

Mental Health Services for Employees in Montgomery County First Responder Departments

Leslie Rubin

Chitra Kalyandurg

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OLO Report 2022-4

EXECUTIVE SUMMARY

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This Office of Legislative Oversight (OLO) report responds to the Council's interest in two areas related to Montgomery County first responders and mental health: (1) the mental health services and supports the County provides for first responders, and (2) the mental health screening done when hiring first responders. The first responders discussed in this report are employees of:

- Montgomery County Police Department (MCPD)
- Montgomery County Fire and Rescue Service (MCFRS)
- Montgomery County Sheriff's Office
- Maryland-National Capital Park Police, Montgomery Division

This report describes the mental health impacts of exposure to stress and trauma; current best practices in providing mental health services for first responders; the mental health resources available to County first responders, including mental-health related training; and County implementation of state laws related to mental health screening when hiring first responders.

Exposure to Stress and Trauma

First responders routinely respond to and/or are involved in stressful situations where they witness trauma. Research shows that cumulative stress and repetitive exposure to trauma negatively impact physical and mental health. **Consequently, first responders exhibit higher occurrences of mental health conditions** (e.g., anxiety, depression, PTSD, substance abuse, suicide) compared to the general population, and **first responder work can contribute to the development of new mental health conditions or exacerbate pre-existing conditions.**

Research indicates that some first responders are unaware of how their work impacts their mental health, reporting that they become accustomed to the repeated exposure to stress and traumatic events. Consequently, many first responders experiencing mental health problems are unaware that they should seek treatment.

First Responders' Mental Health

- Police officers are **2.5 times more likely** to die by suicide than to die in the line of duty.
- **85%** of first responders surveyed reported mental health symptoms.
- Police officers witness **188 trauma-involved critical incidents** over their careers, on average.
- Fire and EMS personnel contemplate suicide at rates **10 times higher** than all adults.
- Police officers have a **54% greater risk** of dying by suicide compared to American workers in general.

Cultural Stigma Surrounding Mental Health

Historically, there is a stigma associated with mental health conditions and receiving mental health care in first responder agencies that significantly decreases the likelihood that first responders will receive mental health services. This stigma comes from historic departmental cultures where strength and control are valued and asking for help is discouraged. Employees fear that seeking help for a mental health issue will negatively impact their careers. **Representatives from the four County first responder departments and employee unions report this stigma is persistent in the departments and emphasize the danger of its continuance;** the longer the stigma associated with mental health care persists, the more first responders will suffer from mental health crises. Stakeholders emphasize the importance of ensuring that employees in first responder departments seeking mental health care be able to do so confidentially.

Department and union representatives describe providing sufficient mental health training, services, and supports to department personnel as “mission critical.”

Best Practices for Providing Mental Health Supports for First Responders

- 1. Provide holistic mental health and wellness programs during a first responder’s career that include training, prevention, and treatment services.** Researchers recommend including mental health services as part of a comprehensive wellness strategy that also addresses physical, emotional, financial, and spiritual wellness. Holistic mental health education – like resilience training – can increase employees’ ability to effectively manage stress, improve decision-making, and break down the stigma associated with mental health.
- 2. Ensure mental health services meet the specific needs and cultures of first responders.** Research shows that mental health professionals who are trained to work with first responders understand the unique mental health challenges they face and are more likely to establish legitimacy and trust with first responders, thus increasing the likelihood first responders will seek their services.
- 3. Offer first responders an array of mental health services that are trusted and easily accessible.** Researchers recommend offering employees a range of easily accessible and trusted internal and external mental health resources through EAP, peer support, and in-house mental health professionals.
- 4. Ensure the confidentiality of mental health services provided to first responders.** Researchers recommend departments codify peer counseling confidentiality within department rules so first responders feel secure their participation in peer support will remain confidential and will not negatively impact their jobs.

Mental Health Services and Supports in County First Responder Departments

MCPD has four and MCFRS has two in-house mental health professionals responsible for coordinating mental health programs, providing clinical support (therapy), and overseeing peer support teams (PST) (an MCPD psychologist also supports the Sheriff’s Office’s and Park Police’s PSTs). MCPD, MCFRS, and union representatives report that therapy caseloads are so large that the mental health professionals have little time to coordinate mental health programming or training. The

Sheriff’s Office and Park Police do not have mental health professionals on staff. Employees in those agencies have access to licensed mental health professionals through EAP and through employee health insurance.

Department representatives report difficulty finding adequate mental health professionals through EAP because those available rarely have experience working with first responders.

Peer Support. Peer support teams (PST) in the four County departments and through the International Association of Firefighters, Local 1664 provide an additional and essential layer of mental health support. PST members are available to talk to colleagues both about work-related and personal issues. PSTs also respond to critical incidents if department staff involved may need mental health support. **Department representatives reported they have difficulty in finding adequate training for PST members and obtaining funding for training.** Additionally, many reported the hesitancy among some staff to seek out or receive mental health care could be lessened if the state passed legislation ensuring legal confidentiality protections for PST interactions.

Department Mental Health Professionals and Support Positions in MCPD and MCFRS, FY22

	MCPD	MCFRS
Total Department Employees*	1,838	1,333
Licensed Psychologists	2	1
Licensed Clinical Social Workers (LCSW)	1+	1
Administrative Staff	1	

+ New position in 2021 in Emergency Communications Center

* Filled positions in March 2022

Mental Health Training for County First Responders

MCPD, Sheriff, and Park Police. State law requires training on first responder mental health for police officer candidates, which applies to MCPD, Sheriff, and Park Police recruits. The Montgomery County Police Training Academy’s basic training program includes 1,000 hours of instruction, 15.5 of which is dedicated to mental health and wellness. Department employees also receive training about their own mental health as part of annual in-service training requirements, but department representatives stress that more training is needed.

MCFRS. MCFRS’ entry-level training program requires candidates to become state-certified emergency medical technicians (EMT) but, unlike state standards for police officer certification, EMT certification does not require training on first responder mental health. Department representatives stress that employees need more training about their own mental health.

The first responder departments need more staff to coordinate, develop, and provide mental health and wellness services, training, and programming.

Common Barriers to Care

- Concern that personal mental health **information will not remain confidential and will negatively impact career.**
 - **Stigma** surrounding mental health.
 - **Lack of awareness** of available services.
 - Mental health care does not meet **specific needs or cultures** of first responders.
 - Limited number of **accessible care options.**
-

Mental Health Screening When Hiring First Responders

Maryland law requires mental health screening for police officer certification and recertification, which applies to police officers in MCPD, Park Police and Sheriff’s deputies. Each department contracts with a licensed clinical psychologist to conduct pre-employment psychological evaluations. State law does not require mental health screening for fire/rescue/EMS personnel and MCFRS does not conduct mental health screening for applicants.

Changes to Maryland Law: Police Officers and Mental Health. In 2021, the Maryland General Assembly passed legislation that added requirements related to: (1) mental health screening when hiring police officers, and (2) provision of mental health services for police officers.

- **House Bill 670** revised a requirement for certification as a police officer to include “mental health screening by a licensed mental health professional.” Furthermore, to be re-certified as a police officer, the law **requires officers to submit to a mental health assessment every two years.**
- **Senate Bill 71** established a requirement that law enforcement agencies provide police officers access to an employee assistance program and several types of mental health services.

State Law Implementation. These state law changes become effective July 1, 2022. MCPD, the Sheriff’s Office, and Montgomery County Park Police report they anticipate the Maryland Police Training and Standards Commission will issue implementation guidance but had not done so when this report was released. In the absence of such guidance, M-NCPPC plans to conduct the recurring mental health screenings using mental health professionals available through their existing employee assistance program (EAP). MCPD and union representatives are in discussions about the screening process for employees in MCPD and the Sheriff’s Office.

FY23 Recommended Budget

The Executive’s FY23 recommended budget includes a new psychologist position to work with MCPD and Sheriff’s employees and two new positions in MCFRS – a part-time therapist position and a full-time administrative aide.

OLO Recommendations

Short-Term Recommendations for FY23 and FY24

- #1. Fully fund the County Executive's requests in his FY23 recommended operating budget for additional mental health resources for first responder departments
- #2. Work with the County Executive and unions to proactively advocate for state legislation that provides legal confidentiality protections for peer support communications in all types of first responder departments (including corrections).
- #3. To allow for adequate capacity to provide both in-house mental health training/programming and clinical services in MCPD and MCFRS, separate into different positions (a) the responsibilities for coordinating department-wide mental health care programs, services, and training, and (b) the responsibilities for providing clinical mental health care (therapy) to employees.
- #4. Expand the number of in-house mental health professionals in MCPD and in MCFRS to provide employees (and family members) adequate access to mental health professionals experienced working with these groups.
- #5. Expand the scope of the work of MCPD's mental health professionals to also provide access to its services to the Sheriff's Office and Park Police, ensuring that there are enough additional mental health professionals to undertake the expanded workload.
- #6. Consider new budget priorities to bolster mental health care in the four first responder departments plus the Department of Correction and Rehabilitation:
 - a. Provide recurrent, high-quality training about mental health care and fund overtime costs associated with providing employees the time needed to take the training; and
 - b. Adequately fund peer support teams, including funds for training PST members. Create dedicated positions in each department for a PST coordinator.

Longer-Term Recommendation

Ask the Executive to commission a multi-department survey and analysis by mental health and/or public health experts on the types and levels of needed and wanted resources in first responder departments related to mental health supports and services.

Questions and Considerations:

1. What would holistic health and wellness programs look like for first responder departments?
2. How many on-staff mental health providers are needed to provide employees in Montgomery County's first responder departments reasonable opportunities to access a provider (experienced with working with first responders) when needed?
3. How can the departments normalize the discussion of mental health care and increase employees' use of mental health supports and services?
4. Identify and analyze whether beneficial opportunities exist to coordinate mental health services between MCPD/Sheriff/Park Police (the three departments with police officers) and MCFRS.

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Introduction

The first responders described in this report are employees of the Montgomery County Police Department (MCPD), Montgomery County Fire and Rescue Service (MCFRS), the Montgomery County Sheriff's Office, and the Montgomery County Division of the Maryland-National Capital Park Police (Montgomery County Park Police).¹ The police officers in MCPD and in Park Police and the deputy sheriffs in the Sheriff's Office are all sworn police officers in the state of Maryland.

First responders are required to routinely put themselves in stressful situations where they witness trauma and work with others who do the same – working conditions not typically encountered in most professions. The negative impacts of both cumulative stress and repetitive exposure to trauma on a person's physical and mental health are serious and well-documented. In a 2017 nationwide survey of first responders, 85% reported mental health symptoms.² A commonly cited statistic is that police officers in the United States are 2.5 times as likely to die by suicide than in the line of duty.³ However, there are no comprehensive data on the mental health of first responders in the United States.

In addition to routine sources of stress associated with first responder work, events in recent years have significantly increased the stress on first responders, including the COVID-19 pandemic (March 2020) and nationwide protests and civil disturbances stemming from the killing of George Floyd by a Minneapolis, Minnesota police officer (May 2020). Since mid-2020, law enforcement departments across the country have seen a significant increase in resignations and retirements and MCPD has not escaped this trend. In the past two years, MCPD's historically low attrition rate (officers leaving the department for reasons other than retirement) has increased from 1-1.5 officers per month to four officers per month.⁴

In recent years, there has been a significant amount written about first responders and mental health – including the increased mental health risks they face and the types of support that employers can provide to help address and/or mitigate those risks. The increased focus on mental health is partly in response to the high levels of suicide among these cohorts. Increased focus also stems from efforts to normalize mental health services in first responder departments – to make mental health care

¹ The term "first responders" is used differently in different contexts. This report focuses on employees in the four departments/agencies noted above. While some resources include corrections staff in the category of first responders, based on the request to OLO from the County Council, this report does not include a discussion of staff in the Montgomery County Department of Corrections. However, the discussion of the issues in the report may also be applicable to those employees.

² "First Responders at Elevated Risk for Mental Health Challenges," National Council for Mental Wellbeing (2017).

³ Perine, Tara, "The Law Enforcement Suicide Data Collection: The FBI's New Data Collection on Officer Suicide and Attempted Suicide," *Police Chief Online* (May 26, 2021). the risk of suicide is much higher for first responders compared to the general population. *First Responders: Behavioral Health Concerns, Emergency Response, and Trauma*, at p. 3.

⁴ https://www.montgomerycountymd.gov/council/Resources/Files/agenda/cm/2022/20220131/20220131_PS2.pdf

commonplace and to break down entrenched stigmas that can deter first responders from seeking out or using mental health services or supports.⁵

This Office of Legislative Oversight (OLO) report responds to the County Council's interest in better understanding two areas related to Montgomery County first responders and mental health: (1) the mental health services and supports the departments provide for first responders, and (2) the mental health screening the County uses when hiring first responders. In this report:

- **Chapter 1** describes the stress and trauma that first responders face in their jobs and the detrimental impacts it can have on mental health;
- **Chapter 2** provides a short description of the four departments, their personnel, and budgets and the employee unions that represent employees in the departments;
- **Chapter 3** describes current best practices in providing mental health services for first responders;
- **Chapter 4** describes relevant state laws and regulations related both to required mental health screening for police officers in the hiring process and mental health services that law enforcement agencies must provide for police officers beginning July 1, 2022;
- **Chapter 5** provides an overview of the mental health screening used in the hiring processes of the four departments;
- **Chapter 6** summarizes the types of mental health services available to County first responders;
- **Chapter 7** describes the mental health-related training received by employees in the four departments;
- **Chapter 8** presents OLO's findings; and
- **Chapter 9** presents OLO's recommendations.

Methodology. Office of Legislative Oversight staff members Leslie Rubin and Chitra Kalyandurg conducted this study, with assistance from OLO staff members Natalia Carrizosa and Karen Pecoraro and Central Council staff members Linda McMillian and Susan Farag. To prepare this report, OLO gathered information through document review, data analysis, review of laws and regulations, and literature review. OLO also received guidance and assistance from staff in MCPD, MCFRS, the Office of the Sheriff, Montgomery County Park Police, and the employee unions that represent employees in those departments/agencies.

⁵ An analysis of whether or to what extent Montgomery County first responders are using mental health services and supports available to them is beyond the scope of this report. That said, research shows that different groups of people use mental health services at different rates. For example, data from the U.S. Department of Health and Human Services show that African American individuals are approximately 20% more likely to experience mental health issues but are less likely to seek out mental health care. [Mental Health](#), Montgomery County African American Health Program. Similarly, men seek out mental health care at lower rates than women and the difference cannot be explained by lack of need. Looking forward to developing mental health care and programs, the first responder departments should make efforts to also offer mental health service options and resources targeted to groups that typically are less likely to seek out mental health services.

OLO appreciates the information shared and the insights provided by all who participated, including:

Office of the County Executive

Fariba Kassiri, Deputy Chief Admin. Officer
Adrienne Craver

MCFRS

Chief Scott Goldstein
Division Chief Charles Bailey
Dominic Del Pozzo
Capt. Tyrone DeMent
Capt. Joseph Hayunga
Division Chief John Kinsley
Jacqueline LaRocca
Dr. Rebecca Lee
Lt. Adam Nichols
Assistant Chief Elizabeth Sanford
Battalion Chief Kelvin Thomas
Daniel Zoberbier

MCPD/OHR Stress Management Division

Chief Marcus Jones
Capt. Ian Clark
Assistant Chief Carmen Facciolo
Capt. Stacey Flynn
Assistant Chief Darren Francke
Sgt. Jeffrey Innocenti
Lt. Jennifer McNeal
Cassandra Onley
Capt. David Smith
Officer Steven Smugeresky
Dr. Michael Uh

Office of the Montgomery County Sheriff

Sheriff Darren Popkin
Sgt. Keith Brubacher
Lt. Jason Rich
Chief Deputy Maxwell Uy

Maryland-National Capital Park Police, Montgomery County Division

Chief Darryl McSwain
Elizabeth Adams, Esq.
Kendra Heckstall
Lt. Tracy Lieberman
Lt. Sarah Mikalauskas
Mike Riley, Director of Parks

Office of Human Resources

Berke Atilla, Director

Fraternal Order of Police, Lodge 30

Jonathan Ness, President

Fraternal Order of Police, Lodge 35

Lee Holland, President

International Association of Firefighters, Local 1664

Jeffrey Buddle, President
Eric Fessenden, Peer Support Lead

MCGEO

Gino Renne, President
Lisa Blackwell-Sayles
Lisa Titus
Michelle Weis

Arlington County Government

Lisa Cooper-Lucas, Coord., Public Safety and Wellness

Fairfax County Police Department

Lt. Chris Sharp, Commander, Incident Support Services

Metropolitan (D.C.) Police Department

Diana Karczmarczyk, Dir., Employee Well-Being Support

Chapter 1. Background on Mental Health and First Responders

The American Psychological Association describes mental health as:

A state of mind characterized by emotional well-being, good behavioral adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the ordinary demands and stresses of life.¹

This report focuses on the impact of day-to-day work on the mental health of County first responders. When something impacts a person’s mental health, the person can experience “alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death.”² Mental health can be impacted by several factors, including:

- Genetics and family history of mental health conditions;
- Brain chemistry;
- Environmental exposure before birth to certain conditions, toxins, alcohol/drugs; and/or
- Life experiences, such as trauma or abuse.³

Mental health conditions are among the most common causes of disability, with an estimated 18.1% of U.S. adults experiencing a mental health condition annually.⁴ The National Alliance on Mental Illness (NAMI) defines a “mental health condition”⁵ as “a condition that affects a person's thinking, feeling, behavior or mood. These conditions deeply impact day-to-day living and may also affect the ability to relate to others.”⁶ Data cited by the federal government on www.healthypeople.gov indicate 4.2% of U.S. adults (9.8 million people) with mental health conditions have a “seriously debilitating” mental health condition and 43,000 people die by suicide annually in the United States.⁷

Equally relevant is the understanding that mental health and physical health are interconnected. According to the U.S. Centers for Disease Control and Prevention (CDC), “[m]ental and physical health are equally important components of overall health. For example, depression increases the risk for

¹ [American Psychological Association](#) Definition of mental health.

² “[Mental Health and Mental Disorders](#),” Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.

³ “[Mental Illness](#),” Mayo Clinic.

⁴ “[Mental Health and Mental Disorders](#).”

⁵ Mental health stakeholders use several different terms to describe a mental health diagnosis, including “mental health condition,” “mental health disorder.” The National Alliance on Mental Illness uses the terms interchangeably. OLO takes NAMI’s approach in this report and uses the terms interchangeably.

⁶ “[Mental Health Conditions](#),” National Alliance on Mental Health (NAMI).

⁷ “[Mental Health and Mental Disorders](#).”

many types of physical health problems, particularly long-lasting conditions like diabetes, heart disease, and stroke. Similarly, the presence of chronic conditions can increase the risk for mental illness.”⁸

At the heart of this report is an acknowledgement that the basic work County first responders are asked to do on a daily basis is stressful and can have lasting impacts on their mental health. A question being asked more frequently in recent years by the federal government and state and local governments around the country is: What can be done by employers to make sure that our first responders have access to mental health care and supports they need to excel in their jobs? This chapter provides context on why providing mental health services for first responders is critical.

A. First Responders’ Exposure to Stress and Trauma

First responders are required to routinely put themselves in stressful situations where they witness trauma and work with others who do the same – working conditions not typically encountered in most professions. As one source describes it: “While the rest of us run away, police officers, firefighters, and paramedics run toward someone’s worst day.”⁹

The key point is that the nature of the work first responders routinely do is stressful – often on a daily basis.¹⁰ According to the National Institute of Mental Health, “[s]tress is how the brain and body respond to any demand. Any type of challenge – such as performance at work or school, a significant life change, or a traumatic event – can be stressful. Stress can affect your health.”¹¹

The human body’s reaction to stress is what is typically referred to as the “flight-fight or freeze” reaction and comes from the body’s release of stress hormones (e.g., adrenaline, cortisol, etc.) into the blood system.¹² This reaction can lead to increased heart rate and rapid breathing and can also lead to an increase in physical energy and strength. When stress goes away, the body typically returns to a relaxed state. However, if a person continuously experiences stress, the body’s normal reaction to stress can become activated and have trouble deactivating.

A portion of the stress first responders experience in their daily job is due to exposure to traumatic events. The CDC states that a traumatic event is “marked by a sense of horror, helplessness, serious injury, or the threat of injury or death.”¹³ The stress associated with a traumatic event is more extreme than everyday stress and can cause responses that last for weeks or months. The CDC defines post-

⁸ [“About Mental Health,”](#) U.S. Centers for Disease Control and Prevention (CDC).

⁹ Weaver, Conrad, [“Documenting the Traumas of First Responders,”](#) NAMI Frontline Wellness Blog (Mar. 12, 2021).

¹⁰ [“Mental Health and First Responders: How Their Jobs Can Cause More than Just Stress,”](#) Occupational Health and Safety Online (Jan. 21, 2021).

¹¹ [“I’m So Stressed Out! Fact Sheet,”](#) NAMI.

¹² [“Stress Management,”](#) Mayo Clinic.

¹³ [“Coping with a Traumatic Event,”](#) CDC.

traumatic stress disorder (PTSD) as “an intense physical and emotional response to thoughts and reminders of the event that last for many weeks or months after the traumatic event.”¹⁴

A person can experience responses to trauma regardless of whether the person is involved in the trauma firsthand, witnesses it, or learns about it from another source.¹⁵ First responders are routinely exposed to traumatic events in all these ways. The International Society for Traumatic Stress Studies provides the following examples of traumatic events:

- Sexual or physical abuse or assault;
- Serious vehicle accidents;
- Serious medical events;
- Combat or war zone exposure;
- Seeing death or dead bodies, including while at work;
- Unexpected death of a loved one;
- Natural disasters;
- Arson or house fires;
- Torture;
- Domestic violence;
- Terrorism or mass violence;
- Witnessing or experiencing violence, such as a homicide or suicide.¹⁶

One study estimates that police officers witness, on average, 188 critical incidents over their careers. “A critical incident may be defined as any incident that is unusual, violent, and involves a perceived threat to, or actual loss of, human life. It is a significant emotional event and one that breaks through the individual’s normal coping mechanisms and causes extreme psychological distress.”¹⁷

The negative impacts of both cumulative stress and repetitive exposure to trauma on a person’s physical and mental health are well-documented. The next chart identifies the types of physical, mental, behavioral, and emotional impacts that stress and exposure to trauma can have on a person – and each person’s individual response(s) to stress and trauma will differ.

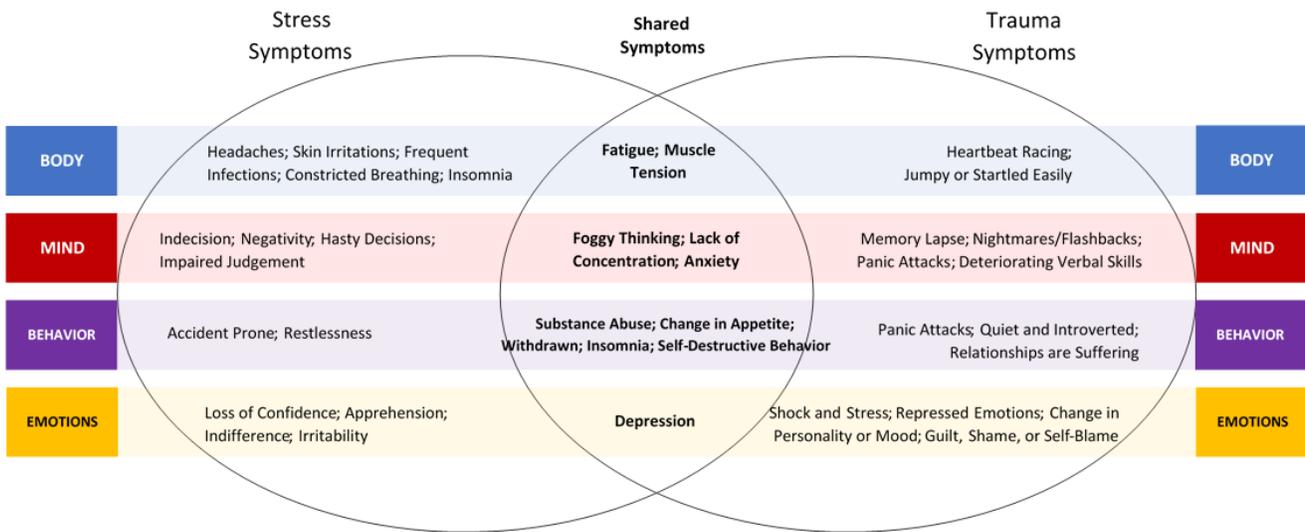
¹⁴ [“Coping with a Traumatic Event.”](#)

¹⁵ [Federal Efforts to Address the Mental Health of First Responders: Resources and Issue for Congress](#), Congressional Research Service (CRS), at p. 4 (Oct. 1, 2020) [“CRS, *Federal Efforts to Address the Mental Health of First Responders*”].

¹⁶ [“Trauma During Adulthood,”](#) International Society for Traumatic Stress Studies.

¹⁷ [“Critical Incident Stress Management: Concepts and Issues Paper,”](#) International Association of Chiefs of Police (IACP) (2011). Chapter 6 includes a description of how Montgomery County first responder departments define critical incidents.

