Determining An Appropriate Behavioral Health Program

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Certification Statement

I hereby certify that this paper constitutes my own product, that where the language of others is set forth, quotation marks so indicate, and that appropriate credit is given where I have used the language, ideas, expressions, or writings of another.

Signed: 

Abstract

The City of Lodi has mental health programs in place for all employees, but they do not have specific programs that deal with problems associated with what public safety employees deal with. The problem is the Lodi Fire Department has never evaluated their behavioral health program. The purpose of this paper is to evaluate the Fire Department's behavioral health program. Descriptive mythology was used to answer the following research questions:

1. What are the basic components of a behavioral health program?
2. What options for behavioral health programs are currently available to Lodi Firefighters?
3. What do other fire agencies offer their firefighters?

The procedures section included literature review, interviews, and a survey that would assist in answering the research questions. The results found the City of Lodi Fire Department does not offer their firefighters a behavioral health program that meets the recommendations of NFPA 1500. Lodi firefighters do have some options for mental health help, but the help is limited and not structured to the needs of a firefighter. The recommendations to the Lodi Fire Department was to contract with a behavioral health provider that specializes in helping employees of public safety, begin to set up training for all crews, and specialized training for those volunteers that wish to become part of a peer support group.

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Introduction

The City of Lodi Fire Department (LFD) currently does not have a behavioral health program. The only type of mental counseling available is the Employee Assistance Program (EAP) which is offered to all employees within the City of Lodi. In the prior year, this author has seen an unprecedented swell of public safety suicides and more research devoted trying to understand this problem. The problem is the Lodi Fire Department has never evaluated their behavioral health program. The purpose of this ARP is to evaluate the Lodi Fire Department's behavioral health program.

Descriptive methodology will be used to answer the following research questions:

1. What are the basic components of a behavioral health program?
2. What options for behavioral health programs are currently available to Lodi Firefighters?
3. What do other fire agencies offer their firefighters?

Background and Significance

The background of this problem is long overdue and as each day passes, leads to the possibility for someone within the LFD to not have appropriate help available if a problem arises. The LFD does not have a behavioral health program that relates to firefighters special needs. "Suicide rates are on the increase among firefighters. In fact, the rates are beginning to catch up with the rates of law enforcement officers". Research has suggested the culture of firefighting needs to change to create an environment that is more supportive of specialized problems related to public safety (Lamplugh, 2015). The City of Lodi has an EAP in place, but it

is a plan for all city personnel, and does not offer the specialized help to assist public safety servants in ways which reflect the unique circumstances they face every day.

This study is significant to the LFD because it will determine what the current City of Lodi EAP offers LFD firefighters, what options for behavioral health are available to all firefighters, and what direction the LFD should take to ensure a proper behavioral health program is started.

This study is related to the "Executive Analysis of fire Service Operations" course by the following three areas: 1. "Taking risks" in a new area; Behavioral health, where within the fire service is not a popular topic. 2. "Giving and using feedback"; utilizing open dialogues between labor and management to initiate a new program. 3. "Influence and persuasion"; attaining appropriate research to build a case for the need to establish a behavioral health program.

This study relates to the United States Fire Administration (USFA) goal number one, "Reduce risk at the local level through prevention and mitigation" by looking at ways to reduce/eliminate mental issues of firefighters by offering appropriate avenues for help.

Literature Review

When one determines to research a behavioral health program for their organization, the first thing that comes up is, "What is behavioral health, and how does this differ from other types of Mental Health?" "Behavioral health is often used to describe the connection between our behaviors and the health and well-being of the body, mind, and spirit. This includes behaviors such as eating habits, drinking, or exercising that either immediately or over time impact physical or mental health" (Boober, 2011).The difference between behavioral health and mental health is that behavioral health evolved as a term which encompasses psychopathology, addiction, and coaching (Fitfield, 2009).

The United States Military states, “There are three primary mental health concerns you may encounter serving in the military: Posttraumatic Stress Disorder (PTSD), Depression, and Traumatic Brain Injury (TBI). One in four military personnel has some type of mental illness and they highly recommend seeking care once signs are noticed. “According to a 2006 study, 97% of personnel who sought mental health treatment did not experience any negative career impact”. On the side for those not seeking treatment, they found 39% had negative career impacts (National Alliance on Mental Illness, 2016).

In the recent past there have been more and more reports of firefighter suicides. We are not sure if this is a new trend because no one has been keeping statistics. Kim Van Orden of the University of Rochester Medical Center isn’t convinced that behavioral health issues are actually increasing among firefighters, arguing instead that the growing awareness around this issue is finally shedding light on long-buried problems. “We’re just becoming aware of a problem that’s been there all along” (Wilmoth, 2014). What we do know is a fire department is three times more likely to experience a suicide in any given year than a line-of-duty death (National Fallen Firefighters Foundation, 2014, p. 1).

In 2013, the National Fire Protection Agency (NFPA) officially incorporated behavioral health issues into their 1500 standards. Chapter 11 was retitled “Behavioral Health and Wellness Programs” and Chapter 12 was changed to “Occupational Exposure to Atypically Stressful Events”. Chapter 11 states a behavioral health assistance program shall include: capability to provide assessment, basic counseling, stress crisis intervention assistance, and triage and assessment regarding, at a minimum, alcohol and substance abuse, stress and anxiety, depression, and personal problems that adversely affect fire department work performance. It

goes on to state members of their family should have the ability to have the same access and the fire department shall adopt policies regarding all the new requirements (NFPA, 2013, Ch. 11).

In 2008 the Fire Service joint Labor Management Wellness-Fitness Initiative (WFI) dedicated a chapter to behavioral health. It was added to maintain a high level of job performance. “Uniformed personnel must be able to cope effectively and balance the emotional, physical and mental stresses of work and personal life. If the ability to cope becomes compromised, these stresses may act to unbalance his or her mental and emotional health” (IAFF, 2008).

The private sector has been aggressively working towards finding a unified approach to offering a behavioral health program to their employees. The National Business Group on Health, who is funded by the Department of Health and Human Services (DHHS) Center for Mental Health Services (CMHS), convened the National Committee on Employer-Sponsored Behavioral Health Services (NCESBHS). This committee was established to review the current state of employer-sponsored behavioral health services and to develop recommendations to improve the current state of employee sponsored behavioral health services. In addition, they were tasked to align their program with the, “President’s New Freedom Commission Report on Mental Health”. This organization offers a 100 page guide outlining a program for employers to improve coordination among health management programs, standardize the delivery of behavioral health services and programs, include evidence-based treatment models, develop enhanced programs and measures of continuous quality improvement, promote quality and accuracy in the practice of prescribing psychotropic drugs, and improve the efficacy of disease management programs for chronic medical conditions by including behavioral health screening and treatment. The overall goal is to help employers increase employee health status, manage

employee productivity, and control the cost of healthcare and disability (National Business Group on Health, 2010).

