SAMHSA Crisis Counseling Assistance and Training Program Data Toolkit

Supporting Statement A

Check off which applies:
☐ New
☒ Revision
☐ Reinstatement with Change
☐ Reinstatement without Change
☐ Extension
☐ Emergency
☐ Existing

A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

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 (OMB No. 0930-0270). This collection of information is necessary to enable SAMHSA to receive feedback about critically needed crisis services and support in an efficient, timely manner. We use summary findings to make data-driven decisions in pursuit of our mission to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports that foster recovery and improve outcomes. The findings help the federal effort to efficiently plan and coordinate support with the disaster behavioral health community to improve CCP service delivery for affected communities.

Program Description. The Crisis Counseling Assistance and Training Program (CCP) provides financial assistance for mental health services and training activities in jurisdictions that have received a Presidential major disaster declaration that includes Individual Assistance (IA) and authorizes CCP. The Federal Emergency Management Agency (FEMA) funds CCP through federal grant awards. A state, tribe, or territory (STT) may apply and identify a non-federal entity to administer CCP in their grant application. The CCP award enables STT and local government agencies to either provide crisis counseling services directly or to contract with local mental health service providers familiar with the affected communities.

SAMHSA works in partnership with FEMA to provide technical assistance, consultation, grant administration, program oversight, and training for STT designated mental health authorities. CCP is authorized under section 416 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288, as codified at 42 U.S.C. § 5183.

For more than 40 years, the CCP has provided STT and local governments supplemental funding to improve the behavioral health of individuals and groups affected by major disasters and their aftermaths. Recent CCPs have supported responses to severe storms, including flooding, tornadoes, and hurricanes, as well as earthquakes and wildfires. The behavioral health consequences survivors experience include:

- **Psychological problems**, such as depression, anxiety, and posttraumatic stress disorder (PTSD)[1].
- **Physical health problems**, such as sleep disruption, bodily complaints, and impaired immune function.
- **Chronic problems in living**, such as relationship strain and financial stress
- **Resource loss**, such as declines in perceived control and social support.

STT and local governments use CCP to provide survivors of disasters support and connect them with needed resources within their communities. The types of support and resources are determined at the community level as listed below.

- **Individual and group support encounters** help participants cope with current stress and symptoms so they can return to pre-disaster functioning. Encounters can occur in person (e.g., in shelters or booths at community fairs) and virtually (e.g., through call centers). Crisis counselors use "active listening"[2] to understand the participant (e.g., how they are responding to the disaster event) and help participants build coping and stress management skills (e.g., breathing exercises, accepting feelings).
- **Outreach and public disaster behavioral health education** is provided in community locations (e.g., grocery stores, schools, churches, workplaces), through online webinars, and through written or online materials about common reactions to the effects of disaster (e.g., sadness, anxiety, anger) and coping strategies.
- **Referrals** to community resources (e.g., for housing, food banks, prescriptions) and more formal treatment with a licensed mental health or substance use disorder counselor[3] are provided to address symptoms such as disruptive mental health and substance use and misuse reactions, sleep disturbances, and eating problems.

Collection Overview. The current forms in the toolkit (OMB No. 0930-0270) expire August 31, 2025. The CCP Data Toolkit contains seven continuing forms, as listed below.

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

[1] American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders, fifth edition* (DSM-5). https://doi.org/10.1176/appi.books.9780890425596
[2] Active listening requires the crisis counselor to engage fully with the participants to understand what they are communicating. The crisis counselor engages in activities such as asking questions, encouraging the participants to respond candidly, reflecting on what they say, and not judging their experiences or statements.
[3] SAMHSA provides a wide range of treatment locators for state CCPs to use at https://www.samhsa.gov/find-help.

f) Participant Feedback Survey Form
g) Service Provider Feedback Form

Request and Revisions Summary. OMB approval of the toolkit expires in August 2025. SAMHSA CMHS is requesting approval of the revised CCP Data Toolkit for another 3-year period. To prepare for this request, SAMHSA solicited feedback in September 2024 from multiple stakeholders. State and territory disaster behavioral health coordinators, many of whom were managing CCP COVID-19 grants, SAMHSA staff, FEMA staff, and SAMHSA Disaster Technical Assistance Center (DTAC) staff responded with comments. The SAMHSA DTAC team also conducted an extensive literature review to support recommended revisions.

