

A man with a beard and tattoos is working out at a gym. He is sitting on a black exercise machine, possibly a rowing machine, and is pulling a handle attached to a cable. He is wearing a green t-shirt and black shorts. The gym is filled with various exercise equipment, including dumbbells and other machines. The background shows a large room with mirrors and a blue and white wall.

Harris County Sheriff's Office

Destination Zero Award

**Submission: Officer Wellness
Award**

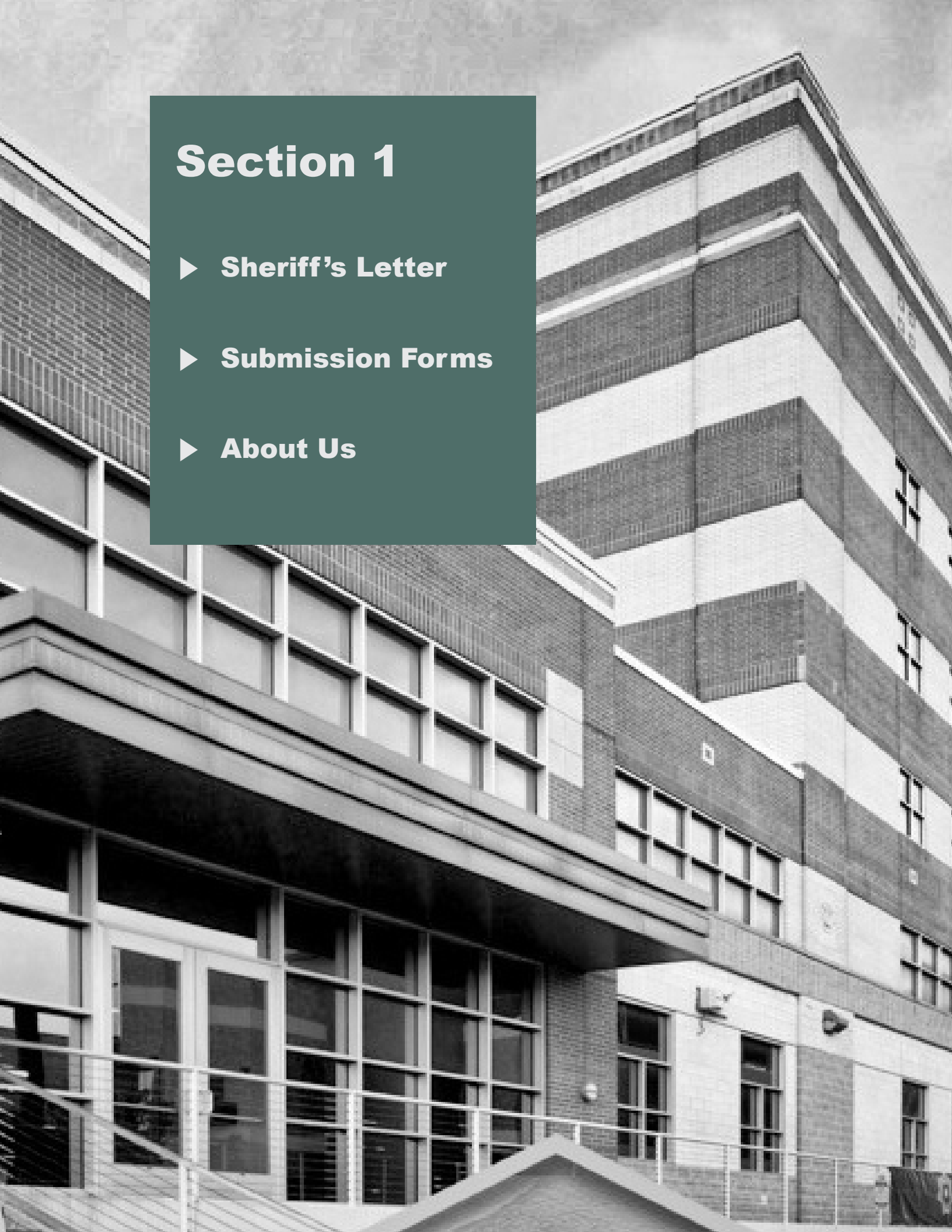
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Section 1

- ▶ **Sheriff's Letter**
- ▶ **Submission Forms**
- ▶ **About Us**



March 2, 2023

Destination Zero Program
National Law Enforcement Officers Memorial Fund
444 E Street NW
Washington, DC 20001

RE: Destination Zero – Officer Safety and Wellness Awards

To Whom It May Concern:

My journey in public service started with the Houston Police Department (HPD), first as a civilian, then a peace officer, homicide detective, hostage negotiator, and sergeant. After nearly two decades of service with HPD, I won a seat on the Houston City Council, serving three terms as the representative of District H, an area north and east of downtown Houston. I chaired the Public Safety and Homeland Security Committee and served as Mayor Pro-Tem during my tenure there.

In 2016, Harris County voters elected me to serve as the 30th sheriff of Texas' most populous county. Voters elected me to serve a second term in 2020.

The safety and wellness of all employees of the Harris County Sheriff's Office, as well as the citizens we serve and those incarcerated in our jails, are of the utmost importance to me. It is with great pride that I submit my agency's nomination for the Destination Zero Wellness Award. The information that follows supports our belief that we are a worthy recipient for this recognition. Thank you for this opportunity.

Respectfully submitted,



Ed Gonzalez
Harris County Sheriff

DESTINATION ZERO AWARD SUBMISSION FORM

AGENCY INFORMATION

Name of agency: Harris County Sheriff's Office

Award Category (If submitting for more than one category, a separate submission form must accompany each submission.)

- | | |
|--|---|
| <input type="checkbox"/> General Officer Safety | <input type="checkbox"/> Comprehensive Safety |
| <input type="checkbox"/> Officer Traffic Safety | <input type="checkbox"/> Comprehensive Wellness |
| <input checked="" type="checkbox"/> Officer Wellness | |

Agency contact name: Frank Webb

Contact Email: Frank.webb@sheriff.hctx.net

Contact phone number: 713-274-4735

Please include the following items in your submission:

- Department Release Form
- Executive summary that provides a brief overview of the agency approach including innovative practices, programs, and established partnerships
- Narrative that details the elements and initiatives of the program. Examples of items to include:
 - Description of the agency characteristics
 - Description of the program and its implementation (including marketing material)
 - Before-and-after comparison of change(s) due to the program
 - Qualities that make this program unique compared to other initiatives
 - Challenges that were overcome to implement the program
 - Impact of the program on staff within the agency
 - Quantitative evidence of success
 - Steps other agencies can take to replicate the program
- Appropriate supporting documentation or attachments

AGENCY LEADERSHIP ENDORSEMENT

Signature of the agency representative on this form acknowledges that all information contained herein and in attached documents and/or submission is true and correct.

Signature of Agency Head

Date

3-2-23

2023 NATIONAL OFFICER SAFETY AND WELLNESS AWARD SUBMISSION



The Destination Zero program maintains a database of all submitted programs and corresponding materials in an effort to benefit law enforcement by providing a robust resource center of proven officer safety programs and wellness programs. The National Law Enforcement Memorial Fund and Museum require acknowledgment by the submitting agency that any materials submitted including, but not limited to relevant promotional materials, training guides, curricula, photos, policies and procedures that relate to the submitted officer safety and wellness program will be shared into the public domain website or other means of transmission.

AGENCY RELEASE

Signature of the agency representative acknowledges and agrees to the release of all submitted materials into the public domain via website or other means of transmission.

Name of agency: Harris County Sheriff's Office

Ed Gonzalez - Sheriff

(Printed Name and Title)

A handwritten signature in blue ink, appearing to read "Ed Gonzalez".

(Signed Endorsement of Chief/Agency Head)

3-2-23

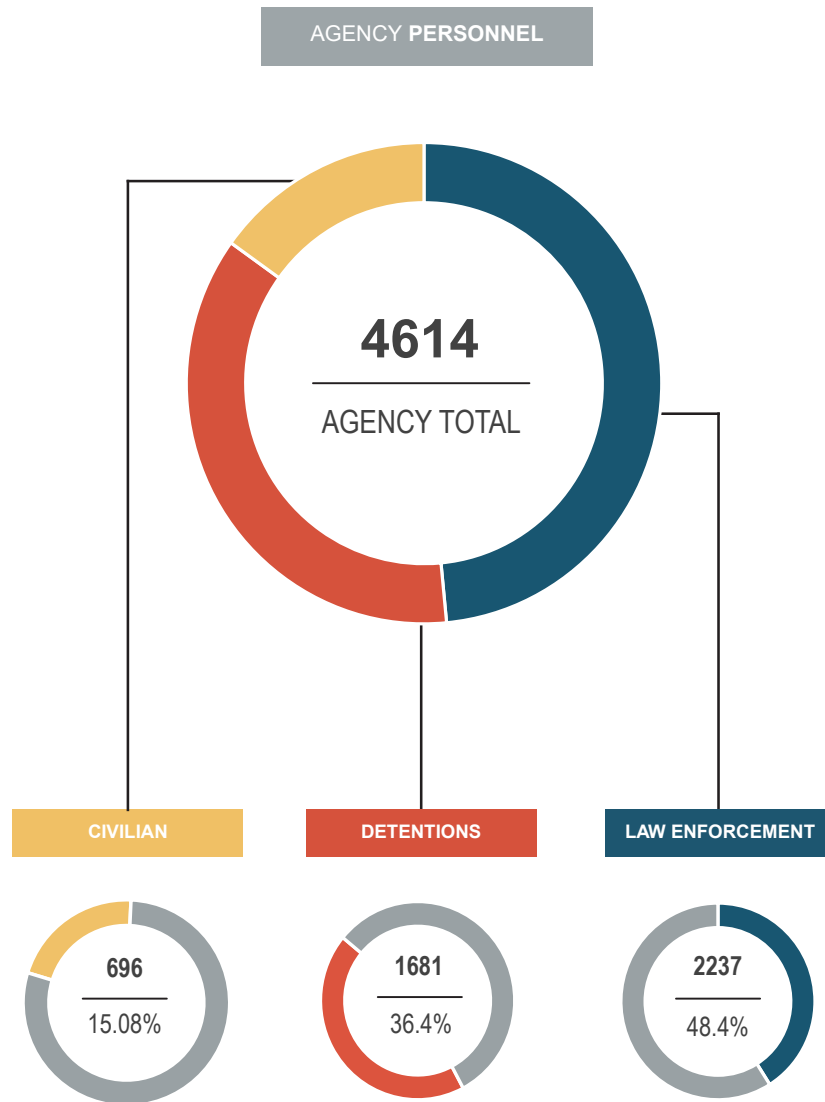
(Date)



About Us

- ▶ Largest sheriff's office in Texas
- ▶ Third largest sheriff's office in the nation
- ▶ 4,614 employees
- ▶ 200 reservists
- ▶ 4.1M residents call Harris County home
- ▶ Harris County covers 1,788 square miles
- ▶ 41 municipalities in Harris County

Harris County Sheriff's Office



Section 2

Behavioral Health Division





Behavioral Health Division Staff 2022

(Left to right) Brandi Wisniewski, administrative assistant; Dr. Robert Seals, director; Jeff Manzer, licensed counselor; Christie Allan, licensed counselor; Dr. Thomas McNeese, psychologist.

