



POLICE DEPARTMENT

NYC INVESTIGATION
OIG-NYPD
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September 24, 2019

Honorable Bill de Blasio
Mayor of the City of New York
City Hall
New York, NY 10007

Honorable Corey Johnson
Speaker
The New York City Council
250 Broadway, 18th Floor
New York, NY 10007

Honorable Margaret Garnett
Commissioner
Department of Investigation
80 Maiden Lane
New York, NY 10038

Honorable Philip K. Eure
Inspector General
Office of the Inspector General – NYPD
80 Maiden Lane
New York, NY 10038

Dear Mayor de Blasio, Speaker Johnson, Commissioner Garnett and Inspector General Eure:

Pursuant to Local Law 70 of the New York City Charter, the New York City Police Department (“NYPD” or “the Department”) hereby submits its response to the September 2019 Report of the Office of Inspector General for the NYPD (“OIG”) titled, “An Investigation of NYPD’s Officer Wellness and Safety Services” (the “Report”).

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I. Introduction

The NYPD takes nothing more seriously than the safety and well-being of current and former members of the service (“MOS,” sometimes referred to herein as “officers”). In that regard, because we keenly understand that we can always get better, we are constantly seeking to improve. As Police Commissioner James P. O’Neill has said: “In most areas of policing the NYPD is very good. In many areas we are the best. But in all areas we can always get better.” The Commissioner’s process of continuous improvement is nowhere more evident than in the area of officer wellness. This is because officer wellness is foundational to everything the Department does.

Although the spike in suicides this year has brought the issue of wellness to the headlines, the efforts of the Department, both historically and currently, have been and continue to be geared not only to preventing suicides, but also to addressing mental wellness in general. The Department strives to have each of its members--active, retired, uniformed and civilian-- understand the broad range of services available to address wellness issues, both within and outside of the Department. Similarly, the Department is making a concerted effort to reduce any perceived stigma or perception of adverse consequences that may be associated with seeking help. The fact of the matter is that depression, anxiety, and PTSD can often be addressed through therapy and certain prescription medication which, in the vast majority of cases, requires no change of duty status. Even in those extremely small number of cases where weapons are temporarily removed for the safety of the involved MOS, those MOS are typically successfully treated and have their weapons restored within eight months.

Most notably in our continuous improvement efforts, last month NYPD created a new section of the Department dedicated to promoting the health, wellness, morale and well-being

of all members of the service. The section, designated “The Health and Wellness Section,” is headed by a Deputy Inspector and reports directly to the Deputy Commissioner of Employee Relations. The Health and Wellness Section is the new home for the Employee Assistance Unit. When it reaches full strength, it is envisioned that the Health and Wellness Section will have a total of approximately 340 individuals, comprising 15 at the Section level; 25 in the Employee Assistance Unit; and 300 in the newly formed Wellness Outreach Unit. In addition, the Health and Wellness Section is now leading the effort in the recruiting and training of the new command-based peer support members that will ultimately number approximately 300-600.

Beyond the creation of the new section, additional improvements have been undertaken. Mandatory Executive Training sessions on suicide intervention were held with more than 800 executive MOS attending. Similarly, a mandatory command-level forty-minute roll-call training has been developed cooperatively with NYC Well and is being delivered in every command in the NYPD. As of this writing, this training, which teaches MOS the risk factors for suicide and signs and symptoms that are precursors to suicide, has been delivered to more than 15,000 MOS in the various commands throughout the City.

We thank the OIG for their work in this supremely important area and for its recommendations, all of which the Department has either already implemented or is in the process of so doing. The OIG Report, while very helpful, does not fully capture the extent of resources, which have been and are being dedicated or the full array of programs that have been, and are being developed and deployed by NYPD in attempting to ensure the wellness of its personnel.¹ In the pages that follow, we outline those efforts and recap the status of

¹ It must be noted that the survey of retired MOS conducted by the OIG and referenced extensively in the report dates back to 2017 and that the anecdotes derived from the survey, are just that, anecdotes, and, because of the

NYPD's various wellness programs and efforts. In the final section we respond to the OIG's recommendations.

II. The Job and its Toll

Just like every New Yorker, our officers face challenges and stresses in their everyday lives, be they marital problems, general family stresses, financial or legal issues, or physical and mental health concerns. However, unlike most professions, police officers, as well as other first responders, are required to involve themselves in what are often highly tense situations when they respond to emergency calls, perform their patrol duties and investigate the horrific crimes and accidents that occur in our city. Our officers come into work and routinely respond to incidents involving child abuse, rape, serious assault and murder. They respond to incidents involving the deaths and dismemberments of adults and children in situations ranging from intentional jumpers from buildings or in front of trains, to motorcycle and car collisions. Unfortunately, these experiences, and the images they embed in the mind, simply do not go away at the end of a tour. Sadly, these images accumulate and are then mixed with antagonism and disrespect, which our members all too often receive on the street and on social media. Given these pressures, it is not surprising that those in uniform may develop depression, anxiety and Post Traumatic Stress Disorder ("PTSD").

