

# The Fundamentals of Data Collection and Evaluation

Section 1 of the Guide for  
Evaluating Your CCP



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)



**FEMA**

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## Introduction—the Basics

### How is the *Guide for Evaluating Your CCP* organized?

This guide is organized into four modules.

1. The first section 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 an overview of the Crisis Counseling Assistance and Training Program (CCP) and how evaluation is used in the program.
2. The second section is the **CCP Mobile Application User Manual**, which is designed to aid users in understanding the features of the CCP mobile application.
3. The third section is **CCP Data Collection Forms and Instructions**, which should be used by outreach workers and crisis counselors to become familiar with each of the forms. This section also includes examples of each form that is used by the program.
4. The fourth section is the **Online Data Collection and Evaluation System User Manual, Version 3.0**, which is designed to assist users of the CCP Online Data Collection and Evaluation System (ODCES) in understanding the features of the system, including data entry and reporting functions.

### How should this guide be used?

The guide was created to serve two important functions. First, it should be used for training direct-service staff (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.

### 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<sup>1</sup> are eligible to apply for a CCP grant after the President has made a declaration of disaster for Individual Assistance for the state. 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

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<sup>1</sup> After this point, we use the term “state” to refer to a state, territory, or federally recognized tribe.

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 with consultation and assistance in implementing the program. As 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 maintains a library of print and electronic resource materials and offers assistance through a toll-free helpline (800-308-3515), a comprehensive website (<http://www.samhsa.gov/dtac>), and an email account ([DTAC@samhsa.hhs.gov](mailto:DTAC@samhsa.hhs.gov)).

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

CCP services are typically provided to the disaster-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 generally come from the affected communities and are sometimes survivors themselves. The CCP-funded state 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 100-707, 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 as well as 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. Another set of changes to all seven forms was approved by OMB in the fall of 2012, with an expiration date of August 2015. The current forms, with an expiration date of September 2018, have minor changes and were updated to reflect changes to the data collection system.

## 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?

Continuing CCP recognition, acceptance, and support depend, at least in part, on the program's 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. It also 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 the 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 how closely together people live, or population density, and income and wealth in the area). Figure 1 provides a sample logic model of a CCP.



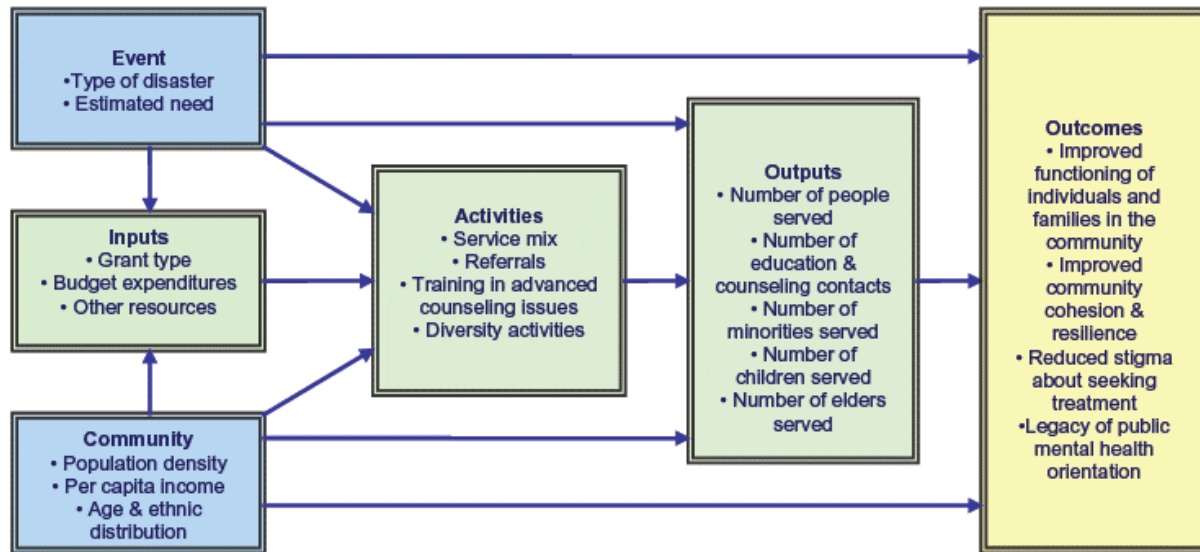


Figure 1. Sample CCP Logic Model

## What are inputs?

Inputs are the resources available to the program to 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 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 use 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 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 (the Service Provider Feedback Form).

### What is program consistency?

Many CCPs involve multiple jurisdictions such as counties, parishes, or townships, as well as collaborative arrangements with provider organizations. Did these areas or providers vary in performance (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, 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 (such as low population density) and events that make it more challenging to implement the CCP.

## Data Management and Analysis

### How are the forms produced?

The CCP data forms come in PDF or via the CCP mobile app. The PDF versions of the forms can be photocopied and used immediately, as well as throughout the life of the program. It is a violation of OMB policies to change the forms in any way.

All PDF versions of the forms are intended for duplex (two-sided) printing. The three forms that are used most often involve collection of 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.

Some programs may choose to use the CCP mobile app. Crisis counselors are able to fill out all five forms on their program-issued mobile device and upload them directly to the Online Data Collection and Evaluation System (ODCES).

### How are the forms filled in?

The paper 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. Many data validation fields have been added to questions on the mobile app forms. Many fields within the mobile app simply require users to select one of the available options.

### Where do completed tools go?

When using the paper versions of the data collection forms, 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. Mobile app users simply need to upload completed forms to ODCES at the end of each day. Participants can either mail their Participant Feedback Surveys to the state's evaluation coordinator or complete the survey online via a weblink. Crisis counselors either complete the Service Provider Feedback Form online or on paper, and then they 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. Forms collected via the CCP mobile app are saved locally on the device and uploaded daily or more frequently depending on program policy.



**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 monitoring work is dealing with counselor errors, so good counselor training is important. Once forms have been entered or uploaded, team leaders are responsible for reviewing and approving those in the pending queue.

**How are the data entered?**

The data are entered through the CCP ODCES website at <https://www.ccpdata.org/CCP2Field>. For technical assistance with CCP data forms or data entry via the online system, please contact SAMHSA DTAC at 800-308-3515 or [DTAC@samhsa.hhs.gov](mailto:DTAC@samhsa.hhs.gov).

**What reports are required?**

Two quarterly progress reports and one final report for the 9-month RSP grant must be submitted to FEMA and CMHS project officers and a 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 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, whether the program uses paper or mobile versions of the forms.

The Service Provider Feedback Form is administered online. SAMHSA DTAC provides the CCP program manager with a link to the Service Provider Feedback Form. 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 are then automatically uploaded into ODCES.

**How are the data analyzed?**

The CCP ODCES website has reporting functions that correspond to results required on the RSP quarterly reports. The CCP ODCES website also allows for downloads of the data files so that they may be exported into statistical software, such as SPSS and SAS, for additional analyses as warranted.

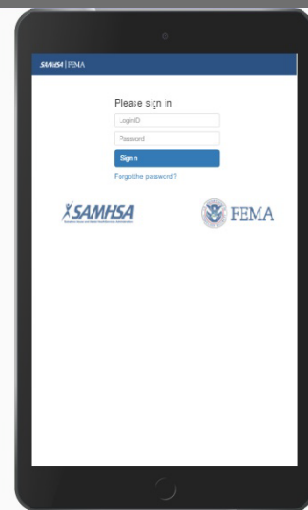
**Is this evaluation enough?**

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 it does not preclude the possibility of states' adding other components to their own program evaluations.

# CCP Mobile Application User Manual

## Section 2 of the Guide for Evaluating Your CCP



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## Introduction to the CCP Mobile Application

### Mobile Application Overview

This section gives administrative and data/evaluation program staff an overview of the CCP Mobile Application.<sup>1</sup> The mobile app was designed to enhance data collection efforts for the CCP as well as streamline the data entry process. This will allow users, both CCP and federal staff, to reduce lag time in data processing and reporting. The mobile app reduces work time and effort for crisis counselors by providing a more accessible and reliable option for data collection when using the Individual/Family Encounter form, Group Encounter form, Weekly Tally log, and Adult/Child Assessment and Referral Tools. Programs opting to use the mobile application have access to real-time feedback on their program's progress and accomplishments. The data collected using the mobile app and the paper-based format should be used to identify trends and community need, which can assist in planning the direction of outreach activities.

The mobile app is intended for use by crisis counselors and outreach workers in post-disaster CCP grant sites with access being restricted to only those individuals with authorized accounts in the CCP Online Data Collection and Evaluation System (ODCES). The mobile application can work with all mobile devices. The device must have access to the Internet, either through Wi-Fi or cellular data, in order to log into the application and put the app on a mobile device. The device must also be able to access the Internet on a regular basis to enable data upload through the mobile application to the ODCES.

If you have any technical issues or questions, please contact the Substance Abuse and Mental Health Services Administration Disaster Technical Assistance Center (SAMHSA DTAC) at [DTAC@samhsa.hhs.gov](mailto:DTAC@samhsa.hhs.gov) or 1-800-308-3515 for support.

### When should the mobile app be used?

The mobile app will be used solely for the collection of data related to administration of the CCP. There are many factors that go into determining if the use of the mobile app is appropriate for a program. States, territories, and federally recognized tribes should consider the following factors when determining their medium for data collection. These factors can potentially impact program staffing plans as well as other areas of application budgets. Use of the mobile application requires access to the ODCES for data entry and reporting. It also requires program-provided mobile devices or coverage of service for personal devices in the field. Devices must have access to Wi-Fi or a cellular service plan. It should be noted that some state/territory/tribe or provider IT security policies may not allow users to download and install applications on program-funded devices. Grant applicants should familiarize themselves with these policies to determine whether to provide reimbursement for personal devices or supply devices to program staff. Programs will also require access to a desktop computer or laptop for provider and state level users.

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<sup>1</sup> The CCP Mobile Application will further be referenced as “the mobile app”.

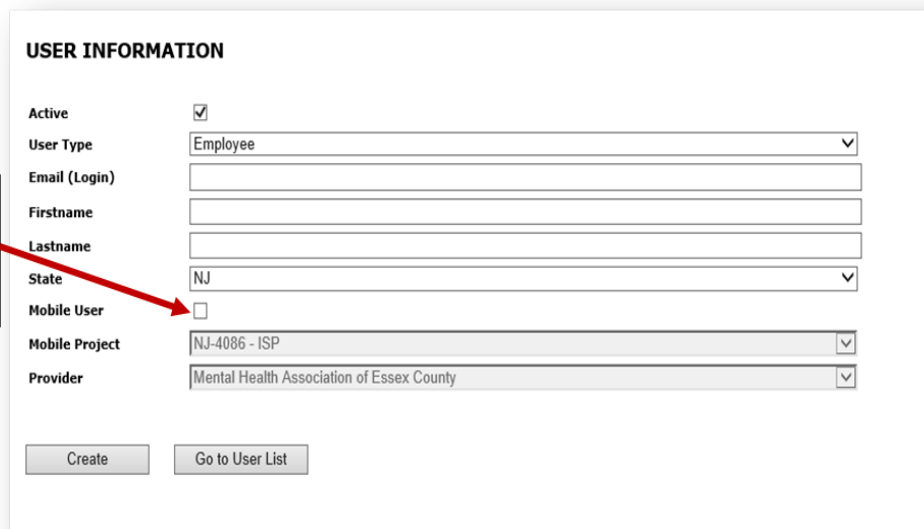


## User Access and Management

The ODCES allows state/territory/tribal-level staff to manage user access to the mobile application. In order to gain access to the system, all program staff are required to have an email address (personal or work) and maintain a secure password. SAMHSA DTAC will establish the first state level accounts. These users will create and maintain all subsequent accounts.

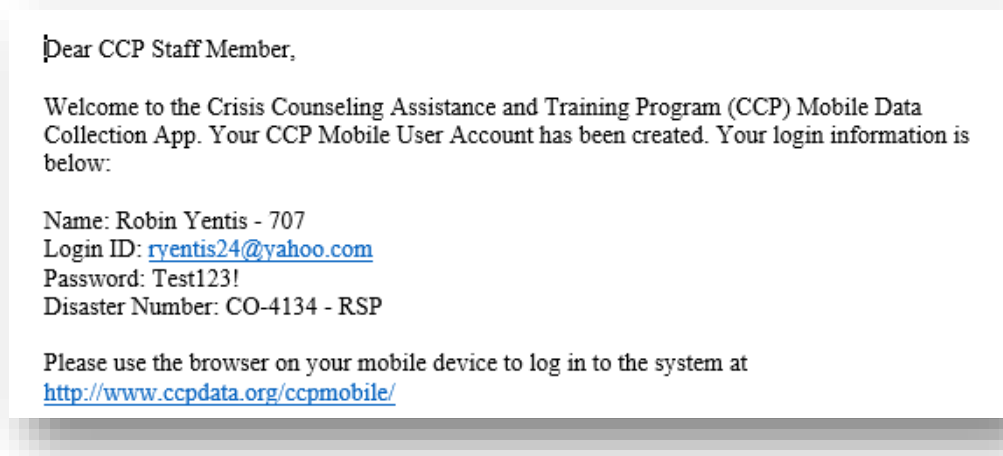
The mobile app requires provider and employee level users to have accounts established as well. Provider management and team leads will have access to both the mobile app and the ODCES with the provider level accounts. Employee level accounts allow crisis counselors and outreach workers in the field to have access to the mobile app. Users will need their credentials to log on to the app as well as to upload entered forms to the online database. Below is an example of the creation of an employee level account. In order for the user to have access to the mobile app, the box for “Mobile User” must be selected along with the correct project and provider.

