

Emergency Service Provider Wellness Commission Meeting Minutes

01/23/ 2023

- Meeting opened at 12:01 p.m. Meeting was entirely remote via Teams.
- Members
 - Stephanie Busch, Cindy Lack, Ashley Happy, Matthew Engels, Len Howard, Mark McDonough, Lance Burnham, Trevor Whipple, Mourning Fox, Clarke Collins, Emma Harrigan, Lori Gurney, Ollie Neith, Seth Loomis, Samantha Sweet
- Agenda Overview
 - Reminder that the committee will be voting on chair and vice chair positions. Will move up voting for the benefit of those leaving early and joining late. Simple majority vote.
 - The [legislative report](#) has been submitted. We can discuss that and make plans for our 2023 priorities and the January 2024 submission.
 - NH Stress course – Ollie presented on that in November; looking for group input.
 - New person – welcomed Donna Jacob, administrative assistant for DEPRIP/EMS at VDH.
- Transitions
 - Eight (8) folks are in transition, 3 of which are on the call. Stephanie will reach out to their organizations and ask for their appointee names. Two or three year terms – Stephanie will double check legislation.
 - Ashley Happy will be designee for Barb Neal, who is passing the torch.
 - Kate Lanphere was appointed by VT Care Partners, and Christine Bullard is going to take her place.
- 2023 Chair and Vice Chair Vote
 - Trevor Whipple graciously agreed to again moderate the voting.
 - Motion made by Mark McDonough to nominate Stephanie Busch for Chair for 2023. Motion seconded by Matt Engel. Voting: Unanimous in favor of Stephanie.
 - Motion made by Cindy Lack to nominate Mark McDonough for Vice Chair for 2023. Motion seconded by Ollie Neith. Voting: Unanimous in favor of Mark.
- Member updates
 - Cindy Lack – The MOSS group did second round of PRIN study with Southern State Correctional Facility. Most significant finding: 37% of staff have reported they've had significant thoughts of suicide. Up 7% from initial study.
 - Cindy Lack - Peer Support Team is currently recruiting new members and putting heavier effort on SSCF. There are no peer supporters there. They have not yet gotten around to fulfilling trainings, but Cindy does regular bulletins around health and wellness, stress management, etc. Sends out a newsletter every week and team support contact info is listed on that. We get supervisor updates about folks they are concerned about. Communication had been an issue but that is dwindling. SSCF is a tough facility because they have too many facilities with different objectives: Elderly, MH, Infirmary...all in all, more medically complex people. Different buildings are dedicated to specific things, so it's a different layout than some facilities.

- Matt said the survey results have been publicly disseminated, and he will send the report to Mark and Stephanie.
 - Lance – Were their reasons given by the CO's as to why they went that far? Cindy – I don't think so. Questionnaire was more basic than that. Killer overtime, stressors of the 12-hour shift, impacts on family/social time, etc.
 - Matt – shared the previous survey to the one Cindy referenced. Thirty percent (30%) of staff and 37% of incarcerated showing self-harm ideations. The University of VT Justice Research Initiative published the full [report](#).
 - Ashley – curious about how it was done and delivered to the staff. Matt – I think it was an anonymous survey created by the Justice Research Initiative at UVM. 67% of officers responded to the survey.
 - Matt – sharing some text from the Wellness Committee and the Suicide Prevention Task Force. It's been disseminated statewide, and Matt is sharing with Stephanie and Cindy.
 - No other updates.
- Legislative Report and 2023 Priorities
 - Thanks to all who jumped on the November call. The legislative report has been pushed up through channels to the legislature. Heard a brief report on VPR and saw a link on WCAX.
 - Priorities for 2023:
 - Develop and deliver trainings for emergency service organizations and providers.
 - Host an annual conference focused on emergency services mental health and wellness.
 - Develop recommendations for defining 'qualified clinicians' who are prepared to treat emergency service providers.
 - Review Post-traumatic stress disorder (PTSD) workers compensation legislation.
 - Trainings for Emergency Service Organizations and Providers
 - Ollie noted that anyone can create an account and go through the NH training. Len noted he had done the training and thought it was positive and very good. Ollie noted that NH is starting to develop a second training for LE and corrections officers but has yet been completed.
 - Mark – There is a chief of wellness at NH academy who happy to work with us to use that as a platform to launch from.
 - Stephanie asked Mark or Ollie to reach out to the NH contact and to think about what might be missing from the training and how VT could adapt it. Matt – who can be our content creator in VT? In the agencies we are all part of, who has somebody in their agency who can be our resource? When we created the PSAs a couple of years ago, it turned out the Dept of Ag had the most robust videography team, and they were phenomenal when making those PSAs for us.
 - Host an annual conference focused on emergency services mental health and wellness.
 - Mark – in going down that list of priorities, I'm still working on the idea of a conference. I want to connect with the folks running the VDH EMS conference, use their established system for registration/collection of payments to integrate a wellness component into, prior to or after their conference.
 - Develop recommendations for defining 'qualified clinicians' who are prepared to treat emergency service providers.
 - Stephanie said a survey had found there were only 6 specific clinicians available. As a starter, a qualified clinician would be someone prepared to treat folks in emergency services – experience, trauma training, evidence-based trainings, etc. Is there an opportunity to get

