



**New York City
Police Foundation**
Invest in a Safe City

**PROJECT COPE
FINAL PROGRESS REPORT
September 2011**

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National Institute for Occupational Safety and Health Centers
Centers for Disease Control and Prevention**

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Overview

Project COPE

The terrorist attacks on September 11th on the World Trade Center caused devastation far greater than any event in the history of New York City. Each of the members of the New York City Police Department (NYPD) was affected by the events of that day. In many cases, the emotion and stress experienced in the aftermath of the attacks may have exceeded the physical demands of the actual rescue. Immediately following the attacks, the New York City Police Foundation (Police Foundation) launched the Project COPE program to address the psychological impact of the events on civilian and uniform members of the NYPD.

Project COPE is a collaborative effort between the Police Foundation, NYPD and Columbia University Medical Center (Columbia) to provide free and confidential mental health services to NYPD personnel. The two interrelated objectives are as follows:

1. To provide stress management and mental health services to NYPD members and their families (initially eligible for program services) stemming from the attacks of September 11th and its aftermath; and
2. To create greater awareness of the physical and emotional consequences of stress and to promote institutional and individual acceptance of mental health services.

Group stress management sessions provide information and techniques to recognize and reduce stress and the 24/7 helpline and private counseling services offer confidential mental health care to those who seek it. Initially program services were available to NYPD personnel and their immediate family members (spouses, partners and children). Limited funding and grant restrictions caused the services to now be available only to NYPD personnel. The CDC/NIOSH grant covered Project COPE services for NYPD personnel employed on or before 9/11/01.

The Police Foundation administers the program and serves as the fiscal conduit for the NYPD while Columbia provides direct counseling services to NYPD personnel. The Police Foundation received a total of \$4.72 million from the Centers for Disease Control Prevention/National Institute for Occupational Safety and Health (CDC/NIOSH) during the period September 15, 2006-June 30, 2011 to support Project COPE. Although the grant period is complete, a grant from the Bureau of Justice Assistance permits the program to remain operational through December 31, 2011. No renewal funding will be received and the program will terminate at that time.

New York City Police Foundation, Inc.

The Police Foundation is a non-profit organization dedicated to enhancing the effectiveness of the NYPD by providing resources that are not readily available to it. The Police Foundation funds programs; undertakes innovative police-related projects; and provides information to the community about police services.

Since its inception in 1971, the Police Foundation has invested over \$100 million in the NYPD for 400+ police projects and donated goods and services worth millions more. During the last fiscal year ending June 30, 2011, 83% of the Police Foundation's total expenses supported initiatives in law enforcement proficiency; community support and understanding; and professional development and well-being, which includes scholarships, awards and special

training. The Police Foundation is the only organization authorized to seek and accept donations on behalf of the NYPD. Its program activities traditionally supports programs focusing on police personnel such as sponsoring a police suicide prevention videotape and curriculum; establishing Cardiovascular Fitness Centers and hypertension screenings; and creating a web site available to all NYPD personnel to provide information on mental and physical health resources.

New York City Police Department

The NYPD has one of the most comprehensive medical capacities among police departments in the United States. Within the Medical Division is the Psychological Evaluation Unit and the Personnel Bureau includes the Early Intervention Unit. Within hours of September 11 attacks both sections began arraying their resources to respond to police needs. The Psychological Evaluation Section dispatched its personnel to the World Trade Center area and to other emergency management sites downtown. The Early Intervention Unit immediately began to work with the police precincts to provide information to the police force at Roll Call with regard to the early warning signs of serious stress, the services offered by the NYPD internally, and ways to avoid or cope with stress. Both of these units continue to provide prevention and screening services, and act as referral points to Project COPE as well as communications nodes for continued dissemination of information about Project COPE throughout the NYPD.

Columbia University Medical Center, Department of Psychiatry

The Columbia University Department of Psychiatry is one the largest in the country in terms of faculty size as well as state, federal and foundation research support. It has extraordinary clinical, educational and research resources. Its faculty includes over 400 psychiatrists, social workers, nurses and neurbehavioral scientists. The Department of Psychiatry provides clinical services at Columbia University Medical Center in programs operated through New York Presbyterian Hospital as well as faculty practice programs operated through Columbia University. The Department operates a day treatment program and intensive outpatient program and a neuropsychology assessment service. It provides comprehensive outpatient and inpatient evaluations of complex patients.

