THE ADMINISTRATION OF THE REFUGEE RESETTLEMENT PROGRAM IN THE STATE OF MINNESOTA

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I. STATE GENERAL PROFILE

MINNESOTA'S POPULATION

The population of Minnesota increased 7.1% from 3,806,103 in 1970 to 4.077,148 in 1980.¹ Projections of the State Demographer indicate continuing modest increases and an 11.1% increase to 4,529,800 by the year 2,000. Although most of the state's residents live in metropolitan areas, the nonmetropolitan population grew at a slightly faster rate during the decade. The St. Cloud area, northwest of the Twin Cities along the Mississippi River has experienced the fastest population growth. Both Minneapolis and St. Paul, and their home counties of Hennepin and Ramsey, respectively, declined in population from 1970 to 1980. Minneapolis lost 14.6% of its 1970 population and St. Paul declined by 12.8% from 1970 to 1980. The suburban counties surrounding Hennepin and Ramsey, however, (Dakota, Anoka, and Washington), exhibited the largest total population growth during the decade.² Slightly over half (51.8%) of Minnesotans reside in the Twin Cities SMSA, including 80% of the state's refugees. The Minneapolis-Twin Cities area is commonly referred to as the "metropolitan area", distinguished from the "outstate" area in the remainder of Minnesota's counties. A map of the state is shown in Figure 1.

True to the commonly held image, Minnesota residents are very homogeneous ethnically. Over 96% of the state's population is white, 1.3% is black, 0.8% is American Indian, and 0.8% is Spanish-speaking. Asians comprised only 0.6% of the state population in 1980.¹ Consequently, Southeast Asian refugees have had a very visible impact on the Twin Cities community and the state in general. Of the 26,533 total Asian population in Minnesota in 1980, about 17,000 were refugees who had arrived during the previous five years.

MINNESOTA'S ECONOMY

Although the state's seasonally unadjusted unemployment rate is consistently less than the national figure, Minnesota continues to experience a

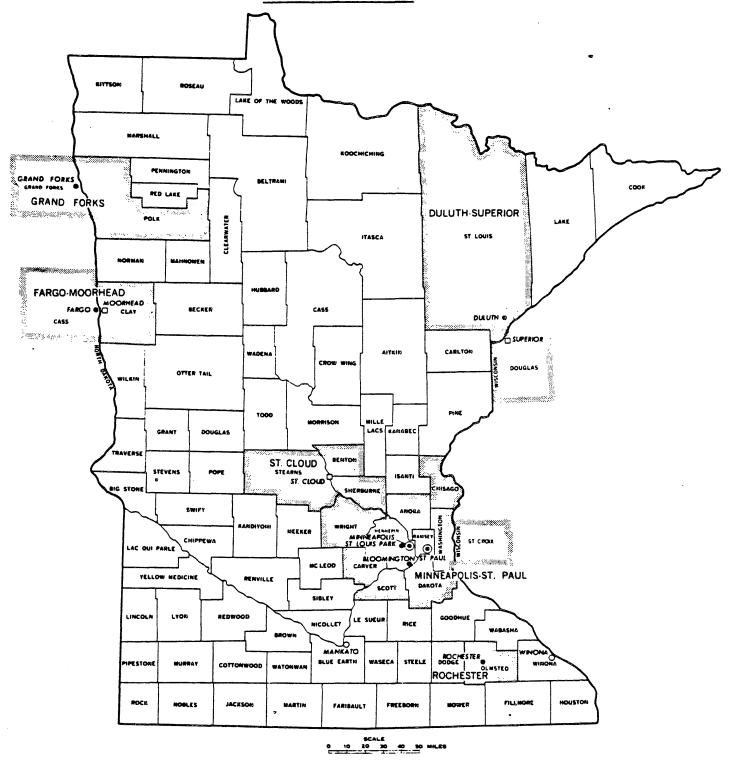
¹1980 Advance Census Countys, State of Minnesota, p. 1.

²Minnesota Statistical Profile, 1981, Department of Economic Development, State of Minnesota.





State of Minnesota



LEGEND

- Places of 100,000 or more inhabitants
- Places of 50,000 to 100,000 inhabitants
- SMSA central cities with fewer than 50,000 inhabitants
- O Places of 25,000 to 50,000 inhabitants outside SMSA's



Standard Metropolitan Statistical Areas (SMSA's) Population data as of July 1975, SMSA definitions as of June 1977 recession with its highest level of unemployment in ten years. In March 1982, the unemployment rate in the state was 7.7%, unchanged from February, 1982, having increased from a 4.6% rate in March 1981 (a 16.7% increase)¹. Whereas usually in years of growth unemployment drops in March, the continuing recession is indicated by the lack of change in the rate. There is considerable variation is unemployment across the regions of Minnesota, with higher than average rates reported in the Duluth (10.1%) and St. Cloud (10.2%) metropolitan areas. Duluth is found in the "Iron Belt" where a recession in the mining industry has caused high unemployment. Many of the state's rural areas are also experiencing serious recessions with unemployment approaching or exceeding 20% such as Lake (23.5%), Clearwater (21.7%), and Aitkin (19.5%) Counties² as the agricultural economy suffers.

Recent employment figures and seasonal adjustment factors indicate that adjusted nonfarm wage and salary employment has fallen steadily since September 1981. The decline in payroll employment in March was almost entirely the result of a large number of layoffs in the mining industry. Nearly half of the decline in payroll employment (-20,000 jobs) since September was in manufacturing, especially durable goods. Trade and government have also suffered reductions in employment.³ Although construction and mining are not expected to show too much improvement in 1982, a modest rebound in the manufacturing sector is expected.

Prior to the current recession, Minnesota showed a steady gain in nonagricultural wages and salary jobs. It is no longer a predominantly agricultural state and by 1978 manufacturing accounted for 24.1% of all personal income. Thirteen of the top Fortune 500 companies are headquartered in Minnesota, including 3M, Control Data, General Mills, Honeywell, Pillsbury and Cargill, Inc. Although food processing remains a dominant industry, due to dramatic growth, electronic and related high technology industries now dominate with gross sales exceeding \$2 billion in 1978.⁴ Minnesota is the

²Ibid, p.3.

³Ibid, p.1.

⁴Minnesota Statistical Profile, p.1.

¹<u>Current Minnesota Labor Market Conditions</u>, Research and Statistical Services, Minnesota Department of Economic Security, April 1982.

center of marketing and distribution for the upper Midwest, and wholesale and retail trade are the leading employers. Other important sectors of Minnesota's economy include agriculture which produces 6.5% of the state's gross state product and mining, particularly iron ore.

Per capita annual personal income was \$11,203 in the fourth quarter of 1981, up 12% from the previous year and slightly higher than the national figure of \$10,770.¹ Average weekly earnings of wage and salary manufacturing workers was \$341.05 in 1981's fourth quarter,² or \$8.66 per hour. Other average hourly wages were as follows: mining (\$13.05), construction (\$13.39), transportation/utilities (\$9.80), and trade (\$6.62). A standard moderate level household budget averaged \$23,620 in the fourth quarter of 1981. Poverty level income averaged \$8,450 for an urban and \$7,190 for a nonurban family of four. Highest per capita income levels in 1978 were exhibited in the Twin Cities with \$7,974 compared to the then state average of \$7,086, in contrast to \$5,325 in St. Cloud and \$6,332 in the Duluth - Superior area.

STATE GOVERNMENTAL STRUCTURE FOR WELFARE AND SOCIAL SERVICES

Welfare and social programs are administered by Minnesota's 87 counties and supervised by the Department of Public Welfare (DPW). The Commissioner of DPW presides over four separate Bureaus of Income Maintenance, Mental Health, Social Services, and Support Services, each of which is directed by an Assistant Commissioner, as shown in Figure 2. Counties are responsible for the delivery of both welfare and social services in county departments of social and human services under the direction of county boards of commis-The state supervises the AFDC and AFDC-U, WIN, General Assistance sioners. (GA), and General Assistance Medical Care (GAMC), Minnesota Supplemental Aid (MSA), Food Stamps, Medicaid, Foster Care, and EPSDT programs through the Bureau of Income Maintenance. MSA is a state-funded program providing aid to aged, blind and disabled clients as a supplement to Social Security or SSI. (Usually MSA recipients are also SSI recipients.) MSA can be used for food, shelter and clothing. The DPW Bureau of Social Service oversees counties' administration of child welfare, family services, Title XX, and services to the aged as well as vocational rehabilitation programs.

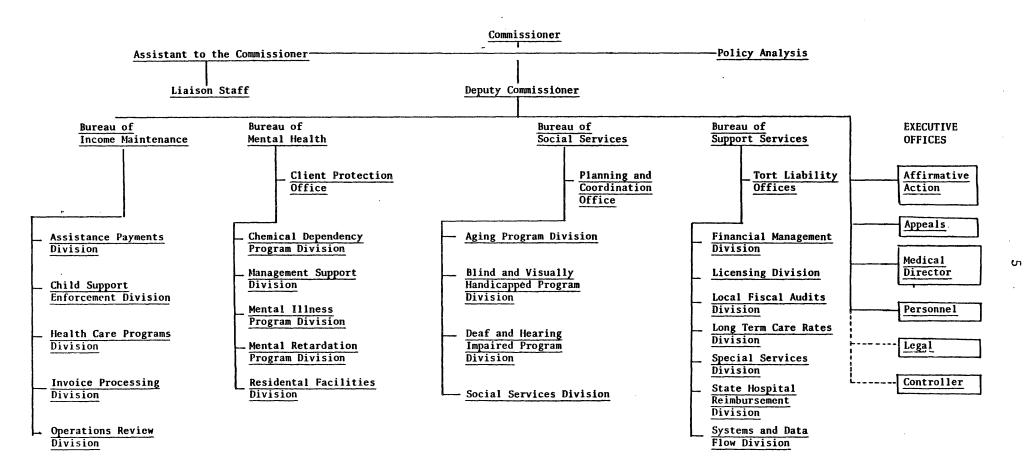
²Ibid, p. 5-7.

¹<u>Review of Labor and Economic Conditions</u>, Vol. 8, No. 4, February 1982, Minnesota Department of Economic Security, p. 5-7.

Figure 2

Department of Public Welfare

Organizational Chart



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The payment schedule (since July 1981) for AFDC provides a monthly grant of \$520 for a family of three children and one adult and \$583 for a family of three children and two adults. For each additional child, the grant is increased by \$46.

Currently, GA provides a basic monthly allowance of \$158 for a household of four plus a shelter allowance of \$163 for a total of \$321. The state GA program was completely revamped in July of 1981 to eliminate many eligible categories and limit the allowable time period of a grant.¹ Eligible GA recipients must meet state income and resource standards, be ineligible for AFDC, and meet the requirements of one of the following eight categories:

- a. a person suffering from illness or injury;
- a person whose presence at home is required due to the incapacity of a household member;
- c. a person in a mental health or rehabilitation facility;
- d. a person in a battered women's shelter;
- e. a displaced homemaker;
- f. a person unable to secure suitable employment due to inability to communicate in English;
- g. a person who is mentally ill; or
- h. a person who is unable to secure employment due to a lack of marketable skills.

Persons falling in the last category are only eligible for GA for a maximum of five weeks in each calendar year. The 'f' category will be of particular relevance to refugees, especially since the 18-month limitation of refugee cash assistance (RCA). DPW has enacted Language Proficiency Guidelines instructing counties on how to determine adequate English language skills to obtain employment. As described in those Guidelines, a person is considered proficient in English if he or she has had a job where English was the language of supervision, has completed an ESL course, has a GED, has been assessed by an ESL specialist to be able to gain entry-level jobs, or can converse with the financial worker in English without translation.

¹These changes in GA resulted in a dramatic reduction in the caseload from 17,471 cases in March 1981 to 7,451 cases in March 1982, as discussed below.

Utilization of the states' AFDC-U program has increased significantly during the last year from 4,351 cases in March 1981 to 5,601 cases in March 1982 according to DPW's report, due to increasing unemployment, while the total AFDC caseload has dropped from 55, 565 cases to 45,391 cases during the same period. AFDC-U recipients now comprise 18% of the total persons receiving AFDC, up from 12% in March 1981.

Within county welfare departments, the Income Maintenance sections include WIN for categorically eligible recipients and a Work and Training Unit where employability assessments are conducted and referrals made. The quality of employment services vary by county and county boards of commissioners set the tone and policies. In this state-supervised system, counties take primary responsibility for refugee cash and medical recipients. The two counties with the most refugees are Hennepin (Minneapolis) and Ramsey (St. Paul), both of which have established systems for serving the large Southeast Asian refugee caseload.

Table 1 displays the utilization rates of the Minnesota welfare programs by total and refugee populations. As shown, 3.4% of total state population received either AFDC or GA in March 1982. As noted above, the AFDC caseload has dropped steadily over the past year, although the Unemployed Parent component has been increasing. Refugees represent a significant proportion of state welfare caseloads. In March 1981, refugee cash assistance recipients (14,384 persons) comprised 8.4% of total AFDC and GA recipients in Minnesota prior to cutbacks in the GA program. By March 1982, the refugee cash assistance recipients (13,483) comprised 9.6% of the total state AFDC/GA caseload of 139,641 persons. The statewide welfare dependency rate among refugees (computed as a total of all Southeast Asian refugees in the state) in September 1981 was 57% including AFDC and RCA recipients. Only about 500 refugees from other nations of the world reside in Minnesota, some of whom may be included in welfare data.

