

State of Utah



Department of Workforce Services

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Executive Director

Utah Refugee Resettlement Program State Plan

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Utah Refugee Resettlement Program State Plan

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ADMINISTRATION

I. Purpose:

The purpose of the Utah Refugee Resettlement Program is to ensure the effective resettlement of refugees in Utah. Programs are designed to meet one of three major goals.

- A. To provide for the effective resettlement of refugees within the shortest possible period after entrance into the State through the use of coordinated supportive services. Effective resettlement means the refugee's ability to access community resources to meet their basic needs related to employment, English language training, skills training, medical care, and social and cultural adjustments.
- B. To promote economic self-sufficiency for refugees within the shortest possible time after entrance to the State, through employment and acculturation by the coordinated use of financial, medical, and support services. Economic self-sufficiency is defined as gainful employment in non-subsidized jobs with at least 90-day retention and receipt of a minimum wage, and which provides for basic economic needs of the person and family without reliance on public assistance.
- C. To protect the refugees and community from any health problems during resettlement.

II. Designated State Agency:

The Governor has designated the Utah Department of Workforce Services (DWS) as the State agency responsible for the administration and operation of the Utah Refugee Resettlement Program. The Executive Director of the Department of Workforce Services has assigned program responsibility to the Operations Support Division (OSD) [§400.5(a)].

III. Appointment of State Coordinator:

Norman Nakamura has been designated as the State Refugee Resettlement Program Coordinator as of August 16, 1999 [§400.5(d)].

Specific State Refugee Coordinator Responsibilities:

The State Refugee Coordinator is responsible for the administration of the Office of Refugee Resettlement (ORR) funded portion of the program and performs the following roles under the direction of the Director of the Operations Support Division.

- A. Writes the Utah Refugee Resettlement State Plan. Also, amends the plan as needed (§400.4).

- B. Coordinates the development of the annual budget request and quarterly budget revisions, if needed.
- C. Oversees the development of Purchase of Service contracts and assures their effectiveness in providing needed services and compliance with federal regulations.
- D. Develops State Refugee Resettlement Program policy and monitors programs to assure compliance with standards.
- E. Serves as an Ex-Officio member to the Utah Refugee Service Provider Network.
- F. Facilitates coordination of all State and local refugee service providers and community groups.
- G. Acts as the State contact to Federal, Regional and National Refugee organizations.
- H. Provides public relations to enhance effective refugee resettlement in the State.

IV. Assurances:

The State of Utah assures all the requirements of 45 CFR 400 and 45 CFR 401 will be met [§400.5(i)(2)]. There will be compliance with:

- A. The provisions of Title IV of the Immigration and Nationality Act [§400.5(i)(1)];
- B. Official issuances of the Director of ORR, hereafter referred as the Director [§400.5(i)(1)];
- C. All applicable Federal statutes and regulations during the time that it is receiving grant funding will be adhered to [§400.5(i)(3)];
- D. Requirements to amend the state plan as needed to comply with standards, goals, and priorities as established by the Director [§400.5(i)(4)];
- E. The State of Utah assures, as specified under §400.145(c), that refugee women have the same opportunities as refugee men to participate in all ORR funded services;
- F. The State of Utah assures that, as specified under §400.5(g), assistance and services funded under the State plan will be provided to refugees without regard to race, color, national origin, disability religion, and/or political opinion; and
- G. The State of Utah assures, as specified under §400.5(h), unless exempted from this requirement by the Director, that meetings will be convened, not less often than quarterly, with representatives of local refugee resettlement agencies, local

community service agencies, and state and local governments. The purpose of said meetings is plan and coordinate the placement of refugees in advance of their arrival.

V. Amendments and Effective Date:

The effective date of this Refugee Resettlement Program State Plan is October 1, 2000.

- A. Plan amended November 8, 2000 to include elements for serving Limited English Proficient customers.
- B. Plan amended October 22, 2001 to update the list of interpreter services contractors for serving Limited English Proficient customers [Miscellaneous Section V (B)(3)] and the references to the Utah State Refugee Council, which disbanded, has been replaced by the Utah Refugee Service Provider Network. Other minor non-substantive grammatical and formatting corrections were also made.
- C. Plan amended October 28, 2002 to reflect new Executive Director of the Department of Workforce Services. The Primary Care Network (PCN) replaced the Utah Medical Assistance Program (UMAP). Under Medical Assistance Section I (B) Non-Medicaid Covered Services Available to Utah Residents the references to the Utah Medical Assistance Program were replaced by references to the Primary Care Network. Features of PCN were added to the plan. The State Refugee Plan was also reformatted during conversion from WordPerfect to MS Word.
- D. Plan amended December 3, 2002 to reflect minor editorial changes after consultation with Pamela Green-Smith, ORR Program Analyst.
- E. Plan amended August 26, 2004 to clarify the use of RMA funds for the Refugee Health Screening Program. Health Department Refugee Health Screening Program State Plan added as Appendix 1
- F. Plan amended August 12, 2005. Minor editorial changes to reflect new DWS Director and DWS organizational changes (Administration section). Appendix 1 Health Department Refugee Health Screening Program State Plan updated for FFY 2006.
- G. Plan amended October 17, 2005. Minor editorial changes to reflect changes requested by ORR, additional regulation citations and rewording of several sections of the Refugee Health Screening Program portion of the State plan.
- H. Plan Amended May 31, 2006. Per State Letter 06-10, the plan has been amended to address Pandemic Influenza response planning. Changes were made to Medical Assistance and Special Programs sections. Appendix 2 has been added

to detail the Utah Refugee Emergency Response Preparation and Implementation Plan. Appendix 3 has been added to detail the Utah Department of Health's Pandemic Influenza Plan. Appendix 4 has been added to detail the Utah Department of Workforce Services Continuity of Operation Plan (COOP).

FINANCIAL ASSISTANCE

I. **Refugee Cash Assistance:**

The State of Utah takes the option to provide a publicly-administered Refugee Cash Assistance (RCA) program as provided in §400.65 through §400.68.

The Refugee Cash Assistance program is administered by the Department of Workforce Services, hereafter referred to as DWS or Department. DWS is also the State's Temporary Assistance to Needy Families (TANF) agency. The State's TANF financial assistance programs are called the Family Employment Program (FEP) and the Family Employment Program-Two Parent (FEP-TP). DWS also administers the State's General Assistance (GA) program.

A. Eligibility:

An applicant for Refugee Cash Assistance must provide proof, in the form of documentation, issued by the United States Citizenship and Immigration Services (USCIS) of having or having held one of the defined refugee statuses as defined in §400.43. An applicant for asylum is not eligible for assistance unless otherwise provided by Federal Law (§400.44).

1. Determination of Eligibility under other programs:

- a) Refugees applying for financial assistance must establish eligibility in the following priority (§400.51):
 - (1) The Family Employment Program (FEP) is the first program of choice.
 - (2) The Family Employment Program for Two Parents (FEP-TP) is the second program of choice.
 - (3) The Refugee Cash Assistance program is the third and last program of choice.
- b) If there is a minor child in the family unit, the refugee family would qualify under the FEP or FEP-TP programs. RCA is generally for single adults and childless married couples. Refugees applying for FEP and FEP-TP must meet the same eligibility criteria as any other non-refugee applicant.
- c) Refugees who are 65 years of age or older, or who are blind or disabled shall be referred promptly to the Social Security Administration to apply for cash assistance under the Supplemental Security Income (SSI) program [§400.51(b)(1)(i)]. Refugees who are 65 years of age or older, or who are blind or disabled, determined eligible for FEP, FEP-TP, or RCA shall be furnished financial assistance until eligibility for cash assistance under the SSI program is determined, provided the conditions of eligibility for FEP, FEP-TP or RCA continue to be met [§400.51(b)(1)(ii)].
- d) The State shall notify promptly the local resettlement agency that provided for the initial resettlement of a refugee whenever the refugee applies for any of the financial assistance programs [§400.68(a)].
 - (1) Such notification may be made verbally to the resettlement agency representative assisting the refugee in their application for assistance.

- (2) If the refugee applies for financial assistance without the assistance of a local resettlement agency, the State shall contact the refugee's local resettlement agency before processing the application, to advise the agency of the refugee's intent to apply for financial assistance.
- 2. Eligibility for Refugee Cash Assistance (RCA) is limited to those refugees who (§400.53):
 - a) Are determined ineligible for FEP or FEP-TP;
 - b) Are new arrivals who have resided in the U.S. less than eight (8) months;
 - c) Meet the immigration status and identification requirements establishing refugee status;
 - d) Are not full-time students of higher education;
 - e) RCA is time limited to the first eight months from the refugee's date of arrival into the United States.
- 3. The eligibility process for RCA shall be the same as FEP, FEP-TP, and other State operated financial assistance programs [§400.66(a)]. This includes the following:
 - a) The determination of initial and on-going eligibility;
 - b) The budgeting methods, including gross income, net income, and standard needs budget;
 - c) The treatment of income, assets, and resources, including disregards;
 - d) The treatment of shelter, utilities, and similar needs; and
 - e) The determination of benefit amounts.
- 4. Treatment of refugee specific eligibility criteria are:
 - a) The State may not consider any cash grant received by the refugee under the Department of State or Department of Justice Reception and Placement programs [§400.66(d)];
 - b) The State may not consider any resources remaining in the refugee's country of origin in determining eligibility [§400.66(b)];
 - c) The state may not consider a sponsor's income and resources to be accessible to the refugee solely because the person is serving as a sponsor [§400.66(c)].
 - d) The state shall contact the refugee's local resettlement agency to verify employment or employment activities. An applicant for RCA who voluntarily quit or refused appropriate employment without good cause within 30 calendar days prior to the date of application is ineligible for financial assistance for 30 days from the date of the voluntarily quit or refusal of employment.

B. Emergency RCA Issuance:

If an otherwise eligible refugee demonstrates an urgent and immediate need for financial assistance, the application will be processed with due diligence to expedite the initial RCA payment on an emergency basis (§400.52).

C. Participation in the Refugee Employment Program:

- 1. As a condition for receipt of Refugee Cash Assistance, an employable refugee must participate in the Refugee Employment Program as provided under Refugee Social Services [§400.75(a)].

2. Exemption from registration for employment services, participation in employability service programs, and acceptance of appropriate offers of employment (§400.76).
 - a.) As a condition for receipt of Refugee Cash Assistance, an employable refugee must register for work unless already employed full time.
- D. Sanction Procedures for Failure to Participate in the Refugee Employment Program:

The same mediation/conciliation procedures for FEP, FEP-TP will be used to reconcile non-participation [§400.83(a)(2)]. When an employable refugee refuses to comply with the requirements for work and training, these sanction procedures will be applied:

 1. Provide counseling within ten days of notification of non-participation to ensure the refugee understands the requirements for work and training and the effects of the refusal.
 2. The FEP, FEP-TP conciliation process shall be used [§400.83(a)(2)]. If the employable refugee recipient continues to refuse an offer of employment or training, assistance will be terminated 30 days after the date of the original refusal. This sanction will be applied as follows:
 - a) If the assistance unit includes other individuals, remove the refugee from the grant. If the employable refugee is a caretaker relative, pay assistance in the form of protective or vendor payments to the remaining members of the household [§400.82(c)(1)].
 - b) If the refugee is the only one in the grant, the case is closed.
 - c) The refugee's sponsor or the voluntary resettlement agency shall be notified of this action.
 - d) If the refugee decides to accept employment or training within the 30-days after they initially refused, continue assistance without interruption.
 - e) Sanctions: If the employable refugee recipient continues to refuse to comply with the requirements, for the first occurrence disqualify the refugee from the financial assistance payment for three payment months. For the second occurrence, disqualify the refugee from the financial assistance for six payment months [§400.82(c)(2)].
 3. Food stamps and medical assistance may be continued to the sanctioned refugee, provided the sanctioned refugee continues to meet the eligibility requirements of each respective program.
- E. Notice of Department Action (§400.54 and §400.82):
 - (a) A recipient of Refugee Cash Assistance shall be sent or provided a written notice of department action to reduce, suspend, or terminate at least 10 days before the date of the action.
 - (b) In providing notice of department action, the written notice must clearly state the action that will be taken, the reasons for the action, and the right to request a hearing.
 - (c) The notice of department action will be written in English and translated, either in writing or verbally, in the native language of the refugee to ensure the content of the notice is effectively communicated to the refugee.
 - (d) When a recipient of Refugee Cash Assistance is notified of termination due to time limits, the case must be reviewed to determine possible eligibility for FEP, FEP-TP, or GA due to changed circumstances and the notice to the recipient must indicate the result of that determination as well as the termination of Refugee Cash Assistance.

