Nebraska Health and Human Services

Refugee Resettlement Program

State Plan

Submitted October 2006

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ADMINISTRATION

Authority

Designates accountable State Agency.

The Nebraska Health and Human Services System, Department of Services is designated, by the Governor, to administer and coordinate the responsibilities of the Refugee Resettlement Program. The Director of the Department of Services delegates to the Office of Economic and Family Support administrative oversight of the Refugee Resettlement Program. Betty Medinger has administrative oversight of the Refugee Resettlement Program, along with Community Service Block Grant, Homeless Assistance, and Child Care Placement. As Administrator, it is her responsibility to promote coordination among these essential services to new arrivals in Nebraska. The Office of Economic and Family Support has the responsibility of hiring and retaining a State Coordinator.

Identifies State Coordinator by title.

Christine Stroud, State Refugee Resettlement Coordinator, has the responsibility and authority to ensure coordination of public and private resources for refugee resettlement in Nebraska.

Organization

Describes organizational structure and functions.

The Department of Services provides organizational leadership and administrative support and assumes accountability for all aspects of the Refugee Resettlement Program. The Department of Services fosters intra-agency, inter-agency, and community partnerships to ensure compliance with Office of Refugee Resettlement requirements pertaining to refugee cash assistance, refugee medical assistance, and refugee social services.

The Refugee Health Program in Nebraska is currently maintained by the Refugee Resettlement Program. The Refugee Resettlement Program anticipates signing a Memorandum of Understanding to designate the responsibility of the Refugee Health Program to the Nebraska Department of Health and Human Services System, Department of Regulation and Licensure. Through the Memorandum of Understanding, it would be the responsibility of the Department of Regulation and Licensure to administer and coordinate the Refugee Health Program. The Department of Regulation and Licensure would provide organizational leadership and administrative support and assume accountability for all aspects of the Refugee Health Program. The Department of Regulation and Licensure would foster intra-agency, inter-agency, and community partnerships to ensure compliance with Centers for Disease Control and Prevention, Department of State, Office of Refugee Resettlement, and Substance Abuse and Mental Health Services Administration requirements related to refugee health issues. In the interim, the Refugee Resettlement Program relies upon the extensive expertise of Public Health Assurance staff within the Department of Regulation and Licensure to design and implement public health measures.

The primary duty of the State Coordinator is to initiate, formulate, and implement refugee policies and procedures that enable the Department of Services to establish eligibility and entitlement for refugee cash and medical assistance according to the provisions of the Refugee Act and other federal regulations.

Assurances

These assurances are given by the Nebraska Health and Human Services System in consideration of and for the purpose of obtaining any and all Federal grants or other Federal financial assistance.

a) The Nebraska Health and Human Services System, Department of Services complies with the provisions of Title IV, Chapter 2, of the Immigrant and Nationality Act and all official issuances from the Director of the Office of Refugee Resettlement.

b) The Nebraska Health and Human Services System, Department of Services assures it meets the requirements outlined in the Code of Federal Regulations, Title 45, Volume 2, Part 400.

c) The Nebraska Health and Human Services System, Department of Services complies with all other applicable Federal statutes and regulations in effect during the time grant funding is received.

d) The Nebraska Health and Human Services System, Department of Services will amend this plan as needed to comply with standards, goals, and priorities established by the Director of the Office of Refugee Resettlement.

e) Per 470 NAC 1-007, the Nebraska Health and Human Services System asserts that assistance and services funded under this plan are provided to refugees without regard to race, religion, nationality, sex, or political opinion.

f) The Nebraska Health and Human Services System, Department of Services assures the State Coordinator will convene planning meetings of the public/private sector at least quarterly, unless exempted by the Office of Refugee Resettlement.

g) Per 470 NAC 2-009.01C to 2-009.03, the Nebraska Health and Human Services System, Department of Services, as a publicly-administered RCA program, will use the same mediation/conciliation procedures as those for the TANF program.

h) Per 470 NAC 1-007, the Nebraska Health and Human Services System, Department of Services, will use the hearing standards and procedures as set forth in 45CFR400.83(b).

