

A Review of the Recommendations of the Hmong Resettlement Task Force  
and the Implementation of these Recommendations

by

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A Program Evaluation

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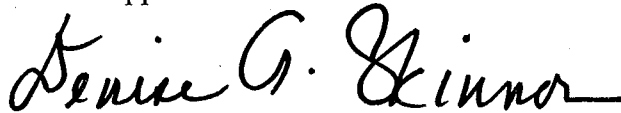
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A handwritten signature in black ink that reads "Denise A. Skinner". The signature is written in a cursive style with a horizontal line underneath it.

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ABSTRACT

This study has identified a problem confronting family life educators. In order for these educators to be effective dealing with Hmong refugees, there must be an understanding of needs and available services so the two can be connected. This study builds a body of knowledge that illustrates the needs of the Hmong refugees, examines the validity of the Hmong Resettlement Task Force recommendations (2005), and verifies the implementation of those recommendations.

Findings indicate that all Hmong Resettlement Task Force recommendations have been implemented. It is assumed that the results indicate improvement in the acculturation process of Hmong refugees.

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## Chapter I: Introduction

In June, 2004 Wisconsin State Senator Judy Robson wrote a comprehensive and concise history of the Hmong people in her article, "Wisconsin Opens Arms to Hmong Refugees." The excerpt that follows offers a necessary schema for this paper.

The Hmong are an ethnic group tracing their ancestry to China, but they have no nation to call their own. Until 1975, the Hmong lived in the mountains of Vietnam and Laos. From 1961 to 1975, the CIA recruited Hmong highlanders to fight a secret war in Laos against communists in Vietnam and Laos.

The Hmong army, which consisted of 20,000 men, built airstrips, rescued downed American pilots, blocked supply lines, and blocked North Vietnamese troops from entering South Vietnam. Thousands of Hmong lost their lives in missions which saved thousands of American lives.

CIA officers vowed that America would take care of the Hmong in victory or defeat. To honor that promise, in May 1975, Congress passed the Indochina Migration and Refugee Assistance Act, exempting refugees from normal immigration restrictions. That same month, members of the Hmong army were airlifted to Thailand. Thousands of other Hmong followed on foot, fleeing retaliation by the communists.

The Hmong were crowded into United Nations-sponsored refugee camps in Thailand. They thought of these as temporary quarters until they could return to Laos. However, as the years progressed, and Laos remained a dangerous place for the Hmong, they either remained in the overcrowded, unsanitary refugee camps, or sought refuge in the United States.

The Hmong began immigrating to Wisconsin in the late 1970s. Today, approximately 47,000 Hmong live in Wisconsin, making our state home to the third largest population of Hmong in any state. Half of Wisconsin's Hmong own their homes. They have a median household income of \$36,000.

This year, an additional 15,000 Hmong refugees will settle in Wisconsin, Minnesota, California, and North Carolina. In Wisconsin, 3,000 refugees will settle in Milwaukee, Madison, Green Bay, Sheboygan, Manitowoc, Wausau and La Crosse. They are coming from the Wat Tham Krabok camp in central Thailand, which will close.

The federal government will provide \$3.3 million to Wisconsin to offset increased costs of social services and education.

Just like many other immigrants arriving in the United States, the Hmong will be strangers in a strange land. Like so many immigrants before them, they will learn a new language, go to school, and work hard to climb the economic ladder. Fortunately, many will have relatives and other Hmong networks in their communities to help ease the transition. (p. 1)

According to the Wisconsin Department of Workforce Development, as of January 2006 the actual number of Hmong refugees to arrive in Wisconsin total 3,254 individuals representing 682 families. This paper will examine government involvement in assisting the Hmong refugees to acclimate and acculturate to their new country.

The American social welfare system has evolved throughout history in response to changing demographics, structural changes and social concerns. In particular, societies are concerned about the welfare of vulnerable adults and children. Philosophical beliefs about these

societal issues, as well as the role of society in responding to them, have guided the enactment of social welfare policies. Harrington (1964) as cited in Yang (1995) claims that, “everyone, rich or poor, receives some type of benefits from the government. He explained that the rich receive government business, subsidies and/or tax deductions, the middle class benefit from government loan programs and educational grants, and the poor receive AFDC, Food Stamps, and Medicaid” (p. 47).

The Hmong population has been exposed to American influences in three different phases according to Yang (1995). The first phase was during the Secret War in Laos when the Hmong people were recruited to assist the United States. The second phase was when the Hmong were in the refugee camps and the United States, along with other countries, sent relief supplies. The third phase was when refugees entered the United States and began the acculturation or adjustment process into the American culture.

Wisconsin Works (W2), partially funded by block grants from Temporary Assistance for Needy Families (TANF), was implemented in 1997. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ended the Aid to Families with Dependent Children (AFDC) legislation that had provided cash assistance to needy families with children since 1935.

The Hmong refugees arriving in 2004 will be testing the goals and philosophy of this new system. Along with the W2 program the Hmong Resettlement Task Force was established in June 2004 to advise Governor Jim Doyle of Wisconsin and the Department of Workforce Development Secretary, Roberta Gassman, on issues related to the resettlement of the Hmong refugees from Thailand.

Governor Doyle, in establishing the Hmong Resettlement Task Force, leveled the following charges to the committee:

- “Study the data about the Hmong population, and learn about their demographics, distribution and needs;
- Examine the efforts of DWD, WHEDA, DHFS and local private and public agencies in the resettlement process;
- Provide a link to Hmong communities so that local agencies and individuals can have their voices heard by policy makers in the Capitol;
- Make recommendations for changes in policy, new activities, and partnerships to improve the resettlement process; and
- Tell the story of the Hmong in Wisconsin as a success story in the history of Wisconsin.” (Xiong, 2005).

This program evaluation research will examine the resettlement program presented by the Task Force, identifying issues and recommendations of the Task Force and follow up with a review of the implementation of the Task Force’s recommendations.

#### *Statement of Problem*

This program evaluation research has identified a problem confronting family life educators. In order for these educators to be effective in assisting the Hmong refugees, there must be an understanding of needs and available services so the two can be connected. This study will build a body of knowledge that illustrates the needs of the Hmong refugees, examine the validity of the Hmong Resettlement Task Force recommendations, and verify the implementation of those recommendations. Finally, suggestions will be made for ways that family life educators can connect the Hmong Refugees with the resources available to them.

### *Purpose of Study*

This three-part study addresses the adjustment and acculturation of Hmong refugees (2004) into the American culture. The initial research in the literature review studies the needs of the Hmong refugees currently living in the United States and the struggles they faced during acculturation and the challenges they are still facing. The second part of this study examines the Hmong Resettlement Task Force's recommendations and the third part of this study verifies the implementation of the Task Force's recommendations.

### *Assumptions*

The work for this study is based on five assumptions. This researcher will be using personal interviews with employees of different governmental agencies to help verify the implementation of the Task Force's recommendations and will assume that all information gained from the personal interviews is accurate and truthful to the best of the knowledge of the interviewee. The second assumption is that the Task Force recommendations that have been implemented are successful. Not only are the Hmong refugees benefiting, but also that the services and funding have been distributed equitably according to needs and population. The next assumption is that the implemented recommendations will result in healthy Hmong refugee families. The fourth assumption is that the Hmong refugees will be receptive to the services offered. The final assumption is that through the implementation of additional resources the Hmong-American partnerships will become stronger.

### *Methodology*

The methodology in this study involves research, interviews, and summarization. Initially a broad search of all Hmong refugee-related issues will be conducted. Continuation of research gathers theories from Family Studies and Human Development that will relate to acculturation.

The work of the Hmong Resettlement Task Force and their six recommendations to Governor Doyle will be examined. Interviewing of governmental agency contacts will solidify this study by verifying whether services have been implemented or not.

## Chapter II: Literature Review

### *Introduction of the Problem*

The main purpose of this program evaluation research is to examine the resettlement program presented by the Hmong Resettlement Task Force, the issues and recommendations the Task Force identified and then follow up with a review of the implementation of the Task Force's recommendations. From the view of a family life educator, successful acculturation for the Hmong refugees will be realized when they attain and maintain healthy families in this new country and this was the ultimate goal of the Task Force. This review of literature will exhibit bodies of work that establish the history of the acculturation of the Hmong refugees into American culture as well as the work of the Hmong Resettlement Task Force.

### *Healthy Hmong Families*

In a study done by Abbott and Meredith (1998) over five hundred parents from four American ethnic groups were surveyed. The results of the study found that the most important traits of a healthy Hmong family are: the use of effective communication and listening skills, teaching a sense of right and wrong behaviors, to be affirming and supportive, to be trusting and trustworthy, to respect family traditions, attain a college education, and respect the elders. One third of all the ethnic parents surveyed in this study indicated that financial security was a key trait for building a strong family. The idea for the Hmong is to be self-sufficient as they exit the W2 program. This would be exhibited by maintaining a self-sustaining job, a job that would keep them above the poverty level. Exiting the welfare system does not necessarily indicate success. As Chung and Bemak (1996) discovered in their research, once a Hmong refugee has been touched by welfare they are at a greater risk for developing psychological distress, even after they have exited the welfare system. "The combination of not addressing these problems [mental

health] and public policy that demands that refugees accept available employment with little consideration to preference, career track, or past experience may be a major factor in contributing to refugees' psychological distress and subsequent welfare-dependency" (p. 352).

### *Barriers to Employment*

*Barriers to employment for welfare recipients.* The role of race/ethnicity was the subject of a study completed by Garcia and Harris in 2001. This study examined eight common barriers to employment for over 4000 active welfare cases of an ethnically diverse population. In this sample, the Asian population, comprised largely of Laotian and Hmong refugees, were at the greatest risk for unemployment. The most prominent barriers facing the Asian population were 68.5% had not worked in the past 24 months, 83.7% did not have a high school diploma or GED, 81.6% did not have vocational training, 93.0% did not have English as a "primary" language, on average had 4.05 dependents, 57.2% did not have a driver's license and 77.1% did not own a car. The positive aspect for the Asian population was the 76.3% came from two-parent households. Garcia and Harris (2001) examined eight common barriers to employment and their research found that on average the Asian population faced five of these barriers and some faced as many as six barriers. White/Non-Hispanic and American Indian recipients faced the least amount of three barriers, while African Americans averaged 3.5 barriers and the Hispanic population faced four barriers on average.

### *Academic Achievement*

In Yang's (1995) review of literature he analyzed two studies (Robson, 1982; Green & Reder, 1983) that looked at factors influencing the acquisition of English and academic achievement for the Hmong refugees. Both studies found that "the proficiency in reading Hmong and formal education in Laos were powerful factor" (g. 32). As Yang (1995) continued his

review of literature he found that (McGinn, 1989) only 47.5% of Hmong adolescents in Fresno had acquired a minimum level of reading and writing Hmong. Another study (Ranard, 1988) revealed that 70% of the Hmong adult refugees on the West Coast had no formal education in Laos.

### *Employment Skills*

Along with poor English skills the Hmong face challenges with adequate job skills. Chung and Bemak (1996) reported on a study (Chung & Okazaki, 1991) that found farming and fishing to be the most common job training that the Hmong acquired in their homeland. Both of these occupations take substantial investment capital to get started in the United States and these skills are generally not easily transferable to equal jobs in this country. Other factors that may contribute to psychological adjustment of Hmong refugees as reported by Chung and Bemak (1996) are the established dependency on welfare benefits from their time in the camps, providing for large families, and the tradition of the primary dependency on their clan and family networks for support.

### *Welfare Participation Rates*

Westermeyer et al. (1990) found in their study that Hmong refugees have consistently higher participation rates in welfare programs than other minorities, but that 55% are on welfare for less than one year. The other 45% remain on welfare for more than one year and the longer they are on welfare the less interest they have in employment. This may be due in part to the age of the refugee as older members may consider his/her self to be retired. Other concerns that Westermeyer et al. (1990) found to be factors that influence continued use of the welfare system are medical benefits, stability and predictability, the added benefits of other assistance programs, and the ability to avoid the anxiety-provoking or racist experiences of the public. According to

Chung and Bemak (1996) finding work is only the first step for refugees. “Once employed, the refugee must begin to understand new phenomena such as the implicit and explicit norms about work ethics in the United States, getting along with co-workers, facing discrimination and racism, learning about time demands, and determining transportation schedules to and from the job” (p. 352).

### *Health Care Conflict*

In *The Spirit Catches You and You Fall Down*, by Anne Fadiman, the reality of the culture clashes between the Hmong and their adoptive country come to light. Basic American medical procedures and policies, although effective, are jarring to the sensibilities of the Hmong beliefs. Fadiman illustrated the conflicts from both cultures as the medical needs of a severely epileptic young Hmong child were being negotiated and administered. Following several years of struggles in the medical community that were demonstrated in this book, Bruce Thowpaou Bliatout, a Hmong medical administrator, gave the following recommendations to improve health care in general: “arrange for female doctors to treat female patients, and male doctors for male patients, use interpreters who are both bilingual and bicultural, enlist the support of the family and community leaders, minimize blood-drawing, allow relatives or friends in the hospital around the clock, allow shamanic ceremonies in the hospital, encourage traditional arts, acknowledge Hmong contributions to United States military operations in Laos, promote clan reunification through secondary resettlement, be careful not to undercut the father’s authority in Hmong families, and give refugees more opportunities to help themselves” (p. 266).

