



# DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

<b>SUBJECT</b> <b>CAPTURING DISASTER EVENT COSTS</b>	<b>POLICY NO.</b> <b>401.11</b>	<b>EFFECTIVE DATE</b> <b>09/01/05</b>	<b>PAGE</b> <b>1 of 6</b>
<b>APPROVED BY:</b>  <div style="text-align: right;">Director</div>	<b>SUPERSEDES</b>	<b>ORIGINAL ISSUE DATE</b>	<b>DISTRIBUTION LEVEL(S)</b> <b>2</b>

## **PURPOSE**

- 1.1 To establish procedures for capturing all disaster related costs needed for the preparation of disaster claims.

## **BACKGROUND**

- 2.1 Disaster events are unpredictable and may be multiple. Because such incidents financially impact the operations of County departments, it is critical to establish procedures designed to track and capture all costs associated with the provision of disaster services by the Department of Mental Health (DMH).
- 2.2 After Federal/State disasters and/or emergencies are declared, funds or grants are available to local governments. Federal and/or State agencies such as Federal Emergency Management Agency (FEMA) reimburse only for allowable costs associated to the disaster, including costs associated with contracted Non-Government Agencies (NGA providers). The Board of Supervisors must give approval before entering into or amending a contract with an NGA provider (Attachments I and II). If such allowable costs are properly documented, DMH may receive reimbursement. In accordance with program requirements, Labor Record forms must be in place to support labor hours spent on disaster services. Services and supplies and any other operational costs associated with the disaster must also be identified and properly documented.

## **POLICY**

- 3.1 For each disaster, the Accounting Division will assign a Fund Organization Code (Fund/Org Code), a Revenue Source Code, and any necessary Minor Object Codes.
- 3.2 For regular County staff, **only** overtime spent on disaster services is allowable for reimbursement, excluding in-kind hours. Fringe benefits for regular County staff are not reimbursable.
- 3.3 For County staff hired strictly for a particular disaster, all regular time and overtime spent on disaster services are allowable for reimbursement. Usual and customary fringe benefits under established personnel policies are reimbursable.



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- 3.4 Costs submitted by NGA providers on the monthly claims for reimbursement are allowable according to the guidelines of a particular disaster program and the DMH service agreement and/or contract amendment(s).
- 3.5 For all other DMH operating costs, only those expenses allowable according to the guidelines of a particular disaster program are reimbursable. Those operation costs not allowable for reimbursement will be accounted for as in-kind costs.

### PROCEDURE

- 4.1 The Budget Division shall request a CAP “unit” designation from the Accounting Division for the year in which the disaster occurred.
- 4.2 Upon the declaration of a disaster, the Budget Division shall assist the Department’s disaster grant writing team.
- 4.3 Immediately following a disaster declaration, the DMH Disaster Coordinator shall request the Accounting Division to assign a Revenue Source Code to a disaster program and a Minor Object Code to keep track of expenses paid to NGA providers contracted under the disaster grant.
- 4.4 The Accounting Division shall notify the DMH Disaster Coordinator of the Revenue Source Code and the Minor Object Code as well as indicate the Fund/Org Code where the disaster related costs are to be charged.
- 4.5 The Accounting Division shall inform all necessary parties that a Fund/Org Code has been assigned to a particular disaster program as well as a Revenue Source Code and a Minor Object Code:
  - Budget Division
  - Third Party Revenue Recovery Unit (TPRRU)
  - Provider Reimbursement Division
  - Human Resources shall assign newly hired staff for a particular disaster under the Fund/Org Code

### Labor Records

- 5.1 Labor Records for regular County staff shall be completed as follows:
  - 5.1.1 The DMH Disaster Coordinator shall select staff to provide disaster services.



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- 5.1.2 The DMH Disaster Coordinator shall provide Labor Record forms (Attachment III) and instructions (Attachment IV) to all staff. Only clinical staff shall receive Exhibits A, B, C, D, E, and F.
- 5.1.3 The DMH Disaster Coordinator shall advise disaster staff what Fund/Org Code to enter in the Labor Record when providing disaster services.
- 5.1.4 Staff shall complete the Labor Record according to the Labor Records Instructions for Regular County Staff.
- 5.1.5 After the supervisor or a designee approve of the Labor Record, the DMH Disaster Coordinator shall submit the Labor Record and a copy of the Timecard, ROTO (request for overtime), Timecard Adjustments (if applicable), and mileage claim (if applicable) to the Third Party Revenue Recovery Unit (TPRRU) for calculation of total overtime costs.
- 5.2 Labor Records for new staff hired for the disaster shall be completed as follows:
  - 5.2.1 DMH may hire new employees to work under the disaster grant. **NOTE:** In the past, the hiring of Community Workers has created problems because the duties described in their payroll title are not the same as the duties necessary to work under the disaster grants. Therefore, when hiring, the Department shall ensure the duties for the payroll positions hired correspond to the duties necessary and designated to work under the disaster grant.
  - 5.2.2 The DMH Disaster Coordinator shall provide New Hires Labor Record forms (Attachment V) and instructions (Attachment VI) to staff. Only clinical staff shall receive Exhibits A, B, C, D, E, and F.
  - 5.2.3 The DMH Disaster Coordinator shall advise disaster staff what Fund/Org Code to enter in the New Hires Labor Record when providing disaster services.
  - 5.2.4 Staff shall complete the New Hires Labor Record according the Labor Record Instructions for County Staff Hired for a Disaster Event.
  - 5.2.5 After the supervisor or a designee approve of the Labor Record, the DMH Disaster Coordinator shall submit the Labor Record and a copy of the Timecard, ROTO (request for overtime), Timecard Adjustments (if applicable), and mileage claim (if applicable) to the TPRRU for calculation of salaries and fringe benefits. **NOTE:** Salaries and fringe benefit information can be obtained from CAPS: CWPAYS (microfiche).



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5.3 Records for NGA providers shall be completed as follows:

- 5.3.1 Following the execution of the contract, the DMH Disaster Coordinator shall transmit the Monthly Claim for Reimbursement form (Attachment VII) and instructions (Attachment VIII), Labor Record forms for NGA Providers (Attachment IX) and instructions (Attachment X) to NGA providers. Exhibits A, B, C, D, E, and F are for clinical staff only.
- 5.3.2 The NGA provider shall prepare a Monthly Claim for Reimbursement to include only those costs allowable under the contract.
- 5.3.3 The NGA provider shall complete and submit the Monthly Claim for Reimbursement, along with Labor Records and other supporting documentation to the DMH Disaster Coordinator for approval.
- 5.3.4 Upon approval of the claim documents submitted by the NGA provider, the DMH Disaster Coordinator shall submit the provider's claim to the Provider Reimbursement Division for payment.
- 5.3.5 The Provider Reimbursement Division shall submit the NGA provider's claim for reimbursement and payment vouchers to TPRRU for compilation of costs and submittal of the claim to the appropriate Federal or State agency.