ASSISTANCE AND SERVICES

Describe how State will coordinate CMA with support services to promote employment and encourage refugee economic self-sufficiency.

Through policies and procedures developed and implemented specifically for the Refugee Resettlement Program, the Nebraska Department of Health and Human Services System, Department of Services coordinates cash and medical assistance with social services to encourage effective refugee resettlement and to promote economic self-sufficiency as soon as possible.

Transitional cash assistance benefits are provided to refugees on the basis of family composition. Single adults and childless couples are eligible for refugee cash assistance for up to eight months after arrival. It is the expectation of the Refugee Resettlement Program that they be employed by this time. Families with children under 18 years of age are eligible for Aid to Dependent Children. Policies and procedures related to the receipt of cash assistance is conditioned on the registration of an employable refugee for employment services and acceptance of appropriate offers of employment as outlined in 470 NAC 2-009 to 2-009.01D. The Refugee Resettlement Program policies and procedures manual also details the process for terminating assistance when an appropriate offer of employment is refused without good cause. The process for re-determining refugee eligibility for cash and medical assistance is further delineated. A part of the re-determination review is to assess the efforts of the recipient to participate in employment and training programs, as well as the willingness of the recipient to accept an appropriate offer of employment during the benefit period.

Single refugee adults and childless couples are eligible for refugee medical assistance for up to eight months after arrival. Families with minor children are eligible for the Medicaid

Program. The Nebraska Health and Human Services System, Department of Services does not have any special medical contracts for providing medical services above and beyond the Nebraska Medicaid Plan. Therefore, 45CFR400.107 is not applicable.

Refugees are eligible for the same range of cash, medical, and non-cash benefits as other non-refugee Nebraskans. In addition to refugee cash and medical assistance, refugees can apply for non-cash benefits. Food stamps are provided to low income individuals to buy food. Both public assistance and non-public assistance households are eligible on the net monthly income. Refugees can also access energy assistance to offset the rising costs of home energy.

The Department of Services assists in the provision of the most urgently needed social services to refugees during their resettlement. Such services are provided to assist refugees in their achievement of self-reliance and economic independence. The Refugee Resettlement Program promotes economic self-sufficiency and effective resettlement for refugees within the shortest possible time after entrance into Nebraska. This is achieved through coordinated and effective use of social services and cash and medical assistance. Economic self-sufficiency is defined as gainful employment in non-subsidized jobs with at least 90-day retention and receipt of a wage adequate for the basic economic needs of the individual or family without reliance on public assistance. Effective resettlement means refugees become self-reliant by independently accessing existing community resources to meet their basic needs related to employment, English language training, vocational training, medical care, cultural orientation, and social adjustment.

Describes how the State will ensure that language training and employment services are made available to refugees receiving cash assistance, including State efforts to actively encourage refugee registration for employment services.

The Refugee Resettlement Program focuses Office of Refugee Resettlement funded social services on the provision of those services most likely to result in the earliest possible movement of refugees from public assistance to economic self-sufficiency. Activities incorporate language training and employment services to be provided within the scope of an employability plan which coordinates the services appropriate to the needs of the refugee. Development of a family self-sufficiency plan is required for any refugee participating in an employment-related funded program. Refugee women are afforded the same opportunities as refugee men to participate in all services. Refugee social services are offered in a culturally and linguistically appropriate manner and use of bilingual and bicultural women is encouraged.

Employment services targeted to refugee clients focuses on job development and job placement efforts to employable adult refugees in the following order of priority: (1) all newly arrived refugee 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. The Refugee Resettlement Program requires through written terms and assurances that social services subrecipients project quantifiable outcomes in terms of the number of refugees who will be assisted, develop an employability plan, and provide employment counseling, job development, job referral, job placement, and follow-up. Job placements must be focused on non-subsidized employment with at least 90-day retention and earnings at the minimum wage or higher.

