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FEMA's Crisis Counseling Assistance and Training Program

State of Florida's *Project H.O.P.E.*

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Preface

The Department of Homeland Security (DHS) Office of Inspector General (OIG) was established by the *Homeland Security Act of 2002* (Public Law 107-296) by amendment to the *Inspector General Act of 1978*. This is one of a series of audit, inspection, and special reports prepared as part of our oversight responsibilities to promote economy, efficiency, and effectiveness within the department.

This report addresses the strengths and weaknesses of the Federal Emergency Management Agency's (FEMA's) Crisis Counseling Assistance and Training Program (Crisis Counseling Program), as implemented by the state of Florida's Project H.O.P.E. (Helping Our People in Emergencies). It is based on interviews with employees and officials of relevant agencies and institutions, direct observations, and a review of applicable documents.

The recommendations herein have been developed to the best knowledge available to our office, and have been discussed in draft with those responsible for implementation. It is our hope that this report will result in more effective, efficient, and economical operations. We express our appreciation to all of those who contributed to the preparation of this report.

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Abbreviations

FEMA	Federal Emergency Management Agency
CMHS	Center for Mental Health Services
HHS	U.S. Department of Health and Human Services

Executive Summary

Disasters are events that are out of the realm of the normal human experience and, from a psychological standpoint, are traumatic enough to induce stress in anyone, regardless of previous experience. Catastrophic disasters often have impacts on tens of thousands of people and disrupt entire communities, having widespread physical and emotional consequences. The emotional impact of a disaster often persists well after the physical impact. Children may show evidence of symptoms related to the disaster years later.[1] Most people who are coping with the aftermath of a disaster have normal reactions as they struggle with the abnormal situation of disruption and loss caused by the disaster. They do not see themselves as needing mental health services and are unlikely to request them. Community outreach is frequently necessary to seek out and provide mental health services or interventions to individuals who may be affected by a disaster.[2] The Federal Emergency Management Agency's (FEMA's) Crisis Counseling Training and Assistance Program (Crisis Counseling Program) is designed to address those needs.

We initiated a review in response to Congressional concerns about the use of funds by the state of Florida's Project H.O.P.E. (Helping Our People in Emergencies) through a Crisis Counseling Program grant. During the course of our initial inquiry, we performed additional work to encompass an assessment of the elements of the Crisis Counseling Program, in addition to its implementation by Florida, including project management and oversight, reporting, effectiveness evaluation, and methods used to evaluate grant projects.

In our December 2006 response to Senator Susan M. Collins, we reported that Project H.O.P.E. used federal grant funds on reasonable and approved items and activities according to Crisis Counseling Program guidance. These project expenditures were consistent with federally approved budgets, and were used to fund eligible activities under the existing Crisis Counseling Program guidelines.

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[1] "Psychosocial Issues for Children and Families in Disasters: A Guide for the Primary Care Physician"; American Academy of Pediatrics Work Group on Disasters; U.S. Department of Health and Human Services, 1995 (DHHS Publication SMA95-3022)

[2] "Emergency Mental Health and Traumatic Stress", Crisis Counseling Assistance and Training Program guidance, Center for Mental Health Services/Federal Emergency Management Agency

We determined that Project H.O.P.E provided a wide range of crisis counseling services, reached a substantial portion of the Florida survivors of Hurricanes Wilma and Katrina, and used a variety of accepted, long standing and professionally approved methods and activities to reach the populace in need of counseling and related services.

With respect to the Crisis Counseling Program, we identified five areas that could be strengthened including: (1) better coordination of outreach and publicity activities among FEMA, other responding agencies, and the state implementing the Crisis Counseling Program grant project; (2) improved information sharing among FEMA and state agencies to locate disaster survivors needing counseling; (3) improved managerial oversight and project monitoring; (4) improved methodologies to measure project effectiveness; and (5) better planning for consistent project design implementation within the grantee state.

Background

FEMA's Disaster Crisis Counseling

The Crisis Counseling Assistance and Training Program (Crisis Counseling Program) is funded by the Federal Emergency Management Agency (FEMA). The program was originally authorized by the *Disaster Relief Act of 1974* (P.L. 93-288), and was re-codified in Section 416 (42 USC § 5183) of the *Robert T. Stafford Disaster Relief and Emergency Assistance Act* (P.L. 101-707). FEMA offers two separate grant programs under the Crisis Counseling Program to provide assistance to states that need additional resources to fully provide the short-term mental health or crisis counseling services needed following a disaster. These programs are the Immediate Services Program and the Regular Services Program. States can apply for either or both of these programs, depending on their needs. The Immediate Services Program provides funding for counseling that can be applied to meet mental health needs immediately following a disaster, and services may be provided for two months following the disaster declaration date, with a possible extension of one month or more if the Regular Services Program application is pending within that same period of time, or if the state can justify a continuing need for the Immediate Services Program. The Regular Services Program funds services up to nine months from the date of award notice, and provides for extensions, contingent upon ongoing need.

Program Administration

The Center for Mental Health Services (CMHS), Emergency Mental Health and Traumatic Stress Services Branch — a component of the U.S. Department of Health and Human Services' (HHS) Substance Abuse and Mental Health Services Administration — works with FEMA through an interagency agreement to provide technical assistance and consultation, Crisis Counseling Program guidance, training for state and local mental health personnel, grant administration, and Crisis Counseling Program oversight.[3] CMHS and FEMA review the Regular Services Program grant application from the state and

[3] HHS formally transferred the delegation and responsibility for disaster-related services to CMHS from the National Institute of Mental Health (NIMH), which was originally identified in the *Disaster Relief Act of 1974* as the delegated authority. P.L. 100-707 (11/23/88), the *Robert T. Stafford Disaster Relief and Emergency Assistance Act*, formally amended the delegation to remove the reference to NIMH. FEMA did not change this information in their regulation issued March 21, 1989 (54 FR 11610), nor later in the amendment issued on March 3, 2003 (68 FR 9899). This obsolete reference to NIMH continues to exist in the current (10/1/06) regulations (44 CFR § 206.171) "for disasters declared on or after Nov. 3, 1988."

work collaboratively to award the grant. A grant application exceeding $1.5 million is also reviewed by CMHS-approved external reviewers. Based on the results from these reviews, the FEMA Regional Office and CMHS forward a recommendation to FEMA Headquarters for a final decision. If funding is approved, FEMA Headquarters transfers funds to HHS' Substance Abuse and Mental Health Services Administration, which awards the grant to the State Mental Health Authority. Because the grant is administered by CMHS, the State Mental Health Authority and subgrantee, such as Project H.O.P.E. (Helping Our People in Emergencies), must adhere to grant guidelines and regulations promulgated by HHS.

FEMA's regulations (44 CFR § 206.171) provide general guidance on the Crisis Counseling Program and outlines specific requirements for grant funding, reporting on grant activities, and the roles and responsibilities of grantee and grantor. Regulations promulgated by HHS (42 CFR and 45 CFR Part 50) on grants management and accountability are also incorporated by reference. Further detailed guidance is found on CMHS' website that explains the differences between crisis counseling, mental health treatment, and case management, as well as appropriate and inappropriate activities and services under the Crisis Counseling Program. Additionally, CMHS' website describes project staffing under the Crisis Counseling Program, the fiscal management of Crisis Counseling Program grants, and refers to numerous scientifically based publications on disaster-related topics such as effective dealings with children and recognizing stress or trauma reactions. Guidance specific to the Crisis Counseling Program was developed by CMHS in coordination with FEMA Headquarters.

Program Design

The Immediate Services Program typically covers the early phase of response and recovery, and crisis counselors generally work in the Disaster Recovery Centers or other locations where survivors and emergency workers gather in order to provide information and support, and to identify needs. Crisis counselors also canvass the local areas to assess the disaster impact and seek out survivors in the community. At this stage, counselors often listen to survivors tell their stories and vent their frustrations, and provide information about available disaster assistance programs.

The Regular Services Program follows the Immediate Services Program and includes continuation of individual counseling and expanded services at community-based sites, group encounters, and educational contacts that included presentations and discussions with various groups and organizations. Individuals

often receive face-to-face personal counseling at regular intervals in their homes or at a community-based site. Counselors also provide community education services and address various organizations to provide education on disaster mental health or coping issues. The final phase emphasizes assisting the community in planning anniversary or memorial events and creating a plan for ongoing community support, including referrals as needed for further assistance and preparing survivors for program termination.

