PS COMMITTEE #2
December 2, 2019

MEMORANDUM

November 27, 2019

TO: Public Safety Committee

FROM: Susan J. Farag, Legislative Analyst

SUBJECT: **Briefing: Public Safety Employees – Mental Health Support Services**

PURPOSE: To receive a briefing on mental health support services provided to public safety employees. No vote is required.

Today the Committee will receive a briefing on mental health support services that are available to public safety employees, including Fire and Rescue, Police, Park Police, Sheriff, Corrections Employees, and Public Safety Communications Specialists. Those expected to brief the Committee include:

Chief Darryl McSwain, Maryland-National Capital Park Police, Montgomery County Division
Chief Marcus Jones, Montgomery County Police Department (MCPD)
Angela Talley, Director, Department of Correction and Rehabilitation (DOCR)
Chief Scott Goldstein, Montgomery County Fire and Rescue Service (MCFRS)
Sheriff Darren Popkin

OVERVIEW

Public safety employees face unique workplace stressors, many of which can be trauma-inducing events. Yet seeking help for mental health is challenging for many public safety employees. There is often stigma associated with obtaining mental health services, particularly for first responders who may worry about being relieved of duty or even losing their jobs. Public safety employees may also worry that their colleagues may judge them as not fit for duty. This stigma often leads to a "culture of silence" among staff and makes treatment even more challenging.

Access to services can be difficult as well. Public safety employees work around the clock and may have difficulty accessing immediate crisis support on nights and weekends. In addition, different types of public safety employees face different challenges, and may require different approaches to providing mental health services and support.

County Overview: In general, all County departments have a Peer Support Team or a Critical Incident Stress Management Team. All employees have access to the County's Employee Assistance Program (EAP), and to mental health services provided privately and covered by insurance. MCFRS has two professional mental health staff within the department, while Police and Deputy Sheriffs have access to a staff psychologist located in the Office of Human Resources (OHR). All critical incident, stress, and mental health providers are required to maintain strict confidentiality of an employee's contact with them. Most departments do not have measurable encounter data since the utilization of mental health services is confidential.

FIRE AND RESCUE SERVICE

MCFRS has a multi-pronged approach to providing mental health services. At the departmental level, MCFRS has two mental health professional staff and a Critical Incident Stress Team. One of these professionals is a national leader in post-traumatic stress. The other provider focuses on substance abuse, family counseling, and general services.

MCFRS's Critical Incident Stress Team is internationally-recognized, and the team has traveled locally and internationally to provide support. The team is subject to mandatory and optional activation. The team also provides other services, such as on-site evaluations, assisting personnel with acute stress reactions, and providing support to personnel, their families, and victims.

MCFRS staff can access County-based resources such as the EAP and the Crisis Center. The career firefighter union, IAFF, provides an informal program of peer support.

Plans moving forward: MCFRS current works with the union to find a balanced integration of their peer support resources. It is also considering the integration of mental health services into the occupational medical services contract.

CORRECTION AND REHABILITATION

DOCR provides a comprehensive three-pronged stress management program for responding to critical incidents, helping employees develop resilience to deal with stress, and providing support to employees in distress. These services are provided through a Critical Incident Stress Management Team (CISM), formed in 2015. The team consists of a licensed therapist and 10 specially-trained employees who provide peer support to those experiencing crises and stress. The CISM team responded to 30 critical incidents, including inmate deaths, suicides, assaults on staff, and employee deaths. DOCR engages in more than 500 interventions with individual employees. Through training and outreach, DOCR has made over 2,000 employee contacts over the past four years.

DOCR also partners with HHS and MCPD to obtain Crisis Intervention Training (CIT) for some DOCR staff. This four-hour training focuses on safely handling incidents involving

individuals with mental illness, developmental disabilities, co-occurring disorders, and brain injuries.

All DOCR employees have access to the County's EAP. DOCR does not have information on utilization rate of these services due to confidentiality protocols. DOCR provides a course focused on Stress Management for Corrections. These classes are taught by adjunct instructors from the County's Live-Well program. It has been taught 10 times, reaching 142 employees. DOCR provides various wellness events aimed at educating and helping employees develop positive coping strategies.

DOCR also advises that the National Institute of Justice has stated that "no psychological discipline focused on corrections exists." There are "no established professional organizations that address the unique psychological and physical needs of Correctional Officers."

Plans moving forward: DOCR advises that there is no dedicated staff position that provides crisis and overall mental health support to employees. All CISM members serve on the team in addition to their regular duties. DOCR will continue to offer outreach and education, particularly in the area of suicide prevention awareness, and exploring the expansion of the CISM team.

MCPD

MCPD has a Peer Crisis and Support Team consisting of both sworn and professional (non-sworn) staff, who have been trained in crisis intervention. This team is overseen by a Police Lieutenant, although the Lieutenant position is not a dedicated position and also performs other duties. The Department has a Stress Management Team, with one psychologist located in the Office of Medical Services (OMS). All support services are confidential.

The County has contracted with EveryMind to provide a crisis hotline that any employee may use.[1] These services are available 24 hours per day, seven days per week.

The Emergency Communications Center (ECC) is a subdivision of the Police Department. Public Safety Communications Specialists face unique challenges. Due to the nature of the job, call takers hear the crisis, but almost never learn of how a situation was resolved. Compassion fatigue can be significant. The ECC has Peer Support and access to EAP. All services are confidential.

PARK POLICE

The Department has a Peer Support Team that currently consists of four members, including one Lieutenant, one Sergeant, one Police Officer, and one Dispatcher. The Peer

[1] EveryMind Crisis Prevention and Intervention https://www.every-mind.org/services/crisis/
Crisis Intervention Hotline: 301-738-2255 (also accepts texts 12pm to 12am)
Crisis Intervention Chat: https://suicidepreventionlifeline.org/chat/

Support Team has two members who have Master's Degrees in Forensic Psychology. They provide confidential consultations with sworn and non-sworn members who have experienced any type of stress or critical incident, including an unexpected death in the family, critical incident at work, etc. The team trains with the County-wide team to provide special details for different types of incidents. The Team has conducted at least 28 contacts in over 40 hours and has participated in 17 details. This is approximately 2.5 contacts per month.

The Park Police does not have its own clinical psychologist on staff, but all staff have access to Dr. Oliver Stone in the Office of Stress Management.

The Maryland-National Capital Park and Planning Commission (M-NCPPC) has an EAP. This service provides up to eight in-person confidential counseling sessions. Employees are granted up to two hours of administrative leave when using this service during work hours. This service includes a CPA and legal support.

Park Police inform its staff of the non-profit organization, EveryMind, as an additional recourse. Some employees may be concerned about sharing personal information within the agency. EveryMind provides free and confidential consultation services. Further, police officers and dispatchers can use the Montgomery County Crisis Center, the National Alliance of Mental Illness NAMI), the National Police Suicide Foundation, Safe Call Now, and Concerns of Police Survivors.

Plans moving forward: Park Police have already begun to develop or update various agency directives regarding employee wellness. The Department plans to participate in more community mental health awareness events to better integrate the police culture into mental health awareness, thereby reducing stigma. Park Police want to improve the onboarding of officers to ensure their family members are also aware of mental health resources available to them. The Park Police would like to establish a police liaison for family members to provide support during a critical incident. Other initiatives include mandatory mental health evaluations when an employee is involved in a critical incident, integrated a holistic health curriculum in annual in-service training, and strengthening confidentiality protocols within the agency.

SHERIFF

The Sheriff's Office has a Peer Support Team. Members of the team serve in an adjunct role and receive monthly training under direction of the Police psychologist. There are no dedicated positions for the team. Sheriff's Office employees have access to the County's EAP.

Plans moving forward: The Sheriff advises that staffing levels in the Sheriff's Office alone have not warranted funding for a full-time psychologist position. However, the Police psychologist is unable to provide full services to the Sheriff's Office employees. Having access to a therapist for all employees would be a significant benefit.

DISCUSSION QUESTIONS

1. What steps are departments taking to try and destigmatize mental health challenges and seeking help?
2. Police, Sheriff, and Park Police may access stress management services with Dr. Stone, the one licensed psychologist on staff. This reflects a reduction in services, as several positions were cut in the past. Dr. Stone indicated that another psychologist has been hired and will start soon. Given the large number of public safety employees who may seek services from this office, what is an optimal number of mental health providers to have on staff?
3. Should mental health staff be separate from the departments, to provide additional confidentiality? Or is the practice of embedding mental health providers within the departments more helpful?
4. There is evidence that it is especially difficult for police officers to access mental health services in rural areas. Since many County public safety employees live out-of-county and some live out-of-state, what is the County doing to ensure adequate access to mental health providers in these areas? Either through insurance offerings or other services?
5. What services are provided for family members?
6. What challenges does the ECC face in providing peer support and counseling, particularly with staff turnover?
7. Dr. Stone has indicated in a prior briefing that federal grant funding may be available to provide support and treatment for police officers. Can the County access these funds? Are there similar funds available for firefighters and EMTs?

FURTHER READING

First Responders: Behavioral Health Concerns, Emergency Response, and Trauma, Substance Abuse and Mental Health Services Administration (May 2018)
https://www.samhsa.gov/sites/default/files/dtac/supplementalresearchbulletin-firstresponders-may2018.pdf

Correctional Officer Safety and Wellness Literature Synthesis, National Institute of Justice (July 2017)
https://www.ncjrs.gov/pdffiles1/nij/250484.pdf

Officers' Physical and Mental Health and Safety, Office of Community Oriented Policing Services (April 2018)
https://cops.usdoj.gov/RIC/Publications/cops-w0862-pub.pdf

Effective EMS Wellness and Resilience Programs, National Association of Emergency Medical Technicians (2019)
http://www.naemt.org/docs/default-source/ems-preparedness/naemt-resilience-guide-01-15-2019-final.pdf?Status=Temp&sfvrsn=d1edc892_2

Behavioral Health Resource Guides, International Association of Firefighters
https://www.iaff.org/bh/#resource-guides

This packet contains the following:

F:\Farag\Packets\Public Safety\Mental Health Services for Public Safety Providers.docx

MCFRS & Mental Health

Briefing for Public Safety Committee
December 2019

Background

For most fire/rescue personnel it is not a matter of if they will be witness to horrible and unimaginable things it is a matter of when and how often. Those exposures are traumatic events that have profound impacts on personnel.

When personnel are exposed to trauma it is important to tackle that exposure immediately and correctly. Unhealed trauma, especially in the presence of repeat exposures can lead to a host of mental health issues, not the least of which are depression and post-traumatic stress.

Mental health issues, left untreated adversely impact personal and family health leading with the potential for negative synergy and downward spirals.

The MCFRS Approach

MCFRS, consistent with the prevailing doctrinal approach of layered defenses, deploys a series of mental health services. They can be arranged into a few basic categories:

- Department Level
  - Mental Health Professional Staff (2)
  - Critical Incident Stress Team
- County Level
  - EAP program
  - Crisis Center for emergent needs
- Ancillary Support
  - IAFF peer support program
  - Cultural support

Questions Asked

1. Identify different functions within your department that may need different types of services. For example, do police need different supports than emergency call takers/dispatchers?
2. Formal programs/services you current provide. And utilization rates if you have them. What are some barriers to data collection?
3. Information programs/services. Again, utilization rates if you have them.
4. Whether services are bargained or not.
5. Whether staff are requesting certain types of supports. Apps that allow texting 24/7 seem to be popular in the literature I've read, since you all work 24/7.
6. Dedicated staff positions for these programs.
7. Known best mental health practices in your respective professions.
8. Employee privacy concerns
9. Challenges to service delivery – staffing, lack of tools such as support lines, health insurance barriers, etc.
10. Plans moving forward.

Identify different functions within your department that may need different types of services. For example, do police need different supports than emergency call takers/dispatchers?

While there are differences in trauma pathologies between the different FRS functional groups, i.e., dispatchers rarely get the same closure that field providers do, the basic "mental health first aid" is consistent across the groups.

For all groups it is necessary to have the chance to confront the trauma, to understand the potential for physiological side effects, to understand the the support that is available and perhaps most importantly to have the chance to talk through the experience.

It is much harder to do this for dispatchers given the inherent staffing issues at the 911 center.

Formal programs/services you current provide.

- Two mental health professionals on staff
  - Dr. Beasely, national leader in post traumatic stress
  - Lori Rickleman, focused on substance abuse, family counseling, and general services
- Internationally recognized critical incident stress team
  - They have travelled internationally and locally to provide support
  - They have presented multiple times at international conferences.
- County based resources
  - EAP
  - Crisis Center
- IAFF Peer Support
  - (while this is not a formal program per se work in underway for formalize a role for IAFF peer support in our general mental health schema)

Whether services are bargained or not.

There is some history of mental health services being a subject of bargaining.

While labor negotiations are currently underway it would be premature to discuss these issues in great detail. However, it is fair to say that:

- Both labor and management are deeply concerned about mental health
- When issues arise labor and management work cooperatively to pool resources in support of personnel
- Labor endeavors to add mental health capacity via a cadre of IAFF trained peer supporters-the details of how that would work are still under discussion.

Known best mental health practices in your respective professions

The research into mental health continues to uncover novel approaches and otherwise alter existing paradigms. Our staff works hard to remain immersed in the current literature and to ensure that our practices are consistent with recognized best practices.

Further, under the direction of the Fire Chief, we have conducted training on and will continue to work towards creating and maintaining supportive internal environments. Having a good work-based support structure and a supportive operational environment a core parts of reducing the impact of trauma.

Employee privacy concerns

Anecdotally we suspect that there are some who would seek help but would prefer that help to not be associated with formal governmental structures. We work hard to ensure confidentiality, and frankly despite the reputation of the fire department being a information sieve the mental health professionals and critical incident stress personnel take great pride in being leak free.

The need for strict confidentiality does limit data collection to the aggregate but we don't have a reason to believe that those limits adversely impact service delivery. Further, we have no indication of unmet needs.

Challenges to service delivery – staffing, lack of tools such as support lines, health insurance barriers, etc.

FRS and County programs have to be mindful of our fiduciary responsibilities. We strive to strike a balance between doing not enough and doing too much. We want to provide immediate and appropriate care for crisis situations and to point personnel in the right direction for long-term care as necessary.

The nature of the work is such that the line between crisis intervention and medium or long term care gets blurred at times.

In terms of insurance barriers the IAFF has been effective in reducing insurance barriers in general but especially as it relates to the IAFF in patient treatment center.

Plans moving forward.

We are getting better at providing trauma care. But in order to maintain our progress we have to be unrelenting. To do this we will:

- Continue with our station visits by mental health professionals.
- Work on an effective transition plan as our critical incident stress team leader looks forward to retirement
- Work with labor to find a balanced integration of their peer support resources.
- Consider the integration of mental health services into our occupational medical contract.

