



Starting With a Champion: Building a Wellness Program

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Nick: Hello and thank you for joining us today for another SAFLEO Sessions podcast. My name is Nick Breul. I am a senior project manager with the National Law Enforcement Officers Memorial Fund. Today, we’re going to hear from my guest, Dr. Mildred Betancourt, who is from the city of Irving, Texas, Public Safety Wellness Unit.

And this is a wellness program that is not only for law enforcement but for other first responders. This program won the 2023 National Officer Safety and Wellness Awards, which are given out annually through the Memorial Fund through the Destination Zero Program. And our conversation today will hopefully not only educate our audience about what they’re doing in Irving, Texas, to improve wellness but also help agencies that are looking to develop their own programs, improve their programs, or even if you’re starting from scratch. So, let me begin by welcoming Dr. Betancourt.

Mildred: Thank you so much, Nick. It’s an honor. It’s great to be here and to continue to help and answer questions, support other agencies. We were there, we still are. I still consider—we are in our infancy stages: developing, enhancing. So, this is a great honor and an opportunity to do just that, help others begin their wellness units, their wellness programs.

Nick: No, that's great. And I'd like to just begin—if you could, just give us a little bit of a background of how you got started and what is your title in this program, but if you could just walk us through your experience and background.

Mildred: My title with the Public Safety Wellness Unit is the senior manager for the Public Safety Wellness Unit. My background encompasses a variety of experiences. I started working with a correctional system in Puerto Rico, providing services, assessments, group therapy, individual therapy, personality assessments for the parole board. I then transitioned into working with victims of crime here in Irving, Texas, at the Family Advocacy Center. I worked with sexual assault victims, sexually abused children, domestic violence—so, a lot of trauma for the past 11 years.

In 2016, I was then introduced to peer support. I became the peer support coordinator. And so, I have been working with the police and fire population since 2016. In 2021, I was transferred from my counseling manager role at the Family Advocacy Center to what we have now, a new department in the city of Irving, the Public Safety Wellness Unit. And this is the department that I am overseeing.

Nick: Wow. Well, that's quite a lot of experience and certainly some very difficult circumstances to deal with when you talked about all the different types of trauma that you were helping people with and interviewing people about—and that's certainly not easy, but would certainly, I think, play well into your current role. If you could give the audience, and I think—this is a new concept, and yours is not the first, but the idea of having a, not just a police agency have its own wellness unit, but now you have a Public Safety Wellness Unit, which addresses police and fire. Can you just sort of give us an overview of what that unit does and offers?

Mildred: Yes. So, we started—the peer support program was actually developed under the police department. I was, back then, a police employee under the counseling department. And so, the police started the peer support program. Two years later, the fire department joined our peer support program, and it just slowly continued to grow and develop into, "Hey, this can no longer be a volunteer program. We need full-time individuals to run this program." And this is how this Public Safety Wellness Unit developed. The difference between our program and other wellness units in the country is that by having a dedicated unit separately from fire and police, I am under the structure of the city manager. So, therefore, I don't have any supervisory or administrative responsibilities with either chief, which gives us a great distance,

administrative and psychological—even distance from both departments, meaning our first responders, including fire, police, dispatchers, and detention officers, have the sense of safety and privacy that they need to access our services.

Nick: That's a great, great point. And of course, in SAFLEO, we take our training out across the country. One of the first things we talk about, "What's the major challenge for law enforcement? What's the big hurdle?" And that is really, "Officers feeling comfortable asking for help." And because they have that resistance about the agency's reaction to their having a need or needing some assistance, particularly with mental health issues—so, I think that's really a great, great portion of your program because it just takes away that whole element right from the get-go.

Mildred: Exactly. We have great leadership here in the city of Irving that saw and understood the need. Starting with the city council, they supported the idea, and our chiefs did as well; they understood it. And I think that's been the huge success also in our program that we have chiefs, and city manager, and city council understanding the importance of—let us do our job and support us.

Nick: Right. And one of the things that we do at SAFLEO before we take our training to an organization is we have an executive class to get their minds right about this is why this is so important, and they need to get behind it. And to your point, it sounds like not only did they get behind it, they also got out of the way, which is good. And I love the fact that your city council or your city government is supporting this. I think that's a tremendous asset to have in your community if you have that support.

Mildred: Correct, yes. And I know that is the huge difference in our program that many cities, many states don't have.

Nick: Right, right. So, within your public safety wellness unit, of course, SAFLEO is focusing on suicide prevention. Do you have suicide prevention programs within your unit?

