

MARCH 2020

Officer Safety and
Wellness Group
Meeting Summary

Addressing Four
OSW Pillars in Smaller
and Rural Communities

Wellness Teach Networks
Support Family
Leadership Counsel
Culture Heal Education
Balance Strength



COPS
Community Oriented Policing Services
U.S. Department of Justice

BJA
Bureau of Justice Assistance
U.S. Department of Justice

MARCH 2020

Officer Safety and
Wellness Group
Meeting Summary

Addressing Four OSW Pillars in Smaller and Rural Communities

Wellness Teach
Support Networks
Family
Leadership Counsel
Culture Heal Education
Balance Strength



Contents

Letter from the Directors of BJA and the COPS Office	v
Acknowledgments	vi
History of the Officer Safety and Wellness Group	vii
Overview of the March 2020 Meeting on OSW in Smaller and Rural Communities	1
Addressing Safety and Tactical Care, Physical Health, and Mental Wellness	9
Safety and tactical care	10
Physical health and wellness	12
Mental health and wellness	17
Conclusion	25
About the Bureau of Justice Assistance	27
About the COPS Office	28

Letter from the Directors of BJA and the COPS Office

Colleagues:

Since 2011, the Officer Safety and Wellness (OSW) Group has worked to improve the health and well-being of the men and women of our nation's law enforcement agencies. In recent meetings, the group has focused on officer resilience; officer suicides; felonious assaults on officers; and mental health, peer support networks, crisis hotlines, and other programs to help address law enforcement health and safety.


In March 2020, the OSW Group convened to discuss law enforcement safety and wellness challenges that are unique to small and rural agencies—an essential conversation given that approximately 80 percent of U.S. law enforcement agencies have fewer than 20 officers. This meeting focused on addressing safety and tactical care via training and proper equipment; promoting physical health through testing, regular wellness visits, and fitness resources; and supporting mental wellness with confidential counseling, peer support groups, and other innovative and unconventional resources. Overall, the goal was to identify best practices, discuss research, and share strategies to improve holistic wellness for officers. The meeting participants also clearly highlighted several ways in which leadership should promote wellness among their staff.

BJA and the COPS Office are proud to partner in support of the OSW Group. We are grateful to the law enforcement officers, leaders, subject matter experts, and others who continue to offer their time and effort to the group's work..

Sincerely,



Phil Keith
Director
Office of Community Oriented Policing Services



Tracey Trautman
Acting Director
Bureau of Justice Assistance

Acknowledgments

It is with great appreciation that we recognize the work of Bureau of Justice Assistance (BJA) staff members Deborah Meader and Hope Janke and Office of Community Oriented Policing Services (COPS Office) staff members Deborah Spence and Helene Bushwick, who together oversaw preparations for the March 2020 Officer Safety and Wellness Group meeting. We also extend our thanks to Chief Noel March, director of the Maine Community Policing Institute at the University of Maine at Augusta, for his excellent meeting facilitation and Mark Gifford of the SIDEM Group for managing the meeting logistics.

This meeting took place in the earliest days of the COVID-19 pandemic, just days before large gathering restrictions went into effect around the country. We would like give our particular thanks to all the meeting participants who came that day, despite the many unknowns, to share their knowledge and experience. For that, we commend and salute them.

History of the Officer Safety and Wellness Group

The Bureau of Justice Assistance (BJA) and the Office of Community Oriented Policing Services (COPS Office), both components of the U.S. Department of Justice (DOJ), formed the national Officer Safety and Wellness (OSW) Group in 2011 to bring attention to the safety and wellness needs of law enforcement officers following a number of high-profile ambushes of police that resulted in officer fatalities. Since 2011, the OSW Group has raised awareness and increased knowledge about officer safety and wellness, and encouraged law enforcement agencies to adopt practices that recognize that their most valuable resource is the men and women who put their lives on the line every day to keep their communities safe. For this reason, it is critical that the OSW Group—with support from DOJ leadership—discuss, share, and promote the best possible strategies to keep our nation’s law enforcement officers safe on the job.

To that end, the OSW Group regularly brings together law enforcement practitioners, researchers, and subject matter experts (SME) to amplify new and existing practices designed to improve officer safety and wellness in the field. The goals of the OSW Group are

- to create an enabling environment for law enforcement organizations and researchers to collaborate on improving officer safety and wellness;
- to bring together law enforcement organizations and researchers to share knowledge and information about officer safety and wellness initiatives;
- to broadly disseminate information and best practices to the law enforcement field.

The OSW Group identified 16 priority areas on which to focus, grouped under four main themes:

I. Operational and emergency responses

1. Injuries and deaths from gunfire
2. Premeditated and unprovoked ambushes
3. Rifle, long-gun, and assault weapon threats
4. Task force operations (federal and local)
5. Offender history and behavior during incident
6. Court security

II. Leadership and management

- 1. Leadership and safety practices**
- 2. Equipment**
- 3. Deployment strategies and communication technologies**

III. Mental and physical health and wellness

- 1. Physical health (i.e., addressing common health conditions)**
- 2. Psychological health**
- 3. Maintaining good health**
- 4. Former military in law enforcement**

IV. Training

- 1. Education and training**
- 2. Emergency vehicle operation and safety**
- 3. Foot pursuit safety**

Since 2011, the OSW Group has discussed critical officer safety and wellness issues at regular meetings and produced publications that encourage law enforcement agencies nationwide to adopt a culture that recognizes and elevates the value of officer safety and wellness. The COPS Office, in partnership with BJA, continues to provide agencies with a variety of tools and technical assistance on relevant topics necessary to respond effectively to the persistent OSW challenges facing law enforcement agencies today. To that end, the March 9, 2020 OSW group meeting focused on the unique challenges of officer safety and wellness in smaller and rural communities. The four pillars of OSW—physical health, mental wellness, injury prevention, and trauma care—were systematically addressed with insights, personal anecdotes, and data-driven research within the lens of small and rural agencies across the country.

This publication serves as an official summary of the Spring 2020 meeting and seeks to provide readers with critical information, promising practices, and recommendations from the law enforcement leaders and officers, researchers and subject matter experts (SMEs) who participated in the event. The consensus was that when first responders have the tools and support they need to care for themselves and manage the stress and trauma of their jobs, the benefits have far-reaching positive effects on their personal and professional lives, as well as the lives of the community they serve.

Overview of the March 2020 Meeting on OSW in Smaller and Rural Communities

Contrary to the public perception of police and sheriff departments as large agencies with dozens of officers in multiple precincts, specialized detectives, and the latest technology available to solve crimes, approximately 80 percent of the law enforcement agencies in the country have fewer than 20 officers, and half of U.S. departments have fewer than 10 officers. Further, approximately 70 percent serve communities of fewer than 10,000 people.¹ For example, meeting participant Robert Martin is the chief of the Snowflake (Arizona) Police Department, an agency of 21 people, comprising 15 police officers, a clerk, and five dispatchers. The agency is responsible for policing the towns of both Snowflake and Taylor, Arizona—communities with a total population of approximately 10,000 people who live over a combined area of 65 square miles.²

“I appreciate the administration’s shift toward focusing on rural law enforcement. Rural law enforcement agencies face different types of challenges, including recruiting and grant funding.”

– Mike Costigan, Then-Acting Director of the Bureau of Justice Assistance

1. Brian A. Reaves, *Local Police Departments, 2013: Personnel, Policies, and Practices* (Washington, DC: Bureau of Justice Statistics, 2015), 1, <https://www.bjs.gov/content/pub/pdf/lpd13ppp.pdf>.

2. “Police Department,” Town of Snowflake, Arizona, accessed March 2020, <http://ci.snowflake.az.us/departments/police-department/>.

The group facilitator, Noel March, director of the Maine Community Policing Institute, guided the opening discussion on law enforcement safety and wellness challenges that are unique to small and rural agencies, as well as identifying issues that are relevant to all agencies, regardless of size or location. The group shared their experiences as career law enforcement professionals; observations about agency structure; and the needs of state, local, and federal agencies.