Department of Correction and Rehabilitation Responses to County Council Questions- November 25, 2019

Identify different functions within your department that may need different types of services. For example, do police need different supports than emergency call takers/dispatchers?

DOCR classifications that would have direct contact with our population that could need services are:

- All uniformed staff (COI/II/III, Sgt., Lt. and Capt.)
- Resident Supervisor I/II/III
- Correctional Health Nurses and Licensed Practical Nurses
- Potentially, Correctional Dietary Officers and Supervisors and Correctional Specialist I/II/III/IV/V. If different types of services are needed, there may be a difference between the "first responders" as indicated in first set of occupational classifications then with the second set.

Formal programs/services you current provide. And utilization rates if you have them. What are some barriers to data collection?

All employees have access to the Employee Assistance Program (EAP) which is provided by the County. The confidential services for emotional/psychological/critical incidents are provided by a contractual agreement between the County and ComPsych. Due to the confidential nature, DOCR does not have information related to the rate of utilization of EAP services by staff. Montgomery County Contract Administrators of the ComPsych contract may be able to provide general information.

At DOCR, there is a comprehensive three-pronged stress management program aimed at responding to critical incidents, helping employees develop resilience to deal with stress and providing support to employees in distress to enable them to recover. Services are delivered by the DOCR Critical Incident Stress Management Team (CISM) which was formed in early 2015. The team is led by a licensed therapist and consists of 10 specially trained employees who provide peer support to those experiencing crisis and stress whether on or off the job. Employees are encouraged to build resilience in the face of stress through regular education, outreach and training. The CISM team responded to more than 30 critical incidents,

including inmate deaths, suicides, assaults on staff and employee deaths. We have engaged in more than 500 interventions with individual employees. Through training and outreach we have made over 2000 employee contacts over the past four years. We provide these services with complete confidentiality.

DOCR also partners with HHS and MCPD so that their representatives can provide Crisis Intervention Training (CIT) for some of DOCR staff when there is availability in the class. This is a forty-hour training focused on safely handling incidents involving persons with mental illness, developmental disabilities, co-occurring disorders and brain injuries. The training is geared towards staff members who may work in the Crisis Intervention Units and deal with mental health issues. The training Topics consist of NAMI-family and consumer perspective, Understanding Mental Illness, Interview Techniques, Psychotropic Medications, Out of Control Adolescents, Hearing Voices that are Distressing, Management of the Developmentally, Disabled and Brain Injured, Suicide & Violence Prevention, Emergency Petitions, Co-occurring Disorders and Interviewing, Consumers Under the Influence, De-escalation Techniques, PTSD, Role of the CIT Officer, Mental Illness from a Trans-cultural Perspective, Officer Safety & Assessing Dangerousness, Local Site Visits, and Agitated Chaotic Events (Excited Delirium). The response from interested individuals was overwhelming. Eight employees participated in the training during 2018.

In September of this year, in recognition of the serious risk of suicide for staff and as part of Suicide Prevention Awareness Month, CIMS team members participated in roll call meetings with Officers and other team meetings across DOCR facilities to engage employees about suicide prevention and to provide resources and information about where to seek help. Employees were provided with wallet cards from the Suicide Prevention Helpline as well as ribbons to be worn in commemoration of Suicide Prevention Awareness Month.

Information programs/services. Again, utilization rates if you have them.

In 2018, the Program Administrator for the CISM team developed a course focused on Stress Management for Corrections which informs staff about specific stressors unique to corrections and gives tools and strategies for building resilience. With the help of adjunct instructors from the County's

Live-Well program, this class has been taught 10 times, reaching 142 employees. DOCR has also partnered with Live-Well to hold several onsite wellness events aimed at helping employees develop positive coping strategies to maintain their physical and emotional wellbeing. The CISM Program Administrator maintains physical and electronic bulletin boards and sends out a newsletter to all staff about 6 times per year which provides information and resources about various aspects of stress management.

DOCR is in the process of updating basic mental health training classes that are available to DOCR staff.

Whether services are bargained or not.

The services and classes provided by DOCR are not bargained as it is a standard operating procedure in handling various events/situations and in being proactive with trends. EAP services are benefits provided by the County to active employees.

Whether staff are requesting certain types of supports. Apps that allow texting 24/7 seem to be popular in the literature I've read, since you all work 24/7.

Staff have welcomed and are appreciative of the CIT and the CISM program and recognize its value to the workforce. Posters for CISM and EAP are placed in staff areas (i.e. Officers Dining Room, staff lounge).

The question has not been presented to staff if other avenues (hotline, counseling apps that allow for texting etc.) would be beneficial and likely to be used. Being a 24/7 public safety agency, it is something the department is open to exploring.

Dedicated staff positions for these programs.

In recent years, DOCR employees have experienced a host of significant incidents which staff were affected. From employee deaths, critical incidents, and unusual or inappropriate behavior. Currently, there is no dedicated position. The CISM Program Administrator and team members serve on the team in addition to their regular duties.

Known best mental health practices in your respective professions.

According to a 2017 publication, "Correctional Officer Safety and Wellness Literature Synthesis," published by the National Institute of Justice (attached), "no psychological discipline focused on corrections exists," and "no established professional organizations address the unique psychological and physical needs of COs." The authors note that while some programs have been instituted to address correctional wellness, few have been systematically evaluated using social science research methods. They go on to suggest that there may be lessons that can be borrowed from law enforcement in this area, for example, Employee Assistance Programs, peer support and critical incident stress-reduction units.

Employee privacy concerns.

While all services through the CISM team are provided with complete confidentiality, there are always concerns about employee privacy, particularly amongst public safety professionals who are often guarded about their personal lives. There remains a stigma associated with seeking mental health services which is magnified in corrections professionals. Thus, employees may resist such support services. For example, one recent study of California correctional officers noted that 10% of officers surveyed admitted to having contemplated suicide but of those, 73% did not tell anyone of these thoughts, meaning they were suffering in silence.

Challenges to service delivery – staffing, lack of tools such as support lines, health insurance barriers, etc.

Given that the CISM program is staffed by employees as an adjunct to their regular duties, there are natural limits on program expansion and additional services that can be provided. The Program Administrator, for example, is also the Supervisory Therapist for our busy mental health unit. Other barriers include shift work schedule, employee privacy, and trust in confidentiality.

Plans moving forward.

DOCR will continue to offer outreach and education, particularly in the area of suicide prevention awareness. We plan to continue our partnership with the County's Live-Well program to offer opportunities for employees to learn and engage in positive stress management strategies.

Additional efforts will be attempted in identifying potential applications for employees to use; exploring expansion of CISM team.

OFFICER HEALTH AND WELLNESS

Results from the California Correctional Officer Survey

Amy E. Lerman
University of California, Berkeley
alerman@berkeley.edu

First Released NOVEMBER 2017

17

Executive Summary

In just four decades, the size of the U.S. state prison population grew by more than 700 percent.[1] By 2008, the number of incarcerated individuals in the United States hit an all-time high, with 1 in 100 adults in either prison or jail[2] and fully 1 in every 31 American adults under some form of correctional jurisdiction (including incarceration, probation, and parole).[3]

Researchers have noted these patterns and trends with alarm. Yet while expansive studies have been conducted on correctional systems in the United States, most of this work begins and ends with a focus on the incarcerated. Much of the early literature either ignores correctional personnel altogether, or paints an overly simplistic picture. While interest in those who work inside American prisons has begun to grow, we still know surprisingly little about what happens to correctional personnel as a function of spending a career inside the prison system.

Like the number of people incarcerated, the ranks of people employed by the U.S. criminal justice system have increased substantially. As of 2003, almost 13 percent of all public employees (and a larger percentage in 15 states and the District of Columbia) worked in the criminal justice sector.[4] Corrections alone accounts for more than 63 percent of state criminal justice employees, with police protection and judicial/legal employees accounting for the other 14 and 22 percent, respectively.[5] In recent years, the correctional system has employed more people than General Motors, Ford, and Wal-Mart combined.[6]

On the front lines of the prison system, correctional officers, perhaps more than anyone else, directly affect the practice of incarceration in the way that they perform their jobs. Because of this, correctional programs and policies can have little chance of success without their overall health. This is particularly important when considering the mission of the California Department of Corrections and Rehabilitation (CDCR) and its goals of promoting public safety through a professional staff, as well as a constructive correctional and rehabilitation environment.

Understanding that correctional work can negatively impact the well-being of both inmates and correctional officers, the California Correctional Peace Officers Association (CCPOA), the CCPOA Benefit Trust Fund (BTF), and the California Department of Corrections and Rehabilitation (CDCR) have joined forces with researchers at the University of California, Berkeley (UCB) to address the issues of law enforcement health and wellness.

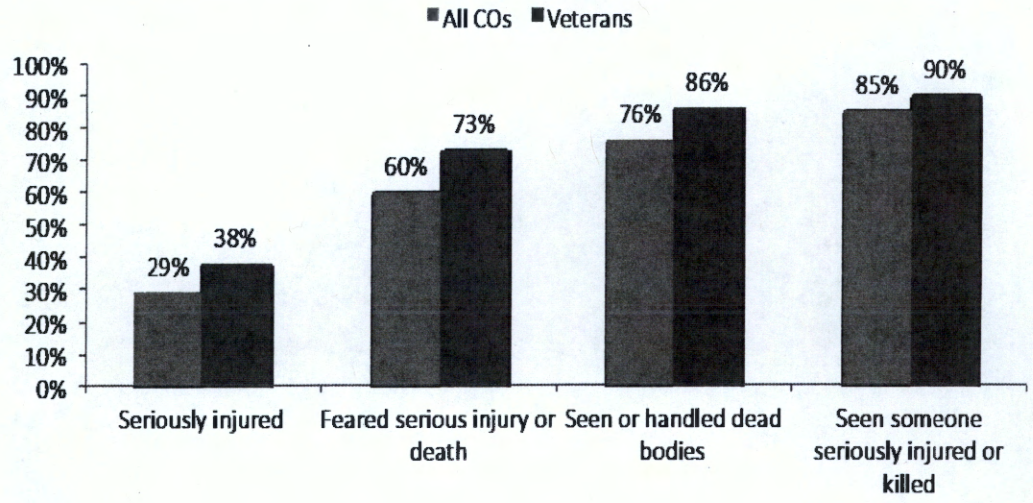
As a starting point, Dr. Amy E. Lerman and her team at UCB developed the California Correctional Officer Survey (CCOS). The CCOS is a large-scale effort to gather individual-level information on the thoughts, attitudes, and experiences of criminal justice personnel. The CCOS was first conducted in 2006, and the instrument was then expanded and replicated from March to May of 2017. The most recent survey includes a sample of 8,334 officers and other sworn staff, providing a vast cross-section of officers across all of California's correctional institutions and parole offices.

This report summarizes the results of the CCOS across a set of broad but related categories: mental and physical wellness; exposure to violence; attitudes towards rehabilitation and punishment; job training and management; work-life balance; and training and support. Highlights of the findings are described below.

Exposure to Violence focuses on the ways in which both the reality and perception of violence on the job can play an extremely detrimental role in the physical and mental health of correctional officers.

- *Prisons are violent workplaces.* More than half of officers report that violent incidents are a regular occurrence at the prison where they work. Moreover, 80% report that they have responded to at least one violent incident in the last six months, and 10% report being seriously injured while responding to these incidents. In total, 17% of correctional officers report they have been seriously injured on the job, 48% have feared they would be injured, 63% have seen or handled dead bodies at work, and 73% have seen someone seriously hurt or killed while on the job.

Officers are exposed to violence at rates roughly comparable to military vets.



- *Officers do not feel they have what they need to stay safe.* About 1/3 of officers are dissatisfied with both the availability and the quality of safety equipment, and 70% of officers do not think there is enough staff where they work to provide for the safety and security of staff.
- *Most officers believe management does a good job providing guidelines on the use of force.* Two-thirds agree that management communicates when the use of non-lethal force is appropriate; 23% disagree. Confidence increases slightly when it comes to the use of lethal force: 77% of officers think management is clear on this, while 16% disagree.

Mental and physical wellness focuses on the health and wellbeing of sworn officers. The data clearly illustrate the toll that the correctional environment can take.

- *Correctional officers have a high incidence of serious stress-related illnesses compared to average Americans.* Forty-one percent of active officers have been told by a doctor that they have or are at risk of developing high blood pressure, 22% have been told the same about diabetes, and 16% are at risk for or have heart disease.

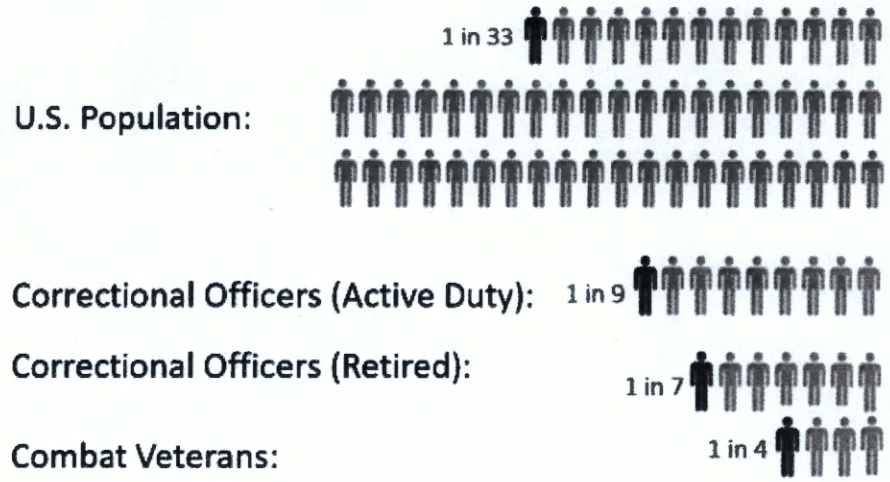
- *Work-related stress has significant health consequences.* Fully 50% of officers say they rarely feel safe at work, and officers who don't feel safe at work are more likely to report experiencing headaches, digestive issues, high blood pressure, diabetes, and heart disease than other correctional officers (whose rates of stress-related illness are already higher than average).

- *Depression is a way of life for law enforcement personnel.* In fact, more than 1/3 of officers report that someone in their lives has told them they have become more anxious or depressed since they started working in corrections. Fully 28% report often or sometimes feeling down, depressed or hopeless, and 38% have little interest or pleasure in doing things.

- *1 in 3 have experienced at least one symptom of post-traumatic stress disorder.* As a point of comparison, about 1 in 7 combat veterans are diagnosed with PTSD. Moreover, 40% of officers report that they have experienced an event so frightening, horrible or upsetting at work that they have had nightmares about it.

