

Immigrants and Refugees in Allegheny County: Scan and Needs Assessment



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The Allegheny County Department of Human Services (DHS) is dedicated to meeting the human services needs of county residents, particularly the county's most vulnerable populations, through an extensive range of prevention, intervention, crisis management and after-care services.

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ACRONYMS

AAA	[DHS] Area Agency on Aging
ACS	American Community Survey
AIU	Allegheny Intermediate Unit
AJAPO	Acculturation for Justice, Access and Peace Outreach
BCAP	Bhutanese Community Association of Pittsburgh
CYF	[DHS] Office of Children, Youth and Families, Allegheny County's Office of Child Welfare
DHS	[Allegheny County] Department of Human Services
DPW	Pennsylvania Department of Public Welfare
EARN	Employment and Retention Network Program
ESL	English as a Second Language
FORGE	Facilitating Opportunities for Refugee Growth and Empowerment
GED	General Equivalency Diploma
GPLC	Greater Pittsburgh Literacy Council
HDS	Center for Hearing and Deaf Services
JF&CS	Jewish Family Children's Service
LEGS	Latino Engagement Group for Salud
LEP	Limited English Proficiency
MG	Matching Grant program offered by local resettlement agencies
NAMS	Northern Area Multi-Service Center
NIH	National Institutes of Health
NLSA	Neighborhood Legal Services Association
PPS	Pittsburgh Public Schools
R&P	Reception and Placement Program (of the U.S. Department of State)
RCMP	Refugee Career Mentoring Program
RSS	Refugee Social Services
SHHC	Squirrel Hill Health Center

Acronyms*(continued)*

SHIM	South Hills Interfaith Ministries
SNAP	Supplemental Nutrition Assistance Program
SSI	Supplemental Security Income
TANF	Temporary Assistance to Needy Families

EXECUTIVE SUMMARY

A review of local immigrant and refugee populations was conducted during April and May 2013 by the Allegheny County Department of Human Services (DHS), utilizing a combination of census data, administrative data, and interviews with providers and other experts, in order to explore and document current and emerging human services needs, gaps and barriers. While data limitations and cultural barriers made it difficult to definitively cite the number of individuals who will require human services within Allegheny County, it was possible to learn a great deal about the needs of the population through the interviews described above and to reach a number of conclusions and recommendations for improving access and availability of service.

In 2011, Allegheny County was home to 57,175 foreign-born residents (less than five percent of the county's total population); while this represents an increase (the first such increase since the early 20th century), Allegheny County still falls behind comparable regions in number and percentage of foreign-born residents. However, the anticipated increase in the number of foreign-born residents presents a situation in which the well-being and needs of this group, especially the most vulnerable residents who may be in particular need of human services, takes on larger significance.

A relatively small group of providers within Allegheny County offers the majority of services to the immigrant and refugee population; in addition to the four official "Reception and Placement" refugee services providers funded through the U.S. Department of State, a wide but non-comprehensive range of services are provided through Family Support Centers, community groups and collaboratives, universities, physical and behavioral health organizations, and other community-based nonprofit organizations.

While language barriers and service navigation/coordination were identified as the two overarching issues facing this population, a number of other unmet needs were addressed. These include transportation, behavioral health services, employment and job training, housing, access to public benefits, education, legal issues, and services for the elderly.

A number of recommendations were made for improvement and/or expansion of culturally sensitive services and supports. These recommendations emphasize building upon existing capacity and collaboration, improving data collection and analysis, improving access to and accessibility of services, increasing reliance on natural supports, providing access to professional interpretation services, and enhancing service coordination and navigation.

“A more diverse and talented workforce means a more vibrant future for the Pittsburgh region.” www.vibrantpittsburgh.org

INTRODUCTION

The Allegheny County Department of Human Services (DHS) conducted a review of local immigrant and refugee populations within the county, in order to explore and document current and emerging human services needs as well as gaps in service provision and barriers to service access and utilization. In response to the findings, DHS staff prepared a Request for Proposals for Service Coordination for Immigrants and Refugees. Proposals are currently being evaluated for funding consideration.

The report begins with a demographic overview of immigrant and refugee populations residing in Allegheny County, followed by a description of the primary human services currently available to these groups. Findings from the review are presented, including examples of successful programs and service models designed to meet the unique needs of the population; the final section provides recommendations resulting from these findings.

METHODOLOGY

DHS recognizes the descriptive limitations of the terms “immigrant” and “refugee” as social categories or designations, and affirms the variety and uniqueness of individuals who these terms aim to identify. Nonetheless, the terms “immigrant” and “refugee” are used here generically to facilitate the discussion. Although refugees resettled in the United States are also immigrants, the terms are used distinctly here to reflect variations in immigration experience and service eligibility. Much of the demographic information provided in this report is based on data from the 2000 U.S. Census and the 2011 American Community Survey (ACS), five-year estimates.¹ It should be noted that the 2011 ACS may not fully reflect recent trends in the foreign-born community; however, these data are supplemented with additional information as needed, including the input of service providers and other experts working directly with immigrants and refugees.

The information, findings and recommendations contained herein are based on more than 28 interviews with 45 individuals conducted from April 2, 2013 through May 2, 2013. Interviewees included DHS staff, service providers, members of community-based organizations, and local

¹ ACS 5-year estimates are used throughout this report, selected for reliability and accuracy of data.

experts on immigrant and refugee populations (see Appendix A on page 33). Interviewees were identified by the DHS Immigrant and International Advisory Council as well as by others knowledgeable about the issues addressed in the report. Not included in this review are the voices of the immigrants themselves.

² This section is not a complete description of foreign-born groups in Allegheny County.

³ The U.S. Census Bureau defines the term “foreign-born” as including “naturalized citizens, lawful permanent residents, temporary migrants (such as foreign students), humanitarian migrants (such as refugees), and undocumented migrants.”

⁴ <http://www.frbsf.org/economic-research/publications/economicletter/2010/august/effect-immigrants-us-employment-productivity>

DEMOGRAPHIC INFORMATION²

The immigrant and international population of Allegheny County consists of a broad range of groups and individuals. They are international students, visiting workers, refugees and tourists. They are naturalized citizens, permanent residents, temporary migrants and “undocumented” immigrants. Identifying who among the immigrant and international population is potentially in need of human services is a difficult task. This section breaks down the available data in several different ways in an attempt to present a clearer picture of the population as a whole.

As a starting point, it is helpful to examine the county’s “foreign-born” population.³ The social and economic status of foreign-born residents varies tremendously, especially given Pittsburgh’s tendency to attract highly-skilled migrants pursuing opportunities in the sectors of technology and business as well as international students pursuing higher education. At its best, immigration expands the economy’s productive capacity by stimulating investment and promoting specialization.⁴ Even so, there are foreign-born residents in Allegheny County who may be particularly susceptible to the hardships of poverty, mainly those who arrive with limited English language proficiency, resources, educational background, or professional qualifications. As many of them seek to integrate and establish themselves in the Pittsburgh area, they face common potential challenges, from the barriers of language and culture, to the economic realities of employment, housing and health care, further complicated by the difficulties of migration and lack of familiarity with new surroundings.

The sections that follow provide a basic portrait of the foreign-born population within Allegheny County and particular subgroups that are reasonably thought to be vulnerable.

The Foreign-Born Population

According to the 2011 ACS, Allegheny County is home to 1,223,525 residents, 57,175 (4.7 percent) of whom are foreign-born. **Table 1** illustrates the estimated composition of this group by region of origin. Data from the 2000 U.S. Census and the 2011 ACS are used to provide a basis for comparison over time.

TABLE 1: Foreign-Born Population of Allegheny County by Region of Origin

	2000 CENSUS	2011 ACS	CHANGE
Total Foreign-Born	48,266	57,175	+18%
Europe	21,709	17,600	-20%
Asia	18,356	27,859	+52%
Africa	2,013	3,175	+58%
Oceania	272	468	+72%
Latin America	4,184	6,268	+50%
North America	1,732	1,805	+4%

The increase in foreign-born residents in Allegheny County contributes to an upward trend that began in the 1990s, the first decade to see an increase in the proportion of foreign-born residents in the Pittsburgh area since the early 20th century.⁵ Although the proportion of foreign-born residents to the total population in 2011 (4.7 percent) still remains well below the national average (12.8 percent), it has risen significantly since the 2000 U.S. Census (3.8 percent). Over the same period of time (2000 to 2011), the total population of Allegheny County actually decreased by 4.5 percent, a loss that was partially offset by the growth of the foreign-born population.

⁵ Briem, C. *Pittsburgh Economic Quarterly*, September 2012, University Center for Social and Urban Research — University of Pittsburgh.

Still, many counties with similarities to Allegheny County (e.g., size, industrial history, economy) have proportionately larger foreign-born populations. The larger proportion of foreign-born residents in these comparable areas may indicate potential for additional growth in Allegheny County.

TABLE 2: Comparison of Percentage of Foreign-Born Population, Selected Counties, 2011

COUNTY	PERCENTAGE FOREIGN-BORN POPULATION TO TOTAL POPULATION
Allegheny County, PA (Pittsburgh)	4.7%
Dauphin County, Pa. (Harrisburg)	5.8%
Erie County, N.Y. (Buffalo)	6.2%
Cuyahoga County, Ohio (Cleveland)	7.1%
Wayne County, Mich. (Detroit)	7.7%
Monroe County, N.Y. (Rochester)	8.3%

The change among particular regions of origin within the foreign-born population in recent years reflects a larger trend in immigration to the United States, which is a sharp increase in the number of migrants from Asia, Africa and Latin America along with a decrease in the number of migrants from Europe. Like other regions within the U.S., Allegheny County's foreign-born population is becoming increasingly diverse in terms of language, culture and country of origin.

