FEMA

Crisis Counseling Assistance and Training Program
Regular Services Program Application Supplemental Instructions

CCP Application Toolkit, Version 5.1, June 2016

Note: Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) Project Officers are available to provide technical assistance and consultation on the Crisis Counseling Assistance and Training Program (CCP). If you would like to speak with a CMHS Project Officer, please contact the SAMHSA Disaster Technical Assistance Center (DTAC) at 1-800-308-3515 (Monday–Friday 9 a.m.–5 p.m. eastern time), and a staff member will forward your request to the appropriate Project Officer.

You may obtain CCP applications, supplemental instructions, and guidance documents by calling SAMHSA DTAC as indicated above or by emailing SAMHSA DTAC at DTAC@samhsa.hhs.gov

FEMA

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

Table of Contents

Part I. General Application Information (Questions #1–6) 3

Part II. Response Activities From Date of the Incident (Questions #7–11) 3

Part III. Geographic Areas and Needs Assessment (Question #12) 6

Part IV. Resources and Capabilities (Questions #13–14) 7

Part V. Program Administration (Questions #15–28) 8

PART VI. Budget (Questions #29–30) 12

Budget Formats 12

In-Kind Resources 13

Indirect Costs 13

Part VII: Assurances (Questions #31–33) 14

Part VIII: Application Checklist (Question #34) 15

Appendix A: CMHS Needs Assessment Worksheet 16

Appendix B: Potential CCP Positions 18

Appendix C: Allowable Crisis Counseling Assistance and Training Program (CCP) Services 21

Appendix D: Tips for Completing SF-424 and SF-424a 23

Crisis Counseling Assistance and Training Program
Regular Services Program Application
Supplemental Instructions

These supplemental instructions describe the purpose of each section of the Crisis Counseling Assistance and Training Program (CCP) Regular Services Program (RSP) application and provide an explanation of how to complete the required forms and questions. These instructions are most useful when reviewed simultaneously with the RSP application and the Crisis Counseling Assistance and Training Program Guidance. Where you see text in bold and italics, it means that it was taken directly from the RSP application.

Please note that throughout the RSP supplemental instructions, the terms “applicant” and “state” are intended to include all qualified applicants (i.e., states, U.S. territories, and federally recognized tribes).

The RSP application consists of the following:

- **Standard Form 424 Request for Federal Assistance (SF–424):** A federal form the Office of Management and Budget (OMB) requires for grant applications. All entities that apply for CCP funds must submit a completed SF–424 signed by the authorized representative or head of the State Mental Health Authority (SMHA) or tribal chief executive.
- **Standard Form 424A Budget Information:** Non-Construction Programs (SF–424A): A federal form the OMB requires for grant applications. Complete "Section B—Budget Categories," Column (1) only for the total CCP budget.
- **U.S. Department of Health and Human Services (HHS) Checklist:** A required form for the CCP RSP that includes the name and contact information for the business official and program director.
- **Disclosure of Lobbying Activities (SF–LLL):** A required form for the CCP RSP. The applicant may indicate "N/A" on the form if it is not applicable.
- **Project/Performance Site Location(s):** A federal form required for the CCP RSP. The applicant should complete a form for each site where providers will perform project work.
- **Part I. General Application Information:** Gathers information about the declaration, preparer, point of contact, and amount requested for the RSP funding.
- **Part II. Response Activities From Date of Incident:** Describes state and local crisis counseling response activities from the date of the disaster incident to the date of the application submission. If the state received an Immediate Services Program (ISP) grant, completion of this section meets the requirement for an ISP Mid-Program Report.
- **Part III. Geographic Areas and Needs Assessment:** Includes an estimate of the number of people who would benefit from crisis counseling services and the estimated number of

people expected to receive services. It also includes an explanation of special circumstances related to the disaster that may increase the need for crisis counseling services.

- **Part IV. Resources and Capabilities:** Describes the state and local mental health systems and funding and explains why these resources cannot meet the estimated disaster crisis counseling needs.
- **Part V. Program Administration:** Includes a state staffing plan, provider staffing plan(s), an overall program management plan, and a description of consultants and trainings. Section must include an organizational chart for the project.
- **Part VI. Budget:** Includes a format for state and individual provider budgets and line-item budget narratives.
- **Part VII. Assurances:** Must indicate that the assurances listed have been completed and attached to the application. This section includes the signature of the governor's authorized representative (GAR).

Part I. General Application Information (Questions #1–6)

The applicant should include declaration information, preparer information, point of contact information, and amount of RSP funding requested.

Part II. Response Activities From Date of the Incident (Questions #7–11)

7. Describe state and local crisis counseling activities from the date of the incident to the date of this application. Enter "N/A" if no crisis counseling activities have been conducted to date.

Describe the types of crisis counseling services provided; specify who provided the services, where the services were provided, and the number of recipients. Displaying this information in a table may be helpful.

States that received an ISP grant will be providing a detailed account of ISP services below in Questions #8–10. States that did not receive an ISP grant should prepare a comprehensive response to this question to demonstrate that disaster needs were significant enough to warrant a disaster behavioral health or crisis counseling response.

If an Immediate Services Program (ISP) was implemented for this disaster, please answer questions #8-10 below. Otherwise, skip to question #11.

