



MISSOURI FIRE FIGHTERS
CRITICAL ILLNESS POOL

Behavioral Health Program

This document further defines the program provided pursuant to RSMo 320.400 as provided by Missouri's Fire Fighter Critical Illness Pool. This Program Document is intended to be read in its entirety. In order to understand all the limitations, the applicable provisions/ conditions, exclusions to its program and general definitions, please read all the provisions carefully.

Table of Contents

GENERAL DEFINITIONS	3
BEST PRACTICES FOR EMERGENCY RESPONSE AGENCIES	6
BEHAVIORAL HEALTH PROGRAM GRANTS.....	8
RESIDENTIAL/INPATIENT TREATMENT SERVICES.....	8
CLINICIAN SUPPORT SERVICES.....	11
BEST PRACTICES FOR PEER SUPPORT TEAMS	13
BEHAVIORAL HEALTH PROGRAM MAP.....	19
NOTICE OF APPLICATION	20
ADMINISTRATIVE PROVISIONS.....	22
GRANT APPLICATIONS.....	Appendix A
RESOURCES.....	Appendix B

MISSOURI FIRE FIGHTER CRITICAL ILLNESS POOL - BEHAVIORAL HEALTH PROGRAM

The mission of the Missouri Firefighters Critical Illness Pool Behavioral Health Program is to provide a network of resources, support and information for the State's first responders, and systems which serve first responders, in the realm of mental health. The program is designed to foster mental health awareness, prevention, intervention and post crisis strategies for first responders and to provide easily accessible and confidential sources of support and information. Mental health resources are crucial for supporting the psychological well-being of those who dedicate their lives to public safety.

Unfortunately, mental health issues have historically had a negative stigma surrounding them, preventing many from seeking help and achieving mental wellness. The goal of this program is to change that culture by raising awareness, breaking down barriers, and improving access to behavioral health resources.

This document is intended to serve as a guide of suggested best practices and resources for first responders and the agencies they serve in order to promote mental and emotional well-being.

PROGRAM DECLARATIONS

Program Effective Date	At the inception of the program, August 28, 2023.
Program Period	Beginning on the Program Effective Date and ending December 31, 2024 at 11:59pm. Thereafter, the Program Period is the calendar year from January 1 to December 31 of the following year or upon a determination of insufficient or unavailable funding, whichever occurs first.

GENERAL DEFINITIONS

Please note that certain words used in this Program Document have specific meanings. These terms will be capitalized and in bold print throughout the document. The definition of any word, if not defined in the text where it is used, may be found in this Definitions section.

Applicant	The Participant, Member, Peer Support Team, Clinician, or Enrolled Organization submitting the Grant application.
Behavioral Health Issues	An individual's mental and emotional well-being and actions which affect an individual's overall wellness.
Behavioral Health Service	A service provided by a doctor, therapist, counselor, or other qualified professional who is licensed to diagnose, or to provide therapy, counseling, or other appropriate professional treatment of Behavioral Health Issues .
Behavioral Health Program	A program established under RSMo 320.400 to provide behavioral health awareness, education, wellness, and confidential support to First Responders .
Clinician	A psychiatrist licensed pursuant to RSMo Chapter 334 or a psychologist licensed pursuant to RSMo Chapter 337, or a licensed mental health professional.

MISSOURI FIRE FIGHTER CRITICAL ILLNESS POOL - BEHAVIORAL HEALTH PROGRAM

First Responder	Either a firefighter, emergency medical technician-basic, emergency medical technician-paramedic, or telecommunicator serving in either a paid or volunteer capacity.
Employer	As defined by RSMo 320.400, any political subdivision of the State which employs one or more First Responders and participates in the Pool as a Member for purposes of providing Behavioral Health Services to First Responders under its employment.
Employer-Provided Behavioral Health Program	Behavioral Health Services programs to address Behavioral Health Issues which are provided by an Employer for its First Responders such as medical or health insurance, employee assistance programs, or other related services and support.
Enrolled Organization	An organization which is a full participating Pool Member administratively enrolled for its members for the provision of this Behavioral Health Program .
Grant	Financial awards on behalf of the Pool to qualifying Participants, Peer Support Teams, Clinicians or Members .
Member	An Employer , whose governing body having duly passed a resolution or ordinance to join the Pool , signed the Pool's intergovernmental/trust agreement, and whose membership is accepted by the Board of Trustees.
Participant	A First Responder of a Member .
Peer Support Team	An organized group of First Responders with the training and experience to provide emotional support to fellow First Responders in times of crisis.
Pool	The Missouri Fire Fighter Critical Illness Pool .
Regional Clinician	A regionally designated Clinician who serves as a liaison between Peer Support Teams, Members, First Responders, and Clinicians within an assigned region of this Behavioral Health Program, who is responsible for reviewing Residential/Inpatient Services Grant applications, and vetting Clinicians for cultural competency and program inclusion. Develop, present and coordinate Behavior Health Programs for First Responders .
Regional Coordinator	A regionally designated point of contact for Peer Support Teams, Members, First Responders, and Clinicians within this Behavioral Health Program . Responsible for reviewing Peer Support Team and Clinician Grant applications. Coordinate Behavior Health Programs and events for First Responders .

Residential/Inpatient Treatment Services	Behavioral Health Services provided during any period of confinement in a mental health treatment facility which begins with a patient's admission and ends with discharge.
Trust Administrator	The administrator who provides marketing, underwriting, invoicing, accounting, and other membership support services under contract to the Pool .

WHY FIRST RESPONDERS NEED BEHAVIORAL HEALTH RESOURCES

First Responders have a high likelihood of having mental health issues due to their intense working conditions and repeated exposure to trauma. Therefore it is critical to have behavioral health resources readily available to provide assistance.

- Emergency response is high-stress
 - **First Responders** frequently encounter traumatic events, witness human suffering, and face life-or-death situations. These experiences take a toll on mental well-being and can contribute to the development of long-term **Behavioral Health Issues**.
- Repeated exposure to trauma
 - The cumulative effect of traumatic exposures can lead to a higher risk of emotional injury and the development of **Behavioral Health Issues**.
- Reduction in stigma and barriers to assistance
 - Either real or perceived, **First Responders** have an expectation to be strong and resilient, which may discourage them from seeking help. By providing resources, these barriers can be addressed, and **First Responders** can be encouraged to seek assistance without fear of judgment or stigma.
- Increase performance and safety
 - Mental well-being directly impacts job performance and safety. **Behavioral Health Issues** can impair cognitive ability, decision-making and overall job performance. Providing behavioral health resources helps to create a healthier workforce, reducing the risk of errors and accidents on the job while enhancing the safety of both **First Responders** and the communities they serve.
- Help with suicide prevention
 - The stress, trauma and emotional toll of the job can contribute to feelings of despair and hopelessness. By providing resources, including crisis hot-lines, peer support teams, and culturally competent **Clinicians**, **First Responders** can access vital support and intervention, potentially preventing suicides and promoting overall well-being.

