

CALIFORNIA STATE PLAN
FOR
REFUGEE / ENTRANT
ASSISTANCE AND SERVICES

Federal Fiscal Year 2006/07

Prepared by

Refugee Programs Bureau
California Department of Social Services

For

Office of Refugee Resettlement
Administration for Children and Families
United States Department of Health and Human Services

State of California
Arnold Schwarzenegger, Governor

**CALIFORNIA STATE PLAN
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SECTION I

ADMINISTRATION

A. Designations of Authority, Administrative Operations and Eligibility

1. The California Department of Social Services (CDSS) has been designated by the Governor of the State of California to be the agency responsible for the development of the State Plan for Refugee/Entrant Assistance and Services, and for the administration of the plan pursuant to 45 Code of Federal Regulations (CFR) Section 400.5.
2. The Director of CDSS has been designated as the State Coordinator and has the authority to ensure coordination of public and private resources for refugee resettlement in the State of California. However, Catholic Charities, Diocese of San Diego, operates a Wilson/Fish Program, as a direct grantee of the federal Office of Refugee Resettlement (ORR). The Wilson/Fish Program provides cash assistance and employment services to newly arriving refugees in San Diego County. The Wilson/Fish Program is excluded from the State Plan because it is not subject to State supervision.
3. The Director of CDSS has established the Refugee Programs Bureau (RPB) to provide day-to-day administrative and operational oversight for the California's Refugee Resettlement Program (RRP).
4. The California Department of Health Services (CDHS) has responsibility for the medical assistance portion of the RRP. The ORR granted approval on March 29, 1988, for the transfer of this responsibility from the CDSS to the CDHS. The CDHS Refugee Health Section (RHS) acts as an independent liaison with ORR on refugee health program matters, coordinates refugee health services in the State of California, and receives funding for Refugee Medical Assistance (RMA) and Refugee Preventive Health directly from the ORR. However, the State Coordinator has the overall responsibility for overseeing California's RRP. The State Coordinator:
 - Maintains a single State Plan for Refugee/Entrant Assistance and Services, which includes information on medical benefits to refugees.
 - Submits to ORR quarterly performance reports which include refugee health program information.
 - Ensures CDHS and local health program representation on the State Advisory Council (SAC) on Refugee Assistance and Services.
 - Shares information with CDHS on refugee arrivals to California.
 - Obtains information on aided refugees from CDHS Medi-Cal Eligibility Data System (MEDS).

The CDSS and CDHS coordinate on the above activities and meet as needed to exchange information and discuss issues affecting California's refugee program.

5. The RRP in California is state-supervised and county-administered. State Law (Welfare and Institutions [W&I] Code Section 10800) makes the administration of public social services a county function, with the administrative responsibility placed upon the County Boards of Supervisors.

The CDSS issues regulations, guidelines, and policy directives to counties regarding the RRP in California. For counties that receive Refugee Social Services (RSS) and Targeted Assistance (TA) monies, the CDSS requires a plan from the counties that describes the services to be provided to refugees and the use of RRP funds. The plan must be approved by the County Boards of Supervisors. To prepare the county plan, the County Board of Supervisors is required by State Law (W&I Code Section 13277) to design a county planning process that facilitates refugee participation and public input. The plan, at a minimum, must address how services will be delivered to refugees receiving aid in the county and provide for priority consideration for funding refugee community-based organizations (CBOs) if they demonstrate the capacity to implement the proposed programs.

Counties receiving RSS and TA monies designate a County Refugee Coordinator (CRC) who is responsible for planning and implementing strategies to operate the county refugee program. Quarterly meetings are held between the CRCs and the CDSS to coordinate refugee issues. Also, a representative from the CRCs, selected by his or her peers, is a member of the SAC and provides the CDSS with input on refugee program policy issues.

6. The CDSS, CDHS, and the counties that receive RSS and TA monies perform monitoring activities to ensure that the administration and operation of the RRP in California is consistent with applicable federal and California laws, regulations, and policies. Those monitoring activities are described below.
 - a. State Monitoring

Both the CDSS and the CDHS perform county monitoring activities. The CDSS monitors the Refugee Cash Assistance (RCA), Entrant Cash Assistance (ECA), RSS, and TA programs; the CDHS/RHS monitors the RMA funded health assessment programs and Refugee Preventive Health Discretionary Grant (RPHDG) funded programs; the CDHS Medical Eligibility Branch (MEB) monitors the RMA/Entrant Medical Assistance (EMA) programs. The monitoring activity for each program is conducted separately. The CDSS conducts case reviews of RCA/ECA cases on-site at the county welfare department (CWD). For the RSS and TA programs, the CDSS monitors by reviewing county performance reports and county monitoring reports submitted by the county agency designated by the County Board of Supervisors to administer the programs. For RMA funded health assessments and RPHDG funded programs, the CDHS/RHS conducts on-site reviews of local public health programs, reviews semi-annual progress reports submitted by local programs, and reviews monthly data captured from the Refugee Health Electronic Information System (RHEIS). The CDHS/MEB conducts reviews of RMA/EMA cases at the CWD.

The CDSS and CDHS notify each other of monitoring schedules, review findings, and corrective action plans.

- RCA/ECA Program

The CDSS is required by federal RRP regulations to conduct an annual monitoring of county RCA/ECA programs. The monitoring is accomplished through a review of randomly selected RCA/ECA case files to determine if the county:

1. Is serving only members of eligible target groups;
2. Requires and maintains proper verification of a recipient's immigration status;
3. Is adequately informing recipients of their rights and responsibilities while in the program;
4. Has standard procedures to calculate RCA/ECA grant amounts and determine overpayments and underpayments;
5. Follows required good cause determination, compliance, and sanctioning procedures when recipients fail or refuse to meet RCA/ECA requirements; and,
6. Provides adequate and timely notices of action (NOA) to inform individuals that their RCA/ECA is being granted, denied, reduced, suspended, or terminated.

Each Federal Fiscal Year (FFY), the CDSS will review four large and two smaller counties with the highest average quarterly RCA/ECA caseload during the previous FFY. The counties that are reviewed comprise 75 to 80 percent of California's RCA/ECA caseload.

After completing a RCA program review, CDSS staff prepares a report on findings, which is presented to the county. If significant problems were identified during a review, the report specifies the problems that were found and the steps that the county must take to remedy the problems and prevent them from recurring.

- RSS and TA Programs

The CDSS ensures that county refugee activities conducted with RSS and TA funds comply with applicable RRP requirements. To fulfill that responsibility, CDSS requires each RSS and TA-funded county to submit quarterly reports regarding the performance of its RSS and/or TA programs. The CDSS staff will review these reports and, if problems are noted, they contact the county to discuss their concerns and provide technical

assistance, as needed, to resolve the problems. These quarterly reports, which contain information on the CDSS' analysis, technical assistance provided, and follow-up activities, are forwarded to ORR.

The RPB will also conduct an annual review of selected service providers to ensure services are being provided in compliance with RSS and TA guidelines and that progress is being made toward the goal of refugee self-sufficiency.

b. RMA/EMA Monitoring

The MEB within the CDHS oversees the RMA/EMA program. The MEB staff conducts annual RMA/EMA case monitoring on a sample basis in the four counties with the largest RMA/EMA populations. Monitoring results are provided to ORR, the counties reviewed, and to CDSS.

c. RMA-Funded Health Assessment Program and RPHDG Funded Program Monitoring

CDHS/RHS staff oversee the RMA-funded health assessment program and RPHDG funded programs. The CDHS/RHS conducts on-site reviews of local public health programs, reviews semi-annual progress reports submitted by local programs, and reviews monthly data captured from the RHEIS. Program performance is reported to ORR, CDSS, and funded counties via semi-annual progress reports, and a final comprehensive progress report annually.

d. County Monitoring of RSS and TA Programs

The CDSS requires that counties conduct reviews of their service providers on an annual basis. If counties identify any program deficiencies during their program reviews, they must take corrective action to remedy them. Counties must also send copies of their monitoring reports to CDSS. The CDSS staff follows-up with the county on any corrective action that it must take in regard to problems that are identified during the annual review. Information regarding county reviews, findings, and CDSS' responses and activities are provided to ORR in the Quarterly Performance Reports and Quarterly Progress Reports.