The scope of the Crisis Counseling Program is immediate, short-term, incident-specific, intervention-style crisis counseling services and support for emotional recovery to individuals adversely affected by major disasters. The Crisis Counseling Program is intended to supplement state and local mental health resources, both public and private, for the specific incident-related need, and is not meant to replace or fund existing services. Individuals identified as having needs that fall outside the scope and duration of the Crisis Counseling Program are referred to other agencies that provide mental health treatment or other appropriate types of assistance on a permanent, long-term, and regular basis. The criteria and methodology for referral is expected to be constantly reinforced by supervisors throughout the project period and monitored to ensure consistent application by the project's crisis counseling staff.

Individual crisis counseling is defined as providing various support services in personal contact with survivors at their places of residence or other locations where they are comfortable. Group crisis counseling offers more informal support services in a small group format with the additional goal of enabling people to normalize and support each other through the recovery process. Public information (outreach) and education contacts offer community-based information on resources and active disaster services, along with general information on disaster stress, coping tips, and awareness issues, and brief educational contacts are individual contacts with survivors lasting less than 15 minutes. Crisis Counseling Program guidelines identify education, referral, and outreach as critical elements of crisis counseling activities that are designed to ameliorate emotional difficulties or assist in identifying such reactions in others who may not be seeking help. A key concept of the Crisis Counseling Program is that most people experiencing a reaction after a major disaster are responding normally to an abnormal life situation, which can be addressed early in the process through basic, straightforward supportive methods in order to preclude possible damaging physical, psychological, and behavioral effects and the costs associated with sustained, more serious mental health or emotional situations as a result of the trauma. HHS' Substance Abuse and Mental Health Services Administration generally makes funding, which is not restricted to incident-

specific circumstances, available to the state for professional, more intensive, formal mental health services and longer-term needs.

These interventions involve understanding the disaster survivors' current situation and reactions, identifying and mitigating additional stressors, assisting them in reviewing their options, providing emotional support and encouraging linkages with other individuals and agencies that may help survivors recover to their pre-disaster level of functioning. Assistance is focused on helping survivors understand and cope with their current situation and reactions, and is premised on the assumption that the individual is capable of resuming a productive and fulfilling life following a disaster if given support, assistance, and information at a time and in a manner appropriate to his or her experience, education, development stage, and culture.

Survivors generally do not walk into a mental health office and ask for counseling. Door-to-door outreach and group informational and educational presentations are techniques for letting people know services are available and for identifying individuals who need such services. They also can be a useful strategy for gauging community-wide needs.

Florida's Project H.O.P.E.

Crisis Counseling Program grant funds were provided to the Florida Department of Children and Families, Substance Abuse and Mental Health Program Offices, which submitted the grant applications and was responsible for implementing the Crisis Counseling Program grant according to FEMA guidelines and procedures.

Project H.O.P.E. initiated the Immediate Services Program grants for Hurricane Katrina on September 7, 2005, and for Hurricane Wilma on October 25, 2005, and provided primarily face-to-face individual counseling and services to survivors who visited the FEMA Disaster Recovery Centers throughout Florida. The Regular Services Program grants covered the period March 15, 2006, to December 14, 2006, and expanded services to include additional contacts and presentations to groups including special needs populations such as children and senior citizens. The Hurricane Katrina services were provided to survivors who relocated to Florida from Louisiana and Mississippi, and the Hurricane Wilma services were primarily provided to survivors residing in Florida.

FEMA awarded a total of $22,664,669 to Florida for the Immediate Services Programs and the Regular Services Programs to provide counseling services to survivors of Hurricanes Katrina and Wilma. This included $9,612,552 for

services to Hurricane Katrina survivors and $13,052,117 for services to Hurricane Wilma survivors. The Immediate Services Program grant was awarded for $6,023,835 and the Regular Services Program grant was awarded for $16,640,834. State reports showed that, as of March 14, 2007, expenditures of $16,442,269 had been recorded, and it was estimated that final project costs would approximate $16.6 million. This included about $4.4 million for the Immediate Services Program grants and $12.2 million for the Regular Services Program grants; and $6.3 million for Hurricane Katrina-related services and $10.3 for Hurricane Wilma-related services, with unspent balances estimated at $6 million, or about 27% of the grant unused. The breakdown of overall expenses was 85% for personnel costs, 6% primarily for counselor travel, 2% for materials and supplies, and 3% for closeout audits.

For the Immediate Services Program period from September 7, 2005, through March 14, 2006, key elements of services included more than 40,000 individual crisis counseling sessions including repeat contacts, more than 750 group sessions, and educational/informational contacts in excess of 100,000. More than 150,000 persons were reported as served, referrals to survivors for assistance by other agencies exceeded 35,000, and direct referrals for mental health treatment approximated 3,900. Key issues raised by survivors included the need for information and assistance, anxiety and agitation, disaster and displacement fears, confusion and disorientation, and depression.

Reports for the Regular Services Program period from March 15, 2006, through December 14, 2006, noted major activities including 30,889 individual crisis-counseling contacts, 12,996 group crisis-counseling contacts, and 148,625 public education contacts with an additional large number of brief educational contact and materials distributed. Also, community-networking contacts in excess of 77,000 were noted and over 27,000 referrals were provided to survivors. The approximated percentages of services provided to the Hurricanes Wilma and Katrina survivors correlated to the reported expenditures of 62% for Hurricane Wilma services and 38% for Hurricane Katrina services.

HHS' Substance Abuse and Mental Health Services Administration, through an $11 million appropriation by the legislature, funded a longer-term disaster relief grant program in Florida called Project Recovery, which served as the follow-on or expanded services phase to the Crisis Counseling Program in seven state districts. Project Recovery literature described it as providing "mental health and substance abuse supports for Florida residents who continue to experience hurricane-related emotional or addictive distress." Team members are trained to treat eligible individuals and families in 8-12 sessions by providing psycho-

education, anxiety management techniques or coping strategies, and cognitive restructuring. Project Recovery was not designed to replace crisis counseling or community mental health centers, which may have been more appropriate for individuals with persistent or long-term needs.

Results of Review

Coordination of Outreach Activities

FEMA's Crisis Counseling Program guidelines define outreach as a service method for providing face-to-face individual services to disaster survivors in their own homes or at businesses, schools, churches, shelters, community centers, nursing homes, or similar environments. Crisis Counseling Program guidelines refer to "outreach workers" and "crisis counselors" as the same, using the same method of service delivery, though often regarded differently by certain communities merely because of the title and its implied role or meaning.

Outreach is initially conducted at the Disaster Recovery Centers, with counselors delivering immediate support to survivors searching for assistance. The crisis counselor provides a supportive resource to: (1) validate a disaster survivor's feelings and reactions as normal, expected, and appropriate to the situation; (2) educate them about ways to manage their distress; (3) assist them in determining their priorities for disaster recovery and to develop plans for meeting them; and (4) refer them to other available disaster assistance, human services, and governmental and community organizations to address ongoing needs. Counselors often listen to survivors tell their stories and vent their frustrations and provide information about the disaster assistance programs available. Counselors are often comprised of retirees, students, community volunteers, or even disaster survivors themselves.

Functions normally identified as case management are not included under the Crisis Counseling Program. These would be activities such as creating or implementing emergency preparedness activities; advocating for specific treatments, methods, therapies, or services; engaging in fundraising to assist disaster survivors with financial problems; or providing child care or transportation services. Door-to-door outreach and group informational and educational presentations are used as methods to also identify survivors needing services and to provide counseling. Project H.O.P.E. crisis counselors spoke various languages and knew neighborhood characteristics needed to effectively address the diverse needs of the local population.

Services Provided

The Crisis Counseling Program guidelines identify education, referral, and outreach, as critical elements of crisis counseling activities that may serve to ameliorate emotional difficulties or assist in identifying such reactions in others who may not be seeking needed help.