Chart 1-1. Types of Stress and Trauma Symptoms, Individual and Shared



Sources: Adapted from “[How Stress Can Cause Overall Health Issues](#)” and “[Understanding Emotional Trauma](#)”

A 2019 report from the Department of Justice on the federal Law Enforcement Mental Health and Wellness Act described the impact of stress on an officer’s ability to react in a situation:

[P]eople under stress find it harder than people not experiencing stress to connect with others and regulate their own emotions. They experience narrowed perception, increased anxiety and fearfulness, and degraded cognitive abilities. This can be part of a healthy fight-or-flight response, but it can also lead to significantly greater probabilities of errors in judgment, compromised performance, and injuries.¹⁸

In addition, first responders often do not have time to process and recover between exposures to stress and/or trauma.¹⁹

The literature on first responder mental health also emphasizes the importance of providing support to immediate family members of first responders, who bear unique stresses of their own, including the knowledge that the work of a first responder can be dangerous.²⁰

¹⁸ [Law Enforcement Mental Health and Wellness Act: Report to Congress](#), Community Oriented Policing Solutions (COPS), U.S. Department of Justice, at p. 1 (March 2019) [hereinafter “DOJ, *Law Enforcement Mental Health and Wellness Act*”].

¹⁹ [First Responders: Behavioral Health Concerns, Emergency Response, and Trauma](#), Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services, at p.4 (May 2018).

²⁰ [Law Enforcement Mental Health and Wellness Act: Report to Congress](#), at p. 12.

B. The Data

Many reports have been written by government agencies and stakeholder groups in recent years describing the impacts of first responders' work on their mental health and highlight a lack of robust research on the topic.²¹ Currently, there are no comprehensive national data on first responders' mental health and there is no requirement to report first responder suicides.²²

Research that has been done shows that first responders exhibit higher occurrences of mental health conditions compared to the general population, including:

- Anxiety;
- Depression;
- Post-traumatic stress disorder;
- Substance abuse;
- Suicidal ideation; and
- Suicide.²³

Many recent reports have focused specifically on police officer suicide. In 2019, law enforcement officers in the United States were 2.5 times more likely to die by suicide than to die in the line of duty (felonious and accidental deaths).²⁴ The suicide data used for this statistic came from a nonprofit organization – Blue H.E.L.P. – which has collected data on police officer suicides since 2016 (including corrections and federal officers) and data on suicides among firefighters, emergency services personnel, and 911 telecommunicators since 2019.²⁵

To help address one data gap, in 2020, Congress enacted and the President signed the Law Enforcement Suicide Data Collection Act.²⁶ The Act requires the Federal Bureau of Investigation (FBI) to establish a process for collecting data submitted voluntarily from federal, state, tribal, and local law enforcement agencies on officers who died or attempted to die by suicide.²⁷ Beginning in 2022, the FBI will be required to publicly report the data annually.

²¹ See [An Occupational Risk: What Every Police Agency Should Do To Prevent Suicide Among Its Officers](#), Police Executive Research Forum (PERF), at p. 1 (Oct. 2019) [hereinafter "PERF, *An Occupational Risk*"]; CRS, *Federal Efforts to Address the Mental Health of First Responders*, at p. 3.

²² *Ibid.*; PERF, *An Occupational Risk*, at p. 11;

²³ DOJ, *Law Enforcement Mental Health and Wellness Act*, at p. 1; CRS, *Federal Efforts to Address the Mental Health of First Responders*, at p. 3; SAMHSA, [First Responders: Behavioral Health Concerns, Emergency Response, and Trauma](#), at p. 3.

²⁴ Perine, Tara, "[The Law Enforcement Suicide Data Collection: The FBI's New Data Collection on Officer Suicide and Attempted Suicide](#)," *Police Chief Online* (May 26, 2021). FBI data show 89 officers killed in the line of duty in 2019 – compared to 239 officer suicides from data collected by a nonprofit that tracks suicide deaths of law enforcement.

²⁵ [Blue H.E.L.P.](#)

²⁶ [Law Enforcement Suicide Data Collection Act](#), S. 2746, 116th Congress (2020); codified at 34 U.S.C. § 50701.

²⁷ Perine, "The Law Enforcement Suicide Data Collection."

While many reports discuss the need for more robust research on the impacts of first responder work on mental health, what research does exist has shown that working as a first responder can contribute to the development of new mental health conditions or exacerbate pre-existing conditions.²⁸ Examples include:

- In a 2017 nationwide survey of first responders, 85% reported mental health symptoms;²⁹
- 37% of fire and EMS personnel have contemplated suicide, 10 times higher than the rate for all adults; and³⁰
- Police officers have a 54% greater risk of suicide compared to American workers in general.³¹

Some first responders are unaware of how their work impacts their mental health. A 2020 study found that at a large urban police department, 26% of officers screened for “mental illness symptoms” showed such symptoms but had never received a mental health diagnosis.³² Focus groups from the study revealed that officers explained they “became accustomed to the stress and traumatic events and work and became ‘numb to it.’” The study authors observed that “if officers are unaware of how their work is impacting their mental health, they are unaware that they should seek treatment.”³³

C. Stigma

While the risk of developing mental health conditions is higher for first responders, historically these groups are very hesitant to seek out or receive treatment for mental health conditions. First responders often work in an atmosphere where mental health issues have been perceived as a personal weakness and carry a stigma of shame.³⁴ In 2013, the International Association of Chiefs of Police held a symposium on officer suicide. With respect to police officers, the report generated from that symposium described the cultural stigma surrounding mental health conditions as follows:

Unfortunately, in many law enforcement departments the culture toward mental wellness or addressing emotional problems of any kind is one of disdain and avoidance. The presumption within this culture is often that the mere presence of an emotional problem indicates a weakness on the officer’s part. That perception leads to the even more dangerous perception that being open about these issues can make the officer vulnerable, even to the point of losing his or her job.³⁵

²⁸ CRS, *Federal Efforts to Address the Mental Health of First Responders*, at p. 3.

²⁹ [“First Responders at Elevated Risk for Mental Health Challenges,”](#) National Council for Mental Wellbeing (2017).

³⁰ SAMHSA, [First Responders: Behavioral Health Concerns, Emergency Response, and Trauma](#), at p. 5.

³¹ PERF, *An Occupational Risk*, at p. 1.

³² Jetelina, Katelyn K., et al., [“Prevalence of Mental Illness and Mental Health Care Use Among Police Officers,”](#) JAMA Network Open, at p. 8 (2020).

³³ *Ibid.*, at p. 8.

³⁴ PERF, *An Occupational Risk*, at p. 17.

³⁵ [IACP National Symposium on Law Enforcement Officer Suicide and Mental Health: Breaking the Silence on Law Enforcement Suicide](#), IACP, at p. 4 (July 2013).

For many first responders, the stigma attached to receiving mental health care is a barrier to receiving treatment. Examples of stigma related to mental health care among first responders include:

- Concerns about negative judgment from colleagues;
- Concerns that mental health professionals do not understand first responders' work;
- Concerns about confidentiality regarding treatment;
- Concerns that a mental health diagnosis means a person is not fit for duty;
- Concerns that receiving treatment could negatively impact careers; and/or
- Difficulty in self-acceptance that one may need mental health care.³⁶

In a 2019 Police Executive Research Forum conference on officer suicide, some participants observed “that even in police departments with strong wellness programs and mental health care services, the traditional police ‘culture’ still equates receiving mental health care with weakness or incompetence.”³⁷ In its report to Congress on the Law Enforcement Mental Health and Wellness Act, the Department of Justice observed:

In police culture, a major obstacle that impedes the maintenance of psychological health is the stigma attached to asking for help. Law enforcement culture values strength, self-reliance, controlled emotions, and competency in handling personal problems. These values discourage help-seeking behavior, and there is a sense of having lost control by asking someone else to help fix the problem. If these values are held too rigidly, an officer can feel weak, embarrassed, and like a failure for seeking help from others.³⁸

³⁶ CRS, *Federal Efforts to Address the Mental Health of First Responders*, at p. 4, 15; “[Suicide in the Wildland Fire Service: Information and Insights from the Wildland Fire Agency Subject Matter Experts](#),” *Two More Chains*, a quarterly publication of the Wildland Fire Lessons Learned Center (Spring 2017); Edwards, Grant, Commander (Ret.), “[The Divergence of Institution, Leadership & Culture](#),” *Police Chief Online*, International Association of Chiefs of Police (May 5, 2021); PERF, *An Occupational Risk*, at p. 17;

³⁷ PERF, *An Occupational Risk*, at p. 17.

³⁸ DOJ, *Law Enforcement Mental Health and Wellness Act*, at p. 25.

Chapter 2. Information on Departments and Unions

This report focuses on the mental health services provided to employees in the Montgomery County Police Department (MCPD), Montgomery County Fire and Rescue Service (MCFRS), the Montgomery County Sheriff’s Office, and the Montgomery County Division of the Maryland-National Capital Park Police (Montgomery County Park Police).¹ For simplicity in this report, OLO refers to these County departments as “the first responder departments,” or “the departments.”

County law authorizes specific groups of employees – typically employees in non-management and lower-management positions – to be represented by an employee organization, or union. The unions bargain collectively with County representatives over, among other things, employee wages, benefits, and working conditions for the employees that they represent. The unions representing employees in the first responder departments are:

Table 2-1. Unions Representing Employees in First Responder Departments

Union	Employees represented
Fraternal Order of Police, Lodge 35	MCPD sworn officers
International Association of Firefighters, Local 1664	MCFRS career firefighters
Fraternal Order of Police, Lodge 30	Park Police sworn officers
United Food and Commercial Workers, Local 1994, Municipal and County Government Employees Association (MCGEO)	Sheriff’s Office deputies and Civilian employees in:
	<ul style="list-style-type: none"> • MCPD • MCFRS • Sheriff’s Office • Dispatchers in Park Police

The police officers and deputy sheriffs in MCPD, the Sheriff’s Office, and Montgomery County Park Police are all sworn police officers in the state of Maryland.

Montgomery County Police Department (MCPD). MCPD is a County department with the mission of safeguarding life and property, preserving the peace, preventing and detecting crime, enforcing the law, and protecting the rights of all citizens.² The department’s sworn officers and civilian personnel work across six offices and bureaus. The majority of the department’s uniformed officers are assigned to the Patrol Services Bureau, which provides direct patrol services in the County through six district stations. MCPD also houses the Emergency Communications Center (ECC), whose staff are responsible for responding to 9-1-1 emergency calls and providing dispatch support to MCPD personnel.

¹ Based on the Council’s request to OLO on the scope of the report, this report does not include a discussion of staff in the Montgomery County Department of Corrections (DOCR). However, because corrections workers may face similar challenges as the first responders in this report, the issues discussed may also be applicable to corrections employees.

² “[About Us](#),” MCPD.

Montgomery County Fire and Rescue Service (MCFRS). MCFRS is a County department staffed by certified and trained career and volunteer responders who are charged with protecting lives, property, and the environment through comprehensive risk reduction programs and safe and effective emergency response.³ MCFRS consists of six departmental offices and divisions and 19 Local Fire and Rescue Departments (LFRD). MCFRS personnel operate from 37 fire and rescue stations and several satellite offices across the county. MCFRS personnel respond to approximately 120,000 emergency incidents annually, the majority of which are requests for emergency medical assistance.

Montgomery County Office of the Sheriff (Sheriff's Office). The Sheriff's Office is a Maryland state agency located in the state's Judicial Branch and is funded through the County's General Fund. It provides law enforcement and specialized public safety services to County residents and serves as the enforcement arm of the Court.⁴ Sheriff's deputies work across five departmental divisions.

Montgomery County Park Police (Park Police). The Montgomery County Park Police is a division of the Montgomery County Department of Parks in the Maryland-National Capital Park and Planning Commission (M-NCPPC). The County funds the operating budget of the Montgomery County and bi-county (central administration) portions of M-NCPPC.⁵ The Park Police have primary law enforcement jurisdiction on property owned by M-NCPPC, which includes 418 parks, 235 miles of trails, 282 playgrounds, swimming pools, campgrounds, golf courses, horse stables, soccer stadiums, and stream valleys.⁶

Table 2-2 summarizes data on each department's current employees and FY22 budget appropriation. These data represent the number of positions that are currently filled in each department, which may be less than the total number of positions authorized in the budget. The dollar figures come from the County's FY22 Approved Operating Budget.

Table 2-2. Departments' Approved Operating Budgets and Number of Employees, March 2022

Department	FY22 Budget	Number of Employees			Total
		Union	Mgmt.	Civilian	
MCPD	\$282,951,484	1,160	63	615	1,223
MCFRS	\$233,237,698	1,189	43	101	1,333
Sheriff's Office	\$26,436,717	136	19	38	193
Park Police	\$15,986,722	83	13	26	122

Source: Department data and FY22 Approved Operating Budgets

³ [Montgomery County FY22 Approved Operating Budget](#), at p. 46-1.

⁴ [Montgomery County Sheriff's Office](#).

⁵ [Montgomery County FY22 Approved Operating Budget](#), at p. 2-4.

⁶ [Maryland-National Capital Park Police – Montgomery County](#).

Chapter 3. Best Practices

This chapter discusses the growing body of research on mental health services for first responders, focusing on best practices for programs aimed at preventing mental health issues among public safety employees and improving their overall mental health and wellness.

In 2018 the Law Enforcement Mental Health and Wellness Act was signed into law requiring the U.S. Department of Justice to develop a report on best practices for providing mental health services to law enforcement officers and to compile case studies on law enforcement agencies with robust programs.¹ These two reports augment recommended practices found in recent research on first responder mental health programs.

This chapter offers an overview of the literature on evidence-based best practices for first responder mental health care as well as other mental health practices commonly used by public safety agencies and practices recommended by the federal government. Each section explores recommended approaches and provides examples of where such practices have been successfully implemented by public safety agencies across the country. The best practices discussed in this chapter are:

- A. Providing holistic health and wellness programs that include robust mental health prevention and treatment services rather than only post-incident interventions;
- B. Offering mental health services that address the unique experiences first responders face both on and outside of the job with providers who are trained to work specifically with and understand the cultures of first responders;
- C. Providing a range of well-publicized, easily accessible mental health support and treatment options for all employees;
- D. Ensuring confidentiality in treatment options; and
- E. Other practices.

A. Focus on Holistic, Preventative Care

Historically, mental health services for first responders have centered around intervention and treatment following a crisis or traumatic event on the job. Recent studies of successful public safety-focused mental health and wellness strategies emphasize providing coordinated services focused on prevention as part of a broader health and wellness program.² The best practices described in this section are:

¹ DOJ, *Law Enforcement Mental Health and Wellness Act*; [Law Enforcement Mental Health and Wellness Programs: Eleven Case Studies](#), Community Oriented Policing Solutions, U.S. Department of Justice (2019) [hereinafter “DOJ, *Eleven Case Studies*”].

² Post-incident programs can serve an important role in addressing trauma-related symptoms, but the timing of these interventions make them less effective in helping to improve overall mental well-being or target other mental health issues first responders may face at any point in their careers. CRS, *Federal Efforts to Address Mental Health of First Responders*, at p. 16.

1. Provide a continuum of holistic health and wellness services;
2. Provide mental health programs to all department staff and family members;
3. Provide universally applicable mental health and resilience training; and
4. Provide realistic operational training.

1. Best Practice: Provide a continuum of holistic health and wellness services

Recent research on mental health services for first responders suggest that they be part of a comprehensive wellness strategy that also addresses physical, emotional, financial, and spiritual wellness. This is because first responders experience typical life stressors (e.g., financial concerns, relationship problems, personal or family illness) that can put additional strain on their mental health on top of the unique stressors that accompany their public safety duties. These reports also emphasize the importance of providing services throughout a first responder’s career, beginning at hiring and continuing through retirement.³

The federal *Law Enforcement Mental Health and Wellness Programs Eleven Case Studies* report found that effective law enforcement wellness programs incorporate a clear “continuum of mental health and wellness strategies, programs, and methodologies”⁴ that “are closely tied to and impacted by the following: fitness, nutrition, medical care, sleep, healthy relationships, financial stability, substance abuse, self-care...”⁵ Physical wellness, for example, can serve a dual purpose of protecting against physical illness and injury while also strengthening bodies to “adapt to stress and reduce the toll of emotions like anxiety or depression.”⁶

Providing integrated and holistic health and wellness services that first responders may access at any given time requires collaboration between trainers, in-house mental health staff, human resources personnel, and department leadership. For example, the Fairfax County Police Department (FCPD) in Virginia centralizes its employee mental health and support services into an Incident Support Services Bureau. The bureau oversees the department’s peer support team, employee assistance program, chaplaincy services, and support dog program. The bureau also coordinates a team of contracted psychologists who has worked with the FCPD for the last decade. By giving all its sworn, civilian, and retired staff one central location where they can access services, the FCPD is able to respond comprehensively to all their employees’ mental health needs, whether it be providing counseling to a suicidal officer, assisting with financial problems, or supporting a coworker through a family issue.⁷

³ DOJ, *Eleven Case Studies*, at p. 4.

⁴ *Ibid.*, at p. 1

⁵ *Ibid.*; [Promising Strategies for Strengthening Police Department Wellness Programs: Findings and Recommendations from the Officer Safety and Wellness Technical Assistance Project](#), Police Executive Research Forum, at p. 21 (2021) [hereinafter “PERF, *Promising Strategies*”].

⁶ [Building Your Resilience](#), American Psychological Association (APA).

⁷ Interview with staff from Fairfax County Police Department (FCPD).

The Bend Police Department (BPD) in Oregon also approaches officer wellness holistically by offering on-duty physical fitness training, group hikes, yoga, mindfulness practices, an on-site psychologist, a spousal support program, and a strong peer mentoring program.⁸

2. Best Practice: Provide mental health programs to all department staff and family members

Several recent reports advocate for providing health and wellness services to first responders, to civilian staff in first responder agencies, and to family members of first responders.

As described in Chapter 1, the mental health of first responders can be greatly impacted by regular and repeated exposure to stress and trauma.⁹ The same can be said for civilian personnel working alongside first responders – like dispatchers, victim service providers, and crime scene investigators – who often encounter the same events and stresses, just in a different capacity.¹⁰ The *Law Enforcement Mental Health and Wellness Programs Eleven Case Studies* report finds that department leaders, membership organizations, and clinicians believe the mental health needs of civilian employees must also be met with the same services offered to first responders. They emphasize that broadening access to services to all staff can “benefit [civilian employees’] personal wellness as well as overall agency operational readiness.”¹¹

Researchers also suggest that the unique responsibilities of public safety work necessitate extending health and wellness resources, including mental health services, to first responders’ families (typically those living with first responders). Family members are often the first to notice signs and symptoms of mental health problems and can be critical in assisting first responders in seeking care. The stress of first responder jobs can also lead to pressures at home that can exacerbate mental health issues.

Research recommends extending departmental wellness support services like counseling and peer support to family members¹² and offering employee wellness plans that cover comprehensive services for family members. For example, The Bend Police Department (BDP) in Oregon has created a spousal support program that hosts family events and trainings to teach strategies to support both the employee and the entire family.¹³ Another common strategy is to invite families to new employee orientations to learn about medical and financial benefits, how to access employee assistance programs, peer support, or chaplaincy programs.¹⁴ Resources can also be provided to family members via online courses and print resources.¹⁵

⁸ DOJ, *Eleven Case Studies*, at p. 11.

⁹ [An Occupational Risk: What Every Police Agency Should Do to Prevent Suicide Among Its Officers](#), at p. 21.

¹⁰ [Law Enforcement Mental Health and Wellness Act: Report to Congress](#), at p. 39.

¹¹ [Law Enforcement Mental Health and Wellness Act: Report to Congress](#), at p. 39.

¹² [Supporting Mental Health in First Responders: Recommended Practices Version 2](#), BCFirstRespondersMentalHealth.com, at p. 12 (2019) [hereinafter “BCFirstResponderMentalHealth.com, *Supporting Mental Health in First Responders*”].

¹³ DOJ, *Eleven Case Studies*, at p. 8.

¹⁴ PERF, *Promising Strategies*, at p. 32.

¹⁵ BCFirstResponderMentalHealth.com, *Supporting Mental Health in First Responders*, at p. 11.

3. Best Practice: Provide universally applicable mental health and resilience training

Because first responders are constantly exposed to high levels of stress, regular training to improve their mental health literacy can “reduce the risk of burnout, fatigue, or other behavioral health issues associated with being overworked, uncertain, or stressed.”¹⁶ One strategy gaining popularity among public safety departments is resilience training.

“Resilience” is the ability to cope with and recover from stress, adversity, and trauma.¹⁷ A 2018 study by the U.S. Substance Abuse and Mental Health Services Administration found that teaching officers to adaptively manage their stress response is critical because “[w]hen individuals are under stress, the body’s sympathetic nervous system response can be triggered, raising their heartrate, reducing the ability to think critically, and potentially leading to declines in operational performance.”¹⁸

Notably, resilience is not innate and can be taught. According to the American Psychological Association, “resilience involves behaviors, thoughts, and actions that anyone can learn and develop.”¹⁹ It is gained in part from understanding how stress effects the body and mind and in part from learning skills to deal with stress in a healthy way. A 2019 report by the Department of Justice recommends that resilience training for first responders include:

- Information on the physical effects of stress;
- Skills to moderate the physiological responses to stress;
- The normalization of help-seeking behavior;
- Information on the benefits of peer support; and
- A focus on building social cohesion among officers.²⁰

Studies and reports observe that when resilience training begins at the academy it can serve to normalize mental health care among new recruits and lead to reduced stigma overall.²¹ These reports also recommend that departments retrain officers throughout their careers so that lessons on stress and adaptability can be reinforced once officers have gained on-the-job experience.²²

Data also suggest that resilience training could improve judgement and decision-making in first responders and decrease the frequency of on-the-job errors.²³ One study found that special forces police were eager to participate in resilience training because they believed it reduced their stress reaction and would improve job performance.²⁴

¹⁶ SAMHSA, *First Responders: Behavioral Health Concerns, Emergency Response, and Trauma*, at p. 12.

¹⁷ DOJ, *Law Enforcement Mental Health and Wellness Act: Report to Congress*, at p. 37

¹⁸ *Ibid.*, at p. 38.

¹⁹ APA “Building Your Resilience.”

²⁰ DOJ, *Law Enforcement Mental Health and Wellness Act: Report to Congress*, at p. 38.

²¹ PERF, *Promising Strategies*, at p. 2.

²² DOJ, *Law Enforcement Mental Health and Wellness Act: Report to Congress*, at p. 37-38.

²³ *Ibid.*

²⁴ SAMHSA, *First Responders: Behavioral Health Concerns, Emergency Response, and Trauma*, at p. 11.

Several public safety agencies around the country are now providing resilience training to their employees. For example, the Colorado Department of Public Health’s Office of Emergency Preparedness and Response developed the First Responder Resiliency²⁵ training class to help participants “effectively manage stress and foster personal and professional development through intentionally practicing a resiliency skill set and establishing a social framework to foster resiliency.”²⁶ Classes include training on goal setting, sleep, self-defeating thoughts, empathy, and social support, among other topics.²⁷ Pre- and post-training tests showed significant improvement in participants’ resiliency scores, and the majority of participants said the training helped them cope better with stressful events.²⁸

Another example is the Dallas (TX) Police Department which, in the wake of an ambush attack that killed five officers in 2016, partnered with the Center for Brain Health at the University of Texas at Dallas to establish a program centered on law enforcement-informed mindfulness training. Following a three-hour course once a week for a month, participants showed reductions in distraction, alcohol consumption, organizational police stress, and negative emotions and significant increases in observation skills, nonjudgment, and positive mood and feelings.²⁹

4. Best Practice: Provide realistic operational training

Studies also show that realistic operational training best prepares first responders to deal with critical incidents and cope with post-incident impacts.³⁰ For instance, studies of military personnel demonstrate that those “who felt properly prepared to carry out their role [...] were less likely to develop mental health problems including PTSD.”³¹ An adequate amount of training and practice time is considered essential to build confidence and resilience among career and volunteer first responders.

CIT Certification. Public safety agencies are increasingly using Crisis Intervention Team (CIT) Certification to teach first responders to safely deal with people with mental illness. An added benefit of CIT training is that it also helps first responders discuss their own mental health.³² The Department of Justice report on best practices observes that while CIT training does not address officer mental health and wellness directly, the operational training can be an effective way to teach officers how to “recognize the indicators or warning signs of an impending crisis,” leading them to be more

²⁵ First Responder Resiliency was Developed in collaboration with Centura Health Prehospital Emergency Services and two Ph.D. psychologists. It is designed as two consecutive one-day classes. Gunderson, Jonathan, et al., “[Responder Resilience](#),” *Journal of Emergency Medical Services*, at p. 58 (2014).

²⁶ Ibid.

²⁷ Ibid., at p. 59.

²⁸ Ibid., at p. 60.

²⁹ DOJ, *Eleven Case Studies*, at p. 29-30.

³⁰ Wild, Jennifer, et al., “[Pre-incident Training to Build Resilience in First Responders: Recommendations on What to and What Not to Do](#),” *Psychiatry* Vol. 83 Issue 2, at p. 137 (2020) [hereinafter “Wild, ‘Pre-Incident Training to Build Resilience in First Responders’”].

³¹ Ibid., at p. 133.

