



EMPLOYEE HEALTH AND WELLNESS ASSESSMENT REPORT

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Prepared for the City of
Minneapolis and the
Minneapolis Police Department

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About The Consortium

The Consortium for Health, Justice, and Safety is a unique blend of interdisciplinary expertise, uniting professionals from policing, prosecution, public safety, the judiciary, healthcare, communications, education, public policy, analytics, and diversity, equity, and inclusion. A holistic perspective defines our methodology as we tackle the broad spectrum of public safety and health issues. What sets us apart is our commitment to bringing together leading minds in the sector and fostering a unified, comprehensive approach to tackle some of the most significant challenges organizations face. We engage in various activities, from research and data analysis to policy development and technical assistance. By addressing common issues, facilitating collaboration, and supporting agencies in meeting their objectives, we strive to innovate and succeed in our mission.

At the Consortium for Health, Justice, and Safety, our mission is to unify interdisciplinary expertise to address the critical facets of public policy, safety, and health. We are committed to fostering connections between professionals in public safety. We aspire to research, analyze, develop policies, and provide technical assistance to tackle organizations' significant challenges. We are dedicated to facilitating collaboration, supporting agencies in meeting their objectives, and pioneering innovative solutions for a safer, healthier, and just society.

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Introduction

On June 1, 2020, the Minnesota Department of Human Rights (MDHR) filed a discrimination charge against the City of Minneapolis and the Minneapolis Police Department (MPD). The charge alleged that the City and MPD were involved in a pattern or practice of race discrimination. After investigating the allegations, the Commissioner issued Findings on April 27, 2022. As a result, the City of Minneapolis and MDHR entered a court-enforceable settlement agreement, necessitating a review of operations, including their Wellness and Support Program. As part of this agreement, the MPD is obligated to complete a needs assessment and develop an employee support plan based on its findings. The assessment and plan must adhere to specific requirements outlined in the agreement. A crosswalk of our assessment with the specific requirements noted in paragraph 255 of the agreement is provided in Appendix C.

To fulfill this requirement, the City of Minneapolis selected The Consortium for Health, Justice, and Safety (referred to as The Consortium) to conduct the needs assessment of the MPD Wellness and Support Program. The objective was to identify any gaps or deficiencies and provide recommendations for improvement. The Consortium commenced its work in October 2023 and completed the assessment in December 2023.

The Consortium's Methodology & Approach

The Consortium employed a holistic methodology to carry out this assessment. Our approach was anchored in objectivity and encompassed a review of relevant MPD policies and procedures, a survey distributed to all MPD personnel, and interviews and focus groups with MPD sworn officers and civilian staff. This enabled us to understand the experiences and perspectives of MPD employees concerning the available support services. The insights gathered through this process were instrumental in identifying areas for improvement and formulating the recommendations outlined in this report.

Policy Reviews. The review of department policies and procedures encompassed a wide range of areas, including wellness, responses to critical incidents, early intervention systems, Peer Support, and the MPD's Employee Resource Program. Additionally, The Consortium examined the department's training related to these policies and procedures, as well as its Wellness Support Program. The objective of this examination was to gain a thorough understanding of the current policies and procedures in these areas and identify opportunities for improvement to ensure alignment with best practices in policing.

Survey. The Consortium developed and distributed a survey to all MPD personnel. The primary goal of this survey was to gain a broader understanding of officer and staff perceptions and experiences with the MPD Wellness Program. The survey was designed by subject matter experts on the Consortium team and informed by our knowledge of the current structure of the MPD Wellness Program. It aimed to evaluate the health and wellness support service needs of MPD employees, including the quality and availability of services and programs provided through the Employee Assistance Program, as well as the quality of external clinical service providers. The survey was conducted from November 20, 2023, to December 04, 2023, and received responses

from a diverse cross-section of both sworn and civilian employees within the MPD. Out of the 242 total responses, 195 were included in the analysis, representing approximately 26 percent of the entire MPD department. This significant response rate provides a statistically significant representation of the workforce. For more detailed information on the survey methodology and findings, please refer to *An Assessment of MPD's Wellness and Support Program: Survey of Personnel* in the report.

Interviews & Focus Groups. The examination of MPD's Wellness Support Program also involved assessing its internal communication strategy and outreach efforts to staff and sworn officers. This included conducting formal and informal interviews (in-person, where possible), to gather input from individuals involved and affected by the department's policies and practices, identifying common themes across perspectives, and providing recommendations for enhancing community relationships based on the insights gathered. In total the Consortium interviewed 35 sworn officers and civilian staff from various units, precincts, and offices within the MPD.

[How This Report is Organized](#)

The report commences by providing an overview of the current structure of MPD's Wellness Program and is followed by The Consortium's comprehensive assessment. Finally, our report concludes with a set of recommendations aimed at addressing the identified deficiencies and areas for improvement. These recommendations have been specifically tailored to meet the needs of MPD personnel, as revealed through the above-mentioned surveys, interviews, and focus groups. Moreover, the recommendations outlined herein are guided by promising policing practices. In addition, the appendices to this report include the survey, the email communication about the survey, and a crosswalk of the requirements for this assessment as stipulated in paragraph 255 of the Agreement and our assessment findings and recommendations.

[Successful Implementation of the Recommendations](#)

While we provide details on our findings from this assessment and our recommendations for enhancing MPD's Wellness Program in the following sections, it is crucial to consider a few key factors to ensure the successful implementation of the recommendations outlined in this report.

The events of 2020 had a profound impact on both MPD personnel and the greater community. We acknowledge the effects of these incidents such as the killing of George Floyd, the subsequent arrests and charges against the involved officers, the ensuing riots, and the staffing shortages, continue to have lasting effects on the health and well-being of MPD personnel. Even after three years, the gap between certain members of the community and MPD seems to have had minimal improvement. Our interviews revealed a recurring theme of strained trust among officers towards department administrators and city leaders. Interviewees expressed a lack of support from their department's administration and city leaders. They also emphasized the importance of holding officers accountable for misconduct and stressed that the actions of a few officers do not reflect the values and integrity of the entire department. **Rebuilding trust between MPD**

personnel, administration, and city leaders is crucial for implementing and succeeding in these recommendations, as well as ensuring compliance with the court-ordered agreement. Continued strain in this relationship will only deepen the divide between officers serving the city and the leaders representing the community, hindering both MPD and the City's ability to comply with the MDHR agreement and the federal consent decree.

Despite the prevailing lack of trust and resulting decrease in morale, the MPD officers and staff interviewed demonstrated remarkable resilience. They stressed their unwavering dedication to their teams, units, supervisors, and, most importantly, their communities. Moreover, it became apparent that the events of 2020 have offered an opportunity for officers and staff to embrace a greater sense of openness and awareness concerning their mental health and overall well-being. This includes supervisors taking into consideration the mental health and wellness needs of the officers under their supervision.

The successful implementation of these recommendations requires a strong commitment from city leaders and departmental leadership. To establish a more comprehensive Wellness Program for its officers and staff, the MPD budget needs to allocate resources towards increased staffing, wellness services, technological advancements, and program restructuring.

Moreover, achieving meaningful police reform and enhancing public safety requires a holistic approach that extends beyond police policies, training, and practices. The responsibility for outcomes in public safety lies with the community, its elected city leaders, and the police department. Both police officers and community members share the responsibility of fostering meaningful police-community relationships and upholding the values of integrity and accountability.

It is crucial to not overlook the underlying societal issues that directly impact public safety. Access disparities in education, healthcare, food security, employment opportunities, mental health services, and an ineffective justice system, as well as the failure to address quality of life concerns, all contribute to the effectiveness of the police in serving their community. Police officers often find themselves on the front line, responding to these societal issues, despite being understaffed, overworked, and undertrained.

We urge the City of Minneapolis to prioritize these considerations when developing an implementation plan to enhance the MPD's Wellness and Support Program. By fostering a supportive, valued, and caring environment for officers and staff, the department will promote higher levels of integrity and foster improved police-community relations.

Timeline and establishing priorities

We encourage the City of Minneapolis to consider the implementation of the recommendations in this report in conjunction with those identified in the other assessments conducted in accordance with the agreement. In several cases recommendations here will coincide with those made in other assessments; for example, the expansion of the Wellness Center may overlap with

the recommendations made by the assessment team examining MPD and City facilities. A matrix illustrating the overlap between recommendations will allow the City and MPD to more accurately identify a timeline and prioritize the implementation of recommendations. The Consortium welcomes the opportunity to work with the City and MPD in developing this matrix and establishing a timeline and the prioritization of recommendations.

About MPD's Wellness Program

The MPD Health and Wellness Unit has undergone several changes over the past three years and staffing has fluctuated. Unfortunately, limited staffing has resulted in a lack of structure and cohesiveness. From April 2020 to September 2020, the Health and Wellness Unit was staffed by a lieutenant, two sergeants, and an officer. This was the peak of staffing within the unit. In September 2020, the lieutenant was reassigned and not replaced. From September 2020 to April 2021 the unit was staffed by two sergeants and an officer and in April of 2021 the officer was reassigned and not replaced. In June of 2021, one of the remaining sergeants was promoted to lieutenant but their sergeant position was never backfilled. Finally, from June 2021- September 2023 the unit was staffed by a lieutenant and a sergeant. In September 2023 the sergeant was reassigned and not replaced. Currently the unit is staffed by one lieutenant. This Lieutenant also oversees the EIS Unit.

Although staffing issues prevailed over the past three years, the Unit was able to make some strides in procuring a third-party provider and increasing communication about available resources. Further recognizing the need for improved fitness equipment at the precincts, The Department prioritized acquiring fitness equipment over the past two years, which the officers highly appreciated.

The MPD Health and Wellness Unit, despite its shortages in staffing, also manages and oversees various services that make up the Program. These include the Cordico Wellness mobile application, Peer Support, Ellie Mental Health, OPTUM EAP, and Medica. The Cordico Wellness app provides officers with access to a list of Peer Support officers, health assessments, and general health information. However, according to documentation provided by MPD, usage of the application has declined over the years. Per the documentation provided by MPD Ellie Mental Health was contracted to provide culturally relevant training, support, and therapeutic services to officers and their families. However, as noted in our interviews, Ellie Mental Health has just started its work and has undergone some changes in staffing, and has not yet delivered extensive training. Further, the recent staffing changes within Ellie Mental Health have caused disruptions in services outlined in their contract, leading to confusion and distrust among officers.

Additionally, EAP services are contracted out to OPTUM through Medica Insurance and is available to all City of Minneapolis employees. These services are available 24 hours a day, 7 days a week and the services are available by phone, on-line or through in person appointments. The services include:

- Unlimited calls with master level counselor available 24/7.
- Five in-person counseling sessions covered at 100%. (Ellie Mental Health takes Optum and those 5 sessions are included in information provided to MPD employees).
- Thirty minute legal consultation and a discount on services if an employee decides to use the attorney.
- Financial advisor support to help with debt, financial planning, foreclosure, etc.

- Childcare referrals and support to take care of elderly parents.
- Community resources.

There is confusion among personnel regarding the services and the reimbursement processes when seeking services outside the network or in addition to the allotted sessions.

In addition to these services, the MPD Health and Wellness Unit works very closely with the chaplain program (i.e., hosting chaplains at the Wellness Center weekly) and also utilizes their services during wellness checks.

The current MPD Wellness Program has two primary components, the Peer Support Program and Ellie Mental Health. We provide background on both below.

Peer Support

Over the past three years, MPD's Peer Support Program witnessed significant growth, with the addition of 30 members comprising both sworn and civilian personnel. However, the number of civilian members has decreased to just one. The process of selecting team members commences with individuals expressing their interest through a letter, which the Health and Wellness Unit then reviews. Currently, there are no specific selection criteria or requirements for the position. Initially, team members underwent local peer advocate training, but no other formal selection or onboarding training process is currently in place. The team does not hold regular meetings. Currently, the Peer Support Program at MPD receives virtual quarterly training. Annual training from a state-wide multi-agency collaborative group, League of Minnesota Cities (LMC) is made available. This training is approved to meet Minnesota state training requirements. However, in 2022 MPD did not elect to attend. It appears that most of the Peer Support Members' interactions with personnel in MPD are initiated by the team members themselves, resulting in a lack of coordination of services. Moreover, due to a lack of advertising and engagement with the department, there is a general lack of understanding and awareness regarding the Peer Support Team and its capabilities within the department.

Ellie Mental Health

MPD contracted with Ellie Mental Health in May 2022. The organization operates approximately 27 clinics in Minnesota and some nationwide. It also works with 13 other first responder agencies in Minnesota, offering a dedicated first responder program called Protector Overwatch with an outreach coordinator/therapist and a training coordinator/therapist. While these individuals are not fully licensed mental health providers, they do work under the supervision of a director at Ellie Mental Health. The organization's website lists all providers as master's level clinicians; however, licensing information is not explicitly mentioned in each provider's profile, which may lead officers to believe they are receiving services from a licensed mental health provider. Two staff members are responsible for answering the intake line and matching officers with a

therapist. Although Ellie Mental Health reports an average wait time of approximately one week, they do hold appointment slots open daily for urgent cases.

