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

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FEMA

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

Supplemental Instructions for the Crisis Counseling Assistance and Training Program Immediate Services Program Application

These supplemental instructions describe the purpose of each section of the Crisis Counseling Assistance and Training Program (CCP) Immediate Services Program (ISP) application, and provide an explanation of how to complete the required forms and questions. These instructions are most useful when reviewed simultaneously with the ISP application and the *Crisis Counseling Assistance and Training Program Guidance*. Text in shaded boxes signifies content taken directly from the ISP application.

Please note that throughout the ISP Supplemental Instructions, the terms “State” and “State Mental Health Authority (SMHA)” are intended to include all qualified applicants (i.e., States, U.S. Territories, and federally recognized Tribes).

The ISP application consists of the following:

- **Application Signature Sheet:** May be used in place of a transmittal letter from the Governor’s Authorized Representative (GAR) to the Federal Emergency Management Agency (FEMA) Disaster Recovery Manager.
- **Forms:** Standard Form 424 Request for Federal Assistance (SF–424) and Standard Form 424a Budget Information: Non-Construction Programs (SF–424a).
- **Contact Information:** Preparer information, point of contact information, and alternate point of contact information.
- **Part I. Geographic Areas and Initial Needs Assessment:** Includes an estimate of the number of disaster survivors who would benefit from crisis counseling services. It also includes an explanation of special circumstances related to the disaster that may increase the need for crisis counseling services.
- **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.
- **Part III. State and Local Resources and Capabilities:** Describes the State and local mental health systems pre- and post-disaster, and explains why these resources cannot meet the estimated disaster crisis counseling needs.
- **Part IV. Staffing and Plan of Services:** Includes a list of active service providers and a plan of services to meet identified needs, including plans for staffing, service provision, training, and program management.
- **Part V. Budget:** Includes a required format for submitting State and individual provider budgets and line-item budget narratives.

Application Signature

The first box is for the director of the SMHA. The second box is for the GAR to certify that the crisis counseling needs exceed the capacity of available State and local resources. The GAR is the only State official authorized to represent the Governor in applying for ISP funding. The ISP application will not be accepted by FEMA without the GAR's signature. The director of the SMHA does not have authority to apply for ISP funds without the GAR's signature. This signature sheet may be used in place of a transmittal letter.

Federal Emergency Management Agency (FEMA) disaster declaration number: _____

Director, State Mental Health Authority (SMHA): The following individual is responsible for coordinating the mental health response to this disaster. This person will also have oversight authority for the application process for Federal funds to provide disaster-related mental health services.

*Name:
*Title:
*Agency:
*Address:
*Phone:
Fax:
E-Mail:

* _____ **Date**

* _____ **Signature, Director, SMHA**

Governor's Authorized Representative (GAR): The GAR is the State official authorized to represent the Governor and apply for Crisis Counseling Assistance and Training Program (CCP) Immediate Services Program (ISP) funding.

*Name:
*Title:
*Agency:
*Address:
*Phone:
Fax:
E-Mail:

This application represents the Governor's agreement or certification of the following:

- The requirements are beyond the State and local governments' capabilities.
- The program, if approved, will be implemented according to the plan contained in the application approved by the FEMA Disaster Recovery Manager (DRM).
- The Governor will maintain close coordination with and provide reports to the FEMA regional director or the DRM as the delegate of the regional director.
- The State's emergency plan, prepared under Title II of the Stafford Act, will include mental health disaster planning.

***The State requests $_____ for immediate services.**

* _____ **Date**

* _____ **Signature, GAR**

Attach Standard Form 424 Request for Federal Assistance (SF–424) and Standard Form 424a Budget Information: Non-Construction Programs (SF–424a) to the signature sheet.

Note: Throughout the ISP application, the terms "State" and "SMHA" are intended to include all qualified applicants (i.e., States, U.S. Territories, and federally recognized Tribes).

Note: Content from the actual ISP application is in shaded boxes. An * indicates a mandatory field.

SF–424 and SF–424a

SF–424 and SF–424a are Federal forms required by the Office of Management and Budget on grant applications. All States applying for ISP funds must submit an SF–424 signed by the GAR and an SF–424a. These forms are available online at www.mentalhealth.samhsa.gov/cmhs/emergencyservices/progguide.asp.

Contact Information

Complete the information for the application preparer, the person in the SMHA who will be the point of contact for FEMA and the Center for Mental Health Services (CMHS) regarding the CCP (if different from the preparer), and an alternate point of contact for the CCP.

Preparer Information

Prefix *First Name Middle Initial *Last Name
*Agency/Organization Name: _____
*Address Line 1: _____
Address Line 2: _____
*City: _____ *State: _____ *Zip: _____
*Phone: _____ Fax: _____
E-Mail: _____

*Is the application preparer the point of contact? Yes No

Point of Contact Information

If the application preparer is not the point of contact, please complete the information below.

Prefix *First Name Middle Initial *Last Name
*Agency/Organization Name: _____
*Address Line 1: _____
Address Line 2: _____
*City: _____ *State: _____ *Zip: _____
*Phone: _____ Fax: _____
E-Mail: _____

Alternate Point of Contact Information

To add an alternate point of contact, please complete the information below.