³² DOJ, *Eleven Case Studies*, at p. 2.

comfortable “saying something to a peer or recognizing the warning signs for a self-referral.”³³ For example, Los Angeles County Sheriff’s Department deputies who completed CIT training reported they were better prepared to respond to someone with mental health problems within their community and, “more significantly, that they are further driven or feel empowered to utilize these course concepts in their own lives beyond the badge.”³⁴

B. Meet the Specific Needs and Cultures of First Responders

Reports and studies highlight that a barrier that often prevents first responders from seeking mental health support is a belief that the services available to them do not meet their specific needs. The Congressional Research Service reports that first responder use of mental health resources may increase if services were specially geared toward their unique work experiences. Survey data from the National Volunteer Fire Council shows that more than 75% of firefighters report they would be more willing to use a program tailored to their needs than one geared to the public, such as the national suicide hotline.³⁵

Reports and studies also note that creating a successful workplace culture of mental health and wellness must include support from department executives, command staff, supervisors, and other leaders to show that employee mental health and wellness is an organizational priority.

The best practices described in this section are:

1. Ensure mental health providers understand first responder work and cultures;
2. Embed mental health professionals within agencies;
3. Make services easily accessible to all first responders;
4. Foster workplace cultures that support mental health and wellness; and
5. Develop mental health competency among supervisors and managers.

1. Best Practice: Ensure mental health providers understand first responder work and cultures

According to the Department of Justice, first responder mental health and wellness programs will not succeed unless they employ clinicians who understand public safety professions. In their 2019 report to Congress, the DOJ recommended developing specific training resources that introduce clinicians to the unique experiences of first responders and familiarize them with first responder cultures.

Additionally, fire fighters, paramedics, and law enforcement officers can face distinct circumstances in the field, often leading to close-knit cultures, strongly held values among department colleagues, and

³³ Ibid.

³⁴ Ibid., at p. 51.

³⁵ CRS, *Federal Efforts to Address Mental Health of First Responders*, at p. 14.

even mental health challenges unique to each profession.³⁶ Health providers who understand the differences between first responder groups and tailor services accordingly will be better positioned to meet first responder needs.

Some studies recommend that public safety agencies engage mental health professionals who have previous experience as first responders themselves. One ethnographic study of firefighters and paramedics showed that participants preferred therapists who could relate to their experiences: “We want other people who understand what we’ve seen to help us [...] Somebody who doesn’t have that experience, I don’t think is going to get anywhere.”³⁷ Similarly, many law enforcement agencies employ behavioral health specialists who are also sworn reserve officers, allowing for direct integration into department cultures.³⁸

2. Best Practice: Embed mental health professionals within agencies

Programs that embed mental health practitioners into agencies can help provide easy access to mental health professionals who demonstrate cultural competency with the first responder experience.³⁹ Ideally, a mental health professional housed within a public safety department becomes a member of that department’s community, helping to establish legitimacy and trust with personnel. Having regular exposure to the day-to-day work of a department can also expand a mental health professional’s understanding of the risks and experiences unique to these professions.

For example, the Fairfax County Police Department (FCPD) in Virginia has found success in working with a group of contracted psychologists for the past ten years. To build trust among officers, the psychologists embed themselves within the police department; they join officers on ride-alongs, visit stations, and attend roll calls. This allows department staff to become familiar with the psychologist and to gain comfort in discussing personal issues. It also gives the psychologists important insight into what FCPD personnel experience on the job, which helps them offer appropriate treatment for those who seek help.⁴⁰

A key consideration when embedding mental health professionals within departments is the need to maintain an individual’s privacy. Consequently, some departments whose embedded mental health professionals provide direct services like counseling and treatment choose to locate them away from main department facilities. This helps to protect patient confidentiality and to increase the likelihood of employees using services. At some agencies, in-house mental health professionals will not provide direct services, but instead will guide first responders in finding off-site mental health resources.⁴¹

³⁶ BCFirstResponderMentalHealth.com, *Supporting Mental Health in First Responders*, at p. 12 (2019).

³⁷ Jones, Sara, et al., “[Barriers and Facilitators to Seeking Mental Health Care Among First Responders: ‘Removing the Darkness’](#),” *Journal of the American Psychiatric Nurses Association*, at p. 49 (2020).

³⁸ DOJ, *Law Enforcement Mental Health and Wellness Act: Report to Congress*, at p. 12.

³⁹ DOJ, *Eleven Case Studies*, at p. 3.

⁴⁰ Interview with staff from FCPD.

⁴¹ DOJ, *Eleven Case Studies*, at p. 3.

3. Best Practice: Make services easily accessible to all first responders

Studies show that low participation in mental health services among first responders can often be attributed to a lack of knowledge about the wellness initiatives offered through their employer. Researchers recommend that agencies regularly deploy multi-channel promotional campaigns (i.e., email, newsletters, social media, and fliers) to both inform first responders of what services are available and how to access them⁴² and to “destigmatize and demystify mental health services.”⁴³ The more first responders understand that they will not be “viewed as inferior or inadequate, or shunned by others in the workplace” for seeking help, the more likely they will be to access the support they need.⁴⁴

Studies also observe that first responders’ shift-work schedules, which can vary greatly from the typical 9:00am to 5:00pm workday, can hinder their access to health care services.⁴⁵ As the 2019 DOJ report explains, “an officer working the night shift may not be able to get to a doctor’s office in normal working hours for preventative care check-ups.”⁴⁶ Some public safety departments, like the Bend Police Department in Oregon, are creatively accommodating employee shift schedules by making health and wellness programs “available to all officers on a weekly basis while on-shift thanks to a shift schedule that allows enough overlap between shifts for officers to devote time to wellness on the job.”⁴⁷

Evidence shows that mental health services that are available 24 hours a day or can be utilized without needing to be physically present – like crisis lines and telehealth and telemedicine services – can ease access to help first responders.⁴⁸ Reports also suggest first responder agencies can improve access to services by contracting with providers in the community or sharing services regionally with other first responder departments.⁴⁹

4. Best Practice: Foster workplace cultures that support mental health and wellness

Recent reports describe several ways that leaders in first responder agencies can successfully support mental health and wellness services. Leaders can ensure wellness initiatives are successful by allocating them sufficient financial and staff resources.⁵⁰ They can also normalize mental health programs by integrating services throughout department strategy.⁵¹

⁴² PERF, *Promising Strategies*, at p. 36.

⁴³ DOJ, *Law Enforcement Mental Health and Wellness Act: Report to Congress*, at p. 9.

⁴⁴ British Columbia, *Supporting Mental Health in First Responders*, at p. 7-8.

⁴⁵ PERF, *Promising Strategies*, at p. 37.

⁴⁶ DOJ, *Law Enforcement Mental Health and Wellness Act: Report to Congress*, at p. 21.

⁴⁷ DOJ, *Eleven Case Studies*, at p. 7.

⁴⁸ DOJ, *Law Enforcement Mental Health and Wellness Act: Report to Congress*, at p. 21; Gajarawala, Shilpa, et al., “[Telehealth Benefits and Barriers](#),” *The Journal for Nurse Practitioners*, at p. 218 (2020).

⁴⁹ [Comprehensive Framework for Law Enforcement Suicide Prevention](#), International Association of Chiefs of Police (2020).

⁵⁰ British Columbia, *Supporting Mental Health in First Responders*, at p. 6.

⁵¹ IACP, *Comprehensive Framework for Law Enforcement Suicide Prevention*.

In 2021, the Chief of the District of Columbia’s Metropolitan Police Department (MPD) created a dedicated full-time position for a Director of Employee Well-Being Support who is responsible for designing the department’s mental and physical well-being programs, expanding support services for officers, and coordinating a network of employee mental health resources.⁵² MPD located this position within the department’s executive office, which gave it a level of importance and influence within MPD and signaled that employee well-being was an organizational priority.⁵³

Command staff can also lead by example by attending wellness events and adopting an open attitude toward using mental health services, helping to break down stigmas and sending the message that participation by all employees is encouraged. The National Consortium on Preventing Law Enforcement Suicide found that:

Leaders [...] help create a culture that supports mental health by setting an example through their attitudes and behaviors. In addition to making their personal mental health and wellness a priority, it is powerful for leaders to share their lived experience of how they faced a challenge or crisis and were able to overcome it with support from mental health professionals, peers, and others.⁵⁴

Reports and studies also recommend creating a sense of ownership for mental health programs among first responders to increase their likelihood of being accepted and embraced by participants. As one report notes, “Employees need to have input in, and take responsibility for, workplace mental health strategies and programs. This increases the likelihood they will actively take part in improving their mental health and expect the same of their colleagues.”⁵⁵ Involving first responders in the development of programs can also help ensure their unique wellness needs are met (e.g., confidentiality issues and extending services to their families)⁵⁶ while also alleviating any mistrust they may have about the motives behind a mental health program.⁵⁷ Studies also suggest involving unions in the development or expansion of mental health services so they may advocate for their members’ interests and serve as allies in supporting programs.⁵⁸

5. Best Practice: Develop mental health competency among supervisors and managers

Organizational support for mental health and wellness also comes from training supervisors and managers in how to understand warning signs of mental health problems in their employees and to

⁵² [“MPD Hires Newly Created Director of Employee Well-Being Support,”](#) Metropolitan (D.C.) Police Department (MPD) (June 8, 2021).

⁵³ Interview with staff at MPD.

⁵⁴ IACP, *Comprehensive Framework for Law Enforcement Suicide Prevention*, at p. 5.

⁵⁵ British Columbia, *Supporting Mental Health in First Responders*, at p. 7.

⁵⁶ *Ibid.*

⁵⁷ DOJ, *Eleven Case Studies*, at p. 3.

⁵⁸ *Ibid.*

take the appropriate action.⁵⁹ Developing mental health competency can help supervisors and managers respond appropriately to a mental health situation and help prevent situations from getting worse. Recent reports assert that taking an empathetic, non-punitive approach to employees with mental health issues that reasonably accommodates them seeking treatment and re-integrating them back to work can often avoid outcomes that might negatively impact both the first responder and the organization (i.e., an extended absence, a grievance, or an accident).⁶⁰

Resources recommend that supervisor and manager training should build general knowledge in mental health topics like stress, burnout, depression, anxiety, and substance abuse,⁶¹ and should emphasize developing the skills needed to recognize symptoms of mental health problems and to properly support employees. A recent study shows that the employees of fire and rescue service managers who were trained in how to have conversations about mental health reported a significant decrease in work-related sick leave.⁶²

C. Offer an Array of Trusted and Accessible Support Services

As discussed in Section A, first responders benefit from a comprehensive approach to mental health care. Public safety agencies that provide their employees with a range of prevention, intervention, and treatment services starting from time of hire through retirement can create a culture of wellness within their organizations and improve the general mental wellbeing of their staff. Studies also indicate that offering an array of services can increase their overall impact because employees can choose the mental health care options that best suit them. One report suggests, “...each option will appeal to a different set of employees. Some will feel more comfortable approaching a peer, while others will prefer speaking with a professional...”⁶³

For example, when D.C.’s Metropolitan Police Department’s Director of Employee Well-Being joined the department in 2021, she conducted a needs assessment that revealed officers had little knowledge of what mental health and wellness supports, services, and benefits were available outside of their employee assistance program. To address this gap, she worked to identify, vet, and consolidate different mental health and wellness resources into a “menu of options” that department personnel can now access at any point.⁶⁴

Researchers recommend offering first responders a combination of support services that include access to employee assistance programs (EAPs), peer support, and in-house psychologists. To

⁵⁹ Wild, “Pre-Incident Training to Build Resilience in First Responders,” at p. 136.

⁶⁰ British Columbia, *Supporting Mental Health in First Responders*, at p. 10-11.

⁶¹ Ibid.

⁶² Wild, “Pre-Incident Training to Build Resilience in First Responders,” at p. 136.

⁶³ PERF, *Promising Strategies*, at p. 32.

⁶⁴ Interview with staff at MPD.

encourage employee participation, researchers agree these services must be accessible, trusted, and should maintain employee privacy.

The best practices described in this section are:

1. Offer access to employee assistance programs; and
2. Create or strengthen peer support programs through adequate resources and training.

1. Best Practice: Offer access to employee assistance programs

Studies recommend that organizations at a minimum give their sworn and non-sworn staff access to an employee assistance program (EAP). Typically administered through an organization’s human resources department, an EAP is a free, voluntary program that offers employees personal and work-related services like confidential short-term counseling, health and fitness programs, convenience services, and referrals to outside professionals.⁶⁵

A key feature of an EAP is its availability to all employees of an organization, however, the universal nature of EAP services makes them less likely to meet the specific mental health needs of first responders. Research suggests where possible, agencies may consider strengthening or expanding their EAP to include services tailored to public-safety professionals. For example, psychologists trained to work with first responders could be added to an EAP contact list, or EAP clinicians could receive specialized training to familiarize themselves with the nature of first responder work.⁶⁶

2. Best Practice: Create or strengthen peer support programs through adequate resources and training

Evidence shows that one of the most widely used and effective mechanisms for providing mental health services to first responders is peer support. Peer support programs involve current or retired personnel who are trained in providing counseling, referrals to professional services, and crisis interventions to fellow employees. Peer support groups can be informally run by officer volunteers, or formally structured programs governed by departmental policies and deployed for specific purposes like critical incident response. In both instances, peer supporters require adequate training as they “provide knowledge, emotional support, and other assistance to employees who are experiencing a variety of issues (e.g., trauma from a critical incident, substance abuse problems, and mental health or stress-related concerns).”⁶⁷

The mental health field has leveraged the benefits of peer counseling in a variety of settings since the 1960s. Studies show trained peer facilitators “frequently achieve clinical outcomes equal to or better

⁶⁵ PERF, *Promising Strategies*, at p. 29.

⁶⁶ *Ibid.*

⁶⁷ PERF, *Promising Strategies*, at p. 32.

than those obtained by professionals.”⁶⁸ Whereas an individual may be hesitant to talk about mental health issues with a psychologist, they may feel more comfortable confiding in a peer.

In the public safety field, peer support as a practice started in law enforcement in the early 1970s and is now widely used across first responder agencies.⁶⁹ It is typically deployed after a first responder is involved in a critical incident. Studies and reports describe peer support as effective because first responders are more willing to reach out to someone whom they trust will relate to their experiences. Because peer support members understand the stress posed by public safety work, many first responders find peers more approachable than behavioral health professionals.⁷⁰ As one study notes:

This availability, coupled with a greater ease of interaction, may give the peer the edge needed to do extremely effective intervention in times of crisis. Peers are equals. They would be confidants even if they were not crisis interveners.⁷¹

This approachability leads many agencies to employ peer support programs alongside existing EAPs that may offer many of the same services.⁷²

The ability to safely share with peers also minimizes isolation among first responders. Peers “can help increase social connectedness, send supportive messages ... decrease barriers to and concerns about seeking help, and reinforce healthy coping strategies.”⁷³ Research finds social support is a protective factor against the development of post-traumatic stress disorder in first responders following different traumatic events. Since “belongingness and connectedness are some of the strongest protections against suicidal thoughts,”⁷⁴ agencies who support social connectedness both within departments and outside of work can help prevent first responder suicide.

In addition to crisis support, studies note peer groups can also be used to address a wide range of health and wellness issues throughout a first responder’s career like “stress management training and mentoring young officers as well as assisting with advice on things like sleep, nutrition, finances, marriage and child rearing, [and] balancing a career with caring for elderly parents.”⁷⁵ For example, the vast majority of what the Fairfax County Police Department’s (FCPD) peer support team does is not critical incident support; rather it is working with officers who are going through personal crises at home, with their family, or dealing with substance abuse issues.⁷⁶ Having ready access to a strong peer

⁶⁸ DOJ, *Law Enforcement Mental Health and Wellness Act: Report to Congress*, at p. 31.

⁶⁹ *Ibid.*

⁷⁰ PERF, *Promising Strategies*, at p. 32.

⁷¹ DOJ, *Law Enforcement Mental Health and Wellness Act: Report to Congress*, at p. 31-32.

⁷² *Ibid.*

⁷³ IACP, *Comprehensive Framework for Law Enforcement Suicide Prevention*, at p. 15.

⁷⁴ *Ibid.*, at p. 16.

⁷⁵ DOJ, *Law Enforcement Mental Health and Wellness Act: Report to Congress*, at p. 32.

⁷⁶ Interview with staff at FCPD.

network throughout a career can also help remove the stigma first responders may feel in seeking help during times of need.⁷⁷

Given the consensus among researchers that peer support serves a critical role in fostering the mental well-being of first responders, it is recommended that agencies ensure peer support teams are fully resourced with the appropriate staff, funding, and high-quality training that includes identifying crisis signs and intervention methods.⁷⁸ Because peer support supplements rather than substitutes professional counseling services,⁷⁹ peer support teams would also benefit from regular consultation, oversight, and training from mental health professionals.⁸⁰

As with all aspects of first responder mental health care, many reports point to confidentiality as being key to the success of a peer support program. It is recommended that agencies place as many privacy protections around peer communications as allowed by law and codify peer counseling confidentiality within department rules so that first responders feel secure their participation in peer support will remain confidential and will not negatively impact their jobs.⁸¹

D. Prioritize Confidentiality

Best practice research is clear that confidentiality is critical to the success of first responder mental health programs. Reports indicate many first responders avoid seeking mental health care for fear their privacy will not be protected within the organization and they will face increased scrutiny from colleagues and negative professional repercussions. One police officer remarked, “unless you have a departmental culture of mental health and wellness, it is an open secret that getting help can jeopardize your job.”⁸²

Studies also report concern among first responders that personal health information discussed during peer support could be publicly disclosed. HIPAA, the Health Insurance Portability and Accountability Act of 1996, only affords privacy protections to doctors, psychologists, clinics, pharmacies, veterans’ health programs, Medicare, Medicaid, and insurance companies. It does not apply to employer-run crisis lines or peer support programs, which are widely used by first responder agencies.⁸³ Recent reports suggest that because peer support records are not protected by the same legal guarantees of confidentiality, they could be potentially subpoenaed, used in court proceedings, or affect employment

⁷⁷ DOJ, *Law Enforcement Mental Health and Wellness Act: Report to Congress*, at p. 32.

⁷⁸ PERF, *Promising Strategies*, at p. 32.

⁷⁹ *Ibid.*

⁸⁰ IACP, *Comprehensive Framework for Law Enforcement Suicide Prevention*, at p. 15.

⁸¹ *Ibid.*

⁸² DOJ, *Law Enforcement Mental Health and Wellness Act: Report to Congress*, at p. 35.

⁸³ *Ibid.*

eligibility unless organizations adopt strict internal privacy rules around them.⁸⁴ This gap in protection can deter first responders from seeking help, as described in the DOJ’s 2019 report:

[I]f law enforcement officers are going to be encouraged to call peer crisis lines or make use of other peer-support services, they will need to know that what they say will be kept confidential. They need to have confidence that what they say will not be subject to public disclosure either to their chain of command—possibly jeopardizing their career—or subject to discovery in judicial proceedings, possibly jeopardizing both themselves and their agency.⁸⁵

As will be discussed in Chapter 4, new federal legislation now provides legal protections to certain law enforcement peer support communications. The Confidentiality Opportunities for Peer Support (COPS) Counseling Act of 2021 “encourage[s] the adoption of law enforcement peer counseling programs across the country and ensure[s] that the information disclosed during peer support counseling sessions by federal law enforcement officers is kept confidential.”⁸⁶ While assuring privacy, the law only applies to federal law enforcement personnel and does not guarantee similar protections at the state or local level.

However, states are increasingly enacting similar legislation. For example, Virginia state law protects critical incident stress management or peer support team members from disclosing information shared with them by emergency medical services or public safety personnel, unless that communication reveals criminal activity, intent to commit a crime, or indicates the individual poses a danger to themselves or others. The law also exempts this information from the Virginia Freedom of Information Act.⁸⁷ Indiana passed legislation in 2017 that exempts critical incident stress management service communications from being subpoenaed,⁸⁸ and in 2019, the Illinois General Assembly passed legislation making peer support communications confidential.⁸⁹ Currently, a bill passed by the Maryland General Assembly providing legal confidentiality protection to peer support communications for fire, rescue, and EMS workers in the state is awaiting signature by the governor.⁹⁰

⁸⁴ Ibid.

⁸⁵ Ibid., at p. 36.

⁸⁶ “[Law Enforcement Mental Health Services Bill Signed Into Law](#),” Office of U.S. Senator Chuck Grassley (Nov. 18, 2021).

⁸⁷ Virginia Code Annotated, § 19.2-271.4.

⁸⁸ [Law Enforcement Mental Health and Wellness Act: Report to Congress](#), pg. 36

⁸⁹ [First Responders Suicide Prevention Act](#), Pub. Act 101-0375, Illinois (2019).

<https://www.ilga.gov/legislation/publicacts/101/101-0375.htm>

⁹⁰ [Senate Bill 0446](#), Maryland General Assembly, 2022 Regular Session.

E. Other Practices

This section discusses two mental health practices commonly used by public safety agencies: Critical Incident Stress Management (CISM) and mental health screenings.

1. Critical Incident Stress Management (CISM)

As discussed in Chapter 1, first responders are highly susceptible to traumatic stress, whether they are helping someone in crisis or are directly involved in an incident like an officer-involved shooting. Consequently, research shows that first responder agencies across the country often use – and sometimes mandate – methods like critical incident stress debriefings (CISD) to help their employees systematically process their own emotional reactions after stressful events.⁹¹

The most used critical incident debriefing model is the Mitchell Model, which “consists of a ‘7-phase, structured group discussion, usually provided 1 to 10 days post crisis, and designed to mitigate acute symptoms, assess the need for follow-up, and if possible provide a sense of post-crisis psychological closure.’”⁹² Debriefings are sometimes led by peer support groups and sometimes by psychologists. In recent years CISD has expanded to become Critical Incident Stress Management (CISM), a multi-component crisis intervention program that can include pre-incident training, individual crisis support, demobilizing and defusing techniques, family debriefing, and referrals to psychological services.⁹³

Though widely used by public safety agencies, researchers question the efficacy of some critical incident debriefing program models. In 2001, an international conference of disaster mental health experts concluded that CISD “does not consistently reduce risks of later developing PTSD – and some participants may even be put at heightened risk for adverse outcomes because of such early intervention.”⁹⁴ In another study, 243 police officers who had experienced a critical incident were divided into two groups; one was given CISD and the other was not. One week after the incident, the “debriefed subjects exhibited significantly more post-traumatic stress disorder symptomology than non-debriefed subjects.”⁹⁵

Some public safety agencies are choosing alternative post-crisis stress management techniques, like Psychological First Aid (PFA) and Eye Movement Desensitization and Reprocessing (EMDR) therapy.

Psychological First Aid (PFA). Peer support officers with the Charlotte-Mecklenburg Police Department use the PFA model, which focuses on addressing a first responder’s immediate needs after a critical

⁹¹ Barboza, Katherine, “[Critical Incident Stress Debriefing \(CISD\): Efficacy in Question](#),” *The New School Psychology Bulletin*, at p. 51 (2005).

⁹² *Policing through the Pain: How Trauma Impacts Police Officers*, International Public Safety Association, at p. 18 (2019).

⁹³ Barboza, “Critical Incident Stress Debriefing (CISD): Efficacy in Question,” at p. 51.

⁹⁴ DOJ, *Eleven Case Studies*, at p. 3.

⁹⁵ IPSA, *Policing through the Pain: How Trauma Impacts Police Officers*, at p. 18.

incident - safety, water, contact with family, food, and fresh clothes.⁹⁶ According to the American Psychological Association, the goal of PFA is to “promote safety, stabilize survivors of disasters and connect individuals to help and resources...not to provide on-site therapy.”⁹⁷

Eye Movement Desensitization and Reprocessing (EMDR). Some first responder agencies, like the Las Vegas Metropolitan Police Department, are choosing to use EMDR to help their employees process traumatic experiences.⁹⁸ An evidence-based therapy that has been endorsed by both the Veteran’s Administration and the Department of Defense,⁹⁹ EMDR “encourages the patient to briefly focus on the trauma memory while simultaneously experiencing bilateral stimulation (typically eye movements), which is associated with a reduction in the vividness and emotion associated with the trauma memories.”¹⁰⁰

Multiple studies have found EMDR to be an effective therapy in multiple settings.¹⁰¹ One randomized controlled trial comparing the efficacy of EMDR to CISD on workplace violence victims revealed that after three months, the EMDR-treated participants reported significantly lower PTSD symptoms compared to those treated with CISD.¹⁰² In another example, a flight medic who had been discharged from the army no longer reported any PTSD symptoms after completing five successive sessions of EMDR therapy.¹⁰³

2. Mental Health Screening and Checks

This section discusses the mental health screening practices used by public safety agencies in pre-hire processes and throughout a first responders’ deployment.

Pre-hire mental health screenings. Research on public safety hiring practices suggests pre-employment psychological evaluations (PPEs) have become common practice among law enforcement and emergency service agencies. The goal of pre-employment evaluations is to identify behavioral risk factors (e.g., stress tolerance, anger management, or substance abuse history) that might hinder a candidate’s ability to cope with the mental and emotional stressors of a public safety role.¹⁰⁴ In other

⁹⁶ DOJ, *Eleven Case Studies*, at p. 18.

⁹⁷ [“What is Psychological First Aid \(PFA\)?”](#) APA.

⁹⁸ DOJ, *Eleven Case Studies*, at p. 44.

⁹⁹ *Ibid.*, at p. 7.

¹⁰⁰ [“Eye Movement Desensitization and Reprocessing \(EMDR\) Therapy,”](#) APA.

¹⁰¹ DOJ, *Eleven Case Studies*, at p. 7. EMDR currently remains a “conditionally recommended” intervention by the American Psychological Association. This means that while there is evidence showing it can lead to good treatment outcomes, the evidence may not be as strong, or the intervention may be less applicable across treatment settings or subgroups with PTSD. APA.

