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

"A piece of the accountability and program performance puzzle"

FEMA's Crisis Counseling Assistance and Training Program (CCP)

Data and Evaluation Updates

FEMA and SAMHSA/CMHS Partnership

- **In accordance with section 416, Robert T. Stafford Disaster Relief and Emergency Assistance Act (Pub. L. 93-288, as amended).**
- **The CCP, funded by the Federal Emergency Management Agency (FEMA), is administered through an interagency agreement with SAMHSA's Center for Mental Health Services (CMHS).**

Who am I?

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  Public Health Analyst/Advisor with HHS
  - **Substance Abuse and Mental Health Services Administration (SAMHSA) in the Center for Mental Health Services (CMHS)**
    - http://www.samhsa.gov
- Work as a Project Officer with SAMHSA/CMHS's CCP Team in collaboration with FEMA's assigned Headquarters and Regional IA staff for the grant program
  - Serve as lead on CCP data and evaluation activities
- Also the Primary Project Officer for SAMHSA's Disaster Technical Assistance Center (DTAC)
  - Toll Free 1-800-308-3515
  - E-mail DTAC@samhsa.hhs.gov
  - Website http://mentalhealth.samhsa.gov/dtac/

Agenda (FEMA IA ESF#6Conference April 2010)

1. **Recent Cross-site Data Analysis Highlights**
2. **CCP Data Collection**
3. **CCP Data Forms**
4. **CCP Data Form Training (Scenarios)**
5. **CCP Data Entry and Reporting Website**

Part 1: Recent Cross-Site CCP Data Highlights

Grants Funded in Response to 2005 Hurricanes

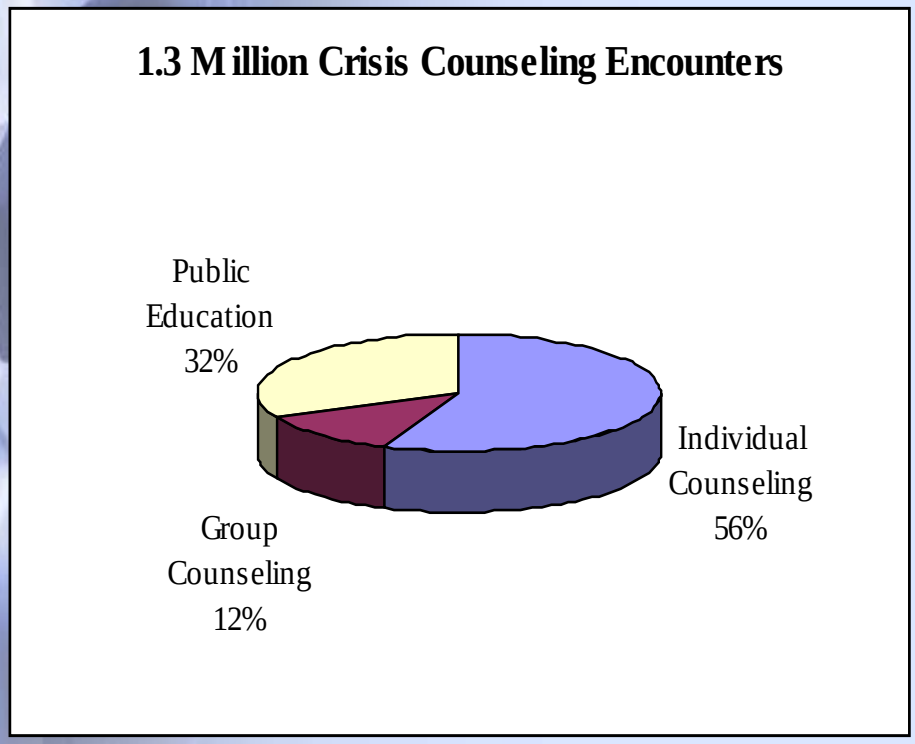
Cross Site Evaluation Study

- Conducted by **Dr. Fran H. Norris** of the Dept of Veteran Affairs National Center for Posttraumatic Stress Disorder (NCPTSD) with support from FEMA and SAMHSA
- Outlines the reach and quality of the CCPs carried out between November 2005 and February 2007 following Hurricanes Katrina, Rita, and Wilma.
- Final report July 2007 offered recommendations for local and national level CCP improvements.

Study Sample of CCP grants

- Data collected through data forms and Provider and Participant Feedback Surveys from a sample of 22 CCPs in 17 States.
- Declared Programs – States directly affected by the Hurricanes
  - LA, MS, AL, TX, FL
- Undeclared Programs – States that did not directly experience damage but received survivors
  - AL, AR, CO, FL, GA, IL, IN, LA (counties that were not directly hit by the hurricanes, but received survivors/evacuees), MD, MO, NE, NJ, PA, TX, UT, WI

CCP Reach



- 1.3 million total encounters, comprised of
- 733,000 individual crisis counseling encounters,
- 158,000 group counseling encounters, and
- 411,000 public education encounters
- Ethnic minorities accounted for 46% of first encounters and 54% of second or higher encounters.

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CCP Participants

- **Youth** (ages six to 17)
  - Underserved in individual counseling.
  - Reached more successfully via group counseling and public education.
- **Older Adults** (over age 65)
  - Comprised 15% of individual counseling participants in the declared programs.

Counseling and Referrals

- The importance of referrals and a need for more intensive services beyond the CCP were validated by the data.
- **Depression**, **posttraumatic stress**, and **functional difficulties** prevalent among those receiving services;
  - 34% and 49% of declared and undeclared program participants, respectively, had symptoms severe enough to benefit from more intensive psychological services.

Assessment and Referrals (cont'd)

- Serious psychological needs especially prevalent in undeclared programs (indicating increased trauma caused by evacuation).
- Only an average of 6.5% of adult participants were actually referred to psychological services.
- 60% were referred to disaster relief or social services; immediate, basic needs might have overshadowed (or improved) overall mental health concerns.

CCP Participant Survey Feedback

- Felt comfortable seeking help.
- Were reassured that their feelings were normal.
- Had confidence that conversations would be kept private.
- Received respect regardless of race, culture, or religion.
- Felt confident in their abilities to help themselves and their families.
- Were given tips to stay healthy and active.

Provider (Crisis Counselor - CCs) Survey Feedback

- Staff and Service Quality
  - Dedicated and knowledgeable CCP staff the greatest strength of the programs.
  - Highest rated category (8.5 or *excellent*).
- Supervision, Stress Management, and Resources
- Rating of 7.9 or *good.*
  - Job stress greatly influenced by working conditions and availability of resources.
  - Higher staff education directly related to increased service intensity, referral frequency, and higher participant success ratings.

Provider Feedback Results (cont'd)

- Training Quality
  - Rating of 7.0, or *fair*.
  - Quality of trainers generally well regarded.
  - Trainings that taught counselors to better elicit participant stories, to recognize and respond to more serious psychological distress, and to hold effective group counseling sessions would be beneficial.

