

FINDINGS FROM A SURVEY OF 9/11- AFFECTED CLIENTS SERVED BY THE AMERICAN RED CROSS SEPTEMBER 11 RECOVERY PROGRAM

Final Report

May 2006

Prepared for:

American Red Cross September 11 Recovery Program

Prepared by:



The Urban Institute

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Findings from a Survey of 9/11-Affected Clients Served by the American Red Cross September 11 Recovery Program

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Executive Summary

The terrorist attacks that occurred on September 11, 2001, were unprecedented in the history of the nation, and the American Red Cross was one of the first organizations to respond to the day's tragic events. The organization quickly sent personnel to all three attack sites and established service centers, arranged for shelter and feeding of survivors and rescue workers, and implemented programs that would provide support, financial assistance, and care to assist families searching for loved ones or coming to terms with their loss. In August 2002, the Red Cross established the September 11 Recovery Program (SRP) to provide longer-term assistance to the individuals and families with more lasting financial, health, and emotional needs related to the events of 9/11. SRP provided case management services, financial assistance with unmet essential expenses, financial assistance with health and mental health treatment costs, and subsidies for health insurance.

Establishing a program to provide longer-term services to people affected by a major disaster represented a departure from the shorter-term disaster relief service model the Red Cross typically follows. The Red Cross commissioned the Urban Institute, a nonprofit, nonpartisan research organization in Washington, D.C., to conduct a study of the SRP and provide feedback on service quality and effectiveness from the perspective of clients who were assisted by the program. This report, prepared by the Urban Institute, presents the findings of that study. Data for the study were collected through a telephone survey, conducted by Princeton Survey Research Associates International, of a random sample of SRP clients who received services between 2002 and 2005. A total of 1,501 adults (ages 18 and older) participated in the survey, yielding a response rate of 53 percent.

About two in five respondents (40 percent) received multiple services, usually a combination of financial and family support services. These respondents were more likely to be individuals who had lost a family member (called "beneficiaries" by Red Cross and referred to as "bereaved" in this report) and the seriously injured. Slightly more than one-third of respondents (36 percent) received financial assistance with health and mental health treatment costs only, and about one in five (21 percent) received case management services only.

Major Findings

Satisfaction with Family Support Services

- The majority of individuals who received family support services (case management) from SRP (called "clients" in this report) believed those services helped them to a large or moderate extent to achieve self-sufficiency and engage in activities of normal daily living, or recover from the affects of 9/11.
 - * Seven in 10 respondents (72 percent) said that the services helped them to a large or moderate extent to deal with the challenges and issues they were facing. On the other hand, about 26 percent said these services helped them to only a small extent or not at all.

- * Just over half (55 percent) of the respondents said their ability to perform normal activities improved since receiving these services. About 1 in 5 respondents (20 percent) did not attribute this improvement to Red Cross services; however, we do not have sufficient information to determine the reasons for this.

Satisfaction with Financial Assistance Services

- Financial assistance was the program that survey respondents mentioned most frequently as being most helpful or most liked.
 - * Just over 70 percent of respondents received the amount or more than the amount that they expected, while 17 percent received less than expected. The remaining group either did not know, or said the amount expected varied with the gift.
 - * While over 90 percent of respondents thought the money they received was adequate to address basic needs, many of the injured (11 percent of the seriously injured and 55 percent of the “other injured”) expected to receive more compensation, citing their level of need or the amount of charitable donations that the Red Cross received after 9/11.
 - * Financial assistance was said to reduce stress and worries to a large or moderate extent by 84 percent of respondents, although 9 percent indicated it did so to only a small extent, and 5 percent said not at all.

Satisfaction with Financial Assistance for Mental Health Services

- Financial assistance for mental health and substance abuse services was the program second-most frequently cited by respondents as most helpful or most liked.
 - * At least 80 percent of respondents thought the services helped them deal with grief, cope with emotional stress, deal with depression, and manage relationships with friends and family.
 - * Most respondents (71 percent) found the application process for mental health services to be somewhat or very easy, although 11 percent said it was not too easy, and 9 percent felt it was not at all easy. Older people (age 65+), those with pre-9/11 incomes of more than \$200,000 and those enrolling children were more likely to express difficulty.
 - * Just over half (55 percent) of those who applied for payment for mental health services indicated they never had problems or disputes about getting invoices paid. But of those who encountered problems, about half said that their disputes were resolved promptly most or all of the time; the other half reported disputes were resolved only some of the time or never.
 - * About one in three respondents (31 percent) rated the promptness with which invoices were processed as fair or poor.

Satisfaction with the Way Services Were Delivered

- Clients who responded to the survey had very positive views regarding how services were delivered.
 - * Over 90 percent of respondents said that they were treated with respect and courtesy all or most of the time.

- * Over 85 percent were satisfied with their ability to reach staff and have calls returned, and the amount of contact they had with staff.
 - * The majority of respondents reported the services they received from the American Red Cross were helpful. Over half (57 percent) rated service helpfulness as excellent and 29 percent rated it as good, while 8 percent rated it fair and 5 percent, poor.
- SRP case managers, in particular, were singled out for their helpfulness. This theme emerged consistently from the survey.
 - * Two-thirds (67 percent) of the respondents said SRP staff was very helpful in assisting them in getting benefits and services.
 - * Nearly 90 percent said the information SRP staff provided about services in other organizations was excellent or good.

On-going Need for Services

- Emotional issues related to 9/11 are still a factor in most people's lives.
 - * Two-thirds of adults who received financial assistance for mental health and substance abuse services indicated grief continues to interfere with their lives to a large or moderate extent, as it does for half of the children who received treatment, according to their parents.
- More than two in five respondents (43 percent) said that they or their families still needed services to help with their recovery. The three most frequently mentioned services were:
 - * Mental health services (63 percent of respondents)
 - * Financial assistance (28 percent of respondents)
 - * Health services or health insurance (19 percent of respondents)

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Introduction

The terrorist attacks that occurred on September 11, 2001, were unprecedented in the history of the nation, and the American Red Cross was one of the first organizations to respond to the day's tragic events. The organization quickly sent personnel to all three attack sites and established service centers, arranged for shelter and feeding of survivors and rescue workers, and implemented programs that would provide support, financial assistance, and care to assist families searching for loved ones or coming to terms with their loss.

The substantial charitable donations that the Red Cross received in the wake of September 11th were placed in the Liberty Disaster Relief Fund, which was established as a separate account to fund relief services only for people directly affected by the events of 9/11. The Red Cross used the Liberty Disaster Relief Fund to support staffing of the September 11 Recovery Program (SRP), created in August 2002, to provide longer-term assistance to people who continued to have 9/11-related needs. SRP provided case management services, financial assistance for unmet essential living expenses, financial assistance for health and mental health treatment costs, and subsidies for health insurance. For the most part, these services were provided directly by Red Cross staff. However, in 2004, the Red Cross developed the Recovery Grants Program¹ to move from the direct provision of services to supporting community-based organizations that would continue to provide needed services to people affected by 9/11. Recovery Grant Program services are not reviewed here, but will be assessed in a separate report.

This report, prepared by the Urban Institute for the SRP, examines the quality and outcomes of SRP services as assessed by individuals who received those services. The study was designed to provide the client's perspective on service delivery and provide the Red Cross with important feedback on the quality and effectiveness of SRP services. Information was collected through a telephone survey of a random sample of SRP clients who received services between 2002 and 2005. Approximately 1,500 people participated in the survey.

The survey findings will help the Red Cross to a) determine the extent to which its services and financial assistance have helped SRP recipients; b) identify ways to improve service quality and address client needs; and c) inform decision-making, fiscal responsibility, and stewardship of the Liberty Funds. In addition, the findings provide insights for developing and implementing short- and long-term assistance in the aftermath of future disasters that affect large numbers of people.

The report is organized into four sections, followed by technical appendices:

- Section 1 provides an overview of SRP services and the categories used by SRP to designate eligible clients.

¹ In July 2004, the Red Cross also began providing funds to external agencies to perform case management services, apart from its funding of Recovery Grants Program services.

- Section 2 briefly describes the survey methodology and analysis plan. A detailed account of the study methods is provided in an appendix.
- Section 3 presents the findings of the survey. It provides a brief profile of the survey respondents and then gives a general overview of survey results. Service quality and outcomes are discussed separately for each SRP service area (that is, family support services case management, financial assistance, financial assistance for mental health and substance abuse services, and health insurance subsidies).
- Section 4 summarizes the study’s findings and presents clients’ recommendations for improving future services during times of disaster and national emergencies.
- Three appendices detail the study methodology, the survey questions, and the “top line” results (that is, percentage distributions) for each survey question.

Overview of September 11 Recovery Program

In the aftermath of 9/11, the Red Cross provided immediate disaster relief services to those suffering from the attacks and, through SRP, provided longer-term assistance to people directly affected by the events. Clients who received SRP services may also have received Red Cross services in the immediate aftermath of the attacks. However, the survey asked respondents to focus their answers and comments only on SRP services offered from January 2002 through 2005.

There were four major categories of SRP services: family support services (case management); financial assistance or “gifts”; financial assistance for mental health and substance abuse treatment costs; and health insurance subsidies. Six categories of eligibility were established: the bereaved, disaster responders, affected residents, affected residents in areas cleaned by the Environmental Protection Agency (EPA), seriously injured persons, and “other injured” persons.

A brief description of each service and eligibility category is provided to facilitate understanding of the survey analysis and findings.²

SRP Service Designations

The four SRP service categories include:

- 1. Family Support Services.** The Red Cross hired staff to provide case management services. These staff members, called “family support specialists,” provided services such as identifying needs, developing service plans, and making referrals to other resources or services to facilitate access to resources and promote recovery and return

² These program descriptions are drawn from a variety of primarily unpublished material provided to the Urban Institute by the American Red Cross. Each program had specific eligibility criteria and dates during which the program was available to clients.

to normal living. A key function of family support specialists was to assist clients with the application process for other Red Cross programs, primarily the financial assistance and mental health and substance abuse programs.³

2. Financial Assistance. The Red Cross created multiple programs at different times in order to provide financial assistance to different groups of clients or to address different needs. To accomplish this and to ensure compliance with Liberty Fund policies, SRP implemented procedures and application requirements, such as verifying client identity and determining the extent to which clients were financially dependent on the deceased.

- **Family Gift Program.** This program, announced one week after the attacks, was intended to provide assistance with essential living expenses for families/dependents of those killed in the attacks and injured survivors. As donations grew, financial assistance expanded from three months of unmet expenses to twelve months of expenses. Consequently, the program was implemented in three phases. Eligibility requirements and application procedures became more specific and rigorous in the third round of the gift program.
- **Supplemental Gift Program.** This program (also known as the Estate Gift) provided a one-time gift to estates of the deceased and to people who experienced serious physical injuries. This program had two phases. When first created, the program made flat \$45,000 payments. In December 2002, the payment was increased to \$55,000.
- **Special Circumstances Gift Program.** This program was created to address the financial needs of people who were not eligible for the Supplemental Gift program, such as extended and nontraditional family members, but who could demonstrate that they had compelling financial needs related to the attacks (such as financial dependence on the deceased).
- **Additional Assistance.** This program provided up to six months of assistance for essential unmet housing and living expenses. It was intended to assist those who had disabling injuries or mental health conditions resulting from the attacks, but who were not eligible for other gift programs.
- **Assistance to Affected Residents.** Assistance was provided to individuals and families who were displaced from their homes or jobs for a period of time. This program was intended to address immediate needs, such as food and clothing, costs of relocation, rent or mortgage payments, hotel costs, cleaning and storage of possessions, and crisis counseling.

³ Additionally, family support specialists provided client feedback to SRP management to guide program implementation and modification.

Payments for all of these financial assistance programs were handled by in-house SRP staff who reviewed applications, verified payment amounts, completed payment requests, and ensured that checks were sent to clients via Federal Express.

3. Financial Assistance for Mental Health and Substance Abuse Services. The 9/11 Mental Health and Substance Abuse Program was launched in August 2002 as a collaboration between the Red Cross and the September 11th Fund (“the Fund”). The two charities jointly created a program that would provide financial assistance for mental health and substance abuse treatment for individuals directly affected by the attacks,⁴ with each serving different categories of clients. To streamline service provision, Red Cross assisted with the mental health costs of clients who were also eligible to receive case management services from Red Cross staff. These clients included immediate family members of the deceased, the seriously physically injured and their close family members, rescue and recovery workers, and people who resided south of Canal Street whose access to their homes was disrupted.

The 9/11 Mental Health and Substance Abuse Program used one point of entry for all callers—the Mental Health Association of New York City’s 24-hour multilingual hotline (1-800-LifeNet).⁵ The hotline staff conducted initial eligibility assessments, provided referrals, and, when needed, conducted crisis counseling or intervention. Clients worked with Red Cross or Mental Health Association staff, if assisted by the September 11th Fund, to complete the eligibility determination process and enroll in the program. If needed, program staff also provided psycho-educational services (such as explaining that particular symptoms could be treated by mental health services, or differences in treatment modalities) or located treatment providers in the client’s area of residence.

Enrolled individuals could select from a menu of treatment options and each service had a maximum session or dollar amount.⁶ The program could be used for outpatient counseling, medication, substance abuse treatment, in-patient care, and certain other forms of treatment, such as auricular acupuncture. Clients who needed more than one type of service (e.g., counseling and substance abuse treatment) could use the maximum amounts for each service, if needed. Treatment had to be provided by a licensed provider, and services such as yoga or massage therapy were not eligible for financial assistance.

Over time, the Red Cross and the Fund amended several 9/11 Mental Health and Substance Abuse Program processes and policies, such as expanding services and the

⁴ Eligible individuals include those who lost a family member; were physically injured; worked in the World Trade Center area or the Pentagon (whether or not they were at work on September 11, 2001); lived in the vicinity of the World Trade Center; had children who attended school near the World Trade Center; served as a rescue or recovery workers at the three attack sites or Fresh Kills landfill; worked at Ronald Reagan Airport; served as morgue workers at the attack sites or emergency dispatchers in those areas on September 11, 2001; or are family members of or share a home with any of those listed above.

⁵ This hotline was available nationwide.

⁶ SRP also encouraged eligible individuals to apply for financial assistance from the New York State Crime Victim’s Board to help ensure their access to ongoing assistance after exhausting the SRP benefit.

types of providers that the Program would cover, increasing the number of covered sessions from 12 to 24 to 32, and streamlining the enrollment process.

Because the 9/11 Mental Health and Substance Abuse Program is a financial assistance program, enrollees were expected to submit documentation of how they were affected by the terrorist attacks and to make use of their insurance before submitting requests for financial assistance with treatment.⁷

Payments for these services were processed in a manner similar to claims handled by health insurance carriers.⁸ Between 2001 and 2004, Red Cross staff were responsible for both directly enrolling clients in the 9/11 Mental Health and Substance Abuse Program and processing the total volume of claims submitted. In 2004, Red Cross contracted with a third-party claims administrator to process these claims.

- 4. Health Insurance Subsidies.** Under this program, the Red Cross paid subsidies to insurance companies for two years covering the full cost of health insurance premiums for injured individuals and surviving family members. In 2006, the program was extended for an additional year.

The application procedures and paperwork requirements for this benefit were streamlined by predetermining eligibility based on information collected by other service programs in SRP, targeting communication directly to eligible clients, and not requiring clients to supply financial attestation documents.

SRP Service Eligibility Designations

The six eligibility designations are:

- 1. Bereaved.** Someone who lost a family member as a result of the September 11th attacks or in the immediate vicinity of the World Trade Center, the Pentagon, or the plane crash site in Shanksville, Pennsylvania. The Red Cross also used the term “beneficiary” to refer to this category.
- 2. Disaster Responder.** Authorized uniformed personnel (e.g., fire, police, and rescue worker), construction site workers, volunteers, or staff of relief and government agencies officially deployed to restricted areas in the immediate vicinity of the World Trade Center, the Fresh Kills landfill in Staten Island, the Pentagon, and the plane crash site in Shanksville, Pennsylvania,

⁷ The Program made an exception for individuals who, though insured, would not use their employer-based insurance for fear that use of the insurance might affect their employment status. Individuals eligible for this exception included uniformed personnel, FBI personnel, and Department of Defense employees.

⁸ Participants or their treatment provider submitted invoices for payment, providing information such as the provider’s license number, the treatment code(s) for services provided, and the amounts charged and paid for services rendered.

3. **Affected Resident.** A resident who lived south of Canal Street on 9/11 whose home was impacted by dust or debris, prompting relocation or furniture replacement.
4. **Affected Resident Receiving EPA Assistance.** A resident who lived south of Canal Street and was eligible to receive services from the Environmental Protection Agency (EPA) as a result of September 11th. The EPA area included lower Manhattan south of Canal Street, which includes the Chinatown, Battery Park City, and Tribeca neighborhoods.
5. **Seriously Injured Person.** An individual injured as a result of September 11th and hospitalized for a physical injury (not a mental health or respiratory condition) for a minimum of 24 hours during the week following September 11th.
6. **“Other Injured” Person.** An individual injured (physically or mentally) in the immediate vicinity of the World Trade Center, the Pentagon, or the plane crash site in Shanksville, Pennsylvania, who received outpatient medical treatment during the week following September 11th. This category includes injured persons who did not meet the more stringent “seriously injured” criteria.

Note: SRP assigned clients to only one category. For example, an injured disaster responder might be classified in any one of these categories—disaster responder, seriously injured, or “other injured”—but not in multiple categories. Injured responders are often in the “other injured” category because they did not meet the stringent requirements for seriously injured (e.g., they were not hospitalized for 24 hours or they incurred a mental health injury).

Methodology

The study had two components: (1) the design and administration of the survey, and (2) the analysis of survey responses. Planning and preparation was done in conjunction with an SRP designated advisory committee.

Survey Design and Data Collection

To assess the effects of SRP services on clients and client satisfaction with services, Princeton Survey Research Associates International (PSRAI) was contracted to conduct a telephone survey of SRP clients.⁹ A random sample of 3,107 clients was drawn from a database of SRP clients provided by the American Red Cross. The survey was limited to adults (18 years of age or older at the time of the survey) and administered to those able to respond in English or Spanish.¹⁰ A total of 1,501 respondents participated in the survey. The response rate was 53 percent (see Appendix A for a full description of the survey methodology).

⁹ Princeton Survey Research Associates International (PSRAI) was contracted by the Urban Institute to conduct the survey. The Urban Institute research team created the survey instruments and protocols, and PSRAI carried out the fieldwork.

¹⁰ SRP clients who could not speak English or Spanish are not represented in the survey.

Interviews were conducted from July 14, 2005, through September 4, 2005, and September 26, 2005, through December 19, 2005. The 21-day “blackout” period was scheduled so that clients would not be contacted during the time coinciding with the anniversary of the September 11th attacks. An analysis of responses before and after the blackout period found no significant and meaningful differences in these responses.

Because SRP clients may have received more than one service, survey questions were grouped into five modules. One module was asked of all respondents. It included questions on overall satisfaction with Red Cross workers, overall helpfulness of services received from SRP, and the need for additional services to help with recovery. The module also included questions eliciting demographic information (such as age and race/ethnicity) and family income prior to September 11, 2001.