Several group members voiced concern about the lack of trusted resources to support the physical and mental health of officers. As one participant noted, “Even if I wanted help, the resources around me aren’t available.” This can be particularly challenging in rural communities that are often health

*Even if I wanted help, the resources
around me aren’t available.*

care deserts. As was reported in *The Washington Post* in September 2019, almost 80 percent of rural America is medically underserved and “home to 20 percent of the U.S. population but

fewer than 10 percent of its doctors, and that ratio is worsening each year” as rural doctors retire and are not replaced.³ This shortage of clinicians in rural America extends to the mental health specialty as well. The Kaiser Family Foundation tracks mental health care health professional shortage areas (HPSAs) based on a population-to-provider ratio of 30,000 to 1. The foundation reported in 2019 a shortage of more than 6,000 mental health practitioners nationwide.⁴

Within the law enforcement community, these general shortages are exacerbated by the need for culturally competent practitioners. Officers need access to health care providers who understand the physical and emotional challenges of policing. This is particularly true in the mental health arena, where officers have long expressed reservations about talking to clinicians who do not understand the job.

The lack of culturally competent clinicians has perhaps never been so acute, as historically the stigma surrounding mental health kept officers from seeking assistance. But at the OSW meeting, numerous attendees commented on how that has been changing dramatically in recent years. As one attendee said, “Never in my

career have I seen officers raising a white flag, saying we need help. It makes us uncomfortable and vulnerable.” The group also

Never in my career have I seen officers raising a white flag, saying we need help. It makes us uncomfortable and vulnerable.

noted that officers’ need for a space for self-care extended beyond clinical care. For example, while larger departments may provide workout facilities for their officers, smaller agencies or those covering large areas of land are less likely to do so. Thus, officers are less likely to keep up with their

3. Eli Saslow, “Out Here, It’s Just Me’: In the Medical Desert of Rural America, One Doctor for 11,000 Square Miles,” *Washington Post*, September 28, 2019, https://www.washingtonpost.com/national/out-here-its-just-me/2019/09/28/fa1df9b6-deef-11e9-be96-6adb81821e90_story.html.

4. “Mental Health Care Health Professional Shortage Areas (HPSAs),” Kaiser Family Foundation, last modified September 30, 2019, <https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/>.

physical fitness, as “officers working out at the local gym or rec center are worried that they have arrested everyone in there last night and must be on guard, regardless of exercising on shift or after their shift has ended.”

As the conversation moved from challenges to what agencies can do to increase access to and use of services, there was consensus that agency leadership plays an important role in the development of trusted relationships between community partners and the officers to support ongoing physical and mental health. Some agencies have embedded counselors within their departments to help the counselors understand the law enforcement world, and others have required annual visits to clinicians to help lessen the stigma. Faith leaders can also be invited into departments to provide support and counseling, either through a structured chaplaincy program or as volunteers. Again, the key is to build the relationship before a crisis or critical need arises.

Leadership also can support officers by modeling positive behaviors. One group member observed that in small agencies, the chief is often a “benevolent dictator” overseeing the staff. Not as far removed from officers and often working side by side with them on patrol, chiefs of small departments have the opportunity to talk about their own challenges and health maintenance routines.

Many of the meeting participants also felt that in their smaller departments, the process for implementing new programs is relatively smooth, especially because the unions are typically on board. One attendee stated that “chiefs, executives, and leadership have more face time and more influence over a smaller agency than ones like the NYPD.” If the leader has a vested interest in thoughtfully rolling out these initiatives, a small or rural department is more likely to go along with the changes with an increased rate of success. The attendees also perceive that in larger agencies, more people and competing interests—including equal employment opportunity, the Americans with Disabilities Act, risk management standards, and the legal office—impact the implementation process. Regardless of agency size, the conversation stressed the importance of partnering with unions from the beginning to work in collaboration on new programs. Supporting the health and wellness of officers is common ground for labor and management.

Chiefs, executives, and leadership have more face time and more influence over a smaller agency than ones like the NYPD.

One chief discussed his agency’s efforts to promote fitness for himself and his 40 sworn officers. In 2016, he started a physical fitness program that aligns a fitness test to standard duties of patrol work, such as running the length of their local hospital (1/4 mile), getting over a standard 4-foot school barrier wall, and being able to push a dead car out of a road. The agency partnered with a local personal trainer to develop the program and help officers succeed with two years of training prior to the initial fitness testing. The agency allows on-duty workouts and has a local gym contract for training the officers to succeed in the testing elements. The fitness test created mixed opinions, including some officers who wanted the standards as part of their union contract, but the agency wants to have the flexibility to adapt the standards over time as needed. Eventually the officers,

MARCH 2020 OSW GROUP MEETING ATTENDEES

Experts from the field

Troy Anderson

Sergeant,
Emergency Services
and Public Protection

Michael Brown

Director,
Professional Development,
National Sheriffs' Association

David Bowen

Chief of Police,
Great Falls (Montana)
Police Department

Brett Cowell

Senior Project Associate,
National Police Foundation

Robert Gregory Davis

Captain,
Texas Department
of Public Safety

Melissa Dawson

Sergeant,
Cleveland (Ohio) Division
of Police

Patty Dobbs Hodges

Senior Vice President,
Institute for Intergovern-
mental Research

Andrea Edmiston

Director,
Governmental Affairs,
National Association of
Police Organizations

Fred Farris

Chief of Police,
Goddard (Kansas)
Police Department

Frederick Frazier

Detective,
Dallas (Texas) Police
Department;
Councilman,
McKinney (Texas) City Council

Neil Gang

Chief of Police,
Pinole (California)
Police Department

Mike Goldstein

Public Safety Director
and Chief of Police,
Plymouth (Minnesota)
Police Department

Michael Gooch

Police Sergeant,
Wellness Unit,
Metropolitan Nashville
(Tennessee) Police Department

Rick Gramza

Chief of Police,
Marshfield (Wisconsin)
Police Department

Domingo Herraiz

Director of Programs,
International Association
of Chiefs of Police

David Kennington

Professional Wellness
Section Manager,
Metropolitan Nashville
(Tennessee) Police Department

Noel March

Director,
Maine Community
Policing Institute

Robert Martin

Chief of Police,
Snowflake-Taylor (Arizona)
Police Department

John Matthews

Senior Director of
Federal Partnerships,
National Law Enforcement
Officers Memorial Fund

Anthony Mazzola

Sheriff,
Rio Blanco County (Colorado)
Sheriff's Office

Michael McHale

President,
National Association
of Police Organizations

Andrew Mendonsa

Senior Law
Enforcement Consultant,
California Peace Officer
Standards and Training

Corey Nooner

Master Sergeant,
Oklahoma City (Oklahoma)
Police Department

Tim Richardson

Senior Legislative Liaison,
Fraternal Order of Police

Walter Rustmann, DO

Physician, Pulmonary,
Critical Care, and
Sleep Medicine

Jon Sheinberg, MD

Lieutenant,
Cedar Park (Texas)
Police Department

Kevin Shive

Chaplain,
Golden (Colorado) Police
Department and
Denver Federal Bureau
of Investigation;
Executive Director,
Rocky Mountain
Police Chaplains

Jennifer Styles

Program Manager,
International Association
of Chiefs of Police

**U.S. Department
of Justice staff**

Barry Bratburd

Acting Director,
Office of Communications,
Office of Justice Programs

Helene Bushwick

Supervisory Senior
Policy Analyst,
Office of Community
Oriented Policing Services

Michael Costigan

Then-Acting Director,
Bureau of Justice Assistance

Brandy Donini-Melanson

Program Manager,
Law Enforcement
Coordination Program,
Executive Office for
U.S. Attorneys

Hope Janke

Deputy Director,
Office of Justice Programs

Phil Keith

Director,
Office of Community
Oriented Policing Services

Deborah Meader

Policy Advisor,
Bureau of Justice Assistance

Claire Murray

Principal Deputy Associate
Attorney General,
U.S. Department of Justice

Deborah Spence

Assistant Director,
Office of Community
Oriented Policing Services

Matthew Varisco

Federal Program Manager,
President's Commission on
Law Enforcement and the
Administration of Justice

their union, and the agency reached an agreement: The contract covers reasonable accommodations and a 90-day retest policy. At the time of the OSW meeting, the agency had a pending grievance for dismissal based on failure to meet the fitness standards.