Note: Eligibility for the refugee program in California includes refugees, asylees, Cuban/Haitian entrants, certain Amerasians from Vietnam, victims of a severe form of trafficking who receive certification or eligibility letters from ORR, and eligible family members of certified trafficking victims. The term "refugee" used in this plan is intended to encompass all groups of individuals listed above. The term "Refugee Cash Assistance" in this plan is intended to include Entrant Cash Assistance also.

B. Organization

1. Welfare to Work (WTW) Division

The WTW Division supervises the county delivery of California Work Opportunity and Responsibility to Kids (CalWORKs) cash assistance and employment and training

services to assist welfare recipients obtain the skills to become self-sufficient through employment and assume personal responsibility. The WTW Division is comprised of the following branches: Employment and Eligibility Branch, Food Stamp Branch, Program Integrity Branch, and the Child Care and Refugee Programs Branch, which includes RPB.

2. CDSS/RPB

The CDSS/RPB administers the RRP and the Cuban/Haitian Entrant program within the pertinent federal guidelines and funding constraints and the State Plan and has responsibility for managing and coordinating the delivery of benefits and services to eligible refugees. It is the RPB's mission to provide state-level leadership and coordination of refugee programs and services to achieve successful refugee resettlement and self-sufficiency, and the RPB is committed to continuing California's leadership in the efficient administration of the RRP. The RPB is comprised of the following units:

a. Policy Unit is responsible for:

- Developing and disseminating refugee program policy.
- Providing technical assistance to counties, refugee CBOs, and the public on program policy issues.
- Developing and maintaining California's State Refugee/Entrant Plan, as required by federal law.
- Coordinating with other CDSS units, other state departments and agencies, and other states regarding refugee program policy.
- Coordinating and maintaining the MEDS' Refugee Program file.
- Maintaining the database on refugee arrivals.
- Allocating RSS and TA funds to counties.
- Managing program cost accounts for the RRP funding sources.

b. County Operations and Performance Unit is responsible for:

- Reviewing and certifying all county refugee employment and social services plans.
- Conducting RCA program reviews.
- Evaluating and monitoring county program performance, providing technical assistance, and coordinating with ORR in setting program goals.

- Preparing California's annual RSS and TA outcome goals, based on county employment placement goals.
 - Preparing the County Annual Services Plan.
 - Preparing quarterly performance reports, RSS Set-Aside Quarterly Narrative Reports, and Elderly Discretionary Semi-Annual Progress Reports for submission to ORR.
 - Working as a liaison with CRCs through quarterly refugee coordinator meetings, the State Refugee Forum, and other meetings.
- c. Community Outreach Services Unit is responsible for:
- Reviewing and updating refugee program forms.
 - Identifying funding sources that are available through government agencies and private philanthropic groups, and disseminating that information to service providers and stakeholders.
 - Promoting the annual Refugee Awareness Month (June) and developing proclamations and awards to recognize contributions of counties and individuals.
 - Developing and maintaining a refugee resource library with books, articles, pamphlets, and reports.
 - Maintaining a fact sheet and brochures on RPB's web site to inform asylees of benefits and services that are available to them.
 - Providing staff support and assistance to the SAC and coordinating their quarterly meetings.
 - Promoting and sponsoring workshops at conferences and events by coordinating with community leaders to make presentations.
 - Coordinating with other state departments, such as Mental Health, Aging, and Education, to increase awareness of refugee issues and service needs.
 - Developing and maintaining secondary migration information and reporting it to ORR.
 - Coordinating the statewide Refugee Summit.

3. The CDSS Interfaces in Refugee Resettlement

a. State Organizations

The CDSS coordinates with a number of other state departments and external organizations to carry out the California State Plan for Refugee/Entrant Assistance and Services. A description of these partners and their respective responsibilities follow:

1) Health and Human Services Agency (HHSA)

The HHSA oversees numerous state organizations that provide needy Californians with basic health, employment, rehabilitation, and welfare services. The Departments within HHSA are: Aging, Alcohol and Drug Programs, Child Support Services, Developmental Services, Health Services, Mental Health, Rehabilitation, Social Services, Emergency Medical Services Authority, Managed Risk Medical Insurance Board, the Office of Statewide Health Planning and Development, and the Office of Systems Integration. The HHSA Secretary reports to the Governor on major program policy issues in the health and welfare areas.

2) CDSS

The CDSS supervises county administration of the CaWORKs program, funded by the Temporary Assistance for Needy Families (TANF) block grant, and the Food Stamp program. The CDSS is also responsible for community care licensing, disability evaluations, and other social services, i.e., child protective services. The CDSS' emphasis in all programs is to ensure efficiency, effectiveness, and equity in the delivery of benefits and services at reasonable administrative costs and in a manner that complies with federal and state regulations.

3) CDHS

The CDHS has been building a foundation to fully support newly-arriving refugees in need of medical attention, acculturation, and language interpretation services to improve their quality of life and promote economic self-sufficiency. To address these needs, the CDHS has established the following goals:

- Improve the general health status of the refugee populations in California.
- Prevent and control health problems of public health significance among populations.
- Improve general health services for refugees through follow-up of medical conditions identified in the initial health assessment, health education, and preventive health services emphasizing those health problems that may impede effective resettlement and hinder economic self-sufficiency.

- Promote and facilitate a better understanding of, and access, to California's health care system by improving cultural and linguistic competency, and eliminating barriers to utilization and transportation problems common to refugee communities.

Within CDHS, the MEB has responsibility for the administration of the Medi-Cal Program, pursuant to the California State Plan for Medical Assistance and Title XIX of the Social Security Act. RMA\EMA is administered in conformity with the State Plan with the exception of those exemptions required by the Refugee Act of 1980.

Within CDHS, the RHS administers the Refugee Health Assessment Program pursuant to 45 CFR Section 400.107, which funds refugee-impacted local health jurisdictions to provide comprehensive refugee health assessments (RHAs). The RHAs are provided to newly arriving refugees and Cuban\Haitian Entrants within the first 90 days of arrival, to asylees within 90 days of asylum being granted, and to victims of trafficking within 90 days of certification. The CDHS/RHS also administers the RPHDG, which funds refugee-impacted counties to improve follow up and treatment of chronic health conditions harmful to refugees identified during the initial California refugee health assessment process.

The CDHS works in conjunction with voluntary resettlement agencies (VOLAGS) to ensure that refugees receive timely RHAs, medical benefits and necessary health services upon their arrival in California. The CDHS supports and works with mutual assistance associations (MAAs), CBOs, refugee forums, and other refugee service providers as part of its outreach effort to ensure that refugees are informed of benefits and services for which they may be eligible. Information is also provided on benefits and services that become available or have changed over time.

4) California Department of Developmental Services (CDDS)

The CDDS ensures that quality care is provided to persons with developmental disabilities or mental illnesses who have been admitted to a state hospital.

The CDHS, using RRP funds, reimburses the CDDS for inpatient costs for time-eligible refugees when those costs are not already covered by other federal or private programs.

5) California Department of Aging (CDA)

The CDA administers a broad range of services for seniors 60 years of age and over. This is done through a statewide network of 33 Area Agencies on Aging that coordinate with local agencies to address concerns at the community level. Services include: in-home services to enable seniors to stay at home as long as possible; congregate and home-delivered meals

and nutritional instruction; legal services for problems with Medicare, Supplemental Security Income, and consumer fraud; elder abuse protection; case management to link the frail elderly to community services such as transportation and housing assistance; respite care for caregivers; adult day care; senior employment and senior companions, and foster grandparents.

The CDSS collaborates with the CDA at the State level to bring about awareness of the needs of California's elderly refugees. The CDA provides information on services and resources for elderly refugees, which the CDSS disseminates to interested organizations and local governments through the RPB website.

6) California Department of Mental Health (CDMH)

The CDMH implements and maintains a system for the licensing and certification of facilities, such as psychiatric health and mental health rehabilitation facilities. The CDMH also administers the Pre-Admission Screening and Resident Review Program for appropriateness in the placement of individuals in nursing facilities.

State level coordination between CDSS, CDHS, and the CDMH increases awareness and understanding of the special mental health needs of refugees and identifies strategies to reduce barriers to refugee's access to services.

Mental health is essential to the development and acculturation of the refugee population. Therefore, it is important to recognize that the population of people being served: refugees, asylees, victims of severe forms of trafficking, and survivors of torture all have special mental health needs requiring a high degree of cultural competency. Many are faced with language, access, transportation, and cultural barriers in addition to dealing with general mental health conditions such as social adjustment, depression, post traumatic stress disorder, suicide prevention, or the extreme cases, having survived torture.

