

Governor's Task Force for Columbine Victims Support Mental Health Needs Assessment and Budget Submission Jefferson Center for Mental Health

Introduction:

The tragedy at Columbine High School created one of the greatest challenges ever faced by our community. Responding to such an event challenges the energy, intelligence, confidence, goodwill and resiliency of all involved. Providing an effective response to the mental health needs created by such a traumatic event certainly has been a tremendous challenge for Jefferson Center for Mental Health. Fortunately the field of mental health has made great strides in the last two decades in finding out how to best respond to such tragedies, and we have leaned heavily on what has been learned from those providing care for victims of similar mass tragedies. There is clearly still more to be learned than what we already know. All we, or any of us, can do in this type of situation is to apply the knowledge, intelligence, goodwill and steadfastness that we intuitively know will be required to assist those who have been victimized by such an event.

The proposal presented here represents the best efforts of the Jefferson Center for Mental Health to design a response that will meet the needs of those most affected by the tragedy. It draws upon the experience of other communities with similar tragedies, upon the professional literature, and most importantly upon 6 months of heart-breaking experience working with the victims in the South Jefferson County community.

In the aftermath of the shootings at Columbine High School, Jefferson Center for Mental Health rapidly committed significant human and financial resources to the recovery of the South Jefferson County community. This narrative will give you a brief overview of the initial crisis response to Columbine, followed by a description of the follow-up services that have been developed to address ongoing needs. It will describe how students, faculty, first responders, parents and other community members are using those services, as well as how the community information and education about mass trauma are provided. The current funding for these programs and their limited time periods will also be detailed.

A description of the types of reactions and struggles for which community members are seeking services will be followed by a review of the latest studies on the longer-term effects of mass tragedy and the pattern of need and demand for services that such events elicit. Some information from other school shooting locations will be explored as well. Finally, a specific request for assistance, based upon well documented needs, will be presented.

Service Delivery to the Columbine Community:

Jefferson Center responded to the schools' request for assistance while the tragedy was still unfolding. On that first day, 165 hours of on-site counseling and trauma debriefings were provided in three community locations. On the second day, more than 56 counselors provided services in Clement Park and at two churches for the thousands of stunned survivors and mourners. Overall, during the initial ten days of crisis response, over 3,000 hours of service were provided by over 200 mental health professionals from around the State to over 1,500 different people.

A majority of Jefferson Center's trauma-related services are focused either at **Columbine Connections Resource Center (CCRC)** or in the Columbine area schools. CCRC is a combined effort of the Jefferson County Sheriff's Office of Victim Assistance, Jefferson Center for Mental Health, the District Attorney's Office, Foothills Park and Recreation District, and P.A.C.C.T. (Parents and Community Coming Together). CCRC formally opened on August 9th. Its short history has been one of bringing resources on "just in time" to meet a growing demand. Staffing is now complete, and it should be able to meet all current requests, assuming that the needs assessment assumptions used later in this paper are correct. CCRC staff provide drop-in counseling to teachers at Columbine High School eight hours a week and presentations on topics such as the impact of trauma on family members and the effects of trauma on academic performance. CCRC sent 3700 newsletters to Columbine parents on trauma and related topics, and 1100 newsletters to Columbine staff. Letters have been sent to all colleges and universities which requested transcripts for 1999 Columbine graduates, to providing information on trauma and detail resources and consultation.

Columbine Connections has received numerous requests from all over Jefferson County to provide intervention for spouses of first responders, support and information for Boy Scout Leaders, treatment for children with school phobia directly traceable to Columbine, consultation for teachers from other schools at all levels and many other types of services. CCRC has provided outreach to these individuals and groups whenever possible. It is expected that the CCRC **Outreach Team** members will each average 50 or more contacts each week, which would mean, with its four members, at least 5,800 outreach contacts by the first week of June 2000. Columbine Connections is also in a unique position to provide individual, group, and family counseling to primary and secondary victims, as well as providing education to the community on trauma, intervention, and healing.

