M E M O R A N D U M

TO: Public Safety Commission
City of Austin Firefighters', Police Officers' and Emergency Medical Services Personnel Civil Service Commission
Austin-Travis County EMS Advisory Board
Office of the City Auditor

FROM: Rey Arellano, Assistant City Manager

DATE: January 25, 2021

SUBJECT: Request for Input on Mental Health Care for First Responders (Resolution No. 20190619-092)

The purpose of this memo is to request your input regarding mental health care for first responders as directed by Council Resolution No. 20190619-092, which highlights the growing concern regarding mental health issues and the significant impact they have on the overall wellness of public safety first responders. The Resolution directed the City Manager to develop a report that thoroughly explains and identifies gaps and opportunities for improvement.

The Resolution further directed the City Manager to obtain input from your Commission/Board/Department on any gaps or areas of improvement. I would request your feedback during your February 2021 board meeting, or by the end of the next week after your respective Commission/Board meeting, or by February 19, 2021.

The attached report (Attachment A) provides an overview of the following areas:

1. Current options available to first responders to support and manage mental health needs;
2. The current state of health care insurance coverage for first responders;
3. Maintaining privacy and protecting first responders from retaliation for disclosing personal mental health conditions and needs;

4. Law enforcement best practices and innovations, pre-screening and ongoing evaluations;
5. Areas of improvement and next steps; and
6. First responder statements about the unique, on-the-job experiences they deal with daily.

The City Manager's Office engaged the three public safety departments, Human Resources Department, staff psychologists, first responders, and public safety Association presidents to receive feedback. In addition, the Office of Medical Director reached out to the Dell Medical School and EMS reached to the Capital Area Council of Governments (CAPCOG) to gain their feedback on this important topic.

The gaps identified by stakeholders include the need for a contracted psychiatrist to provide psychiatric treatment; City's insurance limitations with connecting to mental health providers and substance abuse treatment; mental health days for first responders; additional Peer Support program funding, support and activities; and the need for enhanced training for leadership within the departments in understanding the mental health needs of their employees.

Staff had the opportunity to meet with first responders, Associations and the departments and determined the specific needs to bridge some of these gaps are as follow:

- Establish a City-sponsored fund to retain a psychiatrist for first responders.
- Implement Mental Health days that are not considered sick or vacation days.
- Develop and administer specialized training for public safety leadership on handling mental health issues for first responders.
- Develop and administer training on social-justice-informed mental health care.
- Hire a Full-Time employee to assist psychologists and Peer Support coordinators (sworn) with administrative tasks.
- Purchase Peer Support lapel pins for the EMS Peer Support team so they are easily identifiable.
- Revisit departmental policies to accept the use of CBD oil for first responders.
- Implement annual behavioral health check-ins for first responders.
- Coordinate a joint statement from City leadership, Associations, and Department management that commits to limitations on sharing mental health treatment information and that seeking therapy will not have negative repercussions on a first responder's career.

Next Steps

Attached you will find a report providing responsive information to the provisions outlined in the resolution. Also attached is input from first responders, psychologists, and Associations. This report will be provided to the City Auditor's Office for their review and input.

Staff will request to place an item on your February agenda so that you may provide input that will further inform the attached report. A final report will be provided to City Council in March 2021.

Please do not hesitate to contact me or Patricia Bourenane (Patricia.Bourenane@austintexas.gov) should you have questions.

cc: Joya Hayes, Human Resources Director
Chief Joel G. Baker, Austin Fire Chief
Chief Ernesto Rodriguez, Austin-Travis County Emergency Medical Services Chief
Chief Brian Manley, Austin Police Chief
Bob Nicks, Austin Fire Association President
Kenneth Casaday, Austin Police Association President
Selena Xie, Austin-Travis County EMS President

Attachment A: Gaps and Areas of Improvement for Mental Health Support for First Responders

Gaps and Areas of Improvement for Mental Health Support for First Responders

Current Options

Public Safety Wellness Center

The Austin Fire Department (AFD) established a Behavioral Health section within the Austin Public Safety Wellness Center (Wellness Center) in the mid-1990s and co-located resources with Austin-Travis County Emergency Services (EMS) in 2005. The two psychologists in the Behavioral Health section are focused on promoting and preserving mental and emotional well-being. They offer a range of no-cost services including mental health counseling available to AFD and EMS cadets, first responders, civilian staff, and their family members. Beginning in Fall 2018, the Psychology Department at the University of Texas at Austin assigned an advanced doctoral-graduate student intern to assist at the Wellness Center.

In 2019, the Police Department moved their physician to co-locate with the rest of the Public Safety Wellness Center staff. At that time, the Wellness Center established a Governing Board comprised of representatives from labor and management from all three public safety departments. This Board provides guidance on policy issues and it advocates for Wellness Center resources from a unified public safety voice.

In addition to counseling services, Wellness Center staff psychologists provide training to AFD and EMS cadets (introduction to behavioral health difficulties, substance use/DUI) and work with Education Services, Peer Support, and Chaplains to develop department-wide educational programs, including Sleep Continuing Education and resiliency training. They also provide consultation services to supervisors, executive team members, Academy personnel, and other departments.

During the hiring process for first responders, all applicants participate in an extensive mental/behavioral evaluation, which will determine whether they are hired into the role as a Firefighter, Medic or Police Officer. Staff psychologists provide counseling services to cadets and first responders when requested. Additionally, the Wellness Center's psychologists have incorporated a behavioral health check-in during annual wellness exams for AFD first responders.

The Wellness Center's website is accessible to all first responders. It offers information and resources for a continuum of care to help maintain optimal mental, emotional, and spiritual health. First responders also have access to crisis/recovery resources, including inpatient care to our outpatient services, mental health and substance abuse treatment, suicide prevention hotline and a crisis line for immediate help.

Austin Fire Department

AFD's Peer Support program is comprised of approximately 30 selected firefighters who are trained to identify various challenges and symptoms, and to provide emotional support to fellow firefighters. The Peer Support team demonstrates active and attentive listening, understanding, and are able to provide appropriate referrals. The program serves as a resource to assist firefighters coping with professional and/or personal problems that arise as a result of the public safety first responder profession.

The Department also draws upon the volunteer service of three ordained Chaplains. They provide non-denominational counsel for the spiritual and emotional needs of first responders, civilians, and their families throughout the Department in the work of pastoral care. The Chaplains officiate weddings, funeral ceremonies, baptisms, christenings, administer communion, deliver spiritual messages, confidential visitation, offer formal and inclusive prayer at public meetings, and provide regular counseling. In the event of tragedy, personal crisis, or a season of change, Chaplains provide the pastoral care needed to help and support.

AFD leadership and Austin Fire Association President Bob Nicks support garnering additional psychiatric resources for all three public safety departments. AFD also requests funding for a full-time civilian employee to provide coordination of Fire and EMS Behavioral Health resources. This new position would also work with the Peer Support Coordinators and staff psychologists to collaborate and problem-solve on behavioral health initiatives.

