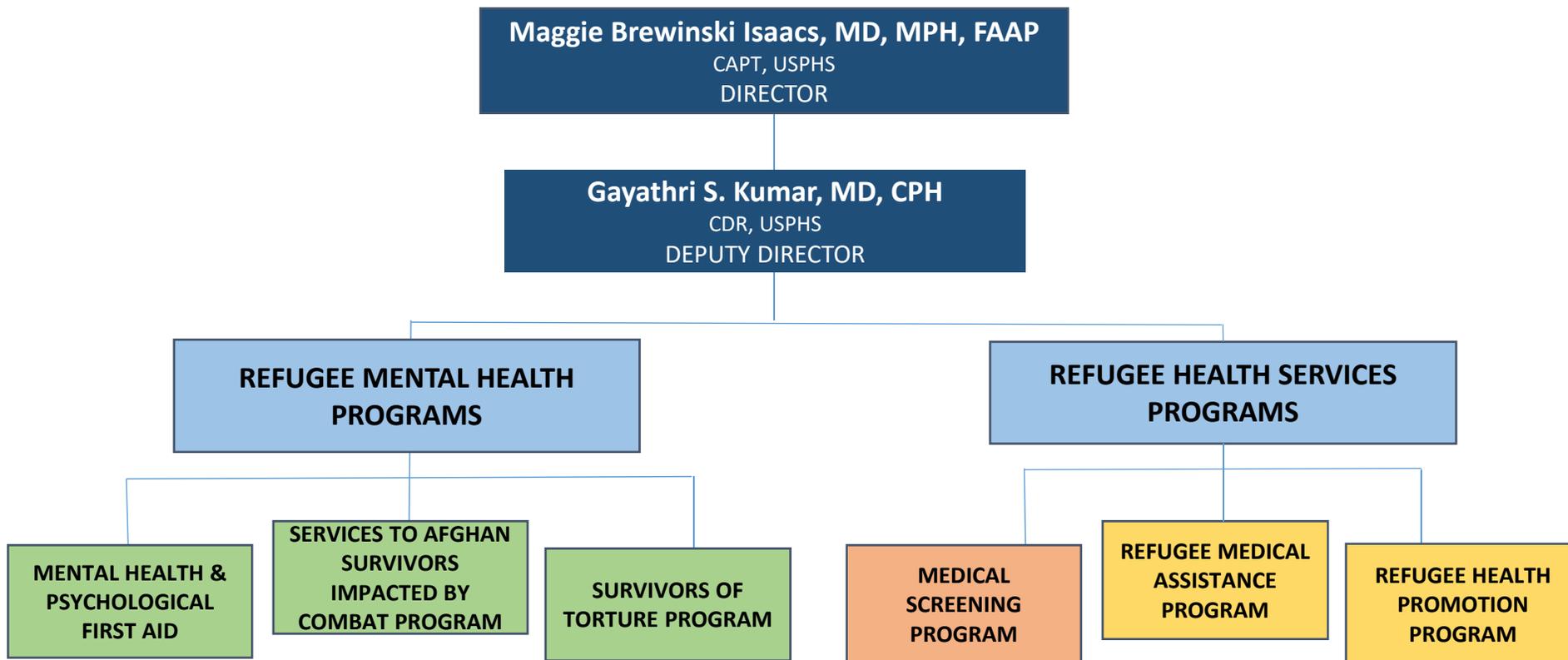


ORR DIVISION OF REFUGEE HEALTH



ORR REFUGEE HEALTH PROGRAMS MONITORING & EVALUATION TEAM SUPPORT

Senior M&E Specialist (SOT)

Senior M&E Specialist (RMA/RMS/RHP)

