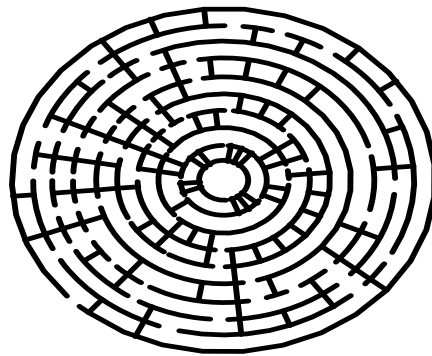


# Cultural Resources

To download other “topics” or the entire Who Pays document go to:

<http://www.health.state.mn.us/mcysn>

## Who Pays?



Taking the *MAZE* Out of Funding

Minnesota Children & Youth  
with Special Health Needs



651-201-3650 OR 1-800-728-5420  
[www.health.state.mn.us/mcysn](http://www.health.state.mn.us/mcysn)

# **Cultural Resources**

Public Benefits for Non-Citizens

Snapshot – Immigrant & Refugee Mental Health

Multicultural Resources





## PUBLIC BENEFITS FOR NON-CITIZENS

Public benefits for non-citizens are complicated. They involve both immigration and public benefits law. These laws have changed a lot in the last 13 years. To learn about your situation, talk to a lawyer who knows both immigration and public benefits law. Public benefits come from the government to help you or your family with living expenses like food, clothes, housing or medical care. Different programs pay for different items. Each program has rules about who can get the benefits. There are rules about whether people who are not citizens can get benefits. To know whether you can get a benefit, you have to know your immigration status. Check your immigration papers. Remember that the INS has changed its name to USCIS (U.S. Citizenship and Immigration Services).

First we will talk about what programs you can apply for. Getting public benefits can make it harder to get a residency card for **some**, but not all immigrants. Be sure to check for 3 things as you read this fact sheet:

- ◆ What public benefits you can get
- ◆ Whether getting the benefit will make it harder for you to become a permanent resident
- ◆ Whether getting the benefit will make it harder for you to be a sponsor to bring family members to the U.S.



### ● PEOPLE FLEEING PERSECUTION

People fleeing persecution came to the U.S. to escape danger or extreme hardship in their home country. Not everyone can get this status from the USCIS. Getting the status depends on what country you came from. Check your immigration papers. If you are in one of the following categories, you may get some benefits from the U.S. government:

- **Refugee.**
- **Asylee.**
- **USCIS put a hold on deporting you because of danger in your home country.**
- **Cuban or Haitian entrants.** This does not mean every person from Cuba and Haiti. You are a Cuban or Haitian entrant if you were “paroled” into the U.S. as a “Cuban or Haitian entrant”; you have applied for asylum; or the USCIS has started exclusion or removal actions for you.
- **Amerasians.** You are “Amerasian” if you were fathered by a U.S. citizen in certain Southeast Asian countries during the Vietnam War years.

People in the above categories are called “qualified immigrants.” They may be able to get SSI, MFIP, GA, food benefits, and MA (Medical Assistance). If you are not a “person fleeing persecution” go to page 3. See below to find out what each program offers people fleeing persecution. There are special rules for each program.

## ▲ SSI (Supplemental Security Income)

This program pays \$674 every month if you are elderly or you are disabled and cannot work. The amount can be less if the people you live with help you pay for housing or food or if you are married and your spouse works or gets SSI. Some disabled children can get SSI. You apply for SSI at a Social Security office. To find one near you, call 1-800-772-1213. SSI has special rules for people who are not U.S. citizens:

- If you were getting SSI before August 22, 1996, you can keep getting SSI without time limits.
- If you were in the U.S. legally on a permanent basis before August 22, 1996, but you were not getting SSI before that date, you can get SSI without time limits only if you are now disabled. You can no longer get SSI based on your age.
- If you came to the U.S. **after August 22, 1996**, you can get SSI only for 7 years after the date you got your status from the USCIS. When 7 years is up, SSI will not pay anymore, until you become a citizen. But you may qualify for a 2 or 3 year extension. Check with your local legal aid office to see if you can get an SSI extension.



## ▲ MFIP (Minnesota Family Investment Program)

This program helps families with children. The amount of money you can get each month depends on the size of your family. **Most** legal immigrants can get MFIP for 60 months (5 years). Parents who get MFIP usually have to look for work. You have to meet with MFIP job counselors to find out what kind of work you can do to get off MFIP. Sometimes you can get training instead of looking for work. Taking English classes can count as work training in this program, but Minnesota limits how much ESL (English as a Second Language) you can take while on MFIP. MFIP families also get MA (Medical Assistance) to pay for doctors and hospitals for their children. Many parents can get MA also. Ask your worker. You can also get food benefits to help you buy food.