Mildred: Yes, actually—we started, our first year, an awareness and psychoeducational campaign. We called it, "Let's talk about it." When I developed the program, I researched the main hurdles for first responders to reach out for mental health services. And the three that constantly came up were the stigma of reaching out for mental health services; number two, accessibility of services; and number three, lack of mental health clinicians that were culturally competent in the first responder world. So, when I developed the program, those are our

main goals. We want to eradicate the stigma within the city of Irving. That's the population that we work with. And so, what better way of starting to normalize what mental health is than inviting people to talk about it? Let's talk about it. And we started the suicide prevention campaign with a series of trainings, presentations. We incorporated two work champions, one from fire, one from police, that were very open and willing to voice their experience and share their experience about their own trauma and healing process that they went through.

Nick: Yeah, that's so critical to hear from the horse's mouth. If you're an officer and you hear that story and you hear that there is someone who is brave enough to voice, maybe even up to their suicidal ideation, what they're going through, that really loosens the bolts, if you will, I think, and really, really helps create that atmosphere that you want to really begin to be able to help people and get them to come forward.

Mildred: Exactly. So, we created three videos, and they were the host and main speakers in the video talking about their experience and motivating their brothers and sisters to reach out. So, that was our primary campaign, which ended this year. We also started a trauma-informed campaign, which I think really, really supported the safety component in talking about difficult issues, especially suicidality within first responders and mental health issues. Trauma-informed care addresses the need for safety in the workplace, therefore bringing that message of, "You will not face any repercussions. You will not lose your job." In the city of Irving, we are training our leadership in trauma-informed care. We are providing them with information and skills.

Nick: Can you tell us just a little bit about what that means, trauma-informed care—what the difference would be from just your normal care, I guess?

Mildred: Yes. So, trauma-informed has been around for decades now, and it started with the adverse childhood experience, the ACEs study, which revealed that over 66% of our population—this is over 20 years ago now, I'm sure that after COVID, the percentage has gone up. But the original study showed that over 67% of the population had at least one traumatic incident during their childhood. They tracked over 17,000 individuals for 10 years, and they were able to pretty much predict based on how many ACEs, many adverse childhood experience[s] an individual had, what types of mental health issues or physical issues these individuals were going to develop.

Nick: I see. So, it almost became predictable.

Mildred: Exactly. So, that changed the way we provided services, meaning now, instead of assuming, I will not assume, and I'm going to ask within my intake process. I am going to purposely ask about childhood trauma. So, that way, I have a pretty good idea if this person is reporting four, five, six ACEs in their childhood history, I understand why this person is struggling with substance abuse, depression, and you name it—a gamut of physical illnesses and mental health disorders. So, we provide the training to equip our people, our—mainly this year, HR, risk management, city manager's office, to understand that you're not just working with a normal population, you're working with a population that not only has ACEs with them, but now the job is also compounding on whatever trauma they bring. So, how do you interact with these individuals? How do you provide services to these individuals to make them feel safe knowing that they come in with hypervigilance, they come in with defensive attitudes, they come in with anger?

And we want to equip our people. Our services are trauma-informed, meaning even our environment is inviting and safety—from the colors that we use in our walls, from the furniture that we use, from the smells that are in the office. So, we want to be able to calm the sympathetic nervous system when this person walks in instead of triggering fear, instead of triggering hypervigilance. And so, trauma-informed is a platform that helps an agency become a safe place by developing policies, procedures, and not revictimizing a person who suffers from trauma—who has, at least based on the study, at least one ACEs in their childhood history.

Nick: That's really well explained, and what you were discussing about even creating the environment where they may come in to talk to someone, and you even mentioned smells, which a lot of people—olfactory memory can be very strong for some people. So, I think that's fascinating.

So, you're relatively new. Have you had successes? How is it going, essentially? Have you got any data or information that you can share with the audience to where you're really feeling like this is working or it's not—or some things are, some things aren't, that kind of thing?

Mildred: Yes. So, as a wellness unit, we started in October 2021, and we do have a great software where we track a lot of data—from appointment hours, individuals' age, number of years in the profession, whether they're married, their titles. I pulled two statistics for today's program. In 2021, the first fiscal year that we started, we provided services to 69 unique individuals that translated into 244 appointments. This year, we provided services to 105 unique individuals, which translated into 559

appointments. So, as far as clients is concerned, we had a 66% increase in clients and 49% increase in appointments. I think that gives us a pretty good idea as to how our services are being used—the increase in numbers, the increase in biofeedback interventions, EMDR interventions, and yoga for first responders. Those are the top three services that are really being utilized within our unit.