ADMINISTRATION FOR
CHILDREN & FAMILIES

**Office of Refugee Resettlement
Services for Survivors of Torture Program
Recipient Orientation
November 14, 2022**



ADMINISTRATION FOR
CHILDREN & FAMILIES

SOT Recipient Orientation AGENDA

- Introduction to ACF/ORR Team
- Introduction to NCB Team and Overview of Project
- Overview of NCTTP
- Overview of Grants Management
- Overview of Program Monitoring
- Overview of Eligibility Guidelines
- Overview of Program Data Points
- First-time Recipient Introductions
- Questions and Discussion



ACF/ORR Team Supporting SOT Program

- Capt. Maggie Brewinski-Isaacs, Director, Division of Refugee Health (DRH)
- Cmdr. Gayathri Kumar, Deputy Director, DRH
- Tabassum Siraj, RMH Team Lead, DRH
- Tim Kelly, Sr. Program Specialist, DRH
- Sabrina Torres, Program Specialist, DRH
- PK Subedi, Program Specialist, DRH
- Bernard Morgan, Grants Management Specialist, Office of Grants Management (OGM)
- Lindsay Shah, Program Monitor, Monitoring, Evaluation, and Analysis (MEA)





with



Harvard
Program
in Refugee
Trauma



NATIONAL
CONSORTIUM
OF TORTURE
TREATMENT
PROGRAMS

National Capacity Building Project (NCB)

- Funded by the **Office of Refugee Resettlement**
- Implemented by the **Center for Victims of Torture**, in partnership with the **Harvard Program in Refugee Trauma (HPRT)** and the **National Consortium of Torture Treatment Programs (NCTTP)**
- Ensures that the **Network of DS SOT grantees and partner organizations** have the technical assistance (TA) and resources to improve the quality of interventions for survivors of torture and their families, and increase access to effective trauma-informed and culturally responsive interventions and services in the US.



