

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

Version 1.2



FEMA



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

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

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

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

Please note that throughout the RSP 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 RSP 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.
- **Public Health Service (PHS) Form 5161:** Note that the PHS Form 5161 contains the 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.
- **Executive Summary:** Describes the overall proposal and provides key information for quick review. This should be no longer than one page.
- **Part I. Disaster Description:** Includes information about the scope and overall impact of the disaster and the characteristics of the affected communities.
- **Part II. Geographic Areas and Needs Assessment:** Includes an estimate of the number of disaster survivors who would benefit from crisis counseling services and an estimate of the number of individuals who will be targeted for primary services (e.g., individual and group crisis counseling) and secondary services (e.g., public service announcements and media materials). It also includes an explanation of special circumstances that are related to the disaster and that may increase the need for crisis counseling services.
- **Part III. Response Activities from Date of Incident:** Describes State and local crisis counseling response activities from date of disaster incident to date of application submission. This section also contains a presentation of data and information related to the services provided under the Immediate Services Program (ISP) grant. If the State received an ISP grant, completion of this section meets the requirement for an ISP midprogram report.
- **Part IV. 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 V. Staffing and Plan of Services:** Includes a list of active service providers and a plan of services to meet the identified needs, including plans for staffing, service provision, training, and program management.
- **Part VI. Budget:** Includes a required format for submitting State and individual provider budgets and for line-item budget narratives.

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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 RSP funding. The RSP application will not be accepted by FEMA without the GAR's signature. The director of the SMHA does not have authority to apply for RSP 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) Regular Services Program (RSP) 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 regular services.

* _____
Date

* _____
Signature, GAR

Attach Public Health Service 5161-1 (PHS-5161-1) form, which includes Standard Form 424 Request for Federal Assistance (SF-424) and Standard Form 424a Budget Information: Non-Construction Programs (SF-424a), to the signature sheet.

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PHS Form 5161

PHS Form 5161 is a federal form that is required by the Office of Management and Budget (OMB) for all RSP grant applications. It includes official assurances, certifications, and key application information. PHS Form 5161 is 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 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: _____			

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Executive Summary

*Include an executive summary below that provides key information on the scope and magnitude of the disaster, how the State responded initially, how the State and community service providers propose to provide services during the RSP, and the nature and location of the services. It is recommended that this section be completed last, after all other key information has been determined. The executive summary should not exceed one page in length.

The executive summary should also include the date of the Presidential declaration and the requested amount of RSP funding.

Part I. Disaster Description

*A. Narrative Description

Please answer the following questions that describe the disaster and its impact on survivors and communities.

*What was the timeframe during which the disaster occurred?

Include the date(s) the disaster occurred.

*What was the date of the Presidential disaster declaration?

Include the date of the Presidential declaration.

*Was the disaster the result of natural causes (e.g., hurricane, tornado, earthquake, wildfire, flood), the result of an accident (e.g., accidental fire), or a deliberate criminal act (e.g., bombing)?

Specify what type of disaster occurred, and whether it was natural or human caused. If human caused, was it deliberate or accidental?

*How much warning did disaster victims or survivors have?

Indicate if there was a warning period, and if so, describe the warning period (even if very brief) prior to the impact of the disaster.

*How long did the actual disaster last?

Indicate how long the disaster lasted (i.e., the amount of time people were at significant risk of physical harm).

*Was disaster damage concentrated in small areas or widely dispersed?

Identify the locations of significant disaster damage, and indicate whether they were clustered together or widely dispersed. Refer to the map included in the application.

*Provide examples of major damage caused by the disaster and the overall impact on survivors.

Provide examples of major damage caused 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.

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*Describe the social, economic, and demographic characteristics of the affected communities and whether the communities are primarily rural, suburban, or urban.

Briefly describe the above domains (social, economic, demographic, and rural/suburban/urban) for each of the areas designated in the disaster declaration.

*Did disaster response organizations encounter any particular challenges in reaching specific communities?

This question refers to mainstream disaster response organizations such as FEMA, State emergency management, first responders, and voluntary organizations active in disaster.

