COMMONWEALTH of VIRGINIA

Virginia 9-1-1 Services Board

Dorothy Spears-Dean PSC Coordinator (804) 298-3124

Terry D. Mayo Board Administrative Assistant (804) 786-0517

Meeting Agenda February 6, 2020 10:00 am **Commonwealth Enterprise Solutions Center**

1.	Call Meeting of the Board to OrderChairman
2.	Approval of the Minutes from Nov 14th MeetingChairman
3.	9-1-1 Comprehensive PlanInterim ISP Manager
4.	NG9-1-1 Deployment UpdateISP Operations Manager
5.	NG9-1-1 Funding and Amendment RequestsInterim ISP Manager

6. Old Business:

7. New Business:

- Legislative Update.....Interim ISP Manager
- 2019 Virginia Public Safety Mental Health Survey......Participants
- FCC NET 911 Report.....Interim ISP Manager .
- Funding Committee Report.....Committee Chair
- Regional Advisory Council (RAC) Report.....Interim ISP Manager .
- 8. Public Comment......Chairman 9. Adjourn Meeting of the Board.....Chairman

Next Meeting – March 12, 2020

Jeffrey D. Stern Chairman VDEM

Hon Kevin W. Hall Sheriff Vice Chairman City of Covington

David A. Von Moll Treasurer Comptroller

Mary M. Blowe Chief Financial Officer City of Winchester

Gary Critzer Emergency Mgmt/ EMS Dir City of Waynesboro

> Bruce Edwards City of Franklin

> > Terry Ellis Comcast

R. Scott Garber Fire Chief City of Staunton

Danny Garrison **Richmond Ambulance** Authority

> Pete Hatcher AT&T

Jeffrey T. Merriman Verizon Communications

> Nelson P. Moe CIO - VITA

> > Seth Weise Sprint

Kelvin Wright Chief of Police City of Chesapeake

> Jolena Young Twin County

Shawn Talmadge Office of the Governor Advisor





9-1-1 Services Board

General Business Meeting

February 6, 2020



Agenda

- 1. Call to Order
- 2. Approval of Minutes
- 3. 9-1-1 Comprehensive Plan
- 4. NG9-1-1 Deployment Update
- 5. NG9-1-1 Funding and Amendment Requests
- 6. Old Business
- 7. New Business
- 8. Public Comment
- 9. Adjourn





9-1-1 Comprehensive Plan



Update on Plan Activities

- Consensus at last Board meeting for approach taken with the plan
- Held 2 statewide webinars for additional feedback
- Created "continual" story map
- Developed implementation strategy
- Updated website



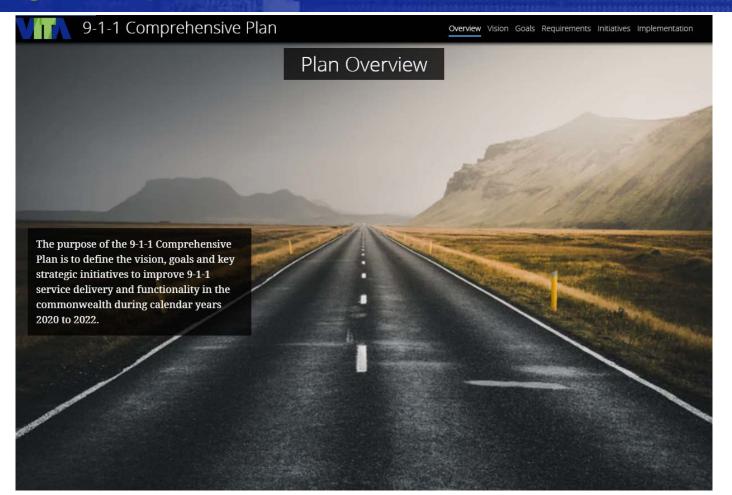
Story Map - Title Page

9-1-1 Comprehensive Plan

January 2020

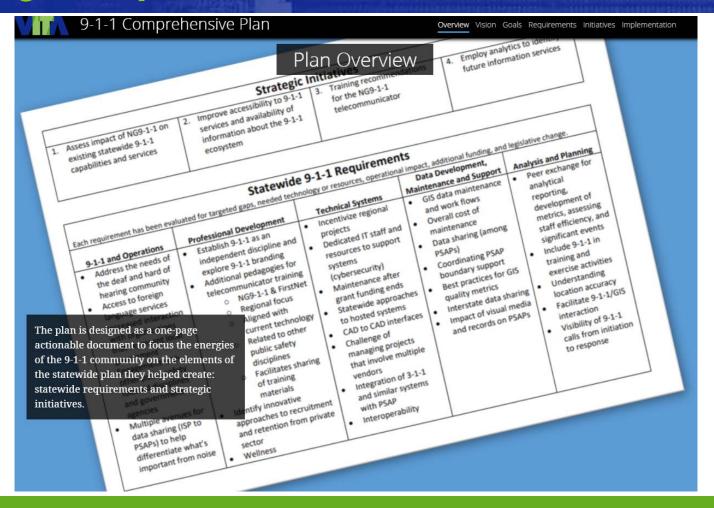


Story Map - Plan Overview





Story Map - Plan Overview





Story Map - Vision Statement





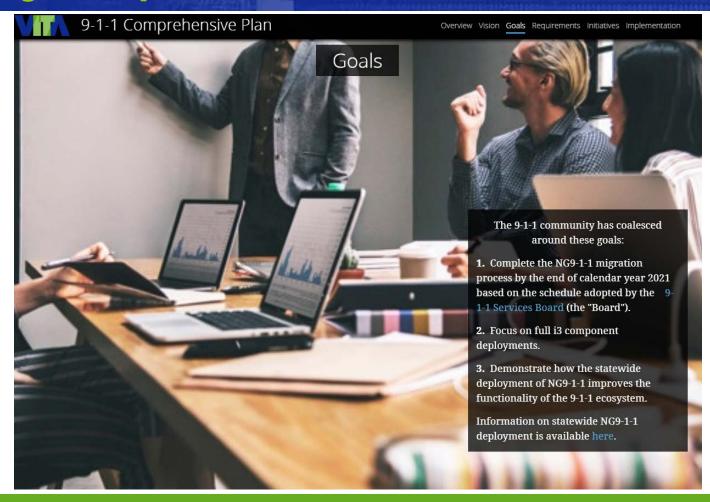
Story Map - Vision Statement





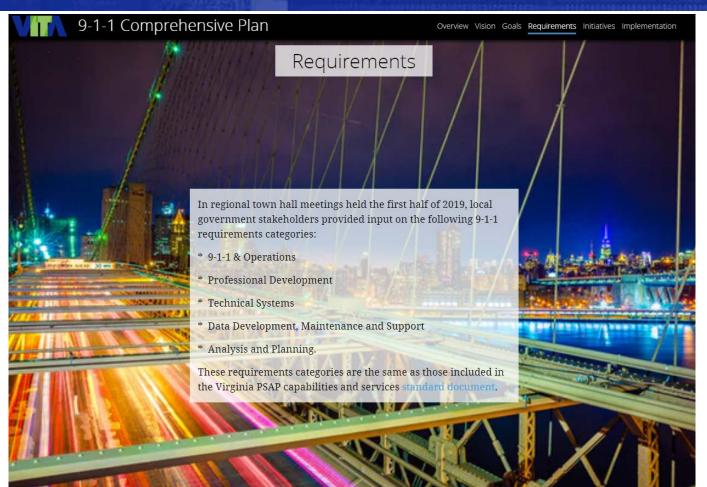
itting and all ships

Story Map - Goals





Story Map - Requirements





Story Map - Strategic Initiatives



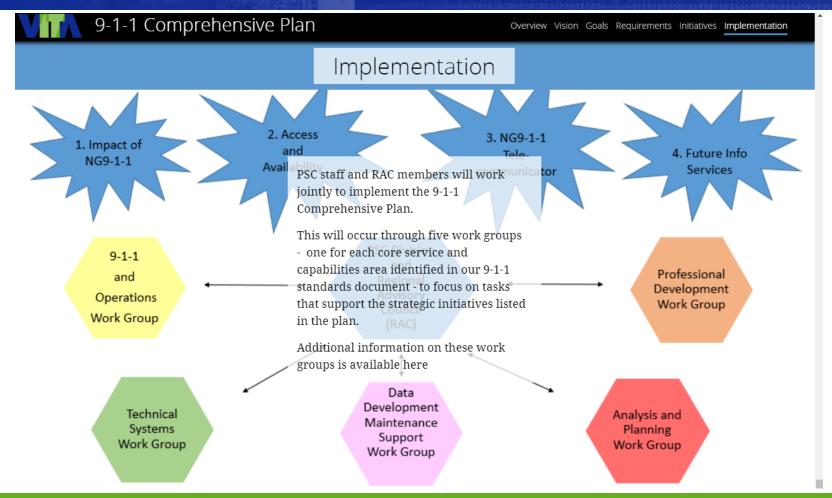


Story Map - Strategic Initiatives





Story Map - Implementation





RAC Webpage

Regional Advisory Council

The Regional Advisory Council began a new term on July 1, 2019. The third installment of this body (RAC 3.0) will assist the PSC Coordinator with the following:

- Partner with PSC staff to implement the 9-1-1 Comprehensive Plan
- Provide advice on new technologies, technical diversity, operational improvements, and best practices
- Identify ways to improve communications among the Board, ISP staff, and stakeholder communities
- Support the implementation of NG9-1-1 and increase awareness and support of outreach efforts regarding the entire 9-1-1 ecosystem.

Five RAC work groups have been established to focus on the strategic initiatives contained in the 9-1-1 Comprehensive Plan. These work groups are responsible for developing and completing the tasks that support the plan's strategic initiatives. Information pertaining to these work groups can be obtained using the buttons to the right.

The RAC was formed in July 2015 in direct response to the PSAP community's desire for a greater voice, representation and input into the work plan and program of the 9-1-1- Services Board.

RAC Members and Appointees 2019-2021

(P)rimary and (A)Iternate PSAP representatives

Region 1 – Tory Maye (P) Region 2 – Joell Kight (P) | Karen "KC" Crum (A) Region 3 – Ben Duncan (P) Region 4 – Chris Akers (P) Region 5 – Terry Hall (P) | Tony Castillo (A) Region 6 – Chris Caldwell (P) | John Powers (A) Region 7 – Steve McMurrer (P) | Michele Surdam (A) APCO Representative – Stephen Williams

NENA Representative – Katie Boone IT Representatives – Kurt Plowman | Jeff Shupe

9-1-1 and Operations

Work group documents

Analysis and Planning

Work group documents

Maintenance and Support

Work group documents

Professional Development

Work group documents

Technical Systems

Work group documents

Regional Advisory Council Archives



Plan Webpage

9-1-1 Comprehensive Plan

Overview

The purpose of the 9-1-1 Comprehensive Plan is to define the vision, goals and key strategic initiatives to improve 9-1-1 service delivery and functionality in the commonwealth during calendar years 2020 to 2022. The plan is designed as a one-page actionable document and was completed in three steps:

- Step One Undertake a capabilities analysis using the 9-1-1 standards <u>document</u> for Virginia PSAP capabilities and services
- · Step Two Identify statewide requirements based on the capabilities analysis
- Step Three Develop a plan that identifies strategic initiatives

This plan has four strategic initiatives. Information pertaining to these initiatives can be obtained using the buttons to the right. A description of additional plan elements can be found using the link to the story map below.

PSC staff and RAC members will work jointly to implement the 9-1-1 Comprehensive Plan through a framework comprised of the following five work groups:

- 9-1-1 and Operations
- Professional Development
- Technical Systems
- Data Development Maintenance and Support
- Analysis and Planning

Impact of NG9-1-1

Access and Availability

NG9-1-1 Telecommunicator

Future Information Services





Board Action

 ISP staff is requesting the Board to vote on the next edition of the 9-1-1 Comprehensive Plan

- Focus is for 3 calendar years: 2020 to 2022



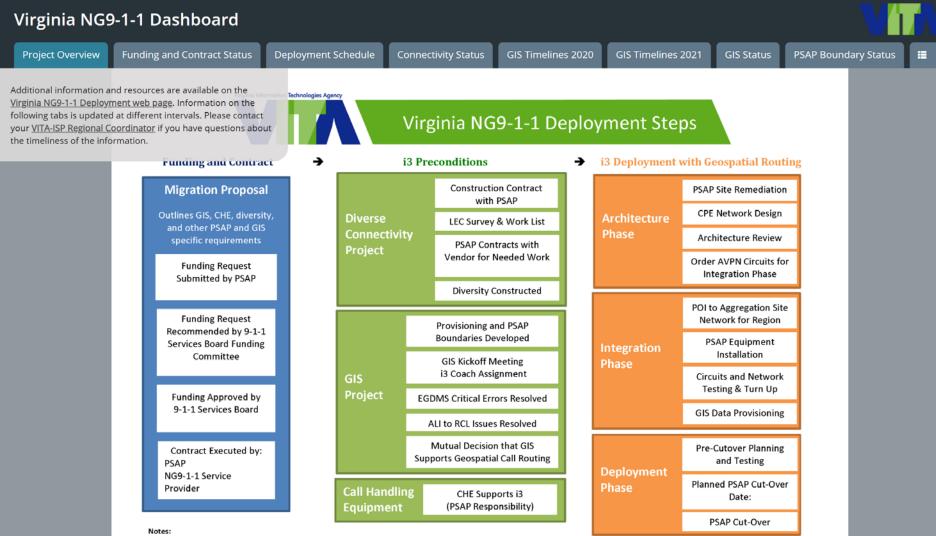


NG9-1-1 Deployment Update



NG9-1-1 Schedule Adjustment

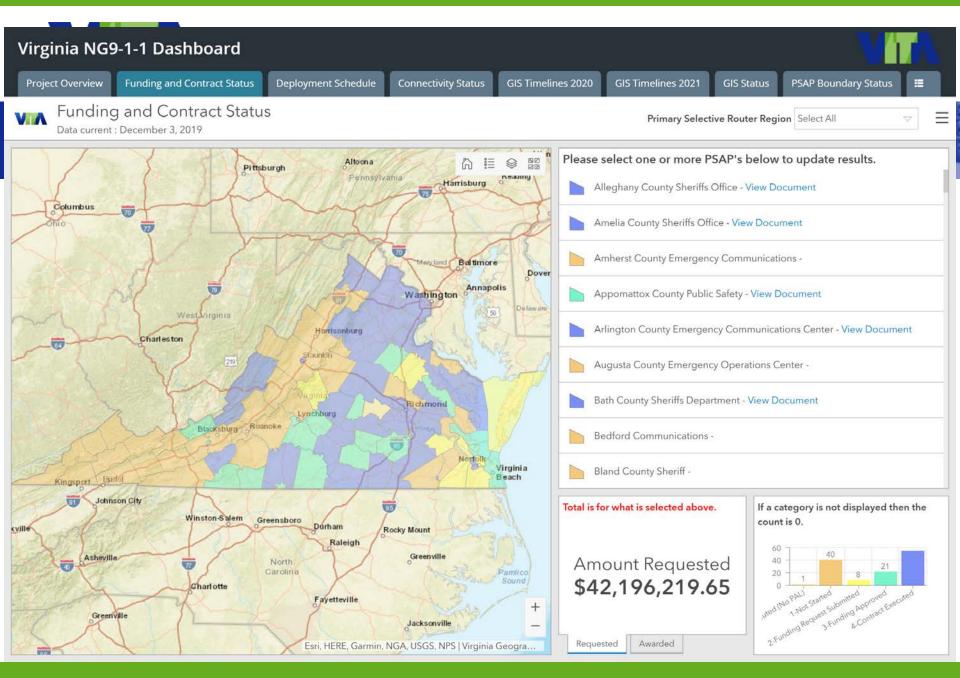
- 3 Primary Focus Areas
 - Connectivity
 - Equipment readiness/compliance
 - GIS data readiness
- Goals: meet national i3 standard, fiscally sound
- Delays: call handling equipment testing, RFP
- Code of Virginia section 56-484.16 requires migration by July 1, 2023
- Approved by 9-1-1 Services Board
 - North and east 2020; central and west 2021

