

Guidance 23 Crisis Counseling Program

Contract Reference: Sections A-1.1 and C-1.6.2

Frequency: Ongoing

Due Date: N/A

Discussion:

The purpose of this document is to provide guidance on the implementation and administration of the SAMHSA/FEMA Crisis Counseling Program (CCP).

Federal Resources

The most recent version of *The Federal Emergency Management Agency Crisis Counseling Assistance and Training Program Guidance* (CCP Guidance) is incorporated herein by reference. The complete set of documents including the CCP Guidance is available at the following website maintained by the Substance Abuse and Mental Health Administration Disaster Technical Assistance Center (SAMHSA DTAC): https://www.samhsa.gov/dtac/ccp-toolkit

Data collection requirements for the CCP are specified in the CCP guidance. Data collection is required through the CCP Online Data Collection and Evaluation System, available online at https://www.ccpdata.org

For ease of reference, the table below identifies specific documents and tools contained within the CCP Guidance. Upon request, the Department's Disaster Behavioral Health Coordinator can provide copies of the CCP Guidance or specific documents contained therein.

These resources are subject to periodic revision by the federal government. In the event of a disaster, the Department's Disaster Behavioral Health Coordinator will ensure the most recent version of each resource is available to impacted providers.

Crisis Counseling Program Resources						
Resource Type	Resource Name					
General Guidance:	Federal Emergency Management Agency Crisis Counseling Assistance and Training Program Guidance Version 5.2, October 2021					
Program Applications:	 Immediate Services Program (ISP) Application Regular Services Program (RSP) Application 					
Training Resources: Required Modules:	 Core Content Just In Time Web Based Training Sections 1 – 4 https://www.samhsa.gov/DTAC/CCP-Toolkit/just-time-web-based-training Core Content Training, CCP Trainer's Guide and CCP Participant Workbook https://www.samhsa.gov/dtac/ccp-toolkit/train-your-ccp-staff/core-content-training Transition to RSP Training, CCP Trainer's Guide and Participant Workbook https://www.samhsa.gov/dtac/ccp-toolkit/train-your-ccp-staff/transition-rsp-training RSP Midprogram Training, CCP Trainer's Guide and Participant Workbook https://www.samhsa.gov/dtac/ccp-toolkit/train-your-ccp-staff/disaster-anniversary-training RSP Phasedown Training, CCP Trainer's Guide and Participant Workbook https://www.samhsa.gov/dtac/ccp-toolkit/train-your-ccp-staff/disaster-anniversary-training RSP Phasedown Training, CCP Trainer's Guide and Participant Workbook https://www.samhsa.gov/dtac/ccp-toolkit/train-your-ccp-staff/rsp-phasedown-training 					

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Crisis Counseling Program Resources							
Resource Type	Resource Name						
CCP Trainer Resources https://www.samhsa.gov/dtac/c cp-toolkit/train-your-ccp-staff/ccp-trainer-resources	 Handout 1: Disaster Behavioral Health Acronyms Handout 2: Crisis Counseling Assistance and Training Program Typical Timeline Handout 3: Disaster Reactions and Interventions Handout 4: Recognizing Severe Reactions to Disaster and Common Psychiatric Disorders Handout 5: The Road to Resilience Handout 7: Organizational Approaches for Stress Prevention and Management CCP Job Aid for Crisis Counselors Exercises and Trainer's Tips Training Feedback Forms - Participants and Trainer References for CCP Trainer Resources 						
Evaluation and Reporting Resources CCP Data Forms and Training https://www.samhsa.gov/dtac/CCP-toolkit/ccp-data-forms-trainings	 Individual/Family Crisis Counseling Services Encounter Log Group Encounter Log Weekly Tally Sheet Adult Assessment and Referral Tool Adult Assessment and Referral Tool Response Card Child/Youth Assessment and Referral Tool Child/Youth Assessment and Referral Tool Response Card Participant Feedback Survey Participant Feedback Survey Guidelines for Trainers Participant Feedback Survey Guidelines for Counselors Participant Feedback Survey Cover Letter Service Provider Feedback Form Service Provider Feedback Form Task Timeline Boilerplate Service Provider Feedback Form Announcement Boilerplate Service Provider Feedback Form Cover Letter Boilerplate Service Provider Feedback Form Thank You/Reminder 						
Technical Assistance Contact	For technical assistance, please contact SAMHSA DTAC at: dtac@iqsolutions.com (link sends email)						

Subcontract Implementation

When the Department activates the CCP, the Managing Entity shall submit supplemental invoices on behalf of itself and any Network Services Providers participating in a designated CCP pursuant to the provisions of **Section F-8**.

For each CCP, the Department shall specify a method of payment, a payment schedule, and a schedule for quarterly and final actual expenditure reconciliations, as specified in **Section F-8.1.3**.