¹⁰² Tarquinio, Cyril, et. al, [“Early Psychological Preventive Intervention for Workplace Violence: A Randomized Controlled Explorative and Comparative Study Between EMDR-Recent Even and Critical Incident Stress Debriefing,”](#) *Issues in Mental Health Nursing*, Vol. 37 (2016).

¹⁰³ [“Case Example: Mike, a 32-year-old Iraq War Veteran,”](#) American Psychological Association.

¹⁰⁴ [“Pre-employment Evals,”](#) First Responders Wellness Center.

words, public safety agencies use pre-hire screenings to ensure prospective employees are psychologically suitable for the job.

The agencies and mental health professionals who conduct these screenings follow guidelines developed by the Police Psychological Services Section (PPSS) of the International Association of Chiefs of Police (IACP). According to the IACP, these guidelines reflect consensus-based professional practices and are “intended to balance agency and societal needs with the legal rights of candidates and the applicable professional standards of the examiner.”¹⁰⁵

The guidelines require all public safety PPEs be conducted by licensed clinical psychologists with expertise both in clinical assessment and in personnel evaluations. The guidelines also emphasize the importance of using evaluators trained specifically in conducting PPEs for public safety candidates and who are familiar with first responder psychology. In accordance with the Americans with Disabilities Act, all pre-hire mental health screenings must occur after a candidate receives a conditional offer of employment.¹⁰⁶

Research suggests pre-hire mental health screenings work well at identifying individuals already experiencing mental health conditions but are less effective at identifying those who will develop mental health disorders once they begin work as a first responder.¹⁰⁷

Recurring mental health checks. Recent studies show that proactive mental health evaluations conducted at routine intervals throughout a first responders’ deployment are a growing practice among public safety agencies and clinicians who support first responders. Like annual physicians’ check-ups, recurring mental health checks are intended to detect mental health issues early, or help prevent serious illness.¹⁰⁸ However, like pre-hire mental health evaluations, reports suggest more evidence is needed to show that regular mental health checks on otherwise asymptomatic first responders are effective, as well as more guidance on how best to implement screening programs.¹⁰⁹

Some studies do show that public safety agencies find recurring mental health checks beneficial for their employees.¹¹⁰ One study reports that “preventative measures such as annual mental health checkups” for police officers led to “an 11-percent drop in police suicides in a four-year period.”¹¹¹ Some jurisdictions are starting to mandate recurring mental health screenings for their first responders. In 2021, the Maryland General Assembly enacted legislation requiring police officers to undergo a mental health assessment every two years to qualify for recertification.

¹⁰⁵ [“Preemployment Psychological Evaluation Guidelines,”](#) IACP, at p. 1 (2014).

¹⁰⁶ *Ibid.*

¹⁰⁷ Wild, “Pre-Incident Training to Build Resilience in First Responders,” at p. 130.

¹⁰⁸ DOJ, *Law Enforcement Mental Health and Wellness Act: Report to Congress*, at p. 26.

¹⁰⁹ *Ibid.*, at p. 25.

¹¹⁰ *Ibid.*, at p. 26.

¹¹¹ Wilmoth, Janet, [“Trouble in Mind,”](#) National Fire Protection Association (NFPA) Journal (2014).

3. Practices Recommended by the Federal Government

In 2018, the U.S. Department of Justice developed a report on best practices for providing mental health care services to law enforcement officers and compiled case studies of law enforcement agencies with robust programs.¹¹² These reports described two additional practices for public service agencies to consider when developing or augmenting employee mental health programs: provide linked or shared services to broaden access to care, and leverage external partnerships and collaborations to help develop, implement, and evaluate programs.

Linked or shared services. The DOJ's report recommends that multiple departments or agencies can link or share their mental health services to enhance programs and extend access to mental health professionals. This can especially benefit small, rural, or under-resourced departments who may not be able to support an in-house mental health program for their personnel.¹¹³

External partnerships and collaborations. A common theme found throughout the eleven case studies compiled by the DOJ is that public safety departments are successfully partnering with external institutions like universities, hospitals, local businesses, and community organizations to help develop and implement mental health programs and training. For example, the San Antonio Police Department's in-house psychological services unit collaborated with the University of Texas Science Center to "increase the level of support available to officers, [and] inform and strengthen programming,"¹¹⁴ and the Bend Police Department partnered with local yoga instructors to offer mindfulness sessions and yoga classes to all its officers and families and to officers and families from other agencies throughout Oregon.¹¹⁵

¹¹² DOJ, *Law Enforcement Mental Health and Wellness Act: Report to Congress*; DOJ, *Eleven Case Studies*.

¹¹³ *Ibid.*, at p. 30, 33.

¹¹⁴ DOJ, *Eleven Case Studies*, at p. 69.

¹¹⁵ *Ibid.*, at p. 12.

Chapter 4. Laws

This chapter describes the Maryland laws that pertain to police officers and mental health.

- **Section A** summarizes recent changes to Maryland law (1) requiring mental health screening for police officer certification and recertification and (2) requiring law enforcement agencies to provide mental health support services for police officers; and
- **Section B** describes a new federal law providing confidentiality protections for federal law enforcement peer support team communications and a current bill pending in the Maryland legislature that would provide similar confidentiality protections for firefighter peer support team communications in Maryland.

Maryland law and regulations also govern the certification of Emergency Medical Technicians (EMT), which MCFRS requires for every career firefighter. Certification is overseen by the Maryland Institute for Emergency Medical Services Systems (MIEMSS), which is governed by the State Emergency Medical Services Board, both of which are established in state law.¹ MCFRS representatives report that the curricula for EMT certification and recertification only touches briefly on mental health, focusing primarily on the mental health of patients in the care of an EMT. Because the focus of this report is on the mental health of first responders, not the mental health of residents receiving services from first responders, this chapter does not discuss EMT certification.

A. Maryland Law – Police Officers and Mental Health

Maryland state law establishes numerous requirements related to law enforcement, including the training and certification of police officers, support for development of crisis intervention teams, annual reports on law enforcement agencies' use of search warrants, and funding for veterinary treatment of retired police dogs.

In its 2021 session, the Maryland General Assembly passed two pieces of legislation that added requirements related to mental health screening when hiring police officers and provision of mental health services for police officers.

- House Bill (HB) 670 revised a requirement for certification as a police officer to include “mental health screening by a licensed mental health professional.”²

¹ Maryland Code Annotated, Education Article, §§ 13-501 to 13-517.

² [House Bill 670](#), *Maryland Police Accountability Act of 2021 – Police Discipline and Law Enforcement Programs and Procedures*, Maryland General Assembly, 2021 Regular Session.

- Senate Bill (SB) 71 established a requirement that law enforcement agencies provide police officers access to an employee assistance program and several types of mental health services.³

The Maryland Governor vetoed both bills in April 2021 and the General Assembly overrode the Governor's vetoes in a legislative special session that month.⁴

1. Mental Health Screening Required for Police Certification

The Maryland Police Training and Standards Commission (“the Commission”) is an independent commission established in state law and part of the Maryland Department of Public Safety and Correctional Services. The Commission, among other things, establishes standards for (e.g., curriculum, eligibility requirements, minimum qualifications of instructors) and oversees police training schools, evaluates and modernizes requirement standards for law enforcement agencies, and develops best practices for community policing programs.⁵

Before the Maryland General Assembly's 2021 legislative session, state law required the Commission to certify individuals as police officers who satisfy the following four requirements:

1. Meet the standards set by the Commission;
2. Submit to a psychological evaluation;
3. Submit to a criminal history records check; and
4. Be a United States citizen (or a US veteran who has applied for US citizenship).⁶

In 2021, the state legislature enacted HB 670, which changed #2 above and added a new provision #3, so that beginning July 1, 2022, an individual must:

1. Meet the standards set by the Commission;
2. **Submit to a mental health screening by a licensed mental health professional;**
3. **Submit to a physical agility assessment as determined by the Commission;**
4. Submit to a criminal history records check; and
5. Be a United States citizen (or a US veteran who has applied for US citizenship).⁷

House Bill 670 changed the requirement that an individual undergo a “psychological evaluation” to requiring a “mental health screening by a licensed mental health professional.” It also added a new requirement that individuals must undergo a physical agility assessment set by the Commission to receive certification as a police officer. Furthermore, the bill added the following two requirements to

³ [Senate Bill 71](#), *Maryland Police Accountability Act of 2021 – Body-Worn Cameras, Employee Programs, and Use of Force*, Maryland General Assembly, 2021 Regular Session.

⁴ Cole, Devan, “[Maryland lawmakers override GOP governor’s vetoes to enact police reform measures](#),” CNN (Apr. 11, 2021).

⁵ Maryland Code Annotated, Public Safety Article, [§§ 3-201 to 3-218](#).

⁶ *Ibid.* § 3-209(a).

⁷ *Ibid.* § 3-209(a).

the conditions that individuals must satisfy to be recertified as a police officer: (1) that officers “submit to a mental health assessment every 2 years and (2) an annual physical agility assessment to establish continuing fitness to carry out the officer’s assigned duties as a police officer.”⁸

Current Maryland regulations require that the psychological evaluation required under the prior version of the law be conducted by a “mental health professional,” and the regulation states that mental health professionals include someone licensed in Maryland to practice medicine, psychology, clinical social work or clinical professional counseling.⁹ Representatives in the departments that OLO worked with anticipate the Commission will issue new regulations or guidance on the changes to the law. As of April 19, 2022, the Commission had not issued new guidance.

2. Access to Mental Health Services for Police Officers

Senate Bill 71, also enacted in 2021, added a new section to state law that requires law enforcement agencies to provide police officers no-cost access to an employee assistance program (EAP) that includes several types of mental health services, summarized in the next table.

Table 4. Required Components of an Employee Assistance Program for Police Officers, as of July 1, 2022

Required Services – Ongoing	
<ul style="list-style-type: none"> • Counseling services; • Crisis counseling; • Stress management counseling; • Resiliency sessions; • Peer Support services for police officers; and • A component “designed to protect the mental health of police officers during periods of public demonstrations and unrest.” 	
Required Services – Before Returning to Full Duty	When
<ul style="list-style-type: none"> • Voluntary Mental Health Consultation 	If an officer is involved in an incident where an accident involves a fatality
<ul style="list-style-type: none"> • Mandatory Mental Health Consultation 	If an officer is involved in an incident with: <ul style="list-style-type: none"> • A serious injury to a police officer; • An officer-involved shooting; or • Any use of force that results in a fatality or serious injury.

Source: [Senate Bill 71](#), Maryland General Assembly, 2021 Regular Session.

⁸ Maryland regulations require the Commission to periodically recertify police officers. An officer seeking recertification between three and five years after prior certification must meet standards and complete training outlined in the regulation. If a police officer has not been recertified for more than five years, the officer must complete entrance-level training requirements outlined in the regulation. Code of Maryland Regulations (COMAR) §§ 12.04.01.07.

⁹ COMAR §§ 12.04.01.04(F)(2), 12.04.01.01(B)(13).

B. Peer Support Team Confidentiality Laws

As described in Chapters 1 and 3, first responders' fear of the stigma associated with mental health care can be a significant deterrent to seeking support when needed. Best practices stress that first responder departments ensure confidentiality in the mental health services they provide.

In November 2021, President Joe Biden signed into law the Confidentiality Opportunities for Peer Support Counseling Act (COPS Counseling Act), which provides legal confidentiality protection for peer support communications for federal law enforcement officers and requires the Department of Justice to report on best practices for providing peer support programs.¹⁰ The legislation was introduced in the House of Representatives by U.S. Representative David Trone (MD) following the death by suicide of a Montgomery County Police Department officer in 2019, and introduced in the Senate by Senators Chuck Grassley (IA) and Catherine Cortez Masto (NV).¹¹

Currently, a bill passed at the end of March in the Maryland General Assembly that would provide legal confidentiality protection for PST communications for fire, rescue, and EMS workers in the state is available for signature by the governor.¹²

¹⁰ [S.1502](#) - 117th Congress (2021-2022): COPS Counseling Act, S.1502, 117th Cong. (2021).

¹¹ ["Remarks by President Biden at Signing of Bills that Extend Critical Support to our Law Enforcement and First Responders,"](#) The White House (Nov. 18, 2021); ["Trone's Bill to Improve Mental Health Care for First Responders, COPS Counseling Act, is Signed into Law by President Biden,"](#) Office of Congressman David Trone (Nov. 18, 2021); ["Law Enforcement Mental Health Services Bill Signed Into Law,"](#) Office of Senator Chuck Grassley (Nov. 18, 2021); ["Cortez Masto & Grassley's Bipartisan Legislation to Provide Mental Health Support for Law Enforcement Officers Passes Judiciary Committee,"](#) Office of Senator Catherine Cortez Masto (May 17, 2021).

¹² [Senate Bill 0446, Public Safety – Fire, Rescue, or Emergency Medical Services Entities – Peer Support Programs,](#) Maryland General Assembly, 2022 Regular Session.

Chapter 5. Department Hiring Practices

This chapter discusses how the first responder departments incorporate mental health screening and evaluation into their employee selection and hiring processes. As required by Maryland law, MCPD, the Sheriff's Office, and Park Police use licensed mental health professionals to conduct pre-employment psychological evaluations. MCFRS does not conduct mental health screening for applicants beyond its background investigation of prospective recruits.

- **Section A** describes the psychological and criminal history evaluations required by Maryland state law for an individual to be certified as a police officer;
- **Section B** summarizes the internal departmental policies and procedures that govern how psychological evaluations are used in hiring;
- **Section C** outlines each department's selection and hiring steps, emphasizing those practices related to evaluating mental health; and
- **Section D** discusses how departments are planning to implement the recent changes to Maryland law requiring mental health screening for police officer certification and biennial screening for recertification.

A. Legal Requirements – Police Officers

As referenced in Chapter 4, current Maryland state law requires the Maryland Police Training and Standards Commission to certify individuals as police officers who, among other things, submit to a psychological evaluation and a criminal history records check. As previously noted, police officers in MCPD and Park Police and Sheriff's deputies are all certified police officers under Maryland law.

Current Maryland regulations specify the psychological evaluation must take place before an applicant is selected for a position as a police officer, and that it be conducted by a "mental health professional" licensed to practice medicine, psychology, clinical social work, or clinical professional counseling. The mental health professional must provide a "positive recommendation" of the applicant and indicate the candidate is both:

1. Emotionally and mentally fit; and
2. Able to perform the duties of a police officer as determined by the law enforcement agency.¹

Current regulations also require hiring agencies – or another individual, office, or agency authorized by the hiring agency² – to conduct a thorough background and criminal history investigation on an applicant to determine if the applicant:

¹ COMAR §§ 12.04.01.04(F)(1), 12.04.01.04(F)(2).

² COMAR § 12.04.01.05(7).

1. Is of good moral character and reputation;
2. Is emotionally stable; and
3. Displays the behavior necessary to perform the duties of a police officer.³

As outlined in the regulations, background investigations must include: a check of military records; a credit check; a review of academic records and history; interviews with personal references, neighbors, current and past employers, and coworkers; and an investigation of prior drug use.⁴ The regulations also state that agencies may use the background investigation to confirm an applicant’s “mental and emotional fitness.”⁵

The regulations require the head of the agency hiring the applicant to preserve documentation of both an applicant’s psychological evaluation and their background investigation.⁶

B. Department Policies and Procedures

MCPD, the Sheriff’s Office, and Montgomery County Park Police each have written documents that establish guidelines governing all aspects of their selection and hiring process, including when and how psychological evaluations are used:

MCPD	Police Officer Candidates Medical/Psychological Examinations Standard Operating Procedures	May 2008
Sheriff’s Office	General Order/Personnel Procedure 2.22: Selection	November 15, 2021
Park Police	Administrative Procedure 707.0: Park Police Officer Recruitment Program	June 11, 2007

1. MCPD

MCPD’s policies on pre-hire psychological evaluations are documented in its Police Officer Candidates Medical/Psychological Examinations Standard Operating Procedure, effective May 2008. The document describes the medical and psychological examinations as “an integral component of the employment process” that are “designed to identify any medical or psychological problem that might inhibit work performance or pose a direct threat to employees or others.”⁷

³ COMAR § 12.04.01.05(1).

⁴ COMAR § 12.04.01.05(2).

⁵ COMAR § 12.04.01.05(3).

⁶ COMAR § 12.04.01.04(F)(3)(b).

⁷ MCPD Police Officer Candidates Medical/Psychological Examinations Standard Operating Procedures, pg. 10

Psychological Evaluations. The Standard Operating Procedures specify psychological evaluations be conducted after a candidate receives a conditional offer of employment. The procedures note that MCPD contracts with an outside firm do all pre-hire psychological testing. MCPD’s Recruitment Section Officers are responsible for scheduling all psychological evaluation dates for applicants.⁸

The procedures specify the company conducting the psychological evaluations give each applicant a rating of either “Recommended,” “Recommended with Reservations,” or “Not Recommended.” This recommendation is forwarded as part of a final fitness report to MCPD’s Personnel Division and to the County’s Occupational Medical Services (OMS). If the applicant receives a “Recommended with Reservations” rating, the Personnel Director has the choice to consider it in combination with the applicant’s background investigation and to discuss the results with the psychologist. The procedures state that an applicant’s psychological evaluation becomes part of their medical file and is maintained by OMS. The psychologist must also maintain records of their reports for five years.⁹

2. Sheriff’s Office

The policies and procedures governing new deputy selection in the Sheriff’s Office are described in General Order/Personnel Procedure 2.22, which went into effective in November 2021.

Background Investigations. The policy requires specially trained Sheriff’s Office employees to conduct background investigations on all prospective deputies¹⁰ to determine if an applicant “is of good moral character and reputation; is emotionally stable; and displays the behavior necessary to perform the duties of a deputy sheriff.”¹¹ Each background investigation must include:

1. A credit check;
2. Verification of qualifying credentials;
3. A fingerprint check;
4. A criminal record review;
5. Verification of at least three personal references, including co-workers, neighbors, and friends;
6. Interviews with current and former employers; and
7. An investigation into the use of controlled substances, narcotic drugs, and marijuana.¹²

The background investigation records of all applicants are kept for at least three years, while those of hired candidates are kept permanently.¹³

⁸ Ibid.

⁹ Ibid., at p. 10-11.

¹⁰ General Orders/Personnel Procedures § 2.22(III)(H), Office of the County Sheriff, Montgomery County, Maryland.

¹¹ Ibid., § 2.22(III)(G).

¹² Ibid.

¹³ Ibid., § 2.22(V)(C).

Psychological Evaluations. The procedures also require all applicants who receive and accept a conditional offer of employment by the Sheriff’s Office must successfully complete a psychological examination that is “designed to assess the emotional stability and psychological fitness of the applicant for a sworn law enforcement position.”¹⁴ As required by Maryland state regulations, the Sheriff’s Office procedures specify the psychological examination be conducted by a “qualified psychologist.”¹⁵ The policy also requires the Commander of the Administrative Division maintain records of an applicant’s psychological examination and store them in a secure location.¹⁶

3. Park Police

The Montgomery County Division of the Maryland-National Capital Park Police outlines its policies and procedures for police officer recruitment and selection in its Administrative Procedures 707.0, issued in June 2007. The document states the Investigative Services Commander is responsible for managing all aspects of the applicant and recruitment process for the Montgomery County Division.¹⁷

Psychological Evaluations. The Administrative Procedures specify that all eligible applicants “must pass a pre-employment [...] psychological fitness examination”¹⁸ administered only by a “qualified professional” before an applicant is hired.¹⁹ The procedures also underscore the required psychological fitness examination be conducted “using valid, useful and nondiscriminatory procedures.” The division is required to keep a record of an applicant’s emotional stability and psychological fitness test results in their file.²⁰

C. Department Selection Processes

Each of the four departments employ a multi-step selection process to identify candidates who are best suited for first responder roles. While no one department follows the same set of steps, all four require that every applicant pass an entrance examination, a background investigation, and a medical evaluation to receive a final offer of employment.

As mandated in current Maryland regulations, MCPD, the Sheriff’s Office, and Park Police require applicants to complete a psychological evaluation by a licensed practitioner before being hired. Maryland law does not have certification requirements for fire, rescue, or EMS personnel analogous to the requirements for police officer certification. MCFRS, consequently, does not conduct mental health screening of recruits beyond what is examined during its background investigation of prospective recruits.

¹⁴ Ibid., § 2.22(III)(M).

¹⁵ Ibid.

¹⁶ Ibid., § 2.22(V)(E).

¹⁷ M-NCPPC Montgomery County Division Administrative Procedures § 707.0(II)(C).

¹⁸ Ibid., § 707.0(III)(O).

¹⁹ Ibid., § 707.0(III)(P).

²⁰ Ibid.

Table 5-1 summarizes the selection and hiring steps utilized by each department. The following sections highlight those steps involving aspects of mental health and wellness and explains how each department implements them.

Table 5-1. Candidate Selection Steps in County First Responder Departments

	MCPD	MCFRS	Park Police	Sheriff's Office
Application	✓	✓	✓	
Entrance Exam	✓	✓	✓	✓
Interview	✓		✓	✓
Pre-hire Training Resources	✓	✓		
Physical Fitness Assessment	✓	✓		✓
Background Investigation	✓	✓	✓	✓
Polygraph Test	✓			✓
Stress Evaluation			✓	
Medical Evaluation	✓	✓	✓	✓
Pre-employment Psychological Evaluation	✓		✓	✓

 = Selection step involves mental health and wellness elements

Sources: MCPD, MCFRS, Park Police, Sheriff's Office

1. Entrance Exam

All four departments require an entrance exam to assess whether an applicant has the skills needed to succeed as an entry level police officer, firefighter, or sheriff's deputy. Each departments' exam evaluates a candidate's cognitive ability, but some also measure an applicant's behavioral and/or emotional capacity.

MCPD. MCPD's entrance exam evaluates an applicant's observation and memory skills after studying work-related articles, wanted posters, and law enforcement terms and definitions. The test also measures an applicant's situational judgement through written scenarios, their ability to learn police-related policies and procedures, and their basic math and critical thinking skills.²¹ The assessment is 100-questions long, can be taken on paper or on a computer, and all applicants receive a study guide prior to taking the test.

MCFRS. MCFRS administers the Entry-Level Firefighter Examination, which measures an applicant's cognitive abilities (e.g., verbal comprehension, problem sensitivity, deductive/inductive reasoning,

²¹ [PO-EL 200-NC \(TIP\) Series](#), International Public Management Association for Human Resources.

number facility) as well as their behavioral orientation through an evaluation of stress tolerance, team orientation, and motivation or attitude.²²

Sheriff's Office. The Sheriff's Office administers the Montgomery County Sheriff's Office Written Examination, which tests applicants on their cognitive abilities but also includes questions related to specific law enforcement scenarios.

Park Police. The Montgomery County Park Police Division has recently changed the exam it uses for entry-level applicants. Upon review, the department determined they wanted to move away from an assessment that tested applicants on law enforcement-related scenarios²³ to one that assesses whether a candidate possesses the core competencies needed to succeed as an officer (i.e., empathy, critical thinking, interpersonal skills, emotional stability, etc.).

The new entry level test, called the Law Enforcement Selection Tool (LST), assesses a candidate's cognitive ability (e.g., deductive and inductive reasoning, written skills), alongside noncognitive competencies like work style (e.g., emotional stability, conscientiousness), integrity (e.g., socialization), and biodata dimensions (e.g., stress tolerance, social engagement, adaptability). Park Police representatives report that department leadership thinks these evaluation measures will lead to a better prediction of a prospective officer's overall job performance.

2. Pre-hire Training Resources

MCPD offers a voluntary pre-hire program for police officer candidates to help prepare them for the Physical Fitness Assessment Test (PFAT)²⁴ and to develop overall wellness habits. Conducted by certified physical fitness instructors from the MCPD Public Safety Training Academy,²⁵ the program consists of in-person physical training sessions and virtual sessions covering a variety of "whole health" topics like mental health, stress management, leadership, and nutrition. MCPD representatives report the program has been averaging 15 participants per session.

MCFRS offers firefighter applicants an eight-week in-person training program to help them prepare for the Candidate Physical Abilities Test (CPAT).²⁶ MCFRS also provides candidates exercise tutorials and a guide on nutrition and wellness on the department's recruiting website.²⁷

²² MCFRS uses the [National Firefighter Selection Inventory](#) (NFSI) developed and administered by Industrial/Organizational Solutions.

²³ The department had been using the [PO-EL 302 \(VID\)](#) video-based entry-level police officer assessment.

²⁴ MCPD, MCFRS, and the Sheriff's Office require all applicants to pass a physical fitness assessment to demonstrate their ability to perform the basic physical functions required to become an officer or firefighter. Each test consists of a series of timed physical exercises that measure, among other things, strength, endurance, and agility.

²⁵ MCPD Pre Hire Waiver form.

²⁶ "[Candidate Physical Ability Text: The CPAT Process](#)," MCFRS.

²⁷ Ibid.

3. Background Investigation

All four departments require applicants to submit the following personal information for an in-depth background investigation:

- Criminal history;
- Education history;
- Employment history;
- Financial history (e.g., credit reports);
- Military records; and
- Vehicle and driving records.

In addition to an extensive interview of the applicant, background investigators interview an applicant’s references, family members, co-workers, and/or neighbors. Representatives from MCFRS report that investigators also look for signs of depression, suicide, or domestic violence during background checks of firefighter candidates. They note that a history of depression would prompt further investigation and would not necessarily prevent an applicant from being hired.

