



POLICY TITLE: WORKFORCE WELLNESS, INCLUDING PEER SUPPORT AND CRITICAL INCIDENT STRESS MANAGEMENT		PAGE <u>1</u> OF <u>17</u>
POLICY NUMBER: 3.31		
CHAPTER 3: PERSONNEL		
	STATE of MAINE DEPARTMENT of CORRECTIONS Approved by Commissioner: 	PROFESSIONAL STANDARDS: See Section VIII
EFFECTIVE DATE: August 1, 2019	LATEST REVISION: August 4, 2025	CHECK ONLY IF APA []

I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in 34-A M.R.S.A. Section 1403.

II. APPLICABILITY

Entire Department of Corrections

III. POLICY

The Department of Corrections recognizes the importance of wellness for all staff within the Department. In response, the Department maintains a dynamic, proactive Workforce Wellness program, including Peer Support and Critical Incident Stress Management, that:

1. fosters a healthy work environment and workforce by promoting resiliency and holistic wellness and advocating for, educating, and supporting staff so they can achieve balanced and fulfilling lives;
2. provides day-to-day help, referrals, or other assistance when stressful personal and professional situations impact work; and
3. supports staff who respond to or who are otherwise involved in critical incidents in order to promote healing.

IV. DEFINITIONS

1. Clinician – for the purposes of this policy, a psychiatrist, psychologist, psychiatric nurse practitioner, licensed clinical social worker, licensed clinical professional counselor, or licensed marriage and family therapist with extensive experience in corrections and/or law enforcement stresses and issues who understands the needs of Workforce Wellness and Peer Support staff and those to whom they provide support.
2. Critical incident – for the purposes of this policy, a work-related incident that causes or has the potential to cause staff to experience emotional or physical stress.
3. Critical Incident Stress Management (CISM) – services and support provided by members of the Critical Incident Stress Response Team to staff, whether individually or

as a group, when the staff has been involved in a critical incident that can reasonably have a significant long lasting effect. CISM support includes assisting staff to appropriately process the incident in order to alleviate the acute and long-term effects of trauma and stress.

4. Dimensions of wellness – the Department considers that there are eight dimensions of wellness: physical, mental, emotional, social, spiritual, environmental, financial, and occupational.
5. Peer Support Program – a program comprised of staff who volunteer to provide peer-to-peer support to other staff, in collaboration with Wellness Specialists, to staff experiencing personal or professional challenges or stress which may adversely affect their personal or professional well-being or job performance, or to provide assistance to staff after a critical incident.
6. Risk to security – for purposes of this policy, an act, threat to commit an act, and/or pattern of behavior/statements which would cause an objective staff person with similar training and experience and with the same information at the time of disclosure to have a clear and convincing belief there is a substantial risk of serious physical harm to another person (e.g., threat to injure self or assault another person, disclosure of carrying a personal firearm into a facility, etc.), serious damage to a facility, community corrections office, or Central Office (e.g., threat to commit arson, etc.), or serious interference with Department operations (e.g., disclosure of trafficking contraband into a facility, assisting a resident to escape or a probationer to abscond, etc.).
7. Staff – for purposes of this policy, a Department employee or a person in a facility providing services to an adult resident or a juvenile resident by agreement with or under contract with the Department (e.g., facility health care staff), but not including a volunteer, student intern, delivery person, etc.
8. Wellness – a dynamic state of health and well-being that supports the whole person, at work, at home, and generally in daily life.

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VI. ATTACHMENTS

- Attachment A: [Peer Support Team Member Nomination](#)
Attachment B: [Peer Support Team Member Application](#)
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Attachment D: [Wellness Specialist, Peer Support Team Member, and Critical Incident Stress Response Team Member Confidentiality Agreement](#)
Attachment E: [Workforce Wellness Release of Information form](#)

