An Overview of Refugee Resettlement

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Presentation Summary

• What is a refugee?
• Global perspective
• Clearance process
• Refugee resettlement in the US
• Refugee resettlement in CO
• Refugee health and medical screening
What is a Refugee?

• A refugee is an individual forced to leave his/her country of origin based upon persecution or fear of persecution due to:
  – race;
  – religion;
  – nationality;
  – or membership in a particular group or political party.

• Refugees are granted legal status of “refugee” by U.S Citizenship and Immigration Services (USCIS).
✓ Refugees
✓ Asylees
  • Meet refugee persecution requirements; present in the US or seek admission at a port of entry
✓ Unaccompanied Refugee Minors (URMs)
  • children identified overseas who are eligible for resettlement, but do not have a parent or a relative available to provide for their long-term care
✓ Cuban/Haitian Parolees
  • a discretionary authority that allows for the temporary entry into the US for urgent humanitarian reasons or for significant public benefit (medical; family reunification; civil/criminal court proceedings; other emergent requests)
✓ Special Immigrant Visas (SIVs)
  • certain Iraqis and Afghans who have worked as translators or interpreters, or who were employed by, or on behalf of, the US government
✓ Victims of Human Trafficking (VOTs)
  • 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
✓ Special Immigrant Juveniles (SIJs)
  • under the age of 21; abused, neglected, or abandoned by one or both parents
✓ Secondary Migrants
History of US Resettlement

1948: The Displaced Persons Act

1950’s-1960’s: Protection extended to those fleeing Communism

1970’s: US offers protection to hundreds of thousands of Indochinese.

1980: Refugee Act passes

Over 3 million refugees resettled in the US since 1975
Resettlement Trends*

- 2011 - 56,424 refugees resettled
- 2012 - 58,000 refugees resettled
- 2013 - 69,730 refugees resettled
- 2014 - 69,987 refugees resettled
- 2015 - 69,933 refugee admissions
- 2016 - 85,000 refugee admissions

Global Perspective

- 59.5 million forcibly displaced people worldwide
- 33.3 million internally displaced persons (IDP)
- Syria - 12+ million (7.6 million IDPs; 4 million as refugees)
Best possible durable solution...

- **Voluntary Repatriation** - returning to one’s home country
  *If returning home is not feasible because of ongoing instability or conflict, then...*

- **Integration** in the second county of asylum - establishing roots in the host or asylum country
  *If the refugee is not sufficiently protected in the original host country or is considered to be particularly vulnerable for various reasons (e.g., disabled/injured, women-at-risk, etc.), then...*

- **Resettlement** to a third country - establishing a new life in a new country
Path of Refugee Resettlement

Overseas processing
The Department of Homeland Security (DHS) approves refugees for admission to the United States. The Department of State (State) processes refugees overseas.

Voluntary agency assignment
Refugees are assigned to one of nine national-level voluntary agencies, which have multiple local affiliates.

Initial reception and placement
Representatives from voluntary agencies greet refugees upon arrival. Voluntary agencies provide housing and other basic needs for 30-90 days with funding from State.

Program placement
Voluntary agencies help refugees apply for the assistance they are likely eligible to receive.

Temporary assistance from ORR*
- Eight months of cash assistance (4 to 6 months for Matching Grant)
- Medical assistance
- Social services, such as employment assistance and citizenship services, for up to 5 years
- Administered by local voluntary agencies or by a government agency

Other public assistance
- Type and duration of assistance varies
- Administered by various government agencies
- Includes Supplemental Security Income and Temporary Assistance for Needy Families

*Fully or partially funded and administered by Department of Health and Human Services’ Office of Refugee Resettlement (ORR)
Multi-step clearance process
Various agencies screen refugees
- UN High Commissioner for Refugees (UNHCR), Refugee Support Center/Department of State, Department of Defense, Department of Homeland Security, FBI, National Counterterrorism Center, International Organization for Migration (or U.S. Embassy-designated physician)
- http://www.uscis.gov/refugeescreening

Screening process takes 18-24 months
Refugees are the most vetted of any traveler to the U.S.
Resettlement is considered a durable solution for refugees who cannot return to their countries of origin or integrate into the current country that is hosting them. Resettlement to a country like the U.S. presents a life-saving alternative for a very small number of refugees around the world - less than one half of one percent. Refugees seeking resettlement through the U.S. Refugee Admissions Program (USRAP) must pass through a number of steps aimed at ensuring that they do not pose a security risk.

