### **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 <a href="mailto:irbparticipant@childtrends.org">irbparticipant@childtrends.org</a>.

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 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 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 autogenerated 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 <u>momeara@childtrends.org</u> 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 provider agency:
  - o [DROP DOWN MENU OF SITES]
- 2. Name of program director
  - 0 []

3.	Number of years as program director O [] years			
4.	How many staff are employed by your agency in to o []	tal?		
5.	How many of those staff provide services to URM y o []	outh, specifically?		
6.	How many physical offices/locations does your age physical office/location, please refer to your whole 0 []		-	
<u>Pı</u>	ogram Administration			
	rvices provided to youth			•
and	the tables below, please indicate which services are done an external provider. If they are not available, Acculturation			by your agency
and	d/or an external provider. If they are not available,			Not available
7.	d/or an external provider. If they are not available,	please indicate so	External	
7. Cul	Acculturation  Stural orientation/integration classes Stural orientation/integration discussions one-on-	please indicate so	External	
7. Cul Cul one	Acculturation  Itural orientation/integration classes Itural orientation/integration discussions one-one or individually through case management divities to support preservation of ethnic and	please indicate so	External	
7. Cul Cul one Act reli	Acculturation  Acculturation  Acculturation/integration classes  Itural orientation/integration discussions one-on- e or individually through case management civities to support preservation of ethnic and igious heritage	please indicate so	External	
7. Cul one Act reli Op	Acculturation  Itural orientation/integration classes Itural orientation/integration discussions one-one or individually through case management divities to support preservation of ethnic and digious heritage  portunities to socialize with other youth (e.g.,	please indicate so	External	
7.  Cul One Act reli Op mc	Acculturation  Itural orientation/integration classes Itural orientation/integration discussions one-one or individually through case management divities to support preservation of ethnic and digious heritage  portunities to socialize with other youth (e.g., ovie night, trips to sporting events, etc.)	please indicate so	External	
7. Cul one Act reli Op mo	Acculturation  Itural orientation/integration classes Itural orientation/integration discussions one-one or individually through case management divities to support preservation of ethnic and digious heritage  portunities to socialize with other youth (e.g.,	please indicate so	External	
7. Cul one Act reli Op mc Oth	Acculturation  Itural orientation/integration classes Itural orientation/integration discussions one-on- e or individually through case management divities to support preservation of ethnic and ligious heritage portunities to socialize with other youth (e.g., ovie night, trips to sporting events, etc.)	please indicate so	External	
Cull one Act reli Op mc	Acculturation  Itural orientation/integration classes Itural orientation/integration discussions one-one or individually through case management divities to support preservation of ethnic and digious heritage  portunities to socialize with other youth (e.g., ovie night, trips to sporting events, etc.)  entorship programs  ner (please specify): [ ]	please indicate so	External	

#### 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			
Therapy (e.g., trauma-focused or cognitive behavioral			
interventions)/individual counseling			
Psychotropic medication management			
Substance abuse treatment and/or counseling			

## **Appendix B: Survey for URM Program Directors**

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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

12. Formatione, 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. **Please make sure the activities are ranked in order with the most successful activity as the first in the list, and so on.** 

Activities	Ranked order
Conventional/domestic foster care system	1.
Distribute brochures/flyers	
Encourage referrals through other foster	2.
families (e.g., word of mouth)	
<ul> <li>Hold recruitment events (e.g., at schools,</li> </ul>	3.
community events)	
<ul> <li>Partnerships with religious organizations</li> </ul>	
(e.g., churches, mosques, or synagogues)	
<ul> <li>Partnerships with other refugee agencies or</li> </ul>	
organizations	
<ul> <li>Place advertisements (e.g., newspapers,</li> </ul>	
magazines, billboards, radio, or TV)	
Promotion via internet/social media	
Targeted recruitment (e.g., child-specific	
recruitment)	
• Other:	

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)
  - O MAPP (Model Approach to Partnerships in Parenting)
  - O PRIDE (Parent Resources for Information, Development, and Education)
  - O KEEP (Keeping Foster and Kin Parents Supported and Trained)
  - o TFC (Treatment Foster Care curriculum)
  - O TIPS-MAPP (Trauma-Informed Partnering for Safety and Permanence Model Approach to Partnerships in Parenting)
  - O Other (please specify): [ ]
- 17. Do you require additional training for foster parents for URM youth beyond the standard pre-service training curriculum?
  - o Yes
  - o No

#### [IF YES]

- **o** What other types of training do you require? 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?
  - o Rates are the same
  - 0 URM foster care rates are higher
  - 0 URM foster care rates are lower
  - o 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?	

