



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

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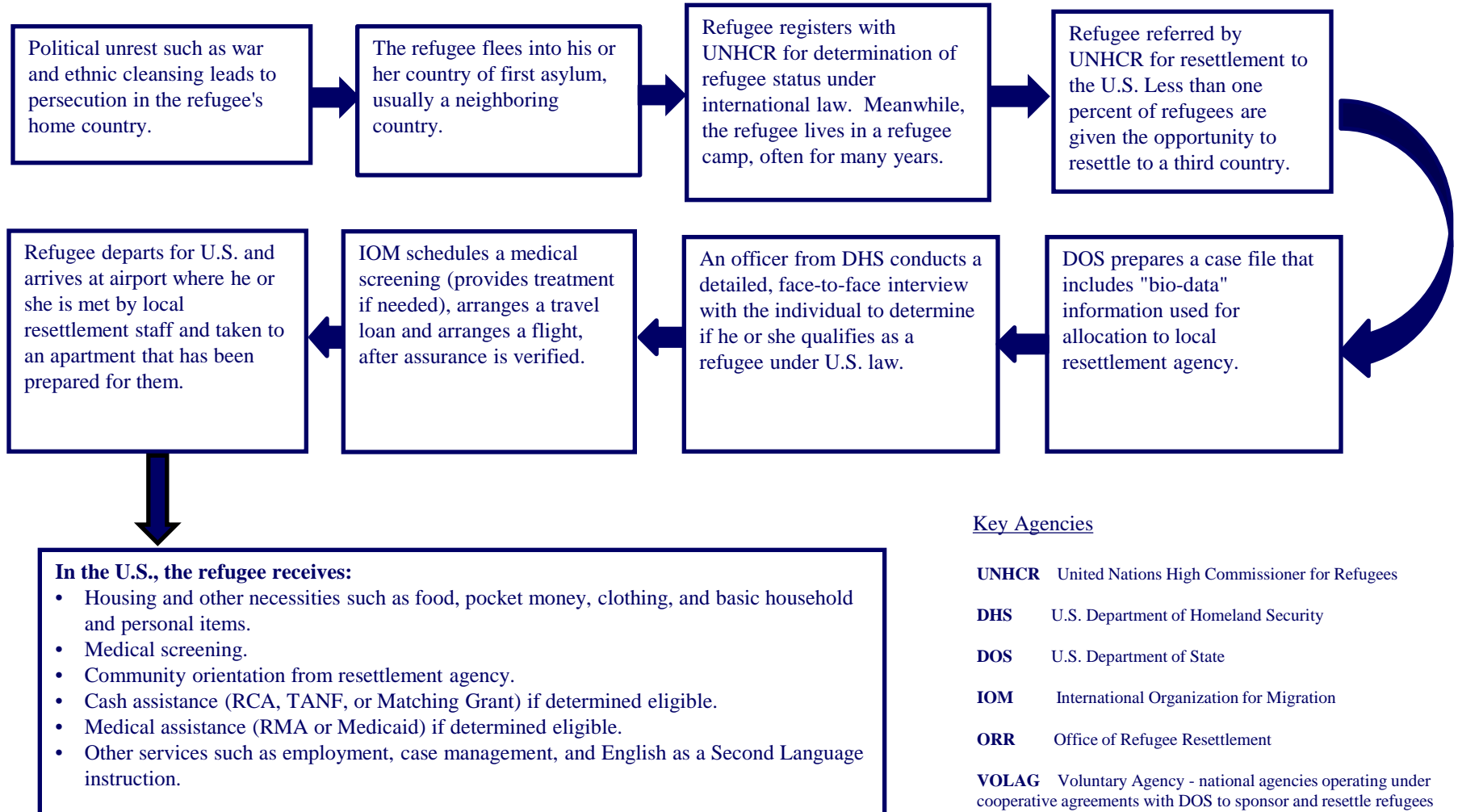
April 21, 2016

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.

