

Federal Emergency Management Agency Crisis Counseling Assistance and Training Program Guidance

CCP Application Toolkit, Version 3.4
May 2012

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

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



FEMA



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

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Introduction

The Crisis Counseling Assistance and Training Program (CCP) is one of a number of programs funded by the Federal Emergency Management Agency (FEMA) under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1974 (Stafford Act). The Stafford Act was designed to supplement the efforts and available resources of State and local governments in alleviating the damage, loss, hardship, or suffering caused by a federally declared disaster. Specifically, section 416 of the Stafford Act authorizes FEMA to fund mental health assistance and training activities in affected areas for a specified period of time. This mental health assistance is called crisis counseling.

This program guidance is a four-part introduction to the CCP and services it provides. It is intended to assist States, U.S. Territories, and federally recognized Tribes to prepare a comprehensive application and provide effective programs for disaster survivors. It should be used in conjunction with the Immediate Services Program (ISP) and Regular Services Program (RSP) application supplemental instructions, as well as with regulations and grants policy statements from the U.S. Department of Homeland Security, FEMA; and the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA).

The materials presented in this document are organized into four sections: Program Overview, Program Services, Program Management, and Fiscal Administration. Each of these sections are interrelated; if an answer cannot be found in one section, consult the other sections of the document for further information on a specific topic. For the purpose of formatting in this guidance, applicants (i.e., States, U.S. Territories, or federally recognized Tribes) will be referred to as “States,” “State Mental Health Authorities (SMHAs),” or “applicants.”

Crisis Counseling Program

Guidance Materials

Section I: Program Overview

Introduction

Section I of the program guidance provides an overview of the CCP. It details typical reactions to disaster as experienced by individuals and communities. Brief descriptions of the services provided by the CCP and eligibility and application requirements are discussed. Some information on key elements of the needs assessment process for service provision and on program reporting requirements is also included. This section is intended to provide an overview of the program; for further information on related topics, refer to the subsequent sections of the document.

Disaster Definition

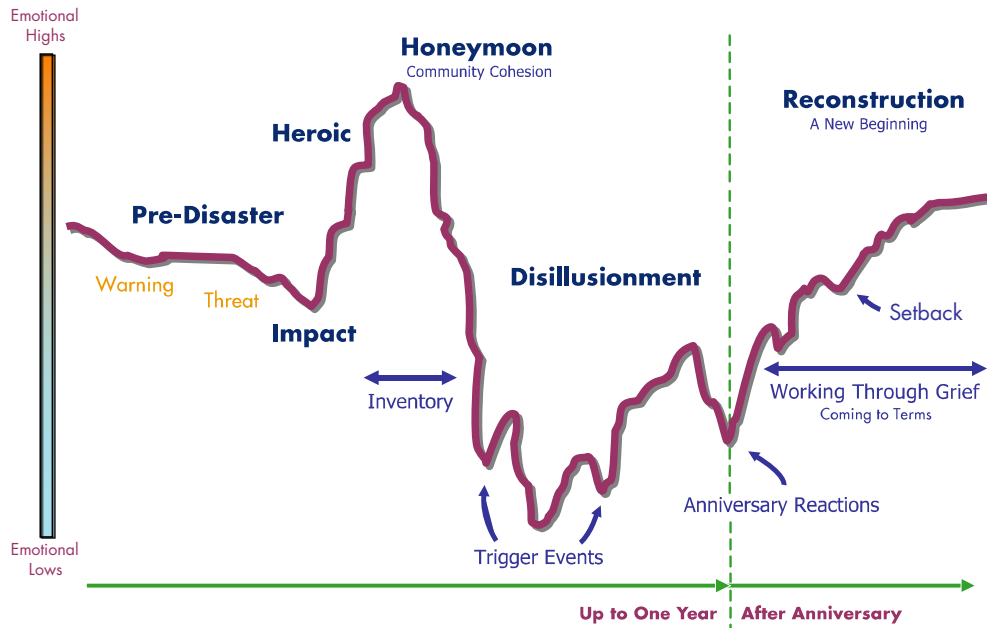
A disaster is a natural or human-caused occurrence (e.g., hurricane, tornado, flood, tsunami, earthquake, explosion, hazardous materials accident, mass criminal victimization incident, war, transportation accident, fire, terrorist attack, famine, epidemic) that causes human suffering. A disaster creates a collective need that overwhelms local resources and requires additional assistance.

Typical Individual Reactions to a Disaster

Typical reactions to a disaster include physical, emotional, cognitive, and behavioral responses that may be experienced by individuals and families. Each category of disaster response includes a diverse set of reactions that may change over time. For example, one may experience hypervigilance immediately after a disaster and then, over time, lapse into a state of chronic fatigue. Whether the reactions are adaptive or become distressing, people who are affected by a disaster may experience more than one type of reaction, and these reactions may change over time. Many people may experience anxiety, loss of sleep or appetite, stress, grief, irritability, hopelessness, and family conflict.

Typical Community Reactions to a Disaster

While each survivor experiences the disaster as an individual, he or she also experiences it as part of a community. The following figure illustrates six phases of a community's response to a disaster.



- Phase 1, the pre-disaster phase, is characterized by fear and uncertainty.** The specific reactions a community experiences depend on the type of disaster. Disasters with no warning can cause feelings of vulnerability and lack of security; fears of future, unpredicted tragedies; and a sense of loss of control or the loss of the ability to protect oneself and one's family. On the other hand, disasters with warning can cause guilt or self-blame for failure to heed the warnings. The pre-disaster phase could be as short as hours, or even minutes, such as during a terrorist attack; or it could be as long as several months, such as during a hurricane season.
- Phase 2, the impact phase, is characterized by a range of intense emotional reactions.** As with the pre-disaster phase, the specific reactions also depend on the type of disaster that is occurring. Slow, low-threat disasters have psychological effects different from those of rapid, dangerous disasters. As a result, these reactions can range from shock to overt panic. Initial confusion and disbelief typically are followed by a focus on self-preservation and family protection. The impact phase is usually the shortest of the six phases of disaster.
- Phase 3, the heroic phase, is characterized by a high level of activity with a low level of productivity.** During this phase, there is a sense of altruism, and many community members exhibit adrenaline-induced rescue behavior. As a result, risk assessment may be impaired. The heroic phase often passes quickly into phase 4, the honeymoon phase.
- Phase 4, the honeymoon phase, is characterized by a dramatic shift in emotion.** During the honeymoon phase, disaster assistance is readily available. Community bonding occurs. Optimism exists that everything will return to normal quickly. As a result, numerous opportunities are available for providers and resources to establish and build rapport with affected people and groups, and build relationships with stakeholders. The honeymoon phase typically lasts only a few weeks.

- ī* **Phase 5, the disillusionment phase, is characterized by a stark contrast to the honeymoon phase.** During the disillusionment phase, communities and individuals realize the limits of disaster assistance. As optimism turns to discouragement and stress continues to take a toll, negative reactions, such as physical exhaustion or substance abuse, may begin to surface. The increasing gap between need and assistance leads to feelings of abandonment. Especially as the larger community returns to business as usual, there may be an increased demand for services, as individuals and communities become ready to accept support. The disillusionment phase can last months, and even years. It is often extended by one or more trigger events, which usually include the anniversary of the disaster.
- ī* **Phase 6, the reconstruction phase, is characterized by an overall feeling of recovery.** Individuals and communities begin to assume responsibility for rebuilding their lives, and people adjust to a new “normal” while continuing to grieve losses. The reconstruction phase often begins around the anniversary of the disaster and may continue for some time beyond that. Following catastrophic events, the disillusionment phase may be years in duration

The CCP

For more than 30 years, Federal, State, U.S. Territory, and federally recognized Tribal governments have worked together with local providers to help disaster survivors recover from the effects of a disaster. The CCP is a Federal, FEMA-funded program that provides supplemental funding to States, U.S. Territories, and federally recognized Tribes after a Presidential disaster declaration. Through an interagency agreement, the SAMHSA Center for Mental Health Services (CMHS) Emergency Mental Health and Traumatic Stress Services Branch provides grant administration and program oversight, as well as training and technical assistance for State and local mental health personnel.

The CCP consists of services focused on preventing or mitigating adverse repercussions of a disaster. This goal is achieved through the use of a prevention and public health approach. Beginning with the most severely affected group and moving outward, the program seeks to serve a large portion of the population affected by the disaster. Program services are community based and often are performed in survivor’s homes, shelters, temporary living sites, and churches. CCP services include supportive crisis counseling, education, development of coping skills, and linkage to appropriate resources, while assessing and referring those members of the community who are in need of more intensive mental health and substance abuse treatment to appropriate community resources. The CCP engages community gatekeepers and organizations through direct contact with stakeholder groups, such as unmet-needs committees, and participation in community events in order to facilitate response activities and services to survivors. The CCP is designed to assist with community recovery and collaboration in order to transition from CCP services to existing community resources upon the phasedown of the program.

Services Funded by the CCP

The CCP funds the following services, which are described in detail in section II of the program guidance:

- Individual crisis counseling.
- Basic supportive or educational contact.
- Group crisis counseling.
- Public education.
- Community networking and support.
- Assessment, referral, and resource linkage.
- Development and distribution of educational materials.
- Media and public service announcement

The Crisis Counseling Approach

Crisis counseling is a strengths-based, outreach-oriented approach to helping disaster survivors access and identify personal and community resources that will aid the recovery process. It consists primarily of supportive, educational, face-to-face interventions with individuals and communities in their natural environments. The CCP seeks to empower survivors through educating them about disaster reactions, teaching them coping skills, assessing them for individual needs, and linking them to appropriate community resources.

Crisis counseling is considered “strengths based” because it assumes most disaster survivors are naturally resilient. By providing support, education, and linkage to needed community resources, survivors will be better equipped to recover from the negative consequences of disaster.

While crisis counseling assumes a natural resilience in the majority, it also includes screening and assessing for severe reactions in the minority. Crisis counselors know that few people will develop diagnosable conditions. They are trained to identify disaster survivors experiencing severe reactions and refer these individuals to appropriate treatment services and community resources.

The Value of the Crisis Counseling Approach

Although a disaster may leave most people physically unharmed, it affects everyone who experiences it. A key step to recovery is regaining a sense of control. Crisis counseling provides survivors with the support, education, and skills they need to regain a sense of control and rebuild their lives.

Crisis counseling assistance is practical in nature. Many survivors will not seek help, and some may even reject it. While survivors may not want “psychological counseling” or “mental health services,” they usually will welcome the genuine concern and concrete support offered by crisis counselors.

Crisis counseling also is valuable because it addresses the needs of the community as a whole, in addition to those of the individual. During a disaster, both individuals and communities experience a range of emotional highs and lows that typically are associated with the phases of disaster recovery. Communities may move from a sense of heroism and altruism to a sense of hopelessness and abandonment, all in a short period of time. Crisis counselors provide support, education, and resource linkage that empower individuals and communities, and assist them in reaching the reconstruction phase of recovery.

Providers of CCP Services

Most commonly, States, U.S. Territories, and federally recognized Tribes provide CCP services through contract with local mental health service provider agencies that are familiar with the communities affected by the disaster. The CCP encourages the use of trained paraprofessional staff, preferably people who live and work in the communities they will serve. Crisis counselors typically reflect the cultural makeup of the community served.

