

DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
**CRISIS COUNSELING ASSISTANCE AND TRAINING PROGRAM  
IMMEDIATE SERVICES PROGRAM APPLICATION**

O.M.B. No. 1660-0085  
Expiration November 30, 2006

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# Crisis Counseling Assistance and Training Program Immediate Services Program Application Signature Sheet

**State Disaster Mental Health Coordinator.** The following individual is the primary contact person for coordinating the mental health response to this disaster. This person will also be the state coordinator for the application process for Federal funds to provide disaster-related mental health services.

Contact person:

Title:

Agency:

Address:

Phone:

Fax:

E-mail address:

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Signature, Director, State Mental Health Authority**

Name:

Phone number:

Fax:

E-mail address:

**This application represents the Governor's agreement and/or certification:**

1. That the requirements are beyond the State and local governments' capabilities;
2. That the program, if approved, will be implemented according to the plan contained in the application approved by the Federal Emergency Management Agency (FEMA) Disaster Recovery Manager (DRM);
3. To maintain close coordination with and provide reports to the FEMA Regional Director or the Disaster Recovery Manager as the delegate of the Regional Director; and
4. To include mental health disaster planning in the State's emergency plan prepared under Title II of the Stafford Act.

The State requests \$ \_\_\_\_\_ for Immediate Services:

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Signature, Governor's Authorized Representative**

Name:

Phone Number:

Fax:

E-mail address:

*(Attach the SF-424 Request for Federal Assistance to the signature sheet.)*

**FEMA Disaster Number.** Enter the FEMA Disaster declaration number below.

[Insert Text]

**Part I: Geographic Areas and Initial Needs Assessment**

**A. Needs Assessment Formula:** Use the Center for Mental Health Services (CMHS) Needs Assessment Formula to determine the number of people who would benefit from crisis counseling services. Attach one of the following CMHS Needs Assessment Formula Sheets for each designated geographic area.

See Pages 7-11 of the Supplemental Instructions for additional information.

**CMHS Needs Assessment Formula Sheet  
Estimated Crisis Counseling Needs  
FEMA-XXXX-DR-State**

This is an estimate for the following designated area: \_\_\_\_\_  
Date completed: \_\_\_\_\_ Completed by: \_\_\_\_\_

Loss Categories	Number of People	ANH Multiplier <sup>1</sup>	At-risk Multiplier	Total
Dead		ANH x 4	100%	
Hospitalized		ANH	100%	
Non-hospitalized Injured		ANH	50%	
Homes Destroyed		ANH	100%	
Homes with Major Damage		ANH	20%	
Homes with Minor Damage		ANH	10%	
Disaster Unemployed		ANH	10%	
Other 1 (specify) <sup>2</sup>				
Other 2 (specify)				
<b>Total</b>				

<sup>1</sup> ANH means the Average Number of persons per Household. The national average is 2.5, but applicants should consult U.S. Census information for State or county averages.

<sup>2</sup> In unusual circumstances the State may identify other loss category groups related to the disaster. These categories are not multiplied by an ANH. The State should also identify an at-risk multiplier for each additional loss category specified. Add rows as necessary.

**B. Estimated Immediate Services Program Targets:** Fill in the first two columns of the chart below using the information from each CMHS Needs Assessment Sheet. Next, determine the number of people to target for primary crisis counseling services (individual or group services) for each designated area. This number will be used for program reporting and it should be a realistic estimate of the number of individuals the program expects to serve directly during the ISP. This direct service estimate should be put in the "Primary Services" column. The remaining individuals who could benefit from crisis counseling services (as listed in the Needs Assessment Formula) but who may not be able to be reached directly with primary services should be listed in the "Secondary Services" column. These individuals may receive other forms of services such as written materials or Public Service Announcements (PSAs). Provide a narrative that includes a rationale for the total estimated number of people to be served.

See Page 11 of the Supplemental Instructions for additional information.

