OFFICE OF REFUGEE RESETTLEMENT

PREFERRED COMMUNITIES PROGRAM GUIDELINES

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ORR PREFERRED COMMUNITIES PROGRAM

PROGRAM GUIDELINES

I. INTRODUCTION

Program Overview

The Preferred Communities Program is part of the U.S. refugee resettlement program in each state where it operates. The twin goals of the PC Program are the successful resettlement and integration of especially vulnerable refugees (and other ORR client populations); and the enhancement of PC service providers' agencies' capacity to serve such populations at new or established PC locations.

ORR intends to achieve these aims by fulfilling the following four objectives, namely:

1. To facilitate refugee self-sufficiency;
2. To support service providers;
3. To provide resources; and
4. To support resettlement communities.

The services provided under the PC Program are intended to complement those received through the Reception and Placement (R&P) Program. While the majority of refugees find themselves well on the path to economic self-sufficiency at the end of the R&P period and/through employment programs, especially vulnerable refugee groups find themselves struggling to navigate U.S systems and to function effectively. These groups include: youth and young adults without parents or permanent guardians who have spent an unusually long period under refugee conditions; single parents and women at risk; elderly refugees; refugees experiencing social or psychological difficulties, including emotional trauma resulting from war, sexual or gender-based violence; survivors of torture; lesbian, gay, bisexual and transgender (LGBT) refugees; refugees who are HIV-positive; other populations with physical disabilities or medical conditions; and unanticipated refugee arrivals and secondary migrants. For these individuals, the PC Program affords them intensive case management services (ICM) for a fixed term to overcome the barriers they might face on the path to integration and self-sufficiency.

At the end of the ICM service period, desired outcomes should include the achievement of self-sufficiency by clients who have worked with their case manager to identify their special and unique needs, the barriers that prevent them from functioning and integrating into the mainstream, and the specific goals that they will reach as a result of the services provided through the local PC service provider.

For purposes of the PC Program, a client is regarded to have reached self-sufficiency when she has achieved the goals of the program service plan, found stability in life areas affected by her area/s of vulnerability, and is able to live independently of agency services, through individual capacity, family support, and/or linkages to necessary community support services. It is important to note that the definition of self-sufficiency in the PC Program does not change the definition of self-sufficiency in other ORR-funded programs. The unique definition of self-

sufficiency is meant to convey the distinctive focus of PC services which take a holistic view of refugee self-sufficiency and integration.

While ICM services tend to be the programming focus of most sites under the aegis of the PC Program, some agencies may choose to augment those services through group-based activities. Individuals receiving ICM services only or a combination of ICM and group programming fall under the category of ICM clients.

However, in certain situations after assessing individuals for certain vulnerabilities, PC service providers may determine that those individuals' needs do not merit intensive case management but would be best addressed solely through group-based programming to promote their self-sufficiency. For those PC clients who are being provided with ***only*** the group programming component, Voluntary Agencies must develop a framework to measure (using a numeric score) clients' progress towards self-sufficiency for the clients' presenting needs at enrollment of the program and at the close of group activity. If these clients' scores increase by 49% or less by end of group activity, these clients must be referred to ICM services (see page 20).

Funding for implementation of the PC Program is provided through *cooperative agreements* requiring ORR's substantial involvement in grantees' implementation of the program at all levels. (For details outlining level of ORR involvement, please refer to the cooperative agreements.) It is understood that the nine national Voluntary Agencies (henceforth referred to as "grantees") have designed programs to meet the specific needs of refugees while building capacity within the organization's particular area of service. These guidelines are not meant to inhibit flexibility, but rather to facilitate the capturing of program outcomes and the replication of promising practices.

II. CLIENT ELIGIBILITY

1. Eligibility Criteria

There are three conditions which make an individual eligible for ORR-funded services under the PC program, namely i) possession of refugee status; ii) documented/identifiable special and unique needs; and iii) arrival in the US dating back to no more than five years.

i) For the purposes of this document, the term "refugee" refers to all groups that are eligible for ORR-funded services. For more details on these eligible client populations, including statutory and regulatory authorities, see ORR's website: http://www.acf.hhs.gov/programs/orr/about/what-we-do

ii) In addition to holding refugee or refugee-equivalent status, PC clients must be deemed to be especially vulnerable and in need of intensive case management**,** such as the groups listed in the Program Overview. Accordingly, possession of refugee status alone is not sufficient grounds for enrollment in the PC Program. Henceforth, all eligible individuals will be referred to as "clients," unless the context indicates otherwise.

iii) As ORR services are intended for newly-and recently arriving refugees, individuals must show their admission into the US/grant of status occurred within the last five years of their enrolment.

In the case of an exceptionally needy client who has exceeded the five-year time window for enrollment in the PC Program, grantees may request approval from ORR for enrolling the individual, after documenting the exceptional circumstances pertaining to that prospective client. ORR will consider all such requests on a case-by-case basis.

2. Enrollment Period

The date of eligibility for PC Services is counted from the date of arrival into the country for refugees and Amerasians; the date a Cuban/Haitian becomes an entrant[1]; the date of the final grant of asylum for asylees; the date of the certification or eligibility letter for Victims of Severe Forms of Trafficking[2]; and the date of arrival in the U.S. by an individual with Special Immigrant Visa (SIV) status; or the date of adjustment of status for an individual who has applied for and obtained Special Immigrant Status within the U.S. Detailed information on eligibility of ORR-funded projects is available at 45 CFR § 400.43 and ORR Policy Letter 16-01 which can be found on the ORR website at: www.acf.hhs.gov/programs/orr/resource/policy-letters.

PC clients must be enrolled within five years of their date of eligibility; however, as mentioned above, in exceptional circumstances ORR will consider grantees' requests for approving the PC enrollment of refugees who have exceeded the five-year eligibility window. PC services must cease if a client has obtained US citizenship.

3. Service Population

Agencies generally enroll PC clients from the refugee populations they have resettled and served under the Reception and Placement (R&P) Program. This placement of refugees at particular PC sites allows grantees to address specific areas of need identified in the populations they have resettled, such as mental health services or services to elderly refugees. ORR actively encourages PC grantees to serve eligible clients resettled by other providers, in addition to those they have resettled, especially where there is a gap in services to vulnerable individuals. Grantees should therefore reach out to other refugee service providers (including ethnic community-based organizations) to ensure that clients in need of intensive case management receive those services, regardless of the fact that another grantee may have initially resettled them.