Simply put, the stress of the job when coupled with the personal stresses known to every human being, weigh heavily and continuously on the minds of our officers. For reasons which remain unknown, that weight has brought about a significant increase in the number of NYPD officers taking their own lives this year. There have been nine such tragedies to date,

extremely small sample size, not statistically valid. This is not to say that the information provided by the survey is not important or that more does not need to be done. Rather, it is only to say that the information provided may not accurately reflect the current state of affairs.

and seven alone since June.² Death by suicide, unfortunately, is not new to the law enforcement community. In a typical year, NYPD may see four or five such tragic incidents, but recent years have shown an upward trend. In response to this year's dramatic increase, in June Commissioner O'Neill declared a mental health crisis, and empaneled a task force that immediately began to evaluate existing programs and protocols, to implement short-term enhancements and to develop longer-term strategies designed to best assist our officers. All of these are described in detail below.

III. Pre-June 2019 - Programs and Initiatives

A. Force Investigation Division Psychological Autopsies and Attempted

Identification of Risk Factors: Beginning in 2018 the Department's Force Investigation Division (FID) in conjunction with the Department's Mental Health and Wellness Coordinator has been conducting a "psychological autopsy" of all suicides to scrutinize that which might have led to the event and to learn what might be done to prevent future suicides. The Department also employs "post-vention" techniques to attempt to address any post-suicide "contagion" effects, which might lead to other suicide attempts in the immediate aftermath of a Department suicide. In addition, FID, working with the Department's Risk Management Bureau, has begun to look at a wide array of Department data on MOS to determine any commonality that might lead to early intervention strategies that could be employed to provide appropriate services to potentially at-risk individuals.

² This number reflects only active duty MOS. It is noteworthy that from 1999 to 2017, the age-adjusted suicide rate increased 33% nationally from 10.5 per 100,000 standard population to 14.0. For all males, the rate increased over that same time frame 26% from 17.8 in 1999 to 22.4 in 2017. *US Department of Health and Human Services, National Center for Health Statistics, NCHS Data Brief, No. 330, November 2018.*

B. Employee Assistance Unit (EAU): The Department has always taken affirmative steps to assist officers in need of help. Today, the Employee Assistance Unit (EAU) offers access to Peer Counselors who are both uniformed and civilian active duty members of the service in a variety of ranks and titles. It also provides access to clinicians and social workers on a referral basis. EAU members are available around the clock and are deployed to assist officers at critical incidents, including officer suicide, by lending counsel to the responding officers. EAU staff then makes follow-up visits to the effected command to assess any lasting traumatic effects on officers. The primary role of Peer Counselors is to “listen and refer.” The Peer Counselors will lend a sympathetic ear in a private and confidential environment. Having a peer validate one’s concerns by taking the time to listen is an important first step. Often, this is all that is needed, but in circumstances where more must be done, the Peer Counselors can provide the officer with informational materials and referrals to mental health professionals or other supportive outlets. Information on EAU resources is available in every command, posted on the NYPD intranet, and retrievable through a portal link on Department-issued smartphones.³

C. The NYPD Chaplains Unit: The NYPD Chaplains Unit provides members of the service of all religions with access to confidential counseling, spiritual assistance, and moral guidance from leaders of various faiths. This tradition dates back over a hundred years and is a steadfast and enduring pillar of the Department’s commitment to the well-being of our officers. The Chaplains Unit responds to critical incidents to provide spiritual support to those directly and indirectly involved. In addition,

³ See Appendix A for the current content of the portal.

the Chaplains Unit is intimately involved with the wellness training more fully described below.

D. Police Organization Providing Peer Assistance (POPPA): For some MOS, however unfounded, suspicion lingers that utilization of Department resources might lead to negative consequences. Recognizing this potential mindset, in 1994, working with the City Council and Mayor's Office, NYPD helped establish the Police Organization Providing Peer Assistance, or POPPA, as an independent volunteer, police-support-network that provides a confidential, safe, and supportive environment for officers and retirees alike. Today, the Department continues to support POPPA by providing it the venue and access to MOS during their resiliency training at our firearms ranges; by working closely with the POPPA to arrange for sick leave of MOS when necessary; by providing a paid MOS who works in the POPPA office and acts as a liaison to Department; and, by highlighting POPPA's services in all outreach materials produced by the Department. POPPA's services of intervention, prevention, self-care and resilience are now provided by a volunteer network of approximately 280 active and retired uniformed members, serving as Peer Support Officers ("PSOs"). POPPA also maintains a network of 120 clinicians skilled at working with officers referred by the POPPA volunteers. At any given time, about 25 officers in crisis situations are receiving support from POPPA's clinician referral network. Operating 24 hours a day, every day of the year, POPPA assists officers in coping with personal life stressors and stress related to the law enforcement profession. POPPA focuses specifically on preventing and reducing Post Traumatic Stress Disorder, marital problems, substance abuse and suicide. The