About the Behavioral Health Division

- ▶ **Provides behavioral health clinical services**
- ▶ **Provides education and training**
- ▶ **24/7 consultation to the Peer Support Team and other personnel**
- ▶ **Services provided to all employees and their families**
- ▶ **Services provided to retirees and dispatch personnel**
- ▶ **Collaborates with other science and higher learning institutions**
- ▶ **Offices located offsite for anonymity**
- ▶ **Services are voluntary and confidential**

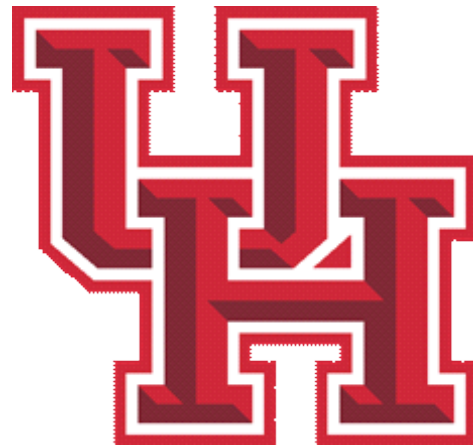


APA Training Site

The Behavioral Health Division (BHD) collaborates with Baylor College of Medicine (BCM). Through their association, the BHD has become the training site for the nation's first American Psychological Association (APA) Accredited Psychologist Internship focused on caring for the mental health needs of law enforcement employees and their families.

Research on Occupational Stressors

In partnership with the research consortium at the University of Houston's First Responder Program, BHD staff has led research initiatives to improve understanding of how occupational stressors impact first responders and how positive, wellness-promoting behaviors can help mitigate these impacts and lead to balanced coping.



Behavioral Health Division Services

Confidential Mental Health Care: The BHD operates a mental health clinic providing evaluation, consultation, treatment, and referral services for First Responders. These services are voluntary and entirely confidential except as required by law (e.g., the abuse of children or the elderly, imminent danger to self or others).

Critical Incident Services: In the event of a Critical Incident, Behavioral Health Division staff provides on-scene support, consultation to Command Staff, supervisors, and Peer Support Team members, and Post Critical Incident Debriefings either in groups (typically in concert with Peer Support Team members) or on an individual basis.

Wellness Checks: A Wellness Check is similar to a post-critical incident debriefing, but instead of being provided after a specific incident, it is offered regularly to personnel routinely exposed to significant traumatic content in the course of their duty, such as in Homicide, High-Tech Crimes, Vehicular crimes, Crime Scenes, and others. National recommendations suggest ALL Peace Officers attend an annual Wellness Check. Current resources make this impossible for an agency of our size- instead, biannual Wellness Checks are provided for high-exposure units, and annual training requirements (as per below) and unit-level outreach serve to bridge the gap for potentially at-need personnel.

Services (continued)

Prevention and Training: Preventing is more important than waiting for a crisis. An essential part of our approach is that ensuring a foundation of awareness and resiliency skills training can often prevent the need for intervention (clinical services). Then, in the cases where intervention IS indicated, our staff's involvement in the employee's development and training has created a familiarity that makes it more likely for personnel to feel comfortable reaching out for help and makes that help more effective. BHD staff provide foundational training in stress management, family wellness, substance abuse, and suicide prevention in entry (Police Academy) and transitional (Lateral Deputy Course, New Supervisor Training) courses. In addition, a 3-hour annual refresher training is provided for all sworn employees.

Outreach: includes routine, regular efforts – via public information campaigns, email, newsletters, and other media, as well as regular, in-person engagement with units/personnel via roll-calls, ride-along, and other scheduled and unscheduled events - to destigmatize, demystify, and improve awareness and utilization of mental health resources.

Consultation: In addition to the 24/7 crisis consultation to Peer Support Team members, CIRT, Supervisors, Command Staff, and the Sheriff, BHD Staff provides non-crisis consultation on behavioral health or supervisory issues, as well as on programs and policies related to the psychological health of employees, including policies/programs related to Suicide Prevention, Occupational Stress Management, Family Readiness, and Substance Abuse Prevention. Staff also serve on committees such as the Employee Wellness Committee (Chair), Peer Support Steering Committee, and Critical Incident Review Committee.

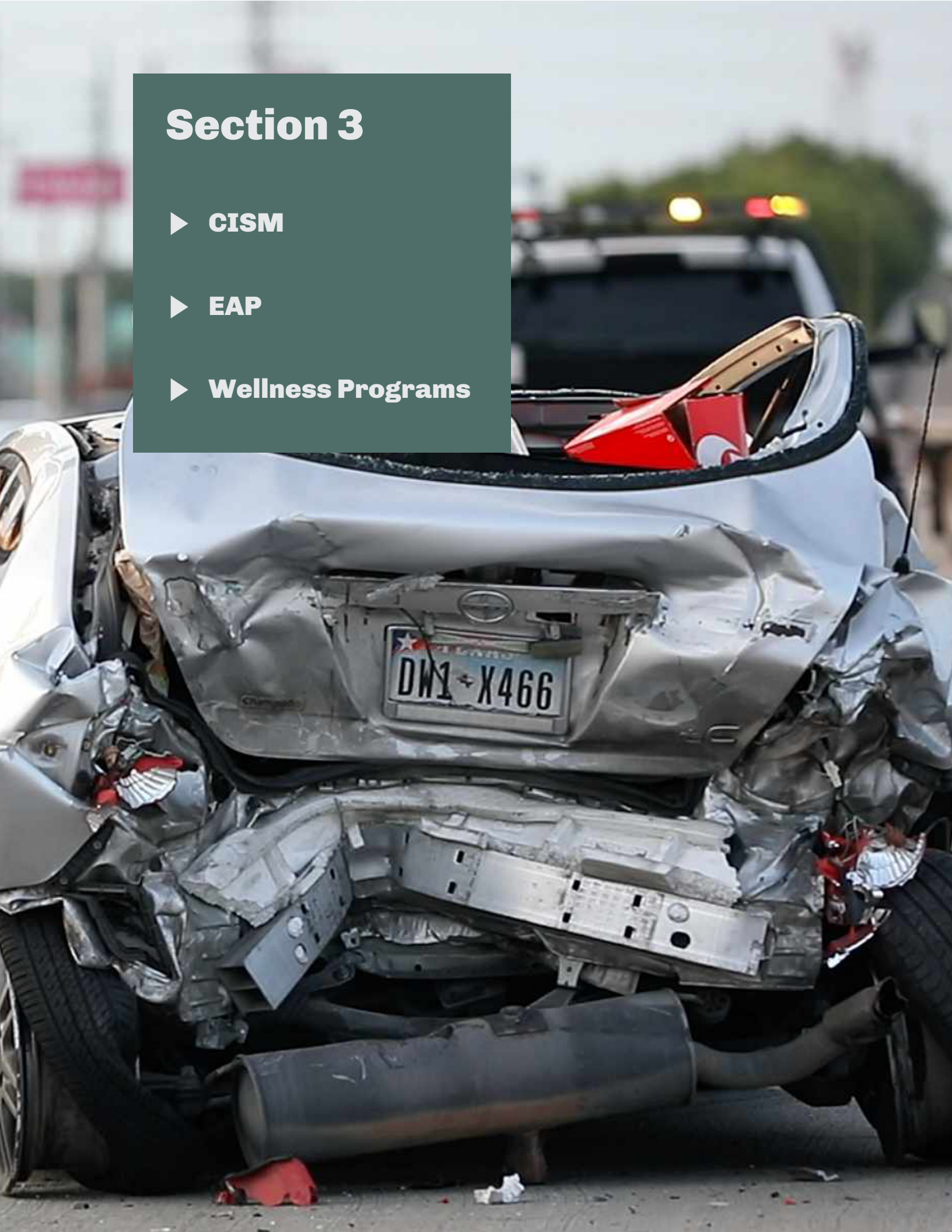
Peer Support: BHD Staff serve as consultants for our agency's all-volunteer Peer Support Team, providing training and clinical oversight. In this capacity, we also work to serve the extended First Responder community by providing consultation and training for regional peer support teams, liaising and providing cultural competency training for community mental health providers who wish to serve First Responders better, and providing or coordinating services for employees of other law enforcement agencies.

Behavioral Health Division (BHD) and Co-Responders Respond to Retired Deputy in Behavioral Health Crisis

Earlier this year, a retired Harris County Sheriff's Office deputy who worked part-time presented to the BHD's clinic while experiencing a mental health crisis. This was the first time he was seen through the clinic. BHD staff, along with a Crisis Intervention Response Team (CIRT) co-responder unit, determined the deputy needed a higher level of care. The deputy had not slept in days, seemed to hallucinate, and was experiencing mood swings. His mood changed from moment to moment, ranging from crying to angry outbursts to inappropriate laughter. The deputy would, at times, remember disturbing experiences on patrol, and other times would focus on fond memories. The CIRT unit and behavioral health staff deescalated the situation and CIRT transported the deputy to the Veterans Administration Hospital, where he was admitted under a Notification of Emergency Detention order.

Section 3

- ▶ CISM
- ▶ EAP
- ▶ Wellness Programs





Critical Incident Stress Management

The Harris County Sheriff's Office CISM (Critical Incident Stress Management) Team was established over 20 years ago and currently consists of volunteers led by a Peer Support Team Coordinator.

CISM is selecting and implementing the most appropriate crisis intervention tactics to best respond to the needs of the situation at hand. CISM has multiple components that can be used before, during, and after a crisis. CISM aims to mitigate an event's impact, accelerate the recovery process, and assess the need for additional or alternative services. The CISM program intends to provide pre-incident education and resiliency tools and support work-related incidents.



Employee Assistance Program

As an employee or retiree, our people have access to a valuable Employee Assistance Program (EAP) provided by Cigna at **no additional cost**. EAP personal advocates will work with employees and their household family members to help them resolve issues they may be facing, connect them with the right mental health professionals, direct them to various helpful resources in their community, and more.

EAP Services:

The EAP Offers access to face-to-face counselors, as well as Cigna EAP phone consultation to help process life stresses and improve well-being.

- ▶ **Counseling** - Each person may use up to 8 face-to-face counseling sessions per issue per year.
- ▶ **Legal assistance** - 30-minute consultation with an attorney face-to-face or by phone.
- ▶ **Financial** - 30-minute telephone consultation with a qualified specialist on topics such as debt counseling.
- ▶ **Parenting** - Resources and referrals for childcare providers, before- and after-school programs, camps, and more.
- ▶ **Eldercare** - Resources and referrals for home health agencies, assisted living facilities, and more.
- ▶ **Pet care** - Resources and referrals for pet sitting, obedience training, veterinarians, and pet stores.
- ▶ **Identity theft** - 60-minute consultation with a fraud specialist

Cigna Apps & Activities

Cigna Apps & Activities helps employees stay motivated. It puts the power to improve their health at their fingertips.

- ▶ **Connect and Compete** - Start or join a fitness challenge, then compete with friends, family, and co-workers.
- ▶ **Pursue Success** - Improve health one step at a time by setting “pursuits” and sticking to them.
- ▶ **Track Progress** - Automatically share information with Cigna coaches and stay motivated.

Healthy Pregnancies, Health Babies

When a woman is pregnant, their body undergoes major changes. The Cigna Healthy Pregnancies, Healthy Babies® program is designed to help a mom and her baby stay healthy during pregnancy and in the days and weeks following their baby’s birth.

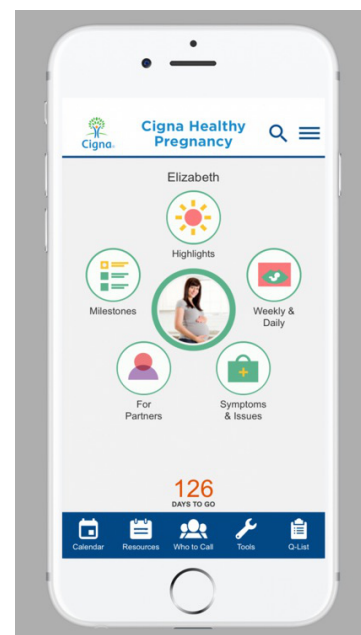
Find support early and often.

