

REFUGEE RESETTLEMENT IN HARTFORD,  
CONNECTICUT:  
COORDINATION OF SERVICES AND  
DEVELOPMENT OF RESOURCES

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## **TABLE OF CONTENTS**

<b>Executive Summary</b>	1
Empower the State Refugee Coordinator’s Office	1
Utilize an Existing Forum to Coordinate Services to Refugees	2
Formalize Case Management Between Providers	3
Evaluate, Expand, and Diversify Programs and Funding Sources for Refugee Services	3
Require Resettlement Agencies to Report to the City of Hartford at least Biannually	3
Continue HRRJC in its Function as an Advocate for Refugees Resettled in Hartford	4
<b>Introduction</b>	5
<b>Refugee Resettlement in the United States</b>	9
Family Reunification and Free Case Resettlement	9
<b>Overview of Refugee Resettlement in Hartford</b>	10
Family Reunification verses Free Case Refugees	10
Existing Funding and Required Services	10
Funding from the Federal Government via the National Voluntary Agencies	10
Funding from the Federal Government via the State of Connecticut	12
Funding from the State of Connecticut	16
Private Funding	16
Service Providers and Stakeholders in Hartford	17
<b>Overview of Hartford</b>	18
Diversity	18
Poverty	18
Housing	19
Education	20
Health Care/Mental Health Care	21
<b>Findings and Recommendations</b>	23
Empower the State Refugee Coordinator’s Office	23
Utilize an Existing Forum to Coordinate Services to Refugees	24
Formalize Case Management Between Providers	26
Evaluate, Expand, and Diversify Programs and Funding Sources for Refugee Services	28
Require Resettlement Agencies to Report to the City of Hartford at least Biannually	32
Continue HRRJC in its Function as an Advocate for Refugees Resettled in Hartford	32

<b>Best Practices</b>	33
Case Management	33
Employment	36
Transportation	38
Child Care	38
Housing	40
Education	42
Public School Education for Children	44
Health Care	45
Mental Health Care	46
<b>Conclusion</b>	48

## **Executive Summary**

In 2005, an informal committee, the Hartford Refugee Resettlement Joint Committee (HRRJC), was formed to address issues arising from the resettlement of refugees in Hartford, Connecticut. Major stakeholders participating in the Committee include: Catholic Charities, Hartford Areas Rally Together (HART), City Councilman Jim Boucher, the Refugee Assistance Center at Jubilee House, Hartford Public Schools, the Center for Children's Advocacy, the Hartford Department of Health and Human Services, the United Liberian Association, the Somali Community in Hartford, the Somali Bantu Community, and the Hartford Office of Youth Services. Other partners also identified by the Committee are: the Hartford Public Library, the Capital Region Council of Governments, the Hartford Hospital, the Muslim Coalition of Connecticut, the Capital Workforce Partners, the Hispanic Health Council, the Center for American-Islamic Relations of Connecticut, Congressman John Larson, the Connecticut Department of Social Services, KidKare, and Marconi Properties.

In 2007, HRRJC received for a grant from the Hartford Foundation for Public Giving for the purpose of organizational planning in support of its work to improve refugee resettlement in Hartford. This report is the result of that grant. The focus of the report is the improvement of the coordination of services to refugee populations in Hartford.

In recent years, Connecticut has resettled approximately 500 refugees per year – over half of those refugees are resettled in Hartford, Connecticut, by Catholic Charities Migration and Refugee Services. It is anticipated that Hartford will continue to see similar numbers of refugees in the immediate future.

After meeting with stakeholders in Hartford and numerous discussions with service providers in Hartford, the following recommendations are made.

**1. Empower the State Refugee Coordinator's Office:** At the State government level, each State is mandated to designate a State Coordinator for refugee services. The function of the State Refugee Coordinator is to serve as a liaison between the federal ORR and the local service providers to ensure coordination of public and private resources for the benefit of refugees. In addition to coordinating services – a function discussed in more detail in section 2 below – the Refugee State Coordinator is responsible for developing and securing funding for refugee services, monitoring the expenditure of funds and delivery of services, representing the refugee program on behalf of the State, and, ideally, advocating on behalf of refugee populations resettled in the State.

In the State of Connecticut, a single individual mans the State Coordinator's Office, David Frascarelli. Only 60% of his time is devoted to refugee matters.

A dynamic State Refugee Coordinator's Office is key to a successful refugee program. It should be apparent that a single, part-time staff member for the State Refugee Coordinator's Office cannot adequately perform the duties of the Office. Fortunately, money is available from the federal ORR to fund the administration of State refugee programs through the Cash and Medical Assistance Program. It is strongly recommended that the State be urged to pursue additional funds to restructure and effectively staff the State Refugee Coordinator's Office.

It is also recommended that the power of the State Refugee Coordinator's Office be increased. An Office of Refugee Services at should be established at the appropriate level of State government to provide leadership in service coordination, policy review, accountability, advocacy, and resource development. This Office should be empowered to effectively represent the interests of refugees to State government and to Connecticut's public and private sectors. Further, it should have the flexibility and status to raise private, state, and corporate resources in order to supplement inadequate federal funds as is done in Utah, Colorado, and Illinois.

**2. Utilize an Existing Forum to Coordinate Services to Refugees:** In spite of the energetic efforts of many private agencies and individuals in Hartford, notably HRRJC, HART, the Refugee Assistance Center, and the Center for Children's Advocacy, Councilman James Boucher's Office, among others, coordination of services for refugees resettled in Hartford is virtually absent. This lack of coordination is directly attributable to the failure of the Connecticut State Refugee Coordinator's Office to perform its duties in accordance with federal law.

By law, the State Refugee Coordinator's central function is planning and coordination of services and resources with all interested agencies, public and private, that serve refugees in Connecticut. Until very recently, the State Refugee Coordinator for Connecticut has been unwilling to cooperate in the development of this report. However, the Coordinator has recently informed HRRJC that he is conducting quarterly meetings with voluntary agencies (local refugee resettlement programs), Coalition of Mutual Assistance Associations representatives, and Connecticut Department of Social Services staff. Nonetheless, the mandate for planning and coordination of services is broad – the State Coordinator is required to coordinate with all interested agencies. This is not happening in Connecticut.

If any single recommendation is implemented, this particular recommendation is likely to have the greatest impact in improving coordinated service delivery to refugees resettled in Hartford, minimizing gaps in and duplication of services.

The State Refugee Coordinator must be compelled, if necessary, to institute, at minimum, quarterly meetings with all interested agencies, public and private, to coordinate appropriate placement of refugees and to coordinate and develop public and private resources for refugee resettlement.

**3. Formalize Case Management Between Providers:** While planning for placement of refugees and coordination of resources and services can be accomplished through State Coordinator meetings, coordination among agencies responsible for providing services to individual families also is lacking.

In order to be successful, refugee resettlement requires a case management system in which each new family is assigned to a trained case worker who identifies needs, works with the refugee family to create a plan to meet the needs, identifies services called for in the plan, connects the refugee family members to the services, monitors and evaluates the service provision to ensure that the services are working, and changes the assessment and the plan as necessary. Currently, Hartford has the pieces to institute such a system. Refugee service agencies must formalize the case management system and ensure better communication between the relevant players – Catholic Charities and the Refugee Assistance Center of Jubilee House.

It is also recommended that the State and/or providers seek funding to develop a data base, accessible to service providers, detailing the services and support already provided to individual refugee families. Money for this project may be available through the ORR Cash and Medical Assistance Grant.

**4. Evaluate, Expand, and Diversify Programs and Funding Sources for Refugee Services:** Providers in Hartford do not have sufficient information concerning current programs and funding sources available to refugees resettled in Hartford. Once the State Coordinator's Office establishes more inclusive meetings, agencies and providers should work to become knowledgeable about existing programs and sources of funding. It is further recommended that the State Coordinator's Office, agencies and providers work to secure additional funding to serve their clients.

**5. Require Resettlement Agencies to Report to the City at Least Biannually:** Although more than half of the refugees resettled in Connecticut are resettled in Hartford, the City is not informed in any way of the number and ethnicity of the refugees resettled there. The disproportionate resettlement of refugees in Hartford impacts delivery of community services within Hartford, such as public safety (police, fire), health care issues, and so on. In order to adequately plan for these populations, resettlement agencies should be made accountable to the City.

It is recommended that the City require resettlement agencies, by ordinance or otherwise, to report at least biannually to the City regarding refugees resettled within the City. At minimum, the agencies should be required to inform the City as to the number, ethnicity, and origins of refugees resettled in Hartford as well as the number, ethnicity and origins of refugees anticipated to be resettled within the City. Additional information that might be required are as follows: the

locations in which refugee groups are resettled; the schools which serve refugee children; health care issues impacting refugees and the community; public safety issues; housing issues; funding and services available to refugees; etc.

**6. Continue HRRJC in its Function as an Advocate for Refugees Resettled in Hartford:** It is strongly recommended that HRRJC continue in its role as an advocate for refugees resettled in Hartford. Without such a group, all the efforts expended by HRRJC thus far on behalf of refugees will be for naught. Continuing advocacy is necessary to see that the recommendations made in this report are implemented.

## **I. Introduction**

In 2005, an informal committee, the Hartford Refugee Resettlement Joint Committee (HRRJC), was formed to address issues arising from the resettlement of refugees in Hartford, Connecticut. Major stakeholders participating in the Committee include: Catholic Charities, Hartford Areas Rally Together (HART), City Councilman Jim Boucher, the Refugee Assistance Center at Jubilee House, Hartford Public Schools, the Center for Children's Advocacy, the Hartford Department of Health and Human Services, the United Liberian Association, the Somali Community in Hartford, the Somali Bantu Community, and the Hartford Office of Youth Services. Other partners also identified by the Committee are: the Hartford Public Library, the Capital Region Council of Governments, the Hartford Hospital, the Muslim Coalition of Connecticut, the Capital Workforce Partners, the Hispanic Health Council, the Center for American-Islamic Relations of Connecticut, Congressman John Larson, the Connecticut Department of Social Services, KidKare, and Marconi Properties.

In 2007, HRRJC applied for a grant from the Hartford Foundation for Public Giving for the purpose of organizational planning in support of its work to improve refugee resettlement in Hartford (the "Project"). The grant was awarded, and HRRJC engaged in a search to identify an outside consultant to review service delivery to refugees living in Hartford. In 2008, HRRJC awarded the contract to Gerald Brown and Mary Deiss Brown (the "Consultants"). Mr. Brown has 27 years of service to refugees at the local, state, national, and international level. He is currently the State Refugee Coordinator for the State of Utah. Ms. Brown is an attorney with a background in refugee resettlement, immigration and human rights law.

The goal of the Project is to create a system to coordinate services (employment, education, health, housing, etc.) for Liberian and Somali/Somali Bantu refugees in Hartford in order to maximize their potential for self-sufficiency and to integrate fully these populations into the community. The Project seeks to achieve the following results:

- 1) to increase services by creating a system to coordinate the delivery of direct services to Liberian and Somali refugees in Hartford;
- 2) to create a set of best practices for these two segments of the Hartford community that can be replicated for the benefit of other arriving refugee populations; and
- 3) to increase accountability for service providers through the creation of a newly coordinated system.

