

Disaster Mental Health: Are We Prepared for the Future?

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Southern Regional Conference
on Mental Health Statistics

8 November 2006

Evaluation and the Crisis Counseling Program

- Five-Year Retrospective of the CCP.
- Evaluation and data collection toolkit.
- Hurricane Katrina cross-site evaluation.

Five-Year Retrospective of the CCP

- Prepared by the National Center for Post-Traumatic Stress Disorder.

What is the Rationale for Data Collection?

- It can assist in program management at the State level.
- It can help the field and the program.
- Improved behavioral health disaster responses.
- Improved behavioral health emergency preparedness.
- Accountability to stakeholders (e.g., Congress, Government Accountability Office, Federal agencies).

History of Data Collection in the CCP

- Pre-9/11 data collection processes varied from project to project.
- Post-9/11:
 - Increased attention;
 - Need for evidence to support our assumptions; and
 - Improved accountability.

Five-Year Retrospective: Goals

- Evaluate past CCP performance during a five-year period.
- Propose a superior system for evaluating its future performance.

Five-Year Retrospective: Methodology

- Archival review.
- Directors' survey.
- Case studies of provider perspectives.

Five-Year Retrospective: Lessons Learned

- Service delivery:
 - CCP serves a large number of people affordably;
 - Diversity is being taken seriously;
 - Actual programmatic reach was unrelated to projections in the “Needs Assessment”; and
 - Need to improve program’s ability to reach children.

Five-Year Retrospective: Lessons Learned (cont.)

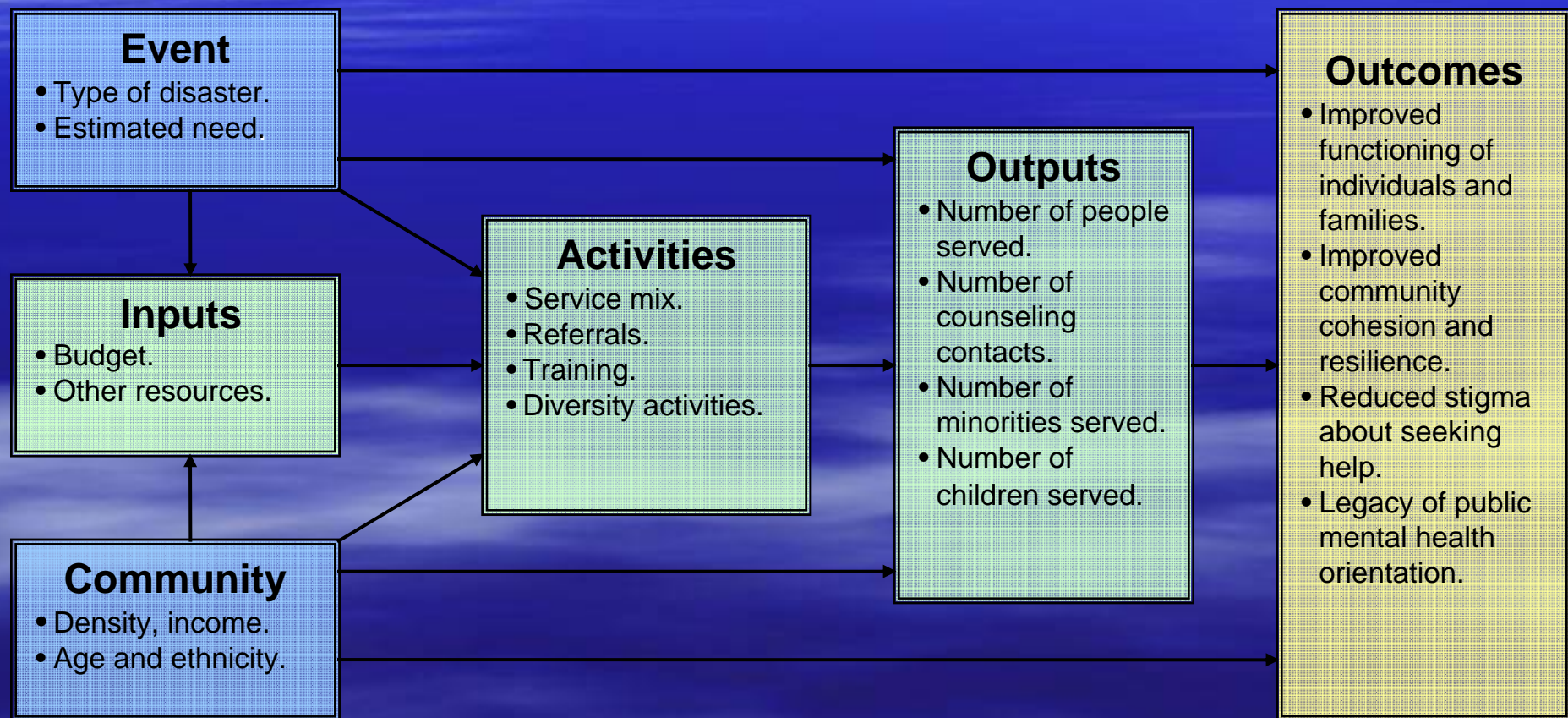
- Service quality:
 - CCP offers services that are acceptable, accessible, and proactive;
 - Projects evolved over time to match the needs of communities but often did so without much knowledge of those needs;
 - Concerns over CCP's ability to meet needs of more seriously impaired individuals and its short duration;
 - Referrals were sometimes a source of difficulty for crisis counselors; and
 - Providers did not always understand the CCP model.