The CDSS has undertaken an effort to increase awareness and understanding of the special mental health needs of refugees, asylees, survivors of torture, and victims of human trafficking. In this effort, the CDSS has worked collaboratively with the Office of Multicultural Services, CDMH, to make it aware of newly arriving refugee populations and their unique needs so that the system may better serve refugees. The CDSS coordinates with the CDMH and local CRCs to increase the access to mental health services and identify strategies to reduce barriers to service.

7) California Department of Education (CDE)

CDE provides a wide variety of educational services, including traditional kindergarten through twelfth grade, adult education, English-as-a-Second Language (ESL), and vocational education.

In FFY 2006-2007, the CDSS was awarded \$1.7 million under the Refugee School Impact Grant. The purpose of the grant is to provide for some of the costs of educating refugee children incurred by counties or local school systems which have a significant number of refugee children. Through an Interagency Agreement between CDSS and CDE, the two state agencies collaborate to administer the grant. Ten sub-grants to local educational agencies (LEAs) in five California counties were awarded as shown in the table below:

County	LEA
Alameda	Oakland Unified School District
Fresno	Clovis Unified School District
Los Angeles	Glendale Unified School District
Los Angeles	Los Angeles Unified School District
Los Angeles	Norwalk-La Mirada Unified School District
Sacramento	Folsom-Cordova Unified School District
Sacramento	Grant Union High School District
Sacramento	Sacramento City Unified School District
Sacramento	San Juan Unified School District
Santa Clara	East Side Union High School District

The LEAs are required to consult with CRCs and CBOs to develop projects that serve school-age refugee children, ages 5-18, and their families. Dependent upon the availability of future funding and program performance, the grant offers three additional years of non-competitive funding.

b. Non-State Organizations

Successful refugee resettlement is a collaborative effort requiring the cooperation and coordination of a number of organizations outside of state government. These agencies are as follows:

1) CWDs

California's welfare programs are supervised by the CDSS and administered in the 58 counties by the CWDs. These CWDs accept applications for assistance from refugees, determine eligibility and need, deliver benefits and services, and make referrals to other agencies and providers, when appropriate. Allowable RRP services include cash assistance, medical assistance, and county social services. The CWDs may also provide RSS and TA services to refugees directly or through subcontracts, if they are the agencies designated by the County Board of Supervisors to administer RRP funds. In addition, most CRCs are employed by the CWDs.

2) Employment Services Providers

Providers of RSS and TA services are selected by the counties on a competitive contract bid basis. The public and private non-profit providers that are awarded contracts accept referrals for services from the county and provide services based on a Family Self-sufficiency Plan.

3) VOLAGS

VOLAGs provide resettlement services within the first 90 days of arrival, including the following core services: pre-arrival services, reception services, counseling, health referrals, and employment services. Each VOLAG provides a variety of optional services beyond these core services as the individual agency's ability permits.

Catholic Charities and Lutheran Immigration and Refugee Service are the two VOLAGs that ORR recognizes to administer the Unaccompanied Refugee Minor (URM) program. California contracts with Catholic Charities of to administer the URM program.

4) Private Foundations

A number of philanthropic foundations in California play an active role in refugee resettlement. They fund agencies to provide services and to perform functions for refugees that cannot be funded with public resources. The CDSS attempts to coordinate its activities with these foundations.

c. Stakeholder Groups

Many groups are involved in refugee issues. The CDSS' meetings with the SAC and other groups assist it to comply with the quarterly consultation requirements specified in 45 CFR Section 400.5(h).

1) SAC on Refugee Assistance and Services

Pursuant to the Refugee Act of 1980, the SAC was established by the CDSS. Members of the SAC are representatives from local government, VOLAGs, service providers, other interested private organizations, and individuals who are involved in, or affected by, the refugee resettlement process. To ensure that the SAC membership is reflective of the communities it represents, CDSS has implemented the following criteria for selecting members:

- Seven public positions must be filled by individuals who are selected from nominations made by MAAs, VOLAGs, service providers, and other interested organizations or individuals on a statewide basis.

- Eight organizational/agency positions are filled by individuals nominated by the following: California State Refugee Forum; Joint Voluntary Agencies Committee of California (JVCC); Director, CDHS; County Welfare Directors Association (CWDA); CRCs; local Refugee Health Program Coordinators; RPB; and the Governor's Office.

The public members serve for a term of three years. The organizational/agency members serve at the pleasure of the organization that they represent. The SAC meets on a regular basis to analyze critical issues affecting refugees and to develop, adopt, and submit recommendations for addressing significant issues to the CDSS. The SAC ensures citizen involvement in policy discussions that are crucial to the development of a cost-effective, sensitive, and comprehensive RRP. The CDSS keeps the SAC informed on current issues affecting refugee resettlement in California and solicits advice from the SAC on the administration of the RRP.

2) Local Forums on Refugee Affairs

Local forums on refugee affairs have been established in communities with large concentrations of refugees. Membership in these forums consists of CRCs, County Refugee Health Coordinators, and representatives from VOLAGs, MAAs, and other public and private organizations interested in refugee resettlement matters. The mission of the forums is to support efforts that assist refugees in becoming self-reliant, and make them aware of their rights and responsibilities as residents of the United States (U.S.).

Major goals of the local forums include the following: Identify strengths and needs of existing and proposed programs for refugees; coordinate and plan policy development; assess the resettlement needs of California's refugee population; and, obtain funds for effective programs to address areas of need.

3) JVCC

The membership of the JVCC is comprised of representatives from each VOLAG in California. The JVCC coordinates with community and local officials on refugee resettlement matters.

d. CDSS Communications with Agencies and Refugees

The CDSS uses the below described methods to communicate with program stakeholders:

- Informs CWDs of program or policy changes through All County Letters (ACLs) and All-County Information Notices (ACINs). These documents, which are subject to a formal review and approval process, transmit information with appropriate references and background data. The ACLs and ACINs that relate to refugees are also sent to CRCs.

- Informs CRCs of refugee arrivals, refugee grant allocations, funding opportunities, and other RRP information through Refugee Coordinator Letters.
- Informs MAAs of general RRP information through mass mailings.
- Maintains a website to disseminate refugee program information, policies, and procedures to refugee services partners and the general public.

Public and private agencies, refugees, and the general public communicate with CDSS through various means. Both the RPB and the CDSS Public Inquiry and Response Unit receive and respond to correspondence and telephone inquiries.

C. Assurances

1. Pursuant to 45 CFR Section 400.5(h)(i), which specifies the contents of the State Plan, the CDSS assures that it will:
 - a. Comply with the provisions of Title IV of the Immigration and Nationality Act of 1952, as amended, and official issuances of the Director, ORR.
 - b. Meet the requirements of 45 CFR Part 400.
 - c. Comply with all other applicable federal statutes and regulations in effect during the time CDSS is receiving grant funding.
 - d. Amend the State Plan as necessary to comply with standards, goals, and priorities established by the Director, ORR.
2. The CDSS assures, as specified under 45 CFR Section 400.5(g), that assistance and services funded under the plan will be provided to refugees without regard to race, religion, nationality, sex, or political opinion.
3. The CDSS assures, as specified under 45 CFR Section 400.5(h), that unless exempted by the Director, ORR, it will convene meetings not less often than quarterly with representatives of: 1) local affiliates of VOLAGs; 2) local community service agencies and other agencies that serve refugees; and 3) the State and local governments to plan and coordinate the appropriate placement of refugees in advance of their arrival.
4. The CDSS assures, as specified under 45 CFR Section 400.145(c), that women have the same opportunities as men to participate in all services, including job placement services.
5. The CDSS assures fair and equitable mediation/conciliation procedures as required by a California court decision, Dang, et al. v. McMahan, et al. The process for non-compliance includes good cause determination by the CWD within ten days of notification. If no good cause exists, the CWD will develop a compliance plan to

correct the non-participation and bring the individual into compliance. If compliance is reached, no sanctions are invoked. If the individual fails/refuses to participate, the CWD shall provide a notice to the refugee at least ten days prior to invoking sanctions.

6. The CDSS assures that the hearings standards and procedures as set forth in 45 CFR Section 400.54 will also be used for RCA.
7. The CDSS assures that it will comply with 45 CFR Part 401 – Cuban/Haitian Entrant Program requirements.

