Refugee Health Screening Provider Resource Guide

Refugee Health Program

UTAH DEPARTMENT OF HEALTH

March 2022

288 North 1460 West Salt Lake City UT 84114 | PH 801-538-6191 |

Table of Contents

Attachments

1. Utah Summary Checklist for Domestic Medical Examination for Newly Arrived Refugees
2. *Condensed* Utah Checklist for Domestic Medical Examination for Newly Arrived Refugees
3. Refugee Health Screening Form
4. Class B1/B2 Coordination
5. Positive Quantiferon Protocol
6. Medication/Vaccine Order Form
7. Utah Refugee Health: Mental Health Screening, Referral and Treatment Protocol
8. Refugee Health Screening Tool - 15 (RHS-15) – English
9. RHS-15 User Manual
10. SOP: How to Enter Health Screening Results in RHOS
11. Utah Refugee Health Screening Network

Introduction

The first interaction that refugees have with the health care system in the U.S. begins with the Refugee Health Screening. The Refugee Act of 1980 entitles each newly arriving refugee to a complete health screening exam within the first 30 days after arriving in the U.S. The purpose of the domestic screening is to "reduce the spread of infectious disease, ensure ailments are identified and treated, promote preventive health practices, and ensure good health practices facilitate successful integration and self-sufficiency."[1]

The goals and objectives of the Utah Refugee Health Program are as follows:

1) The Program will collaborate with resettlement agencies to ensure that at least 90% of newly arriving refugees initiate a health screening within 30 days of arrival.
2) The Program will monitor health screenings to ensure that 90% are completed no later than 45 days after the initial screening date.
3) The Program will collaborate with resettlement agencies to ensure that at least 90% of refugees ≥ 14 years old attend a health orientation.
4) The Program will monitor health screening results to ensure that 90% of individuals screened establish a medical home/primary care provider within 30 days of completing the screening.
5) The Program will monitor resettlement agencies to ensure that 90% of individuals screened establish care with a health screening provider, no later than 90 days after the date of arrival.
6) The Program will monitor resettlement agencies to ensure that at 90% of refugees attend their establish care appointment, no later than 90 days after date of arrival.
7) The Program will monitor resettlement agencies to ensure that at least 50% of all referrals identified from the initial health screening are completed, no later than 90 days from arrival.
8) The Program will work with resettlement agencies to ensure that 90% of individuals referred for a TB-related chest x-ray obtain the x-ray within 30 days of receiving chest x- ray order.
9) The Program will work with resettlement agencies to ensure at least 95% of all refugees with positive TB screening or who've arrived with B1/B2 status complete a TB intake.

[1] http://www.acf.hhs.gov/programs/orr/programs/preventive-health

Overseas Medical Report and Conditions

The Refugee Overseas Medical Examination is conducted prior to departure for the U.S. in order to detect diseases that would preclude admission to the U.S. and to prevent the importation of diseases of public health importance[2]. Physicians from the International Organization for Migration (IOM) or a local panel of physicians approved by the CDC, perform the examination using locally available facilities and document findings on the appropriate forms (Appendix A). The examination includes[3]:

1. Medical history and physical examination.
2. Tuberculosis (TB) Screening: a complete screening for TB includes a medical history, physical examination, chest x-ray, determination of immune response to *Mycobacterium tuberculosis* (i.e., tuberculin skin testing [TST] or interferon gamma release assay [IGRA], when required and sputum testing, when required.
    a. Applicants ≥15 years of age require a medical history, physical examination and CXR.
    b. Applicants 2–14 of age living in countries with World Health Organization estimated TB incidence rates of ≥20 cases per 100,000 should have a TST or IGRA.
3. Chest x-ray for age ≥15 years (for South Asian refugees, the age is ≥2 years). Sputum smear for acid-fast bacilli, if the chest x-ray is suggestive of clinically active tuberculosis disease (ATBD).
4. Serologic test for syphilis for age ≥15 years. Persons with positive results are required to undergo treatment prior to departure for the U.S.; physical exam for evidence of other STDs. As of January 4, 2010, HIV testing is no longer required as HIV does not preclude admission.
5. Physical exam for signs of Hansen's disease. Refugees with laboratory-confirmed Hansen's disease are placed on treatment for six months before they are eligible for travel to the U.S. Generally, treatment must be continued in the U.S.
6. A determination regarding whether or not a refugee has a mental disorder. Physicians rely on a medical history provided by the patient and his/her relatives and any documentation such as medical and hospitalization records.
7. Vaccinations that are age-appropriate and protect against a disease that has the potential to cause an outbreak or protect against a disease that has been eliminated in the U.S. or in the process of being eliminated.

2 http://www.cdc.gov/immigrantrefugeehealth/exams/medical-examination-faqs.html

3 http://www.cdc.gov/immigrantrefugeehealth/exams/ti/panel/technical-instructions-panel-physicians.html

Departure of refugees with communicable diseases that preclude entry into the U.S. (e.g., syphilis, gonorrhea or Hansen's disease) may be delayed until appropriate treatment is initiated and the individual is no longer infectious. Based on the examination, an individual's medical status is assigned a classification. These classifications include:

- **Class A:** Conditions that prevent a refugee from entering the U.S. include communicable diseases of public health significance, mental illnesses associated with violent behavior and/or drug addiction. Class A conditions require approved waivers for entry and immediate follow-up upon arrival. Examples of Class A conditions are:
    - Chancroid, gonorrhea, granuloma inguinate, lymphogranuloma venereum and syphilis
    - TB: active and infectious
    - Hansen's disease (leprosy)
    - Mental illness with association harmful behavior
    - Substance abuse
- **Class B**: Physical or mental abnormalities, diseases or disabilities of significant nature; require follow-up soon after arrival.
    - TB: active, not infectious; extrapulmonary; old or healed TB; contact to an infectious case-patient; positive tuberculin skin test (TST)
    - Hansen's disease, not infectious
    - Other significant physical disease, defect or disability
- **Class B TB**:
    - Class B0 TB, Pulmonary
    - Class B1 TB, Pulmonary
    - Class B1 TB, Extra pulmonary
    - Class B2 TB, LTBI Evaluation
    - Class B3 TB, Contact Evaluation

Utah Domestic Refugee Health Screening

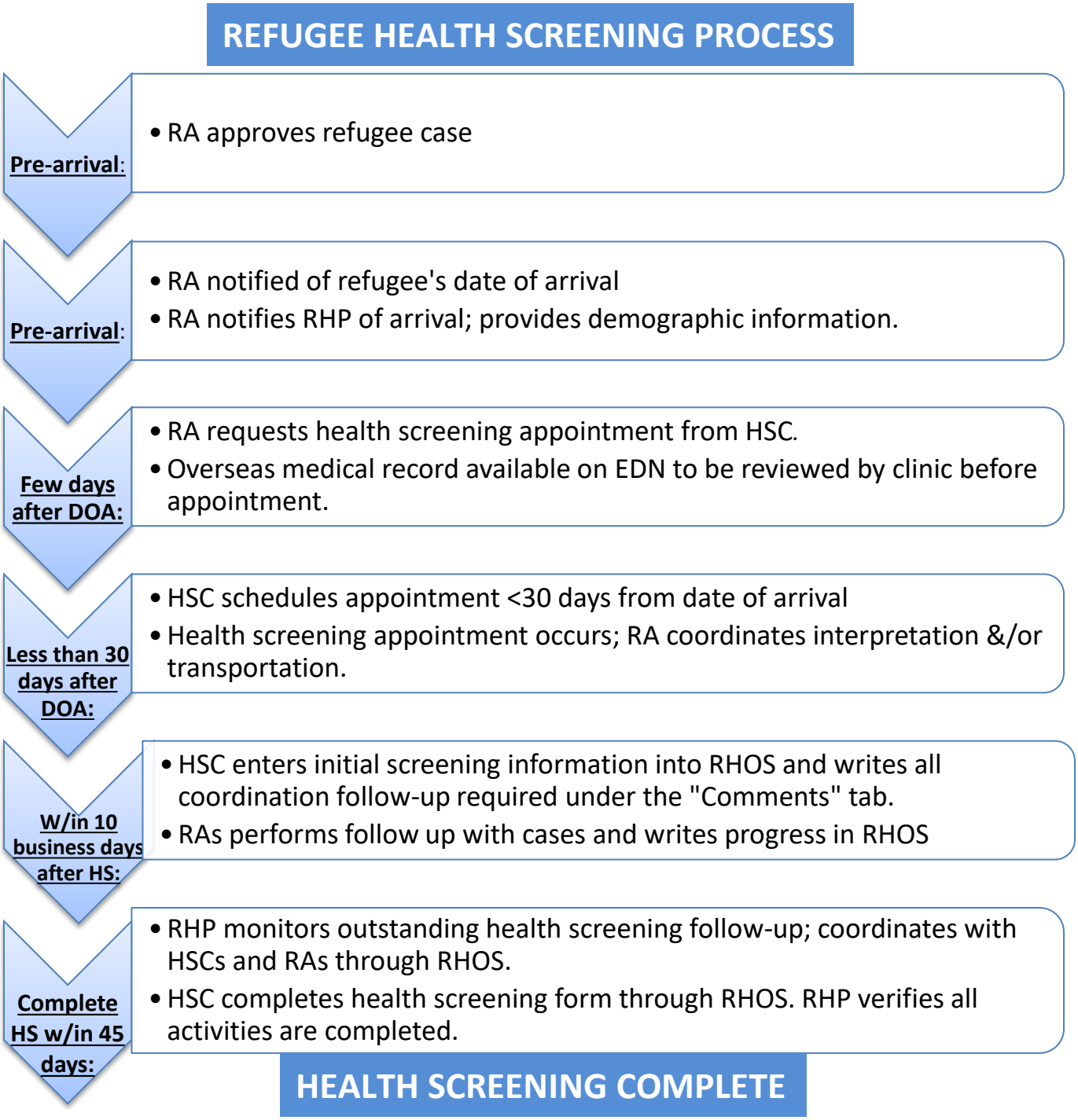
The Program works closely with various clinics to provide a comprehensive Refugee Health Screening. Resettlement agencies (AAU, CCS and IRC) are responsible for scheduling the screening appointment, arranging transportation and interpretation and ensuring each newly arrived refugee successfully initiates the screening within 30 days of arrival to Utah. Utah Refugee Health Screening adheres to the CDC guidelines: http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html along with Utah specific standards (Attachment 1 or 2).

Starting October 1, 2019, the Utah Department of Health Refugee Health Program converted data collection of all health screening information from a paper form to an electronic collection system through a database known as the Refugee Health Online System (RHOS; www.health.utah.gov/rhos/). This change was made in an effort to provide more collaborative and streamlined care between the Utah Department of Health, resettlement agencies, and health screening clinics to ensure all the health needs for all newly-arrived refugees are met. Health clinics may still use the Utah Refugee Health Screening form as a guide during the appointment, but the only requirement is entering all the information on RHOS. The system has the capability to auto-generate a completed health screening form, if needed. The Refugee Health Program team may help with accessing this and supporting health clinics through understanding this new way of collecting data.

Figure 1: Utah Domestic Refugee Health Screening Coordination

Acronyms

RA: Resettlement Agency; DOA: Date of Arrival; HS: Health Screening
HSCs: Health Screening Clinics (Health Clinic of Utah and St. Mark's Family Medicine)
RHP: Utah Department of Health Refugee Health Program; RHOS: Refugee Health Online System



Scheduling and Coordination with Resettlement Agencies

- **Guidelines**
  1. Resettlement agency will schedule health screening appointment.
  2. Clinic and resettlement agency will ensure that the health screening is scheduled and takes place within first 30 days in Utah.
  3. Priority is given to individuals with B1 and B2 TB status; should be seen for health screening within 2 weeks of arrival to Utah.
  4. Resettlement agency will coordinate the following for the appointment:
     a. Interpreter (if needed)
        i. If unable to provide, resettlement agency will request that the clinic provide an interpreter through one of their contracted services; prior approval by UDOH is required for use of outside interpreter(s) for health screening appointments.
     b. Transportation (if needed)
     c. Copy of the Overseas Medical Report, including immunization record (if available)
        i. These records can also be accessed directly by the clinic with EDN
        ii. Some aspects of the record are imported into RHOS under a patient's "EDN" tab for clinics to review prior to the screening.
     d. Provide demographic information to RHP to be imported into RHOS.
- **Reporting**
  1. Reportable conditions should be reported under the appropriate tab in the client's case file in RHOS (www.health.utah.gov/rhos/).
- **Coordination/Follow-up**
  1. Clinics will enter health screening information into client's case file in RHOS and select "Completed HSF (Clinic)" if all health screening requirements are met. RHP will review all completed HSFs and communicate in the "Comments" with any additional information needed.
  2. Completed health screening information is to be uploaded to RHOS within 10 business days of the initial health screening date.
  3. Document screening provider comments under the "Demographics" tab.
  4. Please communicate any urgent follow-up needs directly to the appropriate resettlement agencies via RHOS under the "Comments" tab.
  5. For any questions/assistance, please fax or email:
     UDOH/Refugee Health Program
     Fax#: 801-538-9913
     Email: rhprogram@utah.gov

- **Resources**
  1. Utah Refugee Health Screening Form (Attachment 3)
  2. Utah Refugee Health Screening Checklist (Attachment 1 and 2)
  3. CDC Domestic Health Screening Guidelines:
     http://www.cdc.gov/immigrantrefugeehealth/guidelines/general-guidelines.html
     http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/guidelines-history-physical.html
     http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/checklist.html

General Tests

- **Testing Recommendations**
  1. **Complete Blood Count with Red Blood Cell Indices, White Blood Cell Differential, and Platelet Count** for all newly arrived refugees of all ages and ethnicities.
  2. **Urinalysis -** there is no evidence that routine urinalysis is a cost-effective screening examination. It may be considered in newly arrived refugees of all ages and ethnicities who are developmentally mature enough to provide a clean-catch urine specimen. A bag specimen may be checked for younger children, if clinically indicated, with confirmation of positive findings by catheterization. This recommendation is more conservative than the current American Academy of Pediatric guidelines for children residing in the U.S., because of the higher prevalence of specific conditions that may be detected in refugee children (e.g., Schistosoma haematobium).
  3. **Newborn Screening -** there is no evidence that newborn screening is beneficial in refugee infants or children. However, if a newborn refugee infant is seen for refugee medical screening, a newborn screening panel should be performed.
  4. **Cardiovascular and lipid disorders -** screen in accordance with the U.S. Preventive Services Task Force (USPSTF) guidelines. Although blood pressure and non-fasting serum lipid testing can be performed at the new-arrival medical screening examination, other screening tests recommended by the USPSTF may not be conducted at this visit, but should be done in a reasonable time frame after arrival. Adults found to have hyperlipidemia or hypertension should be formally screened for diabetes with a fasting blood glucose measurement, in accordance with USPSTF guidelines, and should be referred for long-term management.
  5. **Cancer Screening -** refugees, as with all U.S. populations, should receive preventive screening according to USPSTF Cancer Screening Guidelines. The new-arrival medical screening examination may not be the ideal time to perform invasive medical screening examinations (e.g., pelvic examinations), since many refugees have experienced sexual assault or other traumatic events. However, if an appropriate environment can be created, trust can be established, cultural norms respected, and the risk of additional trauma to the refugee minimized, the visit does present a possible opportunity to provide more invasive cancer screening.
  6. **Pregnancy -** conduct urine pregnancy test on all refugee females ages 13-50.
  7. **Diabetes –** conduct diabetes screening for all refugees with risk factors. Please refer to U.S. Preventative Services Task Force guidelines for reference and up to provider's best judgement.

Please refer to the link for more specifics on general testing.

Tuberculosis

- **Guidelines (Testing)**
  1. All refugees **MUST** be screened for Tuberculosis.
  2. Interferon Gamma Release Assay, IGRA (QFT, T-Spot) is the preferred method of testing and should be used with refugees ≥2 years.
  3. Children <2 years should have a TST placed.
     a. Do not place a TST on Thursdays (must be read 48–72 hours).
  4. Refugees identified as Class B1 or B2 are given priority; for testing, please follow the guidelines outlined in the Class B1-B2 Protocols (Attachment 3).
  5. An indeterminate QFT result should be repeated. If the second QFT result is indeterminate, place a TST.
     a. If vaccines containing live virus have been given, wait at least 4-6 weeks to repeat any TB testing.
- **Reporting**
  1. If a client tests positive – upload Chest X-ray (CXR) order form, and lab results under the "Attachments" tab in RHOS within 7 business days. Also, update CXR findings under the "TB" tab as soon as the CXR report is received.
  2. For questions/assistance, fax/email:
     UDOH/Refugee Health Program
     Fax#: 801-538-9913
     Email: rhprogram@utah.gov
- **Coordination/Follow-up**
  1. UDOH will work with the resettlement agency to ensure the CXR is completed in a timely fashion; standard is 30 days from day of CXR order.
  2. Once the CXR is complete; the results will be sent to the physician/clinic listed on the order form.
  2. Upon receiving the CXR results, the screening clinics upload the CXR results to RHOS.
  3. If the screening clinic is not able to locate the CXR, please leave a note under the "Comments" tab on RHOS and contact:
     UDOH/Refugee Health Program
     Fax#: 801-538-9913
     Email: rhprogram@utah.gov.
- **Resources**
  1. Class B1-B2 Protocols (Attachment 4)
  2. Positive Quantiferon Protocol (Attachment 5)
  3. CDC Domestic Health Screening Guidelines: http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/tuberculosis-guidelines.html

HIV

- **Guidelines (Testing)**
  1. All refugees should receive a HIV test as part of the health screening utilizing the "opt-out approach" to clearly inform orally or in writing that HIV testing will be performed and the patient should be offered the opportunity to ask questions.
  2. With such notification, consent for HIV screening should be incorporated into the patient's general informed consent for medical care on the same basis as other screening or diagnostic tests.
- **Reporting**
  4. Report HIV results under the "Labs" tab in client's case file in RHOS.
  5. If positive, document screening provider comments under the "Demographics" tab. Enter all required coordination follow-up under the "Comments" tab so RHP and RA are aware of required next steps.
- **Coordination/Follow-up**
  1. UDOH will work with the resettlement agency to ensure appropriate referrals are made for treatment and care (adults are referred to Clinic 1A, while children are referred to Clinic 6, both at the University of Utah Hospital).
  2. Clinic 1A and/or Clinic 6 may serve as the patient's Primary Care Provider.
- **Resources**
  1. CDC Domestic Health Screening Guidelines: http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/screening-hiv-infection-domestic.html

As of January 4, 2010, refugees are no longer required to be tested for HIV infection prior to arrival in the U.S. However, there is the possibility that a refugee was tested and that his/her HIV+ status is known prior to arriving in the U.S. In these circumstances the resettlement agency, if aware of the positive status, will schedule the refugee either at Clinic 1A or Clinic 6 for his/her health screening.

Syphilis and Other STDs

- **Guidelines (Testing)**
  1. All refugees ≥ 15 years old are recommended to be screened for syphilis, unless there is documented evidence of being tested overseas prior to travel then no need to retest.
  2. If a newly arrived refugee has a recent medical history suggestive of syphilis (painless sores on the genitals, anus or mouth or a rash on the body, especially on the palms or soles of the feet), a physical exam and screening test are recommended.
     - For additional information on the guidelines for screening for syphilis, please reference Attachment 5.
  3. Syphilis: Venereal Disease Research Laboratory (VDRL) or rapid plasma reagin (RPR) or equivalent test.
     - If a refugee does test positive for syphilis, physicians should contact the local health department (LHD) prior to further testing or treatment to verify patient history and confirm appropriate next steps.
       Salt Lake County Health Department: Lynn Beltran: 385-468-4185
  4. Chlamydia: Nucleic acid amplification tests
     - Females ≤25 years old who are sexually active or those with risk factors (e.g., new sexual partner or multiple sexual partners)
     - Consider for children who have a history of sexual assault. However, management and evaluation of such children require consultation with an expert.
     - Persons with symptoms or leukoesterase (LE) detected in urine sample

With the exception of the routine testing for syphilis and chlamydia (see above guidelines), no data support the utility of routine testing for other non-HIV STIs in refugees. Testing for other STDs may be completed at the discretion of the screening physician.

- **Reporting**
  1. Acknowledge that overseas STD results were reviewed by selecting "Yes."
  2. If overseas STD results complete, no need to retest.
  3. Report Domestic STD results under the "STD/RPR" section in the "Labs" tab in RHOS. Enter all required coordination follow-up under the "Comments" tab so RHP and RA are aware of required next steps.
- **Coordination/Follow-up**
  1. As of February 4, 2014, the diagnosing physician assumes responsibility for treatment.
  2. RHP can assist with medication as needed.
- **Resources**
  1. CDC Domestic Health Screening Guidelines: https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/sexually-transmitted-diseases/index.html

Blood Lead Level

- **Guidelines (Testing)**
  1. Test performed on children ≤16 years
  2. Refugee adolescents > 16 years of age if there is a high index of suspicion, or clinical signs/symptoms of lead exposure
  3. All pregnant and lactating women and girls
- **Guidelines (Follow up testing within 3-6 months from first testing)**
  1. All refugee children ≤ 6 years, regardless of initial screening result
  2. Children and adolescents 7-16 years with EBLL at initial screening
  3. Consider repeat testing in adolescents > 16 years of age with risk factors
- **Reporting**
  1. Report BLL results, especially elevated blood lead results ≥ 3.5 ug/dL by updating the "Labs" section in the client's case file in RHOS. Document screening provider comments under the "Demographics" tab. Enter all required coordination follow-up under the "Comments" tab so RHP and RA are aware of required next steps.
- **Coordination/Follow-up**
  1. UDOH will work with the resettlement agency to ensure the patient is referred to Salt Lake County Health Department for treatment and education.
- **Resources**
  1. CDC Domestic Health Screening Guidelines for Screening for Lead (updated March 2021): http://www.cdc.gov/immigrantrefugeehealth/guidelines/lead-guidelines.html

Hepatitis B

- **Guidelines (Testing)**
  1. Screen all refugees for hepatitis B surface antigen (HBsAg) **AND**
  2. Vaccinate all refugees for hepatitis B as indicated.
- **Reporting**
  1. Report positive hepatitis B result by updating the "Labs" tab in a client's case file in RHOS. As necessary, enter all required coordination follow-up under the "Comments" tab so RHP and RA are aware of required next steps.
  2. Report hepatitis B result in RHOS and vaccinate if client is not already immune. Please make a note of client's hepatitis B immunization status under the "Immunizations" tab in RHOS. If required, make note of necessary coordination follow-up under the "Comments" tab so the RAs and RHP are aware of next steps.
- **Coordination/Follow-up**
  1. UDOH will work with the resettlement agency to ensure the patient is referred to Salt Lake County Health Department for treatment and education.
- **Resources**
  1. Refugee Health Screening Form (Attachment 2)
  2. MMWR Immunization Management Issues: Hepatitis B http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5516a2.htm
  3. World Health Organization: Hepatitis B Fact sheet http://www.who.int/mediacentre/factsheets/fs204/en/
  4. Minnesota Refugee Health Screening Guidelines: Hepatitis B http://www.health.state.mn.us/divs/idepc/refugee/hcp/index.html
  5. CDC Domestic Health Screening Guidelines: Hepatitis screening http://www.cdc.gov/immigrantrefugeehealth/pdf/domestic-hepatitis-screening-guidelines.pdf
  6. CDC Hepatitis B
  7. http://wwwnc.cdc.gov/travel/yellowbook/2014/chapter-3-infectious-diseases-related-to-travel/hepatitis-b
  8. CDC Domestic Health Screening Guidelines: Immunizations http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/immunizations-guidelines.html
- **Additional Reading**
  1. Tafuri S, Prato R, Martinelli D, et al. Prevalence of Hepatitis B, C, HIV and syphilis markers among refugees in Bari, Italy. BMC Infectious Diseases 2010;10:213.
  2. Caruna SR, Kelly HA, De Silva SL, et.al. Knowledge about hepatitis and previous exposure to hepatitis viruses in immigrants and refugees from the Mekong Region. Aust N Z J Public Health 2005;29(1):64-8.
  3. Mixson-Hayden T, Lee D, Ganova-Raeva L, et al. Hepatitis B and C prevalence in

elect U.S.-bound Asian and African refugees, 2002-2007. Pending publication.
4. Greenaway C, Wong DKH, Assayag D, et al. Screening for hepatitis C infection: evidence review for arriving immigrants and refugees. Appendix 7. Guidelines for Immigrant Health. Canadian Medical Association Journal. 2010 0:cmaj.090313v1; doi:10.1503/cmaj.090313.