- *Ten percent of correctional officers have thought about killing themselves.* The rate of suicidal ideation is even higher for retired correctional officers (1 in 7). Of those who say they have thought about suicide, 31% report thinking about it often or sometimes in the past year. However, 73% haven't told anyone, meaning that many are suffering in silence.

Officers' reported prevalence of suicidal ideation is extremely high.



Work-Life Balance focuses on officers' lives outside the prison, with particular attention to the impact of corrections on individuals' personal lives.

- *Concern about workplace safety translates into extremely poor sleep habits.* Forty-one percent of officers report sometimes or often nodding off while driving. The proportion jumps to 47% for officers who do not feel safe at work. For many, fatigue is constant: 39% of all officers and 47% of those who feel unsafe at work report feeling exhausted even after sleeping.

- *There are serious downstream effects of corrections work.* The stress of working in corrections spills over to the families, friends, and loved ones of corrections personnel: 41% believe they would be a better parent, spouse or partner if they did not work in corrections; 53% report being harsher or less trusting towards friends and family since they took this job; and 65% of officers say someone in their lives has told them they judge others more harshly since beginning their career in corrections.

- *Officers fear they do not spend enough time with their family.* In fact, 66% of officers say that their work makes it hard to spend sufficient quality time with their family.

- *Officers want help managing their work-life balance.* Half of active officers say they would be interested in getting confidential links to therapists or counselors who specialize in working with the families of law enforcement; 43% say they are very interested in receiving training on how to better manage work-life balance.

Attitudes toward Rehabilitation and Punishment focuses on the attitudes of correctional officers towards the overarching goal of incarceration, as well as the types of programs offered in correctional institutions.

- *Correctional officers generally do not think they are making a positive difference.* Less than half agreed that they positively influence other people's lives through their work, and the same proportion think inmates are no better prepared to become law-abiding citizens when they leave prison than they were when they came in.

- *Officers believe that prisons have both rehabilitative and punitive functions.* While 49% of officers think rehabilitation should be a central goal of incarceration, 65% believe that the primary function of a prison is to keep the public safe and not to help inmates. However, 88% actually support some combination of rehabilitation and punishment.

- *There is an association between officers' work-related stress and their punitive attitudes.* Officers with at least one symptom of PTSD are less likely to think rehabilitation should be a central goal of incarceration and more likely to think that the job of a prison is purely maintaining the safety of the public.

- *Despite punitive leanings, a majority of officers agree that rehabilitation programs should be made available to those inmates who want them.* Specifically, 77% support vocational training; 86% support drug and alcohol treatment; and 82% of respondents support academic training up to and including GED preparation.

Job Training and Management focuses on the support of personnel, their relationships with and perception of management, and how these factors affect their overall satisfaction with the job.

- *Officers perceive their superiors to be largely competent, but also uncaring.* While 82% of officers perceive their supervisors as competent in their role, half do not think their supervisors care at all about their feelings.

- *Correctional officers do not feel recognized for their work.* About a third of officers say they have experienced a lack of recognition for their good work in the last six months.

- *Many express little loyalty to CDCR or to the profession.* Nearly half say they would move from this corrections department to another one if they didn't have to sacrifice their seniority, and 69% say they would immediately accept an offer from a job outside of corrections if it had similar salary or benefits.

Training and Support focuses on the needs of officers and their families, and the ways that CCPOA, the Benefit Trust, CDCR and the state can better support the health and well-being of criminal justice personnel.

- *Many officers report that they have either not been trained at all on health-related issues, or that training is of poor quality.* One-third report that training they have received related to stress management and dealing with trauma has been of very poor quality.

- *Many express concerns about using the Employee Assistance Program (EAP).* Only 18% of officers have used EAP, and one-fifth are concerned about the confidentiality of these services. About 15% are also concerned about negative consequences from management, 13% worry about judgment from coworkers, and 11% fear losing their job.

- *While the prevalence of mental health issues is high, so is the desire to learn.* More than half of officers want more training on stress management for law enforcement, as well as dealing with trauma and PTSD. This presents an incredible opportunity for California to lead the way in providing resources to a willing population in need.

Officers want access to a wide range of mental health training and resources.

Type of Resource	% Interested or Very Interested
Confidential links to counselors or therapists	49%
Online/digital resources related to health and well-being	58%
Anonymous hotline for law enforcement	43%
Stress management training	88%
Trauma/PTSD training	82%
Training in personal nutrition and exercise	86%

[1] Pew Center on the States, *Prison Count 2010: State Population Declines for the First Time in 38 Years* (Washington, DC: Pew Charitable Trusts, April 2010).

[2] Pew Center on the States, *One in 100: Behind Bars in America.* (Washington, DC: Pew Charitable Trusts, 2008).

[3] Pew Center on the States, *One in 31: The Long Reach of American Corrections* (Washington, DC: Pew Charitable Trusts, 2009).

[4] These states include Nevada (16.9%), Florida (16.6%), Arizona (15.5), District of Columbia (15.5%), Delaware (15.1%), New Jersey (15.1%), New York (14.8%), Maryland (13.8%), Pennsylvania (13.7%), Louisiana (13.6%), Illinois (13.5%), Missouri (13.4%), Georgia (13.3%), California (13.2%), Massachusetts (13.2%), and Connecticut (12.8%).

[5] Bureau of Justice Statistics, "Justice Expenditure and Employment Extracts"; bjs.ojp.usdoj.gov/index.cfm?ty=dcdetail&iid=286.

[6] Glen Loury, *Race, Incarceration, and American Values* (Cambridge, MA: MIT Press, 2008).

1. Identify different functions within your department that may need different types of services. For example, do police need different supports than emergency call takers/dispatchers?

   Any member of the MCSO may participate in the services offered by the Sheriff's Office Peer Support Team (PST).

2. Formal programs/services you current provide. And utilization rates if you have them. What are some barriers to data collection?

   See attached EAP pamphlet and Sheriff's Office directive 2.34 Peer Support. Strict confidentiality rules prohibit data collection utilization rates.

3. Information programs/services. Again, utilization rates if you have them.

   MCSO does not have utilization rates because of the issue of confidentiality.

4. Whether services are bargained or not.

   N/A

5. Whether staff are requesting certain types of supports. Apps that allow texting 24/7 seem to be popular in the literature I've read, since you all work 24/7.

   None requested. The PST have phones and are on a peer support distribution list. If an employee from MCSO needs services, they may contact any PST member who will then notify the supervisor of the group. If the incident is part of an overlapping combined law enforcement issue, then ECC will send a request to the PST by email and text requesting support. In both cases, the supervisor will ensure that no less than two peer support members will work with the individual.

6. Dedicated staff positions for these programs.

   No dedicated positions for Peer Support Team. Members serve in an adjunct role and receive monthly training under direction of Police psychologist.

7. Known best mental health practices in your respective professions.

   The Peer Support Team model is looked upon as a best practice in the law enforcement profession.

8. Employee privacy concerns

   EAP and Peer Support are strictly confidential. Federal and State privacy laws are followed, and no information can be shared with agencies without consent of the employee. Privacy concerns with Peer Support are addressed since the team is under the clinical supervision of the Montgomery County Office of Human Resources, Police Stress Management Division. PST members maintain a strict standard of privacy.

9. Challenges to service delivery – staffing, lack of tools such as support lines, health insurance barriers, etc.

   Staffing levels of the Sheriff's Office have not warranted funding for a full-time psychologist position. However, the Police psychologist is unable to provide the full services of the program to Sheriff's Office employees due to their staffing levels. Having access to a therapist for all employees would be a significant enrichment to the PST program.

10. Plans moving forward.

OFFICE OF THE COUNTY SHERIFF

Montgomery County, Maryland

Darren M. Popkin, Sheriff

GENERAL ORDERS/PERSONNEL PROCEDURES

Subject:	Number:	Effective Date:
Peer Support	**2.34**	**08/30/17**

Purpose: This directive establishes procedures for the implementation, maintenance, and usage of the Sheriff's Office Peer Support Team (PST), also referred to as Peer Support. The PST will be utilized to provide support and assistance to members of the Office who have experienced or been exposed to a traumatic event. **(22.2.3)**

Contents:

I. Team Composition

A. The Peer Support Team (PST) may consist of the following personnel:

(1) A deputy at the rank of Sergeant or above who has been designated by the Sheriff or Chief Deputy to oversee the operation of the PST.

(2) A group consisting of sworn and non-sworn employees who have been trained in crisis intervention.

B. The team is under the clinical supervision of the Montgomery County Office of Human Resources, Police Stress Management Division.

II. Utilization of the PST

The PST is available for use in the following circumstances:

A. When a Sheriff's Office member witnesses the death or serious injury of a person.

This includes but is not limited to:

(1) Death or serious injury of a Sheriff's Office employee.

(2) Law enforcement action taken by a Sheriff's Office employee resulting in death or serious injury to any person.

B. Incidents involving death, serious injury or emotional trauma to a child.

C. Situations occurring on or off duty involving Sheriff's Office personnel which by their nature would have a severe adverse effect. Examples include but are not limited to:

(1) The sudden, and or violent death of a family member.

(2) The discovery of a life-threatening illness.

(3) General stressors of daily life that may impact on the Sheriff's Office staff (Sworn and Non-sworn).

III. Confidentiality of Interventions

A. PST members are committed to the principles of confidentiality and integrity while providing peer support to both sworn and non-sworn employees of the Sheriff's Office.

B. The Office will respect the privacy of communications occurring during peer support intervention. PST members will maintain a strict standard of privacy by not revealing information gained during peer support interventions.

C. The general welfare of an employee is of primary consideration.

D. PST will not interfere with any criminal or administrative investigation being conducted by the Sheriff's Office or another law enforcement agency.

IV. Circumstances for PST Activation

A. The PST will only be activated upon notification of, and with the approval of the Sheriff, Chief Deputy, or their designee.

B. When a qualifying incident occurs, the senior ranking deputy on the scene will evaluate the need for PST involvement and, when appropriate, contact the Peer Support Supervisor for direction.

C. Employees in need of personal assistance may also request PST involvement by contacting the Peer Support Supervisor directly.

V. Qualifications and Training

A. Assignment to the Montgomery County Sheriff's Office Peer Support Team is voluntary and is an adjunct assignment.

B. The Chief Deputy will post a vacancy announcement when necessary to solicit applications for positions in the PST. Interested applicants must submit a memorandum to the Chief Deputy which will include their qualifications for the position.

C. The initial training of personnel for the PST is extensive and must be accomplished under the coordination and approval of the Montgomery County Office of Human Resources Police Stress Management Division.

D. The Montgomery County Department of Police Peer Support Team is the primary agency responsible for handling critical incidents within the county.

VI. Member's Responsibilities

A. PST members will:

(1) Conduct themselves in a professional manner, maintaining the privacy and confidentiality of the individual seeking support. They will recognize that usage of the PST services is voluntary.

(2) Not interfere with any criminal or administrative investigation being conducted by the Sheriff's Office or another law enforcement agency.

(3) Not interfere or assist in any investigatory process.

(4) Not interfere with the activities of the bargaining unit representatives who are serving as representatives to the employee, but will be readily available to provide appropriate assistance upon their request.

B. In cases involving the possibility of administrative or criminal sanction, the Montgomery County Office of Stress Management and police psychologists will have full responsibility for responding to employees directly involved.

VII. Documentation

A. A unique tracking number will be generated by the Peer Support Supervisor upon each request for Peer Support services and/or each time the PST is activated whether requested by an employee or an employee's supervisor.

(1) The composition of the tracking number will be as follows:

(a) An example of a complete tracking number is: PR-120117-01.

(b) Each number will start with the prefix PR indicating Peer Response.

(c) A six-digit number will be generated based on the date of the request. For example, an incident which took place on December 1st, 2017 would be marked 120117.

(d) The last digit will indicate the peer support request number; if there are multiple requests for services on the same date.

(2) If a Peer Support Team member is informally approached by an employee for purposes of peer support intervention and the intervention required does not go beyond the level of an informal conversation, the interaction will not need to be documented. Peer Support Team members are encouraged to discuss all interactions with the Peer Support Supervisor, if appropriate, for guidance related to any necessary follow-up actions.

B. Confidentiality is imperative when documenting Peer Support interactions. All reporting must remain completely anonymous.

C. Annually, the Peer Support Supervisor must submit a memorandum to the Sheriff documenting each the instance of Peer Support intervention. The memorandum must discuss, the following information:

(a) Total number of activations.

(b) Training and/or equipment needs for the team.

(c) Recommendations for additional personnel based on operational needs.

This memorandum must not document any identifying information of those employees who have received peer support intervention.

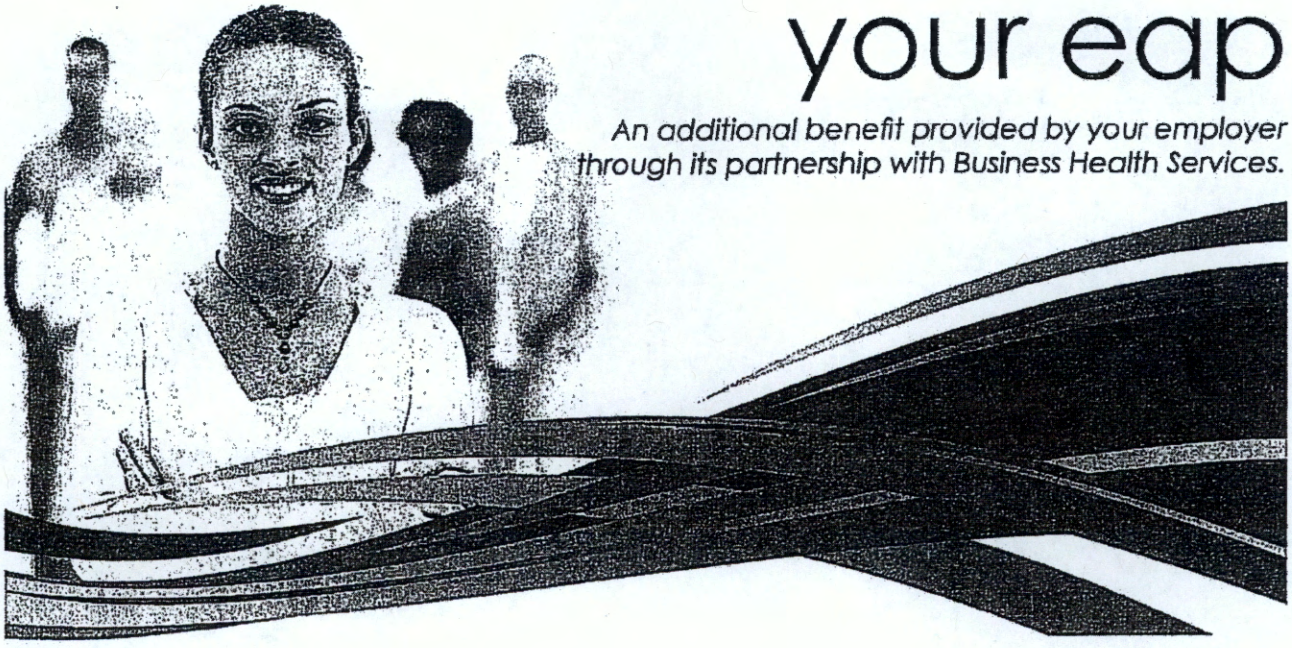
VIII. CALEA Standards

22.2.3

AUTHORITY:

Darren M. Popkin

Darren M. Popkin, Sheriff
08/30/2017



your eap

An additional benefit provided by your employer through its partnership with Business Health Services.

