

**COUNTY OF MONROE
OFFICE OF THE SHERIFF
ROCHESTER, NEW YORK**

GENERAL ORDER MULTI-BUREAU	DATE OF ISSUE May 18, 2026	EFFECTIVE DATE MAY 18, 2026	NO. 105-26
SUBJECT: GENERAL ORDER Health and Wellness Program		DISTRIBUTION All Personnel	AMENDS
REFERENCE: NYSLEAP 4.1, 18.1, 43.7			RESCINDS 105-24

Purpose: To provide individualized support, wellness resources, and wellness programming to sworn and civilian employees of the Monroe County Sheriff's Office (MCSO).

Policy: The Monroe County Sheriff's Office (MCSO) is committed to maintaining the resilience of its workforce by making health and wellness services readily available to assist employees and their families with emotional, familial, social, psychological and work-related issues or problems. The MCSO Health & Wellness Program is a multi-faceted program, encompassing (1) embedded clinicians for support, intervention, and connection to resources (2) training (3) peer support team (4) critical incident stress management, and (5) wellness programming for education and prevention.

Definitions:

Critical Incident: An incident that is unusual, violent, or involves a perceived threat to or actual loss of human life that may overwhelm an individual's normal coping mechanisms and cause psychological distress.

Critical Incident Stress Debriefings: A one-on-one discussion conducted by a licensed, qualified mental health professional. The purpose of the debriefing will be to help employees to understand their emotional response to a Traumatic or Critical Incident and strengthen their coping mechanisms following an incident.

Critical Incident Stress Management: A formal process used to assist an individual who has been involved in a Traumatic or Critical Incident to return to and maintain an effective level of functioning.

Directly Involved: Any member, whether participatory or accessory, who is on the scene of a Traumatic or Critical Incident at the time of or immediately following the occurrence of incident, or on the team/ unit/ platoon involved (as at times not being present with your team can be equally traumatizing)

Employee Assistance Program: EAP is a voluntary, confidential program that helps employees work through various life challenges that may adversely affect job performance, health, and personal well-being. EAP can also be mandated after a critical incident by Bureau Chief or designee. EAP services include assessments, counseling, and referrals for additional services to employees with personal and/or work-related concerns, such as stress, financial issues, legal issues, family problems, office conflicts, and alcohol and substance use disorders. (See General Order 097-18, *Employee Assistance Program*).

Employee Assistance Program Provider: The approved confidential EAP service provider who responds to member support requests. The EAP provider consists of a staff

and provider network of psychologists, social workers, clinicians, and licensed mental health practitioners, all who provide confidential counseling and consultation.

Involved Employee: Any employee who is directly affected by a Traumatic or Critical Incident employees may include, but not be limited to: employees who are on the scene at the time of the incident, those who respond to the scene immediately following the incident, employees of the responding team who may not have been on scene, and support personnel such as emergency dispatchers, crime scene technicians, Technical Services Unit (TSU), Fire, Ambulance, etc.

Peer Mentor: An individual who has received training in Critical Incident Stress Management and who has been designated to provide emotional, social, practical and moral support to a MCSO member. A Peer Mentor can be a sworn or civilian member of the department. A Peer Mentor is not a counselor or therapist but is trained to recognize and refer cases that require professional intervention, or are beyond their scope of training, to a licensed mental health professional.

Peer Support Team: A group consisting of sworn and civilian employees who have been trained in Critical Incident Stress Management to assist members involved in Critical Incidents as well as high stress incidents, (e.g. death of a family member, divorce, or financial hardships). The Peer Support Team consists of a Team Coordinator, Peer Mentors, and the Director of Officer Wellness Unit, or designee. Peer Support Team members will be required to participate in the department's comprehensive response to critical incidents.

Post-Traumatic Stress Disorder (PTSD): As defined by the National Institute of Mental Health (NIMH), PTSD includes a group of symptoms, such as disturbing recurring flashbacks, avoidance, or numbing of memories of a dangerous event, and/or hyper-arousal. Acute PTSD symptoms usually begin early (within three months of an event), or may be onset symptoms beginning six months to a year afterwards. Symptoms must continue for more than a month after the occurrence of a traumatic event, and be severe enough to interfere with relationships or work to be considered PTSD.

Referral: The process of directing or redirecting a person to an appropriate specialist or agency for consultation, review, or further action, including but not limited to treatment.