MCPD and MCFRS use a combination of full-time and part-time civilian employees and contractors to conduct background investigations of their recruits. MCPD currently has one officer temporarily assigned to assist professional staff with their investigations. Employees in the Sheriff’s Office and Park Police conduct the investigations in those departments.²⁸

4. Pre-employment Psychological Evaluation

The three departments that include psychological evaluations as part of pre-employment screening – MCPD, Sheriff’s Office, and Park Police – contract with a licensed clinical psychologist who conducts the evaluation only after an applicant receives and accepts a conditional offer of employment. This follows ADA guidelines and the International Association of Chiefs of Police guidelines discussed in Chapter 3. The psychologist sends psychological evaluation reports and recommendations only to department hiring personnel, who keep the records secure and confidential. Table 5-2 lists the providers used by each department.

Table 5-2. Department Pre-employment Psychological Evaluation Providers

Department	Provider	Degree
MCPD	Dr. Caren DeBernardo	Psy.D.
MCFRS	N/A	N/A
Park Police	Dr. David Hiland	Ph.D.
Sheriff’s Office	Dr. Caren DeBernardo	Psy.D.

Source: MCPD, Park Police, Sheriff’s Office

²⁸ M-NCPPC Montgomery County Division Administrative Procedures § 707.0(III)(K).

MCPD. MCPD contracts with Dr. Caren DeBernardo, a licensed psychologist in private practice, to conduct pre-employment psychological evaluations of potential hires.

Dr. DeBernardo uses scales and inventories outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), to assess an applicant's key personality traits, their suicide risk, and screen for existing disorders like depression, anxiety, sleep problems, and alcohol and substance abuse. Her psychological evaluation also includes a mental status examination, a clinical interview, and a review of the applicant's background information.

Based on the evaluation results, Dr. DeBernardo completes a report with one of three ratings for the potential hire: Recommended; Recommended with Reservations; or Not Recommend. She provides a copy of this report to the Director of MCPD's Personnel Division and to OHR's Occupational Medical Services (OMS) department. OMS will only provide an applicant's medical clearance after reviewing the psychological evaluation recommendations.

Sheriff's Office. The Sheriff's Office also contracts with Dr. Caren DeBernardo to conduct pre-employment psychological evaluations for potential new hires and for lateral hires. She sends a copy of her final report to the Administrative Services Division Commander and to OHR's Occupational Medical Services (OMS) department, who factor the results into an applicant's medical clearance.

Park Police. M-NCPP contracts with Dr. David Hiland, a licensed psychologist in private practice, to conduct pre-employment psychological and stress evaluations of potential new hires and lateral hires in the Montgomery County Park Police.

After completing the psychological and stress evaluations, Dr. Hiland rates each candidate on the following scale: 1) Highly Recommended; 2) Recommended; 3) Recommended with Reservations; or 4) Not Recommended.²⁹ He submits a candidate's report with this recommendation to M-NCPP's Health and Benefits Office, who reviews it in conjunction with an applicant's physical assessment results to determine whether the applicant will receive full medical clearance. The Health and Benefits Office then notifies Park Police's recruitment and selection team if the applicant is "acceptable" or "not acceptable."

D. Implementation of State Law Changes

As described in Chapter 4, the Maryland state legislature enacted House Bill 670 in 2021, which requires individuals seeking police officer certification to submit to a mental health screening by a licensed mental health professional and to a physical agility assessment by the Maryland Police Training and Standards Commission. The law also requires officers to submit to mental health assessments every two years and physical agility assessments every year to be recertified. The law requires law enforcement

²⁹ Dr. Hiland uses a list of criteria to establish employment recommendations based on psychological assessments, interviews with, and background reviews of candidates.

agencies to implement these changes starting July 1, 2022. This section describes how County law enforcement departments currently are planning to implement these changes.

Representatives from MCPD, the Sheriff's Office, and Montgomery County Park Police report they anticipate the Maryland Police Training and Standards Commission will issue guidance on implementing these changes. However, as of April 19, 2022, the Commission had not released any guidance.

1. MCPD and Sheriff's Office

MCPD and the Sheriff's Office, along with the Chevy Chase Village Police, have partnered together to implement the new mental health screening requirement for officers and deputies in all three departments. Representatives from FOP Lodge 35 and MCPD report that discussions about the screening process are currently underway. Details on the type of screening test and process are being finalized.

2. Park Police

Representatives from M-NCPPC report they are waiting on new regulations or guidance from the Maryland Police Training and Standards Commission on how to implement the new legal requirements for Park Police officers. In the absence of such guidance, M-NCPPC plans to conduct the recurring mental health screenings using mental health professionals available through their existing EAP program.

Chapter 6. Department Mental Health Supports

This chapter describes department-based mental health services for employees in MCPD, MCFRS, the Sheriff’s Office, and Montgomery County Division of the Maryland-National Capital Park and Planning Commission Park Police (“Montgomery County Park Police” or “Park Police”). The chapter describes the following:

- A. In-House Mental Health Professionals
- B. Peer Support Teams
- C. Responses to Critical Incidents
- D. Other Department Resources
- E. Feedback

Of note, fitness-for-duty processes and procedures are outside the scope of this report and not discussed here. Situations can arise in the first responder departments where the behavior or actions of an employee can raise concerns about the employee’s mental health that result in the employee being evaluated by a professional for fitness-for-duty. The in-house mental health professionals described in this chapter who work with department staff are not involved in fitness-for-duty evaluations or processes.

A. In-House Mental Health Professionals

Two of the four departments – MCPD and MCFRS – have in-house mental health professionals available to provide clinical and other services. The next table summarizes these positions.

Table 6-1. Department Mental Health Professionals and Support Staff in MCPD and MCFRS

	MCPD	MCFRS
Licensed Psychologists	2*	1
Licensed Clinical Social Workers (LCSW)	1+	1
Administrative Staff	1*	
Total	4	2

* Positions in OHR

+ New position in 2021 in Emergency Communications Center (ECC)

Source: MCPD, MCFRS

MCPD’s psychologists and MCFRS’ mental health professionals are available to all department staff and immediate family members. MCPD’s lead psychologist reports that he meets regularly with MCFRS’

lead psychologist and with the LCSW in the ECC – to provide each other professional consultations, support, feedback, and coordinate work. MCPD’s psychologist supervisor has been in that role since late July 2021 and has been with the County Government for approximately two years, initially as a psychologist in the Stress Management Division. MCFRS psychologist has been with the County Government since February 2021.

MCPD and MCFRS representatives report both departments are, for the first time, in the process of acquiring an electronic health records (EHR) system for use by mental health professionals. EHR systems provide secure, real-time access to patient records for authorized users and department staff report that an EHR system will lessen the administrative burden on department mental health professionals.

Organizational locations of mental health staff. As discussed in the chapter on best practices, ensuring privacy around access to in-house mental health services is a primary consideration in first responder organizations and departments across the country. One consideration is the organizational and physical location of mental health staff and MCPD and MCFRS have taken different approaches.

MCFRS’ mental health professionals are employees of MCFRS. Three of the four positions that provide mental health support to MCPD are employees in the County Government’s Office of Human Resources (OHR) – but serve MCPD.¹ MCPD’s fourth mental health professional – a licensed clinical social worker (LCSW) – specifically serves staff in the Emergency Communications Center² (ECC) and is an employee of that division.

1. MCPD

As indicated above, MCPD has four positions to provide support for employee mental health – three are mental health care providers and one is an administrative position. One psychologist supervisor position, one psychologist position, and one administrative position are in MCPD’s Stress Management Division, which is part of the Office of Human Resources. These staff members have physical offices located at 2301 Research Blvd., Suite 205, in Rockville and provide both in-person and telehealth service options. The psychologist position in the Stress Management Division has been vacant since July 2021 however as of early March 2022, OHR extended an offer for the position and was accepted. The department anticipates that the person will begin in the coming months. The fourth mental health position for MCPD is filled by a licensed clinical social worker in the Emergency Communications Center, hired in March 2021.

¹ For simplicity in this report, OLO will refer to these positions as “MCPD mental health professionals” or with similar language to denote that they serve the staff in MCPD, even though the positions are in the Office of Human Resources. The positions that support MCPD are located in OHR based on the collective bargaining agreement between the County Government and the Fraternal Order of Police, Lodge 35.

² Staff in the County’s Emergency Communications Center are responsible for responding to 9-1-1 emergency calls in the County, determining the level and type of services needed in a situation, and providing dispatch support to MCPD and MCFRS personnel who respond to a 9-1-1 call.

The responsibilities of and some procedures related to the Stress Management Division are outlined in a written department policy (called a Function Code) adopted in 2002 – Function Code 223: Stress Management Division.³ The responsibilities outlined include:

- Providing clinical mental health services for department members and their families on request;
- Referring individuals to outside mental health resources, if needed;
- Screening for mental health impacts when employees are involved in a traumatic incident;
- Directing and supervising MCPD’s Peer Support Team; and
- Assisting with MCPD’s diversion program – an alternative to the disciplinary process.

In addition to providing psychotherapy (i.e., talk therapy), the psychologists also provide mental health-related training to new police recruits, to ECC recruits, and by request to other groups and divisions in MCPD. MCPD’s psychologist supervisor also oversees the clinical supervision of MCPD’s peer support team and the peer support teams from the Sheriff’s Office and Park Police.

The work of the administrative staff member includes creating training materials based on guidance from the psychologist supervisor, coordinating administrative meetings, and managing phone calls. The Office of Human Resources provides funding for the psychologists’ licensing and professional memberships, training resources, and professional journals.

The director of the Emergency Communications Center reports the licensed clinical social worker (LCSW) hired in March 2021 met individually with all ECC employees in the first weeks of employment. All ECC employees will be required to do a check-in annually with the LCSW. The work of ECC personnel includes the same types of cumulative stress seen in other first responders. One difference, however, is that frequently ECC call-takers and other employees do not know the ultimate outcome of a call they worked on, which can induce additional stress. ECC representatives report there are processes in place that allow ECC employees at their discretion to follow up with first responders from an incident to learn about outcomes.

The ECC director reports the LCSW will not have the time or capacity to provide direct psychotherapy to ECC members. She will refer employees to other mental health providers if long-term services are needed – either through MCPD’s stress management program, the County Government’s Employee Assistance Program, or through private health insurance. The ECC’s LCSW, however, has been trained in eye movement desensitization and reprocessing (EMDR) therapy⁴ since joining the County and has used the training while working with ECC employees.

Mandatory Referral to MCPD Psychologist. Typically, MCPD personnel can request to meet with the psychologist at their discretion. The one exception is when a department member is involved in a traumatic incident, defined as:

³ Function Code 223, [Stress Management Division](#), MCPD (2002).

⁴ EMDR is a therapy technique used to help people process and heal from the symptoms of distress caused by traumatic incidents.

- When the actions of an employee result in the death or serious injury of a person;
- When employees are present at the death or serious injury of a department employee (includes ECC personnel directly responsible for radio/phone service during an incident); and
- When negotiating team members are directly responsible for negotiations in an incident that ends in serious injury or death.⁵

Personnel who are involved in a traumatic incident are placed on administrative leave and required to meet with the psychologist before returning to active duty.⁶ In this process, the psychologist meets with personnel to discuss and screen for common symptoms of mental health reactions that can result from being involved in a traumatic incident, provide information to employees, and follow up with additional services or referrals for services at an employee's request. Park Police representatives report that Park Police recently began requiring employees involved in a traumatic incident to meet once with an MCPD psychologist before returning to active duty.

2. MCFRS

MCFRS has two mental health positions in the department – one psychologist position and one therapist position. Similar to MCPD's psychologists, MCFRS' mental health professionals:

- Provide psychotherapy treatment for department staff and immediate family members;
- Create and provide mental health training for MCFRS recruits that include discussions of coping and stress management, mindfulness meditation, and available services;
- Provide clinical supervision for MCFRS' peer support team and critical incident stress management; and
- Create and update mental health-related content available on MCFRS' and OHR's websites.

Shortly after being hired in July 2021 and with support of the IAFF, MCFRS' psychologist created an online survey sent to all department staff to solicit feedback on the types of mental health support employees wanted with responses only seen by the psychologist. Among other things, the information was used to develop resources for MCFRS personnel and create online content for MCFRS' mental health website, with content available for different learning styles (e.g., reading materials, podcasts, media).

Currently, MCFRS' mental health staff do not have physical office space and can provide clinical services exclusively via video telehealth services. Unlike MCPD, MCFRS does not have an administrative staff member to support its mental health professionals. Department representatives report a need exists for administrative support, for example, to help find appropriate local private providers and

⁵ MCPD Function Code 223 § III.B.

⁶ See, e.g., FOP CBA, Appendix O.

other resources for clients, conduct research for the mental health staff, provide calendar scheduling support, and develop informational materials for mental health resources.

MCFRS and IAFF representatives report demand for appointments with MCFRS' mental health professionals is so high they have almost no time in their schedules for work beyond meeting with clients, leaving no time for other projects such as developing group treatment options, providing supportive training, conducting routine visits to fire stations, or identifying appropriate outside providers for referrals. The mental health care providers report there is a wait list of people who have requested appointments with the providers. MCFRS representatives report because there is so much demand for mental health care in the departments, the providers are forced to work reactively – addressing situations when they arise – rather than proactively developing guidance, programming, and resources for the department. MCFRS' psychologist and LCSW report they have had to reduce the amount they see some clients (e.g., from weekly to bi-weekly, or bi-weekly to monthly) because of the demands on their time.

No Mandatory Referrals to MCFRS Psychologist. MCFRS does not have any policies that mandate a meeting with the department psychologist. In the case of critical incidents (see page 50), employees may be required to attend a critical incident group debriefing but are not required to participate in any discussion unless they choose to. Supervisors may recommend a person speak with one of the mental health professionals, but it is never mandated.

3. Separation of Mental Health Services from Fitness-for-Duty Evaluations

As noted at the beginning of the chapter, each of the first responder departments has procedures for referring employees for a fitness-for-duty evaluation if an employee's behavior or actions raise concerns about the employee's ability to perform their full job duties. None of the in-house mental health professionals are involved in fitness-for-duty processes or evaluations. Department representatives emphasize the on-staff mental health professionals are there to serve as trusted resources for staff. As such, the departments have affirmatively placed a wall between the in-house mental health providers and the fitness-for-duty process so that employees can have confidence that the information they share with the mental health professionals remains confidential. All department mental health professionals are required under state law and professional licensing standards to maintain the confidentiality of client communications, except under very limited circumstances as when the client presents an imminent danger to him/herself or another individual.⁷

4. FY23 Operating Budget Requests

In his FY23 recommended operating budget, the County Executive has requested new positions to provide mental health care in MCPD and MCFRS. The FY23 recommended budget includes a new psychologist position (\$141,515) in the Stress Management Division in OHR to work with both MCPD

⁷ COMAR §§ 10.36.05.08(A); 10.42.03.03(B)(7).

and Sheriff’s employees. It also includes two new positions (\$150,000) to expand mental health resources in MCFRS – a part-time therapist position (0.75 FTE) and a full-time administrative aide.

B. Peer Support Teams

As described in Chapter 3, peer support teams (PST) involve department employees who are trained to provide support to fellow employees and employee family members and, if needed, refer others to professional services. Evidence shows that peer support teams are one of the most widely used and effective mechanisms for providing mental health services to first responders.

Peer support team members in the first responder departments provide support in a number of ways. Typically, in each department, PST members can be called on 24/7:

- To speak one-on-one with a colleague who reaches out individually to the PST;
- To provide support for colleagues in situations that would lead to a severe emotional reaction – e.g., the sudden death of a family member or friend; diagnosis of a life-threatening illness; and
- As a group of team members, to provide guidance and support during and/or following the response to a critical incident in the department.

All four departments have active PSTs. The Emergency Communications Center has received a federal grant allowing it to organize and train its own PST in 2022. Additionally, IAFF Local 1664, the union for MCFRS firefighters, provides its own peer support services through staff employed directly by the union.

In MCPD and MCFRS, the PST augment the work of the on-staff mental health professionals. MCPD’s psychologist supervisor provides clinical support for MCPD’s, Park Police’s, and the Sheriff’s Office’s PSTs, which are “allied agencies” – meaning that the PST members of one agency are considered part of the PST of each of the allied agencies.⁸ MCFRS’ psychologist provides clinical support for the department’s PST. The work of the PST is coordinated in each department by staff and all PST coordinators and members participate on the teams as adjunct assignments – meaning that peer support work is in addition to their normal job duties.

The next table summarizes data on current number of PST members in each department.

⁸ In addition to MCPD, Park Police, and the Sheriff’s Office, other allied agencies include Gaithersburg City Police, Rockville City Police, and Takoma Park Police.

Table 6-2. Number of Peer Support Team Members, March 2022

Department	Number of Team Members			Total
	Union	Mgmt	Civilian	
MCPD ⁹	33	4	8	45
MCFRS	40	-	1	41
Sheriff's Office	5	-	-	5
Park Police	2	1	1	4

Source: Department data

MCPD trained 30 new PST members in September 2021. Before that, MCPD had not been able to bring on new PST members since 2012, partially due to budget constraints. MCPD representatives also report having difficulty finding adequate training organizations that offer the breadth of training that MCPD wants for its PST members. MCFRS representatives report they are working to increase the size of the PST to provide additional resources and to increase the diversity of the team.

Each department has written policies and procedures for their PST. MCFRS' peer support team policies and procedures are available online.

MCPD	Function Code 222: Peer Support Team	May 6, 2001
	Peer Support Team Standard Operating Procedures	April 20, 2020
Park Police	Administrative Procedure 714.1: Peer Support Team	July 2, 2019
	Peer Support Team Standard Operating Procedure	June 17, 2020
Sheriff's Office	Personnel Procedure 2.34: Peer Support	August 30, 2017
MCFRS	MCFRS Directive 00-32: Critical Incident Stress Program	December 18, 2000
	Peer Support Mission Statement	
	Peer Support-CISM Team Certification Requirements	

Peer support team members play a critical role in providing mental health support for employees. Team members are available to talk to colleagues both about work-related stresses or issues (e.g., stress, exposure to trauma, interactions with colleagues) and personal ones (e.g., relationships and family, financial concerns, substance abuse, etc.). Team members also respond during a critical incident if the department staff involved need mental health support due to the nature of the incident (see the next section on Responses to Critical Incidents). Several department representatives noted that one-on-one discussions between an individual and PST members have increased since the beginning of the COVID-19 pandemic (March 2020).

⁹ Additionally, PST members from the other allied agencies include two sworn officers from the Gaithersburg City Police, two sworn officers from Rockville City Police, one civilian employee from Takoma Park Police, and one volunteer pastor. Altogether, the allied agencies have 60 PST members.

At the same time, the PST emphasize that members do not provide mental health counseling but are there to listen to colleagues, offer emotional support, provide information about typical human responses to the situations encountered by first responders, and if needed, refer colleagues to other services. MCPD's peer support team assists employees who need help with daily tasks (e.g., lawn mowing, dog walking), and it coordinates funerals for officers who die in the line of duty— coordinating logistics and providing direct support for the family of the officer.

Several representatives from PST emphasized that at times after talking to someone on the job in the context of peer support, PST members may recommend to a supervisor that an employee should be allowed to leave work for the remainder of a shift because of the employee's present state of mind. PST leaders emphasized that they do not make recommendations like this lightly (e.g., just to give someone the afternoon off). OLO was told on at least one occasion, multiple people at multiple levels of department management were notified of an employee who had gone home in this situation, highlighting that the employee was dealing with a mental health issue. PST leaders stressed having such information shared with others can only bolster the perception among employees that there may be job consequences for seeking mental health care.

Peer support team members from MCPD, Sheriff, and Park Police make themselves available to recruits in training at the Public Service Training Academy on a weekly basis – to make their availability known to recruits and provide support for recruits throughout training.

Contacting Peer Support Teams. The PST can be activated by calling a phone number and leaving a voice message that is returned within 15 minutes. MCPD, Park Police, and the Sheriff's Office, as "allied agencies," use the same contact phone number. MCFRS has its own contact phone number. MCFRS also provides an email address where individuals can request a non-urgent response from peer support that typically will be answered within a week and has a list of its PST members and contact information available to staff online. During critical incidents, on-site commanders can also call the Emergency Communications Center and ask ECC staff to contact the PST.

Peer Support Team Membership. In all the departments, PST are coordinated by management-level staff members. All coordinators and team members participate on the PST in addition to their normal job responsibilities. Each department has written policies, standard operating procedures, and/or guidance outlining the work of their PST.

Each of the teams strive to have team members who are union members, management employees, and civilian staff so employees can talk to someone similarly situated. Matching someone with a PST member at the same job level can add an additional level of comfort. Department and union representatives report that regardless of assurances of confidentiality, many non-supervisory staff are weary of talking about issues or concerns with a PST member who is a supervisor for fear the conversation may result in discipline or other consequences.

Employees apply to become members of PST and typically must submit an indication of interest. Depending on how many PST positions exist and the number of applications, the departments may conduct interviews with the applicants and review references.

Training Peer Support Team Members. Members of PST undergo training when they join the team. All four departments contract with outside professionals who specialize in training PST members. Training is approximately 40-hours in length. Training programs generally include components on understanding stress, suicide, crisis communication skills, group crisis intervention, and critical incident debriefings, among others. The PST teams also require annual continuing education for PST members that can include training by the International Critical Incident Stress Foundation, in-person training by staff in MCPD or other local police departments, and through online resources. Staff from MCPD, Park Police and the Sheriff's Office will often undertake PST training together.

Confidentiality of Peer Support. As noted in Chapter 3, the literature on providing peer support services for first responders emphasizes the need for confidentiality in the process so people seeking out peer support can feel confident that what they say will not be shared with others. The written policies and procedures for the first responder departments' PST all state that PST members must maintain the privacy and confidentiality of the individuals seeking support. Department representatives report PST members purposefully do not keep written records of their meetings in their peer support roles to help maintain confidentiality. PST members report to PST leaders when they do provide services to track data on the number of hours dedicated to peer support, but records are not kept on who is participating.

Both the IAFF's and FOP Lodge 35's collective bargaining agreements (CBAs) with the County Government provide the County will legal representation, if needed, to protect the privilege of union employees who make disclosures to PST or who are members of PST.¹⁰ The CBAs also indicate that information shared in confidence (privileged) in the context of peer support cannot be used in a County administrative proceeding to substantiate information that was not shared in confidence.¹¹

Peer support team members do not provide support for employees involved in critical incidents where the employee may be subject to administrative or criminal sanctions. In those cases, department mental health professionals have responsibility for responding to employees directly involved in the incident.

A bill passed at the end of March in the Maryland General Assembly and is available for signature by the governor that would provide legal confidentiality protection for PST communications for fire, rescue, and EMS workers in the state.¹²

¹⁰ FOP CBA Article 58; IAFF CBA § 47.2.

¹¹ Ibid.

¹² [Senate Bill 0446](#), *Public Safety – Fire, Rescue, or Emergency Medical Services Entities – Peer Support Programs*, Maryland General Assembly, 2022 Regular Session.

ECC Peer Support Team. The ECC recently received a federal grant to develop its own PST, which will be clinically overseen by the ECC's LCSW. The ECC Director reports the PST will include a mix of union, management, and civilian employees and there are 43 slots in the training class that will be filled by ECC employees. The ECC director reports that discussions are also occurring with other regional jurisdictions about providing peer support services.

IAFF Local 1664 Peer Support. The International Association of Firefighters, Local 1664, the union that represents uniformed firefighters in MCFRS, also provides peer support services for its members and first responders in other regional departments. IAFF Local 1664's peer support lead emphasized several points about the mental health of first responders and peer support:

- First responders need to be trained about their mental health, the impacts of the work on mental health, and ways to deal with the stresses of the job from the time they join a department and throughout their career;
- The stigma associated with receiving mental health care is incredibly strong and persistent in the fire and rescue community throughout the country and in Montgomery County;
- Peer support is one of the best ways to provide mental health support to first responders. Employees, however, need peer support options both inside and outside of departments because many employees will not use peer support services provided by departments, fearing that doing so will negatively impact their career; and
- The hesitancy of first responders to use mental health care provided by a department is not unique to Montgomery County – it is a product of the persistent stigma first responders associate with mental health care that still permeates departments throughout the U.S.

C. Responses to Critical Incidents

As previously stated, first responders are frequently exposed to traumatic stress in the routine undertaking of their jobs. Many first responder departments have processes in place to provide employees involved in a critical incident with mental health support and help them manage stress following the incident. The critical incident response for Montgomery County's first responder departments actively involves the department mental health professionals and peer support team members to provide support following (and, if needed, during) a critical incident. The U.S. Occupational Health and Safety Administration describes critical incident stress this way:

Workers responding to emergency events and or disasters will see and experience events that will strain their ability to function. These events, which include having to witness or experience tragedy, death, serious injuries and threatening situations are called "Critical Incidents." The physical and psychological well-being of those experiencing this stress, as well as their future ability to function through a prolonged response, will depend upon how they manage this stress. Post Traumatic Stress Disorder

differs from critical incident stress by lasting longer than four weeks after the event triggering the emotional, mental or physical response. Most instances of critical incident stress last between two days and four weeks.¹³

Discussed briefly in Chapter 1, critical incident stress affects every person differently. The next table identifies common (but not all) signs and symptoms of reactions to critical incident stress.

