

June 15, 2018

SUPPORTING STATEMENT

Approval of the ORR-6 Performance Progress Report

A. Justification

1. Circumstances Making the Collection of Information Necessary:

Designed to assist refugees, Cuban/Haitian entrants, asylees, victims of trafficking and certain Amerasians¹ integrate into American society as quickly and effectively as possible, the Refugee Resettlement Program (RRP) provides funding for-

- temporary cash and medical assistance for eligible refugees and entrants not qualified for categorical assistance;
- medical screening coordination and screening services to protect the public health of resettling communities;
- support services, especially employment and English language training, to help refugees become employed and self-sufficient in the shortest time possible; and
- child welfare services, including foster care, independent living and other services to assist unaccompanied refugee minors (URM).

¹ A State or its designee agency(s) must provide any individual wishing to do so, an opportunity to apply for cash assistance and must determine the eligibility of each applicant as promptly as possible within no more than 30 days from the date of application; A state or its designee must inform applicants about the eligibility requirements and the rights and responsibilities of applicants and recipients under the program (45 CFR 400.50) In determining eligibility for cash assistance, the State or its designee must promptly refer elderly or disabled refugees and refugees with dependent children to other cash assistance programs to apply for assistance in accordance with 45 CFR 400.51.

Since 1982, the Form ORR-6 (0970-0036), has been the primary reporting instrument of the Office of Refugee Resettlement (ORR) for capturing quantitative and qualitative information on these primary functions of the agency. This information has enabled ORR to develop and maintain effective program monitoring and a system of data collection on cash assistance, services provided, and results achieved under the State-administered refugee resettlement program.

All information submitted as part of the current ORR-6 is required by ORR regulations. 45 CFR 400.28(b) requires State Coordinators to report on the effectiveness of their State cash and medical assistance, child welfare services, social services, and targeted assistance programs: "A State must submit statistical or programmatic information that the Director determines to be required to fulfill his or her responsibility under the Act on refugees who receive assistance and services which are provided, or the costs of which are reimbursed, under the Act." The Annual Service Plan is required by 45 CFR 400.11(b)(2), which requires States to "...a State must submit to the Director, or designee, an annual plan developed on the basis of local consultative process on a form and at a time prescribed by the Director." States and state-alternative programs are required to submit the Annual Service Plan along with the second semi-annual report due November 30.

2. Purposes and Use of the Information Collection:

The ORR-6 is completed and returned at the end of each reporting period by the State Refugee Coordinator in each State that participates in the Refugee Resettlement Program or by Wilson/Fish Program Directors for state-alternative programs. Currently, 59 reporting entities (33 state governments, the District of Columbia, 13 Wilson Fish programs, and 12 Replacement Designees) participate in the Refugee Resettlement Program. The ORR-6 enables review of program information at three separate governmental levels: ORR, State agencies, and county or local service providers.

- o ORR uses data gathered from Form ORR-6 to determine the number of months of RCA and RMA use based upon appropriations. ORR also calculates State-by-State RCA, RMA, Medical Screening, and URM utilization rates for use in formulating program initiatives, priorities, standards, budget requests, and assistance policies. Program managers

analyze data on service caseloads and program outcomes to formulate national strategies to reduce refugee welfare dependency.

- o State agencies and county or local service providers use the ORR-6 to monitor cash, medical and child welfare assistance levels within the local jurisdiction and for the State as a whole. Using ORR-6 data as a monitoring and evaluation tool, they establish program priorities and initiatives to develop or improve service delivery techniques for meeting the intent of the Congress in responding to the changing needs of the refugee population.

The ORR-6 is a participation and performance level report.

Since 1995, ORR has used the ORR-6 to satisfy the provisions of the Government Performance and Results Act of 1993 (GPRA), P.L. 103-62 to measure program performance of State programs. The cumulative performance of each State is published each year in ORR's Report to Congress on the Refugee Resettlement Program.

Information contained in the ORR-6 continues to form a baseline against which subsequent State performance is tracked. This information is reported to Congress annually and disseminated to States and county and local offices.

In addition, data on RCA/RMA recipients and unaccompanied minors are regularly matched with ORR's refugee arrival and population data. From these data ORR is able to look at individual State assistance trends relative to changes in the flow of new arrivals. In order to best enable data matching and program analysis for unaccompanied minors, ORR is now requesting that States provide data according to each URM program location.

Medical Screening data is also used to monitor the performance of medical screening coordination, services, and health outcomes.

3. Use of Improved Information Technology and Burden Reduction:

All data and information reported on the ORR-6 are available from two sources - the State's management information system and the monthly reports from contract service providers. To minimize the reporting burden of this data collection process, ORR does not

require sophisticated data analysis at the State level for ORR-6 submissions. All ORR-6 submissions are processed in ORR computers using excel spreadsheets to produce the detailed analyses necessary for program monitoring and management purposes.

4. Efforts to Identify Duplication and Use of Similar Information:

ORR has no other mechanism for collecting data on the size and distribution across categories of either the caseload of the cash and medical assistance population, unaccompanied minors or for service and performance outcomes for medical screening, and refugee supportive services grants. ORR staff has extensive contact with States and national non-profit organizations and are certain that no similar data collection effort exists.

5. Impact on Small Businesses or Other Small Entities

Not applicable; grantees are States or non-profit refugee service agencies with Wilson/Fish alternative program grants or Replacement Designees.

6. Consequences of Collecting the Information Less Frequently

Data is reported on a semi-annual and annual basis. (May 31st; November 30, and for Schedule F January 31st. ORR's need for the ORR-6 data is magnified by the fact that it is working with 59 respondents including states and jurisdictions involving a great diversity of services and assistance programs operated independently under various local regulations and laws. Regular reporting has been prescribed by ORR to fulfill its managerial oversight of the program, to develop policies for refugee assistance and services, and to provide national direction and guidance to state programs.