The State will have the opportunity to discuss the crisis counseling response later in the application. Describe whether mainstream disaster responders had difficulty bringing rescue and relief services to specific communities.

Additional comments, if any:

***B. Map of the Disaster Area**

*Include or attach a map of the State, highlighting the counties or service areas included in the Presidential disaster declaration.

A map highlighting the designated areas in the Presidential disaster declaration meets this requirement. States may choose to include additional information or maps highlighting specific disaster damage or community demographics.

Part II. Geographic Areas and Needs Assessment

The needs assessment provides the foundation for all grant program activities conducted under the RSP. Because all services and staff proposed in the RSP 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.

If the State had an ISP grant, a similar initial needs assessment was conducted. However, with the RSP application, it is expected that the State has had time to conduct a more comprehensive needs assessment to update the data gathered in the ISP phase.

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

***A. Center for Mental Health Services (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. The most reliable data on disaster damage generally will come from the FEMA 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, service data from the ISP (if any) and other human service workers

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deployed by the SMHA or other public agencies in the aftermath of a disaster will provide useful information on crisis counseling needs.

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"¹ 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:	=

¹If 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.

²Household 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.

³The 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.

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

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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 a human-caused disaster.

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

To complete an RSP 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 state a rationale for including these loss categories, and describe 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 how the ratio was determined. 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:

***B. Estimated Number of People To Be Served Through Primary and Secondary Services**

The State is asked to develop appropriate and reasonable targets for providing primary and secondary services to individuals affected by the disaster. Note that individuals may be targeted to receive both primary and secondary services, so the sum of primary and secondary services does not need to equal the total number of people who can benefit from crisis counseling services. However, individually, neither primary nor secondary services should exceed the number of people identified as in need of crisis counseling services.

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Estimated Number of People To Be Served Through Primary and Secondary Services

Disaster declaration number: FEMA-XXXX-DR-State
 This is an estimate for the following designated service area: _____
 Date completed: _____ Completed by (print name): _____

Complete the table of estimated number of people to be served for each designated service area. To complete the table:

1. Include the total people who would benefit from services, based on the CMHS Needs Assessment Formula sheet, for each loss category.
2. Identify a percent multiplier for primary services and a percent multiplier for secondary services. These multipliers indicate the percentage of people the program expects to actually serve from the total number of people who would benefit from services in the designated area.
3. Note that individuals may receive both primary and secondary services. Primary and secondary percent multipliers may vary according to the loss category.
4. Determine the estimated number of people to be served through primary services for each loss category. Multiply the total number of people for each loss category by the primary percent multiplier: (total people who would benefit from services) X (primary percent multiplier) = (number of people to be served through primary services).
5. Determine the estimated number of people to be served through secondary services for each loss category. Multiply the total number of people for each loss category by the secondary percent multiplier: (total people who would benefit from services) X (secondary percent multiplier) = (number of people to be served through secondary services).
6. Sum the columns of number of people to be served to identify a total for each designated service area.

Loss Category	Total People Who Would Benefit from Services	Estimated No. of People To Be Served			
		Through Primary Services		Through Secondary Services	
		Primary Percent Multiplier	No. of People To Be Served	Secondary Percent Multiplier	No. of People To Be Served
Dead					
Hospitalized					
Nonhospitalized Injured					
Homes Destroyed					
Homes Major Damage					
Homes Minor Damage					
Disaster Unemployed					
Other 1 (Specify)					
Other 2 (Specify)					
TOTAL:					

Instructions for Estimating Primary and Secondary Services

Primary Services: Individual crisis counseling; group crisis counseling; assessment, referral, and resource linkage; community networking; basic supportive/educational contacts; and public education presentation/groups.

Primary services are typically of a higher intensity but lower volume. When determining the primary service targets, the State should keep in mind the following factors: type and scope of disaster, existing services available, geography, population, and operational realities such as the capacity to hire, train, and manage high-quality crisis counseling staff.

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Experience with past CCPs, consultation with the National Center for Posttraumatic Stress Disorder (NCPTSD), 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.

