

APCO Analysis of Peer Support Programs Across US Regions

Presented by the APCO Wellness Committee Peer Support and CISM Workgroup

December 1, 2021

Executive Summary

APCO Wellness Committee has requested the following deliverable from the Peer Support and CISM Workgroup:

Evaluate a minimum of one Peer Support Program from each APCO region and develop a white paper to be presented to the Executive Board to review and provide direction on sharing/posting. Outline of findings will be delivered to the Executive Board by December 1, 2021.

With this instruction, a survey was done via social media of centers nationwide who were willing to share the details of their Peer Support and Mental Health programs. The survey was posted in November of 2021 and data was collected over a period of three (3) weeks. Thirty-seven (37) agencies responded to the survey with data that is described here in detail, with an attempt to draw correlations between various data sets. The majority of emergency communications centers surveyed seemed to share their peer support element with their field units and the rest of the department/agency, which has interesting implications in terms of moving the perception of the communications division from the realm of administration to first responder, but simultaneously raises concerns about communications-specific trauma and the ability for telecommunicators to build rapport with those who truly understand the stressors associated with their environment.

Elements of the peer support programs varied greatly, including the formalization of the program with written policies and procedures. Administration of the programs also varied, with some agencies assigning specific peer supporters to shifts and standbys, while others used a less formal approach. Several centers reported a common challenge of trying to gain support, establish trust, select the right team, and gain buy in from their staff to use the program once it was provided. Management support for the programs varied greatly, though most seemed to have some level of support from their leadership. Critical Incident Stress Management (CISM) has become a prevalent means of approaching major incidents, but may be over-utilized as a catch-all solution insufficient to address resiliency and cumulative stress associated with the day-to-day impact of shiftwork, exposure to traumatic events and other negative impacts. Employee Assistance Programs (EAP) are likewise somewhat universal, though the quality and quantity of options varies, both due to geographical restrictions and the elements of whatever contract is developed for the agency.

While numerous peer support and wellness program elements are repeated across regional boundaries, other unique elements and approaches are scattered among agencies. These unique approaches may provide a framework for best practices as emergency communications centers work to expand current or implement new peer support and wellness programs.

Introduction

Peer support has become an integral part of any successful wellness program in emergency communications centers across the United States. We will take a look at over thirty agencies who have submitted details about their centers and their peer support programs. We will examine the data geographically to determine if there are regional trends as well as overall to see if the industry is leaning towards a general standard. Finally, we will take a closer look at four (4)

agencies, one for each United States Region of APCO, evaluating their programs and defining best practices and common elements, which can be applied to other agencies as they look to develop programs from the ground up.

Abbreviations

- APCO-Association of Public Safety Communications Officials
- NENA-National Emergency Number Association
- CISM-Critical Incident Stress Management
- EAP-Employee Assistance Program
- CISD-Critical Incident Stress Debriefing
- ICISF- International Critical Incident Stress Foundation
- PTSD- Post-Traumatic Stress Disorder
- CIT-Crisis Intervention Team
- PST-Peer Support Team
- CIRT-Critical Incident Response Team
- PSA-Peer Support Advisor
- TERT-Telecommunicator Emergency Response Taskforce
- CE-Continuing Education
- CTO-Communications Training Officer
- ECC-Emergency Communications Center
- PSAP-Public Safety Answering Point
- ADA- American with Disabilities Act
- NAMI-National Alliance on Mental Illness
- SOP-Standard Operating Procedures
- HR-Human Resources
- OT-Overtime
- HQ-Headquarters
- EMS-Emergency Medical Services
- SO-Sheriff's Office
- PD-Police Department
- FF-Fire Fighter
- IAFF-International Association of Fire Fighters
- K9-canine
- PhD-Doctor of Philosophy
- N/A-Not Applicable
- Ret-Retired
- RAK-Random Acts of Kindness
- FHP-Florida Highway Patrol
- UVA-University of Virginia
- ESCC-Emergency Services Communications Center (Pennington SD)
- ECSO-Emergency Communications of Southern Oregon
- MDFR-Miami-Dade Fire and Rescue
- UCF -University of Central Florida
- REACT-Recognize. Evaluate. Advocate. Coordinate. Track.
- BBQ-Barbeque

Problem Definition

As emergency communications centers have evolved from an answering point that determined the location and dispatched resources with minimal relay of information, into complicated and technologically advanced centers that determine the true nature of emergencies, assign specialized units, deliver prearrival instruction and maintain contact until the arrival of help, telecommunicators have been called upon to provide a level of service drastically different than the initial job description of the 911 operator in the 1970s and 1980s. Subsequently, driven by the advancement of technology and increased expectations of the public, the level of exposure to trauma resulting in Post-Traumatic Stress Disorder (PTSD) and other psychological impacts has increased dramatically. Most centers and government employers generally provide as a benefit of employment an Employee Assistance Programs (EAP), supplemented by the wide integration of Critical Incident Stress Management (CISM) initiatives. However, neither of these is a sufficient means of addressing the full spectrum of stressors that impact telecommunicators outside major incidents. Empirical evidence has shown that peer level conversation, with peers trained in empathy and communication, trained to recognize red flags for mental health, and where trust and rapport have been previously established can have a positive impact and lead to better outcomes than EAP and CISM alone, especially when EAP resources are exhausted or not immediately available and when the incident does not meet the criteria for a CISM deployment. The exact details of the implementation of peer support programs can vary greatly and still experience an exceptional level of success, though common elements improve the quality of the program.

Program Elements

The following program elements were surveyed to determine the extent of the peer support programs:

- Critical Incident Stress Management (CISM)
- Field includes you in their CISM for incidents
- In house 911 Peer Support
- Offsite peer support/partnership with another agency
- Dedicated meeting space for peer support incident

While these program elements relate directly to peer support, there was also an attempt made to gather general information about wellness initiatives available in these centers that complement (or supplement a deficiency in) peer support. Information was gathered to determine general wellness offerings for telecommunicators in the agencies surveyed, with the inference that a varied and robust wellness program overall might lead to a more successful peer support program, recognition of the benefits of self-care, a toolbox of varied resources and a culture of acceptance of mental health concepts in general.

- EAP-5 or more sessions per incident
- EAP-Less than 5 sessions per incident
- Private Quiet Room/Decompress Area
- On site Gym or other exercise space
- Clinician on payroll/on site (psychologist, etc)
- Clinician off site, dedicated, has a relationship with your people and makes concessions like after hours appointments or a direct phone line someone in your agency can call in an emergency
- Mental Health training incorporated in Continuing Education (CE) at least yearly
- Chaplain

- Emotional Support or Therapy Animal
- Other (Space to fill in their own response)

Agencies were also asked if they had a formal peer support program, whether it was communications center specific or agency-/department-wide, how many were on the peer support team and whether they had a written policy. They were also asked to describe how management supported, or did not support, their programs and they were allowed to add any other relevant details. Those with a written policy were asked to share it if they could.

Survey Management Impact-General

Several agencies provided additional feedback related to the support and direction from agency leadership for their peer support programs. All agencies from the initial survey were polled and fifteen (15) responded to the second survey, though some only provided partial information for various reasons. For example, in one agency the program predated those currently involved and some of the questions solicited information unknown. Following are the results of the surveys from those who responded.

Initial leadership support included encouraging the implementation of the program and providing resources such as training and budget contributions. Leadership also participated in the program to show outward support and encourage buy in from their employees. Leadership tended to be strongly supportive of the program initially during the planning phase and was sometimes the party that initiated the program development. This may be because leaders are often in the best position to see higher level needs within the agency. However, in some agencies the programs developed from a grassroots campaign at a lower level. Leadership support continued to be strong throughout the implementation and operational phases.

In terms of statistics, all eleven of the twelve agencies saw strong support from management during both the planning and implementation phases and the twelfth saw moderate support. In other words, there were no successful and operational programs launched that were not experiencing management support. Nine of eleven continued strong support during the operational phase, while one agency saw support drop to a moderate level and the other continued at the same moderate level of support throughout the process.

In general, it appears that management was supportive based on a differing set of priorities that the peer supporters in other levels of the organizations. Management was concerned with adding to and utilizing resources already present, such as EAP or other intra-agency peer support teams. Existing programs are sometimes easier to join than to build from scratch and often the logistics are already in place. This is not to say they were not supportive of comm center-specific programs.

Communication and statistics for program use were important to management in the agencies polled. While confidential information was kept private, communication related to the program, overall usage, and training helped leadership feel confident. Communication was also integral to keeping all levels of the organization on the same page in terms of which program elements were imperative when cuts became necessary.

Some lessons learned included the regret that training was not provided sooner and that systems were not in place to document. Agencies also learned it was best to have written policies related to the team and the activation process, so that

field command and line supervisors could consistently provide the same level of resources as the need arose. They also experienced turnover and suggested training more team members from the onset.

Challenges continue to revolve around scheduling and coordinating between agencies and disciplines in shared teams. Additionally, there is some struggle in communication in terms of program performance. Management tends to only be aware of problems as they arise, but due to the nature of confidential communication, they may not be aware of positive interactions. Programs have experienced a disconnect where management was not necessarily fully aware of the good done within the program or the positive impact it had on their teams. This was the case with the agency that experienced a decrease in management support. As with any special program within the industry there seems to be a robust interest and overcoming the challenges a priority.

Survey Data Additional Remarks-General

Berlin Police Department	Don't forget the families. I started incorporating the family's and loved ones in our program. I had special meetings for them where we were able to explain some of what their loved one may be going through. We also did fun get together. It really works!
Charlottesville-UVA-Albemarle County ECC Newtown ECC	See policy I can get you in contact with our peer support team members who would be happy to answer questions. There should be CIT training for all PST's and a Health and Wellness initiative begun in even the smallest of centers. Peer support within an agency has failed in our area - the smaller agencies are tight knit and are willing to help others, but are hesitant on helping themselves. Managers and Directors should be mandated to have training in recognizing signs/symptoms of mental health and use every tool available to help their staff.
Lakes Region Mutual Fire Aid	N/A
Monroe County 911	Selection and awareness are key. Making sure people the staff can trust cannot be overstated.
Glastonbury Police Dept Virginia Beach ECCS-911	N/A - Agency has a very limited program Having a mix of internal support for day-to-day calls that bother people along with a dedicated outside source that can be contacted as well for those who are not comfortable or for large incidents is a must. Having dedicated clinician support for those who specialize in trauma, in my opinion, is a must.
Metro Nashville Department of Emergency Communications	We are in a rebuilding phase currently and the team is looking to work regionally instead of our County/City only.
Office of Public Safety Support	Information provided by Anessa Westmoreland on the APCO Health and Wellness Committee, but the contact is Wes Horne Director Wes Horne whorne@gsp.net (229) 357-0674 https://dps.georgia.gov/divisions/office-public-safety-support
Covington-Newton County 911	We sent people from our agency to Peer Support Training, but we had issues with confidentiality and decided to not start an actual program. I have found that it is better to have an outside agency handle the debriefings. I would like to have a peer support for

employees to talk to about their personal problems or work issues, but I don't know how that would work without an in-house program.

