

Community-Based Behavioral Health Interventions in New York City After 9/11

A Provider's Story

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Trauma comes in many forms. It affects us personally when a loved one dies and communally when, collectively, we are hit with a hurricane, an earthquake, or a shooting. The effects of these and other traumas linger. Even as we handle the day-to-day aspects of recovery, we must deal with the continuing effects on our emotions. Those of us who work in the mental health world know that the most significant consequences of trauma, large or small, occur six months to a year after the event. This posttraumatic stress disorder happens to us all.

The Jewish Family Service (JFS) system, long known as the “safety net” for the Jewish community, has never been more important. Helping individuals and communities deal with the immediate results of a traumatic event by providing food and water to isolated elderly after a hurricane, helping people return to their homes in New Orleans or relocate elsewhere if returning is impossible, or, sadly, sitting with the families of shooting victims (all services recently rendered by our community of agencies)—our network has provided invaluable assistance.

And when, six months or a year later, the stress returns, the JFS is there again, offering support, counseling, and a shoulder to lean on.

This article, focusing on the response of just one of the network of agencies that is the Association of Jewish Family & Children's Agencies, demonstrates our community's ability to respond to crisis rapidly and most professionally.

Bert Goldberg,
President/CEO, Association of Jewish Family & Children's Agencies

The question for behavioral health providers is whether 9/11 changed our preparedness to respond to a local disaster in the community. On the sixth anniversary of the World Trade Center attack, we reflect on the behavioral response to the New York community and the lessons learned that continue to be relevant today.

Within days of the 9/11 disaster, New York hospitals and community-based agencies mounted a massive public initiative of outreach and crisis counseling. Project Liberty, a \$132 million initiative that was the

largest such effort ever funded by FEMA, was launched under the auspices of the New York state and city health departments. More than 70 providers offered public education, group crisis counseling, and individual counseling services to New Yorkers, first in a fee-for-service model and later through a series of cost-based contracts. As part of Project Liberty, the 9/11 disaster relief program of F·E·G·S, New York's largest community-based nongovernmental organization and voluntary not-for-profit agency, reached more than 135,000 New Yorkers,

along the way achieving many successes and yielding some significant surprises.

The human impact of the attack in New York City was monumental, with thousands of individuals killed or missing and 4,000 local residents immediately displaced. In the year that followed, more than 110,000 people contacted FEMA's New York City clearinghouse for victim assistance, and more than 20,000 people called the local behavioral counseling hotline (*September 11th Fund Annual Report*, 2002).

On September 11, 2001, F·E·G·S employees and clients looked on in shock from our headquarters only ten blocks north of the World Trade Center and in direct view of the attack. F·E·G·S is a health and human services agency that reaches more than 100,000 New Yorkers a year through a network of behavioral health, employment, education, residential, home care, and economic development services throughout New York City and Long Island. It has close to 4,000 employees and an annual budget exceeding \$250 million, and each day nearly 1,000 clients and staff use the many services at the F·E·G·S headquarters in lower Manhattan.

Our disaster response began on day one, even though police did not allow employees back into the agency's building in lower Manhattan until three days after the disaster. This response quickly grew into an interlocking array of services for post-9/11 outreach, counseling, care management, employment assistance, and community redevelopment. At the peak, 135 direct employees and contract were dedicated to the aftermath of 9/11. Subsequently, F·E·G·S received national recognition for its leadership in a time of disaster.¹

¹F·E·G·S is proud to have been honored with an Eli Lilly and Comprehensive NeuroScience, Inc. Behavioral Leadership Award in 2002 for its "Leadership in the Time of Disaster" after 9/11, and the International Association of Jewish Vocational Services 2003 Distinguished Program Award in Recognition of F·E·G·S' September 11th Initiative.

NINE LESSONS LEARNED

Through our post-9/11 efforts, we learned invaluable lessons on how a community provider can prepare and then deal with a behavioral crisis, in the process further transforming F·E·G·S as an agency.