Additional statistics that help to characterize the foreign-born population of Allegheny County, taken from the 2011 ACS are included below:

- 25,120 of Allegheny County's foreign-born residents (44 percent) entered the county in or after the year 2000
- 27,131 foreign-born residents (47 percent) are naturalized U.S. citizens
- 21,819 foreign-born residents (38 percent) live within the city of Pittsburgh, comprising 7.1 percent of the city's total population

⁶ The term "refugee," as used here, is intended to convey a temporary immigration status, usually five years in duration.

⁷ The 1951 UN Convention relating to the status of refugees.

⁸ Resettlement in the surrounding counties over the same period has been minimal (± 200 refugees) and geographically dispersed.

Refugees⁶

Among the immigrants in Allegheny County who may be in general need of support services are refugees who qualify to enter the United States through the United States Refugee Admissions Program, based upon forced displacement from their home country due to persecution on the basis of "race, religion, nationality, membership of a particular social group or political opinion."⁷ As they enter the United States, refugees are located in various towns and cities with the help of nonprofit agencies that facilitate their resettlement. In general, they intend to reside permanently in the U.S. and eventually become naturalized citizens. The table below highlights refugee resettlement in the Pittsburgh area⁸ (largely representative of Allegheny County), facilitated by official resettlement agencies, for the period of 2001 through March 31, 2013.

TABLE 3: Direct Refugee Resettlement for the Pittsburgh Area

1/1/2001 through 3/31/2013, by Country of Origin

Afghanistan	35	Iraq	197
Belarus	6	Latvia	1
Bhutan	1,361	Liberia	75
Bosnia and Herzegovina	86	Nepal	1
Burma	447	Pakistan	4
Burundi	70	Russia	231
Congo	6	Serbia	58
Cuba	10	Somalia	263
Dem. Rep. Congo	9	Sudan	93
Eritrea	14	Ukraine	28
Gambia	6	Uzbekistan	78
Iran	6	Vietnam	16
Total Refugee Placements for the Pittsburgh area		3,101	

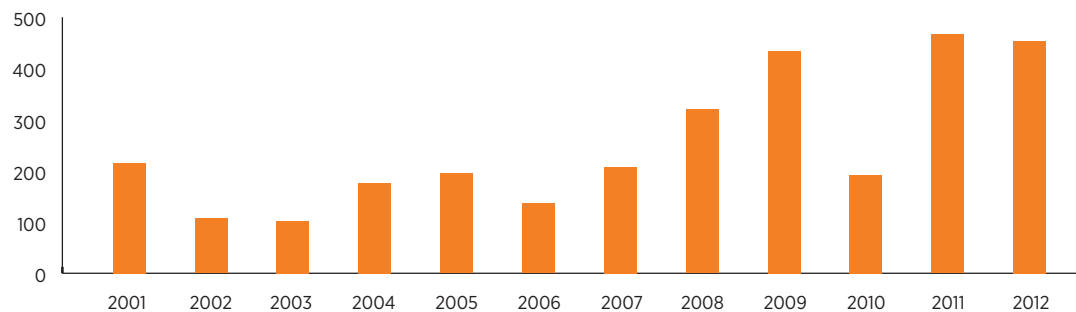
Source: U.S. Department of State, Bureau of Population, Refugees and Migration, Refugee Processing Center

In addition to the process described, refugees also come to Pittsburgh as secondary migrants from other towns and cities in the United States, attracted by employment opportunities, family ties, and other social and economic factors. Particularly notable is the large flow of Bhutanese secondary migrants, which has contributed to a sizable expansion of the Bhutanese community in Pittsburgh. Estimates suggest that there are presently more than 3,000 Bhutanese refugees living in the Pittsburgh area, making them the largest refugee group in Allegheny County.⁹ Secondary migration has also affected other refugee groups, by both adding to and reducing their numbers. Some estimates were offered regarding these population changes during our interviews; however, these estimates were either inconsistently reported or did not differ enough from the resettlement figures above to merit citation. In any case, it can be reasonably estimated that the Pittsburgh area became home to at least 4,500 refugees, considering secondary migration, from 2001 through 2012.

⁹ Estimate based on the preliminary results of a survey being conducted by the Bhutanese Community Association of Pittsburgh (BCAP).

Much of this resettlement has occurred in the Pittsburgh area over the last several years. Yearly totals for primary refugee resettlement in the Pittsburgh area over the past decade are illustrated in the chart below:

FIGURE 1: Annual Refugee Resettlement for the Pittsburgh Area, 2001 through 2012



Source: U.S. Department of State, Bureau of Population, Refugees and Migration, Refugee Processing Center

The trend of increased refugee resettlement in Pittsburgh is predicted to continue, as refugee resettlement agencies in the area anticipate collectively receiving 450 to 500 new refugees in 2013.¹⁰ Many of these refugees are expected to be from Bhutan, Burma and Iraq; however, resettlement agencies anticipate that refugees from the Democratic Republic of Congo will begin to arrive in Pittsburgh during the current fiscal year.

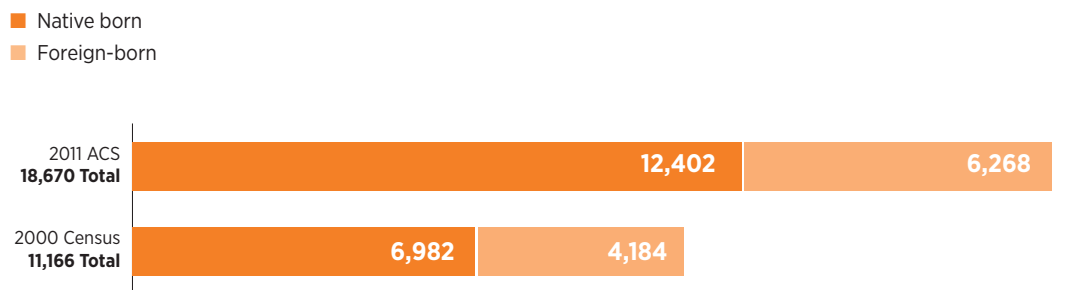
¹⁰ Estimate based on representations made by resettlement agency directors.

Latinos and Other Immigrants

In addition to refugees, other immigrants come to Allegheny County seeking economic improvement or family reunification, and may also be in need of support services. Without official resettlement data, as is available for refugees, however, these groups are more difficult to identify and describe, although there are likely to be more of them. Nonetheless, some general observations can be made with moderate certainty.

One of the largest foreign-born groups in Allegheny County consists of immigrants from various countries in Latin America, included in and referred to herein using the collective term “Latinos.” The growth of Allegheny County’s Latino population has been exceptional over the past decade. The foreign-born Latino population expanded from 4,184 in 2000 to 6,268 in 2011 (67 percent), accompanied by a similar increase in the overall Latino population (including native-born) from 11,166 in 2000 to 18,670 in 2011 (illustrated in the graph below).

FIGURE 2: Growth of the Latino Population in Allegheny County from 2000 through 2011



Further complicating the characterization of the Latino population in Allegheny County is the presence of Latinos who do not have official immigration status, commonly referred to as “undocumented” immigrants.¹¹ Although the undocumented population in the United States comprises individuals from numerous regions, the overwhelming majority come from Mexico and various Central American countries, including El Salvador, Guatemala and Honduras.¹² Allegheny County is generally thought to reflect this composition. The size and characteristics of the undocumented Latino population are difficult to estimate for obvious reasons. Indications from local agencies and experts interviewed for this report suggest that the population may be sizable (based on observations through direct interaction and service provision), although most interviewees were reluctant to offer specific estimations.

Allegheny County is home to many other immigrants from all across the world. Indeed, the 2011 ACS indicates more than 125 distinct countries of origin for the foreign-born in Allegheny County. A thorough analysis of these groups is outside the scope of this report; however, it is reasonably assumed that many of them face the same general challenges that apply to refugees and Latino immigrants. In particular, research shows that a number of factors can combine to isolate immigrants from the larger community, especially those who arrive in Allegheny County without resources or support. These factors include limited English language skills, minimal social connection, lack of access to stable and fair employment, limited housing options, precarious residency (fear of deportation), and ineligibility for or hesitancy to access social services.¹³

¹¹ Undocumented immigrants originate from many different countries, not only those in Latin America.

¹² Passel, J., and Cohn, D. “A Portrait of Unauthorized Immigrants in the United States.” Pew Research Hispanic Center. 2009.

¹³ Garrett, K. E. “Living in America: Challenges Facing New Immigrants.” Robert Wood Johnson Foundation. 2006.

Limited English Proficiency

Perhaps the most significant challenge that many foreign-born residents face is the barrier of language. The ACS provides a measure of limited English proficiency (LEP) through the approximation of residents who “speak English less than very well.” In Allegheny County, 22,913 residents “speak English less than very well” according to the 2011 ACS, and therefore fit the LEP category. For residents with LEP, it can be especially difficult to secure gainful employment, make connections with the community, and access social institutions (e.g., health care, education, employment, legal systems, government). As such, individuals with LEP may be in need of human services and at the same time be less likely to access and utilize such services due to the barrier of language.

The primary language categories spoken by these residents are highlighted in the table below.

TABLE 4: Primary Language Categories of Residents with LEP (2011 ACS)

Spanish	4,208
Other Indo-European	9,466
Asian and Pacific Islander	7,797
Other	1,442

Although these data provide a helpful measure of Spanish-speaking residents with LEP, the categories of “Asian and Pacific Islander,” “Other Indo-European,” and “Other” are too broad to provide meaningful information.