Traumatic Incident: A mentally and sometimes emotionally painful and highly stressful event that cannot be resolved through normal stress-coping mechanisms. These events may cause disabling emotional and physical problems unless members are adequately treated. A Traumatic Incident is defined by an individual's unique, internal reaction to an event, not necessarily the external appearance or apparent magnitude of the event. It is not necessarily a life-threatening incident.

Well-being Check: The process whereby an employee checks on the well-being of another employee, be it via electronic communication or in person.

I. Embedded Clinician(s):

- A. The MCSO Health & Wellness program will be overseen by a MCSO civilian employee, or Director, with additional embedded clinicians within the department.
- B. The MCSO Health & Wellness program is part of Staff Services, with the Director reporting directly to the Commander of Staff Services.
- C. The clinician(s) will be directly accessible to all employees of MCSO for the purpose of enhancing their wellbeing.
- D. Provide immediate support to officers directly after traumatic events to reduce the risks from exposure to trauma.

- E. Provide referrals for services/support to MCSO employees as recommended/agreed upon.
- F. Clinicians will only be staff members of MCSO.
- G. Each sworn member of MCSO will meet annually with a MCSO Health and Wellness clinician for a "wellness check."
 - 1. The sworn member will meet with the MCSO Health and Wellness clinician for a period of up to 60 minutes annually.
 - 2. MCSO Health and Wellness clinicians will provide available times (on all three platoons) to allow wellness checks to occur on duty.
 - 3. Every effort will be made to accommodate sworn member preference as far as location.
 - 4. At the conclusion of the wellness check, the sworn member will sign the **MB-002 All Bureau Training Unit Attendance Sheet** verifying their attendance.
- * H. When there are current, pending, or likely criminal charges between two MCSO staff, clinicians will be utilized to make assessments on safety and will refer members to ongoing care in the community as desired and/or recommended. This separation will protect the integrity of the program and the ongoing trust of the membership

II. Training

- A. Work with MCSO Training Coordinator and command staff to identify topics of need for the department. The training will include but not be limited to recruit level, roll call, in-service, enhanced in-service, supervisory, and Crisis Intervention Team training.
- B. Develop, provide, and participate in trainings on mental health and officer wellness topics.

III. Peer support

- A. Philosophy
 - 1. Peer Support Team Members (PST) are specifically trained agency employees who voluntarily commit to assisting colleagues and their families with support services in order to reduce employee distress and to assist in diffusing a crisis before its escalation.
 - 2. PST members are intimately familiar with the agency culture and are more apt to relate to employees with behavioral problems and attitudes.
 - 3. The purpose of PST is to provide emotional support during times of personal and professional crisis.
 - 4. The PST assists employees who initially may be reluctant to receive professional mental health assistance, or who need a third-party intermediary to assist them during stressful times.
 - 5. PST members will be able to assist and refer employees to embedded clinicians if the employee desires such assistance.

6. The goals are to proactively assist in prevention of chronic stress to employees and to promote employee wellness.

B. Peer Support Team Member Selection:

1. Agency employees of all ranks; sworn, non-sworn, part-time, full-time are eligible for consideration as a PST member. It is highly recommended that whenever possible, the agency's pool of PST members should be commensurate with the diverse make-up of the agency's employees with representation from all Bureaus.
2. Retired agency members, clergy representatives, and MCSO Health and Wellness program clinicians shall compliment the PST as a resource and referral, when warranted.
3. PST participation is voluntary. Agency employees interested in joining the unit must submit their interest in writing pursuant to an announcement by the Sheriff. Qualities of PST members include but are not limited to:
 - a. Person of good judgment.
 - b. An employee in good standing.
 - c. Mature.
 - d. Ability to empathize with other individuals.
 - e. Possession of good communication skills.
 - f. Patient with good listening skills.
4. The PST member's role is to provide support; they are not mental health, legal, or medical professionals.
5. Any Sheriff's Office employee or member can also nominate an individual for PST during an announcement or posting period.
6. A standing PST Committee will be charged with performing the review, interview and recommendation to the Sheriff of candidates for the unit. The PST Committee shall be comprised of the following:
 - a. Director of MCSO Health and Wellness
 - b. Health and Wellness Deputy.
 - c. PST member(s) designated by the Director of MCSO Health and Wellness.
7. The PST Committee will have the authority to deselect PST members who:
 - a. Breach confidentiality.
 - b. Fail to attend training.
 - c. Lose their good standing with the agency.
 - d. Act in a manner that is inconsistent with their position as a PSP.

