**Refugee Support Services (RSS) Set-Asides Assessment**

**Youth Mentoring State Refugee Coordinator Interview Guide**

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| **Facilitator(s):** | **State or RD:** | **Date:** |

**Introduction Script**

Thank you for agreeing to join this meeting. I’m [NAME] and this is my colleague [NAME], and we work in the Office of Refugee Resettlement (ORR). ORR is conducting an assessment of the Refugee Support Services (RSS) Youth Mentoring Set-Aside Program in five states: Georgia, North Carolina, Pennsylvania, Oklahoma, and Vermont. With this assessment, ORR seeks to understand program implementation and funding, with the goal of using this information to make recommendations for how ORR might improve program design and data collection processes for the Youth Mentoring Program.

We will ask some questions to better understand how your agency and subrecipients design and implement YM. There are no right or wrong answers to any of our questions. Our goal is to gather information that can be used to make changes and improvements to ORR’s programs and services. Please know that your name and other identifying information will not be included in any notes or reports. The reports are for internal planning and programmatic purposes and not for any kind of public dissemination, even if deidentified.

Our meeting will last up to 60 minutes. Please know that your participation in this meeting is voluntary. You may choose to not answer any question and may stop participating in the meeting at any time.

I have one final point to make. We value the time and information you will share with us today and want to make sure we accurately include all the details. With your permission, we will take notes (written and/or on a laptop computer). Those notes will not include your name. During the discussion, if you would like to stop the notetaking while you make a particular comment, please let us know and we will do so.

**Internal only - Facilitator Tips**:

* This interview is semi-structured and therefore the sequence of the questions might vary as well as the level of probing for information by the facilitator.
* The goal is to collect data on each topic area. Keep in mind that participant responses may cover multiple categories/data points. You may skip a question if you feel the data collection on that topic is sufficient and asking the question would be repetitive.
* Optional questions should be asked only if there is enough time to do so.
* **ORR learning questions:**
  + How do recipients and subrecipients design and implement their YM Programs?
  + How are recipients and subrecipients utilizing YM Program funds?

**Interview Questions:**

*[Facilitator note:* please only use participants’ initials in notes.]

1. **Program Administration**
   1. What are your state’s YM Program priorities and activities? [*Facilitator note:* we are asking about general YM services; not services funded through the Afghanistan Supplemental Appropriation Act, 2022.]
2. How did you decide what those would be?
3. How much flexibility do sub-recipients have to implement programs?
4. Does your state allow subrecipients to offer incentives? Why or why not?
   1. What factors, information, data, and/or evidence have guided or are guiding your state’s decisions about how to allocate and utilize YM Program funding?
5. **Capacity**
   1. What factors facilitate or create challenges for administering the YM Program in your state? For example, factors may include your state’s regulations or structure, procurement process, staffing, resources, or the federal grant vehicle for this program (i.e., RSS Set-Asides).
6. **Service Gaps**
   1. What refugee youth needs are consistently not being met by YM Programs in your state, if any?
      1. Why are these needs not being met? *Probe service gaps, policy gaps, etc.*
7. **Recommendations**
   1. Do you have any final thoughts or policy recommendations for ORR regarding the YM Program?

*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 control number for this project is 0970 – 0531. The control number expires on 9/30/2025.*