Designated Area	Total Number of People Who Would Benefit from Crisis Counseling Services (from Needs Assessment Formula in Section A)	Estimated Number of People to Be Served	
		Through Primary Services	Through Secondary Services
	<b>Total</b>		

**Narrative:** [Insert Text]

**C. Description of Crisis Counseling Needs and Special Circumstances:** Provide a description of crisis counseling needs within the impacted areas. Describe any special circumstances not captured in the Needs Assessment Formula that will impact the need for crisis counseling services. For each designated service area, describe any high risk groups or populations of special concern identified through the State's initial needs assessment process (e.g., children, adolescents, older adults, ethnic and cultural groups, lower income populations).

See Pages 12-13 of the Supplemental Instructions for additional information.

[Insert Text]

## Part II. State and Local Resources and Capabilities

Briefly describe the State and local mental health systems. Explain why these resources cannot meet the disaster related mental health needs.

See Page 14 of the Supplemental Instructions for additional information.

[Insert Text]

### Part III. Response Activities from Date of Incident

Provide a description of State and local crisis counseling activities from the date of the incident to the date of application submission. Provide a specific number or estimate of disaster survivors who have received services up to the date of the application. To the extent possible, activities should be described for each service area listed in Part I Section B of this application. If no activities have been conducted to date, this should be stated as well. Any activities from the date of incident to the date of application submission for which the State is requesting financial reimbursement from FEMA must be described in this section.

See Page 15 of the Supplemental Instructions for additional information.

[Insert Text]

### Part IV. Plan of Services

**A. Service Providers.** In the table below list the service providers included in this program. In the left hand column, provide the name of the service provider along with the address and contact information. In the center columns, list the service area(s) to be covered and the estimated number of individuals to be served via primary and secondary services by the service provider. Service areas and estimates of individuals to be served via primary services should correspond to Part I Section B of this application. In the right hand column, provide the name of the Crisis Counseling Project Manager along with contact information. If the Project Manager has not been identified, provide the name of the agency Director and indicate that the Project Manager has not yet been identified.

See Pages 16-17 of the Supplemental Instructions for additional information.

[Insert text in table below. Insert additional rows or delete rows as necessary.]

Service Provider	Service Area	Total Estimated Service Targets		Crisis Counseling Project Manager
<b>Name</b> <b>Address</b> <b>Phone</b> <b>Fax</b> <b>Director's Name</b>	<b>Cite geographic or organizational designation</b> (use same designated areas as in the Estimated Service Targets table in Part I Section B)	(use same estimate by designated areas as in the Estimated Service Targets table in Part I Section B)		<b>Name</b> <b>Address</b> <b>Phone</b> <b>Fax</b>
		<b>Primary</b>	<b>Secondary</b>	



**B. Staffing Plan.** In the tables below, provide a list of staff positions for which the State is requesting funding through the Immediate Services grant. Provide one table for State-employed staff and a single table for all provider agencies. Staff whose services will be provided to the program as an in-kind contribution from the State or the service provider should also be included in these tables with the words "In-kind" in parentheses next to the position. This information must be provided for the State and for each service provider. All job titles should be listed individually in this table. In the left hand column list the name of the service provider. In the second and third columns, list the designated area(s) to be served and the total estimated number of individuals to be served via primary and secondary services by the service provider. The areas and estimated number to be served via primary services must correspond to Part I Section B of the application. In column four, list all managers and supervisors. In column five, list the number of team leaders and crisis counselors. In the sixth column list the fiscal, administrative and data entry staff. In the final column, list the total number of full time equivalent (FTE) staff positions to be funded by the program.

See Pages 17-18 of the Supplemental Instructions for additional information.

[Insert text in tables below. Insert or delete rows as necessary.]

