

# Evaluating and Monitoring the Reach, Quality, and Consistency of Crisis Counseling Assistance and Training Programs Toolkit

Version 2.0  
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**Contact Information for Questions or Comments Regarding Crisis Counseling Assistance and Training Program (CCP) Data Collection Forms and Evaluation**

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# **SAMHSA DTAC**

Substance Abuse and Mental Health Services Administration • Disaster Technical Assistance Center

# **/// Component I—Manual for the Use of CCP Data Collection Forms and Evaluation**

## **/// Introduction—the Basics**

### ***What is the CCP?***

The Crisis Counseling Assistance and Training Program (commonly referred to as the Crisis Counseling Program or CCP) is funded by the Federal Emergency Management Agency (FEMA) through the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93-288, as amended by Public Law 100-707). U.S. States, Territories, and federally recognized Tribes are eligible to apply for a CCP grant. The CCP requires a Presidential declaration of disaster for Individual Assistance and is administered through a Federal interagency partnership between FEMA and the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS). The CCP is composed of two grant programs:

1. Immediate Services Program (ISP) that is 60 days in duration
2. Regular Services Program (RSP) that is up to 9 months in duration

CCPs aim to meet short-term behavioral health needs of affected communities through counseling, outreach, public education, training, and referral. In recent years, there have been approximately 15–20 active CCPs per year, but in some years (such as after the 2005 Hurricanes Katrina, Wilma, and Rita), there have been more. The CCP has provided brief behavioral health services to millions of disaster survivors since its inception and has become an important model for response to a variety of catastrophic events.

### ***What are the roles of FEMA, SAMHSA, and SAMHSA DTAC?***

The CCP is a partnership between FEMA and SAMHSA CMHS. CMHS provides States and Territories with consultation and assistance in implementing the program. The SAMHSA Disaster Technical Assistance Center (DTAC) provides technical assistance throughout the phases of disaster recovery including dedicated technical assistance for CCPs. SAMHSA DTAC houses a library of print and electronic resource materials and maintains a toll-free helpline (1-800-308-3515), a comprehensive website, and an email address ([DTAC@samsha.hhs.gov](mailto:DTAC@samsha.hhs.gov)).

### ***What are the roles of States and/or service providers funded with a CCP?***

CCP services are typically provided to the affected areas by behavioral health organizations through contracts with a State's department of mental health. In some cases crisis counselors are hired directly as State employees. CCP staff members usually include a combination of behavioral health professionals and paraprofessionals trained and supervised to deliver an array of crisis counseling services. CCP staff members are usually indigenous to the affected communities and are sometimes survivors themselves. The CCP-funded State, U.S. Territory, or federally recognized Tribe is tasked with ensuring that CCP services, reporting requirements, and financial documentation adhere to Section 416 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93-288, as amended).

### ***Why is it important to collect consistent data on CCP services?***

Collecting accurate information about services and service recipients is essential for monitoring and evaluating CCPs. In the past, States developed their own procedures and forms. This process was time-consuming and often missed important questions. CMHS recognized that standard reporting methods needed to be implemented in order to make the data meaningful and more accurate across disasters and across States, U.S. Territories, and federally recognized Tribes.

In 2005, CMHS introduced a data toolkit to standardize program activities, definitions, and data collection. These tools were originally evaluated and approved by the Office of Management and Budget (OMB) in September 2005 with an expiration date of September 2008. A revised set of tools was again submitted to OMB and was approved (OMB No. 0930-0270) in January 2009 with an expiration date of January 2012.

### ***What are some of the key changes between the 2005 and 2009 OMB-approved forms?***

The revised CCP standard data collection toolkit contains the six previous forms (Individual Encounter Log, Group Encounter Log, Weekly Tally Sheet, Adult Assessment and Referral Tool, Participant Feedback Survey, and Service Provider Feedback Survey), as well as one new form (the Child/Youth Assessment and Referral Tool). The revised forms clarified definitions and added response options that occurred frequently within the “other” category in the previous forms. As part of the revision to the Individual Encounter Log, a section on event reactions was added. These items measure the participant’s behavioral, emotional, physical, and cognitive reactions to disaster. Responses to the event reactions section can be used to inform decisions regarding whether additional or more intensive services are needed for the individual or program.

### ***How is the Evaluating and Monitoring the Reach, Quality, and Consistency of Crisis Counseling Assistance and Training Programs Toolkit, Version 2.0 organized?***

The *Evaluating and Monitoring the Reach, Quality, and Consistency of Crisis Counseling Assistance and Training Programs Toolkit, Version 2.0* is organized into three components.

1. The first component is the Manual for the Use of CCP Data Collection Forms and Evaluation. The manual is organized as a series of questions that outreach workers, crisis counselors, supervisors, program planners, and data managers might ask as they perform ongoing program monitoring. The manual includes information on evaluation and use of the data collection forms.
2. The second component consists of the CCP data collection forms and their instructions (OMB #0930-0270, expiration 1/31/2012). Additional templates are also included for the administration of the Service Provider Feedback Survey and the Participant Feedback Survey.
3. The third component consists of the *Crisis Counseling Assistance and Training Program (CCP) Online Data Collection and Evaluation System User Manual, Version 2.0*. The user manual provides an overview of how to use the CCP Online Data Collection and Evaluation System, including data entry via the CCP data website, <http://www.esi-bethesda.com/CCPEvaluation>, data results, and reporting.

### ***How should it be used?***

The CCP data toolkit was created to serve three important functions. First, it should be used for training direct-service staff (e.g., crisis counselors and/or outreach workers) and other relevant program staff about CCP evaluation data forms and their appropriate use when out in the field working with disaster survivors. Secondly, data management staff can use it to provide instruction on form data entry via the CCP data website and key functions of the website—data downloads, analysis, and progress reporting. Lastly, but importantly it can be used as an ongoing reference when questions arise regarding all facets of CCP data collection and evaluation.

## **/// Understanding Program Evaluation**

### ***What is program evaluation?***

Program evaluation refers to systematic efforts to collect, analyze, and interpret information about the delivery or outcomes of interventions. Program monitoring typically relies on easily measurable indicators that can be tracked over time, such as the number of crisis counseling encounters or client satisfaction.

### ***Why is it important?***

The continuing recognition, acceptance, and support of the CCP depends, at least in part, on its ability to show sponsors and other interested parties that it delivers the services it intends to deliver and that survivors benefit from the services provided. Program achievements are documented through program evaluation. A useful management tool, evaluation helps program administrators to determine if the project is proceeding according to plan so that they can make midcourse corrections when needed.

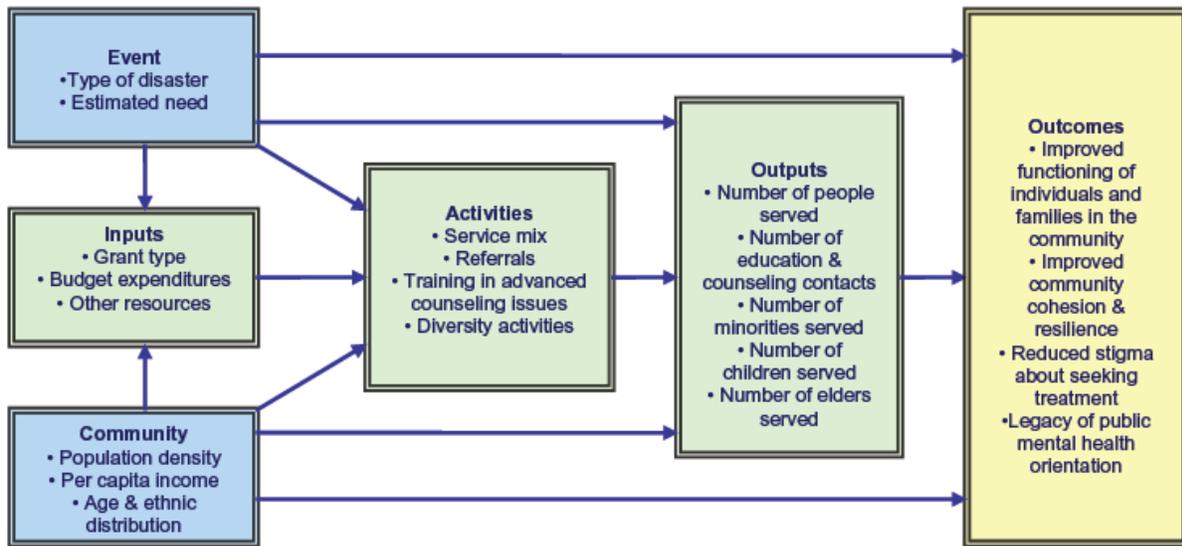
### ***How are results used?***

Ultimately, evaluation is not about gathering data but about using data to draw conclusions. Evaluation results are open to interpretation. A program may reach a large number of people but only a fraction of the total population at risk. Program results may involve tradeoffs. For example, crisis counselors who tirelessly throw themselves into their work may realize greater consumer satisfaction but experience greater burnout. An innovative program may serve fewer clients but get better results for those it does serve. Different stakeholder groups may judge these exchanges differently.

Evaluations are useful only if their results are communicated. Program managers should regularly share results in staff meetings, quarterly updates, or even graphs posted on the wall. This feedback can then facilitate discussion on means to improve services. For example, noting that one outreach team dramatically increased its number of counseling encounters may encourage workers in the field to share an innovative outreach technique. Or it might reveal that the team is counting very brief contacts as counseling, which would allow the supervisor to give feedback to staff about ways to deepen their discussions with survivors. It is critical that results are shared in a climate that is supportive and curious (“What might these data be telling us?”), not rigid and punitive.

### ***How does it work?***

Program evaluation or program monitoring is much more likely to be useful and meaningful if it is grounded in an understanding of how a program operates: what resources it has, what it does, what it produces, and what societal benefits it is trying to achieve. This understanding is often termed a “program theory” or “logic model.” A program logic model typically includes inputs, activities, outputs, and outcomes, as illustrated below. The nature of the inputs, activities, outputs, and outcomes, however, may depend upon characteristics of the disaster (such as its type and severity) and characteristics of the community (such as its density and wealth). Figure 1 provides an example of CCP theory and logic model.



An example program theory and logic model (bulleted items are illustrative, not exhaustive).

Figure 1—Example of CCP Theory and Logic Model

**What are inputs?**

Inputs are the resources available to the program for use in achieving its goals. Some inputs are tangible resources: funding, program staff, office space, office supplies and other consumables, transportation, etc. Others are less concrete, but equally important: the skills and expertise of program staff, the relationships between staff and local community leaders, and the delineation of responsibilities among the different agencies involved. Lack of one or more of these needed contributions can greatly limit an organization’s ability to deliver services.

**What are activities?**

Activities are the means used to bring about program objectives. Different CCPs aim for different mixes of public education and crisis counseling services according to what program leaders believe is best for their particular community. Advanced training helps crisis counselors do their jobs more effectively especially when the disaster is especially severe or complicated. CCPs vary in their attention to diversity in the population and in the emphasis they place on identifying and referring individuals with more severe mental health or substance abuse needs.

**What are outputs?**

Outputs are the measurable units of product from a program’s activities. Evaluations often focus on the outputs of the service delivery process, such as the number of individuals who received crisis counseling and number of educational presentations made. In some cases, evaluations conclude with outputs, which are used as a proxy for outcomes. In other cases, outcomes need to be measured directly in order to assess whether services are truly having an impact.

### ***What are outcomes?***

Outcomes are the societal benefits. While outputs assess “how much” was done, outcomes focus on “how much good” was done. Outcomes can be considered in the short (immediate), intermediate, and long term. Immediate outcomes are those that can be observed directly after completing an activity. Intermediate outcomes are those that derive from immediate outcomes such as alleviation of symptoms, reduced substance use, or improved functioning in family, community, professional, and other social roles. Long-term outcomes may include community cohesion, increased disaster preparedness, or community resilience in dealing with subsequent crisis.

## **/// Evaluation for CCPs**

### ***What are the goals?***

The evaluation of a CCP answers questions about three critical areas of performance: (1) program reach, (2) program quality, and (3) program consistency.

### ***What is program reach?***

How many people in the community were served by the CCP and what were their characteristics? The CCP aims to deliver services to large numbers of residents who are diverse in age, ethnicity, and needs. This aspect of the evaluation makes use of data from encounter logs and tallies that are routinely completed by counselors. The question is not only about the actual numbers of people served but also about how well these numbers align with the distribution of the State’s population in the affected areas.

### ***What is program quality?***

Were the services perceived as appropriate and beneficial by disaster survivors and providers? To assess service quality, consumer feedback is essential. This aspect of the evaluation relies upon brief anonymous surveys that capture service recipients’ perceptions of service quality and personal improvements in functioning. (More detail about how this is done will follow.) Disaster survivor feedback can also help program managers reach a better understanding of factors that influence recipients’ perceptions of service quality. Because a different perspective on service quality can be obtained from service providers, the evaluation also includes a survey for crisis counselors and their supervisors.

### ***What is program consistency?***

Many CCPs involve multiple jurisdictions such as counties, parishes, or townships, and many involve collaborative arrangements with provider organizations. Did these areas or providers vary in performance (i.e., reach and quality), and can this be explained by differences between them in population and experiential characteristics? Finding that some providers yield higher reach (in proportion to population), recipient satisfaction, and/or provider satisfaction will inform project managers that further study or corrective action is needed. Advanced analyses can also contribute to knowledge about characteristics of settings (e.g., low population density) and events that make it more challenging to implement the CCP.

## **/// Data Collection with the CCP Data Forms**

### ***What are the sources of data?***

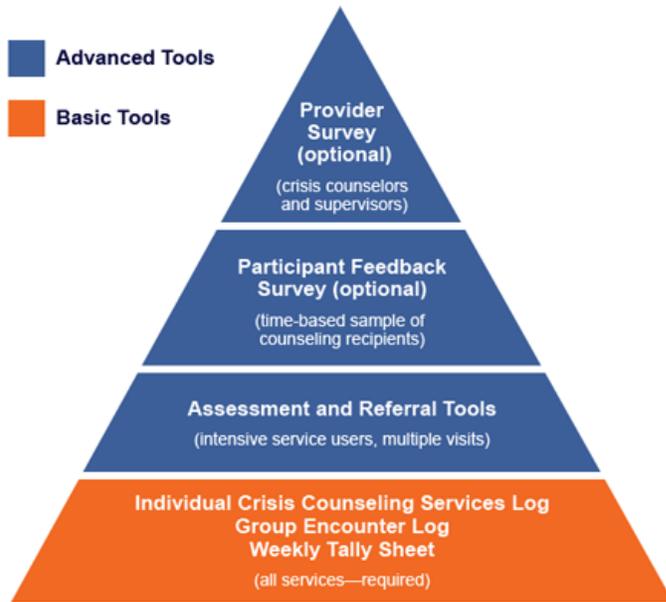
Evaluation data come from many different sources. Data about event characteristics are found in the project’s grant application. Data about community characteristics are derived from the census. Standard statistics for ethnicity, race, age distribution, and percentage of people living in poverty can be recorded for each county. Data about activities

(such as types of staff training) can be collected from program leaders. The remaining data on activities and outputs are collected throughout the program period by crisis counselors using the CCP toolkit.

**What are the CCP data collection forms?**

The CCP data collection forms are a set of standardized forms that are completed by crisis counselors. Because the data are collected in a consistent way from all programs, they can be merged into an ongoing national database that provides CMHS with a way of producing summary reports of services provided across all projects funded. The structure of the toolkit might be described as a pyramid, involving tools that are used with decreasing frequency as one moves up from the base of the pyramid to the top. The basic tools include encounter logs for individuals and groups and weekly tallies. The advanced tools are participant surveys, assessment and referral tools, and provider surveys.

**CCP Data Toolkit Pyramid**



The CCP Toolkit includes standardized forms completed (primarily) by crisis counselors.

**Advanced tools  
 (Regular Program Services [RSP] only)**

- Are used occasionally, primarily administered by a senior crisis counselor or team lead
- Are typically introduced by the RSP
- Include the Participant Survey, the assessment and referral tools, and the Provider Survey to be completed by crisis counselors and supervisors

**Basic tools  
 (RSP and Immediate Services Program [ISP])**

- Are used often
- Are used as soon as possible after a disaster
- Are used as part of both RSP and ISP programs
- Include encounter logs for individuals and groups and Weekly Tally Sheets

**Figure 2—CCP Data Collection Form Pyramid**

## **/// Basic Forms (REQUIRED): Encounter Logs and Tallies**

### ***What is their purpose?***

Beginning as soon as feasible after the disaster and continuing through the ISP and RSP, these forms are used to document all services delivered. They are the basic and living record of the program and serve many purposes for both program monitoring and evaluation. It is very important for services to be counted in a standardized way across all areas served by the program. The forms are simple and take little time to complete. The three types of forms that are to be completed by crisis counselors include: (1) Individual Crisis Counseling Services Encounter Log; (2) Group Encounter Log; and (3) Brief Educational and Supportive Services Not Elsewhere Included Weekly Tally Sheet (or Weekly Tally Sheet for short). Each is described below. The forms and specific instructions are included in Component II of this toolkit.

### ***Individual Crisis Counseling Services Encounter Log***

#### **What is individual counseling?**

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Crisis counseling is brief and focused on reducing stress, providing support, and improving coping skills. For the purposes of the data collection and evaluation, individual crisis counseling is defined as an interaction that lasts at least 15 minutes and involves participant disclosure. This doesn't mean that it should be only 15 minutes or that shorter interactions are discouraged. There is a place on the form to record how long the particular encounter lasted.

#### **What is in the Individual Encounter Log?**

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The Individual Crisis Counseling Services Encounter Log is a two-page form with six parts. Crisis counselors complete this form immediately after the encounter. The crisis counselor is NOT expected to ask an individual for responses to these items; rather, crisis counselors complete the form based on their observations and interactions with the person during the encounter.

