



Fire Chiefs' Association of Broward County Standard Operating Guidelines

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Subject: Behavioral Health Assistance Program - BHAP

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I. Purpose:

Behavioral Health Access Program (BHAP) is a comprehensive, integrated, multicomponent, systematic program for firefighter mental health/wellness and crisis intervention. Its purpose is to provide education, support, assessment, and intervention for emergency service personnel and health care providers who are often exposed to and/or affected by critical incidents. BHAP is recognized by the National Fallen Firefighters Foundation and is becoming a world standard of care for first responders. BHAP has proven to be effective in providing guidance during the assessment, basic counseling, and stress crisis intervention. The goal when applying any of the BHAP components is to assess, educate, and intervene as necessary and return individuals to their work with the tools and support needed to reduce the effects of a critical incident. The benefits of the intervention include a reduction in symptoms of post-traumatic stress, quicker return to normal productive functioning, increased job satisfaction, reduced worker's compensation claims, reduced absenteeism and presentism, reduced errors, enhanced group cohesion, increased personal confidence and extended longevity.

II. Overview:

The Broward County Fire Chief's Association (FCABC) has developed a Health and Safety committee which has embraced the BHAP model. BHAP highlights Behavioral Health standing committee (Safety and Health Committee), leadership, Critical Incident Stress Management (CISM), peer support, family support, vetted recovery centers, Chaplaincy, retiree inclusion, behavioral health awareness education, insurance coverage, appropriate Employee Assistance Programs (EAPs) and Clinician Response Team (CRT) personnel. All of these contribute any assistance that may be needed for first responders and/or family members. The BHAP team is made up of trained and credentialed members of fire/rescue, health care professionals, as well as trained, credentialed, and licensed mental health professionals, and qualified members of clergy. Broward County BHAP programs are intended to be available for any incident that occurs in any emergency services department or agency in Broward County on a 24 × 7 × 365 basis, within a maximum of two (2) hours after a critical incident has occurred and services are requested. In addition, the resources are available 24/7 for emergency services and family members personally.

III. Confidentiality:

Florida Statute 401.30(4) (e) protects the discussions held during a CISM intervention as being "confidential and privileged communication under section 90.503." Therefore, all information shared during any part of a CISM intervention is held in the strictest of confidence.

IV. BHAP Services:

The following types of services can be provided by the Broward BHAP Team.

A. CISM

1. Individual intervention.
 - a. One-on-one services with a qualified CISM team member.
 - b. Individual support and follow-up.
2. Small group defusing.
 - a. Recommended within the first 12 hours after a critical incident occurs.
 - b. Best delivered as soon as possible after a critical incident.
 - c. Homogeneous groups.
 - d. Assessment and education with possible referral and follow-up.
 - e. Strong focus on healthy processing and resiliency.
3. Small group debriefing.
 - a. 12-72 hours post-critical incident.
 - b. Prior to demobilization from extended deployment or upon return home from extended deployment.
 - c. Events of significant personal loss (expanded-phase defusing within first 12 hours).
4. Crisis management briefing.
 - a. Appropriate for large incidents, incidents with high media involvement, respite/rehab centers, and demobilizations.
 - b. Best for large groups or mixed groups.
 - c. Primary focus on assessment and information.

B. Peer Support

1. Family crisis intervention.
2. Organizational consultation for delivery of resources information and services.
3. Assessment of organizational needs.
4. Development and recommendation for coordination and delivery of services.
5. Support of peers (non-crisis)
6. Referral of peers who are in crisis, to appropriate resources.
7. Development and disbursement of dual peer/CISM members to participate in the peer role of CISM

C. Chaplaincy assistance

1. Pastoral/spiritual crisis intervention.

D. Clinician response team

1. Referral and follow-up.

E. Behavioral health standing committee

F. Leadership

G. Appropriate evaluated recovery centers

H. Culturally aware clinicians

I. Retiree inclusion

J. Behavioral health awareness education

K. Insurance coverage and access portals

L. Culturally appropriate EAP programs

V. BHAP Call Out Guidelines:

One of the components that would initiate an automatic call out of any of the above working groups should meet one of the below criteria. A critical incident is any situation that is either out of the norm or that challenges or would appear to challenge a person's normal coping mechanisms. Examples include the following situations:

- Pediatric injury or death
- Large scale/long term event with or without loss of life (natural disaster/ASHE etc.)
- Events with multiple or mass casualties
- Events with severe operational challenges
- Line-of-duty death or line-of-duty injury
- Officer involved in a shooting
- Off-duty death, suicide, homicide, or injury
- Events when the victim(s) is (are) known
- Events with excessive media interest
- Any incident that could perceivably cause emotional impact

Emergency responders work under stressful conditions and situations. Training and continuing education about stress management contribute to the development and maintenance of improved emotional health, stress resistance, and resilience. Statistics demonstrate significantly higher instances of drug and alcohol abuse, marital and family strife, intimate-partner and domestic violence, heart attack, and suicide rates among emergency services personnel compared to the general population. These facts underscore the need for BHAP services in any situation similar to those in the preceding list. Because one of the positive benefits of a group intervention is stronger group cohesion, all members of the group are encouraged to be present.

VI. BHAP Activation Process Example (Broward County):

- A. Requesting agency officer contacts the Communications Captain on duty at the Broward Regional Communications Center, requesting a BHAP Team response.
- B. Communications Center number: 954-476-4720
- C. Requesting agency shall supply the following information:
 1. Agency name.
 2. Type of incident.
 3. Number of members involved.
 4. Call-back contact number or pager number.
- D. The Communications Captain shall page out the on-call BHAP Team Leader.

VII. BHAP Call Out Procedure:

- A. When a critical incident event occurs or when an on/off scene command determines that an incident may or could have an emotional impact on the responding personnel, department, or agency, any person authorized to do so shall contact the NORTH Regional Communication Center at 954-476-4720 and ask for the Duty Officer to request a BHAP response, giving a brief description of the event, the caller's name, and his/her contact information. The Regional Communication Center shall contact the on-call BHAP Team coordinator and, at the same time, pages and/or sends a text message to all members on the BHAP Team list.
- B. The Broward Regional Communication Center shall contact the on-call BHAP Team coordinator and, at the same time, pages and/or sends a text message to all members on the BHAP Team list.

- C. The BHAP Team Coordinator contacts the BHAP Team Clinical Director or designee and provides the incident contact name and number. The BHAP Team Coordinator then begins assembling peer team members for a response. No team member from the affected department, agency, or organization will be part of the responding BHAP Team.
- D. The BHAP Clinical Director contacts the site or incident contact person, receives details about the incident, and advises the contact of the appropriate type and timing of the response.
- E. Once the type, timing, and location of the response are determined, the Clinical Director contacts the Team Coordinator with the information necessary to conduct the appropriate intervention. The Clinical Director then contacts mental health members for the intervention as needed.
- F. Upon arrival at the determined site, the BHAP Team members assemble for a briefing with the Team Leader and then meet with the contact person or designee.
- G. Personnel are assembled according to type, in a quiet and secure location. All personnel shall be either off-duty or out of service for the duration of the intervention and related services.
- H. In the case of a critical incident stress defusing or debriefing, personnel are assembled according to rank, involvement in the incident, proximity to the incident, as determined by the responding Team Leader.
- I. No written, audio, or video recording of the intervention shall be permitted.
- J. The BHAP Team consults with the contact person to provide general recommendations or for possible follow-up.
- K. The BHAP Team gathers for a team debriefing.

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