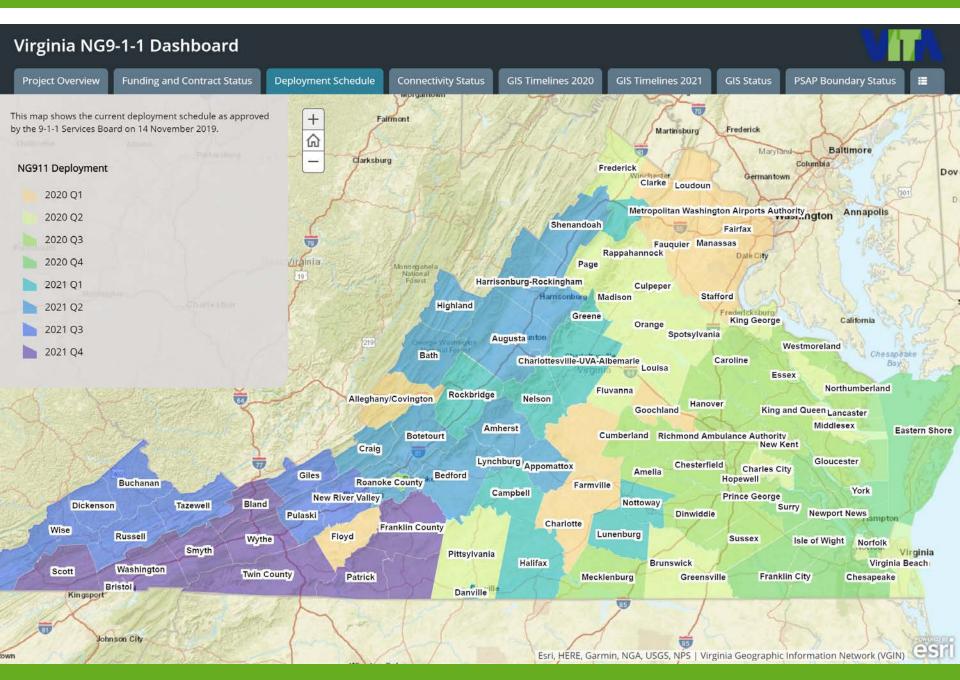


o Blue and orange steps must be completed in order from top to bottom.

- o All green boxes must be completed before proceeding with orange Deployment Phase for i3 deployment. They may be completed in any order and can be done simultaneously.
- Green "Mutual Decision" box should be complete about 90 days before the planned cut-over date.
- If not all green solid boxes are met, steps in orange may be altered to deploy PSAP on the ESInet without complete i3 functionality. PSAP would move to i3 functionality as green
 preconditions are met.

Integrated Services Program | James Monroe Building | Richmond, VA | www.vita.virginia.gov | October 2019





Virginia NG9-1-1 Dashboard Funding and Contract Status **Deployment Schedule Connectivity Status GIS Timelines 2020 GIS Timelines 2021 GIS Status PSAP Boundary Status Project Overview** Ŧ Fairmont **Connectivity Project Completion Status** +Frederick Martinsburg 命 Maryland-Baltimore Complete Clarksburg Columbia Frederick Dover Germantown Clarke Loudoun 301 Detaware Metropolitan Washington Airports Authority **Connectivity Project Start Status** Annapolis Shenandoah Fairfax Started Fauquier Manassas Rappahannock Not Started Page Monongahela Harrisonburg-Rockingham Culpeper munningion Harrisonburg Madison Stafford Salisbu Charleston Highland King George Greene California Orange Spotsylvania Augusta inton Westmoreland Bath Chesapeake Charlottesville-UVA-Albemarle Caroline Bay Louisa 1.1 Essex Northumberland Fluvanna Rockbridge Alleghany/Covington Nelson 64 Hanover Goochland King and Queen Lancaster Middlesex Amherst Eastern Shore Cumberland Richmond Ambulance Authority Botetourt New Kent Craig Lynchburg Appomattox Gloucester 77 Chesterfield Charles City Amelia Bedford Giles Hopewell **Roanoke County** Buchanan Farmville York Campbell Prince George New River Valley Nottoway Bland Dickenson Tazewell Surry Newport News Dinwiddle Pulaski Charlotte Franklin County Wise Lunenburg Russell Floyd Wythe Sussex Isle of Wight Norfolk Smyth Virginia Pittsylvania Halifax Brunswick Virginia Beach Washington Scott Twin County Patrick Mecklenburg Greensville Franklin City Chesapeake Bristol Danville Kingsport 85 81 Johnson City 192 Winston-Salem Esri, HERE, Garmin, NGA, USGS, NPS | Virginia Geographic Information Network (VGIN) Greensboro

Virginia NG9-1-1 Dashboard

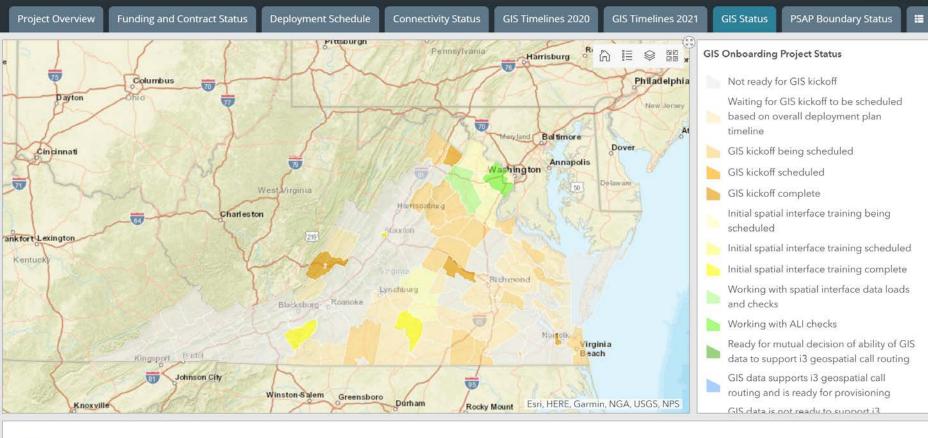
Project Overview	v Funding and Contract	Status Deployment So	chedule Connectivity Sta	atus GIS Timelines 2020	GIS Timelines 2021	GIS Status PSAP Bound	ary Status 🗮
NG9-1-1 DEPLOYMENT CUT OVER QUARTER v. 20191115	SCHEDULED LOCALITIES Timing for NG9-1-1 Deployment quarter may move up if diverse connectivity, GIS data onboarding, and call handling equipment preconditions are met. Localities are listed in alphabetical order, not deployment order. Specific cut over dates will be scheduled at a later time.			BOUNDARIES - PSAP and Provisioning Boundaries mutually agreed to and sent to VITA no later than:	GIS PROJECT START - Locality, Intrado, VITA kickoff meeting scheduled no later than:	GIS PROJECT END - Mutual agreement that GIS data supports i3 geospatial call routing. Must be 90 days before cutover date.	NG9-1-1 DEPLOYMENT PHASE END DATE
2020 Q1	Alexandria Alleghany Arlington Buckingham Charlotte Clarke Covington	Fairfax Falls Church Farmville Fauquier Floyd Franklin City Goochland	Loudoun Manassas Manassas Park Metro Washington AA Prince William Stafford	As Soon As Possible	November 2019	December 2019	31 March 2020
2020 Q2	Brunswick Charles City Culpeper Emporia Fluvanna Frederick Fredericksburg	Greensville King George Louisa Madison Middlesex Orange Page Pittsylvania	Portsmouth Rappahannock Richmond Amb. Auth. Richmond County Spotsylvania Staunton Virginia Beach Winchester	December 2019	December 2019	February 2020	30 June 2020
2020 Q3	Amelia Caroline Chesterfield Colonial Heights Cumberland Dinwiddie Essex Gloucester	Hanover Henrico Hopewell King and Queen King William Lancaster Mathews Mecklenburg	New Kent Northumberland Petersburg Powhatan Prince George Richmond City Sussex Westmoreland	February 2020	March 2020	May 2020	30 September 2020
2020 Q4	Chesapeake Eastern Shore Hampton Isle of Wight	James City Newport News Norfolk Roanoke City	Southampton Suffolk Surry York	May 2020	June 2020	August 2020	31 December 2020

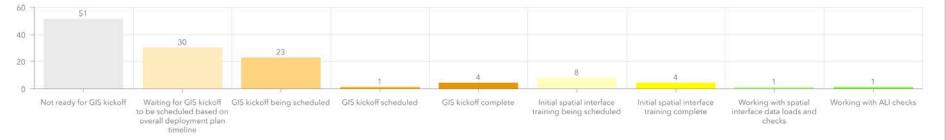
www.vita.virginia.gov

1

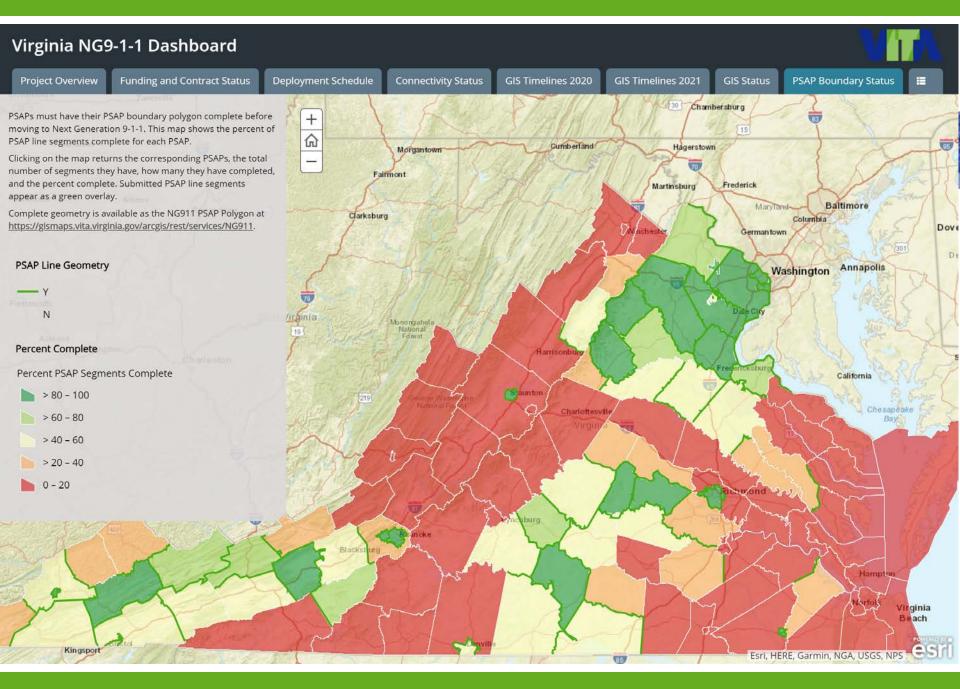
Virginia NG9-1-1 Dashboard								
Project Overviev	v Funding and Contrac	t Status Deployment Sc	chedule Connectivity Sta	atus GIS Timelines 2020	GIS Timelines 2021	GIS Status PSAF	P Boundary S	Status 🔳
NG9-1-1 DEPLOYMENT CUT OVER QUARTER v. 20191115	SCHEDULED LOCALITIES Timing for NG9-1-1 Deployment quarter may move up if diverse connectivity, GIS data onboarding, and call handling equipment preconditions are met. Localities are listed in alphabetical order, not deployment order. Specific cut over dates will be scheduled at a later time.			BOUNDARIES - PSAP and Provisioning Boundaries mutually agreed to and sent to VITA no later than:	GIS PROJECT START Locality, Intrado, VITA kickoff meeting scheduled no later than:	- Mutual agreement that GIS		NG9-1-1 DEPLOYMENT PHASE END DATE
2021 Q1	Campbell Charlottesville-UVA- Albemarle Danville	Greene Halifax Lunenburg Nelson	Nottoway Rockbridge Warren	August 2020	September 2020	November 2020		31 March 2021
2021 Q2	Amherst Appomattox Augusta Bath Bedford	Botetourt Craig Harrisonburg- Rockingham Highland	Lynchburg Roanoke County Salem Shenandoah Waynesboro	November 2020	December 2020	February 2021		30 June 2021
2021 Q3	Buchanan Dickenson Giles Lee	New River Valley Norton Pulaski Radford	Russell Tazewell Wise	February 2021	March 2021	May 2021		30 September 2021
2021 Q4	Bland Bristol Franklin County Martinsville-Henry	Patrick Scott Smyth	Twin County Washington Wythe	May 2021	June 2021	August 2021		31 December 2021