### *Hmong Resettlement Task Force*

Kaying Xiong, Chair of the Hmong Resettlement Task Force, presented Governor Jim Doyle with the Task Force’s recommendations to assist Hmong refugees. The report included an

intensive section on the background of the Hmong in Wisconsin. It additionally recommended six actions to be implemented. Those six addressed education, employment, housing and transportation, health and dental care, family strengthening, and mental health sub-committee formation. Each recommendation listed objectives or requirements in order to receive funding support.

### *Theories*

Yang (1995) suggests that the Cultural Adaptation Model that he obtained from the Training Center for Indochinese Paraprofessionals of Boston University School of Social Work [TCIP] (1982) can help us understand the process of acculturation for ethnic groups as they enter the United States. The Cultural Adaptation Model suggests that refugees go through three phases of adjustment: the honeymoon stage, the crisis period, and second generational stresses. The honeymoon stage lasts about two to four months after arrival into this country when things are new and exciting and they are happy to be here. Then as the refugees begin dealing with all the stress of learning a new culture; finding a job, planning for transportation, and adjusting to the language barriers they might experience, feelings of isolation and insecurities can begin to set in and this can cause an increase in levels of stress and distress that are part of the crisis period. This period can last from six months to a lifetime depending on each person and their coping and adjustment skills. The last stage of second generational stresses is where refugees begin to accept the new environment and culture and can filter out what to keep from their former life and what to put aside. It may take many years to exit through this stage and some may never successfully exit.

Another theory that can help us understand the stresses of acculturation is Urie Bronfenbrenner's Ecological Systems Theory (1979). This theory demonstrates how everything

is related to everything else in life. As a refugee comes into the United States they bring their past experiences and skill with them and yet what they encounter in this country will influence how successfully they adapt to their new environment and how successfully they transfer their previous knowledge and skills into their new lives. Some of the influences at the exosystem and macrosystem levels, such as public policy, societal attitudes, the economy, job availability, etc., will impact their adaptation and they have no control over it. The interconnections of the mesosystem level will also impact the refugee's ability to acculturate and adjust to their new home.

### *Summary*

In summary, this review of literature has examined the history and the needs of the Hmong refugees that are currently living in the United States. It also explores the services that have been recommended to address those needs, and the resulting ideas of the Governor's Hmong Resettlement Task Force. In conclusion two theories have been reviewed that relate to acculturation.

### Chapter III: Methodology

The purpose of this program evaluation is to examine past practices, the recommendations of The Hmong Resettlement Task Force, and the actual implementation of those recommendations. Through the review of literature and careful examination of the work of the Hmong Resettlement Task Force and its recommendations, this study will identify the problems confronting family life educators as they work with Hmong refugees.

#### *Action Plan and Timeline*

Data will be collected through Internet research, personal interviews, and government documents. This program evaluation will be completed between July, 2007 and February, 2009.

#### *Limitations*

This researcher will strive to gain equal representation of information from the areas with the highest Hmong refugee populations from around the state. The realization, however, is that this does create a limitation for this study because information and resources will vary across the state.

#### *Evaluation Tool*

This program evaluator will use the outline created by the Task Force as a guideline for collecting data and contacting agencies for verification of the implementation process.

#### Task Force Recommendation Outline

##### A. Education

A.1: Adopt Superintendent Burmaster's proposed 2005-07 budget proposal for the Department of Public Instruction.

A.2: Increase English Language Learners (ELL) funding for the Wisconsin Technical college system by \$600,000.

## B. Employment

B.1: Provide initial, intensive “surviving/succeeding in Wisconsin” training.

B.2: Provide short-term vocational skill training.

B.3: Develop a wage subsidy program in partnership with local employers

B.4: Establish a Governor’s Blue-Ribbon Employer Advisory Committee.

## C. Housing & Transportation

C.1: Increase Federal and State funding for housing assistance and Section 8 housing.

C.2: Create an emergency housing assistance program to prevent homelessness for refugees.

C.3: WHEDA and other federal, state, and local housing authorities should identify surplus properties for immediate occupancy.

C.4: WHEDA and the Department of Workforce Development should collaborate to develop a model housing economic self-sufficiency program for refugees.

C.5: Ensure the Drivers Manual and driving tests are available in high-quality translation.

## D. Health & Dental Care

D.1: Increase access to dental care for Medical Assistance clients.

D.2: Provide funding for Medical Assistance reimbursement for interpretive services for health and dental health care.

D.3: Link refugees, especially those who are uninsured, with programs and resources that promote health.

D.4: Build “surge capacity” into the public health system.

## E. Family Strengthening

E.1: Provide comprehensive orientation to new families.

E.2: Provide bilingual case management and interpretation services to ensure that refugees (especially vulnerable elderly and disabled refugees) have access to the same services as other residents.

E.3: Assist elderly and disabled refugees to obtain citizenship and integrate into new communities.

E.4: Support continued funding for culturally and linguistically competent services for victims of family violence.

#### F. Mental Health Sub-Committee

F.1: Develop and sustain linguistically and culturally competent mental health services.

#### *Summary*

The methodology that will be used for the collection of data for this study will be a comprehensive Internet research, personal interviews, and the review of government and agency documents. The collection of data will take place between July, 2007 and February, 2009. An outline of the Hmong Resettlement Task Force's recommendations will be used to guide the recording of data collected.

## Chapter IV: Findings

Data collection procedures included reviewing the budgets of the Wisconsin State budget, the Wisconsin Technical College system, The Department of Public Instruction, and the Federal budget. This study also examined the budgets of the Department of Workforce Development and the Department of Health and Family Services. An extensive Internet search of programs identified and agencies responsible for delivery of the services was conducted. This was followed up by personal interviews with multiple agencies to verify the receipt of increased dollars as well as actual implementation of services.

The results showed unequivocally that all recommendations had been implemented and that funding had been dispersed.

### *Data Collection*

#### A. Education

A.1: Adopt Superintendent Burmaster's proposed 2005-07 budget proposal for the Department of Public Instruction.

Implemented as per 2005-07 Department of Public Instruction Budget

A.2: Increase English Language Learners (ELL) funding for the Wisconsin Technical college system by \$600,000.

Implemented as per 2005-07 Wisconsin Technical College Budget

#### B. Employment

B.1: Provide initial, intensive "surviving/succeeding in Wisconsin" training.

Collaboration among agencies: Hmong Mutual Assistance Associations, Catholic

Charities, Lutheran Social Services, Jewish Social Services, International Institute of

Wisconsin

B.2: Provide short-term vocational skill training.

Wisconsin Technical Colleges were responsible for providing this training.

B.3: Develop a wage subsidy program in partnership with local employers.

DWD

B.4: Establish a Governor's Blue-Ribbon Employer Advisory Committee.

Established by the Office of the Governor

C. Housing & Transportation

C.1: Increase Federal and State funding for housing assistance and Section 8 housing.

Grants from WHEDA

C.2: Create an emergency housing assistance program to prevent homelessness for refugees.

WHEDA Budget

C.3: WHEDA and other federal, state, and local housing authorities should identify surplus properties for immediate occupancy.

WHEDA and subcontractors

C.4: WHEDA and the Department of Workforce Development should collaborate to develop a model housing economic self-sufficiency program for refugees.

WHEDA and subcontractors

C.5: Ensure the Drivers manual and driving tests are available in high-quality translation.

Department of Motor Vehicles has manuals in Hmong posted on their website.

D. Health & Dental Care

D.1: Increase access to dental care for Medical Assistance clients.

Treatment Days provided voluntarily by a variety of health care providers

Public Health Departments

D.2: Provide funding for medical assistance reimbursement for interpretive services for health and dental health care.

DHFS has contracted out to health care providers, lack of qualified interpreters is still a concern.

D.3: Link refugees, especially those who are uninsured, with programs and resources that promote health.

Treatment Days, Badger Care, Medicaid, WIC, Medicare, etc.

D.4: Build “surge capacity” into the public health system.

DHFS in conjunction with public health departments - ongoing

E. Family Strengthening

E.1: Provide comprehensive orientation to new families.

Catholic Charities, Hmong Mutual Assistance Associations, Lutheran Social Services, W2, Jobs Programs

E.2: Provide bilingual case management and interpretation services to ensure that refugees (especially vulnerable elderly and disabled refugees) have access to the same services as other residents.

County Health, W2, Extension Agents

E.3: Assist elderly and disabled refugees to obtain citizenship and integrate into new communities.

Hmong Mutual Assistance Associations, Thompson Community Center (Appleton, Outagamie), Catholic Charities

E.4: Support continued funding for culturally and linguistically competent services for victims of family violence.

2007-2009 State Budget

F. Mental Health Sub-Committee

F.1: Develop and sustain linguistically and culturally competent mental health services.

County Health Departments

*Discussion*

Data collection procedures included reviewing the budgets of the State of Wisconsin, the Wisconsin Technical College system, the Department of Public Instruction, and the Federal budget. This study also examined the budgets of the Department of Workforce Development and the Department of Health and Family Services. An extensive Internet search of programs identified and agencies responsible for delivery of the services was conducted. This was followed up by personal interviews at several agencies to verify the receipt of increased dollars as well as the actual implementation of services.

Following the funding from the federal and state budgets to state agencies proved to be rather easy. Once the dollars reached the state agencies it was added to existing budgets and programs before being dispersed to other agencies. This is where things became unclear and the need for personal interviews and confirmations became critical. Personal interviews were conducted with Lo Lee (L. Lee personal interview, August 15, 2007), director of the Hmong American Partnership of Fox Valley; Karen Dickrell (K. Dickrell, personal interview, August 6, 2007), UW Extension, Outagamie County; Mai Xiong Vue (M. X. Vue, personal interview, August 16, 2007), Refugee Services, DHHS; Chou Yang (C. Yang, personal interview, August 15, 2007), United Asian Services; and Debbie Lemke (D. Lemke, personal interview, June 12,

2007), Economic Support Specialist, Marathon County Dept. of Social Services. The interviews produced repeated confirmations that increased dollars had been received and programs implemented.

An important discovery to note is that the increased dollars and services benefited the Hmong refugees along with members of other ethnic groups who also meet the criteria for needs and services. This is an additional success story for the Hmong Resettlement Task Force.

The review of literature identified challenges for Hmong refugees in the same areas as the Hmong Resettlement Task Force. Garcia and Harris (2001) identified eight barriers to employment for some of our ethnic population. The implementation of the Task Force's recommendations has provided increased skills training for the Hmong and training for employers who work with the refugees, increased funding for ESL programs, and the availability of Hmong Drivers Manuals. Increased success in the workforce will help decrease dependency on the W2 program. The health care conflict described by Anne Fadiman in, "The Spirit Catches You and You Fall Down," is also being addressed by the implementation of the Task Force's recommendations. There has been an increase in funding and interpretive services for health and dental care recipients as well as for those suffering with mental illnesses and disabilities. The ultimate goal for all citizens of the United States is to be part of a healthy family. Abbott and Meredith (1998), in their study, identified communication, respect and education as some of the important traits necessary for healthy Hmong families. The Task Force's recommendations address these same issues.

The Cultural Adaptation model introduced by Yang (1995) suggests that refugees go through three phases during acculturation; the honeymoon stage, the crisis period, and the second generational stresses. The recommendations put forth by the Hmong Resettlement Task Force

are designed to help the refugees through the crisis period. The Ecological Systems theory developed by Urie Bronfenbrenner (1979) demonstrates how all facets of life are interrelated and will affect the success or failure of the acculturation process.

### *Limitations*

This researcher interviewed a variety of sources from across the state and all contacts agreed that additional funds had been received and programs had been implemented. A limitation to this study is that all the sources came from areas where a large number of Hmong refugees reside. There is a possibility that areas where smaller numbers of Hmong refugees are located didn't receive as many services or dollars.

## Chapter V: Conclusion

### *Conclusion*

My first conclusion is that leaders of the United States learned a great deal from the Hmong immigration during the 1980s and they made every effort to provide the support and services necessary for a smooth acculturation for the refugees arriving in 2004. My second conclusion is that the United States is honoring our promise to the Hmong people that we would care for them in victory or defeat (Robson, 2004). My final conclusion is that there are resources available to family life educators to help in assisting the Hmong refugees. More effort is needed to bring the different agencies and institutions together to share information and resources.

### *Recommendations for Future Study*

This researcher would suggest that a future study be done to analyze the success of the acculturation process for the Hmong refugees that arrived in Wisconsin in 2004. This group of refugees came under the TANF legislation that created the W2 program so they faced different requirements than previous refugees would have faced. The 2004 Hmong refugees also benefited from having family networks already in place in Wisconsin as well as the implementation of the Hmong Resettlement Task Force's recommendations.

### *Recommendations for Family Living Educators*

This researcher has three recommendations for family life educators to assist them in understanding the needs of the Hmong refugees and connecting them to available services. The first recommendation is that family life educators establish partnerships with health and dental care providers, Hmong Mutual Assistance Associations, Volunteer Resettlement Agencies, local education institutions, etc. so there can be a sharing of information and resources. The second recommendation is that liaison positions be created that will provide bilingual and bicultural

communication between community agencies, schools and Hmong homes. The final recommendation is that annual, area-wide conferences be held that bring Hmong families, schools and community agencies together to share information and resources and build networking systems.