If serving clients they did not originally resettle, grantees must share information regarding enrollment of those clients with other local service providers, including the offices of the State Refugee Coordinator and the State Refugee Health Coordinator, to preclude duplication of services. Such enrollment across agencies may also occur at locations with multiple PC providers, whereby each provider focuses on one specific type of services, such as services to the elderly or medical case management.

[1] A Cuban or Haitian becomes a Cuban/Haitian Entrant on the date (1) he/she is granted parole, (2) he/she is placed in removal proceedings, or (3) that appears on the 1-797 Notice of Action form generated by USCIS upon receipt of a complete asylum application whichever is first. See also ORR State Letter #16-01.

[2] Family members of certified victims of trafficking (CVT) with derivative visas (T2, T3, T4, and T5) are also eligible for PC independent of the CVT. Note that holders of derivative T visas are NOT issued certification letters.

Indeed, ORR encourages agencies to focus on particular program areas so as to promote specialization and innovation by each provider, and to prevent duplication of specialized services across multiple PC providers at one resettlement location. Such focused programming could result in local PC service providers referring their clients to another provider with expertise in a particular type of service, (such as services for youth), and in similarly serving clients referred to them from other local providers because of their specialty in another programing area (such as services for LGBT refugees).

4. Transfer of Clients Post -Enrollment

In cases where a refugee's secondary migration occurs to a location where an implementing partner of the client's resettlement agency does not exist or participate in the PC Program, an implementing partner of another national PC grantee is encouraged to serve those clients, provided those clients have not already availed themselves of the maximum service limits (two terms) in the PC Program. Similarly, in cases for which no agency has been assigned through the R&P Cooperative Agreement, those clients' enrollment in the PC Program must be coordinated with other local PC participants or other ORR-funded intensive case management service providers to ensure that there is no duplication of enrollment.

When a PC client moves to a location where there is no implementing partner within a grantee's own network, that client should be provided with contact information of the implementing partners of other PC grantees. To ensure continuity and/appropriateness of services, grantees may also choose to transfer PC clients to a different PC grantee's implementing partner, when both grantees are in agreement that the receiving grantee is best equipped to provide required PC services due to special circumstances or needs. Such transfers must be noted in both grantees' semi-annual and annual reports.

5. Ineligible Individuals

The following individuals are not eligible for the PC Program:

- Individuals who are already enrolled in an intensive case management program such as Wilson/Fish or other Federal or State funding **for the same purpose**; (see also exceptions)
- Individuals who have held eligible status for more than five years (except under unique circumstances that ORR has considered and approved);
- Individuals who have been enrolled in PC services for two terms (after extension of the original one-year term with ORR approval), whether at one or more PC sites.

U.S.-Born Children of Refugee Parents

Children born in the U.S to non-citizen parents holding refugee status are not eligible for services under the PC Program because of their individual status as U.S. citizens by birth. However, a refugee parent who is caring for a U.S.-born child may need assistance in accessing special services for that child. In such cases, it is permissible for implementing partners to enroll the parent in the PC Program so as to assist in overcoming the refugee parent's area of vulnerability in caring for a U.S-born child and to facilitate that parent's access to services for the child.

6. Concurrent Enrollment of Individuals in Two Case Management Programs

PC case management cannot duplicate intensive case management services that are provided in other ORR programs such as Wilson/Fish or Matching Grant and certain state-administered Refugee Social Service programs.

PC-Wilson/Fish Concurrent Enrollment
PC programs operating in a Wilson/Fish state must work with the State Refugee Coordinator to design an array of services which do not duplicate those provided through the Wilson/Fish Program. This plan must be submitted to ORR for approval before commencing PC services at that location. Case-by-case situations may also arise in dealing with unanticipated arrivals. In those situations, grantees must seek ORR approval to use PC funds for case management. This request should include documentation of consultation with the State Refugee Coordinator.

PC–MG or Other ORR Case Management Program Concurrent Enrollment
An individual who is part of a case enrolled in the Matching Grant Program may require the specialized case management services of the PC Program (for example, a child in need of intensive medical case management services). Grantees must clearly document the distinctive nature of services provided under each different program to ensure non-duplication of services.

Regardless of the ORR funding source, in the case of individuals already enrolled in a case management program but who are deemed in need of services through the PC Program, agencies may request ORR approval for concurrent enrollment, provided that they document the distinctive nature of services afforded under each program, and show the **complementary** (rather than duplicative) nature of such services.

III. PROGRAM COMPONENTS, SERVICES, AND PROGRAM FOCUS

A: Program Components

Intensive Case Management for Individuals
PC sites enroll clients identified as highly vulnerable and in need of ICM. Each individual's ICM package will be customized to address the needs of that individual, regardless of whether that person arrived unaccompanied or as part of a family. Most PC implementing sites will offer ICM.

Group-based Programs
Some individuals, especially those who fall under a particular vulnerable group based on considerations of gender, nationality, ethnicity, may benefit from group-based programming to help them gain a broader understanding of U.S. culture and laws. Many of these clients may need to connect to other individuals especially when they possess Limited English Proficiency. In those cases, PC providers may address their clients' needs by enrolling them in group-based activities such as extended cultural orientation and support groups. Most PC implementing sites will offer this service component; however, a select number of PC sites may offer group programming only, based on their budget and organizational capacity. Individuals participating only in group programming whose scores increase by 49% or less at the end of group participation must be referred to ICM services (see also page 5).

PC Client Service Package

As mentioned earlier, PC clients are generally offered intensive case management services. Those services may be the only component offered by PC service providers. Other PC sites may choose to offer ICM services at the individual level in combination with group-based activities. Regardless of the service package offered, there are some services that must be provided in-house by the implementing partner, while others may be provided off-site in collaboration with other agencies.

Note that PC grantees are not required to implement all the activities listed in this section. However, they are required to incorporate the required elements within the specific activities they are implementing in their particular program.