Five-Year Retrospective: Lessons Learned (cont.)

- State capacity:
 - Pre-disaster plans are critical, but State plans remain underdeveloped;
 - Challenges due to implementing the CCP within the structure of State mental health departments;
 - Challenges with communication, collaboration, and control; and
 - Most States promoted self-care but did little to implement formal and systematic stress management precautions.

Evaluation and Data Collection Toolkit

The CCP Logic Model



Areas Evaluated

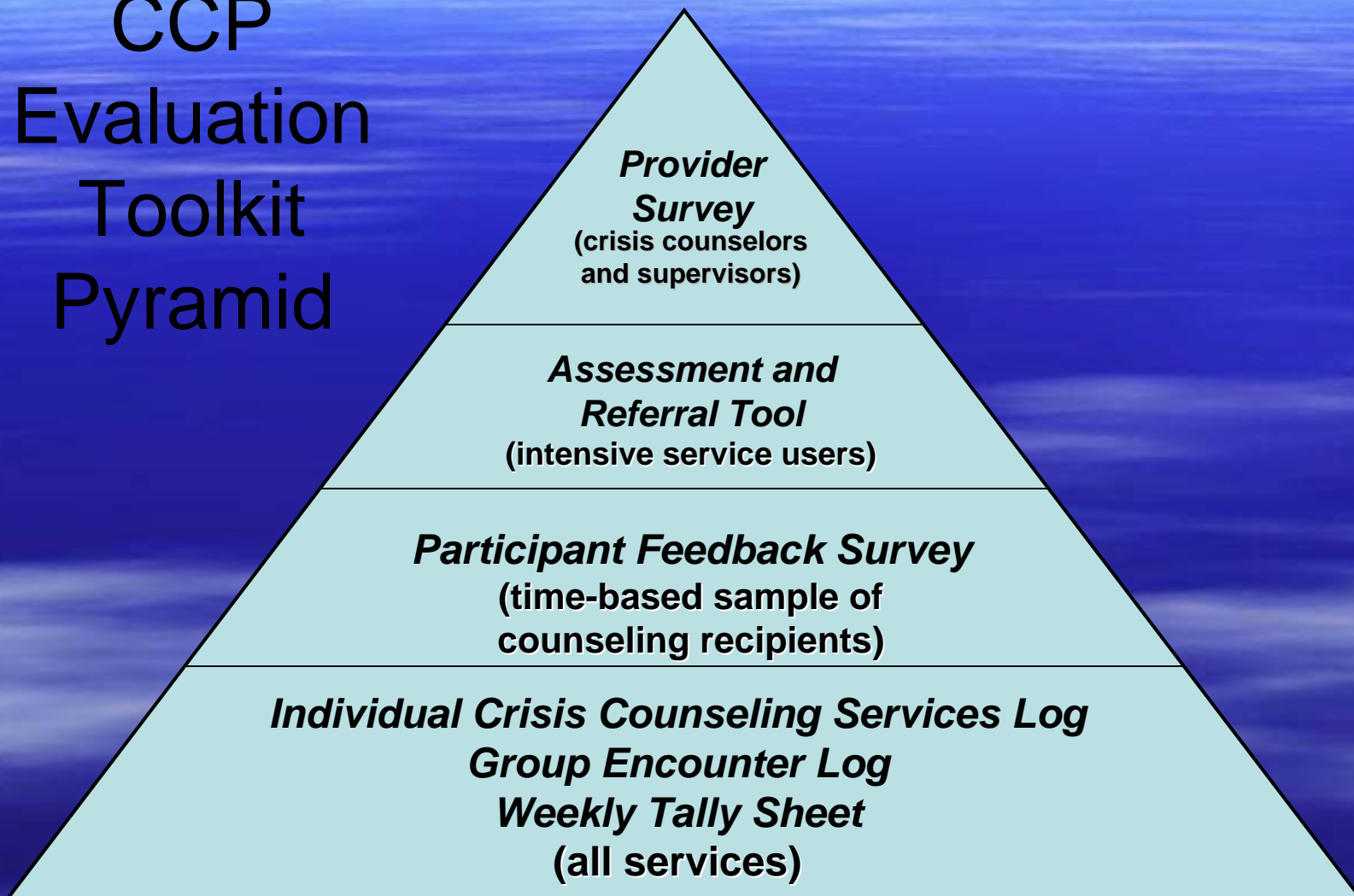
AREA	EXAMPLE QUESTIONS	TOOLS
Reach	How many people were served by the program? How well do their characteristics match the community's?	Encounter logs and weekly tallies.
Quality	Were the services perceived as appropriate and beneficial by service recipients and crisis counselors?	Brief participant and provider feedback surveys.
Consistency	Did areas or providers vary in performance (e.g., reach and quality)?	Logs, tallies, and surveys.