**Note:** Check this box to indicate that the user will have access to the mobile app.



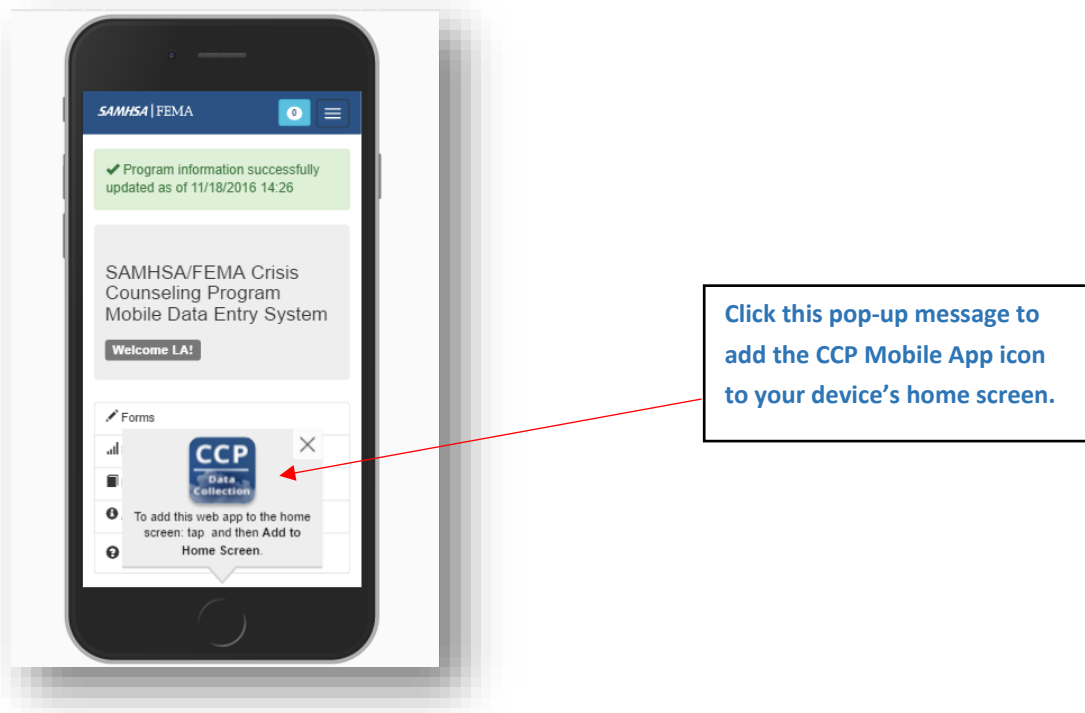
The screenshot shows a web form titled "USER INFORMATION". It contains several fields: "Active" (checked), "User Type" (dropdown menu showing "Employee"), "Email (Login)" (text input), "Firstname" (text input), "Lastname" (text input), "State" (dropdown menu showing "NJ"), "Mobile User" (checkbox, which is the target of a red arrow from the note box), "Mobile Project" (dropdown menu showing "NJ-4086 - ISP"), and "Provider" (dropdown menu showing "Mental Health Association of Essex County"). At the bottom are two buttons: "Create" and "Go to User List".

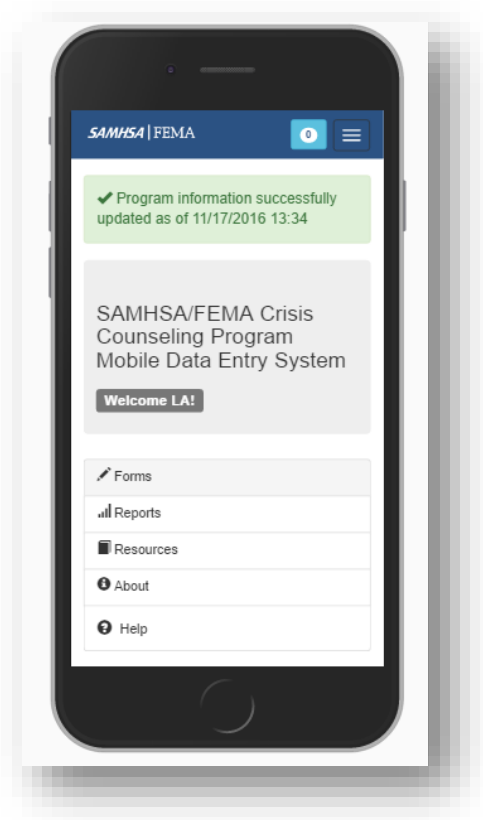
After the account has been established, the user will receive an email from [DTAC@samhsa.hhs.gov](mailto:DTAC@samhsa.hhs.gov) with their username and password in addition to instructions for how to get to the mobile app website. Users can log on to the mobile app from their device's internet browser.



Once logged on, a button will appear that will allow the user to put the app on their home screen. This will allow the user to utilize the app in an online or offline mode.

From the main menu page, the user will be able to access the data collection forms, user and grant reports, and the app resources page.





## Forms

Use of the mobile application allows crisis counselors to enter data and upload their forms into the online system. Program data should be a key component in guiding program planning. Therefore, the accuracy of the data is essential. In both systems, all team members are responsible for collecting accurate data, and team leaders will review and approve all forms regardless of the format. The CCP requires that crisis counselors conduct their outreach activities in pairs. It will be up to the teams and providers to determine who will be responsible for filling out the forms, as only one form is required per encounter. The second employee's ID number should be included on every form, however.

### Electronic Form Entry

The mobile app includes electronic versions of the following forms:

- Individual/Family Crisis Counseling Services Encounter Log
- Group Encounter Log
- Weekly Tally Sheet
- Adult and Child/Youth Assessment and Referral Tools

Each of these forms capture the same information when data is collected via the mobile app or the paper versions of the forms. The formatting of the forms will make the presentation of the questions vary, depending on device size, but the data collected on them is the same as the paper versions. Unlike the paper formats, the mobile versions of the data collection forms can be filled

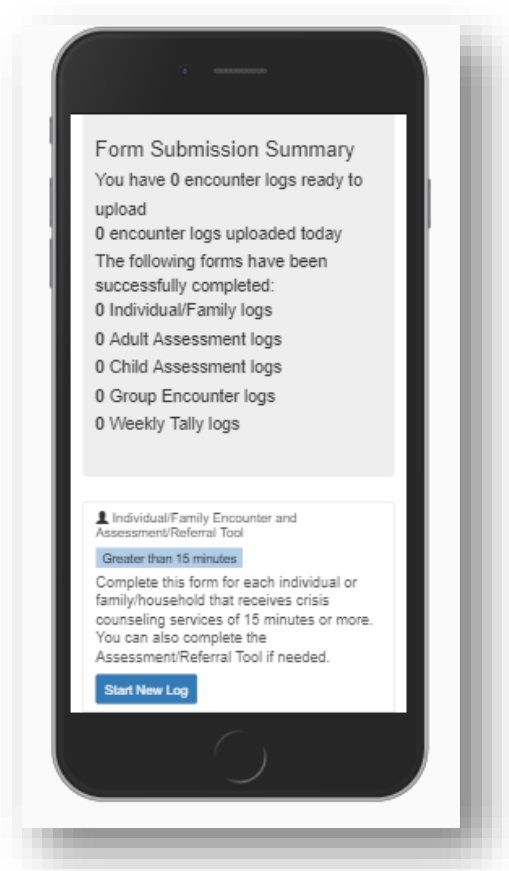
out during an encounter. This will require crisis counselors to introduce the mobile app, what information is being collected as well as why we collect data. In some cases, it may be possible for one crisis counselor to fill in the form while the other interacts with the survivor. No matter when the form is filled out, the employee ID numbers of both crisis counselors should be included in Part 1 of the form. This will ensure that both counselors receive credit for the encounter.

The mobile versions of each form also contain some data validation fields that help to reduce errors in data collection/entry. The data validation fields can be used as a coaching tool for crisis counselors to ensure that they are filling in the data forms completely and accurately. Examples of data validation in the forms are:

- Having consistent numbers of encounter participants across the form
- If there are participants experiencing symptoms, then “coping well” cannot be selected
- Certain fields are required, such as visit number, duration, age, and service location

### Individual/Family Encounter Log

This form will be filled out for encounters with individuals or families in the same household that last longer than 15 minutes.

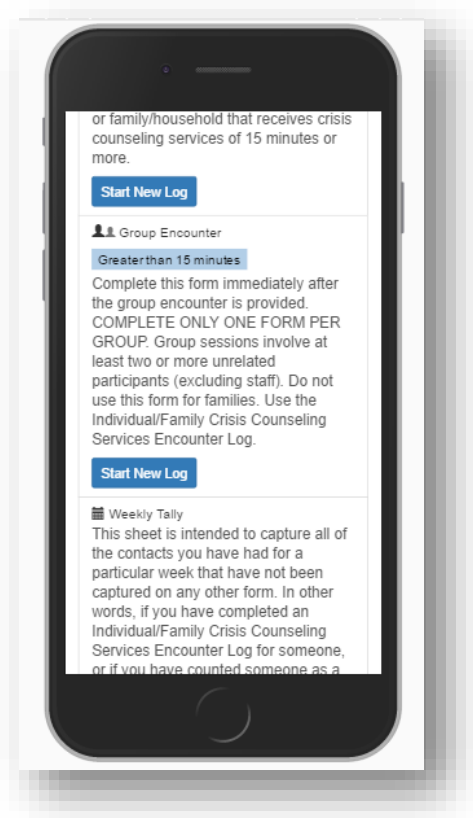


The information collected on this form is the same as the paper version. The user will begin by filling in Part 1 of the form. In this section, some of the fields will be pre-populated with information about the grant and provider the user's account is associated with. The remaining information will be chosen from the available dropdown menus.

The remaining parts of the form must be populated by the user<sup>2</sup>. The selection methods vary based on the individual section. Some options for selection include radio buttons, check boxes, and free text fields. The status bar at the top of the form serves as a guide for the user to determine their progress when completing the form. The assessment and referral tools are also completed as part of the individual/family encounter log (see the Assessment and Referral Tool section for more details).

### Group Encounter Log

This form can be filled out for encounters with groups of people (who are not in the same household) that last longer than 15 minutes. It will be filled out for group counseling, where the participants do most of the talking, or public education, where the crisis counselors do most of the talking.



<sup>2</sup> Note questions denoted with an \* are required to be filled in by the user.

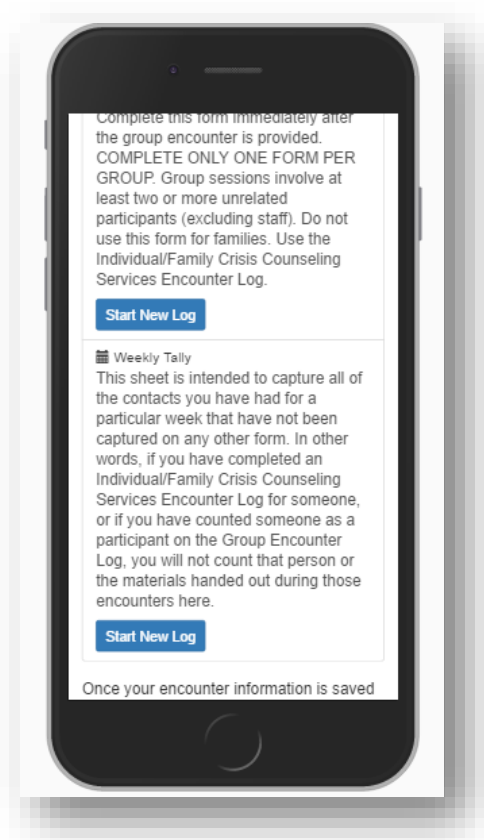


The information collected on this form is the same as the paper version. The user will begin by filling in Part 1 of the form. In this section, some of the fields will be pre-populated with information about the grant and provider the user's account is associated with. The remaining information will be chosen from the available dropdown menus.

The remaining parts of the form must be populated by the user<sup>3</sup>. The selection methods vary based on the individual section. Some options for selection include radio buttons, check boxes, and free text fields. The status bar at the top of the form serves as a guide for the user to determine their progress when completing the form.

### Weekly Tally

The weekly tally will be completed in the same fashion as the paper form. This form collects data on encounters and contacts that are brief in nature, that is less than 15 minutes. When completing the mobile app version, counselors can begin this form each Sunday and entries will be saved each day on that form until it is submitted at the end of the week.



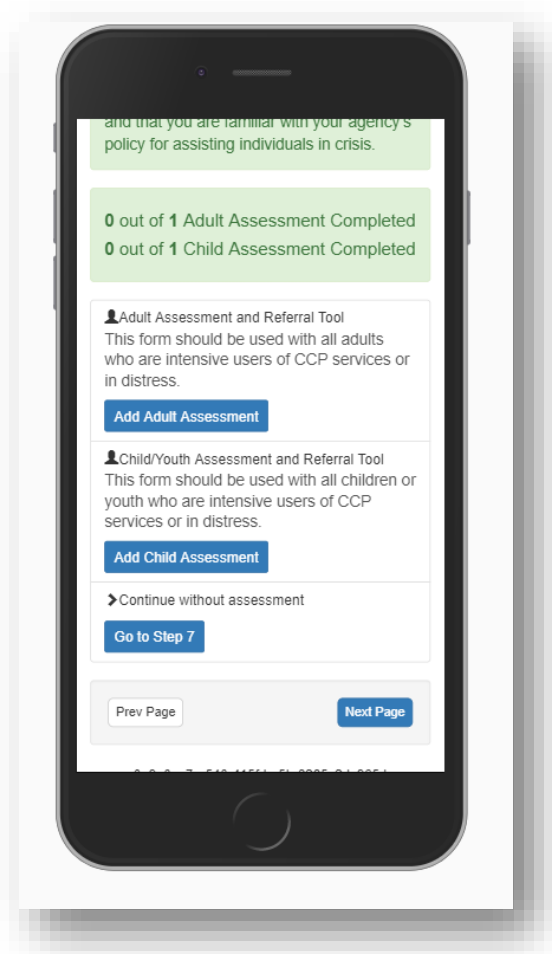
To complete Part 1 of this form, the user should make selections from the dropdown menus. The numbers of brief encounters and contacts can be recorded each day in the free text fields within the form. The entries are divided into two tabs, one for contacts and the other for materials distributed.