National Capacity Building Project

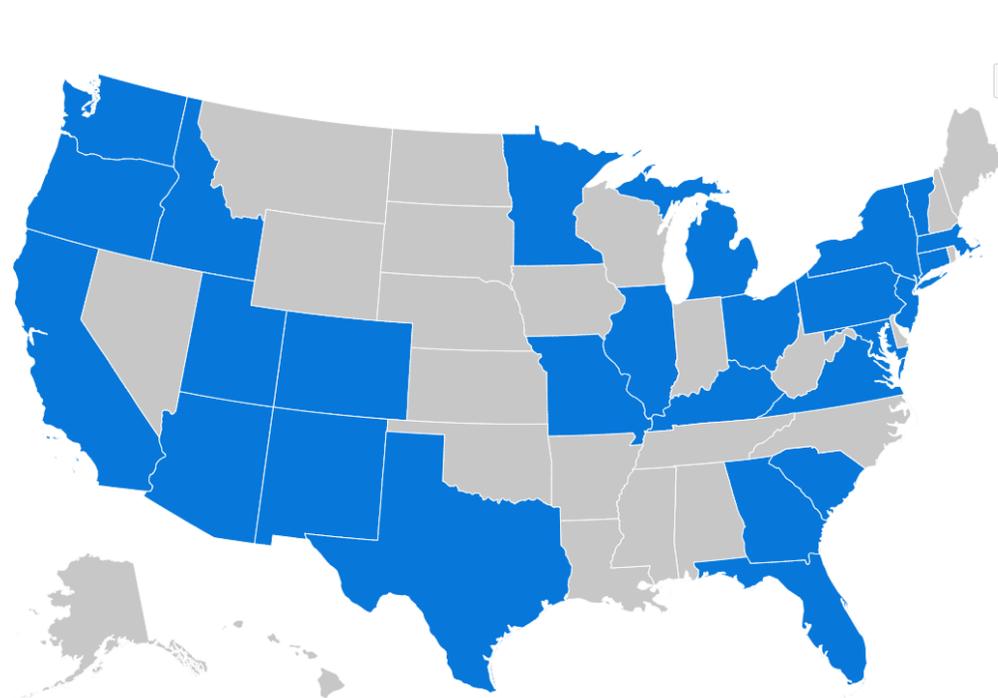
NCB Objectives

- ❖ Develop, adapt, and disseminate evidence-based practices and interventions designed to promote healing for survivors of torture and their families so that they can attend to their health, build effective support networks, and contribute to their communities.
- ❖ Create and maintain structures and systems to facilitate shared learning and collaborative research within the Network including DS SOT recipients and partner organizations.
- ❖ Provide training and technical assistance to the Network in effectively implementing and evaluating evidence-based practices and individual and family interventions for healing torture and trauma.
- ❖ Support the evaluation efforts of DS SOT recipients to develop and refine tools to accurately assess, measure, and report on the needs and outcomes of survivors.



Direct Beneficiaries: The Network of ORR DS SOT grantees, partner and affiliate organizations, and its members.

Indirect Beneficiaries: Survivors of torture receiving services through DS SOT recipients and partner organizations, their families and communities.



Geographic Reach: 48 Survivors of Torture programs in 25 states

Survivors of Torture programs eligible for NCB services are funded by ORR under the [Torture Victims Relief Act \(TVRA\)](#), or members of the [National Consortium of Torture Treatment Programs \(NCTTP\)](#).



National Capacity Building Project

Technical Assistance

- Community of Practice
- Peer consultation groups
- Resource website – www.Healtorture.org
- Webinars and eLearning courses
- Virtual and in-person training
- Online and onsite consultations
- Capacity building tool and measure (SOT-ICC)
- Research and Publications
- Medical Services Task Force



NCB Partners

HPRT <http://hpert-cambridge.org/>

- **Dr. Richard Mollica**, *Professor of Psychiatry, Harvard Medical School; Director, Harvard Program in Refugee Trauma, MGH*
- **Eugene Augusterfer**, *Deputy Director and Director of Telemedicine, HPRT*
- **Elizabeth DiStefano**, *Finance and Program Manager, HPRT*

NCTTP <https://www.ncttp.org/>

- **Dr. Hawthorne Smith**, *President, NCTTP; Director, Bellevue Program for Survivors of Torture; Associate Clinical Professor, NYU School of Medicine;*
- **Dr. Megan Berthold**, *Chair, Research and Data Committee, NCTTP; Associate Professor, School of Social Work, University of Connecticut*



National Capacity Building Project

NCB Team

- **Dr. Shruti Dasgupta**, *Clinical & Training Advisor*, sdasgupta@cvt.org
- **Sara Bracewell**, *eLearning Developer & Website Administrator*, sbracewell@cvt.org
- **Lisa Hattori**, *Program Evaluation Specialist*, lhattori@cvt.org
- **Amy Kamel**, *Clinical & Training Advisor*, akamel@cvt.org
- **Ann Lundberg**, *Logistics and Communications Coordinator*, alundberg@cvt.org
- **Huy Pham**, *Project Manager*, hpham@cvt.org



[NCB Project Guide To Services](#)



National Capacity Building Project



**Office of Grants
Management**
Heath Promotion Portfolio

Bernard Morgan
Grants Management Specialist

Role of Grants Management Office

- Responsible for fiscal management and administration of grant award.
- Ensuring compliance with applicable laws, regulations, policies, and procedures and technical aspects of grants and fiscal monitoring.
- Provide guidance on fiscal requirements related to grant awards, terms and conditions, post-award changes, reporting, and closeout procedures.

Role of Grants Management Office (Cont.)

