Crisis Counseling Assistance and Training Program Toolkit

SUPPORTING STATEMENT

A. JUSTIFICATION

1. Circumstances of Information Collection

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is requesting approval from the Office of Management and Budget (OMB) for a revision to the Crisis Counseling Assistance and Training Program (CCP) Data Toolkit. The current forms in the toolkit (OMB No. 0930-0270) will expire September 30, 2008. The revised CCP Data Toolkit contains the six (6) continuing forms (i.e., Individual Encounter Log, Group Encounter Log, Weekly Tally Sheet, Adult Assessment and Referral Tool, Participant Feedback Survey, and Service Provider Feedback Survey) and the addition of one (1) new form (i.e., Child/Youth Assessment and Referral Tool). Actual comments received the 60-federal register notice period on these seven forms of the data toolkit during are presented in attachment section of this statement (***See Attachment A***). The Crisis Counseling Assistance and Training Program (commonly referred to as the Crisis Counseling Program) 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.

Services offered by the Crisis Counseling Program involve direct interventions to individuals and groups impacted by a major disaster or its aftermath. Educational activities and public information on disaster mental health issues are another component of the CCP. Additionally, disaster mental health consultation and training are also provided. In the event that FEMA declares a state eligible for the CCP, FEMA will look to the Director, National Institute of Mental Health (NIMH), as the delegate of the Secretary of the Department of Health and Human Services (DHHS) to oversee the program (44 CFR 206.171 (F)(a). As such, SAMHSA/CMHS (embedded within DHHS) has become the designated representative for monitoring the crisis counseling program providing consultation, technical assistance, guidance, and point-of-contact to DHHS for program matters. Another funding source for disasters that do not qualify for FEMA funding is the SAMHSA Emergency Response Grant (SERG) (OMB No. 0930-0229). SERG programs may also utilize the CCP Data Toolkit when implementing a disaster mental health response.

Funded by FEMA and administered by SAMHSA's CMHS, the CCP provides supplemental funding to states and territories for individual and community crisis intervention services. States may apply for the Immediate Services Program (which operates for the first 3 months postdisaster) and the Regular Services Program (which operates for the next 9 months). For non-presidentially declared disasters, SERGs may be available to provide mirror services on a smaller scale. The CCP has provided disaster mental health services to millions of disaster survivors since its inception and, as a result of 30 years of accumulated expertise, it has become an important model for Federal response to a variety of catastrophic events. State CCPs, such as the recent 2008 Iowa floods and 2007 California wildfire, Project HOPE (after Hurricane Floyd in North Carolina), Project Heartland (in Oklahoma City after the Murrah Federal Building

bombing), Project Liberty (in New York after 9/11), and Project Outreach for Recovery (after the Rhode Island nightclub fire) have primarily addressed the short-term mental health needs of communities through (a) outreach and public education, (b) individual and group counseling, and (c) referral. Outreach and public education serve primarily to normalize reactions and to engage people who might need further care. Federal disaster areas are eligible for a wide range of services, including the CCP.

Crisis counseling assists survivors to cope with current stress and symptoms in order to return to predisaster functioning. Crisis counseling relies largely on "active listening," and crisis counselors also provide psycho-education (especially about the nature of responses to trauma) and help clients build coping skills. *Outreach and public education* serve primarily to normalize reactions and to engage people who might need further care. These roles are often, though not exclusively, performed by paraprofessionals who work throughout the community, including schools, churches, and places of work. Although there are no formal limits to the number of sessions a person receives, crisis counseling typically continues no more than a few times. Because crisis counseling is time-limited, *referral* is the third important function of CCPs. Counselors are expected to refer clients to formal treatment if the person has developed more serious psychiatric problems.

