Guide to Evaluating Your Crisis Counseling Assistance and Training Program (CCP)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

FEMA

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The third module is the *Data Collection and Evaluation System User Manual, Ver. 3.0* (in development). Please contact SAMHSA DTAC at 800-308-3515 or DTAC@samhsa.hhs.gov for assistance in using the CCP Online Data Collection and Evaluation System.

The Fundamentals of Data Collection and Evaluation

Module 1

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Contents

Introduction—the Basics

What is the Crisis Counseling Assistance and Training Program?

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 after the President has made a declaration of disaster for Individual Assistance for the state, territory, or tribe. The CCP 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), which is 60 days in duration
2. Regular Services Program (RSP), which 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 there have been more (such as after the 2005 Hurricanes Katrina, Wilma, and Rita, and after several deadly tornado outbreaks in 2011). 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 the SAMHSA Disaster Technical Assistance Center?

The CCP is a partnership between FEMA and SAMHSA CMHS. CMHS provides states and territories with consultation and assistance in implementing the program. A part of CMHS, 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 e-mail address (DTAC@samhsa.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 finding answers to 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 U.S. states, 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 in January 2009 (OMB No. 0930-0270) with an expiration date of January 2012. Most recently, another set of changes to all seven forms was approved by OMB in the fall of 2012, with an expiration date of August 2015.

What are the key changes between the 2009 and 2012 OMB-approved forms?

There are seven standard data collection forms that are used by the CCP:

- Individual Crisis Counseling Services Encounter Log (renamed Individual/Family 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 Form

The following table identifies changes made to these forms from the versions OMB approved in 2009 to those it approved in 2012.

Summary of Key Changes 2009–2012	Individual/ Family 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 Form
Changed name of form and entry requirements to capture encounters for multiple family members within the same encounter form.	X						
Added new field to capture whether materials were distributed.	X	X					
Added new fields to capture the focus of the encounter (e.g., educational information, coping tips, and healthy connections).	X	X					
Added two new sections to capture mass media and social networking messages.			X				
Clarified instructions about using "other" category.	X	X	X	X	X	X	X
Created new fields to better classify services and contacts made by phone.	X		X	X	X		
Added new field to gather information on persons with disabilities or other functional or access needs.	X	X		X	X		
Added new field to capture a second employee number.	X	X		X	X		
Clarified new fields to better classify permanent or temporary home under Location of Service.	X	X		X	X		
Adjusted the scale and added questions to capture the helpfulness of program services, and perceived improvement of wellbeing.						X	
Adjusted the scale and clarified language to capture the perceived usefulness of the trainings and support provided.							X

The revised forms clarified definitions and added response options that occurred frequently within the "other" category in the previous forms. The previous Individual Crisis Counseling Services Encounter Log is now revised to Individual/Family Crisis Counseling Services Encounter Log. Previously, when encountering a family, crisis counselors would complete a separate Individual Encounter Log for each family member participating in the encounter, but with the revised form, now they would only use this one form.

A new field has been added to gather information on persons with disabilities or other functional or access needs. This new field is now included on the Individual/Family Crisis Counseling Encounter Log, Group Encounter Log, Adult Assessment and Referral Tool and Child/Youth Assessment and Referral Tool. Within the instructions of the forms, the statutory definition of disabilities is provided.

To encourage compliance with program guidelines that crisis counselors conduct outreach in pairs, an additional field was added so that a second crisis counselor can record their employee number.

A new field was added to the Individual/Family Encounter Log and Group Encounter Log to capture the materials distributed as part of an individual, family, or group encounter "Were materials (flyer, brochure, handouts, etc.) provided to this/these participant(s)?"

To better classify services and contacts made by phone, a new field was created on the Weekly Tally Sheet to capture and distinguish the type of telephone contact being recorded. Additionally, two new sections were added to the Weekly Tally Sheet to capture the number of mass media messages and social networking messages broadcasted or posted each week.

And under location of service for the remaining forms, a checkbox has been added underneath the Phone Counseling section, for respondents to indicate if the phone counseling session was "Hotline, helpline, or crisis line."

How is the *Guide for Evaluating Your Crisis Counseling Assistance and Training Programs (CCPs)* organized?

This toolkit is organized into three modules.

1. The first module is the *Fundamentals of Data Collection and Evaluation*(which you are reading now). 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 module consists of the CCP data collection forms and their instructions (OMB #0930-0270, expiration 8/31/2015). Additional templates are also included for the administration of the Service Provider Feedback Form and the Participant Feedback Survey.
3. The third module is the *Data Collection and Evaluation System User Manual, Ver. 3.0,* (in development) which is designed to assist users of the CCP Online Data Collection and Evaluation System in understanding the features of the system, including data entry and reporting functions. This module is in development. Please contact SAMHSA DTAC at 800-308-3515 or DTAC@samhsa.hhs.gov for assistance in using the CCP Online Data Collection and Evaluation System.

How should this guide be used?

The Guide for Evaluating Your Crisis Counseling Assistance and Training Programs (CCPs) was created to serve two 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. In addition, 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 also 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 detailed 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 a sample logic model of a CCP.

Figure 1—Sample CCP Logic Model
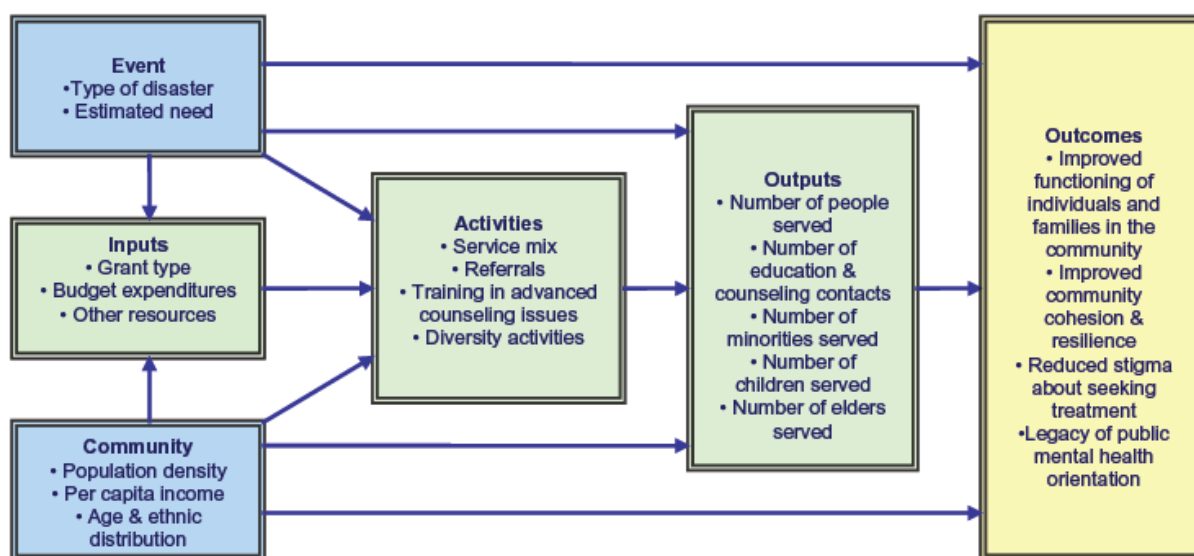
An example program theory and logic model (bulleted items are illustrative, not exhaustive).

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, another activity, helps crisis counselors do their jobs more effectively, especially when the disaster is especially severe or complicated. CCPs vary in their activities in response to diversity in the population and in identifying and referring individuals with more severe mental health or substance abuse needs.

What are outputs and outcomes, and how are they different?

Outputs are the measurable units of product from a program's activities. Outcomes on the other hand are the societal benefits. While outputs assess "how much" was done, outcomes focus on "how much good" was done. An output might be how many children were served by a particular CCP in a given month, and an associated outcome might be an improvement in behavioral health among children in the area the CCP is serving. 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 crises.

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.

Evaluation for CCPs

What are the goals?

Evaluation for 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 all data collection forms 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, territory's, or federally recognized tribe's population in the affected areas.

What is program quality?

Were the services perceived by disaster survivors and providers to be appropriate and beneficial? To assess service quality, consumer feedback is essential. This aspect of the evaluation relies upon brief anonymous surveys (i.e., Participant Feedback 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, CCP evaluation also includes a survey for crisis counselors and their supervisors (i.e., Service Provider Feedback Form).

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? If CCP evaluation shows that some providers attain higher reach (in proportion to population), recipient satisfaction, and/or provider satisfaction, then this 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, (e.g., types of required CCP 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 data collection forms.

What are the CCP data collection forms?

The CCP data collection forms consists of a set of standardized forms completed by crisis counselors. Because the data are collected in a consistent way from all programs, they can be merged into a national database that CMHS can use to produce summary reports of services provided across all projects funded. The utilization structure of the data collection forms 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.

The CCP Data Collection forms include standardized forms completed (primarily) by crisis counselors.

Advanced tools

- Include the Service Provider Feedback Form, the Adult and Child/Youth Assessment and Referral Tools, and the Participant Feedback Survey
- Are used occasionally
- Are primarily administered by a senior crisis counselor or team leader
- Can be used in both the RSP and ISP, in consultation with CCP program management

Basic Tools

- Include the Individual/Family Crisis Counseling Services Encounter Log, the Group Encounter Log, and the Weekly Tally Sheet
- Are used frequently throughout the ISP and RSP
- Are used as soon as possible after a disaster

Figure 2—CCP Data Collection Form Pyramid
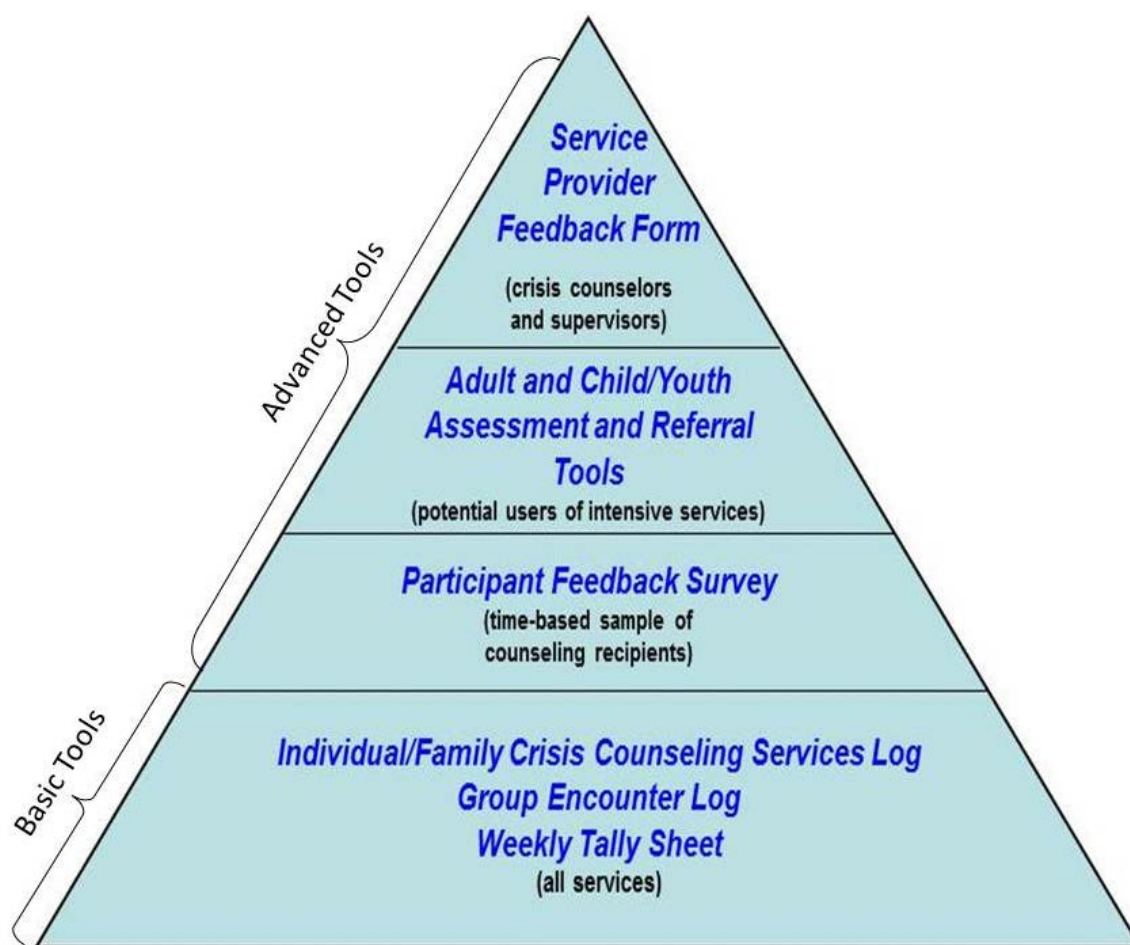
Basic Forms: Encounter Logs and Tallies

What is their purpose?

Beginning as soon as feasible after the disaster and continuing through the ISP and RSP, these forms (the ones at the base of the pyramid in Figure 2) 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) the Individual/Family Crisis Counseling Services Encounter Log, (2) the Group Encounter Log, and (3) the Weekly Tally Sheet: Brief Educational and Supportive Services Not Elsewhere Included (Weekly Tally Sheet for short). After a section on answers to frequently asked questions about these forms, each form is described below. The forms themselves and specific instructions are included in Module II of this guide.

Frequently Asked Questions: General Data Collection Forms

1. **Since crisis counselors cannot fill out the Individual/Family Crisis Counseling Services Encounter Log until after the encounter, how do they remember the information?**

   ▸ While crisis counselors should not fill the form out in front of the survivors, they should feel free to carry a small notebook in which they can jot down notes. Crisis counselors may want to ask survivors if they mind if they take a couple of notes, but they should reassure survivors that this information does not include their name or address. Also, because crisis counselors should be out in teams, one crisis counselor may take notes while the other serves as the lead in the engagement.

2. **If a crisis counselor visits a group of unrelated people living in the same household, should that interaction be logged on the Individual/Family Crisis Counseling Services Encounter Log?**

   ▸ Yes, the Individual/Family Crisis Counseling Services Encounter Log is meant to capture interactions with those who live together as a household, even if those people are not related.