Table 1Utilization of Assistance Programsby General Population and by Refugees

	General I	Refugees			
Population Base	4,077,14	8 (1980)	24,500 (September 1981)		
		Reci	pients		
Category of Benefits	# of Individuals	% of Population	# of Individuals	% of Population	
AFDC:					
Regular and Other	107,754 ^a	2.6%	Not available		
Unemployed	23,655 ^a	0.5%	Not available		
Total	131,409 ^a	3.2%	3,681 ^C	15.0%	
Refugee Cash Assistance	N/A		10,298 ^C	42.0%	
General Assis- tance	8,232 ^a	0.2%	165 ^d	0.7%	
Minnesota Supple- mental Assis- tance (SSI)	10,146 ^a	0.2%	Not available		
Medical Assistance:					
Categorically Eligible	137,778 ^a	3.4%	1,437 ^C	5.9%	
Refugee Medical Assistance	N/A		4,915 ^C	20.1%	
Total			6,352 ^C	25.9%	
General Assistance Medical Care	9,679 ^a	0.2%	Not available		
Food Stamps	209,324 ^a	5.1%	Not available		

^aMinnesota Preliminary Statistical Report on Income Maintenance, March 1982

^bAverage monthly recipients, Minnesota Public Assistance Program Overview, FY 1981

^CSeptember 1981 Refugee Assistance Caseload Data from FFY 1981 Annual Report, Refugee Program Office, April 1982

^dInternal reports from DPW Pre-Audit Section, March 1982

MINNESOTA'S REFUGEE POPULATION

The Southeast Asian refugee population of Minnesota includes one of the largest concentrations of Hmong and the largest preliterate refugee population in the country. As of December 31, 1981, the state estimated a refugee population of 25,454 including 10,495 Hmong, 7,053 Vietnamese, 4,000 Cambodian and 3,906 Laotians. In addition, the FY 1981 Minnesota Annual Performance Report notes that there are approximately 400 Soviets and 100 Ethiopian, Kurdish, Afghans, Cuban, Polish, and other refugees. The largest immigration of refugees in Minnesota's history occurred in FY 1979 and 1980. Fewer Hmong continue to enter the state as primary or secondary migrants and, during FY 1981, Cambodians emerged as the fastest growing Southeast Asian refugee group, comprising an "unofficial cluster project."¹

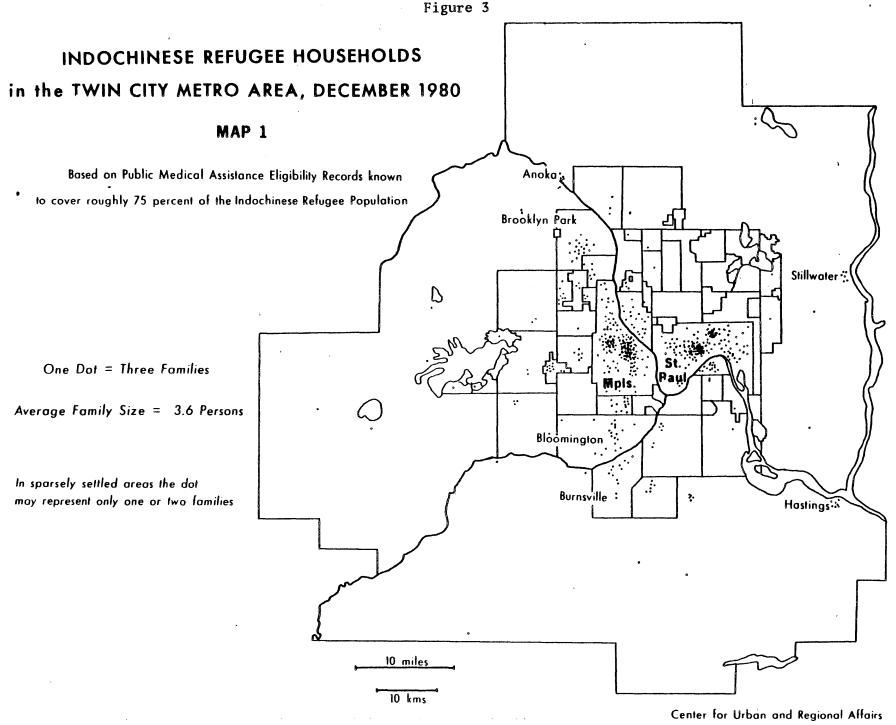
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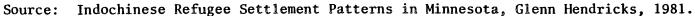
Minnesota refugee program officials estimate that there is a significant level of secondary migration into the state. As noted in the FY 1981 Annual Report, almost as many secondary migrants, 3,700, as primary migrants, 3,954, resettled in Minnesota during FY 1981. In addition, outmigration of refugees receiving public assistance has also been tracked. It is estimated that 2,067 refugees moved out of the state during FY 1981 resulting in a net increase of 5,587 refugees during the year.

Refugees in Minnesota are concentrated in the Twin Cities area where about 80% of them reside. Figure 3 shows the distribution of refugee households receiving assistance in Minneapolis and St. Paul as of December 1980, when 41% of the total refugee population lived in St. Paul, 26% in Minneapolis, and 15% in the remainder of the seven county metropolitan area. Despite this Twin Cities concentration, the remaining 18% are distributed widely among 57 outstate counties.

Within Minneapolis and St. Paul, and more rural outstate counties, refugees have had a very visible and dramatic impact in communities which had had few or no Asians prior to 1975. The Summit/University and Mt. Airy neighborhoods in St. Paul and Elliot Park/Phillips area of Minneapolis have been particularly affected by concentrations of refugees. As elsewhere, the presence of relatively inexpensive housing has dictated the location of refugees, causing direct conflict with other low income residents because of the shortage of affordable housing. Especially with the Hmong, the

¹Minnesota Annual Performance Report, FY 1981.





secondary migration and desires of refugees to live near family and kin has changed the face of a number of Twin Cities neighborhoods.

THE LOCAL PUBLIC RESPONSE TO REFUGEES

Minnesota residents have been open and supportive for the most part in welcoming Southeastern Asians into their communities. In fact, as one service provider pointed out, initially the reception of refugees became almost a fad and involved a large number of Minnesotans. State program officials are proud of the extensive services designed and provided for refugees. As the recession continues, jobs diminish, and the state faces fiscal deficits, however, public response has changed and many residents now wonder if the state can afford refugees. The combination of shrinking public resources and worsening unemployment has significantly affected Minnesota's capacity and generosity in refugee resettlement. Minnesota's Refugee Program Office has intentially adopted a lower profile during the past six months in response to increasing public wariness during uncertain economic times.

As noted above, the housing issue has been critical in several Minneapolis/St. Paul neighborhoods. Several workshops have been held to address the tensions among American Indian, black, and refugee populations competing for available low income housing. The Elliot Park neighborhood in Minneapolis, for example, was an American Indian area, where residents traditionally migrate during some seasons and return. Tensions arose as the Hmong settled in the neighborhood when Indians were away; when they returned, they found a shortage of available housing. Local housing officials have responded with proposals for the development of more assisted units. The impact of refugees on the supply of affordable housing is notable in the fact that half of the tenants in St. Paul public housing are refugees.¹

Both the St. Paul and Minneapolis mayors' offices have become involved to some degree with the refugee issue. In Minneapolis, mayoral staff were instrumental in establishing the Phillips/Elliot Park Coordinating Council in the fall of 1980. In addition, mayors' staff have established the

¹Xang Vang, Lao Family Community, Inc., at a hearing, January 3, 1981.

Indochinese Coordinating Council to the City and County, a group established to promote opportunities for refugees in the area. Similarly, the St. Paul mayor's office has been involved with refugees' impact in certain neighborhoods. In addition, the current mayor's wife, who works at the St. Paul Foundation, has initiated a number of studies and projects involving refugees.

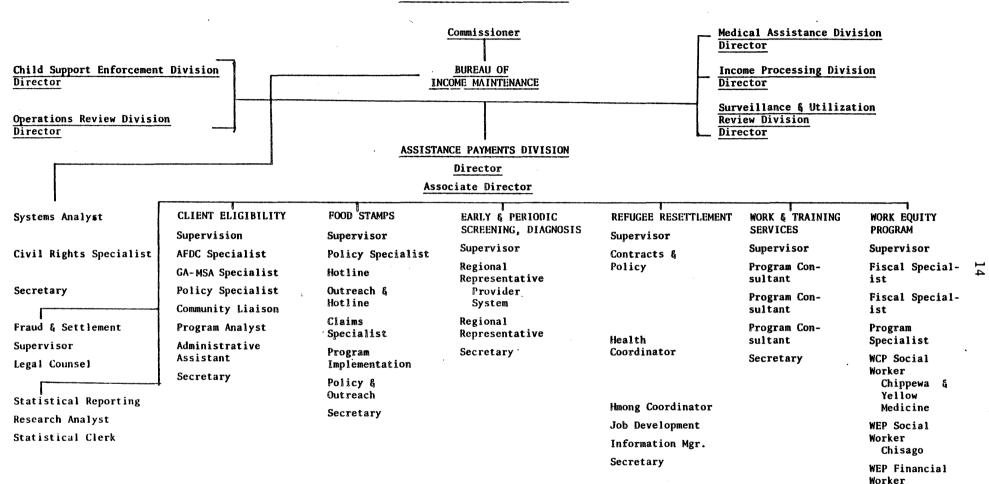
Other foundations have responded to the resettlement of refugees in Minnesota with funding, and the state has gained the cooperation of several Minnesota Congressional representatives, particularly Senator Rudy Boschwitz. Reception of refugees in outstate communities is also characterized as supportive. In rural towns, refugees are particularly obvious, however, and at times tension has arisen over the perceived differences in Southeast Asians' approach to work. According to one service provider in the Southeast area of the state, some small town residents do not understand the need for refugees to receive welfare instead of immediate employment.

II. HOW REFUGEE RESETTLEMENT IS STRUCTURED IN MINNESOTA

OVERVIEW

The Minnesota Department of Public Welfare is the designated single state agency for the state-administered refugee resettlement program. As described in Chapter I, DPW consists of four bureaus: Income Maintenance, Mental Health, Social Services, and Support Services (see Figure 2). Since September 1977, the Refugee Program Office (RPO) has existed as one of the program units within the Assistance Payments Division of the Bureau of Income Maintenance. The State Refugee Coordinator also serves as director of RPO, and provides direction and coordination of the entire refugee resettlement program, including cash and medical assistance and supportive services, which are administered through the county welfare departments and multi-county purchase of service contractors. As an independent unit of the Division of Assistance Payments, RPO has direct policy linkages through the regular state supervision system with the 87 counties, most importantly Ramsey and Hennepin counties, for purposes of conveying policy instructions and directions for cash and medical assistance. Figure 4 displays an organizational chart of the Division of Assistance Payments. In addition, RPO contracts directly with providers of English language training, health, and employment services for refugees across the state.

Under the county-administered welfare system in Minnesota, county welfare departments have independence and autonomy in carrying out their responsibilities to serve refugees within the parameters of DPW-issued instructions and policy. DPW is headquartered in St. Paul and communicates with county welfare departments of income maintenance and social services through a system of instructional, informational, and policy bulletins. The State Refugee Coordinator reports directly to the Director of the Assistance Payments Division and clears and circulates policy through the Policy Analysis Office directly under the Commissioner of Public Welfare. She has direct and centralized authority for making and administering Minnesota refugee resettlement policy from the RPO. These responsibilities include preparation of the State Plan and Annual Reports.



Ramsey Secretary

Figure 4

DEPARTMENT OF PUBLIC WELFARE

Despite this relatively simple bureaucratic structure, the RPO maintains a plethora of formal linkages with other state agencies and organizations. These include separate interagency agreements with the Departments of Education and Health, initiation of and participation in health, education and employment task forces and councils for operation of social services, and several coordinating mechanisms including the Minnesota Consortium for Refugee Resettlement. The Minnesota Consortium is the oldest refugee coordinating mechanism in the state, consisting of the voluntary agencies, Hennepin and Ramsey County welfare departments and state refugee officials. Area Coordinating Councils were established in counties outside the Minneapolis-St. Paul metropolitan area for purposes of assigning particular voluntary agencies with responsibility for groups of counties.

A State Advisory Council was formed in 1981 in order to expand participation of the private sector in the refugee program. The Advisory Council is headed by a retired chief executive officer of a major corporation and has been involved through several subcommittees in developing recommendations on the direction of the state refugee program in consultation with RPO staff.

A BRIEF HISTORY OF REFUGEE RESETTLEMENT EFFORTS IN MINNESOTA

In May 1975, voluntary agencies in Minnesota received the first Indochinese refugee families and by the end of the year, 4,600 refugees, most of whom were Vietnamese, had been resettled in the state. At that time, the Governor established the Indochinese Resettlement Task Force Office as well as several advisory committees to deal with the host of resettlement employment, education, and housing issues. In the fall of 1977, the state refugee office was transferred to DPW where it remains today and in 1978 the current State Refugee Coordinator was recruited to direct the office. This move provided a direct linkage to the mainstream public assistance system of the state for refugees.

The state responded to the rapid resettlement of Southeast Asians in Minnesota by developing and establishing a very comprehensive and coordinated system for support services delivered through county welfare departments, adult education centers, health institutions, and by voluntary resettlement agencies. In conjunction with the Minnesota Consortium

comprised primarily of voluntary agencies, the state RPO created an extensive health and ESL delivery system. As the numbers of refugees entering Minnesota increased in 1978 and 1979, the Area Coordinating Councils were established outstate, metropolitan area community task forces were set up, and education and health services were expanded. By 1980, the incoming flow of refugees reached a high point of 7,000 in one year and the Minnesota refugee community became a magnet for secondary migrants, 4,000 of whom also entered the state in 1980. The rapid rise in new refugee residents placed great strains on the service delivery system as long waiting lists developed, and the numbers of refugee cash and medical assistance recipients increased to become a significant portion of the overall state welfare caseload.

By the fall of 1981, resources from the federal government to support services for the refugee population, estimated at 24,500 individuals, were significantly reduced. According to RPO estimates, in fact, the federal commitment was decreased from \$80 per refugee in Minnesota in the first quarter of federal fiscal year (FFY) 1981 to \$23 in the first quarter of FFY 1982.¹ This recent decline in available resources has resulted in significant cutbacks in refugee social services in Minnesota during the current fiscal year as well as a refocusing on specific priorities in the major program areas. As in other states at the time of the site visit, voluntary agencies and service providers were in the process of adjusting to the reality of reduced resources and an increasing emphasis on moving refugees quickly to self-sufficiency.

THE KEY AGENCIES AND ACTORS IN REFUGEE RESETTLEMENT IN MINNESOTA

There are four major groups of agencies or organizations involved in serving refugees in Minnesota. These are 1) staff of the Department of Public Welfare (particularly the Refugee Program Office) and other state agencies; 2) the County Human and Social Services Departments; 3) the 50 agencies with which RPO has direct purchase-of-service contracts or

¹Request for Proposal Funding to the McKnight Foundation, Minnesota Refugee Program Office, December 1981.

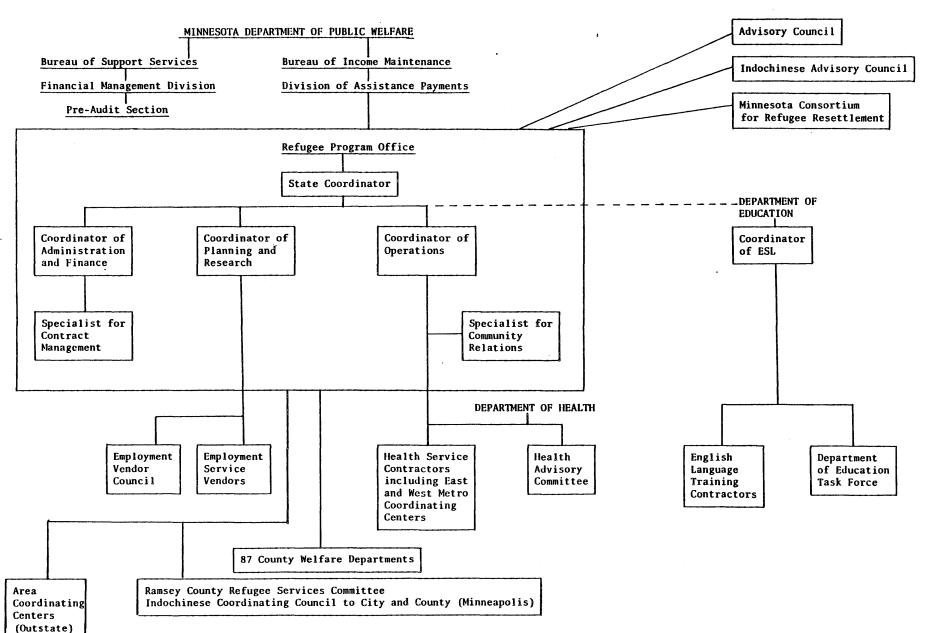


Figure 5 Agencies and Actors in Minnesota's Refugee Program

subcontracts for the provision of refugee education, employment, and health services; and 4) other organizations, including voluntary resettlement agencies, private foundations, and health care providers. In the following sections are described the contributions of each of these groups of actors to the refugee service delivery system. As described in Chapter IV, a number of formal coordinating mechanisms have been established in Minnesota including the largest and oldest group, the Minnesota Consortium for Refugee Resettlement, task forces for the education, employment and health refugee services and Area Coordinating Centers outside of the Twin Cities metropolitan area. In addition, several local level committees such as the Ramsey County Refugee Services Committee and Coordinating Council in Minneapolis have been established. Figure 5 shows the relationships among these actors serving refugees.