Service Elements

The following service elements are required to be provided for each PC client **regardless of the programming component offered to that individual (this includes individuals enrolled only in Group Sessions and individuals in remote intensive case management or services in an underserved area programs:**

1. Pre-Enrollment Assessment: All prospective clients must be assessed by the service provider to determine the severity of their needs and the type of service needed to address those needs.

2. Orientation regarding PC Program Services: All PC clients must receive comprehensive orientation about the PC Program to ensure that they are informed of the nature of the Program, its objectives, and the specific PC services offered as opposed to services funded by other federal programs. Such an orientation enables clients to see the interconnected yet distinctive nature of various programs in which they may be concurrently enrolled.

3. Design of Customized Self-Sufficiency Plan: Upon enrollment in the program, all PC clients must be provided with a customized Self-Sufficiency Plan, which should be developed collaboratively by the PC case manager and the client. The development of a Client Self-Sufficiency Plan is intended to enable clients to navigate systems that address their area of vulnerability as quickly as possible. The client and the case manager must work together to complete a Self-Sufficiency Plan to identify the components of self-sufficiency, along with the barriers to those components. The level of services received by each client should reflect the skills, needs, and barriers determined in that individual's PC Program Self-Sufficiency Plan. Agencies should ensure that clients set specific and achievable goals to be achieved by participating in PC activities that appropriately address their needs.

4. Post-Enrollment Monitoring: All PC clients must be individually tracked for progress. While ICM client case files will be more comprehensive, PC clients who are enrolled solely in group programming must be assessed at beginning and end of group activity participation, as well as periodically, to ensure their full participation and to facilitate an increase in their self-sufficiency. Their case files are not expected to include case notes but rather documentation of their eligibility and enrollment, attendance and participation

in group-based activities, and assessments recording their progress in overcoming their specific vulnerability (see page 5). Individuals participating only in group programming whose scores increase by 49% or less at the end of group participation must be referred to ICM services (see also page 5 and PC Data Points) at an existing program in the area or to U.S. Conference of Catholic Bishops (USCCB) for remote services, under that agency's Vulnerable Care Services (VCS) PC program component.

B: Services

Service Period

Services are to be provided to PC clients beginning upon enrollment in the Program and continuing as needed through one year from enrollment or achievement of self-sufficiency in the areas of vulnerability identified in the client's intake and assessment at enrollment and described in that client's PC Self-Sufficiency Plan.

In the case of unanticipated refugee arrivals, especially in underserved locations and those served in remote case management, the PC service period may last for a minimum of three months and extend to a year. The client's file must indicate the category of arrival. These clients' files must include all elements of that of a regular ICM client (see page 15).

For other clients needing intensive case management services, the PC service period may range from six months to no more than one year. In the case of a client who reaches self-sufficiency earlier than six months, grantees must document that outcome in the case file and then check back with the client at six months.

Extension of Service Period

If, at the end of one year of receiving services, a client has not attained self–sufficiency according to the metrics determined in that individual's Self-Sufficiency Plan, the grantee must obtain ORR approval to re-enroll the client as a new case and initiate a new service period with a new service agreement and a new Self-Sufficiency Plan. Agencies may include a new section to the client's existing PC case file, maintaining documentation of the previous service period under the PC program, and documenting ORR approval of the client's re-enrollment.

Service Limits

A client may not be enrolled in the PC Program more than two times, regardless of whether the enrollment occurred at one or more locations.

Conformity of Services with CLAS

ORR mandates the delivery of culturally and linguistically appropriate services to its beneficiaries. Grantees are therefore responsible for the quality of all required services and for ensuring that services are provided in a manner that is culturally and linguistically compatible with a client's language and cultural background and that those services are in compliance with The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards). More information on the standards can be found at: http://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53.

In particular, grantees will ensure that language assistance is provided to Limited English Proficiency (LEP) clients in accordance with Health and Human Services guidance and ORR State Letter #05-20.

Interpretation Services
When language interpretation services are not available in specialty care clinics, such as dental, ophthalmological, and psychiatric services, PC grantees should work towards facilitating collaboration between primary care providers and the specialists. PC grantees should facilitate the transfer of information and resources such as translated documents, information regarding interpreters, and contact information of family members/community leaders/ organizations involved in serving vulnerable cases.

C: Program Focus
Depending on the particular design of each grantee's PC program, implementing partners shall provide the services listed below, as necessary, directly through their PC programming or through documented referral to other service providers when required services are not available in-house. Grantees are encouraged to assist in the development of service capacity appropriate to their PC Program clients. Note that ORR does not intend for grantees to provide all services on site, but rather it mandates that clients are served through case management and assisted in gaining access to appropriate services, which may range from treatment of chronic health conditions to treatment for trauma. Whenever in-house mental services or medical case management services are provided, agencies must ensure that the staff possesses the requisite expertise to serve clients in such cases. It is imperative that trained professionals be employed as case managers.

The following section lists typical program focuses that may be offered by PC sites. Depending on the type of service provided to each client, certain activities must be offered by grantees to meet ORR's requirements for a particular programming focus.

1. Health and Medical Services/Case Management
Grantees will undertake medical case management for eligible clients, including helping them to find appropriate healthcare providers and to manage their healthcare.

a) Grantees will ensure that clients have access to necessary health and medical services, including health screenings for those clients who have not received them through R&P services or through another program. Associated costs are normally covered under Refugee Medical Assistance (RMA), Medicaid, and R&P Cooperative Agreements.
b) Grantees will ensure that PC clients are assisted in enrollment for health insurance, including Medicaid and RMA benefits if necessary.
c) Grantees will work with medical providers to ensure that appropriate translation, a client service plan, and supporting services for the client's medical condition are arranged.
d) Services should include confidential medical and supportive services and case management for adults living with HIV/AIDS. In addition to HIV education and prevention, counseling, testing, and referral for those at risk, services to these clients should also include linking them to social support networks.
e) In all cases, the range of health-related services can include naturalization support, housing assistance, and advocating for clients with large institutions such as State Human and Health Services and Social Security Administration.