8. Please provide a brief summary of the ISP currently in place. Please include information on the population served, any extensions (date and amount), the number of providers, and the start and end

dates of the program, and summarize any trends. Include any best practices as well as any challenges and describe how those challenges were addressed or will be addressed in the RSP.

Most ISPs provide the full range of crisis counseling services, but they typically focus on high-intensity, low-volume individual services to directly affected survivors and special populations. In the RSP phase, it is typical to experience a gradual shift in service delivery, with a focus on low-intensity, high-volume services such as group crisis counseling and public education. Describe the outreach emphasis in the ISP and the rationale for this emphasis.

Special populations were identified in the ISP initial needs assessment. The groups targeted for services in the ISP application should be discussed here. It is common for additional special populations that were not identified in the original ISP application to be encountered after outreach begins. These groups or communities should be referenced here. Note that new special populations should be included in the RSP needs assessment to continue to target them for services in the program going forward.

Different types of disasters can raise different types of issues and reactions. Reactions will vary depending on whether the disaster was natural or human caused; the extent of the damage, death, or injury; the nature of the evacuation process; and whether or not there was warning. Discuss the issues and reactions encountered in the context of the type of disaster that occurred.

9. If applicable, explain why any service providers not included in the ISP were added to this RSP application. Additionally, explain why any service providers included in the ISP are excluded from the proposed RSP.

In some cases, the state may have sought approval from its FEMA and Center for Mental Health Services (CMHS) project officers to discontinue service providers included in the ISP application or to add service providers not included in the original application.

10. Describe how the RSP will build on the work done in the ISP. Describe how contacts and resources identified during the ISP will be leveraged during the RSP.

The applicant should describe how the outreach activities started during the ISP will expand and continue to grow during the RSP. This section should also describe the applicant's plan for continued resource development.

The transition from ISP to RSP must be carefully planned. Administrative issues to address include the following:

- Putting state fiscal mechanisms in place to effect a seamless transition from ISP to RSP funding.
- Meeting state procurement or contracting requirements to continue ISP service providers into the RSP, or add new providers.

- Programmatic issues to address in the response include the following:
  - Planning for training of existing or new staff and providers on both crisis counseling and RSP requirements.
  - Working with providers to expand high-volume services, such as group crisis counseling and public education.
  - Ensuring that referral mechanisms are in place for survivors requiring traditional mental health or substance abuse treatment.
  - Expanding networking with community partners to promote collective recovery.
  - Promoting the RSP so survivors are aware of, and can easily access, CCP services.

11. Please provide a brief summary that provides key information on the scope and magnitude of the disaster, how the non-Federal entity and providers propose to provide services during the RSP, and the nature and location of the proposed services. Please include a description of the length of time services will be required and describe how long-term cases will be handled. Please describe the nature of psychological and social problems observed and the types of mental health problems encountered by disaster survivors.

In this section, the applicant should describe the disaster event and the plan to meet the needs of the communities impacted.

- Specify what type of disaster occurred and whether it was natural or human caused. If human caused, was it deliberate or accidental?
- Identify the locations of significant disaster damage, and indicate whether they were clustered together or widely dispersed. Including a map may be helpful.
- Include plans for RSP services. The applicant should take into consideration the social, economic, and demographic characteristics of the affected communities and whether the communities are primarily rural, suburban, or urban. Special populations should also be addressed.
- The applicant should determine, according to the magnitude and population impacted from the disaster, whether the RSP will require the full 9 months allotted or phase down early. Include justification for your response.
- Provide examples of major damage and the effect on survivors. The state should use this section to provide a contextual background to the disaster event, rather than attempt to provide a comprehensive list of disaster damage.

Part III. Geographic Areas and Needs Assessment (Question #12)

12. Estimated Population To Be Served

The applicant is asked to develop appropriate and reasonable targets for providing CCP grant services to individuals affected by the disaster. The applicant is strongly advised to consult with its FEMA and CMHS project officers to identify an appropriate number based on the size and scope of the disaster, the types of needs caused by the disaster, the special groups affected, and the geographic and demographic regions to be served.

Formal sources for needs assessment might include analysis of damage assessments and registrants for services from FEMA or the CCP, and the needs assessment may involve other data sources, including special use surveys and assessment tools. A needs assessment also might rely on corroborative data, including anecdotal evidence from crisis counselors or feedback from other disaster relief providers.

Applicants should choose either Option A or Option B depending on the nature of the disaster. The applicant should include an explanation as to why either option was chosen.

Option A: Applicants may opt to use their own method for determining the estimated population to be served. Please cite data sources used. Please also list the proposed providers and the number of direct and non-direct staff anticipated.

If Option A is selected, SAMHSA and FEMA recommend that applicants use the CMHS Needs Assessment Worksheet to determine the estimated numbers of people to be served by the program. This worksheet uses a needs assessment formula based on historic CCP grant program data. Please see Appendix A for a copy of the worksheet and additional instructions.

Other potential sources of information for Option A may include the FEMA Regional Office; voluntary agencies, such as the American Red Cross; and media sources. In addition, any crisis counselors and other human service workers deployed by the applicant or other public agencies in the immediate aftermath of a disaster may provide information on crisis counseling needs.

> Please note that SAMHSA and FEMA recommend a 300:1 ratio of survivors to crisis counselor and team leaders and a 3:1 ratio of crisis counselors to team leaders. The CCP is a basic supportive program that emphasizes face-to-face contact with survivors and individuals with special needs. Therefore, CCP grant-funded non-direct service staff should not exceed 15 to 20 percent of the total grant-funded full-time equivalent (FTE) workforce.