Changes to the CCP forms include (1) rewording demographic categories to align with Executive Order (EO) 14168; (2) rewording demographic information to align with *Federal Register* (FR) Notice 89 FR 22182, Vol. 89, No. 62, March 29, 2024[4]; (4) adding a referral category about FEMA-funded programs; (5) removing items about suicidal ideation; and (6) rewording text about support groups, grounding techniques to reduce anxiety or stress, and provider resources. There are no changes to the Weekly Tally Sheet since the last OMB approval in 2022.

2. Purpose and Use of Information Collection

SAMHSA is required to monitor CCP implementation and collect information about challenges and successes that can be relayed to people responding to future events. Disaster response is often delivered in a rapidly evolving environment across multiple jurisdictions, making standardized data collection a challenge. The CCP toolkit gives STT and local governments an efficient way to provide SAMHSA and FEMA the information needed to better understand the reach, quality, and consistency of federal disaster recovery services delivery.

Ongoing, national program monitoring and information gathering increases the knowledge base established with the previous CCP Data Toolkit (approved by OMB in 2005, 2008, 2012, 2015, 2018, and 2022). This knowledge base informs and guides 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 come 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 can look at program data trends and make better judgments about project-level factors that influence service delivery. This goal requires standardized tools and methodology for collection to ensure data collected are useful for program monitoring and inform federal disaster crises efforts.

For a demonstration or questions on data reporting, please contact the following SAMHSA staff member: Ms. Anne Reim at 202–713–7866 or anne.reim@samhsa.hhs.gov. Also, SAMHSA DTAC can be reached at 800–308–3515 or dtac@samhsa.hhs.gov.

[4] Office of Information and Regulatory Affairs, Office of Management and Budget, Executive Office of the President. (2024). Revisions to OMB's Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity. *Federal Register*, *89*(62). https://www.govinfo.gov/content/pkg/FR-2024-03-29/pdf/2024-06469.pdf

Toolkit Data Collection Forms

CCPs use a toolkit comprised of the data collection forms described below throughout the life of the program. Participants can quickly and easily enter the data for the following forms using a paper form or a mobile app: (a) Individual/Family Crisis Counseling Services Encounter Log, (b) Group Encounter Log, (c) Weekly Tally Sheet, (d) Adult Assessment and Referral Tool, and (e) Child/Youth Assessment and Referral Tool. For the Service Provider Feedback Form and Participant Feedback Survey Form, we further protect participant anonymity by providing respondents a link and QR code to complete the surveys online. We produce summary data tables for individual CCP grants for quarterly and final reports to assess implementation. We also use the data to produce summary reports on services provided across all funded CCPs to improve future disaster responses.

Encounter Logs

Crisis counselors complete these forms to document all services provided.

a) Individual/Family Crisis Counseling Services Encounter Log

Crisis counseling is defined as an interaction that lasts at least 15 minutes and involves participant disclosure. The crisis counselor completes this form for each service recipient or family. Service recipient is defined as the person or persons who actively participated in the session. Information collected includes demographics, service characteristics, risk factors, event reactions, and referral data. The Individual/Family Crisis Counseling Services Encounter Log (Attachment A) is 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 are aggregated and analyzed separately from individual data. Since data are reported at the aggregate level, the data collected provides valuable information to the program.

b) Group Encounter Log

The Group Encounter Log (Attachment B) is used to identify either a group crisis counseling encounter or a group public education encounter. The crisis counselor completing the form uses a check mark at the top of the form to identify the class of activities (i.e., counseling or education). Information collected includes service characteristics, group identity and characteristics, and the focus or foci of the group's activities.

c) Weekly Tally Sheet

The Weekly Tally Sheet (Attachment C) documents brief educational and supportive encounters not captured on any other form. The 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 by capturing data used to understand weekly trends and other phenomena within and across programs.