The ORR-6 requires State Coordinators and Wilson/Fish Directors to present their services plan document only once per year. However, the due date for submission of this information is synchronized to ensure that ORR receives the Annual Service Plan from all States on November 30. The information required on the service plan is representative of the ORR-funded services currently available to refugee populations and, as such, is more useful to ORR than an advance planning document.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

Not applicable. The information collection is consistent with all OMB guidelines specified at 5 CFR 1320.6.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

ORR issued a 60-day notice in the Federal Register / Vol. 83, No. 27 / Thursday, February 8, 2018) and notified all State Coordinators and Wilson/Fish Program Directors of the expiration of the current ORR-6 on October 31, 2018.

Between 2/8/2018 and 4/9/2018 ORR received through OPRE comments from seventeen states (State Refugee Coordinators) and four entities in the form of letters and emails. Due to many comments being identical or very similar, ORR is responding in those instances by addressing same issue in one statement.

Due to concerns regarding the privacy of refugees, ORR removed data requests for medical screening results from Schedule F, Part III. However, ORR will further explore collecting screening results in a manner that ensures refugees privacy and may submit a request to include medical screening results that were initially included in the materials for public comment.

Specific comments are addressed below:

Comments and Responses:

General Comments:

Comment: Number of states and entities (California, Colorado, Illinois, Kentucky, Massachusetts, Maine, New York, Washington, Wisconsin, SCORR, and META) commented on data collection burden as inadequate and low as proposed by ORR.

Response: Aside from making reductions with some of data collection instruments, ORR is also making adjustments on burden and estimated hours to report.

Comment: Some of the states (California, Colorado, Massachusetts, and Maine) questioned ORR authority on certain specific reporting elements.

Response: ORR carefully reviewed all of the proposed data elements and ensured that final package reflects adherence to ORR regulations.

Comment by META: Wherever possible, ORR should consider enabling automatic calculations (functions) in Excel for the relevant indicators to be calculated from the individual data points.

Response: ORR agrees and has automated reporting wherever possible in proposed instruments.

Comment by Maine: Maine recommends that ORR work more closely with their federal partners such as the DOS.

Response: Regarding reports to the Department of State (DOS), such requirements and reports are done by Resettlement Agencies and not by the states. The purpose may be similar, but requirement is different, states are not required to report to DOS.

Comment by META: ORR should consider whether certain ORR-6 data requires gender disaggregation in order to be effectively analyzed and used.

Response: In previous years ORR had some of the data elements disaggregated by gender, but has not found practical utility of such data, since all related funding is issued based on formula or cost reimbursement regardless of refugee gender.

Comment: Number of states and one entity (California, Colorado, Maine, Michigan, North Carolina, Washington, Wisconsin, and SCORR) commented on the reporting timeframes for proposed instruments and proposed to extend some of the due dates for various reporting Schedules.

Response: ORR agrees and reporting is adjusted to be for semi-annual Schedules A-E and Annual Service Plan 60 days after the reporting period, while annual Schedule F report will be due 120 days after the reporting period.

Comment: Two states and one entity (Arizona, California, and SCORR) commented on the need for additional resources to improve their data collection in order to report on the proposed instruments.

Response: ORR expects some administrative cost to increase for reasonable cost to improve IT systems and data collection.

Comment: Two states and one entity (California, North Carolina, and META) commented on the need for more clarity and guidance on in the instructions regarding proposed data collection.

Response: ORR reviewed the instruments and instructions and changes and improvements are made to all of the schedules. ORR will give sufficient time to implement revisions, FFY 2019 will be a year to implement changes and new tracking and reporting will start on 10/1/2019. In the meantime grantees would continue to report on the currently approved instruments.

Schedule A Comments:

Comment: Number of states (Arizona, California, Colorado, Kentucky, Louisiana, Massachusetts, Michigan, and New York) provided comments on the proposed collection in Schedule A regarding state consultations with stakeholders questioning required detailed information about each meeting, participants, etc., but also duplication of efforts since similar reporting is provided to the Department of State.

Response: Based on ORR authority provided in the regulations adjustments are made to eliminate specific details, instead states will be asked to provide total number of meetings in the reporting period, whether they are statewide, regional or local, general description of stakeholders attending and main issues discussed.

Comment by Kentucky: Schedule A: Program Narrative instructions on page 3 give a list of programs to report on but the schedule does not include Intensive Case Management, which is a program specific to Wilson Fish states. KY assumes ICM should be a choice.

Response: ORR made adjustments by adding category "other" to the instructions to clarify reporting for any other service.

Comment: Colorado and Massachusetts commented that ORR is already collecting best practices through monitoring, thus reporting in ORR-6 would be duplication.

Response: ORR agrees and adjustments are made to use standard ACF approach in reporting activities, accomplishments and challenges.

Comment: California commented on reporting outcome measures on specific activities and grants and lack of guidance on performance for specific grants.

Response: ORR is only asking for general description of performance measures used by the states for any of the ORR funded programs as defined in ORR regulations or policy letters.

Comment: Colorado questioned reporting outcomes on specific activities which are not prescribed by ORR.

Response: ORR agrees and revision is made to eliminate outcomes from this section.

Comment: Louisiana commented about potential duplication on reporting specific services and documents in the performance section.

Response: ORR is asking for general description of performance measures used by the states for any of the ORR funded programs as defined in ORR regulations or policy letters. ORR will provide additional guidance in the instructions.

Comment: Louisiana commented on space limitation and format of narrative section.

Response: ORR will use word format that can accommodate additional space for any reporting areas of Schedule A. ORR will provide clarification at the beginning of Schedule A Instructions.

Schedule B Comments:

Comment by Colorado: Schedule B2 includes data already submitted to ORR as part of the Wilson Fish program. While these requested reports are not OMB approved, ORR already captures much of this data.

Response: WF data was self-reported in the past, it is being replaced with official reporting.

Comment by Kentucky: In general the instructions ask for reports (narrative and data) on RCA. Should the TANF Differential be separated out in the narrative? Or do the TANF-Type refugees on line 4 include TANF Differential? Should Schedule B include TANF differential recipients or only traditional RCA recipients? (KY has only been reporting RCA recipients on the current Schedule B).

Response: TANF differential should be explained in the narrative when reporting about RCA and reported under TANF-type recipients. ORR will provide additional guidance in the instructions.

