SUPPORTING STATEMENT

FOR PAPERWORK REDUCTION ACT SUBMISSION

# A. Justification

1. **Explain the circumstances that make the collection of information necessary.**

The Administration for Community Living (ACL) requests an extension with change to the approved data collection for a study on the impact of COVID-19 on Adult Protective Service (APS) Programs (OMB 0985-0067).

Some elder advocates and law enforcement officers believe that the opioid epidemic is contributing to the increase in elder abuse.[[1]](#footnote-2) Even during the COVID-19 epidemic, regular press, briefs and editorials continue to report that the opioid abuse is still rising. Aging services and APS networks are likely to be dealing with more complex clients with opioid-related issues, placing enormous pressure on health care systems, emergency response services, law enforcement and other community services.[[2]](#footnote-3),[[3]](#footnote-4),[[4]](#footnote-5) In the context of COVID-19, we need to make extra efforts to look at these challenges and look for ways to effectively meet the needs of these clients.

The purpose of this 7-month study is to understand the nature, extent, and impact of opioids on older adults and their families by interviewing APS staff. The study will look magnitude and characteristics of these cases. It will look at what investigative methods and challenges are specific to opioid cases. Because of the COVID-19 pandemic, attention will also be made to the effects of pandemic on client circumstances, service gaps and needs, and outcomes. These are the objectives of the study:

* Identify the scope and characteristics of APS caseloads involving opioid abuse before and during COVID-19.
* Identify investigative methods used and challenges to using these methods
* Identify interventions used and challenges to implementing these interventions
* Identify additional services needed
* Identify challenges that are particular to the COVID-19 pandemic
* Assist ACL and other federal partners in targeting needed resources to have the highest impact
1. **Indicate how, by whom, and for what purpose the information is used.**

Findings from this important study will shed light on what and how to improve APS responses to opioid-related cases. Findings will be distributed via the APS-TARC website, a technical assistance resource center for APS programs. ACL will also explore other opportunities where findings can be shared via blogs, briefs, conference presentations and webinars.

1. **Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or forms of information technology.**

All interviews will be conducted via teleconference or video conference, depending on local technological availability or preference of respondents. The study team will coordinate logistics and inform respondents of call-in numbers or video links via email. The teleconference or video conference will allow for recording. Recordings will be transcribed via Rev.com, an online company providing transcription services.

1. **Describe efforts to identify duplication.**

There have been no other national studies conducted on APS’s response to opioid cases. Almost all APS offices do not specifically collect opioid data but may include information in case file summaries. Maine APS recently published a three year state study on opioids in November 2020.

1. **If the collection of information impacts small businesses or other small entities, describe any methods used to minimize burden.**

No small businesses or other small entities will be involved in this study.

1. **Describe the consequences to Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.**

Respondents will respond to the data collection one time only. Information from this study will likely benefit and affect policy-making to improve APS programs’ response to opioid cases. Without conducting this study, ACL may not collect necessary data to share with APS programs any knowledge and effective strategies to apply to a growing epidemic affecting older adults.

1. **Explain any special circumstances that would cause an information collection to be conducted in a manner:**
* requiring respondents to report information to the agency more often than quarterly;
* requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;
* requiring respondents to submit more than an original and two copies of any document;
* requiring respondents to retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years;
* in connection with a statistical survey, that is not designed to produce valid and reliable results than can be generalized to the universe of study;
* requiring the use of a statistical data classification that has not been reviewed and approved by OMB;
* that includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or that unnecessarily impedes sharing of data with other agencies for compatible confidential use; or
* requiring respondents to submit proprietary trade secrets, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information’s confidentiality to the extent permitted by law.

This information collection fully complies with 5CFR 1320.5, there are no special circumstances.

1. **As applicable, state that the Department has published the 60 and 30 Federal Register notices as required by 5 CFR 1320.8(d),**

The Study on the impact of COVID-19 on APS Programs published the 60-day FRN published in the Federal Register Vol. 85, No. 231 page 77217 on December 1, 2020. There were no public comments received.