Florida's grant applications for Project H.O.P.E. identified the target populations, estimated the numbers of persons who needed counseling, and described the range of services to be provided under the Immediate Services Program and Regular Services Program. This included individual and group counseling and assistance, referrals for additional service, community outreach and public education, and information regarding available services. Although the services provided under Project H.O.P.E. to Hurricane Wilma survivors were typical of services generally provided to people directly impacted by the disaster in their state, the Hurricane Katrina grant provided to Project H.O.P.E. was unique, as it was the first time the Crisis Counseling Program was used to deliver services for displaced families and relocated evacuees from outside the normal service area.[4] Many Gulf Coast residents were evacuated to various states across the country during the response to Hurricane Katrina. FEMA granted separate emergency declarations to 43 states which hosted the majority of the relocated survivors to enable the host states to independently provide disaster relief assistance that normally would have only been available from their directly-impacted home states. Under normal circumstances, the state directly impacted by the disaster is the only eligible applicant for Crisis Counseling Program funds, and the service areas must be within the boundaries established by the Presidential disaster declaration.

Florida summary reports and district weekly reports identified a wide range of counseling services and several hundred thousand contacts related to individual and group counseling and educational activities, and thousands of referrals whereby survivors were provided information about other agencies that could provide services determined as appropriate, including additional mental health counseling or treatment. Our interviews with Project H.O.P.E. managers and

[4] In the aftermath of the September 11, 2001 terrorist attacks, the state of New York requested that the undeclared border states receive Crisis Counseling Program funding in order to address the disaster impacts on families, relatives, and friends of both the survivors and victims who worked within or nearby the declared areas of New York City, but lived just outside the attacked areas. These residents did not become evacuees, but were impacted due to proximity.

local government and voluntary organization officials corroborated the extent and type of services reported. Individual counseling contacts and services exceeded 190,000 and direct referrals for additional mental health treatment exceeded 20,000.

Conclusion: The counseling, outreach, educational, and referral services provided by Project H.O.P.E. were consistent with Crisis Counseling Program guidelines and with Florida's grant applications.

Presentations and Engagement Strategies

During the Regular Services Program, increased emphasis was placed on group encounters targeted at specific risk population segments, including children and senior citizens who were particularly impacted by the hurricanes. Group outreach or education to children and senior citizens was often introduced by presentations or exercises, such as a puppet show with a hurricane theme, a skit dealing with wind impacts, or other similar activities, such as books or singing for children, and a form of Bingo using hurricane terminology for seniors. These introductory activities are known as "engagement" strategies and techniques for approaching a group of individuals in such a way that information presented is non-threatening, and generate audience interest as a precursor for discussion of disaster-related issues, including fears and concerns about hurricanes. The techniques used by Project H.O.P.E. crisis counselors, such as arts and crafts, skits, puppet shows, games, and singing, are standard tools used by therapists and recommended by professional associations to stimulate the interest and lower the defenses of at-risk individuals such as seniors and children. Crisis Counseling Program guidelines list such strategies as an appropriate use of the grant funds, and staff have described them as beneficial counseling tools used in previous disasters. Site visits by CMHS staff to observe the various techniques verified that they did conform to Crisis Counseling Program guidelines.

Although Florida's grant applications did not highlight the specific presentations to be used, one district noted in the Regular Services Program application that crisis counselors would focus on services to children in a manner allowing the children to express feelings and emotions through the arts, crafts, music, and puppets. Another district noted that children could greatly benefit from use of recovery-oriented activities such as games and other play activities to assist them in coping with stresses and in expressing their feelings. Introductory presentations were not used in all districts. For example, the skit called "Windy Biggie," which used costumed characters to address children's fear of hurricane

winds, was used in only two districts and other skits were primarily held in the seven districts with the Hurricane Wilma program.

The specific activities or strategies, which have been used since Crisis Counseling Program inception, were developed by each provider (Florida state district or contracted provider) to be appropriate to the indigenous population, both culturally and to the age or developmental stage. For example, young children may not have the verbal skills necessary to communicate their fears or concerns. Activities like puppet shows, drawing, and singing can help children articulate their feelings to adults who can help them. These activities can be used to teach children coping skills, as well as how and where to seek help.

The shows and games lasted approximately 15 to 30 minutes and were at the beginning of the group presentation, after which an interactive discussion of hurricane-related issues (constituting the "counseling") was held with the audience. For example, after the skits, the crisis counselors engaged the children in a 20 to 45 minute group discussion about the disaster that provided an opportunity to see how well children were coping and identify those who may have needed additional follow-up and services. Hurricane Bingo is a strategy designed to appeal to seniors who can be impacted by disasters but difficult to reach, and the game uses objects and symbols to help seniors identify reactions and discuss coping strategies.

While Project H.O.P.E.'s reporting to CMHS and FEMA did not specifically include a requirement for identification of these preliminary activities, we determined from reviewing district weekly reports and input from the state office that about 1,400 introductory presentations were made at group activities. We estimated that about 2% to 3% of personnel and travel costs, or around $450,000 in total, were attributable to these introductory presentations.

The introductory presentations were used at day care centers, assisted living centers, nursing homes, and sometimes during and after school. They were initiated as a general practice by Project H.O.P.E. staff, but follow-on presentations at other locations were generally based on demand, and feedback from the districts resulted in strategy adjustments as needed. For example, most Hurricane Katrina teams discontinued senior Bingo when it was determined that they were not reaching the intended audience of older Hurricane Katrina survivors due to difficulties with locating these survivors.

There were no eligibility or admission tests to identify who could attend the Project H.O.P.E. group sessions or presentations because they were held in

hurricane-impacted areas and it was assumed most of the population was affected in some way by the disasters. Although some people not impacted by the hurricanes attended some presentations, conducting an eligibility test would be impractical because most attendees would have suffered some impact, whether personally or incidentally. Moreover, there were no additional costs incurred by the Project due to the participation of individuals not impacted by Hurricanes Katrina or Wilma.

A multitude of opinions within the medical and social services professions exist about the best approaches for counseling people subjected to emotional distress, but most recognize there is no prescriptive one-step approach to address such conditions and that children and seniors often require special approaches.

Conclusion: The strategies, techniques, and methods of delivery used by Project H.O.P.E. to reach special populations such as children and seniors were consistent with Crisis Counseling Program guidelines and those employed by industry professionals.

Publicity

To increase public awareness, Project H.O.P.E. staff distributed flyers and brochures throughout the various communities and to the media and hotlines for use by survivors. Mail outs to potential survivors were not used, primarily due to the costs involved and limited information about survivor locations. Also, each agency involved with disaster assistance generally issued its own publicity about available services and programs, and this action was cited as contributing to survivor confusion and anxiety, especially during the period immediately after the disaster. Coordinated and integrated public information and publicity campaigns significantly increase the public's understanding of recovery and assistance programs available, and contribute to the ability to reach the target populations.

Although CMHS made standard radio and television public service announcements available for use, we heard a number of comments that indicated that the state of Florida did not use the methods of "getting the word out" effectively enough to ensure that everyone recognized the name of Project H.O.P.E. and knew its role in disaster assistance. Instead, the district was responsible for ensuring its own service area was informed. Experience with other Crisis Counseling Program grant projects shows that when public information campaigns are managed by the state, name recognition and

understanding of the grant project mission are significantly increased globally and contribute to the ability to reach the target populations.

Integrated Efforts

Project H.O.P.E. staff often duplicated outreach activities performed by FEMA's Voluntary Agency Liaisons, Community Relations, and Public Affairs staffs. FEMA's Voluntary Agency Liaisons' primary function is to coordinate with the many voluntary and charitable agencies to identify needs of disaster survivors not addressed through FEMA or state and local programs that may be relieved through some other means. FEMA's Community Relations and Public Affairs staffs work to ensure that neighborhoods and communities are kept informed of assistance available from FEMA, other federal agencies, state, and sometimes local and community resources. These functions frequently involve such activities as routinely gathering and disseminating information on FEMA's disaster programs to individuals, canvassing neighborhoods to locate survivors, as well as the delivery of new or updated FEMA or other federal agency program information to community organizations or the media.