Virginia NG9-1-1 Dashboard

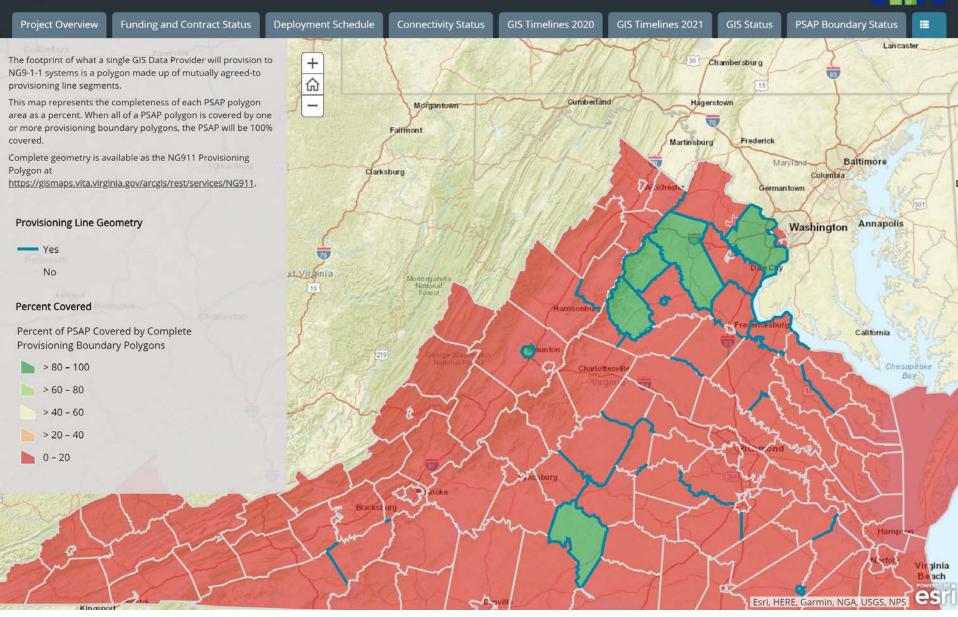


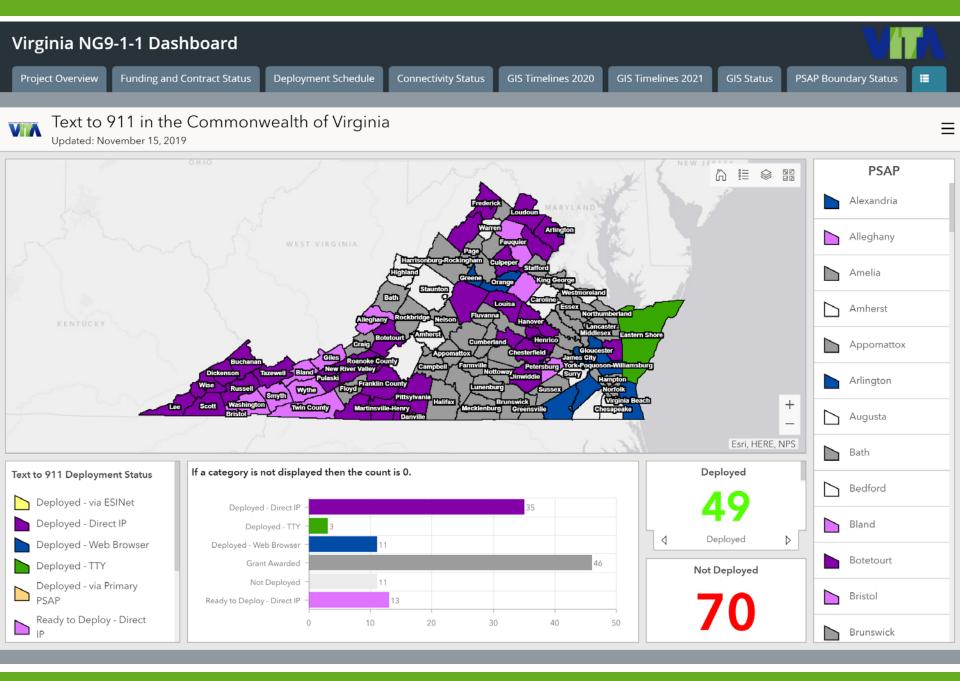


The GIS Project occurs when localities start working with solution partners to make data available to the ESInet. This step must be completed 90 days before scheduled cut-over.



Virginia NG9-1-1 Dashboard









NG9-1-1 Funding and Amendment Requests



Two Categories

- NG9-1-1 funding requests
- NG9-1-1 funding award amendments
- Request that these categories be reviewed and voted on in block format
- Suggested language for motion is provided



Latest Round of Funding Requests

- 8 localities submitted NG9-1-1 funding requests that total \$2,949,683.47
 – PALs submitted by Nov 25, 2019
- Requests were reviewed by the PGC during their Dec 5th meeting
- PGC recommends approval of requests



Latest Round of Funding Requests

PSAP	Primary Selective Router Regions	Amount Requested
Caroline	Chester/Stuart	\$393,651.56
Chesapeake	High Street/Jefferson	\$581,831.82
Eastern Shore of Virginia	High Street/Jefferson	\$272,001.52
Nelson	Danville/Lynchburg	\$161,561.83
Newport News	High Street/Jefferson	\$400,815.16
Norfolk	High Street/Jefferson	\$283,207.07
Suffolk	High Street/Jefferson	\$215,602.64
Surry	High Street/Jefferson	\$641,011.87





Board Action

- Approve funding amount for the requests as listed in the presentation
 - Total amount recommended is \$2,949,683.47



NG9-1-1 Funding Amendments

- King George and King William require additional funding for increased connectivity costs
- Richmond Ambulance Authority requires additional funding for Text-to-9-1-1 implementation
- PGC recommends approval of requests



Board Action

- Approve funding amount for the amendment requests as listed below:
 - King George
 - King William
 - -RAA

\$467,200.34

- \$324,668.53
- \$15,000.00





Old Business

www.vita.virginia.gov





New Business

www.vita.virginia.gov



and a like of a start of

New Business Items

- Legislative Update
- 2019 Virginia Public Safety Mental Health Survey
- FCC NET 911 Report
- Funding Committee Report
- RAC Report





the although and

And In Conclusion

- Public Comment
- Adjourn
- Next meeting date is Mar 12, 2020

9-1-1 Services Board Meeting February 6, 2020 CESC

Members Present:	Dr. Jeffrey Stern – Chairman	Honorable Kevin Hall – Vice Chairman
	David Von Moll – Comptroller	Nelson Moe
	Danny Garrison	Jolena Young
	Mary Blowe	Kelvin Wright
	Bruce Edwards	Scott Garber
	Pete Hatcher	
Members Absent:	Seth Weise	Gary Critzer
	Jeffrey Merriman	Terry Ellis
Advisor Present:	Shawn Talmadge	
AG Present:	Robin McVoy	
Remote	Roanoke Abingdon	Culpeper
Staff Present:	Dorothy Spears-Dean	Matt Gerike
	Stefanie McGuffin	Brian Crumpler
	Lewis Cassada	Zeta Wade
	Rebekah Corker	

1. CALL TO ORDER

Chairman Stern called the meeting of the 9-1-1 Services Board to order at 10:02 AM. He informed the Board that Steve Marzolf has retired and that Dorothy Spears-Dean is Acting Interim Director for the ISP Division.

Coordinator Spears-Dean did a roll call of the remote sites. All were accounted.

2. APPROVAL OF THE MINUTES FROM NOVEMBER 14, 2019

Chairman Stern called for a motion to approve the November 14, 2019 Board Minutes, which had been distributed prior to this Board Meeting. Nelson Moe made a motion to approve the Minutes, and Pete Hatcher seconded the motion to approve the Minutes of November 14, 2019. The Minutes of November 14, 2019 were approved; **11-0-0**.

3. <u>9-1-1 COMPREHENSIVE PLAN</u>

Coordinator Spears-Dean informed the Board that there is a draft copy of the

9-1-1 Comprehensive Plan in their meeting packet. She informed the Board that a brief overview was given to the Board at the November 14th meeting, and a "Story Map" was presented. She said that the story map is a graphic organizer that staff is using to present the 9-1-1 Comprehensive Plan and provide information going forward. This approach ensures the ongoing "story" of the plan is captured and includes an implementation strategy, which has been done since the last Board meeting. Coordinator Spears-Dean then gave the Board a brief overview of the 9-1-1 Comprehensive Plan. She said that the Plan has a number of sections. The first section of the Plan is a snapshot of the Plan. A Vision Statement follows the Plan page. She said that this vision statement would be used for direction. Coordinator Spears-Dean said that the vision statement is captured in the Story Map and that "accurate emergency services" instead of response is being used. She commented that this information is from a service point perspective. The Goal section is next. She said that staff wants to complete NG9-1-1 by the end of calendar year 2021. Coordinator Spears-Dean then informed the Board that the requirements are in a table across the bottom of the document. The Story Map categorizes the broad categories, but the plan delves into the comments. She said that they are the same categories as in the PSAP Standards Document. There are four Strategic Initiatives: access the impact of NG9-1-1; access and availability; NG9-1-1 telecommunicator; and, future information services. She said that this time next year all of this should be completed, and that it is going to take many hands to accomplish the goal. Coordinator Spears-Dean said that the Regional Advisory Council (RAC) will work with staff. She said that workgroups will be established. Coordinator Spears-Dean is asking the Board to approve the workgroups and working with the RAC to accomplish the goal of the Comprehensive Plan. She said that establishing an update to the Comprehensive Plan is the last item to accomplish. ISP staff is requesting the Board to vote on the next edition of the 9-1-1 Comprehensive Plan which is a three-year plan. Chairman Stern called for a motion to accept the three-year plan. Chief Wright made a motion to approve the three-year Comprehensive Plan and allow staff to work with the RAC to form workgroups. Nelson Moe seconded the motion to approve. The motion was approved; 11-0-0.

4. <u>NG9-1-1 DEPLOYMENT UPDATE</u>

Stefanie McGuffin addressed the 9-1-1 Services Board, and talked about the NG9-1-1 deployment, in which she gave the Board information on the progress of the deployment. She said that there are three primary focus areas: connectivity; equipment readiness/compliance; and GIS data readiness. She said that staff members have encountered some delays. She said that there are two contracts now within the Commonwealth of Virginia. The Goals are meet national i3 standard and be fiscally sound. Other items mentioned were delays related to call handling equipment testing and a second RFP. The Code of Virginia section 56-

484.16 requires migration to be completed by July 1, 2023. Ms. McGuffin said that the updated schedule was approved by the Board at its last meeting. She said that at the last meeting the schedule was to have north and east completed by 2020, and central and west by 2021. She said the goal is achievable with full i3 deployment. She said that staff is continuing to make a lot of progress especially with connectivity. Some system upgrades are available. Staff is going to work to maintain the current schedule to the extent possible. She also commented that staff may not get up to a running start at first, but is going to focus initially on five PSAPs: Floyd, Fairfax, Staunton, Loudoun and Franklin. She talked about how staff manage these complex projects. A resource has been put together to explain it to the Community, and that a Virginia NG9-1-1 dashboard has been developed and available for everyone to access. She said it breaks down the deployment plan, and that staff is up to 95 out of 124 PSAPs that have put in their funding requests. Majority of the PSAPs use the VESTA call-handling equipment. There is a lot of coordination that must take place. She also said that this is the first time anybody has done it this way. She said that funding and contact status is shown on the dashboard. Ms. McGuffin said that \$42,000,000 have been requested to deploy this project. The deployment schedule is shown in a map on the dashboard. She concluded her presentation by stating that staff wanted everyone to be aware of where we are, and inform the Board that the status can be checked on the dashboard.

Matt Gerike addressed the Board, and talked about the GIS portion of the project. He said that at the last Board meeting staff was asked "what is it going to take all 124 PSAPs to get GIS ready". He informed the Board that a timeline has been developed. The PSAP and provisioning data is included in the dashboard. The GIS status tab gage status of stages and progress. He said that progress is being shown in Northern Virginia in which they are working with Intrado and they are being updated in the Intrado system. PSAP Boundaries status has been included in the dashboard.

Coordinator Spears-Dean said that there is no action needed from the Board at this time. She encourages everyone to go out and utilize the dashboard.

5. <u>NG9-1-1 FUNDING AND AMENDMENT REQUESTS</u>

Coordinator Spears-Dean addressed the Board and said two categories of requests are being submitted to the Board which are: NG9-1-1 Funding and NG9-1-1 Amendment requests. Eight localities submitted their NG9-1-1 Funding Requests that totaled \$2,949,683.47. These were submitted by November 25, 2019. Requests are from Caroline; Chesapeake; Eastern Shore of Virginia; Nelson; Newport News; Norfolk; Suffolk; and Surry. Chairman Stern called for a motion to approve the Funding Requests. Pete Hatcher made a motion to approve the Funding Requests, and Nelson Moe seconded the motion to approve. The motion was approved; <u>9-2-0</u> with Chief Wright and Danny Garrison abstaining.

Coordinator Spears-Dean informed the Board that another deadline for funding requests closed on January 27, 2019, and those requests will be brought before the Board in the March meeting.

Coordinator Spears-Dean then went over the NG9-1-1 Funding Amendment Requests: King George - \$467,200.34, King William - \$324,668.53 and Richmond Ambulance Authority - \$15,000.00. Chairman Stern called for a motion to approve the Funding Amendments. Vice Chairman Sheriff Hall made a motion to approve the motion, and David Von Moll seconded the motion for approval. The motion was approved; **10-1-0** with Danny Garrison abstaining.