Fayetteville Police Dept I would recommend putting out an email to the employees to apply to be a Peer Support Team Member. We had to get a letter of recommendation from a co-worker and a supervisor. Then after you have a list of candidates/employees, I would have them each have a one-on-one meeting with whoever is over the Peer Support Team - like Sgt, Capt, etc. and have important questions for them to answer. This will help you see what they can bring to the team and also gives you a chance to find out about each team member. Which will allow you to match team members with the right person requesting or needing help. One of the things that helped me tremendously was lots of training and reading lots of articles.

Florida Highway Patrol - Fort Myers Regional Communications Center Our Peer Support Teams work together and train together statewide, but are broken down as a part of the FHP Troops. Some troops have great partnerships with neighboring agencies or regional peer support teams that supplement the needs of our agency and regions.

Florida has incorporated first responder peer support statutorily and covers confidentiality of information on peer support deployments.

Miami-Dade Fire Rescue (RET) There is so much I can share of my experience working with a TEAM for so many years. The good, the bad & the ugly.

There is so much we can do for Dispatchers to make them feel more included in a TEAM. Ideally, we should have a policy that allows call takers to take a moment to breathe after a hard call. (i.e. Suicide) Dispatchers (i.e. officer down) Disasters. Our FL-TERT Teams are asked to have Stress Management Training under their belt and always love having a CISM/Crisis Trained Dispatcher deployed with the team. Provide Stress Management/Crisis/CISM/other types of mental health training. Especially to trainees and at least once year refresher. Those on a team should meet regularly. I love this work and thank you for taking this one. With NEXGEN911 right behind us, we have to be proactive in providing tools for our 911 family for them to handle our "Intelligence Center" Resiliency program is a must. We all already lose so many.

University of Nebraska Lincoln Police Department We try and have representation from all sworn and unsworn positions, including dispatch, IT, officers, ect so there is options with who you are most comfortable talking to.

Milwaukee Fire Department We work with our local medical college and mental health organizations. (Froedtert Medical College, Rogers Memorial Hospital, IAFF Centre of Excellence, our city's Employee Assistance Program, Traumatic Incident Resource.)

Pennington County ESCC Nothing about our program specifically since it is in its infancy still. With that said, we are always looking for information to incorporate and improve on it.

Garden City Police Department If a agency does not have a system for first responders to use to help, they are missing the boat. CISD can be asked for by any employee and we open it to all agencies that were involved. It si rare that it is just our agency now.

Pennington County ESCC None at this time.

Northwest Central Dispatch System The written operating procedure is still being drafted, which has been the most difficult part except for getting everyone properly trained during covid.
We have made it a point to celebrate positive things as well as being there for our co-workers during difficult times. We have a newsletter and bulletin board to keep everyone in the loop with our activities and provide resources outside of our program. We try to also have fun activities throughout the year like friendly contests on holidays to build camaraderie. We also encourage feedback to what they would like to see from our team

	and resources available. Communication as well as confidentiality have been key in building trust.
Union Township Police	
Sangamon County Central Dispatch System	It is difficult to launch appropriate training for Peer Support Team when we are short staffed and everyone is already working numerous hours of overtime.
University of Cincinnati PD	Its harder to get buy in than we'd like.
Port of Portland	Nothing at this time but I'm sure there would be tons of ways to build our program up and do team building more often.
Lake Oswego Communications	we've worked to be sure everyone understands it's confidential, and also to partner without outside agencies in the event you don't want your coworker in a small department to be your peer support.
Fremont Police Department	Having a clinician that leads debriefs and encourages individuals to reach out that is not associated with the PD is a huge plus when it comes to building trust regarding confidentiality.
Arapahoe County Sheriff's Office	Have more than one culturally competent therapist folks can go to. We used to only be able to go to one and a lot of people were turned off to the idea of seeing a therapist because they did not like that specific provider. We now have 4 different offices that our folks can go to and it seems to be helping get people the help they need or never knew they needed. Always look to freshen up your EAP/Peer Support program do not let it stagnate.
Tracy Police Department	Keeping 100% confidential is very important. Having peers share their experience with the team is also beneficial. We also have the Cordico app for employees to use that has all the information if they need it. The allows them to access services without calling someone to request the contact information.
Phoenix Fire Department	I honestly think separating out Field Staff (firefighters, officers) and dispatchers would be best for departments. I think the basics can be trained together but then I think there should be some role specific training. It's good for field PST's to know who the dispatch PSTs as well to coordinate any additional support. Sometimes our dispatchers do better just by talking to the crews.
Weld County Regional Communications Center	Make sure to track your direct contact 1/4 hours, reach outs, and training time at a minimum to show the team is being utilized and to ensure the agency can see the cost of the clinician is worthwhile. This is also beneficial when comparing numbers in relation to sick call outs, mental leave, etc.
Yamhill Communications Agency	Our Peer Support Program is still being set up but the information given is what should be reflected in the final policy and set-up. Responder Life has been an asset and help guide me through the process. They are also assigning us a clinician to use when needed.
La Grande Police Department	We are a young Peer Support Team. We have only been established as a PST for less than one year. However; we already have approximately 14 logged hours of use by our staff.
Bureau of Emergency Communications	We are in the process of trying to build a partnership with an outside entity to help manage our Peer Support team, but due to staffing, we are not able to get out staff through their training. Our policies need to be updated to reflect our new model as we continue to build our program.
	Our health insurance currently covers unlimited free mental health support, as well as our EAP program.
Emergency Communications of Southern Oregon (9-1-1)	I am writing this as a director, so input may vary based on the position of the person filling out the survey. It is my opinion that every agency should establish a wellness committee to look at everything from physical well-being (healthy recipes, work out programs, information on various medical issues i.e. diabetes, headaches, etc), to mental and

	emotional well-being.
	Getting a department counselor and a chaplain (or multiple) in to visit frequently and during various shifts is key. Public Safety professionals need to know and trust the person before they need them. Otherwise, when a crisis happens, they will not feel comfortable sharing with a stranger). It is also key to make sure the counselor/chaplain has training and experience with public safety specifically.
Snohomish County 911	The most important thing is to take every opportunity to remind the team and the dispatchers that confidentiality is key. Without that, and the ability to fully trust, there is no peer support program.
	It helps to have reports sent to management (clean of any personal information) that shows the usage of the program. The reports are described in our policy. These reports help support extra training or additions to the program.
Arizona Department of Administration-Arizona Strategic Enterprise Division	I think the largest amount of support we can get is to the agencies that dont have EAP or peer groups. Working with their partner agencies or a vendor, there is a definite need for this to exist in every PSAP.
King County Sheriff's Office	n/a
Pinellas Regional 9-1-1	Nothing I can think of at this time.
Marion County SO	Not at this time.

Survey Data Analysis-General

There were thirty-eight (38) total responses, with one agency that duplicated, so a total of thirty-seven (37) agencies were analyzed as far as the information that was provided. All information was taken at face value, regardless of the rank or title of the person providing the information.

Combined Responses by Element:

- 18 x EAP-5 or more sessions per incident
- 9 x EAP-Less than 5 sessions per incident
- 26 x CISM
- 28 x Field includes you in their CISM for incidents
- 22 x In house 911 Peer Support
- 17 x Offsite peer support/partnership with another agency
- 10 x Dedicated meeting space for peer support incident
- 16 x On site Gym or other exercise space
- 17 x Private Quiet Room/Decompress Area
- 5 x Clinician on payroll/on site (psychologist, etc)
- 17 x Clinician off site, dedicated, has a relationship with your people and makes concessions like after hours appointments or a direct phone line someone in your agency can call in an emergency
- 14 x Mental Health training incorporated in CE at least yearly
- 20 x Chaplain
- 9 x Emotional Support or Therapy Animal
- 1 x FHP Wellness App

- 2 x New Employee Mentorship Program
- 1 x Outcomes program with the Hospitals/Medical Director for Follow up
- 1 x Anonymous agency App via Lighthouse
- 1 x Firestrong App for every department in the county
- 1 x Wellness and Fitness stakeholder committee participation

Summary: The majority of those agencies that answered the survey already have EAP, CISM (including invitation to participate in CISM with the field), in house peer support, and a chaplain in place. Gaining traction are cooperative relationships with other peer support programs in outside agencies, peer support meeting spaces, gym/exercise spaces, spaces to decompress after a difficult call, relationships with clinicians, and mental health training delivered centerwide. About a quarter of the agencies are using animals to mitigate stress.

Survey Data Analysis-By Region

APCO regions are defined as the Gulf Coast Region (TX, OK, AR, LA, TN, MS, AL, GA, FL), East Coast Region (ME, NH, VT, NY, MA, RI, CT, PA, NJ, WV, VA, MD, DE, Washington DC, NC, SC), North Central Region (ND, SD, NE, KS, MN, IA, WI, IL, MO, MI, IN, OH, KY), and the Western Region (AK, HI, WA, OR, ID, MT, WY, CA, NV, UT, AZ, CO, NM).