Part 2: CCP Data Collection

Data Effort for All CCP Grants

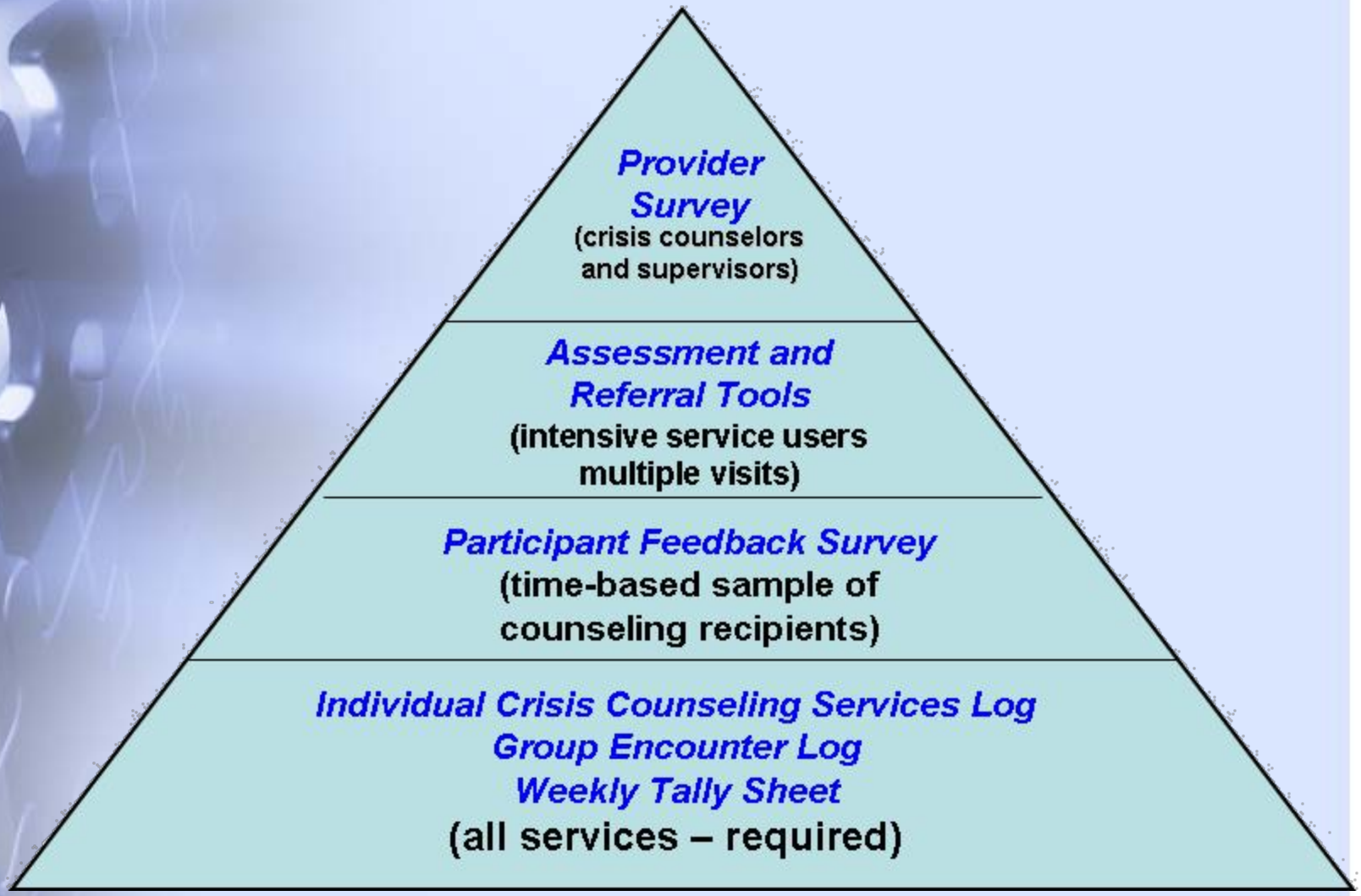
Why Collect Data?

- Assists program management at the State and Service Provider level to determine CCP reach, quality, and satisfaction of service delivery
- Helps the crisis counselors monitor trends and identify needs to adjust service mix as necessary
- Documents the program's accomplishments
- Provides accountability to stakeholders
  - e.g., State Legislatures, Congress, Government Accountability Office, Federal agencies – FEMA, SAMSHA

CCP Data Toolkit

- Includes standardized forms completed (primarily) by crisis counselors:
  - **Basic tools (both ISP and RSP)**:
    - Are used often.
    - Are used as soon as possible after a disaster.
    - Include encounter logs for individuals and groups, and weekly tallies.
  - **Advanced tools**:
    - Are used occasionally, primarily administered by a senior crisis counselor or team lead.
    - Are typically introduced during the RSP.
    - Include participant surveys, the assessment and referral tools, and provider (crisis counselor) surveys.

CCP Data Pyramid



Areas Evaluated

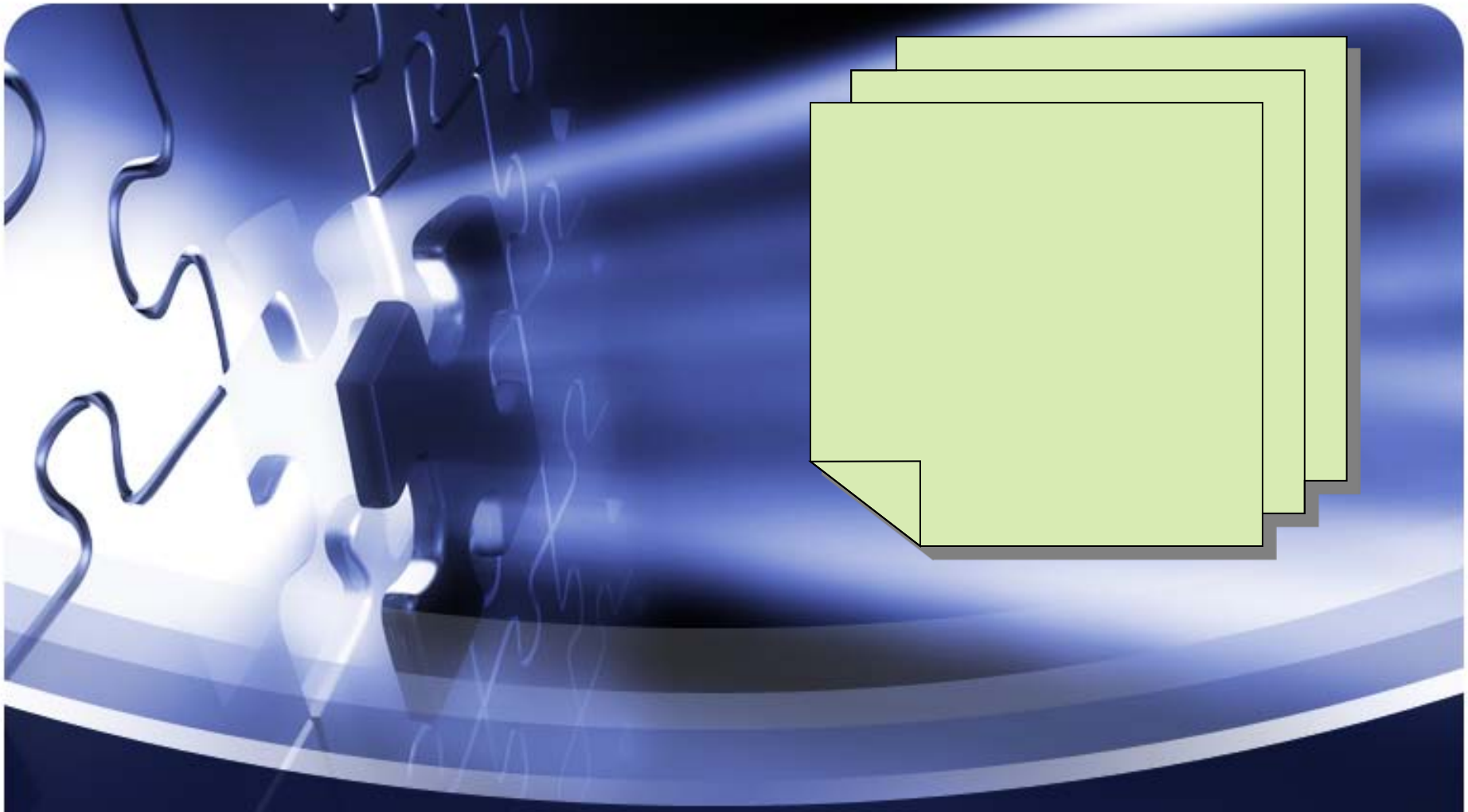
AREA	EXAMPLE QUESTIONS	FORMS/TOOLS
Reach	How many people were served by the program? How well do their characteristics match the community's?	Encounter logs and weekly tallies
Quality	Were the services perceived as appropriate and beneficial by service recipients and crisis counselors?	Brief participant and provider feedback surveys
Consistency	Did areas or providers vary in performance (e.g., reach and quality)?	Logs, tallies, and surveys

Administrative Issues in Data Collection

- One central data entry point is required – one staff person in charge of data entry
- Quality control should include supervisors checking forms for completeness prior to submitting.
- CCP leadership should carefully review data, data analysis and reporting requirements.