Department of Public Welfare and Other State Agencies

The Refugee Program Office (RPO) is the centerpiece of the Minnesota refugee resettlement program. Its director is the State Refugee Coordinator who is responsible for the administration of the entire refugee program, and who acts as coordinator of all of the other actors including other DPW offices, the voluntary agencies, the county welfare departments, the service providers on contract, cities of St. Paul and Minneapolis, and all coordinating commit-She also serves as liaison between the state and federal ORR, repretees. senting the state at any local functions, Congressional hearings, or meetings in Chicago at the ORR Region V office. The State Coordinator also has primary responsibility for the preparation of the State Plan and Annual Reports. As director of the RPO unit, she serves as the manager of the six staff members who report to her. She in turn reports directly to the director of the Assistance Payments Division. The State Coordinator has served in this position since 1978 when she was recruited to replace the previous IRAP director. She has longstanding experience with refugees, having worked at Indiantown Gap and a local voluntary resettlement agency before assuming the State Coordinator responsibilities. During the past four years she has developed and hired the current RPO staff whose positions are described in the following paragraphs.

The <u>Coordinator of Administration and Finance</u> is primarily responsible for preparing and monitoring all purchase-of-service contracts with 50

agencies under contract to RPO. This task has been considerably complicated by the need to implement contracts four times a year due to the uncertainties of quarterly federal funding allocations. She also prepares most of the instructional bulletins issued by DPW to guide county welfare departments in the administration of the refugee program, and provides other information for county offices. She is assisted by the <u>Specialist for Contract Management</u>, a Southeast Asian refugee who maintains much of the program data and prepares budget estimates. The <u>Coordinator of Planning and Research</u> position has been filled by an Employability Specialist who has developed and coordinates the refugee employment services through a number of vendors on contract. He prepared Work and Training Guidelines which lay out the requirements of language and job training for Minnesota refugees on public assistance. He also prepared an RFP for the selection of employment vendors, and maintains frequent communication with them. In addition, he serves as the planning coordinator for RPO.

The Coordinator of Operations has chief responsibility for the comprehensive refugee health services program through a task force, monitoring of the East and West Metropolitan Health Interpreter Coordinating Centers, and serves as director of a health project funded by the McKnight Foundation in February 1982. Also, she has primary responsibility for all of the data systems of the refugee program which are designed to keep track of numbers of refugees on cash/medical assistance and for population estimates. A Specialist for Community Relations, a Southeast Asian under the Operations Coordinator, maintains constant communications with many indigenous groups serving refugees in Minnesota. Finally, the Coordinator of ESL, who serves the RPO half-time under an interagency agreement with the Department of Education, is a vocational education specialist who administers the ESL program. She was responsible for the convening of an Education Task Force which developed learner outcomes and training standards and preparation of an RFP for the selection of ESL providers. The RPO staff is augmented by a part-time accounting officer in the Pre-Audit Section of the Division of Financial Management.

Another actor within DPW who plays a role in the refugee program is the <u>Director of the Assistance Payments Division</u> to whom the State Coordinator reports. He provides support for any policy decisions made within RPO

and serves as official liaison to the Governor's office. He reports to the Assistant Commissioner of Income Maintenance who has only a cursory supervisory role over the refugee program. The Governor's Office <u>DPW liaison</u> staff member maintains limited contact with refugee issues as they arise. The Governor's Office also plays a limited role regarding refugees, mostly in the form of conveying to various federal contacts the necessity for the refugee program to remain a federal responsibility and not become a state liability.

The Bilingual Section of the <u>Minnesota Department of Education</u> administers two programs serving refugee school children. The first is the bilingual education program which operates in 117 school districts and is funded through federal sources (Title VI) as well as by over \$3 million in state appropriations. The Department of Education also administers the Transition Program for Refugee Children passing federal funds through to 95 school districts. As already described, the Minnesota Department of Education provides an adult vocational educational specialist on a halftime basis to RPO under an interagency agreement. ESL programs are administered under her direction.

The <u>Department of Health</u> also plays an important role in serving refugees in Minnesota under an interagency agreement with RPO in FFY 1981. ACVA forms for newly arriving refugees are transferred to the Department of Health, which in turn passes them to local designated <u>community health</u> <u>centers</u>. The Department developed a uniform protocol for use by any medical personnel serving refugees. In the Twin Cities area, refugee medical services are coordinated through <u>East and West Metro Health Interpreter</u> <u>Centers</u>. A division of the Department of Health administers the CDC grant which provides limited support to health agencies for data collection and educational outreach, particularly outside the metro area. The Department was also a partner in a Refugee Education Project directed to private physicians.

County Welfare Departments

As noted, the 87 counties in Minnesota operate independent human service programs within a state policy framework. Ramsey and Hennepin Counties, the most impacted areas in the state in terms of refugees, each established

procedures for processing refugee cash/medical assistance recipients. In Ramsey County, intake staff in the Income Maintenance Division determine eligibility and refer refugees either to WIN (for those on AFDC) or the Work and Training Unit. Work and Training Unit staff serve as a "broker" for refugees, taking responsibility for the services provided to refugees and referring those on assistance to a voluntary agency or other service provider. The Hennepin County Work and Training Unit recently closed. All refugees are now referred to Project HIRED, a program administered by Hennepin County CETA, unless they are categorically eligible for AFDC, in which case they are referred to WIN.

The Social Services Division provides limited day care services (400 slots currently) on contract to refugees in Hennepin County. In both Hennepin and Ramsey County, the social services divisions are responsible for unaccompanied refugee minors, as well as the provision of other protective and family services, such as battered women's services, to refugees. Interpreter staff for Hmong and Vietnamese clients are available in both counties' social services departments.

Organizations Which Contract With DPW

The Refugee Program Office has purchase of service contracts with 50 agencies across the state for refugee services in the areas of employment, ESL, or health. In many cases, these contracted vendors have subcontracted with other agencies for direct service delivery. The local affiliates of four voluntary agencies in different areas of Minnesota contact with RPO for the provision of refugee social services: American Council for Nationalities Service (ACNS); Lutheran Immigration and Refugee Services (LIRS), United States Catholic Conference (USCC), and Church World Service, (CWS). In addition, RPO has contracts with a mutual assistance association (Lao Family Community, Inc.), Jewish Vocational Services, 11 Adult Vocational Technical Institutes (AVTIs), and seven Adult Basic and Continuing Education centers for ESL and supportive services. The Minnesota Literary Council has taken a lead role in coordinating English language training by volunteers across the state since FY 1981. A full-time staff person at the Literacy Council recruits and organizes the training of nearly 200 volunteer tutors under a contract with RPO.

Other Organizations Involved With Refugees

Actual providers of ESL services to refugees consist of local <u>Adult</u> <u>Basic and Continuing Education Centers</u>, funded in part by Adult Basic Education (ABE) funds, and in part through contracts with RPO. Refugee students are referred by either counties or voluntary agencies. In Minnesota, Adult Basic and Continuing Education centers in many communities provide all adult education as well as recreational services as part of the local school district. A separate system of 33 Adult Vocational Technical Institutes (AVTIs), funded in part by federal vocational education funds, also associated with school districts, exists in Minnesota. As noted in the following section, 18 of these AVTI's and Adult Basic and Continuing Education Centers have contracts with RPO to provide ESL for refugees. For example, in St. Paul, the adult basic and continuing education system has been heavily involved in refugee services.

A number of agencies are involved with the delivery of health care for refugees in Minnesota including the St. Paul Division of Health, Ramsey County Public Health Nursing, Hennepin County Medical Center, St. Paul Children's Hospital, and other local health care providers in the Twin Cities area. The <u>McKnight Foundation</u> awarded a \$579,000, 19-month grant to RPO in the spring of 1982 to continue support of health interpreter and social adjustment services as well as to plan procedures for meeting the goal of mainstreaming refugees in private health care programs. Additionally, the <u>Blandin and Ordean Foundations</u> awarded grants for interpreter services in the Northeast area of the state.

The <u>St. Paul Foundation</u> has been actively involved in refugee issues in the eastern metropolitan area of the Twin Cities since 1979. They first worked with a group of Hmong who wanted to develop a community center. Other activities for which St. Paul Foundation has provided funds are a Vietnamese cultural conference, a Hmong textile art cooperative, and drivers training school for the Hmong. Staff at St. Paul Foundation maintains frequent contact with RPO and serves almost as a broker and reference for other foundations which are considering funding refugee-related projects.

As mentioned in Chapter I, the Mayor's offices in St. Paul and Minneapolis have played a role in dealing with community tensions. In

Minneapolis, mayoral staff initially became involved with the Cuban community,¹ and were instrumental in establishing the Phillips/Elliot Park Coordinating Council in the fall of 1980. An Indochinese workshop was held in December 1980. In addition, mayor's staff have established the Indochinese Coordinating Council to the City and County, a group established to promote opportunities for refugees in the area. Similarly, the St. Paul mayor's office has been involved with cooling tensions arising from refugees' impact in certain neighborhoods, as well as promoting linkages to the private business sector.

¹The state does not participate in the Cuban/Haitian entrant program but estimates that about 1,000 Cubans and Haitians have settled in Minnesota.

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III. AN OVERVIEW OF THE DESIGN OF MINNESOTA'S REFUGEE RESETTLEMENT PROGRAM

RESOURCES UTILIZED IN REFUGEE RESETTLEMENT

In Table 2 are shown the actual expenditures for Minnesota's refugee resettlement program during FFY1981, and the first two quarters of FFY1982 only, because of the quarterly allocations and uncertainties about the remainder of FFY1982. Due to differences in dates of fiscal years (Minnesota operates on July 1 - June 30 year), separate funds ("30 funds") are established for federal grants allocated from October 1 to September 30. (Several "30 funds" from separate fiscal years may be open at one time.) ORR funded cash and medical assistance expenditures for FFY1981 including the unaccompanied minors program totalled \$25,550,864. The social service budget for FFY1981 amounted to \$3,727,608 which includes a roll over from FFY1980 of \$225,732. In addition the Center for Disease Control (CDC) awarded \$211,568 in 1981 to Minnesota Department of Health. Transition funding for primary and secondary schools amounted to \$750,000 for the 1981-1982 school years.

Of the total \$33,915,699 in ORR funds expended for the refugee program in Minnesota in FY 1981, 51.1% were for cash assistance, 22.9% for medical assistance, 6.5% to county and state administration of the RCA/RMA programs, 11.0% to social services, 2.2% for impact funding to schools and 0.6% from CDC for health services in FFY1981.

Expenditures in the first half of FFY1982 for cash and medical assistance plus unaccompanied minors total \$11,296,203. The federal allocation for social services was reduced for FFY1982, during which RPO expects to receive only \$2,659,525 in four quarters. The expected allocation for the first quarter of FFY1982 was about \$583,000 and \$823,000 for the second quarter. In addition CDC awarded \$250,153 in 1982 to the Minnesota Department of Health. Administrative expenditures charged to social services in the first two quarters of 1982 represent administrative costs from counties outside of the metropolitan area. Other social service vendors must now include administrative expenditures in their contract budgets. (These costs are

Table 2

Minnesota Refugee Program Expenditures FFY1981 and FFY1982, First Two Quarters

Program Component	ORR Expenditures FFY1981	Percent of ORR Total	Expenditures from Other Sources FFY1981	ORR Allocation FY1982 10/81-3/82	Percent ORR Total	Expenditures from Other Sources FFY1982 10/81 - 3/82
a 1. Cash Assistance AFDC RCA	\$ 2,751,993 14,571,723	51.1%	\$3,451,778 ^f	\$1,918,212 ⁱ 5,481,987	47.9%	\$2,405,981 ^f
2. Medical Assis- tance Title XIX RMA	1,335,419 6,418,530	22.9%	1,674,994 ^g	842,113 ^C 3,053,891 ^C	25.2%	1,056,248 ^g
3. Unaccompanied Minors	473,199 [°]	1.4%		383,719 ^C	2.5%	
 Administration of Cash/Medi- cal 	2,213,258 ^c	6.5%		1,286,044 [°]	8.3%	
5. Social Ser- vices	3,727,608 ^{.d}	1	349,202 ^h	1,406,550 ^c	9.1%	\$569,000 ^m 40,000 ⁿ 20,400 ⁰
6. Administra- tion of Social Ser- vices	562,000 ^C	1.6%		5,309 ^j	0.03%	
7. Transition Funding for Refugee Children	750,000	2.2%		750,000	4.9%	3,260,000 ^p
 Interagency Agreement w/Health Department 	13,327	0.04%		3,141 ^k	0.02%	
9. CDC	211,568	0.6%		250,153	1.6%	
10 County Direct Services for Refugees	887,074 ^e	2.6%		53,492 ¹	0.4%	
TOTAL	\$33,915,699	99.9%	\$5,475,974	\$15,434,611	99.9%	\$7,351,629

Notes to Table 2:

Minnesota Annual Performance Report, 1981. Does not include \$61,638 RCA for Soviet Refugees but does a. include \$399,650 originally reported as purchase of service funds later authorized to charge to RCA. Minnesota Annual Performance Report FY1981. Centralized MA costs only. ь.

c. Financial Status Report, Form 269.

Annual Performance Report FY1981. Includes \$225,732 in FFY1980 rollover. d.

Includes \$403,981 carryover from FFY1980. e.

f. Federal AFDC Share (55.64%).

Regular federal Title XIX share (55.64%). g.

Contributions from several Twin Cities area health care institutions for interpreters services. h.

Dates of these expenditures cross over FFY1981 and 1982.

Financial Status Report, Form 269. Includes \$561,136 rollover from FFY1981. i.

j. Financial Status Report. Only outstate countries were allowed to charge administrative expenditures to social services. Other social service administrative costs by vendors are now included in social service contract budgets (from the \$1.4 million).

k. Internal Accounting records, Pre-Audit Section.

1. Only outstate counties contracted with RPO in FFY1982.

m. McKnight Foundation Grant - (3/1/82 - 9/30/83) for health services.

Table 3

Social Service Contracts FFY1982 First Quarter

		Percent
<u>EMPLOYMENT</u>	Contract	
Metro Area	Amount	Total
Catholic Charities	\$ 12,61	8
RISE*	45,04	
Lutheran Social Services	8,76	
Lao Family HIRED (Hennepin County)	10,58	
Jewish Vocational Service (Ramsey Coun	ty) 21,724 10,811	
FVS (Vietnamese MAA)*	- 6,500	
Church World Service (Hennepin/Ramsey	County) ⁰ 7,100	
······································	Subtotal \$123,144	
Outstate		
Church World Service (Dakota County)	\$ 4,50)
Church World Service (Outstate)	8,120	0
Lutheran Social Service: NE	6,500	
Lutheran Social Service: WC	2,66	7
Lutheran Social Service: NW ^O	2,66	•
Catholic Charities: St. Cloud	5,50	
Catholic Charities: Rochester	6,660	
	Subtotal \$ 36.62 Employment Total \$159,764	
	Employment local \$159,70	4/.J ⁰
EDUCATION/ESL		
Metro Area		
St. Paul TVI - Adult Homemaking	\$ 8,750	n
St. Paul VI - Bilingual Vocational	8,750	
Metro East Coalition	31,250	
Minneapolis Community Education	50,000	
International Institute	37,500	
Lao Family Community, Inc.	21,500	
916 AVTI	25,000	
Hennepin Technical Centers	12,500	
Robbinsdale Community Education	5,750)
Westonka Community Education	3,500)
Anoka AVTI	9,000)
Dakota County AVTI	5,500	
Burnsville Community Education	2,250	
Hastings Community Education	1,000	
	Subtotal \$222,250	38.0%
Outstate Area		
Austin AVTI	\$ 3,250)
Faribault AVTI	2,500	
Rochester Community Education	14,000	
St. Cloud Community Education	11,405	
Duluth AVTI	6,299	
Duluth Lutheran Social Services	2,600	
Jackson AVTI	5,250	
Mankato AVTI	2,000)
Marshall Community Education	1,750	
Willmar Lutheran Social Services	3,250	
Moorhead AVTI	2,500	
Moorhead Lutheran Social Services	$\frac{1,000}{5000000000000000000000000000000000$	
	Subtotal \$55,804	
	Education Total \$278,054	47.5°
	Employment/ESL Total \$437,818	3 74.8%
OTHER		
Health Services and Outstate Vendors	\$147,474	1 <u>25.2°</u>
FIRST QUARTER TOTAL	\$585,292	2 100.0%

*Indicates subcontract with another vendor. oIndicates multiple sites for one contract vendor.

