

Peer Support Program

415.1 PURPOSE:

The Peer Support program is a team of trained employees who shall offer assistance and appropriate support resources to all employees when personal or professional problems affect their work performance, family unit, or self. The assistance is confidential, providing it does not violate any law or policy/procedure.

415.2 DEFINITIONS:

Peer Supporter: Employee of the San Bernardino County Probation Department who has received additional training regarding peer support services and referrals.

The peer supporter provides support and resource assistance to employees in time of stress and crisis including, but not limited to, officer-involved shootings, actual or attempted suicide of youth in custody, divorce or financial difficulties, natural disasters, family deaths and/or catastrophic injury or illness of staff.

Program Coordinator: An appointee of the Chief Probation Officer with oversight of the Peer Support Program.

Advisory Committee: A group of three to five peer supporters and a member of the Counseling Team International led by a Program Coordinator.

Peer Support Area Leaders: Peer Supporters selected by the Program Coordinator to monitor peer support operations in all regions of the county as needed.

415.3 GUIDELINES:

Typically, a peer supporter shall offer support services to staff when both are on duty. Any variation of hours shall be approved through the Peer Support Coordinator as outlined in this procedure.

A list of Peer Supporters and the Peer Support Coordinator shall be available to all staff on Prob-Tools. The list shall be updated at least quarterly as directed by the Peer Support Coordinator to ensure staff has access to this program at all times. The Peer Support Coordinator shall also keep a list of Peer Supporters on file if needed after normal business hours.

An individual requesting a Peer Supporter shall be advised that the Peer Supporter is required to report a criminal offense or a violation of procedure/policy if the individual chooses to disclose such information to the Peer Supporter. The Peer Supporter shall verbally remind an employee requesting assistance when they are first contacted that they cannot maintain confidentiality if the peer discloses such information.

Peer Supporters are available to offer support and referrals for applicable resources; however, they shall not compromise an internal investigation or criminal investigation in any way.

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In the event a Peer Supporter is called to testify in a civil or family law matter, the peer supporter shall appear in court only after a.) Being served by subpoena, b.) Consulting with Professional Standards, c.) Notifying the Peer Support Coordinator.

415.4 RESPONSIBILITIES:

I. Application/Selection Process:

- A. The Peer Supporter will be selected from all ranks (PCO, PO, PCSI, PCSII, SPO and Support Staff) and is a voluntary position.
- B. The Peer Support program will periodically recruit for peer supporters. At that time, any staff member will be able to apply for a peer support position.
- C. The selection process is as follows:
 1. Peer Support Advisory Committee will solicit peer supporters by sending a recruitment letter to all staff.
 2. The applicant's Supervisor and Division Director/Superintendent/Manager are contacted by a Peer Support Coordinator to obtain their approval for the applicant to participate. Approval must be in writing via the Division Director and Supervisor Consent to Participate (Attachment A) and submitted to the Peer Support Coordinator within five (5) business days after initial contact is made.
 3. An interview will be conducted with the applicant by the Peer Support Advisory Committee.
 4. All selected applicant names will be submitted to the Professional Standards Unit for review of their personnel file.
 5. The name of all applicants who have been selected by the committee and approved by Professional Standards shall be submitted to the Chief Probation Officer or his/her designee for final approval.
 6. Before submitting memo of interest, those staff interested in becoming a peer supporter must read the Peer Support Program Memorandum of Understanding and be willing to commit to those expectations and responsibilities.

II. Peer Support Advisory Committee:

- A. Acts as policy-setting board for the program's operation and future direction, subject to review and approval by the Chief Probation Officer or his/her designee.
- B. The committee participates in the selection process of Peer Supporters.
- C. Peer supporters will select three (3) to five (5) Peer Support Advisory members.
- D. The Advisory Board members will serve a maximum of two years on the committee with rotations occurring for one-half the committee each year.
- E. Attend Peer Support Advisory Committee meetings as scheduled.