Crisis walk-ins of various types are becoming an almost daily occurrence at CCRC. On one day during the last week of October, three individuals, each threatening suicide, walked in seeking assistance. Families are requesting family therapy, as the emotional toll becomes too difficult to deal with alone. The requests for support groups for mothers of Columbine students have become so numerous that groups in both the day and evening are being established.

The families seeking services clearly have a lot of stress and anxiety in their lives. Some include families who live on Leawood Drive across from Columbine High School and had kids covered in blood run into their homes. Other families have several children who were in the school at the time of the shootings. Some of the families served report that all of the family members are now sleeping in the same room in order to feel safe at night. Concerned parents of youth who have totaled their cars, started drinking, or are engaging in reckless behavior such as driving 100 mph are coming for help. Others have children who graduated, went away to college, and are unable to study because of PTSD. They are therefore doing poorly, and the parents do not know how to respond to the situation or know what to do.

A portion of Columbine Connections is directed specifically toward reaching youth impacted by the tragedy who might be reluctant to seek help in formal mental health environments. This effort has taken the form of a youth drop-in center called **SHOUTS** (Students Helping Others Unite Together Socially). SHOUTS was planned from the beginning with the assistance of students from Columbine High School and its mission statement, written by the teens, expresses its focus on providing a place where students and friends can be accepted and feel safe.

SHOUTS offers opportunities for teens to interact with adults who are trained to support youth recovering from Post Traumatic Stress Disorder. These staff can encourage youth, because of the relationship they have developed; to seek additional, more formalized mental health care if that is indicated from the behavior of the youth. SHOUTS also offers therapeutic programs, especially in the expressive arts, by offering musical, painting, and writing opportunities so that the youth have an opportunity to express their fear and sadness in a variety of ways.

SHOUTS is staffed by two young recreational leaders provided through the Foothills Park and Recreation District, an activities therapist, an onsite manager who has responsibility for both SHOUTS and the professional offices located nearby, and other mental health professionals as the need arises. **765 youth** have participated in various activities at SHOUTS since school began on August 10. An average of more than 25 youth use SHOUTS each day. SHOUTS has also become an informal headquarters for various youth movements directed toward non-violence, as well as a location for community-wide meetings and training.

Community information and education is an important part of effective community treatment of trauma. Initially, the press helped to inform the community of symptoms of trauma reaction and where to get help. JCMH personnel also helped staff television and radio crisis lines. Media contacts continue now on a regular basis with flurries of activities around public events that are related to the tragedy such as the recent arrest of a youth and the suicide of a victim's mother.

Information about services and traumatic stress reactions was pulled together in written form within hours of the event and made available at virtually every debriefing, memorial service and community meeting. Overall more than 20 different flyers and information sheets were created to provide information on drop-in counseling and debriefing times and places as well as general information about symptoms and warning signs with around 50,000 copies distributed.

Once the initial crisis response subsided, the public information charge was to get information out about trauma reactions and resources available to youth, parents and the community before the end of school. Flyers and informational materials were available at Chatfield when the Columbine students returned to school in May and at Columbine when the students returned to pickup their backpacks at the end of school. Beginning in June more extensive outreach attempts to Columbine and Chatfield staff, Columbine students and parents, and the community at large were made. This involved creating and distributing a total of 1,100 newsletters to school staff (3 issues) and 3,700 newsletters to parents (2 issues).

Jefferson Center's largest public information effort to date is a resource booklet for parents. JCMH, in partnership with the Mental Health Association of Colorado and Jefferson County Schools, wrote and printed 100,000 copies of "A Partner for Parents" Resource Booklet. It was mailed during June to all parents of Jefferson County students – approximately 70,000 households - and 15,000 copies were distributed in community forums or mailed to area primary care physicians, churches, and business people. The booklets outline tips on talking to your children, and taking care of yourself. The booklet also lists resources including recreation and activities, mental health services, grief support, and other helpful contacts.

The current focus of our community information and education efforts is to develop and distribute relevant materials to students, parents, teachers, recreation leaders, religious leaders, and others in the community who work with and associate with youth. It is essential that these individuals understand the long-term signs of Post Traumatic Stress Disorder and other stress related emotional problems. They must understand the signs such as depression, anger, anxiety, and general reduction in the ability to cope and perform many normal functions that often do not become manifest until many months after a trauma, and learn what to do and how to help when these signs are observed. Traumatized individuals themselves also can benefit greatly from psychoeducation, learning to recognize the traumatic reminders that increase their symptoms, and to manage them successfully.