2. Social Adjustment Services

The grantee will provide, or assist clients in obtaining, social adjustment services when necessary. These social adjustment services may include extended cultural orientation for a specific number of sessions. Grantees must ensure the quality of such cultural orientation by using standard materials in that area. Services may also include behavioral health counseling and interpretation.

3. Mental Health Services

The grantee will ensure that clients with mental health needs receive appropriate services, including psychiatric consultation and treatment when necessary. A typical service package for clients with mental health needs should include: case management services; counseling and emotional support; psychiatric evaluation and medication monitoring as necessary; and participation in peer support groups.

4. Services for Vulnerable LGBT Clients

Certain LGBT individuals coming from repressive societies may find themselves struggling to find their place in a new society while feeling isolated from their compatriots. Those individuals are especially vulnerable to discrimination as well as psychosocial and economic barriers. Grantees implementing an LGBT-focused initiative may use various tools to help them provide appropriate services to LGBT refugees, whether they have self-identified or not. The footnotes contain guidelines written as a scored checklist, which enables agencies to determine their overall readiness to assist LGBT refugees and also to identify their specific strengths and challenges.[3] Note that reference to any external, private resource does not indicate ORR's endorsement of that resource but is meant solely for illustrative purposes. Services to LGBT clients might include housing, access to local LGBT communities, counselling, health education, and other appropriate services as identified in each client's Self-Sufficiency Plan.

5. Services for Single Mothers and Women-at-Risk

The primary goals of all services to female clients under the PC Program are safety and empowerment, especially through a strengths-based approach. Services to women in this category, including survivors of sexual or gender-based violence (SGBV), should focus on these two goals. Grantees should provide clients with a safe space to obtain information and connect with the greater community. The use of empowerment circles and women's support groups within refugee communities is encouraged. In all cases, providers must ensure confidentiality and safety of clients, some of whom might not wish to associate with their community of origin because of trauma or fear of stigmatization.

In situations involving clients who are at risk of family violence, agencies must provide assistance to those clients in their own right, instead of considering them as part of the original R&P case. Such clients must receive immigration-related assistance to enable them to adjust their status separately and independently of their abusers.

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3 http://www.rainbowwelcome.org/uploads/pdfs/Rainbow%20Response_Heartland%20Alliance%20Field%20Manual.pdf

In refugee communities originating in countries where Female Genital Mutilation/Cutting (FGM/C) is practiced, PC implementing partners should encourage peer discussions of the practice, its adverse effects, and legal repercussions in the United States. In addition to facilitating refugee community-led awareness sessions, implementing partners could educate healthcare providers on the practice while ensuring foremost the safety and confidentiality of women and girls at risk. The Office of Women's Health offers resources on the issue.[4]

Pregnancy in itself does not constitute vulnerability or a medical emergency; clients who are experiencing a high- or at-risk pregnancy may be enrolled. However, in the case of pregnant and new or single refugee mothers who are eligible for intensive case management, grantees should facilitate a support group and provide the tools, skills and education necessary for a healthy delivery and positive parenting of children. Eligible pregnant women and new or single mothers should be connected to local prenatal and early childhood providers and receive peer support within the community.

Additionally, outreach to the greater community can be an effective tool when led by refugee women, whereby some women are trained in public speaking so they can share their stories and help educate their new communities about their lives. Grantees are encouraged to refer to resources on intercultural communication.

6. Services for Elderly Refugees

In the case of elderly, often home-bound, refugees whose isolation may be heightened by a lack of English proficiency or disability, grantees should emphasize the use of volunteers and in-home services. Partnerships with Home Nursing Services are encouraged to secure needed services for home-bound clients. Where possible, interventions should include English language training, appropriate orientation to public transportation and access to handicapped-accessible housing. Client self-sufficiency should be gauged in part on independent mobility, especially as it relates to medical appointments. Keeping in mind the fact that elderly LEP clients may face considerable barriers to naturalization, implementing partners should make access to naturalization services an integral part of elderly-focused services. USCIS offers specific resources for such populations.[5]

Additionally, programs for the elderly should also establish strong relationships with local churches, mosques, and other religious groups to provide spiritual and psychosocial support to clients who request such support.

7. Services for Youth

In the case of youth who have arrived without family or have spent many years in refugee situations, grantees should provide strengths-based case management, extracurricular activities, academic support, and mentoring. Case managers for refugee youth may find themselves helping clients to overcome barriers related to substance abuse, criminal and disciplinary issues, LEP, and changing family dynamics. Grantees should help refugee youth and their families navigate and acclimate to the U.S. educational system, with a special focus on strong ties to local

[4] http://womenshealth.gov/publications/our-publications/fact-sheet/female-genital-cutting.html?from=AtoZ

[5] http://www.uscis.gov/citizenship/other-languages

public school district. Special emphasis should be given to readiness for post-secondary education and youth leadership programs, including mentoring, volunteer activity, and introduction and exposure to the arts.

8. Services for Survivors of Torture and Trauma

A sizable number of refugees may have undergone torture before flight and/or resettlement in the United States based on statistics that estimate that torture survivors are estimated to comprise between 5 percent and 35 percent of all displaced individuals worldwide. Implementing partners providing services to these clients under the PC program should facilitate their access to physical, psychological, social, and legal services. ORR funds several service providers for Survivors of Torture[6]; PC grantees should draw upon resources developed by those service providers, including those focusing on specific refugee populations.[7]

9. Services for Clients in Underserved Areas/Unanticipated Arrivals and Secondary Migrants

For refugees migrating secondarily to underserved locations and for unanticipated refugee influxes, implementing partners should focus on increasing these populations' access to services by strengthening service networks and community linkages to ensure additional resources for unanticipated refugee arrivals and/or secondary migrants. When reasonable and necessary, the grantee will provide, or assist clients in obtaining, support services that remove barriers to their self-sufficiency.