SECTION II

ASSISTANCE AND SERVICES

A. Cash and Medical Assistance Programs and Services

1. Cash Assistance and Other Services

Eligible refugees may receive cash assistance benefits through the CDSS-supervised RCA, URM, and CalWORKs programs; the federally-administered Supplemental Security Income/State Supplementary Payment (SSI/SSP) program; and the county-administered General Assistance/General Relief (GA/GR) program. Eligible refugees may also receive Food Stamp benefits. Eligibility for the RCA and URM programs is determined pursuant to requirements contained in 45 CFR Parts 400 and 401. Eligibility for CalWORKs, SSI/SSP, and Food Stamp benefits is determined for refugees in the same manner as that for nonrefugees. The following is a brief description of these cash assistance programs.

a. CalWORKs

Refugees who meet eligibility criteria for the CalWORKs program are provided time-limited cash aid and services such as employment services, skills training, adult basic education, child care, vocational assessments, mental health, substance abuse, and domestic violence services.

b. SSI/SSP

This combined federal/state program provides financial assistance to eligible aged, blind, or disabled recipients. The SSI portion of the grant is federally-funded under Title XVI of the Social Security Act; the SSP portion is funded by the State. The federal Social Security Administration is responsible for determining eligibility, computing grants, and disbursing the combined federal/state payment.

For those refugees who are subject to the time limit on SSI and the requirement to become a U.S. citizen, California has developed the Cash Assistance Program for Immigrants (CAPI). CAPI is a state-operated program that provides cash assistance to immigrants, including refugees, who are otherwise eligible for SSI/SSP, but are denied or discontinued SSI/SSP solely due to their immigration status.

c. RCA

The RCA program provides cash assistance to eligible refugees for a maximum period of eight months. The program is limited to refugees who have been determined to be ineligible for the CalWORKs or SSI/SSP programs.

The CDSS adopted regulations necessary to align the RCA program with the CalWORKs program with respect to the determination of eligibility and the benefit level.

Pursuant to 45 CFR Section 400.75, as a condition of RCA eligibility, the client, unless exempt, must: 1) work and/or participate in employment and training services that are designed to assist refugees in becoming employed; 2) go to job interviews as directed; and 3) accept any appropriate employment offer. These mandatory participation requirements, specified in CDSS' Manual of Policies and Procedures (MPP), Section 69-207, are explained to the client by the CWD during program orientation.

At intake, the CWD informs the client of available employment and training services and supportive services (i.e., assistance with transportation and work-related expenses). The client is then assessed for employment and training services by either the CWD or a contracted service provider. Employment and training services generally are provided by local service providers that have the language and cultural skills to provide effective services to refugees. These providers are required to report to the CWD client's failures to participate or to accept appropriate employment. If good cause is not found for non-participation, the CWD works with the client through the development of a compliance plan. If the non-participation continues, the CWD imposes financial sanctions on the client.

Service providers providing case management and employment training services employ staff who are culturally-and-linguistically-proficient so that they are able to meet the needs of their limited-English proficient refugee clientele. Through arrivals data provided by the U.S. Department of State and disseminated by RPB, counties are able to plan for the number of refugees that are resettled in their particular county. To assist in complying with language requirements in 45 CFR Section 400.55, California uses this data to identify the languages of incoming refugees.

In addition, California has provided guidance through Section 21-115 of California's MPP ("Civil Rights Nondiscrimination in Federally Assisted Programs, Title VI Civil Rights Act of 1964") to ensure nondiscrimination of Limited English Proficient (LEP) persons. It has always been the policy that the language of the individual is recorded in the case file. In those instances where service provider staff is not proficient in the language of a refugee, arrangements are made for interpreter services. As a matter of course, service providers identify resources to implement language access programs and make the necessary arrangement for the refugee to participate in English language training while concurrently participating in employment training services. As needed, interpreters are provided and written materials are translated into a language that the refugee understands. These measures are taken to ensure that LEP persons have meaningful access to benefits and services.

Asylees may receive refugee benefits under the RCA program from the date asylum is granted and not, as in the case of refugees, from the date of entry into the U.S. Adult victims of a severe form of trafficking may receive refugee benefits under the RCA program from the date they are certified as trafficking victims by ORR, or in the case of minors who are trafficking victims, from the date they receive an eligibility letter from ORR.

Eligible family members of certified trafficking victims may receive RCA benefits as follows:

- For an individual who is already present in the U.S. on the date the Derivative T Visa is issued, the date of entry for purposes of benefits and services is the Notice Date on the Form I-797, Notice of Action of approval of the individual's Derivative T Visa.
- For an individual who enters the U.S. on the basis of a Derivative T-Visa, the date of entry for purposes of benefits and services is the date of entry stamped on the individual's passport or I-94 Arrival Record.

1) Determination of Initial and On-going Eligibility

The treatment of income and resources for the RCA program follows CalWORKs requirements except that reception and placement cash received by a refugee from a VOLAG may not be considered in determining income eligibility.

Income, generally, is any cash or in-kind benefit that is received by or is reasonably anticipated to be available to, the individual as a result of current or past labor or services, business activities, interests in real or personal property, or as a contribution from persons, organizations, or assistance agencies. To be considered in determining the cash aid payment, income must be reasonably anticipated to be available to the recipient in meeting their needs during the payment period.

Real and personal property are considered for purposes of determining eligibility when they are actually available. Property is also considered when the applicant or recipient has a legal interest in a liquidated sum and has the legal ability to make that sum available for support and maintenance. Limits on property holders have been set high enough so that a person need not be completely destitute to qualify for aid. On the other hand, these limits ensure that persons who own property that is sufficient to provide themselves with the necessities of life do not receive aid intended for those in greater need. In determining eligibility with respect to property, it is necessary to ascertain the purposes for which property is held. A person is eligible if the property he or she owns is held for any one of the following purposes (within certain value limits):

- To provide individuals with a home;
- To provide individuals with income to help meet his needs; or
- To provide individuals with a reserve to meet a future need.

California's RCA program follows CalWORKs quarterly reporting and prospective budgeting process to determine eligibility and grant amounts. The maximum aid payments (MAP) and the minimum basic standard of adequate care (MBSAC) levels are the same as those in the CalWORKs

program. California is divided into two regions for MAP and MBSAC purposes. Region 1 counties have a higher MAP and MBSAC due to the higher cost of living in these counties.

Region 1 Counties	
Alameda	San Luis Obispo
Contra Costa	San Mateo
Los Angeles	Santa Barbara
Marin	Santa Clara
Monterey	Santa Cruz
Napa	Solano
Orange	Sonoma
San Diego	Ventura
San Francisco	

Region 2 Counties		
Alpine	Lake	San Bernardino
Amador	Lassen	San Joaquin
Butte	Madera	Shasta
Calaveras	Mariposa	Sierra
Colusa	Mendocino	Siskiyou
Del Norte	Merced	Stanislaus
El Dorado	Modoc	Sutter
Fresno	Mono	Tehama
Glenn	Nevada	Trinity
Humboldt	Placer	Tulare
Imperial	Plumas	Tuolumne
Inyo	Riverside	Yolo
Kern	Sacramento	Yuba
Kings	San Benito	

The attached Exhibit A is a reference guide to California's MPP sections that pertain to the RRP. The MPPs can be accessed on-line at www.dss.cahwnet.gov

2) When a Mandatory Participant Does Not Cooperate in Meeting Program Requirements.

If a RCA recipient does not meet the criteria to be exempt from RCA work registration requirements, and fails to participate in employment and training services, go to a job interview, or accept an appropriate employment offer, the CWD must make a good cause determination. If no good cause exists, the CWD worker prepares a compliance plan that explains what the participant must do to remain eligible for his or her grant. If the recipient fails to fulfill the plan requirements, then the CWD sends a NOA and imposes a sanction.

d. GA/GR Programs

The GA/GR program requirements and benefits vary among California's 58 counties. This program is solely administered at the county level and is funded with county monies. Refugees qualify for GA/GR on the same basis as other residents.

e. URM Program

California's URM Program is operated under direct contract with Catholic Charities of San Jose (CC-SJ). In partnership with a foster family agency in San Francisco, CC-SJ is responsible for providing the required URM services to unaccompanied refugees for the State of California.