What is the CCP Toolkit?

- A set of standardized forms that are completed primarily by crisis counselors.
 - Basic tools:
 - Used often;
 - Used as soon as possible after a disaster; and
 - Include encounter logs for individuals and groups, and weekly tallies.
 - Advanced tools:
 - Used occasionally;
 - Typically introduced during the RSP; and
 - Include participant surveys, the assessment and referral tool, and provider surveys.

Program Evaluation

CCP Evaluation Toolkit Pyramid



Individual Encounter Log

- Documents interactions with individuals or families, lasting at least 15 minutes, and involving participant disclosure.
- Captures encounter characteristics, risk categories, participant characteristics, and referrals.
- Completed by the crisis counselor after the encounter is over but before moving to the next activity.

OMB NO. 0930-0270
Expiration Date 09/30/2008

Individual Crisis Counseling Services Encounter Log

Provider Number

Provider Name

Employee # Date of Service / / Zip Code of Service

CHARACTERISTICS of ENCOUNTER

LOCATION of SERVICE (select one)

<input type="checkbox"/> school	<input type="checkbox"/> workplace	<input type="checkbox"/> individual's home
<input type="checkbox"/> community center	<input type="checkbox"/> disaster recovery center	<input type="checkbox"/> other (specify in box) > <input type="text"/>
<input type="checkbox"/> provider site	<input type="checkbox"/> place of worship	

TYPE of VISIT

1st visit 2nd visit 3rd visit 4th visit 5th visit or more

DURATION

15-29 minutes 30-44 minutes 45-59 minutes 60 minutes or more

RISK CATEGORIES (select all that apply)

<input type="checkbox"/> injured or physically harmed	<input type="checkbox"/> home had damage	<input type="checkbox"/> evacuated quickly with no time to prepare
<input type="checkbox"/> life was threatened	<input type="checkbox"/> displaced from home 1 week or more	<input type="checkbox"/> witnessed community destruction
<input type="checkbox"/> family missing or dead	<input type="checkbox"/> disaster unemployed	<input type="checkbox"/> past substance use / mental health problem
<input type="checkbox"/> friend missing or dead	<input type="checkbox"/> other financial loss	<input type="checkbox"/> pre-existing physical disability
<input type="checkbox"/> witnessed death / injury	<input type="checkbox"/> assisted with rescue / recovery	<input type="checkbox"/> past trauma
<input type="checkbox"/> prolonged separation from family		