By addressing concerns, reducing stigma and providing appropriate support, behavioral health resources contribute to healthier and more resilient **First Responders**, enabling them to continue their critical work effectively and safely.

BEST PRACTICES FOR EMERGENCY RESPONSE AGENCIES

Most people are aware of the physical demands that first response activities place on emergency personnel. But it is important to also realize the impact that responding to emergencies has on their mental well-being. **First Responders** face the risk of many behavioral health concerns such as anxiety, depression, burnout, post-traumatic stress disorder, and addiction many times over that of the general population.

These behavioral health concerns, if left unchecked, can lead to problematic issues during an emergency response. Bad decision-making, lack of focus, and difficulty problem-solving are just a few of the potential rippling effects of a poor mental state. Having a holistically healthy and engaged workforce creates successful, high-performing agencies. It is vital to address behavioral health concerns proactively to prevent long-term consequences and provide on-going support to **First Responders**.

Emergency response agencies have the responsibility to ensure their personnel are operationally ready, physically and mentally, in order to best serve their community, their fellow responders, their families, and themselves. For this reason, agencies are encouraged to have a program in place which supports the mental and emotional well-being of all its members.

Suggested Components of an Effective Wellness Program

- Create a wellness culture - Agency leaders have a great influence over the culture of the entire agency. By prioritizing emotional well-being, to the same level of importance as physical health, barriers are broken down and negative stigma surrounding mental health is reduced.
- Include the right people - In order to support the various needs of all **First Responders** within the agency, and to minimize the impact of stress following major incidents, the program should incorporate the services of peer support personnel and trained professionals, such as **Clinicians**, chaplains or EAP.
- Incident support - The program should include pre-incident, on-scene, and post-incident activities such as diffusion of emotional reactions and debriefing. Having this structure in place ensures personnel get the level of help they need, and when they need it.
- Promote confidentiality - **First Responders** must feel confident in seeking the help they need without fear of broken trust or repercussions.
- Encourage access to behavioral health resources - Thankfully due to a greater awareness of **First Responder** mental wellness in recent years, there are many valuable resources for promoting mental health. Agencies should encourage emergency response personnel to access these resources and to find assistance when needed. Download the Behavioral Health app mentioned below, see the Behavioral Health tab on the MFFCIP website or reach out to your Regional Coordinator for additional resources.
- Put it in writing - As with every other practice and procedure within the organization, wellness program policies need to be in written form in order to be effective, consistent, and have manageable guardrails.

Behavioral Health Mobile Application

The Missouri Firefighter Critical Illness **Pool** has partnered with ValorNet to provide **Pool Members** with an interactive behavioral health application at no cost. This application houses valuable resources and management tools applicable to fire, EMS, and Telecommunications. **First Responders** can log exposures, connect with **Clinicians**, or access relevant mental health resources all in the palm of their hands. See the Behavioral Health tab at www.MFFCIP.org or scan the QR code to download the app to your device.

Potentially Traumatic Events

Potentially traumatic events can be defined as any situation faced by emergency personnel which causes them to experience unusually strong emotional reactions which have the ability to interfere with their ability to function or perform duties effectively. Repeated exposure to these types of events places **First Responders** at a higher risk of experiencing **Behavioral Health Issues**.

Examples of Incidents Which may be Traumatic:

1. Major disaster or mass casualty incidents
2. Serious injury, death or suicide of a firefighter, police officer, dispatcher, or another emergency service provider
3. Serious injury or death of a civilian resulting from emergency service operations
4. Death of a child or similar incident involving a profound emotional response
5. Multiple youth fatalities
6. Any incident that attracts unusually high media attention
7. Any unusual incident which produces an extreme, immediate, or delayed emotional response
8. Cumulative trauma from multiple incidents
9. Events when the victim is known
10. Loss of life following an unusual or extremely prolonged expenditure of emotional and physical energy by emergency services personnel

Common Stress Reactions to Potentially Traumatic Events

Agency leaders should be aware of the following examples of signs and symptoms of stress following the emergency response:

1. Physical - fatigue, headache, nausea, chest pain, breathing problems, sweating, shock, increased illnesses
2. Emotional - depression, fear, grief, guilt, panic, anxiety, powerlessness, anger, overly sensitive
3. Cognitive - difficulty making decisions, sleep problems, nightmares, memory, lowered concentration
4. Behavioral - avoidance, alcohol use, irritability, appetite changes, moody, restlessness, blaming
5. Spiritual - anger, questioning faith, disassociation

Debriefings following Potentially Traumatic Events

Post-incident debriefings should be conducted after potentially traumatic events to allow **First Responders** an opportunity to process the event and reflect on its impact alongside their peers. These discussions have been found to provide emotional first-aid to those impacted by the incident response and assist in building resiliency of **First Responders**. Keep the following in mind:

1. Find a space with privacy and freedom from distractions.
2. No one has rank during a debriefing. Everyone is equal.
3. This is not a time to critique response operations.
4. Only those directly involved in the response, along with any agency support members should attend. Consider including all responders from other agencies who were involved in the incident.

Emergency response agencies should be aware that some **First Responders** may need additional assistance following the post-incident debriefing. Agency leaders should encourage all those members needing additional assistance to contact peer support personnel or the appropriate **Regional Coordinator**. Additional Behavioral Health resources for **First Responder** agencies may be found on the Behavioral Health tab at www.MFFCIP.org.

BEHAVIORAL HEALTH PROGRAM GRANTS

In order to support and promote the emotional and mental well-being of Missouri's **First Responders**, the **Pool** may award **Grants** to **Participants**, **Peer Support Teams**, **Clinicians** and **Members**. All **Grant** awards are subject to the availability of funds. **Grant** applications meeting specific requirements will be considered for the following:

- **Residential/Inpatient Treatment Services**
- **Clinician Support**
- **Peer Support Teams**

Residential/Inpatient Treatment Services

Behavioral Health Services as provided by **Clinicians** are primarily on an outpatient and consultative basis, including services delivered electronically or remotely. More serious situations may require an individual to attend and complete **Residential/Inpatient Treatment Services**. Residential/Inpatient facilities provide **First Responders** specific treatment care programs geared toward successful recovery from, but not limited to: anxiety, depression, sleep disorders, substance abuse, PTSD, and other co-occurring behavioral health related issues.

Residential/Inpatient Treatment Services Grant

All expenses related to **Residential/Inpatient Treatment Services** will be paid by the **Employer** as appropriate per any employment agreement. **Grant** applications for expenses related to **Residential/Inpatient Treatment Services** will be considered by the **Pool** and are further specified under the **Residential/Inpatient Treatment Grant** Conditions/Provisions section below.

