## Bellamy, Nikki (SAMHSA/CMHS)

**From:** Fran.H.Norris@Dartmouth.EDU
**Sent:** Tuesday, May 20, 2008 11:56 AM
**To:** Bellamy, Nikki (SAMHSA/CMHS)
**Subject:** Re: FW: Titles for CCP Required Training - Revised/Comments from Linda

**Attachments:** Provider Feedback Survey draft2.pdf

Provider Feedback Survey draft...

here are a few thoughts that you can share with Linda:
(1) no problem to update the names

(2) #6 doesn't refer to a constant set of trainings. Different states, different agencies, will offer different types of training beyond the required training. In our preliminary work for the 2005 version, states wanted to capture state/agency trainings differently from the required training. The addition of open-ended questions could be helpful, but they do change the nature of the survey from something that is standardized and comparative to more exploratory. Someone will have to compile and distill this information. Nonetheless, since training has been an area of concern, this might well be worth doing. It will "technically" increase the burden (i.e., from OMB's perspective) but that isn't to say it couldn't be done.

Please give some thought to what you want to cut if you want to expand the training section further. Something would have to go to keep the entire survey to front-back of a single sheet. I've attached the Acrobat draft again to help you all think this through (please keep in mind that the training names are the ones you sent the other day and have not been updated).

(3) In the actual survey these are checkboxes. This table was just to run your newly requested content past you.

(4) The 1-10 range is necessary to allow for comparisons between training ratings and the other domains. The common scale was how we learned, for example, that ratings for training were consistently lower than those for work resources and service quality.

These are my recommendations, but it goes without saying (of course) that meeting your needs is more important, so I'll revise the survey in whatever way you want.

(2)

Suggestions for the Use of the FEMA Crisis Counseling Program (CCP) Toolkit and Forms
Prepared by Kansas State University
March 24, 2008

included

- ***Early, extensive,* and *thorough*** training for the data entry coordinator on the use of the CCP toolkit, including what information is critical for accurate data reporting, how to operate and maneuver within the CCP toolkit, how to generate data reports and visual representations of data
- ***Early, extensive* and *thorough*** training for CCP Outreach Workers/Crisis Counselors, Program Managers, and Team Leaders on proper use of CCP forms including: the purpose of the forms, how to complete each form, information to be included on each form, the importance of timeliness and accuracy of data submission
- Development of a Family Contact Log to maintain an accurate record of contacts made with families in order to differentiate contacts made with individuals, groups, and families.
- Early training and guidance on what information from the CCP toolkit must be reported in the quarterly and end reports, what trends or shifts in data to be aware of and to provide further analysis of, as well as formatting preferences

## Bellamy, Nikki (SAMHSA/CMHS)

**From:** King, Summer (SAMHSA/OAS)
**Sent:** Thursday, March 06, 2008 7:49 AM
**To:** Bellamy, Nikki (SAMHSA/CMHS)
**Cc:** Mannix, Danyelle (SAMHSA/CMHS)
**Subject:** FW: Proposed Project: Data Toolkit Protocol for the Crisis Counseling

Hi Nikki,
Below is a comment on the CCP. You will need to address and include this in the supporting statement.

***Summer King***
***Survey Statistician/***
***OMB Clearance Officer***
***SAMHSA/OAS***
***Room 7-1045***
***1 Choke Cherry Road***
***Rockville, MD 20850***
***Phone: 240-276-1243***
***Fax: 240-276-1260***

***The Office of Applied Studies values your feedback. Please click on the following link to complete a brief customer survey: http://oassurvey.samhsa.gov.***

---

**From:** Elizabeth Harris, Ph.D. [mailto:eharris@emt.org]
**Sent:** Wednesday, March 05, 2008 5:57 PM
**To:** King, Summer (SAMHSA/OAS)
**Subject:** Proposed Project: Data Toolkit Protocol for the Crisis Counseling

Dear Dr. King:

My comments are strictly related to the Participant Feedback Survey. I have no concerns about the burden. My concerns are related to bias and potential lack of range in response.
Bias: Has anyone expressed any concern about the wording on the participant feedback survey? The "*how good*" terminology doesn't seem neutral.
Potential Problems with Response Range: On measures such as this with so many rating points (in this case, 10), responses often tend to cluster in the middle. There should be data from previous cohorts that can determine whether there are a range of responses. I strongly recommend examining previous data before moving forward. If the range is minimal I recommend moving to a five or four point scale.
That's my two cents. Let me know if you have any questions.

*Elizabeth J. Harris, Ph.D.*
*Vice-President*
*Evaluation, Management & Training Associates, Inc.*
*Phone (818)990-8301 ext. 112*
*Fax (818)990-3103*
*15720 Ventura Blvd., The Penthouse*
*Encino, CA 91436*

(4)

## Bellamy, Nikki (SAMHSA/CMHS)

**From:** Bellamy, Nikki (SAMHSA/CMHS)
**Sent:** Thursday, March 13, 2008 12:03 PM
**To:** 'Lizette Alexander'
**Subject:** RE: GRANT INFORMATION - Reply2

Hi Lizette,
Yes, tools would only be administered if a State has received approval for funding under this grant program.
Nikki

Nikki D. Bellamy, Ph.D., Public Health Advisor SAMHSA/CMHS Prevention, Traumatic Stress, and Special Programs
1 Choke Cherry Road, Room 6-1003
Rockville, MD 20857 (postal mail)
20850 (FedEx/UPS/DHL)
240-276-2418 (phone)
240-832-2948 (blackberry)
240-276-1890 (fax)
nikki.bellamy@samhsa.hhs.gov (email)

-----Original Message-----
From: Lizette Alexander [mailto:lralexan@pasco.k12.fl.us]
Sent: Thursday, March 13, 2008 11:20 AM
To: Bellamy, Nikki (SAMHSA/CMHS)
Subject: Re: GRANT INFORMATION - Reply

Thank you for the information. Would I then be safe to assume that the tool is to be used only in times of extreme crisis such as a hurricane?

Lizette Alexander
The District School Board of Pasco County Director, Student Services
(813) 794-2362

On Mar 13, 2008, at 9:36 AM, Bellamy, Nikki (SAMHSA/CMHS) wrote:

> Hi Lizette,
>
> In follow-up to your email to Summer King Here is some information
> about the Crisis Counseling Training and Assistance Program -
>
> The Crisis Counseling Assistance and Training Program (CCP) is one of
> a number of programs funded by the Federal Emergency Management Agency
> (FEMA) under the authority of the Robert T. Stafford Disaster Relief
> and Emergency Assistance Act of 1974 (Stafford Act). The Stafford Act
> was designed to supplement the efforts and available resources of
> State and local governments in alleviating the damage, loss, hardship,
> or suffering caused by a federally declared disaster. Specifically,
> section
> 416 of the Stafford Act authorizes FEMA to fund mental health
> assistance and training activities in affected areas for a specified
> period of time. This mental health assistance is called crisis
> counseling.
>
> For more information please see the attached pdf file of the Stafford
> Act.