Another indication of the presence of LEP residents in Allegheny County is the utilization of English as a Second Language (ESL) services in public schools and nonprofit educational centers, which have both seen a steady increase in enrollment. At the time of this report, approximately 700 students are enrolled in ESL programs operated by the Pittsburgh Public Schools (PPS), up from only 300 a decade ago. Schools with large numbers of ESL students in the PPS district are shown in the table below:

TABLE 5: Number of ESL Students, PPS Selected Schools

Brashear High School (Beechview)	191
South Hills Middle School (Beechview)	99
Concord Elementary School (Carrick)	82
Arsenal Elementary School (Lawrenceville)	61
Banksville Elementary School (Banksville)	49
Beechwood Elementary School (Beechview)	49
Allderdice High School (Squirrel Hill)	46
Colfax K-8 (Squirrel Hill)	43

In addition, more than 450 students are enrolled in ESL programs operated by the Allegheny Intermediate Unit (AIU), which oversees ESL services in more than 20 school districts throughout Allegheny County. Districts within the AIU’s jurisdiction that have large numbers of ESL students are shown below.

TABLE 6: Number of ESL Students, AIU Selected Schools

Mt. Lebanon	95
Chartiers Valley (Bridgeville, Heidelberg, Collier and Scott)	73
North Hills (West View and Ross)	57
Fox Chapel (Aspinwall, Blawnox, Fox Chapel and Sharpsburg)	45
Northgate (Bellevue and Avalon)	27

Finally, there are other school districts within Allegheny County that operate independent ESL programs, such as Baldwin-Whitehall, which reports that 240 students speaking more than 20 different languages (the majority speak Nepali) are currently enrolled in its ESL programs. Other school districts that likely have large foreign-born populations, based on residency patterns, include Gateway (Monroeville), Keystone Oaks (Green Tree, Castle Shannon and Dormont), and North Allegheny (Marshall, McCandless, Bradford Woods and Franklin Park).

As for adults, more than 2,000¹⁴ county residents are enrolled in ESL programs offered by the Greater Pittsburgh Literacy Council (GPLC) and the AIU, two of the area’s biggest nonprofit ESL providers. Other educational institutions and agencies provide ESL services to Allegheny County residents, although a more thorough review is outside the scope of this report.

The Squirrel Hill Health Center (SHHC), another organization that is committed to serving immigrants and refugees, reports a surge in patients with LEP. In 2012, the SHHC saw 3,683 distinct patients, 42 percent of whom were best served in a language other than English. This represents a 57 percent increase in patients with LEP from the year before, which may be due, in part, to increased referrals from immigrant- and refugee-serving agencies.

Residential Location

Many of the experts interviewed for this report explained that the residential location of immigrants and refugees is mostly related to housing cost and availability, public transportation, family ties and direct placements arranged by resettlement agencies. As groups expand in particular neighborhoods, they often act as anchor communities, attracting newcomers through a pattern of chain migration.

Identifying all the locations in which the foreign-born groups described in this report reside is challenging; however, there are several known geographic concentrations, the largest of which may be the Prospect Park apartment complex in Whitehall (now officially called Whitehall Place). The Prospect Park Family Center estimates that approximately 65 to 75 percent of local

¹⁴ This is not an unduplicated count; many adults enroll in more than one ESL program.

residents are foreign-born (500 to 700 people), representing 25 to 30 different countries of origin. The South Hills neighborhoods of Carrick, Mount Oliver, Baldwin, Whitehall and Castle Shannon are also known to have sizable immigrant and refugee populations, with a large number of Bhutanese refugees. Additional concentrations of more specific groups reported by interviewees include Northview Heights, Lawrenceville and the Hill District for Somali-Bantus; Greenfield for Iraqis; Troy Hill for Burmese; and Bellevue and Greentree for Bhutanese. Sharpsburg was also identified as a potentially emerging neighborhood for immigrants and refugees in general. Regarding Latino residents, interviewees described a fairly dispersed population, although sizable concentrations exist in Beechview and Brookline, and smaller groups reside in Oakland, Highland Park and Monroeville, all of which appear to be growing.

Demographic Conclusion

Allegheny County's immigrant and international population has grown steadily over the past two decades. Within this group are residents, including refugees, Latinos and other immigrants, who may be in particular need of human services, due to a range of factors discussed in this report. Although their numbers are difficult to estimate, the above information provides a rough approximation of their presence in Allegheny County. Many of the local service providers and experts interviewed for this report suspect that the number of immigrants and refugees may be higher than the census figures, based on their own experiences and due to a perceived low level of participation in the Census Bureau's surveying efforts. The potential of Allegheny County to receive additional foreign-born residents (partly indicated by larger proportions in comparable counties), combined with the steady increase of the foreign-born population over the past two decades, has created a "tipping point" for the communities and institutions of Allegheny County, resulting in a situation in which the well-being and unique needs of immigrants and refugees take on a greater significance. Indeed, if the foreign-born group continues to grow at a decennial rate of 18 percent, as they did over the past 10 years, their numbers could exceed 67,000 in the next decade, representing an increase of more than 10,000 new residents.

PRIMARY EXISTING SERVICES FOR IMMIGRANTS AND REFUGEES

A majority of human services providers in Allegheny County have, at some point, served immigrants and refugees. In a 2009 survey of providers, DHS found that half of the respondents had worked with individuals with LEP in the previous year. More than a dozen providers reported serving consumers with LEP needs on a weekly or daily basis. As the population grows, more and more providers will need to be prepared to include culturally and linguistically appropriate services.

Nevertheless, there is a primary group of providers who offer the majority of services to the immigrant and refugee population in Allegheny County. These organizations are already working with immigrant and refugee populations on a regular basis. Given their experiences and relationships with the communities, any future expansion of services to this population would naturally connect to them.

Refugee Resettlement

Refugees who are settled in Allegheny County by the U.S. Department of State arrive under the Reception and Placement Program (R&P). While generally informed about the expected yearly influx of new refugees, R&P service providers are often given only two or three weeks' notice of the actual arrival of individuals or families. In that time, they need to locate appropriate housing (size, cost, location, safety and amenable landlord) and furnish it with the basic necessities. They then pick the refugees up at the airport and begin a whirlwind three months of helping them settle in. This includes: buying necessities such as clothing, food and a cell phone; applying for Social Security numbers, welfare and medical assistance; attending medical appointments and follow-ups as needed; and enrolling family members in school, ESL classes and/or preschool. All refugee families receive three months of cash assistance and up to three months of intensive case management. Children and seniors are eligible for ongoing medical coverage, while working-age adults receive medical assistance for only the first eight months.

Currently, the county has four R&P providers: Jewish Family & Children's Service (JF&CS); Northern Area Multi-Service Center (NAMS); Acculturation for Justice, Access and Peace Outreach (AJAPO); and Catholic Charities. While JF&CS and Catholic Charities have run R&P programs for decades, NAMS and AJAPO are newer to the arena. NAMS's program started in 2011, and AJAPO received its first three families in March of 2013. JF&CS and NAMS each resettle approximately 200 refugees per year. Catholic Charities has been reducing the size of its program, accepting only 60 per year, and AJAPO is prepared to accept 60 per year as well, with the possibility for expansion in the future. The timing and number of arrivals is often unpredictable; JF&CS reports resettling up to 40 people in one month.

After the initial resettlement period ends, some families are eligible for limited additional refugee-specific services — mostly geared toward employment — through a handful of federal and state programs. The agencies' national umbrella organizations offer a federal matching grant program that provides up to six additional months of case management, job placement services, and financial assistance for transportation and rent. Only those families that have high potential for becoming self-sufficient in that time frame are eligible, and spots are limited. NAMS and JF&CS also have state funding to provide Refugee Social Services (RSS) to any person with refugee status who has been in the United States for more than six months but less than five years. RSS is considered an employment program, although providers find that they must address many issues that are impediments to work, including LEP, lack of childcare, and limited public transportation. In addition, the resettlement agencies often accept clients on referral from the Department of Public Welfare (DPW) or from EARN (Employment and Retention Network) Centers because of the language barrier. The goal is to move them off of Temporary Assistance to Needy Families (TANF), and, by all reports, this is a challenging objective.

JF&CS and NAMS report working with some of the refugees far beyond the resettlement time frame or the limited employment scope of Refugee Social Services (RSS). JF&CS estimates that 80 percent of the multi-generational households they resettle have at least one high-needs

individual who requires longer case management. This includes assisting with multiple medical appointments; helping to apply for and retain Supplemental Security Income (SSI), TANF and other benefits; exploring behavioral health options; accessing senior programming; negotiating with landlords to avoid evictions; and working with schools to address any special education needs of the children.

AJAPO, although new to resettlement work, has been providing support services in the form of case management and classes to refugees and immigrants for over 10 years. Many of their clients have been refugees who migrated from other U.S. cities and therefore were not linked to a resettlement agency here. As the demographic section above shows, the population of secondary migrants is growing, and they may face many of the same challenges as the refugees who originally resettled here. AJAPO reports having served 320 clients last year.

Catholic Charities' program also provides case management services for the general population in need of "a safety net and stability." Immigrants may be eligible for the program and many access it, but Catholic Charities was unable to estimate how many clients were foreign-born or non-English speakers.

Additional Navigation Help

While the resettlement agencies end up serving as de facto case managers for some families for many years, other programs also provide navigation and case management support and assistance to immigrants and refugees. They include Family Support Centers, particularly the Latino Family Support Center and South Hills Interfaith Ministry's Prospect Park Family Support Center.

PROMISING PRACTICES: PROSPECT PARK CO-LOCATED SERVICES

The Prospect Park Family Support Center's parent agency, SHIM, as well as other partners, allows it to offer a number of co-located services. For example, GPLC has an office in the same building to provide ESL and GED classes, and JF&CS offers its Office Hours program once a week to help refugees navigate daily living tasks. SHIM also runs a part-time early education program at the center as well as aftercare and a summer camp nearby. Agency staff report that services are far more accessible for their clients when delivered in or close to their own neighborhood.