Research on behavioral health shows mental illness and substance abuse disorders represent the top 5 causes of disability among people age 15-44 in the United States and Canada. Further, mental illness and substance abuse disorders, combined as a group, are the fifth leading cause of short-term disability and the third leading cause of long-term disability for employers in the United States (Leopold, 2003, p. 3).

The fire service and private sector are not alone in trying to plan for behavioral health programs. The Department of Defense (DOD) and the Veterans Administration (VA) have acknowledged the need for a more integrated approach to mental health care and, in 2011 began development of the collaborative DOD/VA "Integrated Mental Health Strategy" (IMHS). This strategy uses a public health model to improve DOD and VA mental health care for all active-duty service members. Their plan is similar to the NCESBHS in that there goals are to expand access to mental health care; ensure quality and continuity of care across the DOD and VA; advance care through community partnership, education, and successful public communication; and promote resilience and build better mental health care systems (National Academy of Sciences, 2014).

Today's firefighters have many avenues to gain help for mental issues. Most city fire departments offer some type of EAP, most firefighters are provided with employee sponsored healthcare which includes mental health treatment, and then there are numerous hotlines available to talk to firefighters with problems. One group, KLOVE, offers pastoral care via a 1-800 number which handles a variety of issues and concerns from callers such as: financial, marriage & relationships, healing addictions, and salvations or rededications. Their pastors

believe in offering their listeners a safe and judgement free place to call where they are offered prayer and help. KLOVE also offers Crisis Response Training and will assist public service departments in planning programs and assign a pastor to the program.

The National Fallen Firefighters Foundation (NFFF) developed a new model for firefighter behavioral health to fulfill "Firefighter Life Safety Initiative 13" (FLSI 13). The FLSI 13 represents a comprehensive plan that is the result of a three-year consensus process of translating state-of-the art research and best practices currently being utilized in civilian applications, the military, and other high-risk professions and adapting them into behavioral assistance programs for members of the fire service and their families (NFFF, 2011).

In addition to specializing in behavioral health and setting guideline like the NFFF, there is the Firefighter Behavioral Health Alliance (FFBHA). The FFBHA trains fire departments in treating firefighters in behavioral health and setting up programs to see this treatment is specialized for firefighters. FFBHA is the only group that is actively trying to document firefighter suicides. They only record suicides when notified and only after confirming the circumstances. In 2015 the FFBHA reported 112 cases of firefighter suicides, and no one knows how many went unreported. In comparison, the USFA reported 87 on-duty firefighter deaths in 2015 (Markley, 2016).

Reviewing theory, research, other related professions, and the fire service movement towards behavioral health programs is evolving. The private sector has the ability to offer an EAP program which offers help in many different areas of mental health (finances, relationships, parenting, etc.). The military offers EAP programs, but also offers PTSD training to deal with those issues that come with war. Public safety is different than the private sector, has some similarity to the military, but in the end, it is a special type of care which is needed. The culture

of the fire department represents the “suck it up, buttercup” mentality that believes mental illness is overstated and all you need to do is rub some dirt on it and get back out there. They represent the notion that depression, PTSD and the like are weaknesses that can be overcome by a few off-color jokes and some cold ones with the guys (Markley, 2016). One cannot discount the number of firefighter deaths and not take any action, the research is out there, now it is time to act.

Procedures

After completion of the Executive Leadership class offered at the National Fire Academy (NFA) an Applied Research Proposal was completed, submitted, and approved. The descriptive research method was utilized to answer the following questions: 1) What are the basic components of a behavioral health program? 2) What options for behavioral health programs are currently available to Lodi Firefighters? 3) What do other fire agencies offer their firefighters? Answering these questions will assist in determining an appropriate behavioral health program for the City of Lodi Fire Department.

Research for this ARP spanned over three months beginning at the National Fire Academy during the fourth year Executive Leadership class last November. A generous amount of information was gathered at the Learning Resource Center and through networking with colleagues, as well as the ideas that were generated through the class. Upon return from the NFA, additional research was conducted at the City of Lodi Library, LFD library, Internet, and through networking events at many County & State meetings.

The topic of Behavioral Health was looked at from view points from the public sector, private sector, military, and the fire service. A survey, utilizing Survey Monkey, was sent to 59 different fire departments across the State of California from colleagues within fire prevention,

and across the United States and Canada from those colleagues gained through networking at fire department conventions. The questions asked would assist this research paper by comparing what fire departments are doing to assist their personnel in behavioral health. The questions asked were as follows: 1) What does your fire department offer? Answers could be: CISD, Behavioral Health Program, PTSD counseling, Chaplain program, Peer to Peer Counseling, or nothing. 2) Does your department have a policy that deals with the mental health of firefighters? Answers could only be yes, no, or other. 3) If you have a policy that deals with the mental health of firefighters, does it meet NFPA 1500 Ch. 11? Answers could be yes, no, or not applicable. 4) Does your City/County/State employer offer an EAP program? Answer could be yes, or no. 5) Does your agency have employees specifically trained to deal with behavioral health problems? Answer could be yes, or no. 6) Does your agency contract with a specialist that will confidentially assist firefighters with mental health issues (Not EAP)? Answer could be yes, or no. 7) When does your agency train personnel in behavioral health? Respondents could check all that apply: When first hired, Annual, Never, or other. 8) Does your department offer anything different from what is listed on this survey? Answers could be yes, or no. This survey would assist to answer what other fire agencies offer their firefighters.

To evaluate the basic components of a comprehensive behavioral health program the following publications were researched: NFPA 1500, FLSI 13, and the White Paper, “Suicide Surveillance, Prevention, and Intervention Measures for the US Fire Service. In addition, the guidelines on psychological issues by the NFFF, National Alliance on Mental Illness (NAMI), and the FFBHA were evaluated. To gain insight from a professional, Dr. Jocelyn E. Roland, Ph.D., ABPP was interviewed. Dr. Roland has many contracts with local police departments, but

only one contract with a fire department. Dr. Roland is board certified in Police and Public Safety Psychology and she is on the American Board of Professional Psychology.

Finding what options for behavioral health programs are currently available to City of Lodi Firefighters the City's EAP was researched, and Cristina Gonzales, the Human Resources Management Analyst for the City of Lodi was interviewed. Outside of city resources, the health care plan offered by the city was researched to see what type of help they would offer if some type of behavioral health assistance was needed. The County of San Joaquin mental health division was contacted to see what types of help they could offer the City of Lodi Fire Department. Captain Rob Engel of the Clements Fire Department was the name San Joaquin County Mental Health directed this author.