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<sup>3</sup> Note questions denoted with an \* are required to be filled in by the user.

## Assessment and Referral Tools

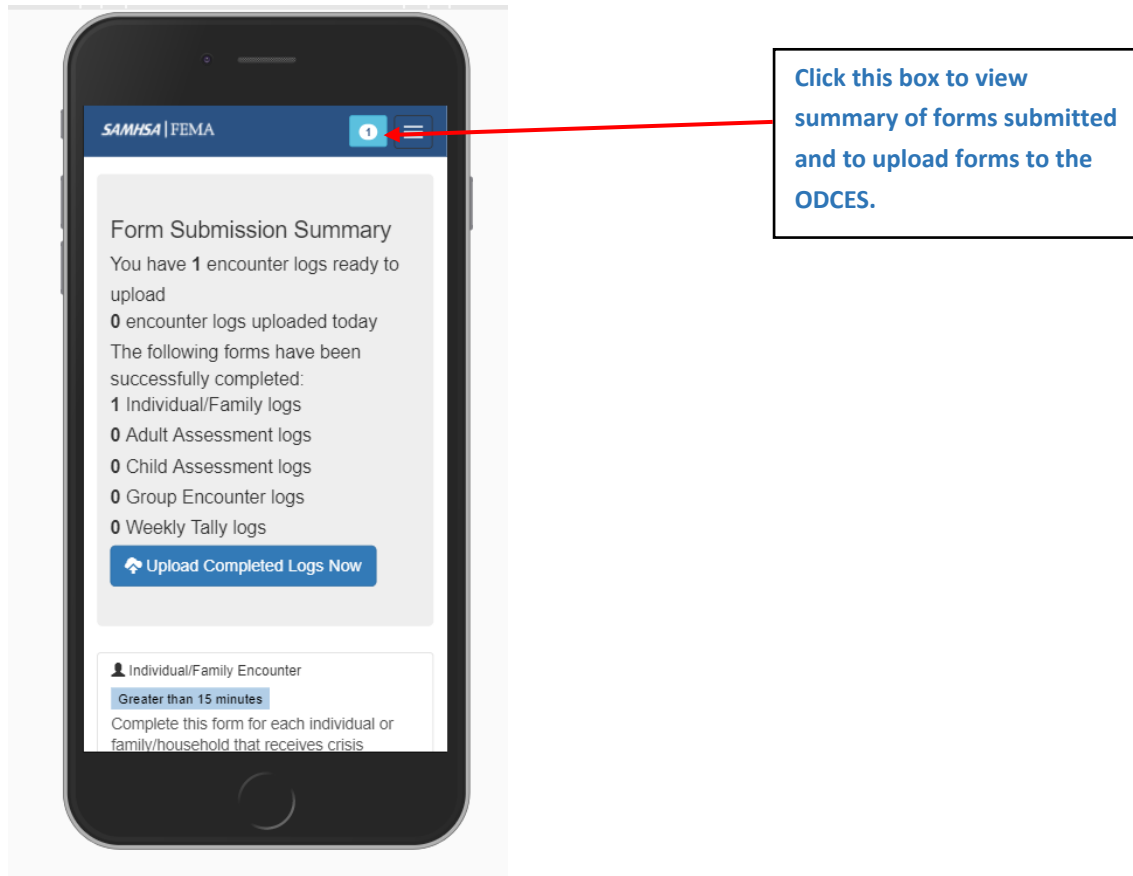
The Adult and/or Child/Youth Assessment and Referral Tool are available for completion on the mobile app as sub forms linked to the individual/family encounter log. Users can access these forms by completing the demographics sections, which will unlock the appropriate number of forms based on age and number of encounter participants. Completion of the demographics section will likely require that the mobile app be used during the encounter. Crisis counselors will need to introduce the mobile app to the participant, explain what data is being collected, and why. Once the forms have been unlocked, crisis counselors will proceed with the completing the assessment just as you would the paper form. The age and sex of the participant will need to be entered and the assessment questions should be read aloud to the participant and their responses recorded. Once all applicable assessments are completed, the user can move on and complete the remainder of the individual/family form.



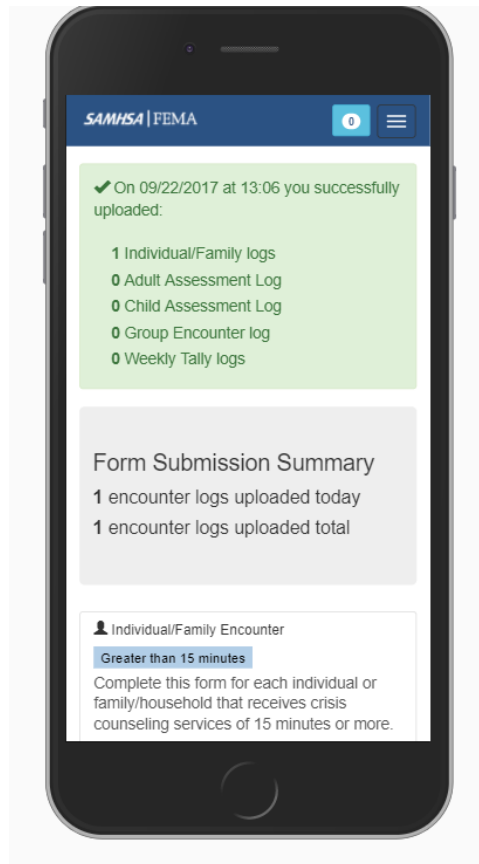
## Form Submission and Upload

Upon completion of each form, the crisis counselor must submit it. This allows the completed form to be stored locally on the device until such time as it can be uploaded to the ODCES.

Once forms have been submitted and stored on the device the record on the “forms” page will reflect the submissions. The record is itemized to show which forms and how many of each have been submitted. Items in this summary are ready for upload. An upload can only occur when the device has an internet connection, either Wi-Fi or cellular data.



When an internet connection is established, the crisis counselor can choose the upload forms button. The user will be asked to confirm the upload and enter their login credentials. This step adds a validation as well as prevents any accidental uploads to the database. After upload is complete, a receipt will be available to confirm what has been uploaded.

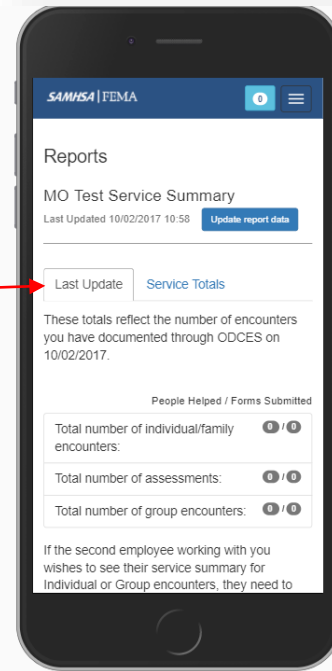


## Reports

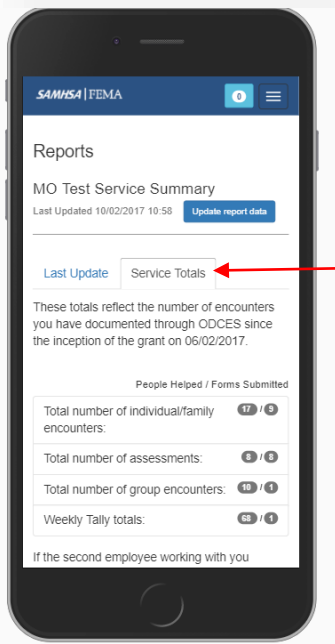
One of the benefits of using the mobile application is real-time data feedback for staff at all levels. Programs using paper forms may experience a delay in data feedback in the online system due to the time it takes a data entry assistant to enter data manually from the completed forms. As soon as crisis counselors upload forms they appear in the “Pending” queue in the ODCES, ready to be reviewed and approved.

Unlike in the ODCES, crisis counselors have access to the reporting section of the mobile app. Once uploaded forms have been approved, crisis counselors can evaluate their progress by viewing the reports section. This section shows the total number of individual, group, and assessment forms that have been submitted. In addition, it has tallies for the number of participants that have been in the encounters. The reports section is split into two tabs that users can choose from. The first is the “Last Update” report. This shows users the data from their last upload to the database. The second tab shows “Service Totals”. This tab shows data that the user currently logged in has submitted through the entire length of the program.

Last Update



Service Totals





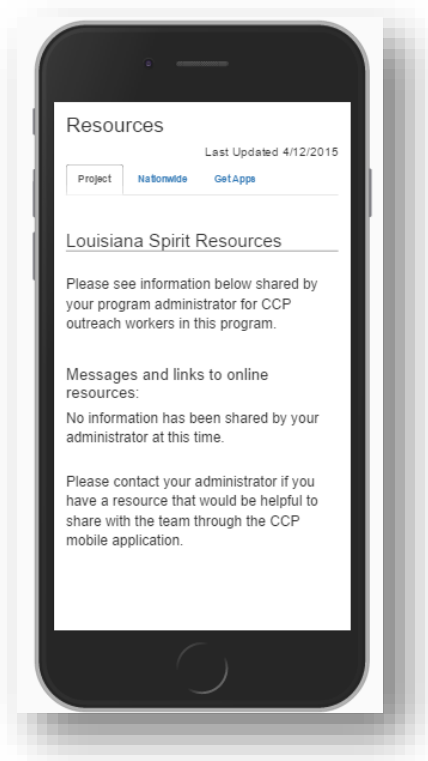
## Resources

The resources section is where the state or provider can add resources, messages, or other useful information for staff in the field. This section is also home to national mental health and suicide prevention resources that may be of use to outreach workers.

### Project

In section 4 of this guide, provider leadership as well as state level users can learn how to build and add resources for their staff to this page. These resources can include reference documents, links to online tools, provider protocols, or more simply can contain information for staff, such as meeting announcements.

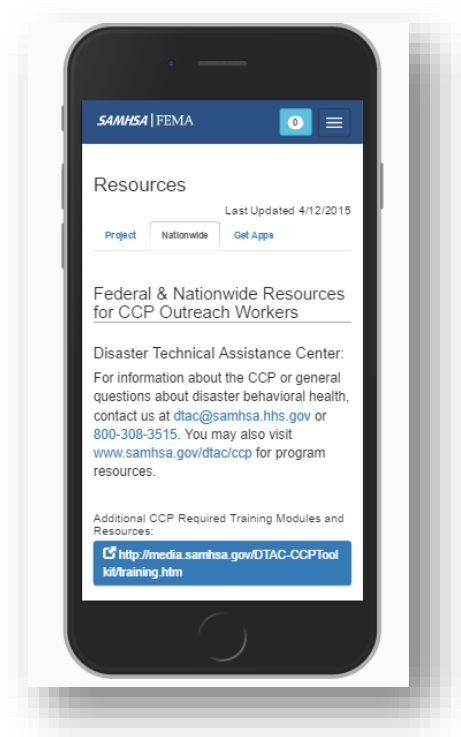
*Note: Information on this page does not update in real time. Users will need to logout and refresh their browser to retrieve updated information in this section.*



## Nationwide

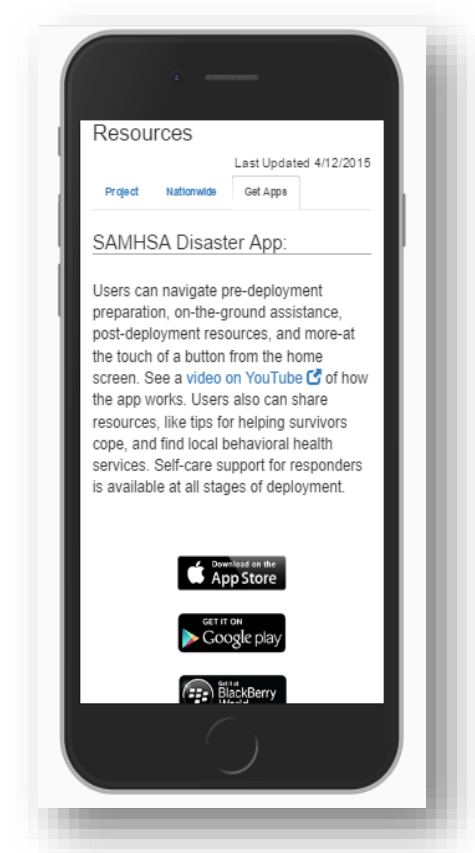
This page includes national mental health and suicide prevention resources. In addition to these national resources, this page also has links to the CCP Toolkit and CCP required trainings. The following resources are included on this page:

- CCP Training website link
- Disaster Distress Helpline
- National Suicide Prevention Lifeline
- Crisis Text Line for Teens
- Ready.gov website link



## Get Apps

The last page of the resources section gives a brief overview of the SAMHSA Disaster App. It also contains links to the various operating system stores where the SAMHSA Disaster App can be downloaded.