### Operating Costs

- 6.1 Other DMH Operating Costs incurred for the provision of disaster services shall be approved by the DMH Disaster Coordinator.
  - 6.1.1 Allowable expenses for reimbursement may include facility rental for community meetings, consultant services, necessary travel/mileage, office supplies, printing, training materials, equipment rental, software rental/lease, telephone, postage, vehicle rental, and answering service fees as well as other allowable expenses under the disaster program.
  - 6.1.2 Non-allowable expenses for reimbursement are accounted for as in-kind costs. These may include bonuses or commissions paid to individuals or firms; real property including land, land improvements, depreciation, structures and their attachments and structural improvements and alterations; membership dues of professional licensees; equipment purchases such as computers, printers, telephone lines, mobile telephones and pagers, or vehicle purchases; weapons and ammunition, lobbying activities and fund raising; advertising and public service announcement; and overhead or administrative costs.



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- 6.2 Before submitting other operating expenses to the Accounting Division for payment, the DMH Disaster Coordinator shall indicate on the invoices what expenses are in-kind costs.
- 6.3 The Accounting Division shall issue payment of operating expenses and charge them to the corresponding Fund/Org Code.
- 6.4 The Accounting Division shall determine other operating costs not necessarily approved by the DMH Disaster Coordinator (i.e., depreciation, overhead and administrative costs) and charge them to the corresponding Fund/Org Code.
- 6.5 TPRRU shall obtain information from CAPS: CWPAYS (microfiche) and make copies of supporting documentation for compilation of other DMH operating costs and submittal of a claim to the appropriate Federal or State agency.
- 6.6 TPRRU shall prepare the necessary worksheets compiling, itemizing, and summarizing Labor Costs, Contracted Agencies' Reimbursements, and other DMH Operating Costs.
- 6.7 TPRRU shall prepare a disaster claim and submit it to the corresponding Federal or State agency for reimbursement.
- 6.8 TPRRU shall file the supporting documentation for disaster claims.
- 6.9 TPRRU shall reconcile claims payment data to the CAPS.

## **ATTACHMENTS**

Attachment I	Board of Supervisors' letter
Attachment II	Executive Summary
Attachment III	Labor Record Forms for Regular County Employees
Attachment IV	Instructions re: Labor Record Forms for Regular County Staff
Attachment V	Labor Record Forms for Newly Hired Disaster Employees
Attachment VI	Instructions re: Labor Record Forms for Newly Hired Disaster Staff
Attachment VII	Monthly Claim for Cost Reimbursement Form
Attachment VIII	Instructions for Monthly Claim for Cost Reimbursement
Attachment IX	Labor Record Forms for NGA Providers
Attachment X	Instructions for Labor Record Forms for NGA Providers

## **EXHIBITS**

Exhibit A	Individual Crisis Counseling Services and Instructions
Exhibit B	Group Services Tally Sheet
Exhibit C	Group Crisis Counseling Services and Instructions
Exhibit D	Individual Services Tally Sheet for Demographic Data and Instructions



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Exhibit E                      Individual Services Tally Sheet for Reactions and Referrals and Instructions  
Exhibit F                      Educational Services and Instructions.

## **REVIEW DATE**

This policy shall be reviewed on or before September 2010.

# COUNTY OF LOS ANGELES

MARVIN J. SOUTHARD, D.S.W.  
*Director*

DAVID MEYER  
*Chief Deputy Director*

RODERICK SHANER, M.D.  
*Medical Director*



BOARD OF SUPERVISORS  
GLORIA MOLINA  
YVONNE BRATHWAITE BURKE  
ZEV YAROSLAVSKY  
DON KNABE  
MICHAEL D. ANTONOVICH

## DEPARTMENT OF MENTAL HEALTH

<http://dmh.co.la.ca.us>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: (213) xxx-xxxx  
Fax: (213) xxx-xxxx

### 401.11 Attachment I

January xx, 20xx

Honorable Board of Supervisors  
County of Los Angeles  
383 Hall of Administration  
500 West Temple Street  
Los Angeles, CA 90012

Dear Supervisors:

**APPROVAL OF MENTAL HEALTH SERVICES AGREEMENTS FOR NINE-MONTH  
FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) CRISIS COUNSELING  
REGULAR PROGRAM GRANT FOR THE PERIOD OF NOVEMBER xx, 20xx THROUGH  
AUGUST xx, 20xx  
(ALL SUPERVISORIAL DISTRICTS)**

The Department of Mental Health is requesting your Board to approve the attached Nine-Month FEMA Crisis Counseling Regular Program Grant Agreement format and to authorize the Department to complete the Agreements as described in Attachment A.

The Department also requests your Board to delegate authority to the Director of Mental Health to sign these Agreements and to execute amendments of these Agreements as described.

### **BACKGROUND**

On April xx, 19xx, four Los Angeles Police Department officers won acquittals in their trial for the beating of black motorist, Rodney G. King. Public response to the verdict was intense, swift and often violent. Hours after the verdicts were announced, the violence radiated though the city and county as rioters of all ethnic groups torched buildings, looted neighborhood stores and randomly assaulted individuals.

Following the first two days of unrest, it became apparent that the magnitude of the civil unrest required the Department to ask for Federal assistance. It was also clear that the interventions needed to assist the victims, their families, and disaster workers would require non-traditional and community based approaches. Through the State Department of Mental Health, the Department requested assistance from FEMA, the National Institute of Mental Health (NIMH), and the State Office of Emergency Services (OES).

The award of the Sixty Day Immediate Crisis Counseling Project Grant allowed the Department to provide outreach counseling services to victims of the April xx, 19xx, fires and civil unrest.

Because of the continuing need for disaster-related services beyond those addressed under the Sixty Day Immediate Crisis Counseling Project Grant, the Department designed Project REBOUND to create a

## **401.11 Attachment I**

comprehensive community-based intervention for reducing the negative effects on the emotional well-being of victims of the recent civil disturbance in Los Angeles County. The Department firmly believes that disaster mental health services should be provided in community settings (e.g., neighborhoods, churches, community centers, free clinics, senior citizens centers, etc.). These services are intended to be culturally relevant, linguistically appropriate, and designed to enable the community to continue services beyond the nine-month period. Therefore, the proposed services will: (1) respond to needs of persons in distress as a result of the disaster, (2) be culturally and linguistically relevant to the community that is being serviced, and (3) remain viable beyond the funding period.

### **FINANCIAL CONDITIONS**

The services and the Maximum Contract Amounts for these Agreements are shown on Attachment A. The total amount is \$4,017,304 for Fiscal Year 19xx-xx and \$502,163 for Fiscal Year 19xx-xx. These Agreements will be effective November xx, 19xx through August xx, 19xx, with a maximum ninety day extension, which may be exercised by the Director of Mental Health if sufficient funds are available from FEMA.

### **PLAN OF SERVICES**

The plan is to provide comprehensive community-based, crisis counseling services, outreach services, community organizing services, and school-based services in the affected geographic areas.

