

Part I: Initial Needs Assessment

A. Description of Emergency/Disaster Event.

On December 5, 2007, with the holiday shopping season in full swing, the deadliest mass shooting in Nebraska history took place at the Westroads Mall in Omaha, Nebraska. At 1:42 pm CST a 19-year-old man walked into the Von Maur Department Store with an AK-47-style semi-automatic assault rifle. Moments later, the cheerful sound of the store's piano was interrupted by the pop-pop-pop of gunfire.

"Everyone stopped and everyone was trying to digest what was going on, then everybody dropped and started screaming." - Von Maur store employee¹

People huddled in dressing rooms, amidst clothing racks or barricaded themselves in offices as the gunman randomly fired at employees and customers. Before police arrived 6 minutes later, the gunman had killed six store employees and two customers, and left four others injured before taking his own life. A fifth person was treated for a medical condition resulting from the events at the mall.

Westroads is Nebraska's largest mall. Crowds of people were holiday shopping at the mall on the day of the shooting. The shoppers and store workers throughout the mall hid or fled as the shots rang out, not knowing where the shooter was or whether he was still at large.

"There were people running out of stores, people screaming, babies crying; I've never seen so much chaos." - a mall employee

For hours the stores were locked down with employees and customers hiding inside until being escorted out by police.

The randomness of the shooting, the interruption of the usually safe, common practice of going to the mall and the disturbing picture that is emerging of the shooter has strongly impacted many people who have heard about this event. At the center of the concentric circles of impact are the people who were in the Von Maur store, shopping at the mall or who responded to the event. As a result of the shooting, the entire mall was shut down for several days during the critical holiday shopping season. Von Maur has not set a date for reopening and will probably remain closed for some time. The economic loss has not yet been totaled.

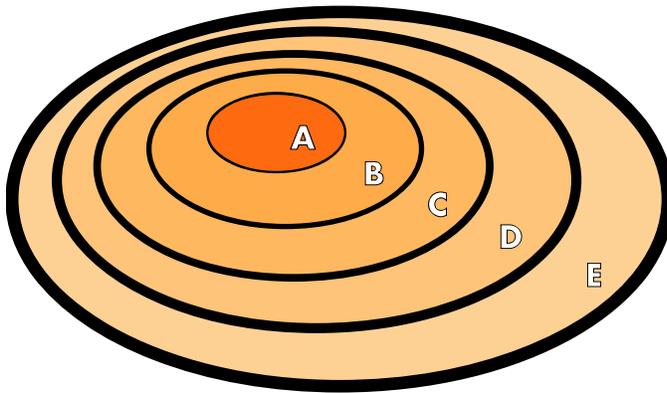
B. Geographic Area(s) and Estimated Need.

Most who died or were wounded lived in Omaha, NE (Douglas County). The two customers who died, however, were from Council Bluffs, IA (part of the Omaha metropolitan area), and Lincoln, NE, 60 miles south of Omaha. Omaha is a regional shopping hub, so it is likely that many shoppers on the day of the event came from outside the Omaha metro area. The shooting occurred on a Wednesday rather than a weekend, so it is probable that most of the shoppers and store workers were from the metropolitan trade area (defined as within 60 miles of Omaha), an area with a population of over 1.2 million. This includes the counties of Cass, Dodge, Douglas, Lancaster, Sarpy, Saunders, and Washington, NE, and Harrison, Mills, and Pottawattamie, IA.

¹ Quotes in this document are taken from the online version of the Omaha World Herald

Nebraska Regional Behavioral Health Authority 6 (Region 6) currently serves all of the Nebraska counties except Lancaster and Saunders (covered by Region 5), and has agreements through the Omaha Metropolitan Medical Response System to help address the behavioral health needs of Harrison and Pottawattamie Counties in Iowa after a disaster.

A population exposure model is being used to conceptualize estimated need and the geographic focus of this application.



Adapted from DeWolfe, 2002.

- A. Injured survivors & bereaved family members (est number: 120)
- B. Survivors with high exposure (first responders; mall workers & shoppers (est number: 800-1100)
- C. Bereaved extended family or friends, coworkers (est number 3000-3500)
- D. People in community with pre-existing trauma; and other responders (Red Cross; dispatchers; clergy; media) (est number 20-25,000)
- E. Affected people from community at large (1.2 million in metro trade area; 716,818 in Region 6: Census 2006 estimates; 583,582 within 10 miles of the mall)

See attachment A for a map of the area primarily affected by this event that will be the geographic focus of service provision.