Prefix First Name Middle Initial Last Name
Agency/Organization Name: _____
Address Line 1: _____
Address Line 2: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-Mail: _____

Part I. Geographic Areas and Initial Needs Assessment

✂✂START: COPY AND PASTE SECTION FOR EACH DESIGNATED SERVICE AREA✂✂

The initial needs assessment provides the foundation for all grant program activities conducted under the ISP. Because all services and staff proposed in the ISP must relate directly to the needs assessment, it is very important that the State carefully complete this section. A CMHS Needs Assessment Formula sheet must be completed for each area designated in the Presidential declaration of disaster. CCP services are limited to the areas designated in the Presidential declaration.

A. CMHS Needs Assessment Formula—Estimated Crisis Counseling Needs

A CMHS Needs Assessment Formula sheet and the associated questions must be copied, pasted, and completed for each designated area. Because the timeframe for developing an ISP application is very limited, applicants must rely on the best information available during the initial aftermath of the disaster. The most reliable data on disaster damage generally will come from the FEMA preliminary damage assessment, which can be provided by the FEMA regional office responsible for the disaster response.

Other important sources of information on crisis counseling needs may include the State Emergency Management Agency; voluntary agencies, such as the American Red Cross; and media sources. In addition, any crisis counselors and other human service workers deployed by the SMHA or other public agencies in the immediate aftermath of a disaster may provide information on crisis counseling needs.

Note: Content from the actual ISP application is in shaded boxes. An * indicates a mandatory field.

CMHS Needs Assessment Formula—Estimated Crisis Counseling Needs

Disaster declaration number: FEMA–XXXX–DR–State

This is an estimate for the following designated service area: _____

Date completed: _____ Completed by (print name): _____

Complete a CMHS Needs Assessment Formula sheet for the entire program service area and each designated area. To complete the sheet:

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.
3. Determine the total people who would benefit from services for each loss category by multiplying across each row as follows: (number of people) X (household size multiplier) X (traumatic impact risk ratio) = (total people who would benefit from services).
4. Add all of the results in the column of total people who would benefit from services to determine a sum for 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[3]		Total People Who Would Benefit from Services
Dead		x	ANH x 4	x	100%	=	
Hospitalized		x	ANH x 1	x	100%	=	
Nonhospitalized Injured		x	ANH x 1	x	50%	=	
Homes Destroyed		x	ANH x 1	x	100%	=	
Homes Major Damage		x	ANH x 1	x	20%	=	
Homes Minor Damage		x	ANH x 1	x	10%	=	
Disaster Unemployed		x	ANH x 1	x	10%	=	
Other 1 (Specify)[1]				x		=	
Other 2 (Specify)[1]				x		=	
					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 (ANH). The national average is 2.5, but applicants should consult U.S. Census information for State or county averages.

[3]The traumatic impact risk ratio assesses the likelihood of individual and community adverse reactions to this disaster. In previous versions of this application, the term "at-risk multiplier" was used.

*Provide a brief narrative description of the disaster event and its impact on individuals and communities.

The State's response should summarize the type, scope, and impact of the disaster event to create a frame of reference for the more specific questions that follow.

*Identify the sources of data for the number of people identified in each loss category. If FEMA preliminary damage assessment data has not been collected for this disaster, or was not used in specifying the number of people for each category, please clearly identify the alternate sources of data that were used (e.g., American Red Cross, State Emergency Management Agency, media reports).

The data source for each loss category in the CMHS Needs Assessment Formula sheet must be identified. FEMA data, if available, are considered the most reliable source. Data sources for other categories added should be discussed.

*Describe any special circumstances not captured in the CMHS Needs Assessment Formula that will affect the need for crisis counseling services.

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.

*Specify any high-risk group or populations of special concern identified through State's initial needs assessment process (e.g., children, adolescents, older adults, ethnic and cultural groups, lower income populations).

To complete an ISP application, States are required to conduct a comprehensive assessment of need, including a detailed assessment of the needs of at-risk 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 at-risk groups are affected by this specific disaster. Provide a brief rationale for including these additional at-risk groups.

If "other" categories were added to the CMHS Needs Assessment Formula table, please describe the rationale for including these loss categories and how the Traumatic Impact Risk Ratios were determined.

The State may include other loss categories not listed in the CMHS Needs Assessment Formula. For each other category listed, the State must provide a traumatic impact risk ratio and the rationale for determining the ratio. The traumatic impact risk ratio assesses the likelihood of individual and community adverse reactions to this disaster.

Note that "other" categories are not multiplied by household size multiplier, as the State is expected to have reliable estimates of people in any "other" category they seek to add.

Additional comments, if any:

✂✂END: COPY AND PASTE SECTION FOR EACH DESIGNATED SERVICE AREA✂✂

B. Geographic Areas and Initial Needs Assessment

The information in the following table is gathered from the completed CMHS Needs Assessment Formula sheets.

1. Complete a CMHS Needs Assessment Formula sheet (see part I.A.) for each designated service area.
2. Using the information from each CMHS Needs Assessment Formula sheet, fill in the two columns of the following chart.

Designated Service Area	Total People Who Would Benefit from Services
TOTAL:	

Additional comments, if any:

Part II. Response Activities from Date of Incident

This section of the application is an opportunity to demonstrate to FEMA and CMHS that the State and local providers carried out a timely crisis counseling response to the disaster. To be reimbursed for costs incurred from date of incident to date of application, the State must document and describe the crisis counseling services that have been provided and justify the costs. Expenses incurred in providing these services must be thoroughly documented in the budget and budget narrative section at the end of the application. The State may seek reimbursement only for crisis counseling-type services.