Program Significance

Addressing the health and well-being of the members of the NYPD in such a comprehensive manner is unprecedented. Police Officers are often unwilling to discuss their emotions because of the stigma that the police culture attaches to seeking help. Yet, untreated stress may lead to disturbing outcomes such as domestic violence, suicides and excessive use of force. Project COPE allows officers to overcome the stigma and seek mental health services without the fear of reprisals, which is in the best interest of the NYPD and general public.

Project COPE provides a range of services that target the stressors specific to being a law enforcement officer, which often includes exposure to multiple critical incidents on the job, pressures from the public and press, and a range of organizational stressors. The culture of police work, which often creates cohesion and conformity and dichotomous views, is often helpful for the officer in their work but can create interpersonal conflicts and problematic behaviors outside of their work.

The program is sensitive to the demands of police work and its inherent culture and is able to incorporate such issues into client services where appropriate. Project COPE provides state-of-the-art clinical services to NYPD personnel, which includes comprehensive evaluations and psychotherapy provided in multiple modalities (e.g. individual and group psychotherapy) and outreach services that seek to decrease stigma and barriers to seeking mental health services among a vulnerable population.

To assist those who may be experiencing emotional aftereffects of the attacks, Project COPE services included:

- Public education stress management sessions at NYPD facilities.
- Private individual, family and group counseling services at Columbia.
- 24-Hour/7-Days helpline staffed by Columbia.
- Printed materials and informational packages with referral information.

Distinguishing Features of Project COPE

Various units of the NYPD and other mental health organizations offered some counseling services to members of the NYPD. However, several characteristics of this program distinguish it from other services and impacted its long-term success and removed many of the common barriers to treatment.

- Project COPE is the only NYPD-sponsored program open to both civilian and uniformed members of the NYPD. Thus, traffic agents assigned to duty near Ground Zero and 911 operators who took the frantic calls from trapped victims are offered the same services as uniformed officers. Civilian employees are limited to 3 counseling sessions unless to be deemed an emergency case by the clinician with approval from the Clinical Director, Ellen Stevenson, M.D.
- Project COPE is free. NYPD employees refrain from using insurance for fear of discovery and from treatment because of the expense. This no-cost approach removes two frequently cited obstacles to counseling.

- Project COPE is comprehensive. The features of the multi-phased approach include information and strategies to manage the stressful events of 9/11 to a full range of confidential individual and group mental health services.

Program Services

The following are descriptions of the psychiatric-specific services available at Columbia:

Columbia Department of Psychiatry Private Clinicians – Often a patient will need treatment from a therapist with a specialized area of expertise. The Columbia Faculty is an enormous resource for specialized services such as domestic violence, substance abuse and personality disorders. Also higher ranking members of the service of the NYPD and others particularly concerned about confidentiality are unwilling to be in an area where they may see colleagues. Private clinician offices provide a solution to this problem.

Columbia Intensive Outpatient Program (IOP) – The IOP provides outpatient services for individuals who need medication evaluation or management or who require more intensive treatment either as an alternative to being hospitalized or as a transition after being discharged from the hospital. The IOP staff includes five attending psychiatrists at New York Presbyterian Hospital who all have Columbia University faculty appointments. All are also board certified in psychiatry. In addition, the IOP has a licensed clinical psychologist who provides group psychotherapy.

Columbia Neuropsychological Service at the Garden Unit – The Columbia Neuropsychological Service at the Garden Unit is a premier inpatient program, offering outstanding clinical evaluation and treatment by senior faculty and a full staff of expert clinicians. The Garden Unit is a renovated wing of the hospital with features to ensure the safety of persons, who, due to psychiatric condition, may require a high level of supervision. The Garden Unit is a 24-bed, traditional, locked, acute care inpatient psychiatry unit. Some patients on the Garden Unit have only psychiatric problems, while others have dual psychiatric and substance use disorders. If desired, patients may transfer to the McKean Pavilion as their condition improves to the point that they no longer require inpatient psychiatric services but still require detoxification services.