Ellie Mental Health offers yearly mental health check-ins and three additional therapy sessions for every officer each year. Officers and civilian personnel who utilize OPTUM (through Medica) are eligible for an additional five therapy sessions at no out-of-pocket cost. If an officer has Medica insurance, s/he can receive another 10 sessions, totaling 19 free therapy sessions per year. These sessions do not include critical incident debriefs, which are provided in addition to the offered sessions. In the event of a traumatic incident, officers are likely to receive a text message on their work mobile phone from one of the main contacts at Ellie Mental Health, offering a meeting with a provider. Since the contract began, Ellie Mental Health has been notified of two critical incidents, within 72 hours, where they provided critical incident support following the 7-stage Critical Incident Debrief guidelines based on the theories and training in Critical Incident Stress Management (CISM). However, due to inadequate staffing, there have been inconsistencies in the timeliness of notifications after multiple traumatic incidents.

Lastly, Ellie Mental Health provides stress management, financial wellness, and substance abuse prevention information to cadets. However, in review of the documents and materials provided, the Consortium found that the financial wellness services are insufficient, as the trainers lack subject matter expertise and much of the theoretical training lacked practical application and exercises. Additionally, these trainers did not hold financial certifications such as the CFP. The organization has also conducted preliminary in-service training for all officers on its service offering. A curriculum is being developed to ensure that all Protector Overwatch providers become culturally competent in working with first responders. However, a review of the available therapists on their website indicates a significant lack of culturally competent experience working with officers, as their biographies do not mention any experience with law enforcement, military, or other first responder populations.

An Assessment of MPD's Wellness and Support Program: Policies, Procedures, Interviews, and Focus Groups

The following section outlines the findings, gaps, and deficiencies discovered in the review of MPD's policies and procedures related to the Wellness Program, the interviews and focus groups, and the survey conducted as part of this assessment. Recommendations on how to address these deficiencies and areas of improvement are provided in the subsequent section of the report.

Policies and Procedures

As part of its assessment, the Consortium reviewed over 80 policies, procedures, training materials, and other materials related to MPD's wellness services. These included various aspects of MPD's wellness services including its Peer Support Program, Early Intervention System, Ellie Mental Health, and Wellness Center. Upon our review of these documents, we found the following deficiencies and areas for improvement:

- Several services lacked related policies and/or standard operating procedures and protocols, including the Peer Support Program. The materials provided by MPD for the Consortium's review do not detail how members are selected, the qualifications criteria, and the application process.
- Similarly, policies related to the Early Intervention System and the Wellness Program lack detail or were not captured within the Department's policy manual.
- The training materials provided are not comprehensive and do not delve into the practical approaches to officer wellness and resilience.
- Policies lack clarity on processes related to critical incident debriefings, traumatic incident debriefings, return to duty, and fitness for duty examinations.
- Policies often interchanged various Wellness program titles and terms.
- Materials on available services lacked clarity including the number of sessions provided by each service provider, how to access the different services available, and how/if providers are vetted.
- Assigning one Lieutenant to oversee both the Early Intervention System and the Wellness Unit presents potential for misalignment of objectives of each unit and negative perceptions of the Health and Wellness Unit's priorities. The Early Intervention System is focused on performance management and its processes are grounded in reactive audits/reviews of performance which in turn can lead to referrals to the Wellness Unit and/or Internal affairs. Conversely, the primary objective of Wellness Unit is to ensure that its officers have the tools and skills necessary to support their well-being. This approach is a much more proactive approach.
- Training on how supervisory officers can identify the signs that their officers are struggling with mental health or wellness is lacking. Generally, training for supervisors is deficient.

Perceptions and Experiences with the Wellness and Support Program

In addition to reviewing policies and procedures and related documents, conversations with individuals who have access to or use the wellness services were important to understanding how policies and procedures are implemented in practice and in identifying areas of opportunity. Our interviews and focus groups with officers and the responses gathered in the survey allowed us to validate our analysis of policies, procedures, and other materials.

The following provides the common themes heard during our interviews and focus groups. The Consortium met with over 35 personnel representing various units, offices, and precincts within the department. In combination with the results from the survey, these interviews provided us with a comprehensive understanding of MPD personnel's perceptions of the Wellness Support Program.

- The resiliency of the department lies in the story of the 2020 riots and in how officers have since managed residual stress and trauma.
- Team cohesion is important to officer wellness and the ability of officers to persevere.
- The impact of perceived lack of support from both city leaders and departmental leadership continues to have a negative impact on officer wellness. However, officers also noted that this is contradictory to what they experience on the street and in the community, which is often more reflective of positive experiences and feedback.
- Prioritization of wellness within the department is improving; increasing fitness equipment in each precinct and Ellie's procurement are positive signs that the department is moving in the right direction.
- There is overreliance on the one to two staff members within the Wellness unit. Personnel often referenced reaching out to these staff members to figure out how to seek resources and to manage the confusion about how to access wellness services/resources available.
- The Wellness Program lacks structure, policies, and procedures, and the overall process is undefined/not formalized.
- There is confusion among staff about how many therapy sessions are allotted through the Ellie Mental Health and insurance and a general lack of awareness of the various resources (i.e. peer support, Cordico App) available. In several instances, individuals noted that they'd like access to unlimited sessions with mental health professionals, as they believe that this would resolve much of the confusion and issues with access, reimbursement, etc.
- Officers and staff noted that annual mandatory mental health check-ins could assist in increasing acceptance of mental health, increase trust, and provide an avenue for officers who may be initially resistant to accessing wellness resources.
- Individuals also stated that the addition of the Wellness Center has been a value add to the department; however, the center could benefit from being in a non-MPD building, with additional spaces for fitness equipment and classes, as well as adding space for classes related to yoga/meditation, and nutritional and financial counseling, etc.

- Understaffing has resulted in canceled days off, impacting morale and the potential for burnout.
- Officers noted that they have inadequate and/or non-existent training on wellness topics (both in-service and academy). In many instances, the curriculum focuses on theory rather than scenario-based training.
- Supervisors are provided with little to no formal training as part of their promotional process; as such they are provided with little training on identifying signs of mental health stress and fatigue, conducting traumatic incident debriefs, and a review of wellness services available. Often these supervisory responsibilities are contingent on the individual supervisor's initiative.
- Interviewees noted a general lack of familiarity with the services offered to family members or a lack of confidence in the quality of services offered for their families.
- The capacity to track and capture how many personnel seek out services, access services, and the timeliness of requests made is limited. There are little to no evaluations conducted of the wellness services provided.

An Assessment of MPD’s Wellness and Support Program: Survey of Personnel

The employee health and wellness survey collected insights from a total of 242 respondents over a 14-day period, representing a diverse cross-section of both sworn and civilian employees within the MPD. The primary aim of this survey was to comprehensively evaluate the current health and wellness support service needs of MPD employees. This encompassed an examination of the quality and availability of services and programs provided through the Employee Assistance Program, as well as an assessment of the quality of clinical service providers external to the City of Minneapolis.

Methodology

To ensure the relevance and effectiveness of the survey instrument, subject matter experts in the field of officer and employee wellness were engaged in its design. The survey's questions were derived from industry-standard research and surveys, aligning with best practices in the field. The questionnaire sought to achieve specific objectives: gauge MPD employees' awareness of services, identify any barriers to accessing available services, understand participation in available services, and evaluate the perceived quality of those services.

The survey was disseminated through an anonymous link, accessible to all MPD employees, both sworn and civilian, via their official MPD email accounts (A copy of the email is attached as Appendix B). This approach allowed flexibility, enabling respondents to complete the survey at their convenience on any internet-enabled device. The data collected during the survey period were securely stored and managed by software adhering to U.S. government security compliance standards.

The survey comprised diverse question types, including single-choice, multiple-select, open-response, Likert scale, demographic, matrix, and dichotomous questions. The inclusion of conditional logic ensured that respondents encountered questions based on their previous answers, fostering a more nuanced understanding of their perspectives. Furthermore, the survey contained 172 possible opportunities for input within 64 questions (9 demographic and 55 substantive), though conditional logic would not have exposed any single respondent to all these questions. Further details on the survey questions can be found in Appendix A. Each question included an option for respondents to select, “prefer not to say”, allowing for the Consortium team to understand the difference between respondents leaving questions blank or purposefully choosing not to answer a question.

Participation in the survey was defined as responding to one or more questions about employee wellness and services. Of the 242 responses, 195 were included as part of the analysis; the other 47 answered background/demographic questions but then skipped all questions about wellness. Approximately 26 percent of the entire MPD department completed the survey, providing a substantial representation of the workforce. A rank breakdown revealed participation

percentages among different categories: Civilians (38 percent), Line Officers (15 percent), Sergeants (30 percent), Lieutenants (23 percent), and Command Staff (22 percent). Approximately 5 percent of respondents chose not to indicate their rank or left this section blank.

To further check whether identifiable groups within MPD were overrepresented or underrepresented in the survey responses, the analysis compared the self-identified characteristics of survey respondents with the overall makeup of MPD staff. Women appeared to be well-represented in the survey, making up 26 percent of the department and 33 percent of survey respondents. Men account for 74 percent of MPD staff and 58 percent of survey respondents (8 percent of respondents did not indicate their gender). The proportions of age groups within MPD were roughly reflected in the proportions of age groups in the survey respondents, except that the 55- to 64-year-old group appeared to be more likely to respond to the survey. Finally, given that 19 percent of respondents chose not to identify their race, all racial groups were underrepresented in the survey. However, African American, Hispanic, and Asian respondents were identified at a lower proportion, relative to their makeup among MPD personnel.

Prior to deployment, the survey underwent significant testing by the subject matter expert team and was reviewed and edited by MPD points of contact. Constructive feedback from MPD employees led to several language modifications, ensuring clarity and relevance. Takeaways from the open-ended responses were reviewed and taken into account for findings and recommendations in this assessment.

Limitations

While 26 percent of the MPD completed the survey, limitations that may have impacted the results of the survey are defined below. The MDHR Settlement Agreement had previously led to several assessments and surveys to be recently deployed to MPD employees. Completing multiple surveys over a short span could have contributed to survey fatigue among MPD employees. Distribution over a holiday period might have also influenced response rates. Lastly, the fact that the survey was distributed by MPD employees rather than the Consortium Research Team could have potentially introduced an element of mistrust. Moreover, the survey's sole distribution through email, a medium with reported high communication volume, may have affected accessibility, awareness, or viewing. The voluntary and anonymous nature of the survey allowed respondents to ignore the request with no repercussions. Additionally, completion methods might have introduced biases, such as line staff likely taking the lengthy survey on mobile devices out of an office setting while competing job responsibilities such as answering public calls for service.

Despite these limitations, the survey remained voluntary and anonymous, affording respondents the opportunity to provide contact information for follow-up with the Consortium Team to clarify answers or provide additional information that could be relevant to this assessment.

Findings

The survey responses arguably point to several discernable themes that nevertheless may not hold true for all respondents.

- First, there is widespread awareness of wellness services at MPD, especially for general supports that are not related to specific problems, such as drugs and stress.
- Second, while many individual support programs are arguably underused, only 19 percent of respondents failed to identify at least one wellness service used in the prior 48 months.
- Third, while roughly 20 percent of respondents raised specific concerns with confidentiality, retribution, and stigma, a greater proportion of respondents identified as being simply not comfortable seeking mental health services. Furthermore, respondents who identified as not participating in any services were asked why and largely listed privacy, lack of trust, and being busy.
- Fourth, respondents tended to give high ratings to services in which they participated while responding more negatively to abstract questions about services and wellness.
- Finally, questions about improving services found that most respondents do not perceive a difference in wellness services and, instead, are more concerned with management decisions that would improve the quality and satisfaction of day-to-day responsibilities.

The following provides greater detail in each of the focus areas of the survey: awareness of services, barriers to accessing available services, participation in available services, the perceived quality of those services, and recommended improvements to the Program.

Respondent Awareness of Services

A significant majority of respondents are aware of general health and wellness services and rate communications about these services positively. However, there is less awareness of problem-specific supports and lower ratings of MPD's communications around specific concepts such as stigmas and stress.

The survey first measured awareness of wellness services by listing specific services and asking whether respondents are "aware," have "heard of it," are "not aware," or "prefer not to answer" (see the below table). A large majority of respondents indicated they are either aware of or have heard of all but one listed service (in-patient rehabilitation). Across the different services, the average percentage of respondents who noted they were aware of services was 54 percent, and the average for respondents who were aware of or heard of them was 79 percent. Awareness was highest for general services such as counseling, peer support, and the employee assistance program (only 3 percent of respondents were unaware of confidential counseling through OPTUM, MEDICA, or Ellie). In contrast, there was more unawareness of problem-specific supports such as drug and alcohol counseling (30 percent unaware), stress management (26 percent unaware), the crisis hotline (25 percent unaware), and in-patient rehabilitation (47 percent unaware). Within the sample, greater awareness across topics was generally associated with rank

(among Lieutenants and Command Staff), age (for groups over 35 years old), and gender (for men).

