THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR

COMPREHENSIVE NEIGHBORHOOD SAFETY STRATEGY
COLUMBUS SAFETY ADVISORY COMMISSION
MEETING MINUTES
Wednesday, January 23, 2019

Commissioners Present:
Dr. Chenelle Jones, Dr. Vlad Kogan, Andrea Morbitzer, Erin Synk, Tiffany White, Emily Buster, LaShaun Carter, Tammy Fournier-Alsaada, Oleatha Waugh, Traci Shaw, Jason Ridley

Commissioners Absent:
Ellen Moore Griffin, Mary Wehrle, Matthew McCrystal, Brooke Burns, Dr. Reginald Wilkinson

Staff Present: George Speaks, DC Tom Quinlan, Kate Pishotti, Jeff Furbee

WELCOME
Acting Chair Chenelle Jones called the meeting to order at 2:00 pm and welcomed the Columbus Community Safety Advisory Commission ("Safety Commission") to the 15th meeting of the group.

APPROVAL OF MINUTES FROM THE JANUARY 10, 2019 MEETING
Emily Buster noted that she attended the January 10 meeting, but was not listed as an attendee. With that correction, Erin Synk moved to accept the minutes; seconded by LaShaun Carter. Motion carried.

PRESENTATION FROM COMPREHENSIVE OFFICER WELLNESS PROGRAM

I. Employee Assistance Program – Lisa Callander
   - A. Founded in the 1980s, Columbus' EAP program is housed in the Public Health Department and seeks to help city employees achieve healthy behaviors, healthy lifestyles and optimum job performance.
   - B. Specifically for CPD, the program satisfies a CALEA standard that requires the agency "makes available to employees an EAP designed to assist in the identification and resolution of concerns or problems (personal or job-related), which may adversely affect an employee's personal or professional well being or job performance."
   - C. Assessment Counseling – within 24-48 hours
     1. Referrals – peer assistance, chaplaincy
     2. Training

Q: What is the utilization rate for the program?
A: National average for EAP program is 3-5% of workforce and CPD is at the top end of that range. There is always room for improvement, but we've made great strides in the last several years to increase participation.

Q: Connection between AEP and psychological safety – is there a culture that supports that?
A: Yes, we put a great deal of emphasis on confidentiality to help people to feel comfortable.

Q: What are the typical situations for which officers seek help?
A: We see officers for the same things as everyone else – marital issues, help dealing with teenagers, general stress, job stress, etc.
Q: Do you utilize Eye Movement Desensitization Reprocessing (EMDR) therapy?
A: Yes, we have two people trained to use this in critical stress situations.

Q: How are the outside agencies that EAP contracts with chosen?
A: United Healthcare in-network agencies are used primarily.

Q: Is information provided to recruits in the academy?
A: Yes, information is provided to the cadet in the first week of the academy and information is provided to cadets' families during academy training period.

Q: Is there anything this commission can do to improve officer wellness?
A: Keep getting the message out to officers.

Q: Are there statistics available on officer utilization/satisfaction available?
A: Staffing does not allow enough time for extensive tracking, but we may be able to get stats from outside vendors.

II. Peer Assistance Team (PAT) – Commander Rhonda Grizzell

A. History of officer support has moved from para-military culture (stoicism/nothing bothers me) to present day culture of officer mental health wellness, removing the stigma of asking for help to cope with the stresses of the job.

B. Development and implementation of the PAT happened during the transition from Chief Jackson to Chief Distelzweig (2012) with the support of Safety Director Brown.

1. Mission – voluntary group of trained personnel that provides assistance in times of crisis of CPD personnel. The focus of the group is to minimize the harmful effects of stress, particularly those arising from crisis, through one-on-one peer support, pre- and post-incident education, and/or group incident debriefing or defusing.

2. It is not the function of the group to replace on-going professional counseling, but to provide crisis intervention or support with a pathway to professional resources when needed.