Throughout research on the topic of behavioral health, there were problems trying to find any type of programs strictly for fire departments; the terminology of behavior health is still a bit mixed with PTSD and CISD. The survey revealed only one department has a behavioral health program that includes the requirements of NFPA 1500 and addresses FLSI 13. The other limitation is the NFFF is still in development of a comprehensive "Guide to Firefighter Behavioral Health" which will give fire departments a detailed outline of the entire FLSI 13 toolkit and timelines for adopting the new model. The information regarding firefighter behavioral health is out there, but a plan with group oversight has not been delivered as of this writing.

Results

This applied research paper was started to determine an appropriate behavioral health program for the City of Lodi Fire Department. There were three research questions used to make the determinations.

The first research question was: What are the basic components of a behavioral health program? The components for a behavioral health program are defined by NFPA 1500 under chapter 11. Summarizing the requirements for fire departments can be broken down to three areas: what should be included in the program, confidentiality, and that they are reviewed on a regular basis. With all the new information coming out on this subject, it will be easy to update this information, but just time-consuming due to competing issues within the fire service. Confidentiality will be easy to follow due to the already in place HIPA rules and Medical Records Act. As for what is included in the program aside from the aforementioned, written policy is required which includes the program shall provide access for its members and their immediate families. The program shall include: the capability to provide assessment, basic counseling, stress crisis intervention assistance, and triage and assessment regarding, at a minimum, alcohol and substance abuse, stress and anxiety, depression, and personal problems that adversely affect fire department work performance. It should also include, when clinically indicated, refer members and their immediate families for appropriate clinical and specialty care from providers equipped to deliver evidence-based treatment consistent with current best practices and standards of care (NFPA, 2013, Ch. 11).

FLSI recommends their following components of a behavioral health program: After action review, Stress first aid for the streets, Stress first aid, Peer program guidelines, Trauma

screening questionnaire, Behavior health assistance programs, and Web-based training for clinicians. FLSI took the information from the White Paper on “Suicide Surveillance, Prevention, and Intervention Measures for the US Fire Service”, and combined that with the recommendations from NFPA 1500 and laid out a program for all to follow (National Fallen Firefighters Foundation, 2011).

Dr. Rowlands is a board certified Police & Public Safety Psychology Specialist (PPSPS). This specialty is governed by the American Psychology Association (APA) and has been recognized for only the last six years. Currently, there are only 71 PPSPS in the United States. EAP’s, which are offered by cities often have a certification of a Marriage and Family Therapist (MFT) and rarely require a Master’s Degree. Dr. Rowlands stated, “It is often a coin flip as to if you get someone that has much experience since these jobs are often taken as a starting job in the field of psychology after one graduates”. One of the biggest concerns Dr. Rowlands has is when only three sessions are made available via an EAP, “too much time can be wasted telling the EAP professional about professional requirements of a firefighter’s health issues. A new graduate or even someone that has worked for the EAP does not know the specifics of a firefighter’s job. It can take two visits before the professional understands things like: different types of deaths witnessed, culture of the fire department, schedules of firefighters and how that relates to family life, etc.” Some EAP professionals are lined up with health care systems so once the three sessions are completed one can continue seeing that person as long as co-pay are paid. A problem going with one’s health plan for mental health help is that you will rarely find any doctors of psychology practicing, only master’s degrees. Dr. Rowlands offered many reasons a firefighter would be better off with a doctor rather than someone with a master’s degree, but

needless to say, it mainly had to do with time in learning, researching, and evaluation by one's peers.

When Dr. Rowlands was asked, "What do firefighters need?" She highlighted the need for a professional to have cultural confidence. Cultural confidence is the full ability to understand what public safety servants goes through on a daily basis. If one does not understand what goes on in the firehouse like schedules, how firefighters currently deal with stress, what a day in the life of a firefighter is like; how would one know what questions to ask to get to the root of the firefighter's problems? The other top needs for firefighters are urgent service available within 24 hours, and basic training in debriefing for all within the organization.

In the current contract Dr. Rowlands has for her one fire department, each employee is offered three sessions with her annually, and their spouse is offered the same. This aligns with NFPA 1500 in that the behavioral health program must include care available for the spouse. Also in the contract makes training available for the entire fire department, and for Dr. Rowlands to be at the department quickly (she usually responds within 24 hours) to deal with any departmental CISD needs after a major incident. NFPA 1500 states the care delivered by the behavioral health program shall offer treatment which is evidence based consistent with current and best practice (NFPA, 2013). When Dr. Rowlands was asked what a department would need to do to give treatment consistent with the recommendations of NFPA 1500 she stated, "One would need to be board certified as a PPSPS". Since there are only 71 people certified as a PPSPS in the United States, what are the options for fire departments? Dr. Rowlands stated, "even though one may not be certified as a PPSPS, a doctor of psychology would work, but just wouldn't be specialized in public safety. If a department has the ability to have this specialty,

they would have found a professional that already has the cultural confidence for treating firefighters".

The second research question was: What options for behavioral health programs are currently available to Lodi Firefighters? An interview with Cristina Gonzales, the Management Analyst for Human Resources for the City of Lodi stated, "We offer all employees and EAP provided by Life Works". According to Life Works handout, "We offer fast, confidential help with family, work money, health and life, whenever you need it". Life Works covers many areas where someone may need help, some of the areas they cover are: addiction and recovery, relationships, depression, grief and loss, divorce and separation, parenting, caring for older relatives, budgeting, bankruptcy, job stress burnout, managing people, exercise, managing stress, and many more areas (Life Works, 2017). Mrs. Gonzales says this is confidential help that is offered 27/7, 365 days a year. Some help comes in the form of a website or pamphlet, but the more serious topics will give one a referral to a specialist. This program is offered free of charge to all employees. The city is never made aware of individuals that use the program, but are given a number on a quarterly basis of how many employees utilize the program.

The City of Lodi offers employees a choice of six different insurance companies. Within those companies, there are different plans one can choose. Some plans offer HMO and PPO insurance, and some offer different plans based on the co-pay and annual out-of-pocket costs. This author looked into his own insurance plan and found it offers mental health psychological treatment for a $20 co-pay. It would be up to each individual firefighter to look within their own insurance to see what is offered for mental health and what their costs would be.

