

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.

CCP Training Evaluation	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)
Practical skills to engage survivors (e.g. hands-on activities, role-play)	☐	☐	☐	☐	☐	☐	☐
Explaining the "normal" or expected reactions to disasters	☐	☐	☐	☐	☐	☐	☐
Understanding the CCP outreach to survivors	☐	☐	☐	☐	☐	☐	☐
Promoting resilience	☐	☐	☐	☐	☐	☐	☐
Psychoeducational activities	☐	☐	☐	☐	☐	☐	☐
Resource linkage and identification of local resources for referral purposes	☐	☐	☐	☐	☐	☐	☐
Training on how to use the CCP Mobile App for data collection	☐	☐	☐	☐	☐	☐	☐
Training on how to complete the CCP data collection tools (e.g., encounter logs, Weekly Tally Sheet)	☐	☐	☐	☐	☐	☐	☐
Other crisis counseling trainings offered by the state or your agency (e.g., self-care, Skills for Psychological Recovery)	☐	☐	☐	☐	☐	☐	☐

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	☐	☐	☐	☐	☐
Opportunities to interact with other staff in supportive ways	☐	☐	☐	☐	☐

PLEASE CONTINUE ON THE NEXT PAGE.

	Extremely Poor (1)	Poor (2)	Fair (3)	Good (4)	Excellent (5)
Support and training provided to help you avoid compassion fatigue or to cope with the stress of listening to and helping others	☐	☐	☐	☐	☐
Opportunities for professional and personal growth	☐	☐	☐	☐	☐
Appropriateness of the workload (i.e., neither too much nor too little)	☐	☐	☐	☐	☐
Adequacy of the resources and tools you had available to do your job	☐	☐	☐	☐	☐
How well you understood how your job fit into the bigger picture of your community's response to the disaster	☐	☐	☐	☐	☐
How well data from the evaluation were shared with crisis counseling teams or used to inform their work	☐	☐	☐	☐	☐
How well you believe the types of services provided by the project matched the types of need present in the community	☐	☐	☐	☐	☐
The overall quality of services provided by the project	☐	☐	☐	☐	☐
How likely you would be to recommend this project to a friend or family member if he or she had the need	☐	☐	☐	☐	☐

Mobile Technology and Data Entry:

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)
The CCP Mobile App is easily used to complete forms during and/or after encounters.	☐	☐	☐	☐	☐
The CCP Mobile App functioned as intended for collecting data.	☐	☐	☐	☐	☐
My team leader(s) and program management provided adequate support and training on the CCP Mobile App	☐	☐	☐	☐	☐
The data from the evaluation was shared with crisis counseling teams and/or was used to inform my work efficiently	☐	☐	☐	☐	☐

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

- | | |
|---|--|
| ☐ Not applicable; I used the mobile form | ☐ Not comfortable with technology |
| ☐ No access to mobile device | ☐ Privacy concerns |
| ☐ Did not understand how to use | ☐ Other; please specify: |

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

☐ Yes

☐ No; please specify issue:

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?	☐	☐	☐	☐	☐
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)?	☐	☐	☐	☐	☐
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?	☐	☐	☐	☐	☐
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?	☐	☐	☐	☐	☐
Have you been distressed or bothered about your reactions?	☐	☐	☐	☐	☐

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.

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 ☐ Transgender ☐ None of these

In what year were you born?

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

☐ No high school	☐ High school, but no diploma or GED	☐ GED or other high school equivalency
☐ High school diploma	☐ Some college, but no degree	☐ Associate's degree (e.g., A.A., A.S.)
☐ Bachelor's degree	☐ Graduate or professional degree (e.g., M.A., Ph.D., M.D., J.D.)	

Are you Hispanic/Latino?

☐ No	☐ Yes
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Which of the following best describes your race? (Please select all that apply.)

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

Have you been impacted by the current disaster?

☐ No	☐ Yes
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If yes please answer the following questions, if no please skip to the last question (open ended)

What is your household gross annual income? < \$10,000

☐ \$10,000 to <\$25,000	☐ >\$25,000 to <\$40,000	☐
☐ \$40,000 to <\$65,000	☐ \$65,000 and more	☐

Before the disaster did you:

Live alone, spouse or partner, other family (e.g., children/parents), roommate?

☐ No	☐ Yes
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Have employment?

☐ No	☐ Yes
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Do you own a working car?

☐ No	☐ Yes
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As a result of the disaster did you:

Evacuated quickly with no time to prepare

☐ No	☐ Yes
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Home damage

☐ No	☐ Yes
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Vehicle or major property loss

☐ No	☐ Yes
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Disaster unemployed (self or household member)

☐ No	☐ Yes
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Have a change in cohabitation (i.e., live alone, with spouse/partner, other family, roommate)?

☐ No	☐ Yes
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Known someone close to you who was severely injured during the disaster

☐ No	☐ Yes
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Witnessed death/injury (self or household member)

☐ No	☐ Yes
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Know someone who was severely injured as a result of the disaster?

☐ No	☐ Yes
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Become displaced from your primary residence?

☐ < 1month	☐ 1 to 2 months	☐ 2 to 3 months
☐ > 3 months		

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

Paperwork Reduction Act Statement This information is being collected to assist the Substance Abuse and Mental Health Services Administration (SAMHSA) with program monitoring of FEMA's Crisis Counseling Assistance and Training Program. Crisis counselors are required to complete this form following the delivery of crisis counseling services to disaster survivors (44 CFR 206.171 [F][3]). Information collected through this form will be used at an aggregate level to determine the reach, consistency, and quality of the Crisis Counseling Assistance and Training Program. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0270. Public reporting burden for this collection of information is estimated to average 15-25 minutes per form, 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, 5600 Fishers Ln, Room 15E57B, Rockville, MD 20857.