**STEP 1**
- **Refugee Status**: A refugee is someone who has fled from his or her home country and cannot return because he or she has a well-founded fear of persecution based on religion, race, nationality, political opinion or membership in a particular social group. Certain individuals of special humanitarian concern to the U.S. who are within their countries of nationality may also be considered as refugees eligible for admission to the U.S.

**STEP 2**
- **Referral to the United States**: A refugee who meets the criteria for resettlement in the U.S. is referred to the USRAP by the United Nations High Commissioner for Refugees (UNHCR), a U.S. embassy, or a trained non-governmental organization. Some refugees, including family members of refugees already in the U.S. and refugees who belong to specific groups identified by the Department of State, may be referred directly by the USRAP and do not need a referral.

**STEP 3**
- **Resettlement Support Center**: A Resettlement Support Center (RSC), contracted by the U.S. Department of State, compiles the refugee’s personal data and background information for the security clearance process and presents it to the U.S. Department of Homeland Security (DHS) for an in-person interview.

**STEP 4**
- **Security Clearance Process**: With information collected by the RSC, a number of security checks are conducted. The State Department runs the names of all refugees referred to the United States for resettlement through a standard background check name check. In addition, enhanced interagency security checks were phased in beginning in 2008 and applied to all refugee applicants by 2010.

**STEP 5**
- **Security Clearance Process**: Certain refugees undergo an additional security review called a Security Advisory Opinion (SAO). These cases require a positive SAO clearance from a number of U.S. law enforcement and intelligence agencies in order to continue the resettlement process. When required, this step runs concurrently with Step 4.

**STEP 6**
- **Security Clearance Process**: Refugees who meet the minimum age requirement have their fingerprints and photograph taken by a trained U.S. government employee, usually on the same day as their DHS interview. The fingerprints are then checked against various U.S. government databases and information on any matches is reviewed by DHS.

**STEP 7**
- **In-person Interview**: All refugee applicants are interviewed by an officer from DHS’s U.S. Citizenship and Immigration Services (USCIS). A trained officer will conduct a detailed, face-to-face interview with each refugee applicant being considered for resettlement. Based on the information in the refugee’s case file and on the interview, the DHS officer will determine if the individual qualifies as a refugee and is admissible under U.S. law.

**STEP 8**
- **DHS Approval**: If the USCIS officer finds that the individual qualifies as a refugee and meets other U.S. admission criteria, the officer will conditionally approve the refugee’s application for resettlement and submit it to the U.S. Department of State for final processing. Conditional approvals become final once the results of all security checks (Steps 4, 5, and 6) have been received and cleared.

**STEP 9**
- **Medical Screening**: All refugee applicants approved for resettlement in the U.S. are required to undergo a medical screening conducted by the International Organization for Migration or a physician designated by the U.S. Embassy.

**STEP 10**
- **Matching Refugees with a Sponsor Agency**: Every refugee is assigned to a Resettlement Agency in the U.S., such as the U.S. Committee for Refugees and Immigrants (USCRI). The resettlement agency will place refugees with a local partner agency or field office that will assist them upon their arrival in the U.S.

**STEP 11**
- **Cultural Orientation**: In addition, refugees approved for resettlement are offered cultural orientation while waiting for final processing, to prepare them for their journey to the U.S. and initial resettlement.

**STEP 12**
- **Admission to the United States**: Upon arrival at one of five U.S. ports designated as points of entry for refugee admissions, a Customs and Border Protection (CBP) officer will review the refugee’s documentation and conduct additional security checks to ensure that the arriving refugee is the same person who was screened and approved for admission to the U.S.
Overseas Processing - “Step 9”

Overseas Refugee Medical Screening

Medical Assessment of US-Bound Refugees**

**US-bound Bhutanese refugees (slight variation by country)

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** Visa Medical Examination **
- 6 months before departure
- All refugees
- Screening for inadmissible health-related conditions

** Pre-Departure Medical Screening **
- 3 weeks before departure
- Refugees with Class B1 TB*

* Class B1 TB refers to TB fully treated by directly observed therapy, or abnormal chest x-ray with negative sputum smears and cultures, or extrapulmonary TB