*Describe State and local crisis counseling activities from the date of the incident to the date of application. Enter “none” if no 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.

Unless there are unusual situations related to crisis counseling services that the State wants to convey to FEMA and CMHS in detail, this section should be concise. The description in this section should be limited to crisis counseling services provided during this interim period by the State and by service providers being proposed for inclusion in the ISP.

Explain the cause of any delays.

If there were delays in providing services following the disaster, and few or no crisis counseling services can be reported, explain what caused the delay.

*Explain any measures taken to ensure immediate services will be implemented.

Explain measures to be taken to ensure that the ISP will be implemented. This section is especially important if there were any significant delays in providing crisis counseling services.

Additional comments, if any:

Part III. State and Local Resources and Capabilities

The CCP regulations require that the ISP application provide "a description of the State and local resources and capabilities, and an explanation of why these resources cannot meet the need." The Federal Government is required to verify that the needs are beyond State and local resources and capabilities before Federal funds may be awarded.

*Describe State and local mental health systems and the clients they serve. Explain why these resources cannot meet the disaster-related mental health needs.

As State and local mental health systems differ, please explain clearly how the SMHA is structured within the State system, as well as the types of clients served, eligibility requirements for clients, and usual capacity to provide services (e.g., number of clients in the system). The ISP is a supplemental grant, so a clear description of why these resources cannot meet the disaster-related mental health needs is essential.

*Does the SMHA set aside funds for disaster programs? Explain how funds are set aside.

Self-explanatory.

*Are crisis counseling services beyond the SMHA's and local providers' scope of services?

Self-explanatory.

If the State has existing resources that can be used for disaster mental health services, describe these resources (these resources should be outlined as in-kind contributions in the program plan).

Even if States do not have funding set aside for disaster services or crisis counseling, they may have other resources that contribute in an in-kind capacity to the program. While there are no specific matching requirements in the ISP, States are expected to offer in-kind resources in support of the program. These resources should be summarized or identified here, as well as in appropriate sections of the plan of services and budget.

Additional comments, if any:

Part IV. Staffing and Plan of Services

Complete the following staffing summary table by taking information from the individual service provider contact sheets (located in part IV.C.). State will need to complete separate sheets for the State and for each proposed service provider.

***A. Staffing and Plan of Services—Summary**

1. Complete a staffing plan sheet (see Part IV.C. Service Providers) for the SMHA and for each service provider.
2. Fill in the following table with full-time equivalent (FTE) totals from the staffing plan sheets.
3. Identify the designated service areas that each provider will serve.

Note: Project totals in this table should equal the total identified in Part I.B. Geographic Areas and Initial Needs Assessment.

Service Provider Name	Total People Who Would Benefit from Services	FTEs		Designated Service Areas
		Grant Funded	Projected In Kind	
State				
Service Provider 1				
Service Provider 2				
Service Provider 3				
Service Provider 4				
Service Provider 5				
TOTAL:				

In the spaces below, all applicants should do the following:

- Attach an organizational chart. This chart must include the program management, fiscal, administrative, data/evaluation, and all direct and support services staff positions at the State and provider levels. The staff positions and FTEs in the organizational chart should correspond with the information included in the staffing plan sheets.
- Describe the organizational structure.

*Attach an organizational chart for this project.

The State must attach a comprehensive organizational chart that indicates the location of the SMHA in the overall State system and breaks out the SMHA ISP staff, as well as each individual provider. Clear lines of reporting from the provider to the State ISP leadership level should be included. ISP positions listed must be consistent with those proposed in the staffing and plan of services and those included in the budget.

*Describe the rationale for determining the number of FTEs for the program based on the total people who would benefit from services.

The total number of people who would benefit from services is determined in the CMHS Needs Assessment Formula. However, in order to identify the number of staff needed for the program, the State must determine the subset of individuals that crisis counselors are expected to reach. Additional information on staffing levels is available in Part IV.C.3. Service Providers: Staffing Plan.

*Provide a brief description of the organizational and supervisory plan for the program.

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

Additional comments, if any:

Selection of Service Providers

CCP service providers most often are community mental health agencies with a pre-existing organizational relationship with the SMHA. However, because fiscal and administrative procedures and service delivery in the CCP are substantially different from those in other State mental health programs, specialized training and planning is crucial to ensure an effective ISP 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.

*B. Program Management

The following section should be used by the State to describe the SMHA's overall plan for program administration, monitoring, and oversight.

*Describe the State's plan for administrative oversight of the entire program.

While local service providers typically conduct ISP services, the State is expected to maintain clear oversight of program operations. The State 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 State 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. Describe how the State's oversight will ensure a cohesive program identity for the ISP.

*Briefly describe the State's plan for monitoring fiscal activity and fiscal accountability. Include financial documentation procedures.

The State is ultimately responsible for the Federal funds received. Describe what mechanisms the State will use to ensure that funds are properly used and accounted for at both the State and local provider levels. While routine State financial documentation procedures should be highlighted here, also include any specific mechanisms that will be put into place for the ISP.

*Briefly describe the State's plan for quality control methods to assure appropriate services to disaster survivors.

Describe how the State will ensure that high-quality services consistent with the CCP model are delivered across providers.

Evaluation activities must be consistent with the guidelines provided by FEMA and CMHS. Data should be collected using the data collection tools approved by the Office of Management and Budget (OMB) and contained in *Evaluating and Monitoring the Reach, Quality, and Consistency of Crisis Counseling Programs Manual and Toolkit* included with the application materials packet sent to States from the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC).