During the summer months, the **school-based** team provided staffed drop-in support services for parents, students and other community members at Leawood Elementary and Ken Caryl Middle schools on a weekly basis. Also during this time, the school-based program provided 26 hours of outreach and collaboration at Columbine H.S. and 24 hours of similar services to the other Columbine area schools. These services included

meetings with school mental health staff and administration to set up programs, problem solve, clarify needs and educate about our program.

About a month before school began, the Center began working with Columbine area principals to determine what needs their particular schools had and what kind of skills they wanted in their JCMH mental health counselor. There was also coordination with victims' assistance and Columbine High school staff to provide supportive services to Columbine students during registration and freshman orientation. The school-based team provided 3-4 counselors every day during registration week at Columbine High School. There were a number of students who needed a brief contact with a counselor or a victim's advocate for general support especially when touring the area where the library had been located.

There are currently **9 school-based therapists in Columbine area schools**. There are two full-time counselors at Columbine High school (in the month of September there were up to four counselors there daily as dictated by need and request of the school). The middle school and five feeder elementary schools have one full-time counselor and Chatfield H.S. and Dakota Ridge share a full time counselor.

School-based therapists have been quite busy from the start of school. As of October 26, the therapists at Columbine High have seen **400 students and/or families**. In addition, they are doing four groups a week aptly named "Remembering, Recovering, Recapturing" and providing daily lunch "stress busters" groups. Supportive and consultative services to the faculty and staff are available on a daily basis. At this point in time, the therapists state many kids are having daily flashbacks that interfere with academic performance, cause sleep difficulties and make normal functioning quite difficult. As one therapist put it "you can see the trauma in their faces all the time". This was clearly exemplified during one of the test fire drills. One of the therapists witnessed two students hiding under their desks and many other frozen in their seats, unable to move even after the alarm was turned off. The consensus among the therapists and school personnel is that the healing process is just beginning and could take years for some of the students.

The elementary school therapists are offering a variety of services ranging from coordinating violence prevention and tolerance programs to providing individual and family therapy. In addition, they are providing daily supportive and consultative services to faculty and staff. All the services offered are per the request of the school administration and school mental health staff. A needs assessment was also sent to parents regarding concerns they may have about their student(s) and possible services they may need. The response rate has been about 50%, 75% of which have identified a concern about their child. Concerns have been directly related to Columbine (like the young boy who repetitively plays out the shooting at home and in school) as well as reflective of typical child problems that have increased in intensity and severity. On

average most of the therapists are seeing 20 to 30 students or families for therapy after only one or two months in the school.

Ken Caryl Middle school has had a school-based counselor since the beginning of school. She has been extremely busy seeing students and their families who are directly impacted by the Columbine shooting. Four of her clients are students whose siblings were killed or injured on April 20. All of them are experiencing academic problems, depression, anxiety and increased anger.

Chatfield and Dakota Ridge have only had their school based counselor for about a week at the time of writing of this report. However, she has already received a number of referrals. With the exception of two referrals, all have been Columbine related.

In all cases, it is evident that not only are the school-based therapists needed at these schools, but in some cases the amount of counselor hours could even increase. There have also been multiple requests from Summit Ridge Middle School and Bear Creek High School, schools who do not have school counselors assigned.

In conjunction with the Department of Psychiatry at the University of Colorado Health Sciences Center, plans are underway to conduct a screening with all Columbine High School students whose parents give permission to participate. This screening will identify students experiencing trauma symptoms and those at high risk for serious future trauma reactions. Screening will also be available for seniors who graduated last year, staff of Columbine High School, and possibly for parents and other family members of students. In addition to helping to identify individuals in need of immediate treatment, the results of the screening will help the Center to prioritize needs and direct its resources where they can do the most good.