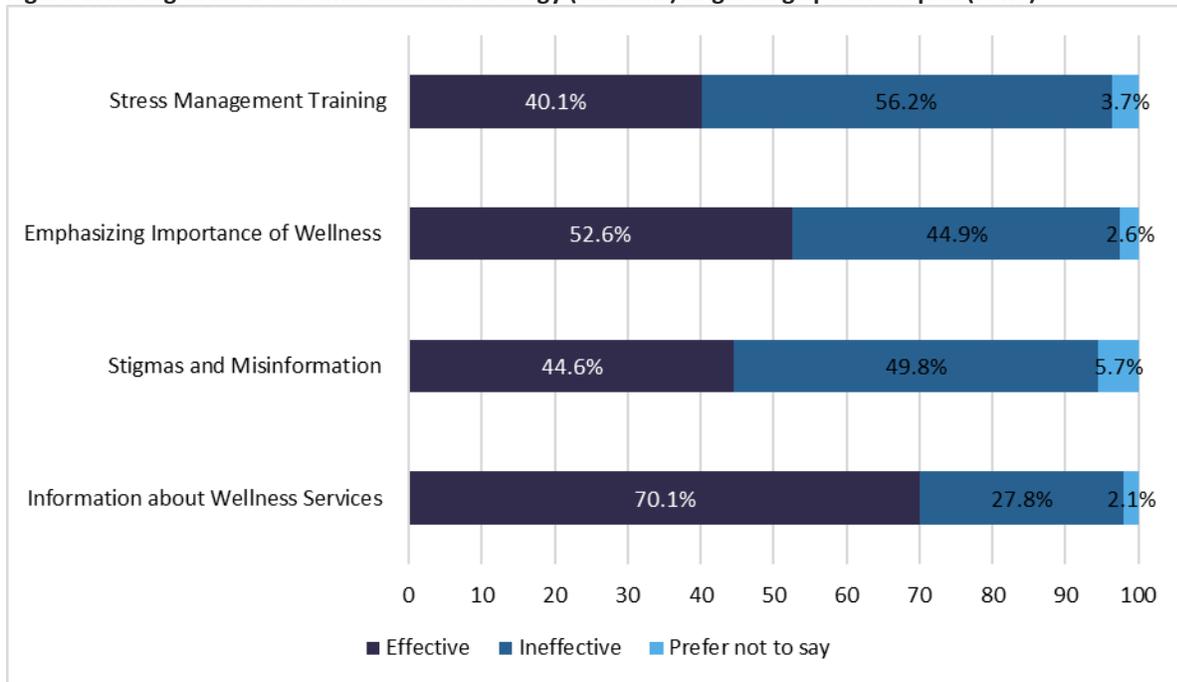
Table 1. Awareness Percentages (columns) for Specific Services (rows)

	Aware	Heard of it	Not aware	Prefer not to answer
Confidential counseling	77.4%	19.5%	2.6%	0.5%
Peer support	66.5%	20.1%	12.9%	0.5%
Critical incident debriefings	60.6%	25.4%	13.5%	0.5%
Stress management	46.2%	26.7%	26.2%	1.0%
Drug and alcohol counseling	39.2%	30.4%	29.9%	0.5%
Rehabilitation (in-patient or groups)	32.6%	20.2%	46.6%	0.5%
Employee assistance program	67.7%	21.5%	10.3%	0.5%
Crisis hotline	46.9%	27.8%	24.7%	0.5%

Note: The above percentages are of the respondents who responded to each question/service (n=195 for three questions, n=194 for three questions, and n=193 for two questions).

The survey also assessed awareness of wellness services by directly asking respondents about the effectiveness of MPD’s communication strategy regarding wellness topics (see the figure below). Available responses included “very ineffective,” “ineffective,” “effective,” “very effective,” and “prefer not to say.” For general information about wellness services, 70 percent of respondents found MPD’s communication strategy to be effective or very effective. However, slightly over half of respondents found communications regarding “emphasizing the importance of employee wellness” to be effective. A positive view of communications strategies was found in only 45 percent of responses about stigmas and misinformation and in 40 percent of responses about stress management. Groups that generally rated communications strategies more positively across topics were Command Staff, White and Hispanic races, non-veterans, and respondents who were not line officers. Given the awareness indicated in the prior question, the discrepancy between communications about services and communications about specific topics may indicate that MPD does a good job of informing employees about wellness services but is less consistent about holding supervisors accountable to ensuring wellness among direct reports, by identifying officers in need of services and communicating to them the services available to them.

Figure 1. Rating of MPD’s Communication Strategy (columns) Regarding Specific Topics (rows)



Note: The above percentages are of the respondents who responded to each question/topic (n=194 for two questions, n=193 for one question, and n=192 for one question)

Respondent Barriers / Access Issues

Key takeaways regarding barriers to services are that many respondents are not comfortable accessing mental health services (37 percent), some groups expressed greater comfort accessing services and the reasons for not participating were largely privacy, lack of trust, retaliation, and being busy.

The first survey question assessing barriers to treatment asked about comfort accessing mental health services through MPD and concerns about confidentiality, retaliation, and stigma, with “yes,” “no,” and “prefer not to say” as the available answers (see table below). Compared to the 97 percent of respondents aware of or having heard of confidential counseling and the 70 percent finding communications about wellness services to be effective, only 57 percent expressed comfort in accessing mental health services. In contrast, 37 percent identified as uncomfortable accessing services, and 5 percent chose not to answer. Groups expressing greater comfort in accessing services were men over women, civilians over sworn staff, and respondents with progressively higher levels of education. The group expressing less comfort accessing services was line officers. And, while 37 percent of respondents were not comfortable accessing services, a much smaller percentage were concerned about lack of confidentiality (19 percent), retaliation (17 percent), or stigma (25 percent).

Table 2. Binary Questions Regarding Accessibility

	Yes	No	Prefer not to say
Do you feel comfortable accessing MH services? (n=184)	57.1%	37.5%	5.4%
Do you feel services keep info confidential? (n=103)	72.8%	19.4%	7.8%
Would you fear retaliation? (n=105)	17.1%	78.1%	4.8%
Is there a stigma about support services? (n=105)	24.8%	69.5%	5.7%

The respondents indicating discomfort accessing mental health services through MPD were asked to select among one or more of thirteen potential reasons for not accessing these services, as well as an open-ended field for “other” and a “prefer not to say.” Responses to this follow-up question indicated that the most common reasons were privacy (77 percent), lack of trust (70 percent), retaliation (33 percent), work culture (23 percent), and stigma (20 percent). The least common reasons were language (1 percent), cultural barriers (7 percent), lack of information (13 percent), lack of awareness (16 percent), and perceived effectiveness (16 percent). Notably, being too busy to participate was not an option, though it also did not appear as a write-in in the open-ended “other” field.

Furthermore, a subsequent question asked respondents which wellness services were utilized in the prior 48 months, and respondents who selected “none” were asked to select among one or more options from a similar list of reasons for not participating. The most common reasons for not participating in services were N/A (50 percent), privacy (35 percent), being busy (31 percent), and lack of trust (19 percent). The least common reasons for not participating in services were language (0 percent), cultural barriers (4 percent), and lack of awareness (8 percent).

Respondent Participation and Timeliness of the Services

Roughly half of the respondents use MEDICA insurance, the Virgin Pulse app, or one of the fitness center options. Besides these options, wellness services are arguably underused overall. However, of the respondents who answered any substantive questions about wellness at MPD (n=195), only 19 percent either indicated they did not use any wellness services or declined to identify any wellness services they used. The Virgin Pulse app and fitness centers are only services with significant daily usage, Ellie mental health tends to be used monthly or quarterly, and OPTUM and the MPD Wellness App tend to be used annually or every six months.

The main question assessing participation in wellness services asked respondents to select the wellness services they used over the past 48 months, with the ability to choose multiple selections including “none” and “prefer not to say.” Of the 181 respondents who answered this

question, 56 percent use MEDICA, 48 percent use Virgin Pulse, 28 percent use health club reimbursements, and 25 percent use the MPD fitness center. All other services are under 20 percent, four are under 10 percent, 14 percent of respondents claimed to use none, and 2 percent preferred not to say. Given the potential overlap, the fitness facilities were also grouped together (MPD, PSB, and private reimbursement), with 51 percent of respondents using at least one of these services.

Background characteristics had some impact on services used; however, statistical significance in differences was not part of the analysis. OPTUM users included zero respondents identifying as having a military background (n=30), compared to 13 percent of identified non-veterans (n=147). Use of Ellie Mental Health appears to increase with tenure, from 8 percent of those with 0 to 10 years at MPD to 10 percent with 11 to 20 years at MPD, to 23 percent with 21-30 years at MPD. Also, compared to non-white respondents, white respondents had somewhat higher usage of some services, including OPTUM (13 percent to 8 percent), Ellie Mental Health (14 percent to 11 percent), and the MPD Wellness App (16 percent to 7 percent).

For respondents who indicated using any of the wellness services, the survey then asked how frequently they used each of the services selected (see the table below). Of the identified users of each service, daily to weekly use was identified primarily for the precinct workout facilities (67 percent of its users), PSB fitness (67 percent of its users), private health clubs (60 percent of their users), Virgin Pulse (48 percent of its users), and the Chaplain services (33 percent of its users). Of the identified users of each service, monthly or quarterly use was identified primarily for MEDICA (62 percent of users), Ellie Mental Health (58 percent of users), the MPD Wellness Center (42 percent of users), and peer support (36 percent of users). Of the identified users of each service, annual or semi-annual use was identified primarily for OPTUM (65 percent of users), the MPD Wellness Center (58 percent of users), the Chaplain (56 percent of users), and the Wellness app (53 percent of users).

Table 3. Timeliness of Services Used: Percentage for Each Service (row) and Frequency (column)

	Daily	1 or 2 times a week	Weekly	Bi-weekly	Monthly	Quarterly	Every six months	Annually
OPTUM* (n=17)			5.9%	5.9%	5.9%	11.8%	5.9%	58.8%
MEDICA* (n=95)	2.2%	2.2%	5.4%	5.4%	35.9%	26.1%	14.1%	6.5%
Ellie MH* (n=17)		5.3%	5.3%	10.5%	21.1%	36.8%	5.3%	5.3%
Wellness App* (n=18)		6.7%			6.7%	26.7%	13.3%	40%
Virgin Pulse* (n=82)	25.4%	14.1%	8.5%	4.2%	25.4%	8.5%	4.3%	8.5%
Peer Support* (n=10)			9.1%	9.1%	9.1%	27.3%		27.3%
Wellness Center (n=13)					16.7%	25%	33.3%	25%
Chaplain (n=9)		33.3%				11.1%	33.3%	22.2%
MPD workout facilities (n=43)	23.3%	27.9%	16.3%		11.6%	14.0%	4.7%	2.3%
PSB fitness (n=30)	20%	36.7%	10%	16.7%	6.7%	3.3%		6.7%
Private health club reimbursement (n=47)	19.2%	27.7%	12.8%	4.3%	8.5%	2.1%	2.1%	23.4%

**Note: answers contained blanks (5.9% of OPTUM, 2.2% of MEDICA, 10.5% of Ellie MH, 6.7% of Wellness App, 1.4% of Virgin Pulse, 18.2% of Peer Support)*

Quality of Services

A variety of questions asked respondents to rate the quality of services. Individual services tended to be rated highly by their respective users, with the average percentage of “very good” ratings across all services and all dimensions at 41 percent (the highest of 5 categories). Wellness services presented in the abstract were less highly rated but slightly more positive than negative.

As mentioned in the previous section, each respondent was asked to identify all the wellness services for which they participated in the prior 48 months. For each selection from that question, respondents were then asked to rate each service they used based on communication, availability, professionalism, cultural competence, ability to handle different types of issues, approachability, respectfulness, and knowledge. Along each of these dimensions, the available categories were “very poor,” “poor,” “fair,” “good,” “very good,” and “prefer not to say.” The table below indicates the percentage of identified users rating each service as “very good,” a reliable indicator of the perceived quality of each service (row) and dimension (column) relative to each other.