Option B: Use the following table to estimate the impacted population for each requested service area (county, parish, tribal land, etc.). Populate the table using census data for the total population for each designated service area. Multiply the "percentage impact factor" by the "total census population" to arrive at an estimated population to be served during the RSP. Please select a "percentage impact factor" between ¾% (0.0075) and 2% (0.02) of your census population to target

for services; provide a brief justification for the "percentage impact factor" you have chosen in the box below. Please also list the number of direct and non-direct staff anticipated.

CCP programs are typically able to reach between ¾ percent and 2 percent of their affected populations during a grant. When selecting Option B, applicants should choose a percentage impact factor that fits with the magnitude and unique composition of the population affected by the disaster. For example, a program in a densely populated area may have an easier time locating and seeing more survivors each day than a program in a rural area where travel times make it difficult to see many survivors; so the program in the dense area may target 2 percent of the population while the rural program may target less. If an applicant would like to use a percentage impact factor smaller or larger than that range, SAMHSA and FEMA staff should be consulted prior to the application deadline.

> Please note that SAMHSA and FEMA recommend a 300:1 ratio of survivors to crisis counselor and team leaders and a 3:1 ratio of crisis counselors to team leaders. The CCP is a basic supportive program that emphasizes face-to-face contact with survivors and individuals with special needs. Therefore, CCP grant-funded non-direct service staff should not exceed 15 to 20 percent of the total grant-funded FTE workforce.

Please describe any special circumstances not captured in the above table that will have an impact on the need for crisis counseling services. Include any high-risk groups or populations of concern (e.g., children, adolescents, older adults, ethnic and cultural groups, people with disabilities and other access and functional needs, lower-income populations, first responders). Please include your plan to reach these populations.

To complete an RSP application, applicants are required to conduct a comprehensive assessment of need, including a detailed assessment of the needs of special populations who may be especially vulnerable to disaster effects or who may have unique needs. Children, adolescents, and older adults may be affected most by disasters, but the state should identify what other special groups are affected by this specific disaster. Special circumstances might include the type of disaster, a rapid onset of disaster with little warning, a recent history of disaster in the designated regions, or whether the disaster was human caused. Provide a brief rationale for including these additional groups as well as your plans for outreach.

Part IV. Resources and Capabilities (Questions #13–14)

13. Describe the current mental health resources and explain why they cannot meet the disaster-related mental health needs caused or aggravated by this disaster.

The federal government is required to verify that the needs are beyond state and local resources and capabilities before federal funds may be awarded. The RSP is a supplemental grant, so a clear description of why these resources cannot meet the disaster-related behavioral health needs is essential.

14. Has the non-Federal entity received funds for mental health disaster response from any other source (e.g., U.S. Department of Education, foundations)? If so, how much and how are these funds used?

The applicant should list any additional funds granted by another source for mental health disaster response. A plan for how the funds will be used should be included as well as the amount of funds received.

Part V. Program Administration (Questions #15–28)

15. Will the state, Indian tribal government, or territory be providing any direct crisis counseling services?

Please indicate whether or not the applicant plans to directly provide crisis counseling services. If so, briefly describe your plans for service.

16. Insert or attach an overall organizational chart for this project.

To provide a better understanding of the staffing plan for the CCP, the state is required to include an organizational chart. A comprehensive organizational chart includes the location of the state project and grant staff within the overall state system and the breakdown of state RSP staff as well as the staff in each individual service provider by FTE and staff position title. Clear lines of reporting from the provider to the state RSP leadership should be shown. The RSP positions listed should be consistent with those proposed in the staffing and plan of service and those included in the budget.

17. Provide a brief description of administrative oversight plans (supervision and monitoring of crisis counselors, team leads, data collection efforts, managing and monitoring staff stress, etc.).

Describe how the organizational structure of the RSP will promote effective state oversight and support clear communication and staff supervision at both the state and individual provider levels.

Please refer to Appendix B for a list of potential CCP positions.

CCPs typically use a mix of behavioral health professionals (often in team leader roles) and trained paraprofessional staff (often in crisis counselor roles). If professional staff are used as crisis counselors, they should be paid at the state's customary rates for a similar paraprofessional position. Paraprofessional staff with experience in disaster behavioral health or crisis counseling may also serve as team leaders.

CCP staff are required to be deployed in teams of two in order to be able to promote safety, with a team leader available to coordinate deployment and provide guidance if severe reactions are encountered. The CCP is an outreach-oriented program. Most services should take place in the community rather than in the provider's office.

CCP service providers most often are community behavioral health agencies with a preexisting organizational relationship with the applicant. However, because fiscal and administrative procedures and service delivery in the CCP are substantially different from those in other state behavioral health programs, specialized training and planning is crucial to ensure an effective RSP response. If service providers have not been selected and trained prior to a disaster, the state will have to work closely with service providers to familiarize them with the procedures and requirements of the program. If an applicant chooses to use a temporary employment agency to provide crisis counseling services, a clearly defined service plan must be identified, including supervision, office space, hiring protocols, communication strategies, and access to all necessary supplies.

The applicant is encouraged to select providers indigenous to the communities they will serve. Providers should describe how they will target both directly affected survivors and members of special populations in their community. The applicant should ensure that any targeted special populations are also identified in the needs assessment section.