VII. PROCEDURES

Procedure A: Workforce Wellness, General

1. The Department's Workforce Wellness Program is offered in addition to and not as a substitute for the State of Maine Bureau of Human Resources Office of Employee Health's Living Resources Program, formerly known as the Employee Assistance Program (EAP), programs offered to staff by an insurer, or counseling by a clinician.
2. The Workforce Wellness Program consists of the services provided by the Department's Wellness Specialists, Peer Support Teams, and Critical Incident Stress Response Teams under this policy. In addition, the services provided by therapy dogs pursuant to Policy 4.7.2. Peer Support Therapy Dog Program contribute to workforce wellness.
3. Examples of when services may be provided include, but are not limited to:
 - a. struggles with mental illness or substance use;
 - b. death or serious injury of a family member, friend, co-worker, or pet;
 - c. relationship stress;
 - d. job-related challenges;
 - e. significant life events affecting the staff's ability to work;
 - f. vicarious/secondary trauma or moral injury; or
 - g. burnout or compassion fatigue.
4. The purposes of Wellness Specialists (WS) are to:
 - a. proactively:
 - 1) provide resources, information, education, training, opportunities, and environments that encourage, support, and sustain the dimensions of wellness for staff; and
 - 2) engage with, encourage, and empower staff to actively attend to the dimensions of wellness toward increased health, resilience, and well-being.
 - b. reactively:
 - 1) listen to, consider needs of, and, whenever necessary, refer staff to a clinician during occasions of trauma, grief, or other personal and professional challenges;
 - 2) refer staff to other resources, such as a nutritionist, financial advisor, etc.

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- 3) promote trust, allow anonymity, and preserve confidentiality for staff utilizing the program, as set out in this policy;
 - 4) provide support to staff in coping, healing, and personal growth; and
 - 5) implement effective responses to a critical incident in collaboration with a Peer Support Team.
5. The purposes of Peer Support Team (PST) members are to:
 - a. be available to assist with personal and professional challenges and provide guidance to resources in dealing with those challenges;
 - b. when necessary, take steps to provide a referral to a WS, including whenever the PST member believes the staff might need to be referred to a clinician; and
 - c. implement effective responses to a critical incident in collaboration with Wellness Specialists.
 6. A list of WS and PST members with their direct contact information shall be made accessible to all staff and only to staff by including the list and contact information on the Department intranet and on posters and in brochures in staff-only areas in facilities, community corrections offices, and Central Office.
 7. Staff may receive support from any WS.
 8. Staff may receive support from any PST member, provided the PST member is at their same level, even if they do not hold the same position. In other words:
 - a. any frontline staff (e.g., Corrections Officer, Correctional Acuity Specialist, Case Manager, Juvenile Program Worker, Social Worker, Probation Officer, Juvenile Community Corrections Officer, etc., as applicable) may receive support from any other frontline staff who is a PST member;
 - b. any first level supervisor (e.g., Sergeant, Juvenile Program Specialist, Regional Correctional Manager, etc., as applicable) may receive support from any other first level supervisor who is a PST member; and
 - c. any mid-level manager (e.g., Unit Manager, Captain, Juvenile Program Manager, Juvenile Facility Operations Supervisor, Regional Correctional Administrator, etc., as applicable) may receive support from any other mid-level manager who is a PST member.
 9. A WS or PST member shall not conduct or otherwise be involved in the investigation (e.g., personnel, Prison Rape Elimination Act, criminal, etc.) of any incident if acting in a WS or PST role with anyone else involved in the same incident, except to report or be a witness.
 10. Time spent by WS or PST members attending a meeting or training provided for in this policy or a critical incident stress debriefing shall count as work time for Fair Labor Standards Act purposes.
 11. A WS and PST member may consult with a clinician who is specifically contracted to provide staff wellness consults, if approved in advance by the Faith & Wellness Manager, or designee.

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12. The Department's Director of Victim Services, or designee, may assist a WS or PST member as a resource. If so, the Faith & Wellness Manager, or designee, shall be advised of the outreach.
13. The Department's Director of Human Resources, or designee, may assist a WS or PST member as a resource. If so, the Faith & Wellness Manager, or designee, shall be advised of the outreach.