Nick: Wow. Excellent, excellent. For your folks coming in seeking help, is there a common stressor for those folks, or is it a myriad of things?

Mildred: So, because we keep the peer support—they submit [a] statistical report on a monthly basis, not identifiable information, they report on whether it's a coworker, a family member, if it's a male or female, and they have a list of all sorts of issues that they may deal with one-on-one. And yes, there is a list of issues: marital issues, grief, medical issues, financial issues. However, on a monthly basis, and for the last at least year, the top three interventions that they report constantly are stress and trauma; number two, administrative issues with work; and number three, family issues. So, these are the three main stressors that, at least in the last year, our peer support teams are dealing with on a daily basis.

As far as the wellness unit, when they come in, that has been consistent. That's what they bring, the stress and trauma and a lot of chronic stress. Individuals with 10, 20, 25 years on the job, realizing because of the information that we are continuously putting out there—we have a monthly newsletter with different topics, a variety of topics that we disseminate every month. So, they're coming in and realizing, "Hey, the checklist that I saw? That's pretty much me. I have all of those." And so, stress and trauma is number one; administrative issues within the workplace, changes in policies, or that sort of thing; and number three, family issues.

Nick: Very interesting. Well, thank you for sharing that with us. Now, we can't get to all the programs that I think you have. And I did review your submission to the Destination Zero Program, that got you guys that award. Can you tell us what you think would be for an agency that either needs to start from scratch or maybe even has the beginnings of a wellness, not even a unit, but can you tell us what you would do to start from the ground up, what you think perhaps the most important components would be to get a good, strong wellness program like the one you have in Irving going?

Mildred: I think—just like we started, we started with what we had, the human resources that we had at hand. Pretty much, we didn't have any money,

any budget, any buy-in from anyone. But we did have those work champions that are always voicing the need for help, the need for a wellness program. We identified those individuals, and we developed a committee. And so, my advice is if you have one individual who is committed, who is passionate, who understands, and who is willing to be that voice, start with them. This will slowly develop and grow. And that's how we started. We took it another step further, and we started developing training, and slowly we increased.

But I think, to summarize, you start with what you have. If it's one individual, you start with that one individual. And to your point, it's not an impossible task. This is doable. We started in 2016 with nothing, and here we are, a brand-new department in the city of Irving, with our own budget, providing these wonderful services to our first responders and their families.

Nick: And for me, I'm a retired police officer who came on in 1987. And so, seeing these changes and these services available that were never available to me, I really am just so pleased to see agencies and cities finally getting behind supporting officers and getting away from that culture that drove a lot of officers to struggle. Any parting thoughts you want to give the audience about not only your program, or anything else that you guys are offering?

Mildred: Including the spouses and family. The spouses are part of the first-responder culture. They are silent recipients. They are silent observers, but they are being impacted just as well. They don't have the training, the understanding, and including them and equipping them to take care of themselves as well, but also understanding how their family member, their first responder, will be impacted. So, we included our family members in our program. This year we started through contracting through another agency that has partnered up with us first, couples retreat, families retreat, parenting for first responders, which is unheard of, but parenting for first responders is a lot different from just your regular parenting.

Nick: Yes, especially in today's day and age.

Mildred: Yes. So, including your spouses is also important. Yeah, that's the only thing that really came to mind because so often, we forget about that.

Nick: Well, it's well said. That's a great, great point. Listen, Dr. Betancourt, I really want to thank you for joining us today. I appreciate your time and definitely commend you for the program.

And for the audience, I want to also remind you that there are a lot of resources available at safleo.org on the SAFLEO website. I also would like to invite you to visit destinationzero.org or the Memorial Fund website, and you can look up Dr. Betancourt's City of Irving Public Safety and Wellness Unit, their submission, and there's a video that's been prepared about it. So, you can watch that brief video as well as you can just get a good overview of their program. So, again, thank you, Dr. Betancourt, and I look forward to learning more about your program in the future.

Mildred: Thank you so much for inviting me. Thank you.

Speaker 1: The SAFLEO Program is dedicated to providing training, technical assistance, and resources to law enforcement agencies, staff, and families to raise awareness, smash the stigma, and reduce and prevent law enforcement suicide. For additional information regarding the SAFLEO Program, please visit safleo.org. That's S-A-F-L-E-O.org. Follow us on Instagram, Facebook, and Twitter.

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