Hepatitis C

- **Guidelines (Testing)**
  1. Universal hepatitis C screening should be implemented for all new adult arrivals (≥18 years old) and any children with risk factors.

- **Reporting**
  1. Report hepatitis C positive result by updating the "Labs" tab in a client's case file in RHOS. As necessary, enter all required coordination follow-up under the "Comments" tab so RHP and RA are aware of required next steps.
- **Coordination/Follow-up**
  1. Report any follow-up required in RHOS and the resettlement agency will ensure the patient is referred to Salt Lake County Health Department for treatment and education.
- **Resources**
  1. CDC Domestic Health Screening Guidelines: http://www.cdc.gov/immigrantrefugeehealth/pdf/domestic-hepatitis-screening-guidelines.pdf
  2. CDC 2015 STD Treatment Guidelines http://www.cdc.gov/std/tg2015/default.htm
  3. CDC Hepatitis C http://www.cdc.gov/hepatitis/hcv/index.htm
  4. Refugee Health Technical Assistance Center http://refugeehealthta.org/chronic-hepatitis-infection/
  5. World Health Organization: Guidelines for the screening, care and treatment of persons with hepatitis C infection http://www.who.int/hepatitis/publications/hepatitis-c-guidelines/en/
  6. CDC Hepatitis C Testing Recommendations http://www.cdc.gov/hepatitis/hcv/guidelinesc.htm
  7. AASLD: HCV Guidelines http://www.hcvguidelines.org/
- **Additional Reading**
  Suraj Sharma, Manuel Carballo, Jordan J. Feld, Harry L.A. Janssen, Journal of Hepatology, Volume 63, Issue 2, August 2015, Pages 515-522, "Immigration and viral hepatitis," http://www.sciencedirect.com/science/article/pii/S0168827815003207.

Intestinal Parasites

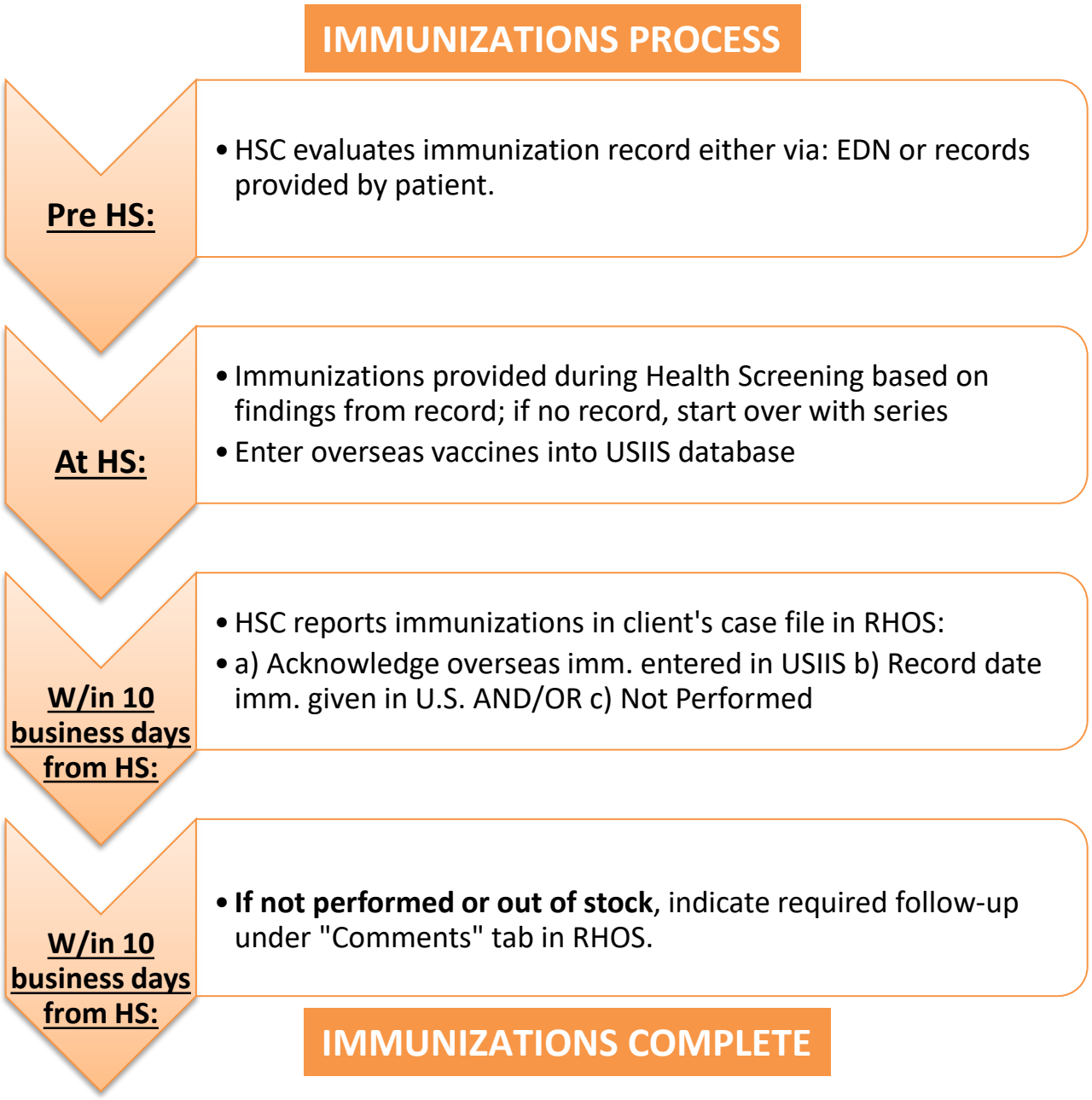
- **Guidelines (Testing)**
  1. Utah follows the CDC guidelines. Pages 5–9 of the CDC Domestic Health Screening Guidelines-Intestinal Parasites (link below) provide specific information addressing the management of parasitic infections by refugee population.
  2. Per CDC, providers can assume that refugees from certain countries are receiving presumptive anti-parasitic treatment pre-departure even without overseas documentation (CDC letter issued January 15, 2014).
  3. Please refer to the CDC Treatment Schedule for Presumptive Parasitic Infections for a list of refugee population receiving presumptive treatment: http://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/interventions/interventions.html.
  4. Refugees with certain conditions are excluded from presumptive treatment; a list of these conditions can be found by accessing the following link: http://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/intestinal-parasites-overseas.html#precautions.
  5. UDOH supplied anti-parasitic medication **CANNOT** be used for those who received presumptive treatment overseas; providers must verify treatment prior to dispensing UDOH provided medication.
- **Reporting**
  1. Report *Giardia* and other parasitic infections by updating the "Parasite" tab in a client's case file in RHOS. (Only giardia needs to be reported to Salt Lake County Health Department)
- **Coordination/Follow-up**
  1. Document screening provider comments under the "Demographics" tab. Enter all required coordination follow-up under the "Comments" tab so RHP and RA are aware of required next steps.
  2. The resettlement agency, screening provider and Salt Lake County Health Department (when required) will coordinate follow up treatment as indicated.
- **Resources**
  1. UDOH Parasite Medication Order Form (Attachment 6)
  2. Domestic Parasite Treatment Guidance, a tool developed by the Massachusetts Refugee Health Program for clinicians completing the parasite exams.
  3. 2014 Overseas Treatment Schedule. http://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/interventions/interventions.html
  4. CDC Domestic Health Screening Guidelines-Intestinal Parasites: http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/intestinal-parasites-domestic.html

Immunizations

- **Guidelines**
  1. Review immunization history, including hardcopy records and electronic records in the Electronic Disease Notification (EDN) system.
  2. Children: provide immunizations according to the CDC / ACIP schedule; ensure that school-aged children receive the necessary immunizations to enroll in school.
  3. Adults: provide immunizations according to the CDC / ACIP schedule; ensure that patient is on track to meet the green card requirements.
- **Reporting**
  1. Acknowledge that all immunizations given overseas were reported to USIIS by checking the appropriate box under the "Immunizations" tab in RHOS.
  2. Document all immunizations given at the health screening visit under the "Immunizations" tab in the client's case file in RHOS.
     a. ***If immunizations not given, document reason and record any required coordination follow-up under the "Comments" tab so RA and UDOH RHP are aware of required next steps.***
  3. Document all immunizations on yellow immunization card; provide client(s) with copy.
  4. Enter overseas and domestic immunization information into the Utah Statewide Immunization Information System (USIIS).
- **Coordination/Follow-up**
  1. Communicate directly with RA under the "Comments" tab in RHOS if, for whatever reason, client was unable to receive required immunizations.
- **Resources**
  1. CDC Aid to Translating Foreign Immunization Records http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/foreign- products-tables.pdf
  2. CDC Evaluating Vaccine Records: http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/immunizations-guidelines.html#Evaluating-Vaccine-Records
  3. CDC Current Presumptive Immunization Schedules: http://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/interventions/presumptive-immunizations.html
  4. CDC Vaccine Schedules: http://www.cdc.gov/vaccines/schedules/index.html
  5. Current Vaccination Criteria for U.S. Immigration http://www.cdc.gov/immigrantrefugeehealth/pdf/revised-fact-sheet-fed-reg-notice-vaccination-immigration.pdf
  6. Immunize.org Terms in Multiple Languages http://www.immunize.org/catg.d/p5122.pdf
  7. Utah School and Early Childhood Immunization Requirements http://www.immunize-utah.org/school%20and%20childcare%20requirements/school_childcare_print_mater ials.html

Figure 2: Utah Refugee Health Screening - Immunizations

Acronyms
RA: Resettlement Agency; HS: Health Screening Appointment
HSCs: Health Screening Clinics (Health Clinic of Utah and St. Mark's Family Medicine)
RHP: Utah Department of Health Refugee Health Program
RHOS: Refugee Health Online System



Mental Health

- **Guidelines**
  1. The RHS-15 is used to assess the mental health needs of newly arrived refugees ≥14 years old. The RHS-15 (Appendix I) was designed as a simple tool that can be used during the initial health screening and/or in the primary care setting.
  2. All newly arrived refugees ≥14 years are screened using the Refugee Health Screener 15 (RHS-15).
     - The RHS-15 in English is provided as Attachment 8. If you seek additional translated RHS-15 screeners, please find a library here.
     - The 15 questions address symptoms associated with depression, anxiety, trauma, and overall well-being; the tool has been translated and validated in a number of refugee languages.
     - The RHS-15 is not a diagnostic tool, it is a predictive tool.

  3. All newly arrived refugees <14 years will be screened indirectly. Parents or guardians will then be asked the following questions:

     Please give your answers on the basis of your child's behavior over the last six (6) months:

	Not at all	Yes, minor difficulties	Yes, moderate difficulties	Yes, severe difficulties
Overall, do you think that your child has difficulties with emotions?				
Overall, do you think that your child has difficulties with concentration?				
Overall, do you think that your child has difficulties with behavior?				
Overall, do you think that your child has difficulties with being able to get along with other people?				

     a. If the parent/guardian responds with a *"No"* the health professional will document this in the client's RHOS case file.
     b. If the parent/guardian responds with a *"Yes"*, please ask the following:
        1. How long have the difficulties been present?
           - ☐ Less than a month
           - ☐ 1-5 months
           - ☐ 6-12 months
           - ☐ Over a year
        2. Do the difficulties upset/distress your child?
           - ☐ Not at all
           - ☐ Only a little
           - ☐ Quite a lot
           - ☐ A great deal
        3. Do the difficulties interfere with your child's everyday life in any of these areas?
           - ☐ Home life

- Classroom learning
- Friendships
- Leisure Activities

4. If yes, how much do they interfere?
   - Not at all
   - Only a little
   - A medium amount
   - A great deal
5. Do any of these difficulties effect your family as a whole?
   - Not at all
   - Only a little
   - A medium amount
   - A great deal

- **Reporting**
  1. Screening physician/clinic reports mental health screening results by updating the "Mental Health" tab in the client's case file in RHOS.
  2. If a client **screens positive** at the initial health screening, and *accepts a referral,* the healthcare professional providing the screening will enter this information into RHOS. This information will include:
     a. Screening Done (Y/N)
     b. RHS-15 Scores (For ≥14 years) OR <14 indirect screening question.
     c. Check mark any of the following conditions as identified:
        - Anxiety (Signs/Symptoms)
        - Depression (Signs/Symptoms)
        - History of Torture/Violence
        - Dr. Discretion

     d. MH Other - Provide any comments and additional information of client's mental health concerns here.
     e. Severity (if applicable, select one of the following)
        - Mild
        - Moderate
        - Severe

     f. Initial MH Referral Accepted (Checkmark if client accepts MH referral)
     g. If initial MH referral rejected, why?
        - Regardless of whether a client screens positive or not, please answer this for all clients, with an acknowledgement that a client rejects MH referral or services.

     h. Referral Agency
        - Providers select which clinical MH agency to refer the client to based upon history/signs/symptoms and attach the referral under the "Attachments" tab in RHOS.
  3. Please indicate any referrals made or if client refuses the referral.
     a. ***If client is not screened, document reason under the "Mental Health" tab as well.***

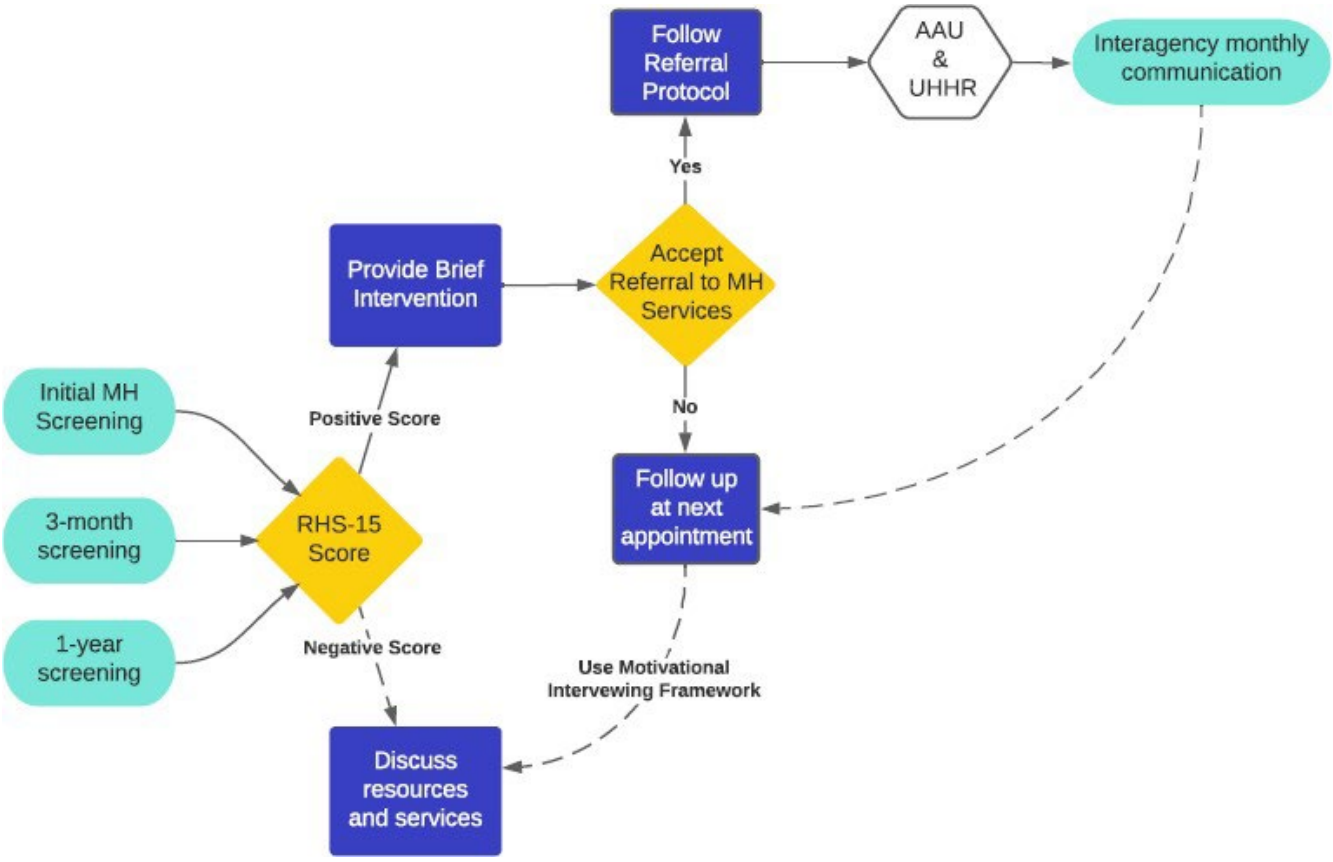
- **Coordination/Follow-up**
  1. The Mental Health (MH) Coordinator at one of the resettlement agencies (IRC / CCS) will check RHOS to identify any clients who screened positive and accepted a referral at the initial health screening to coordinate the mental health referral.
  2. Please refer to Attachment 7 for additional information related to *Mental Health Screening, Referral and Treatment Protocol in Utah*.

- **Resources**
  1. Utah Refugee Health: Mental Health Screening, Referral and Treatment Protocol (Attachment 7)
  2. Refugee Health Screening Tool - 15 (RHS-15) English (Attachment 8)
     - For additional languages, go here.
  3. RHS-15 User Manual (Attachment 9)
  4. CDC Quick Guide for Mental Health Screening: https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/mental-health-screening-guidelines.html

Figure 3: General Refugee Mental Health Screening Process Flow

The diagram below outlines the general process of the mental health screening process flow for 14+ refugee clients. This process flow closely outlines the order of the screening(s), and appropriate referral to clinical agencies.

Note: The order of activities may vary depending upon a client's understanding and willingness to attend mental health treatment.



Completing Health Screening in RHOS

Instructions for Completing and Submitting the Health Screening Results

1) Go to RHOS database (https://health.utah.gov/rhos/)
2) Look up client's case file and input information into each section as described below.
3) For more detailed instructions, please watch the RHOS recording of how to enter screening results or read through Attachment 10: SOP: How to Enter Health Screening Results in RHOS.

Health Screening Sections	Instructions
Demographics	Completed by resettlement agency and UDOH prior to health screening appointment. Clinic enters patient address.
General Exam	Indicate findings for basic physical examination (height/weight/BP/visual acuity etc.)
TB	Report TB test results here. If positive, after the CXR, enter results here too. Attach a copy of CXR order and results under "Attachments."
Parasite	Indicate whether screening occurred, client was treated overseas, or if N/A to screen based on country the client is arriving from.
Labs	Indicate whether screening occurred; if yes and appropriate, include date of screening and the lab results.
Immunization	Record all immunizations administered during health screening and acknowledge overseas immunizations were entered into USIIS.
Mental Health	Record if screening was completed and note any referrals made during the appointment.
Medical Conditions	Select all medical conditions identified during the health screening.
Comments	Note all follow-up required for the patient here.
Attachments	Include all relevant attachments here such as CXR order or result and other referrals.

*Note: When making a referral, a referral needs to be attached under "Attachments" in either "Referral #1" and/or "Referral #2" and the corresponding conditions under "Medical Conditions" needs to be checked.

Last Step in Completing Health Screening in RHOS

After completing all sections, determine if health screening has met all requirements, if it has, select "Completed HSF (Clinics)" under the "Demographics" section to indicate to RHP that the health screening is complete. This will act as the clinic/physician signature. RHP will review all completed health screenings on a weekly basis and provide feedback, if required.

Referring to Primary Care

To promote continuity of care, it is strongly encouraged that the Health Screening Provider continues to serve as the primary care physician (PCP). However, there may be circumstances where this is not feasible; in these situations, please follow the steps below for referring to primary care.

1. All follow-up health needs should be documented under the "Comments" section so the RA and RHP are aware of required next steps for the patient, regardless of whether the Health Screening Provider continues as the PCP.
2. Resettlement agency schedules an establish care appointment with PCP; reports name of provider to UDOH and it is entered into RHOS.
3. Resettlement agency coordinates with Health Screening Provider/Clinic to ensure health screening results are shared with PCP.

Health Screening Payment

Refugee health screenings are billed to Medicaid; however, the Program provides payment for: 1) applicable co-pays, and 2) provider consultation. In order to receive payment for these services, the provider must:

- Sign annual provider agreement.
- Submit <u>monthly</u> invoice and supportive documentation using the approved template and format.
    - A completed Health Screening in RHOS **must** be received by the UDOH Refugee Health Program before payment is rendered.