## ▲ GA (General Assistance)

GA is mostly for single or married people who do not have an income. Usually you have to be a lawful permanent resident of the U.S. to get GA. However, you may be able to get GA if you are applying for permanent status. GA only pays \$203 a month. If you get GA, you may be able to get food benefits. You can also get GAMC (General Assistance Medical Care or MinnesotaCare) to pay for doctors and hospitals. If you are disabled, you may be able to get MA. Ask your worker. GA has special rules for people who are not citizens. If you are under 70 years old and have been in the U.S. for at least 4 years, you have to take “steps” toward citizenship. You don’t have to take “steps” if you live in a nursing home or group home. Steps include:

- ♦ Being in a class to learn citizenship, literacy, or ESL **or** being on a waiting list for such a class.
- ♦ Applying for citizenship and waiting to take the test or for the citizenship ceremony, **OR**
- ♦ Having been denied citizenship because you failed the test 2 times or because you could not understand the rights and duties of being a citizen.

## ▲ Food

People fleeing persecution may be able to get food benefits. But, some immigrants cannot get food stamps (now called SNAP) for the first 5 years they are in the US. If you are not eligible for food stamps and you are 50 or older, you may get state food benefits worth the same amount as food stamps. You will have to take “steps” toward citizenship.

### ● IF YOU ARE NOT A “PERSON FLEEING PERSECUTION”

If you are not a “person fleeing persecution,” you may still be a “qualified immigrant.” You may be able to get the benefits listed above if you are:

- A legal permanent resident (have a residency card)
- “Paroled” by USCIS for at least 1 year
- A person who is being hurt or threatened by a spouse or parent, if the spouse or parent is a U.S. citizen or lawful permanent resident.



The rules for Food Benefits and SSI are more limited than other programs. To get Food Stamps, you may have to wait 5 years. But your children will not have to wait. You may not get SSI. It will depend on when you came to the U.S. and what your immigration status is. In most cases, to get **SSI**, you must be blind or disabled and have come to the U.S. before August 22, 1996.

If you have questions about getting help from these programs, call your legal aid office.

### ● IF YOU HAD A SPONSOR WHEN YOU CAME TO THE U.S.

Many people come to the U.S. by having a relative sponsor in the U.S. A relative sponsor is a family member who is a citizen or has a residency card (legal permanent resident). The sponsor agrees to be responsible for you in the U.S. Sponsors must promise the USCIS that if you become poor, they will support you. If you came to the U.S. after mid-December 1997 through a relative sponsor, the government can count your sponsor’s income and assets as if they were yours. Since all public benefits programs have income and asset limits, this could keep you from getting public benefits. Your sponsor’s income and assets may count even if you lose contact with your sponsor. Counting your sponsor’s income and assets may put you over the limit for benefits. You may still be able to get emergency medical help. Your children may still be able to get Food Stamps.

The government may not apply your sponsor’s income and assets to you if you are in danger of going hungry or becoming homeless. The government also won’t apply your sponsor’s income and assets if you or your child are being hurt or treated with extreme cruelty by your sponsor.

If you came through the visa lottery (“diversity” visa) or some other way after December 18, 1997, the government cannot count your sponsor’s income and assets for any program except MFIP. Then the income and assets will count only for a short time. Check with your legal aid office if you have questions about whether your sponsor’s income and assets should count as income and assets to you.

### ● IF YOU ARE A U.S. VETERAN OR ACTIVE DUTY MEMBER OF THE U.S. ARMED FORCES

You can get SSI without any time limit if you are disabled or 65 or older. You may also be able to get MFIP, health care and food benefits. You may be able to get GA, but you may need to take “steps” towards citizenship (see above). Your spouse and your unmarried, dependent children are eligible for the same programs. Unfortunately, Hmong and Lao army veterans are not considered U.S. veterans.