POPPA network reduces the gap between essential support services and officers' access to these services. POPPA is currently supported by the Police Relief Fund and the Combined Municipal Campaign, and to a much lesser extent small private donations. POPPA runs a number of different programs:

i. Military Programs

POPPA has two military programs for the members of NYPD returning from active duty, Military Returnees and Military Support Group:

Military Returnees - MOS returning from military duty overseas receive a one-day assignment to POPPA. They are given the necessary support for intellectual and emotional healing and re-entry from combat to home and work. Officers are also given additional information from the Veterans Administration and other agencies that support a return to healthy interaction with family, friends and co-workers.

Military Support Group - The Military Support group is facilitated by former military PSOs who are familiar with both the issues of being in combat and returning to patrol, while transitioning back to family life. The complicated nature of re-assimilation to civilian life is explored in a safe, confidential environment. Some of the topics discussed can include anger management, alcohol/substance abuse and good relationship habits.

ii. Resiliency Support Program

The Resiliency Support Program has primarily been facilitated at the NYPD range at Rodman's Neck. During each outreach session, designed to educate approximately 200 MOS, a small focus group is conducted by two PSOs and a

clinician. Often the officers have commented about how important it has been to learn about hidden levels of stress, PTSD and remaining resilient.

iii. Retiree Program

Retired police officers can avail themselves of POPPA services for PTSD, relationship problems, or substance abuse through a trained team of dedicated retired Peer Support Officers through various channels. One such channel is a hotline dedicated to serve the retired MOS. In addition, POPPA maintains a robust retired MOS network consisting of retired MOS in various geographical locations, allowing POPPA to provide in-person services even if the retired MOS is no longer in the City.

iv. Training

POPPA offers the Applied Suicide Intervention Skills Training (ASIST) workshop, a two-day program, to any NYPD officer and their family members who want to feel more comfortable, confident and competent in helping to address an immediate risk of suicide. Additionally, POPPA is part of many command level outreach and roll call trainings focused on mental health wellness and suicide prevention.

v. TRT – Trauma Response Team

POPPA's Trauma Response Team (TRT) responds to critical incidents to address both the immediate and short-term response to traumatic incidents experienced by NYPD officers. POPPA is notified of any situation in which an officer has been impacted, whether a shooting, collision resulting in serious injury

or death or a horrific crime or accident scene. The TRT team is ready to respond to support the officers' emotional and psychological well-being.

- E. Police Self-Support Group:** The Police Self-Support Group, provides support and counseling to officers who are severely injured or traumatized, or suffering from catastrophic diseases. The organization promotes programs that help prevent suicide among officers. In addition, the self-support Group provides support to officers and their families who are dealing with the challenges of cancer, its treatment and care.
- F. Alcohol Counseling Service Unit (Medical Division):** The Alcohol Counseling Service Unit is available on a 24/7 basis providing referrals to both outpatient and inpatient New York State certified programs.
- G. Psychological Evaluation Section:** Through the Psychological Evaluation Section, officers can voluntarily speak to a clinician who will assess the MOS and make recommendations or provide a referral. The Psychological Evaluation Section also responds to critical incidents, providing services and referrals for any affected MOS. In addition, the section debriefs MOS who have been deployed overseas or who have been deployed over six months in order to determine whether they can benefit from any services that the Department has to offer.
- H. Training:** The Mental Health and Wellness Coordinator conducts two trainings focused on mental health and wellness to the recruits: Police Crisis First Aid and Effective Crisis Communication. The Department, for the last three years, has partnered with American Foundation for Suicide Prevention and presented suicide prevention training at roll calls in September for Suicide Prevention Awareness Month. EAU, Chaplains Unit, and POPPA also provide roll call presentations on

suicide prevention on an ongoing basis. In addition, the Mental Health and Wellness Coordinator trained all civilian and uniformed members of Special Victims Division on mental health and wellness. Similarly, representatives from the executive boards of each of the Department's fraternal organizations were trained in regard to mental health, wellness, and suicide prevention. Additionally, EAU, Chaplains Unit, and Family Assistance Section received training from Columbia University on grief and bereavement to better assist MOS dealing with loss of a loved one. Lastly, Basic Life Support and Trauma Treatment training, which is a required training for all MOS, as well as the Supervisor Development Course, which is mandated for all newly promoted sergeants, lieutenant, and captains, now includes a section on suicide prevention.