Coordinator Spears-Dean informed the Board that at the March meeting a budget update will be provided so the Board can see where the budget stands.

6. OLD BUSINESS

None.

7. <u>NEW BUSINESS</u>

• Legislative Update: Coordinator Spears-Dean informed the Board that there are two bills in Legislature right now. One is to move the 9-9-1-1 Board and the VGIN Board and staff to the Virginia Department of Emergency Management from the Virginia Information Technologies Agency; HB1003 and HB727, which is for 9-1-1 Dispatcher – CPR Emergency Training. Coordinator Spears-Dean commented that staff supports HB1003. She also said that HB7272 is being re-directed from the 9-1-1 Services Board to the DCJS.

Chairman Stern informed the Board that he met with the ISP Staff, along with Nelson Moe, at the VDEM new headquarters a couple of weeks ago. Chairman Stern gave an overview and update on how this proposal came about. He stated that he does not know how the Legislature is going forward; however, he does not expect any opposition to this proposal. Chairman Stern said that going forward there will be several meetings to ensure a smooth transition. He commented that this will be a plug and play transition at least for the first year, and a look will take place to see how things should be aligned going forward. He said that he is going to make it as smooth as possible, as the two organizations are merged. Chairman Stern said he would entertain questions in the "public comment" section of the meeting. Nelson Moe then addressed the Board and said ISP is extremely well run and self-contained. He said it is a measured stop. Jolena Young informed the Board that the PSAP Managers are excited about the move to Public Safety, and that concerns about emergency services and communications are separate. They want to keep it separate. She said the VDEM Grant Programs are complicated and that the VITA Grant Program should be maintained. Chairman Stern said that the names and faces will remain the same. He does not see any fast moves for the grant program, but move eventually to the electronic process that VDEM uses. Chairman Stern said going he will try and keep it the same as possible. Chairman Stern called for more questions and comments from the Board, and there were no more.

- 2019 Virginia Public Safety Mental Health Survey: Mr. David Mulholland addressed the Board and talked about "Well-Being in the Emergency Communication Center." He talked about suicide in the "Dispatch Center." Mr. Mulholland said that there is not very much scientific research on this problem. Fairfax County released a report on a scientific study to look at all public safety and the stressors which includes 9-1-1. He went over the report. Mr. Mulholland said his group is now raising awareness. They now have a mental well-being symposium with public safety suicide videos; public safety suicide panels; and managing stress solutions. He informed the Board that the group showed a forty-five minute video at the symposium. He also said that the group are continuing education; well-being program development/expansion; and national survey/new videos. He said that gold is the color for Emergency Communications Center's well-being awareness. Coordinator Spears-Dean thanked Mr. Mulholland for coming and addressing the Board. She said that this will be included in staff's Strategic Initiatives. Stefanie McGuffin said that society is seeing a shift, and that all should take time and listen to each other. Jolena Young thanked Mr. Mulholland for leading this effort. Chairman Stern commented that this is eye opening to him, and that the Board may need to look at mental wellness and post-traumatic stress disorder in the public safety community.
- FCC NET 911 Report: Coordinator Spears-Dean said that the FCC has provided the Board with its Net 911 Report. She said that Virginia was not on the "diversion list" this year. She said that Virginia has a clean bill.
- **Funding Committee Report:** Coordinator Spears-Dean informed the Board that the Funding Committee has not had a chance to meet. Jolena Young, Chairman of the Funding Committee, said she hates it is taking longer, because it is an important project. She informed the

Board that she hopes to have information at the next meeting.

• **Regional Advisory Council (RAC) Report:** Coordinator Spears-Dean addressed the Board and said the RAC has scheduled an "inperson" meeting for March 5, 2020, and one of the first actions will be is to discuss the 9-1-1 Comprehensive Plan.

8. <u>PUBLIC COMMENT</u>

Abingdon – None Roanoke - None Culpepper - None On-Site – None

9. ADJOURNMENT OF THE MEETING

Chairman Stern informed the Board that the ISP Staff Group has received an "NG9-1-1 Institute Award for their "Innovative approach of providing 9-1-1 and GIS services through a single state program". Chairman Stern congratulated the Group.

Chairman Stern then called for a motion to adjourn the meeting of the 9-1-1 Services Board. Nelson Moe made a motion to adjourn the meeting, and Danny Garrison seconded the motion for adjournment. The motion passed; <u>11-0-0</u>. The meeting adjourned at 11:26 AM.

The next meeting of the 9-1-1 Services Board will be held on Thursday, March 12, 2020 at the Commonwealth Enterprise Solution Center (CESC).

Respectfully Submitted:

Terry D. Mayo

(Date)

9-1-1 Comprehensive Plan

Defines the key strategic initiatives to improve 9-1-1 service delivery and functionality in the Commonwealth

Strategic Initiatives							
 Assess impaces existing state capabilities a 		2.	Improve accessibility to 9-1-1 services and availability of information about the 9-1-1 ecosystem	3.	Training recommendations for the NG9-1-1 telecommunicator	4.	Employ analytics to identify future information services

 Address the needs of the deaf and hard of hearing community Access to foreign language services Increased interaction with organizations that represent local government Engagement with other public safety focused disciplines and government agencies Engagement with government agencies Engagement with other public safety focused disciplines and government agencies Facilitates sharing of training Address the needs of the deaf and hard of hearing community Address the needs of the deaf and hard of hearing community Access to foreign language services Increased interaction with organizations that represent local government Engagement with other public safety focused disciplines and government agencies Facilitates sharing of training Increased interaction of training Increased interaction with other public safety focused disciplines and government agencies 		Statewide 9-1-1 Requirements					
data sharing (ISP to • Identify innovative • Integration of 3-1-1 ca	 9-1-1 and Operations Address the needs of the deaf and hard of hearing community Access to foreign language services Increased interaction with organizations that represent local government Engagement with other public safety focused disciplines and government agencies Multiple avenues for data sharing (ISP to PSAPs) to help 	And OperationsProfessional Development1 and OperationsProfessional DevelopmentIdress the needs of e deaf and hard of aring community• Establish 9-1-1 as an independent discipline and explore 9-1-1 branding• Additional pedagogies for telecommunicator training o NG9-1-1 & FirstNet o Regional focus o Aligned with current technology gagement with her public safety cused disciplines d government encies ultiple avenues for ta sharing (ISP to APs) to help• Identify innovative approaches to recruitment	 chnology or resources, operatio Technical Systems Incentivize regional projects Dedicated IT staff and resources to support systems (cybersecurity) Maintenance after grant funding ends Statewide approaches to hosted systems CAD to CAD interfaces Challenge of managing projects that involve multiple vendors Integration of 3-1-1 and similar systems 	 nal impact, additional funding, an Data Development, Maintenance and Support GIS data maintenance and work flows Overall cost of maintenance Data sharing (among PSAPs) Coordinating PSAP boundary support Best practices for GIS quality metrics Interstate data sharing Impact of visual media 	 Analysis and Planning Peer exchange for analytical reporting, development of metrics, assessing staff efficiency, and significant events Include 9-1-1 in training and exercise activities Understanding location accuracy 		

Well-Being in the Emergency Communication Center

Addressing the Risks

Dave Mulholland

Arlington County Emergency Communications Center

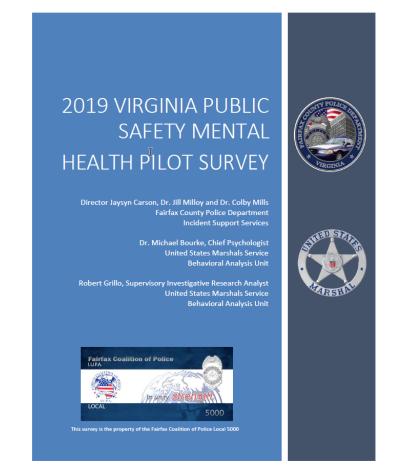
The Thin Gold Line

- Stress in the ECC has always been understood anecdotally
- Ranked among the top most stressful jobs (7th per salary.com)
- Minimal academic or scientific research
- Fairfax Police Incident Support Services survey was the first semi-scientific survey conducted that included ECC.

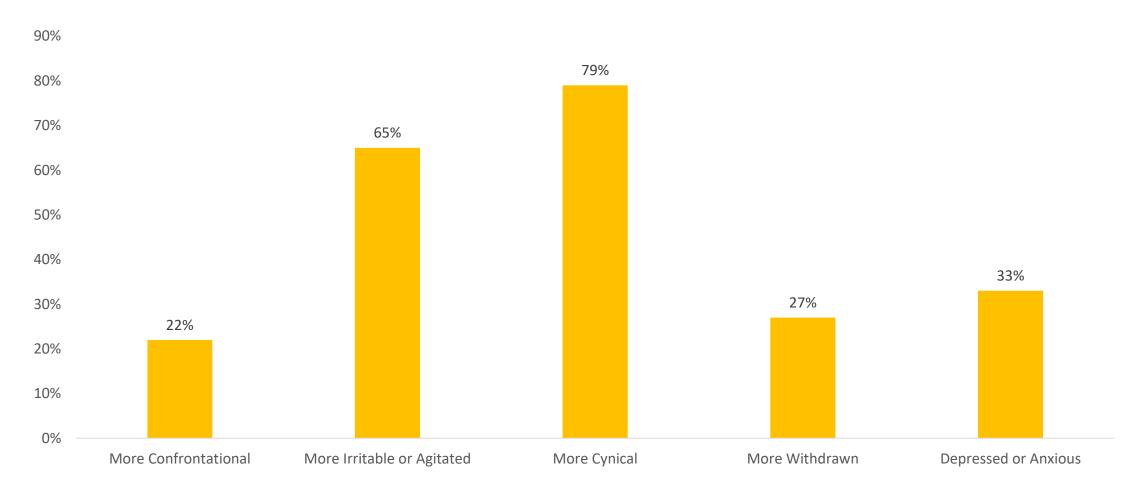


2019 Virginia Public Safety Mental Health Pilot Survey

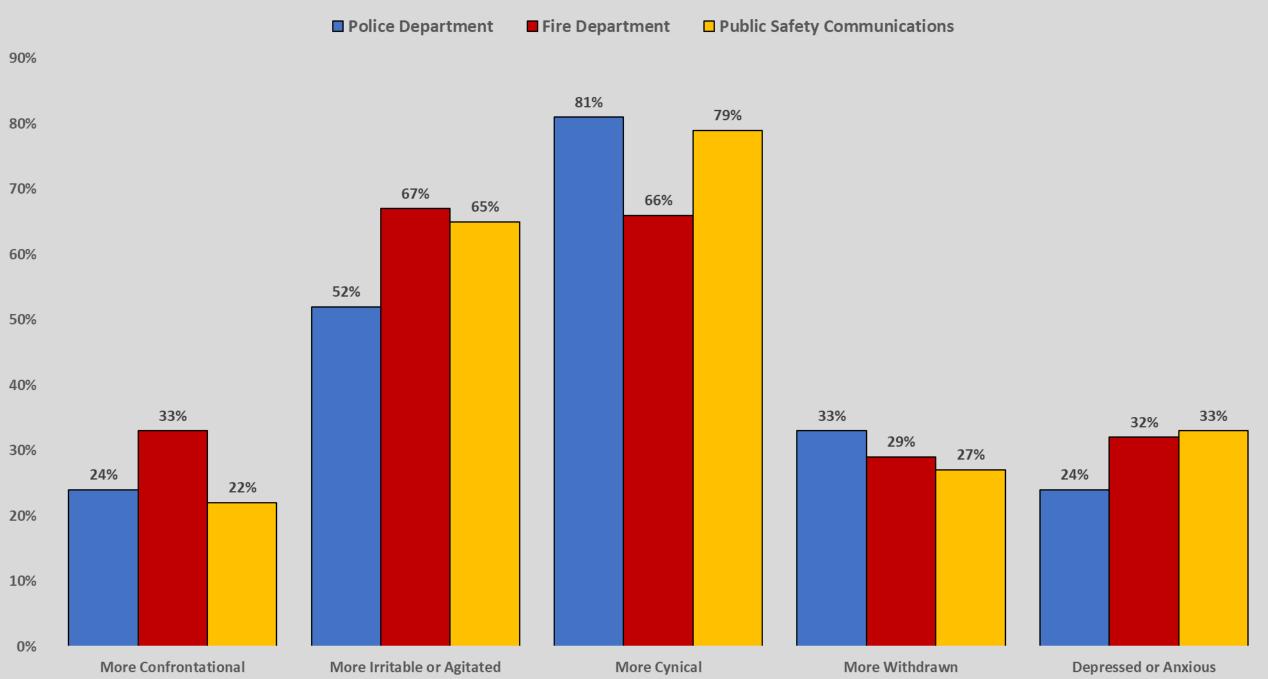
- 26 Public Safety Agencies
 - PD, FD, and ECC
- 5 Dispatch Centers
 - Arlington
 - Fairfax
 - Harrisonburg
 - Leesburg
 - Prince William
- 4900 total respondents
- Analysis by US Marshals Service



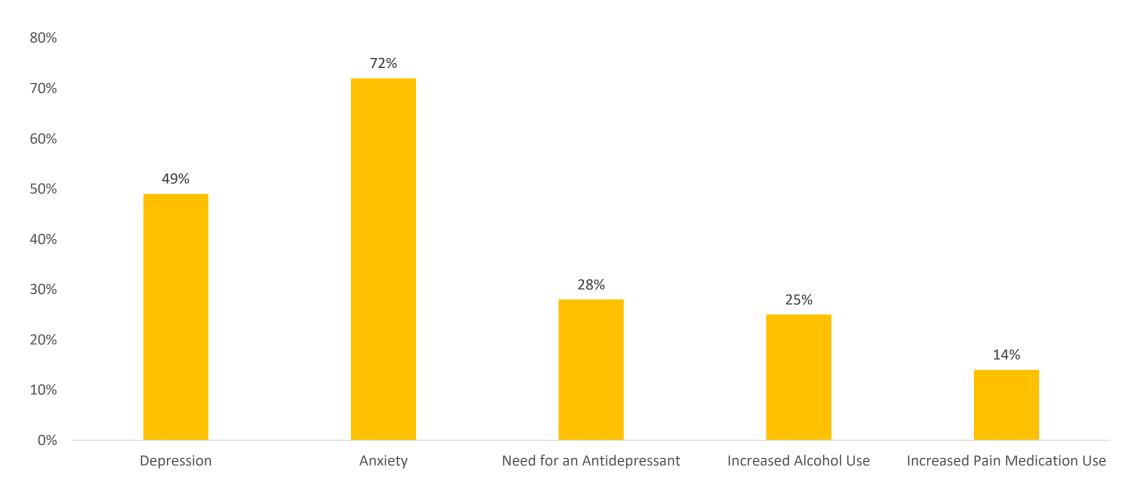
"If you have changed for the worst ... in what way?"