Quality Assurance

- CCP leadership (Project/Program Director, Program Coordinator, Team Leaders) <u>must ensure</u> all program staff are trained in proper data collection forms and techniques.
  - Training should be repeated periodically
    - Transition from Immediate Service Program (ISP) to Regular Service Program (RSP)
    - When change in staffing or staff turnover
    - As a refresher to ensure consistency in form completion



Part 3: CCP Data Forms

Encounter, Weekly Tally, Assessment and Referral, Provider and Participant Surveys

NEW Approved CCP Data Toolkit Forms OMB# (0930-0270)
(expiration date 1/31/2012)

Spanish Versions of All the Forms are Available

NOTE FEMA Regions - changes have been made to the previous version of the forms which expired in September 2008

Individual Encounter Log

- Documents interactions with individuals or families. Lasts at least 15 minutes. Involves participant disclosure.
- Captures encounter characteristics, risk categories, participant characteristics, and referrals.
- Is completed by crisis counselor after encounter ends but before moving to next activity.

Changes to Individual Encounter Log

- Addition of event reactions
  - behavioral, emotional, physical, and cognitive
  - Included a box for “coping well; none of the above apply”
- Included line for “Reviewer” signature

Group Encounter Log

- Documents group crisis counseling (participants do most of the talking) and public education (counselor does most of the talking).
- Measures encounter characteristics, group identities, and focus.
- Is completed by crisis counselor after encounter ends but before moving to next activity.

Changes to Group Encounter Log

- Revised categories under “group identities”
  - children/youth, adult survivors, public safety workers/1st responders, and other recovery workers,
  - also included separate item for mixture of all the above or none of the above
- Included line for “Reviewer”

Weekly Tally Sheet

- Documents brief educational and supportive contacts (less than 15 minutes), telephone calls, community networking, and materials distribution.
- Requests information for 1 week (beginning Sunday).
- Tallies services at the county level, using three-digit county code.
- Crisis counselors should complete one weekly tally for each county in which they work.

Hotline Calls

- When disaster-related hotline calls may be counted as CCP services:
  - The hotline services are paid for by the grant.
  - The hotline provider has been issued a provider number.
- Hotline calls usually are recorded on the weekly tally sheet.
- When the individual log may be used:
  - Hotline staff are trained to provide individual crisis counseling.
  - The contact is at least 15 minutes.
  - On the log itself, “location” is marked “other,” and “hotline” is written in the box.

Changes for Assessment and Referral Tool

- Developed a Children/Youth Assessment and Referral Tool
  - Includes the collection of information on risk factors, demographics, and 15 items from the University of California Los Angeles (UCLA) PTSD Reaction Index to assess post disaster symptoms
  - Additional items are also included for the parents to rate their child's feelings and behavior

Adult Assessment and Referral Tool

- Is used to facilitate referrals to more intensive behavioral health services.
- Is typically used during a third individual crisis counseling encounter, but may also be used as needed.
- Measures risk categories and event reactions using a structured interview approach.
- If a person scores three or more “intense” reactions (ones scored 4 or 5), then referral for more intensive services should be discussed.

Child/Youth Assessment and Referral Tool

- Is used to facilitate referrals to more intensive behavioral health services.
- Is typically used when three or more individual crisis counseling encounters occur, but may also be used as needed.
- Measures risk categories and event reactions in a developmentally appropriate manner using a structured interview approach.

Child/Youth Assessment and Referral Tool (cont'd)

- If a person scores four or more "intense" reactions (ones scored 3 or 4), then referral for more intensive services should be discussed.
- Guides children and parents to identify thoughts, feelings, and behavior over the last month.

No changes to Participant Feedback Survey

Participant Feedback Survey

- Used to obtain feedback about the program.
- In 1 selected week each quarter, all adults receiving individual or group crisis counseling are given a participant survey packet.
- The survey provides some data about immediate outcomes of crisis counseling.

Service Provider Feedback

- Used to capture crisis counselors' opinions about their training, resources, supervision, workload, support, and overall quality of the CCP.
- The provider survey is collected anonymously from crisis counseling staff around 6 and 12 months post-disaster.

Changes to Service Provider Feedback Survey

- Type of training items were changed to reflect the current CCP Core Training titles
- Included training item for CCP data collection forms

Part 4: Group Exercise

CCP Data Forms and Staff Training

Why do we write a CCP application?

1. We have nothing better to do.
2. The last one was so much fun, we want to run another.
3. There has been a disaster that has affected more citizens of our State/Territory than the State/Territory can care for without additional resources.
4. There has been a Presidential declared disaster for individual assistance.

What does FEMA and SAMHSA need to see in order to approve your request?

1. Nothing. If you say you need one, you must need one.
2. That it has been more than two years since we had the last one.
3. That the number of disaster survivors affected justifies the CCP.

How do we show that we ran a successful CCP ?

1. Invite FEMA and SAMHSA to a really good anniversary event.
2. Hire bi or tri-lingual crisis counselors
3. Show how close the number of disaster affected survivors reached by the program match those numbers submitted in the CCP application.

How do we show the number of disaster affected survivors are and were reached by the program?

ANSWER: Evidence based data collection

If you don’t properly train your crisis counselors before they begin their outreach work, what two things can happen?

1. Crisis Counselors may begin developing bad data collection habits.
2. You cannot report all those benefited by the program efforts.

Individual Encounter Log

PROJECT #

Individual Crisis Counseling Services Encounter Log

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

Provider Name ____ Provider # ____ Employee # ____

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

CHARACTERISTICS of ENCOUNTER

LOCATION of SERVICE (select one)

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

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

VISIT NUMBER ☐ 1st visit ☐ 2nd visit ☐ 3rd visit ☐ 4th visit ☐ 5th visit or more

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

RISK CATEGORIES (select all that apply)

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

DEMOGRAPHIC INFORMATION

Age (select one)

- ☐ preschool (0-5)
- ☐ child (6-11)
- ☐ adolescent (12-17)
- ☐ adult (18-39)
- ☐ adult (40-64)
- ☐ adult (65+)

Sex (select one)

- ☐ male
- ☐ female

Race (select one or more)

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

Ethnicity (select one)

- ☐ Hispanic or Latino
- ☐ not Hispanic or Latino

Primary Language of Contact (select one)

- ☐ English
- ☐ Spanish
- ☐ other (specify in box)> ____

EVENT REACTIONS (select all that apply)

BEHAVIORAL

- ☐ Extreme change in activity level
- ☐ Excessive drug or alcohol use
- ☐ Isolation/ withdrawal
- ☐ On guard/ hypervigilant
- ☐ Agitated/ jittery/ shaky
- ☐ Violent or dangerous behavior
- ☐ Acts younger than age (children or youth)

EMOTIONAL

- ☐ Sadness, tearful
- ☐ Irritable, angry
- ☐ Anxious, fearful
- ☐ Despair, hopeless
- ☐ Feelings of guilt/ shame
- ☐ Numb, disconnected

PHYSICAL

- ☐ Headaches
- ☐ Stomach problems
- ☐ Difficulty falling or staying asleep
- ☐ Eating problems
- ☐ Worsening of health problem
- ☐ Fatigue, exhaustion

COGNITIVE

- ☐ Distressing dreams, nightmares
- ☐ Intrusive thoughts, images
- ☐ Difficulty concentrating
- ☐ Difficulty remembering things
- ☐ Difficulty making decisions
- ☐ Preoccupied with death/ destruction

☐ **COPING WELL; NONE OF THE ABOVE APPLY**

PLEASE CONTINUE ON PAGE 2 (ON BACK)

- What can you do to help prevent data collection errors?
- What are common errors made on this form?
- What information indicates another form will also need to be filled out?

