

# MENTAL HEALTH INCIDENT ACTION PLAN

Prepared by  
the  
*First Responder  
Mental Wellness Response  
Subcommittee*  
of the

**Florida Joint Council of Fire & Emergency Services**



SAFETY AND HEALTH  
COLLABORATIVE

# TABLE OF CONTENTS

MENTAL HEALTH INCIDENT ACTION PLAN ..... 3

ITEMS TO DISCUSS WITH CHIEF FOR A DEPLOYMENT ..... 4

ACTIONS TAKEN ..... 6

APPENDIX A: INITIAL ACTIONS CHECKLIST..... 10

APPENDIX B: LETTER TO THE FIRE CHIEF ..... 11

APPENDIX C: OUTREACH NEEDS ASSESSMENT ..... 12

APPENDIX D: DEPARTMENT DEMOGRPHICS ..... 13

APPENDIX E: TEAM LEADER CHECKLIST ..... 14

APPENDIX F: TEAM LEADER DAILY TASKS..... 15

APPENDIX G: BHAP DEPLOYMENT DETAILS “SAMPLE LETTER” ..... 16

APPENDIX H: BHAP RESPONDER TRAVEL LOGISTICS..... 18

APPENDIX I: BHAP RESOURCE TRACKING ..... 19

APPENDIX J: MENTAL HEALTH RESOURCE LIST ..... 20



# MENTAL HEALTH INCIDENT ACTION PLAN

[Insert Dept Name]

As an organization, we are deeply committed to our members' and their families' safety, health, and wellness. We are equally unwavering in our dedication to your healing process.

As many of you know, our family of first responders endured a [INSERT SHORT SUMMARY OF EVENT AND LIST NAMES OF DECEASED AND SERIOUSLY INJURED] Since the incident, the Department has and will continue to leverage every available resource for the benefit of our members and their families.

The department has and will continue to work with the Fire Chiefs' Association of Broward County's Safety, Health and Wellness Chair, the Florida Firefighters Safety and Health Collaborative, the IAFF, the Florida Fire Chiefs' Safety, Health and Wellness Section Chair, City Administration, and Fire Administration. We have or plan on providing CISM, Chaplain Services, EAP, Peer Support, K-9 Support, and Licensed Mental Health Counselors (a comprehensive list of trained clinicians was provided to every member), Redline Rescue <https://redlinerescue.org/>, as well as granting time off for healing. The services provided will be covered in full by the city and listed in the available resources section.

This plan is in place and intended to be reviewed regularly by the department and its members to ensure needs are met. [INSERT FIRE DEPT HERE] realizes that we have a great responsibility to the community and our members to provide the best and most comprehensive care possible for everyone involved so that we can continue to provide the best service to our community and live in happiness and peace with our families. We are committed and will continue to provide every service available to our members and their families. If at any time any member needs more assistance or different or greater resources than what is offered, we encourage them to reach out. We encourage everyone to look out for each other, and if they know of any specific needs that have not been addressed, we encourage them to reach out to the resources the department and the city have provided and determine if one or more of them is the correct fit to fill the needs.

Utilize **APPENDIX A: INITIAL ACTIONS** checklist of immediate actions to consider accomplishing to assist with the mental health and wellness of your personnel.

A member of Local, County, or Regional Safety, Health, and Wellness to request a meeting with the Fire Chief or Designee to discuss the Mental Wellness Incident Action Plan as soon as feasible based on the incident.

County or Regional Safety, Health, and Wellness representative to prepare **APPENDIX B: LETTER TO FIRE CHIEF** and bring it to the initial meeting. The meeting will discuss the recommended and agreed upon



mental health response, identify members assigned under the unified command system, and complete **APPENDIX C: OUTREACH NEEDS ASSESSMENT** and **APPENDIX D: DEPARTMENT DEMOGRAPHICS**.

**APPENDIX G: BHAP DEPLOYMENT RESOURCES LETTER “SAMPLE LETTER”** will be sent to all members deploying as part of this response.

For BHAP resources responding out of the tri-county area, complete **APPENDIX H: BHAP RESPONDER TRAVEL LOGISTICS**

It is crucial to track that all personnel potentially impacted have been contacted. A complete personnel roster should be provided to the point of contact coordinating the deployment of BHAP resources. Utilize **APPENDIX I: BHAP RESOURCE TRACKING**. Add completed forms to the final official action plan document.

## ITEMS TO DISCUSS WITH CHIEF FOR A DEPLOYMENT

### 1. Scope and Size of Outreach:

- How many stations/work locations are affected?
- How many stations/work locations will be a part of this outreach?
- What is the preferred duration of the outreach session? (Number of days)
- Total number of personnel to be contacted?

