

Project #

OMB NO. 0930-0270
Expiration Date XX/XX/XXXX**Service Provider Feedback Form****Today's Date (mm/dd/yyyy)**

We are asking that you complete this brief form so that program administrators can learn about your opinions and experiences as an outreach worker, crisis counselor, team leader, or supervisor in the Crisis Counseling Assistance and Training Program (CCP).

Do not put your name on this survey. We want you to feel completely free to express your opinion. **Thank you for your participation!**

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

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

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

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

PLEASE ALSO ANSWER QUESTIONS ON THE NEXT PAGE.

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

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

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

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

The following questions ask about your thoughts on the format you used to complete some of the data collection forms.

On average, how long did you take to complete one _____ in **PAPER FORMAT**?

	1-2 minutes (1)	3-4 minutes (2)	5-6 minutes (3)	7-8 minutes (4)	9-10 minutes (5)	11 minutes or more (6)	NA (7)
Individual/Family Crisis Counseling Services Encounter Log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Encounter Log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Assessment and Referral Tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child/Youth Assessment and Referral Tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

On average, how long did you take to complete one _____ in **MOBILE FORMAT**? Do not include the time to upload the form.

	1-2 minutes (1)	3-4 minutes (2)	5-6 minutes (3)	7-8 minutes (4)	9-10 minutes (5)	11 minutes or more (6)	NA (7)
Individual/Family Crisis Counseling Services Encounter Log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Encounter Log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Assessment and Referral Tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child/Youth Assessment and Referral Tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For **PAPER FORMATS**, when did you most often complete these forms after the encounter?

	Immediately after (1)	By the end of the day (2)	Within a week (3)	More than a week (4)	NA (5)
Individual/Family Crisis Counseling Services Encounter Log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Encounter Log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Assessment and Referral Tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child/Youth Assessment and Referral Tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For **MOBILE FORMATS**, when did you most often complete these forms after the encounter?

	Immediately after (1)	By the end of the day (2)	Within a week (3)	More than a week (4)	NA (5)
Individual/Family Crisis Counseling Services Encounter Log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Encounter Log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Assessment and Referral Tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child/Youth Assessment and Referral Tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you use the offline feature for the mobile form?

The offline feature allows you to collect data in an offline mode and then upload data to the server once the device is connected to the Internet.

Not applicable; I did not complete a mobile form

Yes

No; I have not had the need to use this feature

No; I did not understand how to use this feature

Other; please specify:

If you **DID NOT** use the mobile form, what prevented you from using it? (Select all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Not applicable; I used the mobile form | <input type="checkbox"/> Not comfortable with technology |
| <input type="checkbox"/> No access to mobile device | <input type="checkbox"/> Privacy concerns |
| <input type="checkbox"/> Did not understand how to use | <input type="checkbox"/> Other; please specify: |

Were you able to understand the instructions for filling out the forms?

- Yes
- No; please specify issue:

These final questions will help us to describe the total group of people who completed this survey.

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

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

How many months have you worked with the crisis counseling program?
(If less than 1 month, please enter 0.)

Do you supervise the work of other crisis counselors?

- No Yes

In what county or parish do you commonly work?

How do you identify yourself?

- Male Female

In what year were you born?

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

- | | | |
|--|--|--|
| <input type="checkbox"/> No high school | <input type="checkbox"/> High school, but no diploma or GED | <input type="checkbox"/> GED or other high school equivalency |
| <input type="checkbox"/> High school diploma | <input type="checkbox"/> Some college, but no degree | <input type="checkbox"/> Associate's degree (e.g., A.A., A.S.) |
| <input type="checkbox"/> Bachelor's degree | <input type="checkbox"/> Graduate or professional degree (e.g., M.A., Ph.D., M.D., J.D.) | |

Are you Hispanic/Latino?

- No Yes

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Native Hawaiian | |

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

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0930-0270. Public reporting burden for this collection of information is estimated to average 15 minutes per participant, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, MD 20857.