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Program Data Points (PDP) Form User Guide

OFFICE OF REFUGEE RESETTLEMENT
Division of Refugee Health
Support for Trauma-Affected Refugees (STAR)

PAPERWORK REDUCTION ACT (PRA) OF 1995 (Public Law 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to measure how the STAR program is achieving the goal of sustained psychosocial well-being of ORR-eligible clients whose experience of trauma is impeding their ability to function effectively at home, school, work and/or in social settings. Public reporting burden for this collection of information is estimated to average 3 hours per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is required to retain a benefit (Immigration and Nationality Act (INA)). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the PRA of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact Maggie Barnard at Margaret.Barnard@acf.hhs.gov

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OVERVIEW:

ORR requires all Support for Trauma-Affected Refugees (STAR) Program recipients to report non-PPI, aggregate data. Recipients must submit their data in the STAR–Program Data Points (STAR-PDP) form via secure email. Recipients who receive multiple funding sources to implement programs serving trauma-affected refugees should **only** report data for clients who are eligible for ORR services and are served with full or partial STAR funding, referred to hereafter as "clients". Recipients must report data for new and continuing clients.

Recipients must submit the STAR-PDP form **annually**, along with their second semi-annual Performance Progress Report (PPR) every program year of the 4-year project period. The STAR-PDP Form reporting period covers the 12-month program year.

For more information on reporting requirements, please refer to the STAR Notice of Funding Opportunity.

For each data point, please read the corresponding definitions and follow the reporting instructions. **ORR will return incorrect or incomplete forms for revision and re-submission.**

Assessment Area 1: Core Service Delivery (Data Points 1–11)

----------SECTION 1: **AGGREGATE** CLIENT DEMOGRAPHICS (Data Points 1-6)----------

Provide **aggregate** data for all new and continuing clients served during the reporting period. An enrolled client is an individual who completed intake, was deemed eligible, and the program served the client during the reporting period. Section 1 **does not** include individual level data.

1a. CLIENT COUNT

1a. Client Count
__ New client
__ Continuing client
__ Closed client

Definitions:

New client: An individual who completed intake, was determined eligible for services, and received services during the reporting period, OR a client who previously exited the program, returned three or more years after exiting, and received services during the current reporting period.

Continuing client: An individual who was enrolled prior to the current reporting period and received services during the current reporting period, OR a client who exited the program, returned earlier than three years (<36 months) after exiting, and received services during the current reporting period. As such, ORR defines a continuing client as an individual who received services during the reporting period, regardless of whether that person continuously received services from the previous year or returned to receive services after a break in accessing services, provided that the "inactive" period lasted less than three years.

Closed client: An individual who exited the program during the current reporting period. ORR defines an individual who has exited the program as a client who completed their service term, officially closed out, are lost to follow up, and/or moved out of the service area.

For example:
In Program Year (PY) 2025, Grantee X enrolled an eligible individual in STAR services. That individual would be counted as a new client. The client continues to receive services the following PY (2026) and therefore would be counted as a continuing client in PY 2026. The client then does not get services in PY 2027 and therefore would neither be reported to ORR nor counted as a client at all in ORR data collection. In PY 2028, the client returns, and Grantee X re-enrolls the client. That individual must be counted as a continuing client.

Reporting:

New and Continuing clients: Indicate the total number of new and continuing clients, respectively, served during the reporting period. The sum of the two unduplicated client counts should equal the number of total clients served during the reporting period.

Closed client: Indicate the total number of new or continuing clients who exited the program during the reporting period.

1b. FAMILY COMPOSITION

1b. Family composition (*aggregate):* ___ Family unit enrolled in STAR ___ Single enrollment from a family unit ___ Single

Definitions:

Family: Two or more individuals "who reside together and who are related to each other by blood, marriage, adoption" or unmarried partnership.[1]

Family unit enrolled in STAR: Two or more members of the same family (as defined above) who are enrolled in STAR.

Single enrollment from a family unit: An individual who is part of a family and is enrolled in STAR, but none of their family members are enrolled in STAR.

Single: An individual who does not reside with another individual whom they are related to by blood, marriage, adoption, or unmarried partnership.

Reporting:

Indicate the total number of family units enrolled in STAR, the total number of individuals enrolled in STAR who are part of a family, but their family members are *not* enrolled in STAR, and the total number of single clients enrolled in STAR. The unduplicated family count should be less than the sum of new and continuing clients in Data Point (DP) 1a.

For example, if an individual has two children and the individual and at least one of the children is enrolled in STAR, this family should be categorized as '1' in the 'Family unit enrolled in STAR' category.

[1] https://aspe.hhs.gov/reports/family-definitions-programs-policy-0

If an individual is married with two children and is enrolled in STAR, but neither the spouse nor children are enrolled in STAR, this family should be categorized as '1' in the 'Single enrollment from a family unit' category.

2. LANGUAGE OF PREFERENCE:

2. Client language of preference (*aggregate*):
___ Language 1:
___ Language 2:
___ Language 3:
___ Language 4: …

Definition:
Language of preference: The language that staff and interpreters use to communicate during assessments and service provision.

Reporting:
Report the total number of preferred languages. If a client speaks multiple languages, and staff/interpreters use multiple languages (e.g. Arabic and English) to communicate with that client, count only the language preferred by the client. This list is not exhaustive. Please add any language that is not included as an option to the "other" category. Note that some languages have similar names (e.g., Amharic vs. Aramaic) or have an alternate spellings or related dialects (e.g., Dari, Farsi, and Persian).

The unduplicated total should equal the sum of new and continuing clients in Data Point (DP) 1a.