Assessment and Referral Tools

Generally, crisis counselors use these forms as a guide to interview adults or children and youth who have received individual crisis counseling 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.

a) Adult Assessment and Referral Tool

The Adult Assessment and Referral Tool (Attachment D) collects characteristics of the encounter, risk categories, and participant demographics. The tool also includes the **S**hort **P**TSD **R**ating **I**nterview: **E**xpanded Version, also known as the SPRINT-E, an 11-item measure of post-disaster distress including but not limited to symptoms of PTSD. The SPRINT-E measure remains unchanged.

b) Child/Youth Assessment and Referral Tool

The Child/Youth Assessment and Referral Tool (Attachment E) collects information on risk factors and demographics. It includes items to assess post-disaster symptoms and the child's/youth's feelings and behaviors. When this form was developed the symptom (or reaction) section of the tool was adapted from the University of California at Los Angeles (UCLA) PTSD Reaction Index (RI) with inclusion of additional items related to depression and functioning.[5] 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. The updated assessment tool reference is the UCLA PTSD RI for DSM-5 (RI-5).[6]

Feedback Surveys

a) Participant Feedback Survey Form

The Participant Feedback Survey Form (Attachment F) is the only form used to collect information directly from a volunteer sample of adult participants. The data are used to collect information on program services and quality at the local, state, and federal levels. The questions about services relate directly to the goals of crisis counseling, such as reassurance and being helped to find ways to cope. The form also collects information on the ways in which the respondent was exposed to the disaster and on event reactions, such as posttraumatic stress,

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[5] Steinberg, A. M., Brymer, M. J., Decker, K. B., & Pynoos, R. S. (2004). The University of California at Los Angeles Post-traumatic Stress Disorder Reaction Index: Child and adolescent disorders. *Current Psychiatry Reports, 6*, 96–100.

[6]For research support, please see: and Modrowski et. al., 2021. Oosterhoff, B., Alvis, L., Steinberg, A. M., Pynoos, R. S., & Kaplow, J. B. (2024). Validation of the four-item very brief University of California at Los Angeles Posttraumatic Stress Disorder Reaction Index screening tool for children and adolescents. Psychological Trauma: Theory, Research, Practice, and Policy, 16(8), 1338–1346.Kaplow, J. B., Rolon-Arroyo, B., Layne, C. M., Rooney, E., Oosterhoff, B., Hill, R., Steinberg, A. M., Lotterman, J., Gallagher, K. A. S., & Pynoos, R. S. (2020). Validation of the UCLA PTSD Reaction Index for DSM-5: A developmentally informed assessment tool for youth. Journal of the American Academy of Child and Adolescent Psychiatry, 59(1), 186–194. https://doi.org/10.1016/j.jaac.2018.10.019

depression, impaired functioning, and perceived need for additional help. (This is the content of the SPRINT-E, described earlier as part of the Adult Assessment and Referral Tool.) Counselors request adults from all counseling encounters during a 1-week period at 6 months and 1-year post-event to participate in this collection. The information collected includes satisfaction with services, usefulness of the services provided, perceived improvements in one's own functioning, types of exposure, and event reactions. SAMHSA DTAC provides a template for grant programs to use to administer the Participant Feedback Survey Form, with instructions that it be customized to the project and provided as an email promoting the Participant Feedback Survey Form.

b) Service Provider Feedback Form

The Service Provider Feedback Form (Attachment G) provides additional information on the quality of the program. 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 CCP service provider (i.e., crisis counselor) will anonymously complete the form 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 15- to 20-minute form online, ensuring confidentiality. The form is coded on several project- and worker-level variables to be shared with program management for review.