The attendees were aware of the danger that a career in law enforcement can pose to one's overall well-being—how this career as a whole can become more than a single traumatic event. One noted, "We take these young recruits right out of the academy, males and females who are probably in the best shape of their lives, and over the course of a 20- to 25-year career, the job takes

a toll." The conversation highlighted how law enforcement officers have an increased risk of obesity, high blood pressure, diabetes, and a life expectancy that may be up to 22 years shorter than the general population. To be more specific about life expectancy rates, the Centers for Disease Control and Prevention stipulate that the average mortality rate for men in this country is 79 years of age and for women, 82. For law enforcement officers, one

The average mortality rate for men in this country is 79 years of age and for women, 82. For law enforcement officers, one study found that the average mortality rate is 57, which equates to more than two decades of life lost in service to the community.

study found that the average mortality rate is 57, which equates to more than two decades of life lost in service to the community.⁵ The participants also talked about officers being at an increased risk of divorce and substance abuse.⁶

Just as prescription drug abuse is an issue for the general public, it is also a problem for law enforcement. For example, during PERF's 2012 Town Hall Meeting, one chief described the incidence of oxycontin and oxycodone abuse he found in his department stemming from workplace injuries.⁷ Officers are reluctant to report illegal substance abuse for fear of job loss, but a 2014 Bureau of Labor Statistics survey found that law enforcement had the sixth highest rate of reported occupational injury among more than 600 industries. Up to 85 percent of workplace injury compensation claims included a prescription for opioid pain relievers, and if law enforcement use reflects the

5. John M. Violanti et al., "Life Expectancy in Police Officers: A Comparison with the U.S. General Population," *International Journal of Emergency Mental Health* 15, no. 4 (2013): 217–228, <https://pubmed.ncbi.nlm.nih.gov/24707585/>.

6. James F. Ballenger et al., "Patterns and Predictors of Alcohol Use in Male and Female Urban Police Officers," *American Journal on Addictions* 20, no. 1 (2011): 21–29, <https://doi.org/10.1111/j.1521-0391.2010.00092.x>.

7. "PERF Town Hall Meeting: Police Chiefs Discuss a Tough Issue: Alcohol and Drug Abuse by Officers," *Subject to Debate* 26, no. 5 (2012): 4, https://www.policeforum.org/assets/docs/Subject_to_Debate/Debate2012/debate_2012_sepocp.pdf.

general population, 10 percent will be using or abusing opioids nine months later.⁸ In a 2014 study, researchers found that following Hurricane Katrina, the average number of alcoholic drinks consumed by police increased from 2 to 7 drinks per day.⁹

Another result of ongoing workplace stress and traumatic events is the incidence of divorce among law enforcement. Research on divorce in the criminal justice field has been limited over the years, and anecdotal reports vary widely. However, a recent analysis of the U.S. Census Bureau's American Community Survey, 2011–2015, used aggregated data to calculate the divorce rate for all 580 Census occupational categories. The divorce rate among law enforcement is among the highest categories, with first-line supervisors at a rate of 46.9 percent and frontline officers at 34.8 percent, and an overall protective services group rate of 40.75 percent is among the top 10 categories. In comparison, the average rate of low categories is approximately 23 percent, almost half the rate.¹⁰ If an agency is not incentivizing self-care among its officers, then that agency is letting a tremendous community asset—a trained law enforcement officer—be destroyed.

Unlike large and urban agencies, a stressor unique to small and rural agencies is officers working alone on patrol shifts. In addition to needing standard field training, these officers must have tactical training specific to their circumstances to handle responses safely without close backup. Furthermore, officers on lone patrol lack the regular peer support of a partner and can become lonely with little or no opportunity for support services through counseling or peer mentoring. This situation is exacerbated by understaffing, as many agencies have minimal staff available for shift coverage. Thus, frontline officers are working extra hours, meaning personal time off and the chance to socialize or engage with peer supports are limited.

“Rural communities are under resourced almost across the board. Historically, there was not a support system that would enable officers to grow, heal, and recover from the traumatic, debilitating experiences in the field, as well as the personal crises that officers face at a comparatively higher rate than non-officers.”

– Phil Keith, Director of the Office of Community Oriented Policing Services, and Chair of the Presidential Commission on Law Enforcement and the Administration of Justice

8. Ted R. Miller and Deborah M. Galvin, “Assessing and Responding to Substance Misuse in Law Enforcement,” *Southern Illinois University Law Journal* 40 (2016), https://law.siu.edu/_common/documents/law-journal/articles-2016/spring-2016/12%20-%20Miller%20-%20sm.pdf.

9. Erin C. McCanlies et al., “Positive Psychological Factors are Associated with Lower PTSD Symptoms among Police Officers: Post Hurricane Katrina,” *Stress and Health* 30, no. 5 (2014): 405–415, <https://doi.org/10.1002/smi.2615>.

10. Nathan Yau, “Divorce and Occupation,” FlowData.org, 2017, <https://flowingdata.com/2017/07/25/divorce-and-occupation>.

REMARKS TO THE OSW GROUP

From Claire Murray, Principal Deputy Associate Attorney General, U.S. Department of Justice

Following the morning discussion of officer safety and wellness in small and rural communities, Claire Murray visited with the group and gave remarks on behalf of Attorney General William Barr. She commended the group participants for their work to help the U.S. Department of Justice understand the whole impact of working in the field and amplify the efforts that make working in law enforcement safer. Murray recognized the members of the 2020 Presidential Commission on Law Enforcement and the Administration of Justice^{*} and the focus of COPS Office and

BJA grant dollars to enhance officer safety and wellness, including the LEO Near Miss reporting system[†] and the BJA Patrick Leahy Bulletproof Vest Partnership program.[‡]

Murray stated that BJA and the COPS Office, in collaboration with the OSW Group, have worked together throughout the administration to provide agencies with the tools necessary to address the most persistent and prevalent safety and wellness issues facing law enforcement officers, and the department values those contributions.

* "Presidential Commission on Law Enforcement and the Administration of Justice," U.S. Department of Justice, accessed August 13, 2020, <https://www.justice.gov/ag/presidential-commission-law-enforcement-and-administration-justice>.

† "LEO Near Miss," Police Foundation, accessed August 13, 2020, <https://www.leonearmiss.org/>.

‡ "Patrick Leahy Bulletproof Vest Partnership (BVP) Program," Bureau of Justice Assistance, March 2, 2012, <https://bja.ojp.gov/program/patrick-leahy-bulletproof-vest-partnership-bvp-program/overview>.

Addressing Safety and Tactical Care, Physical Health, and Mental Wellness

When the OSW Group moved beyond a general discussion of rural and small agency challenges, they focused on three key topics: safety and tactical care, physical health and wellness, and mental wellness. This discussion covered best practices, research, and strategies to improve holistic wellness for officers.

Throughout the day, an overarching theme of the group was the need for urgent and focused action by motivated staff, selected and supported by agency leadership. Finding the right wellness-programming champions, those who can both model healthy behaviors and implement new initiatives, is essential to acceptance among department staff. Chiefs play an important role, but they cannot simply order or mandate wellness. Some of the most successful examples of wellness programs in agencies are those of ground-up initiatives in which leadership not only supported them but also recognized the need for officers to have a sense of ownership in order for the initiatives to achieve department-wide buy-in.

