

Descriptive Study of the URM Program: Survey for URM Program Directors

Landing page: Consent information

MEF Associates and its partner, Child Trends, have been contracted by the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services to conduct a research study to better understand the range of child welfare services and benefits provided through the Unaccompanied Refugee Minors (URM) program. The following is information to help you decide if you want to respond to the survey.

We invite you to complete a voluntary web-based survey. We expect you will need to collaborate with 1-2 other people in your office to complete the survey, and expect each person's participation will take about 45 minutes. The survey asks questions about program administration, services provided to youth, partnerships, program funding, promising approaches, challenges, as well as data and evaluation efforts.

Risks associated with participation include potential loss of privacy. Information you provide will **not** be shared with other URM programs, but the researchers **will** share program-level responses with ACF and the Office of Refugee Resettlement. Your responses will not be shared beyond ACF or the research team. Study reports will describe findings in general terms and will not include names or any other identifiable information. However, because of the relatively small number of organizations participating in the study, there is a possibility that a response could be correctly linked to you. You will not benefit personally from being involved in the study, but we hope this study can help improve services for URM youth.

You can choose to stop the survey at any point, and you can skip any questions you do not wish to answer. If after completing the survey you no longer wish to participate, you may contact the study team (contact information below) to have your organization's responses removed from the study.

If you have any comments or concerns about this study, you can contact Sam Elkin, Study Director, at 703-838-2722. If you have questions or concerns about your participation in the study or your rights as a research participant, you may also contact the Child Trends Institutional Review Board at 1-855-288-3506 or irbparticipant@childtrends.org.

If you would like to keep a copy of this consent information, you may click here to download it as a pdf.
[LINK]

Do you agree to participate?

- I AGREE to participate
- I DO NOT AGREE to participate

The Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to document features of the Unaccompanied Refugee Minors Program and the provision of services to youth served by that program. Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, gathering and maintaining the data needed, collaboration, reviewing the collection of information, and completing the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is XXXX-XXXX and it expires XX/XX/XXXX.

Second page: Instructions

Navigating through the survey

- You may take this survey on any device, including cell phones or tablets. However, there are open text fields that may require long responses, therefore we recommend taking the survey on a computer.
- If you need to consult with others for responses to questions or want to complete the survey as a team, you can share the link (which is unique to your organization) with others. You also can download a Word version of the survey so that you can print it and fill it out as a group, then enter your responses all at one time. To download the Word version, click here: [LINK]
- As you work through the survey, your responses are automatically saved after each page is completed (after each time you hit 'NEXT'). You may change a response by clicking on the **BACK** button at the bottom of the page (not your browser's 'back' button). Use the **NEXT** button to advance to the next page.
- At any time, you may click on the **SAVE & CONTINUE LATER** button (at the bottom of the screen) if you wish to temporarily pause the survey and return to it at a later time. An auto-generated email will be sent to you. This may go to your spam folder – be sure to check there if you do not receive the email.
- When you have completed the survey, please click on the **SUBMIT** button at the end of the survey. You may submit the survey even if there are some questions that you choose not to answer. Once you submit the survey, you will not be able to return to it without contacting us.
- If you have any technical issues, you may call or email Maia O'Meara of Child Trends at momeara@childtrends.org or 240-223-9274 (Monday – Friday 9:00 am – 5:00 pm ET).

Third page: Survey begins

Background information

Program/agency information

1. Name of URM program
 - o [DROP DOWN MENU OF SITES]
2. Name of program director
 - o []

- 3. Number of years as program director
 - [] years
- 4. How many staff are employed by your agency in total?
 - []
- 5. How many of those staff are part of the URM program, specifically?
 - []
- 6. How many physical offices does your agency have? (If your office has more than one physical office, please refer to your whole program when completing the rest of the survey.)
 - []

Program Administration

Services provided to youth

In the tables below, please indicate which services are provided to URM youth either by your agency and/or an external provider. If they are not available, please indicate so in the table.