Pursuant to 45 CFR Section 400.115, W&I Code Section 300, and Probate Code Sections 1500 and 1501, the foster family agency will establish protective legal custody for the child within 30 days of the child's arrival to the location of resettlement. Primary responsibility for the child's welfare is vested in CC-SJ, which ensures that the child receives the full range of child welfare benefits and services that are provided to non-refugee children in foster care. These services may include foster care maintenance payments, medical assistance, support services, and any services identified as allowable in Titles IV-B (Child Welfare Services) and IV-E (Foster Care) of the Social Security Act.

The CC-SJ is responsible for all case planning services, pursuant to 45 CFR Section 400.118. These services will include: initial assessment and development of a service plan; coordination and supervision of the activities listed in the plan; referral to service activities; and selection and placement activities to ensure the appropriate placement of the child. Case planning for the refugee URM will also include: family reunification; orientation, assessment, and counseling to facilitate the adjustment of the child to American culture; health screening and treatment, including provision for medical and dental examinations and all necessary medical and dental treatment; preparation for participation in American society with special emphasis on English language instruction; and occupational as well as cultural training as necessary to facilitate the child's social integration and to prepare the child for independent living and economic self-sufficiency.

The URM Program is provided until the minor is emancipated, reunited with parent(s), or united with a nonparental adult who is granted legal custody or guardianship under California law. In California, emancipation occurs when a child reaches age 18 unless he or she is attending high school or an equivalent level of vocational or technical training on a full-time basis and expects to finish prior to his or her 19th birthday. In addition, foster care youth are eligible to receive support up to age 24 through the Independent Living Program.

California will continue to comply with 45 CFR Part 400, Subpart H, Child Welfare Services, in providing services under the URM Program.

The State is responsible for the administration, monitoring, and oversight of the URM Program.

f. Child Welfare Services Program

The CDSS provides child welfare services to refugee children according to the state's child welfare standards, practices, and procedures.

g. Federal Food Stamp Program/California Food Assistance Program

In response to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) and the subsequent passage of the Agricultural Research, Extension and Education Reform Act of 1998 (AREERA), CDSS has implemented a food assistance program to cover those adversely affected by the PRWORA and AREERA limitations. The benefits in the form of food vouchers are equivalent to the benefits provided under the federal food stamp program.

2. Health Services Programs

Health services programs are administered by the CDHS through public and private providers.

The CDHS is responsible for the administration of the Medi-Cal Program pursuant to the California State Plan for Medical Assistance and Title XIX of the Social Security Act. The CDHS is also responsible for the administration of the RMA/EMA provided by the Medi-Cal Program for an eligibility period of eight months. Regulations for RMA/EMA are pursuant to 45 CFR Part 400, Subpart G, Refugee Medical Assistance.

The RMA/EMA Program is monitored by the CDHS' Medi-Cal Program Review Section. The protocol, as reviewed and approved by ORR stipulates that CDHS review four California counties and submit a report on the reviews each year.

The CDHS/RHS serves as the single point of contact for refugee health issues in the State of California and is responsible for coordinating refugee health services through public providers and voluntary agencies. The CDHS/RHS is also responsible for the administration of the RMA-funded health assessment program and RPHDG-funded programs.

a. Medi-Cal Benefits

Each refugee is assessed for eligibility for TANF, Healthy Families, and the Medi-Cal programs. If they are ineligible for these programs, then they are eligible for the RMA/EMA program for a period of eight months and receive the same benefits as a Medi-Cal beneficiary.

RMA/EMA eligibility procedures are set out in Article 24 of the Medi-Cal Eligibility Procedures Manual, which states, in part:

- RMA/EMA eligibility is based on the refugee's income and resources on the date of application and the county may not consider as income any of the following:
 - a. Any property remaining in refugee's country of origin.
 - b. A sponsor's income and property.
 - c. In-kind services or shelter provided by sponsor or resettlement agency.
 - d. Income earned after the date of application.
 - e. RCA from the CWD, a VOLAG (matching grant program), or from the federal Department of State or Department of Justice Reception and Placement Programs.
- A refugee does not have to receive RCA to receive RMA/EMA benefits.
- If a refugee is discontinued from RCA because of increased earnings from employment, the refugee is transferred to RMA/EMA without a re-determination and continues to receive RMA/EMA until the end of the 8-month eligibility period.
- If a refugee, who is receiving Medicaid and has been residing in the U.S. less than the time-eligibility period for refugee medical assistance, becomes ineligible for Medicaid because of earnings from employment, the refugee must be transferred to RMA without an RMA eligibility determination.
- Asylees will receive RMA/EMA as of the date asylum is granted and not the date of entry into the U.S.
- Cuban/Haitian Entrants are eligible for RMA/EMA benefits in California.
- Victims of Severe Forms of Trafficking and certain family members are eligible for RMA/EMA benefits.
- Refugee children are to be enrolled in the Healthy Families Program (HFP) if they are eligible for Medi-Cal with a share of cost. RMA/EMA will be a bridging program for them until enrollment in HFP is established.

A Refugee Indicator Code is used to identify all refugees in California receiving aid. This information is reported to the MEDS by the CWDs, and is used by CDHS to claim 100 percent federal financial participation (FFP) for medical assistance provided to time-eligible refugees receiving RMA/EMA. CDSS uses this information to claim 100 percent FFP for RCA and for allocating RSS funds.

b. Health Assessments

The CDHS/RHS allocates RMA funds to refugee-impacted, local refugee health programs to provide comprehensive health assessments to newly arriving refugees, secondary migrants, asylees, Cuban and Haitian entrants, and victims of trafficking. The medical screening protocol followed meets or exceeds guidelines specified in ORR State Letter #95-37.

Local refugee health programs work closely with local VOLAGs and the Centers for Disease Control and Prevention's Quarantine Stations to obtain timely pre-arrival and arrival information on newly arriving refugees. This information is used to contact new arrivals to schedule a health assessment to be completed within 90 days of arrival to the United States. Arrivals with Class A and B notifications receive first priority for health assessments. Those identified with health conditions at the time of the initial health screening process are provided treatment and follow up services or referred for treatment and follow-up services.

Due to challenges in locating asylees and victims of trafficking, local refugee health programs work with immigration services, attorney groups and other agencies to outreach for eligible health assessment services.

Trained, culturally sensitive interpreters are used to guide families through the health assessment process, orienting families to the health care system, providing outreach and education, and making referrals for other health conditions identified.

In order to receive funds, local refugee health programs must submit an annual program plan and budget that demonstrates need and explains in detail how they will meet the following specific, measurable, and outcome-oriented objectives:

- Ensure that 90 percent of all officially arriving refugees, including secondary migrants, are contacted within 30 days of arrival so that they may be scheduled for health assessment services.
- Ensure the provision start of health assessments to at least 90 percent of new officially arriving refugees who were contacted, within 30 days of arrival, with the highest priority given to refugees with Class A or B waivers. Ensure that services are culturally and linguistically appropriate.
- Assess the immunization status of 95 percent of all eligible children and adults who have started the health assessment according to the Requirements for Routine Vaccination of Adjustment of Status Applicants. Refer 95 percent of persons identified as needing further scheduled immunizations to ensure completion of necessary immunizations.
- Refer 95 percent of refugees with identified clinical findings to primary care, Health Maintenance Organizations, private medical doctors, or other health care providers for follow-up services.

- Ensure that 95 percent of refugees with a positive Tuberculin Skin Test or Quantiferon Test will be evaluated for Tuberculosis (TB) infection or disease and be classified according to the American Thoracic Society guidelines.
- Ensure that 80 percent of refugees recommended to commence latent TB infection treatment are started on therapy.
- Ensure that 75 percent of refugees TB treatment will complete the recommended course of therapy.
- Provide health education and counseling to 80 – 100 percent of those refugees who have various specified health conditions.
- Report to CDHS/RHS refugee health data to provide the data necessary to compile reports, to demonstrate that objectives are being met, and to guide program planning and policy decisions.

Local refugee health programs are required to submit semi-annual TB reports and semi-annual progress reports for program evaluation purposes to demonstrate their progress toward meeting the above objectives and how they propose to overcome barriers should they exist. The CDHS/RHS conducts site visits and provides technical assistance, consultation, and training to ensure quality of services provided.

B. Employment Services

For refugee employment services, administrative costs are defined as monitoring, contracting, invoicing, performance and progress statistical reporting costs.

There is no federal requirement to limit the amount allowable for administrative costs under RSS, for either the State or for the counties. State law (W&I Code Section 13275) limits RSS funds that counties may spend for administration to the amount allowed under TA, which is currently 15 percent.