In summary, whether the questions concern how to determine the reach of the service delivery system or the efficacy of the services themselves, systematic program monitoring provides a basis for the answers. Our CCP 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 programs during a crisis.

3. Consideration Given to Information Technology

SAMHSA does its best to ensure we are requiring the least amount of burden when collecting information from the public. To the extent possible, we always strive to collect information electronically and/or use online collaboration tools to reduce burden.

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 Online Data Collection and Evaluation System (ODCES). This system allows real-time data entry and reporting. All instruments are available for download and printing from the SAMHSA DTAC website and the CCP 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 Survey Form, while crisis counselors may complete the Service Provider Feedback Form via paper or a secure electronic link. All data are entered into an online secure database, maintained according to federal security standards.

4. Duplication of Information

SAMHSA collaborates and coordinates routinely with all parts of HHS and other federal agencies. We do our best to ensure no similar data are gathered or maintained by other parts of HHS or are available from other sources known to us. To the extent possible, SAMHSA collaborates with internal and external partners to ensure there is not duplication of information collected.

This information collection does not duplicate any other qualitative research methods being conducted by SAMHSA or at HHS in general. SAMHSA typically looks at cross-cutting issues that may involve several agencies within HHS to provide a departmental view and coordination. This clearance will improve the quality of SAMHSA's policy research and assessment as well as providing a more efficient means for conducting more rigorous qualitative policy research and assessment. To the maximum extent possible, we will make use of previous information by reviewing results of previous qualitative research projects on relevant policy issues before we attempt to revise interview guides, questionnaires, and other tools using additional field work sought under this clearance.

5. Reducing the Burden on Small Entities

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

6. Consequences of Not Conducting Collection

The data collected are required per 44 CFR 206.171 (f)(a). Program monitoring data are required in the quarterly reports and the final program reports for the Immediate Services Program (ISP) and the Regular Services Program (RSP) grants.[7] SAMHSA's ability to assess service delivery and make program improvements is contingent on CCPs collecting these measures at the prescribed data points to understand the intermediate and long-term effects of disasters. The CCP toolkit provides SAMHSA a systematic method for collecting the data needed to monitor the program and ensure program goals and standards are met for delivering efficient and effective behavioral health programs during a crisis.

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 with Persons Outside the Agency

[7] The CCP provides supplemental funding through two grant programs: the ISP, which operates for the first 3 months after the disaster, and the RSP, which operates for the next 9 months. For more information about CCP ISP and RSP grants, see https://www.samhsa.gov/technical-assistance/dtac/ccp.

The notice required by 5 CFR 1320.8(d) will be published in the *Federal Register*. Experts who reviewed the revised toolkit found that it was written clearly, and the language was concise and accurate.

9. Payment to Respondents

No remuneration is provided to any respondents. The crisis counselor respondents do not receive additional 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 Survey Form is the processing cost for these forms to be completed by participants.

10. Assurance of Confidentiality

SAMHSA CMHS and its contractors or consultants will not personally receive records. Service-level information is aggregated to the program level at a minimum.

Service providers and participants are assured that protection of data is maintained throughout the data collection and data storage period. All data are closely safeguarded, and no individual identifiers are used in reports, in which only aggregated data are reported. ODCES, developed and maintained by SAMHSA CMHS, follows all applicable information technology (IT) security requirements using electronic and physical safeguards. SAMHSA's IT office reviews the system annually and determines that it is fully compliant with security standards and grants an official ATO 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) 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 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 8 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 Lane, Room 15E57B, Rockville, MD 20857.

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

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. The 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 Lane, Room 15E57B, 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. Burden of Information Collection

Clearance is being requested for three years of CCP data collection. The estimated burden of this information collection is reduced based on a review of the past 5 years' data trends among CCPs and the use of the Individual/Family Crisis Counseling Services Encounter Log, Group Encounter Log, and Adult and Child/Youth Assessment and Referral Tools.