7. Acculturation

	Your agency	External provider	Not available
Cultural orientation/integration classes			
Activities to support preservation of ethnic and religious heritage			
Opportunities to socialize with other youth (e.g., movie night, trips to sporting events, etc.)			
Mentorship programs			
Other (please specify) []			
Other (please specify) []			
Other (please specify) []			

8. Health services

	Your agency	External provider	Not available
Routine doctor visits (e.g., physicals, dental care, vision care)			
Mental health screenings (e.g., for PTSD)			
Group counseling			
Individual counseling			
Therapy (e.g., trauma-focused or cognitive behavioral interventions)			
Psychotropic medication management			
Substance abuse treatment and/or counseling			
Services specifically for victims of torture			

Other (please specify) []			
Other (please specify) []			
Other (please specify) []			

9. Education/vocation

	Your agency	External provider	Not available
Tutoring			
English language classes			
GED classes/testing			
Tuition assistance (beyond Education and Training Vouchers)			
Workforce development training (e.g., interview preparation, job skills training)			
Job search assistance and related employment services			
Assistance with college/vocational school applications			
Other (please specify) []			
Other (please specify) []			
Other (please specify) []			

10. Life skills/independent living training

	Your agency	External provider	Not available
Financial literacy and management (e.g., how to open/manage checking or savings accounts)			
Household management (e.g., cooking, nutrition, grocery shopping, cleaning)			
Finding/managing housing (e.g., identifying place to rent, reading/understanding lease, working with a landlord)			
Personal care and hygiene (e.g., laundry, bathing, hair care)			
Access to transportation (e.g., public transit, driver's education)			
Problem solving			
Other (please specify) []			
Other (please specify) []			
Other (please specify) []			

11. Legal assistance

	Your agency	External provider	Not available
For establishment and maintenance of legal responsibility (e.g., in the domestic foster care system)			
For immigration relief (e.g. T visa, asylum)			

Advocacy services (e.g., CASA or guardians ad litem)			
Adjustment of Status (i.e. LPR or green card)			
Work authorization			
Other (please specify) []			
Other (please specify) []			
Other (please specify) []			

12. Permanency services

	Your agency	External provider	Not available
Relative search and engagement (e.g., family tracing)			
Reunification efforts			
Other (please specify) []			
Other (please specify) []			
Other (please specify) []			

Gaps in services

13. Please list the top three services that are **not** provided to URM youth in your program, but you think they should receive. Please also provide an explanation as to **why** these gaps exist.

Services not provided to URM youth	Why not provided
[]	[]
[]	[]
[]	[]

Out-of-home care placements

14. Which of the following types of placements are provided or available to URM youth, either through your agency or external providers. (check all that apply)

	Your agency	External provider	Not sure
Family-based foster care			
Kinship care/relative foster care			
Independent living arrangements			
Semi-independent/supervised living facilities			
Therapeutic foster care (e.g., for youth with mental or behavioral health needs)			
Medical foster homes			
Group homes			
Residential treatment facilities			
Other (please specify) []			
Other (please specify) []			
Other (please specify) []			

Foster parents

Recruitment and training

15. Of the following recruitment activities, please rank the **top three** that have been the most successful in recruiting new foster families for URM youth. Drag items from the left-hand list into the right-hand list to order them.

Activities	Ranked order
<ul style="list-style-type: none"> • Conventional/domestic foster care system • Distribute brochures/flyers • Encourage referrals through other foster families (e.g., word of mouth) • Hold recruitment events (e.g., at schools, community events) • Partnerships with religious organizations (e.g., churches, mosques, or synagogues) • Partnerships with other refugee agencies or organizations • Place advertisements (e.g., newspapers, magazines, billboards, radio, or TV) • Promotion via internet/social media • Targeted recruitment (e.g., child-specific recruitment) • Other • 	<p>1.</p> <p>2.</p> <p>3.</p>

If you selected 'other' as one of your top 3 methods, please describe []

16. What foster parent training curriculum do you use for pre-service training with foster parents for URM youth? (check all that apply)

- MAPP (Model Approach to Partnerships in Parenting)
- PRIDE (Parent Resources for Information, Development, and Education)
- KEEP (Keeping Foster and Kin Parents Supported and Trained)
- TFC (Treatment Foster Care curriculum)
- TIPS-MAPP (Trauma-Informed Partnering for Safety and Permanence – Model Approach to Partnerships in Parenting)
- Other (please specify) []

17. Do you require additional training, beyond the standard pre-service training curriculum, for foster parents for URM youth?