**Table 1: State Mental Health Authority**

State Mental Health Authority	Designated Area (from Part I Section B)	Total Estimated Primary Service Targets (from Part I Section B)		Project Manager/ Supervisory Staff  FTE	Team Leaders/ Crisis Counselors /Direct Services Staff  FTE	Fiscal/ Administrative/ Data Entry/ Support Staff  FTE	Total FTE
		Primary	Secondary				

**Table 2: Provider Agencies**

State Mental Health Authority	Designated Area (from Part I Section B)	Total Estimated Primary Service Targets (from Part I Section B)		Project Manager/ Supervisory Staff  FTE	Team Leaders/ Crisis Counselor s/Direct Services Staff  FTE	Fiscal/ Administrative/ Data Entry/ Support Staff  FTE	Total FTE
		Primary	Secondary				

**C. Organizational Structure.** An organizational chart for the program is required for the Immediate Services application. 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. This chart must correspond to the staffing plan described in Part IV Section B of the application. An organizational chart must be inserted below. Include the number of FTEs for each position within the chart.

See Page 18 of the Supplemental Instructions for additional information.

[Insert text or organizational chart, or indicate that organizational chart is attached.]

**D. Job Descriptions.** In the space below, provide brief job descriptions (one paragraph) for each staff position included in the program. Sample job descriptions for typical positions are available in the Supplemental Instructions and may be modified and inserted here.

See Pages 18-19 of the Supplemental Instructions for additional information.

[Insert job descriptions here.]

**E. Brief Plan of Services.** The types of services typically funded by the FEMA/CMHS Crisis Counseling Assistance and Training Program are outlined in the Supplemental Instructions (Pages 20-21), in FEMA regulations and policies, and in CMHS Program Guidance documents. In the space following, please provide a brief description of services to be provided. This description should include the following information:

- Service Provider Name
- Designated service area and estimated number of individuals to be served via primary services
  - Types of services to be provided (e.g., individual crisis counseling, group crisis counseling, public education, information and referral services);
  - How staff will be deployed to provide these services; and
  - Strategies for targeting those identified as in need of primary services (identified in the Estimate Service Targets table in Part I Section B) and special population groups (identified in the Description of Crisis Counseling Needs and Special Circumstances in Part I Section C)
- Designated service area and estimated number of individuals to be served via secondary services
  - Types of services to be provided (e.g., media, PSAs, materials distribution, community networking, and community education on the CCP);
  - How staff will be deployed to provide these services; and
  - Strategies for targeting individuals who could benefit from secondary services (identified in the Estimate Service Targets table in Part I Section B) and special population groups (identified in the Description of Crisis Counseling Needs and Special Circumstances in Part I Section C)
- Staff support mechanisms

See Pages 20-21 of the Supplemental Instructions for additional information.

[Insert service plan here.]

**F. Program Management and Quality Assurance Plan.** Briefly describe the State's plan for monitoring administrative, fiscal accountability, and quality assurance activities. Include an outline of planned fiscal site visits, financial documentation procedures, and quality control methods to assure appropriate services to disaster survivors.

See Pages 21-22 of the Supplemental Instructions for additional information.

[Insert oversight plan here.]

**G. Training. All program staff must receive training in the FEMA Crisis Counseling requirements.** Priority is placed on the use of trainers from within the State who have experience with the FEMA/CMHS Crisis Counseling Assistance and Training Program. Using the check-off boxes and narrative spaces below, please provide information on the trainers and proposed training content for the program.

See Page 22 of the Supplemental Instructions for additional information.

### 1. Selection of Trainers:

- Our State has trainers experienced in the FEMA/CMHS Crisis Counseling Program who can provide training on the Crisis Counseling model, pending FEMA/CMHS approval. The names, resumes and contact information for the trainers are provided with this application:

[Insert trainers' names and contact information. Attach resumes at the end of the application.]

- Our State is unable to identify an in-state resource for the FEMA/CMHS Crisis Counseling program training. We will be contacting SAMHSA Disaster Technical Assistance Center for a referral.

### 2. Training Content:

The following standard CCP trainings should provide the framework of the CCP training plan. CCPs should not limit their training plan to the standard trainings. CCPs should offer additional trainings on issues specific to the disaster or community as well as provide opportunities for staff stress management. Check all that apply below.

