Crisis Counseling Program

Requirement: Contract
Crisis Counseling Training and Assistance Program

Frequency: Annual Monitoring

Due Date: N/A

Discussion:

This incorporated document provides guidance on the implementation and administration of the SAMHSA/FEMA Crisis Counseling Program (CCP).

Network Service Provider	Primary Administrative Office	Counties
LifeStream Behavioral Healthcare, Inc.	1616 S. 14th Street, Leesburg, FL 34748	Lake, Sumter, Marion, Citrus, Hernando
Meridian Behavioral Healthcare, Inc.	1565 SW Williston Road, Gainesville, FL 32164	Hamilton, Suwannee, Columbia, Lafayette, Dixie, Union, Bradford, Gilchrist, Alachua, Levy, Baker,
Mental Health America of East Central Florida, Inc.	531 South Ridgewood Avenue, Daytona Beach, FL 32114	Volusia, Flagler, St. Johns, and Putnam
Mental Health Resource Center	10550 Deerwood Park Blvd., Suite 600, Jacksonville, FL 32256	Duval, Clay, Nassau

In specific circumstances, Network Services Providers (NSP) who are not listed in the table above may be requested to perform as a CCP provider; therefore, they must follow the requirements set forth in this document. When this occurs, this document will be reflected in the NSP's Appendix A.

Federal Resource

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/rsp-mid-program-training • Disaster Anniversary 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
CCP Trainer Resources https://www.samsha.gov/dtac/ccp-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

Crisis Counseling Program Resources	
Resource Type	**Resource Name**
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 **Section F-8.1.3.1**, the Managing Entity shall submit Cost Reimbursement Invoices and Expenditure Reports using **Template 24 Part 1** 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
	Total Contract Amount		$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			
CCP Primary Services *Enter totals for this service period only*	Individual and Family Encounter Contacts		
	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 Reduction *(if applicable)*		
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.

The Crisis Counseling Program will be administered according to DCF Guidance 23, which can be found at following link using the applicable fiscal year: http://www.myflfamilies.com/service-programs/samh/managing-entities/.