

Hello and welcome to the State of 911 webinar series hosted by the NHTSA National 911 Program.

My name is Kate Elkins, and I will be the moderator for today's session.

This webinar series is designed to provide useful information for the 911 stakeholder community about federal, state, and local participation in the planning, design, and advancement of 911.

It includes real experiences from leaders utilizing these processes throughout the country. In today's session, we will be discussing telecommunicator mental health and welfare, highlighting the impacts of a career in 911 on personnel and ways to recognize and manage those impacts.

Today's webinar is being recorded and will be posted on 911.gov. For more information on National 911 Program webinars, to access the archived recordings, or to learn more about the National 911 Program, please visit 911.gov. For closed captioning, hover over the button,

the bottom of your Zoom screen for meeting controls. Then click the CC button to start viewing the captioning.

Feedback or questions about the webinar can be sent to nhtsa.national911@dot.gov.

The National 911 Program would like to highlight the documents and tools section of 911.gov.

Next slide, please. Which has been updated with new resources and improved access to these resources.

911 stakeholders are encouraged to submit links and documents that would be of use and interest to your 911 colleagues, including policy documents, plans, and reports across several topics,

including governance, management, operations, post-crash care, standards and best practices, and technical. And since we're talking about mental health if you have a fabulous resource or mental health document, related document,

whether it's a research paper or anything related to the topics we're covering today, please feel free to click on the Docs & Tools click and share button in order to share your resource.

So, to find this part of the web page, you can access it under resources, the dropdown menu or scan the QR code on the bottom right corner of the slide.

Content, once submitted, is reviewed, and then once it goes through the review process, it can be posted on the Docs & Tools page.

On this Docs & Tools page, there is a search bar that is specific to Docs & Tools and makes it easier for you to find specific resources that are posted.

Next slide, please. The National 911 program would also like to invite you to visit the 911 Telecommunicator Tree of Life and share the name of a remarkable 911 telecommunicator who has inspired you.

Share your story at 911treeoflife.org to honor those special 911 telecommunicators who are making a difference in your community.

Please note that all participants phone lines have been put in listen-only mode. And this webinar is being recorded.

To ask questions of our presenters, feel free to take one of two actions using the Zoom Q&A feature located at the bottom of your screen in the meeting controls. You can enter your question at any time

during the presentation,

and it will be entered into the queue. Hover your mouse over the bottom of the page to access meeting controls.

Or, to ask your question live, use the raise hand feature to request to have your phone line unmuted.

so, you can be called upon to ask your question. Individuals registered for this webinar will receive access to today's PowerPoint presentation and the webinar recording.

All of these will be posted on 911.gov. We may not have time to cover all of the questions, but please do submit your questions, and they will be answered and posted after the webinar if we run out of time to answer them today.

With that, I'm going to start off with a quick introduction about who am I and why am I one of the presenters.

So, my name is Kate Elkins. I'm an EMS and 911 specialist at the NHTSA Office of Emergency Medical Services and the National 911 Program.

I am also a doctoral student at the Johns Hopkins Bloomberg School of Public Health and an American Health Initiative Fellow, studying how occupational exposure for EMS 911 contributes to mental health. I have had a passion for improving the mental health and wellness of the EMS and 911 workforce for a long time, as I'm still an active paramedic with 26 years as an EMS clinician.

I am so excited to be presenting with Dr. Michelle Lilly. Dr. Michelle Lilly is a professor of clinical psychology at Northern Illinois University.

And, a researcher who has published essentially extensively about first responder mental health, especially focusing on 911 telecommunicators.

This is a critically understudied population. We need more research to better understand telecommunicator mental health.

Her dedication to improving research and resources for the mental health of telecommunications has made a significant impact on our community.

Thank you, Michelle, for joining me in this discussion of what we know and how we can continue to improve research and resources for the mental health of our workforce.

And we will be recording the webinar, posting the webinar and providing the slides for everybody. Alright, next slide, please.

Hi everyone, I am very, very pleased to be here today with such a great group. So, I'm gonna try really, really hard not to be distracted by the Q&A because I am very conversational when I present typically.

And so I would love nothing more than to be reading your questions and answering them, but through them in there, and hopefully we'll have some opportunity later.

So, what does research show about general mental health and 911? Well, we know that many 911 telecommunicators go from being quite healthy at hire,

to much less healthy over time. I ran a very small study of 911 telecommunicators early in my career.

This was probably a decade ago, but I found that out of brand new hires from some folks across the

country, only one out of 40 screened positive for PTSD or depression.

That person was a veteran who was managing their symptoms very well. It was actually doing quite well in their training.

But it's low, right? And that number makes perfect sense because many agencies do psychologicals, right?

We do psychological screening to make sure that people are doing well, that we hope can then handle the job better.

That being said, I know lots of agencies that are moving away from doing psychological, which is a whole other ball of wax, if we want to talk about it later, we can.

But in that same study, we also found that only 18% fell into the overweight or obese category.

And this is when we ask people to self-report their height and weight. So, generally speaking, people come into this occupation, and they're doing pretty well in terms of, you know, some rough indicators of their overall physical and psychological health.

Next slide, please.

But then we experience a lot of stress, right? And so were just talk about the ways in which some of the stress could really impact people over time.

So, this is a study that I was involved in with some folks out of the University of Washington, and they surveyed a large sample of 911 telecommunicators from the State of Washington.

And what they found is that the symptoms of stress, when you kind of compared them to other populations, we're in the moderate range.

Now, this was a little bit surprising, right? Because we know that is a very stressful job for reasons that we're going to get into in a second.

And, I think the way that we can interpret this and the way, you know, I go across the country talking about these topics.

People often say that number is probably because

folks in 911 have become so accustomed to the stress that they are very likely to be underreporting it, which is certainly something that I see. You know, walk into centers, and people will say, I haven't experienced stress, but I can literally see it in their face and their shoulders.

Now, when that study was published, we looked at where the high scores of stress were noted and very reasonably,

they were in the areas of muscle tension, sympathetic arousal, so, you know, increased heart rate, you know, sweating, more shallow breathing and response to stress and anger, right?

So, anger was a very common symptom of stress reported by respondents in that in that study.

Now I'm gonna pass you really quickly. Some people may have heard me say this before. But anger is often usually secondary.

I know a lot of 911 agencies where people say, Man, I have coworkers, and they're just so angry.

Well, anger is often secondary to more vulnerable emotions like feeling trapped, vulnerable, helpless, fearful,

and so sometimes when I say, you know when you have that stress and angry colleague, what you might be looking at is somebody who's really struggling.

So, it's just a little pause and a little tangent, but I always feel like I have to say that before moving on.

So, generally speaking, again, numbers were moderate overall. Those were the areas with the highest scores.

But again, this is likely a case of underreporting. Now, the reason I would say it's underreporting is if we can go to the next slide.

The 911 work environment has a lot of inherent stressors. So there's probably been, oh gosh, billions of dollars at this point, spent studying stress and what its predictors are.

And we're going to go over some more of those in a second, but when we're specifically looking at 911, what we find is that individuals who reported that there was a lot of effort in their center,

they're putting in a lot of effort for their agency, and they're not experiencing a lot of rewards.

Those people are reporting the highest levels of stress. People who are over-committed. And you probably know a couple of those folks, right?

But, they're very, very committed to the job. They're committed to the agency.

When people are over-committed, oftentimes they experience kind of a low level of bounce or harmony between their workplace and their home life.

And we know when people are over-committed, they tend to report more stress. Also, more technostress, the folks who are generally more stressed out by the idea of technological change, which in 911 is always abundant, tend to experience more stress.

When people have less control or perceive control over their work environment or over information that they're given about their work environment, they report more stress.

And mindfulness, that should be actually minus behind the mindfulness, so people who had higher levels of trait level of mindfulness actually reported lower levels of stress.

Now, again, we could talk about mindfulness all day long. It's outside the scope of today's webinar, but if you want to talk about mindfulness, I'm your girl. Just reach out to me at some other time.

Now, when we put all of these things in a big statistical model, we compare them, and we make them all duke it out.

What we found is the largest facts were observed for over-commitment and mindfulness. So, people can develop trait-level mindfulness, which is a skill you can cultivate.

It reduces their stress level. And, importantly, over-commitment is also something that we can kind of target for change.

The individual and organization level, which we'll get to in a minute. Alright, if we could move along.

Again, there's been lots and lots of probably billions of dollars of research on predictors of stress.

And when you look at all those things out there in the world, all the contextual factors that can increase the risk for stress.

These four factors almost always rise to the top, right? Novelty. Right? New task demands, new types of calls.

I mean 911, I think it never ceases to amaze me when people tell me

stories about a new, interesting and difficult call that they may have handled. And again, in addition to all the technological changes that need to be adapted to.

Unpredictable, right? What's coming next, right? We as human beings, we crave predictability.

And when we don't know what's gonna happen, it increases our stress level. Lack of control when we don't feel as though we have a sense of agency over what happens to us.

We tend to experience more stress and social evaluation. If people are watching, right? Now, I always say that this basically sounds like a 911 job ad, right?

Do you like novelties? Do you want to not know what's going to happen next? Do you wanna sit in a room where everybody can monitor what you're doing?

Join 911, right? These things are quite inherent within the 911 work environment, and generally speaking, these aren't things that probably are going to change a whole lot, even though there are some things that we can somewhat address, right? I'm always telling management leadership as much as you can provide information that restores the sense of control for people, the better they're gonna do.

So again, these are the four leading predictors of stress, and they are inherent in the work environment.

If we can move to the next slide. These are, again, a lot of things that we can't change in the 911 work environment.

I don't know if there's ever going to be a way that we can make it more predictable so people will know what's going to happen when they pick up the other end of the phone.

And we don't, don't, you know, I'm not a technological guru or expert, but I would imagine that would be quite hard to do, right?

But all we can do is think about the stress and react to it. And what we think about the stress matters.