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therefore included in the overall \$1.4 million allocation.) RPO allows purchase-of-service of contractors to include 5%, on an average, of total contract costs to administration unless circumstances warrant a higher level.

During the first quarter of FFY1982, 74.8% of the total social services budget of \$585,292 was expended on language training or employment services, as shown in Table 3. The remainder of the funds was used for contracts with ongoing health interpreter and mental health providers until foundation grants were awarded, as well as for small retroactive payments to outstate vendors for expenditures in the first quarter.

Additional sources of funding in FFY1981 included \$3,451,778 to cover the regular federal share of AFDC and \$1,674,994 to cover the federal share of Title XIX categorical expenses. Additionally, the State of Minnesota appropriated \$3,260,000 for the Limited English Program (LEP) which reimburses school districts for up to 70% of the salaries of bilingual education teachers. It is estimated that 80% of the students are refugees. The McKnight Foundation awarded a grant of \$579,000 to fund health services to refugees over a 19 month period from March 1982 to September 1983. Also an undetermined amount of Adult Basic Education funds are used in adult education centers and vocational schools for language and other training in which refugees participate.

PHILOSOPHY AND DESIGN OF THE REFUGEE RESETTLEMENT PROGRAM

Goals and Objectives

The overall purpose of the Refugee Program Office is to plan, coordinate, facilitate and develop communities' capabilities to assist refugees to self-sufficiency expeditiously and efficiently. Due to recent cutbacks in federal resources, Minnesota program officials have begun to implement specific efforts to utilize resources other than ORR funds in refugee resettlement and to mainstream refugees as much as possible in existing social service delivery systems. In line with this overall mission, the Refugee Program Office, in conjunction with the State Advisory Council have developed a set of ten goals for the refugee program as follows:¹

¹Minnesota Annual Performance Report, FY1981.

- 1. To improve coordination of services through systems of referrals and follow up.
- 2. To reduce the public assistance caseload through employment placement.
- 3. To strengthen the refugee communities' abilities to help themselves.
- 4. To achieve program financial stability to the extent possible.
- 5. To develop more volunteer efforts.
- 6. To secure private financial support for portions of the Refugee Program.
- 7. To continue efforts to mainstream refugees into existing health and community resources.
- 8. To improve communication within the Refugee Program.
- 9. To improve monitoring and evaluation procedures.
- 10. To consolidate the number of working committees in order to minimize duplication of efforts.

Even more specific objectives for the FFY1982 program year are itemized in the State Plan (1982). These objectives include the following:

- to reduce the number of refugees on cash assistance by 10%;
- to place 1,400 refugees in jobs;
- to assist 4,100 refugees in English language training within the first 6-18 months of arrival;
- to provide a coordinated system of employment-related educational/training opportunities and job development and placement services which leads to refugee economic self-sufficiency within 12-18 months upon arrival in the United States;
- to ensure and provide for basic employability-related assessment and plan development of 3,261 employable adult refugees;
- to provide 1,500 employed refugees with support services through educational, counseling, and employment programs and through volunteers; and
- to facilitate the readiness of refugees for employment and language training by identifying and treating health-related problems, which may initially impair the refugee's ability to work.

Within each service area administered by RPO, efforts have been made to streamline and more narrowly focus service delivery as well as to solicit resources from and involve the private sector in refugee resettlement. Particular program actions in the <u>health</u> area, to achieve these goals are to use a centralized pool of health interpreters to provide high quality and cost effective care, to provide an environment which promotes understanding between health professionals and refugees and to improve accessibility of health care. In the <u>employment</u> area, RPO staff objectives include clarifying the employability related roles of all actors serving refugees; targeting certain refugee populations; establishing a metropolitan area employment coordinating committee; coordinating county welfare departments and other service providers to ensure fulfillment of work and training guidelines and establishing formal linkages with local business and industry councils. In the <u>education</u> area, a set of strategies developed to meet program objectives include:

- to invest 75% of ESL funds in training adult refugees with low levels of English;
- to invest 22% of ESL funds in programs for refugees who have the ability to prepare rapidly for higher levels of employment;
- to coordinate 3% of refugee education funds with vocational education;
- to continue to develop statewide coordination between the Departments of Education and Public Welfare;
- to revise the ESL curriculum to be clearly related to employment needs;
- to review assessment and placement procedures;
- to expand volunteer services; and
- to encourage cooperative efforts between employers and service providers.

In summary, RPO staff have devised a clear set of goals and specific objectives by which to guide the Minnesota refugee program from an era of extensive and generous support to one of fiscal restraint during a period of exonomic recession.

PROGRAM ELEMENTS IN MINNESOTA'S REFUGEE RESETTLEMENT PROGRAM

Minnesota's refugee resettlement program includes the following components as described in the sections below:

- cash and medical assistance;
- social services offered through multi-county purchase of service contracts, or through county human service departments;
- health screening and interpreter services currently funded by foundation grants and supplemented by CDC;
- bilingual and English training in primary and secondary schools and adult basic and continuing education programs administered by the Department of Education (separate from RPO contracts); and
- services to unaccompanied refugee minors.

Refugee Cash and Medical Assistance

Refugees apply for cash and medical assistance at county welfare departments where they are assigned to an Income Maintenance unit worker, as are all other welfare applicants. The counties assume all responsibility for intake procedures and eligibility determinations. Eligible recipients are coded "88" to identify them as refugees and to indicate federal reimbursement. (The "88" designation is used instead of a county designation of responsibility which would be "1" through "87" for the 87 counties in Minnesota.) In addition, refugees that are categorically eligible for AFDC or Title XIX are further coded as "A"; those refugees that are not categorically eligible are coded "F", and an "M" designation signifies a medical assistance only recipient. Date of entry is also entered on the DPW 106 client data form since April 1981 to trigger a message for termination at the end of 18 months (36 months previously). Welfare applicants are then referred to a Work and Training unit where staff have responsibility to complete an assessment of each refugee and make the proper referrals for ESL and/or employment. Counties may also designate another agency to handle these responsibilities.

Minnesota program officials estimate that 67% of the refugee population in the state have entered the country within the past 36 months and that half of the current "F" category recipients have been here over 18 months. Consequently, the 18 month cutoff of benefits is and will continue to have a significant impact on refugees in the state. As explained in Chapter I, many refugees may be eligible for the state GA program because of the "f" eligibility group which includes those with language barriers. Since May 1, 1982, when the 18 month limitation officially went into effect in Minnesota, notices are sent to those who have been in the country for 18 months notifying them of the cutoff. Determinations are then made on their eligibility for GA, MSA or GAMC. If they fall into the language barrier category, GA recipients must be enrolled in an ESL program. Some refugees may qualify for the "lack of marketable skills category" to be eligible for GA. However, under this category, GA is only available for five weeks per year.

On December 7, 1981, the state temporarily closed the Refugee Assistance Program, i.e., cash and medical assistance for refugees in the "f" category, because the second quarter federal allocation was delayed and the state had no money to finance the second quarter.¹ All refugees ineligible for AFDC or GA were sent 10 day notices. When the second quarter allocation was received at the end of January, county welfare departments were informed to notify refugees that a new application would be necessary. Only refugees who had been in the country less than 18 months were notified due to the then draft federal regulations implementing the 18 month cutoff. Consequently the 18 month limitation unofficially went into effect in Minnesota on February 1, 1982. No retroactive payments were made for the month of January.

The caseload of Minnesota refugees for FFY1981 and part of FFY1982 is shown in Table 4. As indicated, the cash assistance caseload grew about 13% during FFY1981. In January 1982, counties were instructed to redetermine eligibility of all refugee clients. Many refugee families with children were transferred to the AFDC-UP program. The 5,951 recipients of RAP were coded "F" but paid the GA standard. The number of refugees utilizing medical assistance only has remained fairly stable, and generally runs about 44% of cash assistance recipients.

Voluntary resettlement agencies in Minnesota have recently criticized the state program because they feel that the system encourages refugees to accept welfare assistance, in part because they claim sanctions are rarely applied at county welfare departments against refugees. These claims are part of a continuing controversy in the state over who should have responsibility for refugees in Minnesota: the counties or the voluntary agencies.

¹ORR and Minnesota program officials agreed to expend unspent FY1981 funds for the first two months of FY1982. By December, no funds remained.

Table 4

Refugee Assistance Caseload

FFY1981

	Cash Assistance			Medical Assistance		
Month	Numbers of Refugees	es Number of Refugees		Non-AFDC		
FFY1981	Receiving AFDC	Receiving RAP	Total	AFDC-Eligible	Eligible	Total
October,1980	3,681	8,645	12,326	1,732	3,035	4,767
November	3,723	9,015	12,738	1,522	3,726	4,248
December	3.768	9,205	12,973	2,509	4,765	7,274
January, 1981	3,753	9,307	13,060	1,820	3,768	5,588
February	4,143	9,895	14,038	2,012	3,966	5,978
March	4,151	10,233	14,368	1,790	3,728	5,518
April	3,446	10,178	13,624	1,944	4,082	6,026
May	3,473	11,502	14,975	1,951	4.506	6,457
June	3,393	11,680	15,073	2,162	5,309	7,471
July	3,487	10,238	13,725	1,387	3,778	5,165
August	3,595	10,243	13,838	1,405	3,630	5,035
September	3,681	10,298	13,979	1,763	4,589	6,352
FFY1982						
October	3,693	10,097	13,790	1,645	4,442	6,087
November	3,622	10,210	13,832	1,867	4,898	6,725
December	3,656	9,948	13,604	2,053	3,934	5,987
January, 1982	6,942	5,951	12,893	2,839	2,868	5,713
February	7,307	7,472	14,779	3,022	2,629	5,702
March	6,215	7,268	13,483	2,873	2,570	5,608

Source: Annual Performance Report, FFY1981 and internal Pre-Audit Section records, FFY1982.

As indicated above, ultimate responsibility for refugees on RCA/RMA now lies with county welfare departments unless delegated to another agency.

One of the major accomplishments of the RPO during FFY1981 was the development and enactment of Work and Training Guidelines for refugee welfare recipients. These guidelines are contained in DPW's Instructional Bulletin #81-52, which is copied in Appendix A. According to these guidelines, a refugee cash assistance recipient must not have quit a job within 30 days or refused to accept employment in order to receive assistance. Unless determined exempt, refugee recipients must register and participate with a public or private agency providing employment services, as well as register for and participate in ESL training. Exempt refugees include those under age 16 or over 65, those who are incapacitated or whose presence in the home is required. Sanctions for non-cooperation or refusal of an adult refugee recipient to register with an employment service include counseling as a first step or termination of the grant 30 days after the original refusal. The Work and Training unit case managers are required to notify the income maintenance eligibility workers of any changes in employment status. If a refugee is a GA recipient, there are no such sanctions applied.

Social Services

The social services program for refugees in Minnesota underwent major changes at the beginning of FFY1981 due to delays and reductions in federal allocations. Prior to FFY1981, social services to refugees were provided both through county human service departments as well as through other agencies with multi-county purchase of service contracts. Especially in Hennepin and Ramsey Counties, some specialized refugee services were established, including for example, interpreters and contracted slots at a day care center. In fact, during FFY1980 and 1981, the state RPO contracted with counties for the provision of other direct social services, such as day care on site at ESL classes. With reductions in social service resources, however, RPO decided to eliminate these county service contracts after the first quarter of FFY1982.

When the allocation for refugee social services was delayed in October, 1982, RPO was forced to stop funding all ESL programs, maintaining only

skeletal support for certain purchase-of-service contractors. With carryover funds from FFY1981, RPO provided minimal support for voluntary agencies in outstate areas, maintained Project RISE and funded the East Metro health interpreters coordinating project for all health emergencies in the Twin Cities area. The contracting year did not commence for all selected providers until December 1 or later, once the federal allocation was received. Because of the significant reduction in funds, from \$3.7 million to an expected \$2.6 million, the aggregate amount of vendors' contracts was reduced. In addition, RPO staff in conjunction with a subcommittee of the Health Advisory Committee opted to concentrate on soliciting private foundation resources to support health services for refugees. Until February 1982, however, when the McKnight Foundation grant was received, the health interpreter services were funded by the refugee social services Another change implemented by RPO was to contract on a quarterly program. basis with all vendors because of the perceived uncertainties of federal funding. RPO has contracted for multi-county refugee services with a number of voluntary agencies, Adult Vocational Technical Institutes (AVTIs), Adult Basic and Community Education Centers and others to provide ESL, employment or health services.

Separate delivery systems have been established for the metropolitan and outstate areas. In the metropolitan area, all refugees on cash/medical assistance are referred to social services by the Hennepin or Ramsey County Human Services Departments. Whereas until 1980, the voluntary agencies and the state were the principal partners in providing refugee services, since that time, special efforts have been made to include county welfare departments in the refugee service delivery system. These efforts include giving counties principal referral responsibilities and including them in such coordinating bodies as the Minnesota Consortium. Within the metropolitan area, voluntary agencies have service specialties. International Institute provides language training; Lutheran Social Services provides social adjustment services; and Catholic Charities has specialized in employment, particularly through their spin-off project, Project RISE.

In order to serve the outstate area, the Area Coordinating Center concept was developed in 1979. Each area consists of a group of counties, to which a voluntary agency local affiliate is assigned specific responsibility

for coordination of all refugee services. A map of the Area Coordinating Centers is shown in Figure 6.

During the past year, staff of the RPO have considerably strengthened the focus of the social service program from one of comprehensive support services, especially health and language services to a targeted approach of ESL and employment services in order to expedite the movement of refugees to self-sufficiency. Specific paths of service have been conceptualized as shown in the flow chart displayed in Figure 7. As described in the Work and Training Guidelines, the county welfare departments must designate an employment service, either the Work and Training Units or an outside agency for assessment and development of employability plan. Either the county or its designee develops a plan of service for each refugee selecting from the following elements:

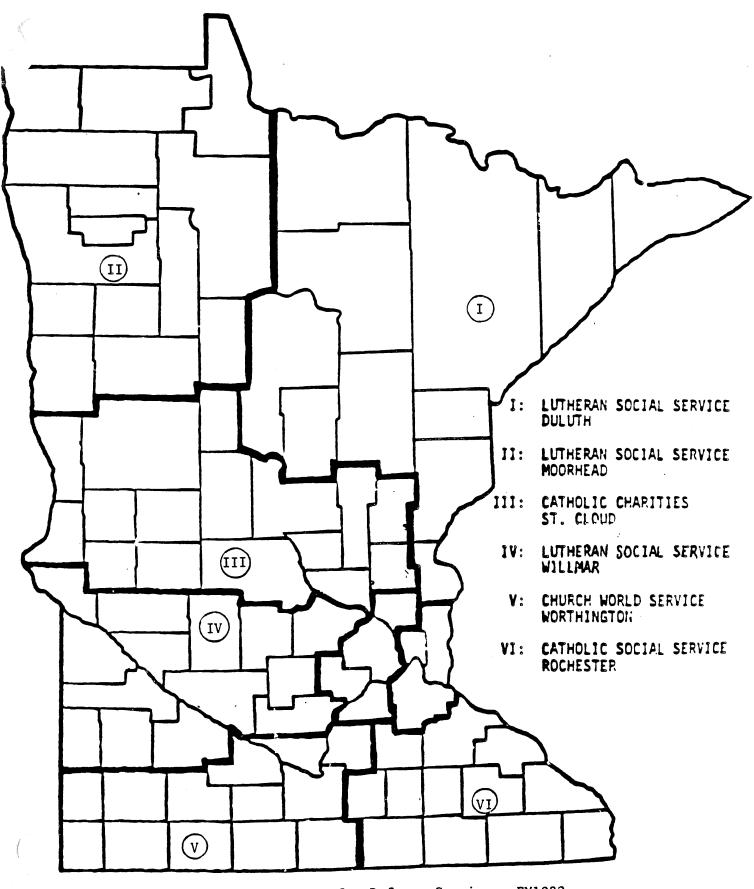
- part time ESL (six month limit);
- full-time ESL (six month limit);
- combination of ESL and work or training (12 months limit);
- private employment agency for job placement (four month limit);
- CETA for full time work or part time work and training (four month limit);
- full time vocational program (one year limit);
- intensive counseling (three month limit);
- Job Service (six month limit); or
- WIN program (one year limit).