Note that these figures are general guidelines only. The State is strongly advised to consult with its FEMA and CMHS project officers to identify a primary percent multiplier 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.

Secondary Services: Media/public service announcements and distribution of educational materials (including e-mail and Web sites).

Secondary services are typically of a lower intensity but higher volume. The State must also estimate the number of individuals who may be served through high-volume secondary services, such as media/public service announcements and distribution of educational materials. It is understood and appropriate that a certain number of individuals not deemed directly affected may be exposed to distributed educational materials or media messaging. However, as the RSP is intended for disaster survivors and at-risk populations, these individuals would not be included in estimated service targets. Therefore, the number of people to be served through secondary services should not exceed the total number of people who would benefit from services.

*Provide a rationale for estimating the total number of people to be served through primary and secondary services.

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

While the total number of people who would benefit from crisis counseling services is determined by simple calculation, the estimated number of people to be served must be identified by the State. Even the most effective program is unlikely to serve every single person identified as potentially benefiting from services. Therefore, the State must present a rationale for estimating the number of people the RSP will serve. The State is encouraged to confer with its FEMA or CMHS project officer for assistance in determining this estimation.

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***C. Geographic Areas and Needs Assessment**

1. Complete a CMHS Needs Assessment Formula sheet (see part II.A.) for each designated service area.
2. Complete the table of estimated number of people to be served through primary and secondary services (see part II.B.) for each designated service area.
3. Using the information from each CMHS Needs Assessment Formula sheet, fill in the first two columns of the following chart.
4. Using the totals from the estimated number of people to be served through primary and secondary services, fill in the last two columns of the following chart. These totals should reflect the sum of the estimated number of people to be served through primary and secondary services in each designated service area.

Designated Service Area Name	Total People Who Would Benefit from Services	Estimated No. of People To Be Served	
		Through Primary Services	Through Secondary Services
TOTAL:			

Additional comments, if any:

Part III. Response Activities from Date of Incident

***A. Description of Response Activities**

*Describe State and local crisis counseling and disaster mental health response activities from date of incident to 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.

States that received an ISP grant will be providing a detailed account of ISP services in Part III.B. ISP Activities. 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 mental health or crisis counseling response.

B. Immediate Services Program Activities

This section should be completed only if the State received an Immediate Services Program (ISP) grant for the disaster. Skip this section if the State did not receive an ISP grant.

This section fulfills the requirement for an ISP midprogram report. ISP grants must provide a midprogram report when an RSP grant application is being prepared and submitted.

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***1. Summary of ISP Activities**

Please answer the following questions to summarize ISP activities for the program as a whole.

*Describe the primary emphasis of outreach and services during the immediate services phase (e.g., individual or high-intensity services to survivors and the most heavily impacted communities or at-risk populations).

Most ISPs provide the full range of crisis counseling services, but typically focus on high-intensity, low-volume individual services to directly affected survivors and significantly at-risk 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.

*Describe the services provided during the ISP, including a discussion of any trends or key issues based on analysis of the ISP data.

Comprehensive ISP program data are included in the next section. Refer to this data, and provide an analysis of trends in the data. Address each crisis counseling service type offered during the ISP.

*Highlight any prevalent or key issues or disaster reactions encountered during the first 2 months of services.

Prevalent disaster reactions should be indicated in the data. Refer to the data when addressing disaster reactions. This section also allows the State to identify any overall individual or community issues encountered during the first 2 months of services.

*Describe any issues or disaster reactions unique to specific communities or at-risk populations.

At-risk 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 at-risk populations, not identified in the original ISP application, to be encountered after outreach begins. These groups or communities should be referenced here. Note that new at-risk populations should be included in the RSP needs assessment to continue to target them for services in the program going forward.

*Describe any issues or disaster reactions related to the type of disaster that occurred.

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.

*Highlight any public education, media messaging, or educational materials distribution.

While ISPs typically focus on high-intensity, low-volume individual services to directly affected survivors and significantly at-risk populations, some public education, media messaging, and educational materials distribution is likely to have occurred. It is expected that these types of activities will increase in the long-term RSP.