CCP staff include a mix of mental health professionals, who often serve as team leaders, and trained paraprofessional staff, who work as crisis counselors.

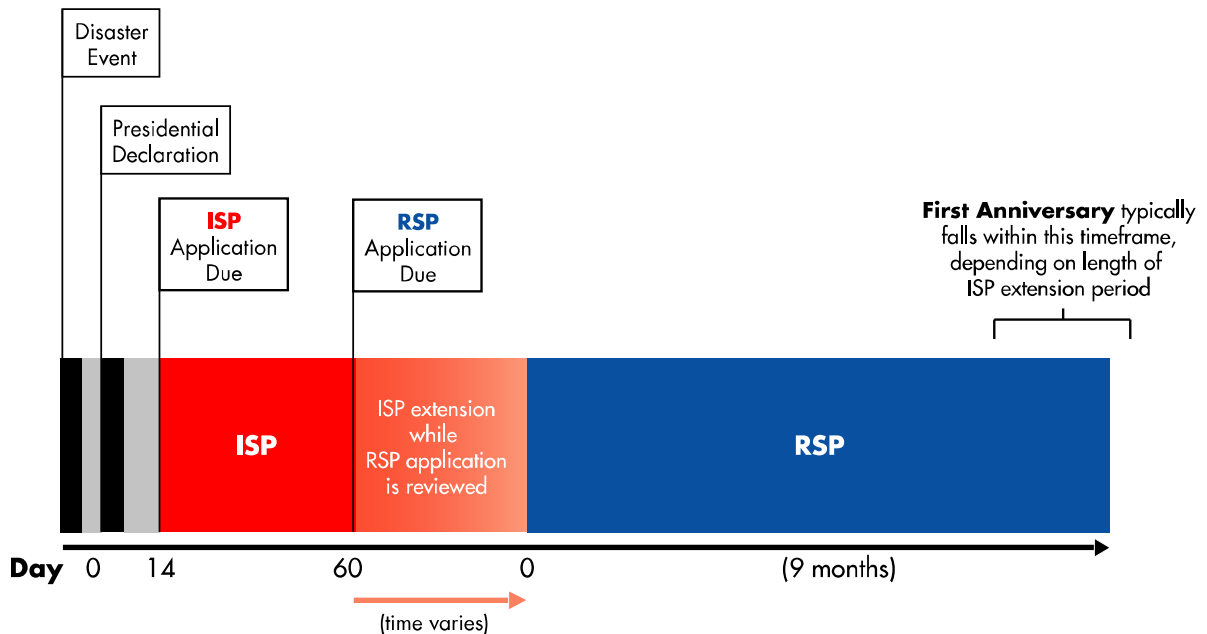
Program Duration

The CCP consists of two grant programs, the ISP and the RSP. The ISP provides funding for up to 60 days after the date of Presidential disaster declaration; while the RSP provides funding for up to 9 months from the date the RSP is awarded.

The CCP may be a year or longer in duration if it includes an RSP in addition to an ISP. Many other disaster relief resources may have terminated services before the CCP. This is another aspect of the program that sets it apart from other approaches to disaster work.

As illustrated in the following timeline, the ISP application is due 14 days after the date of the Presidential disaster declaration. The RSP application and ISP extension request are due 60 days after the declaration date and are followed by a Federal grant application review period, during which the ISP can be extended until a decision is made on approval of the RSP application.

Typical CCP Timeline



Eligibility Requirements

Three entities are eligible to apply for and receive CCP funding after a Presidential disaster declaration: States, U.S. Territories, and federally recognized Tribes.

Applying for the CCP

A completed and signed application and Federal forms are required to apply for the ISP or RSP. To apply call the SAMHSA Disaster Technical Assistance Center at 1-800-308-3515.

Applying for Both the ISP and the RSP

After a Presidential disaster declaration, States, U.S. Territories, and federally recognized Tribes may apply for the ISP. If a continuing need for services is demonstrated, an RSP application can then be submitted. However, States, U.S. Territories, and federally recognized Tribes may elect to apply for only the ISP. Before applying for either program, a qualified entity must determine the need for crisis counseling services by compiling disaster data and conducting a needs assessment, one of the most critical components of the CCP application.

The Significance of the Needs Assessment

The needs assessment is the tool the applicant uses to demonstrate the nature and extent of behavioral health needs resulting from a disaster and how those needs surpass State and local resources and capabilities.

The needs assessment identifies populations who should be targeted to receive crisis counseling services. In most disaster situations, children, adolescents, older adults, and single mothers are considered at-risk populations. The needs assessment may reveal

additional groups who are vulnerable to disaster effects or who have been particularly affected by the specific disaster.

The CCP is a *supplemental* disaster relief program and is not intended to supplant existing State and local resources. In order to receive CCP funding, the SMHA must provide “a description of the State and local resources and capabilities, and an explanation of why these resources cannot meet the need.” Following the grant award and throughout the life of the program, grantees are expected to conduct ongoing needs assessment to justify continued supplemental funding.

Post-Award Requirements

Grantees are expected to comply with all conditions of award as detailed in the Notice of Grant Award (NOGA) letter. Conditions will include but are not limited to programmatic and fiscal reporting requirements and participation in ongoing Federal monitoring activities, such as regular phone calls and site visits. Grantees also are required to utilize the data collection toolkit approved by the Office of Management and Budget (OMB) (OMB No. 0930–0270). Additional requirements also may be included in the grant award letter and are further detailed in section IV of this document.

Crisis Counseling Program

Guidance Materials

Section II: Program Services

Introduction

Section II of the program guidance details the services provided through the CCP. Information also is provided regarding how applicants can identify and target populations who could benefit from CCP services. Mechanisms for addressing severe psychological reactions in survivors also are addressed. This section is intended to provide an overview of program services; for further information on related topics, refer to the other sections of the document.

The Goal of the CCP

The goal of the CCP is to help disaster survivors recover from the often adverse reactions to disaster and begin to rebuild their lives. The CCP focuses on helping them understand their personal reactions, helping them plan action steps and solutions to resolve losses and overcome adversities, and linking them to other community resources.

The CCP helps survivors prioritize their needs and connect with organizations or people who can assist them. Although the CCP is a temporary disaster relief program, it leaves behind a permanent legacy of more adaptive coping skills, educational and resource materials, and enhanced community linkages.

The CCP Model

The CCP is designed to provide immediate behavioral health support, primarily relying on face-to-face contacts with survivors in their communities. The CCP provides these support-centered services to survivors over a specific period of time. Eight key principles guide the CCP approach.

CCP services can be described as follows:

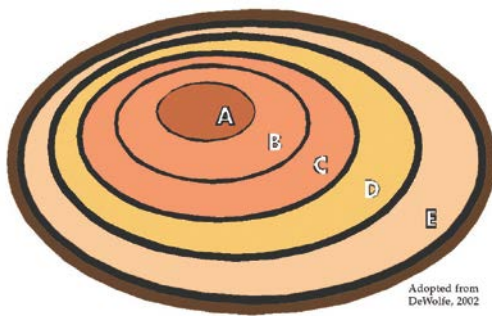
- ī* **Strengths based:** Crisis counselors assume natural resilience in individuals and communities, and promote independence rather than dependence on the CCP, other people, or organizations. Crisis counselors help survivors regain a sense of control.
- ī* **Outreach oriented:** Crisis counselors take services into the communities rather than wait for survivors to seek them.
- ī* **More practical than psychological in nature:** Crisis counseling is designed to prevent or mitigate adverse repercussions of disasters rather than to treat them. Crisis counselors provide support and education, listen to survivors, and accept the content at face value. Crisis counselors help survivors to develop a plan to address self-identified needs and suggest connections with other individuals or organizations that can assist them.
- ī* **Diagnosis free:** Crisis counselors do not classify, label, or diagnose people; they keep no records or case files. The CCP does not provide mental health or substance abuse treatment, or critical incident stress debriefing. Services are supportive and educational in nature.

- ī **Conducted in nontraditional settings:** Crisis counselors make contact with survivors in their homes and communities, not in clinical or office settings.
- ī **Culturally competent:** Crisis counselors strive to understand and respect the community and the cultures within it, and to demonstrate positive regard when interacting with survivors.
- ī **Designed to strengthen existing community support systems:** Crisis counselors support, but do not organize or manage, community recovery activities. Likewise, the CCP supplements, but does not supplant or replace, existing community systems.
- ī **Provided in ways that promote a consistent program identity:** Crisis counselors should work together early to establish a unified identity. The CCP strives to be a single, easily identifiable program, even though it may be carried out by a number of different local provider agencies.

Identifying People in Need of Crisis Counseling

The CCP utilizes a population exposure model to help identify and prioritize groups who could benefit from crisis counseling services. This model mirrors a “ripple effect,” illustrating how the impact of a disaster expands to wider segments of the community. The injured and bereaved represented in “A” are those with the highest level of exposure to the disaster and those most likely to benefit from CCP services that are delivered face-to-face and are of higher intensity. Those represented in each subsequent ring have a lesser degree or intensity of exposure. Those in ring “E” have experienced little-to-no direct exposure to the disaster and, thus, may be targeted for the lowest intensity of service such as public education and information.

Population Exposure Model



■ Addressed by the CCP

- A. Injured survivors, bereaved family members.
- B. Survivors with high exposure to disaster trauma, or evacuated from disaster zones.
- C. Bereaved extended family and friends, first responders.
- D. People who lost homes, jobs, and possessions; people with pre-existing trauma and other dysfunction; at-risk groups and other disaster responders.
- E. Affected people from the larger community.

A properly performed needs assessment is particularly important for identifying populations at greatest risk for behavioral problems. A thorough and thoughtful needs assessment will help the applicant identify vulnerable groups and understand how they are most affected by the specific disaster.

CCP Primary and Secondary Services

There are two types of CCP services—primary and secondary. Primary CCP services are higher in intensity as they involve personal contact with individuals, families, or groups. Secondary CCP services have a broader reach and less intensity since they may be provided through written or electronic media. Examples of both are described below.

Primary CCP Services

Individual Crisis Counseling

Individual crisis counseling involves a process of engagement lasting at least 15 minutes. Its focus is to help disaster survivors understand their reactions, review their options, and connect with other individuals and agencies that may assist them in improving their situations. Staff members who provide individual crisis counseling are active listeners who offer reassurance, practical assistance, psycho-education, and emotional support, and who teach behavioral techniques for coping with stress.

Brief Educational or Supportive Contact

Educational information or emotional support is provided to individuals or groups, and typically is less than 15 minutes in duration. CCP staff members who provide brief educational or supportive contact are helpful educators and active listeners. They offer general support and provide general information, typically on resources and services available to disaster survivors. During this type of intervention, crisis counselors do not usually engage in in-depth discussion as they would during individual crisis counseling or psycho-education.

Group Crisis Counseling

Group crisis counseling occurs when disaster survivors and community members are brought together to meet for longer than 15 minutes. The group is led by a trained crisis counselor. The structure and format of group crisis counseling may vary, but group members should have similar levels of exposure to the disaster. Groups may be supportive or psycho-educational in nature. CCP crisis counselors who facilitate this service encourage the group members to do most of the talking, and they offer skills to help the group members cope with their situations and reactions. Throughout the process, the counselors assist group members with referrals to services often needed.