Regardless of their cause, disasters damage local infrastructures and strain the ability of local systems to meet the population's basic needs. For the survivors, disasters may engender an array of stressors, including threat to one's own life and physical integrity, exposure to the dead and dying, bereavement, profound loss, social and community disruption, and ongoing hardship. As a result of both the high prevalence and high stressfulness of disasters, the question of whether they impact mental health has been of interest for decades, and a substantial literature has developed that identifies and explains these effects. Based on a comprehensive literature review, the range of consequences experienced by disaster survivors is broad, including various *psychological problems*, such as depression, anxiety, and most notably posttraumatic stress disorder (PTSD), *physical health problems*, such as sleep disruption, somatic complaints, and impaired immune function, *chronic problems in living*, such as troubled interpersonal relationships and financial stress, and *resource loss*, such as declines in perceived control and perceived social support.

CCPs have been required to collect data related to their program throughout the length of the program (44 CFR 206.171 (F)(3)). However, until September 2005 there had been no systematic mechanism for collecting the required data due to differences between disasters, programs, and States. In September 2005, the Office of Management and Budget (OMB) approved the CCP Data Toolkit (OMB No. 0930-0270) developed by SAMHSA/CMHS with the assistance of the Department of Veteran's Affairs National Center for Post-Traumatic Stress Disorder (NCPTSD). Since the current CCP Data Toolkit will expire in September 2008, SAMHSA/CMHS is requesting the approval of revised data collection tools based on incorporation of comments from field during the 60-day federal register notice period ***(See Attachment B)***. It is expected that State CCPs will be required to use the forms in this revised data toolkit for the purpose of continued collection of standardized information reported to SAMHSA/CMHS for appropriate processing and analysis.

2. Purpose and Use of Information

Crisis Counseling Programs (CCPs), by nature, are delivered in a rapidly evolving environment in which decisions need to be made quickly on the basis of limited information. The prejudice is towards action, not deliberation. During the crisis, there may be little interest in collecting systematic information on how the program is working. This shortcoming makes it difficult to monitor program progress and provides few data with which to later evaluate program achievements. Without systematic evaluation, programs have limited means of crystallizing what they discovered from experience in a way that can be communicated to other people planning responses to future events.

The toolkit relies on standardized forms. Data will be collected throughout the program period about services delivered and users of services. At the program level, the data can be entered quickly and easily into a cumulative database that will be set up in advance to yield summary tables for both quarterly and final reports for the program. Because the data will be collected in a consistent way from all programs, data can be uploaded into an ongoing national database that likewise provides SAMHSA/CMHS with a way of producing summary reports of services provided across all programs funded.

The data collection tools seek to gather information to better understand program reach, quality, and consistency. Program reach refers to the number of encounters crisis counseling staff have with disaster survivors. Program quality refers to whether the services were perceived as appropriate and beneficial by both service recipients and crisis counseling staff. Program consistency refers to the variability between service provision by geographical area and whether this variability can be explained by differences in the areas and their populations. State CCPs will be required to use the following components of the data toolkit for data collection throughout the life of the program:

- **Encounter logs**. These forms document all services provided. Completion of these logs is required by the crisis counselors. There are three types of encounter logs:

  (1) Individual Crisis Counseling Services Encounter Log. Crisis counseling is defined as an interaction that lasts at least 15 minutes and involves participant disclosure. This form is completed by the crisis counselor for each service recipient, defined as the person or persons who actively participated in the session (e.g., by verbally participating), not someone who is merely present. For families, crisis counselors complete separate forms for all family members who are actively engaged in the visit. Information collected includes demographics, service characteristics, risk factors, event reactions, and referral data. ***(See Attachment C)***

  (2) Group Encounter Log. This form is used to identify either a group crisis counseling encounter or a group public education encounter. A check at the top identifies the class of activities (i.e., counseling or education). Information collected includes services characteristics, group identity and characteristics, and group activities. ***(See Attachment D)***

(3) Weekly Tally Sheet. This form documents brief educational and supportive encounters not captured on any other form. Information collected includes service characteristics, daily tallies and weekly totals for brief educational or supportive contacts and material distribution with no or minimal interaction. ***(See Attachment E)***

- **Assessment and Referral Tools.** Generally, the forms are used as an interview guide with adults or children/youth (i.e., please note that the child/youth tool is NEW to the data toolkit) who have received individual crisis counseling on two or more occasions for those individuals that may need referral to further and more intensive services. However, these tools may be used at any time that a crisis counselor suspects that an individual is experiencing serious reactions to the disaster. Typically, these tools will be used beginning three months postdisaster and will be completed by the crisis counselor or team leader.