Additional comments, if any:

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***2. ISP Data Tables**

The information in the data tables corresponds to the indicators on the CCP data collection forms. Appropriate pertinent database reports may be inserted or attached in lieu of filling out the following tables. Note that the minimum requirements are total ISP data for each of the indicators below, and a table that lists the overall individual provider totals by primary and secondary services. States often opt to include additional data reports. It also is not uncommon for FEMA or CMHS project officers to request additional data, such as detailed provider data, in order to allow them to review the need for continued services in the RSP phase.

CCP Totals: Please complete the following data tables, including total numbers for the entire ISP to date. The State may replace these tables by inserting or attaching database reports, as long as all required indicators are included.

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*The following includes data from the start of the ISP to _____ (enter end date).

Individual Crisis Counseling Contacts (characteristics of encounter)			
Location		No. of Service Contacts	
School			
Community center			
Provider site			
Workplace			
Disaster recovery center			
Place of worship			
Individual's home			
Other:			
Type of Visit		No. of Service Contacts	
First visit			
Second visit			
Third visit			
Fourth visit			
Fifth visit or more			
Duration		No. of Service Contacts	
15–29 minutes			
30–44 minutes			
45–59 minutes			
60 minutes or more			
Individual Crisis Counseling Contacts (risk categories)			
Risk Category	No. of Service Contacts	Risk Category	No. of Service Contacts
Injured or physically harmed		Disaster unemployed	
Life was threatened		Other financial loss	
Family missing or dead		Assisted with rescue or recovery	
Friend missing or dead		Evacuated quickly with little time to prepare	
Witnessed death or injury		Witnessed community destruction	
Prolonged separation from family		Past substance abuse or mental health problem	
Home had damage		Pre-existing physical disability	
Displaced from home 1 week or more		Past trauma	

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Individual Crisis Counseling Contacts (demographic information)			
Age	No. of Service Contacts	Ethnicity	No. of Service Contacts
Preschool (0–5 years)		Hispanic or Latino	
Childhood (6–11 years)		Not Hispanic or Latino	
Preadolescent/adolescent (12–17 years)		Race	No. of Service Contacts
Adult (18–39 years)		American Indian/Alaska Native	
Adult (40–64 years)		Asian	
Adult (65 years or older)		Black or African-American	
		Native Hawaiian/Pacific Islander	
		White	
Preferred Language	No. of Service Contacts	Gender	No. of Service Contacts
English		Male	
Spanish		Female	
Other:			
Language of Contact	No. of Service Contacts	Parent/Guardian of Child Under Age 18	No. of Service Contacts
English		No	
Spanish		Yes	
Other:		Unknown	
Individual Crisis Counseling Contacts (referrals)			
Source		No. of Referrals	
Other crisis counseling services			
Other disaster services (e.g., FEMA loans, housing)			
Mental health treatment			
Substance abuse treatment			
Other services:			
Acceptance of Referral		No. of Referrals	
No			
Yes			

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Group Encounter Contacts (characteristics of encounter)			
Location		No. of Group Encounters	
School			
Community center			
Provider site			
Workplace			
Disaster recovery center			
Place of worship			
Individual's home			
Other:			
Type of Visit		No. of Group Encounters	
First session of group expected to meet once			
First session of group expected to meet more than once			
Second or greater session of ongoing group			
Duration		No. of Group Encounters	
Less than 30 minutes			
30–44 minutes			
45–59 minutes			
60 minutes or more			
Group Encounter Contacts (group identities)			
Group Identity	No. of Group Encounters	Group Identity	No. of Group Encounters
Occupation: School staff		Common disaster experience: Bereavement	
Occupation: Rescue/recovery workers		Common disaster experience: Displacement	
Other occupational group:		Other disaster experience:	
Age: Child (0–5 years)		Common religious identity	
Age: Child (6–11 years)		Common parenting/ caregiving concerns	
Age: Preadolescent/adolescent (12–17 years)		Common neighborhood or community	
Age: Adult (18–39 years)		Common language is Spanish	
Age: Adult (40–64 years)		Common language other than English or Spanish:	
Age: Adult (65 years or older)		Common psychological or medical problems	
Gender: Men/boys		Other identity:	
Gender: Women/girls		No shared identity	

