



Strong Families Make a Strong Kansas

House Committee on Federal and State Affairs

February 17, 2016

Testimony on:

HB 2612

Written Testimony by:

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Testimony of:

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Topeka, Kansas

Testimony on:

HB 2612, Refugee Absorptive Capacity Act

Chair Pauls, Vice Chair Todd, Ranking Member Tietze, and Members of the Committee:

Thank you for the opportunity to provide testimony regarding HB 2612.

The Kansas Department for Children and Families (DCF) administers the Kansas Refugee program. The Kansas Refugee program is a result of the 1980 Refugee Act and is a program that works to provide support services to refugees resettled in Kansas by agencies under contract with the U.S. Department of State.

DCF has the primary role of administering refugee specific services funded by Health and Human Services Office of Refugee Resettlement. These services include grant funding made available at the community level to support refugee-specific activities related to promoting earliest possible employment and long-term economic and cultural self-sufficiency for this population. DCF also administers a short-term cash assistance program specifically for refugees and other eligible individuals that is funded solely with federal funds.

House Bill 2612 establishes requirements for codifying certain aspects of federal regulations related to the refugee program in addition to establishing additional guidelines for placement of refugees in Kansas communities and related reporting requirements.

Background:**Refugee Resettlement Program**

The United States Health and Human Services and the United States Department of State jointly administer the Refugee Resettlement Program. The Department of Homeland Security and other federal national security agencies are also involved with the initial screenings to assess the safety and security of resettling particular refugees. The State Department has the responsibility of coordinating the admission and initial resettlement of refugees in the United States while Health and Human Services oversees the ongoing provision of services to this population following the initial

resettlement period. The State Department contracts with nine national organizations to do the actual resettlement of refugees through their local offices. In Kansas, the organizations doing resettlement are Catholic Charities in Kansas City, Episcopal Migration Ministries in Wichita and International Rescue Committee in Wichita and Southwest Kansas.

Health and Human Services' Office of Refugee Resettlement (ORR) makes funding available to DCF to provide ongoing services and cash benefits to the refugee population resettling in Kansas. This funding serves two primary functions. The first is to cover administrative costs related to the program and to fund refugee-specific short-term cash and medical benefits for the individuals not eligible for other public benefit programs. The second is to make grant funding available to community-based organizations that can provide refugee-specific social services to this population. The goal of these services is to promote earliest possible employment with the long-term objective being economic and cultural self-sufficiency for the refugees.

HB 2612 includes language codifying existing federal regulations specific to the Refugee Resettlement Program and establishes reporting expectations regarding the refugee population residing in Kansas. Of some concern would be our ability to accurately report on items (h), (i), (j), (l) and (m) under Sec. 3 (4)(B) of the bill. DCF anticipates that the reporting requirements of HB 2612 would require three additional positions to address data collection, compilation and generation of the required reports. There would also be IT costs related to the development and maintenance of a database or other software needed to collect the information necessary for these reporting requirements. There is some question if the costs related to the positions and IT requirements would be covered by federal Refugee Administrative funding.

HB 2612 also establishes a process allowing local governments to request a moratorium on new refugee resettlement if a host community lacks sufficient absorptive capacity. Currently, the State Department requires that local resettlement offices consult with community partners as they develop capacity proposals for the next federal fiscal year. These partners generally include medical, social services, local governmental units, education and others. A concern with this provision is that while it is likely that the State Department would honor a request to suspend or halt direct resettlement in a community, that would not necessarily halt all refugee resettlement in that community. Refugees are not restricted in any way with regards to their mobility, so the possibility will always exist that refugees could choose to move to a community that has requested a moratorium. Usually this occurs when they are joining other family or if they perceive favorable conditions in the community such as available employment, existing ethnic community, etc.

DCF is neutral on HB 2612. I thank you for the opportunity to address this important issue and am happy to answer any questions the committee may have.