*☐ By checking the box, the State agrees to use the OMB-approved data collection tools and conduct evaluation activities consistent with FEMA and CMHS guidelines.

There are specific required forms and procedures for data collection. These are detailed in the previously referenced manual. Please review this document to ensure that the State is able to comply with these requirements. Note that crisis counselors are required to use three of the six reporting forms during the ISP phase. In addition to required forms, CCP data are used in national evaluation. Regular submission of databases is required as part of program reporting.

Describe and justify any additional process or program evaluation that may be conducted during the ISP.

States may opt to conduct additional evaluation during the ISP. Such evaluation should be consistent with FEMA and CMHS guidelines. Describe and justify any additional evaluation here, including any associated costs or in-kind contributions to the program.

If an evaluation consultant will be used for other evaluation activities, explain why this consultant was selected and attach a résumé to the application.

If a consultant (rather than evaluation coordinator staff included in direct personnel charges) will be used for evaluation, justify selection of this consultant here and attach a résumé to the application.

*Will the State be providing, in addition to oversight, direct crisis counseling services to survivors?
☐ Yes ☐ No

If yes, the State must complete part IV.C.1–4, detailing information concerning the direct services to be provided.

Some States choose to use direct State personnel, either funded through the ISP or in-kind, to carry out only administrative services such as oversight, fiscal management, training, or educational materials development. If the State personnel will be providing only these types of services, then check “No”; however, if any direct State employees will be providing crisis counseling services to survivors, then the State must complete the service provider information sheets (part IV.C.1–4) for itself. In this case, the State is essentially treated as a service provider, while maintaining its oversight and administrative responsibilities.

Additional comments, if any:

Note: Content from the actual ISP application is in shaded boxes. An * indicates a mandatory field.

*C. Service Providers

Note: Part IV.C.1–4 should be completed for each service provider. The SMHA also should complete these sections for itself if State personnel will be directly providing crisis counseling services to survivors in addition to carrying out their administrative oversight role.

*1. Contact Information

Please provide information on each service provider and the project manager point of contact for the provider.

Service Provider

*Agency/Organization Name: _____
*Address Line 1: _____
Address Line 2: _____
*City: _____ *State: _____ *Zip: _____
*Phone: _____ Fax: _____
E-Mail: _____
Director's Name: _____

CCP Provider Contact/Manager

_____
Prefix *First Name Middle Initial *Last Name
*Agency/Organization Name: _____
*Address Line 1: _____
Address Line 2: _____
*City: _____ *State: _____ *Zip: _____
*Phone: _____ Fax: _____
E-Mail: _____

*2. Service Providers: Estimated Service Targets

The total number of people who would benefit from services for each designated service area was identified in Part I.B. Geographic Areas and Initial Needs Assessment of the ISP application. These figures should be included in the total provider service targets in the following table.

The provider should then identify how many people its organization proposes to serve in each designated service area. If one provider is serving the entire designated service area, the total estimated service targets will equal the number of provider estimated service targets. If more than one provider is serving a designated service area, the State will need to establish service targets for each provider to minimize duplication of service or gaps in service. Fill out the following chart for each provider.

Designated Service Area Name	Total People Who Would Benefit from Services	Provider Service Targets (total people targeted for services)
TOTAL:		

*3. Service Providers: Staffing Plan

Completing the Staffing Plan

The staffing plan must be based on the estimated provider service targets. In other words, the number of staff that each provider hires is based on the number of people to be served.

Step 1: The State must determine the percentage of total people who would benefit from services and whom it expects to reach with primary CCP services. The State must then develop a ratio of direct-service staff to number of people targeted for primary services. Direct-service staff are defined as crisis counselors, team leaders, community liaisons, and resource linkage coordinators.

These calculations may vary by region, with justification. Experience with past CCPs, consultation with the National Center for Posttraumatic Stress Disorder, and data from the Retrospective 5-Year Evaluation of the Crisis Counseling Program indicate that typical programs (of 2,500 survivors to be served) **see between 60 and 80 percent** of the individuals identified through the CMHS Needs Assessment Formula process. Furthermore, typical programs have had approximately **one direct-service staff person to every 300 individuals served with primary services**.

Using the above figures as a guideline, if 3,000 individuals were identified as benefiting from services and the State expects to see 70 percent of those identified, then 2,100 people would be targeted for services. The number of people targeted for services (2,100) divided by 300 equals 7 direct service staff for the ISP (i.e., [3,000 x .70]/300=7).

Note that these figures are general guidelines only. The State is strongly advised to consult with its FEMA and CMHS project officers to identify an appropriate ratio, or ratios, based on the size and scope of the disaster, the types of needs caused by the disaster, the at-risk groups affected, and the geographic and demographic regions to be served. For example, with smaller disasters in which the survivors are known and more readily accessible, one may expect to see more than 80 percent of people who could benefit from services. With larger disasters, or disasters in which the survivors are dispersed or difficult to reach, one may see fewer than 60 percent of people who could benefit from services. The State is responsible for presenting a rationale for its calculations.

Step 2: The second step in the process is to determine the ratio of team leaders to crisis counselors. Team leaders typically supervise between four and eight crisis counselors. Team leaders are **within** the total FTE available for direct service staff. For example, if 7 FTE of direct service staff are identified for the CCP, then the applicant might choose to have 1 FTE team leader supervise the remaining 6 FTE crisis counselors (for a ratio of 1 team leader to 6 crisis counselors).