UTAH DEPARTMENT OF HEALTH*

SUMMARY CHECKLIST FOR THE DOMESTIC MEDICAL EXAMINATION FOR NEWLY ARRIVING REFUGEES

***This document has been adapted for the health screening of refugees arriving to Utah. The changes represent additional services and screening guidelines.**

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious Diseases

Division of Global Migration and Quarantine

January, 2022

Summary Checklist for the Domestic Medical Examination for Newly Arriving Refugees

For use when providing initial health screening to asymptomatic refugees arriving to Utah

This document presents a summary checklist for the testing suggested in the 13 sections of the Domestic Medical Examination for Newly Arriving Refugees. The following links provide full guidelines for additional details. (http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html).

Many of the steps outlined here do not represent mandatory screening requirements, but are intended as a guide to assist clinicians in performing a comprehensive medical evaluation. This summary checklist is for use when screening asymptomatic refugees. **Refugees with clinical complaints should receive diagnostic testing guided by their signs and symptoms.**

Checklist

Items marked with a check box (☐) indicate "action item" components of the medical examination.

Medical screening should be conducted within 30 days of arrival, and refugees should be assured ongoing primary care.

I. General medical examination

☐History and physical examination

- Nutrition and growth
  - ☐Take dietary history (e.g., restrictions, cultural dietary norms, food allergies).
  - ☐Collect anthropometric indices, including weight, height, and, for young children, head circumference.
- ☐Pregnancy test
- ☐**Utah Standard**: Recommended screening for all females ages 13-50 or younger depending on age at menarche.
- Perform when clinically indicated prior to administration of any vaccines or medications which may present a risk.
- Recommend prenatal vitamins and referral for services if test is positive.
  - ☐Immunizations
- ☐Record previous vaccines, lab evidence of immunity, or history of disease.
- ☐Give age-appropriate vaccines as indicated. Complete any series that has been initiated. (Do not restart a vaccine series.)
  - Doses are valid if given according to accepted ACIP or state schedules.

- If patient has no documentation, assume he or she is not vaccinated.
- Laboratory evidence of immunity is an acceptable alternative, as determined by the provider.
- As of late 2021, COVID-19 vaccination is recommended for all arrivals 5 years or older.

II. Mental health screening

☐**Utah Standard**

- Administer RHS-15 to refugees 14 years and older; assess for trauma/torture when appropriate or as comfortable.
- Ask a parent/guardian about the well-being of all refugees younger than 14 years old using the question from the provider resource guide. .

III. General laboratory testing

☐General laboratory testing is recommended for all refugees

- Recommendations for all refugees
  - ☐Perform complete blood count with differential and platelets.
  - ☐Conduct urinalysis (optional in persons unable to provide a clean-catch specimen).
  - ☐Consider testing glucose and serum chemistries.
- Recommendations for infants
  - ☐Conduct infant metabolic screening for newborns, according to state guidelines.

IV. ☐Disease-specific laboratory testing

- ☐Tuberculosis
  - ☐Review overseas records.
  - ☐Evaluate for signs or symptoms of disease, history of contacts, and physical examination (low threshold for evaluation).
  - ☐**Utah Standard**: Screen ALL arrivals for TB. Use QFT (Interferon Gamma Release Assay or IGRA) for adults. For children < 2 years old, place a PPD.
  - ☐For a positive screening test, perform chest x-ray and sputum testing as indicated.
- ☐Lead testing
  - ☐**Utah Standard**: Screen all refugee children ≤16 years, refugee adolescents > 16 years of age if there is a high index of suspicion, and all pregnant and lactating women and girls.
- ☐Malaria

Note: All **sub-Saharan African** (SSA) refugees who arrived from **countries that are endemic for *Plasmodium falciparum*** and who do not have a contraindication should be assumed to have received pre-departure presumptive antimalarial therapy with artesunate-combination therapy (ACT).

- Refugees who require post-arrival testing or presumptive treatment include the following: (The most sensitive test for persons with sub-clinical malaria is polymerase chain reaction (PCR); when PCR is not available, traditional blood films and/or a rapid antigen test may be used but have limited sensitivity in asymptomatic persons.)
  - SSA refugees receiving no presumptive treatment prior to departure. This includes any pregnant or lactating women, or children weighing less than 5 kg at the time of departure, for whom presumptive treatment was contraindicated.
  - Any refugee from a malaria-endemic country with signs or symptoms of infection should receive a thorough evaluation.
- Refugees not requiring post-arrival testing or presumptive treatment include the following:
  - SSA refugees receiving presumptive treatment prior to departure.
  - All refugees from malaria-endemic countries outside SSA.

V. ☐ Intestinal and Tissue Invasive Parasites (ITIP)

- Post-arrival screening for invasive parasites (IP) will depend on the region of departure and pre-departure presumptive therapy received.
- Currently, all refugees without contraindications from the Middle East, South and Southeast Asia, and Africa receive a single dose of albendazole prior to departure. In addition, all SSA refugees without contraindications receive treatment with praziquantel for schistosomiasis. The only population currently receiving presumptive therapy for strongyloides is Burmese refugees, who receive ivermectin if they do not have contraindications.
- For those who have contraindications or who did not receive complete pre-departure therapy, the following ITIP screening is recommended:
  - For refugees who had no pre-departure presumptive treatment:
    - ☐Roundworms/nematodes (all refugees): Conduct stool ova and parasites examination (2 or more samples) **or provide presumptive treatment**.
    - ☐Strongyloides (all refugees): **Provide presumptive therapy** or

conduct diagnostics for Strongyloides (e.g., serologies for strongyloides, 2 or more stool ova and parasites examinations, and/or Strongyloides culture/agar method).

- ☐Schistosomiasis (SSA refugees): **Provide presumptive therapy** or conduct serologies for schistosomiasis (for SSA refugees who did not receive praziquantel).
- ☐Absolute eosinophil count (routinely recommended as part of the hematology testing and is not sensitive or specific for invasive parasites; however, a persistently elevated count indicates the need for further investigation).

- For refugees who received incomplete presumptive treatment:
  - ☐Strongyloides (all refugees): **Provide presumptive therapy** or conduct diagnostics for Strongyloides (e.g., serologies for strongyloides, 2 or more stool ova and parasites examinations, and/or Strongyloides culture/agar method).
  - ☐Schistosomiasis: **Provide presumptive therapy** or conduct serologies for schistosomiasis (SSA refugees who did not receive praziquantel).
  - ☐Absolute eosinophil count (routinely recommended as part of the hematology testing and is not sensitive or specific for invasive parasites; however, a persistently elevated count indicates the need for further investigation).
- For refugees who received complete pre-departure presumptive treatment:
  - ☐Absolute eosinophil count (routinely recommended as part of the hematology testing and is not sensitive or specific for invasive parasites; however, a persistently elevated count indicates the need for further investigation).

VI. ☐Sexually transmitted diseases

Obtain history for signs and symptoms and conduct physical examination.

- ☐Syphilis
  - ☐**Utah Standard**
  - All arrivals 15 years or older should be screened for syphilis RPR (rapid plasma reagin) for those who have a recent medical history suggestive of syphilis
    - ☐Conduct confirmation testing for positive treponemal tests.
- Chlamydia
  - Conduct a urine nucleic amplification test for the following:

        - Women < 25 years old who are sexually active
        - Women > 25 years old with risk factors (e.g., new or multiple partners)
        - Leucoesterase (LE) positive on urine sample
        - Women or children with history of or at risk for sexual assault
        - Any refugee with symptoms
- Gonorrhea
    - Conduct a urine nucleic amplification test for the following:
        - Leucoesterase (LE) positive on urine sample
        - Women or children with history of or at risk for sexual assault
        - Any refugee with symptoms
- ☐HIV

  As of January 4, 2010, refugees are no longer tested for HIV infection prior to arrival in the United States.
    - ☐**Utah Standard**: All refugees should be screened unless they opt out. Refugees should be clearly informed orally or in writing when/if they will be tested for HIV. A refugee's decision to decline an HIV test should be documented in the medical record.
    - ☐Screening should be repeated 3-6 months following resettlement for refugees who had recent exposure or are at high risk.
    - ☐Provide culturally sensitive and appropriate counseling for all HIV-infected refugees in their primary spoken language, and ensure the competence of interpreters and bilingual staff to provide language assistance to patients with limited English proficiency.
    - ☐**Utah Standard**: Refer all refugees confirmed to be HIV-infected for care, treatment, and preventive services to University of Utah Hospital, Clinic 1A.
    - Special considerations for children:
        - ☐Screen children <12 years of age unless the mother's HIV status can be confirmed as negative and the child is otherwise thought to be at low risk of infection (no history of high-risk exposures such as blood product transfusions, early sexual activity, or sexual abuse). In most situations, complete risk information will not be available; thus, most children <12 years of age should be screened.
        - ☐For children <18 months of age, who test positive for HIV antibodies, test with DNA or RNA assays. Results of positive antibody tests in this age group can be unreliable because they may detect persistent maternal antibodies.
        - ☐Provide chemoprophylactic trimethoprim/sulfamethoxazole for all children born to or breast-fed by an HIV-infected mother, beginning at 6 weeks of age and continuing until they are confirmed to be uninfected.

- Special considerations for pregnant women:
  - ☐ Screen all pregnant refugee women as part of their routine post arrival and prenatal medical screening and care.

Utah's Domestic Refugee Health Medical Screening Guidelines Checklist* (as of 1.31.22)

Activity	All	Adults	Children	Complete?
History & Physical Exam				
History (includes review of overseas medical records)	✔			
Physical Exam & Review of Systems (includes mental health, dental, hearing, and vision screening; nutritional, reproductive assessment; health education and anticipatory guidance, etc.)	✔			
Height, weight, BP	✔			
Visual Acuity Results		✔ All adults	✔ All children able to be screened	
Social History (Tobacco or Alcohol Use)	✔			
Laboratory Tests				
Complete Blood Count with Differential and Platelets	✔			
Diabetes Screening (PGL test for diabetes or marked "Low Risk" in RHOS)		✔ Screen if the patient is at high risk for diabetes and/or in accordance with the US Preventive Services Task Force guidelines.	✔ Screen if the patient is at high risk for diabetes and/or in accordance with the US Preventive Services Task Force guidelines.	
Urinalysis (if old enough to provide clean-catch urine specimens)	✔			
Cholesterol & Lipid Disorder Screening		✔ In accordance with the US Preventive Services Task Force guidelines		
Pregnancy Testing		✔ Women of childbearing age; using opt-out approach	✔ Girls of childbearing age; using opt-out approach or with consent from guardian	

*For specifics, see CDC guidelines at: http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html. These *screening* guidelines are for *asymptomatic* refugees. Refugees with signs or symptoms should receive diagnostic testing and refer to overseas medical screening notes from EDN regarding follow-up at final destination. Or utilize CareRef, which is a tool to determine screening tests recommended.

Utah's Domestic Refugee Health Medical Screening Guidelines Checklist* (as of 1.31.22)

Activity	All	Adults	Children	
HIV Testing	✔ Opt-out approach			
Hepatitis B Testing	✔			
Hepatitis C Testing		✔ All adults 18+	✔ Children with risk factors (e.g., hepatitis C -positive mothers, etc.)	
Blood Lead Level		✔ Pregnant or Lactating mothers	✔ All children and infants (16 years old or younger)	
Syphilis Testing		✔ Domestic Syphilis testing is not required if there's an overseas negative result for Syphilis.	✔ Children 15 years or older; children under 15 years old with risk factors (if there isn't a negative overseas result)	
Syphilis Confirmation Test[1]		✔ Individuals with positive VDRL or RPR tests	✔ Children with positive VDRL or RPR tests	
Chlamydia Testing		✔ Women ≤ 25 years who are sexually active or those with risk factors	✔ Girls 15 years or older who are sexually active or children with risk factors	
Newborn Screening Tests [2]			✔ Within the first year of life	
Preventive Health Interventions & Other Screening Activities				
Tuberculosis Screening [3]	✔			
Immunizations [4]		✔ Individuals with incomplete or missing immunization records upon review of overseas records OR Serology results.	✔ Children with incomplete or missing immunization records upon review of overseas records OR Serology results.	
COVID-19 Vaccines		✔ All adults should be offered the COVID-19 vaccine at the initial screening (if not completed overseas)	✔ Children 12-18 years old should be offered the Pfizer vaccine (if not completed overseas), Children 5-11 should be offered pediatric Pfizer vaccine (if not completed overseas)	
Review & Enter Overseas Immunizations into USIIS, acknowledge in RHOS.	✔			

[1] Note: Nontreponemal testing (VDRL/RPR) may have a false-negative result during primary syphilis in the very early stages or tertiary syphilis in the very late stages. Suggest presumptive treatment, and retest if clinical suspicion is high. See CDC Sexually Transmitted Diseases Treatment Guidelines.

*For specifics, see CDC guidelines at: http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html. These *screening* guidelines are for *asymptomatic* refugees. Refugees with signs or symptoms should receive diagnostic testing and refer to overseas medical screening notes from EDN regarding follow-up at final destination. Or utilize CareRef, which is a tool to determine screening tests recommended.

Utah's Domestic Refugee Health Medical Screening Guidelines Checklist* (as of 1.31.22)

Activity	All	Adults	Children	
Mental Health	✔	Screened with RHS-15 (14+)	Screened via questions and discussion between provider and guardian.	
Stool Ova and Parasite Testing [5]		✔ Refer to EDN and CDC guidance. Individuals who had contraindications to albendazole at pre-departure (e.g., women in the first trimester of pregnancy) or who weren't screened overseas should be screened domestically and/or provided presumptive treatment based on results.	✔ Refer to EDN and CDC guidance. Children who had contraindications to albendazole at pre-departure (e.g., under 1year) or who weren't screened overseas should be screened domestically and/or provided presumptive treatment based on results.	
Strongyloides Testing and/or Presumptive Treatment [5, 6]		✔ Refer to EDN and CDC guidance. Individuals who did not receive pre-departure presumptive treatment or testing should be screened domestically and/or provided presumptive treatment based on results.	✔ Refer to EDN and CDC guidance. Individuals who did not receive pre-departure presumptive treatment or testing should be screened domestically and/or provided presumptive treatment based on results.	
Schistosomiasis and/or Presumptive Treatment [5, 7]		✔ Refer to EDN and CDC guidance. Individuals from sub-Saharan Africa who had contraindications to presumptive treatment at pre-departure (e.g., pre-existing seizures) that are not resolvable should be tested rather than treated.	✔ Refer to EDN and CDC guidance. Children from sub-Saharan Africa who had contra-indications to presumptive treatment at pre-departure (e.g., under 4 years) should be tested domestically.	
Malaria Testing [5, 7]		✔ Refer to EDN and CDC guidance. Individuals from sub-Saharan Africa who had contraindications to presumptive treatment at pre-departure (e.g., pregnant, lactating)	✔ Refer to EDN and CDC guidance. Children from sub-Saharan Africa who had contraindications to presumptive treatment at pre-departure (e.g., < 5 kg)	
Vitamins		✔ Individuals with clinical evidence of poor nutrition	✔ Individuals with clinical evidence of poor nutrition	
RHOS Data Entry				
Screenings Results Entered?	✔			
Screening Provider Comments	✔			
Referrals Attached / Follow-Up Noted in RHOS	✔			

[2] *According to state standards; see: https://newbornscreening.health.utah.gov/*

[3] *Tuberculosis screening may include IGRA or TST/PPD testing and/or chest x-ray*

[4] *Serological testing is an acceptable alternative*

[5] *Presumptive treatment is an acceptable alternative to testing, provided the contraindication has resolved*

[6] *Ivermectin is the drug of choice, but is contraindicated in refugees from Loa loa endemic areas of Africa. In African refugees from Loa loa endemic areas, presumptive treatment is more expensive and complicated (e.g. high dose albendazole) and it may be more feasible to conduct serologic testing with treatment of those found to have infection*

[7] *Presumptive treatment is only recommended in refugees from sub-Saharan Africa. Currently, all sub-Saharan refugees without contraindications are receiving pre-departure treatment.*

*For specifics, see CDC guidelines at: http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html. These *screening* guidelines are for *asymptomatic* refugees. Refugees with signs or symptoms should receive diagnostic testing and refer to overseas medical screening notes from EDN regarding follow-up at final destination. Or utilize CareRef, which is a tool to determine screening tests recommended.

Utah REFUGEE HEALTH SCREENING FORM

Date of Arrival: _____ /_____/_____ Screening Clinic: _____ Screen Date: _____ /_____/_____

Last Name: _____ First Name: _____ Foster Care: ☐

Address: _____ DOB: _____ /_____/_____ Sex: M F Alien ID: _____ Resettlement Agency: _____

Place of Birth: _____ Arrive From: _____ Nativity/Culture: _____ Language: _____ USPHS Class: B1 ☐ B2 ☐

PHYSICAL EXAM:

Weight:_____ Height:_____ BP:_____BMI:_____	Visual Acuity: Y N Referral needed: Y N	Tobacco user: Y N

TB SCREENING:

Tuberculosis Test: PPD QFT Date: ____ /____/____	Results: _____mm Pos Neg Indeterminate Date: ____ /____ /____	X-ray Results: Normal Abnormal Date: ____ /____ /____

LAB TESTS: (ALL) WBC: RBC: Hemoglobin: Eosin: H-Pylori:

Anemia Screened (All): Y N Hct: MCV:	Diabetes Screened (All): Y N Results:	Urine Analysis (All): Y N Findings:_____
HIV (All) Tested: Y N Results:	RPR Tested (≥15 years): Y N Results:	Treponemal Test:
Chlamydia Tested (high risk): Y N Results:	Gonorrhea Tested (high risk): Y N Results:	B 12 Tested (Bhutanese, risk factors): Y N Results:
HBsAg (All) Tested: Y N Results:	Hep C (18+, at risk) Tested: Y N Results:	Blood Lead (≤ 16ys): Y N Results: _____µg/dl:

PARASITES Pregnancy Test (females, child-bearing ages): Total cholesterol: HDL: LDL:

Soil Transmitted Helminths:	**Schistosomiasis:**	**Strongyloides:**
Treated overseas: Y N	Treated overseas: Y N	Treated overseas: Y N
Screened at HS: Y N Results: (+ / –) _____	Screened at HS: Y N Results: (+ / –) _____	Screened at HS: Y N Results: (+ / –) _____
Albendazole at HS: Y N Dose:	Praziquantel at HS: Y N Dose:	Ivermectin at HS: Y N Dose:

IMMUNIZATIONS:

Vaccines (date given) COVID-19 Vaccine: Y N Type: Date 1: Date 2:

Malaria: Treated overseas: Y N
Screened at HS: Y N RX @ HS: Y N

DTaP/TD/Tdap	IPV	HIB	Meningococcal	Hepatitis B	MMR	Varicella	Pneumococcal	Hepatitis A	HPV	Influenza
___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Serology (+ / –)										

MENTAL HEALTH: How was RHS-15 administered: _____ Self _____ Provider assisted _____ Interpreter assisted

≥ 14 yrs: RHS-15 Score 1: _____ (≥12 = positive) RHS-15 Score 2: _____ (≥4 = positive) < 14 yrs: Ask parent, "Do you think your child has difficulties with their emotions, concentration, behavior, or getting on with other people?" Y N	Torture/Violence: Y N "In this clinic we see many patients who have been forced to flee their homes because of violence or threats to their health and safety. Were you (or any of your family) a victim of violence and/or torture in your home country?"	All ages: Anxiety: Y N Depression: Y N Other: Y N Describe: _____

MH Referral Accepted: Y N	Referral Agency: AAU UHHR Other _____	MH Severity: □ Mild □ Moderate □ Severe

OTHER HEALTH CONDITIONS: check category if PRESENT, circle condition or write in space

□	Cardiovascular:	HTN	↑ BP without HTN	Heart Murmur				
□	Dental:	Caries	Calculus	Decay	Pain			
□	Dermatology:	Dermatitis	Scabies	Tinea				
□	Endocrinology:	Diabetes	Thyroid					
□	ENT:	Impacted Cerumen	Perforated TM	<Hearing				
□	Genitourinary:	Dysuria/BPH	Nocturia	UTI				
□	GI:	Abdominal Pain	Constipation	Diarrhea				
□	Hematology:	Eosinophilia	Macrocytic anemia	Microcytic anemia				
□	Musculoskeletal:	Arthritis	Low back pain	Loss of Limb	Other Pain			
□	Neurology:	Headaches	Neuropathy	Seizures				
□	Nutrition:	Short stature	Underweight	Overweight	Obesity			
□	Obstetrics/GYN:	Dysmenorrhea	Menorraghia	Depo due _____				
□	Ophthalmology:	Corneal opacity	<Vision					
□	Pulmonology:	Asthma	COPD	Hx of TB				