From May 6, 2008, to May 9, 2008, the Consultants met with various stakeholders providing refugee services in Hartford as follows:

- Duckworth Grange, Community Liaison, Department of Children and Families
- Patricia McIntosh, Manager, Child and Family Support Services, Connecticut Children's Hospital
- Patricia Hanrahan, Social Worker, Child and Family Support Services, Connecticut Children's Hospital
- Jody Putnam, Director, Refugee Assistance Center, Jubilee House
- Yusef Gulaid, Representative of the Somali Community
- Homa Nafacy, Coordinator of Multicultural Projects, Hartford City Public Library
- Judith Gough, Director, Migration and Refugee Services, Catholic Charities
- Paula Mann Agnew, Director of Programs, Catholic Charities
- Rose Alma Senatore, Chief Executive Officer, Catholic Charities
- Tara Parrish, Lead Organizer, Hartford Areas Rally Together
- Ebad Jahangir, Director of Civil Rights, Council on American/Islamic Relations
- Joseph Morris, President, United Liberian Association
- Dr. Ana Maria Olezza, Bilingual Department, City of Hartford Schools
- Jay Sicklick, Deputy Director, Center for Children's Advocacy
- Nhi Tran, Staff Attorney, Center for Children's Advocacy
- Lina Caswell, Children and Youth Case Manager, Refugee Assistance Center
- Elba Cruz-Schulman, Senior Social Worker, Health and Human Services, City of Hartford
- Veronica Tate, Social Worker, Health and Human Services, City of Hartford
- Rex Fowler, Executive Director, Hartford Community Loan Fund
- James Boucher, Councilman, City of Hartford
- Charles Magei, Representative of the Liberian Community in Hartford
- James Blyee, Representative of the Liberian Community in Hartford
- Martha Bentham, Director, Family Services Department, Hartford Public Schools
- Michael Pascucilla, Assistant Director of Health, Health and Human Services, City of Hartford

Additionally, the Consultants met with members of HRRJC on Tuesday, May 6<sup>th</sup> and with members of the Liberian Community on the evening of Thursday, May 8<sup>th</sup>.

Comments from the individuals with whom the Consultants met fell into the following categories:

1. As this Project was designed to investigate the coordination of services to Somali/Somali-Bantu and Liberian refugees, the Consultants found that these populations had been resettled in Hartford several years before this report was prepared. As a result, they are post-resettlement and the Catholic Charities has very limited responsibility to provide services to them. Moreover, it should be noted when reviewing these recommendations and observations that Catholic Charities has undergone a significant reorganization and change in leadership such that many of the problems experienced by these populations are no longer relevant.
2. Nonetheless, with the exception of Catholic Charities, all agreed that services to refugees currently being resettled in Hartford lack coordination.
3. Although the Refugee State Coordinator reported that he interacted with Catholic Charities regularly, it was clear that other refugee service agencies and mainstream service providers were not included in the State's planning and coordination of services to refugees resettled in Hartford as is required by law.
4. As for the coordination of direct services to refugees who are in their post-resettlement period, there is not a case management system in place. As a result, services are provided to refugees as the need arises and is brought to the attention of one of the refugee service agencies.
5. It was generally agreed that there was only sporadic information available concerning anticipated refugees arrivals or current refugee clients. As a result, service providers were not able to engage in planning and refugees' needs were being addressed in a catch-as-catch-can manner.
6. Based on conversations and materials supplied to the Consultants, it was apparent that agencies and individuals had exercised considerable creativity in securing private funds to provide services both to individual refugees and to advocate on behalf of refugee populations with mainstream service providers. Nonetheless, as stated above, service delivery is hampered without necessary planning and coordination.
7. Ethnic organizations reported that they were not approached to sponsor refugees of particular interest to them.

8. Refugees reported the following concerns:
- that they were not informed as to the services available to them\*\*;
  - that they received services only when they actively pursued help\*\*;
  - that they were not able to meet their families' needs because of the cost of housing and their low wages from employment;
  - that they had trouble with employers and the Department of Motor Vehicles accepting their documentation;
  - that they needed low-cost immigration services to address the issue of delays in bringing their families to the United States.

\*\*In reference to the above, it is important to note that the Liberian, Somali, and Somali Bantu refugees experienced such treatment from a past administration at Catholic Charities, Migration and Refugee Services. Providers report that current refugees (Karen, Burundi, and Iraqi) do not seem to have experienced the same type of treatment.

## **II. Refugee Resettlement in the United States**

The fundamental distinction between immigrants and refugees is that immigrants leave their countries voluntarily (often in search of better economic opportunities) whereas refugees are forced out of their countries because of human rights violations against them.<sup>1</sup> Refugees are defined by international and United States law as follows:

“[a refugee] is a person who is outside of his or her country and is unable or unwilling to return to that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.”<sup>2</sup>

“Refugees are processed and admitted to the United States from abroad. The State Department [DOS] handles overseas processing of refugees and U.S. Citizenship and Immigration Services of the Department of Homeland Security makes final determinations about eligibility for admission [on a case-by-case basis].”<sup>3</sup> Refugees are then allocated for resettlement to ten national voluntary resettlement agencies with affiliates throughout the United States, of which the United States Conference of Catholic Bishops (USCCB) is one and Lutheran Immigration and Refugee Services (LIRS) is another. USCCB and LIRS, in turn, assign cases to their affiliates for resettlement. Catholic Charities Migration and Refugee Services in Hartford is an affiliate of USCCB. Lutheran Social Services of New England (LSSNE) is an affiliate of LIRS.

### **Family Reunification and Free Case Resettlement:**

Refugees resettled in the United States can be categorized into two groups. Family Reunification refugees are joining family members already in the U.S. and are thus resettled wherever their relatives live. Free Case refugees have no close family ties in the U.S. and thus may be resettled anywhere in the United States. Each year, the ten national resettlement organizations submit proposals to the Department of State stating where they plan to resettle free case refugees. The Department of State must approve the free case sites. The decision of where free cases are resettled depends, in large part, on where the national resettlement organization has affiliates, where the refugees will receive community support, where jobs are available, where decent housing is available, and where support services such as medical, mental health, education services are available.

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<sup>1</sup> Potocky-Tripodi, M. 2002. *Best Practices for Social Work With Refugees and Immigrants*. New York: Columbia University Press, p. 4.

<sup>2</sup> Congressional Research Service, Library of Congress 2006. *CRS Report for Congress: Refugee Admissions and Resettlement Policy*. <http://www.ilw.com/immigdaily/news/2006,0215-crs.pdf>.

<sup>3</sup> *Id.*

### **III. Overview of Refugee Resettlement in Hartford**

**Number and Ethnicity of Refugees Resettled in Hartford:** USCCB resettles refugees through its affiliates in Hartford. Catholic Charities, the local affiliate of USCCB, resettles the vast majority of refugees in the Hartford area. In Federal Fiscal Year 2007 (FY2007) <sup>4</sup>, Catholic Charities resettled approximately 265 individual refugees in Hartford. During the same period, Connecticut as a whole resettled 505 refugees.<sup>5</sup> In other words, over half of the refugees resettled in Connecticut are resettled by Catholic Charities in Hartford. As reported by the Department of State, the refugee population during FY2007 through the present has been dominated by refugees from Burma, Thailand, and Iraq.<sup>6</sup> Providers in Hartford report that they are seeing Karen refugees from Myanmar that are coming from camps in Thailand, but are not considered Thai. The second set of refugees is from Iraq. The third set of refugees is Burundi, coming from camps in Tanzania, as well as one family from the Congo. Nationwide, very few Africans have been resettled during this same time period.<sup>7</sup> USCCB anticipates that a similar number of refugees will be placed in Hartford during Fiscal Year 2008. In FY2009, LIRS plans to resettle 50 Free Case refugees in Hartford.

**Family Reunification Verses Free Case Refugees:** Hartford is a Department of State-approved Free Case resettlement site for USCCB and LIRS. Of the 265 refugees resettled by Catholic Charities in FY2007, slightly over half were Free Case refugees. As stated above, LIRS plans to resettle 50 Free Case refugees in Hartford in FY2009.

**Existing Funding and Required Services:** With the exception of the Reception and Placement Grant (described below) which is funded by the U.S. Department of State (DOS), most post-arrival publicly-funded services to refugees are through the Office of Refugee Resettlement (ORR) which is a part of the Administration for Children & Families of the U.S. Department of Health and Human Services. Some of these ORR programs are funded through the State, other programs may be applied for through the national voluntary agencies (USCCB and LIRS, for example), and, in some cases, local agencies may apply for ORR funding directly. Catholic Charities in Hartford and the State of Connecticut both receive funding for various programs to provide a variety of services to refugees.

#### **Funding From the Federal Government Via the National Voluntary Agencies:**

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<sup>4</sup> Federal Fiscal Years start October 1 and end September 30.

<sup>5</sup> *Fiscal Year 2007 Refugee Arrivals*, Administration for Children and Families, Office of Refugee Resettlement, <http://acf.hhs.gov/programs/orr/data/fy2007RA.htm>.

<sup>6</sup> Id.

<sup>7</sup> Id.

The following programs, Reception and Placement and Matching Grant, are funded by the federal government through the national voluntary agencies (such as USCCB and LIRS), which then pass funds for service delivery to their affiliates.

**Reception and Placement (R&P):** Initial resettlement funds are issued from the Department of State (DOS) in the form of an R&P grant to the national voluntary agencies, of which USCCB is one. Catholic Charities in Hartford is the USCCB presence providing R&P services to its refugees. For FY2008, DOS provided a fixed per capita grant of \$850 per refugee. Of this grant, a maximum of \$450 is permitted to be used to partially cover local affiliate expenses for providing R&P services, the remainder is to be used for the material support of the refugee served by the affiliate.<sup>8</sup> The goals of this program are to provide financial support to affiliates to provide R&P services to newly arrived refugees; to provide basic necessities and core services to refugees, and; to assist refugees in achieving economic self-sufficiency through employment as soon as possible after their arrival.<sup>9</sup> This program addresses the needs of refugees for the first ninety days following arrival in the United States. Among the services provided under this grant are the following: airport pickup, securing and furnishing housing, providing appropriate clothing and food, conducting an intake interview, providing orientation, making referrals to various services, including to ESL courses, to health services, to employment services, assisting the refugee in enrolling children in public schools, etc.<sup>10</sup> This grant is considered to be a public/private partnership – grant funds are intended to be supplemented by affiliate resources.

**Matching Grant Program:** The Matching Grant program provides an alternative approach to State-administered resettlement assistance. The program's goal is to help refugees attain self-sufficiency within four months to six months after arrival, without access to public cash assistance.<sup>11</sup> This program is funded by the Office of Refugee Resettlement (ORR) which is a part of the Administration for Children & Families of the U.S. Department of Health and Human Services. Applications for these funds have been made by nine of the ten national voluntary agencies, of which USCCB is one. Through USCCB, Catholic Charities in Hartford administers a Matching Grant program. As an affiliate of USCCB, Catholic Charities must match at

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<sup>8</sup> United States Department of State, Bureau of Population, Refugees, and Migration 2008. FY2008 Reception and Placement Basic Terms of the Cooperative Agreement Between the Government of the United States of American and the (Name of the Organization). <http://www.state.gov/g/prm/rls/2008/99438.htm>.

<sup>9</sup> Id.

<sup>10</sup> U.S. Dept. of State, Bureau of Population, Refugees, and Migration, Office of Admissions, Reception and Placement Program 2001. *Operational Guidance to Resettlement Agencies*.

<sup>11</sup> Office of Refugee Resettlement 2005. *Annual ORR Reports to Congress – 2005*. <http://www.acf.hhs.gov/programs/orr/data/05arc3.htm>.

least \$1,000 (in either cash or in-kind contributions<sup>12</sup>) for each \$2,000 per capital grant in federal funds.<sup>13</sup>

“The Matching Grant program is characterized by a strong emphasis on early employment and intensive services during the first six months after arrival. ORR requires participating agencies to provide maintenance (cash, food, and housing) for a minimum of the first four months and intensive case management and employment services through the first six months. Additional services, such as English language training and medical assistance, may be provided in-house or arranged through referral to other programs. Refugees in the Matching Grant program may use publicly funded medical assistance.”

...Because the program emphasizes family self-sufficiency (independence from cash assistance), goal plans measure the proportion of cases that are self-sufficient at four months after arrival in the U.S. and self-sufficiency retention two months later. Clients not self-sufficient at four months may continue in the program as long as they do not access public cash assistance.”<sup>14</sup>

Not all refugees are selected for participation in this program. The affiliate assesses each refugee household based upon its potential for early self-sufficiency. Economic self-sufficiency means earning a total family income at a level that enables a family unit to support itself without receipt of a cash assistance grant. Cases and individuals receiving Food Stamps, Medicaid, etc. without cash payments, are considered self-sufficient.<sup>15</sup>

#### Funding from the Federal Government via the State of Connecticut:

Much of the federal funding for refugee services is distributed directly to the States from ORR. Among the refugee-specific programs administered by Connecticut are the following:

**Cash and Medical Assistance Program** provides reimbursement to States and alternative refugee assistance programs for 100 percent of Refugee Cash Assistance (RCA) and Refugee Medical Assistance (RMA) provided to refugees and other eligible persons, as well as associated administrative costs. ORR clients determined ineligible for Temporary Assistance for Needy Families (TANF) and Medicaid are categorically eligible for RCA and RMA for up to eight (8) months from the date of arrival in the U.S.... CMA also reimburses States for medical screening costs

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<sup>12</sup> 20% of Catholic Charities' match must be in cash.

