

## Descriptive Study of the URM Program: Survey for State Refugee Coordinators

Landing page: Consent information

### 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 30 minutes. The survey asks questions about URM program administration, partnerships, promising approaches, 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 State Refugee Coordinators (SRCs) or 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](mailto: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 40 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 0970-0526 and it expires 10/31/2020.

## 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 can also 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](mailto: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. State
  - o [DROP DOWN MENU OF POSSIBLE STATES]
2. Name of State Refugee Coordinator (SRC):
  - o [ ]
3. Number of years as SRC
  - o [ ] years

## Program Administration

### Partnerships

4. How frequently does the SRC office interact with the following organizations regarding the URM Program? (select one per row)

	Never	Yearly	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)								
URM provider agencies within your state								
URM provider agencies in other states								
State refugee coordinator offices in other states								
Local/county child welfare agency								
State child welfare agency								

5. How involved would you say the following organizations are in providing direct 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						

6. To the best of your knowledge, which of the following community organizations provide support to URM participants through partnerships with the URM provider agency(ies) in your state? (check 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) [ ]
- Don't know

7. To the best of your knowledge, for each activity in the table below, please indicate the role(s) played by the **child welfare agency(ies)** in your state/county. *If neither a public or private child welfare agency plays a role in the activity, please select "N/A." For example, if you are in a private custody state and the URM provider agency maintains legal custody of the URM youth, you would select "N/A." Please select all that apply.*

	<b>Public child welfare agency: state-level</b>	<b>Public child welfare agency: county-level</b>	<b>Private child welfare agency</b>	N/A
Licenses/monitors URM provider agency as a child placing agency				
Licenses foster parents that can serve as a placement for URM youth				
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): [ ]				

### 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.

8. Which of the following funding streams does the URM Program in your state (either your office or the URM provider agency) use to support the costs of services for URM youth? Check all that apply
- 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) [ ]

9. Have you experienced any challenges in accessing any of the funding sources for URM youth mentioned above?

- Yes

- No

**[IF YES]**

- Please provide additional information on these challenges.

[ ]

10. What proportion of funding for services for the URM Program (either your office or the URM provider agency) in your state comes from sources other than ORR?

- 0% - 10%

- 11% - 25%

- 26% - 50%

- More than 50%

- Don't know

For questions 11 and 12, please respond specifically about **Education and Training Vouchers**. Questions 13 and 14 focus on **other services and benefits to support a successful transition to adulthood**.

11. How are Education and Training Vouchers (ETVs) for URM youth in your state funded? (check all that apply)

- Through the URM Program via funds from ORR

- Through the state's Chafee-funded ETV program

- Other (please specify) [ ]

- Don't know

**[IF SELECTED ANYTHING OTHER THAN "THROUGH THE STATE'S CHAFEE-FUNDED ETV PROGRAM" or "DON'T KNOW"]**

- What proportion (approximately) of ETVs are funded by a source other than the state's Chafee-funded ETV program?

- None

- 1% - 25%

- 26% - 50%

- 51% - 75%

- 76% - 99%

- All

- Don't know

- For funds other than the state's Chafee-funded ETV program, what eligibility requirements must URM youth meet? (check all that apply)

- Same eligibility requirements as Chafee-funded ETVs

- Other eligibility requirements

**[IF OTHER]**

- Please describe the other eligibility requirements:

[ ]

12. Of the URM youth in your state who are eligible to receive ETVs, what percentage currently receive ETVs? *In calculating the percentage, please include both (1) youth currently receiving placement services and (2) those who emancipated from care and continue to receive ETVs.*

- None
- 1% - 25%
- 26% - 50%
- 51% - 75%
- More than 75%
- Other (please specify) [ ]
- Don't know

13. How are services and benefits to **support a successful transition to adulthood** for URM youth in your state funded? *This would include services and benefits like educational assistance (other than ETVs), room and board assistance, career exploration, job placement and retention, mentoring, or preventive health activities.* (check all that apply)

