



ADMINISTRATION FOR
CHILDREN & FAMILIES

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Refugee Health Promotion Program Transitions to Refugee Support Services Set-Aside Program

Policy Letter 20-05

Date: June 1, 2020

This policy letter describes a new Refugee Support Services (RSS) set-aside program, the Refugee Health Promotion (RHP) program. As announced in [Policy Letter 18-04](#), RHP will transition from a competitive discretionary grant to part of the formula-based RSS program. This change will take effect after the current project period ends on August 14, 2020.

This policy letter outlines the RHP program goal and scope of services, program activities, eligible populations, and reporting and monitoring expectations. ORR will release supplemental Dear Colleague Letters (DCLs) to announce future funding allocations.

Program Goal and Scope of Services

The goal of the RHP program is to promote the health and well-being of refugees and other ORR-eligible populations by: 1) providing opportunities to increase health literacy, 2) coordinating health care, and 3) organizing wellness groups. To accomplish this goal, ORR encourages involvement of the Refugee Health Coordinator (RHC) to ensure a coordinated approach for the planning, implementation, and monitoring of RHP activities.

Grantees must provide one or more of the three services listed in the above paragraph. Grantees must develop program outcomes that are specific, measurable, achievable, relevant, and time-bound (SMART). Grantees must ensure RHP services provided to ORR-eligible populations complement, not duplicate, other ORR-funded activities. RHP funds must not be used to supplant services provided under other federal and ORR funding sources (e.g., Medicaid, Cash and Medical Assistance including medical screening, and Preferred Communities).

Program Activities

The RHP program should focus on providing direct services for ORR-eligible populations to promote their health, both routinely and during time of crisis (e.g., pandemics). Activities may include:

- Health education classes and targeted health outreach to individuals,
- Medical and mental health navigation and support, and
- Adjustment groups, skill-building networks, or peer support meetings.

Grantees must follow these guidelines when implementing these RHP activities.

Health Education Classes and Targeted Health Outreach to Individuals

RHP programs providing opportunities to increase health literacy for ORR-eligible populations empower clients to make informed health decisions. Grantees should have a clear strategy for delivering appropriate health topics and selecting the target population, including deciding on group classes versus individual outreach. Grantees should use user-tested or validated curricula and materials if possible. Grantees should provide classes in a culturally and linguistically appropriate manner. Grantees should conduct pre- and post-assessments to gauge the level of knowledge gained by recipients.

Medical and Mental Health Navigation and Support

RHP programs coordinating health care for the ORR-eligible individuals should provide services to ensure individuals most at-risk are able to navigate and access complex health care systems. Grantees are required to develop a method to identify those most in need of services. Grantees should develop a plan of care (POC) for each client that includes clearly defined and appropriate referrals and access to medical assistance or insurance to sufficiently address the health needs of the individual. POCs must complement any health care plan established by medical professionals for the client; to avoid duplication of activities, such assistance should only be provided where Preferred Communities (PC) services are unavailable.

Adjustment Groups, Skill-Building Networks, and Peer Support Meetings

RHP programs organizing wellness groups connect individuals with social groups and learning activities that promote their health and well-being. Grantees should have a clear strategy for choosing the wellness group activities that would be most beneficial to the community and selecting the target population most in need. Grantees should use evidence-based interventions or methods that are promising practices. Grantees should provide wellness group activities in a culturally and linguistically appropriate manner. Grantees should conduct pre- and post-assessments to gauge the value of the activity.

RHP grantees are not required to implement any of the specific activities listed in this section. However, they are required to provide activities that are within the scope of services listed under *Program Goal and Scope of Services* above to achieve the goal of promoting the health and well-being of refugees and other eligible populations.

Grantees providing activities not outlined in this policy letter must incorporate the required elements listed below within the specific activities they are planning to implement in their program.

For activities involving groups, grantees should:

1. Annually assess relevant health topics, activities, and identify target populations;
2. Provide services based on validated curricula, if available, effective interventions, or promising practices;
3. Deliver services in a manner that participants will understand; and
4. Conduct pre and post-assessments of group activities and use the information to improve program services.

For activities directed at the individual-level, grantees should:

1. Establish a criteria to identify those most in need of receiving individual services offered;
2. Identify goals based on the individual's need;
3. Develop customized activities catered toward the specific needs of the individual; and

4. Track progress and outcomes towards identified goals.

Eligible Populations

RHP program services may be provided to all individuals eligible for services under ORR's Refugee Resettlement Program (see [Policy Letter 16-01](#)) who are within their first five years of eligibility. Grantees should prioritize ORR-eligible individuals who have the most persistent, pressing, or underserved health needs. Individuals may concurrently participate in more than one type of RHP service.

Reporting and Monitoring

Grantees are funded for the set-aside based on the size of a state's eligible population. In order to participate in and receive the set-aside funding, grantees must provide a general description of RHP program services, activities, and expected outcomes in their respective state plans. Grantees must report RHP program performance in the ORR-6 Performance Report.

Pursuant to 45 C.F.R. § 400.28, grantees must maintain operational records necessary for federal monitoring. Grantees should maintain operational records of services provided, including planning and monitoring documents, progress toward program outcomes, participant lists, interpretation expenses, transportation costs, and other important administrative documents. If grantees provide individual services, they must maintain secure and sufficient records documenting client eligibility, needs, services provided, and outcomes related to the service provided.

ORR will monitor grantees to ensure that RHP services adhere to this policy letter as well as specific program activities described in their respective state plans. ORR will identify promising practices and trends for further analysis and information sharing.

If you have any questions about the information in this policy letter, please contact Curi Kim, Director of the Division of Refugee Health, at curi.kim@acf.hhs.gov.

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