Your Employee Assistance Program (EAP) provides employees and their household members with free, confidential assistance to help with personal or professional problems that may interfere with work or family responsibilities and obligations. Services are available 24-hours a day, 7-days a week via a toll-free nationwide number. Employees and their household members can receive up to six (6) counseling sessions (which includes assessment, follow-up and referral services) per person, per problem episode, per year. Wellness resources and health tips are also available via the BHS website at www.bhsonline.com

The EAP Session

The EAP counseling process provides an easily accessible, safe and confidential means for identifying problems and resolving them. BHS offers initial assessment, short-term counseling, referral services and follow-up services.

Accessing Services

After calling 800.327.2251, you will be immediately connected to a "Care Coordinator" - a Master's level counselor ready to assist you. The Care Coordinator will assess the problem, assist with any emergencies, and connect you to the appropriate resources. The Care Coordinator then becomes your personal point of contact and will keep in touch to ensure you are satisfied with all services provided.

Problems Addressed

- Stress Management
- Family Problems
- Substance Abuse Issues
- Marital/Relational
- Grief/Loss
- Work-Related Issues
- Communication
- Time Management

Program Cost

The EAP service is a free benefit provided and paid for by your employer. If additional help is needed, the employee's health insurance plan may cover a portion of the costs.

Confidentiality

Your EAP adheres to federal and state privacy laws and holds client information in the strictest of confidence. Information about a client's problem cannot be released without the written permission of that individual.

Online Access

BHS invites you to visit us online at www.bhsonline.com. Enter your user name, "MCG," to log on.

800.327.2251 | www.bhsonline.com

BUSINESS HEALTH SERVICES™
Solutions for a Healthier Workplace™

30

EmployeeAssistance Program (EAP)

Occupational Medical Services Team
February 2009

Employee Assistance Program (EAP)

Important Information

This booklet provides general guidance for employees, supervisors, and managers about the County's Employee Assistance Program. This booklet is not intended to change or otherwise modify any law, regulation, procedure, or collective bargaining agreement that may govern the subject matter covered in this document. If there is an inconsistency, the law, regulation, procedure, or collective bargaining agreement will prevail. Please also bear in mind that laws, regulations, procedures, and collective bargaining agreements may be amended at any time.

EAP Services for Employees

Q. What is the EAP?

A. The EAP is a confidential, short-term, professional counseling service offered to County employees by an independent contractor to the County. The program is currently administered by Business Health Services, under contract to the Office of Human Resources (OHR).

Q. What kind of counseling is offered by the program?

A. The EAP provides confidential assistance to you and your family members who may be experiencing personal problems. The kinds of problems for which the EAP offers assistance are:

Marital or family problems;
Emotional distress (depression, stress, etc.);
Alcoholism or alcohol misuse;
Drug abuse (prescription or illegal drugs);
Problems caused by another's alcohol or drug abuse;
Other personal difficulties, including those resulting from financial, legal, or health problems; and
Work place issues
Legal consultations
Financial counseling.

Q. The EAP offers "short-term" counseling. What does that mean?

A. Up to six counseling sessions per problem per year are available to you or a family member. Many personal problems can be effectively treated in that time. However, if specialized or on-going counseling is determined to be necessary, you'll be referred to your health plan's professional counselors. Every attempt is made to recommend professionals who best meet your personal and budget needs.

Q. Who are the EAP counselors?

A. The counselors are trained, skilled, licensed mental health professionals employed by Business Health Services. They are not County employees.

Q. Who may use the EAP?

A. All Montgomery County employees, fire corporation employees, Montgomery County volunteer firefighters, and their spouses and dependents are eligible to use the program. Assistance is also available to supervisors who wish to discuss problems encountered in managing the work unit.

Q. What is the cost for EAP services?

A. There's no cost to employees or supervisors for services offered by the EAP.

Q. What about confidentiality?

A. Contacts with the EAP are held in strict confidence. The EAP carefully follows federal laws and regulations which require specific written consent to release information. EAP records do not become part of your personnel file. Your supervisor may not obtain information about your consultations with EAP without your written permission.

Q. Can I have administrative leave to use the EAP during work hours?

A. Your supervisor can authorize up to two hours of administrative leave for your initial counseling visit. Your department head may authorize additional administrative leave, if justified, or you may request to use sick or annual leave for EAP appointments.

Q. Will my supervisor know that I'm using EAP services?

A. If you initiate counseling with the EAP, your supervisor will only know if you choose to tell him or her. However, if you request administrative leave, you'll need to explain the reason for your request. If you request to use sick leave "for a medical appointment" or annual leave, your supervisor will not know that you're using EAP services. Your supervisor will not be contacted by EAP, and your EAP records will not become part of your County files.

Q. Can I be referred to the EAP by another person?

A. If your supervisor observes work performance problems, he or she may refer you to the EAP for confidential assistance. However, whether you follow-up with the suggested referral is strictly up to you.
Mandatory referrals to EAP may be made as part of a Last Chance Agreement following a positive drug or alcohol test or in accordance with the requirements following a resolution of a Statement of Charges.

Q. Where are the counseling centers located?

A. There are several convenient and private locations in the County. Locations are convenient to most work sites, and evening hours are available. When you call to make an appointment, you may select the location most convenient for you. Facilities are wheelchair accessible. Individuals needing special assistance or just to access services may call 1-800-327-2251.

Q. How do I make an appointment?

A. It's as easy as a phone call to make an appointment. Phone numbers are 1-800-327-2251. Call anytime to speak to an Intake professional who will help you with your needs.

EAP as a Resource for Supervisors

Q. How can the EAP help supervisors?

A. The EAP offers:

An understanding and professional hearing of problems you may be having with an employee you supervise.

Assistance in working out your concerns and feelings about a troubled employee in a productive way.

Guidance in documenting and managing performance and behavior problems.

Guidance and support in talking with your employee about job performance and behavior problems, when this is necessary.

- Competent and professional assessment and referral, as needed, of employees you send for help.
- Follow-up with treatment resources for your employees as necessary, to determine whether they are receiving the services promised and whether they are following the prescribed treatment programs.
- Follow-up with you, the supervisor, to the extent permitted by confidentiality regulations. The EAP cannot discuss an employee's condition or treatment with you unless you have the employee's written permission.
- Continued assistance, as necessary to your employee and to you in readjusting to a productive work relationship.

Q. What about confidentiality?

A. Your consultations with EAP will not be passed on to your employee, your supervisor, or anyone else without your approval.

Q. How does a supervisor or manager request EAP assistance?

A. Call 1-800-327-2251 at anytime to speak to an Intake professional who will help direct your call. Often, assistance can be provided by phone. Otherwise, an individual appointment will be scheduled.

Additional Information

Q. **Where can I get more information about the program?**

A. You can contact the OMS Team at 240-777-5118.

MONTGOMERY COUNTY DEPARTMENT OF PARKS
THE MARYLAND-NATIONAL CAPITAL PARK AND PLANNING COMMISSION

November 25, 2019

MEMORANDUM

TO: Susan J. Farag, Legislative Analyst
Montgomery County Council

FROM: Darryl W. McSwain, Chief of Police
M-NCPPC Park Police – Montgomery County Division

SUBJECT: Mental Health Support Services/Senior Safety

The purpose of this correspondence is to provide answers to questions (*italics*) you posed as it relates to Mental Health Support Services the Park Police provides to its members, as well as, Senior Safety initiatives extended to the community. The replies should not be considered all-inclusive. I look forward to working with you, the Council, and my fellow public safety colleagues in our collective efforts to enhance the wellness of all employees and serve our senior population.

Mental Health Support Services

Identify different functions within your department that may need different types of services. For example, do police need different supports than emergency call takers/dispatchers?

Ultimately it depends on the nature of an incident and the parties involved. For example, contingent on the type of call for service, the dispatcher may not immediately know how a critical incident concluded. Officers handling the call gain immediate resolution and ownership for the way a situation was resolved. However, the dispatcher does not always have the ability to "close that mental loop" which at times can lead to anxiety or stress. They may naturally wonder if their actions contributed to a positive outcome or a less than desirable result. In a recent incident in which one of our officers was hit by a drunk driver, we included the dispatcher in the next day roll call debrief. All indications are that the debrief went well, but it cannot be a given on every incident because the nature of the first-hand experience of an officer may also exposed the dispatcher to more trauma. Our Peer Support Team is open to sworn and non-sworn members. I am happy to note that one of our dispatchers recently attended training and is now a certified member of the Peer Support Team.

Another group that must be remembered is the family of the employee that endures mental trauma. Educating family members on symptoms of trauma and available resources can facilitative preventive and restorative benefits for all parties involved.

Formal programs/service you currently provide. And utilization rates if you have them. What are some barriers to data collection?

The Park Police currently has four (4) members on the **Montgomery County Peer Support Team**. Our representatives consist of one (1) lieutenant (agency coordinator), one (1) sergeant, one (1) officer and a dispatcher. Two (2) of the Park Police members previously earned a Master's Degrees in Forensic Psychology. Collectively, all provide confidential in-house consultations to sworn and non-sworn members who may have experienced an unexpected/untimely death in the family, critical incident at work, etc. They also train with the county-wide team and respond to emergency call-outs or special details such as funerals to help employees, friends, and family members alike in need. Year to date, Park Police Peer Support Team members have conducted at least 28 contacts in over 40 hours of time and participated in 17 details. This usage rate represents approximately 2.5 contacts per month. The Park Police does not have its own clinical psychologist, but all agency members do have access to Dr. Oliver Stone of the MCP Office of Stress Management who is trained in public safety trauma. One of the challenges with data collection is determining if it is truly representative of the frequency and number of employees who actively seek assistance since there are other outside resources they may utilize that we are not aware of.

The Maryland-National Capital Park and Planning Commission (here in after referred to as the Commission) offers an **Employee Assistance Program**. This is a confidential program that provides counseling for work-life issues. Services include up to eight (8) in-person confidential counseling sessions for challenges related to stress, job pressures, grief and loss, substance abuse, relationship/marital conflicts, and problems with children. Employees are granted up to 2-hours of administrative leave when using this service during work hours. A certified public accountant/planner and legal support are also extended.

In addition to the in-house services noted above, we inform our members of the non-profit organization **EveryMind** as an additional resource. We believe it is essential that employees know of options outside of the agency. It is understood that some officers/dispatchers may be fearful of sharing sensitive personal information within the agency out of concern it will result in an adverse personnel action and/or exposure amongst peers. EveryMind provides free and confidential consultation services. It is made up of trained staff and volunteers who provide supportive listening, information and resource referrals, and crisis intervention through telephone, text, and chat services. www.every-mind.org

Additional general support services officers and/or dispatchers may utilize include:

- Montgomery County Crisis Center
- National Alliance on Mental Illness (NAMI) – www.nami.org – affiliates in Montgomery and Prince George's County. Works with CIT Officers and provides online/telephone resources.

- National Police Suicide Foundation – www.psf.org – provides peer support services, training seminars, and policy/protocol recommendations. Also extends psychological, emotional, and spiritual support for public safety/military personnel.
- Safe Call Now – www.safecallnow.com – confidential resource for public safety employees comprised of public safety and mental healthcare providers.
- Concerns of Police Survivors (C.O.P.S.) – www.concernsofpolicesurvivors.org - organized in 1984 to assist survivors of officers killed in the line of duty. Non-profit organization that provides training, support, and counseling for family members, significant others, and co-workers of officers who have died in the line of duty.

Information programs/services. Again, utilization rates if you have them.

The Commission works with organizations to provide Mental Health First Aid training to employees. I do not have utilization rates at the time of this writing. The Commission also provides guidance resources which are posted on an internal intranet through the Health and Benefits Section. Various articles, online videos, and assessment tools are shared on topics related to mental health, legal and financial issues, as well as, work and family balance. Employees can use the "Ask the Expert" portal to get personal responses to their individual questions. Throughout the year, the Commission advertises numerous health and wellness initiatives that are also incentivized with monetary benefits.

Whether services are bargained or not.

In the interest of brevity, it would not feasible to attempt to place every related bargaining topic into proper context. Generally, the bargaining units and the Commission are committed to working together to readily provide timely access to health benefits to all employees. There are various areas of specific emphasis that go into greater detail regarding matters specific to time periods, protocols, tracking, etc. Examples include Family/Medical Leave, Long Term Disability, Workers' Compensation, and Drug/Alcohol Testing.

Whether staff are requesting certain types of support. Apps that allow texting 24/7 seem to be popular in the literature I've read, since you all work 24/7.

Some officers have recommended expansion of formal Crisis Intervention Training (CIT) - of which we are doing. We are not aware of any other specific requests for related support. To enhance awareness, the Command Staff sends agency-wide reminders of crisis and mental health services available both within and outside of the agency. Some community service providers such as **EveryMind** does provide texting services.

Dedicated staff positions for these positions.

The Park Police does not have dedicated positions specific to mental health. However, within the Commission's Health and Benefits office there are staff members who are devoted to providing appropriate information and resources that are available to all employees.

Known best mental health practices in your respective professions.

- Crisis Intervention Training (CIT) for officers and non-sworn members – nearly 20% of Park Police Officers have received this training. Prior to my arrival, it was voluntary. I have since made this a mandatory expectation for all Park Police Officers. We are working towards a goal of 100% within a 2-year training span as training becomes available. Several slots have been offered in the quarterly CIT training that MCP and the Department of Health and Human Services provides.
- Mental Health First Aid for all employees – all of our officers have had some level of this training, but efforts are underway to expand the depth of the same to officers and non-sworn alike
- Access to Peer Support types of services
- Employee Assistance Program (EAP) and other non-police agency sponsored options
- Access to public safety trained psychologist/psychiatrist
- Fulltime Peer Support/Crisis Intervention Team Unit and Coordinator
- Mandatory psychological assessment of personnel after a critical incident.
- Complimentary and group counseling for family members of employees who have experienced trauma.