Another theme was self-care for officers, including mindfulness in both personal and professional aspects. While at the academy, recruits are in top physical and mental wellness condition. As one attendee stated, each person is a “modeled specimen that is demonstrated during academy.” Throughout their career, officers have a right and responsibility to maintain wellness for themselves and their families. If their health and wellness do fall aside, officers “can get back on the wellness path,” whether that change is (a) the result of peer support intervention, (b) due to wellness checks that emphasize the link between physical and mental wellness; (c) a personal decision to manage accumulated stress as well as a desire for overall wellness; or (d) precipitated by a critical incident, such as a school shooting.

SAFETY AND TACTICAL CARE

Officer safety and tactical care while on patrol is a critical topic that is frequently addressed in training and leadership planning. For example, previous OSW meetings discussed how one safety recommendation to protect officers against assaults and ambushes is two-person patrol cars. However, that recommendation may not be viable for small and rural agencies (and even in cities) because of budget constraints; small and rural agencies can rarely depend on two-person patrols or even multiple-officer responses to service calls. In many of these agencies, only one or two officers will be on duty for a shift, and available backup may be an hour or more in response.

In addition, one attendee pointed out that while many people think of state police as large, well-funded organizations, quite often the state troopers work in rural and lonely jurisdictions located far from accessible resources. For example, the Texas Department of Public Safety has 166 officers

While initial training and continuing education are important for all officers, they are essential to address the lone deputy and train officers on scenarios with single-officer response.

stationed in six regions across the state. Often these state troopers rely on local officers for backup, so coordination and cooperation are in the best interest of the agencies to increase tactical care and safety. To help keep its officers prepared, the department has recruits and deputies participate in sessions that focus specifically on physical fitness training in remote postings with limited or no gym facilities. To

support the local agencies it regularly works with in mutual aid situations, the department also shares all its resources with small and rural agencies throughout the state.

While initial training and continuing education are important for all officers, they are essential to address the lone deputy and train officers on scenarios with single-officer response. For example, as one attendee remarked, "From a tactical perspective, the human physiological component should be the primary target of training." Officers, especially the lone deputy in rural areas, are likely to respond to calls for service involving civilian trauma care. They may also need tactical care skills to save their own lives. Within this context, Dr. Jon Sheinberg, a physician and a lieutenant with the Cedar Park (Texas) Police Department, explained the importance of Tactical Combat Casualty Care (TCCC) and training for Self-Aid and Buddy Aid with a focus on bleeding control. He argued that agencies must ensure their officers have standardized individual first aid kits, tourniquet kits such as those promoted through Stop the Bleed¹¹ training, and regular training on how to use them. In addition to being well equipped and trained, officers need annual refresher courses in first aid and CPR, tourniquet use, and trauma triage care.

11. "Stop the Bleed," American College of Surgeons, accessed August 14, 2020, <https://www.stopthebleed.org/>.

Another attendee mentioned the success of first aid and TCCC in the Gabrielle Giffords shooting: On January 8, 2011, a lone gunman attacked the U.S. congresswoman during a Congress on Your Corner event in a grocery parking lot. The deputies of the Pima County (Arizona) Sheriff's Department were credited with saving five lives with their trauma care skills prior to 911-activated EMS arriving on the scene.¹²

The OSW Group identified that a successful, creative, and cost-effective model for training and supporting tactical care in smaller agencies includes collaborating with larger neighbors. For example, a representative at the meeting shared how the Metropolitan Nashville (Tennessee) Police Department, as a larger agency, supports the capacity of its smaller neighbors. The department's SWAT conducts TCCC training for surrounding rural agencies, including standardized training and emergency medical contingency training for remote response scenarios.

Interestingly, during the discussion on preparing officers for what they may face in the field, the OSW Group recognized the importance of officers' understanding human physiology. An attendee observed, "When you look at the tactical applications of police officers, the fact is you have to talk about physiology; if you don't, you're being complicit to the problem and being deliberately indifferent to the human that occupies that uniform." In other words, officers must consider how the human body adapts to stress, physical activity, and sickness in order to better support each other. If they ignore these areas and the link between them, then the officers themselves are another contributing factor to officer injury and burnout.

Moreover, one attendee suggested that agencies could be held liable if they don't support safety and wellness. In 1989, the U.S. Supreme Court ruled that

Training police personnel is a critical managerial responsibility, and administrators are required to employ healthy and well-trained first responders. Inadequate or improper training, including deliberate indifference that causes injury or violates a citizen's constitutional rights is open to liability. The court also made it clear that the basic police academy emphasizes law and discipline, but that such training alone is not enough.¹³

All the attendees agreed that field tactics and hands-on situations increase agitation and stress; thus, officers need to physically prepare for a measured response that includes tactical skills and the fitness needed to safely restrain defendants. A recent study on law enforcement physiological responses on duty found that even standard calls for service resulted in powerful physical reactions, which include the release of neurotransmitters and hormones. During routine calls for service, the heart rate of officers increased from a resting rate of 63 beats per minute (bpm) to 98 bpm when receiving a dispatch call to 122 bpm during a standard arrest. The increased heart rate was not due

12. Tammy Kastre, "Tactical EMS Saved Lives after Giffords Shooting," *Journal of Emergency Medical Services* 5, no. 37 (2012), <https://www.jems.com/2012/05/02/tactical-ems-saved-lives-after-giffords/>.

13. *City of Canton, Ohio v. Harris*, 489 U.S. 378 (1989).

to movement but to a stress response by the responding officers.¹⁴ In addition, the same researchers found that the physiological stress responses of calls for service impacted both short-term performance impairments and long-term health outcomes for officers in the study. Evidence-based training has been shown to improve performance and increase resilience to stress reactions, but the training should mimic a stress environment and include repeated practice for proficiency.¹⁵

The conclusion of this conversation was that talking the human stress response into consideration improves tactical training. As one attendee explained, “The body’s vessel delivery system is your starting point and foundation for tactical movement. In close-quarters combat engagement with use of force, officers experience elevated heart rate and vessel dilation, and blood comes down to all the major muscle groups. This is 100 percent physiological. The individual officer doesn’t have time to think when engaged in this motor skillset, as it is all physiological, so it all comes down to the foundation of training” and tactical preparedness.

PHYSICAL HEALTH AND WELLNESS

The afternoon discussion moved to physical health and wellness in law enforcement with a focus on innovative programs for physical activity and proper nutrition, medical testing to identify potential health issues, and the significance of sleep in relation to overall health.

One participant remarked, “Nutrition, sleep, and fitness are the cornerstones of physical health and tactical success.” However, working in law enforcement has a negative impact on regular nutrition, sleep, and exercise routines. Unlike a standard desk job, officers and deputies work overnight and weekend shifts, eat meals on the run, and often work extra hours or a second job for supplemental income. As a result, law enforcement must be diligent to maintain physical health.

Cedar Park’s Dr. Sheinberg identified five components of wellness: TCCC (as discussed in the previous section), obesity counseling and nutrition, fitness, cardiac screening, and mental health. When individuals not only neglect these components but also combine them with sleep and shift-cycle disorders and a predominately sedentary job with sporadic periods of high stress, the result is a perfect storm. Officers need to complete basic wellness screenings and fitness tests and receive nutrition counseling on a routine basis to identify and reverse health risks.

Dr. Sheinberg recommends two inexpensive and simple tests that can save the lives of officers with physical health problems: “We have validated two tests that detect heart disease in cops years before feeling chest pain or suffering a heart attack. One of them is a quick scan of the chest called a calcium score exam, and the other is a very simple blood test that looks for inflammation changes in the heart arteries.” The results of these tests can inform officers and their doctors to make positive changes that are lifesaving.

14. Simon Baldwin et al., “Stress-Activity Mapping: Physiological Responses during General Duty Police Encounters,” *Frontiers in Psychology* 10, no. 2216 (4 Oct. 2019), <https://doi.org/10.3389/fpsyg.2019.02216>.

15. Ibid.

The economic costs of injuries, liability insurance premiums, and potential lawsuits related to performance of duty failures have been an impetus for implementing annual employee fitness standards.