The amount of TA administrative costs that the State may use is limited by federal regulation (45 CFR Section 400.319 (b)) to 5 percent. The federal TA Formula Final Funding Notice limits administrative costs for counties to 15 percent.

1. RSS

State Law (W&I Code Section 13276) requires the CDSS, after setting aside the necessary state administrative funds, to determine which counties are eligible to receive RSS funds and to establish RSS allocations for those eligible counties. CDSS determines a county to be eligible for RSS funding if it meets the criterion of having 500 or more refugee arrivals during the last five years. For 2006/07, after consultation with the CWDA, CDSS determined that non-RSS counties which have received 300 or more Hmong refugees since June 2004 shall also be included in the set-aside allocation process.

Pursuant to State Law, effective January 1, 2006, the RSS allocations are based on numbers obtained from the MEDS of refugee adults on aid who have been in the U.S. 60 months or less in the refugee-impacted counties. Funding is allocated to these counties based on the current number of refugees receiving RCA and CalWORKs in each county while assigning specific weights relative to each refugee's time in the U.S. When calculating each county's allocation, a weight of 1.50 is given to the number of refugees who have been in the U.S. one year or less; a weight of 1.25 is given to the number of refugees who have been in the U.S. two years or less, but more than one year; and a weight of 1.00 is given to the number of refugees who have been in the U.S. five years or less, but more than two years.

For RSS, California's refugee-impacted counties are: Alameda, Butte, Fresno, Los Angeles, Merced, Orange, Sacramento, San Francisco, San Joaquin, Santa Clara, and Yolo. Each county administers the RSS Program pursuant to the provisions of Subpart I of 45 CFR Part 400, State guidelines, regulations, and the county's Refugee Services Plan. (San Diego is RSS-eligible, but does not receive RSS funding due to its participation in the Wilson/Fish Alternative Project.)

Pursuant to 45 CFR Section 400.152(b), eligibility for RSS services is limited to refugees who have been in the U.S. for 60 months or less. However, citizenship and naturalization preparation, and referral and interpreter services may be provided to refugees who have been in the U.S. for more than 60 months. In FFY 2006/07, California requested, and was approved a waiver to provide services with RSS funds to those refugees who have been in the U.S. for more than 60 months, pursuant to 45 CFR Part 400. This waiver is in effect until September 30, 2007.

Pursuant to 45 CFR Section 400.147, priority for participation in RSS services is as follows: 1) refugees during their first year in the U.S.; 2) refugees receiving cash assistance; 3) unemployed refugees who are not receiving cash assistance; and 4) employed refugees who are in need of services to retain employment or attain economic independence. For the purposes of providing RSS services, the definition of cash assistance includes the RCA, CalWORKs, and GA/GR. Cash assistance recipients also include refugees who enter services while receiving cash aid but then lose their eligibility during participation.

RSS services are focused toward the achievement of refugee family self-sufficiency. Therefore, RSS services must be provided within the framework of a family self-sufficiency plan, which consists of individual employability plans for each employable family member. In addition, the services must be designed to assist refugees in becoming employed within one year. Counties are also encouraged to develop services that supplement, and are coordinated with, mainstream employment services.

Pursuant to 45 CFR Sections 400.154 and 155, services provided to refugees by counties and their subcontractors may include:

- Employment Services
- Employability Assessment Services
- On-the-Job Training

- English Language Instruction
- Vocational Training
- Skills Recertification
- Day Care for Children
- Transportation
- Translation and Interpreter Services
- Assistance in Obtaining Employment Authorization Documents
- Information and Referral Services
- Outreach Services
- Social Adjustment Services
- Health-related Services

Counties ensure that refugees receive the maximum benefit and maximum results from services provided during the time-limited service eligibility period. To accomplish this, services are provided in a manner that is linguistically and culturally compatible to all refugees. Local agencies providing refugee services include bilingual and bicultural women to ensure adequate access to services by refugee women. English language instruction is provided concurrently with employment-related services and is provided outside normal working hours, when feasible. Other strategies for the provision of services are outlined in the individual county plans which are updated annually.

Agencies conducting intake services are designated by the county. It is the responsibility of the designated agencies to determine the necessary services that a refugee needs to become self-sufficient and to manage the refugee through those services. Intake and assessment activities include the following:

- Determination of eligibility for services.
- Assessment of employability.
- Development of service plans.
- Referrals to other service.
- Monitoring participant progress in programs.

Counties must ensure that refugee women have the same opportunities as men to participate in RRP services, including job placement. Child care is an allowable service under RSS, however, if a refugee is receiving CalWORKs, child care services should be utilized through the CalWORKs system.

2. TA Program

Four counties in California receive FFY 2005/2006 TA funds: Sacramento, San Diego, Los Angeles, and Santa Clara. The CDSS allocates TA funds to these counties pursuant to the amounts determined by ORR.

Pursuant to 45 CFR Section 400.315(b), counties are required to use their TA funds to provide employment-related services for refugees who have been in the U.S. 60 months or less, with the exception of referral and interpreter services.

Additionally, 45 CFR Section 400.314, requires that TA programs serve refugees in the following order of priority: 1) cash assistance recipients; 2) unemployed refugees who are not receiving cash assistance; and 3) employed refugees in need of services to retain employment or attain economic independence. Refugees may receive TA services after job placement as part of a family self-sufficiency plan to help the refugee retain employment and/or to obtain a higher paying job and move toward self-sufficiency.

3. WTW Activities

In general, a nonexempt CalWORKs recipient is required to participate in WTW activities for 32 hours per week for a one-parent family, based on a WTW plan. State law requires that at least 20 hours of the 32-hour work participation requirement, with certain exceptions, must be spent in work or work-related activities (e.g. unsubsidized employment, work experience, on-the-job training, community service, job search, vocational education). The remainder of hours may be spent in educational or behavioral health treatment activities (e.g. adult basic education, ESL, education directly related to employment, and/or mental health, substance abuse, and domestic violence services). Recipients are provided transportation, child care, and other services to facilitate participation in their assigned activities. If a recipient fails to participate without a good reason and does not sign a compliance plan, he or she is financially sanctioned for a period of time that increases with each instance.

4. Discretionary Projects

The CDSS supervises the following discretionary projects:

- a. Elderly Discretionary Grant – The CDSS received discretionary funding to serve the elderly in 2006 in the following counties: Alameda, Fresno, Orange, Sacramento, San Diego, and Santa Clara. These refugee-impacted counties opted to provide elderly discretionary services and were included in the State's application for funding. Services for older refugees include assistance with transportation, English classes, social adjustment courses, etc.
- b. Refugee School Impact Grant -- The CDSS was awarded a competitive grant of \$1.7 million to assist those counties inundated with refugee school-age children and their families. CDSS is required to collaborate with CDE, through an Interagency Agreement, to provide educational support services to refugee children and their families through the LEAs. CDE is responsible for issuing a request for applications to LEAs, which must consult with CRCs and faith-based and community-based organizations to develop programs that meet the needs of refugees in their communities. The grant will fund 10 competitive sub-grants in the following counties: Alameda, Fresno, Los Angeles, Sacramento, and Santa Clara.

C. Support of MAAs

The MAAs are private, non-profit organizations which have been established and operated by refugees. The ORR requires that not less than 51 percent of the

composition of the Board of Directors or governing board of the MAA consist of refugee or former refugee men and women. Recognizing the strength and potential of refugee MAAs as resources in the resettlement of other refugees, the CDSS:

- Encourages counties to utilize MAAs as service providers to the maximum extent possible.
- Recognizes the special strengths of MAAs to deliver services in a manner that is culturally and linguistically compatible with refugees.
- Encourages sound working relationships with counties, MAAs, and service providers to enhance communication and facilitate problem resolution.
- Encourages and assists MAAs and other refugee community leaders to actively participate in the development of the county plan and to provide input to various local forums, coalitions, and community groups on refugee issues.

SECTION III

PANDEMIC INFLUENZA PLANNING

A. Authorities

The Governor's Office of Emergency Services (OES) has the overall responsibility to plan and respond to emergencies and has the authority to delegate activities in the event of a State emergency. The OES has organized a Pandemic Influenza Task Force, which is responsible for coordinating with a number of State agencies to prepare for a pandemic influenza outbreak. One of those agencies is CDHS, which is the lead agency responsible for public health concerns in California.

