

**Immediate Response  
and the  
Long-term Perspective:**

**Colorado's  
Experiences in Disaster Mental Health**

**SRCMHS**

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# Planning & Preparedness Aspects



- **Disaster Planning**
- **Effectiveness – communication & documentation**
- **Collaboration**
- **Staff or Responder Support & Recovery**



# Lead & Support Planning and Preparedness

1. Build a structure that supports the effective functioning of response resources – CMHC Disaster Coordinators
2. Build collaborative relationships - cross discipline/agency relationships within the larger response community, state and local partners
3. Develop the technology/tools for the response resources – document & communicate



## Disaster Planning & Preparedness

- » Include detailed agency responsibilities, policies, and strategies for increased interagency involvement
- » Further define leadership and agency responsibilities including the role of the private sector in the response
- » Develop a centralized disaster oversight, for example, through an incident management system
- » A successful disaster response plan should involve regular review and periodic practice



## **Disaster Preparedness - Specify how agencies collaborate to improve both inter- and intra-agency communication**

- » Develop processes for sharing information so that information is consistent within and between agencies ... focus on how information is communicated to the public in timely, accurate ways that do not heighten concern and fear
- » Use current technology, such as e-mail and phone groups to improve ease and speed of communication
- » Streamline administrative demands for data collection, monitoring, hiring and funding purposes
- » Maintain and nurture new and existing links between agencies

# Needs Assessment Strategies

- Type and Scope of Incident
- Community Reaction & Response
- Available Resources
- Anticipated Duration of Response
- Possible Ripples



# Response and Recovery

1. Determine SMHA role: Lead/Coordinate
2. Provide technical support to local community mental health centers in their role as responders
3. Coordinate & communicate with other resources - gatekeeper and resource manager during the event
4. Develop and implement the recovery plan in partnership with the local agencies



## Disaster Response & Recovery Plan

- » Provide staff training in skills necessary for disaster preparedness, such as critical incident stress management
- » Include training on the effects of vicarious trauma and consider ways to decrease the impact, such as working shorter days, part-time with the response effort and/or limiting the total duration of their disaster related involvement
- » Provide regularly scheduled stress debriefings with mandatory attendance to decrease stigmatization
- » Involve all agencies in staff debriefing and support

# Volunteer Database

- **Name**
- **Address**
- **City, State, Zip**
- **Phone/Pager/E-mail**
- **Organization**
- **Type**
- **License #**
- **Ins.**
- **Cert.**
- **Comments**
- **SS#**
- **DOB**
- **CBI Sent**
- **CBI Cleared**

**Immediate Screening Process for Individuals  
Wishing to Volunteer for Park County Crisis**

**To Caller:**

“Thank you very much for your interest in supporting the community of Park County, Bailey and Platte Canyon High School. In an effort to support the community, Colorado Department of Human Services Division of Mental Health is working to screen all volunteers who would be working in a mental health capacity, licensed or unlicensed, professional or paraprofessional.”

“At this point in time, we will take your information and then forward appropriate individual volunteers to the community mental health disaster response leadership. They will then contact you when and if they need support from the volunteer community. Again thank you for generously offering of your time and energy!”

Name (Last, First, M.I): \_\_\_\_\_

Address (Street, Number): \_\_\_\_\_

Address (City, State, Zip): \_\_\_\_\_

Contact Number (Phone or Cell): \_\_\_\_\_

Social Security Number \_\_\_\_\_ DOB \_\_\_\_\_

Contact Email: \_\_\_\_\_

Organization you are with: \_\_\_\_\_

**What is your Mental Health training background?** \_\_\_\_\_

(Psychologist [Phd, Psyd, EdD], Social Worker, [LCSW], Licensed Professional Counselor [LPC], Psychiatrist [MD], Licensed Marriage and Family Therapy Counselor [LMFT], Addictions Counselor [CAC I, II or III], Nursing [RN, LPN], Pastoral Care, Licensed School Psychologist.

What is your License Number? \_\_\_\_\_

Do you have Clinical Practice Insurance? \_\_\_\_\_

**Have you been trained in Disaster Mental Health? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If yes which training and when?