The Refugee Resettlement Program subgrants for English language training programs for refugees. These classes focus on basic survival and employability skills of refugee participants (e.g., graduates from an English language training program will be able to acquire basic skills,

understand basic instructions in the English language, and will be capable of completing an employment application). Part-time English language training classes are generally offered beyond normal working hours to enable refugees to conduct job searches and to accept employment. English language classes are provided in a concurrent, rather than sequential, time period with employment or with other employment-related services.

Vocational skills training and educational programs provided to refugees receiving cash assistance are offered primarily within the scope of a coordinated employability plan. The content of such training is determined by the subrecipient as reasonably suitable to the language capability and skill level of the refugee client and the condition of the local job market. Activities other than language training and employment services, such as child care, information and referral, interpretation and translation, social adjustment, and cultural orientation, shall be provided to refugees only if it is shown how such services contribute to refugee acculturation and the economic self-sufficiency process.

The Refugee Resettlement Program, to the extent possible, coordinates Office of Refugee Resettlement funded programs with other federally funded programs, such as Department of State reception and placement grants administered by voluntary agencies and other programs in which refugees are eligible to participate (e.g., U.S. Department of Health and Human Services, Labor, Education, and Agriculture grants). The Refugee Resettlement Program subgrants with community based service providers in the provision of services to refugees and utilizes subrecipients as advisors on program planning and policy matters. These efforts assist in the enhancement of organizational capacity to assume an even greater role in supporting refugees, while avoiding duplicative programming.

Describes the elements of its TANF program which will be used in its RCA program.

The Department of Services developed and implemented internal policies and procedures for the Refugee Resettlement Program based on elements of the Aid for Dependent Children program.

a) Determination of initial and ongoing eligibility treatment of income (470 NAC 2-008 to 2-008.10) and resources (470 NAC 2-007 to 2-007.10), budgeting methodology (470 NAC 3-005.01), and standard of need (470 NAC 2-008.01A).

b) Determination of benefit amounts (470 NAC 2-007 to 2-008.10).

c) Proration of shelter, utilities, and similar needs are not taken into consideration.

d) Any other State Aid for Dependent Children rules relating to financial eligibility and payments are parallel between the policies and procedures manuals of Aid for Dependent Children and the Refugee Resettlement Program.

e) Will not consider resources remaining in the country of origin of the applicant (470 NAC 2-007.02A).

f) Will not consider the income and resources of a sponsor as accessible to the refugee solely because the person is serving as a sponsor (470 NAC 2-008.04A).

g) Will not consider any cash grant received by the applicant under the Department of State or Department of Justice Reception and Placement program (470 NAC 2-008.04A).

h) The Department of Services implemented internal programmatic policies and procedures for Refugee Cash Assistance in February 2002 (470 NAC 1-000).

i) Describes the criteria for exemption from registration for employment services, participation in employability service programs, and acceptance of appropriate offers of employment (470 NAC 2-009 to 2-009.03).

j) Delineates that local office workers will notify promptly local resettlement agencies whenever a refugee applies for Refugee Cash Assistance (470 NAC 1-009.03A).

k) Directs local office workers to contact the sponsor or local resettlement agency at the time the applicant makes application for Refugee Cash Assistance concerning offers of employment and the like (470 NAC 1-009.03A).

UNACCOMPANIED REFUGEE CHILDREN

The State of Nebraska does not currently serve any unaccompanied refugee children. Historically, Nebraska has not been an initial placement site for this refugee population. On occasion, refugee children are accepted through the Interstate Compact. In these cases, the provision of the Interstate Compact on the placement of children is utilized to provide for the successful placement of unaccompanied minors. Refugee unaccompanied minors receive the benefit of the same supervision and care as any other child received through the Interstate Compact for protection and safety services in Nebraska (390 NAC Chapter 9).

The following process outlines the commitment of the Nebraska Health and Human Services System in the care and supervision of, and legal responsibility for, unaccompanied refugee children in Nebraska:

- The Nebraska Health and Human Services System, Department of Services receives requests from other states for the approval of homes in the placement of children.
- Each child requiring placement receive the opportunity to be placed in a suitable environment and with persons or institutions having appropriate qualifications and facilities to provide necessary and desirable care. Special focus is given to placing children in environments that are culturally and linguistically suited to their needs.