#### **Part 1 (Basic Information)**

The first part collects information on the project number (FEMA disaster response number: DR-XXXX-State), provider name if not the State, assigned provider number, employee number, service date, county code of service, and zip code of service delivery. The county code is the last three digits of the Federal Information Processing Standards (FIPS) code. This information will normally be prepopulated or already filled out on the form by the lead data staff for each crisis counselor or outreach worker staff member.

#### **Part 2 (Characteristics of Encounter)**

The second part collects information on the characteristics of the encounter. This includes information of the location of the service/place, visit type (with one person or with two or more individuals who are a family), visit number (first time or follow-up with anyone from the program), and duration of the encounter. Please note that a Family visit type may include married or unmarried heterosexual, gay, lesbian, bisexual, or transgender individuals. One Individual Crisis Counseling Services Encounter Log is filled out for each active participant during a family visit.

#### **Part 3 (Risk Factors)**

The third part collects information on risk factors. These are factors that individuals may have experienced or have present in their lives that could increase their need for crisis counseling or outreach services. Most of these risk factors are a result of the survivor's disaster experience.

#### **Part 4 (Demographic Information)**

The fourth part collects demographic information including age, sex, race, ethnicity, and language of contact.

#### **Part 5 (Event Reactions)**

The fifth part collects information on reactions to the disaster event that a person is currently experiencing at the time of the service encounter. Specific events are categorized as behavioral, emotional, physical, and cognitive reactions. If a person is coping well due to the disaster event at the time of the service encounter, then the crisis counselor can check the box indicating “coping well; none of the above applies.”

#### **Part 6 (Referral)—Starting on page 2 of the form**

The sixth and final part of the Individual Encounter Log is referral. If a crisis counselor has provided the person with a referral, then he or she should indicate the referral type in this section. A referral could be to another component of the CCP such as a support group or to a team leader or senior professional for follow-up. The crisis counselor could also refer the consumer to other mental health services, substance abuse services, or community services such as other FEMA Individual Assistance programs (housing, unemployment) if applicable. When the “other” option is used, the counselor should indicate the nature of the service rather than the agency to which the individual was referred. All referrals for mental health or substance abuse services should be indicated in the previous corresponding boxes.

#### **Reviewer Signature Block**

Once the team leader receives completed forms from crisis counselors, he or she should review the forms for completeness and validity. In the reviewer signature block the team leader prints and signs his or her name and adds a date to the reviewer signature block to show when the form was reviewed.

#### **When is it filled out?**

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The crisis counselor completes the Individual Encounter Log after the session is over but before moving to the next activity. This should take no more than 2 minutes. Waiting until the end of the day to fill the logs out is not acceptable because the crisis counselor will not remember the answer to each question. Some people are seen more than once by a crisis counselor. The log is filled out for all counseling visits, not only the first one, and the visit number is noted. Completed logs should be turned into the team leader for review at the end of each day or the beginning of the following day. Once the team leader has reviewed forms they should be submitted to the lead data staff person for entry into the CCP Online Data Collection and Evaluation System.

#### **How does the crisis counselor get the information for the Individual Encounter Log?**

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Through active listening, the crisis counselor engages the service recipient in telling his or her story in a way that reveals stressful experiences (risk factors) during or after the disaster. Some of the demographic characteristics (e.g., age) might be elicited by asking the person about how his or her family is doing.

#### **How are families or multiple persons treated?**

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Sometimes “individual” crisis counseling involves more than one person. Perhaps the crisis counselor has spoken to a married couple, a family, or even a couple of friends. This raises the issue of who received the counseling encounter. The service recipient is defined as any person who actively participated in the session (e.g., by verbally participating), not someone who is merely present. There may be two or more individuals helped at the same time. One Individual Encounter Log form is completed for each individual actively counseled. For persons considered to be part of a family present for the encounter, the Family Visit type is checked.

## **Group Encounter Log**

### **What are group encounters?**

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Group encounters are very important and appropriate for disaster survivors because of their shared experiences. The two types of group encounters are group crisis counseling and public education, and the differences between them are subtle. In *group crisis counseling*, service recipients do most of the talking; in *public education*, the crisis counselor does most of the talking. For example, the crisis counselor may have made a presentation about common reactions to disaster. The Group Encounter Log is not to be used to document visits with family members. Please see above for instructions on Family Visit types.

### **What's in the Group Encounter Log?**

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Because of overlap in the type of information needed to describe them, group crisis counseling and public education are captured on the same one-page form. The crisis counselor will check one box if the encounter was group counseling and another if it was public education. The log has four parts.

#### **Part 1 (Basic Information)**

Similar to the Individual Encounter Log, the first part collects information on the program such as project number (FEMA disaster response number: DR-XXXX-State), provider name if not the State, assigned provider number, employee number, service date, county code of service, and zip code of service delivery. This information will normally be prepopulated or already filled out on the form by the lead data staff, except for the type of activity.

#### **Part 2 (Characteristics of Encounter)**

The second part collects information on the location of the encounter and its session number (first session of a group expected to meet once, first session of a group expected to meet more than once, or a second or later session of an ongoing group). The estimated number of participants and the duration of the encounter are also to be recorded.

#### **Part 3 (Group Identities)**

This section basically asks, "What makes the group a group?" Options are provided for the crisis counselor to mark with a check if a group consisted only or mostly of children or youth, adults, public safety workers/first responders, or other recovery workers. There is also an option to select if a group encounter was composed of a mixture of the previous list or had no clear group identity.

#### **Part 4 (Focus of the Group Session)**

The fourth part asks the counselor to describe the purpose of the group as one or more of the following: (1) education about reactions to disaster, (2) education about community resources, (3) mutual support, (4) stress management or skills building, (5) conflict resolution, (6) community action, (7) information about CCP, and (8) other.

#### **Reviewer Signature Block**

After crisis counselors have turned in their completed forms to the team leader, the team leader is expected to review the forms for completeness and validity. In the reviewer signature block, the team leader prints and signs his or her name and writes the date to indicate when the form was reviewed.

## ***Brief Educational and Supportive Services Not Elsewhere Included Weekly Tally Sheet***

### **What is the purpose of the Weekly Tally Sheet?**

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Crisis counselors engage in many activities that are not captured by the Individual Encounter Log or Group Encounter Log, but they are nonetheless important. For these other activities, crisis counselors use the Brief Educational and Supportive Services Not Elsewhere Included Weekly Tally Sheet (Weekly Tally Sheet for short). This includes, for example, brief interactions, phone calls or email exchanges, distribution of materials, and community networking and coalition building. Daily tallies and weekly totals are recorded.

### **What goes in the county field?**

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This should be the last 3 digits of the FIPS code for the county or parish. A counselor working in multiple counties or parishes should do one Weekly Tally Sheet for each county.

### **How is the week designated?**

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This should always be Sunday's date. For example, a part-time crisis counselor working on Friday and Saturday should use the previous Sunday's date.

### **How are hotline calls counted?**

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Disaster-related hotline contacts may be counted as CCP services if (a) the services have been paid for by the grant and (b) the hotline contractor has been issued a provider number. If the State, U.S. Territory, or federally recognized Tribe has hired a specific staff member to answer hotline calls for the CCP then an employee number will be issued. There must be a system in place for assessing and documenting which hotline calls are related to disaster survivors. If hotline calls are recorded on the Weekly Tally Sheet they are indicated as telephone contacts. These calls are less than 15 minutes in duration.

When the hotline contact otherwise meets the definition of individual crisis counseling and the contractor has provided a clear protocol for monitoring the scope and duration of calls, the Individual Encounter Log may be used. On the Individual Encounter Log itself, show the location as "phone counseling." These calls are 15 minutes or longer in duration.

This protocol must be documented and provided to the Federal Project Officers for the CCP grant as part of routine and ongoing progress calls and quarterly/final reports.

## ***/// Advanced Forms (OPTIONAL): Assessments and Surveys***

### ***What is their purpose?***

Although there may be exceptions, the advanced tools are typically introduced when the RSP begins. The Adult and Child/Youth Assessment and Referral Tools and the Participant Feedback Survey collect more in-depth information about service recipients than is captured by the encounter logs and tallies. The Service Provider Feedback Survey measures the opinions, experiences, and perceived stress of crisis counselors and their supervisors. Use of the advanced tools during the RSP is strongly encouraged, but not required.

### ***Why were assessment and referral tools created?***

Crisis counseling programs focus on short-term behavioral health interventions, but some people need either longer or more intensive interventions. Sometimes more intensive interventions are offered in collaboration with CCPs, but more often crisis counselors need to rely on other community and State programs. Previous research suggested that making referrals to more intensive mental health and substance abuse services was a problem area for many CCP providers. The issues spanned a range from limited availability of services

(which, of course, cannot be addressed by means of a tool) to uncertainty about when to make referrals. This tool was created to help crisis counselors make these referrals. It also helps to remind them that if individuals are not getting better, they should (and can) be referred for more intensive help.

### ***When and for whom are the assessment and referral tools used?***

Because symptoms of distress may initially be highly prevalent in disaster-stricken communities, the focus is on continuing distress, defined as high distress present 3 months or later after the event. Typically, the assessment and referral tools are introduced at the beginning of the RSP; the tool is used with all adults and children or youth who are intensive users of services. Intensive users are people who are participating in their third individual crisis counseling visit with any crisis counselor from the program or who continue to suffer severe distress that may be impacting their ability to perform routine daily activities. In some cases, the tool may be used again in the fifth session of crisis counseling. Also, there may be occasions when the crisis counselor believes the tool should be used before the third visit; this is allowed but should be done sparingly.

## **Adult Assessment and Referral Tool**

### **What's in the Adult Assessment and Referral Tool?**

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#### **Page 1**

As with the other forms the first part may be pre-filled to include basic information to collect information on the program such as project number (FEMA disaster response number: DR-XXXX-State), provider name if not the State, assigned provider number, employee number, service date, county code of service, and zip code of service delivery. Below this basic information section, the form is similar to the Individual Encounter Log, which also includes places to record encounter, risk, and demographic information.

#### **Page 2**

The second page of the form instructs the crisis counselor to read an introductory statement:

“These questions are about the reactions you have experienced IN THE PAST MONTH. By reactions, I mean feelings or emotions or thoughts about the events. For each question choose one of the following responses from this card.”

The response card is available in this toolkit and the CCP Application Toolkit and shows the respondent the choices for answering the statements. Responses for the Adult Assessment and Referral Tool are as follows: 1 = Not at all, 2 = A little bit, 3 = Somewhat, 4 = Quite a bit, and 5 = Very much. The crisis counselor indicates the respondent's answer and concludes with a score of the total number of responses that were indicated with a 4 or 5.

#### **Referral Component**

If the respondent answers “YES” to item #12 (“Is there a possibility that you might hurt or kill yourself?”) the crisis counselor should immediately refer the person for professional psychiatric or mental health intervention. The CCP should have protocols or procedures in place for how a crisis counselor should respond or react if such an event occurs. Many CCPs have team leaders or other staff with a mental health background to administer this tool to ensure that proper assessment and referral is carried out. All crisis counseling staff using this tool should have detailed training and guidance on use of the tool and when to make a referral for more intensive services. Prior to use of this tool, the CCP should have identified an organization or agency that is willing to accept referrals from the CCP for more intensive mental health or substance abuse intervention services.

If the answer to item #12 is “NO,” then the crisis counselor should continue as follows:

- If the total score is 3 or higher, the counselor should be prepared to offer the respondent the name of the organization and a contact at the organization that has agreed to accept CCP referrals.
- If the total score is below 3, the counselor then determines if the respondent can manage his or her reactions. The counselor can still offer the referral information or can work with the person to decide upon specific goals for counseling that can be completing within a couple of visits.

The last part of the Adult Assessment and Referral Tool that the crisis counselor is to complete is similar to the referral section on the Individual Encounter Log. The counselor will check what type of referral was provided and if the person accepted the referral.

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### How are adult symptoms assessed?

The symptom (or reaction) section of the tool (page 2, items #1 through #12), was adapted from the Short Post-Traumatic Stress Disorder Rating Interview (SPRINT) developed by Connor and Davidson. With the permission of Connor and Davidson, the measure was modified for the CCP Project Liberty's use after the terrorist attacks of September 11, 2001 (SPRINT-expanded or Sprint-E). The Sprint-E assesses posttraumatic stress, health risk behavior, stress vulnerability, and functional impairment. One final question was added ("Is there any possibility that you might hurt or kill yourself?") but is not included in the score. Rather, it was included in the scale as a precaution and instructs the crisis counselor to refer the respondent for immediate psychiatric intervention.

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### Is the measure good?

Data from 788 clients in Project Liberty indicated that the Sprint-E is a reliable measure of need for intervention as expressed in distress and dysfunction. Of those offered referral according to their score on the tool, 71 percent accepted. Among those offered referral, the number of intense reactions was by far the strongest predictor of referral acceptance. Many of the attributes of the Sprint-E (brevity, simplicity of administration, focus on intense reactions, emphasis on function and subjective need) emerged because it was developed collaboratively by researchers and leaders of *Project Liberty*. In a study of 800 adults in crisis counseling two years after 9/11, the Sprint-E was found to be equally reliable ( $\pm = .93$ ) across ethnic groups in the sample. A criterion of three intense reactions was set as the initial guideline for referral to treatment in New York. Referral acceptance increased linearly with the number of intense reactions until it peaked and stabilized at seven intense reactions (85 percent acceptance). This result led to a working "3/7 rule" for the Sprint-E, with three suggesting possible and seven probable treatment need. The validity of the "3-7" rule was supported in a sample of help-seeking adults in Florida after the 2004 hurricanes. Tested against the PTSD Checklist, the Sprint-E performed well in receiver operating characteristic, or ROC, analyses (area under the curve = .87); a score of seven achieved sensitivity of 78 percent and specificity of 79 percent.

The Sprint-E was subsequently used in a treatment program for Katrina survivors sponsored by the Baton Rouge Area Foundation, in collaboration with the Baton Rouge Crisis Intervention Center and the National Center for PTSD. The Sprint-E was administered at the point of referral and at four subsequent time-points. Participants' scores decreased greatly during the course of treatment, and improvements were maintained at 4-month follow-up. The Sprint-E's reliability and sensitivity to change was also evidenced in a study of specialized crisis counseling services in Mississippi. (References are at the end of this section).

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### How is the Adult Assessment and Referral Tool scored?

The tool is scored by counting the number of reactions valued 4 (quite a bit) or 5 (very much). It has been structured in a way that makes the scoring straightforward.

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### Is the Individual Encounter Log used too?

Yes, the crisis counselor should also complete the Individual Crisis Counseling Services Encounter Log as usual. Some of the information is duplicated, but the Individual Crisis Counseling Services Encounter Log and the Adult Assessment and Referral Tool are used for different purposes, making it difficult to count these services solely from the Adult Assessment and Referral Tool.

## References (Adult Assessment and Referral Tool)

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Connor, K., & Davidson, J. (2001). SPRINT: A brief global assessment of post-traumatic stress disorder. *International Clinical Psychopharmacology*, 16, 279–284.

Norris, F., Donahue, S., Felton, C., Watson, P., Hamblen, J., & Marshall, R. (2006). A psychometric analysis of Project Liberty's Adult Enhanced Services Referral Tool. *Psychiatric Services*, 57, 1328–1334.

Norris, F., Hamblen, J., Brown, L., & Schinka, J. (2008). Validation of the Short Post-Traumatic Stress Disorder Rating Interview (Expanded Version, Sprint-E) as a measure of postdisaster distress and treatment need. *American Journal of Disaster Medicine*, 3, 201–212.

Hamblen, J. L, Norris, F., Pietruszkiewicz, S., Gibson, L.E, Naturale, A., & Louis, C. (2009). Cognitive behavioral therapy for postdisaster distress: A community based treatment program for survivors of Hurricane Katrina. *Administration and Policy in Mental Health and Mental Health Services Research*, 36, 206–214.

Jones, K., Allen, M., Norris, F., & Miller, C. (2009). Piloting a new model of crisis counseling: Specialized crisis counseling services in Mississippi after Hurricane Katrina. *Administration and Policy in Mental Health and Mental Health Services Research*, 36,195–205.

## Child/Youth Assessment and Referral Tool

### What's in the Child/Youth Assessment and Referral Tool?

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#### Page 1

As with the other CCP forms, the first part may be filled out prior to the visit, including project number (FEMA disaster response number: DR-XXXX-State), provider name, provider number, employee number, date of service, county code of service, and zip code of service. When the visit starts, fill in the visit number and indicate whether a parent or caregiver is present during the visit. Below the Encounter Information section, there is a Risk Category section that allows you to check off how children/adolescents or household members were affected by the disaster and its aftermath. The last section on this page is a Demographic Information section to enter basic characteristics of the child being interviewed.

#### Page 2

The second page of the form instructs the crisis counselor to read an introductory statement:

“I want to talk to you about your (your child's) feelings and thoughts about the disaster and how much they are causing problems now. Think about your thoughts, feelings, and behavior DURING THE PAST MONTH.... For each question choose one of the following responses from this card.”

The response card is shown on page 3 of the Child/Youth Assessment and Referral Tool. The response card is also located in Component II of this toolkit and the CCP Application Toolkit. Responses to the questions in this section are as follows: 0 = Not at all, 1 = A little bit, 2 = Somewhat, 3 = Quite a bit, and 4 = Very much.

For questions 1–15, read each item aloud and have the child/youth or caregiver identify how often the child has experienced these feelings, thoughts, or behaviors in the past month by pointing on the response card to the choice that best fits. For younger children, the crisis counselor may have to help the child understand how long a month has been by identifying something in the child's life that occurred a month ago (e.g., a holiday, school break, tests, or a family event). Then the crisis counselor can say, for example, “Since spring break, then (read the item).”

Questions 16–20 should be asked of a parent/caregiver. These questions are required for children aged 0–7 and recommended for all children and adolescents. The response choices for these questions are the same as for questions 1–15.