- ISP Start-up Training: (optional)** Brief training conducted soon after the disaster to provide crisis counselors with the basic skills needed to respond to immediate disaster concerns. Often used when crisis counselors need to be quickly deployed to disaster relief sites and there is not time to conduct the Core Content Training (ISP Full Training). States opting to provide an ISP Start-up Training are still required to conduct a Core Content Training (ISP Full Training) within the first few weeks of the ISP.
- Core Content Training (ISP Full Training):** The basic training of the CCP. Provides crisis counselors with critical information and skills. While this is typically done in the first few weeks of the ISP, it is expected that mechanisms for ongoing training are in place to allow all new crisis counselors to have Core Content Training prior to working independently within the program.
- Additional Training: (optional)** Our State will be conducting additional training. (Attach outlines at the end of the application.)

### 3. Dates and Locations of Training:

Projected dates and locations for training activities are listed below:

[Insert projected dates and locations of training.]

## Part V. Budget

The budget must be integrated with the Needs Assessment and the Program Plan. The applicant may exhibit the budget in any format that is appropriate to the fiscal system of the State as long as the categories listed in the forms that follow are included. A separate budget must be provided for the State Mental Health Authority and each service provider. There are three sections to the budget:

1. An overall summary of costs
2. Individual budgets for the State Mental Health Authority and each service provider
3. A line item narrative justification of costs

**Note: Before completing any of the budget forms, it is strongly recommended that applicants review the CMHS Program Guidance entitled Fiscal Guidelines for the Crisis Counseling Assistance and Training Program (CCP-PG-06). This guidance is included in the application package and is available at the CMHS website.**

See Pages 23-25 of the Supplemental Instructions for additional information. Sample formats are provided on the following pages.

1. Overall summary of costs:

Immediate Services Program

Summary of Costs for Entire Project

Disaster Declaration Number: FEMA-XXXX-DR-State

Total Estimated Number To Be Served:

Budget Category	State Budget: Total Estimate	Service Provider(s): Total Estimate	Total Costs of Immediate Services: Add State and Service Provider total estimates	In-Kind Costs: Costs contributed to the project per agency
Dates of Service				
Personnel (a.)*				
Fringe (b.)*				
Total Personnel Costs	0	0	0	0
Travel (c.)*			0	
Equipment (d.)*			0	
Supplies (e.)*			0	
Consultant Costs/Training **			0	
Media/Public Information Efforts**			0	
Other Service Provider Costs			0	
Total Contractual (f.)*	0	0	0	0
Other Direct State Costs (h.)*			0	
Total (k.)*	0	0	0	0

\* Letters in parentheses indicate the corresponding budget category on the SF424a.

\*\* Costs covered directly by the State must be included in Other Direct Costs (h.).

5

2. Individual budgets for the State Mental Health Authority and each service provider:

Immediate Services Program  
 Budget Summary for State Mental Health Authority  
 Disaster Declaration Number: FEMA-XXXX-DR-State

Budget Category	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				
Personnel (a.)*			0	
Fringe ____% (b.)*			0	
Total Personnel Costs	0	0	0	0
Travel (c.)*			0	
Equipment (d.)*			0	
Supplies (e.)*			0	
Consultant Costs/Training**			0	
Media/Public Information Efforts**			0	
Total Contractual (f.)*	0	0	0	0
Other Direct State Costs (h.)*			0	
Total	0	0	0	0

\* Letters in parentheses indicate the corresponding budget category on the SF424a.

\*\* Costs covered directly by the State must be included in Other Direct Costs (h.).



Immediate Services Program

Individual Service Provider Budget Summary

Name of Service Provider:

Disaster Declaration Number: FEMA-XXXX-DR-State

Designated Area:

Total Estimated Number To Be Served via Primary Services:

Total Estimated Number To Be Served via Secondary Services:

Total FTE:

Budget Category	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				
Personnel			0	
Fringe ____%			0	
Total Personnel Costs	0	0	0	0
Travel			0	
Equipment			0	
Supplies			0	
Other Service Provider Costs				
Service Provider Subtotal	0	0	0	0
Consultant Costs/Training			0	
Media/Public Information Efforts			0	
Total (f.)*	0	0	0	0

\* Letters in parentheses indicate the corresponding budget category on the SF424a.