3. **If a crisis counselor is visiting with a family or household and a neighbor comes by, does the crisis counselor include data on his or her interactions with the neighbor on the same Individual/Family Crisis Counseling Services Encounter Log, or would he or she complete a separate form?**

   ▸ The Individual/Family Crisis Counseling Services Encounter Log would not be used to capture interactions with a neighbor. The crisis counselor should complete a separate Individual/Family Crisis Counseling Services Encounter Log for the neighbor if the encounter lasts for 15 minutes or more. If the encounter with the neighbor is shorter than 15 minutes, the crisis counselor should log it on the Weekly Tally Sheet.

4. **When a crisis counselor meets with an individual for 15 minutes or more following a group counseling or public education session, does the crisis counselor include the encounter on the Group Encounter Log for the group session that already took place, or does he or she complete a separate Individual/Family Crisis Counseling Services Encounter Log?**

   ▸ The crisis counselor should complete a separate Individual/Family Crisis Counseling Services Encounter Log for the individual he or she encountered after the group session.

5. **If a crisis counselor meets with someone for over 15 minutes, and then a second family member enters (as the first person leaves) and starts a new conversation for another 15 minutes, how many forms need to be filled out?**

   ▸ The crisis counselor should document both conversations on the same Individual/Family Crisis Counseling Services Encounter Log.

6. **If a group session is finished in LESS than 15 minutes, should the crisis counselor still complete the Group Encounter Log form?**

   ▸ No, the crisis counselor should log the contacts on the Weekly Tally Sheet.

7. **If the crisis counselor completes the Child/Youth or the Adult Assessment and Referral Tool, does he or she still have to complete the Individual/Family Crisis Counseling Services Encounter Log?**

   ▸ If use of the Child/Youth or Adult Assessment and Referral Tool is precipitated by an individual/family crisis counseling services encounter lasting more than 15 minutes, then both forms should be completed. However, if the visit is only to administer the Child/ Youth or Adult Assessment and Referral Tool, presumably the Individual/Family Crisis Counseling Services Encounter Log was completed before the visit, and only the Child/ Youth or Adult Assessment and Referral Tool should be completed for the followup visit.

8. **How are phone calls logged?**

   ▸ Phone calls are documented like any other individual interaction. If a phone call (not received via the hotline) lasts 15 minutes or longer, it should be logged using the Individual/Family Crisis Counseling Services Encounter Log (with "phone counseling" checked under Location of Service). If the phone call lasts less than 15 minutes, it is tallied on the Weekly Tally Sheet, under "telephone contact by crisis counselor."

9. **How are calls received via the CCP hotline recorded?**

   ▸ If a call received on the helpline, hotline, or crisis line lasts longer than 15 minutes, then the encounter should be captured on the Individual/Family Crisis Counseling Services Encounter Log. Under Location of Service, the "phone counseling" and "if hotline, helpline, or crisis line" items should also be checked. If the encounter is less than 15 minutes, it is tallied on the Weekly Tally Sheet under "hotline/helpline/lifeline contact."

10. **My CCP uses texting and chatting to provide outreach and crisis counseling. How are these interactions recorded?**

   ▶ While face-to-face crisis counseling is preferred, alternative methods of outreach can be recorded as well. Brief contacts by chat or text can be recorded under "e-mail contacts" on the Weekly Tally Sheet. If the chat or text becomes more indepth and lasts longer than 15 minutes, then an Individual/Family Crisis Counseling Services Encounter Log should be completed, noting "phone counseling" under Location of Service.

Individual/Family Crisis Counseling Services Encounter Log

What is individual/family counseling?

Individual/family crisis counseling is focused on reducing stress, providing support, and improving coping skills. For the purposes of 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.

Most of these encounters will take place in person, but if a hotline contact otherwise meets the definition of individual/family crisis counseling and the contractor (hotline provider) has provided a clear protocol for monitoring the scope and duration of calls, the Individual/Family Crisis Counseling Services Encounter Log may be used. On the Individual/Family Encounter Log itself, show the location as "phone counseling." If this call was made via an established CCP hotline, helpline, or crisis line, that should be noted in the specified box. As with in-person crisis counseling encounters, these calls should last 15 minutes or longer if their data are tracked with an Individual/Family Encounter Log form.

There is a place on the form to record how long the particular encounter lasted.

What is in the Individual/Family Crisis Counseling Services Encounter Log?

The Individual/Family Crisis Counseling Services Encounter Log is a 2-page form with nine 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, both employee numbers, 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 pre-populated or already filled out on the form by the lead data staff for each crisis counseling team or outreach worker team.

Part 2 (Visit Type)

The second part collects information on the visit type. This includes the number of people who were involved in this encounter (e.g., one person or with two or more individuals who are a family or household), visit number (first time or followup 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.

Part 3 (Demographic Information)

The third part collects demographical information. This includes information on the number of males and females per age category, as well as participant ethnicity, race, language spoken, and if any of the participants has a disability or other access or functional need.

Part 4 (Location of Service)

The fourth part collects information on where the crisis counseling encounter took place. Many options are provided, including checkboxes for whether children are living in the home, or whether the contact occurred over the phone. An "other" box provides the opportunity to specify a location type that is not otherwise listed (e.g., supply distribution center).

Part 5 (Risk Categories)

The fifth part collects information on risk categories. 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 6 (Event Reactions)

The sixth part collects information on reactions to the disaster event that the person (or family) is or are currently experiencing *at the time of the service encounter.* The form captures how many total people during the encounter displayed these reactions, and the various reactions are categorized as behavioral, emotional, physical, or cognitive. If a person is coping well with 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 apply."

Part 7 (Focus of Encounter)

The seventh part collects data on the information discussed during the encounter, such as educational information provided, coping tips, and healthy connections offered to the survivor by the crisis counselor.

Part 8 (Materials Provided for This Encounter)

The eighth part documents whether the crisis counselor provided additional written information and materials to the survivor.

Part 9 (Referral)

The ninth and final part of the Individual/Family Crisis Counseling Services 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 followup. The crisis counselor could also refer the consumer to other mental health services, substance abuse services, services related to access and functional needs, 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 show when the form was reviewed.

When is it filled out?

The crisis counselor completes the Individual/Family Crisis Counseling Services Encounter Log after the session is over but before moving to the next activity. This should take no more than 8 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 in to 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/Family Crisis Counseling Services Encounter Log?

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. Since crisis counselors do outreach in pairs, it may be helpful for one crisis counselor to focus on remembering the information obtained throughout the encounter, while the other takes the lead in engaging the survivor(s). This is not always possible, but when it is, will help in ensuring accuracy when completing the log.

How are families or multiple persons treated?

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 the service recipient was in 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. For persons considered to be part of a family or household who are present for the encounter, the number of people involved is documented by selecting the corresponding number for Family or Household.

Frequently Asked Questions

1. **Do both crisis counselors have to add their employee numbers to the Individual/Family Crisis Counseling Services Encounter Log?**

   ▶ The second employee number is not required, but it is provided for situations when crisis counseling is done in pairs. For safety reasons, door-to-door canvassing should always be conducted in a pair. There are certainly other situations when crisis counseling encounters are conducted by a single crisis counselor, such as when a survivor approaches a staff member following a group presentation. It is suggested that the pair decide who will "lead" the discussion, while the other crisis counselor can take notes to complete the form.

2. **What should the crisis counselor select if the race of the participant(s) in an encounter is/are unknown?**

   ▶ The crisis counselor should use his or her best judgment in identifying the race of the participant(s) in the encounter. If the crisis counselor cannot make a guess, then s/he should leave this part of the form blank.

3. **When a crisis counselor is providing services in a location that is not listed, what should be selected?**

   ▶ The crisis counselor should select "other" and specify the type of location in the response box. Whenever possible, the crisis counselor should provide a general descriptive term, rather than the proper name or address of the location (e.g., list "museum" and not the "American Museum of Modern Art" or list "supply distribution center" and not the address of the center).

4. **When a crisis counselor is providing services to survivors at a hotel or motel in which the survivors are staying, what location should be selected?**

   ▶ The crisis counselor should select "temporary home" for encounters that occur at a survivors hotel or motel, or other temporary dwelling.

5. **What should the crisis counselor select if the focus of the encounter is a topic/category not listed on the Individual/Family Crisis Counseling Services Encounter Log?**

   ▶ The crisis counselor should select "other" and specify the focus in the response box (e.g., disaster recovery).

6. **What should the crisis counselor select if the type of referral provided during the encounter is not listed on the Individual/Family Crisis Counseling Services Encounter Log?**

   ▶ The crisis counselor should specify what it is in the "other" response box. The referral should be described according to the type of agency, not the specific agency name (e.g., basic needs provider).

7. **What kinds of factors should be documented in the Risk Categories section?**

    ▶ Items in this section should describe what the individual(s) was/were dealing with at the time (onset) of the disaster event. Most of these risk categories are expected to be the result of the disaster experience, but a few of them (e.g., past substance use/mental health problem, preexisting physical disability, or past trauma) could have been present prior to the disaster. If a risk factor presented itself after the disaster, it would not be documented here.

8. **In the Event Reactions section, should the crisis counselor note reactions that have been resolved? For example, if a survivor had initially been experiencing headaches immediately after the disaster event, but during the encounter, the survivor stated that they were no longer occurring, should the headaches be documented as an event reaction?**

    ▶ The Event Reactions section should indicate reactions present at the time of the crisis counseling encounter, or those that the survivor indicates that he or she is currently experiencing. If a survivor indicates that he or she is no longer experiencing any behavioral, emotional, physical, or cognitive reactions, then "coping well" should be checked on the form.

9. **Should the questions (such as demographics and risk factors) be read to the survivor(s), in order to ensure the answers are correct?**

    ▶ No, crisis counselors should never use the form during the encounter or read the questions aloud. However, the crisis counselor should be familiar enough with the items requested on the forms that he or she can ask probing questions to elicit information. The crisis counselor should complete the form after the encounter is over and should use his or her best judgment to answer the questions based on the information that was voluntarily shared and any observations he or she had during the encounter. It is good practice for one crisis counselor to be the "lead" in the interaction, and the other to listen to remember details, or take a few notes to ensure proper documentation after the visit.

10. **Are crisis counselors required to provide referrals or handouts if risk factors or event reactions are identified?**

    ▶ No, a crisis counselor is not required to provide referrals or handouts, but the team should keep resource lists and printed education materials (e.g., brochures about the CCP, or tip sheets on coping with disaster reactions) on hand and available for when they are needed.

11. **Is it possible for crisis counselors to give out printed materials, but not give a referral? And is it acceptable for a crisis counselor to give a referral without providing any handouts or brochures?**

    ▶ Yes, crisis counselors may give out printed materials that have been approved by team leaders or program supervisors (e.g., tip sheets on coping with disasters) without giving a referral. And yes, a crisis counselor may alternatively give a referral without providing printed materials. ,It is advisable that teams keep a referral resource list handy, and that the program verify the accuracy of the referrals (i.e., contact information, location, and services provided) on an ongoing basis.

12. **If the crisis counselor has an encounter where the participant(s) have a family member translating into another language (i.e., the crisis counselor speaks English, and a family member translates for the participants), what does the crisis counselor note for the "primary language" question?**

   ▶ If an interpreter was used to provide counseling services to someone who did not speak English, then that other language of the survivor should be noted. But if the other language is spoken only among family members, and yet the crisis counseling occurred in English, then English should be noted.

13. **On the third visit to a particular individual (or family), should the crisis counselor complete an Individual/Family Crisis Counseling Services Encounter Log, or the Child/Youth or Adult Assessment and Referral Tool?**

   ▶ If the portion of the encounter prior to the administration of the Adult or Child/Youth Assessment and Referral Tool lasts longer than 15 minutes, then the crisis counselor should complete the appropriate assessment and referral tool as well as the Individual/Family Crisis Counseling Services Encounter Log. However, if the Individual/Family Crisis Counseling Services Encounter Log is completed and a separate appointment is made for the administration of the appropriate assessment and referral tool, then at the that visit only the Adult or Child/Youth Assessment and Referral Tool is used.

14. **A crisis counselor has a 13-minute encounter with an individual, in which the counselor offers some tips for coping, but the individual stops short, becoming emotional, and asks the crisis counselor to come back to the home. Should the crisis counselor fill out the Individual/Family Crisis Counseling Services Encounter Log?**

   ▶ Yes. Although the general rule for individual/family encounters is that they should be at least 15 minutes, However, it is recommended that the crisis counselor be equipped with many skills to engage an emotional individual so that this type of encounter would typically last at 15 minutes or longer.

15. **If a crisis counseling encounter occurs in a home in which other family members are present, but those others do not speak to the counselor (e.g., they are watching television, playing games, etc.), should those family members be counted on the Individual/Family Crisis Counseling Services Encounter Log?**

   ▶ No, the crisis counselor should only count those who were fully engaged during the encounter for 15 minutes or more (i.e., those who are actively listening and/or talking).

16. **What if there is a baby present during the encounter? Do you log the baby on the Individual/Family Crisis Counseling Services Encounter Log?**

   ▶ If the child does not engage in meaningful dialogue, then he or she should not be recorded on the Individual/Family Crisis Counseling Services Encounter Log.

Group Encounter Log

What are group encounters?

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. For example, in support groups, survivors meet to listen to each other and emotionally support one another, with the crisis counselor acting as a facilitator. 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 or share updated community resource contacts. The Group Encounter Log **is not** to be used to document visits with family members. ***Family visits with multiply persons or persons in the same household should be completed using the Individual/Family Crisis Counseling Services Encounter Log***.

What's in the Group Encounter Log?

Because of overlap in the type of information needed to describe them, group crisis counseling and public education are captured on the same 1-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 five parts.

Part 1 (Basic Information)
Similar to the Individual/Family Crisis Counseling Services 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(s), service date, county code of service (the last three digits of the FIPS code), and zip code of service delivery. This information will normally be pre-populated or already filled out on the form by the lead data staff.

Part 2 (Type of Service)
The second part captures whether the group encounter was group counseling or public education.

Part 3 (Characteristics of Encounter)
The third 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 greater session of an ongoing group). The estimated number of participants by age group and the duration of the encounter are also recorded on this part of the Group Encounter Log.