Procedure B: Structure

1. The work of a Wellness Specialist (WS), which is a full-time work assignment, is performed with wellness-specific guidance, support, training, and instruction from the Wellness Coordinator, or designee, and the Faith & Wellness Manager. Administrative direction (e.g., work schedule, performance evaluations, salary issues, etc.) is provided within their existing chain of command.
2. The work of a Peer Support Team (PST) member, which is a part-time voluntary assignment, is performed, with respect to that activity, with peer support-specific guidance, support, training, and instruction from the Wellness Coordinator, or designee. In all other respects, including the performance of their regular job responsibilities, administrative direction is provided within their existing chain of command.
3. The below positions collectively support wellness within the Department:
 - a. Faith & Wellness Manager – a Department employee who is responsible for the development and overall management of the Department's wellness, peer support, and critical incident stress management programs for staff and who also oversees the Department's religious programs for residents;
 - b. Wellness Coordinator – a Department employee who is responsible for co-developing, implementing, coordinating, and supporting wellness and peer support initiatives for staff;
 - c. Wellness Specialist (WS) – Department employees responsible for developing and implementing staff wellness initiatives at Department sites;
 - d. Wellness Committee – a committee comprised of the Faith & Wellness Manager, the Wellness Coordinator, and the Wellness Specialists. This committee meets at least annually and provides direction to the Department's Workforce Wellness program by reviewing needs, setting goals and priorities, and planning training.
 - e. Peer Support Team Leader – Department employees designated to coordinate and manage the Peer Support Team at a facility, in a community corrections office, or at Central Office;
 - f. Peer Support Team (PST) – facility or community-based teams comprised of trained staff who voluntarily provide peer support to fellow staff experiencing stress or challenges that affect the workplace, either separately from or in collaboration with WS; and
 - g. Critical Incident Stress Response Team (CISRT) – facility or community-based teams comprised of trained staff who voluntarily provide post critical incident stress support to staff involved in the incident.

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Procedure C: Peer Support Selection and Renewal Processes

1. Each Peer Support Team (PST) shall have a PST Leader and a co-leader, to be available in the Leader's absence, designated by the facility Chief Administrative Officer, the Director of Adult Community Services, the Associate Commissioner of Juvenile Services, the Commissioner, or their designees, as applicable.
2. Every reasonable effort shall be made so that each PST has at least one member who is:
 - a. frontline staff (e.g., Corrections Officer, Correctional Acuity Specialist, Case Manager, Juvenile Program Worker, Social Worker, Probation Officer, Juvenile Community Corrections Officer, etc., as applicable);
 - b. a first level supervisor (e.g., Sergeant, Juvenile Program Specialist, Regional Correctional Manager, etc., as applicable); and
 - c. a mid-level manager (e.g., Unit Manager, Captain, Juvenile Program Manager, Juvenile Facility Operations Supervisor, Regional Correctional Administrator, etc., as applicable).
3. Depending on the needs and size of a facility or community corrections region, the PST shall consist of at least 5% of the facility or region staff.
4. The facility Chief Administrative Officer, the Director of Adult Community Services, the Associate Commissioner of Juvenile Services, the Commissioner, or their designees, as applicable, shall ensure all Department employees at the specific location are informed of vacancies in the PST and that the Faith & Wellness Manager and the Wellness Coordinator are also informed of any vacancies.
5. The above persons shall manage the application process for their facility, community corrections region, or Central Office, as applicable.
6. Employees may be nominated by any other staff, to include active PST members and staff who are not Department employees.
 - a. Staff shall use the Peer Support Team Member Nomination form (Attachment A);
 - b. The PST Leader or co-leader shall verify that an employee nominated is willing to serve on the PST. If there is no PST Leader or co-leader, the Wellness Coordinator, or designee, shall assume this responsibility; and
 - c. An employee who agrees to serve on the PST shall submit the Peer Support Team Member Application form (Attachment B) to the facility Chief Administrative Officer, the Director of Adult Community Services, the Associate Commissioner of Juvenile Services, the Commissioner, or their designees, as applicable.
7. A Department employee who is not nominated and wishes to apply for a PST shall complete the Peer Support Team Member Application form and submit it to appropriate person as set out above.
8. The person receiving an application shall forward a copy of the application to the Wellness Coordinator and the Faith & Wellness Manager.