Considerable resources were involved in canvassing neighborhoods or notifying survivors about FEMA disaster assistance programs on the part of both Project H.O.P.E. and FEMA's Community Relations and Public Affairs staffs. Work carried out by Project H.O.P.E. crisis counselors in gathering detail on available community resources and services for survivors could have been greatly reduced through sharing of information with the state program offices. This type of information had already been, or was in the process of being, gathered by the various FEMA components as part of their own standard procedures.

The complementary missions and overlapping activities of the Voluntary Agency Liaisons, Community Relations, and Public Affairs components could be more fully integrated to ensure that disaster survivors are getting consistent messages about the services available and the roles played by each. Development of procedures would help ensure improved coordination of the grant project publicity, such as announcing the existence and services of the Crisis Counseling Program immediately after grant award and working with other responding entities to integrate publicity about the various services available to disaster survivors.

Recommendation

We recommend that FEMA's Assistant Administrator for Disaster Assistance:

> **Recommendation #1:** Implement standard practices to ensure the exchange of outreach information and coordination of efforts in publicizing services available to disaster survivors, including available community and governmental services, among the state and local Crisis Counseling Program project offices, FEMA's Voluntary Agency Liaisons, Community Relations, and Public Affairs.

Information Sharing to Locate Disaster Survivors

Staff from Project H.O.P.E., as well as local government and voluntary organization officials, told us they experienced difficulty obtaining information from FEMA about disaster survivors who applied for FEMA assistance, specifically names, addresses, or lodging accommodations where Hurricane Katrina evacuees were being housed. Project H.O.P.E. staff told us that FEMA cited privacy restrictions as the reason they could not share the information. As a result, Project H.O.P.E. staff used considerable resources and time canvassing impacted areas to identify people who might need services, as well as posting notices in communal locations and holding community events, to ensure the information got to the survivors who did not know how to access the various services available.

Much of the work performed by Project H.O.P.E. staff to identify survivors needing counseling was also performed by FEMA's Voluntary Agency Liaisons, as well as staff from both Community Relations and Public Affairs. Both Project H.O.P.E. and FEMA, and potentially other state and local organizations, expended considerable resources to canvass neighborhoods or notify survivors about disaster assistance programs. Sharing information among those involved in the process of identifying survivors in need of assistance could have been considerably more efficient and effective, and could have provided disaster survivors with less confusing, consistent, and comprehensive information on services available to them.

Recommendation

We recommend that FEMA's Assistant Administrator for Disaster Assistance:

> **Recommendation #2:** Collaborate with other government agencies providing disaster relief to help identify and establish contact with those needing crisis counseling.

Managerial Oversight and Project Monitoring

Although substantial oversight and reporting was conducted, our review of reports noted limited on-site monitoring, except by district officials directly responsible for Crisis Counseling Program implementation. It is important that FEMA and CMHS officials observe the field performance of crisis counselors and assess the value of counseling activities conducted, including those using introductory strategies such as skits or games. While time constraints during oversight visits often limit on-site monitoring at field sites by FEMA and CMHS, more independent and on-site monitoring is needed beyond interviewing counselors and viewing presentations at state or local offices.

Oversight and monitoring was performed by Project H.O.P.E. district officials, including district program supervisors and Project H.O.P.E. project managers, in addition to the state, FEMA, and CMHS officials, through such vehicles as daily briefings, weekly and quarterly reports, weekly conference calls, and site visits. All monitoring is done in coordination with FEMA's Regional Office and Headquarters Crisis Counseling Program staff.

Within Florida's Department of Children and Families, the district supervisors are responsible for various mental health programs in their districts and operate with considerable autonomy. The Florida's Department of Children and Families' Director of Federal Disaster Grants, which included Project H.O.P.E., has responsibility for monitoring, recommending, and coordinating the execution of the grant as awarded, but has limited authority over grant project implementation and the customization of techniques and methodologies for the delivery of services by the districts.

It is expected that individuals identified as having needs that fall outside the scope and duration of the Crisis Counseling Program will be referred to other agencies that provide mental health treatment on a permanent, long-term and regular basis. The criteria and methodology for referral is constantly reinforced by grant project officials throughout the grant project period, and monitored to ensure consistent

application by the crisis counselors. Supervisors provide ongoing review of staff activities to ensure that they are consistent with the scope and intent of the Crisis Counseling Program, and the state's grant application. CMHS and FEMA also monitor activities throughout the grant project, including review of regular reports, site visits, and regular discussions with the state's grant project staff.

District Project H.O.P.E. managers held weekly meetings with crisis counseling teams to assess activities and resolve identified problems and, as time permitted, conducted on-site visits to observe team and counselor performance and audience reactions to presentations. District weekly reports forwarded to the state office were detailed, with program activities, accomplishments, problems, and challenges. Issues raised in the reports were addressed at weekly meetings, including any needs for additional training. Typical challenges reported included such things as:

- dealing with the lack of information from FEMA about locations and names of survivors;
- alternatives when resources were lacking at other agencies to allow them to adequately address the referrals made by counselors;
- concerns about data collection forms that did not properly identify services provided, such as a multi-lingual component; and
- handling the change of data analysis elements during the grant project period that reduced the usefulness and availability of data to evaluate program results.

Florida state officials reviewed district weekly reports and conducted site visits that included interviews with Project H.O.P.E. staff and observing the skits and games prepared by the district offices. FEMA and CMHS officials reviewed progress reports submitted by the state office and accompanied state officials to multiple district offices for staff interviews and observing presentations. Detailed trip reports, including recommendations, were prepared after each site visit by CMHS.

Recommendation

We recommend that FEMA's Assistant Administrator for Disaster Assistance:

> **Recommendation #3:** Enhance oversight and monitoring by requiring observation by FEMA and CMHS of on-site crisis counseling services to better assess the activities and field performance of crisis counselors.

Methodologies to Assess Effectiveness

Measuring the benefits or success of grant projects like Project H.O.P.E. is difficult, and officials at all government agencies involved with these programs are working toward identifying and implementing more effective results-oriented measurements. Currently, the statistics captured to measure the grant project's impact only quantify the number of service recipients or number of interactions completed by crisis counselors. Both supporters and critics of Project H.O.P.E. generally agree that methods need to be developed and used that measure results in terms of outcomes (identifiable improvements in mental behavior and emotional improvements) rather than outputs (the number of people assisted).

A multitude of varying opinions within the medical and social services professions exist about the best approaches for counseling people experiencing emotional distress or more serious problems, but almost all professionals in these fields recognize there is no prescriptive one-step approach for such conditions. Concerns about the validity or value of such activities in crisis counseling, or the worthiness of them to be federally funded, need to be addressed by subject matter experts, within HHS and CMHS.

Officials at schools, day care centers, senior citizen facilities, and other governmental or voluntary organizations assisting with disaster relief, were generally not queried to obtain feedback about Project H.O.P.E. Anecdotal information and correspondence from appreciative survivors was collected, but not formally queried about the counseling services provided and the impacts of the disasters. Historically, anecdotal and testimonial information received was used to determine the value of certain techniques, the strategic impacts for judging future grant applications, and the type of guidance that may be needed for consistency. While such stories and letters are rewarding for the grant project staff and encouraging for the oversight staff, they are not measures that can prove effectiveness or efficiency to external observers.

Local and governmental officials told us that Project H.O.P.E. was a valuable resource for non-threatening interactions that provided emotional support, hope, and guidance to individuals and communities affected by disasters. Overall, these officials believed Project H.O.P.E. was a critical element in the recovery process, that staff did an outstanding job under very difficult conditions, were disappointed that the program was being terminated in December 2006, and felt that media perceptions did not provide a balanced or accurate portrayal of the grant project.

Program Evaluation and Measurement

Florida initiated two surveys to obtain feedback from survivors about Project H.O.P.E. The survey was developed by CMHS and provided to survivors at the conclusion of individual crisis counseling sessions. Project H.O.P.E. reported that in August 2006, 210 questionnaires were provided to Hurricane Katrina survivors and 940 were provided to Hurricane Wilma survivors. The response rate for these questionnaires was 14% for Hurricane Katrina and 32% for Hurricane Wilma. District officials told us they had not received any feedback on the results of the survey from state officials, and thus were unable to address any issues or problems that may have surfaced. State officials told us that the response rates were too low to be meaningful and thus no feedback was provided to the districts. A state official believed the primary reason for low response was that the questionnaire was not user-friendly and needed to be revised to be a more effective tool for assessing ongoing performance and results. The Hurricane Wilma survey results noted that 55% of respondents rated the Crisis Counseling Program or counselor as "A", 22% as "B", and 13% as "C" out of a grading range of "A" (very good) to "E" (very poor). The results of the second survey were not available during our review.