Both in the primary and secondary appraisals, that we make of stress. And we're going to return to that in just a little bit.

We could go to the next slide.

Let's pause here for just a minute and think about clinical conditions. So we're kind of

returning back to, you know, those early numbers, right? So again, as I mentioned, 911 hires tend to go from being quite healthy physically and psychologically, at least based on rough indicators,

into a career that is quite stressful for any number of very reasonable reasons. And over time, that's stress and recurrent exposure to trauma and heighten risk for a number of clinical candidates.

Now, depression is one of them, so if we could pull up the numbers for that.

In the research that I did and published in 2015, we found that almost one in four 911 telecommunicators screened positive for current major depression.

One in four. At the time of collecting that data, the national rate was about 12 to 13.

So nearly double the rate of the general population. Now, right now, post-COVID, all those numbers both for 911 and the general place population are both a bit elevated.

But generally speaking, from all the data that I've always collected, the risk for depression is usually two to three times higher in telecommunicators than what we see in the general population.

And that number doesn't include the 22% who have additional symptoms, right? So, they have symptoms that are in the mild to moderate range,

but they're not quite frequent or severe enough to warrant a probable diagnosis. Now, there can be lots of reasons why

work in 911 can increase the risk for conditions such as depression. One of them is just the recurrent stress.

Right? When people are physically and psychologically depleted and exhausted, it increases their risk. When people start, they stop participating in things that are naturally rewarding to them, right, either because they're exhausted or because they're psychologically suffering,

they tend to experience depression. So the more withdrawn, the more isolated, the more current exposure to stress, it can really increase this risk for depression.

In addition to the fact that 911 telecommunicators are almost always talking to people who are having one of the worst days of their lives.

So, 911 folks are recurrently exposed to people who are having a bad day.

Experiencing really horrific events. Overly exposed to people doing bad things to other people. Right.

And over time, that can really wear down our sense of the benevolence of people in the world, which can also increase our risk for conditions such as depression.

Alright, if we could. Yeah.

And I just wanna like that compared to their first responder colleagues. As a paramedic, I can run a really difficult call.

I can see really horrible things. But I still have to clean the ambulance. I still have to finish my paperwork at the hospital.

I'm likely to have a moment to process, and I'm likely to see some of the outcomes.

And oftentimes, in the 911 center, you don't have that break. You're on to the next call.

Is that correct, Michelle?

Yes, absolutely. And I think that's another source of recurrent stress and depletion, right?

You're on to the next call. You're on to the next call. There's oftentimes very little ability to, more immediately, process the event with your colleagues.

So I also work a lot with law enforcement and, oftentimes, if there's a critical call or particularly

stressful or distressing call, in the aftermath, people can kind of, you know, stand around and talk and kind of say, you know, man, this happened or man, that was awful.

So there's more built-in opportunity for processing these things and receiving informal peer support than other first-responding occupations.

And therefore, not surprisingly, these numbers in terms of depression, and we'll talk about PTSD in a second, are that, are consistent with, or in fact higher, than the rates of depression PTSD that we see in other first-responding populations.

And I think a lot of that, again, does have to do with some of the basic elements of the work environment.

We could continue on to the next slide.

Again, when we talk about PTSD, we could pull up those numbers here.

In the study that was done in 2015, we found that about 17 to 24% of 911 telecommunicators from across the country,

were reporting symptoms of PTSD severe enough to warrant a diagnosis, meaning that if they sat down and did the clinical interview with the clinician, they were very likely to be diagnosed with PTSD.

And an additional 15 to 20% were experiencing symptoms of PTSD, but again, those symptoms were maybe not severe enough to warrant a diagnosis.

This is, of course, quite concerning, right? Because we know that when people are experiencing PTSD, they're having trouble with attention, decision-making, concentration, a very common symptom of PTSD is insomnia.

For sleep, which is already difficult for first responders, especially if they're working 12s or overnight.

Sleep is already challenging, and when we know we're not getting enough sleep is we're more, we have a harder time regulating our emotions the next day.

We're more likely to see a threat in our environment than is actually there. And so there can be lots of different reasons why

having PTSD could be, you know, present a real barrier to effective work performance for 911.

I'm gonna say these folks were actively working in 911 at the time of the study. And so while it is concerning, we also know that there are a lot of folks in the 911 industry who are struggling with their mental health, whether or not in terms of PTSD or depression or both, but they're still performing, and they're still doing a good job.

But they're suffering, right? They're experiencing things that are very uncomfortable and certainly warrant attention.

Okay, so if we could continue on.

In terms of physical health, there's very limited data on the prevalence of disease.

So, to my knowledge, I have not seen anything on the prevalence of, for example, heart disease or other specific conditions in 911.

This is just based on data that, again, I collected with 800 telecommunicators from across the country.

And again, in that study, we asked people to self-report their height in their way to calculate their body mass index.

Now, what I will say is people are pretty good at reporting their height. Although, you know, like me, I feel like I'm shrinking over time, but, generally, people are pretty accurate.

People are not very accurate in self-reporting their weight. More often than not, if you have somebody soft report their weight, then you have them come in and get on the scale,

they are more likely to underestimate their true weight. So, these numbers are likely an underestimate of the extent of weight concerns and obesity.

But in that study, we found 83% fell into the overweight or obese category.

And in fact, 53% fell in the obese category alone. Now, at the time of that data collection, the national, about 35% of the general population fell into the obese category. So, it is about one and a half times more likely.

We also found that telecommunicators reported an average of 17 different physical health complaints in the last month alone.

So that is, you know, headaches, muscle tension, back problems, itchy eyes, any number of those things, which again, some of that makes a can kind of make sense, right?

It is a kind of sedentary occupation. People are spending a lot of time sitting, which we know is not good for our health, watching lots of different screens.

So, there are a lot of things that are kind of inherent in the physical work environment that could be contributing to these physical health concerns.

But research also suggests that some of this might be what we call somatization. So in first responding culture, it's a little stigmatizing to say something like, Hey, I'm feeling really sad today, or I'm feeling overly anxious, or I'm having these more vulnerable emotions.

It is more kind of culturally normative to say, Oh, my back hurts, and I have been having headaches, or I have been having these other kinds of physical health concerns.

And what we see in the first responding culture is that sometimes reporting these physical symptoms is more culturally appropriate.

So it might be what we think of as kind of a culture brown syndrome and first responding to, have psychological concerns manifest as physical health.

So, yeah.

And I totally represent that population. I have a hundred percent done that myself as a paramedic. Where you complain about your back, or you complain about something else, to not complain about being upset.

I think one of the things I want to highlight that's so important is the fact that we can't find the research. We need to do this research to better understand the health impacts on our populations.

But when you were talking earlier about fatigue, you know. Interrupted sleep or problem sleeping really influences your blood sugar, your blood pressure, your cardiac health, and your ability to lose weight if you need to lose weight or maintain a healthy weight.

It impacts your blood sugar pretty significantly. So it really makes sense that this is all kind of a confluence of things that puts us at a disadvantage in this workforce for maintaining both

physical and mental health. Would you agree?

Absolutely. I mean, if you ask me, and I am always like hesitant to say this because when I talk about it in first responding crowds, sometimes I get like the evil eye.

They get glares, which I totally understand, but since we're on a webinar, I can't see anybody face it.

Anybody say so? Just go ahead and say it. I'm, you know, sleep is critical.

Right, it really is critical to our physical and our psychological health. When we are not getting adequate sleep, we are dramatically putting ourselves behind the eight-ball in terms of our physical health,

and our psychological health. So they've had they've done studies where they hook a bunch of people up to after-graph watches.

So they're measuring their sleep and then how they're doing throughout the day, and if you get 30 minutes less sleep, just based on your average, not compared to like eight hours or seven hours, but if you typically sleep, say five hours and then you have a night where you will only get four and a half,

and then say a researcher thing to you the next day, so throughout the day, they just say, Hey, what sort of moods are you experiencing right now, just getting that 30 minutes less sleep,

dramatically increases the risk of you reporting negative sadness, anger, and frustration, and dramatically reduces the likelihood of reporting more positive neutral emotions like joy, happiness, contentedness, and peace.

And so even getting less than our normal level of sleep really makes a huge impact in terms of our mood management and our emotion regulation the next day,

in addition to all of the other physical health consequences that it has for us. So, I think sleep is probably one of the central conduits through which these physical and psychological outcomes manifest.

And then I would also say, you know, cortisol this regulation, right? Which also ties into trying to sleep, but when you're kind of recurrently, I'm having these stress reactions where you're kind of, cortisol coming up, and you're going into fight or flight, and then your body is coming to call you back down, and then before you even know what

you're onto your next call, your next stressor by the end of the day, you're kind of quite elevated in terms of your overall, kind of throat responding, your autonomic arousal, and we're having these kinds of big fluctuations in cortisol throughout the day that can impact again,

everything from, you know, sleep, weight, everything in immunology, everything in between.

So I would say I'm gonna sleep and cortisol, probably two of the largest.

Yeah, cardiac fitness and blood sugar are also impacted.

Awesome. Well, so.

Yes, yep, absolutely. Absolutely.

Oh!

I don't wanna hurry you, but if we go to the next slide. I'm one of those people who can't talk about all sorts of negative things without saying, hey, there's some really cool research that there are some positives that we can do that are simple, that are low cost.

And this is something that even if you're still connected to your headset, you could march in place potentially.

But there is some research that's come out relatively recently that indicates that you know, sitting all day increases our risk of heart disease, diabetes and dementia. And that's the general population.

This is not specific for 911 professionals, but when you're looking at this kind of research, and there's multiple studies, I can get citations for everybody who's interested. But we know that sitting for prolonged periods of time increases risk, and in some studies are saying it's comparable to increasing the risk the way smoking increases your risk for cardiovascular health problems, etc.

