Attachment I

Below is a list of Public Comments received following the 60-Day Review, and our response(s):

1) *Comment: 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)*

   Response: The previous Individual Crisis Counseling Services Encounter Log is now revised to Individual/Family Crisis Counseling Services Encounter Log. Previously, when encountering a family, crisis counselors would complete a separate Individual Encounter Log for all family members participating in the encounter. The new form will reduce the burden of completing so many Individual Encounter Forms, and allow crisis counselors to complete just one form on the family unit. Consequently, the name of the form, many of the fields, and the instructions have been revised to align with this change. The changes are outlined below:

   o Changed the name of the form to "Individual/Family Crisis Counseling Services Encounter Log"
   o In order to capture information on the number of people participating in the encounter, a field was added: "Number of Participants in this encounter"
   o For "Family" selection, removed "please complete one form for each active participant"
   o In order to collect aggregated demographic information, the demographics section was revised as follows:
     o Removed individual "Age" and "Sex" selections, and replaced with:
       ▪ "Number of MALES per age category in this encounter (indicate # in box)"
       ▪ Added to boxes to record the number of males for each age group
         • Preschool (0-5), child (6-11), adolescent (12-17), adult (18-39), adult (40-64), and older adult (65+)
       ▪ "Number of FEMALES per age category in this encounter (indicate # in box)"
       ▪ Added to boxes to record the number of females for each age group
         o Preschool (0-5), child (6-11), adolescent (12-17), adult (18-39), adult (40-64), and older adult (65+)
     o Primary Language of Contact- changed to "Primary Language of Contact or Majority of Family/Household"
   o Event Reactions:
     o Added "Please indicate the total # of participants experiencing event reactions."
     o "Coping well" box- added "If there are no participants experiencing the above event reactions, please check this box.)"
   o Instructions for the form where also revised accordingly, to include the following:
     o Anywhere "individual" was written, it was changed to "individual/family/household"
     o Clarified "When to use this form" by removing instruction #3.
     o For instructions on recording the demographic information, the following was revised:

- Added "NUMBER OF MALES IN THIS ENCOUNTER–Please select the number of males that participated in this encounter."
    - Added "Age of male participants–The age you perceived the male participants to be. Please indicate the number of males for each age group that participated in the encounter.
- Added "NUMBER OF FEMALES IN THIS ENCOUNTER–Please select the number of females that participated in this encounter."
    - Added "Age of female participants–The age you perceived the female participants to be. Please indicate the number of females for each age group that participated in the encounter.

2) *Comment: 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)*

    Response: In response a new field within the demographics has been added to capture this information on the Individual/Family Crisis Counseling Encounter Log, Group Encounter Log, Adult Assessment and Referral Tool and Child/Youth Assessment and Referral Tool. The forms also provide the statutory definition within the instructions. The field appears as: "If any of the participants has a disability, or other functional or access need, indicate the type"
    - Added "physical (mobility, visual, hearing, etc.)" and "mental" as the disability types
    - "PERSONS WITH DISABILITIES– Based on your observations and your conversation with the participants, did anyone have a physical or mental disability? SELECT ALL THAT APPLY."
        - The definition appears: "A disability is defined as a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment. (Title I of the Americans with Disabilities Act, 42 U.S.C. §§ 12101-17)."

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)*

    Response: To encourage compliance with program guidelines that Crisis Counselors conduct outreach in pairs, we have added an additional field for a Crisis Counselor to record their employee number, and labeled the box "Employee #2" This was reflected in the instructions by adding "EMPLOYEE #2–Employee number of your teammate during this encounter."

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)*

Response: In response, we have added "resources for those with disabilities, or other functional or access needs" as a type of referral.

5) *Primary language of contact – this instruction is very unclear. In 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)*

Response: In response, the wording has changed for the Primary Language of Contact field to read: "PRIMARY LANGUAGE OF PARTICIPANT(S)" Accordingly the instructions were also revised to read: "PRIMARY LANGUAGE OF PARTICIPANT(S)–What language do you believe is the primary language of the disaster survivor(s) participating in this encounter. If "OTHER" (not English or Spanish), fill in the other language that was the primary language of the participants."

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)*

Response: In response, a checkbox has been added underneath the Phone Counseling section, for respondents to indicate if the phone counseling session was "Hotline, helpline, or crisis line." It reads: "IF HOTLINE, HELPLINE, OR CRISIS LINE, please check here" as a sub-question to the Phone Counseling location of service.