The assessment and referral tools have been used at a lower rate than estimated in 2022[8]. In recent years, fewer disasters have been declared, and CCPs have tended to be smaller than

[8] In the period from September 2021 until the end of September 2024: 82,119 Group Encounter Logs were completed (an average of 27,373 logs per year); 129,367 Weekly Tally Sheets were completed.

those in the recent past. The burden to complete the Adult and Child/Youth Assessment and Referral Tools has decreased due to the removal of questions and revision of the Child/Youth Assessment and Referral Tool to align with the latest scientific research available on the UCLA PTSD RI-5. Data indicate the time required to complete the forms is less than previously estimated. Individuals completing the forms should need 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, 10 minutes for the Adult Assessment and Referral Tool, 5 minutes for the Child/Youth Assessment and Referral Tool, and 18 minutes each for the Participant Feedback Survey and Service Provider Feedback Forms. Assumptions about the collection burden are summarized below.

- 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 are exhibiting distress or would benefit from referral to other services. It is recommended that the Assessment and Referral Tools be administered during encounters where the crisis counselor has noticed or heard about more than four event reactions or certain trauma-related risk categories. It is predicted that this will be less than 5 percent of all service users.
- The Participant Feedback Survey 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 estimate of the time to complete the CCP Data Toolkit, records management by provider staff, and entry into ODCES by the CCPs is 32,784 hours. The annualized hourly costs to respondents are estimated to be $885,168. It is estimated from previous CCP reports that crisis counselors (i.e., outreach workers and paraprofessionals with estimated wages of $27/hour) are expected to complete most data collection forms, and the hourly cost for the Participant Feedback Survey Form is associated with processing costs. The revised burden estimates summarized in 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 Toolkit forms.

Table 1: CCP Annualized Burden Hour Estimate

Data Collection	Estimated Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Hour Burden	Hourly Rate	Total Hour Cost

Instrument							
Individual/Family Crisis Counseling Services Encounter Log	800[1]	200[2]	160,000	0.13	20,800	$27.00	$561,600
Group Encounter Log	400[3]	33[3]	13,200	0.08	1,056	$27.00	$28,512
Weekly Tally Sheet	800[1]	52[4]	41,600	0.20	8,320	$27.00	$224,640
Adult Assessment and Referral Tool	800[1]	9	7,200[5]	0.17	1,224	$27.00	$33,048
Child/Youth Assessment and Referral Tool	800[1]	1	800[5]	0.08	64	$27.00	$1,728
Participant Feedback Survey Form	4,000	1	4,000	0.30	1,200	$27.00	$32,400
Service Provider Feedback Form	400[6]	1	400	0.30	120	$27.00	$3,240
Total	**8,000**		**227,200**		**32,784**		**$885,168**

[1] The value for estimated number of respondents (800) is based on an average of 40 crisis counselors (or 40 full-time equivalents [FTEs]) per grant with an approximate average of 20 grants per year (i.e., 40 x 20 = 800).

[2] On average, each FTE crisis counselor completes 200 forms over 1 year.

[3] On average, a pair of crisis counselors completes 1 form per week (i.e., 2 counselors completing 1 form = 400 crisis counselors) for 33 weeks.

[4] The average length of a CCP grant is 52 weeks.

[5] On average, 5% of the Individual/Family Crisis Counseling Services Encounter Logs completed result in the use of the assessment and referral tools (i.e., 160,000 individual x 5% = 8,000, which equals the total Adult and Child/Youth Assessment and Referral Tool responses).

[6] On average, 50% of service providers/crisis counselors may complete or use this tool.

13. Costs 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. Costs to Federal Government

The cost to the government includes approximately 0.5 FTE senior staff at a General Schedule (GS) grade 14, or GS-14 ($142,488.00), which is an approximately $71,244.00 annualized cost.