Employee privacy concerns.

Employees sometimes harbor a fear that a mental health concern or personal issue will get back to agency decision makers within the Human Resources Division or their chain of command. Others are concerned that their mere presence at a facility clearly advertised as a mental health provider will expose them to their peers. Therefore, they may resist in-person assistance and instead opt for an anonymous on-line or telephone conversations instead. Furthermore, if in-person counseling requires the recording of the employee's real name, he or she may fear the records could possibly become public information via a cyber data breach or legal suit. As such, how an agency records confidential meetings may either heighten or alleviate an employee's fears. Within the Park Police, the Peer Support members do not record the names of individual officers who seek them out, nor does the monthly statistical data mention names.

Challenges to service delivery-staffing, lack of tools such as support lines, health insurance barriers, etc.

The biggest challenges are reducing the stigma of mental illness and ensuring confidentiality. Therefore, protocols designed to assist those suffering from mental illness must focus on confidential treatment, while avoiding judgment. Idea providers will be accessible 24/7, compassionate, competent and certified for credibility, and generally free of charge to avoid a disparate impact based on one's socio-economic status.

As it relates to health insurance matters, the challenges may differ from person to person depending on their individual health insurance plan, the length and type of treatment requested, and whether or not the trauma is considered job related or not. There may be unintended conflicts with other legal processes specific to workman's compensation claims and insurance company assessments.

Plans moving forward.

The information presented below primarily represents planned Park Police initiatives specific to employee wellness. The Commission's Health and Wellness Office also remains committed to employee wellness and may have additional initiatives planned for all Commission employees that I am not yet privy to at this time.

- Various Park Police directives have been developed and/or updated over the past year to memorialize the agency's commitment to employee wellness. Such directives include those specific to *Peer Support* and *Officer Involved Deaths*. Others in progress include those related to *Administrative Suspensions*, *Military Deployments/Returns*, and *Serious Injury, Illness, or Death of an Officer/Family Members*.
- Mental Health First Aid Trainings
- Participate in more community mental health awareness events, such as the NAMI walks. The goal is to better integrate the police culture into mental health awareness and reduce stigma.
- Improve the onboarding of officers to ensure that their family members/partners are also aware of mental health resources available to all family members.
- Develop a process to establish a police liaison for family members when an officer/dispatcher has been involved/exposed to a critical incident and is incapable of assisting their family members with potential stressors specific to hospitalization, health benefit access, navigating organizational business processes, etc.

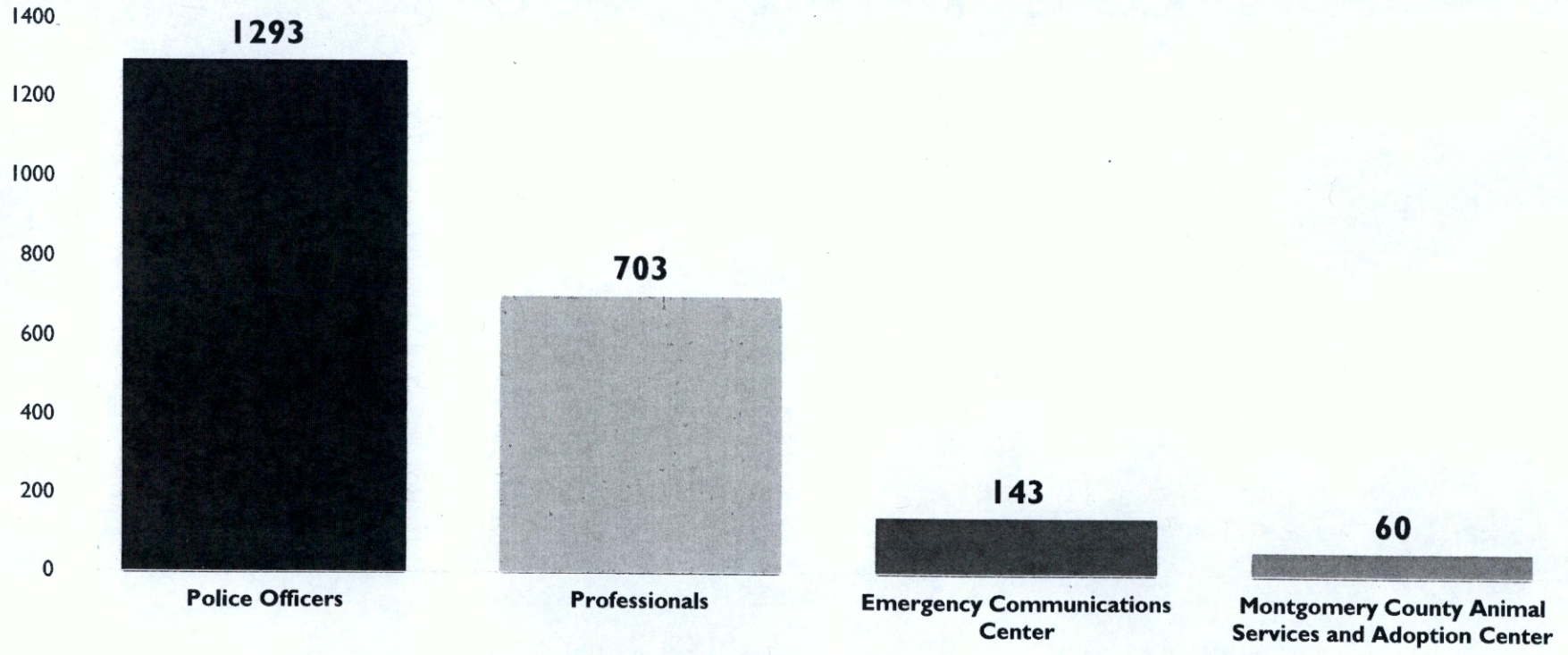
- Mandatory mental health evaluations when an employee is involved in a critical incident to prevent assumptions that only the "weak" seek help and/or to address acute trauma at the beginning stages in hopes of preventing chronic debilitating affects later.
- Integrate a holistic health curriculum in annual in-service trainings. A combination of certified guest and agency presenters will be utilized to address various topics such as physical fitness, mental health, understanding the symptoms of post-traumatic stress disorder, nutrition, and substance abuse.
- Strengthen confidentiality protocols within the agency in all related activities to include being mindful to not transport an employee to a mental health appointment in a marked vehicle or uniform.

Reasons Behind the Statistics

The stigma of suicide and mental illness within law enforcement

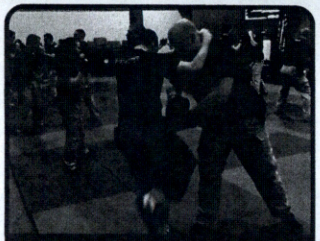
Oliver R. Stone, Ph.D., Psychologist | Police Stress Management Team | November 20, 2019 | Criminal Justice Coordinating Commission

Demographics
Montgomery County Police Department

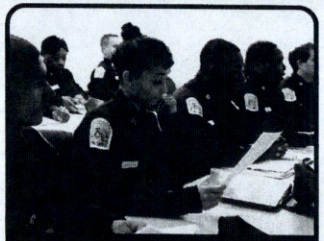


Law Enforcement as a Career


How to shoot

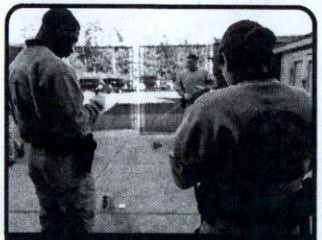

Self-defense


Traffic stops


Law and Procedures


Driving skills


Report writing


Investigations

Ethical Conduct

What's missing?

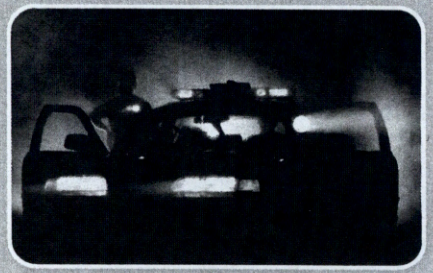
Stressors

Accumulation of chronic stresses and daily hassles

Significant change in routine, such as a change of duty or pending or existing retirement

Relationship events, including divorce or loss of major relationship; death of a spouse, child, or best friend, especially if by suicide; infidelity or domestic violence

Internal affairs investigation



Shift work — officers on midnight shifts may experience abnormal sleep patterns, which can impair their ability to make decisions

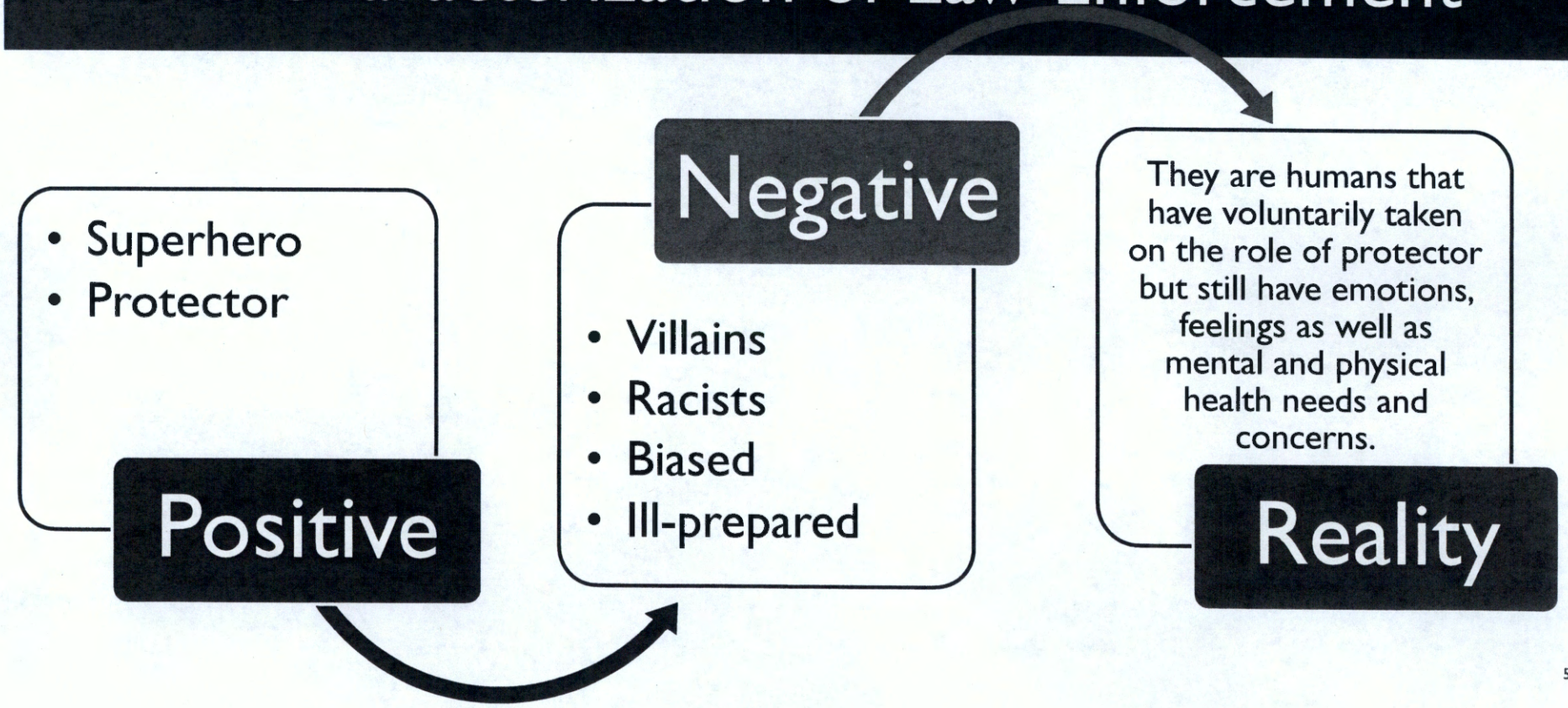
Exposure to horrific events or acute stressors