C. Description of Mental Health and/or Substance Abuse Needs and Special Circumstances.

Behavioral health was deployed in the response phase following the shooting. Immediate response activities included the following:

- The Girls & Boys Town National Crisis Line was activated and publicized
- The Spring Center behavioral health service access line was activated and publicized
- The American Red Cross and Region 6 Behavioral Healthcare volunteers were activated and deployed to the Family Assistance Center on Dec. 5; to the Westroads mall daily beginning Dec 8.
- Behavioral health disaster response and recovery agencies (20) were convened Dec 6, 8, and 11.

The emerging reactions associated with this event are discussed in relation to the groups identified in the population exposure model. Assessment of emerging individual and collective behavioral health needs is expected to be ongoing. It is likely that over the coming months some individuals will experience significant psychological distress, stress induced cognitive impairments, anger, emotional difficulties and problems with alcohol or drugs.

Injured survivors & bereaved family members

At this writing families are in the midst of funerals and memorial services. They are grieving and trying to make sense of the deaths. At least one of the injured is still hospitalized. This group will be served primarily by existing health and behavioral health service providers whose care will be augmented by training made possible through this grant. The Nebraska Commission on Law Enforcement and Criminal Justice is working with Federal agencies to determine if Nebraska qualifies for emergency funds for the Crime Victims Reparation program.

Survivors with high exposure (first responders on-scene; mall workers & shoppers)

This was a particularly traumatic event for people who were in the mall the day of the shooting and those who responded to the scene. Employees and shoppers feared for their lives. Once the event ended, law enforcement had to methodically search the entire mall for survivors not knowing if there were other shooters. The survivors were asked to put their hands up and in some cases had to walk past the crime scenes. A seasoned first responder told the media that it was the "most horrendous scene I've ever been at. There was blood everywhere." Another called it "the most senseless act of brutality I have ever seen... Twenty years in policing, 10 as a supervisor, didn't adequately prepare me." The full psychological impact of the event has not been felt, but it is anticipated that most of these individuals will experience distress related to the event. Some will experience longer lasting distress or a delayed reaction that is set off by reminders of the event that may not be anticipated. A few will require professional assistance. This group is diverse and scattered across the metro area. The emerging needs will be met by a combination of service from existing providers and purposive outreach made possible by this grant application.

Bereaved extended family or friends, coworkers not present at the mall during the shooting

The people of Nebraska and western Iowa are very connected with each other. Extended family, friends and coworkers extend far beyond the geographic boundaries of this grant. Right now this group is attending vigils and memorial services while trying to be helpful to people who have been directly impacted. This group may also experience grief, some distress and anger. Two subsets of this group are of particular concern: coworkers who must return daily to the mall to work and friends/family of the shooter who are already experiencing significant distress related to the stigma of their association with him. Two friends of the shooter have been arrested for making threats towards teens who posted negative comments about the shooter. Characteristics of the shooter (former state ward; depressed; ADHD; access to firearms; relationship problems; etc.) are shared by numerous young males in the metro area. Friends and individuals sharing these characteristics are anticipated as being at significant risk for behavioral health consequences related to the shooting in the coming months. These groups will be served primarily by employee assistance programs, community providers, and school or human services professionals. At least one area high school in Bellevue, NE (Sarpy County) provided counseling services on Dec. 6 to several students who wanted help coping with this event. The shooter had attended this high school. Bellevue public schools serve 8,884 students, and Omaha public schools have an enrollment of 46,000.

People with pre-existing trauma; other responders (Red Cross; dispatchers; clergy; media)

Existing research leads us to believe that people with pre-existing trauma or dysfunction may be more at risk for developing behavioral health problems related to the shooting. Population estimates of prevalence of previous exposure to trauma range from 4% to 50-70%. The estimate

used for this project is 4% of the Omaha population. It is not known how many of these people were at the mall. It is already apparent that other victims of violence are speaking out via the news media about how this event has brought up thoughts and feelings from past incidents.

Responders such as Red Cross volunteers and local clergy who are working with survivors and mall shoppers/workers continue to be exposed to stories and raw emotions. Dispatchers who took the forty-eight 9-1-1 calls in the six minutes between the onset of the shootings and police arrival are also experiencing behavioral health reactions to the event. Volunteers and dispatchers will be reached through the networks that serve them.