The CDHS has prepared a Pandemic Influenza Preparedness and Response Plan (PIPRP) to address a pandemic flu. The PIPRP focuses on detection, response and recovery and is an annex to CDHS' overall Public Health Emergency Response Plan and Procedures and builds on CDHS' general emergency response structure and the State emergency response plan. The PIPRP is designed to follow the management and collaborative structure of the State's Standardized Emergency Management System and is also in compliance with the National Incident Management System as required by federal regulations. The plan describes the State's public health and medical response and is consistent with the Pandemic Influenza Plan that the U.S. Department of Health and Human Services released in November 2005. The plan is available on the CDHS website at www.dhs.ca.gov.

The CDHS/RHS will work in collaboration with the CDHS, Office of Emergency Preparedness (EPO) and the CDHS Division of Communicable Disease Control's (DCDC) Pandemic Influenza Work Group (PIWG) to promote refugee needs related to culturally appropriate education, outreach and training, effective communication channels for information dissemination, interpreter services/linguistic needs, and other challenges in responding to pandemic influenza and other emergency situations.

B. Goals

The main objective of the PIPRP is to reduce the morbidity, mortality, social and economic disruption caused by pandemic influenza. Other objectives include:

- Ensure optimal coordination, decision-making, and communication between federal, state, local and community levels;
- Track novel influenza strains;
- Ensure that a vaccine program is in place and monitor vaccine effectiveness and safety in the event of a pandemic outbreak;
- Ensure that antiviral drug therapy and prophylaxis is available and monitor appropriate use of these agents to avoid antiviral resistance;
- Implement measures to decrease the spread of disease; and

- Ensure that optimal medical care and essential community services are maintained.

The CDSS will send an ACIN to CRCs, County Refugee Health Coordinators (CRHCs), Refugee Forums, members of the SAC, MAAs, VOLAGs, CBOs and other refugee community representatives informing them of pandemic influenza planning activities and of the PIPRP.

C. Roles

The CRCs are responsible for implementing strategies, funding and operating procedures for refugee services and programs. The CRCs have knowledge and experience in naturalization, immigration and refugee program laws, and policies and procedures. The CRCs will assist the State by:

- Working with various sources such as the CalWORKs program, school districts, health care, law enforcement, advisory councils, MAAs, local employers, VOLAGs, and experts in education and training to disseminate information on pandemic influenza;
- Providing current emergency contact information of persons who will be actively involved in pandemic influenza planning to the CDSS; and
- Coordinating with the County OES to streamline pandemic influenza planning activities.
- Providing updates on pandemic influenza planning activities on a quarterly basis to the CDSS/RPB.

The CRHCs will communicate the importance of including VOLAGs/MAAs in the preparedness process to address California's diverse refugee populations. The CRHCs will assist the State in:

- Reviewing pandemic influenza educational materials and/or the development and translation of information, including fact sheets that are accurate and culturally and linguistically appropriate;
- Coordinating with the County OES to streamline pandemic influenza planning activities;
- Modifying the California Refugee Health Assessment to include screening to identify newly arriving refugees who may be exhibiting flu-like symptoms; and
- Assisting the State in providing technical assistance and information to VOLAGs and MAAs in the development of Continuity of Operations Plans (COOP) to ensure the continuity of the provision of critical services to refugee communities in the event of a pandemic influenza.

D. Actions/Activities

The CDHS/RHS will take the following actions:

- Develop and implement a Refugee Emergency Operational Plan for Pandemic Influenza in California, in collaboration with the CDSS;
- Network with CRHCs, CRCs, Refugee Forums, SAC members, MAAs, VOLAGs and CBOs to evaluate the PIPRP as related to educational materials and/or the development and translation of information, including fact sheets that are accurate and culturally and linguistically appropriate;
- Modify the California Refugee Health Assessment, in collaboration with CRHCs and PIWG, to include screening tools to identify newly arriving refugees who may be exhibiting flu-like symptoms. Pandemic flu prevention and education will be provided at the point of initial health screening; and
- Adhere to protocols and procedures, in coordination with CRHCs, pertaining to surveillance, containment, prevention and other protocols as delineated in the PIPRP.

In order to ensure that current and anticipated refugee populations are represented in the demographic profiling for pandemic planning, the CDSS/RPB will coordinate with the CDSS representative on the OES Task Force on pandemic influenza planning regarding the languages and cultures of refugees. Information will be shared from the Worldwide Refugee Admissions Processing System, operated by the U.S. Department of State, which identifies newly arriving refugees and from the CDHS MEDS, which contains information on refugees currently on aid.

The CDHS/RHS captures comprehensive demographic data on arriving refugees via the RHEIS, an internet-based system. The RHS will conduct analysis of existing RHEIS and MEDS data to determine the State's representation of current and anticipated refugee populations. This data will be used to guide planning activities to ensure that they target the demographic representation of California's diverse refugee populations.

The CDSS/RPB and the CDHS/RHS will create avenues for refugee populations to participate in pandemic preparedness planning by raising awareness in the refugee community and by sharing information with CRCs, CRHCs, Refugee Forums, SAC members, MAAs, VOLAGs, and CBOs on any new developments in the pandemic flu planning process.

The CDHS/RHS, in collaboration with the CDSS/RPB, will take the following actions:

- Implement training to inform and educate CRCs, CRHCs, Refugee Forums, SAC members, MAAs, VOLAGs and CBOs about pandemic influenza and to encourage participation in the preparedness planning process at the State and local levels;
- Work with refugee service providers to identify community leaders and to involve them in the preparedness planning activities;

- Ask CRHCs and CRCs to identify local emergency preparedness coordinators. The goal will be to foster a State, local community network to ensure that refugee populations have a voice in the preparedness process; and
- Compile and maintain a list of all local emergency preparedness entities and make this list available to the EPO, CRHCs, CRCs, Refugee Forums, SAC, MAAs, VOLAGs and CBOs.

To ensure that refugees have access to and understand pandemic preparedness activities, including when a pandemic influenza is declared and emergency operations are in effect, the RHS will:

- Coordinate with the PIWG on the CDHS' draft PIPRP which identifies communication activities for target audiences, communication partners, the communication stakeholders, the communications team, the material resources to be utilized, media outreach, media management, providing public education, and the team management of parties involved;
- Work in close collaboration with the PIWG, the federal Centers for Disease Control and Prevention, local pandemic response planning groups, CRHCs, CRCs, Refugee Forums, SAC members, MAAs, VOLAGs and CBOs to identify effective communication channels to disseminate information to ensure that messages reach targeted refugee populations. The channels may include public service announcements via ethnic media sources such as television and radio; neighborhood newspapers; churches; adult education centers; and civic organizations; and
- Promote culturally and linguistically appropriate outreach, education and awareness activities for refugee populations in collaboration with the EPO, which has received State funding for a pandemic influenza awareness campaign.

E. Continuity/Updates

The OES, through Administrative Orders with State agencies, requires that each agency establish a program for Continuity of Government (COG) and a COOP. The COG plan and the COOP provide protocols that help to ensure that agencies are prepared to continue to fulfill their essential roles and functions in the event of a disaster.

In February 2004, a consulting firm funded by the Department of Homeland Security prepared a CDSS Comprehensive Emergency Operations Plan, which included a COG plan and a COOP. Additionally, the CDSS' Welfare to Work Division, which includes the RPB, developed a simplified COG plan and COOP to maintain continuity of government and operations in the event of a disaster. (Refer to Exhibit C).

The CDSS will maintain a current list of CRCs, Refugee Forums, SAC members, MAAs, VOLAGs and CBOs, who will be contacted in the event of a disaster. The CDSS will request that these people/agencies disseminate information to their respective refugee communities and help maintain calm.

The CDHS/RHS will provide technical assistance and consultation to CRHCs, VOLAGs and MAAs in the development of and implementation of COOPs to ensure that critical services to refugee communities continue uninterrupted during a pandemic flu or other emergency.

Updates for pandemic influenza planning activities will be reported to ORR in the Quarterly Performance Reports (Form ORR-6).

SECTION IV

SUBMISSION OF THE STATE PLAN

A. Review and signature of Governor or designee

This plan was reviewed and signed by the governor's Designee, the California State Refugee Coordinator, California Department of Social Services.