Broken down by region, the following data was provided in the survey results:

Gulf Coast Region:

7 Total Responses:

- Metro Nashville Department of Emergency Communications (TN)
- Office of Public Safety Support (GA)
- Covington-Newton County 911 (GA)
- Fayetteville Police Dept (AR)
- Florida Highway Patrol - Fort Myers Regional Communications Center (FL)
- Miami-Dade Fire Rescue (FL)
- Pinellas Regional 911 (FL)

Breakdown of Program Elements by Agency:

- Metro Nashville Department of Emergency Communications
 - 911 Primary PSAP, informal, agency-wide Peer Support Program with no written Standard Operating Procedure (SOP)*
 - Field includes you in their CISM for incidents
 - In house 911 Peer Support
 - Offsite peer support/partnership with another agency
 - Clinician off site, dedicated, has a relationship with your people and makes concessions like after hours appointments or a direct phone line someone in your agency can call in an emergency
 - Emotional Support or Therapy Animal
 - Mental Health training incorporated in CE at least yearly
- Office of Public Safety Support

This is a state-funded legislative initiative to provide peer support in critical incidents across the state of Georgia. They do have a written Standard Operating Procedure (SOP) for peer support. While not strictly a local agency, they answered the survey and were therefore included in the results.¹

- Field includes you in their CISM for incidents
 - CISM
- Covington-Newton County 911

911 Primary PSAP, informal Peer Support Program with no written Standard Operating Procedure (SOP)

- EAP-Less than 5 sessions per incident
 - Private Quiet Room/Decompress Area
 - Emotional Support or Therapy Animal
- Fayetteville Police Dept

911 Primary PSAP, department-wide Peer Support Program with a written Standard Operating Procedure (SOP)

- EAP-5 or more sessions per incident
 - Offsite peer support/partnership with another agency
 - Dedicated meeting space for peer support incident
 - Private Quiet Room/Decompress Area
 - Clinician off site, dedicated, has a relationship with your people and makes concessions like after hours appointments or a direct phone line someone in your agency can call in an emergency
 - Chaplain
 - Field includes you in their CISM for incidents
 - CISM
- Florida Highway Patrol - Fort Myers Regional Communications Center

911 Secondary PSAP, Department-wide Peer Support Program with written Standard Operating Procedure (SOP)

- CISM
 - EAP-5 or more sessions per incident
 - Field includes you in their CISM for incidents
 - Offsite peer support/partnership with another agency
 - On site Gym or other exercise space
 - Clinician on payroll/on site (psychologist, etc)
 - Clinician off site, dedicated, has a relationship with your people and makes concessions like after hours appointments or a direct phone line someone in your agency can call in an emergency
 - FHP Wellness App
- Miami-Dade Fire Rescue

¹ Dickson County Communications 911 Center emailed that they, too, have a statewide peer support network in Tennessee called the Tennessee Public Safety Network. They did not fill out the survey. See appendix for specific information provided.

911 Secondary PSAP, Agency-wide Peer Support Program with written Standard Operating Procedure (SOP)

- CISM
- Field includes you in their CISM for incidents
- Private Quiet Room/Decompress Area
- Clinician off site, dedicated, has a relationship with your people and makes concessions like after hours appointments or a direct phone line someone in your agency can call in an emergency
- Chaplain
- Emotional Support or Therapy Animal
- Mental Health training incorporated in CE at least yearly
- Pinellas Regional 911

911 Primary PSAP, department-wide Peer Support Program with a written Standard Operating Procedure (SOP)

- EAP-5 or more sessions per incident
- CISM
- Field includes you in their CISM for incidents
- **In house 911 Peer Support**
- Dedicated meeting space for peer support incident
- On site Gym or other exercise space
- Private Quiet Room/Decompress Area
- Clinician off site, dedicated, has a relationship with your people and makes concessions like after hours appointments or a direct phone line someone in your agency can call in an emergency
- Mental Health training incorporated in CE at least yearly
- Chaplain
- Emotional Support or Therapy Animal
- **New Employee Mentorship Program**
- **Firestrong App for every department in the county**
- **Wellness and Fitness stakeholder committee participation**

Combined Gulf Coast Responses by Element:

- 3 x EAP-5 or more sessions per incident
- 1 x EAP-Less than 5 sessions per incident
- 5 x CISM
- 6 x Field includes you in their CISM for incidents
- **2 x In house 911 Peer Support**
- 3 x Offsite peer support/partnership with another agency
- 2 x Dedicated meeting space for peer support incident
- 2 x On site Gym or other exercise space
- 4 x Private Quiet Room/Decompress Area
- 1 x Clinician on payroll/on site (psychologist, etc)
- 5 x Clinician off site, dedicated, has a relationship with your people and makes concessions like after hours appointments or a direct phone line someone in your agency can call in an emergency
- 3 x Mental Health training incorporated in CE at least yearly

- 4 x Chaplain
- 3 x Emotional Support or Therapy Animal
- 1 x FHP Wellness App
- New Employee Mentorship Program

Summary: The majority of Gulf Coast centers who answered the survey have EAP, CISM, a private quiet room/decompress area, offsite clinician, and chaplain. Miami Dade Fire Rescue was chosen for further analysis because of their impact on legislation and extensive time-proven program.

East Coast Region:

7 Total Responses:

- Berlin Police Department (CT)
- Charlottesville-UVA-Albemarle County ECC (VA)
- Newtown ECC (CT)
- Lakes Region Mutual Fire Aid (NH)
- Monroe County 911 (NY)
- Glastonbury Police Dept (CT)
- Virginia Beach ECCS-911 (VA)

Breakdown of Program Elements by Agency:

- Berlin Police Department

911 Primary PSAP, agency-wide Peer Support Program with a written Standard Operating Procedure (SOP)

- In house 911 Peer Support
- Field includes you in their CISM for incidents
- CISM
- On site Gym or other exercise space
- Dedicated meeting space for peer support incident
- Offsite peer support/partnership with another agency
- Clinician off site, dedicated, has a relationship with your people and makes concessions like after hours appointments or a direct phone line someone in your agency can call in an emergency
- Mental Health training incorporated in CE at least yearly
- Chaplain

- Charlottesville-UVA-Albemarle County ECC

911 Primary PSAP, communications center Peer Support Program with a written Standard Operating Procedure (SOP). They also participate in a countywide team.

- EAP-5 or more sessions per incident
- CISM, Field includes you in their CISM for incidents
- In house 911 Peer Support
- Offsite peer support/partnership with another agency
- Mental Health training incorporated in CE at least yearly

- Newtown ECC

911 Primary PSAP, department-wide Peer Support Program with no written Standard Operating Procedure (SOP). The department team provides communications specific support.

- CISM
- Field includes you in their CISM for incidents
- Private Quiet Room/Decompress Area
- Clinician on payroll/on site (psychologist, etc)
- Emotional Support or Therapy Animal
- **Lakes Region Mutual Fire Aid**

911 Secondary PSAP that utilizes peer support through another associated agency. They do not have a written Standard Operating Procedure (SOP).

- Offsite peer support/partnership with another agency
- Dedicated meeting space for peer support incident
- On site Gym or other exercise space
- CISM
- Mental Health training incorporated in CE at least yearly
- **Monroe County 911**

911 Primary PSAP, communications center Peer Support Program with a written Standard Operating Procedure (SOP).

- In house 911 Peer Support
- Field includes you in their CISM for incidents
- CISM
- EAP-Less than 5 sessions per incident
- Offsite peer support/partnership with another agency
- On site Gym or other exercise space
- Private Quiet Room/Decompress Area
- Emotional Support or Therapy Animal
- **Glastonbury Police Dept**

911 Primary PSAP, agencywide Peer Support Program with a no written Standard Operating Procedure (SOP).

- CISM
- **Virginia Beach ECCS-911**

911 Primary PSAP, communications center Peer Support Program with no written Standard Operating Procedure (SOP).

- EAP-5 or more sessions per incident
- CISM
- In house 911 Peer Support
- On site Gym or other exercise space
- Private Quiet Room/Decompress Area
- Chaplain
- Emotional Support or Therapy Animal

- Field includes us in some incidents

Combined East Coast Responses by Element:

- 2 x EAP-5 or more sessions per incident
- 1 x EAP-Less than 5 sessions per incident
- 5 x CISM
- 5 x Field includes you in their CISM for incidents
- 4 x In house 911 Peer Support
- 4 x Offsite peer support/partnership with another agency
- 2 x Dedicated meeting space for peer support incident
- 4 x On site Gym or other exercise space
- 3 x Private Quiet Room/Decompress Area
- 1 x Clinician on payroll/on site (psychologist, etc)
- 1 x Clinician off site, dedicated, has a relationship with your people and makes concessions like after hours appointments or a direct phone line someone in your agency can call in an emergency
- 3 x Mental Health training incorporated in CE at least yearly
- 2 x Chaplain
- 3 x Emotional Support or Therapy Animal

Summary: The majority of East Coast centers who answered the survey have CISM, in house peer support, off-site peer support from another agency, and an onsite gym or other exercise space. Due to the aspect of certifying their peers by levels, Charlottesville-UVA-Albemarle County ECC was chosen for further analysis.

North Central Region:

9 Total Responses:

- University of Nebraska Lincoln Police Department (NE)
- Milwaukee Fire Department (WI)
- Pennington County ESCC (SD) - Two responses combined
- Garden City Police Department (KS)
- Northwest Central Dispatch System (IL)
- Union Township Police (OH)
- Sangamon County Central Dispatch System (IL)
- University of Cincinnati PD (OH)
- Marion County SO (OH)

Breakdown of Program Elements by Agency:

- University of Nebraska Lincoln Police Department

911 Secondary PSAP, department-wide Peer Support Program with no written Standard Operating Procedure (SOP)

- CISM
- Clinician off site, dedicated, has a relationship with your people and makes concessions like after hours appointments or a direct phone line someone in your agency can call in an emergency
- Chaplain

- On site Gym or other exercise space
- Dedicated meeting space for peer support incident
- Offsite peer support/partnership with another agency
- In house 911 Peer Support
- Field includes you in their CISM for incidents
- EAP-Less than 5 sessions per incident

- Milwaukee Fire Department

911 Secondary PSAP, department-wide Peer Support Program with a written Standard Operating Procedure (SOP)

- EAP-Less than 5 sessions per incident
- CISM
- Field includes you in their CISM for incidents
- Offsite peer support/partnership with another agency
- Mental Health training incorporated in CE at least yearly
- Chaplain
- Private Quiet Room/Decompress Area

- Pennington County ESCC

911 Primary PSAP, communications center Peer Support Program with no written Standard Operating Procedure (SOP). This program is still being built, so some elements are in planning stages.