An Assessment of Need in the Columbine Community:

Research and previous experiences provide ample evidence of the need for ongoing efforts to assist youth, families, responders and others who were affected by the Columbine shootings. The nature of the individual and community needs and ongoing traumatic reminders suggest that a **continuing assessment process** is important, and that a **range of responses** is called for that includes both traditional and non-traditional educational and therapeutic approaches.

The literature indicates that these needs will be present over a relatively long period of time. Studies that have looked at the longer-term impacts tend to indicate that the need for services will **peak** about **1-½ years** after the shootings. Over the course of an additional 1 ½ years, there will be a need for continuing services that will possibly diminish, depending and on the level of need from treated and non-treated populations due to the degree those needs have been met. The need for services is impacted by a

number of factors, not the least of which, is the continuing reminders of disaster that serve to extend the trauma and compound the effects of the disaster, especially if left unaddressed (Pynoos, Steinberg & Wraith, 1995, and Pynoos, Goenjian & Steinberg, 1998).

Young, Rezek & Gusman (1999) state that the primary objectives of disaster mental health services in a situation such as the Columbine tragedy is to limit the occurrence and severity of **adverse mental health effects** and to help restore the **community equilibrium**. Accomplishing this requires a systematic, coordinated and effective response that involves multiple agencies/services within the community delivering a broad array of services in ways that differ from those typically delivered by mental health or other professionals, alone. These programs make services available and easily accessible in the community for clients that may not typically seek mental health services. The collaboration between Foothills Parks and Recreation, JCMH and others in establishing Columbine Connections and SHOUTS is a good example of this sort of response.

Allen (1999) also points out the importance of **alternative service solutions**. In so doing, he discusses the meanings and implications of reactions of survivors and helpers involved in the Oklahoma City bombing. He emphasizes the need to make non-traditional opportunities available to trauma victims who might otherwise resist seeking more traditional mental health services. In Allen's article, he characterizes alternative therapeutic efforts as allowing individuals to express their loss in ways significant to themselves and the community that did not label them as receiving mental health treatment. Pynoos, Goenjian and Steinberg (1998) discuss the need for **school-based interventions** for similar reasons. The outreach team that operates from Columbine Connections is a good example of this approach.

In terms of the long term need for services, Goenjian, Karayan, Pynoos, et al, (1997) estimated the rate of **posttraumatic stress disorder** (PTSD) in untreated youth to be about 56% approximately 1 ½ years following an earthquake disaster in Armenia. They then provided treatment to a group of youth and compared levels of PTSD and depressive disorder with an untreated group. At three years after the disaster, the treated group had significantly lower PTSD and depression scores than the untreated group. The rate of PTSD in the treated group had decreased from 60% prior to treatment to 28% a year and a half later. The rate in the untreated group went up, from 52% to 69% at three years following the disaster. Two important points from the above study seem to indicate a long term need for services. First, even though significant improvement was seen in the treated group, there remained a substantial need for services in that group. Second, the rate of PTSD increased over time in the untreated group. These points highlight the need for the availability of ongoing treatment, and for outreach and continuing efforts to aid people who, for whatever reason, might not take steps to seek treatment and support.

In a study of adult survivors of the Oklahoma City bombing, North, Nixon, Shariat, et al. (1999) determined that six months following the bombing, 45% had a diagnosable psychiatric disorder and 36% had PTSD. Many of the people with PTSD had a co-existing condition such as major depression. Although many of these people had received debriefing or had sought crisis mental health treatment, they were still experiencing symptoms, indicating an ongoing need for services.

Pynoos, Steinberg & Wraith (1995) discuss the complicated nature of PTSD and secondary experiences of depression which could occur in situations where individuals have insufficient treatment and/or support, and especially in situations where **trauma reminders** continue over longer time periods. This appears to be especially relevant in the case of the Columbine shootings, where reminders continue daily. As a result of their work, Pynoos recommends a program of regular assessments to identify people who may be in need of additional support and/or treatment.

Pynoos' points are further supported by a study done by Shariat, Maloney, Kruger, Farmer & North, 1999, on the long-term health outcomes among Oklahoma City bombing survivors. They reported that the most frequently utilized service was psychological counseling, utilized by 63% of the survivors over the three-year period following the bombing.