3. A line item narrative justification of costs: A budget narrative is required for the State and each provider to document the types of expenditures included in the budget, justify the funding request, and demonstrate fiscal accountability. Provide complete line item budgets and additional written justification as needed.

See Pages 23-25 of the Supplemental Instructions for additional information.

Immediate Services Program

Line Item Budget Narrative for State Mental Health Authority

Disaster Declaration Number: FEMA-XXXX-DR-State

Budget Category	Item Description					Total Cost
Salaries and Wages		# of FTE	Hours	Weeks	Rate	
	(Itemize position titles from Part IV Section B here: add rows as needed)					0
						0
Subtotal Salaries and Wages (a.)*						0
Fringe (b.)*				%		0
Total Personnel Costs						0
Travel			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)					0
						0
Total Direct Travel Costs (c.)*						0
Equipment				Unit Cost	#	
	(Itemize equipment costs here, individual expenses under \$5000 must be included in Supplies: add rows as needed)					0
						0
Total Equipment Costs (d.)*						0
Supplies				Unit Cost	#	
	(Itemize supply costs here: add rows as needed)					0
						0
Total Supply Costs (e.)*						0
Consultant Costs/Training				Daily Rate	# of days	
	(Itemize contractual consultant and training costs here: add rows as needed)					0
Consultant/Trainer Travel	(Itemize travel costs for consultants and trainers, include additional details in written narrative section)					0
Media/Public Information						
	(Itemize contractual media and public information costs here: add rows as needed)					
Total Contractual Costs (f.)*						0
Other Direct State Costs						
	(Itemize other direct State costs here: add rows as needed)					
Total Other Costs (h.)*						0
Total						0

\* Letters in parentheses indicate the corresponding budget category on the SF424a.

[Insert additional written narrative justification here]

Immediate Services Program

Line Item Budget Narrative for Individual Service Provider

Name of Service Provider:

Disaster Declaration Number: FEMA-XXXX-DR-State

Designated Area:

Total Estimated Number to be Served via Primary Services:

Total Estimated Number to be Served via Secondary Services:

Total FTE:

Budget Category	Item Description					Total Cost
<b>Salaries and Wages</b>						
	(Itemize position titles from Part IV Section B here: add rows as needed)	# of FTE	Hours	Weeks	Rate	0
						0
<b>Subtotal Salaries and Wages</b>						0
<b>Fringe</b>						0
						%
<b>Total Personnel Costs</b>						0
<b>Travel</b>						
	(Itemize travel types here, include estimated mileage	Miles	Weeks	Rate		0
						0
<b>Total Direct Travel Costs</b>						0
<b>Equipment</b>						
	(Itemize equipment costs here, individual expenses under \$5000 must be included in Supplies: add rows as needed)	Unit Cost	#			0
						0
<b>Total Equipment Costs</b>						0
<b>Supplies</b>						
	(Itemize supply costs here: add rows as needed)	Unit Cost	#			0
						0
<b>Total Supply Costs</b>						0
<b>Consultant Costs/Training</b>						
	(Itemize contractual consultant and training costs	Daily Rate	# of days			0
	(Itemize travel costs for consultants and trainers, include additional details in written narrative section)					0
<b>Media/Public Information</b>						
	(Itemize contractual media and public information costs here: add rows as needed)					
<b>Total Contractual Costs</b>						0
<b>Other Service Provider Costs</b>						
	(Itemize other Service Provider costs here: add rows as needed)					
<b>Total Other Costs</b>						0
<b>Total</b>						0

\* Letters in parentheses indicate the corresponding budget category on the SF424a.

[Insert additional written narrative justification here]