Comment by Kentucky: Do Wilson Fish programs have to fill out Schedule B1 and B2, or just B2? The instructions specify that B2 should only be filled out for Wilson-Fish programs, but does not indicate whether Schedule B1 also has to be filled out. It should say Schedule B1 is for state administered programs only.

Response: ORR is simplifying this section and all programs will utilize one Schedule B to report. ORR will provide additional clarification in the instructions.

Comment by Louisiana: TANF information requested on Schedule B2 (1-4) duplicates information requested on the Wilson-Fish Self-Sufficiency reported annually.

Response: WF data was self-reported in the past, it is being replaced with official reporting. Also, ORR is simplifying this section and all programs will utilize one Schedule B to report.

Comment by Louisiana: Information in Section B. c. duplicates information requested on the Annual Goal Plan report. This includes average hourly wage, availability of health benefits and 90-day job retentions.

Response: Data to be reported under this section is not reported on Schedule C or the annual report. Data to be reported is specific to RCA clients reaching eight months eligibility time limit.

Comment by Louisiana: It is the understanding of the SRC that a client does not have to participate in either RCA or TANF to

receive ICM services. Section D: WF Intensive Case Management Services (ICM) does not include the opportunity to capture data for ICM cases that are not RCA or TANF.

Response: ORR is eliminating this data element due to upcoming program changes in FY 2019.

Comment: Four states (Michigan, Washington, Arizona, and Wisconsin) commented on the need to have additional option for other categories or inability to report on certain data elements.

Response: ORR understands challenges to collect certain specific data and will make adjustments, simplify and eliminate certain data elements in question and will have only two categories to report: "new arrivals" and "other" to accommodate specific concerns.

Comment by Massachusetts: Schedule B2 and Schedule C include data already submitted to ORR as part of the Wilson Fish program. While these requested reports are not OMB approved, ORR already captures much of this data through regular reporting and through the annual Self-Sufficiency Tool utilized by over 15 state programs

Response: WF data was self-reported in the past, it is being replaced with official reporting.

Comment by Arizona: Additionally, it is unclear why the RCA data in the Schedule B 1 is requested for the reporting period being covered, while the Employability Services in the Schedule C and Support Services in the Schedule D appear to be requested year-to-date. It is unclear whether that means that the second semi-annual report should cover the entire year or only the second half of the year. In light of this doubt, the language that "the state/grantee may count only one placement per period for any client, but the state/grantee may enter another placement for the client in a subsequent period (year-to-date)" is also unclear.

Response: ORR agrees and cumulative reporting is eliminated in Schedules B and C. Changes have been done to Schedule D to simplify reporting and Instructions are improved to clarify reporting.

Schedule C Comments:

Comment by Arizona: The removal of case management services, including child care, transportation, interpretation, Employment Authorization Document assistance, etc. from the proposed Schedule C does not appear to have practical utility at a time when ORR appears to be seeking expanded information regarding usage and outcome of ORR-funded services.

Response: ORR is asking instead for annual report on employability services to be submitted with Annual Service Plan.

Comment by Massachusetts: Schedule C includes information already submitted by states as part of their Government Performance and Results Act (GPRA) reporting.

Response: ORR-6 is a progress report in alignment with annual goals while tracking progress and performance on the same measures.

Comment by Maine: It is unclear how to classify the cash assistance status of some employment service participants in the Schedule C. The instructions now define RCA and TANF clients as employment service participants who have received either RCA or TANF assistance at any point during the reporting period. The instructions also still require verification of the individual's cash assistance status at the time the active employment service participant is placed in employment. These two cash assistance status definitions are not always consistent and it is unclear which definition to use.

Response: ORR agrees and will provide additional guidance and improve instructions.

Comment by Michigan: Schedule C - New data will add time to complete.

Response: Changes to Schedule C are minimal with the goal to align them with annual goals. While report format is slightly changed and simplified, essentially no new data is requested from previously collected data.

Comment by Michigan: Un-duplication will be time consuming since we do not have a data base and collect data via EXCEL spreadsheets.

Response: ORR will limit unduplicated data for reporting period.

Comment by Michigan: Need clarification on YTD in Part A column 5.

Response: ORR eliminated year-to-date and will provide additional clarification in the Instructions.

Comment by Michigan: (B) (g) employed 90 days later-instructions say by Cash Asst. type but no way to do this in (B) (g)

Response: ORR agrees and will provide additional guidance and change in the instructions.

Comment by Washington: There remains some confusion about the reporting of unduplicated clients and the multiple services that they may receive. Schedule C for employability services asks for some areas to report the year-to-date unduplicated number of participants and some elements are only for active participants. The instructions are unclear about which to count for each employment section. This confusion raises concerns around the quality and utility of the data. For instance, it is possible that one client could obtain employment multiple times throughout the year and that data could appear on both semi-annual reports. If

that occurs, ORR would be unable to cumulate employment entries across the reporting period and compare them to the year-to-date unduplicated client count for employment services.

Response: ORR eliminated cumulative reporting and will provide additional clarification in the Instructions.

Schedule D Comments:

Comment: Four states and one entity (Arizona, Colorado, Massachusetts, Wisconsin, and SCORR) commented on limited options by the proposed instrument regarding possibility to report on variances in program implementation.

Response: ORR agrees and has made improvements based on comments from states and is providing additional options for reporting.

Comment by Arizona: The lack of adequate systems and the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) present challenges in schools' ability and willingness to provide individual level data on students. Accordingly, RSIG outcomes at this level of detail will be difficult, if not impossible, to procure from contractors and subcontractors.

Response: ORR is seeking reports only on those students served by RSS set-aside and is not seeking individual student data, but aggregate numbers of those served.

Comment: Eight states (Arizona, California, Colorado, Kentucky, Massachusetts, Maine, New York, and California) commented that immigration status would prevent certain service providers to report participation and/or outcomes due to various confidentiality rules.

Response: Due to comments from many states regarding the immigration status, ORR is removing specific refugee statuses from the reporting requirement.

