

Crisis Counseling Assistance and Training Program Data Toolkit
SUPPORTING STATEMENT A

A. JUSTIFICATION

1. Circumstances of Information Collection

The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) is requesting approval for a revision of the Crisis Counseling Assistance and Training Program (CCP) Data Toolkit from the Office of Management and Budget (OMB). The current forms in the toolkit (OMB No. 0930-0270) expire July 31, 2022. The CCP Data Toolkit contains seven continuing forms:

- a) Individual/Family Crisis Counseling Services Encounter Log
- b) Group Encounter Log
- c) Weekly Tally Sheet
- d) Adult Assessment and Referral Tool
- e) Child/Youth Assessment and Referral Tool
- f) Participant Feedback Form
- g) Service Provider Feedback Form

The CCP (commonly referred to as the Crisis Counseling Program) is funded by the Federal Emergency Management Agency (FEMA) through the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93-288, as amended by Public Law 100-707).

Data collected using this toolkit will be reported in the aggregate and will be used to report summary statistics that will support the improvement of CCP service provision and to discuss the services within the disaster behavioral health scientific community.

Services offered by the CCP involve direct interventions to individuals and groups affected by a major disaster or its aftermath. Educational activities and public information on disaster behavioral health issues are another component of the CCP. Additionally, disaster behavioral health consultation and training are also provided. If FEMA declares a state eligible for the CCP, FEMA will look to the Director of the National Institute of Mental Health, as the delegate of the Secretary of the Department of Health and Human Services (HHS), to oversee the program (44 CFR 206.171 [f(a)]). As such, SAMHSA CMHS (embedded within HHS) has become the designated representative for monitoring the CCP; providing consultation, technical assistance, and guidance; and serving as point of contact to HHS for program matters.

Funded by FEMA and administered by SAMHSA's CMHS, the CCP provides supplemental funding for individual and community crisis intervention services to U.S. states, territories, and federally recognized tribes (hereinafter referred to as "states"). States may apply for the Immediate Services Program (or ISP, which operates for the first 3 months after a disaster) and the Regular Services Program (or RSP, which operates for the next 9 months). The CCP has provided disaster behavioral 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. Recent CCPs include responding to the coronavirus disease of 2019 (COVID-19) pandemic, as well as flooding, hurricanes, and wildfires. These CCPs have primarily addressed the short-term behavioral health needs of communities through these services:

- a) Individual and group counseling
- b) Outreach and public education
- c) Referral

Individual and group crisis counseling assists survivors in coping with current stress and symptoms to return to pre-disaster functioning. It relies largely on “active listening,” and crisis counselors also provide psychoeducation (especially about the nature of responses to trauma) and help clients build coping and stress management skills. Outreach and public education serve primarily to normalize reactions and to engage people who might need further care. These roles are often, though not exclusively, performed by paraprofessionals who work throughout the community at sites including schools, churches, and workplaces. During the COVID-19 pandemic crisis counselors collaborated with these types of organizations to deliver the same services virtually or via hotlines. Although there are no formal limits to the number of sessions a person receives, crisis counseling typically involves no more than a few sessions. Because crisis counseling is time limited, referral is the third important function of CCPs. Counselors are expected to refer people to formal treatment if they have developed more serious psychiatric problems, including substance use disorders.

Regardless of their cause, disasters damage local infrastructures and strain the ability of local systems to meet the population’s basic needs. For the survivors, disasters may engender an array of stressors, including threat to one’s own life and safety, exposure to the dead and dying, bereavement, profound loss, social and community disruption, and ongoing hardship. As a result of both the high prevalence and highly stressful nature of disasters, the question of whether they affect behavioral health has been of interest for decades, and a substantial amount of literature has been developed that identifies and explains these effects. Based on a comprehensive literature review, the range of consequences experienced by disaster survivors is broad, including various psychological problems, such as depression, anxiety, and posttraumatic stress disorder (PTSD); physical health problems, such as sleep disruption, somatic complaints, and impaired immune function; chronic problems in living, such as troubled interpersonal relationships and financial stress; and resource loss, such as declines in perceived control and perceived social support. The data collected using the currently approved OMB CCP tools bear out these findings. According to crisis counselors completing the Individual/Family Crisis Counseling Services Encounter Log, the most common event reactions among survivors were feeling anxious or fearful (12 percent), reporting an extreme change in activity level (9 percent), and feeling preoccupied with death/destruction (8 percent). Similarly, individuals who completed the Participant Feedback Form most frequently reported consequences of the disaster that included being bothered by poor sleep, poor concentration, feeling jumpy or angry, or being scared that something else bad will happen; trying not to think or talk about what happened; and being down or depressed.