Additionally, a study by Smith, Christiansen, Vincent and Hann (1999) addressed the broader effects, and potentially longer term needs, of the Oklahoma City bombing in the general population. Two surveys of adults, one in 1995 and one in 1996, were conducted by the Gallup organization. The surveys asked about exposure to stress in a sample of people living in Oklahoma City, and a comparison sample in Indianapolis, Indiana. The findings indicated that **61.5 percent of the population** in Oklahoma City reported experiencing at least one of eight direct results of the bombing. The survey revealed that rates of trauma reminders, psychological distress, PTSD symptoms, and seeking help were higher in Oklahoma City compared to a selected comparison city, Indianapolis. These decreased over time in both places, but remained about twice as high in Oklahoma City throughout the period of the study.

According to informants in **other communities** struggling with the after shock of school shootings, support services and programs have proven critical to the community's healing. Most communities have designed programming to teach students, teachers and parents how to cope, and how to manage stress and grief. In one community the mental health center and the schools formed a life skills program to teach students coping skills and stress management techniques. Professionals there report that these services have been a great mechanism for turning things around and creating positive relationships. The school outreach programs have been very successful in recreating the school as a school.

Another lesson learned from one of the other communities is the need to treat teachers as victims and not just as care givers. In one community, teachers did not receive any financial support from the district for counseling services, nor were they referred to the community mental health center. The teachers were not given the opportunity to talk to each other and were not "given permission to be hurt and angry." The local informant indicated that this proved very damaging to the teachers' own personal recovery, as well as the recovery of the school.

The advice given by several communities is to accept the process. They reported that they are presently in either the lawsuit or the trial phase where people are focusing on their anger. The Columbine perpetrators killed themselves so there will not be the trial phase to express anger, and answer questions. As a result, the anger stage here may last longer. Several communities expressed the importance of not getting stuck in the anger, and the significance of focusing on healing and hope. They also stressed the importance of planning and providing skills for those who are ready to move on. That, of course, is the purpose behind all service provision, to help affected individuals and families get ready to move on and to then assist them in acquiring the skills to do that.

Currently, students who were in the 9th, 10th and 11th grades at Columbine at the time of the shootings are in school. It is likely that the impact of the shooting will remain evident in Columbine at least as long as a group of these students are in the school. The level of need seen so far at Ken Caryl Middle school suggests the impact could be even longer.

Fain, Speir, and Flanigan (1999) estimated that there are approximately 9,000 people who experienced extremely high exposure and proximity to the shootings and thus are at high risk for mental health problems as a result of the shootings. These include Columbine High School students, family members, school employees, on scene rescue workers and helpers, and those living in the immediate neighborhood of Columbine High School.. It has also been estimated that there are 12,300 people who experienced moderately high exposure and proximity to the shootings. A significant proportion of this group of individuals is also at high risk for mental health problems as a result of the shooting. This group includes students at Chatfield and Dakota Ridge High Schools, students who were in "lock-down" schools and feeder schools, and their families. (Please note that these groups are different than the numbers in the needs assessment provided to the Task Force in August and includes only those individuals most directly involved.) Based on the literature, it is predicted that somewhere between 45% and 63% of these people will need mental health services related to the trauma. If we use a figure of 63% for the high exposure and proximity group, **5,535** people will need mental health services. Using the 45% for those who were in moderately high exposure and proximity to the incident, **4,770** people will need mental health services. A total of 10,305 people who were in high proximity and experienced significant exposure to the Columbine tragedy are thus expected to develop mental health symptoms that are significant enough to require mental health intervention as a result of the trauma. Although Fain, et al (1999) predicted a significant need for services in the low proximity and exposure group outside of the

immediate Columbine area, and it is becoming increasingly obvious that there are indeed some long range needs mental health needs there too, no resources are being requested here to serve that group.