Comment by California: ORR-6 Schedule D requests state data regarding access to Supplemental Security Income (SSI) by participants of Refugee Support Services (RSS) Set-Aside programs. Neither ORR nor the COSS administers the SSI program. ORR-6 Schedule D requests citizenship attainment information. Naturalization petitions are adjudicated by the Department of Homeland Security and neither ORR nor COSS manage or control the information requested by ORR.

Response: ORR is seeking reports from grantee only on those refugees served by RSS set-aside who were successfully approved for SSI as a result of grantee services and for those who passed citizenship test as a result of grantee services.

Comment: Six states (California, Kentucky, Louisiana, Maryland, Michigan, and Wisconsin) commented on the proposed collection on the volunteer and educational activities participation and outcomes not being specifically funded or required by ORR and thus data would be impossible to collect and should not be collected.

Response: ORR agrees and has made adjustments in the instrument by eliminating reporting on educational, vocational and volunteer participation and related completions.

Comment by California: The COSS is concerned that reporting data for Refugee Support Services Set Aside programs, under Schedule D, potentially exposes students and older refugee populations PII. ORR is requesting aggregate data, but the requests are very specific and the numbers of program participants are relatively small.

Response: ORR is seeking aggregate data on the state level without asking for locality of clients.

Comment by California: ORR-6 Schedule D is unclear and confusing. The schedule could apply to multiple programs, including RSI and SOR. The data fields do not clearly identify which program they are associated with. In addition, further clarification is required on what count ORR is requesting (e.g. should participants be counted at point of entry into the program, at a midpoint, or at the end of the semi-annual time period?). Many of these data elements, such as age and status, may change during the six-month time period also requiring ORR to clarify the point in time for reporting.

Response: ORR will make improvements in the instructions and clarify reporting points and timeframes.

Comment: Three states (Louisiana, New York, and Illinois) commented on the issue to report on participation in ORR-funded services provided by various entities in the state.

Response: ORR is seeking only reports on ORR-funded services provided to clients in the state such as client participation and related outcomes. ORR will provide additional guidance in the instructions.

Comment by Maryland: Data requested under Section A (Age of the participant) and under B (Status of the participant) can be easily obtained from ORR-5 which is submitted to ORR annually. Having to report this data as part of ORR-6 submission is duplicative.

Response: ORR agrees and both of the data elements are removed from the proposed collection.

Comment by Michigan: F (2) is only tracked once a year.

Response: ORR is seeking reporting on student grade promotion after the end of school year, in the second semi-annual report.

Comment by Washington: In addition, some requested elements (e.g. "topics discussed") are unwieldy, making the report unnecessarily complicated. For example, proposed Schedule D Sections D, E, and F capture information related to formula funding for the Refugee Support Services Set-Aside, which funds the Refugee School Impact Program and the Services to Older Refugees. This change to Schedule D means capturing data for older adults and refugee students in the same form. In Washington, ORIA administers these programs using two very distinct service providers and several different types of services. Data combined and co-mingled from the two different programs into one report may not accurately reflect trends or the impact of the services provided.

Response: ORR is proposing use of the same format to report set-aside programs and is not asking to report different programs simultaneously on the same form. ORR will clarify in the instructions to use separate copy of the form for each report.

Comment by Wisconsin: We also find it very difficult to collect information on Part D of Schedule D. The schools are obligated to verify eligibility of their participants, but do not necessarily have the capability or obligation to track the grade level information.

Response: RSI's primary goal is academic achievement and grade promotion is the optimal measure of student's success. ORR is seeking only reports on ORR-funded services provided to clients through contracted providers.

Annual Service Plan Comments

Comment by Illinois: For the proposed Annual Service Plan, the section which includes #4 - # 7 requires that states use federal fiscal year data, while for planning purposes, states have used state fiscal year information for the section including #8 - #12. This could lead to a lack of clarity in the interpretation of the data provided.

Response: ORR is asking to report on the previous FY data and projections for the upcoming FY. ORR will review instructions and make improvements where necessary to provide better guidance.

Comment by Kentucky: Annual Service Plan: Some of the categories in Section 4 are duplicative.

Response: ORR will review and where appropriate provide additional guidance in the instructions.

Comment by Kentucky: It asks for the number of participants in employment and employability assessment. If they are enrolled in employment services a staff member will complete an employability

assessment with them, so we would report the same number for each line.

Response: ORR will provide additional guidance in the instructions.

Comment by Kentucky: It asks to report the number of participants for "Translation and Interpreter Services"; "Information and Referral"; "Outreach Services" and "Social Adjustment". These are services that can be offered with RSS funding according to the regulations, but are not something that would make sense to track in a database. Again, it is not a program you would enroll someone in. (i.e. we would not make a program enrollment for "Information and Referral".) Is this data meaningful to ORR? KY understands why they want to collect some of the other categories, but not sure about these. If it stays on, we will include everyone that was enrolled in an OSS program that fiscal year and put the same number for all 4 categories. It would make more sense to have one line for "Other Social Services" and the instructions could explain it could include services like these.

Response: ORR will provide additional guidance in the instructions. ORR is seeking report only on actual services provided.

Comment by Kentucky: It asks to report the number of participants in "day care for children" and "transportation". These are not programs that someone is enrolled into, but a service that someone may receive. KY has built into our database a way to track how many people the agency helps secure childcare for employment. KY report transportation by the number of people enrolled in RCA who receive bus tickets from the agency. Not sure what ORR is asking, is it day care placement for employment? Then it is a one-time event, there would be no way for KY to know how much children are continually enrolled through a time frame.

Response: ORR is seeking report on actual participation in ORR-funded services, weather they are connected to another service or is a one-time referral to another service.

Comment by Kentucky: It asks to report on the number of case management participants. Should this include Intensive Case Management? The instructions do not specify. The case management instructions say case management could be for a purpose other than in connection with employment or participation in employability services. This is different from the previous instructions and from how we have always understood case management. We only enroll employable adults in case management, unless it is ICM.

Response: This report is on RSS-funded services and Intensive Case Management should not be included here. ORR will provide additional guidance in the instructions.

Comment by Louisiana: LOR is concerned that .Section 4 of the Annual Service Plan is a request for duplicate data already requested on the new ORR-6 Schedule E and other sections of the ORR-6 Schedule A narrative.