In addition to psycho-education or support groups, the CCP also may promote the development of self-help groups. CCP-initiated self-help groups should be facilitated by a professional or paraprofessional crisis counselor. The group can work toward autonomy by inviting a member to be a cofacilitator. Initially, the crisis counselor may be the primary leader of the group. Later, the group may continue without the presence of a professional or paraprofessional counselor, and be led by one or more of the group members. When group members are responsible for their own group

process without the benefit of the presence of a professional or paraprofessional (a self-help support group), the group can no longer be considered a CCP effort, since the quality of the group process cannot be guaranteed and lacks reporting or accountability mechanisms.

Public Education

CCP outreach staff provide survivors with information and education about typical reactions, helpful coping strategies, and available disaster related resources. CCP staff members commonly provide this service through public speaking at community forums, professional inservice meetings, and local government meetings. In contrast to the group crisis counselor, the CCP staff member who conducts public education does most of the talking. The need for public educational services is likely to increase throughout the course of the CCP.

Assessment, Referral, and Resource Linkage

Crisis counselors are trained to assess an individual's or family's need for referral to additional disaster relief services or mental health or substance abuse treatment. Crisis counselors refer survivors experiencing severe reactions to the appropriate level of care. Survivors also may be referred to other disaster relief resources to meet a wide range of physical, structural, or economic needs. The crisis counselors who provide assessment and referral services need to be knowledgeable about local resources and work diligently to engage community organizations.

Community Networking and Support

Crisis counselors build relationships with community resource organizations, faith-based groups, and local agencies. They often attend community events to provide a compassionate presence and to be available to provide crisis counseling services, when needed. They may initiate or attend unmet-needs committee or long-term recovery meetings, or other disaster relief-oriented gatherings. It is important to note that communities, families, and survivors should “own” their community events. Crisis counseling staff can provide useful consultation during the planning process and valuable information and services at these events to demonstrate their support for members of the community.

Secondary CCP Services

Development and Distribution of Educational Materials

Flyers, brochures, tip sheets, educational materials, or Web site information is developed and distributed by the CCP workers to educate survivors and the community. Topics include basic disaster information, typical reactions to disaster, coping skills, and individual and community recovery and resilience. Materials that address the needs of at-risk populations, as well as materials developed in multiple languages, should be available. Materials may be handed out or left in public places, published in local newspapers, or mailed to survivors in areas most affected by a disaster. Examples of these materials can be obtained from SAMHSA DTAC.

Media and Public Service Announcements

CCP staff engage in media activities and public messaging in partnership with local media outlets, State and local governments, charitable organizations, or other community brokers of information. Media activities and messaging are designed to

reach a large number of people in order to promote access to CCP services, and educate survivors and the community about disaster, disaster reactions and coping skills, and individual or community recovery and resilience. Venues for this messaging vary and may include media interviews with CCP spokespeople, television or radio public service announcements, use of Web sites or e-mail, or advertising.

Differences Among CCP Resource Linkage, Case Management, and Advocacy

CCP services include referrals and linkage to health and mental health services, disaster recovery resources, and tangible goods. Linkage may occur as a result of a single visit and includes limited or informal followup. The intent of CCP resource linkage services is to assist disaster survivors to access resources without developing the expectation of a long-term relationship and a structured case plan. The emphasis for the crisis counselor is on empowering survivors to make plans to become familiar with local resources and to act on their own behalf to connect with those needed resources.

Case management, as traditionally practiced by human service agencies, often involves more accountability on the part of the worker to ensure clients successfully access needed resources and supports. In a traditional case management model, it is common for a formal case plan to be established and for regular followup to occur. Traditional advocacy emphasizes a worker representing the needs and interests of the population served to ensure access to resources. In some cases, advocacy can be an adversarial process directed toward influencing a system, resource, or provider to serve a client.

The CCP model emphasizes empowerment and collaboration. For circumstances in which longer term, more intensive services are needed, a crisis counselor may provide some extra assistance or limited, short-term followup to a survivor who is particularly overwhelmed or who has literacy or language barrier issues. A crisis counselor, in the presence of a disaster survivor, may role-play making phone calls and show how asking important questions facilitates obtaining resources for the survivor and his or her family. The crisis counselor then encourages the survivor to accomplish these tasks on his or her own. With reinforcement and guidance from the crisis counselor, often provided during a single visit, the survivor is then empowered to act independently to access resources. Whenever possible, the crisis counselor encourages disaster survivors to utilize resource lists and information to make their own phone calls, fill out their own forms, and set up their own appointments. Should advocacy for an individual or community be needed, crisis counselors should seek out faith-based organizations or other agencies to help respond to these needs.

Traditional Case Management	CCP Resource Linkage
Provides services to individuals who may have a serious and persistent mental illness or other disability of indefinite duration.	Provides services to disaster survivors, regardless of level of functioning.
Advocates for and influences the provision of services for clients.	Empowers disaster survivors to advocate for their own services and resources.

Traditional Case Management	CCP Resource Linkage
Includes filling out forms and arranging appointments for clients.	Assists disaster survivors to access services by guiding them through typical application and referral processes.
Assumes responsibility for ensuring clients access needed services, and may follow up with service providers to ensure compliance with appointments.	Assists disaster survivors to identify services, and may follow up with survivors, while empowering them to be responsible for accessing their own services.
Has a responsibility to ensure continuity of care for clients.	Assists disaster survivors to access disaster-related services, as prioritized by survivors.
Involves long-term relationships with clients.	Involves short-term relationships with disaster survivors.

CCP Service Providers and Staff

CCP service providers usually are community mental health organizations that have an existing relationship with the SMHA. The CCP requires training of paraprofessional staff who understand the cultures of the community and reflect the ethnic groups they serve.

CCP staff typically work in teams of two or more to perform outreach and provide services. Teams include a mix of mental health professionals and trained paraprofessional staff members. Each team should have a team leader who has the clinical expertise needed to supervise staff. Trained professional staff members also are responsible for assessing survivors for severe reactions. In all cases, but particularly when team deployment is not possible, remote communication, such as via mobile phone or pager, is essential to ensure safety.

The Number of Visits Allowed by a Crisis Counselor

The CCP does not limit the number of times crisis counselors may meet with individuals or families. However, a crisis counselor should be cautious about establishing expectations of long-term services or relationships, given the program's temporary nature. Typically, crisis counselors are trained to consider assessing survivors they have seen on three or more occasions for referral to other kinds of resources or behavioral health care.

How Crisis Counselors Are Trained

FEMA and CMHS have developed a series of standardized CCP training modules for crisis counselors and program administrators. These required trainings teach crisis counselors about individual and community reactions to disaster, prepare them to deliver crisis counseling services, inform them about CCP procedures and data collection, and provide them with techniques to manage their own stress.

States articulate a comprehensive training plan in the ISP and RSP applications. These plans include the standardized CCP trainings and any supplemental training on disaster-related topics the SMHA determines may be appropriate. The standard CCP trainings developed by FEMA and CMHS should be delivered by instructors experienced in the CCP and trained to deliver CCP-required trainings. The names of instructors should be included in the ISP and RSP applications, and approved by CMHS. Additional training provided by the State should be based on specific disaster needs.

The Difference Between Crisis Counseling and Traditional Mental Health Treatment

Mental health treatment, as typically defined within the professional community, implies the provision of assistance to individuals for a diagnosable disorder. In contrast, crisis counseling seeks to prevent the onset of diagnosable disorders by helping the majority of survivors understand that they are experiencing common reactions to extraordinarily uncommon events. Through psycho-education, emotional support, skills building, and linkage to services, most survivors will exhibit resilience and recovery.

While a mental health professional typically will provide services in an office or clinical setting, the crisis counselor supports people in their communities. Typical settings for crisis counseling may include a disaster survivor’s home, a workplace, a school, a community center, or even a coffee shop.

A mental health professional often will engage a client in short- or long-term recovery treatment, committing the person to a set number of sessions. The crisis counselor should treat each encounter as if it will be the only one, assisting the survivor with identifying needs and goals. In disaster situations, survivors often are forced to move from place to place, requiring this more psycho-educational approach. The mental health professional may be concerned with treating a particular symptom or set of symptoms; however, the crisis counselor uses a holistic approach, assessing and responding to all of the person’s needs within the context of his or her situation.

The mental health professional often takes a directive role, deciding what issues need to be addressed and in what manner. The crisis counselor assists survivors in identifying their most pressing difficulties and needs, as well as prioritizing and planning how they can address these needs best. The crisis counselor also is a supportive voice and may provide information about common reactions to disaster, effective coping strategies, and available community resources.

Finally, while a traditional mental health professional will make a diagnosis and treat mental illnesses, the crisis counselor will avoid classifying, labeling, or diagnosing people in any way. The crisis counselor keeps no individual records or case files.

Key differences between the two approaches are summarized below.

Traditional Mental Health	Crisis Counseling
Is office based.	Is home and community based.
Diagnoses and treats mental illnesses.	Assesses strengths and coping skills.

Traditional Mental Health	Crisis Counseling
Focuses on personality and functioning.	Seeks to restore or improve functioning.
Examines content.	Accepts content at face value.
Explores past experiences and their influence on current problems.	Validates common reactions and experiences.
Has psycho-therapeutic focus.	Has psycho-educational focus.
Keeps records, charts, case files, etc.	Does not collect any identifying information.

How the CCP Addresses Severe Disaster Reactions

Severe reactions to a disaster may include depressive disorders, suicidal behavior, substance abuse, acute stress disorder, posttraumatic stress disorder, dissociative disorders, and anxiety disorders. The *treatment* of severe reactions is beyond the scope of the CCP. However, *assessing for severe reactions* and *making appropriate referrals* are crucial parts of the program. Through training, crisis counselors know that few survivors will develop diagnosable conditions, but they must be able to identify those who do and refer them to the appropriate levels of care

Crisis Counseling Program

Guidance Materials

Section III: Program Management

Introduction

Section III of the program guidance details the components of a program management strategy and plan. Developing a management plan consistent with the needs assessment and outreach strategy is discussed. Staffing, quality assurance, supervision, program promulgation, training, and evaluation are addressed. This section is intended to provide an overview of program management; for further information on related topics, refer to the other sections of the document.

Program Management and the CCP

Program management is used by State CCP leadership and supervisory staff to ensure that services are delivered effectively to meet the needs of disaster survivors and at-risk individuals and groups. Training, supervision, regular meetings, analysis of service and fiscal data, and quality assurance systems are essential elements for effective program management. State and CCP staff collaborate to ensure that the resource and service components of the CCP work together in a manner consistent with the program model. FEMA and CMHS Project Officers have Federal oversight responsibility for the CCP and need to be informed of, and approve, the State's program management approach to ensure administrative consistency at the Federal, State, and provider levels. Ongoing analysis ensures program services meet the changing needs brought on by the phases of community disaster reactions and aspects of disaster recovery.

The Program Management Plan and the CCP Grant Applications

The ISP and RSP grant applications provide details on how the applicant will provide training, manage and deploy resources, and ensure quality and accountability. The basic elements of the program management plan are established in the grant applications. The plan consists of material from the ISP or RSP applications supplemented by more detailed information, protocols, and procedures concerning service provision, providers, communication, management oversight, and field supervision.

Main Components of a Program Management Plan

The components of the program management plan vary given the needs of the applicant and the reach of the disaster. The interrelated components promote effective delivery of services, and evolve to meet new identified disaster needs.