Beyond the benefits to law enforcement officers and their families, the two tests can offer a 32-to-61 times return on investment for agencies. Based on Dr. Sheinberg's estimates, the tests can be administered for less than \$175, as opposed to an in-service heart attack that costs \$750,000 for immediate care. Thus, for example, screening a police force the size of Houston's, which comprises 5,000 officers, would cost \$2.5 million upfront and save \$300 million over five years. This is a 60-to-1 return on investment, and spending the money upfront is obviously better rather than spending it on the reactionary treatment side.¹⁶

As stated in the overview section, some researchers have suggested that the average mortality rate for law enforcement officers is 57 years of age, as opposed to 79 and 82 for civilian men and women, respectively.¹⁷ Physical fitness is widely understood to contribute to longevity; however, to the best of the participants' knowledge, Texas is the only state with a legislated physical fitness standard for law enforcement officers, and that only applies to the Texas Department of Public Safety, not to other agencies in the state.

Physical fitness standards are a widely debated topic in law enforcement. The Cooper Institute defines fitness standards as a minimal level of fitness necessary to perform critical and essential job tasks. For law enforcement professionals, these tasks include walking, running short distances, pulling, pushing, lifting, carrying, dragging, climbing stairs, use of force tactics, and personal protection.¹⁸ Although most federal agencies require annual fitness testing for officers (the FBI, U.S. Marshalls, and Secret Service), state and local agencies are hesitant to implement fitness standards because of resistance from within and because of a tradition of voluntary responsibility. However, the economic costs of injuries, liability insurance premiums, and potential lawsuits related to performance of duty failures have been an impetus for implementing annual employee fitness standards. Studies suggest that such programs may decrease injuries, absenteeism, and the cost of group health care benefits.¹⁹

16. "Cardiac Screening Initiative," Public Safety Cardiac Foundation, accessed August 15, 2020, <http://www.publicsafetyheart.org/csi.html>.

17. Violanti et al., "Life Expectancy in Police Officers (see note 5).

18. Steve Farrell, "Fitness Norms and Fitness Standards are Apples and Oranges," Cooper Institute, May 17, 2017, <http://www.cooperinstitute.org/2017/05/17/fitness-norms-and-fitness-standards-are-apples-and-oranges>.

19. Liana Lentz et al., "The Association Between Fitness Test Scores and Musculoskeletal Injury in Police Officers," *International Journal of Environmental Research and Public Health* 16, no. 23 (2019), <https://doi.org/10.3390/ijerph16234667>.

When the Texas fitness standard law passed (see sidebar “Texas Government Code § 614.172” on page 15), it caused a lot of anxiety among officers, but in the 15 years since passage, no officer has been dismissed for failing the test, noted one OSW Group meeting attendee. The state didn’t just set a standard; it gave the Texas Department of Public Safety not only the flexibility to design fitness programs to support its officers but also the tools they would need to meet the standard. The standards that the department enacted were intended to improve job performance and overall safety for the community and responding officers. To be more specific, “the standards as applied to an officer must directly relate to the officer’s job duties and shall include individual fitness goals specific to the officer’s age and gender.”²⁰ These standards are reasonable and help promote officer safety and wellness.

Small and rural agencies can piggy-back on legislation meant for state-level agencies, so that both can enact similar programs and collaborate on resources. In addition to improving their health, state and local officers located in rural areas will have additional confidence when providing each other with backup, knowing they’re all meeting the same standards. Furthermore, the officers may even be acquainted with each other through training or working out in the same gym facilities.

One participant shared that state public safety officers are encouraged to work out in fitness facilities at local police precincts to connect with other law enforcement professionals. The Texas Department of Public Safety also runs a fitness institute—an extensive six-week course of classroom lectures and workouts to prepare individuals to test as certified personal trainers or as physical fitness instructors through the American College of Sports Medicine Certified Personal Trainer program. The institute is open to law enforcement across the state and encourages collaboration and consistent fitness training in Texas.²¹

The OSW Group also discussed the importance of nutrition for overall health and the propensity of officers to supersize their meals on the go. As one attendee said, “Physical health and fitness is a foundational principle for officer success,” so starting in the academy, agencies should teach

The state gave the Texas Department of Public Safety not only the flexibility to design fitness programs to support its officers but also the tools they would need to meet the standard.

20. “Texas Government Code: Sec. 614.172. Physical Fitness Programs and Standards,” Texas.Public.Law, accessed August 15, 2020, https://texas.public.law/statutes/tex._gov't_code_section_614.172.

21. “DPS Fitness institute,” Texas Department of Public Safety, accessed August 15, 2020, <https://www.dps.texas.gov/ETR/fitnessInstitute.htm>.

**TEXAS GOVERNMENT
CODE § 614.172.
PHYSICAL FITNESS PROGRAMS
AND STANDARDS**

recruits not only how to exercise and remain fit but also how to eat for the job, “because the human mechanism doesn’t operate unless you have proper fueling and nutrients that the body can extrapolate and use to service the necessary muscle groups when engaged.”

Another attendee described a partnership between a police department and a grocery-store chain, the latter of which donates healthy, fresh, and portion-controlled meals to officers on duty. The officers get a healthy premade meal, and the agency gets healthy officers. The grocery chain promotes the partnership to local communities, and it gets increased patrols and the positive goodwill of donating to officers. Partnerships such as these overcome the cost factor of eating healthy as well as the convenience factor of getting a meal on shift, and such partnerships could be explored throughout the country.

Similarly, the Texas Department of Public Safety promotes healthy eating for their troopers and staff through the USDA Chose My Plate website. For example, the website’s “Healthy Eating on a Budget” section has detailed shopping lists, two-week meal plans and recipes, tip sheets, and other materials in Spanish and English.²²

The last aspect of physical health and wellness the group discussed during the meeting was sleep hygiene and the health impacts of poor sleep habits. One participant stated, “Long-term poor sleep hygiene and sleep medicine causes

(a) Each law enforcement agency shall adopt physical fitness programs that a law enforcement officer must participate in and physical fitness standards that a law enforcement officer must meet. The standards as applied to an officer must directly relate to the officer’s job duties and shall include individual fitness goals specific to the officer’s age and gender. A law enforcement agency shall use the services of a consultant to aid the agency in developing the standards.

(a-1) Each law enforcement agency shall adopt a reward policy that provides for reward incentives to officers who participate in the program and meet the standards adopted under subsection (a). The reward incentives under the policy must be an amount of administrative leave of not more than four days per year.

(a-2) An agency may adopt physical readiness standards independent of other law enforcement agencies.

(c) A law enforcement agency may exempt a law enforcement officer from participating in a program or meeting a standard under subsection (a) based on the facts and circumstances of the individual case, including whether an officer was injured in the line of duty.

Source: “Texas Government Code: Sec. 614.172,” Texas. Public.Law (see note 20).

22. “Healthy Eating on a Budget,” Choose My Plate, accessed August 15, 2020, <https://www.choosemyplate.gov/eathealthy/budget>.

an increased risk of heart disease, irregular heartbeat, high blood pressure, and even diabetes.” The American Academy of Sleep Medicine found that sleep deprivation over time causes not only physical health issues but also anxiety, depression, lack of coordination, slower response times, and irritability.²³ Long hours, shift work, and stress can limit restful sleep for frontline officers and leadership in law enforcement. Age, weight, and overall fitness can also impact sleep habits.

Agencies should also keep in mind that a source of an officer’s stress may come from external factors too. For example, a common stressor for many officers is their personal finances, and retail therapy can create a cycle of stress. One attendee recalled an officer wellness symposium presenter who talked about how he quickly accumulated \$80,000 in consumer debt shortly after being hired on the force. The debt, including a \$20,000 car with a \$5,000 stereo system, was overwhelming, and as he worked more overtime to cover household bills, he was ruining his health and personal relationships. Officers can fall into the trap of working extensive overtime or off-duty jobs to cover their debts, which cause more stress for themselves and their families. The fatigue of overtime and off-duty work is carried through the week and can have devastating consequences on their focus and response.