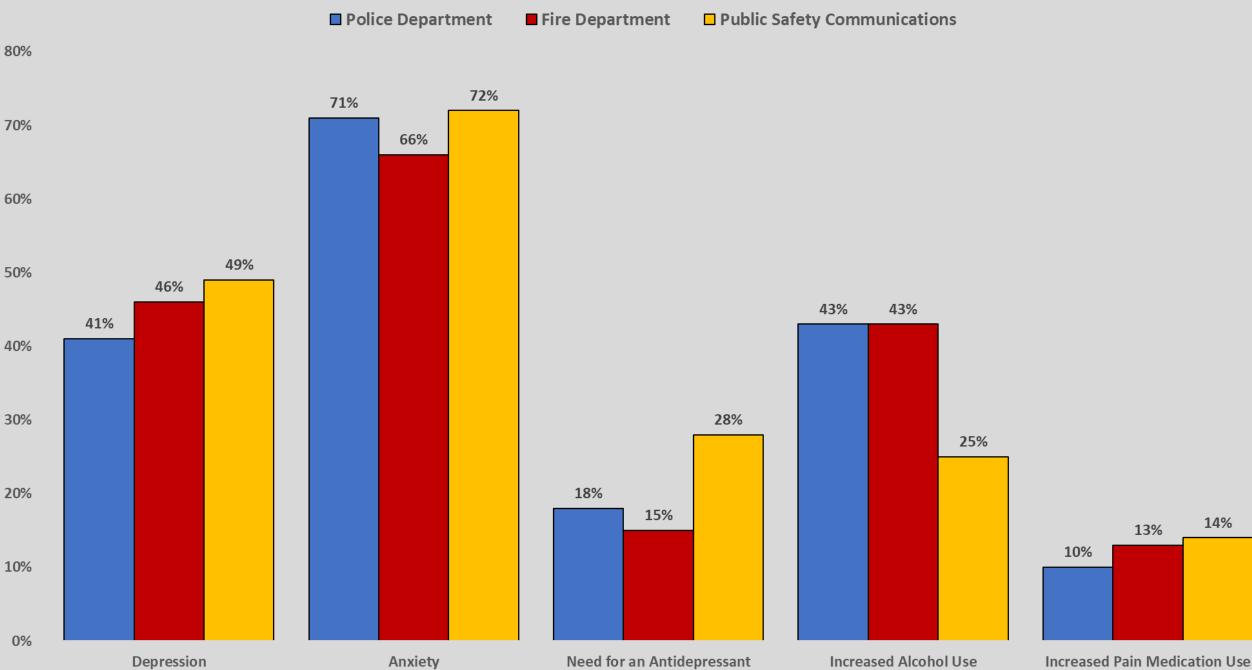




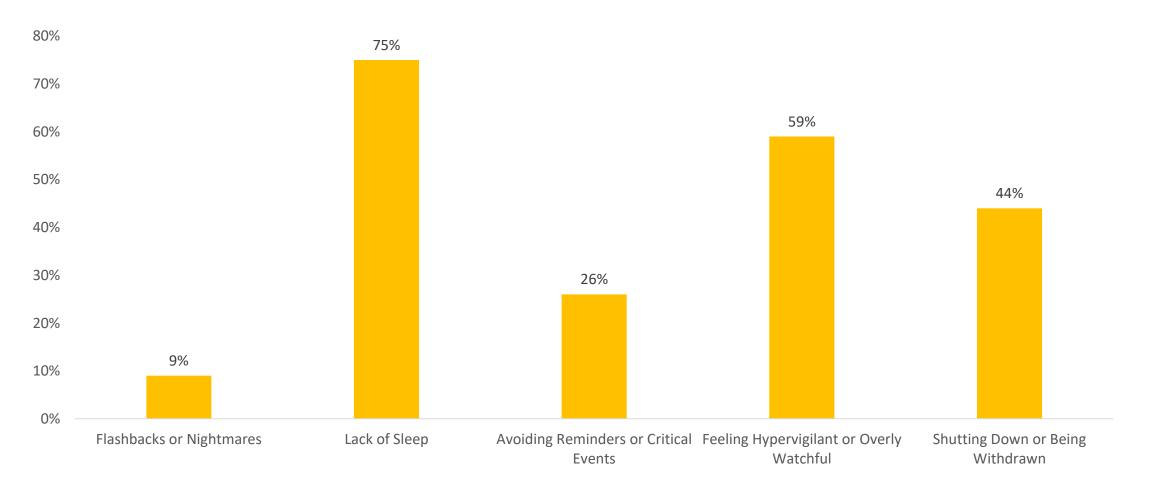
"Do you think working in the Public Safety field has caused any of the listed concerns?"



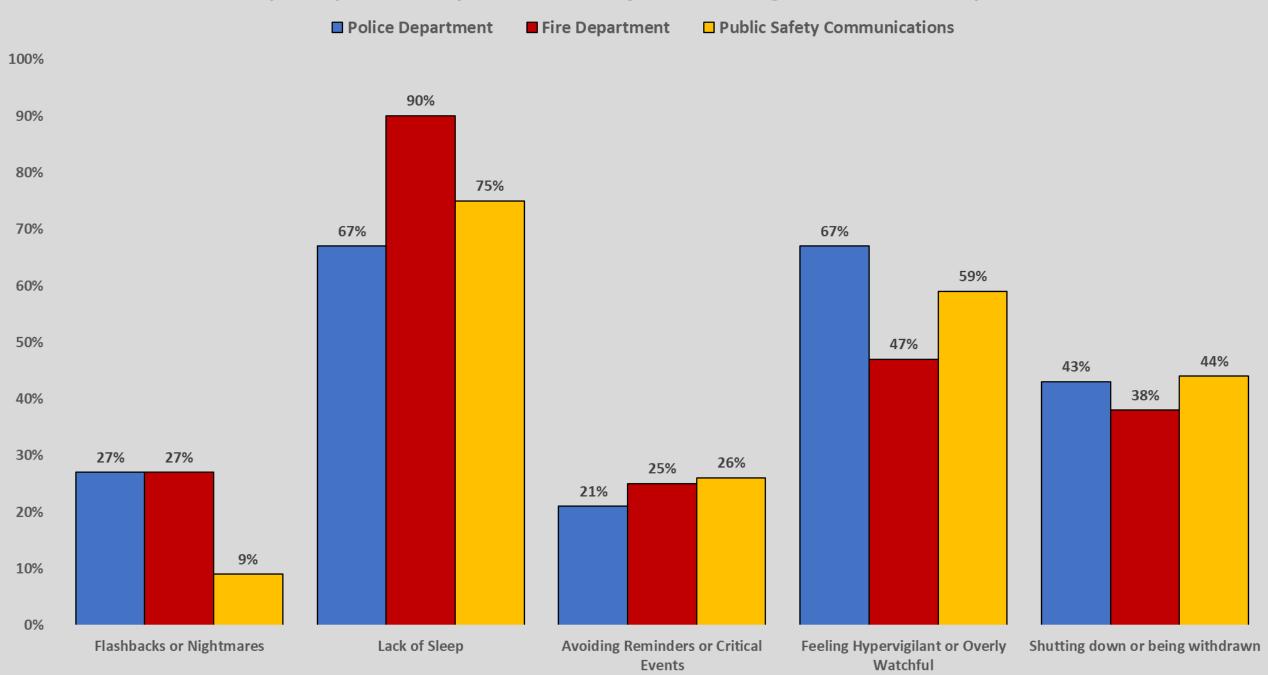
Do you think working in the Public Safety field has caused any of the listed concerns?



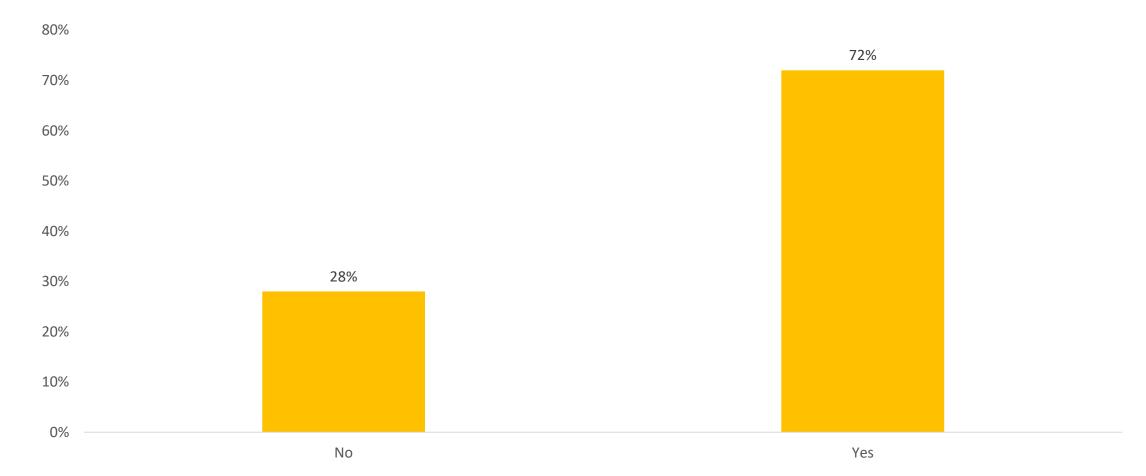
"Do you experience any of the following from working in the Public Safety Field?"

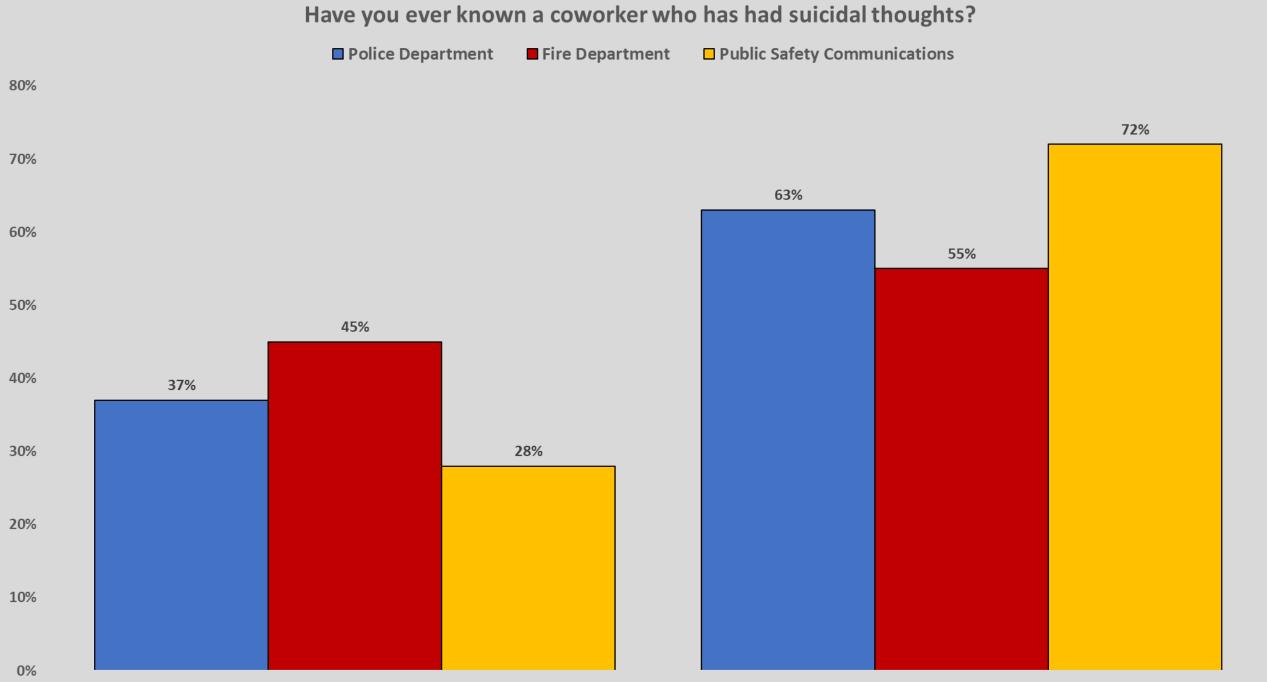


Do you experience any of the following from working in the Public Safety field?



"Have you ever known a coworker who has had suicidal thoughts?"