** Fit to Fly Pre-Embarkation Checks **
- 24 to 48 hours before departure
- All refugees
- Screening for lice
- Presumptive treatment of intestinal parasites

Colorado Dashboard

Demographic Data

- About 2% of the refugees* resettling in U.S. come to Colorado.
  - 2410 in 2013
  - 2496 in 2014
  - 2250 in 2015
  - 1980-2015 stats (55000+): [https://drive.google.com/a/state.co.us/file/d/0B-9dBwl4X7举行Rlai3Y3c/view](https://drive.google.com/a/state.co.us/file/d/0B-9dBwl4X7举行Rlai3Y3c/view)
- 75-80% are joining families already here
- Largest refugee and refugee-eligible populations in Colorado

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage of Total Refugee Arrivals to Colorado (FY2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burma (636)</td>
<td>27.0</td>
</tr>
<tr>
<td>Iraq (332)</td>
<td>14.0</td>
</tr>
<tr>
<td>Somalia (324)</td>
<td>13.7</td>
</tr>
<tr>
<td>Democratic Republic of the Congo (224)</td>
<td>9.5</td>
</tr>
<tr>
<td>Bhutan (191)</td>
<td>8.0</td>
</tr>
<tr>
<td>Cuba (163)</td>
<td>7.0</td>
</tr>
<tr>
<td>Afghanistan (155)</td>
<td>6.6</td>
</tr>
<tr>
<td>Other (each less than 50) (334)</td>
<td>14.2</td>
</tr>
</tbody>
</table>

- Languages - 35+ different languages spoken

*includes all refugee-eligible groups (such as SIV, URM, VOT)
Goals of Refugee Resettlement

- Early employment through job training and education
- Avoidance of poverty and welfare dependence
- Successful community integration
  - language, health and wellbeing, economic security and mobility, civic involvement and participation, community building and cultural interaction
  - RISE Study: https://sites.google.com/a/state.co.us/cdhs-refugee/refugees/about-refugees
Who Does Refugee Resettlement Work in Colorado?

• Colorado Department of Human Services / Colorado Refugee Services Program (State coordinating agency)

• Colorado Alliance for Refugee Employment and Self-Sufficiency (CARES Network)

Mission of Colorado resettlement programs: promote effective resettlement and rapid self-sufficiency
Who are the Resettlement Agencies in Colorado?

Lutheran Family Services
1600 Downing Street, Suite 600
Phone: 303-980-5400
Email: david.cornish@lfsrm.org

African Community Center
5250 Leetsdale Drive
Phone: 303-399-4500
Email: kate@acc-den.org

International Rescue Committee (Fall 2016)
Resettlement Agencies

Intensive Case Management ("menu"; individualized; 8 months)

Case Management Services
- Act as advocates and support system
- Welcome clients at the airport
- Assist in finding safe housing
- Refer for medical assistance
- Enroll children in school
- Enroll families in eligible government programs (social security, food stamps, Medicaid)
- Facilitate initial medical screening appointments

Housing
- Locate suitable initial housing
- Fill out applications
- Provide a small supply of household furnishings

Employment Services
- Support clients in becoming self-sufficient and productive members of society
- Assist clients in preparing for, locating, and keeping a job
- Help clients develop workplace skills through training programs

Cultural Adjustment Services
- Help refugees overcome culture shock through cultural adjustment workshops
- Match clients with American volunteers/mentors
Role of the Resettlement Agencies in Refugee Health

- Education
- Coordination around medical screening
- Health advocacy
Health Orientation
Resettlement Agencies

Education
• Streamlined health orientation provided shortly after arrival to the U.S. that covers the following topics:
  o Medicaid
  o Medical screenings (importance of these visits)
  o Personal hygiene
  o 911
  o Resources for specific health conditions/needs
  o Open-door and confidential resource for challenges of beginning a new life in the U.S.

