



U.S. Department of Health & Human Services

**Disaster Mental Health**

Substance Abuse and Mental Health Services Administration  
The Center for Mental Health Services

## **AN OVERVIEW OF THE CRISIS COUNSELING ASSISTANCE AND TRAINING PROGRAM**

**Note:** This is the first in a series of program guidance documents developed to ensure consistency in addressing key program issues in the Crisis Counseling Training and Assistance Program (CCP). The Crisis Counseling Training and Assistance Program is funded by the Federal Emergency Management Agency (FEMA) under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act. On behalf of FEMA, the Center for Mental Health Services (CMHS), Emergency Mental Health and Traumatic Stress Services Branch (EMHTSSB) provides technical assistance, program guidance and oversight. To download this document or order other publications, please visit our website at [www.mentalhealth.org/cmhs/EmergencyServices/index.htm](http://www.mentalhealth.org/cmhs/EmergencyServices/index.htm).

### **PURPOSE**

The purpose of this program guidance is to acquaint the reader with the legislative basis for and operational mechanisms of the Crisis Counseling Assistance and Training Program (CCP) and its component functions. This guidance is a reference tool for public sector State and local mental health agencies and other Federal personnel unfamiliar with the CCP.

### **ORIGIN AND LEGISLATIVE AUTHORITY**

The CCP is implemented as a supplemental assistance program available to the United States and its Territories, by the Federal Emergency Management Agency (FEMA). Section 416 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 1974 authorizes FEMA to fund mental health assistance and training activities in areas which have been Presidentially declared a disaster. The Center for Mental Health Services (CMHS), Emergency Mental Health and Traumatic Stress Services Branch (EMHTSSB) works with FEMA through an interagency agreement to provide technical assistance, consultation, and training for State and local mental health personnel, grant administration and program oversight.

## **PROGRAM OVERVIEW**

For over twenty-five years, the Crisis Counseling Program has supported short-term interventions with individuals and groups experiencing psychological sequelae to large-scale disasters. These interventions involve the counseling goals of assisting disaster survivors in understanding their current situation and reactions, mitigating additional stress, assisting survivors in reviewing their options, promoting the use of or development of coping strategies, providing emotional support, and encouraging linkages with other individuals and agencies who may help survivors recover to their pre-disaster level of functioning. While always cognizant of those with special needs, the thrust of the Crisis Counseling Program since its inception has been to serve people responding normally to an abnormal experience.

Upon receiving a Presidential disaster declaration, a State Mental Health Authority (SMHA) will conduct a needs assessment to determine the level of stress being experienced by disaster victims and whether existing State and local resources can meet those needs. If not, the SMHA may choose to apply for a Crisis Counseling grant. Upon award of the grant, an SMHA typically provides funds to local mental health providers to hire additional staff to provide outreach and education on typical stress reactions and methods of reducing stress.

Supplemental funding for crisis counseling is available to State Mental Health Authorities through two grant mechanisms: (1) the Immediate Services Program (ISP) which provides funds for up to 60 days of services immediately following a disaster declaration; and (2) the Regular Services Program (RSP) which provides funds for up to nine months following a disaster declaration. While CMHS provides a limited amount of technical assistance to Immediate Service Programs, the monitoring responsibility remains with FEMA. For the RSP, FEMA has designated CMHS as the authority responsible for monitoring State programs.

## **ELIGIBILITY FOR CCP GRANTS**

Only a State, Territory or Federally-recognized Indian Tribe may apply for a crisis-counseling grant. The State determines the need for crisis counseling services by compiling disaster data and conducting a mental health needs assessment of the Presidentially declared area. The SMHA must assess key indicators of disaster stress and determine geographic, social, cultural, ethnic and vulnerable populations for whom crisis-counseling services should be provided. The State must also assess if responding to the mental health needs of the disaster victims is beyond the capacity of State and local resources. The needs assessment is the most crucial element of the grant application and should support the program plan and budget request.

## **THE CCP GRANT PROCESS**

Both the Immediate and Regular Services grant applications must be signed by the Governor's Authorized Representative and are submitted through the State Emergency Management Agency, which then transmits the application to FEMA. The processes of grant review,

allocation of funding, and grant oversight differ between the Immediate and Regular Service Programs.

*Immediate Services Program*

The ISP application is due 14 days after the President makes a disaster declaration and is collaboratively reviewed by CMHS and FEMA to ensure a speedy decision and access to funds as soon as possible. If approved, the ISP grant is then monitored by FEMA. If a State decides to apply for a Regular Services Grant, the ISP can be extended until the RSP application is reviewed and a funding decision is made. If necessary, the ISP extension may include additional funds to carry the program through the review and decision process of the RSP, normally between six and ten weeks. Funds for the ISP are transferred from FEMA to the State Emergency Management Agency (SEMA). The SEMA must determine a mechanism for funds to be received by State and local mental health agencies involved in the CCP.

*Regular Services Program*

The RSP application is due 60 days after the disaster declaration and is submitted through the State Emergency Management Agency to FEMA. CMHS has the responsibility for reviewing the application. The RSP application review is completed through a formal, confidential review process administered by CMHS. Based on the review, CMHS provides a formal recommendation to the FEMA Regional Office responsible for the disaster response and recovery. The recommendation can result in one of three decisions: approval, approval with conditions or recommendations or disapproval. The FEMA Region makes a recommendation of its own and submits their recommendation along with the CMHS recommendation to FEMA Headquarters to make the final decision. If funding is approved, FEMA Headquarters transfers funds to CMHS. CMHS then transfers funds through a Notice of Grant Award (NOGA) directly to the State Mental Health Authority (SMHA). The RSP grant is monitored by CMHS however all monitoring is done in coordination with the FEMA Region and FEMA Headquarters.