So, there's been some neat research where they actually brought people into a lab and monitored their blood glucose and their cardiac markers and a couple of other things to see, like how much walking and moving and getting up will actually reverse some of that impact,

or mitigate some of that impact, and in as little as five minutes every 30. So if you actually had a timer on your phone or your watch that says for every 30 minutes, I need to walk around for five.

And you don't necessarily have to be disconnected and walking a long distance. You just need to be walking.

That can really offset the physical impacts of that sedentary position. And I know that there are plenty of 911 centers that are putting treadmills under standing desks and giving standing desks, and that's going to help us move forward to try and mitigate some of these physical environmental factors that are influencing the health of our workforce.

But I think it's really important to recognize that you don't have to have a treadmill under your desk.

You don't have to have a fancy standing desk. You just have to have the ability to get up and move for about 5 minutes of walking every 30 to start to counteract those effects,

and I recognize that most telecommunicators are not gonna be doing that every 30 minutes, but any time that they do that for 30 minutes after a 30-minute period of sitting, it has a positive impact on their health.

So, just something to flag is, an option that is simple and can be done at any PSAP.

Next slide, please.

Absolutely. Kate, I love that too because I think sometimes people feel with some of the stuff like, oh, I need to be exercising 30 to 45 minutes a day.

Like, we can make very small behavioral changes in our lives that have a huge impact.

So, again, we're not going to talk about mindfulness today, but even if you're kind of a practice with mindfulness.

Meditating, even four or five minutes a day, can have profound positive psychological and physical consequences.

We're so on the same wavelength. I was about to say there's a reason why the mindfulness app starts at, like, 30 seconds.

Yeah.

30 seconds or a minute. Like you don't have to invest big time. Small changes make big differences in your health.

And again, I'm putting my health educator hat on. Start small, accomplish small, reasonable goals.

Celebrate those successes and you'd be amazed how they add up. Sorry, go ahead.

No, absolutely. Kate and I could literally sit and talk about this stuff for like days on end.

So, but you know, we don't wanna hijack your next 48 hours. Okay, so let's talk about, again, you know, I'm kinda like Kate.

I don't like to focus on all the negative without thinking about how can we address this, right?

So there's lots of strategies. There's lots of things that people can do. On the individual level, what I always say to people is resilience and wellness is not something that you stumble upon.

Right, it is not something that, you know, you just kind of hope to build, right?

In order for people to, become and stay resilient, they have to really proactively engage in self-care strategies.

So whether or not that is, you know, adopting a mindfulness practice, right? Or again, getting up and walking for five minutes or, you know, seeking, informal or, formal support, in order to be resilient, folks really need to develop a plan.

Some people are naturally resilient. That's awesome. They have high grit. That's amazing.

But not everybody's like that. For most people, it requires concerted effort. And so, and those strategies, and I don't have it on here, but I'm gonna just pause here really quickly.

They can't compete with each other. Right? So, starting small is key. If you thought to yourself, you know like I'm going to get eight hours to sleep,

I'm gonna cook organic fresh food, that's well-balanced. I'm gonna meditate 20 to 30 minutes a day. I'm gonna walk, you know, blah, blah, blah, you.

That's all you would do with your life. Most of us do not have that luxury. So starting with one strategy, adapting one strategy at a very small level, right?

Even if it's five minutes a day, it's the start of something that can really close to your resilience because once you get in the habit of doing this one five-minute thing as part of your it's part of your it's habit, you can adopt the next one.

Right? So starting small, starting strategically and starting with one thing at a time and then not shaming yourself if and when, you come up short, right?

We come up short all the time because life is busy and crazy and hard. We have crazy schedules.

Boundaries is another. I talk about this all the time. Objectively speaking, I'll be honest, I see the slightly under generation being a bit better about boundaries and saying no, but that is most certainly not the kind of history first responding, right, where it's like if you need me I will come and there's you know I trust me I get that and I appreciate that very deeply about the first

responders who especially who serve a my community. But we are also kind of trained and sometimes not they know to things that, then kind of inundate us with commitments.

And so one of my favorite quotes. I can't remember where I first heard it is no is a complete sentence.

Right. Being, proactive and how we protect our mental health is critical. Talking, right?

And I know that's easy for me to say as a clinical psychologist, of course I believe in talking, but we know that just saying words, lights up areas of the brain that become underactive when people are withdrawn, isolated or pressed.

Like I could give you just a list of random words and saying those words to another human being. Will actually be helpful for you.

Right? You don't need to talk always about your feelings. If you're trying to provide peer support to somebody.

You don't need to go on hot. Be like, how are you feeling? You could just ask another day's call.

Ask them how their kids are doing. Ask him if they caught the game last night. Just talking is really important.

And what we also know about talking is that, it helps us process and make meaning out of life events.

So our brains like nice clear coherent stories that have a beginning, middle, and end and then the absence of and that kind of makes sense to us right kind of fall into our life narrative.

In the absence of that, if we haven't kind of processed things, our brain starts kind of sending up error messages, right?

So then all of a sudden when you're in the shower, you're driving to work or you're in a moment of calm, you're trying to sit watch TV, go to bed at night, all of a sudden your brain is sending some nice fun and intrusive thoughts into your brain.

And to your mind, like, hey, remember this thing that happened at work that picked you up that you haven't processed yet?

Now is the perfect time to think about it. Right? But if we actually sit and talk.

Right, if we talk about these experiences inside of work, outside of work. It, is helpful, right?

Talking works, right? And again, that can be seeking support from people within your agency or seeking support from outside peers, right?

I think oftentimes what we see in first responding culture, and I totally get it. And by the way, I'm married to a law enforcement officer.

That people because of the schedules and the demands, people become, one of only friends with other first responders, which is great.

You know, we derive a lot of our sense of, self worth from the groups with which we affiliate.

However, it can really kinda narrow your, mindset, of, kind of the world and people.

And there's something really grounding about your non first responder friends and family sometimes. And they, at least in my experience, mine calls me out more,

then my first responder peers tend to. I have one question about the talking. Does recording of voice memo if you can't find somebody you're comfortable talking to does it have similar effects or is this really where you need to be person to person?

You know, that is a really wonderful question. And I do not have an answer to that. I don't know if that would have the same, kind of salutary benefits.

Because you know, even if over time as a first responder, you think maybe you don't like people as much as you like.

We are still biologically driven to be social creatures. So I would anticipate that part of the salutary benefits to be social creatures.

So I would anticipate that part of the salutary benefits of that is actually speaking the words kind of to another person.

I'm not aware of whether or not there's, any kind of salutary benefits of voice recording.

That's a really great question. So somebody on this call do that research. Eight volunteers.

Okay, so, the other is course therapy, right? There's so much stigma around seeking support.

But as a clinical psychologist and as a researcher who does evidence-based, work for first responders and their families.

I do work with PTSD, depression, and anxiety. What I'm doing with folks is oftentimes very structured.

As time is limited, we're focusing on helping people resolve their symptoms and improve their lives.

The most common, like a typical client for me who stays and does a meaningful trunk of work.

I usually meet with her anywhere between 10 and 20 times, right? This is not years and years and years of therapy.

These are constructed focus treatments that are very effective in getting people relief from symptoms. So again, I know that those are long-standing histories of, you know, I don't wanna go to therapy.

I don't need to go to therapy. I don't need to go to therapy. I don't need to go to therapy.

Therapy is blah, blah, blah. But what we know is that the majority the vast majority of people who seek out there if you benefit from it.

In doesn't add just have to be reactive, right? I've had a number of clients come to me and they're really looking to foster preemptively their resilient strategies for therapy.

I love that. I would love my medic students and EMTs and the telecommunicator workforce and all of our first responders family to have an established and trusting relationship with a therapist before they need them because let me tell you, getting a really stubborn first responder to to seek help when they really need it.

It's hard to build that relationship.

It's really hard and it's really hard when you're really struggling to have the time and motivation and energy to then go out and try to seek somebody out in the community and especially seek someone out who understands first responder culture, right?

So I can't tell you how many times I've worked with somebody, and they come to my practice, and they say something like, I'm just so grateful that you get it because my last therapist cried, when I told them about my worst call.

Or my therapist told me I should quit my job, but I love my job, and I need this job.

I don't want to quit my job, but my therapist basically just said, you shouldn't be doing this job anymore.

And so, finding somebody before there's a crisis who understands first responder culture is critical.

And it's not like one and done. It's, you know when you walk into the shoe store, you don't buy the first pair of shoes, and they fit perfectly and everything's hunky dory. You might have to interact with a couple therapists, even culturally competent therapists, to find one that you really mesh with, right?

Yeah. Yeah, absolutely. And you might find a therapist that you feel gets you but doesn't have that much experience with first responders, right?

It's not like there's a huge plethora of psychologists out there who are, you know, really versed in working with first responders.

That number is actually smaller than is desirable, right? So there might be lots of therapists out there who don't maybe have tons of experience with first responders, but a really good fit for you.

So, and I always tell people, you know, if you went to therapy and it didn't work, don't blame yourself, right?

A lot of people internalize it as you know, therapy didn't work for me. Well, maybe your therapist didn't work for you.

Just as like in life, there are some 911 telecommunicators who probably could see some improvement.

So too with counselors, right? There are a lot of counselors out there working that, may not be a good fit for you, any number of reasons.

So, critically important to kind of find these folks, before there is, a more urgent need.

So if we move on, I wanna be mindful of time because if you guys can tell again, me and Kate could talk forever.

But there's a number of organizational strategies that can be adopted to boost resilience among employees.

Certainly, and I'm not just saying this, because I enjoy doing training.

But I truly believe in education, right? Training on mental health, training on stress, resilience strategies, avoidance.

So, I, in 2019, in the State of Illinois, I was afforded a grant through the state-developed two-day training on PTSD, suicide, resilience and fear support for law enforcement.

And then, me and my co-presenter who's also, now my husband, went around, and we did this to like 25 different groups of police officers across the state.

Very quickly, I can't tell you how many folks came up to us, and they said I wish I had had this in the

police academy.