Group Encounter Log

PROJECT #

Group Encounter Log

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

TYPE of SERVICE
Select one first before completing this log

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

Provider Name _____ Provider # _____

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

County Code of Service _____ Zip Code of Service _____

CHARACTERISTICS of ENCOUNTER

LOCATION of SERVICE (select one)

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

SESSION NUMBER (select one)

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

NUMBER of PARTICIPANTS PLEASE ESTIMATE

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

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

GROUP IDENTITIES (select one)

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

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

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

FOCUS of GROUP SESSION (select all that apply)

- ☐ education about reactions to disaster
- ☐ education about community resources
- ☐ mutual support
- ☐ stress management or skills building
- ☐ conflict resolution
- ☐ community action
- ☐ information about CCP
- ☐ other (specify in box)>> _____

Reviewer Name _____ Signature _____ Date of Review _____

- What can you do to help prevent data collection errors?
  - Difference between group counseling and public education?
- What are common errors made on this form?

Weekly Tally Sheet

PROJECT #

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

Weekly Tally Sheet
Brief Educational and Supportive Services Not Elsewhere Included

Provider Name

County or Parish (3 digit FIPS code) Provider Number

Week beginning MM/DD/YYYY Employee ID

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

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

Reviewer Name Signature Date of Review

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0270. Public reporting burden for this collection of information is estimated to average 5 minutes per weekly tally sheet, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

- What can you do to help prevent data collection errors?
- What are common errors made on this form?

Adult Assessment and Referral Tool

PROJECT #

Adult Assessment & Referral Tool

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

Please use this tool as an interview guide

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

Provider Name ____ Provider # ____ Employee # ____

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

CHARACTERISTICS of ENCOUNTER

LOCATION of SERVICE (select one)

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

VISIT NUMBER ☐ 1st visit ☐ 2nd visit ☐ 3rd visit ☐ 4th visit ☐ 5th visit or more

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

RISK CATEGORIES (select all that apply)

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

DEMOGRAPHIC INFORMATION

Age (select one)
- ☐ adult (18-39)
- ☐ adult (40-64)
- ☐ adult (65+)

Sex (select one)
- ☐ male
- ☐ female

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

Ethnicity (select one)
- ☐ Hispanic or Latino
- ☐ not Hispanic or Latino

Primary Language of Contact (select one)
- ☐ English
- ☐ Spanish
- ☐ other (specify in box)> ____

PLEASE CONTINUE ON PAGE 2 (ON BACK)

- What can you do to help prevent data collection errors?
- What are common errors made on this form?

Child/Youth Assessment and Referral Tool

Child/Youth Assessment & Referral Tool page 2: ASSESSMENT QUESTIONS

INTRODUCTION: I want to talk to you about your (your child's) feelings and thoughts about the disaster and how much they are causing problems *now*. Think about your thoughts, feelings, and behavior **DURING THE PAST MONTH** (*please remind child/parent of this for each question*). Use the frequency rating options **on the next page** and on the response card to help the child answer how often the problem has happened in the past month. For each question choose **ONE** of the following responses and check the appropriate box for that question.

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

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

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

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

COUNT THE NUMBER OF ENTRIES IN THE 2 LAST COLUMNS ABOVE THAT HAVE A SCORE OF 3 OR 4. >>>>>>>> TOTAL NUMBER ☐

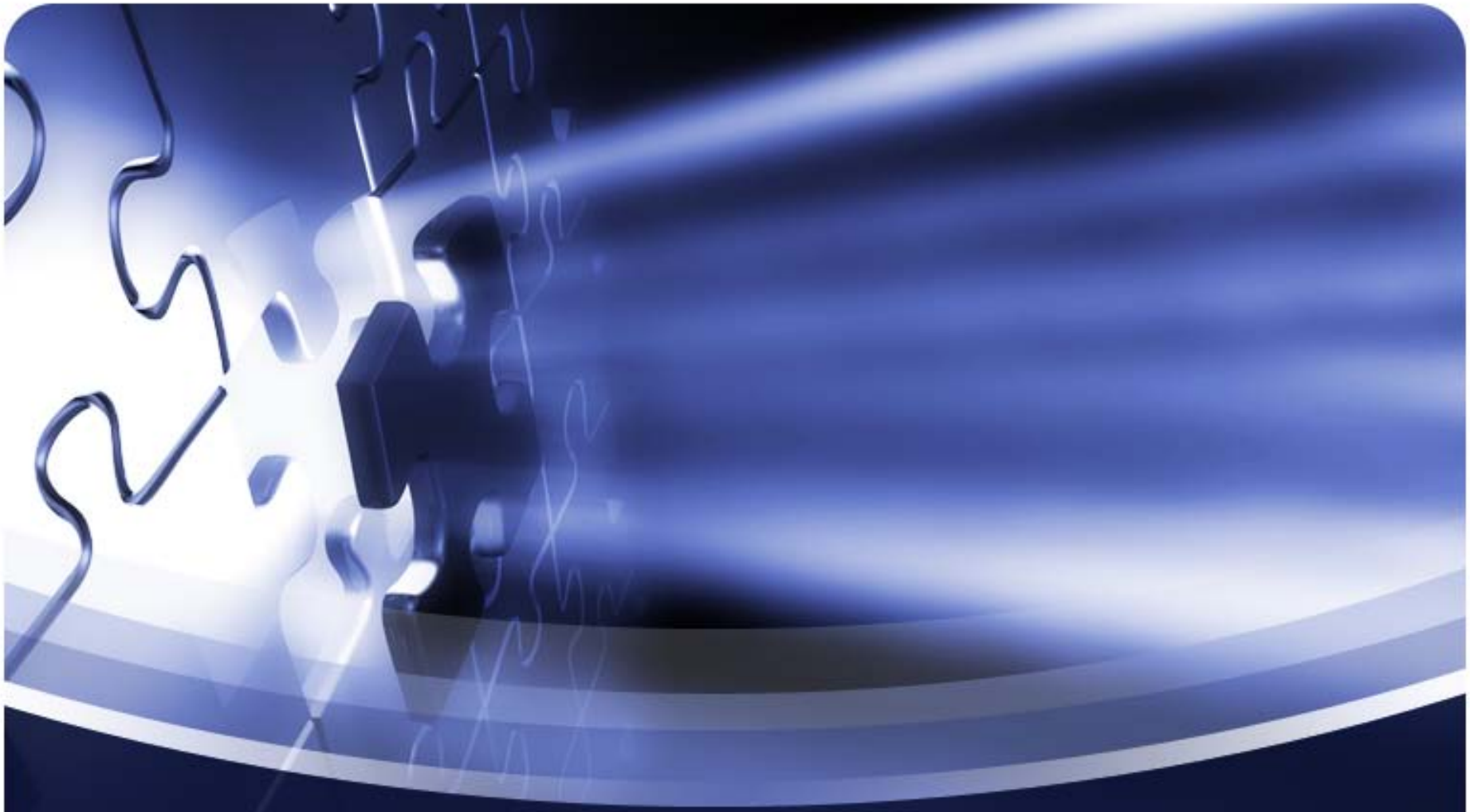
IF TOTAL NUMBER IS 4 OR MORE, DISCUSS THE POSSIBLITY OF A REFERRAL FOR SERVICES.