Table 4. Percentage of “Very Good” Ratings for Each Service (row) and Dimension (column) for Respondents Who Identified as Using One or More Services (n=157)

	Communication	Availability	Professionalism	Cultural competence	Able to handle different types of issues	Approachable	Respectful	Knowledgeable
OPTUM (n=20)	41.2%	47.1%	52.9%	41.2%	41.2%	52.9%	64.7%	58.8%
MEDICA (n=102)	17.4%	23.9%	26.1%	17.4%	20.7%	22.8%	25.0%	22.8%
Ellie MH (n=23)	31.6%	26.3%	52.6%	52.6%	47.4%	36.8%	52.6%	42.1%
Wellness App (n=22)	40.0%	33.3%	40.0%	40.0%	26.7%	40.0%	53.3%	33.3%
Virgin Pulse (n=87)	21.1%	29.6%	23.9%	12.7%	15.5%	21.1%	19.7%	19.7%
Peer Support (n=12)	27.3%	27.3%	36.4%	36.4%	18.2%	27.3%	45.5%	36.4%
Wellness Center (n=14)	50.0%	33.3%	58.3%	75.0%	50.0%	58.3%	58.3%	58.3%
Chaplain (n=10)	55.6%	44.4%	66.7%	77.8%	66.7%	77.8%	88.9%	66.7%

Note: the total number of users of all services is more than the number of people who identified as using at least one service because some respondents selected more than one wellness service.

Across all services and all dimensions, the services that were rated highest on average were the Chaplain, OPTUM, the Wellness App, and the Wellness Center (listed from highest to lowest). Additionally, the services that were rated lowest on average were Virgin Pulse, MEDICA, Peer Support, and Ellie Mental Health (listed from lowest to highest). Though these services were rated lower on average, the overall rating for these services was relatively positive (between fair and good overall).

Next, for respondents who indicated they used one or more wellness services in the previous 48 months, the survey asked about their general satisfaction with the services received. Respondents answered along certain dimensions, including accessibility of services, quality of services, scope of services, referral process, non-emergency response time, and emergency response time. Available categories for each dimension were “very satisfied,” “satisfied,” “neutral,” “dissatisfied,” “very dissatisfied,” and “prefer not to say.” Notably, the number of respondents to each dimension is listed in the header for each row because a significant number of respondents evaluated some dimensions while leaving others blank.

Table 5. General Satisfaction with Services for Respondents Who Did Not Indicate Using No Services, Based on Dimensions (rows) and Categories (columns)

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Prefer not to say
Accessibility (n=127)	18.1%	38.6%	26.0%	11.0%	2.4%	3.9%
Quality (n=125)	17.6%	41.6%	27.2%	8%	2.4%	3.2%
Scope (n=125)	11.7%	33.3%	37.8%	11.7%	1.8%	3.6%
Referral process (n=111)	13.5%	33.8%	36.5%	4.1%	6.8%	5.4%
Response time (non-emergency) (n=93)	15.1%	33.3%	28.0%	9.7%	9.7%	4.3%
Response time (emergency) (n=74)	16.8%	43.2%	27.2%	7.2%	2.4%	3.2%

Overall, across the above dimensions, the average percentage of service users who were generally satisfied or very satisfied was 52 percent. The dimensions with the highest favorability rating were emergency response time (60 percent satisfied or very satisfied), quality (59 percent satisfied or very satisfied), and accessibility (57 percent satisfied or very satisfied). Regarding differences across background characteristics, African-American respondents (n=12) had a nearly uniform positive response, with only one African-American respondent being neutral or dissatisfied with three of the six dimensions.

Also, respondents who identified as using one or more services were asked to indicate a level of agreement with the statement, “The mental health professionals available to MPD employees possess the necessary professional qualifications and specialties to effectively address a diverse range of mental health needs.” In response, 13 percent strongly agreed, and 38 percent agreed, for a 51 percent positive response. Furthermore, 14 percent disagreed, and 8 percent strongly disagreed, for a 21 percent negative response. Finally, 28 percent preferred not to answer.

Quality of services was also addressed through a question asking all respondents whether “existing health and wellness support services provided by MPD meet your needs.” In response, 46 percent answered “yes,” 31 percent answered “no,” and 23 percent preferred not to answer. Background characteristics had some impact on whether respondents identified as having their needs met. By rank, Line Officers were less likely to say their needs were met, while Civilians, Lieutenants, and Command Staff were more likely to say their needs were met. Also, the age groups more likely to say their needs were met were the 25–34-year-olds and respondents over 55. Finally, Asian respondents (n=13) were much more likely to say their needs were met, while white respondents were slightly more likely to say their needs were met.

Improvements

Respondents were largely asked, “How would you improve the health and wellness programming services at MPD?” through an open-ended question. Quantitative analysis of these responses would not capture the nuance, emotions, and ideas presented by respondents, so this question will not be analyzed through numbers. There were several suggestions offered regarding the peer support team and regarding making physical fitness a more widespread practice. However, a readily identifiable theme from the responses was that **MPD already does a good job of offering wellness services, but they are not a substitute for directly addressing the stressful nature of work at MPD.**

However, the survey did contain quantitative questions pertaining more to overall improvement than to the quality of services. One such question asked respondents whether satisfaction changed over the prior 48 months. **Of the respondents who answered (n=175), 18 percent said satisfaction improved, 62 percent said it remained the same, 13 percent said it declined, and 8 percent preferred not to answer.**

Furthermore, respondents were asked whether “MPD has created a supportive ‘attitude of wellness’ within the department.” In response, 40 percent said “yes,” 47 percent said “no,” and 13 percent preferred not to answer.

Background characteristics and demographics were associated with some differences in answers to the above questions about change in satisfaction and an attitude of wellness. Line Officers and those with military backgrounds were generally more negative on both, while civilians were generally more positive on both. Also, reflecting a pattern found with the question about whether needs were met, the 25–34-year-old and 55+ age groups tended to be more positive regarding the above questions. Interestingly, 60 percent of respondents who were Sergeants and over 65 percent of respondents who were Lieutenants or Command Staff answered that MPD had not created a supportive attitude of wellness (compared to 47 percent of respondents overall). **This indicates that there is some recognition by MPD leadership of problems with the overall wellness culture at MPD.**

Recommendations for an Improved Wellness and Support Program

The recommendations below offer detailed guidance on the necessary measures we propose for the City and MPD to implement an enhanced Wellness Program.

1. Recommendation: The City and MPD should increase staffing in the Health and Wellness Program/Unit.

City and Departmental leadership commitment is integral to the success of any wellness program. If statements are made regarding the importance of health and wellness to employees by leadership, then evidence must support that commitment. This may be accomplished by allocating proper resources and staffing to the Health and Wellness Unit to ensure its appropriate development and maintenance. Staffing should include a Health and Wellness Director, a Health and Wellness Coordinator(s), and an Administrative Associate.

The *Health and Wellness Director* would oversee the entire unit and implementation of the programs and services provided to officers and civilians. The role allows for a coordinated and cohesive message of health and wellness to employees. This Director position also allows for the Health and Wellness Unit to have executive leadership, demonstrating to all employees that wellness is taken seriously by the department.

A *Health and Wellness Manager* would coordinate the program by finding and vetting resources, providing oversight to precinct and unit wellness coordinators, and peer support. The position could also develop the program's core components and the plan for execution to ensure services are adequately provided. The Manager would also oversee the periodic evaluation of services. The individual selected for the role should be able to liaise with local providers, EAP, MPD Academy staff, precinct and specialized unit leadership, and any other key stakeholders that are identified with Health and Wellness initiatives.

An *Administrative Associate* (or equivalent) would be beneficial to provide back-office support and coordinate the wellness unit and peer support performance metrics. This will be useful to design and implement needed resources and identify gaps in service. They should also assist the Director and Manager with all administrative tasks and functions.

Health and Wellness Coordinator(s) would be assigned to the precincts and any specialized units to assist in providing peer support services to employees and coordinating wellness efforts and initiatives. These officers are trained in mental health and peer support and:

- Provide psychological first aid after critical and traumatic incidents.
- Assist in advertising and attending roll calls to push the wellness messaging of the Health and Wellness Unit
- Are subject to confidentiality guidelines per state peer support law.
- Provide consistent follow-up support for employees.
- Provide knowledge and connection to outside providers.

Additional staff necessary to support the overall wellness program and complete a comprehensive approach to employee health and wellness may include 3-4 dedicated officers. Additionally, identifying a *liaison for civilian staff* (i.e., dispatch, crime lab, etc.) would be beneficial to ensure that all employees have dedicated resources.

For more information on the organizational structure of a wellness program, MPD should examine the case studies presented in the Department of Justice Community Oriented Policing Services report, *Law Enforcement Mental Health and Wellness Programs: Eleven Case Studies*.¹

2. Recommendation: MPD should revamp its Wellness Program to ensure a more holistic service offering.

Over the past fifteen years, and more recently in law enforcement, employee wellness has gained traction as a total reward offering. The current efforts made by the Health and Wellness Staff at MPD are undoubtedly important and serve as an excellent foundation for developing the overall health of department team members. There are many opportunities for MPD to expand its wellness program to address the needs of team members. When developing wellness programs, it is easy to fall into the mindset that wellness encompasses either physical fitness or mental health. However, less known are spiritual, financial, and social wellness. The MPD cannot address these critical topics with the current limited staffing model. Impacts on the quality of services provided to the community, sick time use, team member retention, and insurance premiums and claims expenditures will continue to be realized if a comprehensive approach is not implemented.

MPD should also expand its approach to wellness by developing a program that has the following components, a Health and Wellness Unit, Wellness Center, Peer Support Program, Embedded Psychologists, and a Third-Party Contract Providers/Insurance backed Providers. Details on each of these branches of services are outlined below.

Because little research has been done on officer wellness programs, there are no national standards on the types of services that a program should offer. Police executives often look to promising practices based on what other agencies have developed. MPD should examine the various components of wellness programs in other cities and agencies like the Little Rock, AR; Madison, WI; Dallas, TX; and Louisville, KY and review case study reports like those presented in the Department of Justice Community Oriented Policing Services report, *Law Enforcement Mental Health and Wellness Programs: Eleven Case Studies*² for examples and approaches to establishing a comprehensive program. It is important to note that no two wellness programs will be the same and no one program serves as a model to all police agencies. Wellness Programs should be tailored to the department, the needs of the personnel, and resources (i.e., budget, staffing)

¹ Copple, Colleen, James Copple, Jessica Drake, Nola Joyce, Mary-Jo Robinson, Sean Smoot, Darrel Stephens, and Roberto Villaseñor. 2019. *Law Enforcement Mental Health and Wellness Programs: Eleven Case Studies*. Washington, DC: Office of Community Oriented Policing Services.

² Ibid.

available. Further, these programs should be continuously evaluated and evolve with the needs of the department and its personnel.

The Health & Wellness Unit

As indicated above, a structured and organized Health and Wellness Unit will demonstrate to employees that their health is a priority. A structured unit should include a Health and Wellness Director, Health and Wellness Coordinators, and a Health and Wellness Administrative Associate. Their roles and responsibilities are outlined above.

MPD Peer Support Team

A properly designed and staffed peer support team is a cornerstone of any officer wellness program. The team should include officers of various ranks and civilians who can reach a wide range of employees. The team should also be diverse and accurately represent the demographics of the agency. The size of the team should reflect the needs of the agency, and a specific formula does not exist to dictate how many people should be on the team. Participation should be voluntary and dedicated to the mission. Additionally, peer support SOPs should indicate how many training requirements and participation guidelines.

Additional details on the roles, responsibilities, and structure of the Peer Support Program are also provided in the recommendations below.

Psychological Services

Psychological services should include one to two embedded psychologists, two to three Master's level licensed mental health providers and they should provide unlimited sessions. Further, these providers should actively engage with officers throughout their lifecycle, in academy training, as part of in-service training, regular attendance at roll calls, departmental activities, critical incidents debriefings, etc.

Additional details on the roles, responsibilities and structure of the psychological services are also provided in recommendations below.

Third-party Contract Providers/Insurance-backed Providers

For employees wanting to utilize outside providers for their mental health, The Consortium recommends that information related to third-party contractors be provided. The Health & Wellness Unit should be well-educated on the inner workings of EAP and insurance so that team members are given a clear and concise pathway to seek resources. Working in the Health and Wellness Unit, team members should be responsible for assisting employees navigate this process and troubleshooting potential issues.

Developing multiple provider types will be beneficial to ensuring continuity of care. The reorganization of Ellie Mental Health caused distrust, disappointment, and lack of consistent care.

Additional details on the roles, responsibilities and structure of the services that should be provided by a third-party provider are also provided in the recommendations below.

Expanded/Improved Wellness Center

A Wellness Center is a designated space to address the wellness needs of employees in a department. The space can grow as the needs of the department change. The basics of a wellness center can include office space for peer support and wellness coordinators to conduct confidential discussions with officers and other employees.

Additional details on the components of the Wellness Center are also provided in the recommendations below.

3. Recommendation: The MPD should revise and/or develop policies, procedures, and protocols on all components of its wellness program.

Any approach to wellness must be structured; this includes developing and/or revising policies, procedures, and protocols. This provides for greater legitimacy amongst personnel, increased consistency in the access and delivery of services, and greater accountability. Further, this institutionalizes and reinforces the importance and significance of wellness within the agency.