10. Remote Intensive Case Management Services

Enrollment of PC clients residing outside a 100-mile service radius of an implementing partner is not encouraged. However, in exceptional cases, such as where employment of a PC client's family member necessitates a vulnerable client relocating, grantees must obtain approval from ORR prior to new enrollment or continuing an existing enrollment at a new remote location. ORR prior approval of remote case management must be requested even if the grantee proposed such services in their application for funding. Requests to ORR must include a service plan that demonstrates that all required PC Program services and case management will be provided. The service plan must be SMART – Specific, Measurable, Appropriate, Realistic, and Time-bound. Upon approval from ORR, grantees may place additional clients at the approved location. Grantees will include a narrative on the status of all such ORR approved long-distance PC clients in their semi-annual reports.

IV. ON-SITE CASE MANAGEMENT REQUIREMENTS

These requirements are intended to ensure that services are (1) provided in a planned, effective, and timely manner to eligible clients; (2) appropriate to the needs of the clients; and (3) contribute to the client's community orientation and self-sufficiency.

[6] http://www.acf.hhs.gov/programs/orr/resource/services-for-survivors-of-torture-grants

[7] http://www.healtorture.org/content/domestic-healing-centers

On-site Case Management

Intensive case management will begin immediately upon enrollment and may continue for up to one year or until clients are able to manage their particular vulnerability in a self-sufficient manner. From the first client contact, agency interaction with the client will reinforce his/her motivation and ability to become and remain self-sufficient. If a grantee proposes to provide specific services for clients who reside more than 100 miles away from a PC implementing partner's service delivery site, the grantee must document how it will provide intensive case management.

1. Case Files and Documentation

PC case files must be maintained separately from those documenting services provided to clients through other programs. Separation by sectioning PC from other services in combined files is acceptable. Electronic case file systems are permitted for documenting all or part of PC - required processes and services, provided that information storage is secure and data are readily accessible for the purposes of client services and ORR monitoring.

All documents requiring client signature must be translated into the languages of each PC Program provider's primary caseloads and interpreted into the languages of those clients, if necessary, to ensure the client's complete understanding of the program. In the case of LEP clients, the implementing partner must document the client's initials indicating receipt of translation services.

Each ICM client's PC case file will document the following processes and/or services

a. Client Intake and Eligibility: Intake information (client's name; date of eligibility; date of enrollment; date of PC Program service termination ; and documentation of the client's eligibility for services (see 45 CFR 400.43 and ORR Policy Letter 16-01 which can be found on the ORR website at: www.acf.hhs.gov/programs/orr/resource/policy-letters
alien number, birth date, current address, nationality, native language, particular vulnerability to be addressed in the PC program, and current self-sufficiency status.
b. Notification of Pending Enrollment: Prior to enrolling any Cuban/Haitian entrant, Victim of Severe Forms of Trafficking, asylee, as well as any client not originally resettled by the grantee, all other PC and specialized case management program providers in the implementing partner's community will be notified by email. Such notification is intended to ensure non-duplication of Intensive Case Management enrollment and must be noted in the client's case file.
c. Client Agreement Form: A signed and dated Agreement form and letter describing the PC Program, implementing partner, and the client. The agreement must address client confidentiality and release of information.
d. Case Management Self-Sufficiency Plan: A client-signed Self–Sufficiency Plan detailing projected time frames and steps to be taken by the client, the agency, and, where necessary, by the client's family to work toward the earliest possible self-sufficiency outcome, including strategies to remove identified barriers to self-sufficiency. Agencies are strongly encouraged to engage the client in articulating their self-sufficiency goals so that they are empowered to look for results rather than to seek open-ended services.

e. Childcare: Documentation of the arrangement for childcare and afterschool care, if indicated as necessary to allow clients to attend appointments related to addressing their particular vulnerability.
f. Emergency Financial Assistance: The purpose of the PC Program is intensive case management, and not direct client assistance through cash distributions. If, however, clients in crisis are provided with any emergency cash distributions for maintenance, such assistance must be documented in the case files along with the client's initials. Clients may also be provided with basic transportation assistance in the form of bus passes, ride-sharing services, and/or other assistance to remove barriers against client attendance of appointments and programming activities. Additionally, emergency assistance services can include provision childcare arrangements to enable clients to attend appointments. Other use of emergency assistance should be based on an assessment of the individual client's needs.
g. Grantees should also document referrals to programs such as the Administration for Children and Families' (ACF) Low-Income Home Energy Assistance Program (LIHEAP) where available and if appropriate.
h. Staff- Client Interaction: Documentation of regular contact with, and monitoring progress of the client over time with summary notes regarding the type (e.g. in person, phone, email, etc.), purpose, and outcomes of each contact. The frequency of contact may be determined at the implementing partner's discretion, but the interval between client and provider interactions must not exceed one month, given the nature of PC-funded ICM services.
i. Service Documentation: Notes and general documentation must cover all required service areas as prescribed in each client's Self-Sufficiency Plan. All services received as a result of the PC Program Self-Sufficiency Plan are to be documented in the file, regardless of the funding source of that service. Required services include Health and Medical, and Social Adjustment and Support tailored to the particular vulnerability of the client.
j. Orientation and Group Therapy: If an ICM client is enrolled in a cultural orientation program or group/individual therapy, the date, type, intended duration, expected outcomes, and provider of the program must be indicated in the case file. Note that ORR does not require grantees to provide therapy in-house but rather to document the provision of such services.
k. Self-Sufficiency Status: Statements regarding the self-sufficiency status for the particular vulnerability area of the case must be recorded **at intake**, **at 180 days,** and **at 360 days** after the date of enrollment. For clients receiving remote ICM services, assessments must be noted at intake and at three months, and if continuing past three months, at case closure. If the client has achieved self-sufficiency earlier than these milestones, and the case has been closed, a statement must be enclosed documenting achievement of that outcome.
l. Case Closure: Case closure must be marked with documentation of the date of closure; the client's self-sufficiency status at closure; and all referrals to subsequent programs. Upon completion of PC Program services, the implementing agency must provide the client with a customized letter certifying case closure, a copy of which will be maintained in the case file. The letter will contain, at minimum, the following items:
    i. A description of the PC services received and the relevant outcome/s;

ii. A reminder to adjust immigration status to that of lawful permanent resident (LPR) after one year from the date of grant of the immigration status that made the individual eligible for ORR Services as applicable;
iii. A reminder that failure to naturalize will result in the loss of SSI benefits (where applicable)
iv. A reminder that upon moving to a new address, the client must complete and submit:
    a. a Change of Address Form AR-11 to the United States Citizenship and Immigration Services (USCIS)
    b. a Change of Address Form with the United States Postal Service (USPS); and
v. A list of ORR-funded and mainstream resources and services available in the respective community. PC Program clients must be advised that they are eligible for ORR State-administered Social Services for up to five years.
vi. Contact information of a representative of the implementing partner as a reference point for subsequent service provider/s.