Ω	Ves
U	1 C 3

0 No

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

[]

 $\hbox{\bf [IF NO]}$  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 regarding the services you provide to URM youth? (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)								
State refugee coordinator office								
URM provider agencies in other states								
Local/county child welfare agency								
State child welfare agency								

23. 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						

- 24. Do you partner with any of the following community organizations to provide support to URM participants? (select all that apply)
  - 0 Ethnic community-based organizations
  - O Family refugee resettlement organizations
  - 0 Healthcare providers
  - 0 Mental health agencies
  - O Pro-bono legal service providers
  - o Religious organizations (churches, mosques, synagogues, etc.)
  - o Schools
  - O Vocational or job training programs
  - o Other (please specify): [ ]
- 25. For each activity in the table below, please indicate the role(s) played by the <u>child welfare</u> <u>agency(ies)</u> 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.

	Public child welfare agency: state-level	Public child welfare agency: county-level	Private child welfare agency	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): [ ]				

[]

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state	/locayou you ) A ) S	extent do you think there is duplication of services provided by your agency and the all child welfare agency? By duplication we mean similar services provided to URM youth by ragency and the child welfare agency.  I lot of duplication ome duplication  Io duplication  Iot sure
	[	IF A LOT OR SOME DUPLICATION]
		<ul> <li>Please give some examples of services for URM youth that are duplicated by your agency and the state/local child welfare agency.</li> <li>[ ]</li> </ul>
27. Pleas comr	-	ovide any additional comments regarding partnerships with other organizations in your ity.
Progra	m f	unding
dollars. A	ll of	that many organizations rely on a diverse set of funds from both public and private those funds are important and contribute to the services an organization can provide. We understand how URM Programs leverage funding from different sources for their 3.
28. Whic	h of	the following funding streams do you use to support the costs of services for URM youth?
	0	Funding from ORR
	0	Title IV-E
	0	Chafee foster care independence program
	0	Title IV-B
	0	Medicaid
	0	Funding from state government
	0	Local grants
	0	Private foundations
	0	Donations or other fundraising
	0	In-kind support
	0	Other (please specify): [ ]
		[IF IN-KIND SUPPORT SELECTED]
		<ul> <li>What type of in-kind support does your organization receive?</li> <li>[ ]</li> </ul>
		What types of businesses or organizations provide this in-kind support?

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- 29. What proportion of funding for services for the services you provide URM youth comes from sources other than ORR?
  - o 0% 10%
  - o 11% 25%
  - o 26% 50%
  - o More than 50%
  - O Don't know

For questions 30 and 31, please respond specifically about **Education and Training Vouchers (ETVs)**. Questions 32 and 33 will focus on **other services and benefits to support a successful transition to adulthood**.

- 30. How are Education and Training Vouchers (ETVs) for URM youth in your state funded? (check all that apply)
  - O Through the URM Program via funds from ORR
  - o Through the state's Chafee-funded ETV program
  - O Other (please specify): [ ]
  - o 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 state Chafee funds?
  - o None
  - o 1% 25%
  - 0 26% 50%
  - o 51% 75%
  - o 76% 99%
  - o All
  - o 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)
  - O Same eligibility requirements as Chafee-funded ETVs
  - 0 Other eligibility requirements

#### [IF OTHER]

Please describe the other eligibility requirements:

[]

31. 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.

- o None
- o 1% 25%
- o 26% 50%
- o 51% 75%
- o More than 75%
- O Other (please specify): [ ]
- o Don't know
- 32. 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), career exploration, job placement and retention, mentoring, or preventive health activities. (check all that apply)
  - O Through the URM Program via funds from ORR
  - o Through the state's Chafee program
  - o Other (please specify): [ ]
  - o Don't know

## [IF SELECTED ANYTHING OTHER THAN "THROUGH THE STATE'S CHAFEE-FUNDED ETV 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?
  - o None
  - o 1% 25%
  - 0 26% 50%
  - o 51% 75%
  - o 76% 99%
  - o All
  - o Don't know
- For funds other than the state's Chafee program, what eligibility requirements must URM youth meet? (check all that apply)
  - O Same eligibility requirements as Chafee-funded services
  - 0 Other eligibility requirements

#### [IF OTHER]

Please describe the other eligibility requirements:

[ ]

- 33. 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?
  - o None
  - o 1% 25%

0	26% - 50%
0	51% - 75%
0	More than 75%
0	Other (please specify):

34. Do the URM youth you serve receive services or benefits from any other programs that your organization administers? If so, please explain.

[]

 $35. \ Please provide any additional comments regarding funding for services for URM youth. \\$ 

[]

#### Staffing and training

O Don't know

- 36. What steps does your agency take to ensure that staff can serve URM youth in a culturally competent manner? (check all that apply)
  - O Encourage staff to participate in events or activities to connect them with the refugee/immigrant community
  - O Hiring bilingual staff
  - O Hiring staff who share the cultural or ethnic background of URM youth
  - O Hiring staff who have prior work experience with immigrant, refugee, or international populations (e.g., with other refugee-serving organizations, Returned Peace Corps Volunteers)
  - O Hiring staff who are immigrants or refugees
  - O 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.