An option for firefighters within San Joaquin County regarding CISD is the San Joaquin Area Critical Incident Stress Team (SJACIST). This team can be called out through county

dispatch as one member of the team is always on call and can activate other team members as deemed necessary. According to Rob Engel, member of the SJACIST, it was started in 2005 and has two branches: Clergy and Peer support. They offer group sessions and one-on-one sessions. Currently, they have 10 active members and are called out about 25-30 times a year. The most common reason for call outs is cumulative problems or very traumatic one-time problems. Mr. Engel stated, “The team is called when they are needed, but in between call outs, the team is not thought of, is not sponsored by the County Chief’s Association, and there is relatively no interest for funding or adding new members of this dwindling team”.

The third research question was to find out what do other fire agencies offer their firefighters through a survey. The results from the survey were not surprising considering the conversations had with colleagues at the National Fire Academy. Of the 59 survey’s sent out, there were 50 departments that completed the survey. When asked what does your department offer in terms of behavioral health: 95% offered CISD, 60% had a Chaplain Program, 25% offered a behavioral health program, 15% offered programs for PTSD, 20% had peer-to-peer counselling, and 10% had no program. Question #2, Does your department have a policy that deals with the mental health of firefighters? 79% stated they do not have a policy versus 21% having a policy. Question 3, If you have a policy that deals with the mental health of firefighters, does it meet NFPA 1500 Ch. 11? 11% stated their policy meets NFPA 1500 Ch. 11. Question #4, Does your City/County/State employer offer an EAP program? 75% of all the respondents offered an EAP. Question #5 Does your agency have employees specifically trained to deal with behavioral health problems? Only 25% percent of those answering this question have trained employees to deal with behavioral health problems. Question #6, Does your agency contract with a specialist that will confidentially assist firefighters with mental health issues (Not EAP)? 25%

of the departments offer a specialist for firefighters. Question #7, When does your agency train personnel in behavioral health? 25% offer training when first hired, 10% train annually, and 60% never train on behavioral health. Question #8, Does your department offer anything different from what is listed on this survey? 100% of the respondents do not offer anything different than what was listed on the survey (Appendix A).

Discussion

The City of Lodi's EAP offers a vast array of services that can help employees with many facets of life, but it lacks firefighter mental health programs. After hearing of two anonymous firefighters within the City of Lodi, they both found the City's EAP insufficient with their needs. This author called the EAP to see how the process would work and used "depression" as the reason for the call. The call taker was very kind and empathetic. After giving the call taker some symptoms, she stated it was not depression, and stated the symptoms were, "Grief & Loss", and "Work Stress". This was followed by selecting a couple of counselors near the town of residence. It was surprising hearing a call taker say it was not depression and something else. When asked of credentials, the call taker stated, "Licensed Clinical Worker and Certified EAP Professional". To receive assistance from a counselor it would take one to two days for them to call for an appointment, but could be longer due to the holidays. After an appointment one is to call back the EAP and get an authorization number to give the counselor which would cover the costs. The call took about 15 minutes, they ruled out if the employee was going to hurt themselves or others, and made referrals. The call taker was not aware of NFPA 1500 and not sure if counselors are aware of the special needs of firefighters. They did mention one could review a list of counselors to see if the city employees insurance would cover a provider if the sessions would go over the three allotted appointments offered through the EAP. This would

benefit an employee because they would not need to start the problem over again with a new counselor. This author did not make an appointment or follow-up to see how a counselor would handle issues specific to a firefighter.

The City of Lodi's contract for the EAP costs $17.38 per employee, per year. For the amount of services provided, it seems like a good deal, but without actually utilizing the service, how would one really know. One thing for certain is they do not specialize in public safety behavioral health programs that meet NFPA 1500 and FLSI 13. If the goal of an organization is to meet the recommendations of NFPA 1500, that organization would need to have the ability to see a doctor of psychology if a PPSPS is not available in their area. One could assume with only 71 certified PPSPS in the United States, it would be hard for most fire departments to have a contract with a PPSPS. If other fire departments have contracts with EAP's similar to what the City of Lodi currently has, they would need to do research and find specialists within their region. In a search of PPSPS within 150 miles of the City of Lodi only three were found. Dr. Rowlands is 35 miles away and the other two are located 95 miles away. Dr. Rowlands stated her peers located 95 miles away, as a professional courtesy, would not compete with her and take any business away, they are both busy in their region and would want to ruin their relationships. The benefit for this lack of competition is great for the City of Lodi in that a Request for Proposal (RFP) will not be needed as Dr. Rowlands can offer a sole source letter, thus reducing the amount of time needed to create and implement a contract. Even though NFPA 1500 does not define appropriate clinical and specialty care, and after research for this paper, it is this author's opinion that a PPSPS should be the gold standard for a behavioral health program.

The recommendations from FLSI lays out a great plan with a detailed way to set up a behavioral health program, but the resources required to put in place and maintain might be too

much for a smaller sized fire department. Not only is training required for each employee, but the peer-to-peer counselors and clinicians would also require additional training. The LFD would need to bring in training for all three shifts while on duty, provide additional training for at least six personnel who are on different shifts, and find clinicians who would be willing to align with the fire service and take specific training set up by FLSI. This author believes the FLSI 13 is a very good model, but it would be a goal rather than a quick implementation.

If an agency were to move follow FLSI 13, it would have to do so diligently. As with any major change in fire service operations, there will be a transition period as an organization moves to the new model. It might be useful to remember the history of our transition to widespread adoption of ICS (Incident Command System). At first there was significant resistance, with holdouts who claimed that it was overkill to use it on every call. We have since come to realize that when we use ICS every day on every call, it became automatic (National Fallen Firefighters Foundation, 2011). The training required for implementation of a new program will take years of consistent effort starting from the top and all the way to the bottom. If learning how to deal with this in a healthy approach is in place from the start, it becomes integrated into who the firefighter becomes. If instead the lessons learned on the job are to “suck it up, or get over it”, or “just be a man”. Then, when faced with these stressors, they will fail miserably and perhaps even leave their careers (Avsec, 2017).

Firefighters looking to see what behavioral health options available through their own insurance are definitely an option, but in this author’s case, his insurance company has a psychologist who can be seen with a $20 co-pay, but the local hospital/clinic does not have anyone trained to any recommendations of the FLSI. While talking to Mrs. Avilla, receptionist

for this local office of a popular HMO, she stated, “We have professional psychologist, but we are unaware of any special training for our doctors to treat firefighters”.

The SJACIST follows the “Mitchel Model”, this model was developed by Jeffrey T. Mitchell, Ph.D., Certified Trauma Specialist, who was the president of the International Critical Incident Stress Foundation, Inc. to offer temporary, but active and supportive entry into the life of individuals or groups during a period of extreme distress, “Emotional First Aid”. The “Mitchel Model” mentions potential harm should be acknowledged if CISM standards are not followed and if providers are not well-trained. Critical Incident Stress Management (CISM) teams should commit themselves to full participation in a comprehensive, systematic, integrated and multi-component program of crisis intervention. Teams should be carefully supervised and advised by CISM trained mental health professionals (Mitchell, 2004).