1. INFRASTRUCTURE MATTERS: The Capacity to Respond Quickly is Based on Preparedness

Ralph Waldo Emerson said, "When skating on thin ice, our safety is in our speed." As a diverse, multiservice health and human services system, F·E·G·S was able to respond rapidly to the crisis in many ways. Management immediately mobilized its behavioral health supervisory staff, tapped into the counseling and employment specialists, and deployed its extensive organizational infrastructure. With the resources and infrastructure reorganized and in place, we began to address the needs of those affected by the WTC disaster.

The general challenge to community providers in this age of fiscal restraint is to deal with government's insistence on ever higher quality of services at ever lower levels of public spending. The public expects that the cost of administering projects will be held in check while service dollars will be maximized. FEMA policy is to reimburse for the incremental cost of service and not for administration. However, better services cost money—they require capital investment for technology to improve accountability and communications and additional funds for trained specialists and quality assurance. The paradox is that government is also pushing nonprofits to be more competitive in pricing and to lower the cost of each unit of service. In this scenario, larger nonprofits (NGOs) can deliver services more cost effectively because of economies of scale, but even the largest is challenged to meet the conflicting demands of present funding sources.

The CEO of F·E·G·S, Alfred P. Miller, argues that communal agencies must be prepared to rapidly assess an opportunity or

situation, possess the confidence to overcome bureaucratic barriers, demonstrate a willingness to experiment with new approaches, and discard what is not working (Miller, 1993). A decade ago, he and the Board of Directors of F·E·G·S determined that the best approach to enable an agile response to opportunities was to build an infrastructure based on partnerships with other NGOs and for-profit agencies. Indeed, the development of a highly sophisticated infrastructure has enabled F·E·G·S to respond quickly to program opportunities and to effect a successful, rapid start-up for new initiatives. Among these for-profit spin-offs of F·E·G·S are the following:

- **HR Dynamics, Inc.**, an affiliated consulting corporation that serves as the agency's human resource services agent, assists in all recruiting, hiring, and preparing benefit packages for staff. It sells similar services to other health and human service provider agencies.
- **AllSector Technology Group, Inc.**, an affiliated IT consulting firm, provides a complete range of the most current and innovative IT services. It services more than 140 outside client agencies.
- **XBRM (Extreme Behavioral Risk Management, Inc.)**, a multidisciplinary consulting firm, helps businesses and organizations prepare for, manage, and recover from potentially dangerous conflicts, violence, disasters, and other crises in the workplace.

This infrastructure proved indispensable when the need for agility presented itself on 9/11. We were able to use the affiliates of F·E·G·S to meet the demands for immediate deployment of specialized and dedicated staff, to enter into contracts with government for short-term and long-term programming, to develop new types of services, and to meet reporting requirements.

2. STAFF MOBILITY:

Deploy Supervisory Staff to the Field

The first step that management took in responding to the crisis was to reach out to

disaster victims with a variety of services including public health education, on-site counseling, relief services, and referrals to established mental health clinics and professionals. The problem was that we could not divert counselors from their existing client relationships just when clinicians were most needed. Nor would the FEMA contracts permit us to use such line clinical staff as outreach workers. Therefore, we immediately assigned the supervisory staff to take to the streets, posting flyers in neighborhoods, speaking to the downtown residential and business communities, holding support groups at stores and apartment complexes, and establishing a drop-in center. This hands-on community outreach effort was essential to reaching those in need. A significant aspect of this deployment of supervisors was that it deployed specialized staff into the community, rather than waiting for clients to appear at a fixed site for services.

3. FLEXIBLE WORKFORCE: Recruit "Indigenous" Staff with Select Attributes

Initially, the trauma response teams included many senior supervisors. The second step in the project was the addition of seasoned, carefully screened clinicians through an F·E·G·S affiliate. Historically, the agency relied on a staff mix of full-time employees and part-time staff brought on through a temporary employment agency using a fee-for-service arrangement. This arrangement made it possible to use all the professional staff immediately through the temporary employment agency without disrupting existing clinical operations. It also allowed the recruitment of professionals with proven competencies.