Assigned a coach, who is a nurse, is there to support you during your whole pregnancy.

Receive a pregnancy journal with information, charts, and tools to help moms have healthier nine months and healthier babies.

Get rewarded for making smart choices.

When one participates and completes the program, one is eligible to receive an incentive award if one enrolls by the end of your first trimester or second trimester.



LIGHHOUSE APP

The Lighthouse Health & Wellness app is an in-hand, on-demand, 100% confidential health and wellness platform available at no cost to public safety agencies. It was designed to provide employees and their families with anonymous access to an agency’s existing health and wellness programs, along with a growing library of the latest educational health and wellness information and tools that have been tailored to the unique needs of those working in public safety.

Harris County Health and Wellness Clinic

The Harris County Employee Health & Wellness Clinic is open for sick and well care, Monday through Friday, 7:30 a.m. to 4 p.m. Employees insured by the Harris County Medical plan are eligible to use the services at this clinic. That also includes care for dependents (18 years and older) covered by the County medical plan. Sick and Well Care services are available close to work in Downtown Houston.

Cost:

- ▶ For sick care, your primary care visit copay applies.
- ▶ Wellness exams or other preventive care have no charge for one free preventive exam per benefit year.
- ▶ Lab services are included with visit at no extra cost.

Treatments include:

- ▶ Bronchitis, colds, sore throats, and flu
- ▶ Cuts, scrapes, rashes, and skin issues
- ▶ Back pain, muscle strains, and sprains
- ▶ Headaches and earaches
- ▶ Eye issues
- ▶ Digestive issues
- ▶ And many other conditions and illnesses



Mental Health First Aid (MHFA) is a course that gives people the skills to recognize symptoms of mental health challenges, mental health disorders and substance abuse problems, how to offer and provide initial help and how to guide a person toward appropriate treatments and other professional and supportive help. The course is held virtually through the National Council for Mental Well-being. It can be completed during working hours with supervisor approval.

Employee Wellness Virtual Fitness Classes via Zoom and YouTube



Due to the cancellation of all in-person Fitness Training and as a precaution to prevent the spread of COVID-19, Harris County Employees can now receive credit toward their 2023-24 Healthy Actions Medical Plan (HAMP) by participating in online Fitness Training!

Fitness classes are available LIVE via zoom. Each class is worth **25 points** toward the 2023-24 Healthy Actions Medical Plan.

These classes are free to Harris County employees and are typically scheduled during lunch and after work hours. It is up to the department head's discretion to allow employees to use work time to participate in the classes.

Fitness Discounts



Harris County employees have access to Active & Fit Direct, which includes endless fitness discounts. Join one of 16,000+ fitness centers nationwide and access over 4,000+ digital workouts.

Wellness Coaches



Wellness seminars led by coaches. Themes include:

- ▶ Virtual Grocery Tour
- ▶ Meal Planning
- ▶ Cooking Demo: The Basics to Food Preparation and Serving

Online Wellness Training



Employees are welcome to take a variety of wellness training courses that are offered every month.

WELL Living: Online seminars led by our Evernorth Health Coaches on all wellness topics, including physical health, nutrition, stress management, preventative health, and more.

WELL Balanced: Online seminars led by Employee Assistance Program instructors who are licensed counselors and therapists. These courses focus on mental well-being and work/life balance.

WELL Nourished: Online seminars led by registered dietitians and include a cooking demonstration of healthy meals for employees and their families.

Kelsey Wellness: Online seminar taught by licensed, local health professionals. These courses include a short presentation followed by an open Q&A to get answers and opinions from the professionals.

Prudential Financial: Online seminars led by certified financial specialists that will cover all topics regarding financial wellness.

DON'T MISS THESE WELLNESS FAIR WEBINARS

08/12 - WELCOME & BENEFITS REFRESH
Inspired & Equipped to Be Healthy

08/19 - MIND & BODY
Building Resilience from Within

08/26 - FINANCIAL WELLBEING
Keep More Money in Your Pocket

Benefits & WELLNESS

Online Wellness Fairs

This year's event is a 3-day virtual wellness fair. Panelists from our County partners and agencies share a bit about their programs and services in a ZOOM webinar and finish with Q&A. Each session features great information and resources available to Harris County employees.

EVERNORTH.

Health Coach



- ✓ Registered Dietitian.
- ✓ Wellness classes.
- ✓ One on one 30 minute nutrition coaching sessions.
- ✓ Weight, blood glucose, blood pressure management.



Wellness Unit
"Serving Those Who Serve"

Harris County Sheriff's Office Wellness Unit Services

Commander/Chaplain
Donald Savell
(832) 233-4387

Military Liaison
Deputy Ruth Recio
(713) 550-6496

Family Assistance
Deputy Robbie Thomas-Williams
(832) 370-6569

49 San Jacinto, Annex 21, 1st Floor
713-274-1965 | Hours: 8 a.m.-4:00 p.m.



HARRIS COUNTY
HCSO
SHERIFF'S OFFICE
SHERIFF ED GONZALEZ

1200 Baker Street, Houston, TX 77002

Emergency 9-1-1
Non-Emergency (713) 221-6000
Inmate Information (346) 286-1260
Information Line (346) 286-1600



www.sheriff.hctx.net | www.hcsjobs.com



Wellness Unit
"Serving Those Who Serve"

Caring for the



Physical



Emotional



Spiritual

Well Being of our Harris County Sheriff's Office Employees.

- ✓ Chaplaincy
- ✓ Family Assistance
- ✓ Military Liaison
- ✓ Cigna Health Coach
- ✓ Mentoring/Peer Support

713-274-1965

Harris County Sheriff's Office Wellness Unit Services



Military Liaison

- ✓ Provides assistance with the employee deployment.
- ✓ Conducts exit interviews.
- ✓ Maintains communication with their families during deployment and provides assistance when needed.
- ✓ Assists the employee when returning from deployment back to work and back to civilian life.

Family Assistance

- ✓ Serves as support to employees during officer involved shootings and any event that causes death.
- ✓ Assists HCSO employees and their families with funeral arrangements when requested.

- ✓ Coordinates funerals.
- ✓ Assists in and arrange for the filing of insurance, disability and financial aid documents for injured officers or survivors of deceased employees.
- ✓ Coordinates motorcycle escort for funerals of active employees, their spouses, their children, their parents and honorably retired former employees at no cost to the employees.



Chaplains

- ✓ Provide spiritual and emotional support to HCSO employees and families during deaths, death in the family, personal injuries or illnesses.
- ✓ Conduct funeral services for current, former and retired employees.
- ✓ Conduct invocations benedictions at HCSO functions.
- ✓ Perform any other pastoral care services needed.

Critical Incident Stress Management/Peer Support Unit

- ✓ CISM team is available 24 hours a day.
- ✓ Provides support for employees following any critical incident in the line of duty.
- ✓ Stress management, on-scene peer support, defusing and debriefings.

Section 4

Behavioral Health Training



Behavioral health training helps officers stay safe while responding to individuals in serious mental health crises. These are some of the most potentially dangerous and difficult situations officers encounter. Through the training, officers also learn about their mental health and the importance of seeking help when behavioral health problems arise. Police officers, like military personnel, tend to deny they have a mental health concern and historically have not sought help. A significant part of behavioral health training for law enforcement is breaking that stigma and telling officers it is to their benefit to seek assistance.

Officers Decide to Seek Treatment at the Veterans Administration Hospital After Taking Class on PTSD

Two police officers, who were best friends and worked together, told the mental health instructor they would seek help at the VA Hospital for problems with PTSD. The officers explained they realized they had symptoms after taking a class on PTSD.

One of the officers also stated that he finally understood his father, a Vietnam War veteran. The officer explained his father abused alcohol and was a loner, living alone in a trailer in the woods. The officer never understood why his father acted as he did. After taking the class on PTSD, the officer realized his father was suffering from PTSD and reached out to him to receive treatment at the VA Hospital.

Police Officer Who Was Also a Military Veteran Loses His Job Because of Untreated PTSD

The officer was in the U.S. Marine Corps and served in Afghanistan. When he came home, he had problems his family believed were related to PTSD. The officer would not accept that he had mental health issues and ignored them. When at work, he stayed busy and kept his problems at bay. On his off time, however, he would drink excessively. On one occasion, he got into trouble. His department told him to seek counseling for his drinking. The department did not know he had a problem with PTSD. The department told him he would be fired if he had another occurrence of getting into trouble. The officer went to one counseling session and then stopped going. He continued drinking, got into more trouble, and was fired. The officer stated he wished he had received mental health training as he may have sought help and kept his job.



- ▶ Mandatory for all detention officers and certified peace officers
- ▶ Implemented training in June 2021
- ▶ 2,852 personnel trained by end of 2022
- ▶ 22,816 contact hours of training

- ▶ 16-hour scenario-based training
- ▶ Mandatory for all detention officers
- ▶ Mandatory for all peace officers
- ▶ Implemented January 2021
- ▶ 2,844 personnel trained by end of 2022
- ▶ 45,504 training contact hours



CRISIS INTERVENTION TRAINING FOR POLICE OFFICERS - A PRACTICAL PROGRAM FOR LOCAL POLICE DEPARTMENTS

- ▶ 40-hour class
- ▶ Mandatory for all certified peace officers
- ▶ 3,215 personnel trained
- ▶ 128,600 training contact hours

Mental Health Training for Call Takers and Dispatchers

- ▶ 8-hour class
- ▶ Implemented 2020
- ▶ Mandatory for all new call takers
- ▶ Mandatory for all new dispatchers
- ▶ 347 personnel taught
- ▶ 2,776 training contact hours



Crisis Intervention Training Refresher

- ▶ Annual update class
- ▶ Mandatory for all CIT-trained personnel
- ▶ 8-hour class
- ▶ Topics change each year
- ▶ 1,072 personnel taught by end of 2022
- ▶ 8,576 training contact hours
- ▶ 3-hour block taught by BHD clinicians



Behavioral Health Training Faculty



- ▶ One of the premier behavioral health facilities in the world
- ▶ Menninger doctors teach various classes
- ▶ Menninger provides assistance to officers in crisis

- ▶ Teach classes on PTSD and the police
- ▶ Provide information on benefits
- ▶ Serve on committees with the HCSO

VA Houston health care



[Make an appointment](#)

[View all health services](#)

[Register for care](#)



- ▶ Teach classes on personality and thought disorders
- ▶ Provide information on services available to officers
- ▶ Serve on committees with the HCSO

- ▶ Teach classes on autism
- ▶ Provide information on services available
- ▶ Serve on committees with the HCSO





- ▶ Harris County's local mental health authority
- ▶ Teach classes on their Mobile Crisis Outreach Team
- ▶ Collaborate on many programs with the HCISO

-
- ▶ Provide consumer and family member presentation
 - ▶ Provide information on their services
 - ▶ Sponsor CIT Officer of the Quarter Award



- ▶ Teach about OCD and Bipolar Disorder
- ▶ Provide information on their services



Section 5

**National Learning
Site**

Law Enforcement Mental Health Learning Sites

The Law Enforcement-Mental Health Learning Site Program serves as a peer-to-peer learning program for law enforcement agencies seeking to build collaborative responses to people who have mental health needs.

Law Enforcement-Mental Health Learning Sites Program

Arlington Police Department

Bexar County Sheriff's Office

Harris County Sheriff's Department

Houston Police Department

Los Angeles Police Department

Madison County Sheriff's Office

Madison Police Department

Miami-Dade County Police Department

Portland Police Department

Salt Lake City Police Department

Tucson Police Department

University of Florida Police Department

Wichita Police Department

Yavapai Justice & Mental Health Coalition

This is a program of the Council of State Governments (CSG) Justice Center.