- I. **The International Law Enforcement Suicide Prevention Symposium:** In April, 2019, NYPD held this event with the Police Executive Research Forum (PERF). More than 340 researchers, subject matter experts, and law enforcement personnel from around the world gathered at 1 Police Plaza to share existing research on officer suicide, explore current issues, and share best practices. The symposium was preceded by a pre-conference meeting with the Department and the New York State Psychiatric Institute at Columbia Medical Center, where leading researchers shared their work and explored opportunities to collaborate on suicide prevention.
- J. **Union Based Programs:** All of the uniformed unions offer pre-retirement financial counseling and planning that potentially addresses at least one of the stressors which can impact mental wellness.

IV. Post-June 2019 - Programs, Initiatives and Policies

While the Department is in the process of improving the existing programs outlined above, it is at the same time implementing new programs and initiatives. The Department has partnered with ThriveNYC and outside experts to develop programs that will best serve MOS going forward. The following new initiatives have been developed and are in various stages of deployment:

- A. Executive Level Training:** At the executive level, we have completed a new Executive Health and Wellness Training program. All Captains and above, as well as civilian executives, some 800 MOS, took part in the three-hour training last month. The training focused on suicide as a health issue, stress, and mental health as it relates to police-culture and covered in detail what Department leadership can do to support officer wellness. The training also provided executives with updated information on internal and external resources and set the tone and message that it is not only okay, but essential, to seek help.
- B. Borough Level Training:** At the borough level, every patrol borough is sending officers from each precinct to eight-hour Mental Health First Aid trainings supported by ThriveNYC with Department of Health and Mental Hygiene. The first round of this training will reach approximately 300 officers, and training has already been completed for Patrol Boroughs Staten Island, Queens North, and Manhattan North. The training will continue indefinitely. The officers trained so far are in addition to the approximately 8,000 Department members, including School Safety Agents, Police Communications Technicians, and Traffic Agents,

who have already received this training as part of the ongoing “Mental Health First Aid” training program begun by ThriveNYC in 2016.

- C. Command Level Training:** At the command level, the Department is collaborating with ThriveNYC’s NYC Well initiative to provide training sessions for all personnel in the field, at every precinct, PSA and Transit District, as well as all support commands. This training covers risk factors and warning signs, how to talk to someone who may be in crisis, and where to go for help.
- D. Shield of Resilience Training:** The Department has also mandated that all officers take the online Shield of Resilience training offered by the Substance Abuse and Mental Health Services Administration, a division within the U.S. Department of Health and Human Services. This training provides coping mechanisms for officers confronting stress in their personal and professional lives. Over 25,000 NYPD officers have completed the training to date. The Training Bureau is creating a similar program for civilian Department personnel.
- E. Establishment of the Health and Wellness Section:** Beyond the expansion of training on and services to address mental health issues, the Department has implemented important and significant structural changes. The Department has established a new Health and Wellness Section within the office of the Deputy Commissioner of Employee Relations. The new section will encompass a Peer Support Program, a Wellness Outreach Unit, and the already existing Employee Assistance Unit.

i. The Peer Support Program:

The Peer Support Program is an expansion and re-imagination of the existing peer counseling model of EAU outlined above. With the expansion, Peer Support Members will be embedded in each command and will eventually number between 300 and 600 volunteers. The service will be entirely confidential, and the volunteers' responsibilities will be to Ask, Listen, Encourage, and Follow Up:

- Ask officers about their struggles,
- Listen to what they have to say,
- Encourage them to share more, to work jointly to seek solutions, and possibly seek additional help if needed;
- Follow Up and check in with them a day or two later to see how they are doing. If referrals were offered, see how it went and seek additional options if it was not effective.

Training of the new Peer Support Members is currently underway with 100 trained members expected by the end of this year.

ii. The Wellness Outreach Unit:

The planned, but as yet unfunded⁴ Wellness Outreach Unit is modeled in-part on a successful LAPD program. It will provide officers with the highest level of targeted intervention available within the Department. The Unit will deploy

⁴ A bill currently pending before the City Council (Int. No. 1704-2019) is an unfunded bill that would require the Police Department to provide additional mental health services. The Department looks forward to working with City Council to secure necessary funding to provide additional mental health services and information to officers by increasing the number of licensed clinicians available, providing annual confidential wellness information sessions, posting available resources on the Department's website, and providing an annual interactive training on first responder mental health. Given the criticality of this program to the Department's overall efforts, we cannot overstate the need for passage and funding of this proposal in its entirety.

Wellness Outreach Teams consisting of a psychologist, two social workers, and a police officer to nine geographic Wellness Zones, one for each of the eight patrol boroughs and one covering Headquarters and Police Academy personnel. After the full rollout in three phases, the unit will consist of approximately 58 teams, or one team per 1,000 members of the service, distributed throughout the zones. Teams will regularly visit each command to establish familiarity and build rapport with members of the command, and will proactively reach out to members to offer services. As with our other programs, communications with the teams will be kept completely confidential.