2. Case Closure

Implementing partners must document the client's status when closing a case. If a client voluntarily ceases to avail themselves of PC services before the end of the service period, that client is effectively withdrawing from the Program, and that withdrawal must be noted in the case file. When a client out-migrates because of family employment considerations, and a transfer has been arranged, the transfer status must be noted in the case closure form of the transferring grantee. Similarly, if a client has reached the two-term maximum for PC services without achieving self-sufficiency goals identified at intake and assessment, the closure form must note that status and list services provided. In all situations, where possible, the implementing partner will notify the client in writing of the termination of PC services and will maintain a copy of the notification in the client's case file.

V. GRANTEE PROGRAMMING AND ORGANIZATIONAL CAPACITY BUILDING

1. Program Administration and Oversight

The intent of this task is to ensure grantees' achievement of agreed- upon program outcomes through the SMART (Specific, Measurable, Appropriate, Realistic, and Time-bound) delivery of PC Program services, and the adherence to Federal regulations, policies, and guidelines throughout their respective PC network sites.

The PC grantee must maintain qualified staff designated to ensure the following functions:

- ✓ Provide ongoing technical assistance to and training of implementing partners regarding PC Program Guidelines, reporting, and other grant requirements. Grantees should include information about the provision of such training in their reports to ORR.
- ✓ Require representatives of the participating PC implementing partners to consult with their respective State Refugee Coordinator and State Refugee Health Coordinator on an on-going basis as follows: Within 90 days of the initial grant award and each

continuation award, a copy of the local PC service plan must be provided to the State Refugee Coordinator and State Refugee Health Coordinator and include, at minimum: (1) the number of clients expected to participate in the program during the budget period, (2) the services to be provided, and (3) the name of the program contact person. A copy of this transmittal must be retained at the implementing partner's offices.

- ✓ Ensure participation of implementing partners' authorized representatives in all State-convened local task forces and consultations to ensure accurate and current assessments of refugee needs and available services. Note: ORR shares annual progress reports of all local PC service providers with State Refugee Coordinators.
- ✓ Require participating local PC Program implementing partners to coordinate their services, as appropriate, with other mainstream and refugee service providers in their communities. This is particularly important in coordinating health and mental health services.
- ✓ Require participating local PC Program implementing partners to ensure that appropriate training for staff in the area of the PC service they are providing (i.e. mental health services, LGBT services etc.) includes training on client confidentiality.
- ✓ Monitor the performance of the grant and sub-grant activities and review each program function to ensure that adequate progress is being made towards achieving programmatic goals and that those programs are in compliance with Federal grant regulations.
- ✓ Prepare monitoring reports. All recommendations for corrective action and follow-up on those recommendations must be filed at the grantee's national office. Grantees must summarize internal monitoring reports for inclusion in performance progress reports to ORR.
- ✓ Manage grant finances and account for Federal funds according to Federal grant requirements.
- ✓ Submit timely programmatic and financial reports to ORR as detailed in the PC Funding Opportunity Announcement and Cooperative Agreement.
- ✓ Inform ORR within ten (10) days of making any significant changes in the PC Program at any given site, and obtain prior approval before adding any new sites.
- ✓ Facilitate sharing of promising practices and peer learning opportunities across PC sites through webinars and other means.
- ✓ In the case of remote sites or unanticipated arrivals, work with the State Refugee Coordinator and previous voluntary agency (if a client was previously served by another grantee) to ensure appropriate services and to avoid duplication of efforts.

2. Administration of PC Implementing Sites

All of the grantee's local PC implementing partners must have a designated staff member who is responsible for providing or overseeing the delivery of PC services. While this staff member may receive help from other staff, client relatives, co-sponsors, and volunteers in supporting the client, it is the national agency which is the official PC grantee and ultimately responsible for the full provision and quality of all services at all implementing partner sites. Please refer to *Section IV. Service Period* of this document where the definition of service periods and minimum standards for client-staff interaction are to be found.

3. Other Programming Initiatives within the PC Program

Use of Volunteers/AmeriCorps Members in the PC Program

Grantees' goals of capacity building and program enhancement can be met by activities such as increasing local staff and the coordination of volunteers or national service members to provide specialized services. Through a joint initiative with the Corporation for National and Community Services (CNCS), ORR has made it permissible for agencies to include an optional component of working with CNCS to implement the Refugee AmeriCorps Initiative in support of PC activities. If such an option is pursued, agencies must first obtain approval through CNCS. Grantees may choose to implement the initiative in conjunction with intensive case management activities at certain sites. They may also choose to deploy AmeriCorps Members at a new site to support volunteer activity and capacity development at that location, or at a location where the grantee does not provide intensive case management services. Regardless of whether intensive case management services are provided there, all sites under the ORR-CNCS joint initiative are considered PC project sites. Agencies are encouraged to utilize PC Program capacity building resources to increase volunteer participation and community involvement whether or not they are implementing the Refugee AmeriCorps program.

4. Outreach

Grantees will focus on outreach and coordinate communications with all stakeholders involved in serving vulnerable refugees. Stakeholders include, but are not limited to, case workers from county assistance offices, home care offices, school district representatives, and social workers from clinics/hospitals. Agencies must engage stakeholders in collaborative meetings for strategic planning to ensure appropriate client service plans and supporting services.