CCPs have been required to collect data related to their program throughout the length of the program (44 CFR 206.171 [F][3]). However, until September 2005 there was no systematic mechanism for collecting the required data due to differences between disasters, programs, and states. In September 2005, OMB approved the CCP Data Toolkit (OMB No. 0930-0270) developed by SAMHSA's CMHS with the assistance of the Department of Veterans Affairs' National Center for PTSD. In August 2008, OMB approved the revised CCP Data Toolkit (OMB No. 0930-0270) to include minor revisions and the addition of a data collection form (Child/Youth Assessment and Referral Tool). In August 2012, a family/household component to the Individual Crisis Counseling Services Encounter Log was added to reduce the burden for crisis counselors who, before that time, needed to complete separate forms for interactions with various relatives or household members actively engaged during a single visit. At that time, the form was renamed Individual/Family Crisis Counseling Services Encounter Log. In August 2015, minor revisions to these forms were made including the addition of mobile app questions to the Service Provider Feedback Form and minor revisions to the gender question on the Participant Feedback Form and Service Provider Feedback Form. The current OMB approved forms, updated in July 2019, include changes to the Service Provider Feedback Form and the Participant Feedback Form. In the Service Provider Feedback Form, the different types of CCP training and the extent of their usefulness were reworded to capture training feedback and give more clarity to program administrators. The sections of items relating to the providers' feedback on work, supervision, support, and the scale of response options to these items were also reworded. Additionally, questions for the providers about their personal experience with the disaster, as they are typically members of the affected community prior to beginning their work with the CCP, were added. In the Participant Feedback Form, a question about annual household income was included.

The current OMB approval expires on July 2022; hence SAMHSA CMHS is requesting the approval of the revised CCP Data Toolkit for another 3-year period. In preparation for the OMB renewal request, feedback was solicited in September 2021 from state and territory disaster behavioral health coordinators, many of whom were managing CCP COVID-19 grants. In addition, the SAMHSA Disaster Technical Assistance Center (DTAC) team conducted an extensive literature review to support recommended revisions. The changes include rewording of demographics, location of service, and risk categories selections to clarify what is included, and incorporating items relevant to disasters such as the COVID-19 pandemic. These changes will be included on the Individual/Family Crisis Counseling Services Encounter Log, Group Encounter Log, Adult Assessment and Referral Tool, and Child/Youth Assessment and Referral Tool. The Weekly Tally Sheet includes revisions to clarify contact categories and additional questions are added to address the increase in virtual and media services rendered following recent disasters.

2. Purpose and Use of Information

CCPs by nature are delivered in a rapidly evolving environment in which decisions need to be made quickly based on limited information. The prejudice is toward action, not deliberation. During the crisis there may be little interest in collecting systematic information on how the program is working. This shortcoming makes it difficult to monitor program progress and provides limited data with which to evaluate program implementation or outcomes. Without a systematic data collection process, programs have limited means of assessing what they have discovered from experience in a way that can be communicated to other people planning responses to future events.

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

The data collection tools seek to gather information to better understand program reach, quality, and consistency. Additionally, since January 2016, SAMHSA DTAC staff members have maintained a mobile application that offers CCP crisis counselors/program staff a more efficient alternative to the paper forms as they document their encounters in the field. The mobile data entry was implemented for the: (1) Individual/Family Crisis Counseling Services Encounter Log, (2) Group Encounter Log, (3) Weekly Tally Sheet, (4) Adult Assessment and Referral Tool, and (5) Child/Youth Assessment and Referral Tool. These forms were tied directly into the existing desktop system's back-end database and front-end functionality such as reporting, analysis, and quality control features. In order to maintain anonymity of the providers and participants completing the survey, we do not utilize the mobile app for the Service Provider Feedback Form and Participant Feedback Form.

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

Encounter Logs. These forms document all services provided. Completion of these logs is required by the crisis counselors during both the ISP and RSP. After consulting with CCP program and data managers and reviewing published literature about risk factors for post-disaster distress, we recommend the following changes to the encounter logs from the previous OMB approved encounter logs (OMB NO. 0930-0270, Expiration date 07/31/2022). There are three types of encounter logs:

- Individual/Family Crisis Counseling Services Encounter Log (**see Attachment A**). 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 or each family, defined as the person or persons who actively participated in the session (for example, by verbally participating), not someone who is merely present. Information collected includes demographics, service characteristics, risk factors, event reactions, and referral data. The Individual/Family Crisis Counseling Services Encounter Log can be used for individual encounters or for family encounters (though an encounter of either type must be 15 minutes or longer for crisis counselors to use this form). Family data is aggregated and analyzed separately from individual data. Since data are reported at the aggregate level, the data collected provides valuable information to the program. In the period September 2018 until end of September 2021, 982,545 Individual/Family Crisis Counseling Services Encounter Logs were completed. **We recommend the following changes be made to this form:**

- Reword the category label and age range “adult (18–39 years)” to “young adult (18–29 years)” and “adult (40-64 years)” to “adult (30-64 years)” in the age and gender question.
- Add a question about moving recently from another country to the United States.
- Reword location selections for telephone calls to differentiate between incoming and outgoing calls.
- Add a location selection for virtual services.
- Reword risk category selections to incorporate stressors related to impacts from the COVID-19 pandemic (e.g., underemployment, illness, virtual learning for children/youth, and physical distancing/social isolation).
- Add risk category selections that address stressors including food insecurity, lack of access to reliable information, and lack of access to reliable transportation.

- Group Encounter Log (**see Attachment B**). This form is used to identify either a group crisis counseling encounter or a group public education encounter. The person completing the form uses a check mark at the top of the form to identify the class of activities (that is, counseling or education). Information collected includes service characteristics, group identity and characteristics, and the focus or foci of the group’s activities. In the period September 2018 until end of September 2021, 81,482 Group Encounter Logs were completed. **We recommend making the following changes to this form:**

- Add a location selection for virtual services.