*Dissemination Plan*

This study will be disseminated to family life educators through agency newsletters and at the Wisconsin Association of Family and Consumer Sciences conference in March 2010.

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Yang, K. (1995). *The Hmong in Fresno: A study of Hmong welfare participation and self-sufficiency*. An unpublished dissertation. California State University, Fresno California & University of California, Davis, California.

Appendix A  
Agency Contacts

## How to help Hmong refugees in Wisconsin

County	Voluntary Resettlement Agency	Employment and Training	Health Screening Services	Other Services
<b>Barron County</b>	Catholic Charities/ Diocese of Green Bay So Thao or Barbara Blebel 920/437-7531 ext. 8234			
<b>Brown County</b>	Catholic Charities/ Diocese of Green Bay So Thao or Barbara Blebel 920/437-7531 ext. 8234	NEWCAP, Inc. 1201 Main Street Oconto, WI 54153 Program Manager: Jaime Johnson 920/834-4621	Brown County Health Dep. 610 South Broadway St. P.O. Box 23600 Green Bay, WI 54305 Program Manager: Geraldine Schrader (920) 448-6441 <a href="mailto:schrader_ga@co.brown.wi.us">schrader_ga@co.brown.wi.us</a>	Refugee Family Strengthening Services Refugee Mental Health Provider: Catholic Charities 1825 Riverside Drive P.O. Box 23825 Green Bay, WI 54305 Barbara Bieble 920/437-7531 ext.8234
<b>Dane County</b>	Catholic Charities/ Diocese of Madison Mary Sobota 608/256-2358  Jewish Social Services Steven Morrison 608/278-1808	United Refugee Services of Wisconsin, Inc. 312 N. 3rd Street Madison, WI 53704 Thaj Ying Lee, Executive Director 608/256-6400	City of Madison Public Health Department 2705 East Washington Av Madison, WI 53704 Program Manager: Cheryl Robinson 608/246-4572 <a href="mailto:crobinson@cityofmadison.com">crobinson@cityofmadison.com</a>	Youth, and Older Refugee Services provider: United Refugee Services of Wisconsin, Inc. Thaj Ying Lee, Exec. Dir. 608/256-6400  Older Refugee Program provider: Jewish Social Services 6434 Enterprise LN Madison, WI 53719 Steven Morrison, Exec. Dir. 608/278-1808  Refugee Family Strengthening program provider: Freedom, Inc. 601 Bayview Madison, WI 53715 Kabzuag Vaj, Director 608/256-7808  Mental Health Program Dane County Mental Health 625 W. Washington Ave. Madison, WI 53703 Linda Keys, Manager
<b>Dunn County</b>	Catholic Charities/ Diocese of La Crosse	Hmong American Community	Dunn Co Public Health Department	Refugee Family Strengthening

	Dan Idzikowski 608/782-0710	Association 1421 N. Broadway, # 116 Menomonie, WI 54751 Executive Director: Youa Pao Vang 715/232-9351	800 Wilson Avenue Menomonie, WI 54751 Health Officer: Wendy MacDougall 715/232-2388 <a href="mailto:wmacdougall@co.dunn.wi.us">wmacdougall@co.dunn.wi.us</a>	Services provider; Hmong American Community Association 1421 N. Broadway, # 116 Menomonie, WI 54751 Executive Director: Youa Pao Vang 715/232-9351
<b>Eau Claire County</b>	Catholic Charities/ Diocese of La Crosse Dan Idzikowski 608/782-0710	Eau Claire Area Hmong Mutual Assistance Assoc. vacant, Executive Director 715/832-8420	Eau Claire City/County Health Department 720 Second Avenue Eau Claire, WI 54703 Program Manager: Kitty Rahl 715/839-4721 <a href="mailto:Kitty.Rahl@co.eau-claire.wi.us">Kitty.Rahl@co.eau-claire.wi.us</a>	Refugee Family Strengthening Services provider: Eau Claire Area Hmong Mutual Assistance Association Vacant, Executive Director 715/832-8420
<b>Fond Du Lac County</b>	Lutheran Social Services Susan Gundlach 414/325-3096  Catholic Charities/ Diocese of Milwaukee 414/643-8570  International Institute of WI Alexander Durtka 414/225-6220	ADVOCAP 19 W. First Street P.O.Box 1108 Fond Du Lac, WI 54936 Brian Jacobson, Refugee Programs Manager 920/426-0150		Youth, Refugee Family Strengthening, and Mental Health Services provider: Catholic Charities Diocese of Green Bay So Thao or Barbara Biebel 920/437-7531 ext.8234
<b>La Crosse County</b>	Catholic Charities/ Diocese of La Crosse Dan Idzikowski 608/782-0710	La Crosse Area Hmong Mutual Assistance Assoc. Denis Tucker and Thal Vue Executive Associate Directors 608/781-5744	La Crosse County Health Department 300 4th Street North La Crosse WI 54601 Doug Mormann, Program Director 608/785-9807 <a href="mailto:mormann.doug@co.la-crosse.wi.us">mormann.doug@co.la-crosse.wi.us</a>	Marriage Enhancement, Family Strengthening, and Older Refugee Services provider: La Crosse Area Hmong Mutual Assistance Assoc. Denis Tucker and Thal Vue Executive Associate Directors 608/781-5744
<b>Manitowoc County</b>	Catholic Charities/ So Thao or Barbara Biebel 920/437-7531 ext. 8234	Hmong Community Center Manitowoc, WI 54220 Viluck Vue, Executive Director 920/684-1228	Manitowoc County Health 823 Washington Street Manitowoc, WI 54220 Amy Wergin, Program Manager 920/683-4155 <a href="mailto:amywergin@co.manitowoc.wi.us">amywergin@co.manitowoc.wi.us</a>	Youth Services provider: Hmong Community Center 1517 Washington Street Manitowoc, WI 54220 Viluck Vue, Executive 920/684-1228  Refugee Family Strengthening and Mental Health Services Catholic Charities/ Diocese of Green Bay

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**Marathon  
County**

Lutheran Social  
Services  
Wendy Hammer  
715/842-3181

Wausau Area Hmong  
Mutual Association  
1109 N. 6th Street  
Wausau, WI 54403  
Peter Yang, Chief  
Operating Officer  
715/842-8390

Marathon County Health  
Department  
1200 Lakeview Drive  
Wausau, WI 54401  
Julie Willens Van Dijk,  
Health Officer  
715/261-1902  
jwvvd@mail.marathon.wi.us

Barbara Bieble or So  
Thao  
920/437-7531  
ext.8234

Family Strengthening  
and  
Youth, Mental Health  
and  
Older Refugee  
Services  
provider:  
Wausau Area Hmong  
Mutual Association  
1109 N. 6th Street  
Wausau, WI 54403  
Peter Yang, Chief  
Operating Officer  
715/842-8390  
Refugee Mental  
Health  
provider: Children's  
Services Society of WI  
705 S. 24th Ave.,  
Suite 402  
Wausau, WI 54401  
Andrew Benedetto,  
Director  
715/848-1457

Youth Services and SE  
Asian Child Tutoring  
Program  
provider: Wausau  
School  
District  
Nell Anderson,  
Bilingual/  
Multicultural Director  
715/842-0341

**Milwaukee  
County**

Lutheran Social  
Services  
Susan Gundlach  
414/325-3096

Catholic Charities/  
Diocese of Milwaukee  
Rosine Schmitt  
414/643-8570

International Institute  
of Wisconsin  
Alexander P. Durtka  
414/225-6220

Jewish Family Services  
Barbara Weber,  
Refugee Program  
Director  
414/225-1350

Lao Family  
Community, Inc.  
2331W. Vleau Pl.  
Milwaukee, WI 53204  
Shoua N. Xiong,  
Executive  
Director  
414/383-4180

International Institute  
of WI  
1110 N. Old Third  
Street  
Suite 420  
Milwaukee, WI 53203  
Alexander P. Durtka,  
President  
414/225-6220

Lutheran Social  
Services  
647 W. Virginia Street  
Suite 300  
Susan Gundlach,  
Resettlement Director  
414/325-3096

Catholic Charities  
2057 S 14th Street  
Milwaukee WI 53204  
Rosine Schmitt,  
Resettlement Director  
414/643-8570

City of Milwaukee Health  
Department  
841 North Broadway,  
Milwaukee, WI 53202  
Irmine Reiti, Program  
Director  
414/286-8630  
IREITI@milwaukee.gov

Refugee Family  
Strengthening  
Services  
providers:  
Hmong American  
Friendship Association  
3824 W. Villet Street  
Milwaukee, WI 53208  
Lo Neng Kiatoukaysy,  
Executive Director  
414/344-6575

Medical College of WI  
8701 Watertown  
Plank Rd.  
Milwaukee, WI 53226  
Robert Huberty,  
Project  
Manager  
414/456-8929

Preventive Health  
Services  
providers:  
Jewish Family  
Services  
International Institute  
of WI  
Lutheran Social  
Services  
Catholic Charities

Older Refugee  
Services

		<p>Jewish Family Services 1300 N. Jackson Street Milwaukee, WI 53202 Barbara Weber, Refugee Programs Director 414/225-1350</p> <p>MAXIMUS W-2 Agency 1304 S. 70th Street West Allis, WI 53214 Ricardo Ybarra, Financial Employment Planner 414/607-7371</p>	<p>providers: Milwaukee Christian Center 2137 W. Greenfield Ave. Milwaukee, WI 53204 Kathy Baillargeon, Program Manager 414/645-5350 Subcontractor: Hmong American Friendship Association</p> <p>Jewish Family Services Lutheran Social Services</p> <p>Mental Health Services provider: Medical College of Wisconsin</p>	
<b>Outagamie County</b>	<p>Catholic Charities/ Diocese of Green Bay Thomas Xiong or Barbara Blebel 920/734-2601 or 920/437-7531 ext 8234 (Green Bay office)</p>	<p>Hmong American Partnership - Fox Valley 2198 S. Memorial Dr. Appleton, WI 54915 Lo Lee, Executive Director 920/739-7244</p>	<p>City of Appleton Health Department 100 North Appleton Street Appleton, WI 54911 Kathy Stromberg, Program Manager (920) 832-6429 <a href="mailto:kathy.stromberg@appleton.org">kathy.stromberg@appleton.org</a></p> <p>Outagamie County Public Health Department 401 S. Elm Street Appleton, WI 54911 Rebecca Hovarter (920)832-4924 <a href="mailto:HovartRD@co.outagamie.wi.us">HovartRD@co.outagamie.wi.us</a></p>	<p>Older Refugee Services provider: Lutheran Social Services 820 College Avenue Appleton WI 54911 Liv Arafat, Program Manager 920/733-2860</p> <p>Refugee Family Strengthening and Mental Health Services Catholic Charities/ Diocese of Green Bay Barbara Blebel or So Thao 920/734-2601</p>
<b>Portage County</b>	<p>Lutheran Social Services Wendy Hammer 715/842-3181</p>		<p>Portage County Health Department 817 Whiting Avenue Stevens Point, WI 54481 Becky Dougherty, Program Manager (715) 345-5745 <a href="mailto:Dougher@co.portage.wi.us">Dougher@co.portage.wi.us</a></p>	<p>Refugee Family Strengthening Services provider: CAP Services 1608 W. River Drive Stevens Point, WI 54481 Mary Patoka, Director of Community Services 715/343-7512</p>
<b>Sheboygan County</b>	<p>Lutheran Social Services Susan Gundlach 414/325-30096</p> <p>Catholic Charities/ Diocese of Milwaukee Rosine Schmitt 414/643-8570</p> <p>International Institute of Wisconsin Alexander P. Durtka 414/225-6220</p>	<p>Hmong Mutual Assistance Association of Sheboygan 2304 Superior Avenue Sheboygan WI 53081 ChaSong Yang, Executive Director 920/458-0808</p>	<p>Sheboygan County Health and Human Services Division of Public Health 1011 N. 8th Street Sheboygan WI 53081 Jean M. Beinemann, Program Supervisor 920/459-6435 <a href="mailto:Beinejmb@co.sheboygan.wi.us">Beinejmb@co.sheboygan.wi.us</a></p>	<p>Youth, Mental Health and Older Refugee Services provider: Hmong Mutual Assistance Association of Sheboygan 2304 Superior Avenue Sheboygan WI 53081 ChaSong Yang, Executive Director 920/458-0808</p>

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<b>Winnebago County</b>	Catholic Charities/ Diocese of Green Bay Thomas Xiong or Barbara Biebel 920/734-2601 920/437-7531 ext.8234 ls (Green Bay office)	ADVOCAP, Inc. 2929 Harrison Street Oshkosh, WI 54901 Brian Jacobson, Refugee Program Manager 920/426-0150	City of Oshkosh Health Division 215 Church Avenue Oshkosh, WI 54903 Paul Spiegel, Program Director 920/236-5031 pspiegel@ci.oshkosh.wi.us Menasha City Health Department 226 Main Street Menasha, WI 54952 Susan Nett, Public Health Director 920/967-5119 snett@ci.menasha.wi.us	Family Strengthening; Mental Health Services, provider: Catholic Charities Diocese of Green Bay Nenglee Vang or Barbara Biebel 920/734-2601
			Neenah City Health Dept. 211 Walnut Street Neenah, WI 54957 Judy Smolarek, Public Health Director 920/886-6157 jsmolarek@ci.neenah.wi.us	
			Winnebago County Health Department 725 Butler Avenue Doug Gleryn, Public Health Director 920/232-3029 Dgleryn@co.winnebago.wi.us	
<b>Wood County</b>	Lutheran Social Services Wendy Hammer 715/842-3181		Wood County Health Department 184 2nd Street North Wisconsin Rapids, WI 54494 Janice Winters, Health Officer 715/421-8911 jwinters@co.wood.wi.us	Family Strengthening Program Provider: CAP Services 1608 W. River Drive Stevens Point, WI 54481 Mary Patoka, Director of Community Services 715/343-7512

*Source: Wisconsin Department of Workforce Development - Bureau of Migrant, Refugee and Labor Services*

Appendix B

The Hmong Resettlement Task Force Recommendations



# Hmong Resettlement Task Force



**Report to Governor Doyle  
February 2005**

February 23, 2005

Governor Jim Doyle  
115 East, State Capitol  
Madison, WI 53702

Dear Governor Doyle:

I am pleased to present you with the final report of your Hmong Resettlement Task Force. Our diverse panel of Hmong leaders, local political leaders and agency professionals have worked diligently to help ensure that the new Hmong population is able to integrate as quickly as possible into welcoming Wisconsin communities.