# CCP Data Collection Forms and Instructions

Section 3 of the Guide for  
Evaluating Your CCP

A stack of CCP Data Collection Forms and Instructions, including Section 3 of the Guide for Evaluating Your CCP. The forms are white with blue and black text, and some sections are highlighted in blue. The forms are stacked on top of each other, showing various sections like 'Introduction', 'Section 1', 'Section 2', and 'Section 3'. The forms are slightly tilted, giving a sense of depth.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)



FEMA

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## Data Collection With the CCP Data Forms

### What are the sources of data?

Evaluation data come from many different sources. Data about event characteristics are found in the project's grant application. Data about community characteristics are derived from the census. Standard statistics for ethnicity, race, age distribution, and percentage of people living in poverty can be recorded for each county. Data about activities (such as types of 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 are a set of standardized forms completed by crisis counselors. Because the data are collected in a consistent way across all programs, they can be merged into a national database that CMHS can use to produce summary reports of services provided across all funded projects. The utilization structure of the data collection forms might be described as a pyramid, involving tools that are used with decreasing frequency as you move from the base of the pyramid to the top (see Figure 2 on the next page). 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 basic tools and assessment and referral tools can be completed in the field via paper forms or the CCP mobile application. The participant and provider surveys can be completed via paper or electronically.

#### 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.

#### 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.
- Can be used in both the ISP and RSP, in consultation with CCP program management.

## 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 (those 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 both for 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). In the sections that follow, each form is described.

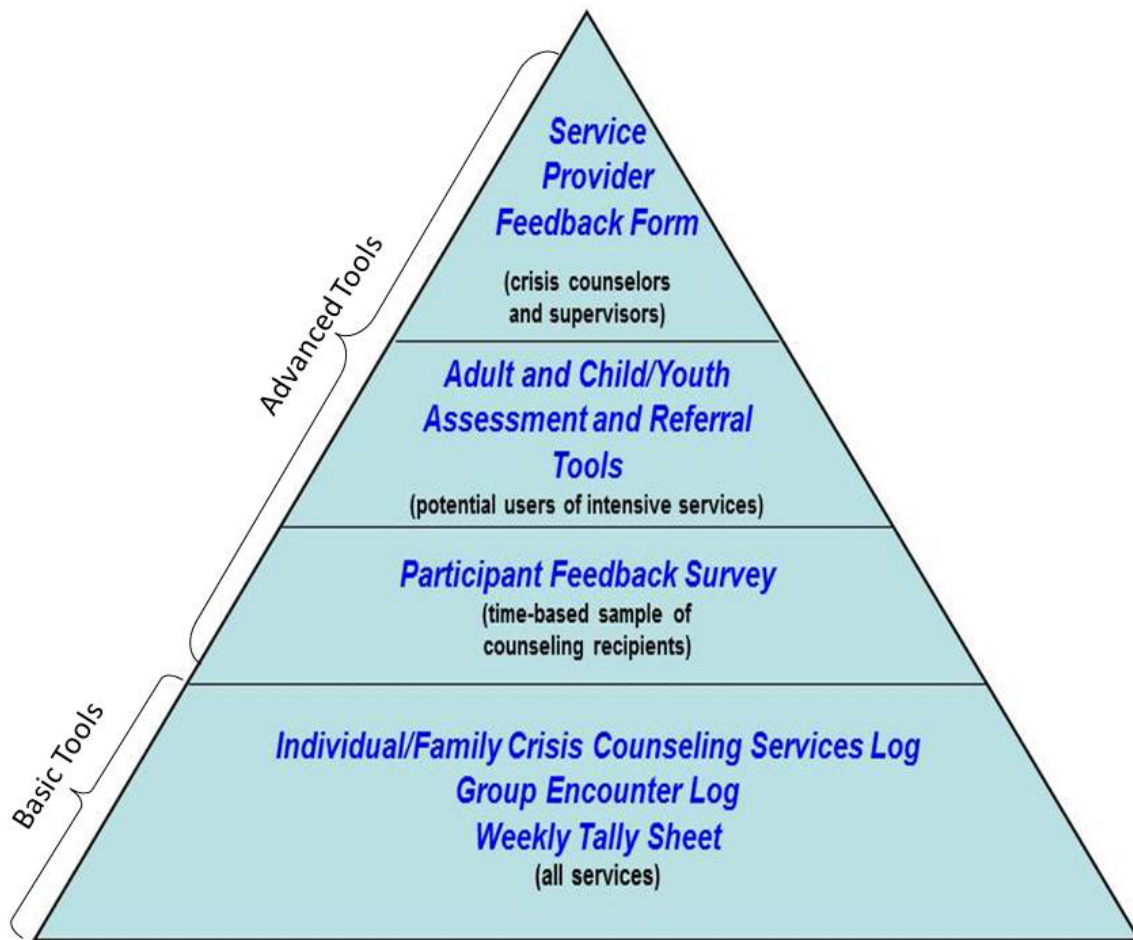


Figure 2. Utilization Structure of CCP Data Collection Forms

## 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 or 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 are tracked with an Individual/Family Encounter Log form if they last 15 minutes or longer.

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

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

The Individual/Family Crisis Counseling Services Encounter Log is a form with nine parts that is intended to capture details of encounters that are longer than 15 minutes. Crisis counselors complete this form immediately after the encounter, when completing the paper version or during the encounter, when using the mobile app. When completing the mobile or paper versions of the form, 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. The paper version of the form can be found on the CCP Toolkit at <https://www.samhsa.gov/sites/default/files/dtac/ccptoolkit/individual-family-encounter-form.pdf>.

#### *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-filled on the form by the lead data staff for each crisis counseling team or outreach worker team. Mobile app users will have some of the fields pre-populated in this section, while some questions will require a selection be made from a drop-down menu.

#### *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 (one person or a family or household consisting of two or more individuals), visit number (first time or follow-up with anyone from the program), and duration of the encounter. Please note that a family visit type may include married or unmarried heterosexual, gay, lesbian, bisexual, or transgender individuals.

#### *Part 3 (Demographic Information)*

The third part collects demographic information. This includes information on the number of males and females per age category, as well as participants' ethnicities, races, languages spoken, and disabilities or other access or functional needs, if any. Collection of this information is intended to be through observation. There is no need to directly ask participants these questions.

#### *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 (for example, a 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 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 covers referral. If a crisis counselor has provided the person with a referral, then he or she should indicate the referral type in this section. A referral could be to another component of the CCP, such as a support group, or to a team leader or senior professional for follow-up. The crisis counselor could also refer the consumer to other mental health services, substance use 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 use services should be indicated in the previous corresponding boxes.

## **Review/Approve Pending Forms**

Once a data specialist has entered the form into the system, or it has been uploaded to the system through the mobile application, the form will be placed in a pending queue. After a form is placed here, a team leader reviews it. He or she can approve or reject the form, allowing it to be included in reporting or available for editing by the crisis counselor, respectively.

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

When utilizing the paper forms, the crisis counselor, or his or her partner, should fill out the form immediately following the encounter. If using the mobile app, the form can be completed during an encounter. The best practice for completing forms during an encounter would be to have one



counselor participate and engage with the survivor while the other takes notes or begins filling out the encounter log form. For more guidance on completing forms during an encounter, please review the Mobile Data Collection Training Video at <https://www.youtube.com/watch?v=ZAagU0fVA-o&feature=youtu.be>.

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 just the first, and the visit number is noted. Completed logs should be submitted to the team leader for review at the end of each day or the beginning of the following day, if using the paper version of the log. Once the team leader has reviewed the forms, they should be submitted to the lead data staff member for entry into the CCP ODCES. If the program is using the CCP mobile app, forms should be uploaded daily and reviewed by a team lead when the form reaches the pending queue in the desktop 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 (such as 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 taking notes or collecting data on 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 people treated?

Sometimes “individual” crisis counseling involves more than one person. Perhaps the crisis counselor has spoken to a married couple, a family, roommates, 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 (for example, by verbally participating), not someone who is merely present. There may be two or more individuals helped at the same time. To show how many people were involved in an encounter who are considered to be part of a family or household, crisis counselors should select the corresponding number for Family or Household.

### Relevant Research

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## 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 a disaster or share updated community resource contacts. The Group Encounter Log **is not** to be used to document visits with family or household members. ***Visits with multiple people in the same household should be documented using the Individual/Family Crisis Counseling Services Encounter Log.***

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

Because of overlap in the information needed to describe them, group crisis counseling and public education encounter data are captured on the same 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. The paper version of the form can be found on the CCP Toolkit at <https://www.samhsa.gov/sites/default/files/dtac/ccptoolkit/group-encounter-log.pdf>.

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

The first part of the log collects information on the program, including 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. As with the Individual/Family Encounter Log, 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. 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 making selections of 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 (3) the crisis counseling program. The crisis counselor may also indicate that tips on various topics, information about healthy connections, and materials were provided to the group.

### **Review/Approve Pending Forms**

Once a form has entered the system, whether by manual entry by a data specialist or via upload from the mobile app, the form will be placed in a pending queue. After a form is placed in the queue, a team leader reviews it and approves or rejects it, which makes it ready for inclusion in reporting (if approved) or available for editing by the crisis counselor (if rejected).

### **Relevant Research**

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## **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 email exchanges, distribution of materials, community networking and coalition building, mass media messages, and social networking messages. Daily and weekly totals are recorded. The paper version of the form can be found on the CCP Toolkit at <https://www.samhsa.gov/sites/default/files/dtac/ccptoolkit/weekly-tally-sheet.pdf>.

### **What goes into the first section of the Weekly Tally Sheet?**

The first part collects general information, including the project number (FEMA disaster response number: DR-XXXX-state), provider name if not the state, county or parish, assigned provider number, the start date of the week for which data are recorded on the form, and the employee ID. This information will normally be pre-filled on the form by the lead data staff for each crisis counseling team or outreach worker team. Mobile app users will have some of the fields pre-populated in this section, while some questions will require a selection be made from a drop-down menu.

### **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.

Once a form has entered the system, whether by manual entry by a data specialist or via upload from the mobile app, the form will be placed in a pending queue. Once a form is in this queue, a team leader can review it and approve or reject it. If he or she approves the form, it will be ready for inclusion in reporting. If the team leader rejects the form, it will be available for editing by the crisis counselor.

### **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 state 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 be 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.

### Relevant Research

- Beaudoin, C.E. (2009). Evaluating a media campaign that targeted PTSD after Hurricane Katrina. *Health Communication, 24*(6), 515-523. doi:10.1080/10410230903104905
- Frank, R.G., Pindyck, T., Donahue, S.A., Pease, E.A., Foster, M.J., Felton, C.J., & Essock, S.M. (2006). Impact of a media campaign for disaster mental health counseling in post-September 11 New York. *Psychiatric Services, 57*(9), 1304-1308. doi:10.1176/appi.ps.57.9.1304
- Houston, J. B., First, J., Spialek, M. L., Sorenson, M. E., & Koch, M. (2016). Public disaster communication and child and family disaster mental health: a review of theoretical frameworks and empirical evidence. *Current psychiatry reports, 18*(6), 54.
- Naturale, A., Lowney, L. T., & Brito, C. S. (2017). Lessons learned from the Boston Marathon bombing victim services program. *Clinical Social Work Journal, 45*(2), 111-123.
- North, C., King, R., Fowler, R., Kucmierz, R., Wade, J., Hogan, D., & Carlo, J. (2015). Delivery of Mental Health Care in a Large Disaster Shelter. *Disaster Medicine and Public Health Preparedness, 9*(4), 423-429. doi:10.1017/dmp.2015.63
- Yates, D., & Paquette, S. (2011). Emergency knowledge management and social media technologies: A case study of the 2010 Haitian earthquake. *International Journal of Information Management, 31*(1), 6-13. doi:10.1016/j.ijinfomgt.2010.10.001



## Advanced Forms: Assessments and Surveys

### What are the advanced forms?

Assessment and Referral Tool forms can be used at any point in the program, if the crisis counselor feels their use is warranted. The Participant Feedback Surveys and Service Provider Feedback Form surveys are administered twice, at 6 and 12 months after the disaster incident, and usually during the RSP grant.

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

### What is the purpose of the advanced tools?

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 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 use intervention services.

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

For babies and children from less than 1 year to 7 years old, it is recommended that a parent or other 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 or other caregiver to assist in answering the questions. For children over 7 years of age, crisis counselors should get verbal consent from the parent or other caregiver. Adolescents may not want to be interviewed in front of their parents. If a parent or other 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 after the disaster during which the Participant Feedback Survey will be disseminated to all survivors participating in an individual or family crisis counseling encounter or a group counseling session. The CCP will either need to print copies of the survey and prepare pre-stamped envelopes for survivors to use to mail in the surveys or be prepared to distribute the weblink generated by SAMHSA DTAC for survivors to complete the surveys online. If utilizing paper forms, the envelope should be addressed to the designated staff at the CCP who will enter the data into the CCP ODCES.

As for the Provider Feedback Survey, the CCP will identify a 1- or 2-week period at 6 and 12 months after the disaster during which the Service Provider Feedback Form will be administered. The CCP will contact SAMHSA DTAC to set up an online link to the Service Provider Feedback Form. The CCP will be responsible for disseminating the link to direct service staff. If a CCP grant program prefers paper administration, it may contact SAMHSA DTAC at 800-308-3515 or [DTAC@samhsa.hhs.gov](mailto: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 Tool 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. Research on early CCPs suggested that referring people to more intensive mental health and substance use services was a problem area for many 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 CCPs and crisis counselors in making 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?**

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 or fifth 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. 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 someone is experiencing serious reactions. For further guidance on when and how to use these tools, please review the Assessment and Referral Tool Training Video at <https://www.youtube.com/watch?v=flei8krbcs0&feature=youtu.be>.