Step 3: The third step is to determine the FTE amount of nondirect-service staff (e.g., managerial, administrative, evaluation, and fiscal staff) appropriate for the provider. The CCP is a basic supportive program that emphasizes face-to-face contact with survivors and at-risk individuals. Therefore, CCP grant funded nondirect-service staff should not exceed 15 to 20 percent of the total grant-funded FTE workforce. Some applicants may opt to allocate in-kind personnel resources to support nondirect-service functions. Larger providers may have a need for a provider project manager, fiscal coordinator, or administrative assistants; however, smaller providers may not have a need for these roles, as team leaders can devote part of their time to performing these functions. The role of State CCP program manager/director and evaluation coordinator is reserved for the SMHA level. Nondirect-service staff are calculated **in addition** to the direct service FTE.

For example, an applicant proposes to hire 7 direct-service FTE and 1.5 nondirect-service FTE. The total grant-funded workforce is 8.5 FTE (7+1.5=8.5). The nondirect-service FTE comprise 17.6 percent of the total workforce (1.5 is 17.6 percent of 8.5). As the nondirect-service FTE is under the 20 percent limit, it could be approved if the applicant includes appropriate written justification.

The staffing plan table that follows must be copied, pasted, and completed for the State and for each service provider.

Service Provider Staffing Plan

Disaster declaration number: FEMA–XXXX–DR–State

Service provider name: _____

This is an estimate for the following designated service areas: _____

Date completed: _____ Completed by (print name): _____

Type of Staff	Grant Funded		Projected In Kind	
	No. of Staff	No. of FTEs (based on 40 hours per week)	No. of Staff	No. of FTEs (based on 40 hours per week)
State CCP Program Manager/Director				
Provider Project Manager				
Team Leader				
Crisis Counselor				
Fiscal Coordinator				
Administrative Assistant/ Data Entry Clerk				
Evaluation Coordinator				
Other 1 (Specify)				
Other 2 (Specify)				
TOTAL:				

*Provide a brief job description (one paragraph) for each staff position included in the program. Sample job descriptions for typical positions are available in the ISP Supplemental Instructions and may be modified and inserted here.

Sample job descriptions are provided below. The State may modify these, as needed. CCPs typically use a mix of mental 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 mental health or crisis counseling may also serve as team leaders.

State CCP Program Manager/Director

- Acts as lead coordinator for State crisis counseling response and is main point of contact for FEMA.
- Oversees staffing, training, reporting, and fiscal monitoring.
- Works with other disaster service agencies to ensure nonduplication of services.
- Conducts regular site visits to providers and accompanies crisis counselors as an observer to ensure appropriate services are delivered.
- In some cases, often with smaller CCPs, may be the State Disaster Mental Health Coordinator, i.e., the individual identified by the SMHA as responsible for State disaster mental health preparedness and response.

Team Leader

- Leads a team of crisis counselors in the field.
- Is usually an experienced disaster mental health worker or mental health professional who supervises paraprofessional or less experienced crisis counselors.
- May help to assess people who require traditional mental health or substance abuse treatment.
- Depending on the size and scope of the disaster, providers may have more than one leader on staff.

Crisis Counselor ● Works with individuals, families, and groups to provide outreach, basic support, individual and group crisis counseling, public education and referral. ● Is synonymous with term “outreach worker.”
Administrative Assistance/Data Entry Clerk ● Provides a full range of administrative support to the CCP and enters evaluation data.
Consultant/Trainer ● Hired by the CCP to train program staff or provide consultation to program leadership. ● Should be experienced in the CCP model. ● Must be approved by FEMA and CMHS to conduct the trainings specified by the State.
Evaluation Coordinator ● Implements and oversees the CCP evaluation plan. ● Collects and analyzes data, collects provider and participant surveys, supervises data entry clerks, reports data to FEMA and CMHS, and provides data analysis and feedback to State and provider leadership staff to improve program services.
Fiscal Coordinator ● Tracks and monitors funds, reviews and submits requests for program budget modifications to FEMA and CMHS, and prepares fiscal reports. ● Works closely with CCP leadership staff to ensure that funds are accessible to providers and are being appropriately used for crisis counseling services.
ADDITIONAL POSITIONS ENCOUNTERED IN THE CCP
Provider Project Manager ● Often found in larger provider components. ● 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 ● 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.
Media Liaison ● Develops public information press releases. ● Coordinates media events. ● Develops informational and educational literature consistent with CCP programming and services.
Resource Linkage Coordinator ● 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.

*4. Service Providers: CCP Services Provided

The CCP funds services listed in the following table. A description of the services is included on page 20. Note that individuals may be targeted to receive both primary and secondary services.

In the following section, providers should check the services they intend to provide during the ISP. It is common for providers to check all primary services listed. The State is encouraged to tailor these services to meet special needs of survivors and at-risk 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.

Select the types of services furnished by the service provider.

***Primary services provided:**

- ☐ Brief educational or supportive contact
- ☐ Individual crisis counseling
- ☐ Group crisis counseling
- ☐ Public education
- ☐ Assessment, referral, and resource linkage
- ☐ Community networking/support

***Secondary services provided:**

- ☐ Distribution of educational materials
- ☐ Media and public service announcements

*Where and how will staff be deployed to provide identified types of services?

CCP staff are typically deployed in teams, 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.

