

Report on Mental Health Access for First Responders

As Required by
House Bill 1794, 85th Legislature, Regular Session,
2017

December 2018

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Executive Summary

The Report on Mental Health Access for First Responders is submitted in compliance with House Bill (H.B.) 1794, 85th Legislature, Regular Session, 2017.

In accordance with H.B. 1794, the Health and Human Services Commission (HHSC) established a Work Group on Mental Health Access for First Responders (Work Group) to develop and make recommendations for improving access to mental health care services for first responders. For the purpose of this report, unless otherwise indicated within the text, a "first responder" is defined as provided by Texas Government Code (TGC) § 421.095. Therefore, as used here, a first responder is "a public safety employee or volunteer whose duties include responding rapidly to an emergency. The term includes: a peace officer whose duties include responding rapidly to an emergency; fire protection personnel as defined by TGC § 419.021; a volunteer firefighter who is certified by the Texas Commission on Fire Protection or by the State Firefighters' and Fire Marshals' Association of Texas or a member of an organized volunteer fire-fighting unit as described by TGC § 615.003; and an individual certified as emergency medical services personnel by the Department of State Health Services."

The recommendations of the Work Group must address: disparity in access to mental health care based on the relative size of first responder organizations in Texas; solutions to improve access at the state and local level; the sufficiency of first responder mental health coverage; the sufficiency of first responder organization human resource policies to support first responders experiencing mental health issues; certain issues related to worker's compensation; first responder mental health training; the effectiveness of methods for assessing a first responder's mental health and any potential solutions for identified issues; opportunities for public-private partnerships; and any specific barriers to first responder mental health access. A detailed list of the charges for the Work Group are provided in the body of this report.

The Work Group is comprised of representatives from the HHSC, Texas Department of Insurance (TDI), mental health professionals, volunteer and paid fire departments, police departments, sheriff's departments, emergency management services departments, municipal governments, county governments, and Sam Houston State University College of Criminal Justice.

Activities by the Work Group to Date:

Members of the Work Group met seven times between January and October 2018 and worked collaboratively to identify ways to increase access to effective mental health care and to standardize policies that impact the provision of mental health care services for first responders. The Work Group researched evidence-based and best practice models to address mental health needs of first responders, as well as how other states are addressing the issue of access to mental health care. Three subcommittees were formed to specifically address sub-areas: access to mental health care, sufficiency of mental health care, and training and best practices in regard to mental health care for first responders. These subcommittees met regularly between January and August 2018.

The Work Group also developed a Survey of Texas First Responders (survey) to identify current gaps in mental health care for first responders across Texas and collect first responder perspectives on their access to and effectiveness of mental health care.

Background

In general, the Work Group, based on its collective experience and knowledge of first responders and their unique strengths, skills and needs, operated from the following findings:

1. First responders have a unique set of shared characteristics. These individuals have often been exposed to career-long complex and chronic trauma-inducing situations. Many first responders experience negative mental health symptoms due to these experiences.
2. Every day first responders encounter stressful and potentially traumatic events such as shootings, fires, accidents, disasters, and death. These repetitive negative experiences affect not only themselves, but their families, coworkers, and those they are sworn to care for and protect.
3. First responders provide critical services to communities in the aftermath of disasters, both natural and manmade. Their routine exposure to traumatic events and devastating circumstances put them at a high risk of experiencing a range of health and mental health consequences, such as Acute Stress Disorder (ASD) and Post-Traumatic Stress Disorder

(PTSD), compassion fatigue¹, and burnout².

4. At times, some first responders can find it difficult to ask for help to obtain treatment for mental health issues developed in the course of their professions³. Studies have shown that there are stigmas associated with seeking mental health help on the job. First responders who risk so much serving others in need, may be concerned to appear weak or unable to do their job. Such concerns may prevent first responders from seeking help or even acknowledging that they have a need for mental health services⁴.
5. In Texas, even for those first responders who seek assistance, a number of barriers can limit their access to needed mental health issues, including:
 - A. Size and demographics of the state - Texas is a large state and has a diverse landscape, which includes communities that are classified as frontier⁵, rural⁶ and urban⁷, or a mixture of all three. Where a first responder department⁸ is located can guide policy which may lead to disparity amongst policies on mental health issues, services, and access to care.
 - B. Resource Disparities - According to the Texas House Select Committee on Mental Health Interim Report to the 85th Legislature, December 2016, "an overwhelming majority of Texas counties are

¹ Cacciatore, J., Carlson, B., Michaelis, E., Klimek, B., & Steffan, S. (2011). Crisis intervention by social workers in fire departments: An innovative role for social workers. *Social Work, 56*(1), 81-88. <http://dx.doi.org/10.1093/sw/56.1.81>.

² Cicognani, E., et al. (2009). Emergency workers' quality of life: The protective role of sense of community, efficacy beliefs and coping strategies. *Social Indicators Research, 94*, 449-463.

³ Survey: Online survey within U.S. by Harris Poll on Behalf of University of Phoenix (April 2017)

⁴ Survey: Online survey within U.S. by Harris Poll on Behalf of University of Phoenix (April 2017)

⁵ According to the National Center for Frontier Communities, frontier counties are generally defined as having less than 7 people per square mile. Sixty-four counties in Texas are considered to be frontier. 2010 U.S. Census, Source: National Center for Frontier Communities.