## Adult Assessment and Referral Tool

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

#### Part 1

As with the other forms, the first part may be pre-filled, or selections can be filled in, 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, and county and ZIP code of service. Below this basic information section, the form is similar to the Individual/Family Crisis Counseling Services Encounter Log, which also includes sections to record location of service, risk categories, demographic information, and if a team lead or supervisor was present. For users of the mobile app, the Assessment and Referral tool forms are subforms linked to the Individual/Family Crisis Counseling Services Encounter Log. All of the demographic questions from part 1 will be automatically filled into the uploaded assessment form after upload, reflecting the choices made on corresponding portions of the Individual/Family Crisis Counseling Services Encounter Log.

#### Part 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 on the CCP Toolkit, at <https://www.samhsa.gov/sites/default/files/dtac/ccptoolkit/adult-response-card.pdf>, 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 use 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. The paper version of the form can be found on the CCP Toolkit at <https://www.samhsa.gov/sites/default/files/dtac/ccptoolkit/adult-assessment-referral-tool.pdf>.

### How are adult symptoms assessed?

The reaction section of the tool (part 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 & Davidson, 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 ( $\alpha = 0.93$ ) 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 et al., 2006). Referral acceptance increased in a linear fashion in relation to 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 = 0.87); a score of seven achieved sensitivity of 78 percent and specificity of 79 percent (Norris, Hamblen, Brown, & Schinka, 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 follow-up. The Sprint-E's reliability and sensitivity to change were also evidenced in a study of specialized crisis counseling services in Mississippi (Jones, Allen, Norris, & Miller, 2009; Hamblen et al., 2009) (full references are at the end of this section).

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

The response card is located in the CCP Toolkit, at <https://www.samhsa.gov/sites/default/files/dtac/ccptoolkit/adult-response-card.pdf>. As noted, 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?

If a crisis counselor is completing the Assessment and Referral tool, there is no need to also complete the Individual/Family Encounter log. Much of the information is duplicative between the two forms, despite the forms being used for different purposes. If using the paper form, a separate assessment will be done for each applicable participant in an encounter. When using the mobile app, the Individual/Family Encounter log demographic and encounter specific sections only need to be completed once, no matter how many assessments are completed.

### References (Adult Assessment and Referral Tool)

- Connor, K. M., & Davidson, J. R. (2001). SPRINT: A brief global assessment of post-traumatic stress disorder. *International Clinical Psychopharmacology*, 16(5), 279–284.
- Hamblen, J. L., Norris, F. H., Pietruszkiewicz, S., Gibson, L. E., Naturale, A., & Louis, C. (2009). Cognitive behavioral therapy for postdisaster distress: A community based treatment program for survivors of Hurricane Katrina. *Administration and Policy in Mental Health and Mental Health Services Research*, 36(3), 206–214.
- Jones, K., Allen, M., Norris, F. H., & Miller, C. (2009). Piloting a new model of crisis counseling: Specialized crisis counseling services in Mississippi after Hurricane Katrina. *Administration and Policy in Mental Health and Mental Health Services Research*, 36, 195–205.
- Norris, F. H., Donahue, S. A., Felton, C. J., Watson, P. J., Hamblen, J. L., & Marshall, R. D. (2006). A psychometric analysis of Project Liberty's adult enhanced services referral tool. *Psychiatric Services*, 57(9), 1328–1334.
- Norris, F. H., Hamblen, J. L., Brown, L. M., & Schinka, J. A. (2008). Validation of the Short Post-Traumatic Stress Disorder Rating Interview (expanded version, Sprint-E) as a measure of postdisaster distress and treatment need. *American Journal of Disaster Medicine*, 3(4), 201–212.

## Relevant Research

- Brown, L. M., Framingham, J. L., Frahm, K. A., & Wolf, L. D. (2015). Crisis Counselors' Perceptions and Assessment of Suicidal Behavior Among Hurricane Survivors Receiving Crisis Counseling Services. *Disaster medicine and public health preparedness*, 9(3), 291-300.
- Hamblen, J. L., Norris, F. H., Symon, K. A., & Bow, T. E. (2017). Cognitive behavioral therapy for postdisaster distress: A promising transdiagnostic approach to treating disaster survivors. *Psychological trauma: theory, research, practice, and policy*, 9(S1), 130.

## Child/Youth Assessment and Referral Tool

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

#### Part 1

As with the other CCP forms, the first part may be filled out prior to the visit or selections can be made from the drop-down menus, including project number (FEMA disaster response number: DR-XXXX-state), provider name, provider number, employee number(s), date of service, county of service, 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 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. The paper version of the form can be found on the CCP Toolkit at

<https://www.samhsa.gov/sites/default/files/dtac/ccptoolkit/child-youth-assessment-referral-tool.pdf>.

For users of the mobile app, the Assessment and Referral tool forms are subforms linked to the Individual/Family Crisis Counseling Services Encounter Log. All of the demographic questions from Part 1 will be automatically filled into the uploaded assessment form after upload, reflecting the choices made on corresponding portions of the Individual/Family Crisis Counseling Services Encounter Log.

#### Part 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 the CCP Toolkit at

<https://www.samhsa.gov/sites/default/files/dtac/ccptoolkit/child-response-card.pdf>. 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 or youth, or his or her 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 or other caregiver. These questions are required for children of less than 1 year through age 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 or other 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 or youth.*** 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 or youth is in need of specific support or intervention. In the Referral section, check the type of referral made, if the person (child or youth) accepted the referral, and if the parent or other 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 or other 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 of less than 1 year to age 7, it is recommended that a parent or other 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 or other caregiver to assist in answering the questions.

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

### How are child and 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 referral acceptance 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 or youth. 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 or 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?

If a crisis counselor is completing the Assessment and Referral tool, there is no need to also complete the Individual/Family Encounter log. Much of the information is duplicative between the two forms, despite the forms being used for different purposes. If using the paper form, a separate assessment will be done for each applicable participant in an encounter. With the mobile app, the Individual/Family Encounter log demographic and encounter specific sections only need to be completed once, no matter how many assessments are completed.

### 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.

### Relevant Research

- Navarro, J., Pulido, R., Berger, C., Arteaga, M., Osofsky, H. J., Martinez, M., ... & Hansel, T. C. (2014). Children's disaster experiences and psychological symptoms: An international comparison between the Chilean earthquake and tsunami and Hurricane Katrina. *International Social Work*, 1, 14.

## Participant Feedback Survey

### What is the Participant Feedback Survey?

This 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 two sections include questions to gauge what kinds of services were received and whether those services were helpful. Also included in the survey are questions about how helpful the CCP was to the recipient and experiences the recipient had of or in relation to the disaster. Part 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 invites them to speak with a counselor if they would like to do so, or if they have concerns about their reactions to the disaster. A local phone number should be included on the form for this purpose. The next part of the survey asks 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. The form can be found on the CCP Toolkit at <https://www.samhsa.gov/sites/default/files/dtac/ccptoolkit/participant-feedback-form.pdf>.

### 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 their outreach. 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?

### Who should complete the survey?

The survey is given to a sample of people for whom individual or family crisis counseling services were provided (that is, not for people who received services documented only on a Weekly Tally Sheet or who participated in group counseling/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 months and 12 months after the disaster), and all people who receive individual or family contacts are asked to complete an anonymous survey. In larger programs, different areas can 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 people who receive individual or family contacts 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 the CCP Toolkit at <https://www.samhsa.gov/dtac/ccp-toolkit/ccp-data-forms-trainings>. The CCP should contact SAMHSA DTAC to ask that they generate a link to the survey, which can be used by data entry staff to enter forms that have been received.

Alternatively, the survey link generated by SAMHSA DTAC can be distributed to participants in qualifying encounters or used by crisis counselors on the mobile app to allow participants to complete the survey immediately after an encounter.

### What is the counselor's role?

Crisis counselors distribute the survey and other materials. 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.

### Are 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.

### Relevant Research

- Schaeffer, N.C., & Dykema, J. (2011). Questions for surveys: Current trends and future directions. *Public Opinion Quarterly*, 75(5), 909-961. doi:10.1093/poq/nfr048
- Tourangeau, R., Couper, M.P., & Conrad, F. (2004). Spacing, position, and order: Interpretive heuristics for visual features of survey questions. *Public Opinion Quarterly*, 68(3), 368-393. doi:10.1093/poq/nfh035
- Tourangeau, R., Couper, M.P., & Conrad, F. (2007). Color, labels, and interpretive heuristics for response scales. *Public Opinion Quarterly*, 71(1), 91-112. doi:10.1093/poq/nfl046

## 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 form has several parts. The first section asks staff to evaluate the usefulness of the CCP training they have completed. 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 next section includes questions about the experiences counselors have had completing CCP data collection forms on paper or in the mobile app. A subsequent section collects information on how much the crisis counselor has worked for the CCP, as well as demographic information. The form concludes with a place to add comments. The form can be found on the CCP Toolkit at <https://www.samhsa.gov/sites/default/files/dtac/ccptoolkit/service-provider-feedback-form.pdf>.

### 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 ink 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 email or other notice (for example, a 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 email or letter to all counselors and team leaders. Templates for form administration

are located on the CCP Toolkit at <https://www.samhsa.gov/dtac/ccp-toolkit/ccp-data-forms-trainings>.

### How are counselors protected?

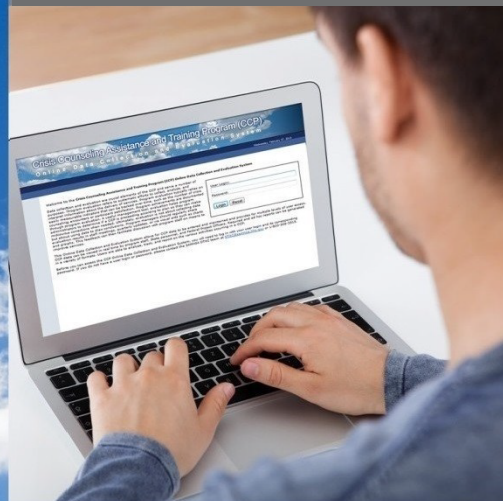
Some counselors could understandably be concerned that supervisors or program directors could figure out who they are even though the form is completed anonymously. However, SAMHSA DTAC takes several precautions to guarantee anonymity to all CCP counselors. For those completing the online form, no personal 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 15. 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.

### Relevant Research

- Bellamy, N., Wang, M., McGee, L., Liu, J. & Robinson, M. (accepted September 2017, pending publication) Crisis Counselor Perceptions of Job Training, Stress, and Satisfaction during Disaster Recovery. *Psychological Trauma: Theory, Research, Practice, and Policy*.
- Creamer, T.L., & Liddle, B.J. (2005). Secondary traumatic stress among disaster mental health workers responding to the September 11 attacks. *Journal of Traumatic Stress*, 18(1), 89-96. doi:10.1002/jts.20008
- Deighton, R.M., Gurrus, N., & Traue, H. (2007). Factors affecting burnout and compassion fatigue in psychotherapists treating torture survivors: Is the therapist's attitude to working through trauma relevant?, *Journal of Traumatic Stress*, 20(1), 63-75. doi:10.1002/jts.20180
- Devilly, G.J., Wright, R., & Varker, T. (2009). Vicarious trauma, secondary traumatic stress or simply burnout? Effect of trauma therapy on mental health professionals. *Australian and New Zealand Journal of Psychiatry*, 43, 373-385. doi:10.1080/00048670902721079
- Rossi, A., Cetrano, G., Pertile, R., Rabbi, L., Donisi, V., Grigoletti, L., Amaddeo, F. (2012). Burnout, compassion fatigue, and compassion satisfaction among staff in community-based mental health services. *Psychiatry Research*. Advance online publication. doi:10.1016/j.psychres.2012.07.029

# Online Data Collection and Evaluation System User Manual, Version 3.0

Section 4 of the Guide for  
Evaluating Your CCP



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)



**FEMA**

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## Introduction to ODCES

This section provides an overview of how to use the Crisis Counseling Assistance and Training Program (CCP) Online Data Collection and Evaluation System (ODCES) for administrative and data/evaluation program staff at the state<sup>1</sup> or local service provider level. The system allows CCP data to be entered and maintained. It also provides for multiple levels of user access based on assigned user roles. Users are better able to analyze, track, and report on the various activities occurring in a CCP grant. This section provides information on system access, user access levels, system organization, special features, disaster/CCP profile setup, data entry and maintenance, and report generation.

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

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

If you have any technical issues or questions, please contact the Substance Abuse and Mental Health Services Administration Disaster Technical Assistance Center (SAMHSA DTAC) at [DTAC@samhsa.hhs.gov](mailto:DTAC@samhsa.hhs.gov) or 1-800-308-3515 for support.

## User Accounts

The CCP ODCES is available at <https://www.ccpdata.org/CCP2Field/>. You will need a user login and password to access the system.

Once a state is approved for an Immediate Services Program (ISP) or Regular Services Program (RSP), the state level staff logins will be activated and provided by a staff member from SAMHSA DTAC.

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<sup>1</sup> In this document, we use the word “state” to refer to states, U.S. territories, and federally recognized tribes.

It is the responsibility of the state level staff to set up login accounts for other state, providers, and crisis counselors/outreach workers and to assign them to a disaster under the User Management panel. It is also the responsibility of state level staff to update provider and employee level accounts at the various stages of the CCP grant.

## User Access Levels

The system is set up to accommodate different types of users, each with a different role within the CCP evaluation process. Based on your access level, once logged in, you will only see the sections of the system that relate to you and your specific role and function. The chart below describes the types of users and their access levels.