High expectations of the profession, followed by futility or social isolation

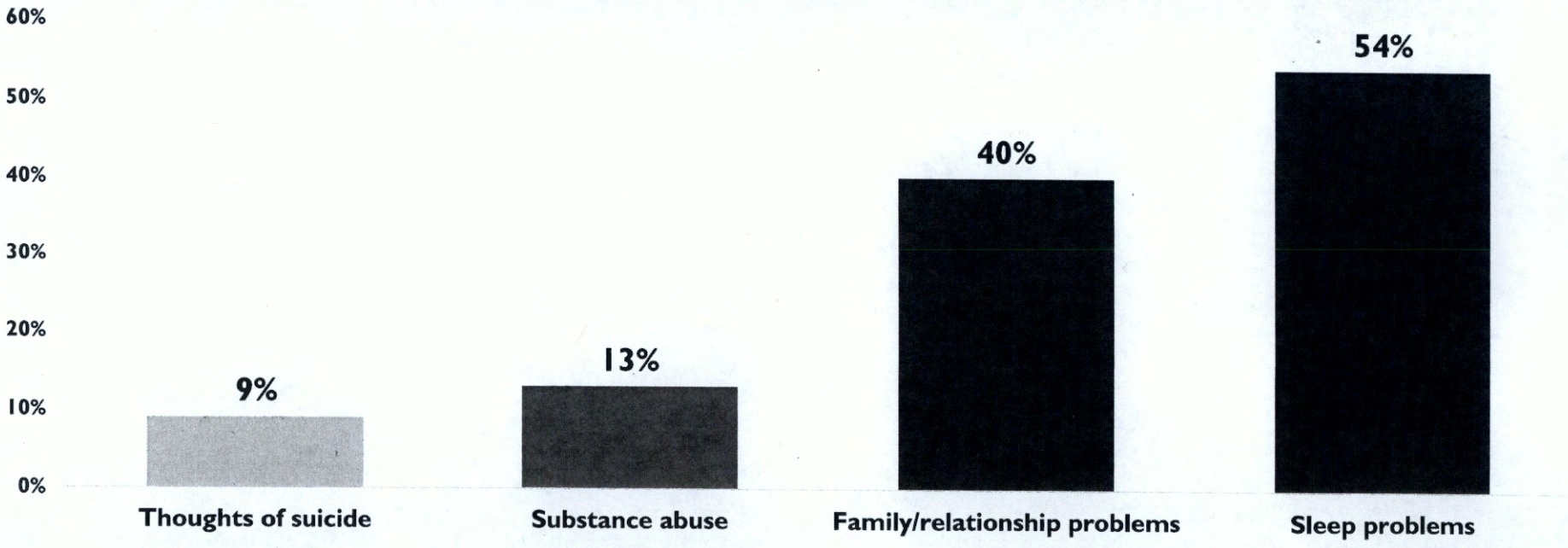
Significant financial strain

Diagnosis of terminal illness

Public Characterization of Law Enforcement

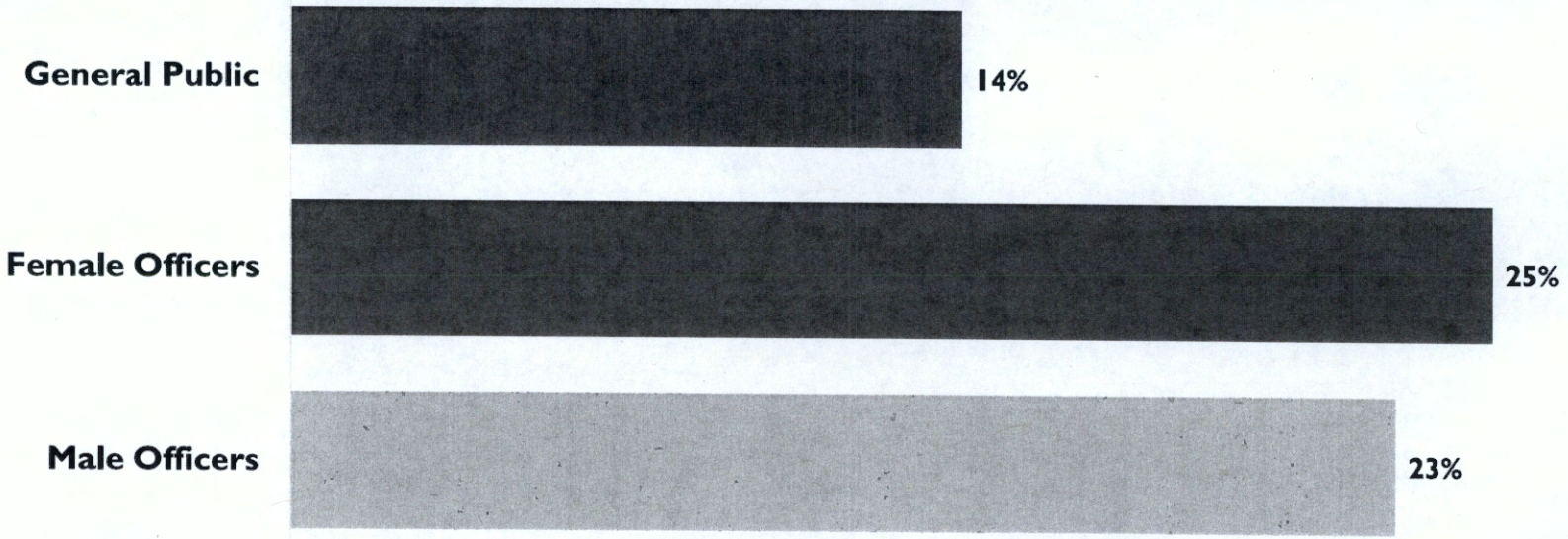


Stressful Experiences Contribute to the Following



Source: Survey of LAPD's more than 7,000 rank-and-file officers by NBC4 I-Team survey with over 600 responding

Suicidal Thoughts by Law Enforcement Officers
as compared to general population



Source: University of Buffalo "Impact of Stress on Police Officers' Physical and Mental Health," ScienceDaily, September 29, 2008 | Justice Center – The Council of State Governments

Opinions Matter

83% experienced stress on the job

76% believed their stressful experiences as a police officer caused unresolved emotional issues

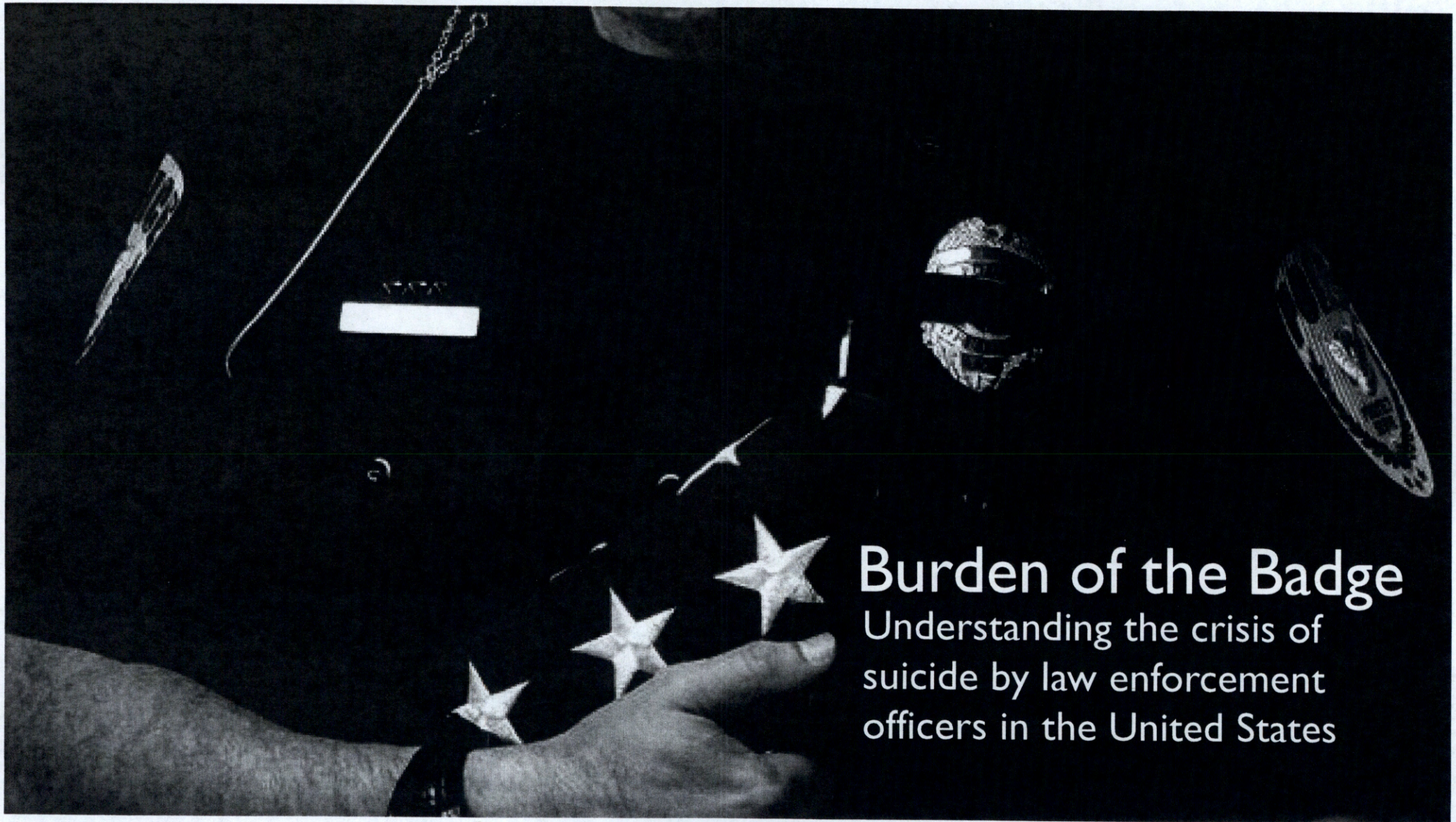
90% believed that there is a stigma in law enforcement that creates a barrier to seeking help for emotional issues

24% have used the services

97% are aware of offered behavioral services

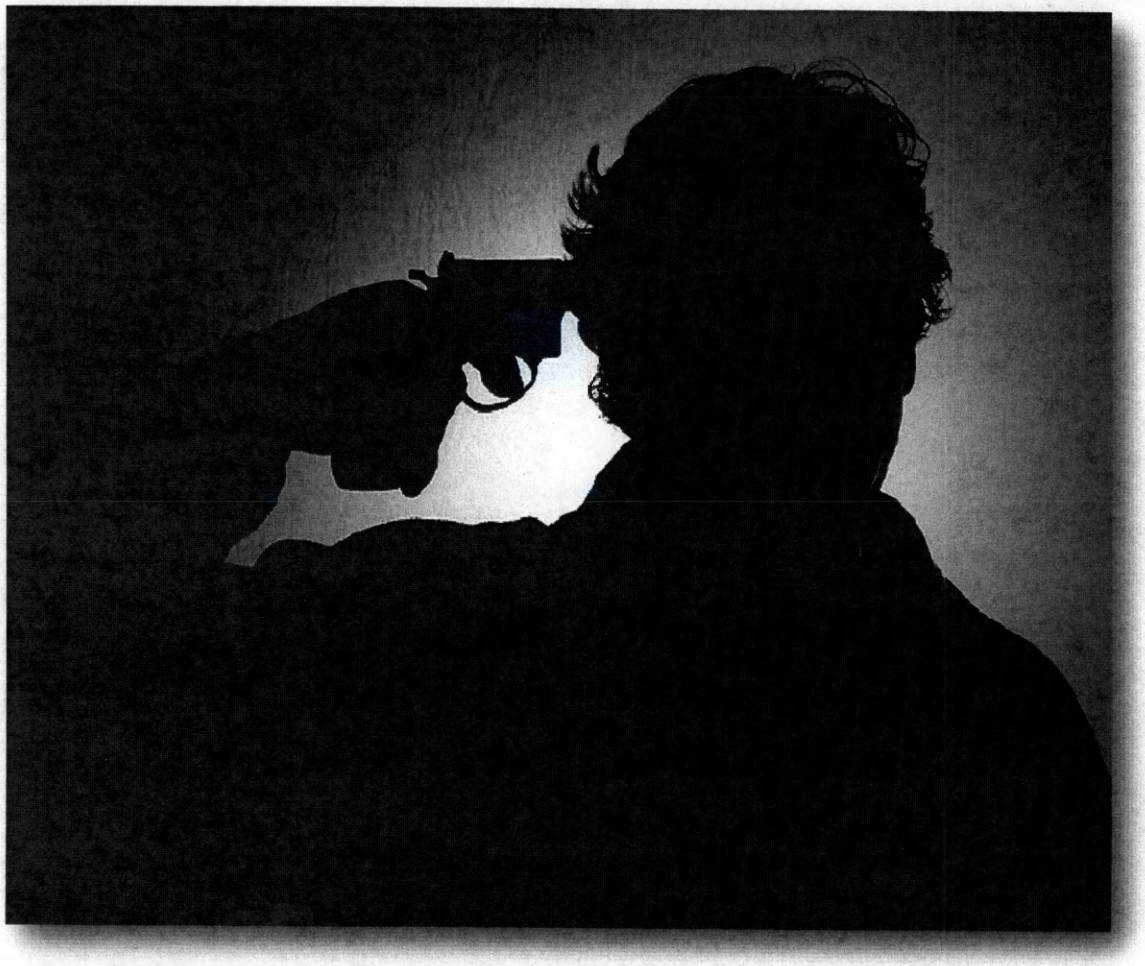
96% felt that the public is not aware of the effects of critical stress on officers

Source: Survey of LAPD's more than 7,000 rank-and-file officers by NBC4 I-Team survey with over 600 responding



Burden of the Badge

Understanding the crisis of suicide by law enforcement officers in the United States



Suicide

A permanent solution to a temporary situation …

"The Forever Decision"

What is Mental Illness?

"Mental illness refers to a wide range of mental health conditions — disorders that affect your mood, thinking and behavior. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors..."

Mayo Clinic

"Mental illnesses are health conditions involving changes in thinking, emotion or behavior (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work or family activities...."

American Psychiatric Association

Law Enforcement Suicides

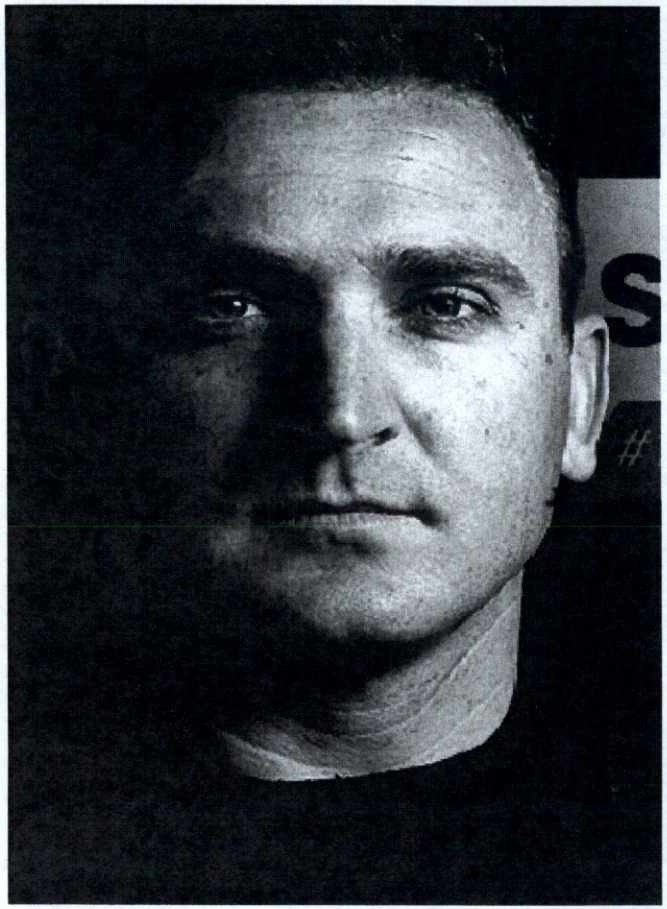
Alabama – 8
California – 55
Florida – 32
Illinois – 26
Kentucky - 2
Maine – 2
Mississippi – 3
New Hampshire – 3
North Carolina – 20
Oregon – 4
South Dakota – 2
Virginia – 12
West Virginia – 4

Alaska – 1
Colorado – 18
Georgia – 12
Indiana – 6
Louisiana – 6
Michigan – 11
Montana – 5
New Jersey – 37
North Dakota – 3
Pennsylvania – 20
Tennessee – 6
Vermont – 3
Wyoming - 3

Arkansas – 2
Connecticut – 15
Hawaii – 3
Iowa – 4
Massachusetts – 25
Minnesota – 11
Nebraska – 3
New Mexico – 4
Ohio – 21
Rhode Island – 2
Texas – 40
Washington – 6

Arizona – 8
Delaware – 3
Idaho – 5
Kansas – 7
Maryland - 17
Missouri – 10
Nevada – 7
New York – 53
Oklahoma – 9
South Carolina – 6
Utah – 4
Wisconsin – 9

Source: BlueHelp, 2019 | Known Death since January 1, 2016



Suicide:

#1 Threat to Law Enforcement Officers
Demographics behind the numbers for 2018

91% of suicides were by male officers.

42 was the average age of officers dying by suicide.