Response: There is no direct connection between data reported on Schedules A and E and thus there is no duplication in reporting.

Comment by New York: Annual Service Plan Section 11 NYS OTDA would not be able to provide the number of "program participants by category of service for the target number of ORR-eligible participants in the U.S." broken out as requested for 0 through 12 months and 13 through 60 months. NYS OTDA is not able to predict with this level of specificity the program participants that will be served prior to serving participants.

Response: This data element is not being revised and has been in place for many years. ORR expects all states to project number of individuals to be served in the Fiscal Year by length of time in the US, weather they are new arrivals or have been more than one year in the country.

Schedule E Comments:

Comment: Three State Refugee Coordinators (Colorado, Massachusetts, and Washington), the United States Conference of Catholic Bishops (USCCB), and the State Coordinators of Refugee Resettlement (SCORR) raised the issue that the data in Schedule E, A. Snapshot of Caseload is already available in RADS (Refugee Arrivals Data System).

Response: The data elements in Schedule E section A are not new and exist on the current ORR-6. While ORR acknowledges that states report enrollments, terminations and re-entries in RADS through ORR-3 individual client reports, the ORR-6 is a program performance report that assists states in their oversight of URM programs. The Schedule E will help states keep track of the flow of youth entering, exiting and re-entering the URM program. In preparation for compiling the aggregate data for the ORR-6 Schedule E submission, states are encouraged to pull their "Minors in Care" report from RADS as a baseline and work with their URM providers to resolve any discrepancies, e.g. missing ORR-3 reports. This effort assists in the reconciliation of ORR data.

Comment: Three State Refugee Coordinators (Colorado, Massachusetts, and Washington), USCCB, and SCORR raised the issue that the data in Schedule E, B. New Enrollments by Eligibility is reported in the ORR-3.

Response: ORR acknowledges that states report new enrollments in RADS through ORR-3 individual client reports. The ORR-6 is a

program performance report that assists states in their oversight of URM programs. The Schedule E will help states keep track of the composition of the newly enrolled URM caseload to ensure their providers are maintaining a balanced caseload and are accepting all eligibility populations into the program. In preparation for compiling the aggregate data for the ORR-6 Schedule E submission, states are encouraged to pull their "Minors in Care" report from RADS as a baseline and work with their URM providers to resolve any discrepancies, e.g. missing ORR-3 initial placement reports. This effort assists in the reconciliation of ORR data.

Comment: Three State Refugee Coordinators (Colorado, Massachusetts, and Washington) and SCORR raised the issue that the data in Schedule E, C. Major Outcomes for Applicable Terminated Clients, C 1 is reported in the ORR-3.

Response: ORR acknowledges that eligibility type is included in ORR-3 termination reports submitted by states through RADS. However, the outcome data reported in Schedule E, C2-11 needs context in order for ORR to assess outcome variability by eligibility type. Tracking outcome data by eligibility type will help states tailor services to particular populations.

Comment: Three State Refugee Coordinators (Colorado, Massachusetts, and Washington) and SCORR raised the issue that the data in Schedule E, C. Major Outcomes for Applicable Terminated Clients, C 2-9 is reported in the ORR-4.

Response: ORR does not collect education and employment data at the point of termination from the program. The ORR-4 collects annual progress of each participant, and the submission of the ORR-4 does not coincide with termination from the program. Outcome data at the point of termination is important, as they are indicative of the services provided to the youth throughout their time in the program to help achieve integration and self-sufficiency. This data will be useful to states in their oversight of URM programs and services. This data will also be helpful to ORR in its annual reporting to Congress or for other stakeholder reports.

Comment: Three State Refugee Coordinators (Colorado, Massachusetts, and Washington), USCCB, and SCORR raised the issue that the data in Schedule E, C. Major Outcomes for Applicable Terminated Clients, C 10-11 is reported in the ORR-3.

Response: ORR acknowledges that states report termination due to adoption or family reunification in RADS through ORR-3 individual client reports. Since adoption and family reunification are rare yet important outcomes for minors exiting the program, ORR is interested in collecting this aggregate data to ascertain trends in permanency outcomes. This data will also be useful to states in

their oversight of URM programs and services, particularly permanency planning.

Comment: The Michigan State Refugee Coordinator commented that it would take considerable more time to complete Schedule E on the part of their contractor agencies and the State Coordinator's office.

Response: ORR believes the revised URM Schedule (E) is less burdensome than the current URM Schedule (D). ORR did not add any new URM data elements in this revision; rather, ORR streamlined the narrative report considerably by eliminating questions and converting others into quantifiable data elements.

Comment: USCCB recommended the addition of "housing" to Schedule E, C. Major Outcomes for Applicable Terminated Clients.

Response: ORR agrees that housing instability is a challenge affecting emancipated foster youth. In its effort to not add any new data elements to the URM Schedule, ORR will explore the element of housing for a future ORR-6 revision.

Comment: USCCB requested that ORR provide a definition of "therapeutic foster care" for Schedule E, D. Placements and Capacity Development, to ensure accuracy and consistency in reporting.

Response: Definitions of therapeutic foster care vary by state and are dependent on state foster care licensing and training requirements. ORR is therefore unable to provide a definition that applies to all states that operate URM programs. Additionally, ORR has not received any feedback from states regarding difficulties in reporting therapeutic foster care data in the current URM Schedule (D). Therefore, ORR believes that states have reported the element in accordance with their state definitions of therapeutic foster care.

Comment: The New York State Refugee Coordinator suggested 'Client Success Story or Promising Practice' in the Schedule E Program Narrative report be an optional entry. In addition, New York expressed concern that providing information on a client success story may have the unintended effect of identifying a particular child.

Response: ORR agrees with this suggestion and has changed this element to optional. ORR also added to the Instructions that Personally Identifiable Information (PII) such as client name, alien number, country of origin, or date of birth are not included in the client success story.

Comment: The Washington State Refugee Coordinator commented that the proposed Schedule E replicates the ORR-3 and ORR-4 reports that are currently required of the programs. The state asked what value is added to this report by including information already

captured, and whether ORR is proposing to eliminate the other reports.