The Resettlement Process through U.S. Department of State

Applies to refugees and SIVs only*



Key Agencies

UNHCR United Nations High Commissioner for Refugees

DHS U.S. Department of Homeland Security

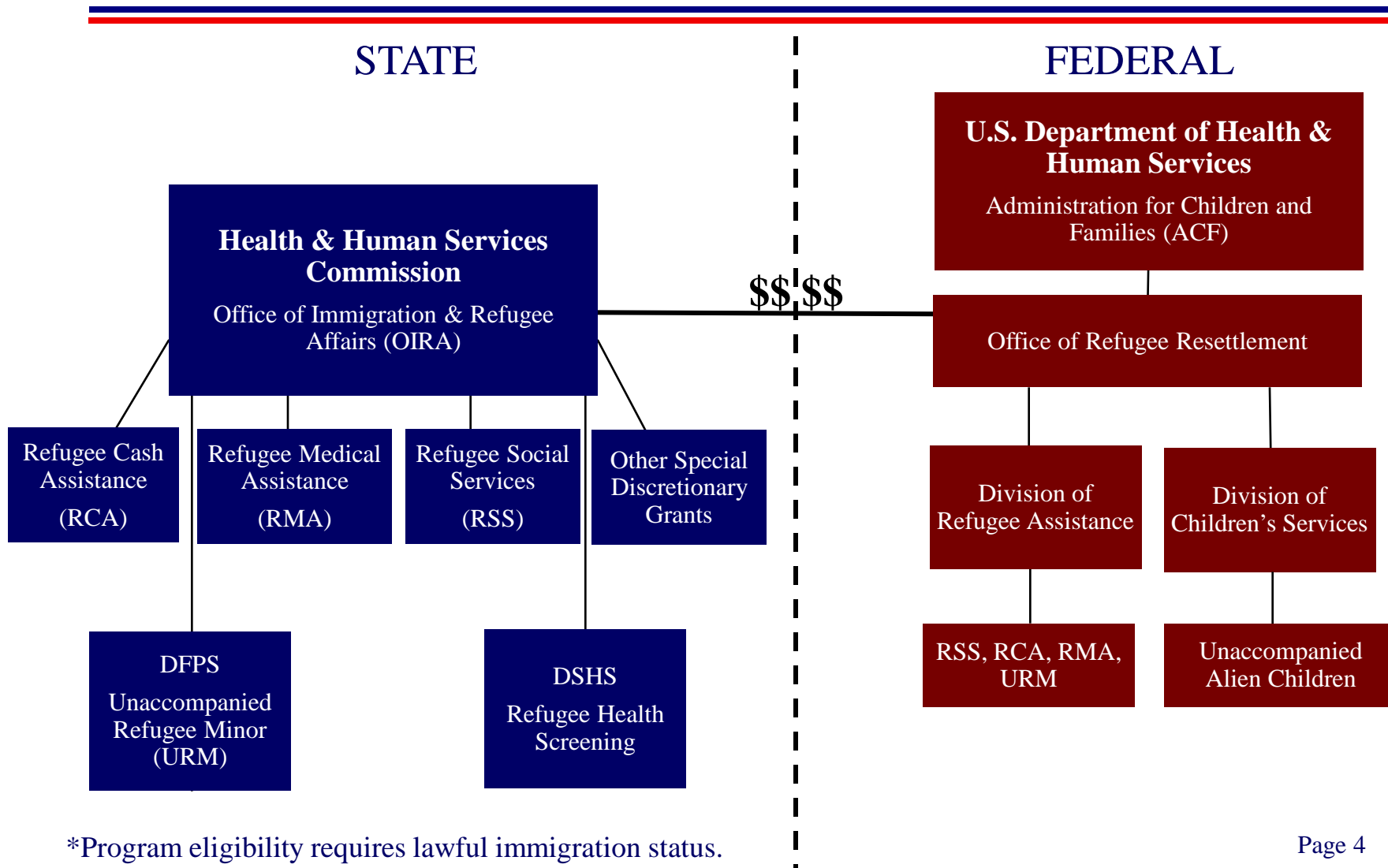
DOS U.S. Department of State

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.