As evidenced by the findings from the policy reviews, wellness survey, and interviews, The Consortium believes that the following policies need to be reviewed: Peer Support, EIS, and the various components of the Wellness Support Program. Specific revisions to the Peer Support Program related policies are noted in detail within Recommendation 12. Those revisions related to the Wellness Support Program should include those outlined in Recommendations 1 and 2. As noted in interviews with staff from the Wellness and EIS units, there are no formal policies that outline either unit, its objectives, the EIS variables used to determine whether intervention is necessary, etc. It was explained in the interview that the EIS policy development would be part of the process in securing a vendor for the EIS system and in refining the department's current processes. Further, as noted earlier in our report, the EIS unit and the Wellness Unit should not be led by the same Lieutenant. Doing so will cause confusion and potentially negative perceptions among officers seeking wellness resources as EIS units often have negative connotations often linked with discipline and administrative investigations.

In revising and developing these policies, the MPD should seek input from its team members. This can be achieved through a multi-method approach, including posting on the department's intranet, a personnel survey on various aspects of the policies, roll calls, and targeted focus groups with various segments of its personnel (i.e., supervisors, civilians, unit-specific). As part of its renewed communications strategy, see Recommendation 19, MPD administration should actively engage in this process, attend roll calls, and distribute department-wide emails highlighting the importance of this input in ensuring that the Wellness services meet the needs of the department personnel.

4. Recommendation: MPD should embed psychologists within the department as part of its comprehensive approach to wellness services.

Embedded department psychologists can be an excellent tool to provide mental wellness services to officers. This provider should be vetted to ensure quality and culturally relevant services to the officers of the department. Their qualification must include the following:

- Ph.D. or Psy.D. in Clinical or Counseling Psychology
- Licensed to provide clinical services in the state of Minnesota
- Minimum of five years' experience and training in working with first responders and/or military and veteran populations
- Knowledge and experience working with (at a minimum) trauma, substance abuse, relationship issues, psychological assessment and evaluation, cognitive-behavioral interventions, and comfort with delivering psychoeducation.
- Knowledge, experience, and initiative in developing comprehensive wellness programming for first responders or at least the desire to learn how to accomplish this task.
- Desire to meet the law enforcement culture and be comfortable with ride-alongs, roll calls, role-playing or assisting in training, and speaking in front of officers.

It is important to delineate the role of the embedded psychologist. The department should consider what is appropriate for one psychologist to do for a department. For a department the size of the Minneapolis Police Department, one psychologist could not provide therapeutic services to all officers and civilians and MPD and the City should seek to hire one psychologists and 2-3 licensed mental health providers. The role of the embedded psychologist would realistically include:

- Providing psychoeducation to cadets and in-service
- Routinely making roll call visits and engage with the MPD Peer Support Team
- Serving in an on-call capacity to conduct individual and group psychological debriefs to officers involved in critical and traumatic incidents
- Providing return and clearances for duty after critical and traumatic incidents.
- Providing direction on cohesive direction for wellness initiatives.
- Providing free, unlimited counseling sessions to officers but it is recommended that this is balanced and to the discretion of the capabilities of the psychologist given the other tasks needed to provide comprehensive wellness initiatives.

The embedded psychologist would not be responsible for psychological fitness for duty evaluations. This will allow the psychologist to develop a solid rapport with staff without being seen as someone who is responsible for determining their suitability for employment. Fitness for duty evaluations can be contracted with area providers knowledgeable in law enforcement, which will eliminate a conflict of interest or bias from the department, resulting in optimal care.

There was a significant desire from officers to have free, unlimited counseling sessions. This is difficult to do with a contract or through insurance. Since this was an important and repeated request by officers, The Consortium suggests that this could be accomplished by adding:

- One embedded psychologist (city employee)
- 2-3 licensed mental health providers, such as Master's level professional counselors, professional clinical counselors, licensed marriage and family therapists, and/or licensed chemical dependency counselors (city employees).

Even though these individuals would be city employees, they must practice in accordance with their license, which is still subject to state and federal privacy laws. Medical records maintained by these providers may not be requested or reviewed by city leadership and must be confidential, consistent with all applicable state and federal laws. Officers could obtain free and unlimited sessions with a minimum of three licensed providers on staff, based upon clinical need. It could also be feasible to offer a yearly mental health check-in through this service. Based on an initial review of average salaries for Minneapolis for psychologists and licensed mental health providers, MPD could hire one psychologist and three master's level licensed providers for \$500,000 annually. This does not include benefits; however, this structure is worth exploring for meeting the requests of the officers and staff while maintaining cost effectiveness.

5. Recommendation: MPD should employ Officer Wellness Coordinators as part of its comprehensive approach to wellness services.

The full-time Officer Wellness Coordinators are non-supervisory law enforcement personnel with a minimum of five years on the department for credibility purposes. The purpose of this role is to allow officers of all ranks to seek support without fear undue influence or interference. A civilian wellness coordinator can also be attached to this unit so that they can liaise and support dispatch, the crime lab, and other civilians within the agency. The individual selected for the civilian wellness coordinator role should work in one of the above areas so that they are familiar with team members. An SOP should be developed and include selection criteria, on-call, and call-out procedures, and timelines of services. The Consortium recommends that training for the coordinators includes:

- MPD policy and procedures
- Peer Support and Crisis Intervention
- Psychological First Aid and/or Critical Incident Stress Management (CISM)
- Knowledge of resources available to officers and civilians
- Knowledge of how to access these resources.

The coordinators should be housed in the Health & Wellness Unit but be mobile throughout the week to attend roll call, in-service, and academy training. To accommodate the department's operations, allowing the coordinators to either flex their time, with on-call responsibilities, to visit

different shifts or have some coordinators assigned to different shifts would be beneficial to allow those on later shifts access to wellness services. One coordinator should each be assigned to the precincts and special units so that they can take ownership and gain insight into the needs of the officers and civilian employees. They should hold strong relationships within the department to develop a rapport with line team members and supervisors and demonstrate initiative to develop wellness programming. Their job tasks include, but are not limited to, the following:

- Providing psychological first aid and critical incident stress management interventions to officers and civilians involved in critical and traumatic incidents.
- Provide information and training at roll calls, in-service, and academy training.
- Provide consistent follow-up support for employees.
- Provide knowledge and connection to outside providers.

Their services are bound by Minnesota state peer support confidentiality laws.

6. Recommendation: MPD should refine its scope of work for Ellie Mental Health to focus more on professional mental health services.

Although feedback from interviewees on Ellie Mental Health, a city-contracted service, was largely negative, with several individuals noting that their lack of confidence in the service and the ability of the providers to provide timely, unbiased, confidential, and quality mental health services, survey respondents who used the service noted a general positivity regarding it.

As noted earlier, having a variety of services from which personnel can access wellness services provides for a more comprehensive program and one that can meet the needs of many team members. As the City and MPD continue refining the scope of work for Ellie Mental health, it should consider focusing its efforts on the provision of mental health. In a review of the training material developed by Ellie for the Academy recruits, the Consortium found the training to be lacking in quality. Much of the training focused on theory rather than the practical application of wellness skills. The concepts, although evidence supported in wellness literature, were not specific to law enforcement. It would be beneficial for Ellie Mental Health and MPD staff to review and visit with other wellness programs across the country to assess what other agency practices. We recommend performance-based psychology,³ as it offers a language that creates buy-in for officers and is more practical in their day-to-day. At the time of the writing of this report, Ellie is working on developing a curriculum for in-service training. Previously delivered in-service training delivered by Ellie largely focused on the services it provided and the personnel/psychologists available to MPD personnel.

Wellness training should be delivered by experienced instructors and psychologists and include a wide array of scenario-based exercises that allow employees to practice some of the skills learned

³ Performance psychology is utilizing techniques to improve an officer's performance under pressure and enhance overall wellbeing. This approach is based in sports psychology.

in classroom training. If the City and MPD decide to continue and have Ellie deliver the academy and in-service training, their training curricula must also be revised to meet best practices in instructional design and delivery. Recommendations 15-17 provides greater detail on what this training should include.

7. Recommendation: MPD should expand and improve upon the services and resources offered at its Wellness Center

The Wellness Center should also have classrooms to conduct seminars and training in a dedicated space. Decompression or “quiet” rooms can be provided to allow officers to take a break from their shift or even take a short nap if they are sleep-deprived before driving home. Other aspects of a wellness center may include a fitness room with equipment for stretching, yoga, and muscle work. This space can also be used for massage therapists to offer massages for employees or partnering with a local physical therapist to help address injuries and educate officers on prevention. Officers can gather for support meetings (i.e., peer support groups, AA/NA, etc.), and any education topics can be presented (i.e., nutrition, finance, physical education, special topics, etc.) in this dedicated space. Understanding budgetary constraints, the City and MPD may wish to explore alternative ways to secure such space. Police foundations and federal grants are able to assist in this endeavor.

Overall, the resources and services offered by the MPD through the Wellness Center should be grounded in its objectives and seek to support officers in all aspects of wellness, physical, mental, financial, social, etc.

8. Recommendation: The City and MPD should provide unlimited access to mental health services to all MPD personnel.

Given law enforcement’s 24/6 operation, providing officers and civilian personnel with a fixed number of therapy sessions tends to be counterproductive to overall health. Officers and civilian staff assigned to high-stress environments cannot predict which types of calls are going to impact them. Additionally, a significant barrier to accessing services is the confusing nature of how many sessions are allotted through Ellie Mental Health, insurance, and their medical plan. Therefore, developing a means to provide an unlimited number of sessions is of utmost importance to the employees of MPD. This can be accomplished by acquiring embedded psychologists and licensed mental health providers who do not have to bill insurance. This will allow officers to attend appointments when they can and when the need arises without spending time assessing how many sessions they have to obtain the therapeutic benefit they desire or how to seek reimbursement if they see a provider outside their health insurance network.

9. Recommendation: MPD should mandate annual check-ins with psychologists.

Many employees agreed that mandatory yearly mental health check-ins would be accepted and desired. Respondents believe that a mandate would reduce the stigma of seeking services,

thereby opening access to care to those who would not voluntarily seek out services. However, the importance of confidentiality was emphasized. The yearly mental health check-ins can provide officers with an awareness of how their well-being fluctuates throughout their careers and can assist them in developing a plan to address mental health issues before they become significant psychological injuries.

A yearly mental health check-in can be conducted by a licensed psychologist or a master's level licensed mental health provider. This can be accomplished by hiring outside providers to conduct these evaluations on-site or in their own private office. It could also be accomplished by spreading out these evaluations across embedded mental health providers hired by the City and MPD. These yearly check-ins would, at a minimum, include:

- A psychological intake form of basic psychosocial history
- Self-report measures of
 - Depression
 - Anxiety
 - Stress
 - Substance Use
 - PTSD/critical incident stress
 - Suicide
- Interview with licensed and culturally competent LPC/LMHC mental health provider (approximately 30 minutes to 60 minutes)

The yearly mental health check-in is NOT a fitness for duty; therefore, the mental health provider does not need to administer personality or psychopathology assessments. Ultimately, the time spent with the mental health provider is at the personnel member's discretion. For example, if the personnel member only wants to spend five minutes with the provider, they can opt to do so. There is no requirement to spend 30 or 60 minutes with the provider. The results of the assessments must be strictly confidential and not released to MPD staff or City officials. However, in cases of imminent harm to self or others, a plan needs to be in place to refer that officer to the next level of care, consistent with best practices and state law.

10. Recommendation: MPD should consistently conduct traumatic incident debriefings with officers.

Officers face critical and traumatic incidents daily. Despite the understanding and preparation for these types of incidents, the human body and brain endure a series of stress reactions that need to be addressed. Research consistently indicates addressing these concerns early can reduce maladaptive coping skills, increase adaptive coping strategies, and mitigate long-term physical and mental health issues such as cardiovascular disease and PTSD. All first responder agencies need to have policies and procedures in place that address critical and traumatic stress in the early stages of exposure. Although critical incident debriefs and one-to-one interventions are

conducted within MPD, there is little consistency in these types of interventions for other traumatic incidents. This is dependent upon the supervisor and whether this information is shared with the Health and Wellness Unit and Ellie Mental Health. If the supervisor believed in the wellness initiative and the wellbeing of their officers, then they were more likely to reach out to Health and Wellness to schedule a debriefing. There is not a clear and concise plan or protocol across all precincts and supervisors to address this important need. Therefore, there is inconsistent wellness care being provided to officers and employees.

The most profound example of this inconsistency and care was found during the 2020 riots and its aftermath. The events of that year, including policing during an unprecedented COVID era, left an indelible scar on the officers and employees of MPD. For most departments, those riots would be looked upon as a definable critical incident that would need definite intervention and support. There was no formal intervention for any officer or shift, which is concerning given that critical incident stress management and other various crisis intervention models have been in practice nationwide since the late 1990s. Officers felt abandoned by their own leadership and the City and were left to figure out how to recover on their own. This fostered distrust in leadership, feelings of hopelessness, and isolation. These feelings are often identified in individuals who exhibit suicidal ideation, depression, PTSD, and overall poor physical health. Morale in the department suffered even more, which resulted in a mass exodus of officers across ranks, contributing to the severe under-staffing, which continues to impact the mental health and burnout of employees. Furthermore, an under resourced department means less time to serve the community. During the focus groups, officers frequently commented that one of the reasons they stay at MPD is because of the community. This is a remarkable testament to the high quality of officers among the MPD ranks. Given all the research on law enforcement psychology and critical incident intervention, it is within reason to state that many of these current issues could have been significantly mitigated if a more trauma-informed approach was implemented and provided support and intervention to the employees of MPD.

