Refugee Health Screening Program

- The Refugee Health Screening Program (RHP) at the Department of State Health Services (DSHS) provides OIRA participants with culturally and linguistically appropriate health screenings.

- The health assessment, provided by one of seven RHP-contracted clinics, includes:
  - A complete health history, with review of overseas medical documents;
  - A physical exam, lab tests, and vaccinations;
  - Assessment of mental health and social service needs;
  - Referral for health issues revealed in the screening process.

- The clinic locations coincide with major refugee resettlement sites in Texas as coordinated by the U.S. Department of State.
  - Abilene-Taylor County Public Health District, Bexar County Hospital District – University Health System, City of Amarillo Department of Public Health, City of Austin Health and Human Services Department, Dallas County Department of Health and Human Services, Harris County Public Health and Environmental Services, and Tarrant County Public Health Department.
Please note: DSHS does not have a health clinic in El Paso or Corpus Christi, and HHSC does not currently contract with the resettlement agency in Corpus Christi.
### Arrivals to Texas (State Fiscal Year 2015)*

<table>
<thead>
<tr>
<th>Country</th>
<th>Refugee</th>
<th>Entrant</th>
<th>Special Immigrant Visa</th>
<th>Asylee</th>
<th>Victim of Trafficking</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cuban</td>
<td>151</td>
<td>4,954</td>
<td>0</td>
<td>6</td>
<td>1</td>
<td>5,112</td>
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<td>Burma</td>
<td>2,444</td>
<td>0</td>
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<td>5</td>
<td>0</td>
<td>2,449</td>
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<tr>
<td>Iraq</td>
<td>2,058</td>
<td>0</td>
<td>322</td>
<td>68</td>
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<td>2,448</td>
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<td>Afghanistan</td>
<td>67</td>
<td>0</td>
<td>1,409</td>
<td>9</td>
<td>0</td>
<td>1,485</td>
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<tr>
<td>Congo (Democratic Republic)</td>
<td>772</td>
<td>0</td>
<td>0</td>
<td>15</td>
<td>0</td>
<td>787</td>
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<tr>
<td>Somalia</td>
<td>560</td>
<td>0</td>
<td>0</td>
<td>28</td>
<td>0</td>
<td>588</td>
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<tr>
<td>Bhutan</td>
<td>392</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>Iran</td>
<td>299</td>
<td>0</td>
<td>0</td>
<td>33</td>
<td>0</td>
<td>332</td>
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<tr>
<td>Eritrea</td>
<td>154</td>
<td>0</td>
<td>0</td>
<td>53</td>
<td>0</td>
<td>207</td>
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<tr>
<td>Syria</td>
<td>164</td>
<td>0</td>
<td>0</td>
<td>29</td>
<td>0</td>
<td>193</td>
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<tr>
<td>Other</td>
<td>327</td>
<td>1</td>
<td>0</td>
<td>293</td>
<td>84</td>
<td>705</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>7,388</strong></td>
<td><strong>4,955</strong></td>
<td><strong>1,731</strong></td>
<td><strong>539</strong></td>
<td><strong>85</strong></td>
<td><strong>14,698</strong></td>
</tr>
</tbody>
</table>

*See visual on slide 12

### Unaccompanied Refugee Minors (State Fiscal Year 2015)

<table>
<thead>
<tr>
<th>Country</th>
<th>Refugee</th>
<th>Entrant</th>
<th>Special Immigrant Juvenile (SIJ)</th>
<th>Asylee</th>
<th>Victim of Trafficking (includes U Status)</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Eritrea</td>
<td>18</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Congo (Democratic Republic)</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Burma</td>
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<td>Ethiopia</td>
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</tr>
<tr>
<td>Mexico</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
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</tr>
<tr>
<td>Honduras</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Guatemala</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
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<tr>
<td>Somalia</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
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<tr>
<td>Other</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>54</strong></td>
<td><strong>0</strong></td>
<td><strong>5</strong></td>
<td><strong>3</strong></td>
<td><strong>1</strong></td>
<td><strong>63</strong></td>
</tr>
</tbody>
</table>
Demographics

Arrivals to Texas by Nationality
State Fiscal Year 2015

- **Cuba**: 35% (5112 individuals)
- **Burma**: 17% (2449 individuals)
- **Iraq**: 17% (2448 individuals)
- **Afghanistan**: 10% (1485 individuals)
- **DR Congo**: 5% (787 individuals)
- **Somalia**: 4% (588 individuals)
- **Bhutan**: 3% (392 individuals)
- **Iran**: 2% (332 individuals)
- **Eritrea**: 1% (207 individuals)
- **Syria**: 1% (193 individuals)
- **Other**: <1% (705 individuals)
Arrivals to Texas by Age Groups
State Fiscal Year 2015

- 0-5: 38%
- 6-15: 19%
- 16-25: 17%
- 26-40: 15%
- 41-65: 11%
- Over 65: 1%
Demographics

Arrivals to Texas by Gender
State Fiscal Year 2015

44% 56%

Male Female
## Federal Funds for Refugee-Related Services (in millions)

**State Fiscal Year**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>HHSC</td>
<td>$37.0</td>
<td>$31.0</td>
<td>$34.5</td>
<td>$38.5</td>
<td>$46.8</td>
<td>$47.1</td>
<td>$47.1</td>
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<tr>
<td>DFPS</td>
<td>$3.2</td>
<td>$3.5</td>
<td>$4.6</td>
<td>$5.0</td>
<td>$5.2</td>
<td>$6.2</td>
<td>$6.6</td>
</tr>
<tr>
<td>DSHS</td>
<td>$8.4</td>
<td>$8.5</td>
<td>$8.8</td>
<td>$10.2</td>
<td>$14.3</td>
<td>$15.0</td>
<td>$14.7</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$48.6</strong></td>
<td><strong>$43.0</strong></td>
<td><strong>$47.9</strong></td>
<td><strong>$53.7</strong></td>
<td><strong>$66.3</strong></td>
<td><strong>$68.3</strong></td>
<td><strong>$68.4</strong></td>
</tr>
</tbody>
</table>
Impact of Refugees to Other Programs