Part 4 (Group Identities)
This section basically asks, "What makes the group a group?" Options are provided for the crisis counselor to check if a group consisted only or mostly of children or youth, adult disaster survivors, public safety workers and 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. At the top of the second page, the crisis counselor can note what ethnicities or races were represented within the group, and there is also a question to document if any of the participants had a disability or other access or functional need.

Part 5 (Focus of the Group Session)
The fifth part asks the counselor to describe the focus of the group session by checking boxes next to one or more of the several options provided on the form that apply. For example, the crisis counselor can indicate that the purpose of the group was to present information and provide education about one or more of the following: (1) reactions to disaster, (2) community resources, and/or (3) the crisis counselor's particular program. The crisis counselor may also indicate that tips on various topics, information about healthy connections, and materials were provided to the group.

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.

Frequently Asked Questions

1. **Is it required to list two crisis counselor numbers on this form?**

   ▸ It is always recommended that crisis counselors perform services in pairs. However, the second crisis counselor is not a required field on this form. If more than one staff member is present during a group encounter, those staff should coordinate to make sure that only one Group Encounter Log is completed.

2. **If a crisis counselor is invited to provide a presentation/public education session, yet during the session the participants do most of the talking, what type of service should be selected on the Group Encounter Log form?**

   ▸ The crisis counselor should select "group counseling."

3. **If a crisis counselor is invited to facilitate a group counseling session, yet during the session, the counselor ends up doing the majority of the talking, what type of service should be selected on the Group Encounter Log form?**

   ▸ The crisis counselor should select "public education."

4. **What should the crisis counselor select if the race or races of one or more participants in an encounter is/are unknown?**

   ▸ The crisis counselor should use his or her best judgment in identifying the race(s) of the participants in the group encounter.

5. **If a crisis counselor meets a group for 15 minutes or more, and for half of the time the participants talk, and for the other half the crisis counselor talks, should the crisis counselor select both group counseling and public education under the Type of Service section on the form?**

   ▸ No, only one can be selected. The crisis counselor should use his/her best judgment to choose what he or she feels was the focus of the majority of the session—either group counseling or public education, but not both.

Brief Educational and Supportive Services Not Elsewhere Included Weekly Tally Sheet

What is the purpose of the Weekly Tally Sheet?

Crisis counselors engage in many activities that are not captured by the Individual/Family Crisis Counseling Services Encounter Log or Group Encounter Log, but that 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 e-mail exchanges, distribution of materials, community networking and coalition building, mass media messages, and social networking messages. Daily and weekly totals are recorded.

What goes in the county field?

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

How is the week designated?

The week should always be designated by 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?

Disaster-related hotline contacts may be counted as CCP services if (1) the services have been paid for by the grant, and (2) the hotline contractor has been issued a provider number. If the U.S. state, 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 in one of two ways: if a phone call was made or received on an established hotline, helpline, or lifeline, it is noted in that row ("hotline/helpline/lifeline contact"), but if a call is made or received by a crisis counselor on a regular phone line, it is noted as a telephone contact ("telephone contact by crisis counselors"). To be recorded on the Weekly Tally Sheet, the call must last fewer than 15 minutes.

When the hotline contact otherwise meets the definition of individual crisis counseling and the program or contract staff has provided a clear protocol for monitoring the scope and duration of calls, the Individual/Family Crisis Counseling Services Encounter Log may be used. On the Individual/Family Encounter Log itself, show the location of service as "phone counseling." If this call was made via an established CCP hotline, helpline, or crisis line, then the crisis counselor should check the box below the phone counseling box (this lower box is labeled "If HOTLINE, HELPLINE, or CRISIS LINE, please check here"). Calls tracked using this form must last 15 minutes or longer.

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 and Final Reports.

How are mass media messages and social networking messages counted?

CCP staff members should include the number of individual messages broadcasted or posted—*not* the number of listeners or followers—on the appropriate lines of the Weekly Tally Sheet. If a mass media message is broadcast to a large audience, that number may be counted within the narrative of the CCP Quarterly or Final Reports—but should *not* be noted on the Weekly Tally Sheet form.

Frequently Asked Questions

1. **When is the Weekly Tally Sheet completed?**

   ▶ The data collection form is filled out at the end of each day and submitted on a weekly basis.

2. **How many staff members should tally their data on the same Weekly Tally Sheet?**

   ▶ Only one staff member should use each Weekly Tally Sheet, as only one field is provided for his or her employee number.

3. **When a staff member disseminates an e-mail message to a large listserv and everyone gets the same message, is this logged on the Weekly Tally Sheet as one e-mail, or as the total number of people to whom the e-mail was sent?**

   ▶ Since a listserv is used, this would be logged as one under mass media. If the e-mail is sent to a smaller group that is not managed by a listserv (such as a group of eight people who signed up for your CCP's support group), then it could be logged as an e-mail contact and the number of recipients noted.

4. **If a staff member gives a 5-minute presentation to a group of 50 people, is this logged as 50 in-person brief contacts or one social networking message?**

   ▶ This would be logged as 50 in-person brief contacts.

5. **If a staff member attends a local town hall meeting but does not speak personally to anyone or introduce him- or herself to the group, how is it logged on the Weekly Tally Sheet?**

   ▶ This would not be logged on the Weekly Tally Sheet because the staff member did not speak to anyone.

6. **When a CCP staff member provides or distributes a packet of materials with more than one item in the packet, should this be logged as one material item distributed, or should it be logged with the number of material items in the packet?**

   ▶ The staff member should log this as one material item distributed, not the number of material items in the packet.

7. **When a CCP staff member posts an update to Facebook, should he or she also count the number of likes and shares on the Weekly Tally Sheet?**

   ▶ No, the staff member should only log the number of Facebook posts made. Likes and shares can be captured in a CCP report narrative.

8. **When a CCP staff member posts an update to Twitter (a tweet), should he or she also add the number of re-tweets to the Weekly Tally Sheet?**

   ▶ No, the crisis counselor should only log the number of tweets. Re-tweets and favorites can be captured in a CCP report narrative.

9. **If a CCP staff member sets up a recurring message or advertisement to be posted (via a social media management dashboard, newspaper, or radio station), how many messages should he or she log on the Weekly Tally Sheet?**

   ▶ The staff member should log each consecutive message that is posted, even if it is the same message being posted. For example, if you have a recurring print advertisement in the Tribune Newspaper, which is distributed 5 days a week, then you would record 1 mass media message each day, totaling 5 for the week on the Weekly Tally Sheet.

10. **If a CCP arranges to broadcast a public service announcement (PSA) on the radio or television, can the Weekly Tally Sheet document the listenership/viewership of the station?**

    ▶ No, the Weekly Tally Sheet should document the number of times the PSA airs, but it should not include any listenership/viewership data. This information can be captured in a CCP report narrative.

11. **If a CCP has a partnership with a restaurant, and the restaurant is printing the CCP support message and phone number on every customer receipt, can the CCP log it on the Weekly Tally Sheet?**

    ▶ If an accurate record of the number of receipts distributed can be counted, then the receipts can be counted as "materials handed to people with little or no interaction." The receipts should contain the CCP supportthe message and phone number, at a minimum.The crisis counselor or perhaps another staff to whom this information is being reporting to would fill out this number for each day that the messaging is placed on the receipts.

12. **If a CCP has a partnership with a local store that is posting the CCP support message and phone number on their electronic marquee, where do CCPs count that on the Weekly Tally Sheet?**

    ▶ The message board should be counted as one mass media message.

13. **If a CCP has a partnership with local realtors as they help find housing for displaced survivors, and the CCP message and phone number are printed on their lawn signs, can CCPs count this on the Weekly Tally Sheet?**

▶ If the number of signs put up in lawns is being counted, then each sign could be counted as materials distributed. If the program prints a large number of signs but doesn't track how many get put out, then they should count one "mass media" message, and then report the number printed in CCP report narrative.

Advanced Forms: Assessments and Surveys

What are the advanced forms?

The advanced tools are typically introduced approximately 4 months post-disaster (Assessment and Referral Tools), or later (Feedback Forms and Surveys).. The advance forms include the following:

- Adult Assessment and Referral Tool
- Child/Youth Assessment and Referral Tool
- Participant Feedback Survey
- Service Provider Feedback Form

What is there purpose?

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 Individual/Family Crisis Counseling Services Encounter Log, the Group Encounter Log, and the Weekly Tally Sheet. The Service Provider Feedback Form measures the opinions, experiences, and perceived stress of crisis counselors and their supervisors.

How does a CCP Prepare to use these tools?

Assessment and Referral Tools

The CCP should have protocols or procedures in place for how a crisis counselor should respond if serious reactions are indicated while using the Assessment and Referral Tools. Many CCPs have team leaders or other staff with a mental health background to administer the tools to ensure that proper assessment and referral is carried out. All crisis counseling staff using the tools 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 at least one organization or agency that is willing to accept referrals from the CCP for more intensive mental health or substance abuse intervention services.

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 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. For children over 7, crisis counselors should get

verbal consent from parent/caregiver. Adolescents may not want to be interviewed in front of their parents. If a parent/caregiver is present, ask the adolescent if he or she wishes to be interviewed alone.

Feedback Surveys

The CCP will identify a 1 or 2-week period at 6 and 12 months post-disaster in which the Participant Feedback Survey is disseminated to all survivors participating in an individual, family crisis counseling encounter, or a group counseling session. The CCP will need to print copies of the survey, and prepare pre-stamped envelopes for survivors to return the surveys in. This envelope should be addressed to the designated staff at the CCP who will enter the data into the CCP Online Data Collection and Evaluation System. For additional information, please continue reading.

The CCP will identify a 1 or 2-week period at 6 and 12 months post-disaster in which the Provider Feedback Form will be administered. The CCP will contact SAMHSA DTAC to set up an online link to the Provider Feedback Form. The CCP will be responsible for disseminating the link to the staff. If paper administration is preferred, the CCP may contact SAMHSA DTAC at 800-308-3515 or DTAC@samhsa.hhs.gov for details and guidance on administration.

Assessment and Referral Tools

Why were the Adult Assessment and Referral Tool and the Child/Youth 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 ranged from limited availability of services (which, of course, cannot be addressed by means of a tool) to uncertainty about when to make referrals. The Adult and Child/Youth Assessment and Referral Tools were created to help crisis counselors make these referrals. They also help 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 Adult and Child/Youth Assessment and Referral Tools are used with all adults and children or youth who are potential 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, these tools may be used again in the fifth session of crisis counseling. There may be occasions when the crisis counselor believes the tools should be used before the third visit; this is recommended if the crisis counselor believes that serious reactions are present.

Adult Assessment and Referral Tool

What's in the Adult Assessment and Referral Tool?

Page 1

As with the other forms, the first part may be pre-filled to include basic information on the program such as project number (FEMA disaster response number: DR-XXXX-state), provider name if not the state, assigned provider number, both employee numbers, service date, county code of service (the last three digits of the FIPS code), and zip code of service delivery. Below this basic information section, the form is similar to the Individual/Family Encounter Log, which also includes sections to record location of service, risk categories, demographic information, and if a team lead or supervisor was present.

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 guide and the CCP Resources 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 ("I also need to ask: Is there any possibility that you might hurt or kill yourself?"), the crisis counselor should immediately refer the person for professional psychiatric or other 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 are 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 at least one 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 whether the respondent can manage his or her reactions. The counselor can still offer referral information or 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/Family Crisis Counseling Services Encounter Log. The counselor selects the type of referral provided and indicates whether the person accepted the referral.

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) (Connor, K. M., & Davidson, J. R., 2001). 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 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 if he or she answers yes to the question.

Is the measure good?

Data from 788 clients in Project Liberty indicated that the Sprint-E was 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, and 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 2 years after 9/11, the Sprint-E was found to be equally reliable (α = .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 (Norris, F. H., Donahue, S. A., Felton, C. J., Watson, P. J., Hamblen, J. L., & Marshall, R. D., 2006). 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. According to this rule, if a person responds with three ratings of 4 (quite a bit) or 5 (very much) to questions on distress and dysfunction, he or she may need treatment. If a person responds to questions on distress and dysfunction with seven 4 or 5 ratings, he or she probably needs treatment. 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 Posttraumatic Stress Disorder (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 (Norris, F. H., Hamblen, J. L., Brown, L. M., & Schinka, J. A., 2008).

The Sprint-E was subsequently used in a treatment program for Hurricane 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 points in time following the disaster. Participants' scores decreased greatly during the course of treatment, and improvements were maintained at 4-month followup. The Sprint-E's reliability and sensitivity to change were also evidenced in a study of specialized crisis counseling services in Mississippi (Jones, K., Allen, M., Norris, F. H., & Miller, C., 2009; Hamblen, J. L, Norris, F. H., Pietruszkiewicz, S., Gibson, L. E, Naturale, A., & Louis, C., 2009) (references are at the end of this section).

How is the Adult Assessment and Referral Tool scored?

The response card is located in Module II of this guide and the CCP Resources Toolkit. Responses to the questions in this section are as follows: 1 = Not at all, 2 = A little bit, 3 = Somewhat, 4 = Quite a bit, and 5 = Very much. 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.

Is the Individual/Family Crisis Counseling Services Encounter Log used too?

Yes, the crisis counselor should also complete the Individual/Family Crisis Counseling Services Encounter Log if a crisis counseling encounter of at least 15 minutes preceded the use of the Adult Assessment and Referral Tool. Some of the information on the forms is duplicated, but the Individual/Family 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.

However, if the visit was set up with the sole purpose of administering the Adult Assessment and Referral Tool as a followup to a previously conducted crisis counseling encounter, then presumably an Individual/Family Crisis Counseling Services Encounter Log was completed in the previous visit; in this case, only the Adult Assessment and Referral Tool would be completed for the followup visit.

Frequently Asked Questions

1. **What if the survivor refuses to answer questions for the Adult Assessment and Referral Tool?**

   ▸ All services and interactions within the CCP are voluntary and anonymous. If you believe someone is a danger to him- or herself or others, contact your team leader for further assistance.

2. **When is the tool administered?**

   ▸ It is recommended on the third and fifth encounter or if the survivor is experiencing severe reactions to the disaster.