FOR CHILDREN OVER THE AGE OF 10 OR IF YOU ARE CONCERNED ABOUT A YOUNGER CHILD, YOU MAY ASK: Have you had any thoughts or plans about either hurting or killing yourself?

☐ NO ☐ YES IF YES, refer for immediate psychiatric intervention. IF NO, continue to page 3.

PLEASE ENTER REFERRAL INFORMATION ON PAGE 3

- What are common errors made on this form?



Break into Groups

Divide into Groups of ….

Scenario 1

During the outreach canvassing of a neighborhood where damage is know to have occurred, you and your team mate are invited into a home to meet with a family. You chat with the mother, father, and teenage daughter for about 25 minutes while the teen age soon plays video games in the next room and refuses to participate in these conversations. You learn they have not yet registered with FEMA and so you give them the FEMA registration number and explain they only have 60 days from the date of the disaster to get registered. The mother expresses concern over her son being so withdrawn since the flood and want to know how to get back in touch with you in case he decides he would like to speak with someone. You leave a business card (or other printed material) with your project's crisis line number and website address. You also hand the mother some written materials from SAMHSA DTAC that you think may help.

- When are the data collection forms filled out?
- What and how many forms are filled out as a result of this encounter?
- What, if any referrals were made?

Scenario 2

A group of survivors have asked your team to join them for the kick-off meeting for a support group. It is a large group, so 5 crisis counselors from your team attend. The survivors do most of the talking, sharing common fears, concerns and experiences resulting from the disaster. When the meeting is finished, an elderly gentleman approaches two of your team members and a young woman approaches another team member. The gentleman speaks with the two crisis counselors for 20 minutes, then walks away, gets some coffee begins to visit with other survivors. The young woman thanks the crisis counselor for their attendance and takes 3 pieces of literature from her – this is about a 5 minute encounter. The same elderly gentleman now approaches the crisis counselor with self help literature and asks for some that he can take home to his grandson. This encounter takes less than 10 minutes.

- When are the data collection forms filled out?
- What and how many forms are filled out as a result of this encounter?
- What, if any referrals were made?

Scenario 3

Your team (of two) is going door to door in an area clearly affected by the recent flooding. You knock on 6 doors in a row but no one is home. On each door you leave a bag containing a business card, a flyer explaining your team will be hosting a booth at the upcoming county fair, and two pieces of self help brochures.

- When are the data collection forms filled out?
- What and how many forms are filled out as a result of this encounter?
- What , if any referrals were made?

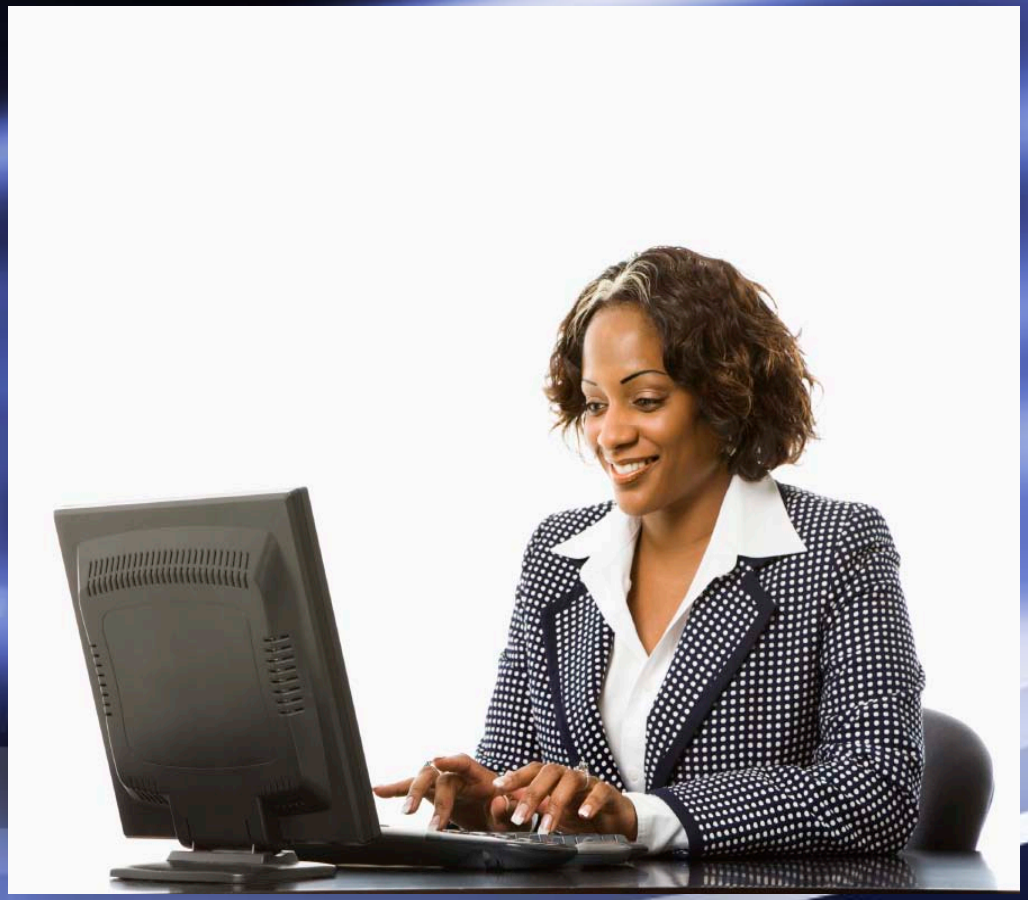
Scenario 4

1. The crisis counselor fills out the appropriate data collection form.
2. The data collection forms if reviewed by the “Reviewer” and signed.
3. The data collection form is sent to data entry and errors are discovered.

- What has the greatest impact on correcting incorrect/incomplete data on a data collection form?
- What does incorrect/incomplete data on a data collection form indicate?

TIPS for Local Provider Trainings

- Data collection training occurs with CCP trainings and is repeated as necessary.
- Trainings are held for all new crisis counselors no more than one week prior to the first outreach day.
- Data trainings should include scenarios to ensure understanding of the process and appropriate form use.
- If data collection errors begin to show a pattern, the appropriate team members repeat the training.
- Data collection forms are preprinted with the appropriate ISP/RSP number, and provider number. These can be copied as needed within a providers group as more forms are need.