Austin-Travis County Emergency Medical Services Department

EMS participates in services provided through the Austin Public Safety Wellness Center's Behavioral Health section. EMS has adopted a three-sided approach in developing a strong and resilient workforce by focusing on Health, Fitness, and Wellbeing. The Department monitors workload on an ongoing basis and offers rest, meal, and rehabilitation breaks for on-duty medics/clinicians.

The EMS Peer Support Team was established in 2015 to provide effective peer-to-peer interventions for EMS sworn employees in response to work-related stress, critical incidents and burnout. Personnel who are involved at potentially traumatic cases are contacted by the EMS Peer Support Team members and supervisors and are offered additional recovery time when needed. The Peer Support process has been shown repeatedly to be a very effective and valuable tool for helping EMS' first responders mitigate harmful stress responses that typically manifest when the job becomes overwhelming or extremely negative. The EMS Peer Support Team is specifically trained to confidentially assist colleagues through active listening, problem solving and educational techniques.

EMS Association President Selena Xie indicated "The Department has done an excellent job in some ways. The Department has established a Peer Support Team and a contractual relationship with Tanya Glenn. These two things are great and are well taken advantage of by medics. I hope that the City continues to fund these things. It appears that since Andy Hofmeister has left the Peer Support Team as a leader, the team has been neglected and has not had many resources it needs. For example, it has asked for pins to wear so that others might identify them and ask for help if they need it."

In addition to the Wellness Center psychologists, EMS has contracted with Dr. Tania Glenn & Associates, PA to provide services after hours, holidays and weekends. Dr. Tania Glenn, PsyD, LCSW assists employees with Post-Traumatic Stress Disorder (PTSD), suicide prevention, and depression, among other life incidents that may require special care. EMS has access to Dr. Glenn's Trauma Defense Team, which is especially helpful during large incidents, in order to provide employees the services they need to recover from a traumatic incident. Dr. Glenn provides training to the EMS Peer Support Team to prepare each team member with the tools needed to help their peers.

EMS first responders have access to APD's Chaplains when they need support (spiritual and emotional), counseling, and pastoral care. The Department also has contact with several additional chaplains throughout the community and state-wide who are available to assist when needed.

The crisis/substance abuse recovery services, as well as information on everyday stressors and self-care provided on the Wellness Center's website are also available to the EMS first responders. The Wellness Center offers fitness benefits that help with overall mental wellness, including support from four full-time Exercise Physiologists who provide fitness assessments,

health coaching, workout programming, and injury rehabilitation counseling.
These physiologists are available to visit stations and provide guidance on proper weight-lifting techniques.

EMS has put a heavy emphasis on face-to-face professional training to prepare personnel for dealing with situations they will encounter while on the job. Since 2011, direct contact with employees has included courses on mental health such as Delivering Bad News/Family Notification, Behavioral Health Awareness for Paramedics, and Sleep Hygiene.

EMS leadership requests the following considerations as we continue to examine improving mental health resources for first responders:

- *Access to on-demand, personalized, resilience-building tools and technology.*
- *An increased funding allocation for Dr. Tania Glenn & Associates, PA is needed to keep up with utilization of services, including trauma support, PTSD, and suicide prevention.*
- *Funding for stipends, training, and emergency items to administer the EMS Peer Support Team.*

Austin Police Department

In 2019, the Austin Police Department (APD) established a Wellness Bureau, which includes a Mental Wellness Unit. The Mental Wellness Unit is comprised of two (2) staff psychologists, a Peer Support Team staffed by five (5) officers and 55 volunteers (sworn and civilian) distributed throughout the Department, and a Chaplain program staffed by 19 volunteer clergy. The Mental Wellness Unit is designed to promote the mental and emotional well-being of all APD employees, both civilian and sworn, and APD retirees.

The services of the Mental Wellness Unit are provided at no-cost to employees and to retirees. Many of the services are also available to family members of APD employees. These services include but are not limited to, mental wellness counseling, Eye Movement Desensitization and Reprocessing (EMDR) therapy, Peer Support, and spiritual support service provided by the chaplains. The APD Wellness Bureau's internal website provides convenient access to these services.

APD has two (2) on staff psychologists to serve the employees of the Department. These psychologists offer confidential counseling and EMDR therapy to all APD employees. The Peer Support Team is designed to assist their fellow public safety employees by providing emotional support and referral to critical resources in a time of need. Chaplains are a vital part of the Wellness Bureau and provide spiritual counseling and guidance. The APD chaplains develop relationships with employees by participating in ride outs with patrol officers and regularly

engaging with employees in the workplace. A chaplain is on call 24/7, to provide for the needs of the Department's employees. A chaplain is dispatched to critical incidents when required and whenever an employee is injured or hospitalized.

A gap in services that has been highlighted by the Austin Police Association (APA) and APD's Health and Wellness Director are in the areas of substance abuse treatment and psychiatric services. As far as substance abuse treatment is concerned, it is well documented the police officers and other public safety employees have a 300% higher incidence of alcohol abuse than does the general population. This is likely due to the constant exposure to trauma. APD, AFD, and EMS have a number of employees each year who need either detoxification or rehabilitation for substance abuse. Currently, the city-provided health insurance does not cover the costs of standard treatment for this illness.

APD's Peer Support Team consists of officers who have been carefully selected, specifically trained in the area of 'helping skills' and peer support practices. They have been trained to identify individuals within the setting who may be reluctant to seek help and who may have been "suffering in silence". They have also been trained in how to approach these individuals and provide emotional support, guidance, and to make appropriate referrals to a wide variety of critical services in a time of need. The Peer Support Team has proven to be extremely helpful in helping their co-workers to negotiate the matrix of other services that are available to them.

In December 2020, APD launched a brief survey regarding wellness, which went out to 50 sworn employees randomly selected in different segments of the department. The survey found that nearly 44% of those who responded have used the services of APD's on staff psychologists, 25% have used services provided by peer support, 16% have used services under the First Responder Mental Health Grant, and 6% have used services provided by the grant-funded therapist. Moreover, 50% of those who responded to the survey said they were likely or very likely to use APD-sponsored mental health resources.

The Mental Wellness Unit of the Wellness Bureau developed a number of resources for both outpatient and inpatient treatment, offering employees a number of resources related to substance abuse and mental crises. The Department also has a First Responder Mental Health Grant which offers Police and Fire sworn and civilian staff up to 17 confidential sessions with a licensed therapist at no cost. The Department is also exploring utilizing a wellness app to send health and wellness messages to the workforce, and provide a wellness toolkit with resources.