### 2. Discussion Topics:

- Are there any specific topics you'd like our peer team to cover during the outreach?
- Do you have any guidelines or specific messages you'd like us to convey or avoid during the sessions?

### 3. Existing BHAP Resources:

- Could you provide an overview of your available BHAP resources?
- Would you be open to supplementing the existing resources with external organizations like Redline Rescue, the 2nd Alarm Project, UCF Restores, or the IAFF Center of Excellence?



**4. Expected Message(s):**

- What key message or messages would you like our peer team to convey during the outreach to ensure alignment with your department's goals and values?
- Are there any sensitive areas or topics you'd like us to approach with caution?

**5. Department's Role:**

- Are there any specific roles or expectations you have for your designee assigned to the Unified Command Post?

**6. Unit Availability / Jurisdictional Coverage:**

- Is it feasible for us to have units out of service for at least 30 minutes during the outreach session?
- Have resources been coordinated for coverage during any sessions?
  1. If so, please advise details of coverage.

**7. Talking Points and Education:**

- The BHAP services being utilized provide education on mental wellness, coping strategies, or any other related topics and available services during outreach.
- BHAP ensures that we are utilizing best practices.

**8. Long-Term Support:**

- We encourage the development of a mental wellness action plan specific to this incident for ongoing support and follow-up to ensure that the positive impacts of the outreach are realized.

**9. Logistical Details:**

- Are there any logistical considerations or preferences we should be aware of (e.g., incident-related events, calendar conflicts, etc.)?

**10. Confidentiality and Privacy:**

- We ensure that confidentiality is a top priority and is protected under Florida state law for first responders. We will stress confidentiality to your members as well. We only share information if a serious safety concern about a member may need to be addressed.



## **ACTIONS TAKEN**

The following are the processes that occurred during the response to and after **[INSERT SHORT SUMMARY OF EVENT WITH NAMES OF DECEASED AND SERIOUSLY INJURED]**

1. **[INSERT DATE OF EVENT]: Initial Actions Completed**

- a. Immediately following the incident, **[INSERT DEPT]** requested that CISM, Chaplains, and Peer Support be coordinated and deployed.
- b. Provide personnel with communications detailing events associated with the incident.
- c. Command staff ensured all first responders were offered post-incident defusing within twenty-four (24) hours.
  - i. PBFRR activated CISM/Peer Teams from Broward County, who responded to perform the defusing for all personnel involved.
  - ii. The Safety, Health, and Wellness Officer or Designee identified members who needed immediate assistance.
  - iii. The Safety, Health, and Wellness Officer or Designee determined members who needed to be relieved of duty and provided coverage for their shift(s).
- d. Safety, Health, and Wellness Officer or Designee coordinated with the Safety and Health Sub-Committee and Fire Chief on resources needed to address mental health impact.
  - i. Determine the level of response necessary to address impact.
  - ii. Initiate a call for outside resources to deploy the Behavioral Health Access Program (BHAP) resources:
    - 1. Licensed Mental Health Counselors
    - 2. Peer Support Teams
    - 3. CISM Teams
    - 4. K-9 Teams
    - 5. Chaplains
    - 6. EAP
- e. Safety, Health, and Wellness Officer or Designee designated a joint Mental Health Unified Command Support Operations Center with the following:



- i. Conference area
- ii. Telephone Service
- iii. Wireless Internet
- iv. Printing Capabilities
- v. Access to logistical needs
- vi. Private offices for counseling sessions
- vii. Other resources as needed

**2. [INSERT DATE]: Mental Health Strategic Planning**

- a. Setup Mental Health Support Operations Site
  - i. Ensure connectivity with internet, printing, and site access.
  - ii. Meeting held with Fire Chief. List all in attendance and assignments here:
  - iii. A Deployment strategy was developed to ensure resources visited all members.

**3. [INSERT DATE]: Members Debriefed**

- a. Peer Support Teams deployed throughout the Department and met with every person that this incident may have impacted.
  - i. \_\_\_\_\_ Visits
  - ii. \_\_\_\_\_ Fire stations/locations
  - iii. Enter dates and locations of visits.  
\_\_\_\_\_
  - iv. \_\_\_\_\_ Personnel contacted.

**4. [INSERT THIRTY (30) DAY DATE RANGE FROM INCIDENT] – First Thirty (30) Days**

- a. Continued with on-site BHAP services to our members.
  - i. BHAP services will remain available to visit with anyone who wants additional help.
    - 1. This includes those affected and their families.
  - ii. List out additional BHAP services provided.