Response: ORR disagrees that the ORR-6 Schedule E replicates the ORR-3 and ORR-4 reports. The ORR-3 and ORR-4 are individual client reports whereas the ORR-6 is a performance report containing aggregate data and narrative information that relate to the implementation of the program. The ORR-6 also assists states in their oversight of URM programs and services. In its revision of the ORR-6 URM Schedule, ORR streamlined and reorganized data elements from the existing URM Schedule (D). In particular, ORR converted qualitative questions on the narrative form to quantitative data elements. ORR is not proposing to eliminate the ORR-3 and ORR-4 individual client reports that are necessary to meet statutory reporting requirements.

Comment: Three State Refugee Coordinators (Colorado, Massachusetts, and Washington), USCCB, and SCORR recommend that ORR allow at least 60 days for completion of Schedules A-E.

Response: ORR agrees with this recommendation and has changed the ORR-6 Instructions to allow states up to 60 days to submit Schedules A-E.

Comment: The Michigan State Refugee Coordinator recommends that the due date be extended by 15 days to May 15 and November 15 for Schedules A-E.

Response: ORR agrees with this recommendation and has changed the ORR-6 Instructions to allow states up to 60 days to submit Schedules A-E.

Schedule F Comments:

Comment: Ten states and entities (Maine, Vermont, New Hampshire, Maryland, Colorado, Connecticut, Massachusetts, Arizona, SCORR, and ARHC) questioned the necessity of Schedule F, Part III data to monitor program performance including how the requested data relates to the objectives of the medical screening program.

Response: The requested data is necessary for monitoring program performance. Per State Letter 12-09, the stated purposes of the medical screening program include: ensuring follow-up with medical issues identified in the overseas medical exam; identifying persons with communicable diseases of public health significance; identifying health conditions that could impact a refugee's self-sufficiency; and referring refugees to primary care for ongoing health care. The Schedule F, Part III data points, used in conjunction with state-specific refugee demographic data, will allow ORR to monitor states' progress towards these objectives.

Comment: Ten states and entities (Maine, Vermont, New Hampshire, Maryland, Colorado, Connecticut, Massachusetts, Arizona, SCORR, and ARHC) questioned ORR's methods and plan to use the data including ORR's capacity for epidemiological surveillance.

Response: ORR's Division of Refugee Health (DRH) was created to provide national oversight of refugee medical screening, including tracking program outcomes, and to provide technical assistance to states. ORR plans to use the data for monitoring program performance and assessing the need to adjust program priorities. ORR intends to collaborate with CDC should there be a need for further investigation.

Comment: Eleven states and entities (Maine, Vermont, New Hampshire, Maryland, Colorado, Connecticut, Massachusetts, Arizona, North Carolina, SCORR, and ARHC) questioned the overall utility of the data in Part III since many states may report incomplete information due to a current lack of data systems, training, and support.

Response: ORR understands it will take resources and time for states to report complete and quality data. ORR will provide technical assistance, training, and support to assist states in gathering quality data.

Comment: Five states and entities (Maine, Connecticut, Vermont, SCORR, and ARHC) expressed concerns over the variation in medical screening models and the ability for ORR to aggregate national data that would explain the variances across states.

Response: ORR is aware medical screening programs vary in structure, process, and funding which impacts the analysis of performance and health outcomes. ORR intends to review ORR-6 data in conjunction with information gathered from State Plans and ORR-1s which detail the structure and process of each state's medical screening program. This enables ORR to review a state's performance outcomes while taking into consideration its unique context.

Comment: Four states and one entity (Maine, Connecticut, New Hampshire, Washington, and ARHC) noted that Schedule F, Part III does not ask for the number of individuals who are recommended by CDC to receive specific tests. Since CDC domestic medical screening guidelines recommend specific tests for certain groups, ORR will not be able to assess compliance with CDC guidelines or describe population-based health outcomes.

Response: ORR understands the value of requesting population-specific data by health condition; however, ORR did not ask for these data as it would be too burdensome for states. ORR intends to use the aggregate data it will collect in conjunction with

arrival information in iRADS as proxy variables to estimate compliance with medical screening guidelines.

Comment: Nine states and entities (Maine, Connecticut, Colorado, New Hampshire, Maryland, Massachusetts, Vermont, SCORR, and ARHC) commented that in many states Schedule F, Part III data is funded by other federal program such as Medicaid. It is beyond ORR's authority to collect the requested information. One respondent stated that they would not be able to share Medicaid beneficiary information requested in Part III.

Response: ORR has authority to ask for the information in Schedule F, Part III, if states are conducting medical screenings because it is authorized in 8 U.S.C 1522 or if ORR is paying for the coordination and oversight of the screening. Standard program and financial reporting forms submitted to ORR indicate most states are using ORR funding for medical screening coordination, specific medical screening services, or both.

Comment: Nine states and entities (Wisconsin, Maine, Connecticut, Colorado, Vermont, Massachusetts, Washington, SCORR, and ARHC) expressed concerns over confidentiality policies and the protection of patients' privacy. Five respondents indicated some state laws prohibited the reporting of "small cells." Many of the nine respondents noted data about some diseases, such as HIV or TB, were privileged and confidential. One respondent indicated it would be a violation of HIPPA for Volags to collect information in Part III.

Response: ORR is requesting aggregated data at the state level; as stated in the instructions, no PII or PHI should be reported to ORR. ORR is not prescribing a specific data collection process for states; rather, states have the flexibility to set up data collection processes that best enables them to obtain aggregated data under state and federal laws. ORR will include clarification that states should follow their "small cells" standards as well as other established federal and state confidentially laws.

Comment: Nine states and entities (Wisconsin, Maine, Connecticut, Colorado, Vermont, Massachusetts, Washington, SCORR, and ARHC) provided recommendations to simplify Schedule F, Part III by creating sentinel surveillance sites or developing data sharing agreements with CMS or CDC to access Medicaid and reportable conditions data. Respondents also suggested streamlining surveillance activities with CDC's Centers of Excellence (COE) to avoid duplicative reporting to the federal government and increase health outcome data accuracy.