DEMOGRAPHIC INFORMATION

Age (select one)	Ethnicity (select one)	Preferred Language (select one)
<input type="checkbox"/> preschool (0-5)	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> English
<input type="checkbox"/> childhood (6-11)	<input type="checkbox"/> not Hispanic or Latino	<input type="checkbox"/> Spanish
<input type="checkbox"/> adolescent (12-17)		<input type="checkbox"/> other (specify in box) > <input type="text"/>
<input type="checkbox"/> adult (18-39)	Race (select one or more)	Language of Contact (select one)
<input type="checkbox"/> adult (40-64)	<input type="checkbox"/> American Indian / Alaska Native	<input type="checkbox"/> English
<input type="checkbox"/> adult (65+)	<input type="checkbox"/> Asian	<input type="checkbox"/> Spanish
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> other (specify in box) > <input type="text"/>
Sex (select one)	<input type="checkbox"/> Native Hawaiian / Pacific Islander	
<input type="checkbox"/> male	<input type="checkbox"/> White	Parent / Guardian of Child (under 18) (select one)
<input type="checkbox"/> female		<input type="checkbox"/> no
		<input type="checkbox"/> yes
		<input type="checkbox"/> unknown

REFERRAL (select all that were communicated)

<input type="checkbox"/> other crisis counseling services	<input type="checkbox"/> mental health treatment
<input type="checkbox"/> other disaster services (e.g., FEMA loans, housing)	<input type="checkbox"/> substance abuse treatment
<input type="checkbox"/> other services (specify in box) > <input type="text"/>	

Was the referral accepted by the individual? no yes

Reviewed by _____ Signature _____ Date ____/____/____

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Group Encounter Log

- Documents group crisis counseling (participants do most of the talking) and public education (counselor does most of the talking).
- Measures encounter characteristics, group identities, and focus.
- Completed by the crisis counselor after the encounter is over but before moving to the next activity.

OMB NO. 0930-0270
Expiration Date 08/30/2008

Group Encounter Log

Provider Name

Employee # Date of Service / / Zip Code of Service

CHARACTERISTICS OF ENCOUNTER

TYPE OF SERVICE (select one)
 group crisis counseling public education

LOCATION OF SERVICE (select one)
 school workplace individual's home
 community center disaster recovery center other (specify in box) >
 provider site place of worship

TYPE OF SESSION (select one)
 first session of group expected to meet once
 first session of group expected to meet more than once
 second or greater session of ongoing group

NUMBER OF PARTICIPANTS

DURATION
 < 30 minutes 30-44 minutes 45-59 minutes 60 minutes or more

GROUP IDENTITIES

Common Occupational Identity (select one if applicable)
 school staff rescue / recovery workers other occupational group (specify in box) >

Common Age (select one if applicable)
 child (0-5) child (6-11) adolescent (12-17) adult (18-39) adult (40-64) older adult (65+)

Common Gender (select one if applicable)
 men / boys women / girls

Common Disaster Experience (select one if applicable)
 bereavement displacement other disaster experience (specify in box) >

Select all of the following that apply
 Common Religious Identity
 Common Parenting / Caregiving Concerns
 Common Neighborhood or Community
 Common Language Spanish
 Common Language other than English or Spanish (specify in box) >
 Common Psychological or Medical Problems
 Other Identity (specify in box) >
 No Shared Identity

FOCUS of GROUP SESSION (select all that apply)

education about reactions to disaster stress management or skills building
 education about community resources and services conflict resolution
 mutual support community action
 other (specify in box) >

Reviewed by _____ Signature _____ Date ____/____/____

23263

Weekly Tally Sheet

- Documents brief educational and supportive contacts (less than 15 minutes), phone calls, and material distribution.
- Requests information for a week (beginning Sunday).
- Services tallied at the county level, using three-digit county code.
- Crisis counselors complete one weekly tally for each county in which they work.