- **NON-IMMIGRANTS AND PEOPLE WITHOUT IMMIGRATION PAPERS (UNDOCUMENTED)**

Non-immigrants are people who are here legally but temporarily – for example, as visitors, students, or temporary workers. People without immigration papers (undocumented) are people who never had or no longer have USCIS permission to be in the U.S. If you are in one of these categories you cannot get any public benefits, except for:

- You may get free medical help for emergencies, if you are elderly, disabled, (you must be certified disabled by the state or social security), under 18, or pregnant, and you intend to stay in the U.S. permanently. If you are a pregnant woman, you can get free medical help for your whole pregnancy, and for 60 days after your child is born. When you apply, you should tell the county agency you cannot get regular MA because of your immigration status. Do not answer any questions about your immigration status.
- You may also be able to get medical help through the Center for Victims of Torture, 612-436-4800.
- If you are in the process of adjusting your immigration status, you may be able to get state-funded cash or medical benefits.
- You can also get:
  - free school breakfast and lunch benefits,
  - Women, Infants and Children (WIC) benefits,
  - immunizations from public health, and
  - benefits through Head Start.

- **HOUSEHOLDS WITH AN UNDOCUMENTED MEMBER**

A household is a group of people who live together in the same house or apartment. They do not all have to be family members. People are “undocumented” if they never had permission from the USCIS to be in the U.S. or if their permission has run out. Many households have some members who are citizens or here with documents, and some members who are undocumented. Here are some examples:

- An undocumented parent may have citizen children who were born in the U.S. Those children can get MFIP, food stamps, and medical benefits, but the parent has to apply for them. If you are undocumented you can apply for benefits for your children. Do not answer any questions about your immigration status. Just say “I am only applying for my children. I am not eligible because of my immigration status.”
- If you have a residency card (legal permanent residency), you may apply for benefits while living with a friend, relative, or spouse who is undocumented.



If some members of your household are undocumented and others are here with documents, you live in a “mixed” household. If you are in a “mixed” household, talk to a lawyer **before** you apply for benefits.

# HOW GETTING BENEFITS CAN AFFECT IMMIGRATION STATUS

## ● GETTING A RESIDENCY CARD

If you or someone in your household might apply for a residency card (legal permanent residence) sometime in the next 3 years, talk to a lawyer before you apply for benefits. The USCIS can deny a residency card to you if it thinks you are likely to be a “public charge.” A public charge is someone who relies on long-term cash public benefits such as SSI, MFIP or GA. USCIS may also consider you a public charge if you get long-term nursing home care. If your household has used public benefits in the last 3 years, USCIS may decide you are likely to be a public charge. Talk to a lawyer.

The public charge rule **does not apply to refugees or asylees**. It also **does not apply** to benefits you get that are not cash, such as:

- MA (Medical Assistance)
- WIC (Women, Infants and Children)
- Housing assistance
- Food Stamps
- Energy assistance
- medical care for pregnant women
- child care

## ● BEING A SPONSOR TO BRING FAMILY TO THE U.S.

If you want to become a sponsor for someone else in the next few years, you may not want to apply for public benefits. The USCIS could decide that you cannot take financial responsibility for a new immigrant if you were on public benefits yourself.

When you apply for benefits you have the right to an interpreter if you need one. Government agencies that give out benefits must provide a free interpreter to people with limited English. They cannot make you bring your own interpreter. You can bring someone to help you if you want to. See our fact sheet, *Your Right to an Interpreter*.



***Southern Minnesota Regional Legal Services (SMRLS) helped with this Fact Sheet.***

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***Minneapolis Legal Aid – CLE***  
*MN Legal Services Coalition*  
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*St. Paul, MN 55114*

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# Snapshot

FEBRUARY 2009



## Immigrant and refugee mental health

*Best practices in meeting the needs of immigrants and refugees*

Compared to their native counterparts, immigrants and refugees are at higher risk for developing mental health problems due to previous trauma and/or the stress of migration and resettlement; such as war, violence, poverty, and acculturation.

Mental health issues including major depression disorder, post-traumatic stress disorder, and general anxiety disorder are common among newly arrived immigrants and refugees. While many immigrants and refugees are resilient, traumatic experiences and migration stressors have a great impact on their mental well-being.

### Barriers and service gaps

In addition to common barriers to receiving mental health services – such as lack of transportation, child care, information, and health insurance – immigrants and refugees face additional barriers that limit their use. These include:

#### *Language*

Few services are available for immigrants and refugees in their native languages. Translated written materials are sometimes available; however, immigrants and refugees may not be literate in their native language. Mental health conceptions also vary from culture to culture, making translation of mental health concepts and terms complex and challenging. As a result, it is difficult to provide meaningful written materials or assessments in different languages.

#### *Stigma*

Stigma of mental illness is especially pervasive among immigrant and refugee communities where being mentally ill translates to being “crazy.” Individuals with mental health issues are often isolated and ostracized by the community especially when symptoms are severe.