3. EMPLOYMENT STATUS IN THE U.S. AT INTAKE:

3. Employment status in the U.S. at intake (*aggregate):*
___ Unemployed and not seeking employment
___ Unemployed and seeking employment
___ Employed part-time
___ Employed full-time

Definitions:

Unemployed and not seeking employment: Client who is not working on a part-time nor full-time basis as an employee or contractor and is not actively seeking paid employment, is not self-employed, and does not receive any income from work.

Unemployed and seeking employment: Client who is not currently working on a part-time nor full-time basis as an employee or contractor but is actively seeking employment, is not self-employed, and does not receive any income from work.

Employed part-time: Client who is compensated for work performed on a part-time basis. This includes individuals who are employees, contractors, or self-employed.

Employed full-time: Client who is compensated for work performed on a full-time basis. This includes individuals who are employees, contractors, or self-employed.

Reporting:
Indicate the number of new and continuing clients by employment status category. This count should be unduplicated. Do **not** include children under age 14 in this category.

4. IMMIGRATION CATEGORY/STATUS AT INTAKE:

4. Immigration category/status at intake (aggregate):
- O Afghan Humanitarian Parolee
- O Afghan Individual with SI/SQ Parole (aka Afghan Special Immigrant Parolee)
- O Afghan Individual with Special Immigrant Conditional Permanent Residence (SI CPR)
- O Amerasian
- O Asylee
- O Cuban and Haitian Entrant
- O Iraqi and Afghan Special Immigrant Visa Holder (SIV)
- O Legal Permanent Resident (LPR)
- O Refugee
- O Special Immigrant Juvenile (SIJ)
- O Ukrainian Humanitarian Parolee
- O Victim of human trafficking
- O Other at intake:
- O Please specify_____

Definitions:

Afghan Humanitarian Parolee: Citizens or nationals of Afghanistan paroled into the United States between July 31, 2021 and September 30, 2023. Additionally, a spouse or child of any Afghan humanitarian parolee described above, who is paroled into the United States after September 30, 2023.

Afghan Individual with SI/SQ Parole (aka Afghan Special Immigrant Parolee): An individual who is a national of Afghanistan paroled into the United States for their service to the U.S. government.

Afghan Individual with Special Immigrant Conditional Permanent Residence (SI CPR): An individual who is a national of Afghanistan who is a conditional permanent resident and will become a SI legal permanent resident once the temporary conditions of immigration status are removed.

Amerasian: Certain Amerasians from Vietnam who are admitted to the United States as immigrants pursuant to § 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1988 (as contained in § 101(e) of Public Law 100-202), as amended (8 U.S.C. § 1101 note).

Asylee: An individual who filed for asylum at a port of entry into the U.S. or after entering the U.S. and was granted asylum.

Cuban/Haitian Entrant: An individual granted parole status as a Cuban/Haitian Entrant (Status Pending) or granted any other special status subsequently established under the immigration laws for nationals of Cuba or Haiti, regardless of the status of the individual at the time assistance or services are provided; A national of Cuba or Haiti who was paroled into the United States and has not acquired any other status under the INA and with respect to whom a final, non-appealable, and legally enforceable order of removal, deportation or exclusion has not been entered; A national of Cuba or Haiti who is the subject of removal, deportation or exclusion proceedings under the INA and with respect to whom a final, non-appealable, and legally enforceable order of removal, deportation or exclusion has not been entered; A national of Cuba or Haiti who has an application for asylum pending with DHS/USCIS or Department of Justice (DOJ)/EOIR and (for all above) with respect to whom a final, non-appealable, and legally enforceable order of removal, deportation or exclusion has not been entered

Legal Permanent Resident (LPR): An individual who was granted the privilege of residing permanently in the U.S. as an immigrant. Other names for LPR include "Permanent Resident Alien," "Resident Alien Permit Holder," and "Green Card Holder." Only LPRs who were previously a refugee, asylee, or Cuban/Haitian entrant are eligible for ORR services.

Refugee: An individual who was granted refugee status before entering the U.S. and was admitted to the U.S. as a refugee under sections 207 or 212(d)(5) of the Immigration and Nationality Act.

Special Immigrant Juvenile (SIJ): An individual who is an undocumented immigrant under the age of 21 who was abused, neglected, or abandoned by one or both parents, and possesses a valid juvenile court order issued by a state court in the United States.

Special Immigrant Visa Holder (SIV): An individual who is a national of Afghanistan or Iraq, provided faithful and valuable service to the U.S. government, while employed by or on behalf of the U.S. government, experienced an ongoing serious threat as a consequence of that employment, and was granted an immigrant visa to enter the U.S. While an SIV holder is an LPR at arrival, for this form, please report that individual as an SIV instead of an LPR.

Ukrainian Humanitarian Parolee: Citizens or nationals of Ukraine and Non-Ukrainian individuals that habitually resided in Ukraine, who the Department of Homeland Security (DHS) has paroled into the United States between February 24, 2022, and September 30, 2024. Additionally, the spouse or child of any Ukrainian Humanitarian Parolee described above who is paroled into the United States after September 30, 2024.

Victim of Trafficking: Victims of a severe form of trafficking in persons per the Victims of Trafficking and Violence Protection Act of 2000, Pub. L. No. 106-386, as amended, 22 U.S.C. § 7105(b) (1) (A) and (C).

Reporting:

All clients must hold one of the immigration statuses listed above to be eligible for the STAR program. Please see Policy Letter 16-01 for the most updated list of eligible populations.