Refugee Services



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 overseas
 - **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

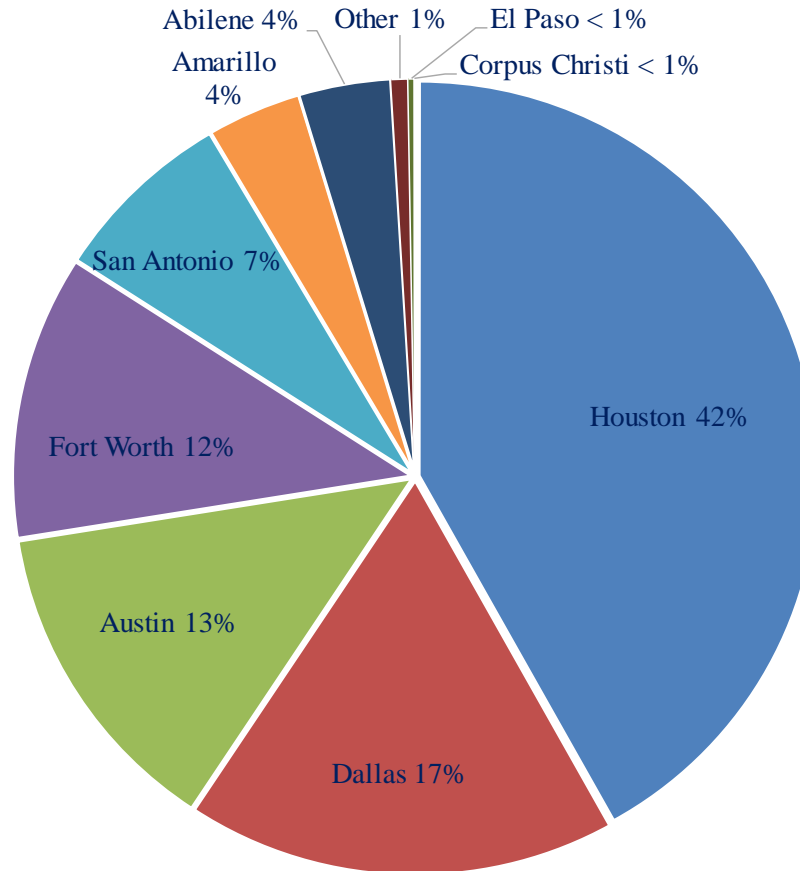
- Pursuant to an interagency contract with HHSC OIRA, the Department of Family and Protective Services (DFPS) operates the Unaccompanied Refugee Minor (URM) Program, which provides foster care and other services for federally designated URM.
 - For SFY 2016, OIRA has funded two URM programs (1 in Fort 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.

Primary Resettlement Areas

State Fiscal Year 2015



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.