The crisis counselor fills in the respondent's answers to each item on this page and then totals the number of items that were scored 3 or 4. If the total number is four or more, the crisis counselor should discuss the possibility of a referral for more services.

For children over the age of 10 (or if the crisis counselor or parent/caregiver is concerned about a younger child), the counselor may ask, "Have you had any thoughts or plans about either hurting or killing yourself?" If the respondent answers "YES" to this item, then the crisis counselor should immediately refer the child/youth for psychiatric or mental health professional intervention. The CCP should have protocols or procedures in place for how a crisis counselor should respond and who should be notified of this safety concern. Many CCPs have team leaders or other staff with a mental health background to ensure that proper assessment and referral is carried out. All crisis counseling staff using this tool should have detailed training and guidance on use of the tool and when to make a referral for more intensive services. Prior to use of this tool, the CCP should have identified an organization or agency that is willing to accept referrals from the CCP for more immediate psychiatric intervention.

## Referral Component

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If the total number is four or higher, the counselor should discuss appropriate referral options for the child/youth and/or family. This includes being prepared to offer youth and parents the name at an organization that has agreed to accept CCP referrals and a contact at that organization. If the total number is three or less, the counselor can recommend either another visit with him- or herself (the counselor) or provide a referral if the child/youth is in need of specific support or intervention. In the Referral section, check the type of referral made, if the person (child/youth) accepted the referral, and if the parent/caregiver accepted the referral.

## How is the Child/Youth Assessment and Referral Tool introduced by crisis counselors?

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Prior to administration of the Child/Youth Assessment and Referral Tool, make sure that consent was obtained from a parent/caregiver for the child's or youth's participation in the CCP.

For children over the age of 7, read the following instructions:

"Occasionally, we find it helpful to ask children/adolescents a few questions about how they were affected by the disaster and how they are feeling now. May I ask you these questions? My first questions are about various experiences you have had in the disaster."

For children 0–7, it is recommended that a parent/caregiver be interviewed with the child present (Cohen, Kelleher, & Mannarino, 2008; Scheeringa & Haslett, 2010). When there are concerns about the ability of a child over the age of 7 to understand and accurately answer the questions, it is advisable for the parent/caregiver to assist in answering the questions.

Adolescents may not want to be interviewed in front of their parents. If a parent/caregiver is present, ask the adolescent if they wish to be interviewed alone.

## How are child/youth symptoms assessed?

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The symptom (or reaction) section of the tool (page 2, items #1–20) was adapted from the University of California, Los Angeles (UCLA) Post-traumatic Stress Disorder (PTSD) Reaction Index (Steinberg et al., 2004) with inclusion of additional items related to depression and functioning. Drs. Pynoos and Steinberg granted permission for this modification for use by the CCP Project Liberty after the terrorist attacks on September 11, 2001. This tool was then further modified for use by the Louisiana Spirit Specialized CCP after Hurricanes Katrina and Rita (National Child Traumatic Stress Network, 2005).

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### Is the measure good?

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Using this referral tool, over 70 percent of children and adolescents initially screened for the Louisiana Spirit Specialized CCP, and given a referral, accepted the referral (Riise et al., 2010). This finding was slightly higher than that in Project Liberty (60 percent of children referred accepted the referral), which used an earlier version of the assessment tool. For the referral tool in general, items had good internal consistency and showed a strong relationship with referral acceptance (Kronenberg et al., 2010).

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### How is it scored?

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The tool is scored by counting the number of items (page 2, questions 1–20) that have a value of 3 (quite a bit) or 4 (very much). The tool has been structured in a way that makes the scoring straightforward. If the total number is four or higher, the counselor should discuss appropriate referral options for the child/youth and/or family. This includes being prepared to offer youth and parents the name of an organization that has agreed to accept CCP referrals and a contact at that organization. If the total number is three or less, the counselor can still recommend a referral if the child/youth is in need of specific support or intervention or may recommend another visit with the current counselor.

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### Is the Individual Encounter Log used too?

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Yes, the crisis counselor should also complete the Individual Crisis Counseling Services Encounter Log as usual. Some of the information is duplicated, but the Individual Crisis Counseling Services Encounter Log and the Child/Youth Assessment and Referral Tool are used for different purposes, making it difficult to count these services solely from the Adult Assessment and Referral Tool.

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### References (Child/Youth Assessment and Referral Tool)

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Cohen, J. A., Kelleher, K. J., & Mannarino. (2008). Identifying, treating, and referring traumatized children: The role of pediatric providers. *Archives of Pediatrics and Adolescent Medicine*, 162, 447–452.

Kronenberg, M. E., Hansel T., Brennan, A. M. Osofsky, H. J., Osofsky, J. D., & Lawrason, B. (2010). Children of Katrina: Lessons learned about postdisaster symptoms and recovery patterns. *Child Development*, 81, 1241–1259.

Riise, K. S., Hansel, T. C., Steinberg, A. M., Landis R. W., Gilkey S., Brymer, M. J. et al. (2009). The Louisiana Specialized Crisis Counseling Services (SCCS): Final Program Evaluation. Unpublished manuscript.

Scheeringa, M., & Haslett, N. (2010). The reliability and criterion validity of the diagnostic infant and preschool assessment: A new diagnostic instrument for young children. *Child Psychiatry and Human Development*, 41, 299–312.

Steinberg, A. M., Brymer, M. J., Decker, K. B., & Pynoos, R. S. (2004). The University of California at Los Angeles Post-traumatic Stress Disorder Reaction Index. *Psychological reports*, 6:96–100.

### **Service Provider Feedback Survey**

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#### What is the purpose of this survey?

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Crisis counselors are the essential link between the program and the consumer. Crisis counselors and their supervisors are in a unique position to judge the quality of the services being provided and the extent to which they match the needs of the community. The Service Provider Feedback Survey yields a standardized assessment of providers' opinions and reactions to their work.

## Who is included?

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The survey is intended for crisis counselors who provide direct, face-to-face services to disaster victims. This also includes their immediate supervisors (team leaders) who guide the crisis counselors' work. These workers are included regardless of the number of hours they work each week. It is administered only to workers who have performed these functions for one month or more. Staff who play only administrative, clerical, or evaluation functions are not surveyed. Hotline staff members also are excluded.

## What's in the survey?

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The two-page survey has several parts. The first section asks staff to evaluate the CCP trainings they have received. The next section asks staff to evaluate the support, supervision, and opportunities for growth provided by the work. This section also asks about the appropriateness of the workload and the adequacy of resources and tools available, and for the provider's evaluation of the services provided by the CCP. The section that follows is composed of five questions about stress. These questions examine whether the work, or the provider's reaction to it, has caused problems in other areas of his or her life. The survey requires management to include a phone number, outside of the chain of supervision, that counselors can call to receive assistance if they are feeling especially stressed. A section on demographics and a place for comments complete this survey.

## When and how is it done?

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These data are collected anonymously from crisis counselors and their supervisors at roughly 6 and 12 months post-event. These time-points typically occur within the RSP. The survey is administered online in coordination with SAMHSA DTAC. Paper administration is acceptable only when online administration is not possible. For paper administration, supervisors distribute a packet containing a cover letter, the survey, and a good black pen to each crisis counselor together with a stamped return envelope addressed to an external evaluator. Although the surveys may be handed out during a staff meeting, they should be completed later so that crisis counselors do not feel pressured to participate. Two weeks before the survey is distributed, the Program Director should send an email or other notice (e.g., letter) to all crisis counselors and team leaders informing them of the forthcoming survey and explaining why it is important to complete it. Two weeks after the survey is distributed, the Program Director should send a thank-you and reminder email or letter to all counselors and team leaders. Templates for survey administration are included in Component II of this toolkit and in the CCP Application Toolkit.

## How are counselors protected?

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Some counselors could understandably be concerned that supervisors or Program Directors could figure out who they are even though the survey is completed anonymously. However, SAMHSA DTAC takes several precautions to guarantee anonymity to all CCP counselors. For those participating in the online survey, no personal identification is required when taking the survey and all data is kept in a secure database and only reported at the aggregate level. For paper administration, the completed survey is mailed to an external evaluator so that it does not go through local program management. Regardless of the number of workers, provider surveys are collected for the cumulative national database. Detailed results are shared with local program management only if the number of workers is greater than 20. Smaller programs receive less specific results. When results are shared, they are shown only in aggregations large enough to ensure that individual crisis counselors or small groups of counselors are not identifiable.

## ***Participant Feedback Survey***

### What is the Participant Feedback Survey?

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This two-page questionnaire seeks feedback and other information from service recipients. The questions about services relate directly to the goals of crisis counseling, such as reassurance and being helped to find ways to cope. The first page concludes with a section on the ways in which the respondent was exposed to

the disaster. The back of the survey collects information on event reactions, such as posttraumatic stress, depression, impaired functioning, and perceived need for additional help. (This is the Sprint-E, described earlier as part of the Adult Assessment and Referral Tool). A brief statement to respondents informs them that if they answered many questions with high scores, they might benefit from talking with a crisis counselor about their reactions. A local phone number should be included on the form for this purpose. The survey concludes with basic demographics.

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### **Why is this necessary?**

The survey plays three important functions for the CCP. First the survey provides information about service quality from the viewpoint of the recipient. Because it is not feasible to measure client outcomes, assessing client perceptions is the next best approach. The survey questions were informed by findings that disaster behavioral health services should be evaluated on the basis of their credibility, acceptability, accessibility, and confidentiality, among other characteristics.

Second, the survey provides the program with excellent information about the experiences and reactions of people they aim to serve in individual and group crisis counseling. It is one of the most important clinical records of the program. This information could lead to program adjustments to meet previously unrecognized needs.

Third, the survey helps planners learn about factors that influence perceptions of service quality. For example, are highly distressed individuals more or less positive about services than are less distressed individuals? Are members of different ethnic groups equally likely to report that they were treated with respect and sensitivity?

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### **To whom is the survey given?**

The questionnaire is given to a sample of persons for whom individual or group crisis counseling services were provided (i.e., not for persons denoted only on a tally sheet or who participated in group public education activities). It is given only to adults. The reading level is approximately 5th to 6th grade.

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### **When is the survey done?**

The survey is implemented at 6 and 12 months post-event. These time-points typically occur within the RSP. Once or twice during the course of an RSP, a 1- or 2-week period is chosen and all appropriate persons are asked to complete an anonymous survey. In larger programs, different areas could be surveyed in consecutive weeks. The number of survey respondents is compared to the total number of eligible adults served in individual crisis counseling or group crisis counseling (not including public education groups) during that period to estimate the response rate.

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### **How is the survey done?**

During the selected period for data collection, all appropriate persons are given a nice-looking packet containing a cover letter signed by the Program Director, the survey, a good-quality black ink pen, and a stamped preaddressed envelope for returning the survey. The packets are to be distributed to supervisors 1 week in advance, and supervisors give crisis counselors a set of packets to distribute. A template for the cover letter and handouts for counselor training can be found in Component II of this toolkit or in the CCP Application Toolkit.

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### **What is the counselor's role?**

Crisis counselors distribute the survey. The importance of the crisis counselor's attitude in this process cannot be overstated. The counselor must view this survey as the recipient's opportunity to tell the program (anonymously) how he/she feels about the services and his/her reactions. Counselors might introduce the survey by saying that this week, program leaders are making a special effort to learn about the needs of the community and how counselors are helping to meet those needs. Counselors might furthermore note that the survey is short and should take only a few minutes of the person's time. Counselors who view this as a burden

will convey that attitude to potential respondents. It is essential that this form be given to each service recipient who should get it. Only then will the information be meaningful and useful to the program.

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### **How are counselors protected?**

Some crisis counselors could understandably be concerned that the survey might be used to evaluate their own performance rather than that of the program as a whole. Additionally, some crisis counselors work in areas where survivors might be angry in general and could get lower ratings through no fault of their own. Although the questions refer to “the counselor,” the survey does not name a particular crisis counselor. The data are examined only in groupings, defined by county or respondent characteristics.

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### **Aren’t satisfaction data biased?**

The positive bias in “consumer satisfaction” measures is well documented. People tend to answer in high ranges on consumer satisfaction surveys even when they have not improved. The tool addresses this bias by using a wide response format that allows room for variation. Recipients answer each question on a 10-point scale where 1 is the worst rating and 10 is the best rating. Over time, the pooled data have provided norms that can be used to interpret data from new programs.

## **/// Data Management and Analysis**

### ***How are the forms produced?***

The CCP data forms come in portable document format (PDF). The PDF versions of the forms can be photocopied and used immediately. Because typical programs enter the data manually into the CCP Online Data Collection and Evaluation System website <http://www.esi-bethesda.com/CCPEvaluation>, the PDF set of forms can be used throughout the life of the program. It is a violation of OMB policies to change the forms in any way.

All forms are intended for duplex (two-sided) printing. The three forms that are used most often collect information and have instructions on the last page of the form (Individual Crisis Counseling Encounter Log, Group Encounter Log, and Weekly Tally Sheet). The instructions are part of the OMB-approved form and should always be printed. When possible the forms should be printed on both sides of one sheet of paper. The assessment and referral tools are a 3-page form to allow for both the referral guidelines (page 2) and general instructions (page 3). It is acceptable to reuse the instructions page for assessment and referral tools.

Larger programs start out like typical programs by photocopying the PDF logs and tallies for immediate use. However, if it is feasible, larger programs may consult with their Federal Project Officers about purchasing a scanner and applicable scanning software. Once approval is obtained from the Federal Project Officers, the CCP should contact SAMHSA DTAC for the data coding manual. It is expected that once data are scanned into a data file, the data file will be uploaded to the CCP Online Data Collection and Evaluation System website so that the program will still have the availability to access data, and use the data analysis and reporting functions of the CCP Online Data Collection and Evaluation System website <http://www.esi-bethesda.com/CCPEvaluation>.

### ***How are the forms filled in?***

The tools have been designed to require little more than numbers or Xs in boxes that correspond to the selected answer. The marks should be made firmly and neatly with a good-quality black ballpoint, rollerball, uni-ball, or gel pen.

### ***Where do completed tools go?***

Crisis counselors turn in completed Individual Encounter Logs, Group Encounter Logs, Weekly Tallies, Adult Assessment and Referral Tools, and Child/Youth Assessment and Referral Tools to their supervisors. Participants mail their surveys to the State's evaluation coordinator, and providers mail their surveys to an external evaluator.

### ***How often are they submitted?***

Programs can decide whether completed Individual Encounter Logs and Group Encounter Logs are to be submitted daily or weekly to the data entry staff. In large programs serving many people, it is better to do this on a daily basis so that the work does not pile up. Weekly Tally Sheets are submitted by crisis counselors to their supervisors on a weekly basis.

### ***What do supervisors do?***

Supervisors check the completeness of submitted forms and note errors. When crisis counselors fail to follow the instructions, the counselor should be shown what to do in the future. It is likely that the most time-consuming part of the supervisor's oversight is dealing with counselor errors, so good counselor training is important. Supervisors sign, initial, or stamp each form to show that it has been checked. The supervisor designates a spot for the checked forms, bundling together forms of a specific type (e.g., Individual Crisis Counseling Services Encounter Log).

### ***What happens next?***

Local procedures vary according to the needs and size of the program. Often, a designated evaluation coordinator or some other courier is responsible for visiting each location to pick up the bundles of completed tools. In geographically dispersed programs, shipping the forms to a central location is recommended.

### ***How are the data entered?***

The data are entered in the CCP Online Data Collection and Evaluation System website at <http://www.esi-bethesda.com/CCPEvaluation>. Please refer to the online *CCP Online Data Collection and Evaluation System User Manual, Version 2.0* that is also Component III of this toolkit. For technical assistance regarding CCP data forms or data entry via the online system please contact SAMHSA DTAC at 1-800-308-3515 or [DTAC@samhsa.hhs.gov](mailto:DTAC@samhsa.hhs.gov).

### ***What reports are required?***

Two quarterly progress reports and one final report for the 9-month RSP grant must be submitted to FEMA and CMHS Project Officers and the SAMHSA DTAC technical assistance specialist. Quarterly reports are due 30 days after the end of the 3-month reporting period. The final program report is due to the FEMA and CMHS Project Officers 90 days following the final day of program services. Evaluation data are required in the quarterly reports and the final program report. Please refer to the Notice of Grant Award letter and the terms and conditions of your grant award for guidance on the evaluation reporting requirements.

### ***Who is responsible for this work?***

Programs are responsible for entering the data from Individual Encounter Logs, Group Encounter Logs, Weekly Tally Sheets, Participant Feedback Surveys, and Adult and Child/Youth Assessment and Referral Tools. Service Provider Feedback Survey data is entered directly into the CCP Online Data Collection and Evaluation System via a link provided to crisis counselors and team leaders.

***What resources are needed?***

Total resources needed to conduct this evaluation vary greatly with program size. It is estimated that each full-time crisis counselor will need 40 forms each week (a combination of Weekly Tally Sheets, Individual Encounter Logs, and Group Encounter Logs) at a cost of \$.042 (4 cents) per form. It is estimated that each full-time counselor, on average, will submit 30 form pages each week for data entry. Allow 90 seconds per form to estimate staff time for manual data entry.

***How are the data analyzed?***

The CCP Online Data Collection and Evaluation System website has reporting functions that correspond to results required on the RSP quarterly reports. The CCP Online Data Collection and Evaluation System website also allows for downloads of the data files so that they may be exported into statistical software such as Statistical Package for the Social Sciences, or SPSS, and SAS for additional analysis as warranted.

***Is this evaluation enough?***

This evaluation plan may or may not be enough depending upon the size and complexity of the program. Good evaluators assist program planners and managers to identify other information needs specific to their locations that are not part of the evaluation required by the sponsor. For example, as the program unfolds, innovative approaches may emerge that warrant special evaluation procedures that capture outcomes as well as outputs. There could be occasions where the program needs qualitative data on selected, focused issues. In other words, the plan described here provides basic information on service reach, quality, and consistency, but does not preclude the possibility of States adding other components to their own program evaluations.