The “Mitchell Model” is a well-designed program and is definitely better than nothing, but being from 2004 and with all the new data, FLSI 13, and the updated NFPA 1500, there needs to be a way of integrating to the new guidelines. The best thing about the SJACIST is there are already trained personnel who are willing to help at a moment’s notice; this group, aligned with dedicated individuals to provide training that meets FLSI 13 and NFPA 1500 could provide San Joaquin County public safety employees with the best new care available.

When looking at the results of the survey, one can see relatively few departments have a behavioral health program in place that meets NFPA 1500 chapter 11. Even though they do not meet NFPA, a vast majority offer some type of help for their firefighters. It is not the fact departments don’t offer NFPA compliance; it is the fact that 60% of all departments’ do not have any type of training in behavioral health. Over the last three years there have been 221 line of duty deaths in the fire service (Firefighter Close Calls, 2017), and during that same time frame

we have lost 380 fire personnel in suicides (Firefighter Behavioral Health Alliance, 2017). What is so disturbing is seeing the lack of effort being put into behavioral health when the numbers of firefighter deaths of suicides continue to rise.

An Al Jazeera documentary on "Why Firefighters Commit Suicide" brought up some points all firefighters should ask themselves. One of those points was made while interviewing firefighters at a fire station. The questions asked was, "If the numbers were to say that your way more likely to lose a firefighter to suicide than to a fire collapse in this training would you spend as much time training and thinking about how to save that firefighter?" The group answered yes with bewilderment, but then stated they do not train on any warning signs of suicide. They went on to say the mentality of a firefighter is not to express feelings to other peers, it is an industry standard (Al Jazeera, 2016). This 25 minute video produced by Al Jazeera was extremely disturbing in the fact a known problem is acknowledged, but the "machoism" of the fire service professional takes precedence.

The fire service needs to act fast and implement programs. This author will act to make sure better things are in place for our firefighters. The thought of something happening to our firefighters, when some action to make programs available had not taken place is frightening. One quote that stood out during the Al Jazeera program was hearing from a person that was close to a firefighter that committed suicide, "When you commit suicide, it's like taking a machine gun and shooting all that love you" (Al Jazeera, 2016).

Recommendations

112 firefighters committed suicide in 2015, 130 in 2016, and as of January 10, 2017, there have already been six (Firefighter Behavioral Health Alliance, 2017). We cannot wait any longer

for the implementation of a behavioral health program. The need for behavioral health programs has been put on the shelf for too long and fire departments need to act on all the information that has been provided over the last five years. The research for behavioral health programs for the LFD was rewarding, but mentally exhausting. The recommendations of this ARP should be inclusive of already existing programs and gain determination and passion for behavioral health.

This ARP revealed the NFPA 1500 recommendations for a behavioral health program under chapter 11 and what FLSI 13 recommends for beginning a behavioral health program. The current options for LFD firefighters are the city's EAP, private insurance, and the SJACIST. These programs are a good start and offer some type of assistance, but a program for "firefighter specific" behavioral health is currently unavailable. Other fire departments offer some assistance equivalent to LFD, but most departments are behind the curve in offering appropriate help, and only one fire department surveyed has a program that meets NFPA 1500.

The benefits of a well-designed and accepted behavioral health program within the City of Lodi can possibly save a life of one of our brothers or sisters, but to do this, the following recommendations should take place:

- The LFD should contract with Dr. Rowlands to create an immediate path for help from a specialist that is up to date on the needs of a public safety employee. The contract should include an introductory training session with all LFD personnel showing her credentials and how her services differ from the city's current EAP. The contract will also include up to three visits for the individual and their family, and will offer onsite group debriefing if needed.
- The LFD should hire FFBHA to give initial behavioral health training to all firefighters and also train a group of peer counselors. These counselors along with

FFBHA will create a program which includes initial training in the academy and annual training for all fire department members.

- If possible, the LFD and San Joaquin County would benefit if the SJACIST would be included in the training given by FFBHA. Instead of one local department taking care of their own, with little or no additional cost, those members could sit in on the training.
- The San Joaquin County Fire Chiefs Association should be presented with the research of this ARP to gain support for more interest in behavioral health within San Joaquin County. One department cannot create this type of program on their own, but all departments have a need for a behavioral health program.
- The program offered by the LFD, and hopefully San Joaquin County should follow NFPA 1500 and the recommendations of FLSI 13.
- This program should start immediately to alleviate any possible current behavioral health problems we are unaware of. One day could be one day too many.