Also, information about someone’s mental health issues can spread quickly in close-knit ethnic communities, potentially damaging a family’s reputation. For example, in some communities, mental illness is perceived as hereditary and can damage an individual’s likelihood of getting married.

### Cultural considerations

#### *Be familiar with cultural conceptions of health and mental health*

Many cultures have a holistic view of health and well-being and believe in spiritual causes for illness, such as the loss of one’s soul in the Hmong culture or the “evil eye” curse in the Somali culture.

#### *Hire and support bilingual/bicultural service providers*

Immigrants and refugees are more likely to seek services from bilingual/bicultural service providers who share the same background as they do. Bilingual/bicultural

## What are somatic symptoms?

Somatic symptoms are physical symptoms of psychological distress, such as physical pain, headaches, lack of sleep, loss of appetite, nausea, dizziness, and fatigue.

## Why are somatic symptoms prevalent among immigrant and refugee populations?

- Mental health is not recognized in many non-western cultures and emotional symptoms are not perceived as indicators of a potential health issue.
- In some cultures, the expression of emotions is discouraged and interpreted as a sign of weakness.
- Emotional symptoms are more stigmatizing and easier to suppress than somatic symptoms.

service providers bridge the language gap and understand clients' needs and issues in a cultural context. They are often more successful at incorporating both western and traditional treatments, as well as educating clients about western mental health. Unfortunately, there is an extreme shortage of service providers who can meet the demand.

To encourage the growth of bilingual/bicultural service providers, efforts should be made to attract and recruit bilingual/bicultural individuals to the mental health field. Providing support during education, licensing, and practice is important. Mentorships are effective for training future bilingual/bicultural service providers, as well as exchanging knowledge of cultural mental health concepts.

### *Use interpreters who are trained in the mental health field*

When bilingual/bicultural service providers are not available, interpreters are commonly employed to close the language gap and assist in providing culturally competent services. Interpreters may also include paraprofessionals and translators.

It is critical to use professional interpreters who are knowledgeable in mental health. The following are recommendations for service agencies:

- Ensure interpreters understand and abide by confidentiality agreements. Within a closely-knit ethnic community, it is possible for interpreters and clients to know each other. Keeping mental health information confidential is essential in building trusting relationships and providing effective services to clients.

- Match clients with an interpreter who has similar characteristics (e.g., ethnicity and gender).
- Consistently use the same interpreter for each client to build a trusting relationship.
- When using interpreters, extend appointment times to ensure clients have enough time to build a relationship with service providers. The translation process during appointments limits the amount of time clients have to interact and get to know service providers.
- Outline clear roles and responsibilities for interpreters.
- Ensure interpreters have the necessary supports to manage their own mental well-being because listening to a client's story may evoke memories of their own traumatic experiences.
- Ensure interpreters have a manageable caseload to avoid burn out.
- Provide on-going mental health training and professional development opportunities to educate and retain interpreters.
- Allow time before and after appointments for service providers and interpreters to discuss and explain mental health beliefs and to reflect on what occurred during the appointment.

When interpreters are unavailable, family members and/or spiritual/religious leaders are often used to translate. While it may be convenient, this is generally discouraged because family members and spiritual/religious leaders tend to lack mental health knowledge and interpreter training, which is crucial in helping clients understand their symptoms, diagnosis, and treatment. Also, when a family member or spiritual leader is present, clients may be less willing to disclose certain information that they consider shameful or stigmatizing.

### ***Collaborate with other health care providers***

Immigrants and refugees are more likely to seek care from general health practitioners than from mental health providers, primarily because it is less stigmatizing. In addition, immigrants and refugees frequently seek care from general health practitioners to relieve somatic symptoms, such as physical pain, headaches, and lack of sleep. Somatic symptoms are common among immigrants and refugees. They are more widely accepted as indicators of a health problem than mental or emotional symptoms and typically are the first signs of a mental health issue.

General health practitioners can serve as a gateway to mental health services; however, the referral process can be confusing and complicated. To reduce access barriers it is important for providers to work with one another to provide coordinated services when serving immigrant and refugee populations.

In an effort to reduce issues that may arise due to contradicting or different health beliefs, health care service providers should also partner with traditional and spiritual healers from the community, such as a shaman or imam. They can work together to understand traditional and western health practices and provide appropriate and comprehensive services.

### ***Integrate traditional health and healing practices***

It is common for immigrants and refugees to use traditional and religious healing methods before turning to western health care, or in combination with western health services. Service providers should be aware of traditional and religious health and healing practices and be supportive when clients use these techniques.