VI. UNALLOWABLE COSTS

Costs that are Unallowable under the PC Program

All allocable costs incurred and services provided in accordance with any other Cooperative Agreement may not be charged to the PC Program. Such costs include but are not limited to the following:

1. Fees above the Medicaid/Refugee Medical Assistance reimbursement level may not be counted, if reimbursement is claimed.
2. Staff costs for time spent on services (including the allocable portion of overhead and facilities costs) provided for under the R&P or other grants and Cooperative Agreements may not be charged to the PC Program. Where such services are provided to clients without benefit of R&P services or other cooperative agreements, such costs are allowable to the PC Program.
3. Initial health screening referrals and orientation, as required in the R&P Cooperative Agreement, are not considered a PC activity and thus expenses for such activities are not allowable. Such costs, however, are allowable for certain Cuban and Haitian entrants, victims of severe forms of trafficking, and asylees who do not receive such services under the R&P Cooperative Agreement or other grants and cooperative agreements.
4. Community orientation, as described in the R&P Cooperative Agreement, is not part of PC Program social adjustment services, except for certain Cuban and Haitian entrants, victims of severe forms of trafficking, and asylees who do not receive such services under the R&P Cooperative Agreement or other grants and cooperative agreements.

5. In cases of services provided to clients who may be enrolled in Matching Grant or other intensive case management programs, only non-duplicative services may be charged to the PC Program.

VII. PC PROGRAM METRICS AND OUTCOMES

Using a standardized assessment tool such as an 'Intensive Case Management Outcomes Matrix,' case management staff must assess clients in more than two discrete areas ("Risk Domains" – see PC Data Points), such as housing, mental health, and navigation of physical healthcare systems, etc. according to the assessment criteria specified within the ICM Client Assessment Indicators. Grantees may choose to continue using their own tools for assessing client needs; however, client progress must be reported on using the ICM Client Assessment Indicators framework included in the PC Data Points. ~~In FY16, the goal of the PC Program is that at least 85 per cent of intensive case management clients move from 'at-risk' to 'stable' in one or more assessment categories, and that at least 25 per cent of clients move from 'stable' to 'thriving' in one or more assessment categories.~~

The grantee's Program Officer for Intensive Case Management will conduct technical assistance visits to the offices of implementing partners that have requested or been identified as needing additional support, training, or program development.

Outcomes: In all cases, individual client outcomes will be measured in terms of an increase in self-sufficiency and/or functionality. Grantees will report their achieved outcomes against those proposed in their applications for PC funding to ORR.

VIII. REPORTING REQUIRMENTS

Frequency
For this Program, grantees must submit semi-annual narrative reports, PC Program Data Points, and financial reports**.** A narrative report and the PC Data Points form are to be submitted along with the SF-PPR Cover Page to the Grants Management Officer (original) through GrantSolutions.gov and to the Project Officer (one copy via email), 30 days after the end of each of the following six month intervals: The report for the first semi-annual reporting period of October through March is due **April 30**. The report for the second semi-annual reporting period of April through September is due **October 30.** An annual report (including both a narrative report in same format as in semi-annual reports and the Data Points form showing totals for the whole year) must be submitted by **November 30.**

Contents of Narrative Reports
ORR has received approval from OMB for information collection under the Paperwork Reduction Act (PRA) on the PC Program Data Points (attached in Appendix 1) for post-award reporting.

NOTE: Consistent with the PRA of 1995, 44 U.S.C. §§ 3501-3521, ORR will not conduct or sponsor – and a person is not required to respond to- a collection of information covered by such

Act, unless it displays a currently valid OMB control number. ORR will not request this information if these data points are not approved at the time that reports are due. Please see Section VI.3 of the Program Announcement titled Reporting for more information regarding this activity.

PC grantees will include, at minimum, descriptions of (1) overall network performance for the period with a focus on continuous improvement (2) all monitoring visits conducted – findings and actions, (3) technical assistance provided to implementing partner sites, (4) active long distance case management sites, and (6) summary of efficacy of group programming for those clients only enrolled in group activities (non-ICM clients) and (7) any needed explanation for data included in the PC Data Points.

Semi-Annual Financial Reports

The Standard Financial Status Report (SF-425) is due April 30 and October 30. A final report is due 210 days after the end of each one-year budget period and the four-year project period. (The extended due date of the final report allows time for agencies to complete services for refugees placed into the program during the project period.) The recipient organization's financial officer, or a designated individual in the organization, must sign and mark all financial status reports as final. If the organization uses a designated individual, an authorized official of the organization must notify ACF of this designation. ACF will not consider estimated, interim, or draft reports.

VIII. APPENDIX 1

OMB control Number: 0970-0490; Expiration date: 1/31/2020

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

Agency: Administration for Children and Families (ACF)/Office of Refugee Resettlement (ORR) **Form:** Preferred Communities (PC) Program – Program Data Points (PC-PDP)	**Grantee Name**: **Grant Number**: **Grantee Point of Contact:**		**Reporting Period** **From**: MM/DD/YYYY **To**: MM/DD/YYYY

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 – ***ICM*** Clients Served (Include only individuals receiving ICM or a combination of ICM and group programming. Clients receiving *only* group-based services or remote services are counted separately in this document.)	a. Length of time in the U.S. at intake (totals by new ICM enrollees this period only)	a. Less than one year: _____ a. 1 year to 5 years:_____ a. More than 5 years:_____
		b. Total number of clients served during this period only (sum of c – e below)	b. _____
		c. New enrollments	c. _____
		d. Continuing clients (in first year of service)	d. _____
		e. 2nd term clients (> one year of service)	e. _____
		f. Total number of cases closed this period	f. _____
		g. Total number of individuals concurrently enrolled in two ORR-funded case management programs (those for whom an exception has been granted;	g. _____

	(Totals – ICM clients served, continued)	sum of h – k) h. Total enrolled in PC and Matching Grant i. Total enrolled in PC and Wilson Fish j. Total enrolled in PC and RSS k. Total enrolled in PC and other (list) l. Gender (totals by new enrollees only) Country of origin (list countries here and totals by new enrollees to the right) 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: _____ w. Category of ORR eligibility (totals by new enrollees only)	h. _____ i. _____ j. _____ k. _____ l. Female:_____ l. Male: _____ l. Unknown:_____ m. _____ n. _____ o. _____ p. _____ q. _____ r. _____ s. _____ t. _____ u. _____ v. _____ w. Refugees_____ w. Asylees _____ w. Cuban/Haitian entrants_____ w. Special Immigrant Visa (SIV) holders_____ w. Ameriasians_____ w. Survivors of Trafficking _____
02	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)		**First-time Enrollees**	**Re-Enrollees**
		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 Social/	x. _____ y. _____ z. _____ aa. _____ bb. _____ cc. _____	x. _____ y. _____ z. _____ aa. _____ bb. _____ cc. _____