Employment Services

Prior to 1981, RPO had relied on Job Service, CETA and WIN for any refugee employment services provided by the counties or state employment agencies. Since RPO hired an employability development specialist, the employment services have been restructured. Of the 15 employment vendors funded through direct contract or subcontract with RPO in FFY1982, 13 are new projects. All vendors responded to a competitive RFP, and of 21 proposals received, 16 were funded. The Work and Training Guidelines, described in the previous section, provide the guiding framework for linking cash assistance and employment services. 37

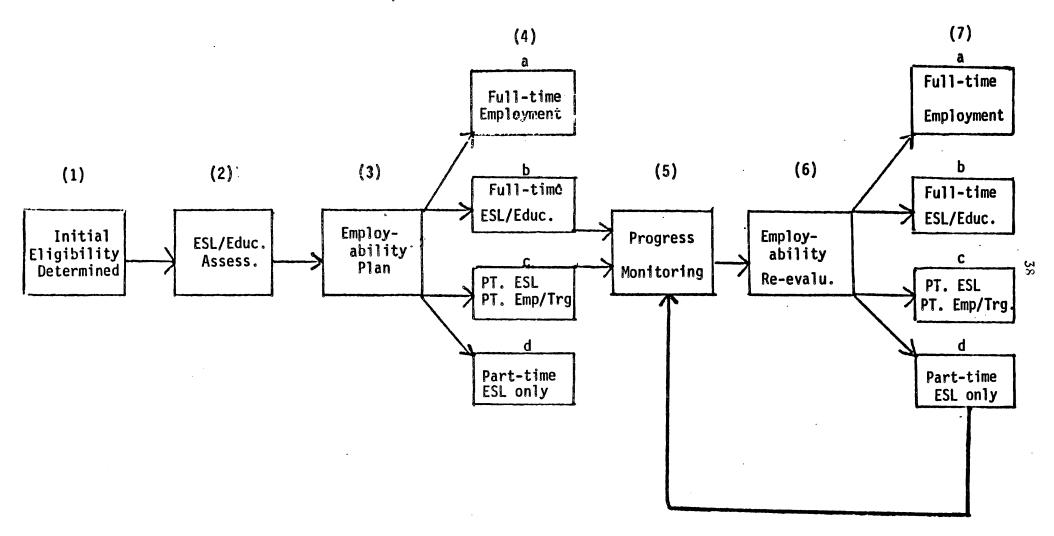
Figure 6





Source: Minnesota's State Plan for Refugee Services, FY1982





Source: Refugee Program Office.

After initial eligibility determination and assessment in county welfare departments, refugees in the metropolitan area are referred to one of several projects for world-of-work training, job development and placement and follow-up services. Although it is not necessary for a refugee to be a cash assistance recipient to participate in an employment project, most participants are referred by county welfare departments. In addition, private agencies refer refugees to these projects. Project RISE takes refugees with less immediate employment potential; Jewish Vocational Services provides vocational training for those with higher levels of preparedness; Lao Family Community is an option for the Hmong; and a Vietnamese MAA provides specialized services for Vietnamese refugees. Voluntary agencies serve any refugees who do not receive cash assistance. A referral system has been established so that counties and participating agencies remain informed about the referrals and outcomes of all refugees served and duplication of services is avoided. This new system operates by the employment projects circulating referral sheets on all clients to the county welfare departments and among each other. An Employment Services Vendor Council has been established in the metropolitan area for purposes of developing a coordinated set of services under the close direction of RPO staff. A number of the employment projects are described below.

Project RISE (Refugees in Search of Employment) was initiated in April 1981 by employment staff from Catholic Charities. Its program is based on a self-help approach for refugees involved in a job search. Project RISE provides one day of world of work training after which a refugee is assigned to one of nine bilingual employment specialists. These specialists oversee telephone searches and accompany a refugee applicant to a company. Followup after placement is conducted at 10, 30, 60 and 90 day intervals. Of the 976 refugees registered during the past year, between 300 and 400 have been placed and about 350 are in active job search. The remainder of the cases were closed for various reasons, such as moving or ill health.

HIRED is a non-profit organization under Hennepin County CETA. Since the Work and Training Unit of Hennepin County Welfare closed in the fall of 1981, all refugees in the county have been referred to HIRED, which has a caseload of over 1,000 clients. This caseload represents a backlog of refugees during a period when funds were delayed and the Work and Training

Unit was closed.¹ Since March 1981, a full time staff of seven interpreter and placement workers have been hired who are initiating services to refugees.

Catholic Charities operated an innovative employment services experiment over six months with 100 cases. These refugees were intentionally not registered for cash assistance, and staff worked with them intensively to provide the full rnage of support and employment services. Careful tracking of the progress of each case was maintained. Staff claim that their job placement after this six months was 55% higher than for 100 previous cases who had followed regular channels and registered with county welfare departments. Lutheran Social Services has a small contract for employability assessments for 39 in the second quarter.

In the outstate areas, employment services are provided by the responsible voluntary agency for an area. For example in St. Cloud, Catholic Charities provides world-of-work training and case reviews as well as placement services for all refugees in the area. Church World Service in the Southwest Area funded a job developer who works with potential employers, and bilingual workers who accompany refugees on job searches. They are responsible for 1,100 refugees scattered over 13 counties.

ESL Services

The ESL program has also been considerably streamlined during the past year. A Department of Education Task Force, composed of Department of Education staff members, with direction from the RPO Coordinator of ESL, developed a set of curriculum guidelines and learner outcomes in order to focus language training for refugees. These guidelines were included in the RFP from which 25 projects were funded out of 37 proposals submitted to RPO. ESL vendors include AVTIs, adult basic and continuing education centers, and voluntary agencies. The learner outcomes identify specific outcomes for four levels of language training: Orientation, Pre-Book, Basic Instruction, and Transitional. In addition, a specific number of instructional hours

¹Hennepin County has continued to operate an Employment Services program providing transportation and day care to AFDC recipients who are enrolled in WIN. As of August 1982, however, they will no longer be accepting WIN cases.

are prescribed. All refugee ESL programs must be employment oriented. Whereas refugees were formerly allowed to stay in ESL indefinitely, all classes are now limited to six months.

In the Twin Cities, ESL is taught in several locations. Minneapolis Community Education, part of the Adult Basic and Continuing Education system, serves approximately 1,000 refugee students at two sites. Under new guidelines, their program has been revamped to concentrate on the employment orientation. Thirteen ESL teachers and two interpreters provide instruction in day time and evening classes. It is estimated that about 95% of the students in Minneapolis Community Education ESL classes are refugees. In order to make up for reduced funding from RPO, some Adult Basic Education resources are used to cover the costs of their ESL program. After six months refugee students are referred to HIRED. The International Institute, the local ACNS affiliate, handles most ESL instruction for St. Paul. Their program has been reduced considerably, down from 90 to 40 teachers with a decreased number of sites. They have developed a number of institutional materials geared to Southeast Asians.

Under a contract with RPO, the Literary Council has hired one staff person to develop and coordinate a statewide ESL volunteer network. These volunteers serve about 1,000 refugees annually, and concentrate their efforts on those who are not qualified for ESL. The volunteer network is especially important outstate.

Health Services

Minnesota program officials claim to have developed one of the first comprehensive, and coordinated health systems in the country for refugees. The centerpiece of the health delivery system in the Twin Cities involves the East and West Metropolitan health interpreter projects which coordinate the dispatching of health interpreters for screening and follow-up primary health care at various institutions. Since 1975, health interpreters have been supported from a number of different funding sources including several foundations, hospitals and the refugee social service contracts.

About twenty different clinics and hospitals, including St. Paul/ Ramsey Medical Center and Hennepin County Bureau of Health, serve refugees in the metropolitan area. In order to coordinate these services, a screening

protocol was developed in the early years of refugee resettlement. When the State Department of Health forwards ACVA forms to the county health departments, interpreters are provided with names and contact each newly arrived refugee. For example, in July 1981, 14,135 contacts for scheduling appointments and follow-up were made in one month.

At its peak, there were 18 interpreters operating out of the East Metropolitan and 15 out of the West Metropolitan centers, with eight in outstate voluntary agencies. Given the funding cuts in FFY1982, services have been significantly reduced to six staff in each of the metro centers and only two for the remainder of the state. Priorities for health services were developed by a subcommittee of the appointed State Health Advisory Committee composed of physicians, refugees and representatives from the Department of Health.

Now initial screening and follow-up treatment and emergency procedures are first priorities. St. Paul/Ramsey Medical Center has hired its own interpreters. All scheduling is coordinated out of the East and West Metropolitan Health Interpreter Centers. The flow chart of health services is shown in Figure 8. A comparison of medical services available in FFY1981 and 1982 is displayed in Figure 9.

In addition to these coordinated services, an interagency agreement with the Department of Health was used to establish a Refugee Health Education project for the development of educational materials, including slides and tape cassettes, and culminating in a large workshop. The third component of health services in Minnesota is the contract with Lutheran Social Services for mental health social adjustment services, providing one full time Asian professional who sees about 20 to 30 clients per month.

The Acute Disease Program Section of the Division of Disease Prevention and Control of the Minnesota Department of Health administers a FFY1982 grant of \$250,153 from the Center for Disease Control (CDC) which supports health screening efforts in local health agencies as well as a data collection system. Seven community health services agencies serving five metropolitan counties as well as five additional outstate counties (where collectively it is estimated that 82% of the state's refugees reside) are funded to provide screening services and to prepare and submit data to the state health department. The Department of Health has contracts to be performed with these seven agencies which identify specific services such as a nurse

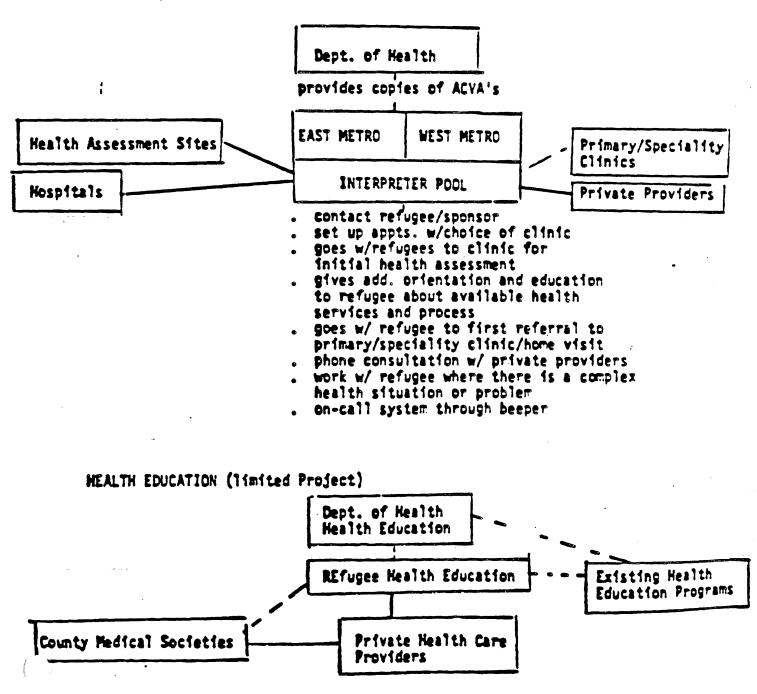
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CONCEPTUAL MODEL FOR PROVIDING NEALTH AND MEALTH-RELATED SERVICES IN FY1982

The following planning model is proposed to meet the Health Task Force's recommendations. The criteria is to provide services in the most effective and efficient way possible, given expected budget cuts.

INITIAL HEALTH ASSESSMENT

USE OF BILINGUAL HEALTH INTERPRETERS



Source: Minnesota's State Plan for Refugee Services, FY1982

MEDICAL SERVICES COMPARISON

F.Y. 1981

Medical Services Available and Accessible to **Refugees Through the Use of ORR Funding for** Health Interpreters

Medical Assessment Nutrition Assessment* **Primary Care** - treatment for assessed health problems - prenatal care - mother and infant care (MIC) - family planning - pediatric care - EPSDT programs" Nutrition - Women and infant care (WIC) - Treatment - Home extention* - Homemaking Public Health Nursing (PHN) Communicable Diseases Health Education PHN Home Visits' **Poison Control** Safety/Environmental* Lead Poisoning Use of Health Care Services Use of Medications' Handicapped Services

Social Adjustment Services* Dental Care Secondary Care Tertiary Care

State Medicaid Plan Services (1) (only assessment services will have priority use of ORR Funded Health Interpreters)

F.Y. 1982

Non-State Medicaid Plan
Services
(These services are facing
general cutbacks from other
funding sources. Will lose
ORR funded health interpreters
 except TB) (2)

Medical Assessment (1) Treatment of Assessed Problems

Prenatal Care

MIC Family Planning Pediatric Care Public Health Nursing Handicapped Services Dental Care (except crown restorations) Secondary Care Tertiary Care (complex situations will have use of interpreters)

Nutrition Assessment Early and Periodic Screening. **Diagnosis and Treatment for** Children (EPSDT)

Nurtition -MIC Home Extension Homemak i ng

PHN Home Visits

etc., (2)

Communicable Diseases - TB. Health Education -

4

Poison Control Safety/Environmental Lead Poisoning Use of Health Care Services

Use of Medications Social Adjustment Services

*Indicates non-state Medicaid Plan Services

part-time for health screening. Although the CDC funds are thus specified for certain services, a number of the providers, such as the St. Paul Division of Health also provide services to refugees funded by other sources.

Eligibility for Social Services

Although all refugees in Minnesota age 16 and over who are not enrolled in secondary education are eligible for social services, specific priorities of service have been established during the past year for ESL and employment services. These priorities of services have been implemented in response to the time limits on public assistance, the shortage of sufficient resources to serve all who are in need, and the goal of moving as many refugees as possible to employment.

Priorities of service for ESL/education services are as follows:

- Principal wage earner Unemployed or employed or supported outside Public Assistance
 In U.S. 2-6 months
 Low-moderate English level
- Principal wage earner
 Public Assistance unemployed or Part-time employment
 In U.S. 18 month or less
 On F.Y. '81 waiting list for formal E.S.L.
 Low-moderate English level
- (3) Principal wage earner May or may not be on Public Assistance Employed Part-time or Full-time In U.S. 6-12 months Low-moderate English level
- Secondary wage earner
 On Public Assistance; unemployed
 In U.S. 18 months or less
 Low-moderate English level
- (5) Principal wage earner
 On Public Assistance
 In U.S. 12-18 months
 Low-moderate English level
- (6) Other
 - (e.g. Homemakers
 - Senior Citizens
 - Those in U.S. more than 18 months

Since enactment of these priorities, wait lists for ESL have been significantly reduced. Volunteer services are provided to refugees on wait lists or in lower priority areas.