The survey’s four other modules had questions specific to the major SRP service areas: family support services/case management, financial assistance, assistance with mental health and substance abuse treatment, and health insurance subsidy. To avoid overly lengthy surveys, no respondent was asked questions from more than four modules (including the general module). Depending on the number and types of services received, a respondent was asked questions from one, two or three modules, plus the general module.¹¹ Respondents who received only one or two services were asked about all services received. Appendix B contains a copy of the survey questions.

Data Analysis Plan

The goal of the analysis was to obtain information about program outcomes. We sought client perceptions of the quality of SRP services—intermediate outcomes—and about helpfulness of service and improvement in client status—end outcomes. The data were examined for patterns and differences by client characteristics and types of service.

Service quality was measured by questions addressing topics such as:

- ease in accessing services,
- staff helpfulness in explaining services,
- courtesy and respect of Red Cross workers,
- amount or adequacy of service or payment, and
- promptness or ease in service delivery.

Service outcomes were measured by questions addressing topics such as:

- helpfulness of the service in relieving grief or anxiety,
- adequacy of payment for meeting basic needs, and
- degree to which the service made the respondent feel better.

The first step in the analysis was to tabulate and review the responses to each survey question (see Appendix C). We then performed cross-tabulations to identify

¹¹ Because some modules had considerably more questions than others, and some services had fewer participants than others, a set of decision rules was established to determine which modules were administered based on various combinations of service participation. See Appendix B for the module instructions in the questionnaire.

patterns in responses by various breakout groups, such as gender and race/ethnic groups, as well as patterns by different client eligibility categories.

For the most part, the analysis revealed only small and insignificant differences in responses by demographic characteristics, such as age, gender, income, and racial/ethnic groups. The report, therefore, highlights the most notable differences, particularly those by client category.

Survey Findings

This section provides findings from the first module (e.g., “overall” satisfaction), followed by a presentation of findings in each of the four SRP service areas. Each area is analyzed for service quality and client outcomes. Finally, the analysis focuses on responses to open-ended questions that asked which service(s) respondents liked most or found most helpful and what changes they would recommend to improve the program.

Characteristics of Survey Respondents

The typical respondent to the survey was white, female, middle aged, and in the middle income category (table 1). About three of every four respondents were white, roughly three in five were female, and the typical age (median) was 48. Respondents’ median annual income before 9/11 was less than \$100,000, but nearly 10 percent reported income of more than \$200,000. This sample of respondents closely reflects the clients served by SRP in terms of gender and age. Information on client race/ethnicity and income were not available.¹²

¹² Fifty-nine percent of SRP clients were female. Fourteen percent were age 18 to 34; 36 percent were 35 to 45 years old; 32 percent were age 46 to 55; 14 percent were 56 to 64 years old; and 4 percent were age 65 or older.

Table 1. Characteristics of Respondents in the SRP Survey

Respondent characteristics	Number	Percent
Race/ethnicity (n = 1,467)		
White	1,141	77.8
Hispanic	134	9.1
Black	122	8.3
Asian	45	3.1
Other/mixed	25	1.7
Gender (n = 1,501)		
Female	930	62.0
Male	571	38.0
Age (n = 1,484)		
18-34	132	8.9
35-45	483	32.5
46-55	501	33.8
56-64	259	17.5
65+	109	7.3
Income prior to 9/11 (n = 1,403)		
\$20,000 or less	107	7.6
\$20,000–\$50,000	309	22.0
\$50,000–\$100,000	526	37.5
\$100,000–\$200,000	322	23.0
More than \$200,000	139	9.9

Note: The number of respondents varies because some people did not know or refused to answer the question

Source: The Urban Institute/PSRAI, 2005 survey of SRP clients.

Compared with respondents as a whole, each of the six SRP eligibility categories¹³ showed small differences in demographic characteristics (table 2). For example, the bereaved, who represent almost half of survey respondents, had slightly higher annual incomes and a somewhat higher proportion of people age 65 or older. Nearly three-quarters of the disaster responders were men, whereas the total sample is largely female. Similarly, two-thirds of the seriously injured were men, while blacks and

¹³ Thirty-one respondents were originally designated as “economically impacted.” These were individuals whose primary loss was financial due to loss of employment or source of revenue as a result of the events of September 11. Responses from these individuals were combined with those of the “affected resident-EPA” category to facilitate analysis.

Hispanics accounted for nearly half (45 percent) of this eligibility category. The “other injured” category had a disproportionately higher share of men and minorities than the sample as a whole, and individuals in this category also were more likely to be in the lower-income category. Not surprisingly, respondents in the two affected resident categories were more likely to be Asian, reflecting the impact of 9/11 on nearby Chinatown. These categories also encompass both higher- and lower-income persons, reflecting the economic diversity of residents affected by 9/11.

These demographic patterns are consistent with those of the Victim Compensation Fund, which reported that three-quarters of the deceased victims were male and just over half (55 percent) had annual incomes ranging from \$25,000 to \$99,000.¹⁴ The report noted that those compensated for physical injuries were primarily male (84 percent) and had lower incomes than deceased victims (e.g., 45 percent of the injured reported annual incomes less than \$25,000). Vital statistics data from the City of New York reported that the majority of the deceased (61 percent) were non-Hispanic white males.¹⁵ These comparative data suggest that the respondents to the telephone survey are a fairly representative sample of people who were affected by 9/11 and who received SRP services.

Table 2. Survey Respondents by Demographic Characteristics and SRP Eligibility Category

Eligibility category	N	Compared to all respondents, a higher proportion of:
Bereaved	712	Higher income; older (age 65+) people
Disaster Responder	244	Men
Affected Resident	241	Higher income; Asians
Affected Resident-EPA	154	Lower income; Asians and Hispanics
Seriously Injured	40	Men; Blacks and Hispanics
Other Injured	110	Men; Blacks and Hispanics; lower income

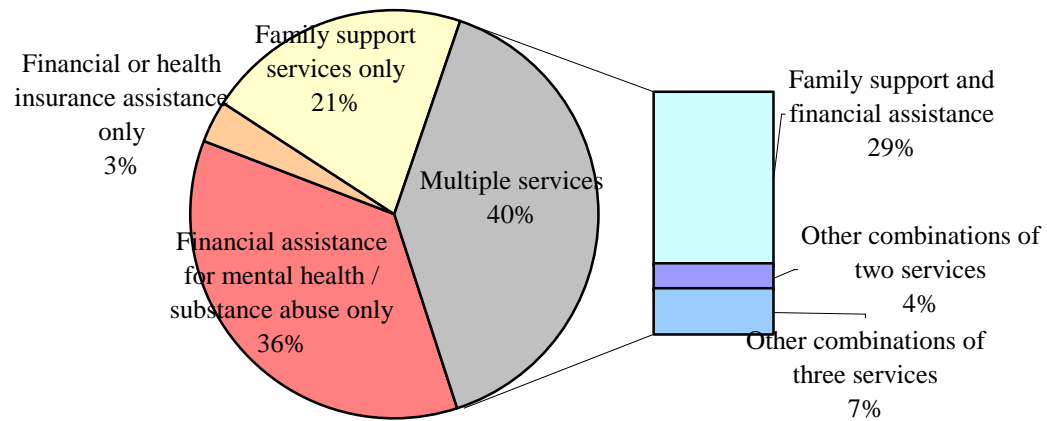
Source: Urban Institute/PSRAI, 2005 survey of SRP clients.

Many respondents (40 percent) received multiple services, usually a combination of financial and family support services (see figure 1). Respondents who received multiple services were most likely to be the bereaved and to a lesser extent, the seriously injured. Respondents who received just the financial assistance for mental health/substance abuse services were most often disaster responders and affected residents. Individuals who received only family support were most likely to be the “other injured” and affected residents receiving EPA assistance. The bereaved primarily accounted for the respondents who received financial assistance only, and just three respondents participated in only the health insurance subsidy program.

¹⁴ Feinberg, Kenneth R., C. S. Biros, J. H. Feldman, D. E. Greenspan, J. E. Zins. Undated. *Final Report of the Special Master for the September 11th Victim Compensation Fund of 2001*. Volume I. Washington, DC: U. S. Department of Justice.

¹⁵ The City of New York Department of Health and Mental Hygiene. 2003. *Summary of Vital Statistics 2002*. New York: (December).

Figure 1. Distribution of Respondents Receiving Single versus Multiple Services (n = 1,501)



Source: Urban Institute/PSRAI, 2005 Survey of SRP Clients.

Overall Satisfaction

A large percentage of SRP clients who responded to the survey had positive attitudes about the services they received from the American Red Cross and the helpfulness of the services in coping with the loss and changes that affected their lives. The survey results provide an endorsement of the work of the American Red Cross under the September 11th Recovery Program, but they also provide important indicators of areas in which service quality or delivery could be improved or enhanced.

Service quality

Client perceptions of Red Cross staff were very positive. Over 90 percent of respondents said they were treated with courtesy and respect all or most of the time. Over 85 percent were satisfied with their ability to reach staff and the amount of contact they had with staff (table 3). Affected residents and “other injured” persons were somewhat less effusive in their ratings, but the differences are minor. For example, 62 percent of Asians (many of them affected residents) said that they were treated with courtesy “all of the time”—a somewhat lower rating than the overall rating shown in table 3. But another 29 percent of Asians replied they were treated courteously “most of the time.” When these two categories are combined, Asians are as satisfied as other types of respondents with the level of courtesy extended to them. A similar pattern was observed for people with incomes below \$20,000 prior to 9/11.

Table 3. Measures of Overall Service Quality by Eligibility Category

Eligibility category	Percentage saying they were treated with courtesy and respect		Percentage saying they were satisfied with the amount of ARC staff contact	
	All the time	Most of the time	Very satisfied	Somewhat satisfied
Bereaved (n = 712)	83	12	65	27
Disaster responder (n = 244)	81	7	66	18
Affected resident (n = 241)	76	15	59	26
Affected EPA (n = 154)	79	12	59	28
Seriously injured (n = 40)	83	10	65	20
Other injured (n = 110)	75	14	67	17
All respondents (n = 1,501)	80	12	64	24

Source: The Urban Institute/PSRAI, 2005 survey of SRP clients.

High satisfaction ratings with staff were echoed in responses to open-ended questions that asked what aspect of the service the respondent liked most or found most helpful. Close to 200 respondents mentioned staff caring and compassion, and slightly more than 300 made positive comments related to the service delivery process. Illustrative comments include: “[I liked] their compassion, and how diligent they were in getting things done;” “the people, the personal contact, they were great;” and “the people they hired to represent [the Red Cross] were very, very courteous and compassionate, very good and prompt, always willing to extend invitations for workshops. They always responded very promptly.” However, complaints about staff surfaced in the open-ended question asking for recommendations to improve services. For example, respondents commented: “Returning our calls in a timely manner—it takes too long for them to contact you back;” “they seemed as confused by the process as I was;” “they should have better follow-through;” and “they need to be able to make certain decisions on their cases, because a lot of the time they didn’t know what was going on themselves.”

Despite the generally high ratings of service quality, a small percentage of respondents had unsatisfactory experiences with SRP services or staff. Eight percent were not satisfied with the amount of contact they had with staff; 7 percent were not satisfied with their ability to reach staff; and 5 percent felt they were treated with courtesy and respect only some of the time or never (only 1 percent responded in the latter category). These negative feelings tend to be more prevalent among the “other injured” category. For example, 16 percent of these respondents were not satisfied with their ability to reach staff; 14 percent were not satisfied with the amount of contact, and 10 percent felt they were treated with courtesy and respect only some of the time or never.

Service outcomes

Respondents were also very positive about the helpfulness and overall effects of the services they received. Eighty-six percent rated the services “excellent” or “good” in terms of their helpfulness, with almost twice as many rating them “excellent” as rating them “good” (table 4). However, despite the generally positive ratings of service helpfulness, 13 percent of respondents said that services were only fair (8 percent) or poor (5 percent). People who received only one type of service tended to report less favorable ratings than those who participated in multiple service programs. In particular, respondents who received only family support services (case management) were least satisfied with the helpfulness of the service. One in five rated the service as fair or poor.

Table 4. Attitudes about the Overall Helpfulness of Services by Type of Service Received

Enrolled in	Percentage saying the overall helpfulness of the services was:				
	Excellent	Good	Fair	Poor	“Don’t know”/ Refused
Family support services only (n = 315)	50	29	12	8	1
Financial assistance only (n = 49)	57	27	14	2	0
Mental health program only (n = 537)	57	29	6	6	2
Health insurance subsidy only (n = 3)	100	0	0	0	0
Multiple programs (n = 597)	60	30	7	2	0
All respondents (n = 1,501)	57	29	8	5	1

Source: The Urban Institute/PSRAI, 2005 survey of SRP clients.

When the data are analyzed by eligibility categories, the seriously injured and disaster responders were more inclined than others to rate service helpfulness as excellent (table not shown). Affected residents and those in the “other injured” category were most likely to give a poor rating. Also, middle-aged (ages 46 to 55) people and those with pre-9/11 incomes between \$100,000 and \$200,000 were more likely to find the helpfulness of services to be fair or poor. These differences were relatively small and sometimes based on a small number of respondents.

Respondents also said that they were better off because of the assistance they received from the Red Cross (table 5). Almost 80 percent said that they were much better or somewhat better off, while 15 percent said they were the same. Three percent of respondents reported they were somewhat or much worse off. Respondents who received multiple services or financial assistance for mental health services were more likely to say they were better off, while those who received only family support services were more likely to say that they were about the same or worse off.

Table 5. Extent to Which Clients Felt Better Off after Receiving Services

Enrollment in	To what extent do you feel better off because of assistance from ARC? Percentage saying:					
	Much better off	Somewhat better off	About the same	Somewhat worse off	Much worse off	“Don’t Know”/Refused
Family support services only (n = 315)	28	41	22	4	1	4
Financial assistance only (n = 49)	29	45	18	0	0	8
Mental health only (n = 537)	43	40	10	1	2	4
Health insurance only (n = 3)	100	0	0	0	0	0
Multiple services (n = 597)	40	41	15	1	0	3
All respondents (n = 1,501)	38	41	15	2	1	3

Source: The Urban Institute/PSRAI, 2005 survey of SRP clients.

Although the overall proportion of people saying that they were worse off is small, a closer analysis of the data shows an interesting paradox. Some of the client categories that were most likely to give high ratings for service were also most likely to give poor ratings about their personal outcomes. Disaster responders, for example, gave some of the most favorable ratings for service, but high percentages of these people said that they were not better off after receiving assistance. This finding correlates with key demographic characteristics. Men, minorities, people ages 46 to 55, and those with pre-9/11 incomes of less than \$20,000 were more likely to say that they were worse off than before the services. This paradox is difficult to interpret; however, it is possible that individuals who said that they were worse off are referring to other factors, such as loss of income, chronic illness, or lingering affects of the 9/11 trauma, which the services have not ameliorated.

Family Support Service Program

Family support services (or case management) were at the heart of the SRP service program. Family support specialists assessed client needs, determined eligibility for services, and then assisted clients in accessing services, either directly from the Red Cross or from other service providers.

Service characteristics

Key findings regarding service characteristics include:

- Over half of the respondents (56 percent) received family support services, the most commonly received service of the four offered under the September 11 Recovery Program.

- More than two-thirds of those receiving the service were the bereaved, but high proportions of the injured and affected residents receiving EPA assistance also received this service.
- About one-third of the respondents (31 percent) worked with one Red Cross family support specialist, but another third (36 percent) worked with three or more.
- Nearly half (49 percent) of seriously injured clients had three or more family support specialists, as did 46 percent of affected residents. It is not clear why these particular client categories had this experience. It may be that their cases took longer to resolve, thus exposing them to more staff turnover.

Clients were often referred to other agencies for help—about two-thirds stated that they had received information on other organizations—and most (69 percent) attempted to get services from those agencies. Of those who did not follow up, 40 percent thought that they did not need the service. Similarly, of those who attempted but never received services from other organizations, 15 of the 70 said it was because they were ineligible for the service.

Service quality

Overall, 86 to 93 percent of respondents (depending on the question) rated family support service staff positively on the questions related to clients' comfort level working with their family support specialist and the specialist's ability to explain the assistance programs in understandable ways and provide information or assistance to help clients obtain services from other organizations. The bereaved were particularly likely to be satisfied with staff. For those who rated staff performance negatively, the most common complaint was a lack of knowledge about available services (usually services external to the Red Cross) and procedures. One respondent said, "I knew more than she did...Information wasn't passed down to her. She was a sweetheart, but I had to find out a lot of things on my own."

Approximately 100 respondents identified having a caseworker as the service aspect they liked most or found most helpful. Comments included: "[I received] personalized attention from the Red Cross; I liked that they assigned one specific person to me;" "[I liked] the compassion and caring by the caseworker; her compassion and ability to listen;" "it was a team effort—I was treated sort of like a family member;" and "the caseworkers—those people were just right there. They totally seemed to empathize and understand, and take the stress away."

Just over 300 respondents identified attributes of the service delivery process as things they liked most or found most helpful. Attributes mentioned, such as conducting home visits, providing information or referral, or following up with clients, appear to be associated with family support services. Examples of such comments included: "[I liked] the responsiveness of my case worker, taking the initiative to stay in touch, and consistent follow up;" "they were very informative, very helpful for me and my kids; [they] let me

know where to go to seek this type of help;” and “[I liked] having somebody to go to who could point me in the right direction. If they could not help, they could tell me who could.”

Service outcomes

Respondents were less positive about service outcomes than service quality. Between 62 and 72 percent, depending on the question, said family support services helped to a large or moderate extent (table 6). On the other hand, one-quarter of respondents said that the services helped only to a small extent or not at all in dealing with their challenges or moving forward in life, and one-third said that the assistance had only a small or no affect on improving their emotional outlook. Just over half (55 percent) said their ability to perform normal activities has improved since receiving this service, but many (about 20 percent) did not attribute it (much or at all) to the Red Cross services. The bereaved were generally somewhat more positive about the outcomes of family support services than were other types of respondents, but the differences were small.

Table 6. Outcomes of the Family Support Service Program

Extent That the Program Helped	Deal with challenges faced		Improve emotional outlook		Move forward in life	
	Number	Percent	Number	Percent	Number	Percent
Large extent	301	36	240	28	266	32
Moderate extent	302	36	286	34	306	36
Small extent	118	14	115	14	116	14
Not at all	100	12	162	19	120	14
Don’t know/Refused	23	3	41	5	36	4
Total	844	100	844	100	844	100

Note: Percentages may not add to 100 because of rounding.

Source: The Urban Institute/PSRAI, 2005 survey of SRP clients.

A sizeable proportion of people (from 26 to 33 percent, depending on the question) did not attribute family support services to improved social and emotional outcomes. However, the overall findings related to this service are generally positive. Roughly 7 of every 10 people attributed some improvement to the family support services that they received. It may be that those who are less positive experienced relatively greater losses or experience continued or recurring problems. The degree to which a respondent was affected by the events of 9/11, the nature of the loss, and their expectations of this service are likely to impact their assessment of the services. Unfortunately, such information is not available for this analysis. Additionally, we do not know if a response indicating little change in a particular outcome might mean that the respondent felt that aspect of recovery or their outlook did not need improvement.

