

## SOT Program Survey

### Page 1

As part of the Administration for Children and Families' (ACF) Office of Planning, Research, and Evaluation's (OPRE) Evidence Capacity Support project, Mathematica and Child Trends—two research organizations—are working with the Office of Refugee Resettlement (ORR) to learn more about Services for Survivors of Torture (SOT) programs. Specifically, we are conducting this survey to better understand SOT program capacity, partnerships with other organizations, current data collection and reporting processes, and technical assistance and training needs. This survey is voluntary; however, we hope to receive input from each SOT program. The survey should take about 40 minutes per respondent to complete. We are asking everyone to complete the survey by **DATE**.

Please note, because many of the survey items ask about data collection and reporting procedures, it may be best to have the personnel responsible for compiling and entering information into the Refugee Arrivals Data System (RADs) complete this survey. However, it is likely that you may need to seek input from other program staff to answer all the questions in this survey. Please feel free to download this **Word version** of the survey to review and share with program staff prior to completing the survey online. Once you have all the information you need, please have one person from your program complete the survey online. If your program team does not know the answer to specific question(s), you may leave the response blank and proceed with the remainder of the survey.

This survey will ask for your contact information (name, role within your organization, email address, and phone number). With your permission, this information may be used by the study team at Child Trends to contact you with follow-up questions over the next two months. The study team will only retain your contact information through the end of this project in August 2022.

The information you provide in this survey will **not** be shared with other SOT programs. Individual program responses will not be shared with OPRE or ORR – instead, the study team will combine responses from all programs before sharing information with ORR. The information shared will not include names or other identifiable information. However, because of the relatively small number of organizations participating in the study, there is a possibility that a response could be correctly linked to you.

If you are ready to begin the survey, please click “next.”

**The Paperwork Reduction Act Statement:** This collection of information is voluntary and will be used to document features of the Services for Survivors of Torture Program and the provision of services to individuals served by that program. Public reporting burden for this collection of information is estimated to average 40 minutes 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. The OMB control number for this collection is 0970-0531 and it expires **XX/XX/XXXX**.

### Page 2

#### **Instructions**

Navigating through the survey

- You may take this survey on any device, including cell phones or tablets. However, there are open text fields that may require long responses, therefore we recommend taking the survey on a computer.
- If you need to consult with others for responses to questions or want to complete the survey as a team, you can share the Word version of the survey so that you can print it and fill it out as a group, then enter your responses all at one time. To download the Word version, click here: [\[LINK\]](#)
- As you work through the survey, your responses are automatically saved after each page is completed (after each time you hit 'NEXT'). You may change a response by clicking on the **BACK** button at the bottom of the page (not your browser's 'back' button). Use the **NEXT** button to advance to the next page.
- When you have completed the survey, please click on the **SUBMIT** button at the end of the survey. You may submit the survey even if there are some questions that you do not answer. Once you submit the survey, you will not be able to return to it without contacting us.
- If you have any technical issues, you may call or email Reva Dalela of Child Trends at [rdalela@childtrends.org](mailto:rdalela@childtrends.org) or 240-223-9395 (Monday – Friday, 9:00 am – 5:00 pm ET).

If you are ready to complete the survey, click “Next.”

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Page 3

### **Program information**

1. What is the name of your organization? [drop down menu]
2. Name of individual responding to the survey [open text box]
  - a. Role in organization [open text box]
  - b. Email address [open text box]
  - c. Phone number [open text box]
  - d. Is it ok to contact you if we have any follow up questions after reviewing your survey responses? [Yes/No]
3. How many staff are employed by your SOT program in total? Please be sure to include full-time, part-time, and paid interns in this number. [open text box, #]
4. How many of those staff provide services directly to SOT clients? [open text box, #]
5. On average, how many clients does your SOT program serve per year? [radio buttons]
  - a. 1-99
  - b. 100-199
  - c. 200-299
  - d. 300-399
  - e. 400-499
  - f. 500 or more
6. On average, how long are clients typically enrolled in your SOT program? [radio buttons]
  - a. Less than 1 year

- b. 1 year
- c. 2 years
- d. 3 years
- e. Greater than 3 years

Page 4

**Data collection and reporting**

The following questions are about how your program staff collect and store data on program and client indicators internally. We will also ask about the 25 required Program Data Points (PDPs) reported to ORR through the Refugee Arrivals Data System (RADS) as well as the Performance Progress Reports (PPRs).