- (e) If the department action involves an overpayment, the overpayment will be referred to the Office of Recovery Services.

F. Hearings to Contest Adverse Department Action:

Hearing procedures will be consistent with the FEP, FEP-TP hearing procedure [§400.83(b)]. The hearing procedure for RCA is outlined as follows [§400.23 & §400.54(b)(2)]:

1. The Right To a Hearing and How to Request a Hearing.

- a) A client has the right to a review of an adverse Department action by requesting a hearing.
- b) A client must request a hearing in writing or orally within 90 days of the effective date of the action with which the client disagrees. Any oral request for a hearing will be reduced to writing by the Department and the client will be requested to sign the request.
- c) Only a clear expression by the client to the effect that the client wants an opportunity to present his or her case is required.
- d) The request for a hearing can be made at the local office or the Division of Adjudication.
- e) If the appeal involves an overpayment, the portion of the appeal which involves an overpayment will be referred to the Office of Recovery Services.

2. How Hearings Are Conducted:

- a) Hearings are held at the state level and not at the local level.
- b) Where not inconsistent with federal law or regulation governing hearing procedure, the Department will follow the Utah Administrative Procedures Act.
- c) Hearings for all programs listed in Utah Administrative Rule R986-100-102 are declared to be informal. The Refugee Resettlement Program is listed in Rule R986-100-102.
- d) Hearings are conducted by an Administrative Law Judge (ALJ) in the Division of Adjudication.
- e) Hearings may be conducted by telephone at the option of the ALJ.

3. When a Client Needs an Interpreter at the Hearing:

- a) If an interpreter is needed at the hearing by a client or the client's witness(es), the client may arrange for an interpreter to be present at the hearing who is an adult with fluent ability to understand and speak English and the language of the person testifying, or notify the Division of Adjudication at the time the appeal is filed that assistance is required in arranging for an interpreter.
- b) If a client notifies the Department that an interpreter is needed at the time the request for hearing is made, the Department will arrange for an interpreter at no cost to the client.

4. Procedure For Use of an Interpreter:

- a) The ALJ will be assured that the interpreter:
 - (1) Understands the English language; and
 - (2) Understands the language of the client or witness for whom the interpreter will interpret.

- b) The ALJ will instruct the interpreter to interpret, word for word, and not summarize, add, change, or delete any of the testimony or questions.
- c) The interpreter will be sworn to truthfully and accurately translate all statements made, all questions asked, and all answers given.
- d) The interpreter will be instructed to translate to the client the explanation of the hearing procedures as provided by the ALJ.

5. Notice of Hearing:

- a) All interested parties will be notified by mail at least ten days prior to the hearing.
- b) Advance written notice of the hearing can be waived if the client and Department agree.
- c) The notice shall contain:
 - (1) The time, date, and place, or conditions of the hearing. If the hearing is to be by telephone, the notice will provide the number for the client to call and a notice that the client can call the number collect;
 - (2) the legal issues or reason for the hearing;
 - (3) the consequences of not appearing;
 - (4) the procedures and limitations for requesting rescheduling; and
 - (5) notification that the client can examine the case file prior to the hearing.
- d) If a client has designated a person or professional organization as the client's agent, notice of the hearing will be sent to that agent. It will be considered that the client has been given notice when notice is sent to the agent.
- e) When a new issue arises during the hearing or under other unusual circumstances, advance written notice may be waived, if the Department and the client agree, after a full verbal explanation of the issues and potential results.
- f) The client must notify any representatives, including counsel and witnesses, of the time and place of the hearing and make necessary arrangements for their participation.
- g) The notice of hearing will be written in English and translated, either in writing or verbally, in the native language of the refugee to ensure the content of the notice is effectively communicated to the refugee.

6. Hearing Procedure:

- a) Hearings are not open to the public.
- b) A client may be represented at the hearing or invite friends or relatives to attend as space permits.
- c) Representatives from the Department or other state agencies may be present.
- d) All hearings will be conducted informally and in such manner as to protect the rights of the parties. The hearing may be recorded.
- e) All issues relevant to the appeal, except overpayment if any, will be considered and decided upon.
- f) The decision of the ALJ will be based solely on the testimony and evidence presented at the hearing.
- g) All parties may testify, present evidence or comment on the issues.
- h) All testimony of the parties and witnesses will be given under oath or affirmation.

- i) Any party to an appeal will be given an adequate opportunity to be heard and present any pertinent evidence of probative value and to know and rebut by cross-examination or otherwise any other evidence submitted.
- j) The ALJ will direct the order of testimony and rule on the admissibility of evidence.
- k) Oral or written evidence of any nature, whether or not conforming to the legal rules of evidence including hearsay, may be accepted and will be given its proper weight.
- l) Official records of the Department, including reports submitted in connection with any program administered by the Department or other State agency may be included in the record.
- m) The ALJ may request the presentation of and may take such additional evidence as the ALJ deems necessary.
- n) The parties, with consent of the ALJ, may stipulate to the facts involved. The ALJ may decide the issues on the basis of such facts or may set the matter for hearing and take such further evidence as deemed necessary to determine the issues.
- o) The ALJ may require portions of the evidence be transcribed as necessary for rendering a decision.
- p) Unless the client requests a continuance, the decision of the ALJ will be issued within 60 days of the date on which the client requests a hearing.
- q) A decision of the ALJ which results in a reversal of the Department decision shall be complied with within 10 days of the issuance of the decision.

7. Rescheduling or Continuance of Hearing:

- a) The ALJ may adjourn, reschedule, continue or reopen a hearing on the ALJ's own motion or on the motion of the client or the Department.
- b) A party who is unable to proceed with or participate in the hearing on the date or time scheduled, must request that the hearing be rescheduled to another day or time.
- c) The request for rescheduling must be made prior to the hearing.
- d) The request must be made orally or in writing to the ALJ who is scheduled to hear the case.
- e) The party who requests rescheduling must show a reasonable reason for the request.
- f) More than one request to reschedule will not normally be granted.
- g) The rescheduled hearing must be held within 30 days of the original hearing date.

8. Failure to Appear For or Participate In a Hearing:

If one of the parties fails to appear at or participate in the hearing, either in person or through a representative, the ALJ will, unless a continuance or rescheduling has been requested, issue a decision based on the available evidence.

9. Reopening the Hearing After the Hearing Has Been Concluded:

- a) Any party who fails to participate personally or by authorized representative at a hearing may request that the hearing be reopened.
- b) If the request is made by a client prior to the ALJ issuing a decision or within 10 days of the issuance of the decision, the request to reopen will be granted if it is the first time the client has been granted a request to reopen for failure to participate.
- c) If the client requests reopening more than 10 days after the decision of the ALJ has been issued, or the client has already been granted a reopening on one or more occasions, the decision can be set aside and the hearing reopened only if:

- (1) The request is made in writing; and
 - (2) The client shows good cause for not participating; and
 - (3) The client shows good cause for not requesting reopening within 10 days.
 - d) If the request to reopen for failure to participate is made by the Department, the request will only be considered if it is in writing and establishes good cause for failure to participate. A request made by the Department more than ten days after the decision will not be granted.
 - e) If a request for reopening is not granted, the ALJ will issue a decision denying the request to reopen. A copy of the decision will be given or mailed to each party, with a clear statement of the right of appeal or judicial review.
10. What Constitutes Good Cause for Failure to Participate in the Hearing:
- a) Failure to report as instructed at the time and place of the scheduled hearing is the equivalent of failing to participate, even if the party reports at another time or place. In such circumstances the party must request that the hearing be reopened.
 - b) Good cause for failing to participate in a hearing may not include such things as:
 - (1) Failure to read and follow instructions on the notice of hearing;
 - (2) Failure to arrange personal circumstances such as transportation or child care;
 - (3) Failure to arrange for receipt or distribution of mail;
 - (4) Failure to delegate responsibility for participation in the hearing; or
 - (5) Forgetfulness.
11. Canceling an Appeal and Hearing:
 When a client notifies the Division of Adjudication or the ALJ that the client wants to cancel the hearing and not proceed with the appeal, a decision dismissing the appeal will be issued. This decision will have the effect of upholding the Department decision. The client will have 30 days in which to reinstate the appeal by filing a written request for reinstatement with the Division of Adjudication.
12. Payments of Assistance Pending the Hearing:
- a) A client is entitled to receive continued assistance pending a hearing contesting a Department decision to reduce or terminate RCA financial assistance if the client's request for a hearing is received no later than ten days after the reduction, denial, or termination became effective. The assistance will continue unless the certification period expires or until a decision is issued by the ALJ. If the certification period expires while the hearing or decision is pending, assistance will be terminated. If a client becomes ineligible or the assistance amount is reduced for another reason pending a hearing, assistance will be terminated or reduced for the new reason unless a hearing is requested on the new action.
 - b) If the client can show good cause for not requesting the hearing within 10 of the action, assistance may be continued if the client can show good cause for failing to file in a timely fashion. Good cause in this paragraph means that the client made every effort to comply. Because the Department allows a client to request a hearing by telephone or mail, good cause does not mean illness, lack of transportation or temporary absence.
 - c) A client can request that payment of assistance not be continued pending a hearing but the request must be in writing.

- d) If payments are continued pending a hearing, the client is responsible for any overpayment in the event of an adverse decision. The overpayment will be referred to the Office of Recovery Services.
 - e) If the decision of the ALJ is adverse to the client, the client is not eligible for continued assistance pending any appeal of that decision.
 - f) If a decision favorable to the client is rendered after a hearing, and payments were not made pending the decision, retroactive payment will be paid back to the date of the adverse action if the client is otherwise eligible.
 - g) RCA financial assistance will not extend for longer than the eight-month time limit for that program under any circumstances.
 - h) Assistance is not allowed pending a hearing from a denial of an application for assistance.
13. Further Appeal From the Decision of the ALJ:
Either party has the option of appealing the decision of the ALJ to either the Executive Director or designee or to the District Court. Either appeal must be filed, in writing, within 30 days of the issuance of the decision of the ALJ.

II General Assistance Program to Refugees:

If the refugee has been in the U.S. longer than 8 months and is not eligible for FEP or FEP-TP, eligibility shall be determined for General Assistance. The same policy and procedures would be used for anyone else applying for General Assistance.

General Assistance (GA) provides temporary cash assistance, on a time limited basis, to single persons who are unemployable due to a physical or mental health disability, while they are overcoming the condition making them employable or while they are qualifying for Supplemental Security Income (SSI). A refugee (along with the general population) may be eligible for General Assistance if he/she meets the unemployable criteria: medically verified physical or mental health disabilities.

MEDICAL ASSISTANCE

I Refugee Medical Assistance:

The Refugee Medical Assistance (RMA) is administered by the Utah Department of Health. Under the one stop concept, the Department of Workforce Services is authorized to establish eligibility for medical assistance programs for refugees applying for financial and other employment support services.

A. Eligibility:

An applicant for RMA must provide proof, in the form of documentation, issued by the United States Citizenship and Immigration Services (USCIS) of having or having held one of the defined refugee statuses as defined in §400.43. An applicant for asylum is not eligible for assistance unless otherwise provided by Federal Law.

1. Determination of Eligibility under other programs:

Refugees applying for medical assistance must establish eligibility in the following priority (§400.94):

- a) Medicaid
 - b) Children's Health Insurance Program
 - c) Refugee Medical Assistance
Refugees applying for Medicaid and CHIP must meet the same eligibility criteria as any other non-refugee applicant.
- 2. Eligibility for Refugee Medical Assistance (RMA) is limited to those refugees who (§400.100):**
- a) Are ineligible for Medicaid or CHIP;
 - b) Are new arrivals who have resided in the U.S. less than eight (8) months;
 - c) Meet the immigration status and identification requirements establishing refugee status; or are the dependent children of individuals meeting the immigration status and identification requirements establishing refugee status and are refugee children, if one of the parents in the filing unit is a non-refugee. Non-refugee children are not eligible for RMA.
 - d) Are not full time students in institutions of higher education, except where such enrollment has been approved as part of the refugee's individual employment plan or plan for a refugee unaccompanied minor.
 - e) RMA is time limited to the first eight months from the refugee's date of arrival into the United States;
 - f) If a refugee, who is receiving Medicaid and has been residing in the U.S. less than 8 months, becomes ineligible for Medicaid because of earnings from employment, the refugee must be transferred to RMA for the remainder of the 8 month eligibility period without an RMA eligibility determination [§400.104(b)].
- 3. The eligibility process for RMA shall be the same as Medicaid and other State operated medical assistance programs (§400.101 and §400.102). This includes the following:**
- a) The determination of initial and on-going eligibility;

- b) The budgeting methods, including gross income, net income, and standard needs budget;
 - c) The treatment of income, assets, and resources, including disregards;
 - d) The treatment of shelter, utilities, and similar needs; and
 - e) The determination of benefit amounts.
4. Treatment of refugee specific eligibility criteria are:
- a) The State may not consider in-kind services and shelter provided to an applicant by a sponsor or local refugee resettlement agency in determining eligibility for and receipt of RMA.
 - b) The State may not consider any cash assistance payments provided to an applicant in determining eligibility for and receipt of RMA.
 - c) Eligibility for refugee medical assistance will be based on the applicant's income and resources on the date of application.
 - d) Income averaging prospectively over the application processing period may not be used in determining eligibility for RMA.