The target population for crisis counseling services includes:

1. Children, youth, adults and older adults who are having difficulties coping in their daily lives as a result of the civil unrest.
2. Children, youth, adults, older adults and the dislocated who had tangible losses as a result of the civil unrests.
3. Mental health workers, emergency workers, community workers, teachers, and other helping professionals and para-professionals who provide disaster related services to individual and community groups in the impacted areas.
4. Natural leaders (including the clergy) in the community who provide disaster-related services to individuals and community groups in the impacted areas.

The attached Nine-Month FEMA Mental Health Services Crisis Counseling Regular Program Agreement format has been reviewed and approved by the Auditor-Controller, County Counsel, Chief Administrative Office Risk Manager, and this Department's Financial and Program staff.

In accordance with County policy Attachment B summarizes information regarding Minority/Women-Owned Firms.

### **SELECTION PROCEDURE**

The Department asked community agencies for input to determine the crisis counseling and training needs of the areas affected by the civil unrest. A forum was convened to discuss the Department's application

**401.11 Attachment I**

to FEMA for a Nine Month Regular Program Grant. The Department asked agencies to submit service plans based on the needs of their communities and congruent to the Department's overall service plan and FEMA funding criteria.

The Department reviewed proposals based on the following criteria (not in priority order): (1) Proposed services that fit the Department's program principles, its plan of service, and FEMA funding criteria; (2) Service providers with a positive track record of providing services in the targeted communities; (3) Providers that have cultural and linguistic capabilities to serve the community; and (4) Providers that show an understanding of the disaster related mental health needs of their community.

**IT IS THEREFORE RECOMMENDED THAT THE BOARD:**

1. Approve the attached format (Attachment C) for these Nine Month FEMA Crisis Counseling Regular Program Services Agreements.
2. Instruct the Department of Mental Health to prepare these Agreements as described in Attachment A and to obtain the signatures of these Contractors.
3. Delegate authority to the Director of Mental Health to sign these Agreements between the County and these Contractors.
4. Delegate authority to the Director of Mental Health to execute amendments to these Agreements, provided that the County's total payment to a Contractor under each Agreement shall not exceed a change of twenty percent from the applicable Maximum Contract Amount, and provided further that the Board of Supervisors has appropriated sufficient funds in the Department of Mental Health's budget for all changes described in each of the amendments to these agreements. The Director of Mental Health shall obtain the approval of County Counsel and the Chief Administrative Officer or his designee prior to the amendment of each Agreement. The Director of Mental Health shall notify the Board of Supervisors and Chief Administrative Officer of Agreement changes in writing within fifteen days after execution of each amendment.
5. Delegate authority to the Director of Mental Health to extend for a maximum period of ninety days, Agreements, provided that Director determines that additional FEMA funds are available to augment any Maximum Contract Amount to purchase additional crisis counseling and or outreach services, or to continue to provide services for the extension period without augmenting the Maximum Contract Amount, and provided further that the Board of Supervisors has appropriated sufficient funds in the Department of Mental Health's budget for all changes described in each of the amendments to theses Agreements. The Director of Mental Health shall obtain the approval of County Counsel and the Chief Administrative Officer or his designee prior to the amendment of each Agreement. The Director of Mental Health shall notify the Board of Supervisors and Chief Administrative Officer of each Agreement which has been extended within fifteen days after the Director's written notice extension is sent to the particular Contractor.

**401.11 Attachment I**

The Department will need five copies of the Board's action. It is requested that the Executive Officer-Board of Supervisors notify the Contracts Development and Administration Division of the Department of Mental Health at (213) xxx-xxxx, when the documents are available.

Respectfully submitted,

Marvin J. Southard, DSW  
Director of Mental Health

MJS:MAR:BMcT:eo

Attachments

c: Executive Officer-Board of Supervisors  
Chief Administrative Officer  
County Counsel  
Auditor-Controller  
Chairman, Mental Health Advisory Board

BoardApprovalRequest

**COUNTY OF LOS ANGELES**

MARVIN J. SOUTHARD, D.S.W.  
Director

DAVID MEYER  
Chief Deputy Director

RODERICK SHANER, M.D.  
Medical Director



BOARD OF SUPERVISORS  
GLORIA MOLINA  
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**DEPARTMENT OF MENTAL HEALTH**

<http://dmh.co.la.ca.us>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: (213) xxx-xxxx  
Fax: (213) xxx-xxxx

**401.11 Attachment II**

January xx, 20xx

**EXECUTIVE SUMMARY  
(3 Votes)**

1. **Request:**

- New agreement(s)
- Amendment(s) to existing agreement(s)
- Renewal(s) of prior agreement(s)

2. **Agency, Address and Contact Person:**

See Attachment A

3. **Term of Agreement(s):**

November xx, 19xx through  
August xx, 19xx with an  
optional ninety day extension

4. **Agency is:**

Proprietary:	<input type="checkbox"/>
Non-profit:	<input checked="" type="checkbox"/>
Government:	<input checked="" type="checkbox"/>

5. **Primary Area(s) to be served:**

All County Mental Health Service Areas

6. **Fiscal Impact:**

	<u>November xx, 19xx</u>	through	<u>August xx, 19xx</u>
FEMA Grant Totals			<u>\$4,519,467</u>

7. **Issues:**

- Approval of Mental Health Services Agreement format for the Nine-Month Federal Emergency Management Agency Crisis Counseling Regular Program Grant.
- Authorize DMH to complete these Agreements as described in Attachment A and authorize the Director of Mental Health to sign these Agreements.
- Delegate authority to the Director of Mental Health to amend Agreements that do not exceed a change of twenty percent of the applicable Maximum Contract Amount.

8. **Approved by:**

Auditor-Controller  
CAO Risk Manager  
County Counsel

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH  
LABOR RECORD**

**401.11 Attachment III**

<b>Employee Name</b>	<b>Employee #</b>	<b>Pay Period Ending</b>
<b>Fund/Org Code Assigned to Disaster Event</b>	<b>Regular Work Location</b>	<b>Name of Disaster Event</b>
<b>Payroll Title</b>	<b>Item #</b>	<b>FLSA Exempt</b> (circle one) <b>Yes or No</b>
<b>Location of Service</b>	<b>Daytime Phone</b>	<b>Evening Phone</b>

**Type of Duty (check one):**     **Treatment**                     **Administrative**                     **Clerical**

**Check your normal work schedule:**    **5/40**     **4/40**     **9/80**     **Irregular**                    **What is your regular day off (RDO)?**

**Describe Duties Briefly:**

	Day	Mon		Tues		Wed		Thurs		Fri		Sat.		Sun		Total Hours	Total In-Kind
		①CC	②PA	CC	PA	CC	PA	CC	PA	CC	PA	CC	PA	CC	PA		
Week _____ thru _____	③ Regular																
	④ Disaster																
	⑤ Overtime																
Week _____ thru _____	Regular																
	Disaster																
	Overtime																
Week _____ thru _____	Regular																
	Disaster																
	Overtime																

I certify, to the best of my knowledge and belief, under penalty of perjury, that this report is correct and complete; all labor services provided are authorized.