Top Ten Nationalities by Immigration Status

Arrivals to Texas (State Fiscal Year 2015)*

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

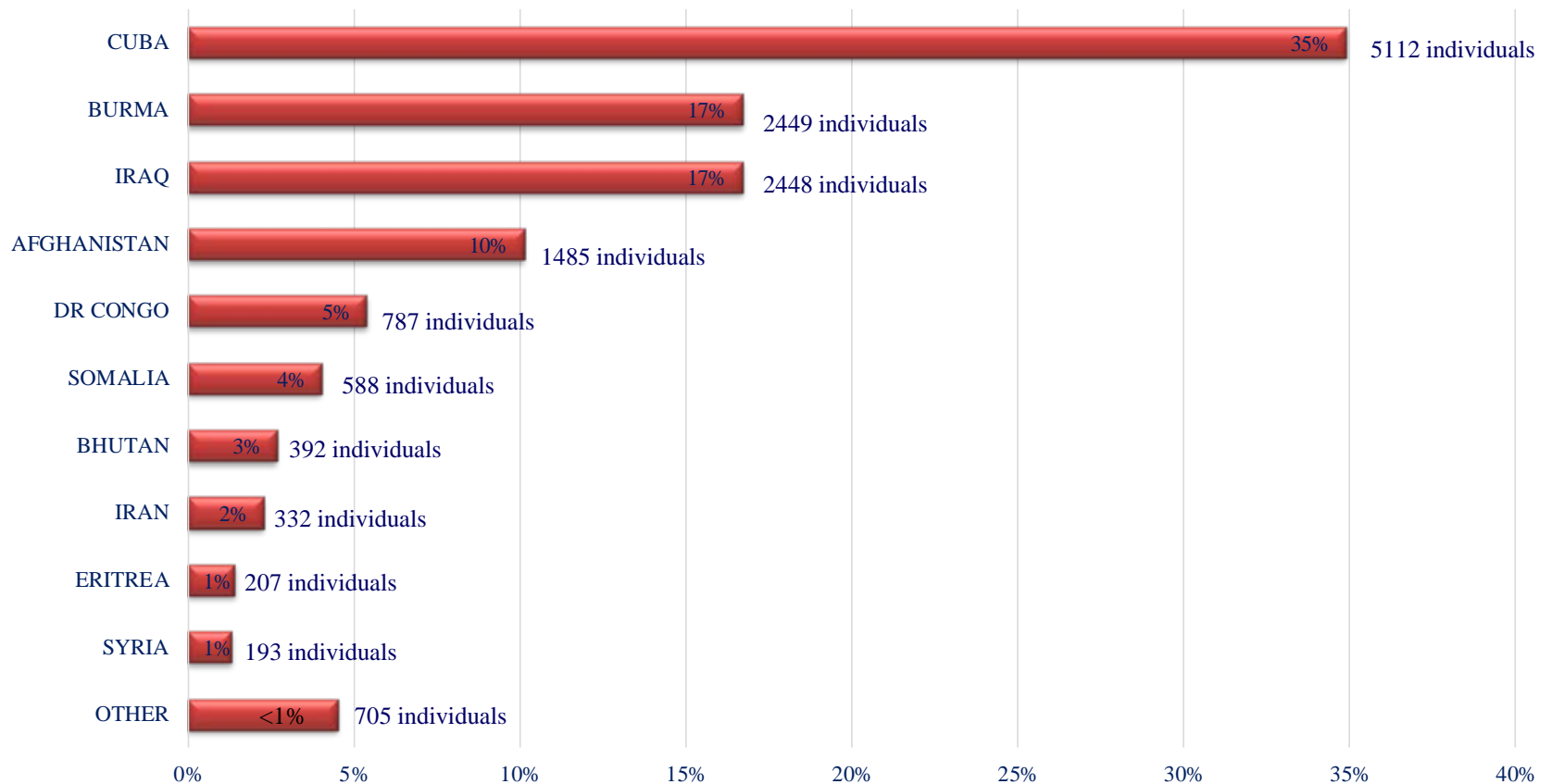
*See visual on slide 12

Unaccompanied Refugee Minors (State Fiscal Year 2015)

Country	Refugee	Entrant	Special Immigrant Juvenile (SIJ)	Asylee	Victim of Trafficking (includes U Status)	Total
Eritrea	18	0	0	0	0	18
Congo (Democratic Republic)	12	0	0	0	0	12
Afghanistan	7	0	0	0	0	7
Burma	7	0	0	0	0	7
Ethiopia	3	0	0	0	0	3
Iraq	3	0	0	0	0	3
Mexico	0	0	0	3	0	3
Honduras	0	0	2	0	1	3
Guatemala	0	0	2	0	0	2
Somalia	1	0	1	0	0	2
Other	3	0	0	0	0	3
Total	54	0	5	3	1	63

