

HHS/ACF Office of Refugee Resettlement Preferred Communities Program Data Points

<p>Agency: Administration for Children and Families (ACF)/Office of Refugee Resettlement (ORR)</p> <p>Form: Preferred Communities (PC) Program – Program Data Points (PC-PDP)</p>	<p>Grantee Name:</p> <p>Grant Number:</p> <p>Grantee Point of Contact:</p>	<p>Reporting Period From: MM/DD/YYYY To: MM/DD/YYYY</p>
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Reporting: Submit this Data Points form at each semi-annual reporting period (April 30 and October 30) as well as annually, with cumulative totals, by November 30. Please use the SF-PPR (narrative report) to explain or highlight key program successes and challenges that cannot be adequately explained here.

PROGRAM INDICATORS

GOAL 1: HELPING VULNERABLE REFUGEES

Data Points by Population: ICM clients

Data Point	Description	Indicators	No. of ICM Clients Served
01	Totals – <i>ICM</i> Clients Served (Include only individuals receiving ICM or a combination of ICM and group programming. Clients receiving <i>only</i> group-based services or remote services are counted separately in this document.)	<p>a. Length of time in the U.S. at intake (totals by new ICM enrollees this period only)</p> <p>b. Total number of clients served during this period only (sum of c – e below)</p> <p>c. New enrollments</p> <p>d. Continuing clients (in first year of service)</p> <p>e. 2nd term clients (> one year of service)</p> <p>f. Total number of cases closed this period</p> <p>g. Total number of individuals concurrently enrolled in two ORR-funded case management programs (those for whom an exception has been granted; sum of h – k)</p> <p>h. Total enrolled in PC and Matching Grant</p>	<p>a. Less than one year: _____</p> <p>a. 1 year to 5 years: _____</p> <p>a. More than 5 years: _____</p> <p>b. _____</p> <p>c. _____</p> <p>d. _____</p> <p>e. _____</p> <p>f. _____</p> <p>g. _____</p> <p>h. _____</p>

	<p><i>(Totals – ICM clients served, continued)</i></p>	<p>i. Total enrolled in PC and Wilson Fish j. Total enrolled in PC and RSS k. Total enrolled in PC and other (list)</p> <p>l. Gender (totals by new enrollees only)</p> <p>Country of origin (list countries here and totals by new enrollees to the right)</p> <p>m. Country 1: _____ n. Country 2: _____ o. Country 3: _____ p. Country 4: _____ q. Country 5: _____ r. Country 6: _____ s. Country 7: _____ t. Country 8: _____ u. Country 9: _____ v. Country 10: _____</p> <p>w. Category of ORR eligibility (totals by new enrollees only)</p>	<p>i. _____ j. _____ k. _____</p> <p>l. Female: _____ l. Male: _____ l. Unknown: _____ -</p> <p>m. _____ n. _____ o. _____ p. _____ q. _____ r. _____ s. _____ t. _____ u. _____ v. _____</p> <p>w. Refugees _____ w. Asylees _____ w. Cuban/Haitian entrants _____ w. Special Immigrant Visa (SIV) holders _____ w. Amerasians _____ w. Victims of Human Trafficking _____ w. Afghan Humanitarian Parolees _____</p>	
<p>02</p>	<p>Category of Primary Vulnerability at Intake (For individuals with more than one category of vulnerability, only mark the primary reason for enrollment; totals for this reporting period only)</p>		<p>First-time Enrollees</p>	<p>Re-Enrollees</p>
		<p>x. Minors (under 18) y. Young adults without parents z. Single-parent households aa. Elderly refugees bb. LGBT refugees cc. HIV-positive refugees dd. Refugees with</p>	<p>x. _____ y. _____ z. _____ aa. _____ bb. _____ cc. _____</p>	<p>x. _____ y. _____ z. _____ aa. _____ bb. _____ cc. _____</p>

		Social/ Psychological conditions/Risk of suicide ee. Substance Abusers ff. Disabled or ill individuals gg. Secondary migrants hh. Survivors of Torture/Sexual and Gender-Based Violence ii. Other	dd. _____ ee. _____ ff. _____ gg. _____ hh. _____ ii. _____	dd. _____ ee. _____ ff. _____ gg. _____ hh. _____ ii. _____
Data Points by Population: Remote and Underserved Areas Clients ONLY (fill out only if applicable)				
03	Totals – Remote and Underserved Areas Clients only	jj. Length of time in the U.S. at intake (totals by new ICM enrollees this period only) kk. Total number of clients served during this period only (sum of ll – nn below) ll. New enrollments mm. Continuing clients nn. Total number of cases closed this period oo. Of these (nn.), total number of cases closed at 3 months (not needing service longer than 3 months) pp. Total number of individuals concurrently enrolled in two ORR-funded case management programs (those for whom an exception has been granted; sum of oo – rr) qq. Total enrolled in PC and Matching Grant rr. Total enrolled in PC and Wilson Fish ss. Total enrolled in PC and RSS tt. Total enrolled in PC and other (list) uu. Gender (totals by new enrollees only)	jj. Less than one year: _____ jj. 1 year to 5 years: _____ jj. More than 5 years: _____ kk. _____ ll. _____ mm. _____ nn. _____ oo. _____ pp. _____ qq. _____ rr. _____ ss. _____ tt. _____ uu. Female: _____ uu. Male: _____ uu. Unknown: _____	