- EAP-Less than 5 sessions per incident
- In house 911 Peer Support
- Field includes you in their CISM for incidents
- CISM
- Offsite peer support/partnership with another agency
- Clinician on payroll/on site (psychologist, etc)
- Chaplain

- Garden City Police Department

911 Primary PSAP, departmentwide Peer Support Program with a written Standard Operating Procedure (SOP).

- EAP-5 or more sessions per incident
- Field includes you in their CISM for incidents
- In house 911 Peer Support
- Offsite peer support/partnership with another agency
- Dedicated meeting space for peer support incident
- On site Gym or other exercise space
- Mental Health training incorporated in CE at least yearly
- Chaplain

- Northwest Central Dispatch System

911 Primary PSAP, agency-wide center Peer Support Program with a written Standard Operating Procedure (SOP).

- Clinician off site, dedicated, has a relationship with your people and makes concessions like after hours appointments or a direct phone line someone in your agency can call in an emergency
- Private Quiet Room/Decompress Area
- In house 911 Peer Support
- CISM
- EAP-5 or more sessions per incident
- Union Township Police

911 Primary PSAP, limited in house Peer Support Program with no written Standard Operating Procedure (SOP).

- CISM
- In house 911 Peer Support
- Offsite peer support/partnership with another agency
- Chaplain
- Sangamon County Central Dispatch System

911 Primary PSAP, in house Peer Support Program with no written Standard Operating Procedure (SOP). This program is still being built, so some elements are in planning stages.

- EAP-5 or more sessions per incident
- CISM
- Field includes you in their CISM for incidents
- Private Quiet Room/Decompress Area
- On site Gym or other exercise space
- New Employee Mentorship Program
- Outcomes program with the Hospitals/Medical Director for Follow up
- Anonymous agency App via Lighthouse
- University of Cincinnati PD

911 Secondary PSAP, departmentwide Peer Support Program with no written Standard Operating Procedure (SOP).

- EAP-5 or more sessions per incident
- CISM
- Field includes you in their CISM for incidents
- Offsite peer support/partnership with another agency
- Clinician off site, dedicated, has a relationship with your people and makes concessions like after hours appointments or a direct phone line someone in your agency can call in an emergency
- Marion County SO (OH)

911 Primary PSAP, no formal Peer Support Program.

- Field includes you in their CISM for incidents

Combined North Central Responses by Element:

- 5 x EAP-5 or more sessions per incident
- 3 x EAP-Less than 5 sessions per incident
- 7 x CISM

- 7 x Field includes you in their CISM for incidents
- 5 x In house 911 Peer Support
- 6 x Offsite peer support/partnership with another agency
- 2 x Dedicated meeting space for peer support incident
- 3 x On site Gym or other exercise space
- 3 x Private Quiet Room/Decompress Area
- 1 x Clinician on payroll/on site (psychologist, etc)
- 3 x Clinician off site, dedicated, has a relationship with your people and makes concessions like after hours appointments or a direct phone line someone in your agency can call in an emergency
- 2 x Mental Health training incorporated in CE at least yearly
- 5 x Chaplain
- 0 x Emotional Support or Therapy Animal
- 1 x New Employee Mentorship Program
- 1 x Outcomes program with the Hospitals/Medical Director for Follow up
- 1 x Anonymous agency App via Lighthouse

Summary: The majority of North Central centers who answered the survey have CISM, are included in CISM with their field units, have in house peer support, off-site peer support with another agency, and a chaplain. All agencies surveyed have EAP. Even though some elements of their program are still in development stages, Sangamon County Central Dispatch System was chosen for further analysis because of some unique aspects of their program and their approach of mentoring from the onset.

West Coast Region:

14 Total Responses:

- Port of Portland (OR)
- Lake Oswego Communications (OR)
- Fremont Police Department (CA)
- Arapahoe County Sheriff's Office (CO)
- Tracy Police Department (CA)
- Phoenix Fire Department (AZ)
- Weld County Regional Communications Center (CO)
- Yamhill Communications Agency (OR)
- La Grande Police Department (OR)
- Bureau of Emergency Communications (OR)
- Emergency Communications of Southern Oregon (9-1-1) (OR)
- Snohomish County 911 (WA)
- Arizona Department of Administration-Arizona Strategic Enterprise Division (AZ)
- King County Sheriff's Office (WA)

Breakdown of Program Elements by Agency:

- Port of Portland

911 Secondary PSAP, both a department-wide and comm center specific Peer Support Program with no written Standard Operating Procedure (SOP)

- Private Quiet Room/Decompress Area
- Employee Assistance Program when you can reach out to a clinician, not based on incidents
- Lake Oswego Communications

911 Primary PSAP, department-wide Peer Support Program with a written Standard Operating Procedure (SOP)

- EAP-Less than 5 sessions per incident
- CISM
- Field includes you in their CISM for incidents
- In house 911 Peer Support
- Offsite peer support/partnership with another agency
- On site Gym or other exercise space
- Private Quiet Room/Decompress Area
- Clinician off site, dedicated, has a relationship with your people and makes concessions like after hours appointments or a direct phone line someone in your agency can call in an emergency
- Chaplain
- Fremont Police Department

911 Primary PSAP, agency-wide Peer Support Program with no written Standard Operating Procedure (SOP)

- EAP-5 or more sessions per incident
- Field includes you in their CISM for incidents
- CISM
- In house 911 Peer Support
- Dedicated meeting space for peer support incident
- On site Gym or other exercise space
- Private Quiet Room/Decompress Area
- Clinician on payroll/on site (psychologist, etc)
- Clinician off site, dedicated, has a relationship with your people and makes concessions like after hours appointments or a direct phone line someone in your agency can call in an emergency
- Mental Health training incorporated in CE at least yearly
- Chaplain
- Arapahoe County Sheriff's Office

911 Primary PSAP, agency-wide Peer Support Program with a written Standard Operating Procedure (SOP)

- Field includes you in their CISM for incidents
- In house 911 Peer Support
- Clinician off site, dedicated, has a relationship with your people and makes concessions like after hours appointments or a direct phone line someone in your agency can call in an emergency
- Chaplain
- EAP-5 or more sessions per incident
- Tracy Police Department

911 Primary PSAP, department-wide Peer Support Program with no written Standard Operating Procedure (SOP)

- EAP-5 or more sessions per incident
- CISM
- Field includes you in their CISM for incidents
- In house 911 Peer Support
- On site Gym or other exercise space
- Clinician off site, dedicated, has a relationship with your people and makes concessions like after hours appointments or a direct phone line someone in your agency can call in an emergency
- Mental Health training incorporated in CE at least yearly
- Chaplain
- Phoenix Fire Department

911 Secondary PSAP, communications center Peer Support Program with no written Standard Operating Procedure (SOP)

- EAP-5 or more sessions per incident
- In house 911 Peer Support
- On site Gym or other exercise space
- Private Quiet Room/Decompress Area
- Weld County Regional Communications Center

911 Primary PSAP, communications center Peer Support Program as well as a Sheriff's Office Peer Support team within the comm center, with a written Standard Operating Procedure (SOP)

- In house 911 Peer Support
- Field includes you in their CISM for incidents
- Offsite peer support/partnership with another agency
- Clinician on payroll/on site (psychologist, etc)
- Yamhill Communications Agency

911 Primary PSAP, agency-wide Peer Support Program, with no written Standard Operating Procedure (SOP)

- On site Gym or other exercise space
- EAP-5 or more sessions per incident
- CISM
- Field includes you in their CISM for incidents
- Mental Health training incorporated in CE at least yearly
- Chaplain
- In house 911 Peer Support
- La Grande Police Department

911 Primary PSAP, agency-wide Peer Support Program, with a written Standard Operating Procedure (SOP)

- Offsite peer support/partnership with another agency
- Dedicated meeting space for peer support incident

- On site Gym or other exercise space
- Private Quiet Room/Decompress Area
- Mental Health training incorporated in CE at least yearly
- Chaplain
- Field includes you in their CISM for incidents
- CISM
- In house 911 Peer Support
- Clinician off site, dedicated, has a relationship with your people and makes concessions like after hours appointments or a direct phone line someone in your agency can call in an emergency
- Bureau of Emergency Communications

911 Primary PSAP, communications center Peer Support Program, with a written Standard Operating Procedure (SOP)

- CISM
- In house 911 Peer Support
- On site Gym or other exercise space
- Private Quiet Room/Decompress Area
- Chaplain
- Emotional Support or Therapy Animal
- EAP-Less than 5 sessions per incident
- Unlimited free mental health support
- Emergency Communications of Southern Oregon (9-1-1)

911 Primary PSAP, communications center Peer Support Program, with a written Standard Operating Procedure (SOP)

- CISM
- In house 911 Peer Support
- Field includes you in their CISM for incidents
- Offsite peer support/partnership with another agency
- Dedicated meeting space for peer support incident
- Private Quiet Room/Decompress Area
- Clinician off site, dedicated, has a relationship with your people and makes concessions like after hours appointments or a direct phone line someone in your agency can call in an emergency
- Chaplain
- Emotional Support or Therapy Animal
- EAP-Less than 5 sessions per incident
- Snohomish County 911

911 Primary PSAP, agency-wide Peer Support Program, with a written Standard Operating Procedure (SOP)

- EAP-Less than 5 sessions per incident
- CISM, Field includes you in their CISM for incidents
- In house 911 Peer Support
- Private Quiet Room/Decompress Area

- Clinician off site, dedicated, has a relationship with your people and makes concessions like after hours appointments or a direct phone line someone in your agency can call in an emergency
- Chaplain
- Mental Health training incorporated in CE at least yearly
- Arizona Department of Administration-Arizona Strategic Enterprise Division

This division of Arizona state government manages the 9-1-1 network and 81 PSAPs. They do not have or need a Peer Support program for their agency, but they are involved in supporting agencies who do.