Columbia University Day/Evening Treatment Program – The Columbia University Day Treatment Program is a unique comprehensive clinical service that provides structure and support to normally high functioning adults who are in crisis. It is designed as an adjunct to individual treatment and is well suited to those who have had to interrupt their professional pursuits because of mental illness and/or addiction. This level of care can often prevent the need to abandon such pursuits completely and can frequently preclude the need for inpatient hospitalization.

The evening component of the program is a flexibly scheduled intensive group therapy program that meets Monday through Saturday. Schedules are individualized and are arranged with input from the patient, the individual therapist and the program staff. Flexible scheduling encourages a smoother return to independent functioning as the patient is allowed to gradually reduce group involvement as he or she resumes greater responsibility and autonomy. The components of the program are specifically geared to those individuals who have recovered sufficiently to return in some way to their former level of functioning.

NYPD personnel can access Project COPE services at the following sites: 1) Columbia Department of Psychiatry located at 180 Ft. Washington Avenue, New York, NY 10032; 2) Columbia Neuropsychiatry located at 16 East 60 Street, New York, NY 10019; and/or 3)

Columbia-Intensive Outpatient Program located at 635 West 165 Street, New York, NY 10032. Assistance is also available to NYPD personnel via the helpline manned by Columbia clinicians on a 24-hour/7-days basis.

Management of the Project COPE is under the supervision of Gregg Roberts, Executive Director of the New York City Police Foundation and Ellen Stevenson, M.D., Clinical Director of the Department of Psychiatry. To administer the program, the Police Foundation worked with the NYPD's Office of Management Analysis and Planning, Personnel Bureau, Early Intervention Unit and Psychological Evaluation Unit. Moreover, the NYPD and the Police Foundation, sensitive to the many manifestations of this cultural resistance and the complexities of policing, are uniquely positioned to deal with the barriers through ongoing outreach efforts. At Columbia, the Department of Psychiatry features renowned experts who apply the latest information, and the best traditions of compassionate medicine, to the care of individuals suffering from mental illness and emotional problems.

Data Collection

The collection of data for the program is tracked and monitored by the database administrator under the supervision of the Acting Executive Director of the Police Foundation, Gregg Roberts and the Clinical Director of Psychiatry, Department of Psychiatry at Columbia, Ellen Stevenson, M.D.

Project COPE collects client demographics, telephone screening information, initial evaluation, termination information and each encounter information. The information is collected from the clinician and from the telephone screener and is entered into a centralized information system using MS Access. The data collection methods are telephone and face-to-face personal interviews. Reports of aggregate data are reported monthly to the Police Foundation. Absolutely no identifying information is ever reported as specified by HIPAA regulations unless in extreme cases where public safety might be involved.

Project Relevance

Levels of Services

Project COPE does not involve the research of human subjects.

The goal of Project COPE is to make quality counseling services available in the aftermath of 9/11 to NYPD personnel on a free, confidential basis. But on a deeper level, the goal is to provide information and education to deal with the symptoms of stress and its impact on the lives of police employees and their families. The program accomplished these goals by providing free and confidential counseling services at private and/or Columbia facilities, offsite of the NYPD, and access to a 24/7helpline.

Since the program's inception in 2001, 52,048 private counseling sessions have been held for NYPD personnel (as of June 30, 2011):