Right? Had I known from the start in the police academy or within my first year how avoidance and suppression, and how some of these coping strategies that I started originally using, would contribute to the way that I'm suffering now, things would have been different for me.

Right? Training is so incredibly important. Another is organizational assessment.

So, and this, again, I'm not saying this just because I do this, but it can be profoundly useful.

So I've worked with a number of 911 organizations that are struggling in any number of ways, whether or not that's understaffing or they're having interpersonal issues or whatever the issues are.

An organizational assessment where you have somebody come in with well-validated clear measures to assess what is going on here can be incredibly value, and valuable. And I'm telling you, sometimes you'd be surprised.

Sometimes I'll go to an agency and we'll do, an organizational assessment, based again on kind of validated and normed measures.

And then the experience that I have and we find and what we thought we might find, right?

Oftentimes, I've gone into organizations, and they think that problems over here, right? When, in fact, the problem is that there's tension among the supervision team, the tension between the supervision team and the front line folks or sometimes there's relational aggression that has been allowed to persist that has gotten out of control.

Sometimes, there are things like social loafing. Anyway, all I'm saying is that there are a lot of different ways in which organizations can be struggling and sometimes a good organizational assessment is

a wonderful first step to figure out where should we be targetting our resources, right? Resources are not always in abundance.

And so if you do a good, clear organizational assessment, it can really help you direct those resources to where they're most needed.

Sometimes critical conversations and interventions, right? So, I'm working with an agency right now that, they're having a shift where there's some interpersonal tension, and it's really bringing people down.

Right, so having somebody from the, often from the outside, but if there's somebody from the inside who can do it, sitting people down and having these critical conversations, right?

We can't allow these things to persist and lead to kind of hostile, toxic work environments without doing something about it.

Those problems, almost inevitably, will get worse with time as opposed to better if something's not done.

Having psych, either on staff or having retainers. So, here in the state of Illinois, I've seen more and more agencies moving out of, for example, formalized EAP systems, which again, I am not trusting.

I'm not saying anything negative about EAPs. However, I work with a number of organizations where management has hired me to do, to provide a certain number of sessions per month of counseling to their employees, and the only information that they get is on a quarterly or bi-quarterly basis.

All they get is the report of how many of those sessions are being used.

They don't know dates, they don't know people, they don't know topics, they know nothing about what is being discussed.

All they know is if the sessions are being used. And then that can account for their planning and budgetary reasons can be important to them.

And in fact, I've never had one of these agencies come to me and start asking about employees because they wanted to be confidential.

You don't necessarily want to know, right? You just wanna get people the resources that they need.

And so I, again, I have a number of these retainers where employees can literally just reach out to me directly and the employer never really knows anything that we're talking about.

And people feel, you think, that this is a great confidential, easily accessible way to get the help that they need.

We need to start getting creative, right? I mean, the extent of understaffing is, it's overwhelming.

So, the extent to which we can start thinking outside of the box in terms of staffing, schedule, and seniority, okay?

I've seen a lot of people start leveraging and using part-time employees in ways that are really helpful or job-sharing, right?

There's a lot of ways in which municipalities, cities, you know, departments feel like, well, this is the way we've done it and we're just gonna keep doing it this way.

Okay. But there are some creative solutions out there that can really on an organizational level, increase employee satisfaction and organizational resilience.

Your support training and programming is critical. You know, as Kate said, it can be really hard to find the time, resources, energy to go get therapy, right?

But here to right there. Right. I believe fully in the power of peer support, and in fact I collected data, which I'm in the process of trying to write up for publication and simply having a formal peer support program in your agency increases employee satisfaction, reduces the risk of PTSD, depression, anxiety, turnover and retention, and increases job satisfaction.

So support matters being in organizations where people feel supported by their peers formally and informally, is critical.

We're also gonna hear about dogs and fire rooms here pretty soon and I'm really excited to hear about those things as well.

So, you know, it is resilience is not something that most people most organizations just fall into.

It requires proactive, intentional steps to, to bolster ones resilience.

And this is all forms of prevention. Really? And one of the things, so I come from a public health perspective, but I also been a first responder for 26 years, and we're losing too many good people who are leaving the field or are struggling with a diagnosis or God forbid we are losing them to suicide.

And so so much of my work is how do we actively get upstream and do this prevention and there are some really low-hanging fruit of active strategies to help our workforce.

And then there's the more complicated, more challenging things. But I love what you said about really looking at the organizational assessment and there was a national survey of first responders that one of the things that found one of the like there were reasons for why people didn't see help one was I didn't have time if they didn't prioritize themselves.

But then also, when they were talking about the different stressors that were contributing to their issues, interactions with peers, interactions and conflict in the workplace setting was a really big one. And this is something where I think sometimes we don't think that we can resolve these things.

And it just takes the effort in the culture and the organization to face it head on and work towards resolving those challenges.

Yep, absolutely. Absolutely. Yeah, we need to to be, yeah, it this is about prevention, right?

Unfortunately, sometimes when we're waiting for, you know, pardon my French, but for shit to hit the fan to react.

We were already putting ourselves far behind the starting line in terms of trying to save our most valuable commodity, which is people.

Yeah, I think as we go to the next slide, I wanna preface it with, I do a lot of work on suicide prevention.

I have lost 11 of my peers, people that I worked directly with on apparatus or in the station in the last 26 years to suicide.

And so I have had a passion for doing more research to better understand the conditions, the risk factors, and what contributes to suicide among first responders, including EMS and 911 workforce.

And the paper that, we published this past spring with NIOSH and CDC colleagues.

It really does show that we have an increased risk within first responder populations. But that's not the end of the story.

Because we have an increased risk, we need to be doing more for prevention. We need to be understanding what creates that risk and we need to be able to have those upstream interventions that help protect our workforce, our most valuable people.

We're already short staffed. We can't afford to lose any more of our workforce and we want to actually recruit and retain and really increase the size of our workforce.

So what can we do in terms of our prevention mindset to go upstream and help our workforce? But also,

it's really, really critical to have a plan for empowering your people. Whether it's within your peer support team or it's any and everybody who works your 911 center from the people who are on the floor, the people who are supervising to the security officer at the front door.

Everybody in your center needs to be empowered to also recognize when a peer or supervisor or medical director is different and acting different and having a plan for if you actually need an intervention for an employee in crisis.

Having this planned out and knowing how you're going to do an intervention, what resources are available within your agency, within your community, within your healthcare system and behavioral

health system is really important because if you've empowered your people and they get to the point where they recognize that person and they ask them the difficult questions and they find out that not only are they struggling but they have a plan and they have lethal means.

That's a moment in time where you can make a life-saving change and help that person.

So having a plan ahead of time in any first responder organization I think is incredibly important. The reason I do this work is I lost a telecommunicator in 2010.

He died by suicide in the last person who saw him besides myself was the security officer. And it was very atypical for him to be in the center at the time that he was there.

And so there are ways that empowering people important. We are not going to stop every single one of these.

We are gonna have instances where we lose first responders who die by suicide. Having a plan for postvention is also incredibly important because when you survive and you have a peer who's died by suicide, you had increased risk.

So, empowering your organization by having a plan ahead of time to protect the survivors, to protect those who are impacted.

And most suicide prevention research, we think about that for every suicide, approximately six people are impacted. I would argue that that's significantly higher in first responder population.

So, I would sort of look at more instead of six, I think of more like 36 when you're looking at a first responder.

Because you have that first responder family, as well as their family. So, really, having plans in place for prevention, intervention, and postvention will empower your agency to be better prepared should you have a crisis,

should you have somebody who dies by suicide, and then I can't say this enough: going and building that relationship with a therapist before you actually need it and having that built trust, it can be incredibly helpful for a lot of, a lot of people in our population.

But there are challenges. It can be expensive. There is not enough clinicians in our communities to provide this service.

So then, also knowing what resources are available in your community is pretty important. Next slide, please. So, I am not endorsing any of these resources.

I'm a federal employee. I do not endorse resources. However, I think it's really important that every agency knows what resources are available in my agency and my county, in my department, in my community.

Everybody across the country has access to the disaster distress helpline as well as the national suicide prevention lifeline or 988.

But there are other resources. There are ways that you can do some basic education for free. There are ways that you can use apps, the VA and their National Center for PTSD has a whole bunch of apps that are evidence-based and vetted.

There are things where you can do resources like yoga for the first responder. There's so much stuff out there, but it's kind of overwhelming because there's just so much and everybody wants to sell you something to help you with your mental health and wellness and it's almost like getting into the wellness industry where it's like what is the latest fad?

What is the latest thing that we can sell you to take care of your people? So I think it's really important that as you're trying to identify resources,

leverage the resources in our community. Dr. Lilly is a fabulous resource, you know ask your peers,

What are their favorite resources? that is the evidence that they're based upon? Do they protect the data of your individuals if it's something where they're going to be using any personal data, and how do you choose them?

How much money do we need to invest? In this prevention and proactive intervention for our people, which is our most valuable resource in our 911 center and how can we really invest in our people so I wish I had more answers my office is currently funding a research project.

We're doing a literature survey right now. It's part of the three-step modality we do for EMS,

evidence-based guidelines to talk about how to practice patient care. I'm trying to use that modality to give us an evidence-based guideline for how we should take care of the mental health of our workforce.

Like, what does the research currently say is effective? And where are big gaps in research? Next slide, please.

And here is where I need everybody on this call to take a moment: we need more participation in research.

When Dr. Lilly is doing research, we need all the possible people to participate in her research. We want her data analyst team to be overwhelmed with results and data to be able to really better understand our workforce and be able to generalize to our workforce population or the general population.

If you can partner and do research within your agency, within your state, within the 911 community. When you're sent one of those surveys, if you can help that PhD student, if you can help that grad student, if you can help that researcher with their surveys.

Really, take the time and participate. The more we improve our understanding of risk and protective factors, the more we can do evidence-based interventions and protect our people.