The third step was hiring employees who came from the different communities affected by the crisis: the Chinese-speaking and Russian-speaking communities, Lower Manhattan residents, Hasidic Jews, and the like. These "indigenous outreach workers" (in the terminology of FEMA) developed

creative outreach and publicity strategies to reach pockets of affected community members not yet reached through other Project Liberty efforts. The counselors were essential to meeting the needs of hard-to-reach populations—they had immediate credibility, access, and penetration into their respective communities. Throughout New York City and Long Island, local individuals were used to penetrate local communities.

The more successful staff members shared several attributes—they were energetic self-starters who did not define themselves by their schooling or degree. They were extroverts, good talkers and good listeners who could walk into businesses, schools, and residences to credibly market their services. Often they came with their own “markets,” pockets of the vast population of New York City that were hard to reach without an indigenous member. They were from highly diverse backgrounds; a photojournalist, an art therapist, an Ethiopian lawyer/social worker, rabbis, yoga instructors, retired people, teachers, social workers, psychologists, and students all served in this capacity.

4. TRAINING: Take Care of the Staff

Staff who work with trauma victims on a day-to-day basis often have to deal with their own reactions to the disaster, nor are they spared exposure to it in their families and communities. It was quickly apparent that the staff was vulnerable to “compassion fatigue” for at least several reasons. There was the challenging nature of the work itself, which often involved listening empathetically to many tragic and emotional upsetting stories. Also, like all New Yorkers, the Project Liberty staff themselves had directly experienced the traumatic event. They were subject to being re-traumatized by the work they were doing. Finally, these counselors had particularly close connections to the people they counseled in their communities. Ironically, the staff members who most closely fit our cri-

teria of being deeply connected to an afflicted community were most at risk.

F·E·G·S dealt with this issue by providing extensive training and support to its trauma teams. Initially the staff was trained by NOVA, a national group that was effective in providing a basic grounding in critical stress debriefing. However, we decided, in conjunction with UJA-Federation of New York, to use experts from Israel to provide advanced training. Dr. Danny Brom, director of the Israel Psychotrauma Institute at Herzog Hospital in Israel, and Professor Mooli Lahad, CEO of the Community Stress Prevention Center in Israel and editor of the journal, *Community Stress Prevention*, were brought in to present their advanced models of behavioral disaster intervention (Lahad & Cohen, 1998a, 1998b). In addition, experts from our for-profit affiliates, XBRM and Group Services Interactions, provided their expertise and service in this arena.

Finally, to deal directly with staff “compassion fatigue,” we incorporated elements of the group crisis counseling model into group supervision. Yael Danieli, Ph.D., a renowned trauma expert, was brought in to conduct monthly workshops with staff (Danieli, 1985, 1998). These workshops were designed to make staff more aware of themselves in the process of crisis counseling and to see their role as facilitators rather than fixers.

5. FOCUS ON THE UNEMPLOYED

The World Trade Center attack was a form of both psychological and economic warfare. New York’s economy was devastated by the attacks. By March 2003, the U.S. Department of Labor estimated that more than 180,000 jobs had been lost in New York as a direct result of 9/11, which worsened the mild national recession that predated the attack. The crisis brought the unemployment rate in New York to 8.6%, the highest in the nation (Eaton, 2003).

Because of the diversity of its operations, F·E·G·S was a major New York service pro-

vider in two previously distinct service arenas: employment and traditional behavioral clinical services. After 9/11, specialists from these two fields joined forces and provided a unique combination of outreach and counseling to those who were suffering from the emotional impact of chronic unemployment, economic erosion, and family disintegration.

With aid from public and private funding sources, the F·E·G·S Employment Division received numerous grants for career counseling and assessment, resume preparation and job search assistance, job readiness, and job training in New York City and on Long Island for more than 4,000 New Yorkers affected by the WTC disaster.