- Yes
- No

[IF YES]

- What other types of training do you require for foster parents for URM youth, beyond the standard pre-service foster care training curriculum? Check all that apply.
 - Cultural sensitivity training
 - Language courses
 - Specialized sessions on fostering refugee youth

- Trauma-informed care training
- Other (please specify) []

Support

18. To the best of your knowledge, how do the foster care reimbursement rates for URM foster families compare to the domestic child welfare system in your state?

- Rates are the same
- URM foster care rates are higher
- URM foster care rates are lower
- Not sure

19. Please provide a brief description of how your program determined the foster care reimbursement rates for URM foster families (e.g., simple match, created a formula, etc.).

[]

20. Is each foster family for URM youth assigned a dedicated staff person (e.g., family caseworker) to work with them?

- Yes
- No

[IF YES] Please describe this person’s responsibilities in working with foster families.

[]

[IF NO] Who, if anyone, is responsible for providing oversight of foster families for URM youth?

[]

21. Please provide any additional comments regarding out-of-home care or foster parents.

[]

Partnerships

22. How frequently does your agency interact with the following organizations in regards to the URM program? (select one per row)

	Never	A few times a year	Once a month	More than once a month	Weekly	Daily	N/A
ORR (within federal government)							
National resettlement agency (i.e., USCCB or LIRS)							
State refugee coordinator office							
Local/county child welfare agency							
State child welfare agency							

23. How involved would you say the following organizations are in providing services for URM youth, outside of the licensing of foster parents? (select one per row)

	Highly involved	Somewhat involved	Rarely involved	Not involved at all	Don't know	N/A
Local/county child welfare agency						
State child welfare agency						

24. Do you partner with any of the following community organizations to provide support to URM participants? (select all that apply)

- Ethnic community-based organizations
- Family refugee resettlement organizations
- Healthcare providers
- Mental health agencies
- Pro-bono legal service providers
- Religious organizations (churches, mosques, synagogues, etc.)
- Schools
- Vocational or job training programs
- Other (please specify) []

25. Which of the following roles does the child welfare agency in your state/county play in the URM program? (select all that apply)

- Licenses/monitors URM program as a child placing agency
- Maintains legal custody of URM youth
- Monitors URM youth status and well-being
- Provides case management for URM youth
- Provides out-of-home care placements for URM youth
- Provides services to URM youth
- Other (please specify) []
- Not sure

26. To what extent do you think there is duplication of services provided by your URM program and the state/local child welfare agency? By duplication we mean similar services provided to URM youth by both your program and the child welfare agency.

- A lot of duplication
- Some duplication
- No duplication
- Not sure

[IF A LOT OR SOME DUPLICATION]

- Please give some examples of services that are duplicated by your URM program and the state/local child welfare agency.
[]

27. Please provide any additional comments regarding partnerships with other organizations in your community.
[]

Program funding

We recognize that many organizations rely on a diverse set of funds from both public and private dollars. All of those funds are important and contribute to the services an organization can provide. We are hoping to understand how URM programs leverage funding from different sources for their programming.

28. Which of the following funding streams do you use to support the costs of services for URM youth?

- Funding from ORR
- Title IV-E
- Chafee foster care independence program
- Title IV-B
- Medicaid
- Funding from state government
- Local grants
- Private foundations
- Donations or other fundraising
- In-kind support
- Other (please specify) []

[IF IN-KIND SUPPORT SELECTED]

- What type of in-kind support does your organization receive?
[]
- What types of businesses or organizations provide this in-kind support?
[]

29. What proportion of funding for services for your URM program comes from sources other than ORR?

- 0% - 10%
- 11% - 25%
- 26% - 50%
- More than 50%
- Don't know

For questions 30 through 33, please respond specifically about **Education and Training Vouchers**. Questions 34 through 37 will focus on **Independent Living benefits**.