    - Adult Assessment and Referral Tool – This tool includes the collection of information on characteristics of the encounter, risk categories, and demographics. The tool also includes the SPRINT-E, an 11-item measure of postdisaster distress including but not limited to symptoms of post traumatic stress disorder (PTSD). ***(See Attachment F)***

    - Child/Youth Assessment and Referral Tool (NEW) – This tool includes the collection of information on risk factors, demographic, and 15 items from the University of California Los Angeles (UCLA) Reaction Index to assess postdisaster symptoms; additional items are also included for the parents to rate their child's feelings and behavior. ***(See Attachment F)***

- **Participant Feedback.** These surveys are completed by and collected from a sample of service recipients, not every recipient. A time sampling approach (e.g., soliciting participation from all counseling encounters one week per quarter) will be used. Information collected includes satisfaction with services, perceived improvements in self-functioning, types of exposure, and event reactions. ***(See Attachment G)***

- **CCP Service Provider Feedback.** These surveys are completed by and collected from the CCP service providers (i.e., crisis counselors) anonymously at approximately six months and one year postevent. The items on this form relate to the training, work environment, and level of job stress experienced by the crisis counselor. The survey will be coded on several program-level and worker-level variables to be shared with program management for review. ***(See Attachment H)***

Additionally, ongoing program evaluation will continue to increase the knowledge base established with the approval of the previous CCP Data Toolkit in September 2005. This knowledge base persists to inform and guide the program at the federal level. From the systematic collection of data it is possible to interpret the factors responsible for differences in CCP implementation – that is, whether they derive from variations in setting (e.g., rural vs. urban community) or program design variables that contribute to more successful outreach. By collecting data across future programs more completely and systematically, SAMHSA/CMHS may be able to look at program data trends and make better judgments about program-level

factors that influence service delivery. This goal requires a set of standardized tools that are useful for program monitoring and feed in to a cumulative national database.

In addition, empirical knowledge about best practices is still very limited. Unsound counseling practices may be perpetuated, while innovations and improvements are not disseminated. By encouraging pilot testing of new innovations, such problems may be avoided in the future. This goal requires that programs have access to a set of optional tools that can be used for the testing of special initiatives.

In summary, whether the questions concern how to improve the reach of the service delivery system or how to improve the efficacy of the services themselves, program evaluation provides an empirical basis for the answers. Our proposed methodology for future CCP evaluation, via the use of the CCP Data Toolkit, attempts to improve practice in a way that adheres to the goals and standards of program evaluation science while supporting the goals and standards of SAMHSA/CMHS for delivering the highest caliber disaster mental health program during a crisis.

3. Use of Information Technology

The forms, as well as the submission of the forms, will be available to all CCPs both electronically as well as in hard copy form.

4. Effort to Identify Duplication

These forms are specific to this program and no other programs are collecting these data.

5. Involvement of Small Entities

The information requested will not have a significant impact on small entities.

6. Consequences If Information Collected Less Frequently

The Individual Crisis Counseling Services Encounter Log will be completed by the crisis counselor for 100% of all individuals who access this service for 15 minutes in duration or longer. The Group Encounter Log will be completed by the crisis counselor for 100% of all groups that meet for crisis counseling or for public education. The Weekly Tally sheet will be completed by the crisis counselor for 100% of all other brief educational or supportive encounters *not captured by any other form*.