The Task Force has developed twenty, wide-ranging recommendations to help meet refugee needs in education, employment, economic development, housing, transportation, family strengthening, health, dental care and mental health. These recommendations follow two basic strategies:

- Fund proven, cost-effective programs designed to meet immediate needs. These include funding for language instruction for children and adults, emergency housing assistance, job skill training, orientation, and strengthening of health screening programs.
- Develop and maintain culturally and linguistically competent services so that refugees may access the full range of services available to all state residents. These include: adding Medical Assistance reimbursement for interpreter services provided for a Medical Assistance covered service; supporting culturally competent mental health programs; improving access to dental care; maintaining domestic violence intervention programs which meet the needs of underserved populations; case management, citizenship and other services for the elderly; development of a comprehensive employment and housing pilot program which would quickly lead to self-sufficiency and home-ownership; and translation of the drivers licensing education materials and exam.

One of the strengths of the Hmong Task Force is that it includes a wide variety of Hmong leaders, as well as dedicated individuals from partner agencies throughout the state. Active involvement of the refugees and former refugees in the planning and delivery of services has been a hallmark of the Wisconsin refugee service program, and one of its great assets. It is critical that the refugee-run mutual assistance associations, and other representatives of the Hmong community, continue to be active in the implementation of these recommendations.

Implementation of these recommendations will require some additional resources and a strong commitment by state agencies to ensuring access to services. Some of these resources will be sought from federal programs. However, implementation of some of these recommendations will require that they be incorporated into the 2005-2007 biennial budget. The members of the Task Force remain committed to meeting with you and your cabinet members, and with our legislative representatives, to clarify the need for these program changes.

The members of the Task Force and I would like to thank you for this opportunity to come together to initiate this project. The saga of refugees is a story of hope, motivated by a belief that they can create a brighter future for their children. The Task Force shares this hope and belief, and a commitment to working with you to build that brighter future.

Sincerely,

A handwritten signature in black ink that reads "Kaying Xiong". The signature is written in a cursive, flowing style.

Kaying Xiong

Chair of Hmong Resettlement Task Force

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**State of Wisconsin  
Governor's Hmong Resettlement Task Force Report**

**EXECUTIVE SUMMARY**

During the past three decades, Wisconsin has become home for approximately 67,000 refugees and former refugees from a number of countries, including 47,192 Hmong from Laos. Now a new wave of approximately 3,190 Hmong refugees from Thailand will reunite with their families in approximately 20 counties throughout the state. These are remnants of the thousands who fled in the aftermath of the Vietnam War in the mid-70's. These new Hmong refugees began arriving at the end of June 2004 and are expected to continue to arrive through April 2005.

Wisconsin has a long tradition of delivering successful resettlement services through a close partnership among state and local governments, resettlement agencies, Mutual Assistance Associations, community based organizations and volunteers. As a result, the Hmong refugees have successfully obtained jobs and become productive citizens of their new communities. To ensure continued success for the new group, Governor Jim Doyle in June of 2004 created the Hmong Resettlement Task Force to study the demographics and needs of the population and to make recommendations for changes in policy, activities, and partnerships among parties involved. The Task Force also brought in experts from local communities and state agencies to help them develop recommendations for effective resettlement. The recommendations put forth in this report are a combination of ideas and experiences gathered through a wide representation of private and public service providers, as well as former Hmong refugees in the state of Wisconsin.

The priority areas of need identified by the Task Force and recommendations to address those needs follow. Bilingual, bicultural Hmong leaders from WI communities must play a leading role in planning, implementing, and overseeing these recommendations. Their experience as former refugees, their understanding of current refugee issues, and their cultural expertise are critical to success.

**A. Education**

- *Adopt Department of Public Instruction's Superintendent Burmaster's 2005-07 budget proposal to increase bilingual-bicultural categorical aids, fund all English Language Learners (ELL) in all districts, and provide full funding for 4-year-old kindergarten.*
- *Increase English as a Second Language funding for the Wisconsin Technical College System by \$600,000 to provide 44 additional course sections of 30 students each in the various impacted communities.*

**B. Employment**

- *Provide in-depth orientation activities to help Hmong adults become comfortable in their new home communities and prepare for employment.*
- *Develop short-term, bilingual skill training, which incorporates job-specific language training as needed, and which is designed with employer input to meet local labor market needs. Include training that offers opportunities for advancement and improvement in wages.*

- *Fund limited-time, partial wage subsidies as employer incentive to hire and train refugee adults.*
- *Create a Governor's Blue-Ribbon Employer Advisory Committee using nominations from local mutual assistance associations and other employment specialists, create an advisory group of employers from around the state who have successfully hired, trained, retained, and promoted limited-English Hmong employees.*

### **C. Housing and Transportation**

- *Increase Federal and State funding for housing assistance and Section 8 housing programs.*
- *Create an emergency housing assistance program to prevent homelessness for refugees through a combination of public and private resources.*
- *WHEDA and other federal, state and local housing authorities should identify surplus properties which may be available for rent to meet the current, urgent need for housing. WHEDA, HUD and government bodies obtain ownership of housing through defaults on loans and taxes. These properties should immediately be identified and utilized as temporary housing until this critical need for housing is resolved.*
- *The Department of Transportation should revise and update the Wisconsin Hmong Drivers Manual and driver's test.*
- *WHEDA and the DWD should collaborate to develop a comprehensive, model housing and employment programs that will lead to stable employment and home-ownership.*

### **D. Health and Dental Care**

- *Increase access to dental care for Medical Assistance clients and increase the number of dental providers accepting Medical Assistance clients.*
- *Provide funding for Medical Assistance reimbursement for interpreter services.*
- *Link refugees, especially those who are uninsured, with programs and resources that promote health.*
- *Build "surge capacity" into the public health system.*

### **E. Family Strengthening**

- *Provide comprehensive orientation programs to new families and their sponsor families.*
- *Provide bilingual case management and interpretation services to ensure that refugees (especially vulnerable elderly and disabled refugees) have access to the same services as other residents.*
- *Assist elderly refugees to obtain citizenship and integrate into new communities.*
- *Support continued funding for culturally and linguistically competent services for victims of family violence.*

### **F. Mental Health**

- *Develop and sustain linguistically and culturally competent mental health services.*

# Wisconsin's Hmong Resettlement Task Force Report

**February 2005**

# Task Force Information

## 1. Background

Early in 2004 the Department of State (DOS) announced plans to resettle Hmong refugees from Laos who have been living for many years in a compound on the grounds of a Buddhist temple, the Wat Tham Krabok in Thailand. DOS has estimated that a total of 15,276 Hmong would be admitted to the United States, including an estimated 3,190 for Wisconsin. As of December 6, 2004 a total of 1,941 have actually arrived in the state. These new refugees are expected to resettle in 20 counties (see Attachment 1). This resettlement effort could well be the last opportunity for many of the Hmong currently living in Wisconsin to be reunited with their relatives.

The Hmong are remnants of the thousands who fled to Thailand in the aftermath of the Vietnam War. Hmong soldiers had fought on the American side in the war, destroying Vietnamese supply routes, rescuing American pilots, and fighting the Communist Pathet Lao. When the communist government took over Laos, Hmong fled their homeland in the face of genocide. More than 150,000 Hmong refugees were settled in the United States between 1975 and 1988. The refugees in the Wat fled to Thailand, but have not been able to resettle until now. Some have been in the refugee camps in Thailand for more than two decades. They have had an uncertain future for a generation. Through pressures from the Thai government and Hmong family members in the United States, the United States Department agreed to resettle all who were qualified and interested in coming to the U.S. and passed security and drug screenings.

DOS planned to have the majority of the population resettled within the 2004 calendar year; so statewide planning efforts accelerated throughout the year. The Wisconsin Department of Workforce Development has been working closely with the U.S. Department of State and the local voluntary resettlement agencies to obtain the most accurate possible information on the Hmong population in the Wat, and on their anticipated arrival in Wisconsin.

## 2. Task Force Charge

In June of 2004, Governor Jim Doyle created this Hmong Resettlement Advisory Task Force. He charged it with specific tasks to advise the Governor and the Department of Workforce Development Secretary, Roberta Gassman, on matters relating to the resettlement of the new Hmong refugees from Thailand.

Members of the Task Force play a crucial role in this effort. They will monitor and coordinate resettlement efforts and recommend additional steps that the Administration and local communities can take to ensure success.

The specific charge is as follows:

- Study the data about the Hmong population, and learn about their demographics, distribution and needs;
- Examine the efforts of DWD, WHEDA, DHFS and local private and public agencies in the resettlement process;
- Provide a link to Hmong communities so that local agencies and individuals can have their voices heard by policy makers in the Capitol;
- Make recommendations for changes in policy, new activities, and partnerships to improve the resettlement process; and
- Tell the story of the Hmong in Wisconsin as a success story in the history of Wisconsin.

### 3. Task Force Members

Kaying Xiong, Chair

Locust Lane Elementary School, Eau Claire

#### Members

Nell Anderson	Wausau School District
Andrew Benedetto	Children's Service Society of Wisconsin
Phyllis Bermingham	Wausau Area Hmong Mutual Association
Melissa Borth	ThedaCare at Home
Susan Gundlach	Lutheran Social Service of Wisconsin
Boungning Her	Milwaukee Area Technical College
Sharon Hunter	Department of Public Instruction
Dan Idzikowski	Catholic Charities of the Diocese of La Crosse
Mary Ann Jackson	Wisconsin Technical College System
Yang Max Kue	Manitowoc Police Department
ThajYing Lee	United Refugee Services of Wisconsin
Cheryl McIlquham	Department of Health and Family Services
John Medinger	Mayor, City of La Crosse
Yee Moua	Wisconsin Housing and Economic Development Authority
Jim Schramm	Mayor, City of Sheboygan
Hoyu Sayaovong	Hmong First Baptist Church
Joe Vang	Fox Valley Job Service
Ker Vang	Hmong Association of Green Bay
Shwaw Vang	Madison School Board
Thai Vue	La Crosse Area Hmong Mutual Assistance Association
Ann Wondergem	Sheboygan Health and Human Services
Bee Xiong	Green Bay Police Department
Christa Xiong	Xiong & Associates
Shoua N. Xiong	Lao Family Community, Inc
ChaSong Yang	Hmong Mutual Assistance Association of Sheboygan
Peter Yang	Wausau Area Hmong Mutual Association

#### 4. Task Force Meeting History

The Task Force has been meeting since July 2004. The group discussed six basic but important areas of need that they felt warranted immediate attention from service providers and government agencies. Members of the Task Force then separated into six different subcommittees in order to work more efficiently within each area of need. (See Attachment 2—Subcommittee Members and Areas of Need.) The subcommittees met outside of the larger task force meetings to discuss best practices, to identify the resources currently available, and to further develop ideas on recommended solutions around each issue. Each subcommittee also invited individuals from their communities who had expertise in a specific area to work with the subcommittee. The Task Force also sought the advice and expertise of several groups such as the Department of Public Instruction, WHEDA, and Health and Family Services to assist in the process of working through each area of need. As a result, the recommendations put forth in this report are a combination of ideas and experiences gathered through a wide representation of private and public service providers, as well as former Hmong refugees in the state of Wisconsin.

"It has been a humbling experience to work with so many dedicated and caring community members throughout Wisconsin to ensure that our newest Hmong families have a welcoming and smooth transition to their new homes."

*Kaying Xiong,  
Hmong Resettlement Task Force Chair*



# Overview of the Refugee

## Resettlement Program

### 1. Plan for Successful Resettlement

Resettlement is accomplished through a public/private partnership. The U.S. Departments of State and Homeland Security determine who will be admitted to the country. The Department of State then contracts with 10 private voluntary agencies for the resettlement. The agencies that do resettlement in Wisconsin include Catholic Charities, Lutheran Social Services, International Institute of Wisconsin and Jewish Family Services.