OMB NO. 0930-0270
Expiration Date 09/30/2008

Weekly Tally Sheet
Brief Educational and Supportive Services Not Elsewhere Included

Provider Name


County or Parish Provider Number

Week beginning / / Employee ID

TYPE OF CONTACT	NUMBER OF CONTACTS OR NUMBER DISTRIBUTED							TOTAL
	SUN	MON	TUES	WED	THURS	FRI	SAT	
In-person brief educational or supportive contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Material handed to people with no or minimal interaction	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Material mailed to people's homes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Material left in public places	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Community networking and coalition building	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: If the number is zero, the field may be left blank.

Reviewed by _____ Signature _____ Date ____/____/____

46200


Hotline Calls

- When do disaster-related hotline calls count as CCP services?
 - If the hotline services are paid for by the grant; and
 - If the hotline provider has been issued a provider number.
- Hotline calls usually recorded on weekly tally.
- When is the individual log used?
 - If hotline staff are trained to provide individual crisis counseling;
 - If the contact is more than 15 minutes; and
 - On the log, “Location” should be marked “other,” and “hotline” should be written in the box.

OMB NO. 0930-0270
Expiration Date 09/30/2008

Weekly Tally Sheet
Brief Educational and Supportive Services Not Elsewhere Included

Provider Name

County or Parish Provider Number

Week beginning / / Employee ID

TYPE OF CONTACT	NUMBER OF CONTACTS OR NUMBER DISTRIBUTED							TOTAL
	SUN	MON	TUES	WED	THURS	FRI	SAT	
In-person brief educational or supportive contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OMB NO. 0930-0270
Expiration Date 09/30/2008

Individual Crisis Counseling Services Encounter Log

Provider Name Provider Number

Employee # Date of Service / / Zip Code of Service

CHARACTERISTICS of ENCOUNTER

LOCATION of SERVICE (select one)

school workplace individual's home

community center disaster recovery center other (specify in box) > hotline

provider site place of worship

TYPE of VISIT

1st visit 2nd visit 3rd visit 4th visit 5th visit or more

DURATION

15-29 minutes 30-44 minutes 45-59 minutes 60 minutes or more

RISK CATEGORIES (select all that apply)

Participant Survey

- Used to obtain feedback about the program.
- In 1 week selected each quarter, all adults receiving individual or group crisis counseling are given a participant survey packet.
- The survey provides some data about immediate outcomes of crisis counseling.

OMB NO. 0930-0270
Expiration Date 09/30/2008

Participant Feedback Survey

This brief survey will help community leaders learn about needs in our community. It will also help us to learn about how well crisis counselors are meeting these needs. We thank you very much for your help! Do not put your name on this survey. We want you to feel completely free to say how you really feel. If you filled out a survey like this in the past week, please do not fill out this one.

Please use the black ink pen that came with this survey!

Which of the following are true for you? Please select all that apply by putting an "X" in the box.

you talked with a crisis counselor by yourself
 you and a family member together talked with a crisis counselor
 you were part of a group that met with a crisis counselor

How would you rate the program or counselor on the following areas?
 In the boxes at right, please "X" the box that best represents your opinion where:
 "1" is the *worst* rating and "10" is the *best* rating.

	Worst									Best
	1	2	3	4	5	6	7	8	9	10
How good was the information you got on how people feel after disasters? Was that information the best it could be (10), the worst it could be (1) or somewhere in-between (2-9)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How good of a job did the counselor do helping you to know that your feelings after the disaster were the same as many other people's?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How good of a job did the counselor do treating you with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How good of a job did the counselor do respecting your culture, race, ethnicity, or religion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How good of a job did the counselor do making you feel that asking for help is okay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How good of a job did the counselor do making you feel that you can help yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How good of a job will the counselor do keeping things you said private?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How good of a job did the counselor do helping you to find ways to take care of yourself, like eating right and getting enough sleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How good of a job did the counselor do helping you to stay active in things like hobbies, sports, church, or volunteer work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How good of an idea is it to tell a friend who was upset by the disaster to see this counselor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

People are exposed to disaster in many different ways. Please select all that apply by putting an X in the box.