<b>Total Hours</b>		
<b>Hourly Rate</b>		
<b>Benefit Rate</b>		
<b>TOTAL PAY</b>		

<b>Employee Signature</b>	<b>Supervisor Signature</b>	<b>Date</b>
Barbara Cienfuegos, Disaster Coordinator		

- ① Crisis Counseling Services – All clinical, clerical & administrative services that support any disaster mental health response. If you provided clinical work, then you must attach the disaster clinical “back-up” documentation to this labor record.
- ② Public Assistance – Hours spent following a disaster where you have to clean up your office. (i.e., following an earthquake, picking the books up off the floor, minor disaster clean up). This is not mental health work.
- ③ Regular – Hours spent completing normal work, NOT disaster work.
- ④ Disaster – During normal work, hours spent on disaster activities. This is in-kind labor (non-reimbursed by the grant).
- ⑤ Overtime – Hours worked on disaster overtime.

<b>M.T.S Office Use Only</b>
<b>Vendor #</b>
<b>Cost Center</b>

**LABOR RECORD INSTRUCTIONS**

(Regular County Staff)

The Labor Record is a log of hours worked for disaster services rendered to a program. It is a timecard.

- A. The Labor Record is to be prepared and submitted by:
  - 1. Clinical staff. Clinical staff must also submit back-up documentation supporting the Labor Record (Attachments I, II, and III).
  - 2. Administrative and clerical staff.
- B. A Labor Record must be submitted for each person working for the benefit of a particular disaster program.
- C. Preparing the Labor Record:
  - 1. Each employee fills in his/her name, employee number, pay period, Fund/Org Code (to be given by Disaster Coordinator), regular work location, name of disaster event, payroll title, item #, indicate if FLSA exempt, location where the service was provided, day and evening phone numbers, type of duty performed, work schedule, and regular day(s) off.
    - a) Treatment staff are **clinicians and paraprofessionals** who help victims in need of emotional support and crisis counseling. Staff write a brief description of the individual and/or group counseling that was provided, and add a brief description of any special modality they may have used (i.e., art therapy with elementary aged children).
    - b) Administrative staff are employees responsible for supervising the program and for other fiscal responsibilities related to the program. They also describe their duties in the space provided.
    - c) Clerical staff are employees who type or provide office support. Employees who type up invoices, labor records, weekly reports, and other paperwork exclusively for a disaster program, must fill out the Labor Record. They also describe their duties in the space provided.
  - 2. Each employee fills in the days of the week he/she worked for the disaster program.
  - 3. Type of services provided:
    - a) All employees fill in the CC column (crisis counseling) for clinical, administrative, and clerical activities that support any disaster mental health response.
    - b) Employees fill in the PA column (public assistance) only when they have to clean up a work site following a disaster (i.e., following an earthquake, picking up the books off the floor, minor disaster clean up, etc.).

4. Number of hours worked:

a) Employees record the number of hours worked on each date in the grid.

— Type of hours are:

- Regular time = time spent completing normal work, NOT disaster work. This is not reimbursable by the grant.
- Disaster time = time spent on disaster services during normal work hours. This is in-kind labor (non-reimbursed by the grant) for existing employees of the county to work for the grant.
- Overtime = overtime spent on disaster services.

b) Employees add across the number of hours worked for the week and enter the totals in the corresponding columns to the right.

- Regular time = doesn't need to be added across.
- Disaster time = add across and enter in the "Total In-Kind" column.
- Overtime = add across and enter in the "Total Hours" column.

c) The Third Party Revenue Recovery Unit (TPRRU) calculates the hourly overtime rate to come up with total disaster pay.

d) Employees ensure the hours on the Labor Record match their timecard and any timecard adjustments.

e) Employees submit the Labor Record and a copy of their timecards and any timecard adjustments to their supervisors.

5. Required signatures on Labor Record:

a) The employee's signature.

b) The supervisor's signature.

c) Disaster Coordinator's (Barbara Cienfuegos) signature.

D. The Labor Records, including a copy of timecards and timecard adjustments, are to be submitted to Barbara Cienfuegos the day following the end of the pay period.

- The first pay period runs from the 1<sup>st</sup> through the 15<sup>th</sup> of the month, and the second pay period runs from the 16<sup>th</sup> through the last day of the month.

E. All Treatment, Administrative, and Clerical staff **cannot** report that they worked 24 hours a day.

- F. All Labor Records, and copies of timecards and any timecard adjustments are submitted to TPRRU after being signed/approved by supervisors and the Disaster Coordinator.
- G. If the Labor Record is filled out incorrectly, the entire package will be returned to the employees for correction.

Labor Record Instructions

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH  
New Hires Under the Grant – Labor Record**

401.11 Attachment V

Employee Name	Employee #	Pay Period Ending
Fund/Org Code Assigned to Disaster Event	Regular Work Location	Name of Disaster Event
Payroll Title	Item #	FLSA Exempt (circle one) Yes or No
Location of Service	Daytime Phone	Evening Phone
Type of Duty (check one): <input type="checkbox"/> Treatment <input type="checkbox"/> Administrative <input type="checkbox"/> Clerical		
Check your normal work schedule: <input type="checkbox"/> 5/40 <input type="checkbox"/> 4/40 <input type="checkbox"/> 9/80 <input type="checkbox"/> Irregular		What is your regular day off (RDO)?

**Describe Duties Briefly:**

	Day	Mon		Tues		Wed		Thurs		Fri		Sat.		Sun		Total Hours		
		①CC	②PA	CC	PA	CC	PA	CC	PA	CC	PA	CC	PA	CC	PA			
Week _____ thru _____	③ Disaster																	
	④ Overtime																	
Week _____ thru _____																		
	Disaster																	
	Overtime																	
Week _____ thru _____																		
	Disaster																	
	Overtime																	

I certify, to the best of my knowledge and belief, under penalty of perjury, that this report is correct and complete; all labor services provided are authorized.

Total Hours			
Hourly Rate			
Benefit Rate			
<b>TOTAL PAY</b>			

Employee Signature	Supervisor Signature	Date
Barbara Cienfuegos, Disaster Coordinator		
		Date

- ① Crisis Counseling Services – All clinical, clerical & administrative services that support any disaster mental health response. If you provided clinical work, then you must attach the disaster clinical “back-up” documentation to this labor record.
- ② Public Assistance – Hours spent following a disaster where you have to clean up your office. (i.e., following an earthquake, picking the books up off the floor, minor disaster clean up). This is **not** mental health work.
- ③ Disaster – During normal work, hours spent on disaster activities.
- ④ Overtime – Hours worked on disaster overtime.