- **The Latino Family Support Center**, located on the South Side, currently serves approximately 75 families from 26 different ZIP codes. As specified in their DHS contract, they serve families with children aged birth through five. Because of staff's knowledge of the Latino community and their Spanish language capacity, they are often asked by other providers to assist with additional cases. Adult clients request help with issues such as accessing insurance or mental health services, paying medical bills, understanding school requests, dealing with domestic violence and nonpayment by employers (among others). Many clients seek assistance through word of mouth, but other agencies also refer to them because they need assistance with interpretation in order to deliver services. Confusion exists among agencies and/or DHS staff who believe the center is contracted to provide interpretation services for other service providers. In part, this misperception may exist because the center often remains involved after it refers clients to other agencies to ensure that language and cultural barriers are addressed.

- **The Prospect Park Family Support Center**, located in Whitehall, serves a diverse population that is 100 percent foreign-born. It too requires flexibility to meet needs beyond the birth through five years of age framework of most family support centers. The Center serves approximately 75 member families per year; however, because of its location within the Prospect Park housing development, an important hub of the refugee population, Center staff also assist many walk-ins on a host of other issues, often as basic as providing help with filling out a form in English or making a phone call for someone.

Like the Latino Center, other agencies and DHS staff often involve the Prospect Park Family Support Center in outside cases involving refugees. The local child welfare office has asked Center staff to accompany caseworkers on home visits, and it has held Family Group Decision Making meetings at the Center's offices even if the family was not a member of the Prospect Park Center.

In addition, a number of programs provide a range of supports that can generally be considered under the category of "navigation," including providing assistance in understanding and applying for available services and helping immigrants and refugees adjust culturally to their new circumstances:

- **Compass AmeriCorps** is a national service program, funded through the state by PennSERVE with smaller matches from sponsoring agencies and managed locally by GPLC, which provides wraparound social services support and English instruction to immigrants and refugees. Almost every agency we interviewed relied upon at least one Compass AmeriCorps member to help immigrants and refugees navigate systems and connect to services. The current Compass AmeriCorps cohort has 23 full-time members, supported by a monthly stipend, who serve at various provider locations, including all four resettlement agencies, GPLC, AIU and the Squirrel Hill Health Center (among other places).
- **FORGE (Facilitating Opportunities for Refugee Growth and Empowerment) and Keep It Real** are student volunteer groups who work in refugees' homes, assisting with acculturation for the family and schoolwork for the children. The FORGE student groups, founded in 2005, work on education and advocacy in addition to providing volunteers in the home. Keep It Real, founded in 2004, has about 70 active members who work one-on-one with young Somali-Bantu refugees as tutors in their homes; however, members quickly become involved in helping families navigate a host of other needs, from communicating with employers to understanding utility bills. Representatives of the Somali-Bantu community credit Keep It Real for the educational success of their children, who are largely graduating from high school (and some are continuing on to college). They recognize that this required changing cultural expectations for their children and point to other cities where Somali-Bantu refugees have a higher dropout rate and gang involvement. FORGE and Keep It Real teamed up to host the 2013 Pittsburgh Refugee Youth Summer Enrichment Program.

- **LEGS (Latino Engagement Group for Salud)** is a pilot program run by the University of Pittsburgh's School of Public Health (funding ends this year) in which Latino men ("promotores") reach out to other Latino male immigrants (mostly laborers with LEP who immigrated without their families) to provide information, answer questions, and help them navigate health systems. This is a common model for public health promotion in Latin America that helps build natural supports within a community. Previous funding utilized promotores to address the health needs of Latino immigrants through a similar program model.

Advocacy and Coordination

Two groups play an important role in both bringing together organizations that represent or serve immigrants and refugees, and advocating for their needs and importance in the community:

- **DHS Immigrant and International Advisory Council:** DHS created the Council in 2007 to help ensure that its services were culturally sensitive and accessible to immigrants and internationals. The Council meets quarterly and, although it is staffed by DHS, counts more than 20 members from as many organizations. By all accounts, it has taken on a larger role than was originally envisioned. By providing a regular opportunity for service providers and representatives of different ethnic communities to come together and share information, problems are discussed and solved, and new partnerships have emerged. The Council houses volunteer program committees that tackle substantive initiatives. For example, a language access committee worked to create a new interpretation agency (Language Link); the cultural competency group developed curricula and offers training to DHS offices and service providers; an employment committee piloted a refugee career mentoring program; and the childcare committee started a refugee women's childcare certification program. Staff to the Advisory Council often serve as a resource for individuals and providers who have questions about services or need assistance in overcoming barriers.
- **Vibrant Pittsburgh:** The organization has its roots in the Welcome Center, an initiative created by JF&CS and others in 2005 to provide a centralized resource to connect immigrants and internationals to immigration services. Eventually it became a stand-alone agency, Vibrant Pittsburgh, with the broader mission of promoting the region's growth by attracting, retaining and elevating a diverse population. While immigrants and refugees are just a subset of the groups it now aims to serve, it advocates for them and continues to run the Welcome Center as a referral resource.

Translation and Interpretation

In general, the ability to communicate in English, either directly or through interpretation and translation, is essential to the well-being of immigrants and refugees. Indeed, LEP may present the biggest barrier to social integration for immigrants and refugees.¹⁴ For those with LEP, access to institutions and utilization of social services are significantly reduced when interpretation and translation services are unavailable or inadequate. Currently, translation and interpretation services in the Pittsburgh area are scarce. Nonetheless, all organizations that receive federal

¹⁴ Segal, U. A. and Mayadas, N. S. "Assessment of Issues Facing Immigrant and Refugee Families." *Child Welfare*, Vol. 84, No. 5. 2005.

PROMISING PRACTICES: DHS AREA AGENCY ON AGING, CULTURALLY COMPETENT CASE MANAGERS

One AAA case worker who covers neighborhoods in the South Hills of Pittsburgh reports that over half of her clients are Nepali-speaking. Because they can be reticent to discuss medical concerns, it is often difficult to determine their level of need. Generally, she relies on family members to interpret during her visits, but she is working to learn some of their language to build trust and ease communication. By encouraging this kind of increased cultural competence, DHS could improve service delivery to immigrants and refugees.

funding are required to provide language and interpretation services for consumers who would otherwise not be afforded “meaningful access” in accordance with Title VI of the Civil Rights Act.

Immigrants and refugees frequently require translation and interpretation services for medical and social service appointments, legal engagements, communication with children’s schools, appointments with public agencies (e.g., DPW, Social Security and Department of Motor Vehicles) and provision of emergency services. Interviews suggest that immigrants and refugees obtain translation and interpretation services either through friends and relatives or through more official channels as they interact with local institutions and service providers. Regarding the former, some immigrant and refugee communities have developed the internal capacity to provide informal translation and interpretation for their members; however, many circumstances require professional services, especially when sensitive or technical information must be communicated. Often, the need for professional interpretation is not adequately met, impacting the effective delivery of services.

Most agencies that regularly serve immigrants and refugees understandably experience less difficulty in the provision of language and interpretation services. For these agencies (e.g., resettlement service providers and dedicated family support centers), such services are generally provided by employees or acquired through direct arrangements with individual interpreters, many of whom are affiliated with the provider in some capacity. This is perceived as a more cost-effective and reliable approach than utilizing the services of a translation and interpretation provider. However, for many other agencies that infrequently work with immigrants and refugees, these services are usually acquired on an ad hoc basis through different contractors of varying quality and reliability.

- **Language Line:** An interpretation provider consistently cited by interviewees was Language Line, a telephonic service that reportedly offers interpretation in more than 200 languages, accessible by calling and stating the needed language of interpretation. It is the primary resource used by DHS staff for interpretation needs.
- **Language Link:** Another interpretation provider that was frequently referenced was Language Link. Language Link is a collaborative effort to address the shortage of affordable, in-person translation and interpretation services in the Pittsburgh area by establishing a reliable source of trained interpreters who can communicate in languages that are common among local immigrants and refugees. The development of Language Link was facilitated by the Allegheny County Immigrant and International Advisory Council, through its Language and Interpretation Committee. Launched in 2011 with funding from United Way of Allegheny County, Language Link currently relies on NAMS and JF&CS to facilitate the training and

certification of translators/interpreters, while the Center for Hearing and Deaf Services (HDS) receives and coordinates requests for service. Interpreters can be requested online through the HDS website or by calling to schedule an appointment. According to a recently obtained price sheet, the hourly rate for in-person interpretation is \$30 from 7 a.m. to 7 p.m. and \$35 from 7 p.m. to 7 a.m. The hourly rate for telephonic interpretation is \$28 from 7 a.m. to 7 p.m. and \$32 from 7 p.m. to 7 a.m. Additional fees apply for services requested outside of a 30-mile radius from HDS. These prices are substantially lower than Language Line or other private companies. Currently, the HDS website advertises interpretation services available in the Burmese, Karen and Nepali languages, although organizers hope to make more languages available in the near future.

PROMISING PRACTICES: AKRON LANGUAGE BANK

Language Link is modeled after the Akron Language Bank, operated by the International Institute of Akron, a service provider for immigrants and refugees. According to its website, Language Bank works with more than 70 interpreters and 100 translators who can provide service in 54 different languages. It also facilitates the training and certification of interpreters and translators according to the language demands of the local community.

PROMISING PRACTICES: SQUIRREL HILL HEALTH CENTER'S MOBILE HEALTH UNIT

The SHHC operates a mobile medical unit that increases service access in residential areas. It visits Prospect Park three times a month for a day each, and the SHHC is looking to identify another site with a large concentration of immigrants and refugees to expand this outreach effort. Interviewees acknowledged that the mobile unit has been well-utilized.

- **Private Companies:** Several other translation and interpretation providers were mentioned over the course of our interviews, including Geneva Worldwide and Echo International. These providers are mostly used by larger institutions such as DPW, DHS and area hospitals through agency-wide contracts.