		<p>Country of origin (totals by new enrollees only)</p> <p>vv. Country 1: _____</p> <p>ww. Country 2: _____</p> <p>xx. Country 3: _____</p> <p>yy. Country 4: _____</p> <p>zz. Country 5: _____</p> <p>aaa. Country 6: _____</p> <p>bbb. Country 7: _____</p> <p>ccc. Country 8: _____</p> <p>ddd. Country 9: _____</p> <p>eee. Country 10: _____</p> <p>fff. Category of ORR eligibility (totals by new enrollees only)</p>	<p>—</p> <p>vv. _____</p> <p>ww. _____</p> <p>xx. _____</p> <p>yy. _____</p> <p>zz. _____</p> <p>aaa. _____</p> <p>bbb. _____</p> <p>ccc. _____</p> <p>ddd. _____</p> <p>eee. _____</p> <p>fff. Refugees _____</p> <p>fff. Asylees _____</p> <p>fff. Cuban/Haitian entrants _____</p> <p>fff. Special Immigrant Visa (SIV) holders _____</p> <p>fff. Amerasians _____</p> <p>fff. Victims of Human Trafficking _____</p> <p>fff. Afghan Humanitarian Parolees _____</p>
04	<p>Category of Primary Vulnerability at Intake – Remote or Underserved Areas Clients (For individuals with more than one category of vulnerability, only mark the primary reason for enrollment; totals for this reporting period only)</p>	<p>ggg. Minors (under 18)</p> <p>hhh. Young adults without parents</p> <p>iii. Single-parent households</p> <p>jjj. Elderly refugees</p> <p>kkk. LGBT refugees</p> <p>lll. HIV-positive refugees</p> <p>mmm. Refugees with Social/ Psychological conditions/Risk of suicide</p> <p>nnn. Substance Abusers</p> <p>ooo. Disabled or ill individuals</p> <p>ppp. Secondary migrants</p> <p>qqq. Survivors of Torture/Sexual and Gender-Based Violence</p> <p>rrr. Other</p>	<p>ggg. _____</p> <p>hhh. _____</p> <p>iii. _____</p> <p>jjj. _____</p> <p>kkk. _____</p> <p>lll. _____</p> <p>mmm. _____</p> <p>nnn. _____</p> <p>ooo. _____</p> <p>ppp. _____</p> <p>qqq. _____</p> <p>rrr. _____</p>

ICM Client Assessment Indicators				
05	Risk Domain & Assessment Criteria	Totals for Clients at INTAKE in this	Totals for Clients who have reached 180	Totals for clients who have reached

	(at-risk; stable; thriving)	reporting period			DAYS in this reporting period			360 DAYS in this reporting period		
		At-Risk	Stable	Thriving	At-Risk	Stable	Thriving	At-Risk	Stable	Thriving
	Housing (Risk of homelessness or eviction; adequate housing with occasional need for help with rent; no need of rent assistance)									
	Food security (Significant reliance on food banks; occasional need of food assistance; no need of food assistance)									
	Finances (Income & Employment) (Unemployment; occasional employment; regular employment)									
	Financial Management (Inability to manage assistance or income to meet needs; occasional ability to form and stay within budget; regular ability to meet needs and work on savings)									
	Mental Health (Significantly limited ability to perform daily functions, and unwillingness or inability to access mental healthcare services; somewhat impaired ability to function daily and to access/participate in mental healthcare services; no impairment in performance of daily functions and/or in active treatment for identified mental health need)									
	Navigation of Physical Healthcare Systems (Limited/no access to or understanding of healthcare; occasional need for help with access to care; independent management of condition and medications)									
	Transportation (No access to transportation; limited access to transportation; regular and independent means of transportation)									
	Linkages to Benefit Systems (SSI & food stamps) (Limited/no access to or understanding of benefits; occasional need of help with access to benefits; independent access to and understanding of benefits)									

	systems)									
	English Language Education (ELE) (No access to/participation in ELE; regular attendance and participation in ELE; no need for ELE)									
	Family Wellness (Wellness= absence of violence, child endangerment, and substance abuse) (Family is experiencing one or more elements; family is addressing wellness issues; family is not experiencing any of these elements)									
	Social Adjustment & Interaction/ Integration (Isolated or not adjusting to resettlement; learning coping skills & building social relationships; adapting to resettlement and actively engaged with family, community and/ school)									
	Immigration Status (In need of assistance with LPR at enrollment; not in need of assistance with LPR at enrollment; on track to naturalization at closure)									
06	Client Progress: ICM clients	ICM Clients only For first-time enrollees At 180 days: a. % of clients moved from at-risk to stable in 1 or more domains b. % of clients moved from stable to thriving in 1 or more domains At 360 days: c. % of clients moved from at-risk to stable in 1 or more domains d. % of clients moved from stable to thriving in 1 or more domains For re-enrollees At 180 days: e. % of re-enrollees moved from at-risk to stable in 1 or more domains f. % of re-enrollees moved from stable to thriving in 1 or more domains At 360 days: g. % of re-enrollees moved from at-risk to stable in 1 or more domains h. % of re-enrollees moved from stable to thriving in 1 or more domains					a. _____ b. _____ c. _____ d. _____ e. _____ f. _____ g. _____ h. _____			