C. Peer Support Training

1. Prior to being certified as a PST member, each employee selected to the team must attend training.
2. Training will focus on the following topics and subject matter:
 - a. Developing active listening skills.
 - b. Recognizing and assessing problems.
 - c. Determining the need for referral.
 - d. Dealing with death.
 - e. Dealing with relationship Issues.
 - f. Stress management.
 - g. Ethical Issues.
 - h. Alcohol/Substance Abuse.
 - i. Domestic violence.
 - j. Suicide assessment.
 - k. Crisis management.
 - l. Understanding the limitations of peer support services.
3. Training will be coordinated by the Director of MCSO Health and Wellness Program, or a designee, who will be responsible for developing and instituting initial training and any needed follow-up or in-service training.
4. Training will include a minimum of 16 hours per year with a preference towards four hour blocks quarterly.

D. Access to Peer Support Persons/Services:

1. A listing of all certified PST members will be made available to all agency employees.
2. The listing of PST members will contain all contact numbers and email addresses.

E. Confidentiality

Discussions that take place during a PST session shall be considered confidential between the parties, unless:

1. The dialogue consists of admissions to criminal activity or behavior such as, but not limited to child abuse, domestic violence or any form of criminal misconduct, in which case the discussion will terminate and the employee will be referred to their union representative, or legal counsel.
2. There is reason to believe that the individual poses an immediate threat to themselves or others.

3. The individual seeking PST assistance is known to be directly involved in an incident which is under investigation by Internal Affairs (union representative being the exception), unless otherwise authorized by the Sheriff or Undersheriff.
4. Peer Support Team members will not take notes or use audio or visual recording devices during the session.
5. PST will advise agency members of the confidentiality policy stated herein prior to the start of each meeting.
6. In the event of a disclosure during a PST session that conflicts with the confidentiality policy, the PST will immediately notify the MCSO Director of Health and Wellness.

Note: Pursuant the aforementioned policy there exists an employer-based confidentiality agreement between an individual and a PST member. However, this confidentiality agreement is not a legally recognized privilege in NYS and as a result, a PST member may be subject to subpoena or other disclosure requirements.

F. Referrals to PST

1. PST shall be notified by the MCSO Director of Health and Wellness or Health and Wellness Deputy, in the event that PST support/assistance may be requested for the following:
 - a. Officer involved shootings.
 - b. Witness to suicides or attempted suicides.
 - c. Witnessed deaths.
 - d. Formalized crisis debriefings.
 - e. Being the victim of an Assault, 1st, 2nd, or 3rd degree.
 - f. Crimes against children, i.e. Endangering the Welfare of a Child or Sexual Abuse.
 - g. Death of an employee.
 - h. Child pornography or innocent images exposure.
 - i. Any situation that would create a significant amount of employee stress or crisis.
2. Any member may request contact with a PST member for individual support anytime when experiencing stressors not related to a critical incident (i.e. death of a family member, financial hardship, or work stressors). The PST members may consult with employees while on duty.
3. A supervisor or employee may request the PST to respond to any situation that may not rise to a critical incident, but may have an adverse impact on affected personnel.

Note: Under special circumstances Peer Support may be mandatory at the direction of the Sheriff or designee.

G. Annual Review

1. Director of MCSO Health and Wellness or a designee should be present at any PST member meeting for professional feedback and training.
2. The Director of MCSO Health and Wellness will submit an annual report to the Undersheriff evaluating the utilization of the Peer Support Program.

H. Common incidents that pose the increased potential for trauma include, but are not limited to:

1. Police Officer Involved Shootings.
2. An actual or *perceived* threat to one's life or of grievous physical harm.
3. Suicide or suicide *attempt* by a colleague.
4. Serious injury inflicted on, or death of a colleague.
5. Serious injury or death of a non-member, especially a child, under particularly tragic or grotesque circumstances.
6. Cruelty/abuse to a child.
7. Line of duty contact with friend/relative during a tragic/traumatic event.
8. Death or injury of a person resulting from duty operations.
9. Perceived "failure" during a tragic/traumatic event.
10. Large scale or prolonged disaster.
11. Events with high media exposure.
12. Any tragic/traumatic event that may have private/personal emotional significance to a member, particularly when the event is characterized by: relative surprise; intense negative emotion, and perceived helplessness.
13. Diagnosed or treatment from a terminal illness.
14. Caring for a loved-one who has been diagnosed or recovering from a terminal illness.
15. Experiencing a familial death or loss (including children, spouse, etc.).

I. Critical incidents that require an immediate referral/ response:

1. The member is involved in a police-involved shooting.
2. The actions of the member, whether accidental or deliberate, result in the death or serious injury of a person.