6. LONG-TERM CARE MANAGEMENT: Help Victims with Entitlements and Support Services

A new staff of care managers and service coordinators were subsequently deployed, using targeted funding from United Jewish Communities, UJA-Federation of New York, the McCormick Tribune Foundation, *The New York Times* September 11th Fund, the September 11th Fund of the New York Community Trust, and the United Way Of New York City. Under the auspices of the United Services Group (USG), we were there to provide compassionate, practical, and focused advocacy and support to individuals directly affected by 9/11, helping them get the services they needed as they coped with their guilt, anger, and grief. Care managers became the hub of many people's lives. They knew the intimate details of how their clients were suffering, both financially as well as personally. They helped victims and the families of those lost in the WTC tragedy fill out paperwork and access cash assistance; entitlements and benefits; mental health counseling; legal, financial, and child care assistance; and other needed support to cope and eventually move on with their lives. The foundations also funded supplementary clinical treatment services to victims who suffered long-

term emotional problems or mental illness as a result of the attack, including many who had been retraumatized, such as Holocaust survivors and émigrés from war-torn countries. Finally, F·E·G·S already had contracts with managed care organizations to provide employee assistance services for many of the corporations in lower Manhattan; these services were extended for more than a year of follow-up.

7. PROJECT LIBERTY, FEMA, FOUNDATION, AND OTHER CONTRACTS: Meeting Accountability Requirements

The actions taken in the days after the crisis were guided by Project Liberty, an initiative funded largely by FEMA and launched under the auspices of the New York State Office of Mental Health and the New York City Department of Health and Mental Hygiene. In addition, many foundations contributed to the effort. Each specified its own set of performance rules. The billing and accountability regulations for these disaster relief services were new and stringent and required quick adaptation by providers. The funding for disaster relief services came from different sources that all required their own tracking and accountability information. F·E·G·S immediately turned to its for-profit affiliate, AllSector Technologies, to build computerized accountability systems that met our funding sources needs. In contrast, many other NGOs reported that they found it too difficult to meet the governmental and private demands for accountability and reporting.

8. PUBLIC HEALTH versus MENTAL HEALTH: Adjust for the Conflicting Approaches

According to public testimony, general hospitals in New York were both surprised and suffered a fiscal setback when they emptied beds on 9/11 to triage what were expected to be hundreds of injured victims and then received only a handful of survivors who were transported for burns or in-

juries. Similarly, after preparing for a flood of 9/11-related clinic patients, community behavioral health providers were surprised by the community’s lack of response to traditional clinic-based services. One reason for that lack of response was that traditional behavioral health providers were stymied by the conflicting models of their professional training versus the FEMA protocols for behavioral disaster relief.

The federal model of crisis counseling is best understood as a public health model of service. Crisis counselors are expected to be dedicated to the disaster relief effort, providing only education and counseling to the general public by using standard techniques such as reflective listening and psychoeducation. Participants are helped to recover their predisaster level of functioning. The objective is community penetration to reach all potential individuals to reduce the emotional impact of the disaster or crisis.

Traditional mental health practice is inconsistent with the FEMA model. All standard clinical treatment approaches assume that something is wrong with the client, which can be fixed through the relationship between the professional and patient. The goal of treatment is to help the client/patient correct the problem; it is achieved by having the therapist intervene and change the client/patient’s behavior.

In contrast, the Project Liberty crisis counselor looks at a participant as an ordinary person who is naturally struggling to cope with the excessive demand that traumatic stress places on even the strongest

defenses and adaptive capacities. For most affected individuals, the public health expectation is that one or two sessions of psychoeducation can provide a boost to accelerate their coping mechanisms and help them recover more quickly. People with stronger emotional problems or PTSD may seek help from traditional behavioral health professionals or clinics using their health care insurance.

In educating ourselves about the conflicting models, we adapted material from FEMA and other sources as outlined in Table 1.