Media covering the shooting have experienced constant exposure to sights, sounds and stories that they have had to filter for the public. One news reporter was killed in a car accident on the icy Nebraska roads while on the way to the scene. In addition to the personal impact covering this event has on reporters, they are often the subject of criticism from the general public for focusing on the shooter or printing details of the event. Because the media is so critical to facilitating community recovery, it will be a focus of outreach and training with this grant.

Affected people from community at large

This event made national and international headlines. In the Omaha metro area it is intensely personal. There are numerous local web sites that encourage public comments about the shooting. These comments reflect feelings of shaken security, anxiety, grief and blame. Concerns are now surfacing about copycat actions. Two shootings in the neighboring state of Colorado on December 9, within the same week as the mall shootings, have added to the feeling of vulnerability in the Omaha metro. Outreach to the larger community will include dissemination of information about common reactions, common community experiences, and community resources and how to access them.

Part II: State, Tribal and Local Resources and Capabilities

The Nebraska Department of Health and Human Services, Division of Behavioral Health serves as the State Authority for Mental Health, Substance Abuse and Gambling Assistance. The Division provides funding, oversight and technical assistance to six multi-county Behavioral Health Regions. The Regions contract with local programs to provide public inpatient, outpatient, and emergency services and community mental health, substance abuse and gambling services. Publicly funded mental health services are administered within a managed care model with funds capped by contract for each provider. The Regional Network Providers are both public and private entities that accept clients on a sliding fee scale. These Providers serve adults and children with a wide range of treatment needs.

The Division of Behavioral Health staff member currently designated as the State Mental Health Disaster Coordinator is also the lead for a major behavioral health housing initiative, the State data infrastructure project, and coordinator for block grant activities. He has no additional staff reporting to him in any of these endeavors. State disaster mental health response coordination related to field response has primarily been performed by staff of the University of Nebraska Public Policy Center, an academic partner in all-hazards disaster behavioral health planning. In Nebraska, **no funds are regularly set aside for disaster-related crisis counseling programs.**

Local health and behavioral health service providers in the metro area have provided professional services to affected populations. The Nebraska Crime Commission is applying for funds to help victims pay for counseling and event-related expenses. The primary problem will not be availability of professionals; it will be the lack of experience that professionals have with the type of individual and collective trauma that emerges after a mass shooting. **No state or local funds are available to support the training and technical assistance required to prepare local health and behavioral health providers to treat the trauma-related problems that will emerge for affected populations.**

Outreach and coordination of local behavioral health responders since the event has been the responsibility of Region 6 Behavioral Healthcare. This has been a required capacity of all Regions, but is unfunded. The Region 6 disaster behavioral health coordinator also has responsibility for coordinating all emergency behavioral health services in a multi-county area. **No public or private funds are available to support the long term outreach needed in response to this event.**

The local agencies were able to provide behavioral health volunteers for the response phase of this event, but they estimate that they will not be able to sustain that level of effort longer than two weeks. **There are no local dedicated human resources for the recovery phase of this event.**

Part III: Plan of Services

Twenty Nebraska and Omaha metro-area behavioral health and voluntary agencies have met to plan and coordinate response activities following the shooting. They estimate that they can sustain their current level of effort for two weeks. The local agencies identified two behavioral health needs areas associated with the recovery phase that are not currently funded or available in the community. The first is preparation of existing service providers to deliver individual counseling that is appropriate for affected populations. The second is coordination of outreach efforts to affected populations. Ongoing behavioral health needs assessment will be embedded in all service activities.

Preparation of existing service providers

Local representatives believe that there are adequate numbers of health and behavioral health professionals in the area to provide treatment services if they are required by affected populations. However, many of these professionals are ill-prepared to work with the level and type of trauma that result from a mass shooting. We would like to expand the local network of Cognitive Behavioral Therapy (CBT) trained professionals. Robin Zagurski, of the University of Nebraska Medical Center, in cooperation with Dr.'s Laura Gibson and Jessica Hamblin, created an 8-hour training for licensed clinicians in disaster related CBT. Ms Zagurski will lead two training sessions in the next 90 days that would prepare 100 licensed professionals from public and private settings (including EAP's that serve mall employees and professionals that serve area first responders). These professionals will join 50 existing Nebraska CBT trained professionals. It is anticipated that this resource will be made known to affected populations through outreach efforts. Additional training or consultation in trauma informed care may also be considered in addition to the CBT training.