The **Pool** may consider direct payments to **Residential/Inpatient Treatment** Providers, with any offsets applied for coverage for services under an **Employer Provided Behavioral Health Program**, whether a **Participant** seeks coverage for services under an **Employer Provided Behavioral Health Program** or not.

The **Participant** aggregate limit for true and actual expenses related to **Residential/Inpatient Treatment Services** completed by the **Participant** and for which the **Participant** is eligible under the **Residential/Inpatient Treatment Grant** Conditions/Provisions will be no more than \$10,000 per **Program Period**.

Residential/Inpatient Treatment Services Grant Exclusions

In addition to any specific exclusions under the terms of this Program Document, the following are excluded from any **Residential/Inpatient Treatment Services Grants** or expenses which may occur, arise, or result from:

1. Expenses for **Residential/Inpatient Treatment Services** incurred before the **Program Effective Date**;
2. Expenses for **Residential/Inpatient Treatment Services** which are covered or otherwise provided under an **Employer Provided Behavioral Health Program**, regardless of whether a **Participant** has sought coverage or not, except that a claim for services covered by an **Employer Provided Behavioral Health Program**, as further specified under the “Program Provisions/Conditions” (below) may be considered;
3. Expenses for **Residential/Inpatient Treatment Services** which result from any reduction in coverage or benefits of the **Employer Provided Behavioral Health Program** during the **Program Period** and the subsequent two years thereafter, except that a claim for services covered by an **Employer Provided Behavioral Health Program** as further specified under the “Program Provisions/Conditions” (below) may be considered;
4. Expenses for **Residential/Inpatient Treatment Services** incurred while on active-duty service in the US military during the **Program Period**;
5. Expenses for **Residential/Inpatient Treatment Services** incurred during travel or activity outside the contiguous United States;
6. Expenses for any sickness, disease, bodily infirmity, bacterial or viral infection or medical or surgical treatment thereof, (including exposure, whether or not accidental, to viral, bacterial, or chemical agents), whether the claim results directly or indirectly from a **Residential/Inpatient Treatment Service**;
7. Expenses from any medical or surgical treatment, diagnostic procedures, administration of anesthesia, or medical mishap or negligence including malpractice, whether the claim results directly or indirectly from an **Residential/Inpatient Treatment Service**;
8. Expenses for any time lost, paid, or unpaid leave, or any salary or benefit reduction, whether the claim results directly or indirectly from an **Residential/Inpatient Treatment Service**;
9. Expenses for any drugs or medications which are not prescribed by a provider of the **Applicant's Residential/Inpatient Treatment Services**, including any prescribed by a primary care physician; and
10. Expenses for any drugs or medications that are experimental or under clinical trials and have not had approval by the federal Food and Drug Administration.

Residential/Inpatient Treatment Services Grant Provisions/Conditions

The following provisions and conditions apply and must be met in order for a **Participant** to be eligible for benefits hereunder:

- All **Applicants** meeting the definition of a **Participant** are included as eligible for the **Behavioral Health Program**, subject to verification of the **Member** upon submitting a roster.

MISSOURI FIRE FIGHTER CRITICAL ILLNESS POOL - BEHAVIORAL HEALTH PROGRAM

- Any claim related to **Residential/Inpatient Treatment Services** under this **Behavioral Health Program** shall be offset by any benefit or coverage received from the **Participant's Employer Provided Behavioral Health Program**, local union, organization, Social Security, Workers' Compensation, or any other benefits which were received, or are expected to be received, by the **Participant** as a result of **Behavioral Health Issues**.
- Any claim related to **Residential/Inpatient Treatment Services** under this **Behavioral Health Program** shall be in excess of any other services or coverage which are available to the **Participant**. However, a claim for services covered or offered by the **Participant's Employer Provided Behavioral Health Program**, in which culturally competent **Behavioral Health Services** were not available to the **Participant** making the claim, may be considered.
- All **Grant** applications related to **Residential/Inpatient Treatment Services** under this Program Document should be submitted to the appropriate **Regional Clinician** for review and must include the following:
 - **Residential/Inpatient Treatment** facility invoice, inclusive of dates of service and balance due to **Applicant** after all other benefit or coverage is applied. Payment will be made directly to the **Residential/Inpatient Treatment** facility following approval.
 - Proof of payment must be included with any request for reimbursement of travel expenses related to **Residential/Inpatient Treatment Services**.
 - Verification of program completion signed by the **Residential/Treatment Services** attending **Clinician** or certificate attached.

CLINICIAN SUPPORT SERVICES

No **Behavioral Health Program** is complete without the advice and assistance of licensed mental health professionals. While **Peer Support Team** members are specifically trained colleagues who provide assistance to **First Responders** experiencing behavioral health and/or addiction issues, they are not **Clinicians**. Rather, they provide a vital bridge to **Clinician** resources if appropriate. Effective peer support programs must have a procedure in place for mental health consultation and training as they do not replace individual counseling and treatment programs.

The Value of Cultural Competency

First Responders work demanding jobs and are often faced with distressing or traumatic situations. Typical EAP benefit programs fall short of providing the **First Responder** community the understanding they need. It is challenging, particularly in rural communities, to find culturally competent **Clinicians** who understand the toll this type of job can take and how best to assist.

Tips for Finding the Right Clinician

It is essential to provide **First Responders** with access to **Clinicians** who are knowledgeable in the culture and experiences of **First Responders**. Finding a **Clinician** who understand and empathizes with the everyday stress of the job can be a challenge.

When searching for a **Clinician** who is a good fit for your **Peer Support Team**, you may want to ask the following questions:

- Do you have experience working with **First Responders**?
- What evidence-based practices do you use to treat post-traumatic stress disorder, depression, anxiety, and substance abuse?
- Do you work closely with a prescriber for individuals who need medication?
- What is your typical availability? Do you offer appointments within 72-hours?
- Would you be willing to be listed as a resource for the MFFCIP **Behavioral Health Program**?

Encourage Feedback

In order for any type of **Behavioral Health Service** to be effective, there must be a comfortable and confident relationship between the **Clinician** and the **Participant**. Sometimes, often through no fault of the **Clinician** or the **Participant**, that genuine sense of care and trust cannot be not achieved. **Participants** should be encouraged to provide feedback to their **Clinician**, **Peer Support Team**, or **Employer** if the **Clinician** experience is positive, as well as if the **Clinician** is not the right fit for them. The right **Clinician** can make all the difference in providing true assistance to someone who is struggling.

Below are some tips for recognizing when a **Clinician** may not be right for you:

- Your **Clinician** is not knowledgeable in the experiences and stressors of **First Responders**
- Your **Clinician** is more interested in your role as a **First Responder** than they are about helping you
- Your **Clinician** does not recognize healthy boundaries, or respectful of your time and schedule
- Your **Clinician** does not try to adapt their approach to fit your needs
- Your **Clinician** does not instill a sense of intentional listening and sincere willingness to assist
- For a reason you cannot specifically articulate, your **Clinician** just isn't a good fit for you

If you are a **Clinician** and have an interest in assisting **First Responders**, please contact the appropriate **Regional Clinician** listed on Page 19 of this document, or visit the Behavioral Health tab at www.MFFCIP.org for additional information.

