

# **Services for Survivors of Torture Program Medical Care Survey**

**Formative Data Collections for Program Support**

**0970 – 0531**

## **Supporting Statement**

### **Part A - Justification**

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Submitted By:  
Office of Refugee Resettlement  
Administration for Children and Families  
U.S. Department of Health and Human Services

4<sup>th</sup> Floor, Mary E. Switzer Building  
330 C Street, SW  
Washington, D.C. 20201

## **A1. Necessity for the Data Collection**

The Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS) seeks approval for a survey of Services for Survivors of Torture (SOT) recipients to assess their capacity for providing medical care to torture survivors and to identify technical assistance and training needs of recipients to strengthen and expand this capacity.

This proposed information collection meets the following goals of ACF's generic clearance for formative data collections for program support (0970-0531):

- Delivery of targeted assistance related to program development, implementation, and refinement of medical care.
- Planning for provision of programmatic and clinical training and technical assistance (T/TA) related to medical care.
- Obtaining grantee or other stakeholder input on the development of program performance measures related to medical care.
- Development of learning agendas and research priorities related to medical care.

### ***Background***

In the United States, survivors of torture constitute an extremely vulnerable demographic cohort, especially after their arrival in the country as refugees and immigrants. Survivors may experience long lasting physical consequences of torture such as acute injury, infections, chronic pain, and exacerbations of chronic illness. Additionally, they may suffer from the psychological effects of torture, which include post-traumatic stress disorder, depression, and anxiety disorders. Providing access to medical and mental health care is central to the healing and recovery process for torture survivors. ORR requires SOT recipients to provide access to medical care to enrolled survivors. These services may be provided either directly by the recipient or indirectly through partner organizations. ORR's Division of Refugee Health created the Medical Task Force (MTF) to better understand and strengthen the capacity of SOT recipients to provide access to medical and mental health care for survivors. This proposed information collection supports this effort.

### ***Legal or Administrative Requirements that Necessitate the Collection***

There are no legal or administrative requirements that necessitate the collection. ACF is undertaking the collection at the discretion of the agency.

## **A2. Purpose of Survey and Data Collection Procedures**

### ***Overview of Purpose and Use***

The MTF developed a survey to identify the current medical care capacity of SOT recipients and to better understand how to increase this capacity. The MTF will use the information in the survey to make recommendations to ORR on ways standardize and improve access to medical care across programs. ORR expects to use the information for program planning, provision of T/TA, and potentially may share disaggregated information with SOT programs and other stakeholders to share lessons learned or contextualize T/TA or program updates.

### ***Processes for Information Collection***

The MTF will email the survey to the 35 SOT programs. One person from each program will complete the online survey using the link in the email. They will have the option to download a copy of the survey to use for gathering information before completing the survey online.

### **A3. Improved Information Technology to Reduce Burden**

The survey is electronic and can be taken on any device including a laptop, cell phone, or tablet. Responses are automatically saved after each page is completed (after clicking the “Next” button). Participants may change a response by clicking the “BACK” button, and then clicking “NEXT” button to advance to the next page.

### **A4. Efforts to Identify Duplication**

There are currently no standard surveys within the DS SOT program to collect specific information about the medical care capacity among the 35 recipients. Each recipient provides narrative updates on their individual logic model and service delivery model through the semi-annual ACF Performance Progress Report (PPR) (OMB #0970-0406). ORR also collects annual program-level data points which include the number of clients that request and receive medical services, and a summary of changes in the level of general medical needs each program year (OMB #0970-0490).

### **A5. Involvement of Small Organizations**

No small businesses will be involved in this information collection.

### **A6. Consequences of Less Frequent Data Collection**

This is a one-time data collection.

### **A7. Special Circumstances**

There are no special circumstances for the proposed data collection efforts.