3. **If you are visiting someone for the first time and you think you are witnessing intense reactions, can you complete the Adult Assessment and Referral Tool even though it's not the third visit?**

   ▸ Yes, you may use the Adult Assessment and Referral Tool anytime you are meeting with someone who seems to be experiencing intense reactions. The tool is there to help you whether or not a problem is serious enough to warrant a referral to more intensive services.

4. **If you know you are doing more intensive work with the survivor, such as Skills for Psychological Recovery, do you still need to administer the tool on the third and fifth visits?**

   ▸ No, because you already have a plan for recovery with the survivor.

5. **Should the questions be read aloud to the survivor, or completed afterwards, like the items on the Individual/Family Crisis Counseling Services Encounter Log?**

   ▸ Unlike the Individual/Family Crisis Counseling Services Encounter Log, the Adult Assessment and Referral Tool is supposed to be read aloud to the adult survivor during the encounter. There are instructions on the form on how to do this.

References (Adult Assessment and Referral Tool)

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Child/Youth Assessment and Referral Tool

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

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(s), date of service, county code of service (last three digits of the FIPS code), and zip code of service. When the visit starts, fill in the visit number and indicate whether a team leader or supervisor, as well as parent or caregiver, is present during the visit. Below the Encounter Information section, there is a section to document the location of service, and then a Risk Categories section that allows you to check off how children and 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 and check the appropriate box for that question."

The response card is shown on page 2 of the Child/Youth Assessment and Referral Tool. It is also located in Module II of this guide and the CCP Resources 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)."

Starting on page 3, questions 16–20 are to 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 the second and the third pages and then totals the number of items (from both pages) 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 should 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 other 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 are 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

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 fewer, 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?

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 or their parents/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."

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 he or she wishes to be interviewed alone.

How are child/youth symptoms assessed?

The symptom (or reaction) section of the tool (pages 2–3, items 1–20) was adapted from the University of California, Los Angeles PTSD Reaction Index (Steinberg, Brymer, Decker, & Pynoos, 2004) with the addition of 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.

Is the measure good?

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., 2009). This finding was slightly higher than that in Project Liberty (60 percent of children provided with a referral accepted it), 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).

How is it scored?

The tool is scored by counting the number of items (page 2–3, 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. The counselor may also recommend that the child or youth visit again with him or her (the current counselor).

Is the Individual/Family Crisis Counseling Services Encounter Log used too?

Yes, the crisis counselor should also complete the Individual/Family Crisis Counseling Services Encounter Log if a crisis counseling encounter of at least 15 minutes preceded the use of the Child/Youth Assessment and Referral Tool. Some of the information on the forms is duplicated, but the Individual/Family 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 Child/Youth Assessment and Referral Tool.

However, if the visit was set up with the sole purpose of administering the Child/Youth Assessment and Referral Tool as a followup to a previously conducted crisis counseling encounter, then presumably an Individual/Family Crisis Counseling Services Encounter Log was completed in the previous visit; in this case, only the Child/Youth Assessment and Referral Tool would be completed for the followup visit.

Frequently Asked Questions

1. **Does a parent have to be present when the tool is administered?**

   ▶ A parent or school staff member needs to be aware that the child is being assessed and should be present if necessary.

2. **If the assessment is administered at school with school staff present, do you still need parental consent?**

   ▶ It is strongly recommended that notice been given to parents/caregivers, and consent be obtained, prior to CCP staff members' interacting with children at the school.

3. **What if the child is too young to understand and answer the assessment questions?**

   ▸ The crisis counselor should work with the child's parent to discuss the questions, or the parent can answer on behalf of a child up to the age of 7.

4. **Should the questions be read aloud to the survivor or completed afterwards like the items on the Individual/Family Crisis Counseling Services Encounter Log?**

   ▸ Unlike the Individual/Family Crisis Counseling Services Encounter Log, the Child/Youth Assessment and Referral Tool is supposed to be read aloud to the child or the parent during the encounter. There are instructions on the form on how to do this.

5. **I'm uncomfortable about asking if someone is thinking of hurting him- or herself or others. What should I do if someone says yes? And won't asking about it just give the person ideas?**

   ▸ It's a common fear that asking about suicidal thoughts might cause people to think about killing themselves, but it doesn't; it simply shows that you care and that you are listening with acceptance and an open mind. Before you administer this tool, be sure you have a plan in place for what to do if someone does say yes to this question; protocols will vary, so talk to your supervisor ahead of time. You should also always have a list of referrals on hand, in case a survivor needs more intensive services.

References (Child/Youth Assessment and Referral Tool)

Cohen, J. A., Kelleher, K. J., & Mannarino, A. P. (2008). Identifying, treating, and referring traumatized children: The role of pediatric providers. *Archives of Pediatrics and Adolescent Medicine, 162*(5)*,* 447–452.

Kronenberg, M. E., Hansel T. C., 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*(4), 1241–1259.

Riise, K. S., Hansel, T. C., Steinberg, A. M., Landis R. W., Gilkey S., Brymer, M. J….Speier, A. H.. (2009). *The Louisiana Spirit Specialized Crisis Counseling Services (SCCS): Final program evaluation. Hurricane Katrina RSP DR-1603-LA.* Unpublished manuscript.

Scheeringa, M. S., & 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*(3), 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. *Current Psychiatry Reports*, *6*, 96–100.

Participant Feedback Survey

What is the Participant Feedback Survey?

This 4-page questionnaire seeks feedback and other information from service recipients. The questions about services relate directly to the goals of crisis counseling, such as providing reassurance and help with finding ways to cope. The first page and the top of the second include questions to gauge what kinds of services were received and whether those services were helpful. The rest of the second page includes questions about how helpful the CCP was to the recipient and concludes with a section on the experiences the recipient had of or in relation to the disaster. The third page 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 third page concludes with several questions asking the respondent to compare how he or she was doing in many areas of life before the disaster with how he or she is doing at the time of survey completion. The survey concludes with a section on basic demographics, language, and disability status.

Why is this necessary?

The survey performs three important functions for the CCP. First, it provides information about service quality from the viewpoint of the recipient. The CCP is a short-term intervention, where an encounter could be just for 15 minutes or could occur at multiple times and is considered relatively anonymous. Therefore, 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, family, 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?

To whom is the survey given?

The questionnaire is given to a sample of persons for whom individual, family, or group crisis counseling services were provided (i.e., not for persons denoted only on a Weekly Tally Sheet or who participated in group public education activities). It is given only to adults. The reading level is approximately fifth to sixth grade (based on the Flesch-Kincaid assessment).

When is the survey done?

The survey is implemented at 6 and 12 months after the disaster. The CCP will identify a 1- or 2-week period at each time (6 and 12 months post-disaster) and all appropriate people 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.

How is the survey done?

During the selected period for data collection, all appropriate people are given a packet containing a cover letter signed by the program director, the survey, a black ink pen, and a stamped pre-addressed envelope for returning the survey. The packets are to be distributed to supervisors 1 week in advance of dissemination, 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 Module II of this guide or in the CCP Resources Toolkit. Larger programs can request SAMHSA DTAC set up an online survey. SAMHSA DTAC will send the link to the CCP management, and the link can be disseminated to survivors who meet the criteria for inclusion.

What is the counselor's role?

Crisis counselors distribute the survey, or link to 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 or she feels about the services and his or 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.

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.

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 about their experience of the CCP on a 5-point scale, where 1 is the worst rating and 5 is the best rating. Over time, the pooled data have provided norms that can be used to interpret data from new programs.

Frequently Asked Questions

1. **When should the surveys be disseminated?**

   ▶ The survey can be disseminated twice during the RSP. The first set of surveys should be administered approximately 6 months after the disaster, usually just before, or just after, the First Quarterly Report (depending on the length of the ISP). The second administration occurs 12 months after the disaster and before the end of the program.

2. **What is the best way to ensure participation in the survey?**

   ▶ Programs should disseminate the surveys in a self-addressed, stamped envelope with a pen, and their staff should even offer to wait and take the sealed survey with them. Larger programs can request SAMHSA DTAC set up an online survey, for which the link is given out to survivors.

3. **To whom should the survey be given?**

   ▶ It should be given to any survivor receiving primary services in the identified week of dissemination.

4. **Why is this survey important?**

   ▶ Any feedback from survivors will help guide the program and improve services for survivors.

5. **Can this survey be done online?**

   ▶   For larger programs, SAMHSA DTAC can set up a link to an online survey, which that can be disseminated to all survivors meeting the criteria for inclusion in the survey. Crisis counselors should still carry paper versions with them for those who cannot access the online survey.

6. **Is this survey used to evaluate the performance of particular crisis counselors?**

   ▶ No. Although the questions refer to the crisis counselor, the survey does not name him or her in any way, and this information is not used to single out crisis counselor performance.

Service Provider Feedback Form

What is the purpose of this form?

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 Form yields a standardized assessment of providers' opinions and reactions to their work.

Who is included?

This form is intended for crisis counselors who provide direct, face-to-face services to disaster survivors. 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. This assessment tool is administered only to workers who have performed these functions for a month or more. Staff who perform only administrative, clerical, or evaluation functions are not surveyed. Hotline staff members also are excluded.

What's in the Service Provider Feedback Form?

The 3-page form has several parts. The first section asks staff to evaluate the usefulness of 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 form 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. The form continues with information on how much the crisis counselor has worked for the CCP, a section on demographics, and then it concludes with a place to add comments.

When and how is it done?

These data are collected anonymously from crisis counselors and their supervisors at roughly 6 and 12 months after the disaster. These time-points typically occur within the RSP. The form 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 form, and a black pen to each crisis counselor, together with a stamped return envelope addressed to an external evaluator. Although the forms 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 form is distributed, the program director should send an e-mail or other notice (e.g., letter) to all crisis counselors and team leaders informing them of the forthcoming form and explaining why it is important to complete it. Two weeks after the form is distributed, the program director should send a

thank-you and reminder e-mail or letter to all counselors and team leaders. Templates for form administration are included in Module II of this guide and in the CCP Resources Toolkit.

How are counselors protected?

Some counselors could understandably be concerned that supervisors or program directors could figure out who they are even though the form is completed anonymously. However, SAMHSA DTAC takes several precautions to guarantee anonymity to all CCP counselors. For those completing the online form, no personal identification is required, and all data are kept in a secure database and only reported at the aggregate level. For paper administration, the completed form is mailed to an external evaluator so that it does not go through local program management. Regardless of the number of workers, provider forms 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.

Frequently Asked Questions

1. **Why should I fill out this survey?**

   ▸ Any feedback provided by program crisis counseling staff can help to improve the program and the CCP for future programs.

2. **What if the program management doesn't like what I have to say in the survey?**

   ▸ The survey is anonymous and confidential and done online. An outside party summarizes the comments and scores, so no identifying information is available to program management.

3. **Why is the survey given twice throughout the life of an RSP?**

   ▸ The survey is given twice to measure the usefulness of the required trainings, the levels of staff stress, and the experiences of staff throughout the life of the program.

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 at http://www.ccpdata.org, 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 or pages of the form (Individual/Family Crisis Counseling Services 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 Child/Youth Assessment and Referral Tool and the Adult Assessment and Referral Tool both are 3-page forms. The general instructions appear on the last page for both tools. The Child/Youth Assessment and Referral Tool has important questions and referral information on pages 2 and 3.

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, that file will be uploaded to the CCP Online Data Collection and Evaluation System website so that the program will have the ability to access data and use the data analysis and reporting functions of the website at http://www.ccpdata.org.

How are the forms filled in?

The tools have been designed to require little more than numbers or X's in boxes that correspond to the selected answer. The marks should be made firmly and neatly with a black pen

Where do completed tools go?

Crisis counselors turn in completed Individual/Family Crisis Counseling Services Encounter Logs, Group Encounter Logs, Weekly Tally Sheets, Adult Assessment and Referral Tools, and Child/Youth Assessment and Referral Tools to their supervisors. Participants mail their Participant Feedback Surveys to the state's evaluation coordinator. Crisis counselors either complete the Service Provider Feedback Form online or on paper, then mail paper forms to an external evaluator (SAMHSA DTAC).

How often are they submitted?

Programs can decide whether completed Individual/Family Crisis Counseling Services 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 to avoid a backlog of work. 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 a crisis counselor fails to follow the instructions, he or she 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. They designate a spot for the checked forms, bundling together forms of a specific type (e.g., Individual/Family Crisis Counseling Services Encounter Logs).

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. The specific procedures for data collection, approval and entry should be discussed with SAMHSA and FEMA staff assigned to you CCP.

How are the data entered?

The data are entered through the CCP Online Data Collection and Evaluation System website at http://www.ccpdata.org. 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.

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 within 90 days of 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/Family Crisis Counseling Services Encounter Logs, Group Encounter Logs, Weekly Tally Sheets, Participant Feedback Surveys, and Adult and Child/Youth Assessment and Referral Tools.

The Service Provider Feedback Form is administered online. The CCP program manager will be provided a link to the Service Provider Feedback Form by SAMHSA DTAC. The program manager then distributes the link to the crisis counselors and team leaders during a designated time period. Data entered into this online survey by crisis counselors and team leaders is then automatically uploaded into the Online Data Collection and Evaluation System.

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/Family Crisis Counseling Services Encounter Logs, and Group Encounter Logs) at a cost of $.042 (about 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 in identifying 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 to 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 U.S. states', territories', and federally recognized tribes' adding other components to their own program evaluations.