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

**[IF SELECTED ANYTHING OTHER THAN "THROUGH THE STATE'S CHAFEE PROGRAM" or "DON'T KNOW"]**

- What proportion (approximately) of services/benefits to support a successful transition to adulthood are funded by a source other than state Chafee funds?
  - None
  - 1% - 25%
  - 26% - 50%
  - 51% - 75%
  - 76% - 99%
  - All
  - Don't know
- For funds other than the state's Chafee program, what eligibility requirements must URM youth meet? (check all that apply)
  - Same eligibility requirements as Chafee-funded services
  - Other eligibility requirements

**[IF OTHER]**

- Please describe the other eligibility requirements:

[ ]

14. Of URM youth in your state who are eligible to receive services/benefits to support a successful transition to adulthood, what percentage receive those services?

- None [IF NONE, SKIP TO Q19]
- 1% - 25%
- 26% - 50%
- 51% - 75%
- More than 75%
- Other (please specify) [ ]
- Don't know

15. Please provide any additional comments regarding funding for the URM Program(s) in your state.

[ ]

### Gaps in services

16. Please list the top three services that are **not** provided to URM youth in your state, 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
1.	
2.	
3.	

### Promising approaches

17. To the best of your knowledge, please describe any promising approaches/service models/evidence-based programs used by the URM provider agency(ies) in your state. *For example, Sanctuary Model<sup>®</sup>, trauma-informed care models, etc.*

[ ]

18. For the URM provider agency(ies) in your state, what do you consider the program's strengths in providing services to URM youth?

[ ]

19. Why do you think the provider agency(ies) is successful at providing these services?

[ ]

### Outcomes and evaluation

20. Do you (the SRC office) collect any performance metrics on the URM provider agency(ies) in your state, beyond the data you collect and report to ORR?

- Yes

No

**[IF YES]**

- Which metrics do you collect? (select all that apply)
- Educational outcomes upon exit of program (e.g., vocational training completion)
  - English language acquisition
  - Grievances filed by youth or foster parents
  - Independent living skills class completion
  - Number of new foster parents licensed
  - Placement disruptions/changes
  - Reports of abuse and/or neglect by foster parents
  - Other (please specify): [ ]

21. Please indicate below whether any formal program evaluation(s) to measure URM program performance or its influence on youth outcomes has been conducted in your state. (check all that apply)

- Currently
- In the past
- Never
- Don't know

**[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, who conducted the evaluation, the purpose, and any outcomes measured.  
[ ]
- Would you be willing to have someone from the study team contact you for more information on these evaluation efforts?
  - Yes
  - No

## Data

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22. Do you (the SRC office) collect information on URM youth or foster parents beyond or in addition to the data collected and reported to ORR?

- Yes
- No

**[IF YES]**

- Please provide a brief description of the additional information, including the purpose of the data collection.  
[ ]

23. Do you (the SRC office) have access to data on youth after they emancipate from the URM Program?

- Yes



No

**[IF YES]**

- What is the source of this data? (check all that apply)
  - Child welfare agency administrative database (e.g., CCWIS/SACWIS system)
  - Collect the information ourselves
  - URM provider agency(ies) in my state
  - Other (please specify): [ ]

24. Please provide any additional comments regarding data collection.

[ ]

## Guidance from ORR

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25. What assistance or help can ORR provide that would help you improve the URM Program(s) in your state? Please provide two or three examples below.

[ ]

26. Please identify any URM policy areas the URM Program(s) in your state would benefit from specific or additional guidance from ORR.

[ ]

## Follow-up information

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

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

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](mailto:momeara@childtrends.org) for assistance. If you need time to collect documents, you can save the survey and return to upload the documents later. 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:

[ ]

28. 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 the URM Program(s) in your state?

- Yes
- No

**[IF YES]**

Please provide their information below:

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

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

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

### **Thank You Page: Thank You!**

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