- EAP-5 or more sessions per incident
- Dedicated meeting space for peer support incident
- Mental Health training incorporated in CE at least yearly
- King County Sheriff's Office

911 Secondary PSAP, agency-wide Peer Support Program, with a written Standard Operating Procedure (SOP)

- EAP-5 or more sessions per incident
- CISM
- Field includes you in their CISM for incidents
- Clinician off site, dedicated, has a relationship with your people and makes concessions like after hours appointments or a direct phone line someone in your agency can call in an emergency
- Emotional Support or Therapy Animal

Combined West Coast Responses by Element:

- 8 x EAP-5 or more sessions per incident
- 4 x EAP-Less than 5 sessions per incident
- 9 x CISM
- 10 x Field includes you in their CISM for incidents
- **11 x In house 911 Peer Support**
- 4 x Offsite peer support/partnership with another agency
- 4 x Dedicated meeting space for peer support incident
- 7 x On site Gym or other exercise space
- 7 x Private Quiet Room/Decompress Area
- 2 x Clinician on payroll/on site (psychologist, etc)
- 8 x Clinician off site, dedicated, has a relationship with your people and makes concessions like after hours appointments or a direct phone line someone in your agency can call in an emergency
- 6 x Mental Health training incorporated in CE at least yearly
- 9 x Chaplain
- 3 x Emotional Support or Therapy Animal

Summary: The majority of West Coast centers who answered the survey have EAP, CISM, including inclusion with the field for CISM events, in house peer support, on site gym or other exercise space, private quiet room/decompress area, access to an off-site dedicated clinician, annual mental health training, and a chaplain. Emergency Communication of Southern Oregon was chosen for further analysis because of the

number of elements as well as administration of their peer support through a wellness committee, separate entity.

Regional Agency Analysis

Miami-Dade Fire Rescue (Miami, FL), Charlottesville-UVA-Albemarle County ECC (Charlottesville, VA), Sangamon County Central Dispatch System (Springfield, IL) and Emergency Communications of Southern Oregon 9-1-1 (Central Point, OR) were the agencies selected for further review.

To complete a more in-depth analysis, these agencies were sent a follow up survey soliciting more information about their peer support programs. They were asked the following:

- How many of your telecommunicators are on your peer support team and/or have any form of mental health training?
- Describe how your agency trains (or will train) your telecommunicators for peer support.
- Describe how often your program is used (daily, monthly, weekly) and whether you have a good percentage of people either participate or willing to participate.
- What challenges have you faced as you implemented your program and how did you overcome them?
- How do you address or enforce confidentiality?
- If you could do it all over again from the start, (implementing your program) what would you do differently?
- What do you use for documentation and what, if anything do you document?
- How do you fund your program? Is it from county budget or have you obtained grants or donations?
- Is there anything else you can share about your program to help us provide a detailed analysis to the Wellness Committee for APCO?
- Have you noticed any tangible or intangible benefits as a result of implementing peer support, like a reduction in call outs, better resiliency, etc?

How many of your telecommunicators are on your peer support team and/or have any form of mental health training?

Emergency Communications of Southern Oregon (ECSO 9-1-1)	We allow for 4 Telecommunicators, and one supervisor on the Peer Support team, fully CISM certified. Others can go through some of the training, but we only allow for those 5 on the team, which is comprised of members from our agency, and members from the various agencies we serve (police, fire, and EMS - 29 agencies total)
Charlottesville-UVA-Albemarle County Emergency Communications Center	We currently only have 3 of our peer support members certified at our PEER 3 level (which has a 40-hour class for training and keeps up with CE for the team) The fourth member just retired and of those 3 one was recently promoted to management. We are actively looking for a class to increase these numbers. We also have PEER 1 (all staff who wish to participate, the eyes and ears of the center) and PEER 2 (this is a new level which will consist of an 8-hour class, and can act as a PEER 3 in a support until a PEER 3 is available). Additional about our PEER 3 7. Peer Support team members must be trained to minimum standards determined by the clinician prior to their use in a Peer Support role. At a minimum, this training will: a. Identify the normal stress reactions associated with critical incidents.

- b. Provide techniques that are helpful to solve these situations.
 - c. Provide Center, county, state, and federal benefit information available to the Communications Officer, his or her spouse, and/or family.
 - d. Provide a source of informal support to other Center members.
8. Peer Support team members must maintain at least the minimum state standards of training to remain in the assignment.
- a. It is the responsibility of the Center’s Training Manager to ensure that all Peer Support team members meet training standards.
 - b. The Team leader will supply a current list of all Peer Support members to the Executive Director, Training Manager, Operations Manager, and shift supervisors.
- We also have some of our staff trained in CISM.

Our Peer support team also teams up with the Albemarle County Fire and PD regional team for larger incidents.

A lot of this is a work in progress as we upgrade our current Peer support team to include more levels.

Sangamon County Central Dispatch System	2 CISM and we are working on adding a peer support group. We have recently implemented a new employee mentorship program
Miami-Dade Fire Rescue	Sadly, only 3 volunteered to become peer support. They all received the CISM Peer Support Training. All personnel are provided with an orientation on Mental Health and an orientation of Dept.'s CISM Peer Support Program.

Describe how your agency trains (or will train) your telecommunicators for peer support.

Emergency Communications of Southern Oregon (EC SO 9-1-1)	<p>The Peer support members are certified through CISM. Our department counselor does a 1-hour block in our new hire academy to let them know what is available to them from our department counselors. Our HR Manager has a block of time during the new hire academy as well, and she goes over the wellness committee, the online wellness program, the financial programs (how to save money, etc... through a program called "Best Money Moves") and the various in-house opportunities for wellness, as well as the EAP.</p> <p>Through asking this question, we realized we are missing a piece with our new hires, and that is to go over the policy and explain what the CISM program is, who their peers are, and what a debriefing and defusing is. That is being corrected now. (Thank you for helping us identify that!)</p>
Charlottesville-UVA-Albemarle County Emergency Communications Center	We use classes taught and or approved by a local clinician or other peer support classes that meet our guidelines. Different requirements for each level of PEER support.
Sangamon County Central Dispatch System	For the mentorship group, I developed an orientation training. We also have presented APCO's fledgling to flyer webinar.
Miami-Dade Fire Rescue	Training is provided to all trainees and offered to all Telecommunicators when training is offered.

Describe how often your program is used (daily, monthly, weekly) and whether you have a good percentage of people either participate or willing to participate.

Emergency Communications of Southern Oregon (ECSO 9-1-1)

Depends on which program. The financial one, and some of the Wellness program (WellSteps) are on line programs that are self-paced. We offer several programs for our staff's health, but we do not track what they do as they are more likely to use it if they know it is secure and data is not provided to the employer.

The challenges that we do through the wellness program (most steps in a month, reading stress articles, diet info, etc...) are done quarterly, and there is a rewards program with these. About half of the staff participate in the challenges.

We also do an annual health assessment, and last year 33 for the 48 filled positions participated. We gave \$20 towards their medical premium (they pay 5%) for that month if they participated. The program keeps your info and compares it the next year so the individual can see if they made progress. This coming year we will be offering \$60 towards the premium for people that participate in the health assessment.

Most of the other programs are self-initiated and they can go into the program every day if they choose.

The department counselors schedule appointments outside of the center, at the employees' request (urgent if needed, or regular appointments depending on what they need). The do not report any information or names, but have told us that over 50% of our staff utilizes their services. This is above any of their other public safety entities.

Charlottesville-UVA-Albemarle County Emergency Communications Center

I would say it's used at least monthly, some months more than others. I would say the majority of the time it's received very positively.

Sangamon County Central Dispatch System

We like our mentors and mentees to ideally meet once every two weeks. We ask that they meet at least once a month. We don't intervene, we just check in that the meetings are occurring (or not) as we would prefer to formally end the mentorship if it is no longer needed.

Miami-Dade Fire Rescue

Our program is constant. Training is done on a quarterly basis. (COVID made it difficult) This Friday, I have to attend a 2-hour Peer Support Training at HQ.

"CISM is a peer-driven unified program in collaboration between MDRF & Local 1403. (FF UNION-Dispatchers are part of) it encompasses the complete crisis spectrum by building resilience through training and education, providing timely and appropriate responses to crises by trained and experienced peers, and inclusive of follow-up through resources partnerships with vetted community clinicians and organizations, if needed."- MDRF CISM PEER SUPPORT

There are 3 main pillars to the program: Peers, Chaplains, and K-9 Crisis Response. We also have approx. 20 IAFF trained peers.

What challenges have you faced as you implemented your program and how did you overcome them?

Emergency Communications of Southern Oregon (ECSO 9-1-1)	<p>Implementing the program, the challenges have to do with getting people to use it, and trust it. If they believe the employer is going to get info on their health (mental or physical), financial information, or any other personal information, they will not participate.</p> <p>COVID has also impacted the use. Some programs are used more, but we also have had to cancel the things we typically plan with families (BBQ's, games, parties, etc). We have missed this opportunity to connect more.</p>
Charlottesville-UVA-Albemarle County Emergency Communications Center	<p>One of our challenges is notification to the PEER team. Sometimes it's forgotten about during critical incidents until a much later time. We are currently working on a way to get quicker notification to our team members.</p>
Sangamon County Central Dispatch System Miami-Dade Fire Rescue	<p>We have had changes in management and with low staffing can come low morale. Some mentors have quit when being switched to other shifts, or leave their mentee hanging too long when they don't feel like they have any extra to give.</p> <p>Well, if we are going back to 1989, there were some. From a Dept. perspective, there were FF's that did not want to participate in any group discussion. I provided Stress Management classes to our Dispatchers and it was received well. One of the things I saw that was helpful was reminding FF's that even though they did not think they needed any type of CISM intervention, that they may make a difference to the FF sitting next to them. In some defusing, past issues were brought up that were never dealt with. One old-timer actually got angry with me and asked me where was I when he needed me. (Issue happened before I joined dept.)</p> <p>I have also found that when there is an incident- FF line of duty death, FF suicide, a disaster that affects all of us, people are more open to having discussions on it. With our Dispatchers, they were more open to discussing issues with me. However, it was evident that they felt left out or that "they were not there" so therefore it is not affecting me kind of attitude. Because my dispatchers knew I was involved, it made it easier for me to talk to them, see an issue, or make sure they received help.</p> <p>Today, the challenges are based on budget, funds. Having the Department recognize the importance of mental health by establishing a PEER SUPPORT OFFICE with a budget for more personnel. Working with the FF Union and understanding other role models of mental health and incorporating them.</p>

How do you address or enforce confidentiality?

Emergency
Communications of
Southern Oregon
(ECSO 9-1-1)

With the peer program, as you will see in our policy, an employee can be removed from the program for breaching confidentiality. The need for confidentiality is also discussed at the beginning of any debrief/defusing.

