

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

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

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? ☐ Yes ☐ No

In what county or parish do you commonly work?

Are you? (select one) ☐ Male ☐ Female

What is your age? (select one) ☐ young adult (18-29 years) ☐ adults (30-64 years) ☐ older adult (65 years or older)

What is the highest level of education you have completed or degree you have received? (select one)

- | | |
|---|---|
| <input type="checkbox"/> No high school | <input type="checkbox"/> Some college |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> College graduate (e.g., Associates, Bachelors) |
| <input type="checkbox"/> High school diploma or GED | <input type="checkbox"/> Graduate degree (e.g., M.S.W., Ph.D.) |

What is your race/ethnicity? (select all that apply)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> White | |

What is your household gross annual income? (select one)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Less than \$25,000 | <input type="checkbox"/> \$27,000 to \$37,000 | <input type="checkbox"/> \$37,000 to \$47,000 | <input type="checkbox"/> More than \$47,000 |
|---|---|---|---|

Have you been impacted by the current disaster?

☐ Yes☐ No

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

People experience disasters in a variety of ways. Below is a list of experiences you may have had. Please select all that apply to you. If you were NOT impacted by the disaster, please skip to the next section on reactions about the disaster.

- | | |
|--|---|
| <input type="checkbox"/> My family member is missing or dead. | <input type="checkbox"/> My life or that of someone in my household was threatened. |
| <input type="checkbox"/> My friend is missing or dead. | <input type="checkbox"/> I or a member of my household witnessed death/injury. |
| <input type="checkbox"/> My pet is missing or dead. | <input type="checkbox"/> I or a member of my household assisted with rescue/recovery. |
| <input type="checkbox"/> My home is damaged or destroyed. | <input type="checkbox"/> I am or a member of my household is un- or underemployed because of this disaster. |
| <input type="checkbox"/> I had major property loss, such as car/vehicle loss. | <input type="checkbox"/> I was evacuated quickly with no time to prepare. |
| <input type="checkbox"/> I had other financial loss. | <input type="checkbox"/> I had prolonged separation from social network/family, physical isolation, or social distancing. |
| <input type="checkbox"/> I or a member of my household had an illness or was injured or physically harmed. | <input type="checkbox"/> I was displaced from my home for 1 week or longer. |
| <input type="checkbox"/> I or a member of my household changed schools or learning format (e.g., virtual) | <input type="checkbox"/> I had disaster-caused food insecurity |
| <input type="checkbox"/> I sheltered in place or sought shelter due to immediate threat of danger | <input type="checkbox"/> I had reduced or no access to reliable information/communication |
| | <input type="checkbox"/> I had reduced or no access to reliable transportation |

PLEASE CONTINUE ON THE NEXT PAGE.

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.