Typical components of a program management plan include the following:

- i* Performing ongoing needs assessment.
- i* Developing and effecting outreach strategies to identify and serve affected individuals, groups, and the community.
- i* Ensuring supervision and quality assurance at the State and provider levels.
- i* Employing program media and marketing strategies.
- i* Recruiting and hiring staff.

- ī Providing training.
- ī Providing staff stress management.
- ī Ensuring effective fiscal management.
- ī Accomplishing program evaluation.

Program Management and Ongoing Needs Assessment

Needs assessment is the foundation of the CCP. It is a continuous process necessary to ensure the relevance of the program for the duration of the effort. An initial needs assessment provides the rationale and justification for the CCP, and identifies at-risk populations who will be targeted for outreach. Formal sources for needs assessment might include analysis of damage assessments and registrants for services from FEMA or the CCP, and may involve other data sources including special use surveys and assessment tools. A needs assessment also might rely on corroborative data including anecdotal evidence from crisis counselors or feedback from other disaster relief providers. These sources may be especially important to inform adaptation of program outreach and services to meet changing needs in communities affected by disaster.

Media and Marketing, and the CCP

Establishing identity and public awareness are key components of program management. It is important for the program to select a name in order to develop a cohesive identity among providers. All CCP staff need to be part of a shared identity. This is achieved through training and through the use of media and marketing strategies that define program services and inform the community about the CCP.

Strategies to build a program identity and to market services include the following:

- ī **Program “branding”:** This involves establishing a clearly recognizable program name and logo, or design elements to appear on all program materials. Staff members are provided with items, such as t-shirts, business cards, hats, or badges, with the specific program name and logo.
- ī **Using media outlets:** Television, print, radio, and Internet can be used to increase awareness and accessibility of the CCP. Programs may develop public service announcements, interviews, articles, advertisements, letters to the editor, or educational materials.
- ī **Establishing toll-free numbers or hotlines:** A toll-free line may be established purely for informational purposes, or a hotline that provides counseling via phone may be incorporated into the program.
- ī **Establishing program Web sites:** Program Web sites explain the CCP services and link to other disaster-related resources whenever possible.
- ī **Developing and revising outreach and psycho-educational materials:** Materials are tailored to address the unique characteristics of a specific disaster or CCP.

- ī **Engaging in community networking:** Staffing information booths and providing presentations at community events can be an effective way for the CCP to gain visibility. Staff also may attend meetings that convene to discuss disaster survivors' needs and available resources.
- ī **Promoting word-of-mouth promulgation:** Outreach workers may encourage people to spread the word about the CCP. This is sometimes the most effective method of program promulgation, and it is free!

Effective Staffing of the CCP

CCP staff roles and the number of hires for each position to include in the staffing plan are informed by the needs assessment and existing State and provider structures. The State determines how staff are deployed to meet the needs of disaster survivors and at-risk groups. For safety and efficacy, crisis counselors typically are deployed in teams. Team deployment is linked with the CCP outreach strategy in order to target services to those individuals and groups identified to be in greatest need. When staffing the CCP, States should consider cultural demographics of the affected area and use of professionals with prior training and experience in the mental health and substance abuse fields.

Typical positions encountered in a CCP are as follows:

- ī **State CCP program manager or director:** This is the lead coordinator for the crisis counseling response at the State level and main point of contact for FEMA. The manager or director is responsible for oversight of staffing, training, reporting, fiscal monitoring, and working with other disaster service agencies.
- ī **Team leader:** This position oversees a team of four to eight crisis counselors. Generally, the team leader is an experienced disaster mental health worker or mental health professional who supervises the paraprofessional crisis counselors and assists in the assessment of people who require traditional mental health or substance abuse treatment.
- ī **Crisis counselor:** This position is a trained paraprofessional or professional who provides outreach, basic support, individual and group crisis counseling, public education, and referral. Crisis counselors work with individuals, families, and groups.
- ī **Administrative assistant or data entry coordinator:** This position provides administrative support to the CCP and enters evaluation data.
- ī **Trainer or consultant:** These positions are hired by the CCP to conduct CCP training for program staff or to provide programmatic consultation to program leadership.
- ī **Evaluation coordinator:** This position implements and oversees the CCP evaluation plan, including collection and analysis of data, for programmatic use and for reporting.

- **Fiscal coordinator:** This position tracks and monitors funds, and reviews program budget modifications.

Additional CCP positions sometimes supported with CCP funds:

- **Provider project manager:** This position may be included by larger providers to ensure effective oversight of staff and activities at the provider level. This position also may provide clinical supervision to CCP outreach staff.
- **Community liaison:** This position facilitates entry on behalf of the CCP into local communities and works with community organizations. This person may serve as a cultural broker and act as a liaison between the CCP and a specific cultural group.
- **Media liaison:** This position is responsible for developing public information press releases, coordinating media events, and developing informational and educational literature consistent with CCP programming and services.
- **Resource linkage coordinator:** This position provides intensive resource linkage for survivors struggling to access disaster relief assistance. Staff members in this position may provide a higher degree of attention to resource identification and linkage than what typically is provided by crisis counselors.

Recruiting and selecting staff are essential to a successful program. States and providers should work with their human resources departments to ensure that high-quality staff can be recruited and hired in a timely manner. Some preferred qualities of CCP staff include the following:

- Demonstrates positive regard for others.
- Communicates effectively.
- Displays knowledge of the community.
- Is able to remain focused.
- Functions well in a chaotic environment.
- Monitors and manages own stress.
- Displays cultural competence.
- Shows initiative, creativity, and stamina.

The State establishes procedures and operating protocols to accomplish appropriate supervision of staff:

- Individual supervision sessions are conducted and scheduled regularly. Management ensures that new and existing staff are trained to understand the CCP model and the parameters of the program, have basic crisis counseling skills, and are able to manage their own stress.

- ī Team and program staff meetings are held to discuss crisis counseling needs or severe reactions in survivors. Frequent staff briefings also are useful when assessing implementation of the program’s outreach strategies.
- ī Regular inservice trainings should occur to ensure program staff are able to build the skills and tools necessary to do the job.

Training

In order for ongoing programs to be successful, skilled staff need to be trained on expectations and limits of services, and on how to ensure appropriate adherence to the CCP model. The quality of service provision is key to program success, and comprehensive training is essential.

The CCP model includes standard trainings to be carried out at key points throughout the ISP and RSP. Training materials and recommendations for qualified trainers are provided by CMHS and through SAMHSA DTAC. Often, personnel from other assistance and disaster relief agencies are invited to attend to gain understanding of program services and the CCP model. CCP management must be proactive in planning for training. This includes scheduling meeting space and identifying appropriate in-State trainers, when possible.

The required standard CCP trainings are organized into modules that are provided to States on CD by SAMHSA DTAC once a CCP is approved.

- ī **Core Content Training:** This is the basic CCP skills-building training and includes administrative procedures and data collection information specific to the program. The course takes place in 2 days, during which crisis counselors are provided with critical information and skills related to individual, group, and community outreach strategies. This training is conducted during the first few weeks of the ISP. However, the State must be able to provide ongoing training to ensure all new crisis counselors receive the Core Content Training prior to working independently within the program.
- ī **Transition to RSP Training:** During this course, existing CCP staff and newly hired staff review key concepts related to crisis counseling skills, with an emphasis on longer term service provision. This curriculum highlights how the needs of disaster survivors and communities evolve in the RSP and differ from those encountered in the immediate disaster response. If the State applied for the RSP only, the Transition to RSP Training should be replaced with the Core Content Training.
- ī **RSP Midprogram Training:** This training typically is held 3–6 months into the RSP. Issues of staff morale and stress management for service providers are addressed. A focus is maintained on how crisis counselors will continue to provide services under difficult circumstances. This training includes problem-solving techniques for specific issues commonly encountered in the CCP such as emerging substance abuse or significant mental health needs. It also begins to address the subject of program phasedown.

- ī **Disaster Anniversary Training:** This training is held several weeks before the first anniversary of the disaster event. Crisis counselors are taught expected anniversary reactions and intervention strategies. This training can be paired with the midprogram training or the phasedown training, depending on the anniversary date.
- ī **RSP Phasedown Training:** Phasedown training should take place 6–8 weeks prior to the scheduled phasedown of the CCP. All CCP administrative and outreach staff attend. Program phasedown topics in this training include staff stress management and future planning, assisting the program and its staff to document the event, planning to leave a legacy for the community, resource linkage and referrals, and continuity of service via community partnerships.

The CCP training plan is not limited to providing solely required trainings. The State should identify and deliver additional trainings based on specific disaster and staff needs. More indepth training on specific crisis counseling interventions, and additional trainings on cultural competence, working with children, and mental health or substance abuse assessment and referral are recommended. To promote community partnerships, CCP leadership is encouraged to share training opportunities with other disaster and community providers.

Staff Stress Management

The quality of service provision is reliant on the outreach staff being able to accomplish self-care while they assist others. Many staff members of a CCP are also survivors of the disaster. Interacting with disaster survivors is extremely rewarding but also may produce strong levels of anxiety, frustration, anger, or depression in some workers. Sustained service provision can become debilitating when coupled with a staff person's personal experience of loss. It is, therefore, critical that ongoing staff stress management is integrated into the CCP at all levels of the program. All standard CCP trainings provided by CMHS include content on individual staff stress management. The program management plan developed by the State must include provisions for organizational stress management. Elements of an organizational stress management plan are as follows:

- ī A clearly defined management and supervision structure.
- ī Defined purpose and goals.
- ī Functionally defined roles reinforced through effective supervision.
- ī Sound clinical consultation, support, and supervision.
- ī Supportive peer relationships.
- ī An active stress management program.
- ī A comprehensive training plan.

Fiscal Management

The State is ultimately accountable for the appropriate use of Federal funds. The State must educate CCP providers on fiscal requirements and implement quality assurance mechanisms to monitor appropriate use of CCP funds, at both the State and local levels.

Fiscal management considerations include developing effective mechanisms for accessing Federal funds (“drawing down”), disbursing funds to CCP providers, accounting for funds, carrying out fiscal reporting requirements, and ensuring funds are used properly in accordance with CCP and other Federal rules and requirements. Fiscal staff should be identified as essential members of the CCP leadership team. A more detailed discussion of expectations related to fiscal management is presented in section IV.

Challenges to Fiscal Management

It is important that SMHA CCP leadership staff work closely with both State and provider fiscal staff to anticipate challenges and develop solutions. In the past, States have faced the following challenges:

- i* **Hiring:** An effective CCP requires timely hiring of program staff. It is important to understand how State hiring procedures will work within a disaster grant and to seek appropriate waivers or streamlining mechanisms from State leadership, if necessary.
- i* **Procurement:** Timely selection and contracting with suitable provider agencies are necessary. New contracts or contract amendments will need to specify CCP work and be set up so providers can access CCP funds in a timely manner.
- i* **Billing:** The State must ensure that providers regularly submit invoices so the State can draw down CCP funds in a timely manner. As a time-limited grant, the CCP may require a faster billing cycle than that of other traditional mental health or grant programs.
- i* **ISP extension:** Typically, when the SMHA has an ISP and applies for an RSP, an extension of ISP funding is granted to provide time for the RSP application to be reviewed. The State must submit a formal letter of request for a no-cost extension or, if necessary, an extension with additional ISP funding to the FEMA and CMHS Project Officers. When writing an ISP contract with service providers, the SMHA may wish to build in additional time for the extension period to ensure continuity of services and access to funds during the transition.
- i* **ISP-to-RSP transition:** The RSP is awarded as a new grant, not a continuation of the ISP. Any remaining ISP funds are returned to FEMA and do not roll over into the RSP. The RSP requires a separate funding stream, so the SMHA must take action to ensure providers are able to switch from the ISP to the RSP.
- i* **Second allotment of funds:** It is typical, particularly in the case of large grants, for funding to be disbursed in two allotments. In these cases, the State must submit a formal request letter to FEMA and CMHS demonstrating that it has almost expended the first allotment and needs the second allotment. The State should time submission of this letter in a way that ensures consistent flow of funding. Often this request is included with the RSP first quarterly report.