*What strategies are in place for targeting those identified as in need of services? Include any special population groups that are identified in the needs assessment.

The State 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 (at-risk) populations in their community. The State should ensure that any targeted at-risk populations are also identified in the needs assessment section.

*Describe the staff support mechanisms that will be available.

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).

Additional comments, if any:

✂✂END: COPY AND PASTE SECTION FOR EACH SERVICE PROVIDER✂✂

Note: Content from the actual ISP application is in shaded boxes. An * indicates a mandatory field.

PRIMARY CCP SERVICES
Brief Educational or Supportive Contact ● Is less than 15 minutes in duration. ● Provides basic educational or emotional support to individuals or groups.
Individual Crisis Counseling ● Is greater than 15 minutes in duration. ● 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 the family as a unit. ● Staff are active listeners who provide emotional support.
Group Crisis Counseling ● Provides group members with emotional support and helps them to understand their situation and reactions and to review their options. ● Assists group members with referral to other services and provides them with skills to cope with their situation and reactions. ● Group members do most of the talking.
Public Education ● Provides general educational information to survivors on disaster services available and key concepts of disaster mental health. ● Common activities include public speaking at community forums, in-service group meetings, and local government meetings. ● Crisis counselor does most of the talking.
Assessment, Referral, and Resource Linkage ● Assessment determines the need for referral to additional services, such as disaster relief or traditional mental heath or substance abuse treatment. ● Referral directs survivors to formal mental health or substance abuse 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.
SECONDARY CCP SERVICES
Distribution of Educational Materials ● Typically includes flyers, brochures, tip sheets, guidance documents, or Web site content. ● Includes topics such as basic disaster information, key concepts of disaster mental health, disaster reactions and coping skills, and individual or community recovery or resilience. ● Should include materials that address the needs of at-risk populations and are available in multiple languages.
Media and Public Service Announcements ● 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 mental 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 Web sites or e-mail, or advertising.

D. Consultants (Excluding Trainers)

Consultants are individuals who have extensive experience in the CCP and who provide guidance to State and service provider leadership staff regarding program administration, services, fiscal management, or evaluation. Consultants are distinct from trainers, who train crisis counselors and team leaders to carry out CCP services or address special issues related to the disaster or at-risk populations. Consultants must be approved by FEMA and CMHS to be funded. As a basic supportive program, the CCP does not fund professional mental health consultation on individual cases.

Please provide a list of consultants you intend to use. Complete a consultant information sheet for each consultant. Do not include any trainers.

***Consultants**

Consultant Name	Agency/Organization	Phone
Consultant 1		
Consultant 2		
Consultant 3		

Additional comments, if any:

Consultant Information

Please provide the following information. If the consultant is self-employed, enter his or her name in the agency/organization field in addition to the name fields. The address of the consultant should be the address of the agency/organization applying for FEMA funds. Résumés are required for all consultants.

Consultant

Prefix *First Name Middle Initial *Last Name

*Agency/Organization Name: _____

*Address Line 1: _____

Address Line 2: _____

*City: _____ *State: _____ *Zip: _____

*Phone: _____ Fax: _____

E-Mail: _____

Types of Services Provided:

***E. Training**

Trainers teach crisis counselors and team leaders to carry out CCP services or address special issues related to the disaster or at-risk 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.

Note: Enter only people who are trainers; list consultants in the previous section. All program staff must receive training in the FEMA crisis counseling requirements.

*Does the State have trainers experienced in the CCP who can provide training on the CCP model?

☐ Yes ☐ No

- If yes, list these trainers in the table below.
- If no, contact SAMHSA DTAC for technical assistance or referrals for approved trainers (SAMHSA DTAC: 1-800-308-3515, dtac@esi-dc.com). The approved trainers must then be listed in the table below.

***Trainers**

Trainer Name	Agency/Organization	Phone	FEMA/CMHS Approved?
Trainer 1			
Trainer 2			
Trainer 3			

***Training Schedule**

Type of Training	Date	Trainer	Location
[1]Core Content Training			
Other:			

[1]The Core Content Training is a mandatory training.

Attach résumés for any proposed trainers who have not been FEMA/CMHS approved.

Recommendations for approved FEMA/CMHS trainers are available via SAMHSA 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.

Describe and justify other trainings to be offered.

It is acceptable to provide training on special issues related to the disaster or at-risk populations. A justification for each training must be provided.

Additional comments, if any:

***F. Facilities**

*Explain whether office space is being provided as an in-kind contribution to the project by the State or service providers.

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 space will be leased for the CCP, explain why this is necessary.

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, and cost of the space.

Additional comments, if any:

Part V. Budget

The final element of the ISP application required by the CCP regulations is the budget. CCP regulations require "a detailed budget, showing the cost of proposed services separately from the cost of reimbursement for any eligible services provided prior to application." Note that the budget for proposed services must be separate from reimbursement (interim) costs and must be detailed.

Technical Assistance

Before completing the budget, applicants should do the following:

- Review the table titled "Instructions for the Budget Narrative" included at the end of these supplemental instructions.
- Review the *Crisis Counseling Assistance and Training Program Guidance* for a more indepth discussion of budgeting.
- Contact their FEMA or CMHS project officer for technical assistance.

In-Kind Resources

While there are no requirements for State or local governments matching CCP fund requirements, regulations require the "identification of the resources the State and local governments will commit to both services and training." States have provided in-kind resources such as personnel; overhead or administrative costs (e.g., office and meeting space, utilities, equipment—computers, printers, mobile phones); transportation; advertising; and public service announcements. Communities or groups (e.g., voluntary organizations active in disaster, local faith-based organizations) may donate 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.