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	Average
Jan	48	193	316	347	409	317	515	301	257	233	294
Feb	39	244	288	341	334	301	478	319	245	238	283
Mar	140	222	303	390	344	333	517	336	282	266	313
Apr	149	201	267	356	360	378	507	279	260	241	300
May	169	152	332	394	398	436	505	284	241	212	312
Jun	132	235	277	425	338	359	435	307	237	244	299
Jul	274	176	293	333	326	410	453	291	244	0	311
Aug	132	198	228	355	333	385	352	236	186	0	267
Sep	155	273	320	375	297	398	335	237	275	0	296
Oct	286	253	346	389	315	495	331	268	289	0	330
Nov	209	279	391	403	274	416	289	250	254	0	307
Dec	221	141	359	311	296	418	320	260	228	0	284
Subtotal	1,954	2,567	3,720	4,419	4,024	4,646	5,037	3,368	2,998	1,434	3,597
CATS*	1,409	3,070	3,888	2,274	2,131	152	n/a	n/a	n/a	n/a	2,500
Total	3,363	5,637	7,608	6,693	6,155	4,798	5,037	3,368	2,998	1,434	4,957
Grand Total	52,048										

*Limited funding resources caused the Police Foundation to reduce the Columbia Anxiety and Traumatic Stress (CATS) section's budget and merged its services into the general clinical and counseling services as of March 2007.

- Of the 52,048 counseling sessions held through June 30, 2011, the CDC/NIOSH grant sponsored over 20,000 sessions during the grant period.

Although in operation since November, 2001, Project COPE continued to receive new patients each year:

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	Total
Total Individuals	n/a	n/a	n/a	487	551	375	283	181	156	114	2092*
New Patients	n/a	n/a	n/a	170	173	279	131	60	61	17	2,092
Follow-Up Sessions	n/a	n/a	n/a	6,523	5,982	4,519	4,910	3,308	2,998	1,417	49,956
Total Sessions	3,363	5,637	7,608	6,693	6,155	4,798	5,037	3,368	2,998	1,434	52,048

*Do not add columns-patients return year after year and between services.

Other important statistics from 2002 through June 30, 2011:

- 18,000 NYPD employees attended 600 educational sessions.
- The helpline averaged 5 calls each day, totaling 6,269 calls.
- Over 121 high-risk cases received extraordinary intervention.
- While there have been some serious trauma-related cases, unlike other disasters, there were no police suicides during the year following the attack.

The resistance of the police culture to seeking emotional and psychological support is well documented. Although the program offers free and confidential counseling, it still faced the challenge of NYPD personnel overcoming the resistance to seeking help. It took considerable time to gain their trust to achieve the levels of success it has to date.

Case Scenarios

The following four scenarios are examples of the range of cases the clinicians from Columbia handled:

1) A 47 year old man, first responder, involved in deploying NYPD personnel during the 9/11 attack (i.e., helicopters, dogs etc.) felt he was not a first responder because he did not actually rescue people from the buildings but just said that he was busy at One Police Plaza during the attacks. In reality, he was getting calls from family members and hearing first-hand who was missing and who was most likely dead. He also lost 5 friends.

Two years after 9/11 he came to the Project COPE with very alarming thoughts of suicide, family problems and depression. He also had a wife who was ready to leave him, a disabled child and three sons and one daughter who were furious with him for his erratic temper outbursts. He was not hospitalized but treated frequently and intensely as an outpatient using supportive therapy, pharmacotherapy and stress management therapy. Furthermore, he had made a bond with the therapist, who worried that if he was admitted to the hospital that he would connect to getting help.

Several months into treatment he admitted to having flashbacks of September 11, despite denying it many times. They were vivid and alarming and were contributing to his family problems and his suicidality. These symptoms were addressed through therapy while simultaneously seeing each of his family members and trying to mend their relationship with him.

Three years after the attacks, his suicidality is behind him, his flashbacks although not gone are diminished and his home life, although not perfect is normalizing. He referred several people into the program. Of interest, the people he has referred in are tough guys who have never sought treatment before but who badly needed it. They called because this client is considered a real "man's man" and it enabled them to enter the program without feeling weak.

2) A three year old who had parents who were first responders, and who was in one of the houses hit by the plane that crashed in Queens several months after the attacks saw dead bodies and babies as he was carried through the flames by his 72 year old grandmother.

His house was destroyed and his parents were already under stress from the 9/11

attacks. The child became sad and non-communicative, started wetting the bed, did not want to eat or play with his toys and did not want his parents to leave him to go to work.