- ī* **Grant award conditions:** Often, ISP and RSP grants are awarded with conditions. The State must submit a formal response to award conditions to receive funding. States must review the grant award conditions letter carefully and respond appropriately. States must not expend funds for budgeted items that have not been approved in the award.
- ī* **State fiscal year:** As the CCP is a disaster grant program with time limitations, funding start and end dates are tied to the date of Presidential disaster declaration. As a result, funds are awarded and fiscally administered without reference to State fiscal year requirements.

Data Collection and Evaluation

Consistent and timely data collection and evaluation assist program management at the State and provider levels by ensuring that it remains aware of both the success of its outreach efforts and the changing needs of disaster survivors. The process improves the program's behavioral health disaster response, documents the program's accomplishments, and provides accountability information to stakeholders (e.g., Congress, Government Accountability Office, Federal agencies). CMHS and FEMA also use data to justify program efforts, as well as to make modifications to the CCP model and program service delivery.

Procedures for data collection and evaluation include the following:

- ī* One central data entry point is recommended to reduce data entry errors.
- ī* Establishment of quality control and assurance processes is necessary for data collection and analysis. Typical quality control procedures include management checking forms for completeness prior to submitting; staff (those responsible for evaluation at the central level) checking for consistency and accuracy, and giving feedback to the provider-level supervisors; and staff developing ways to resolve errors in collected data forms.
- ī* All CCP administrators and managers should carefully review evaluation and reporting requirements.
- ī* CCP award conditions require collecting information on specific forms in specific formats. This should not limit the State or providers in collecting additional information that will assist in both program improvement and process. The specific required forms are detailed in the Notice of Grant Award (NOGA) received by the State upon approval of a CCP.
- ī* CCP award conditions require database development and data delivery to CMHS upon submission of each quarterly report and with the final report.

Data on service delivery must be collected using the Individual Crisis Counseling Services Encounter Log, Group Encounter Log, and Weekly Tally Sheet—each a part of the standard FEMA CCP data toolkit as approved by the OMB (OMB No. 0930–0270). Three other tools—Participant Feedback Survey, Adult Assessment and Referral Tool, and Service Provider Feedback Survey—are also included in the data toolkit and are optional.

Ensuring Quality Assurance

The CCP is a time-limited program that must identify and address emergent issues related to both disaster survivor needs and operational realities, while developing and implementing solutions to improve program services. Quality assurance and quality improvement activities are developed even before the program begins and assist the State in reporting program highlights and issues to CMHS and FEMA through regular program monitoring and reporting. Activities related to quality assurance include the following:

- ī Regular onsite supervision, training, and consistent communication between CCP management and workers providing services.
- ī Weekly meetings and regular submission of data collection forms.
- ī Phone and e-mail communication whenever workers have questions or concerns.
- ī Collecting and organizing programmatic materials and data to continue to improve service provision and educational materials.
- ī Identifying problems or gaps in service through data and informant feedback.
- ī Redirecting resources and modifying the service plan.
- ī Conducting ongoing needs assessment.
- ī Providing information to workers to improve services.

Supervision is a critical element of program management in the CCP. In the initial weeks of the program, teams often meet twice daily; once in the morning to plan the day, and again in the evening to process the day's activities. Later in the program, supervisors and teams meet weekly. This approach ensures that staff are adequately prepared to provide effective services. Confident crisis counselors also are less likely to experience stress.

CCP Administrative and Reporting Requirements

Consistent requirements exist in the areas of training, fiscal administration, reporting, and service delivery. Programs develop a timeline to include due dates and responsible staff in their program management plan. Administrative activities and reporting requirements to consider in the program management plan include the following:

Training

- ī Documentation in quarterly reports of training sessions that have been held, descriptions of the content of the sessions, and detail regarding the number of people who attended. As highlighted in the training section of this document, required training takes place throughout the program period and should be planned in a proactive manner. Optional training may take place, as deemed appropriate by State and project leadership.

Fiscal Administration

- ï Preparing the budget for the ISP and, as appropriate, RSP applications.
- ï Establishing the State account and fiscal mechanisms to receive and disburse CCP funds.
- ï Establishing State fiscal mechanisms to coordinate disbursement of funds to State service providers, including timely submission of bills from local service providers. These must be documented in the applications and program reports.
- ï Procuring and contracting with local provider agencies to provide ISP and RSP services. Providers must be detailed in the CCP application.
- ï Preparing an interim account of ISP funds for the ISP midprogram report included in the RSP application.
- ï Preparing and submitting quarterly fiscal reports to CMHS during the RSP.
- ï Preparing a request for budget adjustments or additional disbursements of funds in the RSP for submission to CMHS and FEMA, as indicated by program financial needs.
- ï Completing fiscal closeout of the CCP and submitting documentation to FEMA and CMHS.

Administrative and Fiscal Reporting

- ï Administrative and fiscal reporting during the ISP are included as a midprogram report in the RSP application if the State applies for an RSP. Regardless of the submission of an RSP application, the program must submit a final program and fiscal report to FEMA and CMHS 90 days following the ISP program period end date.
- ï Administrative reporting on a quarterly basis to CMHS is required throughout the RSP, and a final program report is due to FEMA and CMHS 90 days following the program end date. Fiscal reporting requirements are explained in detail in section IV of the program guidance.

Service Delivery Data

- ï The State's program management plan should include mechanisms to collect, examine, and react to immediate and changing needs encountered by crisis counselors. Frequent analysis of both CCP data and feedback provided by staff allows the program to evolve to meet needs as they arise. States are required to submit two electronic copies of their database containing up-to-date program data with their programmatic quarterly and final reports.

Crisis Counseling Program

Guidance Materials

Section IV: Fiscal Administration

Introduction

Section IV of the program guidance is intended to assist applicants and local provider organizations in budget preparation and fiscal monitoring of the CCP grant. This section contains information about fiscal monitoring, budgeting and use of budget tables, and fiscal reporting requirements. A detailed review of allowable expenses also is included. This section is intended to provide an overview of fiscal administration; for further information on related topics, refer to the other sections of the document.

The Influence of the CCP Model

Knowing the key concepts of the CCP model is important for effective fiscal management. These concepts define what is fundable and determine the State's fiscal approach.

- i* **The CCP's strengths-based, practical approach to mental health determines what services are fundable.** As a disaster relief program that seeks to support a large number of survivors in a limited period of time, the CCP has a very specific list of fundable services.
- i* **The CCP emphasizes face-to-face interventions with survivors in their natural settings.** The majority of CCP funding should be budgeted for personnel, specifically for crisis counselors and team leaders who provide services to disaster survivors. Therefore, staff should be dedicated to the program in a full-time or significant part-time capacity (e.g., a full-time equivalent [FTE] should consist of one or two people).
- i* **The CCP strengthens existing community support systems.** As the CCP is a temporary relief program, CCP funding should be used to reinforce natural community resources by providing services and promoting collaboration, rather than funding infrastructure enhancements.

Relationships Among the Needs Assessment, Plan of Services, and Budget

The needs assessment identifies who should be served. The plan of services presents how they will be served. The budget determines how the services will be funded. CCP funds can be used to provide services for survivors and at-risk populations identified in the needs assessment. These three elements should be related to provide a clear picture of how CCP funding will be used.

Activities included in the plan of services must appear in the line-item budget. Similarly, anything included in the line-item budget must appear in the plan of services. Additional details about services and positions typically funded under the CCP can be found in appendices A and B.

Budgeting

Well-planned fiscal management depends on a well-prepared budget. An accurate budget allows for the successful implementation, management, and operation of program services and activities, and should reflect careful planning on the part of the applicant.

Budget Formats

Several specific budget formats are required for the ISP and RSP applications. States must use the budget formats detailed below and prepare them as described.

Suggested Budget Formats

- ï Standard Form 424a Budget Information: Non-Construction Programs (SF-424a) (serves as a total budget for the program).
- ï State budget.
- ï Individual provider budgets.
- ï Estimated Funding section on the main Standard Form 424 (SF-424).

The individual provider, State, and SF-424a budgets must have consistent line items. 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 need identified in each provider's service area. The SMHA is responsible for ensuring 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 included in the State budget. Those States which contract with service providers must roll the individual service provider budgets into the total contractual line of the State budget. Those States which do not contract with service providers must reflect all costs by line item in the State budget.
2. The State budget is then entered on SF-424a.
3. The SF-424a lines must then be included in the Estimated Funding section on the main SF-424.

The Budget Narrative

Each ISP or RSP budget narrative must justify the proposed budgets for the State and each individual service provider budget. The narrative must provide a brief justification of the costs and an itemization for each line of the budgets. Instructions for developing the budget narrative are provided in appendix B.

Interim Costs

The applicant may seek reimbursement for costs associated with crisis counseling services provided from the date of incident to the date of the ISP application. The applicant must document the crisis counseling services that have been provided and justify the costs. Documentation should include the following:

- ï Types of crisis counseling services provided.
- ï Location of service provision.
- ï Types of staff who provided the services.
- ï Hourly rates of staff who provided the services.
- ï Number of hours staff worked.
- ï Types and number of recipients who received services.

Recipients of services in the immediate disaster response phase often include disaster survivors and their families, first responders, and other individuals directly affected by the disaster. Typical locations of service provision in the immediate disaster response include shelters, family assistance centers, homes, or other community settings. Services often are provided by State behavioral health agency staff, local behavioral health service provider staff, or members of disaster behavioral health response groups. The applicant may seek reimbursement only for crisis counseling services and not for any other type of behavioral health response.

As the ISP is supplemental disaster relief funding, the State is expected to provide in-kind disaster response services. Typically, applicants seek reimbursement only for overtime pay for staff directly employed by the State. The applicant may seek full reimbursement for direct State employees if it can be clearly demonstrated that the normal duties of these State staff were back-filled during the disaster response.

Full reimbursement of normal and overtime hours may be sought for contracted provider staff and responders not affiliated with the State. Reimbursement must be based on the actual hourly rates of the disaster responders.

Indirect Costs

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

In-Kind Resources

Regulations mandate that the applicant identify sources of in-kind contributions, as appropriate. Some examples of typical in-kind resources include personnel; office and meeting space, utilities, and equipment such as computers, printers, and mobile phones; transportation; advertising; and public service announcements. Community or other groups, such as voluntary organizations active in disaster or local faith-based organizations, may donate resources as well. Examples of items donated by these groups include meals, refreshments for program-related meetings or support groups, toys, meeting space, and recreational items.