These voluntary agencies, also known as VOLAGS, form the backbone of the resettlement program. They have a long experience in the resettlement of refugees from many nations. These agencies use their existing local organizational networks to recruit volunteers, arrange transportation, help locate housing, employment, food and clothing, and other supportive services. VOLAGS have a grassroots, community network that has made it possible to resettle more than a million refugees nationwide, largely on a voluntary basis. They rely heavily upon the local anchor families, who provide a support system for the new arrivals.

The Departments of Workforce Development and Public Instruction receive grants from the federal Office of Refugee Resettlement in the Department of Health and Human Services to provide refugee-specific assistance and services through local agencies and schools.

The Department of Workforce Development is providing additional resources to local communities. Current refugee-specific services include cash and medical assistance for single adults (for the first eight months after arrival), employment and training services, mental health, health screening, elderly and youth services, and programs to prevent domestic violence.

The Department has:

- expanded employment and training services in key resettlement communities and developed an integrated employment system based on skilled, bilingual job developers who work closely with each family;
- allocated nearly \$2 million to provide W-2 services to new refugees and met with W-2 agencies and refugee service providers to ensure coordinated service delivery;
- provided more than \$1.6 million in health screening contracts with public health agencies in all affected communities;
- strengthened mental health services;
- expanded Refugee Family Strengthening Services using Temporary Assistance for Needy Families funds;
- developed communications and training for Income Maintenance and W-2 staff to ensure they are prepared for new caseloads; and
- participated in listening sessions sponsored by Senator Kohl to identify and respond to community needs.

DWD staff are collecting, reviewing and replicating bilingual materials to support local orientation programs offered by refugee service providers in health, employment, education and nutrition to help refugees rapidly adjust to Wisconsin life. Training is being provided to expand the pool of qualified medical interpreters. Culturally competent childcare resources are being identified.

The Department of Public Instruction (DPI) obtained a Fulbright grant to send a delegation of educators to Thailand to assess the educational needs of the children, review Thai educational systems and develop curriculum for use in Wisconsin schools. Over the last several years, the DPI has been supporting training for bilingual teachers and principals, so that nearly every affected school is equipped with highly trained, bilingual teachers, counselors and some Hmong administrators.

The Department of Health and Family Services Refugee Health Coordinator has met with public health agencies throughout the state, providing technical assistance and training so that local agencies will be prepared to conduct health education and screening. Other staff are preparing information to ensure that county income maintenance staff efforts will be well coordinated with other local agencies. The Community Action Agency network is also being mobilized to serve this population.

The Wisconsin Technical College System (WTCS) and DWD staff have met with the Deans of Adult Basic Education for the local technical colleges to help ensure that language and other training programs are available as refugees arrive. The WTCS annual ABE/ESL conference featured training on serving students with limited literacy skills, to prepare technical and community based agency teachers.

Staff from several members of the congressional delegation, DWD, the Governor's Office and local community providers are working to develop a joint funding strategy. Senator Feingold, Senator Kohl and Congressman Obey have been very helpful in discussing Wisconsin's needs with the Office of Refugee Resettlement and in securing enhanced refugee service funding in 2005.

## **2. Local Communities Respond**

Private voluntary resettlement agencies arrange for the refugees to arrive and provide for their initial resettlement needs. They help coordinate an array of community services which support refugees. Refugees are eligible for state and community services on the same basis as other residents, and therefore have a wide variety of resources to help them succeed. A number of elementary, secondary, university and vocational colleges have bilingual staff to help serve the new refugees. County social/human services agencies assist with social services, and with medical assistance, food share and other assistance programs.

County social/human service agencies provide mental health and other needed counseling services. Local W-2 agencies provide financial assistance and employment and training services. The local W-2 providers partner with other agencies to ensure coordination of ESL, transportation and other necessary services. Bilingual staff and/or paid interpreters are part of the social/human/income maintenance agency(ies) system. Health screenings, immunizations and follow-ups are provided by many local public health agencies to help refugees get needed health care and prevent the spread of communicable diseases. Bilingual health aides are available in many impacted communities throughout the state.

Refugee self-help organizations, the Mutual Assistance Associations (MAAs), provide services to help refugees become self-sufficient. They help refugees integrate into the community by providing employment-related services, educational services, bilingual support, advocacy, orientation, community relations and education, and cultural preservation. They form a natural support system in more than a dozen communities from across the state with large Hmong populations. They are becoming key resources centers and are funded by federal, local and foundation dollars.

Throughout the state thousands of anchor family members and volunteers have contributed time, money and goods to help the new arrivals. Warehouses are full of furniture and clothing that have been donated. Cash donations have helped families obtain rental housing. Sponsors and other volunteers are teaching refugees everything from how to ride the bus to how to speak English.



Wisconsin has a strong system of national, state and local partnerships. Its spirit of community and high quality, culturally competent services have helped the Hmong who currently live here to rapidly achieve success. We anticipate that these new families will soon join their relatives in enriching Wisconsin's cultural and economic fabric.

### 3. Demographics and Needs

During the past three decades, the Hmong have resettled in more than a dozen Wisconsin communities. Because of family reunification, these communities will also become home to the new group of Hmong. The Department of Workforce Development estimates that in July 2004 there were a total of 66,872 refugees, former refugees and children of refugees in Wisconsin: 57,735 of these were Southeast Asians, of whom 47,192 were Hmong. (This estimate reflects continued population growth since the 2000 census.) There were 9,137 refugees from the former Soviet Union, Former Yugoslavia, Africa and other parts of the world.

These Hmong refugees and former refugees have become very successful. They have a median household income of \$36,000, less than 1% of households receive W-2 assistance, and more than 55% of families own their own homes. Hundreds of businesses in Wisconsin are owned by Hmong. (See Attachment 3 for more Census Data on the Hmong.)

As mentioned earlier, the Department of State has estimated that approximately 3,190 Hmong from Thailand will resettle throughout the state. The majority of these new refugees will resettle in the communities that currently have larger Hmong populations.

This resettlement represents a significant increase over recent resettlement efforts, although it is consistent with the peak resettlement rates of the early 1990s. In each of the past two years, Wisconsin resettled less than 250 refugees. During State Fiscal Year 2005, Wisconsin expects to resettle an estimated 3,190 new Hmong and approximately 300 other refugees. This will be more than ten times our normal arrival rate.

According to Department of State, the new Hmong are an exceptionally young population, with 60% being under age 18. The chart below indicates the ages of the total 15,276 eligible for resettlement in the United States:

Age	Number	Percentage
0-3	3,040	20%
4-14	4,584	30%
15-18	1,545	10%
19-24	1,602	10.11%
25-44	2,598	17.01%
45-64	1,320	9%
Above 64	587	3.84%
<b>TOTAL</b>	<b>15,276</b>	<b>100%</b>

Children have had some access to schools in the Wat and in the neighboring Thai village. Approximately 50% of the children have attended school, but schooling is generally not available beyond the 9th Grade.

#### School Statistics

- Two formal schools (Thai or Hmong)
- Half of camp children are in school
- Half can't afford school
- 9th grade maximum
- 37% of adults have formal education

The adults have limited education. They generally speak Hmong, some Thai, and some will have limited English ability. Since the resettlement program was announced, the Hmong have organized English classes in the Wat, but no formal instruction has been provided by the United States or Thai governments. Many of the adults are not literate in any language. However, for those who are literate, computers, cell phones and other western technologies are available in the Wat. Approximately 40% of the adults have been working, primarily in farming, sewing, small business, and quarrying. Many families have also been receiving financial support from their families in the United States.

The typical family structure consists of large, patriarchal families in which polygamy, early marriage, and authoritarian discipline patterns are common. To be economically viable in the U.S., it will be necessary for both husband and wife to work, for families to postpone marriage and child-bearing, and for them to develop new communication styles which will hold their families together when they are no longer supported by strong cultural and social norms. All of these factors require an extensive program of assistance to help families access services and to cope with the substantial transformations which they will experience.

The Task Force identified several critical areas of need:

- Employment and business development;
- Affordable housing for large families;
- Transportation;
- Health, including dental health;
- Mental health;
- Education for both children and adults; and
- Family support.

In every area, appropriate bilingual/bicultural access to program services is needed to enable the refugees to fully participate in their community, and to provide a sense of dignity and confidence in their ability to live independently.

As Wisconsin gears up to address these needs, it has experienced a recent decline in federal funding, which must be reversed. Refugees arrive as a result of federal foreign policy decisions, and it is critical that the federal government provide the funding needed for the refugees to quickly integrate into their new communities. At the same time, refugees are a part of Wisconsin communities, and the state must ensure that its programs and services are effective in meeting their needs.

Prior to the announcement of the Hmong resettlement, from CY 2003 to CY 2004 the state experienced a 75% reduction in social services and Targeted Assistance Discretionary program funding from the federal Office of Refugee Resettlement. Even though Wisconsin has recently received an award of \$675,500 under the Unanticipated Arrivals Grant for employment services to the new Hmong arrivals from Thailand, Wisconsin's refugee program continues to face a major challenge to serve the existing refugee population in the state, including the new arrivals.

Additional federal and state resources are needed to provide culturally and linguistically appropriate services.

The following sections identify how the Task Force believes the state can most effectively address the identified needs of the new refugees.



## Issues Identified and Recommendations

### A. Education

#### What is the Issue?

By gathering culturally sensitive educational experts from around the state, the subcommittee collected information, clarified needs, and identified best practices for the educational concerns from Pre-K through adult. The Task Force examined educational strategies for English Language Learners (ELLs), who also have limited literacy and academic skills (based on several presentations about schooling in the Wat Tham Krabok). The research indicates that it would take five to seven years for these ELLs to gain enough language to compete academically with their peers. Early educational intervention, based on language development and pre-literacy skills with first language support, is one of the most successful ways to secure language acquisition. Therefore, programs like 4-year-old kindergarten and Head Start should be supported.

Many larger school districts have developed a framework for effective ELL programs. School districts and the Department of Public Instruction have supported teacher training for the Hmong, thereby securing a certified Hmong bilingual teaching staff. Instruction is content based, accelerating language literacy development while enhancing academics.

Approximately 1,276 adults who are "unanticipated arrivals" from the Wat Tham Krabok will require English language instruction. An additional 80-100 Somali Bantu adult refugees have settled in Milwaukee this past year. These people are following the settlement patterns of previous family members and thus we anticipate that each of nine WI Technical College districts will receive 100—350 new ELL students. The technical college system, literacy councils, community based organizations and university system have educated and graduated a wide range of employable first and second generation Hmong individuals. However, the number of foreign-born people in Wisconsin has increased by 60%, without an increase in support for English language instruction, making it a challenge to serve the existing ELL population in the state, with insufficient resources for these new arrivals. Implementation of the following recommendations will help these new refugees obtain rapid self-sufficiency.

#### **Recommendation A1: Adopt Superintendent Burmaster's proposed 2005-07 budget proposal for the Department of Public Instruction.**

This would increase bilingual-bicultural categorical aid to reimburse districts at a proposed rate of 30 percent of eligible costs, which is a step up from the present 12 percent reimbursement.

Currently 39 districts provide reimbursable bilingual/bicultural programming, serving 23,021 students but 35,567 are in need of this service. This 2005-07 budget proposes funding for all English Language Learners in all districts. The 2005-07 budget also offers: full funding for 4-year-old kindergarten; an increase in funding for SAGE programming; transportation coverage for rural schools; and more flexibility and local control for districts under caps that limit school spending. The Task Force believes that these proposed increases will substantially improve the education of Hmong students.

**Recommendation A2: Increase English Language Learners (ELL) funding for the Wisconsin Technical College System by \$600,000.**

Based on geographic distribution, which places students in various communities within a district, we anticipate the need for 44 additional ELL course sections of 30 students each. Thirty students is a high teacher/student ratio but even at this rate the total amount it would cost to provide all of the necessary instruction would be in excess of \$1million. This recommendation is for additional funding for 23 sections serving 690 adult learners. The Wisconsin Technical College System has applied for a grant for \$469,000 with the Office of Refugee Resettlement. If approved, that grant would satisfy a portion of this need but an additional \$600,000 would be required from other federal and state sources. (See Attachment 4.) This would fund:

1. Twenty-three new ELL sections specifically for the new, preliterate refugees. New refugees' language needs are different from other ELL students and they will make much better progress in classes designed specifically for them. These classes would be taught by the existing network of vocational technical colleges, community-based organizations and literacy councils.
  - Programs offer at least 15-20 hours of instruction per week with 30 students per section depending on the location.
  - Students will learn language skills at the same time they are experiencing community orientation activities related to health care, public schools, finances, transportation, etc.
  - Career education and job skills will be provided and will also be interwoven across the curriculum.
  - Classes will teach parents the skills that will help them be the main supporter for their children's education. This is important because we need to keep the parents' influence dominant in the families.
2. Required books, materials and testing. All students will be pre and post tested using the BEST PLUS standardized test to assure accountability.
3. Training to volunteers, specialists and teachers to address the specific needs of these refugees.

## B. Employment

### What is the Issue?

Across Wisconsin, Hmong former refugees who were resettled in the late 1970s have become an important part of the fabric of local communities. After initial struggles with language and cultural differences, these families are now employed, home-owning, contributing community members. Local Hmong mutual assistance associations, in partnership with other community agencies, successfully created individualized employment training programs to meet local needs for a productive workforce. Bilingual/bicultural employer relations specialists were a key element of the most successful programs.