• Personalized
  o Length of time in the U.S.
  o Access to transportation
  o Knowledge of public transportation
  o Health issues
  o Education level
  o English-speaking ability
  o Capacity of known support network within community
Coordination and Advocacy
Resettlement Agencies

**Medical Screening**
- Coordination with screening sites to schedule screening appointments
- Ensure transportation to initial class B or class B/TB appointments; screening appointments; post-screening immunization appointment at county health department; other appointments if special or unique circumstances

**Health Advocacy**
- Assistance to connect to medical care prior to screening
- Assistance to navigate health system and connection to mainstream resources
Domestic Refugee Medical Screening

- All newly arrived refugees or newly identified asylees receive a medical screening within 90 days of their arrival to:
  - Ensure follow-up of Class A & B health conditions identified overseas
  - Identify persons with diseases of potential public health importance
  - Identify personal health conditions that adversely impact effective resettlement (e.g. job placement, language training, or school attendance)
Medical Classification

October 1, 2015 and January 31, 2016

<table>
<thead>
<tr>
<th>Medical Classification</th>
<th>Number (notifications)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class A*</td>
<td>0</td>
</tr>
<tr>
<td>Class B</td>
<td>120</td>
</tr>
<tr>
<td>Class B/TB</td>
<td>34</td>
</tr>
<tr>
<td>No Special Class</td>
<td>376</td>
</tr>
<tr>
<td>Not Classified</td>
<td>145</td>
</tr>
<tr>
<td><strong>total</strong></td>
<td><strong>675</strong></td>
</tr>
</tbody>
</table>

*Class A or inadmissible health conditions include communicable diseases of public health significance (tuberculosis [TB], syphilis and other sexually transmitted infections, and Hansen’s Disease [leprosy]), drug addiction, and physical or mental disorders with harmful behaviors. Refugees with Class A conditions are prevented from travel to the U.S. unless they undergo treatment and no longer pose harm (for example, complete treatment for TB).
Domestic Refugee Medical Screening

Screening and Assessment
(with in-person interpretation)

- Health (head to toe) and mental health intake
- Vital signs
- Lab testing: TB, HIV, Hepatitis B/C, lead, and parasite
- Pregnancy status
- Physical examination
- Women’s health exam
- Immunizations
- Referrals for follow-up care and treatment
- Education
Domestic Refugee Medical Screening Sites

- Four screening sites
  - Metro area - Denver Health (1001 S. Yosemite)
  - Metro area - MCPN (1666 Elmira)
  - Colorado Springs - Peak Vista
  - Evans/Ft. Morgan/Greeley - Sunrise
- Site closest to refugee residence
- Numbers screened 10/2015-1/2016

<table>
<thead>
<tr>
<th>Screening Site</th>
<th>Number Screened</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunrise</td>
<td>48</td>
</tr>
<tr>
<td>Peak Vista</td>
<td>91</td>
</tr>
<tr>
<td>Denver Health/Lowry</td>
<td>105</td>
</tr>
<tr>
<td>MCPN/Elmira</td>
<td>423</td>
</tr>
<tr>
<td>Garfield/Mesa Counties</td>
<td>4</td>
</tr>
<tr>
<td>Unknown county</td>
<td>4</td>
</tr>
<tr>
<td><strong>total</strong></td>
<td><strong>675</strong></td>
</tr>
</tbody>
</table>
Domestic Refugee Medical Screening Results

✓ 1400+ referrals for 675 refugees screened
  • Primary care - 661
  • Dental - 412
  • Public health - 124
  • Vision - 46
  • Mental health - 67
  • None - 121

✓ Top 5 health needs

<table>
<thead>
<tr>
<th></th>
<th>Under 18 Years</th>
<th>18 Years or Older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine primary care</td>
<td>Routine primary care</td>
<td>Routine primary care</td>
</tr>
<tr>
<td>Dental</td>
<td>Dental</td>
<td>Dental</td>
</tr>
<tr>
<td>Other, Miscellaneous (pediatrics, dermatology, WIC, hematology/oncology, audiology, orthopedics)</td>
<td>Other, Miscellaneous (pediatrics, dermatology, WIC, hematology/oncology, audiology, orthopedics)</td>
<td>TB/positive TST</td>
</tr>
<tr>
<td>TB/positive TST</td>
<td>TB/positive TST</td>
<td>TB/positive TST</td>
</tr>
<tr>
<td>Eye/vision</td>
<td>Eye/vision</td>
<td>Eye/vision</td>
</tr>
</tbody>
</table>
Health Benefits and Resources

Medicaid

- Refugees are eligible for Medicaid
  - Affordable Care Act and expanded Medicaid in Colorado
  - 3 Medicaid programs: Accountable Care Collaborative/Regional Care Collaborative Organization (ACC/RCCO); FFS Medicaid (open); Denver Health Choice Medicaid
  - Eligibility tied to clients address, making it county-based
  - Eligible members can go to any Medicaid provider associated with their Medicaid program
  - Application completed by resettlement agency within 7 days of refugee arrival