- The proper authorities have the opportunity to ascertain the circumstances of the proposed placement, thereby promoting full compliance with applicable requirements for the protection of the child.
- The proper authorities may obtain information on the proposed placement so an evaluation can be performed before the final placement is made.
- Since this population is accepted via Interstate Compact, the sending state continues to carry the legal responsibility established within its jurisdiction. The issue of legal responsibility for the State of Nebraska is not applicable.
- The six month unaccompanied minor report is completed by the sending state with full cooperation from the Department of Services.
- A full range of child care services are provided and, as need, enrollment in appropriate English language training and cultural orientation session is offered.
- Continual efforts are made to cooperate with the sending state to best prepare the minor for assimilation into the community.
- Special emphasis is given to improving language skills and enrolling the minor in vocational training. These activities are geared to assist the minor in achieving independence upon emancipation.

MEDICAL AND MEDICAL SCREENING

Describes procedure for identifying newly arrived refugees in need of care.

Describes system for provision of follow-up treatments or ongoing monitoring of medical conditions.

The purpose of the Nebraska Refugee Health Screening Program, funded through the Office of Refugee Resettlement Preventative Health Discretionary Program, is to provide for the

early detection of illness and disease, follow-up of conditions detected during the health screening, provide continuity of care, and promote healthy lifestyles. It is intended to ensure that appropriate screening is available to all newly arrived refugees, and treatment as indicated, is received by those in need, and provide a follow-up system to prevent additional health problems from occurring.

Although recent refugees to the United States have been screened and appropriately treated for a number of infectious diseases and acute physical problems, many still have unmet health needs, such as a lack of protection against vaccine-preventable disease, treatment for intestinal parasites, baseline and continued monitoring for elevated blood lead levels, continuing antepartal and postpartal care, untreated sensory deficits, and emotional difficulties related to their experiences. Also, upon acculturation into the community, many unhealthy behaviors may quickly be adopted, such as tobacco use, calorie dense/low nutrient diet, drug use, and alcohol abuse. Immediate attention to these issues eliminates future health problems and has a positive effect on self-sufficiency.

Early detection and treatment of communicable diseases are critical to protecting refugees from future health problems and is imperative in facilitating their ability to become members of the community. For the refugee, unfamiliarity in navigating the health care system impedes early detection and treatment. Some health care providers are unfamiliar with diseases specific to parts of the world refugees previously lived, which also hampers early detection and treatment. Consequently, this screening program targets early identification of these specific conditions and the Refugee Health Program partners with providers who are knowledgeable and have a network of resources for the treatment and follow-up that is critical in assuring the promotion and maintenance of refugee health.

Immunizations are one of the most effective public health strategies to protect the community against vaccine-preventable disease and a requirement for school entry and for some types of employment. Cost is an identified barrier to the refugee community. The Refugee Health Program subgrants with Douglas and Lincoln-Lancaster County Health Departments, utilizing the Office of Refugee Resettlement Preventative Health Grant, to provide a complete schedule of immunizations.

The Nebraska Health Screening Program is designed to offer services targeted to the unique medical needs of special refugee populations. Medical screenings and assessments are available upon the arrival of refugees to Nebraska. Due to living conditions, refugees may be at higher risk for contracting communicable diseases. In order to initiate the most timely and effective treatment, screening of each refugee is critical to achieving the most positive health outcomes. In Douglas County, this screening is initiated at Creighton University Medical Center where all primary refugee adults and children receive recommended lab work. Refugee children, age 6 months through age 16 years, are also screened for elevated blood lead levels. Each refugee is then given a follow-up appointment with a Medical Center physician to discuss lab results, a treatment plan, and other health concerns. Lab results are also faxed to Douglas County Health Department in preparation for the appointment of the refugee for additional screening and first set of immunizations.

The screening process continues at the Douglas County Health Department Central Clinic where each refugee is screened for symptoms of communicable disease using a specifically designed paper screening tool. This completed tool is faxed back to the Medical Center in preparation for the follow-up visit of the refugee with the physician. Based on the lab results, each refugee receives the first set of immunizations and is given an immunization record booklet

which provides each refugee with a personal permanent immunization record. All immunizations are entered into the ImmuNet database. Douglas County Health Department provides all necessary immunizations to the refugee.