Budgeting

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 at-risk populations identified in the needs assessment. The needs assessment identifies who should be served; the plan of services, how they will be served; and the budget, how the services will be funded. These three elements should be related to provide a clear picture of how CCP funding will be used. Anything included in the plan of services must also appear in the line-item budget. Anything included in the line-item budget must also appear in the plan of services.

The ISP application requires several specific budget formats:

- Individual provider budgets.
- State budget.
- Estimated funding section on the main SF–424.
- SF–424a (serves as a total budget for the program).

The individual provider, State, and SF–424a budgets must have consistent line-item rates and costs. As the SMHA oversees the development of the application, it should work closely 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 SMHA 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).

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 contractual line 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.

The budget must be integrated with the needs assessment and the program plan. A separate budget must be provided for the SMHA and each service provider. A line-item budget narrative justifying costs is required for both State and service provider budgets.

- **Note that SF–424a is a required form and represents the total budget for the program**.
- The applicant should review the detailed guidance on budgeting in the ISP Supplemental Instructions and the *Crisis Counseling Assistance and Training Program Guidance.*

Note: Content from the actual ISP application is in shaded boxes. An * indicates a mandatory field.

***A. State Budget**

ISP Budget Summary for the SMHA

Disaster declaration number: FEMA–XXXX–DR–State

Budget Line Item	Interim Costs (costs incurred from date of incident to the application deadline—14 days following the declaration)	Projected Costs (costs from the immediate services application deadline to 60 days or last day of program)	Total Costs (add interim and projected costs)	In-Kind Costs (costs contributed to the project per agency)
Dates of Service				
Salaries and Wages **(a.)**[1]				
Fringe ____% **(b.)**[1]				
Subtotal Personnel Costs				
Travel **(c.)**[1]				
Equipment **(d.)**[1]				
Supplies **(e.)**[1]				
Contractual Consultant/Trainer Costs				
Contractual Media/Public Information Costs				
Other Contractual Costs				
Subtotal Contractual Costs **(f.)**[1]				
Other Direct State Costs **(h.)**[1]				
Total Contractual and Direct Costs:				

[1]Letters in parentheses indicate the corresponding budget category on the SF–424a.

In the following table, include a detailed line-item narrative justifying costs. Please review the detailed guidance on the budget narrative included in the ISP Supplemental Instructions and the *Crisis Counseling Assistance and Training Program Guidance.*

State Budget Narrative

A detailed line-item narrative is critical for budget review and approval. Every line in the budget must have a detailed narrative. There are specific requirements for what to include in the narrative. These are detailed in the table titled “Instructions for the Budget Narrative” at the end of this document.

Note: Content from the actual ISP application is in shaded boxes. An * indicates a mandatory field.

ISP Line-Item Budget Narrative for the SMHA

Disaster declaration number: FEMA–XXXX–DR–State

Period of performance: _____

Budget Line Item	Item Description					Total Cost
DIRECT COSTS						
Direct Personnel Costs		**No. of FTE**	**Hours**	**Weeks**	**Rate**	
Salaries and Wages	(Itemize position titles from part IV.C.3. here. Add rows as needed.)					
Subtotal Salaries and Wages						
Fringe				%		
Subtotal Direct Personnel Costs						
Direct Travel Costs			**Miles**	**Weeks**	**Rate**	
	(Itemize travel types here; include estimated mileage rate, air, lodging, and per diem costs incurred directly by the State. Do not include consultant/trainer travel costs. Add rows as needed.)					
Subtotal Direct Travel Costs						
Direct Equipment Costs				**Unit Cost**	**No.**	
	(Itemize equipment costs here. Individual expenses under $5,000 must be listed under supplies. Add rows as needed.)					
Subtotal Direct Equipment Costs						
Direct Supplies Costs				**Unit Cost**	**No.**	
	(Itemize supply costs here. Add rows as needed.)					
Subtotal Direct Supplies Costs						
Subtotal Direct Costs						
CONTRACTUAL COSTS						
Contractual Consultant/Trainer Costs				**Daily Rate**	**No. of Days**	
Rates	(Itemize contractual consultant/trainer costs here. Add rows as needed.)					
Travel	(Itemize consultant/trainer travel costs here. Add rows as needed.)					
Subtotal Contractual Consultant/Trainer Costs						
Contractual Media/Public Information Costs						
	(Itemize contractual media and public information costs here. Add rows as needed.)					
Subtotal Contractual Media/Public Information Costs						

Note: Content from the actual ISP application is in shaded boxes. An * indicates a mandatory field.

Other Contractual Costs		
	(Itemize other contractual costs here. Add rows as needed.)	
Subtotal Other Contractual Costs		
Subtotal Contractual Costs		
OTHER DIRECT COSTS		
Other Direct State Costs		
	(Itemize other direct State costs here. Add rows as needed.)	
Subtotal Other Direct State Costs		
TOTAL CONTRACTUAL AND DIRECT COSTS:		

✂✂START: COPY AND PASTE SECTION FOR EACH SERVICE PROVIDER✂✂

***B. Individual Provider Budgets**

Complete and Individual Service Provider Budget for each service provider.