# **/// Component II—CCP Data Collection Forms, Instructions, and Survey Templates**

PROJECT #

**Individual Crisis Counseling Services Encounter Log**

OMB NO. 0930-0270

Expiration Date 01/31/2012

Provider Name Provider # Employee # Date of Service (mm/dd/yyyy) County Code of Service Zip Code of Service **CHARACTERISTICS of ENCOUNTER****LOCATION of SERVICE (select one)**

- |   |  |
|---|--|
| <input type="checkbox"/> school & child care (all ages through college)                   | <input type="checkbox"/> home (temporary or permanent; including friend or family homes; group homes; including houses, apartments, trailers, and other dwellings) |
| <input type="checkbox"/> community center (e.g., government, recreation, social services) | <input type="checkbox"/> IF HOME: PLEASE CHECK THIS BOX IF ANY CHILDREN < AGE 18 LIVE IN THIS HOME.  |
| <input type="checkbox"/> provider site (agency involved with CCP)                         | <input type="checkbox"/> phone counseling (15 minutes or longer, including "hot-lines" & "life-lines")   |
| <input type="checkbox"/> workplace (e.g., office workers, public safety)                  | <input type="checkbox"/> medical center (e.g., doctor, dentist, hospital, mental health specialty)   |
| <input type="checkbox"/> disaster recovery center (e.g., FEMA, Red Cross)                 | <input type="checkbox"/> public place/event (e.g., street, sidewalk, town square, fair, festival, sports)  |
| <input type="checkbox"/> place of worship (e.g., church, synagogue, mosque)               | <input type="checkbox"/> other (specify in box) > <input type="text"/>   |
| <input type="checkbox"/> retail (e.g., restaurant, mall, shopping center, store)          |  |

**VISIT TYPE**

- 
- Individual
- 
- Family (2 or more related individuals; please complete one form for each active participant.)

**VISIT NUMBER**

- 
- 1st visit
- 
- 2nd visit
- 
- 3rd visit
- 
- 4th visit
- 
- 5th visit or more

**DURATION**

- 
- 15-29 minutes
- 
- 30-44 minutes
- 
- 45-59 minutes
- 
- 60 minutes or more

**RISK CATEGORIES (select all that apply)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> family missing/dead            | <input type="checkbox"/> injured or physically harmed (self or household)  | <input type="checkbox"/> evacuated quickly with no time to prepare |
| <input type="checkbox"/> friend missing/dead            | <input type="checkbox"/> life was threatened (self or household)           | <input type="checkbox"/> prolonged separation from family          |
| <input type="checkbox"/> pet missing/dead               | <input type="checkbox"/> witnessed death/injury (self or household)        | <input type="checkbox"/> displaced from home 1 week or more        |
| <input type="checkbox"/> home damage                    | <input type="checkbox"/> assisted with rescue/recovery (self or household) | <input type="checkbox"/> past substance use/mental health problem  |
| <input type="checkbox"/> vehicle or major property loss | <input type="checkbox"/> disaster unemployed (self or household)           | <input type="checkbox"/> pre-existing physical disability          |
| <input type="checkbox"/> other financial loss           | <input type="checkbox"/> had to change schools (for children or youth)     | <input type="checkbox"/> past trauma                               |

**DEMOGRAPHIC INFORMATION****Age (select one)****Sex (select one)****Race (select one or more)****Ethnicity (select one)**

- |   |                                 |   |   |
|---|---------------------------------|---|---|
| <input type="checkbox"/> preschool (0-5)    | <input type="checkbox"/> male   | <input type="checkbox"/> American Indian / Alaska Native    | <input type="checkbox"/> Hispanic or Latino                           |
| <input type="checkbox"/> child (6-11)       | <input type="checkbox"/> female | <input type="checkbox"/> Asian                              | <input type="checkbox"/> not Hispanic or Latino                       |
| <input type="checkbox"/> adolescent (12-17) |                                 | <input type="checkbox"/> Black or African American          | <b>Primary Language of Contact (select one)</b>                       |
| <input type="checkbox"/> adult (18-39)      |                                 | <input type="checkbox"/> Native Hawaiian / Pacific Islander | <input type="checkbox"/> English                                      |
| <input type="checkbox"/> adult (40-64)      |                                 | <input type="checkbox"/> White                              | <input type="checkbox"/> Spanish                                      |
| <input type="checkbox"/> adult (65+)        |                                 |   | <input type="checkbox"/> other (specify in box)> <input type="text"/> |

**EVENT REACTIONS (select all that apply)****BEHAVIORAL****EMOTIONAL****PHYSICAL****COGNITIVE**

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Extreme change in activity level | <input type="checkbox"/> Sadness, tearful         | <input type="checkbox"/> Headaches                            | <input type="checkbox"/> Distressing dreams, nightmares      |
| <input type="checkbox"/> Excessive drug or alcohol use    | <input type="checkbox"/> Irritable, angry         | <input type="checkbox"/> Stomach problems                     | <input type="checkbox"/> Intrusive thoughts, images          |
| <input type="checkbox"/> Isolation/ withdrawal            | <input type="checkbox"/> Anxious, fearful         | <input type="checkbox"/> Difficulty falling or staying asleep | <input type="checkbox"/> Difficulty concentrating            |
| <input type="checkbox"/> On guard/ hypervigilant          | <input type="checkbox"/> Despair, hopeless        | <input type="checkbox"/> Eating problems                      | <input type="checkbox"/> Difficulty remembering things       |
| <input type="checkbox"/> Agitated/ jittery/ shaky         | <input type="checkbox"/> Feelings of guilt/ shame | <input type="checkbox"/> Worsening of health problem          | <input type="checkbox"/> Difficulty making decisions         |
| <input type="checkbox"/> Violent or dangerous behavior    | <input type="checkbox"/> Numb, disconnected       | <input type="checkbox"/> Fatigue, exhaustion                  | <input type="checkbox"/> Preoccupied with death/ destruction |

 **COPING WELL; NONE OF THE ABOVE APPLY****PLEASE CONTINUE ON PAGE 2 (ON BACK)**

## Individual Crisis Counseling Services Encounter Log - long version - page 2

### REFERRAL (select all that were communicated)

- crisis counseling program services (e.g., group counseling, team leader, follow-up)  community services (e.g. FEMA, loans, housing, employment, social services)
- mental health services (e.g., professional, longer-term counseling, treatment, behavioral, or psychiatric services)  other (specify in box)>
- substance abuse services (e.g., professional, behavioral, or medical treatment or self-help groups, such as AA or NA)

Note what the referral was for not where it was made to.

**NO REFERRAL PROVIDED**

Reviewer Name  Signature  Date of Review

### INSTRUCTIONS: INDIVIDUAL CRISIS COUNSELING SERVICES ENCOUNTER LOG

#### When to Use This Form:

Complete this form immediately **after** the individual crisis counseling service is provided.

1. Complete this form for each individual who receives individual crisis counseling services.
2. An individual crisis counseling encounter is defined as a contact where the discussion goes beyond education and assists persons to understand their current situation and reactions, review options, or address their emotional support or referral needs.
3. This form is also to be used for **families**. Complete a single form for each member of the family that participates in/receives crisis counseling. For example, a husband and wife along with their two children attend an individual crisis counseling session. The husband and wife actively participate with the crisis counselor, but the children sit quietly. You must complete one form for the husband and a separate form for the wife.
4. This form is not intended to be used as a survey. Do not ask the individual for any of the information on this form. Complete all items on the form based on your best observations and information you received during the encounter.

PROJECT # - FEMA disaster declaration number. Example: DR-XXXX-State

PROVIDER NAME - The name of the program/agency.

PROVIDER # - The unique number your program/agency is providing services under.

EMPLOYEE # - YOUR employee number.

DATE OF SERVICE - The date of the encounter in the format MM/DD/YYYY, e.g., 01/01/2008.

COUNTY CODE OF SERVICE - The 3 digit FIPS code for the county where the service occurred.

ZIP CODE OF SERVICE - The zip code of the location where the service occurred.

LOCATION OF SERVICE - Where did you provide the service? **SELECT ONLY ONE.**

VISIT TYPE - Was this encounter with one person or with two or more related individuals (family). Please complete one form for each active participant. If the encounter was with two or more unrelated individuals, use the group counseling form.

VISIT NUMBER - Based on your conversation with the individual, is this the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> or more visit for this person to your program? All visits did not have to be with you. **SELECT ONLY ONE.**

DURATION - How long did your encounter last? **SELECT ONLY ONE.** If the encounter was < 15 minutes, record it on the Weekly Tally.

RISK CATEGORIES - These are factors that an individual may have experienced or may have present in their life that could increase their need for services. **MORE THAN ONE CATEGORY MAY APPLY. SELECT ALL CATEGORIES THAT APPLY.**

DEMOGRAPHIC INFORMATION - For each variable, **SELECT ONLY ONE.**

AGE - The age you perceived the person to be. **SELECT ONLY ONE.**

SEX - Was the person male or female? **SELECT ONLY ONE.**

RACE - Based on your observations and your conversation with the individual, what race do you think the individual would identify himself or herself as being? **SELECT ALL THAT APPLY.**

ETHNICITY - Based on your observations and your conversation with the individual, does this person self-identify as Hispanic/Latino? **SELECT ONLY ONE.**

PRIMARY LANGUAGE OF CONTACT - What language did you actually and primarily use to speak with this individual during the encounter? This may be different than the preferred language. If "OTHER" (not English or Spanish), fill in the other language that the person spoke in. **SELECT ONLY ONE.**

EVENT REACTIONS - Do not use this as a checklist during the encounter. Complete this based on your observations and conversation **AFTER** the service is complete. **SELECT ALL THAT APPLY.** If the person has no apparent problems check, "coping well."

REFERRALS - Based on your conversation with this individual, you may have referred the individual for other services. In the REFERRAL box, select all of the types of services you referred the person to. If the service is not listed, please provide the type of service next to "OTHER SERVICES."

REVIEWER - Team lead or direct supervisor to review completed form for accuracy and then sign and date (date of review).

Please submit the completed form to the designated person in your agency who will review the form.

***Thank you for taking the time to complete this form accurately and completely!***

Public Burden Statement: 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 project is 0930-0270. Public reporting burden for this collection of information is estimated to average 4 minutes per encounter per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

PROJECT #

# Group Encounter Log

OMB NO. 0930-0270  
Expiration Date 01/31/2012

## TYPE of SERVICE Select one first before completing this log

**GROUP COUNSELING**  
(a group meeting where participants did most of the talking)

**PUBLIC EDUCATION**  
(a presentation or group meeting where YOU did most of the talking)

Provider Name  Provider #

Employee #  Date of Service (mm/dd/yyyy)

County Code of Service  Zip Code of Service

### CHARACTERISTICS of ENCOUNTER

#### LOCATION of SERVICE (select one)

- |   |  |
|---|--|
| <input type="checkbox"/> school & child care (all ages through college)                   | <input type="checkbox"/> home (temporary or permanent residence, including friend/family home; group homes; including houses, apartments, trailers, and other dwellings) |
| <input type="checkbox"/> community center (e.g., government, recreation, social services) | <input type="checkbox"/> retail (e.g., restaurant, mall, shopping center, store)   |
| <input type="checkbox"/> provider site (agency involved with CCP)                         | <input type="checkbox"/> medical center (e.g., doctor, dentist, hospital, mental health specialty)   |
| <input type="checkbox"/> workplace (e.g., office workers, public safety)                  | <input type="checkbox"/> public place/event (e.g., street, sidewalk, town square, fair, festival, sports)  |
| <input type="checkbox"/> disaster recovery center (e.g., FEMA, ARC)                       | <input type="checkbox"/> other (specify in box) > <input type="text"/>   |
| <input type="checkbox"/> place of worship (e.g., church, synagogue, mosque)               |  |

#### SESSION NUMBER (select one)

- 1st session of group expected to meet once     1st session of group expect to meet more than once     2nd or greater session of ongoing group

#### NUMBER of PARTICIPANTS PLEASE ESTIMATE

Number age < 18     Number age 18-64     Number age 65+     **TOTAL**

#### DURATION

- 15-29 minutes     30-44 minutes     45-59 minutes     60 minutes or more

### GROUP IDENTITIES (select one)

Was the group composed ONLY or MOSTLY of any of the following:

- children or youth (< age 18)? CHECK, if yes.
- adult survivors (adults who were directly affected by the disaster)? CHECK, if yes.
- public safety workers and first responders (e.g., police, fire, EMS, rescue)? CHECK, if yes.
- other recovery workers (e.g., health care, disaster relief, social services)? CHECK, if yes.

Was the group composed of a mixture of the above or none of the above (i.e., no clear group identity)? CHECK, if yes.

### FOCUS of GROUP SESSION (select all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> education about reactions to disaster | <input type="checkbox"/> conflict resolution                           |
| <input type="checkbox"/> education about community resources   | <input type="checkbox"/> community action                              |
| <input type="checkbox"/> mutual support                        | <input type="checkbox"/> information about CCP                         |
| <input type="checkbox"/> stress management or skills building  | <input type="checkbox"/> other (specify in box) > <input type="text"/> |

Reviewer Name  Signature  Date of Review

INSTRUCTIONS:  
GROUP ENCOUNTER LOG

**When to Use This Form:**

1. Complete this form immediately **after** the group encounter is provided. COMPLETE ONLY ONE FORM PER GROUP.
2. Group sessions involve at least 2 or more unrelated participants (excluding staff).
3. Do not use this form for families. Please see the instructions for the Individual Crisis Counseling Services Encounter Log

**GROUP CRISIS COUNSELING OR PUBLIC EDUCATION (SELECT ONE)**

**THE DATA ON THIS LOG CANNOT BE ENTERED OR COUNTED UNLESS YOU INDICATE TYPE OF SERVICE**

**Group Crisis Counseling** refers to services that help group members understand their current situation and reactions to the disaster, review or discuss their options, provide emotional support or referral services, and/or provide skills to cope with their current situation and reactions. In group counseling, participants do most of the talking.

**Public Education** refers to services that provide general psycho-educational information to survivors on disaster services available and key concepts of disaster mental health. Common activities in this category include, but are not limited to, public speaking at community forums, in-service group meetings, and local government meetings. In public education, the crisis counselor does most of the talking.

PROJECT # - FEMA disaster declaration number. Example: DR-XXXX-State

PROVIDER NAME - The name of the program/agency.

PROVIDER # - The unique number your program/agency is providing services under.

EMPLOYEE # - YOUR employee number.

DATE OF SERVICE - The date of the encounter in the format MM/DD/YYYY, e.g., 01/01/2008

COUNTY CODE OF SERVICE - The 3-digit FIPS code for the county or parish where the group was held.

ZIP CODE OF SERVICE - The zip code of the location you had the encounter in.

LOCATION OF SERVICE - Where did you provide the service? SELECT ONLY ONE.

SESSION NUMBER - Select the number of group encounter session. SELECT ONLY ONE.

NUMBER OF PARTICIPANTS - Use all 4 boxes to report the number of participants (not including staff) and to estimate their age distribution.

For example, for 7 participants, with no adolescents, 3 adults < 65, and 4 older adults, write in 0, 3, 4, 7.

DURATION - How long did your encounter last? SELECT ONLY ONE. If less than 15 minutes, use the weekly tally form.

GROUP IDENTITIES - This refers to the possible identities and/or roles that the group members might share as a whole. "Primarily" means that the majority of group members shared the listed characteristic. For example, a group focused on children that had a few adults present would meet the definition of a group composed "only or mostly" of children. Groups do not necessarily have an identity. If so, check the last box.

FOCUS OF GROUP SESSION - What is the focus of the group encounter? SELECT ALL THAT APPLY. If the focus for the group is different than the categories listed, please select "OTHER," and fill in the blank with the focal point.

REVIEWER - Team lead or direct supervisor to review completed form for accuracy and then sign and date (date of review).

Please submit the completed form to the designated person in your agency who will review and sign the form.

***Thank you for taking the time to complete this form accurately and completely!***

Public Burden Statement: 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 project is 0930-0270. Public reporting burden for this collection of information is estimated to average 2 minutes per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

PROJECT #

OMB NO. 0930-0270  
Expiration Date 01/31/2012

## Weekly Tally Sheet

### Brief Educational and Supportive Services Not Elsewhere Included

Provider Name

County or Parish (3 digit FIPS code)

Provider Number

Week beginning MM/DD/YYYY

Employee ID

TYPE OF CONTACT	NUMBER OF CONTACTS OR NUMBERS DISTRIBUTED							
	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL
In-person brief educational or supportive contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Material handed to people with no or minimal interaction	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Material mailed to people's homes and/or left at a person's home	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Material left in public places	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Community networking and coalition building	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Note: If the number is zero, the field may be left blank.*

Reviewer Name

Signature

Date of Review

Public Burden Statement: 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 project is 0930-0270. Public reporting burden for this collection of information is estimated to average 5 minutes per weekly tally sheet, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

INSTRUCTIONS:  
WEEKLY TALLY SHEET  
BRIEF EDUCATIONAL AND SUPPORTIVE SERVICES (NOT ELSEWHERE INCLUDED)

Public Burden Statement: 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 project is 0930-0270. Public reporting burden for this collection of information is estimated to average 5 minutes per weekly tally sheet, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

When to Use This Form:

1. This sheet is intended to capture all of the contacts you have had for a particular week AND they have not been captured on any other form.
  - a. In other words, if you have completed an Individual Crisis Counseling Services Encounter Log for someone, or if you have counted someone as a participant on the Group Encounter Log, you will not count them here.

NUMBER OF CONTACTS OR NUMBER DISTRIBUTED - For each day of the week, fill in the total number of contacts for each of the following types:

**IN-PERSON BRIEF EDUCATIONAL OR SUPPORTIVE CONTACT** - This is the number of brief contacts with individuals, or groups of individuals, that did not result in in-depth discussion or interaction of an educational or crisis counseling nature.

**TELEPHONE CONTACT** - This is the number of brief telephone contacts with individuals that did not result in in-depth discussion or interaction of an educational or crisis counseling nature.