We are adding this section to our policy to explain some of the programs, and the fact that our employees can contact them directly without involving ECSO. This is important as some people will not reach out to the employer, but will reach out to a chaplain, peer, counselor, etc...

4.5 Other ECSO Critical Incident Stress Programs

ECSO will make the following programs available to employees needing help with critical incident and other forms of stress. Employees may contact the below programs themselves or ask ECSO Management for assistance.

4.5.1 Rogue Valley Chaplains Association (RVCA)

RVCA is made up of a group of qualified chaplains dedicated to supporting public safety agencies in the Rogue Valley. They serve first responders, staff and their families in over 30 departments, as well as community members in crisis situations. A chaplain is assigned to ECSO and may respond directly to the dispatch center soon after a critical incident.

4.5.2 Employee Assistance Program (EAP)

ECSO provides an EAP for employees at no cost to them. EAP services include 24-hour access, problem assessment, short-term counseling, and work-life referral services to resolve many sources of person and work-related stress.

4.5.3 Department Counselor

Center Point Leadership Services is contracted by ECSO to provide counseling and other services to ECSO employees.

Charlottesville-UVA-
Albemarle County
Emergency
Communications
Center

It's addressed in our policy:

B. Confidentiality:

1. It shall be the duty and obligation of the Peer Support Team members to maintain strict confidentiality in matters involving emotional, financial, or personal concerns of Peer Support participants.
 - a. Any statement or discussion with a member/employee while fulfilling his or her role on the peer Support Team must remain confidential.
 - b. Any violation of this confidentiality by a team member will result in their immediate removal from the team and appropriate disciplinary action.
2. The Peer Support Team is not an investigative unit of the Emergency Communications Center.
3. Communication between Peer Support Team member and an individual is considered privileged by the Department of Virginia Code 19.2-271.4.
4. All Center members are to treat all discussions and attendance at a Critical Incident Debriefing or Peer Support session as confidential.
5. The only exceptions to the confidentiality requirement are under two limited circumstances. The exceptions to confidentiality are as follows:
 - a. There is a reason to believe a participant presents a danger to him/herself or

others.

b. There is evidence a participant may have committed a serious crime.

6. Peer Support Team Members having knowledge of one of these exceptions will not discuss the matter except with the appropriate Center authorities.

Sangamon County
Central Dispatch
System

We have not had an issue but would remove them from participating. We had a mentor who was not confidential in an unrelated manner and removed them from mentorship.

Miami-Dade Fire
Rescue

Confidentiality is addressed in our training, SOP. We have no control of others, but if one member chose to break confidentiality, the CISM Clinical Director of the group would handle it and if they were on a team, they were removed.

In the business we are in, it has been my experience, that the minute you lose trust, word will get around and you will no longer be seen as a person someone can talk to. Most of us, do not want to be placed in that predicament. Confidentiality is the key.

If you could do it all over again from the start, (implementing your program) what would you do differently?

Emergency
Communications of
Southern Oregon
(ECSO 9-1-1)

Better training on what is available, and advertise it more frequently to our staff so everyone is aware of the various programs so they can take advantage of it if they choose.

Charlottesville-UVA-
Albemarle County
Emergency
Communications
Center

Have more people trained as PEER 3 which we are currently working on. With one retiring and one being promoted to management (which isn't always seen favorable by subordinates for obvious reasons) we only have 2 active members.

We are working to overcome this now.

Also, our policy has been a work in progress as the one I sent is the current draft update.

Sangamon County
Central Dispatch
System

We are still adjusting it, but I think our mentorship program works pretty well.

Miami-Dade Fire
Rescue

Ideally, A proposal for a budgeted, funded office that included full-time positions for a Peer Support Coordinator, Chaplain, K-9 Coordinator whose responsibility included training, follow-ups, one on one for daily issues that come up, hospital visits, funerals attended, engaged with family members, engaged with the employee to help them seek help, children's activities, school presentations, holiday activities for the family, etc.

I would propose having a specialized group of Dispatchers from other agencies in my area vetted as a Crisis Team for the Region. When an incident happens, they would take care of their brother & sisters in the impacted agency. We do have some agencies that have utilized our FL-TERT Team Members to be of help. (i.e. funerals, coordinating care packages during Hurricanes)

What do you use for documentation and what, if anything do you document?

Emergency
Communications of

We do not document anything other than what the OT is for. As an example, if an employee is assigned OT to cover another employee going to a debrief, our finance manager just needs to know the OT was for a debrief. Nothing else.

Southern Oregon (ECSO 9-1-1)	The only other documentation would be for training hours - noting who went to training and for how many continuing ed credits.
Charlottesville-UVA-Albemarle County Emergency Communications Center	No formal documentation
Sangamon County Central Dispatch System	A mentor tells a Shift Supervisor a meeting has occurred and that Supervisor, who is the co-facilitator, emails it to me. So, everyone knows the meeting occurred. During CTO meetings (bi-weekly) I occasionally bring up the mentoring program just to remind that it may be utilized.
Miami-Dade Fire Rescue	ICISF requires a yearly report of how many Debriefings, Defusing, one on one, etc. that we may do. We provide them with the date of the incident, type of incident, how many people are in attendance. No name, rank, etc. are recorded.

How do you fund your program? Is it from county budget or have you obtained grants or donations?

Emergency Communications of Southern Oregon (ECSO 9-1-1)	<p>We have a massage chair that was obtained through a grant. We look for grants when we can to fund wellness related purchases.</p> <p>We budget each year for the programs we have, and extra for the wellness committee to use throughout the year for programs, challenges, bbq's, the garden, etc.</p> <p>Some of it does not cost the agency. As an example, our wellness committee started a random act of kindness, or RAK. Our employees have taken off with that and you will see (almost daily right now) emails that come out from one or more people with a big thank you to the mysterious person who left a present for them in their locker. These random gifts go a long way and they don't have to cost a lot. Some are as simple as a book mark with a nice quote for someone that likes to read books. It is the thought that really makes the difference and people love it.</p>
Charlottesville-UVA-Albemarle County Emergency Communications Center	We include it in our training budget.
Sangamon County Central Dispatch System	It doesn't cost anything but if we had access to more training, we could use our training budget.
Miami-Dade Fire Rescue	The finance end is the most difficult one. Those of us in the Peer Support Program are there on a voluntary basis. We are all getting paid to be a FF, Dispatcher, etc. One of our Chaplains works full time in the Peer Support Office. We may have a light-duty Peer Support Member for a while before going back to full duty.

Is there anything else you can share about your program to help us provide a detailed analysis to the Wellness Committee for APCO?

Emergency Communications of Southern Oregon (ECSO 9-1-1)

One thing that I have heard discussed in many agencies, is the question of voluntary, or mandated attendance at debriefings. Everyone has a different opinion, and these opinions can be very strong. You can likely find resources to support either way. We chose to keep it voluntary. While we strongly encourage attendance, we have had employees that attend, and then feel worse after hearing more details on the incident from responders.

Charlottesville-UVA-Albemarle County Emergency Communications Center

Sangamon County Central Dispatch System

Just a thank you because the "Fledgling" webinar helped us give the program structure. The app I mentioned is Lighthouse Health and Wellness and they made a custom app for our agency. We discovered it through APCO or NENA I can't recall. A person can download it anonymously and there are articles and resources. It's great. There is also a way within the app to organize a peer support team. We really like it so far. I believe they said we were their FIRST standalone Dispatch Center.

Miami-Dade Fire Rescue

There is so much we can do for Telecommunicators to make them feel more inclusive to a TEAM. Ideally, we should have a policy that allows call takers to take a moment to breathe after a hard call. (i.e. Suicide) Dispatchers (i.e. officer down) Disasters.

Our FL-TERT Teams are asked to have Stress Management Training under their belt and always love having a CISM/Crisis Trained Dispatcher deployed with the team. Provide Stress Management/Crisis/CISM/other types of mental health training especially to trainees and at least a once year refresher for seasoned Dispatchers. Those on a team should meet regularly. I love this work and thank you for taking this on.

With NEXGEN911 right behind us, we have to be proactive in providing tools for our 911 family for them to handle our "Intelligence Center". Resiliency program is a must. We all already lost so many.

Have you noticed any tangible or intangible benefits as a result of implementing peer support, like a reduction in call outs, better resiliency, etc?

Emergency Communications of Southern Oregon (ECSO 9-1-1)

This is hard to define, but we do feel there are some specific people that call in sick less often than they used to, and I had one employee tell me that she comes to work with a headache now because she knows she can go sit in the massage chair and it will help, rather than calling in sick with just a headache.

We believe the sheer fact that the programs are being used (and the counselors being utilized by over 50%) shows evidence it is working.

The relationships with the chaplains have been huge. This has helped tremendously when a difficult incident occurs and we can call one of them in for an employee. Its someone they know, and are friends with instead of a stranger.

Usage has increased during COVID. While people are stressed, and emotions/stress is high like in any center, I can't imagine what it would be like without the resources we offer.

The staff is doing more for each other - decorating lockers for special occasions, RAKs as

discussed earlier.

I think the biggest thing is just the awareness of the fact help is available, and it is changing the culture so that it is acceptable to ask for help instead of just 'sucking it up and doing your job'.

No agency is perfect, and we will never make everyone happy, but having wellness resources helps each person to be healthier if they choose to use it. The hardest thing in the beginning, is getting the buy in and getting people to participate. Some never will, and you just have to accept that. (And some may be using the resources and you will never know - that's ok too!)

Charlottesville-UVA-
Albemarle County
Emergency
Communications Center
Sangamon County
Central Dispatch System

We have definitely seen a positive benefit in our program. I am almost certain it saved us from losing some staff members in the past.

For the mentorship program - new hires seem to be happy to participate and glad that it exists. That is a start :) We are just extremely focused on doing anything we can think of to give our Dispatchers every tool for successful wellness.

Miami-Dade Fire Rescue

I can speak only for the dispatchers I have been involved in. I would like to think that my work has helped them cope with the issues they were involved with. They seemed to be grateful that someone would want to help them, listen to them.

For example, I teach a Bully & Negativity class for APCO as an adjunct instructor. In my classes, I am able to see who is affected and will seek them out privately to listen to them and offer them resources that may help them.