- o Add a question about moving recently from another country to the United States.
- Weekly Tally Sheet (**see Attachment C**). This form documents brief educational and supportive encounters not captured on any other form. Information collected includes service characteristics, daily tallies and weekly totals for brief educational or supportive contacts, and material distribution with minimal or no interaction, including social networking and mass media advertising efforts. The Weekly Tally Sheet is used to measure reach as it assesses the number of materials distributed and types of contacts. It also addresses program consistency in that it is used to capture data that in turn will be used to understand weekly trends and other phenomena within and across programs.

The following variables on the Weekly Tally Sheet are intended to capture the reach of the program through its interactions that are less than 15 minutes: brief educational contacts, telephone contacts, electronic contacts, material handed to people, material mailed, material left in public places, mass media, social media, and community networking and coalition building. In the period September 2018 until end of September 2021, 269,468 Weekly Tally Sheets were completed. **We recommend making the following changes to this form:**

- o Reword the category for brief educational contact to include virtual contacts.
- o Reword the categories for phone calls to differentiate between incoming and outgoing calls.
- o Reword the electronic interaction category to include channels aside from email (e.g., text, chat, direct messages).
- o Reword the materials mailed category to include emailed materials.
- o Reword the social media messages category to clarify that it is only for posts to social media channels.
- o Add categories to better record reach and engagement of social media efforts.

Programs are encouraged to review the data using the “Weekly Trends” reporting features of the online system in order to ensure consistency of the program’s implementation with the intended service plan. Weekly Tally Sheets do not address the quality of the program.

Assessment and Referral Tools. Generally, these forms are used as an interview guide with adults or children and youth who have received individual crisis counseling on two or more occasions and who may need referral to further and more intensive services. However, these tools may be used at any time that a crisis counselor suspects that an individual is experiencing serious reactions to the disaster.

These Assessment and Referral Tools have been validated and used by CCPs in their current forms (see Appendix A for references).

- **Adult Assessment and Referral Tool (see Attachment D).** This tool ensures the collection of information on characteristics of the encounter, risk categories, and demographics. The tool also includes the **Short PTSD Rating Interview: Expanded Version**, also known as the SPRINT-E, an 11-item measure of post-disaster distress including but not limited to symptoms of PTSD.
 - **We recommend making minor changes to the demographics, location of service, and risk category sections to align with proposed changes to the Individual/Family Crisis Counseling Services Encounter Log.** The assessment tool will remain unchanged.
 - The following instructions are provided on the form for clarity. It is recommended that this form be used with all adults who are intensive users of services. Intensive users are people who are participating in their third individual crisis counseling visit with any crisis counselor from the program or who continue to suffer severe distress that may be having an impact on their ability to perform routine daily activities. This form should be used as an interview guide (1) with adults receiving individual crisis counseling on the third and fifth occasions OR (2) with any adult at any time if you suspect the adult may be experiencing serious reactions to the disaster. Do not use this form with children; use the Child/Youth Assessment and Referral Tool.
 - This tool contains a script for verbal consent, which instructs the person administering the tool to **READ ALOUD**: “Occasionally, we find it helpful to ask survivors a few specific questions about how they were affected by the disaster and how they are feeling now. Your name or address is not being recorded on this form and any information will be kept private to the fullest extent of the law. You may choose not to answer any question. May I ask you these questions? My first questions are about various experiences you have had in the disaster. Do any of the following apply to you?”
- **Child/Youth Assessment and Referral Tool (see Attachment E).** This tool ensures collection of information on risk factors and demographics. It includes items to assess post-disaster symptoms, as well as items for parents to rate their child’s feelings and behavior. When this form was developed the symptom (or reaction) section of the tool was adapted from the University of California at Los Angeles (UCLA) Post-traumatic Stress Disorder Reaction Index with inclusion of additional items related to depression and functioning (Steinberg, Brymer, Decker, & Pynoos, 2004). Drs. Pynoos and Steinberg granted permission for this modification for use by the CCP Project Liberty after the terrorist attacks on September 11, 2001. This tool was then adapted by the National Child Traumatic Stress Network in 2005 for use by the Louisiana Spirit Specialized CCP after Hurricanes Katrina and Rita.
 - **We recommend making minor changes to the demographics, location of service, and risk category sections to align with proposed changes to the**

Individual/Family Crisis Counseling Services Encounter Log. The assessment tool will remain unchanged.

- The following instructions are provided on the form for clarity. It is recommended that this form be used with all children or youth who are intensive users of services. Intensive users are people who are participating in their third individual crisis counseling visit with any crisis counselor from the program or who continue to suffer severe distress that may be having an impact on their ability to perform routine daily activities. This form should be used as an interview guide (1) with children receiving individual crisis counseling on the third and fifth occasions OR (2) with any child at any time if you suspect the child may be experiencing serious reactions to the disaster.
- NOTE: Prior to administration of the Child/Youth Assessment and Referral Tool, make sure that consent has been obtained from a parent/caregiver for the child's or youth's participation. Children over the age of 7 may answer on their own behalf (with parental consent). For children 0–7, it is recommended that a parent/caregiver be interviewed with the child present. When there are concerns about the ability of a child over the age of 7 to understand and accurately answer the questions, it is advisable for the parent/caregiver to assist in answering the questions. Adolescents may not want to be interviewed in front of their parents. If a parent/caregiver is present, ask the adolescent if he or she wishes to be interviewed alone. See your program manager or CCP Evaluation Guidance and Administration document for further details.
- This tool contains a script for verbal consent, which instructs the person administering the tool to READ ALOUD: “Occasionally, we find it helpful to ask children/adolescents or their parents/caregivers a few specific questions about how they were affected by the disaster and how they are feeling now. May I ask you these questions? My first questions are about various experiences you have had in the disaster.”