As such, The Consortium recommends that MPD implement the following tasks:

- Educate supervisors on what a traumatic incident entails and how to connect officers to services, including either a one-to-one or group debrief with the Health and Wellness Unit.
- Provide follow-up and access to mental health services via the Health and Wellness Unit
- More efficient communication between officers and units to the Health and Wellness Unit to identify critical and traumatic incidents.
- Establish policies and protocols that clearly define the types of incidents requiring a response from the Wellness Unit and/or supervisors.
- Educate cadets, provide to officers during in-service, and offer training opportunities for impacted civilian staff on critical incident stress and how to manage it.

11. Recommendation: MPD should establish a return to duty program.

Following a critical incident, an officer's return to duty should be carefully considered to create a positive pathway for supported care. A lack of coordination and communication from leadership leaves officers feeling unsupported, creating continuing distrust, and adds an unneeded level of stress that can complicate an officers' mental health and ultimately performance in the field.

Many law enforcement agencies develop "return-to-duty" programs for officers who are on a different leave status following a critical incident, injury, etc. This allows the officer a clear pathway to decompress from the incident, move forward through graduated steps to return to their duties and feel supported the entire time by their agency. It also provides the agency with clear indicators of how the officer is doing and if they are ready to return to duty. This return to duty policy can include policies regarding:

- Critical incident debrief with a clear number of days off (administrative leave) for decompression.
- A specified amount of time to be placed on administrative duty with unique assignment choices to facilitate mental and physical recovery (i.e., expediting calls at the precinct, helping with academy training, working in an administrative capacity with a specialized unit, etc.).
- Depending on the time frame away from their full duty status, returning to the academy for specified training on certain topics and/or what the officer identifies as training needs.
- Depending on the time frame away from their full duty status, the ability to receive recurrent field training to re-acclimate to their regular assigned duties.
- Return to duty assessment by a licensed mental health provider.

A common theme identified in focus groups was a lack of communication between leadership and the officer after a critical incident or in the disciplinary process. Even when the updates are sparse, providing a check-in with the officer **weekly** would be beneficial to their overall health and wellness. The Consortium recommends that someone in the officer's chain of command make it a priority to check in weekly with the officer to provide any updates, even when there are no updates to provide. This will facilitate a continued sense of belonging for the officer and provide the supervisor with the opportunity to ascertain if there are any identified concerns the officer has that can be addressed through the Health and Wellness Unit.

It is recommended that MPD's Health and Wellness Unit research different departments' return to duty programs or other similarly identified programs to develop a plan for MPD.

12. Recommendation: MPD should develop and/or revise the structure, policies, and procedures of its peer support program.

One of the more prominent programs offered as part of the wellness services is Peer Support. With 30 or so members, who are listed on the Cordico app, the peer support program provides support, guidance, and serve as a resource to MPD officers and civilian staff. Many of those interviewed, including those currently serving as peer support members, noted that the program lacked structure. Many others interviewed noted that while they were aware of the service, they didn't feel confident in the ability for members to maintain confidentiality and questioned the criteria used to select peer support members. This recurring theme highlights the importance to establish a related policy, protocol, re-evaluating the objectives of the program, training offered to members, and the qualification criteria used to select members.

Specifically, the policy and related protocol should provide detail on the roles, responsibilities, highlight confidentiality, and the repercussions for not maintaining it. These documents should also detail the selection criteria, qualifications, application process, term lengths, frequency of team meetings (at least quarterly), training requirements (see Recommendation 13) and reporting structure. As noted above, the peer support program should report to the Wellness Manager and be housed within the Wellness and Support Unit.

The application processes should require that volunteers are in good standing within MPD. Further the process should include an interview panel and volunteers should be provided with additional considerations as part of the application process, such as previous education and training, credibility, and ethics.

Further, MPD should consider forming a steering committee as it restructures the program. The steering committee should be representative of the department and encompass leadership, mental health experts, line officers, supervisors, civilians, and representatives from the Federation. See IACP's Peer Support Guidelines for more guidance related to Peer Support Programs.⁴

A process to evaluate the peer support program should also be detailed in the related policies and/or protocols. Personnel who use the peer support program should be provided with a method to anonymously provide their feedback on the timeliness, quality, and experience with peer support.

⁴ International Association of Chiefs of Police. *Peer Support Guidelines*. 2016.
<https://www.theiacp.org/sites/default/files/2018-09/Psych-PeerSupportGuidelines.pdf>

The U.S. Department of Justice, Office of Community Oriented Policing Services⁵ and Bureau of Justice Assistance⁶ provide extensive guidance on peer support programs. These resources should be leveraged in developing the policies and structure of the program.

As with policy development in other areas of wellness, MPD should seek input from its officers and civilian staff when developing this policy and related protocol. A departmental survey, focus groups with staff representing various ranks, units, etc. are just a few methods MPD can use to garner input and buy-in for the policy.

13. Recommendation: MPD should increase and conduct more regular training of peer support members.

The Peer Support team should meet as a team every quarter to debrief and have training on a specific topic. The Consortium recommends a quarterly 4 to 8-hour training. Topics can include, but not limited to, the following:

- Trauma/critical incident stress/PTSD
- Substance abuse
- Depression/anxiety
- Cardiovascular disease/physical health
- Sleep
- Nutrition
- Physical exercise
- Suicide and suicide prevention
- Psychological First Aid and CISM
- Policies and procedures
- Updated resources/access to care

The topics may be taught by local subject matter experts, providers embedded with MPD, or a third-party provider. Those providing topics on mental health should be licensed mental health providers with experience working with first responders.

14. Recommendation: MPD must reinforce the importance of confidentiality in improving trust and establishing legitimacy in all approaches to wellness.

The Health and Wellness Unit and any wellness provisions of services rely on confidentiality to maintain its legitimacy. It is recommended that those who are on the Health and Wellness Unit and Peer Support must maintain a confidentiality and ethics code and sign a yearly agreement to

⁵ U.S. Department of Justice, Office of Community Oriented Policing Services. *Dispatch: Peer Support for Officer Wellness*. February 2023. Volume 17, Issue 2. https://cops.usdoj.gov/html/Dispatch/02-2023/OSW_peer_support.html

⁶ U.S. Department of Justice, Bureau of Justice Assistance. *VALOR Officer Safety and Wellness Initiative*. <https://bja.ojp.gov/program/valor/overview>

maintain confidentiality. It can also be beneficial for a statement of understanding to be signed between the Health and Wellness Unit and MPD leadership (including internal affairs) and City leadership that confidentiality will be maintained and information shared within the context of health and wellness services/peer support are not to be shared with those entities. Breaches of confidentiality by law include threats of harm to self or others, child abuse, and elderly abuse, and these are mandatory reporting requirements. This should be transparent to all employees of MPD and should be discussed in training as reminders. It should also be noted, as referenced above with any embedded licensed mental health providers, that confidentiality and privacy is maintained in accordance with all applicable state and federal laws and regulations.

15. Recommendation: MPD should increase its delivery of training on officer wellness.

Training is important to take a more proactive and comprehensive approach to wellness initiatives. Training development and delivery should be done in cooperation and under the direction of the Health and Wellness Director and with MPD Academy. All internal and external instructors must demonstrate qualifications and experience that are commensurate with the topic delivered. Incumbents should also be respected subject matter experts in their field by the officers and employees receiving the training. If they do not meet those minimum qualifications, the message of the training is lost. Any training should be developed using the ADDIE principles of learning and delivered at regular intervals. For example, wellness topics should be in every in-service training and a consistent and regular part of academy training.

16. Recommendation: External/contracted SMEs should be hired to deliver training on specific topics related to wellness (financial, etc.).

Specific topics, such as financial wellness, need to be delivered by a credentialed subject matter expert. External trainers should focus on their area of expertise and not practice outside of this area. Officers and other employees can be trained in a particular topic area and then deliver the training, however the MPD would need to vet the training the employee attends that will certify them as a subject matter expert.

17. Recommendation: Wellness Training topics should include topics that provide a theoretical and technical framework to operationalize officer wellness in a practical and meaningful manner.

Delivering wellness training topics to officers is an opportunity for an agency to demonstrate how officer wellness is a priority and show how these topics can be embedded in every aspect of an officer's life to improve performance, enhance wellbeing, and mitigate burnout. How training is delivered is important as it is key to officer buy-in and in maintaining of interest in the topics. Taking a performance-based approach to officer wellness topics is preferred; using sports psychology terms and referring to officers as "tactical athletes" are relatable concepts for officers. The following topics can be presented and embedded in academy and in-service training. These

topics can also be embedded in all aspects of training to include classroom instruction, tactics, firearms, and driving training. When officers see that these topics can help them perform well on the job and at home, they are more apt to utilize the skills presented.

- The survival stress response and how adrenaline and cortisol impact mental and physical responses, including overall health.
- Strategies and tactics to manage the survival stress response.
- Sleep, nutrition, and exercise as foundations of physical and mental health.
- Developing a focused and performance-based mindset.
- Critical incident stress and how to manage those reactions in the days following a critical incident.

When these skills are utilized across an officer's career (from academy thru in-service, through all aspects of the department), the results are a cultural shift of wellness and mindfulness within the agency. It provides a theoretical and technical framework to approach officer wellness in a practical manner. Instead of teaching officers and employees in high-stress situations complicated skills, goal setting, and theories of wellness, it offers more practical and easy-to-adopt strategies that can be implemented in the present moment. The training and conversations in officer wellness should not be esoteric. The topics and skills should be grounded, practical, and evidence-informed. In addition to the above guidance, MPD should examine the resources provided through the Bureau of Justice Assistance's VALOR Officer Safety and Wellness Initiative.⁷

18. Recommendation: MPD should expand the wellness services and resources it provides for family members.

Team members' families are the backbone of support for every employee of MPD. Providing culturally relevant resources for family members is important, especially since many officers identified this as a significant gap for health and wellness. Just as officers need education on this career and how they can manage the health and wellness impacts, so to their family members. It is recommended that developing family wellness initiatives be a component of a comprehensive health and wellness approach. This can take the form of:

- Academy orientation night where family members of cadets are presented with an introduction to officer health and wellness and basic overview of stress as a cadet and throughout the career.
- Regularly scheduled family education seminars for officer families on various topics including stress management, trauma/PTSD, critical incident stress, supporting their

⁷ U.S. Department of Justice, Bureau of Justice Assistance. *VALOR Officer Safety and Wellness Initiative*. <https://bja.ojp.gov/program/valor/overview>

officer in the career, health awareness, medical and mental health benefits of their insurance and other referrals of the Health and Wellness Unit

- Just like Peer Support, a Family Assistance Unit that assigns a trained officer or civilian to assist a family after an officer injury, illness, or death.

It is recommended that MPD's Health and Wellness Unit research different departments Family Assistance Unit or other similarly identified unit to develop a plan for MPD.

19. Recommendation: MPD should develop a communications strategy and expand its communication efforts related to the wellness program.

As noted earlier in the report, 70 percent of responses found MPD's communication strategy to be effective or very effective. However, slightly over half of respondents found communications regarding the importance of wellness to be effective, while a positive view of communications strategies were found in only 45 percent of responses about stigmas and misinformation and in 40 percent of responses about stress management. As noted, given the responses related to the awareness of services, the discrepancy between communications about services and communications about specific topics may indicate that while MPD does a good job of informing employees about services it is less consistent about holding supervisors accountable to ensuring wellness among direct reports. Being able to identify the signs of when an officer is in need of mental health services and/or communicate the services available are important functions of supervisors. This is consistent with the feedback received in our interviews with MPD personnel and their statements on the inconsistency of how supervisors identify officers who are in need of services and make the appropriate referrals.

In an effort to improve the communication strategy about the wellness program, MPD should use nontraditional communication methods. While flyers, emails, and posting in the precincts are important to advertising services, engaging and informing officers about wellness should include sharing information at roll calls, in-service training, supervisory training, and academy training. The Wellness Coordinators assigned to precincts will also be invaluable in keeping officers informed about wellness services available and any activities the department is conducting related to wellness. Peer support members should also become intimately familiar with the services available and can serve as another method to share information about resources available to personnel.

Several interviewees and survey respondents noted a weekly wellness newsletter or bulletin with tips, reminders, and links to services or resources would be helpful. Others noted that providing periodic, consistent wellness and staff engagement activities can increase awareness of the services offered by MPD. Examples included holding fitness classes or sessions with personal trainings at the various precincts would be beneficial. Video messages from the Chief posted on the department's intranet, or visits from leadership at roll calls are other methods MPD could utilize to share information about its wellness services in a broader but direct way.