The Adult and Child/Youth Assessment and Referral Tools will be completed by the crisis counselor or Team Leader for 100% of all service recipients who access the individual crisis counseling component multiple times or as deemed necessary. It is predicted that this will be less than 1% of all service users.

The Participant Feedback Form will be completed by service recipients. As a survey, it will be made available at least twice during the CCP Regular Service Program grant to users of crisis

counseling and education services/encounters. The sampling strategy would be determined by the State, but would target at least twice during the nine (9) month program period. The CCP Service Provider Feedback Form will be made available to all CCP Service Providers (i.e., crisis counselors, team leaders) at approximately 6 months and 1 year postdisaster.

The data being collected on the aforementioned forms is already a requirement per 44 CFR 206.171 (F)(a). The introduction of these forms will provide a systematic method for data collection that will improve practice in a way that adheres to the goals and standards of the program and SAMHSA/CMHS for delivering the highest caliber mental health program during a crisis. If CCPs do not collect the data at the aforementioned data points, this may lower the value of the data for SAMHSA/CMHS use, in particular, by losing measurement of intermediate and long-term effects.

7. Consistency with the Guidelines in 5 CFR 1320.5(d)(2)

This information collection fully complies with 5 CFR 1320.5(d)(2).

8. Consultation Outside the Agency

The 60-Day federal register notice required by 5 CFR 1520.8(d) was published in the *Federal Register* on February 29, 2008 (73 FR 11126). The SAMHSA/CMHS staff received comments during the 60-day federal notice period on the existing CCP Data Toolkit forms that currently have OMB approval (***See Attachment A***). These comments have been addressed in the revised forms in the current CCP Data Toolkit that is being requested for OMB approval. SAMHSA/CMHS staff created a working document in order to identify the common and specific issues that were raised during this notice period and provided a response where revisions were made on each forms of the data toolkit in relation to these comments (***See Attachment B***). A key addition that had been repeatedly requested from the field was inclusion of a Child/Youth Assessment and Referral Tool. The Child/Youth Assessment and Referral Tool was developed with the assistance of National Center for Child Traumatic Stress (NCCTS) consultants Dr. Melissa Brymer and Dr. Patricia Watson from National Center for Posttraumatic Stress Disorder (NCPTSD). This new form was available for comment as well during this notice period. Revisions to the existing forms of the toolkit was combined both with field comments from the 60-day notice period and the expertise of the core team members from NCPTSD and NCCTS, all of whom have expertise in instrument design and evaluation.

Additionally, feedback to revised the 2005 OMB approved forms was taken from data collected, analysis, and findings from the cross-site evaluation of CCP grants funded as a result of the 2005 gulf coast hurricanes Katrina, Wilma, and Rita. This included feedback from local program providers and directors charged with oversight or administration of the forms. Finally, as the revised instruments evolved through various stages of design, they were shared with SAMHSA staff that worked with these grantees for even more feedback which was, consequently, incorporated into the toolkit.

The following three (3) experts reviewed the toolkit and found that it was written clearly and the language was concise and accurate. Further, the experts as well as previous users of the toolkit agreed that there should be an increase in the burden with the revised tools as well as a recalculation of how the response burden is determined. ***More information on the rationale for the revised burden table is provided in Item 12 of this supporting statement.*** However, with the revised burden it should take no more than five (5) minutes for the Individual Crisis Counseling Services Encounter Log Form, four (4) minutes for the Group encounter Log Form, ten (10) minutes for the Weekly Tally sheet, and fifteen (15) minutes each for the Adult Assessment and Referral Tool, Child/Youth Assessment and Referral Tool, and the CCP Service Provider Feedback Form. The experts that were consulted included:

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9. Payment to Respondents

The crisis counselor respondents will not receive any payment as completion of some of the forms in the data toolkit is part of their regular work responsibilities within the CCP. These forms are the Individual Encounter Log, Group Encounter Log, Weekly Tally Sheet, both the Adult and Child/Youth Assessment and Referral Tools, and may complete the Service Provider Feedback Survey. The hourly cost associated with the completion of the Participant Feedback

Survey is the processing cost for these forms to be completed by persons who have received crisis counseling services.