We knew that many “mental health professionals . . . assume that extreme emotional and psychopathological reactions are typical consequences of disasters” (Quarantelli, 1985). We also knew that available evidence does not support this belief. The FEMA model holds that traditional mental health professionals will only succeed as crisis counselors if they possess the following attributes:

- They can assimilate a revised conceptualization of mental health services that is often different from their training and traditional function (e.g., lack of diagnosis, interventions in very nontraditional settings, role ambiguity).
- They are comfortable working with paraprofessionals or trained nonprofessionals.
- They are able to incorporate crisis counseling theory and practice into the theoretical construct that usually guides their practice (e.g., psychoanalytical, cognitive/

Table 1. Models of Mental Health Care Delivery

“Traditional” Mental Health Practice	Public Health Model
• Usually office based • Focuses on diagnosis and treatment of a mental illness • Attempts to affect the baseline of personality and functioning • Examines content • Encourages insight into past life experiences and their influence on current problems • Has a psychotherapeutic focus	• Primarily home and community based • Focuses on assessment of strengths, adaptation of existing coping skills, and development of new ones • Seeks to restore people to predisaster levels of functioning • Accepts content at face value • Validates appropriate reactions to the event and aftermath; normalizes the experience • Has a psychoeducational focus

behavioral, insight-oriented approaches; FEMA, 2000).

9. ANOTHER PUBLIC HEALTH INTERVENTION: Strengthening Community and Individual Resiliency

The FEMA approach emphasizes the power of human resiliency and natural recovery following a disaster, whether natural or man-made such as this attack. Yet, most crisis counseling experts agree that it is just as important to strengthen community support networks to respond to local needs. In fact, some argue against deploying widespread individual services to “assist” a recovery that in most cases will occur anyway (Quarantelli, 1985). For example, even survivors with mental illness function fairly well after a disaster, as long as most essential services have not been interrupted (DeWolfe, 1996).

Our counselors confirmed that most Project Liberty participants were reassured to learn that their reactions did not mean that they were “going crazy.” At the same time, F·E·G·S also focused efforts on strengthening community resiliency through an outreach strategy that relied heavily on the principles expounded by the Israeli trauma experts, who emphasized the links between community and individual resiliency.

Strengthening community resiliency required strategic thinking, as each community is a system with its own power structure, stakeholders, and mode of operation. Extensive preparatory work was involved before setting up shop in the community. Working as outreach teams, behavioral crisis counselors and care managers met with key community leaders who could assess the needs of the community members and the order in which they had to be met, help establish the points of access, and ultimately shape the response of the team with the community members.

The following are examples of discrete projects that capture some of the diversity of these community-strengthening efforts:

The Lower Manhattan Healing Project

In early 2002, the September 11th Fund of the New York Community Trust and the United Way Of New York City agreed to fund a special effort to assist people living, working, and attending school in lower Manhattan. Staff met with groups of local residents, business leaders, and school officials at their sites to determine their needs. Residents wanted information and support groups, whereas employees preferred an opportunity for private counseling at their office locations during the workday. A local community college had lost a building in the disaster and needed help to deal with more than one thousand students who had stopped attending school. By employing residents of lower Manhattan, both as professionals and paraprofessionals, we were able to gain access and meet community needs.

The “New Americans” Team

Bilingual/bicultural staff members reached out to various sectors of New York’s substantial foreign-born community. Some undocumented workers had died; others lost jobs or were otherwise traumatized. But undocumented aliens were ineligible for many of the available benefits or fearful of applying for benefits to which they were entitled. A South Asian staff member reached out to Muslims, Hindus, and others targeted by anti-Muslim bias. A Chinese American staff member discovered a group of isolated Chinese residents in a housing complex a few blocks from Ground Zero. An African-born Swahili-speaking staff member found that some African families had lost family members whose bodies they could not claim because they or their family members were undocumented immigrants. Others who had survived horrifying experiences before their escape from war-torn countries were deeply retraumatized. Two Russian-speaking counselors reached out systematically to thousands of émigrés from the former Soviet Union. A

Spanish-speaking former Red Cross employee sought out Hispanic enclaves in Brooklyn and the Bronx that other providers had overlooked. Staff also reached out to New York's gay, lesbian, bisexual, and transgender community whose reaction to the events of 9/11 had its own distinct characteristics.