Report the client's immigration status at intake. Select the most recent category/status for each client at intake. For example, a refugee generally becomes an LPR after one year and would be listed as an LPR if he or she were an LPR at intake. Do not report a client's immigration status based on their marital status. For example, if the client acquired LPR through marriage to a U.S. citizen, that client's status should be reported as LPR. Do not report that client as "Other" or describe the client as, "Spouse of U.S. citizen", which is not an official immigration status. The unduplicated total should equal the sum of new and continuing clients in Data Point (DP) 1a.

5. LENGTH OF TIME IN THE U.S. AT INTAKE:

5. Length of time in the U.S. at intake:
___ <1 year
___ 1-2 years
___ 3-5 years

Definitions:

Length of time in the U.S. at intake: The number of days, months, or years the client has lived in the United States with ORR eligible status until the time of intake. The duration of time should be counted as < 1 year if the client has lived in the U.S. for less than 365 days; 1-2 years if the client has lived in the U.S. for 365 days to 730 days; 3-5 years if the client has lived in the U.S. for 731 days to 1825 days.

Reporting:
Indicate the number of new and continuing clients according to age range. This count should be unduplicated.

6. TRAUMA EXPOSURE:

6. Type of trauma exposure *(aggregate - include all that apply):*

___ Physical violence
___ Psychological violence
___ Sexual violence
___ Deprivation of basic needs
___ Forced labor
___ Domestic violence/abuse
___ Harm, or threats to harm, based on actual or perceived sex, or other related characteristics
___ Threats
___ Kidnapping or disappearances
___ Environmental/community exposure to trauma
___ Other

Before entering Data Indicator 7, please read the definitions below carefully, as each includes sub-categories. For example, rape is included within the 'sexual violence' category and lack of medical care is included within the 'deprivation of basic needs' category.

Note: This list is not exhaustive; rather, it provides examples of various types of traumatic events and/or circumstances.

Definitions:
Client: An individual who is determined eligible for services based on direct exposure to trauma, including witnessing trauma or living in a community with exposure to trauma.

Physical violence: Any traumatic event causing physical harm. Examples include combat wounds, strangulation, hitting, kicking, punching or blows with objects (e.g., rifle butts, whips, straps, or heavy sticks). The act may or may not have resulted in a physical injury.

Psychological violence: Any traumatic event causing psychological harm, including the use of varied tactics to inflict pain and suffering. Examples include simulated execution; attempts to disorient the person; verbal abuse; waterboarding; forcing an individual to kill or harm another; witnessing the killing of family or community members; witnessing any physical, mental, or sexual harm to others; the use of humiliation; or the use of psychotropic or other drugs to force compliance and cause distress or disrupt the senses or personality.

Sexual violence: Forced touching or performance of specific sexual acts with another person or with inanimate or animate objects. Examples include rape by someone of the opposite or same sex; sexual threats and other forms of sexual harassment; touching certain parts of the body as a form of sexual molestation; forced viewing of or exposure to sexual acts or content; exposure of genitals or other private body parts to cause humiliation.

Deprivation of basic needs: Denial or lack of food, water, sleep, medication/medical care, shelter, education/school attendance, safety/security or personal hygiene; prolonged detention and isolation; or solitary confinement.

Forced labor: Work that is performed involuntarily and under the menace of any penalty such as destitution, detention, violence including death or other forms of extreme hardship to either themselves or members of their families.

Domestic violence: Physical, psychological and/or sexual violence between any two people within a household, including abuse and neglect. This includes child or elder abuse and neglect.

Harm, or threats to harm, based on actual or perceived sex, or other related characteristics: Cruel, inhuman, or degrading treatment, threats or punishment based on traditional expectations and roles, including coercion, manipulation, female genital mutilation, forced marriage, forced pregnancy; and coerced sterilization (for all sexes).

Threats: The use of threats (with or without death threats) against the individual, the individual's family, and/or the individual's friends and colleagues.

Kidnapping and disappearances: Kidnapping of the individual and/or the kidnapping/disappearances of that individual's loved ones (family, friends, and others) or forced separation from loved ones.

Environmental/community exposure: Experienced living conditions impacted by violence, atrocities, natural disaster, or other dangers that undermine the sense of safety, security, interpersonal attachment, and functioning.

Other: Before selecting this category, please check whether the type of trauma you are attempting to report is not described in the above categories, which we have tried to make as broad and comprehensive as possible. Select this category only if the type of trauma you are attempting to report is not listed above and specify the traumatic event and/or circumstance.

Reporting:

Report the aggregate total of self-reported client exposure by category for new and continuing clients. A client may report multiple types of trauma exposure. If clients report trauma that cannot be categorized into any of the types listed, please specify the type(s) within "Other". The unduplicated total should be greater than or equal to the sum of new and continuing clients in Data Point (DP) 1a.

----------SECTION 2: CLIENT DEMOGRAPHICS AND OUTCOMES (Data Points 7-11)----------

OVERVIEW:

Complete data points 7-13 for the total number of clients. The total number of individual responses recorded in this section should equal the new and continuing client count in DP1a. If the client is a child and is unable to provide this information, the child's parent or guardian may provide the information.

7. AGE AT INTAKE

9. Age at intake :
___Under 5 years
___5 – 17 years
___18 – 24 years
___25 - 44 years
___45 – 64 years
___65 years and over

Definitions:

Age at intake:

Indicate the number of individuals represented by each age range. This indicator should be the age at which an individual entered the STAR Program and completed the intake assessment. If the individual is a child and is unable to provide this information, the child's parent or guardian may provide the information.

Reporting:

For each age range, indicate the number of new and continuing clients who entered the STAR Program during the intake assessment. These counts should be unduplicated.