Clinician Support & Services Grants

Expenses related to **Clinician** support of **First Responders** should be paid by the **Clinician, Peer Support Team, Employer, or Member** as appropriate. The **Pool** may consider direct payments to approved **Clinicians, Residential/Inpatient Treatment Service** providers, or approved training entities. **Grant** applications for reimbursement for expenses paid by a **Clinician** in support of **Behavioral Health Services** for **First Responders** will be considered by the **Pool** and are further specified under the **Clinician Grant** Provisions/Conditions below.

Clinician-Eligible Expenses

Clinicians who directly support Missouri **First Responders** and **Peer Support Teams** may apply for reimbursement of the following expenses as they relate to **First Responder** behavioral health.

1. Approved clinical training related to providing **Behavioral Health Services** specifically for **First Responders**.
2. Meetings or events supporting **First Responder** behavioral health.
3. Promotional materials supporting **First Responder** behavioral health.
4. Expenses related to **Peer Support Team** oversight.

Clinician Grant Exclusions

In addition to any specific exclusions under the terms of this Program Document, the following are excluded from any **Clinician** reimbursement **Grant** or expenses which may occur, arise, or result from:

1. Expenses which incurred before the **Program Effective Date**.
2. Expenses which are covered or otherwise provided by a **Peer Support Team, Employer, or Member**.
3. Expenses for any time lost, paid, or unpaid leave, or any salary or benefit reduction, while serving as a **Clinician**, or attending training as a **Clinician**, in support of a **Peer Support Team, Employer, or Member**.
4. Expenses the **Clinician** incurred during travel or activity outside the contiguous United States.
5. Expenses related to the out-patient treatment of a **First Responder**.
6. Any retainer for services for a **Peer Support Team, Employer, or Member**.

Clinician Grant Provisions/Conditions

The following provisions and conditions apply and must be met in order for a **Clinician** or **Member** to be eligible for benefits hereunder:

1. All **Applicants** meeting the definition of a **Clinician** are included as eligible for the Behavioral Health Program, subject to verification of a **Peer Support Team** or **Member**.
2. Any claim for a reimbursement of expenses related **Clinician** support of a **Peer Support Team** or **Member** under this **Behavioral Health Program** shall be offset by any benefit or coverage received from the **Member, Employer, local union, organization, or any other benefits** which were received or expected to be received by the **Clinician** or **Member** for this purpose.
3. Any claim for a reimbursement of expenses related to **Clinician** support of a **Peer Support Team** or **Member** under this Program Document are to be in excess of any other services or coverage which are available to the **Clinician** or **Member**.

RECOMMENDED BEST PRACTICES FOR PEER SUPPORT TEAMS

The MFFCIP **Behavioral Health Program** provides support in the form of resources, guidance and education for **Peer Support Teams** which serve Missouri's **First Responder** agencies. The goal of peer support is to provide **First Responders** with emotional support through times of personal or professional crisis and to help anticipate and address potential difficulties. **Peer Support Teams** are typically comprised of **First Responders** who have the desire to provide confidential assistance to their peers through similar understanding of issues and experiences.

An important part of breaking down the stigma of addressing problems is acceptance by the **First Responder** culture in which peer support members play an intricate role. **First Responders** support one another everyday both physically with the demands of the job and emotionally following a traumatic response. **Peer Support Teams** offer another level of support in any successful behavioral health program.

In order for a **Peer Support Team** to be effective, its members should exude encouragement, trust and confidentiality for those who seek their assistance. Communication between a peer support member and a fellow **First Responder** is considered privileged and confidential with the exception of matters which violate the law.

Peer support programs should also include trained behavioral health professionals. A **Peer Support Team** member is a specifically trained colleague, not a **Clinician**. **Peer Support Teams** are designed to support **First Responders** in any way they or their families need by actively listening and connecting them to **Clinician** or **Employer Provided Behavioral Health Services** if appropriate. The peer support program does not replace individual counseling and treatment programs. Peers should refer cases requiring professional intervention to a behavioral health professional.

While MFFCIP has behavioral health resources, local **Peer Support Teams** should develop and adopt policies and procedures appropriate for their specific locations and abilities while meeting the needs of those they serve. In doing so, it is important to remember:

- Peer support is not CISM (Critical Incident Stress Management). CISM is an established program in the immediate aftermath of incidents.
- Peer support is not EAP (Employee Assistance Program). EAP is an established program utilized by agencies to assist employees who are struggling with attendance, performance, and behavioral issues.
- Peer support is not an alternative to discipline. A peer should not intervene in the disciplinary process, even at a member's request.

Key Benefits of Having a Peer Support Team

- Enhanced job satisfaction and increased safety and health
- Decreased cost of recruiting and training, while increasing retention of personnel
- A resource for employees and their families
- Diffusing behavioral/mental health problems before becoming a crisis

Suggested Components of an Effective Peer Support Team

- Full support of agency leaders
- Consistent and relevant training requirements
- An emphasis on confidentiality, integrity, and trust
- A defined and consistent process for seeking quality members
- Policies and procedures for team roles, duties, and responsibilities
- Available for agency leadership use
- Inclusion of culturally competent mental health professionals and chaplains
- Proactive, reactive, and post-incident ready
- Knowledgeable of current resources at various levels

Recommended Peer Support Team Training

Peer support members should be provided training to help address issues related to behavioral health which are common among **First Responders** as well as referral resources for significant clinical problems. It is important to note that peer support training is no different than other areas of emergency response training. Continuing education is essential, and resources must be kept current.

- **Peer Support Team** members should complete at least 16 hours of **Peer Support Team** training.
- Suggested topics for training include, but are not limited to:
 - Confidentiality Issues
 - Communication Facilitation and Listening Skills
 - Ethical Issues
 - Problem Assessment
 - Problem Solving Skills
 - Alcohol and Substance Abuse
 - Cross Cultural Issues
 - Medical Conditions Often Confused with Psychiatric Disorders
 - Boosting morale and resiliency
 - Self-care
 - Stress Assessment
 - Suicide Assessment
 - Depression and Burn-out
 - Grief management
 - Domestic Violence
 - Crisis Management
 - Nonverbal Communication
 - Appropriate Mental Health Consultation and Referral Information
 - Traumatic Intervention
 - Limits and Liability
- New member candidates may join teams prior to taking training but are advised to serve only in administrative and observational roles until training is completed.

Visit the Behavioral Health Program tab at www.MFFCIP.org or contact your **Regional Coordinator** for a list of **Peer Support Team** training opportunities.