After the initial response, during which the number of individuals receiving crisis intervention cannot be accurately estimated, JCMH has estimated in a VOCA (Victims of Crime Act) funding report that approximately 1,509 people have received services so far. These have been through various modalities such as school based counselors, SHOUTS, Columbine Connections, and traditional psychotherapy. The team at Columbine Connections and in the Columbine area schools is now fully staffed. If current patterns continue they will be able to serve up to 50 new individuals per week. This will depend in part upon the mix between short and long term treatment needs. Projecting this over a one-year period shows the capacity to serve approximately 2,600 people. Some of these individuals will receive initial assessment and referral services from the Center, and will get ongoing treatment elsewhere. If we assume that the resources available in the private sector and faith community meet this need, and expand the capacity to 4,000 per year, our community should have the capacity to provide mental health services to 10,000 people over the course of the next 2 ½ years, if funding is continued at close to the current level. This assumption may not be accurate, since it has just been learned that Victims Compensation funding is likely to run out within the next 30 to 90 days. Much of the private community treatment that has gone on so far has been funded by Victims Comp.

As seen thus far, service use will be somewhat cyclic, but over time predictions are that service needs from this point forward would either remain constant or increase to the point of 18 months after the shootings. Beyond that point, and with consideration for student development and graduation, it is likely that a decreasing need for services will be seen that should ultimately stabilize at a recovery level approximately three years after the shootings. This of course depends on the degree needs are met, and stresses the importance of an ongoing assessment of needs and related data collection which should serve to further specify the extended level of service needs.

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Summary of Columbine Costs to Date

JCMH launched a major response to the tragedy on the day of the shootings. This was done without any knowledge of where resources might come from to pay for all of the efforts. Fortunately the State of Colorado, through the Governor's Office, soon made \$1 million available to the various agencies playing a major role in the response. JCMH received \$125,000 of these funds. This enabled it to carry-on part of its initial efforts through August 1999. While those funds were being used JCMH applied for funding from Federal Victim of Crime Act (VOCA) funds made available to Colorado. Initial funds in the amount of \$250,000 were approved and this enabled a portion of the longer-term mental health response to be launched. JCMH is in the process of applying for a second VOCA so that some of these initial mental health positions can be funded through June 30, 2000. These funds are also intended to start the program evaluation of the response. Also during the early weeks after the tragedy, numerous individuals, units of local government and corporations came forward to assist in the efforts to open SHOUTS and the Columbine Connections Resource Center. The two largest contributors were the City of Lakewood that contributed most of the labor and materials for finishing the mental health and victim assistance offices, and Sears, Roebuck & Company that contributed \$32,000 to pay for equipment and initial supplies for SHOUTS. All contributions of this type were immediately used to pay for the start-up costs for these services.

In May, the Healing Fund organized by the Mile High United Way gave an early grant of \$50,000 to JCMH for the benefit of SHOUTS and the Columbine Connections Resource Center to pay for their initial operating costs. Ultimately the Healing Fund provided a one year grant of \$330,000 to pay for the infrastructure costs of Columbine Connections and SHOUTS and another \$425,000 to fund the level of mental health services for the schools and community deemed appropriate. Because of slower than expected start-up, Healing Fund resources will last beyond June 30, 2000, into first quarter of the 2001 fiscal year.

In summary, all funds granted through the Governor's office were expended by August, 1999. VOCA funds will be expended by June 30, 2000, and Healing Funds resources will be fully used during the first quarter of Fiscal Year 2001. All charitable contributions were expended as they were received. Without additional funds services will begin to close in late June of 2000 and all of them will be closed by the late summer of 2000.

A Request to Meet the Needs of the Columbine Community

Needs Assessment results indicate that the present level of services should be continued at least 6 months past the one-year anniversary of the Columbine shooting – to October of 2000. School-based services should remain close to the current level throughout that school year, to June of 2001. Beginning in October of 2000, we would anticipate

decreasing outreach and treatment services. We would also anticipate a significant reduction in school based staffing for the 2001-2002 school year. Beginning with FY 2002-2003, ongoing Mental Health revenues, community based resources, and school district resources would be expected to pick up costs of any remaining Columbine related mental health treatment.

This budget request includes continuation of services at CCRC and in the schools. In addition, some additional regular outpatient treatment capacity not reimbursed by victims' compensation is also included. The cost of SHOUTS is not included in this request. The SHOUTS program clearly is meeting needs of youth with emotional reactions to the Columbine tragedy, but it is meeting a number of other needs that cannot be defined or supported as primarily mental health related. Consequently, while Jefferson Center for Mental Health is committed to working with our community partners to find a way to continue the SHOUTS program, we do not feel comfortable including it in this mental health budget request. The Governor's Task Force may wish to discuss other ways it can be supportive of the community's attempts to continue this program.