Physical and Behavioral Health Services

Immigrants and refugees may receive physical and behavioral health services from the full range of free and sliding-scale clinics, hospitals and private providers available in Allegheny County. They are all important resources for these communities and need to be included in discussions around access and cultural competency. A few providers, however, are geared specifically toward the immigrant and refugee population, and they are highlighted here.

- **Squirrel Hill Health Center (SHHC):** As a Federally Qualified Health Center, the SHHC's mission is to serve medically underserved populations, including immigrants and refugees. It provides medical, dental and some behavioral health services under one roof. In 2012, it saw 3,683 unique patients, of which 42 percent were best served in a language other than English. This represents a 57 percent increase in LEP patients from the year before. The SHHC provides the first medical evaluation for almost all of the newly arrived refugees to the area. In 2012, the SHHC served 407 new refugees, of which 88 percent were Nepali/Bhutanese. SHHC also estimates that 72 to 80 percent of its obstetrics patients are LEP clients.

To meet the needs of this population, the SHHC has a multilingual staff and contracts with interpreters for appointments when necessary. In a pinch, a phone translation service will be used, although that is not the preferred mode of operation.

- **Salud Para Ninos at Children’s Hospital of Pittsburgh:** This fully bilingual office offers pediatric health services in Spanish. It is often cited as an important resource for the Latino community. While many clinics have some Spanish-speaking staff, this is the only office designed to serve patients in Spanish. Although patients must have insurance, Dr. Diego Chavez, program director of Salud Para Ninos, also offers bilingual services at the Birmingham Free Clinic on the South Side one Saturday per month.
- **Mental Health Services for Spanish Speakers at Duquesne University:** Through Duquesne University’s Psychology Department, Dr. Marco Gemignani has been running a free behavioral health clinic for Spanish speakers. He receives referrals from many service providers. Working with advanced graduate students to provide counseling, the clinic was only able to see 50 clients annually, approximately 12 per week. Using its waiting list as a guide, however, Dr. Gemignani estimates that they easily could have had 200 clients annually. Unfortunately, in the coming year, the service will not be available due to the lack of advanced psychology students who are bilingual.
- **Community Support Groups Pilot Program:** JF&CS, the SHHC, Duquesne University’s Psychological Services for Spanish Speakers, and the University of Pittsburgh’s Center for Health Equity have partnered for this project to train and mentor lay community facilitators who will lead support groups in refugee and immigrant neighborhoods in the members’ language. These groups will address common concerns, build each community’s capacity to reach out to struggling individuals and families, and increase natural supports to improve health and well-being with the overall goal of reducing system involvement. The model builds upon the University of Pittsburgh’s successful experience with LEGS (see program description above). While these types of community efforts cannot replace formal, intensive behavioral health services, they can play an important role in supporting difficult-to-serve immigrant and refugee populations.

Employment

Viable employment is central to the stability and integration of immigrants and refugees in any community. Several programs provide employment services for refugees that primarily focus on job placement; the specialized needs of highly skilled immigrants require a different type of support.

- Many immigrants and refugees are eligible for several free employment services that are also available to the general public, including PA CareerLink and EARN. CareerLink is a comprehensive “one-stop” resource center that uses a combination of online and onsite approaches to career development and job placement. EARN is directed toward TANF and SNAP recipients to remove employment barriers, attain job placements, and promote employment retention for the purpose of moving clients from public assistance.
- Refugees who do not reach economic self-sufficiency during the initial month of reception and placement (the large majority) may be enrolled in an employment program. A number of spots in the Matching Grant (MG) Program are offered by the four local resettlement

agencies to those who meet minimum employability guidelines and apply for the program within 31 days after arrival in the United States. The program provides “case management, employment services, maintenance assistance and cash allowance” to help refugees “become economically self-sufficient within 120 to 180 days of program eligibility.”

After the six-month period of MG expires, employable refugees who still have not reached economic self-sufficiency may enroll in the Refugee Social Services (RSS) Program, which is implemented by two of the local resettlement agencies and focuses on job placement, although it provides less support than MG and no cash assistance. The period of eligibility for RSS is five years, matching the duration of official refugee status. Both RSS and MG are primarily funded by the federal Office of Refugee Resettlement (Department of Health and Human Services). Also, both programs have limited slots available and often maintain waiting lists for service provision.

- The Refugee Career Mentoring Program (RCMP) is for highly skilled/professional immigrants and refugees. Very few employment services exist for immigrants and refugees with advanced education or professional experience. The Allegheny County Immigrant and International Advisory Council has attempted to address this service gap for refugees through the RCMP. The RCMP has completed two pilot cycles as a collaborative project between several local service providers, with each cycle consisting of approximately 10 participants. Although feedback regarding the program has been positive, the RCMP is a time-intensive effort that lacks funding and organizational support. At the time of this report, it is unclear whether or not the RCMP will continue.

Literacy

Several agencies offer ESL classes and civics classes to help people pass the citizenship test. These are by definition geared toward immigrants and refugees. The population is also well represented in GED classes. The county’s two largest literacy agencies are the Allegheny Intermediate Unit (AIU) and the Greater Pittsburgh Literacy Council (GPLC). Between the two agencies, they teach approximately 2,000 ESL learners each year from more than 40 countries. The AIU reports that the Bhutanese are currently the largest group served, followed by students from Mexico and China. Both organizations have found that neighborhood-based class options increase access. GPLC offers classes in eight locations — downtown and seven neighborhood locales — that change depending on demand (and where free or inexpensive space is available). For example, there used to be regular classes in Lawrenceville when the Somali-Bantu were first settled there; classes are currently provided in Prospect Park.

Legal Services

Immigrants and refugees have access to immigration-related legal services but not necessarily to legal services for issues unrelated to immigration. Both JF&CS and AJAPO offer free legal assistance for basic immigration needs such as applying for citizenship, permanent residency or “deferred action” (the new federal policy for certain undocumented young people). For some complicated cases, JF&CS refers clients to the University of Pittsburgh’s Immigration Law Clinic.

The clinic helps with issues such as removal defense, asylum cases and domestic violence special visas. Unfortunately, legal aid agencies in the region that provide free or low-cost assistance on civil issues such as employment or housing are not focused on meeting the specialized needs of the LEP population.

Community Groups

The scope of this report did not allow for exploration of the range or scale of small grass-roots community organizations that represent different ethnic groups. Given the historical precedent of newly arrived immigrants creating social groups to maintain ties to their traditions or church-centered networks, it is not hard to imagine that this is still happening in Allegheny County among different groups and that they play an important role as natural supports. Churches and other religious centers, cultural unions and social organizations all exist to support and celebrate their members. One refugee community group, however, stood out for its organization and breadth of mission. It is an excellent example of how a group can self-organize and begin to address community needs with culturally and linguistically appropriate initiatives.

PROMISING PRACTICES: BCAP COMMUNITY-BASED PROJECTS

BCAP has partnered with GPLC and the AIU to offer naturalization and ESL classes at local sites to facilitate participation. One member, seeking in particular to engage seniors in their mental and physical health, has started a yoga class with Reiki healing and other homeopathic methods that all draw on traditional Bhutanese practices. BCAP is also starting a community garden in Overbrook in order to engage families. They have secured land, supplies and tools through the help of their city council member. These are great examples of an organization leveraging community strengths and building natural supports.

- **Bhutanese Community Association of Pittsburgh (BCAP):** BCAP describes its mission as helping Bhutanese “get into American society” while at the same time “preserving language and culture.” JF&CS is its fiduciary sponsor, and it has three volunteer staff members and one Compass AmeriCorps member. BCAP uses space at the Prospect Park Family Center and the Hilltop YMCA, and has an office above a Bhutanese-owned gas station and convenience store on Saw Mill Run Boulevard. It has initiated a number of programs and classes to meet the needs of community members and has partnered with other agencies to bring services to the community.

BCAP is also an important source of knowledge for the Bhutanese community, taking advantage of traditional communication methods as well as social media. It holds community meetings in the various neighborhoods in which there is a Bhutanese presence to listen to members and share important information about news and upcoming events. It also publishes community news bulletins that consolidate and distribute local news and information for the community. It then posts videos with the same news and information to YouTube for those with reading difficulties. It also maintains a web presence through a website and a Facebook page.

In the future, BCAP is hoping to offer Nepali language classes for children and to provide education and outreach designed to maintain positive relations with the larger Pittsburgh community as the Bhutanese community grows and evolves.

FINDINGS

Calculating the current and future need for services of this population is challenging; not only is it difficult to accurately measure and predict the true size of the population, but also, DHS's data do not consistently identify which services immigrants and refugees are currently accessing or project future need. With the assumption that a primary language other than English would be indicative of immigrant/refugee status, DHS's two main information systems were searched for these data:

- **Key Information and Demographics System (KIDS):** Although KIDS includes a client information section to document a client's primary language and whether or not an interpreter is necessary, the language choices are somewhat limited and the system does not provide the option of identifying a language that is not listed. More significant, and unfortunately, staff are not consistently entering language information into the database. In a report generated from KIDS on May 3, 2013, language was indicated for 3,838 distinct clients out of a total of 222,391 (less than two percent). However, English was indicated as the language for 96 percent of these 3,838 clients. Only 154 clients were documented as speaking a language other than English; of those, the largest group (87 clients) was categorized as "other," ostensibly because their language was not available as an option. Similarly, of the 583 client records where "need interpreter" was selected, 399 did not designate language, and 159 designated English. Discussions with CYF staff and a quick perusal of the database indicate that caseworkers are more likely to document non-English speakers and the need for interpretation within narrative sections of their client notes, but this is not being done on a consistent basis; even if it were consistently included in the client notes, accessing the information would be difficult and time-consuming.
- **Electronic Client and Provider System (eCAPS):** An analysis of eCAPS data (run May 15, 2013) tells a similar story. Of 296,939 distinct clients, 28,342 (less than 10 percent) documented a primary language. Of those with a primary language indicated, only 210 were non-English speakers. Taken at face value, this would imply that significantly less than one percent of DHS consumers meet the definition of LEP. Given the known demographics of the population as a whole, this is highly unlikely. Without a systematic approach to tracking consumers with LEP, DHS is unable to know how it is serving this population. However, expected revisions in state reporting requirements are a first step toward addressing this problem. The new state reports will likely require documentation on citizenship status, ethnicity (Hispanic or non-Hispanic) and primary language for each consumer. Unfortunately, while the new primary language field contains 51 options, it does not include the languages spoken by many of the refugees living in Pittsburgh. Of course, it is difficult to measure the extent of the need for services that people are not accessing or that are not being documented.