- some of the clinicians on this committee to develop a training package and a list of what experiences are useful. EMDR, Comm, CAM training, some of the different trainings. Coming up with a list of clinicians who are qualified is a charge of the group, but we also need to identify the components and which clinicians have what? Any initial reactions from the clinicians on the group?
- Topics included CISM, Team Two, Trauma-informed related trainings, ESP culture training
 - Fraternal Order of Police has a list they use identify clinicians to treat police and other LE personnel. ([Wellness Provider Vetting Guide \(fop.net\)](#))
 - Stephanie asked Samantha if there is any work being done around engaging emergency or first responder personnel. Samantha – working with different groups to develop training modules or requirements. Maybe we should look at that list and pick and choose what would work for this. We’re working on a mobile crisis list. Trauma informed training and a handful of others would be beneficial. Maybe share the list with you, Stephanie, and pick and choose.
 - “A day in the life of an emergency services responder” would be a helpful thing. Also, as mobile crisis develops in VT, law enforcement, EMS, etc. are all going to be engaging with these people on the streets.
- Stephanie – Clarke, you’re representing DHR. VSP and DOC are represented by DHR. Are there any concerns or considerations that we should be focused on? Clarke – yes, VSP and DOC fall under DHR, but because of PRIN, we’re talking to EAP and DOC to find a better solution given the relatively disturbing results. Looking for a tailored solution, but nothing else comes to mind.
 - Stephanie – working with CAPS to develop Narcan and naloxone training, but it would be great to develop some suicide prevention trainings, whether adapting the NH training, gatekeeper, assist – how to work with someone who is either intentional about or struggling with suicide. Clarke – any ideas would be helpful. Wellness program for state employees exists. One of the gaps is MH, and we don’t offer much in terms of programming. Trying to offer free mental health (not therapy) but resources like stress reduction, suicide ideality, etc.
 - Ashley – training and communications program manager –long list of things I want and need to be doing. Lot of students whom she wishes she could have gotten to sooner. Wish they knew there were people that actually cared. Working to make their program more intensive. Liz Tracy heads the dispatch group, and she’s been going to municipalities and invoice police officers into those stress and wellness trainings to let them know that programs exist.
 - Stephanie – sounds like a lot of folks are working on pre-incident trainings. How can we prepare folks going into different work environments, etc., like peer support, HR wellness resources, and what clinicians might be qualified? Good focus for next meeting? How do we combine all of these different core objectives (Ashley for 911, Ollie, NH stress training, DOC stuff, wellness) that we could come up with core objectives, and other pieces around distinct settings...911, EMS/fire, LE...can we pool resources? What is the definition of stress and where did we find it? Like a list of resources? Everyone is here because they are about the work and this work is hard.

Stephanie thanked all for participating – reach out to Mark or I and thank you all for your engagements. Hope you are all safe, warm (minus ski people) and enjoy the afternoon.

Meeting adjourned at 12:30 p.m.