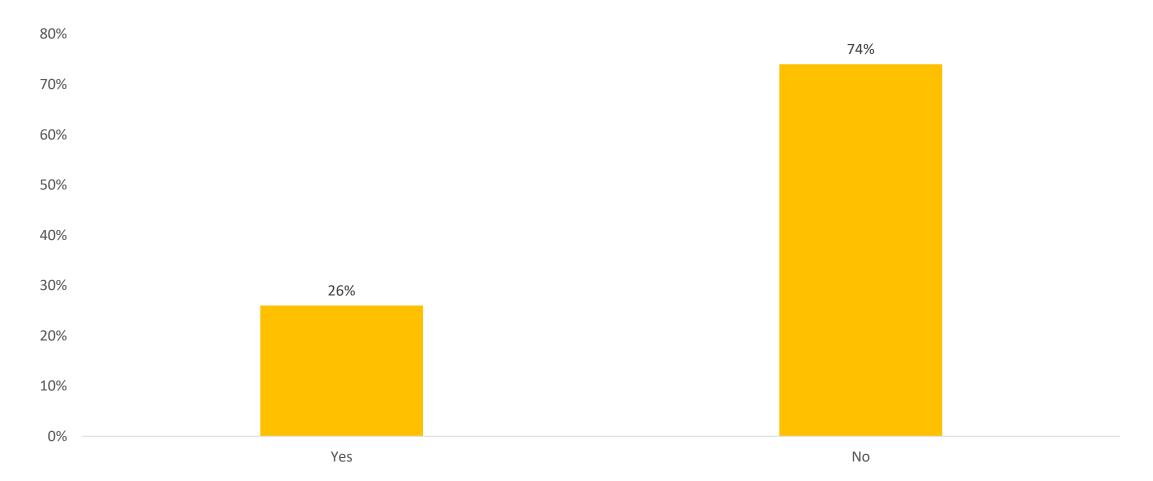




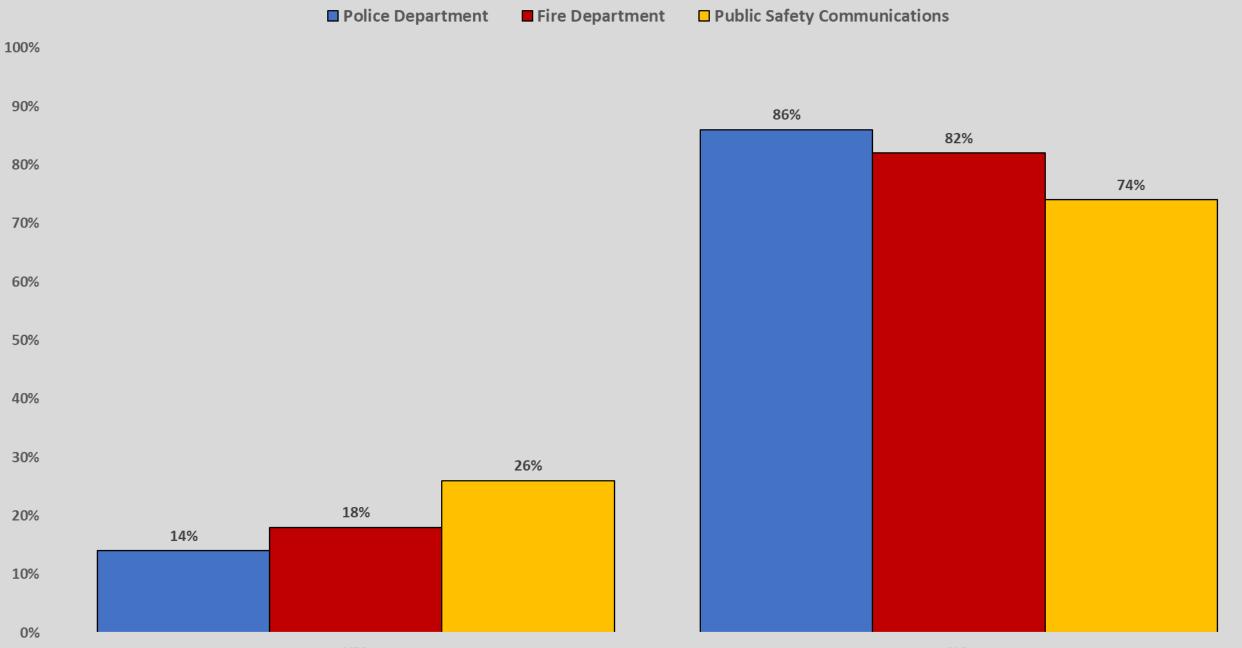
YES

NO

"Have you ever had thoughts about wanting to die, that others would be better off without you?"



Have you ever had thoughts about wanting to die, that others would be better off without you?

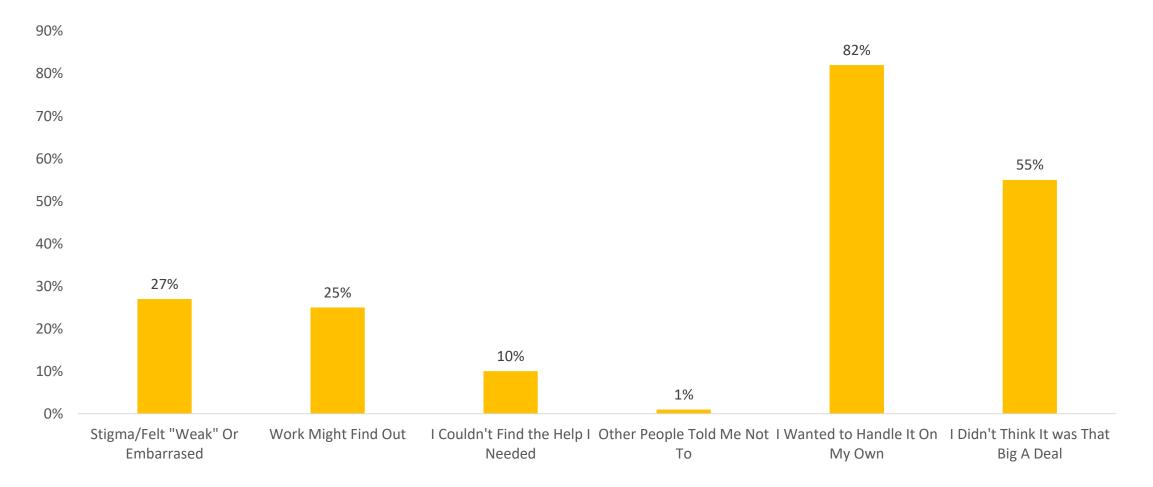


YES

"When was the most recent time you had any suicidal thoughts?"

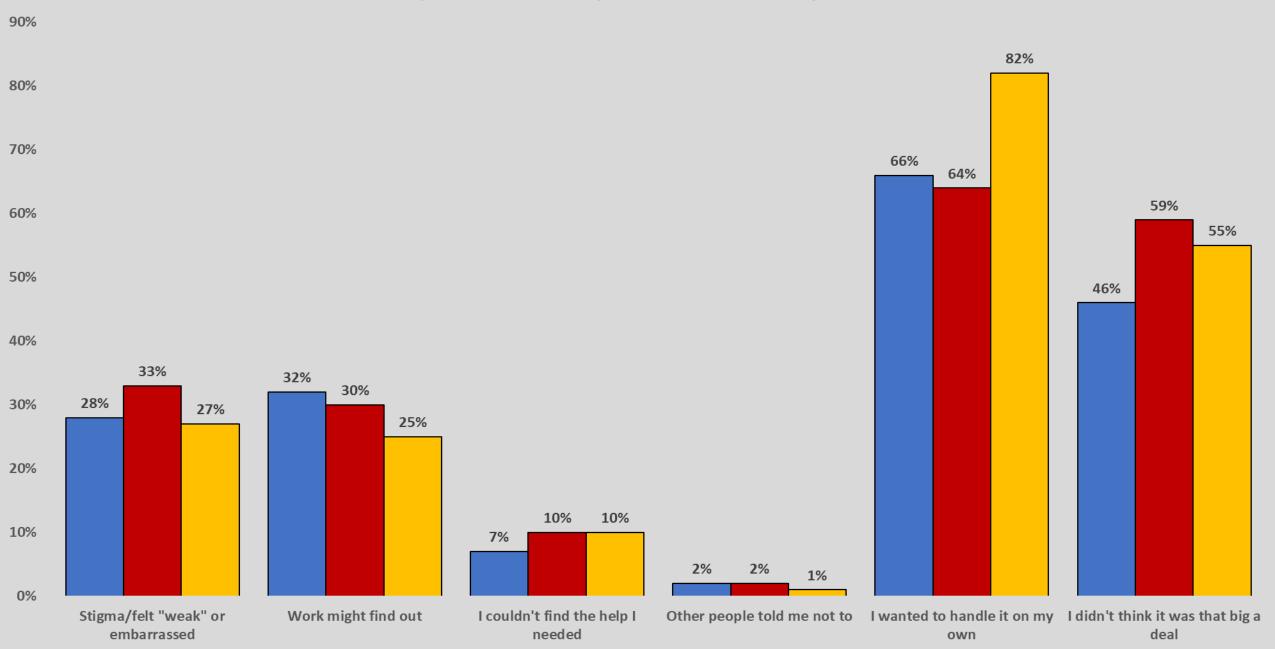
				% of Res	pondents	
		0%	20%	40%	60%	80% 100
	Never					71.7%
Public Safety Communications	Not in more than a year		13.8%			
	Within the last year	1	0.3%			
	Within the last month	2.1%				
	Within the last week	2.1%				
	Never					79.6%
Fire and Rescue	Not in more than a year	6.5	96			
	Within the last year		0%			
	Within the last month	4.2%	ò			
	Within the last week	1.8%				
	Never					86.5%
	Not in more than a year	6.5	96			
Police	Within the last year	4.4%	ò			
	Within the last month	1.3%				
	Within the last week	1.3%				
Agency Type	Question Response					

"If you wanted to seek help but DIDN'T seek it, why not?



If you wanted help but DIDN'T seek it, Why not? Check all that apply

Police Department
Fire Department
Public Safety Communications



What We Are Doing in the NCR

- Raising Awareness
- Mental Well-being Symposium
 - Public Safety Suicide Video
 - Public Safety Suicide Panel
 - Managing Stress Solutions
- Continuing Education
- Well-being Program Development/Expansion
- National Survey/New Video





Key Take-aways

- ECTs Are the Highest Risk
- This is NOT a Clerical Job
- It's OK To Not Be OK
- You Can't Fix It Alone
- You Don't Know Who's Next
- If Not You, Maybe the One Next You
- PTSD Must Become Covered Under Worker's Compensation



Wear Gold for ECC Well-Being Awareness

PSAP Grant Program Decision Brief

Type of Request: NG9-1-1 Funding Award Amendment	Date Submitted: November 20, 2019		
PSAPs: Richmond Ambulance Authority	Amount of Request: \$15,000		
Staff Recommendation: Approve			

1. Briefly define the problem/issue:

ISP staff is requesting that the funding award for Richmond Ambulance Authority (RAA) be amended to include \$15,000 for Text-to-9-1-1 implementation. If approved by the Board, the amount of the revised funding award would be \$422,320.97.

2. Background (include important dates):

This item was not originally included in RAA's Migration Proposal. The vendor that maintains the PSAP's Call Handling Equipment has advised that system and professional services are needed in order for the PSAP to deploy Text-to-9-1-1 service. The locality has already been awarded \$407,320.97 in funding.

3. Major Considerations:

None.

4. Recommended action:

Ask PGC to concur with staff's recommendation and recommend approval of the amendment request by the 9-1-1 Services Board at their next meeting.

5. Alternatives to recommended action:

None.

PSAP Grant Program Decision Brief

Type of Request: NG9-1-1 Funding Award Amendment	Date Submitted: November 13, 2019		
PSAPs: King William	Amount of Request: \$324,668.53		
Staff Recommendation: Approve			

1. Briefly define the problem/issue:

ISP staff is requesting that the funding award for King William County be amended to include a revised connectivity quote of \$942,936. The locality originally had a connectivity quote from Verizon for \$618,267.47. If approved by the Board, the amount of the revised funding award would be \$1,230,412.70. This revised funding award includes \$324,668.53 in additional funding for connectivity.

2. Background (include important dates):

King William's NG9-1-1 Migration Proposal (MP) contained an initial quote of \$618,267.47 from AT&T for diverse connectivity. Since receiving the MP, the locality was awarded NG9-1-1 funding and selected a NG9-1-1 solutions provider. As part of the deployment process, the locality's NG9-1-1 service provider, AT&T, reached out to Verizon for a revised quote.

3. Major Considerations:

None.

4. Recommended action:

Ask PGC to concur with staff's recommendation and recommend approval of the amendment request by the 9-1-1 Services Board at their next meeting.

5. Alternatives to recommended action:

None.

PSAP Grant Program Decision Brief

Type of Request: NG9-1-1 Funding Award Amendment	Date Submitted: November 13, 2019		
PSAPs: King George	Amount of Request: \$467,200.34		
Staff Recommendation: Approve			

1. Briefly define the problem/issue:

ISP staff is requesting that the funding award for King George County be amended to include a revised connectivity quote of \$613,173. The locality originally had a connectivity quote from Verizon for \$146,962. If approved by the Board, the amount of the revised funding award would be \$763,935.74. This revised funding award includes \$467,200.34 in additional funding for connectivity.

2. Background (include important dates):

King George's NG9-1-1 Migration Proposal (MP) contained an initial quote of \$146,962 from AT&T for diverse connectivity. Since receiving the MP, the locality was awarded NG9-1-1 funding and selected a NG9-1-1 solutions provider. As part of the deployment process, the locality's NG9-1-1 service provider, AT&T, reached out to Verizon for a revised quote.

3. Major Considerations:

None.

4. Recommended action:

Ask PGC to concur with staff's recommendation and recommend approval of the amendment request by the 9-1-1 Services Board at their next meeting.

5. Alternatives to recommended action:

None.