PROMISING PRACTICES:**ST. ELIZABETH FAMILY MEDICINE CENTER, LEP CLINIC — UTICA, N.Y.**

Purposefully located in an area populated by immigrants and refugees, the LEP Clinic provides culturally appropriate medical services to patients in their native language. Interpretation is made available through public and private funds, totaling approximately \$500,000 per year, with a sizable amount coming from St. Elizabeth's itself. The LEP Clinic employs a Language Coordinator who ensures that language demand and supply is in balance. Other successful practices include a serious focus on employing multilingual staff, providing appointment cards to patients in their own language, and partnering with local medical schools to become a training model for care to diverse populations.

Translation and Interpretation

There is a general consensus among local agencies that Allegheny County does not have an adequate supply of affordable translation and interpretation services; this finding is similar to that reported upon in a 2010 DHS report called *Serving Consumers with Limited English Proficiency*. While that report found that DHS was serving LEP individuals "at every level and every entry point," only 46 percent of providers reported the ability to provide help with translation and interpretation at any point of service.

Issues impacting the provision of interpretation and translation services, identified by those interviewed for this report, include:

1. Cost of services within limited budgets
2. Underdeveloped planning and budgeting for services, particularly among small and mid-sized organizations
3. Lack of knowledge/awareness among regional institutions and providers about the need for services
4. Widespread resistance to providing services
5. Need for increased awareness of and sensitivity to ethnic distinctions within a language group (e.g., refugees from Burma actually represent three separate ethnicities and languages)
6. Need to include plans for interpreters and bilingual staff in provider personnel plans

In general, it appears that a combination of price, low availability and lack of general awareness regarding translation and interpretation commonly leads to delay and even denial of services.

Language Link, described above, was created to address the inadequate availability of professional translation and interpretation services for providers. Our interviews, however, indicate that it is not yet fulfilling this role. While the majority of those interviewed were aware of the organization, most do not currently make use of its services, relying instead on their own arrangements; providers who infrequently require translation and interpretation services were the least familiar with the service. The following challenges to broader use of Language Link were identified:

- *Low visibility* — services are not actively marketed in the community
- *Inadequate staffing* — no personnel are dedicated to administrative or operational functions
- *Language availability* — the current inventory of languages and interpreters may not match demand
- *Service request process* — receiving and processing of requests can be inconsistent

**PROMISING PRACTICES:
COLORADO AFRICAN
ORGANIZATION, COMMUNITY
NAVIGATORS — DENVER, COLO.**

The Refugee Parent Engagement Project utilizes community navigators to link refugee communities to schools, facilitate parental involvement, and conduct parent workshops. The community navigators act as education advocates and liaisons, communicating school-related guidelines, news and events. They orient refugee families to the landscape of education in the United States and encourage them to fully participate in the education of their children.

**PROMISING PRACTICES:
EXODUS REFUGEE IMMIGRATION —
INDIANAPOLIS, IND.**

Exodus's Employment Transportation Program utilizes two minibuses purchased through grants from the Indianapolis Public Transportation Corporation to transport refugee clients to and from work in the early stages of employment when their place of work is not accessible through public transportation. This service allows refugees to access jobs that would otherwise be unreachable, enabling them to develop self-sufficiency and eventually provide for their own transportation.

Navigation and Coordination

Because of factors such as language and cultural barriers and the complicated nature of the local service network, immigrants and refugees often require one-on-one assistance and guidance to understand their options and rights and to access services and benefits.

When situations are not complicated, the services provided by the refugee resettlement agencies are adequate, particularly since families meeting work-eligibility standards have access to these services for an extended period of time. However, existing funding sources do not provide for services when a greater need is identified (e.g., behavioral or physical health involvement, requirement for more intense educational or vocational training, secondary immigrants or refugees).

Currently, several providers attempt to address these needs in an ad hoc fashion. The four resettlement agencies continue to serve their clients beyond their contracted period in any way they can with limited resources. Before AJAPO became a resettlement agency, its entire mission was aimed at assisting immigrants and refugees with long-term adjustments. Both the Prospect Park and the Latino Family Support Centers provide interpretation, navigation and service coordination to the families that seek their assistance. As mentioned above, programs such as Compass AmeriCorps, FORGE, Keep It Real and LEGS augment efforts to help families navigate service needs in their new community. Recognizing their limited capacity regarding such needs, it is important to determine more effective ways to improve communication between providers and to connect immigrants and refugees to social services and natural supports in the community, such as existing community groups, religious institutions and social networks.

Individuals who have physical and/or intellectual disabilities find it more difficult to access services. There are at least two reasons for this: 1) many of these programs require long and complex special assessments that are difficult to complete, even with interpretation, and 2) some programs require documentation of the history of the disorder — impossible to acquire from the applicant's home country — in order to qualify for services.

Additional Unmet Needs and Service Gaps: In addition to the two overarching issues identified above, interviews revealed a number of unmet needs or gaps in services.

**PROMISING PRACTICES:
THE HARVARD PROGRAM IN
REFUGEE TRAUMA — BOSTON, MASS.**

The Health Promotion Program of HPRT worked with ethnic community organizations to better understand and address the mental health needs of Vietnamese and Cambodian refugees. After conducting research, HPRT developed a specialized mental health screening tool and trained dozens of refugee leaders as community health promoters. As the connection to the community strengthened, the program gained valuable information regarding mental health conditions and effective practices in the Vietnamese and Cambodian communities, which has been used to improve outreach, promotion and treatment efforts. HPRT has taken care to include and train refugee leaders along the way, building the capacity of these communities to improve their own health and well-being.

- **Transportation:** Access to and cost of transportation can limit housing and employment options. For example, residents of Prospect Park may have to walk more than a mile to catch a bus to downtown, where they then have to transfer to another bus to reach their job site; this and other commutes can be lengthy and expensive. In addition, given the expense of a roundtrip bus ride, people may not take advantage of services such as ESL classes or medical appointments. Among solutions to the transportation problem are employer-organized vans or carpools that transport workers to job sites, and neighborhood-based provision of services.
- **Behavioral Health:** Literature indicates that five to 12 percent of the refugee population suffers from post-traumatic stress disorder and depression,¹⁵ yet interviews revealed that behavioral health services for those issues as well as numerous others (drug and alcohol addiction; grief; social isolation and displacement; anger management; couples' therapy; rape, domestic violence and other experiences with violence; and chronic serious mental illnesses) are inadequate, inaccessible, unaffordable, unavailable in the necessary language or culturally inappropriate. Certain cultures stigmatize the use of behavioral health services. Of particular concern is the difficulty in conducting a sensitive therapy session with an interpreter present and the inadequate supply of certified interpreters to meet this need. In a 2011 report, the Consumer Health Coalition reported that providers required consumers to provide their own interpreters for substance abuse and domestic abuse counseling.¹⁶

¹⁵ Gemignani, Dr. Marco. "Refugee mental health: issues, screening, and reflections." Duquesne University, 2012.

¹⁶ Consumer Health Coalition: "Tracking Barriers to Health Care: Issues Affecting Individuals with Limited English Proficiency." 2011

The Latino Family Support Center estimates that only five percent of the adults in the families they serve have health coverage. While refugees receive medical assistance when they first arrive, working-age adults usually lose that benefit after the first eight months. For basic medical care, families can access a number of free or sliding-scale health clinics; however, for behavioral health services, uninsured individuals have far fewer options. The SHHC reports having behavioral health staff on site once a week. Immigrants or refugees with serious mental illnesses often end up going to the emergency room. As a first, positive step, volunteers recently created a weekly Alcoholics Anonymous group for Spanish speakers. Inadequate funding for interpretation is a primary reason for delay and denial of service. Providers know that their funding source will not reimburse the full cost of interpretation, so they try to balance the long-term, intensive services a patient might need with their financial bottom line.

Given the barriers to providing quality behavioral health services to non-English speakers, and expressed hesitancy about traditional western approaches to mental health issues, several providers emphasized the importance of prevention services that are far easier to

**PROMISING PRACTICES:
AURORA FAMILY THERAPY
CENTER — WINNIPEG, CANADA**

Recognizing the uniqueness of refugee and immigrant mental health needs and barriers to service access, Aurora reached out to the community to better understand how to provide appropriate mental health services. In response, they adjusted and shortened the intake process, offered to meet clients at their homes or other locations of convenience, and decided to collaborate with immigrant /refugee service providers. Also, Aurora strives to understand and accommodate the different ways that clients view the process of healing, which influences the provision of culturally sensitive care. Finally, Aurora has a commitment to providing services free of charge through a combination of private and public funding.

provide in native languages and that can leverage natural supports in the community. For example, SHIM works with partner agencies, such as the Women's Center and Shelter, to offer group education sessions with interpretation, located at the family support center, on topics such as domestic violence and family planning. BCAP has started a community garden and a yoga class that it hopes will help address the isolation and depression it sees among its elders.