M.T.S Office Use Only
Vendor #
Cost Center

**LABOR RECORD INSTRUCTIONS**  
(County Staff Hired for a Disaster Event)

The Labor Record is a log of hours worked for disaster services rendered to a program. It is a timecard.

- A. The Labor Record is to be prepared and submitted by:
  - 1. Clinical staff. Clinical staff must also submit back-up documentation supporting the Labor Record (Attachments I, II, and III).
  - 2. Administrative and clerical staff.
- B. A Labor Record must be submitted for each person working for the benefit of a particular disaster program.
- C. Preparing the Labor Record:
  - 1. Each employee fills in his/her name, employee number, pay period, Fund/Org Code (to be given by Disaster Coordinator), regular work location, name of disaster event, payroll title, item #, indicate if FLSA exempt, location where the service was provided, day and evening phone numbers, type of duty performed, work schedule, and regular day(s) off.
    - a) Treatment staff are **clinicians and paraprofessionals** who help victims in need of emotional support and crisis counseling. Staff write a brief description of the individual and/or group counseling that was provided, and add a brief description of any special modality they may have used (i.e., art therapy with elementary aged children).
    - b) Administrative staff are employees responsible for supervising the program and for other fiscal responsibilities related to the program. They also describe their duties in the space provided.
    - c) Clerical staff are employees who type or provide office support. Employees who type up invoices, labor records, weekly reports, and other paperwork exclusively for a disaster program, must fill out the Labor Record. They also describe their duties in the space provided.
  - 2. Each employee fills in the days of the week he/she worked for the disaster program.
  - 3. Type of services provided:
    - a) All employees fill in the CC column (crisis counseling) for clinical, administrative, and clerical activities that support any disaster mental health response.
    - b) Employees fill in the PA column (public assistance) only when they have to clean up a work site following a disaster (i.e., following an earthquake, picking up the books off the floor, minor disaster clean up, etc.).
    - c)

4. Number of hours worked:

a) Employees record the number of hours worked on each date in the grid.

— Type of hours are:

- Disaster time = time spent on disaster services during normal work hours.
- Overtime = overtime spent on disaster services.

b) Employees add across the number of hours worked for the week and enter the totals in the corresponding columns to the right.

- Disaster time = add across and enter in the “Total Hours” column.
- Overtime = add across and enter in the “Total Hours” column.

c) The Third Party Revenue Recovery Unit (TPRRU) calculates the hourly and benefits rates to come up with total disaster costs.

d) Employees ensure the hours on the Labor Record match their timecard and any timecard adjustments.

e) Employees submit the Labor Record and a copy of their timecards and any timecard adjustments to their supervisors.

5. Required signatures:

a) The employee’s signature.

b) The supervisor’s signature.

c) Disaster Coordinator’s (Barbara Cienfuegos) signature.

D. The Labor Records, including a copy of timecards and any timecard adjustments, are to be submitted to Barbara Cienfuegos the day following the end of the pay period.

- The first pay period runs from the 1<sup>st</sup> through the 15<sup>th</sup> of the month, and the second pay period runs from the 16<sup>th</sup> through the last day of the month.

E. All Treatment, Administrative, and Clerical staff **cannot** report that they worked 24 hours a day.

F. All Labor Records, and copies of timecards and any timecard adjustments are submitted to TPRRU after being signed/approved by supervisors and the Disaster Coordinator.

G. If the Labor Record is filled out incorrectly, the entire package will be returned to the employees for correction.

**County of Los Angeles Department of Mental Health Provider Reimbursement & Support Services Division  
 Monthly Claim for Cost Reimbursement<sup>1</sup>  
 DISASTER RECOVERY PROGRAMS  
 DURING FISCAL YEAR 20xx-20xx**

Funding Source Name: \_\_\_\_\_ Financial Exhibit Number: \_\_\_\_\_

Legal Entity Name: \_\_\_\_\_

Legal Entity Mailing Address: \_\_\_\_\_

Billing Month(s): \_\_\_\_\_ Contract/Amendment Number: \_\_\_\_\_

Provider Number(s): \_\_\_\_\_

1. Expenditures	
1.1 Salaries and Employee Benefits <sup>2</sup>	_____ (1.1)
1.2 Operating Expenses	_____ (1.2)
1.3 Equipment	_____ (1.3)
1.4 Advertising, Printing, etc.	_____ (1.4)
1.5 Other (provide details)	_____ (1.5)
2. Total Expenditures (add lines 1.1 thru 1.5)	_____ (2)
3. Less: Client & Third Party Revenues	
3.1 Client Fees	_____ (3.1)
3.2 Client Insurance	_____ (3.2)
3.3 Medicare	_____ (3.3)
3.4 Other: _____	_____ (3.4)
4. Total Revenues (add lines 3.1 thru 3.4)	_____ (4)
5. Expenditures less revenues (subtract line 4 from line 2)	_____ (5)
6. Total Net Costs	_____ (6)
<b>7. Total Payment Requested</b>	<b>_____ (7)</b>

Comments: \_\_\_\_\_

**I hereby certify, to the best of my knowledge and belief, that this claim and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that all disbursements have been made in accordance with the FEMA grant agreement; that all persons for whom labor records have been submitted for reimbursement have worked in compliance with the Fair Labor Standards Act (FLSA §778.101 § 778.103); and that payments received under this contract have not been used for supplanting positions ( CFR § 206.228 (a)(4)).**

Signature \_\_\_\_\_

Phone \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

<sup>1</sup> Please complete a "Monthly Claim for Reimbursement" for each funding source per financial exhibit.

<sup>2</sup> Complete the enclosed Labor Record to support Salaries & Employee Benefits and submit with this claim form.

**MONTHLY REIMBURSEMENT CLAIM INSTRUCTIONS**

(NGA Providers)

**CLAIM FOR REIMBURSEMENT FOR EXPENSES**

A Monthly Reimbursement Claim must be submitted. This is a monthly summary of expenses that will be used by the Accounting Department at the Los Angeles County Department of Mental Health to reimburse contracted agencies for allowable expenses incurred during the contract period.

- A. Monthly Reimbursement Claim form:
1. NGA Provider fills in the funding source name, which is the disaster program for which services are being provided.
  2. NGA Provider fills in financial exhibit number as specified in the contract.
  3. NGA Provider fills in name, mailing address, billing month(s), contract and amendment number, and provider number.
  4. NGA Provider fills in lines 1.1 thru 1.5 with the total monthly amounts only for allowable expenses as specified in the contract.
    - a) Salaries and Employee Benefits must be supported by the labor record forms provided.
    - b) Operating expenses must be itemized in a separate worksheet and supported with proper documentation.
    - c) Equipment expenses (if allowable) must be itemized in a separate worksheet and supported with proper documentation.
    - d) Advertising, Printing, etc. must be itemized in a separate worksheet and supported with proper documentation.
    - e) Other expenses (if allowable) must be itemized in a separate worksheet and supported with proper documentation.
  5. NGA Provider enters Total Expenses in line 2.
  6. NGA Provider fills in disaster revenues received from other sources in lines 3.1 thru 3.4.
  7. NGA Provider enters Total Revenues in line 4.
  8. NGA Provider enters Expenses less Revenue in line 5.
  9. NGA Provider enters Total Net Costs in line 6. NGA Provider enters Total Payment Requested as allowed monthly by the contract.