Templates for Data Collection and Evaluation Tools

FEMA

Contents

OMB NO. 0930-0270
Expiration Date 08/31/2015

Project #

Individual/Family Crisis Counseling Services Encounter Log

Provider Name

Provider Number

Date of Service (mm/dd/yyyy)

County of Service

1st Employee #

2nd Employee #

Zip Code of Service

VISIT TYPE (please check the appropriate box)

Number of participants in this encounter (either Individual OR Family or Household)

Individual = 1 ☐   Family or Household (2 or more individuals) = 2 ☐   3 ☐   4 ☐   5 ☐   6 or more ☐

VISIT NUMBER ☐ First visit   ☐ Second visit   ☐ Third visit   ☐ Fourth visit   ☐ Fifth visit or later

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

DEMOGRAPHIC INFORMATION

Number of MALES per age category in this encounter (indicate # in box)

	preschool (0 - 5 years)		child (6 - 11 years)		adolescent (12 - 17 years)		adult (18 - 39 years)		adult (40 - 64 years)		older adult (65 years or older)

Number of FEMALES per age category in this encounter (indicate # in box)

	preschool (0 - 5 years)		child (6 - 11 years)		adolescent (12 - 17 years)		adult (18 - 39 years)		adult (40 - 64 years)		older adult (65 years or older)

Ethnicity (for individual encounter, select only one; for family encounter, select all that apply)

☐ Hispanic or Latino   ☐ Not Hispanic or Latino

Race of participant(s) in this encounter (select all that apply)

☐ American Indian/Alaska Native   ☐ Asian   ☐ Black or African American

☐ Native Hawaiian/Pacific Islander   ☐ White

Primary language spoken during encounter (select one)

☐ English   ☐ Spanish   ☐ Other (specify in box)

If any of the participants has a disability, or other access or functional need, indicate the type (select all that apply).

☐ Physical (mobility, visual, hearing, medical, etc.)

☐ Intellectual/Cognitive (learning disability, mental retardation, etc.)

☐ Mental Health/Substance Abuse (psychiatric, substance dependence, etc.)

LOCATION OF SERVICE (select one)

☐ school or child care (all ages through college)

☐ community center (e.g., recreation club)

☐ provider site/mental health agency (agency involved with Crisis Counseling Assistance and Training Program [CCP])

☐ workplace (workplace of the disaster survivor and/or first responder)

☐ disaster recovery center (e.g., Federal Emergency Management Agency [FEMA], American Red Cross)

☐ place of worship (e.g., church, synagogue, mosque)

☐ retail (e.g., restaurant, mall, shopping center, store)

☐ public place/event (e.g., street, sidewalk, town square, fair, festival, sports)

☐ temporary home (including friend or family homes, group homes, shelters, apartments, trailers, and other dwellings)

☐ IF HOME: PLEASE CHECK THIS BOX IF ANY CHILDREN < AGE 18 LIVE IN THIS HOME.

☐ permanent home

☐ IF HOME: PLEASE CHECK THIS BOX IF ANY CHILDREN < AGE 18 LIVE IN THIS HOME.

☐ phone counseling (15 minutes or longer)

☐ If HOTLINE, HELPLINE, or CRISIS LINE, please **check here.**

☐ medical center (e.g., doctor, dentist, hospital, mental health or substance abuse specialty center)

☐ other (specify in box)

RISK CATEGORIES (select all that apply)

- ☐ family missing/dead
- ☐ friend missing/dead
- ☐ pet missing/dead
- ☐ home damaged or destroyed
- ☐ vehicle or major property loss
- ☐ other financial loss
- ☐ disaster unemployed (self or household member)

- ☐ injured or physically harmed (self or household member)
- ☐ life was threatened (self or household member)
- ☐ witnessed death/injury (self or household member)
- ☐ assisted with rescue/recovery (self or household member)
- ☐ had to change schools (for children or youth)
- ☐ prolonged separation from family

- ☐ evacuated quickly with no time to prepare
- ☐ displaced from home 1 week or more
- ☐ sheltered in place or sought shelter due to immediate threat of danger
- ☐ past substance use/mental health problem
- ☐ preexisting physical disability
- ☐ past trauma

EVENT REACTIONS (select all that apply)

Please indicate the total # of participants experiencing event reactions.　☐ 1　☐ 2　☐ 3　☐ 4　☐ 5　☐ 6 or more

BEHAVIORAL

- ☐ extreme change in activity level
- ☐ excessive drug or alcohol use
- ☐ isolation/withdrawal
- ☐ on guard/hypervigilant
- ☐ agitated/jittery/shaky
- ☐ violent or dangerous behavior
- ☐ acts younger than age (children or youth)

EMOTIONAL

- ☐ sadness, tearful
- ☐ irritable, angry
- ☐ anxious, fearful
- ☐ despair, hopeless
- ☐ feelings of guilt/shame
- ☐ numb, disconnected

☐ **COPING WELL: NONE OF THE ABOVE APPLY**
(If there are no participants experiencing the above event reactions, please check this box.)

PHYSICAL

- ☐ headaches
- ☐ stomach problems
- ☐ difficulty falling or staying asleep
- ☐ eating problems
- ☐ worsening of health problems
- ☐ fatigue, exhaustion

COGNITIVE

- ☐ distressing dreams, nightmares
- ☐ intrusive thoughts, images
- ☐ difficulty concentrating
- ☐ difficulty remembering things
- ☐ difficulty making decisions
- ☐ preoccupied with death/destruction

FOCUS OF ENCOUNTER (select all that apply)

INFORMATION/EDUCATION ABOUT:　☐ reactions to disaster　☐ community resources　☐ this crisis counseling program

TIPS FOR:

☐ reducing negative thoughts　☐ managing physical and emotional reactions (e.g., breathing techniques)　☐ doing positive things　☐ problem solving

HEALTHY CONNECTIONS:　☐ mutual support/ building social network(s)　☐ participating in community action

other (specify in box) ▯

MATERIALS PROVIDED FOR THIS ENCOUNTER

Were flyers, brochures, handouts, or other materials provided to this/these participant(s)?　☐ YES　☐ NO

REFERRAL (select all that were communicated)

- ☐ crisis counseling program services (e.g., group counseling, referral to team leader, followup visit)
- ☐ 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 Alcoholics Anonymous or Narcotics Anonymous)

- ☐ community services (e.g., FEMA, loans, housing, employment, social services)
- ☐ resources for those with disabilities, or other access or functional needs
- ☐ other　(specify in box) ▯

☐ **NO REFERRAL PROVIDED**

Reviewer Name ▯　Signature ▯　Date of Review ▯

INSTRUCTIONS:
INDIVIDUAL/FAMILY CRISIS COUNSELING SERVICES ENCOUNTER LOG

When to Use This Form:
Complete this form immediately **after** the individual or family/household crisis counseling service is provided.
1. Complete this form for each individual or family/household that receives crisis counseling services of 15 minutes or more.
2. An individual or family/household crisis counseling encounter is defined as a contact where the discussion goes beyond education and assists understanding of current situations and reactions, involves review of options, or addresses emotional support or referral needs.
3. 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, e.g., DR-XXXX-State.
PROVIDER NAME--The name of the program/agency.
PROVIDER NUMBER--The unique number under which your program/agency is providing services.
DATE OF SERVICE--The date of the encounter in the format mm/dd/yyyy, e.g., 01/01/2012.
COUNTY OF SERVICE--The county where the service occurred.
1st EMPLOYEE #--YOUR employee number (must be numeric and no more than 6 digits).
2nd EMPLOYEE #--Employee number of your teammate during this encounter (must be numeric and no more than 6 digits).
ZIP CODE OF SERVICE--The zip code of the location where the service occurred.
VISIT TYPE--Was this encounter with one person (individual) or with two or more individuals living as a family or household (family or household)?
VISIT NUMBER--Based on your conversation, is this the first, second, third, fourth, fifth, or later visit for this person, family, or household 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 under 15 minutes, record it on the Weekly Tally Sheet.
DEMOGRAPHIC INFORMATION--For each variable.
  NUMBER OF MALES IN THIS ENCOUNTER --Please indicate the number of males for each age category that participated in this encounter. (You should record numbers into the boxes instead of checkmarks.)
  NUMBER OF FEMALES IN THIS ENCOUNTER --Please indicate the number of females for each age category that participated in this encounter. (You should record numbers into the boxes instead of checkmarks.)
  ETHNICITY--Based on your observations and your conversation, do any of the participants self-identify as Hispanic/Latino?
  RACE--Based on your observations and your conversation with the participants, what race do you think participant(s) would identify as being? SELECT ALL THAT APPLY. If participant(s) are of more than one race, you should indicate all races that you believe to be represented. For a family encounter, if more than one race is represented, you should indicate all races that you believe to be represented.
  PRIMARY LANGUAGE SPOKEN DURING ENCOUNTER(S)--Which 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, may include sign language), fill in the other language that the person used. (SELECT ONLY ONE.)
  PERSONS WITH DISABILITIES OR OTHER ACCESS OR FUNCTIONAL NEED(S)--Based on your observations and your conversation with the participants, does anyone have a physical, intellectual/cognitive, or mental health/substance abuse disability? SELECT ALL THAT APPLY.
    • Physical: includes disorders that impair mobility, seeing, hearing, as well as medical conditions, such as diabetes, lupus, Parkinson's, AIDS, or multiple sclerosis (MS).
    • Intellectual/Cognitive: includes learning disabilities, birth defects, neurological disorders, developmental disabilities, or traumatic brain injuries (e.g., Down syndrome, mental retardation).
    • Mental Health/Substance Abuse: includes psychiatric disorders, such as bipolar disorder, depression, posttraumatic stress disorder (PTSD), schizophrenia, and substance dependence.
RISK CATEGORIES--These are factors that participants may have experienced or may have present in their lives that could increase their need for services. MORE THAN ONE CATEGORY MAY APPLY. SELECT ALL CATEGORIES THAT APPLY.
EVENT REACTIONS--Do not use this as a checklist during the encounter. Complete this based on your observations and the conversation AFTER the service is complete. SELECT ALL THAT APPLY. If the participants have no observable or reported problems, check "coping well: none of the above apply."
FOCUS OF INDIVIDUAL, FAMILY, OR HOUSEHOLD ENCOUNTER--What is the focus of the encounter? SELECT ALL THAT APPLY. If the focus is different from the categories listed, please select "OTHER," and fill in the blank with the primary purpose.
MATERIALS PROVIDED IN THIS ENCOUNTER--Did you leave any materials with the participant, family, or household? This refers to printed materials such as a brochure, flyers, tip sheets, or other printed information. SELECT ONLY ONE.
REFERRAL--Based on your conversations, you may have referred the participants for other services. In the REFERRAL box, select all of the types of services to which you referred participants. If you made a referral to a service not listed, please check the box labeled "other" and write in the specific type of referral.
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 fully!

PROJECT #		OMB NO. 0930-0270 Expiration Date 08/31/2015

Group Encounter Log

Provider Name [   ]   Provider Number [   ]

Date of Service (mm/dd/yyyy) [   ]   County of Service [   ]

1st Employee # [   ]   2nd Employee # [   ]   Zip Code of Service [   ]

TYPE OF SERVICE (select one 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)

CHARACTERISTICS OF ENCOUNTER

LOCATION of SERVICE (select one)

☐ school and child care (all ages through college)

☐ community center (e.g., recreation club)

☐ provider site/mental health agency (agency involved with the Crisis Counseling Assistance and Training Program [CCP])

☐ workplace (workplace of the disaster survivor and/or first responder

☐ disaster recovery center (e.g., Federal Emergency Management Agency [FEMA], American Red Cross)

☐ place of worship (e.g., church, synagogue, mosque)

☐ home (temporary or permanent residence, including friend/family home; group homes, including houses, apartments, trailers, and other dwellings)

☐ retail (e.g., restaurant, mall, shopping center, store)

☐ medical center (e.g., doctor, dentist, hospital, substance abuse specialty center)

☐ public place/event (e.g., street, sidewalk, town square, fair, festival, sports)

☐ other   (specify in box) [   ]

SESSION NUMBER (select one)

○ First session of group expected to meet once

○ First session of group expected to meet more than once

○ Second or greater session of ongoing group

NUMBER of PARTICIPANTS   PLEASE ESTIMATE

Number under age 18	[ ]	Number ages 18 -64	[ ]	Number age 65 and older	[ ]	**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 (under 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, emergency medical services, 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.

Ethnicity (select all that apply)

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race of participants in this encounter (select all that apply)

☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian/Pacific Islander ☐ White

If any of the participants has a disability, or other access or functional need, indicate the type (select all that apply).

☐ Physical (mobility, visual, hearing, medical, etc.) ☐ Intellectual/Cognitive (learning disability, mental retardation, etc.) ☐ Mental Health/Substance Abuse (psychiatric, substance dependence, etc.)

FOCUS OF GROUP SESSION (select all that apply)

INFORMATION/EDUCATION ABOUT:

☐ reactions to disaster ☐ community resources ☐ this crisis counseling program

TIPS FOR:

☐ reducing negative thoughts ☐ managing physical and emotional reactions (e.g., breathing techniques) ☐ doing positive things ☐ problem solving

HEALTHY CONNECTIONS:

☐ mutual support/ building social network(s) ☐ participating in community action

other (specify in box) [   ]

Were flyers, brochures, handouts, or other materials provided to participants? ○ YES ○ NO

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 two or more unrelated participants (excluding staff).
3. Do not use this form for families. Use the Individual/Family Crisis Counseling Services Encounter Log.

PROJECT #--FEMA disaster declaration number, e.g., DR-XXXX-State.
PROVIDER NAME--The name of the program/agency.
PROVIDER NUMBER--The unique number under which your program or agency is providing services.
1st EMPLOYEE #--YOUR employee number (must be numeric and no more than 6 digits.)
2nd EMPLOYEE #--Employee number of your teammate during this encounter (must be numeric and no more than 6 digits.)

DATE OF SERVICE--The date of the encounter in the format mm/dd/yyyy, e.g., 01/01/2012.
COUNTY OF SERVICE--The county or parish where the group was held.
ZIP CODE OF SERVICE--The zip code of the location where you had the encounter.

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, obtain emotional support or referral services, and/or develop or improve 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-education to survivors on disaster services available and key concepts of disaster behavioral 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.

LOCATION OF SERVICE--Where did this encounter take place? SELECT ONLY ONE.
SESSION NUMBER--Check the box beside the option that matches how many times the group has met and will meet. SELECT ONLY ONE.

NUMBER OF PARTICIPANTS--Use all four boxes to report the number of participants (not including staff) and estimate their age distribution. For example, for seven participants including no adolescents, three adults under age 65, and four 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 Sheet 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.

ETHNICITY--Based on your observations and your conversation, do any of the participants self-identify as Hispanic/Latino?

