# Chapter 47
# Organizational Prevention and Intervention Services:
## Beyond the Early Intervention System

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## ABSTRACT

*Improving the opportunities for enhanced health and wellness in first responders has gained national attention in recent years. Employers and other stakeholders striving to improve employee utilization of available resources will need to increase transparency in the process and improve understanding between first responders and clinicians. One potential process, early warning systems (EWS) are primarily designed to alert management to an at-risk employee. However, the continuing goal of any effort should be to identify and remedy any employee issue before the employee exhibits the predetermined number of events that trigger an early warning alert. Although many organizations are adopting an EWS by either choice or mandate, they are largely separate and distinct from the agency's health and wellness programming. Administrators are not only unsure of what data to consider, but also what to do when an alert is activated. Ideally, agencies move toward early intervention systems that themselves are conceptualized within the larger framework of wellness programming.*

## ORGANIZATIONAL MENTAL HEALTH SERVICES

First responder organizations vary across disciplines, occupations, and jurisdictions in their handling of the health and wellness of employees. Prevention and response approaches may vary, even among different subdivisions or teams in the same organization. Standardizing prevention and intervention strategies for all first responders would be difficult, given differences in organizational cultures, geography, and individual experiences; however, basic elements of prevention and intervention programming

can remain consistent. For example, as a minimum, each organization's preventive measures should include resilience-building training for employees and their families, beginning before a first responder is deployed in the field, and training on improving mental and physical health in response to adversity and stress (Kelly & Hoban, 2016). Recent initiatives such as the President's Task Force on 21st Century Policing (COPS Office, 2015) and the Law Enforcement Mental Health and Wellness Act of 2017, have placed national attention on the need to make mental health a priority. As such, first responders require (a) continuing education, (b) stress management training including adaptive coping strategies throughout their careers, (c) early intervention systems (EISs) that focus on the whole employee (i.e., not just the behavior triggering an alert), (d) responses to early behavioral alerts that promote well-being, and (e) general intervention options to address mental health emergencies. Employee health and wellness and early warning/intervention systems should be designed with the employee, families, the organization, and the service population in mind.

Training and interventions developed to enhance the health and wellness of public safety employees should be evidence-based or at least integrate research findings. Those involved in the research, development, implementation, and assessment of employee health and wellness programs must be properly trained and vetted to ensure they will benefit employee and organizational health. They must also be able to deal with the sensitive nature and confidentiality requirements of this work. Attention must be paid to ensuring that intervention strategies listed in policies are operational, following the agency's plan, prior to any program rollout.

This chapter provides policy makers, researchers, administration and supervisory staff, and clinicians a framework to create policy that fosters prevention and intervention for mental health difficulties in first responders. It demonstrates the need for transparency and collaboration among stakeholders regarding prevention and intervention, discusses benefits of early alert systems, and presents examples of programming for first responders, not only as they begin their careers, but when they have experienced risk factors for impairment and for those exhibiting mental health difficulties.

## EARLY WARNING SYSTEMS

Early Warning Systems (EWS) were originally created to detect and address problematic police officer conduct and enable intervention to correct it (Walker, Alpert, & Kenney, 2001). This concept was born out of the 1981 U.S. Commission of Civil Rights recommendation that police agencies create systems to identify "problem officers" that are frequently the subject of citizen complaints (DeCrescenzo, 2005). The original EWSs were designed primarily to alert management about at-risk employees (DeCrescenzo, 2005; Bertoia, 2008). EWSs are widely used in first responder organizations and are mandated in some locations (e.g., the authors' home state of New Jersey). Despite this, many stakeholders, both on the frontlines and in administrations, are still unsure what data to collect or how to respond appropriately.

Arguably, the original concept of an EWS should be reframed and redesigned more broadly to maintain healthy first responders and organizations, with indirect consequences that benefit their organizations and the communities they serve (Amendola & Davis, 2019). Collaboration with all stakeholders, including labor unions, administration, frontline personnel, and mental health professionals, would help to ensure EWSs are used as intended, to both prevent and address alerts, and not as a disciplinary tool. Union leaderships acknowledging the nonpunitive value of a properly administered EWS would promote

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