STATE STAFF	Enter Data	Edit Data	Search Data	Approve/Reject	Report Tools
Data Forms	X	X	X	X	X
<b>Other Capabilities</b>	<b>Add</b>	<b>Edit</b>	<b>Delete</b>	<b>View</b>	
User Account Management	X	X	X	X	
Build App Resources Page	X	X	X	X	
Intake Form				X	
PROVIDER STAFF	Enter Data	Edit Data	Search Data	Approve/Reject	Report Tools
Data Forms	X	X	X	X	X
<b>Other Capabilities</b>	<b>Add</b>	<b>Edit</b>	<b>Delete</b>	<b>View</b>	
User Account Management					
Build App Resources Page					
Intake Form				X	

## System Organization

Two of the major components of this system are review/approval functions and data reporting. Forms submitted through the CCP Data Collection Mobile Application or the paper-based data collection must go through review and approval in the Administration section of the system. Approved data entries are stored in a back-end database, which means that the various system users can immediately access these data for such things as searching, quality control, and reporting. The reports facilitate an accurate and user-friendly view of the data in real time and allow users to gauge the progress of their program. The real-time, dynamic nature of this system will enhance the way that grants are implemented and managed.



**Home****Administration****Data Forms**

- Individual/Family Crisis Counseling Services Encounter Log
- Group Encounter Log
- Weekly Tally Sheet
- Adult Assessment & Referral Tool
- Child/Youth Assessment & Referral Tool

**Feedback Forms**

- Participant Feedback Survey
- Service Provider Feedback Form

**Tools**

- Resources
- Reports

**Home**—Provides a record of disasters and providers with which your user account is associated.

**Administration**—Allows for the setup and editing of user accounts, review and approval of submitted mobile and paper forms, and the ability to share resources with CCP staff.

**Data Forms**—Allows for entry of information from paper versions of required CCP data collection forms.

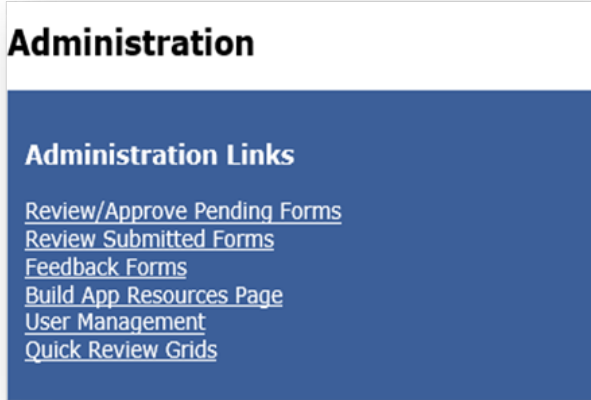
**Feedback Forms**—Provides access to submitted feedback forms in the system.

**Tools**—Provides electronic data collection forms, system-based resources, and generated reports.

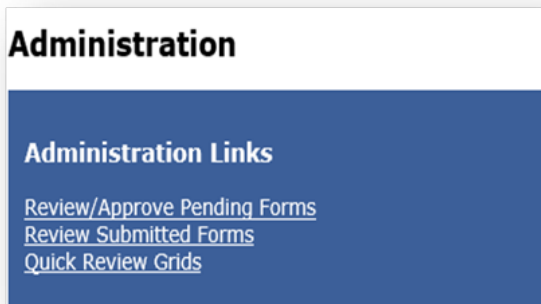
*Note: Specific system features and data presented are limited by the level of user access.*

## Administration Panel

The Administration section of ODCES allows for review and approval of mobile or paper forms. Additional features are granted to state-level staff.



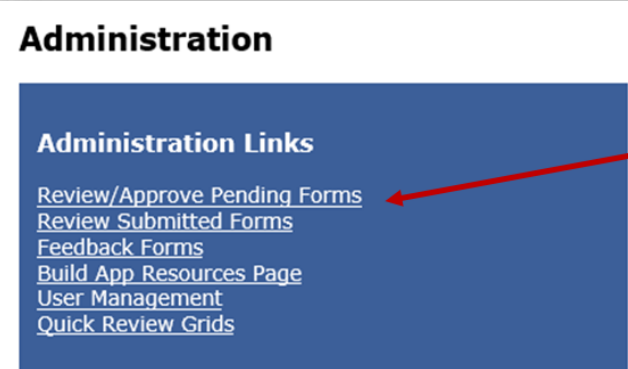
***State-Level View***



***Provider-Level View***

## Review/Approve Pending Forms

Both methods of data entry (paper and CCP mobile app) require that the forms be reviewed for completeness and accuracy and then approved by a Team Leader. Once entered into the system forms will reside in a “Pending” queue. The forms available for quality control review are listed in numerical order. To review and approve forms, please follow the instructions below.



**Administration**

**Administration Links**

- [Review/Approve Pending Forms](#)
- [Review Submitted Forms](#)
- [Feedback Forms](#)
- [Build App Resources Page](#)
- [User Management](#)
- [Quick Review Grids](#)

**Step 1: Click on “Review/Approve Pending Forms.”**

Step 2: Select the form you would like to review.

- [Individual/Family Crisis Counseling Services Encounter Log submissions](#)
- [Group Encounter Log submissions](#)
- [Weekly Tally Sheet submissions](#)

Step 3: Narrow your search to the specific qualifications of your program’s data forms, and then select “Search Collection.”

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

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

**Project #:** -- Select --

**Record #:**

**Employee #:**

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

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

**Zip Code of Service:**

**Status:** All

**Source:**

☒ All
 ☐ Mobile
 ☐ Paper

**Note:** This option allows you to search by the status of the form: pending, approved, or rejected.

Search Collection
Reset Search

**Note:** This option allows you to search by source of data submission, either via the mobile app or through the entry of paper forms using ODCES.

Step 4: To review and approve a pending record, click on the record number of the form.

**Pending Records**

4 Matching Records. [Export this list to Excel](#)

<input type="checkbox"/> All	Record #	Source	Type	Disaster Number	Provider	County
<input type="checkbox"/>	<a href="#">679742</a>	Mobile	ISP	<a href="#">MO-4317</a>	FCC Behavioral Health	073 - Gasconade
<input type="checkbox"/>	<a href="#">679376</a>	Mobile	ISP	<a href="#">MO-4317</a>	Compass Health	065 - Dent
<input type="checkbox"/>	<a href="#">679331</a>	Mobile	ISP	<a href="#">MO-4317</a>	Compass Health	071 - Franklin
<input type="checkbox"/>	<a href="#">678818</a>	Mobile	ISP	<a href="#">MO-4317</a>	COMTREA	099 - Jefferson

Step 5: Scroll down and review the form. If you see the need for any edits, please reach out to the crisis counselor first to confirm the change needed.

- In addition to reviewing the Individual/Family Encounter Log form, be sure to review the linked Assessment and Referral Tool(s) located at the bottom of the page.

**Individual/Family Crisis Counseling Services Encounter Log**

\* = Required.

Record # 679742  
 Status Pending  
 UUID 9f13a424-3a1f-4189-a8d8-a796af3f24f1  
 Created On 08/29/2017 12:45:12  
 Created By MO Test  
 Mobile Uploaded On 08/29/2017 12:45:29  
 Updated On 08/29/2017 12:49:47  
 Updated By

\* Project   
 \* Provider   
 \* 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 = 1 OR Family or Household = 2 or more)   
☐ 1 ☒ 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

**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

Other (specify in box)

☐ NO REFERRAL PROVIDED

**ADULT ASSESSMENT & REFERRAL TOOL**

0 Adult Assessment records found

**CHILD/YOUTH ASSESSMENT & REFERRAL TOOL**

1 Child/Youth Assessment records found

Record #	Type	Disaster Number	Provider	County
<a href="#">204</a>	ISP	MO-4317	FCC Behavioral Health	073 - Gasconade

Step 6: Choose whether to approve or reject the form.

### How to decide:

- Approve any forms that meet your program's standard (see appendices). All forms need to be marked as approved before they are integrated into the reporting section of this system. **Once approved, forms cannot be edited.**
- If you need to make an edit and are awaiting clarification from the provider, then you should reject the form. You can make additional edits later by locating the record under the "Reject" section. You can also add a comment for later reference on why the form was rejected.

**Note:** Users cannot delete a form from the system. In an effort to reduce errors, deleting data is a feature reserved for SAMHSA DTAC staff. Please contact SAMHSA DTAC with the **Record #** of the form(s) when requesting a deletion.

**Individual/Family Crisis Counseling Services Encounter Log**

\* = Required.

<b>Log ID</b>	263165
<b>Status</b>	Pending
<b>UUID</b>	09357e7a-fe78-4ab3-8aec-22542307a31f
<b>Created On</b>	09/18/2015 11:58:22
<b>Created By</b>	John Lennon
<b>Updated On</b>	09/24/2015 13:24:27
<b>Updated By</b>	

## Approved

**Individual/Family Crisis Counseling Services Encounter Log**

The record has been approved.

[Back to Search Results](#)

\* = Required.

<b>Log ID</b>	263165
<b>Status</b>	Approved
<b>UUID</b>	09357e7a-fe78-4ab3-8aec-22542307a31f
<b>Created On</b>	09/18/2015 11:58:22
<b>Created By</b>	John Lennon

## Rejected

Services Encounter Log

[Back to Search Results](#)

037  
ling

4/2016 16:52:36  
Texas

4/2016 16:52:36  
Texas

4223 - ISP

X2015 - Hill Cour

2016

- Blanco

if

52

VISIT TYPE (pl

dividual = 1 OR Fa

☐ 3

it ☐ Third visit ☐

44 minutes ☐ 45 - 59 minutes ☐ 60 minutes or more

Rejection Comment

Cancel Submit

**Individual/Family Crisis Counseling Services Encounter Log**

The record has been rejected.

[Modify](#) [Back to Search Results](#)

\* = Required.

<b>Record #</b>	500037
<b>Status</b>	Rejected
<b>UUID</b>	
<b>Created On</b>	01/04/2016 16:52:36

## How to Find Employee IDs

**Subject: SAMHSA/FEMA CCP New User Notification**

Dear CCP Staff Member,

Welcome to the Crisis Counseling Assistance and Training Program (CCP) Mobile Data Collection App. Your CCP Mobile User Account has been created. Your login information is below:

Name: John Lennon – 707

Login ID: [jlennon@yahoo.com](mailto:jlennon@yahoo.com)

Password: Test123!

Disaster Number: CO-4895-ISP

Provider and state staff will need the employee number to search for and identify specific forms entered by the crisis counselors in the system.

Employee IDs are system-generated for new mobile users. The numeric code that is a part of the ID is located in the **New User Notification** email (see above) sent to new mobile app users once their account is created in ODCES. The number can also be found in the mobile app when a new form is started.

The makeup of the employee ID is the user's initials, numeric system ID code, and state initials.

For example, John Lennon + 707 + Colorado = JL707CO.

**\*\*For State-Level Users Only\*\***

## User Management Panel

This section allows you to add, edit, delete, and search for users within the system.

Step 1: To add a new user to the system, click the “Add a new user to the system here” link.

**USER MANAGEMENT**

[Add a new user to the system here.](#)

**Search For and Edit Existing Users**

ID:  User Type:  Active:  State:  Firstname:  Lastname:  Email (Login):

There are 6 user(s) found.

ID	User Type	State	Active	Firstname	Lastname	Email	
760	Employee	NJ	Yes	John	Lennon	NJemployee2@esi-dc.com	<a href="#">Edit</a> <a href="#">Set Password</a>
747	Employee	NJ	Yes	Marian	Jones	mjones@fema.gov	<a href="#">Edit</a> <a href="#">Set Password</a>

Step 2: Complete the user information form.

**Note:** Check this box to indicate that the user will have access to the mobile app.

**USER INFORMATION**

Active ☒

User Type

Email (Login)

Firstname

Lastname

State

Mobile User ☐

Mobile Project

Provider

**Note:** When the grant moves to a different stage of the CCP (i.e., Immediate Services Program extension or Regular Services Program), you must reassign ALL mobile app users to the appropriate grant type under the **Mobile Project** drop-down menu (see above).



Step 3: Set a user password that fits the necessary requirements. The user will receive his or her password information in an email. Those granted access to the mobile app will also receive a link to the system.

**SET PASSWORD**

Password requirement:

- Passwords should be a minimum of 8 characters
- Must include 1 uppercase
- Must include 1 lowercase
- Must include 1 number
- Must include 1 symbol
- Passwords should not be in any online dictionary
- Passwords should not be the same as the user's name or login ID

Password

Confirm Password

Step 4: To edit a user's information or password, locate the user using the search menu at the top of the panel. Then click on the "Edit" or "Set Password" link in the user's row.

*Note: When searching for a user, you must select the correct User Type.*

**Search For and Edit Existing Users**

ID:  User Type:  Active: ☐ Yes ☒ No State:  Firstname:  Lastname:  Email (Login):

There are 5 user(s) found.

ID	User Type	State	Active	Firstname	Lastname	Email	
760	Employee	NJ	Yes	John	Lennon	NJemployee2@esi-dc.com	<a href="#">Edit</a> <a href="#">Set Password</a>

## Build App Resources Page

This section allows you to add, edit, and delete project-specific messages and resources for your CCP team. You can add a new announcement, a new resource, and/or a new attachment.

**Note:** The Resources section in the mobile app system is not automatically updated, so updates may be delayed. Mobile users must sync their systems in order to receive the most updated information.

### Add a Resource

Step 1: Choose the appropriate program at the top.

### Build App Resources Page

Please add, edit, and delete Project Specific announcements and resources for your CCP Outreach Workers to access via the mobile app. These resources will only be available to app users within the project (s) specified below.

Select Project(s) you would like to access these messages and resources.

NJ

☒ NJ Recovery Project - NJ-4086 ISP  
☒ NJ Project Hope - NJ-4086 RSP

#### Announcements

[Add New](#)

Edit | Delete

Attention: All counselors report to headquarters at 1300

Edit | Delete

Thanks,  
Your State Coordinator

Edit | Delete

Good morning team. Don't forget the buddy system!