CMHS currently has a contract in place with the National Center for Post-Traumatic Stress Disorder that will recommend methods of evaluating such counseling programs that will be available some time in the future. Project H.O.P.E. staff told us that they believe considerable work still needs to be done to adjust the National Center for Post-Traumatic Stress Disorder's data collection efforts to be more incident- and circumstance-related and less post-traumatic stress-related, which tends to skew the responses given on questionnaires and surveys.

It is difficult to evaluate and measure improvements in mental behavior or emotional improvements, but results-oriented measurements are crucial to determining the benefits obtained from grant project activities and adjusting future activities accordingly. For example, standardized, user-friendly customer satisfaction surveys and consistent data collection methods could be used to evaluate value of the service delivery method used and to obtain feedback and an independent assessment of observed services and activities from those directly involved with Project H.O.P.E. services, such as school teachers and community leaders.

Recommendation

We recommend that FEMA's Assistant Administrator for Disaster Assistance:

Recommendation #4: Develop and implement consistent results-oriented measurements to determine the effectiveness of grant projects funded.

Recommendation #5: Require the grantee, as part of the grant application, provide a strategy for measuring behavioral and emotional improvements based upon the various counseling methods used.

Consistency in Grant Project Framework

Crisis Counseling Program guidelines do not prescribe standardized activities, promotional materials, a service delivery methodology, staffing levels, hiring parameters, or grant project design. Because of the variety of approaches to each circumstance, population, or organization, the Crisis Counseling Program was designed to be unstructured and flexible. This is because the Crisis Counseling Program is to be implemented by the grantee in response to the needs of specific circumstances, population, or organizations rather than fitting their grant project into a standard mold. The boundaries and parameters (or the structure) for servicing their own populace are left up to the grantee for definition in their grant project design, with the expectation that a thorough assessment of their constituents' needs and the available resources will help them properly determine that design. CMHS staff told us that this flexibility allows personalized and tailored approaches and ensures effective service delivery to the appropriate target population. However, a standardized structure and basic format for a state's grant project application helps to ensure that the grant application review panel can verify that all characteristics necessary for sufficient assessment of needs and resources are covered, and uses language and statistics comparable across grant applications to permit programmatic strategic analysis. CMHS frequently works with the state in developing their grant applications to ensure that all characteristics necessary for sufficient assessment have been addressed.

Generally, "best practices," as identified through informal means, are shared within and among grant project staff throughout the state during the grant period. However, because the Crisis Counseling Program is only available after a Presidentially declared incident and is temporary, the knowledge and experience about counseling and outreach gained by the disaster-specific temporary employees is lost when the grant period and the associated employment ends.

There are few situations when staff that have a foundational understanding of the differences between mental health and crisis counseling are involved in subsequent Crisis Counseling Program grant projects. As a result, with each new disaster declaration, each district's implementation of the state's grant project involves the process of learning about program requirements and designing approaches and materials from scratch. This frequently results in a wide variety of initial methodologies and interpretations that may differ dramatically from district to district.

Even for Florida, which is regularly struck by hurricanes of varying magnitude each year and is familiar with the Crisis Counseling Program, considerable effort and resources went into developing Project H.O.P.E. In addition, the independence and relative self-governing relationship of the districts with the state of Florida's Mental Health Services made the differences in implementation and methodologies even more pronounced. Crisis Counseling Program grant projects are often designed and managed at the state level, whereas Florida's state officials were mostly coordinators and grant contact points, and not the primary designer or manager. This made standardization of methodologies and development of a consistent message difficult at the outset.

The Florida districts supplemented the state's issuances of grant project guidance by developing creative customized Project H.O.P.E. promotional material, including brochures, flyers, and informational bulletins and used state and federal Crisis Counseling Program guidance. While the tailoring of materials and techniques to suit a particular audience or locale should continue to be encouraged, beginning from an agreed-upon standard and customizing within defined parameters would ensure primary consistency that would tie the grant project together across the state. However, the opportunity exists for a state "how to" handbook that highlights the basic Crisis Counseling Program elements, including best and approved practices, such as successful types of introductory strategies and recommended training episodes. Project H.O.P.E. staff said that such a tool would improve the consistency of grant project implementation, reduce start-up time and individual district preparation of materials, and assist with educating the public about the grant project's objectives and services. Districts could supplement this tool with information targeted to the population and service needs in their district.

A significant challenge in operating the Crisis Counseling Program is to ensure that services are tailored to the unique issues in each disaster, while at the same time ensuring that basic program philosophy, concepts, and requirements are understood and implemented consistently across the country. While there has

been increased consistency in types and quality of services provided in recent years, there is still variation in the use of staff and service delivery models, particularly in communities that have little experience with the Crisis Counseling Program. A CMHS report noted that there remains some variation in the use of staff and service delivery models in Project H.O.P.E. type programs, and this was observed to a degree with respect to district determinations on use of skits and games as introductory strategies for group presentations.

Many project counselors told us that they could have been more effective in designing their approaches and setting up their services if they had been started off with more guidance and reference materials. Many wanted to know how other states had done certain things, if just to provide ideas. In reviewing the many materials and reports, we noted differences in the messages or designs across the districts that could be confusing to disaster survivors who could be led to believe that the services being offered were somehow different depending on the district office involved. District staff told us that they were working to document and preserve programmatic materials and procedures for future use as part of their grant closeout activities. State staff said that after Project H.O.P.E. terminated, they hoped to have the resources and time to prepare such a manual or template. Final district reports due after program termination are intended to include crisis counseling staff input on lessons learned and recommendations for program improvement. These reports could be a valuable tool for identifying needed actions for the future.

Recommendation

We recommend that FEMA's Assistant Administrator for Disaster Assistance:

> **Recommendation #6:** Require the project grantee create a consistent grant project design framework statewide that identifies and addresses potential challenges or obstacles, whether in the state oversight structure or in the diversity of target populations.

Staffing

Qualifications of Counselors and Project Managers

Approximately 450 staff were involved with Project H.O.P.E. at the height of the program, which was implemented to varying degrees throughout the state. Thirteen districts implemented Project H.O.P.E. for Hurricane Katrina evacuees and five districts for Hurricane Wilma survivors. The grant projects were

implemented by the state in some districts and by contractors with mental health and counseling experience in other districts. Teams varied in composition depending on the type of event, the size of the geographical area involved, and unique cultural or language needs.

Teams were encouraged to have professional staff assume supervisory roles in order to provide clinical support to paraprofessional team members. State officials instructed each service provider to seek out both professional and paraprofessional workers for the grant project. Our review of information collected on team leaders revealed that efforts were made to employ staff, including Project H.O.P.E. managers, team leaders, and crisis counselors, with degrees in a field dealing with human reactions to disaster-related conditions. Some districts were more successful than others, although Project H.O.P.E. managers, state and district supervisors, and contractor officials with whom we discussed staffing, were all supportive of the staff mix used and noted that professionals in the fields of psychology, social work, counseling, nursing, or related professions were available to assist counselors as necessary. They said that many team leaders and counselors had degrees, others had partially completed degree work, and others were from the community. Those counselors from the community were considered essential to the success of Project H.O.P.E. because of their knowledge of local cultures and languages.

Several local newspaper articles raised concern about the qualifications of the staff used to implement the Crisis Counseling Program, with a primary concern being the limited number of professionals in the mental health field administering or supervising crisis-counseling services. FEMA's guidelines for the Crisis Counseling Program do not establish mandatory qualifications or degrees for specific positions. Rather, the guidelines suggest a typical team be composed of a mix of professionals and paraprofessional staff, including people who are not human service professionals, but who have strong intuitive skills about people or relate well to others, possess good judgment, common sense, and are good listeners and live in the community. A typical outreach team was composed of mental health professionals and paraprofessionals from the community, all trained in the basics of disaster mental health and the Crisis Counseling Program. Crisis counselors from the community are generally known by local community members, or are part of the cultural or ethnic group receiving the services.