Employment services are targeted to the following groups in order:

- refugees recently cut off from cash assistance, without a job and available for full time employment;
- 2) refugees shifted to GA;
- refugees on cash assistance 12 to 17 months assigned to employment services;
- refugees with potential eligibility for but not on cash assistance;
- 5) refugees categorically eligible for AFDC, registered for WIN, 24-35 months in the U.S.;
- refugees on cash assistance, not categorically eligible, 2-12 months in U.S.;
- 7) refugees on AFDC, 2-24 months, registered for WIN;
- 8) refugees on AFDC, over 36 months in U.S., in WIN.

Within each of these categories, primary wage earners take priority over secondary wage earners. Although there are not formal wait lists for employment services to date, RPO staff estimate that the current projects can serve only about 50% of the need. Further, staff anticipate that demand for employment services will increase significantly after refugees complete English training at the end of the summer of 1982.

Refugee Services Through the Department of Education

The Bilingual Section of the Department of Education administers the Title VI-funded bilingual educational program in the state which operates in 117 school districts. The state has appropriated \$3,260,000 for school year 1981/82 to pay bilingual education teachers' salaries. The staff estimates that of the 10,000 students served through this program, 8,000 are refugees.

The Transition Program for Primary and Secondary Schools is also administered by the Bilingual Section which collects application forms from the school districts. Funds are provided to 95 school districts in the state for materials, staff training and up to 70% of teachers' salaries. The majority of these funds are expended in the St. Paul district.

The staff of three in the Bilingual Section provide technical assistance and training and have sponsored a number of workshops. Teachers are required to take at least 18 hours in ESL methodology and cultural orientation. The Bilingual Section also maintains a resource room and disseminates a bibliography of available materials.

Adult Basic Education funds are also used in Minnesota to supplement refugee program resources for ESL. As described in Chapter II, the Adult Basic and Continuing Education and AVTI system in the state is the predominant mechanism used for refugee language training. Department of Education officials who administer the ABE program estimate that approximately 25% of the total 16,000 students enrolled in FY1981 were refugees. Any mainstream adult basic ESL classes generally meet less often than those specifically funded by RPO contracts or include other types of training than language. However, some refugees may attend both. Furthermore a number of the ESL vendors may use some ABE funds for the operation of the special refugee programs.

Services for Unaccompanied Refugee Minors

Catholic Charities and Lutheran Social Services have sponsored 306 unaccompanied refugee minors in Minnesota as of September 1981. Catholic Charities has placed unaccompanied minors only in the metropolitan area, but Lutheran Social Services has used the whole state. The counties administer the unaccompanied minors program as they do other social services. The private voluntary agencies are responsible for licensing the foster family home or group home and receiving the Commissioner's Consent to Importation prior to the child's arrival in the state. Unaccompanied minors are generally placed directly in foster care homes, but Lutheran Social Services utilizes a specialized shelter home for two weeks of orientation. The voluntary agency develops a plan for the care and supervision of the refugee minor. Legal custody can be assigned to either the private agency or the county social service agency through adjudication within thirty days of their placement in foster care. In most cases, legal custody is held by

the county. Counties contract with voluntary agencies for direct services including supervision of foster care and counseling.

CURRENT ISSUES IN MINNESOTA'S REFUGEE PROGRAM DESIGN

A number of the current issues in program design arise from the reduction in federal resources available for refugee resettlement. Especially in Minnesota where a comprehensive and extensive refugee service system has been established over the years, the limitation in funds has had dramatic impacts. These impacts have ranged from instituting quarterly awards to social service vendors to actually closing the program for a limited period. An overriding issue in program design in FY1982 has been the emphasis on strengthening the employment focus of the overall social service program. ESL learner outcomes which stress employment and require a job-focused curriculum have been developed; the allowable time that a refugee can continue in an ESL class has been reduced to six months; and the linkage between receipt of cash assistance and ESL has been strengthened. Similarly, 13 new employment projects have been funded and the RPO has played a very close and direct role in developing their services and focusing their efforts.

The 18 month limitation has caused adjustments on the part of service providers as well as voluntary resettlement agencies. The fact that about half of Minnesota's refugees have been in the country over 18 months combined with the limited eligibility of the state's GA program has necessitated immediate responses in terms of gearing employment services for increased job placements. Sponsoring voluntary agencies anticipated the need to provide for the large number of refugees who would be suddenly cut off of cash and medical assistance.

In the health area, the current program thrust is to serve refugees through the mainstream health care delivery system. One of the principal tasks of the project funded by the McKnight Foundation is to plan for the orderly transition of health care to refugees by public and private health care systems. In a sense the foundation grant is being used to buy time for the RPO in order to enable the institutions that have served refugees to absorb this capacity when the special funding is no longer available.

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Another major program design issue is the method of delivering case management services. As described in the later section on Coordination in Chapter IV, voluntary agencies have submitted an unsolicited proposal to the state to take on comprehensive case management responsibilities. The delegation of the responsibility for individual refugee cases (cash assistance recipients only) to county welfare departments has been an unpopular decision among Minnesota's voluntary agencies. They feel that the automatic link with the welfare system is counterproductive, and that their own resettlement roles should be supported with social service funds through contracts with them for case management.

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IV. <u>KEY MANAGEMENT FUNCTIONS IN</u> ADMINISTERING REFUGEE RESETTLEMENT

POLICYMAKING AND PROGRAM PLANNING

The Refugee Program Office, under the direction of the State Coordinator, has virtually complete responsibility for the design and policies of refugee resettlement in Minnesota. As noted in Chapter II, the State Coordinator reports directly to the Director of the Assistance Payments Division within the Bureau of Income Maintenance. The Director is kept well-informed of all aspects of the refugee program, including issues as they arise, current welfare caseloads and staffing decisions. He also serves as principal liaison to the Governor's office.

The principal policymaking role for the state administered refugee program remains with the State Coordinator, however. The size and status of the RPO, as one of five independent offices within the Assistance Payments Division, affords it significant independence and control. The RPO staff communicate refugee policy and information to the county welfare departments, which are the "front line" contacts with refugees on cash or medical assistance, through DPW's procedures for issuing bulletins. In addition, in the metropolitan area, there are several coordinating forums and opportunities for direct discussion of program procedures. For example, when the Hennepin County Work and Training Units closed, RPO staff played a major role in structuring a contract with the Hennepin County CETA department for employment assessment and referral services for refugees.

The routine DPW clearance and distribution procedures for instructional materials have been used to communicate policy changes as they have arisen. The RPO also circulates DPW bulletins to voluntary agencies and other service providers in order to ensure uniform information dissemination. Under DPW procedures, twelve instructional or policy bulletins have been issued regarding various aspects of the refugee program, such as the Work and Training Guidelines. Bulletins on AFDC, General Assistance or WIN program changes which affect refugees are also circulated to all relevant agencies serving refugees and are included in the materials governing the Minnesota refugee program.

The design of the social services program is also within the purview of the Refugee Program Office. As described in Chapter III, RPO staff have played a major role in redirecting the focus of the program, in response to federal cutbacks. Staff in the office have clear areas of responsibility, and in fact deal with the health, employment and education components quite distinctly. As noted by one service provider, from the field, it sometimes appears that the refugee program is really three separate programs. The design of the social services program is determined through the development of the State Plan, and the establishment of specific objectives for each program component, as well as development of RFPs and selection of contractors. As described in the previous chapter, RPO also relies on task forces, such as the Department of Education and Department of Health committees, for assistance in setting priorities and designing service criteria. Because of the specific nature of the RFPs and subsequent proposals, RPO does not enter into extensive negotiations with its vendors. Contracts are necessarily fairly uniform, especially since the are now awarded on a quarterly basis.

The RPO as central focus of the refugee programs plays a major liaison role between the federal ORR and actors in Minnesota. One of the hallmarks of the Minnesota refugee program is an emphasis on coordinating committees. Many of these have originated in the RPO for purposes of involving agencies and others in the design of refugee services. Through these mechanisms, RPO and the State Coordinator are able to pass through policy changes as they originate with the federal government.

The State Plan is used extensively in designing the Minnesota refugee program. The 1982 State Plan is very comprehensive in terms of defining objectives and setting priorities, as well as laying out the framework for delivering refugee services. Drafts of the State Plan, according to RPO staff, circulated among the vendors and various coordinating committees. This plan will be reviewed and revised as necessary for FFY1983. As a repository of information about service structures, priorities and limitations, the State Plan serves as a guide to the refugee program. RFPs that are issued comply with the parameters of the program as defined in the State Plan.

FINANCIAL MANAGEMENT

Financial management of the Minnesota refugee program is a joint effort between the Pre-Audit Section of the Division of Financial Management, Bureau of Support Services, and RPO staff. The RPO staff monitor caseload data and prepare budget projections; and the Pre-Audit Section, where one staff person works part-time on the refugee program, maintains all accounting records, as well as reviews invoices from vendors. Checks are issued by the Department of Finance, as are all state checks. Various aspects of the process of financial management are described in the following sections.

Budgeting and Resource Allocation

Projections for budgeting refugee cash and medical assistance caseloads begin with RPO staff estimates based on historical data as reported by the counties, adjusted by voluntary agencies' plans for anticipated refugee flows into the state. Each county inputs caseload data to the WISTAB, DPW's internal management information system. WISTAB provides data on the caseload monthly by ethnic group. RPO staff also examine the ACVA forms to monitor the number of primary migrants entering Minnesota as well as the DPW termination lists that provide data on all cases being terminated. These lists are coded by the reason for termination so that those moving out of the state can be identified. A copy of RPO's forecasting summary is shown in Table 5. Staff claim that their projections of caseloads have been accurate to date. Yearly estimates are adjusted as necessary. For example, new budget projections were made when the 18-month limitation went into effect. Quarterly budget projections are now prepared.

RPO staff also estimate secondary migration into Minnesota by subtracting the number of refugees that voluntary agencies claim to have sponsored from the total unduplicated number of medical assistance recipients. It is estimated that 95% of new refugees are eligible for RMA. The 18 month limitation on assistance to refugees will limit the state's overall ability to monitor the refugee population in Minnesota because a smaller proportion of refugees will be included in DPW data systems.

Table 5

MINNESOTA

STATE CASELOAD FORECASTING SUMMARY

(10/1/81 - 9/30/82)

	· · · · · · · · · · · · · · · · · · ·	CASH		MEDICAL	
		AFDC	Non-AFDC	Title XIX	Non-Title XIX
۸.	Estimated actual or actual number of recipients at the beginning of FY '82	3694	12140	1835	3932
B.	Projected increase during FY '82	1331	3789	410	870
	l. New arrivals	749	2131		
	 Secondary migration Old cases reactivated Other 	582 unknown unknown	1658		
С.	Projected decrease during FY '82	(1193)	(3395)	(64)	(136)
	 36-month limitation Migration out-of-State Economic self-Sufficiency Other 	469 312 • 412	1336 888 1171		
D.	Projected number of recipients at the end of FY '82	3882	12534	2181	4666
Ε.	Net change (1981-1982)	188	394	346	734

 Including refugees who become ineligible for cash and/or medical assistance due to taking a subsidized or non-subsidized job. Also including their family members who no longer need cash and/or medical assistance because of the head of household's income.

The State does not participate in the Cuban program.

Source: Minnesota's State Plan for Refugee Services

The budget for social services is determined by the federal allocation. Because the 1982 State Plan was based on an original expectation that Minnesota would have \$3.5 million, adjustments in contract awards and allocations were necessary for the new expected allocation of \$2.6 million.

The Financial Management Division staff handle all interagency agreements and contracts as encumbrances once the budget has been prepared. The federal allocation budget does not have to be adopted in the state budget by the state legislature. Separate "30" funds are set up for each fiscal year allocation of federal grants. Separate appropriation accounts are established for each program and money is drawn down from these accounts in accordance with contracts and interagency agreements.

In the event of delays in federal allocations, it is not possible to forward fund the refugee program from another source since no appropriation is made at the state level. Furthermore, since separate appropriation accounts are established for the refugee program, program officials do not "borrow" from other federal accounts to continue the refugee program when there are delays. Because refugee program funds are not an entitlement, and there is no guarantee of reimbursement, program officials are not allowed to expend funds. Consequently it was necessary in the fall of 1982 for program officials to decide to close ESL classes and the cash/medical program when the federal allocation was late and no funds remained in the refugee program account.

Allocations of refugee resources are made both on a geographical and functional basis. For employment and language services, assumptions are made about the demographics and location of refugees statewide. Employment resources were allocated as follows: 97% to the metro area and 13% outstate. ESL resources were divided as follows: 80% to the metro area and 13% outstate. As noted in the State Plan, 63% of the total social service budget was originally committed to employment and language training services. As shown in Table 4, however, almost 75% of resources were allocated to these areas. Resources for ESL were allocated in conformance with the Adult Refugee Education Task Force recommendations. Each outstate area (shown in Figure 6) received a certain percentage of 20% of the overall allocation. After the metropolitan/outstate split, contract grant amounts were modified based on the varying costs of meeting special needs.

Fiscal Monitoring and Reporting

The cash and medical assistance caseloads are monitored monthly by staff in the Pre-Audit Section of the Financial Management Division through DPW's centralized computer system of disbursements. In addition, each county submits a monthly report, "Report of Assistance for Refugees," (DPW-2507) to the Pre-Audit Section which details the number of cases/ persons and payments for AFDC, Unaccompanied Minors, RCA, General Assistance and RMA.

Social services vendors are monitored through reports provided to RPO staff as well as by the Pre-Audit staff. A monthly expenditure report must be submitted to the RPO detailing expenses for salaries, agency operations and facilities by each vendor within fifteen days after the end of the month. After the RPO review, vendors' requests for payment are checked by Pre-Audit Section staff against their contract to ensure that the request is for approvable costs and that their total contract amount has not been exceeded. Interagency agreements are checked in the same way as contracts for other state agencies' disbursements. There are no requirements for outside audits of vendors in Minnesota, nor have there ever been formal audits of refugee program contractors. Contracts require that vendors allow access to personnel of DHHS for monitoring, however.

Administrative Costs

Administrative costs for the Minnesota refugee program are divided into state and county costs for the administration of cash, medical and support services. For each county, the state has approved a cost allocation plan based on a review by the Pre-Audit Section from the first two months of each quarter. Administrative costs include all salaries, overtime, data processing, travel, supplies, space and utilities as well as direct service time of the county social workers and county board expenses, and are allocated based on caseloads. The Pre-Audit Section staff review caseloads and check them against data from the first two months of each quarter. Pre-Audit Section staff add in all central office administrative costs and medical data processing costs to the

Table 6

Refugee Administrative Expenditures

		COUNTY ADMINIS	TRATIVE EXPENDIT	URES			
	Cash and Medical Assistance Administration						
FY 1981	Income Maintenance	County Wide Indirect	Central Office	Social Services	Total		
December 1980 March 1981 June 1981 September 1981 Total	\$ 462,695 427,392 458,303 485,587 \$1,833,977	<pre>\$ 2,690 15,109 18,607 19,586 \$ 55,992</pre>	<pre>\$ 17,747 (29,567) (29,800) 114,736 \$ 73,116</pre>	<pre>\$ 181,262 123,709 125,558 131,183 \$ 561,712</pre>	\$ 664,394 536,643 572,668 751,092 \$2,524,797		
December 1981 March 1982	\$ 548,591 555,000	\$ 53,492 -0-	\$ 40,782 49,216	\$5,309 -0-	\$ 648,174 604,216		
STATE ADMINISTRATIVE COSTS							
December 1980 March 1981 (program billed for MA computer processing) June 1981 (program billed for MA computer processing) September 1981 (program billed for MA computer processing)					\$20,631 60,437 98,631 102,668		
Total					\$ 282,367		
December 1981 March 1982					\$ 32,465 33,000		

administrative expenses for the refugee program. Table 6 displays the reported state and county administrative expenses, as shown in the FY1982 State Plan. The costs for the Refugee Program office, including staff salaries, show up in the Central Office costs for Cash and Medical Assistance and in the State Administrative costs. Computer processing charges are also billed to the latter category.