CMHDRS Field Response Training? \_\_\_\_\_

American Red Cross Disaster Mental Health? \_\_\_\_\_

Colorado Organization of Victim Advocates? \_\_\_\_\_

Critical Incident Stress Management? \_\_\_\_\_

# Data Tracking: Crisis Counseling versus Open Cases

- Persons served
- Intensity of the service needs
- Outcomes
- Data collection barriers
- Research opportunities
- Lessons learned



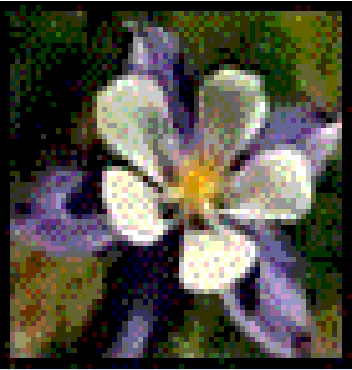
# Platte Canyon High School

## September 28, 2006

- Slain hostage Emily Keyes, 16, used as human shield, shot in head, official says
  - Gunman's father tells TV son was "just different" and "a loner"
  - Police say suspect Duane Morrison, 53, sexually assaulted his hostages
  - SWAT team stormed classroom to end standoff in Colorado high school

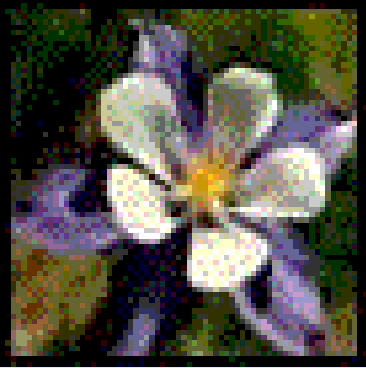
*In Memory*

Calvinistic High School  
SPRING 1999



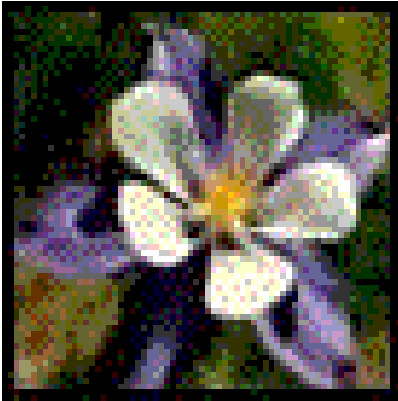
## Chronology for April 20, 1999

- 11:21 a.m. Incident begins at Columbine High School
- 1:00 p.m. Emergency Network is activated
- 8:00 p.m. Coordination meeting with Columbine staff, state staff and counseling groups (Jefferson Center for Mental Health, school counselors, COVA, NOVA, private counselors, Red Cross and chaplains)



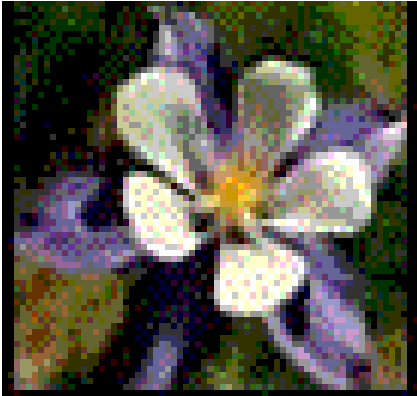
# Crisis Counseling Services

- **April 20th - JCMH dispatched counselors to three sites providing in excess of 165 hours of crisis counseling services**
- **April 21st - JCMH staffed 16 crisis-related phone lines -- 56 counselors provided services at Clement Park and two churches**



# Crisis Counseling Services

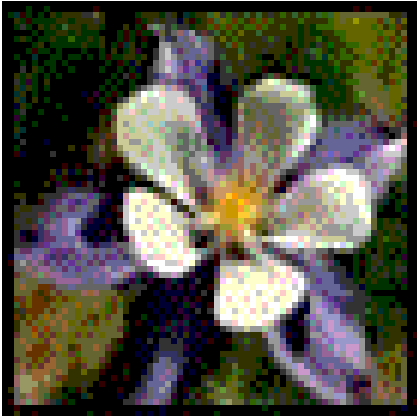
- A daily average of 1,500 persons received counseling services at a local church
- April 22nd - Columbine Crisis Chat Room was developed
- 300 hours of counseling services were provided by approximately 100 clinicians from JCMH and other agencies



# Crisis Counseling Services

- April 23rd - The first Colorado Office of Emergency Management/Mental Health Services Unified Management meeting was held at the School District Education Center



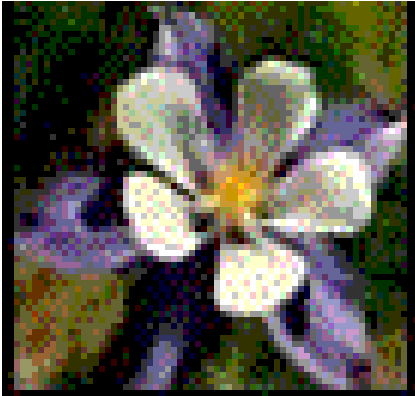


# Impact of Incident

- 2,052 'Primary' Victims
- First Responders
- Over 10,000 'Secondary' Victims
- Statewide Impact on Hospital Beds
- Statewide Impact on Mental Health System
  - Public
  - Private