In Lancaster County, each refugee accesses the Lincoln-Lancaster County Health Department Public Health Clinic for an initial health assessment. Staff from the refugee resettlement agencies accompanies each refugee. Refugee resettlement agency staff ensures appropriate interpreter and translator services are available at the time of the appointment. A Public Health Nurse screens refugees for immunization needs and communicable and parasitic diseases. All refugees receive appropriate lab work. In addition, children age 6 months through age 16 years are screened for elevated blood lead levels. Any refugee found to have an abnormal lab result is referred to a physician for a follow-up appointment to discuss lab results, a treatment plan, and other health concerns. Return appointments for immunizations are made by the Public Health Nurse at the time of the visit. Each client is given a personal immunization record at the first visit. The Public Health Nurse also makes referrals to appropriate community resources as needed.

The State Tuberculosis Program is notified when a refugee arrives with a Class A or Class B tuberculosis waiver. This information is provided to the local health department. It is the responsibility of the health department to contact the refugee and arrange for a medical evaluation that includes a chest x-ray. When latent TB infection is diagnosed, medications are provided free of charge directly to the medical provider. When active tuberculosis is diagnosed or suspected, the refugee is provided follow-up care by the medical provider and the local health department according to the protocols of the State Tuberculosis Program. These protocols

include payment for services not covered by third party payment, TB lab services, case management, and contact investigations.

As part of its RMA program, a State may provide a medical screening to a refugee provided (a) The screening is in accordance with the requirements prescribed by the Director, (b) Written approval for the screening program or project has been provided to the State by the Director.

The Nebraska Health and Human Services System, Department of Services does not have any special medical contracts for providing medical services above and beyond the Nebraska Medicaid Plan.

The Department of Services, through the implementation of internal programmatic policies and procedures for Refugee Medical Assistance, assures the following:

a) Bases Refugee Medical Assistance on the income (470 NAC 4-006 to 4-008) and resources (470 NAC 4-005 to 4-005.03C) of the applicant on the date of application.
b) Will use up to 200% of the national poverty level as an eligibility standard for Refugee Medical Assistance (470 NAC 4-008)
c) Will not count Reception and Placement, Match Grant, or Refugee Cash Assistance on the date of application (470 NAC 2-008.04A).
d) Will transfers clients who lose eligibility for Medicaid due to employment during the first eight (8) months after arrival in the United States to Refugee Medical Assistance without an eligibility re-determination (470 NAC 4-002.02).
e) Does not use denial or termination from Refugee Cash Assistance as a criterion for determining that an applicant is ineligible for Refugee Medical Assistance (470 NAC 4-002 to 4-002.02).

Emergency Operational Planning for Pandemic Influenza

The Nebraska Department of Health and Human Services System has been able to maximize limited public health and medical response resources, using an "all hazards" or "full preparedness" approach, through contractual agreements and coordinated bioterrorism and collaborative preparedness and response work efforts that cross over public health, emergency and medical response agencies, and cross local and state geographic borders. Public and private response partners know each other, through their work-related and community activities, and respect each others' roles and responsibilities. The Nebraska Department of Health and Human Services System and local public health departments are establishing collaborative working relationships with the community sector, including health care providers, private companies, community based agencies and educational entities.

Twenty local public health departments provide coverage to all 93 Nebraska counties. The Nebraska Department of Health and Human Services System provides Center for Disease Control and Prevention funds through contracts to local public health departments to support public health all-hazard emergency response plans that were developed in collaboration with county emergency managers, law enforcement, hospitals, local responders, and other community members. Contracts include detailed work plans with time specific, measurable outcomes. Local public health departments collect weekly absenteeism numbers from schools and report those to the Nebraska Department of Health and Human Services. Additionally, the local public health departments are working with their medical community to strengthen disease surveillance, reporting, and response capacity, through joint education, ongoing surveillance, communications, and the development and implementation of electronic disease reporting.