Standard Operating Procedures (SOPs) Take-Aways from those Submitted

Not all agencies have a written policy, even when they have a peer support element to their operations. Not all that do are at liberty to share their in-house policies and procedures. We received the policies related to peer support from Lake Oswego Police Department, Arapahoe County Sheriff's Office, City of Portland Oregon Bureau of Emergency Communications, Miami-Dade Fire Rescue Department, Emergency Communications Southern Oregon, Snohomish County 911, King County Sheriff, and Charlottesville-UVA-Albemarle County Emergency Communications Center. All policies received are attached in the appendix, but following are some verbiage and element takeaways that were interesting or relevant.

Lake Oswego Police Department:

Peer support addresses needs "... including but not limited to crisis caused by cumulative job-related stress, and to help anticipate and address potential difficulties that may impact work performance."

"Statements made shall not be discussed with anyone outside the Peer Support environment, unless there is imminent danger to others or self, child or elder abuse, or criminal activity is revealed."

Arapahoe County Sheriff's Office:

"Peer Support Advisor Training: Initial training for newly selected PSA currently consists of a forty (40) hour curriculum that includes instruction in these areas: <22.1.7.f, P.2.2.6.c> Mental health, Suicide, Grief, Chemical Dependency (and other Compulsive Behavior), Counseling Skills, Listening Skills, Issues with Families and Children, Critical Incidents, Trauma, Vicarious Trauma, Anger Management, Stress Management, Referral Techniques. The forty (40) hour

curriculum shall be taken again every five (5) years due to updated subject matter. PSAs shall complete annual in-service training as required by the Program Director or designee. Any missed mandatory trainings could result in suspension or removal from the team.”

City of Portland Oregon Bureau of Emergency Communications:

“If an employee is able to return to duty, the employee or peer support team member will notify a supervisor. If an employee is unable to return to duty, the employee or a peer support team member will notify a supervisor. Supervisors have the discretion to authorize CISM time off for the remainder of that shift for employees who were directly involved in a critical incident as a calltaker, dispatcher or supervisor. CISM Time is not charged against the employee’s sick or vacation accruals. Supervisors have the discretion to remove an employee from duty who was directly involved in a critical incident if the supervisor and/or PST member believe that the employee will be unable to perform their duties.”

Miami-Dade Fire Rescue Department:

“CISM- Critical Incident Stress Management (CISM) is a peer-driven unified programmatic collaboration between MDRF and Local 1403; an approach to peer support striving to encompass the complete crisis spectrum by building resilience through training and education, providing timely and appropriate response to crisis by trained and experienced peers, and inclusive of possible follow up through resourced partnerships with vetted professional clinicians when needed and requested.”

“Communication is never to be considered by the employee as reporting to the Department, or conversely passed on to the Department by the MDRF CISM Peer.”

“Participation in CISM and Peer Support Program: The CISM Peer Support structure is set up to encourage all employees to participate in some capacity. Although not everyone will be members of the CISM Team operating under the oversight of the MDRF CISM Team Clinical Director, all employees can take advantage of the educational opportunities that will enable them to be a part of the MDRF CISM Peer Support Structure and Community. This achieves the program’s stated goal of fostering a culture of care through increased awareness and education. Personnel who have been certified to participate in peer one-on-one and group intervention through a department-approved ICISF class and wish to participate as an active member of the CISM Team, should contact the CISM Coordinator.”

They have levels of training as follows in the SOP: “MDRF Trained Peer, IAFF Trained Peer, MDRF Peer Member” the last being active in participating in CISM events.

Emergency Communications of Southern Oregon:

“Debriefing: A structured meeting usually occurring within 72 hours post-incident..... Directly involved would be police/fire/EMS on scene, call taker(s) and dispatcher(s) directly involved in the incident and emergency room staff.”

Snohomish County 911:

“Background: Employees of a Public Safety Answering Point (PSAP) can experience mental, emotional and physical stress due to the unpredictable nature of emergency services. Mental fatigue from day-to-day responsibilities and high expectations of employment in a PSAP, as well as exposure to large-scale or traumatic incidents can contribute to the deterioration of an individual’s well-being. Peer support is not intended to be a substitute for professional mental health services, rather, it is a resource available to employees experiencing work related or personal stress. Agency Policy 5.14 states Snohomish County 911 will establish and maintain a peer support team to provide mental and emotional peer counseling to all employees of Snohomish County 911.”

“The goal of the peer support team is to provide relationship-based individual and team mental health support to employees experiencing chronic work-related or personal issues.”

“All employees of Snohomish County 911 can receive support from peer counselors.”

“Peer support counselors shall only engage in a peer support session with employees within their same job classification, unless there is an immediate need and there is no other peer support counselor on duty. For example, a supervisor shall not be a peer support counselor to a dispatcher and a dispatcher shall not be a peer support counselor to a supervisor. Peer support counselors shall only engage in a peer support session while on duty unless a shift supervisor has initiated a call out or has otherwise approved the time.”

“After a critical incident related contact, peer counselors are expected to follow-up on that contact within a week and suggest further support if needed. Follow-up on contacts not related to a critical incident will be on an as-needed basis.”

King County Sheriff:

“Coverage: There are six (6) PST Teams. These teams rotate in primary and secondary position. [See table.] This CALL-OUT schedule and roster will be distributed to the Communications Center, by the PST commander or designee, whenever there is a 1) change in membership or 2) schedule.”

“Call-Out procedures: The communications center supervisor shall contact the on-call PST Team Leader, or their designee, when there is a need for PST resources. The team leader or their designee will be responsible for calling their individual team members and/or requesting a Code Red-type page for additional PST resources. PST Members shall not self-deploy to a scene but will instead contact their team leader for direction if they become aware of a peer support need.”

“Member Qualifications: PST seeks member diversity in all areas. Non-probationary commissioned or non-commissioned member of the King County Sheriff's Office who are: Considered leaders among peers and commanders, consistently demonstrating emotional intelligence and self-awareness on and off-duty, able to maintain confidentiality and the trust of their peers, able to provide a letter of recommendation from both a PST Team Leader and their current supervisor. Members will be removed and/or not eligible for consideration for sustained discipline resulting in suspension or other conduct as determined by the PST commander as disqualifying, or failing to maintain annual PST training requirements. Teams will be assembled with members from different work sites, assignments, experience and residency to add efficiency in response and support.”

“PST shall maintain regular contact with the affected members during these periods and milestones: Between the incident and CISD, after the CISD for about (1) month or as appropriate, key events (inquest, trial), media heightened or renewed news coverage.”

“This work is more ‘art than science’ as some members require more or less contact. Members should adapt.”

Charlottesville-UVA-Albemarle County Emergency Communications Center:

“Purpose: To establish guidelines for the availability of trained Peer Support Team members to act as informal support personnel for agency members exposed to critical incidents and stressful situations.”

“Policy: Dispatch occasionally involves personnel in disasters and major human tragedies. Stress arises from involvement with such critical and/or tragic incidents which can be confusing, debilitating and destructive and must be dealt with. ECC is committed to assisting Communications Officers and other personnel as need be with managing such stress. The main resource as follow-up for such incidents is Peer Support. The teamwork and informal peer support shall be available to any critical incident participant.”

“Formal critical incident debriefing sessions should be conducted within 24 to 48 hours after the incident, but may be done at a later time if circumstances necessitate. These sessions are confidential to the participants and include discussions of involvement, thoughts, and reactions resulting from the incident. Discussions of typical stress-related symptoms are included. The purpose of the critical incident debriefing session is to facilitate normal recovery from the experience of the incident. The incident debriefing should be conducted by a professional clinician or his designee. Peer support personnel shall not critique the incident.”

“Participation in critical incident debriefing, peer support sessions and similar gatherings is strictly voluntary.”

“Peer support team activation” It shall be the responsibility of the team leader to provide all supervisors with an updated roster of peer support team members. It shall be the responsibility of the shift supervisors to contact the team leader or his/her designee for the following types of incidents: any police involved shooting, any response to serious injury or death of a center member, including suicide, any mass casualty incident (ie plane, train, bus crash, etc), prolonged search and rescue incidents, any other time deemed necessary such as death of, injury to, or violence to a child, incidents that attract extremely unusual or critical news media coverage, and any incident that has unusually high personal risk to member. Notification by the shift supervisors should be made within a timely period after the incident. Once activated, the peer support team member will respond as directed by the team leader or designee as to their availability and will receive instructions. During the incident peer support personnel shall not be used by a supervisor in any role except as peer support. The peer support team member should avoid direct involvement in the incident.”

“It is important to remember the personnel involved in the incident should feel comfortable with any peer support team member or clinicians used. All personnel wishing to participate, regardless of their involvement, will be allowed to do so without interference from the center.”

“Peer support sessions will be made available for all personnel involved in the incident. All personnel involved in the incident have a valuable contribution to the recovery process. Center members who attend a critical incident debriefing or peer support session may leave at any time. Shift supervisors and peer support team members shall be responsible for notifying personnel when a critical incident debriefing session is scheduled.”

“Initial procedures: These procedures involve short meetings done by the peer support member to determine if any center member is in need of immediate additional support. If additional peer support is needed, then the peer support member will contact the team leader or designee and make the necessary arrangements. Those members who will be subjected to a critical incident may be offered or may request a mental health day(s). If appropriate, the day(s) should be offered by the Operations Manager, without consideration to staffing levels.”

Peer Support Team members are trained to levels one (1), two (2) and three (3). A Peer 1 is “the eyes and ears of the center” and has informal in-house training described in their policy. A Peer 2 completes an 8-hour class and is a backup position to a Peer 3. They observe and report and may act in the capacity of a Peer 3 until one arrives. A Peer 3 completes a 40-hour course and is subsequently “involved in one-on-one and group interventions” for employees.

“Center members participating in peer support services are eligible for overtime compensation in accordance with the center’s overtime policy.”