RACE--Based on your observations and your conversation with the participants, what race do you think participants would identify as being? SELECT ALL THAT APPLY. For a family encounter, if more than one race is represented, you should indicate all races that you believe to be represented. If participants are of more than one race, you should indicate all races that you believe to be represented.

PERSONS WITH DISABILITIES OR OTHER ACCESS OR FUNCTIONAL NEED(S) --Based on your observations and your conversation with the participants, does anyone have a physical, intellectual, or mental health/substance abuse disability? SELECT ALL THAT APPLY.

- Physical: includes disorders that impair mobility, seeing, or hearing, as well as medical conditions, such as diabetes, lupus, Parkinson's, AIDS, or multiple sclerosis (MS).

- Intellectual/Cognitive: includes a learning disability, birth defect, neurological disorder, developmental disability, or traumatic brain injury, e.g., Down syndrome and mental retardation.

- Mental Health/Substance Abuse: includes psychiatric disorders, such as bipolar disorder, depression, posttraumatic stress disorder (PTSD), schizophrenia, and substance dependence.

FOCUS OF GROUP SESSION--What is the focus of this session/encounter? SELECT ALL THAT APPLY. If the focus for the group is different from the categories listed, please select "OTHER," and fill in the blank with the primary purpose.

MATERIALS PROVIDED--Did you leave any materials with the participants? This refers to materials such as a crisis counseling program brochure, flyers, tip sheets, or other printed materials. SELECT ONLY ONE (yes/no).

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 fully!

PROJECT #

OMB NO. 0930-0270
Expiration Date 08/31/2015

Weekly Tally Sheet
Brief Educational and Supportive Services Not Elsewhere Included

Provider Name

County or Parish   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								
Telephone contact by crisis counselor								
Hotline/helpline/lifeline contact								
Email contact								
Community networking and coalition building								
MATERIALS DISTRIBUTED	Do not include materials that are captured on individual/family or group encounter data collection forms.							
Material handed to people								
Material mailed to people's homes and/or left at a person's unattended home								
Material left in public places								
Mass media								
Social networking messages								

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

Reviewer Name   Signature   Date of Review

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

When to Use This Form:
This sheet is intended to capture all of the contacts you have had for a particular week that have not been captured on any other form. In other words, if you have completed an Individual/Family 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 that person or the materials handed out during those encounters here.

NUMBER OF CONTACTS OR NUMBERS 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--The number of brief contacts with individuals, or groups of individuals, that did not result in indepth discussion or interaction of an educational or crisis counseling nature. Record this contact on the Weekly Tally Sheet when it is *less than 15 minutes*. (If your contact is more than 15 minutes, please fill out the Individual/Family Crisis Counseling Services Encounter Log.) If you also distributed materials during this interaction, you will record that under the "MATERIALS DISTRIBUTED" section of this form.

TELEPHONE CONTACT BY CRISIS COUNSELOR--The number of brief telephone contacts with individuals that did not result in indepth discussion or interaction of an educational or crisis counseling nature. Record this contact on the Weekly Tally Sheet when it is *less than 15 minutes*. (If your contact is more than 15 minutes, please fill out the Individual/Family Crisis Counseling Services Encounter Log.)

HOTLINE/HELPLINE/LIFELINE CONTACT--The number of calls that come into the hotline/helpline/lifeline designated for this Crisis Counseling Assistance and Training Program (CCP). Record this contact on the Weekly Tally Sheet when it is *less than 15 minutes*. (If your contact is more than 15 minutes, please fill out the Individual/Family Crisis Counseling Services Encounter Log.)

EMAIL CONTACT--The number of brief email contacts with individuals that did not result in indepth discussion or interaction of an educational or crisis counseling nature.

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? (Did you build relationships with community resource organizations, faith-based groups, and local agencies? Did you attend a community event to provide a compassionate presence and to be available to provide crisis counseling services, if needed? Did you initiate or attend an unmet-needs committee or long-term recovery meeting, or other disaster relief-oriented gathering?)

MATERIAL HANDED TO PEOPLE--How many packets or materials were distributed by handing them out to people with no or minimal contact? (One packet of information, even if containing multiple pieces, is counted as one.)

MATERIAL MAILED TO PEOPLE'S HOMES AND/OR LEFT AT A PERSON'S UNATTENDED HOME--How many packets or materials were mailed to people's homes and/or left at people's homes when they were not there (with no interaction with the people living in the homes)? (If you left a packet of information on a doorstep, count it as one material item left, even if the packet contained multiple pieces.)

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

For this crisis counseling program, the following may be captured by the crisis counselor or by the administrative program staff:

MASS MEDIA--How many mass media messages did you publish or broadcast? This includes newspaper ads, radio broadcasts, listserv mailings, advertisements, etc. *that were created or developed by the program*. This does not include surface mailing of materials, which is recorded above under MATERIAL MAILED. In general, the number of people "receiving" messages through mass media will be unknown (e.g., the number of people reading your newspaper ad is unknown), therefore, do not record the reach of the message - only the *number of messages* published or broadcasted.

SOCIAL NETWORKING MESSAGES--How many messages did you post via social networking mechanisms (e.g., Facebook or Twitter)? *Do NOT include the number of replies or posts made by outside parties.*

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 fully!

| | PROJECT # | **Adult Assessment and Referral Tool** | OMB NO. 0930-0270 Expiration Date 08/31/2015 |

The Crisis Counseling Assistance and Training Program (CCP) should have protocols or procedures in place for how a crisis counselor should respond if serious reactions are indicated while using this tool. Many CCPs have team leaders or other staff with a mental health background to administer this tool to ensure that proper assessment and referral are 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 at least one organization or agency that is willing to accept referrals from the CCP for more intensive mental health or substance abuse intervention services.

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 (it is recommended on the *third* and *fifth* encounter)

OR

(2) with any adult at any time if you suspect the adult may be experiencing serious reactions to the disaster.

Provider Name [_____] Provider Number [_____]

Date of Service (mm/dd/yyyy) [_____] County of Service [_____]

1st Employee # [_____] 2nd Employee # [_____] Zip Code of Service [_____]

LOCATION OF SERVICE (select one)

☐ school and child care (all ages through college)

☐ community center (e.g., recreation club)

☐ provider site/mental health agency (agency involved with the CCP)

☐ workplace (workplace of the disaster survivor and/or first responder)

☐ disaster recovery center (e.g., Federal Emergency Management Agency [FEMA], American Red Cross)

☐ place of worship (e.g., church, synagogue, mosque)

☐ retail (e.g., restaurant, mall, shopping center, store)

☐ public place/event (e.g., street, sidewalk, town square, fair, festival, sports)

☐ temporary home (including friend or family homes, group homes, shelters, apartments, trailers, and other dwellings)

  ☐ IF A TEMPORARY HOME: PLEASE CHECK THIS BOX IF ANY CHILDREN UNDER AGE 18 LIVE IN THIS HOME

☐ permanent home

  ☐ IF A PERMANENT HOME: PLEASE CHECK THIS BOX IF ANY CHILDREN UNDER AGE 18 LIVE IN THIS HOME

☐ phone counseling (15 minutes or longer)

  ☐ If HOTLINE, HELPLINE, or CRISIS LINE, please **check here.**

☐ medical center (e.g., doctor, dentist, hospital, mental health specialty center)

☐ other   (specify in box) [_____]

VISIT NUMBER   ☐ First visit   ☐ Second visit   ☐ Third visit   ☐ Fourth visit   ☐ Fifth visit or later

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

Was the team lead or supervisory staff present during administering this tool?   ☐ Yes   ☐ No

RISK CATEGORIES (select all that apply)

☐ family missing/dead

☐ friend missing/dead

☐ pet missing/dead

☐ home damaged or destroyed

☐ vehicle or major property loss

☐ other financial loss

☐ disaster unemployed (self or household member)

☐ injured or physically harmed (self or household member)

☐ life was threatened (self or household member)

☐ witnessed death/injury (self or household member)

☐ assisted with rescue/recovery (self or household member)

☐ had to change schools

☐ prolonged separation from family

☐ evacuated quickly with no time to prepare

☐ displaced from home 1 week or more

☐ sheltered in place or sought shelter due to immediate threat of danger

☐ past substance use/mental health problem

☐ preexisting physical disability

☐ past trauma

DEMOGRAPHIC INFORMATION

Age (select one)   ☐ adult (18 -39 years)   ☐ adult (40 -64 years)   ☐ older adult (65 years or older)

Do you have a disability, or other access or functional need? If so, indicate the type (select all that apply).

☐ Physical (mobility, visual, hearing, medical, etc.)

☐ Intellectual/Cognitive (learning disability, mental retardation, etc.)

☐ Mental Health/Substance Abuse (psychiatric, substance dependence, etc.)

Sex   ☐ Male   ☐ Female

Primary language spoken during this encounter (select one)   ☐ English   ☐ Spanish   ☐ Other [_____]

Ethnicity (select one)   ☐ Hispanic or Latino   ☐ Not Hispanic or Latino

Race (select all that apply)

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

ASSESSMENT QUESTIONS

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 ANSWERS**

		1	2	3	4	5
1.	How much have you been bothered by unwanted memories, nightmares, or reminders of what happened?	☐	☐	☐	☐	☐
2.	How much effort have you made to avoid thinking or talking about what happened or doing things that remind you of what happened?	☐	☐	☐	☐	☐
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?	☐	☐	☐	☐	☐
4.	How much have you been bothered by poor sleep, poor concentration, jumpiness, irritability, or feeling watchful around you because of what happened?	☐	☐	☐	☐	☐
5.	How down or depressed have you been because of what happened?	☐	☐	☐	☐	☐
6.	Has your ability to handle other stressful events or situations been harmed?	☐	☐	☐	☐	☐
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?	☐	☐	☐	☐	☐
8.	How distressed or bothered are you about your reactions?	☐	☐	☐	☐	☐
9.	How much have your reactions interfered with your ability to work or carry out your daily activities, such as housework or homework?	☐	☐	☐	☐	☐
10.	How much have your reactions affected your relationships with your family or friends or interfered with your social, recreational, or community activities?	☐	☐	☐	☐	☐
11.	How concerned have you been about your ability to overcome problems you may face without further assistance?	☐	☐	☐	☐	☐

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. The CCP should have protocols or procedures in place for how a crisis counselor should respond or react if the response is "YES."
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 apply)

☐ other crisis counseling program services (e.g., group counseling, referral to a team leader, followup visit)

☐ community services (e.g., FEMA, loans, housing, employment, social services)

☐ mental health services (e.g., professional, longer-term counseling, treatment, behavioral, or psychiatric services)

☐ resources for those with disabilities, or other access or functional needs

☐ substance abuse services (e.g., professional, behavioral, or medical treatment or self-help groups, such as Alcoholics Anonymous or Narcotics Anonymous)

☐ other   (specify in box)
[_____]

Note the type of service for which you made the referral, not the site to which you made the referral.

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

INSTRUCTIONS:
ADULT ASSESSMENT AND REFERRAL TOOL

When to Use This Form:
It is recommended that this form be used with all adults 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. This form should be used as an interview guide (1) with adults receiving individual crisis counseling on the third and fifth occasions 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 and Referral Tool.
PROJECT #--FEMA disaster declaration number, e.g., DR-XXXX-State.   PROVIDER NAME--The name of the program/agency.
PROVIDER #--The unique number under which your program/agency is providing services.
1st EMPLOYEE #--YOUR employee number.   2nd EMPLOYEE #--Employee number of your teammate during this encounter.
DATE OF SERVICE--The date of the encounter in the format mm/dd/yyyy, e.g., 01/01/2012.
COUNTY OF SERVICE--The county where the service occurred. ZIP CODE OF SERVICE--The zip code where the service occurred.
LOCATION OF SERVICE--Where did the encounter occur? SELECT ONLY ONE.
VISIT NUMBER--Is this the first, second, third, fourth, fifth, or later 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 under 15 minutes, record it on the
     Weekly Tally Sheet.

RISK CATEGORIES--These are factors that an individual may have experienced or may have present in his or her life that could increase his or her 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 that this instruction is not the same as for the Individual/Family 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 that this instruction is not the same as for the Individual/Family 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 -- What age does the person indicate he or she is? SELECT ONLY ONE.
     PERSONS WITH DISABILITIES --If the participant considers him- or herself to have a disability or access or functional need, what type does he or she indicate (physical, Intellectual, or mental health/substance abuse)? SELECT ALL THAT APPLY.

- Physical: includes disorders that impair mobility, seeing, and hearing, as well as medical conditions, such as diabetes, lupus, Parkinson's, AIDS, multiple sclerosis (MS).

- Intellectual: includes a learning disability, birth defect, neurological disorder, developmental disability, or traumatic brain injury, e.g., Down syndrome and mental retardation.

- Mental Health/Substance Abuse: includes psychiatric disorders, such as bipolar disorder, depression, posttraumatic stress disorder (PTSD), schizophrenia, and substance dependence.

     SEX--The sex the person reports to be. SELECT ONLY ONE.
     PRIMARY LANGUAGE SPOKEN DURING ENCOUNTER(S)--Which language did you actually and primarily use to speak with this individual during the encounter? This may be different from the preferred language. If "OTHER" (not English or Spanish), fill in the other language that the person used (this may include sign language). SELECT ONLY ONE.
     ETHNICITY--Does this person self-identify as Hispanic/Latino? SELECT ONLY ONE.
     RACE--What race does the person identify as being? SELECT ALL THAT APPLY.
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.
REFERRALS--In the REFERRAL box, select all of the types of services to which you referred the person. 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 fully!

RESPONSE CARD (GIVE TO INDIVIDUAL 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.

1

S	M	T	W	T	F	S

"Not at all" means never in the past month.

2

S	M	T	W	T	F	S
	×					
					×	

A "little bit" means about 2 times per month.

3

S	M	T	W	T	F	S
	×				×	
	×		×			
	×		×		×	

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

4

S	M	T	W	T	F	S
	×		×		×	
	×	×	×			
	×		×		×	
×	×					

"Quite a bit" means 2—3 times per each week during the past month.