It should be noted that similar issues and challenges exist for immigrants and refugees in the areas of physical health services in Allegheny County, comparable to those problems described above regarding access to and utilization of behavioral health services (e.g. insurance, affordability, interpretation, culturally appropriate services). However, a thorough review of physical health services is outside the scope of this report.

- **Employment and Job Training:** The immigrants and refugees who are the focus of this report are mainly employed in service and labor positions. Common job categories include cleaning, housekeeping, construction, landscaping and food service. Many refugees have begun to enter the medical services sector, mostly as certified nursing assistants and nursing aides. It should be noted, however, that refugees and immigrants arrive in the United States with varying levels of education and experience, which affects their career trajectories. For example, many newly-arrived Iraqi refugees bring with them advanced skills and experience, although such qualifications are often difficult to transfer to new careers in the United States.

Transportation, a major barrier to employment, was discussed earlier in this section. Other barriers include childcare, limited work experience in the United States, language barriers, education level, lack of recognition of education/certification, and a scarcity of jobs that provide a living wage.

Employment programs described in this report are often narrow in scope and of short duration, yet the ability to gain successful employment is often dependent upon the resolution of other issues, such as language proficiency and availability of childcare. As a result, many of these programs continue to provide support well beyond the scope of their services, even when these services are not supported by funding.

Finally, some employment programs lack cultural sensitivity and the capacity to work effectively with immigrants and refugees. For example, regulations for some assistance programs require participation in certain skill development activities, yet sufficient offerings for immigrants and refugees are often unavailable. Currently, through the DHS Immigrants and Internationals Initiative, CareerLink and AmeriCorps are planning the placement of an

AmeriCorps member at CareerLink for the purpose of improving access for immigrants and refugees. Interviewees expressed optimism that such an arrangement will benefit those in need of employment services beyond the scope and capacity of resettlement agencies.

**PROMISING PRACTICES:
MERCY HOUSING, REFUGEE
HOUSING PROGRAM – DENVER, COLO.**

Mercy Housing is dedicated to the development and management of affordable housing in Denver. Mercy's Refugee Housing Program helps refugee resettlement agencies and ethnic organizations to navigate the affordable housing market. Specifically, the program helps refugees identify and access affordable housing, deal with housing discrimination, connect with other housing resources and work toward home ownership. Mercy operates this program primarily through grants from the U.S. Office of Refugee Resettlement.

- **Housing:** The availability and cost of housing is a major challenge for immigrants and refugees in Allegheny County; these issues are frequently confronted by the refugee resettlement agencies, since they are responsible for making housing arrangements for new arrivals. Competition for affordable housing, large enough to accommodate sizable families and with easy access to transportation, is fierce. Further complicating the issue is the fact that many immigrants and refugees lack the credit history required by many landlords.

Lack of tolerance for cultural differences on the part of property owners and landlords, as well as many communities, is another factor affecting the availability of appropriate housing. Some service providers have experienced small successes in accessing public housing. NAMS has helped several clients get into public housing units and apply for housing vouchers. A number of Somali-Bantu refugees are currently living in the housing projects of Northview Heights and other neighborhoods. Nonetheless, public housing in Pittsburgh has become scarce and increasingly difficult to access.¹⁷ In addition, public housing units may present a safety risk to immigrant and refugee tenants who are unaware of the social norms within urban public housing.

¹⁷ Jones, D. N. "Less Low-Income Pittsburgh Housing Squeezing Needy People." *Pittsburgh Post-Gazette*. 2013

- **Public Benefits:** Because of their typically low income, some immigrants and refugees, and particularly their U.S. born children, can be eligible for limited public benefits such as medical assistance or health insurance support for their children, food stamps, childcare, Head Start, SSI, and housing and utility subsidies. Receiving and retaining these benefits, however, is often a challenge. Eligibility and enrollment complexities can be daunting, particularly given the language barriers. In addition, some undocumented immigrants may hesitate to apply for benefits for their eligible children for fear of deportation.
- **Education:** The inflow of non-English-speaking students and families can create a number of issues for a school or school district. Communicating with and engaging the parents are often challenging. Traditional outreach methods are rarely successful because of the language barrier. Parents frequently have to rely on their children for translation, which can lead to unwelcome changes in family power dynamics. The Latino Family Support Center noted several incidents in which, due to a lack of interpretation, schools were slow to evaluate children, individual education plans were not implemented, and parents did not understand what services their children were receiving. On the positive side, most interviewees reported that ESL classes are well facilitated at schools.

The relationship between a school district and its immigrant and refugee communities is dependent upon district leadership, school resources, and the response of the district and community to demographic changes in its composition. School districts seem to follow a typical learning curve when their immigrant and refugee population expands. The Baldwin-Whitehall school district is an interesting example. Initially, the school district embraced new immigrants and refugees, but, as the population increased, tensions emerged. Nonetheless, providers report that the current superintendent works well with the foreign-born population, and the district is proud of its efforts to accommodate these students. It was frequently named as a district that was dealing well with the local immigrant and refugee population.

- **Legal Issues:** Immigrants and refugees have several free or low-cost options for legal assistance related to immigration issues. However, free or affordable legal assistance for civil matters (e.g., divorce, custody, child support, evictions and other housing problems, work exploitation, denial of benefits, and criminal matters) is much harder to access, particularly for undocumented immigrants. Neighborhood Legal Services Association (NLSA), which provides free legal aid, is restricted by its funding from serving individuals

without legal residency, except in cases that involve extreme violence, sexual assault or human trafficking. Undocumented immigrants may also be hesitant to seek legal recourse when employers refuse to pay wages, when they suffer a workplace injury, or when a landlord threatens eviction. Many live in fear of the police and would be very unlikely to report a crime committed against them.

In addition, legal counsel, navigation and interpretation are significant challenges for immigrants and refugees who end up in the criminal justice system. Although the courts provide interpreters for hearings, non-English speakers can face difficulty when communicating with law enforcement, the jail system, or service providers to whom they are assigned (e.g., anger management classes or drug and alcohol treatment).

- **Elderly:** Elderly immigrants and refugees face a particular set of challenges that require specialized supports. They generally find it harder to learn English and adjust to the new culture than their younger relatives. Given the language and cultural barriers, and the fact that they are usually not employed, they are more likely to be homebound, isolated and at risk for depression. They may also struggle to adjust to changing family dynamics and feel a loss of status and authority both in the family and in the community.

Although some elderly refugees do manage to pass the citizenship test at the seven-year marker (when the refugee eligibility for

PROMISING PRACTICES: PROJECT SHINE — NATIONAL CONSORTIUM

Project SHINE (Students Helping in the Naturalization of Elders) began at Temple University and is now established in several states; it seeks to help immigrant elders “prepare for citizenship, work, acquire health literacy skills, and engage in meaningful civic roles.” SHINE primarily utilizes college students as tutors to engage with immigrant/refugee seniors, supplementing ESL and citizenship classes on an individual or group basis. In most cases, coordinators try to create intergenerational pairs/groups and encourage “real life” activities to boost enthusiasm and blend education with practical life skills. SHINE has accumulated a wealth of knowledge and resources about engaging immigrant elders and continues to help hundreds of people integrate into U.S. society.

financial assistance ends), even those who do not attain citizenship are entitled to many AAA services. AAA reports that most non-English speakers who contact the Senior Line seem to be well prepared, either by the resettlement agencies or members of their community, to ask for the services for which they think they are eligible. Approximately 15 percent of active participants in the Care Management Waiver program (which is designed to prevent nursing home admission by providing a range of services in the participant's home) speak a language other than English as their primary language; given that only seven percent of the overall county population speaks a language other than English at home, this could be a reflection of greater need within this subset of the aging population as well as cultural preferences for remaining in one's own home.

- **Child Welfare:** Administrative data do not allow for a comparison of child welfare service needs among immigrant and refugee families as compared to the greater Allegheny County population. However, until a more accurate measurement is available, the most reasonable way to plan for future service needs is to assume a similar distribution of abuse and neglect among this population as that of the general population.

PROMISING PRACTICES: REFUGEE FAMILY SERVICES (RFS) — ATLANTA, GA.

Refugee Family Services focuses on empowering refugee women and children by providing education and economic opportunity. The program recognizes the sensitivity that can surround domestic violence in refugee communities. Prevention of domestic violence and support for battered women is a large part of the program's mission; however, it does not lead with this message. Instead, staff build rapport with refugee women through gender-specific programming, creating the relationships necessary to offer domestic violence classes, crisis intervention and counseling services, and coordinated access to legal support for refugee women in communities that might not be receptive to a more overt approach.

Three common issues were identified during the interviews conducted for this report: 1) young children left alone, often caring for even younger siblings; 2) truancy; and 3) parent/teenager conflict. Given the experiences — past and present — of immigrant and refugee families, it is necessary to evaluate appropriate interventions from a culturally sensitive perspective. For example, refugee families who recently lived in open camps, surrounded by violence, may not understand why it is considered unsafe to keep unsupervised children in a locked apartment. Likewise, a different sort of parent/teenager conflict might be experienced in refugee and immigrant families when parents are dependent upon their English-speaking, culturally acclimated children to navigate systems for them. Also, American norms of teenage independence can often be experienced as a lack of parental respect. Language barriers aside, figuring out how to best serve these families can be a challenge and requires a strong understanding of cultural differences.

- **Domestic Violence:** While definitive data are not available, some interviewees estimate that domestic violence might be more common in segments of immigrant communities, perhaps linked to substance abuse and/or the anxiety and stress related to relocation and the adjustment to new circumstances. In addition, certain communities might exert pressure on women to remain with their families regardless of an abusive situation. SHIM has

partnered with the Women's Center and Shelter to offer abuse awareness and prevention classes at Prospect Park to women and girls, and has also applied for a grant to provide court-ordered classes for non-English-speaking abusers.