B. Non-Medicaid Covered Medical Services Available to Utah Residents:

The Primary Care Network (PCN) is a safety net program available to those individuals age 19 and above who are ineligible for any other Medicaid assistance. PCN can provide limited medical services for refugees not eligible for Medicaid and Refugee Medical Assistance. Features of the program are:

1. Services to individuals who do not have any other health insurance or access to any other health insurance where access is defined as the employer paying more than 50% of the individual's health insurance premium.
2. Requires a \$50.00 annual enrollment fee
3. Services limited to acute (new condition), infectious, or life threatening situations.
4. Services for dental are limited to dental emergencies only.
5. Vision care only extends to annual examination only. Glasses are not covered.
6. No disability or medical need required to be shown.
7. No asset limits.
8. Income limits lower than disabled Medicaid.
9. Must be treated at a PCN clinic, if in the service area of a PCN clinic. If not, will be referred to providers of the client's choice, as long as the provider is a Utah Medicaid Provider.

II. Health Screening Program:

- A. Use of RMA funds for Refugee Health Screening
 - 1. RMA funds will be utilized by the State to cover the costs of the Refugee Health Screening Program as allowed under §400.107.
 - 2. The Refugee Health Screening Program State Plan (see Appendix 1) shall be submitted annually as part of the State's Refugee Resettlement Program State Plan review in accordance with §400.4(b) or in a timely manner as prescribed by the Director of the Office of Refugee Resettlement.
 - 3. The Department of Workforce Services, as the designated responsible agency for the Utah Refugee Resettlement Program, contracts with the Utah Department of Health for the provision of the Refugee Health Screening Program.
 - a) The Department of Health shall request an Inter-Agency Transfer (IAT) of funds for contractual services provided by the Refugee Health Screening Program
 - (1) The Department of Health shall maintain accurate records detailing contractual Refugee Health Screening Program expenditures for IAT requests submitted to the Department of Workforce Services.
 - 4. A detailed budget of the Refugee Health Screening Program shall be submitted annually with the ORR-1 Cash Medical Administrative Estimates or in a timely manner as prescribed by the Director of the Office of Refugee Resettlement.
- B. Refugee Health Screening Services
 - 1. Health screening services described in the Refugee Health Screening and Prevention State Plan are not covered services under the Utah Public Health Programs or State Medicaid program.
 - 2. Within 30 days of arrival, or as soon as possible, the local voluntary resettlement agency Case Manager will arrange for the medical screening through the Bureau of HIV/AIDS, Tuberculosis Control/Refugee Health of the Utah Department of Health. Efforts are made to complete the refugee's health screening within the first 45 to 60 days of arrival.
 - 3. Details of the specific health screening protocols, coordination of services, and collaboration efforts are in the Refugee Health Screening and Prevention State Plan in Appendix 1.

III. Pandemic Influenza Response Planning

- A. The Utah Pandemic Influenza Response Plan (see Appendix 3) is submitted as part of the Utah State Refugee Resettlement Program State Plan to identify planning and coordination points with the Utah Department of Health (UDOH).
 - a. The UDOH plan may be modified or updated at any time.
 - b. Upon any such modification, the most current approved Utah Pandemic Influenza Response Plan, shall be in force.
 - c. Changes in the Utah Pandemic Influenza Response Plan, if any, shall be submitted with the Utah State Refugee Resettlement Program State Plan annual review to the Office of Refugee Resettlement in accordance with 45CFR400.4.

- B. The coordination and planning efforts are described in more detail in the Utah Refugee Emergency Response Preparation and Implementation Plan found at Appendix 2.
- C. RMA funds will be utilized by the State to cover the costs of administering, developing materials, and coordinating the Utah Pandemic Influenza Response Plan as it applies specifically to the refugee population.

REFUGEE UNACCOMPANIED MINOR PROGRAM

I. Unaccompanied Minor's Program (Refugee Foster Care):

An Unaccompanied Refugee Minor is a person who has not attained 18 years of age; who has entered the United States unaccompanied by an not destined to a parent or a close non-parental adult relative who is willing to take care for the child; or an adult with a clear and court-verified claim to custody of the minor; and has no parents in the United States.

A. Refugee Foster Care Services:

The Department of Workforce Services has established an active ongoing foster parent program to furnish long-term foster care for refugee unaccompanied minor children. The Department of Workforce Services has a single contract with Catholic Community Services for foster care services for Refugee Unaccompanied Minors [§400.5(e)].

B. Catholic Community Services:

Catholic Community Services is the local resettlement agency affiliate of the United States Catholic Conference of Bishops (USCCB). USCCB is one of two National Voluntary Agencies authorized to provide relocation and resettlement assistance to refugee unaccompanied minors.

1. Under contract, an extensive program has been undertaken by Catholic Community Services to monitor the adjustment of the minors into society. As youth become old enough and demonstrate self-reliance, they are emancipated. They are given educational opportunities and are helped into employment, then supervised for a time in independent living before emancipation from the program.
2. Under the contract, child welfare services and benefits are provided to refugee children to the same extent as other children of the same age under the Utah foster Care Program. This includes:
 - a) Providing such services meeting the child welfare standards, practices, and procedures,
 - b) Providing foster care maintenance payments under Title IV-E of the Social security Act, if the child is eligible under that program
 - c) Establishing custody and legal responsibility. The State of Utah requires establishment of legal custody within 10 days of the minor's arrival.
3. In addition, the refugee foster Care program recruits, selects and trains foster parents for their role in working with refugee children.
4. The RFC program also works to encourage ethnic association, mutual support and support of the child's ethnic identify, values and beliefs as well as assist in their acculturation into the American and Utah society through English Language Training and other activities.

5. When relatives are in the United States, family reunification is actively pursued. However, contact with the child's parents or relatives in their native country may not be sought, if such contact presents danger to relatives there.

C. Monitoring:

The Unaccompanied Minors Program is monitored by State staff. Site visits are made quarterly as well as a yearly to conduct formal on-site review. Catholic Community Services conducts a complete fiscal audit annually. In addition, quarterly and year-end reports are received.

D. Reports:

The Refugee Unaccompanied Minor Placement Report (ORR-3) and Refugee and Entrant Unaccompanied Minor Progress Report (ORR-4) are sent as required to the Office of Refugee Resettlement, the Department of Workforce Services, and to the United States Catholic Conference. Quarter reports and billings are reviewed by the State Refugee Coordinator's office for accuracy, prior to authorization of contract payments.

CUBAN HAITIAN ENTRANT PROGRAM

I. Cuban Haitian Entrant Program:

The State of Utah, Department of Workforce Services will continue to apply the same standards and criteria to Cuban Haitian Entrants as are used to determining eligibility for cash, medical assistance, and social services for other eligible refugees with respect to Title V of the Refugee Education Assistance Act of 1980, (Pub. L. No. 96-422), and supporting regulations and directives of the Office of Refugee Resettlement (ORR) at 45 CFR 400 and 45 CFR 401.

REFUGEE SOCIAL SERVICES

I. Social Services Program:

The Utah Refugee Resettlement program is a broad network of self-sufficiency and self-reliance services, involving public and private agencies (formal and informal), voluntary associations and organizations. Service areas include employment, education, cultural orientation, acculturation, physical health and mental health, and mutual assistance association development.

A. Eligibility:

The State of Utah will ensure that as provided in §400.150 and §400.152, eligibility to receive social services and/or targeted assistance service, is limited to that refugee population who:

1. Are able to provide proof, in the form of documentation, issued by the United States Citizenship and Immigration Services (USCIS) of having or having held one of the defined refugee statuses as defined in §400.43. An applicant for asylum is not eligible for assistance unless otherwise provided by Federal Law (§400.44).
2. Have resided in the United States for 60 months or less;
 - a) Referral, interpreter, citizenship, and naturalization services may be provided to refugees regardless of their length of residence in the United States.

E. Priorities:

State of Utah will comply with the established client priorities for services, with the highest priority from top down as listed below (§400.147)

1. All newly arriving refugees during their first year in the U.S., who apply for services;
2. Refugees who are receiving cash assistance;
3. Unemployed refugees who are not receiving cash assistance; and
4. Employed refugees in need of services to retain employment or to attain economic independence.

II Refugee Employment Program:

The Department of Workforce Services was created by State law to merge the functions of Employment Security (Job Service), job training, and public assistance programs, which provide supportive services, such as financial assistance, Food Stamps and Child Care, into a cohesive unit. Refugees are brought into the DWS offices by their local refugee resettlement Case Workers to apply for Food Stamps, and medical assistance (Medicaid, CHIP, Refugee Medical Assistance), and financial assistance (FEP, FEP-TP, Refugee Cash Assistance).

A. Purpose and Objectives:

The purpose of the refugee employment program is to promote economic self-sufficiency for refugees within the shortest possible time after entrance to the State, through employment. The purpose of this program is to develop job opportunities for refugees, and to refer qualified refugees to these jobs. Refugees who are not job ready are referred

to programs in the Department and community that can be of assistance to them. Emphasis on job readiness and employment will continue to be the first priority. The DWS refugee employment program has the following objectives:

1. To provide job development activities in order to enhance the number of employment positions available for refugees.
2. To provide job coaching services and interview refugees to determine job needs and to refer refugees to jobs.
3. To assist refugees to gain employment and achieve economic self-sufficiency as quickly as possible.

B. DWS Employment Counselor:

1. The DWS Employment Counselor and other parties involved with this case will conduct an initial interview with the refugee and determines if the individual is job ready. General information concerning job qualifications and interests are obtained at this time. The refugee is registered for work with the State and an employment plan will be established. Where employment is not appropriate for the refugee, a self-sufficiency plan will be developed. Department of Workforce Services= offices along the Wasatch Front are staffed with bilingual workers trained to serve refugees. A list of other bilingual workers within the department has been compiled and is available as a resource list to help workers obtain interpreters.
2. The DWS Employment Counselor conducts a detailed interview and compares the client's qualifications with jobs that have been developed with employers. If no employment possibilities are readily available, the DWS Employment Counselor conducts a search of job openings in the employment exchange computer system or contacts other specialists for possible job leads. The DWS Employment Counselor makes a follow-up contact with the employer if the individual is hired or if further action is necessary.
3. The DWS Employment Counselor maintains contact with the local refugee resettlement agencies and other service providers to coordinate employment and acculturation activities so all service providers are aware of the current status of each refugee.

C. Participation Requirements for RCA:

1. Refugee receiving RCA will be required to meet the participation requirements of the FEP, FEP-TP programs, except that the following will apply:
 - a) All refugees required to participate must take part in employment activities at the highest level possible considering their current circumstances and obligations.
 - b) Participation may include available social adjustment (acculturation) services or targeted assistance activities determined appropriate
 - c) English Language training may be included in participation, but must be provided as a concurrent activity to other employment activities
2. Enhanced Participation
 - a) Consistent with the FEP and FEP-TP programs, refugees will have the opportunity to attain an enhanced payment for participation in selected activities.
 - b) Refugees receiving RCA who are involved in one of the following negotiated

activities will receive an enhanced payment of \$40 a month:

- (1) Public and private internships of 24 hours or more a week.
- (2) Full time (as defined by the institution) attendance in an education or work-related training program, such as high school, vocational training, excluding English as a Second Language (ESL) training.
- (3) Employed or engaged in work-related training or activities 20 or more hours a week in addition to attending school or training, including English as a Second Language (ESL) training.
- (4) Employed with gross earnings of at least \$500 per month.

III. English Language Training (ELT) Program:

Major tasks faced by refugees in their adjustment to American culture are learning to communicate in English and developing marketable vocational skills. In most instances, employment, education, even survival in day-to-day living depends largely on the acquisition of language and employment skills. Refugees are encouraged to continue their ELT after employment is attained. Stress is placed on the value of continued acquisition of English language skills as a means to increase consideration for employment advancement for higher functioning jobs or employment placements, thus increasing income.