Law Enforcement-Mental Health Learning Sites are a resource for agencies looking to tailor successful implementation strategies and response models to address their own distinct problems and circumstances.

The CSG Justice Center, with support from a team of national experts and the U.S. Department of Justice's Bureau of Justice Assistance (BJA), began the program in 2010 as a way to help public safety personnel implement effective responses to people with mental health needs. The program started with an initial group of six highly innovative agencies serving as peer-to-peer learning sites. Since then, it has expanded and regularly delivers assistance and training to law enforcement and mental health practitioners nationwide. There are only 14 learning sites in the nation. Agencies are selected because of their model collaborative strategies for responding to individuals in mental health crises.

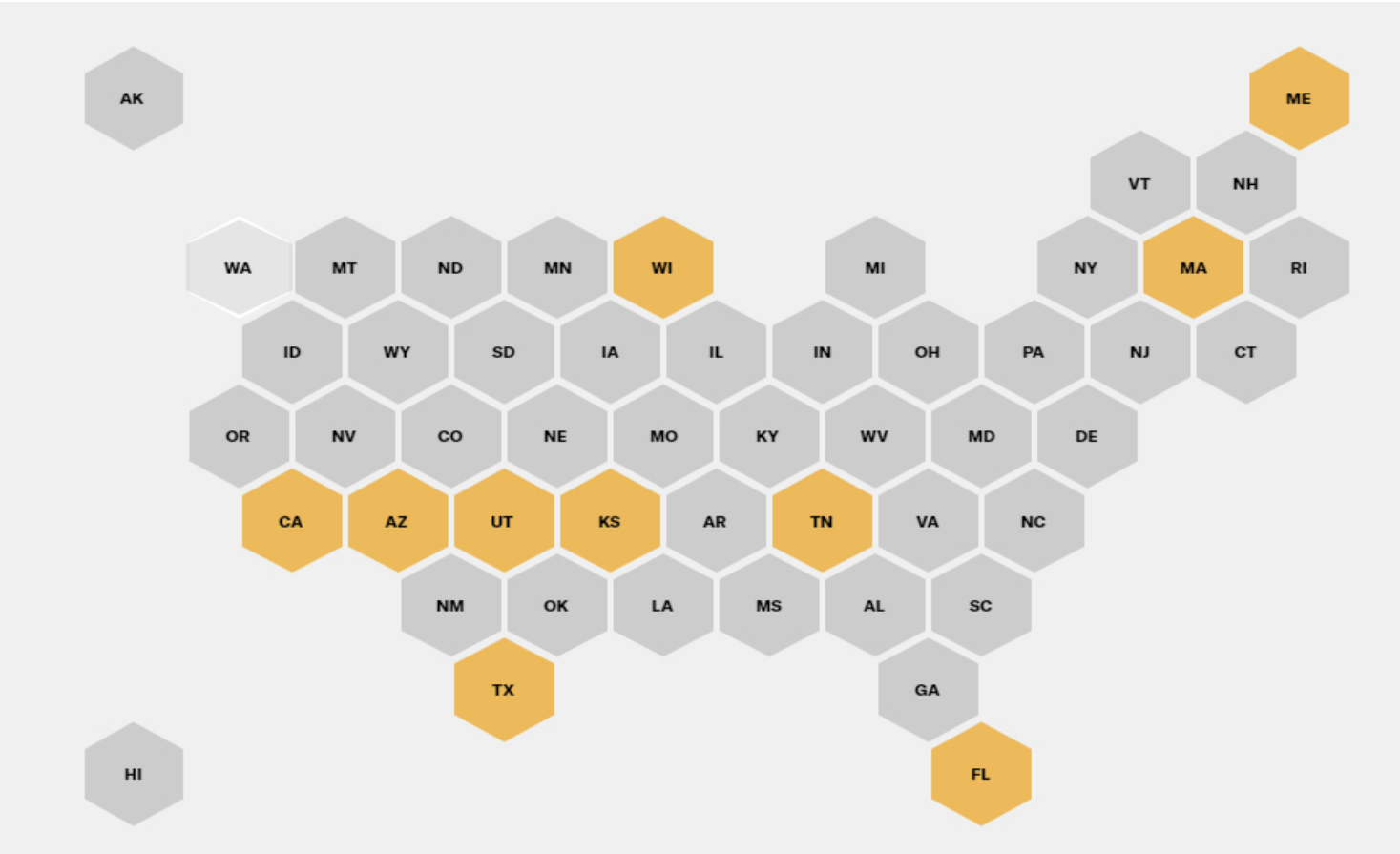


The learning site project creates a forum for policing officials to learn from one another on how to adapt responses to people with mental illnesses, ensuring officers are better able to connect them to needed services, while increasing public safety, reducing arrests, and saving vital agency resources.



Michael Sauschuck, Commissioner, Maine Department of Public Safety
Portland Police Department

Learning Site States



Visitors from Washington, DC, visited to learn about Harris County’s collaborative programs.



Section 6

Telehealth Program

This picture was of an actual call. Deputies responded to a youth who was having mental health problems. She was able to speak with a psychiatrist via an iPad.

Clinician and Officer Remote Evaluation (CORE) Telehealth Program

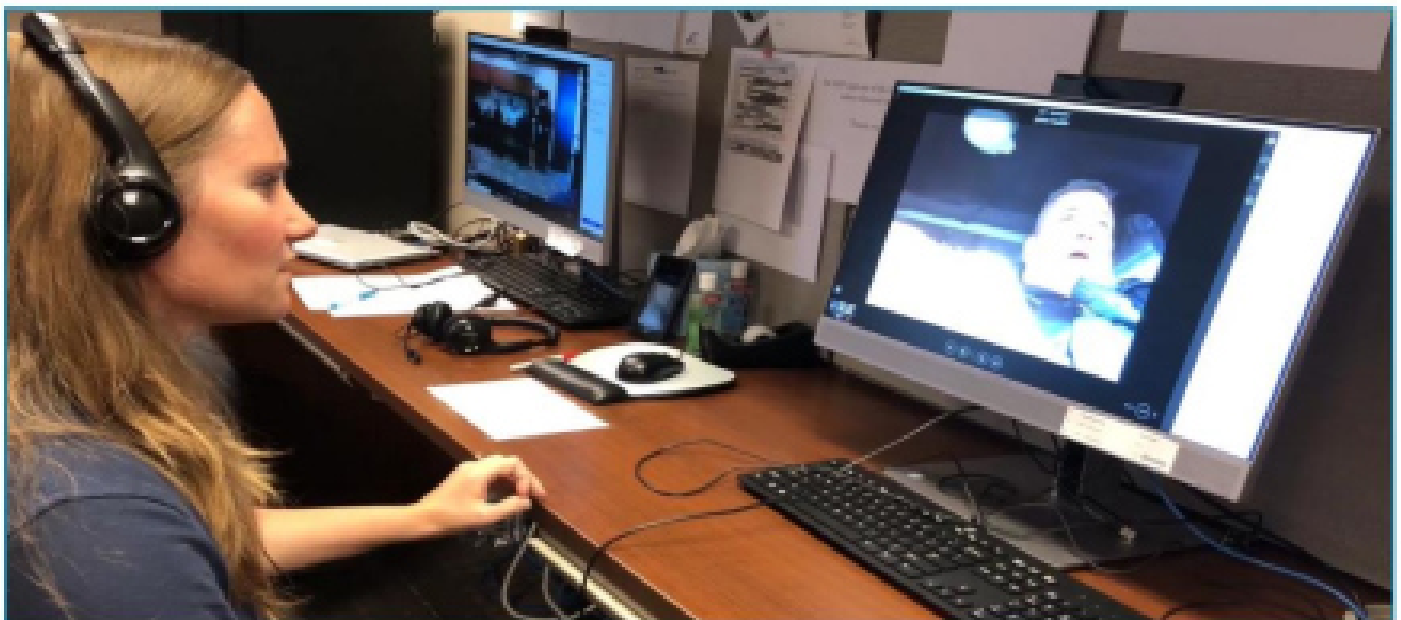
- ▶ Connects an officer in the field with a masters-level licensed clinician
- ▶ Used when the officer is responding to a person in mental health crisis
- ▶ The clinician helps the officer de-escalate the situation, identifies resources, and assesses the patient
- ▶ Clinician helps the officer decide what course of action to take
- ▶ The Harris County Sheriff's Office (HCSO) was one of the first agencies with a telehealth program
- ▶ HCSO's program has been replicated across the region, state, and nation

Benefits/Goals



Table 6: Deputy use of CORE (N=361)

Question	% Yes Response
Would you have called CIRT if you did not have an iPad?	88%
If you did not have the assistance of the clinician, would you have transported the consumer to the NPC/hospital/ER?	78%
Did the clinician help you decide what course of action to take with the consumer?	86%
Did the clinician help you identify/access resources you would not otherwise have identified/accessed?	89%
Did the clinician help you decide what course of action to take with the consumer?	93%
Do you believe the clinician helped you handle the call in a shorter period-of-time than if you responded without the clinician?	88%



A Licensed Professional Counselor, Shelley Smith, is talking with a deputy via his iPad. In addition to conducting assessments on individuals in a behavioral health crisis, telehealth clinicians assist deputies with de-escalation and resource information.

Agencies Participating in Harris County's Program

- ▶ Harris County Constable's Office Precinct 1
- ▶ Harris County Constable's Office Precinct 2
- ▶ Harris County Constable's Office Precinct 3
- ▶ Harris County Constable's Office Precinct 4
- ▶ Harris County Constable's Office Precinct 5
- ▶ Harris County Constable's Office Precinct 6
- ▶ Harris County Constable's Office Precinct 7
- ▶ Seabrook Police Department
- ▶ Harris County Constable's Office Precinct 8
- ▶ Baytown Police Department
- ▶ Harris County Fire Marshal's Office
- ▶ Houston Police Department
- ▶ LaPorte Police Department
- ▶ Pasadena Police Department
- ▶ Southside Police Department
- ▶ Houston Metro Police Department

Jurisdictions Starting Programs Based on Harris County's Program

- ▶ Austin, Texas
- ▶ Plano, Texas
- ▶ Grand Traverse County, Michigan
- ▶ New York State

MERCY
COMPASSION
PRESENCE
PROCLAMATION

Section 7

- ▶ **Support Dog**
- ▶ **Military Liaison Office**
- ▶ **Gyms**
- ▶ **Paid Parental Leave**