So I'm gonna get off my soapbox and see if Michelle has anything to add.

No, I've, I've, I've fully encourage you to remain on that soapbox for a while.

Yeah, no, you're like speaking my love language, which is research at the heart of all of this,

I am a data geek. And I think for me, probably one of the most personally and professionally rewarding experiences of my life and then receiving messages where people say, I used your research in your numbers to argue for job reclassification in my state.

Right, that kind of stuff cannot happen. We cannot direct resources. We cannot argue for more resource resources unless we really have solid data supporting it.

So, you know, I am constantly begging people to participate in my research. I realize that it gets old, it gets annoying.

But it is truly critical for us to make a change.

Thank you so much. And I'm just entering into the research space, so I will be learning from Dr. Lilly

and her research as I am working on my doctoral research.

But I have been talking with NMIH and NIH,

and in the federal space, we are working on increasing the ability to fund research, specifically looking at our workforce and talking with NIOSH and other colleagues.

And I think it's really important that as we advocate for them to do more research, we are going to depend upon all of you to participate in it and be able to help us better understand how do we make it so you thrive.

So that you get to do the job you love to do. You get to do the job where you keep paramedics like myself safe.

I have had telecommunicators save my life more than once in the past. And you're absolutely critical to the function of all first responders.

So I think the first first responders, we need to understand better how to take better care of all of you, and we need that advocacy in government,

local, state, and federal to make sure that you're getting the resources that you desperately need.

So. Next slide, please. My contact information is here and if we go to the next slide, Dr. Lily's contact information is there.

And we knew we were gonna run late in terms of speaking, right?

There are over 35 questions that have been asked. I promise you we are going to take those questions, and we are going to run with them and form some responses to be posted.

But I don't wanna shortchange the second half of the webinar, as they're gonna talk to us about their quiet room and their dogs and all they have done at their PSAP. So I think it's really important,

it's a good time. So I'm gonna pick two questions, and we're gonna try and squeeze them in.

Is that okay, Michelle?

Right.

Yeah, I will, I will be fast, I promise I won't, I won't pull a Michelle early on you and give you a seven-minute response.

Do you have one that you specifically want to answer first?

You told me not to be looking at the Q&A, so I haven't been looking at it.

Okay. Good. I got you. Alright, so has anyone explored the effects of culture on mental health in 911 and the compounding effects of professional stress with this intangible stressor?

Yeah. I think, you know, that. Yes, certainly some. Right.

So I published a study with Tim Turner, where we looked at some kind of cultural questions like, you know, work-life balance and, like, work conditions and whether or not that interacted with things like mental health predicts

stress outcomes, that was one paper. It's really actually hard to study culture.

Because that means a lot of different things, and it can be indicative by a number of different things.

And so, I don't know that there is a lot of research out there.

I do know that, for example, Adam Tim has done some qualitative work in that area, kind of looking at culture and leadership and the impacts of that.

So, but I don't know much about quantitative research on it. So I think it's a really great question.

I actually do have developed a standardized measure called the problematic workplace call questionnaire, which I validated with 911, so I actually have some data on it.

But I have not yet, really kind of, looked through some of that data.

So, hey, can I actually like, like, pick one of these questions?

Oh.

So that was the first question. But I like one of these other questions.

I have to get permission, permission to go. Oh, go, go, go.

So yeah, so the other quick question that I saw here that I wanted to address somebody asked, you know, how do you get people to talk, right?

There's so much concern about confidentiality. There's so much question about stigma. There's worry about, you know, if my department is hiring you, how do I know that what I'm telling you is confidential?

And what I will tell you is that it's sometimes it takes time, right?

But don't give up. So I've had retainers with a number of different organizations where, for the first two or three months, literally nobody came and talked to me.

But then I went, and I did sit long. And I sat, and I talked to people, and slowly people started coming in and talking to me, and then I got, with some agencies, I kind of got a little inundated, right?

Once people start talking, once one person breaks frame and has the bravery to step up and talk and then share that experience with their coworkers.

It literally opens the floodgates. So, actually, just yesterday, I was at a police department that had a critical incident last week.

And I went in, and we didn't do a formal debriefing, but I just sat, and the people who were on scene and kind of came in, and we just like mini check in some of it was like oh hey you're running a golf shirt do you like golf and I'm like yeah I love to golf when we talked about golf, and I'm like have you been in the last week, and then they say you know.

I'm doing okay, but blah blah blah right, and I said give me like just reach out right.

And so those opportunities kind of sit and talk are critical, and that organization that has had variable usage of kind of the retainer in the last 24 hours four people reach out to me.

So, I will say that it takes persistence. It takes being on the floor. It takes making a personal connection.

And it often takes one kind of one or two brave people within the organization to trust it. And it takes

somebody if you do retain somebody who your admin or management can't bully into giving them information.

So, I did drop one organization because we had a retainer, and they kept asking me

questions that I felt could identify who was using the services. And I told them that while I loved working with them and I loved their people, that I did not feel comfortable working with them anymore.

So it is hard to balance, it's hard to get traction, but once it's there, it is incredibly powerful.

That's an awesome answer. I believe we have one person with their hand up.

Do you want to?

Unless you're muted. Yeah, can we unmute Celeste and see what their question is?

I.

I believe she, there you go.

I didn't have my hand up.

Okay. She was given a high five.

Okay, there we go. That's awesome. So here's the, really, we have so many great questions, and there's so much that I think Michelle and I both have to say for all these questions.

So I'm gonna work with Michelle, and we will work on really answering a lot of these questions to try and get you that information, and posting the answers on 911.gov.

So, I am so sorry that we did not get to all of the fabulous questions, but there are some really great questions in here, and we will make sure to get them posted with the webinar.

But I do want to make sure that I'm respectful for the next hour's presenters.

And if we finish up a little bit early, maybe we can circle back to some of these questions at the very end if Michelle is willing to stay on with us.

So. Thank you so much for this discussion, Michelle. It is always fabulous to hear your perspective and really, the whole community owes you for the pioneering research to really get that foundational research, which I used, I've used repeatedly in my job in advocating for the 911 community.

So thank you for that. So, although we moved pretty quickly through our questions and answers.

I want to make sure that we have enough time for our next presenters. So Raegan Porter and Ray Lee from FGM Architects will discuss the benefit of quiet rooms in PSAPs, and we will also hear from Martin Bennett, the director of Cook County 911, and Megan Kinsella, Director of Operations of Cook County, 911, and K9 Joey's handler.

About their programs.

Good afternoon, everyone. I'm Martin Bennett. Go ahead to the next slide, please.

So, just to give you some background information about our center because, I know a number of you are probably curious as to how large we are in the makeup of our center.

So we have 112 current employees. We're a police-only dispatch center with 16 agencies.

Our service population is 280,000 residents. And our call volume, we do more or less a lot of incoming and outgoing phone calls,

because we are in Cook County, which Chicago is in Cook County, so we have a very large jail.

We have a lot of services that we get calls for because we're the 24-hour number for people that are calling for county services sometimes, so we do have a high volume of calls that are coming in.

704,000 that we had last year, with 220,000 those being 911 calls.

So, some of the unique items for our department is the Sheriff's Police. We have our patrol units, but then we have a lot of ancillary units like our bomb squad, special operations,

vice, crime scene investigators, and special victims units. A lot of these officers spend time in the incorporated areas of the county, and we also spend a tremendous amount of time inside the city of Chicago too.

So, there is a lot that the Sheriff's Police is doing in and out of the city of Chicago.

And then, some information about our jail that we handle. 7,347 people in jail, with 1,825 of them being on electronic monitoring.

So, the 911 center does deal with a lot of electronic monitoring on a regular basis because we end up dispatching the sheriff's unit to electronic monitoring violations.

And then we also monitor our officers when they put people on electronic monitoring, which is done on a 24/7 basis.

We have a forest-preserved police department that covers 70,000 acres of forest preserves in Cook County.

There are over a 100 forest preserves. And then, we also dispatch for the Metro Police Department.

So that is a railroad police department. It's a very complex system. 242 stations on 11 lines that all originate from the city of Chicago and go out from there.

So our coverage area for that goes into six counties in Illinois and also as far north as Kenosha County, Wisconsin.

Next slide, please.

So, just to give you an idea, in Illinois, we had a lot of consolidations that took place. So we were one of the agencies where we were consolidating other agencies.

So, 2014 is when I started taking over for operations. You know, we were about a mid-size agency with four radio bands, 36 telecommunicators, and 46 total employees.

We mainly just handled the sheriff of Cook County,

we didn't really handle any outside agencies. Fast forward to where we are today with the 280,000 people.

We're now operating 13 radio bands, we have 88 telecommunicators and six call takers, and we have a 112 employees.

In addition to the police department items that we're handling, we're also the central repository for fugitive warrants that are handled out of the 911 center too.

Where we're going in late 2024.

We're continuing to do consolidations. Service populations go into 350,000 residents.

We'll have 14 radio bands, 97 telecommunicators, 21 call takers, and 140 total employees.

Next slide, please.

So, our center management, this is something we pride ourselves on. Everybody started as a telecommunicator.

So every single person, including myself, all sat, you know, on the floor. You know, working doubles, having to work mandated overtime,

we've all dealt with that at one time or another, including our supervisors too. We don't really see how we can promote people to supervisors unless,

they have a thorough knowledge of our operations on the floor. Next slide, please.

So, some of the issues that we identified with our center as we saw this rapid growth. Was our existing footprint that we had in the center.

We had acquired additional space. A lot of complaints from TCs about the break room kitchen area.

You know, we all like to bring in food. Have those items there. There's nowhere to prop anything or do anything.

Day shift employee. We have a lot of administrative staff that's working. So, over 30 people working at one time.

It's very difficult when everybody's crowded into a small space.

Our floor and the kitchen were located right next to each other. And I've seen this in other centers, too, where you're constantly hearing radio traffic and phones ringing.