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III. Program Coordinator:

A. Appointed by the Chief Probation Officer and shall:

1. Oversee the supervision of the program on a daily basis.
2. Serve as a member of the Peer Support Advisory Committee.
3. Assign recruitment duties and coordinate the screening of the Peer Support Advisory Committee.
4. Coordinate training of peer supporters.
5. Oversee maintenance of statistical data of reported contacts by peer supporter area leaders. No specific data regarding names and circumstances will be collected.
6. Review statistical data on a monthly basis.
7. Offer guidance to peer supporters when problems occur.
8. Coordinate follow-up response of peer supporters when referrals are made to the Counseling Team.
9. Notify On-Call Deputy Chief Probation Officer, via telephone or in-person, to approve all peer support emergency response requests after normal working hours.
10. Overtime shall only be authorized by the Deputy Chief Probation Officer.
11. May be issued "Class A" uniforms, in accordance with the Duty Dress Standards, Uniform Requirements, Grooming Procedure.
12. May represent the Department at special functions such as the Officer Down Memorial and Law Enforcement Funerals.
13. Identify a backup Coordinator when unavailable. Notify the Chief, Asst. Chief, Deputy Chiefs, Directors, and Peer Support staff when the Acting Coordinator is being used to cover.

IV. Peer Support Area Leaders:

- A. Supervise the program in their assigned area on a daily basis.
- B. Develop resources to assist individuals when problem areas are identified.
- C. Review and forward statistical data from area peer supporters to the Program Coordinator.
- D. Coordinate follow-up response of peer supporters when referrals are made to the Counseling Team.
- E. Convey trust, anonymity and assure confidentiality within guidelines to employees who seek assistance from the Peer Support Program.
- F. Attend the Peer Support 3-Day Training Seminar: "Listening and Helping Techniques."
- G. Provide assistance and support.

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- H. Assist the employee by referring him/her to the appropriate outside resource when necessary.
- I. Be available to the individual for additional follow-up support.
- J. Maintain contact with Program Coordinator regarding program activities.
- K. Shall contact the Program Coordinator as soon as possible after a request for an emergency response after normal business hours is received for approval to respond.
- L. Shall agree to be contacted, if available, and may need to respond to an agreed upon location at any hour.
- M. Annually attend eight (8) hours of updated Peer Support Program training provided by the Counseling Team International.
- N. Attend Crisis Intervention Stress Management course.
- O. Attend Quarterly Peer Support Advisory Committee meeting as scheduled.
- P. May be issued "Class A" uniforms, in accordance with the Duty Dress Standards, Uniform Requirements, and Grooming procedure.
- Q. May represent the Department at special functions such as the Officer Down Memorial and Law Enforcement Funerals.
- V. Peer Supporters:
 - A. Convey trust, anonymity and assure confidentiality within guidelines to employees who seek assistance from the Peer Support Program.
 - B. Attend the Peer Support 3-Day Training Seminar: "Listening and Helping Techniques."
 - C. Provide assistance and support.
 - D. Assist the employee by referring him/her to the appropriate outside resource when necessary.
 - E. Be available to the individual for additional follow-up support.
 - F. Maintain contact with Program Coordinator regarding program activities.
 - G. Shall contact the Program Coordinator as soon as possible after a request for an emergency response after normal business hours is received for approval to respond.
 - H. Shall agree to be contacted, if available, and may need to respond to an agreed upon location at any hour.
 - I. Annually attend eight (8) hours of updated Peer Support Program training provided by the Counseling Team International.
 - J. Attend Quarterly Peer Support meetings.
 - K. Attend Crisis intervention Stress Management course.