From December 15, 2020 to January 11, 2021, the study team invited eight APS State directors to review the two interview guides and provide feedback on relevance and clarity of the questions, the feasibility of conducting these interviews and the length of time it would take to conduct the interviews. Three APS State directors responded with comments and two said they had no additional comments. All directors who commented suggested to clarify discussions of opioid misuse by separating discussions by who misused opioids: the client or perpetrator. Another director also suggested a third person: someone living with the client who is misusing opioids. One director identified the challenge of APS staff determining whether clients may or may not be using opioids appropriately or clients refusing to seek APS assistance due to opioid abuse. The same director suggested adding a question on if and how medications, particularly opioids, are documented and tracked by APS staff. Lastly, another director suggested to ask a specific question on the connection of opioid use and self-neglect. The study team has incorporated these suggestions into the interview guide.

Directors made no objections to the interviews taking 45 minutes to conduct and provided no challenges to technological availability or other issues using teleconference or video conference technology.

A 30-day notice published in the Federal Register in Vol. 86 No. xx page xxxx on [ACL PRA Office will insert]

1. **Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees with meaningful justification.**

Respondents will not receive any remuneration for participating in the interviews.

1. **Describe any assurance of confidentiality provided to respondents.**

There are no assurances of confidentiality. Personally identifiable information (PII) is not being collected as part of the study and we make no pledge about the confidentially of the data.

The VA Tech and WRMA Institutional Review Boards (IRB) have determined that the study is exempt from full IRB review, since the survey does not involve human subjects and no individual level data.

1. **Provide additional justification for any questions of a sensitive nature.**

There are no questions of a sensitive nature collected in the interviews. No client-level identifying data will be collected for the study.

1. **Provide estimates of the hour burden of the collection of information.** Provide estimates of annualized cost to respondents of the hour burdens for collections of information, identifying and using appropriate wage rate categories. The cost of contracting out or paying outside parties for information collection activities should not be included here. Instead, this cost should be included in Question 14.

The burden estimate below in Table 1 provides the average time to conduct the interviews. ACL calculated this burden estimate from three state administrators during the pilot of the interview guides.

**Table 1. Estimated Annualized Burden Hours**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Form Name** | **Number of Respondents** | **Number of Responses per Respondent** | **Total Responses** | **Average Burden per Response (in hours)** | **Total Burden Hours** |
| APS Administrator Interview Guide | 12 | 1 | 12 | .75 | 9 |
| APS Local Staff Interview Guide | 60 | 1 | 60 | .75 | 45 |
| Total |  |  |  |  | 54 |

The estimated annualized burden costs in Table 2 below was developed using the Bureau of Labor Statistics (<https://www.bls.gov/oes/current/oes110000.htm>) to determine salaries for each respondent. The total estimated burden cost is $3,682.44. For APS administrators, the salary estimate used is $45.23 under the management occupation category for local governments. With overhead and fringe benefits, the total is at $90.46 per hour for a total respondent cost of $814.14. For local field staff, the salary estimate used is $31.87 under the individual and family services. With overhead and fringe benefits, the total is $63.74 per hour for a total respondent cost of $2,868.30.

**Table 2. Estimated Annualized Burden Costs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Form Name** | **Total Burden Hours** | **Hourly Wage Rate** | **Total Respondent Costs** |
| APS Administrator Interview Guide Administrators | 9 | $90.46 | $814.14 |
| APS Local Staff Interview Guide | 45 | $63.74 | $2,868.30 |
| Total |  |  | $3,682.44 |

1. **Provide an estimate of the total annual cost burden to respondents or record keepers resulting from the collection of information.** (

There are no direct costs to respondents other than their time in participating in the interview.

1. **Provide estimates of annualized cost to the Federal government.** **Also, provide a description of the method used to estimate cost.**

The total cost to the government is **$119,792.80** calculated from the following:

There is one ACL staff member GS-14, based on the project schedule below federal oversight and review equates to 30 hours. From the 2020 OPM salary and wages at a hourly rate of $58.13, adding in 100% overhead and fringe benefit at $116.26 totals $3.487.8.