<sup>13</sup> Office of Refugee Resettlement 2005. *Annual ORR Reports to Congress – 2005*. <http://www.acf.hhs.gov/programs/orr/data/05arc3.htm>.

<sup>14</sup> Id.

<sup>15</sup> ORR Matching Grant CY 2008 Program Guidelines. [http://www.acf.hhs.gov/programs/orr/programs/mgcy\\_guidelines2008.htm#1](http://www.acf.hhs.gov/programs/orr/programs/mgcy_guidelines2008.htm#1)

through local public health clinics so that contagious diseases and medical conditions that may be a barrier to refugees are identified and treated.<sup>16</sup>

The Connecticut Office of the State Refugee Coordinator did not provide any information concerning this significant grant. As discussed in the Findings and Recommendations section below, this Program is an essential source for funding administrative costs (salary, benefits, overhead, conferences, data collection programs, etc.) for the State refugee program.

**Refugee Social Services Program** allocates formula funds to States to serve refugees in the U.S. less than sixty months (five years). This program supports employability services and other services that address participants' barriers to employment such as: social adjustment services, interpretation and translation services, day care, citizenship and naturalization services, etc. Employability services are designed to enable refugees to obtain jobs within one year of becoming enrolled in services. Service priorities are (a) all newly arriving refugees during their first year in the U.S. who apply for services; (b) refugees who are receiving cash assistance; (c) unemployed refugees who are not receiving cash assistance; and (d) employed refugees in need of services to retain employment or to attain economic independence.<sup>17</sup>

The Connecticut State Refugee Coordinator's Office reports that it received \$441,248.00 for FFY 2007, \$442,527.00 for FFY 2008, and it anticipates receiving \$375,000.00 for FFY 2009 for the Refugee Social Services Program. Under this program, "funding is allocated for case management services, counseling services, education and training services, employment services, information and referral services, outreach services, interpretation and transportation services to refugees defined by 45 CFR 400.43 who have resettled in the United States within the last five years and reside in the State of Connecticut."<sup>18</sup> The State Coordinator's Office did not specify which entities are providing these services.

**Targeted Assistance Program** allocates formula funds to States for counties that qualify for additional funds due to an influx of refugee arrivals and a high concentration of refugees in county jurisdictions with high utilization of public assistance. TAP services are the same as Refugee Social Services and are intended to assist refugees obtain employment within one year's participation in the program and to achieve self-sufficiency. TAP service priorities, however, are distinctive in that they prioritize (a) cash assistance recipients, particularly long-term recipients; (b) unemployed refugees not receiving cash assistance; and (c) employed

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<sup>16</sup> *Refugee Services*. Office of Refugee Resettlement, Administration of Children and Families, U.S. Department of Health and Human Services, <http://www.acf.hhs.gov/programs/orr/about/divisions>.

<sup>17</sup> *Id.*

<sup>18</sup> Letter of David Frascarelli, State Refugee Coordinator, State of Connecticut, dated November 5, 2008.

refugees in need of services to retain employment or to attain economic independence.<sup>19</sup>

The Connecticut State Refugee Coordinator's Office did not report concerning these monies.

**Refugee Preventive Health Program** provides grants to States and State-alternative programs and their designated health agencies to provide medical screenings in accordance with the *Medical Screening Protocol for Newly Arriving Refugees* and follow-up activities to newly arriving refugees. Program objectives are to reduce the spread of infectious disease, treat any current ailments, and promote preventive health practices for good health to facilitate refugees' full participation in activities that encourage self-sufficiency and integration. Services include medical screening for contagious diseases with associated preventive care treatment, health assessments for chronic and other health conditions harmful to refugees' health, interpreter services, information and referral to local health centers/clinics and Medicaid providers, and follow-up services to ensure appropriate treatment. The program also supports health education and orientation for refugees, as well as implementation of coordinated health projects with other Federal and State offices.<sup>20</sup>

The Connecticut State Refugee Coordinator's Office did not report concerning these monies.

**Refugee School Impact Program** provides grants to State and State-alternative programs to support impacted school districts with the funds necessary to pay for activities that will lead to the effective integration and education of refugee children. Services target school-age refugees between the ages of five (5) and 18 years of age with program activities that include English as a Second Language instruction, after-school tutorials, programs that encourage high school completion and full participation in school activities, after-school and/or summer clubs and activities, parental involvement programs, bilingual/bicultural counselors, interpreter services and other services.<sup>21</sup>

Although it reports that it does have money for this Program, the Connecticut Office of the State Refugee Coordinator did not provide any information concerning the amount of the grant. According to the Connecticut State Coordinator's Office, Connecticut's "ORR School Impact Grant is allocated to alleviate the cost associated with educating refugee children between the ages of five through eighteen years old and their families in the Hartford Public School System. The services provide educational support for both in school and after

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<sup>19</sup> *Refugee Services*. Office of Refugee Resettlement, Administration of Children and Families, U.S. Department of Health and Human Services, <http://www.acf.hhs.gov/programs/orr/about/divisions>.

<sup>20</sup> *Id.*

<sup>21</sup> *Id.*

school tutorial assistance as well as summer school. The funding targets Hartford public schools feeling the impact of refugee children who have limited knowledge of western culture and in many cases little or no prior school experience.”<sup>22</sup> In Hartford, Catholic Charities is the recipient of this grant in collaboration with the Hartford Public Schools. Catholic Charities hires tutors to be placed in schools with large clusters of refugee students. At this point they have hired tutors to serve Karen students and continue to provide support for the Somali Bantu children.

**Targeted Assistance Discretionary Program** provides grants to States and State-alternative programs to address the employment needs of refugees that cannot be met with the Formula Social Services or Formula Targeted Assistance Grant Programs. Activities under this program are for the purpose of supplementing and/or complementing existing employment services to help refugees achieve economic self-sufficiency. Services funded through the targeted assistance program are required to focus primarily on those refugees who, either because of their protracted use of public assistance or difficulty in securing employment, continue to need services beyond the initial years of resettlement. This funding requirement also promotes the provision of services to refugees who are ‘hard to reach’ and thus finding greater difficulty integrating. Refugees residing in the U.S. longer than five years, refugee women who are not literate in their native language, as well as the elderly are some of the special populations served by this discretionary grant program.<sup>23</sup>

The Connecticut Office of the State Refugee Coordinator reports that it received \$175,000.00 in FFY 2007, \$175,000.00 for FFY 2008, and anticipates that it will receive \$175,000.00 for FFY 2009 under the Targeted Assistance Discretionary Program. It reports that the funds are used for “intensive and extensive services to at-risk refugees in four of the state’s most needy communities. Services include but are not limited to employment services, education and training services, information and referral services, outreach services, interpretation services and transportation services to refugees defined by 45 CFR 400.43 who have resettled in the United States in the last five years and who reside in Connecticut.”<sup>24</sup> The State Coordinator’s Office did not specify the recipients of the grant monies.

**Services to Older Refugees Program** provides grants to States and State-alternative programs, public, and private non-profit organizations, to ensure that refugees aged 60 and above are linked to mainstream aging

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<sup>22</sup> Letter of David Frascarelli, State Refugee Coordinator, State of Connecticut, dated November 5, 2008.

<sup>23</sup> *Refugee Services*. Office of Refugee Resettlement, Administration of Children and Families, U.S. Department of Health and Human Services, <http://www.acf.hhs.gov/programs/orr/about/divisions>.

<sup>24</sup> Letter of David Frascarelli, State Refugee Coordinator, State of Connecticut, dated November 5, 2008.

services in their community. ORR has an interagency agreement with the U.S. Administration on Aging to identify ways in which the Aging and ORR networks can work together more effectively at the State and local levels to improve elderly refugees' access to services. Program objectives are to (a) establish and/or expand a working relationship with the State Agency on Aging and the local community Area Agency on Aging to ensure all older refugees in the community will be linked to mainstream aging services in their community; (b) provide appropriate services to all older refugees that are not currently being provided in the community; (c) create opportunities to enable older refugees to live independently as long as possible; and (d) develop services for or link older refugees to naturalization services, especially for those who have lost or are at risk of losing Supplemental Security Income and other Federal benefits.<sup>25</sup>

The Connecticut Office of the State Refugee Coordinator reports that it has received federal funding for this Program, although it did not specify the amount of the grant nor the recipients of the grant money. In Connecticut, the program "provides intensive and extensive services to older refugees age 60 and above in four of the state's most needy communities to help them access the health, social services and transportation needed to maintain an improved quality of life in spite of their age limitations. In conjunction with the Area Agencies on Aging, individuals are assisted with health, social services and transportation services through community forum programs. Services include but are not limited to case management services, counseling services, education and training services, information and referral services, outreach services, interpretation services and transportation services to refugees defined by 45CFR400.43 who have resettled in the United States and reside in the State of Connecticut."<sup>26</sup>

#### Funding from the State of Connecticut

The Connecticut State Refugee Coordinator reports that it also administers a \$100,000.00 state-funded earmark grant for citizenship training for the period from April 2008 though June 2009. This grant has been awarded to the Jewish Federation Association of Connecticut for services to refugees and legal immigrants.

#### Private Funding:

The Refugee Assistance Center of Jubilee House has successfully secured private funding through the Hartford Foundation for Public Giving to provide assistance to refugees once Catholic Charities completes its contract obligations. The Program is essential for the successful integration of refugee families in and

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<sup>25</sup> *Refugee Services*. Office of Refugee Resettlement, Administration of Children and Families, U.S. Department of Health and Human Services, <http://www.acf.hhs.gov/programs/orr/about/divisions>

<sup>26</sup> Letter of David Frascarelli, State Refugee Coordinator, State of Connecticut, dated November 5, 2008.

around the Hartford area. Through this three-year award of \$230,000, the Refugee Assistance Center provides a wide variety of services helping refugees navigate everyday problems of American life, such as securing telephone service, interpreting correspondence, explaining the instructions for new prescriptions, enrolling children in school, and so on. At the present time, the Refugee Assistance Center employs three part-time professionals, working with a number of dedicated volunteers, who provide services directly in the various refugee communities. Additionally, with the help of the Center for Children's Advocacy described below, the Refugee Assistance Center provides advocacy for individual refugees and for system change to improve services for refugees, educational workshops in cultural competency to Hartford Public Schools, the Department of Children and Families, Saint Francis Hospital, Charter Oak Clinic and any other institution or organization that works with refugees in the City of Hartford.

Additionally, one of Hartford's great strengths is the presence of the Center for Children's Advocacy which partnered with Catholic Charities Migration & Refugee Services and the Refugee Assistance Center of Jubilee House for a multi-year grant from the Robert Wood Johnson Foundation. The Immigrant and Refugee New Arrivals Advocacy Program is designed to improve the health of immigrant and refugee children by focusing on increasing access to education and health care, and decreasing stressors that negatively impact child health.

Hartford Areas Rally Together (HART) has been essential in organizing refugee providers to improve refugee services in the City of Hartford.

#### Service Providers and Stakeholders In Hartford:

Catholic Charities provides R&P, Matching Grant, and immigration services. It also has a contract with the State to administer the Refugee School Impact Program. LSSNE may be providing R&P and Matching Grant services in FY2009. The Refugee Assistance Center of Jubilee House provides post-arrival refugee services. The Center for Children's Advocacy works closely with Catholic Charities and the Refugee Assistance Center in advocating for refugee children. HART has proven invaluable in advocating for refugee groups. Other mainstream organizations providing services in Hartford include the following: City of Hartford Government through Councilman James Boucher; the Hartford Public School Welcome Center through the direction of Martha Bentham; the City of Hartford Office for Youth Services through the direction of Enid Rey; the Hartford Public Library through its Multicultural Office under the direction of Homa Nafacy; Saint Francis Hospital, Hartford Hospital, Charter Oak Clinic, and Community Health Services, and; the Hispanic Health Council through its Food Stamp Outreach Program.