Service providers should be familiar with traditional healing methods of their service population to understand the different kinds of treatment clients are receiving. For example, in the Hmong community, many continue to use traditional therapies to relieve physical pain, such as dermal abrasion, massage therapy, acupuncture, and herbal therapy. Some of these techniques have been mistaken for physical abuse because they can bruise,

scar, or redden the skin. Providers can also support clients by encouraging traditional healing methods or integrating them into service plans.

## **Effective therapy/service models**

### ***Psychoeducation***

Education about mental illness, called psychoeducation, can help immigrants and refugees increase their knowledge and awareness of western mental health concepts and practices. It also has the potential to reduce stigma within immigrant and refugee communities.

However, providing culturally competent psychoeducation is challenging due to the limited culturally relevant resources and tools and the difficulty in translating mental health concepts. Service providers and facilitators need to be resourceful and thoughtful when presenting mental health information to immigrant and refugee communities.

### ***Group therapy***

Group therapy interventions have proven effective for immigrants and refugees from collectivistic cultures, where the family or a collective group is valued over the individual. One-on-one talk therapy can seem threatening and intimidating.

In collectivistic cultures, it is common for families to be the first source of support for personal problems or health concerns. Family group therapy is especially effective for elders because they tend to hold more traditional beliefs and are more reluctant to seek help and disclose information to those outside of the family.

All clients in a therapy group should be the same gender and ethnicity and share the same mental health issue. Facilitators should be bilingual and have similar characteristics to their clients.





To learn more  
about this issue

go to

[www.wilderresearch.org](http://www.wilderresearch.org)



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### **Home visits**

Home visits are a useful strategy for collecting and sharing information with immigrant and refugee clients. Home visits can serve multiple purposes, including sharing information about available services, providing psychoeducation, and conducting outreach. Home visits help eliminate transportation and child care barriers and allow clients to be in a non-threatening environment.

Home visits are most effective when done by bilingual providers or with the assistance of an interpreter. Providers, interpreters, and clients should all be matched by gender.

### **Medication**

Medication is a familiar form of treatment across many cultures and is most effective for relieving somatic symptoms. However, psychotropic medication is regarded negatively among immigrants and refugees. It is usually only accepted when symptoms are severe and all other resources have been exhausted.

Non-compliance rates of psychotropic medication are high among immigrants and refugees due to language and literacy barriers, discomfort with side effects, and perceptions of the effectiveness of the medication when results are not immediate. In addition, medication is seen as ineffective when the illness is attributed to spiritual causes.

Overall, when prescribing medication for mental health issues, service providers should thoroughly inform immigrant and refugee clients about their options related to medication, the risks and benefits associated with the medication and the proper procedures for taking the medication, and be sensitive to clients' concerns about the side effects.

### **Additional resources**

Jaranson, J., Forbes Martin, S., & Ekblad, S. (2000). Refugee mental health services: Issues for the new millennium. In R.W. Manderscheid, & M.J. Henderson (Eds.), *Mental health, United States, 2000* (Chapter 13). Rockville, MD: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. Retrieved from: <http://mentalhealth.samhsa.gov/publications/allpubs/SMA01-3537/default.asp>

Pumariega, A.J., Rothe, E., & Pumariega, J.B. (2005). Mental health needs of immigrants and refugees. *Community Mental Health, 41*(5), 581-597.

Yu, M. (1997). Mental health services to immigrants and refugees. In T.R. Wakins & J.W. Callicut (Eds.), *Mental health policy and practice today* (164-181). Thousand Oaks, CA: SAGE Publications, Inc.

Author: MaoThao, Wilder Research  
FEBRUARY 2009

## **Multicultural Resources: Resources for serving diverse populations in Minnesota**

### **2008 Health Resources Serving Diverse Cultural Communities**

This document compiled by the Refugee Health Program of the Minnesota Department of Health, was created to be a quick reference for individuals working to identify appropriate health services for refugees and immigrants. The directory has been expanded and now includes the following counties: Anoka, Carver, Dakota, Hennepin, Kandiyohi, Olmsted, Otter Tail, Ramsey, Rice, Scott, Stearns and Washington. Listings have been selected either because they have special expertise in serving diverse populations or offer low-cost care options such as reduced fees or sliding fees. Although listings are divided by county of location, many agencies serve residents from multiple counties. This guide can be accessed at: <http://www.health.state.mn.us/divs/idepc/refugee/directory.html>