The Jewish Outreach Team

Because of F·E·G·S' strong ties to diverse parts of the Jewish community, Project Liberty services were delivered with a deep understanding of the unique needs of this community. A team of rabbis, chaplains, social workers, and paraprofessionals from several traditions, including the Orthodox, Hasidic, Reform, and Sephardic communities, delivered Project Liberty services in accord with the needs of those communities. Two rabbis, trained as chaplains, provided home visits to homebound elderly Jews, many of whom were Holocaust survivors, offering acceptance and solace and a way to bridge the gap from yesterday to tomorrow.

Local Colleges

More than 100 graduates of the John Jay College of Criminal Justice were among the uniformed service personnel lost on 9/11. F·E·G·S trained and oversaw a team of John Jay College counseling staff in the FEMA model of crisis counseling, and the staff directly offered services to students. Similarly, counselors at Lehman College in the Bronx were concerned about dropout prevention for their students, many of whom were the first in their families to go to college. Because of the strong relationship with the surrounding community, the F·E·G·S-Lehman College team was able to bring Project Liberty services to local residents as well.

Department of Education

By May 2003, arrangements were completed to fund Project Liberty services in

the public schools. F·E·G·S formed a partnership with the Bronx Division of High Schools to work with local counselors in 16 high schools in the Bronx. F·E·G·S counselors collaborated with teachers, guidance counselors, and other school staff to bring Project Liberty services to thousands of Bronx students in grades 9–12.

CONCLUSION: TRANSFORMED BY 9/11

Bloom and Reichert (1998) conclude that traumatic stress often produces positive outcomes as well as negative ones. For F·E·G·S, participation in Project Liberty provided an opportunity to refine our approach to infrastructure and services. First, the experience validated our position that the agency would be able to respond more quickly in a time of crisis because of the ability of its for-profit affiliate entities to adapt rapidly to the demands of Project Liberty for staffing and technology. Second, F·E·G·S' behavioral health services division learned that blending a public health model with clinical approaches would better serve the affected population. Third, from our Israeli colleagues with experience in other disasters, we learned new approaches to staff training and to a more flexible blend of clinical mental health practice and public health outreach.

Based on this experience, F·E·G·S now participates in preparing behavioral response to future crises. Internally, we maintain a Disaster Response Team that can be activated in a crisis by the New York City Department of Health and Mental Hygiene (DHMH). We were invited to participate with DHMH's newly established Department of Behavioral Preparedness in gauging the lessons learned from this monumental event. We are participating with UJA-Federation of New York in a binational Israel/U.S. learning community to become better prepared through research and program exchanges. Also, we expanded our commitment to XBRM as a for-profit initiative that prepares the corporate sector for business recovery after a disaster.

Disasters are local events, even when the impact is broad. The central element of our Project Liberty effort was to recruit culturally and ethnically diverse staff who could reach out as insiders in their communities. Even in the “sophisticated” community of New York City with the world’s largest concentration of psychiatrists and mental health professionals, we learned that many people are ashamed to seek mental health services when they need them. For most, a crisis has both emotional and economic consequences. By working within communities to build future resiliency and assisting them to rebuild and strengthen their own networks, we were able to reach and assist many people who would otherwise have gone unattended with both behavioral and employment services. We are now also better positioned to spring into action at the local level, but throughout metropolitan New York, in the event of another crisis.

POSTSCRIPT

Since 9/11 our behavioral health staff has been involved in New York’s response to evacuees from Hurricanes Katrina and Rita. We sent a social worker to Mississippi to work a crisis phone line. Two of our senior management staff are active in the New York City and the Long Island VOADs (Voluntary Organizations Active in Disaster). One senior management staff member has made two trips to Sri Lanka for tsunami relief efforts as part of an American-Israeli team that is building capacity by training Sri Lankans in behavioral health interventions. Our experience and expertise continue to grow. Each disaster has its own challenges, but we continue to deepen our relationships and affiliations with other human services providers and government so

that we are prepared to devote resources when needed.

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