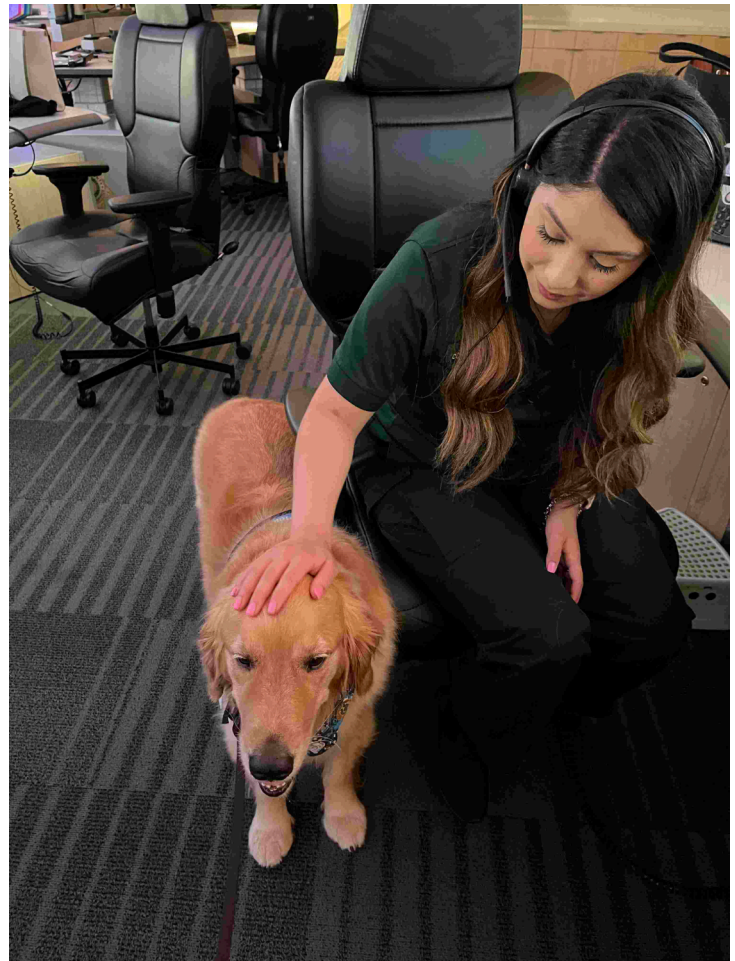


ME
COM
PRE
PROCLA

LUTHERAN
CHAR

ME
COMPA

Support Dog Gabriel

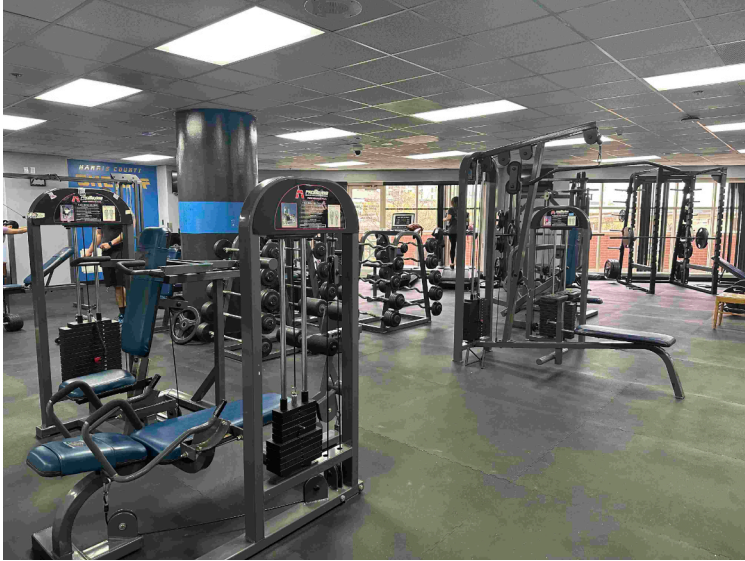


Military Liaison Office



- ▶ Supports teammates who serve in the United States Armed Forces
- ▶ Supports the families of teammates in the armed forces during and after military deployments
- ▶ Provide families with resource information
- ▶ Teach at the academy on PTSD
- ▶ Help veterans access the VA and other resources

Gyms

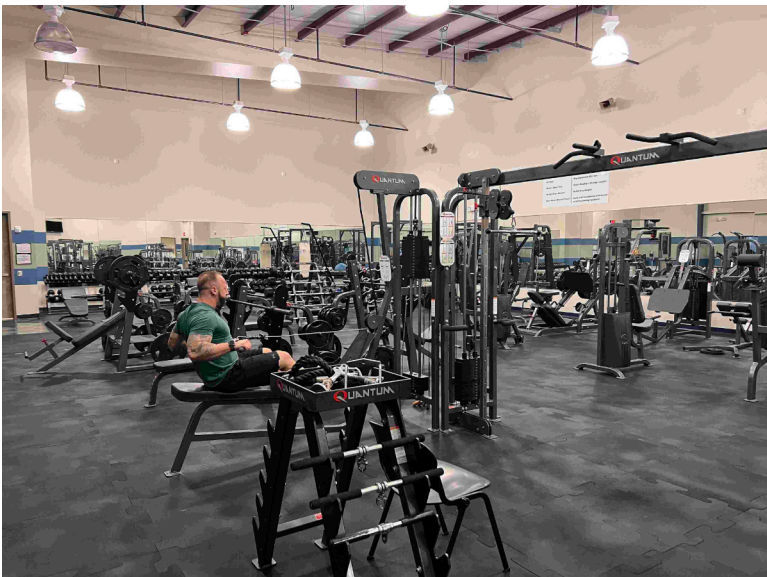


701 San Jacinto Street, detention facility. The gym is for detention staff and any employee who wishes to use it.

1200 Baker Street, detention facility and executive building. The gym is for detention staff, executive staff, and any employee.



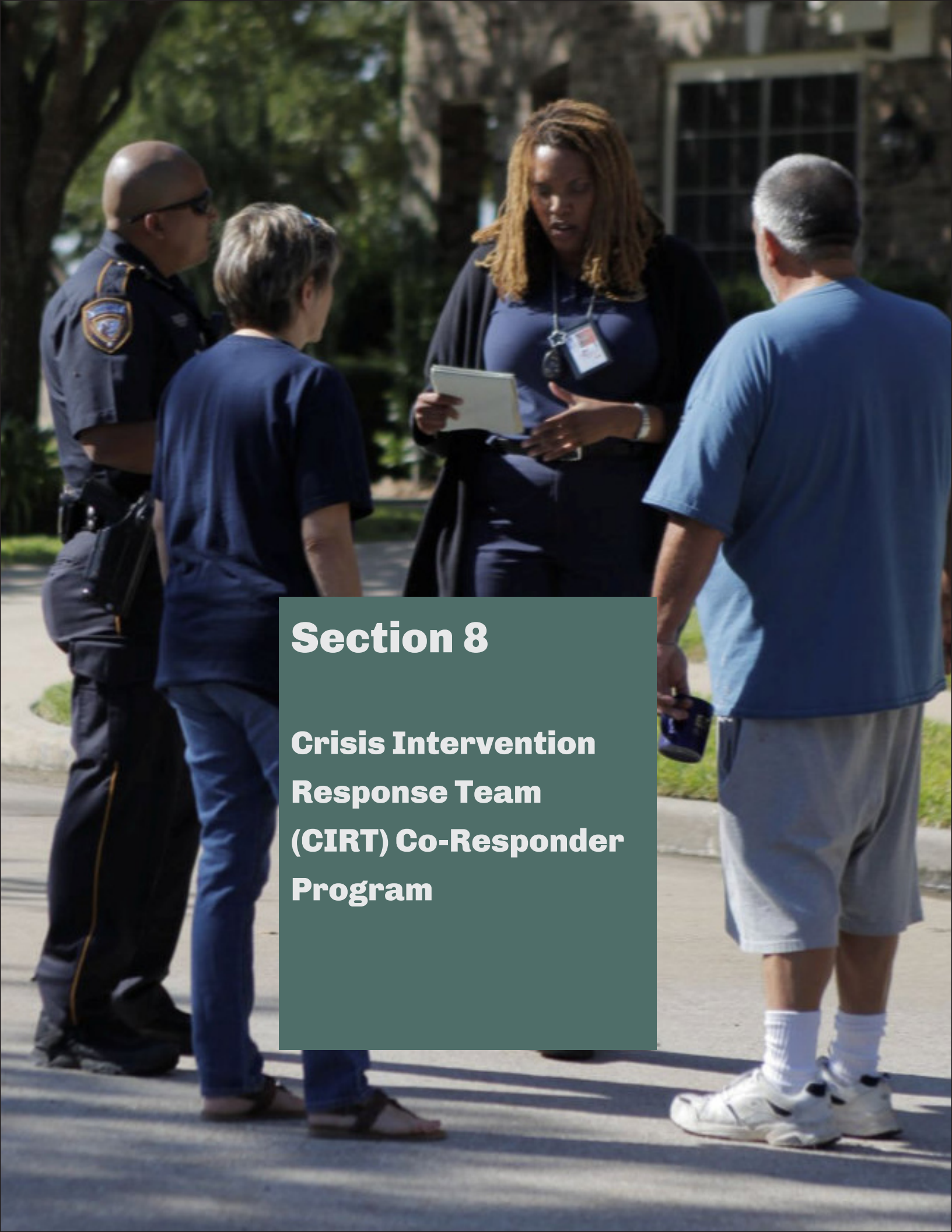
Academy gym. For staff and any employees who wishes to use it.



Paid Parental Leave



- ▶ For all full-time, regular employees. Male and female.
- ▶ Employed as a full-time employee for at least six continuous months
- ▶ Applies to births, adoption, or foster-to-adopt placements
- ▶ Eligible employees receive a maximum of eight weeks of paid leave



Section 8

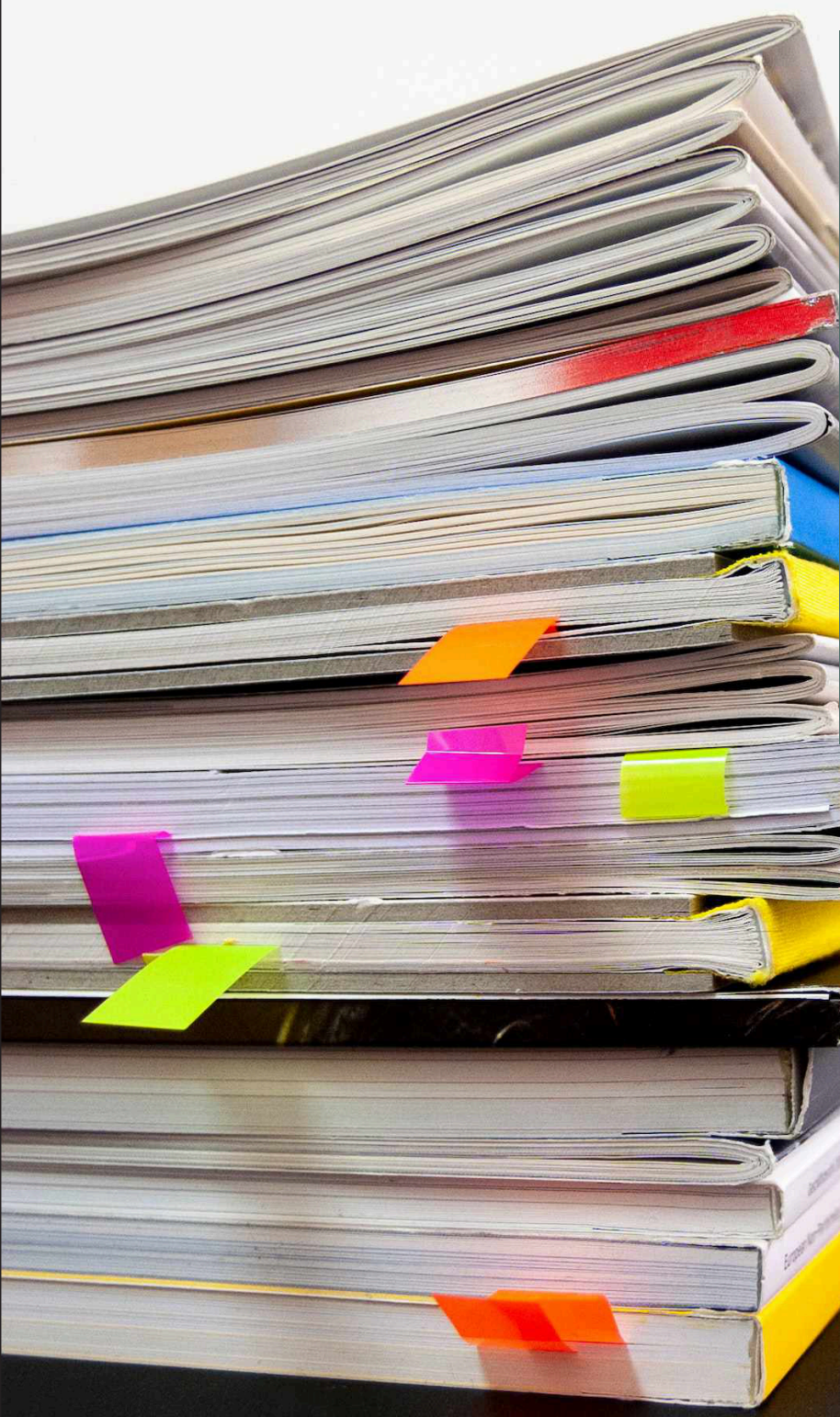
Crisis Intervention Response Team (CIRT) Co-Responder Program