Prospects are usually very slim that licensed professionals are available on quick notice for a tenuous short-term employment at low pay and no benefits. Professional staff members are defined as individuals with a master's degree level or higher in psychology, social work, counseling, psychiatric nursing, or related

professions. State officials told us that they had very few such applicants for the positions advertised in spite of fairly extensive recruitment efforts. Paraprofessional staff members are defined as those with a bachelor's degree or less, or those who are not human service professionals. Specific language skills are also crucial in many cases. The crisis counselors were typically supervised and trained by professionals that had advanced training and experience. Project H.O.P.E. provided professional oversight by a mental health professional throughout the grant project, along with close supervision from the state Program Supervisor.

Information provided by Florida's program office about the 40 Project H.O.P.E. team leaders employed by the districts documented the following primary educational attributes:

- 2 with PhDs in psychology;
- 15 with masters' degrees, including 6 in social service, 2 in psychology, and 2 in counseling;
- 18 with bachelors' degrees, including 6 in psychology, 3 in social service, 2 in management, and 1 in life sciences;
- 1 project manager with a master's degree in education;
- 2 with some college; and
- 2 with high school diplomas.

For Miami and surrounding areas where a contractor was the major provider of counseling services, both Hurricanes Katrina and Wilma staff possessed considerable educational attributes. Project H.O.P.E. supervisors told us that teams had been organized to best serve the needs of Hurricane Katrina survivors. Teams more clinically oriented were used for Hurricane Katrina survivors because evacuees had suffered severe losses and were relocated far from family and friends. Although Hurricane Wilma hit Florida directly and caused considerable damage, the counseling services identified as needed for this population emphasized more outreach activity than clinically oriented services. Other Project H.O.P.E. managers also noted that qualifications of staff reflected, and were tailored to, the needs of different populations.

It was generally acknowledged by everyone we spoke with that when employing about 450 temporary hires in a short timeframe, there will be instances where selections may be questioned, performance may not meet expectations, or some employees may become dissatisfied with the grant project or their position, regardless of whether the employee has a higher education or employment was based on other factors.

Project H.O.P.E. did not fully meet the criteria laid out in the state's grant application, which had planned for crisis counseling team leaders to be mental health professionals. However, local government and voluntary organization officials generally expressed satisfaction with the qualifications and performance of Project H.O.P.E. staff and noted the need for a disparate mix of staff who could deal with a wide range of problems, most of which were attributable to short-term distress rather than long-term or serious mental health issues. In several districts, Project H.O.P.E. staff efforts were recognized by grant project partners or the media through proclamations and award ceremonies.

Conclusion: The overall qualifications of Project H.O.P.E.'s staff were generally sufficient to effectively implement the grant project, as defined in the grant application and according to FEMA guidelines.

Training

Crisis Counseling Program guidelines stress that all staff, professional or paraprofessional, need to be provided with training in the scope and services of the Crisis Counseling Program, emotional responses to disaster, and techniques for integrating disaster experiences. Project H.O.P.E. staff received training to prepare them for working and coping with the wide range of behavioral and emotional problems commonly seen after disasters, and methods of approaching or engaging individuals who may be experiencing such disorders as anxiety, adjustment, situational depression, and substance abuse, for example. This also included learning to identify signs in a disaster survivor when it is encouraged to refer individuals for mental health treatment by a licensed or certified professional, and on counselors coping with the stresses related to disaster work. A professional with advanced training and experience designed, supervised, or conducted this crisis counseling training.

The primer curriculum includes training modules developed at the national level and presented by a cadre of researchers and practitioners in disaster recovery. This mandatory training, generally one to two days in length, includes modules on:

- Crisis Counseling Program Intermediate Services Program Training;
- Immediate Services Program to Regular Services Program Transition Training;
- Regular Services Program Mid-Program Training; and,
- Anniversary and Phase-down Training.

Project H.O.P.E. staff provided additional new or reinforcement training at both state and district levels for disaster relief workers, as well as on a variety of special interest topics requested by crisis counselors to assist with particular needs and problems encountered. Much of this training occurred in conjunction with the weekly staff meetings in the districts, and included subjects such as emotional responses to disaster, compassion fatigue, team building, stress management, communication skills, self care, and interactive exercises dealing with survivor and staff needs. The State Program Development Trainer estimated that about 35 hours of formal training was provided to crisis counselors. Those conducting the training sessions included practitioners in disaster recovery (federal and state) and Project H.O.P.E. managers, most of whom had prior experience in Crisis Counseling Program type projects.

CMHS contracted with the National Center for Post-Traumatic Stress Disorder, a component within the Veterans Health Administration of the U.S. Department of Veterans Affairs, and Dartmouth Medical School, in May 2006, to conduct a survey of Hurricane Wilma crisis counselors in Florida. The survey was intended to obtain feedback about the grant project quality and stress levels of counselors working in Florida six months after Hurricane Wilma. Anonymous responses were received from 158 of the 240 counselors queried. The key findings were:

- the counselors believed that the project was doing a good job of meeting the needs of the communities it served; and
- the counselors expressed concern that the quality of training they had received needed improvement, but their ratings of working conditions and resources were in the higher range.

A survey of Hurricane Katrina crisis counselors in Florida produced similar responses. A comparison of results from the two surveys noted that Hurricane Wilma counselors were more stressed than Hurricane Katrina counselors, which was attributed to the extra challenges of working in an area directly affected by the disaster. In both cases, the counselors identified the need for improved orientation training, additional counseling skills subjects, targeted instruction for different populations, and better technical resources (supplies, laptops, etc.).

Conclusion: The training of Project H.O.P.E.'s staff was generally sufficient to effectively implement the grant project and was consistent with FEMA guidelines.

Management Response and OIG Analysis

The State of Florida's Department of Children and Families fully endorsed and FEMA's Disaster Assistance Directorate generally concurred with all the recommendations we offered to strengthen the Crisis Counseling Assistance and Training Program. Recommendations 1, 4, 5 and 6 have been resolved and closed because they have been implemented. We consider recommendations 2 and 3 resolved because steps are being taken to implement them; however, they will remain open until they have been fully implemented. FEMA projects that these recommendations will be fully implemented following discussions with Crisis Counseling Program stakeholders in September and December 2008. We will close each recommendation as FEMA provides evidence that they have been implemented.

This review was prompted by congressional requests asking us to examine the Federal Emergency Management Agency's (FEMA) Crisis Counseling Assistance and Training Program (Crisis Counseling Program), specifically Florida's Project H.O.P.E., as a result of media allegations of malfeasance, waste, and abuse. Our objectives were to determine whether Project H.O.P.E. was: (1) expending funds according to the scope of the grant award; (2) being properly monitored to ensure that all participants were operating within approved guidelines, as defined by CMHS and FEMA; and (3) carrying out approved activities to meet the intent of the Crisis Counseling Program. During the course of our review, we expanded our scope to encompass a general assessment of the Crisis Counseling Program.

To assess the Crisis Counseling Program, we:

- Interviewed staff from the Florida Department of Children and Families' Substance Abuse and Mental Health Program, district managers, Project H.O.P.E. managers, and local government and voluntary organization officials;
- Reviewed weekly and quarterly reports, financial budgets and expenditure reports, statistical service delivery data, grant project procedural guidelines, descriptions of methodologies and techniques, training materials and plans, provider contracts, and promotional materials;
- Interviewed staff from CMHS and examined site visit reports, grant applications, monitoring and oversight files and records, and prior grant project evaluations; and
- Examined the Crisis Counseling Program guidance, Crisis Counseling Program regulations, topical studies and publications, and prior audit reports.

Our review focused on the Crisis Counseling Program grants that were awarded and executed subsequent to Hurricanes Katrina and Wilma, including the Immediate Services Program, which operated during the period September 7, 2005, through March 14, 2006, and the Regular Services Program, which operated during the period March 15 through December 14, 2006. We emphasized our review work on the Regular Services Program due to the expanded services provided under this program phase. Though we concentrated our interviews in the three counties of Broward, Palm Beach, and Miami-Dade, we examined data

from locations throughout the state, and discussed the program for all locations with the state officials.