Business Benefits

As current leaders of emergency communications centers look to address wellness needs in their center, it would be beneficial for them to strongly consider implementing peer support as a valuable resource for their telecommunicators. Among other reasons, training is easily obtained through a variety of reputable sources including the International

Association of Fire Fighters (IAFF), Frontline Crisis Response, National Alliance on Mental Illness (NAMI), or can be provided in house at a cost savings. States are beginning to provide legislative protections for peer supporters², including protecting confidentiality and providing program support. While many centers are already providing EAP, CISM training and deployment, and established outside resources like a chaplain, affiliated clinician, and continuing education related to mental health, as Lieutenant Bill Powers, Peer Support Coordinator of Garden City Police Department said, "If an agency does not have a system for first responders to use to help, they are missing the boat." As more and more agencies implement peer support and organizations like APCO encourage this as a standard, eventually a failure to provide in house and immediate mental health support for all first responder employees may be perceived as a liability. It is important that we do not rely on field initiatives and the inclusion of telecommunicators because the stressors in the field are different. Compliance with Americans with Disability Act (ADA) guidelines that cover mental health is required by law.³

Best Practices

Several trends were evident in the successful Peer Support programs and in advice from those who have implemented programs in their center. Agencies should take care to establish these ideas at the onset, before they implement their programs, to avoid unnecessary challenges.

- Interview peer support applicants to assure a good fit, confirm compliance with the guidelines and determine appropriate pairings when choice is available. As it is important to take care in selection, there should also be a plan in place to remove someone from the peer support team if it is determined that they are not a good fit.
- Establish a method to maintain appropriate documentation, which can be used to justify costs associated with the program, but take care to protect personal information related to employees.
- Confidentiality is the key to gaining trust and buy in. Consider confidentiality contracts and ramifications if confidentiality is breached. Provide training to those on the team about what must remain confidential and what is considered a "duty to report" in terms of harm to self and others. When desirable, consider contracting peer support through an associated agency if this is the best way to maintain confidential conversations.
- Ongoing training is a must to keep skills fresh and adds a level of accountability. Make sure there is a responsible party to determine peer support team members are trained, engaged, and line up what continuing education will look like for the team.
- Have a plan in place for when and how to escalate a peer support contact to obtain professional care or advice when appropriate. Remember, when the need is greater than the peer supporter can assist, it is critical to correctly and compassionately escalate to a clinician or a doctor.
- Determine who will be available and when, either by establishing a stand-by schedule, response teams, or other means of availability. Peer supporters must be available on the same schedule as those who work in the center,

² Georgia Statute:

https://advance.lexis.com/documentpage/?pdmfid=1000516&crd=c3cf333f-fbf1-42d1-990f-b249f7fd1191&config=00JAA1MDBIYzczZi1lYjFILTQxMTgtYWE3OS02YTgyOGM2NWJlMDYKAFBvZENhdGFsb2feed0oM9qoQOMCSJFX5qkd&pddocfullpath=/shared/document/statutes-legislation/urn:contentItem:6338-9NC1-JF75-M20K-00008-00&pdcontentcomponentid=234186&pdteaserkey=sr0&pditab=allpods&ecomp=ss_kkk&earg=sr0&prid=4cdaa662-f5fc-4afd-9b73-79c4e2f2a400

Florida statute: http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0100-0199/0111/Sections/0111.09.html And under section 1.a it specifically states "First responder" has the same meaning as provided in s. 112.1815 and includes 911 public safety telecommunicators as defined in s. 401.465."

³ <https://www.eeoc.gov/laws/guidance/depression-ptsd-other-mental-health-conditions-workplace-your-legal-rights>

generally twenty-four (24) hours a day, three hundred and sixty-five (365) days a year, nights, weekends and holidays in line with the shiftwork of the employees.

- Once you determine there's a team or person to respond, make sure there's a system in place to assure they are contacted at an appropriate time, as soon as possible when there's a mental health need. Consider allowing everyone in the agency to have the authority to make the request or deploy a peer support notification, but also train them how and when to do it appropriately.
- Support from agency administration is critical and can make or break the program. Make sure they encourage a culture that supports mental health.
- Establish other mental health and wellness initiatives to complement peer support programs like EAP, CISM, regional collaboration groups, software applications, therapy or support animals, chaplains, etc. These initiatives can overlap with peer support, when used in conjunction with peer support conversations. They can also be stand-alone initiatives to promote resiliency.
- Remember peer support comes in many forms and may not always be associated with a crisis or critical incident. Sometimes peer support is more about building resiliency, mentoring new employees or meeting with a chaplain familiar with emergency services.
- Mental health considerations may supersede staffing concerns when an employee faces an extreme stress reaction to an incident. While staffing the center is always a concern, priority should be given to the mental health of telecommunicators in the immediate time after a critical incident as this can have a long-term impact on other factors like retention, future callouts, morale, etc.

Summary

Over the course of three (3) weeks in November 2021, nearly forty (40) agencies nationwide submitted data to APCO about their peer support programs and other complementary mental health initiatives. While the approaches were varied in formality and structure, it is evident that Peer Support is soon to be a standard benefit in many emergency communications centers, either through their own in-house programs or in collaboration and cooperation with other regional entities. Center leadership and management looking for ideas and advice should consider the ideas submitted in this report as a means to develop programs that are successful. A successful program would be defined as one that meets the needs of the agency and their employees, defines expectations, and garners trust through confidentiality and consistently applied and up-to-date training of the team. It is important to note that this is but a snapshot in time of the best practices for peer support, as both time and experience, through lessons learned, will impact future considerations. At a minimum, centers who are not providing EAP, CISM, peer support and access to other mental health initiatives should consider themselves at risk of liability. Agencies who fail to meet the needs of employees who suffer mental health impacts (as a result of trauma and vicarious trauma, cumulative stress and other inherent risks of working as a first responder in a communications capacity) will experience a negative impact on the center. The outcome may include deterioration of the quality of service provided to the citizens who depend on the center.

Recognition:

This report was completed by the APCO Health and Wellness Peer Support and CISM Workgroup.

Significant contributions were made by:

- Communications Specialist Brigett Cerce of Moore County Public Safety in North Carolina (workgroup chairperson)

- Supervisor Tanya Stone of Metro Nashville Department of Emergency Communications
- Operations Manager (Nights) Celeste Baldino of Charlottesville-UVA-Albemarle County Emergency Communications Center in VA
- Director Brent Grammel of Union Township Police in Ohio
- Regional Duty Officer Trae Maeder from the Florida Highway Patrol
- Operations Manager Anessa Westmoreland of Covington-Newton County 911 in Georgia
- Edie DeVilbiss, founder of Shape Good Habits
- Lead Charles Nash of Maryland-National Capital Park Police in Maryland (ret.)

The agencies and individuals who provided information in the detailed second survey are as follows:

Emergency Communications of Southern Oregon (ECSO 9-1-1)	<p>Margie Moulin is both the Director of the agency as well as a past president of APCO International. She completed the surveys for the agency.</p> <p>Our HR Manager Jody Hathaway has been HUGE in this process. She oversees the wellness committee, ends up doing shopping for anniversaries, babies, etc... and plants the garden each year. She is known to have people come to her just to talk and she will close the door and listen as long as they need. She knows all the resources, and is quick to get someone whatever help they need.</p> <p>Next would be our training supervisor Sarah Leonard. She keeps the training in the forefront and is always open to adding more if it helps. She oversees the peer team.</p> <p>Overall, it is the entire management staff. They all make sure they know each person, and are quick to realize when someone is angrier than normal, quieter than normal, etc...and check in with them, and get help if needed. We are all quick to check in if there is a critical incident, and the supervisor on duty knows to check with each dispatcher involved, and then text the rest of the management team so we know if the person is ok, and we can watch to make sure they are handling it well. We have learned (the hard way) not to all approach the person. Initially, when something happened, (like an OIS) we would all show up at the center and want to check on the dispatcher working that frequency. We learned that made it worse, so now we designate one person, and that person lets the rest of us know how the dispatcher is doing. It is important to keep all of management informed when you know a person is under a certain stress so you can keep an eye on the person, and have a better understanding if they are behaving abnormally.</p>										
Charlottesville-UVA-Albemarle County Emergency Communications Center	<p>Our director is Sonny Saxton, Operation Mangers Celeste Baldino and Todd Richardson, where Celeste completed the surveys for the agency. Jan Farruggio was our peer support team leader but was recently promoted to a management position; she still currently oversees the program. The first four members of our team deserve the most credit as they have been instrumental in the implementation and prolonged success of our program. Jan Farruggio, Kara Lugar, Christine Lightner, and Rick Johnson (now retired).</p>										
Sangamon County Central Dispatch System	<p>Our director is Chris Mueller. Supervisor Matt Hunt worked on the mentorship program with Training Coordinator Jodie Lublin for what seemed like forever to get it at least started as a pilot program. Jodie completed the surveys for her agency. Mentor/Dispatcher Rick Schlemm has been a big help to many.</p>										
Miami-Dade Fire Rescue	<table border="0"> <tr> <td data-bbox="451 1782 760 1806">MDFR Director:</td> <td data-bbox="850 1782 1062 1806">Chief Alan Cominsky</td> </tr> <tr> <td data-bbox="451 1812 760 1835">MDFR Peer Support Program:</td> <td data-bbox="850 1812 1289 1835">Chief Willie Williams & Chief Bert Quintela</td> </tr> <tr> <td data-bbox="451 1841 699 1864">Peer Support Chaplains:</td> <td data-bbox="850 1841 1243 1864">Alex Trichet and Mario Gonzalez (RET)</td> </tr> <tr> <td data-bbox="451 1871 542 1894">Training:</td> <td data-bbox="850 1871 1219 1894">Sharon Israel, PHD (Training Coord.)</td> </tr> <tr> <td data-bbox="451 1900 634 1923">Communications-</td> <td data-bbox="850 1900 1455 1923">Natalia Duran (RET) completed the surveeys for her agency</td> </tr> </table>	MDFR Director:	Chief Alan Cominsky	MDFR Peer Support Program:	Chief Willie Williams & Chief Bert Quintela	Peer Support Chaplains:	Alex Trichet and Mario Gonzalez (RET)	Training:	Sharon Israel, PHD (Training Coord.)	Communications-	Natalia Duran (RET) completed the surveeys for her agency
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Training:	Sharon Israel, PHD (Training Coord.)										
Communications-	Natalia Duran (RET) completed the surveeys for her agency										

MDFR K-9 Crisis Response Team OIC- Captain Shawn Campana

MDFR MHC- Lt. Fred DeFrias:

As of 11/17/21, for the first time, we have a sworn State of FL licensed health counselor trained in both ICISF and IAFF-trained peer in our department.

Appendix:

See attached second documents.