<input type="checkbox"/> injured or hurt	<input type="checkbox"/> put out of your home for one week or more
<input type="checkbox"/> life was threatened	<input type="checkbox"/> no job because of disaster
<input type="checkbox"/> family member missing or dead	<input type="checkbox"/> other money problems
<input type="checkbox"/> friend or co-worker missing or dead	<input type="checkbox"/> did rescue or recovery work
<input type="checkbox"/> saw death or injury	<input type="checkbox"/> had to leave quickly with no time to get ready
<input type="checkbox"/> away from family a long time	<input type="checkbox"/> community had major damage
<input type="checkbox"/> home had major damage	

PLEASE ALSO ANSWER QUESTIONS ON THE BACK

Draft

Assessment and Referral Tool

- Used to facilitate referrals to more intensive mental health services.
- First used during a third individual crisis counseling encounter.
- Measures risk categories and event reactions using a structured interview.
- If person scores three or more “intense” reactions (rated 4 or 5), referral for more intensive services should be discussed.

OMB NO. 0930-0270
Expiration Date 09/30/2008

Adult Assessment & Referral Tool

Provider Name

Provider Number Employee Nbr Zip Code of Service

Visit Number 3rd visit 5th visit or more Date of Service / /

READ: It is program policy to ask all people who visit with a crisis counselor three or more times a few specific questions about how they were affected by the disaster and how they are feeling now. May I ask you these questions?
IF THE PERSON IS WITH SOMEONE (OTHER THAN YOU), ADD: Would you prefer to mark your answers on this form rather than saying them out-loud?
 My first questions are about various experiences you may have had in the disaster.

RISK CATEGORIES (select all that apply)

<input type="checkbox"/> injured or physically harmed	<input type="checkbox"/> home had damage	<input type="checkbox"/> evacuated quickly with no time to prepare
<input type="checkbox"/> life was threatened	<input type="checkbox"/> displaced from home 1 week or more	<input type="checkbox"/> witnessed community destruction
<input type="checkbox"/> family missing or dead	<input type="checkbox"/> disaster unemployed	<input type="checkbox"/> past substance use / mental health problem
<input type="checkbox"/> friend missing or dead	<input type="checkbox"/> other financial loss	<input type="checkbox"/> pre-existing physical disability
<input type="checkbox"/> witnessed death / injury	<input type="checkbox"/> assisted with rescue / recovery	<input type="checkbox"/> past trauma
<input type="checkbox"/> prolonged separation from family		

ASSESSMENT OF EVENT REACTIONS

GIVE RESPONSE CARD TO RECIPIENT.
READ: These questions are about the reactions you have experienced IN THE PAST MONTH. By reactions, I mean your feelings or emotions or thoughts about the events. For each question choose ONE of the following responses from this card.

1 not at all 2 a little bit 3 moderately 4 quite a bit 5 very much

QUESTIONS TO BE READ	RESPONDENT'S ANSWER				
How much have you been bothered by unwanted memories, nightmares, or reminders of what happened?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
How much effort have you made to avoid thinking or talking about what happened or doing things that remind you of what happened?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To what extent have you lost enjoyment in things, kept your distance from people, or found it difficult to experience feelings because of what happened?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
How much have you been bothered by poor sleep, poor concentration, jumpiness, irritability or feeling watchful around you because of what happened?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
How down or depressed have you been because of what happened?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Has your ability to handle other stressful events or situations been harmed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Have your reactions interfered with how well you take care of your physical health? For example, are you eating poorly, not getting enough rest, smoking more, or finding that you have increased your use of alcohol or other substances?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
How distressed or bothered are you about your reactions?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
How much have your reactions interfered with your ability to work or carry out your daily activities, such as housework or schoolwork?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
How much have your reactions affected your relationships with your family or friends or interfered with your social, recreational, or community activities?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
How concerned have you been about your ability to overcome problems you may face without further assistance?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

NUMBER OF RESPONSES OF 4 OR 5 (this is recipient's score) >>>

I also need to ask: Is there any possibility that you might hurt or kill yourself? no yes

IF YES, refer for immediate psychiatric intervention - IF NO, continue on back of this form

33237

Provider Survey

- Used to capture crisis counselors' opinions about their training, resources, supervision, workload, support, and overall quality of the CCP.
- The Provider Survey is collected anonymously from crisis counseling staff around 6 and 12 months post-disaster.