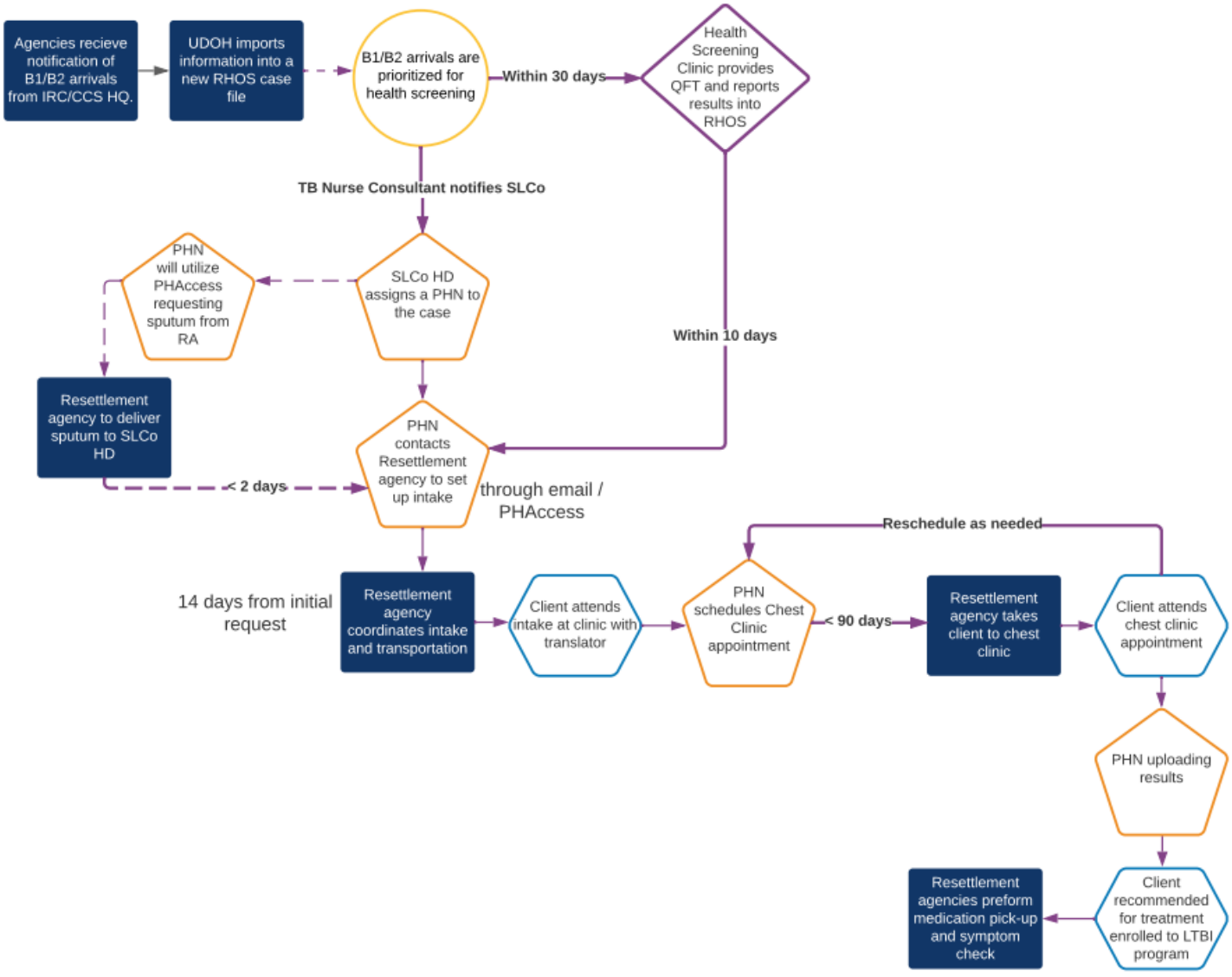
COMMENTS:

Screening Physician: _____ Physician Signature: _____

Original: Utah Department of Health, Refugee Health and TB Control Program, Box 142104, Salt Lake City, UT 84114-2104 Fax: (801) 237-0770 Canary: Resettlement Agency HSF entered _____ (9/2021)

UTAH DEPARTMENT OF HEALTH
Bureau of Epidemiology

UDOH, Refugee Health Program
B1/B2 TB Coordination Protocol
Updated 03/24/2022



Acronyms

RHOS: Refugee Health Online System
SLCoHD: Salt Lake County Health Department
HSCs: Health Screening Clinics (Health Clinic of Utah and St. Marks Family Medicine)
PHN: Public Health Nurse
UDOH: Utah Department of Health
PCMC: Primary Children's Medical Center
CDC: The Centers for Disease Control and Prevention
UT-NEDSS: Utah National Electronic Disease Surveillance System
QFT: Quantiferon Test
CXR: Chest x-ray
LTBI: Latent Tuberculosis Infection

Protocol:

1. Resettlement agencies receive notification of B1/B2 arrivals
2. UDOH receives notification
3. UDOH imports information into a new RHOS case file
    a. B1/B2 arrivals are prioritized for health screening

Health Screening to occur within 30 days after Date of Arrival (DOA)

1. Client attends Health Screening Appointment.
    a. At appointment, client receives QFT or TST tests.

**All B1 clients require a domestic QFT, sputum collection and CXR*

***If B1/B2 clients screen negative on QFT they still need a CXR*

***B2 clients under the age of 15 who have a complete TST/QFT and a negative CXR do not need to complete a TST/QFT again*

2. Simultaneously, the TB Nurse Consultant at UDOH notifies SLCo about B1/B2 arrivals
    a. SLCo Health Department assigns a Public Health Nurse (PHN) to each B1/B2 case
    b. PHN will utilize PHAccess to request sputum collection from the Resettlement Agencies
        i. Resettlement agencies are to deliver sputum to SLCo HD within 2 days of collection to ensure appropriate reading
3. The screening clinic will upload the lab results IGRA (QFT, T-Spot) indicated on it to RHOS under the "TB" tab.
    a. If someone tests positive at the health screening, they receive a referral for the CXR. This referral is also indicated/attached in RHOS.
    b. The CXR referral is to be attached in RHOS within 10 business days and agencies have 30 days from the order date to take the client for a CXR.

   c. Screening clinic will upload the CXR result in RHOS once it's received. Health screening will not be marked complete until after these steps are finished.

4. Once the PHN has the sputum collection, and uploaded health screening results, they will contact the resettlement agency for coordination of intake appointment
   a. Resettlement agencies have 14 days from initial request to schedule and coordinate transportation to the intake appointment.
5. Client will attend the LTBI intake appointment at the SLCo Clinic.
   a. SLCo will provide needed interpretation
6. After the intake appointment, the PHN will schedule an appointment for the Chest Clinic for the client.
   a. The PHN will upload this order into RHOS.
   b. The PHN and Resettlement Agencies will coordinate using RHOS "Agency Comments" or PHAccess to identify the CXR date and location.
   c. The resettlement agencies will work with the clients to ensure they have transportation to the chest x-ray within 90 days of the chest x-ray order date.

**TB Chest Clinic occurs the 1st and 3rd Wednesday of the month from 8am-11am for B1/B2/Active TB or Suspected TB cases.*

***B1 CXR's are offered at the Chest Clinic, labs can be drawn as well.*

****B2's who have a negative QFT will be sent to Primary Children's for CXR. For B2's who have a positive QFT, they will be sent to the Chest Clinic, and then referred to Primary Children's for specialty images. These are clients under 14 years of age.*

7. Client will attend chest clinic appointment within 90 days of the order.
8. The PHN will upload CXR results from the Chest Clinic
   a. The CXR results go to the PHN, and then are evaluated at the chest clinic. Usually there is an immediate follow-up.
   b. PHN will upload these results to EpiTrax, and follow up with the client via phone call.
   c. The PHN can order medications same-day as the CXR. If client cannot wait at the clinic, the PHN will provide follow-up by phone or in-person appointment.
9. Resettlement agencies will perform medication pick-up and symptom check.
   a. Resettlement agencies will call clients and review the approved symptom and med check list document.
   b. Information collected will be sent to the PHN through PHAccess.

i. PHN can document monthly symptom check in the encounter notes and should include information if medication was picked up and completed by RA.

10. UDOH will merge EpiTrax data with RHOS every other month.

11. Note: Resettlement agencies will administer the LTBI Symptom Checklist monthly with clients undergoing treatment to report back any symptoms or problems from medication to the PHNs. This checklist may be viewed here.

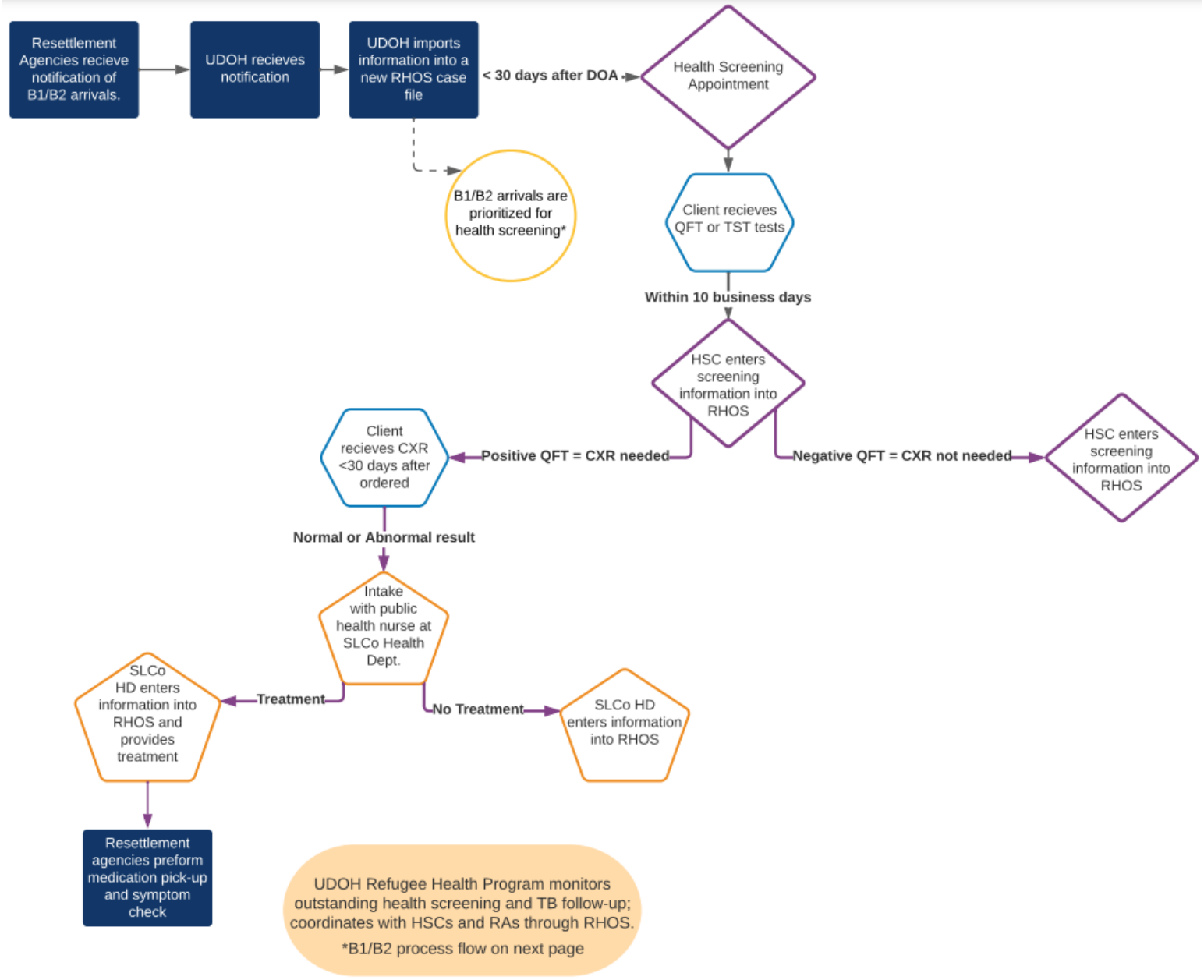
Contact Information

Salt Lake County Health Department
Tara Scribellito PHN Lead tscribellito@slco.org 385-468-4276
Madison Clawson PHN Lead mclawson@slco.org 385-468-4277

Utah Department of Health
Sarah Bates Refugee Health Screening Coordinator sbates@utah.gov 801-538-9310
Taylor Morsillo Refugee Wellness Specialist tmorsillo@utah.gov
Rachel Ashby TB Epidemiologist rashby@utah.gov 801-538-9315
Hayder Allkhenfr Refugee Health/TB Program Manager hallkhenfr@utah.gov 385-259-5204

UTAH DEPARTMENT OF HEALTH
Bureau of Epidemiology

UDOH, Refugee Health Program
Positive TB Screening Protocol
Updated 03/29/2022



Acronyms

RHOS: Refugee Health Online System
SLCoHD: Salt Lake County Health Department
HSCs: Health Screening Clinics (Health Clinic of Utah and St. Marks Family Medicine)
PHN: Public Health Nurse
UDOH: Utah Department of Health
PCMC: Primary Children's Medical Center
CDC: The Centers for Disease Control and Prevention
UT-NEDSS: Utah National Electronic Disease Surveillance System
QFT: Quantiferon Test
CXR: Chest x-ray
LTBI: Latent Tuberculosis Infection

Protocol:

1. Resettlement agencies receive notification of B1/B2 arrivals
2. UDOH receives notification
3. UDOH imports information into a new RHOS case file
    a. B1/B2 arrivals are prioritized for health screening *(described in Attachment 4)*

Health Screening to occur within 30 days after Date of Arrival (DOA)

1. Client attends Health Screening Appointment.
    a. At appointment, client receives QFT or TST tests.
2. The screening clinic will upload the lab results with the positive IGRA (QFT, T-Spot) indicated on it to RHOS under the "TB" tab.
    a. This test result is to be entered into RHOS within 10 business days.
3. For every positive TB screening, the screening clinic will upload a chest x-ray (CXR) order to RHOS under the "Attachments" tab in RHOS.
    a. Negative results are also entered into RHOS.
4. Once the order is uploaded to RHOS, the resettlement agencies will work with the clients to ensure they complete a chest x-ray within 30 days of the chest x-ray order date.
    a. Resettlement agency will coordinate intake and transportation to the chest clinic appointment.
    b. The resettlement agencies will update the "Agency Comments" on RHOS with the CXR date and location.

   c. Screening clinics will upload the CXR results after receiving them and the health screening won't be marked complete until after all steps are taken.
5. Client will attend chest clinic appointment within 90 days of the order.
6. Either the Health Screening Clinic or Public Health Nurse (PHN) will upload the CXR results to RHOS for the Salt Lake County Health Department for follow-up. This will be the responsibility of whoever placed the CXR order.
   a. The Salt Lake County Health Department will get the completed CXR from RHOS.
      i. For clients requiring treatment, Salt Lake County will coordinate with Resettlement Agencies to perform medication pick-up and symptom check.
      ii. For clients who do not require treatment, Salt Lake County will enter that information into RHOS.
7. UDOH will perform data merges between EpiTrax and RHOS to ensure that client information regarding LTBI treatment is updated. This will occur every other month, unless specified otherwise.
8. Care coordination regarding LTBI treatment and ongoing client needs should be communicated through all of the agencies in RHOS, or through PHAccess.
9. Note: Resettlement agencies will administer the LTBI Symptom Checklist monthly with clients undergoing treatment to report back any symptoms or problems from medication to the PHNs. This checklist may be viewed here.

UTAH DEPARTMENT OF HEALTH
Bureau of Epidemiology

UDOH: Refugee Health/TB Program
Medication/Vaccine Order Form

FAX or EMAIL ORDER TO: (801) 538-9913 or rhprogram@utah.gov
Allow 2-3 weeks for delivery.

Clinic Name: _____ Date: / /

Contact Name: _____

Contact Email & Phone #: _____

Delivery Address: _____

DRUG	STRENGTH	# of Tabs/Caps/Doses/Bottles
Albendazole (Albenza)		
Biltricide (Praziquantel)		
Malerone (Atovaquone and Proguanil Hcl)		
Stromectol (Ivermectin)		
Tindamax (Tinidazole)		

Updated 9/28/20

2021

Utah Refugee Health Program

Protocol for: Mental Health Screening, Referral, and Treatment

PREPARED BY: TAYLOR MORSILLO, MPH

Contents

Executive Summary

Refugee Mental Health

Resettlement Agencies

Two resettlement agencies, Catholic Community Service (CCS) and International Rescue Committee (IRC), provide newly arrived refugees with direct services and support. During the first 90 days, known as the reception and placement period, refugees have access to financial assistance along with employment, housing, education, health and acculturation support.

Clinical Agencies

Currently, there are two primary agencies providing mental health services to the refugee community, Utah Health and Human Rights and Refugee & Immigrant Center at Asian Association of Utah. UHHR provides highly specialized and culturally competent mental health, medical, psychiatric, case management, and legal services to men, women, and children who have endured severe human rights abuses. AAU provides comprehensive outpatient services including, but not limited to, mental health counseling, medication management, family counseling, and domestic violence and substance abuse treatment.

Screening

Screening is designed to determine who should be referred for mental health diagnosis and management. Timely referrals may assist refugees in living more productive and healthier lives following resettlement. Major Depressive Disorder, Posttraumatic Stress Disorder (PTSD), anxiety and adjustmentdisorders, and substance abuse are the most common mental health diagnoses seen among refugees.

Referral

Based on available overseas records and findings of the domestic mental health screening, a referral to a mental health provider may be appropriate. Most mental health conditions can be managed by primarycare providers. However, in some instances, a referral to a mental health professional may be indicated.Some refugees may be reluctant to follow-up with a mental health professional.

Purpose

This protocol includes general steps for conducting and implementing Screening, Brief Intervention and Referral to Treatment for Refugee Mental Health in the state of Utah.

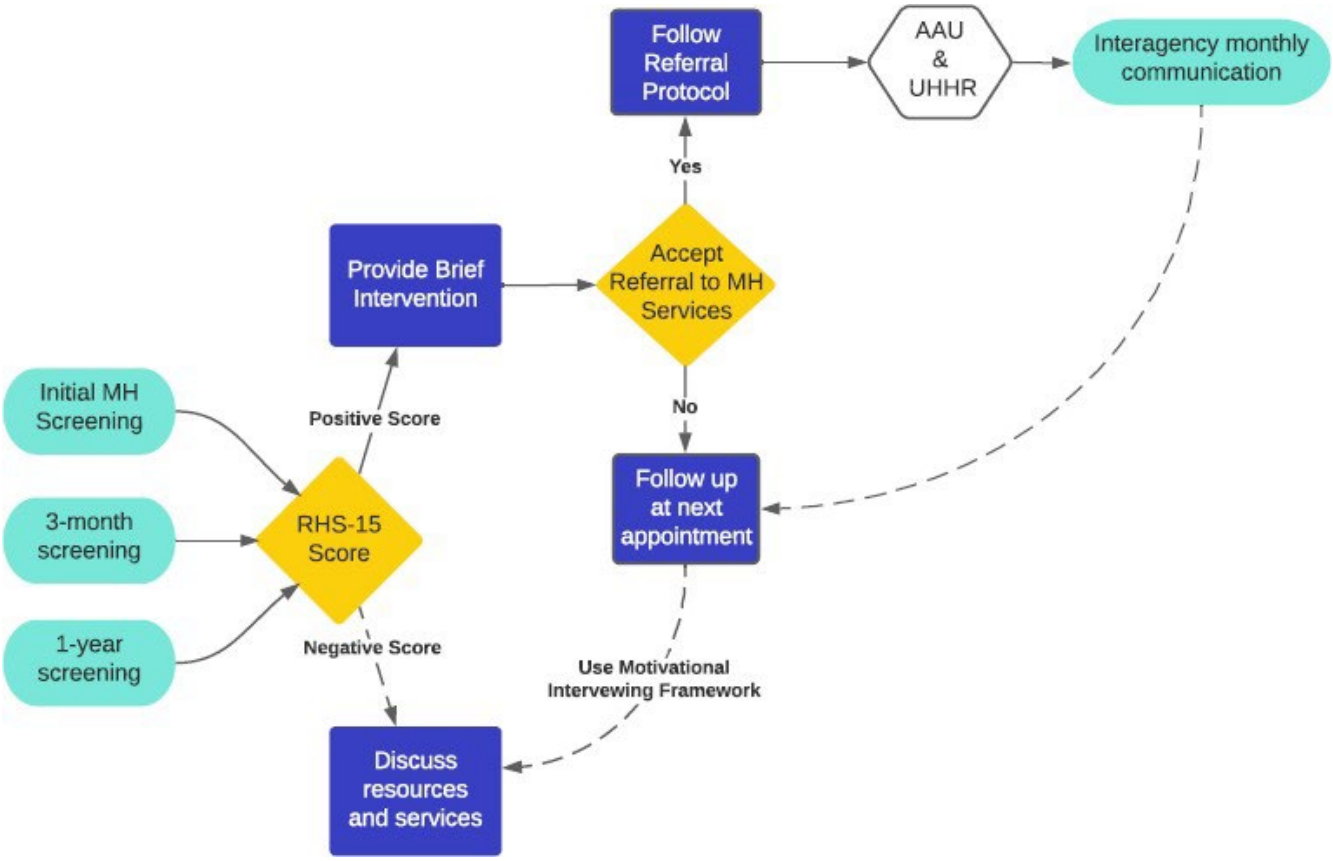
- **Section A:** Reviews the process of providing a mental health screening and scoring the screen, for refugee populations in the state of Utah.
- **Section B:** Provides guidelines and strategies for conducting brief interventions with clients to discuss mental health and mental health treatment options.
- **Section C:** Outlines the process for referring patients to clinical mental health services, and ongoing case management.

Additional resources are provided in *Appendices I, II* and *III* for screening tools, referral and communication forms. The General Refugee Health Screening Process Flow serves as a visual guide of the comprehensive process of providing ongoing care, and care coordination to refugees and as an aid in navigating this protocol. If you have questions about this protocol or would like additional support, please contact the Refugee Wellness Specialist via phone (412-559-1852) or email (tmorsillo@utah.gov).

General Refugee Mental Health Screening Process Flow

The diagram below outlines the general process of the mental health screening process flow for refugee clients. This process flow closely outlines the order of the screening(s), and appropriate referral to clinical agencies.

Note: The order of activities may vary depending upon a client's understanding and willingness to attend mental health treatment.



A. Refugee Mental Health Screening (≥14 years)

WHO SHOULD BE SCREENED

The following clients should be provided a mental health screening:

Initial screening:

- All newly arrived refugees should receive a mental health screening at the initial health screen.

3-month screening

- Refugee clients who did not have an initial mental health screening score;
- Refugee clients who had a negative initial mental health screening score.

1-year screening

- All refugee clients.

Refugees who screened positive at the initial mental health screening, but declined a referral to mental health services will be provided mental health education or wrap around support services at 3-months post-arrival.

The RHS-15 is used to assess the mental health needs of newly arrived refugees ≥14 years old. The RHS-15 (Appendix I)was designed as a simple tool that can be used during the initial health screening and/or in the primary care setting.

The 15 questions address symptoms associated with depression, anxiety, trauma, and overall well-being;the tool has been translated and validated in a number of refugee languages. Refugees scoring ≥12 on questions one through fourteen or ≥5 on the distress thermometer are identified as someone who may benefit from mental health services.

The RHS-15 is *not a diagnostic tool*, it is a predictive tool.

A.1 Administering the Refugee Health Screen (RHS-15)

Trained professionals involved in patient care are able to administer the RHS-15 (health care worker,case manager, mental health clinician, etc.).

A Note:

Transition to life in the United States is difficult for most refugees. The addition of the RHS-15 as a tool to better identify individuals who may be facing significant challenges within this process does not change this fact, nor does a negative RHS-15 score indicate a seamless adjustment.