Table 6-3. Common Signs and Symptoms of Critical Incident Stress

Physical	<ul style="list-style-type: none"> • Fatigue • Chills • Unusual thirst 	<ul style="list-style-type: none"> • Chest pain • Headaches • Dizziness
Cognitive	<ul style="list-style-type: none"> • Uncertainty • Confusion • Nightmares • Poor attention 	<ul style="list-style-type: none"> • Decision making ability • Poor concentration, memory • Poor problem-solving ability
Emotional	<ul style="list-style-type: none"> • Grief • Fear • Guilt • Intense anger 	<ul style="list-style-type: none"> • Apprehension and depression • Irritability • Chronic anxiety
Behavioral	<ul style="list-style-type: none"> • Inability to rest • Withdrawal • Antisocial behavior 	<ul style="list-style-type: none"> • Increased alcohol consumption • Change in communications • Loss/increase in appetite

Source: [Critical Incident Stress Guide](#), Occupational Safety and Health Administration (OSHA).

Definition of Critical Incident. Each of the County departments has a similar definition of what constitutes a critical incident that will result in activation of the PST. Typically, the senior ranking officer at the scene of an incident will determine whether an incident requires PST support. The next table highlights how each department describes the circumstances for activating its PST in their department policies. Note that these are examples and do not represent the only situations in which a PST may be activated.

¹³ Critical Incident Stress Guide, OSHA.

Table 6-4. Situations Resulting in Activation of Peer Support Teams

	MCPD	MCFRS	PP	Sheriff
The death or serious injury of any person, including (but not limited to):	✓		✓	✓
• Death or serious injury to a department employee	✓	✓	✓	✓
• Department negotiations/involvement/action resulting in death or serious injury	✓	✓	✓	✓
• Police involvement resulting in death or serious injury			✓	
• ECC personnel involved in call-taking or dispatching	✓		✓	
An incident involves the death or serious physical/emotional trauma to a child	✓	✓	✓	✓
Situations that would have a severe adverse emotional impact on an employee, including:	✓	✓	✓	✓
• Sudden death, unexpected and/or violent death of a family member	✓		✓	✓
• Discovery of a life-threatening illness	✓		✓	✓
Mass casualty incidents		✓		
Suicide of a department member		✓		
Loss of life following extraordinary and prolonged expenditures of physical and emotional energy during rescue efforts		✓		

Sources: MCPD FC 222 § IV; MCPD PST SOP § 3.5; [MCFRS website](#); Park Police Admin. Procedure 714.1 § IV; Sheriff Office General Order 2.34 § II.

Support for Employees Involved in Critical Incidents. When a critical incident occurs, the senior person in charge at the scene is responsible for notifying necessary parties of the incident, which include the department psychologist that oversees the peer support team and the PST itself. The senior person at an incident can notify the PST that a critical incident occurred either by calling the direct PST phone numbers or by contacting the Emergency Communications Center and having them contact the PST.

Once a PST is notified of an incident, the next steps are fluid, depending on the department, the nature and severity of the situation and the employees involved. For severe incidents, PST members will report to the scene of an incident to provide support.

In MCPD and MCFRS, for significant serious incidents where employees could be subject to administrative or criminal sanctions, the department psychologist will respond to the scene to speak with and support employees who may be part of/subject to investigation. As noted above, PST members do not speak with employees who may be subject to administrative or criminal sanctions. PST members will speak with other employees involved in the critical incident.

For some incidents, the PST will gather involved employees together after the incident concludes to immediately assess how employees were impacted by the incident. PST members may talk to employees about common physical and mental responses the employees may experience following the incident and they will identify whether employees are capable of finishing a shift or whether they need to go home.

MCFRS representatives report that not every incident that could be categorized as a critical incident is reported to the PST. However, the PST is aware of significant incidents to which MCFRS personnel respond and will often follow up with employees involved in an incident even when there is not a formal activation of the PST.

For many critical incidents, departments will conduct a group “debriefing” in the day or days following an incident. Employees are required to attend but are not required to speak. Critical incident debriefings may be conducted by PST members or by the department mental health professionals.

A debriefing discussion may include employees talking about where they were in an incident, what role they played, and how they are feeling due to the incident. The PST’s goal is to normalize the feelings and responses that people have, identify whether some employees may need one-on-one follow-up, reiterate common reactions to incidents, and give advice on what to do if people are reacting in certain ways. PST members remind debriefing participants that the team is there if a participant needs someone to talk to. PST members will also routinely check in with debriefing participants following the debriefing.

D. Other Resources

The County Government and the first responder departments also provide employees access to other mental health resources, such as:

- Coverage of mental health care services through employee health insurance;
- Mental health care services available through employee assistance programs (EAP);
- Online mental health care resources; and
- Department programming that includes mental health care components.

Several local mental health treatment facilities also provide services specifically for first responders.

Employee Health Insurance and Employee Assistance Programs. Employees in the four first responder departments all have access to mental health care through health insurance coverage and employee assistance programs (EAP). The health insurance options will cover a portion of costs for private mental health care services.

The EAPs that are available through all departments include access to a variety of services, including counseling resources, financial planning and legal resources. The departments’ contract with EAP providers that employees can contact directly for services. EAP providers typically provide online resources on an array of topics related to mental health, including addiction, emotional-wellbeing, fitness and nutrition, personal growth, physical health, and stress and anger management, among others. Representatives from the Sheriff’s Office report employees seeking counseling are typically referred to the EAP program because the Office does not have on-staff mental health professionals.

Several department and union representatives told OLO that the process of finding an adequate mental health professional through various EAP programs can be difficult. Representatives noted that mental health professionals available through EAP programs rarely have experience working with first responders. Others noted that mental health care providers available through EAP programs can often change – requiring employees or family members to find new providers.

Online Resources. There are many online resources for information on mental health care specific to first responders – and information is available both on County web pages and websites of other organizations or government entities. Resources range from crisis hotlines to information on how to find a mental health care provider to information about mental health and mental health care.

The County Government’s Office of Human Resources (OHR) has created a web page of [Mental Health Resources for Public Safety](#). Some of the resources found on the page include:

- Contact information for sources of mental health care, including the County’s Crisis Center, the National Suicide Prevention Hotline, County health insurance providers and the County EAP program, and multiple external organizations that provide support for first responders; and
- Department-specific resources for MCPD, MCFRS, the Sheriff’s Office, and the Department of Corrections and Rehabilitation.

MCFRS also has a Quicklinks web page for internal employee use that includes links to many of the same or similar sources of mental health care information and a website dedicated to MCFRS’ peer support and critical incident stress management team. Park Police staff are compiling an internal database of resources that includes information on health and wellness, addiction, financial assistance, PTSD, nutrition, yoga, and acupuncture, among other things.

In addition, the national organizations for the Fraternal Order of Police (FOP), the International Association of Fire Fighters (IAFF), and many organizations that support first responders have online mental health resources that include resources on how to develop peer support programs, resiliency training, information on finding the right therapist, resources on post-traumatic stress, and other mental health resources.¹⁴

Department Programming. Several of the departments routinely have in-person events that include, among other things, access to information about mental health care services (e.g., peer support, EAP options). Park Police, for example, routinely hosts a Family Day for all new employees and their family members to provide information about health care insurance coverage and employee assistance programs and access to employee union representatives. In addition, the department hosted three in-service training days in Spring 2022 focused on health and wellness that included: introductions to

¹⁴ [IAFF Mental Health Resources](#); [FOP Mental Health Resources](#); [Montgomery County OHR’s Mental Health Resources for Public Safety](#); [Veterans Crisis Line](#); [1st Help](#); [Suicide Prevention Resource Center](#); [Blue Help](#); [The Code Green Campaign](#); [U.S. Fire Administration Suicide Prevention and Awareness Resources](#)

yoga and acupuncture, representatives from a financial services organization and a treatment center for alcohol and other chemical dependency, a retired officer/counselor who specializes in treatment of PTSD, information on fitness and nutrition, and an instructional tour of Park Police gym facilities.

Also in Spring 2022, Park Police representatives reported the opening of a wellness room at Park Police headquarters. The room provides employees a quiet space that also includes information about mental health and mental health resources.

Treatment Facilities. In discussions with OLO, several union and department representatives mentioned local treatment facilities with behavioral/mental health programs specifically for first responders, including:

- **IAFF Center of Excellence**, in Upper Marlboro, Maryland, provides treatment of substance use disorders and other commonly co-occurring behavioral health issues such as depression, anxiety, PTSD, and bipolar disorder.¹⁵
- **National Law Enforcement & First Responder Wellness Center at Harbor of Grace**, in Havre de Grace, Maryland, provides addiction treatment for first responders.¹⁶
- **Kolmac Outpatient Recovery Center**, with numerous locations in Maryland, including Gaithersburg and Silver Spring, provides outpatient treatment for drug, alcohol, and gambling addictions.¹⁷

E. Feedback

In each of the four first responder departments, OLO spoke with a variety of staff members responsible for designing, implementing, and overseeing the mental health resources described in prior sections. OLO also spoke with representatives for each of the employee unions that represent employees in the first responder departments. OLO received a significant amount of information and feedback that merits mention and/or emphasis. This section summarizes this feedback.

- **Importance of Access to Mental Health Care.** The support for providing access to mental health services comes from top leadership of all departments and from all the employee unions. All departments and unions emphasized the significant importance of providing mental health services for department employees because of the nature of the work and the mental and physical impacts that can result from cumulative stress and trauma. Several people have commented the mental health care the County provides for first responders is “mission critical.” The departments and unions recognize that adequate mental health care and training

¹⁵ [IAFF Center of Excellence for Behavioral Health Treatment and Recovery.](#)

¹⁶ [National Law Enforcement & First Responder Wellness Center at Harbor of Grace.](#)

¹⁷ [Kolmac Outpatient Recovery Center.](#)

can give employees strategies to healthily cope with the stress of being a first responder, which in turn, can improve their physical and mental health, their decision-making capabilities, their job performance, and their ability to interact with others.

- **Departments Need More Mental Health Professionals and Resources.** Numerous people in each first responder department spoke about the need for additional mental health professionals in departments and additional resources for mental health care. Several people noted the demand for talk therapy with the mental health professionals in both MCPD and MCFRS is so great that the in-house mental health professionals do not have time for virtually any other type of work, such as developing trainings or programs for employees.
- **Importance of Training First Responders about Their Own Mental Health.** Department and union representatives emphasized the importance of providing training about employees' mental health and employees' careers, highlighting it as one of the best ways to help support their mental health. Several people spoke about resiliency training as an example, which teaches individuals skills to cope with and recover from stress and trauma in a healthy way. Department representatives are aware of research and studies that show that resiliency training can improve judgement and decision-making in first responders and decrease the frequency of on-the-job errors.

Recurrent training about mental health also normalizes discussions about mental health. Department and union representatives report that employees in first responder departments who are aware of and address their own mental health challenges are better positioned to interact with and respond to the needs of the community.

- **Stigma.** All departments and the unions acknowledge that many employees still attach a stigma to receiving mental health services that prevents them from using services. Department management, mental health professionals, and PST all work to counter the stigma and normalize mental health care in the workplace. Many emphasized increased and consistent training for employees about their own mental health needs and mental health care will go a long way to reducing the stigma. Given that first responders strongly favor peer support programs, many reported the hesitancy to seek out or receive mental health care could be lessened if the state passed legislation ensuring legal confidentiality protections for PST interactions.
- **Scarce Resources.** All departments and unions report that scarce resources for mental health care hinders their abilities to provide the mental health care services that they would like to have. Common examples provided include too few mental health providers for the number of employees and level of need in the departments, lack of adequate funding for mental health training for employees, lack of time to schedule training due to personnel shortages, and lack of funding for tangible mental health resources such as reading materials, wellness rooms, and sensory kits.

- **Generational Differences.** Department and union representatives report anecdotally that younger first responders, in general, are somewhat more comfortable seeking out mental health services because discussion of and access to mental health services has become more normalized in American culture in recent years/decades. Department representatives note, however, that higher levels of comfort with mental health care can easily be countered by the perceived stigma among first responders associated with receiving mental health care and the concern that using services will negatively impact an employee's career.
- **Need for Easy Access to Resources.** Department and union representatives emphasize that employees need a menu of mental health care options to choose from and the resources need to be easily accessible. Just a few examples given include: (1) providing ready access to in-house mental health professionals, including at times convenience for employees who do not work a typical 9-5 schedule; (2) access to reliable external mental health professionals who work with first responders for employees that want to access mental health care outside of the departments; (3) a robust peer support network that includes options for peer support both in a department and through external sources, such as union-provided peer support; (4) easy access to resource materials on individual health and wellness that include reading, audio, and video materials; and (5) access to wellness resources such as time and opportunity to exercise, dieticians, wellness rooms, and emotional support animals.

Chapter 7. Mental Health Training for Employees

The first responders in this report all go through a structured training program when they are hired and receive additional training on an annual basis. Some training is required under state law, some required under accreditation standards, and some voluntary. This chapter describes the current mental health training provided to employees in MCPD, MCFRS, the Sheriff’s Office, and Montgomery County Park Police.

- **Section A** summarizes the requirements related to mental health training and certification for recruits and in-service police officers and emergency medical services personnel established nationally, in Maryland state law, by accreditation bodies, and in Montgomery County regulations;
- **Section B** describes the mental health training offered jointly to MCPD, Sheriff’s Office, and Montgomery County Park Police recruits at the Police Training Academy, as well as specific entrance-level training that is only offered in certain law enforcement departments. The section also discusses the mental health-related training provided to MCFRS recruits; and
- **Section C** summarizes the annual in-service mental health training offered to employees in all four departments.

A. Training and Certification Requirements

1. Police Officers

Under Maryland state law, police training and certification is governed by the Maryland Police Training and Standards Commission (“the Commission”). The Commission establishes standards for police training schools, including setting minimum requirements for both entry-level and in-service training curricula.¹

To be certified as a police officer, police recruits must successfully complete a Commission-approved entrance-level training program that includes at least 750 instruction hours across 18 subject areas that range from criminal investigation to report writing to firearms training.² Two of the required subjects – crisis intervention and health and wellness – involve issues related to mental health.

Maryland regulations also require that certified police officers receive a minimum of 18 hours of Commission-approved in-service training each calendar year but does not include mental health in the list of required subject areas.³

¹ Maryland Code Annotated, Public Safety Article, [§§ 3-201 to 3-218](#).

² COMAR §§ 12.04.01.09(A) and (C).

³ COMAR § 12.04.01.12(A)(1).

MCPD's training program is accredited by the Commission on the Accreditation for Law Enforcement Agencies, Inc. (CALEA), which mandates that officers receiving yearly training in mental health as it relates to their response to individuals with mental illness. This training is part of the in-service training requirement noted above.⁴

2. Fire, Rescue, and Emergency Medical Services

National education standards for Emergency Medical Services (EMS) education and training are developed by the National Highway Traffic Safety Administration (NHTSA) and the National Association of EMS Educators. These National Education Standards ("Standards") offer professionally accepted guidelines that states may adopt or modify to fit their individual needs. The Standards were revised in 2021 to better meet the evolving needs of the EMS profession and include recommendations to add more workforce safety, wellness, and resilience training into EMS education. As noted in the Standards:

With greater number of responders reporting thoughts of suicide, and suicide rates among first responders significantly exceeding those of the general population, a foundational level of knowledge is crucial to addressing this professional and occupational crisis.⁵

Under Maryland state law⁶, the Maryland Institute for Emergency Medical Services Systems (MIEMSS) governs the certification of Emergency Medical Technicians (EMT), which MCFRS requires for every career firefighter. MIEMSS sets forth minimum standards required for initial EMT certification as well as renewal certification.⁷

Montgomery County also establishes training, experience, and credentialing standards that outline minimum core training requirements that all volunteer and career firefighters, rescuers, and EMS providers must complete to advance through the Integrated Emergency Command Structure (IECS). The IECS is a chain of command that MCFRS uses in the control of all incidents and applies to all County Fire and Rescue personnel.⁸ These requirements are documented in Appendices A-1 and A-2 of the Montgomery County Executive Regulation 21-06AM, Certification Standards for Training, Experience, and Credentialing Requirements.⁹ There are no mental health and wellness requirements included in the training and credentialing standards for volunteer or career fire, rescue, and EMS personnel in the County.

⁴ Montgomery County Council Public Safety Committee Briefing: [Police Training](#), February 3, 2020 and MCPD.

⁵ [National Emergency Medical Services Education Standards 2021](#), National Highway Traffic Safety Administration, at p. 26.

⁶ Maryland Code Annotated, Education Article, §§ 13-501 to 13-517.

⁷ EMT Basic MIEMMS Content Requirements

⁸ Montgomery County Executive Regulation 16-05AM, [Integrated Emergency Command Structure](#) (2005).

⁹ Montgomery County Executive Regulation 21-06AM, Certification Standards for Training, Experience, and Credentialing Requirements, Appendix [A-1](#), [A-2](#).

B. Academy Training

1. MCPD, Sheriff’s Office, and Park Police

MCPD conducts entrance-level training for its recruits at the Montgomery County Police Training Academy (“the Training Academy”) located on the Public Safety Training Academy (PSTA) campus in Gaithersburg, MD. MCPD also administers basic training for several other municipal law enforcement departments in the County, including¹⁰:

- Park Police;¹¹
- Sheriff’s Office;¹²
- Gaithersburg City Police;
- Rockville City Police; and
- Chevy Chase Village Police.

Training Academy classes are taught by full-time instructors who are both sworn officers and civilians, as well as temporary instructors assigned from other County departments (e.g., Sheriff’s Office, M-NCPPC, State’s Attorney’s Office). The Training Academy will often assign officers away from their regular duties to serve as adjunct instructors.¹³

The Training Academy’s basic training program covers 1,000 hours of instruction over 25-27 weeks, which exceeds the 750-hour requirement set by the Commission. A total of 15.5 hours is dedicated to specific mental health and wellness subjects, summarized in Table 7-1.

Table 7-1. Mental Health and Wellness Training included in MCPD Entrance-Level Curriculum

Subject	# of Hours
Mental Health First Aid	8
Wellness and Nutrition	2
Biomechanics (injury prevention)	1
Substance Abuse	2
Stress Management	2
Peer Support	0.5
Total	15.5 hours

Sources: MCPD, Sheriff’s Office

¹⁰ Montgomery County Council Public Safety Committee Briefing: Police Training, February 3, 2020.

¹¹ Because every police academy in Maryland offers entrance-level training that meets state standards, Montgomery County Park Police might send a recruit to an academy in another county if there is no space at the PSTA.

¹² A Memorandum of Understanding between the Sheriff’s Office and MCPD requires that entry-level and in-service training for deputies and officers are conducted jointly at the PSTA. Office of the County Sheriff, Montgomery County, Maryland, General Order 2.28: Training, October 15, 2020.

¹³ Montgomery County Council Public Safety Committee Briefing: Police Training, February 3, 2020

Mental Health First Aid. Law enforcement recruits receive eight hours of Mental Health First Aid, a skills-based training course that teaches participants how to identify risk factors and warning signs of mental health problems in others, as well as training participants in how to help someone who is either developing a mental health problem or who is in crisis.¹⁴ The training is conducted by Crisis Intervention staff from MCPD and Montgomery County’s Department of Health and Human Services.

Wellness and Nutrition Training. Experts from inside MCPD as well as other County departments (e.g., OHR’s Stress Management Division, the Montgomery County Emergency Communications Center) lead recruits in two hours of health and wellness instruction that involves presentations on nutrition, exercise, mental relaxation, and yoga. They also receive one hour of physical training from a certified personal trainer who incorporates mental health exercises into the instruction.¹⁵

Substance Abuse and Stress Management Training. MCPD’s lead psychologist conducts two hours of substance abuse training where recruits learn the symptoms and effects of substance abuse and how to prevent it. An additional two hours is dedicated to teaching recruits the concepts of stress, how to recognize stress in themselves and in others, and how to develop coping strategies and stress management skills.¹⁶

Introduction to Peer Support. MCPD reports that recruits receive a separate 30-minute block of instruction introducing them to peer support. Additionally, peer support team representatives from MCPD, the Sheriff’s Office, and Park Police are available on site at the Academy every week to introduce recruits to their services and to meet with any recruits who want to discuss issues they may be facing during basic training.

Crisis Intervention Team Certification. In addition to the 15.5 hours of mental health and wellness training discussed above, the Academy program also provides Crisis Intervention Team (CIT) Certification for all MCPD recruits. CIT certification is an intensive, 40-hour course that trains participants on how to interact with people with mental health issues.¹⁷ The training covers a range of topics including active listening and de-escalation techniques and includes field trips and role-playing exercises.

MCPD, Sheriff’s Office, and Park Police representatives all expressed how important CIT training is for their officers. Though CIT training does not address officer mental health and wellness directly, both agency personnel and researchers find it to be an effective way to teach officers how to recognize warning signs in themselves and in peers and how to be comfortable communicating with someone experiencing a mental health crisis.¹⁸ As one County officer OLO interviewed noted, “in general, any type of training you have that helps practice communicating with others helps.”

¹⁴ [Mental Health First Aid](#), National Council for Mental Wellbeing.

¹⁵ Montgomery County Council Public Safety Committee Briefing: Police Training, January 29, 2020, 2018-19 Program of Instruction; interview with Sheriff’s Department.

¹⁶ *Ibid.*

¹⁷ Brochure on MCPD and the Community, May 2021.

¹⁸ Department of Justice, *Eleven Case Studies*, at p. 2.

MCPD and Sheriff's Office recruits go through CIT training during basic training at the Academy. As of 2021, over 600 MCPD officers¹⁹ and 65 Sheriff's deputies were CIT certified. CIT training had previously been part of the recruit training curriculum but was canceled due to the COVID-19 pandemic. MCPD and Sheriff's Office representatives report the Training Academy has started training those officers and deputies who had missed the course during the pandemic and plans to open it to all non-trained sworn staff soon. Representatives explain the Training Academy intends to reincorporate CIT certification into the basic training program so that 100 percent of new recruits become CIT certified.

Park Police recruits do not go through CIT training during the Academy. Department representatives report only 30 percent of Park Police officers are currently CIT certified, but they would like all officers to be trained. They are exploring bringing in an outside law enforcement facilitator group to conduct the course for Park Police officers.

Pre-hire Training Program. As discussed in Chapter 5, MCPD offers a voluntary pre-hire program to help recruits prepare for the candidate selection process as well as the mental and physical rigors of the police academy. The program consists of in-person physical training sessions at the PSTA every Saturday and virtual sessions every Wednesday covering wellness topics like mental health, stress management, leadership, and nutrition. This pre-hire program is specific to the MCPD selection process and not available to Sheriff's Office or Park Police recruits.

2. MCFRS

MCFRS trains all its recruits at the Fire and Rescue Training Academy (FRTA) which is co-located with the MCPD Police Training Academy on the Public Safety Training Academy (PSTA) campus in Gaithersburg, MD.²⁰

The entry-level training program for career recruits with no previous experience in fire, rescue, or EMS, also referred to as "recruit school," is 25-26 weeks long. MCFRS also offers accelerated training programs called "pop-out" classes for individuals with previous fire, rescue, or EMT training. This training can run between 8 to 12 weeks depending on the course. Table 7-2 on the next page outlines the recruit school schedule, which is posted on MCFRS's Training Academy website.

MCFRS representatives report the current EMS curriculum only includes a few hours of instruction on workforce wellness, in particular stress management. While national EMS Education Standards recommend incorporating more first responder mental health and wellness into EMS education (see Section A), department representatives report they lack the additional time needed within the current curriculum to include more mental health training.

¹⁹ Brochure on MCPD and the Community, May 2021

²⁰ [MCFRS Fire & Rescue Training Academy](#).

Table 7-2. MCFRS Recruit School Training Schedule

Training Topic	# of Weeks
Administrative Sessions	1
Fire Training	10
Emergency Medical Service Training	10
Emergency Vehicle Training (Ambulance)	1
Hazmat & Terrorism Training	1
Software & Computer Training	1
Field Internship	1

Source: MCFRS

Prior to the COVID-19 pandemic, MCFRS' in-house psychologist and licensed clinical social worker would visit every recruit class multiple times to discuss their services and what recruits can expect to experience as firefighters and EMTs. Now, MCFRS's lead psychologist and licensed clinical social worker provide one session to each recruit class in which they discuss the services offered by MCFRS's Peer Support and Critical Incident Stress Management (CISM) Team, the signs of mental health problems, and how recruits can recognize symptoms in themselves and in others. They also lead recruits in a mindfulness exercise.

The County's volunteer fire and rescue providers are also trained at the FRTA but with a different instructor cadre. The volunteer curriculum includes training modules in firefighting, EMT, driving, equipment, etc., that can be taken separately. There is no joint program that combines career and volunteer recruit training.

Crisis Intervention Team Certification. While CIT certification is not required by MCFRS, department representatives report that many people in the department have completed it. MCFRS recruits and personnel, especially many on the CISM team, have taken the course along with MCPD when spots have been made available to them. Some CISM team members have also taken the 3-day "Assisting Individuals in Crisis & Group Crisis Intervention" training offered by the International Critical Incident Stress Foundation, Inc.²¹

²¹ [Education & Training Programs](#), International Critical Incident Stress Foundation, Inc.

C. In-Service Training

1. MCPD and Sheriff's Office

MCPD provides 18 hours of in-service training each year to all police officers. The department's policy on training – outlined in Function Code 340: Department Training – specifies that annual in-service training “will be designed to meet the requirements of the [Maryland Police Training and Standards Commission] and applicable CALEA Standards.”²² Some of the training is conducted online and some in-person at the PSTA.

As noted in Section A, the Commission does not include mental health in their list of required in-service training subject areas. However, MCPD includes an annual mental health training mandated by CALEA called “Understanding Mental Health” as part of its in-service requirement. Depending on the year, mental health training has been offered to recruits both in-person and online. Additionally, MCPD reports that starting in 2022, officers will receive a block of in-service mental health and resiliency instruction every year.