He was seen by one of Project COPE's child psychologists who did play therapy with him and the child was able to respond and feel safer and more secure within 6 months. Through the contact with the child psychologist, the parents were referred to therapist also both to deal with the residual trauma from the terrorist attacks and to cope with their PTSD of the plane crash.

3) A detective, who was exposed to several recent traumas on the job, particularly the clean-up related to 9/11, was brought into to the emergency room by his colleagues as a result of his suicidal thinking. He was admitted to the psychiatric inpatient unit and was referred to both the Columbia Anxiety and Traumatic Stress (CATS) Program and the Intensive Outpatient Program as part of his discharge plan.

While he had been exposed to several critical incidents on the job over the years, the 9/11 attacks caused a level of symptoms that were difficult for him to manage. He was disabled by both intense re-experiencing symptoms related to the trauma and depression. His participation in both programs involved weekly visits with a psychologist, a psychiatrist and three times weekly groups. As his symptoms waxed and waned as a result of many psychosocial stressors, his treatments intensified (e.g. increased individual sessions and hospitalization) as needed. The detective also later attended a PTSD psycho-education group offered by the CATS Program. During his individual therapy he received cognitive behavioral interventions to help decrease his re-experiencing and arousal symptoms associated with his trauma exposure. Other behavioral interventions included activity scheduling (e.g. increasing time spent with children and other activities to reduce depressive symptoms), relaxation therapy, assertiveness training to more effectively manage important relationships in his life, motivational therapy to assist with health related activities (e.g. motivation to eat well and exercise). He utilized all modalities of our services. Although the detective continues to experience symptoms, he is alive, which is likely a result of his participation in the program's comprehensive services.

4) A wife of a traffic agent called the helpline seeking assistance for her husband who was experiencing stress and anxiety shortly after the 9/11 attacks. The clinician informed the wife of the various services offered through the program and assured her that her husband would be treated at no cost and confidentially. After a few more calls to the helpline, the wife finally convinced the agent to call the helpline. The agent thereafter agreed to meet a clinician for private counseling. During his treatment, the clinician utilized the CATS Program, which included self-monitoring of anxiety, thoughts, and feelings; cognitive restructuring; worry exposures; and relaxation training. The agent was able to return to a normal with just 3 sessions of counseling.

Since the inception of the program, there have been some hospitalizations for various reasons and presenting symptoms. Referrals for hospitalizations are made by the Early Intervention Unit and Psychological Services Section of the NYPD. It would not have been in the best interest of either the NYPD or New York City community in general if these police officers and other personnel had not sought clinical help early in the post-9/11 period. Furthermore, a key efficacy of Project COPE has been the anonymity guarantee, explicit in the treatment protocol and implicit in the offsite and free format. However, it must be noted that such anonymity guarantee does not preclude NYPD intervention in extreme cases where public safety might be involved.

Evaluation

The formal evaluation of the program prepared by Changing Our World, Inc. in March 2008, *Project COPE Report on Cooperative Clinical Research Agreement 1U10 OH009173-01*, was supported by the CDC/NIOSH grant. The analysis specifically focused on the grant period September 15, 2006-September 14, 2007. Notable measurable indicators of success for the program during the first year the grant period included: (Page 3)

1. Evidence of meeting a continued need of NYPD first responders relative to the terrorist attacks of September 11, 2001.
2. Evidence that those served by Project COPE are accessing services that are assisting their return to wellness.
3. Costs per participant that compare well to the cost of having an NYPD member on disability
4. Provision of services unavailable through other NYPD programs.
5. Leadership in informing the future practice of mental health and post-traumatic stress services for first-responding organizations beyond New York City.