- 1. When the specified method of payment is <u>cost reimbursement invoicing</u> pursuant to <u>Section F-8.1.3.1</u>, the Managing Entity shall submit Cost Reimbursement Invoices and Expenditure Reports using <u>Template 24 Part 1</u> according to the event-specific payment schedule.
 - a. Each Network Service Provider shall submit **Template 24 Part 1** to their Managing Entity as scheduled with the documentation specified in the instructions.
 - b. The Managing Entity shall submit a Managing Entity invoice to the Department documenting any allowable Managing Entity direct costs and the total of each Network Provider's invoices for the month. This submission shall include all Network Service Provider invoice and documentation detail.
- 2. When the specified method of payment is <u>pro-rata monthly invoicing</u> pursuant to Section F-8.1.3.2, the Managing Entity shall submit monthly invoices using Template 24 Part 2 according to an event-specific payment schedule specified by the Department in consultation with the Managing Entity.
 - a. The payment schedule shall specify a pro rata fixed amount for each monthly service period based on approximately 80% of the approved program budget period for each provider. The Managing Entity shall reserve the remaining budget pending a Final Reconciliation Invoice as discussed.

Payment Schedule (SAMPLE)								
Invoice #	Service Period	Fixed Fee	Contract Balance					
	\$500,000,00							
1	Execution – 7/31/22	\$44,000.00	\$456,000.00					
2	8/1/22 – 8/31/22	\$44,000.00	\$412,000.00					
3	9/1/22 – 9/31/22	\$44,000.00	\$368,000.00					
4	11/1/22 – 11/31/22	\$44,000.00	\$324,000.00					
5	12/1/22 – 12/31/22	\$44,000.00	\$280,000.00					
6	1/1/23 – 1/31/23	\$44,000.00	\$236,000.00					
7	2/1/23 – 2/28/23	\$44,000.00	\$192,000.00					
8	3/1/23 – 3/31/23	\$44,000.00	\$148,000.00					
Final Reconciliation Invoice – not to exceed								
Final	4/1/23 – 4/30/23	\$148,000.000	\$0.00					
	Total Payments	\$500,000.00						

b. Each participating Network Service Provider shall submit an individual monthly invoice to the Managing Entity containing the minimum elements in the table below. The Managing Entity may add additional elements as needed to satisfy the terms of each subcontract.

Enter FEMA Declaration # & Disaster Name									
Provider Name						Contract #			
Invoice Date						Invoice #			
Service Period	From:			To:		Federal ID #			
Deliverable Summary									
			Individual and Family Encounter Contacts						
CCP Primary Services Enter totals for this service period only		Gro	Group Encounter Contacts						
		Weekly Tally Sheet Brief Encounters							
		Total Encounters							
Service Unit Description		Rate		Amount Requested					
Monthly CCP Direct Services in:									
Enter County Name(s)									
Advance Recoupment Reduction (if applicable)									
Financial Consequence I			ce Re	duction	<mark>1 (if applicable)</mark>				
Amount Approved This Invoice									
Contract Balance After This Payment									

c. Quarterly Expenditure Reports

For each CCP program, the Department will establish a reporting schedule aligned to the underlying grant award. The Managing Entity and each Network Service Provider shall submit a Life-To-Date (LTD) report of program expenses submitted every quarter of service provision. Expenditure Reports must be signed and certified by an authorized representative attesting the report represents a complete and accurate account of all expenses.

Expenditure Reports track actual auditable expenses as reported in the provider's General Ledger and must be submitted with a detailed Trial Balance report supporting the total amounts reported in relation to the allowable line item categories established in the program budget The Department will analyze each Expenditure Report and, in the event payments exceed actual costs at the end of any quarter, may require adjustments designed to mitigate the risk of excess payments at the conclusion of the CCP. These adjustments may include, but are not limited to, reductions in payment schedule amounts, temporary suspension of further payments, requests for return of excess payments, or reallocation of funding to other participating providers.

Expenditure Reports will also be used to evaluate the possibility of discretionary federal approval of program extensions. In the event an extension is approved, the Department will provide revised budgets, payment schedules, and reporting schedules to reflect the extended program period.

d. Final Invoice and Expenditure Reports

The Provider shall submit a Final Invoice and the Final Expenditure Report for payment no later than 5/15/2021. Failure to do so will result in a forfeiture of all right to payment and the Department shall not honor any requests submitted after the aforesaid time period. Any payment due under the terms of this Contract may be withheld until the Final Program Status Report and Final Expenditure Report are submitted and have been approved by the Department.

The Department will approve the Final Invoice payment in an amount not to exceed the Provider's actual direct costs attested to in the Final Expenditure Report.

In the event the Final Invoice amount requested exceeds the Final Expenditure Report amount, the Department shall reduce the approved payment to reconcile to the Final Expenditure Report amount.

In the event the Final Invoice reduction is insufficient to reconcile total payment under this Contract to the actual direct costs attested to in the Final Expenditure Report, the Department shall withhold payment for the Final Invoice and shall request prompt return of the overpayment balance pursuant to **Section 3.5**.

The Managing Entity shall submit **Template 24 Part 2** aggregating all participating Network Service Provider's invoice documentation and including any Managing Entity payments allowable under the approved budget for a specific disaster. The Managing Entity shall submit each Network Service Provider's approved invoice as supporting documentation.