Same thing with our existing quiet room. We had one, and it was an office with a couch. It was a spot that only one person could occupy, but then it was populated in a hallway where there were a bunch of other offices on the day shift.

So, it was very loud and hard to focus on decompressing and getting rest. Inside of the 911 center, we had several heating and cooling issues.

We were either too hot or too cold. There was no middle. And then we had a shared workout area, a shared gym area with the Illinois State Police, but we didn't have access to showers.

So people would say, you know, oh, I would like to work out before work, or I like to work out after work, but it would be nice to have an area, you know, where I can shower.

Next slide, please.

So some of the things that when we were researching and learning more about the quiet rooms, is that the employees need a space where they can go where they can decompress and it is quiet, and they're not hearing all of these external things going on.

And they want to be able to relax. The rest in between shifts, so a lot of people double back for shifts.

We would find that when people were doubling back, they maybe get four to five hours of sleep before starting another shift.

Because of the commute back and forth to work, sometimes they're picking up kids or dropping kids off. And so, really, once people start working a couple of doubles in a row, you can really see that wearing on them.

We found now that with our quiet rooms, people can get a solid eight hours in between shifts where they can get rest, and that really works out well for them.

We had a rough design of what we wanted to do. We knew we wanted to do four quiet rooms with four showers in each quiet room.

Traditionally, we only have two people on break at one time, but what we thought was we might have someone coming in early or someone staying over late. So, four quiet rooms was kind of what we wanted to do.

We knew about FGM. I had met FGM at one of our conferences.

And I had talked to them. They specialized in municipal contracts, and it was one of those things that, when we were introduced to them, we started talking to them about design and space use.

So, I started talking with Reagan, and then I started learning about things like light therapy.

We did surveys for existing employees, so we wanted the employees to take surveys before we did anything to ask them things like,

You know, do you feel you have a quiet space? How is the light in the center?

How's the temperature? Important things that we wanted to know. Reagan introduced me to

Dr. Joel Robertson regarding brain health and long-term impacts. So, one of the things that we learned was about always constantly being on and always being connected to technology, that is not a good thing at all.

We started the Protect the Protectors program through Dr. Joel Robertson and the Robertson Brain Health Institute.

I would recommend that you check that website and watch some of the videos on there.

Seeing what happens to you when you don't take time to be, to decompress and to be in a quiet room and to separate yourself from all the noise and everything at work or at home.

The statistics are staggering on that. Next slide, please.

Right.

Alright. Yeah, thanks, Marty. I'm gonna try to run through this as quickly as possible to give you all the information, but then leave time for questions. And so that Megan can talk about everything, all the exciting things she has to talk about.

So you guys have, we've talked about the different stressors. One thing is, and we've talked about this too a little bit, is that unique or stress is unique to each individual, right?

So what is gonna help you destress you is also going to be somewhat unique to each individual as

well. We have, I've specialized in municipal interior design, and I have a big passion for you know what we can do in the interior space to help you reduce your stress.

So, we partnered with Dr. Joel. Some of the things in partnering with Dr. Joel and some of the research that we have done is obviously there are these long-term effects.

You know depression, anxiety, burnt out, burnout, PTSD, suicide, and there's even more things.

So, next slide.

It's not a new concept that your built environment has a direct impact on you. So, we looked at different ways that we can start to mold the environment to help reduce stress.

Next slide.

I'm not gonna get into all the different chemicals, but I think the one thing to just note quickly is that throughout the day, the chemicals in your brain are fluctuating, right, from the different stressors that you're under and being on all the time.

And what the goal is is to try to balance out those chemicals. Next slide.

So one thing with the chemicals in your brain, since you're on all the time, you also you're also getting hits of dopamine or those stress hormones in your brain when you have these calls come in all day long.

So you, it's repeated that you are on all the time. What that does is it starts to affect your moods and behaviors.

And with the increase of dopamine, it drops your acetylcholine, which then, in the future, can link is linked to early onset Alzheimer's.

So, knowing that this is really important, we started to look at what we can do in the built environment.

Next slide. The easiest way to kind of boil this down is to play on all of your different five senses. Next slide. So we know that color affects us, right? We know that red is energetic.

Yellow is joyful. You know, purple is more meditative. Blue is more peaceful. So, all these different colors can be used in different ways.

That is affecting or coming through our sight, through that sense. It can be done through paint. It can be done through sound panels or colored light even.

Next slide.

Through sight, there's also biophilia. So biophilia is linking us back to nature, right?

And that can be done through textures, patterns on the wall, on the carpet. So that feeling of nature, right, is very grounding to us.

So when we can introduce those patterns, it has a grounding effect on us. Next slide. We also know that through sound, we can listen to different playlists or the Calm app or nature sounds, which have a calming effect on us.

Dr. Joel Robertson, actually on Spotify, has created different playlists. So you've got serotonin drip and dopamine drip.

Let's say that I want to calm myself down. I can go in or start to listen to, you know, the serotonin drip, and that's going to be less beats per minute, and it's actually gonna have a very calming effect on me.

On the flip side, let's say I am coming in and I had a fight with my partner or, you know, I'm just really worn out, and I need to get some more energy.

I could listen to the dopamine drip, which is going to have more beats per minute.

Which is going to energize me, be more, make me more creative, and have those kinds of effects of effects on me.

Next slide.

The other thing which is scent. This can be overwhelming to different people, so if you're going to use a scent, I would say that it is in a well-ventilated space or maybe is an essential oil that you put on your wrists.

We know that lavender is very calming. We know that lemon is uplifting. If you are, and we'll get to it in a minute, but in some of the rooms where there is attention restoration.

You know, if you're using that power of awe, you're trying to immerse yourself into maybe nature.

Maybe you've got juniper or more of a woody scent, so you can use these different scents, you know, to help have a calming or more energizing effect on you.

Next slide. Some things that we often forget about are so simple, but you know, the furniture we put in a quiet room or in a space.

If it has more of like the rocking chair on the left. That can have a very calming effect on us.

The bottom two images where you see the textures, one has a little bit more of a grass or a pebbly texture. That's that biophilia, the textures within a space.

Weighted blankets or more chunky blankets can be calming. And then, on the flip side, if we want to energize ourselves, you know, there are different furniture pieces that actually have movement, like those little hockey stools in the top right.

Creating movement, blood flow, all of that will help with energizing us and creativity. Next slide.

So we also know through taste that what we put in our body has a direct impact on our brain chemicals and how we feel.

So, really eating all of those colors from the rainbow, trying to be as healthy as possible with what we put in our body and drinking enough water is important.

Next slide.

Okay, so just a couple more stressors that I wanna go into. Next slide that can be integrated into the built environment.

So we know that lighting zones can be really important. Also, circadian rhythm, which I'll talk more about in a minute.

HVAC controls, sometimes even, you can have different kinds of controls through a raised floor system for each individual dispatcher.

And then being mindful of just furniture, economics, as well as just another important thing would be warranties on your furniture, which will help you in the long run.

Next slide.

Okay, circadian rhythm. So. Dr. Lilly talked about how sleep is so important.

We know that the sun helps us keep our circadian rhythm in balance.

So that's done through, you know, when the sun rises, it's a little bit more of a warmer temperature, color temperature through the afternoon,

it's more of a cool blue temperature, and then sunset and evening, as the sun goes down, it gets warmer again.

Well, you can integrate that into your light. The other thing that they've done is they've linked the sunlight to a wavelength which is 490 nanometers, and when you include that into your light, it can help, like, especially when you have a dispatch center where you don't have a lot of natural light, you can integrate that in so that it helps with your circadian rhythm and your sleep overall.

So, next slide.

Again, it's just physical activity. Marty, you talked about how they share a workout room with the state police, which is important.

Next slide.

And then anytime, you know. We think of like these one areas, but even if we remember, you know, these different areas when you come in, anything that you can do to kind of bring you back to that biophilia or give you just a moment of relief, in a different environment.

Next slide. Quickly, the power of awe is the one emotion that is linked to lowering pro-inflammatory ketones in your body and helping reduce stress.

So it could be done through, and the power of awe is really when you're in the most the easiest way to think about it is when you're in nature, and you see something you're in awe of it, right?

So that can be integrated through large graphics, it can be integrated through sound panels. There's a lot of different ways it could just even be a TV with scrolling images.

To get that effect. So that is something that we try to incorporate into different quiet rooms.

Next slide.

So we took all this information and really wanted to immerse you into playing on all different five senses in one space.

So I love the image on the left to kind of give you that sense. And then you can see on the right that's actually an image.

of a very early design that we use in a lot of our presentations to kinda give this full concept.

Next slide. I'm going to come back to this in a minute with the quiet rooms that we developed for Cook County.

So this is the plan that we developed. So. You can see the communication dispatch floor is here.

And our quiet rooms are, here. We've got four different quiet rooms off of a corridor.

Next slide.

Okay, so the first two quiet rooms are based on the color and light and sound kind of therapy. So there's actually sound that is you can go in here, you can link up, you know, your Spotify or your Calm app or anything like that, and it will actually play those sounds within the room.

And then the colored light that you see here will change to, if you link it to the dopamine drip; it's going to move a little bit faster, a little bit brighter, and if you link it to the serotonin, it's going to be a little bit dimmer,

and move a little bit slower. And then these lights that are in the top also, they kind of do like a dancing motion

if it is on the dopamine. If you're on the dopamine kind of

sound, link, and then if you are linked to the serotonin, it's just a little bit quieter and dimmer.

The other things in this room that you'll notice are the textures on the wall and the floor. You'll notice the chaise lounge here, that they can, you can, you know, sleep or if you want to come in here and meditate during the day.

The other thing to point out, as Marty mentioned, is that their old quiet room was off of a corridor where offices are.

What you'll notice here is that this corridor has only the four quiet rooms, with the changing and shower rooms off of each one individually. The other thing you'll notice is that these walls here are actually double-studded walls that go up to the deck.