#### Resources

[Add New](#)

Edit | Delete

**National Disaster Helpline**  
[1-888-Cal-FEMA](tel:1-888-Cal-FEMA)

Edit | Delete

**FEMA**  
<http://www.fema.gov>

#### Attachments

[Add New](#)

Edit | Delete

**Progress Report**  
[DOWNLOAD PDF \(270.64 KB\)](#)

Step 2: Select the “Add New” link for the type of resource you would like to add.

**Build App Resources Page**

Please add, edit, and delete Project Specific announcements and resources for your CCP Outreach Workers to access via the mobile app. These resources will only be available to app users within the project (s) specified below.

Select Project(s) you would like to access these messages and resources.

- ☒ NJ Recovery Project - NJ-4086 ISP
- ☒ NJ Project Hope - NJ-4086 RSP

**Announcements** [Add New](#)

Attention: All counselors report to headquarters at 1300

[Edit](#) | [Delete](#)      Thanks,  
Your State Coordinator

[Edit](#) | [Delete](#)      Good morning team. Don't forget the buddy system!

**New Announcement:** Draft your program announcement in the space provided. Once complete, click the “Create” button.

**Build App Resources Page**

Add a Message:

Rich text editor toolbar with options for Bold, Italic, Underline, Text Color, Background Color, Bulleted List, Numbered List, Indent, Outdent, Link, Unlink, and Font/Size dropdowns.

[Create](#)      [Go to Resource List](#)

**New Resource:** Choose the resource type from the drop-down menu (either phone number or web link). Then provide a title for the resource and the resource’s phone number or web address. Once complete, click the “Create” button.



**Build App Resources Page**

**Project Resources**

Resource Type (select one):  
Phone Number ✓

Resource Title:

Resource Phone Number:

**New Attachment:** Provide the resource title, and then select “Browse” to search your computer for the resource. Once complete, click the “Create” button.



**Build App Resources Page**

**Attachments**

Title of Attachment:

File Attachment:

## Edit an Announcement, Project Resource, or Attachment

Step 1: Click on the “Edit” button next to the item you would like to update.

### Build App Resources Page

Please add, edit, and delete Project Specific announcements and resources for your CCP Outreach Workers to access via the mobile app. These resources will only be available to app users within the project (s) specified below.

Select Project(s) you would like to access these messages and resources.

☒ NJ Recovery Project - NJ-4086 ISP

☒ NJ Project Hope - NJ-4086 RSP

#### Announcements [Add New](#)

[Edit](#) | [Delete](#)

Attention: All counselors report to headquarters at 1300

Thanks,

Your State Coordinator

[Edit](#) | [Delete](#)

Good morning team. Don't forget the buddy system!

Step 2: You will return to the resource's original page where you can make any edits needed.

### Build App Resources Page

**User ID** 12

**Created On** 08/24/2015 07:47:29

**Created By** Paul McCartney

**Updated On** 09/28/2015 15:04:57

**Updated By**

Add a Message:

Good morning team. Don't forget the buddy system!

## Delete an Announcement, Project Resource, or Attachment

To delete an item, click on the “Delete” button next to it.

### Build App Resources Page

Please add, edit, and delete Project Specific announcements and resources for your CCP Outreach Workers to access via the mobile app. These resources will only be available to app users within the project (s) specified below.

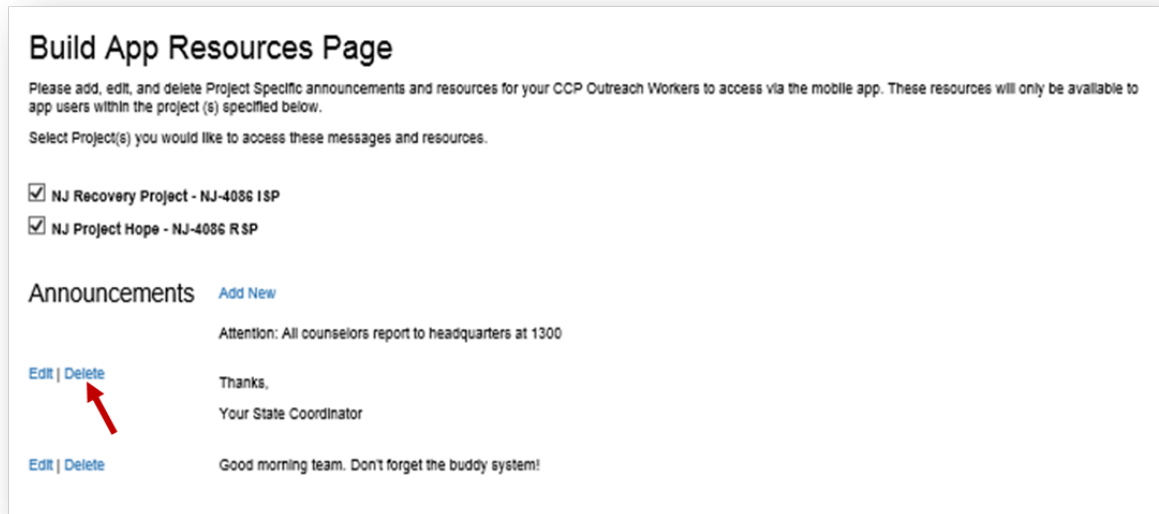
Select Project(s) you would like to access these messages and resources.

☒ NJ Recovery Project - NJ-4086 ISP

☒ NJ Project Hope - NJ-4086 RSP

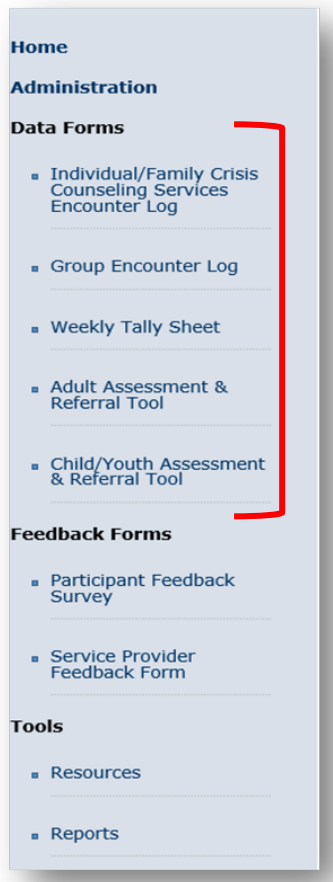
#### Announcements [Add New](#)

<a href="#">Edit</a>   <a href="#">Delete</a>	Attention: All counselors report to headquarters at 1300
	Thanks,
	Your State Coordinator
<a href="#">Edit</a>   <a href="#">Delete</a>	Good morning team. Don't forget the buddy system!



## Data Forms

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



### Entering Data

State-level or provider data entry staff may enter form data by simply selecting a form from the left-hand navigation bar and then entering the data for that particular form. The initial base information at the top of the page correlates directly to the paper data collection form and typically includes the minimal required information, such as Project Number, Provider Name, Date of Service, and County of Service.

Once entered, this base information will be auto-populated into each new instance of this form that you create during this particular data-entry session. You can change the base information at any point when you need to do so.

The data fields for each form are identical to the fields on the paper data collection forms.

However, if you have difficulty with your data entry and would like to restart a form, you can clear the data already entered and start over simply by clicking on the Reset Form button on the bottom of the form page. **DO NOT** use this method to delete a record.

Users cannot delete a form from the system. In an effort to reduce errors, deleting data is a feature reserved for SAMHSA DTAC staff. Please contact SAMHSA DTAC with the *Record #* of the form(s) when requesting a deletion.

**Note:** Data forms entered through the online system must still be approved under the Administration panel before they are integrated into the reporting section. Once approved, forms cannot be edited.

### Generating Reports

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

- Federal users will be able to access reports across states and across disasters.
- State-level users will only be able to access reports related to their particular state.
- Provider-level users will only be able to access reports related to their own provider-level data.



## Federal and State Level View

CCP Evaluation Online Database Report		
Individual/Family Crisis Counseling Services Encounter Log	<a href="#">Custom Report</a>	<a href="#">Weekly Trends Report</a>
Group Encounter Log	<a href="#">Custom Report</a>	<a href="#">Weekly Trends Report</a>
Weekly Tally Sheet	<a href="#">Custom Report</a>	<a href="#">Weekly Trends Report</a>
Adult Assessment & Referral Tool	<a href="#">Custom Report</a>	<a href="#">Weekly Trends Report</a>
Child/Youth Assessment & Referral Tool	<a href="#">Custom Report</a>	<a href="#">Weekly Trends Report</a>
Participant Feedback Survey	<a href="#">Custom Report</a>	<a href="#">Weekly Trends Report</a>
Service Provider Feedback Form	<a href="#">Custom Report</a>	<a href="#">Weekly Trends Report</a>
Standard Progress Report		
<a href="#">State CCP Progress Report</a>		
<a href="#">Progress Report for Individual Crisis Counseling Services Encounter Log</a>		
<a href="#">Progress Report for Group Encounter Log - Counseling</a>		
<a href="#">Progress Report for Group Encounter Log - Public Education</a>		
<a href="#">Progress Report for Weekly Tally Sheet</a>		
<a href="#">Adult Assessment &amp; Referral Tool</a>		
<a href="#">Child/Youth Assessment &amp; Referral Tool</a>		
<a href="#">Participant Feedback Survey</a>		
<a href="#">Service Provider Feedback Survey</a>		
CCP Evaluation Online Database Download		
Individual/Family Crisis Counseling Services Encounter Log	<a href="#">Download CSV</a>	<a href="#">Download SPSS</a>
Group Encounter Log	<a href="#">Download CSV</a>	<a href="#">Download SPSS</a>
Weekly Tally Sheet	<a href="#">Download CSV</a>	<a href="#">Download SPSS</a>
Adult Assessment & Referral Tool	<a href="#">Download CSV</a>	<a href="#">Download SPSS</a>
Child/Youth Assessment & Referral Tool	<a href="#">Download CSV</a>	<a href="#">Download SPSS</a>
Participant Feedback Survey	<a href="#">Download CSV</a>	<a href="#">Download SPSS</a>
Service Provider Feedback Form	<a href="#">Download CSV</a>	<a href="#">Download SPSS</a>
SAMHSA Crisis Counselor Course Completion Survey	<a href="#">Download CSV</a>	<a href="#">Download SPSS</a>

**Note:** Only these users have access to the standard progress reports which shows data collected on all variables in the forms.

If a provider would like to view this information, then they should contact their state for the report.

## Provider Level View

CCP Evaluation Online Database Report		
Individual/Family Crisis Counseling Services Encounter Log	<a href="#">Custom Report</a>	<a href="#">Weekly Trends Report</a>
Group Encounter Log	<a href="#">Custom Report</a>	<a href="#">Weekly Trends Report</a>
Weekly Tally Sheet	<a href="#">Custom Report</a>	<a href="#">Weekly Trends Report</a>
Adult Assessment & Referral Tool	<a href="#">Custom Report</a>	<a href="#">Weekly Trends Report</a>
Child/Youth Assessment & Referral Tool	<a href="#">Custom Report</a>	<a href="#">Weekly Trends Report</a>
Participant Feedback Survey	<a href="#">Custom Report</a>	<a href="#">Weekly Trends Report</a>
Service Provider Feedback Form	<a href="#">Custom Report</a>	<a href="#">Weekly Trends Report</a>
CCP Evaluation Online Database Download		
Individual/Family Crisis Counseling Services Encounter Log	<a href="#">Download CSV</a>	<a href="#">Download SPSS</a>
Group Encounter Log	<a href="#">Download CSV</a>	<a href="#">Download SPSS</a>
Weekly Tally Sheet	<a href="#">Download CSV</a>	<a href="#">Download SPSS</a>
Adult Assessment & Referral Tool	<a href="#">Download CSV</a>	<a href="#">Download SPSS</a>
Child/Youth Assessment & Referral Tool	<a href="#">Download CSV</a>	<a href="#">Download SPSS</a>

The type of system generated reports ranges from weekly data snapshots (weekly trends), customized reporting features (custom reports), or standard reporting features (standard reports). Users can run reports to appear on screen, or generate and download them as Adobe PDF files, Microsoft Word documents, or CSV files to use with Microsoft Excel or other spreadsheet or database applications.

### Custom Reports

Custom reporting allows users to choose their own column and row variables, as well as how they would like the report to be grouped. To generate a custom report, users select the project type, project/disaster number, provider, county, and the data range for services rendered that they wish to be reflected in the report. Users will then have an option of choosing row and column variables. These will include options such as Service Location, Risk Categories, Visit Number, Age, and Visit Type, and other categories based on the type of report that the user is running.

**Custom Report - Individual/Family Crisis Counseling Services Encounter Report**

Please enter criteria:

Project Type	<input checked="" type="radio"/> ISP <input type="radio"/> RSP <input type="radio"/> Both
Project	All <input type="button" value="v"/>
Provider	All Provider <input type="button" value="v"/>
County	All County <input type="button" value="v"/>
Start Date (mm/dd/yyyy)	<input type="text"/>
End Date (mm/dd/yyyy)	<input type="text"/>
Row Variable	Visit Type <input type="button" value="v"/>
Column Variable	Visit Number <input type="button" value="v"/>
<input checked="" type="checkbox"/> Show Chart <a href="#">Download DOC</a>	

A report will be generated based on the selections that users made, and it will include a data table as well as a graph of the data. You can run reports to appear on screen, or generate and download them as Word documents.