[ ]

O Other (please specify): [ ]

## Strengths and needs of URM youth

37.	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).

38. 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**

20	\\/bicb	of the following approaches/service models/evidence based programs do you use if any in								
37.		of the following approaches/service models/evidence-based programs do you use, if any, in ork with URM youth? (Please indicate any specific program/model names)								
	0	Dialectical behavioral therapy (DBT)								
	0	ctuary Model®								
	0	Trauma-focused cognitive behavioral therapy (TF-CBT)								
	0	Wraparound service model (please specify): [ ]								
	0	Other trauma-informed care model (please specify): [ ]								
	0	Other promising practices or approaches: [ ]								
	0	Don't know								
	0	None of the above								
		[IF SELECTED SOMETHING OTHER THAN DON'T KNOW OR NONE OF THE ABOVE]								
		<ul> <li>Of the practices and approaches selected above, how effective or useful do you think they are in serving URM youth?</li> <li>[ ]</li> </ul>								
		l I								
40.	What o	do you consider to be your agency's strengths in providing services to URM youth?								
41.	Why d	o you think you are successful at providing these services?								
Cł	nalle	nges								
42.		cale of 1 to 5, where 1 = not a challenge and 5 = a serious challenge, please rate the degree to the following are challenges <b>your agency encounters in providing services to URM youth.</b>								
		1 5								

	1 Not a challeng e	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					

		I	I	
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): [ ]				

43. 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				5	
	Not a	2	3	4	A serious	Not sure
	challenge	_			challenge	110t suite
Cultural adjustment	5.15.11.61				5115511.85	
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): [ ]						

44. 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				5	
	Not a	2	3	4	A serious	Not sure
	challenge				challenge	
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): [ ]						

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

o Yes

o No

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

[]

## **Outcomes and evaluation**

46.	Which of the following ou	comes do you measure o	n URM youth? (select all th	nat apply)
-----	---------------------------	------------------------	-----------------------------	------------

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

47.	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.  [ ]							
48.		manco Curr	ate below whether any formal program evaluation(s) to measure URM program e or its influence on youth outcomes has been conducted in your state. (check all that rently					
	0	In th	In the past					
	0	Nev						
		[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 your evaluation efforts?					
			• Yes					
			• No					
Da	ata							
		ı colle	ct information on <b>URM youth</b> in addition to the data collected and reported to the					
			rugee Resettlement?					
	0	Yes						
	0	No						
		[IF Y	'ES]					
		0	What additional information do you collect? Naming categories of data is sufficient (e.g., educational data, participation in services, etc.) [ ] How do you use the additional information?					
			[]					
50.	Do you	ı track	(i.e., keep in touch with) youth <b>after</b> they emancipate from the URM program?					
	0	Yes						
	0	No						
		[IF Y	ES]					
		0	For how long do you typically track youth after they emancipate?					
			Is this beyond or in addition to ORR reporting requirements?					
			▼ Yes					
			■ No					
			■ Don't know					

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0	What percentage of URM youth are you able to successfully track after they
	emancipate?

- **0%** 25%
- **26% 50%**
- **51% 75%**
- More than 75%
- Don't know
- O What methods do you use to keep in touch with or track youth after they emancipate? (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): [ ]
- 51. Do you collect information on **foster parents** for URM youth?
  - o Yes
  - o No

#### [IF YES]

- Please indicate below the types of information you collect on foster parents.
  - O Basic demographics (e.g., age, race, ethnicity, marital status)
  - o Bed capacity (i.e., number of beds they are licensed for)
  - O Characteristics of youth they are able and willing to care for (e.g., large sibling groups, pregnant and parenting teens)
  - O Languages spoken
  - O Licensure status
  - O Special certifications (e.g., for medically fragile youth)
  - o Other (please specify): [ ]
- 52. 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?
  - o Yes
  - o No
- 53. Which of the following systems do you use to collect, store, and manage data on URM youth and foster parents? (check all that apply)
  - O Child welfare agency data system (e.g., CCWIS/SACWIS system)

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- O Internal data system Microsoft Access or other similar database
- O Internal data system Microsoft Excel or other spreadsheet program
- O Internal data system web-based platform
- O State refugee office data system
- O Resettlement agency data system
- o Other (please specify): [ ]

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54.	What assistance can ORR provide that would help you improve the services you provide to URM
	youth? Please provide two or three examples below.

55. Please identify any URM policy areas where you feel your agency would benefit from specific or additional guidance from ORR.

[]

### **Follow-up information**

- 56. Please upload or provide hyperlinks for any of the following documents you'd be willing to share with us.
  - O Organizational charts
  - O Annual reports
  - O Evaluation reports
  - O Program descriptions
  - O 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. 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:

[]

57. 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?

- o Yes
- o No

#### [IF YES]

- Name [ ]
- Title [ ]
- Phone number [ ]
- Email address [ ]
- 58. 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.