- Contact OGM for the following:
 - Requesting amendments to the original grant application, such as changes in key personnel, budget modification, and no-cost extension
 - Clarification of budget issues, particularly allowable costs
 - Guidance on submitting fiscal reports and other official correspondence

Refugee
Programs
Monitoring,
Evaluation, &
Analysis Team

Lindsay Shah

Overview of the Monitoring Process

Survivors of Torture Program

ORR Monitoring Goals

Assess **compliance** with
ORR regulations and
policies



Examine program
**performance and
outcomes**



Identify **promising
practices**



Monitoring Review Elements

Grantee Pre-Monitoring Call

Grantee Pre-Monitoring Questionnaire

Pre-Visit Document Review

Case File Review

Client Interviews

Staff Interviews

Project Observation

Community Partner Interview

Monitoring Report

Overview of Eligibility Guidelines

SERVICES FOR SURVIVORS OF TORTURE PROGRAM ELIGIBILITY DETERMINATION GUIDELINES 2022



Overview of Eligibility Guidelines

Table of Contents

- ❖ Introduction
- ❖ SOT Legislative Authority and Torture Definition
 - SOT Program Authorizing Legislation
 - TVRA Definition of Torture
- ❖ Eligibility: Qualifying Individuals and Explication of Criteria
- ❖ Specific Forms of Torture and Torture Settings
- ❖ ORR Documentation Requirements and Training
- ❖ Technical Assistance and Training
- ❖ Acknowledgements



Office of Refugee Resettlement Services for Survivors of Torture

Updated Program Data Points Form

November 14, 2022



ADMINISTRATION FOR
CHILDREN & FAMILIES

Overview

- SOT Program Indicators
 - ✓ Changes to program indicators
- SOT Program Outcome Indicators
 - ✓ Addition of DP 22: Employment
- Question and Answer



Program Indicators: Data Points 1 to 2

Data Point	Description	Indicators	No. of Clients Served
01a	Active Caseload: Client count during reporting period	New primary New secondary Continuing primary Continuing secondary TOTAL ACTIVE CLIENT COUNT	_____ _____ _____ _____ _____
01b	Closed Caseload: Client count during reporting period	New primary New secondary Continuing primary Continuing secondary TOTAL CLOSED CLIENT COUNT	_____ _____ _____ _____ _____
02	Age when first subjected to torture (Primary survivors only)	Under 5 years 5 – 17 years 18 – 44 years 45 – 64 years 65 years and over TOTAL	_____ _____ _____ _____ _____ _____



Program Indicators: Date Points 3

Data Point	Description	Indicators	No. of Clients Served
03	Type of torture suffered (Primary survivors only)	Asphyxiation	_____
		Beating	_____
		Burning	_____
		Deprivation	_____
		Electrical	_____
		Forced postures	_____
		Gender-based violence	_____
		Kidnapping and disappearances	_____
		Rape and sexual torture	_____
		Sensory stress	_____
		Severe humiliation	_____
		Threats and psychological torture	_____
		Witnessing torture of others	_____
		Wounding/maiming	_____
		Other: Please specify _____	_____
TOTAL	_____		

- **Added a new indicator in DP 3**
 - ✓ **Gender-based violence:** *Cruel, inhuman, or degrading treatment or punishment based on traditional gender expectations and roles, including FGM, forced marriage; and coerced sterilization (for men and women).*



Program Indicators: Date Points 4

- **Changes in DP 4**

- ✓ New indicator

Breakdown of authority/terror by non-state actors: *The lack of government authority or absence of a formal recognized government has allowed non-state actors, such as de facto groups, to coerce, intimidate, or inflict punishment on others. De facto groups include ethnic, tribal or village leaders, such as chiefs and elders who enforce local customs and cultural practices, as well as opposition groups who have seized military control of a particular region, members of a cartel, gang or other group that holds power by unlawful or illegitimate means. The breakdown of authority in the country led to the torture of the client.*

- ✓ “Political Reasons” and “Social Activism” have been combined into a new indicator- “Sociopolitical Activism”
 - ✓ We can add counts in the indicator “ Social Group” sub-categories.