Furthermore, a common problem for law enforcement is sleep apnea. Of patients diagnosed with sleep apnea, 80 percent are men, and men represent 87 percent of sworn staff in 2018.²⁴ Dr. Walter Rustmann, sleep specialist of the Florosa (Florida) Fire Department, recommends an easy screening questionnaire to help diagnose sleep apnea: If the officer has a neck size over 17, is overweight, is a man over 40 years old, and snores, he is likely to need medication or a continuous positive airway

pressure (CPAP) machine. Otherwise, the officers are most likely experiencing light, insufficient sleep.

Physical health is critical to holistic wellness and officer safety. Therefore, working with a primary care doctor over time is important for officers.

Physical health is critical to holistic wellness and officer safety. Therefore, working with a primary care doctor over time is important for officers. One attendee recommended shopping for a doctor like shopping for a car or home: conduct research, and try out a doctor

with an interview and initial visit. Find a primary care doctor who understands the needs of law enforcement. Physical health is critical to success, and each officer is ultimately responsible to engage in self-care and advocate for his or her needs.

23. “Sleep Deprivation,” Factsheet, American Academy of Sleep Medicine, January 29, 2008, <https://aasm.org/resources/factsheets/sleepdeprivation.pdf>.

24. “Gender Distribution of Full-Time Law Enforcement Employees in the United States in 2018,” Statista, accessed August 15, 2020, <https://www.statista.com/statistics/195324/gender-distribution-of-full-time-law-enforcement-employees-in-the-us/>.

MENTAL HEALTH AND WELLNESS

The last topic of the OSW Group meeting was mental health for law enforcement. In 2019 alone, 228 officers died by suicide while a total of 135 died in all other line-of-duty deaths. That tells us that the most dangerous time for law enforcement officers is off duty, at home.²⁵ These numbers, these officers, cannot be overlooked. Agencies need to offer resources that will help improve officers' mental wellness.

For example, several participants stressed the importance of proactive wellness checks for officers as a necessary best practice for agencies. Wellness checks by the chief or sheriff in small and rural agencies is an innovative leadership tool that involves no cost and has maximum impact. Leadership can convey the importance of mental health to staff through these check-ins. One participant remarked, "Agencies don't need a data tracking system or a sophisticated, expensive program; they simply need to look for people who might be struggling. Look at officer calls-for-service history; follow up with the people who have been at tough scenes and ask them how they are doing." Proactive engagement on wellness can become part of a regular communication schedule that builds trust with officers and increases their comfort in disclosing concerns or stressors.

While mental health care is a critical topic for all law enforcement agencies and the communities they serve, lack of resources and qualified counselors in addition to the stigma of mental health issues are all barriers to ongoing care for officers. Participants discussed the need for a wellness advocate who has credibility in the agency. Leadership should champion the cause of mental wellness; the chief must not only recruit people who will be good peers but also place a value on the program for themselves and other officers in agency. "It is essential for the leader of an organization to share the story of why it's important for their department to complete regular screenings and then be seen as the first one to go to those mental health checks," said one participant. Leadership and seasoned officers can share times of stress in their career and the positive methods they used to overcome periods of anxiety and depression.

Peer support programs

Peer support teams, including a regional collaboration of multiple small and rural agencies with limited staffing, can be an important resource for officers. Regarding the composition of these teams, several attendees recommended that counselors and peer supports represent the face of

In 2019 alone, 228 officers died by suicide while a total of 135 died in all other line-of-duty deaths. That tells us that the most dangerous time for law enforcement officers is off duty, at home.

25. "Officer Suicide Statistics," Blue HELP, accessed August 15, 2020, <https://bluehelp.org/resources/statistics/>.

resilience and overcoming adversity. Officers need a mix of support team members: some who have a background in law enforcement and others who do not. Men and women from different backgrounds can help officers to recognize and appreciate their humanity and vulnerabilities while being empathetic. As one participant who is a counselor in a law enforcement agency said, “When forming these teams, it is continually important to have people who have never been cops. I’m not going to come in and tactically analyze things; I’m not going to tell you what I went through and what I dealt with, but I am going to move you to a place where you’re going to understand your humanity.”

As the OSW Group discussed the mission and goals of peer support in law enforcement agencies, the attendees recommended that agencies “start with the end in mind: What are we hoping to accomplish by having peer support? Do we have evidence of the best peer support programs that are effective in reducing officer-involved shootings, reducing citizen’s complaints, and reducing

days missed on workers’ compensation? What are best practices and model programs that we can then recommend to our agencies?”

In terms of mitigating the challenges small agencies have in maintaining wellness programs, the collaboration model of regional and statewide programs can help.

In terms of mitigating the challenges small agencies have in maintaining wellness programs, the collaboration model of regional and statewide programs can help. Furthermore, the collaborative model is useful for responses to large-scale critical incidents, such as

a mass shooting. “During and after a mass casualty event, your strongest allies can be the other first responders and community leaders in your community and neighboring communities. It’s important to strengthen those relationships now and plan together for responding to emergencies.”²⁶ Peer support team members from multiple agencies can engage with all the first responders and provide ongoing support during the after-incident work of agency personnel.

Connecticut State Police representatives at the OSW Group meeting discussed a statewide resilience program for their troopers and for officers from small and rural agencies across the state. Sergeant Troy Anderson, retired from the Connecticut State Police, described some of the tactical considerations in the northeastern and northwestern parts of his home state. Often the closest backup can be 45 minutes away, so Anderson helped create the State Troopers Offering Peer Support (STOPS) program to build resilience among troopers starting in the academy by providing

26. National Alliance on Mental Illness, *Preparing for the Unimaginable: How Chiefs Can Safeguard Officer Mental Health Before and After Mass Casualty Events* (Washington, DC: Office of Community Oriented Policing Services, 2016), 44, <https://cops.usdoj.gov/RIC/Publications/cops-p347-pub.pdf>.

them with a universal and predictable approach to trauma management. Anderson went on to say that STOPS has had zero breaches and zero alleged breaches in confidentiality. The state also made these resources directly available to rural officers in the field.

STOPS is only one of the programs Anderson oversees in his role as lead of a new state wellness and resiliency program. In this new role, Anderson will coordinate resources and programming for all six divisions of the Connecticut Department of Emergency Services and Public Protection with buy-in from agencies. Anderson said the plans include online training that can be accessed by all first responders in the state, but the new approach will also maximize partnerships and resources between large and small agencies across the state.²⁷

The meeting participants also included representatives from the Metropolitan Nashville (Tennessee) Police Department and Cleveland (Ohio) Police Department, both which were awarded funding by the COPS Office to establish regional peer support programs that specifically include services for small, neighboring agencies. Regarding the former, Metro Nashville's Sergeant Michael Gooch and Manager David Kennington discussed how their department uses its regional peer support program to help overcome the stigma of mental health within agencies. The department starts with academy trainees: it has members of peer support panels and wellness panels (who assist officers not only within its own department but also in regional partner agencies) share their experiences and struggles with academy trainees. The agency also has a five-point program that includes an annual wellness check for officers. (See the sidebar "Metro Nashville Police Department's Behavioral Health Services Division" on page 20.)

Cleveland's Sergeant Melissa Dawson has an internal seven-sworn-officer peer support unit that is dedicated to critical event-trauma response and assists her agency and the surrounding rural agencies. Sergeant Dawson explained, "Cleveland Police Department doesn't necessarily have the funds for peer support programs, but we have the experience with critical incidents and trauma response. Therefore, we find ourselves being called upon or reaching out to smaller agencies throughout Cuyahoga County. As a COPS Office grant recipient, we have developed a county-wide peer support program for all 70-plus agencies throughout the county. We keep generic statistical data, and we do surveys to send out as well to show that our program works. Our intention is to make it available for first responders in general. There will be very minimal data collection in order to keep that trust. It is a peer network, not designed to be a critical response system."