8. SEX:

10. Sex : ___Female ___Male

Definitions:

Female: An individual who is female.

Male: An individual who is male.

Reporting:

Indicate the number of new and continuing clients for each category. These counts should be unduplicated. If the client is <11 years of age, the child's parent or guardian may provide the information. If the child is ≥ 11 years, use developmentally appropriate language if/when collecting this information from the child or adolescent.[2]

9. COUNTRY OF ORIGIN:

11. Country of origin : ___Country 1: ___Country 2: ___Country 3: ___Country 4:

Definition:

Country of origin: The country that is self-reported by a client as their homeland. A client's country of origin may be different from that client's country of birth, nationality, or country of residence prior to coming to the U.S. For example, report Somalia as the country of origin for a Somali refugee who was born and lived in Kenya but reports Somalia as their country of origin.

Reporting:

[2] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9196694/

Indicate the country of origin reported by new and continuing clients. These numbers should be unduplicated. Include territories, autonomous regions, and states not universally recognized as sovereign (e.g., Tibet, Palestine, etc.). The "other" option should not be used for this data point. If documentation is not available, then make the determination based on what the client reported.

10. ACTIVITIES/SERVICES CLIENT RECEIVED TO DATE:

12. Activities/services provided to date :

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

___Individual therapy
___Family therapy
___Group therapy
___Family-strengthening interventions
___Support groups
___Other: Specify_____

PHYSICAL HEALTH

___Medical services
___Other: Specify_____

SOCIOECONOMIC

___Childcare services
___Emergency assistance
___Employment services
___Housing services
___Vocation/education
___Other: Specify_____

Definitions:

Individual Therapy: "Treatment of psychological problems that is conducted on a one-to-one basis. One therapist sees one client at a time, tailoring the process to their unique needs in the exploration of contributory factors and alleviation of symptoms."[3]

Family Therapy: "A form of psychotherapy that focuses on the improvement of interfamilial relationships and behavioral patterns of the family unit as a whole, as well as among individual members and groupings, or subsystems, within the family.[5]

[3] APA Dictionary of Psychology

Group Therapy: "Treatment of psychological problems in which two or more participants interact with each other on both an emotional and a cognitive level in the presence of one or more psychotherapists who serve as catalysts, facilitators, or interpreters."[5]

Family-strengthening Interventions: "An evidence-based intervention taught by a trained professional that promotes healthy family dynamics.[5]

Support Groups: "A group similar in some ways to a self-help group in that members who share a problem come together to provide help, comfort, and guidance. A primary distinguishing feature of support groups is in their leadership: a professional or agency-based facilitator who often does not share the problem of members."[5]

Medical Services: Includes both primary and specialty care services. Primary care services are "health services that cover a range of prevention, wellness, and treatment for common illnesses. Primary care providers include doctors, nurses, nurse practitioners, and physician assistants."[4] Specialty care services are "health services that focus on a specific area of medicine or a group of patients with specific types of symptoms and conditions. Specialty care providers include doctors as well as other specialists such as nurses and physical therapists."[5] Include referrals to Early Intervention programs for young children needing developmental assessment and services.

Childcare Services: Services to provide linkages and referrals to childcare. If both the parent/guardian and child are clients, this service should be reported "Childcare services" for the parent/guardian and as "Vocation/Education" for the child.

Emergency Assistance: In-kind or monetary assistance provided to clients who are at risk of homelessness, food insecurity or lack of essential supplies for infants or children or other personal hygiene needs (e.g. diapers/wipes, school supplies, feminine hygiene products).

Employment Services: Services to procure and stabilize client employment or help the client become more employable, self-sufficient, and productive. This includes assessing the individual's ability to secure and retain employment based on individual circumstances and whether they have the skills or resources needed to become financially independent.

Housing Services: Services to provide linkages and referrals to obtain stable and affordable housing without barriers that may prevent the full participation of eligible individuals and groups.[6]

Vocational/education: Services to provide linkages to suitable educational resources. This may include technical skills, certifications, or formal educational classes as needed. Services can include assessing the individual's knowledge and ability to access the type of services they qualify for to meet their needs and goals including work-related ESL, vocational or professional

[4] CMS Primary Care
[5] CMS Specialty Care
[6] ASPE Housing and Homelessness

skills training, or career or college counseling, assistance with resume writing or completion of job applications. This should also include tutoring referrals or daycare-12th grade school enrollment assistance for children and adolescents.

Other: Any support service not listed above. Specify the category of support provided.

Note: Program activities increase access to effective, holistic, strengths-based, trauma-informed, culturally and linguistically appropriate care. The agency staff member should assess whether the client has any unresolved needs and, if so, whether the client has the knowledge, skills, and resources to represent themselves or access care and services. Program activities can be a direct service performed or administered by the grant recipient or by their partners with whom they hold a memorandum of understanding (MOU) or contract that outlines service provision; or a *referral service* administered or performed by an agency that is not a partner of or contracted with the grant recipient directly.

Reporting:

Report the number of new and continuing primary and secondary clients who received a service in the given service category. A client may be represented in multiple service types if that client received multiple services, so these counts may be duplicated.

11. SAFETY & WELLNESS BENCHMARKS[7]

ORR anticipates that the holistic services provided to trauma-affected refugees will lead to an increase in psychosocial well-being among individuals and families served by STAR. However, ORR recognizes that several factors which influence client well-being may not be in a clients' nor service providers' control; new traumatic experiences may occur over time, and some clients' services and benchmarks may fluctuate during the reporting period. These indicators can help assess individual and overall program impact and will not necessarily reflect negatively on grant recipient program performance reviews.