Crisis Intervention Response Team (CIRT)

- ▶ Implemented in 2011
- ▶ Pairs a crisis intervention trained deputy with a masters-level licensed professional counselor
- ▶ The deputy and counselor ride together as partners
- ▶ Respond to the most serious calls involving individuals in serious mental health crisis
- ▶ Respond to law enforcement personnel in crisis
- ▶ Assists other local law enforcement agencies
- ▶ 8 teams

CIRT Unit Responds to Officer Trying to Die by Suicide by COP

A Harris County Sheriff's Office (HCSO) CIRT unit responded to a 911 call from an officer from another agency. Two officers from that agency were dating. The female officer broke up with the male officer. The male officer stated he wanted to die by suicide by cop. The female officer called 911. When the HCSO CIRT unit arrived they found the male officer with a weapon. The officer taunted the CIRT team trying to get them to shoot him. The CIRT unit negotiated with the officer and persuaded him to drop his weapon. They learned he was a military veteran and took him to the VA hospital for mental health evaluation and help.



Section 9

Policies

- ▶ **Behavioral Health Division**
- ▶ **Paid Parental Leave**
- ▶ **Suicide Prevention**

SUBJECT: BEHAVIORAL HEALTH DIVISION		POLICY #: 418	NO. OF PAGES: 5
NOTES:	SUPERSEDES: N/A	EFFECTIVE DATE: AUGUST 27, 2021	

I. Purpose

To provide quality behavioral health services to classified and Professional Staff members of the Harris County Sheriff's Office (HCSO) as they seek to carry out their duties effectively and safely. Services are delivered in four (4) primary areas: Confidential Mental Health Care, Critical Incident Services, Outreach/Prevention/Training, and Consultation, to current employees and/or their eligible dependents.

II. Policy

The Behavioral Health Division (BHD) provides services in the following areas:

- A. Confidential Mental Health Care includes evaluation, consultation, treatment, and/or referral services, and is offered to facilitate improved personal, interpersonal, and occupational functioning of employees and their eligible family members.
 - 1. Services are voluntary in nature and confidential as required by Sections 611.001-611.008 of the Texas Health & Safety Code, with exceptions as provided by law (e.g., the abuse of children, the handicapped, or the elderly, which would require mandatory reporting) and by policy (i.e., danger to self or others, which allows action to protect the individual or others).
 - 2. No information regarding any service, including the fact that a service was provided, may be released to any HCSO employee or family member without written authorization from the employee.
- B. Critical Incident Services are provided: (1) to address immediate reaction(s) to a critical incident or to chronic operational stress; (2) to determine whether a crisis response has occurred; (3) to provide education, and (4) to determine whether there is evidence of impairment which requires further assessment or intervention. These visits are often referred to as psychological debriefing. Although Command Staff may require an employee's participation in some instances, these services are distinct from administrative referral avenues available to supervisors (through the HCSO Human Resources Division (HR)) such as mandated Counseling (typically through the County insurance provided Employee Assistance Program (EAP)) or Fitness-for Duty Evaluations (FFDE). Rather, these services are nonevaluative in nature and meant to facilitate employee access to resources and education in order to prevent negative personal or occupational outcomes.

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1. Employees MAY be referred for fatality accidents; the death of a deputy; deputies involved in family disturbance/violence incidents; death, injury or illness to a deputy's immediate family member, or other exposure to potentially traumatic experiences.
2. Referral is currently MANDATORY for classified personnel who have been involved directly in a use of force resulting in death or serious bodily injury, and once every two years for personnel assigned to select, high-exposure assignments.

Employees' assigned to specific units or divisions, prior to their transfer, are mandated to attend a wellness check. Assignment to CAC, Homicide, and VCU are the primary units of interest due to the involvement in harsh and traumatic events encountered. Other units may be required at the discretion of the Sheriff or his designee. This wellness check will be mandatory every two years thereafter.

3. The content of these sessions is confidential, although if referred by their leadership, employees may consent to allow the BHD to confirm their attendance. If an employee's supervisor mandated the session, it will be the employee's responsibility to confirm the employee's attendance only with his or her supervisor.
- C. Outreach/Prevention/Training includes routine, regular efforts – via public information campaigns, email, newsletters, and other media, as well as regular, in-person engagement with units/personnel, via roll-calls, ride-alongs, and other scheduled and unscheduled events - to destigmatize, demystify, and improve awareness and utilization of mental health resources, as well as:
1. Academy & In-service Training. Behavioral Health staff routinely lecture and assist in the development of mandatory or elective academy and in-service classes on mental health issues, e.g. dealing with disturbed offenders, identifying and intervening with mentally ill persons, de-escalation techniques, stress/anger management, wellness, substance abuse, etc.
 2. Wellness Initiatives. Behavioral Health staff lead focused outreach, prevention, and training efforts such as Suicide Prevention, Operational Stress Management, Family Readiness, and Substance Abuse Prevention.
 3. Community Provider Engagement. The BHD recognizes and encourages HCSO employees to seek mental health care from a variety of community resources, such as nonprofit/pro-bono organizations, insurance and EAP providers, and other healthcare resources. In addition, some elements of care (e.g., psychiatry or residential/inpatient treatment) are not available directly through the BHD. To this end, BHD staff regularly engage and involve our community partners in awareness and training initiatives aimed

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at increased cultural competency for caregivers seeking to serve the law enforcement population.

4. Peer Support Team. A BHD staff member serves as Mental Health Director for HCSO's Peer Support Team. In addition to providing consultation, he or she provides or coordinates regular quarterly training for the Peer Support Team.

D. Consultation is available face-to-face or via phone when requested by Peer Support Team Members, CIRT (if intervening with an HCSO employee), Supervisors, Managers, Command Staff, or the Sheriff to assist in crisis and non-crisis incidents including, but not limited to:

1. Operational activities such as All Hazards/Crisis Response, Hostage Negotiations, Investigations.
2. Developmental or occupation-relevant situations such as training or workplace issues, line of duty deaths, employee suicide, internal affairs investigations.
3. Interventional domains such as Peer-led Critical Incident Stress Management, general employee referral or employee fitness questions. The Behavioral Health Division does NOT conduct Fitness-for-Duty Evaluations (FFDE), but does provide expert consultation to supervisors attempting to determine the need for such.

III. Procedure

A. Confidential Mental Health Care. Employees or their dependents seeking voluntary, confidential mental health services may call the Behavioral Health Clinic at 346-286-3150 to schedule an appointment. The hours of operation are Monday – Friday from 0800-1600. Appointments are scheduled on a first come, first serve basis, or as determined by the BHD Director.

1. Administrative Referrals. HR office provides supervisors with avenues to administratively refer employees for Fitness-for-Duty Evaluation (FFDE) or for mandated counseling, typically through insurance-provided Employee Assistance Program (EAP). Participation in appropriately referred services becomes a condition of continued employment. In some cases, employees may be able to elect to complete requirements (e.g., recommendations for follow-up counseling following a FFDE) through the BHD. With employee consent, the BHD can consult closely with HR, EAP, and HCSO-approved FFDE specialists. Please call 346-286-3150 with questions.

B. Critical Incident Services

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1. Related to, or following, a critical incident as described in II.B. above, the Bureau/Division Commander may refer an employee or the employee may proactively request this assistance. If referring the employee, the Bureau/Division Commander (or duly designated representative) must first consult with authorized BHD staff to determine the appropriateness of referral. This consultation is often accomplished at the scene of an incident (in-person if BHD staff are present, or by phone via the Emergency Dispatch Center (EDC), or during duty hours by calling 346-286-3150. Though encouraged, prior consultation is NOT required in the cases in which the appointment is mandated per HCSO policy, such as following a use of force resulting in death or serious bodily injury, or for those in select, high-exposure assignments.
 2. The Bureau/Division commander must ensure the "Referral for Post-Critical Incident Notice" or "Administrative Leave/Duty Status/Referral for Post-Critical Incident Notice" (in cases in which the employee is placed on Administrative Leave or Duty Status pending the appointment) email is sent and signed as received by the employee, the Bureau/Division commander, the BHD Org Box, and the HCSO Risk Analyst. They can be found on the 'Common Forms' page of the HCSO Intranet. The form is NOT required for employees in select high exposure assignments, who are scheduled to complete these visits every two (2) years.
 3. The form above is to be emailed to the employee, and signed off by the Bureau/Division commander or his/her duly authorized representative, as soon as is feasible after the employee has been advised of this requirement. Those advising the employee of this requirement verbally should encourage the employee to make the appointment with BHD even prior to receipt of this letter, if appropriate, e.g., if they are at the scene or otherwise away from the office. In other words, although this documentation is required, the employee need not have it in hand to schedule an appointment and thus best facilitate an expeditious process.
 4. The BHD shall respond to these requests within twenty-four (24) hours—unless it is a weekend or holiday.
 5. The appropriate Bureau/Division Commander will receive a notice of the completed counseling session, with written authorization from the employee.
- C. Outreach/Prevention/Training. The BHD Director coordinates outreach efforts with units and personnel, and via media such as email and social networking platforms, and the HCSO Public Affairs Division.
1. Academy and In-Service Training. BHD personnel coordinates with HCSO Academy Staff to teach elective and mandatory courses or portions of a course to classified peace officers, cadets, jailers, and/or professional staff in a variety of subject areas. BHD Staff are proactive with scheduling and

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curriculum development. Command Staff and Academy Staff are encouraged to reach out to the BHD at 346-286-3150 with requests for training on specific topics or subject matter.

2. Wellness Initiatives, Community Provider Engagement, and Peer Support Training. The BHD Director either coordinates or appoints a Behavioral Health Staff member (e.g, Suicide Prevention Program Manager, Peer Support Mental Health Director) to coordinate the outreach, training, and interventional elements of the above.

D. Crisis & Non-Crisis Consultations

1. Upon approval by the Bureau Commander, supervisors may send a request to the BHD to provide assistance and make recommendations in a crisis or non-crisis situation. During duty hours (0800-1600), staff can be reached at 346-286-3150. BHD responds on call-out status 24/7, via the EDC. Updates to the "On-Call" roster of BHD staff is provided to the EDC.
2. The BHD shall respond to non-crisis consultation requests within two (2) working days.
3. The appropriate Bureau or Division Commander will receive written or verbal feedback.

IV. Records/Confidentiality

BHD records are patient records and are subject to federal and state requirements providing protection against the disclosure of confidential mental health records. Legal Services will receive all subpoenas for review and disposition.

Legal Services will receive all subpoenas for review and disposition.

Revision

This policy has been revised on the below listed dates:

August 27, 2021

PAID PARENTAL LEAVE POLICY

PURPOSE

The purpose of this policy is to promote a family-friendly workplace at Harris County by providing paid leave to eligible employees to bond and care for a child after the birth, adoption, or foster-to-adopt placement.