### **Directory of Minnesota Organizations Serving Diverse Populations**

This is a reference guide, published in 2006 by the Minnesota Department of Human Services, Children & Family Services Division. It includes nonprofit social service organizations, tribal governments, state agencies, and mental health practitioners who identify themselves as serving culturally specific or diverse populations in Minnesota. Providers are categorized by their service to one of five cultural groups: African American—African, American Indian—Native American, Asian—Southeast Asian, Latino—Chicano, or Multicultural—European American. A copy of this directory may be downloaded from the following web address:  
<http://edocs.dhs.state.mn.us/lfsrver/Legacy/DHS-4411-ENG>

### **Directory of Resources for Children and Families in Minnesota**

This directory provides information on resources that may help families, providers and others working with families and children. Users are able to search for resources by specific counties or school districts (Help Me Grow - Early Intervention only). There is also information included within each search that provides statewide resources and programs available to Minnesota families. The directory is available at the following web address:  
<http://www.health.state.mn.us/mcyshn> For those who do not have Internet access, please contact the Minnesota Children and Youth with Special Health Needs Information and Assistance Line at: 651-201-3650 or 1-800-728-5420 for assistance in locating services or resources.

### **Directory of Nonprofit Organizations of Color In Minnesota**

The *Directory of Nonprofit Organizations of Color in Minnesota* is a listing of not-for-profit associations, organizations, and mutual assistance and fraternal groups in the state of Minnesota that primarily serve communities of color. [www.cura.umn.edu/publications/npoc](http://www.cura.umn.edu/publications/npoc)

### **Office of Minority and Multicultural Health (OMMH) – Minnesota Department of Health**

Examples of key activities carried out by OMMH include: Providing leadership and collaboration for MDH regarding community minority health activities; building state and community capacity to meet the needs of populations of color and American Indians in disease prevention, health promotion, and health care systems, and to close the gap on health disparities; identify minority health resources available to community based organizations; and working in partnership with communities throughout the state to ensure the issues of minority health are addressed. Address: Freeman Building, 5C , 625 Robert St. N, St. Paul, MN 55164-0975  
General office information: (651) 201-5813 <http://www.health.state.mn.us/ommh/index.html>

**East Side Neighborhood Services, Inc.** - a nonprofit human services agency that provides basic needs resources and social services to immigrant, refugee and low income individuals, families and neighborhoods primarily, but not exclusively, in Northeast and Southeast Minneapolis. Counseling services are available with a Spanish interpreter. The agency headquarters is located at 1700 2nd Street, NE Minneapolis, MN 55413 **Telephone numbers:** (612) 781-6011 or (612) 787-4000. Web address: [www.esns.org](http://www.esns.org)

## **Hennepin County Office of Multicultural Services**

The goal of the Office of Multi-Cultural Services is to facilitate the delivery of County services to its diverse, Limited English Proficiency populations in an efficient, effective, and culturally sensitive manner. OMS staff serve at co-locations throughout Hennepin County. Contact their office via email at: [oms@co.hennepin.mn.us](mailto:oms@co.hennepin.mn.us)

## **U.S. Department of Health and Human Services - Indian Health Service**

The above website contains information related to the Indian Health Service – The Federal Health Program for American Indians and Alaskan Natives. On the IHS Home Page, you will note several options to click on including: Medical Programs and Area Offices and Facilities. Detailed information related to Minnesota can be found by clicking on **Area Offices and Facilities** and then clicking on the **Bemidji Area** which covers Indiana, Michigan, Minnesota and Wisconsin. If you click on the **About Us** tab, there is a **Primary Care Provider newsletter** under Publications and Reports. <http://www.ihs.gov/>

## **Center for Cross Cultural Health (CCCH)**

The focus for CCCH is to build cultural competency in human services and health care organizations and to engage communities in co-creating solutions to address cultural and ethnic health disparities. Since 1997, the CCCH has been actively involved in the education, consultation, assessment, and training of providers, educators, and organizations in the State of Minnesota and beyond. The CCCH also serves as an information resource by offering publications, referrals, newsletters and networking opportunities. In October of 2008, the International Health Education Alliance (IHEA) merged with the Center for Cross Cultural Health, an organization recognized for its vision to improve health and well-being and increase health equity. IHEA has focused on educating individuals from diverse backgrounds about the prevention of chronic conditions. Address: The Center for Cross Cultural Health, 34 Thirteenth Ave. NE, Suite B002B, Minneapolis, MN 55413, Tel: 612-331-3311, Fax: 612-331-3337 [www.crosshealth.com](http://www.crosshealth.com)