Financial Assistance Program

Financial assistance was the program that survey respondents mentioned most frequently as being most liked or most helpful. Forty-two percent of survey respondents participated in one or more of the financial assistance programs.¹⁶ The bereaved make up the vast majority of respondents, but the seriously injured also commonly received Red Cross financial assistance. People with other injuries were much less likely than the seriously injured to receive such assistance—26 percent compared with 88 percent, respectively.

Service quality

A critical aspect of any financial assistance program is to convey information about the availability of assistance and the eligibility requirements. Survey respondents rated this aspect of the SRP financial assistance program with high marks. Nearly 90 percent said that the information was very adequate (57 percent) or somewhat adequate (31 percent). Less than 10 percent said that it was not too adequate or not adequate at all. About 3 percent of respondents did not respond. The seriously injured and bereaved were most satisfied with the information they received. Those with other injuries were the most dissatisfied group. Thirteen percent of this latter group rated the information as not too adequate or not at all adequate.

When asked about the amount of money received, those who felt adequately informed about the financial assistance program were much more likely to say that they received the amount expected (46 percent) and, in some cases, received more than expected (29 percent). Those who said they were not adequately informed were more likely to say that they received less financial assistance than expected (62 percent). Thus, information can be seen as playing a key role in establishing expectations.

Regarding the amounts received:

- 44 percent of respondents reported they received the amount expected.
- 27 percent received more than expected.
- 17 percent of respondents overall received less than expected,¹⁷ but more than half (55 percent) of the “other injured” felt this way. In contrast, 15 percent of the bereaved and 11 percent of the seriously injured said they received less than expected.

Of those who received less than expected, most often respondents said that they expected to receive more because of what others received or what the media reported that people received (13 percent). Respondents also cited their level of need (11 percent) or the extent of charitable donations that the Red Cross received after 9/11 (10 percent) as reasons for expecting larger amounts. One particularly harsh critic said, “It’s the bureaucracy. I think they took care of their salaries rather than the people.” Some

¹⁶ Since it was unlikely that respondents would recall the name of the specific financial gift or gifts that they received, the same set of questions was used for all recipients of financial assistance, regardless of the type of gift they received.

¹⁷ About 12 percent of respondents said they did not know what to expect or said that the amount (and expectation) varied by gift received.

respondents felt disadvantaged by their own honesty, and felt others received more money than deserved: “They asked how much we paid in bills and I know for a fact that people with more income than me put everything down. I was honest and put only what I needed, which was mortgage, but they had a limit to what they paid to us for mortgage.”

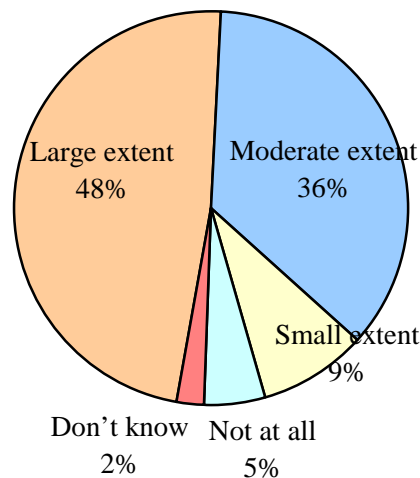
In terms of promptness of payments, the vast majority of respondents (85 percent) said that it was excellent or good. Fourteen percent, however, rated this aspect of the service as fair or poor. Roughly 1 in 10 of the bereaved and disaster responders gave low ratings on promptness of payment, as did two in five of the “other injured” category.

Service outcomes

Despite criticism by some respondents about the equity of assistance or the amount received, over 90 percent thought the money they received was adequate to address basic living expenses (the objective of most of the gift programs); 55 percent rated it as “very adequate” in this respect. Even among those who received less than expected, about 70 percent still thought it was either very or somewhat adequate to meet their basic living expenses.

Eighty-four percent of respondents said the financial assistance reduced their stress and worries to a large or moderate extent. Only 5 percent said it did not help reduce stress or worries at all (figure 2). As with their opinions about other aspects of the financial assistance program, “other injured” were much less likely to say the payment was adequate or that it reduced their stress and worries.

Figure 2. Extent to Which Financial Assistance Reduced Stress (n = 634)



Source: The Urban Institute/PSRAI, 2005 survey of SRP clients.

As indicated above, financial assistance was most frequently mentioned as the service respondents liked most or found most helpful. While many simply stated that opinion, some respondents elaborated on what financial assistance meant to them with comments such as: “The financial assistance was very much needed and appreciated;” “the financial [assistance] was a load off my mind;” “compassion, promptness, and the money—It helped me pay my mortgage. I would have been out in the street if it wasn’t for them;” and “the fact that they were able to help me with financial aid—that was a godsend.”

9/11 Mental Health and Substance Abuse Program

By their nature, mental health and substance abuse services generally require interventions over a sustained period of time, and the outcomes experienced are likely to vary by the nature and severity of the problem(s), the individual’s willingness or ability to confront issues and work on resolutions, and the articulation of clearly stated goals and outcomes. For all of these reasons, measuring service quality and outcomes is quite difficult. However, the survey provides insights from the clients’ perspective on the strengths and challenges of this program component.

- 40 percent of all respondents (approximately 600 clients) participated in the SRP mental health and substance abuse program.
- 73 percent received financial assistance to pay for services that they received.
- 11 percent received assistance to pay for services for themselves and one or more of their children.
- 3 percent indicated that the financial assistance was for services for their child/children.

Additionally, 11 percent of respondents in this group reported they did not actually obtain treatment for themselves or their child through the SRP program, although some indicated their treatment was covered by other sources (such as their own insurance or their employer). Ten percent of those who did not obtain treatment indicated they did not do so because it was too hard for them to get to the service location.

Participants in the SRP mental health and substance abuse program were mostly affected residents and disaster responders. These two groups accounted for almost 75 percent of those who participated in the program. In contrast, only a small percentage (less than 15 percent) of the bereaved and seriously injured received SRP mental health services. The outcomes of services received by children are reported separately.¹⁸

¹⁸ A separate set of questions was asked of parents concerning the outcomes of services received by their children. These data are presented separately from the findings that pertain to adults. Questions about the quality of the service delivery process (such as provision of information about the program, the application process, and the payment process) were asked of all respondents, whether they, their child, or both received the service. It was assumed the parent or guardian would be involved in those procedures on behalf of their child, and therefore would be able to respond in all cases.

Number of treatment sessions

Most respondents (i.e., adult clients) used the SRP mental health and substance abuse benefit extensively (table 7). More than half (52 percent) participated in 25 or more treatment sessions and an additional 19 percent went to 11 to 24 sessions. Of respondents who attended fewer than 25 sessions, 27 percent felt they had received sufficient help and that more services were not needed, while 18 percent thought the program would not cover more visits. Only small percentages of respondents stopped receiving services because they were dissatisfied—for example, they felt the service was not helping them or they did not like the service or service provider—or because they lacked time for treatment (4 percent in each category).

Table 7. Number of Mental Health/Substance Abuse Treatment Sessions That Clients (Adults) Attended

Eligibility category	How many sessions do you remember attending to receive treatment? Percentage saying:				
	5 or fewer	6 to 10	11 to 24	25 or more	Don't know/ Refused
Bereaved (n = 33)	15	15	21	42	15
Disaster responder (n = 183)	8	7	19	58	9
Affected resident (n = 148)	8	11	21	50	10
Affected EPA (n = 40)	13	13	20	50	5
Seriously injured (n = 6)	0	0	17	50	33
Other injured (n = 21)	14	19	24	38	5
All respondents (n = 431)	9	10	19	52	10

Source: The Urban Institute/PSRAI, 2005 survey of SRP clients.

About three in four respondents said that the mental health services paid for by the Red Cross helped them in their recovery after 9/11.

- 76 percent of respondents felt the amount of treatment covered by the benefit addressed their needs to a large or moderate extent.
- 20 percent felt the number of treatment sessions did not meet their needs or did so only to a small extent. Most said this was the case because the benefit ended before they had obtained sufficient treatment (in effect, that the benefit did not cover enough visits). These respondents were more likely to say they still needed services.

Service quality

The quality of the SRP mental health and substance abuse program was measured along a number of dimensions. The helpfulness of the information received and the ease of enrolling in the program are factors that assess the quality of the client's early contact

with the program. Payment issues, such as ease of submitting invoices, promptness of payment, and resolution of disputes measure the quality of later phases of service.

Information and Enrollment. Most respondents (83 percent) thought the Red Cross worker who enrolled them in the program was helpful. In fact, 67 percent rated the Red Cross worker as very helpful. Only a few respondents (6 percent) were dissatisfied and said that the person they spoke with was inadequately trained to give correct information and help with the paperwork. These respondents also complained of being “bounced around” to different staff members.

In contrast to the caseworker’s helpfulness, respondents rated the information they received somewhat less favorably.

- 75 percent said the information about financial assistance for mental health benefits was excellent or good, 14 percent rated it as fair or poor, while 6 percent said they never received this information.
- 65 percent were satisfied with the information on different types of treatment, but 17 percent said it was fair or poor. Nine percent said they did not receive such information, which was typically provided only to clients who indicated a need for such services.
- In both cases, the bereaved were more likely than affected residents or disaster responders to think the information fair or poor. Twenty-seven percent of the bereaved rated information about financial assistance as fair or poor, compared with 12 percent of affected residents and 8 percent of responders. Similarly, 31 percent of the bereaved rated information on types of treatment as fair or poor, compared with 17 percent of affected residents and 10 percent of responders.

Most respondents (71 percent) rated the application process as somewhat or very easy (table 8). Disaster responders in particular rated it favorably; 82 percent said that they found the process easy. Nonetheless, one in five respondents said they had a difficult time applying for the program. In particular, older people (age 65+) and those with pre-9/11 incomes of more than \$200,000 were more likely than others to say the process was not easy. Also, people who enrolled their children in the program expressed more difficulty. One in four respondents whose children used the mental health services said that the application process was not easy. Similarly, those who never obtained treatment were more likely to say the application was difficult, but it is not known whether that was the reason they did not obtain mental health services under this program.

Table 8. How Clients Rated the Mental Health/Substance Abuse Application Process

Eligibility category	Percentage saying mental health and substance abuse application process was:				
	Very easy	Somewhat easy	Not too easy	Not easy at all	Don't know/Refused
Bereaved (n = 75)	25	28	20	15	12
Disaster responder (n = 238)	45	37	8	5	6
Affected resident (n = 195)	32	33	11	12	11
Affected EPA (n = 55)	25	40	18	7	9
Seriously injured (n = 6)	17	50	17	17	0
Other injured (n = 24)	33	42	4	8	13
All respondents (n = 593)	36	35	11	9	9

Source: The Urban Institute/PSRAI, 2005 survey of SRP clients.

Payment. Although the program received relatively high marks related to information and enrollment, a larger share of respondents expressed difficulty with the payment process. Overall, 27 percent of respondents did not find the process for submitting payment invoices to be easy. One-third of elderly respondents and two-fifths of the bereaved said it was difficult to submit invoices. Similarly, 42 percent of people whose pre-9/11 income was more than \$200,000 had difficulty. People who had fewer than five treatment sessions also found the paperwork to be difficult. The survey, however, does not shed light on whether the difficulty led to fewer visits, or fewer visits made these respondents less familiar with procedures, thus making the process more difficult.

Over one-quarter of those receiving treatment did not apply for payment, principally because their service providers applied directly for payment. Of those who cited other reasons for not applying, many indicated that their insurance or some other source covered the treatment. A few indicated they had recently started service and would be applying in the future, and several indicated they did not know they could be reimbursed for the service.

Three in five respondents were satisfied with the promptness with which invoices were processed, but almost one-third (31 percent) rated it as “fair” or “poor.” Just over half (55 percent) of the respondents that used the SRP financial assistance for mental health services indicated they never had problems or disputes regarding invoice payment (table 9). One respondent commented: “They were pretty expeditious in terms of logging in the claim and following up and providing the benefits. Everything was in a timely

fashion.” But 38 percent of respondents had problems or disputes regarding invoice payments.

For those that encountered problems, opinions were evenly split regarding how promptly disputes were resolved. About half (48 percent) said they were promptly resolved most or all of the time. Twenty-nine percent said that resolution was prompt some of the time; 18 percent said never.

Most respondents who encountered problems were generally satisfied with the overall way in which the problem or dispute was resolved. However, 18 percent were not at all satisfied and 10 percent were not too satisfied with the resolution.

Table 9. How Clients Rated the Mental Health/Substance Abuse Invoice Payment Process

How often were there problems?	Getting invoices paid		Resolving payment issues promptly	
	Number	Percent	Number	Percent
All of the time	30	9	28	22
Most of the time	23	7	34	26
Some of the time	77	22	38	29
Never	189	55	23	18
Don't know/Refused	26	8	7	5
Total	345	100	130	100

Note: Percentages may not add to 100 because of rounding.

Source: The Urban Institute/PSRAI, 2005 survey of SRP clients.

Service outcomes

The outcomes of mental health and substance abuse services are measured primarily by the extent to which the respondent felt the treatment helped them in some way. These are not clinical assessments but self-assessments. Respondents reporting on their own treatment found it more beneficial than did respondents rating treatment received by their children. Because children (under age 18) were not interviewed in the survey, we do not have a measure of the child’s perception of treatment, only that of the parent. Child and parent perceptions may differ.

- At least 80 percent of adults thought the mental health or substance abuse services they received helped them deal with their grief, cope with emotional stress, deal with feelings of depression, and manage relationships with friends and family (table 10).
- Between 47 and 51 percent of respondents felt the assistance helped them address such issues to a large extent (depending on the wording of the question).

- In general, people under the age of 35 felt that treatment had been particularly helpful. For example, nearly 90 percent of these young adults thought treatment had helped them to a large or moderate extent with managing relationships. In contrast, roughly 20 percent of middle-aged adults (ages 35 to 55) said the treatment had helped only a small extent or not at all.

Table 10. Outcomes for Adults Using the Mental Health/Substance Abuse Program

Extent that the program helped	Deal with grief, stress, anxiety		Cope with emotional distress		Deal with feelings of depression		Manage relationships	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Large extent	220	51	219	51	205	48	201	47
Moderate extent	137	32	144	33	144	33	143	33
Small extent	42	10	37	9	49	11	43	10
Not at all	18	4	21	5	21	5	28	6
Don't know/Refused	14	3	10	2	11	3	16	4
Total	431	100	431	100	431	100	431	100

Note: Percentages may not add to 100 because of rounding.

Source: The Urban Institute/PSRAI, 2005 survey of SRP clients.

Other measures of improved social-emotional functioning for adults showed similar results. Eighty percent reported improvements in emotional outlook that was largely or moderately attributed to the treatment. Seventy-six percent of respondents reported improvement in their ability to perform normal activities that was largely or moderately attributed to the treatment received.

Parents' ratings of the program on behalf of their children were somewhat less favorable than those for services they themselves received. On most questions regarding the effectiveness of treatment, the outcomes are about 10 percentage points lower for children than for adults. However, findings related to children are based on a relatively small number of respondents (80) compared with the number of adults (more than 400). Also, children tended to have fewer treatment sessions than did adults. Whereas more than half of adults attended 25 or more sessions, only one-third of children (36 percent) did so. Likewise, 71 percent of adults had more than 10 treatment sessions compared with 60 percent of children. When asked why the child did not participate in more sessions, the most common reason given by parents was that the child did not need further treatment. For both children and adults, more visits corresponded with more positive responses.

As table 11 shows, respondents credited the services received as helping to a large or moderate extent to improve their child's ability to deal with grief, anxiety or fears (78 percent), to reduce problems with sleep or appetite (61 percent), to increase the stability

of family life (71 percent), and to improve their child’s ability to socialize (64 percent). Almost 60 percent felt their child’s ability to perform normal activities at home or school improved considerably or somewhat, and primarily attributed that improvement to the treatment received. Similarly, 72 percent felt their child’s emotional wellness improved considerably or somewhat, and primarily attributed that to the treatment. It is not possible to determine whether those who did not report improvement did not have the particular problem or whether the extent of the problem was more serious (and less easily treated) than those who reported greater improvement. In a few cases, parents voluntarily indicated that a particular issue was not a problem for their child.

Table 11. Outcomes for Children Using the SRP Mental Health/Substance Abuse Program (n = 80)

Extent that the program helped	Deal with grief, fears, or anxiety		Reduce sleep or appetite problems		Increase family stability		Improve child’s ability to socialize	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Large extent	27	34	24	30	29	36	21	26
Moderate extent	35	44	25	31	28	35	30	38
Small extent	8	10	6	8	12	15	9	11
Not at all	7	9	12	15	6	8	7	9
Not applicable- volunteered	2	3	10	13	3	4	11	14
Don’t know/Refused	1	1	3	4	2	3	2	3
Total	80	100	80	100	80	100	80	100

Note: Percentages may not add to 100 because of rounding.

Source: The Urban Institute/PSRAI, 2005 survey of SRP clients.

Although most people are making some progress in dealing with the emotional issues related to 9/11, grief is still a factor in the majority of respondent’s lives. Two-thirds of adults indicated that grief still interferes with their lives to a large or moderate extent, as it does for half of the children who received treatment, according to their parents.

Mental health services were frequently cited (by 168 respondents) as a service that respondents found most helpful or liked most (see discussion below). Although most respondents simply identified mental health service, therapy or counseling, some elaborated on particular features of the program. For example, comments often related to the fact that services were paid for (through the SRP), such as, “[I appreciated] just that they would do it, that they would pay for the treatment;” “[I liked] the economic benefit—in New York City, therapy is unbelievably expensive;” or “financially, I would have never been able to afford the help I received, so just that they were able to step in and cover the costs was a tremendous help.” A few respondents mentioned the flexibility of the program; for example, “[I liked] the versatility of being able to see different therapists;” or “the range of treatment options they offered was very good.” Others

commented on how they felt about receiving the service, such as, “It felt good to finally talk about it—I had been holding it in for about three and a half years;” or “[I liked] the fact that I received encouragement, told I’m not the problem and other things.” Both quantitative and qualitative evidence suggests that payment for mental health and substance abuse services was a popular and important factor in recovery for the majority of clients who participated in the SRP mental health benefit.

Health Insurance Subsidy Program

The fewest respondents (134 respondents, or 9 percent of the sample) participated in the health insurance subsidy program. The majority of enrollees were the bereaved (88 percent); injured persons accounted for the remaining 12 percent. Ninety-three percent of respondents used the insurance to cover the cost of health services for themselves or their families, while four percent did not. (Two percent did not know if they had used the insurance.)