By its very nature, crisis counseling entails stress risks to staff. Providers should demonstrate how they will support their staff (e.g., careful supervision, reasonable workload, and opportunities for stress management activities).

While local service providers typically conduct RSP services, the applicant is expected to maintain clear oversight of program operations. The applicant will be the main contact for FEMA/CMHS and will be responsible for program reporting and sharing information from FEMA/CMHS with service providers. Describe the mechanisms the applicant will use to maintain contact with service providers to share program information and updates, provide training and direction regarding CCP procedures, and gather information from providers for ongoing needs assessment and required reporting to FEMA/CMHS. Applicants should include a plan for analysis of the CCP data and communicating the results back to the providers in order to direct the service plan. Describe how the applicant's oversight will ensure a cohesive program identity for the RSP.

18. How will the non-Federal entity monitor the organization and deployment of crisis counseling teams? If more than one provider agency will be delivering services, please describe the plan to coordinate services. If more than one provider will cover a service area, please attach or include a map that shows how the responsibility for that service area will be divided.

The applicant, working with the local service providers, should determine the designated service area, or areas, that the providers will serve in the RSP. If two or more providers are serving an individual designated service area, the process is more complex. In this case, the applicant must work with the providers to divide and distribute the total service targets among the providers selected to serve the designated area. This must be done in a manner that ensures service coverage for all individuals targeted for service and minimizes duplication of service. The application should include a map for how this will be divided.

19. Describe the non-Federal entity's plan for quality control methods to ensure appropriate services reach survivors.

As the RSP may be administered by a number of service providers, perhaps in different geographical regions, the applicant must ensure that high-quality services consistent with the CCP model are delivered.

20. With what organizations and community stakeholders will you partner? Select all that apply:

- ***Community mental health and substance abuse centers***
- ***Schools***
- ***Faith-based organizations***
- ***First responders***
- ***Community-based cultural organizations***
- ***Law enforcement***
- ***Local elected officials***
- ***Long-term recovery groups***
- ***Other:***

The applicant should select all types of organizations that will work with the CCP staff. Any organizations not listed that the program will work with should be indicted under "Other."

The state is encouraged to select providers and partner organizations indigenous to the communities they will serve. Providers should describe how they will target both directly affected survivors and members of special populations in their community. The state should ensure that any targeted special populations are also identified in the needs assessment section.

The longer timeframe of the RSP allows for increased partnership with community stakeholders. If the state had an ISP, it is likely to have partnered with a number of stakeholder groups. States are expected to expand their partnerships in the RSP. Even if the state did not have an ISP, a comprehensive plan for partnerships is still required.

21. Briefly describe how you will engage with the partners identified above.

Please describe your plans to involve the partner organizations listed in the question above. If the state had an ISP, the plan should include a strategy to maintain or further relationships with previous partners.

22. What primary Crisis Counseling Assistance and Training Program (CCP) services will you provide? Please select all that apply.

- ***Individual crisis counseling***
- ***Group crisis counseling***

- ***Brief educational or supportive contact***
- ***Public education***
- ***Assessment, referral, and resource linkage***
- ***Community networking and support***

Providers should select the services they intend to provide during the RSP. It is common for providers to select all primary services listed. The state is encouraged to tailor these services to meet particular needs of survivors and special populations, but they must stay within the outlined parameters. Note that the CCP does not support critical incident stress debriefing or management, traditional mental health or substance abuse treatment, medications, and hospitalization. The CCP also does not support services such as transporting survivors to appointments or delivering food or other basic needs. Crisis counselors can provide community resources and make referrals for survivors to meet those basic needs, but they do not provide case management.

Please refer to Appendix C for allowable CCP services.

23. What secondary CCP services will you provide? Please select all that apply.

- ***Development and distribution of educational materials***
- ***Media and public service announcements***

The applicant should select all the secondary services the CCP staff plan to administer during the program.

24. State Staffing Plan. Please provide information on the staffing at the state, territory, or tribal level. Include leadership positions and direct staff if the state, territory, or tribe is providing any direct services. Do not include provider-level staff.

The State Staffing Plan typically consists of state leadership positions such as the state CCP Program Manager or Director, Fiscal Administrator, Administrative Assistant, and Data/Evaluation Specialist. Large programs may have additional staff positions based on the needs of the program. In some cases, the state may also choose to directly provide primary services. In this case, the state staffing plan would also include direct service staff such as crisis counselors and team leaders. The applicant should ensure the types of state staff correspond accurately to the state staff positions depicted in the organizational chart.

25. Describe the non-Federal entity's plan to ensure clear program identity (educational materials, wellness messaging, logos, etc.) and market the program (including website, hotline, social media, public service announcements, etc.).

The applicant should provide a general description of how the state's oversight will ensure a cohesive program identity for the RSP. Provide approaches or strategies for how the state will market the CCP program.

26. Briefly describe the facilities to be utilized and your plan for securing office space for this project.

The CCP provides most services in the communities where survivors live or work. However, reasonable office space for program administrative operations is necessary. Specify whether this space will be available as an in-kind contribution. If the space is not available as an in-kind contribution to the CCP, carefully justify why funding is necessary; include the type, intended use, cost of the space, and which staff will be occupying the space.