F. Additional Non-Departmental Clinical Services: The Department intends to award an emergency contract to New York Presbyterian Hospital for confidential comprehensive mental health services to uniformed members of the service. The Department has submitted a “letter of intent” to New York-Presbyterian allowing the parties to begin work as the contract is finalized. The Department anticipates that the contract term will begin on or about October 1st and remain in effect for eighteen months. While the emergency contract is in place, the Department will publish a request for proposal for a longer term solution to provide confidential mental health services. The emergency contract will provide for as-needed clinical services for individual members as well as the appropriate administrative or overhead costs for the program. Members of the service will be able to contact New York-Presbyterian directly and receive mental health services at no cost to the member. Communication with and participation in these mental health services will

be confidential and the identifies of the patients will not be disclosed to the Department.

G. EmblemHealth: For reasons of greater perceived confidentiality officers may prefer to take advantage of the mental health benefits provided by their current healthcare plans. However, this avenue of support is not without difficulties. Over 90% of NYPD members are enrolled in the plans provided by EmblemHealth. Concerns have been raised over inordinately long wait times for appointments, and the limited number of in-network mental health professionals, which forces officers in need of help to seek help out-of-network. This requires them to pay out-of-pocket for such services with minimal reimbursement, which may make the services cost prohibitive. These difficulties, or even the specter of such difficulties, can very well lead an officer who has decided to seek help to withdraw or to not seek care in the first place. It is for this reason, that the Department has been working closely with EmblemHealth in an effort to ensure that the provider is not only meeting its obligations, but is addressing the issues of wait times, availability of providers, and calculation of out of network reimbursements. EmblemHealth has been receptive to working with the Department and is engaged in a marketing campaign geared to NYPD MOS which includes the following:

- **E-blast:** Sent an e-blast to every member in their population whom they have an email address on record.
- **Mailer:** Will send out to all NYPD subscribers, including retirees.

- **Pocket Guide:** Is designing an easy-to-use reference pocket guide on how NYPD subscribers can use their mental health benefits, along with short self-assessments for depression and other mental health conditions.
- **Social Media Campaign:** Began a campaign that went live on Facebook and Instagram on Tuesday, September 10th, to coincide with suicide prevention day. It features ads that speak to and target the NYPD, first responders and the general public, respectively.
- **Internal Poster Campaign – NYPD:** Will deliver 7500 specially designed posters to the Department for posting in all Department facilities. These posters do not state any affiliation with the Department in order to avoid stigma. The posters inform members that EmblemHealth does not notify the Department about health benefits usage.
- **External Advertising Campaign – First Responders:** External ads will be strategically placed throughout the City to focus on first responders and their mental health needs.

H. Change in policy regarding removal of firearms: In an effort to reduce the stigma and stress attached with the non-disciplinary removal of firearms, the Department changed its policy so that MOS who are being evaluated for fitness to perform duty in non-disciplinary cases will no longer be required to automatically surrender their shield during the evaluation period. Those MOS will remain in possession of their shield when temporary removal of their firearms for non-disciplinary reasons is necessary.

I. **EAU Portal:** A new link to EAU information has been deployed to every officer's smartphone. The link appears as an application icon on the first page of Department applications. Selecting the icon brings the officer to an EAU portal optimized for mobile devices. This portal has links to all of the programs available to MOS. Screenshots of the portal appear in Appendix A. It is anticipated that this Portal will be replaced in or around October 2019 with the Health and Wellness Application, as noted below.

V. **Anticipated Additional Programs and Policies:**

- A. **Health and Wellness Application:** A smartphone interactive application is currently in design and development which will offer information and resources on a wide array of Health and Wellness related topics, including mental health and suicide prevention. The application is expected to be released in early October and it will replace the EAU Portal described above.
- B. **Therapy animals:** The Department is currently working on a program to acquire therapy dogs to take to critical incidents. The use of therapy dogs has proven invaluable in treating PTSD and related mental health issues.
- C. **Prescription medication policy:** The Department is evaluating the existing policies on use of certain prescription medications by UMOS and their effects on duty status. The goal is to provide more guidance and transparency to UMOS.
- D. **Additional Resiliency Training:** The Department is considering techniques ranging from mindfulness and meditation to deep breathing for potential inclusion in both recruit and in-service training.

VI. NYPD RESPONSES TO OIG'S RECOMMENDATIONS

- 1. To guide the Department's efforts and memorialize the Department's commitments, NYPD should develop an overarching Mental Health and Wellness policy that articulates goals, establishes standards, and outlines relevant programs and resources. This policy would encompass the recommendations in this Report, the work of the Mental Health and Wellness Coordinator, and the efforts of the Mental Health and Wellness Task Force and the Health and Wellness Section.**

NYPD Response: Accepted

The recently established Health and Wellness Section was created with the objective of developing an overarching Mental Health and Wellness policy for the Department as envisioned by this recommendation.