10. Assurance of Confidentiality

SAMHSA/CMHS and its contractors or consultants will not receive identifiable client/participant records. Provider-level information will be aggregated to at least the Program level.

Providers and all other potential respondents will be assured that protection is maintained throughout the data collection, and all data is collected anonymously. All data will be closely safeguarded, and no individual identifiers will be used in reports, in which only aggregated data will be reported.

11. Questions of a Sensitive Nature

The questions about mental health and behavioral health issues such as substance abuse could be considered sensitive but they are asked in the context of a behavioral health program by trained professional personnel.

12. Estimates of Annualized Hour Burden

The current burden has been adjusted, an increase, from the previous reported burden rate approved in the September 2005 CCP Data Toolkit to more accurately reflect the how the forms in the CCP Data Toolkit are utilized in the grant to the States. The revised adjusted figures are based on the crisis counselor staff as the respondent for several of the forms (i.e., Individual Encounter Log, Group Encounter Log, Weekly Tally Sheet, Adult and Child/Youth Assessment and Referral Tools, and Service Provider Feedback Survey as opposed to the number of individuals (i.e., recipients of service). The Participant Feedback Survey is the only form to be completed by individuals who receive services. Thus, the revised total amount of time that is estimated for completion of the CCP Data Toolkit, record management by provider staff, entry and upload into an electronic database by the CCPs is 12,297 hours. The annualized hourly costs to respondents are estimated to be $245,940.00. It is estimated from previous CCP reports, crisis counselors (i.e., outreach workers, paraprofessionals; estimated wage $20/hour) are expected to complete most of data collection forms and the hourly cost for the Participant Feedback Survey form is associated with processing costs. The revised burden estimates summarized in the following table (also refer to table footnotes) are based on the reported experience of SAMHSA/CMHS CCP grantees and contractors in compiling, completing, and reporting on the previously approved CCP data toolkit forms.

Estimated Annual Reporting Burden

Data Collection Point	Number of respondents	Responses per Respondent	Total Responses	Hours per Response	Total Hour Burden	Hourly Rate	Total Hour Cost
Individual Crisis Counseling Services Encounter Log Form	200[1]	396[2]	79,200	.08	6,336	20.00	126,720.00
Group Encounter Log Form	100[3]	99[3]	9,900	.04	396	20.00	7,920.00
Weekly Tally Sheet	200[1]	33[4]	6,600	.10	660	20.00	13,200.00
Assessment & Referral Tools	200[1]	158[5]	31,600	.15	4,740	20.00	94,800.00
Participant Feedback	1,000	1	1,000	.15	150	20.00	3,000.00
CCP Service Provider Feedback	100[6]	1	100	.15	15	20.00	300.00
Total	1,200		128,400		12,297		245,940.00

[1] 200 is based on typical average of 10 (1.00 FTE) crisis counselors per grant with an approximate average of 20 grants per year (i.e., 10x20=200).

[2] Average of 12 forms per week for each crisis counselor at 33 weeks that includes both Immediate Services and Regular Services Programs (i.e., 12x33=396).

[3] Average of 3 forms per week for a pair of crisis counselors (i.e., 2 counselors completing 1 form = 100 crisis counselors) at 33 weeks that includes both Immediate Services and Regular Services Programs (3x33=99).

[4] Average of 33 weeks for each grant that includes both Immediate Services and Regular Services Programs.

[5] On average 30% of crisis encounters may result in the use of this optional tool

[6] On average 50% of service providers/crisis counselors may complete or use this optional tool

13. Estimates of Annualized Cost Burden to Respondents

There are neither capital or startup costs nor are there any operation and maintenance costs to respondents as these costs are assumed under the CCP grant funding to the States.

14. Estimates of Annualized Cost to Government

The cost to the government will include approximately .5 FTE senior staff at a GS-14 level for a total of approximately $57,186.00 annualized cost.