Considerations for Peer Support Team Membership

- **Peer Support Team** members may be selected from active and retired individuals who are in good standing with the agency.
- Recommended for the team by their peers. (See sample form in Appendix B)
- Consider previous education and training, or resolved traumatic experience.
- **Clinicians**, chaplains and other external resources are also valuable members of every **Peer Support Team**.

Recommended Qualities of Peer Support Team Members

- Possess professional credibility, respect and trust of their peers
- Ability to maintain confidentiality
- Ability to communicate effectively
- Possess a calm presence
- Show interest, understanding and genuine concern
- Possess the experience and knowledge about the types of incidents and situations to which members may be exposed

Active Listening

- Take in information through body language – i.e. eye contact, head nodding, etc. to better understand the person’s situation and needs.
- Stay focused. Leave your cell phone alone when meeting.
- Allow occasional silence to give the person time to reflect and become aware of his/her feelings. Silence can prompt the person to elaborate. Simply “being with” the person and their experience is supportive.

Words of Caution

- Peers should be careful not to become overly involved and try to do too much. When individuals are empowered to solve their own problems, they feel more capable and able to tackle the next challenge.
- Even if you share a similar experience with someone, it is important to know that each individual’s experience is unique.
- Never give out phone numbers of other peers, or supervisors and use discretion in giving out your own.
- Discuss facts, not rumors.
- Follow-up is critical. When you commit to getting information, do so as soon as possible.

Peer Support Self Care

- Compassion fatigue is a consequence of care giving characterized by a decreased ability to feel empathy and understanding of others.
- Be aware when to say “No”. Don’t work when emotionally exhausted.
- Prevention is key. Take time to recharge and ensure you are doing activities you love!

Proper Referral Protocol

- Remember that you are not a clinician. Leave counseling up to the the trained professionals. You are a bridge between the department and the clinician.
- If a situation arises that you are not sure how to handle, call the team leader or **Clinician** immediately.
- Take time to familiarize yourself with the **Clinicians** who support your team, including their areas of expertise.
- Use discretion when discussing all personal information.

Guidelines for Ensuring Peer Support Confidentiality

- Peers should not disclose information gained in the course of a peer relationship.
- Missouri RSMo 590.1040 provides **Peer Support Team** members with some legal protections regarding communications and interactions with members. Additionally, licensed professionals have the ability to maintain privilege under confidentiality law.
- Advise individuals not to disclose more information than they have to when describing events that transpired.
- It is appropriate to discuss information with another peer or the team leader in order to develop a strategy to help the individual. The individual should be aware of this.
- Be careful where you discuss an individual's information. Do not discuss confidential information in the hallway, lunchroom, etc. where others may overhear.
- Before sharing personally identifiable facts or similar information with others, secure the informed consent of the individual, preferably in writing, except as authorized or required by law.
- Protect confidential paperwork. Do not leave papers in public where names or other confidential information can be seen.
- Remember the obligation of confidentiality extends beyond the period when the individual is no longer receiving help.
- Peers should not share information with co-workers and supervisors. They may advise supervisors of established confidentiality guidelines.
- Peers should avoid espousing particular values, moral standards and philosophies.
- Peers should inform individuals of the limits of their confidentiality and consider potential role conflicts (e.g. supervisor providing peer support). These should be consistent with law and department policy and may include:
 - Threats to self
 - Threats to specific people
 - Child, spouse, and elder abuse

Suggested Appearance of Peer Support Team Members

- **Peer Support Team** members should be careful not to display their rank while assisting others, as this may intimidate individuals from speaking freely.
- It is important **Peer Support Team** members present themselves in a professional, approachable manner at all times in order to invoke confidence.

Peer Support Team Policy

- Each **Peer Support Team** should develop and adopt policies and procedures appropriate for their specific location and resources while considering the needs of those they serve.
- A formal policy statement should be included in each **Peer Support Team** policy manual which gives written assurance that, within the limits of confidentiality, a peer will not be asked to give information about individuals they support.
- Consider a policy regarding handling peers who appear to be unable to perform their duties.
- **Peer Support Team** policies, handbooks and resource lists should be reviewed annually to ensure relevance.

Best Practices for Peer Support Team Visits

Research has shown that in-person visits to **First Responder** agencies by trained peers are an effective way to identify the emotional needs of **First Responders**. Consider the following when conducting visits:

- Peers should conduct in-person visits upon agreed to dates/times through discussion with station officers and staff.
- It is recommended to have no more than three peers per visit. Attempt to have two peers perform visits but one Peer is acceptable.
- Individuals receiving peer support may voluntarily choose or reject a peer by any criteria they believe important.
- Team members may decide they cannot assist a member for a multitude of reasons; however, reasons should be articulable and the Team Leader notified.

Routine Visits

- Draw out current concerns of the group.
- Help them specify problems.
- Identify areas where the Peer Support Team can assist.
- Provide an update on new programs and resources as well as and how to access them.
- If no problems can be identified, then don't persist. Keep the visit brief and relaxed.

Requested Visits

When notified of a situation where a Peer Support Team can be of assistance:

- Ascertain the problem or situation before the visit if possible.
- Plan a team strategy before arrival.
- Call ahead to schedule the visit.
- Check with other peers who may have prior history with the requested crew.
- Open dialogue according to the plan established by the peers.
- Stay focused but be flexible if necessary.
- Assess the problem and ensure members have relevant resources and information.
- Ascertain if a follow-up visit is necessary and inform the Team Leader.

Traumatic Events

- Peers may be requested to visit stations during the aftermath of a traumatic event, including:
 - LODD
 - Critical injury of member
 - Suicide of member
 - Dead or severely injured children
 - Mass-casualty event
 - Act of terrorism
- **Peer Support Team** interaction with members should be at the group level whenever possible.
- **Peer Support Teams** may want to consider a policy for responding to requests from other jurisdictions.

Peer Support Team Grants

Expenses related to **Peer Support Teams** will be paid by the **Participant** or **Member** as appropriate per any employment agreement. **Grant** applications for reimbursement for expenses related to **Peer Support Teams** paid by the **Participant** or **Member** will be considered by the **Pool** and are further specified under the **Peer Support Team Grant Provisions/Conditions** section. The **Pool** may also consider direct payments to approved **Clinicians** and approved training entities.

Peer Support Team - Eligible Expenses

Peer Support Teams may apply for reimbursement of the following expenses as they relate to support of the team:

1. Approved **Peer Support Team** training for a group or for individuals team members.
2. Meetings or events supporting **First Responder** behavioral health.
3. Promotional materials supporting **First Responder** behavioral health.
4. **Peer Support Team Clinician**-related expenses, including training and retainers.
5. **Peer Support Team** leader-incurred expenses for providing behavioral health resources, guidance, or training.