1. Introduce the RHS-15: When the trained professional introduces the screen, they can explain thefollowing:
    a. *"Part of what we'll talk about today is how you are feeling in your body and mind. We'lluse something called the Refugee Health Screener 15 to talk about different symptoms and feelings."*

   b. The screening may occur in-person, over the phone, or via telehealth appointment.

2. If the client is literate and the screening tool has been translated into an appropriate language,it may be self-administered.
   a. If interpretation is needed, or if the client is pre-literate the screen may be administeredorally.

3. Reintroduce the RHS-15: Before handing out the RHS-15, state that each person (14 years old and over) will be asked the questions about sadness, worries, body aches and pain, and othersymptoms that may be bothersome to them.
   a. "Some refugees have mind and body symptoms because of the difficult things they havebeen through, and because it is very stressful to move to a new country. The questions we are asking help us find people who are having a hard time and who might need extra support. The answers are not shared with employers, USCIS, teachers, or anyone else without your permission."

4. Normalize the RHS-15: Tell clients that many refugees and asylees have a hard time because of the difficult things they have been through, and because it is very stressful to move to a new country.
   a. "Many of the people we work with have different feelings or symptoms because of the difficult things they have been through, or because of the stress that comes with moving to a new country. We see people every day that have trouble sleeping, or think too much, or have aches that won't go away. We talk to all of our clients about how they feel to see if we can help them with services to feel better."

5. Explain the RHS-15 Instructions: For clients who choose to self-administer, trained professionals can state:
   a. "Using the scale beside each symptom (show the scale), please place a mark in/circle the degree to which the symptom has been bothersome to you over the past month/30 daysincluding today. For example, in the past 30 days, you may have been crying every day, a few times, or not at all. We are asking you to place a mark, or circle, in the column that shows how much you have been having that experience in the last month or 30 days."

   b. If a client prefers to have the screen read to them, the trained professional can read aloud the instructions with appropriate interpretation.

Remember to:

- Repeat the symptom items, read out loud, and speak slowly.
- Check for understanding by asking if anyone has any questions.
- If the tool is administered in a group setting (i.e. all family members at one time), remind each person to answer their own questions individually.

A.2 Administering Screening for Adolescents (<14 years)

1. Introduce the indirect adolescent screening.

2. When the trained professional introduces the screen, they can explain the following:
    a. *"Part of what we'll talk about today is how your child has been feeling within their body and mind. We will ask one question about how things are doing."*

3. Parents or guardians will then be asked "Do you think your child has difficulties with emotions, concentration, behavior, or getting on with other people?"
    a. If the parent/guardian responds with a "No" the health professional will document this.

A.3 Scoring the RHS-15

1. The trained professional administering the screen, collects and calculates the RHS-15 score.
    a. If items 1-14 score 12 or more, this is considered a **positive screen**. Proceed to **B.1**.

    a. If the distress thermometer is greater than 5, this is considered a **positive screen**. Proceed to **B.1**.

    b. If the client does not screen positive on the RHS-15, proceed to B.2.

2. Scores should be calculated and then entered into the clients **RHOS file**, along with the accompanying date for the screen (initial, 3-month, 1-year).

B. Conducting Brief Interventions with Clients

It is important to emphasize to all parties involved in administration of the tool, including clients, that this is *not a diagnostic tool*, but a predictive one. The results, as well as the process of administering the tool and discussing the results, are intended to support clients in accessing needed services.

The following are some strategies for using client-centered communication to discuss a positivescreening score to treatment options. It is helpful to utilize motivational interviewing techniques (outlined in B.3) during this discussion to increase the likelihood of initiating treatment.

B.1 Reviewing and Connecting Screening Scores to Treatment Options

1. After calculating and entering the screening score into the client's electronic file, the trained professional begins the process of explaining a positive RHS-15 score.

2. The trained professional can review the reason for the screening tool with the client.
    a. *"From your answers to the questions, it seems like you are having a difficult time. You are not alone. I work with many people who experience [list the specific symptoms being experienced - crying easily, fast heartbeat, too much thinking, etc.] that may be causing some problems for you."*

3. The trained professional can offer support to the client by referring back to some of the symptom items on the RHS-15 that were indicated in the client's score.
    a. *"Lots of people experience sadness, too many worries, bad memories, or too much stress because of everything they have gone through and because it is so difficult to adjust to a new country. There is support in our community for these symptoms you are having."*

4. The trained professional can normalize a client's experiences that contribute to a positive score.
    a. *"Lots of people who have been through what you went through (insert specific client information if applicable) have these symptoms. Sometimes people need extra support to help them through a difficult time."*

5. The trained professional can educate and emphasize the importance of mental health supports, discuss specific modalities, and the clinical options that are available in Utah.
    a. *"In the United States, people who experience these types of feelings/symptoms sometimes find it helpful to get extra support. This does not mean that something is wrong with them. A counselor in the United States is a type of healthcare worker who will listen to you and provide help*

and support."

b. *"Therapeutic arts groups are meetings where people come together to sing, dance, or make art together while sharing their struggles and accomplishments with each other; ESL classes would give you a chance to increase your language skills which will help your adjustment to the United States, while meeting new people)."*

6. Give control and power for individuals to make an informed choice.
    a. *"Are you interested in being connected to these services? I recommend that you see what they are all about. If you would like to seek services, I can help you schedule the first appointment."*

If a client responds with **YES,** they are interested in being connected to mental health services:

1. The MH Coordinator at IRC/CCS will complete a referral request to AAU or UHHR depending on the specific therapeutic needs. These steps are outlined in the referral protocol C.1 or C.2.
    b. *"I would like to refer you to (name specific service and again describe the tangible benefit of the service). Is this OK with you? Someone will call you in your language and describe the type of support they can offer you."*

If a client **declines** a referral to mental health services, proceed to **B.2**.

B.2 Negative Screen or Denial of Treatment Services

If a client **screens negative** or **declines** a referral to mental health services:

1. Resettlement agencies can provide continued education and additional support services to the client (i.e. – community-based activities, support groups) and can discuss treatment options during follow-up visits and conversations using motivational interviewing tools outlined in **B.3**.

a. The continuation of active available referral options is an essential component of the case management period.

A Note on Client Declined Referrals

Some clients with identified MH symptoms may not feel ready to engage in treatment. If a client declines referral to further assessment and/or treatment:

- **Make a detailed note in the client's record describing the symptoms/RHS-15 score use and record the client's refusal;**
- **Provide the client with contact information and other information/resources for when the client feels ready for treatment; and**
- **Discuss the client's MH symptoms and treatment options at the next appointment using motivational interviewing techniques.**

B.3 Motivational Interviewing Tool – POLAR*S

If a client **declines services** to mental health treatment, a trained professional can utilize the following framework to guide a conversation.

POLAR*S is a motivational interviewing framework to help promote behavioral change. This framework can help a trained professional conduct a brief intervention to learn more about a client's knowledge and comfort around mental health, aid in identifying appropriate treatment options, and support a referral to needed care.

a. **Permission:** Ask permission to discuss your client's screening results, and treatment options.

b. **Open-ended Questions:** Ask open-ended questions to elicit important information about your client's knowledge about and comfort discussing mental health.

c. **Listen Reflectively:** Listen reflectively by repeating information your client told you to convey that you heard and understand. Listen for signs of ambivalence and things your client values.

d. **Affirmation:** Affirm your client's thoughts and feelings. This can help your client build confidence and realize that feelings like hesitancy, fear, and frustration are normal. Note that acknowledging a behavior, thought, or feeling is not the same as promoting it.

e. **Roll with Ambivalence:** Understand that your client may not be ready to engage in mental health treatment for various reasons. When these thoughts or feelings of ambivalence arise, examine the reasoning behind these thoughts and feelings with the client. Then, explore other options (community groups, wellness courses, etc.) or smaller steps your client can take towards accepting a treatment referral.

f. **Summarize:** Review the conversation with your client. If you both agreed on a plan to meet again, review the plan or goals that were set. Write down this plan for your client and document it in their record to follow up at the next appointment.

C. Referral to Mental Health Treatment

IRC Mental Health Coordinator: Oversees all mental health-related efforts for newly arrived refugees resettled by IRC-SLC including implementing mental health screening and referral for newly resettled refugees, coordinating intakes and follow-ups, facilitating staffing meetings with mental health providers, and acting as the primary reference point within the IRC office for mental health related activities and concerns.

CCS Mental Health Coordinator: Coordinates, oversees and manages mental health services for the Refugee Resettlement program. Reviews the mental health assessments performed during the initial health screening; conducts assessments three months and one year after arrival. Refers clients to and schedules clients with the appropriate mental health provider. Educates and trains medical interpretersand other CCS staff about mental health services and trauma-informed care. Manages all record-keeping aspects of mental health services.

C.1 Referral from Initial Health Screening - St Marks / Utah Health Clinic / Utah Partners for Health

1. If a client screens negative on the RHS-15 at the initial health screening, resettlement agencies (IRC/CCS) provide a 3-month RHS-15 to the client (**Section A**).

2. If a client screens positive on the RHS-15 at the initial health screening, but ***declines a referral*** to mental health treatment, the health clinics should report this in the clients RHOS file (**Section B.2**) and resettlement agencies (IRC/CCS) will provide a 3-month RHS-15 to the client (**Section A**).

3. If a client screens positive at the initial health screening, and ***accepts a referral,*** the healthcare professional providing the screening will enter this information into RHOS. This information will include:
    a. Screening Done (Y/N)
    b. RHS-15 Scores (For 14+ years)
        i. For clients <14 years ask parent, "Do you think your child has difficulties with emotions, concentration, behavior, or getting on with other people"?
    c. Check mark any of the following conditions as identified:
        i. Anxiety (Signs/Symptoms)
        ii. Depression (Signs/Symptoms)
        iii. History of Torture/Violence
        iv. Dr. Discretion
    d. MH Other - Provide any comments and additional information of client's mental health concerns here.
    e. Severity (if applicable, select one of the following)
        i. Mild
        ii. Moderate
        iii. Severe

f. Initial MH Referral Accepted (Checkmark if client accepts MH referral)
g. If initial MH referral rejected, why?
    i. Please answer this for all clients, with an explanation of why that client rejects MH referral or services.
h. Referral Agency
    i. Screening clinics select which clinical MH agency to refer the client to, depending on history/signs/symptoms and attach the referral under the “Attachments” tab inRHOS.

4. The Mental Health Coordinator at CCS and IRC will assist in the referral coordination component
(C.2 and C.3).

C.2 Referral to AAU

1. The Mental Health (MH) Coordinator at IRC/CCS will check the RHOS report under Agency - MH Dashboard to identify any clients who screened positive and accepted a referral at the initial health screening.

2. The Mental Health (MH) Coordinator at IRC/CCS will contact Amy Vu via encrypted email (Amy.Vu@aau-slc.org) with a referral request. This request should include:
    a. Client Name:
    b. Date of Birth:
    c. Gender:
    d. Alien ID:
    e. Country of Birth and US Date of Arrival:
    f. Medicaid (if applicable):
    g. Language:
    h. Address:
    i. Phone Number:
    j. RHS-15 Score and identified Mental Health Symptoms/Reason for Referral:
    k. Transportation Needs:
    l. Interpretation Needs:
    m. Other Information (client requests, etc.):

3. AAU has 5 business days to respond to the resettlement agencies with 2 MH intake date/time options.

4. After dates/time options are provided, IRC/CCS have 3 business days to work with the client to select an appropriate date.
    a. If the intake appointment needs to be rescheduled, IRC/CCS must alert AAU 2 days in advance, if possible.

5. AAU will provide email confirmation with the MH Coordinator at IRC/CCS that the MH intake date/time are scheduled.
    a. Upon confirmation, AAU will schedule interpretation services for the MH intake appointment, if needed.

6. The MH Coordinator at IRC/CCS will coordinate transportation needs for the client to the MH intake appointment, and for any ongoing MH treatment appointments.

7. On the day of the MH intake appointment, the MH Coordinator at IRC/CCS will provide a warm handoff confirmation via phone call, in-person, or telehealth conferencing with the client to help ensure attendance.

8. After initial MH intake, AAU will have 3 days to alert the resettlement

agency of follow-up/ongoing appointments.

a. Resettlement agencies will aid in transportation coordination for continuing appointments during the duration of the 2-year active case management services, as needed.
b. AAU will be responsible for coordinating needed interpretation services for continuing appointments.

9. AAU will provide monthly communication about client retention, and needed support to the resettlement agency (i.e. assistance with reaching the client).

C.3 Referral to UHHR

1. The Mental Health (MH) Coordinator at IRC/CCS will check the RHOS report under Agency - MH Dashboard to identify any clients who screened positive and accepted a referral at the initial health screening.

2. Resettlement agency contacts UHHR via a referral website (https://www.uhhr.org/referral) with a referral request. This request should include:
    a. Client name, age, gender, ethnicity, country of origin, language
    b. Client contact information: address, phone number,
    c. Indication of referral agency (IRC/CCS)
    d. Client RHS-15 score, and any identified mental health symptoms
    e. Other information, including: interpretation and transportation needs.

3. UHHR has 5 days to respond to the resettlement agencies with 2 MH intake date/time options.

4. After dates/time options are provided, IRC/CCS have 3 business days to work with the client to select an appropriate date.
    a. If the intake appointment needs to be rescheduled, IRC/CCS must alert UHHR 2 days in advance, if possible.

5. UHHR will provide email confirmation with the MH Coordinator at IRC/CCS that the MH intake date/time are scheduled.
    a. Upon confirmation, UHHR will schedule interpretation services for the MH intake appointment, if needed.

6. The MH Coordinator at IRC/CCS will coordinate transportation needs for the client to the MH intake appointment, and for any ongoing MH treatment appointments.

7. On the day of the MH intake appointment, the MH Coordinator at IRC/CCS will provide a warm handoff confirmation via phone call, in-person, or telehealth conferencing with the client to help ensure attendance.

8. After initial MH intake, UHHR will have 3 days to alert the resettlement agency of follow-up/ongoing appointments.
    a. Resettlement agencies will aid in transportation coordination for continuing appointments during the duration of the 2-year active case management services, as needed.
    b. UHHR will be responsible for coordinating needed interpretation services for continuing appointments.

9. UHHR will provide monthly communication about client retention, and needed support to the resettlement agency (i.e. assistance with reaching the client).

Appendix I: RHS-15 Screening Tool and SDQ Impact Supplement Tool

The RHS-15 has 14 questions and a distress thermometer. The SDQ Impact Supplement is one initial question, asked to parents for refugees under the age of 14. If the response to the initial question is "*yes*", the individual providing the screener will administer the four additional questions.

SYMPTOMS	NOT AT ALL	A LITTLE BIT	MODER-ATELY	QUITE A BIT	EXTREMELY
1. Muscle, bone, joint pains	0	1	2	3	4
2. Feeling down, sad, or blue most of the time	0	1	2	3	4
3. Too much thinking or too many thoughts	0	1	2	3	4
4. Feeling helpless	0	1	2	3	4
5. Suddenly scared for no reason	0	1	2	3	4
6. Faintness, dizziness, or weakness	0	1	2	3	4
7. Nervousness or shakiness inside	0	1	2	3	4
8. Feeling restless, can't sit still	0	1	2	3	4
9. Crying easily	0	1	2	3	4

The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:

10. Had the experience of reliving the trauma; acting or feeling as if it were happening again?	0	1	2	3	4
11. Been having PHYSICAL reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?	0	1	2	3	4
12. Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?	0	1	2	3	4
13. Been jumpier, more easily startled (for example, when someone walks up behind you)?	0	1	2	3	4

14. Generally over your life, do you feel that you are:

Able to handle (cope with) anything that comes your way 0

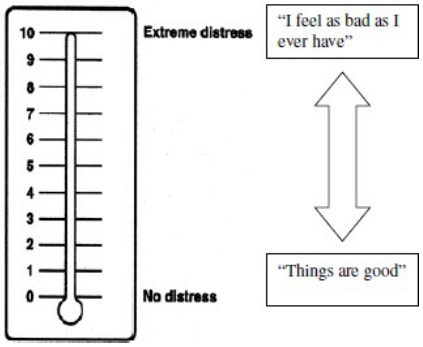
Able to handle (cope with) most things that come your way 1

Able to handle (cope with) some things, but not able to cope with other things.....2

Unable to cope with most things.....3

Unable to cope with anything.....4

FIRST: Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.



Appendix II: Referral and Communication Forms

AAU Referral:
To contact AAU send the following in an encrypted email to Amy Vu (Amy.Vu@aau-slc.org):

"To Whom It May Concern:

I am referring (clients name) for clinical services at AAU. (Clients Name) RHS-15 score and identifiedmental health symptoms indicate further clinical services would be beneficial. Please see below for further information regarding the client.

- *Age, gender, ethnicity, country of origin, language;*
- *Client contact information: address, phone number;*
- *Indication of referral agency (IRC/CCS);*
- *Client RHS-15 score, and any identified mental health symptoms;*
- *Interpretation needs;*
- *Transportation needs;*
- *Other information.*

I look forward to hearing from you regarding appropriate dates and times for a scheduled mental health intake appointment."

UHHR Referral
To contact UHHR, provide the following information via the referral website https://www.uhhr.org/referral

- *Age, gender, ethnicity, country of origin, language;*
- *Client contact information: address, phone number;*
- *Indication of referral agency (IRC/CCS);*
- *Client RHS-15 score, and any identified mental health symptoms;*
- *Interpretation needs;*
- *Transportation needs;*
- *Other information.*

Appendix III: Clinical Treatment Options

Asian Association of Utah (AAU):
AAU provides culturally and linguistically responsive mental health and substance use disorder services,case management, and medication management services to refugees, immigrants, asylees, and victims of human trafficking. Clinicians use evidence-based therapeutic approaches tailored to each client's unique needs. AAU works with clients with adjustment disorders, depression, anxiety, post-traumatic stress disorder, severe chronic illness, etc. AAU also provides counseling to survivors and perpetrators of domestic violence. A full list of services is below:

- Outpatient mental health, substance use, and domestic violence services
- Qualified clinical support using evidence-based methods
- Language interpreting services
- Individual and group psychotherapy
- Individualized case management
- Medication management

Utah Health and Human Rights (UHHR):
UHHR is the only organization in Utah to provide co-located and highly-specialized mental health, medical, legal, and case management services to refugees and asylum seekers who have survived torture and severe war trauma. UHHR's one-stop, wrap-around program model affirms the widely held belief that survivors of human rights abuses benefit most from low-barrier, integrated services. A full list of services is below:

- Individual psychotherapy
- Group psychotherapy and psychoeducation
- In-house psychiatric clinic
- Medical assessment and advocacy
- Case management
- Legal representation for torture survivors seeking asylum.

PATHWAYS TO WELLNESS

Integrating Refugee Health and Well-Being

Refugee Health Screener-15 (RHS-15)

English Version

Bilingual versions of the RHS-15 have been translated by an iterative process involving experts in the field, professional translators, and members of the refugee community so that each question is asked correctly according to language and culture. The English text is provided for reference only; using the English alone negates the sensitivity of this instrument.

DEMOGRAPHIC INFORMATION

Name: _____ Date of Birth: _____

Gender: _____ Date of Arrival: _____ Health ID: _____

Administered by: _____ Date of Screen: _____

Developed by the *Pathways to Wellness* project and generously funded by Robert Wood Johnson Foundation, Bill and Melinda Gates Foundation, United Way of King County, Medina Foundation, The Seattle Foundation, Boeing Employees Community Fund and M.J. Murdock Charitable Trust.

Pathways to Wellness: Integrating Refugee Health and Well-Being is a project of Lutheran Community Services Northwest, Asian Counseling and Referral Service, Public Health Seattle & King County, and Michael Hollifield, M.D. of Pacific Institute for Research & Evaluation. For more information, please contact The *Pathways* Project at 206-816-3253 or pathways@lcsnw.org.

ID#

DATE

REFUGEE HEALTH SCREENER-15 (RHS-15)

PATHWAYS TO WELLNESS
Integrating Refugee Health and Well-Being

INSTRUCTIONS: Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle "NOT AT ALL."

SYMPTOMS	*NOT AT ALL*	*A LITTLE BIT*	*MODERATELY*	*QUITE A BIT*	*EXTREMELY*
1. Muscle, bone, joint pains	0	1	2	3	4
2. Feeling down, sad, or blue most of the time	0	1	2	3	4
3. Too much thinking or too many thoughts	0	1	2	3	4
4. Feeling helpless	0	1	2	3	4
5. Suddenly scared for no reason	0	1	2	3	4
6. Faintness, dizziness, or weakness	0	1	2	3	4
7. Nervousness or shakiness inside	0	1	2	3	4
8. Feeling restless, can't sit still	0	1	2	3	4
9. Crying easily	0	1	2	3	4

Developed by the Pathways to Wellness project and generously funded by Robert Wood Johnson Foundation, Bill and Melinda Gates Foundation, United Way of King County, Medina Foundation, The Seattle Foundation, Boeing Employees Community Fund and M.J. Murdock Charitable Trust.

Pathways to Wellness: Integrating Refugee Health and Well-Being is a project of Lutheran Community Services Northwest, Asian Counseling and Referral Service, Public Health Seattle & King County, and Michael Hollifield, M.D. of Pacific Institute for Research & Evaluation. For more information, please contact The Pathways Project at 206-816-3253 or pathways@lcsnw.org.

ID#

DATE

REFUGEE HEALTH SCREENER-15 (RHS-15)

PATHWAYS TO WELLNESS
Integrating Refugee Health and Well-Being

The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:

SYMPTOMS	*NOT AT ALL*	*A LITTLE BIT*	*MODERATELY*	*QUITE A BIT*	*EXTREMELY*
10. Had the experience of reliving the trauma; acting or feeling as if it were happening again?	**0**	**1**	**2**	**3**	**4**
11. Been having PHYSICAL reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?	**0**	**1**	**2**	**3**	**4**
12. Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?	**0**	**1**	**2**	**3**	**4**
13. Been jumpier, more easily startled (for example, when someone walks up behind you)?	**0**	**1**	**2**	**3**	**4**

Developed by the Pathways to Wellness project and generously funded by Robert Wood Johnson Foundation, Bill and Melinda Gates Foundation, United Way of King County, Medina Foundation, The Seattle Foundation, Boeing Employees Community Fund and M.J. Murdock Charitable Trust.

Pathways to Wellness: Integrating Refugee Health and Well-Being is a project of Lutheran Community Services Northwest, Asian Counseling and Referral Service, Public Health Seattle & King County, and Michael Hollifield, M.D. of Pacific Institute for Research & Evaluation. For more information, please contact The Pathways Project at 206-816-3253 or pathways@lcsnw.org.