- 2. NYPD should use the results of its own recent 2019 officer survey on health and wellness (and, if necessary, conduct additional officer surveys with the assistance of outside experts) to inform the Department's overall Mental Health and Wellness policy referenced in Recommendation #1.**

NYPD Response: Accepted

The Department conducted the survey with the objective of using its findings to inform and guide the Department's overall Mental Health and Wellness policy and will continue to gather relevant information and data as needed to constantly improve in this area.

- 3. Consistent with the size of the Department, NYPD should increase the staffing levels in the Health and Wellness Section to include full-time licensed mental**

health professionals and support staff with appropriate levels of competency in the areas of mental health and wellness.

NYPD Response: Accepted

Interim Order 65 (2019) establishes the Health and Wellness Section with the goal of promoting health, wellness, morale, and well-being of all members of the service. The Department is committed to providing appropriate and sufficient staffing to this newly established Section to implement its objective. Indeed, as mentioned in the body of this response, it is anticipated that the Department will deploy Wellness Outreach Teams consisting of a psychologist, a social worker, and a liaison from the Employee Assistance Unit. After the full rollout, the unit will consist of approximately 58 teams, or one team per 1,000 members of the service. Teams will regularly visit each command to establish familiarity and build rapport with members of the command, and will proactively reach out to members to offer services.

- 4. NYPD's Health and Wellness Section should have access to specific internal data that would assist the Section with identifying behavioral themes or trends in the conduct of NYPD personnel so as to inform the work of the Section.**

NYPD Response: Accepted

The Mental Health and Wellness Coordinator always had access to internal data as needed to guide his work and the Health and Wellness Section currently has access to internal data that might assist the Section with identifying behavioral indicators to inform the work of the Section. In addition, FID, in conjunction with the Risk

Management Bureau, is currently reviewing additional data which may be relevant in identifying potential at-risk individuals for early intervention.

- 5. NYPD should retain outside mental health experts to review and audit the current range of Department-wide health and wellness trainings provided by NYPD to personnel, many of which are new, and ask these experts to recommend to NYPD what additional training, if any, should be developed and delivered.**

NYPD Response: Accepted

The Department has long partnered with the American Foundation for Suicide Prevention, the American Association of Suicidology, the Crisis Text Line and Columbia University regarding suicide prevention and our response to suicide. As an example, in recent months the Department has worked with American Foundation for Suicide Prevention to design the Executive Level Training and NYC Well and ThriveNYC to provide support and services to MOS on health and wellness trainings and initiatives. The Department will continue to collaborate with external mental health experts in order to evaluate both existing and potential additional programs.

- 6. NYPD should study the feasibility of establishing mandatory periodic mental health checks for all police officers or certain categories of at-risk officers.**

NYPD Response: Accepted

The Department is exploring the feasibility of establishing mandatory periodic mental health checks for members of service.

- 7. NYPD should modify its early intervention system—Risk Assessment Information Liability System (RAILS)—to include an “officer wellness” category, based on**

various relevant indicators, so that NYPD personnel requiring officer wellness intervention can be identified.

NYPD Response: Accepted

The Health and Wellness Section was established with the understanding that the Section will provide early intervention for at-risk MOS. The Department plans to incorporate officer wellness indicators in the next iteration of RAILS.

8. NYPD should establish clear written procedures on debriefing NYPD personnel in the wake of critical incidents and follow up with these officers after the debriefing sessions.

NYPD Response: Accepted

PG 205-08 (*Trauma Counseling Program*) clearly and unambiguously delineates the protocol for debriefing MOS in the wake of critical incidents and follow up with these officers after the debriefing sessions. Specifically, the Trauma Counseling Team has been established to provide trauma counseling to affected MOS and affected MOS are required to report to Psychological Evaluation Section within forty-eight hours after a critical incident to speak with a psychologist. Critical incidents include, but are not limited to, the following: an MOS is shot or seriously injured; an MOS discharges a weapon causing injury or death to another; an MOS causes, accidentally or otherwise, serious physical injury or death to another; an MOS is directly involved in an incident where his or her partner is killed or seriously injured; and an MOS is directly involved in an incident or serious disaster where multiple serious injuries or deaths have occurred.

- 9. NYPD should collaborate with the National Officer Safety and Wellness Group to help amplify new and existing efforts to reduce suicide among NYPD personnel.**

NYPD Response: Accepted

The Mental Health and Wellness Coordinator has been engaging with the National Officer Safety and Wellness Group as well as many other relevant organizations since the inception of the role and will continue to do so in order to reduce suicides and to improve overall mental health and wellness for MOS.

- 10. NYPD should establish a mandatory program that would provide NYPD personnel approaching retirement with helpful information on the availability of support services following separation, adjusting to life as a member of the public, financial advisement, and medical and retirement benefits.**

NYPD Response: Accepted

The Department requires all potential retirees to go to the Pension Section before retirement at which time they receive information on health care, financial planning, and other support services. In addition, both the City of New York and the police unions offer financial planning services for all retirees. The Department is exploring additional avenues to expand on these efforts and to ensure that retirees are aware of the available services.