Peer Support Team Grant Exclusions

In addition to any specific exclusions under the terms of this Program Document, the following are excluded from any **Peer Support Team** reimbursement **Grants** or expenses which may occur, arise, or result from:

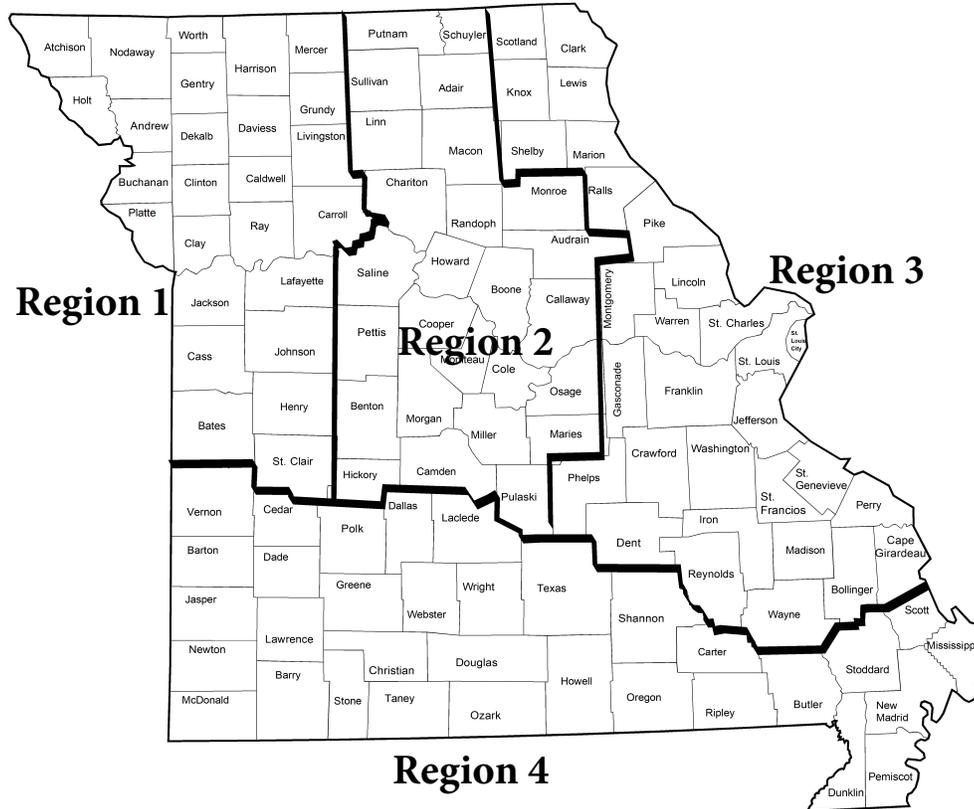
1. Expenses the **Peer Support Team** incurred before the **Program Effective Date**.
2. Expenses for the **Peer Support Team** which are covered or otherwise provided by an **Employer** or **Enrolled Organization**.
3. Expenses related to out-patient treatment of a **First Responder**.
4. Expenses for any time lost, paid, or unpaid leave, or any salary or benefit reduction, while serving as a member of, or attending training as a member of a **Peer Support Team**.
5. Expenses the **Peer Support Team** incurred during travel or activity outside the contiguous United States.

Peer Support Team Grant Provisions/Conditions

The following provisions and conditions apply and must be met in order for a **Peer Support Team, Participant** or **Member** to be eligible for benefits hereunder:

1. All **Applicants** meeting the definition of a **Peer Support Team** or **Participant** are included as eligible for the Behavioral Health Program, subject to verification of the appropriate **Member**.
2. Any claim for a reimbursement of expenses related to the **Peer Support Team** under this Behavioral Health Program shall be offset by any benefit or coverage received from the **Peer Support Team, Participant** or **Member's Employer**, local union, organization, or any other benefits which were received or expected to be received by the **Peer Support Team, Participant** or **Member** for this purpose.
3. Any claim for a reimbursement of expenses related to a **Peer Support Team** under this Program Document are to be in excess of any other services or coverage which are available to the **Peer Support Team, Participant** or **Member**.
4. All **Peer Support Team Grant** applications under this Program Document shall be submitted to the appropriate **Regional Coordinator** for review and must include the following:
 - a. Documentation of expenses claimed by and paid for by the **Applicant** to include paid receipts. Travel expense reimbursement will be considered only with paid receipts attached to the application.
 - b. The **Pool** may also consider direct payments to approved **Clinicians** or approved training entities upon the submission of a detailed invoice and explanation of expense.

**BEHAVIORAL HEALTH PROGRAM
REGIONAL MAP**



MFFCIP - Regional Contacts

Region 1

Coordinators:

Natalie Flavin
Northland Regional
Ambulance Dist.
NFlavin@IAFF42.org
816-377-7380

Mike Peacock
Independence Fire Dept
Mike.Peacock09@gmail.com
816-718-7302

Clinician:

AJ Pittman LCSW, LCSW,
LMAC, SEP
AJones@IAFF42.org
913-523-4090

Region 2

Coordinators:

Mike Holz
Columbia Fire Dept
Smoltzy911@gmail.com
573-268-3030

Mike Oakes
Osage Beach FPD
MOakes@obfire.net
573-216-1047

Clinician:

Joan Burke LPC, EMT-P
Joan@clacounseling.com
573-356-9951

Region 3

Coordinators:

Chris Mantia
West Overland EMS & Fire
CMantia8141@gmail.com
314-420-6456

Mark Jones
St. Charles City Fire Dept
Ffempt757@gmail.com
314-486-3521

Clinician:

Valerie Beason, LPC
VBeasonCounseling@gmail.com
636-395-3101

Region 4

Coordinators:

Scott Guccione
Springfield Fire Dept
4firegooch@gmail.com
417-576-8105

Jeremie Humphrey
Joplin Fire Dept
Jhumpfire72@gmail.com
620-210-0211

Clinician:

Dr. Joe Hulgus
JHulgus@msn.com
417-827-1557

Notice of Application

As the program is formally established as a statutory requirement, as long as funding is available, owed to the **Applicant** by the **Pool**, and where the rules for a qualifying **Grant** are specific, when at all possible, the **Applicant** must provide notification or plan of expenditures to substantiate a valid application.

Residential/Inpatient Treatment Services Grant Applicants must notify the appropriate **Regional Clinician**. Contact information for each **Regional Clinician** may be found on page 19 of this **Program Document**.

Clinician Grant & Peer Support Team Grant Applicants must notify the the appropriate **Regional Coordinator**. Contact information for each **Regional Coordinator** may be found on page 19 of this Program Document.

The notice of ALL applications and plans of expenditures should be submitted within 30 days before the expense is to be incurred for which the **Applicant** will be requesting expense reimbursement. If notice is not given within this 30-day period, the claim will not be invalidated or reduced if it is shown that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. In addition to any information required, notices must include the **Member's** name and contact information, **Applicant's** name and contact information, and a request for reimbursement of expenses paid for by the **Applicant** which the **Applicant** has completed during the **Program Period**, including information relating to services provided, service provider contact information, and invoices for expenses paid by the **Applicant**.