ID#

DATE

REFUGEE HEALTH SCREENER-15 (RHS-15)

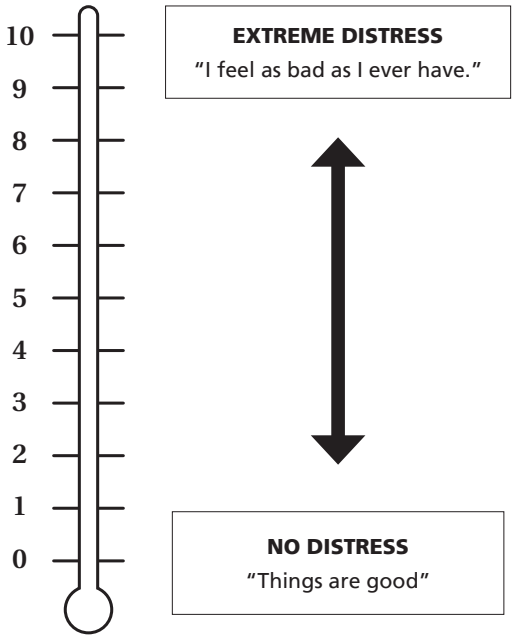
PATHWAYS TO WELLNESS
Integrating Refugee Health and Well-Being

14. Circle the one best response below. Do you feel that you are:

Able to handle (cope with) anything	**0**
Able to handle (cope with) most things	**1**
Able to handle (cope with) some things, but not able to cope with other things	**2**
Unable to cope with most things	**3**
Unable to cope with anything	**4**

Add Total Score of items 1–14 ☐

15. Distress Thermometer



Please circle the number (0–10) that best describes how much distress you have been experiencing in the past week, including today.

SCORING SCREENING IS POSITIVE IF: ❶ ITEMS 1–14 IS ≥12 OR ❷ DISTRESS THERMOMETER IS ≥5

CHECK ONE: ☐ **POSITIVE** ☐ **NEGATIVE** ☐ SELF-ADMINISTERED ☐ NOT SELF-ADMINISTERED

PATHWAYS TO WELLNESS

Integrating Refugee Health and Well-Being

HEALTH WORKER MANUAL: ADMINISTERING THE RHS-15

Developed by the *Pathways to Wellness* project and generously funded by Robert Wood Johnson Foundation, Bill and Melinda Gates Foundation, United Way of King County, Medina Foundation, The Seattle Foundation, Boeing Employees Community Fund and M.J. Murdock Charitable Trust.

Pathways to Wellness: Integrating Refugee Health and Well-Being is a project of Lutheran Community Services Northwest, Asian Counseling and Referral Service, Public Health Seattle & King County, and Michael Hollifield, M.D. For more information, please contact The *Pathways* Project at 206-816-3253 or pathways@lcsnw.org.

Table of Contents

This manual is designed for healthcare workers (health workers, doctors, support staff, social workers, humanitarian workers and interpreters) who will be administering the Refugee Health Screener-15 (RHS-15).

The information in this manual should be viewed as general guidance and is intended to be adaptable to the local conditions and screening processes in your community.

History of the Pathways to Wellness Program

In King County, Washington, refugee service providers, resettlement agencies and community leaders, meet regularly to discuss issues and share resources. Over the years, the conversation frequently turned to refugee mental health. Given the trauma and loss refugees experience it was not surprising that many people around the table were seeing unmet needs in their clients and in their community, specifically around depression and traumatic stress. In 2009, a coalition formed between Lutheran Community Services Northwest, Asian Counseling and Referral Service, Public Health Seattle & King County, and Dr. Michael Hollifield to better address the mental health needs of refugees.

As refugee mental health continued to be discussed, there was a consensus that:

- Refugees with high distress needed to be found early before they were in crisis
- Any screening must consider the particular cultural understanding of mental health
- There should be rigorous evaluation so that it would provide a firm foundation for evidenced-based practice

Thus, *Pathways to Wellness: Integrating Refugee Health and Well-Being* was created. The vision of was to provide early screening and detection of emotional distress for newly arrived refugees. *Pathways* created a culturally specific, short screening tool, the Refugee Health Screener-15 (RHS-15), which detects symptoms of anxiety and depression in refugee populations from different countries.

The Refugee Health Screener-15 was developed in partnership with refugee communities and a renowned psychiatrist, and utilized a rigorous back-and-forth translation process to ensure that it asked the right questions in the right ways according to language and culture. The result is a culturally-appropriate, short screening instrument that detects symptoms of anxiety and depression in refugee populations from different countries.

The RHS-15 was field-tested by public health workers in a community health setting. Currently the screener is available in Arabic, Karen, Burmese, Russian, Nepali, and Somali languages, representing some of the largest refugee groups currently being resettled into the United States (Iraqi, Burmese,

former Soviet Union, and Bhutanese). We have also produced Farsi, Amharic, Swahili, French, Cuban Spanish and Tigrinya versions.

The RHS-15 is just one component of the screening process. Pathways' also translated referral scripts in target languages to aide health providers in offering appropriate support. The RHS-15 is designed for refugees aged 14 and older and designed to be used in the target language.

TOPIC AREA: Setting the Context of the RHS-15

Please refer to the Clinic Script HANDOUT: 1 at the end of this manual.

Tips for Providers:
Setting the Context

- Let the patient know what to expect
- Discuss confidentiality in concrete terms
- Emphasize resources available
- Reassure patients that their answers will not impact their resettlement or immigration status

STEP-BY-STEP GUIDE FOR ADMINISTERING THE RHS-15

STEP 1: INTRODUCE THE RHS-15

- At the beginning of the health screening visit, the worker should explain what will happen during the visit, including any review of medical history, heights and weights, blood draws, immunizations, etc.

- The health worker should add that the last part of the visit also involves questions about how they are doing both in their body and in their mind.

The Health Worker states:

"In addition to blood draws, medical review, etc., your visit today will involve questions about how you are doing ***both in your body and in your mind.****"*

STEP 2: RE-INTRODUCE THE RHS-15

- When you get to the part of the visit where you will be administering the RHS-15, re-introduce it.

The Health Worker states:

"This is the part of the visit where we ask you questions about how you are doing both in your body and in your mind. Some refugees have mind and body symptoms because of the difficult things they have been through, and because it is very stressful to move to a new country. The questions we are asking help us find people who are having a hard time and who might need extra support. The answers are not shared with employers, USCIS, teachers, or anyone else without your permission."

STEP 3: EXPLAIN THE INSTRUCTIONS

- Review the instructions by stating,

"On this paper is a list of symptoms. We are asking you to mark the degree that the symptom has been bothersome to you over the past month, or 30 days. Each question has a scale beside it that goes from "not at all" to "extremely." For example, in the past 30 days, you may have been crying every day, a few times, or not at all. We are asking you to place a mark in the column that shows how much you have been having that symptom in the last month or 30 days. Again, if the symptom has not been bothersome to you during the past month, circle "NOT AT ALL."

STEP 4: ADMINISTER THE RHS-15

- Only use the questions on the tool; don't make any additions or deletions.
- Don't comment on the patient's responses. You may affirm their statement by saying, "OK" or nodding.
- Reference the scale by pointing to the responses for both literate and non-literate patients. Re-explain the scale as necessary (for the first few questions you might have to list each answer as a possibility).
- Introduce question 14 by explaining that this question has different answers, and that the patient will need to listen to you read each possible answer before answering.
- While the patient is completing the questionnaire look for errors or non-completed items. If you find errors or non-completed items, wait until the patient has completed the questionnaire he/she is working on, and then ask them to complete unanswered questions, or make sure they understood the instructions.

Important Note: It is necessary that patients understand that they should do their best in answering, but that they also need to work through the questions rather quickly and not get too worried about having the "perfect" answer. It is also important that they understand that the questions on the RHS-15 should be completed in the order that they are given. After the patient has completed the questions and you have checked each one, proceed to scoring using the scoring box.

Key Discussion Points:

- ✓ *The healthcare worker reminds each person to answer the questions by themselves. However, they can ask for help from the healthcare worker and the interpreter if they cannot read them or find the answers confusing.*

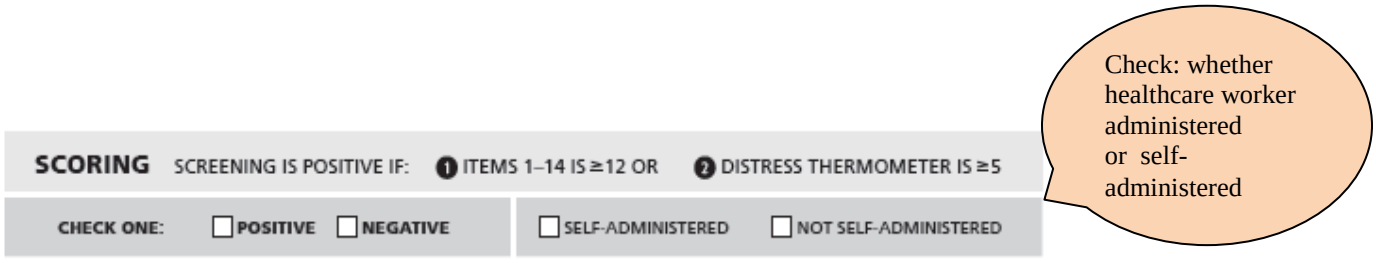
- ✓ *Because of the high burden of traumatic experiences refugees face their experience and symptoms need to be normalized. It is common for refugees to experience these types of symptoms of emotional and physical health. This can be facilitated by referring back to common symptoms of emotional distress such as, crying easily, having too many thoughts, painful memories from the past, etc.*

- ✓ *The health worker explains that the answers to this health questionnaire, like all other components of their health visit will not be shared without their permission. Answering questions on the RHS-15 will not impact the patient's resettlement or immigration status.*

TOPIC AREA: Scoring the RHS-15

STEP 5: SCORE THE RHS-15

Directly after a patient completes the RHS-15 proceed to scoring the screener



- After the patient completes the RHS-15, score the answers in the scoring box on the last page of the RHS-15.

    1. **Total the item score for items 1-14. If they have a <u>score of 12 or greater</u>, they are considered "POSITIVE."**

    2. **<u>Note:</u> the number circled or marked for question 15.**
        - **If the client/patient circles a <u>5 or greater</u>, they are considered "POSITIVE." *A positive score means they may be experiencing symptoms of anxiety and/or depression and a referral is needed.***

    Then, circle if the patient's screen is **NEGATIVE** or **POSITIVE**

    IF POSITIVE, proceed to offering a referral

<u>Note:</u>

- If a healthcare worker assisted with administering the tool check, "not self-administered"
- If the patient/client completed the tool without assistance you would mark, "self-administered."

- IF A PARTICIPANT HAS AN IMMEDIATE CLINICAL NEED, PROCEED TO THE CLINICAL PROTOCOL. INTERPRETERS MAY BE ASKED TO HELP MAKE A REFERRAL PHONE CALL OR IN PERSON OFFER.

- **IF SOMEONE IS CLEARLY EXPERIENCING PSYCHOTIC SYMPTOMS, PRESENTS AS VERY DISTRESSED (SOBBING, ETC.), OR HAS AN OVERSEAS MEDICAL EXAM NOTING MENTAL HEALTH CONCERNS, IT IS NOT NECESSARY TO ADMINISTER THE RHS-15. PROCEED DIRECTLY TO REFERRAL.**

If the score is negative: *"Your answers seem to show that you are not experiencing too much stress, sadness or worry right now. However, there are counselors available at* ***{X agency, CBO, healthcare center, etc.}*** *if you want to talk to someone about the symptoms you are experiencing. Is this something you would be interested in?"*

If client does not want to be referred: *"That is OK. Please know that the counselors are here if you change your mind. You can always ask your case manager or your doctor for help with getting connected to a counselor. "*

TOPIC AREA: Offering Referral Support

Please refer to Referral Script, HANDOUT: 2 at the end of this manual

*If someone has a **positive score on the RHS-15** (scored **12 or above** on the symptoms **OR** a **5 or greater** on the Distress Thermometer) on the RHS-15, refer him or her for additional emotional support.*

1. **Offer support by referring back to the symptom items on the RHS-15**
   "Lots of refugees experience sadness, too many worries, bad memories, or too much stress because of everything they have gone through and because it is so difficult to adjust to a new country."

2. **Normalize their experience**
   "Lots of people who have been through what you went through have these symptoms. Sometimes people need extra support to help them through a difficult time."

3. **Educate and re-emphasize**
   "In the United States, people who are having these types of symptoms sometimes find it helpful to get extra support. This does not mean that something is wrong with them or that they are crazy…….A counselor in the United States is a type of healthcare worker who will listen to you and provide help and support.

4. **Allow all decisions to be self-determined**
   "Are you interested in being connected to support services?"

Key Discussion Points

- ✓ *It may be challenging for refugee clients to accept support over the phone.*
- ✓ *Many persons are not used to telling problems to strangers and would prefer a relationship-based approach to knowing what services are available to them.*
- ✓ *For this reason, a healthcare worker may have to help them connect to a referral as opposed to giving them a sheet of paper or asking the patient/client to call a particular number.*

TOPIC AREA: Different Learning and Literacy Needs

The health worker or administrator of the screening instrument should work to identify any specific learning needs of the patient so as to deliver the most effective healthcare information and education possible.

Supporting Pre-literate Patients

- Repeat instructions, ***"How much in the last month or 30 days have the symptoms below been bothersome to you"…{symptom: crying easily, too much thinking, etc…}***

- Review the scale, "none, a little, moderately, quite a bit, extremely." It may be helpful to point to the numbers for the scale, and create a visual aid (see Appendix B) that shows patients the difference in the amount.

Health Providers Tips: Pre-literate patients

- Speak slowly and clearly
- Position yourself close to the patient and read items out-loud
- Check that patient understands, ask if anyone has any questions
- Remind each family member to answer their own questions individually

Supporting Literate Patients

- Do not assume the patient does not want interpreter assistance, offer interpretive services at the beginning of the screening, and again if the client seems to be having difficulties

Do not assume that a patient is literate in his or her native language or the national language of his or her country of origin

- Review with the patient the instructions on the RHS-15 ***"How much in the last month or last 30 days have the following symptoms below been bothersome to you"***

- Review with the patient the scale on the RHS-15 "none, a little, moderately, quite a bit, extremely." It may be helpful to point to the numbers for the scale to emphasize frequency and the amount of how much the symptom has bothered them.

TOPIC AREA: Assuring Healthcare Workers

Healthcare workers can be assured that patients/clients who are experiencing emotional distress will not be harmed by completing this type of screening. The *Pathways* team highly recommends the use of the RHS-15 in settings where there are adequate resources to conduct and score the screening, and to develop a source and method of referral for further diagnosis and treatment.

REMEMBER:

1) Asking these questions can identify someone who needs support and help get them connected to needed care.

2) Screening is the **vehicle** that connects someone to a more comprehensive evaluation and treatment support.

3) The healthcare team is the **link** that connects the client to this resource.

It is very unlikely that asking about symptoms of anxiety, depression or PTSD will cause someone to decompensate or to be triggered emotionally to the extent that is would make it difficult for them to get through the questionnaire. However, health and community resettlement sites should have in place a protocol (community or clinically-based) for emergent care should someone need immediate healthcare in any area – whether it be mental or physical.

Key Points

- ✓ *Offering screening is not diagnostic---a screen with good psychometric properties is the first tier in the diagnostic process.*
- ✓ *When considering local conditions in your community, determine what available resources there are should someone need emergent care.*
- ✓ *In Pathways' experience, clients express relief about being asked about how they are doing. Some clients may cry or show distress, but do not decompensate to the point where this is an issue.*
- ✓ *It is a recommended to have a crisis referral in case a client does decompensate*

TOPIC AREA: Setting the Context
Different Case Scenarios

For this section please refer to HANDOUTS 3-5 at the end of this manual for scripted role plays.



Below are three common examples of incorporating mental health screening for new arrival refugees during their initial health screening exam in the United States. Health trainers are encouraged to facilitate the following examples as role play activities to enhance and optimize the learning experience for those administering the RHS-15. The scenarios can be used to elicit typical situations that may occur, guide health workers through suggestions with practice recommendations of how to best handle them.

All case scenarios are composed of fictional characters. All names and descriptions are for educational purposes only, and are not composed of real patients.

Case Study 1:
Family from Burma-Interpreter Assisted

A Karen refugee family of 9 from Burma is preparing to take the RHS-15. Five family members are aged 14 or older and the remaining are children. Three children are upset and crying from receiving immunizations. The family has difficulty in reading and writing in English or their native language. An interpreter speaking their Karen dialect is present for their screening.

Case Study 2:
Nepali Bhutanese Family-Self-Administered

Kanak and his family can read in the Nepali language. His son Tarun can also speak some English. They come from Bhutan, where ethnic-Nepali people were forced from their homes and fled to neighboring countries as a result of ethnic cleansing by the Bhutanese government. The Nepali Bhutanese have spent almost twenty years in refugee camps in Nepal before being resettled into other countries such as the United States.

CONSIDERATIONS

What is a good strategy to begin the session?

How may we address this in the time permitted?

What resources or tools are available?

A family member is triggered emotionally-the patient wants to talk and starts to share with you a story about something traumatic that has happened to them. Other family members need assistance on questions that follow.

Case Study 3: Family from Somali-Non-literate client/ patient

Hawa and her family of 4 arrived last week from Kenya. It appears that two of the family members can read, but the others are not literate in their native language. Hawa can't read or write in English or her native language (Somali). The healthcare worker and the interpreter are having a hard time knowing how to get started. It is noted in their overseas IOM report that two of the children got separated from their mother when they were fleeing to the Kenyan border. They were eventually reunited at the refugee camp. Through the interpreter, you learn that their father was killed, and family members reported witnessing this event.

TOPIC AREA: Understanding An Interpreters Role in Administering the RHS-15

What is Interpretation?

Interpretation involves much more than the exchange of two languages. Interpretation entails creating a bridge between two or more cultures. Interpreters often see and understand best the differences in different cultural frameworks.

- ***Interpretation*** conveys the oral meaning behind language and culture, whereas ***translation*** coveys the written form of this expression.
- Interpretation is a cultural exchange as much as it is a language exchange.
- While there may be uniquely different individual, linguistic or cultural beliefs surrounding the meaning as it is expressed in a given language, interpreters are key to communicating an equivalent version of the original message.

The Role of an Interpreter

Interpreters support the healthcare team in delivering quality and cultural responsive healthcare. Interpreters maintain confidentiality by never discussing things spoken, observed or heard during an interpreted encounter with other people, such as family, friends or community members. Just as with all health professionals, there are serious circumstances where confidentiality may need to be broken in order support the patient. Interpreters are encouraged to seek ongoing consultation and confidential supervision with someone that understands cross cultural interpreting and ethical considerations.

There are four main roles interpreters often have interpreting in healthcare settings:

- **Conduit:** transmits everything as it spoken
- **Cultural broker:** providing the necessary framework for understanding the message being transmitted
- **Clarifier:** changing the form of the message, in order to preserve the intent and meaning of the message
- **Advocate:** taking action on behalf of either the patient or the provider outside the bounds of the interpreted encounter

Note regarding Community Health Interpreting: Offering referral support may best come from those closest to the individual. Many interpreters are active in their communities already providing traditional mechanisms to offer critical support services and may have developed language that is helpful in reducing stigma around entering mental healthcare. Similarly, interpreters may have very different views about mental health and mental illness in general. Stigma around accessing outside support may exist.

TOPIC AREA: Working with an Interpreter

Structuring the Interpreted Encounter

Taking time, before, during and after an interpreted session allows clinicians, health providers and interpreters the chance to collectively problem solve, creates avenues for adequate preparation and ongoing communication which can reduce greater chances of cross-cultural miscommunication.

- **Pre session**- is a helpful way to inform the interpreter or health worker about what to expect.
    a. This allows the interpreter time to know what to anticipate for the visit
    b. This allows the health worker the chance to obtain additional cultural information that could improve the relationship and complete the screening visit.
    c. If the interpreter knows the person or has a previous relationship this should be disclosed to the health worker.

HEALTH PROVIDER TIPS

- Always address the patient(s) directly.
- Speak in short clear sentences.
- Ask only one question at a time.
- Always allow enough time for the interpreter to interpret, and for the patients to answer.
- If you feel that more is being said or interpreted than what you wanted to convey, stop to clarify the side-conversation. Remind the interpreter to interpret everything that the family said or asked to you, too, even if the question was meant for the interpreter.
- Encourage the interpreter to use the “I”/”we” form when interpreting what the patient says.
- Be ready to reformulate what you said in different words to help everybody understand what vou mean.

- **Screening Session-** Interpretation assistance during the screening visit entails supporting literate patients in self-administering the RHS-15, or supporting pre-literate patients with language assistance using the language as it has been translated on the bi-lingual or native language version of the RHS-15.

To avoid common pitfalls, the healthcare worker can prompt the interpreter to:

a. Position themselves next the patients to prevent having to "tennis match"

b. Discuss interpreter and healthcare confidentiality in detail

c. Establish that anything that anyone says will be interpreted

- **Post Session-** Taking time to debrief with the interpreter allows for additional cultural information that could have helped the patient. It is possible that the health worker may not be familiar with the physical symptoms the patient expressed, and how these may be connected to the patients' emotional wellbeing. In interpreter plays an important role in clarifying this information on behalf of the patient/client.

HANDOUT 1: CLINIC SCRIPT

HOW THE Refugee Health Screener-15 (RHS-15) IS INTRODUCED TO REFUGEE PATIENTS:

At the beginning of each health screening visit, the worker should explain what will happen during the visit, including any medical history review, heights and weights, blood draws, immunizations, etc. The health worker should add that the last part of the visit also involves questions about how they are doing both in their body and in their mind. These questions are about sadness, worries, body aches and pain, and other symptoms that some people get that are related to bad experiences, stress at home, or travel to a new country.

It is important that this portion is seen as another part of the overall medical screening.

After immunizations have been administered, the worker hands out the RHS-15, and reminds the family that this is the last part of the visit and tells them that he would like each person (over 14 years of age) to answer the questions. The healthcare worker will assist in determining if the patient is able to self-administer, or if they will need assistance completing the RHS-15.