Charr Lee Metsker

CHARR LEE METSKER
Deputy Director
Welfare to Work Division
California Department of Social Services

10-26-06

Date

2005/2006 California State Plan for Refugee/Entrant Assistance and Services
 California Department of Social Services
 Manual of Policies and Procedures (MPP) Section Reference

SUBJECT	MPP SECTION
State will use the hearings standards and procedures as set forth in 45 CFR Section 400.83(b)	69-210 – Notices and Hearings
<p>Describe the elements of the TANF program which will be used in the RCA program.</p> <ul style="list-style-type: none"> Determination of initial and on-going eligibility treatment of income and resources, budgeting methods, need standards. (45 CFR Section 400.66(a)(1)) Determination of benefit amounts/payment levels based on size of the assistance unit, income disregards. (45 CFR Section 400.66(a)(2)) Proration of shelter, utilities, and similar needs. (45 CFR Section 400.66(a)(3)) Any other State TANF rules relating to financial eligibility and payments. (45 CFR Section 400.66(a)(4)) 	<p>69-206 – Refugee Resettlement Program, Income and Resources</p> <p>42-200 – Property</p> <p>44-100 - Income</p> <p>44-200 – Assistance Unit Composition and Need</p> <p>44-300 – Aid Payments</p>
Will not consider resources remaining in the applicant's country of origin. (45 CFR Section 400.66(b))	69-206.21
Will not consider a sponsor's income and resources as accessible to the refugee solely because the person is serving as a sponsor. (45 CFR Section 400.66(c))	69-206.2
Will not consider any cash grant received by the applicant under the DOS or DOJ R and P program (45 CFR Section 400.66(d))	69-206.11
Will use date of application as the date RCA begins. (45 CFR Section 400.66(e))	69-205.211
Implementation date must be implemented by 3/21/2002	69-200 Regulations became effective 2/1/02
Describes the criteria for exemption from registration for employment services, participation in employability service programs, and acceptance of appropriate offers of employment.	69-207.3 – Refugees Exempt from Registration, Employment and Employment-Directed Education/Training Requirements
State will notify promptly local resettlement agency whenever refugee applies for RCA. (45 CFR Section 400.68(a))	69-203.2 – County Responsibilities
State will contact applicant's sponsor or local resettlement agency at time of application for RCA concerning offers of employment, etc. (45 CFR Section 400.68(b))	69-203.2 – County Responsibilities
Describes safeguards for limited English proficient persons as required by 45 CFR Section 400.55	21-115 – Provisions for Services to Applicants and Recipients who Are Non-English speaking or who Have Disabilities

EXHIBIT B

COUNTIES RECEIVING FUNDING FOR FFY 2005/06

FFY 2005/06	TARGETED ASSISTANCE	RSS SET-ASIDE	RSS	TARGETED ASSISTANCE DISCRETIONARY	ELDERLY DISCRETIONARY	REFUGEE SCHOOL IMPACT GRANT
ALAMEDA		X	X	X	X	X
FRESNO		X	X		X	X
LOS ANGELES	X	X	X	X		X
MERCED		X	X			
ORANGE		X	X	X	X	
SACRAMENTO	X	X	X	X	X	X
SAN DIEGO	X	X			X	
SAN FRANCISCO		X	X	X		
SAN JOAQUIN				X		
SANTA CLARA	X	X	X	X	X	X
STANISLAUS		X	X			
YOLO		X	X			

COUNTIES RECEIVING FUNDING FOR FFY 2006/07

FFY 2006/07	TARGETED ASSISTANCE	RSS SET-ASIDE	RSS	ELDERLY DISCRETIONARY	REFUGEE SCHOOL IMPACT GRANT
ALAMEDA			X	X	X
BUTTE		X			
FRESNO		X	X	X	X
LOS ANGELES	X	X	X		X
MERCED		X	X		
ORANGE			X	X	
SACRAMENTO	X	X	X	X	X
SAN DIEGO	X			X	
SAN FRANCISCO			X		
SAN JOAQUIN		X	X		
SANTA CLARA	X		X	X	X
YOLO			X		

**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
WELFARE TO WORK DIVISION**

**Continuity of Government/Continuity of Operations (COG/COOP) Plan
Disaster Management Procedures – Pandemic Flu Preparation**

Task-Event/Activity	Responsible Team Member	Detail or Reference
Maintain telephone trees	WTW Management Team	Each manager responsible for his/her staff
Conference Call Capability	WTW Management Team	Obtain conference call lines to be used as needed.
Dial-Up Access	WTW Branch Chiefs	If Dial-Up PC access becomes necessary, Branch Chiefs would work with managers to determine who needs access. ISD would then be requested to set up accounts.
Communication Plan for Stakeholders	WTW Deputy & Branch Chiefs	Inform stakeholders to refer to website for daily updates on issues. Branch Chiefs would review web content prior to posting.
Contact with Federal Government	WTW Deputy & Branch Chiefs	Keep federal officials informed of limitations by program and geographic area.
Request Waivers	WTW Management Team	If mandated program activities can not be performed, e.g. face-to-face interviews, then waivers would be requested from federal entities.
Seek Executive Order	WTW Deputy Director	If State mandates can not be carried out, e.g., fingerprint imaging, request an Executive Order to suspend mandate.
Alternative Operational Guidelines	WTW Management Team	Develop alternative program procedures for mandated activities that can not be performed.

REFERENCES

Information by Government – U.S. Department of Health and Human Services
<http://www.pandemicflu.org>.

Pandemic Influenza Fact Sheet
<http://cdc.gov/flu/avian/gen-info/pandemics.htm>

California Department of Health Services
<http://www.dhs.ca.gov>

Governor's Office of Emergency Services
<http://www.oes.ca.gov>

World Health Organization
<http://www.who.org>

ACRONYMNS

ACIN -- All County Information Notice

ACL -- All County Letter

AREERA -- Agricultural Research, Extension and Education Reform Act

CalWORKs -- California Work Opportunity and Responsibility to Kids

CAP -- Cash Assistance Program for Immigrants

CBO -- Community-Based Organization

CC-SJ -- Catholic Charities of San Jose

CDA -- California Department of Aging

CDDS -- California Department of Developmental Services

CDE -- California Department of Education

CDHS -- California Department of Health Services

CDMH -- California Department of Mental Health

CDSS -- California Department of Social Services

CFR -- Code of Federal Regulations

COG -- Continuity of Government

COOP -- Continuity of Operations Plan

CRC -- County Refugee Coordinator

CRHC -- County Refugee Health Coordinator

CWD -- County Welfare Department

CWDA -- County Welfare Directors Association

DCDC -- Division of Communicable Disease Control

DOJ -- Department of Justice

DOS -- Department of State

ECA -- Entrant Cash Assistance

EPO – Office of Emergency Preparedness

ESL -- English-as-a-Second Languag

FFP -- Federal Financial Participation

FFY -- Federal Fiscal Year

GA/GR -- General Assistance/General Relief

HFP -- Healthy Families Program

HHS -- Health and Human Services Agency

JVCC -- Joint Voluntary Agencies Committee of California

LEA -- Local Educational Agency

LEP -- Limited English Proficient

MAA – Mutual Assistance Association

MAP -- Maximum Aid Payment

MBSAC -- Minimum Basic Standard of Adequate Care

MEB -- Medical Eligibility Branch

MEDS – Medi-Cal Eligibility Data System

MPP -- Manual of Policies and Procedures

OES – Office of Emergency Services

ORR – Office of Refugee Resettlement

PIPRP – Pandemic Influenza Preparedness and Response Plan

PIWG – Pandemic Influenza Work Group

PRWORA -- Personal Responsibility and Work Opportunity Reconciliation Act

R&P -- Reception and Placement

RCA -- Refugee Cash Assistance

RHA -- Refugee Health Assessment

RHEIS – Refugee Health Electronic Information System

RHS – Refugee Health Section

RMA -- Refugee Medical Assistance

RPHDG -- Refugee Preventive Health Discretionary Grant

RPB – Refugee Programs Bureau

RRP -- Refugee Resettlement Program

RSS -- Refugee Social Services

SAC – State Advisory Council on Refugee Assistance and Services

SSI/SSP -- Supplemental Security Income/State Supplementary Payment

TA -- Targeted Assistance

TANF -- Temporary Assistance to Needy Families

TB -- Tuberculosis

URM -- Unaccompanied Refugee Minor Program

U.S. -- United States

VOLAG – Voluntary Agency

W&I Code -- Welfare and Institutions Code

WTW – Welfare to Work