This budget request also includes resources for a basic, but not extravagant, program evaluation of the Mental Health services provided in response to Columbine. Initial funding for these program evaluation efforts is included in a not yet approved request for VOCA funding, but they need to be included throughout the period of Columbine related services, and for adequate time beyond that to complete analysis of results and compilation of information gathered and lessons learned. This is the one piece of the budget request that extends beyond the fiscal year 2002-2003.

This budget request includes a 10% figure for administrative overhead. The requests to the Healing Fund and VOCA have not included administrative costs. Jefferson Center for Mental Health has donated all overhead costs up to this point. The impact of this has been profound on Jefferson Center management. An experienced trauma expert advised us early on that we were "involved in a marathon, not a sprint". A marathon response of this magnitude requires administrative and management resources. Management staff are stretched beyond the point of diminishing returns. It is essential that overhead is included in this budget. Jefferson Center's calculated overhead costs are currently 16.4%. We have included 10% in this budget as it is clear that some of the uncompensated overtime and unbudgeted expenditures that have gone to Columbine related planning and services on the part of Center management and staff will continue due to a commitment to the importance of this to our community.

When the task force was planning to request that the Congressional delegation seek a supplemental appropriation for funding for Columbine related mental health counseling, It was recommended that this request for Federal funds not exceed \$1 million. At its Nov. 17 meeting, the task force decided instead to seek this funding from State sources. Rather than artificially paring down the total needs estimate of \$1,499,718, the Task Force is supporting a request of two thirds of the total estimated cost of providing

adequate services (\$999,812). The task force also will support efforts to seek the remaining \$499,906 from the Colorado (and perhaps national) philanthropic community. The Task Force members are aware of the full extent of the need, even if uncomfortable asking for State funding at that level. To do otherwise raises the likelihood of unmet expectations. It will be problematic if the state's leaders believe that they have adequately provided for the needs of the citizens most impacted by Columbine, but it then becomes obvious that a number of Columbine victims are still in need of help.

Budget Narrative FY 2000-2001

Columbine Connections Resource Center

Clinical Supervisor	1 FTE	70% very high exposure and proximity 30% moderately high exposure and proximity	Manages the treatment and outreach program.
Outpatient Clinician	.5 FTE	?	Provides ongoing trauma treatment to individuals and families. (It is assumed that additional outpatient clinician time will be funded by Victims Compensation billings.)
Outreach Team	4 FTE (1/1/2000-9/30/2000) 3 FTE 10/1/2000 - 12/31/2000)	All activities targeted to very high exposure and proximity group	Outreaches to the community to assess need, link individuals and families to services, support and teach the natural caregivers in the community, and provide treatment in the home or other community locations.
Activities Therapist	1 FTE		Utilizes creative and recreational therapeutic modalities to assist in adolescents' recovery.
Community Education/Public Information Director	1 FTE	80% very high exposure and proximity 20% moderately high exposure and proximity	Develops psychoeducational materials and provides training to assist in healing; informs the community of services and activities.
Phone Triage/Secretary	1.5 FTE	70% very high exposure and proximity 30% moderately high exposure and proximity	Screens callers, assesses immediate need, links with CCRC resources, and provides secretarial support.

School based Team

School-based Clinicians	9.5 FTE	See attached detail for break-down	Provides assessment and treatment within the school setting, consults and plans with staff.. Staffing will include: 2 FTE Columbine High School, 1 FTE Chatfield/Dakota Ridge High Schools, 1 FTE Ken Caryl Middle School, 1 FTE Leawood Elementary, 4 FTE mobile response/school clinicians who will be available to provide services in the schools where needed, including the 4 feeder elementary schools, and .5 FTE school-based supervisor.
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South Outpatient Office

Outpatient Clinician	.5 FTE	?	Provides ongoing trauma treatment to individuals and families. (It is assumed that additional outpatient clinician time will be funded by Victims Compensation billings.)
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Program Evaluation

Evaluation Project Manager	.4 FTE	Directs Program Evaluation efforts and the compilation and dissemination of program evaluation information and lessons learned.
Evaluation Coordinator	.5 FTE	Coordinates data collection about clients and services, compiles and summarizes data about the impact of services.
Evaluation Post Doctoral Associate	.5 FTE	Post-doctoral Psychology Trainee from UCHSC; carries out evaluation and outcome studies.