Collaboration and communication between Public Health Assurance and the Refugee Resettlement Program is in its infancy. The Refugee Resettlement Program is beginning to meet with internal sections, such as Public Health Assurance, Office of Minority Health, and Office of Public Health, to ensure access to and involvement in governmental planning and to ensure the inclusion of refugee populations in pandemic planning. According to the *Nebraska Pandemic Influenza Grant for Fiscal Year 2006*, "By July 31, 2006, NE HHSS will identify and work collaboratively with local health departments, members of the Governor's Pandemic Influenza Advisory Committee, and members of the NE Biopreparedness and Response Advisory Group to form Pandemic Influenza work groups to address priority activities. Individual work groups will be composed of representatives from state and local public health and from appropriate key public and private, state and local key stakeholders (i.e. Inclusion of NE HHSS Office of Refugees represented on workgroups as needed to address identification and delivery of services to Tribes, and vulnerable and hard to reach populations; NE HHSS Office of Minority Health will be active on regional medical response system committees and be members of local health departments' Pandemic Influenza and "all hazards", "full preparedness" work groups to provide technical assistance and assist in the identification of and delivery of services to Tribes, and vulnerable and hard to reach populations; workgroup to address identification and prioritization of essential services; workgroup to address State Continuity of Operations; work group to address health care delivery network). By September 15, 2006, workgroups will convene activities, with work plans, identification of deliverables and timelines for completion."

In a meeting held with Public Health Assurance and Office of Minority Health staff in April 2006, it was noted that representation from the Refugee Resettlement Program would be of benefit on the statewide pandemic influenza committee. According to the *Nebraska Pandemic*

Influenza Grant for Fiscal Year 2006, "By August 30, 2006, NE HHSS will work with the Governor to review the current membership of the Governor's Pandemic Influenza Advisory Committee to identify possible voids in representation, identify spokespersons to fill those possible voids, and issue invitations to participate on the committee." In addition, refugee new arrival numbers by country of origin (as collected by the Office of Refugee Resettlement) for fiscal years 2000 to 2004 were distributed. This data will be utilized in ensuring current and anticipated refugee populations are clearly represented in the demographic profiling for pandemic planning in Nebraska.

Several avenues exist for refugee populations to participate in pandemic planning. First, representatives from local health department staff attend and participate in the Refugee Resettlement Program quarterly meetings that are held in Douglas (Omaha) and Lancaster Counties (Lincoln). Updates from the health department are continual agenda items for these meetings. Public meeting notices are distributed and posted by refugee resettlement agencies, faith-based groups, and community direct service providers. All meetings are open to the public and clients are strongly encouraged to attend and voice questions and concerns. Second, refugees are able to, in a confidential setting, discuss health concerns and emergency planning with local health department staff. Should the discussion require further action, staff is responsible for following state and local protocols for reporting. Third, the local public health departments are currently in the process of forming Community Coordinating Committees with representation from a broad array of relevant stakeholders in their jurisdiction to assist them to develop specific response activities for pandemic influenza. It is expected that representatives of the refugee community will also be involved in this capacity.

The Refugee Health Program in Nebraska is currently maintained by the Refugee Resettlement Program. The Refugee Resettlement Program is in the process of researching and determining other appropriate programs within Nebraska Health and Human Services System to partner with or serve as lead in this capacity. In the interim, the Refugee Resettlement Program relies upon the extensive expertise of Public Health Assurance staff within the Department of Regulation and Licensure to design and implement public health measures. In relation to pandemic planning, Public Health Assurance has established collaborative working relationship with the community sector to ensure appropriate procedures are in place in the event of an outbreak "(i.e. private trucking - delivery of the Strategic National Stockpile across the State; large private employers - monitoring and reporting of significant employee absenteeisms; NE Public Television - support of televideo conferencing; NE Pharmacists Association - storage and distribution of State pharmaceutical cache; NE Hospital Association and NE Medical Association - dissemination of emergency alerts and solicitation of emergency response volunteers" (*Nebraska Pandemic Influenza Grant for Fiscal Year 2006*).