**EMAIL CONTACT** - This is the number of brief email contacts with individuals that did not result in in-depth discussion or interaction of an educational or crisis counseling nature.

**MATERIAL HANDED TO PEOPLE WITH NO OR MINIMAL INTERACTION** - How many materials were distributed by handing them out to people with no or minimal contact?

**MATERIAL MAILED TO PEOPLE'S HOMES AND/OR LEFT AT A PERSON'S HOME** - How many materials were mailed to people's homes and/or left at at person's home?

**MATERIAL LEFT IN PUBLIC PLACES** - How many materials were left in public places?

**COMMUNITY NETWORKING AND COALITION BUILDING** - How many people did you come into contact with for the purpose of networking within the community or building local coalitions?

STOP! Please submit the completed form to the designated person in your agency who will review and sign the form.  
***Thanks for taking the time to complete this form accurately and completely!***

PROJECT #

# Adult Assessment & Referral Tool

OMB NO. 0930-0270  
Expiration Date 01/31/2012

## Please use this tool as an interview guide

- (1) with adults who have received individual crisis counseling on two or more occasions before this visit
- OR
- (2) with any adult at any time if you suspect the adult may be experiencing serious reactions to the disaster.

Provider Name  Provider #  Employee #

Date of Service (mm/dd/yyyy)  County Code of Service  Zip Code of Service

### CHARACTERISTICS of ENCOUNTER

#### LOCATION of SERVICE (select one)

- |   |  |
|---|--|
| <input type="checkbox"/> school & child care (all ages through college)                   | <input type="checkbox"/> home (temporary or permanent; including friend or family homes; group homes; including houses, apartments, trailers, and other dwellings) |
| <input type="checkbox"/> community center (e.g., government, recreation, social services) | <input type="checkbox"/> IF HOME: PLEASE CHECK THIS BOX IF ANY CHILDREN < AGE 18 LIVE IN THIS HOME.  |
| <input type="checkbox"/> provider site (agency involved with CCP)                         | <input type="checkbox"/> phone counseling (15 minutes or longer, including "hot-lines" & "life-lines")   |
| <input type="checkbox"/> workplace (e.g., office workers, public safety)                  | <input type="checkbox"/> medical center (e.g., doctor, dentist, hospital, mental health specialty)   |
| <input type="checkbox"/> disaster recovery center (e.g., FEMA, Red Cross)                 | <input type="checkbox"/> public place/event (e.g., street, sidewalk, town square, fair, festival, sports)  |
| <input type="checkbox"/> place of worship (e.g., church, synagogue, mosque)               | <input type="checkbox"/> other (specify in box) > <input type="text"/>   |
| <input type="checkbox"/> retail (e.g., restaurant, mall, shopping center, store)          |  |

#### VISIT NUMBER

- 1st visit     2nd visit     3rd visit     4th visit     5th visit or more

#### DURATION

- 15-29 minutes     30-44 minutes     45-59 minutes     60 minutes or more

### RISK CATEGORIES (select all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> family member missing or dead  | <input type="checkbox"/> injured or physically harmed (self or household)  | <input type="checkbox"/> evacuated quickly with no time to prepare |
| <input type="checkbox"/> friend missing or dead         | <input type="checkbox"/> life was threatened (self or household)           | <input type="checkbox"/> prolonged separation from family          |
| <input type="checkbox"/> pet missing or dead            | <input type="checkbox"/> witnessed death/injury (self or household)        | <input type="checkbox"/> displaced from home 1 week or more        |
| <input type="checkbox"/> home damaged or destroyed      | <input type="checkbox"/> assisted with rescue/recovery (self or household) | <input type="checkbox"/> past substance use/mental health problem  |
| <input type="checkbox"/> vehicle or major property loss | <input type="checkbox"/> disaster unemployed (self or household)           | <input type="checkbox"/> pre-existing physical disability          |
| <input type="checkbox"/> other financial loss           |  | <input type="checkbox"/> past trauma                               |

### DEMOGRAPHIC INFORMATION

#### Age (select one)

#### Sex (select one)

#### Race (select one or more)

#### Ethnicity (select one)

- adult (18-39)  
 adult (40-64)  
 adult (65+)

- male  
 female

- American Indian / Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian / Pacific Islander  
 White

- Hispanic or Latino  
 not Hispanic or Latino

#### Primary Language of Contact (select one)

- English  
 Spanish  
 other (specify in box) >

PLEASE CONTINUE ON PAGE 2 (ON BACK)

**GIVE RESPONSE CARD TO RECIPIENT**

**READ:** These questions are about the reactions you have experienced **IN THE PAST MONTH**. By reactions, I mean feelings or emotions or thoughts about the events. For each question choose one of the following responses from this card.

- 1, not at all       2, a little bit       3, somewhat       4, quite a bit       5, very much

**QUESTIONS TO BE READ**

**RESPONDENT'S ANSWER**

	1	2	3	4	5
1. How much have you been bothered by unwanted memories, nightmares, or reminders of what happened?	<input type="checkbox"/>				
2. How much effort have you made to avoid thinking or talking about what happened or doing things that remind you of what happened?	<input type="checkbox"/>				
3. To what extent have you lost enjoyment in things, kept your distance from people, or found it difficult to experience feelings because of what happened?	<input type="checkbox"/>				
4. How much have you been bothered by poor sleep, poor concentration, jumpiness, irritability or feeling watchful around you because of what happened?	<input type="checkbox"/>				
5. How down or depressed have you been because of what happened?	<input type="checkbox"/>				
6. Has your ability to handle other stressful events or situations been harmed?	<input type="checkbox"/>				
7. Have your reactions interfered with how well you take care of your physical health? For example, are you eating poorly, not getting enough rest, smoking more, or finding that you have increased your use of alcohol or other substances?	<input type="checkbox"/>				
8. How distressed or bothered are you about your reactions?	<input type="checkbox"/>				
9. How much have your reactions interfered with your ability to work or carry out your daily activities, such as housework or homework?	<input type="checkbox"/>				
10. How much have your reactions affected your relationships with your family or friends or interfered with your social, recreational, or community activities?	<input type="checkbox"/>				
11. How concerned have you been about your ability to overcome problems you may face without further assistance?	<input type="checkbox"/>				

NUMBER OF RESPONSES OF 4 OR 5 (this is recipient's score) >>>>

12. I also need to ask: Is there any possibility that you might hurt or kill yourself?  no  yes

**REFERRAL INSTRUCTIONS**

**IF THE ANSWER TO ITEM #12 IS "YES," REFER FOR IMMEDIATE PSYCHIATRIC INTERVENTION.**

**IF THE ANSWER TO ITEM #12 IS "NO," CONTINUE:**

**IF SCORE IS 3 OR HIGHER, READ:**

**FROM WHAT YOU HAVE TOLD ME, IT SEEMS THAT YOU MIGHT BENEFIT FROM PARTICIPATING IN ANOTHER SERVICE [DESCRIBE]. I WOULD LIKE TO REFER YOU TO \_\_\_\_\_.**

**IF SCORE IS BELOW 3, READ:**

**FROM WHAT YOU HAVE TOLD ME, IT SEEMS THAT YOU ARE MANAGING YOUR REACTIONS. DOES THAT SEEM RIGHT TO YOU? IF NO, READ: PERHAPS YOU WOULD BENEFIT FROM PARTICIPATING IN ANOTHER SERVICE [DESCRIBE]. I WOULD LIKE TO REFER YOU TO \_\_\_\_\_.**

**IF YES, READ: WE SHOULD DECIDE UPON SPECIFIC GOALS FOR COUNSELING THAT WE CAN MEET TODAY OR WITHIN ANOTHER COUPLE OF VISITS.**

**REFERRAL (select all that were communicated)**

- other crisis counseling program services (e.g., group counseling, team leader, follow-up)
- mental health services (e.g., professional, longer-term counseling, treatment, behavioral, or psychiatric services)
- substance abuse services (e.g., professional, behavioral, or medical treatment or self-help groups, such as AA or NA)
- community services (e.g. FEMA, loans, housing, employment, social services)
- other (specify in box) >

Note what the referral was for not where it was made to.

Did the participant accept one or more of the referral(s)?  no  yes

INSTRUCTIONS:  
ADULT ASSESSMENT & REFERRAL TOOL

**When to Use This Form:**

This form is used as an interview guide (1) with adults who have received individual crisis counseling on two or more occasions before this visit OR (2) with any adult at any time if you suspect the adult may be experiencing serious reactions to the disaster. Do not use this form with children; use the Child Assessment & Referral Tool.

PROJECT # - FEMA disaster declaration number. Example: DR-XXXX-State

PROVIDER NAME - The name of the program/agency.

PROVIDER # - The unique number your program/agency is providing services under.

EMPLOYEE # - YOUR employee number.

DATE OF SERVICE - The date of the encounter in the format MM/DD/YYYY, e.g., 01/01/2008.

COUNTY CODE OF SERVICE - The 3 digit FIPS code for the county where the service occurred.

ZIP CODE OF SERVICE - The zip code of the location where the service occurred.

LOCATION OF SERVICE - Where did you provide the service? SELECT ONLY ONE.

VISIT NUMBER - Based on your conversation with the individual, is this the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> or more visit for this person to your program?  
All visits did not have to be with you. SELECT ONLY ONE.

DURATION - How long did your encounter last? SELECT ONLY ONE. If the encounter was < 15 minutes, record it on the Weekly Tally.

RISK CATEGORIES - These are factors that an individual may have experienced or may have present in their life that could increase their need for services. MORE THAN ONE CATEGORY MAY APPLY. SELECT ALL CATEGORIES THAT APPLY.  
The Adult Assessment and Referral Tool is an interview guide, and you may ask the individual whether or not he or she has experienced the listed factors. (Note this instruction is not the same as for the Individual Crisis Counseling Services Encounter Log.)

DEMOGRAPHIC INFORMATION - For each variable, SELECT ONLY ONE. The Adult Assessment and Referral Tool is an interview guide, and you may ask the individual these questions, as needed. (Note this instruction is not the same as for the Individual Crisis Counseling Services Encounter Log.) For each question, read the options, and ask the individual to select the option or options that best describes him or her.

AGE - SELECT ONLY ONE.

SEX - SELECT ONLY ONE

RACE - SELECT ALL THAT APPLY.

ETHNICITY - SELECT ONLY ONE.

PRIMARY LANGUAGE OF CONTACT - What language did you actually and primarily use to speak with this individual during the encounter? This may be different than the preferred language. If "OTHER" (not English or Spanish), fill in the other language. SELECT ONLY ONE.

**ASSESSMENT QUESTIONS--GIVE THE RESPONSE CARD TO THE INDIVIDUAL.**

For each question, put a check mark in the appropriate box based on the individual's responses.

At the end of the 11 questions, COUNT the number of check marks in boxes 4 and 5. This is the person's score. For example, an individual who answered "quite a bit" on Questions 6 and 7 and "very much" on Question 11 and "somewhat" on Questions 1-5 and 8-10 would receive a score of 3.

The assessment questions come from the Sprint-E © and are used with permission. See the Evaluation Manual for documentation of reliability and validity.

REFERRALS - In the REFERRAL box, select all of the types of services you referred the person to. If the service is not listed, please provide the type of service next to "OTHER SERVICES."

Please submit the completed form to the designated person in your agency who will review the form.

***Thank you for taking the time to complete this form accurately and completely!***

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## Please use this tool as an interview guide

- (1) with children who have received individual crisis counseling on two or more occasions before this visit  
OR  
(2) with any child at any time if you suspect the child may be experiencing serious reactions to the disaster.

### ENCOUNTER INFORMATION

Provider Name  Provider #  Employee #

Date of Service (mm/dd/yyyy)  County Code of Service  Zip Code of Service

Visit Number  1st visit  2nd visit  3rd visit  4th visit  5th visit or more

Was parent or caregiver present during the visit?  Yes  No

READ: Occasionally, we find it helpful to ask children/adolescents or their parent/caregivers a few specific questions about how they were affected by the disaster and how they are feeling now. May I ask you these questions? My first questions are about various experiences you have had in the disaster.

### RISK CATEGORIES (check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> family member missing or dead  | <input type="checkbox"/> injured or physically harmed (self or household)  | <input type="checkbox"/> evacuated quickly with no time to prepare |
| <input type="checkbox"/> friend missing or dead         | <input type="checkbox"/> life was threatened (self or household)           | <input type="checkbox"/> prolonged separation from family          |
| <input type="checkbox"/> pet missing or dead            | <input type="checkbox"/> witnessed death/injury (self or household)        | <input type="checkbox"/> displaced from home 1 week or more        |
| <input type="checkbox"/> home damaged or destroyed      | <input type="checkbox"/> assisted with rescue/recovery (self or household) | <input type="checkbox"/> past substance use/mental health problem  |
| <input type="checkbox"/> vehicle or major property loss | <input type="checkbox"/> disaster unemployed (self or household)           | <input type="checkbox"/> pre-existing physical disability          |
| <input type="checkbox"/> other financial loss           | <input type="checkbox"/> had to change schools (for children or youth)     | <input type="checkbox"/> past trauma                               |

### DEMOGRAPHIC INFORMATION

<p><b>Age (select one)</b></p> <p><input type="checkbox"/> preschool (0-5)</p> <p><input type="checkbox"/> child (6-11)</p> <p><input type="checkbox"/> adolescent (12-17)</p> <p>Grade Level in School <input type="text"/></p>	<p><b>Sex (select one)</b></p> <p><input type="checkbox"/> male</p> <p><input type="checkbox"/> female</p>	<p><b>Race (select one or more)</b></p> <p><input type="checkbox"/> American Indian / Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian / Pacific Islander</p> <p><input type="checkbox"/> White</p>	<p><b>Ethnicity (select one)</b></p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><b>Primary Language of Contact (select one)</b></p> <p><input type="checkbox"/> English <input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> other (specify)&gt; <input type="text"/></p>
--	--	--	---



**REFERRAL (select all that were communicated)**

- other crisis counseling program services (e.g., group counseling, team leader, follow up)
- mental health services (e.g., professional, longer-term counseling, treatment, behavioral, or psychiatric services)
- substance abuse services (e.g., professional, behavioral, or medical treatment or self-help groups)

- school counseling
- community services (e.g., FEMA, loans, housing, employment, social services)

Was the referral accepted by the child?  Yes  No

Was the referral accepted by the parent/caregiver?  Yes  No

**RESPONSE CARD (COUNSELOR COPY -- GIVE THE LARGER VERSION TO CHILD/PARENT BEFORE ASSESSMENT)**

Think about your thoughts, feelings, and behavior **DURING THE PAST MONTH**. Use these frequency rating options to help answer how often the problem has happened in the past month. For each question choose **ONE** of the following responses.

**0**

S	M	T	W	Th	F	S

"Not at all" means never in the past month

**1**

S	M	T	W	Th	F	S
		X				
					X	

A "little bit" means about 2 times per month

**2**

S	M	T	W	Th	F	S
		X			X	
		X				
			X			
		X		X		

"Somewhat" means about 1-2 times each week during the past month

**3**

S	M	T	W	Th	F	S
	X		X		X	
X		X		X		
	X		X		X	
X		X				

"Quite a bit" means 2-3 times a week during the past month

**4**

S	M	T	W	Th	F	S
X	X	X	X	X	X	X
X		X		X		X
	X		X	X	X	
X	X	X	X	X	X	X

"Very much" means Almost every day

**INSTRUCTIONS**

**PROJECT #** - FEMA disaster declaration number. Example: DR-XXXX-State

**PROVIDER NAME** - The name of the program/agency.

**PROVIDER #** - The unique number your program/agency is providing services under.

**EMPLOYEE #** - YOUR employee number.

**DATE OF SERVICE** - The date of the encounter in the format MM/DD/YYYY, e.g., 01/01/2008.

**COUNTY CODE OF SERVICE** - The 3 digit FIPS code for the county where the service occurred.

**ZIP CODE OF SERVICE** - The zip code of the location where the service occurred.

**LOCATION OF SERVICE** - Where did you provide the service? **SELECT ONLY ONE.**

**VISIT TYPE** - Was this encounter with one person or with two or more related individuals (family). Please complete one form for each active participant. If the encounter was with two or more unrelated individuals, use the group counseling form.

**VISIT NUMBER** - Based on your conversation with the individual, is this the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> or more visit for this person to your program? All visits did not have to be with you. **SELECT ONLY ONE.**

**RISK CATEGORIES** - These are factors that an individual may have experienced or may have present in their life that could increase their need for services. **MORE THAN ONE CATEGORY MAY APPLY. SELECT ALL CATEGORIES THAT APPLY.**

**DEMOGRAPHIC INFORMATION** - For each variable, **SELECT ONLY ONE.**

**AGE** - The age you perceived the person to be. **SELECT ONLY ONE.**

**GRADE LEVEL** - Please enter the number (e.g., 4 = 4th grade).

**SEX** - Was the person male or female? **SELECT ONLY ONE.**

**RACE** - Based on your observations and your conversation with the individual, what race would this person identify himself or herself as being? **SELECT ALL THAT APPLY.**

**ETHNICITY** - Based on your observations and your conversation with the individual, does this person self-identify as Hispanic/Latino? **SELECT ONLY ONE.**

**PRIMARY LANGUAGE OF CONTACT** - What language did you actually and primarily use to speak with this individual during the encounter? This may be different than the preferred language. If "OTHER" (not English or Spanish), fill in the other language. **SELECT ONLY ONE.**

**REFERRALS** - Based on your conversation with this individual, you may have referred the individual for other services. In the REFERRAL box, select all of the types of services you referred the person to.

Please submit the completed form to the designated person in your agency who will review the form.

**Thank you for taking the time to complete this form accurately and completely!**

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This brief survey is being conducted to learn about your opinions and experiences as an outreach worker, crisis counselor, team leader or supervisor. Do not put your name on this survey. We want you to feel completely free to express your opinion.

Please use the black pen that came with this survey.