(5)

> Nikki D. Bellamy, Ph.D., Public Health Advisor SAMHSA/CMHS Prevention,
> Traumatic Stress, and Special Programs
> 1 Choke Cherry Road, Room 6-1003
> Rockville, MD 20857 (postal mail)
> 20850 (FedEx/UPS/DHL)
> 240-276-2418 (phone)
> 240-832-2948 (blackberry)
> 240-276-1890 (fax)
> nikki.bellamy@samhsa.hhs.gov (email)
>
> -----Original Message-----
> From: Lizette Alexander [mailto:lralexan@pasco.k12.fl.us]
> Sent: Wednesday, March 12, 2008 12:47 PM
> To: King, Summer (SAMHSA/OAS)
> Subject: GRANT INFORMATION
>
> I received information on your new data tool from our grant office but
> I am confused about the grant it refers to. Is this an existing
> grant? or are new grant dollars being made available? Thank you.
>
> <staffordAct.pdf>

[Federal Register: February 29, 2008 (Volume 73, Number 41)]
[Notices]
[Page 11126-11128]
From the Federal Register Online via GPO Access [wais.access.gpo.gov]
[DOCID:fr29fe08-88]

---

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

Comments are invited on: (a) Whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: Data Toolkit Protocol for the Crisis Counseling Assistance and Training Program (CCP) (OMB No. 0930-0270)--Revision

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) will create a toolkit to be used for the purposes of collecting data on the Crisis Counseling Assistance and Training Program (CCP). The CCP provides supplemental funding to states and territories for individual and community crisis intervention services during a federal declared disaster in accordance with section 416, Robert T. Stafford Disaster Relief and Emergency Assistance Act (Pub. L. 93-288, as amended).

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 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), gulf coast States affected by the 2005 hurricanes, and recent 2007 southern California wildfires have primarily addressed the short-term mental and behavioral health needs of communities through (a) outreach and public education, (b) individual and group counseling, and (c) referral. Disaster victims are

[[Page 11127]]

normally resilient people responding to abnormally stressful events, thus crisis counseling services are directed at normalizing individuals' experience and distress. Outreach and public education serve primarily to normalize reactions and to engage people who might need further care. Crisis counseling is a strengths-based approach that 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. Crisis counseling may be a one time event or typically continues no more than a few times on several different

occasions. Since 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, substance abuse, or other severe behavioral health problems.

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

The components of the data tool kit are listed and described below:

Encounter logs. These forms document all services provided. Completion of these logs by the crisis counselors is required during both the CCP Immediate Services Program (first 60 days after the disaster declaration) and the Regular Services Program (up to 9 months after Immediate Services Program). There are three types of encounter logs: (1) Individual Crisis Counseling Services Encounter Log; (2) Group Encounter Log; and (3) Weekly Tally Sheet.

[cir] 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, 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.

[cir] Group Encounter Log. This form also completed by crisis counselors 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 where participants do most of the talking or education where a formally presentation is conducted). Information collected includes services characteristics, group identity, and activity topics.

[cir] Weekly Tally Sheet. Similar to the Individual and Group Encounter Logs, this form is completed by crisis counselors or other appropriate program staff and documents brief educational and supportive encounters not captured on either the Individual or Group Encounter Logs. Information collected includes service characteristics, daily tallies and weekly totals for brief educational or supportive contacts such as mailings, telephone calls, email contacts and material distribution with no or minimal in-person interaction.

The following three tools of the Data Toolkit: (1) Assessment and Referral, (2) Participant Feedback, and (3) CCP Service Provider Feedback are typically introduced when the Regular Services Program begins. These tools are not required to be completed; they are strongly encouraged, but optional.

Assessment and Referral Tool. This tool provides descriptive information about intense users of services, defined as all individuals receiving a third individual crisis counseling visit. This tool will be completed by the crisis counselor.

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.

CCP Service Provider Feedback. These surveys are completed by and collected from the CCP service providers anonymously at six months and one year postevent. The survey will be coded on several program-level as well as worker-level variables. However, the program itself will be identified and shared with program management only if the number of individual workers was greater than 20. Estimates of Annualized Hour Burden

Estimates of Annualized Hour Burden

| Form | Number of respondents | Responses per respondent | Total responses | Hours per response | Total hour burden |
|---|---|---|---|---|---|
| Individual Crisis Counseling Services Encounter Log Form.... | \1\ 200 | 40 | 8,000 | .03 | 240 |
| Group Encounter Log Form..... | 94 | 50 | 4,700 | .03 | 141 |
| Weekly Tally Sheet..... | \1\ 200 | \2\ 33 | 6,600 | .08 | 528 |
| Assessment & Referral Tool..... | \1\ 200 | \3\ 12 | 2,400 | .08 | 192 |
| Participant Feedback..... | 1,000 | 1 | 1,000 | .06 | 60 |
| CCP Service Provider Feedback... | 300 | 1 | 300 | .08 | 24 |
| Total..... | ..... | ..... | 23,000 | ..... | 1,185 |

\1\ 200 is based on typical average of 10 crisis counselors per grant with an approximate average of 20 grants per year.
\2\ Average of 33 weeks for each grant that includes both Immediate Services and Regular Services Programs.
\3\ On average 30% of crisis of encounters may result in use of this optional tool.

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 7-1044, One Choke Cherry Road, Rockville, MD 20857 and e-mail her a copy at summer.king@samhsa.hhs.gov. Written comments should be received within 60 days of this notice.

[[Page 11128]]

Dated: February 21, 2008.
Elaine Parry,
Acting Director, Office of Program Services.
[FR Doc. E8-3903 Filed 2-28-08; 8:45 am]

BILLING CODE 4162-20-P

(9)

## Bellamy, Nikki (SAMHSA/CMHS)

**From:** King, Summer (SAMHSA/OAS)
**Sent:** Wednesday, March 12, 2008 1:33 PM
**To:** Bellamy, Nikki (SAMHSA/CMHS)
**Subject:** FW: GRANT INFORMATION

**Attachments:** DATA TOOLKIT PROTOCOL.pdf; ATT1278642.txt; pastedGraphic.tiff; ATT1278643.txt


DATA TOOLKIT ROTOCOL.pdf (77 ..


ATT1278642.txt (280 B)


pastedGraphic.tiff (48 KB)


ATT1278643.txt (68 B)

Nikki,

Please respond this question and cc me also.
Thanks,

Summer King
Survey Statistician/
OMB Clearance Officer
SAMHSA/OAS
Room 7-1045
1 Choke Cherry Road
Rockville, MD 20850
Phone: 240-276-1243
Fax: 240-276-1260

The Office of Applied Studies values your feedback. Please click on the following link to complete a brief customer survey: http://oassurvey.samhsa.gov.

-----Original Message-----
From: Lizette Alexander [mailto:lralexan@pasco.k12.fl.us]
Sent: Wednesday, March 12, 2008 12:47 PM
To: King, Summer (SAMHSA/OAS)
Subject: GRANT INFORMATION

I received information on your new data tool from our grant office but I am confused about the grant it refers to. Is this an existing grant? or are new grant dollars being made available? Thank you.

Need to respond

(10)

ATT1278642

Lizette Alexander
The District School Board of Pasco County
Director, Student Services
(813) 794-2362

"Our first teacher is our own heart"

Native American Saying
November - Native American month

**From:** Jeannette David [mailto:jedavid@dhr.state.ga.us]
**Sent:** Friday, April 25, 2008 1:04 PM
**To:** King, Summer (SAMHSA/OAS)
**Cc:** Audrey Sumner; Daniel Trussell; Lynne Wright; Rachel Davis
**Subject:** Public Notice Comments

Dear Ms. King:
Enclosed are comments from the State of Georgia on the proposed revision of the *Data Toolkit Protocol for the Crisis Counseling Assistance and Training Program (CCP).* A hard copy of these comments is being mailed to you today.