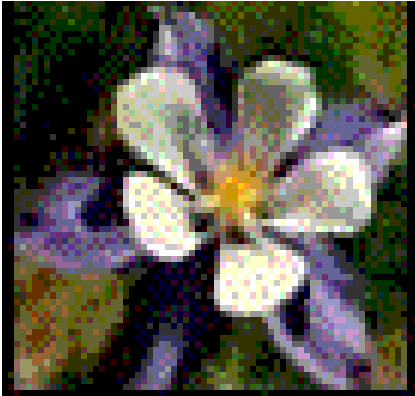
# Daily Coordination Meetings

- Division of Mental Health
- Jefferson County Schools
- Jefferson Center for Mental Health
- **Other CMHCs**
- **CMHIFL**
- **Victims Assistance**
- **Private hospitals**
- **County Commissioner**
- **and others**



# Crisis Counseling Services Week Two

- Over 3,000 hours of mental health services were provided in the community
- Mental health staff provided consultation and debriefing at several sites
- Counselors provided services to local community residents



# Crisis Counseling Services Week Three

- **Additional counselors provided services to Columbine students at Chatfield High School and 8 other area schools**
- **Over 1,500 individuals were debriefed**
- **500 hours of consultation provided to various agencies**

# Continuing Needs

- Accessing resources for long term counseling
- Developing appropriate services for the summer
- Developing some way to identify and support individuals at risk
- Identifying needs and developing services for larger community

# Sustainability Plans

- Columbine Connections -- Columbine Assistance and Resource Center
- Summer Program
- Needs Assessment and Plans for Long-Term Counseling

# The Columbine Response: How Prepared Were We?

**Special thanks to:**

**David Bartsch, Ph.D. - Director of Quality  
and Outcome Evaluation**

**Alison Parsons, Psy.D. - Postdoctoral Resident,  
Columbine Connections Resource Center**

**Jefferson Center for Mental Health**

**\*\*\* Results of survey conducted in February and March 2000  
of agencies who participated in the Columbine Response**

# The Columbine Response: How Prepared Were We?

- We feel we were prepared in many ways.
- Agencies supported the response.
- Individuals made it happen.
- We learned and we can improve.

# The Survey

33 People Completed a Confidential One-hour Structured Interview

**5a.** Overall, how effective has your agency been in meeting the needs of those effected by the Columbine shootings:

Highly (4)      Moderately (3)      Somewhat (2)      Not At All (1)      NA

**5d.** In the area of service delivery and effectiveness (since the Columbine shootings) in what ways are you particularly impressed and/or unimpressed with your agency's performance?

What suggestions do you have for your agency to improve in the area of service delivery and effectiveness:

# Preparedness Aspects

This presentation focuses on four aspects of preparedness that together provide a partial picture of our response.



- **Disaster Planning**
- **Effectiveness**
- **Collaboration**
- **Staff or Responder Support**