The Changing Our World analysis specifically stated "in general, mental health services are viewed with some trepidation by uniformed services organizations. The admission that an individual needs help coping with stress is widely seen as a sign of weakness in such organizations. There is fear that seeking help will have long-term professional consequences, destroy promotion possibilities, result in removal from active work roles, and, overall, isolate the individual professionally and personally within the organization. There is usually little trust that any services sought will remain confidential, and an assumption that all medical and insurance records will be made available to one's superiors. Hence, uniformed services organizations, from the cop on the beat to the manager at the precinct, shy away from expressly planning for mental health services for disaster situations." (Page 15)

The Foundation's consultants also looked at other state's mental health programs as part of disaster relief. The lack of planning for post-traumatic stress associated with disasters is manifested strikingly in preparedness protocols. The analysis examined the preparation protocols from the disaster preparedness offices of all 50 states. Only 14 out of 50 states provide some form of counseling services as part of their disaster preparedness. Of the 14, only six – New Jersey, Texas, Nebraska, Montana, Colorado and Washington – provide counselling and mental health services specifically focused on first responders. The Foundation's consultants also examined the agendas of national conferences on disaster preparedness. Only one, the Rocky Mountain Region Disaster Mental Health Conference, included post-traumatic stress in its program. (Page 16)

Project COPE, therefore, broke new ground. The program gained the trust of the uniformed and civilian members of the NYPD.

Included in the analysis were lessons learned through Project COPE: (Page 17)

Planning for the Disaster After the Disaster

- Internal capacity needs to identify external (academic) resource centers, identify leadership there, and reach out. Get to know them; be sure they understand the culture within the uniformed and first responder services. Establish regular relationships, and discuss expectations and concerns. Begin to agree on any protocols that will need to govern the provision of services to uniformed first responders.

- Planning for psychiatric services needs to be embedded in the general crisis planning framework. It must be not an exception, but embedded as a task like any other task. Geographic scope is part of planning parameters because, in most large cities, many first responders will not live within the city limits.
- Planning needs to be organization-wide, including families, and be long term. The psychological issues will outlive many of the other aspects of disaster planning and management.
- Leadership at the very top is the only buy-in that counts. Without that, all other planning has limited utility.
- Finally, planning needs to recognize that a major disaster such as September 11 has consequences for the management structure of uniformed services. In the year after September 11, there were many retirements from the Police Department. Promotions brought forward new managers for whom the combination of stress from new management responsibilities and stress from the experience can multiply mental health vulnerability. Support services must be pre-planned and pre-designed to extend availability upwards into the ranks of new managers.

Management and Systems

Systems for managing volunteers are critical. These include systems for intake and for vetting, for acculturating volunteers to the uniformed services culture, for managing those who become part of the process, for evaluating volunteer quality, and for terminating volunteer involvement. Most uniformed services have no capacity for volunteer management and no experience with supporting systems.

Services will be expensive, and are normally not part of the normal budgeting process. Planning should include research on potential funding options; relative to the likely scope of costs. Early familiarization meetings with potential philanthropic sources of support would familiarize these organizations with the dimensions of plans being prepared.

At a major disaster, ad hoc responses will be normal to cope with initial chaos. However, plans should include the determination of how stress service management will be coordinated between internal resources, volunteers, and external academic centers.

Adjust internal management and personnel deployment systems for the reality that, at a mass disaster, uniformed services will not come for help because will not leave their work.

Develop and put in place data collection systems so that services can be tracked and progress and demand can be evaluated.

Develop systems for expanding accessibility as needed to other uniformed services cadres (e.g., FBI, uniformed services from other venues) not normally part of the management, internal service provision and data tracking systems

Develop training systems for executives that can be rapidly deployed to be sure that managers understand and are supportive of the services being executed, volunteers present, data systems in use, management flows being put in place.

Testimonials

Confidentiality is a key element of Project COPE. The program's success was contingent upon developing NYPD personnel's trust in order for these services to reach into the police culture. A number of testimonials attest to the value of the services in the lives of those treated. The following are testimonials from earlier periods of the program illustrating the degree to which the remnants of September 11 continued to surface in the lives of first responders:

Senior NYPD official 2007

"Approximately two years ago...I experienced severe depression and began to ostracize myself from my friends, co-workers, and family members. As a high ranking New York City Police Department official, I started to drink in excess and immerse myself solely in my work...Although years ago, the death and despair of September 11 had done, what I believe to be, irreversible damage to my mental health. My horrible [personal] relationship, lingering post-traumatic stresses of 9/11, as well as the stress associated with my professional responsibilities were ... deteriorating my psychological well-being.