Part 5: CCP Data Website

Data Entry, Analysis, and Reporting

NEW – **CCP Data Website**

- A CCP Data Website has been created for entering, managing, analyzing, and reporting data.
- This CCP data website will replace the Microsoft Access database.
- The CCP data website uses the new CCP Data Forms OMB Expiration date of 2012

CCP Data Website

Key Features

- Will allow for direct data entry of the forms at the local provider and/or State level and upload/import of database to CCP data website
  - (e.g., if local provider and/or State is using scanning or other data entry system, can upload/import response database into the data website)
- Will allow for data analysis either “real-time/up to the minute” or for designated period of time.
- Will allow for different levels of access
  - Provider, State, Federal, and specialized consultants

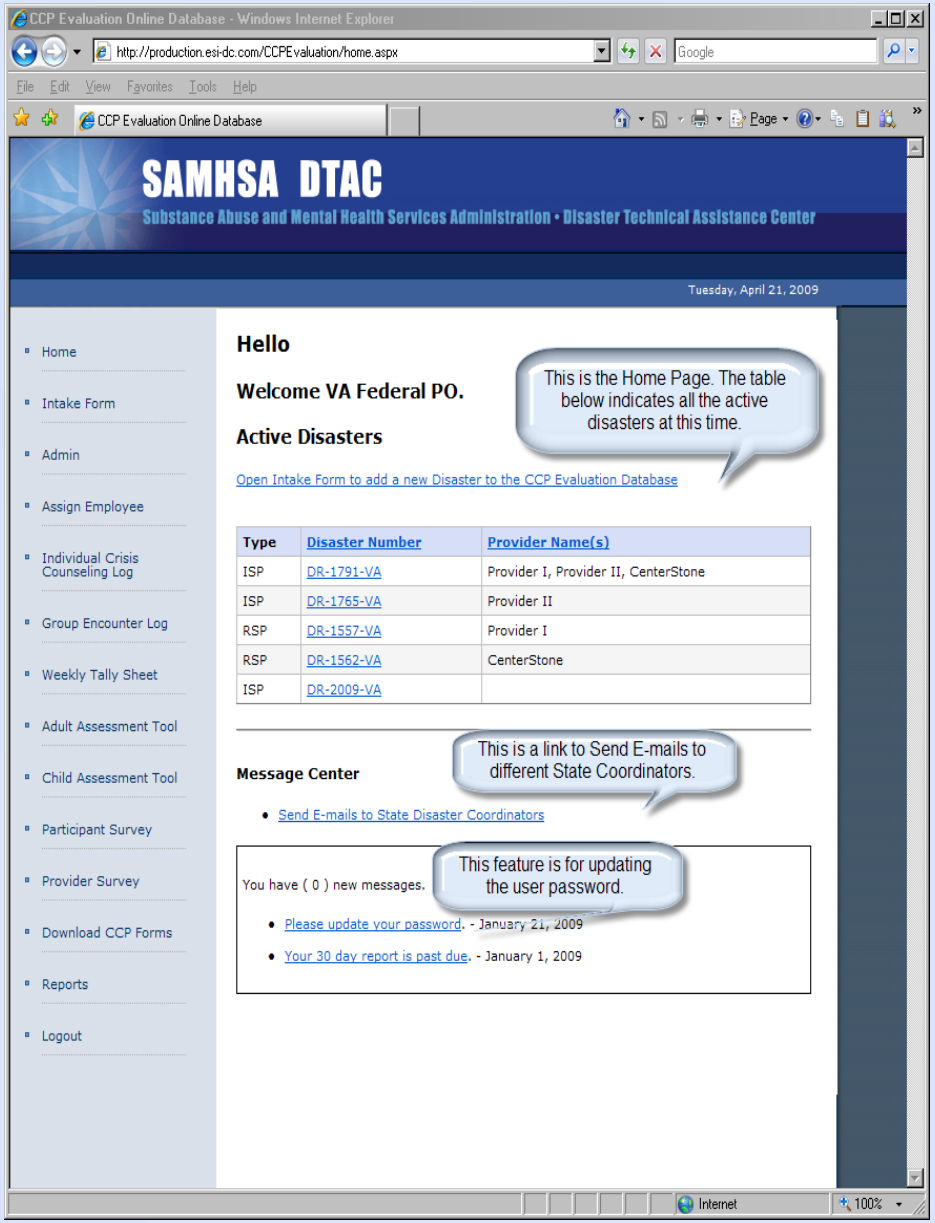
CCP Data Website (cont'd)

- Will allow for data reporting either pre-determined reports (canned), selected variables of interest (ad hoc), and/or report to be to included in ongoing CCP progress reports (quarterly, final) to FEMA and SAMHSA
- Will allow for database download as Microsoft Excel file, or data report download as Microsoft Word or PDF file

Production Website Sample Snapshots

- Welcome
- Intake
- Search
- Employee Website Access
- CCP Data Forms
  - Individual, group, and weekly tally
- CCP Data Reporting
  - Table and graphics

Welcome Screen



Intake

SAMHSA DTAC

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

Tuesday, April 21, 2009

- Home
- Intake Form
- Admin
- Assign Employee
- Individual Crisis Counseling Log
- Group Encounter Log
- Weekly Tally Sheet
- Adult Assessment Tool
- Child Assessment Tool
- Participant Survey
- Provider Survey
- Download CCP Forms
- Reports
- Logout

Intake Form

Intake Form with Details filled in based on Disaster.

* = Required

* Disaster Number: DR-1791-VA

* State: Virginia

Program Name: VA Crisis Counsel Program

Program Manager: Program Name

CMHS Project Officer: Program NameProgram Name

SAMHSA DTAC TA Staff: Program Name

* Provider Name:
- Provider I
- Provider II
- CenterStone

Project Budget: 151547.2

Number of Staff: 35

Number of Team Leaders: 4

Number of Outreach Workers: 55

ISP or RSP: ISP RSP

Dates of Program (mm/dd/yyyy): Start Date: 2/17/2009 - End Date: 3/7/2009

Identify Outreach Targets for Each County: Input/Update Targets

Input/Update targets feature captures the outreach numbers for each county in a State.

Brief Narrative of Program: Aid Awards Under The American Recovery And Reinvestment Act Of 2009. "100 million has been made available to the Emergency Food and Shelter National Board Program (EFSP), through the American Recovery and Reinvestment Act of 2009 (ARRA). The

This button helps navigate through next record.

Submit | Next Record | Update to RSP

This feauture Updates the

Overview

SAMHSA DTAC

This is an overview page with Top 5 records in each category i.e. Active Disasters, Individual Counseling Logs, Group Encounter Logs etc across the page.

- Home
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Disasters you have submitted

To view/update information on a disaster that you previously submitted, please click on the "disaster number". Below is the list of recent 5 disasters added.

Type	Disaster Number	Provider Name(s)
ISP	DR-1791-VA	Provider I, Provider II, CenterStone
ISP	DR-1765-VA	Provider II
RSP	DR-1557-VA	Provider I
RSP	DR-1562-VA	CenterStone
ISP	DR-2009-VA	

Open Intake Form to add a new Disaster to the CCP Evaluation Database

Click here to Search for records in the CCP Evaluation Database

This link navigates to Search page where records can be searched based on different criteria.

Individual Crisis Counseling Services Encounter Log Submissions

To view/update information on this tool, please click on the "Record #". Below is the list of recent 5 records added.

Record #	Project Name	Provider
1	VA Crisis Counsel Program	Provider I
2	VA Crisis Counsel Program	Provider I
3	Program name	Provider I
4	VA Crisis Counsel Program	Provider I

Click here to Search for records in the CCP Evaluation Database

Group Encounter Log Submissions

To view/update information on this tool, please click on the "Record #". Below is the list of recent 5 records added.

Record #	Project Number	Project Name
1	DR-1791-VA	VA Crisis Counsel Program
2	DR-1791-VA	VA Crisis Counsel Program

Click here to Search for records in the CCP Evaluation Database

Weekly Tally Sheet Submissions

To view/update information on this tool, please click on the "Record #". Below is the list of recent 5 records added.

Record #	Project Name	Provider
1	VA Crisis Counsel Program	Provider I
2	VA Crisis Counsel Program	Provider I
3	VA Crisis Counsel Program	Provider I

Click here to Search for records in the CCP Evaluation Database

Adult Assessement and Referral Tool Submissions

To view/update information on this tool, please click on the "Record #". Below is the list of recent 5 records added.