Contact Jeannette David at 404-657-2354 or email jedavid@dhr.state.ga.us if you have any questions.

Jeannette David
Disaster Preparedness Planner
MHDDAD
2 Peachtree St. NW Suite 23-213
Atlanta, GA. 30303
404-657-2354
Fax 404-657-2160
jedavid@dhr.state.ga.us

12

Public Notice Comments
Georgia Mental Health, Developmental Disabilities and Addictive Diseases
Disaster Preparedness Planner

Federal Register: February 29, 2008, Volume 73, Number 41, Pages 11126-11128

We have review the proposed revision to the Crisis Counseling Data Collection instruments and offer the following comments:

a) Whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility.

Response: It is important to be able to provide information about the disaster work completed. The data tool kit provides standardized and readily available collection instruments that a state or program can utilize as they are responding to the disaster. It helps to substantiate the work performed to the public, as well as to state and federal entities, and should help to support funding requirements. It is also important to submit the data to the federal government so that they may analyze the data across states or disasters to better inform disaster preparedness and related response.

b) The accuracy of the agency's estimate of the burden of the proposed collection of information.

Response: Based on our Crisis Counseling Program experience, the public burden statement understates the time requirement to complete the forms and understand the instructions. The interaction required with a disaster survivor to obtain the information necessary to complete the forms and the actual time to complete the forms, and to double check the instructions to ensure that the form is being completed correctly is understated. At a minimum, the time estimate should be doubled. Additionally, the estimates are based on the number of minutes per client per year. A better factor would be per encounter. Many of the forms have to be completed several times on one client - each time during the course of a CCP that there is an encounter with the client; per encounter would be a better measure.

c) Ways to enhance the quality, utility, and clarity of the information to be collected.

Response:

Adult Assessment and Referral Tool:

- The training documents on this form indicate that you should also use this form if you are concerned about the mental health of a client. This is not included on the form instructions.
- This form also needs better instructions on determining acceptance of a referral.

- The second, or back, page of several of the forms are not clearly marked as to the title of the form. For a new counselor, this can be confusing, and potentially impact collection of required data.
- Since a Child and Adolescent Assessment and Referral Tool is being added, the instructions for the Adult Assessment and Referral Tool should clearly indicate that it is related to the Adult form.

Individual Crisis Counseling Services Encounter Log

- Under Location of Service, there should be a box for group living arrangement (nursing home, group home). During disaster response, this is a common location of service, which should be captured. This should be included on the short and long forms.
- Instructions: Under Ethnicity, "what" should be "was this person Hispanic/Latino?"
- There needs to be better instructions on when the short of long form should be used.
- On the long form, the page that begins with Event Reactions, is not clearly identified as to the form name.

Group Encounter Log

- In our CCP disaster response experience, we have found this form to be very confusing, difficult to complete, and generally of limited usefulness. In disaster response, often times, the groups don't have a lot of common identities. The age ranges included on the form for the number of participants help to define the group.
- In the Group Identities section or instructions, the word "primarily" should be better defined.
- Additionally, the instructions should be made clearer, as to data collection requirements when the outreach worker cannot detect or specify a common identity, and more specifically when the forms are to be completed – every meeting of every group.

Child and Adolescent Assessment and Referral Tool

- We commend the addition of this tool, as children's reactions to disasters are of concern.
- The name of the form should be included on the back or second page.
- The rating scale in the Introduction section is much too complex, and confusing for an outreach worker to administer in the field. The simple rating scale listed in the Answer Choices is much more appropriate to administer. The grids should be eliminated.
- The coding structure refers to a month, yet some of the questions refer to a week.
- It is not clear if the intent is to capture the child or parent/caretaker's thoughts.
- Items scored 3 or 4, total here. Again, this seems complex from an outreach worker standpoint.
- Referral should include a checkbox for school counselor.
- The instructions should clarify what is expected regarding referral accepted. This is often, no more than a guess on the part of an outreach worker. Perhaps, there should even be a check box for unknown, because oftentimes that is the reality.

While we have comments on these forms, we do feel that collection and analysis of mental health disaster response data is essential to describe outreach work and to inform future disaster response.

**Bellamy, Nikki (SAMHSA/CMHS)**

**From:** Bellamy, Nikki (SAMHSA/CMHS)
**Sent:** Wednesday, April 09, 2008 10:59 PM
**To:** charlesgcook@comcast.net
**Cc:** Loomis, Shannon (SAMHSA/CMHS); Ridley, Portland (SAMHSA/CMHS); Rest-Mincberg, Carol (SAMHSA/OPPB); King, Summer (SAMHSA/OAS); Oppenheim, Jennifer (SAMHSA/CMHS); Ligenza, Linda (SAMHSA/CMHS); Oglesby, Heather (SAMHSA/CMHS); Seligman, Jamie (SAMHSA)
**Subject:** RE: comments on data tool kit Federal Register - Reply

Hi Charlie,

Please see my response to your comments in CAPS below within your email on the OMB 60-day Federal Register Notice for the Data ToolKit for the Crisis Counseling Assistance and Training Program.

Thanks for taking the time to review and share your comments, Nikki

---

From: Charlie Cook [mailto:charlesgcook@comcast.net]
Sent: Friday, March 28, 2008 10:42 AM
To: King, Summer (SAMHSA/OAS)
Subject: comments on data tool kit

I am forwarding this in response to the posting on the CCP data tool kit in the Federal Register which offered an opportunity to provide comments on the new version. According to the Register notice, comments are invited on: (a) Whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

The comments below are most appropriate to (a) and (c).

The forms look pretty similar to those already in use and I have little to suggest in terms of changes on the forms as they are. You might consider changes on the "New Individual log LONG" for under behavioral.
They now read: "Extreme change in activity level & Excessive drug or alcohol use" respectively. I would use the phrases "Unusual Activity Level" and "Unusual Drug or Alcohol Use." In my opinion the focus is on the change from pre-disaster activity and "extreme or Excessive" is fairly subjective on the part of the counselor. YES, WE CAN MAKE THIS CHANGE IN WORDING AS WE REVISE THE TOOLS BASED ON COMMENTS TO THE FEDERAL REGISTER

Overall I have been concerned about the preponderance of data that relates to trauma (PTSD or ASD diagnostic criteria) compared to the problems faced by disaster survivors struggling with adjustment issues, guilt, shame, anger, isolation related to a perception of loneness in their reactions rather than avoidance; and family or community issues related to adjustment, altered living arrangements and difficulties/barriers in asking for help. WE CAN LOOK AT CONSIDERING A SOCIAL ADJUSTMENT ITEMS TO ADDRESS THIS COMMENT

In my opinion the forms steer counselors toward questions and services related to trauma and psychological disorder and less so on recovery planning, psycho-social stress and

coping. For instance one of the issues families face following a disaster relates to a forced or unavoidable change in roles. Perhaps in a traditional family, the husband lost work and now relies on his wife for income. Or perhaps children, especially teens are thrust into more adult caretaking roles.
For little kids, the fact that parents are preoccupied with recovery, red tape and rebuilding limits the amount of attention and care that can be given. In turn, children escalate their efforts to gain attention, perhaps in negative or maladaptive ways. All of this has little or nothing to do with trauma, but lots to do familial relations and the day to day burden of a long period of recovery and rebuilding their lives.