- 11. NYPD should explore the needs of its retired personnel and endeavor to make wellness support services available to them for a reasonable period of time following retirement or separation.**

NYPD Response: Accepted

Currently, POPPA offers extensive support for retirees without regard to the date of separation from the Department. EAU also offers myriad services to retired MOS similarly without any limitation on availability of these services post-retirement. The Department has always been committed to serving the needs of its retired personnel and will continue to explore avenues to improve these support services for retired personnel. Under the new Health and Wellness Section, there will be a position for a “Retirement Coordinator” to be filled with a police officer or detective. The Coordinator will ensure pending retirees are offered resources and advice for successful transition into retirement. They will also continue to be a bridge to the Department for retirees and ensure that the mental health needs of retirees continue to be addressed throughout retirement. The Coordinator will liaison and work closely with non-profit partners that extend benefits and provide services to retired members of the Department.

12. In implementing the recommendations in this Report, NYPD should put in place mechanisms to ensure that the privacy rights of NYPD personnel are respected and strictly protected, both internally and externally, so that information relating to officer health and wellness is not misused and is accessible only by those who need to know. Such efforts should be informed by discussions with officers and representative organizations like police unions and fraternal organizations.

NYPD Response: Accepted

The Department has always been committed to ensuring the privacy rights of MOS are respected and strictly protected, both internally and externally, and will continue

to ensure that the privacy rights are protected to the highest level permitted under the law.

VII. Conclusion

We again thank the OIG for its Report and Recommendations. As is evident from this Response, the Department has gone far beyond those recommendations in its quest to provide the best services to current and former members of the service. Going forward, we will continue to work with the OIG and our other City and private sector partners to ensure that we continually improve on these services. The Department keenly recognizes its solemn duty to do everything in its power to support its officers' well-being and to build a comprehensive support infrastructure that provides them with a catalogue of resources from which to choose in order to meet each individual's unique needs. We have to ensure that every officer knows that the Department will be there for them in their time of need, just as they are there for all New Yorkers in their times of need. Officers respond every day to the call of duty. Now it is our turn, as a Department and a City, to fulfill our obligations to them. It is literally a matter of life and death.

Respectfully submitted,


Jeffrey Schlanger
Deputy Commissioner
Risk Management Bureau

Appendix A

Employee Assistance Unit Portal

Help is available for members of the service and their families



As members of the NYPD, you protect the greatest city in the world on a daily basis. This includes people when they are in a personal crisis.

Each of us is dedicated to the important business of fighting crime and keeping New Yorkers safe. And this is an immensely tough job. But your personal life can be even tougher. You may have no idea your office coworker, or even your sector partner, is dealing with a challenge for which they see no positive resolution.

But you need to know, and always remember: What seems unbearable today, absolutely will be more manageable tomorrow. The first step toward a solution is speaking to someone.



The [Employee Assistance Unit](#) (EUA) is available 24/7 to speak to you and help you get the best services possible. All calls to the EUA are strictly confidential. And if you're worried about a friend or colleague, you can make a confidential referral to the EUA on their behalf. This is about keeping our family healthy – and about saving lives. Your jobs require that you spend much of your work day helping people in crisis. But, before you can take care of others, it's imperative that you first take care of yourselves.



The key is also knowing that you have options. Internally you can also reach out to our [Chaplains Unit](#).



External support options include [Police Organization Providing Peer Support \(POPPA\)](#). They are independent from the NYPD but supported by the Department and their peer support officers include volunteer NYPD officers. You can also reach out to the [National Lifeline](#) at 800.272.TALK (8255).



Crisis Text Line is free, 24/7, and confidential

If you don't want to talk, you have other options. You can reach out by texting to the [Crisis Text Line](#) by texting BLUE to 741741 to speak with a crisis counselor. They are free, 24/7, and confidential. By texting BLUE, it tells the crisis text line that you are a law enforcement officer somewhere in the U.S. (it's not just for NYPD) and you need to chat.



Another option if you're in New York City is NYC WELL. You can get information, call, text, or chat. Visit: www.nyc.gov/nycwell.

Health and Wellness Resources

- Quick reference for support options [[HERE](#)]
- Be informed, know about the risk factors and warning signs of suicide [[HERE](#)]
- Get quick tips on how to check in with another officer or someone you are concerned for [scroll down]
- Know the suicide warning signs and risk factors specific to law enforcement [scroll down]
- Get quick tips for being fit [scroll down]
- Frequently Asked Questions on suicide [[HERE](#)]
- Learn more about depression from NAMI [[HERE](#)]

- Take a self-assessment screening for PTSD [[HERE](#)]
- Take a self-assessment screening for depression [[HERE](#)]
- Take a self-assessment screening for generalized anxiety [[HERE](#)]

Regardless of rank, any one of us
can have a personal crisis.
Help is available.