Recipients must assess each client's Safety & Wellness Benchmarks[2] scores (located in Appendix A) during the quarterly assessments. Consult a licensed clinical staff member for the mental health category as needed. Staff trained in administering the Safety & Wellness Benchmarks are responsible for collecting all Safety & Wellness Benchmarks scores. While ORR strongly recommends case managers collect the 7 selected Safety & Wellness Benchmarks category scores as listed in the Safety & Wellness Benchmarks Manual, recipients only need to report 3 category scores for adults (Mental Health, Relationship Safety, and Self-Efficacy) and 2 for children (Mental Health and Relationship Safety) within this PDP form. Please review the Safety & Wellness Benchmarks Manual before administering.

Reporting:

Sum all clients' intake scores and report the average intake score for each of the 3 domains. Then, sum all clients' most recent score and report the average most recent score for each of the 3 domains.

[7] ORR acknowledges the International Rescue Committee's Safety and Wellness Case Management Working Group who developed the original Safety & Wellness Benchmarks and approved adaptation for its use in STAR.

For average point change from intake to most recent score, calculate each clients Benchmarks score change from Intake to Most Recent Score individually, sum the change, and report the average. Again, do not include clients who do not have a Most Recent Score or 'Not Enough Information' score.

For **new clients**, case managers or licensed clinicians must assess with the Safety & Wellness Benchmarks every quarter until case closure.

For all clients who have not been enrolled long enough to receive a second assessment or who have a score of 'Not Enough Information', please do not add their score in the 'Most Recent Score' average. For all clients Assess all enrolled clients quarterly and/or at case closure, whichever is sooner.

For **continuing clients,** use the client's Safety & Wellness Benchmarks' intake score entered in the previous year's PDP Outcomes as their 'Score at Intake' for this reporting period.

For **adults (ages 18 and up),** include the Mental Health, Relationship Safety, and Self-Efficacy scores.

For **children (under age 18)**, include the Mental Health and Relationship Safety scores, considering parental report as developmentally appropriate.

- **For children ages 0-5:** ORR strongly recommends intake staff/case managers administer the Ages and Stages Questionnaire[8] and reference the CDC Developmental Milestones[9] to determine the client's Safety & Wellness Benchmarks scores.
- **For children ages 6-16:** ORR strongly recommends intake staff/case managers administer the Pediatric Symptom Checklist (PSC)[10] to clients ages 6-10 and the Y-PSC[12] to clients ages 11-16 (including self-report) to help determine the client's Safety & Wellness Benchmarks scores.
- According to the age-appropriate assessment listed above (Ages and Stages, PSC, or Y-PSC), select a score of "1 – Significant Needs" if the child reached 0-25% of their milestones, "2 – Moderate Needs" if the child reached 25-50%, "3 – Some Need" if the child reached 51-75%, or "4 – Minimal Needs" if the child reached 76-100%.

[8] Ages and Stages Questionnaire: https://agesandstages.com/
[9] CDC Developmental Milestones. https://www.cdc.gov/ncbddd/actearly/milestones/index.html
[10]Pediatric Symptom Checklist and Y-PSC: https://www.brightfutures.org/mentalhealth/pdf/professionals/ped_sympton_chklst.pdf

11a. Mental Health

11a. Average Score at Intake : ___

11a. Average Most Recent Score (*most recent quarter or case closure*): ___

11a. Average score change from Intake to Most Recent Score: ___

	1 Significant Needs	1.5	2 Moderate Needs	2.5	3 Some Need	3.5	4 Minimal Needs
Mental Health	**Youth & Adult** Mental health or substance use issues are interfering with ability to manage day to day functioning, personal safety or safety of others around them; danger to self or others		**Youth & Adults** Mental health or substance use issues make it more difficult to function but still able to meet activities of daily living with support; currently in SUDs treatment or recently sober		**Youth & Adults** Able to effectively manage mental health symptoms and stressors so that there is little impact on daily life **AND** no or rare misuse of substances but does not result in negative consequences		**Youth & Adults** Able to effectively manage mental health symptoms and stressors so that there is little to no impact on daily life AND actively taking steps to promote mental health and wellness AND no substance misuse
	Minor Non-medical/genetic regression or has never reached any developmental milestones; unable to recover from emotional upset appropriate to age and development		**Minor** Non-medical/genetic delays in reaching developmental milestones but no regression and has reached some milestones; difficulty recovering from emotional upset appropriate to age and development		**Minor** Reaching most developmental milestones; can identify strategies to manage emotional upset appropriate to age and development		**Minor** Reaching all developmental milestones; successfully utilizing strategies to manage emotional upset appropriate to age and development

11b. Relationship Safety

11b. Score at Intake ___

11b.Most Recent Score *(most recent quarter or case closure)*: ___

11b. Average score change from Intake to Most Recent Score: ___

	1 Significant Needs	1.5	2 Moderate Needs	2.5	3 Some Need	3.5	4 Minimal Needs
Relationship Safety	**Youth & Adults** Household and/or relationship is unsafe AND client does not have current connection to safety resources and/or a safety plan in place; there are significant barriers to client seeking safety		**Youth & Adults** Household and/or relationship is unsafe AND client has current connection to safety resources and/or a safety plan; there are no significant known barriers to seeking safety		**Youth & Adults** Household and/ or relationship is safe; there are some unhealthy patterns of conflict management, communication and/or behaviors		**Youth & Adults** Household and/ or relationship is safe; communication patterns and behaviors are healthy and supportive
	Minor Non-medical/genetic regression in behavior and/or has never reached a developmental milestone; unable to recover from emotional upset appropriate to age and development		**Minor** Non-medical/genetic delays in reaching developmental milestones but no regression; difficulty recovering from emotional upset appropriate to age and development		**Minor** Reaching most developmental milestones; can identify strategies to manage emotional upset appropriate to age and development		**Minor** Reaching developmental milestones; successfully utilizing strategies to manage emotional upset appropriate to age and development