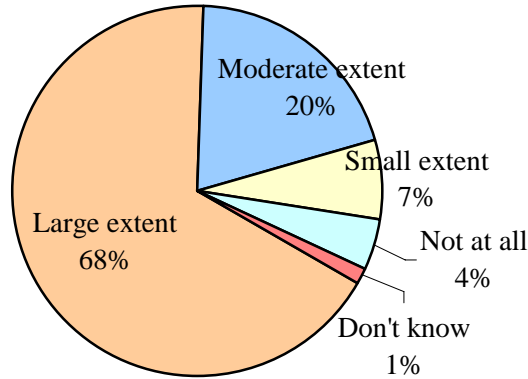
Service quality

Over 90 percent of respondents thought the process for enrolling in the health insurance program was very (57 percent) or somewhat (34 percent) easy. For the 8 percent who said it was not easy, many noted the large amount of paperwork. Younger people (ages 18 to 34) encountered fewer problems than middle-aged clients (ages 35 to 55). None of the younger clients indicated that they had difficulty, whereas 10 percent of middle-aged respondents said the enrollment process was not easy. There were no differences by income level or type of client.

Service outcomes

In terms of outcomes, the health insurance program was very helpful to respondents (figure 3). Two in three said it helped them to a large extent and one in five to a moderate extent. Only 4 percent said it did not help at all. A few respondents said that they did not need the extra subsidy or felt the amount of help was not worth the amount of paperwork. While there are only 10 “other injured” participants in the program, they were much more likely than the bereaved and the seriously injured to say the assistance helped them to a large extent. Eighty percent of the “other injured” said the insurance subsidy helped them to a large extent.

Figure 3. Extent to Which Health Insurance Assistance Helped (n= 134)



Source: The Urban Institute/PSRAI, 2005 survey of SRP clients.

Recommendations Regarding Future Services

In response to the events of September 11, 2001, the American Red Cross went beyond its usual practice of providing relatively short-term assistance in the wake of a disaster to develop and implement an ongoing service program. The results of this survey indicate that service recipients appreciated and were helped by the assistance received from that program. However, clients also indicated that they had additional need for services and suggested ways in which services might be improved.

Future Needs

Two in five survey participants (43 percent) said they or their family still need services to help with their recovery. One-third of the bereaved say they still need services and up to two-thirds of most other eligibility categories also indicate a service need.

Mental health services were, by far, the service most frequently cited. Sixty-three percent of those still needing a service named mental health (table 14). Financial assistance is the second largest need, cited by 28 percent of those needing services. People from each eligibility category reported continued need for financial assistance, but the injured did so at nearly twice the rate of other client categories.

Table 12. Services Needed to Help Continue Recovery (n = 641)

Service	Respondents	
	Number	Percent
Mental health	402	63
Financial assistance	181	28
Health services or health insurance	120	19
Employment assistance or training	23	4
Education assistance	21	3
Substance abuse	10	2
Other service*	24	4
Don't know/Refused	11	2

* Includes things like help with forms and paperwork, information and referral, continuation/extension of services, and help to resolve air quality issues like cleaning vents

Note: Percentages do not add to 100 because respondents may have named more than one service.

Source: The Urban Institute/PSRAI, 2005 survey of SRP clients.

Of the respondents citing continued need for mental health services, 60 percent had participated in the mental health and substance abuse program, suggesting the ongoing need for mental health services even several years after the actual event. In contrast, a smaller proportion (37 percent) of respondents who expressed a need for financial assistance had received some form of SRP financial assistance.

Service Aspects That Were Most Liked or Most Helpful

The survey included an open-ended question asking what clients liked most or found most helpful. Ninety-two percent of respondents (1,380 individuals) provided a response. In many cases, respondents mentioned more than one service or service aspect in their answers, so the total number of responses (1,767) exceeds the number of respondents. Table 13 lists all responses that were mentioned 50 or more times.

Table 13. Services or Service Aspects Most Frequently Cited as Best Liked or Most Helpful Service

Service	Times mentioned
Financial assistance	408
Service delivery process activities *	318
Staff caring and compassion	191
Mental health/counseling	168
Caseworker availability/dependability	165
Everything	123
Having a caseworker	97
Having someone to talk to	83
Health insurance	68
Linkage to other services	57
Other comments received	89
All comments received	1,767

*Process activities include sending or providing information, keeping in touch, ability to have telephone contact, home visits, etc.

Source: The Urban Institute/PSRAI, 2005 survey of SRP clients.

Financial assistance of various kinds was the service mentioned most frequently—by more than 400 respondents—as most helpful or most liked.

Service delivery “process” activities were the second most frequently mentioned attribute. These comments included references to sending or providing information, keeping in touch, specific locations where services or staff were available, home visits, the ability to have telephone contact, and promptness in providing services or getting back to clients. More than 300 respondents cited these types of activities as most helpful or most liked. Examples of this type of response included: “Just making us aware of what was available, of counseling groups and things that were available [was helpful];” “I found they were very thorough in their follow-up. They didn’t call me too much and bug me; I think they showed just the right amount of care.”

Staff attributes of caring and compassion received the third highest mention. Respondents tended to say that staff were “nice,” “helpful,” and “compassionate.”

Mental health services or coverage for mental health services were mentioned 168 times. General comments, such as “Being there for me,” received 165 mentions. Additionally, more than 100 respondents indicated that everything was helpful or liked.

One commented “[I liked] all of it, because I didn’t know where to turn,” while another said, “all around, they were helpful in every aspect.”

Respondents did not mention family support services per se in response to this question, but nearly 100 respondents cited having a caseworker as what they liked most or found most helpful. Additionally, there were numerous mentions of functions that were likely performed by caseworkers. Some respondents (57) mentioned linkage to other services and help cutting through red tape. Others (83) mentioned having someone to talk to or emotional support in response to this question. These comments suggest that staff behavior, particularly compassion and empathy, were highly valued by clients.

Client Recommendations

Another open-ended question asked respondents what changes they would recommend to improve the recovery program. Eighty-four percent of respondents (1,260 individuals) answered this question, but 442 respondents said that they either had nothing to recommend (250) or would recommend keeping it the same (192). Another 82 respondents provided comments that were not applicable or could not be interpreted. In the end, 736 respondents gave approximately 866 comments that could be interpreted as recommendations for improving the SRP services.¹⁹ Recommendations that received 50 or more mentions are provided in table 14.

Assigning clients to one caseworker or a single point of contact was the most common recommendation. Ninety-three people specifically noted the need for this change. This category also includes complaints about staff turnover, which relate to the idea of a single point of contact. Examples of responses in this category included: “They should have assigned one person for me to talk with; I talked with a different person every time;” “it was a little difficult when they were changing your supervisor. People were leaving frequently. I felt like I had to bring everyone up to speed;” “the change of workers was confusing;” and “[There was a] high turnover of people; they kept switching my caseworker around. I would call for help and that person wasn’t working there anymore. This caused me to miss out on things I was eligible for.” Complaints about the lack of a caseworker or recommendations for a single caseworker reinforce the importance of this role.

¹⁹ As in the previous open-ended question on what clients liked best, respondents sometimes mentioned more than one area that needed improvement. These were categorized separately, so the total number of recommendations exceeds the number of respondents that provided comments. Additionally, some respondents identified problems or made complaints rather than providing a recommendation. When possible, these statements were “translated” into recommendations. For example, complaints about too much paperwork or confusion regarding processes were viewed as a suggestion for simpler or clearer procedures and paperwork.

Table 14. Most Frequent Recommendations to Improve SRP Services

Recommendation	Times Mentioned
Assign/maintain a primary caseworker	93
Simplify/reduce paperwork	85
More equitable or a different distribution of benefits	81
More or better outreach	80
Mental health services should be longer	74
Better communication; better follow-through	60
Better training for staff and volunteers	59
Better management and use of funds	57
Other recommendations received	277
All recommendations received	866

Source: The Urban Institute/PSRAI, 2005 survey of SRP clients.

Reducing the amount or complexity of paperwork was the second most common recommendation (85 mentions). Many respondents were not specific about which paperwork was the problem, although some clearly referenced applications for financial assistance or the mental health benefit. Comments included: “Just make the paperwork easier to figure out;” “the paperwork; I mentally was in no shape at all to do it; I lost out on a lot because I couldn’t do that paperwork,” “paperwork is somewhat complicated—the instructions are such a large packet and are intimidating;” or “the application system and process for the financial aid were very unbelievable and horrible. It was very overwhelming and difficult.” Another paperwork-related recommendation—simplifying or streamlining claims processing associated with the mental health benefit—was cited by 49 respondents. Respondents talked about the difficulty in “the processing of the claims; too much repetitive paperwork;” and the need for a “clearer set of instructions on how to go about getting a mental health person and how claims can be submitted.”

Eighty-one respondents mentioned fairness or greater equity in distribution of services, particularly financial assistance. Some (23) noted that the eligibility criteria were too rigid, that they were denied benefits, or that benefits should be available for a broader range of family members. For example, “The rules governing who could receive financial support were ridiculous.” Others (28) suggested linking distribution of assistance more closely to need, such as, “I feel like I received a lot of aid and I didn’t need it, and it should have went [sic] to someone who needed it.” Still others (30) wanted more equitable distribution of services across categories of clients: “They should have treated the injured victims the same way they treated the victims that were killed—they didn’t do this—as far as the financial assistance and things;” and “I was injured and they said I was not entitled to the best benefits.”

Eighty respondents recommended that the Red Cross should do more to inform people about the availability of services—in effect, suggesting improved outreach efforts. Comments included: “It wasn’t advertised enough; there wasn’t enough information;” “I had to look for the info, it wasn’t out there. They need to let people know what services are available to them;” and “A lot more people should know about it and take advantage of it; they should get the word out.”

Another set of recommendations was related to the limitations on the amount of service provided or how long services were available (cited by 74 respondents). Many of these comments specifically referenced respondents’ desire to reduce the limits on mental health services; respondents wanted “longer therapy” or to “have more assistance because 30 sessions might not be enough.” Some mentioned greater flexibility to address individual needs; for example, “The only thing I would recommend would be not putting a limit on how many visits someone should have—it should be more customized because it varies from person to person;” or “Maybe have a liaison to call the doctor to see if the patient needs more service; there should be some leeway in case the person needs more.” One respondent suggested transferability among types of services: “Some services I didn’t need, and the others I have used up. I wish that the benefits I didn’t need or use could be used for the services I do need and want to use.” Comments in this category can be seen as reinforcing the value of mental health benefits, frequently cited as a “most helpful” service and as the “number one” most needed service.

A number of respondents (57) used this question as an opportunity to express opinions about perceived problems with the overall management or handling of funds donated after 9/11. Such comments underscore the importance of continuously maintaining and promoting transparency and fiduciary responsibility in managing large sums of money donated for specific purposes.

Summary

The results of this study provide the American Red Cross with important insights into planning for the aftermath of emergencies and disaster events. Moreover, they may be helpful in guiding other organizations that provide disaster response services. The findings indicate that SRP recipients generally appreciated and benefited from the services, but that many would like to see some services—particularly mental health services—extended for a longer period of time. These findings suggest that planning for future disasters should include the need for and duration of longer-term services in addition to immediate, short-term services.

Responses indicate that provision of case management services, or having a single contact person, to help people navigate the array of social services and other assistance available in the wake of disasters is highly desirable.

The survey also indicates several areas that require greater attention both in planning for future emergency response situations and in the implementation of those services. For example,

- “Paperwork” of various kinds (such as applications or claims processing) should be kept simple and duplication eliminated.
- One caseworker should be assigned to each individual or family, and every effort should be made to avoid transferring clients to another caseworker.
- Caseworkers should be well trained and have up-to-date information about eligibility and other requirements associated with various services, and about the changing array of services available.
- Regular communication and follow up with clients and among staff are needed.
- Clear and complete information early in the process about the amount of assistance to be given should be provided to help establish client expectations.
- Frequent and widespread outreach is needed to inform affected individuals about services that are available to them.

Survey respondents also indicated a need for continuing or additional services some four years after the attacks, particularly the need for mental health services. Examining the optimal length of time that services should be offered is a critical exercise when planning for and responding to future disaster scenarios.

Finally, transparency in management of donated funds and overall management of the service delivery effort is important to service recipients. Clear public information about the types of benefits and eligibility criteria for benefits—and the reasons for these criteria—is desirable to reduce misunderstanding and increase perceptions of fairness.

Appendix A

SRP Client Survey Methodology

Methodology Report for September 11 Recovery Program (SRP) Survey

Prepared by Princeton Survey Research Associates International
for the Urban Institute

03.02.06

2

Summary

The September 11 Recovery Program (SRP) Survey, sponsored by the American Red Cross and conducted under subcontract for the Urban Institute, conducted telephone interviews with a representative sample of 1,500 adults age 18 and older living in the continental United States and who or whose child/children received services from the American Red Cross's Recovery Program, which began providing services in January 2002. The interviews were completed in both English and Spanish, according to the preference of the respondent. The interviews were conducted by Princeton Data Source, LLC (a subsidiary of Princeton Survey Research Associates International located in Fredericksburg, Virginia) during the period of July 14, 2005 through December 19, 2005. The margin of sampling error for the complete set of data is ± 3 percent. Details on the design, execution and analysis of the survey are discussed below.

Design and Data Collection Procedures

Sample Design

The sample was provided by the American Red Cross and included all adults who received one or more of four services from the American Red Cross's September 11 Recovery Program (SRP) for either themselves or their children. The survey focused on case management, financial assistance, mental health and substance abuse, and the health insurance subsidy programs. Based on sample information, respondents were asked to verify the type of service(s) they received from Red Cross and then asked detailed questions about no more than three services.

Questionnaire Development and Testing

The questionnaire was developed by the Urban Institute and the American Red Cross in collaboration with PSRAI. In order to improve the quality of the data, the questionnaire was pretested with a small number of respondents (14). Pretest interviews were monitored by PSRAI and Urban Institute staff and conducted using experienced interviewers who could best judge the quality of the answers given and the degree to which respondents understood the questions. A few final changes were made to question wording based on the monitored pretest interviews. The

final questionnaire was translated into Spanish by Princeton Data Source. All interviews, both English and Spanish, were conducted using a fully-programmed CATI instrument.

Contact Procedures

Interviews were conducted between July 14, 2005 through September 4, 2005 and between September 26, 2005 through December 19, 2005. The 21 day “blackout” period was in observance of the September 11 anniversary. A small number of interviews occurred during this blackout period because callback appointments were honored.

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Fifteen or more attempts were made to contact a person at every sampled telephone number. Sample was released for interviewing in 10 replicates. Using replicates to control the release of sample ensures that complete call procedures are followed for the entire sample.

Calls were staggered over times of day and days of the week to maximize the chance of making contact with potential respondents. Respondents received at least one day time call in an attempt to find them at home.

A reminder to participate in the survey was printed on postcards and mailed in August 2005 to approximately 730 respondents.

In early October, Red Cross granted permission granted to contact soft refusals (i.e., clients who hung up on interviewers).

A final attempt was made to reach respondents who refused to take the survey. Approximately 100 letters were mailed in mid-October with a final plea to take the survey and assurance that they would not be contacted in any way again. This effort yielded two completed interviews.

Sampling frame and procedures

The total sample was comprised of 3657 cases, of which 3107 were randomly selected. After each new replicate was drawn, respondents with an address were mailed a letter describing the purpose of the survey.

Discussion of fieldwork problems

The sample had a sizeable number of “dead numbers,” which required considerable time to reconcile. The American Red Cross provided significant assistance in trying to retrieve current contact information for these respondents. Red Cross and PSRAI worked to obtain working numbers for these pieces of sample. The Red Cross provided approximately 424 alternate numbers—248 home numbers and 176 cellular phone numbers. (An additional 160 work phone numbers were provided, but a collaborative decision was made not to dial respondents at their place of business.) PSRAI found an additional 264 numbers through its own search. Of the 3107 pieces of sample, approximately 809 numbers (or 26% of the selected sample) were “dead”. Specifically, at the end of the field period 399 were found to be disconnected, 218 numbers where no such respondent existed, and 192 numbers where the respondent was no longer in that household.

Approximately 414 pieces of sample had invalid addresses. Of these, the US Postal Service provided forwarding information for 21 sample respondents for whom there is a forwarding address but whose forwarding service had expired. These respondents were mailed a replacement letter to the new address.

Response rates (including all the data used to calculate the response rate)

Table 1 reports the disposition of all sampled telephone numbers dialed. The *response rate* estimates the fraction of all eligible respondents in the sample that were ultimately interviewed. At PSRAI it is calculated by taking the product of three component rates:¹

- Contact rate – the proportion of working numbers where a request for interview was made – of 63 percent;
- Cooperation rate – the proportion of contacted numbers where a consent for interview was initially obtained, versus those refused – of 85 percent; and
- Completion rate – the proportion of initially cooperating and eligible interviews that were completed – of 99 percent.

Thus, the response rate for this survey is 53 percent.

Pre and post-blackout period calls

An analysis of responses pre- and post-blackout period found no significant and meaningful differences in responses among respondents who participated in the survey before September 11, 2005, and after September 26, 2005.

¹ PSRAI's disposition codes and rate formulas are consistent with standards of the American Association for Public Opinion Research.

Table 1: Final Disposition

	Total Numbers dialed	3107
<u>Non-Cooperating Numbers</u>		
No answer	3	
Answering machine	23	
Phone busy	6	
Schedule callback	84	
Unspecified callback	46	
Major health problems	15	
Hearing problems	1	
Blocked call	1	
Disconnected phone	399	
Line problems	15	
Non-residential phone	5	
Business/Government phone	18	
Computer tone	47	
No one 18+ in HH	1	
No such respondent exist	218	
Language problems (not English/Spanish speaking)	76	
No longer in household	192	
	<u>1150</u>	
Contacted Numbers (total dialed less non-cooperating numbers)	1957	63%
<u>Refusals</u>		
Initial refusals	137	
Second refusals	159	
	<u>296</u>	
Cooperating Numbers (contacted less refusals)	1661	85%
<u>Terminates and screenouts</u>		
Mid-interview terminates	19	
Screenouts	141	
	<u>160</u>	
Total Eligible ²	2873	
Completed Numbers (cooperating numbers less terminates and screenouts)	1501	99%
Response Rate (contact rate x cooperation rate x completion rate)		53%

² Total numbers dialed less screenouts (141), major health or hearing problems (16), no one over age 18 in household (1), and non-English or non-Spanish speakers (76).

Appendix B

SRP Client Questionnaire

Final Questionnaire

SRP Client Survey

Prepared by Princeton Survey Research Associates International
for the American Red Cross

N=1500 adults 18 and older

July 14, 2005

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Hello, my name is _____ and I'm calling from Princeton Survey Research Associates International. I'm calling to ask you to participate in a survey we are conducting for the American Red Cross. We recently sent you a letter telling you about this survey. We would like to hear about your experience receiving services from the American Red Cross following the September 11 attacks.

ALTERNATE WORDING FOR RESPONDENTS WHO WERE NOT SENT ADVANCE LETTER (IF ANY): Hello, my name is _____ and I'm calling from Princeton Survey Research Associates International. The American Red Cross has asked the Urban Institute, a nonprofit research organization located in Washington, DC, to evaluate the assistance it provided to individuals, such as yourself, after the events of September 11, 2001. I'm calling to ask you to participate in a survey we are conducting as part of this study.