2019 VIRGINIA PUBLIC SAFETY MENTAL HEALTH PILOT SURVEY

Director Jaysyn Carson, Dr. Jill Milloy and Dr. Colby Mills Fairfax County Police Department Incident Support Services

> Dr. Michael Bourke, Chief Psychologist United States Marshals Service Behavioral Analysis Unit

Robert Grillo, Supervisory Investigative Research Analyst United States Marshals Service Behavioral Analysis Unit



This survey is the property of the Fairfax Coalition of Police Local 5000



QUESTIONS REGARDING THIS REPORT CAN BE ADDRESSED TO:

Director Jaysyn J. Carson Incident Support Services Office of the Chief of Police Fairfax County Police Department 12099 Government Center Parkway Fairfax, VA 22035 Jaysyn.Carson@fairfaxcounty.gov Phone: 571-641-7687

Dr. Jill Milloy, Clinical Psychologist Fairfax County Police Department 12099 Government Center Parkway Fairfax, VA 22035 Phone: 571-238-4294 Jill.Milloy@fairfaxcounty.gov

Dr. Colby Mills, Clinical Psychologist Fairfax County Police Department 12099 Government Center Parkway Fairfax, VA 22035 Phone: 571-238-4312 <u>Colby.Mills@fairfaxcounty.gov</u> Robert Grillo Supervisory Investigative Research Analyst United States Marshals Service Investigative Operations Division Behavioral Analysis Unit Office: 703-740-1920 Robert.Grillo@usdoj.gov

Dr. Michael Bourke, Chief Psychologist United States Marshals Service Investigative Operations Division Behavioral Analysis Unit Office: 703-740-0499 Michael.Bourke@usdoj.gov

26 Agencies across the Commonwealth of Virginia Surveyed:

Arlington County Police Department Arlington County Fire Department Arlington County Emergency Communications Center City of Chesapeake Police Department Fairfax County Police Department Fairfax County Department of Public Safety Communications Fairfax City Police Department Fairfax City Fire Department Falls Church City Police Department Fauquier County Fire Department Harrisonburg Police Department Harrisonburg Public Safety Communications Leesburg Police Department Leesburg Public Safety Communications **Manassas Park Police Department Manassas Park Fire Department** Norfolk Police Department **Prince William County Police Department Prince William County Fire Department** Prince William County Department of Public Safety Communications Purcellville Police Department **Virginia State Police** Virginia Beach Police Department **Virginia Beach Fire Department** Warrenton Police Department Winchester Police Department

First Responder Survey Executive Summary

The loss of first responders by suicide is devastating to their families, friends, and agencies. The growing number of deaths across the nation constitutes a clear crisis in public safety: nationwide, we are on track to lose more officers to suicide than in recent years. More officers die by their own hand than in line of duty deaths, a disparity that appears to be getting worse. The Fairfax County Police Department is no exception and has had their share of heartbreak and loss to suicide, especially in recent years. In response to this crisis, the department developed a survey to capture a snapshot of the agency. The goal was to:

- Identify risk and protective factors related to the mental health of officers.
- Guide changes in policy and legislation.
- Strengthen the focus on wellness and prevention to build resilience and reduce the impact of repeated exposure to trauma.
- Target cultural changes to reduce stigma and encourage first responders to seek treatment.
- Address clinical issues with evidence-based treatment.

To analyze the results, the department was very fortunate to partner with the United States Marshals Service Behavioral Analysis Unit and the Fairfax County Coalition of Police Local 5000, who administered the survey and collected the data.

This year, nearly 5,000 first responders in Virginia completed the Fairfax County Police Department's survey. They had the courage to speak up about their emotional health and the costs of the work they choose to do every day. Their responses have been the same across 26 agencies and all three branches of public safety work: they are in pain. Despite the pain, many of them are reluctant to seek relief because they are all too aware of the expectations that they should always remain strong and stoic. Those expectations may come from society, from within the agency, and from the first responder himself: whatever their sources, these beliefs stand between many first responders and the relief they deserve.

The survey was initially developed by the Fairfax County Police Department as a short, internal questionnaire to collect anonymous responses about officers' well-being, how the work might have affected them, and what kinds of help they wanted in order to be healthier. The response rate was staggering: about 60% of our officers had the courage to speak up about such "forbidden" topics as trauma, depression, alcohol use, and suicidal thinking. Even more surprising, other departments throughout the state began asking for the survey to give it to their personnel, and they were kind enough to share the results.

Nearly eight percent (7.8%) of first responders in this survey admitted to recent thoughts of suicide. By comparison, the estimated rate of suicidal thoughts in the general U.S. population is three percent. This is in a population that is presumably healthier than the general population at the beginning of their careers, because they are psychologically screened and selected.

Suicidal thoughts are linked to other serious problems as well. Those who endorsed suicidal thoughts were more likely to be depressed and angry or confrontational. They were also more likely to suffer from reactions to traumatic experiences: the more reactions they reported, the more likely they were to report suicidal thoughts. Those who reported three out of five traumatic reactions were twice as likely as the average first responder to have suicidal thoughts. Those who endorsed all five types of traumatic reactions were four times as likely. The association between suicidal thoughts and conditions like depression and trauma are very clear; it seems equally clear that treating those conditions successfully would be a vital step toward reducing the suicide rates among first responders.

Almost one out of four (23.7%) respondents said they suffered depression as a consequence of their work. Depression was most likely to strike among experienced personnel, those with more than five years on the job. Those who suffered from depression were far more likely to think about quitting or retiring, suggesting that depression may cause experienced first responders to leave their careers. Those suffering from depression were also far more likely to talk about wanting help, yet felt pessimistic or hopeless that things would improve.

Trauma reactions are also far too common among first responders. Nearly half of our sample endorsed feeling hypervigilant or overly watchful, a common trauma reaction that leaves the person feeling unable to stop scanning for threats even in their home life. Other common reactions include flashbacks, nightmares, and avoidance of people or places that remind them of a traumatic experience.

First responders also spoke up about what prevents them from seeking the help they need. Three out of ten respondents wanted to "tough it out" or handle it on their own; another three out of ten feared stigma or that their employer would find out. This was especially true for those who have suffered from depression or suicidal thoughts.

As an example of a first responder who needs assistance, consider the hypothetical case of "Officer Jones". (This case is a composite based on statistical analyses of our survey results.) In the twelve years of his career, Officer Jones has been exposed to hundreds of situations that have the potential to be traumatic. Some of those situations break into his thoughts during the day and play out in nightmares as he tries to sleep. He finds himself avoiding certain places and situations because they remind him of what he has been through. He has gradually pulled away from people in his personal life, become more angry and confrontational, and his drinking has increased. He knows that he could probably benefit from talking to someone, but he keeps trying to handle it on his own rather than risk consequences to his career or negative judgments from his work friends. Officer Jones might not admit to having any thoughts of suicide, although he knows other first responders who have them.

While the high response rates across Virginia were initially surprising to us, perhaps the first responders who spoke up are people who have been suffering like Officer Jones, or know someone who has been. With the results clearly demonstrating that these individuals suffer in silence due to fear and stigma.

Where do we go from here?

We believe the first task is to broadcast these results to spark discussion and encourage evidence-informed changes within the first responder culture. The second task will be to design a follow-up survey that builds on the first. For example, it will be helpful to have more respondents to inform statistical analyses and demographic information to guide interventions. We plan to ask more refined questions about the issues that trouble first responders most, such as depression and trauma. We also plan to look at risk and protective factors over the course of a career. For example, is there something protective in the first five years that caused a lower rate of depression in those respondents? Are there risk variables such as repeated exposure to trauma that affected those with more time on the job? What can be done to identify protective factors and moderate the risk factors?

It is clear from the survey results that first responders are hurting and quietly suffering from secondhand pain. On the worst day of others' lives, they are the first to respond yet the last to seek help. The culture is understandably proud, is told to "suck it up," be stoic...but our survey confirms that they are hurting and even contemplating suicide as an escape from their pain.

What can change right now? A paradigm shift in mindset is needed. The "suck it up" attitude, expecting first responders to be superhuman while day after day seeing the worst that society offers, is contributing to poor mental and physical health and killing our protectors. Here are a few ways that public safety agencies can respond:

- Be open and public about the toll that the job takes on first responders and take the responsibility to educate both their employees and the community they serve
- Strongly endorse that it is "okay not to be okay" and support and encourage seeking culturally competent help
- Have prevention and wellness programs in place where first responders learn self-care that can mitigate some of the effects of the job
- Stress that there are evidence-based treatments (one example is cognitive-behavioral therapy) for the problems that first responders are reporting

When first responders sustain psychological injuries and illness during their careers, the effects need not be permanent or fatal. Prevention, early detection, and appropriate treatment can ease suffering and save lives. These men and women are begging for help with depression, PTSD, trauma reactions, substance use, sleep problems, irritability, and feeling isolated and withdrawn. They have shown the courage to speak; now it is the responsibility of their agencies to respond.

We gratefully acknowledge the invaluable assistance of the Behavioral Analysis Unit of the United States Marshals Service, particularly Mr. Robert Grillo, in analyzing our survey results.

Background

In December 2018, the United States Marshals Service (USMS), Behavioral Analysis Unit (BAU) welcomed the opportunity to provide analytical support to the 2018-2019 Fairfax County Public Safety Mental Health Pilot Survey. This in an important – indeed, critical – issue, and to date it has been under-studied in our profession.

The survey data set included a total of 4,871 respondents from 15 police departments, 6 fire and rescue departments, and 5 public safety communication centers. The sizes of participating agencies within each type varied widely.

The pilot survey did not ask respondents for demographic Information (e.g., age, gender); however, responses to other questions of interest were used to group participants and conduct statistical comparisons. The analysis of the pilot survey data focused on two key groups:

- 1) Those who reported having suicidal thoughts within the last year.
- 2) Those who indicated that working in their profession has caused symptoms of depression.

The following pages provide a summary of the findings.

When was the most recent time you had any suicidal thoughts?

This crucial question helps identify the public safety professionals at greatest risk. It is therefore useful to group the participants based on this question and compare their responses to other survey questions, providing insight into the issues most associated with those at risk. This question was used to separate the participants into two groups for the purposes of analysis:

- 1) Those reporting suicidal thoughts within the last year (considered recent suicidal thoughts).
- 2) Those reporting no suicidal thoughts within the last year or never having suicidal thoughts.

Statistical comparisons between these two groups was the key approach toward determining how working in the public safety profession affects the mental health of employees.

381 (7.8%) of the respondents reported having recent suicidal thoughts. The figure below appears to show that police officers have the lowest rates of recent suicidal thoughts among the agency types; however, it is difficult to determine if they in fact have lower rates or are simply less likely to report such matters than the other two professions.

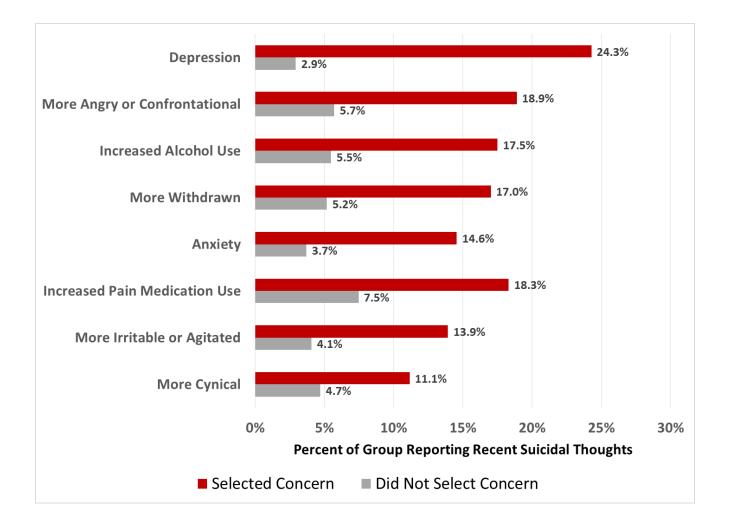
Agency Type	Question Response			
Police	Within the last week	1.3%		
	Within the last month	1.3%		
	Within the last year	4.4%		
	Not in more than a year	6.5%		
Fire and Rescue	Never	86	5.5%	
	Within the last week	1.8%		
	Within the last month	4.2%		
	Within the last year	8.0%		
	Not in more than a year	6.5%		
	Never	79.6%	1	
Public Safety Communications	Within the last week	2.1%		
	Within the last month	2.1%		
	Within the last year	10.3%		
	Not in more than a year	13.8%		
	Never	71.7%		
		0% 20% 40% 60% 80% 1	L00%	
		% of Respondents		

Is a particular work-caused concern or change for the worse more likely to be selected by someone reporting recent suicidal thoughts?

Through two questions, participants were asked to select the personal concerns or changes for the worse they have experienced as a result of carrying out their duties. By comparing the recent suicidal thought response rates for those who selected a particular item versus those who did not select the item, it was possible to gain an understanding of which concerns and changes provide the strongest indicators of suicide risk.

In the figure below, 24.3% of the respondents who selected "Depression" as a work-caused concern reported having recent suicidal thoughts. Only 2.9% of those that did not select "Depression" reported having recent suicidal thoughts. The 21.4% difference between these two groups was the largest gap and strongest statistical association among these questions.

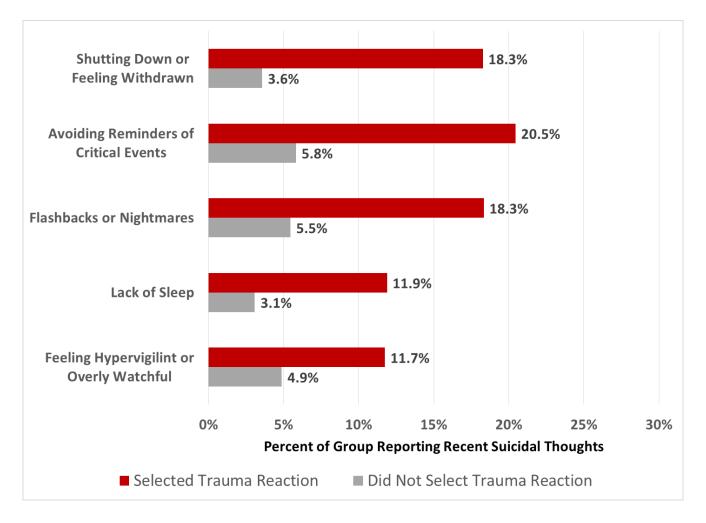
The risk factors in the figure are sorted in descending order by the size of the difference between the "Selected" and "Did Not Select" groups. All differences were found to be statistically significant.



Is a particular work-related trauma reaction more likely to be selected by someone reporting recent suicidal thoughts?