- b. EAP
- c. Continue to encourage all members to seek assistance if they have any issues.
- d. Encourage all members to keep an eye on each other and seek assistance if you notice changes in behavior.
- e. Provide families with BHAP resources and insight into what their loved ones may be going through. (Letter to Families)

**5. [INSERT THREE (3) MONTH DATE] – Three (3) Month Follow-ups**

- a. Safety, Health, and Wellness Sub-Committee Peer Support Teams started the process of follow-up meetings with everyone involved with the incident.
  - i. Emails sent to mutual aid agencies advising of the three (3) month assessment.
  - ii. A running list of personnel is kept secured and up to date to ensure that no person impacted by the incident is unseen and spoken to on multiple occasions.

**6. [INSERT SIX (6) MONTH DATE] – Six (6) Month Follow-ups**

- a. Safety, Health, and Wellness Sub-Committee Peer Support Teams started the process of follow-up meetings with everyone involved with the incident.
  - i. Emails sent to mutual aid agencies advising of the six (6) month assessment.
  - ii. A running list of personnel is kept secured and up to date to ensure that no person impacted by the incident is unseen and spoken to on multiple occasions.

**7. [INSERT ONE (1) YEAR DATE] – One (1) Year Follow-up**

- a. Safety, Health, and Wellness Sub-Committee Peer Support Teams started the process of follow-up meetings with everyone involved with the incident.
  - i. Emails sent to mutual aid agencies advising of the one-year assessment.
  - ii. A running list of personnel is kept secured and up to date to ensure that no person impacted by the incident is unseen and spoken to on multiple occasions.
- b. Analysis of the process over the past year will be conducted.
  - i. Recommendations for improvement will be solicited from all participants.





- ii. Changes to the process adopted as necessary.
- iii. Determination for continued checks throughout the following year(s).

**8. Each Anniversary of the Incident**

- a. Assessment of personnel shall be conducted, and a determination made on what, if any, needs the personnel have.



## APPENDIX A: INITIAL ACTIONS CHECKLIST

<input type="checkbox"/>	Notification of All Command Staff of Incident
<input type="checkbox"/>	Broward County Communications Notification to Activate BHAP Resources <ul style="list-style-type: none"> <li>• Broward County Communications to Contact FCABC Safety, Health, and Wellness Chair and Co-Chair who will coordinate BHAP Response with designated Point of Contact from Agency requesting.</li> </ul>
<input type="checkbox"/>	Establish agency Point of Contact for Mental Health Coordination
<input type="checkbox"/>	Provide on-scene support to all members
<input type="checkbox"/>	Capture the names of all members on scene
<input type="checkbox"/>	Establish a Unified Command Post and Coordinate with FCABC Safety, Health, and Wellness Sub-Committee Chair, Co-Chair, or Designee for Mental Health Response within four (4) hours of the incident if possible.
<input type="checkbox"/>	Establish an Incident Commander with clear line of authority for Mental Health Response and communicate with command staff
<input type="checkbox"/>	IC and Fire Chief to determine the level of BHAP response in collaboration with FCABC Safety, Health, and Wellness Sub-Committee Chair, Co-Chair, or Designee
<input type="checkbox"/>	Provide Notification to all personnel of the Department regarding the incident <ul style="list-style-type: none"> <li>• Personal notification of LODD is the best method</li> <li>• Mass notification option for Non-LODD</li> </ul>
<input type="checkbox"/>	Identify any members needing immediate assistance and notify Mental Health Response IC
<input type="checkbox"/>	Determine members who need to be relieved of duty and provide coverage for their shift(s). (Recommend the Department covers this and not the member's personal/sick time) <ul style="list-style-type: none"> <li>• Notification to Safety, Health, and Wellness POC of any member relieved of duty for follow-up</li> </ul>
<input type="checkbox"/>	Post-incident defusing is offered within 24 hours
<input type="checkbox"/>	Meeting with Fire Chief and FCABC Safety, Health, and Wellness Sub-Committee Chair, Co-Chair, or Designee to discuss the mental health response plan within 36 hours or sooner if possible



## APPENDIX B: LETTER TO THE FIRE CHIEF

Dear Chief [Chief's Last Name],

I hope this letter finds you well. In this difficult time, our hearts go out to you and the entire [Fire Department Name] family. Please accept our deepest condolences for the tragedy your department has experienced.

Thank you for the opportunity to collaborate on the upcoming Behavioral Health Access Program (BHAP) outreach to your department. It is best for all involved if a unified approach is established with a designated incident commander in delivering BHAP resources. We truly value the chance to provide essential assistance during this challenging time.