04	Reason for torture (Primary survivors only)	Breakdown of authority/terror by non-state actors	_____
		Ethnicity	_____
		Nationality	_____
		Religion	_____
		Social group	_____
		Clan/Tribe	_____
		Gender	_____
		Gender identity	_____
		Sexual orientation	_____
		Sociopolitical activism	_____
		Other: Please specify _____	_____
		TOTAL	_____



Program Indicators: Data Points 5 to 7

Data Point	Description	Indicators	No. of Clients Served
05	Country where torture occurred (Primary survivors only)	Country 1: Country 2: Country 3: Country 4: ... Unknown (Report all countries) TOTAL	____ ____ ____ ____ ____ ____
06	Client goal(s) at intake	Behavioral Housing Interpersonal/Social Legal Occupational/Educational Physical/Medical TOTAL	____ ____ ____ ____ ____ ____ ____
07	Gender	Female Male X (unspecified, or another gender identity) TOTAL	____ ____ ____ ____

- **Changes in DP 6**

- ✓ The indicator “**Emotional/Psychological**” goals is changed into “**Behavioral**” goals.

Behavioral: Goals related to improving mental and emotional health. Activities to accomplish these goals may include psychological testing and evaluation, psychotherapy/counseling, support groups, psychopharmacology, treatment for substance use, other forms of psychiatric/psychological treatment, and healing practices such as meditation and yoga.

- ✓ The indicator “**Substance Abuse**” is removed.



Program Indicators: Data Points 10 to 12

Data Point	Description	Indicators	No. of Clients Served
10	Education prior to arrival (For clients \geq 18 years of age at intake)	Less than 1 year 1-4 years 5-8 years 9-12 years 13-16 years More than 16 years TOTAL	_____ _____ _____ _____ _____ _____
11	Employment in the U.S at intake (For clients \geq 18 years of age at intake)	No work authorization Unemployed and not seeking employment (e.g., students, elderly, disabled, and primary caregivers) Unemployed, work authorized, and seeking employment Employed with work authorization (PT/FT) TOTAL	_____ _____ _____ _____ _____
12	Length of time in the U.S. at intake	Less than one year 1-5 years More than 5 years Unknown TOTAL	_____ _____ _____ _____ _____



Program Indicators: Data Points 13 to 15

Data Point	Description	Indicators	No. of Clients Served
13	Country of origin	Country 1: Country 2: Country 3: Country 4: ... (Report all countries) TOTAL	____ ____ ____ ____ ____
14	Ethnicity	Ethnicity 1: Ethnicity 2: Ethnicity 3: Ethnicity 4: Unknown (Report all ethnicities) TOTAL	____ ____ ____ ____ ____ ____
15	Religion	Buddhism Christianity Hinduism Islam Judaism None Unknown Other: Please specify _____ TOTAL	____ ____ ____ ____ ____ ____ ____ ____ ____ ____

- **Religion:** The religious tradition, faith community, or set of spiritual beliefs and practices to which the client reports an affiliation. The five world faiths (which should include all sects and denominations of each) listed here are Buddhism, Christianity, Hinduism, Judaism, and Islam.
- The USER GUIDE will include language for each religion.



Program Indicators: Data Points 16 to 18

Data Point	Description	Indicators	No. of Clients Served
16	Languages used	Language 1: Language 2: Language 3: Language 4: ... (Report all languages used) TOTAL	_____ _____ _____ _____ _____
17	Clients served by service category	Behavioral Housing Interpersonal/Social Legal Occupational/Educational Physical/Medical TOTAL	_____ _____ _____ _____ _____ _____ _____
18	Professionals/community members trained under SOT	Community Education Interpretation/translation Law Enforcement Legal Medical Mental health Social Other: Please specify: _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____

- **Changes in DP 17**

- ✓ The indicator “**Emotional/Psychological**” goals is changed into “**Behavioral**” goals.

Behavioral: Goals related to improving mental and emotional health. Activities to accomplish these goals may include psychological testing and evaluation, psychotherapy/counseling, support groups, psychopharmacology, treatment for substance use, other forms of psychiatric/psychological treatment, and healing practices such as meditation and yoga.

