

BEHAVIORAL HEALTH ASSISTANCE PROGRAM (BHAP)
STANDARD OPERATING PROCEDURE 1.3.06

Original Date: 8/26/96	Approved by: Fire Chief 
Purpose: To provide education, support, assessment, and intervention for emergency service personnel and healthcare providers who are often exposed to and/or affected by critical incidents.	
Intent: 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 when applying any of the BHAP components.	
Forms Required: N/A	

I. OVERVIEW:

The Behavioral Health Assistance Program (BHAP) is a comprehensive, integrated multicomponent, systematic program for firefighter mental health/wellness and crisis intervention. The BHAP highlights Behavioral Health standing committee (Safety and Health Committee), leadership, Critical Incident Stress Management (CISM), Peer Support, family support, recovery centers, Chaplaincy, retiree inclusion, behavioral health awareness education, insurance coverage, Employee Assistance Programs (EAPs), and Clinician Response Team (CRT) personnel. All of these programs provide 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, healthcare 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 at all times for any incident that occurs in any emergency services department or agency in Broward County, within a maximum of two (2) hours after a critical incident has occurred and services are requested. These resources are available 24/7 to first responders and their family members.

II. 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 CISM intervention is held in the strictest of confidence.

III. RESPONSIBILITY:

A. All Personnel Shall:

1. Be familiar and comply with this S.O.P.
2. Report to their Supervisor or next higher ranking officer available any time an employee, a group of employees, or themselves experience feelings of anger, fear, anxiety, remorse, or any other type of negative emotional response resulting from a Debilitating Critical Incident (DCI).

BEHAVIORAL HEALTH ASSISTANCE PROGRAM (BHAP)
STANDARD OPERATING PROCEDURE 1.3.06

B. Captain Shall:

1. Report to the Battalion Chief or next higher ranking officer available in the Chain of Command, any Debilitating Critical Incident (DCI) that they and/or their crew members have experienced.
2. Upon seeing a noticeable change in the behavior or attitude of an employee or group of employees, or having been informed by a member that personnel under their command are experiencing ill feelings or distressful behavior resulting from a Debilitating Critical Incident (DCI), immediately investigate and report the following information to the Battalion Chief or next higher ranking officer in the Chain of Command:
 - Nature of the incident
 - Person(s) involved
 - Final outcome of the incident, if known
 - Significant signs or symptoms the employee is demonstrating

C. Battalion Chief Shall:

1. Upon being notified of an incident shall meet, in person, with the personnel involved to determine the need to initiate the BHAP Activation Process.
2. Notify the Operations Chief or their designee anytime the BHAP process has been activated and provide them with the same information as outlined in Section III, B 2.
3. Upon determining the need to activate the BHAP will contact the Communications Duty Officer at the Broward Regional Communications Center, requesting a BHAP Team response:
 - North: 954-476-4720
 - Central: 954-476-4730
 - South: 954-476-4740
4. Provide the following information:
 - Agency name
 - Type of incident
 - Number of members involved
 - Call-back contact number(s)

**BEHAVIORAL HEALTH ASSISTANCE PROGRAM (BHAP)
STANDARD OPERATING PROCEDURE 1.3.06**

D. Operations Chief Shall:

1. Upon being notified of a Debilitating Critical Incident (DCI) as outlined in Section III, B 2, activate the BHAP, if not already activated.
2. Notify the Fire Chief of the BHAP activation and provide the appropriate information as outlined in Section III, B 2.
3. Monitor the activation of the BHAP, follow up on the employees involved, and make any recommendations necessary to ensure the mental well-being of said employees.

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 the 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 demobilizing from extended deployment or upon return home from extended deployment
 - c. Events of significant personal loss
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 dissemination of information

BEHAVIORAL HEALTH ASSISTANCE PROGRAM (BHAP)
STANDARD OPERATING PROCEDURE 1.3.06

B. Peer Support:

1. Definition

Peer Support is a program that utilizes trained members of the department to provide confidential support to any department member who is experiencing a personal, emotional, relational, financial or professional problem. Peer Support provides a safe, comfortable, confidential and non-judgmental environment where our members can engage in a healing conversation with a peer, whose relationship is centered on existing rapport and mutual trust between members of a shared occupation. It is based on the premise that by talking with a peer, who can relate to the individual's situation, the problem will be validated allowing them to cope with the issue more effectively. The program is designed to simplify access and augment the Employee Assistance Program and Behavioral Health Assistance Program. Finally, Peer Supporters are trained to provide resource avenues when a problem is recognized that is out of their scope of training.