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Group Encounter Contacts (focus of group sessions)	
Focus	No. of Group Encounters
Education about reactions to disaster	
Education about community resources and services	
Mutual support	
Stress management or skills building	
Conflict resolution	
Community action	
Other:	
Brief Educational and Supportive Services	
Type of Contact	No. of Contacts/Materials Distributed
In-person, brief educational or supportive contact	
Telephone contact	
E-mail contact	
Materials handed to people with no or minimal interaction	
Materials mailed to people's homes	
Materials left in public places	
Community networking and coalition building	

*3. ISP Service Providers

In the following table, the total number of people who would benefit from services should be taken from the original ISP application. The total number of people served to date in each category is calculated by running the data reports for each service provider. It is understood that some duplication in the count may occur given the structure of the data collection forms and indicators. As stated below, the full-time equivalent (FTE) staff should be the actual amount of staff hired and used in-kind by the provider.

In the following table, list the service provider agencies that participated in the ISP. Include the total people who would benefit from services, identified in the ISP application, for each service provider. Then, include the total actually served to date in the ISP for each provider. List actual full-time equivalent (FTE) staff for each provider and the designated service areas served by each provider. If the State provided direct crisis counseling services, complete the State line of the table.

Service Provider Name	Total People Who Would Benefit from Services (from ISP application)	Total Served to Date in ISP	FTEs		Designated Service Area
			Grant Funded	In Kind	
State					
Service Provider 1					
Service Provider 2					
Service Provider 3					
Service Provider 4					
Service Provider 5					
ISP TOTAL:					

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

*Explain why any service providers not included in the ISP application were added. Explain why any service providers included in the ISP application were deleted or discontinued.

In some cases, the State may have sought approval from its FEMA and CMHS project officers to discontinue service providers included in the ISP application or to add service providers not included in the original application.

*Explain the reasons for variations in rates of service delivery (i.e., why providers are significantly above or below estimated service targets or why there is significant variation in service delivery rates among service providers of similar size).

As the ISP initial needs assessment must be completed quickly, there may be variations between service targets and actual people served. The State must carefully explain why each significant variation occurred. For example, there may have been more or fewer people in need in a given region than initially projected. Some service providers may have carried out more high-intensity, low-volume services (such as individual crisis counseling), while others conducted more high-volume services (such as public education presentations to large audiences). Operational realities, such as the ability to hire staff in a timely manner, also may play a role in variation.

The State should also comment here on the period for which services were provided and data collected. The ISP application service targets assume a 60-day program, but the RSP application is due on day 60, requiring data to be collected several days prior to this. Therefore, the totals served to date may need to be compared to prorated estimated service targets. If this is the case, the percentage of the prorating to be applied should be discussed in the response (with the total number of people who would benefit from services, as listed in the table, still reflecting the non-prorated amounts from the ISP application).

Additional comments, if any:

***4. ISP Training Provided**

In the following table, include all trainings proposed in the ISP application. Indicate whether the trainings were provided, the type of training, dates, trainers, and locations. List any additional trainings that were provided but not included in the ISP application.

Provided	Type of Training	Date	Trainer	Location
<input type="checkbox"/> Yes <input type="checkbox"/> No	Core Content Training (mandatory)			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:			

If applicable, briefly explain why any training proposed in the ISP application was not provided.

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

Part IV. State and Local Resources and Capabilities

*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 RSP 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 RSP, 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 V. Staffing and Plan of Services

Complete the staffing summary table by taking information from the individual service provider contact sheets. The 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 V.C. Service Providers) for the SMHA and for each service provider.
2. Fill in the following table with FTE totals from the staffing plan sheets.
3. Identify the designated service areas that each provider will serve. Identify the estimated number of people to be served for each service provider.