ELIGIBILITY

To be eligible for Paid Parental Leave and Infant Sick Leave, employees must meet the following criteria:

- Be a full-time, regular employee (part-time and temporary employees are not eligible); and
- Been employed with the County as a full-time, regular employee for at least six (6) continuous months prior to the birth, adoption, or foster-to-adopt placement of a child. Employees who have not reached six months of continuous employment may use other available paid leave, such as accrued vacation or compensatory time, for parental support purposes.

In addition, employees must meet one of the following criteria:

- Be a new parent by birth of a child;
- Be the new adoptive parent of a child who is 17 years or younger; or
- Be the foster parent to a new foster-to-adopt child who is 17 years or younger and placed with the foster parent.

This policy applies to a child that is newly added to the household through birth, adoption, or foster care and not a child who is already a member of the household. This policy also does not apply to the adoption of a stepchild by a stepparent.

If both parents work for Harris County, then each employee is entitled to their own paid leave.

PAID PARENTAL LEAVE

Eligible employees will receive a maximum of eight (8) weeks of Paid Parental Leave for the birth, adoption or foster-to-adopt placement of a child/children that occurs in 2021, maximum of ten (10) weeks in 2022, and maximum of twelve (12) weeks in 2023 and beyond.

Multiple births, adoptions, or placements does not increase the length of Paid Parental Leave. An employee will not receive more than the maximum allotted amount of Paid Parental Leave in a rolling 12-month period, regardless of whether more than one birth, adoption, or placement event occurs within that 12-month time frame.

For child bonding purposes, Paid Parental Leave must be used entirely before other forms of paid or unpaid leave are used after the birth, adoption, or foster-to-adopt placement of a child.

Approved Paid Parental Leave may be taken at any time during the 12-month period immediately following the birth, adoption or foster-to-adopt placement of a child with the employee. Paid Parental Leave may not be used or extended beyond this 12-month time frame.

Employees must take Paid Parental Leave in one continuous period of leave unless the employee's Department Head allows the employee to use Paid Parental Leave intermittently.

Paid Parental Leave is compensated at the employee's regular rate of pay. Any unused Paid Parental Leave is not compensable and will be forfeited at the end of the 12-month time frame or when an employee separates from employment with Harris County or moves to an ineligible position, whichever occurs first.

Employees must follow their department's call-in procedures and provide periodic status reports to their department when on Paid Parental Leave.

LIMITATIONS OF PAID PARENTAL LEAVE

An employee may not use Paid Parental Leave in excess of the employee's normally scheduled workweek.

For Paid Parental Leave to be used on a part-time (intermittent) basis, the leave schedule must be consistent with the department's operational needs and be approved in writing by the Department Head prior to the beginning of the leave.

Eligible employees are strongly encouraged to plan in advance for when they expect to use Paid Parental Leave and communicate their plans to their immediate supervisor or Department Head, so they can do the necessary planning for their department's operational needs.

Paid Parental Leave must be used only for caring for or bonding with the child. Employees are not allowed to engage in any employment during the time the employee is taking Paid Parental Leave. Department Heads may take disciplinary action against an employee who uses Paid Parental Leave for purposes other than those described in this policy.

COORDINATION WITH OTHER LEAVE

Paid Parental Leave is a supplement to the employee's existing sick and other leave at the time of the qualifying event (birth, adoption, or foster-to-adopt placement).

Paid Parental Leave is designed to run concurrently with FMLA and is not intended to extend the 12-week FMLA period. An employee on Paid Parental Leave who meets the FMLA eligibility requirements will be placed on FMLA leave at the start of the Paid Parental Leave. If the employee meets FMLA eligibility during the Paid Parental Leave period, the employee will be placed on FMLA at that time. All other requirements and provisions under the FMLA will apply.

The County will maintain all benefits for employees during the Paid Parental Leave period just as if they were taking any other County paid leave.

Requesting Paid Parental Leave

Employees should notify their supervisor or Department Head of their intention to request Paid Parental Leave as soon as practicable and provide them with the anticipated start date and duration of the leave.

To receive Paid Parental Leave, eligible employees must complete a [Request for Paid Parental Leave Form](#) and submit it to their department's human resources representative.

The request must include appropriate documentation that shows that the employee's use of Paid Parental Leave is directly connected to a birth, adoption, or foster-to-adopt placement of a child. If the employee is eligible for FMLA leave, the FMLA leave requirements will govern, and the FMLA documentation provided will be used to verify eligibility.

If the employee is not eligible for FMLA leave, proof of the birth or placement of the child must be provided.

The employee's name must be included as a legal parent on the birth certificate or legal document establishing paternity or establishing adoption/placement.

Documentation of the birth or adoption/placement of a child should be submitted as soon as it becomes available and no later than thirty (30) days after the birth or adoption/placement.

If the employee fails to provide the Department Head with the required documentation or certification within the specified time period, the Department Head may determine that the employee is not entitled to Paid Parental Leave and may require that the absence be charged to leave without pay or other forms of paid time off.

To validate an absence, appropriate documentation may be required at any time if requested by the department, Central HR, or Payroll.

Employees begin their Paid Parental Leave on the date specified in their request unless their child is born or adopted earlier or later. In these cases, employees need to notify their department and Central HR as soon as possible to be able to begin leave.

INFANT SICK LEAVE

In recognition of the additional medical care needs of infants after birth, Harris County will provide eligible employees up to 40 hours of Infant Sick Leave to seek medical care for their infants during the infant's first year. An employee will not receive more than the maximum allotted amount of Infant Sick Leave in a rolling 12-month period, regardless of whether more than one birth, adoption, or foster-to-adopt placement event occurs within that 12-month time frame. The Infant Sick Leave expires a year after the birth and also applies to adopted and foster-to-adopt placement infants. Eligible employees must provide medical documentation to support the need to use Infant Sick Leave.

SUBJECT: SUICIDE PREVENTION PROGRAM	POLICY #: 258	NO. OF PAGES: 11
NOTES:	SUPERSEDES: APRIL 26, 2022	EFFECTIVE DATE: JANUARY 12, 2023

I. Purpose

To establish an employee-focused suicide prevention program in accordance with national guidelines and best practices, and in support of the safety, health, and longevity of the Harris County Sheriff's Office (HCSO) employees.

II. Policy

It is Harris County Sheriff's Office Policy that our organization:

- A. Makes substantial efforts to reduce employee suicides and suicide risk.
- B. Fosters a climate that:
 - 1. Encourages personnel to seek help and build resilience.
 - 2. Increases awareness about behavioral healthcare and reduces the stigma for employees who seek behavioral healthcare.
 - 3. Protects the privacy of employees seeking or receiving treatment relating to suicidal behavior.
- C. Provides employees continuous access to quality behavioral healthcare and other supportive services, including peer support, spiritual support, and other crisis services; and foster collaboration of HCSO suicide prevention efforts and services to strengthen readiness and resilience of HCSO employees and their families.
- D. Provides HCSO employees with a training framework on suicide prevention.
- E. Employs methods for suicide prevention, intervention, and post-vention that reflect a holistic approach.
- F. Fosters collaboration, cooperation, and coordination among stakeholders, including intra-agency and with other law enforcement agencies, appropriate public and private entities, and appropriate institutions of higher education to support suicide prevention policies and programs.

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III. Procedure

A. Leadership Involvement - HCSO works to build an environment that promotes healthy and adaptive behaviors, foster awareness of early warning signs, and encourage responsible and early help-seeking. The administration ensures adequate resourcing, effective policy and program implementation, and frequent communication and messaging to encourage leadership engagement at all levels.

1. The Sheriff or designee in coordination with HCSO Behavioral Health Division (BHD) and HCSO Media Relations, disseminates formal messaging and or policy memoranda regarding suicide awareness and the destigmatizing of help-seeking, at least annually.
2. HCSO BHD and HCSO Media Relations coordinates public messaging concerning awareness, prevention, destigmatizing, support services available, and education regarding suicide and related psychosocial topics, at least quarterly.
3. Members of Command Staff, including the Sheriff, Chief Deputy, Command Chiefs, and Bureau Majors, consult regularly with the BHD Director in order to best foster communication, understand the specific needs of that leader's department, implement policy, coordinate messaging, and ensure effective utilization of resources. Communication between members of Command Staff and the BHD Director is frequent and flexible, but occurs formally at least semiannually.

B. Training and Development - HCSO employees practice healthy behaviors, make responsible choices, and encourage others to do the same. Employees and supervisors foster a culture of early help-seeking, recognize the signs and symptoms of distress in themselves and others, and take protective action. While every individual plays a part in this culture, our agency works to encourage this via:

1. Foundational Training: All entry courses, basic (e.g., BCCC, BPOC, Professional Staff Orientation) and transitional (e.g., Lateral Deputy Course, New Supervisor Training), include suicide prevention training, focused on the specific competencies required of trainees.
2. For example, while all employees are taught skills to detect at-risk peers and intervene early with coworkers under stress, deputies are also trained in critical incident stress and its consequences, and supervisors are further trained in appropriate ways to aid personnel in securing mental health services if needed, such as voluntary, confidential self-referral or post-critical incident services available through the HCSO Behavioral Health Division, or employer-referred counseling through the HCSO Human Resources Division (H.R.).

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3. **Advanced Training:** HCSO is a leading agency in Behavioral Health training and is considered a Department of Justice Learning Site through the Council of State Governments. Our Behavioral Health Training unit, in coordination with HCSO Academy Staff, BHD clinical Staff, and other external and internal partners, provides:
 - a. **CIT:** All sworn/certified employees receive Crisis Intervention Training, a 40 hour training covering mental health topics, including recognizing signs and symptoms of mental health disorders, post-traumatic stress, and suicide prevention.
 - b. All HCSO employees receive 8 hour Active Bystandership for Law Enforcement (A.B.L.E.) training, of which Health and Wellness is a primary pillar. Significant topics to suicide prevention include recognizing potential warning signs, self- and peer-aid, and how to access professional helping resources such as BHD, Chaplains, EAP, or other resources.
4. **Refresher Training:** In coordination with required refresher training for CIT, all sworn/certified employees receive 3 hour annual refresher training, taught by BHD clinical staff, focused on wellness and resiliency, including a suicide prevention component.
5. **Semi-annual IAD Investigator Training:** Employees facing criminal or administrative action may be at increased risk for suicide. Internal Affairs Division (IAD) Investigators receive specialized training in recognizing risk factors and warning signs in interview subjects, and in ensuring that subjects receive appropriate referral for supportive resources.
6. **Quarterly Peer Support Team Training:** HCSO BHD Staff provides or supervises quarterly training requirements for Peer Supporters to ensure they are current on the latest suicide prevention and other relevant training.
- C. **Peer Support and Unit-based preventive services:** Suicide prevention requires personal connections. Fostering a climate of help-seeking and mutual support involves ongoing efforts to destigmatize, increase awareness, decrease barriers to support, and instill positive, proactive coping throughout the culture of our agency. Many HCSO initiatives contribute to these efforts.
 1. **Peer Support:** HCSO's Peer Support Program involves both proactive, positive networking efforts as well as crisis response. Peer Supporters are selected, screened, and trained to be vital assets to the goal of promoting a healthy culture, and though they are most often associated with response and support to critical incidents, their training is broad, holistic, and though they are not licensed behavioral health providers, their quarterly training requirements ensure they are current on the latest suicide prevention

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training, and often serve as the “boots on the ground” or “first adopters” with regards to promoting healthy behaviors. Peer Supporters work closely and train with our Department and volunteer Chaplains. HCSO BHD Staff supports, trains, and consults for HCSO’s Peer Support Team. The BHD Director also serves as Mental Health Director for HCSO’s Peer Support Team.