C. Facts about the PAT:

1. Trained in Critical Incident Stress Management (CISM) through the International CISM Foundation (https://icisf.org)
2. Similar to the team that CFD has had for over 20 years
3. Established in August 2012
4. Gradually added members each year through free training offered by the state FOP (90 members)
5. Team members volunteer their time to assist fellow officers

D. Why is it necessary?

1. To build resiliency – officers gain an understanding about stress and how to respond to the inevitable effects in a healthy and positive manner
2. Chronic and traumatic stress physically and emotionally affects officers
   a. Repeated adrenaline "dumps" and cortisol releases are hard on the system
   b. Life expectancy is reduced by 7-8 years
3. Vicarious Trauma – repeated exposure to victims experiencing a traumatic incident results in both acute and cumulative trauma (longitudinally)

E. Types of Responses

1. One-on-One support– a contact between one officer and one PAT member.
2. Defusing – a small group discussion following a critical event
   a. Typically occurs within 8-12 hours of the event
   b. goals are normalization, set expectations, provide information, discuss coping methods, identify those who need additional support
3. Debriefing – refers to the "Mitchell Model" (Mitchell & Everly, 1996)
   a. seven-phase, structured group discussion, usually provided 1-10 days post crisis
   b. designed to mitigate acute symptoms, assess the need for follow up and, if possible, provide a sense of post-crisis psychological closure
4. Pre-/Post-Incident Education

a. supervisor training
b. recruit training

Q: What types of support do the members of the PAT team receive?
A: The team meets 4-5 a year with members of the EAP to refresh skills, do self-checks, and debrief.

Q: What is the diversity of the PAT and is that encouraged?
A: All levels of diversity are represented on the team – experiential, gender, race, sexuality, rank, experience

Q: In what ways can the commission be helpful in promoting the culture change around peer assistance?
A: In a perfect world, there would be a Officer Wellness Bureau that would provide wellness check-ups for officers and would provide greater support and structure to the PAT.

Q: Is there any space for debriefing/defusing involving officers and community?
A: Yes and no – The Mitchell Model does not include the community, only law enforcement, but the Care Coalition of the Neighborhood Safety Commission goes door-to-door after a critical incident to talk to residents

Q: Is there more resistance from older officers to ask for help?
A: Yes, to some degree, but the stigma around mental health issues has faded in the broader community

III. Chaplaincy Program – Lt. Aimee Haley (1st shift IAB)
- A. The third leg of the wellness (mind, body , soul) stool is the soul
  1. Spiritual Wellness component
  2. Provides spiritual counsel unique to law enforcement
- B. Rev Richard Ellsworth retired as CPD Chaplain in 2013 after 50 years of service to the division
- C. CPD recognized the need for expansion of the program to provide for the ceremonial duties of the chaplain, as well as to serve the spiritual needs of division employees of all faiths and to allow the program to become more relational than ceremonial.
- D. Candidate solicitations were sent out to all division employees for their recommendations
  1. Applications were accepted and multiple screenings were conducted
  2. Selection committee was tasked with reviewing list of candidates
  3. Ten individuals were selected for this new, expanded program
     a. Jewish, Baptist, Lutheran, Catholic, non-denominational, and Apostolic faith communities represented
- E. Video was presented highlighting a training session spearheaded by a CPD Chaplain with involvement from local pastors and CPD officers

Q: Who produced this video?
A: It was produced by Chaplain Boston's wife – it was not produced by the Seventh-Day Adventist Church or CPD.

Q: To Pastor Ridley – since you went through the training depicted in the video, do you feel satisfied with the training you received during this session with CPD?
A: To some degree, yes, but there were many unanswered questions and frustrations from participants that were not included in the video presented.

Q: This video only represented the Seventh-Day Adventists. What other denominations have been contacted?
A: This was an isolated events spearheaded by Chaplain Boston to serve his faith community, but the Chaplaincy program is essentially an internally-focused program tasked with serving the spiritual needs of division employees.