27. The CCP requires mandatory training during the RSP as described in the CCP guidance. Please describe the proposed training program for project staff, indicating the number of workers needing such training. Also include additional training (if any) that you plan to provide and the rationale for such training.

Trainers teach crisis counselors and team leaders to carry out CCP services or address special issues related to the disaster or special populations. Trainers providing the required CCP trainings must have extensive experience in the CCP. All trainers must be approved by FEMA and CMHS to be funded. Trainers are distinct from consultants, who are individuals with extensive experience in the CCP and provide guidance to state and service provider leadership staff regarding program administration, services, fiscal management, or evaluation.

28. Does the state, territory, or tribe have any experienced trainers who can provide training on the CCP model?

Recommendations for approved FEMA/CMHS trainers are available via the SAMHSA Disaster Technical Assistance Center (DTAC). If the state chooses to use trainers who have not been prequalified by FEMA/CMHS, they must attach résumés of these individuals in order to seek approval.

PART VI. Budget (Questions #29–30)

An accurate budget allows for successful implementation, management, and operation of program services and activities. CCP funds can be used to provide services for survivors and special populations identified in the needs assessment. The plan of services should correspond to the needs assessment and identify staff needed to reach target populations. The budget should reflect how the identified services will be funded. The budget is determined by the needs assessment and staffing levels, which guide the plan of service.

When drafting the budget, the applicant should base all program cost estimates on 189 business days. This number (189 days) is approximately the number of business days in the total length of the RSP program and should be used to calculate all program expenses.

Budget Formats

The RSP application requires several specific budget formats:

- Estimated funding section on the main SF–424
- SF–424a (serves as a total budget for the program)
- Applicant and provider projected narrative tables

The applicant, provider, and SF–424a budgets must have consistent line-item rates and costs. As the applicant oversees the development of the application, it should collaborate with providers to assist them in developing consistent individual provider budgets. The budgets must be in accordance with CCP expectations, part of a cohesive program, and reflective of the needs identified in each provider's service area. The applicant must ensure that all fundable expenses detailed in the plan of services are included in the budget (e.g., FTE staff, supplies, and consultants/trainers).

In-Kind Resources

While there are no requirements for applicants to match CCP funds, regulations require the "identification of the resources the state and local governments will commit to both services and training." Applicants have provided in-kind resources such as personnel; overhead or administrative costs (e.g., office and meeting space, utilities, equipment—computers, printers, mobile phones); advertising; and public service announcements. Communities or groups (e.g., voluntary organizations active in disaster, local faith-based organizations) may contribute in-kind resources as well (e.g., meals, refreshments for program-related meetings or support groups, toys, meeting space, recreational items).

Indirect Costs

As a supplemental program, the CCP does not fund a line-item category for indirect costs. All charges must be direct.

The process for completing the budgets is as follows:

1. The individual provider line-item figures must be totaled and rolled into the state budget. Those states that contract with service providers must roll individual service provider budgets into the Provider Contractual Costs line item of the state budget. Those states that do not contract with service providers must reflect all costs by line item in the state budget.
2. The state budget is then entered in SF–424a.
3. The SF–424a lines should then be collapsed further and included in the estimated funding section on the main SF–424.

29. Attach a Standard Form 424: Request for Federal Assistance (SF-424) and Standard Form 424a: Budget Information – Non-Construction Programs (SF-424a). These forms should include all projected operating costs.

SF–424 and SF–424a are federal forms required by the Office of Management and Budget on grant applications. All states applying for RSP funds must submit an SF–424 signed by the authorized representative or head of the SMHA or tribal chief executive and an SF–424a. These forms are available online at http://media.samhsa.gov/DTAC-CCPToolkit.

Please refer to Appendix D: Tips for Completing the SF-424 and SF-424a.

30. Attach a budget narrative explaining each line item on the SF-424a.

Applicant Budget:

A detailed line-item narrative is critical for budget review and approval. Every line in the budget must have a detailed narrative. Applicants may seek reimbursement for costs associated with crisis counseling services they provided from the date of the incident to the date of the RSP application. Applicants must document crisis counseling services that have been provided and must justify the costs. Applicants may seek reimbursement only for crisis counseling services allowable under the CCP and not for any other type of behavioral health response.

Provider Budget:

A detailed line-item narrative is critical for budget review and approval. Every line in the budget must have a detailed narrative. On behalf of providers, applicants may seek reimbursement for costs associated with crisis counseling services provided from the date of the incident to the date of the RSP application. Applicants must document crisis counseling services that have been provided and must justify the costs. Applicants may seek reimbursement only for crisis counseling services allowable under the CCP and not for any other type of behavioral health response. It is recommended that the applicant provide an individual budget narrative for each provider working on the CCP grant.

For more information regarding the budget narrative, please refer to the following link http://media.samhsa.gov/DTAC-CCPToolkit.

Part VII: Assurances (Questions #31–33)

31. Please indicate whether the following assurances have been completed and submitted with this application:

- ***Disclosure of Lobbying Activities (SF-LLL)***
- ***Health and Human Services (HHS) Project Checklist***

32. The governor or tribal chief executive agrees to and /or certifies that:

- ***The requirements are beyond the state, territory, or tribal government's capabilities.***
- ***The program, if approved, will be implemented according to the plan contained in the application approved by the Regional Administrator.***
- ***The state, Indian tribal government, or territory will maintain close coordination with and provide reports to the Regional Administrator.***
- ***The state, Indian tribal government, or territory's emergency plan, prepared under Title II of the Stafford Act, will include disaster mental health planning.***

33. By signing below, the governor's authorized representative (GAR) or the tribal chief executive affirms that the foregoing questions have been answered correctly and truthfully to the best of their knowledge.