7. Which of the following electronic record systems do you currently use to collect and store client information? [radio buttons]
  - a. Efforts to Outcomes (ETO)
  - b. Apricot
  - c. EPIC
  - d. Athena Software
  - e. We do not use an electronic data collection system
  - f. Other, please specify
  
8. Which of the following measures or assessments does your program currently use to assess client needs, wellbeing, outcomes, and/or satisfaction? [check all that apply]
  - a. Survivors of Torture Psychosocial Wellbeing Index (SOT-PWI)
  - b. Survivors of Torture Psychosocial Wellbeing Index-Short (SOT-PWI-S)
  - c. Harvard Trauma Questionnaire (HTQ)
  - d. PTSD Checklist Civilian Version (PCL-C)
  - e. Hopkins Symptom Checklist (HSCL - 25)
  - f. Patient Health Questionnaire (PHQ-9)
  - g. World Health Organization Quality of Life Instrument (WHOQOL-BREF)
  - h. Pain, Enjoyment of life and General Activity (PEG)
  - i. Current Adaptive Functioning Index - Cross Cultural Index (CAFI-XC)
  - j. Self-Sufficiency Indicator Tool (SSI-T)
  - k. PROMIS Sleep Disturbance Scale
  - l. Program-specific satisfaction survey
  - m. Other, please specify
  
9. Apart from the PDPs, does your program collect any additional information or data on client or program indicators? If so, please describe what information you collect. [open text box]
  
10. When reporting outcome indicators (PDPs 20-25), which of the following tools do you use to measure client outcomes (e.g., whether they are "in crisis" or "stable")? [check all that apply]
  - a. Case file review
  - b. Information gathered from partner organizations and service providers
  - c. Survivors of Torture Psychosocial Wellbeing Index (SOT-PWI-S)

- d. Other tool(s)
    - i. If other tool(s), please specify the tool(s) used to measure client outcome indicators (Program Data Points 20-25).
11. Which of the following processes do you use in compiling the PDPs to submit in RADS? For example, how do you aggregate your client-level information to the program level? [check all that apply]
- a. Tallying by hand
  - b. Automatically generated report from electronic records system
  - c. Excel formulas/calculations
  - d. Other, please specify
12. To the best of your knowledge, approximately how many hours do your staff spend compiling and submitting the **PDPs** during each reporting period? [radio buttons]
- a. 1-3 hours
  - b. 4-6 hours
  - c. 7-10 hours
  - d. 11+ hours
13. To the best of your knowledge, approximately how many hours do your staff spend completing the **PPRs** during each reporting period? [radio buttons]
- a. 1-3 hours
  - b. 4-6 hours
  - c. 7-10 hours
  - d. 11+ hours
14. On a scale of 1 to 5, where 1 = not difficult at all and 5 = very difficult, please rate the degree to which the following activities are difficult for you and other program staff.

	1 - Not difficult at all	2	3	4	5 - Very difficult
Collecting data on client and program indicators on an ongoing basis					
Compiling data for PDPs					
Entering/reporting PDPs into RADS					
Completing PPRs					

15. Do you have any additional thoughts you would like to share with us about data collection and/or reporting? [open text box]

Page 5

**Perceptions of and recommendations for reporting requirements**

The following questions ask about your perceptions of the PDPs, any challenges you face using RADS, and recommendations you may have to improve the required reporting measures.

16. We are interested in how programs define success for SOT clients. Please describe how you define a successful transition out of the program. [open text box]

17. How well do the PDPs capture the services your SOT program provides and its goals? [radio buttons]

- a. Not at all
- b. Not very well
- c. Somewhat well
- d. Very well

18. How can the PDPs be improved to better capture your program services and/or goals? [open text box]

19. How well do the PDPs align with your clients' goals? [radio buttons]

- a. Not at all
- b. Not very well
- c. Somewhat well
- d. Very well

20. How can the PDPs be improved to better align with your clients' goals? [open text box]

21. Below we have listed each of the PDPs. Please indicate whether you find each PDP challenging to report on (i.e., yes you find it challenging to report on or no, it is not challenging).

PDP	Yes, I find this PDP challenging to report on	No, I do not find this PDP challenging to report on
Client count during reporting period		
Age when first subjected to torture		
Type(s) of torture suffered		
Reason(s) for torture		
Country where torture occurred		
Client goal(s) at intake		
Gender		
Immigration category/status at intake		
Age at intake		
Education prior to arrival		
Employment in the U.S. at intake		
Length of time in the U.S. at intake		
Country of origin		
Ethnicity		
Religion		
Languages used		

Clients served by services category		
People trained by profession		
Hours contributed by pro bono service		
Legal-immigration outcomes		
Housing outcomes		
Physical health outcomes		
Mental health outcomes		
Access to community resources outcomes		
Support system in the U.S. outcomes		

22. If you indicated any of the PDPs were challenging to report on above, please provide more information about why. [open text box]
23. Are there any program and/or outcome indicators that are **not** currently captured in the PDPs but you think **should** be? [Yes/No]  
 a. If yes, please list the item(s) you recommend adding and why. [open text box]
24. Are there any program and/or outcome indicators that **are** currently captured in the PDPs but you think should **not** be? [Yes/No]  
 a. If yes, please list the item(s) you recommend removing and why. [open text box]
25. Are there any other changes you would recommend making to the PDPs? [Yes/No]  
 a. If yes, please describe any changes you would make to the PDPs and why. [open text box]
26. On a scale of 1 to 5, where 1 = not a challenge and 5 = a serious challenge, please rate the degree to which the following are challenges your program encounters while reporting required data in RADS.