15. Changes in Burden

The current burden is 741 hours. SAMHSA/CMHS is requesting 12,297 total burden hours. This adjustment of an increase of 11,556 is due to the respondent being reclassified as the crisis counselor (the person completing the form) instead of the person who the form is being completing on (See Item 12 in this supporting statement).

16. Time Schedule, Publication and Analysis Plans

16.a. Time Schedule

No timetable can be given at this time due to the nature of this data collection effort. A crisis (i.e., natural disaster, terrorist attack, etc.) must occur before a time schedule can be established. CCPs are initially funded to State for 3 months (Immediate Services Program), and then the State may receive funding for 9 months based on need (Regular Service Program). Collection of toolkit data will begin as soon as the CCP is established, and this information will be used to inform the program progress reports filed at 3, 6, and 9 months. A final report will be generated at the end of the program, typically one year after the initial application for the immediate services grant.

The State CCPs will determine when they will collect the Encounter Logs from crisis counselors for review and entry into a database. Typically,

1. Individual Crisis Counseling Services Encounter Log Forms and Group Encounter Log Forms will be collected on an on-going basis as service recipient contact is made. These logs will be submitted to the CCP staff member responsible for reviewing these logs on a regular basis (typically, at the end of each day, but depending on the CCP and the context of the event, this may occur once a week).

2. Weekly Tally Sheets will be completed at least once per week for each county visited and submitted to the CCP staff member responsible for its review.

3. Assessment and Referral Tools when completed will be collected on a daily or weekly basis and submitted to the CCP staff member responsible for its review.

4. Participant Feedback Survey forms will be collected one week per quarter.

5. CCP Service Provider Feedback Survey forms will be collected at least once either at six months and/or one year postdisaster.

16.b. Publication

Service recipient outcome data will be collected through the CCPs. Data will be used to monitor and provide feedback to the CCP while the program is active as well as to SAMHSA/CMHS and FEMA project officers and staff. Copies of quarterly and final reports for each CCP will be maintained by SAMHSA/CMHS. In addition, presentations will be made at grantee meetings and/or conferences at which time aggregate data will be

provided about the performance of the CCP that is hosting the meeting. Additionally, feedback regarding the CCP's performance during that event will be discussed in the context of other CCPs that bear comparison on some single or set of variables.

16.c. Analysis Plan

Once a crisis occurs and a CCP is established, collected data will be used to monitor and provide feedback to the CCP while the program is active as well as to SAMHSA/CMHS and FEMA project officers and federal staff. This data will be entered into a database that will be set up in advance to yield summary tables for both quarterly and final reports for the program. Quarterly reports are used to monitor delivery of services by each program throughout the life of the program, thus giving the project officers an opportunity to determine if service implementation is sufficient to meet the needs of the community and whether service recipients are appropriately identified and reached. This process helps to shape the response in vivo, or on an ongoing basis. The final reports will provide a comprehensive tracking mechanism to show how the CCPs were established and changed over time, lessons learned from the process of establishing and maintaining the CCP, numbers of service recipients reached, how and what services were used over time, and other program factors that will be used to inform the state as to how they can better respond to future disasters. Collected data will also be able to be uploaded electronically into an ongoing national database to produce summary reports of services across all funded CCPs. Because the data being collected at the program level will be collected systematically, analyses will be able to be performed across system variables (e,g, variations in setting such as urban v. rural or variations in program design that lead to more effective outreach). This will enable SAMHSA/CMHS to make better judgments about program-level factors that influence service delivery. There are no plans for publication of this data except as reports to be used internally for monitoring, evaluative, and training purposes.

The descriptive analysis primarily will utilize frequency distributions and counts from each of the Data Toolkit forms in order to address such questions as:

1. How many service recipients were seen in this program?
2. What were the demographic characteristics of the service recipients seen in this program?
3. What were the demographic characteristics of the service providers in this program?
4. What were the levels of exposure to the event for service recipients?
5. What were the levels of stress to the event for service providers?
6. Where were services provided?
7. What services were provided?