In my opinion, counselors pay less attention to adjustment and psycho-social stressors if they are not directed routinely through the documentation process. I think with some adjustments or additions, the documentation process could help steer programming not just toward certain demographics and report the incidence of trauma symptoms, but paint a clearer picture of a broader range of recovery issues common to those recovering from disaster. In other words, by keeping track of a broader range of issues the CCP could more quickly adapt to community or survivor concerns and thus a more effective service.
WE CAN ALSO LOOK AT CONSIDERING ITEMS THE FOCUS ON COPING AND RECOVERY SKILLS. PLEASE NOTE THAT THE TOOLS ARE NOT INTENDED TO STEER COUNSELORS IN ANY DIRECTION. THE RISK FACTOR SET INCLUDES DISPLACEMENT, UNEMPLOYMENT, PROPERTY DAMAGE, AND FINANCIAL PROBLEMS. I'D BE OPEN TO SUGGESTIONS THAT CAN BE CAPTURED SIMPLY - WITHOUT A LOT OF EXPLANATION. CHANGE IN FAMILY ROLES FOR EXAMPLE IS CLEARLY IMPORTANT, BUT WILL COUNSELORS UNDERSTAND WHAT THAT IS?

While I worked for SAMHSA the issues around evaluation and data collection came up regularly. I shared my concern then that the data requirements and forms developed then were not helpful to those managing programs. I still feel that way. The data collected is great and will hopefully lead to a useful evaluation of the CCP as a valuable component of recovery. However, in addition to the notes above, the managers and team leaders would benefit from a form which leads to sound counseling practice and a more robust supervisory role . Perhaps this needs to be done separately, but in my opinion it is part of the process of counseling to be held accountable for good practice. This would take time and space in addition to the information gathered currently. In the past as a supervisor/manager I wanted a narrative about any intervention lasting more than a few minutes. That narrative would require an explanation of what was discussed, primary issues addressed, whether referrals were given and why and whether a follow-up was set up.
The forms as they are leave no room for an explanation of what the counselor actually did. I would recommend such a form be used routinely. This is confounded in some ways because the data leads one to ask questions regarding the event or the circumstances around the event (evacuation, home damage, injury) which may have nothing to do with the problem being addressed today (living situation, parenting, social isolation). WE WILL CONSIDER DEVELOPING GUIDANCE MATERIAL TO ASSIST CCP PROGRAMS IN HOW THEY USE DATA TO IMPROVE MANAGEMENT AND SERVICE DELIVERY. THIS IS PARTLY ADDRESSED BY INCLUDING ADDITIONAL ITEMS PERTAINING TO SOCIAL ADJUSTMENT. THE BROADER ISSUE ABOUT THE UTILITY OF THE TOOLS IN MANAGEMENT DOES REQUIRE ADDITIONAL GUIDANCE AS YOU SUGGEST, AND PROMPT TRAINING. THE COLLECTION OF NARRATIVES WOULD BE INCONSISTENT WITH KEEPING THE BURDEN OF THE TOOLS TO A MINIMUM. THE TOOLS ARE CURRENT ARE NOT INTENDED TO REPLACE COUNSELOR SUPERVISION.

If the tool kit ends up in use in the current form or the form proposed in the Federal Register notice, I would recommend that SAMHSA and FEMA garner assistance from state or local CCP program managers and leaders on the development of guidance on an additional program management tool.
WE WILL TAKE THIS UNDER CONSIDERATION, HAVING SOMEONE DEVELOP A PROGRAM MANAGEMENT TOOL IS A GOOD IDEA. IT WOULD NOT BE PART OF THIS CURRENT TOOLKIT BECAUSE IT WOULD TAKE SOME TIME TO DEVELOP - COULD BE CONSIDER UNDER THE NEXT DATA TOOLKIT VERSION. IT ALSO MAY BE CONSIDERED AS AN ADDENDUM TO THE CCP GENERAL GUIDANCE.

If you have questions or I've been unclear in this comment, please feel free to call or email.

## Bellamy, Nikki (SAMHSA/CMHS)

**From:** Charlie Cook [charlesgcook@comcast.net]
**Sent:** Thursday, April 10, 2008 5:27 PM
**To:** Bellamy, Nikki (SAMHSA/CMHS)
**Cc:** 'Fran H. Norris'
**Subject:** RE: comments on data tool kit Federal Register - Reply

Quick follow-up to earlier email. Fran and I had a very interesting conversation this afternoon. Fran said that she had forwarded my concept form to you. I'll be interested in hearing your thoughts/questions. Perhaps some of the concepts/categories can be weaved into the larger evaluation. In short, I think Fran and I are in agreement about the overall value of the evaluation and the data we have and continue to collect. We discussed some steps that might add value to the process including the ideas presented in my "form" and will have further discussions around the data/evaluation piece.

One thing I will note that Fran and I also discussed is that even though the data forms were never meant to guide the counseling process, they do by default. That is, because the counselors in the field have only these data forms to concern themselves with as they return to their teams/supervisors, and the forms are "required by the feds," they will automatically make sure that they are thinking of filling the form out satisfactorily, and thus focus on those items/categories/questions on the forms. Sadly, many will do this to the exclusion of other counseling foci. Partly this is training and supervision, but its also just human nature, the culture of "social work."

The other thing of note that we spoke of is the availability of enhanced reports, graphs and trend lines that could be developed which could give managers on the micro level as well as macro level, a more time sensitive picture of service activity. Currently, the standard reports are difficult to decipher and analyze without spending an inordinate amount of time sorting through them.

I would be happy to discuss further if you feel it will be worth while.

Charles G. Cook, LSW
Emergency Behavioral Health Professionals
5572 Jenni Lane
White Bear Lake, MN 55110
612-385-5051 (cell)
charlesgcook@comcast.net

---

**From:** Bellamy, Nikki (SAMHSA/CMHS) [mailto:nikki.bellamy@samhsa.hhs.gov]
**Sent:** Thursday, April 10, 2008 11:18 AM
**To:** Charlie Cook
**Subject:** RE: comments on data tool kit Federal Register - Reply

Thanks again for your attention and input, look forward to the outcome of discussions with Fran.

**Nikki D. Bellamy, Ph.D.**, Public Health Advisor SAMHSA/CMHS
Prevention, Traumatic Stress, and Special Programs
1 Choke Cherry Road, Room 6-1003
Rockville, MD 20857 (postal mail)
20850 (FedEx/UPS/DHL)
240-276-2418 (phone)
240-832-2948 (blackberry)
240-276-1890 (fax)
nikki.bellamy@samhsa.hhs.gov (email)

---

**From:** Charlie Cook [mailto:charlesgcook@comcast.net]
**Sent:** Thursday, April 10, 2008 11:25 AM
**To:** Bellamy, Nikki (SAMHSA/CMHS)

**Cc:** Loomis, Shannon (SAMHSA/CMHS); Ridley, Portland (SAMHSA/CMHS); Rest-Mincberg, Carol (SAMHSA/OPPB); King, Summer (SAMHSA/OAS); Oppenheim, Jennifer (SAMHSA/CMHS); Ligenza, Linda (SAMHSA/CMHS); Oglesby, Heather (SAMHSA/CMHS); Seligman, Jamie (SAMHSA)
**Subject:** RE: comments on data tool kit Federal Register - Reply

Thanks Nikki, your responses are appreciated. I can shed more light on my thinking for the various pieces. I've also contacted Fran Norris and sent her some additional ideas for discussion. She and I are scheduled to discuss that this afternoon. I've also discussed this with a couple of other colleagues in forming my thoughts. Once I have had a chance to chat with Fran I will send an additional response to your comments.

