

Responding to Members' Behavioral Health Needs A Three-Month Action Plan for IAFF Leaders

This Action Plan outlines simple steps your union can take each month to better meet the behavioral health needs of members. By executing each action step, you move from being reactive to proactive and systematically build your union's capacity to respond when there's a behavioral health need.

MONTH ONE

LEADERSHIP

- (1) While you may provide leadership on this initiative, this is not a one-person job. Assign someone to take the lead on the plan. Look for a person who has a passion for addressing behavioral health issues, is good on follow-through and trusted by other members. Meet with that Behavioral Health Lead to discuss the plan below, decide if anyone else should help with the tasks, and set up dates for report-outs at the end of each month.
- (2) Store these numbers in your phone: your EAP, **National Suicide Prevention Hotline** — 800-273-TALK (8255) and/or your local crisis line (look it up under **Crisis Center Locations**); you want to have a number to call when a mental health consultation is needed urgently. Also, record the number for the IAFF Center of Excellence for Behavioral Health Treatment and Recovery's Call Center: (855) 900-8437.
- (3) Go to iaff.org/behavioralhealth and download "SOPs to use following a suicide" and put it in a newly-created "Behavioral Health Resources" file. This reference should be readily available if ever needed and can be used as a template to create your own SOPs.

BEHAVIORAL HEALTH LEAD

- (1) Understand how your EAP works
 - What's the availability for after-hours/crisis calls?
 - How does confidentiality work (i.e., what type of information is reported out and to whom)?
 - What information/services will your members receive when they contact the EAP?
 - Will they be given a choice of whom to see?
 - Are there providers who have experience with trauma, first responders or veterans?
 - What's the process for requesting a new EAP counselor if it's not a good fit?
 - Can members make appointments and see a counselor within 24-hours?

- (2) Investigate what your health insurance covers
 - Contact member services (phone # is on the back of the card). If there are multiple insurance plans, contact the two plans that cover the most members
 - Find out the co-pay for mental (or behavioral) health "outpatient visits"
 - Ask about the process to access clinicians
 - Is pre-authorization needed before the appointment?
 - Can the list of providers be accessed online?
 - Can this list be sorted into providers with experience with trauma, first responders and/or veterans?
- (3) Compile the information you've gathered about your EAP and insurance company— along with other behavioral health resources (e.g., chaplain) you currently know – and post the info on the union website and/or share it with members through electronic communication or flyers.

MONTH TWO

LEADERSHIP AND BEHAVIORAL HEALTH LEAD

- (1) Familiarize yourself with behavioral health issues within the fire service, including suicide warning signs. Two excellent resources are **Firestrong**, a website put together by the United Phoenix Firefighters, and the **IAFF Behavioral Health Awareness Course**, a self-paced, online class.
- (2) Conduct a self-assessment of your jurisdiction's behavioral health resources, programs, policies and culture. The IAFF has developed an **online questionnaire** to help you with that process. A specific link can be generated if you want to have multiple people complete the self-assessment. This assessment helps you better understand what IS available in your jurisdiction and what are possible directions for the future.

BEHAVIORAL HEALTH LEAD

- (3) Compile a preliminary master list of mental health clinicians experienced with trauma, substance abuse first responders and veterans. Ask your EAP for suggestions. Pull names off the online insurance directories. Contact your local community health center and ask for recommendations. Counselors usually are psychologists (Ph.D. or Psy.D.); licensed professional counselors (LPC); or licensed social workers. Some psychiatrists (M.D.) provide counseling, but most focus on prescribing and monitoring medication.

MONTH THREE

LEADERSHIP

- (1) Visit stations and have informal talks with members to get their perception/utilization of available behavioral health resources members (e.g., Chaplain; EAP; community clinicians) for themselves or family members. In addition to helping you understand what is/is not working, these discussions send the message that it's OK to talk about behavioral health; they help break down stigma that prevents members from reaching out for help.
- (2) Identify people within the department and jurisdiction who have a shared interest in a healthy workforce and consider how they can help address the behavioral health needs of members. Not surprisingly, the most successful behavioral health initiatives have buy-in from labor and management.
- (3) Convene a meeting of these key people to share perspectives and brainstorm possible joint efforts. Use the this input to shape your action plan for the next three months.

BEHAVIORAL HEALTH LEAD

- (1) Vet the clinicians on your master list to make sure you feel comfortable referring to them. Ask to set up a five-minute phone appointment with the clinician to talk about their interest in potential referrals from the fire service. (If possible, it's even better to ask for a 15-minute appointment and drive to their office to get a sense of the environment.) Ask about their experience with the fire service, first responders and/or veterans. Ask whether/how they treat PTSD and substance abuse. While you want to check on qualifications, it's also important that you get a good vibe from the person. Do they return calls? Are they listening closely? Do they seem warm and empathetic? Have a sense of humor? Seem relatable? Even if someone doesn't have much experience working with the fire service, if they have those qualities and are interested in working with your members, consider trying them out. Categorize each person as a definite yes, a maybe or a definite no. Do not be discouraged if your initial list of 20 counselors gets whittled down to 3 – 4 people on the "definite yes" list.
- (2) Locate additional treatment resources like substance abuse facilities, community mental health centers, inpatient mental health hospitals by searching the federal government's [online locator](#). Find locations for nearby [AA](#), [NA](#) or [Al-Anon Family Group](#) meetings.
- (3) If you've had the lead on the referral list thus far, consider enlisting someone else to be responsible for building and maintaining it. The referral list needs to be a work-in-progress and updated regularly by listening to member feedback, learning about new resources, and ensuring that information about existing resources is current.

Whether it takes you weeks or months to implement this plan, you are making important progress. Every step gives you tools to intervene earlier, feel more prepared for any behavioral health emergencies, and demonstrate the importance of both the physical and mental health of your members.

For more ideas and resources on how to improve your response to your members' behavioral health needs, go to iaff.org/behavioralhealth or contact behavioralhealth@iaff.org.