Crisis counselors, although paraprofessionals, receive training on how to use these forms in the required CCP trainings and have been administering them for years. According to the developers (Dr. Fran Norris and Dr. Melissa Brymer), these tools were developed for use by paraprofessionals. However, CCPs must have a protocol in place regarding what the crisis counselor should do if a referral is warranted and if a person being interviewed responds to the question “Is there any possibility that you might hurt or kill yourself?” with an answer of yes. The following guidance is provided to programs on the actual forms:

Many CCPs have team leaders or other staff with a mental health background to administer this tool to ensure proper assessment and referral. All crisis counseling staff using this tool should have detailed training and guidance on use of the tool and when to make a referral for more intensive services. Prior to use of this tool, the CCP should have identified at least one organization or agency that is willing to accept referrals from the CCP for more intensive mental health or substance abuse intervention services.

The references in Appendix A provide support for the idea that an individual other than a licensed professional can effectively administer these tools.

Additionally, the following guidance is provided to the programs in the CCP Data Toolkit regarding referrals for children and youth:

For children over the age of 10 (or if the crisis counselor or parent/caregiver is concerned about a younger child), the crisis counselor may ask, ‘In the past few weeks, have you wished you were dead?’, ‘In the past few weeks, have you felt that you or your family would be better off if you were dead?’, ‘In the past week, have you been having thoughts about killing yourself?’, ‘Have you ever tried to kill yourself?’, or ‘Are you having thoughts of killing yourself right now?’ If the respondent answers ‘YES’ to any of the items, then the crisis counselor should refer the child/youth for immediate psychiatric or mental health professional intervention. The CCP should have protocols or procedures in place for how a crisis counselor should respond and who should be notified of this safety concern.

Many CCPs have team leaders or other staff with a mental health background to administer this tool to ensure proper assessment and referral. All crisis counseling staff using this tool should have detailed training and guidance on use of the tool and when to make a referral for more intensive services. Prior to use of this tool, the CCP should have identified at least one organization or agency that is willing to accept referrals from the CCP for more intensive mental health or substance use intervention services.

If the total number [of assessment responses that have a score of 3 or 4] is four or more, discuss the possibility of a referral for services.

As described above, the CCP must have a referral resource/center/agency for situations in which the crisis counselor has identified an adult or child/youth as in need of immediate services. It is typically the case that the referral resource/center/agency has a licensed mental health professional on staff. Suggested licenses are clinical/counseling doctoral-level professionals (Ph.D., Psy.D.); social work (LCSW, LSW, D.S.W.); marriage and family therapists (LMFT); and so forth.

Participant Feedback Form (see Attachment F). These forms are completed by and collected from a sample of adult service recipients, not every recipient. A time sampling approach (e.g., soliciting participation from all counseling encounters during a 1-week period 6 months and 1 year post-event) will be used. Information collected includes satisfaction with services, usefulness of the services provided, perceived improvements in one’s own functioning, types of exposure, and event reactions. In this application, **we do not recommend making changes to this form.**

The Participant Feedback Form is the only one used to collect information directly from adult service recipients, and the primary tool for collecting information on the quality of the program (the Service Provider Feedback Form is the other). It is used to inform program services at the

local, state, and federal level. The questions about services relate directly to the goals of crisis counseling, such as reassurance and being helped to find ways to cope. There is a section on the ways in which the respondent was exposed to the disaster, and on event reactions, such as posttraumatic stress, depression, impaired functioning, and perceived need for additional help. (This is the SPRINT-E, described earlier as part of the Adult Assessment and Referral Tool.)

The SAMHSA DTAC provides the following template to programs prior to administering the Participant Feedback Form, with instructions that it be customized to the program and provided as a cover sheet to the Participant Feedback Form:

[Date]

Dear friend:

[Name of or reference to disaster] caused many challenges and problems for many people. Our crisis counseling project, [Name of project], tries to help people cope with the stress of recovery. To do our jobs well, we need to know more about how people are doing now and if our crisis counselors are finding the best ways to be helpful.

Inside this packet is a very brief survey. It will take you only a few minutes to fill out but will be very helpful to us. Your answers will help us to help others.

The packet has a pen in it for you to use and keep. It also has a stamped envelope for you to mail in your survey after you are done. The survey does not ask for your name and is completely anonymous. No one will know which survey you filled in. Your answers will be used together with the answers of other people who are also kind enough to help us this week.

Please send your survey in by [Date]. Of course, it is fine if you choose not to participate. Also, you should feel free to leave any question blank that you don't want to answer.

Your opinions are important to us. Thank you for taking the time to complete this survey.