OMB NO. 0930-0270
Expiration Date 09/30/2008

Service Provider Feedback

This brief survey is being conducted to learn about your opinions and experiences as a crisis counselor or supervisor for [name of Project]. Do not put your name on this survey. We want you to feel completely free to express your opinion.
THANK YOU FOR YOUR PARTICIPATION!
Please use the black pen that came with this survey

Please indicate how often you perform each of the following activities in a typical week by placing an "X" in the box to the right of the activity. If you answer "never" to all 6 questions, please do not continue to complete this survey.

1 never 2 rarely (once or twice a week) 3 occasionally (3-10 times a week) 4 frequently

Individual crisis or peer counseling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Group crisis counselling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Public education	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Making referrals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Outreach and material distribution	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Supervising crisis counselors	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

How many hours of crisis counseling program work do you do in a typical week? less than 10 10-19 20-29 30-39 40 or more

How many months have you worked with the crisis counseling program? (if less than one month, please enter 0.)

How would you rate [name of project] on the following areas? Please "X" the box that best represents your opinion on a scale where "1" is the worst or least you can imagine and "10" is the best or most you can imagine.

	Worst										Best
	1	2	3	4	5	6	7	8	9	10	
The core Crisis Counseling Program overview training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other crisis counselling trainings offered by the state or your agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well the trainings prepared you to do your job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of the supervision provided to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The 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"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The overall quality of services being provided by the project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How likely you would be to recommend [name of 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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PLEASE ALSO ANSWER QUESTIONS ON THE BACK →

Administrative Issues in Evaluation

- Data entry should be done in a centralized location.
- A system of getting the forms from the crisis counselor to the central point of data entry should be established.
- A quality control mechanism should be established to ensure forms are completed correctly.
- CCP leadership, not just evaluation coordinators, should review the forms that come with the CCP Evaluation Toolkit.

Program Evaluation TA

- TA regarding the program evaluation is provided by:
 - CMHS Project Officer; or
 - SAMHSA DTAC.

Hurricane Katrina Cross-Site Evaluation – Provider Survey

- Approximately 6 months post-disaster
- N=642 crisis counselors from 16 States; response rate=56%.
- Generally crisis counselors were positive about the projects with which they work.
- Most crisis counselors thought the services matched the needs of the community.
- Crisis counselors providing group services and supervisors rated their programs higher than others.

Hurricane Katrina Cross-Site Evaluation – Provider Survey

- Full-time crisis counselors tended to rate their programs higher than part-time crisis counselors.
- Prevalence of specific stress reactions ranged from 10-16%.
- Approximately 11% showed more pervasive stress reactions by endorsing 3-5 stress reactions with at least moderate intensity.
- Supervisors reported more stress than non-supervisors.

Hurricane Katrina Cross-Site Evaluation – Participant Survey

- 1 week in late April/early May 2006 (approximately 8 months post-disaster).
- N=2162 service recipients from 15 States; response rate=15%.
- The average respondent experienced 1 type of trauma and 4 types of loss.
- Respondents still living in disaster-declared counties averaged fewer traumas and losses than respondents in non-declared counties.

Hurricane Katrina Cross-Site Evaluation – Participant Survey

- Poor stress tolerance was the most prevalent reaction, followed by depression, arousal symptoms, and intrusive symptoms.
- 36% of respondents felt they needed help or more help from a counselor to deal with their reactions to the disaster.
- 47% of respondents in non-declared counties and 36% of respondents in declared counties had severe distress (7+ intense reactions).

Hurricane Katrina Cross-Site Evaluation – Participant Survey

- Average rating of all programs was 87 (out of 100).
- Programs performed best in terms of respectful manner in which crisis counselors interacted with respondents.
- Respondents believed that they had been helped to feel more confident in their abilities to help themselves or their families.