This survey will only take approximately 15 minutes. Please be assured that your responses will be kept strictly confidential. Your name will never be used in any report, and your answers will be combined with answers from other people who received similar services and reported in summarized form only.

Your participation is strictly voluntary, although it will be very much appreciated. You do not have to answer any questions you don't want to answer, and you may stop at any time. Please be assured that the services you receive will not be affected by whether you participate in the survey or by the answer you give to any questions.

ASK ALL

S1 Before we begin, I want to confirm that you are age 18 or older.

- 1 Yes
- 2 No [TERMINATE]
- 9 Refused [TERMINATE]

IF TERMINATE: I'm sorry, but we are only interviewing people who are 18 years old and older. Thank you for taking the time to talk with me. Good-bye.

For the purpose of this survey, we'd like you to focus on the assistance you received from the American Red Cross September 11 Recovery Program. If thinking about dates will help, please think about services you received from the American Red Cross between 2002 and 2005. [IF NEEDED: This program started in 2002 to help with people's long-term needs after 9/11.]

[IF R UNCLEAR ABOUT THE TIME PERIOD ADDRESSED BY SURVEY QUESTIONS AT ANY POINT IN THE INTERVIEW: This survey focuses on assistance you received from American Red Cross' Recovery Program, which began providing services in January 2002. This survey is not focused on services you may have received from Red Cross staff and volunteers, either by phone or by going to a service center, such as the assistance center at Pier 94, following the attacks]

[BASED ON SAMPLE]

S2 Just to verify, [INSERT SERVICE(S) R RECEIVED AS INDICATED IN DATABASE] from American Red Cross? [INSERT NEXT SERVICE R RECEIVED AS INDICATED IN DATABASE]

- a. Were you assigned to a Red Cross worker [IF NEEDED: caseworker or case manager] who helped you apply for or locate benefits and services to address your needs? [IF NEEDED: Case management or Family Support Services are other terms that describe this assistance.] **[MODULE A]**
- b. Did you receive or apply for Financial Assistance (such as the Family Gift, Additional Assistance or special circumstances gift) **[MODULE B]**
- c. Did you receive or enroll in the mental health and substance abuse benefit **[MODULE C]**
- d. Did you receive or enroll in the Health Insurance Subsidy Program **[MODULE D]**

- 1 Yes **[SEE MODULE INSTRUCTIONS]**
- 2 No **[TERMINATE IF S2a=2 AND S2b=2 AND S2c=2 AND S2d=2]**
- 8 Don't know [Read R background description]
- 9 Refused **[TERMINATE IF S2a=9 AND S2b=9 AND S2c=9 AND S2d=9]**

[IF NEEDED (S2C=2): You may have enrolled in this benefit either for yourself and or your children, if any. Even if you enrolled you may not have actually used the service or you and/or your children may have received assistance or treatment like individual or group counseling, support groups, or psychological evaluations for children.]

IF TERMINATE: I'm sorry, but we are only interviewing people who received assistance from American Red Cross' Recovery Program. Thank you for taking the time to talk with me. Good-bye.

If R responds “don’t know” to any S2 for which database indicates R received services (S2a=8, S2b=8, S2c=8, or S2d=8)

[IMPORTANT NOTE: Proceed with great caution. Do not continue to read or even start reading the program description if R is agitated.]

If S2a=8

You might know The Red Cross worker as a family support specialist or caseworker who may have worked with you to develop a recovery plan. They provided ongoing information and support, applications for other Red Cross services or information about other organizations that might help with you and your family’s ongoing needs. Most of your contact with the Red Cross worker may have been over the telephone, or you may also have met with them in person sometimes. Did you receive any assistance from a Red Cross worker?

If S2b=8

You might know the assistance I’m asking about as one of the Red Cross “gifts.” There were four separate gifts or types of financial assistance program. They were called the Family Gift, the Supplemental Gift, the Special Circumstances Gift, and the Additional Assistance Program. Do you remember if you received any of these gifts or financial assistance?

If S2c=8

This program offered eligible individuals and families with referrals and financial assistance with mental health and/or substance abuse treatment costs not covered by insurance. Did you receive any treatments under this benefit, or perhaps just enrolled in this benefit? You may have enrolled in this benefit either for yourself and or your children, if any. Even if you enrolled you may not have actually used the service or you and/or your children may have received assistance or treatment like individual or group counseling, support groups, or psychological evaluations for children.]

If S2d=8

Under The Health Insurance Subsidy program Red Cross covered the full costs of private or COBRA health insurance premiums for up to two years (24 months). Did you receive this assistance for your health insurance?

[NOTE FOR INTERVIEWERS: READ THIS DESCRIPTION IF AT ANY POINT IN INTERVIEW R SEEMS CONFUSED BY THE DATES OR DIFFERENCE TYPES OF RELIEF RED CROSS OFFERED.]

DIFFERENCE BETWEEN IMMEDIATE DISASTER RELIEF PROVIDED BY AMERICAN RED CROSS IMMEDIATELY FOLLOWING THE EVENTS OF 9/11 AND THE LONGER-TERM RECOVERY EFFORT, "SEPTEMBER 11 RECOVERY PROGRAM".

5

READ:

This survey focuses on assistance you received from American Red Cross' Recovery Program, which began providing services in January 2002. This survey is not focused on services you may have received from Red Cross staff and volunteers, either by phone or by going to a service center, such as the assistance center at Pier 94, following the attacks. If thinking about dates will help, please think about services you received from the American Red Cross between 2002 and 2005. [IF NEEDED: This program started in 2002 to help with people's long-term needs after 9/11.]

D1 Record Sex

- 1 Male
- 2 Female

Module Instructions

When more than one module is selected we only want to allow the respondent to complete a maximum of three modules. Financial Assistance and Health Insurance Subsidy Program are always selected, if applicable. Caseworker and Mental health modules **cannot** be asked together.

One service only:

- If yes to only Module A (S2a=1), then ask Modules A, X, and Demographics. End.
- If yes to only Module B (S2b=1), then ask Modules B, X, and Demographics. End.
- If yes to only Module C (S2c=1), then ask Modules C, X, and Demographics. End.
- If yes to only Module D (S2d=1), then ask Modules D, X, and Demographics. End.

Two services:

- If yes to both Module A (S2a=1) + Module B (S2b=1), then ROTATE: Module A/Module B. Proceed to Module X and Demographics. End.
- If yes to both Module A (S2a=1) + Module C (S2c=1), then **FORM SPLIT: Module A/Module C – do not ask both.** Proceed to Module X and Demographics. End.
- If yes to both Module A (S2a=1) + Module D (S2d=1), then ROTATE: Module A/Module D. Proceed to Module X and Demographics. End.
- If yes to both Module B (S2b=1) + Module C (S2c=1), then ROTATE: Module B/Module C. Proceed to Module X and Demographics. End.
- If yes to both Module B (S2b=1) + Module D (S2d=1), then ROTATE: Module B/Module D. Proceed to Module X and Demographics. End.
- If yes to both Module C (S2c=1) + Module D (S2d=1), then ROTATE: Module C/Module D. Proceed to Module X and Demographics. End.

If three services:

- If yes to Module A (S2a=1) + Module B (S2b=1) + Module C (S2c=1), then ROTATE (1) Module B (S2b=1) and (2) **SPLIT FORM** Module A (S2a=1) and Module C (S2c=1) – **do not ask both.** Proceed to Module X and Demographics. End.
- If yes to Module A (S2a=1) + Module B (S2b=1) + Module D (S2d=1), then ROTATE: Module A/Module B/Module D. Proceed to Module X and Demographics. End.
- If yes to Module A (S2a=1) + Module C (S2c=1) + Module D (S2d=1), then ROTATE (1) Module D (S2d=1) and (2) **SPLIT FORM** Module A (S2a=1) and Module C (S2c=1) – **do not ask both.** Proceed to Module X and Demographics. End.
- If yes to Module B (S2b=1), + Module C (S2c=1) + Module D (S2d=1), then ROTATE: Module B/Module C/Module D. Proceed to Module X and Demographics. End.

If all four services:

If R received all four services, then respondent is asked at most three modules. Rotate. Two of these modules are financial assistance [Module B (S2b=1)] and health insurance Module D (S2d=1). The third module is selected by form split between Module A (S2a=1) and Module C (S2c=1).

- If yes to Module A (S2a=1) + Module B (S2b=1) + Module C (S2c=1) + Module D (S2d=1), then ROTATE (1) Module B (S2b=1), (2) Module D (S2d=1) and (3) **FORM SPLIT** Module A (S2a=1) and Module C (S2c=1) – **do not ask both.** Proceed to Module X and Demographics.

MODULE A: Case Management/Family Support Services (FSS)

Now I have some questions about the assistance provided by the Red Cross worker who helped you apply for or locate services to address your needs. [IF NEEDED: You might know this person as a “caseworker” or the services as “case management” or “Family Support Services”.]

7

ASK ALL GETTING MODULE A

Q1 How many American Red Cross workers [IF NEEDED: caseworkers] did you work with to help you find and apply for services and benefits? [OPEN END]

- Range 1-97
- 98 Don't know
- 99 Refused

IF Q1=2-97: Now please think about the one Red Cross worker with whom you had the most contact when answering the remaining questions.

ASK ALL GETTING MODULE A

Q2 How comfortable did you feel working with the Red Cross worker who helped you find and apply for benefits and services—very comfortable, somewhat comfortable, not too comfortable, or not comfortable at all?

- 1 Very comfortable
- 2 Somewhat comfortable
- 3 Not too comfortable
- 4 Not comfortable at all
- 8 Don't know
- 9 Refused

IF R DID NOT FEEL COMFORTABLE WORKING WITH THE RED CROSS WORKER (Q2=3,4)

Q3 Why do you say that? [OPEN END]

- 1 Gave response
- 8 Don't know
- 9 Refused

ASK ALL GETTING MODULE A

Q4 Did the Red Cross worker explain the assistance available to you in a way you could understand? Would you say all of the time, most of the time, some of the time, or never?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 Never
- 8 Don't know
- 9 Refused

8

ASK ALL GETTING MODULE A

Q5 Did the Red Cross worker provide information about other organizations that might help you or refer you to another organization for services?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

IF RED CROSS WORKER PROVIDED INFORMATION ABOUT OTHER ORGANIZATIONS OR REFERRED R TO ANOTHER ORGANIZATION (Q5=1)

Q6 How would you rate the information or assistance provided by the Red Cross worker to help you obtain services from other organizations? Was it excellent, good, fair or poor?

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor
- 8 Don't know
- 9 Refused

IF RED CROSS WORKER PROVIDED INFORMATION ABOUT OTHER ORGANIZATIONS OR REFERRED R TO ANOTHER ORGANIZATION (Q5=1)

Q7 Did you attempt to get services from any of those organizations?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

IF DID NOT ATTEMPT TO GET SERVICES FROM ANY OF THE ORGANIZATIONS (Q7=2)

Q8 Why didn't you attempt to get services from those organizations? [PRE-CODED OPEN-END, DO NOT READ RESPONSE CATEGORIES] [PROBE FOR ADDITIONAL RESPONSES]

Record multiple mentions and order in which mentioned

- 1 Was too upset/distraught to follow up
- 2 Thought I didn't need it
- 3 Couldn't contact the agency
- 4 Too hard to get to them/location not convenient
- 5 Didn't think it would help
- 6 Did not have the money/insurance to pay for it
- 7 Did not have time to get help
- 8 Felt badly about myself for seeking help
- 9 Concerned about what others would think
- 10 No appointments available/wait for appointment was too long
- 11 Other (SPECIFY)
- 98 Don't know
- 99 Refused

IF DID ATTEMPT TO GET SERVICES FROM ANY OF THE ORGANIZATIONS (Q7=1)

Q9 Did you actually receive services from any of the organizations the Red Cross worker told you about?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

IF RECEIVED SERVICES FROM ANY OF THE ORGANIZATIONS RED CROSS WORKER TOLD R ABOUT (Q9=1)

Q10 Overall, about how many services did you receive from these organizations?

- Range 1-97
- 98 Don't know
- 99 Refused

**IF DID NOT RECEIVE ANY SERVICES FROM ANY OF THE ORGANIZATIONS
RED CROSS WORKER TOLD R ABOUT (Q9=2)**

Q11 Why didn't you receive any services from those organizations? [PRE-CODED OPEN-END,
DO NOT READ RESPONSE CATEGORIES] [PROBE FOR ADDITIONAL RESPONSES]

Record multiple mentions and order in which mentioned

10

- 1 Was too upset/distraught to follow up
- 2 Thought I didn't need it
- 3 Couldn't contact the agency
- 4 Too hard to get to them/location not convenient
- 5 Didn't think it would help
- 6 Did not have the money/insurance to pay for it
- 7 Did not have time to get help
- 8 Felt badly about myself for seeking help
- 9 Concerned about what others would think
- 10 No appointments available/wait for appointment was too long
- 11 Other (SPECIFY)
- 98 Don't know
- 99 Refused

Now I have some questions about the assistance you received from American Red Cross [IF
NEEDED – DISTINGUISH FROM OTHER ORGANIZATIONS THAT MAY HAVE
PROVIDED SERVICES]

ASK ALL GETTING MODULE A

Q12 To what extent did the assistance you received from the American Red Cross worker
(INSERT)—to a large extent, moderate extent, small extent or not at all? What about to
(INSERT)?

Rotate

- a. help you deal with the challenges and issues you were facing
- b. help improve your emotional outlook on life
- c. help you move forward in your life

- 1 Large extent
- 2 Moderate extent
- 3 Small extent
- 4 Not at all
- 8 Don't know
- 9 Refused

ASK ALL GETTING MODULE A

Q13 Since receiving assistance from the Red Cross to help you obtain benefits and services, has your overall ability to perform your normal activities at home, work or school improved considerably, improved somewhat, remained about the same or worsened?

- 1 Improved considerably
- 2 Improved somewhat
- 3 Remained about the same
- 4 Worsened
- 8 Don't know
- 9 Refused

11

ASK IF SINCE RECEIVING ASSISTANCE R'S OVERALL ABILITY TO PERFORM NORMAL ACTIVITIES HAS IMPROVED (Q13=1,2)

Q14 To what extent did the assistance provided by Red Cross worker contribute to that improvement—to a large extent, moderate extent, small extent or not at all?

- 1 Large extent
- 2 Moderate extent
- 3 Small extent
- 4 Not at all
- 8 Don't know
- 9 Refused

ASK ALL GETTING MODULE A

Q15 Overall, how helpful was the Red Cross worker who assisted you in obtaining benefits and services? Would you say very helpful, somewhat helpful, not too helpful, or not helpful at all?

- 1 Very helpful
- 2 Somewhat helpful
- 3 Not too helpful
- 4 Not helpful at all
- 8 Don't know
- 9 Refused

IF NOT TOO OR NOT AT ALL HELPFUL (Q15=3,4)

Q16 Why do you say that? [OPEN END]

- 1 Gave response
- 8 Don't know
- 9 Refused

Q17 Intentionally left blank

Q18 Intentionally left blank

Q19 Intentionally left blank

MODULE B: Financial Assistance program

[IF R RECEIVED MORE THAN ONE SERVICE: Next,] I have some questions about the financial assistance that you received from the American Red Cross Recovery Program.

13

ASK ALL GETTING MODULE B

Q20 How would you rate the information provided to you about financial assistance that was available from the Red Cross [IF NEEDED: such as the Family Gift, Additional Assistance, special circumstances gift, or supplemental gift]? Was it very adequate, somewhat adequate, not too adequate, or not adequate at all?

- 1 Very adequate
- 2 Somewhat adequate
- 3 Not too adequate
- 4 Not adequate at all
- 8 Don't know
- 9 Refused

ASK ALL GETTING MODULE B

Q21 How would you rate the promptness with which you received payments from American Red Cross? Would you say excellent, good, fair or poor?

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor
- 8 Don't know
- 9 Refused

ASK ALL GETTING MODULE B

Q22 Overall, did you receive the payment amount that you expected, more than you expected or less than you expected?

- 1 Amount expected
- 2 More than expected
- 3 Less than expected
- 4 Amount expected varied by gift (VOL.)
- 8 Don't know
- 9 Refused

IF PAYMENT RECEIVED WAS LESS THAN EXPECTED (Q22=3)

Q23 Why was the amount less than you expected? [OPEN END]

- 1 Gave response
- 8 Don't know
- 9 Refused

ASK ALL GETTING MODULE B

Q24 Overall, how adequate was the financial assistance you received from American Red Cross in addressing your basic living expenses? Was it very adequate, somewhat adequate, not too adequate, or not adequate at all?

- 1 Very adequate
- 2 Somewhat adequate
- 3 Not too adequate
- 4 Not adequate at all
- 8 Don't know
- 9 Refused

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ASK ALL GETTING MODULE B

Q25 To what extent did financial assistance from the Red Cross reduce the stress or worries you were experiencing—to a large extent, moderate extent, small extent or not at all?

- 1 Large extent
- 2 Moderate extent
- 3 Small extent
- 4 Not at all
- 8 Don't know
- 9 Refused

Q26 Intentionally left blank

Q27 Intentionally left blank

Q28 Intentionally left blank

Q29 Intentionally left blank

MODULE C: Mental Health & Substance Abuse Assistance/Program

This set of questions is about American Red Cross' provision of financial assistance with mental health and substance abuse services.

15

ASK ALL GETTING MODULE C

Q30 How easy was the application process for the Mental Health and Substance Abuse Program? Was it very easy, somewhat easy, not too easy or not easy at all?

- 1 Very easy
- 2 Somewhat easy
- 3 Not too easy
- 4 Not easy at all
- 8 Don't know
- 9 Refused

ASK ALL GETTING MODULE C

Q31 How helpful was the Red Cross worker [IF NEEDED: mental health case worker or clinical case manager] who helped you enroll in this program? Would you say very helpful, somewhat helpful, not too helpful, or not helpful at all?

- 1 Very helpful
- 2 Somewhat helpful
- 3 Not too helpful
- 4 Not helpful at all
- 8 Don't know
- 9 Refused

ASK IF RED CROSS WORKER WAS NOT HELPFUL (Q31=3,4)

Q32 Why do you say that? [OPEN END]

- 1 Gave response
- 8 Don't know
- 9 Refused

ASK ALL GETTING MODULE C

Q33 How would you rate the information provided by the American Red Cross worker [IF NEEDED: mental health case worker or clinical case manager] (INSERT IN ORDER)? Was it excellent, good, fair or poor?

- a. about the financial assistance provided by the mental health and substance abuse benefit [IF NEEDED: what would be paid for by the mental health and substance abuse benefit]
- b. about the different types of mental health treatment you might use [IF NEEDED: treatment is whatever mental health or substance abuse service that would have been covered by this program – such as individual therapy or support groups.]