Record #	Project Name	Provider	Tool County
1	VA Crisis Counsel Program	Provider I	0059 - Fairfax
2	VA Crisis Counsel Program	Provider I	0059 - Fairfax
3	VA Crisis Counsel Program	Provider I	0059 - Fairfax
4	VA Crisis Counsel Program	Provider I	0059 - Fairfax
5	VA Crisis Counsel Program	Provider I	0059 - Fairfax

Click here to Search for records in the CCP Evaluation Database

Search

CCP Evaluation Online Database - Windows Internet Explorer

http://production.esi-dc.com/CCPEvaluation/reports/search.aspx

File Edit View Favorites Tools Help

CCP Evaluation Online Database

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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 #:** DR-2009-VA

*** Provider Name:** Provider I

Employee #:

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

*** County Code of Service:** 0059 - Fairfax

Zip Code of Service:

Search Collection | Reset Search

After clicking on Search Collection the table below returns all records based on the user selection.

This link exports the listed records into

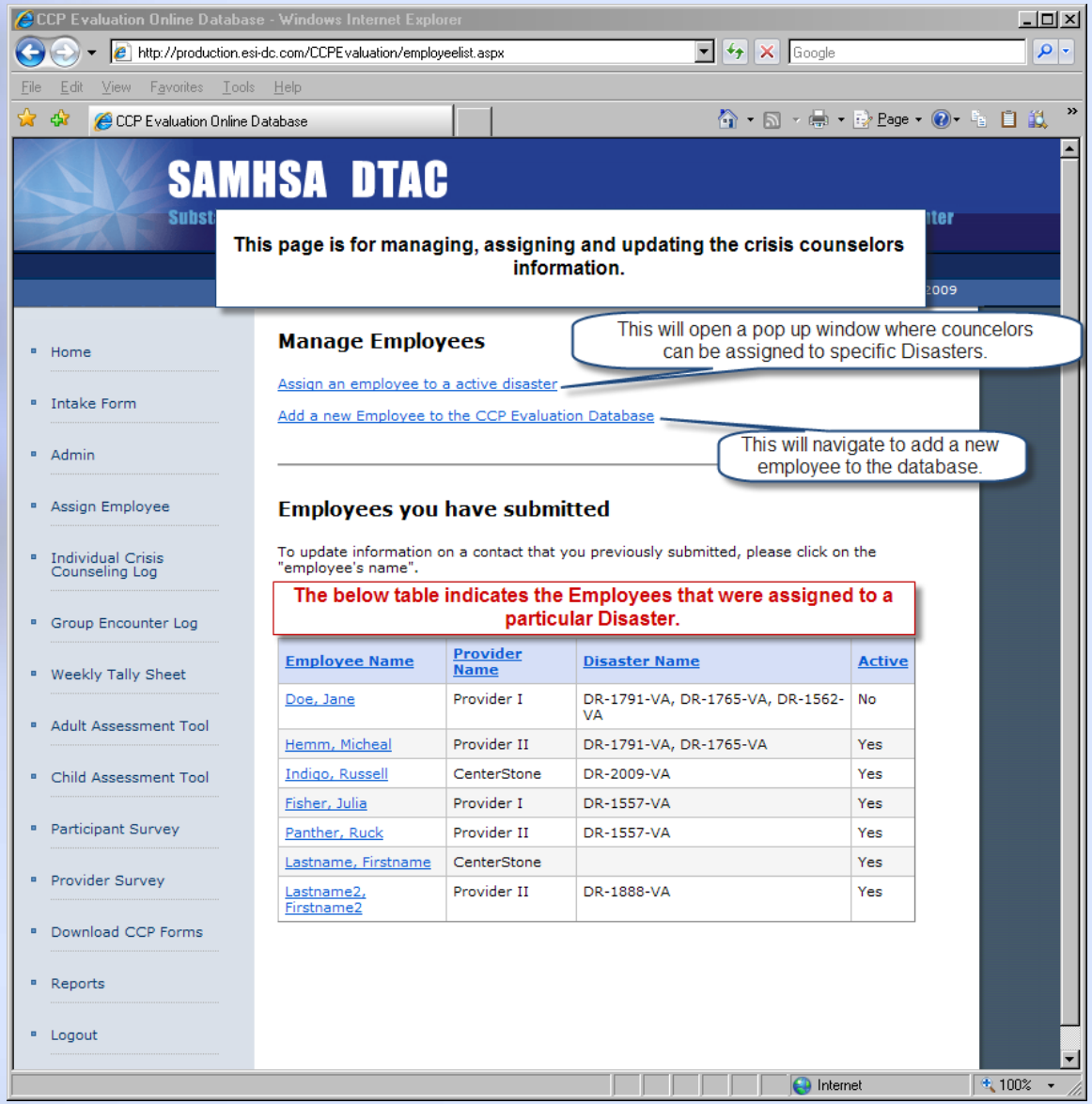
Below is the list with above search criteria.

Export this list to Excel

Type	Disaster Number	Provider Name(s)
ISP	DR-1791-VA	Provider I, Provider II, CenterStone
ISP	DR-1765-VA	Provider II
RSP	DR-1557-VA	Provider I
RSP	DR-1562-VA	CenterStone
ISP	DR-2009-VA	

Internet 100%

Employee Website Access



Individual Encounter Log

CCP Evaluation Online Database - Windows Internet Explorer

http://production.esi-dc.com/CCPEvaluation/individuallog.aspx

SAMHSA DTAC

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Individual Crisis Counseling Services Encounter Log

Please identify below fields first:

Individual Crisis Counseling Services Encounter Log Form. Once these fields are filled in click on Continue

* = Required

* Project #:	DR-1791-VA
* Provider Name:	Provider II
Provider #:	00003
Employee #:	C123
* Date of Service (mm/dd/yyyy):	4/22/2009
* County Code of Service:	0013 - Arlington
Zip Code of Service:	22203

Continue Reset

Individual Encounter Log (cont'd)

SAMHSA DTAC

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Individual Crisis Counseling Services Encounter Log

Project #: DR-1791-VA
Provider Name: Provider II
Employee Number: C123
Date of Service: 4/22/2009
County Code of Service: 0013 - Arlington
Zip Code of Service: 22203

After clicking on continue, the information from previous page is captured and showed here. Below are other fields, enter data click submit at the bottom of page.

*** = Required**

CHARACTERISTICS OF ENCOUNTER

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

If 'Other', please specify:

Visit Type:
- Individual
- Family

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

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

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

DEMOGRAPHIC INFORMATION

*** Age:**
- preschool (0-5)
- child (6-11)
- adolescent (12-17)
- adult (18-39)
- adult (40-64)
- adult (65+)

Individual Encounter Log (cont'd)

SAMHSA DTAC

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

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Individual Crisis Counseling Services Encounter Log

After clicking on continue, the information from previous page is captured and showed here. Below are other fields, enter data click submit at the bottom of page.

Project #: DR-1791-VA
Provider Name: Provider II
Employee Number: C123
Date of Service: 4/22/2009
County Code of Service: 0013 - Arlington
Zip Code of Service: 22203

* = **Required**

CHARACTERISTICS OF ENCOUNTER

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

If 'Other', please specify:

Visit Type:
- Individual
- Family

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

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

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

DEMOGRAPHIC INFORMATION

*** Age:**
- preschool (0-5)
- child (6-11)
- adolescent (12-17)
- adult (18-39)
- adult (40-64)
- adult (65+)

Group Encounter Log

SAMHSA DTAC

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

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Group Encounter Log

Project #: DR-1791-VA
Provider Name: Provider I
Employee Number: C123
Date of Service: 4/22/2009
County Code of Service: 0013 - Arlington
Zip Code of Service: 22203

*** = Required**

*** Type of Service:**

- (●) **GROUP COUNSELING** (a group meeting where participants did most of the talking)
- ( ) **PUBLIC EDUCATION** (a presentation or group meeting where YOU did most of the talking)

CHARACTERISTICS OF ENCOUNTER

*** Location of Service:**

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

If 'Other', please specify: [ ]

Session Number:

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

Number of Participants (please estimate):

Number age < 18: [23] Number age 18-64: [23] Number age 65+: [23]

TOTAL: 69 (Auto-calculated based on your input above)

Total field is auto calculated after entering the above three fields.