## **Cultural Competence Case Studies**

The goal of this course is to expose the learner to the potential differences between cultures, so that when a provider enters an encounter with a patient and family he or she is sensitive to differences that may exist, has the skills to explore these with the patient in order to learn more about the patients' beliefs and customs, and is able to join with the patient to find a mutually acceptable, and beneficial treatment plan. The course includes case studies, interactive learning activities and quizzes, plus resources for further study. This project is funded by the US Health Resources and Service Administration's Maternal and Child Health Bureau. [http://support.mchtraining.net/national\\_ccce](http://support.mchtraining.net/national_ccce)

## **Guidelines for Culturally Competent Organizations, Second Edition – May 2004**

This is an excellent resource developed by the Minnesota Department of Human Services. You can access this document via the web address below. <http://edocs.dhs.state.mn.us/lfsrserver/Legacy/DHS-3963-ENG>

## **eXchange - Multilingual Health Resources**

Based in Minnesota, the Exchange is a partnership formed to exchange information and resources about health communication and to share multilingual health materials. The Exchange resources and information are open to everyone, but the online library of translated health materials and the forum are for members only. Partners include: private health care organizations, public health agencies, community groups and individuals interested in multilingual health education. You can participate in the Exchange as a partner, sponsored partner, a corporate affiliate, or as a guest. For more information contact: Coordinator Patricia Ohmans at 651-222-9460 or go to: <http://www.health-exchange.net/>

## **Immigrant Law Center of Minnesota**

Provides comprehensive immigration services to low income immigrants; training, consultation and outreach on immigration affairs/issues, including Special Immigrant Juvenile Status (SIJS); policy, educational articles and other resources. The Immigrant Law Center of Minnesota, is dedicated to providing high quality legal services to low-income immigrants in Minnesota. 651-641-1011 (office line) or 1-800-223-1368 (client line) or [www.immigrantlawcentermn.org](http://www.immigrantlawcentermn.org)

## United States Citizenship and Immigration Services (USCIS)

The USCIS is responsible for the administration of immigration and naturalization adjudication functions and establishing immigration services policies and priorities. In the “About Us” section of <http://www.uscis.gov/portal/site/uscis> you can find information to introduce you to U.S. Citizenship and Immigration Services within the Department of Homeland Security. You can also access information related to Naturalization and Citizenship at this site using the Search Function at the top right corner of the screen.

## Health Care Eligibility for Noncitizens (Updated June 30, 2008)

This *Guide*, developed by the Minnesota Department of Human Services, is designed to supplement the information in the Health Care Programs Manual to further help with the process of determining noncitizens’ eligibility for Minnesota Health Care Programs (MHCP). It provides an overview on immigration; MHCP eligibility for Noncitizens; immigration classification; documentation of immigration status; sponsor deeming; an overview of the uses for the Systematic Alien Verification for Entitlements (SAVE) system, including when and when not to use the system and how to access, request and read information; and system coding. You can access this document via:

[http://hcopub.dhs.state.mn.us/hcpmstd/Noncitizen\\_Guide.pdf](http://hcopub.dhs.state.mn.us/hcpmstd/Noncitizen_Guide.pdf)

## Language Services

### DHS Multilingual Referral Lines:

#### Language Phone Number

Arabic (800) 358-0377

Hmong (888) 486-8377

Khmer (Cambodian) (888) 468-3787

Laotian (888) 487-8251

Oromo (888) 234-3798

Russian (888) 562-5877

Serbo-Croatian (Bosnian) (888) 234-3785

Somali (888) 547-8829

Spanish (888) 428-3438

Vietnamese (888) 554-8759

Deaf and Hard of Hearing Telecommunications Assistance (Minnesota Relay/TTY/TDD)  
1-800-627-3529

<http://www.state.mn.us/portal/mn/jsp/content.do?id=-536881376&agency=Commerce>

## Health Care Interpreter Roster

Health care providers are now able to locate health care interpreters through a searchable database on the Minnesota Department of Health web site. The health care interpreter roster is available at <http://www.health.state.mn.us/interpreters>. Providers can simply click on “Interpreter Search” and begin searching by language and geographic area.

## Language Line

Language Line is provided by the Office of Enterprise Technology’s (OET) Telecommunication Services. If your agency is interested in enrolling in this service, contact your telecommunications coordinator or you could call the service desk at OET directly. An account with OET needs to be set up prior to using this service. There are some eligibility restrictions, for example, OET works primarily with government entities. However, city and county agencies as well as schools are all eligible. For more information, contact the Service Center at OET (651) 297-1111 or click on the link below. The most recently published rate for this service is \$1.25 per minute.