RHS-15 INTRODUCTION: (Suggested Script)

"Some refugees have mind and body symptoms because of the difficult things they have been through, and because it is very stressful to move to a new country. The questions we are asking help us find people who are having a hard time and who might need extra support. Your answers are not shared with employers, USCIS, teachers, etc."

The healthcare worker reminds everyone that each person will answer the questions by themselves, but that they can ask for help from the interpreter if they cannot read them or find the answers confusing. The healthcare worker explains how to answer the questions (only pick one number for each symptom, for example) and encourages everyone again to ask for help if they need it.

It is hoped that this approach puts the family at ease and normalizes the screening tool as a regular component to their overall health-screening visit.

HANDOUT 2: REFERRAL SCRIPT

This document may help you implement the Refugee Health Screener- 15 (RHS-15) in your health clinic.

TIMING
Referral for more support is offered directly after the health worker has completed the scoring of the RHS-15. If a patient has screened at or above the cut-off scores as indicated on the RHS-15, we recommend proceeding directly to completing a referral.

REFERRAL OFFER: (Suggested Script)"
"From your answers on the questions, it seems like you are having a difficult time. You are not alone. Lots of refugees experience sadness, too many worries, bad memories, or too much stress because of everything they have gone through and because it is so difficult to adjust to a new country. In the United States, people who are having these types of symptoms sometimes find it helpful to get extra support. This does not mean that something is wrong with them or that they are crazy. Sometimes people need help through a difficult time. I would like to connect you to a counselor. This is a type of healthcare worker who will listen to you and provide help and support. This person keeps everything you say confidential, which means they cannot by law share the information with anyone without your agreement. Are you interested in being connected to these services?"

IF CLIENT AGREES TO SERVICES: (Suggested Script):
"Can we take a couple of minutes to complete our referral form? I will refer you to an agency and they will be contacting you, is this okay with you. Someone will call you in your language and describe the type of support they can offer you. They will call you in the next few days to give you the appointment date and location of the appointment so you can find out if it is the right service for you."

Notes from conversation:

_____
_____
_____

HANDOUT 3

CASE SCENARIO 1: KAREN FAMILY

This case scenario is composed of fictional characters. The names and descriptions are for educational purposes only, and are not composed of real patients and their experiences.

- A Karen refugee family of 9 from Burma is preparing to take the RHS-15. Five family members are aged 14 or older and the remaining are children. Three children are upset and crying from receiving immunizations.
- The family has difficulty in reading and writing in English or their native language.
- An interpreter speaking their specific dialect is present for their healthcare visit.

    - ***What is a good strategy to begin the screening session?***
    - ***How may address this in the time permitted?***
    - ***What resources or tools could help the situation?***

Characters:

- Health worker
- Interpreter
- Family of nine:
    - Father: Hte Bu Reh (43)
    - Mother: Di Di Paw (39)
    - Daughter: Ti Bu (17)
    - Son: Poe Reh (16)
    - Son: Sha Reh (15)
    - Daughter: Theh Mar (12)
    - Crying children: son: Heh Reh (5), daughters: Plar Mar (4) and Htoo Lar (2)

Health worker: ***Toward the end of our screening visit today we will ask you some questions about symptoms that some people get that are related to bad experiences, stress at home, or travel to a new country.***

Health worker: ***Our goal is to find out if you need help for any of these symptoms. Your answers are not shared with employers, USCIS, teachers, or others.***

Health worker: ***But before we start it, I see some little people here in need of some immediate comfort.***

Health worker: ***I have something for you, children, as a sign that you have been brave enough today to get your immunizations.*** (Interpreter assists the Health worker by translating and motioning for the children to remain calm and await something that the Health worker is bringing them).

Interpreter: interprets the same to the family/Health Worker after each party speaks.

Health worker brings over the sticker box/ small toy box of the office, says: ***Each of you can pick one of these (stickers/ toys). Heh, you may come over here and pick first.***

RATIONALE: As the older child Heh is more likely to have the courage and initiative to approach the health worker, and to model the right behavior for his younger sisters. Making it sound like a favor is apt to make the children more willing to take advantage of the opportunity. Children are curious, so they approach the box and forget about their tears in the search for the best prize. The younger ones may need an older person to accompany them, as they may be shy of grown-ups. The children may return to their parent's embrace/ lap, looking for comfort.

Health worker (addresses parents and older children)**:** ***In addition to your blood draws and physical exams, your visit today includes some questions of how you are doing both in your body and in your mind.***

[When it is time to administer the RHS-15, the health worker introduces it again]

Health worker: ***This is the last screening we do today, and it is meant only for those of you who are 14 years or older. The children are encouraged to play in the area near the books now.***

Health worker: ***Lots of refugees experience sadness, too many worries, bad memories, or too much stress because of everything they have gone through and because it is so difficult to adjust to a new country.***

Health worker: ***In the United States, people who are having these types of symptoms sometimes find it helpful to get extra support. This does not mean that something is wrong with them or that they are crazy.***

Health worker: ***Sometimes people need help through a difficult time. You can say yes or no to this support. Do you have any questions?***

Family nods and has no questions.

In order to help manage the younger children, the Health worker may suggest this: ***All of you who are younger can also help with this screening. You can either draw or look at books over at the children's area.*** (distributes blank paper and pencils/ crayons to the younger children). The health worker can provide a different space for the children to work, thus freeing up the parents for the upcoming mental health screening.

Health worker: ***Let's begin the screening. I will ask you one question at a time, and the interpreter will interpret it for you.***

Health worker: ***If you cannot write your own answer to this question, I will write down what the interpreter tells me you answered [***or: ***with your permission the interpreter will write down the answer you give him or her].***

Health worker: ***Please choose your very own answer to each question, as we want to be able to help all family members who need it.***

Health worker: ***Each of the questions I will ask you can have only one answer, and you can choose, where you feel you are, from "not at all" (***points to the empty jar/ picture***) to "very much/ extremely"*** (indicates overflowing jar*).* Health Worker gives more instructions about the scale on the screen, pointing to the chart and visually describing the same.

HEALTH PROVIDER TIP

Depending on your screening setting, it may be appropriate to separate family members (including spouses), or to keep them together during the screening. Importantly, because the RHS-15 is not designed for ages 14 and younger, it is recommended that arrangements for privacy for these family members are made while others complete the screening.

Health worker: ***All these questions are related to problems that may have been bothersome to you during the last month, including today.*** (Interpretation).

Healthcare worker then administers the questionnaire. The screener repeats each question and waits for the interpreter to interpret and convey the meaning of the question to the family. Answers are written down after giving each individual the chance to express their own answer to that question.

During the screen, the mother describes the following symptoms: too many thoughts, heart beats fast, muscle aches and frequent headaches. The patient discloses that she has taken some medications for regulating her sleep.

Hte Bu Reh, the father, responded to feeling restless and sad, doing too much thinking, being jumpy, and only being able to cope with some things that come his way.

After administering the questionnaire/ reviewing the answers of the family, the Health Worker addresses the parents. **Health worker:** ***Di Di Paw and The Bu Reh, it seems you are going through some difficulties*** (may reiterate symptoms listed on the screen for each of the patients). ***Like I mentioned before, we have resources that can help you deal with the symptoms you are having.***

[The health worker and Interpreter refer to their referral script]

Health worker: ***From your answers on the questions, it seems like you are having a difficult time. You are not alone. Lots of refugees experience sadness, too many worries, bad memories, or too much stress because of everything they have gone through and because it is so difficult to adjust to a new country.***

Health worker: ***In the United States, people who are having these types of symptoms sometimes find it helpful to get extra support.***

Health worker: ***This does not mean that something is wrong with them or that they are crazy. Sometimes people need help through a difficult time.***

Health worker: ***I would like to connect you to a counselor. This is a type of healthcare worker who will listen to you and provide help and support.***

Health worker: ***This person keeps everything you say confidential, which means they cannot by law share the information with anyone without your agreement.***

Health worker: ***Are you interested in being connected to these services?***

After a short time taken to confer among each other, the parents make a decision.

Father: ***Yes, please. Thank you for your help.***

The Health worker states: ***Can we take a couple of minutes to complete our referral form? I will refer you to an agency and they will be contacting you. Is this okay with you?***

Parents: ***Yes.***

Health worker (completes the referral form and says): ***Someone will call you in your language and describe the type of support they can offer you. They will call you in the next few days to give you the appointment date and location of the appointment so you can find out if it is the right service for you.***

HANDOUT 4

CASE SCENARIO 2: NEPALI BHUTANESE FAMILY

This case scenario is composed of fictional characters. The names and descriptions are for educational purposes only, and are not composed of real patients and their experiences.

- Nepali Bhutanese Family is completing a self-administered screen.
- Kanak and his son Tarun can also speak some English. A family member is triggered emotionally and he wants to talk and starts to tell you a story about something that has happened to his family. Other family members need assistance on questions that follow.

    - ***What is a good strategy to begin the screening session?***
    - ***How may you address this in the time permitted?***
    - ***What resources or tools could help the situation?***

Characters:

- Health Worker,
- Interpreter,
- Family of three:
    - Husband: Kanak Pradhan
    - Wife: Abhaya Pradhan
    - Son: Tarun Pradhan, 16 years old

Health worker: ***Toward the end of our screening visit today we will ask you some questions about symptoms that some people get that are related to bad experiences, stress at home, or travel to a new country.***

Health worker: ***Our goal is to find out if you need help for any of these symptoms. Your answers are not shared with employers, USCIS, teachers, or others.***

Interpreter: interprets the same to the family/Health worker after each party speaks.

Family nods and has no questions.

Health worker: ***Great! Let us start with the screen.***

Health worker: ***All of the questions I will ask you have one answer and are related to problems that may have been bothering you over the last month, including today.***

Health worker: ***Each of you will answer the questions by yourselves, based on your own experience. You can ask for help from the interpreter if you cannot read or if you don't understand the question.***

Health worker: ***Using the scale beside each symptom (show the scale), please indicate the degree to which the symptom has been bothersome to you over the past month including today.***

Health worker: ***Please place a mark in the appropriate column (show the options in the questionnaire). If the symptom has not been bothersome to you during the past month, circle "NOT AT ALL" (point to questionnaire).***

Health worker: ***Just one more reminder. You should do your best to answer the questions quickly in the order that they are asked, but do not worry about if they are right or wrong. Do you have any questions?***

Family begins filling out the screening.

Kanak (husband) finishes first and hands to the Healthworker, who looks it over.

Abhaya (wife) (speaks to interpreter, then speaks in English)**:** ***I don't understand what this is (pointing to the distress thermometer).***

Tarun (son speaks in English): ***Is this to say how sick you are?***

Health worker *(to Abhaya and Tarun)*: ***I will address your questions in just a moment. I need to ask Kanak a question first.***

Health worker (to Kanak)**:** ***It appears from the screen that you are having some symptoms that are difficult for you.***

Interpreter (for Kanak): ***Yes, the way I feel makes it difficult to do things I need to do – like going to English class, riding the bus, etc….it is too much stress and worry right now…….. I think about all of this and I have to cry, and I can't think about anything else. This is when I am sweating and my heart is beating fast.***

Kanak puts his head in his hands. Family is now very silent and Abhaya is gazing down.

Health worker (to Kanak)**:** ***I am so sorry that happened to you. (Interpreter; silence allowed). Problems with sweating a lot and your heart beating fast are very difficult. I want you to know there is support for these symptoms you are having.***

Husband nods.

Health worker (to Kanak)**:** ***As I mentioned before, we have resources that can help you deal with the symptoms you are having.***

[The Health worker refers to the referral script]

Health worker (to Kanak): ***From your answers on the questions, it seems like you are having a difficult time. You are not alone. Lots of refugees experience sadness, too many worries, bad memories, or too much stress because of everything they have gone through and because it is so difficult to adjust to a new country. In the United States, people who are having these types of symptoms sometimes find it helpful to get extra support. This does not mean that something is wrong with them or that they are crazy. Sometimes people need help through a difficult time. I would like to connect you to a counselor. This is a type of healthcare worker who will listen to you and provide help and support. This person keeps everything you say confidential, which means they cannot by law share the information with anyone without your agreement. Are you interested in being connected to these services?***

Husband speaks in Nepali

Interpreter: Yes, I'd like to have help to stop this from happening to me. It is coming in the way of my productivity.

Health worker: ***Can we take a couple of minutes to complete our referral form? I will refer you to an agency and they will be contacting you, is this okay with you.***

Health worker [completes the referral form]: ***Someone will call you in your language and describe the type of support they can offer you. They will call you in the next few days to give you the appointment date and location of the appointment so you can find out if it is the right service for you.***

Health worker (to Abhaya and Tarun)*:* ***Now, let's talk about how to complete the rest of the screening. Are you familiar with a thermometer that measures how hot it is in a room or outside? "Cold" is like there is no distress – things are good. "Hot" is like things are bad, and the highest "Hot" means "I feel as bad as I ever have."***

HANDOUT 5

CASE SCENARIO 3: SOMALI FAMILY

This case scenario is composed of fictional characters. The names and descriptions are for educational purposes only, and are not composed of real patients and their experiences.

HAWA and her family

- 37 y/o Somali female
- Arrived last week with her four children: Halima (20); Amina (18), Moulid (17), and Abdi (15)
- It is noted in their overseas IOM report that two of the children got separated from their mother when they were fleeing to the Kenyan border. They were eventually reunited at the refugee camp. Their father was killed, and family members reported witnessing this event.
- Hawa can't read or write in English or her native language (Somali).

  - ***What is a good strategy to begin the screening session?***
  - ***How will you address this in the time permitted?***
  - ***What resources or tools could help the situation?***

Characters:

- Health worker
- Interpreter
- Family of five: Mother (37), children (15, 17, 18 and 20 years-old)

Health worker: ***Toward the end of our screening visit today we will ask you some questions are about symptoms that some people get that are related to bad experiences, stress at home, or travel to a new country.***

Health worker: ***Our goal is to find out if you need help for any of these symptoms. Your answers are not shared with employers, USCIS, teachers, or others.***

Interpreter: Interprets the same to the family/Health worker after each party speaks.

Halima (mother): ***If I accept help, does that mean people will think I am crazy?***

Health worker (to Halima): ***Absolutely not. Some refugees have these symptoms because of the difficult things they have been through, and because it is very stressful to move to a new country. These questions are to help us find out if someone is having a hard time and might need extra support. Your answers will not be shared with employers, USCIS (Immigration), teachers, or anyone else without your permission. Do you have any more questions?***

Family: All members state that they have no more questions.

Health worker: ***Great! Let us start with the screen.***

Health worker: ***All of the questions I will ask you have one answer and are related to problems that may have been bothering you over the last month, including today.***

Health worker: ***Each of you will answer the questions by yourselves, based on your own experience. You can ask for help from the interpreter if you cannot read or if you don't understand the question.***

Health worker: ***Using the scale beside each symptom (show the scale), please indicate the degree to which the symptom has been bothersome to you over the past month.***

Health worker: ***Please place a mark in the appropriate column (show the options in the questionnaire). If the symptom has not been bothersome to you during the past month, circle "NOT AT ALL" (point to questionnaire).***

Health worker: ***Just one more reminder. You should do your best to answer the questions quickly in the order that they are asked, but do not worry about if they are right or wrong. Do you have any questions?***

Family: ***No***

(Start RHS-15)

The Healthworker notices Hawa is not marking down her answers.
Health worker (to Hawa): ***I noticed you are not writing down your answers. Can we help you?***

Hawa (through interpreter) : ***Yes, please. I cannot read the numbers well.***

The health worker orients the interpreter to help Hawa in understanding the numbers and the scale by describing the amount of something as it would be contained in a jar or another container. The health worker then proceeds in recording the appropriate answers for Hawa after dialogue with the interpreter.

During the screen, both Hawa and Halima report being suddenly scared for no reason; feeling sad all the time, having muscle pain, and had the experience of reliving the trauma of watching their husband/father being killed.

Health worker (to Halima and Hawa)*:* ***It appears from the screen that you are going through some difficulties. You are not alone. Many refugees experience sadness, bad memories, and to much stress because of all you've been through on your journey here. This is a normal reaction to stressful events.***

Health worker(to Halima and Hawa)*:* ***In the United States, lots of people who are having these symptoms sometimes find it helpful to get extra support.***

Health worker (to Halima and Hawa)*:* ***This does not mean that something is wrong with them or that they are crazy. A counselor in the United States is a type of healthcare worker who will listen to you and help you through these difficult times. This person keeps everything you say confidential, which means they cannot by law share the information with anyone without your agreement.***

Health worker (to Halima and Hawa)*:* ***Are you interested in being connected to these services?***

Halima: ***Yes, I don't want to feel sad all the time.***

Hawa: ***Yes.***

Health worker: ***Can we take a couple of minutes to complete our referral form? I will refer you to an agency and they will be contacting you, is this okay with you.***

Health worker [completes the referral form]: ***Someone will call you in your language and describe the type of support they can offer you. They will call you in the next few days to give you the appointment date and location of the appointment so you can find out if it is the right service for you.***

APPENDIX A: ADMINISTERING THE RHS-15 STEP-BY-STEP

STEP 1: INTRODUCE THE TOOL AND ITS PURPOSE

"Some refugees have mind and body symptoms because of the difficult things they have been through, and because it is very stressful to move to a new country. The questions we are asking help us find people who are having a hard time and who might need extra support. Your answers will not be shared with employers, or immigration."

STEP 2: EXPLAIN THE INSTRUCTIONS AND SCALE

"I am going to ask you about some symptoms. Please let me know how much each symptom has been bothersome to you in the past month. Each question can have a possible answer on a scale. The answers can be '**not at all**,' '**a little bit**,' '**moderately**,' '**quite a bit**,' or '**extremely**.'"

Pause for interpretation after each possible answer. Point to the picture depicting each answer.

STEP 3: ADMINISTER THE QUESTIONS

- Only use the questions on the tool, don't make any additions or deletions.
- Don't comment on the patient's responses. You may affirm their statement by saying, "OK" or nodding.
- Re-explain the scale as necessary (for the first few questions you might have to list each answer as a possibility).
- Introduce question 14 by explaining that this question has different answers, and that the patient will need to listen to you read each possible answer before answering.

STEP 4: EXPLAIN THE SCORE

If the score is negative: ***"Your answers seem to show that you are not experiencing too much stress, or sadness, and/ or worry right now. However, there are counselors available at XXX should you feel you need to talk to someone about stress in your life. Is this something you would be interested in?"***

If the score is positive**:** ***"From your answers to the questions it seems like you are having a difficult time. You are not alone. Lots of refugees experience sadness, too many worries, bad memories, or too much stress because of everything they have gone through and because it is so difficult to adjust to a new country. In the United States, people who are having these types of symptoms sometimes find it helpful to get extra support. This does not mean that something is wrong with them or that they are crazy. Sometimes people need help through a difficult time. I would like to connect you to a counselor. This is a type of healthcare worker who will listen to you and provide help and support. This person keeps everything you say confidential, which means they cannot by law share the things you tell them with anyone without your agreement. Are you interested in being connected to these services?"***

If client accepts referral: ***"I will be referring you to the XXX counseling program. The next step is…"***

***If client does not want to be referred**: "That is OK. Please know that the counselors are here if you change your mind. You can always ask your case manager or your doctor for help with getting connected to a counselor."*

APPENDIX B: PICTORIAL SCALE VISUAL AIDE

Please use the following pictorial images of the RHS-15 scale.

These may be helpful to assist patients that may need further explanation.

APPENDIX B: PICTORIAL SCALE VISUAL AIDE

Language	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
NEPALI	एकदमै नभएको	अलिकति मात्र	सामान्य किसिमले	धेरै नै	अति सारै
BURMESE	လုံးဝမရှိ	အနည်းငယ်	အသင့်အတင့်	နည်းနှင့်များ	အလွန်များ
KAREN	နီတစဲး	တစဲးတမဲး	ဖဲအကြား	အါတစဲး	အါဉ်မး
SOMALI	MAYA HABA YARAATEE	WAX YAR	SI DHEXE	YARA BADAN	XAD DHAAF AH
RUSSIAN	Совсем не беспокоил	Немного	Средне	Беспокоил достаточно сильно	Очень сильно
AMHARIC	በጭጼም	ትንሽ	በመጠኑ	ከፍተኛ	ክፉኛ

APPENDIX B: PICTORIAL SCALE VISUAL AIDE

Language	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
FRENCH	PAS DU TOUT	UN TOUT PETIT PEU	ASSEZ	BEAUCOUP	EXTREMEMENT
TIGRINYA	ፈጺሙ	ቁሩብ	ብመጠኑ	ብርቱዕ	ብጣዕሚ ብርቱዕ
CUBAN SPANISH	NADA	UN POQUITO	MODERADA MENTE	BASTANTE	MUCHÍSIMO

APPENDIX B: PICTORIAL SCALE VISUAL AIDE

Language	EXTREMELY	QUITE A BIT	MODERATELY	A LITTLE BIT	NOT AT ALL
ARABIC	لا شيء على الإطلاق	قليلاً	معتدلا	كثيرا	إلى أقصى حد
FARSI	اصلا	كم	بطور متوسط	تا حدی	بسیار شدید

RESOURCES

Archived World Refugee Surveys (USCRI): *www.refugees.org/resources/refugee-warehousing/archived-world-refugee-surveys/*

Bellevue/NYU Program for Survivors of Torture: *www.survivorsoftorture.org/*

Bhutanese Refugees: *www.bhutaneserefugees.com/*

Bridging Refugee Youth & Children's Services: *www.brycs.org/*

Center for Applied Linguistics: *www.cal.org/co/domestic/*

Center for Disease Control: *www.cdc.gov/eval/resources/index.htm #stepbystep*

Center for Victims of Torture: *www.cvt.org*

Cultural Orientation Resource Center: *www.culturalorientation.net/resources-for-refugees/welcome-set*

Cross Cultural Healthcare Program: *xculture.org/*

ETHNOMED: *ethnomed.org/about*

Florida Center for Survivors of Torture: *gulfcoastjewishfamilyandcommunity services.org/refugee/refugee-programs/florida-center-for-survivors-of-torture/*

Freedom from Torture: *www.freedomfromtorture.org/*

Harvard Program in Refugee Trauma: *hprt-cambridge.org/*

Heal Torture: *www.healtorture.org/*

Health and Human Services Global Health: *www.globalhealth.gov*

Healthy Roads Media: *www.healthyroadsmedia.org/*

MedLine PLUS: *www.nlm.nih.gov/medlineplus/*

Migration Information Source: *www.migrationinformation.org*

Minnesota Movie: *www.minnesotamovie.com/medbox-clip2.html*

Office of Refugee Resettlement: *www.acf.hhs.gov/programs/orr/*

Refugee Council USA: *www.rcusa.org/index.php?page= post-arrival-assistance-and-benefits*

Refugee Health Technical Assistance: *www.refugeehealthta.org*

Refugees International: *www.refintl.org/*

Refworld UNHCR: *www.refworld.org/*

U.S. Committee for Refugees & Immigrants: *www.**r**efugees.org/*

U.S. States Bureau of Population, Refugees & Migration: *www.**state**.gov/j/prm/*

United States Department of Homeland Security: *www.dhs.gov/files/statistics/data/*

UNHCR. The UN Refugee Agency Statistics: *www.unhcr.org/pages/49c3646c4d6.html*

USA for UNHCR. (2013): *www.unhcr.org/pages/49c3646c4d6.html*

University of Minnesota, Working with Interpreters:*www.cehd.umn.edu/ssw/ContinuingEd/module5/default.html*

University of Rochester, Mental Health Interpreting: *www.urmc.rochester.edu/deaf-wellness-center/products/mental-health-interpreting.cfm*

SOP: How To Enter Health Screening Results in RHOS

As of 3.9.2022

This step-by-step guide to support screening clinic staff entering domestic health screening results into RHOS (Refugee Health Online System). RHOS was developed by Utah's Refugee Health Program as a way to electronically track domestic health screening results, monitor performance outcomes for contracted agencies and clinics, and provide more comprehensive data for larger scale reports related to health conditions identified in Utah's refugee population.