2. Commanders (or civilian equivalents) partner and regularly consult with HCSO BHD staff regarding unit-specific needs, how to best aid unit members and optimize duty performance, and regarding the provision of regular outreach and preventative messaging. The frequency and method of this consultation, and the unit-based services provided, differs based on unit type and mission, and is typically coordinated initially at the Command Staff level (e.g., via A.3., above), or in coordination with other HCSO Wellness initiatives.

D. Handoff policies: Relationship problems, substance misuse, and acute psychiatric distress are among the most common correlates among those who have attempted or completed suicide. HCSO leaders are provided specialized training in ensuring personnel receive appropriate support and referral for helping resources.

1. Employees facing criminal or administrative action may be at increased risk for suicide. IAD investigators are trained in attending to signs of distress in subjects. If an IAD investigator detects warning signs of suicide or harm to self or others, the investigator shall notify the employee chain of command. In the event of immediate crisis, IAD shall contact a CIRT unit to respond. If warning signs are observed but there is no immediate crisis, the investigator will notify the Internal Affairs Division Commander who will advise the employees Division Commander. The employees Division Commander will engage with the employee to ascertain their emotional state, and consult with Behavioral Health Division Staff to discuss referral options if risk of suicidality is suspected. The Division Commander will advise the employee facing criminal or administrative action of available resources (e.g., Chaplain, Behavioral Health Division, EAP, etc.) that can provide stress management, crisis intervention, and other appropriate services

E. Access to Services: HCSO employees are provided access to confidential supportive services, including peer support, spiritual support, and high quality behavioral health care, from a variety of sources.

1. In addition to medical/behavioral health services and Employee Assistance programming made available through County provided insurance, HCSO employees have unlimited access to free, confidential behavioral health clinical care through HCSO Behavioral Health Division (BHD) mental health providers, who specialize in providing care for First Responders and other Law Enforcement personnel. Employees are educated on these services,

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and encouraged to utilize them proactively, well in advance of crisis situations.

2. Employees assigned to specific high-exposure positions, prior to their transfer, and every two years thereafter, are required to attend a wellness check with a BHD mental health provider. The purpose of which is to reduce stigma, provide education, and “normalize” a focus on mental health.
 3. In the event of an acute crisis, HCSO provides crisis intervention services via the Crisis Intervention Response Team (CIRT) in coordination with BHD and other external partners and resources. See HCSO Policy 418 for further detail.
- F. Post-Suicide Response: Suicide impacts units, coworkers, families, and friends, and offering support is critical to individual and unit resilience. Unit leaders manage post-suicide responses by implementing the HCSO Leader’s Post-Suicide and Suicide Attempt Checklist. This includes supporting affected personnel through the grieving process by consulting with Chaplains, Behavioral Health providers, and other resources as needed. In support of national efforts to promote the understanding and prevention of suicide in law enforcement, HCSO participates in the FBI’s Law Enforcement Suicide Data Collection Program.
- G. Intra- and Inter-agency Coordination- HCSO BHD Director complies with:
1. HCSO’s Employee Wellness Committee (EWC) and Wellness Working Group (WWG) initiatives to help integrate, coordinate, and track the suicide prevention program activities outlined above (whether as standalone or as part of integrated wellness initiatives), to ensure initiatives are targeted, effective, and efficient.
 2. National initiatives aimed at better understanding and preventing suicide among current and former LE employees, such as the Federal Bureau of Investigation’s Law Enforcement Suicide Data Collection (LESDC).

NOTE: see attachments

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Harris County Sheriff's Office Leader's Post-Suicide Checklist

PURPOSE

This checklist is designed to assist HCSO leaders in guiding their response to suicides by those under their supervision. Research suggests the response by leadership can play a role in the prevention of additional suicides/suicide events or, in worst cases, inadvertently contribute to increased suicides/suicide attempts (suicide contagion). This checklist is intended as a guide to support, not supplant, a leader's judgment and experience. The checklist does not outline every potential contingency which may come from a suicide or suicide attempt.

GUIDANCE FOR ACTIONS FOLLOWING A DEATH BY SUICIDE

1. Contact relevant Chain of Command, Chaplaincy, Peer Support, and Behavioral Health Division (BHD) staff. Leaders can contact these individuals after hours through the EDC.
2. Notify unit Chain of Command, but do not yet release information to coworkers.
3. Validate who has jurisdiction of the scene and medical investigation.
4. Contact Family Assistance to notify Next of Kin (NOK). Follow COPS notification methods (<https://www.concernsofpolicesurvivors.org/cordico>)
5. Consult with HCSO Chaplain and BHD Director or on-call BHD provider to prepare announcement to unit and coworkers.
6. Make an initial announcement to the worksite with a balance of "need to know" and rumor control. Consider having Chaplains, BHD, and/or Peer Support team members present to support potentially distraught personnel, but avoid using a "psychological debriefing" model. Make an initial announcement to the worksite/unit.
7. Consult with Public Affairs regarding public statements about the suicide.
8. When speaking to the worksite/unit, avoid announcing specific details of the suicide; merely state it was a suicide or reported suicide. Do not mention the method used. Location is announced as either on-duty or off-duty. Do not announce the specific location, who found the body, whether or not a note was left, or why the member may have killed himself.
9. Avoid glorifying/idealizing the deceased or conveying that suicide is different from any other death. Consult with BHD, the Chaplain, Family Support Services, and your mentors/Chain of Command for any actions being considered for the memorial response.
10. When engaging in public discussions of the suicide:
 - a. Express sadness at our loss and acknowledge the grief of the survivors;

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- b. Emphasize the unnecessary nature of suicide and alternatives as readily available;
 - c. Express disappointment that the employee did not recognize that help was available;
 - d. Ensure the audience knows you and the HCSO want personnel to seek assistance when distressed, including those who are presently affected;
 - e. Encourage employees to be attuned to those who may be grieving or having a difficult time following the suicide, especially those close to the deceased; and
 - f. Provide a brief reminder of warning signs for suicide.
11. After the death announcement is made to coworkers, follow up your comments in an e-mail provided to the group or community affected. Restate the themes noted above.
 12. Unless you discern there is a risk of being perceived as disingenuous, consider increasing senior leadership presence in the work area immediately following the announcement of death. Engage informally with personnel and communicate a message of support and information. Presence initially should be fairly intensive and then decrease over the next 30 days to a tempo you find appropriate.
 13. Consult with Chaplain/Family Assistance regarding Unit-Sponsored Memorial Services. Memorial services are important opportunities to foster resilience by helping survivors understand, heal, and move forward in as healthy a manner as possible. However, any public communication after a suicide, including a memorial service, can either increase or decrease the suicide risk of those receiving the communication. It is important to have an appropriate balance between recognizing the employee's service and expressing disappointment about the manner of death. If not conducted properly, a memorial service may lead to the admiration of the suicide event and thus potentially trigger "copycat" events. Therefore, memorial services should avoid idealizing the deceased or the current state of peace found through death. Avoid normalizing suicide by inferring it is an acceptable reaction/response to distressful situations. Make clear distinctions between positive accomplishments/qualities and the act of suicide. Focus on personal feelings and feelings of survivors. Express disappointment in the deceased's decision and concern for survivors. Promote help-seeking and peer support. The goals are to:
 - a. Comfort the grieving;
 - b. Help survivors deal with guilt;
 - c. Help survivors with anger;
 - d. Encourage employees/family members to seek help;

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- e. Prevent “imitation” suicides.
14. Public memorials such as plaques, trees, or flags at half-mast may, in rare situations, encourage other at-risk people to attempt suicide in a desperate bid to obtain respect or admiration for themselves. Therefore, these types of memorials are not recommended.
 15. Utilize or refer grieving coworkers or family members to Chaplains, BHD, EAP, community-based resources and Concerns of Police Survivors (COPS) for family members. If non-beneficiaries (i.e., extended family members) are struggling and asking for help, refer them to community-based services and/or discuss options with a BHD mental health provider.
 16. Behavioral Health Division staff will accomplish the Law Enforcement Suicide Data Report required for all completed suicides. Ensure participation with reporting procedures, as requested.
 17. Anniversaries of suicide (1 month, 6 months, 1 year, etc.) are periods of increased risk. Promote healthy behaviors and Peer Support during these periods.

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Harris County Sheriff's Office Leader's Suicide **Attempt** Checklist

PURPOSE

This checklist is designed to assist HCSO leaders to address suicide attempts by those under their supervision. An appropriate, supportive response to a suicide attempt can diminish the risk factors for another attempt.

GUIDANCE FOR ACTIONS FOLLOWING A SUICIDE ATTEMPT

A person who makes a suicide attempt may have either (1) been prevented from taking an action they intended to result in death; (2) not intended to die, but felt the need to demonstrate an attempt for others to know they are in pain; (3) been under the influence of drugs (including alcohol) which caused an impaired decision (often referred to as "impulsive"); and/or (4) been suffering from mental illness and highly impaired but did not die as a consequence of the suicide plan.

1. A suicide attempt requires formal Mental Health assessment and often results in hospitalization to stabilize the individual and ensure safety. Contact HCSO Behavioral Health Division (BHD) staff via the EDC to consult on safety planning and appropriate response and follow-up. Generally speaking:
 - a. If the crisis is current or ongoing, immediate recommendations will include response by Crisis Intervention Response Team (CIRT) for potential hospitalization, if this has not already occurred.
 - b. If the crisis has passed (for example, if an employee reveals a recent suicide attempt), recommendations will include appropriate methods for referral to supportive services which, depending upon situational factors, could include voluntary or mandatory referral routes.
2. Contact Command Staff and notify appropriate Chain of Command. Ensure notifications are kept to a shortlist of "need to know" and contain a minimum amount of information to convey the nature of the situation. Being appropriate with "need to know" helps avoid stigmatizing the employee's return to a work center where many people know what happened.
3. In addition to BHD, consider consultation from Chaplains, Peer Support Coordinators, or other supportive resources. Staff can contact these resources after hours through the EDC.
4. If the employee is currently hospitalized, consider visiting them while they are in the hospital to communicate support. You should consult with BHD and your Chain of Command to consult on post-hospitalization safety planning, guidance on treatment options, and discuss advising the employee of such while they are still in the hospital.

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- Behavioral Health Division staff will accomplish the Law Enforcement Suicide Data Report required for all suicide attempts resulting in medical care, including mental health care.

RETURNING TO WORK FOLLOWING A SUICIDE ATTEMPT

A person who has experienced a crisis may find returning to work comforting (a sense of normalcy) or they may find it distressing. Work may need to be tailored to accommodate for medical/Mental Health follow-up appointments and assessing the capabilities of the person upon their return. The goal is to gradually return to full duties as appropriate.

- Consult with BHD to ensure appropriate evaluative, treatment, and supportive approaches are in place, and to develop a plan to re-integrate the employee into the workplace.
- A returning employee should not be treated as fragile or damaged. If they sense they are being “singled out” or treated differently in the presence of peers, it can damage the recovery process. Freely speak with the employee about being receptive to their thoughts on returning to work and how to avoid either their or your perception of "walking on eggshells."
- Ensure all members of the unit are aware that seeking Mental Health is a sign of strength and helps protect mission and family by improving personal functioning instead of having personal suffering
- Never underestimate the power of the simple statement: “What can I do to be helpful to your recovery process?”
- Engage family and support networks to increase support and surveillance of the employee. Encourage family and friends to reach out to the unit if they become concerned about the employee's emotional state.

RELEVANT CONTACT INFORMATION

HCSO Behavioral Health	346-286-3150
HCSO Chaplain	713-274-1965
HCSO Family Assistance	281-802-6913
HCSO Peer Support	713-274-1965

EDC maintains callout rosters for CIRT, as well as for the resources above.

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Revisions

April 26, 2022
January 12, 2023