City of Austin's Insurance Provider

The City of Austin offers all first responders a comprehensive insurance package. First responders are eligible for medical benefits under the BlueCross BlueShield Medical Plans, including mental health coverage. There are no limits on the number of visits for mental health within a calendar year. Three medical plans are offered to our first responders. Below is the out-of-pocket cost when seeing a network provider for mental health coverage:

- BlueCross BlueShield PPO: $10.00 copay
- BlueCross BlueShield HMO: $10.00 copay
- Consumer Driven Health Plan (CDHP): Deductible and coinsurance

All three medical plans offer virtual visits for mental health coverage, copays are $10.00 for the PPO/HMO. Under the CDHP, the cost is $100 per session for therapy counseling and $175.00 per session for psychiatry.

The City's Employee Assistance Program (EAP), Deer Oaks, LLC, provides short-term confidential counseling to help first responders and their families deal with life's stresses. The EAP offers 24/7 resources to help with a variety of issues, including marital/family problems, crisis management, work issues, domestic violence, adolescence, psychological issues, anger management, and substance abuse/dependency.

The City also offers the Take the High Road Program, which provides a safe ride home via taxi service, Uber, or Lyft. This service is available under the EAP. The benefit is confidential to employees and all household members, and the service is available once per year. Finally, the iConnectYou app is available to all City employees. The app instantly connects to professionals for instant support and to help find resources.

There are currently no psychiatrists in the Austin area who will accept Worker's Compensation payments. We estimate that as many as a dozen employees from the three agencies combined are impacted each year. The Austin Police Association, Austin Fire Association, Austin EMS Association and Wellness Center intends to request that that there be a City-sponsored fund to retain a psychiatrist for the few cases we have each year where there is need.

Privacy Measures

Employee's concerns related to mental health privacy and confidentiality are chief concerns that have been identified by the three public safety departments. The survey that APD

launched, indicated that confidentiality was the number one issue for APD employees, with nearly 58% remarking that it is the most important quality. The staff psychologists that are hired by the City of Austin to work with the public safety departments are not allowed to report visits, sessions, or attendance information outside of the therapeutic relationship, unless the person/case meets confidentiality exceptions. In several instances, first responders want to know if information would get back to leadership and/or their chain of command.

First responder's appointments with City staff psychologists, APD counselors and therapists, are covered under traditional conditions of confidentiality. Psychologists are licensed by the State of Texas, through the Texas State Board of Examiners and strictly adhere to the Ethical Guidelines that are stated in the law that dictates the operation of licensed individuals. All communications that occur within the therapy session are strictly confidential, with the exceptions that are specifically dictated in ethical guidelines and principles of the practice of psychology as well as in state licensure law. The exceptions being, if the client presents imminent danger to self or others, or the individual is suspected of engaging in the abuse of children, the handicapped, or the elderly.

The three public safety department's Peer Support programs also provides both legislative and policy protection of confidentiality. In addition, cases involving Worker's Compensation and Family and Medical Leave Act (FMLA) require significant confidentiality, to protect employees who seek medical and mental health care.

Law Enforcement Best Practices and Innovations

Treatment

Staff consulted with APD's staff psychologist, Dr. Carol Logan, to gain perspective on best practices and innovations for mental health support. Dr. Logan provided insight on current state of the art in trauma-informed treatments for law enforcement.

Regarding best practices, APD has offered Critical Incident Stress Management (CISM) debriefings, which has been supported by officers. CISM debriefings are conducted after a critical incident where there is potential psychological impacts to officers directly involved in the incident. These debriefings are voluntary participation, and the terms are for them to be completely confidential for all participants. Participants are provided the opportunity to share about their personal experiences, perspectives and are followed by a discussion of how the event has impacted them emotionally, as well as any symptoms they may have experienced. This intervention helps to identify individuals at risk and informs the individuals within the

group about services available to them. CISM debriefings are emphatically considered to be a 'best practice' in APD as verified by the on-going feedback received from individual personnel.

For innovations, APD has routinely offered Eye Movement Desensitization and Reprocessing (EMDR) since 2003 to officers and civilian staff. Though the treatment has been used since 2003, the innovative evidence-based treatment, which has been tailored and designed for police officers has proven to be effective and useful. EMDR is a specialized psychotherapy that enables people to heal from the symptoms and emotional distress that can result from the experiencing of trauma. Repeated studies have shown that by using EMDR therapy, people can experience the benefits of therapy that once took years to make a difference. It is widely assumed that severe emotional pain requires a long time to heal but EMDR therapy has shown that the mind can in fact heal from psychological trauma in much the same way as the body recovers from physical trauma.

In 2016, APD's Police Psychology Treatment Program was awarded a $38,500 grant to provide a pilot program of innovative treatment for officers called "EMDR: A 3-Session Package" (APD EDMR Project). This innovative, highly-complex project involved 70 APD officers, 18 top EMDR therapists from the Austin community, and the collaboration of two (2) of the nation's most prestigious academic institutions in the country, Vanderbilt University, and the University of Texas's LBJ School of Public Affairs. The project was featured by KXAN in 2017. APD's Dr. Carol Logan who has been instrumental in the launch of this program, was invited to present the project at the EMDR International Association (EMDRIA) annual conference on September 27, 2020, and has since provided guidance to national EMDR therapists interested in establishing such programs for police and sheriff departments.

Last year, the implementation phase of this complex pilot program was nearing completion. Delivery of the EMDR treatment package and of the control group treatment condition is in the later phases and the data collection and statistical analysis by the university collaborators is set to begin.

Police Cadet Pre-Employment Psych Screening

Texas State Law, as well as APD Policy and Procedure require that all individuals who are hired as police officers pass an entry-level psychological evaluation. The nature of the screening for APD includes: two standardized mental health tests; a sentence completion test (projective test); an extensive background questionnaire; a thorough background investigation by APD; and a 1-hour Interview with an APD psychologist who is familiar with the pressures/stresses of police work.

During the cadet screening interview, the Department asks questions designed to flag whether the applicant is "too aggressive" (e.g., a history of fights in school; of being fired for defiance toward supervisors; of family conflicts or police calls at home). The Department also asks questions designed to identify if the applicant is too compliant/conflict avoidant (e.g., no history of physical sports; a history of backing down when victimized).

Most of the standardized, well-researched, psychological instruments could provide insight into the psychological traits involved. The various revisions of the most widely researched psychological test, the Minnesota Multiphasic Personality Inventory (MMPI), which has been used by the department for decades, would provide valuable insight into these conditions.

Veteran applicants who have been diagnosed as having post-traumatic stress disorder (PTSD) are initially screened much more closely to be sure that they will not suffer a relapse under the stress of police work. All veteran applicants (who may have PTSD and not know it/deny it) are asked about their military experiences (e.g., wounded, concussions, killed enemy combatants, improvised explosive device/IED) and their adjustment to "civilian life" upon returning home.