Today, as a new wave of Hmong families are being resettled in Wisconsin communities, a great sense of urgency exists for rapid employment for the approximately 675 employable adults. The average family consists of five individuals, but approximately 230 families consist of six or more members who will have extraordinary costs for shelter, clothing, etc. Wisconsin's W-2 program provides both financial assistance and employment assistance to refugees and other low-income families. It provides family payments of up to \$673 per month for participating families, and is not adjusted for family size. Because assistance is time-limited, it is essential that families move quickly into employment. Only with employers as active planning partners can the success of language and pre-employment skill training be assured. Employment of these adults may result in increased post-employment training costs for a short time. However, if funds can be obtained to partially reimburse these increased costs, many employers will welcome the opportunity to fill job openings with these loyal, hard-working job seekers, gaining long-term productivity while increasing workforce diversity.

Entry-level jobs will not meet these families' long-term financial needs. Advanced language training, other academic instruction, and further skill training must also be in place for these new Wisconsin residents to reach the American dream of financial security, home ownership, and continuing education.

Success depends upon the proven leadership and active participation of mutual assistance association staff and other bilingual, bicultural employment specialists. Thus, mutual assistance associations should be the fiscal agent and lead programmatic agency for these employment and training activities, working in partnership and subcontracting as necessary with technical colleges and other local employment and training organizations. With their bicultural/bilingual leadership and their long-term record of success in other contracts with the Department of Workforce Development for refugee services, mutual assistance associations are the natural choice for these additional contracts and services.

The following recommendations are designed to ensure economic self-sufficiency as rapidly as possible. Although these recommendations carry a price tag, long-term benefits will outweigh initial costs. We request \$2.4 million be designated to implement these recommendations. Funding for these initiatives could include any combination of existing employment and training resources (such as W-2 and Workforce Investment Act) and federal refugee discretionary programs.

**Recommendation B1: Provide initial, intensive "surviving/succeeding in Wisconsin" training.**

Provide in-depth orientation activities to help these Hmong adults become comfortable in their new home communities and, thus, able to concentrate on employment preparation. Minimum content areas should include help in using public transportation; survival English; orientation to Wisconsin's world of work (job/career choices, employer expectations, successful job seeking/keeping strategies, communicating with supervisors and co-workers); available community resources; financial management; obtaining a driver's license and the costs of automobile ownership; and general information about western concepts about life-long learning, self-esteem, motivation, and physical/mental health.

**Recommendation B2: Provide short-term vocational skill training.**

Design and implement intensive, short-term skill training programs that incorporate the specific language and math skills necessary for that vocational area. These skill training and vocational ELL programs must be designed with employer input to meet local labor market needs and match trainees with specific existing and anticipated job openings. Work with employers to obtain commitments to hire successful program graduates. The DWD and Workforce Development Boards should extend this effort beyond the initial job placement by developing linguistically appropriate skill training targeted at Limited English Proficient clients. This opens advancement opportunities to refugees who have made it to the first rung of the employment ladder. These efforts would be targeted at higher wage jobs, higher skill preparation, vocational English, and workplace math and computer operation instruction.

**Recommendation B3: Develop a wage subsidy program in partnership with local employers.**

Fund a limited-time, wage subsidy program as an employer incentive to hire and train these adults. Encourage employers to reinvest part of the incentive payments to help fund advanced workplace training opportunities. Provide on-going bilingual/bicultural support (job coaching, communication assistance, problem solving, cultural brokering) to both employers and employees.

**Recommendation B4: Establish a Governor's Blue-Ribbon Employer Advisory Committee.**

Using nominations from local mutual assistance associations, W-2 agencies, voluntary resettlement agencies and other employment specialists create an advisory group of employers from around the state who have successfully hired, trained, retained, and promoted limited English Hmong employees. Utilize their expertise in on-going employment preparation and advancement programs.

## C. Housing and Transportation

### What is the Issue?

There is a serious lack of financial resources to provide housing assistance to the new refugee families. This is especially true for large families where limited housing stock drives up rental costs. There is also a shortage of affordable housing in nearly every resettlement community, especially for large families. A serious and urgent effort is needed to address these issues. The current W-2 cash benefit of \$673 barely covers the average rental costs of \$400-\$750 per month. Applicants for subsidized housing or Section 8 vouchers must wait many months or even years in most resettlement communities. This issue affects nearly all of the 682 Hmong refugee families, as well as many other refugees and other low-income families. Available information indicates that approximately 60% of the families who have arrived to date are living with anchor relatives in severely overcrowded situations, while 30% have moved into unsubsidized housing which is either not affordable or is severely overcrowded or substandard housing. This may cause unhealthy and unsafe living conditions for the refugee families. We estimate that approximately 600 Hmong refugee families are in need of immediate assistance. The Wisconsin Driver Manual in the Hmong language was produced in the 1990's and needs to be revised and updated. There is a high rate of failure among Hmong who take the computerized driver's licensure test, and the translation quality needs to be improved to reflect contemporary Hmong language.

### **Recommendation C1: Increase Federal and State funding for housing assistance and Section 8 housing programs.**

Housing assistance for low-income families needs to be substantially expanded in order to build strong communities. Assistance should address both the short-term needs for rental housing and the longer term need for home-ownership. Educational programs regarding financial literacy and home maintenance support these long-term goals.

### **Recommendation C2: Create an emergency housing assistance program to prevent homelessness for refugees.**

Define "homeless or threatened with homelessness" within emergency housing programs operated by WHEDA, the Housing and Urban Development and Workforce Development to include the housing needs of the families who are homeless but not living in homeless shelters. Extended families who are living together in unsafe or severely overcrowded situations that violate leases need assistance in order to prevent both families from becoming homeless.

**Recommendation C3: WHEDA and other federal, state and local housing authorities should identify surplus properties for immediate occupancy.**

WHEDA, HUD and government bodies obtain ownership of housing through defaults on loans and taxes. These properties should immediately be identified and utilized as temporary housing until this critical need for housing is resolved.

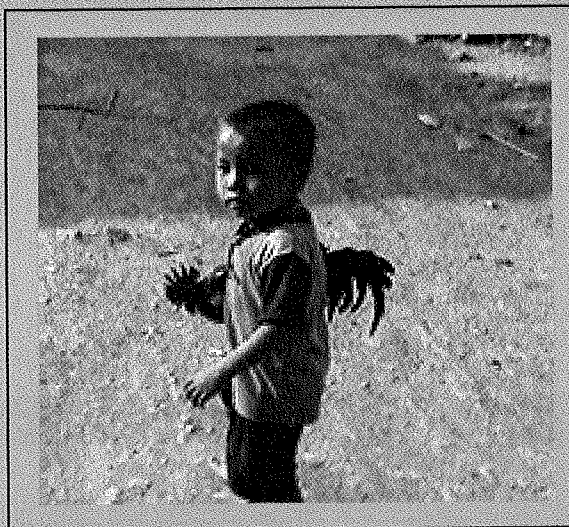
**Recommendation C4: WHEDA and the Department of Workforce Development should collaborate to develop a model housing economic self-sufficiency program for refugees.**

WHEDA, DWD and the resettlement agencies should conduct further research to identify the exact dimensions of the housing need and identify the most critical communities of need. They should work together with local housing systems and Mutual Assistance Associations to develop a comprehensive model for moving refugees to employment and housing independence.

Elements of this model (contingent upon available funding) would include initial rent subsidies, skill training in carpentry and housing rehabilitation skills to provide both employment and "sweat equity," financial literacy training and individual development accounts to encourage savings for home-ownership, and assistance through a first-time home-ownership program. Through this comprehensive package of services, refugees could move from unemployment and subsidized rental housing to financial independence and home-ownership. If successful, this could provide a powerful model for helping other low-income populations develop a key asset for independence, while improving low-income neighborhoods.

**Recommendation C5: Ensure the Drivers Manual and driving test are available in high-quality translation.**

The Division of Motor Vehicles should revise and update the Wisconsin Hmong Driver's Manual and test and have them reviewed by the Wisconsin United Coalition of MAAs, which can provide technical support and editing for the Hmong translation.



## D. Health and Dental Care

### What is the issue?

Health priorities for all refugees involve ensuring the safety of the public health through communicable disease screening and treatment, and maximizing the health of the individual through the provision of culturally competent health care services. Culturally competent health care incorporates not only the use of bilingual care providers or qualified medical interpreters, but also sensitivity to the unique needs of individuals – i.e. awareness of life experience, spiritual beliefs, health-beliefs, decision-making processes and communication styles. This group of refugees faces similar barriers to health care as those seen previously in Hmong and other groups with Limited English Proficiency. They include language, transportation, financial and cultural issues.

Overcoming these barriers requires communication, commitment, resources and time. Communication and commitment is necessary amongst resettlement partners in the community and within the government. To support this, resources at the local, state and federal levels of the resettlement process are required to see efforts through to their desired outcome, evaluating and refining the processes throughout the resettlement effort and well into the refugees' new lives in America.

The potential impact and benefits of coordinated effort are exemplified in the handling of a Hepatitis A outbreak among some of the Wat Hmong after their U.S. arrival. Hepatitis A is a communicable disease that is common to many areas of the world, including Southeast Asia. Past infection with resultant immunity are so prevalent in refugee communities, Hepatitis A was not included in initial screening requirements. Testing through a private provider in Sheboygan uncovered the initial case of acute contagious infection in a child. Other health departments began identifying cases as well and reported this information to the Division of Public Health. In turn, the Division of Public Health developed screening guidelines and transmitted the information statewide to other refugee screening providers. Health departments made tremendous efforts to screen school and family contacts, provide preventive treatment to exposed susceptible and offer ongoing education. The Centers for Disease Control and Prevention (CDC) was notified of the outbreak's drain on local resources. As a result of this communication, CDC worked with the Department of State to initiate a Hepatitis A vaccination program in the Wat. Through communication, commitment, resources and time, the system worked to limit disease in the community and to save hundreds of work hours.

Our identification of issues and recommendations seeks to maximize resources and quality of life for individuals and our state as a whole.

- Medical Assistance provides health coverage for the refugee population beyond the initial health screening. However, there is a lack of access to dental services in most areas of the state for this population.

- There are more than 165,000 Wisconsin residents whose limited English provides a barrier to receiving adequate health care. Extensive research indicates that the quality and outcomes of health care suffer unless qualified interpreters are provided when delivering care to these individuals. The need for qualified medical interpreters and the cost of providing this service is a further burden to the medical and dental providers. However, these interpreters are essential to the provision of culturally competent care. Medical providers who receive federal funds are required to have qualified interpreters to allow access to quality care. However, Medical Assistance does not provide any separate reimbursement to cover these costs.
- There is a need for ongoing health management and disease prevention beyond initial screening. Individuals whose health costs are covered under Refugee Medical Assistance (RMA), which is available only for the first 8 months from arrival, are often older individuals who may have ongoing health problems, but limited job abilities. They may be left uninsured or underinsured and unable to obtain ongoing health services.
- The large number of refugees arriving in a short time creates a burden on our public health systems, both at the local and state level. This is concurrent with the public health system's efforts to control a pertussis outbreak. Again this impacts the local public health providers, the Wisconsin State Laboratory of Hygiene (WSLH), and local physicians.

**Recommendation D1: Increase access to dental care for Medical Assistance clients.**

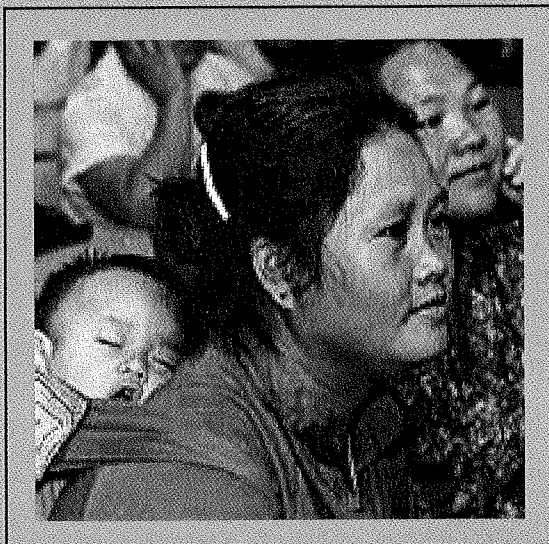
Increase access to dental care for Medical Assistance (MA) clients and increase the number of dental providers accepting Medical Assistance clients. Effective solutions such as financial incentives and loan forgiveness must be implemented to encourage dentists to accept MA. Not only Hmong refugees, but all MA recipients are affected by the lack of MA dental providers.

We appreciate the creation of the Governor's Task Force to Improve Access to Oral Health and urge that task force to consider Hmong refugees a priority. Attachment 5 contains a list of action steps the Oral Health task force should implement that would enhance the oral health of Hmong refugees and all Wisconsin residents that have limited access to oral health care.

Full implementation of the Governor's *KidsFirst* Initiative would greatly benefit the Hmong refugee population. In addition, the Governor could make a personal appeal to the dental providers in communities impacted by the surge in Hmong refugees, asking them to donate time to meet immediate needs (i.e. Wood, Marathon, Manitowoc, Sheboygan and La Crosse counties). An example of such an existing service exists in Eau Claire, where, dental care professionals annually offer their time to provide sealant and other preventive measures to the children in some schools.