30. How are Education and Training Vouchers (ETVs) for URM youth in your state funded?

- Through the URM program via funds from ORR
- Through the state's Chafee program
- Through both the state's Chafee program and funds from ORR
- Other (please specify) []
- Don't know

31. Are **all** URM youth in your state eligible for ETVs?

- Yes
- No
- Don't know

[IF NO]

- What percentage of URM youth in your state are eligible for ETVs?
 - None **[IF NONE, SKIP TO Q34]**
 - 1% - 25%
 - 26% - 50%
 - 51% - 75%
 - More than 75%
 - Other (please specify) []
 - Don't know

32. Of URM youth in your state who are eligible, do all of them receive ETVs?

- Yes
- No
- Don't know

[IF NO]

- What percentage of eligible URM youth in your state receive ETVs?
 - None **[IF NONE, SKIP TO Q34]**
 - 1% - 25%
 - 26% - 50%
 - 51% - 75%
 - More than 75%
 - Other (please specify) []
 - Don't know

33. Do URM youth who are eligible for ETVs in your state have to apply to receive ETVs?

- Yes
- No
- Don't know

34. How are Independent Living (IL) benefits for URM youth in your state funded?

- Through the state's Chafee program
- Through the URM program via funds from ORR
- Through both the state's Chafee program and funds from ORR

- Other (please specify) []
- Don't know

35. Are **all** URM youth in your state eligible for IL benefits?

- Yes
- No
- Don't know

[IF NO]

- What percentage of URM youth in your state are eligible for IL benefits?
 - None **[IF NONE, SKIP TO Q38]**
 - 1% - 25%
 - 26% - 50%
 - 51% - 75%
 - More than 75%
 - Other (please specify) []
 - Don't know

36. Of URM youth in your state who are eligible, do all of them receive IL benefits?

- Yes
- No
- Don't know

[IF NO]

- What percentage of eligible URM youth in your state receive IL benefits?
 - None **[IF NONE, SKIP TO Q38]**
 - 1% - 25%
 - 26% - 50%
 - 51% - 75%
 - More than 75%
 - Other (please specify) []
 - Don't know

37. Do URM youth who are eligible for IL benefits in your state have to apply to receive IL benefits?

- Yes
- No
- Don't know

38. Do youth who are part of your URM program receive services or benefits from any other programs that your organization administers? If so, please explain.

[]

39. Please provide any additional comments regarding funding for your program.

[]

Staffing and training

40. What steps does your agency take to ensure that URM program staff can serve URM youth in a culturally competent manner? (check all that apply)

- Encourage staff to participate in events or activities to connect them with the refugee/immigrant community
- Hiring bilingual staff
- Hiring staff who share the cultural or ethnic background of URM youth
- Hiring staff who have prior work experience with immigrant, refugee, or international populations (e.g., with other refugee-serving organizations, Returned Peace Corps Volunteers)
- Hiring staff who are immigrants or refugees
- Provide special training about serving youth from different cultures

[IF SELECTED PROVIDED SPECIAL TRAINING ABOUT SERVING YOUTH FROM DIFFERENT CULTURES]

- In training staff, please list any specific curriculum or protocols used related to cultural competency, if applicable. []
- Other (please specify) []

Strengths and needs of URM youth

41. In the space below, please tell us what you see as the main **strengths** of the URM youth in your program. Please indicate if these strengths differ by youth characteristics (e.g., pathway into program, immigration status, country or origin, age).

[]

42. In the space below, please tell us what you see as the main **needs** of the URM youth in your program. Please indicate if these needs differ by youth characteristics (e.g., pathway into program, immigration status, country or origin, age).

