

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.

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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explaining the "normal" or expected reactions to disasters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding the CCP outreach to survivors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoting resilience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychoeducational activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resource linkage and identification of local resources for referral purposes	<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 use the CCP Mobile App for data collection	<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 data collection tools (e.g., encounter 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"/>

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	<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"/>
Adequacy of the resources and tools you had available to do your job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The CCP Mobile App functioned as intended for collecting data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My team leader(s) and program management provided adequate support and training on the CCP Mobile App	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The data from the evaluation was shared with crisis counseling teams and/or was used to inform my work efficiently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

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 A Little Bit Somewhat Quite a Bit Very Much
(1) (2) (3) (4) (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?

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

Have you been impacted by the current disaster? No Yes

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

Have employment? No Yes

Do you own a working car? No Yes

As a result of the disaster did you:

Evacuated quickly with no time to prepare No Yes

Home damage No Yes

Vehicle or major property loss No Yes

Disaster unemployed (self or household member) No Yes

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

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

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

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

Become displaced from your primary residence?

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> < 1month | <input type="checkbox"/> 1 to 2 months | <input type="checkbox"/> 2 to 3 months |
| <input type="checkbox"/> > 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.