The Sheriff's Office is also mandated by the Commission to provide 18 hours of annual in-service training to all officers and deputies. The Sheriff's Office's written policy on training states that in addition to these requirements, the department's Training Section must “provide the most up-to-date training that is available to ensure that deputies are prepared to handle all potentially hazardous situations which may arise during the performance of their duties.”²³

MCPD Stress Management Division. Psychologists from the Stress Management Division provide year-round mental health-related training to various groups and divisions in MCPD that falls outside of the annual in-service training requirement. The topics covered in these presentations range from understanding the effects of stress on law enforcement to how supervisors can talk to their staff about mental illness. Examples of recent training include:²⁴

- MCPD new sergeants training: “Suicide Prevention;”
- “Resiliency in the Face of Adversity: Being Prepared When the Call Comes;” and
- MCPD executive staff training: “Stress Happens! A Practical Approach to Identification and Intervention.”

External Resources. MCPD will occasionally partner with outside providers to offer additional workshops, training, and instruction that is not counted towards the annual in-service requirement. For example, in 2021, MCPD partnered with veteran-owned business O2X²⁵ to conduct a stress

²² Function Code 340: Department Training, MCPD (2017).

²³ General Order § 2.28: Training, Office of the County Sheriff, Montgomery County, MD (Oct. 15, 2020).

²⁴ Stress Management Division.

²⁵ O2X Workshop Brochure

management and resiliency training for 56 officers. Led by subject matter experts, the workshop covered the following topics:²⁶

- Resilience and Post-Traumatic Growth
 - Negative impacts of stress;
 - High-risk occupation stress factors;
 - Signs and symptoms of PTSD, suicide, and depression;
 - Work and family balance; and
 - Mindfulness techniques.
- Nutrition: Fueling for Performance
 - Principles of nutrition;
 - Performance nutrition, exercise, and recovery;
 - Blood sugar recovery;
 - Hydration; and
 - Navigate the grocery store.
- Sleep and Fatigue Management
 - Sleep and performance;
 - Negative impacts of no sleep;
 - Methods for consistent, better sleep; and
 - Impact of shift work.

2. MCFRS

While MCFRS does not offer a set number of in-service training hours each year, personnel must complete re-certification requirements at regular intervals. Each spring, firefighters complete online skills-based modules to be recertified. EMT recertification occurs every three years and includes 24 hours of training as required by state standards, half of which is completed online and half in-person. MCFRS representatives report that the curriculum for EMT recertification only touches briefly on first responder mental health, focusing primarily on the mental health of patients in the care of an EMT.

MCFRS' lead psychologist also provides mental health-related training to various divisions in MCRS. For example, in Spring 2022, she and members of MCFRS' Peer Support Team conducted a training about peer support for staff in MCFRS' Emergency Communications Center.

²⁶ MCPD

3. Park Police

According to department representatives, Montgomery County Park Police conducts its annual in-service training in-house. Each year, they organize two in-service trainings that cover all Commission requirements as well as any new mandates that may have come into effect. The department also offers additional trainings that go beyond the 18-hour requirement on topics such as wellness or critical incidents. For example, the department organized three in-service health and wellness training days in Spring 2022 for all officers and professional staff in the department. The training included:

- An introduction to yoga by a yoga instructor;
- A presentation by Harbor of Grace Enhanced Recovery Center, a treatment facility in Havre de Grace, MD that specializes in working with first responders struggling with drug and alcohol addiction;
- A session on tactical finances (e.g., saving for retirement) with a financial counselor;
- Information about PTSD and coping mechanisms from a retired officer/counselor;
- An introduction to acupuncture;
- Information on fitness and nutrition; and
- An instructional tour of Park Police gym facilities.

D. Feedback

OLO's research involved conversations with various staff members in MCPD, MCFRS, the Sheriff's Office, and Montgomery County Park Police who are responsible for implementing and overseeing mental health training for recruits and employees. OLO received feedback from these discussions that revealed a common need: departments require additional resources for mental health and wellness training. This section summarizes this feedback.

- **CIT training.** Though each of the three law enforcement departments emphasized the importance of CIT certification, the biggest barrier to getting more officers certified is the availability of instructors and the cost of the training.
- **Time for mental health and wellness training.** While all departments want to provide in-service training in mental health and wellness topics, it is a significant challenge to find the additional time and instructors needed for this training on top of employees' required annual training and their normal job responsibilities.
- **Peer support resources.** Many departments expressed a need for more Peer Support Team (PST) training as well as more administrative support in organizing PST training. Departments often have one training budget and the cost of PST training must compete with all other requests for training. In addition, all training arrangements – from hiring instructors to booking space to organizing attendees – are coordinated by peer support team members who do so in addition to their normal job duties.

Chapter 8. Findings

This Office of Legislative Oversight (OLO) report responds to the County Council’s interest in better understanding two areas related to mental health services that the County provides for its first responders: (1) the mental health screening the County uses when hiring first responders; and (2) the mental health services and supports the departments provide throughout a first responder’s career. This chapter includes the Office of Legislative Oversight’s findings.

The first responders described in this report are employees of the Montgomery County Police Department (MCPD), Montgomery County Fire and Rescue Service (MCFRS), the Montgomery County Sheriff’s Office, and the Montgomery County Division of the Maryland-National Capital Park and Planning Commission’s Park Police (Montgomery County Park Police). The police officers and deputy sheriffs in MCPD, the Sheriff’s Office, and Montgomery County Park Police are all sworn police officers in the state of Maryland.

The four unions listed below represent employees in the first responder departments.

Union	Employees represented
Fraternal Order of Police, Lodge 35	MCPD sworn officers
International Association of Firefighters, Local 1664	MCFRS career firefighters
Fraternal Order of Police, Lodge 30	Park Police sworn officers
United Food and Commercial Workers, Local 1994, Municipal and County Government Employees Association (MCGEO)	Sheriff’s Office deputies and Civilian employees in: <ul style="list-style-type: none"> • MCPD • MCFRS • Sheriff’s Office • Dispatchers in Park Police

The table below summarizes data on the Departments’ FY22 approved operating budgets and the number of filled positions in each department in March 2022.

Departments’ Approved Operating Budgets and Number of Employees, March 2022

Department	FY22 Budget	Number of Employees			Total
		Union	Mgmt.	Civilian	
MCPD	\$282,951,484	1,160	63	615	1,838
MCFRS	\$233,237,698	1,189	43	101	1,333
Sheriff’s Office	\$26,436,717	136	19	38	193
Park Police	\$15,986,722	83	13	26	122

Source: Department data and FY22 Approved Operating Budgets

Mental Health of First Responders

Findings #1 through #3 describe the stress that is part of the daily work of first responders and the impact of cumulative stress on the mental health of first responders. At the same time, historically, mental health issues and mental health care carry a stigma in first responder departments that hinder many first responders from seeking out mental health care.

Finding #1. On a daily basis, first responders put themselves in stressful situations where they may witness traumatic events. Cumulative stress and repetitive exposure to trauma negatively impact a person’s physical and mental health.

The human body’s reaction to stress comes from the body’s release of stress hormones, which can lead to increased heart rate and rapid breathing as well as an increase in physical energy and strength. When stress goes away, the body typically returns to a relaxed state. However, if a person continuously experiences stress, the body’s normal reaction to stress can become activated and have trouble deactivating. Trauma refers to a person’s psychological, emotional response to an experience that is deeply distressing or disturbing. First responders routinely respond to and/or are involved in traumatic and/or stressful situations – sometimes daily.

A 2019 report from the Department of Justice on the federal Law Enforcement Mental Health and Wellness Act described the impact of stress on an officer’s ability to react in a situation:

[P]eople under stress find it harder than people not experiencing stress to connect with others and regulate their own emotions. They experience narrowed perception, increased anxiety and fearfulness, and degraded cognitive abilities. This can be part of a healthy fight-or-flight response, but it can also lead to significantly greater probabilities of errors in judgment, compromised performance, and injuries.

Often combined with a lack of time to process and recover between exposures to stress and/or trauma, first responders exhibit higher occurrences of mental health conditions compared to the general population, including:

- Anxiety;
- Depression;
- Post-traumatic stress disorder;
- Substance abuse;
- Suicidal ideation; and
- Suicide.

Finding #2. First responders are at significant risk for developing mental health issues. A common statistic used to highlight this issue is that police officers are 2.5 times more likely to die by suicide than to die in the line of duty.

Researchers and experts in the mental health of first responders note there is a lack of robust research on the topic and no comprehensive national data on first responders' mental health. While many reports discuss the need for more robust research on the impacts of first responder work on mental health, what research does exist has shown that working as a first responder can contribute to the development of new mental health conditions or exacerbate pre-existing conditions. Examples include:

- In a 2017 nationwide survey of first responders, 85% reported mental health symptoms;
- 37% of fire and EMS personnel have contemplated suicide, 10 times higher than the rate for all adults; and
- Police officers have a 54% greater risk of suicide compared to American workers in general.

Some first responders are unaware of how their work impacts their mental health. A 2020 study found that at a large urban police department, 26% of officers screened for "mental illness symptoms" showed such symptoms but had never received a mental health diagnosis. Focus groups from the study revealed that officers explained they "became accustomed to the stress and traumatic events and work and became 'numb to it.'" The study authors observed that "if officers are unaware of how their work is impacting their mental health, they are unaware that they should seek treatment."

Finding #3. Historically, there is a cultural stigma associated with mental health conditions and receiving mental health care in first responder agencies throughout the United States that significantly decreases the likelihood that first responders will receive mental health services.

Representatives from both the first responder departments in the County and from the unions representing employees in those departments emphasized the stigma in these professions that is associated with mental health issues and mental health care is persistent in the departments. Department representatives stress the need to break down the stigma associated with mental health care and the danger of its continuance – that more first responders will die.

The stigma comes from historic departmental cultures where strength and control are valued and asking for help is discouraged. In a report to Congress on the Law Enforcement Mental Health and Wellness Act, the Department of Justice observed:

"In police culture, a major obstacle that impedes the maintenance of psychological health is the stigma attached to asking for help. Law enforcement culture values strength, self-

reliance, controlled emotions, and competency in handling personal problems. These values discourage help-seeking behavior, and there is a sense of having lost control by asking someone else to help fix the problem. If these values are held too rigidly, an officer can feel weak, embarrassed, and like a failure for seeking help from others.”

While this quote describes the stigma in terms of police culture, the stigma is also pervasive in the culture of fire and rescue departments. For many first responders, the stigma attached to receiving mental health care is a barrier to receiving treatment. Examples of stigma related to mental health care among first responders include:

- Concerns about negative judgment from colleagues;
- Concerns that mental health professionals do not understand first responders’ work;
- Concerns about confidentiality regarding treatment;
- Concerns that a mental health diagnosis means a person is not fit for duty;
- Concerns that receiving treatment could negatively impact careers; and/or
- Difficulty in self-acceptance that one may need mental health care.

Best Practices for Providing Mental Health Supports for First Responders

A growing body of research examining the mental health of first responders has produced recommended best practices for developing, implementing, and improving mental health services for first responders.

Finding #4. The literature on best practices for providing mental health supports for first responders emphasizes providing accessible, confidential, and holistic health and wellness options that are geared to first responders.

OLO has sorted the best practices into four general themes, described below.

- **Provide holistic mental health and wellness programs throughout a first responder’s career that include training, prevention, and treatment services.**

Researchers recommend that first responder departments include mental health services as part of a comprehensive wellness strategy that also addresses physical, emotional, financial, and spiritual wellness. This holistic view highlights the multi-dimensional nature of wellness; that the unique stressors first responders face in their jobs can both influence and be impacted by typical life stressors like financial concerns, relationship problems, or physical illness.

Studies suggest that providing all department staff (i.e., both sworn/uniformed and civilian personnel) with holistic mental health education – such as resilience training – can increase their ability to effectively manage and recover from stress, improve on-the-job decision-making, and normalize care-seeking behavior. Research also shows that first responder departments that provide their employees with training, prevention, and treatment services starting from the time of hire through retirement can create a culture of wellness within their organizations and improve the general mental wellbeing of their staff.

Research also recommends extending departmental wellness resources like counseling and peer support to first responders' family members because they are often the first to notice signs of mental health problems and can be critical in assisting first responders in seeking care.

- **Ensure mental health services meet the specific needs and cultures of first responders.**

Reports and studies highlight a barrier that often prevents first responders from seeking mental health support is a belief that the services available to them do not meet their specific needs. Survey data from the National Volunteer Fire Council shows more than 75% of firefighters report they would be more willing to use a mental health program tailored to their needs than one geared to the public.

Researchers encourage departments to employ mental health professionals who are specifically trained to work with first responders, understand the unique mental health challenges they face, and are familiar with first responder cultures. Embedding mental health staff into agencies can be a way to help them develop cultural competency with the first responder experience, establish legitimacy and trust with department personnel, and encourage first responders to use mental health resources.

Studies also suggest that first responders' unique work shift schedules can make accessing health care services challenging. Offering mental health resources that can be accessed 24 hours a day, or telemedicine services that do not require an individual to be physically present, can enhance a first responders' access to mental health care.

- **Offer first responders an array of mental health services that are trusted and easily accessible.**

Researchers recommend that first responder departments offer employees a range internal and external mental health resources that are easily accessible and trusted. Offering an array of services through EAP, peer support, and in-house psychologists, allows employees to choose the mental health care options that best suit their needs. For example, some first responders may seek counseling services outside their departments to safeguard their privacy while others might feel more comfortable speaking with an in-house PST member who can relate to their on-the-job experiences.

Experts recommend that organizations at a minimum give their sworn and non-sworn staff access to an EAP that also offers services tailored to public-safety professionals, like psychologists trained to work with first responders.

For first responder departments that employ in-house mental health staff, the organizational and physical location of psychologists, clinicians, or counselors can influence how much employees use their services. Some first responder departments choose to physically locate their mental health staff away from main department facilities to help protect patient confidentiality and to increase the likelihood that employees use the services.

Evidence also shows one of the most widely used and effective mechanisms for providing mental health services to first responders is peer support because first responders are more willing to reach out to someone whom they trust will relate to their experiences. Because peer support members understand the stress posed by public safety work, many first responders find peers more accessible than behavioral health professionals. Researchers agree peer support serves a critical role in fostering the mental well-being of first responders and recommend that agencies fully resource PST with the appropriate staff, funding, and high-quality training.

- **Ensure the confidentiality of mental health services provided to first responders.**

Research is clear that confidentiality is critical to the success of first responder mental health programs. Many first responders avoid seeking mental health care for fear their privacy will not be protected within the organization and they will face increased scrutiny from colleagues and negative professional repercussions for using services.

While the Health Insurance Portability and Accountability Act (HIPAA) and state laws afford a legal protection of confidentiality to information shared with licensed mental health professionals, the same protection does not apply to peer support programs, which are widely used by first responder agencies. Studies report concern among first responders that personal peer support records could be potentially subpoenaed, used in court proceedings, or affect their employment eligibility.

Most states do not have laws that guarantee the confidentiality of peer support communication. This gap in protection can deter first responders from seeking help, as described in a Department of Justice report:

[I]f law enforcement officers are going to be encouraged to call peer crisis lines or make use of other peer-support services, they will need to know that what they say will be kept confidential. They need to have confidence that what they say will not be subject to public disclosure either to their chain of command—possibly jeopardizing their career—or subject to discovery in judicial proceedings, possibly jeopardizing both themselves and their agency.¹

Researchers recommend that first responder departments codify peer counseling confidentiality within department rules so employees feel secure their participation in peer support will remain confidential and will not negatively impact their jobs.

¹ [Law Enforcement Mental Health and Wellness Act: Report to Congress](#), Community Oriented Policing Solutions (COPS), U.S. Department of Justice, at p. 36 (March 2019).

Finding #5. Several components of the mental health programs and services in the police departments in Fairfax County, Virginia and the District of Columbia provide good examples of some of the best practices described in Finding #4.

Studies of successful first responder mental health strategies emphasize coordinating services into a holistic wellness program that offers first responders' an array of trusted support options. One jurisdiction that is effectively implementing this strategy is Fairfax County, Virginia. The Fairfax County Police Department (FCPD) organizationally locates its employee support services in its Incident Support Services Bureau, which coordinates its peer support team, employee assistance program, chaplaincy services, and support dog program in an integrated way.

Centralizing services within the Incident Support Services Bureau allows FCPD to both respond to critical incidents and support a broader range of employee mental health and wellness needs. For example, the vast majority of the FCPD PST's work is with officers dealing with personal issues or crises, navigating problems with their family, or dealing with substance abuse issues.

The Incident Support Services Bureau also oversees a group of psychologists who provides treatment services and manages the PST. FCPD contracts with private sector psychologists for services rather than hiring them as department staff to add to employees' confidence that information about mental health and treatment will remain confidential and not be disclosed within the department. To build trust among officers, FCPD embeds the psychologists into the police department. The psychologists join officers on ride-alongs, visit stations, and attend roll calls. This allows department staff to become familiar with the psychologists and to gain comfort in discussing mental health. It also gives the psychologists important insight into what FCPD personnel experience on the job, which helps them offer appropriate treatment for those who seek help.

The District of Columbia's Metropolitan Police Department (MPD) also coordinates the development and implementation of mental and physical well-being programs under its Director of Employee Well-Being Support. Created by and fully supported by the Chief of Police, the position is responsible for expanding and coordinating support services with other resources to offer department employees a "menu" of mental health and wellness options. This position is in MPD's executive office, which gives it a level of importance and influence within MCPD and signals that employee well-being is an organizational priority.

Mental Health Screening When Hiring First Responders

These findings describe the Maryland state law that outlines mental health screening required for the certification and recertification of police officers in the state.

Finding #6. Maryland law requires mental health screening for police officer certification and recertification. State law does not have similar mental health screening requirements for fire, rescue, or EMS personnel.

The Maryland Police Training and Standards Commission (“the Commission”) is an independent commission established in state law that governs the certification and recertification of police officers in the state. Police officers in MCPD, Park Police and Sheriff’s deputies are all certified police officers under Maryland law and are subject to these requirements.

In 2021, the state legislature updated the law on police certification, changing the language in #2 below (prior language required a “psychological evaluation”) and adding #3. Beginning July 1, 2022, an individual certified by the Commission as a police officer must satisfy the following requirements:

1. Meet the standards set by the Commission;
2. **Submit to a mental health screening by a licensed mental health professional;**
3. **Submit to a physical agility assessment as determined by the Commission;**
4. Submit to a criminal history records check; and
5. Be a United States citizen (or a US veteran who has applied for US citizenship).²

Furthermore, to be recertified as a police officer, the law requires officers to submit to: (1) a mental health assessment every two years; and (2) a physical agility assessment every year.

Maryland does have a certification requirement for emergency medical services (EMS) personnel, but the requirements do not include a mental health assessment analogous to the requirements for police officer certification.

Finding #7. MCPD, the Sheriff’s Office, and Park Police each contract with a licensed clinical psychologist to conduct pre-employment psychological evaluations. MCFRS does not conduct mental health screening for applicants.

As described in Finding #6, MCPD, the Sheriff’s Office, and Park Police require officer applicants to complete a psychological evaluation by a licensed practitioner before being hired. Maryland law does

² Ibid. § 3-209(a).

not have mental health screening requirements for fire, rescue, or EMS personnel analogous to the requirements for police officer certification. MCFRS, consequently, does not conduct mental health screening of applicants beyond its background investigation of prospective recruits.

All three departments contract with a licensed clinical psychologist in private practice to conduct the evaluations. The evaluations are conducted after an applicant receives and accepts a conditional offer of employment.

As noted in Finding #6, recent changes to Maryland law now require individuals to submit to mental health assessments every two years and physical agility assessments every year to be recertified as a police officer. Representatives from MCPD, the Sheriff's Office, and Montgomery County Park Police report they anticipate the Maryland Police Training and Standards Commission will issue guidance on implementing these changes, which go into effect starting July 1, 2022.

In the absence of such guidance, M-NCPPC plans to conduct the recurring mental health screenings using mental health professionals available through their existing EAP program. Representatives from MCPD and the union representing officers in MCPD (Fraternal Order of Police, Lodge 35) are in discussions about the screening process for recruits in MCPD and the Sheriff's Office.

Mental Health Services, Supports and Training for County First Responder Departments

The following findings describe the mental health services, supports, and training provided for employees in the four first responder departments.

Finding #8. State law requires training on first responder mental health for police officer candidates, which applies to MCPD, Sheriff, and Park Police recruits. Employees also receive training on first responder mental health as part of annual in-service training requirements, but department representatives stress that more training is needed.

The first responders in MCPD, the Sheriff's Office, and Montgomery County Park Police all go through a structured training program at the Montgomery County Police Training Academy when they are hired and receive additional training on an annual basis. Some training is required under state law, some required under accreditation standards, and some voluntary.

The Maryland Police Training and Standards Commission requires police recruits to complete at least 750 instruction hours of training across various subject areas, two of which involve issues related to mental health. MCPD, Sheriff's Office, and Park Police recruits train together at the Montgomery County Police

Training Academy. The Training Academy’s basic training program covers 1,000 hours of instruction over 25-27 weeks. A total of 15.5 hours is dedicated to specific mental health and wellness subjects.

**Mental Health and Wellness Training
Included in MCPD Entrance-Level Curriculum**

Subject	# of Hours
Mental Health First Aid	8
Wellness and Nutrition	2
Biomechanics (injury prevention)	1
Substance Abuse	2
Stress Management	2
Peer Support	0.5
Total	15.5 hours

Sources: MCPD, Sheriff’s Office

Of this, 6.5 hours is dedicated to teaching recruits how to understand and manage their own mental health. The wellness and nutrition training involves two hours of nutrition, exercise, mental relaxation, and yoga presentations. Stress management training includes teaching recruits the concepts of stress, how to recognize stress in themselves and in others, and how to develop coping strategies and stress management skills. Recruits receive a separate 30-minute introduction to peer support by members of the department PST. Eight hours is dedicated to Mental Health First Aid, a skills-based course that teaches participants how to identify risk factors and warning signs of mental health problems in others and how to help someone who is developing a mental health problem or is in crisis.

Additionally, MCPD is accredited by the Commission on Accreditation for Law Enforcement Agencies (CALEA), which requires annual in-service training on how to respond to individuals with mental illness. MCPD representatives report that officers will receive a block of in-service mental health and resiliency instruction every year starting in 2022. Psychologists from MCPD’s Stress Management Division also provide mental health-related training to groups and divisions in MCPD, and the department often partners with outside providers to offer additional wellness-related workshops, training, and instruction that is not counted towards the annual in-service requirement.

Montgomery County Park Police conducts its annual in-service training in-house. The department organizes two in-service trainings each year that cover all state requirements and offers additional training on topics like wellness or critical incidents.

All representatives that OLO spoke with from first responder departments expressed a need for first responders to receive more mental health training both in the academy and while in service. These representatives understand that adequately training employees about common mental health issues

they may face, how to identify concerns in themselves and in others, and where to seek help, can decrease mental health risks associated with first responder work. Representatives also expressed that more information about mental health can help reduce the stigma attached to receiving mental health care that persists in these departments.

Finding #9. MCFRS' entry-level training program requires candidates to become state-certified emergency medical technicians (EMT) but, unlike state standards for police officer certification, EMT certification does not require training on first responder mental health. Department representatives stress that more training is needed.

MCFRS requires all career firefighter candidates to be certified as an Emergency Medical Technician (EMT). The Maryland Institute for Emergency Medical Services Systems (MIEMSS) sets minimum training standards required for initial EMT certification and recertification, which do not include mental health and wellness requirements.

The National Highway Traffic Safety Administration (NHTSA) develops National Emergency Medical Services (EMS) Education Standards that serve as recommended guidelines for states. The latest standards – released in 2021 – recommend that state EMS education programs include more workforce safety, wellness, and resilience training in their curricula.

MCFRS' entry-level training program for career recruits is 26 weeks long, which includes just a few hours of instruction on workforce wellness and stress management. MCFRS's lead psychologist and licensed clinical social worker also visit each recruit class to introduce the services offered by MCFRS's Peer Support and Critical Incident Stress Management (CISM) Team and lead recruits in mindfulness exercises.

MCFRS personnel must complete recertification requirements at regular intervals. Department representatives report the EMT recertification curriculum only touches briefly on first responder mental health, focusing primarily on the mental health of patients in the care of an EMT.

As similarly noted in Finding #5, the MCFRS representatives who spoke with OLO emphasized the need for employees to receive more training on their own mental health needs. However, because the current curriculum is full of operational training, they lack additional time needed to incorporate more first responder mental health education.

Finding #10. MCPD and MCFRS have in-house mental health professionals who are responsible for coordinating the departments’ mental health programs and who also provide clinical mental health support (therapy) for employees and employee’s immediate family members.

Two of the four first responder departments – MCPD and MCFRS – have in-house mental health professionals available to provide clinical and other services for employees and their immediate families. MCPD has four mental health professionals on staff, one of which works specifically with employees in the Emergency Communications Center (ECC). MCFRS has two mental health professionals on staff.

Department Mental Health Professionals and Support Staff in MCPD and MCFRS

	MCPD*	MCFRS
Licensed Psychologists	2	1
Licensed Clinical Social Workers (LCSW)	1 ⁺	1
Administrative Staff	1	
Total	4	2

+ New position in 2021 in Emergency Communications Center

*Three of the four positions that provide mental health support to MCPD are employees in the County’s Office of Human Resources

The department mental health professionals are responsible for:

- Developing department mental health programming and training;
- Providing clinical mental health services (e.g., talk therapy);
- Providing training about mental health care and available services;
- Referring individuals to outside mental health resources, if needed;
- Screening for mental health impacts when employees are involved in a traumatic incident; and
- Directing and supervising the first responder departments’ PST.