Grant Applications

MFFCIP Behavioral Health Program Grant applications may be found in Appendix A of this Program Document, or on the Pool website at www.MFFCIP.org. Grant application forms may also be mailed upon request.

Grant Application Cooperation Provision

Failure of a Participant, Peer Support Team, Clinician, or Member to cooperate in the administration of a Grant application may result in denial. Such cooperation includes, but is not limited to, providing any information or requested documents needed to determine whether benefits are payable, or the actual benefit amount due.

Evaluation of Grant Applications

Residential/Inpatient Treatment Services Grant applications shall be submitted directly to the appropriate **Regional Clinician** for evaluation. All **Residential/Inpatient Services Grant** applications must include a Residential Treatment Expense Voucher and verification of the expense in the form of an invoice furnished by the **Residential/Inpatient Treatment Services** facility. Requests for the reimbursement of travel expenses associated with **Residential/Inpatient Treatment Services** will be considered only with paid receipts attached to the expense voucher. After review, the **Regional Clinician** will make a recommendation to the **Pool** Board of Trustees. Following Board approval, the voucher will be submitted to accounting for processing.

Clinician and **Peer Support Team Grant** applications shall be submitted to the appropriate **Regional Coordinator** for approval along with a training or event plan. Following the training or event as approved by the Regional Coordinator, the Clinician or Peer Support Team shall submit the appropriate reimbursement voucher to the Program Manager. Vouchers must include verification of the expense in the form of an invoice or paid receipt furnished by the training entity, W-9, or other related expense documentation. Requests for the reimbursement of travel expenses associated with behavioral health support for **First Responders** will be considered only with paid receipts attached to the voucher. After an administrative review, **Grant** applications and reimbursement vouchers will then be forwarded to the **Pool** Board of Trustees for approval. Following Board approval, the voucher will be submitted to accounting for processing.

The **Pool** has the right to require as part of the proof of expense:

1. The **Applicant's** signed statement identifying all other benefits received, or expected to be received; and,
2. Documentation of all invoices and paid receipts related to the application; and,
3. Satisfactory proof that the **Applicant** has applied for all other **Employer Provided Behavioral Health Programs** or excluded or offset benefits.

All Grants as provided according to this Behavioral Health Program are intended to supplement, not replace or exceed, any other benefit received by, or expected to be received by, the Grant Applicant. By submitting the Grant application and proof of expenses, the Applicant attests that all sources of coverage or support have otherwise been obtained and reported.

Denial Review Process

The **Grant** criteria in effect at the time of the **Program Period** of which a **Grant** application is made governs the process by which a **Participant, Peer Support Team, Clinician, or Member** may request review of a denial, in whole or in part, of requested benefits. If a **Participant, Peer Support Team, Clinician, or Member** and the appropriate reviewer fail to agree on whether benefits under this Program Document are due, the **Participant, Peer Support Team, Clinician, or Member** may request a review of the denial, in whole or in part, by submitting a written statement to the **Trust Administrator** within sixty (60) days of the denial. The denial is considered final if no request for review is submitted within sixty (60) days of the notice of denial. The **Trust Administrator** will forward timely written review request to the **Pool** Board of Trustees which will provide a written decision within thirty (30) days, unless special circumstances exist for an extension, in which event the written decision shall be made within ninety (90) days. The decision of the **Pool** Board of Trustees is final, conclusive, and binding upon the **Participant, Peer Support Team, Clinician, or Member** and all other persons thirty (30) days after the decision is issued.

ADMINISTRATIVE PROVISIONS

Changes to This Contract

This Program Document, the Trust Agreement and the **Grant** criteria incorporated herein by reference, make up the entire contract between the **Participant, Peer Support Team, Clinician, or any Member** and the **Pool**. In the absence of fraud, all statements made by the **Participant, Peer Support Team, Clinician, or any Member** will be considered representations and not warranties. No written statement made by a **Participant, Peer Support Team, Clinician, or any Member** will be used in any contest unless a copy of the statement is furnished to the **Participant, Peer Support Team, Clinician, or any Member** or personal representative. No change in this Program Document will be valid until approved by the Board of trustees for the **Pool**. The effective date of the initial Program Document and any subsequent amendments must be noted on or attached to this Program Document. Otherwise, no party may change this Program Document or waive any of its provisions.

Plan Effective Date and Termination Date

The **Pool**, through the Board of Trustees, may terminate the **Behavioral Health Program** on or before the expiration of the **Program Period** if funding for the **Behavioral Health Program** is not sufficient either during the **Program Period** or to continue the **Behavioral Health Program** for a subsequent period.

Clerical Error

A mere clerical error, whether by the **Participant, Peer Support Team, Clinician, Employer, Member**, or the **Pool** will not automatically deny or void any eligible **Grant** which would otherwise have been in effect, nor extend the reimbursement if that program benefit would have otherwise ended or been reduced as provided in this Program Document. However, if a clerical error is discovered after the expiration of the current Program Document, the **Grant** must be evaluated by the **Trust Administrator**, in consideration of the **Grant's** eligibility.

Payment in Error

If an erroneous benefit payment is made by or on behalf of the **Pool**, the **Pool** may require the **Participant, Peer Support Team, Member, Clinician**, or ineligible person to refund the amount paid in error. The **Pool** reserves the right under this Program Document to correct payments made in error by offsetting the amount paid in error against any future payments or **Grants**. The **Pool** also reserves the right to take legal action to correct payments made in error.

Conformity with Law

This Program Document shall conform with any determination made by an appropriate jurisdiction regarding changes to the **Behavioral Health Program** and the Critical Illness Pool as defined in RSMo 320.400.



MISSOURI FIRE FIGHTERS
CRITICAL ILLNESS POOL

Behavioral Health Program

Appendix A



**Behavioral Health Program
Residential/Inpatient Treatment Services Grant
Application**

Section I – Employer/Organization Information

Employer/Organization Legal Name	
Employer/Organization Address	HR Contact Name (To anonymously gather any information on program benefits not provided as requested below):
HR Contact Email	HR Contact Phone Number
Name of Employee Assistance Program (EAP) or Employer-Provided Behavioral Health Program if one is available to you	
Provide Employer/Organization provided EAP or Behavioral Health Benefit Plan (provide a website link, PDF copy of the entire plan, or plan summary)	
Contact Information of Employer/Organization Provided Behavioral Health Program (i.e, the EAP Insurer or Behavioral Health Benefit Plan Administrator)	

Section II – Individual Participant Information

Name	
Date of Birth	Participant Social Security Number - Last 4 digits
Mailing Address	Participant First Responder Employment Type Full-Time Part-Time Volunteer
Phone Number	Participant Email
Job Title	Date Of Hire/Start Date
Significant Event contributing to need for Residential Treatment Services	Date of Incident (When care initially started)

Have all employer/organization provided coverage benefits including insurance, workers compensation, and EAP been applied for and received?
If no, please explain below, or attach a separate letter of explanation. Yes No

Section III – Behavioral Health Clinician & Facility Information

Clinician Name:

Facility Name:

Type(s) of Care your Clinician Provided during Inpatient Service:

Date of completion of Inpatient Service

Participant Balance (attach invoice)

A facility invoice showing charges for treatment and/or medications and balance due after insurance and workers compensation payments must be attached to this Grant application and Expense Voucher. Receipts and W-9 must be attached if requesting reimbursement of costs associated with reimbursement of travel expenses directly related to Residential/Inpatient Treatment Services.