Note: The estimated number of people to be served should equal the total number identified in Part II.C. Geographic Areas and Needs Assessment.

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

Service Provider Name	Estimated No. of People To Be Served		FTEs		Designated Service Areas
			Grant Funded	Projected In Kind	
	Primary	Secondary			
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 RSP staff, as well as each individual provider. Clear lines of reporting from the provider to the State RSP leadership level should be included. RSP positions listed must be consistent with those proposed in the staffing and plan of services, and those included in the budget.

*Describe the organizational and supervisory plan for the program.

Describe how the organizational structure of the RSP 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. If the State had an ISP, many of the ISP service providers may be included in the RSP. Note that an RSP is still based directly on identified need. The needs assessment will have to justify continued services by ISP providers; and the selection of providers and the contribution of each provider may need to be adjusted for the RSP phase.

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 RSP response. If service providers have not been selected and trained prior to a disaster, the State will have to work closely with each service provider to familiarize them with the procedures and requirements of the program.

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***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.

If the State received an ISP grant, describe what administrative and programmatic activity will take place to ensure a smooth transition from the ISP to RSP phase.

The transition from ISP to RSP must be carefully planned. Administrative issues to address in this response 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.

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

While local service providers typically conduct RSP 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 RSP.

*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 RSP.

*Describe the State's plan for quality control methods to ensure appropriate services reach disaster survivors.

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

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*Describe the State's plan to ensure clear program identity and market the program so survivors can easily access services (e.g., program identification materials, use of media, Web sites). Also, specifically identify how survivors will access program services and if the program is putting into place a hotline or referral phone numbers.

The RSP may be administered by a number of service providers, perhaps in different geographic regions. The State RSP leadership must work with service providers to develop and promote a cohesive program identity. Survivors need easy access to CCP services in their community. Centralized hotline or referral phone numbers are often used, particularly in larger CCPs, to help meet this need. Describe how you will brand and market the program.

*Describe the State's plan to ensure that appropriate educational materials and wellness messages are available to assist both communities and individual survivors (e.g., public service announcements, partnering with media or community organizations).

Educational materials and wellness messaging should be appropriate, consistent, and well coordinated. States often choose to modify existing disaster and psycho-educational materials. If individual providers are developing educational materials or media messaging, the State should describe a mechanism to review and approve these messages to ensure that they are consistent with the CCP approach. States are encouraged to seek out and adapt existing public service announcements or partner with media or community organizations to produce public service announcements or media messaging, rather than attempt to create these materials on their own. Describe how media activities will be carried out.

*Describe the State's plan to partner with disaster relief, community, faith-based, traditional mental health and substance abuse services, and other human service organizations to promote community recovery, ensure appropriate mechanisms for referral, and promote unduplicated, comprehensive services.

The longer timeframe of the RSP allows for increased partnership with community stakeholders. If the State had an ISP, it likely 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.

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

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

Some States choose to use direct State personnel, either funded through the RSP or in-kind, to carry out only administrative services such as oversight, fiscal management, training, or educational materials development. If 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 V.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:

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

***C. Service Providers**

Note: Part V.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 State, working with the local service provider, should determine the designated service area, or areas, that the provider will serve in the RSP. The total estimated number of people to be served was completed in part II. Those figures should be included here. If there is only one provider in the designated service area, then the number of provider estimated people to be served will equal the total estimated number of people to be served. If two or more providers are serving an individual designated service area, the process is more complex. In this case, the State 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.

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The total estimated number of people to be served for each designated service area was identified in Part II.C. Geographic Areas and Needs Assessment of the RSP application. These figures should be included in the total estimated service targets in the following table.

The provider should then identify how many people its organization proposes to serve through primary and secondary services in each designated service area. If one provider is serving the entire designated service area, the total designated service area estimated number of people to be served will equal the provider estimated number of people to be served. 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.