27. Siobhan McGirl, "Connecticut State Police Create Program to Help First Responders Manage PTSD," *NBC CT*, January 22, 2020, <https://www.nbcconnecticut.com/news/local/connecticut-state-police-create-program-to-help-first-responders-manage-ptsd/2213245/>.

METROPOLITAN NASHVILLE POLICE DEPARTMENT'S BEHAVIORAL HEALTH SERVICES DIVISION

The Metropolitan Nashville Police Department's Behavioral Health Services Division* has both a counseling and wellness unit. The counseling unit provides free, confidential therapy to all personnel and their families, as well as surrounding agencies by request. The services are available to sworn and civilian staff, children, teens, and adults. And all therapists are trained in trauma-based counseling techniques.

The counseling and wellness units offer five types of wellness checks that can be completed by peer supports, chaplains, or a licensed counselor at the office, in the field, or another location:

- 1. General wellness check: happens anytime, anywhere**
- 2. Annual wellness check: typically scheduled around same time as a physical exam**
- 3. Stress wellness check: offered when personnel are involved in stressful situations at home or on the job**
- 4. Crisis wellness check: offered following a critical incident**
- 5. Follow-up wellness checks: added as needed to any of the categories above**

As of March 2020, the wellness unit had 100 peer supporters with another 25–30 scheduled for training. The COPS Office Law Enforcement Mental Health and Wellness Act grant funding† further allows the department to provide peer support trainings and other assistance to law enforcement agencies in the surrounding 10 counties. The department's Behavioral Health Services Division is a model program that can be replicated in partnerships with small and large agencies across the country.

*"Behavioral Health Services Division (Police Department)," Nashville.gov, accessed August 16, 2020, <https://www.nashville.gov/Police-Department/Administrative-Services/Behavioral-Health-Services.aspx>.

†"2019 COPS Office Law Enforcement Mental Health and Wellness Act (LEMHWA) Program," Office of Community Oriented Policing Services, accessed August 16, 2020, https://cops.usdoj.gov/pdf/2019AwardDocs/lemhwa/Award_List.pdf.

Although smaller departments in a given county may not have the resources necessary to provide an independent peer support program, larger departments that see a need among smaller departments can develop inclusive support networks. For example, the state of Vermont has EAP-First, an employee assistance program exclusively for all state first responders that provides expert trauma-informed clinical support, counseling, and peer assistance through a partnership with the Vermont League of Cities and Towns.²⁸ First responders have 24/7 access to support via phone and counselors across the state for in-person sessions. EAPFirst is free and confidential, but individual agencies can also call to request help in response to large-scale traumatic events.

Similarly, membership in state or national groups, such as the National Association of School Resource Officers (NASRO), is another way for officers in small and rural agencies to connect with peers. For a nominal annual fee, NASRO provides secure forums, online training, and other resources for members on a variety of topics, including mental health and wellness. Professional organizations are also a way to find and collaborate with regional partners.

Listening to podcasts and TED Talks is a way to connect with others and learn about coping mechanisms that have worked for first responders.

A 2018 article in the COPS Office's *Community Policing Dispatch* e-newsletter provides an example of a regional networking effort. All 87 county

sheriffs across the state of Minnesota are actively involved in the Minnesota Sheriffs Association (MSA), which is the state chapter of the National Sheriffs' Association. The MSA organizes training throughout the year, provides advice on operations, and meets monthly to discuss current topics. This regional group also collaborates on multiagency training and support for deputies.²⁹

Technology that can aid wellness

OSW Group meeting participants also discussed telehealth counseling and crisis response as a means of providing mental health services for small and rural agencies. Counseling via a secure virtual connection provides privacy for officers who are reluctant to be seen at a local mental health service provider's office or who cannot drive hours for a specific counselor who understands the challenges and stressors of law enforcement. One attendee recommended "an iPad FaceTime program where officers can talk to behavioral health specialists from the comfort of [their home or the precinct] as opposed to having to go to the clinic or hospital to talk to someone face to face." Privacy and confidentiality as well as rapport and trust mitigate the stigma officers perceive regarding counseling services. Virtual counseling is not limited by travel restrictions, so officers can find a counselor based on their needs and within the time constraints of shift work.

28. "Employee Assistance for First Responders," Invest EAP, accessed August 16, 2020, <https://www.investeap.org/eapfirst>.

29. Scott Rose, "Sheriffs Working in Collaboration with Communities and Peers," *Community Policing Dispatch* 11, no. 5 (2018), https://cops.usdoj.gov/html/dispatch/05-2018/sheriffs_communities.html.

The Snowflake Police Department uses the Bulletproof Wellness Mobile App,³⁰ which is supported by the 100 Club of Arizona, a nonprofit community partner for first responders in Arizona. The app has 24/7 access to crisis services, self-assessments, and resources that support resilience, mental wellness, fitness, and financial assistance. Chief Martin discussed the importance of using Bulletproof, because the small agency was down approximately 25 percent in staffing for almost four years, and officers had no time off. The mobile app promotes resilience in the agency and destigmatizes mental health care while also ensuring confidentiality for officers and providing their families with access to counseling.

Another option discussed at the meeting is use of a software database system such as BlueTeam Nextgen.³¹ The system's dashboard supports frontline documentation, supervisory oversight, and organizational accountability. This type of early warning software isn't meant to help provide

services; rather, this tool helps supervisors and managers intervene on behalf of a struggling employee before he or she is at the point of crisis.

When using an early intervention system as part of an effort to improve wellness, it cannot be confused or perceived as a disciplinary intervention.

However, meeting participants agreed that agencies must be mindful when choosing which part of an agency is responsible for watching and responding to trends in the data. All participants

who use BlueTeam and other similar programs agreed with one attendee who said, "The officer intervention program helps us see officers that may have an issue, and this gives the supervisors the ability to monitor the dashboard. We collect all kinds of data, but the tracking and accountability is run by our employee assistance unit versus internal affairs." The chain of command for oversight is flat so that officers can trust their concerns are confidential and will not result in punitive measures. When using an early intervention system as part of an effort to improve wellness, it cannot be confused or perceived as a disciplinary intervention.

Agencies can build a toolbox of help options that are always available and easy to access. Such availability is especially convenient when sworn and civilian staff are experiencing the inevitable stress that accompanies this work, when responding to mass casualty events and other crises, or when experiencing a loss within the agency such as an officer suicide. For example, one participant recommended making counseling and support resources accessible on the front page of agency

30. "Bulletproof Wellness App," 100 Club of Arizona, accessed August 16, 2020, <https://www.100club.org/bulletproof/>.

31. "BlueTeam Nextgen," CI Technologies, accessed August 16, 2020, <https://www.iapro.com/products/blueteam>.

websites for easy access by officers and their families. Although stigma is a barrier to accessing care, agencies can circumvent that stigma by making the information readily available on a platform to which every employee has access, so no one has to go through a command member. This easy access also means that family members can find help if they have concerns about someone in the agency and want resources.

Several participants also discussed unconventional resources that they found helpful and informative. For example, listening to podcasts and TED Talks is another way to connect with others and learn about coping mechanisms that have worked for first responders. For example, Jean-Michel Blais, former Halifax police chief from Nova Scotia, hosted a TED Talk in which he discusses daily management of PTSD. He shares his physiological response, particularly when triggered by memories of trauma, and his methods to overcome PTSD through exercise and structured activities.³²

Providing another example, one participant suggested that a useful repository of OSW resources for small and rural agencies is the Badge of Life website, which is hosted by a non-profit organization with the mission “to educate and train law enforcement about mental health and suicide prevention.”³³ To facilitate this mission, the organization provides lists of resources, including approximately a dozen hotlines for law enforcement support and crisis response. Small and rural agencies can also contribute to a regional list of recommended and not-recommended resources.

Several participants also discussed unconventional resources that they found helpful and informative. For example, listening to podcasts and TED Talks is another way to connect with others and learn about coping mechanisms that have worked for first responders.