3. The member is present at the death or serious injury of a MCSO employee.
4. Negotiating team members who are directly responsible for the management of negotiations and are involved in an incident that results in serious injury or death.

J. Critical incident process- Duties and responsibilities

1. Incident Commander

- a. In Critical Incidents, the Incident Commander or designee on scene will gather the following:
 - i. Nature of the incident;
 - ii. Number of employee(s) affected;
 - iii. Location of affected employee(s);
- b. The Incident Commander or designee will ensure the information is relayed to the Director of Officer Wellness or designee.
- c. Incident Commanders will identify members within their command, who are exhibiting signs of distress or difficulty coping with a traumatic or critical incident and recommend a post incident debriefing through the MCSO Health & Wellness Program.

Note: In some instances, a member might consider an event traumatic. In such cases, members may contact The Employee Assistance Program Provider directly, without consulting their Command, to request confidential support services.

2. On scene Sergeant

- a. On scene Sergeant will immediately, or as soon as practical, meet with the involved member(s) to:
 - i. Ask supportive questions concerning the Critical Incident (e.g., "are you o.k.?", "do you need anything?", "would you like to talk to someone?" "Do you need to take a break?"),
 - ii. Inform and encourage the use of the MCSO Health and Wellness Program.
 - iii. Closely monitor members during and after high stress incidents and shall conduct well-being checks.
 - iv. Ensure members are provided with adequate support to maintain mental wellness, whether through MCSO Health & Wellness, EAP, Chaplain, or Peer Support Program.
 - v. Any supervisor may request a Critical Incident Stress Debriefing in response to other highly stressful incidents that may not rise to the level of an immediate response and should be based on the nature of the traumatic event.

Note: Such incidents may include when members are involved in a riot, civil disturbance/unrest, or mass demonstration, but may not warrant a mandatory referral.

- b. Critical Incident Stress Debriefings shall take place immediately following the incident. Supervisors shall make every effort to facilitate a debriefing. If the debriefing(s) cannot be facilitated immediately, the supervisor shall ensure the member receives a debriefing before their tour of duty has ended. The supervisor shall explain the reasons for any delay in writing to the Involved Member's Commanding Officer and/or to the Director of MCSO Health & Wellness.

3. MCSO Health & Wellness Program and Peer Support Team

- a. Post-Incident stress debriefing process. Any directly involved member must be referred to the MCSO Health and Wellness Program or EAP for a post-incident stress debriefing immediately after the critical incident and follow-up one week after.
- b. The Peer Support Team, in conjunction with the MCSO's Health & Wellness Program once activated, will respond and assist in the debriefing process for involved members immediately following a critical Incident.

Note: Attendance at a Critical Incident Stress Debriefing is strictly confidential, no information related to the debriefing shall be conveyed to other MCSO members and will in no way jeopardize the member's job security, promotional opportunities, and/or reputation within MCSO. The debriefing process is not a critique of any actions taken by the member, but rather an attempt to mitigate elevated levels of anxiety, fear, and/or emotional distress a member may be experiencing. The debriefing shall not serve as the basis for disciplinary action.

- c. The Director of the MCSO Health & Wellness Program will provide input to the Commanding Officer the amount of leave the member should take or if the member should work a modified-duty assignment.

IV. Catastrophic Injury to a Member On and Off Duty

- A. MCSO Health & Wellness clinicians will follow-up with members who are out due to catastrophic injury or illness to provide support, see what is needed, and maintain communication with MCSO.
- B. MCSO Health & Wellness clinicians will also follow-up and support the families of members of catastrophic injuries. Attending to the needs of the family of the agency member seriously injured, and advise the family about support services available to them.
- C. MCSO Health and Wellness will coordinate with the supervisor of a member who has been catastrophically injures to maintain communication ensuring continued support to the member and their family.

V. Administrative Leave

- A. Any member directly involved in a Police Officer Involved Shooting (POIS) shall be placed on administrative leave for a minimum of one day.
- B. Whenever a member is placed on administrative or medical leave due to a Traumatic or Critical Incident, first line supervisor are required to perform well-being checks. MCSO Health & Wellness Program and/or a PST member will also maintain contact for well-being checks weekly while the member is on leave.