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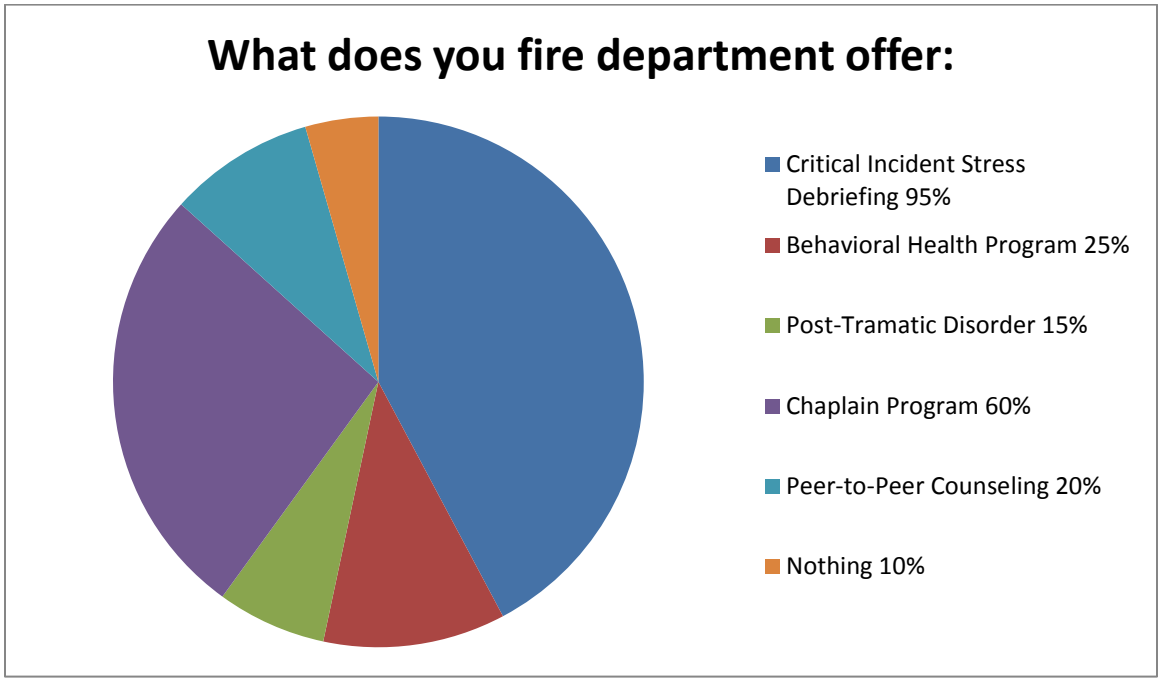
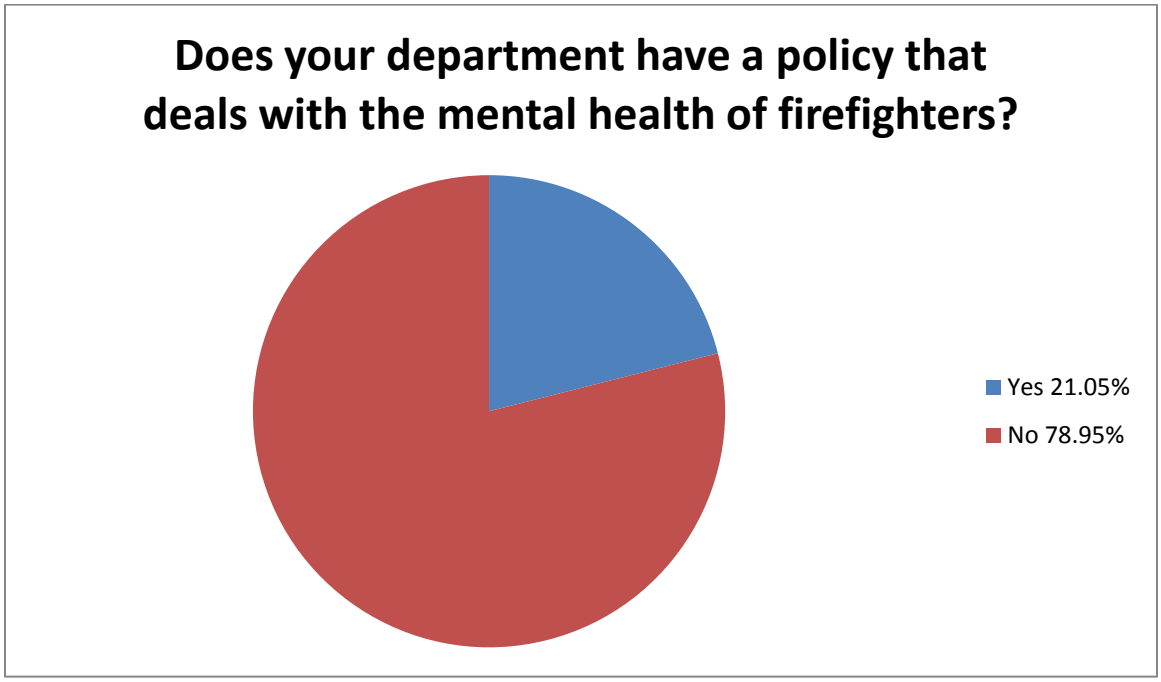
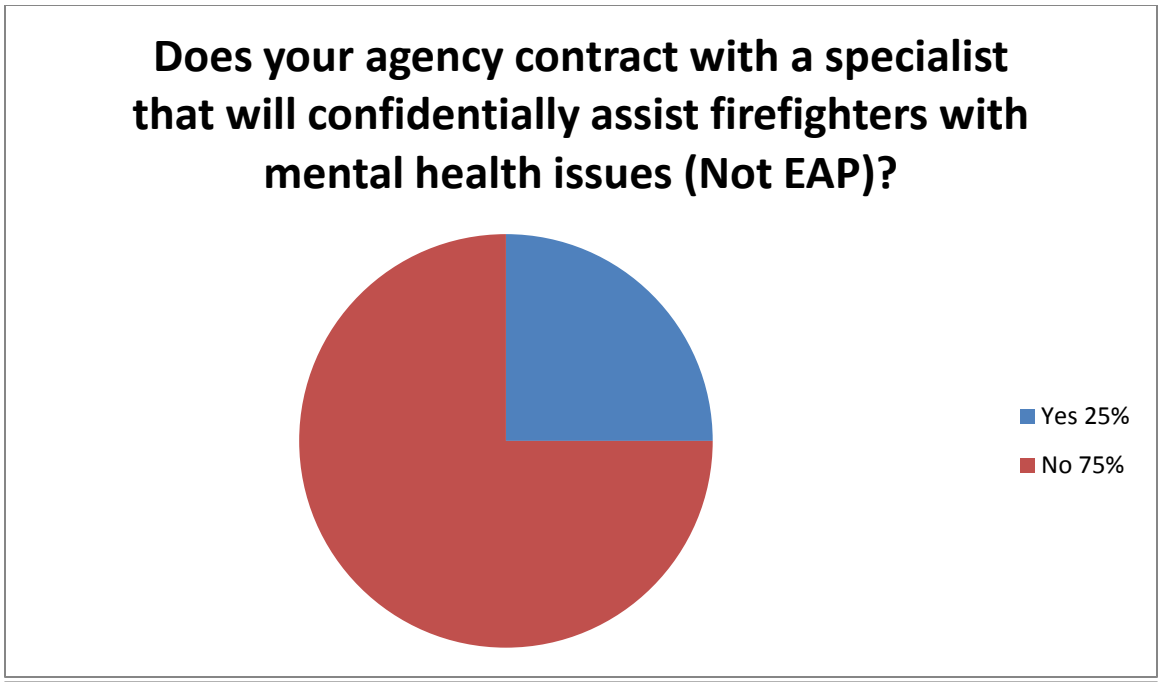
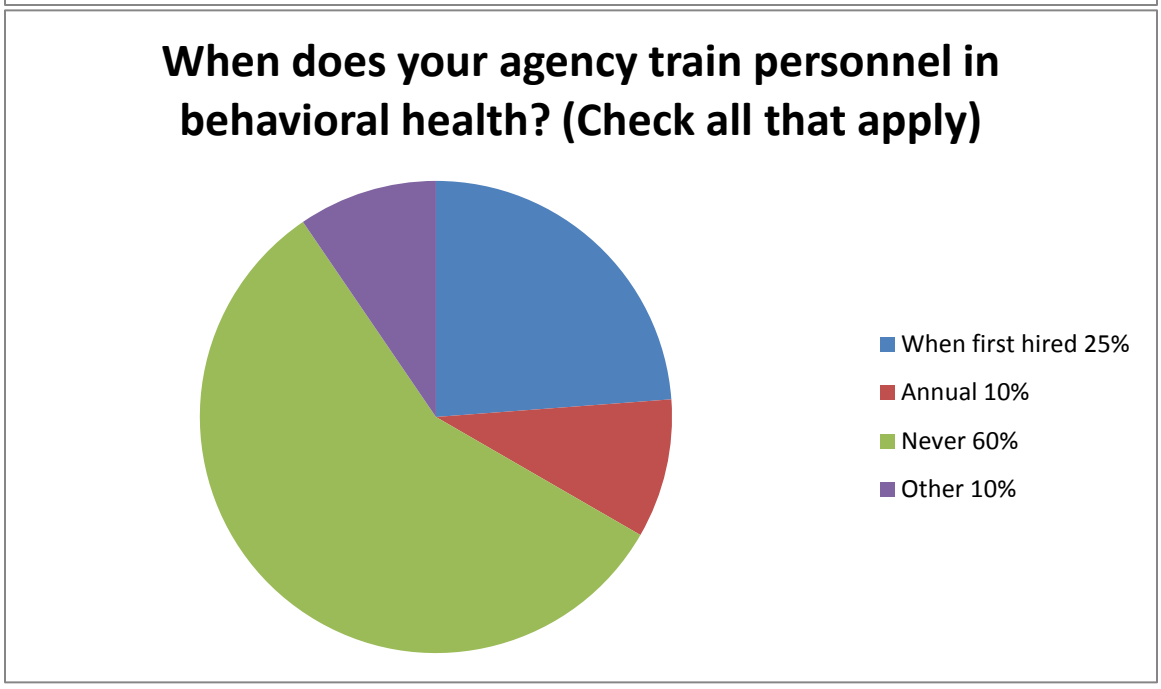
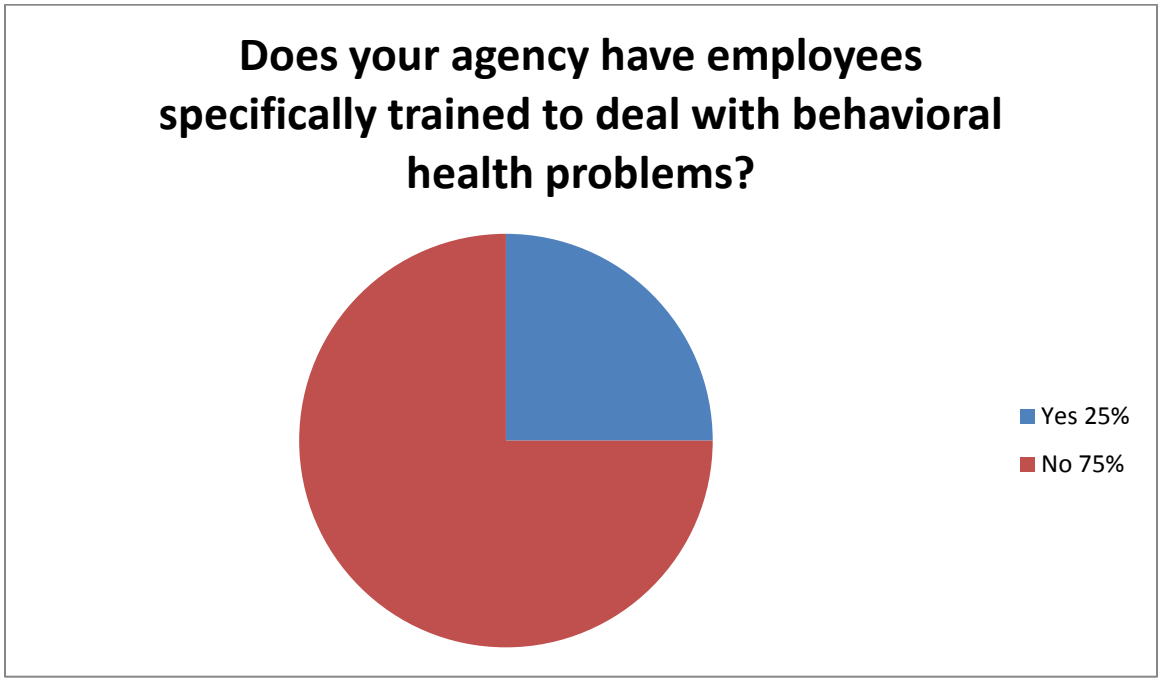
Appendix A