- ✓ The indicator “Substance Abuse” is removed.

- **Changes in DP 18**

- ✓ The data point description “**People Trained by Profession**” is changed into “**Professionals/community members trained under SOT.**”



Program Indicator: Data Points 19

Data Point	Description	Indicators	No. of Clients Served
19	Pro bono professional service hours donated to SOT e	Administrative, managerial, and other professional services Accounting, development, and grant writing Information technology and research Interpretation/Translation Legal Medical Mental health services Social services Other: Please specify: _____	Number of hours _____ _____ _____ _____ _____ _____ _____

- **Changes in DP 19**
 - ✓ The data point description “**Hours contributed by pro bono service**” is changed into “**Pro bono professional service hours donated to SOT.**”



Outcome Indicators: Data Points 20 to 21

Data Point	Description	Level of Need		END			
				1 In Crisis	2 Vulnerable	3 Stable	4 Safe
20.a New Clients	Legal- immigration	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				
Data Point	Description	Level of Need		END			
20.b Continuing Clients	Legal- immigration	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				

Data Point	Description	Level of Need		END			
				1 In Crisis	2 Vulnerable	3 Stable	4 Safe
21.a New Clients	Housing	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				
Data Point	Description	Level of Need		END			
21.b Continuing Clients	Housing	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				



Outcome Indicators: Data Point 22

Data Point	Description	Level of Need		END			
				1 In Crisis	2 Vulnerable	3 Stable	4 Safe
22.a New Clients	Employment	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				
Data Point	Description	Level of Need		END			
22.b Continuing Clients	Employment	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				

<i>Levels of Need</i>			
(1) In Crisis	(2) Vulnerable	(3) Stable	(4) Safe
Client: <ul style="list-style-type: none"> Is unable to work because of physical or mental health disability; Does not have work authorization; Is being threatened and/ or exploited by employer. 	Client: <ul style="list-style-type: none"> Is working without work authorization; Is engaged in irregular and/ or cash only employment; Has work authorized but unemployed. 	Client: <ul style="list-style-type: none"> Is work authorized and maintains regular employment. 	Client: <ul style="list-style-type: none"> Is work authorized and maintains regular employment that offers some benefits and employee protections.



Outcome Indicators: Data Points 23 to 24

Data Point	Description	Level of Need		END			
				1 In Crisis	2 Vulnerable	3 Stable	4 Safe
23.a New Clients	Physical health	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				
23.b Continuing Clients	Physical health	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				

Data Point	Description	Level of Need		END			
				1 In Crisis	2 Vulnerable	3 Stable	4 Safe
24.a New Clients	Mental Health	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				
24.b Continuing Clients	Mental Health	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				



Outcome Indicators: Data Points 25 to 26

Data Point	Description	Level of Need		END			
				1 In Crisis	2 Vulnerable	3 Stable	4 Safe
25.a New Clients	Access to community resources	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				
25.b Continuing Clients	Access to community resources	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				

Data Point	Description	Level of Need		END			
				1 In Crisis	2 Vulnerable	3 Stable	4 Safe
26.a New Clients	U.S.-Based Support Systems	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				
26.b Continuing Clients	U.S.-Based Support Systems	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				



New SOT Recipients FY2023

- **Asylee Women Enterprises, Baltimore MD**
Intercultural Counseling Connection, HEAL Collaborative
- **Freedom House, Detroit MI**
- **International Rescue Committee, Sacramento, CA**
- **International Rescue Committee, Seattle, WA**
Harborview Hospital, Northwest Immigrants Rights Project
- **Las Cumbres Community Services, Santa Fe, NM**
- **Metta Health Center, Lowell CHC, Lowell, MA**
- **Prisma Health Center, University of South Carolina Medical School, Columbia, SC**



Discussion and Questions?