10. NGA Provider fills in additional comments.
11. The NGA Provider's person authorized by Provider's Board of Directors fills out the Monthly Reimbursement Claim, signs it, and enters the his/her phone number, title, and date of signature.
12. Monthly Reimbursement Claims are submitted to:

Barbara Cienfuegos, Disaster Coordinator  
Department of Mental Health  
550 S. Vermont Ave., 10<sup>th</sup> Floor  
Los Angeles, CA 90020
13. All forms and attachments must be submitted in the following order.
  - a) Monthly Reimbursement Claim.
  - b) Additional worksheets itemizing other expenses and corresponding supporting documentation.
  - c) Labor records for each employee providing disaster services and the following:
    - Crisis Counseling Daily Log (summary of all individual and group services during a day)
    - Crisis Counseling Individual Contact Sheet (for each individual service)
    - Community Services - Group Services Daily Log (for each group service)
  - d) Additional worksheets itemizing other expenses and corresponding supporting documentation.
14. If the forms are filled out incorrectly or missing, the entire package will be returned to NGA Provider for correction, delaying the payment process.

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH  
Contracted Services – Labor Record (NGA Providers)**

401.11 Attachment IX

<b>Name of your Agency:</b>		
<b>Employee Name</b>	<b>Employee (or SSN) #</b>	<b>Pay Period Ending</b>
	<b>Regular Work Location</b>	<b>Name of Disaster Event</b>
<b>Payroll Title</b>	<b>Discipline</b>	
<b>Location of Service</b>	<b>Daytime Phone</b>	<b>Evening Phone</b>
<b>Type of Duty (check one):</b> <input type="checkbox"/> Treatment <input type="checkbox"/> Administrative <input type="checkbox"/> Clerical		
<b>Are you an existing employee of the Agency or newly hired to work under the disaster grant?</b>		<b>What is your regular day off (RDO)?</b>

**Describe Duties Briefly:**

①Crisis Counseling	Day	Mon	Tues	Wed	Thurs	Fri	Sat.	Sun	Total Hours	Total In-Kind
Week _____ thru _____	②Regular									
	③Disaster									
	④Overtime									
Week _____ thru _____	Regular									
	Disaster									
	Overtime									
Week _____ thru _____	Regular									
	Disaster									
	Overtime									

I certify, to the best of my knowledge and belief, under penalty of perjury, that this report is correct and complete; all labor services provided are authorized.

Total Hours			
Hourly Rate			
Benefit Rate			
<b>TOTAL PAY</b>			

<b>Employee Signature</b>	<b>Supervisor Signature</b>	<b>Date</b>
<b>Project Coordinator:</b>		<b>Date</b>

- ① Crisis Counseling Services – All clinical, clerical & administrative services that support any disaster mental health response. If you provided clinical work, then you must attach the disaster clinical “back-up” documentation to this labor record.
- ② Regular – Hours spent completing normal work, NOT disaster work. For existing employees of the agency only.
- ③ Disaster – During normal work, hours spent on disaster activities. This is in-kind labor (non-reimbursed by the grant) for existing employees, and normal work for newly hired employees to work under the grant.
- ④ Overtime – Hours worked on disaster overtime.

M.T.S Office Use Only
Vendor #
Cost Center

**LABOR RECORD INSTRUCTIONS**  
(NGA Providers)

The Labor Record is a log of hours worked for disaster services rendered to a program. It is a timecard.

- A. The Labor Record is to be prepared and submitted by:
  - 1. Clinical staff. Clinical staff must also submit back-up documentation supporting the Labor Record (Attachments I, II, and III).
  - 2. Administrative and clerical staff.
- B. A Labor Record must be submitted for each person working for the benefit of a particular disaster program.
- C. Preparing the Labor Record:
  - 1. Each employee fills in the name of NGA provider (agency) he/she works for, his/her name, employee number or SSN, pay period, regular work location, name of disaster event, payroll title, discipline, location where the service was provided, day and evening phone numbers, type of duty performed, indicate if he/she is an existing employee of the agency or newly hired employee to work under the grant, and regular day(s) off.
    - a) Treatment staff are **clinicians and paraprofessionals** who help victims in need of emotional support and crisis counseling. Staff write a brief description of the individual and/or group counseling that was provided, and add a brief description of any special modality they may have used (i.e., art therapy with elementary aged children).
    - b) Administrative staff are employees responsible for supervising the program and for other fiscal responsibilities related to the program. They also describe their duties in the space provided.
    - c) Clerical staff are employees who type or provide office support. Employees who type up invoices, labor records, weekly reports, and other paperwork exclusively for the disaster program, must fill out the Labor Record. They also describe their duties in the space provided.
  - 2. Each employee fills in the days of the week he/she worked for the disaster program.
  - 3. Number of hours worked:
    - a) Employees record the number of hours worked on each day in the grid.

Type of hours are:

- ♦ Regular time = time spent completing normal work, NOT disaster work. Only existing employees of the agency record this time; it is not Reimbursable to the grant.

- ♦ Disaster time = time spent on disaster services during normal work hours. This is in-kind labor (non-reimbursed by the grant) for existing employees of the agency. This is normal work (reimbursable by the grant) for newly hired employees to work under the grant.
- ♦ Overtime = overtime spent on disaster services. Overtime means time in excess of 40 hours in the work week.

b) Employees add across the number of hours worked for the week and enter the totals in the corresponding columns to the right.

- ♦ Existing employees of the agency to work for the grant:
  - ✧ Regular Time = doesn't need to be added across.
  - ✧ Disaster time = add across and enter in the "Total In-Kind" column.
  - ✧ Overtime = add across and enter in the "Total Hours" column.
- ♦ Newly hired employees to work under the grant:
  - ✧ Regular Time = should be blank all the way across.
  - ✧ Disaster time = add across and enter in the "Total Hours" column.
  - ✧ Overtime = add across and enter in the "Total Hours" column.

c) The NGA provider's accounting department calculates the hourly and benefits rates to come up with the total disaster pay. Benefits are only reimbursable for newly hired employees to work under the grant.

4. Required signatures:

- a) The employee's signature
- b) The supervisor's signature
- c) The Project Coordinator's signature

- D. The Labor Records are to be submitted with the NGA provider's monthly claim for Reimbursement to DMH's Disaster Coordinator.
- E. All Treatment, Administrative, and Clerical staff **cannot** report that they worked 24 hours a Day.
- F. The Labor Records must support the amounts under Salaries and Employee Benefits on the monthly claim for reimbursement.