The extensive history taken during the clinical interview explores all these areas of potential difficulty. Since one simple 'test' is not sufficient to evaluate this, psychological evaluations

"The terms 'warrior' and 'guardian' are not clinical psychological terms, although there are many varied behaviors and measurable defined psychological traits both positive and negative that would fall into each category. While these terms have been popularized lately and are very useful and helpful when engaging in a discussion of some of the issues occurring in the field of policing, it is highly unlikely that any academically generated psychological test would ever be developed to discuss these broad terms from popular culture. However, most comprehensive psychological tests would certainly deal with various clinical traits that do make up these broad general terms.

Ideally, trained officers are able to perform as either "warriors" (e.g., during gunfire, crime in progress) or as "guardians" (e.g., during emotionally disturbed people calls, family disturbances, lost elderly, and accidental deaths). The APD motto of "Serve and Protect" reflects this dual role. Cadets' personalities, history of dealing with conflicts, training and supervision are the key ingredients which determine how a cadet/officer will respond in a street situation."

Rick Randall, APD's Health and Wellness Director

always include a clinical interview component. It takes a combination of several elements of investigation, including the standard psychological testing instruments, the in-depth clinical interview, and the thorough professional background investigation, to arrive at an informed determination.

The Department's opinion is that supervisors + Peer Support system + available in-house EMDR therapy + voluntary in-house counseling programs + mandated counseling following critical incidents are the best tools for monitoring officers' mental health status once they are serving as officers.

Ongoing Mental Health Evaluations

One of the basic fundamental requirements of a police officer is to be able to move from high-level incidents to low-level incidents. It is a vital part of doing their routine, everyday job. There is no training or tracking provided for when officers go from a high-level (violent) incident to a low-level incident (visiting elementary students at a school). Beginning in Fall 2019, APD introduced mindfulness and resiliency training into the academy curriculum to address this aspect of the job. Further, the Department provides critical incident debriefs for officers involved in high-stress incidents and the department requires officers involved in a shooting to speak with one of the department's psychologist with 48 hours of the incident.

Apart from the situations described above, there is no policy or procedure that outlines the specific conditions that must be present in order to require an officer to undergo a psychological evaluation or mandatory counseling. All mandatory psychological evaluations or mandatory treatment must be ordered by the Chief or an Assistant Chief only. The use of these psychological services is highly discretionary, so different administrations show great variance in the use of this resource.

There is no standard "annual mental health screening" for APD officers. On an ad hoc basis, supervisors can encourage counseling when an officer appears to be functioning erratically (e.g., conflicts with fellow officers; dramatic drop in productivity; return from active duty in a combat zone; post-divorce depression). The voluntary counseling services + EMDR training + Peer Support program are designed to address mental health problems before they interfere with officers' job performance. In addition, the Chief of Police or his or her designee may order a mental health fitness for duty evaluation if they deem such an evaluation is necessary.

Conducting psychological evaluations for each of the more than 1,800 officers of the Austin Police Department would be a significant budget item, particularly if the Department desired to retain the current level of other psychological services. The estimated cost for such evaluations would be around $360,000 to $400,000 per year, if the evaluations were conducted on an on-going basis annually by contract psychologists in the same manner and at the same rate of payment that the initial evaluations are conducted. There is currently ongoing discussion that some type of annual or bi-annual evaluations should be conducted.

Areas for Improvement

As highlighted throughout this report, various stakeholders have provided input on areas for improvement. Staff held an input session on January 12, 2020, with first responders, psychologists, Associations, and Department's leadership for the purpose of gaining additional feedback focusing on first responders' and psychologist's feedback.

Appendix A provides summaries of the feedback gathered, which highlights additional areas for improvement and key themes, including:

- There is a need for a contract with a psychiatrist. Finding a psychiatrist who will accept workers' comp is not an option in the Austin area. Primary care physicians can prescribe medications for anxiety, depression, etc., but that can cause problems if they don't know the rules about what first responders can or cannot have in their system while they are working.
- The impact of mental exhaustion is as significant as the impact of physical exhaustion. Where does mental health fit when it comes to leave requests? Sick or vacation? There is a need for mental health days.
- There has been instances when first responders believe Department management need a better understanding and handling of mental health issues for personnel. The support Departments need to be pro-active about training first responders on how to identify mental health issues and emphasize that it's as important as physical health. Management and staff need to have training on how to identify and handle mental health problems, and training that focuses on social justice informed mental health care.
- Peer Support programs and services are critical and is deemed valuable. There needs to be additional support provided to these programs.
- Confidentiality is a significant concern for public safety responders. It would help to coordinate a joint statement from City leadership, Associations, and department management that commits to limitations on sharing mental health treatment information and that seeking therapy will not have negative repercussions on a first responder's career.

- Annual Behavioral Health check-ins are very useful in breaking down stigma and hesitancy about contacting staff psychologists

Austin EMS Association President Selena Xie recommends "provide the Peer Support Team with identifiable pins (negligible cost), Department create a mental health sick call policy, and the Department provide an avenue for medics to use CBD without fear of drug testing."

AFA President Bob Nicks also recommends establishing a contract for psychiatric services and bringing in a civilian administrative Full-Time employee to support behavioral health program coordination so that psychologists can focus on their work.

APA President, Kenneth Casaday indicated that, one of the key issues regarding the Austin Public Safety Wellness Committee "is the lack of access through workers' compensation to a psychiatrist … placing a psychiatrist on retainer might be the easiest way to handle this problem. This idea is supported by our City medical professionals and mental health experts." Both input from the EMS Association and APA is included in Appendix C.

Staff has reached out to the Dell Medical School and CAPCOG to gain their expertise and insight on areas of improvement and look forward to learning from them.

Overview of First Responder Experiences

Staff gathered a few quotes from first responders, EMS Association, and Dr. Logan to illustrate a deeper sense of the unique, on-the-job experiences held by public safety first responders. Additional feedback can be found in Appendix B.

AFD Fire Specialist Brian Davis indicated, that "there is a saying, 'your worst day is our every day.' When you consider the fact that the average person experiences 3-4 major traumas in their lifetime, and the average first responder can experience that in just a couple weeks, you begin to understand the mental impacts of the career we love.

The input received from first responder's catalogs and calls attention to the rigorous, traumatic, and stressful on-the-job experiences that they are faced with daily. First respond various car accidents, suicide calls, infant deaths, communicate tragic news to family members, and at times, personnel is shot at, or may need to physically engage/restrain patients and subjects. Research has shown that first responders are exposed to many traumatic events during their careers that can lead to conditions such as post-traumatic stress disorder (PTSD), acute stress disorder (ASD), stress, anxiety, depression, substance use, and suicide. Although each

Department focuses on different public safety areas, all first responders are exposed to a broad range of situations that push the psychological, mental health, and emotional limits of human beings. This requires special attention to caring for the mental health and emotional support of our community's public safety personnel.