## **SERVICES FUNDED**

Disaster mental health interventions include outreach and education for disaster survivors, their families, local government, rescuers, disaster services workers, business owners, religious groups and other special populations. All Crisis Counseling Programs are primarily geared toward assisting individuals in coping with the extraordinary stress caused by the disaster. Crisis Counseling Programs are strongly encouraged to coordinate with other public and private agencies responding to the disaster to ensure that needs are met with the most effective use of existing resources. The Crisis Counseling Program does not support long term, formal mental health services such as medications, office-based therapy, diagnostic services, psychiatric treatment or substance abuse treatment (refer to CCP-PG-02 for additional information). Services that are supported are short-term interventions with individuals and groups experiencing psychological reactions to a major disaster and its aftermath. Outreach is the primary method for delivering crisis-counseling services to disaster survivors. It consists primarily of face-to-face contact with survivors in their natural environments in order to provide disaster-related crisis counseling services.

The following descriptions characterize services most frequently funded by the CCP:

- ❑ **Individual Crisis Counseling Services** assist disaster survivors in understanding their current situation and reactions, reviewing their options, addressing their emotional support and linking with other individuals and agencies that may assist them. During individual services, crisis-counseling staff are active listeners who provide emotional support.
- ❑ **Group Crisis Counseling Services** involves providing/facilitating support groups, meeting with citizens, working in classrooms with affected students, working with affected teachers and administrators after school, discussing disaster-related issues with families, assisting people in understanding their current situation and reactions, reviewing their options, addressing their emotional support and linking with other individuals and agencies who may provide assistance. Groups may be facilitated by a mental health professional, a paraprofessional or the group members themselves.
- ❑ **Education Services** include the distribution or presentation of information on the project or crisis counseling-related topics. Educational information may be provided through brochures, flyers posted in public areas, mailings and training to human service personnel such as the clergy or teachers. The media is often a partner in providing information through Public Service Announcements, newspaper articles and advertisements. Educational information may also be provided to groups of people. The key difference between group education services and group crisis counseling services is that project staff present psychoeducational information to groups rather than facilitate the sharing of experiences between members of the group.
- ❑ **Referrals** are a key component of the CCP. In most disasters, the majority of survivors have needs that can be met by short-term, relatively informal interventions. However, in some circumstances, some disaster survivors may need long-term, more formal mental health services that are beyond the scope of the Crisis Counseling Program. Survivors requiring longer-term, more formal mental health treatment should be referred to an appropriate agency or licensed mental health professional. Some disaster recovery needs may be more physical, structural or economical in nature and addressing these issues is outside the scope of the CCP (Refer to CCP-PG-04 for additional information). In these instances, CCP staff plays a key role in referring survivors to specific disaster services available through FEMA Teleregistration, the American Red Cross, the Salvation Army, Interfaith Disaster Recovery Services and Unmet Need Committees.

## TECHNICAL ASSISTANCE

Available technical assistance materials include application kits and guidelines, six program guidances that further clarify the scope of the CCP, training manuals, publications and videos about working with specific populations. Following is a list of materials currently available:

### General Materials

Pilot Application Kit  
Budget Estimating and Reporting Toolkit

### Program Guidances

CCP-PG-02	Crisis Counseling and Mental Health Treatment Similarities and Differences
CCP-PG-03	Staff Roles and Services Within Crisis Counseling Programs
CCP-PG-04	Case Management and Advocacy within Crisis Counseling Programs
CCP-PG-05	Substance Abuse Services within Crisis Counseling Programs
CCP-PG-06	Fiscal Guidelines for the Crisis Counseling Program
CCP-PG-07	Recommended Approaches to Evaluation of Crisis Counseling Grant Projects

### Publications

SMA99-3378	Crisis Counseling Programs for the Rural Community, 1999
SMA99-3323	Psychosocial Issues for Older Adults in Disasters, 1999
SMA96-3077	Responding to the Needs of People with Serious and Persistent Mental Illness in Times of Major Disasters, 1996, reprinted 1999
SMA95-3022	Psychosocial Issues for Children and Families in Disasters. A Guide for the Primary Care Physician, 1995
ADM 90-538	Training Manual for Mental Health and Human Service Workers in Major Disasters, Second Edition, 2000
ADM 90-537	Field Manual for Mental Health and Human Service Workers in Major Disasters, 2000
ADM 86-1070R	Psychosocial Issues for Children and Adolescents in Disasters, 2000

**Videos**

OM00-4073	Hope and Remembrance
ESDRB - 2	Children and Trauma: The School's Response
OM00-4071	Hurricane Andrew: The Fellowship House Experience
OM 00-4066	Faces In The Fire: One Year Later
OM 00-4067	Hurricane Blues
OM 00-4070	Voices of Wisdom: Seniors Cope with Disaster
OM 00-4070S	Voices of Wisdom: Seniors Cope with Disaster <i>Spanish</i> version