### **A8. Federal Register Notice and Consultation**

#### ***Federal Register Notice and Comments***

In accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104-13) and Office of Management and Budget (OMB) regulations at 5 CFR Part 1320 (60 FR 44978, August 29, 1995), ACF published a notice in the Federal Register announcing the agency’s intention to request an OMB review of the overarching generic clearance for formative information collection. This notice was published on November 3, 2020, (85 FR 69627), and provided a sixty-day period for public comment. During the notice and comment period, no substantive

comments were received. A subsequent notice was published on December 28, 2020 (85 FR 84343) and provided a thirty-day period for public comment. During the notice and comment period, no substantive comments were received.

On January 28, 2022, ACF a notice (87 FR 4603) providing a sixty-day period related to an extension request to this umbrella clearance. No comments were received. ACF will submit a request to extend approval and publish an additional notice allowing a thirty-day period for public comment prior to July 31, 2022.

### ***Consultation with Outside Experts***

The Medical Task Force is a project of ORR's TA SOT recipient, the National Capacity Building (NCB) project and the Task Force Chair is part of the NCB project. There are approximately twelve members of the task force, six of whom are DS SOT recipients and the other six are subject matter experts in the field of medicine or global mental health.

### **A9. Tokens of Appreciation for Respondents**

No tokens of appreciation for respondents are proposed for this information collection.

### **A10. Privacy of Respondents**

Information collected will be kept private to the extent permitted by law. Respondents will be informed of all planned uses of data, that their participation is voluntary, and that their information will be kept private to the extent permitted by law.

The platform securely collects respondents' information in Type II Accredited Security Operations Centers (SOC 2) that adhere to security and technical best practices. The platform ensures that collected data is transmitted over a secure HTTPS connection, and user logins are protected via Transport Layer Security (TLS).

Respondents have the option to provide their name, organization name, and organization location at the end of the survey. This information will be used by the survey team to follow up with respondents if there are any questions or concerns about the survey. Information will not be maintained in a paper or electronic system from which data are actually or directly retrieved by an individuals' personal identifier.

### **A11. Sensitive Questions**

There are no sensitive questions in this data collection.

## **A12. Estimation of Information Collection Burden**

### ***Burden Estimates***

The estimated burden in responding to the survey is 40 minutes. The burden was calculated by estimating the length of time it would take to answer the 33 questions. Twenty-eight of the questions can be answered by checking and/or entering a number count. The last five questions can be answered with a short narrative response. We anticipate a program or medical director to complete the survey and to know the majority of the answers and have the information readily available for the few they do not.

### ***Cost Estimates***

The cost to respondents was calculated using the Bureau of Labor Statistics (BLS) job code for Medical and Health Services Managers [11-9111] and median wage data from May 2021, which is \$48.72 per hour. To account for fringe benefits and overhead the rate was multiplied by two which is \$ 97.44.

<https://www.bls.gov/oes/current/oes119111.htm>

Instrument	Total Number of Respondents	Total Number of Responses Per Respondent	Average Burden Hours Per Response	Total Burden Hours	Average Hourly Wage	Total Annual Cost
Medical Needs Assessment	35	1	.667	23	\$97.44	\$2,241

## **A13. Cost Burden to Respondents or Record Keepers**

There are no additional costs to respondents.

## **A14. Estimate of Cost to the Federal Government**

The total cost for the data collection activities under this current request will be \$1,705.

## **A15. Change in Burden**

This is for an individual information collection under the umbrella formative generic clearance for program support (0970-0531).

## **A16. Plan and Time Schedule for Information Collection, Tabulation and Publication**

The Medical Task Force plans to disseminate the survey, analyze and collate the responses, and prepare a summary report for ORR by September 30, 2022. In addition, to a project specific report, information resulting from the survey may be included in technical assistance plans, presentations, infographics, or other documents relevant to stakeholders such as federal

leadership and staff, recipients, local implementing agencies, and/or T/TA providers. In sharing findings, we will describe the study methods and limitations with regard to generalizability and as a basis for policy.

**A17. Reasons Not to Display OMB Expiration Date**

All instruments will display the expiration date for OMB approval.

**A18. Exceptions to Certification for Paperwork Reduction Act Submissions**

No exceptions are necessary for this information collection.