Dr. Logan shared that, "public safety first responders have unique job experiences and are often have frequent exposure to psychological trauma that includes witnessing and participating within scenes of profound human tragedy. For example, this can include being present for the tragic death of children, which may also include being to witness the profound shock and anguish of their parents and other loved ones. They are also regularly exposed to horrendous scenes involving human beings violence and inhumanity to another, or to gruesome scenes in the aftermath of suicide, homicide or accidents, or the sight and smells of mutilated or decompensating human bodies. They also are often left to experience their personal sense of helplessness when their own heartfelt and often heroic attempt to offer assistance fails before their eyes."

Appendix A: Input – Feedback Session
Appendix B: Input – First Responders
Appendix C: Input – Public Safety Associations

Input

January 12, 2021 Stakeholder Session - Gaps and Areas for Improvement

Purpose: To gain additional feedback from first responders and psychologists regarding gaps in mental health services and areas for improvement.

Attendees:

EMS	**AFD**
Selena Xie, EMS Association	Bob Nicks, Austin Fire Association
Chief of Staff Jasper Brown	Assistant Director Dr. Ronnelle Paulsen
Assistant Chief Andy Hofmeister	Assistant Chief Rob Vires
Clinical Spec,-Field Brynnen Stutsman	Assistant Chief Richard Davis
Medic-Field Michelle Warren	Lt. Mike Duffee
	Lt. Dana Dietrich

APD	**Staff Psychologists**
Kenneth Casaday, APA	Dr. Marc Kruse, AFD/EMS
Rick Randall, Health and	Dr. Dana Butler, AFD/EMS
Wellness Director	Dr. Carol Logan, APD
Sgt. Tim Kresta	Dr. David Duran, APD
Officer Joseph Brown	

The following themes were identified from first responders' feedback provided during the stakeholder session:

- The impact of mental exhaustion is as significant as the impact of physical exhaustion.
- Finding a psychiatrist who will take workers' comp is not an option in the Austin area. Need a service contract to fill this gap.
- Management needs a standard response for how to handle mental exhaustion (the response varies by who addresses the issue and relationship to the first responder)
- Where does mental health fit when it comes to leave requests? Sick or vacation?
- Management needs to have training on how to identify and handle mental health problems.
- Departments need to be pro-active about training first responders on how to identify mental health issues and emphasize that it's as important as physical health.
- Peer Support programs are critical as a force multiplier, and needs additional support.

- Getting appointments for family members (outside of seeing a staff psychologist) is very difficult and takes a long time due to constraints associated with paying with insurance.
- It is almost impossible to get our insurance to pay for residential substance abuse treatment. Officers with alcohol abuse issues are racking up significant debt even with insurance contribution.
- First responders who are on leave for long periods of time due to injury or investigation are much more likely to have mental health issues. Their employment status is on the line and they are disconnected from the support they normally receive from their fire family.
- Officer involved shootings result in investigations that can take up to a year. Again, during that time their mental health deteriorates and they have acute issues (they go to very dark places). They need support during this time.
- Officers putting in long hours and the stress of working protests has also created new forms of trauma that need addressing. On-the-job stress has been coupled with pressure from home to resign due to the danger.
- There is added stress with COVID-19, first responders don't know what to do with their kids when schools/daycares are closed due to the pandemic. Some first responders are upset about the end of the federal aid for this, as none of them can perform their duties teleworking from home.

The following themes were identified from staff psychologists' input:

- Confidentially issues are still huge in public safety. It would help to coordinate a joint statement from City leadership, Associations, and department management that commits to limitations on sharing mental health treatment information and that seeking therapy will not have negative repercussions on a first responder's career.
- The stigma about seeking mental health help is strong within public safety. Many departments are "rebranding" these services as "optimizing human performance". Staff psychologists need to work more with the Associations and Management on training to demystify mental health issues and help them to respond appropriately when issues arise.
- Peer support is critical to addressing crisis issues.
- Staff psychologists should not do fitness for duty evaluations because their role is to consult with Management. Hire a third party to judge fitness.
- Cadet psych evaluations should not be conducted by staff psychologists because that early impression can sour the relationship with firefighters/medics later when they need help.

- Primary care physicians can prescribe medications for anxiety, depression, etc., but that can cause problems if they don't know the rules about what first responders can or cannot have in their system while they are working. There is a need for a contract with a psychiatrist
- There is a need solutions regarding alcohol abuse that don't require residential treatment.
- There are some law enforcement specific problems that take in-house expertise to detect. Example, the typical symptom of PTSD is depression. Police Officers are more likely to exhibit the subclinical symptoms such as irritation and agitation due to cumulative trauma. These symptoms are intertwined with excessive use of force. The work APD is doing to identify PTSD issues early may help to prevent excessive use of force.
- Isolation from co-workers is a major source of mental health issues (agree with first responder comments).
- Annual Behavioral Health check-ins are very useful in braking down stigma and hesitancy about contacting staff psychologists
- There needs to be a focus on social justice informed mental health care and training in this area.
- First responders, like others, have been through four waves over the last year and it has left them with significant compassion fatigue (e.g. COVID-19, social justice, staffing shortages).
- Police are seeing increased suicide rates. When officers ask questions about their purpose in life (Why they do what they do?) it causes depression and, more importantly, distraction. Distraction cause hesitation which can be deadly for officers.
- All four psychologists need to work collaboratively – it makes them better.

EMS Feedback

Selena Xie, EMS Association President

The EMS Department has done well after employee suicides. They have entered into a contract with Dr. Tanya Glenn & Associates but there is still much more that needs to be done. There is a need for more training of EMS management on the handling of mental health issues for their personnel, two mental health days (not vacation or sick), additional support for the Peer Support program (e.g. identifiable pins, reporting system for when Peer Support needs help, allowing time for Peer Support to visit hospitals, incorporate retirees into program), psychiatric treatment, and revisiting the use of CBD oil.

Medics have raised concerns about how they are able to manage their own daily mental health issues. As it is, medics should have the ability to take a mental health day if they are not able to provide 100% attention to their job. She has heard many are afraid to call out sick because they will have to provide a sick note in many cases, even when they would not have had to go to the doctor. If they call off their "on call" shift, they are now required to make it up within three weeks, asking them to work an additional shift, disrupting their life when they are already having a hard time. Moreover, she has worked with medics in at least two instances when either their mental health day was denied or they felt harassed by Commanders to use it.

Brynnen Stutsman, Clinical Specialist-Field

He had an issue in November 2020 during the second wave of the pandemic. He showed up to work prepared to work a 24-hour shift. He hit a wall that he didn't expect. Throughout the day, he experienced cognitive issues, was jittery and was worried that it could impact his care. He continued work and ignored his issues because didn't want to let the department down and wanted to provide great service to the community. He was mentally and physically exhausted. He later phoned his Commander informing him that he didn't know what he needed but that he needed something. Clinical Specialist Stutsman tried to fill the need on the truck, seeking his Commander's guidance and was surprised by the response he received. Department has been good in understanding big moments but not when it comes to issues that arise from slow accumulation and run down. Communication about his issue was not good. Because his symptoms weren't related to a physical symptom/medical or large life issue, he was informed by the department that he's not accepting his assignment and not doing his part, and was sent home without pay. Clinical Specialist Stutsman believes the Department should offer mental health sick days for times like these and that there needs to be training, especially for Department management around the handling of mental health issues.