"The complexities of being a police officer do not allow for seeking psychological help...Nothing is supposed to affect us. If the Department discovered my depression they would remove my guns, causing a huge blemish on my career...Going to see a psychiatrist would be like throwing my career away. I knew I needed professional help, but it was a double-edged sword. Healing psychologically would come at a cost: my professional demise. I found the courage to call [the COPE program]. My call for help was addressed immediately [and] anonymously. Affordability was also one of my concerns. The need to remain anonymous prevents us from using our health insurance...If fees were charged, most First Responders could not participate in the program.

"I spoke to [the program] the following day. I started to feel better within the first minutes...and progressed with each visit. The COPE doctors and staff were wonderfully helpful and professional...The COPE program made my life livable once again. When I had nowhere else to turn, they were there to help me when I needed it most."

NYPD Peer Counselor, 2007

"I have been [with] the New York City Police Department...for the past 18 years. I have dealt with countless police officers of various ranks in different levels of crisis, including suicide ideation. In these situations, it is imperative that we have resources at our disposal that we can trust to handle them with utmost care and respect the confidential nature of the issue...Trust is very important to the law enforcement community...It helps immeasurably that COPE...understands [this] need of our law enforcement community."

NYPD Sergeant, 2007

"The COPE program has proven invaluable for swift, discrete care while keeping the officer's dignity intact...The team has responded with utmost professionalism many times over. Feedback from [First Responders] has regularly been quite positive. I look forward to a continued strong alliance."

NYPD Sergeant 2005

"Society views Police Officers as invincible protectors of the peace...Every day tragedies keep chipping away at your steel body armor until...it finally happens...three thousand innocent people are massacred in the City you are sworn to protect. Your brother Police

Officers crushed and mangled, burned into dust. The carnage—unbearable, your soul screams out but no one hears you, you slowly begin to deteriorate...you stop eating, you feel worthless and demoralized...Suicide seems like the answer. I called the hotline. (Now) I don't need to mask the suffering or internalize my fears, despair and survivor guilt. I can attest to the quality of care I have received from this outreach program....I have been reborn a new Police Officer, stronger and more capable...."

Former NYPD Detective 2005

"Calling COPE was the best decision I have ever made in my life. After 9/11 my career as a NYPD Detective was over because of my physical injuries. My long-time relationship deteriorated because of the emotional trauma I suffered. My life was changed forever and I have nowhere to turn for help. One phone call put me in touch with caring professionals who wanted to help. I am very grateful to everyone for giving me back my life."

NYPD Police Officer 2005

"I do not think that I would be at work now if I did not have [Project COPE] to go to."

NYPD Deputy Inspector 2007

"Without Columbia, we [the NYPD] would never have been able to do such a quality, comprehensive job."

Financial Report

The Police Foundation received a total of \$4.72 million from CDC/NIOSH grants to support Project COPE. All funds from the grant were expended:

Total Revenue

\$3,000,000	(September 15, 2006-September 14, 2009)
\$ 792,000	(September 15, 2009-June 30, 2010)
<u>\$ 934,000</u>	(July 1, 2010-June 30, 2011)
<u>\$4,726,000</u>	

Total Expenses

FY 2007: \$ 857,586
FY 2008: \$1,035,641
FY 2009: \$ 949,180
FY 2010: \$ 966,928
FY 2011: <u>\$ 916,678</u>
<u>\$4,725,995</u>

Over \$2.1 million of the CDC/NIOSH grant supported direct counseling services to NYPD personnel.

Summary

Project COPE is a model of collaboration between the public and private sectors in service delivery following a national disaster. Approximately 30% of NYPD employees have attended professionally facilitated stress management sessions since the program was established. The helpline run by Columbia and staffed by specially trained clinicians is utilized each day and thousands of officers have benefited from private counseling. While there have been some serious trauma-related cases, unlike other disasters, there were no police suicides during the year following the attack.