The Importance of Effective Fiscal Management

Well-planned fiscal management is critical in the CCP. It allows funding to flow efficiently from the Federal Government through the State to the providers serving disaster survivors. Effective financial management provides clear accountability for audits and ensures appropriate use of taxpayer dollars. Most importantly, it ensures the program is adequately budgeted, so it can meet the needs of disaster survivors.

Fiscal Monitoring and Conditions of Award

State and local government agencies must conduct audits in accordance with the Single Audit Act of 1984, PL 98–502, implemented by OMB Circular A–133.

CCPs also are subject to Federal audits. States should keep CCP fiscal records and documents for 3 years following the last date of the program services period, even if a Federal audit is conducted during that timeframe. Since a CCP includes several provider agencies, the State must identify and describe a fiscal monitoring process that ensures accountability for these records. Independent fiscal audits may be required as part of the conditions of award on grants exceeding \$500,000.

As previously noted, grantees must comply with all conditions of award, as detailed in the NOGA letter. The State must adhere to the approved budget to remain in compliance with the conditions of award. Additional requirements related to fiscal monitoring may be included in the grant award letter, as deemed appropriate by CMHS and FEMA.

Requests for Budget Adjustments

CCP funding is based on the needs of disaster survivors and other affected at-risk populations. A needs assessment is conducted as part of both the ISP and RSP application process, but needs assessment also should be an ongoing process to ensure that services meet the ever-changing needs of survivors.

The SMHA is expected to incorporate mechanisms for an ongoing needs assessment into the CCP and work with FEMA and CMHS Project Officers to adjust program planning and implementation accordingly. Changes to the program plan may require that funding be moved from one line item to another, or from one provider to another. States have the authority to move funds, up to a cumulative 10 percent of the total budget, from one line item to another without requesting approval. Any budget adjustments that move a cumulative 11–24 percent of funds must be approved by the CMHS Project Officer. Any budget adjustments that exceed a cumulative 25 percent of the total must be approved by the SAMHSA grants management officer. Once this threshold has been exceeded, all modifications must be approved. No funds may be moved in the training line item without prior approval. These requests are accomplished through a Request for Budget Adjustment letter. A template for this letter is included in the *SAMHSA Disaster Response Grants Template for Budget Adjustment Request* available from the CMHS Project Officer. It is important to discuss all budget adjustments with FEMA and CMHS Project Officers before submitting the formal request for adjustment.

Transfer of Funds

The funding processes are separate and distinct for the ISP and RSP. FEMA and CMHS strongly advise the State to prepare for the transfer of funds.

Transfer of Funds in the ISP

1. Prior to FEMA disbursement of funds, the SMHA and the State Emergency Management Agency (SEMA) typically prepare to transfer funds between their agencies, if necessary. The SMHA also is advised to consult with both State and local provider fiscal staff to ensure a mechanism is in place to draw down and distribute funds immediately to area service providers funded by the project.
2. FEMA advances all or part of the approved ISP funds to the SEMA. FEMA can obligate funds within as little as 48 hours of the application approval. Disbursement of funds is accomplished through SMARTLINK, FEMA's electronic funds transfer system.
3. The SEMA transfers funds to the SMHA through customary State processes.

Transfer of Funds in the RSP

Note: Unlike in the ISP, funds for the RSP are not transferred through SMARTLINK.

1. Funds for the RSP are transferred from FEMA to CMHS.
2. Funds are awarded by a grant from CMHS to the SMHA. The RSP must adhere to HHS Public Health Service grant regulations and FEMA regulations.
3. The State is eligible to withdraw funds from the Payment Management System upon receipt of a NOGA issued by the SAMHSA Division of Grants Management. Since the grant is discretionary, States may not initially receive the total approved grant amount. It is typical for FEMA to obligate a portion of the approved funds in an initial allotment.
4. The State's request for an additional allotment of funds should be included in the first quarterly report with a financial plan projecting the amount of funds required to complete the project. An interim financial report also must be submitted with the first quarterly report. States should use the Standard Form 425 Federal Financial Report (SF-425).
5. An additional allotment of funds is awarded to the State through another NOGA.

As the funding processes are distinct, the ISP-to-RSP transition is important. The State should coordinate with its CMHS Project Officer to establish an RSP start date that will allow for a seamless transition from ISP to RSP.

Preparing for Closeout

During the program period, funds should be obligated prior to the program period end date, as defined in the NOGA.

Funds may be expended during the closeout period for administrative activities related to ending the grant. Allowable closeout period costs include salaries and related costs for a minimal number of staff to prepare program and fiscal reports, as well as supplies and office space rental fees during the closeout period.

Fiscal Reporting and Closeout Requirements

Programmatic and fiscal reporting is required for the ISP and RSP. The following is a description of the reporting requirements.

ISP Reporting

ISP Midprogram Report

- i The ISP Midprogram Report is required only if the State is applying for an RSP. The State must use RSP application Part III: Response Activities from Date of Incident to complete this requirement. The report is due with the RSP application 60 calendar days from the disaster declaration date. **The midprogram report must include an interim fiscal report of expenditures under the ISP.**
- ii The ISP Midprogram Report is not required if the State is not applying for an RSP grant.

ISP Final Program Report

- ï The ISP Final Program Report is due to the FEMA Disaster Recovery Manager/Regional Administrator 90 calendar days after the last day of ISP funding. If the State is awarded an RSP grant, the report must describe the transition from immediate to regular services activities.

ISP Final Accounting of Funds

- ï This report must be prepared by the SMHA and is due 90 calendar days after the last day of ISP funding. It must be included in the ISP Final Program Report and submitted to the FEMA Disaster Recovery Manager/Regional Administrator. The final accounting must explain how funds were expended by category and budget line for each agency and service provider.
- ï A final voucher, prepared by the SEMA, must accompany the ISP Final Accounting of Funds. States must use the Federal Financial Report SF-425. All obligations must be liquidated, and the exact balance of funds must be indicated. The total expended funds must be consistent with the line-item report. The State should coordinate closely with the SEMA to ensure that the voucher and final accounting of funds are consistent and accurate.

RSP Reporting

RSP Quarterly Report

- ï Two quarterly reports, including documentation on financial expenditures, must be submitted to the CMHS Project Officer. Quarterly reports are due 30 calendar days after the end of each 3-month reporting period. The quarterly report must include an interim budget expenditure report showing (1) an approved budget, (2) costs incurred and obligated expenditures, (3) approved budget modifications, and (4) an unspent balance for each service provider. The report should be consistent with the cost categories and budget line items listed in the approved budget. If only a portion of awarded funding was disbursed at the start of the RSP, a letter of request for the second allotment of funds may be submitted with the RSP First Quarterly Report.

RSP Final Program Report

- ï This report is due to the CMHS Project Officer 90 days following the final day of program services.

RSP Final Accounting of Funds Report

- ï This report is due 90 days following the final day of program services and must contain two documents: (1) a final expenditure report showing expenditures of funds by category and budget line for each agency and service provider, as listed in the approved budget, and (2) a final voucher. The final voucher should be the Federal Financial Report SF-425. All obligations must be liquidated, and the exact balance of funds must be indicated. All interest earned on Federal grant funds must be listed as additional income to the grant program. The RSP Final Accounting of Funds Report must be submitted to the CMHS Project Officer and the SAMHSA Division of Grants Management. The SMHA must prepare the RSP Final Accounting of Funds Report; while the State's financial accounting office should prepare and authorize the voucher. The State should coordinate closely with its financial accounting office to ensure the voucher and RSP Final Accounting of Funds Report are consistent

Appendix A: CCP Services, Positions, and Job Descriptions

PRIMARY CCP SERVICES
<p>Brief Educational or Supportive Contact</p> <ul style="list-style-type: none"> • Is less than 15 minutes in duration. • Provides basic educational or emotional support to individuals or groups
<p>Individual Crisis Counseling</p> <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.
<p>Group Crisis Counseling</p> <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.
<p>Public Education</p> <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.
<p>Assessment, Referral, and Resource Linkage</p> <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.
<p>Community Networking and Support</p> <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
<p>Distribution of Educational Materials</p> <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.
<p>Media and Public Service Announcements</p> <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.

Appendix A: CCP Services, Positions, and Job Descriptions

TYPICAL CCP POSITIONS AND JOB DESCRIPTIONS	
State CCP Program Manager/Director	<ul style="list-style-type: none"> • Acts as lead coordinator for State crisis counseling response and is main point of contact for FEMA. • Oversees staffing, training, reporting, and fiscal monitoring. • Works with other disaster service agencies to ensure nonduplication of services. • Conducts regular site visits to providers and accompanies crisis counselors as an observer to ensure appropriate services are delivered. • In some cases, often with smaller CCPs, may be the State Disaster Mental Health Coordinator, i.e., the individual identified by the SMHA as responsible for State disaster mental health preparedness and response.
Team Leader	<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.
Crisis Counselor	<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.”
Administrative Assistant/Data Entry Clerk	<ul style="list-style-type: none"> • Provides a full range of administrative support to the CCP and enters evaluation data.
Consultant/Trainer	<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.
Evaluation Coordinator	<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.
Fiscal Coordinator	<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.
ADDITIONAL POSITIONS ENCOUNTERED IN THE CCP	
Provider Project Manager	<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.
Community Liaison	<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.

Appendix A: CCP Services, Positions, and Job Descriptions

ADDITIONAL POSITIONS ENCOUNTERED IN THE CCP

Media Liaison

- Develops public information press releases.
- Coordinates media events.
- Develops informational and educational literature consistent with CCP programming and services.

Resource Linkage Coordinator

- Provides intensive resource linkage for survivors struggling to access disaster relief assistance.
- Networks with community resources to identify referral mechanisms.
- Provides training to crisis counselors and other service providers regarding referral resources and mechanisms.

Appendix B: Instructions for the Budget Narrative

Budget Category	INSTRUCTIONS FOR THE BUDGET NARRATIVE Key Points for Each Line Item
Salaries and Wages	<ul style="list-style-type: none"> <input type="checkbox"/> Within the budget narrative table, list each position type and all relevant details, including the corresponding number of FTEs, hours, weeks, rates of pay, and total cost. <input type="checkbox"/> Indicate how rates of pay were determined. List sources used to make such determinations (e.g., U.S. Department of Labor). <input type="checkbox"/> If rates differ from usual and customary rates for comparable positions in the local area, justify why pay rates differ.
Fringe Benefits	<ul style="list-style-type: none"> <input type="checkbox"/> Provide the rate of fringe for each provider. <input type="checkbox"/> Indicate whether the fringe benefits are based on usual and customary rates in the local area. <input type="checkbox"/> If the fringe rates are not comparable to the usual and customary rates for the local area, describe why the fringe rates differ. <input type="checkbox"/> List individual items that constitute the fringe benefits package.
Travel	<ul style="list-style-type: none"> <input type="checkbox"/> Provide the following list of travel expenses for program staff: number of estimated miles per week, number of weeks, and established State mileage rate. <input type="checkbox"/> Provide details on in-State airfare costs, lodging, and per diem rates. <input type="checkbox"/> Consultant or trainer travel costs must be included in the consultants/trainers category.
Equipment	<ul style="list-style-type: none"> <input type="checkbox"/> Itemize equipment and provide justification of equipment costs. <input type="checkbox"/> Expenses less than \$5,000 (e.g., mobile phones or computers) must be included in the supplies category. <p>Note: This line is reserved for individual equipment purchases exceeding \$5,000.</p>
Supplies	<ul style="list-style-type: none"> <input type="checkbox"/> Itemize all supplies not normally stocked in a typical business office or covered by the negotiated indirect rate agreement (e.g., mobile phones, computers, pagers). <input type="checkbox"/> Include a justification for each item.
Consultants/ Trainers	<ul style="list-style-type: none"> <input type="checkbox"/> Itemize all consultant and trainer costs by identifying person, role, daily rate, and number of days. <input type="checkbox"/> Identify the type of consultation or training that the individuals are providing. <input type="checkbox"/> Provide a breakdown of transportation, lodging, and per diem rates (some travel costs may need to be estimated). <p>Note: Ensure all compensation complies with FEMA policy and established rates of pay.</p>
Media/Public Information	<ul style="list-style-type: none"> <input type="checkbox"/> Provide a breakdown of expenses for pamphlets, flyers, educational materials, advertising expenses for staff recruitment, and educational media and public information efforts. <p>Note: The State is encouraged to seek donated or matching media and marketing activities.</p>
Other	<ul style="list-style-type: none"> <input type="checkbox"/> List all other costs, and provide justification for these costs. <p>Note: Ensure all other costs are directly supported within the plan of services.</p>