11c. Self-Efficacy – adults only

11c. Score at Intake: ___

11c. Most Recent Score (*most recent quarter or case closure*): ___

11c. Average score change from Intake to Most Recent Score: ___

	1 Significant Needs	1.5	2 Moderate Needs	2.5	3 Some Need	3.5	4 Minimal Needs

Self-Efficacy	Unable to try to overcome challenges; needs support and assistance in advocating for needs to be met in most areas of life; no knowledge of personal rights		Tries to overcome challenges but inconsistently or ineffectively; needs assistance advocating for many needs to be met; resources; limited knowledge of personal rights		Consistently tries to overcome challenges; occasionally needs assistance advocating for needs to be met; knowledge of personal rights		Able to overcome most challenges; able to independently advocate for needs to be met; knowledge of personal rights

Assessment Area 2: Capacity Building (Data Points 12–13)

12. PROFESSIONAL TRAINING AREAS FOR STAFF

14. Professional training areas for staff
- ___ Interpretation/translation
- ___ Mental health
- ___ Physical/Medical health
- ___ Social services
- ___ Family-specific interventions
- ___ Other: Specify_____

Definitions:

Interpretation /translation: Training provided to staff that assists in identifying, referring, and serving clients with trauma-informed culturally and linguistically appropriate interpretation and translation. This includes staff training to certify individuals or volunteers to convert spoken or written material from one language (the source language) into a different language (the target language).

Mental health: Training provided to staff to assist in identifying, referring, and serving clients' mental health needs in a trauma-informed culturally and linguistically appropriate manner. This includes training to provide or enhance staff skills in mental health and/or behavioral health supports to clients.

Physical/medical health: Training provided to staff to assist in identifying, referring, and serving clients' physical/medical health needs in a trauma-informed, culturally and linguistically appropriate manner.

Social services: Training provided to staff to assist in identifying, referring, and serving clients' social service needs in a trauma-informed, culturally and linguistically appropriate manner. This includes training to provide or enhance staff skills in coordinating housing, clothing, employment, education, transportation, case management, or other specific social service issues.

Family-specific interventions: Training provided to staff to increase their comfort and competency in understanding and addressing the needs of the family unit.

Other: Training provided to staff to assist in identifying, referring, and serving individuals in a trauma-informed, culturally and linguistically appropriate manner for any professional service not listed above. Specify the training category.

Reporting:

Combine the number of staff members trained within each training area category during the reporting period. If a profession does not fit into any of the preceding categories, please specify and include a count for each type of profession under "Other."

Note: ACF does not require tracking of non-ACF funded activities by recipients. Recipients must report only training services pertinent to or related to the ACF-funded STAR Program.

13. COMMUNITY-FACING TRAININGS (BY AUDIENCE TYPE)

15. Community-facing trainings (by profession/audience type)
    - ___ Community (general)
    - ___ Educators
    - ___ Interpreters/translators
    - ___ Law enforcement
    - ___ Medical providers
    - ___ Mental health providers
    - ___ Social workers (non-clinical)
    - ___ Other: Please specify:_____

Definitions:

Community: Community members (e.g. refugee or immigrant community leaders)

Educators: Teachers, education administrators, post-secondary faculty and staff, childcare providers, vocational school personnel, or other professionals associated with institutions of learning or education.

Interpreters/Translators: Trained and certified individuals or volunteers who convert spoken or written material from one language (the source language) into a different language (the target language).

Law Enforcement: Police officers, immigration officers, or other professionals employed in some law enforcement capacity.

Medical providers: Nurses (except for psychiatric nurses), physical or occupational therapists, massage therapists, medical doctors (except for psychiatrists), dentists, community health workers, or other medical service providers that specifically address medical or physical issues.

Mental health providers: Psychologists, psychiatrists, clinical social workers (providing explicit mental health treatment), psychiatric nurses, therapists, or other qualified mental health professional that address specific mental health, psychiatric, or psychological issues. This can include behavioral health case managers and peer counselors.

Social workers (non-clinical): Social workers (except for licensed clinical social workers or equivalent who provide explicit mental health treatment), case managers, or other social service providers that address housing, clothing, employment, education, childcare, transportation, case management, or other specific social service issues.

Other: Group not listed. Please specify the audience type.

Reporting:

Combine the number of professionals or community members your program trained within each audience type category during the reporting period. If a profession/audience type does not fit into any of the categories, select "Other" and specify the type and count for each audience.

APPENDIX A: STAR SAFETY & WELLNESS BENCHMARKS[2] (Data Point 11)

A developmentally appropriate tool must be used to fully assess children. Please see Appendix C for a full list of screening tools recommended for refugee youth by the NCTSN.