Program Costs

Community Education/Printing, Postage, Supplies	Supports education and training for the community in areas which assist in healing and recovery.
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School based Team breakdown

Columbine High School	2 fte	100% very high exposure and proximity	
Chatfield/Dakota Ridge High School	1 fte	100% moderately high exposure and proximity	
Ken Caryl Middle School	1 fte	__% very high exposure and proximity (siblings of Columbine students --% moderately high exposure and proximity	
Leawood Elementary School	1 fte		
Mobile School Response Team	4 fte		Includes services for elementary feeder schools and other schools in district experiencing Columbine related crises or issues
School-based Supervisor	.5 fte	<i>(figure percentages based on total above)</i>	

Mileage	\$.31/mile
Program Supplies	e.g. testing materials, psychoeducational reading materials, play therapy equipment.
Experiential Activities	Recreational and creative opportunities that assist in youths' recovery.
Transportation	Transportation to recreational and creative programs.

Columbine Connections Facility

Lease	Includes 3% increase
Insurance	General liability (professional liability and other coverage included in administrative overhead).
Telephone	Regular service, Long distance, and computer lines.
Supplies	Office supplies.

Administrative Overhead	10% as described previously.
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Budget Narrative FY 2001-2002

Columbine Connections Resource Center

Clinical Supervisor	1 FTE	Manages the treatment and outreach program.
Outpatient Clinician	.5 FTE	Provides ongoing trauma treatment to individuals and families. (It is assumed that additional outpatient clinician time will be funded by Victims Compensation billings.)
Outreach Team	2 FTE	Decreased from 4 FTE as expected need begins to decrease. Outreaches to the community to assess need, link individuals and families to services, support and teach the natural caregivers in the community, and provide treatment in the home or other community locations.
Phone Triage/Secretary	1.5 FTE	Screens callers, assesses immediate need, links with CCRC

		resources, and provides secretarial support.
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School based Team

School-based Clinicians	5.5 FTE	Decrease from 9.5 FTE as expected need for services decreases. Staffing will include: 1FTE Columbine High School, .5 FTE Ken Caryl Middle School, 3.5 FTE crisis response/school clinicians who will be available to provide services in the schools where needed, including the 5 feeder elementary schools, and .5 FTE school-based supervisor. Provides assessment and treatment within the school setting, consults and plans with staff.
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Program Evaluation

Evaluation Project Manager	.4 FTE	Directs Program Evaluation efforts and the compilation and dissemination of program evaluation information and lessons learned.
Evaluation Coordinator	.5 FTE	Coordinates data collection about clients and services, compiles and summarizes data about the impact of services.
Evaluation Post Doctoral Associate	.5 FTE	Post-doctoral Psychology Trainee from UCHSC; carries out evaluation and outcome studies.

Program Costs

Community Education/Printing, Postage, Supplies	Supports education and training for the community in areas which assist in healing and recovery.
Mileage	\$.31/mile
Program Supplies	e.g. testing materials, psychoeducational reading materials, play therapy equipment.

Columbine Connections Facility

Lease	Includes 3% increase
Insurance	General liability (professional liability and other coverage included in administrative overhead).
Telephone	Regular service, Long distance, and computer lines.
Supplies	Office supplies.

Administrative Overhead	10% as described previously.
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Budget Narrative FY 2002-2003

Program Evaluation

In this fiscal year, the program evaluation will be completed, disseminated and plans made for potential future evaluation needs.

Evaluation Project Manager	.4 FTE	Directs Program Evaluation efforts and the compilation and dissemination of program evaluation information and lessons learned.
Evaluation Coordinator	.5 FTE	Coordinates data collection about clients and services, compiles and summarizes data about the impact of services.