The Utah State Adult Education system has demonstrated the flexibility and resources to develop such courses throughout the State as needs arise. The monitoring and technical assistance capabilities of the Utah State Office of Education are a valuable assets in ensuring quality educational services to the refugees. The English language training services are concurrent with employment services.

A. Educational Priorities:

1. Priority #1 - Survival Orientation (Health, Housing, Home Management, Employment, Etc.)

Because the refugee upon his/her arrival in Utah vitally needs employment, cultural and community orientation concepts and understandings, it is proposed that these concepts and understandings should be provided to the refugees in their native tongue. This approach has the advantage of getting this conceptual information immediately to the refugee and therefore, preserves valuable teaching time for pre-literacy and literacy instruction. Whenever possible, the orientation instruction is provided in cooperation with refugee associations and on a bilingual basis. Learning readiness and learning effectiveness are crucial ingredients in the learning process and it seems that both of these aspects of learning are improved through bilingual instructors which stresses the dissemination of conceptual information in crucial orientation areas through bilingual instructions and/or through native language materials.

2. Priority #2 - Survival Speaking and Listening

Standards of competency will be prescribed by the local program with guidance and assistance from the Utah State adult education system and will be such as to enable the student to function effectively in society in the areas of employment, consumer

economics, health, community resources, government and law, driver's education, and home management.

3. Priority #3 - Survival Reading and Writing

Standards of competency will be prescribed by the local program with guidance and assistance from the Utah State adult education system and will be such as to enable the student to function effectively in society in the areas of employment, consumer economics, health community resources, government and law, driver's education, and home management. With Welfare Reform, more emphasis will be directed toward language proficiency for passing the Immigration & Naturalization citizenship test. For the majority of refugees, passing the citizenship exam is just another challenge in resettlement but for a minority of refugees, passing the exam could prove to be a very challenging survival requirement.

4. Priority #4 - Additional Education needed to accomplish a short-term (12 month maximum) Education/Employability Plan.

Short term specific vocational/technical courses may be offered when such services are included in an employability plan; i.e., required by an employer for employment or for advancement or by a state licensing board for registration for a licensing examination. However, the lack of English proficiency will not be accepted as good cause for refusing to participate on job search activities and/or for refusing employment.

5. Priority #5 - Vocational Speaking, Listening, Reading, and Writing

Standards of competency will be prescribed by the local program with guidance and assistance from the Utah State adult education system and will be such as to enable the student to function effectively in society in the areas of employment. English language training that is employment specific and prepares the refugees to understand basic instructions, comprehend and complete job applications, make interview appointments, compete for promotions, converse about past work experiences, conduct a job search, read the want ads, write a resume and cover letter, communicate with co-workers and supervisors, handle criticism, follow directions, be assertive, manage time, be prompt, and learn terminology specific to the job.

IV Social Acculturation and Adjustment Program:

The Department will work with the local refugee resettlement agencies, MAAs, local government agencies, and service providers in developing refugee social acculturation and adjustment programs.

A. Problems to be addressed:

Arriving refugees in Utah are faced with tremendous problems in adjusting to American culture. Some of the notable problems include:

1. Home management skills;
2. Consumer education;
3. Cultures clash;
4. Linguistic isolation;
5. Non-transferable job skills, and
6. Refugee trauma.

B. Service Activities:

Through the utilization of various community resources, many of the problem areas can be addressed and corrected over time. Some of the activities, goals and objectives are:

1. Volunteerism
 - a) Assist volunteers in providing coping skills for successful refugee resettlement.
 - b) Work cooperatively with other refugee related agencies and refugee volunteers, especially in areas where there is a shortage of refugee services.
 - c) Recruit successfully resettled refugees to act as role models to new arrivals by sharing their resettlement skills.
2. Demonstration
 - a) In cooperation with MAAs provide professional training or refugees in home management skills and basic consumer education.
 - b) Provide consumer information on comparison shopping techniques.
3. Educational Materials
 - a) Develop simple teaching leaflets of fact sheets on recognized needs for home management or basic consumer education.
 - b) Distribute single copies of the above developed materials to the refugee related agencies.

V. **Mental Health Program:**

Perhaps the greatest threat to refugee health is depression and other symptoms of overwhelming stress. They are related to the pervasive and overwhelming losses and changes that refugees have experienced in a relatively short time. These may leave the refugee confused and disoriented for years afterward. Compounded with the sorrow and homesickness is the insecurity of isolation from their past and present environments. Additionally, there are role reversals, inter-generational conflicts and reduced social status that commonly occur. Refugees, in general, are vulnerable and afraid in America.

A. Refugee Mental Health Issues:

1. The State Refugee program sponsored task force identified three levels of mental health problems among Utah refugees.
 - a) Personal Crises:
 - (1) Suicide threats or gestures;
 - (2) Acute psychotic reactions;
 - (3) Grief;
 - (4) Depressive reactions;
 - (5) Anxiety;
 - (6) Phobic reactions.
 - b) Interpersonal Crises:
 - (1) Wife and child abuse;
 - (2) Runaways;
 - (3) Marital, inter-generational, and step family conflicts;
 - (4) Refugee-sponsor conflict and refugee-employer conflict;

- (5) Unaccompanied minor and foster parent conflict;
- (6) School adjustment problems.
- c) Other Crises:
 - (1) Health threats; including accident, surgery, and serious illness;
 - (2) Housing loss;
 - (3) Job loss;
 - (4) Acute financial problems;
 - (5) Legal difficulty;
 - (6) Community conflict.
- 2. Mental health program management issues that were identified were as follows:
 - a) Lack of networking of known social adjustment/mental health resources.
 - b) Lack of funding for ongoing client management, referral, and networking for the refugee mental health problems.
 - c) Insufficient number of mental health workers who are experienced with refugee problems and cultures.
 - d) Language and cultural barriers for both refugee and worker.
- 3. The task force outlined the following general objectives that should provide a framework for developing the mental health project:
 - a) Provide expert mental health care for refugees presenting the aforementioned problems.
 - b) Provide focus for referral and case management for refugees with mental health problems.
 - c) Provide consultation and training to other refugee service providers.
- 4. The task force did not wish to detail methods for accomplishing the objectives because methods could vary depending on the provider of services. However, the group did concur on the following factors that should be considered in developing methods if the project is to be successful.
 - a) The service provider must have an understanding of the psychological, social, and cultural needs of the clients.
 - b) The program or service must be seen as legitimate and acceptable within both the refugee and professional mental health communities.
 - c) The program must be accessible, both emotionally and physically, to the clients.
 - d) There must be access and linkage to community referral networks which should include, but not be limited to local refugee resettlement agencies, social service providers, MAAs, vocational training and ESL providers, crisis intervention services, community mental health services, hospitals, emergency centers, local health departments, and the police.
- 5. Recognizing budget constraints, there were two recommendations considered:
 - a) Hire one expert mental health worker and 3 or 4 bilingual/bicultural para-professionals.
 - b) Contract with existing community mental health centers to provide services to refugees.

MUTUAL ASSISTANCE ASSOCIATIONS

I. Mutual Assistance Associations Participation:

The enablement of Refugee Mutual Assistance Associations (MAA) to provide a wide range of services to their memberships is a focus of the State Refugee Resettlement Program. A consensus between professional service providers and volunteer organizations suggests that without the growing involvement of refugees themselves in the provision of social services, culturally and linguistically appropriate services to refugees will not be affected. The State will assist in the development of MAAs that can address the following needs:

- A. Outreach:
Identify and assess refugee populations and needs in high impact areas, particularly the unemployed and illiterate refugee; provide counseling and make referrals to DWS, ELT Projects and any other appropriate agencies. Provide follow-up support to service agencies.

- B. Orientation:
Provide orientation programs to new arriving, secondary migrant refugees, and the general refugee population in cooperation with DWS and the local refugee resettlement agencies.

- C. Interpreter Services:
Assist refugee workers to provide medical and mental health interpretation services to existing medical and mental health agencies to serve the medical and mental health needs of the refugee population.

SPECIAL PROGRAMS

I. Special Programs:

The State of Utah will seek the development of refugee programs in cooperation with local resettlement agencies, local government entities, refugee service providers, MAAs and refugees to address the needs of the growing refugee population. The State will actively seek or assist organizations or agencies in seeking funding for these projects through refugee formula and discretionary targeted assistance grants, as well as other public and private resources.

II. Utah Refugee Emergency Response Preparation and Implementation Plan

- A. The Utah Refugee Resettlement Program will coordinate emergency preparation planning and implementation with the Utah Department of Workforce Services (Home agency), the Utah Department of Public Safety Division of Emergency Services and Homeland Security (DES), the Utah Department of Health (UDOH), and other agencies that may be identified by the Governor.
- B. Details of the Utah Refugee Emergency Response Preparation and Implementation Plan is found in Appendix 2.
 - 1. The Utah Refugee Emergency Response Preparation and Implementation Plan is a living documents and may be modified or updated at any time.
 - 2. Changes in the Utah Refugee Emergency Response Preparation and Implementation Plan, if any, shall be submitted with the Utah State Refugee Resettlement Program State Plan annual review to the Office of Refugee Resettlement in accordance with 45CFR400.4.
- C. Refugee Cash Medical Administrative (CMA) funds will be utilized by the State to cover the costs of administering, coordinating, developing materials, and implementing the Utah Refugee Emergency Response Preparation and Implementation Plan as it applies specifically to the refugee population in relationship to the Utah Emergency Response Plan.
- D. Utah Department of Workforce Services Continuity of Operation Plan (COOP)
 - 1. The Utah Department of Workforce Services Continuity of Operation Plan (COOP) is described in detail in Appendix 4
 - a. The DWS COOP plan is a living document and may be modified or updated at any time.
 - b. Upon any such modification, the most current approved Utah Department of Workforce Services Continuity of Operation Plan, shall be in force.
 - c. Changes in the Utah Department of Workforce Services Continuity of Operation Plan, if any, shall be submitted with the Utah State Refugee Resettlement Program State Plan annual review to the Office of Refugee Resettlement in accordance with 45CFR400.4.

MISCELLANEOUS

I. State's Internal Fiscal Control Procedures:

Fiscal control procedures vary, depending on the funds and how they are allocated through department direct services or contracts.

All estimates and State expenditure reports are controlled through the Department of Workforce Services' Finance office.

In addition, all contracts and their expenditures are reviewed by the Department's Office of Finance. Offices of Financial Audit exist at both the Department and State level, and in addition, independent audits are required by the State of its contractors. Program Specialists, or assigned staff review the expenditures on their contracts and authorize payments before they can be made. The Office of Finance makes final authorization for payment after review of the billing.

II. Technical Assistance and Training:

Technical assistance is provided by the Utah State Refugee Coordinator through regular communication and interaction via the telephone, on-site visits, and scheduled meetings.

III. Consultation Bodies:

A central forum in the State Refugee Resettlement Program is the Utah Refugee Service Provider Network. The Network consists State and local government agencies, service providers, and refugees from all different nationalities. One of the functions of the Network is to act as an advisor to the State Refugee Resettlement Program Coordinator.

IV. Volunteers:

A host of volunteers representing neighborhood, church, and other informal associations provides continuing service and support to refugees at the local level. Thousands of hours are given by generous volunteers in assisting refugees to attain self-sufficiency and reach self-reliance goals. The State of Utah treasures this devoted and effective networks and regularly recognizes their efforts.

V. Language Assistance to Persons with Limited English Proficiency:

To ensure refugees with limited English proficiency are not unintentionally discriminated against, Department will provide the following:

A. Assessment

1. The Department will conduct an annual assessment of language assistance needs by the use of a survey of its existing and potential customer base for refugee services. In addition to DWS records, the Department will survey allied agencies and refugee service providers to gather and provide statistical information on the refugee languages of the State. Allied agencies include the three local refugee resettlement agencies - Catholic Community services, International Rescue Committee, Jewish Family

Services; Department of Health; Salt Lake School District; Granite School District; and refugee social service providers. The survey will assist to:

- a) Identify the languages to be encountered.
- b) Estimate the number of people eligible for services by the identified language groups.