[INSERT PROJECT TITLE]

**INDIVIDUAL CRISIS COUNSELING SERVICES**

Employee ID: \_\_\_\_\_ Date: \_\_\_\_\_ Team: \_\_\_\_\_

Location/Neighborhood: \_\_\_\_\_

NAME AND ADDRESS, IF NEEDED:			
<b>DEMOGRAPHIC INFORMATION</b>			
<b>AGE (CHECK ONE)</b> <input type="checkbox"/> PRESCHOOL (0-5) <input type="checkbox"/> CHILDHOOD (6-11) <input type="checkbox"/> PREADOLESCENT/ ADOLESCENT (12-17) <input type="checkbox"/> ADULT <input type="checkbox"/> OLDER ADULT	<b>ETHNICITY</b> <input type="checkbox"/> WHITE <input type="checkbox"/> HISPANIC ORIGIN <input type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> ASIAN & PACIFIC ISLANDER <input type="checkbox"/> MIDDLE EASTERN <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> DON'T KNOW	<b>SEX</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>PREFERRED LANGUAGE</b> <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> AMERICAN SIGN LANGUAGE <input type="checkbox"/> OTHER: _____
<b>EVENT REACTIONS</b>			
<b>BEHAVIORAL</b> <input type="checkbox"/> Excessive activity <input type="checkbox"/> Drug, alcohol, or prescription abuse <input type="checkbox"/> Isolation <input type="checkbox"/> Hypervigilance <input type="checkbox"/> Reluctant to go home <input type="checkbox"/> Violent behavior <input type="checkbox"/> Other: _____	<b>EMOTIONAL</b> <input type="checkbox"/> Sadness, tearful <input type="checkbox"/> Irritability <input type="checkbox"/> Anxious, fearful <input type="checkbox"/> Despair <input type="checkbox"/> Guilt, shame <input type="checkbox"/> Numb, disconnected <input type="checkbox"/> Other: _____	<b>PHYSICAL</b> <input type="checkbox"/> Headaches <input type="checkbox"/> Stomach problems <input type="checkbox"/> Sleep problems <input type="checkbox"/> Problems eating <input type="checkbox"/> Worsening chronic illness <input type="checkbox"/> Fatigue/exhaustion <input type="checkbox"/> Chronic agitation <input type="checkbox"/> Other: _____	<b>COGNITIVE</b> <input type="checkbox"/> Inability to cope <input type="checkbox"/> Distressing dreams <input type="checkbox"/> Intrusive thoughts <input type="checkbox"/> Lack of concentration <input type="checkbox"/> Difficulty with decisions <input type="checkbox"/> Preoccupation with death <input type="checkbox"/> Suicidal thoughts <input type="checkbox"/> Other: _____
<b>REFERRAL</b> <input type="checkbox"/> Within project (specify) _____ <input type="checkbox"/> Other disaster agency <input type="checkbox"/> Professional mental health <input type="checkbox"/> Substance abuse <input type="checkbox"/> Community services <input type="checkbox"/> Other: _____  <input type="checkbox"/> Referral Accepted <input type="checkbox"/> Referral Declined	<b>OTHER KEY CHARACTERISTICS/EXPERIENCES</b> <input type="checkbox"/> Past or preexisting trauma or psychological problems or substance abuse problems <input type="checkbox"/> Injured as a result of event <input type="checkbox"/> At risk of losing life during event <input type="checkbox"/> Loved ones missing or dead <input type="checkbox"/> Coworker/friend missing or dead <input type="checkbox"/> Witnessed death/injury of others <input type="checkbox"/> Displaced from home <input type="checkbox"/> Displaced from job <input type="checkbox"/> Assisted with rescue/recovery <input type="checkbox"/> Physical disability or limited mobility or independence		
<b>NOTES:</b> <input type="checkbox"/> Permission given to be contacted again <input type="checkbox"/> Declined to be contacted again  <input type="checkbox"/> 1 <sup>st</sup> Contact: _____ <input type="checkbox"/> 2 <sup>nd</sup> Contact: _____ <input type="checkbox"/> 3 <sup>rd</sup> Contact: _____ <input type="checkbox"/> 4 <sup>th</sup> or more contact: _____			

## INSTRUCTIONS FOR THE INDIVIDUAL CRISIS COUNSELING FORM

A contact is reported as an individual crisis counseling service if the outreach worker assists the disaster survivor to understand their current situation and reactions to the disaster and to review their options, and provides emotional support or referral services. During an individual crisis counseling service, the disaster survivor will generally share information regarding their disaster experience. The crisis counselor or outreach worker will gain insight into how the person is coping and may refer them to other services.

**Employee ID:** Enter the Employee ID of the outreach worker. The Employee ID is a unique identifier usually consisting of the first four letters of the individual's last name and four unique numbers such as the last four digits of the employee's social security number, telephone number, etc.

**Date:** Enter the date the Individual Crisis Counseling service was provided.

**Team:** Enter the name of the team that the outreach worker works with. Not all projects use a team structure, so leave space blank or enter N/A if this does not apply.

**Location/Neighborhood:** Enter the general location where the educational services were provided. This could be a public library, a church basement, or the Arlington Heights neighborhood.

**Age:** Check the appropriate box. The age used to differentiate a survivor as an "older adult" is determined by State policies and procedures.

**Ethnicity:** Multiple boxes or "other" box may be used if none of the categories apply. If ethnicity is unknown, mark the "don't know" box.

**Language:** Specify the disaster survivor's preferred language. Specify in the "notes" box if the disaster survivor would prefer that services be offered in a language other than English.

**Event Reactions:** Check the boxes that best describe the disaster victim's reactions as described by the disaster victim and observed by the crisis counseling worker. The four major categories of event reactions are behavioral, emotional, physical, and cognitive. Many disaster survivors may exhibit reactions in more than one category; mark all boxes that apply.

**Other Key Characteristics or Experiences:** These items may indicate how directly or indirectly an individual was impacted by the event; however, the outreach worker should be very sensitive to other reactions already stated or observed so as not to intensify reactions or "re-traumatize" an individual by having them recall too many details of their experience.

**Referrals:** State the type of referral made using the list on the bottom of the worksheet. If the referral fits into the "other" category, provide a brief explanation. If you will be referring the survivor to someone else in your project, provide additional information on the type of additional services that are needed. Your supervisor will provide specific instructions on how to complete this section. Additionally, please note whether the suggested referral was accepted by the disaster survivor.

**Notes:** This section is for your personal notes about the contact to help you remember information if there will be future contacts. You should also note if this is a first, second, third, or fourth contact, or more. This would be a good time to ask the individual if they would be open to another contact from you or another member of the project. If the answer is yes, you will need to collect the individual's name and set a location, date, and time to meet with them. If the answer is no, leave your contact information with them in case they change their mind.