Thanks again.

Charlie Cook
612-385-5051

---

**From:** Bellamy, Nikki (SAMHSA/CMHS) [mailto:nikki.bellamy@samhsa.hhs.gov]
**Sent:** Wednesday, April 09, 2008 9:59 PM
**To:** charlesgcook@comcast.net
**Cc:** Loomis, Shannon (SAMHSA/CMHS); Ridley, Portland (SAMHSA/CMHS); Rest-Mincberg, Carol (SAMHSA/OPPB); King, Summer (SAMHSA/OAS); Oppenheim, Jennifer (SAMHSA/CMHS); Ligenza, Linda (SAMHSA/CMHS); Oglesby, Heather (SAMHSA/CMHS); Seligman, Jamie (SAMHSA)
**Subject:** RE: comments on data tool kit Federal Register - Reply

Hi Charlie,

Please see my response to your comments in CAPS below within your email on the OMB 60-day Federal Register Notice for the Data ToolKit for the Crisis Counseling Assistance and Training Program.

Thanks for taking the time to review and share your comments, Nikki

---

From: Charlie Cook [mailto:charlesgcook@comcast.net]
Sent: Friday, March 28, 2008 10:42 AM
To: King, Summer (SAMHSA/OAS)
Subject: comments on data tool kit

I am forwarding this in response to the posting on the CCP data tool kit in the Federal Register which offered an opportunity to provide comments on the new version. According to the Register notice, comments are invited on: (a) Whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

The comments below are most appropriate to (a) and (c).

The forms look pretty similar to those already in use and I have little to suggest in terms of changes on the forms as they are. You might consider changes on the "New Individual log LONG" for under behavioral.
They now read: "Extreme change in activity level & Excessive drug or alcohol use" respectively. I would use the phrases "Unusual Activity
Level" and "Unusual Drug or Alcohol Use." In my opinion the focus is
on the change from pre-disaster activity and "extreme or Excessive" is fairly subjective on the part of the counselor. YES, WE CAN MAKE THIS CHANGE IN WORDING AS WE REVISE THE

TOOLS BASED ON COMMENTS TO THE FEDERAL REGISTER

Overall I have been concerned about the preponderance of data that relates to trauma (PTSD or ASD diagnostic criteria) compared to the problems faced by disaster survivors struggling with adjustment issues, guilt, shame, anger, isolation related to a perception of loneness in their reactions rather than avoidance; and family or community issues related to adjustment, altered living arrangements and difficulties/barriers in asking for help. WE CAN LOOK AT CONSIDERING A SOCIAL ADJUSTMENT ITEMS TO ADDRESS THIS COMMENT

In my opinion the forms steer counselors toward questions and services related to trauma and psychological disorder and less so on recovery planning, psycho-social stress and coping. For instance one of the issues families face following a disaster relates to a forced or unavoidable change in roles. Perhaps in a traditional family, the husband lost work and now relies on his wife for income. Or perhaps children, especially teens are thrust into more adult caretaking roles.
For little kids, the fact that parents are preoccupied with recovery, red tape and rebuilding limits the amount of attention and care that can be given. In turn, children escalate their efforts to gain attention, perhaps in negative or maladaptive ways. All of this has little or nothing to do with trauma, but lots to do familial relations and the day to day burden of a long period of recovery and rebuilding their lives.

In my opinion, counselors pay less attention to adjustment and psycho-social stressors if they are not directed routinely through the documentation process. I think with some adjustments or additions, the documentation process could help steer programming not just toward certain demographics and report the incidence of trauma symptoms, but paint a clearer picture of a broader range of recovery issues common to those recovering from disaster. In other words, by keeping track of a broader range of issues the CCP could more quickly adapt to community or survivor concerns and thus a more effective service.
WE CAN ALSO LOOK AT CONSIDERING ITEMS THE FOCUS ON COPING AND RECOVERY SKILLS. PLEASE NOTE THAT THE TOOLS ARE NOT INTENDED TO STEER COUNSELORS IN ANY DIRECTION. THE RISK FACTOR SET INCLUDES DISPLACEMENT, UNEMPLOYMENT, PROPERTY DAMAGE, AND FINANCIAL PROBLEMS. I'D BE OPEN TO SUGGESTIONS THAT CAN BE CAPTURED SIMPLY - WITHOUT A LOT OF EXPLANATION. CHANGE IN FAMILY ROLES FOR EXAMPLE IS CLEARLY IMPORTANT, BUT WILL COUNSELORS UNDERSTAND WHAT THAT IS?

While I worked for SAMHSA the issues around evaluation and data collection came up regularly. I shared my concern then that the data requirements and forms developed then were not helpful to those managing programs. I still feel that way. The data collected is great and will hopefully lead to a useful evaluation of the CCP as a valuable component of recovery. However, in addition to the notes above, the managers and team leaders would benefit from a form which leads to sound counseling practice and a more robust supervisory role . Perhaps this needs to be done separately, but in my opinion it is part of the process of counseling to be held accountable for good practice. This would take time and space in addition to the information gathered currently. In the past as a supervisor/manager I wanted a narrative about any intervention lasting more than a few minutes. That narrative would require an explanation of what was discussed, primary issues addressed, whether referrals were given and why and whether a follow-up was set up.
The forms as they are leave no room for an explanation of what the counselor actually did. I would recommend such a form be used routinely. This is confounded in some ways because the data leads one to ask questions regarding the event or the circumstances around the event (evacuation, home damage, injury) which may have nothing to do with the problem being addressed today (living situation, parenting, social isolation). WE WILL CONSIDER DEVELOPING GUIDANCE MATERIAL TO ASSIST CCP PROGRAMS IN HOW THEY USE DATA TO IMPROVE MANAGEMENT AND SERVICE DELIVERY. THIS IS PARTLY ADDRESSED BY INCLUDING ADDITIONAL ITEMS PERTAINING TO SOCIAL ADJUSTMENT. THE BROADER ISSUE ABOUT THE UTILITY OF THE TOOLS IN MANAGEMENT DOES REQUIRE ADDITIONAL GUIDANCE AS YOU SUGGEST, AND PROMPT TRAINING. THE COLLECTION OF NARRATIVES WOULD BE INCONSISTENT WITH KEEPING THE BURDEN OF THE TOOLS TO A MINIMUM. THE TOOLS ARE CURRENT ARE NOT INTENDED TO REPLACE COUNSELOR SUPERVISION.

If the tool kit ends up in use in the current form or the form proposed in the Federal Register notice, I would recommend that SAMHSA and FEMA garner assistance from state or local CCP program managers and leaders on the development of guidance on an additional program management tool.
WE WILL TAKE THIS UNDER CONSIDERATION, HAVING SOMEONE DEVELOP A PROGRAM MANAGEMENT TOOL IS A GOOD IDEA. IT WOULD NOT BE PART OF THIS CURRENT TOOLKIT BECAUSE IT WOULD TAKE SOME TIME TO DEVELOP - COULD BE CONSIDER UNDER THE NEXT DATA TOOLKIT VERSION. IT ALSO MAY BE CONSIDERED AS AN ADDENDUM TO THE CCP GENERAL GUIDANCE.