The outcome analysis will primarily address:

1. Did the services meet the needs of the service recipients?
2. What were the reactions of service recipients to the disaster?

3. How adequately did the CCP serve the providers in the areas of training, workload, resource availability, supervision, support, stress management?

17. Display of Expiration Date

The expiration date for OMB approval will be displayed on all data collection instruments for which approval is being sought.

18. Exceptions to Certification Statement

This collection of information involves no exceptions to the Certification for Paperwork Reduction Act Submissions. The certifications are included in this submission.

B. STATISTICAL METHODS

1. Sampling Methods

To major efforts were used to inform this section of the OMB Support Statement: 1) a retrospective evaluation of the CCP and 2) a cross-site evaluation of CCP grants funded as a result of the 2005 gulf coast hurricanes. Both studies were preformed by the National Center for Post-Traumatic Stress Disorder as an interagency agreement with SAMHSA/CMHS. The retrospective evaluation involved an archival analysis of all available reports for crisis counseling grants implemented in the fifty United States that closed out over a five-year interval. As such, all crisis counseling projects that closed out between October 1, 1996 and September 30, 2001, and were administered by states, rather than territories, were eligible for analysis. Reports from 44 grants covering 28 disaster events were included in the quantitative analysis for the retrospective evaluation. Given the catastrophic nature of the 2005 gulf coast hurricanes a disaster specific cross-site evaluation of funded CCPs was supported by SAMHSA/CMHS. The cross-site evaluation of the 2005 gulf coast hurricanes programs consisted of 22 grants in17 States active between November 2005 and February 2007, thus 3 to 18 months post Hurricane Katrina. These grants utilized the 2005 OMB approved CCP data collection forms. The means (or averages) from these studies were used to inform this section of the OMB Support Statement.

The estimated number of respondents is 128,400 per year for the CCPs, distributed as follows:

1. Individual Crisis Counseling Services Encounter Log Form = 79,200
    a. Service providers (i.e., crisis counselors/outreach workers) will be required to complete this form for all service recipients who access individual crisis counseling services.

2. Group Encounter Log Form = 9,900
    a. Service providers will be required to complete this form for each group of service recipients who access group crisis counseling services and/or group public education services.

3. Weekly Tally Sheet = 6,600
    a. Service providers will be required to complete this form for all contacts not captured on either the Individual Crisis Counseling Services or Group Encounter Log Forms.

4. Assessment and Referral Tools = 31,600
    a. These tools (Adult or Child/Youth) are intended for intense users of services, defined as all individuals receiving a third or fifth individual crisis counseling visit. This tool will be used beginning three months postdisaster.

5. Participant Feedback Survey = 1,000
    a. These surveys will be collected from a sample of service recipients, not every recipient. The use of a time sampling approach is recommended, e.g., soliciting participation from all counseling encounters one week per quarter.

6. CCP Service Provider Feedback Survey = 100
    a. These surveys will be made available to all service providers, and data will be collected anonymously at least once either at six months and/or one year postdisaster.

Most service provider programs will collect their client information using a paper and pencil method on forms that can be forwarded to a central location for uploading and analysis. The completion of these forms is a part of the daily work requirements for service providers and does not interfere with ongoing program operations.

2. Information Collection Procedures

CCP crisis counselors and outreach workers will complete the Individual Crisis Counseling Services Encounter Log Form and the Group Encounter Log Form after the service recipient(s) has/have left the encounter location. These forms will not be used as a checklist and will not be completed while the service recipient(s) is/are present. Service providers will select variables based on their own perceptions of the service recipient or on information that recipients spontaneously reveal during the encounter.

The Weekly Tally Sheet will also be completed by the CCP crisis counselor or outreach worker at the end of the designated "week" period (e.g., Sunday through Saturday as determined by the CCP and the SAMHSA/CMHS project officer).