- Benefits and services (all 3 Medicaid programs)
  - Primary care
  - Preventive and wellness services
  - Prescription drugs
  - Outpatient care
  - Dental services
  - Emergency care
  - Hospitalization
  - Laboratory services
  - Maternity care
  - Newborn care
  - Rehabilitative services
  - Behavioral health

- Details on Medicaid coverage at: https://www.colorado.gov/hcpf/colorado-medicaid-benefits-services-overview
- See http://www.denverhealthmedicaid.org/ for Denver Health Choice Medicaid details
Health Benefits and Resources
Mental Health

- Family Stabilization Specialist (resettlement agency)
  - Domestic violence, risk of suicide, substance abuse, crime victims, child welfare

- Integrated health system at FQHCs

- Community mental health centers of Colorado
  - Website: http://www.colorado.gov/cs/Satellite/CDHS-BehavioralHealth/CBON/1251581449824

- Medicaid-affiliated behavioral health providers

- Colorado Crisis Services
  - 1-844-493-TALK (8255)
  - www.ColoradoCrisisServices.org
**Patient Navigation and Care Coordination**

- **Clinic-based programs**
  - CoRWC – patient navigators
  - AuMH and Denver Health / A35
  - MCPN - patient navigators, care coordinators
  - Rocky Mountain Youth - care navigators

- **RCCO**
  - If ACC, refugees are connected to a RCCO
    - The RCCO makes sure everyone involved in individuals’ care are working as a team
    - A RCCO can:
      - Connect a client to Medicaid providers and specialists
      - Help a client’s health care providers communicate with each other, so the care is coordinated
      - Help a client get the right care after coming home from the hospital or a nursing facility
      - Help a client with changes like moving from children's health to adult health services
      - Help a client find community and social services in the area

- **Others!**
Additional Resources

- [http://refugeehealthta.org/about-us/](http://refugeehealthta.org/about-us/)
- [https://www.wrapsnet.org/default.aspx](https://www.wrapsnet.org/default.aspx)
- [https://ethnomed.org/](https://ethnomed.org/) - EthnoMed Cultural Competency Resources and Patient Education Materials for: Amharic, Cambodian, Chinese, Eritrean, Ethiopian, Oromo, Somali, Spanish, Tigrean, Vietnamese and others.
- [https://www.healthinfotranslations.org/](https://www.healthinfotranslations.org/) - Use the drop-down box to choose a language - Chinese Simplified and Traditional, French, Japanese, Korean, Russian, Somali, Spanish, Ukrainian, Hindi, Vietnamese, and Arabic
- [https://www.store.healthyroadsmedia.org/](https://www.store.healthyroadsmedia.org/) - Healthy Roads Media - provides audio, written and multimedia versions of resources in languages including English, Spanish, Vietnamese, Arabic, Somali, Bosnian, Russian, Hmong, and Khmer.
- HIV AIDS and Hepatitis C Website From Australia, this website provides HIV/AIDS and hepatitis C information in the following languages: Amharic, Arabic, Bosnian, Burmese, Chinese, Croatian, English, Indonesian, Italian, Khmer, Portuguese, Serbian, Somali, Spanish, Tagalog, Thai, Turkish, and Vietnamese.
- [http://www.immunize.org/handouts/](http://www.immunize.org/handouts/) - Immunization Action Coalition - Print Materials in Other Languages Vaccine Information Sheets, produced by the Center for Disease Control, are available in over 30 languages.
- [http://www2.massgeneral.org/interpreters/pointtalk.asp](http://www2.massgeneral.org/interpreters/pointtalk.asp) - Mass General Hospital's Point to Talk Booklets
- [http://ncemch.org/](http://ncemch.org/) - Maternal and Child Health Library at Georgetown University Non-English Materials and Resources
- [http://spiral.tufts.edu](http://spiral.tufts.edu) - SPIRAL: Selected Patient Information Resources in Asian Languages7 languages
- [http://refugees.org/](http://refugees.org/) - U.S. Committee for Refugees and Immigrants - general refugee resettlement information; culturally appropriate material for consumers and health care-related professionals, in many languages.