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GAVIN NEWSOM
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October 12, 2021

Submitted via email

Mary B. Jones, Certifying Officer
Office of Planning, Research, and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services
Mary E. Switzer Building
330 C Street, SW
Washington, DC 20024

**SUBJECT: FEDERAL REGISTER DOCUMENT 2021-17246; ORR-6
PERFORMANCE REPORT (OMB #0970-0036)**

Dear Ms. Jones:

The California Department of Social Services (CDSS) submits comments in response to the U.S. Department of Health and Human Services' Administration for Children and Families (ACF) Federal Register Notice (2021-17246) Office of Refugee Resettlement (ORR)-6 Performance Report proposing revisions for the new Refugee Health Promotion (RHP) set-aside program.

The CDSS' Immigration Integration Branch's Refugee Program Bureau (RPB) oversees the Refugee Support Services (RSS) to ensure the services are culturally sensitive and linguistically appropriate and aimed to assist clients attain the skills needed to achieve self-sufficiency and successful integration. The RPB partners with the California Department of Public Health (CDPH), counties, resettlement agencies, school districts, and community-based organizations to achieve these goals through the administration of the RSS programs. Through RPB and per the RPB determined refugee and Special Immigrant Visa (SIV) arrivals threshold, RSS base funds are allocated to eight counties which then sub-contract with service providers for the provision of Refugee Employment Support Services.

Depending on the service, the RSS Set-Asides are allocated as follows: Services for Older Refugees go to the counties; Refugee School Impact Program funds are allocated to the school districts with a portion of the funding sub-contracted to service providers; Youth Mentoring funds are allocated to non-profit organizations; and the Refugee Health Promotion (RHP) funds are passed through to CDPH which then fund three county public health departments which may sub-contract the funds. CDSS submits reporting for the RHP through Schedule D of the Performance Report Instructions (PRI).

In California, CDPH administers the Refugee Medical Assistance (RMA) and Refugee Medical Services (RMS) that are reported in Schedule F and they are responsible for directly submitting Schedule F to ORR.

This ORR notice proposes changes to the Annual Service Plan, as well as to several Schedules within the PRI. The CDSS, in consultation with CDPH, submits the following comments:

- Annual Service Plan (ASP): In the ASP, the State reports the categories of RSS funded services provided to ORR-eligible populations as well as the category of providers funded via sub-agreements. Prior to August 15, 2020, the RHP was a discretionary grant so CDPH was not required to complete the ASP.
 - *Section IV, Data Elements*: If a state administers all county or locally administered programs with the same requirements across jurisdictions, no separate ASP for each local jurisdiction should be needed.

Recommendation: California supports a single report from State's with county-administered services which is consistent with ORR's existing statewide reporting requirements for RSS programs.

- Performance Report Instructions (PRI): The ORR-6 Performance Report captures program data relating to all ORR funded programs, including RSS and all set-asides, Refugee Cash Assistance, and Unaccompanied Refugee Minors. The report captures the number of program participants, the different categories of services provided, accomplishments and new initiatives, any challenges and barriers, success stories, the states monitoring activities and any corrective actions taken, and information from state quarterly consultations.
 - *Schedule D, RHP tab*: ORR is proposing to redefine completion of a plan of care (POC) to include, "accomplishing all medical-related activities within the timeframe of the RHP plan of care (POC)". The RMA program provides medical screening, and while this may contribute to the POC, screening may not be sufficient to complete all of the required activities in a POC. While the refugee medical screening may provide preliminary diagnoses, further evaluations with a specialist or provider to whom the patient is referred may be required to develop the plan of care. Establishing long term treatment goals and frequency of services for accomplishing the POC, may be outside the scope of the refugee medical screening.

Recommendation: California recommends defining “completion” with regards to the medical services provided internally as part of the RMA program and exclude referrals to external provider or completion of treatment provided outside the program.

○ *Schedule F:*

- Part II, Section A: ORR is proposing to capture data on all medical screenings. Currently, ORR requires that medical screening occur within 90 days of arrival, the granting of victim of trafficking certification, or the granting of asylum. Any screening services provided to a recipient beyond 90 days from arrival is ineligible for ORR reimbursement, and therefore should not be included in the ORR reporting.

Recommendation: California recommends documentation of completion of medical screening should refer only to completion of services within 90 days.

- Part II, Section B: ORR is proposing to request data on specific medical screening currently beyond the scope of the Refugee Medical Services (RMS) program. Class A and Class B Tuberculosis (TB) cases are under the purview of the CDPH TB Controller and includes evaluation for TB infection. While screening can identify positive disposition, who can subsequently be evaluated further by chest x-ray within the RMS program, the extent of the screening, including sputum collection, is determined by CDPH TB Control programs for Class A and B arrivals.

Recommendation: California recommends ORR remove requirements to collect data about any proposed scope of screening that are outside of the RMS program.

- Part III, Section A-L: ORR is proposing to request specific laboratory screening within this section. The relevance of the numbers of specific laboratory tests conducted to ORR’s monitoring and reporting is unclear. Demographics and total screening information is already provided in Part II and some of the lab tests require denominators for gender, age, and country of origin.

Recommendation: California recommends the Office of Management and Budget review this proposed data collection

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against the Paperwork Reduction Act to ensure there is no excessive burden being placed on the State for this information, especially since it is outside the scope of ORR' required data collection.

The State of California appreciates the opportunity to provide comments and recommendations on the proposed revisions to the ORR-6 Performance Report.

Please contact me (Kathy.yang@dss.ca.gov) for additional information.

Sincerely,



KATHY YANG
State Refugee Coordinator
California Department of Social Services