Designated Service Area Name	Total Designated Service Area (estimated no. of people to be served)		Provider Service Targets (estimated no. of people to be served)	
	Through Primary Services	Through Secondary Services	Through Primary Services	Through Secondary Services
TOTAL:				

*3. Service Providers: Staffing Plan

Completing the Staffing Plan

The staffing plan must be based on the provider estimated service targets. In other words, the number of staff that each provider hires is based on the number of people to be served with primary services. Note that the step 1 below differs from the process used in the ISP application. In the RSP application, the primary percent multiplier to establish the number of people to be served has already been completed as part of the needs assessment.

Step 1: The first step in this process is for the State to develop a ratio of direct-service staff to number of people targeted for primary services. This ratio may vary by region, with justification. Direct-service staff are defined as crisis counselors, team leaders, community liaisons, and resource linkage coordinators. 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. Experience with past CCPs, consultation with NCPTSD, and data from the Retrospective 5-Year Evaluation of the Crisis Counseling Program indicate that typical programs (of 2,500 survivors to be served) have had approximately **one direct-service staff person to every 300 individuals served with primary services.**

For example, if 2,100 individuals were the estimated number of people to be served through primary services, 2,100 divided by 300 equals 7 direct service staff for the RSP (i.e., $[2,100/300=7]$)

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

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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 completed for the State and for each service provider.

Service Provider Staffing Plan				
Disaster declaration number: <u>FEMA-XXXX-DR-State</u>				
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 RSP Supplemental Instructions and may be modified and inserted here.

The following are sample job descriptions. 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.

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<ul style="list-style-type: none"> • 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.
<p>Team Leader</p> <ul style="list-style-type: none"> • 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.
<p>Crisis Counselor</p> <ul style="list-style-type: none"> • 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.”
<p>Administrative Assistant/Data Entry Clerk</p> <ul style="list-style-type: none"> • Provides a full range of administrative support to the CCP and enters evaluation data.
<p>Consultant/Trainer</p> <ul style="list-style-type: none"> • 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.
<p>Evaluation Coordinator</p> <ul style="list-style-type: none"> • 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.
<p>Fiscal Coordinator</p> <ul style="list-style-type: none"> • 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.
<p>ADDITIONAL POSITIONS ENCOUNTERED IN THE CCP</p>
<p>Provider Project Manager</p> <ul style="list-style-type: none"> • 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.
<p>Community Liaison</p> <ul style="list-style-type: none"> • 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.
<p>Media Liaison</p> <ul style="list-style-type: none"> • Develops public information press releases. • Coordinates media events. • Develops informational and educational literature consistent with CCP programming and services.
<p>Resource Linkage Coordinator</p> <ul style="list-style-type: none"> • 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.

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***4. Service Providers: CCP Services Provided**

The CCP funds services listed in the following table. A description of the services is included on the following page. 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 RSP. 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: <input type="checkbox"/> Brief educational or supportive contact <input type="checkbox"/> Individual crisis counseling <input type="checkbox"/> Group crisis counseling <input type="checkbox"/> Public education <input type="checkbox"/> Assessment, referral, and resource linkage <input type="checkbox"/> Community networking/support
Secondary services provided: <input type="checkbox"/> Distribution of educational material <input type="checkbox"/> 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 also are 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 RSP application is in shaded boxes. An * indicates a mandatory field.

PRIMARY CCP SERVICES
Brief Educational or Supportive Contact <ul style="list-style-type: none">• Is less than 15 minutes in duration.• Provides basic educational or emotional support to individuals or groups.
Individual Crisis Counseling <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• Assessment determines the need for referral to additional services, such as disaster relief or traditional mental health 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 <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• 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.

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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 the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (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			
Transition to RSP Training			
RSP Midprogram Training			
Disaster Anniversary Training			
RSP Phasedown Training			
Other:			
Other:			

¹All crisis counselors must receive the Core Content Training during their tenure with a CCP. This is typically provided in the ISP phase. In this case, it does not need to be repeated in the RSP (the Transition to RSP Training will be sufficient). RSP grants that did not have an ISP phase must provide the Core Content Training (in place of the Transition to RSP 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 who will be trained, and note if training will be offered to other human service or disaster relief workers who are not employed through the CCP grant.

