Please hold questions until the end
Oakland Video

Unintended Consequences of Untreated Behavioral Health

- PTSD (1/5)
- Depression (11%)
- Substance Abuse
- Unhealthy Addictions
- Relationship Breakdowns
- Work Performance Issues
- Physical Ailments
- Anger
- Sleep Disturbances
- Suicide
Organizational Impacts

- Excessive Absenteeism
- Not Functioning within Teamwork Structure
- Outbreaks of Aggressive Behavior
- Not Completing Assignments/Duties
- Disciplinary Actions
- Cynicism
- Overall morale affected
KEYS TO A SUCCESSFUL BEHAVIORAL HEALTH PROGRAM

- Peer Support
- Professional Clinicians
- Chaplain Program
- EAP

PEER SUPPORT
Why Peer Support?

- Credibility
- Been there, done that
- Connectedness
- Morale
- Resiliency
- Support
- Resources

Department Buy-In

- Management Support
- Union Support
- Rollout Plan
**Team Development**

- 10% of your department should be peer support

- Peer Coordinator
  - Chosen by labor/management
  - Crucial role− pick the right one!
  - Willing to put in time/effort
  - Coordinates, maintains team
  - Involved in Nominee and interview process
  - “Markets” program
  - Coordinates trainings for peers and dept

- **Peer Supporters:**
  - Peer Retirees
    - Retirees on your team
    - Assign a retiree peer to anyone 6 months away from retiring

**Confidentiality**

AB 1116 California Emergency Service Act
(effective January 2020)

- Peer Support Team: composed of emergency service personnel, hospital staff, clergy, and educators who have completed a peer support training course
**Budget Considerations for Peer Support Programs**

- Consider what department will pay for
  - Overtime/backfill/travel
  - Peers to respond to an incident
  - Professionalizing your peers: uniforms/shirts
- Maintaining your team:
  - Conference attendance
  - Peer support meetings
  - Ongoing training

**PROFESSIONAL CLINICIANS**
**Selection Process**

- Vet clinicians: lessons learned
- Resources for finding vetted clinicians:
  - CAL FIRE
  - FIRESTRONG.ORG
  - HealingOurOwn.org
- Clinicians can include:
  - LCSW
  - Marriage and Family Therapist
  - Psychologist
- Reevaluation process:
  - initial/annual feedback from firefighters that have seen that clinician throughout the year

**Confidentiality**

- Discuss the limits of confidentiality with your professional/business
- Discuss what they will report on and to who?
  - Mandatory sessions/PIP
  - Chief/Peer Support Coord/HR/PD?
- Some limits to confidentiality are:
  - If a patient is a danger to him/herself, to others, and/or if the therapist suspects that a known child or elder is being abused
- Culturally competent clinicians will know their reporting requirements
Budget Considerations for Professional Services

- Building your annual budget:
  - Pay as you go programs
  - Fee by appointment
  - Pay annually
  - Insurance
  - Crisis response vs. office appointments

- Lessons learned

- Find what works best for your department

CHAPLAIN PROGRAM
Selection Process

- Vet your chaplains, not all chaplains are created equal
- Create policies and procedures for selecting a chaplain

Budget

- Most chaplains on volunteer basis
- Uniforms (shirts)
- Classes and workshops
- Attendance at events
EMPOWER ASSISTANCE PROGRAM

It Might Be Better Than you Think

- Know your program
  - Services
  - Number of visits
  - Family members included
  - How many sessions per year

- Meeting with your EAP
  - Vetting
  - Specialty referral public safety track

- Educating the department on the EAP service

- Pros and Cons
SUGGESTED INTERNAL GUIDELINES

• Peer Support
• Clinicians
• Chaplain
• Team Activation
• Follow Up of Team Activation
• EAP

Long Beach Video
ACTIVATE YOUR TEAM

Internal

• Assess the incident
• Immediately activate your team
• Lower the threshold
• Activation can also mean assessing the situation
• Guideline: if your peers are on or part of the incident, they should not be utilized but can be used as an informational resource
• Flexibility

ACTIVATE YOUR TEAM CONT’D

Mutual Aid

• Be mindful not to self deploy
• This needs to be a coordinated effort
• Communicate with department about what their needs are
• Know your boundaries
• Flexibility
THINGS TO CONSIDER

- **Finance**
  - On duty vs. off duty

- **Logistics**
  - Location
  - Food/beverages/supplies

- **Operations**
  - Have an incoming peer team be identifiable (T-shirts, lanyards etc.)

- **Planning**
  - Time of day/operational periods?
  - Availability of your team
  - Maintain flexibility

RESOURCES

- Identify resources before incident; network and pre-plan
  - Neighboring and regional agencies with behavioral health programs
  - IAFF
  - Professional clinicians, EAP
  - Chaplains
  - Therapy animals
  - Handouts and hotlines

- Share your resources
  - Help a department in need
ACTIVATE PROFESSIONAL HELP

• Considerations
  • Initial response to the incident, they should be there as soon as possible
  • Respond to hospital, incident, station, etc.
  • It helps to destigmatize when clinicians are there right away

DEBRIEF

Considerations

• Optimally initial debrief should be performed within first 24 hours
• Consider out-of-service
• Station coverage – consider mutual aid
• Consider the size of your response to the size of your incident
• The formation of your team matters
  • Experienced peer vs. new peer
  • Peers representing different ranks
DEBRIEF

Make sure everyone involved in the incident receives support

- All shifts/ranks/AO’s
- Personnel on vacation
- Personnel on injury
- Dispatchers
- HQ/Admin personnel
- Retiree’s

FOLLOW UP

- Mindful of media saturation
- Legal investigation ramifications
- Monitor your anniversaries (1 month, 6 months, 1-year, pertinent holidays, birthdays)
- Assign peer team members to check in with those affected on the anniversaries
- Who needs continued peer support and/or professional support
- Awareness of the ongoing impacts (triggers)
QUESTIONS?