[INSERT PROJECT TITLE]

**GROUP SERVICES TALLY SHEET**

Name(s): \_\_\_\_\_ Week: \_\_\_\_\_ Team: \_\_\_\_\_

	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
NUMBER OF GROUPS								
NUMBER OF PARTICIPANTS								

[INSERT PROJECT TITLE]

**GROUP CRISIS COUNSELING SERVICES**

Employee ID: \_\_\_\_\_ Date: \_\_\_\_\_ Team: \_\_\_\_\_  
Location/Neighborhood: \_\_\_\_\_

TYPE OF GROUP	NUMBER OF PARTICIPANTS
<b>FOCUS OF GROUP SESSION:</b>	
<b>PLAN FOR FUTURE SESSIONS:</b>	
<b>NOTES:</b>	

## **INSTRUCTIONS FOR THE GROUP CRISIS COUNSELING FORM**

**Name:** Enter the Employee ID of the outreach worker(s)/facilitator(s). The Employee ID is a unique identifier usually consisting of the first four letters of the individual's last name and four unique numbers such as the last four digits of the employee's social security number, telephone number, etc. If two people are assisting the group, only one person fills out and submits a form.

**Date:** Enter the date the group met.

**Team:** Enter the name of the team that the outreach worker(s)/facilitator(s) work with. Not all projects use a team structure, so leave line blank or enter N/A if this does not apply.

**Location/Neighborhood:** Enter the general location where the group met. This could be a public library, a church basement, or the Arlington Heights neighborhood.

**Type of Group:** Enter the general makeup of the group. Is this a group of rescue workers? Senior Citizens? Women?

**Number of Participants:** Self-explanatory.

**Focus of Group Session:** Briefly describe the focus of the group session and the approach used by the crisis counselors (i.e., support, active listening, rap session).

**Plan for Future Sessions:** Note whether the group will be meeting again and, if so, when. Will this be a regularly scheduled group? If so, how often.

**Notes:** This is an area for the outreach worker(s)/facilitator(s) to jot a few notes that may help them recall the needs of the group if there are to be future sessions.



## **Instructions for the Individual Services Tally Sheet**

**Employee ID:** Enter the Employee ID of the outreach worker. The Employee ID is a unique identifier usually consisting of the first four letters of the individual's last name and four unique numbers such as the last four digits of the employee's social security number, telephone number, etc. The Team Leader or Project Manager will assign this number.

**Date:** Enter the date completion of this tally sheet was begun.

**Team:** Enter the name of the team that the outreach worker works with. Not all projects use a team structure, so leave line blank or enter N/A if this does not apply.

***Tallying your work for the week***—You should go through each of your Individual Services worksheets and count the number of children between the ages of 0-5 years you provided crisis counseling services to on Sunday, Monday, and so on. Do this for each of the categories on this sheet. Once you have entered totals for all categories for each day that you worked, you should then add the row together to obtain a total for the week. The data collection manager will enter a weekly total for each outreach worker.



## **Instructions for Individual Services Tally of Reactions**

**Employee ID:** Enter the Employee ID of the outreach worker. The Employee ID is a unique identifier usually consisting of the first four letters of the individual's last name and four unique numbers such as the last four digits of the employee's social security number, telephone number, etc. The Team Leader or Project Manager will assign this number.

**Date:** Enter the date completion of this worksheet was begun.

**Team:** Enter the name of the team that the outreach worker works with. Not all projects use a team structure, so leave line blank or enter N/A if this does not apply.

***Tallying your work for the week***—You should go through each of your Individual Services forms and count the number of people who experienced each type of reaction to the disaster, such as hypervigilance, difficulty sleeping and so on. Do this for each of the categories on this form. Once you have entered totals for all categories in each day that you worked, you should then add the row together to obtain a total for the week. The data collection manager will enter a weekly total for each outreach worker.

**[INSERT PROJECT TITLE]  
EDUCATIONAL SERVICES**

Employee ID: \_\_\_\_\_ Date: \_\_\_\_\_ Team: \_\_\_\_\_  
 Location/Neighborhood: \_\_\_\_\_

**MATERIAL DISTRIBUTION**

TYPE OF MATERIAL DISTRIBUTION	NUMBER DISTRIBUTED							
	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
Material left in public places								
Material handed to people with no further interaction								
Material handed to people followed by a brief discussion of the material								

**INDIVIDUAL EDUCATIONAL SERVICES**

TYPE OF CONTACT	NUMBER OF CONTACTS							
	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
In-person brief contact								
Telephone contact								

**GROUP EDUCATIONAL SERVICES**

DATE	NAME/TYPE OF GROUP	FOCUS OF PRESENTATION	NUMBER OF PARTICIPANTS
<b>Number of Groups:</b>		<b>Total Number of Participants:</b>	

## INSTRUCTIONS FOR THE EDUCATIONAL SERVICES FORM

This form may be used to tally services provided for one full week and should be turned in at the end of the week for data entry.

**Project Managers are free to add specific instructions on the back of the data collection worksheet. Information such as when and where to submit forms may be helpful.**

**Employee ID:** Enter the Employee ID of the outreach worker. The Employee ID is a unique identifier usually consisting of the first four letters of the individual's last name and four unique numbers such as the last four digits of the employee's social security number, telephone number, etc.

**Date:** Enter either the date this worksheet is begun or the date the worksheet is turned in. The Team Leader will determine which date to use so that all team members date their forms consistently.

**Team:** Enter the name of the team that the outreach worker works with. Not all projects use a team structure so leave space blank or enter N/A if this does not apply.

**Location/Neighborhood:** Enter the general location where the educational services were provided. This could be a public library, a church basement, or the Arlington Heights neighborhood.

**Material Distribution:** Data on material distribution records the number of handouts, brochures, flyers and other materials distributed throughout the community. Each contact is only counted once; *don't* count the contact as both a material distribution and an individual educational service or individual crisis counseling service.

**Individual Educational Services:** Individual education services occur when the outreach worker or crisis counselor briefly discusses educational information with a disaster survivor. The discussion does not focus solely on the materials being distributed, but is a more general discussion on disaster services and/or key concepts of disaster mental health. These contacts are generally informal and occur throughout the disaster-impacted area at locations such as food distribution centers, community centers, Disaster Recovery Centers, etc. Each contact with a disaster survivor should only be reported once. If the crisis counselor/outreach worker moves beyond educational services and assists the disaster victim to understand their current situation and reactions and review their options, and provides emotional support or referral services, the contact should be reported as an individual crisis counseling contact, not an educational service.

**Group Educational Services:** Public speaking at community forums, service group meetings and local government meetings are examples of group educational services. The focus of group educational services is the providing of general psycho-educational information to survivors on the disaster services available and the key concepts of disaster mental health. The group educational service is *not* focused on assisting individual participants to understand their current situation and reactions, to review their options, or to address their emotional support and provide referral services. (A group service that focuses on the needs of individual participants should be recorded as a group crisis counseling session.) Provide the name of the group if there is one, describe the type of group (i.e., neighborhood group, church group, school group, disaster worker, etc.) and in a few words describe the focus of the presentation.