ACL contracted WRMA, Inc. to conduct the study for a total of $116,305**,**including labor, subcontract with VA Tech, and other operational costs.

**Table 3. Estimated Annualized Costs to the Federal Government**

|  |  |  |  |
| --- | --- | --- | --- |
| **Data Collection Activity**  | **Total Burden Hours** | **Hourly Wage Rate** | **Total Federal Government Costs** |
| ACL staff | 30 | $116.26 | $3,487.80 |
| WRMA Contract  |  |  | $116,305 |
| **TOTAL**  |  |  | **$119,792.80** |

1. **Explain the reasons for any program changes or adjustments.**

There is a program change increase of 38 annual burden hours.

Included 45-minute interviews with APS state administrators and local field staff on the growing national issue of opioid overdoses in the midst of the COVID-19 pandemic. APS staff are still limited in their response to clients’ needs due to COVID-19 and these additional interviews will shed light on the challenges that staff are experiencing in responding to opioid-related cases. The interviews will also discuss solutions and best practices.

1. **For collections of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used.**

Interviews will begin in March 2021 and continue until mid May (total of 10 weeks). The study team will summarize quantitative data using a statistical package such as SPSS and calculate descriptive statistics, such as the frequencies of each type of maltreatment, each type of perpetrator relationship, and other case characteristics among all of the opioid related elder abuse cases. The study team will also use cross-tabs and regression analysis if the data allow.

Qualitative interview data will be analyzed according to standard qualitative analytic techniques in order to identify common themes and patterns. Qualitative data will answer research questions involving the complexity of investigative methods and interventions, services provided, and challenges encountered in responding to opioid-related cases.

We expect, at a minimum, to stratify our interview sampling frame to represent cases by location, type(s) and history of ANE, age of victim, type of perpetrator, cases involving polyvictimization, and cases where abuse had been ongoing and previously unreported. We can then compare the responses to the interview questions for respondents from these different frames.

A summary report will be approved by ACL before publication on the APS-TARC website. Additional dissemination of findings will be explored with the interest of getting the information to APS programs as widely and effectively as possible. Below is a table of target dates.

**Table 4. Tabulation and Publications**

|  |  |
| --- | --- |
| Interviews | March 1 – May 15, 2021 |
| Data Analysis | May 17 – June 18, 2021 |
| Final Summary of Survey Findings to ACL for publication on APS-TARC website | August 31, 2021 |
| Possible dissemination of findings via webinars, blogs, briefs, conference presentation, etc. | After September 1, 2020 |

1. **Provide the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.**

Below is the estimated timeline for the study.

**Table 5. Estimated Study Timeline**

|  |  |
| --- | --- |
| OMB Extension Approval | February 28, 2021 |
| Phase 1 Interviews with State Administrator | March 1-30, 2021 |
| Phase II Local Staff Information  | April 1 – May 15, 2021 |
| Data Analysis | May 17 – June 18, 2021 |
| Final Report (draft and final) | June 21 – August 31, 2021 |
| Possible dissemination of findings via webinars, blogs, briefs, conference presentation, etc. | After September 1, 2021 |

1. **If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.**

The expiration date for OMB approval of the information collection will be displayed on the survey.

1. Benson, W.F; Aldrich, N. Raising Awareness and Seeking Solutions to the Opioid Epidemic’s Impact on Rural Older Adults [↑](#footnote-ref-2)
2. Blog Post (March 4, 2019): <https://eldermistreatment.usc.edu/opioids-and-elder-abuse-a-disquieting-connection/> [↑](#footnote-ref-3)
3. Washington Post Article (June 17, 2019): <https://www.washingtonpost.com/business/2019/06/17/how-opioid-crisis-is-leading-elder-financial-abuse/?utm_term=.594b4dd84d9d> [↑](#footnote-ref-4)
4. <https://eldermistreatment.usc.edu/missouris-aps-response-to-the-opioid-crisis/> [↑](#footnote-ref-5)