If you have questions or I've been unclear in this comment, please feel free to call or email.
--- end of quote ---

## Bellamy, Nikki (SAMHSA/CMHS)

**From:** King, Summer (SAMHSA/OAS)
**Sent:** Friday, March 28, 2008 1:31 PM
**To:** Bellamy, Nikki (SAMHSA/CMHS)
**Subject:** FW: comments on data tool kit

Nikki,
Please address his concerns and cc me on it.
Thanks,

***Summer King***
***Survey Statistician/***
***OMB Clearance Officer***
***SAMHSA/OAS***
***Room 7-1045***
***1 Choke Cherry Road***
***Rockville, MD 20850***
***Phone: 240-276-1243***
***Fax: 240-276-1260***

***The Office of Applied Studies values your feedback. Please click on the following link to complete a brief customer survey:*** http://oassurvey.samhsa.gov.

---

**From:** Charlie Cook [mailto:charlesgcook@comcast.net]
**Sent:** Friday, March 28, 2008 10:42 AM
**To:** King, Summer (SAMHSA/OAS)
**Subject:** comments on data tool kit

I am forwarding this in response to the posting on the CCP data tool kit in the Federal Register which offered an opportunity to provide comments on the new version. According to the Register notice, comments are invited on: (a) Whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

The comments below are most appropriate to (a) and (c).

The forms look pretty similar to those already in use and I have little to suggest in terms of changes on the forms as they are. You might consider changes on the "New Individual log LONG" for under behavioral. They now read: "Extreme change in activity level & Excessive drug or alcohol use" respectively. I would use the phrases "Unusual Activity Level" and "Unusual Drug or Alcohol Use." In my opinion the focus is on the change from pre-disaster activity and "extreme or Excessive" is fairly subjective on the part of the counselor.

Overall I have been concerned about the preponderance of data that relates to trauma (PTSD or ASD diagnostic criteria) compared to the problems faced by disaster survivors struggling with adjustment issues, guilt, shame, anger, isolation related to a perception of loneness in their reactions rather than avoidance; and family or community issues related to adjustment, altered living arrangements and difficulties/barriers in asking for help.

In my opinion the forms steer counselors toward questions and services related to trauma and psychological disorder and less so on recovery planning, psycho-social stress and coping. For instance one of the issues families face following a disaster relates to a forced or unavoidable change in roles. Perhaps in a traditional family, the husband lost work and now relies on his wife for income. Or perhaps children, especially teens are thrust into more adult caretaking roles. For little kids, the fact that parents are preoccupied with recovery, red tape and rebuilding limits the amount of attention and care

that can be given. In turn, children escalate their efforts to gain attention, perhaps in negative or maladaptive ways. All of this has little or nothing to do with trauma, but lots to do familial relations and the day to day burden of a long period of recovery and rebuilding their lives. In my opinion, counselors pay less attention to adjustment and psycho-social stressors if they are not directed routinely through the documentation process. I think with some adjustments or additions, the documentation process could help steer programming not just toward certain demographics and report the incidence of trauma symptoms, but paint a clearer picture of a broader range of recovery issues common to those recovering from disaster. In other words, by keeping track of a broader range of issues the CCP could more quickly adapt to community or survivor concerns and thus a more effective service.

While I worked for SAMHSA the issues around evaluation and data collection came up regularly. I shared my concern then that the data requirements and forms developed then were not helpful to those managing programs. I still feel that way. The data collected is great and will hopefully lead to a useful evaluation of the CCP as a valuable component of recovery. However, in addition to the notes above, the managers and team leaders would benefit from a form which leads to sound counseling practice and a more robust supervisory role . Perhaps this needs to be done separately, but in my opinion it is part of the process of counseling to be held accountable for good practice. This would take time and space in addition to the information gathered currently. In the past as a supervisor/manager I wanted a narrative about any intervention lasting more than a few minutes. That narrative would require an explanation of what was discussed, primary issues addressed, whether referrals were given and why and whether a follow-up was set up. The forms as they are leave no room for an explanation of what the counselor actually did. I would recommend such a form be used routinely. This is confounded in some ways because the data leads one to ask questions regarding the event or the circumstances around the event (evacuation, home damage, injury) which may have nothing to do with the problem being addressed today (living situation, parenting, social isolation).

If the tool kit ends up in use in the current form or the form proposed in the Federal Register notice, I would recommend that SAMHSA and FEMA garner assistance from state or local CCP program managers and leaders on the development of guidance on an additional program management tool.

If you have questions or I've been unclear in this comment, please feel free to call or email.

Charles G. Cook, LSW
Emergency Behavioral Health Professionals
5572 Jenni Lane
White Bear Lake, MN 55110
612-385-5051 (cell)
charlesgcook@comcast.net

**Crisis Counseling Program**
**Counseling Summary Data**

Survivor Identifier _____

Initial Visit ☐ Follow-up visit ☐ Face-to-face ☐ Phone Call ☐

## Adult Summary

| Primary Recovery Concern | | Secondary Recovery Concern | | Issues Compounding Disaster Recovery | |
|---|---|---|---|---|---|
| Trauma Reaction | | Trauma Reaction | | Past Trauma | |
| Family Strife | | Family Strife | | Addictive Disorder | |
| Housing – Rebuilding | | Housing – Rebuilding | | Physical Injury/Disability | |
| Social Isolation | | Social Isolation | | Poverty | |
| Economic – Financial | | Economic | | Sickness – Disease | |
| Parenting | | Parenting | | Literacy | |
| Grief or Loss | | Grief or Loss | | Unrelated Loss | |
| Living Situation | | Living Situation | | Mental Illness | |
| Lack or Loss of Resources | | Lack or Loss of Resources | | Stigma | |
| Transportation | | Transportation | | Cultural/Language Barrier | |
| Child Care | | Child Care | | | |
| Elder Care | | Elder Care | | | |
| Job Loss - Employment | | Job Loss - Employment | | | |
| Spirituality | | Spirituality | | | |
| Other | | Other | | Other | |

Other _____

## Children's Summary

| Primary Recovery Concern | | Secondary Recovery Concern | | Issues Compounding Disaster Recovery | |
|---|---|---|---|---|---|
| Trauma Reaction | | Trauma Reaction | | Past Trauma | |
| Regressive Behaviors | | Regressive Behaviors | | Physical Injury/Disability | |
| Risk-taking Behaviors | | Risk-taking Behaviors | | Learning Disability | |
| Unusual Aggression | | Unusual Aggression | | Poverty | |
| Unusual Emotionality | | Unusual Emotionality | | Sickness – Disease | |
| Clingy | | Clingy | | Unrelated Loss | |
| Unusual Acting Out | | Unusual Acting Out | | Mental Illness | |
| Apathetic | | Apathetic | | Stigma | |
| School Performance | | School Performance | | Cultural/Language Barrier | |
| Drug/Alcohol Use | | Drug/Alcohol Use | | | |
| Tobacco Use | | Tobacco Use | | | |
| | | | | | |
| Other | | Other | | Other | |