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- L. May be issued "Class A" uniforms, in accordance with the Duty Dress Standards, Uniform Requirements, Grooming procedure.
 - M. May represent the Department at special functions such as the Officer Down Memorial and Law Enforcement Funerals.
 - N. Shall perform duties as outlined in the Line-of-Duty Death procedure.
- VI. Critical Incidents:
- A. Watch Commander/PCS I/PCS II/SPO:
 - 1. The Peer Support Program Coordinator shall be notified, via telephone or in person, within 24 hours of a critical incident. Information should include, but is not limited to, the nature of incident and names of staff involved.
 - 2. After a critical incident, staff should be seen by a counselor.
- VII. Internal Investigations:
- A. It may occur that a peer supporter is assisting an individual who is or becomes the subject of a disciplinary investigation. The peer supporter should be guided by the confidentiality policy of the Peer Support Program. The peer supporter should not volunteer any information received in confidence; however, peer supporters may not hamper or impede the actual investigation nor may they attempt to shelter the individual from the department's investigation. The peer supporter's role in disciplinary situations should be one of support and assisting individuals through the stress they may face during the disciplinary process. If peer supporters have any questions or concerns regarding these situations, they should consult the Peer Support Coordinator.
 - B. Peer Supporters shall not be interviewed, nor shall they discuss details of support sessions with Department personnel conducting an investigation, without the WRITTEN authorization of the Chief Probation Officer or the written permission of the employee speaking to the Peer Support Team Member.
- VIII. Peer Support Accounts:
- A. Peer Support maintains two accounts of funds generated from fundraising activities. The Officer Down account funds are designated in the event of an "in the line of duty" death of an officer or to assist an officer that sustained serious injuries in the line of duty. The Peer Support account funds are designated to provide one-time financial assistance for staff that are going through a financial crisis. Request for funds are initiated through a Peer Support member approved by the Peer Support Coordinator.

415.5 ATTACHMENTS:

[See attachment: Peer Support Program Attachment A \(MOU\).pdf](#)

[See attachment: Peer Support Program Attachment B \(Monthly Summary\).pdf](#)

Attachments

Peer Support Program Attachment A (MOU).pdf

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Memorandum of Understanding

I _____, hereby request to serve in the San Bernardino County Probation Department's Peer Support Program. If appointed as a Peer Supporter, I agree to the following:

1. To complete the initial three-day training program.
2. To attend the annual Peer Support in-service update training (8 hours).
3. Attend Crisis Intervention Stress Management (CISM) course.
4. Attend Peer Support Meetings as scheduled.
5. To complete the monthly data summary reports.
6. To maintain the strictest confidentiality regarding any and all Peer Support contacts, except in instances when reporting to the San Bernardino County Probation Department's Program Coordinator is required by procedure. I understand that a breach of confidentiality will result in my dismissal from the Peer Support Program and may subject me to disciplinary action.
7. To inform the Program Coordinator whenever personal and/or professional commitments do not permit compliance with all aspects of this memorandum or if personal issues conflict with my being an effective Peer Supporter.
8. All Peer Supporters serve at the direction and pleasure of the Program Coordinator and the Peer Support Advisory Committee and can be removed at any time without cause.
9. I understand that should I become the subject of administrative action, I will be suspended from the Peer Support Program until such matter is resolved. I understand that an administrative action commences when I am placed on administrative leave or when I receive notice of proposed discipline.

Employee (Print Name)

Employee (Signature)

Date

Supervisor (Print Name)

Supervisor (Signature)

Date

Division Director (Print Name)

Division Director (Signature)

Date

Peer Support Program Attachment B (Monthly Summary).pdf

PEER SUPPORT MONTHLY ACTIVITY SUMMARY

For the Month of:

Please report all contacts in which any employee expressed a personal or professional problem, which made it appropriate for you to respond to their needs using methods that you learned in peer support training (i.e. active listening, referrals, etc...)

THIS FORM IS USED TO GATHER STATISTICAL INFORMATION ONLY AND SHALL HAVE NO IDENTIFYING REMARKS.

Peer Support Member ID#:

| Category | Number of Contacts | Time Spent (.25/.5/.75/1.0) | Referral Made | |
|-------------------------|--------------------|--------------------------------|---------------|----|
| | | | Yes | No |
| Alcohol | | | | |
| Career Progression | | | | |
| Children | | | | |
| Death/Dying/Bereavement | | | | |
| Disciplinary/EEO | | | | |
| Depression | | | | |
| Financial | | | | |
| Injury/Disability | | | | |
| Job Related Stress | | | | |
| Medical/Health | | | | |
| Other | | | | |
| Post Traumatic Stress | | | | |
| Relationships | | | | |
| Retirement | | | | |
| Substance Abuse | | | | |
| Shooting | | | | |
| Suicide | | | | |
| Supervisor | | | | |
| Totals: | | | | |

This form must be submitted every month, whether any contacts were made or not, to the area Peer Support Team Leader. **Again, this document is used to show statistical information only. This will be used to measure effectiveness of the Peer Support Program and identify needs for training.** Ensure that appropriate referrals have been made as necessary (i.e. EAP, POA, EEO, etc...)