The lead psychologists in MCFRS and MCPD also provide clinical oversight for the departments’ peer support teams. MCPD’s lead psychologist oversees the peer support teams for MCPD, the Sheriff’s Office and Park Police (see Finding #12).

In his FY23 recommended operating budget, the County Executive has requested new positions to provide mental health care in MCPD and MCFRS. The FY23 recommended budget includes a new psychologist position (\$141,515) in the Stress Management Division in OHR to work with both MCPD and Sheriff’s employees. It also includes two new positions (\$150,000) to expand mental health resources in MCFRS – a part-time therapist position (0.75 FTE) and a full-time administrative aide.

Finding #11. Sheriff and Park Police employees have access to licensed mental health professionals through employee assistance programs and through employee health insurance.

Employees in the four first responder departments all have access to mental health care through health insurance coverage and employee assistance programs (EAP). The health insurance options offered by the employers will cover a portion of costs for private mental health care services.

The EAP that are available through all the departments include access to a variety of services, including counseling resources, financial planning, and legal resources. The departments' contract with EAP providers that employees can contact directly for services. EAP providers also provide online resources on an array of topics related to mental health, including addiction, emotional-wellbeing, fitness and nutrition, personal growth, physical health, and stress and anger management, among others. Representatives from the Sheriff's Office report that employees seeking counseling are typically referred to EAP because the Office does not have on-staff mental health professionals.

Several department and union representatives told OLO that the process of finding an adequate mental health professional through various EAP can be difficult. Representatives noted that mental health professionals available through EAP rarely have experience working with first responders. Others noted mental health care providers available through EAP can often change – requiring employees or family members to find new providers.

Representatives from both the Sheriff's Office and from Park Police stated that they would like for the employees in those departments to have access to the mental health professionals in MCPD's Stress Management Division for routine mental health care, understanding that the number of mental health providers would need to increase to address the additional workload.

Finding #12. Peer support teams in the four County first responder departments and through the International Association of Firefighters, Local 1664 provide an additional and essential layer of mental health support.

As described in Finding #4, evidence shows that PST are one of the most widely used and effective mechanisms for providing mental health supports in first responder departments. PSTs in first responder departments are made up of department employees who voluntarily serve on the teams in addition to their normal job duties. The teams typically can be called on 24/7:

- To speak one-on-one with a colleague who reaches out individually to the PST;
- To provide support for colleagues in situations that would lead to a severe emotional reaction – e.g., the sudden death of a family member or friend; diagnosis of a life-threatening illness; and

- As a group of team members, to provide guidance and support during and/or following the response to a critical incident in the department.

MCPD, the Sheriff’s Office, and Park Police are “allied agencies” for peer support purposes – meaning that PST members of one agency are considered part of the PST of each of the allied agencies, which also includes Gaithersburg City Police, Rockville City Police, and Takoma Park Police.

The PSTs attempt to have team members at all levels in the departments so that, for example, a union employee who reaches out to a PST can talk to a team member who is also a union employee. Regardless of the assurances of confidentiality that PSTs give, department and union representatives report union employees are often uncomfortable talking with a management-level PST member for fear that what is shared will negatively impact the union employee’s job. The data in the next table show the number of PST members in each department.

Number of Peer Support Team Members in County First Responder Departments, March 2022

Department	Number of Team Members			Total
	Union	Mgmt.	Civilian	
MCPD ³	33	4	8	45
MCFRS	40		1	41
Sheriff’s Office	5			5
Park Police	2	1	1	4

The International Association of Firefighters (IAFF), Local 1664, the employee union for firefighters in MCFRS, also provides peer support services for its members and first responders in other regional departments. The IAFF’s peer support lead emphasized the importance of providing peer support options both in departments and outside of departments (e.g., union-led peer support) to give employees additional peer support options if they are concerned about confidentiality.

Representatives from the County’s Emergency Communications Center have received a federal grant allowing it to develop its own PST, which will be clinically overseen by a licensed clinical social worker in the ECC. The ECC PST, which will be developed and trained in 2022, will include a mix of union, management, and civilian employees. There will be 43 available slots in the training class.

Department and union representatives, including MCPD’s and MCFRS’ in-house mental health professionals, report that PST members play a critical role in providing mental health support for employees. Team members are available to talk to colleagues both about work-related stresses or issues (e.g., stress, exposure to trauma, interactions with colleagues) and personal ones (e.g.,

³ Additionally, PST members from other allied agencies include two sworn officers from the Gaithersburg City Police, two sworn officers from Rockville City Police, one civilian employee from Takoma Park Police, and one volunteer pastor. Altogether, the allied agencies have 60 PST members.

relationships and family, financial concerns, substance abuse, etc.). Team members also respond when department staff respond to a critical incident if staff may need mental health support due to the nature of the incident. Several department representatives noted that one-on-one discussions between an individual and PST members have increased since the beginning of the COVID-19 pandemic (March 2020).

Employees who join the department PST undergo initial training that is approximately 40-hours in length and each team requires team members to receive additional training annually. Several department representatives reported they have difficulty finding adequate training organizations that offer the breadth of training desired for PST members. Several department representatives told OLO that getting approval to fund training for PST members can be difficult – none of the PSTs have a dedicated budget and the teams compete with other requests for funding in the departments.

Finding #13. Even though peer support is popular in the County’s four first responder departments, the stigma attached to mental health care persists and keeps people from seeking care. Ensuring the confidentiality of mental health services is key to breaking down the stigma.

All departments and the unions report many employees still perceive a stigma attached to receiving mental health services that prevents employees from using services. Department management, mental health professionals, and PST work to counter the stigma and normalize mental health care in the workplace. Union representatives also report that their organizations work to break down the stigma, encouraging members to seek out mental health care when needed.

Many people who spoke to OLO emphasized that increased and consistent training for employees about their own mental health needs and mental health care options will go a long way to reducing the stigma. Given that first responders strongly favor peer support programs, many emphasized the importance of ensuring the confidentiality of peer support communications. Numerous people reported the hesitancy to seek out or receive mental health care could be lessened if the state passed legislation ensuring legal confidentiality protections for PST interactions.

All department mental health professionals are required under state law and under professional licensing standards to maintain the confidentiality of client communications, except under very limited circumstances as when the client presents an imminent danger to him/herself or another individual. The PSTs’ written policies and procedures also require team members to maintain the privacy and confidentiality of the individuals seeking support.

Department and union representatives report many department employees can be skeptical of the assurances of confidentiality surrounding mental health care and peer support. The IAFF Local 1664’s peer support lead noted that options for peer support services outside of County departments, like

IAFF Local 64 provides, can help reassure some employees who are hesitant to use the resources provided directly by the departments.

State Legislation. Currently, a bill passed at the end of March in the Maryland General Assembly and is available for signature by the governor that would provide legal confidentiality protection for PST communications for fire, rescue, and EMS workers in the state.

Finding #14. Park Police developed programming on employee mental health and wellness that was available at three in-service training days in Spring 2022.

In its efforts to emphasize the importance of employees seeking out mental health care, the Park Police hosted three in-service training days in Spring 2022 focused on health and wellness. The days included: introductions to yoga and acupuncture, representatives from a financial services organization and a treatment center for alcohol and other chemical dependency, a retired officer/counselor who specializes in treatment of PTSD, information on fitness and nutrition, and an instructional tour of Park Police gym facilities. Also in Spring 2022, Park Police representatives reported the opening of a wellness room at Park Police headquarters. The room provides employees a quiet space that also includes information about mental health and mental health resources.

Feedback and Needed Resources

Finding #15. Representatives from first responder departments and the unions told OLO that providing sufficient mental health training, services, and supports to department personnel is mission critical.

All representatives that OLO spoke with from first responder departments and the unions representing employees in the departments stressed the critical importance of providing adequate mental health training, services, and supports. These representatives recognize – both from first-hand experience as first responders and/or from training on mental health – that cumulative stress and repetitive trauma that first responders experience in their daily jobs can have significant, negative, and lasting mental health impacts. Several department and union representatives OLO spoke with commented that if the departments continue providing mental health services at current levels, more first responders will die.

Individuals interviewed for the report stressed several key points about providing mental health services and care:

- Training first responders about mental health issues they face, how to identify them, and where to seek help is one of the best ways to reduce the mental health risks associated with first responder work.

- Ensuring the confidentiality of mental health services within the departments is key to helping employees feel more comfortable seeking out mental health care.
- Peer support teams – both in first responder departments and in IAFF – provide a needed and crucial level of support for employees and the PST should be supported, strengthened, and expanded. The PST in MCPD and MCFRS should have a dedicated staff member leading each team.

Finding #16. The number of staff dedicated to providing mental health services in MCPD and MCFRS is not sufficient to coordinate, develop, and provide the mental health and wellness services needed.

Even with the stigma associated with receiving mental health care, many employees in MCPD and MCFRS turn to department mental health providers for services. The lead psychologist in both departments is charged with coordinating and organizing mental health services for the entire department.

At current staffing levels, providers primarily provide clinical services (therapy) and do not have adequate time to coordinate and develop comprehensive mental health and wellness services for the departments. Several people commented to OLO staff that the department mental health professionals are forced to respond reactively to the mental health needs of individual employees rather than proactively coordinating the departments' mental health services and supports.

MCPD, a department with over 1,800 employees, has three mental health professional positions, one of which is dedicated to ECC staff. One of the three positions has been vacant since July 2021. MCFRS, a department with over 1,300 employees, has two mental health professional positions. MCFRS' and MCPD's lead psychologists have only been in their positions since February 2021 and July 2021, respectively.

In his FY23 recommended operating budget, the County Executive has requested new positions to provide mental health care in MCPD and MCFRS. The recommended budget includes a new psychologist position in the Stress Management Division in OHR to work with both MCPD and Sheriff's employees to the conduct the new biennial mental health screening required under state law. The budget also includes two new positions in MCFRS – a part-time therapist position (0.75 FTEs) and a full-time administrative aide.

Finding #10 described the responsibilities of the department mental health professionals, such as providing clinical services, referring individuals to outside resources when necessary, providing clinical supervision of PST, and developing and providing training. Department staff have reported to OLO that:

- MCFRS' mental health professionals have had to reduce their care for clients in the past year to find time to add additional clients (e.g., reducing client appointments from weekly to bi-weekly or from bi-weekly to monthly);
- The mental health professionals do not have time to develop programming and training for the department regarding mental health (e.g., group therapy options, resilience training); and

- The mental health professionals do not have time to identify, vet, and compile outside resources to which they could refer clients (e.g., mental health professions who work with first responders).

Finding #17. Numerous people in first responder departments and the unions described additional resources they would like to have to support employees' mental health. The types of resources described evidence a mindset of approaching mental health care from the broader perspective of holistic health and wellness.

Department and union representatives who spoke with OLO about this topic described many types of additional resources they would like to have to help support the mental health of first responders. The resources described show a focus on providing services that support employees' holistic health and wellness needs. Examples include:

- An employee specifically dedicated to coordinating PST;
- Funding for diagnostic testing materials for use by mental health professionals;
- Wellness centers;
- 24/7 fitness facilities;
- A library of resources on mental health and wellness for department employees;
- Sensory kits available to employees with items to help people with focus and calm;
- Dieticians/nutritionists;
- Physical wellness/fitness trainers;
- Support dogs;
- A psychologist to oversee psychology graduate students who would work with County first responders while fulfilling professional experience requirements to become licensed mental health professionals. Employing psychology graduate students could expand the County's capacity to provide clinical services to first responders and help expand the pool of mental health professionals with experience working with first responders.

Chapter 9. Recommendations

The County Council requested this report from the Office of Legislative Oversight (OLO) to better understand (1) the mental health supports and services the County provides for its first responders and (2) the mental health screening the County first responder departments do when hiring employees. The first responder departments examined in this report are:

- Montgomery County Police Department (MCPD);
- Montgomery County Fire and Rescue Service (MCFRS);
- The Montgomery County Sheriff’s Office; and
- Montgomery County Division of the Maryland-National Capital Park and Planning Commission Park Police.¹

These topics arise because the nature of first responders’ work puts them at significant risk for developing mental health issues. First responders exhibit higher occurrences of mental health conditions compared to the general population, including:

- Anxiety;
- Depression;
- Post-traumatic stress disorder;
- Substance abuse;
- Suicidal ideation; and
- Suicide.

Montgomery County department and union representatives shared with OLO stories about their own battles and colleagues’ battles with anxiety and depression, alcohol and/or drug abuse, post-traumatic stress disorder, and suicide, among other things.

The increased likelihood for developing mental health conditions stems from the nature of first responder work. First responders put themselves in stressful situations where they may witness traumatic events daily. If a person continuously experiences stress, the body’s normal reaction to stress can activate and have trouble deactivating. A 2019 report from the Department of Justice (DOJ) on the federal Law Enforcement Mental Health and Wellness Act described the impact of stress on an officer’s ability to react in a situation:

[P]eople under stress find it harder than people not experiencing stress to connect with others and regulate their own emotions. They experience narrowed perception, increased anxiety and fearfulness, and degraded cognitive abilities. This can be part of a healthy fight-or-flight response, but it can also lead to significantly greater probabilities of errors in judgment, compromised performance, and injuries.

¹ While this report did not look at the County Department of Corrections and Rehabilitation (DOCR), many experts include corrections staff in the discussion of first responders’ mental health.

Researchers recommend first responder departments include mental health services as a routine part of a comprehensive wellness strategy that addresses physical, emotional, financial, and spiritual wellness. This holistic view highlights the multi-dimensional nature of wellness; that the unique stressors first responders face in their jobs can both influence and be impacted by typical life stressors like financial concerns, relationship problems, or physical illness.

Studies suggest holistic mental health education – such as resilience training – can increase employees' ability to effectively manage and recover from stress, improve on-the-job decision-making, and normalize care-seeking behavior. Researchers also recommend first responder departments provide their employees with training, prevention, and treatment services starting from the time of hire and throughout retirement, to create a culture of wellness within their organizations.

However, going back a century or more in the United States, mental health issues have carried a severe stigma in first responder departments. The prevailing culture in first responder departments values strength, self-reliance, and controlled emotions. Asking for help is perceived as a sign of weakness. Coupled with only a recent understanding and discussion of mental health impacts of first responder work, many employees in first responder departments distrust mental health care, including (or especially) department-provided mental health care.²

Montgomery County

For all the reasons discussed above, many people who OLO spoke with for this report asserted that providing mental health care and supports to employees in the County's first responder departments is mission critical. Employees in the four first responder departments currently have varying degrees of access to mental health care services and programming determined primarily by availability of funding. Leadership in the four departments have expressed a strong commitment and support for providing mental health care and services to employees and for normalizing the use of mental health care.

Based on the size of the department, two of the four first responder departments have in-house mental health professionals – MCPD and MCFRS. Currently, the lead mental health professionals in MCPD and MCFRS are responsible for both (1) coordinating mental health programming and care for each department and (2) providing clinical mental health care (therapy) for employees.

² Research shows that different groups of people use mental health services at different rates. For example, data from the U.S. Department of Health and Human Services show that African American individuals are approximately 20% more likely to experience mental health issues but are less likely to seek out mental health care. Similarly, men seek out mental health care at lower rates than women and the difference cannot be explained by lack of need. Looking forward to developing mental health care and programs, the first responder departments should make efforts to also offer mental health service options and resources targeted to groups that typically are less likely to seek out mental health services.

Department representatives stressed to OLO the therapy caseloads are so large that the mental health professionals have virtually no time to develop department-wide programming or training about mental health care. OLO was told this forces the in-house professionals to be reactive when employees need specific help, rather than allowing them to proactively teach employees the skills that they need to protect and support their own mental health.

OLO heard repeatedly that providing employees training about their own mental health and providing robust mental health programming and care options is one of the best ways to reduce the mental health risks associated with first responder work.

Short-Term Recommendations

The Office of Legislative Oversight has six recommendations for Council action in FY23 and FY24.

1. Fully fund the County Executive's requests in his FY23 recommended operating budget for additional mental health resources for first responder departments.
2. Work with the County Executive and unions to proactively advocate for state legislation that provides legal confidentiality protections for peer support communications in all types of first responder departments (including Corrections).
3. To allow for adequate capacity to provide both in-house mental health training/programming and clinical services in MCPD and MCFRS, separate into different positions (a) the responsibilities for coordinating department-wide mental health care programs, services, and training, and (b) the responsibilities for providing clinical mental health care (therapy) to employees.
4. Expand the number of in-house mental health professionals in MCFRS and in OHR's/MCPD's Stress Management Division to provide employees (and family members) adequate access to mental health professionals experienced working with these groups.
5. Expand the scope of the Stress Management Division to also provide access to its services to the Sheriff's Office and Park Police, ensuring that there are enough additional mental health professionals to undertake the expanded workload.
6. Consider new budget priorities to bolster mental health care in the four first responder departments plus the Department of Correction and Rehabilitation:
 - a. Provide recurrent training about mental health care with funding sufficient for both the cost of high-quality training and any overtime costs associated with providing employees the time needed to take the training.
 - b. Adequately fund peer support teams, including funds for training PST members. Create dedicated positions in each department for a PST coordinator.

Longer-Term Recommendation

The Office of Legislative Oversight recommends the Council ask the Executive to commission a multi-department survey and analysis by mental health and/or public health experts on the types and levels of needed and wanted resources in first responder departments related to mental health supports and services. Questions and considerations include:

1. What would holistic health and wellness programs look like for first responder departments?
2. How many on-staff mental health providers are needed to provide employees in Montgomery County's first responder departments reasonable opportunities to access a provider (experienced with working with first responders) when needed?
3. How can the departments normalize the discussion of mental health care and increase employees' use of mental health supports and services?
4. Identify and analyze whether beneficial opportunities exist to coordinate mental health services between MCPD/Sheriff/Park Police (the three departments with police officers) and MCFRS.

Chapter 10. Agency and Employee Union Comments

The Office of Legislative Oversight circulated a final draft of this report to:

- The Office of the County Executive;
- The Office of the Montgomery County Sheriff;
- The Maryland-National Capital Park Police, Montgomery County Division;
- The Fraternal Order of Police, Lodge 30;
- The Fraternal Order of Police, Lodge 35;
- International Association of Fire Fighters, Local 1664; and
- United Food and Commercial Workers, Local 1994, Municipal and County Government Employees Association (MCGEO).

OLO appreciates the time taken by all stakeholders to review the draft report and provide comments. OLO's final report incorporates technical corrections and comments provided by these stakeholders.

The following pages include written comments in their entirety from:

- Montgomery County's Chief Administrative Officer; and
- The Chief of Police for Maryland-National Capital Park Police, Montgomery County Division



OFFICE OF THE COUNTY EXECUTIVE

Marc Elrich
County Executive

Richard S. Madaleno
Chief Administrative Officer

MEMORANDUM

April 11, 2022

TO: Chris Cihlar, Director
Office of Legislative Oversight

FROM: Richard S. Madaleno, Chief Administrative Officer 

SUBJECT: Draft OLO Report 2022-4: Mental Health Services for Employees in County First Responder Departments

Thank you for the opportunity to comment on the Office of Legislative Oversight's (OLO) Draft Report 2022-4: Mental Health Services for Employees in County First Responder Departments. This report highlights one of the most critical needs of the County's first responder departments.

Montgomery County is committed to meeting the mental health needs of the County's first responders and collaborating with subject matter experts to implement best practices and innovative solutions in meeting these mission critical needs. The County Executive has requested FY23 funding to increase the capacity of clinical mental health services provided to first responder departments. Efforts that are already underway to meet these needs include the implementation of the state mandated psychological screening for police officers as well as pending offers for additional clinical staff.

The draft report includes the following recommendations.

Recommendation #1: Fully fund the County Executive's requests in his FY23 recommended operating budget for additional mental health resources for first responder departments.

CAO response: We agree with this recommendation.

Recommendation #2: Work with the County Executive and unions to proactively advocate for state legislation that provides legal confidentiality protections for peer support communications in all types of first responder departments (including corrections).

esponse: We agree with this recommendation

Recommendation #3: To allow for adequate capacity to provide both in-house mental health training/programming and clinical services in MCPD and MCFRS, separate into different positions (a) the responsibilities for coordinating department-wide mental health care programs, services, and training, and (b) the responsibilities for providing clinical mental health care (therapy) to employees.

 Response: Currently, the departments have clinical staff that primarily focus on providing therapy to first responders and their families. The first responder departments will collectively assess what resources would be needed in order to coordinate and expand programmatic offerings. This comprehensive strategy may include centralized program management for all first responder departments or other possible changes.

Recommendation #4: Expand the number of in-house mental health professionals in MCFRS and in OHR's/MCPD's Stress Management Division to provide employees (and family members) adequate access to mental health professionals experienced working with these groups.

 Response: We agree with this recommendation. We have made an FY22 mid-year enhancement to the OHR budget for an additional psychologist to conduct the State-required annual evaluations of MCPD personnel and have already begun the recruitment process.

Recommendation #5: Expand the scope of the Stress Management Division to also provide access to its services to the Sheriff's Office and Park Police, ensuring that there are enough additional mental health professionals to undertake the expanded workload.

 esponse: Further exploration and analysis would be needed to better understand the needs and existing coverage for the Sheriff's Office and Park Police. This will then dictate the operational requirements for OHR's Stress Management Division to undertake the two additional areas as well as clarify the fiscal impacts of this recommendation.

Recommendation #6: Consider new budget priorities to bolster mental health care in the four first responder departments plus the Department of Correction and Rehabilitation:

- a. Provide recurrent training about mental health care with funding sufficient for both the cost of high-quality training and any overtime costs associated with providing employees the time needed to take the training.
- b. Adequately fund peer support teams, including funds for training PST members. Create dedicated positions in each department for a PST coordinator.

CAO Response: The aforementioned need for further analysis and development of a comprehensive strategy to advance mental health services for first responders would also result in a better understanding of the operational and personnel costs of enhanced and expanded programmatic offerings. Once the departments understand the time associated with the proposed additional trainings and programs, they can work toward securing any additional funding needed to provide employees the time needed to take these trainings. Similarly, the departments can create an intentional strategy toward expanding the peer support teams, to include completing a fiscal impact analysis.

CAO Response to Long Term Recommendations: We agree that the issues and considerations posed in the long-term recommendations are important to addressing the overall well-being of the County's first responders from a physical, mental, and spiritual perspective. We intend to utilize a multi-department survey from which data can be used to inform the collective departments' strategy toward first responder wellness.

We look forward to continued collaboration with County Council as we progress toward these wellness goals that will help our first responders to thrive in their work.

RM/mh/sf

cc: Fariba Kassiri, Deputy Chief Administrative Officer
Earl Stoddard, Assistant Chief Administrative Officer
Ken Hartman, Director of Strategic Partnerships, Office of the County Executive
Berke Attila, Director, Office of Human Resources
Raymond Crowel, Director, Department of Health and Human Services
Scott Goldstein, Chief, Montgomery County Fire and Rescue Services
Marcus Jones, Chief, Montgomery County Police Department
Angela Talley, Director, Department of Corrections and Rehabilitation



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

April 11, 2022

MEMORANDUM

TO: Leslie Rubin
Senior Legislative Analyst
Montgomery County Office of Legislative Oversight

FROM: Darryl W. McSwain 
Chief of Police – Montgomery County Division

SUBJECT: OLO Report – Mental Health Services

Upon review of your draft submission dated March 30, 2022, I essentially concur with all of your recommendations/conclusions. I found the report to be well researched, balanced, and forward thinking. I am **grateful** that your office has taken the time to bring more attention to this critical need.

Thank you for recognizing the need to **expand the resources within the County’s Stress Management Division** to also service the Sheriff’s Office and Park Police. *Peer Support* (a county-wide multi-agency team) is coordinated through the Stress Management Division. The Park Police has been a member of the *Peer Support Team* for many years, yet when one of my officers was recently shot at by a fleeing felon, the Stress Management Division informed the officer that they were not contracted to provide formal services to Park Police members. Because of its direct working relationship with public safety, the Stress Management Division is uniquely qualified to assist public safety members before and after crisis.

There is an urgent need for **dedicated public safety funding** for health & wellness activities and training throughout the year. When compared to other professions, we are too often represented in negative statistics involving suicide, PTS, substance abuse, and heart disease. Within the Park Police, we believe in a **holistic** approach to wellness that positively impacts a person’s entire being – mind, body, and spirit. Recently, we used a combination of internal and external subject matter experts to instruct all staff members (sworn and non-sworn) during a mandatory full day **Health and Wellness In-service training**. The goal was to provide members with knowledge and resources from various disciplines to enhance their ability to employ positive coping skills in their everyday lives. The training was purposely made mandatory to **promote a culture of health** and to **remove the stigma** that getting help is a sign of weakness. By requiring all staff to attend, no one was left to feel that they were being “singled out.” The various workshops included: Yoga/meditation; acupuncture; financial resiliency; *Strolls for Well-Being* (an evidence-based program that promotes emotional healing through focused time spent in the natural world); critical incident recovery; mental trauma recognition and coping skills; post-traumatic stress; as well as fitness & nutrition. The anonymous post training surveys were very positive, while some employees reached out to me directly with words such as “outstanding” or “eternally grateful.” We were fortunate to have instructors who were willing to donate their time for this cause over separate days, however a lack of funding limits the amount of expanded complimentary activities we can provide throughout the year. Thank you again for your time and efforts.