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9. Any Department employee who has at least two years of experience in working in corrections and at least one year working in the relevant facility, the relevant division of community corrections (adult or juvenile), or Central Office, as applicable, and who does not have any formal disciplinary action within the past year is eligible to apply for a vacancy.
10. An exception may be made to the requirement of no formal disciplinary action within the past year by the facility Chief Administrative Officer, the Director of Adult Community Services, the Associate Commissioner of Juvenile Services, the Commissioner, or their designees, as applicable.
11. An exception may be made to the two year corrections experience requirement by the facility Chief Administrative Officer, the Director of Adult Community Services, the Associate Commissioner of Juvenile Services, the Commissioner, or their designees, as applicable, for an employee who has at least one year of experience in counseling, peer support, or other relevant field.
12. Applicants shall participate in an interview, conducted by a panel consisting of the PST Leader, the Wellness Coordinator, the facility Chief Administrative Officer, the Director of Adult Community Services, the Associate Commissioner of Juvenile Services, the Commissioner, as applicable, or their designees, and a clinician as available.
13. Criteria for selecting an applicant to be a PST member shall include:
 - a. ability and willingness to commit the time needed for required training;
 - b. ability and willingness to commit the time needed for monthly PST meetings and to respond to requests for assistance and support as needed; and
 - c. strong communication skills, effective conveyance of empathy, desire to assist others, capacity to deal effectively with stress, respect for all staff, and active self-care, all as demonstrated by the applicant's prior and current actions.
14. The facility Chief Administrative Officer, the Director of Adult Community Services, the Associate Commissioner of Juvenile Services, the Commissioner, as applicable, or their designees, shall make the final determination as to selection of PST members and may refuse to select an applicant for membership for any reason in their discretion.
15. Every two years during the month of January, each PST Leader shall inquire of all PST members if they wish to remain on the team.
16. A PST Leader, co-leader, and team member may remain on a team as long as the employee is willing to serve unless removed at the discretion of the facility Chief Administrative Officer, the Director of Adult Community Services, the Associate Commissioner of Juvenile Services, the Commissioner, as applicable, or their designees.

Procedure D: Wellness Specialist Roles & Responsibilities

1. A Wellness Specialist (WS) is responsible for, but not limited to, the following:
 - a. attending and participating in initial orientation and other training as set out below;

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- b. supporting training of Peer Support Teams (PST) and Critical Incident Stress Response Teams (CISRT);
- c. maintaining willingness and flexibility to connect with staff during all shifts;
- d. responding to individual staff requests and needs for assistance and making referrals as appropriate;
- e. promoting a culture of wellness through events, activities, and resources that enhance resilience and well-being;
- f. serving as a liaison between staff and administration to address wellness and develop and coordinate strategies for improving staff health and well-being;
- g. being available to staff and family members following a crisis or other significant event, as situations and resources allow;
- h. providing post recovery check-ins for staff;
- i. serving as a member of the relevant PST, or as PST Leader, or designee, if requested;
- j. serving as a member of the relevant CISRT;
- k. collaborating with the Faith & Wellness Manager, the Wellness Coordinator, and PST members as appropriate.

Procedure E: Peer Support Team Member Roles & Responsibilities

1. The Peer Support Team (PST) Leader is responsible for, but not limited to, the following:
 - a. coordinating the initial orientation and training for PST members;
 - b. managing the day-to-day operations of the facility or community corrections region PST, as applicable to include, but not be limited to, responses to staff involved in critical incidents in collaboration with Wellness Specialists as appropriate;
 - c. mentoring PST members in the performance of their PST duties; and
 - d. collaborating with the Faith & Wellness Manager, the Wellness Coordinator, and Wellness Specialists as appropriate.
2. A PST member is responsible for, but not limited to, the following:
 - a. attending and participating in initial orientation and other training as set out below;
 - b. maintaining willingness and flexibility to connect with staff during all shifts;
 - c. assisting staff who are experiencing stress or challenges that affect the workplace;
 - d. being available to staff and family members following a crisis or other significant event, as situations and resources allow;
 - e. providing post recovery check-ins for staff; and
 - f. collaborating with the Faith & Wellness Manager, the Wellness Coordinator, and Wellness Specialists as appropriate.

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Procedure F: Scope of Services

1. The Faith & Wellness Manager, Wellness Coordinator, Wellness Specialists (WS), and Peer Support Team (PST) members shall provide services only within the scope of their training and responsibilities as defined in this policy.
2. These positions do not qualify WS or PST members to perform clinical assessments or provide professional therapy. WS and PST members shall be trained to be alert to not “drift” into a role outside their scope, e.g., acting as a clinician or therapist or taking actions that involve professional assessment, diagnosis, or treatment.
3. If information shared during a conversation with a PST member raises concern that professional therapy is needed, a PST member shall, with the written permission of the staff involved, contact the WS assigned to their facility or community corrections region as available or the Wellness Coordinator.
4. If written permission is granted, the WS or Wellness Coordinator shall contact the staff about whom the concern has been raised to coordinate any referral to a clinician for professional therapy. If written permission is not granted, and the PST member has the knowledge to coordinate a referral, they may do so.
5. In any case where a referral is made for professional therapy, the Faith & Wellness Manager and the Wellness Coordinator shall be notified regarding any referrals made, without naming the staff unless written permission has been granted.
6. If it becomes apparent that staff might benefit from resources other than from a clinician (e.g., financial adviser, lawyer, nutritionist, etc.), a PST member or WS may the appropriate referral if they have the knowledge to do so.
7. Should a family member contact a PST member or WS for personal support, services shall be limited to referrals to appropriate resources, such as Living Resources or resources provided to family members of staff by insurers.
8. In the event of a situation covered by Procedure J, a PST member or WS shall inform the persons outlined in that procedure.