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

Appendix B: Instructions for the Budget Narrative

Budget Category	Fundable Expenses	Nonfundable Expenses	Typical In-Kind Contributions
Salaries and Wages	<ul style="list-style-type: none"> ī Salaries and wages for typical CCP positions: <ul style="list-style-type: none"> – Crisis counselor; – Team leader (supervisor); – Administrative assistant/data entry clerk; – Consultant/trainer (listed in personnel only if a direct State or provider employee); – Evaluation coordinator; – Fiscal coordinator; – State CCP program manager/director; – Provider project manager; and – Community liaison. 	<ul style="list-style-type: none"> ī Longer term, more formal mental health services to existing or new clients, and mental health professionals providing these services including diagnosis and therapy. ī Longer term, more formal substance abuse treatment to existing or new clients, and paraprofessionals providing these services. ī Advocacy. ī Formal critical incident stress debriefing (CISD) services or critical incident stress management (CISM) training. ī Reimbursement for uncollected revenue (e.g., if mental health workers respond to the disaster and it results in fewer Medicaid billings, the State will not be reimbursed for these lost Medicaid billings). ī Supplanting existing State or provider positions. 	<ul style="list-style-type: none"> ī Salaries and wages of existing State and local staff, such as the State disaster mental health coordinator and local area provider agency managers who dedicate a percentage of time to the CCP in addition to their existing duties.
Fringe Benefits	<ul style="list-style-type: none"> ī Fringe benefit costs at the usual and customary fringe benefit rate for State and local providers. 	<ul style="list-style-type: none"> ī Fringe benefit costs above the customary fringe benefit rate for temporary State and local provider staff. 	
Travel	<ul style="list-style-type: none"> ī Mileage reimbursement for crisis counselors to travel to deliver services in survivors' homes, to meet with community groups or agency personnel, and to conduct or receive training. ī The standard motor-pool cost if State cars are used. 	<ul style="list-style-type: none"> ī Out-of-State travel for CCP personnel. ī Providing transportation for survivors. ī Rental or leasing of vehicles, unless unusual circumstances indicate that the use of personal vehicles is not a reasonable option. 	<ul style="list-style-type: none"> ī The State may offer to use the motor-pool as an in-kind contribution.
Equipment	<ul style="list-style-type: none"> ī Reserved for equipment purchases exceeding \$5,000 per individual item. ī Consult with the FEMA and CMHS Project Officer prior to budgeting this category. 	<ul style="list-style-type: none"> ī Consult with the FEMA and CMHS Project Officer for specific nonfundable expenses. 	

Appendix B: Instructions for the Budget Narrative

Budget Category	Fundable Expenses	Nonfundable Expenses	Typical In-Kind Contributions
Consultants/ Trainers	<ul style="list-style-type: none"> • CMHS-approved, qualified consultants used to provide technical assistance or consultation to State and local project staff on program development and project management. • CMHS-approved, qualified trainers used to provide standardized CCP training or training concerning special disaster-related issues (e.g., cultural competence, working with children, at-risk populations). • For contracted consultants, the maximum FEMA reimbursement rate is \$750 per day, which includes preparation, materials, and travel time. • Travel costs, lodging, and per diem for consultants. 	<ul style="list-style-type: none"> • Consultants or trainers not approved by CMHS. • Consultant charges exceeding \$750 per day. • Conferences or workshops not directly related to the project. • Out-of-State training. • Disaster preparedness training. • CISD or CISM training. 	<ul style="list-style-type: none"> • Costs and time associated with the use of State and local in-house consultants.
Supplies	<ul style="list-style-type: none"> • Basic office equipment, such as computers, mobile phones, printers, pagers, fax machines, or photocopiers. 	<ul style="list-style-type: none"> • Food and beverages. • Refreshments for meetings and trainings. • Medications. • Toys or playground items for recreational programs. • Disaster kits. • Video cameras, video recording equipment, televisions, and other types of video production equipment (see Media/Public Information Efforts below). 	<ul style="list-style-type: none"> • Use of existing equipment, such as office furniture, computers, fax machines, printers, or photocopiers. • Food and beverages. • Toys and recreational items.

Appendix B: Instructions for the Budget Narrative

Budget Category	Fundable Expenses	Nonfundable Expenses	Typical In-Kind Contributions
Media/Public Information	<ul style="list-style-type: none"> ï Advertisements to recruit crisis counselors. ï Educational materials, pamphlets, and handouts. ï Flyers or other materials to promote access to CCP services. ï Staff identification items, such as t-shirts or name badges. ï Media messaging and public service announcements. ï Duplication of appropriate existing materials, such as FEMA and CMHS disaster mental health materials, should the State require more copies of these materials than can be provided. ï Video and multimedia product development may be funded only if it is carefully justified and the following three criteria are met: <ul style="list-style-type: none"> – No comparable resource is available from another CCP, any Federal or State agency, or any private entity; – The State has provided a comprehensive description of the objectives and format of the product, and has demonstrated the disaster mental health expertise to develop a quality product; and – The product can be completed to be used as an educational or training tool during the CCP. 	<ul style="list-style-type: none"> ï Items or activities not included as part of the grant application program plan or not approved by the FEMA and CMHS Project Officers. ï Disaster preparedness materials. ï Expensive print, television, or radio advertisements. 	<ul style="list-style-type: none"> ï For print advertisements and broadcast time, FEMA and CMHS advise that programs seek donations as a public service for space and airtime announcements. If this is not possible, list these media costs as a budget item, and provide ample justification in the narrative.

Appendix B: Instructions for the Budget Narrative

Budget Category	Fundable Expenses	Nonfundable Expenses	Typical In-Kind Contributions
Other	<p>ï The budget may identify costs that are unique to the disaster and area impacted but do not fall into one of the prescribed categories.</p> <p>Note: Costs must not be identified as miscellaneous (i.e., they must be described in detail).</p>	<p>ï Facility renovation, repair, or construction.</p> <p>ï Transportation for survivors.</p> <p>ï Childcare.</p> <p>ï Case management.</p> <p>ï Diagnostic testing.</p> <p>ï Toys or recreational equipment or activities.</p> <p>ï Food and beverages.</p> <p>ï Refreshments</p> <p>ï Video or multimedia recording equipment.</p> <p>ï Longer term, more formal mental health services to existing or new clients.</p> <p>ï Medications.</p> <p>ï Longer term, more formal substance abuse services to existing or new clients.</p> <p>ï Advocacy.</p> <p>ï Financial assistance for survivors.</p> <p>ï Fundraising activities.</p> <p>ï Disaster preparedness</p>	

Categories Typically Listed as “Other”

Budget Category	Fundable Expenses	Nonfundable Expenses	Typical In-Kind Contributions
Other:	<p>ï Minimal office space for the management and administration functions of the program when donated space is not available.</p>	<p>ï Facility renovation, repair, or construction.</p>	<p>ï Office space within SMHA and CCP provider facilities.</p>
Rental Office Space	<p>ï Appropriate telephone and utility costs for CCP operations when not located within existing SMHA or provider space.</p>	<p>ï Telephone and utility charges not directly related to CCP operations</p>	<p>ï Utilities such as heat, water, or electricity.</p>
Other: Telephone and Utilities	<p>ï Additional costs to conduct CCP evaluation and data collection in compliance with the <i>Evaluating the Reach, Quality, and Consistency of Crisis Counseling Programs</i> guidance.</p>	<p>ï Evaluation activities not in compliance with the <i>Evaluating the Reach, Quality, and Consistency of Crisis Counseling Programs</i> guidance.</p> <p>ï More formal research activities.</p>	

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

Appendix B: Instructions for the Budget Narrative

Required Supporting Documentation to be Maintained by the CCP

Salaries and Wages: Salary compensation must be reasonable in amount and supported by daily employee activity sheets (timesheets) that document charged hours. Timesheets must be prepared by employees and be approved by management.

Fringe: Fringe benefits may be charged directly using established practices. Claimed costs must be reasonable in amount and conform to an established policy. Use of a pre-established provisional rate requires allocation to total salary costs. Rates must be adjusted to actual at year-end. Rates should be reviewed at least once annually. Direct charging requires equitable allocation and supporting documentation.

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

Consultants: Consultant costs must be supported by a consulting agreement that documents the service to be performed, cost, and applicable time periods. Documentation to support need, reasonability of rates, adherence to the FEMA training policy, and consultant expertise must be maintained, together with evidence of work product.

Equipment: Acquisition of equipment for the project requires prior Government approval. Costs may be charged directly only for items fully dedicated to the project. Costs associated with personal use are unallowable. Items that either benefit the organization as a whole or have a useful life beyond the life of the project should be capitalized and depreciated; only applicable depreciation should be charged to the grant.

Supplies: Supplies may be charged directly if used solely for the SAMHSA grant. Support in the form of invoices or payment receipts should be maintained.

Travel: Travel must be preapproved and supported by travel expense reports detailing employee name, reason for trip, and itemized expenses claimed. Claimed costs should be charged according to a detailed travel policy that requires prior approval, complies with OMB Cost Principles, and provides expenditure limitations. Major items of expense (e.g., airfare, lodging) should be supported by receipts. Expense reports should be reviewed for allowability prior to payment.

Other: Costs may be charged only if they are specific to the SAMHSA grant; costs must be supported by adequate documentation (invoices, receipts, etc.).

Contracts: Contractual costs include all subcontracts and subrecipient grants. Costs should be awarded in accordance with the Code of Federal Regulations. Agreements must be in writing and include a statement of work, applicable dates, and cost ceilings. Need and cost and price analyses should be documented. Awards should be competitive; any sole-source awards must be adequately justified.