Duration:

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

GROUP IDENTITIES

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

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

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

FOCUS OF GROUP SESSION

*** Group Session:**

- [ ] education about reactions to disaster
- [ ] education about community resources
- [ ] mutual support
- [ ] stress management or skills building
- [ ] conflict resolution
- [ ] community action
- [ ] information about CCP
- [ ] Other

If 'Other', please specify: [ ]

Weekly Tally

CCP Evaluation Online Database - Windows Internet Explorer

http://production.esi-dc.com/CCPEvaluation/weeklytally.aspx

File Edit View Favorites Tools Help

CCP Evaluation Online Database

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Weekly Tally Sheet

Project #: DR-1791-VA
Provider Name: Provider I
County or Parish: 0013 - Arlington
Provider #: 00001
Date of Service: 4/22/2009
Employee Number: C123

*** = Required**

NUMBER OF CONTACTS OR NUMBERS DISTRIBUTED

Note: *Total will be auto-calculated after entering number in the 'SAT' field.*
If the number is zero, the field may be left blank.
Enter only numeric values in the text boxes.

☐ NO CONTACTS FOR THIS WEEK
This would add 'zero' to all fields.

By checking on this check box, '0' will be added to all fields.

Total will be auto calculated after entering in the saturday input box.

Type of Contact	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
* In-person brief educational or supportive contact	1	2	3	4	5	6	7	28
* Telephone contact								
* E-mail contact								
* Material handed to people with no or minimal interaction								
* Material mailed to people's homes and/or left at a person's home								
* Material left in public places								
* Community networking and coalition building								

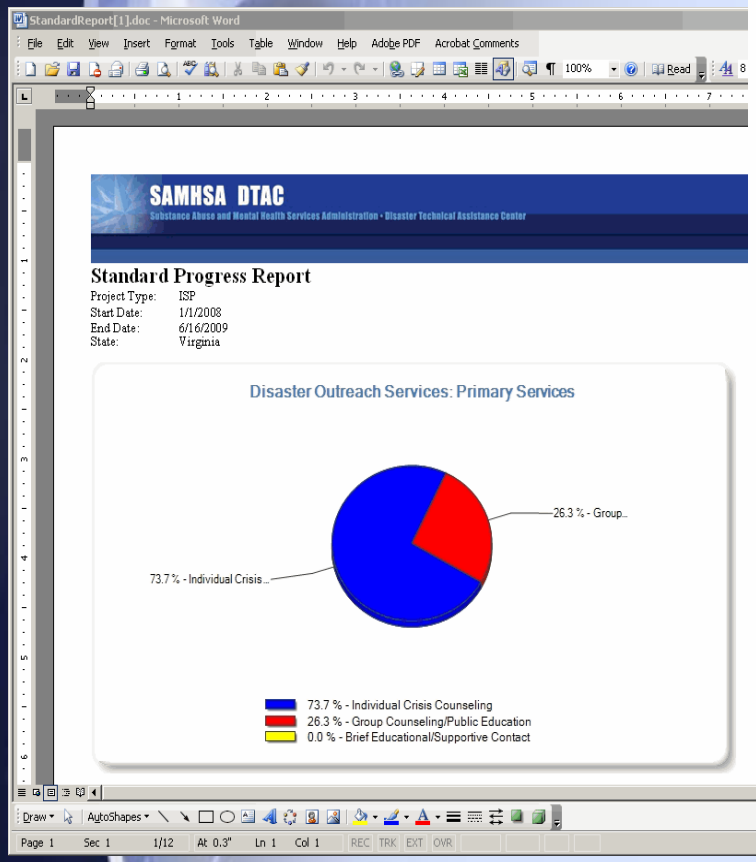
Submit

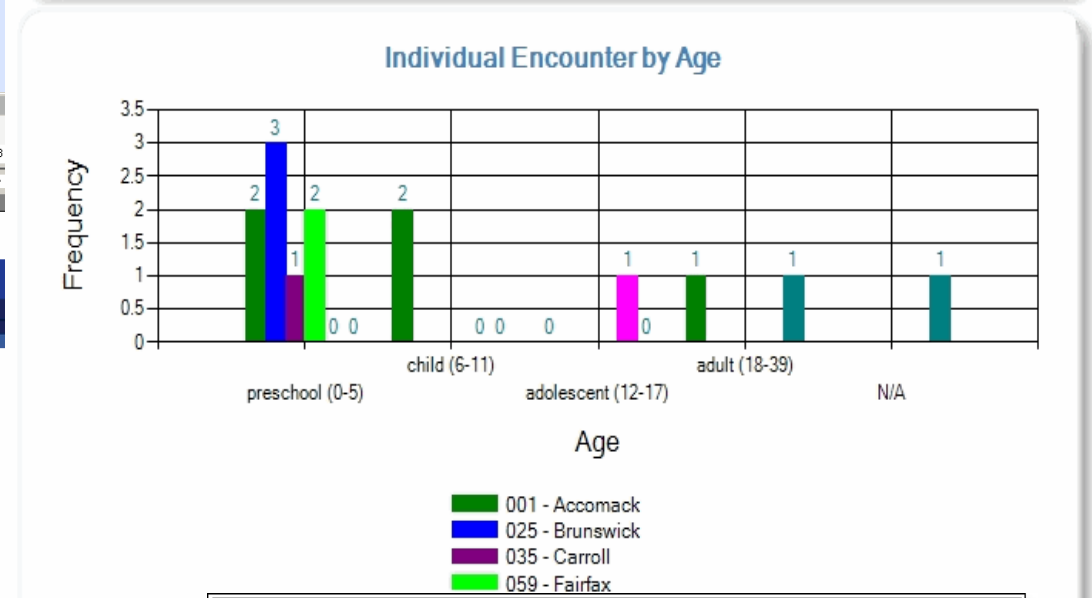
Clear this form and re-enter data

Reset Form

Internet 100%

Reporting





Project	County	Duration	# of Service
DR-1791-TX - Hurrican Ike (Texas Pride)	001 - Anderson	15-29 minutes	2 (10.5 %)
DR-TEST-VA - VA Crisis Counseling Program	059 - Fairfax	15-29 minutes	1 (5.3 %)
	001 - Accomack	15-29 minutes	1 (5.3 %)
	057 - Essex	15-29 minutes	1 (5.3 %)
	070 - Dillingham	15-29 minutes	1 (5.3 %)
	017 - Bath	15-29 minutes	1 (5.3 %)
	025 - Brunswick	15-29 minutes	3 (15.8 %)
	122 - Kenai Peninsula	30-44 minutes	1 (5.3 %)
	001 - Accomack	30-44 minutes	3 (15.8 %)
	035 - Carroll	45-59 minutes	1 (5.3 %)
	057 - Essex	N/A	1 (5.3 %)
	185 - North Slope	N/A	1 (5.3 %)
	001 - Accomack	N/A	1 (5.3 %)
	059 - Fairfax	N/A	1 (5.3 %)
Total			**19**

CCP Data Website

GO LIVE DATE

October 2009

With DR-1859-AS

Contact – nikki.bellamy@samhsa.hhs.gov