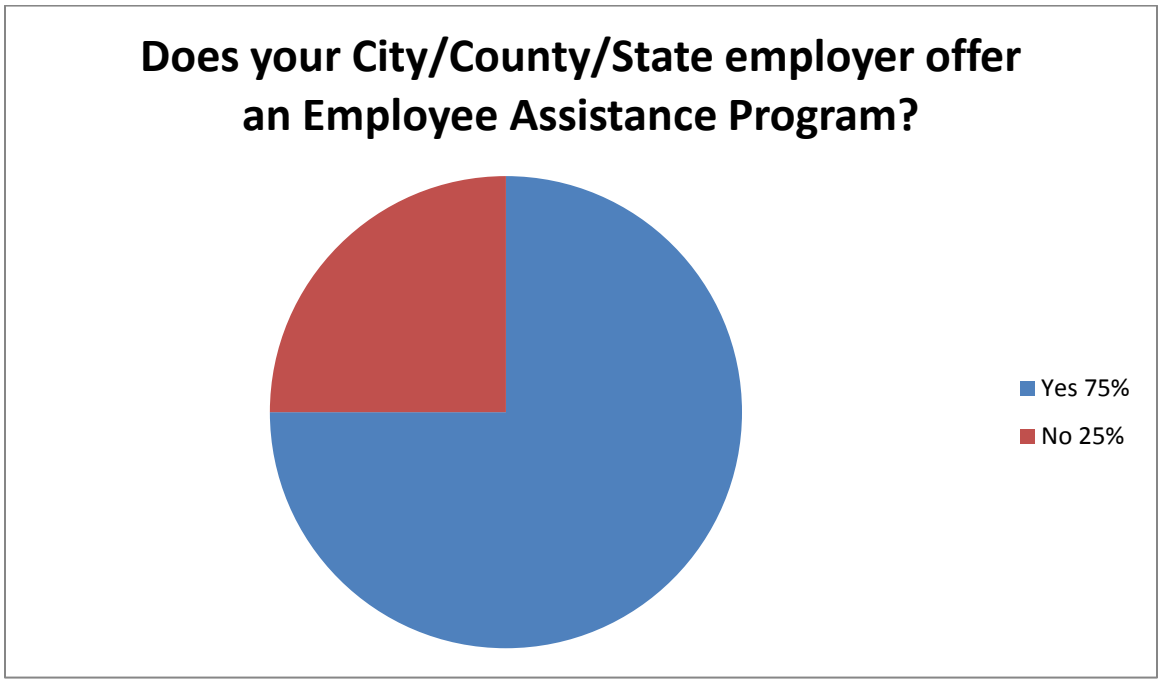

What does you fire department offer:
Critical Incident Stress Debriefing 95%
Behavioral Health Program 25%
Post-Tramatic Disorder 15%
Chaplain Program 60%
Peer-to-Peer Counseling 20%
Nothing 10%