Michelle Warren, Medic-Field

In June 2020, because of the COVID pandemic, her and her work partner had to be overly cautious, wearing appropriate PPE and minimize time spent with other coworkers, in order to prevent spread of COVID to family. One day, they had a horrible shift, beginning their day dealing with a patient that may have had COVID, then managing a gunshot wound patient from the summer protests. The day and leading into the evening was extremely high pressure and stressful. In the evening they responded to a medical pediatric arrest. At that point her and her partner had had no breaks and were at a breaking point. Both cried in the back of the truck. She met with a Peer Support team member who provided them the option of calling in and taking off their next shift for mental health reasons. Both she and her partner determined they would need a day off and called in. However, both were informed that they could not have off. She

utilized Facebook to solicit coverage but was informed that there were issues with her social media post, which she later had to work with the Association to remedy.

She ended up showing up to the shift and later found out that there was an extra duty truck working that day. The Peer Support team tried to take care of her and her partner by raising awareness with the Department. The experience left them feeling disregarded, especially during the pandemic.

AFD Feedback

Mike Duffee, Fire Lieutenant
The personal stories that CS Field Stutsman and Medic Warren shared are pretty typical. There is a lot of resilience needed to address pediatric arrest, suicide, and traumatic scenes. AFD has done a good job regarding the Peer Support program and having team members certified. Mental health is just as important as physical health, and is connected to physical health. When firefighters are on leave, it can leave them vulnerable, and they can quickly go into depression or anxiety. There needs to be more proactive training focused on mental health; teaching stress management; how to watch out for each other, whether it is job or home related; and training on sleep.

Trying to get help from a mental health practitioner has been extremely hard especially during the pandemic. It is difficult to get help with insurance. There are two crew members out on injury time that have struggled with detachment, which can impact their career trajectory.

Dana Dietrich, Fire Lieutenant
Shares EMS first responders' and Lt. Duffee's sentiments. A few gaps that are being examined by AFD, include, when personnel has an on the job injury, is on extended leave, disciplinary investigation, or any time they are away from their fire family. In in these instances, we see people go down dark paths.

When there is personnel conflict, we are missing key opportunities, because sometimes people feel like they are being run off at a station. Sometimes change is the key, but it's how the Department makes that change. These types of moves can affect the people involved and there needs to be resources for them. When we come across personnel that want to talk to a therapist, but don't want to talk to staff psychologist, it's almost impossible because of timing. Sometimes it takes a month out to get appointment scheduled.

Bob Nick, Austin Fire Association
When people realize their issues, it's humbling, but when they reach out to Management, it can turn into disciplinary control and can be problematic. For the past few years, AFD has done well.

APD Feedback

Tim Kresta, Police Sergeant
There have been improvements in the past couple of years for APD, in particular with the Peer Support Program. Personnel has spent an inordinate amount of time with staff psychologists on approaches dealing with trauma. Tracy Morris who leads the First Responder Mental Health Grant, along with Dr. Carol Logan and Dr. David Duran are great for the Department. He has been with the Peer Support Program almost 6 years, working non-stop helping people who truly need help. There are delays in getting personnel in to see psychiatrists.

Joseph Brown, Police Officer
A lot of officers were traumatized having to interact with the public during the protests, when there was no end in sight. A lot of specialized units worked 7 days a week, and began having issues at home with spouses asking them to quit their jobs. There was a very large volume of supervisors reaching out to Peer Support about employees that were in crisis and needed intervention. The program helped by supporting officers on the frontline getting them food and ensuring they were taken care of. This time brought on a lot of relationship issues for officers and alcohol abuse. Other challenges are when personnel are out for an extended period of time. These times puts people down a dark path, where they are isolated and begin doing things that are detrimental to their health.

Ken Casaday, Austin Police Association
Several officers a year get inpatient treatment for alcohol treatment, where the department highly recommends and encourages that they go, however, it costs $10-20K, which is a large bill. He would like the City to analyze how we can provide this type of treatment where officers don't have to pay out of pocket. With COVID, the federal government provided leave in 2020 and several officers still have school aged children at home. The federal government didn't extend this type of leave for 2021, and officers are faced with having to be at work, while their children are at home. This is causing a tremendous amount of mental health issues for officers.

He indicated he remains supportive of EMS Association's requests for the use of CBD oils because it officers great relief. Thanks the psychologists for their ongoing support of APD. The Department is moving in the right direction.

Psychologist Feedback

Dr. Marc Kruse, AFD / EMS

A joint proclamation from City departments, Associations and City leadership committing to personnel's confidentially, strictly indicated that the Departments are not trying to gain information from these meetings between psychologists and personnel, nor is the information being used for employment or disciplinary actions. All parties must agree that they codify the agreement. Staff psychologists should be removed from evaluative roles such as fitness for duty process, and participate in a more consultative role, as long as the first responder hasn't been their client. AFD has removed staff psychologists from the hiring evaluation process to prevent them from having issues with future employees.

Psychologists work more closely with Department management and Associations to make sure they are on the same page to better take care of personnel. They need to build networks of non-city resources and explore the initiative proposed by former Council Member Ora Houston. There is a need for a psychiatrist that can focus on first responders and what medications first responders can use. Agrees with psychiatric nurse practitioners when psychiatrists are not available. City should supplement costs of a psychiatrist. AFA has been supportive of providing alcohol treatment. He indicated that He knows of an EMS medic that couldn't get into alcohol treatment because alcohol wasn't primary issue…because they didn't drink enough. Find resources that aren't just specific to alcohol.

There should be more active collaboration for behavioral health among the four psychologists, and co-habituating the Peer Support teams. Also ask personnel who has had positive experiencing utilizing resources provided by the Department to share their stories. There should also be mental health leave and resources for sleep issues and family/relationships.

Dr. Carol Logan, APD

She is astounded by the shared stories during the feedback session and the obvious mental health crises they were under, yet were not able to access the help they needed. There is a wonderful network of Peer Support in APD, which is imbedded within the Department and works marvelously. Specific to law enforcement, there are varying subclinical forms of PTSD (depression, irritation and anger and agitation). She observes that PTSD can be due to everyday crisis, interpersonal crises, carrying a loaded weapon, and use of force issues. The pilot program funded by City Council, is cutting edge, which treatment is tailored to each officer. The results have been highly successful.