Help is available for many issues including:

- * **Stress and anxiety**
- * **Depression**
- * **Suicidal thoughts**
- * **Financial situations**
- * **Sleeping issues**
- * **Alcohol and prescription concerns**
- * **Family, relationships & more**

**It is not hopeless and you are not alone.
You have options.**

Options for help:

- * Lifeline: 800.273.TALK (8255)
- * Law enforcement text BLUE to 741741 (*others text TALK*)
- * NYC Well: Text, call & chat www.nyc.gov/nycwell
- * Call 911 for emergencies

NYPD specific:

- * Employee Assistance Unit: 646.610.6730
- * Chaplains Unit: 212.473.2363
- * POPPA (independent from the NYPD): 888.267.7267

Quick Tips on How to Check-In with another Officer



**Check in with a fellow officer today.
Let them know they are not alone.**

ASK

- Be relaxed and choose a quiet place
- Be specific about your concerns

LISTEN

- Don't be judgmental or cynical
- Don't feel like you have to solve their issue

ENCOURAGE

- Acknowledge their emotions
- Ask more questions so they continue talking
- Brainstorm options together

FOLLOW UP

- Make a note to check in with them in a week
- Ask if he/she has taken action
- If that action wasn't helpful, explore other options



Officer Suicide Warning Signs

- The officer is talking about suicide or death, and even glorifying death.
- Officer is giving direct verbal cues such as "I wish I were dead" and "I am going to end it all."
- Officer is giving less direct verbal cues, such as "What's the point of living?", "Soon you won't have to worry about me," and "Who cares if I'm dead, anyway?"
- The officer is self-isolating from friends and family.
- The officer is expressing the belief that life is meaningless or hopeless.
- The officer starts giving away cherished possessions.
- The officer is exhibiting a sudden and unexplained improvement in mood after being depressed or withdrawn.
- The officer is neglecting his/her appearance and hygiene; exhibits a deteriorating job performance.
- The officer displays behavior changes that include appearing hostile, blaming, argumentative, or they appear passive, defeated, and hopeless.
- Officer openly discusses that he/she feels out of control.
- The officer is aware that they are going to do something that will ruin his/her career, but that they don't care.
- The officer acts reckless and/or carries weapons in a reckless, unsafe manner.
- The officer has recent issues with alcohol and/or drugs.

(From Chae & Boyle, 2013)

NYPD FIT



Healthy body.
Healthy mind.
Healthy YOU.

Your job protecting the greatest city in the world can be stressful — and that's an understatement.

Part of being fit is taking care of your mental and physical health.

Here are four quick tips for being fit:

1 Regular Exercise

It's not always easy to find the time to exercise. It doesn't have to be for hours at a time. Try to find a few minutes each day to create a routine, such as twenty minutes on the treadmill. Find a friend and take a walk or work out together to keep one another motivated.

2 Eat Well

You don't have to cut out junk food all together, but try reducing your intake of sugary and fatty foods while increasing your consumption of healthier options too. Start small, such as having a healthy snack each day and having a glass of water instead of a soda.

See more tips on eating healthy at:
www.nypdnews.com/eathealthy

3 Sleep Well

A good night's sleep is critical to having energy to handle life's stressors. In reality, our job can interfere with our sleep at times. Don't let more than a day or two go by without checking in on your sleeping habits.

Try to get 7-8 hours of sleep each night. Before bed, limit screen time on mobile devices, alcohol, caffeine, and sugary food or drinks. Stick to a regular bed time and wake time for better sleep and overall health.

4 Socialize with Family & Friends

Spending time with the people we care about helps remind us that we are not alone and that people care about us too. Our work involves interacting with people who have committed terrible crimes, people in crisis, and others that have been victimized.

Spending our time off with family and friends importantly reminds us of the good things in our lives and that we have much to be thankful for.

You got this!

Make the commitment to get fit and start today.

For some, more help might be needed and that's okay. You don't have to take on life's stressors alone. Help is available and you have options.

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Crisis Text Line: Law enforcement text BLUE to 741741
(others text TALK to 741741)

NYC Well (in NYC only): Text, call, or chat www.nyc.gov/nycwell

NYPD specific

NYPD Employee Assistance Unit: 646.610.6730

Chaplains Unit: 212.473.2363

POPPA (not affiliated with the NYPD): 888.267.7267

Get more information from our partners:

- [NYC Well](#)
- [American Foundation for Suicide Prevention](#)
- [Crisis Text Line](#)
- [American Association for Suicidology](#)
- [NAMI \(National Alliance on Mental Illness\)](#)
- [New York State Psychiatric Institute/Columbia University](#)
- [Nock Lab at Harvard University](#)
- [JED Foundation](#)
- [Change Direction](#)
- [Suicide Prevention Resource Center](#)