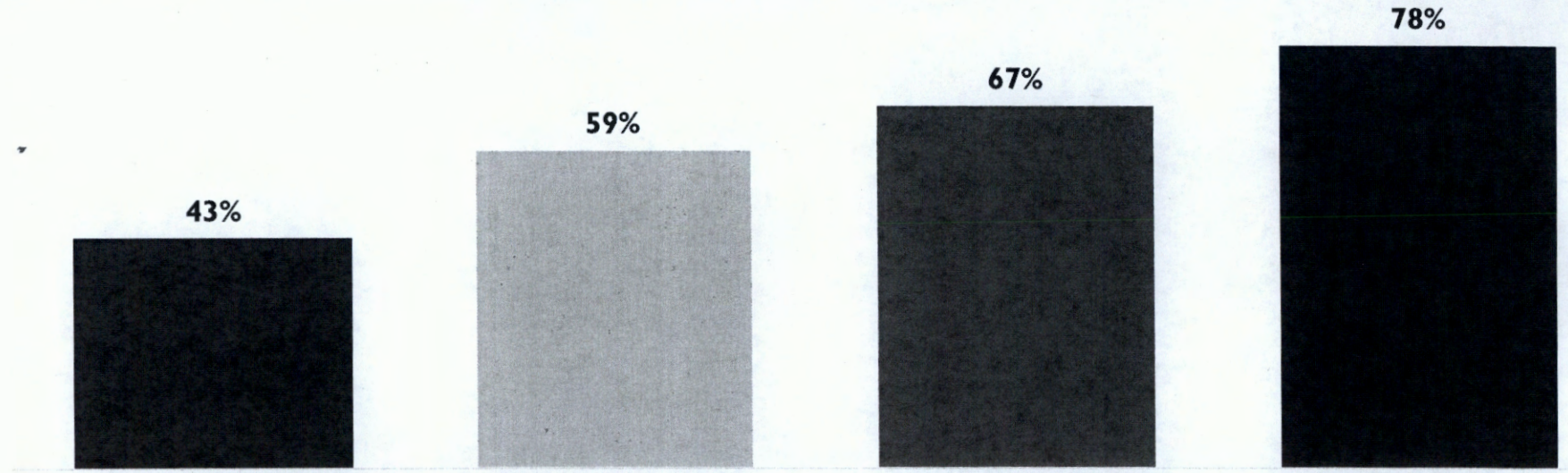
16 years was the average time on the job for officers committing suicide.

Source: Rawhide.org, 2016; Blue h.e.l.p, 2019

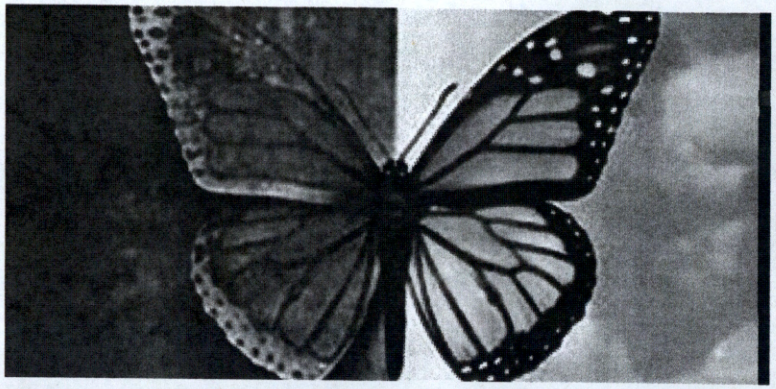
Indicators of Suicide

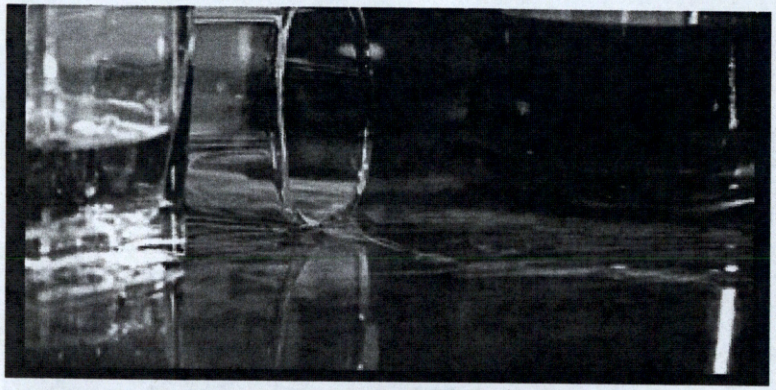
Talking about wanting to die or being better off dead	Talking about feeling hopeless or having no purpose	Talking about feeling trapped or being in unbearable pain	Talking about being a burden to others
Increasing the use of alcohol or drugs	Acting anxious, agitated, or reckless	Sleeping too little or too much	Withdrawing or feeling isolated
Increased anger or irritability	Displaying extreme mood swings	Feelings of depression or sadness	Loss of interest in pleasurable things

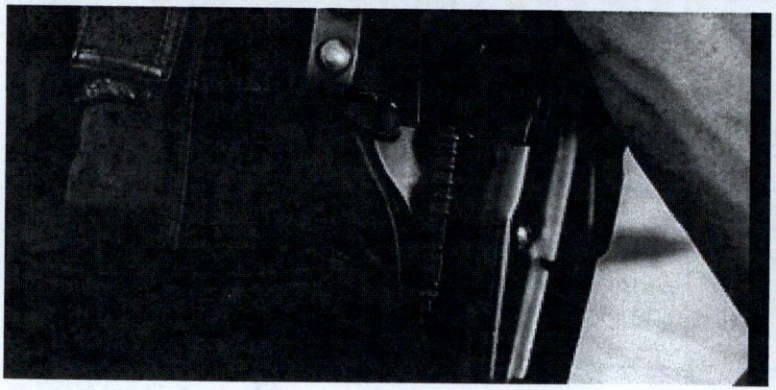
Concerns by LEs that Contribute to Stigma



Source: LAPD, 2018 | Over 600 responses from 7000





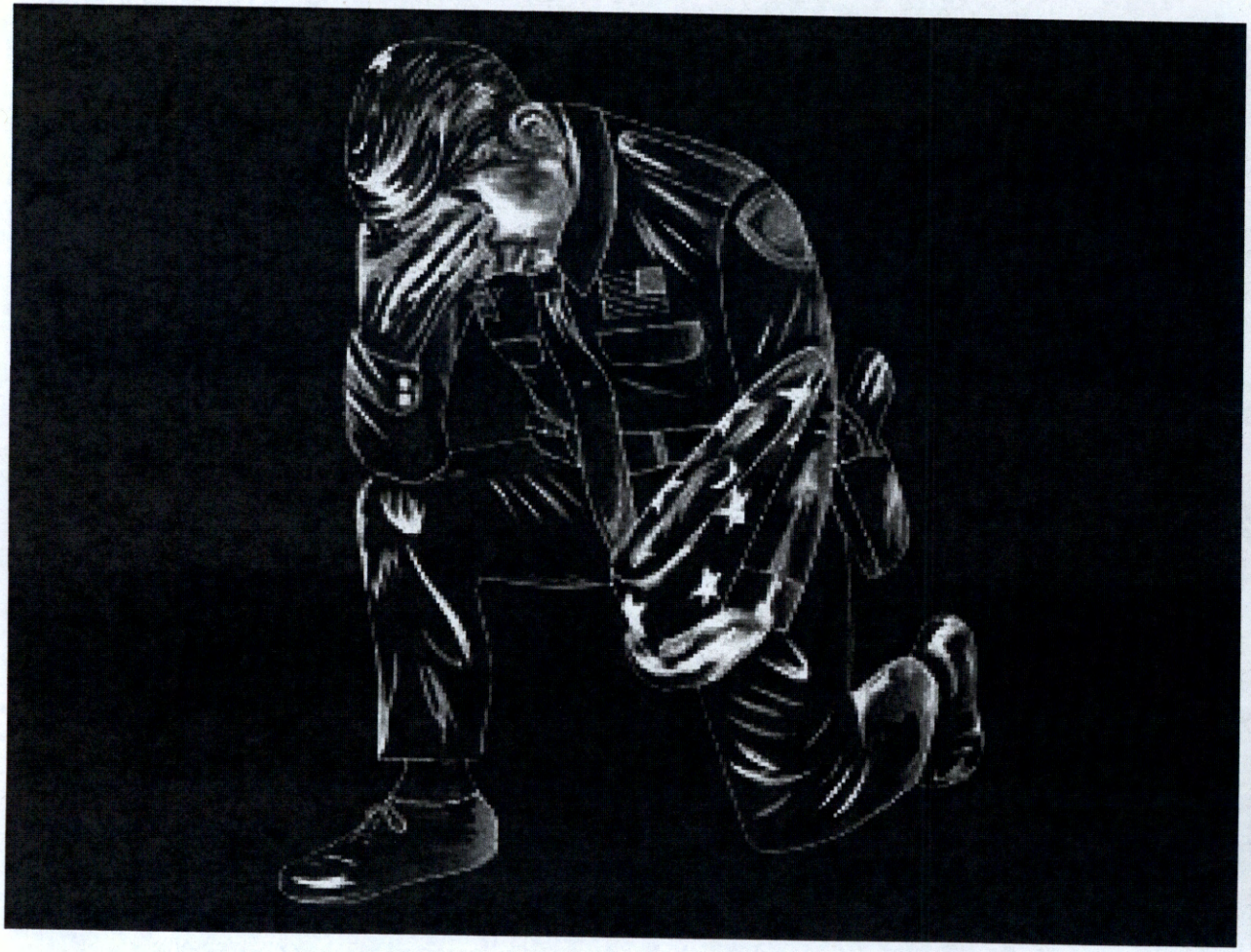


Risk Factors in Police Work

- **Individual**
  - Mood disorders and other psychiatric diagnoses
  - Work stressors
  - Family stressors
  - Alcohol (or other substance) misuse
  - An aggressive/impulsive personality style
  - Suicidal ideation
  - Excessive tendency to veil problems
- **Systemwide**
  - Access to firearms
  - Stigma interfering with appropriate help-seeking behaviors

Prevention Begins with Acknowledgment

- Suicide prevention begins with understanding and addressing the warning signs.
- Suicidal behaviors are often an attempt to end pain that feels unbearable.
- Most suicidal people do not want to die — **they want help!**



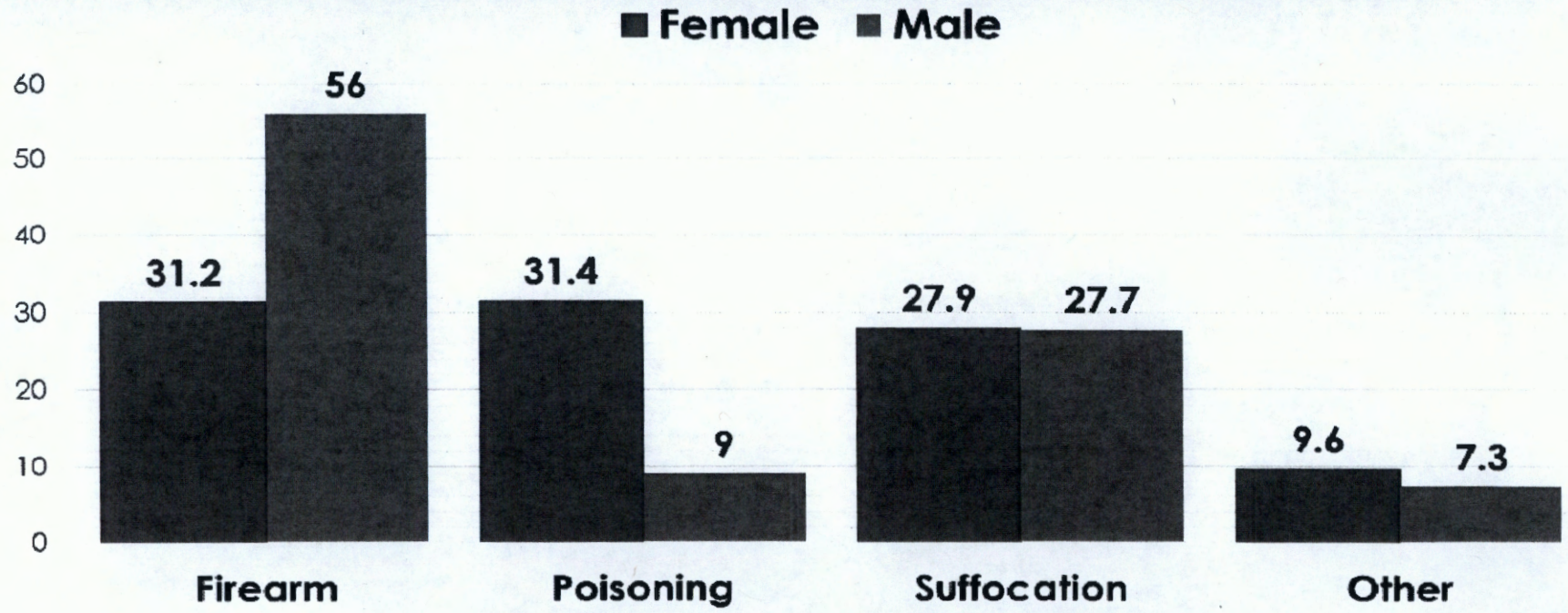
An Epidemic Among Us

60

Breaking the Silence: Suicide Prevention in Law Enforcement

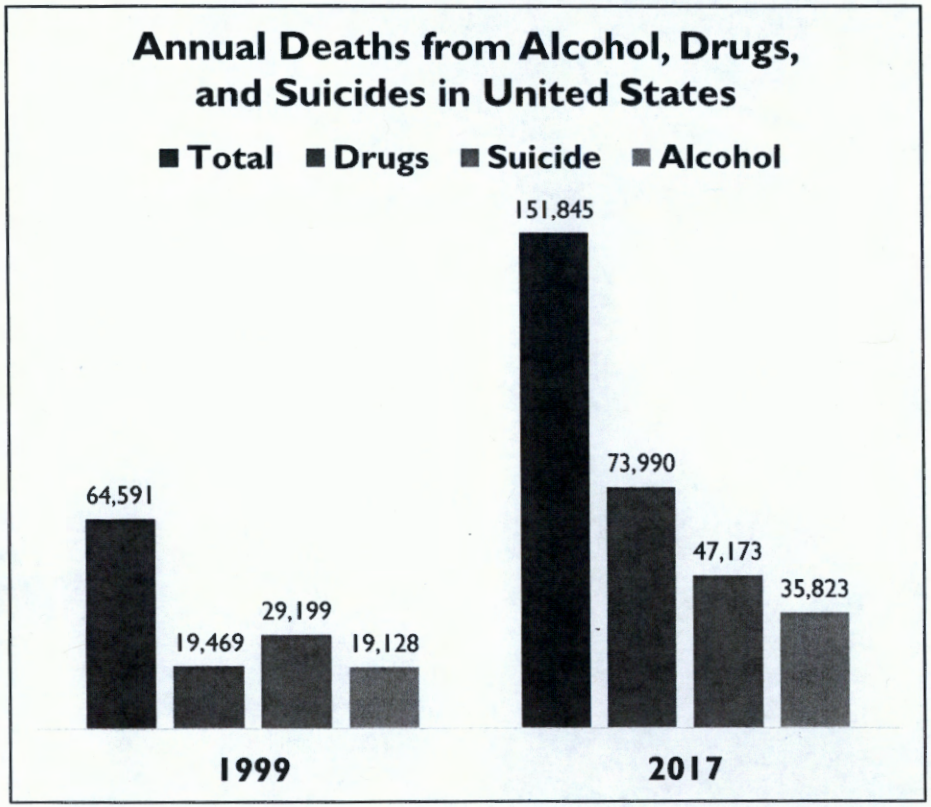
Suicide by Method and Sex (2017)