Sincerely,

[Name of Project Director]

[Name of Project]

Service Provider Feedback Form (see Attachment G). These forms are completed by and collected from the CCP service providers (i.e., crisis counselors) anonymously at approximately 6 months and 1 year post-event. The items on this form relate to the training, work environment, and level of job stress experienced by the crisis counselor. Crisis counselors can complete the Service Provider Feedback Form online, ensuring confidentiality. The form will be coded on several program- and worker-level variables to be shared with program management for review. The Service Provider Feedback Form provides additional information on the quality of the

program. We expect the crises counselors to complete the form within the 15–25 minute timeframe.

Crisis counselors are the essential link between the program and the consumer. Crisis counselors and their supervisors are in a unique position to judge the quality of the services being provided and the extent to which they match the needs of the community. The Service Provider Feedback Form yields a standardized assessment of providers' opinions and reactions to their work.

Ongoing program monitoring and information gathering will continue to increase the knowledge base established with the previous CCP Data Toolkit (approved in 2005, 2008, 2012, 2015, and 2018). This knowledge base persists to inform and guide the program at the federal level. From the systematic collection of data, it is possible to interpret the factors responsible for differences in CCP implementation—that is, whether they derive from variations in setting (e.g., rural versus urban community) or program design variables that contribute to more successful outreach. By collecting data across future programs more completely and systematically, SAMHSA CMHS may be able to look at program data trends and make better judgments about program-level factors that influence service delivery. This goal requires a set of standardized tools that are useful for program monitoring and that feed into a cumulative national database.

For each CCP grant that is awarded, two quarterly progress reports and one final report for the 9-month RSP grant are submitted to FEMA and CMHS project officers and a SAMHSA DTAC technical assistance specialist. Quarterly reports are due 30 days after the end of the 3-month reporting period. The final program report is due to the FEMA and CMHS project officers 90 days after the final day of program services. Program monitoring data are required in the quarterly reports and the final program report. Below, we provide a website link and login to our current CCP Online Data Collection and Evaluation System (ODCES) demonstration and training website so that OMB may view some of the reporting options available for data entered into the system that are accessible in real time at multiple levels (i.e., local service provider, state or territory, and federal). This website is a replica of the real CCP ODCES website, but it houses test data and is used for demonstration and training purposes. The login provided is for the state and territory level. After logging in, please view the reporting section (on the left-hand menu) to access the various reports offered to users. The website is maintained and managed by SAMHSA DTAC.

Access to the CCP Data Entry and Reporting demonstration and training:
<https://ccpdata.dtademoweb1.iqsolutions.com/CCP2Field/login.aspx> login:
aandrade@iqsolutions.com
password: !234Dtac

For a demonstration or questions regarding this website, please contact SAMHSA staff either Dr. Nikki Bellamy at 240–276–2418, nikki.bellamy@samhsa.hhs.gov or Captain Erik Hierholzer, 240–276–0408, erik.hierholzer@samhsa.hhs.gov.

In summary, whether the questions concern how to improve the reach of the service delivery system or how to improve the efficacy of the services themselves, systematic program monitoring provides a basis for the answers. Our proposed methodology for future CCP data

collection processes, via the use of the CCP Resource/Data Toolkit, attempts to improve practice in a way that adheres to the goals and standards of program evaluation science while supporting the goals and standards of SAMHSA CMHS for delivering the highest possible caliber of disaster behavioral health program during a crisis.

3. Use of Information Technology

The forms, as well as the ability to submit the forms, are available to all CCPs both electronically as well as in hardcopy. Following the completion of the data collection forms, data are entered into an online database, the CCP ODCES. This system, created in 2009, allows real-time data entry and reporting. All instruments will be available for download and printing from the SAMHSA DTAC website and the ODCES. Most of the forms, including the Individual/Family Crisis Counseling Services Encounter Log, Group Encounter Log, Weekly Tally Sheet, Child/Youth Assessment and Referral Tool, and Adult Assessment and Referral Tool are also available via a mobile app for counselors to download onto a program-supplied device. Service recipients (that is, disaster survivors) will also complete a paper-based or electronic version of the Participant Feedback Form, while crisis counselors may complete the Service Provider Feedback Form via paper or a secure electronic link. Data from all of the forms are entered into an online secure database, maintained according to federal security standards.

4. Effort to Identify Duplication

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

5. Involvement of Small Entities

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

6. Consequences if Information Collected Less Frequently

The Individual/Family Crisis Counseling Services Encounter Log will be completed by the crisis counselor for 100 percent of individuals or families who access crisis counseling services for 15 minutes or longer. The Group Encounter Log will be completed by the crisis counselor for 100 percent of groups that meet for crisis counseling or for public education. The Weekly Tally Sheet will be completed by the crisis counselor for 100 percent of other brief educational or supportive encounters **not captured by any other form.**

The Adult and Child/Youth Assessment and Referral Tools will be completed by a trained crisis counselor for 100 percent of service recipients who access the individual crisis counseling component multiple times (recommended on the third and fifth visit) or as deemed necessary. It is predicted that this will be less than 5 percent of all service users.

The Participant Feedback Form will be completed by service recipients. It will be made available at least twice during the CCP ISP and/or RSP grant to users of crisis counseling and education services and encounters. The sampling strategy will be determined by the state but will involve a target of at least two sampling occurrences during the program period.

The Service Provider Feedback Form will be administered to all CCP service providers (that is, crisis counselors and team leaders) at approximately 6 months and 1 year after a disaster.