- a. Family crisis intervention
- b. Organizational consultation for delivery of resource information and services
- c. Assessment of organizational needs
- d. Development and recommendation for coordination and delivery of services
- e. Support of peers (non-crisis)
- f. Referral of peers who are in crisis, to the appropriate resources
- g. Development and disbursement of a dual response, Peer Support/CISM members, to participate in the response

2. Purpose

Studies have shown that careers in the public safety and emergency service fields are at higher risk for the development of behavioral health disorders due to the unique, mentally taxing situations that they are placed in. Distress has been shown to stem not only from a single traumatic event but the repetition of calls where we are continually interacting with customers that are not having a typical day. We witness sickness, loss of property and the loss of life which can have a cumulative effect on our mental well-being. The goal is to reduce or even prevent the potential negative impact that this distress will cause to any member of the fire service. By offering one-on-one discussions, pre-incident education and a network of easily reached resources, we can offer help when it is needed.

**BEHAVIORAL HEALTH ASSISTANCE PROGRAM (BHAP)
STANDARD OPERATING PROCEDURE 1.3.06**

3. Mission Statement

The mission is to offer support that is approachable, comfortable and confidential, to any of our Fire Service Personnel, when life's burdens are too heavy to bear alone; strive to never let a fellow firefighter suffer in silence out of the shame of feeling weak by seeking help; provide a network of resources that will further assist any individual in full recovery to a state of wellness.

4. Vision Statement

Our vision is to establish the framework for a Peer Support Program that is able to provide ongoing assistance and resources to any Fire Service personnel; while creating a culture of understanding that everyone has a duty to each firefighter impartially and that all of us are deserving of genuine support in a time of need, no matter the need.

5. Education

Fire Department personnel who choose to serve as a Peer Support Counselor must attend either the IAFF Peer Support Training or the UCF (University of Central Florida) RESTORES Program peer support training course named REACT (Recognizing, Evaluating, Advocating, Coordinating, and Tracking).

6. Treatment Access

As the Peer Support Program is established, the goal is to have 2-3 trained Peer Supporters per shift with an alternate. Below are two (2) local Peer Support websites:

<https://redlinerescue.org/>
<https://www.local765strong.org/>

C. Chaplaincy Assistance:

The Fire Department Chaplain is Pete Tokar (954-261-8903). Chaplain services include:

1. Pastoral/spiritual crisis intervention
2. Spiritual counseling and referrals to other members of the BHAP team
3. Emergency response to scenes and/or hospitals involving serious injury or death of a department member or immediate family
4. Emergency response to critical incidents

BEHAVIORAL HEALTH ASSISTANCE PROGRAM (BHAP)
STANDARD OPERATING PROCEDURE 1.3.06

D. Clinician Response Team:

1. Referral and follow-up
2. Assessment/Evaluation
3. Educational services
4. Treatment
5. Crisis intervention

E. Behavioral Health Awareness Education:

Four vetted clinicians that accept UMR insurance have been identified from the list of providers on the Florida Firefighters Safety and Health Collaboration web-site. The clinicians are:

1. **Luna Medina-Wolf** (561) 571-1557 luna@helpingmoon.com Boca Raton
Addiction, Suicidal Ideation, Stress, Family Issues Clinician Awareness Course
2. **Frona Israel** (305) 494-3555 counseling11@gmail.com Miami
Addiction, Suicidal Ideation, Stress, Family Issues Clinician Awareness Course
3. **Anse Daniel** (954) 364-8842 ansed@essgrowth.com Pembroke
Pines, Suicidal Ideation, Stress, Family Issues
4. **Erinn Beck** (561) 317-9800 beckerinn@gmail.com West Palm
Beach, Stress, Family Issues

F. Employee Assistance Program:

Pembroke Pines Fire Rescue's Employee Assistance Program is currently in place through Aetna. Contact Information:

1-800-865-3200

www.mylifevalues.com

Log In: **Pembroke Pines FL**

Password: **EAP**

BEHAVIORAL HEALTH ASSISTANCE PROGRAM (BHAP)
STANDARD OPERATING PROCEDURE 1.3.06

G. Teladoc:

Fire Department Employees can access this resource via the Teladoc application or by registering online.

1. <https://www.teladoc.com/>
2. Log in/Register
3. Select the Mental Health icon

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 following criteria. A Debilitating Critical Incident (DCI) 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