5

S	M	T	W	T	F	S
×	×	×	×	×	×	×
×	×	×	×	×	×	×
		×	×		×	×
×	×	×	×	×	×	×

"Very much" means almost every day.

| Project # | **Child/Youth Assessment and Referral Tool** | OMB NO. 0930-0270 Expiration Date 08/31/2015 |

The Crisis Counseling Assistance and Training Program (CCP) should have protocols or procedures in place for how a crisis counselor should respond if serious reactions are indicated while using this tool. 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 at least one organization or agency that is willing to accept referrals from the CCP for more intensive mental health or substance abuse intervention services.

Please use this tool as an interview guide
(1) with children receiving individual crisis counseling on the third and fifth occasions 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 # [ ]

Date of Service (mm/dd/yyyy) [ ]   County of Service [ ]

1st Employee # [ ]   2nd Employee # [ ]   Zip Code of Service [ ]

VISIT NUMBER   ☐ First visit   ☐ Second visit   ☐ Third visit   ☐ Fourth visit   ☐ Fifth visit or later

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

Was parent or caregiver present during the visit?   ☐ Yes   ☐ No

Was the team lead or supervisory staff present during administering this tool?   ☐ Yes   ☐ No

READ: Occasionally, we find it helpful to ask children/adolescents or their parents/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.

LOCATION OF SERVICE (select one)

☐ school and child care (all ages through college)

☐ community center (e.g., recreation club)

☐ provider site/mental health agency (agency involved with the CCP)

☐ workplace (workplace of the disaster survivor and/or first responder)

☐ disaster recovery center (e.g., Federal Emergency Management Agency [FEMA], American Red Cross)

☐ place of worship (e.g., church, synagogue, mosque)

☐ retail (e.g., restaurant, mall, shopping center, store)

☐ public place/event (e.g., street, sidewalk, town square, fair, festival, sports)

☐ temporary home (including friend or family homes, group homes, shelters, apartments, trailers, and other dwellings)

☐ IF A TEMPORARY HOME: PLEASE CHECK THIS BOX IF ANY CHILDREN UNDER AGE 18 LIVE IN THIS HOME

☐ permanent home

☐ IF A PERMANENT HOME: PLEASE CHECK THIS BOX IF ANY CHILDREN UNDER AGE 18 LIVE IN THIS HOME

☐ phone counseling (15 minutes or longer)

☐ If HOTLINE, HELPLINE, or CRISIS LINE, please **check here.**

☐ medical center (e.g., doctor, dentist, hospital, mental health specialty center)

☐ other   (specify in box) [ ]

RISK CATEGORIES (select all that apply)

☐ family missing/dead
☐ friend missing/dead
☐ pet missing/dead
☐ home damaged or destroyed
☐ vehicle or major property loss
☐ other financial loss
☐ disaster unemployed (self or household member)

☐ injured or physically harmed (self or household member)
☐ life was threatened (self or household member)
☐ witnessed death/injury (self or household member)
☐ assisted with rescue/recovery (self or household member)
☐ had to change schools (for children or youth)
☐ prolonged separation from family

☐ evacuated quickly with no time to prepare
☐ displaced from home 1 week or more
☐ sheltered in place or sought shelter due to immediate threat of danger
☐ past substance use/mental health problem
☐ preexisting physical disability
☐ past trauma

DEMOGRAPHIC INFORMATION

Age (select one)   ☐ preschool (0 -5 years)   ☐ child (6 -11 years)   ☐ adolescent (12 -17 years)   **Grade level in school** [ ]

If you have a disability or other access or functional need, indicate the type (select all that apply).

☐ Physical (mobility, visual, hearing, medical, etc.)   ☐ Intellectual/Cognitive (learning disability, mental retardation, etc.)   ☐ Mental Health/Substance Abuse (psychiatric, substance dependence, etc.)

Sex ☐ Male   ☐ Female

Primary language spoken during this encounter (select one) ☐ English   ☐ Spanish   ☐ Other [ ]

Ethnicity (select one) ☐ Hispanic or Latino   ☐ Not Hispanic or Latino

Race (select one or more) ☐ American Indian/Alaska Native   ☐ Asian   ☐ Black or African American   ☐ Native Hawaiian/Pacific Islander   ☐ White

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

Prior to beginning the assessment, please give the larger version of the Response Card to the child or parent that will be answering your questions. This card will assist the child or parent in better understanding how often the child is experiencing certain reactions.

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.

ASSESSMENT QUESTIONS

INTRODUCTION: 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** (*please remind child/parent of this for each question*). Use the frequency rating options **on the previous page** and on the response card to help the child answer how often the problem has happened in the past month. For each question choose **ONE** of the following responses and check the appropriate box for that question.

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

QUESTIONS TO BE READ	0	1	2	3	4
1. Do you get upset, afraid, or sad when something makes you think about the disaster?	☐	☐	☐	☐	☐
2. Do you have bad dreams or nightmares about what happened?	☐	☐	☐	☐	☐
3. Do you have upsetting thoughts or pictures that come into your mind about what happened?	☐	☐	☐	☐	☐
4. Do you try not to think about or talk about what happened?	☐	☐	☐	☐	☐
5. Do you stay away from places, people, or things that make you remember the disaster?	☐	☐	☐	☐	☐
6. Do you have difficulty falling asleep or wake up often because of what happened?	☐	☐	☐	☐	☐
7. Do you feel jumpy or nervous?	☐	☐	☐	☐	☐
8. Do you find it harder to concentrate or pay attention to things than you usually do?	☐	☐	☐	☐	☐
9. Do you feel irritable or grouchy?	☐	☐	☐	☐	☐
10. Do you feel sad, down, or depressed?	☐	☐	☐	☐	☐
11. Have you had more aches and pains, such as stomachaches or headaches?	☐	☐	☐	☐	☐
12. If in school: Do you find it harder to get your schoolwork done?	☐	☐	☐	☐	☐
13. Do you worry about something else bad happening to you/your family/your friends?	☐	☐	☐	☐	☐
14. Are you having a harder time getting along with family or your friends?	☐	☐	☐	☐	☐
15. Are you finding it harder to do or enjoy activities that you used to enjoy?	☐	☐	☐	☐	☐

The column above the answer boxes is headed **RESPONDENT'S ANSWERS**.

ASSESSMENT QUESTIONS (continued)

ADDITIONAL QUESTIONS FOR PARENTS (required for parents of children ages 0-7; recommended for parents of all children and adolescents)

QUESTIONS TO BE READ	RESPONDENT'S ANSWERS				
	0	1	2	3	4
16. Has your child been more clingy or worried about separation?	☐	☐	☐	☐	☐
17. Has your child been more quiet and withdrawn?	☐	☐	☐	☐	☐
18. Has your child talked repeatedly or asked questions about the disaster?	☐	☐	☐	☐	☐
19. Has your child's play been about the disaster?	☐	☐	☐	☐	☐
20. Have you noticed changes in your child's behavior or development (e.g., bed-wetting, baby talk, fighting or risk-taking behavior, or decline in school performance)?	☐	☐	☐	☐	☐

COUNT THE NUMBER OF ENTRIES IN THE 2 LAST COLUMNS ABOVE THAT HAVE A SCORE OF 3 OR 4
IF TOTAL NUMBER IS 4 OR MORE, DISCUSS THE POSSIBILITY OF A REFERRAL FOR SERVICES.   TOTAL NUMBER [   ]

FOR CHILDREN OVER THE AGE OF 10 OR IF YOU ARE CONCERNED ABOUT A YOUNGER CHILD, YOU MAY ASK:

Have you had any thoughts or plans about either hurting or killing yourself?

☐ YES **IF YES, refer for immediate psychiatric intervention.** The CCP should have protocols or procedures in place for how a crisis counselor should respond or react if the response is "YES."

☐ NO IF NO, continue.

REFERRAL (select all that were communicated)

☐ crisis counseling program services (e.g., group counseling, referral to a team leader, followup visit)

☐ 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 Alcoholics Anonymous or Narcotics Anonymous)

☐ community services (e.g., FEMA, loans, housing, employment, social services)

☐ resources for those with disabilities, or other access or functional needs

☐ other   (specify in box)
[   ]

Was the referral accepted by the child? YES ☐ NO ☐   Was the referral accepted by the parent/caregiver? YES ☐ NO ☐

INSTRUCTIONS:
CHILD/YOUTH ASSESSMENT AND REFERRAL TOOL

It is recommended that this form be used with all 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. This form should be used as an interview guide (1) with children receiving individual crisis counseling on the third and fifth occasions OR (2) with any child at any time if you suspect the child may be experiencing serious reactions to the disaster.

PROJECT #--FEMA disaster declaration number, e.g., DR-XXXX-State.   PROVIDER NAME--The name of the program/agency.
PROVIDER #--The unique number under which your program/agency is providing services.
1st EMPLOYEE #--YOUR employee number.   2nd EMPLOYEE #--Employee number of your teammate during this encounter.
DATE OF SERVICE--The date of the encounter in the format mm/dd/yyyy, e.g., 01/01/2012.
COUNTY OF SERVICE--The county where the encounter occurred.
ZIP CODE OF SERVICE--The zip code of the location where the encounter occurred.
VISIT NUMBER--Is this the first, second, third, fourth, fifth or later 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 under 15 minutes, record it on the Weekly Tally Sheet.
LOCATION OF SERVICE--Where did the encounter occur? SELECT ONLY ONE.
RISK CATEGORIES--These are factors that an individual may have experienced or may have present in his or her life that could increase his or her need for services. MORE THAN
      ONE CATEGORY MAY APPLY. SELECT ALL CATEGORIES THAT APPLY.
DEMOGRAPHIC INFORMATION--
      AGE--What age does the person or his or her parent indicate he or she is? SELECT ONLY ONE.
      GRADE LEVEL IN SCHOOL--Please enter the number, e.g., 4 = fourth grade.
      PERSONS WITH DISABILITIES OR OTHER ACCESS OR FUNCTIONAL NEEDS--If the participant or his or her parent considers the participant to have a disability or an
      access or functional need, what type is indicated (physical, intellectual/cognitive, or mental health/substance abuse)? SELECT ALL THAT APPLY.
            • Physical: includes disorders that impair mobility, seeing, or hearing, as well as medical conditions, such as diabetes, lupus, Parkinson's, AIDS, or multiple
               sclerosis (MS).
            • Intellectual: includes a learning disability, birth defect, neurological disorder, developmental disability, or traumatic brain injury (e.g., Down syndrome, mental
               retardation).
            • Mental Health/Substance Abuse: includes psychiatric disorders, such as bipolar disorder, depression, posttraumatic stress disorder (PTSD), schizophrenia,
               and substance dependence.
      SEX--The sex the person reports him- or herself to be. SELECT ONLY ONE.
      PRIMARY LANGUAGE SPOKEN DURING ENCOUNTER(S)--What language did you actually and primarily use to speak with this individual during the encounter? This may
      be different from the preferred language. If "OTHER" (not English or Spanish), fill in the other language that the person used (may include sign language). SELECT ONLY
      ONE.
      RACE--What race does the person identify as being? SELECT ALL THAT APPLY.
      ETHNICITY--Does this person self-identify as Hispanic/Latino? SELECT ONLY ONE.
REFERRALS--Based on your conversation with this individual, you may have referred him or her for other services. In the
      REFERRAL box, select all of the types of services to which you referred the person.
REFERRAL ACCEPTED--This refers to whether or not the child or parent took the information you offered, not if they followed up on the referral. SELECT ONLY ONE.

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 fully!

RESPONSE CARD

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

Never

1

S	M	T	W	Th	F	S
	×					
					×	

2 times per month

2

S	M	T	W	Th	F	S
	×				×	
	×		×			
	×			×		

1-2 times a week

3

S	M	T	W	Th	F	S
	×		×		×	
×	×	×		×		
	×		×		×	
×		×				

2-3 times a week

4

S	M	T	W	Th	F	S
×	×	×		×	×	×
×	×	×			×	×
			×	×	×	
×	×	×	×	×	×	×

Almost every day

| | Project # | **Service Provider Feedback Form** | OMB NO. 0930-0270
Expiration Date 08/31/2015 |

Today's Date (mm/dd/yyy)

We are asking that you complete this brief form so that program administrators can 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. **Thank you for your participation!**

The first set of questions is about Crisis Counseling Assistance and Training Program (CCP) training. First, please indicate whether you have had each type of training. Then, for each training you have completed, please rate the usefulness of the training in preparing you to do your job, using a scale of 1 to 5, where 1 is not at all useful, 2 is slightly useful, 3 is moderately useful, 4 is very useful, and 5 is extremely useful.

			If YES, please rate the usefulness of this training.				
Type of training	**Have you had this training?**		Not at All Useful	Slightly Useful	Moderately Useful	Very Useful	Extremely Useful
	NO	YES	1	2	3	4	5
Core Content Training	☐	☐	☐	☐	☐	☐	☐
Transition to Regular Services Program (RSP) Training	NO ☐	YES ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Midprogram Training	NO ☐	YES ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Disaster Anniversary Training	NO ☐	YES ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
RSP Phasedown Training	NO ☐	YES ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Training on how to complete the CCP evaluation tools (e.g., logs, Weekly Tally Sheet)	NO ☐	YES ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Other crisis counseling trainings offered by the State or your agency (e.g., self-care, Skills for Psychological Recovery)	NO ☐	YES ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

Using a scale of 1 to 5, where 1 is extremely poor, 2 is poor, 3 is fair, 4 is good, and 5 is excellent, please rate each item below. These items relate to other things that can influence your work, such as supervision and support.

	Extremely Poor	Poor	Fair	Good	Excellent
	1	2	3	4	5
Quality of the supervision provided to you	☐	☐	☐	☐	☐
Opportunities to interact with other staff in supportive ways	☐	☐	☐	☐	☐
Support and training provided to help you avoid compassion fatigue or to cope with the stress of listening to and helping others	☐	☐	☐	☐	☐
Opportunities for professional and personal growth	☐	☐	☐	☐	☐
Appropriateness of the workload (i.e., neither too much nor too little)	☐	☐	☐	☐	☐

PLEASE ALSO ANSWER QUESTIONS ON THE BACK.