A primary component of BHAP is Peer Support. To provide you with more insight into Peer Support. Peer Support is typically conducted in small settings. The intention is to create an environment that encourages open and meaningful discussions. We find that gathering around the kitchen table in each firehouse or work location fosters a sense of camaraderie and allows for more personal and productive conversations.

Peer team members are experienced in facilitating these discussions and sharing valuable insights on mental wellness and coping strategies. These sessions are informal and offer a safe space for sharing experiences and concerns. For first responders, these conversations are protected for confidentiality under Florida state law. The peer support members have access to additional resources through BHAP if needed.

We are here to support your department in any way that we can. During planning and preparation for the deployment of BHAP resources, we will discuss any logistical considerations, such as timing and location. We will ensure that the outreach is tailored as much as possible to your department's needs.

Enclosed with this letter is a needs assessment form that will help us better understand your department's specific needs and concerns. In order to ensure the success of our deployment, please review and complete the assessment within the agreed-upon timeframe. If you have any questions or require further assistance, please feel free to contact me using the contact information below.

With heartfelt condolences and gratitude,

[Your Name]

[Your Title]

[Your Contact Information]



# APPENDIX C: OUTREACH NEEDS ASSESSMENT

## Mental Wellness Response Needs Assessment Department Contact Information (Point of Contact)

---

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

### ADDITIONAL INFORMATION

## Summary of Precipitating Incident

---

[INSERT SHORT SUMMARY OF INCIDENT]



## APPENDIX D: DEPARTMENT DEMOGRAPHICS

Personnel (Total Department Size): \_\_\_\_\_

Total Number of Stations/Locations: \_\_\_\_\_

Total Number of Personnel Impacted: \_\_\_\_\_

Total Locations Requiring Contact: \_\_\_\_\_

Shift Schedule – 24/48 or 24/72 \_\_\_\_\_

Do You Have a Peer Support Team? \_\_\_\_\_

Provide Peer Team Lead Contact: \_\_\_\_\_

Do You Have a CISM Team? \_\_\_\_\_

If So, Provide Lead Contact: \_\_\_\_\_

Do You have Pre-Vetted Clinician(s)? \_\_\_\_\_

Provide List of Clinicians with Contact Info: \_\_\_\_\_

Do You have Chaplain(s) \_\_\_\_\_

Provide List of Chaplain(s) with Contact Info: \_\_\_\_\_

Are There Any Exclusionary Times for Response: If so, When? \_\_\_\_\_

Are There Any Conflicts with Daily Calendar? i.e., Station Chores, Pub Ed Events, etc. \_\_\_\_\_

EAP/Behavioral Health Provider: \_\_\_\_\_

EAP/Behavioral Health Provider Contact Info: \_\_\_\_\_

Best Way to Reach EAP: \_\_\_\_\_

List of Benefits Currently Available: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Insurance Provider Point of Contact Info: \_\_\_\_\_

Names and Availability of Department Ambassadors: \_\_\_\_\_



## APPENDIX E: TEAM LEADER CHECKLIST

<input type="checkbox"/>	Bring sufficient copies of any paperwork required.
<input type="checkbox"/>	Provide education and resource materials specific to the event and location. These resources will comprise the affected department's vetted local resources.
<input type="checkbox"/>	Identify Ambassadors (Union representatives, retirees, etc.) that can meet the team and introduce them at each station/work location.
<input type="checkbox"/>	Have contact information for licensed mental health professionals.
<input type="checkbox"/>	Ensure that, once deployed, resource team members will be self-sufficient and will not adversely affect the department.
<input type="checkbox"/>	Record the name and contact information for each team member under your supervision.
<input type="checkbox"/>	Establish a schedule to reach each shift/station and any other work environments. Confirm with the Command Staff and Union representative(s) as to the finalized schedule.
<input type="checkbox"/>	Promote trust, allow anonymity, and preserve confidentiality for employees utilizing the program.
<input type="checkbox"/>	Attempt to identify any members of the affected departments that may have immediate needs that require follow-up or ongoing support. These may be extended to the members' families as well.
<input type="checkbox"/>	Debrief and provide materials to deployed team members at the completion of the incident.
<input type="checkbox"/>	Communicate with all concerned when the process is complete as to any unresolved issues or future suggestions.
<input type="checkbox"/>	Compile information gathered from the teams to develop an ongoing needs assessment for the affected department. This will include recommendations for follow-up, administrative adjustments, and other pertinent considerations.
<input type="checkbox"/>	Provide a written analysis specific to their job function within the deployment that will include overall activities (number of personnel attending, number of sessions held, etc.) as well as Strengths, Weaknesses, Opportunities, and Threats for the deployment.
<input type="checkbox"/>	Ensure ICS 214 Daily Activity Logs are completed for all Team members to include a list of names of the team members, and information required under the SERP if deployment is part of state activation.