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor
- 5 Did not receive this type of information (**VOL**)
- 8 Don't know
- 9 Refused

ASK ALL GETTING MODULE C

Q34 Did you use this program to obtain treatment for (READ)

- 1 Yourself
- 2 Your child/children
- 3 Both yourself and your child/children OR
- 4 Did neither you nor your child/children use this program to obtain treatment?
- 5 Another household family member (VOL.)
- 8 Don't know
- 9 Refused

[IF Q34=4 AND DATABASE INDICATES ACCESS FOR EITHER ADULT AND/OR CHILD:

Just to confirm, you were enrolled in this service but you didn't use it either for yourself or your children, if any, to receive assistance like individual or group counseling, support groups, or psychological evaluations for children? Is that correct or did you receive some assistance? IF RECEIVED ASSISTANCE: Was the treatment for yourself, your child/children, or both yourself and your child/children?

IF R REQUESTS FURTHER CLARIFICATION:

This program offered eligible individuals and families with referrals and financial assistance with mental health and/or substance abuse treatment costs not covered by insurance. Did you receive any treatments under this benefit, or perhaps just enrolled in this benefit? You may have enrolled in this benefit either for yourself and or your children, if any. Even if you enrolled you may not have actually used the service or you and/or your children may have received assistance or treatment like individual or group counseling, support groups, or psychological evaluations for children.]

- IF DID NOT USE BENEFIT TO RECEIVE TREATMENT (Q34=4)**
- Q35** Why didn't you use this program to obtain treatment? [PRE-CODED OPEN-END, DO NOT READ RESPONSE CATEGORIES] [PROBE FOR ADDITIONAL RESPONSES]

Record multiple mentions and order in which mentioned

- 1 Thought I didn't need it
- 2 Too upset/distraught to follow up
- 3 Couldn't find/contact service provider
- 4 Too hard to get to them/location not convenient
- 5 Didn't think it would help
- 6 Did not have time
- 7 Felt badly about myself for seeking help
- 8 Concerned about what others would think
- 9 No appointments available-wait for appointment was too long
- 10 Other (SPECIFY)
- 98 Don't know
- 99 Refused

[PROGRAMMER NOTE: IF Q34=4,5,8,9 THEN R TERMINATES HERE AND MOVES ON TO NEXT MODULE, IF APPLICABLE]

- Q36** Intentionally left blank
- Q37** Intentionally left blank

Next I'd like to ask some questions about processing your mental health claims.

ASK ALL GETTING MODULE C AND USED PROGRAM TO OBTAIN TREATMENT FOR SELF, CHILD/REN, OR BOTH (Q34=1,2,3)

- Q38** Did you apply for payment of your mental health costs?
- 1 Yes
 - 2 No
 - 8 Don't know
 - 9 Refused

ASK IF DID NOT APPLY FOR PAYMENT FOR MENTAL HEALTH COSTS (Q38=2)

Q39 Why didn't you apply for payment? [PRE-CODED OPEN-END, DO NOT READ RESPONSE CATEGORIES] [PROBE FOR ADDITIONAL RESPONSES]

Record multiple mentions and order in which mentioned

- 1 Service provider applied for payment directly
- 2 Too upset/distraught to follow up
- 3 Thought I didn't need it
- 4 Did not have time
- 5 Felt badly about myself for seeking help
- 6 Concerned about what others would think
- 7 Other (SPECIFY)
- 8 Don't know
- 9 Refused

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IF DID NOT APPLY FOR PAYMENT OF MENTAL HEALTH COSTS (Q38=2), SKIP QUESTIONS ON CLAIMS PROCESSING (Q40-44)

ASK ALL GETTING MODULE C & APPLIED FOR PAYMENT OF MENTAL HEALTH COSTS (Q38=1)

Q40 How easy was the process for submitting your invoices? Was it very easy, somewhat easy, not too easy or not easy at all?

- 1 Very easy
- 2 Somewhat easy
- 3 Not too easy
- 4 Not easy at all
- 8 Don't know
- 9 Refused

ASK ALL GETTING MODULE C & APPLIED FOR PAYMENT OF MENTAL HEALTH COSTS (Q38=1)

Q41 How would you rate the promptness with which your invoices were processed after they were submitted? Would you say excellent, good, fair or poor?

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor
- 8 Don't know
- 9 Refused

ASK ALL GETTING MODULE C & APPLIED FOR PAYMENT OF MENTAL HEALTH COSTS (Q38=1)

Q42. How often, if at all, did you have problems or disputes about getting invoices paid for your treatment costs? Was it all of the time, most of the time, some of the time, or never?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 Never
- 8 Don't know
- 9 Refused

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ASK ALL GETTING MODULE C & APPLIED FOR PAYMENT OF MENTAL HEALTH COSTS (Q38=1) AND IF R HAD PROBLEMS OVER PAYMENTS (IF Q42=1,2, 3)

Q43 Would you say these problems or disputes were resolved promptly all of the time, most of the time, some of the time, or never?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 Never
- 8 Don't know
- 9 Refused

ASK ALL GETTING MODULE C & APPLIED FOR PAYMENT OF MENTAL HEALTH COSTS (Q38=1) AND IF R HAD PROBLEMS OVER PAYMENTS (IF Q42=1,2, 3)

Q44 Overall, how satisfied were you with the way problems or disputes were resolved? Were you very satisfied, somewhat satisfied, not too satisfied or not satisfied at all

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not too satisfied
- 4 Not satisfied at all
- 8 Don't know
- 9 Refused

PROGRAMMING NOTE: If either (1) child [Q34=2] or (2) both adult R and child/children used the program to obtain treatment [IF Q34=3], then skip to intro before Q58.

IF GETTING MODULE C & ADULT R IS FOCUS OF QUESTIONS (Q34=1)

Next I'd like to ask some questions about the effects of the treatment you received. [IF NEEDED: treatment is whatever mental health or substance abuse service that would have been covered by this program – such as individual therapy or support groups.]

20

ASK ALL GETTING MODULE C & ADULT R IS FOCUS OF QUESTIONS

Q45 About how many sessions do you remember attending to receive mental health or substance abuse treatment through this benefit? [IF NEEDED: Sessions are times you went to service provider to receive or participate in the treatment you were getting]

- 1 5 or fewer
- 2 6 to 10
- 3 11 to 24
- 4 25 or more
- 8 Don't know
- 9 Refused

**ASK ALL GETTING MODULE C & ADULT R IS FOCUS OF QUESTIONS
AND IF FEWER THAN 25 VISITS (Q45=1, 2, 3)**

Q46 Why didn't you seek more visits? [PRE-CODED OPEN-END, DO NOT READ RESPONSE CATEGORIES] [PROBE FOR ADDITIONAL RESPONSES]

Record multiple mentions and order in which mentioned

- 1 Felt received sufficient help from amount received/felt more service not needed
- 2 Thought the benefit would not cover more visits
- 3 Too upset/distraught to continue
- 4 Location not convenient
- 5 Hours not convenient
- 6 Didn't like the service or service provider
- 7 Didn't think it was helping me
- 8 Did not have time
- 9 Felt badly about myself for seeking help
- 10 Concerned about what others would think
- 11 No appointments available/hard to get appointment
- 12 Other (SPECIFY)
- 98 Don't know
- 99 Refused

ASK ALL GETTING MODULE C & ADULT R IS FOCUS OF QUESTIONS

Q47 Overall, to what extent did the treatment you received help you (INSERT)—to a large extent, moderate extent, small extent or not at all? What about (INSERT)

Rotate

- a. deal with grief, stress or anxiety
- b. find ways to cope with your emotional distress or difficult thoughts and feelings
- c. deal with feelings of being down or depressed
- d. manage your relationships with family and friends

- 1 Large extent
- 2 Moderate extent
- 3 Small extent
- 4 Not at all
- 8 Don't know
- 9 Refused

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ASK ALL GETTING MODULE C & ADULT R IS FOCUS OF QUESTIONS

Q48 Did the treatment you received help you with anything else?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

**ASK ALL GETTING MODULE C & ADULT R IS FOCUS OF QUESTIONS
AND IF TREATMENT RECEIVED HELPED WITH ANYTHING ELSE (Q48=1)**

Q49 What else did the treatment help you with? [OPEN-END]

- 1 Gave response
- 8 Don't know
- 9 Refused

**ASK ALL GETTING MODULE C & ADULT R IS FOCUS OF QUESTIONS
AND IF TREATMENT SUPPORTED BY BENEFIT HELPED R**

Q50 And, to what extent did the treatment supported by this benefit help you with [INSERT RESPONSE TO PREVIOUS]—to a large extent, moderate extent, small extent or not at all?

- 1 Large extent
- 2 Moderate extent
- 3 Small extent
- 4 Not at all
- 5 Not applicable (VOL)
- 8 Don't know
- 9 Refused

ASK ALL GETTING MODULE C & ADULT R IS FOCUS OF QUESTIONS

Q51 Since you received the treatment, has your overall ability to perform your normal activities at home, work or school improved considerably, improved somewhat, remained about the same or worsened?

- 1 Improved considerably
- 2 Improved somewhat
- 3 Remained about the same
- 4 Worsened
- 8 Don't know
- 9 Refused

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ASK ALL GETTING MODULE C & ADULT R IS FOCUS OF QUESTIONS

AND IF PERFORMANCE OF NORMAL ACTIVITIES IMPROVED (Q51=1,2)

Q52 To what extent did the treatment supported by this benefit contribute to that improvement—to a large extent, moderate extent, small extent or not at all?

- 1 Large extent
- 2 Moderate extent
- 3 Small extent
- 4 Not at all
- 8 Don't know
- 9 Refused

ASK ALL GETTING MODULE C & ADULT R IS FOCUS OF QUESTIONS

Q53 Since receiving the treatment, would you say your overall emotional outlook improved considerably, improved somewhat, remained about the same or worsened?

- 1 Improved considerably
- 2 Improved somewhat
- 3 Remained about the same
- 4 Worsened
- 8 Don't know
- 9 Refused

ASK ALL GETTING MODULE C & ADULT R IS FOCUS OF QUESTIONS

AND IF EMOTIONAL OUTLOOK IMPROVED (Q53=1,2)

Q54 And, to what extent did the treatment supported by this benefit contribute to that improvement—to a large extent, moderate extent, small extent or not at all?

- 1 Large extent
- 2 Moderate extent
- 3 Small extent
- 4 Not at all
- 8 Don't know
- 9 Refused

ASK ALL GETTING MODULE C & ADULT R IS FOCUS OF QUESTIONS

Q55 To what extent does grief and anxiety still interfere with your life—to a large extent, moderate extent, small extent or not at all?

- 1 Large extent
- 2 Moderate extent
- 3 Small extent
- 4 Not at all
- 8 Don't know
- 9 Refused

ASK ALL GETTING MODULE C & ADULT R IS FOCUS OF QUESTIONS

Q56 Overall, to what extent did the amount of treatment covered through this benefit meet your needs—to a large extent, moderate extent, small extent or not at all?

- 1 Large extent
- 2 Moderate extent
- 3 Small extent
- 4 Not at all
- 8 Don't know
- 9 Refused

**ASK ALL GETTING MODULE C & ADULT R IS FOCUS OF QUESTIONS
AND IF SERVICE MET NEEDS TO A SMALL EXTENT OR NOT AT ALL
(Q56=3,4)**

Q57 Why do you say that? [OPEN END]

- 1 Gave response
- 8 Don't know
- 9 Refused

IF GETTING MODULE C & CHILD/REN IS FOCUS OF QUESTIONS (Q34=2,3)

Next I'd like to ask some questions about the effects of the treatment on your [IF JUST ONE CHILD: child] [IF MORE THAN ONE CHILD: children]. **DATABASE WILL SHOW THE NUMBER OF CHILDREN THAT RECEIVED SERVICE. [OR IF Q34=2 or 3 even if database=0, THEN: child] {in other words, if R said 2 or 3 to Q34 then ask next set of questions even if the database indicates 0 children. Go with what the R tells you}**

ASK ALL GETTING MODULE C AND CHILD/REN IS FOCUS OF QUESTIONS (Q34=2,3)

Q58 Just to verify, how many children received treatment through this benefit?

- Range 1 – 9
- 98 Don't know
- 99 Refused

PROGRAMMING NOTE: If respondent **has more than one child** please create a form split of youngest/oldest child to insert- please make this form split 50/50. We will need a variable in the dataset that indicates which option was selected for the interview.

Child Form Split:

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Form C: Oldest
Form D: Youngest

INTERVIEWER INSTRUCTION: For the following questions we will be referring to your oldest child (**child form split=C**)|youngest child (**child form split=D**) who received treatment.

ASK ALL GETTING MODULE C & CHILD IS FOCUS OF QUESTIONS

Q59 And what is the age of your [IF Q58=1: child] [oldest child (**child form split=C**)|youngest child (**child form split=D**) who received treatment?

Range 1 - 97
98 Don't know
99 Refused

[IF NEEDED: treatment is whatever mental health or substance abuse service that would have been covered by this program – such as individual therapy or support groups.]

ASK ALL GETTING MODULE C & CHILD IS FOCUS OF QUESTIONS

Q60 About how many sessions do you remember your child attending to receive mental health or substance abuse treatment through this benefit? [IF NEEDED: Sessions are times you went to service provider to receive or participate in the treatment you were getting]

1 5 or fewer
2 6 to 10
3 11 to 24
4 25 or more
8 Don't know
9 Refused

**ASK ALL GETTING MODULE C & CHILD IS FOCUS OF QUESTIONS
AND IF FEWER THAN 25 VISITS (Q60=1, 2, 3)**

Q61 Why didn't you seek more visits? [PRE-CODED OPEN-END, DO NOT READ RESPONSE CATEGORIES] [PROBE FOR ADDITIONAL RESPONSES]

Record multiple mentions and order in which mentioned

25

- 1 Felt received sufficient help from amount received/felt more service not needed
- 2 Thought the benefit would not cover more visits
- 3 Too upset/distraught to continue
- 4 Location not convenient
- 5 Hours not convenient
- 6 Didn't like the service or service provider
- 7 Didn't think it was helping
- 8 Did not have time
- 9 Felt badly about seeking help
- 10 Concerned about what others would think
- 11 No appointments available/hard to get appointment
- 12 Other (SPECIFY)
- 98 Don't know
- 99 Refused

ASK ALL GETTING MODULE C & CHILD IS FOCUS OF QUESTIONS

Q62 Overall, to what extent did the treatment your child receive (INSERT)—to a large extent, moderate extent, small extent or not at all? What about (INSERT)?

Rotate

- a. improve your child's ability to socialize
- b. help your child deal with grief, anxiety or fears
- c. help increase stability of family life
- d. reduce your child's problems with sleeping or appetite

- 1 Large extent
- 2 Moderate extent
- 3 Small extent
- 4 Not at all
- 5 Not applicable (**VOL**)
- 8 Don't know
- 9 Refused

ASK ALL GETTING MODULE C & CHILD IS FOCUS OF QUESTIONS

Q63 Did the treatment help your child with anything else?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

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**ASK ALL GETTING MODULE C & CHILD IS FOCUS OF QUESTIONS
AND IF SERVICES HELPED CHILD WITH SOMETHING ELSE (Q63=1)**

Q64 How else did it help your child? [OPEN END]

- 1 Gave response
- 8 Don't know
- 9 Refused

**ASK ALL GETTING MODULE C & CHILD IS FOCUS OF QUESTIONS
AND IF GAVE REPSONSE TO HOW ELSE SERVICE HELPED CHILD (Q64=1)**

Q65 To what extent did the treatment supported by this benefit help with that—to a large extent, moderate extent, small extent or not at all?

- 1 Large extent
- 2 Moderate extent
- 3 Small extent
- 4 Not at all
- 5 Not applicable (**Vol.**)
- 8 Don't know
- 9 Refused

ASK ALL GETTING MODULE C & CHILD IS FOCUS OF QUESTIONS

Q66 Since your child received this treatment, would you say your child's overall ability to perform normal activities at home or school improved considerably, improved somewhat, remained about the same or worsened?

- 1 Improved considerably
- 2 Improved somewhat
- 3 Remained about the same
- 4 Worsened
- 8 Don't know
- 9 Refused

**ASK ALL GETTING MODULE C & CHILD IS FOCUS OF QUESTIONS
AND IF PERFORMANCE OF NORMAL ACTIVITIES IMPROVED (Q66=1,2)**

Q67 To what extent did the treatment supported by this benefit contribute to that improvement—to a large extent, moderate extent, small extent or not at all?

- 1 Large extent
- 2 Moderate extent
- 3 Small extent
- 4 Not at all
- 8 Don't know
- 9 Refused

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ASK ALL GETTING MODULE C & CHILD IS FOCUS OF QUESTIONS

Q68 Since receiving treatment, would you say your child's overall emotional wellness improved considerably, improved somewhat, remained about the same or worsened?

- 1 Improved considerably
- 2 Improved somewhat
- 3 Remained about the same
- 4 Worsened
- 8 Don't know
- 9 Refused

**ASK ALL GETTING MODULE C & CHILD IS FOCUS OF QUESTIONS
AND IF OVERALL EMOTIONAL WELLNESS IMPROVED (Q68=1,2)**

Q69 To what extent did the treatment supported by this benefit contribute to that improvement—to a large extent, moderate extent, small extent or not at all?

- 1 Large extent
- 2 Moderate extent
- 3 Small extent
- 4 Not at all
- 8 Don't know
- 9 Refused

ASK ALL GETTING MODULE C & CHILD IS FOCUS OF QUESTIONS

Q70 To what extent does grief and anxiety still interfere with your child's life—to a large extent, moderate extent, small extent or not at all?

- 1 Large extent
- 2 Moderate extent
- 3 Small extent
- 4 Not at all
- 8 Don't know
- 9 Refused

ASK ALL GETTING MODULE C & CHILD IS FOCUS OF QUESTIONS

Q71 Overall, to what extent did the amount of treatment covered through this benefit meet your child's needs—to a large extent, moderate extent, small extent or not at all?

- 1 Large extent
- 2 Moderate extent
- 3 Small extent
- 4 Not at all
- 8 Don't know
- 9 Refused

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**ASK ALL GETTING MODULE C & CHILD IS FOCUS OF QUESTIONS
AND IF AMOUNT OF SERVICE COVERED THROUGH BENEFIT MET CHILD'S
NEED TO A SMALL EXTENT OR NOT AT ALL (Q71=3,4)**

Q72 Why do you say that? [OPEN END]

- 1 Gave response
- 8 Don't know
- 9 Refused

Q73 Intentionally left blank

Q74 Intentionally left blank

Q75 Intentionally left blank

Q76 Intentionally left blank

Q77 Intentionally left blank

Q78 Intentionally left blank

Q79 Intentionally left blank

MODULE D: Questions for Health Insurance Subsidy Program participants

Next I have a few questions about the health insurance subsidy program

29

ASK ALL GETTING MODULE D

Q80 How easy was the process for enrolling in the health insurance subsidy program? Was it very easy, somewhat easy, not too easy, or not easy at all?

- 1 Very easy
- 2 Somewhat easy
- 3 Not too easy
- 4 Not easy at all
- 8 Don't know
- 9 Refused

IF PROCESS FOR ENROLLING NOT EASY (Q80=3,4)

Q81 Why do you say that? [OPEN END]

- 1 Gave response
- 8 Don't know
- 9 Refused

ASK ALL

Q83 To what extent did the assistance you received to pay for health insurance help you—to a large extent, moderate extent, small extent or not at all?