<http://www.mnet.state.mn.us/voice/language-line/index.php>

## Language Line Services <http://www.language.com/page/welcome/>

Language Line Services include over the phone interpretation services, video interpreter services, document translation, etc. There is a wealth of information on the website listed above including how to set up an account. If you or your agency only need to use an interpreter occasionally, there is an option to “pay as you go.” Language Line Over-the-phone Interpretation Service (click on the link below for Questions and Answers related to this specific service). [http://language.com/main/files/OPI\\_QandA\\_071708.pdf](http://language.com/main/files/OPI_QandA_071708.pdf)

## Quick Links for Immigration/Refugee and Child Welfare Information

A collection of available resources for immigration practitioners, community organizations, law enforcement, social workers, judges, family advocates and attorneys working in immigrant child welfare matters:

**Immigration Legal Resource Center:** <http://ilrc.org/>

Provides information on remedies for immigrant youth, etc: Living in the United States: A Guide for Youth (English, Spanish and Korean); Special Immigrant Juvenile Status (SIJS): Highlighting Changes Implemented by the Trafficking Victims Protection and Reauthorization Act (March 2009), Immigration Bench Book for Juvenile and Family Courts (PDF, 1.7 MB, 2005), Fact Sheets: Immigration Options for Undocumented Children

**Asista:** <http://www.asistahelp.org/>

Provides information on violence against women immigrant survivors of domestic violence and sexual assault, torture and human trafficking, etc;

**Helping Low Income Minnesotans Solve Civil Legal Problems:** <http://LawHelpMn.org>

Has resources and documents in 22 languages; glossary of legal terms such as right to an interpreter, green card, becoming a U.S. citizen; immigration bonds; website search feature for legal resources/agencies; and Immigration and Customs Enforcement (ICE) offices in Minnesota.

**Legal Aid Society of Minneapolis:** [midmnlegal.org](http://midmnlegal.org)

Immigration Law Project: provides direct legal client services for low income immigrants or seniors residing in Hennepin County.

**Southern Minnesota Regional Law Services:** <http://www.smrls.org/>

Provides legal services for low income people; addresses some immigration issues. Services listed in various languages on the website.

**MinnesotaHelp Information:** <http://MinnesotaHelp.info/public>

Website provides contact information for a host of services, legal, child and family client services, housing for battered immigrant women, etc. Enter "immigration" in the key word search engine.

**United States Citizenship and Immigration Services (USCIS):**

<http://www.uscis.gov/portal/site/uscis> All immigration forms, documents, requirements, visas, refugee and asylum; humanitarian; on the website enter "child welfare" in search engine to find child welfare related memorandums; in particular, enter "TVPRA" for a field guide memorandum on Trafficking Victims Protection Reauthorization Act of 2008: Special Immigrant Juvenile Status Provisions, March 24, 2009.

**Bridging Refugee Youth and Children's Services:** <http://www.brycs.org/>

Provides guidance to states serving refugee and immigrant children; see child welfare page. Website has many publications, including a list of suggestions (publications) for interviewing recently arrived refugee and or immigrant children for child abuse, education, health, etc.

**International Social Service-United States of America – ISS USA:** <http://WWW.ISS-USA.ORG>

The following services are available to children in the child welfare system:

- Home studies – In collaboration with the ISS federation, home studies are performed by qualified social workers living in, and with specific knowledge of, the country being considered for placement of a child.
- Family tracings are performed to locate adoptive or extended family members living in other countries for the purpose of permanency planning, or to request communication between separated family members.
- Searches – Examples of the documents ISS-USA can often obtain in other countries include criminal background and child abuse registry checks, as well as birth, death and marriage certificates.

**American Red Cross:** <http://www.redcross.org/> (click “Getting Assistance/Contact Family Members”) American Red Cross can provide family tracing and communication in war zones.

**Embassies, Consulates:** <http://www.state.gov/s/cpr/rls/dpl/32122.htm>  
Embassies and consulates can sometimes provide birth and death certificates, or other documentation; website has an international listing of consulates and embassies.

**Mexican Consulate:** <http://www.sre.gob.mx/saintpaul> The consulate assists counties with locating and contacting parents and relatives in Mexico. E-mail: [conspaul@sre.gob.mx](mailto:conspaul@sre.gob.mx).