Q: No Muslim chaplains in the program, why is that? and what about agnostics or athiests – how are they supported?
A: No Muslim clerics were recommended by employees; agnostics and athiests are referred to the PAT for support

IV. Officer Injuries – Iris Velasko, CPD Industrial Hygienist
- A. Injury Management – tracked by the Ohio Bureau of Workers' Compensation
  1. Most injuries come from bodily reaction and exertion during normal course of employment
  2. Functional movement analysis (FMA) - uses 7 different functional movements to discover imbalances or weaknesses that may be helped with exercise
  3. Monitor recruit injuries during training period
  4. Transportation accidents
  5. Exposure to bodily fluids, needle sticks, infectious disease
- B. Physical Fitness
  1. Fitness Centers
  2. Physical fitness test
     a. annual test required for any officer hired after January 2008
     b. consists of measurements of upper body and lower body strength, sit-ups and push-ups, adjusted for gender and age
     c. 78% of officer completed the test, 1/3 of whom were required to take it
  3. Standing desks - to reduce the amount of sitting for desk jobs
- C. Uniform Protection
  1. Ballistic items – helmets, shields, external vests
  2. Exploring vest cover system and duty belt suspension to minimize stress on the lower back
- D. Drug Free Safety Program
  1. Random drug testing
  2. Initial and annual training on the warning signs for potential drug use and abuse
  3. Referral to EAP
- E. Stress Resilience Training Systems (SRTS)
  1. New program available as an iPad app
     a. training on stress and effects
     b. measures heart rate variability through biofeedback (via an earlobe sensor)
     c. uses breath control to reduce heart rate variability
  2. Positive feedback from the pilot program with further implementation planned
- F. First Aid & Lifesaving
  1. Providing officers with in-cruiser critical trauma supplies and training
  2. AED available at all police buildings and 36 out on the streets in cruisers
  3. Naloxone to counteract an opioid overdose - 475 deployments with 93% success rate
  4. Drug evidence kits – in every cruiser to safely collect potentially hazardous drugs
- G. Health Screenings
  1. Provided by Citywide Health Columbus – measure blood pressure, blood sugar, BMI, and cholesterol
  2. 225 screenings conducted
  3. 360 flu shots administered

Q: What percentage of injuries are due to the lack of seat belt use? Can we use sensors?
A: The expectation is that officers wear their seat belts and information from accident reports indicate that officers are wearing seat belts. Sensors are available, but have not been installed. Officers who are found to be not wearing seat belts are subject to discipline. There are signs in every substation to remind officers to wear seat belts.

Q: Do we know enough about Naloxone and its long-term side effects?
A: It is an FDA-approved drug, administered by the medical director of the Columbus Division of Fire. There is no long term study of the effects of Naloxone.

Q: What is the effectiveness of this new type of armor carrier?
A: It's very effective and is much easier to wear, but the color is the big issue. Keeping the carrier clean, since it's worn as the outermost layer would be difficult and the division is not inclined to move away from wearing white.

Q: What are the physical fitness standards for those hired prior to January 2008?
A: They are the same standards as for those hired after 2008, but the older officers are not required to take the test. If they choose to take the test, they are held to the same standards as the mandatory test-takers.

Q: Is there any safety research around including the hijab as a part of the uniform?
A: No, not to my knowledge.

Q: Is there health data available for different shifts, zones to compare injuries/patterns?
A: It is available.

V. Care Coalition – DC Tim Becker (Investigative subdivision) and Emily Buster

A. While police are not trauma counselors, our personnel deal with persons in traumatic situations on a regular basis and have a desire to improve the communications process.

B. Representatives from most city departments are called together after a homicide via telephone call to give all details of the situation.

C. After the call, the departments respond to the neighborhood to talk to neighbors, note issues, such as trash, code violations and fix these issues, and members of the CARE Coalition provide assistance to the family involved.

D. The police division recognized that they could use the model to deal with police-involved shootings and injuries in custody. Starting January 1, 2019, members of the CARE Coalition will reach out to family members to answer questions and talk them through the process of next steps in the process of the investigation.