Dr. Dana Butler, AFD / EMS

Concurs with Dr. Kruse and Dr. Logan's feedback. Isolation is concerning for personnel that are out with injuries, take time off from work, or involved in a disciplinary investigation. We need to move forward in a way to provide support during these difficult times. There is a huge need to contract with a part-time psychiatrist who accepts vouchers or like Tanya Glen. Confidentially concerns is a chief issue for personnel. Would love to see greater collaboration among the psychologists at the Academy to improve mental health at entry point. Agree with group therapy and it is helpful and a great reward that allows people to know that they are not alone. Four psychologists to get together re: reform social justice in mental health care for first responders (race, protests, trauma recovery). The Department needs to provide more training around social justice to better inform health care.

Dr. David Duran, APD

Agrees with Dr. Butler's sentiments. There have been several challenges in the recent past that have impacted mental health for first responders, including the COVID pandemic, social justice movement, staffing challenges, budgetary issues, familial relationships, financial issues, and children's needs. We need to make sure we work on compassion fatigue. There are themes of distraction and hesitation for an officer in the street, which can have severe consequences. Working collaboratively internally and working closely with Associations is imperative. There are a plethora of resources, such as EMDR that can be used for addressing trauma. He supports a joint statement on the City's commitment to providing preventative treatments (e.g. behavioral health check-ins) and mental health resources. He looks forward to working with everyone involved.

Rick Randall, Health and Wellness Director

Grateful for everyone at the feedback session and the work they are doing. Indicated that former Council Member Ora Houston is proposing $70,000 in funding for psychiatric services from the Dell Seton Medical School Department of Psychiatry. This funding will provide for a psychiatrist and two psychiatric interns available to APD, AFD, and EMS. APD is in discussions with Ora Houston.

The City has done a superb job focusing on equity and to use an equity lens on who gets hired for a job. The City needs to continue applying equity lenses in the mental health realm and utilize a mental wellness lens. City policies have been passed on employee wellness; however, the Chain-of-Command structure is an old school way of thinking. Having a wellness lens, on the City's most valuable assets and most vulnerable assets, first responders are essential in ensuring that they receive the proper mental health treatment.

Input - First Responders

Unique, On-the-Job Experiences that First Responders Deal with Daily

Fire Specialist Brian Davis E33C
Austin Fire Department - AFD Peer Support Team

I have been with AFD for 16. 5 years- 13 with Special Operations, and 3 years with the Austin Peer Support Team. There is a saying, "Your worst day is our every day." When you consider the fact that the average person experiences 3-4 major traumas in their lifetime, and the average first responder can experience that in just a couple weeks, you begin to understand the mental impacts of the career we love. I myself have responded to more suicides then I can count, citizens hit by trains, mangled car wrecks, severely burned victims (both alive and deceased), a mother screaming in anguish as we perform CPR on their infant to no avail. The first responder's resilience allows for us to mitigate to a call and hold back the body's natural responses to a traumatic situation, but the mind will always have to go back and process what it has experienced. The inability to properly process leads to sleeplessness, anxiety, depression, substance use, and PTSD. AFD alone has had 3 career-related suicides in the last 5 years. I myself have experienced many of those symptoms listed, yet chose to seek assistance with the trauma with staff psychologists and a counselor outside the department. They have aided me in dealing not only with my experiences and mental trauma, but equipped me with tools to aid in dealing with my future.

The Austin Fire Department has great staff psychologists, and there is access to additional counseling services as well. For this I am grateful! However, within the firefighting profession there is a stigma that to seek help is to show weakness. Our greatest need is to be able to educate our men and women on the effects of trauma, the signs and symptoms of crisis and stress, and make seeking assistance for mental and behavioral health a normal and healthy action. Currently the AFD Peer Support team has only one paid position and about 25 volunteers that man a 24-hour hotline and respond to members in crisis. To date this year we have responded to over 740 incidents. I believe that expanding and funding their efforts would allow for the creation of the educational aspects needed to change the culture and stigmas present. This in turn will create physically strong and mentally healthy first responders to continue responding to the citizens of Austin, to continue bringing them our very best.

Division Chief Carrie Stewart
Austin Fire Department - Wildfire

Thank you for the opportunity to provide feedback for this request. I know that we have a lot of people in the City who are very passionate about first responder health and wellness, and I am grateful to be a part of efforts to affect change in any manner that I may be of assistance.

I would like to start by saying it would be helpful to know the process that the City is using to address this issue. Coming from an industry that values incident planning, I am curious how this request fits into the overall plan. Specifically, what are the goals, objectives, strategies, and tactics that have been identified? How does the information I provide help with those pieces? And if we haven't identified all of those pieces, when will they be discussed and implemented, and who all will be involved with the effort? I hope that my responses help with this, and illuminate that it does need to be a comprehensive and coordinated effort. My goal in answering your question is to describe the calls that have remained in my mind over the past 20 years – the images that I am left with – and how those calls were significant to me at those times in my life. I start these stories with "I" because these are my memories of these experiences, but please understand that there were at least three other crew members with me at all times, and those firefighters share these memories also.

I have used the jaws of life to remove a Volvo from around a man who burned up in his car on the afternoon before Thanksgiving. The melted vehicle had to be cut away from him so that my crew and I could remove him from the car and carry him to the medical examiner's vehicle. We couldn't do anything for that man except put the fire out and standby for hours until the medical examiner arrived and we could continue. When we returned to the station, we decided we didn't want to fry a turkey for dinner that year as we had planned. This call always comes to mind around the holidays, and I'm glad I didn't have to address his family that year.

With my crew, I have delivered deformed babies (with Mermaid's syndrome, specifically) that I knew wouldn't live, but because of language barriers we couldn't fully relay this to the parents of the new child. All we could do was keep the baby comfortable until at the hospital, and promise the father that we would tell the doctor what they wanted the baby's name to be. This was months after I had personally delivered a baby that had died in utero at 20 weeks, and I felt guilty for feeling that I had experienced the easier death of a child. The crew I was with was very comforting and made sure I was okay after that call, but these are the mental connections we make and have to deal with at calls we attend all the time.

As an officer, I have directed another crew to discontinue CPR on a 2-year old child who had symptoms incompatible with life after they had started life saving efforts. This is a hard call to make – to tell firefighters there's nothing we can do for a baby. Further investigation at this call revealed that baby had been on the floor of his apartment for hours while other children played around him, and he was dead. At the time, my youngest daughter at home was barely older than this baby.

I have responded to a grown man pleading with me to please save his leg after a motorcycle accident left his lower leg barely attached. I didn't know if it could be saved. I told him we would save it, but I don't know if I lied to him or not. I have performed CPR on hundreds of people of all ages. All times of day or night. Holidays and the middle of any given week. But when my own father passed away from a heart attack and I wasn't there, I honestly don't know if I would have wanted to be there to do CPR on him. I don't know that I would have wanted to add that to the rolodex of CPR calls and living room and kitchen floors and sides of the road in Austin where I can remember doing CPR on others. It is hard for me to imagine that my husband and friends and civilian coworkers have probably never seen a dead person, and I have thousands floating around in my head if I let them.