20. Recommendation: MPD should incorporate an evaluation and review process for its Wellness Program.

"What doesn't get measured, doesn't get managed." A key component to program implementation is the ability to evaluate its success and effectiveness. As noted above an evaluation process should be part of the Program's policies and standard operating procedures. Evaluations both on the Wellness Program as a whole and of the specific services provided should be part of this process. Evaluation of the Program as a whole should include capturing data such as types of services requested, and timeliness in receiving services after request. In addition to this, evaluation of specific programs should include personnel's experiences and perspectives after use.

Further, maintaining confidentiality is important, so personalized data specific to individuals who sought services should not be tracked.

An annual or biannual survey, similar to that which was conducted as part of this assessment should also be conducted as a means to gain a better understanding of experiences and perspectives on the MPD wellness program. The survey should seek to understand personnel's awareness of services available, barriers to accessing services, frequency in the use of services, and recommendations on improvements to the program.

Annual reports that summarize the data captured should be produced and the data should be used to inform whether the department needs revise policy, acquire additional services, cancel current services, re-evaluate its communication strategy, or provide more training to officers and/or supervisors.

21. Recommendation: MPD should utilize methods to increase community engagement and review similar programs in other agencies, especially as it relates to enhancing officer wellness.

When the community and local police relationships are strained, this causes a layer of stress that impacts officer morale and wellness. Wellness for officers has not always been linked to community engagement, however this connection is starting to be recognized. When the community and local police relationships are strained, this causes a layer of stress that impacts officer morale and wellness. However, when officers can engage with the community outside their normal law enforcement duties, it allows for more connection to those they serve and increase in understanding. Officers can work with community leaders and stakeholders, such as local churches, YMCAs, schools, Boys & Girls Club, etc. to engage in positive interactions with the public and build relationships instead of reacting to violence or negative calls all day. This can alleviate the chronic exposure to traumatic and critical incidents and allow the officer to take a break from their regular duties. There has been evidence that these types of community engagement programs have a positive impact on crime rates, too. It is recommended the MPD review community immersion programs that have been implemented in other cities to examine

what would work for the department.⁸ Officers are also recommended to be allowed to work in this aspect more frequently (i.e., weekly, monthly, quarterly) to reduce the negative effects of chronic exposure to traumatic and critical incidents.

The Consortium acknowledges that while positive community interactions will help officer wellness, shortages in staffing often prohibit officers from being able to engage these type of activities. These staffing shortages should be addressed prior to deploying similar programs to those noted above.

⁸ San Antonio Police Department, City of San Antonio. *How much does the Community Immersion Program increase understanding and trust between the police and residents.* July 2022.
<https://researchpartnerships.sanantonio.gov/project/community-immersion/>

Appendix A: Wellness Program – Personnel Survey

The following is the survey that was provided to MPD personnel as part of this Assessment.

Hello and thank you for taking the time to complete this survey. We know you've been asked to do a lot of surveys lately, and we get that it can be a bit much. We really appreciate you helping with this one, which is all about making sure you know about – and can use – important health resources and services that can help you.

As part of the City Settlement agreement, this survey was developed and distributed to verify and ensure sworn and civilian staff of the Minneapolis Police Department (MPD) were provided the knowledge, awareness, opportunity, and access to important health-related services and benefits.

This survey was designed by subject matter experts in the field as it relates to officer and employee wellness. The questions within this survey were derived from industry standard research and surveys. The data collected from this survey are stored and managed by a third-party entity called Qualtrics, which is FedRamp authorized – the standard of U.S. government security compliance.

This survey is voluntary and anonymous. This means you are not required to take this survey; you can skip questions that you do not wish to answer, and all responses collected cannot and will not be attributable to you.

If you wish to speak directly to the Consortium Research Team, there is an option at the end of the survey to provide your contact information.

If you choose to provide your name and contact information, your responses to this survey will be kept confidential and will not be attributable to you in any way.

Depending on you respond to questions, the survey will take approximately 15-minutes to complete.

If you have any questions about this survey and/or how this information will be used, please contact Carmen Facciolo (carmen@consortiumhjs.com) or Denise Rodriguez (denise@consortiumhjs.com) from the Consortium Research Team.

TENNESSEN WARNING

We, the City of Minneapolis, retained the services of The Consortium to conduct a comprehensive employee wellness assessment in accordance with the court-enforceable settlement agreement issued in State of Minnesota by Rebecca Lucero, Commissioner of the Minnesota Department of Human Rights vs City of Minneapolis, Case No.: 27-CV-23-4177.

Notice of Intent to Collect Private Data

You may be asked to provide information that may be considered private data. We (The Consortium) are

collecting this information as part of a comprehensive assessment of the employee support services for the Minneapolis Police Department (MPD). We invite you to share your views.

Your participation in this survey is completely voluntary. There will be no consequences to you if you refuse to supply any or all of the requested information. If you do not supply the requested information, the City will not benefit from the information you could provide. If you choose to supply the requested information, it may be used to determine what resources are necessary to provide adequate support services to MPD employees and comport with mental health professional standards.

The Consortium, on behalf of the City, will have access to all the data you supply and will use the data to prepare one or more aggregate, anonymized summary report(s) that it will provide to the City. The summary report(s) may be public data. Others who may have access to the data you supply are federal and state enforcement agencies with proper authority, and other persons or entities authorized by law.

What is your title/rank within the MPD?

- Civilian
- Officer
- Sergeant
- Lieutenant
- Command Staff (Chief, Assistant Chief, Deputy Chief, Inspector, Commander, Director)
- Prefer not to say

What is your typical work schedule?

- Monday-Friday Business Hours
- Pick My Days Off
- Prefer not to say

What shift do you currently work?

- Daywatch
- Middlewatch
- Dogwatch
- Prefer not to say

What is your tenure with MPD (years)? If you are within the first year of your employment, please select 1. If you would prefer not to say, please check 'Not Applicable'.

Tenure with MPD (years)



Do you have military experience?

- No
- Yes
- Prefer not to say

What is your highest level of education?

- High School Graduate/GED
- Trade Certificate
- Professional Certificate
- Some College
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Doctorate Degree
- Professional Degree
- Prefer not to say

Which of the following racial or ethnic groups do you identify with? Mark all that apply.

- American Indian or Alaska Native (e.g., Navajo Nation, Blackfeet Tribe, Inupiat Traditional Gov't., etc.)
- Asian or Asian American (e.g., Chinese, Japanese, Filipino, Korean, South Asian, Vietnamese, etc.)
- Black or African American (e.g., Jamaican, Nigerian, Haitian, Ethiopian, etc.)
- Hispanic or Latino/a (e.g., Puerto Rican, Mexican, Cuban, Salvadoran, Colombian, etc.)
- Middle Eastern or North African (e.g., Lebanese, Iranian, Egyptian, Moroccan, Israeli, Palestinian, etc.)
- Native Hawai`ian or Pacific Islander (e.g., Samoan, Guamanian, Chamorro, Tongan, etc.)
- White or European (e.g., German, Irish, English, Italian, Polish, French, etc.)
- My race or ethnicity is best described as:

- Prefer not to say

Please indicate your current age bracket.

- 18-24 years old
- 25-34 years old
- 35-44 years old
- 45-54 years old
- 55-64 years old
- 65+ years old
- Prefer not to say

Which best describes your gender identity? Mark all that apply.

- Woman
- Man
- Nonbinary
- Gender nonconforming
- Genderqueer
- Questioning
- My gender or gender identity is best described as:

- Prefer not to say

The following questions will ask you about your perceptions of your own knowledge and awareness of health and wellness services available to you as employees of the MPD.

The City of Minneapolis provides various support services. Please rate your awareness of the services below.

	Not aware	Heard of it	Aware	Prefer not to say
Peer support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Critical or traumatic incident debriefings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress management and officer wellness training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug and alcohol counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rehabilitation (In-patient services or support groups)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee assistance program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get help now crisis hotline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you or someone you know was in crisis, do you know who to contact to get help?

- No
- Yes
- Prefer not to say

If you are aware of any services provided by MPD or the City of Minneapolis, please select how they were communicated to you? Select all that apply.

- Information on any internal website
- Emails
- Information Mailings (to home or work)
- Roll call presentations
- Wellness Apps
- Handouts with contact information
- In-service or academy training
- From supervisors or other leadership
- Peer support or coworkers
- Federation
- Other _____
- I did not receive any communication about services
- Prefer not to say

How would you rate the effectiveness of the MPD's communication strategy regarding the following topics:

	Very Ineffective	Ineffective	Effective	Very Effective	Prefer not to say
Informing employees about health and wellness support services	<input type="radio"/>				
Addressing stigmas and misinformation	<input type="radio"/>				
Emphasizing the importance of employee wellness	<input type="radio"/>				
Stress management training	<input type="radio"/>				

How can communications about health and wellness support services be improved? If you prefer not to say, please write N/A.

The following set of questions aims to explore your perceptions regarding your access to health and wellness services provided through your employment with the MPD.

Do you feel comfortable accessing mental and behavioral health services provided by the City as part of your employment with MPD?

- No
- Yes
- Prefer not to say

In your opinion, why would you not be comfortable accessing mental and behavioral health services? Select all that apply.

- Lack of awareness
- Lack of information
- Privacy concerns
- Cultural barriers
- Language barriers
- Financial concerns
- Fear of retaliation
- Stigma
- Discrimination
- Work culture
- Lack of trust
- Accessibility issues
- Perceived effectiveness
- Other reason _____
- Prefer not to say

If and when you access services, do you feel the information disclosed during those services remain confidential?

- No
- Yes
- Prefer not to say

Would you or do you fear retaliation for accessing support services?

- No
- Yes
- Prefer not to say

Would you or do you feel there is a stigma from coworkers around accessing support services?

- No
- Yes
- Prefer not to say

Have you received any training in the following topics:

	No	Yes	Prefer not to say
Managing the survival stress response (i.e., managing adrenaline and cortisol through techniques like tactical breathing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial wellness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Goal setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Controlling emotions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mindset (i.e., how to develop a positive and goal directed mindset)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Was this training on Managing the survival stress response (i.e., managing adrenaline and cortisol through techniques like tactical breathing) effective?

- No
- Yes
- Prefer not to say

Was this training on Sleep education effective?

- No
- Yes
- Prefer not to say

Was this training on Nutrition education effective?

- No
- Yes
- Prefer not to say

Was this training on Exercise education effective?

- No
- Yes
- Prefer not to say

Was this training on Financial wellness effective?

- No
- Yes
- Prefer not to say

Was this training on Goal setting effective?

- No
- Yes
- Prefer not to say

Was this training on Controlling emotions effective?

- No
- Yes
- Prefer not to say

Was this training on Mindset (i.e., how to develop a positive and goal directed mindset) effective?

- No
- Yes
- Prefer not to say

The following questions ask you about your participation in wellness services related to your benefits received as employees of the MPD.

What wellness services have you used in the past 48 months? Select all that apply.

- OPTUM Employee Assistance Program
- MEDICA Insurance
- Ellie Mental Health
- MPD Wellness App
- Virgin Pulse
- Peer support team
- MPD Wellness Center (SOC)
- Chaplain program
- Precinct workout facilities
- PSB Fitness Center
- Private health club reimbursement
- Other _____
- None
- Prefer not to say

Why haven't you participated in any wellness offerings in the past 48 months?

- Not interested
- Not applicable to me
- Lack of awareness
- Lack of information
- Privacy concerns
- Cultural barriers
- Language barriers
- Financial concerns
- Fear of retaliation
- Stigma
- Discrimination
- Too busy (i.e., time constraints)
- Work culture
- Lack of trust
- Accessibility issues
- Perceived effectiveness
- Other reason _____
- Prefer not to say

For OPTUM Employee Assistance Program, how would you rate that service based off the following:

	Very Poor	Poor	Fair	Good	Very Good	Prefer not to say
Communication	<input type="radio"/>					
Availability	<input type="radio"/>					
Professionalism	<input type="radio"/>					
Cultural competence towards your profession (i.e., do they understand your job)	<input type="radio"/>					
Able to handle different types of issues	<input type="radio"/>					
Approachable	<input type="radio"/>					
Respectfulness	<input type="radio"/>					
Knowledgeable	<input type="radio"/>					

How often are you using the OPTUM Employee Assistance Program service?

- Daily
- 1 or 2 times a week
- Weekly
- Bi-weekly (every 2 weeks)
- Monthly
- Quarterly
- Every six months
- Annually

For MEDICA Insurance, how would you rate that service based off the following:

	Very Poor	Poor	Fair	Good	Very Good	Prefer not to say
Communication	<input type="radio"/>					
Availability	<input type="radio"/>					
Professionalism	<input type="radio"/>					
Cultural competence towards your profession (i.e., do they understand your job)	<input type="radio"/>					
Able to handle different types of issues	<input type="radio"/>					
Approachable	<input type="radio"/>					
Respectfulness	<input type="radio"/>					
Knowledgeable	<input type="radio"/>					

How often are you using the MEDICA Insurance service?