Mental Health	**1** **Significant Needs**	**1.5**	**2** **Moderate Needs**	**2.5**	**3** **Some Need**	**3.5**	**4** **Minimal Needs**
	Youth & Adult Mental health or substance use issues are interfering with ability to manage day to day functioning, personal safety or safety of others around them; danger to self or others		**Youth & Adults** Mental health or substance use issues make it more difficult to function but still able to meet activities of daily living with support; currently in SUDs treatment or recently sober		**Youth & Adults** Able to effectively manage mental health symptoms and stressors so that there is little impact on daily life **AND** no or rare misuse of substances but does not result in negative consequences		**Youth & Adults** Able to effectively manage mental health symptoms and stressors so that there is little to no impact on daily life AND actively taking steps to promote mental health and wellness AND no substance misuse
	Minor Non-medical/genetic regression in behavior and/or has never reached		**Minor** Non-medical/genetic delays in reaching developmental milestones		**Minor** Reaching most developmental milestones; can identify strategies to		**Minor** Reaching developmental milestones; successfully utilizing strategies to

	a developmental milestone; unable to recover from emotional upset appropriate to age and development		but no regression; difficulty recovering from emotional upset appropriate to age and development		manage emotional upset appropriate to age and development		manage emotional upset appropriate to age and development

Relationship Safety	**1** **Significant Needs**	**1.5**	**2** **Moderate Needs**	**2.5**	**3** **Some Need**	**3.5**	**4** **Minimal Needs**
	Youth & Adults Household and/or relationship is unsafe AND client does not have current connection to safety resources and/or a safety plan in place; there are significant barriers to client seeking safety		**Youth & Adults** Household and/or relationship is unsafe AND client has current connection to safety resources and/or a safety plan; there are no significant known barriers to seeking safety		**Youth & Adults** Household and/ or relationship is safe; there are some unhealthy patterns of conflict management, communication and/or behaviors		**Youth & Adults** Household and/ or relationship is safe; communication patterns and behaviors are healthy and supportive
	Minor Non-medical/genetic regression in behavior and/or in reaching developmental milestones; unable to recover from emotional upset appropriate to age and development		**Minor** Non-medical/genetic delays in reaching developmental milestones but no regression; difficulty recovering from emotional upset appropriate to age and development		**Minor** Reaching most developmental milestones; can identify strategies to manage emotional upset appropriate to age and development		**Minor** Reaching developmental milestones; successfully utilizing strategies to manage emotional upset appropriate to age and development

	1 **Significant Needs**	**1.5**	**2** **Moderate Needs**	**2.5**	**3** **Some Need**	**3.5**	**4** **Minimal Needs**
	Unable to try to overcome challenges;		Tries to overcome challenges but inconsistently or		Consistently tries to overcome challenges; occasionally needs		Able to overcome most challenges; able to independently

	Self-Efficacy	needs support and assistance in advocating for needs to be met in most areas of life; no knowledge of personal rights		ineffectively; needs assistance advocating for many needs to be met; resources; limited knowledge of personal rights		assistance advocating for needs to be met; knowledge of personal rights		advocate for needs to be met; knowledge of personal rights

APPENDIX B: LANGUAGE DATA POINTS

Data Point 3 (Language of preference)

Acholi	Dzongkha	Nepali
Albanian	English	Oromo
Amharic	French	Other
Anuak	Fulah	Pashto
Arabic	German	Patwa (Patois)
Aramaic	Haitian Creole	Polish
Azerbaijani	Hausa	Portuguese
Bantu: Ciluba, Tshiluba	Hindi	Punjabi
Bantu: Kibembe	Igbo	Rohingya
Bantu: Kikongo	Kachin	Romani
Bantu: Kikuyu	Karen	Russian
Bantu: Kinyabwisha, Kinyamulenge	Khmer	Sango
Bantu: Kinyarwanda	Kigegere	Serbian
Bantu: Kirundi	Konkani	Sinhalese
Bantu: Lingala	Korean	Somali
Bantu: Luganda	Kuki-Chin: Hakha Chin, Lai, Siyin, Zo	Spanish
Bantu: Runyankole, Nkore	Kunama	Tamil
Bantu: Shona	Kurdish	Telugu
Bantu: Swahili	Kyrgyz	Thai
Bengali	Maa, Maasai	Tibetan
Berber	Mai-Mai, Maay	Tigrinya
Bini, Edo	Mandarin	Turkish
Bosnian	Mandé: Mandingo, Mandinka	Twi
Burmese	Mandé: Other	Ukrainian
Cambodian	Mandé: Soninke	Unknown
Chichewa	Mayan: K'iche', Quiche	Urdu
Croatian	Mayan: Kanjobal, Q'anjob'al	Uzbek
Dari, Farsi, Persian	Mayan: Kekchi, Q'eqchi	Vietnamese
Deprecated	Mayan: Mam	Wolof
Dinka	Mayan: Other	Yoruba
Dutch	Mongolian	Zaghawa
	Ndebele	