We reviewed the implementation of Project H.O.P.E. according to established regulations and guidelines provided and approved by the grantor (FEMA) and administrative agency (CMHS), but did not address the adequacy or intent of these guidelines.

We conducted our review between November 2006 and January 2007 under the authority of the *Inspector General Act of 1978*, as amended, and according to the *Quality Standards for Inspections* issued by the President's Council on Integrity and Efficiency

We appreciate the extensive assistance and full cooperation we received from the staffs at the Center for Mental Health Services, Florida's Department of Children and Families, as well as the input from the Project H.O.P.E. managers and team leaders.

We recommend that FEMA's Assistant Administrator for Disaster Assistance:

Recommendation #1: Implement standard practices to ensure the exchange of outreach information and coordination of efforts in publicizing services available to disaster survivors, including available community and governmental services, among the state and local Crisis Counseling Program project offices, FEMA's Voluntary Agency Liaisons, Community Relations, and Public Affairs.

Recommendation #2: Collaborate with other government agencies providing disaster relief to help identify and establish contact with those needing crisis counseling.

Recommendation #3: Enhance oversight and monitoring by requiring observation by FEMA and CMHS of on-site crisis counseling services to better assess the activities and field performance of crisis counselors.

Recommendation #4: Develop and implement consistent results-oriented measurements to determine the effectiveness of grant projects funded.

Recommendation #5: Require the grantee, as part of the grant application, provide a strategy for measuring behavioral and emotional improvements based upon the various counseling methods used.

Recommendation #6: Require the project grantee create a consistent grant project design framework statewide that identifies and addresses potential challenges or obstacles, whether in the state oversight structure or in the diversity of target populations.

United States Senate

COMMITTEE ON
HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS
WASHINGTON, DC 20510–6250

October 16, 2006

Richard L. Skinner
Inspector General
Department of Homeland Security
1120 Vermont Avenue – 12th Floor
Washington, DC 20528

Daniel R. Levinson
Inspector General
Department of Health and Human Services
330 Independence Avenue, S.W., Room 5541
Washington, D.C. 20201

Dear Mr. Skinner and Mr. Levinson:

This week, the South Florida Sun-Sentinel newspaper published a series of articles on Project H.O.P.E., a crisis counseling program in Florida that is intended to provide services to victims of the 2004 Florida hurricanes, as well as Hurricanes Katrina and Rita. The articles raise questions about the effectiveness of the program's "counseling" methods and raise serious concerns about whether federal funds are being wasted.

From September 2005 to April 2006, the Senate Homeland Security and Governmental Affairs Committee undertook an investigation into the preparation for and response to Hurricane Katrina at all levels of government. Through this investigation, with the help of the DHS Office of Inspector General and the Government Accountability Office, the Committee found that the response to Hurricane Katrina was plagued by waste, fraud and abuse. At a hearing in May 2005, we heard about similar problems in the wake of the 2004 Florida Hurricanes. This is simply unacceptable. Every dollar lost to waste, fraud or abuse is a dollar unavailable to provide relief and recovery to true victims.

I recognize the importance of mental health services after a disaster, and I included language to better address the mental health needs of hurricane and other disaster victims in S. 3721, the Post-Katrina Emergency Management Reform Act of 2006. With limited tax dollars available after a disaster, it is, however, critical that they be used to provide efficient and effective services to help people rebuild their lives and their communities. I am writing to request that you investigate the Crisis Counseling Assistance and Training Program to determine whether funds have been used effectively to benefit disaster victims.

Thank you for your prompt attention to this request. I appreciate the continuing efforts of the Inspectors General to investigate and address waste, fraud and abuse in FEMA's assistance programs. Please have your staff contact Amy Hall or Jay Maroney at 224-4751 if you have any questions concerning this request.

Sincerely,

Susan M. Collins

Susan M. Collins
Chairman

State of Florida
Department of Children and Families

Charlie Crist
Governor

Robert A. Butterworth
Secretary

March 11, 2008

Matt Jadacki
Deputy Inspector General
Office of Emergency Management Oversight
U.S. Department of Homeland Security
Washington, DC 20528

RE: Draft FOUO Report entitled "FEMA's Crisis Counseling Assistance and Training Program: State of Florida's Project H.O.P.E."

Dear Mr. Jadacki:

The Florida Department of Children and Families, Mental Health Program Office received the Office of Inspector General draft audit report entitled, "FEMA's Crisis Counseling Assistance and Training Program: State of Florida's Project H.O.P.E," in our office on February 26, 2008. Thank you for the opportunity to review and provide comments on this report.

After a review of the draft report and discussions with staff who were involved with Project H.O.P.E. at the time of the review, I believe it presents a clear summary of Project H.O.P.E.'s goals, methods, challenges and successes. I endorse every recommendation the auditors made to the Federal Emergency Management Agency (FEMA) Assistant Administrator of Disaster Assistance Carlos J. Castillo.

We welcome every opportunity to collaborate with FEMA in future disaster crisis counseling programs and look forward to helping FEMA officials by implementing the draft report's recommendations and improving the programs' overall effectiveness.

Sincerely,

Katharine V. Lyon, Ph.D., Director
Director, Mental Health Program Office

U.S. Department of Homeland Security
500 C Street, SW
Washington, DC 20472

FEMA

AUG 21 2008

Mr. Richard L. Skinner
Inspector General
Office of Inspector General
U.S. Department of Homeland Security
1120 Vermont Avenue
Washington, DC 20528

Dear Mr. Skinner:

Thank you for the opportunity to review and provide comments on the Office of Inspector General (OIG) draft report entitled, "FEMA's Crisis Counseling Assistance and Training Program: State of Florida's *Project H.O.P.E.*" The Federal Emergency Management Agency (FEMA) appreciates the OIG's thoroughness in researching and reporting on the impact of the Crisis Counseling Assistance and Training Program (CCP) as implemented by the State of Florida after Hurricanes Katrina and Wilma in 2005. The recommendations offered reinforce the work already prioritized and initiated by FEMA staff in coordination with our federal partners at the Center for Mental Health Services (CMHS). The draft report makes the following six recommendations:

Recommendation #1:

> Implement standard practices to ensure the exchange of outreach information and coordination of efforts in publicizing services available to disaster survivors, including available community and governmental services, among the state and local Crisis Counseling Program project offices, FEMA's Voluntary Agency Liaisons, Community Relations and Public Affairs.

Recommendation #2:

> Collaborate with other government agencies providing disaster relief to help identify and establish contact with those needing crisis counseling.

Comments on Recommendations #1 and #2:

FEMA concurs with the recommendations. As a part of CCP management, FEMA deploys a CCP Specialist to the Joint Field Office (JFO), whose responsibilities include monitoring and managing program activities on- site and reporting back to FEMA Headquarters. The CCP Specialist attends daily JFO staff meetings alongside a

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Voluntary Agency Liaison and Community Relations and Public Affairs Officers to provide program updates. These updates are also documented as part of the daily JFO Situation Report.

FEMA's Community Relations and Public Affairs Officers are informed upon approval of the CCP grant award and thereafter updated regularly to ensure accurate information is disseminated throughout the community. The CCP Specialist and State CCP Team Leaders attend Long Term Recovery Committee meetings, alongside FEMA Voluntary Agency Liaisons, allowing them access to the services available through the voluntary and charitable agencies. The CCP Specialist reviews the Community Relations Daily Report in an effort to extract any information that may be pertinent to the Crisis Counseling Program and to help identify crisis counseling needs. CCP Hotline phone numbers are distributed through Community Relations and referral mechanisms to the CCP are established.

The CCP Specialist serves as a liaison between FEMA and the State and coordinates efforts internal to both agencies. The CCP Specialist attends program meetings and training. Weekly conference calls are conducted with State and project leadership in an effort to share information about the FEMA programs, services and resources available in the disaster area.

The FEMA CCP Specialist and the CCP grantees are encouraged to attend Unmet Needs Committee meetings; where there is opportunity to collaborate with a variety of non-profit and voluntary agencies to discuss community needs and identify the most effective use of resources. These meetings are essential to establish and maintain strategic partnerships and assure that the community needs, including crisis counseling, are addressed.