Describe what types of RSP staff, SMHA staff, and other human service or disaster relief workers will attend each training type. The CCP encourages States to open CCP trainings, as appropriate, to other human service, disaster relief, or community organization staff in order to promote partnership.

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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.

*Describe how staff stress management opportunities will be incorporated into the CCP training.

Given the stress risks of crisis counseling during the RSP, stress management should be incorporated, as appropriate, into CCP trainings. Additional opportunities for stress management are also encouraged.

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:

***G. Evaluation**

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 SAMHSA 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. CCP data are used in a national evaluation. Regular submission of databases are required as part of program reporting.

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

States may opt to conduct additional evaluation during the RSP. 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.

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

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.

Additional comments, if any:

Part VI. Budget

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.

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

The RSP 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:** The 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 RSP Supplemental Instructions and the *Crisis Counseling Assistance and Training Program Guidance*.

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

***A. State Budget**

RSP Budget Summary for the SMHA		
Disaster declaration number: <u>FEMA-XXXX-DR-State</u>		
Period of performance: _____		
Total FTE: _____		
Budget Line Item	Total Cost	Projected In-Kind Cost
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:		

¹Letters 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 RSP 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 RSP application is in shaded boxes. An * indicates a mandatory field.

RSP Line-Item Budget Narrative for the SMHA						
Disaster declaration number: <u>FEMA-XXXX-DR-State</u>						
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 V.C.3. here. Add rows as needed.)					
<i>Subtotal Salaries and Wages</i>						
Fringe				%		
<i>Subtotal Direct Personnel Costs</i>						
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.)					
<i>Subtotal Direct Travel Costs</i>						
Direct Equipment Costs				Unit Cost	No.	
	(Itemize equipment costs here. Individual expenses under \$5,000 must be listed under supplies. Add rows as needed.)					
<i>Subtotal Direct Equipment Costs</i>						
Direct Supplies Costs				Unit Cost	No.	
	(Itemize supply costs here. Add rows as needed.)					
<i>Subtotal Direct Supplies Costs</i>						
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.)					
<i>Subtotal Contractual Consultant/Trainer Costs</i>						
Contractual Media/Public Information Costs						
	(Itemize contractual media and public information costs here. Add rows as needed.)					
<i>Subtotal Contractual Media/Public Information Costs</i>						

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

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

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

***B. Individual Provider Budgets**

RSP Individual Service Provider Budget Summary		
Disaster declaration number: <u>FEMA-XXXX-DR-State</u>		
Name of service provider: _____		
Designated areas: _____		
Total estimated number to be served via primary services: _____		
Total estimated number to be served via secondary services: _____		
Period of performance: _____		
Total FTE: _____		
Budget Line Item	Total Costs	Projected In-Kind Costs
Salaries and Wages		
Fringe ____%		
Subtotal Personnel Costs		
Travel		
Equipment		
Supplies		
Consultant/Trainer Costs		
Media/Public Information Costs		
Other Service Provider Costs		
Total (f.)¹:		

¹Letters in parentheses indicate the corresponding budget category on the SF424a.

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

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. Please review the detailed guidance on the budget narrative included in the RSP Supplemental Instructions and the *Crisis Counseling Assistance and Training Program Guidance*.

RSP Line-Item Budget Narrative for Individual Service Provider						
Name of service provider: _____						
Disaster declaration number: <u>FEMA-XXXX-DR-State</u>						
Designated area: _____						
Total estimated number to be served via primary services: _____						
Total estimated number to be served via secondary services: _____						
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.)					
<i>Subtotal Salaries and Wages</i>						
Fringe				%		
<i>Subtotal Personnel Costs</i>						
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.)					
<i>Subtotal Travel Costs</i>						
Equipment Costs				Unit Cost	No.	
	(Itemize equipment costs here. Individual expenses under \$5,000 must be listed under supplies. Add rows as needed.)					
<i>Subtotal Equipment Costs</i>						
Supplies Costs				Unit Cost	No.	
	(Itemize supply costs here. Add rows as needed.)					
<i>Subtotal Supplies Costs</i>						