		Psychological conditions/Risk of suicide	dd. _____	dd. _____
		ee. Substance Abusers	ee. _____	ee. _____
		ff. Disabled or ill individuals	ff. _____	ff. _____
		gg. Secondary migrants	gg. _____	gg. _____
		hh. Survivors of Torture/Sexual and Gender-Based Violence	hh. _____	hh. _____
		ii. Other	ii. _____	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)		jj. Less than one year: _____ jj. 1 year to 5 years:_____ jj. More than 5 years:_____
		kk. Total number of clients served during this period only (sum of ll – nn below)		kk. _____
		ll. New enrollments		ll. _____
		mm. Continuing clients		mm. _____
		nn. Total number of cases closed this period		nn. _____
		oo. Of these (nn.), total number of cases closed at 3 months (not needing service longer than 3 months)		oo. _____
		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)		pp. _____
		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)		qq. _____ rr. _____ ss. _____ tt. _____
		uu. Gender (totals by new enrollees only)		uu. Female:_____ uu. Male: _____ uu. Unknown:_____

		Country of origin (totals by new enrollees only) vv. Country 1: _____ ww. Country 2: _____ xx. Country 3: _____ yy. Country 4: _____ zz. Country 5: _____ aaa. Country 6: _____ bbb. Country 7: _____ ccc. Country 8: _____ ddd. Country 9: _____ eee. Country 10: _____ fff. Category of ORR eligibility (totals by new enrollees only)	vv. _____ ww. _____ xx. _____ yy. _____ zz. _____ aaa. _____ bbb. _____ ccc. _____ ddd. _____ eee. _____ fff. Refugees_____ fff. Asylees _____ fff. Cuban/Haitian entrants_____ fff. Special Immigrant Visa (SIV) holders_____ fff. Ameriasians_____ fff. Survivors of Trafficking _____
04	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)	ggg. Minors (under 18) hhh. Young adults without parents iii. Single-parent households jjj. Elderly refugees kkk. LGBT refugees lll. HIV-positive refugees mmm. Refugees with Social/ Psychological conditions/Risk of suicide nnn. Substance Abusers ooo. Disabled or ill individuals ppp. Secondary migrants qqq. Survivors of Torture/Sexual and Gender-Based Violence rrr. Other	ggg._____ hhh._____ iii. _____ jjj. _____ kkk._____ lll. _____ mmm. _____ nnn._____ ooo._____ ppp._____ qqq._____ rrr. _____

ICM Client Assessment Indicators										
05	**Risk Domain & Assessment Criteria (at-risk; stable; thriving)**	**Totals for Clients at <u>INTAKE</u> in this reporting period**			**Totals for Clients who have reached <u>180 DAYS</u> in this reporting period**			**Totals for clients who have reached <u>360 DAYS</u> 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 _____ **First-Year Enrollees:** i. Total number of clients who reached all goals of their self-sufficiency plan j. Percentage of caseload who reached all goals of their self-sufficiency plan **Second-Year Enrollees:** k. Total number of clients who reached all goals of their self-sufficiency plan l. Percentage of caseload who reached all goals of their self-sufficiency plan	a. _____ b. _____ c. _____ d. _____ e. _____ f. _____ g. _____ h. _____ i. _____ j. _____ k. _____ l. _____
07	Client Progress: Remote and Underserved Areas Clients	**Remote and underserved clients only** **At 3 months:** 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 n. Percentage of remote/underserved areas clients who moved from stable to thriving in one or more assessment categories from intake to 3 months **At Case Closure, if longer than 3 months:** o. Percentage of remote/underserved areas clients who moved from at-risk to stable in one or more assessment categories by case closure p. Percentage of remote/underserved areas clients who	m. _____ n. _____ o. _____

		moved from stable to thriving in one or more assessment categories by case closure	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)	Total number of clients enrolled solely in group activities (sum a – b) a. Number of clients participating in extended cultural orientation as their main group activity b. Number of clients in specific support groups (list totals for each) i. Art therapy ii. Music therapy iii. Gender-based support groups iv. Cultural/ethnic support groups v. Youth support groups vi. Other (list)_____ c. Number of clients whose self-sufficiency scores improved by at least 50% at end of group services d. Number of clients whose scores show no significant improvement (49% or less) and referred to ICM at end of group services	a. _____ b. _____ i. _____ ii. _____ iii. _____ iv. _____ v. _____ vi. _____ c. _____ d. _____
GOAL 2: PROGRAMMING AND ORGANIZATIONAL CAPACITY BUILDING (Supporting Refugee Service Providers)			

Data Point	Description	Indicators	No. Clients Served
09	Program Services and Components	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, 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) g. Total number of hours of interpretation provided h. Total number of client referrals and linkages i. Total number of clients provided with Emergency Financial Assistance (EFA) j. Total number of clients provided with immigration status services this reporting period (includes LPR and naturalization assistance)	e. Weekly: e. Bi-weekly: e. Monthly: f. _____ g. _____ h. _____ i. _____ j. _____
Volunteer and Community Engagement			
10	Outreach and Dissemination	k. New providers/partnerships this reporting period (list) l. Medical service provider m. Legal service provider n. Educational organization o. Local/state government entity p. Faith-based group q. Other (list) _____ r. Number of community outreach hours this reporting period	k. _____ l. _____ m. _____ n. _____ o. _____ p. _____ q. _____ r. _____
11	Volunteer Engagement and Hours Contributed by Pro Bono Service	s. Number of new volunteers engaged this reporting period	s. _____

		t. Number of new mentor-client matches this reporting period u. Total number of volunteers who served this reporting period v. Total number of volunteer hours donated w. Major volunteer activities (list): x. Other resources generated (cash, in-kind, etc.)	t. _____ u. _____ v. _____ w. _____ _____ _____ _____ x. _____ _____ _____ _____

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

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.