E. CARE Coalition – started in 2015 in response to a triple homicide

1. Columbus Public Health received a call from a resident of the neighborhood where these homicides took place, and asked for help.
2. A group of people from a multitude of agencies volunteered to go to the neighborhoods to talk to residents and answer questions.
3. The formal mission of the group was developed: to support, educate and engage community organizations who serve Columbus, including mental health providers, community organizations, city government and community activists.
4. Vision: Columbus becomes a trauma-informed community (it's not what wrong with you, it's what happened to you).
5. Partnership of over 100 local agencies, led by Columbus Public Health and is part of Mayor Ginther's Comprehensive Neighborhood Safety Strategy to address crime and safety issues in Columbus communities.
6. Goals:
   a. To systematically increase education among Columbus residents and community service providers about psychological trauma and trauma-informed care approaches
   b. To build an infrastructure for rapid response to traumatic events that

affect a whole community

c. To directly engage residents in high-risk neighborhoods experiencing trauma and inequity from a trauma-informed perspective in order to increase resiliency in individuals, families and Columbus communities

d. To create a strong network of providers and community members to address community trauma

e. Recognize the difference between individual and community trauma

f. individual trauma manifests in many ways including anger/irritation, flashbacks, nightmares, inability to focus

g. community trauma develops a sense of isolation, lack of collective efficacy, numbness to violence, betrayal and distrust of other people, inability to feel safe, "this always happens here"

1) CARE Coalition responds within 48 hours-1week with next-of-kin outreach, door- to-door outreach, and CARE Community Debrief, with ongoing awareness building, training neighborhood committees, and community outreach which leads to community resilience and increased collective efficacy

2) Adverse childhood experiences, including community trauma, can significantly impact future health and life expectancy

7. Connecting with CARE

a. To request a community debriefing or make a referral for an individual or family impacted by trauma, contact Marian Stuckey at 614.645.8554 or via email at MAStuckey@columbus.gov

8. Successes in the Linden & Hilltop pilot 2017-18 via funding through Columbus City Council and Ohio Attorney General's Office

a. door-to-door outreach – over 3,000 homes to date post-trauma

b. special programming including listening session, faith-based summit/forums and social media campaigns

c. trained over 600 people in trauma responsive care

d. held a remembrance vigil with 75 family members who had a loss by homicide

Q: After an officer-involved shooting, who is involved in the after-care?
A: CARE Coalition and CPD goes together.

Q: Could we have more details about CPD's involvement in this process?
A: We are trying to be more communicative and transparent around these situations and are developing the process to find the most effective method.

Q: How can you effectively communicate with people about a process that they don't trust in the first place?
A: We hope to do it one person at a time, knowing that we are not going to make great strides overnight.

Q: When is the next Community Vigil scheduled?
A: April 10 at COSI

Q: How do we make these projects and programs more impactful?
A: They must be mandatory and well-funded.

REPORTS FROM THE SUBCOMMITTEES

A. Hiring/Recruiting – we are beginning the process of synthesizing our work into recommendations, with input from the full commission

B. Training – no report

C. 21st Century Policing – no report

D. Hot Topics – first meeting occurred on January 17, 2019 and the group agreed to limit their focus to four areas, each one with a team member taking the lead:
   1. Building trust and legitimacy within the broader community – Tammy Fournier-Alsaada
      a. outside agency reviews of egregious complaints
   2. Building trust and legitimacy within the juvenile and new American communities – Tiffany White
   3. Innovations and technology – Dr. Reginald Wilkinson
   4. IT and Data Systems – integration and efficiency – Dr. Vlad Kogan

Q: How are we distilling all the work of the commission, the subcommittees, and the consultant so we don't end up with conflicting or redundant recommendations?
A: That is a process that has yet to be defined – answer will be provided by email

Our next meeting is Wednesday, February 20 from 12p-5p, location to be determined.
Meeting adjourned by Acting Chair Jones at 4:56p.

Respectfully submitted,

Ellen Moore Griffin
Recording Secretary