

El Paso Fire Department - Creating a Comprehensive Support Network

BEHAVIORAL HEALTH CASE STUDY

The Opportunity

Following its response to a mass shooting at a big box store in 2019, the El Paso Fire Department (EPF) found itself “playing catch up” in its care and support of the behavioral health of members of the department.

The Action

While the department used both locally and nationally available behavioral health resources, following the shooting, gaps in its ability to support its personnel long-term became the catalyst that guided the EPFD’s leadership to drive a full-scale change in the department’s approach to its members’ behavioral health needs.



DEPARTMENT INFO

EL PASO FIRE DEPARTMENT

POPULATION SERVED: 675,872

TOTAL UNIFORMED PERSONNEL: 988

TOTAL CIVILIAN PERSONNEL: 230

FIRE STATIONS: 36

ISO CLASS: I

GOVERNANCE: MANAGER/COUNCIL

HIGHEST LEVEL OF EMS SERVICE PROVIDED:
MOBILE INTENSIVE CARE

ANNUAL BUDGET: \$148 MILLION

The Outcome

In acknowledging how it initially faced challenges following the 2019 mass shooting, the department has remained committed to supporting its members, and a full-scope health clinic is the department’s recognized long-term goal – integrating physical, medical, and behavior health care.

EL PASO FIRE DEPARTMENT - CREATING A COMPREHENSIVE SUPPORT NETWORK

BEHAVIORAL HEALTH CASE STUDY

Introduction

In a recent New York Times article, the contrast between the volume of critical incidents experienced by an “average” member of the public, versus first responders was drawn in stark terms: “people on average, will experience two to three critical incidents in their lifetime. . . [while] an emergency worker may experience 180 critical incidents.” Because many of these incidents still require self-reporting, and because of the nature of modern emergency services work, this number is probably under-representative of the true volume of what emergency workers see.

In addition, what happens when a mass shooting is of such scale, and has such wide-ranging effects on a community that there is not an adequate, or immediate way to measure impact? The same consideration must be taken when thinking about the potential impact of a single incident on individual emergency workers, in this case the dispatchers, firefighters, fire officers, and chief officers of the El Paso Fire Department.

The Opportunity

As an operations-focused organization, the El Paso Fire Department had long-assumed two things: that a post-incident after action review would address members’ needs by allowing them to discuss tasks/tactics/strategy following a call and by understanding how each worked toward a positive outcome, this would alleviate any need for specific behavioral health care; and, if members or staff were struggling following an incident, they would reach out for support or care.

These assumptions were first stressed and then fractured because of the extreme nature of the 2019 shooting: on August 3, a lone gunman entered a Wal-Mart on the east side of El Paso and, in only six minutes, killed 23 members of the community, before he fled the scene and soon-thereafter surrendered to members of law enforcement.



EL PASO FIRE DEPARTMENT - CREATING A COMPREHENSIVE SUPPORT NETWORK

BEHAVIORAL HEALTH CASE STUDY

Once the scene was turned over to law enforcement for investigation, and fire department operations were terminated, staff began to implement a plan to support those members who responded, who worked on incident communications, who lived in the neighborhoods around the store, and those who knew community members killed. The support offered through local health care providers and the International Association of Fire Fighters (IAFF), was important in the department's recovery. EPFD quickly identified there were gaps in the ability of the department to provide direct care, and a general lack of future support, which meant that while the department was "playing catch up" its members and staff were struggling.

The Action

In the immediate aftermath of the 2019 mass shooting, the department began to conduct research on successful behavioral health and wellness programs as models to follow. This involved coordination between the department's health and safety chief, the existing peer support program, IAFF Local 51, and local behavioral health providers.

One key recognition during this process was that there was a need to communicate and bridge gaps between what the department was already providing and the more comprehensive goal of the new practice. Another key was that the department could immediately expand existing programs with more formal steps for follow-up through the recognition of critical incidents and the immediate response of peer support members.

