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December 23, 2022

Millicent Brown Wilson
Records Management Branch Chief
Office of the Chief Administrative Officer, Mission Support
Federal Emergency Management Agency, Department of Homeland
Security
P.O. Box 10055
Hyattsville, MD 20782

RE: Document 2022-25898; Agency Information Collection Activities:
Submission for OMB Review; Comments Request; Crisis Counseling
Assistance and Training Program

Dear Millicent Brown Wilson;

Vibrant Emotional Health (“Vibrant”) thanks you for the opportunity to provide feedback in response to the Comments Request on the Federal Emergency Management Agency’s (“FEMA”) Crisis Counseling Assistance and Training Program (“CCP”). Vibrant, a leading mental health organization at the forefront of promoting emotional well-being for all people and the administrator of 998 Suicide and Crisis Lifeline (“Lifeline”) and the Disaster Distress Helpline (“DDH”), appreciates the emphasis of ensuring access of mental health counseling services to all eligible survivors following a major disaster.

The CCP’s Immediate Service Program (“ISP”) and Regular Service Program (“RSP”) remain vital to the nation and especially to those communities impacted by disasters of all type, size, and scope. The guidance and funding that the CCP brings to areas overwhelmed by the negative impacts of these events can help move individuals, families, and the whole community towards recovery rather than them remaining frozen in trauma responses, fear, anger, or disillusionment.

While the intent to increase accessibility and transparency is appreciated, Vibrant recommends the inclusion of further detail to ensure CCPs have a clear understanding of the need for the ISP and RSP to be equitable.

Specifically, in the ISP application under Page 2, Question 8, the current language, “Please include your plan to reach these populations” and the proposed change in language to “Please include your plan to ensure the ISP is accessible,” is concerning as the meaning of “accessible” is open to different interpretations. For example, the term could be interpreted as referring only to physical functional and access needs. According to the Centers for Disease Control, at-risk, or vulnerable populations, are more

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Happens
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likely to be adversely affected by disasters. At-risk populations can be dependent on characteristics like socioeconomic status, age, gender, race and ethnicity, English language proficiency, and medical issues and disability.¹ It is imperative to recognize the mental health needs of diverse, intersectional, and historically marginalized communities that are often disproportionately impacted by disasters.

Thus, we recommend first, including a definition of “accessible” and second, including the word “equitable”. Third, we recommend that rather than replace one phrase for another, include both to ensure a comprehensive understanding, e.g.: “Please include your plan to reach these populations and ensure the ISP is accessible and equitable.”

Similarly, in the RSP, Page 4, Part III, Question 12, the current language “Please include your plan to reach these populations” and the recommended change in language to “Please include your plan to ensure the RSP is accessible,” may be better phrased as a combination, e.g.: “Please include your plan to reach these populations and ensure the RSP is accessible and equitable.”

Additionally, CCPs would benefit from detailed information about conducting outreach especially if their staff are less familiar with how to engage with various cultures, ethnicities, and communities that have traditionally been marginalized.²³ As such, stressing the outreach and cultural competency training aspects of the CCP through comprehensive training should be considered, along with the proposed form language changes.

Vibrant deeply appreciates FEMA soliciting input on these proposed changes through the public comment process and is happy to answer any additional questions to increase the accessibility and equitable outreach of CCPs across the country and collaborate towards ensuring that all those in need are able to receive the services they need in times of despair.

Respectfully,

Kimberly Williams
President and CEO
Vibrant Emotional Health

¹ Centers for Disease Control and Prevention (CDC). Planning for an Emergency: Strategies for Identifying and Engaging At-Risk Groups. A guidance document for Emergency Managers: First edition. Atlanta (GA): CDC; 2015. <https://www.cdc.gov/nceh/hsb/disaster/atriskguidance.pdf>.

² Naturale, April. “Mental health outreach strategies: An Experiential Description of the Outreach Methodologies Utilized in the New York 9/11 Disaster Response.” In (Eds.), Mass violence and early intervention. Edited by M. J. Friedman, P.J. Watson, E.C. Ritchie, R. Orner. New York: Guilford Press, 2006.

³ Young, Bruce H., Ruzek, J.I., Wong, M., Salzer, M., Naturale, A., & Wisher, R. “Comprehensive disaster mental health training content and delivery: Guidelines and considerations.” In (Eds.), Mass violence and early intervention. Edited by M.J. Friedman, P.J. Watson, E.C. Ritchie, R. Orner. New York: Guilford Press, 2006.