15. Reason for Change

SAMHSA CMHS is requesting a change in burden due to fewer CCP grants per year, as well as fewer staff members and participants associated with those programs, after the end of the COVID-19 pandemic. The burden decreased from previously approved 38,969 total burden hours to 32,784 in aggregate.

16. Time Schedule, Publication, and Analysis Plans

Time Schedule

No timetable can be given at this time due to the nature of this data collection effort. A crisis (i.e., natural disaster, technological disaster, public health emergency, or terrorist attack) must occur before a time schedule can be established. CCPs can be initially funded to a state for 3 months (ISP), and then the state may receive funding for 9 months based on continued need (RSP). Collection of toolkit data begins as soon as the CCP is established, and this information is used to inform the program progress reports filed at 3, 6, and 9 months. A final report is generated at the end of the ISP, or typically 1 year after the disaster incident for the RSP.

The 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:

- Individual/Family Crisis Counseling Services Encounter Log and Group Encounter Log forms are collected on an ongoing basis as participant contact is made. These logs are 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).
- Weekly Tally Sheets are completed at least once per week for each county where services are rendered and submitted to the CCP staff member responsible for their review.
- The Adult and Child/Youth Assessment and Referral Tools when completed are collected daily or weekly and submitted to the CCP staff member responsible for their review.
- Participant Feedback Survey Forms are collected twice, at 6 months and 1 year post-disaster.
- Service Provider Feedback Forms are collected twice, at 6 months and 1 year post-disaster.

Publication

Participant data are collected through the CCPs. Data are 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 are maintained by SAMHSA CMHS. In addition, presentations are made at grantee or professional meetings and/or

conferences, at which time aggregated data are provided about the performance of the CCPs. Feedback regarding the CCPs' performance is also 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 peer-reviewed journals to help improve service delivery through lessons learned. Any such presentation or submission for publication will follow the appropriate federal guidelines and policies.

Analysis Plan

Once a crisis occurs and a CCP is established, collected data are 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 are uploaded or entered into ODCES, which is set up 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 services meet the needs of the community and whether participants are appropriately identified and reached. This process helps shape the response on an ongoing basis. The final reports 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 participants reached, how and what services were used over time, and other program factors that inform the state as to how it can better respond to future disasters. Collected data 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 are collected systematically, it is possible to perform analyses across system variables (e.g., variations in urban versus rural settings or differences in program design that lead to more effective outreach with first responders, frontline healthcare workers, school-age children and youth, or older adults). This allows 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, evaluation, 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 the tools and forms. This analysis is descriptive in nature to address such questions as the following:

- How many participants were seen in this program?
- What were the demographic characteristics of the participants seen in this program?
- What were the demographic characteristics of the service provider staff members in this program?
- What were the levels of exposure to the event for participants and service provider staff?
- What were the levels of stress associated with the event for service provider staff members?
- Where were the services provided?
- What services were provided?
- How many and what types of referrals were provided?

The second objective relates to the outcome analysis. This analysis is descriptive in nature to address such questions as the following:

- Did the services meet the needs of the participants?

- What were the reactions of participants to the disaster?
- How adequately did the CCP serve the provider staff in the areas of training, workload, resource availability, supervision, support, stress management, and coping with compassion fatigue (self-care)?
- Were there differences in reactions of participants to disasters based on geographic or demographic characteristics?
- How did the disaster risk vary between participants and service provider staff?

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 C.F.R. 206.171 [F][3]).

17. Display of OMB Approval Date

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

18. Exceptions to Certification for Paperwork Reduction Act Submissions

These activities comply with the requirements in 5 CFR 1320.9. 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)
B. Group Encounter Log (REVISED)
C. Weekly Tally Sheet (NO CHANGES)
D. Assessment and Referral Tool (Adult) (REVISED)
E. Assessment and Referral Tool (Child/Youth) (REVISED)
F. Participant Feedback Survey Form (REVISED)
G. Service Provider Feedback Form (REVISED)