## IV. Overview of Hartford

Hartford is the capital of the State of Connecticut. It is located in Hartford County on the Connecticut River, north of the center of the state and 24 miles south of its "sister-city" Springfield, Massachusetts. Its 2006 population of 124,512 ranks Hartford as the state's third-largest city, after New Haven and Bridgeport, which is the largest. Greater Hartford is also the largest metro area in Connecticut and 45th largest in the country (2006 census estimate) with a metropolitan population of 1,188,841.<sup>27</sup>

**Diversity:** The City of Hartford is extremely diverse. According to the U.S. Census Bureau, in 2000, 27.7% of residents identified themselves as White; 28.1% identified themselves as Black or African American; the remainder identified themselves as being of another race or races. 40.5% of those surveyed reported themselves as being of Hispanic or Latin origin. In Hartford, 18.6% were foreign born and 46.5% reported that they spoke a language other than English at home.<sup>28</sup>

**Poverty:** Hartford is the second poorest city in the United States behind Brownsville, Texas<sup>29</sup> or Newark, New Jersey<sup>30</sup>, depending on the source. In sharp contrast, the State of Connecticut is the richest state in the United States.<sup>31</sup> For 2006, the poverty rate in Hartford as estimated by the U.S. Census Bureau was 30.3%.<sup>32</sup> For the year 1999, the U.S. Census Bureau found that, although 28.2% of families in Hartford were below the poverty level, 35.8% of those with children under 18 were below the poverty level, and 39.1% of families with children under 5 were below the poverty level. The picture worsens for female-headed families: although 40.8% of female-headed families in Hartford were below the poverty level, 46% of families with children under 18 were below the poverty level, and 49.2% of families with children under 5 were below the poverty level.<sup>33</sup>

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<sup>27</sup> *Hartford, Connecticut*, Wikipedia, a free encyclopedia, 2008, [http://en.wikipedia.org/wiki/Hartford,\\_Connecticut](http://en.wikipedia.org/wiki/Hartford,_Connecticut).

<sup>28</sup> U.S. Census Bureau. *Hartford (city), Connecticut: State & County Quick Facts*. <http://quickfacts.census.gov/qfd/states/09/0937000.html>.

<sup>29</sup> *Poverty in a Land of Plenty: Can Hartford Ever Recover?* New York Times, June 2, 2008. *Hartford Slides Lower on Poverty Scale*, Hartford Courant. June 2, 2008. ("New poverty statistics from the 2000 Census suggest that the capital of the richest state may be the nation's poorest major city.")

<sup>30</sup> *Hartford Carries the Heaviest Economic Stress of Any Large City*, American City Business Journals, February 14, 2005, [http://www.bizjournals.com/specials/2005/economic\\_stress/stress\\_cities.html](http://www.bizjournals.com/specials/2005/economic_stress/stress_cities.html).

<sup>31</sup> *Connecticut Locations by Per Capita Income*, 2008, [http://en.wikipedia.org/wiki/Connecticut\\_Locations\\_By\\_Per\\_Capita\\_Income](http://en.wikipedia.org/wiki/Connecticut_Locations_By_Per_Capita_Income).

<sup>32</sup> *Hartford city, Connecticut*, U.S. Census Bureau, <http://factfinder.census.gov/servlet>.

<sup>33</sup> *Profile of Selected Economic Characteristics: 2000: Hartford city, Connecticut*, American Factfinder, U.S. Census Bureau, <http://factfinder.census.gov/servlet>.

**Housing:** As of 2000, only slightly more than 10% of houses and apartment buildings in Hartford were built after 1980.<sup>34</sup> This leads to concerns about the presence of lead paint and the general condition of rental properties in Hartford.

Additionally, a high number of persons live in rental properties (74.6%) compared to the number of persons who live in property that they own (25.1%)<sup>35</sup>, suggesting that competition for rental housing is likely to be significant and the cost of rental housing may be more costly as a result.

Finally, housing for larger families may be difficult to find: single room units make up 5.3% of housing available in Hartford; two rooms units make up 8.5%; three room units make up 18.9% of available housing; four room units make up 19.6% of housing available; five room units make up 26.8% of housing available; six room units make up only 12.7% of housing available. The number of rooms for available housing exceeding 7 rooms drops dramatically: seven room units make up only 3.3% of available housing; eight room units make up only 2.0% of available housing, while housing with 9 or more rooms make up 2.9% of available housing.<sup>36</sup> Assuming that a unit contains a living room, bathroom and kitchen, a family of four requires at least a four or five room unit, depending on the size of the living room and the sexes of the household to comply with building requirements. In general, occupancy standards require as follows:

“A general rule of thumb is two persons per bedroom plus an additional person or two based on square footage of the room for a living room used as a sleeping space.... HUD’s guidance is 1) no more than two persons would be required to occupy a bedroom; 2) persons of different generations, persons of the opposite sex and unrelated adults would not be required to share a bedroom; 3) husband and wife share the same bedroom; 4) children of the same sex share a bedroom; and e) children, with the possible exception of infants, would not be required to share a bedroom with persons of a different generation, including their parents.”<sup>37</sup>

In spite of the difficulties surrounding housing in the Hartford area, refugee advocates have had significant success in placing refugees in Section 8 housing. Of the twenty-seven Liberian families remaining in Hartford, seven families have received Section 8 housing and another four are on the waiting list. One family has moved to low-income housing in Glastonbury, and another two or three

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<sup>34</sup> *Profiles of Selected Social Characteristics: 2000, Hartford city, Connecticut, U.S. Census Bureau.* <http://factfinder.census.gov/servlet>.

<sup>35</sup> *2006 American Community Survey, Hartford city, Connecticut.* U.S. Census Bureau, <http://factfinder.census.gov/servlet>.

<sup>36</sup> *Profile of Selected Housing Characteristics: 2000, Hartford city, Connecticut, U.S. Census Bureau.* <http://factfinder.census.gov/servlet>.

<sup>37</sup> Refugee Housing Program, Mercy Housing. *Occupancy Standards*, <http://www.refugeehouse.org/occupancystandards.htm>.

families are on the waiting list there. There are about twelve Somali-Bantu families remaining in Hartford. Of these, four families are on the waiting list for Section 8 housing, one family is receiving assistance from the TRAP program, and another three have moved to the Mansfield area because they have received Section 8 subsidies there.

**Education:** According to a new report by Connecticut Coalition for Achievement Now (ConnCAN), graduation rates for Connecticut's public schools have been overstated. This report measures graduation statistics for persons receiving degrees from a four-year high school program, and excludes GED diplomas. However, in contrast to the overall picture, Hartford's high school graduation rate has been better than originally thought. 38.6% of Hartford's public school students graduate, instead of the 33.5% reported by the Connecticut Department of Education. Nonetheless, although the report recognizes a statistical improvement in graduation rates in Hartford, the 38.6% Hartford graduation rate stands in sharp contrast with the overall graduation rate for the State of Connecticut of 78.1%.<sup>38</sup> Thus, in Hartford, slightly more than one in three students graduate, or, put another way, almost two out of three students do not graduate. Other statistics presented by the Department of Education also reveal the difficulties facing the Hartford public schools:

- Hartford is the lowest performing school district in Connecticut.
- It is the lowest performing district among the six urban districts in the state.
- Only 15% of all third graders read at grade level.
- Only 8% of Hartford tenth graders scored at goal on the Connecticut Academic Performance Test (CAPT).
- Only 29% of those who started high school in 2002 graduated in 2006.<sup>39</sup>
- Only 39% of Hartford graduates go to college; 20% of those attend two-year schools.<sup>40</sup>

The position of Superintendent of Hartford Public Schools has suffered frequent turnovers in an attempt to improve public education in Hartford. The present superintendent, Dr. Steven J. Adamowski, has instituted a policy of decentralization, calling for a system of school choice with more autonomy for higher-performing schools.<sup>41</sup> As a result of the radical reorganization of the Hartford school system, approximately 75-85 positions have been eliminated recently, many of them support staff, such as social workers, nurses, speech and

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<sup>38</sup> ConnCAN 2007. *New Report Finds Connecticut's High School Graduation Rates Are Overstated*. <http://www.conncan.org/matriarch/MultiPiecePage.asp>.

<sup>39</sup> This figure does not conform with ConnCAN's report.

<sup>40</sup> Education World, *Literacy, School Choice are Superintendent's Priorities*, [http://www.education-world.com/a\\_issues/teamingup/teamingup011.shtml](http://www.education-world.com/a_issues/teamingup/teamingup011.shtml).

<sup>41</sup> Id.

hearing specialists, and psychologists.<sup>42</sup> One of the departments eliminated as a result of this reorganization is the Bilingual/Bicultural Department. It is unclear at the present time how the needs of refugee children will be met under the District's reorganization plan.

One hopes that the reorganization will prove beneficial for refugee children as well the public schools in general. Dr. Adamowski demonstrated remarkable success as Superintendent of the Cincinnati public schools.

"[T]he Cincinnati public schools have managed to increase the four-year high school graduation rate from 51 percent in 2000, to 79 percent in 2007. Perhaps more important, they have, as of 2007, *eliminated the gap between African-American and white students in graduation rates.* [Emphasis in original.] This feat was accomplished, moreover, as the state of Ohio was raising academic standards and requiring students to pass more-challenging assessments to receive their diplomas."<sup>43</sup>

In spite of the evident struggles the public schools in Hartford are experiencing, refugee children have demonstrated remarkable tenacity and success. It is reported that the Somali Bantu, Somali, and Liberian refugee children have remained in school, although a number of the Bosnian refugee children have dropped out of high school. All of the current high school seniors have indicated that they plan to attend college. Every refugee student who has graduated in the past years is attending college, some in two-year and some in four-year programs, with full financial aid. The Refugee Assistance Center has been effective in providing assistance with applications for college and financial aid.

### **Health Care/Mental Health Care**

Hartford has a number of excellent hospitals and clinics. Catholic Charities reports no difficulty scheduling health screenings within the first thirty days of arrival for new refugees. In Hartford, non-English-speaking patients are served through on-site interpreters or, for most refugee families, telephonic language banks.

With regard to much needed mental health care, in Hartford, as in many other communities, it is reported that services appropriate to refugees are not readily available. The process as envisioned by the federal government is as follows. Health screenings, required for every newly arrived refugee within thirty days of arrival in the U.S. incorporates a mental health screening component. If the screening indicates the possibility of mental health problems, the refugee is referred to the mainstream mental health provider. This provider should have

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<sup>42</sup> Courant.com. *Hartford Schools' Layoffs Confuse, Anger Those Affected.* July 14, 2008. [http://www.courant.com/news/education/hc-school layoffs0711.artjul11\\_0,3073595.story](http://www.courant.com/news/education/hc-school layoffs0711.artjul11_0,3073595.story).

<sup>43</sup> Education Week, January 8, 2008. *How Cincinnati Turned Its Schools Around: And What Other Systems Can Learn From It.* [www.cps-k12.org/whatsnew/NathanArticle.pdf](http://www.cps-k12.org/whatsnew/NathanArticle.pdf)

received training in cultural competency. The resettlement agency is responsible for getting the refugee to the first appointment with the mental health provider and for translating at the appointment. With extended case management as recommended in this report, the case manager would ensure that the refugee follows up with subsequent mental health appointments and, if needed, takes medication.

With regard to the availability of appropriate services, this is an issue that might be addressed through the State Coordinator's meetings. If appropriate mental health services do not exist in Hartford and cannot be developed for one reason or another, referrals to providers in other cities, such as New Haven or Boston, may be necessary.

## **V. Findings and Recommendations**

As is apparent from the above, Hartford is a challenging site in which to resettle refugees. Nonetheless, Hartford has many strengths – chief among these is the obvious commitment of the community to seek creative solutions to meet the needs of refugees. Also, Hartford is remarkable in its success in identifying sources of private funding to finance the provision of services that exceed the limited funding available from public sources. Following are findings and recommendations listed in the order of their importance to maximize existing services to refugees and to develop resources to address gaps in services by fostering coordination among the various entities in Hartford that serve refugees.