The RSP application must contain the signature of the GAR or the tribal chief executive. The GAR is the only state official authorized to represent the governor in applying for RSP funding. The RSP application will not be accepted by FEMA/SAMHSA without the GAR's signature.

Part VIII: Application Checklist (Question #34)

34. The following documents are being submitted with this grant application:

- ***Completed RSP Application***
- ***Request for Federal Assistance (SF-424)***
- ***Budget Information – Non-Construction Programs (SF-424a)***
- ***HHS Project/Performance Site Location Form(s)***
- ***Budget Narrative***
- ***Organizational Chart***
- ***Assurance Forms From Question 31 Above***

All required documents must be submitted for the RSP application to be complete. The RSP application must be submitted 60 days from the Presidential disaster declaration date.

Appendix A: CMHS Needs Assessment Worksheet

CMHS Needs Assessment Formula—Estimated Crisis Counseling Needs
Disaster declaration number:
This is an estimate for the following designated service area:

Complete a Center for Mental Health Services (CMHS) Needs Assessment Formula sheet for the entire program service area and each designated area. To complete the sheet, follow these steps:

1. Identify the number of people for each loss category from collected needs assessment information.
2. Identify any disaster- or region-specific "other" loss categories, and establish a traumatic impact risk ratio for any other loss categories. Note that other loss categories are not multiplied by the household size multiplier, which is the average number of people per household (ANH).
3. Determine the total number of people who would benefit from Crisis Counseling Assistance and Training Program (CCP) services for each loss category by multiplying across each row as follows: (number of people) × (household size multiplier) × (traumatic impact risk ratio) = (total number of people who would benefit from CCP services).
4. Add all of the results in the column of the total number of people who would benefit from CCP services to determine the number of people who would benefit from crisis counseling services.

Loss Category	No. of People		Household Size Multiplier[2] (ANH = 2.5)		Traumatic Impact Risk Ratio		Total People Who Would Benefit From Services
Dead		×	ANH × 4	×	100%	=	
Hospitalized		×	ANH × 1	×	100%	=	
Non-hospitalized Injured		×	ANH × 1	×	50%	=	
Homes Destroyed		×	ANH × 1	×	100%	=	
Homes With Major Damage		×	ANH × 1	×	20%	=	
Homes With Minor Damage		×	ANH × 1	×	10%	=	
Disaster Unemployed		×	ANH × 1	×	10%	=	
Other[1]				×	80%	=	
					TOTAL:	**=**	

[1]If appropriate, the state may identify other loss category groups related to the disaster. These categories are not multiplied by a household size multiplier. The state should also identify a traumatic impact risk ratio for each additional loss category specified. Add rows as necessary.

[2]Household size multiplier means the average number of people per household, or ANH. The national average is 2.5, but applicants should consult U.S. census information for state or county averages.

For each designated service area, complete the table of estimated number of people to be served (below). Use the following steps to complete the table:

1. For each loss category, list the total number of people who would benefit from CCP services based on the CMHS Needs Assessment Formula table.
2. Identify a percent multiplier for CCP services. These multipliers indicate the percentage of people the program expects to actually serve out of the total number of people who would benefit from CCP services in the designated area. Percent multipliers may vary between 60 and 80 percent according to the loss category.
3. To determine the estimated number of people to be served through CCP services for each loss category, multiply the total number of people for each loss category by the percent multiplier: (total number of people who would benefit from CCP services) × (percent multiplier) = (number of people to be served through CCP services).
4. Sum the Number of People To Be Served column items to identify a total for each designated service area.

Loss Category	Total Number of People Who Would Benefit From Services	Estimated Number of People To Be Served	
		Percent Multiplier	Number of People To Be Served
Dead			
Hospitalized			
Nonhospitalized Injured			
Homes Destroyed			
Homes With Major Damage			
Homes With Minor Damage			
Disaster Unemployed			
Other			
TOTAL:			

Appendix B: Potential CCP Positions

Typical CCP Positions and Job Descriptions
State CCP Program Manager/Director ● Acts as lead coordinator and manager for the state crisis counseling response and is the main point of contact for FEMA and SAMHSA. ● Oversees staffing, training, reporting, data analysis, and fiscal monitoring. ● Works with other disaster service agencies to ensure coordination of behavioral health response and no duplication of services. ● Conducts regular site visits to providers and accompanies crisis counselors as an observer to ensure appropriate services are delivered. ● Represents the CCP at high-level meetings within the community and state leadership meetings. ● In some cases, often with smaller CCPs, may be the State Disaster Behavioral Health Coordinator (i.e., the individual identified by the state mental health authority as responsible for state disaster behavioral health preparedness and response).
Team Leader ● Leads a team of crisis counselors in the field. ● Is usually an experienced disaster behavioral health worker or behavioral health professional who supervises paraprofessional or less experienced crisis counselors. ● May help to assess people who require traditional mental health or substance use treatment. ● May be one of several team leads on staff with a provider, depending on the size and scope of the disaster. ● Trains, debriefs, and provides supervision for the crisis counselors. ● Uses data to conduct ongoing needs assessment. ● Coordinates data collection activities and reviews data form submissions for accuracy. ● Provides coordination and oversight of the crisis counselors' plans of service. ● May perform crisis counseling as needed.
Crisis Counselor ● Works with individuals, families, and groups to provide outreach, emotional support, individual and group crisis counseling, public education, and referrals when needed. ● Is synonymous with term "outreach worker." ● Represents program in the community and networks with other agencies and partners to ensure needs of survivors are met. ● Provides presentations to community groups on disaster reactions, coping skills, stress management, and the CCP.
Data/Evaluation Specialist ● Implements and oversees the CCP data collection activities and is the point of contact for entering data into the CCP web-based system. ● Collects and analyzes data, collects provider and participant surveys, reports data to FEMA and SAMHSA's CMHS, and provides data analysis and feedback to state and provider leadership staff to improve program services. ● Trains CCP staff on data collection forms. Works closely with program manager to ensure accuracy of completed forms. ● Supports Program Manager and team leaders.