- 1 Large extent
- 2 Moderate extent
- 3 Small extent
- 4 Not at all
- 8 Don't know
- 9 Refused

IF ASSISTANCE HELPED TO A SMALL EXTENT OR NOT AT ALL (Q83=3,4)

Q84 Why do you say that? [OPEN END]

- 1 Gave response
- 8 Don't know
- 9 Refused

ASK ALL GETTING MODULE D

Q82 Have you used the health insurance to cover the costs of health services for yourself or other family members?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

30

Q85 Intentionally left blank

Q86 Intentionally left blank

Q87 Intentionally left blank

Q88 Intentionally left blank

Q89 Intentionally left blank

MODULE X: Questions for all respondents

Now I have some questions about the overall services you received from American Red Cross Recovery Program [REPEAT TIME PERIOD, IF NECESSARY]

31

ASK ALL

Q90 Overall, how often would you say you were treated with courtesy and respect by the American Red Cross worker who assisted you? Would you say all of the time, most of the time, some of the time, or never?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 Never
- 8 Don't know
- 9 Refused

ASK ALL

Q91 How satisfied were you with your ability to reach the Red Cross worker, including getting your calls returned in a reasonable amount of time? Were you very satisfied, somewhat satisfied, not too satisfied, or not satisfied at all?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not too satisfied
- 4 Not satisfied at all
- 8 Don't know
- 9 Refused

ASK ALL

Q92 And, how satisfied were you with the amount of contact you had with the American Red Cross worker? Were you very satisfied, somewhat satisfied, not too satisfied, or not satisfied at all with the amount of contact?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not too satisfied
- 4 Not satisfied at all
- 8 Don't know
- 9 Refused

ASK ALL

Q93 What aspect of the services provided by the American Red Cross Recovery Program did you like most or find most helpful? [OPEN END]

- 1 Gave response
- 8 Don't know
- 9 Refused

32

ASK ALL

Q94 What changes would you recommend that would have improved the Recovery Program? [OPEN END]

- 1 Gave response
- 8 Don't know
- 9 Refused

ASK ALL

Q95 Overall, how would you rate the helpfulness of the [IF ONE SERVICE: service] [IF MULTIPLE SERVICES: services] you received from the American Red Cross Recovery Program? Was it excellent, good, fair or poor?

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor
- 8 Don't know
- 9 Refused

IF SERVICED RECEIVED WAS FAIR OR POOR (Q95=3,4)

Q96 Why do you say that? [IF RECEIVED MULTIPLE SERVICES PROBE FOR WHICH SERVICE WAS FAIR OR POOR] [OPEN END]

- 1 Gave response
- 8 Don't know
- 9 Refused

ASK ALL

Q97 How would you rate the helpfulness of the services you received from the American Red Cross immediately following 9/11? That is, services you may have received from Red Cross staff and volunteers, either by phone, or by going to a service center, such as the assistance center at Pier 94, following the attacks through about December 2001. Would you say excellent, good, fair or poor?

33

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor
- 5 Did not obtain services from American Red Cross during that time (VOL)
- 8 Don't know
- 9 Refused

ASK ALL

Q98 Overall, to what extent do you feel you are better off because of the assistance you received from American Red Cross? Are you much better off, somewhat better off, about the same, somewhat worse off or much worse off?

- 1 Much better off
- 2 Somewhat better off
- 3 About the same
- 4 Somewhat worse off
- 5 Much worse off
- 8 Refused
- 9 Don't know

ASK ALL

Q99 Are there any services you or your family need at this time to help continue your recovery?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

34

IF THERE ARE OTHER SERVICES FOR SELF OR FAMILY AT THIS TIME TO HELP CONTINUE RECOVERY (Q99=1)

Q100 What kinds of services are needed? [PRE-CODED OPEN-END, DO NOT READ RESPONSE CATEGORIES] [PROBE FOR ADDITIONAL RESPONSES]

Record multiple mentions and order in which mentioned

- 1 Mental Health Services
- 2 Substance Abuse Services
- 3 Health services or health insurance
- 4 Financial assistance
- 5 Employment assistance or training
- 6 Assistance with immigration issues
- 7 Education assistance
- 8 Other (SPECIFY)
- 98 Don't know
- 99 Refused

Demographic questions

I have just a couple more questions to help us understand the people who are taking part in our survey

35

ASK ALL

D2. What is your age?

Range 18-97

98 Don't know

99 Refused

ASK ALL

D3. Are you of Latino or Hispanic origin or descent, such as Mexican, Puerto Rican, Cuban, or some other Latin American background?

1 Yes

2 No

8 Don't know

9 Refused

ASK ALL

D4. What is your race? Are you white, black or African American, Asian, American Indian or Alaska Native, or Native Hawaiian or other Pacific Islander? You may select more than one race.

Record multiple mentions [Note: Don't need to record order of mention]

1 White

2 Black /African American

3 Asian

4 American Indian or Alaska Native

5 Native Hawaiian or other Pacific Islander

6 Other (SPECIFY)

8 Don't know

9 Refused

ASK ALL

D5. Now thinking about the period before 9/11, which of the following best describes your annual household income?

- 1 \$20,000 or less
- 2 Over \$20,000 to \$50,000
- 3 Over \$50,000 to \$100,000
- 4 Over \$100,00 to \$200,000
- 5 Over \$200,000
- 8 Don't know
- 9 Refused

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Those are all my questions. If you or your family need services, please feel free to contact 1-877-746-4987 (Red Cross September 11 Recovery Program Client Assistance Center)

Thank you for your participation in this survey.

Appendix C

SRP Client Survey Topline Results

Topline Report

September 11 Recovery Program (SRP) Survey

Prepared by Princeton Survey Research Associates International
for the American Red Cross and the Urban Institute

n = 1501 adults 18 and older

Field Dates: 07.14.2005 – 12.19.2005

Margin of Error = ±3% for results based on full sample

12.21.2005

Module A: Case Management/Family Support Services (FSS) (Questions 1 thru 19)

Q1. How many American Red Cross workers [IF NEEDED: caseworkers] did you work with to help you find and apply for services and benefits?

BASE	844
One	31%
Two	25%
Three	19%
Four or more	17%
Don't know	8%
Refused	*

Q2. How comfortable did you feel working with the Red Cross worker who helped you find and apply for benefits and services—very comfortable, somewhat comfortable, not too comfortable, or not comfortable at all?

BASE	844
Very comfortable	76%
Somewhat comfortable	17%
Not too comfortable	2%
Not comfortable at all	2%
Don't know	2%
Refused	*

Q3. Why do you say that?

Based on those who were not too or not at all comfortable working with the Red Cross worker

BASE	38
Gave response	97%
Don't know	3%
Refused	-

Q4. Did the Red Cross worker explain the assistance available to you in a way you could understand? Would you say all of the time, most of the time, some of the time, or never?

BASE	844
All of the time	60%
Most of the time	26%
Some of the time	8%
Never	3%
Don't know	3%
Refused	*

Q5. Did the Red Cross worker provide information about other organizations that might help you or refer you to another organization for services?

BASE	844
Yes	66%
No	23%
Don't know	11%
Refused	*

Q6. How would you rate the information or assistance provided by the Red Cross worker to help you obtain services from other organizations? Was it excellent, good, fair or poor?

Based on those who were provided information about other organizations that might help or were referred to another organization for services by a Red Cross worker

BASE	557
Excellent	54%
Good	36%
Fair	7%
Poor	2%
Don't know	1%
Refused	*

Q7. Did you attempt to get services from any of those organizations?

Based on those who were provided information about other organizations that might help or were referred to another organization for services by a Red Cross worker

BASE	557
Yes	69%
No	26%
Don't know	5%
Refused	-

Q8. Why didn't you attempt to get services from those organizations?

Based on those who did not attempt to get services from other organizations about which the Red Cross worker provided information or a referral

BASE	143
Was too upset/distraught to follow up	7%
Thought I didn't need it	40%
Couldn't contact the agency	1%
Too hard to get to them/location not convenient	2%
Didn't think it would help	3%
Did not have the money/insurance to pay for it	-
Did not have time to get help	1%
Felt badly about myself for seeking help	1%
Concerned about what others would think	-
No appointments available/wait for appointment was too long	-
Other (SPECIFY)	24%
Don't know	22%
Refused	-

Q9. Did you actually receive services from any of the organizations the Red Cross worker told you about?

Based on those who did attempt to get services from other organizations about which the Red Cross worker provided information or a referral

BASE	387
Yes	77%
No	18%
Don't know	5%
Refused	-

Q10. Overall, about how many services did you receive from these organizations?

Based on those who received services from any of the organizations about which the Red Cross worker provided information or a referral

BASE	298
One	32%
Two	27%
Three	13%
Four or more	15%
Don't know	13%
Refused	-

Q11. Why didn't you receive any services from those organizations?

Based on those who did not receive services from any of the organizations about which the Red Cross worker provided information or a referral

BASE	70
Was too upset/distraught to follow up	1%
Thought I didn't need it	4%
Couldn't contact the agency	-
Too hard to get to them/location not convenient	6%
Didn't think it would help	-
Did not have the money/insurance to pay for it	-
Did not have time to get help	-
Felt badly about myself for seeking help	-
Concerned about what others would think	-
No appointments available/wait for appointment was too long	-
Other (SPECIFY)	79%
Don't know	10%
Refused	-

Q12a. To what extent did the assistance you received from the American Red Cross worker help you deal with the challenges and issues you were facing—to a large extent, moderate extent, small extent or not at all?

BASE	844
Large extent	36%
Moderate extent	36%
Small extent	14%
Not at all	12%
Don't know	2%
Refused	*

Q12b. To what extent did the assistance you received from the American Red Cross worker help improve your emotional outlook on life—to a large extent, moderate extent, small extent or not at all?

BASE	844
Large extent	28%
Moderate extent	34%
Small extent	14%
Not at all	19%
Don't know	4%
Refused	1%

Q12c. To what extent did the assistance you received from the American Red Cross worker help you move forward in your life—to a large extent, moderate extent, small extent or not at all?

BASE	844
Large extent	32%
Moderate extent	36%
Small extent	14%
Not at all	14%
Don't know	4%
Refused	*

Q13. Since receiving assistance from the Red Cross to help you obtain benefits and services, has your overall ability to perform your normal activities at home, work or school improved considerably, improved somewhat, remained about the same or worsened?

BASE	844
Improved considerably	23%
Improved somewhat	32%
Remained about the same	34%
Worsened	6%
Don't know	4%
Refused	1%

Q14. To what extent did the assistance provided by the Red Cross worker contribute to that improvement—to a large extent, moderate extent, small extent or not at all?

Based on those whose overall ability to perform normal activities improved considerably or somewhat since receiving assistance from the Red Cross worker

BASE	466
Large extent	35%
Moderate extent	46%
Small extent	12%
Not at all	5%
Don't know	1%
Refused	*

Q15. Overall, how helpful was the Red Cross worker who assisted you in obtaining benefits and services? Would you say very helpful, somewhat helpful, not too helpful, or not helpful at all?

BASE	844
Very helpful	67%
Somewhat helpful	24%
Not too helpful	5%
Not helpful at all	2%
Don't know	1%
Refused	1%

Q16. Why do you say that?

Based on those who said the Red Cross worker who assisted in obtaining benefits and services was not very or not helpful at all

BASE	65
Gave response	97%
Don't know	3%
Refused	-

Q17 to Q19 intentionally left blank

Module B: Financial Assistance Program

(Questions 20 thru 29)

Q20. How would you rate the information provided to you about financial assistance that was available from the Red Cross [IF NEEDED: such as the Family Gift, Additional Assistance, special circumstances gift, or supplemental gift]? Was it very adequate, somewhat adequate, not too adequate, or not adequate at all?

BASE	634
Very adequate	57%
Somewhat adequate	31%
Not too adequate	6%
Not adequate at all	3%
Don't know	3%
Refused	1%

Q21. How would you rate the promptness with which you received payments from American Red Cross? Would you say excellent, good, fair or poor?

BASE	634
Excellent	57%
Good	28%
Fair	11%
Poor	3%
Don't know	1%
Refused	*

Q22. Overall, did you receive the payment amount that you expected, more than you expected or less than you expected?

BASE	634
Amount expected	44%
More than expected	27%
Less than expected	17%
Amount expected varied by gift (VOL)	2%
Don't know	10%
Refused	*

Q23. Why was the amount less than you expected?

Based on those who said the payment received was less than expected

BASE	108
Gave response	96%
Don't know	4%
Refused	-

Q24. Overall, how adequate was the financial assistance you received from American Red Cross in addressing your basic living expenses? Was it very adequate, somewhat adequate, not too adequate, or not adequate at all?

BASE	634
Very adequate	55%
Somewhat adequate	37%
Not too adequate	3%
Not adequate at all	2%
Don't know	2%
Refused	*

Q25. To what extent did financial assistance from the Red Cross reduce the stress or worries you were experiencing—to a large extent, moderate extent, small extent or not at all?

BASE	634
Large extent	48%
Moderate extent	36%
Small extent	9%
Not at all	5%
Don't know	2%
Refused	-

Q26 to Q29 intentionally left blank

Module C: Mental Health and Substance Abuse Assistance/Program

(Questions 30 thru 79)

Q30. How easy was the application process for the Mental Health and Substance Abuse Program? Was it very easy, somewhat easy, not too easy or not easy at all?

BASE	593
Very easy	36%
Somewhat easy	35%
Not too easy	11%
Not easy at all	9%
Don't know	9%
Refused	*

Q31. How helpful was the Red Cross worker [IF NEEDED: mental health case worker or clinical case manager] who helped you enroll in this program? Would you say very helpful, somewhat helpful, not too helpful, or not helpful at all?

BASE	593
Very helpful	67%
Somewhat helpful	16%
Not too helpful	4%
Not helpful at all	2%
Don't know	9%
Refused	2%

Q32. Why do you say that?

Based on those who said the Red Cross worker who helped respondent enroll in the Mental Health and Substance Abuse Program was not too helpful or not helpful at all

BASE	40
Gave response	98%
Don't know	-
Refused	3%

Q33a. How would you rate the information provided by the American Red Cross worker [IF NEEDED: mental health case worker or clinical case manager] about the financial assistance provided by the mental health and substance abuse benefit [IF NEEDED: what would be paid for by the mental health and substance abuse benefit]? Was it excellent, good, fair or poor?

BASE	593
Excellent	40%
Good	34%
Fair	9%
Poor	4%
Did not receive this type of information (VOL)	6%
Don't know	5%
Refused	1%

Q33b. How would you rate the information provided by the American Red Cross worker [IF NEEDED: mental health case worker or clinical case manager] about the different types of mental health treatment you might use [IF NEEDED: treatment is whatever mental health or substance abuse service that would have been covered by this program – such as individual therapy or support groups]? Was it excellent, good, fair or poor?

BASE	593
Excellent	28%
Good	37%
Fair	11%
Poor	6%
Did not receive this type of information (VOL)	9%
Don't know	7%
Refused	1%

Q34. Did you use this program to obtain treatment for (READ)

BASE	593
Yourself	73%
Your child/children	3%
Both yourself and your child/children OR	11%
Did neither you nor your child/children use this program to obtain treatment	11%
Another household family member (VOL)	1%
Don't know	1%
Refused	*

Q35m1. (First mention) Why didn't you use program to obtain treatment for either self or child/children

Based on those who did not use program to obtain treatment for either self or child/children

BASE	67
Thought I didn't need it	6%
Too upset/distraught to follow up	1%
Couldn't find/contact service provider	1%
Too hard to get to them/location not convenient	10%
Didn't think it would help	-
Did not have time	4%
Felt badly about myself for seeking help	-
Concerned about what others would think	-
No appointments available-wait for appointment was too long	1%
Other (SPECIFY)	70%
Don't know	4%
Refused	-

Q35m2. (Second mention) Why didn't you use this program to obtain treatment?

Based on those who did not use program to obtain treatment for either self or child/children

BASE	3
Thought I didn't need it	-
Too upset/distraught to follow up	-
Couldn't find/contact service provider	-
Too hard to get to them/location not convenient	-
Didn't think it would help	-
Did not have time	33%
Felt badly about myself for seeking help	-
Concerned about what others would think	-
No appointments available-wait for appointment was too long	-
Other (SPECIFY)	67%
Don't know	-
Refused	-

Q36 and Q37 intentionally left blank

Q38. Did you apply for payment of your mental health costs?

Based on those who used the program to obtain treatment for themselves, their children, or both

BASE	511
Yes	68%
No	28%
Don't know	4%
Refused	*

Q39m1. (First mention) Why didn't you apply for payment?

Based on those who used the program to obtain treatment for themselves, their children, or both and did not apply for payment for mental health costs

BASE	143
Service provider applied for payment directly	54%
Too upset/distraught to follow up	1%
Thought I didn't need it	1%
Did not have time	1%
Felt badly about myself for seeking help	-
Concerned about what others would think	-
Other (SPECIFY)	36%
Don't know	6%
Refused	-

Q39m2. (Second mention) Why didn't you apply for payment?

Based on those who used the program to obtain treatment for themselves, their children, or both and did not apply for payment for mental health costs

BASE	2
Service provider applied for payment directly	-
Too upset/distraught to follow up	-
Thought I didn't need it	-
Did not have time	-
Felt badly about myself for seeking help	50%
Concerned about what others would think	-
Other (SPECIFY)	50%
Don't know	-
Refused	-

Q40. How easy was the process for submitting your invoices? Was it very easy, somewhat easy, not too easy or not easy at all?

Based on those who used the program to obtain treatment for themselves, their children, or both and applied for payment of mental health costs

BASE	345
Very easy	31%
Somewhat easy	35%
Not too easy	12%
Not easy at all	15%
Don't know	6%
Refused	*

Q41. How would you rate the promptness with which your invoices were processed after they were submitted? Would you say excellent, good, fair or poor?

Based on those who used the program to obtain treatment for themselves, their children, or both and applied for payment of mental health costs

BASE	345
Excellent	22%
Good	38%
Fair	17%
Poor	14%
Don't know	8%
Refused	1%

Q42. How often, if at all, did you have problems or disputes about getting invoices paid for your treatment costs? Was it all of the time, most of the time, some of the time, or never?

Based on those who used the program to obtain treatment for themselves, their children, or both and applied for payment of mental health costs

BASE	345
All of the time	9%
Most of the time	7%
Some of the time	22%
Never	55%
Don't know	7%
Refused	1%

Q43. Would you say these problems or disputes were resolved promptly all of the time, most of the time, some of the time, or never?

Based on those who used the program to obtain treatment for themselves, their children, or both and applied for payment of mental health costs and had any problems over payments

BASE	130
All of the time	22%
Most of the time	26%
Some of the time	29%
Never	18%
Don't know	5%
Refused	-

Q44. Overall, how satisfied were you with the way problems or disputes were resolved? Were you very satisfied, somewhat satisfied, not too satisfied or not satisfied at all?