[]

Promising approaches

43. Which of the following approaches/service models/evidence-based programs do you use, if any, in your work with your program participants? (Please indicate any specific program/model names)

- Dialectical behavioral therapy (DBT)
- Sanctuary Model®
- Trauma-focused cognitive behavioral therapy (TF-CBT)
- Wraparound service model (please specify) []
- Other trauma-informed care model (please specify) []
- Other promising practices or approaches []
- Don't know
- None of the above

[IF SELECTED SOMETHING OTHER THAN DON'T KNOW OR NONE OF THE ABOVE]

- o Of the practices and approaches selected above, how effective or useful do you think they are in serving URM youth?
[]

44. What do you consider to be your program’s strengths in providing services to URM youth?
[]

45. Why do you think you are successful at providing these services?
[]

Challenges

46. On a scale of 1 to 5, where 1 = not a challenge and 5 = a serious challenge, please rate the degree to which the following are challenges **your program encounters in providing services to URM youth.**

	1 Not a challenge	2	3	4	5 A serious challenge
Funding					
Availability of mental health service providers					
Availability of culturally competent service providers in your community (e.g. medical, mental health)					
Availability of foster parents to meet needs of URM youth (e.g., youth with medical needs)					
Availability of foster parents with cultural, ethnic, religious, or linguistic backgrounds that match those of URM youth					
Community sentiment towards refugees and immigrants					
Availability of interpretation services					
Availability of staff with cultural, ethnic, religious, or linguistic backgrounds that match those of the URM youth					
Arranging and sustaining partnerships					
Availability of technical assistance					
URM program understanding of domestic child welfare system					

Child welfare agency understanding of needs of URM youth					
Child welfare court understanding of needs of URM youth					
Other (please specify) []					
Other (please specify) []					

47. On a scale of 1 to 5, where 1 = not a challenge and 5 = a serious challenge, please rate the degree to which the following are **challenges faced by URM youth**, to the best of your knowledge.

	1 Not a challenge	2	3	4	5 A serious challenge	Not sure
Cultural adjustment						
Adjustment to placement (e.g., foster family)						
English language acquisition						
Adjustment to education system						
Access to post-secondary education/vocational training						
Success in school						
Personal experience with discrimination/bullying						
Dealing with past trauma						
Community sentiment towards refugees and immigrants						
Legal issues (e.g., related to immigration status)						
Access to employment opportunities						
Inadequate financial resources						
Other (please specify) []						
Other (please specify) []						

48. On a scale of 1 to 5, where 1 = not a challenge and 5 = a serious challenge, please rate the degree to which the following are **challenges URM youth face in terms of receiving services and benefits**, to the best of your knowledge.

	1 Not a challenge	2	3	4	5 A serious challenge	Not sure

Eligibility for services based on immigration status						
Cultural barriers (e.g., stigma related to mental health issues/medication)						
Language barriers (e.g., with service providers)						
Location of services relative to where they live						
Other (please specify) []						
Other (please specify) []						

49. Of the challenges faced by URM youth, do any vary based on youth characteristics (e.g., pathway into program, immigration status, country of origin, age)?

- Yes
- No

[IF YES] How so? Please provide some examples.

[]

Outcomes and evaluation

50. Which of the following outcomes do you measure on URM youth? (select all that apply)

- Educational attainment
- English language proficiency
- Employment
- Existence of social networks/support systems
- Housing stability
- Mental health
- Physical health
- Preservation of ethnic and religious heritage
- Social integration
- Other (please specify) []
- Other (please specify) []
- Other (please specify) []

51. We are interested in how programs define success for URM youth. Please describe how you define success for URM youth in terms of a successful transition out of the program.

[]

52. Please indicate below whether your program has done any formal program evaluations to measure program performance or its influence on youth outcomes, either currently or in the past? (check all that apply)

- Currently
- In the past

- Never

[IF CURRENTLY OR IN THE PAST]

- Please provide a brief summary of the evaluation (or link to any public information about the study), including when it was conducted, the purpose, and any outcomes measured.
[]
- Have you partnered with any organizations that conducted a formal program evaluation?
 - Yes
 - No
- Would you be willing to have someone from the study team contact you for more information on your evaluation efforts?
 - Yes
 - No

Data

53. Do you collect information on **URM youth** in addition to the data collected and reported to the Office of Refugee Resettlement?