To further solidify the pandemic planning efforts, Nebraska "has conducted multi-agency public health emergency exercises for the past 4 years, collaborating with multiple state agencies and local health departments. Participants include NE State Patrol, Dept. of Roads, NEMA, NE National Guard, NE Dept. of AG, NE Division of Communications, UNMC, local health departments, and others. During the last 5 years, new and established LHDs have done much planning and exercising, both at the local level and in collaboration with adjacent LHDs and the State. The SNS practice package has been brought in twice and managed inventory once" (*Nebraska Pandemic Influenza Grant for Fiscal Year 2006*).

The grant application provides the following supplemental planning, management, and response collaborations:

- The Nebraska Department of Health and Human Services System focus area co-team leaders include surveillance staff from Douglas and Lincoln-Lancaster County health departments.
- The Bioterrorism Public Health lab team leader and the professional education team leader are employed by University of Nebraska Medical Center (UNMC).
- The co-team leader for Mental Health preparedness and planning is employed by the University of Nebraska-Lincoln.
- The Nebraska Biopreparedness Education Center, funded by Centers for Disease Control and Prevention and Health Resources and Services Administration funds, is co-sponsored by Creighton University (private) and University of Nebraska Medical Center (public), led by a consortium, and physically located at the University of Nebraska Medical Center.
- The Nebraska National Guard, Nebraska Truckers Association and several large private trucking firms have agreements with the Nebraska Department of Health and Human Services System to deliver vaccine, anti-virals, the Strategic National Stockpile, Centers for Disease Control and Prevention managed inventory and other supplies as needed, across Nebraska, including air delivery to western Nebraska.
- Local public health departments have been collecting Influenza-like Illness Reports from local hospitals during seasonal flu periods (October-April). This helps to give an immediate idea of the severity of the flu season. During a

pandemic, the Influenza-like Illness Reports would be completed year around. The Influenza-like Reports have helped to strengthen the relationships between hospitals and local health departments and also prepare them for a pandemic.

The Nebraska Department of Health and Human Services System will address information dissemination needs through a multitude of media outlets to ensure refugee clients have access to and understand pandemic preparedness activities including when an influenza pandemic is declared and emergency operations are in effect. The Nebraska Biopreparedness Education Center has established a Pandemic Influenza Speakers' Bureau, developed 'one voice' PowerPoint educational slides and is recruiting and registering volunteer speaker/educators from across the state. Speakers' Bureau requests are forwarded to the appropriate health departments to promote and strengthen local community-wide education, planning and responses. The Nebraska Department of Health and Human Services System has been in joint meetings that include Nebraska Department of Agriculture and Nebraska Game and Parks Commission to identify roles and responsibilities. Planning is taking place and educational materials are being developed. However, additional roles and responsibilities need to be defined and exercised, including the sharing of animal and avian disease surveillance information. The State also needs to ensure that the information is not only disseminated to local communities, but that the local communities understand the information. Information is being translated into languages other than English. Translators have been identified, with a core of translators vaccinated. It has been noted that additional attention, at the state and local levels, needs to be paid to the identification and locations of vulnerable and hard to reach populations and formulating plans to address their needs prior to, during, and after a public health emergency (*Nebraska Pandemic Influenza Grant for Fiscal Year 2006*).

At this time, Nebraska has identified a Continuity of Operations Plan (COOP) as a priority gap in its application for the Pandemic Influenza Grant for Fiscal Year 2006. As such, planning in the upcoming months will be directed at filling this gap and the specific needs and challenges of the refugee population in Nebraska will be considered in such planning.

CUBAN/HAITIAN PROGRAM

Each State that wishes to provide CMA to C/H entrants with refugee funds must include C/H entrants in the plan. If CHEP is not included in the plan, according to guidance contained in State Letter 94-22 (a) State is serving C/H entrants and has included them in the Plan or (b) State is not serving C/H entrants.

The Nebraska Health and Human Services System, Department of Services does not serve Cuban/Haitian entrants (470 NAC 2-002.03B).