7) *Also on the Weekly Tally, please consider adding another item under Telephone Contact, that is Hotline/Helpline/Lifeline Contact. (submitted by Jamie Seligman)*

Response: In response, a new field was created on the Weekly Tally Sheet to capture and distinguish the type of telephone contact being recorded. Revisions include:
   - o Changing the existing field "Telephone"- changed to "Telephone contact by crisis counselor" and revising instructions accordingly to read: TELEPHONE—"Record this contact on the Weekly Tally Sheet when it is less than 15 minutes. (If your contact is more than 15 minutes, please fill out the Individual and/or Family/Household Crisis Counseling Services Encounter Log.)"
   - o Adding "Hotline/Helpline/Lifeline Contact" as a unique field, and revising the instructions accordingly to read: "HOTLINE/HELPLINE/LIFELINE CONTACT–This is the number of calls that come into the hotline/helpline/lifeline designated for this CCP. Record this contact on the Weekly Tally Sheet when it is less than 15 minutes. (If your contact is more than 15 minutes, please fill out the Individual and/or Family/Household Crisis Counseling Services Encounter Log.)"

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)*

Response: In order to better understand the number of individual or families that were displaced following the disaster, we have separated permanent home and temporary home by adding a "home (permanent)" option as a separate selection for location of service on all forms, except the Weekly Tally Sheet, where this field does not apply.

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)*

Response: In response, the instructions have been revised to provide clarity. They read: "REFERRALS–Based on your conversations, you may have referred the participants for other services. In the REFERRAL box, select all of the types of services to which you referred participants. If you made a referral to a service not listed, please check the box labeled "other" and write in the specific type of referral."

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)*

Response: In order to capture the helpfulness/usefulness of the program and the resources and service, questions were added to the Participant Feedback Form.

- o Added two questions on general usefulness of program (in helping return things in your life the way there were before the disaster and overall usefulness of program)
- o Added three questions comparing current well-being to that before the disaster

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)*

Response: In order to capture the helpfulness/usefulness of the program and the resources and service, questions were added to the Participant Feedback Form asking whether the referral type was used, and if so, was is helpful. Both appear as Yes/No questions.

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 them 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)*

Response: The instructions to this field on the Weekly Tally Sheet were changed to read MATERIAL MAILED TO PEOPLE'S HOMES AND/OR LEFT AT A PERSON'S UNATTENDED HOME– How many packets or materials were mailed to people's homes and/or left at a person's home (NO INTERACTION)? (e.g., If you left a packet of information on a doorstep, even if the packet contains multiple pieces, this is counted as one material left.)

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)*

Response: A new field was added to the Individual/Family Encounter Log and Group Encounter Log to capture the materials distributed as part of an individual, family, or group encounter "Were materials (flyer, brochure, handouts, etc.) provided to this/these participant(s)?" This will reduce confusion among crisis counselors and reduce the burden of having to count the materials and complete a second form (the Weekly Tally Sheet) for materials distributed as part of the encounter. Accordingly, we have added to the instructions: "MATERIALS PROVIDED–Did you leave any materials (NOT REFERRALS) with the participant, family, or household? This refers to printed materials such as a CCP brochure, flyers, tipsheets, or other printed information. SELECT ONLY ONE."

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)*

Response: In response, instructions on several items have been clarified and reworded on the Weekly Tally Sheet, including instruction on the following sections:
   o Community Networking and Coalition Building:
      ▪ Added "(Did you build relationships with community resource organizations, faith-based groups, and local agencies? Did you attend a community event to provide a compassionate presence and to be available to provide crisis counseling services, if needed? Did you initiate or attend an unmet-needs committee or long-term-recovery meeting, or other disaster relief-oriented gathering?)

- o NUMBER OF CONTACTS OR NUMBER DISTRIBUTED
  - Added "MASS MEDIA–How many mass media messages did you publish broadcast? This includes newspaper ads, radio broadcasts, listserv mailings, advertisements, etc."
  - Added "SOCIAL NETWORKING MESSAGES– How many messages did you post via Social Networking mechanisms? <u>Do NOT include the number of replies or posts made by outside parties</u>."

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)*

   Response: In response, the scales were revised as follows:
   - o On the Participant Feedback Form, the scale was changed from ten-point best to worst scale to a five point fully-labeled scale (1=extremely poor, 2=poor, 3=fair, 4=good, 5=excellent)
   - o On the Provider Feedback Forms, the scale was changed from ten-point worst to best scale in training rating to a five-point fully labeled usefulness scale (1=not at all useful, 2=slightly useful, 3=moderately useful, 4=very useful, 5=extremely useful)
   - o On the Provider Feedback Forms, the scale was changed from a ten-point worst to best scale in other things that can influence work on project rating question to a five-point fully labeled scale (1=extremely poor, 2=poor, 3=fair, 4=good, 5=excellent)

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*

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[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.

*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".*

Response: For both the Child Assessment and Referral Tool and the Adult Assessment and Referral Too, we have added language to the beginning of the form, as well as the instructions, which emphasizes that these tools "must be administered by licensed mental health professionals. Paraprofessionals may not administer these tools."