Response: The data ORR is requesting does not duplicate current CMS and CDC collection requests. It is specific to refugee program performance and outcomes and a state's ability to

coordinate screening activities for refugees. The data states submit to CMS for Medicaid utilization and CDC for reportable conditions serve completely different purposes than ORR's requested data, which is also not extractable from those data sets. ORR consulted with CDC during the development of Schedule F, Part III and data points were designed to complement CDC's COE project.

Comment: Six states and one entity (New York, Connecticut, Colorado, New Hampshire, Maryland, Washington, and ARHC) indicated Schedule F, Part II, Section B was duplicative of existing data reported to CDC via the EDN. One respondent stated their local health jurisdictions had the legal responsibility to report on class conditions. Another respondent stated local health departments have three months from the date of notification to report back on completion rates and that screenings in progress are not collected in the EDN.

Response: The data ORR is requesting is specific to refugee program performance and a state's ability to coordinate screening activities for refugees. Per State Letter 12-09, ensuring follow-up with medical issues identified in the overseas medical exam is a key objective the medical screening program and should be tracked to ensure states are correctly prioritizing cases for medical screening completions. ORR clarifies the data requested is referring to "initiated and completed" medical screenings, not treatment completion of the class conditions.

Comment: Five states and one entity (New Hampshire, Massachusetts, Washington, New York, Arizona, and ARHC) expressed concerns over the ability to track referrals for specialty care due to varying medical screening and referral procedures. ARHC members reported choosing to discontinue collecting referral fields due to the lack of utility. One respondent mentioned health screening providers under contract refer cases to primary care or local health community clinics. Regarding mental health, one respondent noted refugees may decline referrals at the time of screenings for a variety of reasons.

Response: Though it is important to make referrals for specific health conditions identified, ORR realizes this may be difficult to track and agrees to remove the request for most of the referral data. ORR will continue to request the number of refugees referred to primary care since connecting refugees to ongoing health care is a main purpose of the medical screening program per State Letter 2-09. In addition, ORR will continue to request mental health referrals, recognizing the variation of mental health screening and referrals models by state and understanding that some refugees may decline referrals at the time of screening.

Comment: Two states (North Carolina and Vermont) expressed concern that an unintended consequence of increasing medical screening data collection may result in a decrease in screening providers willing to participate in the medical screening program.

Response: ORR expects reasonable administrative cost increases for improved IT systems and data collection. ORR has scaled back on some of the requested information, such as specialty referrals, to lessen the burden on states and screening providers.

Comment: Three states (Massachusetts, Washington, and Arizona) expressed concerns with reporting initial screening dates. Two respondents indicated it is burdensome to collect initial of screening dates. One respondent suggested alternative approaches.

Response: ORR agrees to remove this data request and will focus on medical screening completions as the outcome.

Comment: Arizona requested clarification regarding screening initiation and completions of Class A, B1, and B2 cases. It is not well defined whether ORR is asking for individuals who began the screening, but repeatedly missed their second appointment and do not plan on completing the screening, versus those who have completed their first clinic visit and are awaiting a second clinic visit.

Response: ORR intends to remove the data request for cases who initiated a screening with class conditions. Regarding screening cases that completed a screening, ORR will clarify in the instructions that states should not include clients who initiated the screening, but still have pending follow-up screening appointments.

Comment: Connecticut commented that medical screening completion dates differ by state. Since Medicaid covers screenings in Connecticut, clients may be seamlessly incorporated into the health system without further communication with the refugee program regarding follow up treatments that may occur at the specialist or referral office.

Response: As stated in the instructions, medical screening completion is defined as a recipient completing the screening services offered in a state's approved State Plan. ORR also clarifies that most of the data is not requesting completion of treatment for conditions identified during the medical screening. The data elements that did request treatment information (e.g., chlamydia) have been removed, along with most of the specialty referrals.

Comment: Three states and one entity (Illinois, Washington, Arizona, and ARHC) stated concerns over the quality and utility of the requested lead data. Two respondents noted there are two methods of collecting blood for lead testing. Two respondents

indicated it would be burdensome to breakdown results by the requested 5-9 mcg/dl or greater than 10mcg/dl.

Response: ORR agrees to only request results greater than or equal to 5 mcg/dl. ORR is aware there are two methods of collecting blood for lead testing and will take this into consideration when analyzing the results data.

Comment: Connecticut and ARHC commented that the instructions request reporting only for VDRL and RPR. However, clinicians may use alternative tests (e.g. EIA, TP-PA).

Response: ORR recognizes syphilis screening is complicated and confirmatory testing may be performed at STD clinics outside of the regular refugee medical screening clinic. The purpose is to capture potential active syphilis infection during the initial medical screening. The non-treponemal tests (VDRL/RPR) indicates potential current infection and minimize the reporting of resolved infections. ORR recognizes asking for VDRL/RPR results may result in false-positives if the screening clinic does not follow-up with a treponemal test. Clinics using a reverse screening algorithm, ordering treponemal tests (e.g, EIA, TP-PA) first, should follow up positive results with VDRL/RPR testing to confirm past vs previous infection. Those VDRL/RPR results should be included in the ORR-6.

Comment: Three states and one entity (New York, Maryland, Arizona, and ARHC) questioned the utility of collecting HIV data since HIV was removed from the list of inadmissible conditions in 2010. In addition, respondents believed collecting the results was beyond the purview of the refugee programs and the data would not be practical since clients can opt-out of a domestic HIV tests.

Response: ORR clarifies that a purpose of the domestic medical screening is to identify persons with communicable diseases of public health significance for proper follow up and treatment. Furthermore, HIV screening with the opt-out approach is recommended in CDC guidelines and remains an important measure to collect, especially because it was removed from mandatory overseas screening.

Comment: Four states and one entity (Connecticut, Massachusetts, Washington, Arizona, and ARHC) expressed concerns over the quantity of parasite questions and the utility of the data in the absence of population specific information which is required to assess the results of the data requested.