### **1. Empower the State Refugee Coordinator's Office**

**Findings:** At the State government level, each State is mandated to designate a State Coordinator for refugee services. The function of the State Refugee Coordinator is to serve as a liaison between the federal ORR and the local service providers to ensure coordination of public and private resources for the benefit of refugees. In addition to coordinating services – a function discussed in more detail in section 2 below – the Refugee State Coordinator is responsible for developing and securing funding for refugee services, monitoring the expenditure of funds and delivery of services, representing the refugee program on behalf of the State, and, ideally, advocating on behalf of refugee populations resettled in the State.

At the present time, the State Refugee Coordinator's Office for the State of Connecticut is manned by a single individual, David Frascarelli. Only 60% of his time is dedicated to coordinating services for refugees resettled in Connecticut. In addition to his duties as State Refugee Coordinator, Mr. Frascarelli also is a field representative for the Connecticut Energy Assistance Program (CEAP). In this capacity, he provides CEAP technical assistance to and program monitoring of Community Action Agencies, and participates in public presentations and forums related to CEAP. Within the state government hierarchy, the Refugee Coordinator's Office is located within the Energy & Refugee Services Division of the Department of Social Services, Bureau of Aging, Community & Social Work Services. Mr. Frascarelli reports that the State of Connecticut does not allocate any ORR administrative funds to the Office of the State Refugee Coordinator.

**Recommendations:** A dynamic State Refugee Coordinator's Office is key to a successful refugee program. It should be apparent that a single, part-time staff member for the State Refugee Coordinator's Office cannot adequately perform the duties of the Office. Fortunately, money is available from the federal ORR to fund the administration of State refugee programs through the Cash and Medical Assistance Program. For example, this last year, in the State of Utah, the State Refugee Coordinator's Office grew from a two person office to an office of six – funded entirely by federal monies. In addition to salaries, benefits and overhead, Utah has secured ORR funds to host a refugee conference, to hold a World

Refugee celebration, as well as to develop a data collection program. It is strongly recommended that the State be urged to pursue additional funds to restructure and effectively staff the State Refugee Coordinator's Office.

It is also recommended that the power of the State Refugee Coordinator's Office be increased. An Office of Refugee Services at should be established at the appropriate level of State government to provide leadership in service coordination, policy review, accountability, advocacy, and resource development. This Office should be empowered to effectively represent the interests of refugees to State government and to Connecticut's public and private sectors. Further, it should have the flexibility and status to raise private, state, and corporate resources in order to supplement inadequate federal funds as is done in Utah, Colorado, and Illinois. Key functions of this Office are as follows:

- To effectively represent refugee issues within the State government.
- To fill identified structural gaps which impede service delivery to refugees.
- To provide visible leadership regarding refugee issues at the State level.
- To advocate for quality refugee services.
- To coordinate services among providers and local governments.
- To provide access to community and stakeholders for policy decision making.
- To seek additional funding resources to fill identified gaps.
- To provide public education regarding refugee issues.
- To monitor and evaluate service provider's performance.
- To manage federal funding.
- To represent Connecticut's interests with federal funders and policy makers.

## **2. Utilize an Existing Forum to Coordinate Services to Refugees**

**Findings:** In spite of the energetic efforts of many private agencies and individuals in Hartford, notably HRRJC, HART, the Refugee Assistance Center, and the Center for Children's Advocacy, Councilman James Boucher's Office, among others, coordination of services for refugees resettled in Hartford is virtually absent. This lack of coordination is directly attributable to the failure of the Connecticut State Refugee Coordinator's Office to perform its duties in accordance with federal law.

As discussed above, at the State government level, each State is mandated to designate a State Coordinator for refugee services. The function of the State Refugee Coordinator is to serve as a liaison between the federal ORR and the local service providers to ensure coordination of public and private resources for the benefit of refugees. The definition section from the Code of Federal Regulations defines the office of the State Coordinator as follows:

“State coordinator means the individual designated by the Governor or the appropriate legislative authority of the State to be responsible

for, and who is authorized to ensure coordination of public and private resources in refugee resettlement.”<sup>44</sup>

By law, the State Refugee Coordinator’s central function is planning and coordination of services and resources with all interested agencies, public and private, that serve refugees in Connecticut.

“[The State Refugee Coordinator shall p]rovide that the State will, unless exempted from this requirement by the Director, assure that meetings are convened, not less often than quarterly, whereby representatives of local resettlement agencies, local community service agencies, and other agencies that serve refugees meet with representatives of State and local governments to plan and coordinate the appropriate placement of refugees in advance of the refugee’s arrival.”<sup>45</sup>

The Coordinator has recently informed HRRJC that he is conducting quarterly meetings with voluntary agencies (local refugee resettlement programs), Coalition of Mutual Assistance Associations representatives, and Connecticut Department of Social Services staff. Nonetheless, the mandate for planning and coordination of services is broad – the State Coordinator is required to coordinate with all interested agencies. This is not happening in Connecticut.

**Recommendation:** If any single recommendation is implemented, this particular recommendation is likely to have the greatest impact in improving coordinated service delivery to refugees resettled in Hartford, minimizing gaps in and duplication of services.

The State Refugee Coordinator must be compelled, if necessary, to institute, at minimum, quarterly meetings with all interested agencies, public and private, to coordinate appropriate placement of refugees and to coordinate and develop public and private resources for refugee resettlement. It is recommended that the State Coordinator be approached directly with a request that the Office begin to hold these meetings as it is required to do. In the event that the Coordinator is unresponsive, the Committee might consider other methods, such as communicating with the direct supervisor of the Office or other agencies or individuals in the State government who can influence the State Coordinator. ORR can be contacted directly and requested to intervene. Other tactics, admittedly more extreme, include utilizing the media or bringing an action in Court requesting a Writ of Mandamus, compelling the Office to perform its duties as mandated by law.

The importance of the State Refugee Coordinator’s Office is apparent – it is the intended mechanism through which all agencies that serve refugees

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<sup>44</sup> 45 CFR 400.2

<sup>45</sup> 45 CFR 400.5

communicate and collaborate. If properly implemented, these meetings can serve as a powerful and dynamic forum for improving service delivery to these most vulnerable populations. Many mainstream providers and government agencies – state, county, and city – serve refugees, in addition to Catholic Charities and the Refugee Assistance Center. These providers and agencies should be urged to actively participate in planning for the coordination of refugee services. Through these meetings, direct service providers for refugees can identify mainstream services and resources available to their clients, advocate for their clients regarding problems in service delivery as it relates to the various refugee populations in Hartford, and raise awareness with mainstream providers and government agencies of the existence and needs of these populations in Hartford. Other benefits of these meetings include the following: active networking to identify point persons in the various providers and agencies; information sharing; brainstorming on systemic problems with providers and agencies with different points of view; problem-solving on behalf of refugees; problem-solving for providers and agencies; identifying mainstream funding opportunities that can be tailored to refugee groups; and so on.

Beyond the task of coordination, collaboration with the State Coordinator's Office is essential as most of the federal funding available for refugee services is channeled through it. As a matter of course, interested agencies must be informed as to the nature of the available funds, the amount of the funds for each program, how these funds are being allocated, which agency is responsible for administering each program funded by ORR, the kinds of services provided with these funds, the parameters of the services, and grant opportunities.

### **3. Formalize Case Management Between Providers**

**Findings:** While planning for placement of refugees and coordination of resources and services can be accomplished through State Coordinator meetings, coordination among agencies responsible for providing services to individual families also is lacking. Catholic Charities provides resettlement and placement and Matching Grant services for anywhere from ninety days to six months. It also has state funding to provide limited case management services for up to five years following arrival. Hartford is fortunate to have agencies providing additional post-resettlement refugee services funded through private grants – the Refugee Assistance Center and the Center for Children's Advocacy. Recently, Catholic Charities and the Refugee Assistance Center have begun to develop a process for coordinating services to refugee families between the agencies. Until a formalized system for coordinating services to individuals and refugee families is implemented, refugees post-resettlement will continue to be served only on a catch-as-catch-can basis – as needs arise and are brought to the attention of the agencies.

**Recommendation:** Catholic Charities has expressed its concern that it has continuing responsibilities for refugees resettled through it for up to five years following resettlement and, therefore, cannot transfer cases for services to other

agencies. Catholic Charities should be urged to view referrals to the Refugee Assistance Center not as a termination of its services and as an abdication of its role as the resettlement agency, but rather as a supplement to their on-going in-house services.

In order to be successful, refugee resettlement requires a case management system in which each new family is assigned to a trained case worker who identifies needs, works with the refugee family to create a plan to meet the needs, identifies services called for in the plan, connects the refugee family members to the services, monitors and evaluates the service provision to ensure that the services are working, and changes the assessment and the plan as necessary. Currently, Hartford has the pieces to institute such a system. It needs to formalize the system and ensure better communication between the relevant players – Catholic Charities, perhaps LSSNE, and the Refugee Assistance Center of Jubilee House.

The hand off between these organizations should be seamless. Catholic Charities, and perhaps LSSNE in FY2009, will be the first case management organizations because of their R&P function. Hartford already has post-arrival services through the Refugee Assistance Center of Jubilee House. To maximize effectiveness, refugees should be formally referred from one agency to the next. Bearing in mind privacy concerns, agencies should share information about refugee households with the consent of the client. Catholic Charities and LSSNE should consider instituting a practice of emailing the Refugee Assistance Center, at least upon termination of R&P or Matching Grant services, providing relevant information about the clients it serves. A form should be developed that includes the names of the clients in the refugee household, birthdates, their address, phone numbers, a checklist of services provided, the names of their employer, the schools attended by the children of the family, the name of the resettlement agency's case manager, etc. The form should be as user-friendly as possible, using checklists where appropriate. As R&P and Matching Grant services conclude, Catholic Charities should provide refugees with information concerning the Refugee Assistance Center both orally and in writing.

In addition, a formalized system should be implemented to alert both refugee service providers and mainstream providers of anticipated arrivals, both as to the estimated number and ethnicity. An email directory could be developed through the State Refugee Coordinator's quarterly meetings.

Ideally, case management for refugee families should continue for at least two years following arrival. See the more detailed description of a recommended case management system in Section VI below.

Finally, it is recommended that the State and/or providers seek funding to develop a data base, accessible to service providers, detailing the services and

support already provided to individual refugee families. Money for this project may be available through the ORR Cash and Medical Assistance Grant.

**4. Evaluate, Expand, and Diversify Programs and Funding Sources for Refugee Services:**

**Findings:** Providers in Hartford do not have sufficient information concerning current programs and funding sources available to refugees resettled in Hartford. This information should be available through the Office of the State Refugee Coordinator and through its quarterly meetings. Further, although individuals and agencies have shown great creativity in finding private money, more effort is needed to find private dollars to supplement public funding.

**Recommendation:** Once the State Coordinator's Office establishes more inclusive quarterly meetings, agencies and providers should work to become knowledgeable about existing programs and sources of funding. It is further recommended that the State Coordinator's Office, agencies and providers work to secure additional funding to serve their clients.

It is important to understand what programs already exist for refugees in Hartford. As was outlined above, most refugee-specific funding comes from the federal government, either to private voluntary agencies (such as USCCB and LIRS) which pass funds through to their affiliates, or to the States. Catholic Charities has contracts to deliver Reception and Placement Services (DOS) and Matching Grant Services (ORR) to the refugees whom they resettle. LSSNE also plans to provide R&P services and perhaps Matching Grant services as well. In addition, Catholic Charities administers at least part of the State ORR grant for the Refugee School Impact Program.

Most federal funding is channeled through the States. ORR programs administered through the State Refugee Coordinator's Office are as follows: the Cash and Medical Assistance Program, the Refugee Social Services Program, the Targeted Assistance Program, the Refugee Preventive Health Program, the Refugee School Impact Program, and, perhaps, the Targeted Assistance Discretionary Program. (The descriptions of these programs can be found in Section III above.) It is important for refugee service providers and interested agencies to become informed about what funding is available, the allocation of these funds, and the services to be provided under these programs. This information is available only through the Office of the State Refugee Coordinator.

Some funds may be available through existing State, County, or City programs. Refugees may be eligible for mainstream services tailored for specific groups, such as youth, the aging, women, entrepreneurs, etc. Although many of the service providers we met were remarkably knowledgeable about potential funding opportunities and mainstream services available to refugees, State Refugee Coordinator's meetings are an ideal forum for sharing this kind of information.