Typical CCP Positions and Job Descriptions
Administrative Assistant ● Provides administrative support including but not limited to collecting and verifying timesheets, collecting data forms, ordering supplies, answering office phone calls, photocopying, faxing, and emailing of CCP information. ● Schedules events and related training activities.
Consultant/Trainer ● Hired through the CCP to train program staff or provide consultation to program leadership. ● Should be experienced in the CCP model, training topics, and/or grant writing. ● Must be approved by FEMA and CMHS to conduct the trainings specified by the state.
Fiscal Specialist ● Tracks and monitors funds, reviews and submits requests for program budget modifications to FEMA and CMHS, and prepares fiscal reports. ● Performs quality control and oversight of program purchases. ● Works closely with CCP leadership staff to ensure that funds are accessible to providers and are being appropriately used for crisis counseling services. ● Ensures all contracts are appropriate and compliant with state and federal mandates. ● May be responsible for processing timesheets and payroll.

Additional Positions Encountered in the CCP
Provider Project Manager ● Often found in larger provider staffing plans. ● Acts as lead coordinator for the crisis counseling response at the provider agency and is main point of contact for the State CCP Program Manager/Director. ● Oversees staffing, training, reporting, and fiscal monitoring for the provider. ● Sometimes serves as a team leader.
Community Liaison/Resource Linkage Coordinator ● Facilitates entry on behalf of CCP into local communities and works with community organizations. ● May serve as a cultural broker and as liaison between the CCP and a cultural group. ● Provides intensive resource linkage for survivors struggling to access disaster relief assistance. ● Networks with community resources to identify referral mechanisms. ● Provides training to crisis counselors and other service providers regarding referral resources and mechanisms.
Media Liaison ● Establishes and maintains cooperative relationships with representatives of business, community, media, public interest, and school groups. ● Writes, edits, and coordinates the design for internal and external CCP publications, the media, the Internet, social media, marketing collateral, and other related materials. ● Assists in coordination of events, activities, and branding related to the promotion of the CCP. ● Serves as a media liaison for general and routine media inquiries and pitches in conjunction with project leadership.

Child Specialist

- Establishes and maintains cooperative relationships with representatives of community, day care, faith-based, and school groups.
- Provides crisis counseling services for children and adolescents, parent education, and supportive family services focused on grief and loss.
- Promotes resilience and successful coping techniques using individual, group, and family evidence-based strategies.
- Provides culturally sensitive education and training about the effects of trauma on young children and their families.
- Delivers training that includes reactions to disasters, creating safe environments, creating classroom communities, and healthy responses to life-changing events.

Appendix C: Allowable Crisis Counseling Assistance and Training Program (CCP) Services

Brief Educational or Supportive Contact

- Lasts for fewer than 15 minutes.
- Provides basic educational or emotional support to individuals or groups related to disaster reactions.

Individual Crisis Counseling

- Lasts for more than 15 minutes.
- Helps disaster survivors understand their situation and reactions, review their options, and connect with other individuals and agencies that may assist them.
- Includes working with an individual or family unit.
- Involves active listening by staff, who provide emotional support, identify and teach coping skills and stress management techniques, and help prioritize needs for the survivors.

Group Crisis Counseling

- Provides group members with emotional support and helps them to understand their situation and reactions and to review their options.
- May involve group activities, which must be appropriate to the age category and may be on emotional or practical concerns.
- Assists group members by referring them to other services and provides them with skills to cope with their situation and reactions.
- Involves situations in which group members do most of the talking.

Public Education

- Provides general educational information to survivors on disaster services available and key concepts of disaster behavioral health.
- May involve such common activities as public speaking at community forums, in-service group meetings, and local government meetings.
- Involves situations in which a crisis counselor does most of the talking and is presenting information.

Assessment, Referral, and Resource Linkage

- Assessment determines the need for referral to additional services, such as disaster relief or traditional mental health or substance use treatment.
- Referral directs survivors to formal mental health or substance use treatment if they are experiencing severe reactions.
- Referral may also direct survivors to other disaster relief resources that meet a wide range of physical, structural, or economic needs.
- Resource linkage connects disaster survivors with health and behavioral health services, disaster recovery resources, and tangible goods.

Community Networking and Support

- Networking allows for stronger community coalitions to promote recovery and access to services.
- Crisis counselors may be available at community events to provide a compassionate presence and crisis counseling services.
- These services involve coordinating with school personnel, community centers, community leaders, and/or faith-based organizations in order to provide crisis counseling services.