**THANK FOR YOUR PARTICIPATION!**

The first set of questions is about Crisis Counseling Program (CCP) training. First, please indicate whether or not you have had each type of training. Then, for each training you have completed, please rate how well the training helped to prepare you to do your job. Please "X" the box that best represents your opinion on a scale where:

**"1" is the worst or least you can imagine and "10" is the best or most you can imagine.**

Type of training	Have you had this training?		IF YES, How would you rate this training?										
	NO	YES	WORST	1	2	3	4	5	6	7	8	9	BEST
CCP Core Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transition to Regular Service Program (RSP) Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RSP Mid-program Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disaster Anniversary Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RSP Phasedown Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training on how to complete the CCP evaluation tools (e.g., logs, weekly tally)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other crisis counseling trainings offered by the State or your agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions have to do with other things that can influence your work, such as supervision and support.

Again please "X" the box that best represents your opinion on a scale where:

**"1" is the worst or least you can imagine and "10" is the best or most you can imagine.**

How would you rate [name of project] on these other areas?	WORST	1	2	3	4	5	6	7	8	9	BEST
Quality of the supervision provided to you	<input type="checkbox"/>										
Opportunities to interact with other staff in supportive ways	<input type="checkbox"/>										
Support & training provided to help you avoid compassion fatigue or to cope with the stress of listening to and helping others	<input type="checkbox"/>										
Opportunities for professional and personal growth	<input type="checkbox"/>										
Appropriateness of the workload (i.e., neither too much nor too little)	<input type="checkbox"/>										
Adequacy of the resources and tools you had available to do your job	<input type="checkbox"/>										
How well you understood how your job fit into the bigger picture of your community's response to the disaster	<input type="checkbox"/>										
How well data from the evaluation were shared with crisis counseling teams or used to inform their work	<input type="checkbox"/>										
How well you believe the types of services provided by the project matched the types of need present in the community	<input type="checkbox"/>										
The overall quality of services being provided by the project	<input type="checkbox"/>										
How likely you would be to recommend [name of project] to a friend or family member if he or she had the need	<input type="checkbox"/>										

These next questions are about the reactions you have experienced IN THE PAST MONTH. By reactions, we mean feelings, emotions, or thoughts about the crisis counseling program work you are doing. Your answers to these questions will help us to learn more about how service providers were themselves affected by the disaster and the work.

**For each question, put an X in the box that best describes your reaction**

1, not at all       2, a little bit       3, somewhat       4, quite a bit       5, very much

Has your ability to handle other stressful events or situations been harmed by your crisis counseling work or your reactions to it? 1 2 3 4 5

Has the crisis counseling work or your reactions to it interfered with how well you take care of your physical health? For example, are you eating poorly, not getting enough rest, smoking more, or finding that you have increased your use of alcohol or other substances? 1 2 3 4 5

How much has the crisis counseling work or your reactions to it interfered with your ability to work or carry out your other daily activities, such as housework or schoolwork? 1 2 3 4 5

How much has your crisis counseling work or your reactions to it affected your relationships with your family or friends or interfered with your social, recreational, or community activities? 1 2 3 4 5

How distressed or bothered are you about your reactions? 1 2 3 4 5

If you answered some of these questions with a 4 or 5, you might want to talk with a counselor about your reactions. If you have concerns about your answers to these questions, please call \_\_\_\_\_.

**These final questions will help us to describe the total group of people who completed the survey.**

How many hours of crisis counseling program work do you do in a typical week?  less than 20     20-29     30-39     40 or more

How many months have you worked with the crisis counseling program? (If less than one month, please enter 0.)

Do you supervise the work of other crisis counselors?  no     yes

What county or parish do you work in mostly?  
PLEASE PRINT YOUR ANSWER NEATLY IN CAPITALS >>>

What is your sex?  male     female    How old are you?

What was the highest year of school that you completed?  
 less than high school     high school graduate     some college     college graduate     masters degree     doctoral degree

Which race best describes you? (Select one or more)  
 American Indian / Alaska Native     Asian     Black or African American     Native Hawaiian / Pacific Islander     White

Are you Hispanic/Latino?  no     yes

**Do you have any comments you would like to share? If so, please use the box below.**

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This brief survey will help community leaders learn about needs in our community. It will also help us to learn about how well crisis counselors and outreach workers (Project Name \_\_\_\_\_) are meeting these needs. We thank you very much for your help! Do not put your name on this survey. We want you to feel free to say how you really feel! If you filled out a survey like this in the past week, please do not fill in this one.

**A pen is included for your use!**

### How would you rate the program or counselor or outreach worker on the following areas?

In the boxes at right, please "X" the box that best represents your opinion where:

"1" is the *worst* rating and "10" is the *best* rating.

	Worst										Best
	1	2	3	4	5	6	7	8	9	10	
How good was the information you got on how people feel after disasters? Was that information the best it could be (10), the worst it could be (1) or somewhere in-between (2-9)?	<input type="checkbox"/>										
How good of a job did the counselor or outreach worker do helping you to know that your feelings after the disaster were the same as many other people's feelings?	<input type="checkbox"/>										
How good of a job did the counselor or outreach worker do treating you with respect?	<input type="checkbox"/>										
How good of a job did the counselor or outreach worker do respecting your culture, race, ethnicity, or religion?	<input type="checkbox"/>										
How good of a job did the counselor or outreach worker do making you feel that asking for help is okay?	<input type="checkbox"/>										
How good of a job did the counselor or outreach worker do making you feel that you can help yourself and family?	<input type="checkbox"/>										
How good of a job did the counselor or outreach worker do keeping things you said private?	<input type="checkbox"/>										
How good of a job did the counselor or outreach worker do helping you to find ways to take care of yourself, like eating right and getting enough sleep?	<input type="checkbox"/>										
How good of a job did the counselor or outreach worker do helping you to stay active in things like hobbies, sports, church, or volunteer work?	<input type="checkbox"/>										
How good of an idea is it to tell a friend who was upset by the disaster to see this counselor or outreach worker?	<input type="checkbox"/>										

### People are exposed to disaster in many different ways. Please select all that apply to you by putting an X in the box.

- |   |  |
|---|--|
| <input type="checkbox"/> family member missing or dead                    | <input type="checkbox"/> life was threatened (self or household)           |
| <input type="checkbox"/> friend missing or dead                           | <input type="checkbox"/> witnessed death/injury (self or household)        |
| <input type="checkbox"/> pet missing or dead                              | <input type="checkbox"/> assisted with rescue/recovery (self or household) |
| <input type="checkbox"/> home damaged or destroyed                        | <input type="checkbox"/> disaster unemployed (self or household)           |
| <input type="checkbox"/> car or other vehicle or major property loss      | <input type="checkbox"/> evacuated quickly with no time to prepare         |
| <input type="checkbox"/> other financial loss                             | <input type="checkbox"/> prolonged separation from family                  |
| <input type="checkbox"/> injured or physically harmed (self or household) | <input type="checkbox"/> displaced from home 1 week or more                |

**PLEASE ALSO ANSWER QUESTIONS ON THE BACK**

These questions are about the reactions you have experienced IN THE PAST MONTH. By reactions, we mean feelings, emotions, or thoughts about the disaster. Your answers to these questions will help us to learn more about how people in our community were affected by the disaster. For each question, put an X in the box that best describes your feeling or thought.

1, not at all       2, a little bit       3, somewhat       4, quite a bit       5, very much

How much have you been bothered by bad memories, nightmares, or reminders of what happened?	1	2	3	4	5
	<input type="checkbox"/>				
How much did you try NOT to think or talk about what happened or to do things that remind you of what happened?	1	2	3	4	5
	<input type="checkbox"/>				
To what extent did you lose pleasure in things, stay away from people, or feel numb because of what happened?	1	2	3	4	5
	<input type="checkbox"/>				
How much have you been bothered by poor sleep, poor concentration, feeling jumpy or angry, or being scared that something else bad will happen?	1	2	3	4	5
	<input type="checkbox"/>				
How down or depressed were you because of what happened?	1	2	3	4	5
	<input type="checkbox"/>				
How much were other stressful things harder to deal with because of what happened?	1	2	3	4	5
	<input type="checkbox"/>				
How much trouble did you have taking care of your health? For example, did you eat poorly, not get enough rest, smoke more, or drink more?	1	2	3	4	5
	<input type="checkbox"/>				
How worried or upset are you about your reactions?	1	2	3	4	5
	<input type="checkbox"/>				
How much trouble did you have working or doing things like housework or schoolwork?	1	2	3	4	5
	<input type="checkbox"/>				
How did your reactions keep you from getting along or having fun with family and friends?	1	2	3	4	5
	<input type="checkbox"/>				
How much do you need help or more help from a counselor to deal with your reactions to the disaster?	1	2	3	4	5
	<input type="checkbox"/>				

If you answered many of these questions with a 4 or 5, you might want to talk with a counselor about your reactions. If you have concerns about your answers to these questions, please call \_\_\_\_\_.

**These final questions will help us to describe the total group of people who completed the survey.**

What is your sex?  male  female      How old are you?

What was the highest year (or grade) of school that you completed?

0-6       7-11       12 (high school)       some college       college graduate or more

What county or parish do you live in now?

Which race best describes you? (Select one or more)

American Indian / Alaska Native       Asian       Black or African American       Native Hawaiian / Pacific Islander       White

Are you Hispanic/Latino?  no  yes

What is your preferred language?  English       Spanish       other (specify in box)>

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# HOW ARE WE DOING?

Your opinion is important to us!

In [month], we will be distributing a link to an online survey to crisis counselors (outreach workers) and team leaders to get your feedback about [name of your project]. This survey will help us to understand, from your point of view, how well our project is meeting the needs of staff and the community.

The survey is anonymous and will take only a few minutes of your time. It is voluntary, but we encourage you to participate so we can learn how to improve the program and the services we provide.

Again, your opinions and experiences as a staff member of [name of project] are important. We appreciate the time you will take to complete this survey.

Thank you!

[Date]

Dear [name of Project] staff member:

This survey will help us learn about your opinions and experiences with [name of Project]. At this time, we are giving this survey to crisis counselors (outreach workers) and team leaders who have been working with [name of Project] for one month or longer. If you have not been working at the project for at least one month please do not complete the survey. We may be doing this survey again in a few months and will seek your opinion at that time.

Please click on the following link or copy it into your web browser and you will find a brief, anonymous feedback survey. [link]

As direct service providers, you experience firsthand the effectiveness of the program we have put into place. We want your opinion about the training, resources, and opportunities for support provided to you on the job. We also want to know how you view the quality of services the project provides. We know that you, as someone on the front lines, understand the project through your direct experience, which makes your feedback especially helpful and relevant.

In addition, there is a portion of the survey that checks in with you about the stress this job can sometimes bring. If you feel you need some additional support, please call [phone number].

You will be taking this survey anonymously and therefore will not be asked for your name or any other identifying information beyond your provider's name. The results will only be given for large enough groups of crisis counselors to make sure that no individual counselor is identified. These steps are taken so that you may freely express your honest opinion.

We encourage you to complete this survey by [Date]. However, your participation in this survey is completely voluntary. You will not be penalized if you choose not to participate. Also, you should feel free to leave any question blank that you do not wish to answer.

Your opinions about your experiences with [name of Project] are important to us. Thank you for taking the time to complete this survey.

Sincerely,

Name of Project Director  
Name of Project

[Date]

Dear [name of Project] staff member:

Enclosed in this packet is a brief, anonymous survey. This survey will help us learn about your opinions and experiences with [name of Project]. At this time, we are giving this survey to crisis counselors (outreach workers) and team leaders who have been working with [name of Project] for one month or longer. If you have not been working at the project for at least one month, please turn this packet back in. We will be doing this survey again in a few months and will seek your opinion at that time.

As direct service providers, you experience firsthand the effectiveness of the program we have put into place. We want your opinion about the training, resources, and opportunities for support provided to you on the job. We also want to know how you view the quality of services the project provides. We know that you, as someone on the front lines, understand the project through your direct experience, which makes your feedback especially helpful and relevant. In addition, there is a portion of the survey that checks in with you about the stress this job can sometimes bring. If you feel you need some additional support, please call [phone number].

You will be taking this survey anonymously and therefore will not be asked for your name or any other identifying information. In addition, a stamped, addressed return envelope is being provided in this package so you can mail the survey back yourself without any concern that someone in the program may see it. Surveys are to be mailed to the following address:

Substance Abuse and Mental Health Services Administration Disaster Technical  
Assistance Center  
To the attention of: [DTAC staff]  
4350 East West Highway, Suite 1100  
Bethesda, MD 20814

The results will only be given for large enough groups of crisis counselors to make sure that no one counselor is identified. These steps are taken so that you may freely express your honest opinion.

We encourage you to fill out this survey and send it in by [date]. However, your participation in this survey is completely voluntary. You will not be penalized if you choose not to participate. Also, you should feel free to leave any question blank that you do not care to answer.

Your opinions about your experiences with [name of Project] are important to us. Thank you for taking the time to complete this survey.

Sincerely,

Name of Project Director  
Name of Project

[Date]

Dear [name of Project] staff member:

If you have completed our feedback survey of [name of Project] crisis counselors (outreach workers) and team leaders, we thank you for your participation. The feedback received from you will help us to improve our services, not only to the community, but also to our employees and partners. We may be implementing this survey again in a few months in an effort to monitor our progress and to continually address staff concerns that may arise.

If you have not yet filled out the survey, please do so by [date] so your opinion and experiences can be included in the results. [if survey was done online, please insert survey link here].

Once again, thank you for your participation, as well as for the important work you do for [name of Project].

Sincerely,

Name of Project Director  
Name of Project

[Date]

Dear friend:

[Name of or reference to disaster] caused many challenges and problems for many people. Our crisis counseling project, [Name of project], tries to help people cope with the stress of recovery. To do our jobs well, we need to know more about how people are doing now and if our crisis counselors are finding the best ways to be helpful.

Inside this packet is a very brief survey. It will take you only a few minutes to fill out but will be very helpful to us. Your answers will help us to help others.

The packet has a pen in it for you to use and keep. It also has a stamped envelope for you to mail in your survey after you are done. The survey does not ask for your name and is completely anonymous. No one will know which survey you filled in. Your answers will be used together with the answers of other people who are also kind enough to help us this week.

Please send your survey in by [Date]. Of course, it is fine if you choose not to participate. Also, you should feel free to leave any question blank that you don't want to answer.

Your opinions are important to us. Thank you for taking the time to complete this survey.

Sincerely,

[Name of Project Director]

[Name of Project]

## **The Participant Feedback Survey: Guidelines for Trainers**

The following guidelines provide information on the Crisis Counseling Assistance and Training Program (CCP) Participant Feedback Survey and how it is administered. This information is being provided to CCP trainers and program leadership as background information prior to instructing crisis counselors on the administration of the Participant Feedback Survey. Training on the Participant Feedback Survey may be done during the Transition to Regular Services Program, Midprogram, Anniversary, or Phasedown trainings.

**What is the participant survey?** This two-page questionnaire seeks feedback and other information from service recipients. The questions about services relate directly to the goals of crisis counseling, such as reassurance and being helped to find ways to cope. The first page concludes with a section on the ways in which the respondent was exposed to the disaster. The back of the survey collects information on event reactions and demographics.

**How is the survey used?** The survey plays three important functions for the program. First, the survey provides information about service quality. Because it is not feasible to measure client outcomes, assessing client perceptions is the next best approach. We might find that some of the ratings are more positive than others. We'll be happy about the high scores, but we can also learn where we can improve. Second, the survey provides the program with excellent information about the experiences and reactions of people we aim to serve. This information could lead to program adjustments to meet previously unrecognized needs. Third, the survey helps planners learn about factors that influence perceptions of service quality. For example, are highly distressed individuals more or less positive about services than are less distressed individuals? Are members of different ethnic groups equally likely to report that they were treated with respect and sensitivity?

**How is the survey NOT used?** The survey is NOT used to evaluate the work of individual counselors. To make survey questions easier for respondents to grasp, they refer to "the counselor," but the survey does not name a particular crisis counselor. The data are examined only in large groupings defined by State, region, or participant characteristics.

**Will the questions upset people?** There is much evidence that people are not upset by questions about distress. Disasters upset people, not questions about disasters. Still, it is possible that answering a set of questions about distress levels may cause some people to realize that they are not coping as well as they'd like. For this reason, the survey includes a phone number to call if people are concerned about their answers to the stress questions. You should not feel uncomfortable about this at all. The worst-case scenario is that some people may become more aware of their emotional reactions, and this is not inappropriate in the context of a CCP.

**To whom is the survey given?** During the selected survey week, the questionnaire is to be given to ALL adults receiving in-person individual or group crisis counseling. These are generally the same people for whom you would complete an Individual Crisis Counseling Services Encounter Log or a Group Encounter Log for group crisis counseling. The survey is NOT to be given to people who would be recorded as receiving a "brief supportive or educational encounter" on the Weekly Tally Sheet or "public education" on the Group Encounter Log, and it is not given if the counseling occurred over the telephone. The survey is also not for people less than 18 years of age.

Also, only people who are counseled during the week selected for the survey are being asked to participate. We know you have helped many, many people over the course of the project. You may see some people this week who seem less typical (or perhaps less appreciative) than some people you saw last week. Please don't be concerned about this. These variations will average out over the various counselors who are passing out the survey.

It is critical that these instructions are always followed. There will be times when you will be sure that the participants will not complete the survey. You might even think it is wasteful to give them a packet when you know they won't do it. Participating is their choice to make, not yours. Please give a packet to each person who meets the sample definition.

**When should you give the person the packet?** We don't want the survey to interfere with your work. Please try to behave as you would normally. Introduce the survey when your conversation is starting to wind down. Please don't give it any earlier if it would harm your encounter. And please don't wait until the person is rushing off to the next thing he or she needs to do. This requires great judgment, which we are confident you have. After all, knowing when to continue and when to stop is a key skill of crisis counselors!