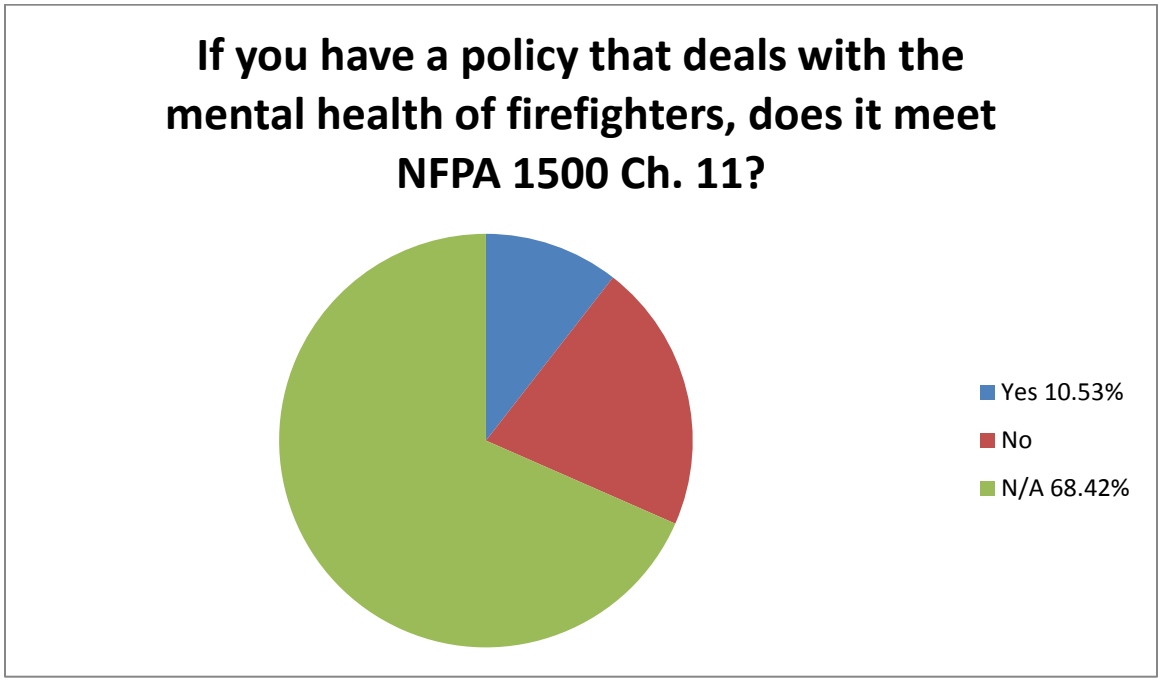

Does your department have a policy that deals with the mental health of firefighters?
Yes 21.05%
No 78.95%

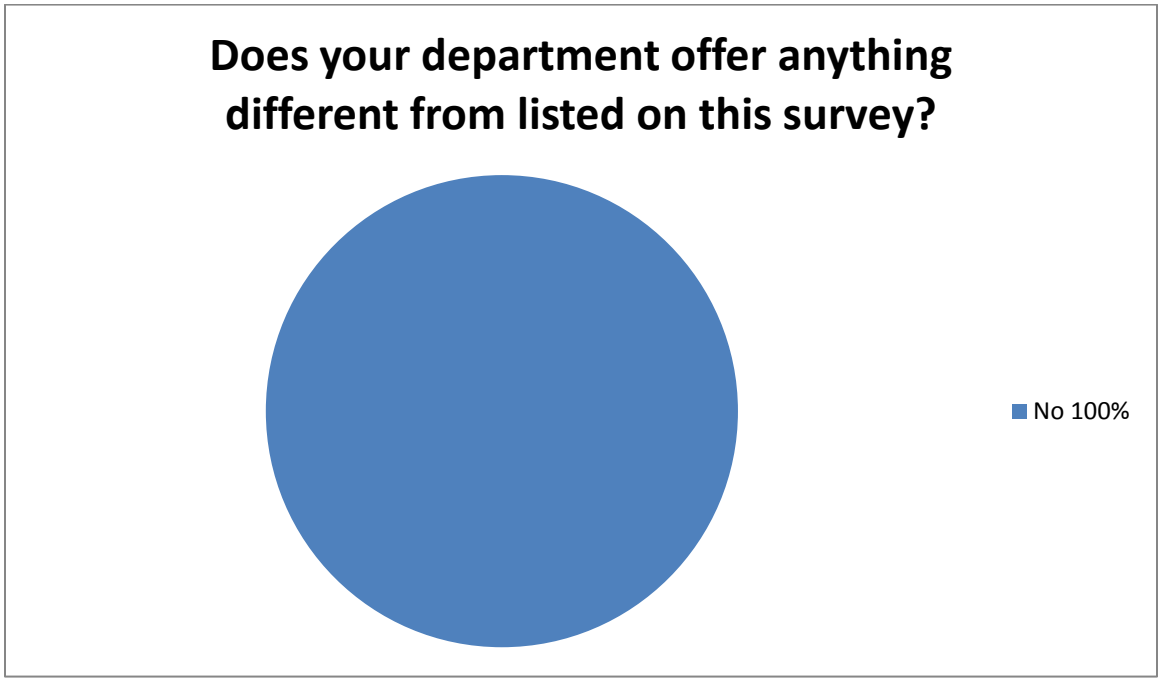

Does your agency contract with a specialist that will confidentially assist firefighters with mental health issues (Not EAP)?
Yes 25%
No 75%


When does your agency train personnel in behavioral health? (Check all that apply)
When first hired 25%
Annual 10%
Never 60%
Other 10%


Does your agency have employees specifically trained to deal with behavioral health problems?
Yes 25%
No 75%


Does your City/County/State employer offer an Employee Assistance Program?
Yes 75%
No 25%


If you have a policy that deals with the mental health of firefighters, does it meet NFPA 1500 Ch. 11?
Yes 10.53%
No
N/A 68.42%


Does your department offer anything different from listed on this survey?
No 100%