We acknowledge that contacting and identifying Katrina evacuees presented a challenge and required extensive community outreach. In an effort to assure that services reach the communities, CCP grantees are encouraged to collaborate with State and local agencies not bound by privacy restrictions in order to locate disaster survivors and deliver CCP services. CCP staff routinely visit schools, police stations, social service offices, places of worship and community centers distributing flyers and brochures throughout the various communities. Guidance is provided by CMHS to service providers on how to create media releases and examples of successful media campaigns are shared. The grantee must include contact information and/or a hotline number for the Crisis Counseling Assistance and Training Program on the State's website as a part of the overall communication plan. Coordinated and integrated publicity campaigns, mass media announcements, including radio and television public service announcements, are also encouraged to reach the target populations. Typically, survivors are located in the declared geographic areas impacted by the disaster and contact can be made through local

stakeholders. We will actively address information-sharing, referrals and exchange of information amongst the various State Mental Health Authority representatives that will participate in the upcoming Basic Crisis Counseling Grants Course at FEMA's Emergency Management Institute, scheduled for August 2008.

We support the recommendation to develop procedures to improve coordination and fully integrate the complementary missions of the Voluntary Agency Liaisons, Community Relations and Public Affairs components, as well as to minimize duplication of efforts. FEMA Headquarters will work with our FEMA organizational partners to develop such procedures. We will actively address information-sharing, referrals and exchange of information among the various agencies in the upcoming CCP Specialists training at FEMA's Emergency Management Institute scheduled for December 2008. We will also reinforce these roles and responsibilities through weekly calls between the CCP Specialists in the field and FEMA Headquarters.

Recommendation #3:

> Enhance oversight and monitoring by requiring observation by FEMA and CMHS of on-site crisis counseling services to better assess the activities and field performance of crisis counselors.

Comments on Recommendation #3:

FEMA concurs with the recommendation. FEMA deploys a CCP Specialist to the field whose responsibilities include monitoring and managing program activities on-site. They are required to attend and participate in the training sessions that are an established requirement of the CCP. They provide an overview of the FEMA Individual Assistance Programs and are identified as the primary point of contact for FEMA. They perform periodic site visits to program offices and meet with service providers and CCP staff in the field. They attend CCP program meetings, public education events, community events, group events and school events. They are tasked with monitoring the project without being intrusive. FEMA Headquarters and our Federal partners at CMHS agree that introducing a Federal presence into an individual counseling session, for observational purposes, would detract from the effectiveness of the session and may not yield a reliable assessment. We do, however, encourage the CCP Specialist to take a pro-active approach, as our on-site program representatives, and provide oversight of group program activities.

Federal site visits conducted by FEMA and CMHS are required during Regular Services Program (RSP) grants in order to ensure adherence to the Federal regulations and guidelines of the CCP model. The option to schedule multiple site visits is exercised for those grants that display a need for more direct monitoring and technical support. Those grants exceeding three million dollars will receive multiple site visits. Meetings are conducted with state, project leadership and crisis counselors in attendance and an

assessment is made of the program's activities. Crisis counseling teams are provided with the opportunity to showcase the work being done, as well as the review of administrative requirements, such as financial reports and service delivery data. Direct supervisory responsibilities are maintained by the grantee, project managers and project supervisors, thereby allowing them access to the observation of crisis counselors during group and individual counseling sessions.

FEMA Headquarters understands the need to capture this information to better assess the activities and field performance of crisis counselors and program staff. We will implement a formal process that provides written documentation of these activities and requires CCP Specialists to report back to FEMA Headquarters and CMHS. We will reinforce documentation of attendance at these events at the CCP Specialist training scheduled for September 2008 and December 2008.

Recommendation #4:

> Develop and implement consistent results-oriented measurements to determine the effectiveness of grant projects funded.

Recommendation #5:

> Require the grantee, as part of the grant application, provide a strategy for measuring behavioral and emotional improvements based upon the various counseling methods used.

Comments on Recommendations #4 and #5:

The CCP Data Toolkit Protocol assists the CCP grantee in collecting accurate information about service provision and service recipients that is essential for monitoring and evaluating Crisis Counseling Programs. In the past, State grantees developed their own procedures and forms. This process was time-consuming, often missed important questions, and did not allow for across or aggregate program reporting. CMHS recognized that standard reporting methods needed to be implemented in order to make the data meaningful and more accurate across disasters and across States. The concept of a "data toolkit" was developed to assist in the standard reporting of CCP activities. Thus, CMHS created data collection forms to address the different components of the CCP and received Office of Management and Budget approval (OMB No. 0930-0270) in 2005.

Currently, CMHS is seeking renewal for the CCP Data Toolkit as the current OMB approval will expire September 30, 2008. The revised CCP Data Toolkit contains the six (6) continuing forms (i.e., Individual Encounter Log, Group Encounter Log, Weekly Tally Sheet, Adult Assessment and Referral Tool, Participant Feedback Survey,

and Service Provider Feedback Survey) and the addition of one (1) new form (i.e., Child/Youth Assessment and Referral Tool). The toolkit was posted on the Federal Register for a 60-day public comment period on February 29, 2008. Feedback from the disaster behavioral health field was collected and incorporated in the revised toolkit.

Given the nature of the CCP grant, each encounter and/or counseling session is considered a "stand-alone" event, not as a series of traditional mental health treatment sessions. Survivors do not receive a diagnosis. Records are not kept and contacts are anonymous. As a result of this approach, accurate measurements to evaluate and measure improvements in mental behavior or emotional improvements cannot be collected over time or in a longitudinal manner. However, as part of the revision to the Individual Encounter Log Form of the CCP Data Toolkit, an event reactions section was added to the form. Events include the behavioral, emotional, physical, and cognitive reactions to disaster. Responses to this event reactions section will, at least minimally, allow the CCP grantees to determine if additional or more intensive service is needed for the individual in order to offer appropriate referral linkages. Even though individual improvements may not be measured through these CCP Data Toolkit forms, the data that is collected provides grantees with an overview of program reach and quality of service delivery.

Recommendation #6:

> Require the project grantee create a consistent grant project design framework statewide that identifies and addresses potential challenges or obstacles, whether in the state oversight structure or in the diversity of target populations.

Comments on Recommendation #6:

FEMA concurs with the recommendation. The CCP Program Guidance document has been revised and the Program Management Section strengthened to provide guidance to the State in developing their program management strategy and plan. States 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, to assist the State in reporting program highlights and issues to CMHS and FEMA through regular program monitoring and reporting. In the future, FEMA and CMHS will review these issues at all levels of the program from meetings with the State to detailed discussions with individual service providers.

FEMA and CMHS program staff emphasize the importance of a singular program identity across the disaster area that is flexible enough to respond to the diverse needs of individuals and communities. States are encouraged to develop a cohesive program in

their application and are required to report on program challenges, obstacles, and lessons learned throughout the project period.

FEMA would like to comment on a few components of the report that require clarification:

- The draft report indicates that "the Regular Services Program funds services up to nine months from date of award notice, and provides for extensions of up to three months." Regular Services Program (RSP) extensions are granted for catastrophic disasters and under extenuating circumstances with the length of extension determined by the needs assessment submitted by the grantee.

- The draft report indicates that "FEMA Headquarters transfers funds in increments to CMHS." For most RSP grants, FEMA transfers funds in total to CMHS. The total award may be obligated in increments depending on the scope and size of the grant.

- The draft report indicates that "the Regular Services Program typically covers the follow-on phase of the recovery." The term "follow-on phase," as used to describe the RSP, is unclear. The RSP includes a continuation of counseling services and expanded outreach. Commencement of RSP services between the Immediate Services Program and the Regular Services Program should be seamless.

- The draft report indicates that "CMHS, as the subject matter expert on which FEMA relies, has the responsibility for reviewing the Regular Services Program grant application from the state, which is completed through a formal, confidential peer review process administered by CMHS." Regular Services Program applications are reviewed by both CMHS and FEMA Headquarters' Program Specialists. A panel of external reviewers is engaged to review grant applications that exceed a $1.5 million threshold.

Thank you for the opportunity to provide comments to the draft report. We look forward to continuing our work to help address the crisis counseling needs of disaster survivors.

Sincerely,

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