

Attachment H

Public Comments received following the 60-Day Review:

- 1) The requirement to complete and Individual Encounter Log for each participant is burdensome, and crisis counselors would benefit from the creation of a "Family Form" where encounters with families are logged on one form. This would also allow tracking of the number of families served. (submitted by program users in Puerto Rico and Tennessee)
- 2) Please consider adding to the demographic information collected a category on Persons with Functional and Access Needs, or Persons with Disabilities (submitted by Heather Oglesby)
- 3) Add a second Employee number box since the crisis counselors go out in teams of two. This will eliminate a problem for some crisis counselors. Despite training and program guidance, in at least one large program, each worker in the team has been filling out the forms separately in order to get credit for the work, thus duplicating forms. (submitted by Maureen Lagana)
- 4) Under the referral section, I would add disability resources. The literature suggests that people with disabilities are not receiving the necessary support and services. I think we need to put this on the form to continually make the crisis counselors aware of the importance of this type of referral and to track our ability to assist this high risk group. (submitted by Maureen Lagana)
- 5) Primary language of contact - this instruction is very unclear. It sounds like you are asking for the language the crisis counselor spoke. If the survivor's primary language is Spanish but they spoke to the worker in English (because that is the primary language of the worker), it sounds like you want them to check English because that was the primary language used during the encounter. (submitted by Maureen Lagana)
- 6) Please add to the Individual Encounter Log a field to distinguish Phone Counseling by Crisis Counselors and Phone Counseling conducted as a result of a hotline call. (submitted by Jamie Seligman)
- 7) Also on the Weekly Tally, please consider adding another item under Telephone Contact, that is Hotline/Helpline/Lifeline Contact. (submitted by Jamie Seligman)
- 8) Under Characteristics of Encounter, make two boxes for "Home". One box would be "home - permanent living situation. The other box would be "home - temporary living situation (i.e. friend or family home, group home,(delete "including houses") apartment, hotel, trailer, and other dwellings). This will capture number of displaced families. (submitted by Maureen Lagana)
- 9) Under "other referrals", instead of stating "if the service is not listed, please provide the type of service next to other services", I think it would be clearer to state "If you made a referral to a service not listed, please check the box labeled "other" and write in the specific type of referral". (submitted by Maureen Lagana)
- 10) Please add question(s) to Participant Feedback Form related to whether people find the crisis counseling services helpful or useful to deal with reactions from the disaster - maybe yes/no response, then if yes what particular services - (e.g., one-to-one interaction, public education presentation, group counseling/support group, handouts/materials, program website(s), referral resources, etc.) allowing a person to check multiple responses. (submitted by Erik Hierholzer)

- 11) It would be helpful to know if the referrals resulted in services. We need to determine if the material being distributed by crisis counselors and the media messages being broadcast are assisting survivors as intended. (submitted by Maureen Lagana)
- 12) Regarding how to track and record materials distributed should be as follows:
 - a. Materials in a bag, left at a home, either with an interview or left on at a door, would be a single material distribution encounter.
 - b. When, at a fair or meeting, someone stops and speaks to you and while speaking with them you pick up one (or several) pieces of support material and give it to them, this is still one material distribution encounter.
 - c. At such material distribution points as fairs or meetings, what I would recommend is that when material is left out for individuals to just pick up as desired, I would suggest the outreach team know how many pieces of literature were initially made available (per piece count that could be picked up – here a bag full of material is still 1 piece). At the end of the day (or event) count what is left. The difference between what was made available and what remains should be the material distribution encounter count. This will create an inflated count, but it is the most reliable measure available. And remember, we are really going for consistent reporting of material distribution encounters, not a perfect count of the number of pieces of paper disbursed. (submitted by Jayne Stommel)
- 13) In order to consistently track materials distributed, crisis counselors should be able to record materials distributed on the Individual or Group Forms, not just on the Weekly Tally. (submitted by Jayne Stommel)
- 14) The instructions are typically just repeating the same words as the form. The instructions need to elaborate (i.e. describe/define community networking and coalition building rather than just restating the words; give a few examples rather than just restating material handed out in public places). (submitted by Maureen Lagana)
- 15) Studies on public opinion survey methodology have consistently shown that respondents provide more thoughtful responses to questions in which the response categories are fully labeled^{1,2}. For bipolar scales, a fully-labeled five-category scale is optimal. Unipolar scales should also be fully-labeled, but are optimal with either five- or four-categories. Larger end anchored scales (i.e., those with labels only at the end points of the scale) can suffer from biases in using only certain categories (i.e., on a one to ten scale, categories 0, 3, 5, 7, 10 are used most often), therefore acting like a five-category scale. When including a don't know, not applicable, or unsure type of response option within a question whose other response options are scaled, it is particularly important in a self-administered survey, due to visualization of the response options to respondents, to visually separate this option from the other choices (with a different color, spacing, etc.)³. (submitted by Amy Falcone)

¹ Tourangeau, Roger, Mick P. Couper, and Frederick Conrad. *Color, Labels, and Interpretive Heuristics for Response Scales*. Public Opinion Quarterly, Vol. 71. No. 1, Spring 2007, pp. 91-112.

² Schaeffer, Nora Cate, and Jennifer Dykema. *Questions for Surveys: Current Trends and Future Directions*. Public Opinion Quarterly, Vol. 75, No. 5, 2011, pp. 909-961.

³ Tourangeau, Roger, Mick P. Couper, Frederick Conrad. *Spacing, Position, and Order: Interpretive Heuristics for Visual Features of Survey Questions*. Public Opinion Quarterly, Vol. 68, No. 3, Fall 2004, pp. 368-393.

16) In making the Child Assessment Tool and the Adult Assessment and Referral Tools required, there are considerations that should be taken into account regarding the administration of these tools. Currently the tools are administered by crisis counselors who are paraprofessionals. The crisis counselor asks the child or adult, "Is there any possibility that you might hurt or kill yourself?" After that question is asked, there are a series of other questions that need to be asked to assess the seriousness of the suicidal ideation. The answers to these other questions will determine what to do next. CCP crisis counselors are not trained mental health professionals. Only trained mental health professionals should administer these tools. A simple solution to this dilemma would be to add the following language to the tools and the guidance: "The Child Assessment Tool and the Adult Assessment Tool must be administered by **licensed** mental health professionals. Paraprofessionals may **not** administer these tools".