2. Contact Points for Services

- a) Newly arrived refugees will be brought into the DWS Employment Centers to apply for refugee services by the local resettlement agency. The local resettlement agencies are contracted to provide interpreter services to assist in the initial reception and application for services. The local resettlement agencies are also contracted to provide interpreter services during the development of the refugee's employment plan.
- b) DWS Employment Counselors will identify the refugee's language needs from the initial contact and intake process for future reference. If language identification cards have not been issued by the local resettlement agencies, the Employment Counselor will issue a card to the refugee and members of the family.
- c) DWS does not require refugees to provide their own interpreters. DWS discourages the use of friends, minor children, and family relatives as interpreters. If a refugee is having difficulty obtaining access to ongoing services because of his/her inability to speak English, DWS will provide the appropriate language interpreter.
- d) If a refugee brings his/her own interpreter, the refugee shall be informed that he/she has the right to use an interpreter provided by DWS. If the refugee provides an interpreter who is not competent in the skill of interpreting, i.e. proficient in both languages and familiar with department terminology, to provide the refugee a clear and correct interpretation of verbal information and translation of the documents, DWS will provide an appropriate language interpreter.
- e) If, after being informed of his/her right to a DWS provided interpreter, a refugee declines such services and requests the use of a family member or friend, the refugee may use the family member or friend, if the use of such a person will not compromise the effectiveness or violate the refugee's confidentiality. The Employment Counselor will document the offer of a DWS interpreter and the declination for each contact in which the use of a DWS interpreter was declined.

B. Language Access

1. All refugees are provided a written notification of their right to have all documents and notices translated orally at no cost to them.
2. In assessing the English written materials for written translation, the Department finds it financially and technologically unfeasible at this time to provide written translated notices in the native languages required. Written notices are computer generated by the State's mainframe computer system and Public Assistance Case Management Information System (PACMIS) software. State agencies, in addition to DWS, utilizing the data collection, case maintenance and management, and reporting capabilities of the PACMIS system are the Utah Department of Health and the Utah Department of Human Services. Assistance programs, in addition to Refugee Cash Assistance and Refugee Medical Assistance, include the financial assistance programs under TANF, General Assistance, Food Stamps, Child Care, Foster Care, and the medical assistance

General Assistance, Food Stamps, Child Care, Foster Care, and the medical assistance programs of Medicaid, Medicare, Utah Medical Assistance Program, and Children's Health Insurance Program. There are currently over 600 computer generated notices for all programs. These notices are mailed automatically to the customer from the State's Capitol Office Building centralized automated mailing system. Approximately 85% of these notices deal with eligibility determination, advance notices regarding benefits, change in benefits, notices of hearings and rights to appeal. Several different departments and programs utilize the same computer notice for their specific program needs. Currently, the PACMIS program has the capability to only print in the common 10 number, 26 letter English alphabet.

When a notice is requested by an Employment Counselor to be sent to a refugee, the Employment Counselor will be notified to check if the recipient is a person with limited English proficiency and that the notice will have to be interpreted to the recipient in their native language.

3. The Department maintains a list of bilingual staff within each local Employment Center that identifies the staff person's language(s) capabilities. The list is available on the Department's Intranet website for internal use. If an interpreter with the appropriate language is not available at the local Employment Center, the search will be expanded to the Region, then State wide. If an appropriate interpreter is not available through the Department, an interpreter may be contracted from one of several agencies providing the language needed. Contracted interpreters may provide in person or telephone support. Contracts are established with Propio Language Services, Optimal Phone Interpreters, Pentskiff, Inc., Language Line Services, and CommGap International Services.

C. Staff Training

1. Training on providing language assistance and access to persons with limited English proficiency occurs in the Liability training module for all new employees.
2. Refresher training will be provided during routine update training packets.
3. Training for all DWS employees is monitored in a computerized training record system.

D. Compliance Monitoring

4. The Department will provide an annual monitoring of the language assistance provided to persons with Limited English Proficiency in accessing the refugee program and services.
5. Refugees, refugee service providers, and advocates will be surveyed to assess the language assistance provided to persons with limited English proficiency.

APPENDIX 1

Utah Refugee Health Screening and Prevention State Plan FFY 2007 (PY 2006-2007)

The Utah Department of Workforce Services, as the designated responsible agency for the Utah Refugee Resettlement Program, contracts with the Utah Department of Health for the provision of the Refugee Health Screening and Prevention Program under Refugee Medical Assistance. The Utah Department of Health, under the Utah Refugee Health Program, administers the Refugee Health Screening and Prevention Program. The information provided below details the Refugee Health Screening and Prevention Program as it is currently operated, and the anticipated goals for Federal Fiscal Year (FFY) 2007, Program Year (PY) 2007 - October 1, 2006 to September 30, 2007.

Health screening services described in the Refugee Health Screening and Prevention State Plan are not covered services under the Utah Public Health Programs or State Medicaid program.

I. Identification of Refugees to be Screened

The Utah Refugee Health Program, here after identified as Program, projects to serve approximately 1,360 refugees during PY 2006- 2007. This number is based upon estimates provided to the Program by the management staff from the International Rescue Committee and Catholic Community Services. It is anticipated that the refugee groups from Somalia, Liberia, Afghanistan, Bosnia, Egypt, Cuba, Sudan, Iran/Iraq, Congo, Kenya and Russia will comprise most of this number. Refugees from areas of Africa, Southeast Asia, and Eastern Europe are also anticipated.

Additional funding has been requested for PY 2006 - 2007 arrivals because during the initial health screening, newly arriving refugees are presenting with complex medical issues that require more intensive and frequent medical treatments. Medical conditions commonly seen in newly arriving refugees to Utah include active tuberculosis, malnutrition, pregnancy and schistosomiasis. The resettlement agencies also expect to see an increasing number of refugees arriving with special health care needs. These special health care needs include HIV/AIDS, deafness, amputated limbs, degenerative bone diseases, problems linked to torture as well as other chronic conditions.

During fiscal year 2007, the Program is requesting additional funding for WIC related appointments. The Women, Infants, and Children (WIC) Program is an important service for many clients who are pregnant and or have children under five. In general, Medicaid pays for medical interpreters to transport and interpret for clients at medical appointments. Unfortunately, because there are already medical interpreters available in-house to WIC clinic clients, Medicaid will not reimburse resettlement agency case managers to provide this service independently. This results in clients not showing up for scheduled WIC appointments and not being able to

receive assistance for which they are eligible. This is especially alarming considering that in 2005, 17% of newly arriving children were five years old or younger and the health screening has identified malnutrition as a health issue for children and adults.

Funding is also being requested to address the needs of the large number of Somali Bantu refugees needing comprehensive case management. In addition to arriving with many complex medical issues requiring prolonged case management, a large number of Somali Bantu women are presently pregnant and/or have recently delivered and will require on-going pre and post natal care.

II. Refugee Contact Procedures

The Utah Refugee Health Program contracts with the International Rescue Committee (IRC) and Utah Catholic Community Services (UCCS) to provide a system of contacting refugees for health screening purposes. The resettlement agencies are responsible for assuring that all newly arriving refugees receive a health screening through an approved provider within 30 days of arrival to the state. Caseworkers from the resettlement agencies arrange for clinic appointments, transportation and interpreter services. Refugees also receive follow-up services from these agencies for health needs requiring a referral to another provider.

The Program also contracts with the Asian Association to provide support to refugees in accessing interpretive, medical, dental and mental health services. Intensive services for refugees seeking to improve and upgrade employment as well as to provide follow-up for referrals for conditions identified through the health screening process.

Refugees with Class B conditions are served through the Salt Lake Valley Health Department. The Refugee Health Program Representative contacts the Health Department when the notification of arrival is received from the quarantine station. The correct address and other vital contact information are shared when available. Care needs are assessed and coordinated with the health clinic, the local health department and the resettlement agencies.

The State Refugee Health Coordinator communicates with IRC, CCS, Salt Lake Valley Health Department and the Asian Association personnel monthly to review status and process issues. Action plans for issues are put in place and evaluated the next month. Educational materials and resources are provided to the resettlement agencies and clinics on refugee health issues. Educational programs regarding refugee health issues are provided to the resettlement agencies and clinic staff on a regular basis.

Written monthly reports will be maintained between the resettlement agencies and the Utah Refugee Health Program.

III. Health Screening Protocol

The Program uses the “Issues in Refugee Health: The Overseas Medical Examination and Domestic Health Assessment” as the guideline for screening criteria. The health screening focuses on the following categories of risk assessment and health promotion:

tuberculosis	hepatitis B	HIV/AIDS
anemia	parasites	hearing acuity
diabetes	cardiovascular disease	visual acuity
hypertension	immunizations	STDs
lead screening	pregnancy	malnutrition

The health screening form will be completed on each refugee. Health screening forms will be properly documented and returned for monitoring purposes. Data gathered from health screening forms will be used to track health and medical issues and provide information to the resettlement agency health screening coordinators to process referrals for ongoing health care.

A system for monitoring the return of health screening forms has been implemented and is working successfully. The Program will continue to gather and analyze the health screening data.

The Refugee Health Program will continue to ensure ongoing access to a contracted health care provider who will conduct health screening activities and continued care for refugee medical needs.

Funds from this grant will be used by the Refugee Health Program to provide payment for health screening related services within the first 30 days following arrival. Specifically, these funds will be used for health screening services and/or additional tests related to a communicable disease that may have been necessary because of the clinical needs of the client. The Refugee Health Program will reimburse the contracted provider at a flat rate of \$175.00 per health screening (additional charges for specific laboratory tests and chest x-rays may also be billed at a fee-for-service rate).

The Division of Epidemiology and Laboratory Services (ELS) Refugee Health Program will purchase vaccines for adult immunizations, while the Vaccines for Children Program will provide vaccine for children less than 18 years of age. Through this collaborative process all newly arriving refugees will be able to receive vaccinations required by the Bureau of Citizenship and Immigration Services.

IV. Referral for Health Problems

The State Refugee Health Coordinator will act as a liaison between Salt Lake Family Health Center, local health departments, and the contracted resettlement agencies. The contracted resettlement agencies assist all refugees with the application for Medicaid services. The Program’s health program representatives are also available to assist in the process. As a result,

refugees have resources that allow and encourage referral for follow-up needs. For a variety of reasons, many refugees choose not to participate in preventive programs, even though the life-threatening implications of this choice are thoroughly explained. The resettlement agencies are well versed in community resources. Once a refugee has been through the health screening process, the contracted resettlement agencies are able to work with the health care providers to assure referral of individuals for ongoing care.

The Salt Lake Valley Health Department provides services for those diagnosed with a communicable disease. The Program's Health Program Representative is responsible for referring for follow-up those refugees receiving treatment for latent tuberculosis infection.

The Health Program Representative will coordinate with the resettlement agencies and refugee health screening provider to ensure that additional services such as interpretive assistance, referral for dental and vision, coordination of mental health evaluations, and outreach assistance is completed in a timely manner.

During the health screening, evaluation for lead toxicity is provided to newly arriving refugee children. The Program's Health Program Representative is responsible for coordinating follow-up care for those found to have elevated lead levels of 10 mcg/dl or greater. Both the Salt Lake Valley Health Department and the Bureau of Epidemiology, Lead Program, provide case management and educational services.

V. Health Education/Orientation of Health Screening Findings

During the health screening process, refugees receive health education on applicable topics. Particularly, tuberculosis testing/treatment options and the need for immunization updates are stressed. Approximately 45% of newly arriving refugees are not current with their immunizations. Twenty-eight percent of the population has a significant reaction to PPD testing.

The Program also maintains a library of materials on refugee health issues, health education information and language appropriate resources. These references are continually updated and shared with the resettlement agencies and clinic staff. It is hoped that when refugees fully understand the conditions they are diagnosed with they become more invested in the process and are more likely to receive adequate treatment and follow-up.

Program staff provides a critical role in coordinating services between stakeholders such as the local health department (which provides case management and disease intervention for communicable diseases), resettlement agencies (which provide case management, interpretation and transportation services), the diagnosing physician's office (where health screenings are performed) and the State Health Department. These activities provide a critical link to the success of the Program's health screening program through a collaborative process.

Program staff has worked with clinics and the resettlement agencies to improve the understanding of refugee health needs and the purpose of the refugee health screening. Specific

programs regarding Tuberculosis have been provided to the resettlement agencies and the health care providers over the past year.

It has become clear that many refugees do not understand the health care system in Utah. Clearly, this problem is not unique to Utah. The dramatic impact of managed care can readily be seen in this population and their use of emergency facilities. As such, the Refugee Health Program has been working with Planned Parenthood Association of Utah (PPAU) to provide educational sessions for newly arriving refugees regarding the complexities of the American managed care system.