Which really helps with sound. So when you're in this room, and the sound is on, like if I'm playing music or Calm app or whatever, you can turn it pretty loud, and you cannot hear it out here in the corridor.

So, that double stunted wall really helps with that sound containing that sound. And then there's also seals on the doors as well.

So, next slide.

The next two rooms are really based on that power of awe and that attention restoration. So taking yourself again away from, you know, that technology and being on all the time, you've got a sound panel on the wall here that is also helping with sound absorption.

And then you have more of a wood texture for that nature and biophilia element on the wall.

We've got a green color, and then we've got the texture on the floor. The other thing is that this chair here actually has a rocking motion to it.

It's really a rocking chair. So if you want to come in here and kind of meditate or just take a minute away or even if you're sleeping, this is, you know, really just to kind of remove yourself and gives you that calming effect.

Next slide. So this, I'm going to leave up for a quick minute. Marty, we had a, there's a spotlight on ABC where if you take this QR code, click it, it'll actually give you a short video.

Of the quiet rooms and the light changing. So. That's something to really kind of see it live and in action.

Next slide.

And again, just creating those different awe-inspiring spaces or moments throughout the facility.

You know, we do the quiet rooms. But, you know, if you can incorporate it in a lobby or a break room or anything like that, those are all equally important spaces.

Next slide. Another piece of this is, so this is actually the kind of lobby reception area, you'll notice there is the biophilia with different textures, but the other thing that's really important that we found to be integrated is branding.

It gives everybody really a sense of place and ownership and really makes them kind of feel at home in the space.

So you've got the logo on the back, but then you also have a quote for the gold line on the right-hand side.

Next slide. The other thing that this branding helps with too, is recruitment and retention. This is the break room, so another thing you know as we're helping to reduce stress is not to be forgotten are the community spaces where you can come and really be engaged with one another.

Or if you want to be in a space with people but really kind of, you know, have more of be separated from the action too, this room allows that as well.

There's a TV on the wall over here, and then you've got this more lounge set up to the right with two of the rocking chairs.

The chairs are a little bit higher to the back and kind of almost hug you. If to give you that warm kind of comforting feeling as you sit there.

But then you've also got the stools at the countertop and even tables and chairs around.

So, it really gives a lot of different spaces within a space. Next slide. You'll also notice in this room all of the different textures that are brought in, as well as these are sound panels as well.

So, really, within each space, taking into account the sound as well. I ran through that really quickly, but I want to leave time for Megan and questions.

So, Megan, I am gonna turn it over to you.

Thanks, Reagan. So, my name is Megan Kinsella, and I'm the operations director here at the 911 center.

I'm also the handler for our new therapy dog. As you can see from this first slide, we've, it was pretty typical for us to have therapy dogs come through the center periodically.

If there was a large-scale or traumatic event, we would have them come in.

We also just had them come in on random days. We would schedule them ahead of time. Next slide.

This is just another picture of a couple of the other dogs that would come in to visit. So, we would use private organizations and schedule them, the dogs to come in throughout the day.

So they would come in and visit with the dispatchers, spend a little bit of time here in the center for the dispatchers to kind of decompress.

The next slide, please. This is the department therapy dog, Zilly. So, Zilly is, works with the sheriff's office.

I'm part of the canine team, and Officer Roman is her handler. Or his handler, sorry.

So, he brings Zilly out to different events. He'll go to different community events to visit, you know, the pediatric ward at hospitals.

He works directly with the state attorney's office if they're interviewing children or young kids who'll bring Zilly to sit with them while they conduct the interviews if they have to testify in court, hoping the dog in to sit with them, you know, while they're in court.

His wife is also a dispatcher here, so he understands the stress that the dispatchers are under, so he would periodically bring Zilly up here to visit.

Anytime that there was any traumatic events that he knew of, he would always, you know, show up with him, just walk around, sit with the dispatchers.

And then, throughout the day, throughout his shift throughout the weeks, he would come in just randomly stop in and say hi.

You can visibly notice a difference when he walks into the room with the dog. That just the whole stress level kind of comes down a little bit.

Next slide, please.

So Tales of Redemption is a program at the Cook County Jail in which the individuals in custody work with shelter dogs.

They do basic obedience training. They learn to groom them. They get the dogs used to walking on leashes.

So they're pulled from shelters, and they spend time at the jail with, with the inmates training none, and then when they're ready for adoption, the sheriff's office sponsors the adoptions.

So, Officer Roman works closely with Tales of Redemption. And he pulls a lot of the dogs from local shelters that he thinks would be good for the program.

Next slide, please. So Joey was one of the dogs that was turned into a local shelter.

And Officer Roman pulled him initially for the Tales of Redemption program. He started working with Joey and would bring him up to the 911 center as part of his training and part of a socialization, and he realized pretty quickly that Joey had something a little bit

special that some of the other dogs that he had been working with didn't really have this, you know, really outgoing personality right away.

Yeah, Joey's main focus is people petting him. He wants to be the center of attention.

He wants someone touching him all the time. So he would start bringing Joey out with Zilly to different events.

He went to a lot of the different police districts for roll calls. He would come into the 911 center, brought him to the hospitals, brought him to some first responder events.

And Joey really was, excelled at being around people. So, next slide, please.

Joey decided, or I'm sorry, Officer Roman decided that he knew that we were looking for a therapy dog for the summer.

We had looked into purchasing one, we had looked into adopting, but he realized, you know, pretty quickly that Joey would be the perfect dog for the 911 center.

So he started bringing him up here. I started working with him, training with them and then I actually formally adopted Joey from the shelter.

And he's part of the canine unit, however, there's an MOU that establishes his role here.

So, the MOU defines what my role is that I'm his owner. He can't be reassigned to a different unit or given away to a different handler.

However, he falls under the department for training for all the certifications. I work with Officer Roman pretty closely where he's training me on, you know, how to work with the dog, how to

socialize him, and how to bring him into different situations. Right after he turned one, is when we formally adopted him.

So he's been at the center with me now. He comes in every day, and he's here.

Probably about eight/nine hours a day. So, the day shift in the afternoon shift gets to see him every day.

And then there's days where I'll come in later or start early so the midnight shift gets to see him.

Next slide, please.

So once we adopted Joey, our social media accounts featured him, and Fox News decided to do a story on him.

So they came out, interviewed Officer Roman, and interviewed some of the dispatchers about the impact of having him in the center.

And then they also after the interview was on, then they invited him back to me on the morning show the following week.

So that was nice for the dispatchers to get some sort of recognition because they talked a lot about Joey's role in the center and why he was in, why it was important that he was here, what services he offered to the dispatchers and kind of acknowledged, you know, what they're going through every day during an eight-hour shift, you know, the different stuff that they're experiencing that the dog kind of

offset some of the stress that they're feeling just by walking through the room. Next slide, please.

So this is Joey's badge for work. So, currently, we're getting a few different certifications for Joey.

He has a canine good citizen degree and an advanced degree through the AKC, which is like basic training and, like, a basic level.

Dog training, and then we're working on being certified as a therapy team through the Brevard County Sheriff's Office Pause and Stripes Comfort Dog Program,

which Officer Roman and a couple of other officers are training us in. So we go to different events. Like we'll meet the other, the other comfort dog, at different events.

We've gone to a couple of different hospitals. We'll walk through the courthouses with them.

So we bring them out just to socialize them. So he's not just in the 911 center.

Next slide, please.

But when Joey is here, he kind of splits his time between the offices and just walking around on the floor.

Like today, we came in, and he took off, and I haven't seen him in probably two hours he can, every once in a while, he walks past my office.

But he's out on the floor playing with the dispatchers. He'll bring his toys out there.

He'll just sit and let them pat him. When they take breaks, they'll take them for walks.

They take their lunch. They might walk across the hall with them and bring them into the lunch room, But basically, he just kind of walks around the floor and visits with different people throughout their shifts.

And when he walks into the room, you can tell, you know, there's a physical reaction that people have when they see him.

You know, a lot of times they're tense, they're kind of leaned over their computers, you know, they're taking call after call after call, and he'll walk up and you can kind of see them just relax.

They'll acknowledge that he's there. They'll just pat him, and he'll just sit there and let them play with them while they're continuing to talk on the phone or talking on the radio.

They're dispatching or call-taking while they're playing with him or just having him sitting there with them.

They kind of smile when they see him, and it kind of just shifts the whole atmosphere in the room, you know, during just a regular shift and definitely during, like, high-stress things.

Next slide, please.

So, these are just a couple of pictures of Joey interacting with the dispatchers. You know, he'll sit out there and just watch what they're doing.

He doesn't, typically, he's pretty quiet, he goes along with whatever they want him to do. If they somebody grabs him and needs to pull him away because someone gets busy, he'll just kind of wander over to the next person.

So we worked, we're working on making sure that he's quiet and kind of not getting too rambunctious because he is still a puppy, so he does get excited sometimes.

But that's one of the big focuses that we're working on with him now. But he's just after, even after him being here for a couple of weeks, you can tell that he is now more acclimated to the environment.

He kind of takes cues from the dispatchers when it's playtime, you know, when it's time just to sit and watch what they're doing, when it's time for them to pattern.

So, him being here every day has really just changed the dynamics of the whole room. And it's, really. Given the dispatchers the opportunity to kind of take a break from what they're doing but while they're

still sitting at their positions and working.

So that's about all I have about Joey. I think the next slide is probably our last. If you want to change, go to the last slide.

Excellent. So, This is our time. Thank you so much for your presentation. This is our time to do the questions and answers, and we have some time to do questions and answers.

So thank you, Marty, Megan, Reagan and Ray, for your wonderful presentation. As a reminder to ask a question, please use the Zoom question and answer feature located at the bottom of your screen or press the raised hand button so that we can unmute your phone line.

So the first question that I am seeing is an ask of to share the MOU about Joey.