Appendix C: Federal Financial Report SF-425

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)			Page	1	of	
pages								
3. Recipient Organization (Name and complete address including Zip code)								
4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)			6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		
8. Project/Grant Period From: (Month, Day, Year) To: (Month, Day, Year)				9. Reporting Period End Date (Month, Day, Year)				
10. Transactions							Cumulative	
<i>(Use lines a-c for single or multiple grant reporting)</i>								
Federal Cash (To report multiple grants, also use FFR Attachment):								
a. Cash Receipts								
b. Cash Disbursements								
c. Cash on Hand (line a minus b)								
<i>(Use lines d-o for single grant reporting)</i>								
Federal Expenditures and Unobligated Balance:								
d. Total Federal funds authorized								
e. Federal share of expenditures								
f. Federal share of unliquidated obligations								
g. Total Federal share (sum of lines e and f)								
h. Unobligated balance of Federal funds (line d minus g)								
Recipient Share:								
i. Total recipient share required								
j. Recipient share of expenditures								
k. Remaining recipient share to be provided (line i minus j)								
Program Income:								
l. Total Federal program income earned								
m. Program income expended in accordance with the deduction alternative								
n. Program income expended in accordance with the addition alternative								
o. Unexpended program income (line l minus line m or line n)								
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share	
g. Totals:								
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:								
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)								
a. Typed or Printed Name and Title of Authorized Certifying Official					c. Telephone (Area code, number and extension)			
					d. Email address			
b. Signature of Authorized Certifying Official					e. Date Report Submitted (Month, Day, Year)			
14. Agency use only:								

Standard Form 425
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

Paperwork Burden Statement
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.

Appendix D: Federal Financial Report SF-425 Instructions

Federal Financial Report Instructions

Report Submissions

- 1) Recipients will be instructed by Federal agencies to submit the *Federal Financial Report (FFR)* to a single location, except when an automated payment management reporting system is utilized. In this case, a second submission location may be required by the agency.
- 2) If recipients need more space to support their *FFRs*, or *FFR Attachments*, they should provide supplemental pages. These additional pages must indicate the following information at the top of each page: Federal grant or other identifying number (if reporting on a single award), recipient organization, Data Universal Numbering System (DUNS) number, Employer Identification Number (EIN), and period covered by the report.

Reporting Requirements

- 1) The submission of interim *FFRs* will be on a quarterly, semi-annual, or annual basis, as directed by the Federal agency. A final *FFR* shall be submitted at the completion of the award agreement. The following reporting period end dates shall be used for interim reports: 3/31, 6/30, 9/30, or 12/31. For final *FFRs*, the reporting period end date shall be the end date of the project or grant period.
- 2) Quarterly and semi-annual interim reports shall be submitted no later than 30 days after the end of each reporting period. Annual reports shall be submitted no later than 90 days after the end of each reporting period. Final reports shall be submitted no later than 90 days after the project or grant period end date.

Note: For single award reporting:

- 1) Federal agencies may require both cash management information on lines 10(a) through 10(c) and financial status information lines 10(d) through 10(o).
- 2) 10(b) and 10(e) may not be the same until the final report.

Line Item Instructions for the Federal Financial Report

FFR Number	Reporting Item	Instructions
Cover Information		
1	Federal Agency and Organizational Element to Which Report is Submitted	Enter the name of the Federal agency and organizational element identified in the award document or as instructed by the agency.
2	Federal Grant or Other Identifying Number Assigned by Federal Agency	For a single award, enter the grant number assigned to the award by the Federal agency. For multiple awards, report this information on the <i>FFR Attachment</i> . <i>Do not complete this box if reporting on multiple awards.</i>
3	Recipient Organization	Enter the name and complete address of the recipient organization including zip code.
4a	DUNS Number	Enter the recipient organization's Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number.
4b	EIN	Enter the recipient organization's Employer Identification Number (EIN).
5	Recipient Account Number or Identifying Number	Enter the account number or any other identifying number assigned by the recipient to the award. This number is for the recipient's use only and is not required by the Federal agency. For multiple awards, report this

FFR Number	Reporting Item	Instructions
		information on the <i>FFR</i> Attachment. <i>Do not complete this box if reporting on multiple awards.</i>
6	Report Type	Mark appropriate box. <i>Do not complete this box if reporting on multiple awards.</i>
7	Basis of Accounting (Cash/Accrual)	Specify whether a cash or accrual basis was used for recording transactions related to the award(s) and for preparing this <i>FFR</i> . Accrual basis of accounting refers to the accounting method in which expenses are recorded when incurred. For cash basis accounting, expenses are recorded when they are paid.
8	Project/Grant Period, From: (Month, Day, Year)	Indicate the period established in the award document during which Federal sponsorship begins and ends. Note: Some agencies award multi-year grants for a project period that is funded in increments or budget periods (typically annual increments). Throughout the project period, agencies often require cumulative reporting for consecutive budget periods. Under these circumstances, enter the beginning and ending dates of the project period not the budget period. <i>Do not complete this line if reporting on multiple awards.</i>
	Project/Grant Period, To: (Month, Day, Year)	See the above instructions for "Project/Grant Period, From: (Month, Day, Year)."
9	Reporting Period End Date: (Month, Day, Year)	Enter the ending date of the reporting period. For quarterly, semi-annual, and annual interim reports, use the following reporting period end dates: 3/31, 6/30, 9/30, or 12/31. For final <i>FFRs</i> , the reporting period end date shall be the end date of the project or grant period.
10	Transactions Enter cumulative amounts from date of the inception of the award through the end date of the reporting period specified in line 9. Use Lines 10a through 10c, Lines 10d through 10o, or Lines 10a through 10o, as specified by the Federal agency, when reporting on single grants. Use Line 12, Remarks, to provide any information deemed necessary to support or explain <i>FFR</i> data.	
Federal Cash (To report multiple grants, also use <i>FFR</i> Attachment)		
10a	Cash Receipts	Enter the cumulative amount of actual cash received from the Federal agency as of the reporting period end date.
10b	Cash Disbursements	Enter the cumulative amount of Federal fund disbursements (such as cash or checks) as of the reporting period end date. Disbursements are the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expenses charged to the award, and the amount of cash advances and payments made to subrecipients and contractors. For multiple grants, report each grant separately on the <i>FFR</i> Attachment. The sum of the cumulative cash disbursements on the <i>FFR</i> Attachment must equal the amount entered on Line 10b, <i>FFR</i> .
10c	Cash On Hand (Line 10a Minus Line 10b)	Enter the amount of Line 10a minus Line 10b. This amount represents immediate cash needs. If more than three business days of cash are on hand, the Federal agency may require an explanation

FFR Number	Reporting Item	Instructions
		on Line 12, Remarks, explaining why the drawdown was made prematurely or other reasons for the excess cash.
Federal Expenditures and Unobligated Balance: Do not complete this section if reporting on multiple awards.		
10d	Total Federal Funds Authorized	Enter the total Federal funds authorized as of the reporting period end date.
10e	Federal Share of Expenditures	Enter the amount of Federal fund expenditures. For reports prepared on a cash basis, expenditures are the sum of cash disbursements for direct charges for property and services; the amount of indirect expense charged; the value of third-party in-kind contributions applied; and the amount of cash advance payments and payments made to subrecipients. For reports prepared on an accrual basis, expenditures are the sum of cash disbursements for direct charges for property and services; the amount of indirect expense incurred; the value of in-kind contributions applied; and the net increase or decrease in the amounts owed by the recipient for (1) goods and other property received; (2) services performed by employees, contractors, subrecipients, and other payees; and (3) programs for which no current services or performance are required. Do not include program income expended in accordance with the deduction alternative, rebates, refunds, or other credits. (Program income expended in accordance with the deduction alternative should be reported separately on Line 10o.)
10f	Federal Share of Unliquidated Obligations	Unliquidated obligations on a cash basis are obligations incurred, but not yet paid. On an accrual basis, they are obligations incurred, but for which an expenditure has not yet been recorded. Enter the Federal portion of unliquidated obligations. Those obligations include direct and indirect expenses incurred but not yet paid or charged to the award, including amounts due to subrecipients and contractors. On the final report, this line should be zero unless the awarding agency has provided other instructions. <i>Do not include any amount in Line 10f that has been reported in Line 10e. Do not include any amount in Line 10f for a future commitment of funds (such as a long-term contract) for which an obligation or expense has not been incurred.</i>
10g	Total Federal Share (Sum of Lines 10e and 10f)	Enter the sum of Lines 10e and 10f.
10h	Unobligated Balance of Federal Funds (Line 10d Minus Line 10g)	Enter the amount of Line 10d minus Line 10g.
Recipient Share: Do not complete this section if reporting on multiple awards.		
10i	Total Recipient Share Required	Enter the total required recipient share for reporting period specified in line 9. The required recipient share should include all matching and cost sharing provided by recipients and third-party providers to meet the level required by the Federal agency. This amount should not include cost sharing and match amounts in excess of the amount required by the Federal agency (for example, cost overruns for which the recipient incurs additional expenses and, therefore, contributes a greater level of cost

FFR Number	Reporting Item	Instructions
		sharing or match than the level required by the Federal agency).
10j	Recipient Share of Expenditures	Enter the recipient share of actual cash disbursements or outlays (less any rebates, refunds, or other credits) including payments to subrecipients and contractors. This amount may include the value of allowable third party in-kind contributions and recipient share of program income used to finance the non-Federal share of the project or program. Note: On the final report this line should be equal to or greater than the amount of Line 10i.
10k	Remaining Recipient Share to be Provided (Line 10i Minus Line 10j)	Enter the amount of Line 10i minus Line 10j. If recipient share in Line 10j is greater than the required match amount in Line 10i, enter zero.
Program Income: Do not complete this section if reporting on multiple awards.		
10l	Total Federal Program Income Earned	Enter the amount of Federal program income earned. Do not report any program income here that is being allocated as part of the recipient's cost sharing amount included in Line 10j.
10m	Program Income Expended in Accordance With the Deduction Alternative	Enter the amount of program income that was used to reduce the Federal share of the total project costs.
10n	Program Income Expended in Accordance With the Addition Alternative	Enter the amount of program income that was added to funds committed to the total project costs and expended to further eligible project or program activities.
10o	Unexpended Program Income (Line 10l Minus Line 10m or Line 10n)	Enter the amount of Line 10l minus Line 10m or Line 10n. This amount equals the program income that has been earned but not expended, as of the reporting period end date.
11	Indirect Expense: Complete this information only if required by the awarding agency and in accordance with agency instructions.	
11a	Type of Rate(s)	State whether indirect cost rate(s) is Provisional, Predetermined, Final, or Fixed.
11b	Rate	Enter the indirect cost rate(s) in effect during the reporting period.
11c	Period From; Period To	Enter the beginning and ending effective dates for the rate(s).
11d	Base	Enter the amount of the base against which the rate(s) was applied.
11e	Amount Charged	Enter the amount of indirect costs charged during the time period specified. (Multiply 11b. x 11d.)
11f	Federal Share	Enter the Federal share of the amount in 11e.
11g	Totals	Enter the totals for columns 11d, 11e, and 11f.
Remarks, Certification, and Agency Use Only		
12	Remarks	Enter any explanations or additional information required by the Federal sponsoring agency including excess cash as stated in line 10c.
13a	Typed or Printed Name and Title of Authorized Certifying Official	Enter the name and title of the authorized certifying official.
13b	Signature of Authorized Certifying Official	The authorized certifying official must sign here.
13c	Telephone (Area Code, Number and Extension)	Enter the telephone number (including area code and extension) of the individual listed in Line 13a.
13d	E-mail Address	Enter the e-mail address of the individual listed in Line 13a.

FFR Number	Reporting Item	Instructions
13e	Date Report Submitted (Month, Day, Year)	Enter the date the <i>FFR</i> is submitted to the Federal agency using the month, day, year format.
14	Agency Use Only	This section is reserved for Federal agency use.