VI. Medical Interpretation Services

The Refugee Health Program continues to focus special attention on improving the availability of well trained/qualified medical interpreters employed by resettlement agencies providing case management services to newly arriving refugees. Without appropriate training and education it would be impossible for resettlement agency case managers to address the complex issues facing newly arriving refugees. This is particularly true of the health issues identified in the health screening process. With quality training, the bi-lingual case managers and interpreters are able to communicate more effectively with the refugees about the health issues, and emphasize and reinforce the need for treatment and follow up. As such, the Program has collaborated with the Sexually Transmitted Disease Control Program to provide “Bridging the Gap” curriculum from the Cross Cultural Health Care Program, Seattle, Washington. This “Bridging the Gap” curriculum has been provided to approximately 250 medical interpreters within Utah. Although there are a total of six medical interpreters who have completed the “train-the-trainer” course, the Program has contracted with two who provide all of the Program’s offerings. Each year approximately four training events are held.

VII. Reporting Requirements

The Refugee Health Program will complete the following designated reports on a quarterly/annual basis:

- (a) ORR-6 National Quarterly Report, Schedule B, Refugee Medical Section only
- (b) Narrative

Quarterly reports will be submitted to the Utah State Refugee Coordinator according to the following schedule:

- | | |
|--|---------------------------------------|
| (a) First Quarter (October - December) | Submitted by January 20 th |
| (b) Second Quarter (January- March) | Submitted by April 20 th |
| (c) Third Quarter (April - June) | Submitted by July 20 th |
| (d) Fourth Quarter (July - September) | Submitted by October 20 th |

APPENDIX 2

Utah Refugee Emergency Response Preparation and Implementation Plan

I. Responsible State Agencies

- A. The Utah Department of Workforce Services (DWS) is the designated agency for the administration and operation of the Utah Refugee Resettlement Program.

- B. The Utah Department of Public Safety, Division of Emergency Services and Homeland Security (DES) has the role and responsibility to coordinate emergency management efforts between federal, state, and local governments. These efforts include preparedness, recovery, response, and mitigation.

- C. All State agencies, including the Department of Workforce Services (DWS) are required to have an emergency response plan that includes first response, emergency support functions, and continuity of operation plans (COOP).
 - 1. The DWS Risk Manager is the primary contact between the department and DES
 - 2. The State Refugee Coordinator works directly with the DWS Risk Manager to assure the needs of refugees in language and cultural differences are taken into account in emergency response planning at both the DWS and DES level.
 - a. Provide demographic information regarding the refugee population for inclusion in the State's planning effort
 - b. Provide coordination and dissemination of information and training materials to the refugee community
 - 3. The Department of Workforce Services' Coop is described in Appendix 4

- D. CMA funds will be utilized by the State to cover the costs of administering, coordinating, developing, and implementing the Utah Refugee Emergency Response Preparation and Implementation Plan as it applies specifically to the needs of the refugee population.

- E. It is intended that the Utah Refugee Emergency Response Preparation and Implementation Plan be a living document that may be modified or updated at any time to keep planned responses current with personnel and systemic changes.
 - 1. Changes in the Utah Refugee Emergency Response Preparation and Implementation Plan, if any, shall be submitted with the Utah State Refugee Resettlement Program State Plan annual review to the Office of Refugee Resettlement in accordance with 45CFR400.4.

II. Utah Refugee Emergency Response Plan (Catastrophic Event) (Under development)

III. Utah Pandemic Influenza Response Plan

A. The Utah Department of Health (DOH) is the lead agency in developing the Utah Pandemic Influenza Response Plan (see Appendix 3)

1. The Division of Epidemiology and Laboratory Services contributed to the development of the Pandemic Influenza Response Plan.

a. The State Refugee Health Coordinator and State Refugee Health Program are under this division and have provided input into the development of Utah Pandemic Influenza Response Plan.

B. DOH has created and maintains the State's Pandemic Influenza Web site, <http://www.pandemicflu.utah.gov/> .

1. The Governor's Summit: Utah Plan for Pandemic Influenza (Summit Planning Toolkit CD) may be ordered from this site <http://www.pandemicflu.utah.gov/>

2. Documents on the Toolkit CD includes information on Pandemic Influenza, a number of check lists for planning by local government agencies, business, faith-based and community organizations, and individual and families.

C. The Utah Refugee Resettlement Program (URRP) Administration and Coordination

1. The State Refugee Health Coordinator and the State Refugee Health Program will have the primary role of designing and implementing public health measures such as personal hygiene, surveillance, containment procedures, infection control, and treatment programs for the refugee community.

2. Locate and obtain information regarding Avian Influenza and planning documents that have been translated into languages in use in Utah

3. RMA funds will be utilized by the State to cover the costs of administering, coordinating, and implementing the Utah Pandemic Influenza Response Plan as it applies specifically to the refugee population.

4. Refugee community leaders from refugee Mutual Assistance Associations and non-incorporated refugee communities will be engaged to assist in developing, adapting, and translating informational materials and the development of a communication plan.

5. Provide training into the refugee communities for preparation, planning, and plan implementation in the event of an emergency.

APPENDIX 3

Utah Department of Health: Utah Pandemic Influenza Response Plan

The Utah Department of Health's Pandemic Response Plan is current as of November 2, 2005. It was developed in conjunction with the State's master planning for Emergency Support Functions.

It is intended that the Utah Pandemic Influenza Response Plan be a living document that may be modified or updated at any time to keep planned responses current with personnel and systemic changes.

Changes in the Utah Pandemic Influenza Response Plan, if any, shall be submitted with the Utah State Refugee Resettlement Program State Plan annual review to the Office of Refugee Resettlement in accordance with 45CFR400.4.

Utah Pandemic Influenza Response Plan

Tuesday, November 02, 2005

David Sundwall, MD
Executive Director, Utah Department of Health

Robert T. Rolfs, MD, MPH
State Epidemiologist

Pandemic Influenza Planning Committee

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Gary House, MPH	Director, Weber-Morgan Health Department
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Andrew T. Pavia, MD	George and Esther Gross Presidential Professor, Chief, Division of Pediatric Infectious Diseases, University of Utah
Carolyn Rose, RN	Director of Nursing, Summit County Health Department
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Diana Thurston, RN	Special Projects Coordinator and BT Planning, Salt Lake Valley Health Department
Greg Winegar	American Red Cross

Utah Department of Health participants

Pat Luedtke, MD (Chair)	Director, Utah Public Health Laboratory, Div. of Epid. and Laboratory Services ¹
Linda Abel, RN	Immunization Program Manager, Div. Community and Family Health Services
Cody Craynor	Office of Public Information and Marketing
Brian Garrett	Deputy Director, Division of Emergency Services, Department of Public Safety ²
Konnie Parke, RN	Bioterrorism Program, UDOH ³

Other Contributors to Plan

Teresa Garrett, RN	Director, Division of Epidemiology and Laboratory Services
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¹ At the time of this work, Dr. Luedtke was Deputy State Epidemiologist, Bureau of Epidemiology, UDOH

² At the time of this work, Brian Garrett was the Emergency Preparedness Coordinator, UDOH.

³ At the time of this work, Konnie Parke was with the Immunization Program, UDOH.

Executive Summary

An influenza pandemic is a worldwide outbreak or epidemic caused by a strain of influenza virus to which few if any humans have immunity developed by prior exposure. Influenza pandemics occur predictably but at unpredictable intervals; three occurred during the 20th century. The most serious pandemic on record, the “Spanish flu” of 1918-1919 caused an estimated 20-100 million deaths worldwide and over 500,000 deaths in the United States. Many pandemics are believed to occur when a strain of influenza circulating among birds (avian influenza), acquires the ability to cause serious illness and to spread effectively among people. Beginning in 1997 and continuing through 2005, a widespread outbreak of avian influenza (H5N1) has affected birds in multiple Asian countries. That strain has demonstrated the ability to cause lethal disease among humans and created concern that it might evolve into a strain of virus capable of causing a pandemic. It is not known whether that will occur, but it is certain that another influenza pandemic will afflict humans at some point in the future.

An influenza pandemic of the severity of the 1918 pandemic could cause over a million Utahns to become ill and result in over 500,000 outpatient doctor visits, 15,000 hospitalizations, and 4,000 deaths over the course of a year. Critical assumptions used in developing this plan included: 1) outbreaks would probably occur widely across the state and nation, limiting the ability to share resources among jurisdictions; 2) vaccine would not be available until several months had elapsed; 3) shortages of critical medicines and other supplies would occur, including antiviral medications; 4) capacity to provide medical care would be severely stressed or exceeded; and 5) absenteeism rates and fear would stress ability to provide for essential community services including police, fire, water, food, transportation and sanitation.

The goals of this plan are, first, to minimize serious illness and death, and second, to limit societal disruption and economic losses. The plan is intended to coordinate with global and national plans developed by the World Health Organization (WHO) and U.S. Department of Health and Human Services (DHHS). It outlines responsibilities and activities in 5 areas (Planning and Coordination; Surveillance, Investigation and Containment; Vaccine and Antivirals; Communications; and Health Care and Emergency Response) for the three pandemic planning phases outlined by the WHO (Interpandemic, Pandemic Alert, and Pandemic Periods).

This plan outlines activities and responsibilities for government public health agencies and builds upon preparedness assets developed at federal, state, and local levels of government and in the private sector. Nevertheless, a serious influenza pandemic would pose substantial challenges to existing capabilities. The next phase of planning should involve wider community efforts to address those challenges. We have identified six critical policy questions that should guide those efforts.

Introduction

An influenza pandemic has the potential to cause widespread illness and death. Planning and preparedness before the next pandemic strikes are critical for an effective response. Utah's Pandemic Influenza Response Plan describes a coordinated strategy to prepare for and respond to an influenza pandemic.

Influenza causes seasonal worldwide epidemics of disease that result in an average of 36,000 deaths each year in the United States. A pandemic – or global epidemic – occurs when there is a major change in the influenza virus so that most or all people in the world's population have no immunity against the virus. Three pandemics occurred during the 20th century; the most severe pandemic (1918) caused over 500,000 deaths in the U.S. and 20-100 million deaths worldwide. Recent outbreaks of human disease caused by avian influenza strains in Asia and Europe have highlighted the potential of new strains to be introduced into the population. An avian influenza (H5N1) virus capable of directly infecting humans was first detected in Hong Kong in 1997. That virus strain has been circulating widely in several Asian countries since 2003. Avian influenza H5N1 has caused 122 human cases and 62 deaths (WHO as of October 24, 2005) and has become enzootic in wild migratory birds. If these strains acquire the ability to be transmitted effectively from person to person a pandemic may occur. Regardless of whether the currently circulating avian influenza (H5N1) strains evolve so as to cause a pandemic or not, history indicates that we will experience another pandemic of influenza sooner or later.

Characteristics of an influenza pandemic that must be considered in preparedness and response planning include: 1) simultaneous impacts in communities across the state and the U.S., limiting the ability of any jurisdiction to provide support and assistance to other areas; 2) an overwhelming burden of ill persons requiring hospitalization or outpatient medical care; 3) shortages and delays in the availability of vaccines and antiviral medications; 4) disruption of national and community infrastructures including health care, transportation, commerce, utilities and public safety; and 5) global spread of infection with outbreaks throughout the world.

The Utah Department of Health is preparing to effectively respond to the issues mentioned above. This progress has been accomplished through programs specific for influenza as well as programs focused on increasing preparedness for bioterrorism and emerging infectious disease threats. In addition, resources have been allocated to improve statewide influenza surveillance, increase influenza testing capacity at the Utah Public Health Laboratory, assess the need for and potential uses of an antiviral drug stockpile, develop means to deliver vaccine against the pandemic influenza strain once it becomes available, and improve health care system readiness at the community level.

Goals

- 1) To minimize serious illness and deaths.
- 2) To minimize societal disruption and economic loss.

Planning Assumptions

The Utah Pandemic Influenza Response Plan was based on a number of assumptions, including: how quickly an influenza pandemic will spread; how many people will be infected; how long it will take to develop a vaccine; mismatch between demand and a limited supply of vaccine; the availability of antiviral medications; and the impact a pandemic will have on health services (i.e., both the demand for services and the proportion of healthcare providers who are likely to become ill). These assumptions have shaped decisions about how resources should be used, and the steps Utah should take to prepare. These assumptions were based on available information about past pandemics, especially the 1918 pandemic. It is important to recognize that we cannot predict many aspects of a pandemic and the plan must include the flexibility to adjust to the characteristics of an actual pandemic.