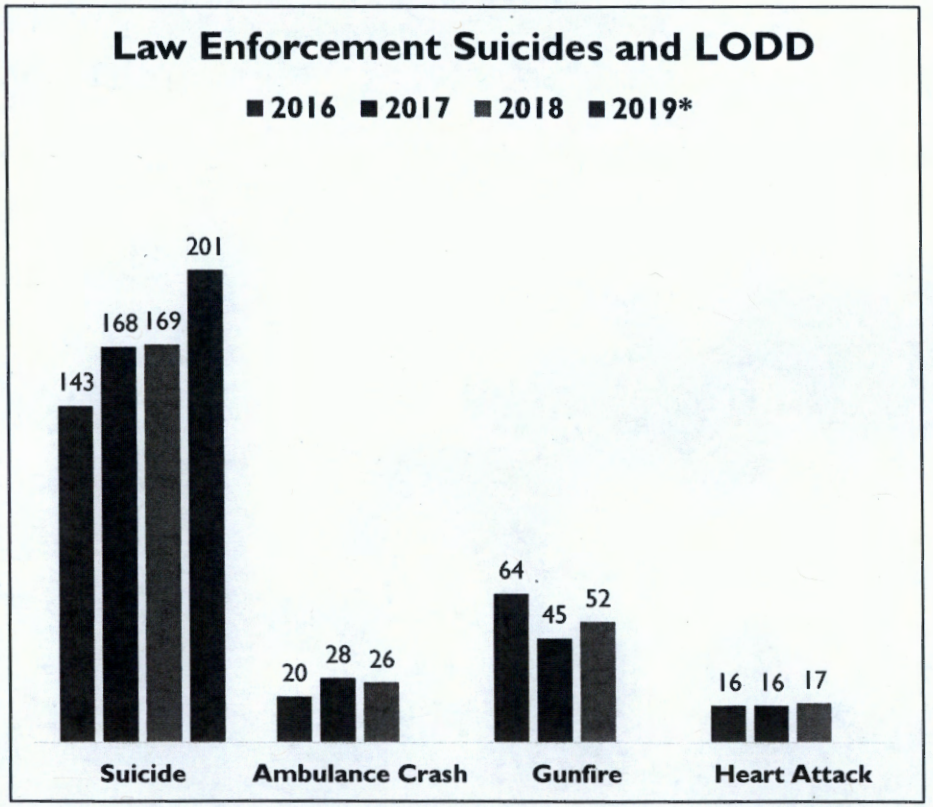
Percent of Suicide Death by Methods per population of 100,000



20

Source: NIMH | Data Courtesy of CDC WISQARS Leading Causes of Death Reports





Source: Trust for America's Health and the Well Being Trust. Analysis of data from National center for Health Statistics, CDC, 2019

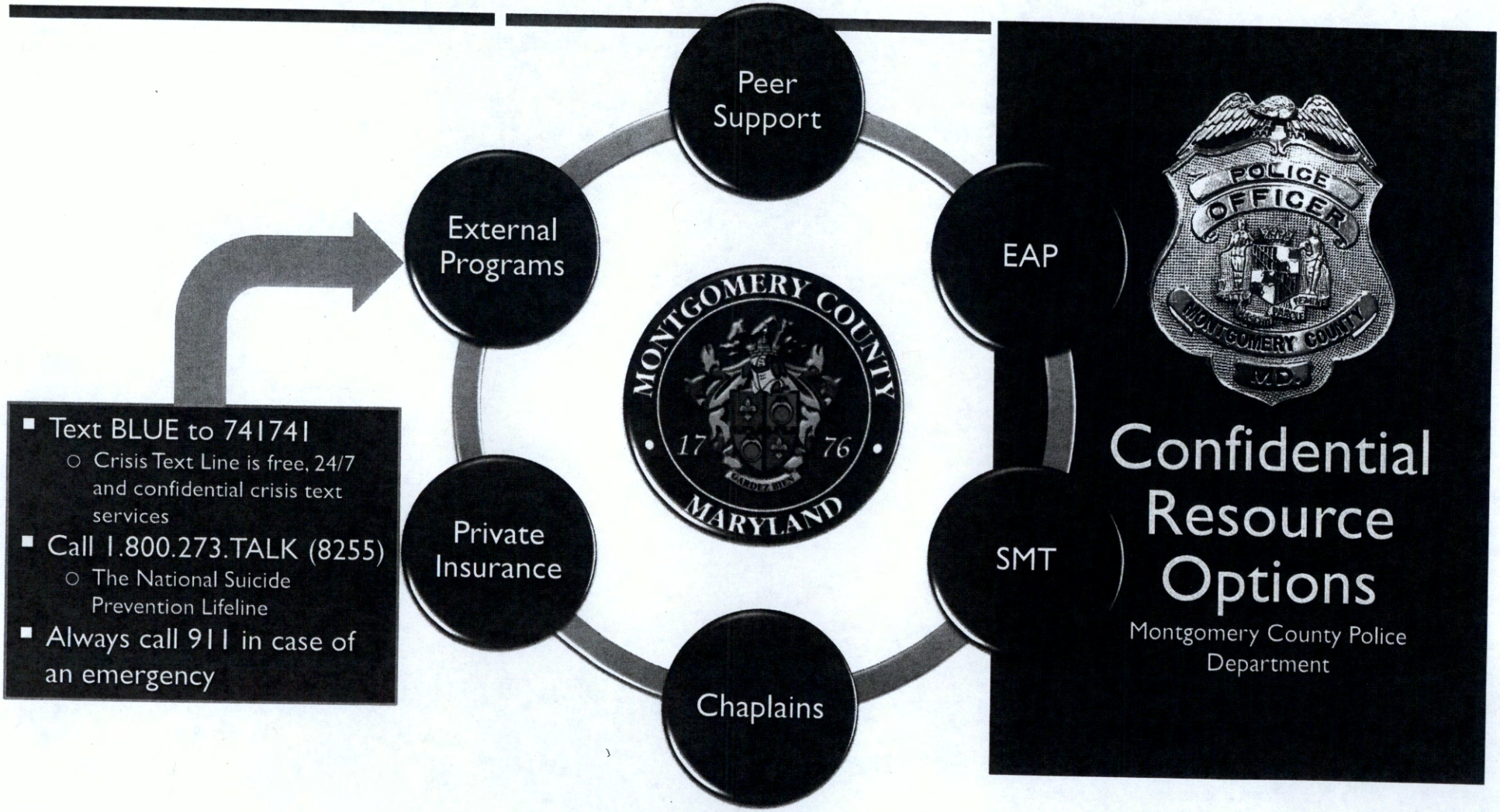
Suicide Source: bluehelp.org, 2010 | LODD source: odmp.org | *As at November 18, 2019

63

Connection Between Substance Abuse Addiction and Suicide

- Suicide, addiction, and depression have a very close and interconnected relationship.
- More than 90% of people who fall victim to suicide suffer from depression, have a substance abuse disorder, or both.
- Depression and substance abuse combine to form a vicious cycle that all too often leads to suicide.
- Many who experience such severe depression (as a result of Major Depression, Bipolar Disorder, Obsessive Compulsive Disorder, and other conditions) frequently turn to drug, alcohol, gambling, and other risky behaviors to numb their pain and/or alleviate their negative feelings.
- Substance abuse and addiction actually increase the severity and duration of depressive episodes.

Resources


Peer Support
External Programs
EAP
Private Insurance
SMT
Chaplains
MONTGOMERY COUNTY
17 76
MARYLAND
POLICE
OFFICER
MONTGOMERY COUNTY
MD.
Confidential Resource Options
Montgomery County Police Department
Text BLUE to 741741
Crisis Text Line is free, 24/7 and confidential crisis text services
Call 1.800.273.TALK (8255)
The National Suicide Prevention Lifeline
Always call 911 in case of an emergency

Evidence-based prevention

Treatment

Recovery support services

De-stigmatize Mental Health Treatment

Federal Funding Available for Suicide Prevention

- Support and Treatment Officers in Crisis (STOIC) Act
- Authorizes $7.5 million annually for 5-years for law enforcement mental health and support services
- Restores grant funding for law enforcement support services and allows grant recipients to use funds to establish suicide-prevention programs and mental health services for police officers.
- Current grant programs DO NOT allow for funds to be used for suicide prevention efforts, mental health screenings, or training to identify officers at risk.

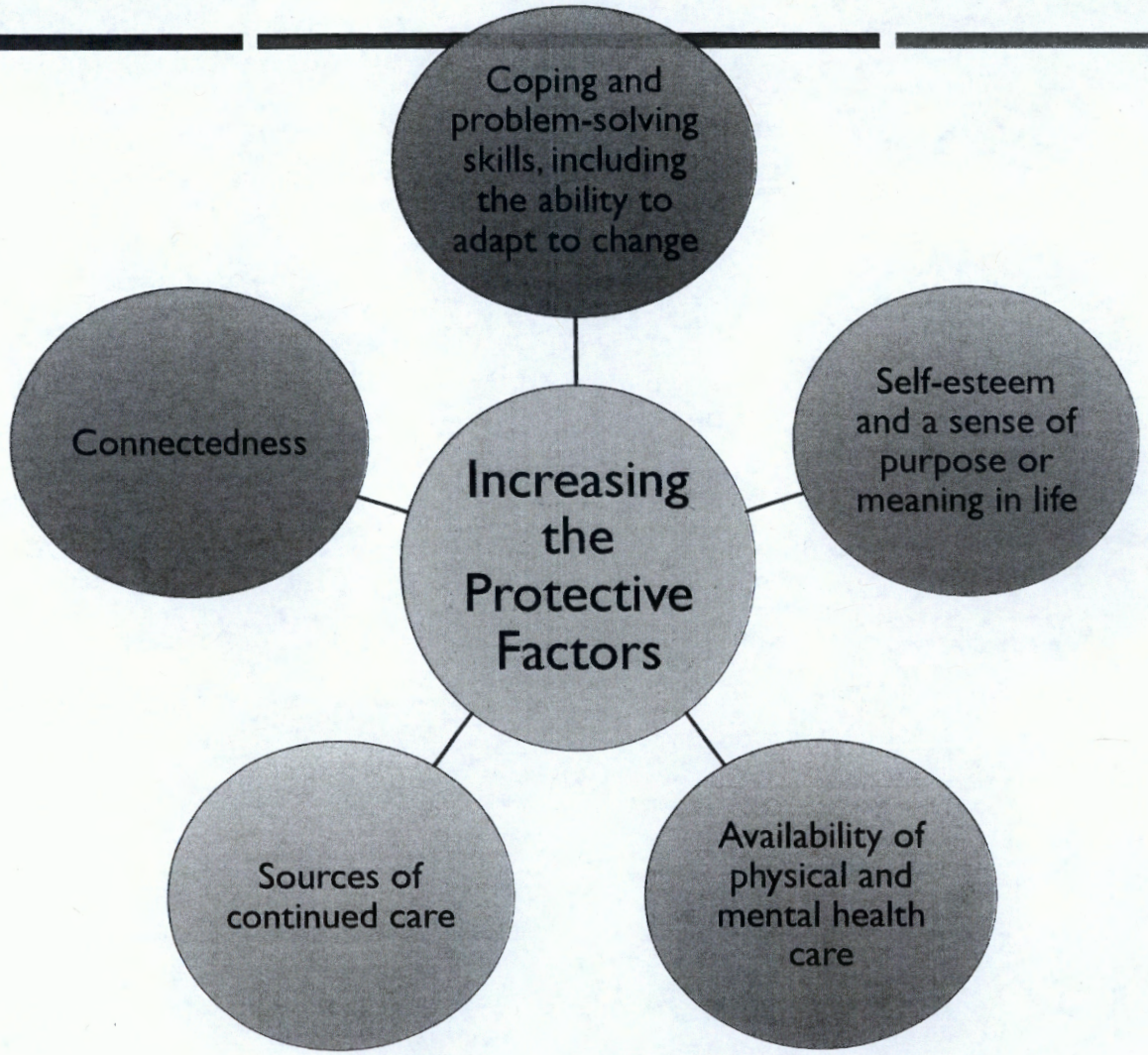
Preventative Measures by Some States

Illinois (Chicago) – Federal consent decree requiring the department to increase the number of counselors in its employee assistance program.

New York (New York) – Array of confidential help options, including peer support groups and a 24/7 text line.

Arizona – Enacted Craig Tiger Act which compensates officers for treatment of PTSD.

North Dakota – American Foundation for Suicide Prevention's Interactive Screening, which allows officers to anonymously complete an ouline questionnaire to screen for signs of depression and other mental health conditions


Coping and problem-solving skills, including the ability to adapt to change
Connectedness
Increasing the Protective Factors
Self-esteem and a sense of purpose or meaning in life
Sources of continued care
Availability of physical and mental health care

170

What Can be Done?

1. Law enforcement agencies can develop and endorse peer support programs.
2. Remove the stigma that often accompanies seeking help.
3. Give officers healthy self-care options and encourage that these be used rather than poor coping strategies (such as excessive alcohol consumption, "escape avoidance," or "distancing.")
4. Raise awareness about motivations and risk factors for suicide so fellow officers will recognize them when they see them.
5. Encourage agencies to investigate and report suspected LEO suicides using a psychological autopsy format similar to the one outlined in U. S. Department of the Army.

Source: Blue h.e.l.p., 2018; Rawhide.org

For more information, please contact:

Oliver R. Stone, Ph.D.
Psychologist Supervisor
Police Stress Management Team

o. 240.773.6040
e. oliver.stone@montgomerycountymd.gov