Other _____

**Crisis Counseling Program**
**Counseling Summary Data**

## Service Summary

| Summary of Counseling Activity: | Yes | No |
|---|---|---|
| Situational Assessment Completed | | |
| • Emotional Status (Listening to the story) | | |
| • Steps Taken (FEMA – SBA – Local Assistance Applications) | | |
| • Current Needs and Barriers | | |
| Recovery Progress Discussed | | |
| Psycho-education Provided | | |
| • Normalization of Trauma Reactions | | |
| • Stress Management | | |
| • Conflict/Anger Management | | |
| • Parenting | | |
| • Communication Skills | | |
| • Access to Resources | | |
| Primary (most important) Concern Identified | | |
| Secondary Concern Identified | | |
| Plans Addressing Concerns Were Completed | | |
| • Steps survivor will take toward resolution were detailed | | |
| • Steps counselor will take to assist in resolution were detailed | | |
| Disaster Recovery Planning Discussed | | |
| • Disaster Recovery Plan Developed | | |
| Connection to Potential Resources Were Detailed | | |
| Follow-up Time Set | | |
| Other Crisis Counseling Service Provided | | |
| Referrals Provided | | |
| | | |
| **This contact resulted in mandated reporting**<br>**This contact resulted in emergency intervention** | | |
| | | |
| **I would like clinical consultation on this contact** | | |

Counselor: _____

Date _____/_____/_____

Supervisor: _____

Date _____/_____/_____

## Bellamy, Nikki (SAMHSA/CMHS)

**From:** Nelson, Beth (DMHMRSAS) [Beth.Nelson@co.dmhmrsas.virginia.gov]
**Sent:** Wednesday, July 30, 2008 2:11 PM
**To:** King, Summer (SAMHSA/OAS); Nelson, Beth (DMHMRSAS)
**Cc:** Bellamy, Nikki (SAMHSA/CMHS)
**Subject:** RE: Comments due today for Federal Register notice doc E8-3905

Thank you Summer, we assumed by sending it to the appropriate office named in the Fed Reg, that it was submitted. Appreciate this.

---

**From:** King, Summer (SAMHSA/OAS) [mailto:Summer.King@samhsa.hhs.gov]
**Sent:** Wednesday, July 30, 2008 1:50 PM
**To:** Nelson, Beth (DMHMRSAS)
**Cc:** Bellamy, Nikki (SAMHSA/CMHS)
**Subject:** FW: Comments due today for Federal Register notice doc E8-3905

Beth,
I went back through my record and did not see anything from the state of VA. I will forward this onto the Program staff. I will see how we can include your comments. Thank you.

***Summer King***
***Survey Statistician/***
***OMB Clearance Officer***
***SAMHSA/OAS***
***Room 7-1045***
***1 Choke Cherry Road***
***Rockville, MD 20850***
***Phone: 240-276-1243***
***Fax: 240-276-1260***

***The Office of Applied Studies values your feedback. Please click on the following link to complete a brief customer survey: http://oassurvey.samhsa.gov.***

---

**From:** Nelson, Beth (DMHMRSAS) [mailto:Beth.Nelson@co.dmhmrsas.virginia.gov]
**Sent:** Wednesday, July 30, 2008 11:34 AM
**To:** King, Summer (SAMHSA/OAS)
**Subject:** FW: Comments due today for Federal Register notice doc E8-3905

Summer - I reviewed what you sent me - thank you - and see that our comments we submitted were not included, but others were. Did you not receive these?

---

**From:** Nelson, Beth (DMHMRSAS)
**Sent:** Tuesday, April 29, 2008 3:50 PM
**To:** 'FEMA-Information-Collections@dhs.gov'
**Cc:** Nordboe, Diana (DMHMRSAS)

(26)

**Subject:** Comments due today for Federal Register notice doc E8-3905

The attached comments are submitted by the Commonwealth of Virginia concerning the Crisis Counseling Program for information Collection.

Beth Nelson, MSW
Disaster Preparedness & Response Director
Commonwealth of Virginia
804-786-5671

<<Comments on Federal RegisterCCP.doc>>

(21)

## General Comments

There are many grammatical errors on these forms. It is recommended an editor review all of the documents. States should not be required to disseminate surveys and other documents to the public or staff that are unclear and poorly written. The font should be at least 10 for ease of reading.

Annotate the form number on all pages. Second and third pages don't have form numbers. If crisis counselors are carrying hard copies, it will become confusing.

## Burden Rates

The burden rates are unrealistic for disasters that occur in the Commonwealth of Virginia. In response to Hurricane Isabel, Virginia reported the 47 FTE's provided 41,380 individual sessions for an average of 880 responses per respondent during the regular services grant. This is over 40 times the rate used in the worksheet. Virginia's regular services grant for 9-11 included approximately 100 crisis counseling/outreach FTE's (FTE's changed during the course of the grant) who conducted 57,268 individual counseling sessions in 21 months. That is an average of 286 responses per respondent. The average number of groups conducted in Virginia far exceeds the SAMHSA estimate. Over 10,000 groups were conducted for the 9-11 project by a small group of crisis counselors. The burden is much higher than estimated.

## Demographic Data

It is recommended the U.S. Census categories (http://www.census.gov/acs/www/Downloads/SQuest08.pdf) be used in all of the worksheets collecting demographic data on ethnicity and race. In addition, crisis counselors will not always be sure of race or ethnicity and it is inappropriate to guess or ask. A box for don't know should be provided.

More language options should be provided including American Sign Language.

## Service Provider Feedback

*Job Satisfaction Section*

1. The instruction "Please "X" the box that best represents your opinion on a scale where "1" is the worst or least you can imagine and "10" is the best or most you can imagine" is poorly worded. Are you asking them to "imagine" or to rate their experiences.
2. A rating system of 5 degrees or levels of satisfaction is more typical than 10. There is no added benefit to using 10. It makes the form difficult to read. Worst and best don't correspond with many of the areas being rated. The use of lowest quality/highest quality may be more applicable.
3. Most crisis counseling projects offer many inservice and formal trainings. The second bullet lumps all of the trainings together. It would be more useful to collect information on what were the most and least helpful or effective trainings.

4. Suggest changing "Support and training provided to help you avoid compassion fatigue or to cope with the stress of listening to and helping others" to two different ratings: Support and training offered to mitigate work related stress and help you effectively perform responsibilities. Support and training offered on the transition process at the end of the project.
5. Delete the demographic question that asks if the crisis counselor has a child under the age of 18? That is an inappropriate question.
6. Demographic data on race and ethnicity should be based on U.S. Census data.
7. Crisis counselors may work in more than one county. Space should be entered to annotate all counties where they work.
8. All languages used as a crisis counselor should be captured.

*Reactions Experienced in Past Month*

1. Disaster work is stressful, but also very rewarding. This section implies the experience was all negative. It is recommended positive reactions also be captured (i.e., such as personal growth, reward of helping others).
2. It is suggested the examples following physical health be deleted or itemized with a separate rating for each. It is not likely staff are going to admit to a substance abuse problem. The rating may be skewed by the examples.
3. The box that suggests crisis counselors should call a counselor if they are scoring 4's or 5's is inappropriate and insensitive. Look at the message you are sending. The entire section has a negative overtone. You ask crisis counselors to rate their experience and their reactions and then you tell them if their reactions are negative go get help.
4. Getting staff feedback is important, but this form is not the way to do it. Crisis counseling programs conduct formal closure sessions with their staff in which lessons learned and the personal impact are processed. It is suggested this section be deleted from the form. Crisis counseling techniques should be employed to deal with any negative affect, not a survey.