# Disaster Planning & Training

**Respondents were impressed with:**

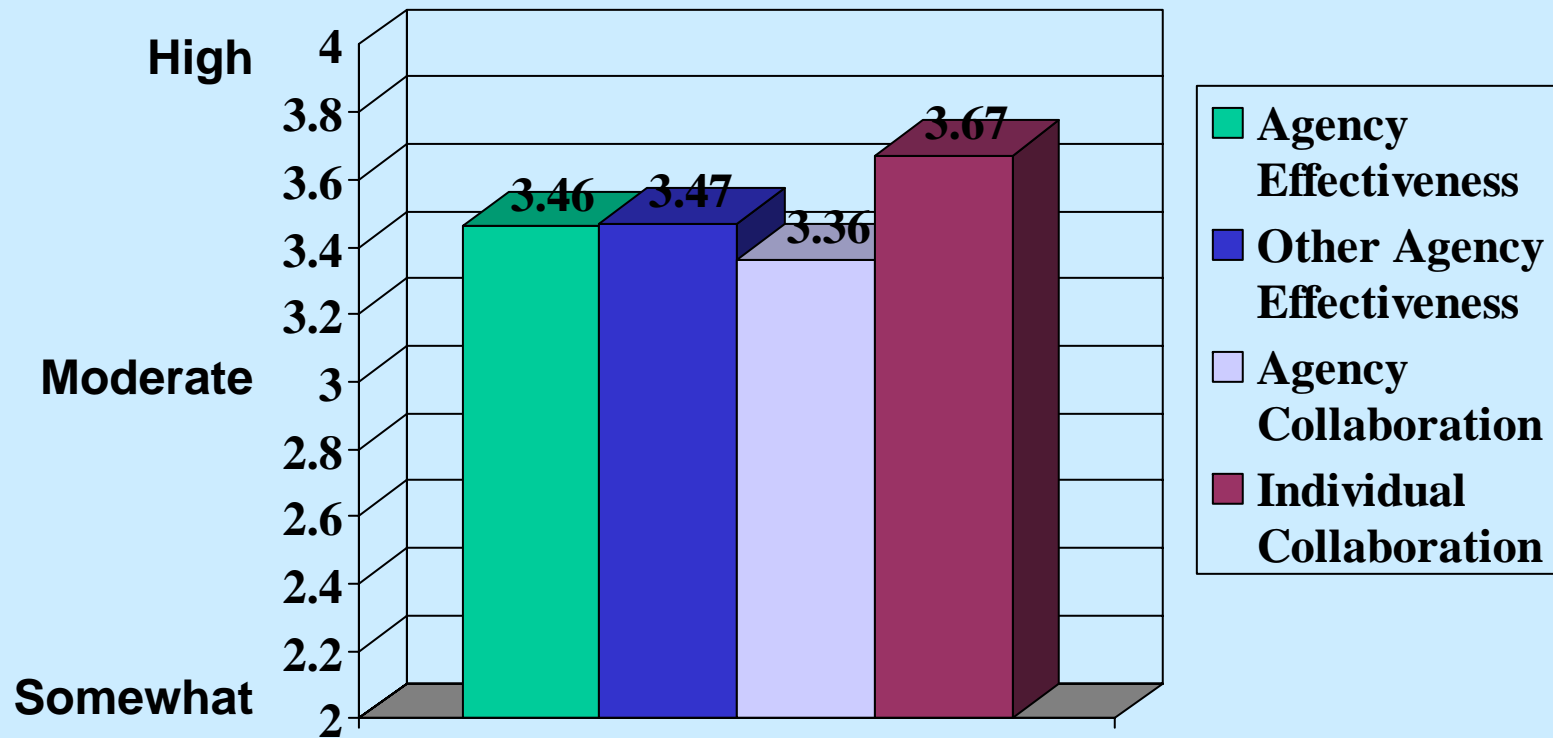
- » **The rapid nature of the response**
- » **The level of effort involved**
- » **Staff experience and training**
- » **The collaboration between response agencies**