Some of the refugee service providers in Hartford have been extraordinarily successful in securing private funding. As described above, both the Refugee Assistance Center of Jubilee House and the Center for Children's Advocacy have secured private funding to supplement existing refugee services.

Expanding Funding Base: Additional ORR funds may be available. These funds may be applied for through the State, through the national voluntary agencies (such as USCCB and LIRS), or directly by the local agency. Although many ORR programs may not be relevant to Hartford, some of these programs are as follows:

**Services to Survivors of Torture Program** provides services for the rehabilitation of torture survivors through diagnosis and treatment for the psychological and physical effects of torture, social and legal services, and research and training. ORR awarded 26 grants totaling \$9.6 million in FY 2006.<sup>46</sup>

**Refugee Agriculture Partnership Program** provides opportunities for improving the livelihoods of refugee families in agriculture and food sector business through partnerships with federal, State and local, and public and private organizations that cooperate in the coordination and utilization of resources focused on sustainable income and community food security. This program is also supported by a MOU between the Department of Health and Human Services and the United States Department of Agriculture.<sup>47</sup>

**Preferred Communities Program** supports the resettlement of newly arriving refugees into communities that provide the best opportunities for integration. Preferred Communities are localities where refugees have excellent opportunities to achieve early employment and sustained economic independence without having to utilize public assistance. These localities also have low welfare utilization by refugees. The Preferred Communities Program also meets the needs of special populations through intensive case management. Preferred Community sites are in 35 States funded at approximately \$5.2 million.<sup>48</sup>

**Unanticipated Arrivals Program** provides additional resources to communities where the recent arrival of large numbers of refugees was not anticipated. Funding for the February 28, 2006, closing totaled \$5,954,652.<sup>49</sup>

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<sup>46</sup> *Id.*

<sup>47</sup> *Id.*

<sup>48</sup> *Id.*

<sup>49</sup> *Id.*

**Microenterprise Development Program** assists refugees to become financially independent by helping them develop capital resources and business expertise to start, expand, or strengthen their own business. The program provides training and technical assistance in business plan development, management, bookkeeping, and marketing to equip refugees with the skills they need to become successful entrepreneurs. ORR awarded 25 grants totaling \$5.3 million in FY 2006.<sup>50</sup>

**Individual Development Accounts Program** provides matched savings accounts and financial literacy training to low income refugees. The matching funds, together with the refugee's own savings, are available for purchasing one or more of three savings goals: home purchase, Microenterprise capitalization, and education or training. ORR awarded 7 grants totaling \$1.5 million in FY 2006.<sup>51</sup>

ORR can be contacted directly (<http://www.acf.hhs.gov/programs/orr/about/directory.htm>). It employs program specialists to work with States, and national and local service providers to help them identify and apply for appropriate funding.

Another ORR program that may be appropriate for Hartford is the Ethnic Community Self-Help Program which provides assistance to refugee community based organizations to develop the capacity to serve as local service providers and as a bridge to mainstream services and resources. These organizations help the refugee communities to become contributing partners to refugee resettlement and the community overall. Currently there are 45 grantees, funded at approximately \$7.2 million.<sup>52</sup>

The City of Hartford has a number of refugee groups that are mature and could become capable of running their own agency, such as the Somali/Somali Bantus and the Liberians. Refugee community organizations help people in their communities become contributing partners to refugee resettlement and the community overall. Refugee organizations have the language, cultural competence, and understanding of the problems to serve their communities effectively.

Appropriate refugee communities could be assisted in developing the organizational capacity required to apply for funding, effectively manage funding, to document services, and to ensure that all of the members of the community are equally represented and served. The Ethnic Community Self-Help Grant, described above, provides ORR support to refugee organizations. It is highly competitive, however. In Hartford, the Liberian, Somali, and Somali-Bantu communities may be appropriate candidates for these programs.

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<sup>50</sup> *Id.*

<sup>51</sup> *Id.*

<sup>52</sup> *Id.*

Very useful reference materials are available through the Institute for Social and Economic Development agency; for example, the *Guide for Ethnic Community-Based Organizations: Creating and Operating an Effective Agency* (<http://www.ised.us/doc/Guide%20for%20Ethnic%20Comm%20Basd%20Orgs.pdf>).

Other sources of federal money are available, though not refugee-specific. Grant opportunities may be monitored on line through [www.grants.gov](http://www.grants.gov).

Beyond federal funding, some agencies have been successful in securing state and local tax money for refugee-specific programs. These funds are different from ORR moneys handled by state agencies. For example, in the past, like Connecticut, the Illinois legislature voted for state funds to promote citizenship and naturalization classes. In Minnesota, the state allocated funds to help refugees secure jobs. Effective advocacy and public relations proved essential in obtaining these moneys. A practice of getting to know state legislators and, if appropriate, asking them to serve on an agency's board of directors has been found helpful.

Catholic Charities and the Refugee Assistance Center of Jubilee House have been very successful in tapping churches and other members of the community for volunteers and material support.

Corporations, particularly ones with reputations for community support generally, and those hiring refugees, can be approached for support.

Foundations can be approached for funding. There are many more local foundations than national ones. The *Directory of Foundations* found at most large public libraries provides lists of local foundations, their charitable goals, their ground rules for making grants, and the names, addresses and phone numbers of their decision-making officers. Be aware that local foundations often have highly specific goals, and these should be borne in mind when refugee agencies meet with foundation officials. Most foundations are usually more interested in a specific project, particularly an innovative one, than in providing general support.

Some agencies have been successful in securing a place in the United Way and in the Combined Federal Campaign systems.

AmeriCorps VISTA can also be contacted to explore whether a VISTA volunteer might be recruited to serve refugees in Hartford.

**5. The City of Hartford Should Require Resettlement Agencies to Report to it at Least Biannually**

**Findings:** Although more than half of the refugees resettled in Connecticut are resettled in Hartford, the City is not informed in any way of the number and ethnicity of the refugees resettled there. Further, it is not provided with

information regarding services afforded refugees, the location of refugee communities, which schools are serving refugee children, the funding and services available to refugees, outcomes of services provided, etc. The disproportionate resettlement of refugees in Hartford impacts delivery of community services within Hartford, such as public safety (police, fire), health care issues, and so on. In order to adequately plan for these populations, resettlement agencies should be made accountable to the City.

**Recommendations:** It is recommended that the City require resettlement agencies, by ordinance or otherwise, to report at least biannually to the City regarding refugees resettled within the City. At minimum, the agencies should be required to inform the City as to the number, ethnicity, and origins of refugees resettled in Hartford as well as the number, ethnicity and origins of refugees anticipated to be resettled within the City. Additional information that might be required are as follows: the locations in which refugee groups are resettled; the schools which serve refugee children; health care issues impacting refugees and the community; public safety issues; housing issues; funding and services available to refugees; etc.

**6. HRRJC Should Continue in its Function as an Advocate for Refugees Resettled in Hartford**

**Findings:** In 2005, an informal committee, the Hartford Refugee Resettlement Joint Committee (HRRJC), was formed to address issues arising from the resettlement of refugees in Hartford, Connecticut. Since that time, HRRJC has proven itself to be very effective in advocating on behalf of these refugees. Significantly, HRRJC has served as a forum for individuals and entities interested in refugee issues in Hartford – a forum that otherwise did not exist. Among its successes has been raising the awareness of resettlement agencies of the need for more coordinated and effective service delivery. It should be noted that this report also is the result of HRRJC efforts.

**Recommendation:** It is strongly recommended that HRRJC continue in its role as an advocate for refugees resettled in Hartford. Without such a group, all the efforts expended by HRRJC thus far on behalf of refugees will be for naught. Continuing advocacy is necessary to see that the recommendations made in this report are implemented.

## VII. Best Practices

**Case Management:** The concept of case management “is based on the notion that human services practitioners often work with people who have multiple needs as a result of . . . handicapping conditions [e.g. language, literacy, cultural differences]. Organizing services to address these needs, and subsequently fulfilling them, can require the involvement of various delivery systems such as housing, employment, [ESL services, education], mental health, social services, and health care. Assembling these services and managing their coordination are the responsibilities of case managers.”<sup>53</sup> The following are suggested best practices that may be adopted:

- The process of case management should track the following model:
  - Enrollment: The case management process should be explained in detail to the refugee family at the time of enrollment.
  - Assessment: The case manager and the refugee family should work together to identify the family’s needs and strengths. The assessment should be holistic. It considers social needs as well as medical, educational, employment, transportation, daycare, mental health, housing, language needs, and financial tutoring.
  - Plan: The case manager and the refugee family work together to create a plan to meet the needs and make use of the strengths identified in the assessment. Each need identified in the assessment has a corresponding action in the plan to meet the need. A timeline is developed for the plan because not all needs can be met at once.
  - Connection to Services: Many of the actions called for in the plan require accessing services. This is true for medical, educational, employment, daycare, mental health, language needs, as with many others. Connection to services involves more than simply referring the refugee to a service provider. It includes referral, transportation, if needed, help in accessing the service, and ensuring the service is provided.
  - Monitoring and Evaluation: Monitoring involves the case manager ensuring that both the refugee and the service provider are doing what they said they would do. Evaluation determines whether the service is effective – restore health, learn English, etc. Effective monitoring and evaluation will result in updating and modifying both the assessment and the plan over time as services succeed or fall short.
  - Termination: At the end of the case management period, the case manager and the refugee family should meet and discuss ongoing needs and the resources available. Optimally, the

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<sup>53</sup> Moxley, David P., *The Practice of Case Management*. California: SAGE Publications 1989, p. 10-11.

refugee family has established relationships with the appropriate refugee and mainstream community organizations and a trained volunteer during the case management period. These resources will provide important resources to the family long after case management has ended.

- Post-Service Evaluation: Upon termination of services, in order to accurately ascertain whether agency's services have been effective, it is appropriate for someone other than the case manager to interview the refugee to encourage a more candid assessment of services. The agency should actively review cases to develop a global view of which services were effective and which were not. After identifying those services that were successful, the agency should strive to incorporate the effective practice into its overall resettlement strategy. If a service proved to be unsuccessful or marginally successful, the agency should investigate and adopt alternate solutions.
- As stated above, case managers must strive to treat each refugee family as individuals with specific strengths and needs. They must avoid regarding a client family as just a part of their caseload with a checklist of tasks to be performed, each case the same as the next.
- Case managers must be trained to treat their clients with respect. All activities should be discussed and explained to the refugee family in detail. Refugees should be informed so that they know what to expect and understand the process and desired outcomes. Bearing in mind that certain goals must be achieved under funding guidelines, case managers should strive to actively involve their clients in planning. The process should be a cooperative endeavor rather than one imposed upon the client.
- Case management services must be culturally sensitive. Culturally competent case managers need to be knowledgeable about the characteristics of the ethnic groups whose members they work with. It is crucial for case managers to have knowledge about an ethnic group's cultural heritage, historical background, and cultural values, beliefs, and norms. This provides the worker guidance in adapting practice to make it compatible with cultural expectations, thereby increasing the probability of success. Moreover, knowledge of cultural stresses and strengths, adaptive strategies, and community resources allows the worker to identify factors that contribute to a client's problem and factors that can be used to help resolve the problem.
- In addition to reviewing written material about the ethnic group and observing the behavior of clients, it may be helpful to develop a "cultural guide". Cultural guides are members of the ethnic group who can teach the case manager or agency about that group. The purpose of working with a cultural guide is to learn something of the community as community members see it; to better understand why

clients from the community have need of specific services; to appreciate how people use community resources to deal with their problems, and; to discover how people feel about their relations with the larger society in general and with social service institutions and providers in particular. In selecting a cultural guide, the worker should look for people who are knowledgeable and articulate about their community and have the time, interest, and willingness to share information. Additionally, it is important to develop more than one cultural guide in order to obtain varied perspectives.