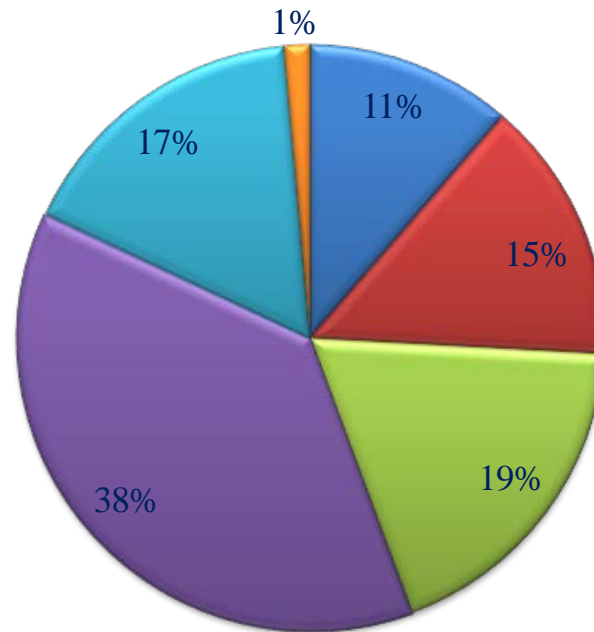
Demographics

Arrivals to Texas by Nationality
State Fiscal Year 2015



Demographics

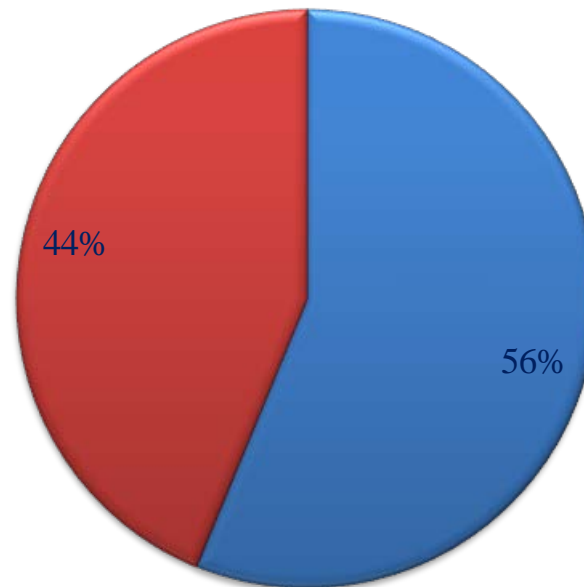
Arrivals to Texas by Age Groups
State Fiscal Year 2015



■ 0-5 ■ 6-15 ■ 16-25 ■ 26-40 ■ 41-65 ■ Over 65

Demographics

Arrivals to Texas by Gender
State Fiscal Year 2015



■ Male ■ Female

Federal Funds for Refugee-Related Services (in millions)
State Fiscal Year

	2011	2012	2013	2014	2015	2016	2017
HHSC	\$ 37.0	\$ 31.0	\$ 34.5	\$ 38.5	\$ 46.8	\$ 47.1	\$ 47.1
DFPS	\$ 3.2	\$ 3.5	\$ 4.6	\$ 5.0	\$ 5.2	\$ 6.2	\$ 6.6
DSHS	\$ 8.4	\$ 8.5	\$ 8.8	\$ 10.2	\$ 14.3	\$ 15.0	\$ 14.7
	\$ 48.6	\$ 43.0	\$ 47.9	\$ 53.7	\$ 66.3	\$ 68.3	\$ 68.4

Impact of Refugees to Other Programs

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

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

HHSC System Forecasting, November 2015

*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, 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.

S.B. 1928 (continued)