Procedure G: Training

1. Wellness Specialists (WS) and Peer Support Team (PST) members shall be trained to provide support, information, education, training, and referrals to staff who are seeking assistance, whether it is related to a critical incident, day-to-day work stress, or personal life decisions or challenges.
2. WS and PST members shall also be trained in the following as part of their initial training:
 - a. this policy, including roles and responsibilities of both WS and PST members;
 - b. other available State government programs and services, such as the Living Resources Program;
 - c. referral processes including referrals to the above programs and to clinicians;
 - d. obligations and limitations regarding confidentiality and privacy; and

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- e. ethics and scope of practice.
3. In addition, WS shall receive annual in-service training, which may include, but is not limited to, the following:
 - a. fundamentals of trauma-informed assistance;
 - b. fundamentals of mental health support, involving humane, supportive, and practical assistance for people, in ways that respect their dignity, culture, and abilities;
 - c. suicide prevention and assistance after suicide attempt; and
 - d. addiction fundamentals.
 4. PST members may be offered this annual in-service training, as relevant to their roles and responsibilities, but are not required to attend.
 5. Additional training may be offered during Wellness and Peer Support Team Meetings in the form of presentations by outside speakers, tabletop exercises, etc.
 6. All WS and those PST members and chaplains selected to be on a Critical Incident Stress Response Team (CISRT) shall receive Critical Incident Stress Management (CISM) training to include, at a minimum:
 - a. sixteen (16) hours of basic CISM training by a certified CISM trainer or through a nationally recognized organization, such as the International Critical Incident Stress Foundation; and
 - b. an aggregate of twenty (20) hours of annual in-service training in CISM or behavioral health, of which time spent in actual response to a critical incident may be credited to these twenty (20) hours of annual in-service training requirement.
 7. Those members of the CISRT who are identified and qualify for advance level (train the trainer) CISM training shall be offered such training.
 8. Training sessions are not confidential and may be recorded. Therefore, while a WS, PST member, or CISRT member may discuss scenarios that have occurred for learning purposes, disclosure of any information that would identify the staff involved is prohibited.
 9. The Wellness Coordinator shall receive all of the same training as WS, PST members, and CISRT members.
 10. WS and CISRT members shall provide records of all training to the Wellness Coordinator and also submit copies to the relevant Department staff development and training staff, who shall enter the training in the appropriate employee training records.
 11. PST members shall provide records of all training to the relevant Department staff development and training staff, who shall enter the training in the appropriate employee training records.
 12. The Wellness Coordinator shall assess needs at least annually for WS. PST member, CISRT member training and shall collaborate with the Faith & Wellness Manager regarding training needs and opportunities.

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13. WS, PST member, and CISRT member training for Department employees shall take priority over routine work assignments and shall count as work time for Fair Labor Standards Act purposes.

Procedure H: Wellness and Peer Support Team Meetings

1. The Wellness Coordinator, or designee, shall ensure, to the extent practical, that all Wellness Specialists (WS) and Peer Support Team (PST) members meet together annually to exchange information, build collegiality and cohesion, etc.
2. As determined by the Wellness Coordinator, or designee, WS may meet more frequently to discuss operational needs.
3. Each facility or community PST shall meet at least quarterly as schedules permit.
4. Meetings are confidential and may not be recorded. While a WS or PST member may discuss scenarios that have occurred in order to receive guidance or for learning purposes, disclosure of any information that would identify the staff involved is prohibited.
5. There shall be sign-ins for meetings to document attendance, and these attendance rosters shall be forwarded to the Wellness Coordinator, or designee, who shall review them to ensure that attendance requirements have been met .