The Assessment and Referral Tools will be used as a checklist with the service recipient present. These tools will be read aloud to the recipient, and the recipient will respond to questions accordingly.

Both the CCP Provider and Participant Feedback Surveys will be completed in private and anonymously. They will then be returned by mail to assure the anonymity of the respondent. CCP SAMHSA/CMHS Project Officer along with FEMA staff will provide guidance to the State to determine the most appropriate method for the collection, processing, and sharing of findings for these data.

3. Methods to Maximize Response Rates

Response rates for the Encounter Logs (i.e., Individual Crisis Counseling Services Encounter Log, Group Encounter Log, and Weekly Tally Sheet) and the Assessment and Referral Tools are intended to be 100%. However, it is acknowledged that a 100% completion rate is not always possible due to various reasons (i.e., the counselor may fail to complete a form; a form may not be available; a form may be lost in the administrative process; etc.). Therefore, we estimate there may be a loss rate of up to 5% yielding a completion rate of 95% for each of these forms. Response rates for all Encounter Logs are intended to be 100%, but may be as low as 95%. The Individual Crisis Counseling Services Encounter Log will be completed by the crisis counselor for all individuals who access this service. The Group Encounter Log will be completed by the crisis counselor/outreach worker for all groups that meet for crisis counseling or for public education. The Weekly Tally sheet will be completed by the crisis counselor for all other brief educational or supportive encounters *not captured by any other form*.

The Assessment and Referral Tools are intended to be completed by the crisis counselor or team leader for 100% of all service recipients who access the Individual Crisis Counseling component on the third or fifth time or express an imminent need for intensive services, but rates may be as low as 95%. From previously collected data it is estimated that number of individuals to whom this will apply will be less than 1% of all service users.

The Participant Feedback Form will be completed by service recipients. As a survey, it will be made available based on a time sampling approach as determined by the state. It is recommended that this form be made available one week per quarter to all users of counseling and education services/encounters (e.g., the 10^{th}, 23^{rd}, 36^{th}, and 49^{th} week of the program). Service recipients will be provided with stamped return envelopes to increase their anonymity. The survey form is also accompanied by letters from the program director encouraging participation. The survey form is short enough (i.e., front and back on one sheet of paper) to also facilitate completion.

The CCP Service Provider Feedback Form will be made available to all CCP Service Providers (i.e., crisis counselors/outreach workers) at 6 months and/or 1 year postdisaster. Service providers will be encouraged to complete these surveys.

4. Tests of Procedures

Many items in the CCP toolkit instruments have been taken from established data collection tools that have already been tested for validity and reliability. SAMHSA/CMHS staff have had an opportunity to review the revised tools and all are in agreement with the data items. The Assessment and Referral tools, the Participant Feedback Form, and the CCP Service Provider Form contain elements of the short Post-Traumatic Stress Disorder Rating Interview (SPRINT)

and the SPRINT-E, an expanded version of this form, both of which have been determined in the research to be reliable and internally consistent. The Child/Youth Assessment and Referral Tool have items from the UCLA Reaction Index. Other questions for these three forms, as well as for the Individual and Group Encounter Forms contain items that evolved directly from previous studies (e.g., retrospective and cross-site evaluation of 2005 gulf coast hurricanes) through site visits, interviews, and focus groups with States, direct service providers, and federal staff. Demographics collected across all forms are considered standard items for collection in the research literature and speak directly to the goals of the CCP.

5. Statistical Consultants

The names and phone numbers of project officer and consultant are as follows:

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ATTACHMENTS

A. OMB 60-Day Federal Register Comments

B. Summary of Recommendations for the Revised CCP Data Toolkit

C. Individual Crisis Counseling Services Encounter Log Form

D. Group Encounter Log Form

E. Weekly Tally Sheet

F. Assessment and Referral Tools (Adult and Child/Youth-NEW)

G. Participant Feedback Survey

H. Service Provider Feedback Survey