So, If you guys are able to share when we post the webinar on 911.gov, do you think we could share a copy of the or a sample of what an MOU for a dog would look like?

Sure, we definitely can.

Awesome. So anybody, anybody have a question, wanna raise their hand or add questions into the question and answer section.

So Kate. You might not be able to see them, but there's another question that I think is a good one, and I hear this frequently.

How do you address issues with people who have allergies to animals? Or who just aren't dog people, which I can't imagine, but I think they're out there.

So, we initially, when we first started bringing therapy dogs into the center, we had asked everybody in the room, is there anyone who just has an aversion to dogs?

Allergic to dogs? Or just isn't interested in him being around?

So we would plant it around when they were here when we had dogs coming in. So now, with Joey, we kind of follow the same lead.

So he's always on his leash. If I'm not out on the floor with them, I'll hand him to a dispatcher, and that's the person that's kind of in charge of him that, you know, for that time that he's out there.

There's, the dispatchers since COVID now typically sit at the same positions. So the people that are I'm not interested, and I'm the people that are allergic to them are kind of in that same area, so we know not to walk over into that area.

So. It's more of a you have to be mindful of who's working, where they're working, where they're sitting.

We don't just let them have free range run around the entire room without somebody really being assigned to and when he's out there.

Okay.

Awesome, thank you for that. I feel like several people have asked this same question about, how did you get buy-in from your leadership?

And command staff. In order to have a dog specifically for your center.

Marty, do you want to talk about that?

Yeah, so our W, our department has always been big with animals, and I think we have 28 K9s that we have in the department right now.

But even like the Tales of Redemption program, you know, that Megan was talking about before, so the fact that they've rescued

50 dogs that were part of shelters, and our sheriff was always pro-therapy dogs. And so he was actually up here,

that story that we were talking about earlier that was on ABC, the sheriff was up here for an interview with the media, then and then Megan and I were talking to him.

Afterward, and he asked us, Do you ever have dogs come up here? And we said, yes, we have.

Therapy dogs come up here, but you know, we would eventually like to get a therapy dog of our own, and he thought that that was a great idea.

And so, we knew right when the opportunity came in, when Joey was first up here, like the first day that I saw him.

We immediately called dibs on them so that we made sure that, you know, we could get him, and we knew that internally,

our bosses through the sheriff's police, we're going to support us because they realized, you know, the value of having that here.

So it wasn't a big ask on our end for them to do it, and the fact that the program is structured.

It's not just a regular dog that's coming into the center and hanging out. The fact that Megan is being certified and the dog is being certified as a therapy team.

It really means something, and then the fact that they're going to different events. So, we had a hiring event.

Last Saturday, where we brought Joey out to the hiring event, where people were able to see them and interact with them.

It's a big deal. So it's not just that we have a dog hanging out.

It's that the whole certification process and everything else that all added to what the buy-in was.

And I think it's important to differentiate the difference between a service dog and a therapy dog. Are you able to sort of clarify that?

So, service dogs are certified for something specific. They're like, you know, a certain if they're.

A therapy dog, the way that the training is done is that there's more training them, to socialize with people to pick up on queues with with people.

There's not any, it's not like it's covered under the ADA act that I can just bring him anywhere and then would be like what a service dog is covered under that, that, you know, that's assigned to an actual person, and it's, it's therefore in support of one person.

So they're not really, you know. You know, pet service dogs, you're not gonna play with the service dog,

whereas the therapy dog is kind of the opposite. Although we are getting certified as a team because I'm his handler, and I'll take them out to different events, and I'm the one that's responsible for bringing him to see other people.

They're more it's more of a socialization thing with a therapy dog.

Thank you so much. And we have another question asking about recommendations for artwork. To aid in calmness and, you know, is it to pick things that are nature or animals, what's the, how do you pick the artwork to help with your calm room and to have something to look at besides like walls and screens in a calm room.

Yeah, I would say I because it's most I feel common. I always go back to, you know, nature, whether it's water or mountains or, you know, I've done one that's really cool that has more of a European kind of feel, but it's got all colorful buildings with water in the foreground.

So I do go back to nature a lot of times and find inspiration there because I think that's always really important to bring you back to that in the biophilia.

But it could be, you know, even on a TV screen like watching Animal Planet or, you know really, but you can get really creative with it.

You know and do anything, really. But nature, I would say, is the biggest one.

And listen.

Go ahead.

Just to add just to add to that a little bit. I think you have to think about what's awe-inspiring for you.

And again, invoking that a motion of the power of awe. Whether it's looking at something like, you know, an animal close up.

Or you know nature scenes. Or it could be some, you know, phenomenal like an urban scene of some sort.

There's a lot of choices, but think about what emotion you're feeling when you look at the art.

I think that's what's most important.

And obviously, this art doesn't need to be limited to the quiet room. You really could have it throughout your center, correct?

Oh yeah, definitely. We have incorporated it in many different areas. I would say that's one thing that gets forgotten about a lot.

In just different spaces, that can be really a simple, inexpensive add to add different artwork to spaces.

And I think we have a question of, Can you provide information on the sound the name of the program?

So if you go on your phone to Spotify, and you type in the top and search for Robertson Brain Health, it should pop up his different playlists.

I know sometimes it's difficult to find. You can also search for dopamine drip or serotonin drip, and it will give you different playlists for either that calming or that energizing playlist.

Okay.

Okay, as a grad student, I really needed to hear that. That's awesome. So, I think funding is constantly a challenge in all of our PSAPs.

So, do you have any suggestions for sources of funding for a therapy dog or for doing these simple solutions to increase the calmness in your environment?

So I'll jump in with like wellness rooms, or you know, what we did at Cook County was an overhaul of, you know, different interior spaces.

We know that, you know, a lot of different centers, money is something that's hard to come by.

So, in terms of finding the money. I don't, you know, we've got to do some more research.

I don't know, Marty, if you know if there are other grants out there for that sort of thing.

But from a cost. Perspective and trying to play double duty on things. So the quiet rooms that, you know, are in Cook County are, you know, for sleep, for meditation, for, you know, kind of that time out, but they could also double as mothers rooms.

You know, so they can play double duty in terms of the function of the room, which is something we do a lot in a lot of different municipal projects.

Marty, do you have anything to add to that?

Yeah, I think, you know, the part about getting buy-in from our staff. You know, on there, so the quiet rooms and everything was part of a major project and a major expansion project,

but getting them to understand, you know, about the quiet rooms. So, we kind of had an idea at the beginning what kind of design we had and everything. And then what we did was before, you know, we made final decisions on stuff.

That's when we met with Reagan and then explained the different functionality of the quiet rooms.

And how they would benefit our staff. And then we also explained about being able to disconnect and everything else.

So. We've had very good buy-in from our board whenever we bring up things on employee wellness, that our board has been a hundred percent behind us that. As you see at the beginning of the presentation. I talk about, you know, where our center was and where our center is going,

and if you look at the call volume, our call volume has exploded. Over the past ten years and along with coming with that call volume exploding, the types of calls that we're handling are just, you know, the amount of shootings, homicides, death investigations that we deal with on a regular basis.

Its just off the charts from where it used to be.

So, those are part of the things that, you know, as myself and Megan being telecommunicators that are now in management, we advocate for our staff.

And we explain, you know, to our funding sources about kind of what's taken place and look at the centers got this larger, but we have to make sure that we're taking care of our staff.

And then we've looked at other centers and what other centers have done out there, too. And we're seeing this trend, you know, where other centers realize that employee wellness is something that's

important.

And that when you are on a break that you want to be disconnected from everything,

and you want to have a nice space, and you want to enjoy when you're coming and going from work to know that you have somewhere to go to work at.

But I realized that that is an issue with funding in a lot of different places. And I wish that there were more funding opportunities available for wellness programs that you can use because I do think that that's been a challenge, and it continues to be a challenge for a lot of centers, depending on their budgets.

I have another question for you, Marty. Has the remodel changed retention? Have you seen changes in employee morale and retention?

So I definitely think we get a lot of comments from the dispatchers about the quiet rooms, about that when people have to double back,

And, you know, having a space to go to know that they don't have to, you know, drive all the way home and then come all the way back.

That's been a big thing with them, and then when people are coming to visit the center, it's great to have it as a recruitment thing, too.

To say, you know, hey, this is what we have, and you know this is going to be something that you can use everyday.

So yeah, it has. I think that our center, along with a lot of other centers, we all went through this thing in 2020, 2021, 2022, where a lot of centers had people leave for, like, work-at-home jobs and things like that. And so that's one of the challenges is the people that are sticking around and staying at your center and everything, we want to make sure that you know they

have something that's nice, and then people coming to visit see what they're gonna have when they work at your spot.

Thank you. So much, and we're getting a bunch of questions about the specifics of the furniture you all picked and the sounds and the pictures and everything.

So when we do all of the answers to the questions, I will ask you all for some details so that all those people writing in and asking questions about I want to know about the rocking chair.

I want to know about the different things. We will get that information and add it when we upload it on 911.gov. from this team.

Because we are about out of time, I do want to plug that if you're a small center and you have a local community college that has a photography program, find out if they ever have assignments to do nature photography or if you can get some artwork from those community college or high school programs.

There are a lot of great opportunities to collaborate with students to help you get some of that material that you might not be able to get to other means if you're trying to do it at low cost.

So, thank you so much to all of our speakers today. This was really awesome. I learned a lot.

From you all, and I think that this is going to be a really valuable recording for others who missed it today.

This concludes today's webinar. We appreciate everybody's participation. An archived version of today's webinar will be available on 911.gov., soon.

Understand I move at the speed of the federal government, so it will take me a moment to get it up there. And the next webinar will be on Tuesday, September 12, 2023, with a presentation on CAD's CAD interoperability, followed by a discussion of the efforts undertaken by the Washington DC Office of Unified Communications to improve staffing and broaden their applicant pool.

Thank you so much for being here.

We hope that you'll join us in September and have a great day!