Procedure I: Staff Access to the Workforce Wellness and Peer Support Program

1. Services provided by a Wellness Specialists (WS) or Peer Support Team (PST) member are voluntary and staff cannot be ordered to participate, except for mandatory Critical Incident Stress Management (CISM) debriefings. These services shall never be used as a disciplinary sanction.
2. Other than mandatory CISM debriefings, a request for services by a WS or PST member may occur as follows:
 - a. self-referral. Staff may refer themselves, including by approaching a WS or PST member, without informing a supervisor;
 - b. any staff may initiate a request for services to be offered to another staff by contacting any WS or PST. The staff for whom services have been requested may then be contacted by the WS or PST to assess their receptiveness to Workforce Wellness or Peer Support services;
 - c. supervisors may also recommend Workforce Wellness or Peer Support services directly to staff they supervise; or
 - d. a family member of staff may also make a request to a WS or PST. The staff for whom services have been requested may then be contacted by the WS or PST to assess their receptiveness to Workforce Wellness or Peer Support services.
3. If wellness, peer support, and/or critical incident stress management services cannot meet the needs of the staff requesting services or for whom the services have been requested, the WS, PST member, or CISRT member shall, with the written permission of the staff involved, contact the Wellness Coordinator.

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4. If contacted, the Wellness Coordinator shall determine the next steps, which may include, but are not limited to:
 - a. contacting the staff involved to coordinate a referral to a clinician for professional therapy, whether through a program or insurance offered by the State, listed on the DOC intranet, or otherwise;
 - b. contacting the staff involved to offer referrals to services or resources other than professional therapy by a clinician; or
 - c. informing appropriate higher supervisory staff and the Faith & Wellness Manager if there is a risk to security.
5. If there is a risk to security, the Wellness Specialist (WS), Peer Support Team (PST) member, or CISRT member shall contact the most appropriate and available higher supervisory staff regardless of whether there is written permission and shall inform the Wellness Coordinator of that contact. The Wellness Coordinator shall then notify the Faith & Wellness Manager.
6. The Wellness Coordinator shall maintain a record of the number and types of referrals made.

Procedure J: Confidentiality

1. All new Department employees shall be required to sign, as part of their new hire orientation, the Confidentiality Acknowledgement Regarding the Workforce Wellness Program form (Attachment C). All existing employees shall be required to sign the acknowledgment form on an annual basis.
2. If staff who is not a Department employee requests the services of a Wellness Specialist (WS) or Peer Support Team (PST) member or participates in a critical incident debriefing, the WS or PST member or the leader of the debriefing, as applicable, shall require the staff to sign the acknowledgment form prior to providing services or starting the debriefing, as applicable.
3. Each WS, PST member, and Critical Incident Stress Response Team member (CISRT) shall, prior to being assigned their position, and on an annual basis, sign the Wellness Specialist, Peer Support Team Member, and Critical Incident Stress Response Team Member Confidentiality Agreement form (Attachment D).
4. Written and verbal communications between a WS, PST member, or CISRT member and staff being provided services, as well as communications between a WS, PST member, or CISRT member and other persons, are confidential and may not be disclosed in any manner except as set out in this policy or as required by law.
5. A WS, PST member, and CISRT member shall maintain confidentiality of information disclosed, except when:
 - a. the staff admits or it is otherwise disclosed that the staff has abused or neglected a child or an elderly or incapacitated person;
 - b. the staff admits or it is otherwise disclosed that the staff has committed violence against a domestic partner;