**Recommendation D2: Provide funding for Medical Assistance reimbursement for interpretive services for health and dental health care.**

The Department of Health and Family Services should develop a budget initiative to provide reimbursement for interpretation when patients are receiving a covered Medical Assistance benefit. Federal funding for at least half of the costs of such a program would be available. The many states that have initiated this service have substantially improved care to Limited English patients.



**Recommendation D3: Link refugees, especially those who are uninsured, with programs and resources that promote health.**

Case managers in resettlement agencies, W-2 agencies and Mutual Assistance Associations should link refugees to supportive programs that can maximize health. This includes linkages to federally qualified health care centers, SSI when appropriate, nutrition services, and other health promotion/disease prevention services. In addition, provide funding to facilitate the coordination of existing and/or development of new culturally appropriate health education materials for providers and clients.

**Recommendation D4: Build "surge capacity" into the public health system.**

Continue support to local public health departments and other health providers through the refugee screening funds and technical support. Build "surge capacity" into the public health system to address multiple issues that may impact public health at any given time, including contracting out certain public health services at those times when service demands exceed health department capacity.

## E. Family Strengthening

### What is the Issue?

The Hmong refugees have and will encounter multiple family issues and stresses as they transition into Wisconsin communities. The Task Force identified three key areas of need:

- Initial and ongoing orientation and support for the refugee families and their sponsor families.
- Services and supports for the elderly refugees and refugees with disabilities.
- Service to deal with changing family dynamics, including but not limited to domestic violence, child abuse or neglect, youth gangs, truancy and school dropouts.

Refugees and their anchor families need to receive consistent information from all key players in the resettlement process, including:

- Voluntary Agencies (VOLAGs)
- W – 2 Agencies
- Income Maintenance Agencies
- Public Health Departments
- School/Education Partners
- Mutual Assistance Associations (MAAs)

This process needs to start before the refugee family even arrives, so that agencies and anchor families can work together to develop a common plan for resettlement.

With limited English speaking skills and schooling, the elderly and disabled refugees face great challenges in the resettlement process. Because of age and/or disability, many will have great difficulty in learning to speak English. This may make it impossible for them to obtain citizenship within seven years of arrival. As a result, they are likely to lose their eligibility for Supplemental Security Income. The elderly face an additional trial as federal funding for most current Wisconsin refugee elderly programs will end December 2004.

Refugees with a disability may be eligible for long term support funding such as Community Options or Community Integration programs but many counties have a waiting list for funds and services. This will further stress the family, as caring for a family member with a disability may conflict with the W 2 requirement to participate in employment and training.

Families will experience changes in roles and responsibilities based on gender and age. Without education, assistance and support, families will possibly encounter problems with depression, domestic violence, youth violence and gang involvement, truancy and dropouts and child abuse and neglect. Victims of family violence are isolated both by their language and cultural barriers and by their abusers.

A process that provides consistent initial and ongoing information and support to the new refugees and sponsor families will assist in a more successful transition.

### **Recommendation E1: Provide comprehensive orientation to new families.**

To ensure long term and consistent efforts, the Bureau of Migrant, Refugee and Labor Services should add a staff position to develop a comprehensive orientation program to provide families with the necessary tools to experience positive change. This would include, but not be limited to:

- Conduct surveys to identify needs and available resources;
- Create a repository of orientation curricula and bilingual materials so that local agencies may provide a consistent orientation with minimal expense;
- Create a checklist of documents, forms and material used by all agencies/organizations involved in the resettlement process to minimize duplication; and
- Create a statewide orientation program to ensure consistency and quality in how services are provided by organizations that support the refugee families as they move through the various systems. Examples include:
  - The anchor family receives information from the Refugee resettlement organization prior to the arrival of the refugee family, which begins the coordination process with other key players such as Economic Support and Wisconsin Works, Public Health, the schools, the Hmong Mutual Assistance Associations;
  - The list of roles and responsibilities and process for contact/referral for county and other services should be standardized and shared with other key players in the system, including anchor families and Hmong Associations;
  - Prior to the arrival of the refugee family, a partnership of the key agencies would arrange for a contact with the sponsor families to provide information on programs, services, and application processes. This would help to coordinate financial and non-financial resources, develop housing alternatives, assess the other needs of the refugee family and develop resources to assist the sponsor family in filling any gaps;
  - After arrival, the partnership would again work with the refugee and anchor family to provide consistent information.

This process would address the immediate and long-term orientation needs for new arrivals and their sponsor families, and address some of the family dynamic and stress issues. As sponsor families are often pulled in many directions, they would benefit from the assistance of a more comprehensive orientation and support process. The fragmentation of the current system at times conflicts with the sponsor families' own work and family commitments.

The Bureau should consider a lead staff position in Madison and local staff who would gather and compile the needed information and schedule the local orientations.

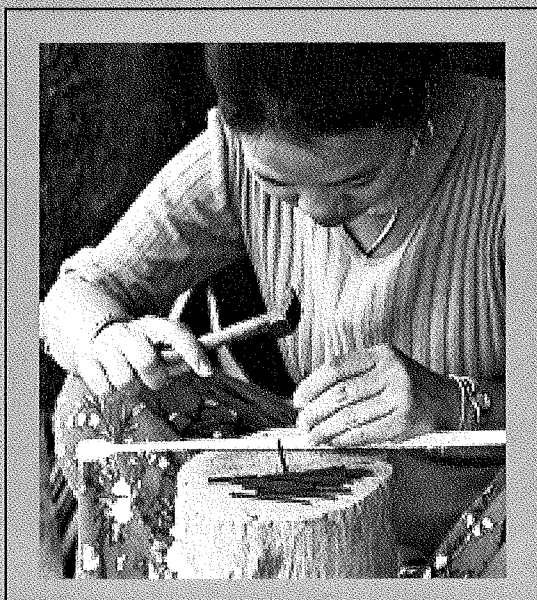
**Recommendation E2: Provide bilingual case management and interpretation services to ensure that refugees (especially vulnerable elderly and disabled refugees) have access to the same services as other residents.**

The DWD should expand grants to provide bilingual case management services that will help refugees access essential social and health services. These staff educate refugees about available services and remove language barriers that prevent refugees from obtaining dental, financial and other services.

**Recommendation E3: Assist elderly and disabled refugees to obtain citizenship and integrate into new communities.**

Meet the citizenship and social integration needs of the elderly. The Bureau of Migrant, Refugee and Labor Services should continue to seek funds for citizenship assistance programs and evaluate their effectiveness in helping refugees achieve citizenship. In addition, the Department of Health and Family Services and Area Agencies on Aging should develop culturally and linguistically appropriate services to meet the long term care needs of those with disabilities. Elderly residents who do not speak English face extraordinary levels of isolation and difficulty in obtaining needed care. Community based organizations have developed effective service models for these populations, but federal funding for them will not continue. Area Agencies on Aging and other programs for the elderly must support and integrate culturally appropriate services into the Aging programs throughout the state, including meal programs which provide culturally appropriate meals, bilingual case management, culturally and linguistically appropriate recreation programs for seniors, and bilingual access to the long term care system.

**Recommendation E4: Support continued funding for culturally and linguistically competent services for victims of family violence.**



Wisconsin has developed model programs for minimizing family violence and providing safety and security for refugee families which are experiencing family violence. These programs utilize the means of supporting families and controlling violence that are used by both cultures. TANF funding to maintain these programs must be provided in order to assure that victims have access to life-saving services.

## F. Mental Health

### What is the Issue?

The Mental Health Committee of the Governor's Hmong Resettlement Task Force was formed due to concerns generated from the experience of the first wave of Hmong refugees, as well as studies of those refugees residing at Wat Tham Krabok before relocation to the United States. Many Hmong refugees experienced the loss of loved ones, the loss of their own freedom, severe economic dislocation, starvation, and torture. These traumas led to significant mental health problems, including severe depression, post traumatic stress syndrome, anxiety and suicide ideation.

It is very difficult for Hmong refugees to understand the Western concept of mental health and even more difficult to reap the benefits of mental health services. For this reason the history of traditional therapy provided by English-only speaking therapists through translators has not provided encouraging outcomes. Both the therapist and translator in this situation have enormous cultural and linguistic hurdles to overcome to deliver a quality service.

In the best of all worlds there would be an army of trained bilingual/bicultural mental health professionals who could provide meaningful explanations and services to this population. Unfortunately, three decades after the first wave of Hmong migration from Southeast Asia there is only limited bilingual/bicultural mental health infrastructure that the new Hmong arrivals can access.

In fact, there is only a very small group of certified therapists available throughout the state to meet the needs of tens of thousands of Hmong. These therapists are the remnant of an infrastructure first started by grants through the Office of Refugee Services within the last ten years. With the reduction of financial support from the federal government over the past two years, the development of this modest infrastructure was not only halted but also reversed, with fewer Hmong mental health resources in the state today than there were three years ago.

The Mental Health Committee spent substantial time and energy discussing problems and solutions, considering long and short-term needs of the new arrivals and best strategies to meet the emerging needs of Wisconsin's Hmong Community. These have been encompassed in a single recommendation.

The dominant need identified by the Mental Health Committee is the development and maintenance of culturally competent mental health services throughout the state.

**Recommendation F1: Develop and sustain linguistically and culturally competent mental health services.**

The State of Wisconsin will offer up to seven mental health grants for seven areas of the state most affected by new arrivals. The purpose of the grants will be to develop and maintain the infrastructure necessary for community-based, bilingual/bicultural mental health services. The grants will be at least \$50,000 per agency each year, for an annual budget of \$350,000.

Based on the discussion of the Mental Health Committee the grants are to include the following service components:

- a Community Mental Health Education program;
- a culturally adapted Mental Health Assessment Tool;
- additional financial support from Medical Assistance, insurance and 51.42 Board funding;
- bi-lingual, bi-cultural case-management and treatment programs; and
- cultural competency training for mental health service providers.

The grant will also require establishment of an Advisory Committee for each geographic region, which includes Hmong leadership, to monitor and report on the progress of mental health infrastructure development to the State of Wisconsin. The Department of Health and Family Services will monitor and support the development of these programs, and evaluate their effectiveness. The DHFS will also provide technical assistance to grantees to help them access Medical Assistance and 51.42 board funding for clinical services.

## Conclusion:

In addition to the specific charges stated by Governor Doyle, the Task Force hopes that the work we have done and are sharing in this report fulfills the following objectives:



- Create a network throughout Wisconsin for "best practices" in working with Hmong refugees.
- Coordinate the efforts of private and public agencies to respond effectively to the needs of the Hmong refugees.
- Help all citizens of Wisconsin build community in response to the needs of any group of people or individuals who need it.
- Ensure that policy makers, agency directors, managers, and others who are in the position of influencing how staff and other resources are allocated use these recommendations to guide the decisions they make.
- Ensure that policy makers at all levels include the Hmong community as equal partners in the further planning, implementation and evaluation of these recommendations as a whole.

The Task Force gratefully acknowledges the support of Governor Jim Doyle, Senator Feingold, Senator Kohl, Congressman Obey, subcommittee members, and all of the citizens in our communities for their efforts in welcoming new Hmong refugees to the state of Wisconsin. All of these efforts will enhance and improve community building for all citizens in our great state. We wish to specifically thank DWD for allowing their staff members to join this very important endeavor. The Task Force on Hmong Resettlement would not have been successful without the effort and commitment of Susan Levy and Ying Lee.