The data being collected on the forms are already required per 44 CFR 206.171 (f)(a). The introduction of these forms will provide a more systematic method for data collection that will improve data quality and integrity, thereby helping to better inform practice in a way that adheres to the goals and standards of the program and SAMHSA CMHS for delivering the highest caliber possible of behavioral health programs during a crisis. If CCPs do not collect the data at the prescribed data points, this will decrease SAMHSA CMHS's ability to fully assess service delivery and make program improvements, in particular by losing measurement of intermediate and long-term disaster effects.

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

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

8. **Consultation Outside the Agency**

The 60-day *Federal Register* Notice was published on April 22, 2022 (87 FR 19959). No comments were received. Key updates in this 2022 submission include minor revisions to the Individual/Family Crisis Counseling Services Encounter Log, Group Encounter Log, Weekly Tally Sheet, and Adult and Child/Youth Assessment and Referral Tool forms including rewording some of the questions to enhance their clarity and add relevant examples and additional questions related to program adaptations resulting from recent disasters (**Attachments A–E**).

The following experts reviewed the toolkit and found that it was written clearly and the language was concise and accurate. **More information on the rationale for the revised burden table is provided in Item 12 of this supporting statement.** Based on estimates of revised burden, individuals completing the forms should need no more than 8 minutes for the Individual/Family Crisis Counseling Services Encounter Log; 5 minutes for the Group Encounter Log; 12 minutes for the Weekly Tally Sheet; 15 minutes each for the Adult Assessment and Referral Tool and Child/Youth Assessment and Referral Tool, 15 minutes for the Participant Feedback Form, and 25 minutes for the Service Provider Feedback Form.

The experts that were consulted included the following individuals:

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9. Payment to Respondents

No remuneration will be provided to any respondents. The crisis counselor respondents will not receive any payment, as completion of the forms in the toolkit is part of their regular work responsibilities within the CCP. These forms are the Individual/Family Crisis Counseling Services Encounter Log, Group Encounter Log, Weekly Tally Sheet, both the Adult and Child/Youth Assessment and Referral Tools, and, as needed, the Service Provider Feedback Form. The hourly cost associated with the completion of the Participant Feedback Form is the processing cost for these forms to be completed by service recipients. Service recipient respondents will not receive any remuneration.

10. Assurance of Confidentiality

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

Service providers and service recipients will be assured that protection of data is maintained throughout the data collection and data storage period. All data will be closely safeguarded, and no individual identifiers will be used in reports, in which only aggregated data will be reported. The online database developed and maintained by SAMHSA CMHS adheres to all applicable IT security requirements using electronic and physical safeguards. SAMHSA's Information Technology office assesses the system annually and determines that it is fully compliant with security standards and grants an official Authority to Operate certificate.

The following Paperwork Reduction Act Statement appears on all data collection forms that crisis counselors complete:

Paperwork Reduction Act Statement

This information is being collected to assist the Substance Abuse and Mental Health Services Administration (SAMHSA) for 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. 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 X minutes per encounter, 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, 15E57A, Rockville, MD 20857.

For the Participant Feedback Form and the Service Provider Feedback Form, both of which are voluntary and anonymous, the statement will read as follows:

Paperwork Reduction Act Statement

This information is being collected to assist the Substance Abuse and Mental Health Services Administration (SAMHSA) for the purpose of program monitoring of FEMA's Crisis Counseling Assistance and Training Program. This voluntary information collected 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 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 to 25 minutes per encounter, 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, 15E57A, Rockville, MD 20857.

11. Questions of a Sensitive Nature

The questions about mental health and behavioral health issues such as substance use could be considered sensitive, but they are either asked or discussed in the context of a disaster behavioral health program by trained personnel who undergo training and are instructed in the manner to approach the service recipient to normalize the encounter. Crisis counselors are instructed to explain the purpose of the data tools and data being collected and if a service recipient declines permission, to deliver services without completing a data collection tool. The question about annual income can be considered sensitive, but it is being asked in an anonymous form and cannot be tracked back to the survey respondent.

12. Estimates of Annualized Hour Burden

The revised adjusted figures are based upon a review of the past 5 years' data trends among CCPs and the utilization of the Individual/Family Crisis Counseling Services Encounter Log, Group Encounter Log, and Adult and Child/Youth Assessment and Referral Tools, which are used at a higher rate than previously estimated. In recent years, more disasters have been declared and met the threshold for states to apply for a CCP. Programs have tended to be larger, as well as longer lasting, than those in the past. Thus, the revised total amount of time that is estimated for completion of the CCP Data Toolkit, record management by provider staff, and entry into an online database by the CCPs is 38,959 hours. The annualized hourly costs to respondents are estimated to be \$974,225.00. It is estimated from previous CCP reports that crisis counselors (that is, outreach workers, paraprofessionals; estimated wage \$25/hour) are expected to complete most data collection forms, and the hourly cost for the Participant Feedback Form is associated with processing costs. The revised burden estimates summarized in the Table 1 below and the associated table footnotes are based on the reported experience of SAMHSA CMHS CCP grantees and contractors in compiling, completing, and reporting on the previously approved CCP Data Resource Toolkit forms.