- The case manager must act as a cultural liaison between clients and the agencies or institutions that provide services to refugees. Refugees need to be instructed about American practices and norms so that they can successfully navigate in the larger community. This information is crucial in a number of settings, including securing and maintaining employment, in understanding American expectations in the area of intrafamily relations, female empowerment, legal norms, and so on. On the other hand, mainstream organizations which provide needed services to refugees generally are not targeted specifically to these populations. When these agencies do not take into account the unique characteristics and needs of an ethnic group, they severely limit access to and effectiveness of their services for these populations. Case managers or the agencies that provide refugee services must actively work to educate the professionals in mainstream services that serve refugee clients, both as to the needs of individual refugee clients and as to the history and cultural norms of the refugee group.
- When possible, case managers should be of the same ethnic group as the refugee clients. At minimum, when a significant number of any refugee group is anticipated to arrive, the agency should hire culturally and linguistically appropriate personnel. Nonetheless, differences within an ethnic group can be as significant as differences between different ethnic groups. Thus, even when the case manager is from the same ethnic group as the client, the agency must be sensitive to potential impact of disparities between the case manager and the client family. Therefore, it remains important that the case manager and the agency engage in fact-finding about the situation, history, and capabilities of the client family, as well as keeping informed of the dynamics and perceptions of the particular ethnic community in Hartford.
- Case managers should receive on-going training and should be supervised by people of any ethnic group who have been trained in social work basics.
- Case managers should be responsible for no more than 25 cases at any given time.

**Employment:** The goal of most federal funding for refugee programs is early self-sufficiency. Self-sufficiency is defined in the Matching Grant program “earning a total family income at a level that enables a family unit to support itself without receipt of a cash assistance grant. Cases and individuals receiving Food Stamps, Medicaid, etc. without cash payments, are considered self-sufficient.”<sup>54</sup> Thus, self-sufficiency is a measure significantly less than economic well-being. The following are some best practices that may be useful in Hartford:

- Designate an individual, group, or agency responsible to develop expertise in employment, job development, and available training for employment upgrades, certification, and post-secondary and vocational education in Hartford.
- The resettlement agency must clearly and explicitly explain to their refugee clients that their first job will not be their last. That early employment in any job is necessary to achieve basic self-sufficiency and that subsequent employment options can be explored once basic self sufficiency is realized.
- Provide employment orientation to refugees inexperienced in the American market.
- Provide job search assistance to more advanced refugee clients. The components of job search assistance may include the following:
  - Resume preparation, stressing the refugee’s particular skills that are relevant to the job being sought.
  - Preparation of cover letters, reference letters, and thank-you letters.
  - Practice or help in completing application forms.
  - Skills for directly contacting potential employers.
  - Setting up informational interviews with employers for the client to learn more about the business or job.
  - Development of interviewing skills using role-play and videotape.
  - Role playing to anticipate and respond to employer concerns about employability or performance.
  - Provide positive reinforcement to refugees attempting to secure employment. Help the client develop coping skills to deal with setbacks and rejections.
  - Provide material support for the job search when possible such as telephones, answering machines, word processing, copying, postage, and transportation to interviews.
- Create a job bank.
- Sell the program. Actively look beyond current employers to find other employment options for refugees resettled in Hartford.

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<sup>54</sup> Office of Refugee Resettlement 2005. *Annual ORR Reports to Congress – 2005*. <http://www.acf.hhs.gov/programs/orr/data/05arc3.htm>.

- Ask employers with whom the refugee agencies have established relationships to identify other employers who might be interested in providing jobs to refugees.
- Ask program volunteers about available jobs that they may know of.
- Ask church sponsors, employers, mosques, and other groups interested in refugees about employment opportunities.
- Use church bulletins and other publications to locate available employment prospects.
- Use employment resources in Hartford, such as Capital Workforce Partners ([www.capitalworkforce.org](http://www.capitalworkforce.org)).
- Join service organizations in Hartford such as the Hartford Area Rotary Club, Toastmasters, or the Chamber of Commerce. Formally present the refugee program to the organization to maximize its exposure.
- Use the media to heighten interest in refugees in the area. Ideally, using a success story about a specific refugee who is working in Hartford after a trauma overseas can help. The focus is not to elicit sympathy but rather admiration.
- Take advantage of federal, state, county, and local service or hiring requirements. Many units of governments require bilingual staff if they are to serve their constituencies. Affirmative action hiring requirements may mandate employers with government contracts to hire minorities.
- Investigate resources on the internet, such as the U.S. Department of Labor website (<http://www.dol.gov/dol/location.htm>).
- Help local employers understand the benefits of working with refugees. Some of these benefits include the availability of employment orientation, translation and interpretation services, cultural orientation information, and problem solving resources.
- In jobs such as factories or service establishments (where knowledge of English is less important), dispel employers concerns about hiring individuals who cannot not speak English well. The presence of one or two bilingual workers can solve most communication problems.
- After placement, it is critical to the employment success of the refugee and to maintaining the agency's relationship with the employer for job developers to follow up on job placements and be available to employers to address problems.
- Be sensitive to the time constraints of employers. Ask employers what method of communication is least obtrusive - email, telephone, or on-site visits.
- The job developer must be aware that he or she has two clients to serve – the refugee and the employer. Thus, the job developer must know and understand both the refugee and the employer.

On-site visits to the potential employer can be essential to understanding the employer's needs and explaining how these can be met by hiring refugees.

- As discussed in the case management section above, use a “family plan” to help refugees achieve self-sufficiency. This may include jobs for both husband and wife; a work pattern so that day care is provided for, either with alternating shifts, or by the use of a family or institutional day care program, and; transportation to and from the job for both parents.
- For refugee women, it may be useful to find role models within their own communities, speaking the same language, who have arrived earlier and are working.

**Transportation:** Although public transportation is widely available within Hartford proper, exploring creative approaches to developing transportation alternatives is necessary to maximize employment opportunities for refugees. The following are some approaches used by other refugee service organizations:

- One agency solicited donations of old but operative cars to the agency. The agency then gave the cars to refugees who: (1) had drivers' licenses and bought auto insurance, and; (2) had a job and agreed to start a car pool.
- Another agency bought a van, hired a regular driver (a refugee client), and a backup driver (also a refugee client), and began a home-to-job van service, charging the refugees a per-trip fee.

**Child Care:** One barrier to employment and education, particularly for women, is the absence of affordable, quality child care.

- Refugee service providers should become knowledgeable about existing child care in close proximity to refugee communities or refugee employers.
- Investigate the federal program, the Child Care and Development Fund (CCDF), addressing child care assistance for low and moderate-income families. This program channels block grants to each state to subsidize child care. These funds are intended to subsidize care of the parent's choice (family child care, relative care, child care centers, etc.). To access benefits and locate providers, contact the Connecticut Department of Social Services, Care 4 Kids (<http://www.ctcare4kids.com>). It is helpful to develop a relationship with a designated person at the Care 4 Kids to help ease the process for refugees.
- Conduct aggressive outreach to educate refugee parents about their choices. Some refugees have little experience with formal, regulated child care systems. The concept of prearranging child care services can be new to individuals who in the past could rely on a larger network of informal community support. Some refugees are unaware of financial assistance programs available to them to subsidize the costs of child care.

- Child care subsidies often can be applied to the parent's choice of provider, including family and neighbor care.
- Child care issues must be incorporated into refugee clients' employment plans. By taking the time to adjust employment goals and strategies to include child care needs, employment specialists will be more effective in securing successful employment placements. This helps to boost job retention rates within the employment program, eases the transition that refugee clients face as they take their first steps toward self-sufficiency, and ensures that children are well cared for.
    - Clients often cannot begin working until child care is established.
    - Job schedules must coincide with available hours of child care, including transportation time. Clients also may need to focus on securing employment with a consistent schedule, rather than working swing shifts, to arrange consistent care.
    - In order to minimize work disruption, clients will need to have a back up plan if regular child care is not available, or if child care arrangements are dependent upon the health and availability of one person. It is recommended that clients have at least three alternative options.
    - If a client is planning on using informal child care, it is important to find housing near family and friends or other members of their ethnic community. If a client is interested in more formal resources (child care centers, schools, mainstream family child care providers, etc.), it is helpful to survey availability within communities.
    - In considering minimum salary requirements, clients must factor in the cost of child care. If a job schedule involves second or third shift work, clients must consider that child care options are more limited and, when it is available, often costs more. If a client is receiving financial assistance for child care, they must consider how that rate will be affected by income earned (i.e. as they earn more the assistance decreases). Clients will most likely need information about child care subsidy options available as well as assistance in applying.
    - When considering employer collaborations, employment specialists should work to identify partners with family friendly practices, such as on-site child care, dependent care flexibility accounts, discounts at child care centers, etc.
  - Build capacity within refugee communities to offer quality child care.
    - Develop specially designed training programs for refugees to become licensed child care providers and to improve informal child care (relatives and friends). Care 4 Kids may facilitate this process. Another resource available is the Institute for Social and Economic Development's publication *Home-Based Child Care: Assessing the Self-Sufficiency Potential (with special reference to refugees)* (<http://www.ised.us/doc/Home%20Based%20Child%20Care.pdf>).

- Create strong refugee community child care resources. Goals should include increasing the safety and quality of informal care and connecting providers with supports.
- Investigate special food reimbursement program for family child care providers funded through the U.S. Department of Agriculture, administered through various state and local agencies (<http://www.fns.usda.gov/CND/Care/CACFP/aboutcacfp.htm>).
- Work with refugees to coordinate a babysitting co-op. Refugee service workers can connect parents who will take turns watching each other's children.
- Link families to community supports, such as Head Start programs, after-school and summer program.

**Housing:** Finding affordable, quality housing for refugees (or low-income individuals) living anywhere in the United States can be daunting, but, in Hartford, it is especially challenging. The following are some best practices that have been implemented in other communities.

- Designate an individual, group, or agency responsible to develop expertise in housing in Hartford. If landlords have one “go-to person” to discuss housing issues of all sorts, they are more likely to call before problems get out of hand. Landlords are also more likely to give notice when they have vacancies that need to be filled.
- Actively look beyond one or two key housing providers to find rental units.
  - Ask landlords with whom the resettlement agencies have established relationships to identify other landlords who might be interested in renting to refugees.
  - Determine whether the organizations involved in refugee work may own or have developed any housing that is available for rent.
  - Ask program volunteers about available rental properties that they may know of.
  - Ask church sponsors, employers, mosques, and other groups interested in refugees about vacancies.
  - Use church bulletins and other publications to locate available rental property.
  - Contact the Community Development Agency in Hartford to find a list of affordable housing projects it has funded. Also ask them for the names of the non-profit organizations which manage “affordable” housing in Hartford.
  - Contact the HUD office in Hartford.
  - Look at the web sites of some of the larger national organizations which may own or operate housing, may provide financing for other non-profit organizations that develop housing

or may be an umbrella organization for housing non-profits. Some of these are as follows:

Enterprise Foundation [www.enterprisefoundation.org](http://www.enterprisefoundation.org)

Local Initiatives Support Corporation [www.lisc.org](http://www.lisc.org)

Mercy Housing, Inc. [www.mercyhousing.org](http://www.mercyhousing.org)

Neighborhood Reinvestment Corp. [www.nw.org](http://www.nw.org)

National Low Income Housing Coalition [www.nlihc.org](http://www.nlihc.org)

- Meet with an apartment association or a professional property management organization to present the housing issues of refugees to many property owners at once. To find the associations in the Hartford area, look at the website of the National Affordable Housing Management Association, [www.nahma.org](http://www.nahma.org).
- Look for large housing management companies with multiple properties.
- Help local landlords understand the benefits of working with refugees. Some of these benefits include the availability of housing orientation, financial support, translation and interpretation services, cultural orientation information, and problem solving resources.
- Collect alternative documentation for refugees who lack credit history. Landlords can be reticent in renting to refugees with no rental or credit history. A letter of introduction outlining the financial support available to the refugee, information about the agency, certificates from the housing orientation program, and a personal contact at the resettlement agency can alleviate concerns.
- Provide cultural orientation materials for landlords describing what it means to be a refugee and information about the individual refugee and his or her culture who will be renting from the landlord. Include any good press that about refugees resettled in the area have enjoyed.
- Use the humanitarian nature of the refugee program to excite interest in providing housing for refugees.
- Provide housing orientation to refugees concerning basic information such as the following: how and where to pay rent; their responsibility to pay for utilities; how to use appliances and refrigerate food; how to use HVAC systems appropriately; how to clean floor coverings, appliances, and plumbing fixtures; how to be a good neighbor (noise, smells, etc.).
- Provide written materials to refugees concerning housing. At minimum, when a significant number of any refugee group is anticipated to arrive, the agency should have written materials translated into the appropriate language. Mercy Housing's Refugee Housing Program, funded through ORR, has developed a booklet called "Welcome to Your New Home...." It is available free of charge and is translated into a number of different languages. [www.refugeehouse.org](http://www.refugeehouse.org).