ISP Individual Service Provider Budget Summary

Name of service provider: _____

Disaster declaration number: FEMA–XXXX–DR–State

Designated areas: _____

Total people who would benefit from services: _____

Total FTE: _____

Budget Line Item	Interim Costs (costs incurred from date of incident to the application deadline—14 days following the declaration)	Projected Costs (costs from the immediate services application deadline to 60 days or last day of program)	Total Costs (add interim and projected costs)	In-Kind Costs (costs contributed to the project per agency)
Dates of Service				
Salaries and Wages				
Fringe ____%				
Subtotal Personnel Costs				
Travel				
Equipment				
Supplies				
Consultant/Trainer Costs				
Media/Public Information Costs				
Other Service Provider Costs				
Total Provider Costs (f.)[1]:				

[1]Letters in parentheses indicate the corresponding budget category on the SF–424a.

Provider Budget Narrative

A detailed line-item narrative is critical for budget review and approval. Every line item in the budget must have a detailed narrative. There are specific requirements for what to include in the narrative. These are detailed in the table titled “Instructions for the Budget Narrative” at the end of this document.

*In the following table, include a detailed line-item narrative justifying costs. Complete a line-item narrative for each service provider. Please review the detailed guidance on the budget narrative included in the ISP Supplemental Instructions and the *Crisis Counseling Assistance and Training Program Guidance.*

Note: Content from the actual ISP application is in shaded boxes. An * indicates a mandatory field.

ISP Line-Item Budget Narrative for the Individual Service Provider

Disaster declaration number: FEMA–XXXX–DR–State

Name of service provider: _____

Designated areas: _____

Total people who would benefit from services: _____

Total FTE: _____

Period of performance: _____

Budget Line Item	Item Description					Total Cost
PROVIDER COSTS						
Personnel Costs		**No. of FTE**	**Hours**	**Weeks**	**Rate**	
Salaries and Wages	(Itemize position titles from part IV.C.3. here. Add rows as needed.)					
Subtotal Salaries and Wages						
Fringe				%		
Subtotal Personnel Costs						
Travel Costs			**Miles**	**Weeks**	**Rate**	
	(Itemize travel types here; include estimated mileage rate, air, lodging, and per diem costs incurred directly by the State. Do not include consultant/trainer travel costs. Add rows as needed.)					
Subtotal Travel Costs						
Equipment Costs				**Unit Cost**	**No.**	
	(Itemize equipment costs here. Individual expenses under $5,000 must be listed under supplies. Add rows as needed.)					
Subtotal Equipment Costs						
Supplies Costs				**Unit Cost**	**No.**	
	(Itemize supply costs here. Add rows as needed.)					
Subtotal Supplies Costs						
Consultant/Trainer Costs				**Daily Rate**	**No. of Days**	
Rates	(Itemize contractual consultant/trainer costs here. Add rows as needed.)					
Travel	(Itemize consultant/trainer travel costs here. Add rows as needed.)					
Subtotal Contractual Consultant/Trainer Costs						

Media/Public Information Costs		
	(Itemize contractual media and public information costs here. Add rows as needed.)	
Subtotal Contractual Media/Public Information Costs		
Other Service Provider Costs		
	(Itemize other service provider costs here. Add rows as needed.)	
Subtotal Other Service Provider Costs		
	TOTAL PROVIDER COSTS:	

✂✂END: COPY AND PASTE SECTION FOR EACH SERVICE PROVIDER✂✂

Budget Category	INSTRUCTIONS FOR THE BUDGET NARRATIVE Key Points for Each Line Item
Salaries and Wages	o Within the budget narrative table, list each position type and all relevant details, including the corresponding number of FTEs, hours, weeks, rates of pay, and total cost. o Indicate how rates of pay were determined. List sources used to make such determinations (e.g., U.S. Department of Labor). o If rates differ from usual and customary rates for comparable positions in the local area, justify why pay rates differ.
Fringe Benefits	o Provide the rate of fringe for each provider. o Indicate whether the fringe benefits are based on usual and customary rates in the local area. o If the fringe rates are not comparable to the usual and customary rates for the local area, describe why the fringe rates differ. o List individual items that constitute the fringe benefits package.
Travel	o Provide the following list of travel expenses for program staff: number of estimated miles per week, number of weeks, and established State mileage rate. o Provide details on in-State airfare costs, lodging, and per diem rates. o Consultant or trainer travel costs must be included in the consultants/trainers category.
Equipment	o Itemize equipment and provide justification of equipment costs. o Expenses less than $5,000 (e.g., mobile phones or computers) must be included in the supplies category. **Note:** This line is reserved for individual equipment purchases exceeding $5,000.
Supplies	o Itemize all supplies not normally stocked in a typical business office or covered by the negotiated indirect rate agreement (e.g., mobile phones, computers, pagers). o Include a justification for each item.
Consultants/ Trainers	o Itemize all consultant and trainer costs by identifying person, role, daily rate, and number of days. o Identify the type of consultation or training that the individuals are providing. o Provide a breakdown of transportation, lodging, and per diem rates (some travel costs may need to be estimated). **Note:** Ensure all compensation complies with FEMA policy and established rates of pay.
Media/Public Information	o Provide a breakdown of expenses for pamphlets, flyers, educational materials, advertising expenses for staff recruitment, and educational media and public information efforts. **Note:** The State is encouraged to seek donated or matching media and marketing activities.
Other	o List all other costs, and provide justification for these costs. **Note:** Ensure all other costs are directly supported within the plan of services.

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