VI. Wellness Programming for Education and Prevention

- A. Wellness programming will be available to all sworn and civilian staff of MCSO, including both seminars, one on one sessions, and group classes.
- B. The goal of all wellness programming will be to address the variable needs of all MCSO staff, which may change over time.
- C. The wellness programming will provide:
 - a. Education on various issues that affect law enforcement (i.e. back issues, PTSD, suicidal thoughts).
 - b. Introduction to various stress management tools to prevent future issues from developing (i.e. meditation, yoga and martial arts).
 - c. Resources for intervention (i.e. fitness, financial counseling, nutrition, etc.)
- D. The MCSO Health and Wellness program will utilize Power DMS surveys and bureau and team liaisons to facilitate input from sworn and civilian staff to best direct a variety of holistic programming and trainings that can positively impact the lives of MCSO staff.

*** VII. Wellness Dog**

- A. MCSO Health & Wellness recognizes the therapeutic healing capabilities of a canine. The use of a wellness dog for MCSO will originate from MCSO Health & Wellness team. One of the full time MCSO Health & Wellness members will house and provide 24/7 care for the wellness dog on a voluntary basis.
- B. Wellness dogs will be chosen by MCSO Health & Wellness staff. Only those canines trained by certified trainers in the field of therapy or wellness will be considered.
- C. Transportation of the wellness dog will be in a portable kennel in a SUV assigned to MCSO Health & Wellness.
- D. Wellness dog utilization can be in a variety of circumstances to support employees. Wellness dog utilization will be decided on by MCSO Health and Wellness staff, and overseen by the Director of Health and Wellness. Wellness dog utilization includes, but limited to the following:
 - a. Critical incidents
 - b. Debriefings
 - c. Roll calls
 - d. Peer support call outs, trainings, and events
 - e. Wellness dogs may also be used at special events to support MCSO employees with the approval of MCSO Health & Wellness Director.
- E. Wellness dog Handler Responsibilities:
 - a. Wellness dog handler will keep log of all training.

- b. Wellness dog handler will provide appropriate care to their animal and will report any sickness or injury to their animal to the MCSO Health & Wellness Director.
- c. Wellness dog handler will only use authorized veterinary services for emergency or routine purposes. Any significant, out of the ordinary treatment must first be cleared through the chain of command.

VIII. Crisis Response

A. Response

- 1. When sworn and/or supervisory staff become aware of a member in crisis, the MCSO Health & Wellness Director, or designee, will be contacted, to determine needs and next steps.
- 2. A crisis may or may not involve thoughts or statements of self harm.
- 3. Regardless of what agency responds after 911 call, once it is determined that it is a sworn member the responding deputies/ officers notify call their supervisor.
- 4. Supervisor should request the MCSO Health & Wellness team via 911 dispatch.
- 5. The MCSO Health & Wellness clinical staff will respond to the employee, assess for safety, and make the determination of necessary next steps, which may include connection to outpatient treatment or transport to a hospital.

Note: The goal is to work with the staff to remain safe, while avoiding unnecessary hospital visits if safety and crisis resolution can be met in other ways.

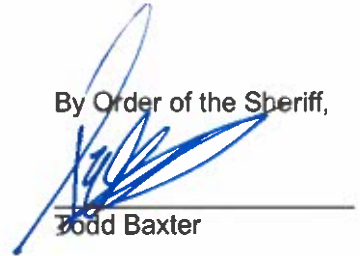
- 6. The MCSO Health & Wellness clinician is making the clinical determination if transport to the hospital is necessary.
- 7. MCSO Health & Wellness is to be utilized rather than any other county mobile crisis team.
 - a. If one of the county mobile crisis teams is called, responding deputies/ officers should request they be cancelled.
 - b. If one of the county mobile crisis teams responds, they should notify MCSO Health & Wellness via 911 dispatch.

B. Notification

- * 1. Once 911 is utilized/ contacted, the Bureau Chief, or their designee is notified of the concerns.
- * 2. The Bureau Chief, or their designee will be notified if the employee has been assessed to be in need of transport to the hospital, due to imminent threat (defined as imminent risk to self or others.)
- * 3. MCSO Health & Wellness will notify the Bureau Chief or their designee of concerns related to lost time.

- * 4. Assessment and referrals for support and/ or treatment that do not involved transport to the hospital are not relayed to the Bureau Chief or their designee.
- C. Follow-up
- 1. A fitness for duty evaluation will be requested with the MCSO psychiatrist for any MCSO employee after evaluation and transport to the hospital, and prior to return to duty.
 - 2. The MCSO Health & Wellness staff will monitor and follow-up with the employee after the crisis resolution, whether transported to the hospital and/ or connected for ongoing outpatient care.

By Order of the Sheriff,



Todd Baxter