Based on those who used the program to obtain treatment for themselves, their children, or both and applied for payment of mental health costs and had any problems over payments

BASE	130
Very satisfied	27%
Somewhat satisfied	38%
Not too satisfied	10%
Not satisfied at all	18%
Don't know	7%
Refused	-

Child Form Split:

Based on those whose children used program to obtain treatment

BASE	31
Oldest	55%
Youngest	45%

Asked about Adult or Child

Based on those who used the program to obtain treatment for their children or for both themselves and their children

BASE	511
Form A: Adult	84%
Form B: Child	16%

Q45. About how many sessions do you remember attending to receive mental health or substance abuse treatment through this benefit? [IF NEEDED: Sessions are times you went to service provider to receive or participate in the treatment you were getting]

Based on those who used program to obtain treatment for self

BASE	431
5 or fewer	9%
6 to 10	10%
11 to 24	19%
25 or more	52%
Don't know	9%
Refused	1%

Q46m1. (First mention) Why didn't you seek more visits?

Based on those who used program to obtain treatment for self and attended fewer than 25 mental health or substance abuse treatment sessions

BASE	165
Felt received sufficient help from amount received/felt more service not needed	27%
Thought the benefit would not cover more visits	18%
Too upset/distraught to continue	2%
Location not convenient	4%
Hours not convenient	2%
Didn't like the service or service provider	4%
Didn't think it was helping me	4%
Did not have time	4%
Felt badly about myself for seeking help	-
Concerned about what others would think	1%
No appointments available/hard to get appointment	1%
Other	30%
Don't know	4%
Refused	-

Q46m2. (Second mention) Why didn't you seek more visits?

Based on those who said they used said program to obtain treatment and attended fewer than 25 mental health or substance abuse treatment sessions

BASE	3
Felt received sufficient help from amount received/felt more service not needed	33%
Thought the benefit would not cover more visits	-
Too upset/distraught to continue	-
Location not convenient	-
Hours not convenient	33%
Didn't like the service or service provider	33%
Didn't think it was helping me	-
Did not have time	-
Felt badly about myself for seeking help	-
Concerned about what others would think	-
No appointments available/hard to get appointment	-
Other	-
Don't know	-
Refused	-

Q47a. Overall, to what extent did the treatment you received help you deal with grief, stress or anxiety—to a large extent, moderate extent, small extent or not at all?

Based on those who used program to obtain treatment for self

BASE	431
Large extent	51%
Moderate extent	32%
Small extent	10%
Not at all	4%
Don't know	2%
Refused	1%

Q47b. Overall, to what extent did the treatment you received help you find ways to cope with your emotional distress or difficult thoughts and feelings—to a large extent, moderate extent, small extent or not at all?

Based on those who used program to obtain treatment for self

BASE	431
Large extent	51%
Moderate extent	33%
Small extent	9%
Not at all	5%
Don't know	2%
Refused	1%

Q47c. Overall, to what extent did the treatment you received help you deal with feelings of being down or depressed—to a large extent, moderate extent, small extent or not at all?

Based on those who used program to obtain treatment for self

BASE	431
Large extent	48%
Moderate extent	33%
Small extent	11%
Not at all	5%
Don't know	2%
Refused	1%

Q47d. Overall, to what extent did the treatment you received help you manage your relationships with family and friends—to a large extent, moderate extent, small extent or not at all?

Based on those who used program to obtain treatment for self

BASE	431
Large extent	47%
Moderate extent	33%
Small extent	10%
Not at all	6%
Don't know	2%
Refused	1%

Q48. Did the treatment you received help you with anything else?

Based on those who used program to obtain treatment for self

BASE	431
Yes	43%
No	52%
Don't know	3%
Refused	2%

Q49. What else did the treatment help you with?

Based on those who used program to obtain treatment for self and treatment helped with something else

BASE	186
Gave response	95%
Don't know	5%
Refused	1%

Q50. And, to what extent did the treatment supported by this benefit help you with [INSERT RESPONSE TO PREVIOUS]—to a large extent, moderate extent, small extent or not at all?

Based on those who used program to obtain treatment for self and gave response to how the treatment helped with something else

BASE	176
Large extent	65%
Moderate extent	26%
Small extent	5%
Not at all	1%
Not applicable (VOL)	3%
Don't know	1%
Refused	1%

Q51. Since you received the treatment, has your overall ability to perform your normal activities at home, work or school improved considerably, improved somewhat, remained about the same or worsened?

Based on those who used program to obtain treatment for self

BASE	431
Improved considerably	39%
Improved somewhat	37%
Remained about the same	16%
Worsened	3%
Don't know	3%
Refused	1%

Q52. To what extent did the treatment supported by this benefit contribute to that improvement—to a large extent, moderate extent, small extent or not at all?

Based on those who used program to obtain treatment for self and overall ability to perform normal activities improved considerably or somewhat since receiving treatment

BASE	327
Large extent	58%
Moderate extent	34%
Small extent	4%
Not at all	2%
Don't know	1%
Refused	-

Q53. Since receiving the treatment, would you say your overall emotional outlook improved considerably, improved somewhat, remained about the same or worsened?

Based on those who used program to obtain treatment for self

BASE	431
Improved considerably	37%
Improved somewhat	43%
Remained about the same	13%
Worsened	1%
Don't know	4%
Refused	2%

Q54. And, to what extent did the treatment supported by this benefit contribute to that improvement—to a large extent, moderate extent, small extent or not at all?

Based on those who used program to obtain treatment for self and their overall emotional outlook improved considerably or somewhat since treatment

BASE	344
Large extent	57%
Moderate extent	35%
Small extent	4%
Not at all	3%
Don't know	1%
Refused	*

Q55. To what extent does grief and anxiety still interfere with your life—to a large extent, moderate extent, small extent or not at all?

Based on those who used program to obtain treatment for self

BASE	431
Large extent	19%
Moderate extent	44%
Small extent	30%
Not at all	5%
Don't know	1%
Refused	1%

Q56. Overall, to what extent did the amount of treatment covered through this benefit meet your needs—to a large extent, moderate extent, small extent or not at all?

Based on those who used program to obtain treatment for self

BASE	431
Large extent	41%
Moderate extent	35%
Small extent	14%
Not at all	5%
Don't know	4%
Refused	1%

Q57. Why do you say that?

Based on those who used program to obtain treatment for self and the amount of treatment covered through the benefit met needs to a small extent or not at all

BASE	84
Gave response	99%
Don't know	1%
Refused	-

Q58. Just to verify, how many children received treatment through this benefit?

Based on those whose child/children used program to obtain treatment

BASE	80
One	61%
Two	34%
Three	5%
Don't know	-
Refused	-

Q59. And what is the age of [child]/[oldest child/youngest child] who received treatment? [IF NEEDED: treatment is whatever mental health or substance abuse service that would have been covered by this program, such as individual therapy or support groups.]

Based on those whose child/children used program to obtain treatment

BASE	80
12 or younger	41%
13-17	31%
18 or older	28%

Q60. About how many sessions do you remember your child attending to receive mental health or substance abuse treatment through this benefit? [IF NEEDED: Sessions are times when you went to service provider to receive or participate in the treatment you were getting.]

Based on those whose child used program to obtain treatment

BASE	80
5 or fewer	18%
6 to 10	15%
11 to 24	24%
25 or more	36%
Don't know	8%
Refused	-

Q61. Why didn't you seek more visits?

Based on those whose child used program to obtain treatment and attended fewer than 25 mental health or substance abuse treatment sessions

BASE	45
Felt received sufficient help from amount received/felt more service not needed	49%
Thought the benefit would not cover more visits	2%
Too upset/distraught to continue	-
Location not convenient	-
Hours not convenient	2%
Didn't like the service or service provider	7%
Didn't think it was helping	2%
Did not have time	2%
Felt badly about seeking help	-
Concerned about what others would think	-
No appointments available/hard to get appointment	-
Other (SPECIFY)	33%
Don't know	-
Refused	2%

Q62a. Overall, to what extent did the treatment your child receive improve your child's ability to socialize—to a large extent, moderate extent, small extent or not at all?

Based on those whose child used program to obtain treatment

BASE	80
Large extent	26%
Moderate extent	38%
Small extent	11%
Not at all	9%
Not applicable (VOL)	14%
Don't know	3%
Refused	-

Q62b. Overall, to what extent did the treatment your child receive help your child deal with grief, anxiety or fears—to a large extent, moderate extent, small extent or not at all?

Based on those whose child used program to obtain treatment

BASE	80
Large extent	34%
Moderate extent	44%
Small extent	10%
Not at all	9%
Not applicable (VOL)	3%
Don't know	1%
Refused	-

Q62c. Overall, to what extent did the treatment your child receive help increase stability of family life—to a large extent, moderate extent, small extent or not at all?

Based on those whose child used program to obtain treatment

BASE	80
Large extent	36%
Moderate extent	35%
Small extent	15%
Not at all	8%
Not applicable (VOL)	4%
Don't know	3%
Refused	-

Q62d. Overall, to what extent did the treatment your child receive reduce your child's problems with sleeping or appetite—to a large extent, moderate extent, small extent or not at all?

Based on those whose child used program to obtain treatment

BASE	80
Large extent	30%
Moderate extent	31%
Small extent	8%
Not at all	15%
Not applicable (VOL)	13%
Don't know	4%
Refused	-

Q63. Did the treatment help your child with anything else?

Based on those whose child used program to obtain treatment

BASE	80
Yes	43%
No	56%
Don't know	1%
Refused	-

Q64. How else did it help your child?

Based on those whose child used program to obtain treatment and it helped with something else

BASE	34
Gave response	97%
Don't know	3%
Refused	-

Q65. To what extent did the treatment supported by this benefit help with that—to a large extent, moderate extent, small extent or not at all?

Based on those whose child used program to obtain treatment and gave response to how the treatment helped with something else

BASE	33
Large extent	58%
Moderate extent	27%
Small extent	6%
Not at all	3%
Not applicable (Vol.)	6%
Don't know	-
Refused	-

Q66. Since your child received this treatment, would you say your child's overall ability to perform normal activities at home or school improved considerably, improved somewhat, remained about the same or worsened?

Based on those whose child used program to obtain treatment

BASE	80
Improved considerably	35%
Improved somewhat	33%
Remained about the same	25%
Worsened	1%
Don't know	5%
Refused	1%

Q67. To what extent did the treatment supported by this benefit contribute to that improvement—to a large extent, moderate extent, small extent or not at all?

Based on those whose child used program to obtain treatment and overall ability to perform normal activities improved considerably or somewhat since receiving treatment

BASE	54
Large extent	48%
Moderate extent	39%
Small extent	4%
Not at all	4%
Don't know	4%
Refused	2%

Q68. Since receiving treatment, would you say your child's overall emotional wellness improved considerably, improved somewhat, remained about the same or worsened?

Based on those whose child used program to obtain treatment

BASE	80
Improved considerably	38%
Improved somewhat	34%
Remained about the same	19%
Worsened	4%
Don't know	4%
Refused	3%

Q69. To what extent did the treatment supported by this benefit contribute to that improvement—to a large extent, moderate extent, small extent or not at all?

Based on those whose child used program to obtain treatment and overall emotional wellness improved considerably or somewhat since receiving treatment

BASE	57
Large extent	49%
Moderate extent	39%
Small extent	5%
Not at all	4%
Don't know	4%
Refused	-

Q70. To what extent does grief and anxiety still interfere with your child's life—to a large extent, moderate extent, small extent or not at all?

Based on those whose child used program to obtain treatment

BASE	80
Large extent	21%
Moderate extent	31%
Small extent	33%
Not at all	10%
Don't know	5%
Refused	-

Q71. Overall, to what extent did the amount of treatment covered through this benefit meet your child's needs—to a large extent, moderate extent, small extent or not at all?

Based on those whose child used program to obtain treatment

BASE	80
Large extent	30%
Moderate extent	45%
Small extent	13%
Not at all	6%
Don't know	4%
Refused	3%

Q72. Why do you say that?

Based on those whose child used program to obtain treatment and the benefit met child's needs to a small extent or not at all

BASE	15
Gave response	93%
Don't know	7%
Refused	-

Q73 to Q79 intentionally left blank

Module D: Health Insurance Subsidy Program

(Questions 80 thru 89)

Q80. How easy was the process for enrolling in the health insurance subsidy program? Was it very easy, somewhat easy, not too easy, or not easy at all?

BASE	134
Very easy	57%
Somewhat easy	34%
Not too easy	4%
Not easy at all	4%
Don't know	1%
Refused	-

Q81. Why do you say that?

Based on those who said the process of enrolling in the health insurance subsidy program was not too easy or not easy at all

BASE	11
Gave response	91%
Don't know	9%
Refused	-

Q83. To what extent did the assistance you received to pay for health insurance help you—to a large extent, moderate extent, small extent or not at all?

BASE	134
Large extent	67%
Moderate extent	20%
Small extent	7%
Not at all	4%
Don't know	1%
Refused	-

Q84. Why do you say that?

Based on those who said that assistance received to pay for health insurance helped to a small extent or not at all

BASE	15
Gave response	100%
Don't know	-
Refused	-

Q82. Have you used the health insurance to cover the costs of health services for yourself or other family members?

BASE	134
Yes	93%
No	4%
Don't know	2%
Refused	-

* Note: Questions were asked in the order in which they appear here.

Q85 to Q89 left blank

Module X: All Respondents

(Questions 90 thru 100)

Q90. Overall, how often would you say you were treated with courtesy and respect by the American Red Cross worker who assisted you? Would you say all of the time, most of the time, some of the time, or never?

BASE	1501
All of the time	80%
Most of the time	12%
Some of the time	4%
Never	1%
Don't know	3%
Refused	1%

Q91. How satisfied were you with your ability to reach the Red Cross worker, including getting your calls returned in a reasonable amount of time? Were you very satisfied, somewhat satisfied, not too satisfied, or not satisfied at all?

BASE	1501
Very satisfied	64%
Somewhat satisfied	23%
Not too satisfied	4%
Not satisfied at all	3%
Don't know	4%
Refused	1%

Q92. And, how satisfied were you with the amount of contact you had with the American Red Cross worker? Were you very satisfied, somewhat satisfied, not too satisfied, or not satisfied at all with the amount of contact?

BASE	1501
Very satisfied	64%
Somewhat satisfied	24%
Not too satisfied	5%
Not satisfied at all	3%
Don't know	3%
Refused	1%

Q93. What aspect of the services provided by the American Red Cross Recovery Program did you like most or find most helpful?

BASE	1501
Gave response	92%
Don't know	7%
Refused	1%

Q94. What changes would you recommend that would have improved the Recovery Program?

BASE	1501
Gave response	84%
Don't know	16%
Refused	1%

Q95. Overall, how would you rate the helpfulness of the [IF ONE SERVICE: service] [IF MULTIPLE SERVICES: services] you received from the American Red Cross Recovery Program? Was it excellent, good, fair or poor?

BASE	1501
Excellent	57%
Good	29%
Fair	8%
Poor	5%
Don't know	1%
Refused	*

Q96. Why do you say that?

Based on those who said the service they received was fair or poor

BASE	190
Gave response	98%
Don't know	2%
Refused	-

Q97. How would you rate the helpfulness of the services you received from the American Red Cross immediately following 9/11? That is, services you may have received from Red Cross staff and volunteers, either by phone, or by going to a service center, such as the assistance center at Pier 94, following the attacks through about December 2001. Would you say excellent, good, fair or poor?

BASE	1501
Excellent	54%
Good	18%
Fair	5%
Poor	6%
Did not obtain services from American Red Cross during that time (VOL)	14%
Don't know	2%
Refused	*

Q98. Overall, to what extent do you feel you are better off because of the assistance you received from American Red Cross? Are you much better off, somewhat better off, about the same, somewhat worse off or much worse off?

BASE	1501
Much better off	38%
Somewhat better off	41%
About the same	15%
Somewhat worse off	2%
Much worse off	1%
Refused	1%
Don't know	3%

Q99. Are there any services you or your family need at this time to help continue your recovery?

BASE	1501
Yes	43%
No	55%
Don't know	2%
Refused	*

Q100m1. (First mention) What kinds of services are needed?

Based on those who said there are other services needed at this time to help with their recovery

BASE	641
Mental Health Services	57%
Substance Abuse Services	*
Health services or health insurance	11%
Financial assistance	18%
Employment assistance or training	2%
Assistance with immigration issues	-
Education assistance	2%
Other (SPECIFY)	8%
Don't know	1%
Refused	*

Q100m2. (Second mention) What kinds of services are needed?

Based on those who said there are other services needed at this time to help with their recovery

BASE	152
Mental Health Services	14%
Substance Abuse Services	5%
Health services or health insurance	26%
Financial assistance	38%
Employment assistance or training	5%
Assistance with immigration issues	-
Education assistance	3%
Other (SPECIFY)	11%
Don't know	-
Refused	-

Q100m3. (Third mention) What kinds of services are needed?

Based on those who said there are other services needed at this time to help with their recovery

BASE	28
Mental Health Services	14%
Substance Abuse Services	4%
Health services or health insurance	18%
Financial assistance	21%
Employment assistance or training	14%
Assistance with immigration issues	-
Education assistance	11%
Other (SPECIFY)	18%
Don't know	-
Refused	-

Q100m4. (Fourth mention) What kinds of services are needed?

Based on those who said there are other services needed at this time to help with their recovery

BASE	5
Mental Health Services	-
Substance Abuse Services	-
Health services or health insurance	20%
Financial assistance	20%
Employment assistance or training	20%
Assistance with immigration issues	-
Education assistance	40%
Other (SPECIFY)	-
Don't know	-
Refused	-

D2. What is your age?

BASE	1501
18-34	9%
35-45	32%
46-55	33%
56-64	17%
65+	7%
Don't know	*
Refused	1%

D3. Are you of Latino or Hispanic origin or descent, such as Mexican, Puerto Rican, Cuban, or some other Latin American background?

BASE	1501
Yes	9%
No	90%
Don't know	-
Refused	1%

D4m1. (First mention) What is your race? Are you white, black or African American, Asian, American Indian or Alaska Native, or Native Hawaiian or other Pacific Islander? You may select more than one race.

BASE	1501
White	81%
Black/African American	9%
Asian	3%
American Indian or Alaska Native	*
Native Hawaiian or other Pacific Islander	*
Other (SPECIFY)	3%
Don't know	*
Refused	3%

D4m2. (Second mention) What is your race? Are you white, black or African American, Asian, American Indian or Alaska Native, or Native Hawaiian or other Pacific Islander? You may select more than one race.

BASE	17
White	-
Black/African American	18%
Asian	18%
American Indian or Alaska Native	35%
Native Hawaiian or other Pacific Islander	6%
Other (SPECIFY)	24%
Don't know	-
Refused	-

D5. Now thinking about the period before 9/11, which of the following best describes your annual household income?

BASE	1501
\$20,000 or less	7%
Over \$20,000 to \$50,000	21%
Over \$50,000 to \$100,000	35%
Over \$100,00 to \$200,000	21%
Over \$200,000	9%
Don't know	2%
Refused	5%