- Contact Mercy Housing ([www.refugeehouse.org](http://www.refugeehouse.org)), which has an ORR grant to provide technical assistance in the area of housing to communities and organizations that serve refugees. They provide free on-site technical assistance, courses, and publications that are helpful in developing housing resources.
- Actively and promptly intervene when problems between landlords and refugee clients occur. Not only is the refugee served, but the agency preserves its relationship with that landlord for future clients.
- Housing must comply with federal R&P requirements and local occupancy standards.
- To be manageable, the cost of housing should not exceed 35% of income both at the time of initial placement and afterwards.
- Ideally, leases shorter than one year are more flexible for new arrivals, but terms of three months or less can cause needless disruption.
- Housing should be near to services, public transportation and employment, and new arrivals should be able to access these services after the initial resettlement period.
- Housing should be found in close proximity to members of the refugees' support group and the local community to help integrate refugees into their new home.

## **Education**

Adult English as a Second Language Training (ESL): For refugees, as with other foreign-born populations, English language ability, educational attainment, and economic well-being are closely interrelated. To function in an educational environment, English language skills are necessary. To access post-secondary education, English language skills are essential. To find employment that promotes economic well-being, both English language skills and education are indispensable. The following are suggested best practices that have worked in other communities.

- Designate an individual, group, or agency responsible to develop expertise concerning ESL language instruction in Hartford.
- Develop and maintain a current listing of available ESL programs in the Hartford area, with dates, times, locations, descriptions, and costs of the courses.
- Develop and maintain an email directory for distribution of the ESL list to stakeholders in the Hartford area. Distribute the list periodically as the list is updated.
- Upon arrival or shortly thereafter, distribute the list to refugee clients, when possible, in their own language. At minimum, when a significant number of any refugee group is anticipated to arrive, the agency should have written materials translated into the appropriate language.

- Refer clients to a specific ESL course that matches their own capabilities and needs.
- Explain to the client what to expect from the course, whether the course is live or provided via computer or by video, whether it includes literacy training, whether it provides content about survival or life-skills, pre-employment ESL, workplace ESL, pre-academic ESL, vocational ESL, ESL for citizenship, or ESL family literacy.
- Be sensitive to cultural concerns – women-only ESL programs may be appropriate. In some situations, if men are present, they may tend to dominate the conversation, and women have less chance to practice their language skills. Also, such sessions may provide an opportunity to orient women about work in the United States.
- Encourage including U.S. labor market orientation into ESL courses.
- Help clients with enrollment in the ESL course.
- Provide information about transportation from their home or place of employment to the ESL course.
- Provide information concerning available and affordable day care to ensure refugees are able to attend classes.
- Maintain case management follow-up with clients to assist with continued attendance.
- As clients become employed, develop greater competence in English, or the circumstances of their lives change such that attendance at their original ESL course is no longer possible or appropriate, refer clients to another course.
- Elicit feedback from clients concerning the ESL course in which they are enrolled to determine whether the course met their expectations, proved to be valuable to them, and met their needs with regard to frequency and availability of classes.
- In the event that an ESL course is not effective for the client, advocate with the agency providing the class to modify the course in terms of content or availability.
- Evaluate current ESL programs available to determine gaps in ESL services in terms of time, location, appropriate content<sup>55</sup>, or skills of the instructors.

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<sup>55</sup> The Center for Applied Linguistics has found that “most adult ESL practitioners agree that adults learn best when they are actively involved with all aspects of their instruction, including identifying content, choosing activities, and assessing progress.” Research suggests that the following innovative program design components help enhance adult ESL learning:

- Providing a social context for literacy education. Literacy education is most effective if it is tied to the lives of the learners and reflects their experience as community members, parents, and participants in the workforce.
- Learning through hands-on experience. Linking verbal and non-verbal communication is an effective way of introducing English to non-literate adults.
- Using learner-generated materials. Stories written by students can bring learners together around the shared opportunities of reading, talking, and writing about personal experiences or community concerns.

- Explore the possibility of locating ESL classes in close proximity to refugee communities or at the work place. Some employers may be willing to make space available for ESL classes just before or after the work day, particularly if the course includes instruction in the words and concepts related directly to the job.
- After identifying gaps in services, advocate for appropriate changes and increased funding as necessary.

### **Public School Education for Children:**

In the past, the Hartford School District used a new arrival program for immigrants and refugees who had been in the United States for less than one to two years. The program focused on English language learning in coordination with appropriate sheltered academic content learning. The program also addressed children who were illiterate or had limited literacy.

As discussed in Section IV above, the Hartford School District is undergoing a radical reorganization. It is unclear at the present time how the needs of refugee children will be addressed. In this environment, it is important that agencies interested in refugees advocate on behalf of their clients for programs with demonstrated success.

- Designate an individual, group, or agency responsible to develop expertise concerning the refugee children's education in Hartford.
- Encourage representatives from the Department of Education to participate in State Refugee Coordinator meetings.
- Orientation should be provided to educators concerning the history, general exposure to formal education, and cultures of refugee groups.
- Orientation should be provided to refugee parents about American culture and norms relating to education. They should understand what resources are available to their children. Orientation should be on-going.
- When difficulties arise, agencies should actively advocate for individual refugee children.
- ESL and literacy programs must be available to refugee children.
- Sheltered English instruction should be made available to refugee children. Sheltered English instruction is an instructional approach that

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- Using the native language as a bridge to English. Introducing literacy in the native language can serve as a bridge to literacy in English.
  - Linking communicative competence and language awareness. Most innovative programs put a primary focus on communication and a secondary focus on error correction.
  - Using technology. Video applications show great promise in literacy education; by providing a visual context for ideas, video communicates ideas independent of print. Wrigley, H.S. 1993. Innovative programs and promising practices in adult ESL literacy.

Education Resources Information Center Digest. <http://www.cal.org/ncl/digests/>. In Miriam Potocky-Tripodi, 2002. *Best Practices for Social Work with Refugees and Immigrants*. New York: Columbia University Press, pp. 385-386.

engages English language learners (ELL) above the beginner level in developing grade-level content-area knowledge, academic skills, and increased English proficiency. In sheltered English classes, teachers use clear, direct, simple English and a wide range of scaffolding strategies to communicate meaningful input in the content area to students. Learning activities that connect new content to students' prior knowledge, that require collaboration among students, and that spiral through curriculum material, offer ELLs the grade-level content instruction of their English-speaking peers, while adapting lesson delivery to suit their English proficiency level.

In advocating for a sheltered program, it may be useful to look to the practices in other states. The No Child Left Behind (NCLB) Act of 2001 calls upon states to place a well-prepared teacher in every classroom. According to NCLB, "a prepared teacher knows what to teach, how to teach and has command of the subject matter being taught." To address the how-to-teach factor, many states have incorporated professional development in sheltered English instruction into their plans to meet the educational needs of English language learners.

### **Health Care**

Linguistic and cultural barriers create real threats to receipt of quality care by individuals with limited English proficiency (LEP). The accurate exchange of information between health providers and patients assists patients in making more informed decisions, ensures informed consent for treatment, and avoids breaches of patient-provider confidentiality. Accurate communication can prevent unnecessary tests and procedures, hospitalizations, and medical errors and injuries.

Under Title VI of the Civil Rights Act, any organization that receives either direct or indirect federal funding must ensure that LEP individuals have meaningful access to their programs and services. In the health care setting, language access services are defined as any service that helps an LEP patient obtain the same access to and understanding of health care as a native language speaker. Appropriate modalities for communication include oral interpretation, written translations, signage, provision of services in non-English languages by bilingual clinicians, by bilingual non-clinical staff, professional on-site interpreters, telephone interpretation and video-conferencing. Most interpretive services in Hartford's hospitals and clinics for refugees are provided via telephonic language banks. The following are best practices to address refugee health care in Hartford:

- Designate an individual, group, or agency responsible to develop expertise concerning the availability of appropriate health services for refugee communities in Hartford.

- Use of English-speaking family, friends, or community members to interpret in a health care setting should be discouraged. Untrained interpreters may misinterpret or omit some of the doctor's questions. They are more likely to make errors that have clinical consequences, have higher risk of not mentioning side effects, and may ignore "embarrassing" medical issues.
- Children should never be used as interpreters.
- To the maximum extent possible, the language skills of the interpreter, both as to English and the refugee's language, should be tested. Medical services, because of the importance of accurate communication, require a high level of competency.
- It is desirable, if possible, to utilize interpreters familiar with medical terms and the importance of confidentiality.
- Orientation should be provided to doctors, clinicians, and medical personnel about cultural practices and norms of the various ethnic refugee communities in Hartford.
- Health care orientation should be provided to refugees about American cultural practices and norms.
- Cultural healing practices should be respected and incorporated into a health care plan for the patient unless counter-indicated.
- The health care provider should be aware of the prevalence of somatization (conversion of anxiety into physical symptoms) among refugees.
- Medical services should be gender-appropriate. When possible, women should be seen by female doctors and clinicians.

### **Mental Health Care**

Although Hartford benefits from a number of excellent health care facilities, accessibility to linguistically and culturally appropriate care remains a concern. Most refugees come from cultures in which the indigenous understanding of psychology differs greatly from that of the United States.

- Designate an individual, group, or agency responsible to develop expertise concerning the availability of appropriate mental health services for refugee communities in Hartford.
- Provide orientation to mental health providers with information concerning practices appropriate for mental health interventions with the various refugee communities in Hartford. Some of these may be the following:
  - Depending upon the refugee's exposure to Western concepts and belief systems within the home country, discussion of mental health issues may need to be more or less adapted to accommodate the refugee's frame of reference.
  - Be aware that in many non-Western societies, concepts and beliefs regarding mental health are embedded within religious/spiritual belief systems, or cosmologies that emphasize supernatural causes as well as the indivisibility of physical and mental health.

- Often somatic expression of emotional difficulties is more culturally acceptable than having mental problems in many societies.
- When screening for mental health, providers need to take into account that it may be completely foreign or unacceptable for refugees to disclose personal or family problems with a medical professional.
- Culturally-based practices for healing, such as going to see a shaman or a religious leader should be explored and integrated as part of the healing.
- It is important to give patients control over the course of the therapy. The patient should be able to make informed decisions about the pace and direction of the therapy.
- Address social needs early, as these may motivate initial contact with health and services agencies. These may be financial, occupational, educational, legal, residential, or spiritual.
- Learn about culturally familiar people and supports available within the community, and facilitate their availability to refugee patients.
- To facilitate communication, use counselors, trained in basic therapeutic techniques, from within the culture. They serve as cultural brokers, enticing patients to come, and representing the agency or clinic to the community. Otherwise, use interpreters trained to work in health or mental health settings.
- Account for developmental vulnerabilities when determining the nature and pace of psychotherapeutic interventions for refugees of any age, especially for children or adolescents.
- Capitalize upon the positive regard generally afforded physicians, and be aware of the stigma associated with seeking mental health services.
- When appropriate, refer refugees to other medical practitioners for assessment of medical problems that may augment psychiatric symptoms.
- Take into account somatization (the conversion of anxiety to physical symptoms) as a common presentation of underlying psychopathology.
- Explore with refugees which coping strategies and sources of personal strength they have used in the past in overcoming tremendous adversity, and identify those that are healthy and adaptive for the future.

## **VII. Conclusion**

Refugee resettlement is a challenging endeavor. The U.S. refugee program is underfunded at the national level such that communities in which refugees are resettled must be creative in developing alternate funding to deliver adequate services to their refugee populations. In spite of a difficult environment, agencies and individuals in Hartford have demonstrated an admirable commitment in seeking to meet the needs of refugees in their community. HRRJC has correctly identified the need to coordinate service delivery in Hartford in order to maximize the limited resources available to refugees. We hope that the recommendations in this report prove useful to the agencies serving these most vulnerable communities.