This plan was also developed within the context of existing public health law. Specific planning assumptions are as follows:

Assumptions

1. An influenza pandemic will cause simultaneous outbreaks across the United States limiting the ability to transfer assistance from one jurisdiction to another.
2. Utah may have no warning or as long as a three-month warning before the arrival of the pandemic influenza virus within the state's borders.
3. No vaccine will be available until 6-8 months after onset of the pandemic. The timing of vaccine availability for use in Utah will depend on the timing of arrival of the pandemic in Utah relative to onset elsewhere
4. Two doses of vaccine (administered 30 days apart) will be needed to develop immunity to the pandemic virus.
5. Once the vaccine is available, it will take five months to produce an adequate supply of vaccine for the entire US population (approximately 20 percent of the vaccine will be produced per month).
6. The federal government will purchase the first 20% of vaccine produced and will distribute it directly to states. In Utah, 240,000 persons (based on 2005 population estimates) could receive two doses of vaccine from the initial federal supply.
7. In a given community, the influenza epidemic will last at least one month.
8. The first wave of pandemic influenza will be followed by a second wave arriving three to nine months after the first wave.
9. The "first wave" may have the following effects on the general population in Utah (est. 2005 population 2,400,000):
 - Clinically Ill (ILI attack rate=25%): 250,000-400,000

- Require Outpatient Care: 125,000-250,000
 - Require Hospitalization: 3,750-10,000
 - Fatalities: 1,000-4,000
- 10. The “second wave” may have the following affects on the general population in Utah assuming 1918 severity (est. 2005 population 2,400,000):
 - Clinically Ill (ILI attack rate of 5%): 50,000-80,000
 - Require Outpatient Care: 25,000-50,000
 - Require Hospitalization: 750-2,000
 - Fatalities: 250-1,000
- 11. Total persons affected in Utah for “1918-like” pandemic lasting one year:
 - Clinically ill: > 1,000,000
 - Require outpatient care: > 500,000
 - Require hospitalization: > 15,000
 - Deaths: > 4,000
- 12. As is true of most diseases, an influenza pandemic is likely to disproportionately affect vulnerable populations, such as the poor, uninsured, ethnic and racial minorities, and those with disabilities. Attempts to meet the special needs of those populations needs to be addressed in planning.

Planning Phases and Response Areas

Utah’s Pandemic Influenza Response Plan is divided according to the three major pandemic periods described by the World Health Organization (1). The more detailed phases described in that plan are also described here for the reader’s information but activities are not specified according to the more detailed phases in this plan.

I. Inter-Pandemic Period

Phase 1: No new influenza subtypes detected in humans. Human risk from known viruses circulating in animals believed to be low.

Phase 2: A circulating animal virus poses substantial risk of human disease.

II. Pandemic alert period

Phase 3: Human infection(s) with new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.

Phase 4: Small cluster with limited human-to-human spread but spread is highly localized suggesting the virus is not well adapted to humans.

Phase 5: Larger cluster(s) but human-to-human spread still localized.

IV. Pandemic period

Phase 6: Increased and sustained transmission in general population.

Activities in each pandemic period are organized into six components that were based on those described by the U.S. Department of Health and Human Services (DHHS)(2):

1. Planning and Coordination
2. Surveillance, Investigation and Containment
3. Vaccine and Antiviral Medications

4. Communications
5. Healthcare and Emergency Response

For each pandemic period, the plan provides background response information and lists the activities and responsibilities of response partners (e.g., Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), Utah Department of Health (UDOH), Division of Emergency Services and Homeland Security (DESHS), Local Health Departments, hospitals and other health care agencies/organizations).

The appropriate response measures will be determined by the epidemiologic characteristics of the pandemic including: age-specific attack rates and severity, the overall severity of illness; variations in severity among different risk groups; and the efficiency of transmission from person to person. Utah's response plan for the health care system is based on best estimates at this time but will have to be modified if the epidemiology of the outbreak is significantly different from the planning assumptions.

Relation to Other Preparedness Planning

Planning for an influenza pandemic in Utah builds upon many strengths developed during preparations for the Olympic Winter Games of 2002, and strengthened by responses to events including the 2001 anthrax mail attacks, West Nile virus, and SARS. Several elements of existing public health and emergency preparedness planning will play critical roles in the response to an influenza pandemic. These include:

- 1) Enhanced surveillance systems and epidemiologic capacity to rapidly detect, characterize, and provide information about a pandemic of influenza;
- 2) Implementation of 24x7 response capacity within state and local public health agencies;
- 3) Mass vaccination plans and experience exercising or using those plans;
- 4) Strategic National Stockpile and plans to deploy it in Utah;
- 5) Public information and risk communication plans;
- 6) Strengthened laboratory capacity;
- 7) Inter-agency coordination and communication, including incident command;
- 8) Medical care system surge capacity planning;
- 9) Community-wide all hazard disaster planning and preparation;
- 10) Strong partnerships and cooperation among state and local government agencies, hospitals and other parts of the health care system, law enforcement and emergency responders.

Responsibilities and Response Activities by Pandemic Period

By definition, a pandemic is a global event. The World Health Organization (WHO) has primary responsibility for efforts to rapidly detect, monitor, and respond to an influenza pandemic internationally. Current information about WHO activities is available at: <http://www.who.int/csr/en/>. Within the United States, the Department of Health and

Human Services is responsible for pandemic planning. In the event of a pandemic, the Centers for Disease Control and Prevention (CDC) will be responsible for surveillance and will take the lead in communicating with and coordinating federal and state public health activities.

At the state level, response to the pandemic will require strong coordination among UDOH, other State agencies, the 12 Utah local health departments, and with hospitals and clinics. The media and many other entities will also be important partners in an effective response.

A brief, general overview of activities by pandemic period is listed below. This list focuses primarily on state and local public health activities, but also includes some activities by key response partners.

Inter-pandemic Period.

No new influenza subtypes have been detected in humans.

A. Planning and Coordination:

- 1.) Establish a planning process to prepare for an influenza pandemic.
- 2.) Establish and obtain agreement from elected officials and from key response partners for a process to make critical policy decisions including the allocation of scarce resources (e.g., vaccination and antiviral medication guidelines, and provision of medical care when resources have been exhausted).
- 3.) Complete an influenza pandemic response plan.
- 4.) Engage and educate key response partners about the threat of an influenza pandemic and about the pandemic influenza plan.
- 5.) Assist local health departments and tribal governments as needed in developing pandemic influenza plans for their jurisdictions.
- 6.) Conduct scenario-based exercises to assess and improve response capability and assist in identifying and clarifying roles and responsibilities for response to an influenza pandemic.
- 7.) Review and update plan annually with key response partners.
- 8.) Assess legal authority to respond to an influenza pandemic, including authority for control measures as well as liability protection for response partners.

B. Surveillance, Investigation and Containment:

- 1.) Monitor international and national influenza surveillance results.
- 2.) Conduct routine influenza surveillance
- 3.) Periodically evaluate and strengthen Utah's influenza surveillance system to prepare it to detect a pandemic strain and to meet information needs during a pandemic.
- 4.) Disseminate reports of influenza activity thru established means.

C. Vaccines/Antiviral Medications:

- 1.) Measure vaccine coverage rate statewide annually.
- 2.) Institute programs to enhance influenza vaccination rates in high-risk groups.

- 3.) Enhance pneumococcal vaccine coverage rates in high-risk groups.
- 4.) Develop pandemic vaccine/antiviral distribution plans and begin planning with private providers based on their roles in those plans.
- 5.) Assist local health departments to draft and exercise mass vaccination clinic protocols.
- 6.) Consider establishing a Utah stockpile of antiviral medications.

D. Healthcare and Emergency Response:

- 1.) In coordination with local health departments, develop estimates of the impact on health care of an influenza pandemic, and of the resources and personnel required to care for the anticipated numbers of affected persons.
- 2.) Assess existing surge capacity and surge capacity planning against the needs resulting from an influenza pandemic, and update as appropriate.
- 3.) Engage with health care providers, community leaders, and other key partners to develop plans for providing care during an influenza pandemic. These will include plans for when existing capacity has been exhausted, such as alternative care facilities or home-based care.
- 4.) Assess existing all-hazard emergency response plans against anticipated needs during an influenza pandemic, including:
 - a. Capacity to respond to a sustained epidemic (estimated 6-14 weeks, with possibility of a second wave);
 - b. Capacity to respond to an event when similar events elsewhere severely limit the availability of federal resources or sharing of resources across jurisdictions;
 - c. Ability to continue medical care, provide care for dependents of ill adults, and maintain critical community services when $\geq 20\%$ of workers are absent due to illness.

E. Communications:

- 1.) Develop messages in several formats and languages for communicating with the general public and with response partners, including
 - a. Fact sheets on influenza, influenza vaccine, and antiviral medications;
 - b. Video clips; and
 - c. Training materials such as slide sets, posters, etc.
- 2.) Assess existing public and operational communications plans and protocols for use during an influenza pandemic; and identify key communication issues and the resources needed to adequately respond to an influenza pandemic.

Pandemic Alert Period

Human infection with a new subtype of influenza virus has occurred.

During this period, UDOH will monitor events that indicate altered risk of a pandemic or that should prompt changes in our response plans. These might include emerging information about the novel virus, changes in vaccine or antiviral medication research or production, as well as any modifications in national or international pandemic plans.

Efforts to complete activities outlined for the inter-pandemic period will be assessed and accelerated.

Depending on the level of pandemic risk, surveillance systems and laboratory surveillance of viral isolates may be enhanced to increase the ability to detect the virus in Utah. As information becomes available about vaccine development, antiviral stockpiles, or other issues, the pandemic plan will be adjusted or enhanced to incorporate that new information.

A. Planning and Coordination:

- 1.) Upon declaration of a Pandemic Alert Period or a change in phase within the Pandemic Alert Period, UDOH will convene a Pandemic Influenza Planning Group to review the overall plan and assess progress toward implementing key components of that plan.
- 2.) UDOH will actively monitor reports from the WHO and CDC regarding spread of the novel virus and disseminate as appropriate to response partners.
- 3.) UDOH will actively monitor information from CDC and DHHS, and recommendations from the National Vaccine Advisory Committee (NVAC) and Advisory Committee on Immunization Policy (ACIP) related to the novel virus and national preparations for response.
- 4.) Upon learning of substantive information about the virus or preparations for the virus, UDOH will review the Pandemic Response Plan and adjust as appropriate.
- 5.) UDOH will disseminate key findings about the virus, and relevant international and national events to response partners in Utah.
- 6.) An update regarding status of preparedness and critical areas that need to be addressed will be prepared and delivered to UDOH leadership.

B. Surveillance, Investigation and Containment:

- 1.) Assess existing surveillance for influenza and, based on national and international guidelines and information about the pandemic risk, implement enhancements to detect presence of the implicated strain in Utah.
 - a.) Consider enhanced surveillance of persons returning from travel to affected areas and potential for use of quarantine/isolation protocols.
- 2.) Assess system-wide information system capacity to respond to the need for timely surveillance and epidemiologic investigation data on a pandemic.

C. Vaccines/Antiviral Medications:

- 1.) Monitor emerging information about vaccine development and about antiviral evaluation and supplies and disseminate as appropriate to response partners.
- 2.) Continue preparations for vaccine administration, including:
 - a. Conduct vaccine administration training;
 - b. Assess and exercise vaccine/medication distribution system;
 - c. Meet with response partners and review major elements of the vaccine and antiviral medication distribution plans and modify as needed;
 - d. Consider stockpiling critical vaccination supplies (e.g., syringes, alcohol wipes, gloves, gauze, etc.).

- 3.) Assess capability of existing information systems to track supply and administration of vaccinations, occurrence of vaccine adverse effects, and vaccine coverage of target populations.

D. Healthcare and Emergency Response:

- 1.) Convene public health and health care system leaders to evaluate capability of health care system to respond to a pandemic based on current information and to develop plans to improve that capability.
- 2.) Develop plans and guidelines for triage and treatment of influenza patients in outpatient, inpatient and non-traditional healthcare settings and distribute those plans and guidelines for comment/review by appropriate agencies, entities and personnel.

E. Communications:

- 1.) The State Epidemiologist will provide regular updates to UDOH leadership, Local Health Officers, and other key community partners about developments related to the virus and its spread and of national and international preparations for response.
- 2.) UDOH will update elected officials and response partners upon declaration of a novel virus alert or of a change in the Pandemic Phase indicating increased risk of pandemic.
- 3.) Existing communication plans will be evaluated and exercised.
- 4.) Implement public communication strategies to prepare Utah citizens for the possibility and consequences of an influenza pandemic.

Pandemic Period

Increased and sustained transmission in general population of a new subtype of influenza virus somewhere in the world.