I have seen the aftermath of suicide by hanging, shooting, knife, asphyxiation. When firefighter Michael White committed suicide in 2019, I was in charge of having his home cleaned so there was no mess for his family to see when they came into town. While I fortunately didn't need to see Mike, I added the scene of his suicide by shooting to the already existing images in my mind of suicide from people I didn't even know.

I have seen how the decision of a young man to commit suicide by walking in front of a truck on I35 affected the passengers of that truck - a man and his son going fishing for the day. I later had to help clean that dead man's body off the highway so others could go about their lives.

I cried on scene the evening I had to call a mother of a 16 year old girl to tell her that her daughter had been in a wreck, and that everything was okay. Even though her daughter was fine, as the mother of a 14 year old girl at home, I knew how receiving that phone call would feel. I could hear the panic in the mother's voice as I tried to quickly relay that I didn't have bad news. I couldn't get the words out fast enough to keep the expectation of the worst from filling her mind, and I cried after getting off that phone call because I could feel the potential hurt for that mother.

I have covered up bodies of Austinites in their front yards after they have died in fires in their homes, so their neighbors couldn't see them. And I've then gone home and done yet another check on my own smoke detectors, praying that my own children and family would never suffer a similar fate. I have covered up other bodies on the highway so passersby couldn't see them. And then I've gone home and hugged my family, praying that a distracted driver didn't cause a fatal wreck with any of them.

Whomever may read this, I hope you can see that we aren't just employees of a City of Austin department who have "unique, on the job experiences." We are coworkers, fathers, mothers, wives, husbands, parents, brothers and sisters. It may sound cliché, but we do our job and see much more than is listed above, because you, nor anyone else, wants to see or do these things. Put another way, we aren't paid to see things others don't want to see, we are paid because we can never unsee them.

The effects of this can't be simply summed up for someone else to then go fulfill the requirements of a council resolution with the expectation of addressing these effects. It is insulting to me, and others who are first responders, for our experiences to be handled in any manner other than a thoughtful and comprehensive one, to just to check a box and say we asked some questions. So how do all of these experiences affect my mental health? I cry when I read this email back to myself. You tell me.

As for how my department could help with mental health and overall wellness, they could create an overall program that connects everything under our risk management umbrella. This would cost time, money and resources, but it would be necessary. Behavioral health, injury management, substance abuse, keeping our workforce fit enough for the rigors of being a firefighter, how we handle those on leave for behavioral infractions, safety policies and procedures – all of this should be connected into one comprehensive program. We currently try to piecemeal parts of these independently, but we need something comprehensive and organized that really ensures that the workforce feels supported.

Unfortunately, if an email to a small subset of the first responder departments requesting a summary of experience is how we are going to address the mental health of first responders, then we, as a city, aren't serious about it. We're simply making ourselves feel better because we checked a box and marked something off our to-do list. I know that we must be working on a comprehensive program that will utilize the content from these email submissions, but without knowledge of the overall plan and program, I don't know, and can't understand, how the requested information might be used. It leaves me wanting to provide much more to

support the effort. And in the absence of this information, I don't have a lot of confidence that anything will change for the better.

I am available any time to discuss this – my contact information is below. I have lots of ideas on how we can make ***real*** change to address this. I was the Division Chief over Risk management for AFD for almost a year, and can offer some insight from that position. There are also resources from other departments who have made some real change in their departments, like Dallas Fire-Rescue. An article about the comprehensive program they created to address firefighter behavioral health can be found here. I have contacted Dallas Fire-Rescue regarding their program, and know they would be willing to share their processes and procedures to assist with our efforts to fulfill our council resolution and create lasting and beneficial change for the behavioral health of Austin's first responders.

Thank you for your time.

Input - Assocations

Austin-Travis County Emergency Medical Services Association

From the Association point of view, the Department has done an excellent job in some ways. The Department has established a Peer Support Team and a contractual relationship with Tanya Glenn. These two things are great and are well taken advantage of by medics. I hope that the City continues to fund these things. It appears that since Andy Hofmeister has left the Peer Support Team as a leader, the team has been neglected and has not had many resources it needs. For example, it has asked for pins to wear so that others might identify them and ask for help if they need it.

While these things help with PTSD and acute trauma, many medics have raised concerns about how they are able to manage their own daily mental health issues. As it is, medics should have the ability to take a mental health day if they are not able to provide 100% attention to their job. I have heard many are afraid to call out sick because they will have to provide a sick note in many cases, even when they would not have had to go to the doctor. If they call off their "on call" shift, they are now required to make it up within three weeks, asking them to work an additional shift, disrupting their life when they are already having a hard time. Moreover, I have worked with medics in at least two instances when either their mental health day was denied or they felt harassed by commanders to use it.

Furthermore, our Peer Support Team and Tanya Glenn can only go so far. We have had medics who have exhausted their sick time and resources for some of our medics. We had a medic who responded to another one of our medic who had attempted suicide. He was diagnosed with PTSD by Tanya Glenn. Later more traumatic events happened and he started having suicidal ideations. A commander recommended that he use FMLA. He was unable to find a psychiatrist within a reasonable time frame and had to return to the ambulance before his psychiatric medication were able to take effect. He used marijuana to help him sleep before shift, while waiting for the medication to work. He was then fired after a drug test. I do not think our department or this medic is well served by our draconian policies.

After this incident, the Association has been fighting for CBD usage to help with insomnia, chronic pain, PTSD as better alternatives to addictive narcotics and benzodiazepines. The City has flat out said no because they do not want to face the slippery slope of opening our contract. What that says to me is that our mental health and doing the right thing is much less important than losing control of the contract.

It is awful seeing terrible things like domestic violence, cockroaches climbing on patients, brain matter on pavement, but we expect that from our job. Any medic will tell you that our department's draconian policies of requiring us or our dependents to go to the doctor when they just need a day off using their own benefit time or firing medics for using CBD or marijuana affects our mental health much more so.

Our recommendations:
- Provide Peer Support Team with identifiable pins (negligible cost)
- Department create a mental health sick call policy
- Department provide avenue for medics to use CBD without fear of drug testing

Selena Xie, President
Austin-Travis County EMS Association

Austin Police Association

I am a voting member on the Austin Public Safety Wellness Committee. Doctor Ronnelle Paulsen, Austin Fire Department; Doctor Paul Parrish, Austin Public Safety Wellness Center; Bob Nicks, Austin Fire Association President; Rick Randall, Austin Police Department Senior Chaplain; and Selena Xie, Austin-Travis EMS Association President, are on this committee. One of the key issues we've been discussing is the lack of access through workers' compensation to a psychiatrist.

The City Manager and City Council will be receiving a letter from our working group concerning the assistance we need from City management on obtaining a psychiatrist. We believe placing a psychiatrist on retainer might be the easiest way to handle this problem. This idea is supported by our City medical professionals and mental health experts.

Kenneth Casaday, President
Austin Police Association