For a recorded step-by-step video for entering screening results in RHOS, please watch here.

1) From the RHOS home page, utilize one of the search boxes and filters to identify a patient's case file that needs screening results entered OR go to the report titled "Pending Health Screening" on the left side to find a list of patients that are missing the initial health screening results and are not marked as complete yet.

2) Select a patient's case file by clicking on the hyperlinked Alien ID #.

3) Once in their case file - you are in the "View" mode. In order to edit the results, you'll need to select "Edit" at the top to begin filling out the results.
    a) Note: some results are only viewable and not editable for patients. If you see discrepancies in data that's only viewable, please make a note of it in the screening comments and the RHP staff will fix it.

4) Once in "Edit" mode, begin by filling out the results and fields under each tab and sections within the tab

5) **Demographics tab**
    a) Demographics Section
        i) Fill in the patient's address
        ii) Nothing else is needed for clinic staff to complete in demographic section
    b) Refugee Health Screening Section
        i) Screening Date: Verify the screening date and fix if needed
        ii) Screening Clinic: The clinic assignment should already be listed as your clinic
        iii) Screening Location (if applicable to your clinic): Clinic location should already be listed as the assigned clinic location based on information from the RA.
        iv) Screening Physician: Select the provider who will perform the exam at the screening clinic

v) Screening comments - Copy provider notes/instructions here that require follow-up after the visit and that the next provider will need to know. Examples; problems or concerns identified, medications ordered, any follow-up information.
vi) Days to Screen: Autogenerated
vii) Primary Care Provider: Autogenerated from RA/RHP
viii) Primary Care Provider Location: Autogenerated from RA/RHP
ix) Date Assigned PCP: Autogenerated

c) Tracking Section

i) No screening needed: Autogenerated from RA/RHP
ii) Interpreters: RA will fill-in whether or not their agency can provide interpreter
iii) No Show: Select if the patient did not show up for their appointment.
iv) Completed HSF (Clinics): Select once ALL data has been entered, all referrals are attached, and any lab work is reviewed. This includes waiting for the CXR results to be uploaded before marking as complete, if applicable.
v) Completed HSF (State): Autogenerated from RHP
vi) HS Date Complete: Autogenerated from RHP
vii) Days to Complete: Autogenerated from RHP

6) **General Exam tab**

a) Physical Information Section

i) Height, Weight, BMI, Systolic BP, Diastolic BP: Enter results collected
ii) Wears Glasses: Select if the patient wears glasses currently
iii) Visual Acuity Screened: Select once completed
iv) Vision Acuity Results: Enter once completed. E.g. OD 20 OS 20 OU 20

b) Social History Section

i) Tobacco Use: Select if patient uses this substance
ii) Alcohol Use: Select if patient uses this substance

7) **TB tab**

a) Domestic TB Screening Section

i) Class A, B, B3: Select if applicable
ii) Class B1 and/or Class B2: Will already be selected if applicable per RHP. Patients receive this classification based on their history related to TB at the overseas medical exam.
iii) TB Test Date: Verify/enter previous testing date or enter date if completion at screening visit. (It is possible that is already completed on a

military base and we would just enter/verify the date instead of doing the screen at the domestic IHS)

iv) TB Screened: Select if already completed and/or once completed by screening provider.

v) QFT: Select the test results if applicable. Mark as N/A if patient tested through PPD.

b) PPD Section

i) TST: Select the test results if applicable. Mark as N/A if patient tested through QFT.

ii) Induration in MM: Enter results collected if applicable.

iii) TST reading date: Enter results collected if applicable.

c) Repeated TB Test Section

i) Repeated TB Test: Select "Yes" if the TB test was repeated. Leave blank if not applicable.

d) CXR Section

i) CXR Order Date: Enter the date the screening provider ordered a Chest X-Ray due to patient testing positive on the screening

(1) Attach the CXR Order file under the "Attachments" tab in "CXR Order"

ii) CXR Date: Enter the date of the scheduled Chest X-Ray (This field may be completed once results are received)

iii) CXR Results: Select the tests results applicable once received.

(1) Attach the CXR Result file under the "Attachments" tab in "CXR Report"

iv) Days from CXR order to CXR results: Autogenerated from RHP

v) Date CXR sent to SLCoHD: Autogenerated from RHP

e) TB Diagnosis Section

i) TB Diagnosis: Select result if patient needs LTBI or has TB diagnosis.

f) Special Instructions regarding TB

i) Patients should only be tested for TB by QFT or PPD, not both.

ii) All patients screening positive in a TB screening must be referred to LTBI services at Salt Lake County Health Department.

(1) Make a note in the 'clinic comment section' that "patient requires LTBI referral."

(2) RA will coordinate next appointment steps based off this recommendation.

iii) Clinics are able to track the LTBI treatment progress under the TB sub-tab of "LTBI Data" in RHOS

8) **<u>Parasites tab</u>**

a) Soil Transmitted Helminths Section (All 4 sub-sections requires same process)

i) Parasite (1-4) Treated Overseas: Select if treated overseas
ii) Parasite (1-4) Screened: Select if screened at screening visit
iii) Parasite (1-4) Results: Select applicable test results if completed at screening visit
iv) Medication at HS: Select if prescribed and provided at screening visit
v) Comments: Provide any pertinent information and follow-up instructions

b) Special Instructions regarding Parasites

i) Based on CDC guidelines for parasite screening, select whether a specific Parasite was treated overseas or if it was screened at the domestic screening.
   (1) It will be noted on the overseas records, those who have been presumptively treated for parasites.
ii) Patients treated overseas do not need a repeat screening at the domestic screening visit.
iii) If the CDC/Care-Ref tool does not recommend the patient is screened, even if they have not been treated overseas, then you can skip this parasite section and leave those sections blank.
iv) For additional questions on screening requirements related to Parasites, please contact RHP's Sarah Bates: 801-538-9310 sbates@utah.gov

9) **Labs tab**

a) Enter all lab results in accordance with CDC guidelines.

b) HIV 1 Results Section

i) Select the result from the drop down

c) STD/RPR Section

i) Select the "Reviewed overseas STD results from EDN" if the patient was screened overseas and tested negative. Patients don't need to repeat the STD domestic screening if completed overseas and screened negative.
ii) Domestic Chlamydia Results: Select results if screened at the domestic screening as applicable.
iii) Domestic GC (Gonorrhea) Results: Select results if screened at the domestic screening as applicable.
iv) Domestic Syphilis Results: Select results if screened at the domestic screening as applicable.
v) Other STD Comments: Enter as needed

d) Hepatitis Section

i) Hep B Results: Select results if applicable.
ii) Hepatitis B test overseas: Select if the patient was tested for Hep B overseas.

iii) Hep C Results: Select results if applicable.

e) Blood Lead Section

i) BLL Results (ug/dl): Enter numeric blood lead results if applicable

f) B12 Section

i) B12 Results: Enter numeric B12 results if applicable

g) Diabetes Section

i) Low Risk for Diabetes: Select based on PGL results and clinical discretion
ii) PGL: Enter the numeric PGL results
iii) Diabetes Comments: Enter as needed

h) Lipid Disorder Screening Section

i) Total Cholesterol: Enter numeric results
ii) HDL Cholesterol: Enter numeric results
iii) LDL Cholesterol: Enter numeric results

i) Complete Blood Count Section

i) WBC: Enter numeric results
ii) RBC: Enter numeric results
iii) Hemoglobin: Enter numeric results
iv) Hct: Enter numeric results
v) MCV: Enter numeric results
vi) Eosinophils: Enter numeric results

j) Urine Analysis Section

i) Urine Analysis Results: Enter results. E.g. normal, trace protein or trace blood.

k) Helicobacter Pylori Section

i) H Pylori: Check mark if patient is positive for H Pylori
ii) H Pylori Test: Select type of test given from drop down options

10) **Immunizations tab**

a) In accordance with the ACIP schedule, enter all of the dates of when immunizations were provided at the initial health screening, including COVID-19 vaccination.
b) Important: select the "Reviewed overseas/base immunization and entered them in USIIS" to acknowledge that all overseas and base immunizations were entered into the state-side immunization tracking system.

11) **Mental Health tab**

a) All patients should receive a mental health screening

b) Initial RHS-15 Section

i) Select "Yes" from the "MH Screening Done" dropdown

c) < 14 years Section

i) If the patient is < 14 years old, please answer the question after reviewing the notes from the screening.

d) ≥ 14 years old Section

i) If the patient is ≥ 14 years old, enter the RHS-15 screening scores in "Initial RHS 1" and "Initial RHS 2" for the two different sections of the assessment.

(1) Select from the dropdown with how the RHS was delivered

e) All Section

i) Select "Anxiety (Signs/Symptoms)" if identified based on the screening results/conversation at the screening.

ii) Select "Depression (Signs/Symptoms)" if identified based on the screening results/conversation at the screening.

iii) Select "History of Torture/Violence" if patient shares this or found in their history.

iv) Provide additional comments related to mental health, under "MH Other"

v) Utilize the dropdown "Severity" to mark the mental health concern severity for the patient

vi) Select "Initial MH Referral Accepted" if the patient accepted a referral to a clinical mental health agency for further support

vii) "If Initial MH Referral rejected, why?" use this box to write a note as to why the patient rejected the referral. E.g. patient felt unnecessary or not needed.

f) Mental Health Services After Positive Initial Screening

i) If a patient screens positive on MH screening, please from the "Referral Agency" dropdown so the resettlement agencies know where to connect the patient to MH follow-up care.

g) Special Notes on MH Section

i) If you'd like more information with regard to referral agencies for MH, please connect with Taylor Morsillo (tmorsillo@utah.gov) at UDOH's Refugee Health Program.

12) **Medical Conditions tab**

a) This is where all conditions identified from the screening should be marked based on different sections e.g. Nutrition, Ophthalmology, Hematology, ENT, etc.

b) Each section has a comment section to enter other conditions not listed or other details that would be helpful if the patient were to establish care at a different PCP.

c) Select referral needed for a particular section if this is identified from the screening and the patient needs to see a specialist in that particular field.

i) E.g. If Cardiology issues are identified and the provider decides they need a specialist referral, you'd select the specific types of Cardiology concerns identified from check boxes and/or enter comments in the "Cardiology Other" comment box. Finally, select the "Referral Needed" check box in the Cardiology section.

d) If other health issues were identified, at the bottom of this page, there's a comment box for other "Health Issues" to write in.

13) **Comments tab**
   a) This is a section for screening clinics, agencies, and RHP to communicate on any follow-up or missing items for a particular patient's initial screening. You can see all the notes under "View"
   b) When in "Edit" you can only add clinic comments. This is where you'd list out the different referrals and follow-ups that a patient needs.
      i) E.g. (1) PCP F/U - nutrition concerns (2) Dental (3) Eye exam
   c) You can also communicate with the agencies in these comment boxes if any coordination is needed for a more pressing follow-up e.g. chest x-rays, vaccines, or stool kits.

14) **EDN tab**
   a) No data entry required in this tab
   b) RHP imports some data points from the EDN (Electronic Disease Notification) system at the CDC into RHOS so clinics can view some of the overseas medical exam results.
   c) Sometimes there are delays in information on EDN or in the import into RHOS, so it's important to review in EDN versus relying on the information in RHOS.
   d) If it's available, we will do our best to get the overseas medical information added into RHOS prior to the appointment to assist providers in knowing some of the basic concerns identified at the overseas exam.

15) **Billing tab**
   a) Will show information if the clinic billed for the screening and if it was approved. Only there to provide some transparency.

16) **Health Promotion tab**
   a) N/A to screening clinics

17) **FINAL STEP**
   a) After all data is entered, all referral(s) attached, and pressing follow-up related to the initial exam are complete (i.e. CXR results), return to the "Demographics" tab and scroll down to the bottom to mark the HS as complete by selecting "Complete HSF (Clinics)"
   b) Once completed, RHP will review and provide any comments if needed or approve as fully complete.

c) It is only after a HSF is fully approved by RHP that the consultation/co-payments may be paid to screening clinics.

Utah Refugee Health Screening Network

UDOH, Epidemiology, Refugee Health/TB Program **PO BOX 142104, 84114-2104** **Cannon Bldg. 288 N 1460 W, SLC, UT 84116** **Phone (801)538-6191 Epi Fax (801)538-9913 Refugee Health Program Fax (801)237-0770**		
Hayder Allkhenfr - State Refugee Health Coordinator, Program Manager	385-259-5204	hallkhenfr@utah.gov
Rachel Ashby – Refugee Health/TB Epidemiologist	801-538-9315	rashby@utah.gov
Sarah Bates – Refugee Health Screening Coordinator	801-538-9310	sbates@utah.gov
Danielle Rodriguez - Refugee Health Promotion Coordinator	801-538-6834	sdrodriguez@utah.gov
Taylor Morsillo – Refugee Wellness Specialist	412-559-1852	tmorsillo@utah.gov
Karla Jenkins – TB Nurse Consultant	801-538-6224	kmjenkins@utah.gov
Soe Meh, Refugee Health Screening Assistant	n/a	smeh@utah.gov
Catholic Community Services (CCS) **745 E 300 S SLC, UT 84102** **Phone (801)977-9119 Fax (801)977-9224**		
Batar Aden - Refugee Resettlement Director	801-977-9119	abatar@ccsutah.org
Randy Chappell - Associate Director of Refugee Resettlement	801-428-1276	rchappell@ccsutah.org
Mark Burton - Refugee Resettlement Program Manager	801-428-1279	mburton@ccsutah.org
Joshua Jensen – Refugee Services Health Supervisor	385-409-1070	jjensen@ccsutah.org
Vanessa Masanka - Health Services Coordinator	385-409-1049	vmasanka@ccsutah.org
Brittany Steenhoek – Mental Health Coordinator	801-428-1247	bsteenhoek@ccsutah.org
Makenna Kochija– Health Promotion Coordinator	TBD	mkochija@ccsutah.org
Erica Astle - Refugee Foster Care Program Manager	801-428-1239	eastle@ccsutah.org
International Rescue Committee (IRC) PO BOX 3988, 84110 **221 S 400 W, SLC, UT 84101** **Phone (801)328-1091 Fax (801)328-1094**		
TBD - Executive Director	TBD	TBD
Pamela Silberman – Resettlement Director	801-883-8476	pamela.silberman@rescue.org
Hannah Parrish - Health Program Manager	801-883-8470	hannah.parrish@rescue.org
Kaitlin Campbell – Health Access Coordinator	801-883-8475	kaitlin.campbell@rescue.org
Maha El Mashni – Health Access Assistant	801-883-8483	maha.elmashni@rescue.org
Hailee Smith – Health Access Assistant	435-610-1517	Hailee.smith@rescue.org
Sofia Swartling – Health Access Assistant	801-750-1473	Sofia.swartling@rescue.org
Annie Shaw – Health Access Assistant	385-429-8652	Annie.shaw@rescue.org
Maura Coursey – Gender Equity & Safety Coordinator	801-449-1868	Maura.coursey@rescue.org
Ariana Rosenberg - Mental Health PSS Coordinator	801-883-8464	Ariana.rosenberg@rescue.org
TBD – Mental Health Screening Coordinator	TBD	TBD
Sydney Lutnick – Mental Health Assistant	801-883-8464	Sydney.lutnick@rescue.org
Kyle Flanders – Mental Health Screening Specialist	801-883-8464	Kyle.flanders@rescue.org
Whitney Nguyen - Health Promotion Coordinator	801-883-8465	whitney.nguyen@rescue.org
Jonessa White – Health Promotion Specialist	801-326-3071	Jonessa.white@rescue.org
Ornela Bailey – Maternal and Child Health Specialist	801-971-2830	Ornela.bailey@rescue.org
Jen Hiltschler – Maternal and Child Health Assistant	786-582-5465	Jen.hiltscher@rescue.org
Brandon Smith – COVID Navigator	TBD	brandon.smith@rescue.org

Refugee & Immigrant Center - Asian Association of Utah (AAU) **155 S 300 W, SLC, UT 84101** **Phone (801)467-6060 Fax (801)486-3007**		
Andy Tran – Chief Program Officer	801-990-9485	andyt@aau-slc.org
Tung Tran - Interpreting & Translation Program Manager	Main	tungt@aau-slc.org
Peter Frost, Director of Youth & Family Services	801-412-0578	Peter.Frost@aau-slc.org
Andrea Sherman - Trafficking & Persons Program Director	801-990-9498	andreas@aau-slc.org
TBD - Health Screening Case Manager	TBD	TBD

SALT LAKE COUNTY		
Salt Lake County Health Department (SLCoHD) **610 S 200 E, Suite 2103 SLC, UT 84111** **Phone (385)468-4222 Fax (385)468-4232**		
Tair Kiphibane - Bureau Director & Nursing Supervisor	385-468-4276	mkiphibane@slc.org
Tara Scribellito - Nursing Supervisor	385-468-4275	TScribellito@slco.org
Madison Clawson - Nursing Supervisor	385-468-4277	mclawson@slco.org
Carlene Claflin - Public Health Nurse	385-468-4261	cclaflin@slco.org
Chantel Ikeda - Public Health Nurse	385-468-4259	cikeda@slco.org
Dan Batchelor - Public Health Nurse	385-468-4267	dbatchelor@slco.org
David Hernandez - Public Health Nurse	385-468-4262	dahernandez@slco.org
Jodi Neerings - Public Health Nurse	385-468-4263	jneerings@slco.org
Jeff Sanchez - Public Health Nurse	385-468-4208	jmsanchez@slco.org
Jason Lowry- Public Health Nurse	385-468-4224	jlowry@slco.org
TB Chest Clinic Phone **(385)468-4212** **Fax (385)468-4232**		
TB Clinic Physician	385-468-4213	
Weber-Morgan Health Department 477 23rd St. **Ogden, UT 84401** **Phone (801)399-7250**		
MaryLou Adams-Nursing Director	801-399-7235	madams@co.weber.ut.us
Lori Gittings-Public Health Nurse	801-399-7232	lgittings@co.weber.ut.us

SCREENING CLINICS

Health Clinic of Utah **168 N 1950 W # 201, SLC, UT 84116** **Phone (801)715-3500 Fax (801)532-1183**		
Michelle Grossman - Clinic Manager/Refugee contact	801-715-3380	mgrossma@utah.gov
Susan Toafe – MA for Drs. Nelson & Woolsey	801-715-3376	stoafe@utah.gov
Charley Borsani – MA for Olivier	801-715-3375	cborsani@utah.gov
Shelly Rogers – MA for Rhonda	801-715-3387	michellerogers@utah.gov
St. Mark's Family Medicine **1250 E 3900 S # 260, SLC, UT 84124** **Phone (801)265-2000 Fax (801)265-2008**		
Karl Kirby, MD	801-265-2000 x110	kkirby@utahhealthcare.org
Diane Chapman, DNP, APRN, FNP-C	801-265-2000	dchapman@utahhealthcare.org
Madeline Hansen, APRN	801-265-2000	mhansen@utahhealthcare.org
Kasandra Varela - MA	801-265-2000	kvarela@utahhealthcare.org
Kayley Jordan - MA	801-265-2000	kjordan@utahhealthcare.org
University of Utah Health Clinics **(multiple locations throughout Salt Lake City)** **Phone (801)213-9500 – Scheduling Line (Care Navigation)**		
Bernadette Kiraly, MD	801-581-2000	Bernadette.Kiraly@hsc.utah.edu
Eli Moreno, MD	801-581-2000	Eli.Moreno@hsc.utah.edu
Erika Sullivan, MD	801-581-2000	Erika.Sullivan@hsc.utah.edu
Anna Gallegos, Refugee Services Program Coordinator	801-213-9700	Anna.Gallegos@hsc.utah.edu
AAU Mental Health and Substance Abuse Services - Adults and Children 8 and older **155 S 300 W, Suite 101, SLC, UT 84101** **Phone (801)467-6060 Fax (801)412-9926**		
Andy Tran - Clinical Director	801-990-9485	andyt@aau-slc.org
Megan Clark – Program Supervisor	801-990-2314	megan.clark@aau-slc.org
Amy Vu – Intake Specialist	801-467-6060	amy.vu@aau-slc.org
Utah Health and Human Rights (UHHR) - Adults and Children 8-13 meeting agency criteria **225 S 200 E, Suite 250, SLC, UT 84111** **Phone (801)363-4596 Fax (801)363-4596**		
Heidi Justice - Executive Director	801-494-5412	heidi.justice@uhhr.org
Mara Rabin, MD - Medical Director	801-363-4596	mara.rabin@uhhr.org
Xander Gordon - Clinical Director	801-494-5414	xander.gordon@uhhr.org
Cami Berger - LCSW	801-494-5418	cami.berger@uhhr.org
Children's Center - Children under the age of 8 **Services: Therapeutic Preschool Programs; Autism; Assessment and Evaluation; Medication Management; Family Therapy and Trauma Treatment**		
Devon Musson Rose - Program Director, Trauma Program	801-582-5534	dmussonrose@tccls.org