Since FFY1982, counties no longer charge any costs to the social service program. The disbursement in the first quarter (see Table 2, Chapter III) was only for outstate counties because they were not notified in time of the change.

Invoicing and Payment

The Vendor's Invoice form (DPW 1728) submitted by each contractor monthly generates a check. The invoice includes a section for explanation of services and expenses. Although there is not backup documentation submitted with an invoice, both RPO and the Pre-Audit section staff monitor and cross check the invoices against contracts and the monthly expenditure reports submitted to RPO.

The state draws down on federal letters of credit quarterly. Reports are prepared quarterly on the standard Form 269. As noted previously the state cannot forward-fund any refugee program expenditures. Delays in federal allocations mean that no funds can be passed through for contracted social services.

PROGRAM MONITORING

Although RPO has not established extensive formal monitoring procedures, staff have frequent contact with vendors in specific areas (employment, education and health.) This contact consists of ad hoc visits, meetings, circulation of information and reporting requirements on a quarterly basis of program activities. The ESL coordinator is currently attempting to design and implement on-site evaluation. To date, monitoring of ESL vendors has consisted of desk reviews of quarterly reports. A tracking system was recently established for all ESL vendors to record the progress of each student to report back to the responsible county

and voluntary agency. These individual progress reports are then aggregated and reported to the state. This refugee student evaluation form includes sections for rating progress in speaking, writing, and employment skills. This system was expected to be fully operational by June 1982.

Monitoring of employment services has been accomplished to date through frequent communication by RPO staff with employment vendors. Since most of these vendors are in their first year of operation, RPO staff has played a major role in their development. A first quarterly report was required from all vendors in April 1982. Data submitted by vendors included the number of refugees served and placed in jobs.

The RPO Coordinator for health services meets with staff at health coordinator projects once a month in the metro area. Specific measures of performance have recently been developed for review of data forms. Quarterly summaries are required from health projects.

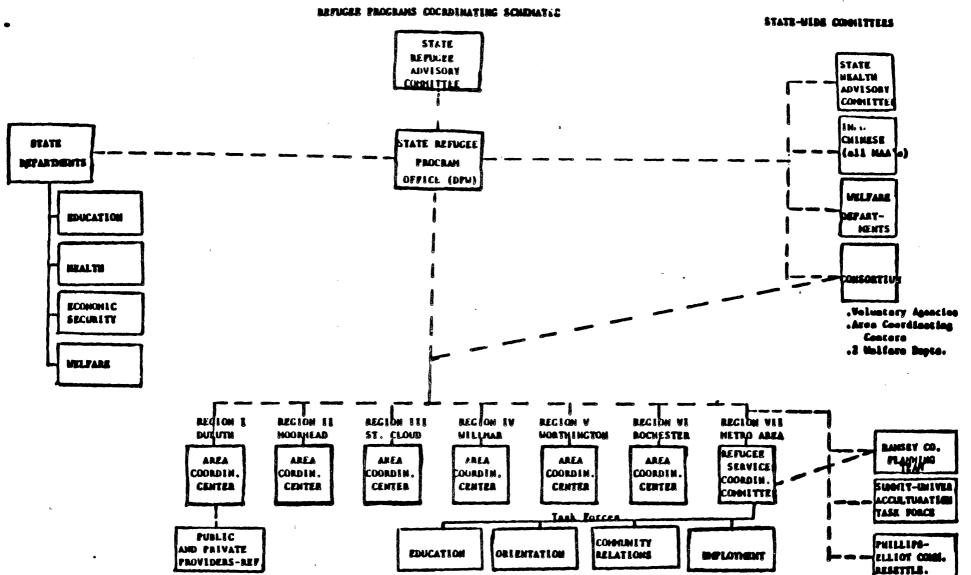
Monitoring of county welfare departments is undertaken only by the fiscal reviews, as explained in the previous section, through monthly review of caseloads.

COORDINATING THE ACTIVITIES OF THE DIFFERENT ACTORS

Formal coordinating bodies have been used extensively in Minnesota throughout the history of refugee resettlement in the state. Advisory councils, interagency task forces, ad hoc neighborhood committees, and consortia of voluntary agencies have all been established in order to coordinate and ensure input from and among the wide number of actors serving refugees. The following sections contain descriptions of these coordination efforts at the state, local and individual case levels. Figure 10 shows the interrelationship among all of these committees. State Level Coordination

The oldest state level coordinating body is the Minnesota Consortium for Refugee Resettlement, which consists of all voluntary agencies, state RPO and representatives from Hennepin and Ramsey county welfare departments. It has met for the past six years, and is the principal forum for circulating information on changes in the program. The chairmanship





Source: Minnesota's State Plan for Refugee Services

has rotated several times. Examples of agenda items at a recent meeting included discussions of hearings in Washington, D.C. which one representative from a voluntary agency had attended, and the effects of May 1 limitation on cash assistance. When the county welfare departments were invited to join the Minnesota Consortium, the voluntary agencies began to meet independently as a group, indicating the natural tensions between the two sets of actors.

Also at the state level, the Department of Education Adult Refugee Education Task Force, the Minnesota Health Advisory Committee and the Employer Vendor Council (metropolitan area only) have been established to guide RPO in program design in the three principal service areas. The Adult Refugee Education Task Force played its major role in the development of the RFP, establishment of learner outcomes and review of proposals. The Employer Vendor Council meets once a month to discuss current issues and maintain coordination among the various agencies developing jobs for refugees. The Health Advisory Committee is an outgrowth of the Minnesota Medical Association, and includes private physicians. They provide input to overall planning for refugee health services, and a separate task force was instrumental in setting priorities in the wake of funding cutbacks in the fall of 1981.

Both the State Advisory Council and the Indochinese Advisory Council, consisting of 15 representatives from mutual assistance associations, meet on a monthly basis and serve principally as a review body for RPO. The 24 member State Advisory Council is composed of representatives of MAAs, voluntary agencies, the Minnesota AFL-CIO, State Health Advisory Committee Department of Education, Ramsey and Hennepin County Board of Commissioners, two major corporations and the St. Paul Foundation. The Council is divided into subcommittees which are in the process of developing positions on various aspects of refugee resettlement to serve as guidance for the state.

Regional/Local Level Coordination

At one time, a Metropolitan Area Refugee Services Coordinating Committee (MARSCC) was established for the purpose of fostering cooperation among agencies serving refugees, to identify needs and focus

resources and to recommend strategies in the Twin Cities area. This committee is not presently active, however.

As mentioned previously, in the outstate areas, Area Coordinating Councils were established in 1979, composed of 12 to 15 counties. A voluntary agency was assigned responsibility for coordinating services for all refugees in these areas. Although no special funds are allocated to these agencies in FFY1982 they continue to serve in a coordinating capacity. (See Figure 6 for a map of the areas.)

In St. Paul, the Ramsey County Planning Team, recently renamed the Ramsey County Refugee Services Committee, was established as a joint effort between the city and county in 1979 and includes schools, hospitals, voluntary agencies and city and county agencies, and the Ramsey County Human Services staff, who meet monthly. The Team has served as an information platform, in a review and comment capacity and responds to the needs of county commissioners.

A similar city/county committee was just established in Minneapolis called the Indochinese Coordinating Council to the City and County consisting of representatives appointed by the county commissioners from seven city and county departments.

At the neighborhood level, the Summit-University Committee was established in response to vandalism and tensions between refugees and the black community. The Phillips-Elliot Park Coordinating Committee was organized by the Minneapolis Mayor's Office to address tensions between the refugees and Indian residents.

Case Level Coordination: Case Management

Case management as a function has never been funded with Minnesota's social service resources. During the past two years, county welfare departments have been assigned the responsibility of performing or designating another agency to undertake assessments and referrals to services for all refugees who receive cash/medical assistance. This system ensures a linkage between cash assistance and support services. For those refugees not on cash assistance, case management services are at the discretion of their sponsoring voluntary agency. As noted in Chapter III

in the section describing eligibility and targeting of services, refugees do not have to be on cash assistance to enroll in employment projects. However, referrals to the projects are generated mostly from county welfare departments or voluntary agencies.

Case management in the sense of tracking the progress of every refugee served in the system also has been instituted to some extent in Minnesota. First, the employment service vendors are currently formalizing a manual system of referrals circulating information on any referrals, result and follow-up for all job placement activities. Similarly, RPO has recently developed an independent student evaluation form which will be submitted to county welfare departments and voluntary agencies for tracking of progress of refugee students in ESL classes. Health services for refugees are tracked on a statewide data system instituted by the Department of Health, partially funded with the CDC grant. Finally, an information system called MECC has been developed which is based on individual client forms submitted by all vendors for all refugees provided with social services. MECC has been used to date for generating summaries on a quarterly basis of numbers of refugees served by type of services. Potential uses include a check of duplication of service for a single refugee client, or as a tickler file for refugees approaching 18 months, or as a verification of vendors' services provided under contract.

The designation of the county welfare departments as "case managers" has caused a degree of controversy with the voluntary agencies in Minnesota. In fact, a group of Minnesota affiliates submitted a proposal to the state RPO in April 1982 to undertake case management under contract with the state. In this proposal, the voluntary agencies defined case management to include the following elements: assessment of barriers; preparation of a resettlement plan; and referrals for employment, ESL, vocational training, and support services. Staff at these voluntary agencies feel that they hold the primary responsibility to ensure that refugees become self-sufficient. Although it is unlikely that this proposal will be funded, it is interesting to note that the merging of reception and placement services and case management of the social service functions funded by the state program is a relatively new concept in Minnesota.

DATA COLLECTION AND REPORTING

Data collection and reporting systems in Minnesota are relatively simple, and involve both the county welfare departments and service providers at the individual case level and the Refugee Program Office which utilizes the generated data for general monitoring of the program and report preparation.

Counties report client data for refugees, as for all other welfare recipients, on the DPW 106 form which is entered into the WISTAB, DPW's basic information system. As explained in the Financial Management Section of this chapter, counties also aggregate information on the number of refugees served and payments made on a monthly basis to submit to the Pre-Audit Section of the Division of Financial Management.

Social service providers on contract to RPO are required to submit DPW Form 249, a service record for each client monthly. These forms create the fundamental data base which RPO has begun to use in a number of ways, as described in the previous Program Monitoring section. In addition, quarterly report requirements have been developed for each service area. The employment quarterly reports -- "Employment Service Contract Evaluation" -- are cross checked with client data and include sections summarizing services provided, job placements and open ended questions on tracking procedures, observations on economic conditions of refugee clients and technical assistance needs. The ESL quarterly report consists of seven open-ended questions for describing service provision. Also, as noted in the Program Monitoring section, individual student evaluation forms have been developed which require ESL vendors to rate the speaking, writing and employment skills of each refugee student for reporting to voluntary agencies and county welfare departments. The contracted health providers on contract to RPO¹ must submit quarterly reports which include an assessment of services provided as well as data on the numbers of refugee contacts made.

The Refugee Program Office utilizes the existing DPW data systems and has developed several refugee specific systems. As described in

¹Although funded by private foundations, health vendors still contract with RPO.

the section on Financial Management, Minnesota RPO staff have used a number of data sources for projections on the refugee cash assistance as well as existing caseloads, and ACVA forms for all primary migrants, to identify the flow of refugees into and out of Minnesota. Hennepin and Ramsey welfare caseloads are monitored to identify GA refugee recipients, especially in the wake of the 18 month limitation.

A statewide data system coordinated by the Department of Health has been developed to monitor the health screening of all refugees entering Minnesota. ACVA forms are sent to county health centers and returned to the Minnesota Department of Health once a refugee has been contacted. Technical problems have arisen in data input however, and only hand retrieval of information has been possible to date. Attempts to link MECC and the Department of Health data system have so far not materialized.

The Refugee Program Office prepares several reports based on these collected data. An Employment Services report based on the first quarter of FY 1982 was completed in April 1982 including a list of all employment projects, overall economic trends affecting the job market, information on welfare policy shifts, plus data on all programs and their placement rates. Although not technically a report, health service data were utilized in preparing proposals to foundations for continued funding of the refugee health program. For example, the proposal to the McKnight Foundation includes a summary of the procedures and accomplishments of the health delivery system in place in the state.

The Annual Performance Report prepared by RPO on the Minnesota refugee program is a comprehensive description of the overall operations, including the following sections: demographic data on Minnesota's refugees; problems encountered; progress achieved; plans for improvement; description of services and numbers served; financial status report including a breakdown of expenditures; and appendices including standards of service and relevant DPW bulletins.

EVALUATION

Minnesota Refugee Program Office staff are moving towards developing systems for evaluation of the program. Employment Services staff plan to

conduct an evaluation at the end of the second quarter of FFY 1982, based on the quarterly reports prepared by the vendors. Education staff anticipate conducting on-site evaluations of ESL classes using aggregated data on the individual progress of refugees prepared by contractors as the basis for these evaluations. In both cases, this move to more systematic evaluation of vendors' performance arises from the increased efforts in FFY 1982 to focus the programs on moving refugees quickly to self-sufficiency.

The only outside evaluation of the Minnesota refugee program was conducted by ORR Region V staff. The purpose of this Team Review was to assess the welfare caseload and the evaluation resulted in a report on the financial management systems in place in Minnesota as well as on the state's methodology of projecting the welfare caseload.

TECHNICAL ASSISTANCE AND TRAINING

Most of the training efforts in the Minnesota refugee resettlement program occurred in the early years of resettlement. In 1978, the Refugee Program Office conducted an in-service training with the Ramsey County Human Services line staff. Both Ramsey and Hennepin County Human Services Income Maintenance and Social Services staff have continued staff training principally for language and cultural issues on an as-needed basis. Currently in both offices refugees have been hired on staff. RPO staff continue to provide technical assistance to the voluntary agencies in Area Coordinating Centers in the outstate areas, and periodically provide more formal inservice training.

In the health area, St. Paul Vocational Institute developed a special 16-week training program for interpreters in 1980 to teach them relevant terminology, pharmacology, and family counseling procedures. A protocol for use in screening refugees was developed. In a more general sense, the Refugee Education project conducted through an interagency agreement with the Department of Health included materials development and culminated in a widely-attended workshop for all health providers serving refugees.

Employment vendors have been encouraged to provide their own in-service training. According to information in the April employment report, a

number of training efforts were conducted by contractors such as workshops on job development, job seeking skills, use of phones, and observation of other job development efforts as well as development of manuals. Initial plans for a statewide Employability Conference are underway.

V. THE HIGHLIGHTS AND IMPLICATIONS OF MINNESOTA'S PROGRAM STRUCTURE AND MANAGEMENT PRACTICES

The Minnesota refugee resettlement program has always maintained a distinct program office and staff within the welfare and human service structure in the state. The state has supported a strong service response to the dramatic influx of Southeast Asians in a community which traditionally has few minotirites. Since its inception in the Governor's Office, the refugee program has always had a strong and unified position from which to carry out its mandate. This position has been further strengthened by the centralized nature of refugee functions within the state bureaucracy and relative stability of the staff, especially the State Coordinator. Minnesota has promoted the strategy of providing extensive supportive services to refugees during resettlement. As a result of federal funding cutbacks, however, the state program has undergone a shift to utilizing mainstream social services. Furthermore, RPO has refocused the program to promote an increased emphasis on employment.