Primary care physicians, psychiatrists and other medical professionals will be offered specialized training in 'disaster psychiatry' relevant to mass shootings. This training will emphasize individual and community recovery principles, the role of resilience and the influence of psychological distress on recovery. We propose to bring Dr. Tony Ng to Omaha for two days of consultation and training with medical professionals. Dr. Ng responded to the shooting in the Amish school in Pennsylvania and has presented/consulted in Omaha in the past. He is known to the medical community here and has credibility and acceptance that will enhance his consultation/training.

Outreach to affected populations

Traditional models of disaster outreach (e.g., going door to door) are not feasible in the wake of this event because the affected population is large and geographically dispersed. The local area agencies have determined that a combination of public education and focused outreach that takes advantage of existing systems available in the community will be the most effective way to reach the identified groups in the exposure model.

The greatest need related to public education is someone to manage and coordinate efforts among all involved agencies. There is a wealth of prepared educational materials available through SAMHSA and other states that can be disseminated via volunteers, school systems, and cooperating agencies. These materials can be disseminated via a coordinated, planned public information effort if at least one FTE was dedicated to it. The local group, led by Region 6 Behavioral Healthcare, has used the media to publicize the Crisis Line numbers (Girls and Boys Town National Hotline received over 300 calls in two days following the shooting). As time passes, it is likely that it will require more effort to get information about reactions, recovery and resources in the media. We propose to fund one FTE to coordinate local public information efforts. This FTE will also be tasked with coordinating ongoing collection of behavioral health needs assessment data. The FTE will be located within Region 6 Behavioral Healthcare.

Focused outreach to affected populations begins with four Town Hall meetings as a way to provide education and promote recovery. Two of the Town Hall meetings will take place at Creighton University Hospital and the University of Nebraska Medical Center, the trauma centers that accepted all of the casualties and injured from the shooting. Space has been offered at a local hotel for two community wide Town Halls. These meetings will be open to the public and will be advertised specifically to affected local businesses. We will work with a local consultant, Steve Wolf, who has national expertise in setting up Town Halls. We would like Dr. Robin Gurwitch (NCTSN) as a speaker and resource for the town hall meetings. She is an expert in trauma and resilience, particularly with children and youth. The Town Hall meetings will take place over 2 days, December 17 and 18, 2007.

Focused outreach to media during the first 90 days serves as a way to keep them involved in recovery efforts and to address emerging behavioral health issues within their ranks. With sponsorship from local media groups we will bring local media (television, news, etc.) together in two half-day sessions for journalists and news organizations involved in the mall shootings. The first session is specifically for newsroom managers and will focus on the issues they face in the aftermath of mass shootings (e.g., managing employees who may be impacted by the event.) The second session will include reporters, photographers, videographers and other newsroom

personnel. It will include a briefing on trauma; discussion of the choices journalists will face in ongoing coverage of the mall tragedy as it plays out over time; and conversation about the impact of these events on victims, the community and on journalists. Both sessions will be led by Bruce Shapiro, executive director of the Dart Center for Journalism and Trauma, and a journalist with experience covering similar events elsewhere. The briefings are based on a model developed by the Dart Center and successfully deployed in seminars following Hurricane Katrina, the Virginia Tech shootings and other tragedies.

Ongoing needs assessment and project oversight

Behavioral health needs and the ability of existing resources to meet these needs will be tracked by Region 6 Behavioral Healthcare. Dennis Snook will serve as the Region 6 lead and will supervise the FTE added as a result of this grant.

The State Division of Behavioral Health does not have the resources to provide technical assistance and guidance to Region 6 in this project. The University of Nebraska Public Policy Center will provide oversight and technical assistance to Region 6 on behalf of the Division of Behavioral Health through an inter-government contract. A similar arrangement was successful in two previous FEMA Crisis Counseling Projects in Nebraska. Jim Harvey of the Division of Behavioral Health will provide general oversight of the contract with the Public Policy Center and Dr. Denise Bulling will serve as the Public Policy Center lead. Dr. Bulling has extensive experience in disaster behavioral health service provision and planning. She will oversee analysis of needs assessment data, fiscal and programmatic reporting and provision of technical assistance to the local area.