It's worth noting that the department continued to build on each practice, "adding layers to the mental health awareness, support, and maintenance program." Components were supported in different ways, including assistance from Local 51, which provided support dogs for both operations members and communications center staff. The department worked to ensure program sustainability by identifying funding needs and tying these to budget line items, so that the peer support team, for example, has ongoing financing for training new



EL PASO FIRE DEPARTMENT - CREATING A COMPREHENSIVE SUPPORT NETWORK

BEHAVIORAL HEALTH CASE STUDY

members and expansion. This approach – layering and phasing in components – has allowed the department to methodically work through any challenges and to build on previous success.

The Outcome

In the years since the 2019 mass shooting, the EPFD has addressed gaps in its behavior health support through a multi-faceted approach:

- Top-down support from the department’s command staff
- Recommendations for program improvement from across the department
- Formal processes for identifying critical incidents and providing tiered follow-up
- Immediately available local and national resources
- Expansion of its peer support program
- Expansion of its chaplaincy program

The department has implemented a formal three-step action process:

- *Immediate* – peer support members are notified and deployed both during and after the call/incident.
- *Deferred* – trained members conduct a Critical Incident Stress Debriefing (CISD) debriefing for all personnel involved with the call – within 2 days
- *Continuous* – identified resources/outlets to assist employees managing stress (counseling, arts and crafts, exercise, yoga, meditation)

For those personnel needing continued support through counseling, this comes in two forms: voluntary self-referral to a vetted, local resource; and, for more significant cases, the department works within the Human Resources (HR) and Employee Assistance Program (EAP) framework to place an employee on a 40-hour week with mandatory behavioral health referrals with the goal of getting the member back to full-duty following a “fit-for-duty”



EL PASO FIRE DEPARTMENT - CREATING A COMPREHENSIVE SUPPORT NETWORK

BEHAVIORAL HEALTH CASE STUDY

evaluation. In order to ensure privacy, the department relies on coordination between its health and safety division, HR/EAP staff, and the member's mental health provider.

Further, the department also recognized that post-incident support, referrals, and mental health program expansion wasn't enough to ensure employee understanding and buy-in, that there needed to be a training and awareness component for all personnel, including the use of instructional books and classes that begin in recruit school and continue through professional development courses.

The department has two identified goals for further program development:

- Creation of a dashboard for identifying each employee's critical incident exposure (incident count over a defined timeframe)
- Addition of a mental health specialist who will work with employees as part of the department's annual physicals – which will allow a baseline to be set and assist the department in identifying any lifestyle changes that may impact its personnel

Tips for Replication

EPFD offers the following points for any department who is looking to create and/or further develop its behavioral health programs:

- *Make it "ok" to seek help* – this is most important.
- *Leadership must be involved and "lead the change."* Pay particular attention to anything related to additional funding, staff changes and/or restructuring, because this may create an unexpected delay or require coordination both inside and outside the department.
- *Make all aspects of the program visible and accessible.* Every department should meet its personnel where they are.
- *Make sure that success stories and positive feedback reach all personnel.* Firefighters and other staff are the best advocates for any/all behavioral health programs.
- *Many aspects of the program are of no cost, but time.* Often there is a perception that change comes with a monetary "cost" which is simply not accurate.
- *Allow for feedback and recommendations from across the organization.*

Additional Resources

- Brandon Kapelow, "For a Firefighter Struggling With Trauma, Ketamine Therapy Offers Hope," NY Times online. New York Times, March 26, 2024, <https://www.nytimes.com/2024/03/26/opinion/ketamine-therapy-ptsd-workers.html>. (accessed April 1, 2024)

EL PASO FIRE DEPARTMENT - CREATING A COMPREHENSIVE SUPPORT NETWORK

BEHAVIORAL HEALTH CASE STUDY

About CPSE and Metro



Center for
Public Safety
Excellence®

The Center for Public Safety Excellence (CPSE) helps high-performing fire departments and emergency service professionals in their efforts to continuously improve through accreditation, credentialing, and education.

www.cpse.org



The Metropolitan Fire Chiefs Association brings fire service professionals together to address the challenges of large-jurisdiction departments across the globe serving as an educational resource and promoting best practices for members to follow.

www.nfpa.org/metro

CPSE and Metro have partnered to develop this series highlighting proven practices of Metro departments accredited by CPSE's Commission on Fire Accreditation International.