	1 - Not a challenge	2	3	4	5 - A serious challenge
Reporting program indicators (PDPs 1-19), including tallying counts for each program data point.					
Reporting aggregate client outcome indicators (PDPs 20 - 25) in SOT-PWI-S matrices.					

27. If you indicated facing challenges with reporting the PDPs in RADS in the questions above, please tell us more about the specific challenges you face [open text box].
28. On a scale of 1 to 5, where 1 = strongly disagree and 5 = strongly agree, please rate your level of agreement to the following statements regarding data reporting.

	1 -	2	3	4	5 -

	Strongly disagree				Strongly agree
I have a good user experience in RADS					
The PDP user guide and additional materials provided by ORR are helpful tools					
The RADS user training that ORR provides is useful					

29. How, if at all, can the PDP user guide be improved? [open text box]

30. How, if at all, can the RADS user training be improved? [open text box]

31. Is there anything else you would like to share with us about data collection or reporting that was not captured in the questions above? [Yes/No]

a. If yes, please explain. [open text box]

Page 6

**Training and Technical Assistance**

The following questions are about your program's interests related to technical assistance, support, and training for data collection and reporting.

32. Which of the following forms of technical assistance about data collection or reporting have you received/participated in over the last year? [Check all that apply]

- a. Training webinars from ORR
- b. Calls with ORR staff about data collection and reporting
- c. Assistance from the Center for Victims of Torture (CVT) (please describe the topic(s) covered)
- d. Other forms of technical assistance (please specify)

33. On a scale of 1 to 5, where 1 = not at all interested and 5 = very interested, please rate the degree to which you feel the need for the following types of support related to data collection, analysis, or reporting.

	1 - Not at all interested	2	3	4	5 - Very interested
Guidance on how to collect information on PDPs					
Guidance on compiling PDP information to enter into RADS					
Additional information/clarity on the definition of certain PDPs (e.g., difference between ethnicity and nationality)					
Guidance on how to measure outcome indicators (PDPs 20 - 25)					
Guidance on what information should be included in each section of the PPRs					

Feedback from ORR on submitted PPRs					
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34. Is there any additional technical assistance or training you would like related to data collection and reporting not included in the questions above? [Yes/No]
- If yes, please describe the type of technical assistance and/or training you are interested in. [open text box]
35. Has ORR provided any technical assistance or training in the past related to data collection or reporting that you've found particularly helpful [Yes/No]
- If yes, please provide information about the technical assistance and/or training, including when it occurred. [open text box]

Page 7

**Waitlists**

The following question is about waitlists for SOT programs. We are interested in learning more about how programs manage client waitlists and balance the desire of clients to stay engaged in the program and the need to serve new clients.

36. Does your program currently have a waitlist? [Yes/No] [If yes, go to 35b; if no, go to 35a]
- If no, has your program had a waitlist in the past? [Yes/No] [If yes, go to 35b; if no, go to 36]
  - Approximately how many clients are currently on the waitlist for the SOT program? [radio buttons]
    - 1-24
    - 25-49
    - 50-74
    - 75-99
    - 100 or more
  - Approximately how long do you expect clients to be on the waitlist? [radio buttons]
    - Less than one month
    - 1-3 months
    - 4-6 months
    - 7-9 months
    - 10-12 months
    - Greater than 12 months
  - Please use the space below to provide additional information about the waitlist. For example, how do you decide which client(s) to take off the waitlist when you have the capacity to serve a new client? Do you have waitlists for specific services? [open text box]
  - Do you use an evidence-based model to manage your waitlist? [Yes/No]
    - If yes, which evidence-based model do you use?
  - Do you provide referrals to clients on the waitlist? [Yes/No]

Page 8

**Participation in current or previous evaluations**

The following questions are about your program's participation in evaluations related to how program services affect client outcomes.

37. Has your program participated in any evaluations related to how services affect client outcomes? [Yes/No]



- a. If yes, please briefly describe the purpose of the evaluation. [open text box]
  - b. If yes, can we follow up with you with additional questions related to the evaluation?  
[Yes/No]
38. If there is a future evaluation related to how services provided by SOT programs affect client outcomes, would your program be willing to participate? [Yes/No]

## **Thank You Page: Thank You!**

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Thank you for completing the survey. We will send you a follow up email to confirm that we have received your response.