		<p>First-Year Enrollees:</p> <p>i. Total number of clients who reached all goals of their self-sufficiency plan</p> <p>j. Percentage of caseload who reached all goals of their self-sufficiency plan</p> <p>Second-Year Enrollees:</p> <p>k. Total number of clients who reached all goals of their self-sufficiency plan</p> <p>l. Percentage of caseload who reached all goals of their self-sufficiency plan</p>	<p>i. _____</p> <p>j. _____</p> <p>k. _____</p> <p>l. _____</p>
07	Client Progress: Remote and Underserved Areas Clients	<p>Remote and underserved clients only</p> <p>At 3 months:</p> <p>m. Percentage of remote/underserved areas clients who moved from at-risk to stable in one or more assessment categories from intake to 3 months</p> <p>n. Percentage of remote/underserved areas clients who moved from stable to thriving in one or more assessment categories from intake to 3 months</p> <p>At Case Closure, if longer than 3 months:</p> <p>o. Percentage of remote/underserved areas clients who moved from at-risk to stable in one or more assessment categories by case closure</p> <p>p. Percentage of remote/underserved areas clients who moved from stable to thriving in one or more assessment categories by case closure</p>	<p>m. _____</p> <p>n. _____</p> <p>o. _____</p> <p>p. _____</p>

INDICATORS FOR PARTICIPANTS ENROLLED SOLELY IN GROUP ACTIVITIES (non-ICM clients only)			
Data Point	Description	Indicators	No. Clients Served
08	Client Progress in Group Activities (Non-ICM clients only)	<p>Total number of clients enrolled solely in group activities (sum a – b)</p> <p>a. Number of clients participating in extended cultural orientation as their main group activity</p> <p>b. Number of clients in specific support groups (list totals for each)</p> <p>i. Art therapy</p> <p>ii. Music therapy</p>	<p>a. _____</p> <p>b. _____</p> <p>i. _____</p> <p>ii. _____</p>

		<ul style="list-style-type: none"> iii. Gender-based support groups iv. Cultural/ethnic support groups v. Youth support groups vi. Other (list)_____ <p>c. Number of clients whose self-sufficiency scores improved by at least 50% at end of group services</p> <p>d. Number of clients whose scores show no significant improvement (49% or less) and referred to ICM at end of group services</p>	<ul style="list-style-type: none"> iii. _____ iv. _____ v. _____ vi. _____ <p>c. _____</p> <p>d. _____</p>
GOAL 2: PROGRAMMING AND ORGANIZATIONAL CAPACITY BUILDING (Supporting Refugee Service Providers)			
Data Point	Description	Indicators	No. Clients Served
09	Program Services and Components	<ul style="list-style-type: none"> e. Average frequency of case worker interaction per ICM client (give totals by # of affiliates reporting for each category of frequency) f. Total number of hours of specialized case management provided (representing one of these program focuses: health and medical services/case management, social adjustment services, mental health services, 	<ul style="list-style-type: none"> e. Weekly: e. Bi-weekly: e. Monthly:

		<p>services for vulnerable LGBT clients, services for single mothers and women-at-risk, services for elderly refugees, services for youth, services for survivors of torture and trauma, services for clients in underserved/areas/unanticipated arrivals and secondary migrants, remote/underserved areas clients)</p> <p>f. _____</p> <p>g. _____</p> <p>g. Total number of hours of interpretation provided</p> <p>h. _____</p> <p>h. Total number of client referrals and linkages</p> <p>i. _____</p> <p>i. Total number of clients provided with Emergency Financial Assistance (EFA)</p> <p>j. _____</p> <p>j. Total number of clients provided with immigration status services this reporting period (includes LPR and naturalization assistance)</p>	
Volunteer and Community Engagement			
10	Outreach and Dissemination	<p>k. New providers/partnerships this reporting period (list)</p> <p>l. Medical service provider</p> <p>m. Legal service provider</p> <p>n. Educational organization</p> <p>o. Local/state government entity</p> <p>p. Faith-based group</p> <p>q. Other (list) _____</p> <p>r. Number of community outreach hours this reporting period</p>	<p>k. _____</p> <p>l. _____</p> <p>m. _____</p> <p>n. _____</p> <p>o. _____</p> <p>q. p. _____</p> <p>—</p> <p>r. _____</p>
11	Volunteer Engagement and Hours Contributed by Pro Bono Service	<p>s. Number of new volunteers engaged this reporting period</p> <p>t. Number of new mentor-client matches this reporting period</p> <p>u. Total number of volunteers who served this reporting period</p> <p>v. Total number of volunteer hours donated</p>	<p>s. _____</p> <p>t. _____</p> <p>u. _____</p> <p>v. _____</p>