Refugee Costs and Caseloads for HHSC (Non-OIRA) Programs, State Fiscal Year 2015

<table>
<thead>
<tr>
<th>Program</th>
<th>Avg. Monthly Caseload</th>
<th>All Funds (AF)</th>
<th>General Revenue (GR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>24,830</td>
<td>$131,574,236</td>
<td>$55,129,605</td>
</tr>
<tr>
<td>CHIP</td>
<td>1,499</td>
<td>$3,542,997</td>
<td>$1,038,807</td>
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<tr>
<td>TANF</td>
<td>175</td>
<td>$151,801</td>
<td>$27,256</td>
</tr>
<tr>
<td>SNAP</td>
<td>36,033</td>
<td>$49,802,871</td>
<td>N/A</td>
</tr>
<tr>
<td>TWHP</td>
<td>427</td>
<td>$83,686</td>
<td>$83,686</td>
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<tr>
<td>Other Programs*</td>
<td>118</td>
<td>$1,667,484</td>
<td>$698,676</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>$186,823,076</td>
<td>$56,978,030</td>
</tr>
</tbody>
</table>

| Cost Health Premium Issuer Tax** | $2,680,836 | $1,109,670 |
| GR Premium                           |            | ($1,774,300) |
| **Total Cost (including HIIT, Prem Tax)** | $189,503,912 | $56,313,400 |

*Other program caseload and costs include refugees identified in the following programs: Emergency Services for Non-Citizens (TP 30), Qualified Medicare Beneficiary (QMB), Specified Low Income Beneficiary (SLMB).

**Excise tax applicable to health insurers based on premiums received by health insurance carriers including any premiums paid by state Medicaid/CHIP programs. The fee is applicable to the carrier, not to the state Medicaid or CHIP program directly.
Federal, State and Local Cooperation

• The federal Office of Refugee Resettlement (ORR) completely funds (100%) HHSC’s Office of Immigration and Refugee Affairs.

• The Refugee Act of 1980 requires that the federal government “shall consult regularly (not less often than quarterly) with State and local governments and private nonprofit voluntary agencies concerning the sponsorship process and the intended distribution of refugees among the States and localities before their placement in those States and localities.” 8 U.S.C. §1522 (a)(2)(a) (emphases added).
Community Impact

• 8 U.S.C. §1522(a)(2)(C)(ii) requires local resettlement agencies to meet regularly (not less often than quarterly) with representatives of State and local governments to plan and coordinate in advance of their arrival the appropriate placement of refugees* in communities.

• Consultation is important because of the impact of the program on local communities and their resources.

• Communities have cited concerns about the high numbers of refugees resettled in the area as compared to the overall population, high number of languages spoken in schools, and the treatment of varied medical conditions.

*Discussion of “refugees” in this context relates to those with refugee status only. Asylees, entrants, and victims of trafficking are not resettled by the DOS and therefore are not included in the consultation process.
S.B. 1928

• S.B. 1928, 84th Legislature, Regular Session, 2015, requires the Health and Human Services Commission (HHSC) to publish rules to ensure local governmental and community input for federal refugee resettlement in Texas. The new rules require local resettlement agencies to:

  • In accordance with 8 U.S.C. §1522(a)(2)(C)(ii), convene meetings at least quarterly at which local resettlement agencies can consult with local governmental entities and officials, and other community stakeholders, on proposed refugee placement.

  • Consider input from meetings with local governmental entities and officials, and other community stakeholders when providing information on refugee placements to their national organizations for annual reporting.

  • Provide HHSC, local governmental entities and officials, and local community stakeholders with a copy of each proposed annual report.
• Submit final annual data to their national organizations and HHSC summarizing how this input contributed to the development of their annual refugee placement report.

• Provide HHSC with the preliminary number of refugees the local resettlement agency will recommend to their national voluntary agency for placement of refugees throughout the State of Texas.

• Respond within ten business days to requests from local governmental entity or community stakeholder requests for meetings or information.
Options for State Refugee Programs

State Administered
• States administer the RMA and RCA programs. States enter into contracts with local refugee service providers to provide social services (i.e., employment, education, and case management services).

Public/Private Partnership (PPP)
• States enter into contracts with local resettlement agencies to administer the cash assistance program through a public/private RCA program. States administer the RMA program and enter into contracts with local refugee providers to provide social services. Texas operates a Public/Private Partnership.

Wilson-Fish
• Alternative to state-administered and PPP models. More details on next slide.
The Wilson-Fish (WF) Act of 1984 offers an alternative to state administered programs and public private partnerships for providing assistance (cash and medical) and social services to refugees.

- ORR currently funds 13 WF programs that operate throughout twelve States: Alabama, Alaska, Colorado, Idaho, Kentucky, Louisiana, Massachusetts, Nevada, North Dakota, South Dakota, Tennessee, Vermont, plus San Diego County, CA

- If the refugee program in Texas were to be operated under WF, refugees and other eligible populations would continue to arrive in Texas, but would be served under contracts between local refugee agencies and ORR, instead of HHSC.
Under a Wilson/Fish model, ORR could provide services directly through non-profits.