**Individual crisis counseling Services Encounter Log**

*Location of Services*

1. Add businesses
2. Change medical center to health facilities
3. Capitalize Church, Synagogue and Mosque and add Temple
4. Community center: add senior center. What do you mean by government community center?
5. The examples under workplace are confusing (e.g., office workers, public safety). Do you mean businesses or public services?
6. Separate out public place and public event. They are very substantially different.

29

*Risk Categories*

1. Risk categories: need to add homeless, home destroyed, unemployed (not disaster related), chronic illness, disruption of medication, physically isolated by disaster, HIV/AIDS, relocated, and recently immigrated to U.S.
2. Separate past substance abuse and mental health concerns into separate categories.
3. It would be helpful to differentiate type of past trauma: victim of crime, domestic violence, past disasters, refugee, family trauma, etc. This is important information for referrals.
4. The impact of death goes beyond family and friends. It includes teachers, care givers, and many other people who are significant to the victim. Suggest adding third category person of significance missing/dead.
5. Use unemployed rather than disaster unemployed. If they were unemployed before the disaster they are just as much at risk than if disaster unemployed. (Possibly more so- they don't qualify for DUA.)
6. Replace "change schools" with disruption or closure of schools.

*Demographic*

1. Use same demographic categories for ethnicity and race as U.S. Census 2008 guidance.
2. Add language categories including ASL.

**Weekly Tally Sheet**

1. Need to add boxes for the count on material distributed. One person attending a fair or large community event can hand out more material than allowed to be reported on the sheet.
2. Material left in public can also exceed the number of boxes provided. Community networking should be expanded too. If they go to multiple events in one day they can talk with large numbers of people.

**Group Encounter Log**

*Location of Services*

7. Add businesses
8. Change medical center to health facilities
9. Capitalize Church, Synagogue and Mosque and add Temple
10. Community center: add senior center. What do you mean by government community center?
11. The examples under workplace are confusing (e.g., office workers, public safety). Do you mean businesses?
12. Separate out public place and public event. They are very different.

*Group Identities*

1. This section implies groups are based on a shared job or role. Often groups are based on similar disaster experiences or other relationship (older adults, neighborhood).
2. The purpose of this section is not clear or why these particular groups were identified.

*Focus of Groups*

1. Add grief counseling
2. Community action is not an appropriate function of the CCP

**Adult Assessment & Referral Tool**

*Risk Categories*

1. Risk categories: need to add homeless, home destroyed, unemployed (not disaster related), chronic illness, disruption of medication, physically isolated by disaster, HIV/AIDS, relocated, and recently immigrated to U.S.
2. Separate past substance abuse and mental health concerns into separate categories.
3. It would be helpful to differentiate type of past trauma: victim of crime, domestic violence, past disasters, refugee, war, family trauma, etc. This is important information for referrals.
4. The impact of death goes beyond family and friends. It includes teachers, care givers, and many other people who are significant to the victim. Suggest adding third category person of significance missing/dead.
5. Use unemployed rather than disaster unemployed. If they were unemployed before the disaster they are just as much at risk than if disaster unemployed. (Possibly more so- they don't qualify for DUA.)
6. Replace "change schools" with disruption or closure of schools.

*Assessment Questions*

1. The form doesn't capture progression. Has the adult improved or have symptoms/reactions become more intense or prevalent over the course of the crisis counseling sessions? You don't want to refer someone who has made real progress.
2. Many of the reactions listed are normal reactions to disasters and not necessarily an indication a referral is needed for longer term services. Using this form poses the danger that normal reactions will be over pathologized.
3. The assessment questions need to be assessed in the context of the person's current situation or reality. If there life is uncertain, they are going to score high on most questions. For example, if the person is in a temporary shelter and will be returning home soon, they may score high based on their current situation. Their stress reactions may not persist after they return home.

(30)

4. There is only one question related to substance abuse. More information is needed to make a referral.
5. Examples of daily activities listed are housework and school work. It is recommended this be changed to include their job, paying bills, caring for children, etc. Following a major disaster, housework is the least of your worries.
6. The reactions in the assessment questions for parents (16-20) can all be normal reactions to disasters and not necessarily indicate the need for a referral.
7. There are no questions related to suicidal thoughts, previous trauma or pre-disaster mental health.

**Child and Adolescent Assessment and Referral Tool**

*Assessment Questions*

1. The form doesn't capture progression. Has the child or adolescent improved or have symptoms/reactions become more intense or prevalent?
2. Many of the reactions listed are normal reactions to disasters and not necessarily an indication a referral is needed for longer term services. Using this form poses the danger that normal reactions will be over pathologies.
3. The assessment questions need to be assessed in the context of the child or adolescent's reality. If they are living in a shelter, missing school, and don't know what the future holds, they are going to score high on most questions. Does this mean they need to be referred for longer term services? Maybe; maybe not.
4. One of the referral categories is substance abuse services, but there are no questions on substance abuse.
5. The reactions in the assessment questions for parents 16-20 can all be normal reactions to disasters and not necessarily indicate the need for a referral.
6. There are no questions related to suicidal thoughts.

*Risk Categories*

1. Risk categories: need to add homeless, home destroyed, unemployed (not disaster related), chronic illness, disruption of medication, physically isolated by disaster, HIV/AIDS, relocated, and recently immigrated to U.S.
2. Separate past substance abuse and mental health concerns into separate categories.
3. It would be helpful to differentiate type of past trauma: victim of crime, domestic violence, past disasters, refugee, family trauma, etc. This is important information for referrals.
4. The impact of death goes beyond family and friends. It includes teachers, care givers, and many other people who are significant to the victim. Suggest adding third category person of significance missing/dead.
5. Use unemployed rather than disaster unemployed. If they were unemployed before the disaster they are just as much at risk than if disaster unemployed. (Possibly more so- they don't qualify for DUA.)
6. Replace "change schools" with disruption or closure of schools.

**Participant Feedback Survey**

1. The survey is awkwardly worded. It is recommended the questions starting with "How good of a..." be replaced with statements.
2. A 1-5 scale would be more appropriate and ratings from low to high quality.
3. The victim's feelings may not have been like everyone else. If they are the only one who lost a loved one in the disaster, no one else will have a similar experience. It's not the job of the crisis counselor to make them feel the same as everyone else. It is recommended the question be deleted. It could be insensitive for some victims.
4. The question, "How good of a job did the counselor or outreach worker do making you feel that you can help yourself or family?" is also potentially insensitive. Many cultures pride themselves on self-reliance. Implying they may not have been able to care for their family without a counselor may potentially be insulting. It is recommended this question be deleted.
5. The survey totally misses the point that the individual person is responsible for their own recovery. The crisis counselor is a helper, but change comes from the individual survivor. This survey should support resilience rather than imply the survivor was dependent on the counselor for help. Examples of more appropriate ratings would be, rate the following:
   a. Information provided by Project XXXX staff on normal reactions to disasters.
   b. Listening skills and emotional support offered by the project staff.
   c. Openness and availability of the project staff.
   d. Cultural awareness and sensitivity to your unique situation.