In the *pandemic period*, the *pandemic alert* activities will continue at an intensified level. Surveillance efforts will be increased to monitor both influenza illness and circulating influenza viruses. If vaccine is available, distribution will be implemented according to appropriate recommendations and security measures will be put in place to ensure that vaccine will be given first to groups of highest priority. UDOH will augment information flow to Local Health Departments, medical providers and other stakeholders, including materials in Spanish and the other major languages in Utah. Upon detection of the pandemic strain in Utah (or likelihood of its imminent arrival), State and local emergency management agencies and hospitals will be advised to consider activating their emergency response systems. Local coroners and funeral directors will be advised to prepare for increases in the number of dead and provided with any infection control guidelines specific to the pandemic virus.

During this period, available resources may be exhausted in a number of areas, including public health surveillance and investigation, medical care, and vaccine and antiviral supplies. When this occurs, prioritization will be needed to shift resources to meet

highest priority needs. This is likely to be most critical for medical care; it is expected that alternate treatment sites and home-care protocols will be needed.

A. Planning and Coordination:

- 1.) Activate Pandemic Response Plan and relevant components of all-hazard disaster planning, including emergency epidemiology response plan and if necessary the Emergency Coordination Center.
- 2.) Notify UDOH response personnel, Local Health Officers, and other response partners of the declaration of a Pandemic Period using Utah Notification and Information System (UNIS) and other appropriate means.
- 3.) The Pandemic Influenza Operations Group (PFOG) will meet to review known facts and prepare a situation report to EDO including recommendations for immediate actions and a request for any needed response resources.
- 4.) UDOH will assess available resources and advise response personnel of potential need to alter personal plans to meet the needs of a pandemic response.
- 5.) An information management process will be implemented to monitor national and global events and changes in recommendations and to disseminate information to UDOH leadership, local health departments, and to other response partners.
- 6.) A situation report on the pandemic will be prepared each week or more often if needed and distributed to response partners. Detection of the pandemic strain or evidence of its circulation in Utah will trigger a UNIS alert and conference call.
- 7.) State Epidemiologist/BEMS director may request delivery of Strategic National Stockpile assets.
- 8.) A process of regular conference calls will be established with response partners.
- 9.) Adjust response efforts based on analysis of effectiveness of response efforts, changes in national or global recommendations, or changes in available resources.

B. Surveillance, Investigation and Containment:

- 1.) Implement enhanced surveillance plan to monitor both influenza cases and circulating influenza virus types until the pandemic strain has been detected in Utah.
- 2.) Upon detection of pandemic strain or evidence of its circulation in Utah, implement enhanced surveillance to monitor the impact, including both disease occurrence and affected populations.
- 3.) Upon detection of pandemic strain or evidence of its circulation in Utah, implement surveillance to monitor resource availability and use (e.g., hospital bed census and availability, urgent care visit volume, and absenteeism in critical workforce areas).
- 4.) Conduct regular analyses of surveillance data to monitor changes in epidemiology, assess effectiveness of response efforts, and identify need for containment efforts.
- 5.) Prepare regular surveillance reports and disseminate to response partners and general public.
- 6.) According to national/global recommendations or based on epidemiologic findings in Utah, initiate containment measures to limit spread of pandemic strain in Utah. Such restrictions may include:

- a. Travel restrictions (including air and ground transportation)
- b. Screening of persons arriving from affected areas
- c. Cancellation/closure of mass gatherings (e.g., concerts, sports events, schools)

C. Vaccines/Antiviral Medications:

- 1.) Review vaccination priority groups and vaccination distribution plans for appropriateness based on anticipated or actual supply and characteristics of the pandemic. Modify as appropriate.
- 2.) As vaccine becomes available, implement vaccination plan.
- 3.) Monitor vaccine administration and vaccine reactions.
- 4.) Review antiviral use recommendations based on supply and the characteristics of the pandemic and pandemic virus.
- 5.) Implement antiviral administration plan.
- 6.) Monitor use and if possible effectiveness of antiviral medications.
- 7.) Analyze effectiveness and use of vaccination/antiviral medications and adjust their use as appropriate based on results and supplies.
- 8.) Using “first wave” experience, analyze efficacy of vaccine/antiviral medication distribution system and make changes as appropriate.
- 9.) Review vaccine priority groups and modify as epidemiology of pandemic dictates

D. Healthcare and Emergency Response:

- 1.) All response partners will be notified of the pandemic via UNIS (Utah Notification and Information System) and other means as necessary.
- 2.) Establish means of coordination and communication with State and local emergency operation centers as they are activated.
- 3.) Guidelines for triage and treatment will be updated and distributed as information becomes available
- 4.) Pandemic inFluenza Operations Group (PFOG) will meet at least weekly to assess response as well as information from international and national response partners. PFOG will formulate recommendations for dissemination or for consideration by the policy decision-making group as indicated.
- 5.) Implement use of stockpiles of medical supplies and distribution systems.
- 6.) Implement emergency response procedures as required to maintain essential services.
- 7.) Implement plans to provide care and establish alternative care sites as required, monitor the capacity of the local system to provide care, and work with other state and national response agencies as required.
- 8.) Bureau of Emergency Medical Services (BEMS) will be the primary state agency assessing hospital/other medical facility response activities
- 9.) Division of Emergency Services and Homeland Security (DESHS) will be the primary state agency responsible for transport of equipment, supplies and personnel.

E. Communications:

- 1.) Implement public information and communication plan, including, as appropriate, establishing a joint information center (JIC), convening regular public information officer (PIO) conference calls among response partners, and establishing a plan for regular public/media communications as appropriate to urgency of situation.
- 2) The State Epidemiologist will initiate telephone conference calls with response partners to discuss release of information to the news media. These conference calls will also determine which local or state agency will take the lead role in a news conference.
- 3) UDOH PIO will implement plan for regular communication of information to public, including measures that people can take to protect themselves and to limit spread.
- 4) The PIO will coordinate communication needs as regards media access, messaging, issue tracking, staff briefing and resource tracking throughout the public information response effort.

Next Steps for Pandemic Influenza Planning:

This plan describes both existing capabilities and those that must be developed for an effective response to a pandemic of influenza. Ongoing work will provide additional detail on relevant components of the plan in order to provide additional guidance to the public health community and other partners. Modifications may also be needed as information becomes available, such as through global events or as plans developed by organizations such as the WHO and the U.S. DHHS are modified.

An influenza pandemic will reach into every sector of Utah and can have an impact that substantially exceeds the resources and capabilities of public health agencies and of other response partners. The next phase of preparation for an influenza pandemic will focus on stimulating community planning around the key policy questions identified in this document. Agencies and entities that will be more extensively involved in the next phase will include hospitals and medical care providers, other State agencies, and providers of essential community services (e.g., food service community, transportation industry, police and fire departments, etc.).

Key Policy Questions:

As part of this planning effort, we have identified these key policy questions that can guide the community planning phase of preparation for a possible influenza pandemic.

- 1) Assess adequacy of health care surge capacity. Despite existing surge capacity plans, an influenza pandemic could overwhelm the capacity of the health care system to deliver medical care.
 - a) The current capabilities (including personnel, facility and bed, and supplies) need to be assessed against pandemic scenarios. That assessment should recognize the variability of health care capability across Utah, especially between urban and rural areas.

- b) Decisions need to be made about how to augment that capacity and/or how to provide care when those resources have been exceeded and plans made and funding identified to implement those approaches.
 - i) An important aspect of surge capacity concerns decision(s) to stockpile critical medical and infection control supplies that will be in short supply and how to finance, store, and maintain those stockpiles.
 - ii) Special consideration should be given to the special burden placed on health care workers and to providing appropriate protection to those workers to help assure they are able to provide care during a pandemic.
 - c) Decisions need to be made about how and when to communicate to the public the expectation that a serious pandemic would exceed the capacity of the current health care system to deliver care and the consequences of that reality.
- 2) Determine whether to create a Utah antiviral stockpile. The National Vaccine Advisory Committee (NVAC) recommended that a national stockpile of antiviral drugs be established with optimally 133 million courses, and at a minimum 40 million courses. Currently, the national stockpile is only approximately 2 million courses of treatment. Utah should consider developing a state stockpile to meet the shortfall in U.S. preparations. NVAC also recommended that antiviral medications be used primarily for treatment and not for prophylaxis under most scenarios.
 - 3) Determine how to deliver vaccine during a pandemic. During an ordinary influenza season in Utah, influenza vaccine is delivered by a hybrid public/private sector effort. A decision should be made on how to best deliver influenza vaccine during a pandemic and preparations made to implement that system rapidly and effectively.
 - 4) Establish a credible decision-making mechanism. Response to an influenza pandemic will require difficult decisions about allocation of scarce resources, including triage decisions about health care in shortage situations, prioritization of antiviral medications and vaccine, and institution of measures to limit disease spread (e.g., travel restrictions, cancellation of public gatherings, and quarantine or isolation). A transparent and inclusive decision-making mechanism/body should be established to help elicit community support for difficult decisions.
 - 5) Assess and develop plans to minimize community and economic disruption from an influenza pandemic. A pandemic could cause absenteeism rates of greater than 25% due both to illness of essential service workers and the need for those workers to provide care for family and friends. This would challenge the ability to maintain critical community services, such as police and fire, transportation, water and food, and basic sanitation. A critical assessment of existing emergency response plans to meet this challenge is needed. This should involve nearly all elements of the public and private sectors in Utah and substantial leadership will be needed to assure that this occurs.

- 6) Consideration is needed for systems to provide economic and social support and essential services for people who are confined to home or an alternate setting due to illness, or because of imposition of isolation or quarantine to limit spread of disease.

Table of Internal UDOH Assignments and Responsibilities:

Organizational Unit	Responsibility
Executive Director's Office (EDO)	<ul style="list-style-type: none"> • Overall responsibility for public health preparedness for an influenza pandemic • Responsible for updating the Governor's office about preparedness and events during an influenza pandemic.
State Epidemiologist	<ul style="list-style-type: none"> • Under direction of EDO, overall responsibility for preparedness for an influenza pandemic
Bureau of Epidemiology (BOE)	<ul style="list-style-type: none"> • Lead entity in UDOH for pandemic planning and response in the event of a pandemic. • Surveillance for influenza prior to and during a pandemic. • Monitor surveillance reports – national and international – and disseminate to partners as appropriate. • Monitor WHO and CDC bulletins and other information about the virus (e.g., attack rates, transmission potential, severity of illness, antiviral susceptibility) and assess to determine if that information affects the Utah plan. • Monitor information about antiviral medication development, distribution, stockpiling and distribution.
Immunization Program (IP)	<ul style="list-style-type: none"> • Lead entity for vaccine planning prior to and for implementation of vaccine delivery during a pandemic. • Monitor influenza vaccine coverage annually and during a pandemic. • Monitor recommendations related to vaccine preparation, evaluation, and distribution from national sources including NVAC, ACIP, CDC, FDA, DHHS; assess for significance and disseminate as appropriate.
Office of Public Information and Marketing (OPIM)	<ul style="list-style-type: none"> • Responsible for developing materials for public release (in cooperation with IP and BOE) • Responsible for coordinating media and public information about this issue prior to and during an influenza pandemic.
Utah Public Health Laboratory (UPHL)	<ul style="list-style-type: none"> • Responsible for laboratory surveillance for influenza and detection of novel virus strains as part of national/global network.
Strategic National Stockpile (SNS) Program	<ul style="list-style-type: none"> • Monitor plans for use and distribution of the antiviral stockpile • Establish plans for distribution in coordination with local health departments and health care providers according to policy decisions about distribution..
Bureau of Emergency Medical Services (BEMS)	<ul style="list-style-type: none"> • Responsible for assessing medical surge capacity to respond to an influenza pandemic. • Responsible for communication and coordination with hospitals regarding resources during a pandemic. • Responsible for operation of the UDOH Emergency Coordination Center.
State Nursing Director	<ul style="list-style-type: none"> • Responsible for assessing UDOH capacity for nursing support to local health departments.

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APPENDIX 4

Utah Department of Workforce Services Continuity of Operations Plan (COOP)

The Utah Department of Workforce Services' Continuity of Operation Plan is currently under development in conjunction with the State's master planning for Emergency Support Functions.

It is intended that COOP be a living document that may be modified or updated at any time to keep planned responses current with personnel and systemic changes.

Changes in the Utah Department of Workforce Services Continuity of Operation Plan, if any, shall be submitted with the Utah State Refugee Resettlement Program State Plan annual review to the Office of Refugee Resettlement in accordance with 45CFR400.4.