- Yes
- No

[IF YES]

- What additional information do you collect on URM youth? Naming categories of data is sufficient (e.g., educational data, participation in services, etc.)
[]
- How do you use the additional information do you collect on URM youth?
[]

54. Do you track (i.e., keep in touch with) youth **after** they emancipate from the URM program?

- Yes
- No

[IF YES]

- For how long do you typically track youth after they emancipate from the program?
[]
- Is this beyond or in addition to ORR reporting requirements?
 - Yes
 - No
 - Don't know
- What percentage of URM youth are you able to successfully track after they emancipate from the program?
 - 0% - 25%
 - 26% - 50%
 - 51% - 75%

- More than 75%
 - Don't know
- What methods do you use to keep in touch with or track youth after they emancipate from the program? (check all that apply)
- Collecting contact information for friends or other people who might be of help in finding them in the future
 - Connections through other service providers youth may continue to work with (e.g., legal service providers)
 - Follow-up phone calls/text messages
 - Follow up with foster parents who may stay in touch with URM youth
 - Link and track them in other data sets – Please specify what data sets []
 - Provide incentives (financial or otherwise) for staying in touch
 - Via social media (e.g., Facebook, Instagram, Twitter)
 - Other (please specify) []
55. Do you collect information on **foster parents** for URM youth?
- Yes
- No
- [IF YES]**
- Please indicate below the types of information you collect on **foster parents**.
 - Basic demographics (e.g., age, race, ethnicity, marital status)
 - Bed capacity (i.e., number of beds they are licensed for)
 - Characteristics of youth they are able and willing to care for (e.g., large sibling groups, pregnant and parenting teens)
 - Languages spoken
 - Licensure status
 - Special certifications (e.g., for medically fragile youth)
 - Other (please specify) []
56. Does the state/county child welfare agency data system (e.g., CCWIS/SACWIS system) include data on the URM youth served by your URM program?
- Yes
- No
57. Which of the following systems do you currently use to collect, store, and manage the data you collect on URM youth and foster parents? (check all that apply)
- Child welfare agency data system (e.g., CCWIS/SACWIS system)
 - Internal data system – Microsoft Access or other similar database
 - Internal data system – Microsoft Excel or other spreadsheet program
 - Internal data system – web-based platform
 - State refugee office data system
 - Resettlement agency data system

- Other (please specify) []

Guidance from ORR

58. What assistance can ORR provide that would help you improve your program? Please provide two or three examples below.

[]

59. Please identify any URM policy areas where you feel your program would benefit from specific or additional guidance from the Office of Refugee Resettlement.

[]

Follow-up information

60. Please upload or provide hyperlinks for any of the following documents you'd be willing to share with us.

- Organizational charts
- Annual reports
- Evaluation reports
- Program descriptions
- Foster care licensing standards

This upload feature is limited to 10 files no larger than 10 megabytes each; if you have additional or larger documents you would like to share or if you have any issues uploading, please email Maia O'Meara at momeara@childtrends.org for assistance. To ensure the security of program information, please do not email any documents to the study team before first contacting Maia.

Browse...

Provide any hyperlinks here:

[]

61. We are planning to do a survey or phone interview with staff at child welfare agencies associated with URM programs in each site. This would be someone knowledgeable about the URM program and the child welfare agency's role/responsibilities with the URM program. Are you willing to provide the name and contact information for such a contact at the child welfare agency associated with your URM program?

- Yes
- No

[IF YES]

- Name []

- Title []
- Phone number []
- Email address []

62. If we have questions or would like to follow up with your program about any responses on the survey, who should we contact?

- o Name []
- o Title []
- o Phone number []
- o Email address []

Thank You Page: Thank You!

Thank you for completing the survey. We will follow-up with you over email to confirm that we have received your response.

DRAFT