	Extremely Poor	Poor	Fair	Good	Excellent
	1	2	3	4	5
Adequacy of the resources and tools you had available to do your job	☐	☐	☐	☐	☐
How well you understood how your job fit into the bigger picture of your community's response to the disaster	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
How well data from the evaluation were shared with crisis counseling teams or used to inform their work	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
How well you believe the types of services provided by the project matched the types of need present in the community	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
The overall quality of services provided by the project	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
How likely you would be to recommend this project to a friend or family member if he or she had the need	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

For the questions below, please share your reactions (feelings, emotions, and thoughts) about the disaster, considering your reactions in THE PAST MONTH. Using a scale of 1 to 5, where 1 is not at all, 2 is a little bit, 3 is somewhat, 4 is quite a bit, and 5 is very much, in the past month to what extent . . .

	Not at All	A Little Bit	Somewhat	Quite a Bit	Very Much
	1	2	3	4	5
Have you had difficulty handling other stressful events or situations due to your crisis counseling work or your reactions to it?	☐	☐	☐	☐	☐
Has the crisis counseling work or your reaction to it interfered with how well you take care of your physical health (e.g., eating poorly, not getting enough rest, smoking more, drinking more)?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Has the crisis counseling work or your reaction 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
Has your crisis counseling work or your reaction to it affected your relationships with your family or friends or interfered with your social, recreational, or community activities?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Have you been distressed or bothered about your reactions?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

If you would like to speak with a counselor about your reactions or 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 this survey.

How many hours of crisis counseling program work do you do in a typical week?

☐ Less than 20 hours   ☐ 20 - 29 hours   ☐ 30 - 39 hours   ☐ 40 or more hours

How many months have you worked with the crisis counseling program?

(If less than 1 month, please enter 0.) [   ]

PLEASE CONTINUE ON THE NEXT PAGE.

Do you supervise the work of other crisis counselors? ☐ No ☐ Yes

In what county or parish do you commonly work? [   ]

What is your sex? ☐ Male ☐ Female

In what year were your born? [   ]

What is the highest level of education you have completed or degree you have received?

☐ No high school ☐ High school, but no diploma or GED ☐ GED or other high school equivalency
☐ High school diploma ☐ Some college, but no degree ☐ Associate's degree (e.g., A.A., A.S.)
☐ Bachelor's degree ☐ Graduate or professional degree (e.g., M.A., Ph.D., M.D., J.D.)

Are you Hispanic/Latino? ☐ No ☐ Yes

Which of the following best describes your race? (Please select all that apply.)

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

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

[   ]

Project #

Participant Feedback Survey

Today's Date (mm/dd/yyyy)

This anonymous form will help community leaders learn about needs in our community, and about how well the crisis counselors/outreach workers are meeting these needs. Please do not put your name on this form. If you filled out a form like this in the past week, please do not fill in this one. We thank you very much for your time!

How good of a job did the counselor or outreach worker do . . .	Extremely poor	Poor	Fair	Good	Excellent
	1	2	3	4	5
Treating you with respect?	☐	☐	☐	☐	☐
Respecting your culture, race, ethnicity, or religion?	☐	☐	☐	☐	☐
Making you feel that asking for help is okay?	☐	☐	☐	☐	☐
Making you feel that you can help yourself and your family?	☐	☐	☐	☐	☐
Keeping things you said private?	☐	☐	☐	☐	☐

Please indicate below which program services you have used. If you have used the service, please indicate whether or not it was helpful to you.

	Have you used this service?		Was this service helpful?	
	Yes	No	Yes	No
One-to-one interaction (with counselor/outreach worker)	☐	☐	☐	☐
Public education presentation	☐	☐	☐	☐
Group counseling/support group	☐	☐	☐	☐
Handouts/materials	☐	☐	☐	☐
Internet sites (Crisis Counseling Assistance and Training Program [CCP] website, Facebook, etc.)	☐	☐	☐	☐
Other (please specify):	☐	☐	☐	☐
Referral resources	☐	☐	☐	☐

PLEASE ALSO ANSWER QUESTIONS ON THE BACK.

If you have used referral resources, which types(s) did you utilize?

☐ Substance abuse

☐ Mental health

☐ CCP services

☐ Community services (e.g., Federal Emergency Management Agency, loans, housing, employment, social services)

☐ Resources for those with disabilities or other access or functional needs

☐ Other referral type

(Please specify type):

How good of a job did this program do with . . .	Extremely poor	Poor	Fair	Good	Excellent
	1	2	3	4	5
Helping you to know that your feelings after the disaster were the same as many other people's feelings?	☐	☐	☐	☐	☐
Helping you to find ways to take care of yourself, like eating right and getting enough sleep?	☐	☐	☐	☐	☐
Helping you to stay active in things like hobbies, sports, church, or volunteer work?	☐	☐	☐	☐	☐

In general . . .	Extremely poor	Poor	Fair	Good	Excellent
	1	2	3	4	5
How good was the information you got on how people feel after disasters?	☐	☐	☐	☐	☐
How good of an idea is it to tell a friend who was upset by the disaster to see this counselor or outreach worker?	☐	☐	☐	☐	☐

	Not at all useful	Slightly useful	Moderately useful	Very useful	Extremely useful
	1	2	3	4	5
How useful was this program in helping return things in your life back to the way they were before the disaster?	☐	☐	☐	☐	☐
Overall, how useful was this program to you?	☐	☐	☐	☐	☐

People experience disasters in a variety of ways. Below is a list of experiences you may have had. Please select all that apply to you.

☐ My family member is missing or dead.

☐ My friend is missing or dead.

☐ My pet is missing or dead.

☐ My home is damaged or destroyed.

☐ I had major property loss, such as car/vehicle loss.

☐ I had other financial loss.

☐ I or a member of my household was injured or physically harmed.

☐ My life or that of someone in my household was threatened.

☐ I or a member of my household witnessed death/injury.

☐ I or a member of my household assisted with rescue/recovery.

☐ I am or a member of my household is unemployed because of this disaster.

☐ I was evacuated quickly with no time to prepare.

☐ I had prolonged separation from family.

☐ I was displaced from my home for 1 week or longer.

PLEASE CONTINUE ON SECOND PAGE.

For the questions below, please share your reactions (feelings, emotions, and thoughts) about the disaster, considering your reactions in THE PAST MONTH. Using a scale of 1 to 5, where 1 is not at all, 2 is a little bit, 3 is somewhat, 4 is quite a bit, and 5 is very much, in the past month to what extent have you . . .

	Not at all	A little bit	Somewhat	Quite a bit	Very much
Been bothered by bad memories, nightmares, or reminders of what happened?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Tried NOT to think or talk about what happened or to do things that remind you of what happened?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
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 ☐
Been down or depressed?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Found other stressful things harder to deal with because of what happened?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Had trouble taking care of your health (e.g., eating poorly, not getting enough rest, smoking more, drinking more)?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Had difficulty getting along or having fun with family and friends?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Needed help from a counselor to deal with your reactions to the disaster?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

If you would like to speak with a counselor about your reactions or if you have concerns about your answers to these questions, please call _____

Comparing your emotional and mental wellbeing before the disaster to now, do you feel better, worse, or about the same?

☐ Feel better now   ☐ Feel about the same   ☐ Feel worse now

Comparing how well you take care of your health before the disaster to now, do you take care of your health better, worse, or about the same?

☐ Take care of your health better now   ☐ Take care of your health about the same now   ☐ Take care of your health worse now

Comparing how well you work (including a job, schoolwork, and housework) before the disaster to now, do you have less trouble working, more trouble working, or about the same amount?

☐ Have less trouble working now   ☐ Have about the same amount of trouble working now   ☐ Have more trouble working now

Comparing how active you were in things like hobbies, sports, church, or volunteer work before the disaster to now, are you more active, less active, or about the same?

☐ More active now   ☐ About the same   ☐ Less active now

PLEASE ALSO ANSWER QUESTIONS ON THE BACK.

The final questions will help us to describe the total group of people who completed the form.

What is your sex?   ☐ Male   ☐ Female

In what year were you born?   [   ]

What is the highest level of education you have completed or degree you have received?

☐ 0 - 6 years   ☐ Some college
☐ 7 - 11 years   ☐ College graduate or more
☐ 12 years (high school diploma or GED)

In what county or parish do you currently live?   [   ]

Are you Hispanic/Latino?   ☐ Yes   ☐ No

Which of the following best describes your race? (Please select all that apply.)

☐ Asian or Pacific Islander   ☐ American Indian or Alaska Native
☐ Black or African American   ☐ White or Caucasian
☐ Other   (Please specify):
   [   ]

What is your preferred language?

☐ English   ☐ Spanish   ☐ Other   (please specify): [   ]

If you have a disability, or other access or functional need, please indicate the type (select all that apply).

☐ Physical (mobility, visual, hearing, etc.)

☐ Intellectual/Cognitive (learning disability, mental retardation, etc.)

☐ Mental Health/Substance Abuse (psychiatric, substance dependence, etc.)

Thank you for taking time to complete this form!

Boilerplate Provider Announcement Online

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!

Boilerplate Provider Cover Letter Online

[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

Boilerplate Provider Cover Letter Paper

[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]
> 9300 Lee Highway
> Fairfax, VA 22031

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

Boilerplate Provider Thank You

[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

Boilerplate Participant Cover Letter

[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 four-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 survey asks questions about the services that were received as well as information about how 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, family, or group crisis counseling. These are generally the same people for whom you would complete an Individual/Family 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/Family Crisis Counseling Services Encounter Log 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, family, or group crisis counseling. These are generally the same people for whom you would complete an Individual/Family 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/Family Crisis Counseling Services Encounter Log 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!

Service Provider Feedback Form Task Timeline

The following instructions provide information on the tasks to be completed before, during, and after administration of the Provider Feedback Form. The Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC) is providing this timeline to support you in successfully managing the survey process.

Attention: The SAMHSA Center for Mental Health Services (CMHS) and the Federal Emergency Management Agency (FEMA) strongly encourage all Crisis Counseling Assistance and Training Programs (CCPs) to administer the Provider Feedback Form using the online method. If, and only if, online administration is not possible, then paper administration of the survey is allowable. Please note below the specific instructions that only apply to administration of the paper survey.

By When?	By Whom?	What?
3 WEEKS OR MORE BEFORE SURVEY	SAMHSA DTAC/State	**The state evaluation coordinator will collect the following:** ▪ **List of email addresses**—Create a list of email addresses for crisis counselors (outreach workers) and team leaders. **SAMHSA DTAC will email the following materials to the state evaluation coordinator, who will then modify them and send them to crisis counselors and team leaders.** In the files that SAMHSA DTAC sends to you, the areas that you should change will be highlighted in yellow. The materials that will be sent are as follows: ▪ **Boilerplate announcement**—This announcement may be modified as desired. We are sending it to help you let people know that a survey is coming. Circulate this information to your staff however works best in your setting (e.g., staff meeting, flyer posting, email). ▪ **Boilerplate cover letter**—Prepare the cover letter explaining why the survey is important, how the data will be used, how the crisis counselors' (outreach workers') and team leaders' identity is protected, and that participation is voluntary. The project director may modify the cover letter as desired. ▪ **Boilerplate thank you and reminder text**—You won't need this until 2 WEEKS AFTER THE SURVEY, but you can get it ready to go anytime.
2–3 WEEKS BEFORE	State/ Provider	**The state needs to contact SAMHSA DTAC staff with the following information:** ▪ **Phone number to include on the form**—This phone number is for survey participants to call anonymously if they are feeling highly stressed and need assistance. SAMHSA DTAC will incorporate the number into the online survey. Please email the number to DTAC@samhsa.hhs.gov or to the SAMHSA DTAC TA staff who is assigned to work on this grant.

By When?	By Whom?	What?
		IF YOU PLAN TO DISTRIBUTE PAPER COPIES, please contact the person(s) at the state or provider organization who will be preparing the survey materials, and inform them of: ▪ **Precise number of survey participants**—This is the number of crisis counselors (outreach workers) and team leaders to whom the survey will be given. Your contact person will need the actual number of people, not the number of all full-time employees, because part-time employees are also eligible for the survey. This survey is not for crisis counselors (outreach workers) or team leaders who have been working in their position for less than a month and does not include people whose functions are solely administrative or clerical. The accuracy of this number is important because it drives how many surveys will be prepared for you and determines the response rate.
1–2 WEEKS BEFORE	State/ Provider	**IF, and ONLY IF, YOU PLAN TO DISTRIBUTE PAPER COPIES, please do the following to prepare:** ▪ **Supplies**—Prepare, specifically, 9- by 12-inch envelopes and black ink pens in numbers equal to the number of crisis counselors (outreach workers) and team leaders. Obtain 10–20% more of all materials than you need to allow for loss. ▪ **Return envelopes**—Obtain stamps and prepare envelopes for the return of completed surveys. Address envelopes to: SAMHSA DTAC 9300 Lee Highway Fairfax, VA 22031 ▪ **Cover letters**—Copy the cover letter on your project letterhead and attach (tape, glue) one copy to the front of each 9- by 12-inch envelope.
1 WEEK BEFORE	State/ Provider	**Prepare and distribute survey announcements.** Send out email text, or post paper announcements to let the counselors (outreach workers) and team leaders know the survey is coming.
WEEK OF SURVEY	State/ Provider	**Finish customizing the email cover letter that will be sent out with the link to the online survey.** **IF DISTRIBUTING PAPER COPIES:** ▪ Finish preparing the packets and distribute them to provider organizations: Each 9- by 12-inch envelope will have the cover letter outside and a copy of the survey, pen, and a stamped, addressed, 6- by 9-inch envelope inside. The return address will be for SAMHSA DTAC at: SAMHSA DTAC 9300 Lee Highway Fairfax, VA 22031

By When?	By Whom?	What?
1 WEEK AFTER	State	**Check with each provider organization** individually to make sure it distributed the surveys to its service providers.
2 WEEKS AFTER	State	**Send out the "thank you and reminder" email or letter** to crisis counselors (outreach workers) and team leaders. This communication will serve as a reminder to complete and/or return the survey for those who have not yet done so. **(SAMHSA DTAC will stop entering data received in paper form five weeks after the survey administration.)**
6–7 WEEKS AFTER	SAMHSA DTAC	**Send the state and federal partners, SAMSHA CMHS and FEMA, a report of the survey results.**