- Daily
- 1 or 2 times a week
- Weekly
- Bi-weekly (every 2 weeks)
- Monthly
- Quarterly
- Every six months
- Annually

For Ellie Mental Health, how would you rate that service based off the following:

	Very Poor	Poor	Fair	Good	Very Good	Prefer not to say
Communication	<input type="radio"/>					
Availability	<input type="radio"/>					
Professionalism	<input type="radio"/>					
Cultural competence towards your profession (i.e., do they understand your job)	<input type="radio"/>					
Able to handle different types of issues	<input type="radio"/>					
Approachable	<input type="radio"/>					
Respectfulness	<input type="radio"/>					
Knowledgeable	<input type="radio"/>					

How often are you using the Ellie Mental Health service?

- Daily
- 1 or 2 times a week
- Weekly
- Bi-weekly (every 2 weeks)
- Monthly
- Quarterly
- Every six months
- Annually

For MPD Wellness App, how would you rate that service based off the following:

	Very Poor	Poor	Fair	Good	Very Good	Prefer not to say
Communication	<input type="radio"/>					
Availability	<input type="radio"/>					
Professionalism	<input type="radio"/>					
Cultural competence towards your profession (i.e., do they understand your job)	<input type="radio"/>					
Able to handle different types of issues	<input type="radio"/>					
Approachable	<input type="radio"/>					
Respectfulness	<input type="radio"/>					
Knowledgeable	<input type="radio"/>					

How often are you using the MPD Wellness App service?

- Daily
- 1 or 2 times a week
- Weekly
- Bi-weekly (every 2 weeks)
- Monthly
- Quarterly
- Every six months
- Annually

For Virgin Pulse, how would you rate that service based off the following:

	Very Poor	Poor	Fair	Good	Very Good	Prefer not to say
Communication	<input type="radio"/>					
Availability	<input type="radio"/>					
Professionalism	<input type="radio"/>					
Cultural competence towards your profession (i.e., do they understand your job)	<input type="radio"/>					
Able to handle different types of issues	<input type="radio"/>					
Approachable	<input type="radio"/>					
Respectfulness	<input type="radio"/>					
Knowledgeable	<input type="radio"/>					

How often are you using the Virgin Pulse service?

- Daily
- 1 or 2 times a week
- Weekly
- Bi-weekly (every 2 weeks)
- Monthly
- Quarterly
- Every six months
- Annually

For Peer support team, how would you rate that service based off the following:

	Very Poor	Poor	Fair	Good	Very Good	Prefer not to say
Communication	<input type="radio"/>					
Availability	<input type="radio"/>					
Professionalism	<input type="radio"/>					
Cultural competence towards your profession (i.e., do they understand your job)	<input type="radio"/>					
Able to handle different types of issues	<input type="radio"/>					
Approachable	<input type="radio"/>					
Respectfulness	<input type="radio"/>					
Knowledgeable	<input type="radio"/>					

How often are you using the Peer support team service?

- Daily
- 1 or 2 times a week
- Weekly
- Bi-weekly (every 2 weeks)
- Monthly
- Quarterly
- Every six months
- Annually

For MPD Wellness Center (SOC), how would you rate that service based off the following:

	Very Poor	Poor	Fair	Good	Very Good	Prefer not to say
Communication	<input type="radio"/>					
Availability	<input type="radio"/>					
Professionalism	<input type="radio"/>					
Cultural competence towards your profession (i.e., do they understand your job)	<input type="radio"/>					
Able to handle different types of issues	<input type="radio"/>					
Approachable	<input type="radio"/>					
Respectfulness	<input type="radio"/>					
Knowledgeable	<input type="radio"/>					

How often are you using the MPD Wellness Center (SOC) service?

- Daily
- 1 or 2 times a week
- Weekly
- Bi-weekly (every 2 weeks)
- Monthly
- Quarterly
- Every six months
- Annually

For Chaplain program, how would you rate that service based off the following:

	Very Poor	Poor	Fair	Good	Very Good	Prefer not to say
Communication	<input type="radio"/>					
Availability	<input type="radio"/>					
Professionalism	<input type="radio"/>					
Cultural competence towards your profession (i.e., do they understand your job)	<input type="radio"/>					
Able to handle different types of issues	<input type="radio"/>					
Approachable	<input type="radio"/>					
Respectfulness	<input type="radio"/>					
Knowledgeable	<input type="radio"/>					

How often are you using the Chaplain program service?

- Daily
- 1 or 2 times a week
- Weekly
- Bi-weekly (every 2 weeks)
- Monthly
- Quarterly
- Every six months
- Annually

For Precinct workout facilities, how would you rate that service based off the following:

	Very Poor	Poor	Fair	Good	Very Good	Prefer not to say
Communication	<input type="radio"/>					
Availability	<input type="radio"/>					
Professionalism	<input type="radio"/>					
Cultural competence towards your profession (i.e., do they understand your job)	<input type="radio"/>					
Able to handle different types of issues	<input type="radio"/>					
Approachable	<input type="radio"/>					
Respectfulness	<input type="radio"/>					
Knowledgeable	<input type="radio"/>					

How often are you using the Precinct workout facilities service?

- Daily
- 1 or 2 times a week
- Weekly
- Bi-weekly (every 2 weeks)
- Monthly
- Quarterly
- Every six months
- Annually

For PSB Fitness Center, how would you rate that service based off the following:

	Very Poor	Poor	Fair	Good	Very Good	Prefer not to say
Communication	<input type="radio"/>					
Availability	<input type="radio"/>					
Professionalism	<input type="radio"/>					
Cultural competence towards your profession (i.e., do they understand your job)	<input type="radio"/>					
Able to handle different types of issues	<input type="radio"/>					
Approachable	<input type="radio"/>					
Respectfulness	<input type="radio"/>					
Knowledgeable	<input type="radio"/>					

How often are you using the PSB Fitness Center service?

- Daily
- 1 or 2 times a week
- Weekly
- Bi-weekly (every 2 weeks)
- Monthly
- Quarterly
- Every six months
- Annually

For Private health club reimbursement, how would you rate that service based off the following:

	Very Poor	Poor	Fair	Good	Very Good	Prefer not to say
Communication	<input type="radio"/>					
Availability	<input type="radio"/>					
Professionalism	<input type="radio"/>					
Cultural competence towards your profession (i.e., do they understand your job)	<input type="radio"/>					
Able to handle different types of issues	<input type="radio"/>					
Approachable	<input type="radio"/>					
Respectfulness	<input type="radio"/>					
Knowledgeable	<input type="radio"/>					

How often are you using the Private health club reimbursement service?

- Daily
- 1 or 2 times a week
- Weekly
- Bi-weekly (every 2 weeks)
- Monthly
- Quarterly
- Every six months
- Annually

Please indicate your level of agreement with the following statement:

The mental health professionals available to MPD employees possess the necessary professional qualifications and specialties to effectively address a diverse range of mental health needs.

- Strongly disagree
- Disagree
- Agree
- Strongly agree
- Prefer not to say

The following questions ask you for your perceptions and recommendations on the improvement of health and wellness services provided to you through your employment with MPD.

Do you feel that the existing health and wellness support services provided by MPD meet your needs?

- No
- Yes
- Prefer not to say

Why do you feel the existing support services do not meet your needs?

Please complete the following statement based on your perceptions:

In the past 48-months, my satisfaction with MPD's health and wellness support has...

- Improved
- Declined
- Remained the same
- Prefer not to say

Do you feel that MPD has created a supportive 'attitude of wellness' within the department?

- No
- Yes
- Prefer not to say

Why do you feel that way about the 'attitude of wellness' within the department?

How would you improve the health and wellness programming services at MPD?

In your response, please include any specific areas in which you feel additional specialized support is needed and list any topics that you would like more information about in relation to employee health and wellness services.

If you prefer not to answer, please write N/A.

If you want to speak directly to the Research Team, answer 'Yes' below. This conversation is an opportunity to ask any clarifying questions or provide the Research Team additional information about your awareness, participation, or need for services as part of your employment with MPD.

If you select 'Yes', you will be asked to provide your name and email address. Despite including your name, your responses to this survey will be kept confidential and will not be attributable to you in any way.

If you do not want to speak to the Research Team, select 'no' below. If you select 'No', the survey will end.

Do you want to provide your name and contact information to speak directly to the Research Team?

- No
- Yes

Name (Last Name, First Name)

Email Address

Appendix B: Wellness Program Survey – Email Communication

The following is the first email communication that was provided to MPD personnel as part of the survey distribution.

Hello,

On behalf of the Consortium Research Team who is part of the City Settlement Agreement, please see the following message:

We know you've been asked to fill out a bunch of surveys lately, and we really appreciate your cooperation. We understand that your time is valuable, but we'd love it if you could consider filling out this health and wellness survey.

It's not just any survey, though - it's a survey that will help us improve health, wellness, and support specifically for you.

Click [here](#) to access the survey.

We estimate that it will take about 10-15 minutes to complete. If you have any questions about the survey or how we'll use the information, please feel free to reach out to Carmen Facciolo at carmen@consortiumhjs.com or Denise Rodriguez at denise@consortiumhjs.com.

Thanks so much for your consideration. Please stay safe and well.

Best regards,

The Consortium Team

Please note that the Consortium Research Team is an independent third-party entity, separate from both the MPD and the City of Minneapolis. Rest assured that your insights and experiences will be collected and evaluated in an unbiased, anonymous, and impartial manner.

Appendix C: MDHR Agreement Requirements for this Assessment – A Crosswalk

According to paragraph 255 of the MDHR Agreement, the Assessment should analyze the 11 items listed below. Table C.1 identifies where in our assessment report each of these items are discussed.

Table C.1. Crosswalk of MDHR Agreement Requirements with Assessment

MDHR Agreement Requirement	Assessment Reference and/or Notation
a. Service levels for the City’s Employee Assistance Program to provide counseling services to employees in need;	Reference: See Sections <i>About MPD’s Wellness Program</i> ; See <i>An Assessment of MPD’s Wellness and Support Program: Survey of Personnel</i>
b. The current workload of the licensed mental health professionals and drug and alcohol counselors providing services to City employees;	Notation: This data was not readily available and is not currently being captured in a comprehensive manner. Reference: See Recommendation 20; See Section <i>An Assessment of MPD’s Wellness and Support Program: Policies, Procedures, Interviews, and Focus Groups</i>
c. How long it takes MPD employees requesting counseling services to be seen by a licensed mental health professional or drug and alcohol counselor;	Notation: This data was not readily available and is not currently being captured in a comprehensive manner. Reference: See Recommendation 20; See Section <i>An Assessment of MPD’s Wellness and Support Program: Policies, Procedures, Interviews, and Focus Groups</i>
d. The professional specialties of licensed mental health professionals providing services to City employees;	Reference: See Section <i>About MPD’s Wellness Program</i> ; See Recommendation 2.
e. The frequency and reasons for referrals of MPD employees to clinical service providers external to the City;	Notation: This data was not readily available and is not currently being captured in a comprehensive manner. Reference: See Recommendation 20; See Section <i>An Assessment of MPD’s Wellness and Support Program: Policies, Procedures, Interviews, and Focus Groups</i>

MDHR Agreement Requirement	Assessment Reference and/or Notation
f. MPD employee feedback, through statistically valid surveys that assure anonymity to participants, regarding the scope and nature of the support services needs of MPD employees, the quality and availability of services and programs currently provided through the Employee Assistance Program, and the quality of clinical service providers external to the City;	Reference: See Section <i>An Assessment of MPD's Wellness and Support Program: Survey of Personnel</i>
h. Guidance available from law enforcement professional associations;	Reference: See throughout, for example, Recommendation 12, 17.
i. The frequency and adequacy of MPD's and the City's communications to MPD employees regarding the support services available to them;	Reference: Reference: See Section <i>An Assessment of MPD's Wellness and Support Program: Survey of Personnel</i> , Figure 1.; See Recommendation 19.
j. The frequency, quality, and demand for in-service trainings related to stress management, officer wellness, and related topics; and	<p>Notation: Little training on wellness has been conducted within MPD recently. Academy training is being conducted by the third-party provider, Ellie Mental Health. Training curricula for in-service is currently being developed by the third-party provider.</p> <p>Reference: We discuss our review of said training and recommendations in <i>An Assessment of MPD's Wellness and Support Program: Policies, Procedures, Interviews, and Focus Groups</i> and within Recommendations 15-17.</p>
k. The quality of Academy training related to stress management, officer wellness, and related topics.	<p>Notation: Little training on wellness has been conducted within MPD in recent past. Academy training is being conducted by the third-party provider, Ellie Mental Health. Training curricula for in-service is currently being developed by the third-party provider.</p> <p>Reference: We discuss our review of said training and recommendations in Section <i>An Assessment of MPD's Wellness and Support Program: Policies, Procedures, Interviews, and Focus Groups</i> and within Recommendations 15-17.</p>