Another highlight of the program is the successful involvement of the private sector in the refugee resettlement program. This involvement is manifested in a number of ways. The recent award of a grant amounting to over half a million dollars from a foundation for the ongoing operations of refugee health services is one aspect of private involvement. This grant is supplemented by funds in smaller amounts from other local foundations for interpreter services in specific areas of the state. Furthermore, the ongoing efforts and support of the St. Paul Foundation in refugee resettlement have played a major role in directing private sector involvement. The input of the business and professional sectors on the Advisory Council, the Health Advisory Committee and other committees is also an interesting facet of the Minnesota program. Members of the Advisory Council who represent a number of the local corporations have contributed a significant level of effort towards understanding the issues involved in refugee resettlement in order to be in an advisory position to the state RPO. Similarly, the Health Advisory Committee includes a number of private physicians who have taken a major role in setting priorities and advising program design. The

ultimate test of the success of these efforts to involve the private sector will be seen in later years, as the capabilities of DPW to continue to support a comprehensive service system have been diminished due to limited federal funds.

A third highlight of the Minnesota refugee program is their concerted effort in the past year to focus the program narrowly on specific program objectives and to develop specific outcomes in terms of ESL training and employment services, as well as priorities in health services. Although a natural response to federal policy changes, the development of ESL learner outcomes, specifically defined service priorities for employment services, and linkages among the cash assistance, employment and education programs are distinctive.

Another interesting aspect of the Minnesota refugee program is the clear distinction made between specific services areas within RPO. The social services program can, in a sense, be conceptualized as three distinct programs for employment, language, and health services. For example, an employment service vendor will deal with the employment staff only, and may be unfamiliar with other aspects of the available social services. Whereas this fragmentation has allowed each area to develop its own expertise, to some outsiders the program is not perceived as a coordinated whole.

The Minnesota RPO staff identify the following aspects of the program as particularly strong points:

- the comprehensive approach to health screening and primary care;
- the achievements of Project RISE, including their job placement rate and linkages with counties and voluntary agencies;
- the efforts to streamline and intensify the language training ESL curriculum and new focus on pre-employment language training;
- the increasing capacity of Lao Family Community, Inc. to provide refugee services;
- the broad-based composition and contributions of the Advisory Council; and
- the Literary Council training and network of volunteer tutors.

Their self-proclaimed problems center on the sometimes confusing position of the state between the federal ORR and the private actors in the state, especially the voluntary agencies. Given the dichotomous role of the State

Department and ORR in determining national refugee policy, the state is put in a difficult position of transmitting changing policy to service providers and others dependent on federal resources. In Minnesota, this position has become particularly strained during the past year, as various aspects of the program have by necessity been closed down. Furthermore, the changes in federal policy of expediting self-sufficiency by limiting support services have not been accepted widely in Minnesota, in large part due to the concentration of the Hmong for whom an "overnight solution" is not possible. Staff also feel that they have not adequately tapped the indigenous leadership as participants in resettlement efforts.

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APPENDIX A:

WORK AND TRAINING GUIDELINES



STATE OF MINNESOTA DEPARTMENT OF PUBLIC WELFARE CENTENNIAL OFFICE BUILDING ST. PAUL, MINNESOTA 55155

OFFICE OF THE COMMISSIONER 512/206-2701 GENERAL INFORMATION 612/296-6117

• INSTRUCTIONAL BULLETIN 81-52

July 10, 1981

TO: Chairperson, County Welfare Board Attention: Welfare Director

> Chairperson, Human Service Board Attention: Director

SUBJECT: Refugee Assistance Program (RAP) Work and Training Policy

- I. Condition for Receipt of Assistance
- II. Work Requirements
- **III.** Exemption Criteria
- IV. Participation Criteria for English as a Second Language
- V. Alternatives to Fulfill Work and Training Requirements
- VI. Case Management
- VII. Reporting
- VIII. Training Allowance Change
 - IX. Sanctions for Non-cooperation
 - X. Resources (list of voluntary agencies)
 - XI. Other Policy Issues to be Clarified

This bulletin addresses all refugees who have less than three (3) years in the United States from the date of entry and who are applying for or receiving cash assistance either as:

- AFDC eligible
- non-AFDC eligible refugees
- I. Condition for Receipt of Assistance

As an applicant for assistance, an employable refugee shall not, during 30 consecutive calendar days immediately prior to the receipt of aid, have voluntarily quit for the purpose of receiving assistance, or refused to apply for or accept an appropriate offer of employment, as determined by the welfare agency or its designee. The dependent family of such an ineligible applicant, may, however, apply for and receive cash assistance.

II. Work Requirements

If determined NON-EXEMPT (see III below) by the county welfare department, the refugee applicant or recipient is required to register and participate with a public or private agency providing employability services and accept appropriate offer of employment or related training. Exempt applicants or recipients may volunteer for employment-related services.

III. Exemption Criteria

The Income Maintenance Section of the county welfare department is to apply the following exemption criteria to refugee (RAP) cases:

- 1. An individual who is under age 16, or who is under age 21 and is attending school or training full-time, or who is age 21 or over and is attending school or training as approved by the welfare agency or its designee; or
- 2. 65 years of age or older; or
- 3. Ill, when determined on the basis of medical evidence or another sound basis that the illness or injury is serious enough to temporarily prevent entry into employment or related training; or
- 4. Incapacitated, when verified that a physical or mental impairment, determined by a physician or licensed or certified psychologist, by itself or in conjunction with age, prevents the individual from engaging in employment or related training; or
- 5. A person whose presence in the home is required because of illness or incapacity of another member of the household; or
- 6. A mother or other caretaker of a child under the age of six (6) years who is caring for the child; or
- 7. A mother or other caretaker of a child, when the non-exempt in the or other non-exempt adult relative in the home is registered and has not refused to accept employment or related training without good cause.
- IV. Part. ipation Criteria for English as a Second Language

English as a Second Language (ESL) registration and participation requirements for non-exempt refugees:

- a. If the refugee is unemployed, ESL is required, if available and determined appropriate by the county welfare department, as a condition of continued receipt of cash assistance.
- b. If the refugee is working less than 100 hours per month, ESL is required, if available and determined appropriate by the county welfare department, as a condition for continued receipt of cash assistance.
- c. If the refugee is employed more than 100 hours per month, encourage but do not require ESL, if available, etc.
- d. In order for the required ESL training to be considered in and of itself, as the sole activity for the meeting of the Work and Training cash assistance requirements, the ESL participation must be full-time (an average of 20 hours of ESL instruction per week without regard to holidays, etc.). This ESL ONLY full-time training activity shall have a six (6) month time limit.

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For options available for those recipients participating in less than full-time ESL instruction to fulfill the Work and Training cash assistance requirements for continued eligibility see #V below.

V. Alternatives to Fulfill Work and Training Requirements (See Exhibit).

The refugee RAP recipient shall be placed by the county welfare department, or its designee, into one of the following employability-related components in order to fulfill the Work and Training cash assistance requirements:

- 1. A private agency employment program;
- 2. A CETA standard or special initiative program;
- 3. ESL full-time (6 month limit);
- 4. Full-time vocational, adult, or higher education programs (1 year limit with waiver provision by local welfare agency)(waivers may be based on one or a combination of: satisfactory progress; followthrough on original employability plan; marketability of skills acquired through the training; length of time necessary for completion of training).
- 5. ESL less than full-time combined with either part-time employment (15-30 hours per week) or other employability related training activities (18 month limit);
- 6. Intensive social service counseling to remove major emplorability barriers (3 month limit recommended.).
- 7. A Job Service employment program activity;
- 8. A registrant status within the county welfare department's Work and Training section, or designee, awaiting further employability assessment and referral/placement in an employment or training-related service. In addition, the recipient must be actively participating in a part-time ESL instruction. Within the individuals service case record, and financial case record as required by IM, quarterly documentation of the recipient's status is required (6 month limit in this component):
- 9. A WIN program component for recipients who are AFDC eligible: IV-A RAP combination - less than 3 years in the United States (local agency option);
- VI. Case Management

The county welfare department, or its employment service designee, maintains case management responsibilities for the provision of employment services.

VII. Reporting

The county welfare department's Income Maintenance section is to be notified by the Work and Training services unit case manager, or designee, of any changes in employment status or as required by Income Maintenance eligibility or case review requirements.

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VIII. Training Allowance Change

Training allowance, paid over and above normal grant standards, will not be allowed under the Refugee Assistance Program: AFDC eligibles or non-AFDC eligibles. Transportation only may be allowed up to a maximum of \$25.00 per month, (or equivalent in bus passes) if determined appropriate by the county welfare department. This amount for transportation ONLY is over and above the cash assistance grant amount and should be reported separately in cash assistance billing, (effective August 1, 1981).

IX. Sanctions for Non-cooperation

AFDC eligible and non-AFDC eligible:

Refusal of an employable adult recipient to register with a public or private agency providing employability services or to accept or continue such an employment or training opportunity without good cause as determined by the welfare agency or its designee, will result in the following actions:

- A. The welfare agency will provide (either directly or through arrangements with the Employment Service Provider or an appropriate Voluntary Resettlement Agency or sponsor), counseling within 7 days intended to provide the refugee with an understanding of the implications of his refusal to accept employment or training, and to encourage the refugee's acceptance of such opportunity. Only one such counseling session is required, but additional counseling may be provided at the discretion of the welfare agency.
- B. If the employable refugee recipient continues to refuse an offer of employment or training, assistance will be terminated 30 'ays after the date of his original refusal. The refugee shall be given at least 10 days' written notice of the termination of assistance and the reason therefore. This sanction shall be applied in the following manner:
 - If the assistance unit includes other individuals, then the grant shall be reduced by the amount included on behalf of that refugee. If the employable refugee is a caretaker relative, assistance in the form of protective or vendor payments will be provided to the remaining members of the assistance unit.
 - 2. If such individual is the only individual in the assistance unit, the grant shall be terminated.
 - 3. The refugee's sponsor, or employment/training provider or the voluntary resettlement agency where there is not a sponsor, will be notified of the action taken in item 1 or 2 above.
 - 4. A decision by the refugee to accept employment or training, made at any time within the 30-day period after the date of the original refusal, shall result in the continuation of assistance without interruption if the refugee continues to meet the income requirements for continued assistance.

5. An employable refugee may reapply for assistance 30 days after the termination of assistance because of refusal to accept or continue employment or training.

X. Resources

The voluntary resettlement agencies (volags) have offered their assistance in any refugee case. A list of the volags is attached for your reference.

- XI. Other specific policy issues that will be addressed and/or further clarified by October 1, 1981, include (but not limited to):
 - 1. Reportability requirements between training/education and employment services and county welfare department.
 - 2. Assessment of ESL and other training competencies related to employment.
 - 3. Inclusion of other employment service components in fulfilling the Work and Training requirements.
 - 4. Employment programming options within the first 60 days after entry into the United States.

Your cooperation and efforts in this matter are greatly appreciated. If you have further questions about the content of this bulletin, please direct them to:

Steve Rhodes Employability Specialist Refugee Programs Office Assistance Payments Division Space Center Building / 2nd Floor 444 Lafayette Road St. Paul, Minnesota 55155 612/296-8145

Sincerely Commissioner

APPENDIX B:

LIST OF RESPONDENTS

LIST OF RESPONDENTS

MINNESOTA DEPARTMENT OF PUBLIC WELFARE

Refugee Program Office

Jane Kretzmann, State Coordinator Cindy Westbrook, Coordinator of Administration and Finance Sandra DuVander, Coordinator of Operations Bich Ngoc Nguyen, Specialist for Contract Management Lynda Rago, Coordinator of ESL Steven Rhoads, Coordinator of Planning and Research

County Pre-Audit Unit, Division of Financial Management

Bonita Porter-Treanor Bruce Lien

HENNEPIN COUNTY WELFARE DEPARTMENT

Bill Dovali, Income Maintenance Donna Kupfer-Mead, Income Maintenance Larry Mitchell, Social Services

RAMSEY COUNTY DEPARTMENT OF HUMAN SERVICES

Robert Gibbons, Director, Maintenance Unit Gail Stremel, Welfare Manager, Income Maintenance Mark Paul Smith, Income Maintenance, Ramsey County Refugee Services Committee

REPRESENTATIVES OF OTHER STATE AGENCIES

Cheryl Priesnitz, Division of Disease Prevention and Control, Adult Disease Program Section, Department of Health Hung Nguyen, Bilingual Section, Department of Education

SERVICE PROVIDERS UNDER CONTRACT OR SUBCONTRACT TO DPW

George Ploetz, Windom Community Education Center Diane Pecoraro, Lehmann Community Education Center Richard Leisen, S.J., Catholic Charities, St. Cloud Ross Graves, Church World Service, Austin, MN Charles Boutell, Project RISE Tom Kosel, Project RISE Sing Vang, Lao Family Community

SERVICE PROVIDERS UNDER CONTRACT OR SUBCONTRACT TO DPW (cont.)

Kathy Johnson, Dee Ann Rice, East Metro Health Interpretor Center Jon McLaughlin, Hennepin County CETA Marguerite Loftus, Catholic Charities Ellen Erikson, Lutheran Social Services of Minnesota Olga Zoltai, Robert Hoyle, International Institute

OTHER PROVIDERS

John Myers, Chair, Advisory Council Nancy Latimer, St. Paul Foundation Irene Gomez-Bethke, Office of Mayor Fraser, Minneapolis Mary Ann Hecht, Office of Mayor Latimer, St. Paul Vik Manis, Office of Governor Quie

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APPENDIX C:

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LIST OF WRITTEN SOURCES

LIST OF WRITTEN SOURCES

BACKGROUND SOURCES ON MINNESOTA

- Current Minnesota Labor Market Conditions, Minnesota Department of Economic Security, April 1982.
- Minnesota: Statistical Profile, 1981, Minnesota Department of Economic Development.
- Bureau of the Census, Advance Counts, 1980 Census, U.S. Department of Commerce.
- Review of Labor and Economic Conditions, Vol. 8, No. 4, February 1982, Minnesota Department of Economic Security.

REFUGEE RESETTLEMENT PROGRAM DOCUMENTS

- Minnesota's State Plan for Refugee Services, FY 1982, Refugee Program Office, Minnesota Department of Public Welfare.
- Minnesota's Annual Performance Report, FY 1982, Refugee Program Office, Minnesota Department of Public Welfare.
- Request for Proposal Funding to the McKnight Foundation, December 31, 1981.
- DPW Instructional Bulletins, #78-4, 79-13, 79-20, 81-21, 81-46, 81-47, 81-52, 81-70, 81-77, 81-86, 81-90, 82-1, 82-7, 82-23, 82-11, and 82-30.

Refugee Program Office Report on Refugee Employment Services, April 1982.

Department of Education Office Memorandum on Adult Refugee Education, December 1, 1981.

Proposal Submitted to RPO by Minnesota Voluntary Agencies, April 16, 1982.

OTHER DOCUMENTS

Summary, Southeast Asian Refugee Resettlement Hearing, January 30, 1981.

Refugee Newsletter, the Saint Paul Foundation, April 1982.

OTHER DOCUMENTS (cont.)

Indochinese Refugee Settlement Patterns in Minnesota, Center for Urban and Regional Affairs, University of Minnesota, 1981.

The Indochinese Refugee Resettlement Workshop, Office of the Mayor, City of Minneapolis, December 1980.

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