# Disaster Planning & Training

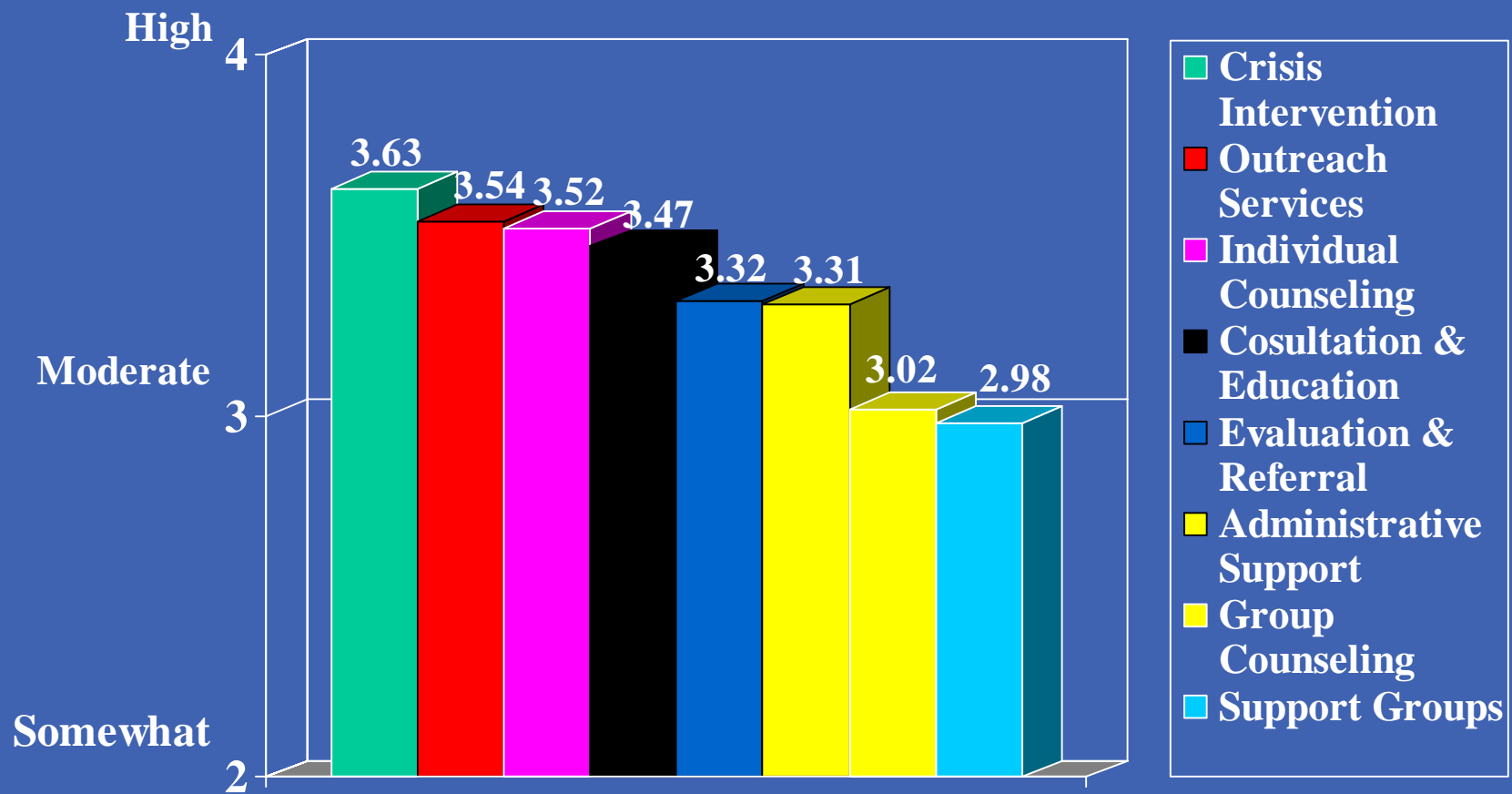
- » 64% of agencies had formal disaster plans.
- » 88% of agencies employed staff specifically trained and experienced in dealing with disaster situations.
- » Master Planning provided a foundation for the response.
- » The Oklahoma City bombing experience and lessons learned assisted in meeting the needs of the community.

# Effectiveness & Collaboration

**Yes and Yes**



# Service Effectiveness



# Staff / Responder Impact

**Overall, the impact, on staff/responders, of providing services was negative. There were, however, some interesting and unexpected effects on various aspects of staff well-being.**

- » 55% of respondents reported a moderate to severe impact on staff morale.
- » 24% of respondents rated the impact on morale as being either mildly or moderately positive.
- » 9% rated the impact on relationships as moderately positive.
- » 79% of respondents reported moderate to severe levels of emotional distress in their staff.

# Staff / Responder Support

**This area was rated as moderately successful with many suggestions for improvement.**

- » Stress management was well done in the initial stages, but there was difficulty maintaining those services.
- » We are good at taking care of others but not always so good at taking care of ourselves.
- » Staff support coordination could be improved.
- » Training in the effects of vicarious traumatization would help, with specific allowances made for those affected.

# Recommendation 1

**Survey Implication: Disaster plans should include detailed agency responsibilities, policies, and strategies for increased interagency involvement.**

- » Further define leadership and agency responsibilities including the role of the private sector in the response.
- » There is a need for a more formalized and centralized disaster oversight that could be achieved, for example, through an incident management system.
- » A successful disaster response plan should involve regular review and periodic practice.

# Recommendation 2

Survey Implication: **Specify how agencies collaborate to improve both inter- and intra-agency communication.**

- » Develop processes for sharing information so that information is consistent within and between agencies.
- » Use current technology, such as e-mail and phone groups to improve ease and speed of communication.
- » Streamline administrative demands for data collection, monitoring and funding purposes.
- » New and existing links between agencies should be maintained and nurtured.

# Recommendation 3

**Survey Implication: Each agency's disaster response plan should include detailed provision for staff support and stress debriefings.**

- » Provide staff training in skills necessary for disaster preparedness, such as critical incident stress management.
- » Include training on the effects of vicarious trauma and consider ways to decrease the impact, such as working shorter days, half time with the response effort and/or limiting the total duration of their disaster related involvement.
- » Provide regularly scheduled stress debriefings with mandatory attendance to decrease stigmatization.
- » Involve all agencies in staff debriefing and support.

So . . . .



- » **Lead**
- » **Plan**
- » **Communicate**
- » **Document**
- » **Evaluate**