Language can be a barrier to effective domestic violence prevention and intervention; the Women's Center and Shelter estimates that three to five percent of the women in its shelter are non-English speakers. While a phone service is used to translate on the intake hotline, in-person interpretation is needed at the shelter. The shelter employs one Spanish-speaking staff person, but it is difficult to find qualified interpreters for many of the less common languages. The cost of interpretation is also a problem. While the shelter covers the cost of interpretation services during therapy sessions and safety planning, non-English-speaking women are often without an adequate means of communication during their stay at the shelter.

Women in abusive relationships can also face complicated legal issues. If a woman has gained access to the country illegally or through her husband's green card, her residency is in peril if she chooses to leave her home; there is a special visa for victims of domestic violence, but it takes several months and a significant amount of legal assistance to apply and become eligible. Affordable and accessible legal assistance for related issues, such as custody and child support, is also difficult to find.

CONCLUSION/RECOMMENDATIONS

While it is difficult to quantify the current and future service and system needs of the foreign-born population, the information provided in this report supports the need for improvement and/or expansion in a number of areas. Although the research was not exhaustive, similar themes and issues were consistently expressed across interviews, which provides a measure of confidence in the results. A synthesis of the findings leads to the following recommendations:

Improve Data Collection to Support Decision-Making and Analysis: Improvements are indicated in two areas: 1) DHS data system redesign to improve input of and access to client and service data, and 2) implementation of processes that encourage consistent data input by DHS and provider staff. Of particular importance is the need to capture consumers' primary language. Proposed state reporting requirements address this recommendation in part; however, changes to the data collection systems will be necessary to comply with these requirements and to increase the flexibility and detail of the type of data that can be collected (e.g., additional language choices).

Maintain Flexibility: These uncertainties argue for flexibility moving forward. Not only is the population growing, but it will continue to change in composition as new groups of immigrants and refugees arrive, secondary waves of immigrants relocate to the area, and immigration policy is reformed. Allegheny County is at a "tipping point," where processes and systems must be developed to provide access to culturally sensitive human services for the growing number of immigrants from varied cultures. As such, policies and services should be designed to accommodate expansion and changing needs over time.

Encourage Collaboration: Because the needs of these populations can be overwhelming for any individual provider to address, collaborations and partnerships are crucial going forward. The efforts and initiatives of the DHS Immigrant and International Advisory Council might be viewed as a model for collaboration across systems. Providers should be further supported in their efforts to share information and work together.

Build Capacity, Whenever Possible, Within the Existing System: Care should be taken to avoid duplication of existing efforts within the human services network, instead focusing on strengthening partnerships between services and stakeholders and increasing the capacity of providers to include culturally sensitive services within their current programs.

However, it might be necessary, in certain circumstances, to create population-specific services. One example is in the area of behavioral health. The types and degrees of trauma and isolation, the particular difficulty of using interpretation for assessments and therapy, and the cultural differences in perception of mental health and appropriate behavior suggest that simply connecting immigrants and refugees to existing services may not be sufficient. Emerging practices that show promise should be studied and supported in order to better understand and implement culturally appropriate options.

PROMISING PRACTICES:

JF&CS OFFICE HOURS

JF&CS runs an auxiliary program called Office Hours in three Pittsburgh-area neighborhoods (Prospect Park, Carrick and Mt. Oliver) in which staff and volunteers set up shop once a week for two hours to help with routine tasks that can be difficult for this population: reading and explaining their mail, setting up appointments, filling out forms to reapply for benefits, or simply explaining a complicated task. This is an example of effective, neighborhood-based service provision.

Provide Mobile and Neighborhood-Based Services: Because transportation is such a significant barrier to accessing services, some providers already offer neighborhood-based services, either through mobile units or by establishing a regular presence within the neighborhood. The benefits of providing these easily accessible services include higher participation and, reportedly, increased trust. Expanding the availability of neighborhood-based services should be encouraged. Connecting consumers to multiple services in one visit — through the use of the “one-stop-shop” model — may be particularly beneficial to immigrants and refugees.

Engage Natural Supports: As described in the DHS report “Natural Supports: A Scan of Current Use and Future Opportunities” (January 2013), encouraging the use of natural supports is critical to building self-sufficient families and individuals. This practice can be particularly beneficial for immigrants and refugees because of the language and cultural barriers inherent in the established service system. Connecting individuals to the community’s natural leaders, existing groups and

religious centers, and supporting them in developing their own supports and services, can be a highly successful and sustainable way of strengthening individuals and families. For example, DHS currently offers use of meeting room space to immigrant and refugee groups for community meetings.

Facilitate Service Coordination and Navigation: The ability to effectively meet the unique needs of immigrants and refugees is certainly enhanced by increased service coordination and information-sharing among providers, agencies and communities within the human services network. Furthermore, the prevalence of LEP among immigrant and refugee groups, as well as lack of familiarity with U.S. institutions and a tendency to remain socially isolated, necessitates careful needs assessment, clear explanation of consumer options, convenient connections to services and supports, a higher level of consumer advocacy, greater attention to service barriers (e.g., transportation, interpretation, cultural differences), and communication with providers who can offer specialized guidance. This type of navigation should be encouraged across and imbedded within all areas of the human services delivery system in order to strengthen organizational connections and capacity, improve consumer access, reduce redundancy, and offer culturally appropriate services.

Increase Access to Professional Interpretation: A viable option for affordable, in-person professional translation and interpretation is crucial in order to serve immigrants and refugees with LEP. Language Link is an example of a model that has been successful in other communities. In order for it, or other such programs, to be able to meet existing and future needs, additional funding is necessary. Such funding would allow for the hiring of a dedicated staff, implementation of an effective marketing campaign, and/or establishment of an informative Internet presence.

APPENDIX: INTERVIEW LIST

Position/title current at time of interview

External Interviews Conducted from April 2, 2013 through May 2, 2013:

Acculturation for Justice, Access and Peace Outreach (May 2, 2013)

- Yinka Aganga-Williams, Ph.D., Executive Director
- Dismas Bizimana, Senior Case Manager
- Cameron Parkin, Compass AmeriCorps Member

Allegheny Intermediate Unit (April 12, 2012)

- Clara Folino, Site Director
- Cristina Codario, Adult Education Case Manager

Bhutanese Community Association of Pittsburgh (April 25, 2013)

- Khara Timsina, Vice President

Catholic Charities (April 11, 2013)

- Cathy Niebel, Director of Outreach Services
- Veronica Gonzalez, Refugee Case Manager
- Jocelyn Bosick, Program Coordinator
- Christina Norland, Compass AmeriCorps Member
- Krista Shaheen, Compass AmeriCorps Member

Duquesne University (April 9, 2013)

- Marco Gemignani, Ph.D., Associate Professor of Psychology

Greater Pittsburgh Literacy Council (April 18, 2013)

- Doug Masiroff, ESL Education Specialist

Jewish Family & Children's Service of Pittsburgh (April 5, 2013)

- Leslie Aizenman, Director of Refugee Services
- Ximena Marinero, Refugee Case Worker Coordinator

Keep It Real (April 26, 2013)

- Jenna Baron, Board Member and Volunteer Tutor

Appendix:
Interview List
(continued)

KidsVoice (via email communication, April 23, 2013)

- Scott Hollander, Executive Director

Latino Family Center (April 4, 2013)

- Samaria Arzola, Site Director

Northern Area Multi-Service Center (April 2, 2013)

- Kheir Mugwaneza, Director, Community Assistance and Refugee Resettlement
- Elizabeth Ringler, Job Developer, Refugee Social Services (RSS)

Pittsburgh Action Against Rape (Phone interview, April 18, 2013)

- Therese Macada, Bilingual Counselor

Prospect Park Family Support Center (April 11, 2013)

- Courtney Macurak, Site Director
- James Guffey, Executive Director, SHIM

Salud Para Ninos, Children's Hospital of Pittsburgh (April 16, 2013)

- Diego Chavez, M.D., M.P.H., Program Director

Sisters of Saint Joseph (April 9, 2013)

- Sister Janice Vanderneck, Latino Outreach

Somali-Bantu Community Association of Pittsburgh (April 30, 2013)

- Aweys Mwaliya, Director

Squirrel Hill Health Center (April 17, 2013)

- Andrea Fox, M.D., Medical Director
- Susan Kalson, CEO
- Megan Powers, Program Coordinator

University of Pittsburgh, Graduate School of Public Health (April 16, 2013)

- Patricia Documet, M.D., Dr.P.H., Assistant Professor and Scientific Director, Center for Health Equity

University of Pittsburgh, School of Law (April 4, 2013)

- Sheila Velez Martinez, J.D., Professor and Director of the Immigration Law Clinic

Appendix:
Interview List
(continued)

Vibrant Pittsburgh (April 16, 2013)

- Adriana Dobrzycka, Community Outreach and Inclusion Manager

Women's Center and Shelter of Greater Pittsburgh (May 2, 2013)

- Janet Scott-Mace, Assistant Director

Internal DHS Interviews Conducted:

- Area Agency on Aging:
 - Joseph Barker
 - Gaoying Bolinger
 - Lisa Engle
 - Donald Grant
 - Ethel Novogradac
 - Thomas Sobieralski
 - Urvashi Srivastava
- Chuck Keenan, Office of Community Services
- Barbara Murock, Office of Behavioral Health
- Samantha Murphy, Office of Community Relations
- Walter Smith, Ph.D., Executive Office
- Mike Szymborski, Office of Behavioral Health
- Joanne Witkowski, Office of Children, Youth and Families

Group Meetings Attended April 2013:

- Immigrant and International Advisory Council, quarterly meeting (April 30, 2013)
- Latino Families and Schools Engagement Group, first meeting (April 24, 2013)