Table 1: Annualized Hour Burden Estimates for Respondents for Each Data Collection Instrument

Data Collection Instrument	Estimated Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Hour Burden	Hourly Rate	Total Hour Cost
Individual/Family Crisis Counseling Services Encounter Log	1,500 ¹	190 ²	285,000	0.08	22,800	25.00	\$570,000
Group Encounter Log	750 ³	33 ³	24,750	0.05	1,238	25.00	\$30,950
Weekly Tally Sheet	1,500 ¹	52 ⁴	78,000	0.15	11,700	25.00	\$292,500
Assessment and Referral Tools	1,500 ¹	9.5	14,250 ⁵	0.17	2,423	25.00	\$60,575
Participant Feedback Form	2,000	1	2,000	0.25	500	25.00	\$12,500
Service Provider Feedback Form	750 ⁶	1	750	0.41	308	25.00	\$7,700
Total	8,000		404,750		38,959		\$974,225

¹ 1,500 is based on typical average of 50 crisis counselors (or 50 full-time equivalent) per grant with an approximate average of 30 grants per year (i.e., 50 x 30 = 1,500).

² On average, each crisis counselor will complete 190 forms over the course of the grant.

³ Average of one form per week for a pair of crisis counselors (i.e., two counselors completing one form = 750 crisis counselors) at 33 weeks that includes both ISP and RSP (1 x 33 = 33).

⁴ Average of 52 weeks for each grant that includes both ISP and RSP.

⁵ On average 5 percent of the individuals encountered will result in the use of this tool (i.e., 285,000 individual x 5% = 14,250).

⁶ On average 50 percent of service providers/crisis counselors may complete or use this tool.

13. Estimates of Annualized Cost Burden to Respondents

There are neither capital or startup costs nor are there any operation and maintenance costs to respondents as these costs are assumed under the CCP grant funding to the states/territories or federally recognized tribes.

14. Estimates of Annualized Cost to Government

The cost to the government will include approximately 0.5 full-time equivalent senior staff at a General Schedule 14, or GS-14 (143,064.00) which level for a total of approximately \$71,532.00 annualized cost.

15. Changes in Burden

SAMHSA CMHS is requesting a change in burden (i.e., decrease in time to complete forms, but increase in the number of persons completing the forms) due to the surge in the number of CCP grants per year as well as the number of staff and participants associated with those programs. The burden will increase from previously approved 16,206 total burden hours to 38,959 in aggregate.

16. Time Schedule, Publication, and Analysis Plans

16.a. Time Schedule

No timetable can be given at this time due to the nature of this data collection effort. A crisis (that is, natural or human-caused disaster such as a terrorist attack) must occur before a time schedule can be established. CCPs are initially funded to a state for 3 months (ISP), and then the state may receive funding for 9 months based on need (RSP). Collection of toolkit data will begin as soon as the CCP is established, and this information will be used to inform the program progress reports filed at 3, 6, and 9 months. A final report will be generated at the end of the program, typically 1 year after the initial application for the ISP grant.

The state CCPs will determine when they will collect the forms from crisis counselors for review and entry into the online database. The typical timeline is as follows:

1. Individual/Family Crisis Counseling Services Encounter Log and Group Encounter Log forms will be collected on an ongoing basis as service recipient contact is made. These logs will be submitted to the CCP staff member responsible for reviewing them on a regular basis (typically, at the end of each day, but depending on the CCP and the context of the event, this may occur once a week).
2. Weekly Tally Sheets will be completed at least once per week for each county where services are rendered and submitted to the CCP staff member responsible for their review.
3. Assessment and Referral Tools when completed will be collected on a daily or weekly basis and submitted to the CCP staff member responsible for their review.
4. Participant Feedback Forms will be collected twice, at 6 months and 1 year post-disaster.
5. Service Provider Feedback Forms will be collected twice, at 6 months and 1 year post-disaster.

16.b. Publication

Service recipient data will be collected through the CCPs. Data will be used to monitor and provide feedback to the CCP while the program is active as well as to SAMHSA CMHS and FEMA project officers and program staff. Copies of quarterly and final reports for each CCP will be maintained by SAMHSA CMHS. In addition, presentations will be made at grantee or professional meetings and/or conferences, at which time aggregate data will be provided about the performance of the CCP that is hosting the meeting. Feedback regarding the CCP's performance during that event will also be discussed in the context of other CCPs that bear comparison on some single variable or set of variables. Future uses of the data may include submission to present or publish aggregate-level findings to professional scientific organizations or journals in or related to disaster behavioral health to help improve service delivery through lessons learned. Any such presentation or submission for publication will adhere to the appropriate federal guidelines and policies.

16.c. Analysis Plan

Once a crisis occurs and a CCP is established, collected data will be used to monitor and provide feedback to the CCP while the program is active as well as to SAMHSA CMHS and FEMA project officers and federal staff. These data will be uploaded or entered into an online database that will be set up in advance to yield summary tables for both quarterly and final reports for the program. Quarterly reports are used to monitor delivery of services by each program throughout the life of the program, thus giving the project officers an opportunity to determine if service implementation is sufficient to meet the needs of the community and whether service recipients are appropriately identified and reached. This process helps to shape the response in vivo, or on an ongoing basis. The final reports will provide a comprehensive tracking mechanism to show how the CCPs were established and how they changed over time, lessons learned from the process of establishing and maintaining the CCP, numbers of service recipients reached, how and what services were used over time, and other program factors that will be used to inform the state as to how it can better respond to future disasters. Collected data will also become a part of an ongoing national database to produce summary reports of services across all funded CCPs. Because data at the program level will be collected systematically, it will be possible to perform analyses across system variables (for example, variations in setting such as urban versus rural or variations in program design that lead to more effective outreach). This will enable SAMHSA CMHS to make better judgments about program-level factors that influence service delivery. The primary intent of the collection of data is to use the data internally for monitoring, evaluative, and training purposes.