Response: ORR has scaled back on the quantity of parasite questions. ORR understands the value of requesting population-specific data by health condition; however, ORR did not ask for these data by condition as it would be too burdensome. ORR intends to use the data it will collect in conjunction with

arrival information in iRADS as proxy variables to estimate compliance with medical screening guidelines. States are only expected to complete the sections that apply to them. For example, if states don't provide presumptive treatment, they do not have to report on those numbers.

Comment: ARHC questioned the quality and utility of collecting Hepatitis B (HBV) data. There are multiple tests available to screen for HBV. The proposed ORR-6 does not define or specify the test types to be included. This section also does not take into account overseas screening protocols for HBV surface antigen.

Response: ORR will clarify in the instructions and data form that the ORR-6 is collecting information on hepatitis B surface antigen testing and positive hepatitis B surface antigen results to capture active HBV infection. ORR is aware of the HBV overseas screening protocols and intends to take this into consideration when analyzing the data.

Comment: ARHC questioned the quality and utility of collecting Hepatitis C (HCV) data. There are multiple tests available to screen for HCV. The proposed ORR-6 does not define or specify the test types to be included. This section also requests positive screening results but it is unclear if anti-HCV or HCV RNA results are requested.

Response: ORR will clarify in the instructions and data form that the ORR-6 is collecting only HCV antibody (anti-HCV) testing and anti-HCV positive results.

Comment: New York reported that the refugee program does not screen for gonorrhea as it is not a requirement of the program. In addition, the NY SRC commented that an extensive mental health screening using the standard tools described in the ORR-6 instructions is not part of State Letter 12-09 checklist or CDC protocol and therefore not required.

Response: States are only expected to report on screening services that are offered as part of the medical screening program as approved in a state's State Plan.

Comment: Connecticut asked for clarification on the purpose of the ORR-6 RMA utilization rates for states like Connecticut, where RMA utilization rates are almost zero, but there is still a need for a refugee health program.

Response: ORR clarifies that there is a distinction between RMA benefits and medical screening coordination. This distinction is tracked in information reported to ORR in the State Plan, ORR-1, and ORR-6. ORR recognizes the need for a refugee health program to coordinate screenings in states with low RMA utilization rates. States in similar situations as Connecticut are taken into

consideration when ORR is formulating program initiatives, priorities, and budgets requests.

Comment: Connecticut asked for clarification regarding the role of the Refugee Health Coordinator (RHC).

Response: ORR issued Policy Letter 16-05 describing the role of the RHC to provide guidance to states; the role of the RHC will vary by state depending on its needs and decisions.

Comment: Massachusetts commented that currently the refugee health program does not have the capacity to accurately report which recipients were billed to the state's Medicaid program for some services (Part II, C) because those services are not billed to the refugee program, data is not routinely collected.

Response: ORR clarifies that we are not requesting states to report on specific Medicaid costs in Part II, C. The data collected in this section shows the CMA funding of the medical screening program, though some states may have to scale up their data collection system, it is important for state refugee programs to understand who and what is charged to the CMA program.

Comment: New York commented that per the instructions, states are to "include children whose vaccines were funded through Vaccines for Children (VFC), but the rest of the screening was funded by CMA." The refugee program does not have authority over the VFC program and therefore would not have VFC data available.

Responses: ORR does not expect grantees to report on VFC costs; ORR is requesting the number of children whose screening was funded by CMA even though the vaccinations were covered by VFC.

Comment: The Wilson Fish Agency in Louisiana commented that the State of Louisiana maintains control and administration of the RMA program. The Wilson Fish agency and will have no capacity to report Schedule F, Part I or Part II, Section C.

Response: ORR expects grantees awarded grants for the administration of RMA will report requested information on Schedule F, Part I. Grantees who are not awarded grants for the administration of RMA are not expected to complete Part I. ORR expects grantees administering the coordination of Medical Screenings for refugees will complete Part II, Section C.

9. Explanation of Any Payment or Gift to Respondents

None

10. Assurance of Confidentiality Provided to Respondents

ORR-6 data consist of aggregated State-wide figures and do not involve client confidentiality.

11. Justification for Sensitive Questions

Not applicable.

12. Estimates of Annualized Burden Hours and Costs

Respondents:

Annual Burden Estimates

Instrument	Number of Respondents	Number of Responses per Respondent	Average Burden Hours per Response	Total Burden Hours
ORR-6	59	2	15	1,770
Estimated Total Annual Burden Hours:				1,770

Opportunity cost: Estimate

Average hourly cost for respondents: \$62.00, \$62.00 X 1,770 hours = \$109,740.

13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers

The total estimated burden on respondents is 1,770 hours (See number 12 above). There is no cost burden associated with this information collection.

14. Annualized Cost to the Federal Government

We estimate that, for the two reporting periods of the fiscal year, review and analysis of the ORR-6 data on cash and medical assistance, child welfare and employment services by ORR staff will require three hours per State for each ORR-6 submission.

For the reporting period, it is estimated that review of the Annual Services Plan combined with review of the ORR-6 data, calculation of annual performance rates and RCA participation rates will require five hours per State for each ORR-6 submission.

It should be noted that the time required for ORR staff review and analysis of the Annual Services Plan is included in the estimates of five hours per state per submission.

Since this data collection is replacing existing data collection, it is not anticipated that there will be additional cost to the Federal government.

15. Explanation for Program Changes or Adjustments

Two former discretionary programs, Refugee School Impact and Services to Older Refugees have become Refugee Social Services set-aside programs and additional schedule (D) will be utilized to collect information on these two programs. Refugee Medical Assistance (RMA) and Medical Screening (MS) are removed from Schedule B into a new separate Schedule (F) reflecting the changes in many states how RMA and MS are administered and provided, thus necessitating specific information on program implementation. These two new schedules increased the burden hours as well.

16. Plans for Tabulation and Publication and Project Time Schedule

A summary of ORR-6 data is published in ORR's Report to Congress. In addition, ORR will prepare a summary report and condensed analysis of ORR-6 data to be used primarily for program management and monitoring purposes.

17. Reason(s) Display of OMB Expiration Date is Inappropriate

Not applicable.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

None