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- c. the staff threatens or it is otherwise disclosed that the staff has threatened physical harm to self or another person;
 - d. the staff admits or it is otherwise disclosed that the staff has committed or has threatened to commit a crime; or
 - e. there is a risk to security (as defined in this policy) of a Department facility, community corrections office, or Central Office.
6. If, during the course of providing services, a WS, PST member, or Critical Incident Stress Response Team member (CISRT) member becomes aware of any of the above situations, they shall immediately verbally notify the facility Chief Administrative Officer, the community corrections Regional Correctional Administrator, their Central Office supervisor, or their designees, as applicable.
 7. In addition, if during the course of providing peer support, a PST member becomes aware of any of the above situations, they shall immediately verbally notify the Peer Support Team Leader, or designee, who shall verbally notify the Wellness Coordinator and Faith & Wellness Manager, or their designees.
 8. In addition, if during the course of providing peer support, a WS or CISRT member becomes aware of any of the above situations, they shall immediately verbally notify the Wellness Coordinator and Faith & Wellness Manager, or their designees.
 9. If there is an imminent threat to safety or security, the WS, PST member, or CISRT member shall also take any other appropriate action, as set out in the applicable Department policy and staff training.
 10. The WS, PST member, or CISRT member shall follow up the verbal notification with a written report, unless the staff threatens or it is otherwise disclosed that the staff has threatened physical harm to self. Any report shall include the name of the staff, the date and time of the disclosure, and the specifics of what was disclosed and by whom.
 11. The Peer Support Team Leader, the Wellness Coordinator, or Faith & Wellness Manager, or their designees, shall forward the report to the Associate Commissioner for Juvenile Services, the Director of Adult Community Corrections, the Associate Commissioner for Adult Services, as applicable, and the Department's Director of Human Resources, or their designees. The report shall also be forwarded to the Department's Director of the Office of Professional Review, or their designee, unless the staff threatens or it is otherwise disclosed that the staff has threatened physical harm to self.
 12. In the event a WS, PST member, or CISRT member receive a subpoena or court order to disclose information, they shall contact the Department's representative in the Attorney General's Office.
 13. A WS or PST member may ask staff who request support for permission to consult with another WS or PST member to assist in the matter.
 14. Information may also be disclosed upon the signing of a Workforce Wellness Release of Information form (Attachment E) by the Department staff or family member utilizing the Wellness and Peer Support Program.

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15. A WS, PST member, or CISRT member having communication with family members of staff being provided services shall ensure that a release of information form is signed by the staff prior to sharing any peer support or wellness related information regarding the staff.
16. If a family member of staff requests the services of a WS or Peer PST member, the WS or PST member shall require the family member to sign the Confidentiality Acknowledgement Regarding the Workforce Wellness Program form (Attachment C) prior to providing services.

Procedure K: Critical Incident Stress Management (CISM)

1. Each facility, community corrections region, and Central Office shall have a Critical Incident Stress Response Team (CISRT) consisting of the appropriate Wellness Specialist (WS) and those Peer Support Team (PST) members who volunteer and are approved by the facility Chief Administrative Officer, the community corrections Regional Correctional Administrator, or the Associate Commissioner of Adult Services, as applicable.
2. In addition, the Faith & Wellness Manager, the Wellness Coordinator, or designee, and a Department chaplain who volunteers and is approved by the Faith & Wellness Manager are considered members of every CISRT.
3. Any staff may suggest the need for CISM debriefing to the facility Chief Administrative Officer, the community corrections Regional Correctional Administrator, a Central Office supervisor, or their designees, as applicable, or to a WS or PST member. This suggestion may come in the form of an anonymous request.
4. The facility Chief Administrative Officer, the community corrections Regional Correctional Administrator, the Central Office supervisor, or their designees, as applicable, shall contact a member of the CISRT as soon as possible regarding a critical incident that they determine requires a CISM debriefing.
5. If CISM is determined to be required, the facility Chief Administrative Officer, the community corrections Regional Correctional Administrator, the Central Office supervisor, or their designees, as applicable, shall coordinate the arrangements for the CISM debriefing with the Wellness Coordinator, or designee.
6. The Wellness Coordinator, or designee, shall notify the Faith & Wellness Manager of the critical incident and the arrangements for the CISM debriefing.
7. A designated member of the CISRT shall contact all staff involved in the incident to inform them of the debriefing, as well as to check on their well-being.
8. The debriefing shall take place within a week after the incident, but not before seventy hours (72) hours after the incident. If the critical incident resulted in the death of staff, the debriefing shall generally not take place until after the memorial service, if any.
9. The debriefing shall be conducted in a private setting away from the area where the critical incident occurred.

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10. If more than one staff was involved in the critical incident, the debriefing shall be a group process.
11. Only CISRT members and staff involved in the critical incident shall be allowed to be present at the debriefing.
12. Supervisory staff shall not attend the debriefing unless they are a CISRT member or were directly involved in the critical incident, and, if attending, their role is as an equal participant.
13. If involved in the critical incident, Department employees shall be required to attend, and staff providing services under contract to or by agreement with the Department shall be invited to attend a debriefing, if it concerns any of the following:
 - a. line of duty death;
 - b. serious line of duty injury;
 - c. officer involved shooting;
 - d. resident or community corrections client death (other than natural death);
 - e. resident or community corrections client self-injury when loss of life would have occurred without immediate intervention;
 - f. death or serious injury to another person where staff was involved;
 - g. hostage taking; or
 - h. mass resident disturbance.
14. Active participation is voluntary and shall not be mandated.
15. A facility Chief Administrative Officer, community corrections Regional Correctional Administrator, Central Office supervisor, or their designees, may mandate a debriefing for any other critical incident at their discretion.
16. Attendance at debriefings shall take priority over routine work assignments if possible. The PST Leader shall coordinate for coverage, if necessary.
17. The debriefing shall have at least two CISRT members present to facilitate.