Distribution of Educational Materials

- Typically includes flyers, brochures, tip sheets, guidance documents, or website content.
- Includes topics such as basic disaster information, key concepts of disaster behavioral health, disaster reactions and coping skills, and individual or community recovery or resilience.
- Should include materials that address the needs of special populations and are available in multiple languages.
- Does not include data collection tools, such as the Participant Feedback Survey and Provider Feedback Survey forms.

Media and Public Service Announcements

- This category of services refers to activities and public messaging conducted in partnership with media, state and local governments, charitable organizations, or other community brokers of information.
- Activities and messaging are designed to reach a large number of people in order to promote access to CCP services or to provide basic information concerning disaster, key concepts of disaster behavioral health, disaster reactions and coping skills, and individual or community recovery and resilience.
- Venues for this messaging are varied and might include media interviews with CCP spokespeople, television or radio public service announcements, use of websites or email, advertising, and social media such as Facebook and Twitter.

Appendix D: Tips for Completing SF-424 and SF-424a

This tip sheet provides additional information specifically related to Crisis Counseling Assistance and Training Program (CCP) applications. Please also refer to the SF-424 and SF-424a instructions.

Request for Federal Assistance (SF-424)

Item No.	Tip
1	Check "Application."
2	Check "New."
3	Leave blank.
4	Leave blank.
5a	Leave blank.
5b	Leave blank.
6	Leave blank.
7	Leave blank.
8a	The State Mental Health Authority (SMHA) or tribal chief executive is the legal applicant. Enter the SMHA or tribal chief executive's name here.
8b	For the Immediate Services Program (ISP) application, the Employer/Taxpayer Identification Number can be obtained from the state emergency management agency (SEMA). For the Regular Services Program (RSP) application, it can be obtained from the department of mental health's fiscal management office.
8c	For the ISP application, the Organization DUNS number can be obtained from the SEMA. For the RSP application, it can be obtained from the department of mental health's fiscal management office.
8d	Enter the SMHA's or tribal chief executive's complete address here.
8e	Enter the SMHA's or tribal chief executive's department and division name here.
8f	Typically, the Disaster Behavioral Health Coordinator's contact information is entered here.
9	Only the first line for "Applicant 1" should be filled out. The type of applicant is "A. State Government."
10	The federal agency is the "Federal Emergency Management Agency."
11	For both the ISP and the RSP, states should enter the Catalog of Federal Domestic Assistance (CFDA) number 97.032. The title is "Crisis Counseling." For the RSP, SAMHSA Grants Management will change the CFDA number to the SAMHSA CFDA number 97.982, "Mental Health Disaster Assistance and Emergency Mental Health," on the RSP Notice of Grant Award.
12	Per FEMA, leave the Funding Opportunity Number blank.
13	Leave blank.
14	The CCP application must correspond with areas listed in the Presidential declaration. Generally, declarations specify counties as geographic units included in the declaration, but they may also specify parishes, municipalities, or other large

Item No.	Tip
	geographic areas. Applicants should list declared counties, parishes, or municipalities to be served.
15	This may be listed as "Immediate Services Program (or Regular Services Program)—Crisis Counseling Assistance and Training Program," or, if the state has already titled the project (e.g., Project Recovery), that title may be used instead.
16a	Enter the two-letter state abbreviation, followed by "-all" (e.g., "MD-all" for an application from the State of Maryland).
16b	This item should specify the state congressional districts included in the geographic units identified in item number 14. If the counties, parishes, or municipalities identified are all included in one state congressional district, then the code will include the two-letter state abbreviation followed by the number of the congressional district (e.g., CA-012). If the identified geographical area includes more than one congressional district, they should all be identified (e.g., NY-105, NY-106, NY-107).
17	The ISP is a 60-day program that begins on the date of the disaster declaration (day 0). Day 1 is the day after the declaration. Costs incurred to carry out services funded by the CCP may be reimbursed from the date of the disaster through the date the ISP application is submitted. Note that separate budgets are required for the projected program period and the reimbursable period leading up to the submission of the ISP application. For example, if the President declares a disaster March 1, the 60-day ISP program period will begin that day, which is day 0. The 60-day period will end April 30. However, the proposed project dates on the SF-424 would be March 15 (accounting for the 14 days given to complete the ISP application) as a start date and April 30 as an end date. The reimbursable budget would represent those costs incurred from the date of declaration (or the date of the disaster, if prior to the declaration) through March 15. The RSP provides funding for up to 9 months from the date the RSP is awarded. So for example, if the ISP ended on April 30, the proposed project dates for the RSP might be May 1 through January 31.
18	The amount of requested federal assistance should be provided in (a). In-kind contributions should be listed in (c) or (d). There should be no program income, and estimates should be rounded to the nearest dollar.
19	Disaster relief grants are exempt from this executive order. Applicants should check box "c."
20	The state must answer this question in consultation with its fiscal management offices.
21	The signature block must be completed by the authorized representative or head of the SMHA or tribal chief executive. An SF-424 signed by anyone else will be returned and may delay processing of the application.

Regarding the Budget Information—Non-Construction Programs Form (SF-424a)

Item No.	Tip
1a	Enter "Crisis Counseling" for the ISP and the RSP.
1b	Enter 97.032 for the ISP and 97.982 for the RSP.