Section IV – Other Funds Received, Fraud Warning, Release of Information (to be signed by Individual Participant)

Funds provided through this grant are intended to supplement Participant costs related to completing Inpatient Services, up to \$10,000 per program period. In order for this application to be complete and valid, you must provide information regarding any and all other funds, benefits, or allowances you have received, or expect to receive, to help offset costs to include those received from your employer, organization, local union, social security or workers' compensation.

Any person who knowingly and with intent defrauds the Pool or other person files a reimbursement grant application with the Behavioral Health Program or a claim containing any materially false information or conceals, for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I authorize the release of information contained within and attached to this application for the sole purpose of the evaluation of grant eligibility.

I hereby certify the foregoing statements made by me on this form to be true to the best of my knowledge. I am aware that if any of the foregoing statements on this form made by me are willfully false, I may be subject to penalties, which may include criminal prosecution.

Signature of Participant

Name of Participant (please print)

Date Signed

Send your completed grant application, supporting documentation and W-9 to the appropriate Regional Clinician.

Questions may be directed to the appropriate Regional Clinician, Regional Coordinator or Sherry Sweet at Sherry.MFFCIP@gmail.com or 573-619-7216.



**Behavioral Health Program
Clinician Grant Application**

Section I – Behavioral Health Clinician & Company Information

Clinician Name	Job Title
Clinician Email	Phone Number
Company Name	Company Address
Name of the Peer Support Team or Agencies You Provide Support	
Please tell us about yourself and why you are applying for this grant.	

Section II – Clinic and Services Information

Where is your clinic located?	What is the size and extent of your clinic and/or practice?
What is your experience working with first responders, if any?	
What is your experience with PTSD, if any?	
What treatments and services do you offer at your clinic and/or practice, including telehealth visits?	
What do you see as the primary behavioral health needs of first responders?	
Are you willing be a resource for first responders in crisis and be listed on the MFFCIP website resource page?	

Section III – Training Program / Expense Information

Name of Training, Event, Service or Expense		
Describe this expense in detail:		
How will this benefit those you serve?		
What other resources are available for this expense? Were those resources utilized? To what extent?		
Date of Event	Total Request	
Attach all applicable documents such as training announcements, promotional materials, and anticipated expense information with this application.		
_____ Clinician Signature	_____ Clinician Name (Type or Print)	_____ Date Signed

**Send your completed grant application and training/event plan to your
Peer Support Team Regional Coordinator**

**Questions may be directed to your Peer Support Team Regional Coordinator, or to Sherry Sweet at
Sherry.MFFCIP@gmail.com, or 573-619-7216.**



**MISSOURI FIRE FIGHTERS
CRITICAL ILLNESS POOL**

**Behavioral Health Program
Peer Support Team Grant Application**

Section I – Peer Support Team Information

Peer Support Team Name		Team Leader Name	
Team Leader Email		Team Leader Phone Number	
Team Leader Address			
MFFCIP - Region			
MFFCIP - Regional Coordinator			
Total Request:		Date of Event:	
Payment should be made to:	Provider of Training/ Service <input type="checkbox"/>	Team/ Employer/ Organization <input type="checkbox"/>	Payee name:

Section II – Request Details

Name of the Peer Support Team Training, Event, Service or Expense		
Describe the necessity of this expense in detail.		
How will this benefit your team and those you serve?		
Explain other resources available to the team for this expense. To what extent were those resources utilized?		
How many first responders will benefit from this expense?		
Attach all applicable documents such as training announcements, promotional materials, and anticipated expense information with this application.		
_____	_____	_____
Signature of Team Leader	Printed or Typed Name of Team Leader	Date Signed

Section III – Employer/Organization Endorsement

Employer/Organization Name	Employer/Organization Head	
<p>I, _____, endorse _____'s Peer Support Team Grant Application.</p> <p>Employer/Organization Head Team Leader</p>		
_____ Signature of Employer/Agency Head	_____ Printed or Typed Name	_____ Date Signed

**Send your completed grant application and training/event plan to your
Peer Support Team Regional Coordinator.**

**Questions may be directed to your Peer Support Team Regional Coordinator, or
to Sherry Sweet at Sherry.MFFCIP@gmail.com, or 573-619-7216.**



MISSOURI FIRE FIGHTERS
CRITICAL ILLNESS POOL

Behavioral Health Program

Appendix B



MISSOURI FIRE FIGHTERS
CRITICAL ILLNESS POOL

Peer Support Team Member Nomination Form

(To be used for internal use only)

Section I – General Information

Name of Individual you are Nominating	Department/Agency
Email	Phone Number
Your Name	Your Department/Agency
Your Email	Your Phone Number
Name of Peer Support Team to which You are Nominating this Individual	
Team Leader Name	Department/Agency
Are you currently serving on this Peer Support Team?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section II – Individual Qualities & References

Explain why this person would be a good member of the Peer Support Team. Be sure to include personal attributes or experiences which may be beneficial to the team.		
List any known Specialized Peer Support or Mental Health Training Completed by this Individual:		
Additional Reference	Email	Phone Number
_____ Your Signature		
_____ Your Printed/Typed Name		_____ Date Signed



Behavioral Health Resources for First Responders

2nd Alarm Project - <https://2ndalarmproject.org/>

42Cares - <https://www.42cares.org/>

Crackyl - <https://crackyl.com/>

First Access Behavioral Health - <https://firstaccessbh.org>

First Responder Center for Excellence - <https://firstrespondercenter.org/>

First Responder Trauma Counselors - <https://911overwatch.org/>

IAFF - Center of Excellence - <https://www.iaff.org/center-of-excellence/>

International Critical Incident Stress Foundation - <https://icisf.org/>

Missouri Department of Public Safety- <https://dps.mo.gov/>

National Fire Service Suicide Reporting System - <https://www.ffbha.org/>

National Institute of Health - <https://www.nih.gov/>

National Suicide and Crisis Lifeline - Call or Text 988, Chat - <https://988lifeline.org/chat/>

National Volunteer Fire Council - <https://www.nvfc.org/programs/share-the-load-program/>

Ohio Assn of Professional Fire Fighters - <https://firefightermentalhealth.org/>

Responder Strong - <https://responderstrong.org/>

Warrior's Rest Foundation - <https://warriorsrestfoundation.org/>