Data Point 9: Country of Origin						
Afghanistan	Cameroon	Fiji	Kenya	Mozambique	Saint Vincent and the Grenadines	Thailand
Albania	Canada	Finland	Kiribati	Myanmar (Burma)	Samoa	Togo
Algeria	Central African Republic	France	Kosovo	Namibia	San Marino	Tonga
Andorra	Chad	Gabon	Kuwait	Nauru	Sao Tome and Principe	Trinidad and Tobago
Angola	Chile China	Gambia	Kyrgyzstan	Nepal	Saudi Arabia	Tunisia
Antigua and Barbuda	Colombia	Georgia	Lao	Netherlands	Senegal	Turkey
Argentina	Comoros	Germany	Latvia	New Zealand	Serbia	Turkmenistan
Armenia	Congo, The Democratic Republic of the	Ghana	Lebanon	Nicaragua	Seychelles	Tuvalu
Australia	Congo, The Republic of	Greece	Lesotho	Niger	Sierra Leone	Uganda
Austria	Costa Rica	Grenada	Liberia	Nigeria	Singapore	Ukraine
Azerbaijan	Côte D'Ivoire	Guatemala	Libya	North Korea	Slovakia	United Arab Emirates
Bahamas	Croatia	Guinea	Liechtenstein	North Macedonia	Slovenia	United Kingdom
Bahrain	Cuba	Guinea Bissau	Lithuania	Norway	Solomon Islands	United States of America
Bangladesh	Cyprus	Guyana	Luxembourg	Oman	Somalia	Uruguay
Barbados	Czech Republic	Haiti	Madagascar	Pakistan	South Africa	Uzbekistan
Belarus	Denmark	Honduras	Malawi	Palau	South Korea	Vanuatu
Belgium	Djibouti	Hong Kong	Malaysia	Palestine	South Sudan	Vatican City
Belize	Dominican Republic	Hungary	Maldives	Panama	Spain	Venezuela
Benin	East Timor (Timor-Leste)	Iceland	Mali	Papua New Guinea	Sri Lanka	Vietnam
Bhutan	Ecuador	India	Malta	Paraguay	Sudan	Yemen
Bolivia	Egypt	Indonesia	Marshall Islands	Peru	Suriname	Zambia
Bosnia and Herzegovina	El Salvador	Iran	Mauritania	Philippines	Sweden	Zimbabwe
Botswana	Equatorial Guinea	Iraq	Mauritius	Poland	Switzerland	
Brazil	Eritrea	Ireland	Mexico	Portugal	Syrian Arab Republic	
Brunei Darussalam	Estonia	Israel	Micronesia	Qatar	Taiwan	
Bulgaria	Eswatini (Swaziland)	Italy	Moldova	Romania	Tajikistan	
Burkina Faso	Ethiopia	Jamaica	Monaco	Russia	Tanzania	
Burundi		Japan	Mongolia	Rwanda	Tibet	
Cabo Verde		Jordan	Montenegro	Saint Kitts and Nevis		

Cambodia		Kazakhstan	Morocco	Saint Lucia		

APPENDIX C: SCREENING TOOLS FOR CHILDREN AND YOUTH[11]

African Youth Psychosocial Assessment	Parenting Stress Index-4-Short Form (PSI-4-SF)
Arab Youth Mental Health Scale (AYMHS)	Patient Health Questionnaire-2 (PHQ-2)
Beck Anxiety Inventory	Patient Health Questionnaire-9 (Adolescent Version)
Beck Depression Inventory	Patient Health Questionnaire-9 (PHQ-9)
Brief Problem Checklist-Parent Report	Pediatric Symptom Checklist-17 (PSC- 17)
Brief Problem Checklist-Youth Report	Pediatric Symptom Checklist-35 (PSC- 35)
Child Behavior Checklist (CBCL) 1.5 to 5	Post-Migration Living Difficulties
Child PTSD Symptoms Scale (CPSS)	Post-Traumatic Stress Disorder Checklist-Civilian (PCL-C)
Child and Youth Resilience Measure	Post-Traumatic Stress Symptoms for Children PTSS- C
Child and Youth Resilience Measure-Child Report	Post-War Adversity Index
Child and Youth Resilience Measure-Youth Report	Posttraumatic Diagnostic Scale (PDS)
Children's Depression Inventory (CDI)	Psychological Distress Scale (SPDS)
Child Depression Inventory-Short Version (CDI-S)	Reactions of Adolescents to Traumatic Stress Questionnaire (RATS)
Child PTSD Symptom Scale - Self Report (DSM- IV)	Refugee Health Screener (RHS-15)
Child trauma screening questionnaire	Resiliency Scales for Children and Adolescents (RSCA)
Children's Revised Impact of Events Scale-8 (CRIES-8)	Screen for Child Anxiety Related Emotional Disorders (SCARED)
Clinician Administered PTSD Scale (DSM- IV)	Semi-Structured Clinical Interview for Children and Adolescents (SCICA)
Depression, Anxiety and Stress Scale (DASS)	Strengths and Difficulties Questionnaire (SDQ)
Depression Self- Rating Scale (DSRS)	Trauma Symptom Checklist for Children
Development and Well-Being Assessment (DAWBA)	UCLA Posttraumatic Stress Disorder Reaction Index (DSM-IV)
Global Appraisal of Individual Needs- Short Screener (GAIN-SS)	WHO Well-Being Index (WHO-5)
Harvard Trauma Questionnaire (HTQ)	Youth Self-Report 11-18 (YSR)
Hopkins Symptom Checklist-25 (HSCL-25)	
Hopkins Symptom Checklist-37 for Adolescents (HSCL-37A)	
Kessler 6 (K6) and Kessler (K10)	
Mini Neuropsychiatric Interview	

[11] National Child Traumatic Stress Network. (2020). *Measures that are Appropriate for Refugee Children and Families.* https://www.nctsn.org/resources/measures-are-appropriate-refugee-children-and-families

New Mexico Refugee Symptom Checklist – 121 Other (please specify)	

APPENDIX D: DATA VALIDATION CHECKS

- The table below shows which applicable data points should be equal to, greater than or less than the total active client count.
- Refer to the table below to make sure your counts match ORR guidelines.
- Reach out to the STAR Project Officer if there will be known discrepancies in your data due to missing information.

Data Point (DP) 1a: New Clients + Continuing Clients = Total Active Client Count		
=	**≤**	**≥**
DP3: Language of preference DP5: Immigration category/status at intake DP6: Length of time in the U.S. at intake Total number of entries in Section 2	DP1b: Family composition DP4: Employment in the U.S. at Intake	DP7: Type of trauma exposure*

***or could potentially be >**