**What should you say when giving someone the packet?** Use your own words, but you can basically say the same thing that the cover letter says: (1) that [name of project] is trying to help people cope with the stress of the disaster and recovery; (2) that to do your jobs well, it is helpful to learn more about how people are doing now and about whether crisis counselors are finding the best ways to be helpful; and (3) that this packet has a very brief survey that will take them only a few minutes to fill out but will be very helpful to the project. Appeal to their altruism! Their answers will, in fact, help the project to do a better job of helping others. Please be assured that the survey is not a burden! It really is short, and researchers have repeatedly found that people who have been through serious events understand why it is useful to ask them about it (and the services your program is providing to support them in coping with the event). You can also point out that everything they need is inside the packet: the survey, a pen, and a stamped envelope to use to mail it back in. You should mention that the survey doesn't ask for their names and is completely anonymous.

**What should you do if the person needs or asks for help completing the survey?** The reading level of the survey is approximately fifth to sixth grade. Some people may not be able to read at this level or for some other reason (language, visual impairment) will need help to complete the survey. Unfortunately, you cannot help them. If someone asks you for help, you might tell them that you would really like to help but you've been told not to because the people doing the survey need to be sure that counselors haven't influenced the results. Please use this as an occasion to help the participant think about other sources of potential help. Is there a family member who could read them the questions? Could a friend? It might be a good idea to practice how you will handle this. Also, there could be occasions when you think people might need help even if they didn't ask for it. When you introduce the survey, you might tell them that many people prefer to have a family member or friend read them the questions so that they can think only about the answers.

**What should you do if the person implies that they shouldn't be the one to complete the survey?** Sometimes, people think they aren't the "right" people to participate. They might say, for example, "I'm doing fine; you should give this to someone who really needs help." Tell them that their participation will be extremely helpful no matter what their answers might be. Whether their opinions are good or bad, whether they feel good or bad, their survey is just as important as anyone else's. If someone says he'd like to, but he's really busy, emphasize how little time the survey will take. However, don't push too hard. People have the right to refuse, and we all need to respect that.

**Should you do the encounter logs as usual?** Yes, please complete the Individual or Group Encounter Log as you would normally.

**We are counting on you!** This survey will stand or fall on the crisis counselors! Please approach it positively and be assured that it is not a burden to participants. Many people will appreciate the opportunity to give back. This is a healthy thing! We hope we've made this as little burden as possible for you. As always, we count on your expertise and your exceptional ability to engage people. We can't wait to share the results with you, which we are sure will help us to show how good a job we are all doing, while also giving us some guidance about how to further improve.

For additional information on the Participant Feedback Survey, please contact the Substance Abuse and Mental Health Services Administration (SAMHSA) or Federal Emergency Management Agency Project Officer for this grant or call the SAMHSA Disaster Technical Assistance Center at 1-800-308-3515 and ask to speak with the technical assistance specialist assigned to this grant.

**Thank you for this and everything you do!**

## **The Participant Feedback Survey: Guidelines for Crisis Counselors**

The following guidelines provide information on the Crisis Counseling Assistance and Training Program (CCP) Participant Feedback Survey and how it is administered. This information is being provided to CCP crisis counselors as background information to be reviewed prior to survey administration. Training on the Participant Feedback Survey may be done during the Transition to Regular Services Program, Midprogram, Anniversary, or Phasedown trainings.

**What is the Participant Feedback Survey?** This brief survey provides information to program leadership about participants' opinions about crisis counseling and their experiences in and reactions to the disaster. The survey is NOT used to evaluate the work of individual counselors. The data are examined only in large groupings defined by State, region, or participant characteristics.

**To whom is the survey given?** During the selected survey week, the questionnaire is to be given to ALL adults receiving in-person individual or group crisis counseling. These are generally the same people for whom you would complete an Individual Crisis Counseling Services Encounter Log or a Group Encounter Log for group crisis counseling. The survey is NOT to be given to people who would be recorded as receiving a "brief supportive or educational encounter" on the Weekly Tally Sheet or "public education" on the Group Encounter Log, and it is not given if the counseling occurred over the telephone. The survey is also not for people less than 18 years of age.

**When should you give the person the packet?** Introduce the survey when your conversation is starting to wind down but before the person is rushing off to the next thing he or she needs to do.

**What should you say when giving someone the packet?** Use your own words, but you can basically say the same thing that the cover letter says: (1) that [name of project] is trying to help people cope with the stress of the disaster; (2) that to do your jobs well, it is helpful to learn more about how people are doing now and about whether crisis counselors are finding the best ways to be helpful; and (3) that this packet has a very brief survey that will take them only a few minutes to fill out but will be very helpful to the project. Appeal to their altruism! The survey really is short, and people who have been through a serious event understand why it is useful to ask them about it (and the services your program is providing to support them in coping with the event). You can also point out that everything they need is inside the packet: the survey, a pen, and a stamped envelope to use to mail it back in. You should mention that the survey doesn't ask for their names and is completely anonymous.

**What should you do if the person needs or asks for help completing the survey?** Some people may not be able to read at the level required (fifth to sixth grade) or for some other reason (language, visual impairment) may need help to complete the survey. Unfortunately, you cannot help them. If someone asks you for help, you might tell them that you would really like to help but you've been told not to because the people doing the survey need to be sure that counselors haven't influenced the results. Please use this as an occasion to help the participant think about other sources of potential help. Is there a family member who could read them the questions? A friend? When you think people might need help even if they didn't ask, you might tell them that many people prefer to have a family member or friend read them the questions so that they can think only about the answers.

**What should you do if the person implies that they shouldn't be the one to complete a survey?** Sometimes, people think they aren't the "right" people to participate. Tell them that their participation will be extremely helpful no matter what their answers might be. If someone says he'd like to, but he's really busy, emphasize how little time the survey will take. However, don't push too hard. People have the right to refuse, and we all need to respect that.

**Should you do the encounter logs as usual?** Yes, please complete the Individual or Group Encounter Log as you would normally.

**We are counting on you!** Please approach the survey positively and be assured that it is not a burden to participants. Many people will appreciate the opportunity to give back. This is a healthy thing! As always, we count on your expertise and your exceptional ability to engage people. We can't wait to share the results with you, which we are sure will help us to show how good a job we are all doing, while also giving us some guidance about how to further improve.

**Thank you for this and everything you do!**

# **/// Component III—Crisis Counseling Assistance and Training Program (CCP) Online Data Collection and Evaluation System User Manual, Version 2.0**



# Online CCP Data Collection & Evaluation System User Manual

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# Online CCP Data Collection & Evaluation System User Manual

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## **/// Section 1: INTRODUCTION**

This manual provides an overview of how to use the Crisis Counseling Assistance and Training Program (CCP) Online Data Collection and Evaluation System. The system allows CCP data to be entered and maintained and provides for multiple levels of user access. Required and ad hoc reports can be generated in a variety of formats. Users are better able to analyze, track, and report on the various activities occurring in a CCP. This manual provides information on accessing the system, user access levels, system organization, special features, setting up a disaster/CCP profile, entering and maintaining data, generating reports, and resources.

Data collection and evaluation are crucial elements of the CCP and serve a number of purposes. Program evaluation refers to systematic efforts to collect, analyze, and interpret information about the delivery of services. Program evaluation typically relies on easily measurable indicators that can be tracked over time, such as the number of crisis counseling encounters or participant satisfaction. The continuing acceptance and support of the CCP depend, at least in part, on its ability to show sponsors and other stakeholders that it delivers the services it intends to deliver and that disaster survivors benefit from the services provided. Program achievements are documented through program evaluation.

A useful management tool, evaluation helps program administrators to determine if a CCP is proceeding according to plan so they can make midcourse corrections when needed. For example, program evaluation can reveal trends in the demographics of individuals who receive CCP services, allowing for an assessment of whether the program is reaching target at-risk populations. Program management can then help staff identify needed adjustments to outreach strategies. Ultimately, evaluation is not about collecting data but about using data to draw conclusions. Evaluations are useful only if their results are communicated. Program managers should regularly share evaluation results in staff meetings, quarterly updates, or via visual aids such as charts and graphs. This feedback can then facilitate discussion with program staff on means to improve services.

### **1.1 SYSTEM ACCESS AND LOGIN**

The CCP Online Data Collection and Evaluation System is available at:  
<http://www.esi-bethesda.com/CCPEvaluation>

You will need a user login and password to access the system. Federal staff members have logins already established in the system.

Once a State decides to apply for an Immediate Services Program (ISP), the State Disaster Mental Health Coordinator login will be activated and provided by a DTAC staff member. It is the responsibility of the State Disaster Mental Health Coordinator to work with DTAC to set up login accounts for his or her staff, providers, and provider employees and to assign them to a disaster.

If you do not have a login, or have forgotten your login, please contact the SAMHSA Disaster Technical Assistance Center (DTAC) team (contact information is in Section 1.2 System Support).

### **1.2 SYSTEM SUPPORT**

Please feel free to contact the SAMHSA DTAC team ([DTAC@samhsa.hhs.gov](mailto:DTAC@samhsa.hhs.gov) or 1-800-308-3515) for support or technical assistance on any issues you may encounter while using this system.

**Hours of operation:** Monday–Friday, 8:30 a.m. through 5:30 p.m. eastern time

# Online CCP Data Collection & Evaluation System User Manual

## Section 2: SYSTEM OVERVIEW

### 2.1 USER ACCESS LEVELS

The system is set up to accommodate different types of users, each with a different role within the CCP evaluation process. Based on their login information, users will see only the sections of the system that relate to them and their specific role. These access levels are based on criteria, such as tasks to be performed, data oversight and evaluation, program-level oversight and accountability, reporting requirements, and system administration.

The chart below describes the types of users and their access levels.

Position/Level	Read	Write	Admin	Reports
Federal Project Officer	All grant data	Intake Form	Yes	Yes
State Disaster Mental Health Coordinator / State CCP Program Manager and State Data Evaluation Staff	All grant data	All grant data	Yes	Yes
* External Data Evaluation Staff	* External Evaluator: Provider Survey <b>only</b> .	* External Evaluator: Provider Survey <b>only</b> .	No	Yes
Provider	All their own provider data	All their own provider data	No	Yes

**Please Note:** More staff levels than are listed in the chart above may be necessary for larger grants. State Disaster Mental Health Coordinators should work with their Federal Project Officers to determine their needs, and new access levels can be added.

### 2.2 SYSTEM ORGANIZATION

Two major components of the system are the forms and the reports. The forms mimic the paper-based data collection forms as closely as possible. Data entries are stored in a back-end database, which means that the various system users can immediately access these data for such things as searching, quality control, and reporting. The reports facilitate an accurate and user-friendly view of the data in real time and allow users to view and download the data in a variety of different formats. The real-time, dynamic nature of this system will enhance the way grants are implemented and managed.

#### FORMS

##### Intake Form

- The Intake Form is the starting point for the Federal Project Officer and the State Disaster Mental Health Coordinator and, thus, is a required form for the operation of the system.

# Online CCP Data Collection & Evaluation System User Manual

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## Required ISP/Regular Services Program (RSP) Forms

The following forms are required as part of both the ISP and the RSP reporting processes:

- Individual Crisis Counseling Services Encounter Log
- Group Encounter Log
- Weekly Tally Sheet

## Required RSP Forms

These forms are required as part of only the RSP reporting process:

- Adult Assessment and Referral Tool
- Child/Youth Assessment and Referral Tool

## Optional RSP Forms

The following forms are optional under the RSP:

- Participant Feedback Survey
- Service Provider Feedback Survey (data can be entered by only the external evaluation consultant)

## REPORTS

---

### CCP Evaluation Online Database Report

Reports for the following data sets can be generated either by using standard or custom methods.

- Individual Crisis Counseling Services Encounter Log
- Group Encounter Log
- Weekly Tally
- Adult Assessment and Referral Tool
- Child/Youth Assessment and Referral Tool
- Participant Feedback Survey
- Service Provider Feedback Survey

### Standard Progress Report

This report provides data for disaster outreach services, individual encounter by age, and monthly trends for individual/group encounters and risk factors.

### CCP Evaluation Online Database Download

Data for the following data sets can be downloaded to a comma-separated values (CSV) file or to a text file for use with a Statistical Package for the Social Sciences (SPSS) application.

- Individual Crisis Counseling Services Encounter Log
- Group Encounter Log
- Weekly Tally Sheet
- Adult Assessment and Referral Tool
- Child/Youth Assessment and Referral Tool
- Participant Feedback Survey
- Service Provider Feedback Survey

# Online CCP Data Collection & Evaluation System User Manual

## 2.3 SPECIAL FEATURES

This system was developed with user-friendly features that will allow users to avoid redundant data-entry tasks, improve data accuracy, and obtain information and feedback. These features are described below.

### ADMIN VIEW

The Admin section of the system provides you with a quick “at-a-glance” view of the last five records submitted for each form in real time.

**Please Note:** The Provider Survey form is not included in this section because it is only accessible for viewing after the external evaluation consultant has entered and locked down the data.

### AUTO-CALCULATIONS

Forms requesting totals entered into certain fields will auto-calculate for you. This feature will allow for more accurate data entry.

Type of Contact	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
* In-person brief educational or supportive contact	<input type="text" value="7"/>	<input type="text" value="0"/>	42					
* Telephone contact	<input type="text" value="7"/>	49						
							<input type="text" value="7"/>	119
							<input type="text" value="77"/>	189
							<input type="text" value="8"/>	121
person's home								
* Material left in public places	<input type="text" value="7"/>	49						
* Community networking and coalition building	<input type="text" value="7"/>	<input type="text" value="2"/>	<input type="text" value="7"/>	<input type="text" value="7"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="2"/>	40

**Number of Participants (please estimate):**

Number age < 18:  Number age 18-64:  Number age 65+:

**TOTAL: 36** (Auto-calculated based on your input above)

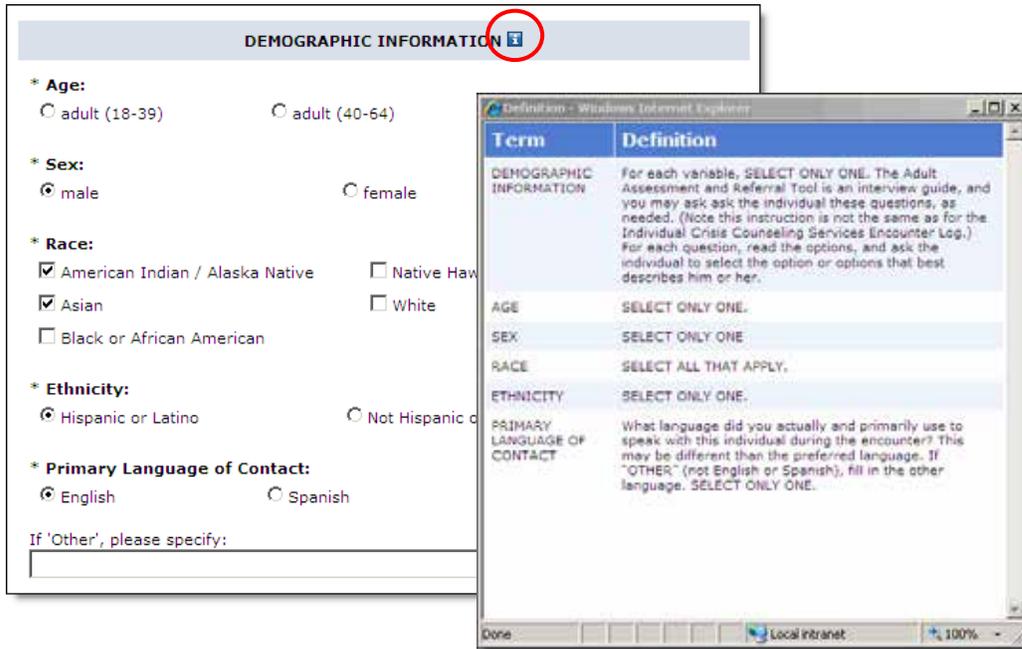
By clicking on the below button, Totals will be auto-calculated for the respective Type of Contact

Calculate Total for the contacts

# Online CCP Data Collection & Evaluation System User Manual

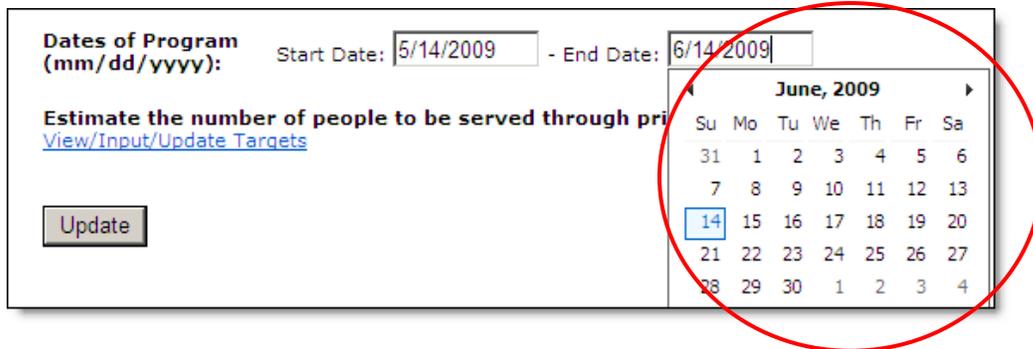
## CONTEXTUAL HELP ICONS

Throughout the form pages, you will see small information icons with the letter “i” next to data entry fields. You can click these icons to reveal helpful information about that particular data point.



## DATE FIELDS

All fields within the system that require the entry of a calendar date utilize a calendar entry method. This method automatically inserts the correct day, month, and year formatting, which is important to data consistency.



# Online CCP Data Collection & Evaluation System User Manual

## SYSTEM MESSAGE CENTER

Federal staff can send out simple text messages with attachments to State Disaster Mental Health Coordinators on an individual or group basis. This feature is useful for sending out notifications, such as system maintenance or update notices, alerts to new policies, and any other project-related information.