- 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

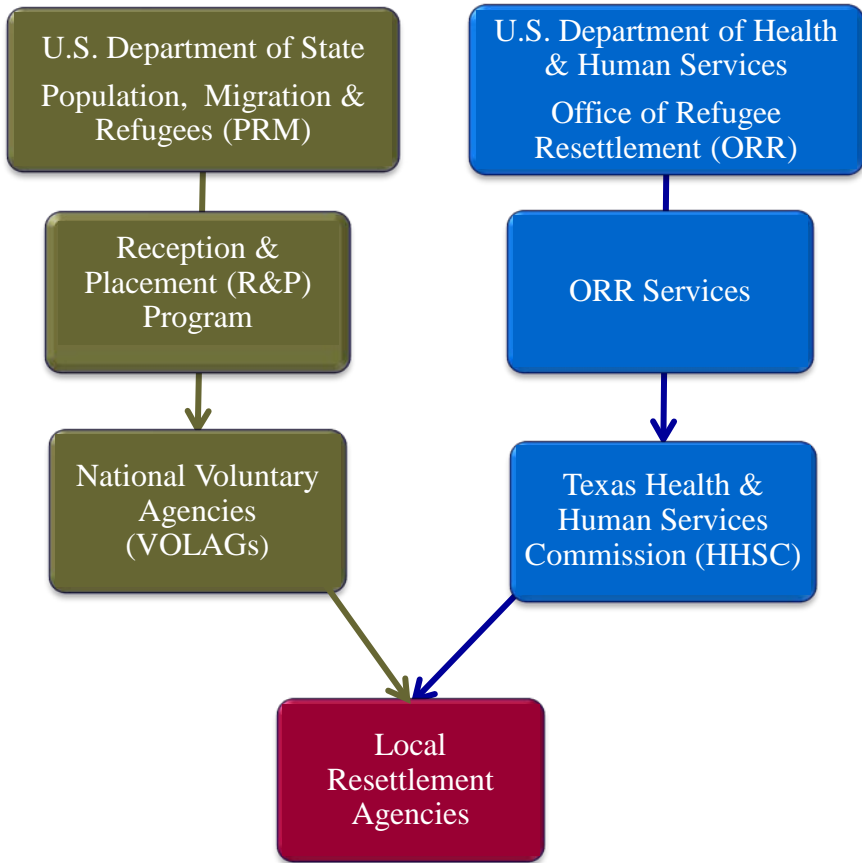
- Alternative to state-administered and PPP models. More details on next slide.

Options for State Refugee Programs

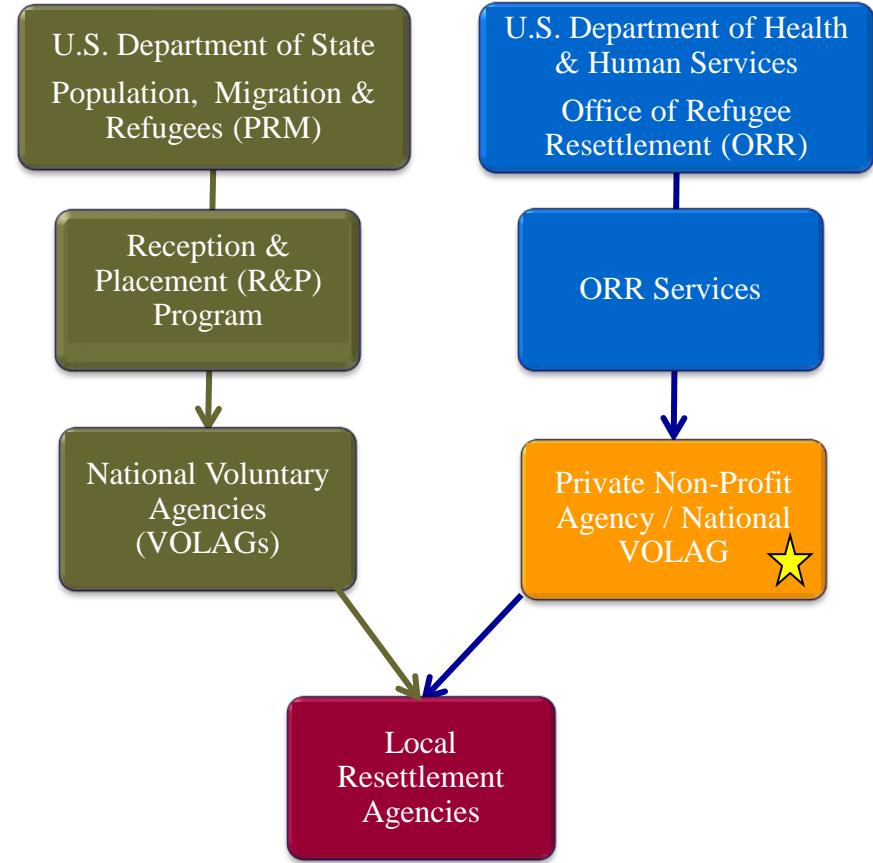
The **Wilson-Fish (WF) Act of 1984** offers an alternative to state administered programs and public private partnerships for providing assistance (cash and medical) and social services to refugees.

- 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.

Current Texas Model



Wilson/Fish Model



★ Under a Wilson/Fish model, ORR could provide services directly through non-profits.