There are three primary analysis components or objectives described below.

The first objective relates to a descriptive analysis to summarize the information from all of the tools and forms. This analysis will be descriptive in nature to address such questions as the following:

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

The second objective relates to the outcome analysis. This analysis will be descriptive in nature and will address the following questions:

1. Did the services meet the needs of the service recipients?
2. What were the reactions of service recipients to the disaster?
3. How adequately did the CCP serve the providers in the areas of training, workload, resource availability, supervision, support, stress management, and compassion fatigue (self-care)?

4. Were there differences in reactions of service recipients to disasters based on geographic or demographic characteristics?
5. How did the disaster risk vary between service recipient and service providers?

The third and final objective relates to trend analysis of the tools over time. Each CCP grant has been required to collect data related to the program throughout the length of the program (44 CFR 206.171 [F][3]). However, until September 2005, there was no systematic mechanism for collecting the required data due to differences among disasters, programs, and states. In September 2005, OMB approved the CCP Data Toolkit (OMB No. 0930-0270), which was developed by SAMHSA CMHS with the assistance of the Department of Veterans Affairs' National Center for PTSD. For the original 2005 OMB approval, the major objective proposed and achieved was to have consistent data collection processes, forms and tools for use, and administration across all awarded CCP grants in both the ISP and RSP timeframes. In 2008, OMB approved the second iteration of CCP data collection forms with the same OMB number and an expiration date of January 2012. This second iteration approved by OMB also had major objectives that were proposed and achieved, including the addition of event reactions on the Individual/Family Crisis Counseling Services Encounter Log, the provision for a Child/Youth Assessment and Referral Tool, and an online data entry and reporting system accessible 24 hours a day, 7 days a week, that could be utilized by all awarded CCP grants throughout ISP and RSP timeframes. The third iteration, again with the same OMB number and an expiration date of August 2015, added a family/household component to the Individual/Family Crisis Counseling Services Encounter Log. The fourth iteration with the same OMB number and an expiration date of August 2018, added minor revisions to the gender question on the Adult Assessment and Referral Tool, Child/Youth Assessment and Referral Tool, Participant Feedback Form, and Service Provider Feedback Form. The fifth iteration, with the same OMB number and expiration date of July 2022, incorporated minor revisions to questions on the Participant and Service Provider Feedback forms (Attachment E–F).

The current request for OMB approval represents the sixth iteration of these CCP data forms. The major objectives with this current sixth iteration are as follows:

- Renew the forms with minimal changes based on adaptations to service delivery and stressors related to recent disasters.
- Maintain continuity of data to promote efficient and quality analysis across programs and years.

17. Display of Expiration Date

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

18. Exceptions to Certification Statement

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

ATTACHMENTS

- A. Individual/Family Crisis Counseling Services Encounter Log (REVISED FROM 2022 EXPIRATION FORM)
- B. Group Encounter Log (REVISED FROM 2022 EXPIRATION FORM)
- C. Weekly Tally Sheet (REVISED FROM 2022 EXPIRATION FORM)
- D. Assessment and Referral Tool (Adult) (REVISED FROM 2022 EXPIRATION FORM)
- E. Assessment and Referral Tool (Child/Youth) (REVISED FROM 2022 EXPIRATION FORM)
- F. Participant Feedback Form
- G. Service Provider Feedback Form

APPENDIX A REFERENCES

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APPENDIX B SAMPLE DATA TABLES

Disaster Outreach Services: Primary Services

Primary Service	Population Served	Percentage
Individual Crisis Counseling		
Group Counseling/Public Education		
Brief Educational/Supportive Contact		

Disaster Outreach Services: Primary Services – County Name

Primary Service	Population Served	Percentage
Individual Crisis Counseling		
Group Counseling/Public Education		
Brief Educational/Supportive Contact		

Individual Encounter by Age

Age	County	Population Served
Preschool		
Child		
Adolescent		
Adult (18–39)		
Adult (40–64)		
Adult (65+)		

Material Distribution

County	Handed to People	Mailed to People	Left in Public

Individual Crisis Counseling Monthly Trends

Year-Month	County	Total

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Group Encounter Monthly Trends

Year-Month	County	Total

Telephone Contact Monthly Trends

Year-Month	County	Total

Risk Factors Monthly Trends

Year-Month	Risk	Total
	Family missing/dead	
	Friend missing/dead	
	Pet missing/dead	
	Home damaged or destroyed	
	Vehicle or major property loss	
	Other financial loss	
	Disaster unemployed (self or household member)	
	Injured or physically harmed (self or household member)	
	Life was threatened (self or household member)	
	Witnessed death/injury (self or household member)	
	Assisted with rescue/recovery (self or household member)	
	Prolonged separation from family	
	Evacuated quickly with no time to prepare	
	Displaced from home 1 week or more	
	Sheltered in place or sought shelter due to immediate threat of danger	
	Past substance use/mental health problem	
	Preexisting physical disability	
	Past trauma	

	N/A	
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