The sender simply identifies the recipients and enters a subject line and text for the body of the message. The body field only allows for the entry of unformatted text (bold, underlining, italics, colors, and the like are **not** supported), but this field can contain an unlimited amount of characters. There is also a file attachment option, which will permit you to attach a single file of any file type to the message.

Message recipients will see any messages sent to them on their homepage after they log in. Once they have read a message, they may delete it from their message center.

### Send E-mails

For multiple selections use "**Ctrl**" + **click**

\* E-mail to [ Select Name(s) ] from the list: Federal PO, Virginia  
Mellie Randall, Virginia

Ilona  
Dean  
Kelli  
Kristi  
Chris  
Brian  
Karie  
Glenn

Check here to send E-mail

\* Subject:

\* Body:   
Hello and Welcome.  
  
This message is to co working. Attached are session.  
  
Sincerely,  
Your Federal Project Officer

Attachment: [ (.doc or .pdf or .xls) ]

### Welcome Ilona Wolfe

#### Active Disasters

Click on the **Disaster Number** below to access the **Intake Form** for a particular disaster and enter the necessary state-specific data at the bottom of the form.

Type	Disaster Number	Provider Name(s)
ISP	DR-TEST-VA	Spindletop MHMR

---

#### Message Center

You have ( 2 ) message(s).

Subject	Date	Delete Message
<a href="#">Welcome to the System!</a>	06/16/2009	<a href="#">Delete</a>

**Please Note:** While the system will allow for the upload of large files, depending on the recipient's connection speed, it may be best to limit file size to no more than 1 megabyte.

# Online CCP Data Collection & Evaluation System User Manual

## REDUNDANT FIELD AUTO-POPULATION

A typical data-entry worker will enter the same data repeatedly for one type of form. To alleviate some of the repetitive field entries, the system was designed to capture certain common data elements (base data) for each form and then auto-populate that data into subsequent forms of the same type.

For instance, on the Individual Crisis Counseling Services Encounter Log, users will enter data for the following fields: project number, provider name, provider number, employee number, date of service, county code of service, and zip code of service. Once these fields are entered, they will be auto-populated into every subsequent Individual Encounter Log form that the user initiates during that login session. The user can opt to change data used to auto-populate the fields as needed (for instance, when the date of service or any other field changes).

This feature is beneficial to speed and accuracy when performing data entry on large numbers of forms with some commonality.

The image shows two overlapping screenshots of the 'Participant Feedback Survey' form. The top-left screenshot shows the form's header with the following text circled in red: 'Project #: DR-1791-TX', 'Employee Number: EMP578', and 'Week Administered: 6/8/2009'. Below this is a legend for required fields (\* = Required) and a survey description. The bottom-left screenshot shows a rating scale from 1 (Worst) to 10 (Best) with radio buttons. The top-right screenshot shows the form's search and data entry sections. It includes a link to search for submissions, a section for entering new data, and a legend for required fields. The 'Project #', 'Employee #', and 'Week Administered' fields are pre-filled with the same values as in the top-left screenshot and are circled in red. A 'Continue' button is visible at the bottom of this section.

# Online CCP Data Collection & Evaluation System User Manual

## VALIDATION

On some forms, you will notice the asterisk symbol (\*). This symbol means that this is a required field. In most cases, you will still be able to submit the form without these required fields filled in, but please be aware that you should be making every effort to collect all required data.

In some areas of the system, you may encounter a validation error message upon clicking the Submit button. A validation error will occur if you have attempted to enter data that are outside the given constraints of particular fields or if you have neglected to enter any data in a field that is vital. These validation errors show up in red text at the top of the page and will specifically indicate which fields were entered improperly.

**The following errors occurred while attempting to submit information:**

- Please provide Project #.
- Please provide Provider Name.
- Please provide County.
- Please provide Date of Service.

[Search for Individual Crisis Counseling Services Encounter Log Submissions](#)

Or

**Enter new Individual Crisis Counseling Services Encounter Log data**

Please identify below fields first:

\* = Required

\* Project #:

\* Provider Name:

Provider #:

Employee #:

\* Date of Service (mm/dd/yyyy):

\* County Code of Service:

Zip Code of Service:

# Online CCP Data Collection & Evaluation System User Manual

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## **/// Section 3: USING THE SYSTEM**

### **3.1 SETTING UP A DISASTER/CCP PROFILE**

#### **INTAKE FORM**

---

The sole data-entry feature for Federal-level staff is the Intake Form. This form is used to establish a disaster within the system so that other data-entry tasks may be completed by State-level users. The Intake Form consists of two sections: one for Federal data entry and one for State data entry.

##### **Federal Data Entry Section**

The top part of the form is where the Federal Project Officer enters information for a specific disaster. The following are **minimum fields required** to submit the form:

- Disaster number
- State
- Provider name
- ISP or RSP

##### **State Data Entry Section**

The bottom part of the form contains fields that will be completed by the State Disaster Mental Health Coordinator for the particular disaster. The data for these fields can be viewed and updated by the Federal Project Officer if necessary.

The Coordinator can access the Intake Form from the homepage, which shows a list of active disasters. The top part of the form is pre-populated with data from the Federal level, but the State Disaster Mental Health Coordinator will need to enter the following data at the bottom of the form.

- Number of staff
- Number of team leaders
- Number of outreach workers
- Dates of program
- Estimated number of people to be served through primary services (requires data entry of target numbers for each county in the State impacted by a particular disaster). This information can be found in the ISP and RSP applications.

#### **ASSIGN EMPLOYEE**

---

The Assign Employee function is available to the State Disaster Mental Health Coordinator, who can use it to enter new employees into the system. This feature allows for the identification and management of employees in the system. SAMHSA DTAC will send an email indicating username and password for those employees authorized to log into the system. State Disaster Mental Health Coordinators can also assign employees to particular disasters, track if they have the necessary training, and indicate whether they are an active or inactive member of the State's team within the system. All of these operations are accomplished via online form pages.

Identifying employees and assigning them to disasters is the first step in giving them access to the system and permitting their name to show up in the various drop-down lists and points for auto-population. Authorized employees need to have their own unique login to access the system.

# Online CCP Data Collection & Evaluation System User Manual

## 3.2 ENTERING AND MAINTAINING DATA

From the navigation bar on the left side of the screen, users can select a particular form to either enter new form data or search past entries.

- Home
- Administration
- Assign Employee
- Individual Crisis Counseling Services Encounter Log
- Group Encounter Log
- Weekly Tally Sheet
- Adult Assessment & Referral Tool
- Child/Youth Assessment & Referral Tool
- Service Provider Feedback Survey
- Participant Feedback Survey
- Resources
- Reports
- Logout

### ENTERING DATA

State-level or provider data entry staff may enter form data by simply selecting a form from the left-side navigation bar and then entering the base data for that particular form. This base information correlates directly to the paper CCP form and typically includes the minimal required information, such as project number, provider name, date of service, and county code of service. Once entered, this base information will be auto-populated into each new instance of this form that you create during this particular data-entry session (See Redundant Field Auto-Population in Section 2.3). You can change the base information at any point when you need to do so.

**Please Note:** The base data entry fields are contingent on each other for data population in some cases. For example, you must first identify a project number from the drop-down list provided; that action will populate the provider name and the county code of service drop-down lists based on the project number identified, and once a provider name is identified, the provider number is automatically populated next to that field.

The data fields for each form are identical to the fields on the paper CCP forms. Data are collected in a variety of formats, such as radio buttons, checkboxes, drop-down lists, text-entry fields, etc., and are submitted to the database by clicking on the Submit button that appears at the bottom of each form page. All of these methods should be familiar to most computer users. However, if you have difficulty with your data entry and would like to restart a form, you can clear the data already entered and start over simply by clicking on the Reset Form button on the bottom of the form page. **DO NOT** use this method to delete a record.

Once you submit a form, a confirmation page is generated. This page supplies feedback on the data you just submitted. You can review what has been submitted and can opt to return to the form, using the link provided, to update any data as necessary.

**DO NOT** use the Back button on your browser to return to the form; doing so will create a duplicate record.

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## REQUIRED FIELDS

Throughout the system, you will see the asterisk symbol (\*), which has been used to indicate when a field is required. As has already been mentioned in the Validation section under Section 2.3 Special Features, the system was designed to be as accommodating as possible to data entry. Therefore, a number of fields are marked as required but will still accept a blank entry (or null value) unless indicated by a red validation error at the top of the page. However, while a blank value is allowed in some instances, it is not ideal from the standpoint of data analysis and reporting. Therefore, you are strongly encouraged to build your own quality control measures within your program before you even begin to enter data in the system.

Upon submitting a form with blank values, the confirmation page for that particular form will identify all fields that you have left blank. These fields will appear in red and will have the word “null” next to the field label. This formatting is indented to call your attention to blank values that you may have submitted erroneously so that you may then go back into the form to revise the data.

**Project #:** DR-TEST-VA

**Provider Name:** Gulf Coast Center

**Employee #:** 987654

**Date of Service:** 5/22/2009

**County of service:** 001 - Accomack

**Location of Service:** community center

**Visit Type:** NULL

**Visit Number:** NULL

**Duration:** NULL

**Risk Categories:**  
home damage

**Age:** adult (18-39)

**Sex:** NULL

**Race:** NULL

**Ethnicity:** NULL

**Primary Language of Contact:** NULL

## REVISING DATA

Data can be revised via two methods: (1) by using the link on the confirmation page (as described in the Entering Data part of Section 3.2) immediately after submitting the form or (2) by using the search feature associated with each individual form to find and isolate individual records or sets of records. Data can be edited as many times as necessary.

## DELETING DATA

The only users who can delete data from the system are the State Disaster Mental Health Coordinator and State data evaluation staff. Using the search interface for each form, the State Disaster Mental Health Coordinator can pull up search results in a data grid, which includes a checkbox to delete individual records or the entire set.

Delete	Record #	Type	Disaster Number	Provider	Tool County	Created By
<input checked="" type="checkbox"/>	1	ISP	<a href="#">DR-TEST-VA</a>	Gulf Coast Center	001 - Accomack	Ilona Wolfe
<input checked="" type="checkbox"/>	2	ISP	<a href="#">DR-TEST-VA</a>	Gulf Coast Center	001 - Accomack	Ilona Wolfe
<input type="checkbox"/>	10	ISP	<a href="#">DR-TEST-VA</a>	Gulf Coast Center	001 - Accomack	Ilona Wolfe

To delete any submission, select it and click on 'Delete' Button.

**Please Note:** The Delete function is **NOT REVERSIBLE!**

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## SEARCH FOR FORMS

All system users have the ability to search for forms that have been previously submitted. Each form will have a unique set of search criteria that will pull up results in a data grid. These records can be viewed, edited, or deleted by the State Disaster Mental Health Coordinator or State data evaluation staff only. Users can navigate through the record set by either clicking on a particular ID number in the data grid or using the Next Record and Previous Record buttons from within the form pages themselves.

**Individual Crisis Counseling Services Encounter Log Search Page**

The Search will enable you to search the entire CCP Evaluation Database for specific records, matching any criteria you specify. Please fill out the form fields below with the appropriate information, then press the "Search Collection" button to retrieve your results. If you are unsure of the exact spelling for a value within a text field, using a partial value will improve the scope of your search.

Project #:

Employee #:

Date of Service (mm/dd/yyyy):

County Code of Service:  [ can be county number or county name ]

Zip Code of Service:

Below is the list with above search criteria.

To view/update information on this tool, please click on the "Record #". To view information on a disaster, please click on the "Disaster Number".

**2 Matching Records:**

[Export this list to Excel](#)

Delete	Record #	Type	Disaster Number	Provider	Tool County	Created By
<input type="checkbox"/>	12	ISP	DR-TEST-VA	Spindletop MHMR	001 - Accomack	Ilena Wolfe
<input type="checkbox"/>	14	ISP	DR-TEST-VA	Harris County MHMR	057 - Essex	Ilena Wolfe

### 3.3 GENERATING REPORTS

Powerful tools have been incorporated into this system to allow users to better analyze, track, and report on the various activities occurring under each grant and, in some instances, over a series of grants. Reports are provided in a variety of formats, which makes incorporating the data into other documents very simple.

Federal users will be able to access reports across States and across disasters. State-level users will only be able to access reports related to their particular State.

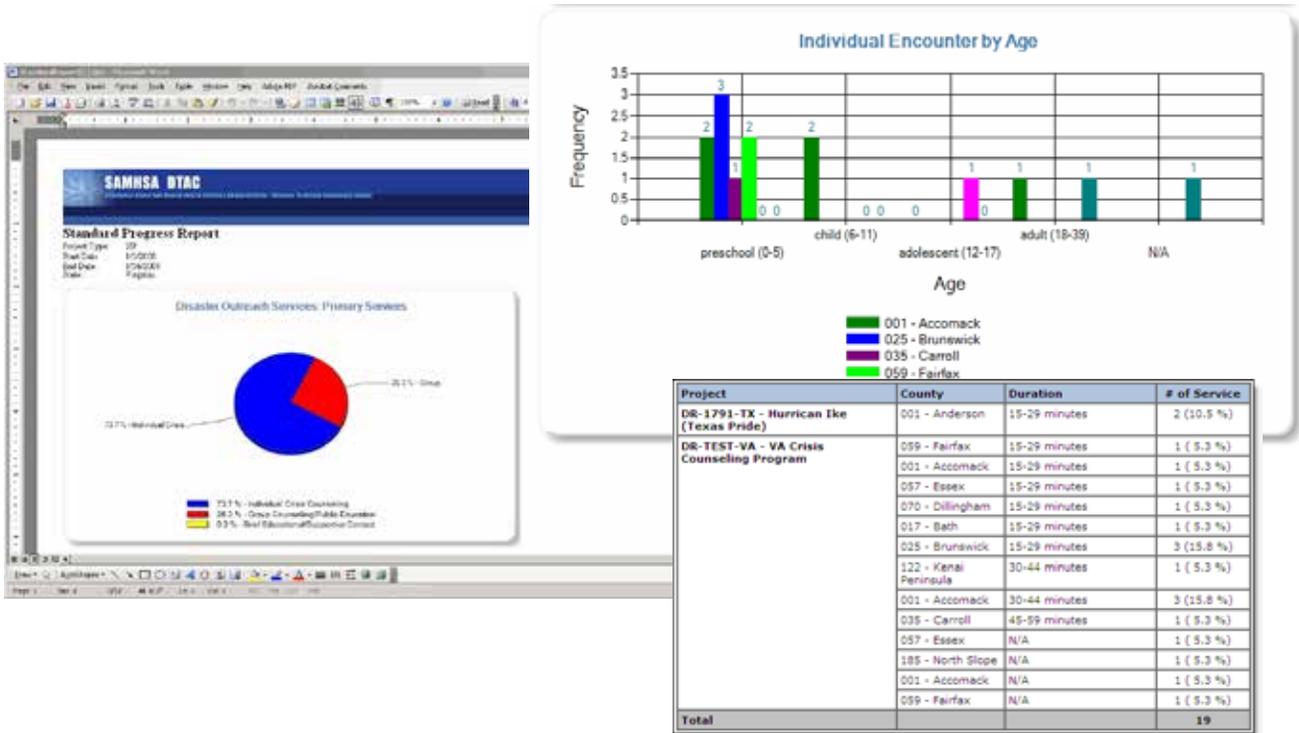
## CCP EVALUATION ONLINE DATABASE REPORT

Reports are available for data from the following forms: the Individual Crisis Counseling Services Encounter Log, Group Encounter Log, Weekly Tally, the Participant Feedback Survey, and the Service Provider Feedback Survey. An external data evaluation consultant is the only user who can generate the Provider Survey Report. You can generate reports using predetermined reporting criteria (standard reports) or customized reporting criteria (custom reports). You can run reports to appear on screen or generate and download them as Adobe Portable Document Format (PDF) files, Microsoft Word documents, or CSV files to use with Excel or any other spreadsheet or database application.

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## STANDARD PROGRESS REPORT

The Standard Progress Report contains data on disaster outreach services, individual encounters by age, and monthly trends for individual/group encounters and risk factors. You can run reports to appear on screen or generate and download them as Adobe PDF files, Microsoft Word documents, or CSV files to use with Excel or any other spreadsheet or database application.



## CCP EVALUATION ONLINE DATABASE DOWNLOAD

Reports are available for data from the following forms: Individual Crisis Counseling Services Encounter Log, Group Encounter Log, Weekly Tally, the Participant Feedback Survey, and the Service Provider Feedback Survey. You can download each of these reports in a CSV file for use with Excel or any other spreadsheet or database application. You can also download a text file with data that you can easily incorporate into the SPSS application by choosing "Download SPSS."

# Online CCP Data Collection & Evaluation System User Manual

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## /// Section 4: RESOURCES

### **4.1 OFFICE OF MANAGEMENT AND BUDGET (OMB)-CLEARED CCP FORMS**

The most current version of all paper CCP data collection forms and accompanying instructions are available for download in PDF format from this section of the system. The forms are available in English with Spanish translations.

**Please Note:** You can complete these current PDF forms electronically and save them using the Adobe Reader application version 8 or later. This is a free application, which can be downloaded from <http://get.adobe.com/reader/otherversions>.

### **4.2 TRAINING MATERIALS**

These training materials will be available online, 24/7, for all system users. As enhancements are made to this system, updates to these materials will be posted to this area with an appropriate version number.

### **4.3 DATA DICTIONARY**

Under the Resources section, you will find the data dictionary that is associated with the system's SQL database. If you are using scanner technology to scan and capture form data, you will need to use this set of defined fields in the setup of your scanner software so that data can be properly imported into this system.

Please contact the DTAC Team at [DTAC@samhsa.hhs.gov](mailto:DTAC@samhsa.hhs.gov) or 1-800-308-3515 for technical assistance with using the data dictionary and with transmitting data to be uploaded to the system.

**Please Note:** The data dictionary may change periodically when the database is updated. You will be notified via the system's message center when updates are available.