## APPENDIX F: TEAM LEADER DAILY TASKS

<input type="checkbox"/>	Daily briefing updates and talking points, including the name and number of BHAP resources on hand if needed.
<input type="checkbox"/>	Daily debriefing materials to include objectives for operational period or day
<input type="checkbox"/>	Provide daily briefing prior to deploying teams. Consider using <b>ICS 201 Incident Briefing</b> . (May be required for State Deployments)
<input type="checkbox"/>	Daily rosters and team assignments. Consider using <b>ICS 204 Assignment List</b> , (May be required for State Deployments)
<input type="checkbox"/>	Maintain Contact Information of all Deployed Resources – <b>Consider using ICS 205A Communications List</b> . (May be required for State Deployments)
<input type="checkbox"/>	Document total personnel contacted, and locations visited
<input type="checkbox"/>	Determine if all locations and assignments for the operational period or day were accomplished.
<input type="checkbox"/>	Ensure any location unable to be visited is added to additional days.
<input type="checkbox"/>	Maintain a Complete list of Personnel and work with Dept. POC to ensure all personnel impacted have been contacted.



# APPENDIX G: BHAP DEPLOYMENT DETAILS “SAMPLE LETTER”

Subject: Important Details and Deployment Schedule for BHAP Support Outreach

Hello [Peer/Clinicians/K9 Therapy/Chaplains Team Members], [letter tailored to BHAP Resources]

First and foremost, I want to express my heartfelt gratitude to each of you for stepping up to help a department in need. Your dedication and willingness to provide support in challenging times are truly commendable.

I want to take a moment to provide you with some important details regarding the upcoming peer support outreach deployment. Your role in this event is crucial, and I'm confident that your expertise and compassion will make a significant impact.

## **Deployment Overview:**

The outreach will involve multiple teams traveling across the area to provide education and support as needed. Our goal is to offer psychoeducation on the effects of \_\_\_\_\_, insights into the healing process, and to identify anyone who may be in crisis. We are collaborating with the local agency to develop informative materials and talking points for our interactions.

***(Share any details about the precipitating incident that you may have here.)***

## **Schedule and Coordination:**

We will be creating a route and schedule for each day, with most teams visiting several locations daily. We'll factor in projected needs and operational considerations. On-the-day coordination will be handled in partnership with the department and the Team Lead.

## **Briefing Times:**

Morning briefings will be held at a specific time on the designated days. The exact address will be shared soon. If you anticipate any delays, please let me or [Team Lead's Name] know your projected arrival time.

## **Attire:**

Please avoid wearing any rank insignias. If your team has non-rank-identifying uniforms, that would be ideal. If using a department uniform, opt for one that is as ambiguous as possible. Business casual will be the overall dress code.





**Additional Information:**

I've attached a spreadsheet with further details and the list of peers attending. Kindly review and ensure accuracy. The spreadsheet includes the meeting location and time for the pre-deployment meeting. Feel free to reach out if you have any questions or concerns.

In closing, I want to express my sincere appreciation. Your commitment to making a difference, even in the face of tragedy, reflects the highest ideals of our profession. Your leadership in providing much-needed support is both inspiring and invaluable.

With deep appreciation,

**[Insert contact information]**



# APPENDIX H: BHAP RESPONDER TRAVEL LOGISTICS

Hotel Accommodations in the Area:

---

Group Rate/Code:

---

Local Food Sources:

---

Map & Address of Each Station/Work Location:

---

Station/Work Location Phone Numbers:

---

Educational Material Provided by the Team Leader in Coordination with Dept. Resources:

---

## **Additional Details:**





## APPENDIX J: MENTAL HEALTH RESOURCE LIST

- Redline Rescue - <https://redlinerescue.org/>
- 2<sup>nd</sup> Alarm Project: <https://2ndalarmproject.org/>
- IAFF Center of Excellence - <https://www.iaffrecoverycenter.com/>
- UCF Restores - <https://ucfrestores.com/>
- FFHSC Family Caregiver connection - <https://www.floridafirefightersafety.org/programs-resources/caregivers>
- National Suicide Prevention Lifeline: 988
  
- EAP: **[INSERT EAP RESOURCE AND CONTACT INFO]**
  
- Insurance Provider: **[INSERT INSURANCE PROVIDER AND CONTACT INFO]**
  
- Other Department BHAP resources:
  - **[INSERT ADDITIONAL AVAILABLE RESOURCES]**