### Estimated Hmong Arrivals and Needs

County	Actual Arrivals as of 12/06/04 Individuals	Estimated by State Department Total Individuals	Estimated by State Department Total Families	Estimated 40% of Individuals Need Adult ESL	Estimated 90% of Families Need Housing Assistance
Brown	50	221	46	88	41
Calumet		64	9	26	8
Chippewa	13	27	5	11	5
Dane	42	67	13	27	12
Eau Claire	73	101	23	40	21
Fond du Lac	21	46	10	18	9
Jefferson	4	4	1	2	1
Juneau	4	6	2	2	2
La Crosse	147	244	50	98	45
Manitowoc	62	129	26	52	23
Marathon	276	427	90	171	81
Milwaukee	468	764	157	306	141
Outagamie	89	169	41	68	37
Portage	82	136	30	54	27
Sheboygan	252	297	70	119	63
St. Croix		6	1	2	1
Washington	5	37	8	15	7
Wood	47	67	15	27	14
<b>TOTAL</b>	<b>1,941</b>	<b>3,190</b>	<b>682</b>	<b>1,276</b>	<b>614</b>

Attachment 1 -- Estimated Hmong Arrivals and Needs

## Subcommittee Members and Areas of Need

Sub-Committee	Sub-Committee Chairs and Members
<p><b>Education</b> (Early Childhood, K-12, ELL, Future of Children for College Education, Tuition, Services to 14-16 Year Olds, and Adult ESL)</p>	<ul style="list-style-type: none"> <li>• Nell Anderson, Chair, Wausau School District</li> <li>• Bounghing Her, Milwaukee Area Technical College</li> <li>• Mary Ann Jackson, Wisconsin Technical College System</li> <li>• Sharon Hunter, Department of Public Instruction</li> <li>• Hoyu Sayaovong, Hmong First Baptist Church</li> <li>• Shwaw Vang, Madison School Board</li> <li>• Bee Xiong, Green Bay Police Department</li> <li>• (*)Carolyn Brady, University of Wisconsin-River Falls</li> <li>• (*)Bonnie Dockry, Department of Public Instruction</li> <li>• (*)Linda St Pierre, Sheboygan School District</li> </ul>
<p><b>Employment</b> (Job Development, Economic Development, Basic Skills Training)</p>	<ul style="list-style-type: none"> <li>• Thai Vue, Chair, La Crosse Area Hmong Mutual Assistance Association</li> <li>• Phyllis Birmingham, Wausau Area Hmong Mutual Association</li> <li>• Joe Vang, Fox Valley Job Service</li> <li>• Shoua Xiong, Lao Family Community, Inc.</li> <li>• (*)Ying Lee, Department of Workforce Development</li> <li>• (*)Elizabeth Mahloch, Sheboygan County Economic Support /W-2</li> <li>• (*)Lesley Salas, Milwaukee Private Industry Council</li> </ul>
<p><b>Family Strengthening</b> (Domestic Abuse Prevention and Education, Bilingual, Bicultural Services and Interpretation, Services to the Elderly Population, Safety Issues, Supervision of Children, Cultural Orientation to the New Families and their Sponsors/Anchor Relatives, Teen Parents, Childcare).</p>	<ul style="list-style-type: none"> <li>• Ker Vang, Chair, Hmong Association of Green Bay</li> <li>• Bounghing Her, Milwaukee Area Technical College</li> <li>• ThaiYing Lee, United Refugee Services of Wisconsin</li> <li>• Ann Wondergem, Sheboygan County Health and Human Services</li> <li>• Christa Xiong, Xiong &amp; Associates</li> </ul>
<p><b>Health and Dental Care</b></p>	<ul style="list-style-type: none"> <li>• Melissa Borth, Chair, ThedaCare At Home</li> <li>• Susan Gundlach, Lutheran Social Services of Wisconsin</li> <li>• Cheryl McIlquham, Department of Health and Family Services</li> <li>• (*)Jean Beinemann, Sheboygan County Health and Human Services</li> <li>• (*)Karen Fink, US Department of Health and Human Services</li> <li>• (*)Melee Thao, Marathon County Health Department</li> <li>• (*)Savitri Tsering, Department of Health and Family Services</li> </ul>

Attachment 2—Subcommittee Members and Areas of Need (formed to discuss and strategize in-depth issues identified by the Task Force as a whole)

### Housing and Transportation

(Affordable Housing, Housing Conditions, Inspections, Safe Housing, Housing Assistance Programs, Etc.)

- ChaSong Yang, Chair, Hmong Mutual Assistance Association of Sheboygan
- Dan Idzikowski, Catholic Charities, Diocese of La Crosse
- John Medinger, Mayor City of La Crosse
- Yee Moua, Wisconsin Housing and Economic Development Authority
- Jim Schramm, Mayor City of Sheboygan
- Peter Yang, Wausau Area Hmong Mutual Association
- (\*)Mitch Birkey, Sheboygan County Economic Support/W-2
- (\*)Dave Coady, Department of Transportation
- (\*)Susan Levy, Department of Workforce Development
- (\*)Keith A. Pamperin, Green Bay Housing Authority
- (\*)Diane Poole, Department of Transportation
- (\*)Luann Scheer, ADVOCAP, Inc.
- (\*)Judy Wilcox, Department of Commerce

### Mental Health

(Bilingual, Bicultural Services)

- Andrew Benedetto, Chair, Children's Service Society of Wisconsin
- Phyllis Bermingham, Wausau Area Hmong Mutual Association
- ThaiYing Lee, United Refugee Services of Wisconsin
- Joe Vang, Fox Valley Job Service
- Shwaw Vang, Madison School Board
- Peter Yang, Wausau Area Hmong Mutual Association
- (\*)Tom Dodge, Sheboygan Mental Health Program
- (\*)Karen Fink, US Department of Health and Human Services
- (\*)Kay Heilmel, Outagamie County Department of Human Services
- (\*)Christine Wolf, Department of Health and Family Services

**Attachment 2—Subcommittee Members and Areas of Need (formed to discuss and strategize in-depth issues identified by the Task Force as a whole)**

Census Data Concerning the Hmong

Hmong Alone, No Combination of Other Races

	Hmong in WI		Hmong in the U.S		Total WI Population	
	Number	Percent	Number	Percent	Number	Percent
Male	15,566	50.2%	85,900	50.6%	2,648,363	49.4%
Female	15,444	49.8%	84,059	49.4%	2,715,312	50.6%
Median Age (years) Older than Age 25	15.9 9,750	X 31.4%	16.3 54,258	X 31.9%	36.1 3,475,878	X 65.0%
Median Household Income in 1999	\$35,898	X	\$32,076	X	\$43,791	X
Poverty	7,928	25.9%	31,071	37.8%	451,538	8.7%
Homeownership (Live in "owned home")	17,213	55.5%	73,185	43.7%	3,814,620	73.2%
School Enrollment (K-12)	14,234	X	76,253	X	1,049,456	X
HS Graduate or Higher	6,451	47.9%	36,864	48.4%	3,367,835	84.3%
Some College or Completed Degree (18 and Older)	3,475	25.8%	20,703	27.2%	2,015,522	50.4%
Employed (16 and Older)	8,301		40,548		2,734,925	
Unemployed (16 and Older)	815		4,646		134,311	
Labor Force Participation Rate (16 and Older)	X	59.3%	X	52.3%	X	69.0%

Attachment 3 - Census Data Concerning the Hmong

## English as a Second Language Initiative

Based on geographic distribution that places students in various communities within a district we anticipate the need for 44 ADDITIONAL ESL course sections of 30 students each. Thirty students is a high teacher/student ratio but even at this rate the total amount it would cost to provide all of the necessary instruction would be in excess of \$1million. This recommendation is for additional funding for 23 sections serving 690 adult learners. If \$600,000 is allocated to support these ESL sections, an additional \$469,000 would be required to support the overall need. The Wisconsin Technical College System has applied for a grant with the Office of Refugee Resettlement that, if approved, would satisfy the remaining need.

### PROPOSED ACTIVITIES:

1. Adult English as a Second Language Programs will add 23 new course sections specifically for the new Hmong or Somali Bantu people. New refugees' language needs are different from other ESL students and they will make much better progress in classes designed specifically for them.

- These classes will offer at least 15-20 hours of instruction per week with 30 students per section depending on the location.
- A minimum of 50% of the instruction will be experience based so that students can learn language skills at the same time they are experiencing community orientation activities related to health care, public schools, finances, transportation, etc.
- Career education and job skills will be provided and will also be interwoven across the curriculum.
- Classes will be scheduled to accommodate the majority of the students' schedules.
- Classes will be offered at a convenient location.
- Classes will have computer and video technology available.
- Classes will be taught by professional certified instructors.
- There is a need to emphasize teaching parents the skills that will help them be the main supporter for their children's education. We need to keep the parents influence dominant in the families.

2. Teachers and students require books and materials. It is an objective of this project to provide the new arrivals with classrooms that have adequate learning materials to support their goal of learning English quickly and well. All students will be pre and post tested using the BEST PLUS standardized test. This is a nationally standardized test and approved by the Department of Education. It must be:

- administered individually and while an excellent assessment tool, it consumes quite a lot of staff time which brings the cost up.
- Lower level language learners need to have texts that are consumable.
- Experiential learning requires a few additional resources which are very cost effective.

3. Volunteers, specialists and teachers will require some training in order to address the specific needs of these refugees. Professional development activities would include helping staff understand the cultures and recent living experiences of their new students. They would work with trainers to learn research based strategies that best suite these particular students.

- This project would provide four regional trainings for all instructional and para-professional staff in these ESL programs.
- This project would provide training for literacy volunteers to prepare them to work with these new refugees.

### ORGANIZATIONAL PROFILES

The Wisconsin Technical College System and the Adult Basic Education Programs have a long and well documented history of culturally responsive services to refugees and immigrants for more than 30 years. In support of ESL students the System provides support services for special needs, financial aid for students seeking to attend post secondary education, counseling and coordination with other community services. Faculty are certified based on their academic and work histories. A curriculum has been developed to correspond to the six performance levels of the National Reporting System. The System Office will be the project recipient and coordinator. Sub-contracts will be made to nine technical college districts. At that level the Dean or Coordinator of the Adult Basic Education Program will be responsible for the management of the funds and compliance with the project goals and reporting. In Milwaukee Silver Spring Neighborhood Center and the Indo-Chinese Learning Center of Neighborhood House will also be direct project recipients.

Local programs have met or exceeded their federal/state performance standards in each of the prior two years. They have implemented personal education plans for students and learn each student's goals. Classes are provided at the main campus, at outreach campuses and in the community at sites to accommodate access for all students. All CBO's have 5.01(C)3 status that is verified for funding through this agency and have been reviewed by an on-site review team.

### BUDGET JUSTIFICATION

This is a statewide project recommendation and will fund several different local colleges and CBO's. Thus the salary for a part time instructor is an average.

#### Cost per ESL class section of 30 beginning level students

1.	Staff Costs		\$25,000
	Part time instructor, including fringe		
	\$25/hr X 15 hours per week x 52 weeks + fringe		
2.	Classroom resources:		\$900
	Standardized testing		\$270
	Books and other materials		
	@ \$21 per student		\$630
	Total cost of instructor and materials per course section:		\$25,900
	<u>Total cost of 23 course sections</u>		<u>\$595,700</u>
	4 regional workshops @ \$825 ea.	\$3,300	
	Volunteer training @\$1,000	\$1,000	
	<u>Related Professional Development:</u>		\$4,300

## Attachment 5—Action Steps that Enhance the Oral Health of Hmong Refugees and other Wisconsin Residents

Action steps listed below are in accord with recommendations made by the Governor's KidsFirst Initiative, the State Health Plan and coalitions of public health organizations. These steps would enhance the oral health of Hmong refugees and all Wisconsin residents that have limited access to oral health care. These recommendations will maximize resources for all and address the Hmong Resettlement Task Force's concern for the ongoing health management and disease prevention for refugees beyond the initial refugee health screening.

1. Support the utilization of dental hygienists to the fullest extent of their licensed scope. Services include screening, triage, prevention services (age-appropriate fluoride treatments and dental sealants) and case management for follow-up treatment referral.

**Rationale:** Since dental treatment resources are limited, triage to prioritize urgent and early treatment needs. Prevention services such as dental sealants provide physical barriers, strengthen the resistance of the child, avert future disease and they are cost effective.

2. Support DORL and DHFS statutory interpretations (s.447) and MA Updates that enable dental hygiene services to be incorporated into settings such as health departments and schools.

**Rationale:** Since there is a limited pool of dentists participating in referral, these interpretations enable dental hygienists to screen, determine the need for and provide prevention services such as fluoride treatments, dental sealants and referral, in schools and local health departments on an ongoing basis without a dentist's prescription. It is a wise use of licensed workforce since dentists are needed to provide more complicated dental diagnosis, relief of pain/infection and treatment of oral diseases.

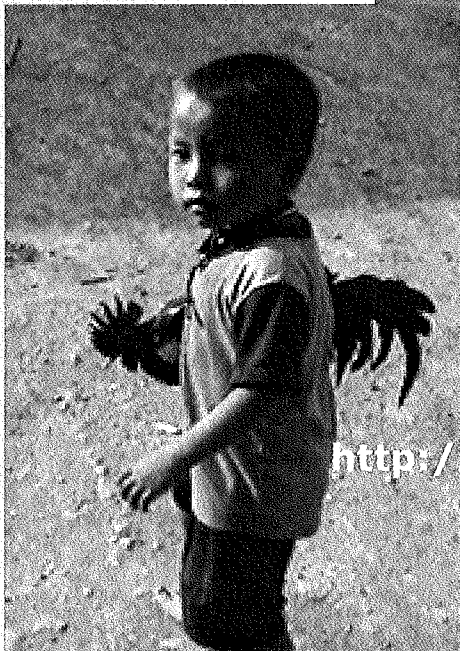
3. Consistent with the Governor's KidsFirst Initiative, support direct reimbursement for dental hygienists under medical assistance.

**Rationale:** Since dental hygienists can practice as independent contractors, this enables health departments and schools that are not HealthCheck agencies to contract with a dental hygienist for these services.

4. Promote training health department and other health care providers to provide oral screening, triage and age appropriate fluoride treatments (fluoride varnishes for infants and toddlers) As of February 2004, fluoride varnish is an MA covered service for physicians, nurses and dental hygienists.

**Rationale:** Dental caries is a transmissible bacterial infection (mother to child). The average age of infectivity is around age 2, earlier than most dentists see children. Early childhood cavities are preventable with early intervention (screening, age appropriate topical fluorides and parent education). Primary health care providers see infants and toddlers for well baby examinations, an ideal time to provide these services. The training is provided by DFS and also includes evaluating maternal oral health to help promote healthy birth outcomes:

[http://dhfs.wisconsin.gov/health/Oral\\_Health/oralhealthmanual.htm](http://dhfs.wisconsin.gov/health/Oral_Health/oralhealthmanual.htm)



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