32. Jean-Michel Blais, “Police Mental Health: From Self-Improvement to Community Improvement,” *TEDxMSVU*, April 1, 2016, <https://www.youtube.com/watch?v=Zcl5GEaX1Pk>.

33. Badge of Life, accessed August 17, 2020, <https://badgeoflife.org/>.

Conclusion

The March 2020 meeting concluded with recommendations and topics for further discussion within the OSW Group.

Participants remarked on the importance of selecting the right leaders to oversee peer support, fitness programs, and wellness units, as well as the right peer support volunteer team members—as these individuals will need to be able to gain the trust of staff and model positive behaviors. For example, a model fitness program, which can be implemented either through mandatory participation or voluntary compliance includes peers motivating officers to improve their physical health, and leaders can provide support via group training sessions, fitness check-ins, and incentives for annual fitness goals. In addition, meeting participants recommend that the chief and chain of command should participate to model good fitness. Such camaraderie among peers is more powerful than mandates, and leading by example encourages participation.

Physical safety and health was another topic of discussion that the participants reviewed. Proper training and equipment in the field is especially important for officers in small and rural agencies. Training in first-aid, first-aid kit usage, Tactical Combat Casualty Care, Stop the Bleed, lone-officer tactical response, and other specialized training can be completed in collaboration with other agencies. Furthermore, collaboration between state, local, and tribal partners will improve officer and community safety.

Other participant-recommended aspects of physical safety were cardiac screening and sleep apnea testing. Officers can work in partnership with a doctor to identify and address health issues that are specific to law enforcement and an officer's personal medical history. Sleep disorders, including sleep apnea, are a common health concern in the field, and leadership can encourage screening for sleep disorders and use of medical supplies like CPAP machines to support physical fitness and maximum mental acuity for work in the field.

One participant stressed the importance of access to 24-hour resources. He said, "The most dangerous time for officers is off duty, at home, and at risk for suicide." He also recalled a study, potentially by the Department of Veteran Affairs, that found the time between suicidal ideation and an attempt averages about 60 minutes. Thus, crisis lines such as SafeCallNow³⁴ and Cop2Cop,³⁵ mobile applications, and peer support team members are all important in the work to lower officer suicide rates.

34. SafeCallNow, accessed August 18, 2020, <https://www.safecallnow.org/>.

35. "Cop2Cop," National Institute of Corrections, accessed August 18, 2020, <https://nicic.gov/cop2cop>.

However, while agencies may want to promote as many wellness options as possible to help make sure all of the officers and their families can find the services they need, agencies should also vet these innovative and unconventional resources, as well as best practices and nationally recognized programs, for quality and effectiveness in response to officer safety and wellness. Likewise, several participants highlighted the need for resource recommendations from trusted sources. Even then, agencies can review resources over time, and a peer support team or wellness coordinator may add or remove resources based on feedback from agency sworn and civilian staff.

Phil Keith, director of the COPS Office, made concluding remarks during which he thanked the group members for their participation and work to support officer safety and wellness. Director Keith juxtaposed his early career work as an officer in Tennessee and the vital importance of cultural change that is occurring today in agencies across the country. He said, “Chiefs and sheriffs are right there at the heart and blame” of a healthy workforce and only have one shot at maintaining the trust and confidentiality of their officers. Frontline personnel must know they can rely on leadership and the chain of command to be involved in holistic wellness, whether at the state, federal, or local level. Furthermore, mayors and elected officials need to be held accountable for providing support as well and focus on employee-centric programs that improve officer wellness.

In response to Director Keith, the OSW Group concluded that leadership must not be consumed by policy and agency operations but focus on the work that men and women do across this country every day to make public safety a top priority. The critical work that is law enforcement relies on the health and safety of officers to respond effectively in the community.

“We used to go after problem officers, not the problem. Discussions like today show how much we’ve changed and how far we’ve come.”

- Phil Keith, Director of the COPS Office and Chair of the Presidential Commission on Law Enforcement and the Administration of Justice

About the Bureau of Justice Assistance

The **Bureau of Justice Assistance (BJA)** is a component of the Office of Justice Programs, U.S. Department of Justice, which also includes the Bureau of Justice Statistics; National Institute of Justice; Office of Juvenile Justice and Delinquency Prevention; Office for Victims of Crime; and Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking.

BJA provides leadership and services in grant administration and criminal justice policy development to support local, state, and tribal law enforcement in achieving safer communities. BJA supports programs and initiatives in the areas of law enforcement, justice information sharing, countering terrorism, managing offenders, combating drug crime and abuse, adjudication, advancing tribal justice, crime prevention, protecting vulnerable populations, and capacity building. Driving BJA's work in the field are the following principles:

- Emphasize local control.
- Build relationships in the field.
- Provide training and technical assistance in support of efforts to prevent crime, drug abuse, and violence at the national, state, and local levels.
- Develop collaborations and partnerships.
- Promote capacity building through planning.
- Streamline the administration of grants.
- Increase training and technical assistance.
- Create accountability of projects.
- Encourage innovation.
- Communicate the value of justice efforts to decision makers at every level.

To learn more about BJA, visit www.bja.gov, or follow us on Facebook (www.facebook.com/DOJBJA) and Twitter (@DOJBJA). BJA is part of the U.S. Department of Justice's Office of Justice Programs.

About the COPS Office

The **Office of Community Oriented Policing Services (COPS Office)** is the component of the U.S. Department of Justice responsible for advancing the practice of community policing by the nation's state, local, territorial, and tribal law enforcement agencies through information and grant resources.

Community policing begins with a commitment to building trust and mutual respect between police and communities. It supports public safety by encouraging all stakeholders to work together to address our nation's crime challenges. When police and communities collaborate, they more effectively address underlying issues, change negative behavioral patterns, and allocate resources.

Rather than simply responding to crime, community policing focuses on preventing it through strategic problem-solving approaches based on collaboration. The COPS Office awards grants to hire community policing officers and support the development and testing of innovative policing strategies. COPS Office funding also provides training and technical assistance to community members and local government leaders, as well as all levels of law enforcement.

Since 1994, the COPS Office has invested more than \$14 billion to add community policing officers to the nation's streets, enhance crime fighting technology, support crime prevention initiatives, and provide training and technical assistance to help advance community policing. Other achievements include the following:

- To date, the COPS Office has funded the hiring of approximately 130,000 additional officers by more than 13,000 of the nation's 18,000 law enforcement agencies in both small and large jurisdictions.
- Nearly 700,000 law enforcement personnel, community members, and government leaders have been trained through COPS Office-funded training organizations.
- To date, the COPS Office has distributed more than eight million topic-specific publications, training curricula, white papers, and resource CDs and flash drives.
- The COPS Office also sponsors conferences, round tables, and other forums focused on issues critical to law enforcement.

COPS Office information resources, covering a wide range of community policing topics such as school and campus safety, violent crime, and officer safety and wellness, can be downloaded via the COPS Office's home page, www.cops.usdoj.gov. This website is also the grant application portal, providing access to online application forms.

In March 2020, the OSW Group convened to discuss law enforcement safety and wellness challenges that are unique to small and rural agencies—an essential conversation given that approximately 80 percent of U.S. law enforcement agencies have fewer than 20 officers. This meeting focused on addressing safety and tactical care via training and proper equipment; promoting physical health through testing, regular wellness visits, and fitness resources; and supporting mental wellness with confidential counseling, peer support groups, and other innovative and unconventional resources. Overall, the goal was to identify best practices, discuss research, and share strategies to improve holistic wellness for officers. The meeting participants also clearly highlighted several ways in which leadership should promote wellness among their staff.



COPS

Community Oriented Policing Services
U.S. Department of Justice

U.S. Department of Justice
Office of Community Oriented Policing Services
145 N Street NE
Washington, DC 20530

To obtain details on COPS Office programs, call
the COPS Office Response Center at 800-421-6770.

Visit the COPS Office online at www.cops.usdoj.gov.