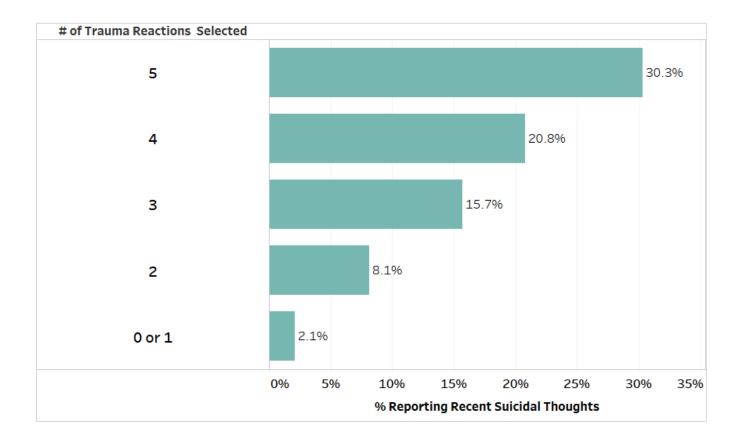
When asked "Do you experience any of the following from your work," the respondents were allowed to select from a series of potential trauma reactions. By comparing the recent suicidal thought response rates for those that selected a particular trauma reaction versus those that did not, it was possible to distinguish which reported reactions provide the strongest indicators of suicide risk. In the figure below, 20.5% of the respondents who selected "Avoiding Reminders of Critical Events" as a work-caused trauma reaction also reported having recent suicidal thoughts. Only 5.8% of those that did not select this item reported having recent suicidal thoughts. The 14.6% difference between these two groups was the second largest gap and second strongest statistical association among these questions.

The work-cause trauma reactions in the figure below are sorted in descending order by the size of the difference between the "Selected" and "Did Not Select" groups. All differences were found to be statistically significant.



Is someone who selects multiple trauma reactions more likely to report recent suicidal thoughts?

The respondents were grouped by their number of selected trauma reactions. When examining the associated rates of reported recent suicidal thoughts across these groups, there was a clear increasing relationship. The increasing rates across the groups in the figure below were found to be statistically significant. This analysis implies that a compounding effect may exist with regard to experiencing work-related trauma reactions.

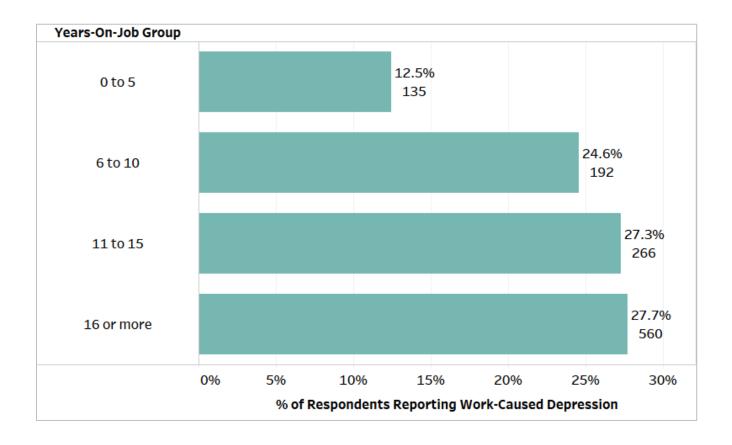


Is a particular year-on-job range more likely to report workcaused depression?

Given the strength of the relationship identified between personal concerns of depression and recent suicidal thoughts, comparisons were also made among the following groups:

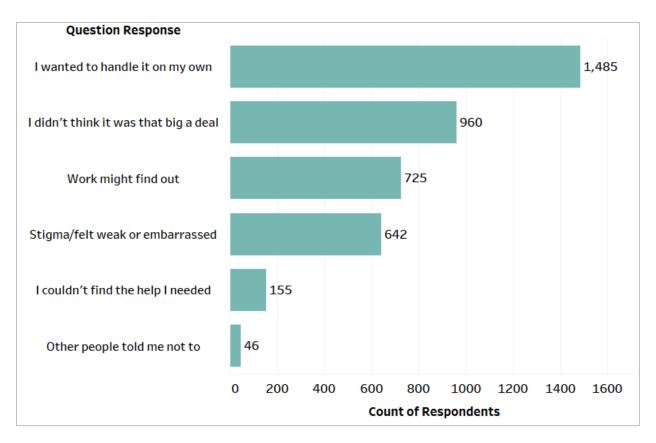
- 1) Those selecting "Depression" as a concern caused by their profession.
- 2) Those who did not select "Depression" as a concern caused by their profession.

The figure below shows a statistically significant jump in work-caused depression between the "0 to 5" years-on-job group and the other three groups. This sharp increase appears to indicate a work-related deterioration in the mental health of public safety professionals beginning relatively early in their careers.



If you wanted help but DIDN'T seek it, why not?

When those wanting help were asked to select the reasons why they did not seek it out, they provided the responses summarized in the figure below. "I wanted to handle it on my own" and "I didn't think it was that big a deal" were the two reasons most frequently selected.



The table below summarizes how frequently individuals in each at-risk group selected each of the reasons for not seeking help. For example, 39.6% of the "Recent Suicidal Thoughts" group selected "Work might find out" as a reason for not seeking help. Similarly, 29.8% of the "Work-Caused Depression" group selected "Stigma/felt weak or embarrassed" as a reason for not seeking help.

	% of Group that Selected the Reason	
Reason for Not Seeking Help	Recent Suicidal	Work-Caused
	Thoughts Group	Depression Group
I wanted to handle it on my own	59.3%	52.6%
Work might find out	39.6%	33.4%
Stigma/felt weak or embarrassed	36.2%	29.8%
I didn't think it was a big deal	33.6%	28.6%
Other people told me not to	19.6%	1.6%
I couldn't find the help I needed	10.2%	7.8%

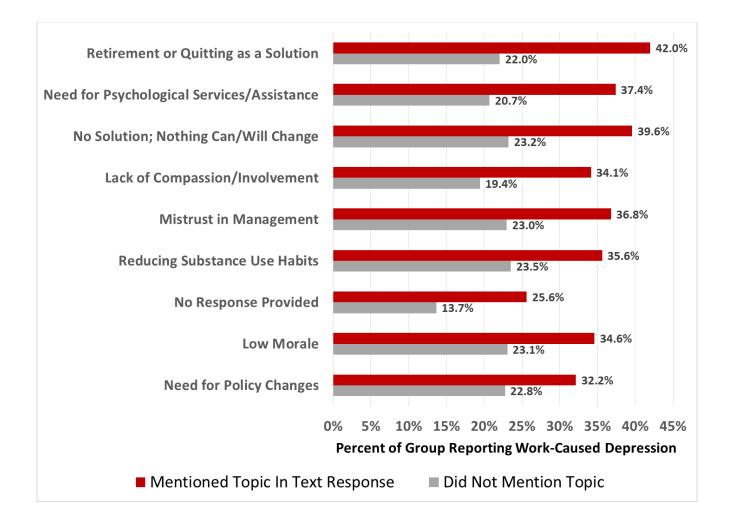
Text Response Analysis

The survey contained three questions that allowed free text responses. The three questions were:

- 1) What can YOU do (that you aren't already doing) that would help your well-being?
- 2) What can your immediate SUPERVISOR start doing that would help your well-being?
- 3) What can your AGENCY start doing that would help your well-being?

The responses to each of these questions were manually reviewed and flagged as being related to one of 18 possible topics. This process made it possible to analyze the free text respondents in a similar manner to the other questions in the survey.

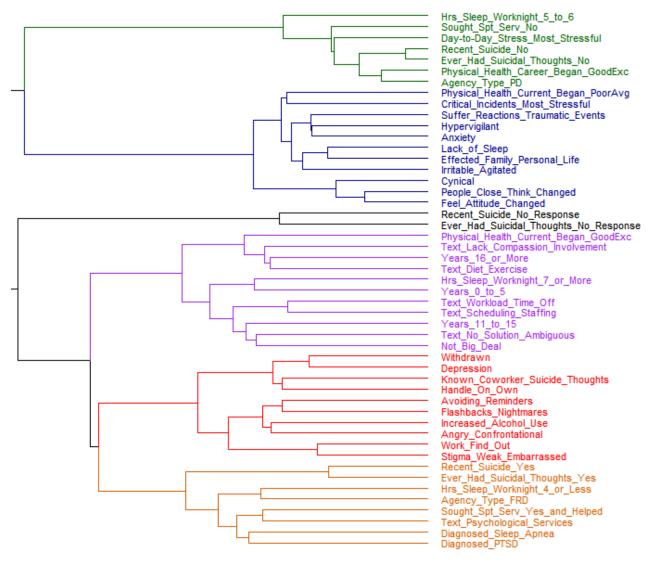
Statistically significant differences in the text responses between those reporting work-caused depression and those without work-caused depression are summarized in the figure below. The item at the top shows that of the people who made reference to quitting, retiring, and/or finding another position, 42% also reported concerns of work-related depression. In contrast, 22% of those that did not reference this topic reported concerns of work-related depression. The 20% difference between these two groups was the largest gap among the topics shown in the figure.



Cluster Analysis of Survey Response Options

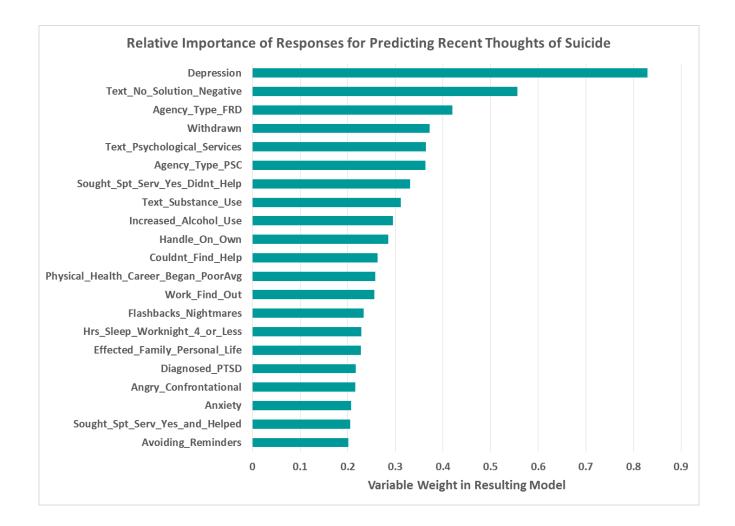
By conducting a cluster analysis of the responses to survey questions, it was possible to gain an understanding of which mental health factors are most closely associated with each other. This approach calculates how similar each type of survey response is to each other when examined across the respondents.

Several types of individuals seem apparent in the cluster diagram below. When examining the green and purple clusters, they do not appear to have indicators of serious mental health concerns. The blue cluster seems to capture those suffering from trauma reactions. The orange cluster contains the suicidal thoughts variables and thus represents a high-risk group; however, it also contains variables related to seeking help, being diagnosed with mental health issues, and being in favor of psychological services. The red cluster, on the other hand, contains an assortment of high-risk factors and remains in close proximity to the suicide related variables. Additionally, this red cluster does not contain variables related to seeking assistance. It therefore can be considered the highest-risk group among the set of clusters generated in this analysis.



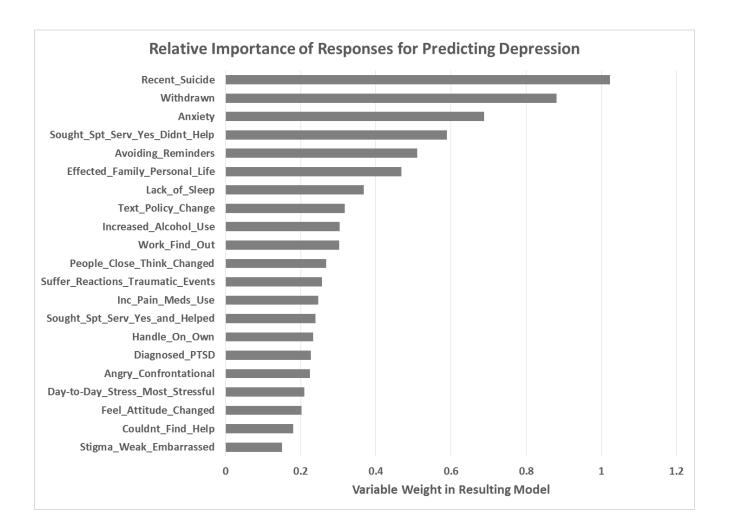
Predictive Model for Recent Suicidal Thoughts

A statistical model was formulated to reveal the most predictive factors of recent suicidal thoughts. The figure below lists the 21 most predictive variables in order of their relative importance to each other. For example, the "Depression" variable was considered roughly twice as important in the model as the "Withdrawn" variable. The bar sizes represent the variable weight (i.e., the coefficients). These results share similarities with those found from previously described analyses. This approach, however, offers the advantage of considering the importance of each response in the context of all other responses provided by the participants.

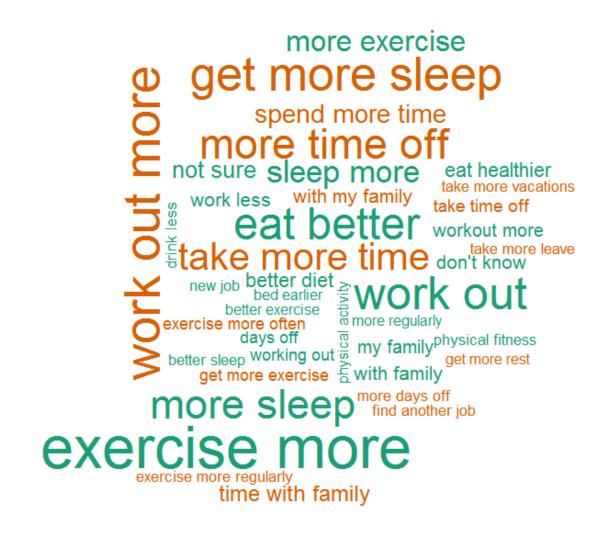


Predictive Model for Work-Caused Depression

A second statistical model revealed the most predictive factors related to work-caused depression. The figure below lists the 21 most predictive variables in the resulting model in order of their relative importance to each other. For example, the "Recent Suicide" variable was considered roughly twice as important in the model as the "Avoiding Reminders" variable.



What can YOU do (that you aren't already doing) that would help your well-being?



What can your immediate SUPERVISOR start doing that would help your well-being?



What can your AGENCY start doing that would help your wellbeing?

work schedule better pay more people provide more more days off departr get rid more money gym membership don't know staff Φ С Oľ With critical incident utv pay more have more would help hour shifts take care hire more e abou peo work week ess hire more officers allow time We neec work ou our increase par no better schedule