	Visit Number						
Visit Type	N/A	First visit	Second visit	Third visit	Fourth visit	Fifth visit or later	Column Total
individual	44(86.3%)	1888(92.1%)	60(85.7%)	21(84.0%)	14(87.5%)	24(100.0%)	2051(91.0%)
family or household (2 individuals)	5(9.8%)	89(4.3%)	6(8.6%)	4(16.0%)	2(12.5%)	0(0.0%)	106(4.0%)
family or household (3 individuals)	2(3.9%)	47(2.3%)	4(5.7%)	0(0.0%)	0(0.0%)	0(0.0%)	53(2.0%)
family or household (4 individuals)	0(0.0%)	19(0.9%)	0(0.0%)	0(0.0%)	0(0.0%)	0(0.0%)	19(0.0%)
family or household (5 individuals)	0(0.0%)	6(0.3%)	0(0.0%)	0(0.0%)	0(0.0%)	0(0.0%)	6(0.0%)
family or household (6 or more individuals)	0(0.0%)	2(0.1%)	0(0.0%)	0(0.0%)	0(0.0%)	0(0.0%)	2(0.0%)
Row Total	51(2.0%)	2051(91.0%)	70(3.0%)	25(1.0%)	16(0.0%)	24(1.0%)	2237(100%)

## Weekly Trends

The weekly trend reporting feature allows users to generate standard weekly trend reports for Individual/Family Crisis Counseling Services, Group Services, and Weekly Tally Services. To generate a weekly trends report, users choose the type of report they wish to generate from the standard reporting options and select the project type, project type, project/disaster number, provider, county, and the data range for services rendered that they wish to be reflected in the report. A report will be generated based on the selections that users made, and it will include a data table as well as a graph of the data.

*List of system generated weekly trends reports for Individual/Family Encounter Crisis Counseling Log.*

### Standard Report - Individual Crisis Counseling Services Encounter Log

- [Individual Crisis Counseling Services - Weekly Trends Report](#)
- [Individual Crisis Counseling Services 1st Visit - Weekly Trends Report](#)
- [Individual Crisis Counseling Services Referral - Weekly Trends Report\(All Visit Number\)](#)
- [Individual Crisis Counseling Services LOCATION OF SERVICE - Weekly Trends Report](#)

*Search function*

### Individual Crisis Counseling Services 1st Visit - Weekly Trends Report

Please enter criteria:	
Project Type	<input checked="" type="radio"/> ISP <input type="radio"/> RSP <input type="radio"/> Both ISP and RSP
Project	MO-4317 ▼
Provider	All Provider ▼
County	All County ▼
Start Date (mm/dd/yyyy)	6/1/2017
End Date (mm/dd/yyyy)	10/23/2017
<input checked="" type="checkbox"/> Show Chart	<a href="#">Download DOC</a> <a href="#">Download CSV</a>

Show Report

Back to Menu

*Results of 1st visits conducted each week*

### Individual Crisis Counseling Services 1st Visit - Weekly Trends Report

Project Type: ISP  
 Project: MO-4317  
 Provider: All Provider  
 County: All County  
 Date: 6/1/2017 to 10/23/2017

Week Start	# of Service (%)
06/11/2017	11 ( 1.6 %)
06/18/2017	17 ( 2.5 %)
07/02/2017	1 ( 0.1 %)
07/09/2017	11 ( 1.6 %)
07/16/2017	25 ( 3.7 %)
07/23/2017	95 (13.9 %)
07/30/2017	76 (11.1 %)
08/06/2017	96 (14.1 %)
08/13/2017	58 ( 8.5 %)
08/20/2017	50 ( 7.3 %)
08/27/2017	37 ( 5.4 %)
09/03/2017	46 ( 6.7 %)
09/10/2017	28 ( 4.1 %)
09/17/2017	33 ( 4.8 %)
09/24/2017	34 ( 5.0 %)
10/01/2017	49 ( 7.2 %)
10/08/2017	15 ( 2.2 %)
<b>Total</b>	<b>682</b>

### Standard Progress Report

The Standard Progress reporting gesture allows users to generate progress reports for all primary disaster outreach services (Individual/Family Crisis Counseling Services, Group Services, and Weekly Tally Services). Users can generate a standard progress report by choosing the type of report they wish to generate from the listed options and entering criteria specified by users.

#### Standard Progress Report

[State CCP Progress Report](#)

[Progress Report for Individual Crisis Counseling Services Encounter Log](#)

[Progress Report for Group Encounter Log - Counseling](#)

[Progress Report for Group Encounter Log - Public Education](#)

[Progress Report for Weekly Tally Sheet](#)

The State CCP Progress Report allows state and federal-level users to generate a report for primary disaster outreach services for a particular state or disaster. To generate a State CCP Progress Report, users select the disaster type, state, county, provider, and date range for services rendered that they wish to be reflected in the report. A report will be generated based on the selections that users made, and it will include a data table as well as a chart of the data.

### Standard Progress Report

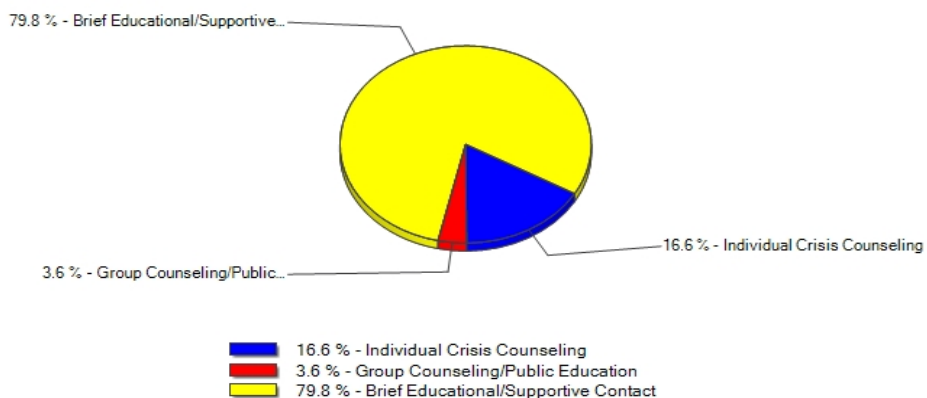
Please enter criteria:	
Disaster Type	<input type="checkbox"/> Select All 4042 (ISP) AK-4122 (RSP) CO-4134 (ISP) CO-4134 (RSP) CO-4145 (ISP) CO-4145 (ISP Extension) CO-4145 (RSP) DR-4241-SC (RSP) FL-4283 (ISP) FL-4283 (RSP)
Start Date (mm/dd/yyyy)	<input type="text"/>
End Date (mm/dd/yyyy)	<input type="text"/>
State	All ▼
County	All ▼
Provider	All ▼
<a href="#">Download PDF</a> <a href="#">Download DOC</a> <a href="#">Download CSV</a>	

[Show Report](#)
[Back to Menu](#)

#### Disaster Outreach Services: Primary Services

Primary Service	Population Served	Percentage
Individual Crisis Counseling	1042	16.6 %
Group Counseling/Public Education	228	3.6 %
Brief Educational/Supportive Contact	5017	79.8 %

Disaster Outreach Services: Primary Services



To generate a progress report for Individual/Family Crisis Counseling Services, Group Services, and Weekly Tally Services, users select the project number, disaster type, state/territory, county, provider, and data range for services rendered that they wish to be reflected in the report. A report will be generated based on the selections that users made, and it will display information such as the total count of ISP and RSP services, location of service, referral type, number of participants, focus of the encounter, and type of contacts.

**Progress Report - [Individual Crisis Counseling Services Encounter Log]**

Please enter criteria:

☐ Select All

**Disaster Type**

- AK-4122 (RSP)
- CO-4134 (ISP)
- CO-4134 (RSP)
- CO-4145 (ISP)
- CO-4145 (ISP Extension)
- CO-4145 (RSP)
- IL-4157 (ISP)
- IL-4157 (ISP Extension)
- NJ-4086 (ISP)
- NJ-4086 (RSP)

**Service Date** 6/6/2013 TO 6/6/2014

**State/Territory** CO - Colorado

**County** All

**Provider** All

☐ Show Chart ☒ Download DQC ☐ Download CSV

Database download options are available for all data forms. Users can download each of these data in a CSV file for use with Excel or other spreadsheet or database applications. Users can also download a text file with data that they can easily incorporate into the SPSS application by choosing “Download SPSS”.

Once the data are downloaded, users can refer to the CCP ODCES Codebook and the Guide to Data Analysis for Excel and SPSS users, all of which are described in more detail in this manual.

#### CCP Evaluation Online Database Download

Individual/Family Crisis Counseling Services Encounter Log	<a href="#">Download CSV</a>	<a href="#">Download SPSS</a>
Group Encounter Log	<a href="#">Download CSV</a>	<a href="#">Download SPSS</a>
Weekly Tally Sheet	<a href="#">Download CSV</a>	<a href="#">Download SPSS</a>
Adult Assessment & Referral Tool	<a href="#">Download CSV</a>	<a href="#">Download SPSS</a>
Child/Youth Assessment & Referral Tool	<a href="#">Download CSV</a>	<a href="#">Download SPSS</a>
Participant Feedback Survey	<a href="#">Download CSV</a>	<a href="#">Download SPSS</a>
Service Provider Feedback Form	<a href="#">Download CSV</a>	<a href="#">Download SPSS</a>



## Appendix A

### Provider Programmatic Data Quality Checklist

#### Mobile Form Submissions

##### *Individual/Family Encounters*

- ☐ Does the date of service match the schedule of the crisis counselor?
- ☐ Do county/parish and ZIP code match the schedule of the crisis counselor?
- ☐ Is a second employee identified?
- ☐ If children are listed under demographic information, then the selection of temporary or permanent home under Location should also indicate that children < age 18 live in this home.

##### *Group Encounter*

- ☐ Does the date of service match the schedule of the crisis counselor?
- ☐ Do county/parish and ZIP code match the schedule of the crisis counselor?
- ☐ Is the type of service indicated appropriate for the event held?

##### *Weekly Tally Sheet*

- ☐ Does county/parish match the schedule of the crisis counselor?
- ☐ Are the numbers provided appropriate for the crisis counselor?

##### *Assessment and Referral Tool(s)*

- ☐ Does the date of service match the schedule of the crisis counselor?
- ☐ Do county/parish and ZIP code match the schedule of the crisis counselor?
- ☐ Does the age and gender of the participant match those on the linked Individual/Family Encounter Log?

#### Paper Form Submission

##### *Individual/Family Encounters*

- ☐ Does the date of service match the schedule of the crisis counselor?
- ☐ Do county/parish and ZIP code match the schedule of the crisis counselor?
- ☐ Is the first employee ID valid?
- ☐ Is a second employee identified?
- ☐ Is the number of participants in the encounter identified?
- ☐ Does the number of males/females match the number of participants?
- ☐ Is the location of service identified?
- ☐ If children are listed under demographic information, then the selection of temporary or permanent home under Location should also indicate children < age 18 live in this home.

- ☐ If “coping well” is selected, are event reaction(s) also identified? *Note: Crisis counselors cannot indicate both.*
- ☐ Does the number of participants experiencing event reactions match the number of participants in the encounter?
- ☐ If event reactions were identified, were materials or referrals provided?

### ***Group Encounter***

- ☐ Does the date of service match the schedule of the crisis counselor?
- ☐ Do county/parish and ZIP code match the schedule of the crisis counselor?
- ☐ Is the employee ID valid?
- ☐ Is the type of service identified?
- ☐ Is the type of service correct for the event held?
- ☐ Is the location of service identified?
- ☐ Is the number of participants identified?
- ☐ Is the composition of the group identified?

### ***Weekly Tally Sheet***

Does the county/parish match the schedule of the crisis counselor?

- ☐ Is the week beginning date provided?
- ☐ Is the employee ID valid?
- ☐ Are the numbers provided appropriate for the crisis counselor?

### ***Assessment and Referral Tools***

- ☐ Is the provider name identified?
- ☐ Is the date of service identified?
- ☐ Are the county and ZIP code identified?
- ☐ Is the first employee ID provided?
- ☐ Is the second employee identified?
- ☐ Is the location of service identified?
- ☐ If children are listed under demographic information, then the selection of temporary or permanent home under Location should also indicate children < age 18 live in this home.
- ☐ Do the referrals given to the survivor match with the assessment findings?

## Appendix B

### State Data Entry Quality Checklist

#### Paper Form Submission

##### *Individual/Family Encounter*

- ☐ Is the provider name identified?
- ☐ Is the date of service identified?
- ☐ Are the county and ZIP code identified?
- ☐ Is the first employee ID provided?
- ☐ Is the number of participants in the encounter identified?
- ☐ Does the number of males/females match the number of participants?
- ☐ Is the location of service identified?
- ☐ If children are listed under demographic information, then the selection of temporary or permanent home under Location should also indicate children < age 18 live in this home.
- ☐ If “coping well” is selected, are event reaction(s) also identified? *Note: Crisis counselors cannot indicate both.*
- ☐ Does the number of participants experiencing event reactions match the number of participants identified?

##### *Group Encounter*

- ☐ Is the provider name identified?
- ☐ Is the date of service identified?
- ☐ Are the county and ZIP code identified?
- ☐ Is the first employee ID provided?
- ☐ Is the type of service identified?
- ☐ Is the location of service identified?
- ☐ Is the number of participants identified?
- ☐ Is the composition of the group identified?

##### *Weekly Tally Sheet*

- ☐ Is the provider name identified?
- ☐ Is the date of service identified?
- ☐ Is the week beginning date provided?
- ☐ Is the employee ID provided?

##### *Assessment and Referral Tools*

- ☐ Is the provider name identified?
- ☐ Is the date of service identified?
- ☐ Are the county and ZIP code identified?

- ☐ Is the first employee ID provided? Second employee?
- ☐ Is the location of service identified?
- ☐ If children are listed under demographic information, then the selection of temporary or permanent home under Location should also indicate children < age 18 live in this home.
- ☐ Do the referrals given to the survivor match with the assessment findings?