The partnership between the New York City Police Department, the New York City Police Foundation and Columbia University Medical Center to provide comprehensive mental health services to NYPD employees in dealing with the continuing effects of September 11th is extraordinary. Our collaboration broke new ground in the treatment of stress among First Responders. More importantly, Project COPE is saving the lives of the men and women who saved so many on that day. It is now a major step in addressing the demands of countering terrorism and the constant state of high alert that contributes to prolonged levels of stress and reaction to trauma.

The Board of Trustees of the Police Foundation is proud to provide critical quality mental health to our police upon whom we rely in the time of horrific disasters affecting thousands and in the everyday tragedies affecting individuals. The outcome of this program is beneficial to all of us by helping police employees cope with the stress inherent in law enforcement.

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FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted HHS-CENTERS FOR DISEASE CONTROL & PREVENTION		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)		Page 1	of 2		
3. Recipient Organization (Name and complete address including Zip code) NEW YORK CITY POLICE FOUNDATION 345 PARK AVENUE NEW YORK-NEW YORK, NY, 10022							
4a. DUNS Number 040068207	4b. EIN 1132711338A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)		6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final			
7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual							
8. Project/Grant Period From: (Month, Day, Year)			To: (Month, Day Year)		9. Reporting Period End Date (Month, Day, Year) JUNE 30, 2011		
10. Transactions					Cumulative		
<i>(Use lines a-c for single or multiple grant reporting)</i>							
Federal Cash (To report multiple grants, also use FFR Attachment):							
a. Cash Receipts					.00		
b. Cash Disbursements					348,631.28		
c. Cash on Hand (line a minus b)					-348,631.28		
<i>(Use lines d-i for single grant reporting)</i>							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized							
e. Federal share of expenditures							
f. Federal share of unliquidated obligations							
g. Total Federal share (sum of lines e and f)							
h. Unobligated balance of Federal funds (line d minus g)							
Recipient Share:							
i. Total recipient share required							
j. Recipient share of expenditures							
k. Remaining recipient share to be provided (line i minus j)							
Program Income:							
l. Total Federal program income earned							
m. Program income expended in accordance with the deduction alternative							
n. Program income expended in accordance with the addition alternative							
o. Unexpended program income (line l minus line m or line n)							
11. Indirect Expense		a. Type	b. Rate	c. Period From	d. Base	e. Amount Charged	f. Federal Share
		g. Totals					
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)							
14. Typed or Printed Name and Title of Authorized Certifying Official WILSON, LORI DIRECTOR				c. Telephone (Area code, number and extension) 212-751-8170x109			
Signature of Authorized Certifying Official Lori M. Wilson				d. Email address lwilson@nycpolicefoundation.org			
				e. Date Report Submitted (Month, Day, Year) JULY 25, 2011			
14. Agency use only:							

Standard Form 225 - Revised 6/28/09
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

Paperwork Burden Statement
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.



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Police Foundation**
Invest in a Safe City

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Susan L. Birnbaum

Executive Director

Gregg Roberts

September 13, 2011

Mr. Rubin Cruz
Grants Management Specialist
Centers for Disease Control and Prevention
OCOO, PGO AABV
Pittsburgh Building 140, Room 1000 MS P-05
Pittsburgh, PA 15236

Grant Number: U10 OH009173-01-03; 03W1; 03S1

Dear Mr. Cruz:

The New York City Police Foundation is pleased to submit its Closeout Report in conjunction with the three-year \$3 million grant and two supplement awards (\$792,000; \$934,000) which supported our Project COPE program.

We sincerely appreciate the Centers for Disease Control & Prevention/National Institute for Occupational Safety and Health support of this important initiative. Without your assistance, the Police Foundation and New York City Police Department would not have been able to provide comprehensive mental health services to so many dedicated men and women of the NYPD in the aftermath of the 9/11 terrorist attacks.

Project COPE services will terminate in December, 2011. But for ten years it provided meaningful treatment of stress among First Responders in the NYPD. Those who sought services now have plentiful information and education to deal with the symptoms of stress and its impact on their lives and families.

The best outcome of Project COPE has been helping police employees cope with the attacks and find a way to return to normalcy, which is beneficial to all of us.

Sincerely

Gregg Roberts
Executive Vice President

Cc: Roy Fleming