Procedure L: Data Collection and Documentation

1. Each time a Wellness Specialist (WS), Peer Support Team (PST) member, or Critical Incident Stress Response Team (CISRT) member has contact with staff as part of the Workforce Wellness Program, that person shall complete, within three (3) days of the contact, a Wellness and Peer Support Contact form in the database managed by the Wellness Coordinator. If the only such contact is during a critical incident stress management debriefing, the form shall be filled out by just one member of the CISRT.
2. No information shall be included on the form that would identify the staff.
3. Once a month, the Wellness Coordinator, or designee, shall aggregate the above information and review it with the Faith & Wellness Manager, or designee.

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4. If requested by the Commissioner, a facility Chief Administrative Officer, or a Regional Correctional Administrator, or one of their designees, the Wellness Coordinator, or designee, shall provide data from the monthly summaries on the services being provided.
5. At least annually, or otherwise upon the request of the Commissioner, or designee, the Faith & Wellness Manager, or designee, shall ensure that the information compiled in the monthly summaries is included in a comprehensive report, which is forwarded to the Commissioner, the facility Chief Administrative Officers, and the Regional Correctional Administrators, or their designees.
6. This report shall include at least:
 - a. the type of services provided to Department staff;
 - b. the number of support hours provided;
 - c. any current trends, issues, and concerns related to the quality and availability of these services; and
 - d. any recommendations for resources, training, and/or policy.
7. All of the above documentation shall be maintained in accordance with the Department's records retention schedule.

Procedure M: Wellness Committee

5-ACI-1C-24 & 5-ACI-1C-25

1. The Commissioner, or designee, shall maintain a Department Wellness Committee chaired by the Faith & Wellness Manager, or designee. In addition to the chair, the committee shall be comprised of the Wellness Coordinator and the Wellness Specialists (WS). The Department's Director of Human Resources, or designee, may be invited to be on the committee.
2. The Wellness Committee shall meet at least quarterly to identify and monitor activities to promote wellness in the workplace for Department staff, including, but not limited to:
 - a. conducting staff engagement surveys to obtain recommendations on how to promote wellness among staff;
 - b. making recommendations regarding wellness initiatives and their related goals and objectives;
 - c. promoting access to other wellness and support programs, such as, but not limited to, the Living Resources Program; and
 - d. identifying incentives to encourage staff participation in wellness activities.
3. The chair's responsibilities include, but are not limited to:
 - a. preparing agendas, facilitating meetings, and distributing meeting minutes;
 - b. overseeing the follow ups to the work of the committee; and
 - c. periodically updating the Commissioner, or designee, and others on the Department's wellness initiatives.

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4. The Commissioner, or designee, shall ensure that Department employees are informed about wellness resources provided to State employees by the Bureau of Human Resources, Office of Employee Health and Wellness. Wellness resources include, but are not limited to:
 - a. annual health assessments;
 - b. access to facility gyms;
 - c. gym membership reimbursement program;
 - d. periodic health screenings (e.g. blood pressure, cholesterol);
 - e. stress reduction, prediabetes evaluation, and nutrition education; and
 - f. tobacco cessation programs.

VIII. PROFESSIONAL STANDARDS

ACA

- 5-ACI-1C-24** Written policy, procedure, and practice provide for an employee assistance program that is approved by the parent agency.
- 5-ACI-1C-25** All staff will have access to on-going health and wellness education, and programs and activities. Written policy, procedures and practices encourage and support employees to participate and engage in health and wellness activities inside and outside of their institutions/agencies. At a minimum a program should include:
- education on inherent health risks
 - monitored goals and objectives
 - engagement surveys
 - a designated committee that has oversight of activities
 - periodic health screenings
 - incentives to encourage employee participation
 - linkages to support programs (i.e. employee assistance programs, Critical Incident Response Team)

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