⁶ Title 10, Chapter 2006, Sec. 2006.001 defines rural community as a municipality with a population of less than 25,000.

⁷ In accordance with the HSC (§ 104.44 and §105.003), Health Promotion Resource Center (HPRC) compiles, analyzes, and disseminates much of its data by urban and rural counties or border and non- border counties. Below are explanations of those designations: Counties are designated as metropolitan or non-metropolitan by the U.S. Office of Budget and Management (OMB). HPRC currently uses the designations that took effect in 2013. In Texas, 82 counties are designated as metropolitan and 172 are designated as non-metropolitan. HPRC uses the terms "non-metropolitan and metropolitan" interchangeably with "rural" and "urban."

⁸ For consistent terminology, this report uses the term "department" when referring to the broadest form of the first responder group. For instance, the City of Austin, along with all its components, is an "organization." When addressing specific components within an organization, "departments" are units of the workforce or human part of the organization that performs different operations in the organization. Therefore "department" will be used for consistent identification.

designated as Mental Health Professional Shortage Areas.”⁹ Access to qualified mental health care professionals who are trauma-informed¹⁰ and culturally competent¹¹ are very limited in some parts of the state.

- C. Disparate funding - Funding can be a barrier in developing mental health services for departments that are in more remote areas in the state or that are smaller. Due to this lack of funding some first responders, especially volunteers, may not be able to afford to seek professional help, causing them to not seek needed mental health services. Also, while worker’s compensation may provide mental health care coverage for a first responder diagnosed with PTSD, it is limited to being tied to a single incident.¹²
- D. Another barrier to first responders accessing mental health care is the availability of Peer Support and Critical Incident Stress Management debriefings during and after a critical incident.¹³

In accordance with H.B. 1794, the Work Group developed recommendations on the following charges to address:

- 1. The difference in access to mental health care services between:
 - A. Volunteer fire departments and small law enforcement agencies, fire departments, and emergency medical services providers;

⁹ Texas House Select Committee on Mental Health Interim Report to 85th Legislature December 2016

¹⁰ A trauma-informed approach to the delivery of behavioral health services includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. It involves viewing trauma through an ecological and cultural lens and recognizing that context plays a significant role in how individuals perceive and process traumatic events, whether acute or chronic. There are three key elements of a trauma-informed approach: (1) realizing the prevalence of trauma;(2) recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce; and (3) responding by putting this knowledge into practice (SAMHSA, 2012).

¹¹ First responder cultural competence is described as having an understanding and appreciation of the unique aspects of not only the job duties and the work environment but also the characteristics and experiences of those that act as first responders so that those providing services are able to provide treatment with minimal distraction or hindrance. Cultural competency occurs when: (1) cultural knowledge, awareness and sensitivity are integrated into action and policy; (2) the service is relevant to the needs of the community and provided by trained staff, board members, and management; and an advocate or organization recognizes each client is different with different needs, feelings, ideas and barriers.

¹² Texas Labor Code, Section 504.019 defines “first responder” and “PTSD.” It also clarifies that PTSD suffered by a first responder is a compensable injury only if it is based on a diagnosis that it was caused by an event occurring in the course and scope of employment (except for an injury that arises from a legitimate personnel action) and the preponderance of the evidence indicates that the event was a substantial contributing factor of the disorder.

¹³ According to a survey conducted by the Work Group, only 53percent of survey participants responded that they received post-incident debriefings after they reported a critical incident; 37 percent responded that peer support is offered through their department; and 21 percent of survey participants responded that their department does not have a process to directly provide mental health care services to first responders.

and

- B. Law enforcement agencies, fire departments, and emergency medical services providers.¹⁴
2. Potential solutions for state and local governments to provide greater access to mental health care services for first responders;
3. The sufficiency of first responder organizations' employee health insurance plans for obtaining access to mental health care services for first responders;
4. The sufficiency of first responder organizations' human resources policies, including:
 - A. Whether guaranteed employment should be offered for a first responder who self-reports a mental health issue;
 - B. The effectiveness of existing municipal employee assistance programs for treating PTSD and whether those programs should be expanded;
 - C. Any policy modification necessary to improve access to mental health care services for first responders; and
 - D. The establishment of best practices for municipalities, counties, and state agencies regarding legal reporting duties for first responders anonymously seeking mental health treatment.
5. The effectiveness of workers' compensation and other benefit claims for first responders, including determining:
 - A. The process by which those claims for first responders are handled and whether that process may be improved;
 - B. The feasibility of requiring PTSD to be covered under workers' compensation for first responders and if covered, the standards for diagnosing that condition;
 - C. The effectiveness of workers' compensation benefits and related

¹⁴ For consistent terminology, this report uses the term "department" when referring to the broadest form of the first responder group. For instance, the City of Austin, along with all its components, is an "organization." When addressing specific components within an organization, "departments" are units of the workforce or human part of the organization that performs different operations in the organization. Therefore "department" will be used for consistent identification.

benefits under Chapter 607, Government Code, and whether those benefits are excessively denied;

- D. The effectiveness of outsourcing workers' compensation and other benefit claims to third parties; and
 - E. Methods for improving the appeals process for workers' compensation and other benefit claims.
6. The feasibility of mental health training during the licensing or certification and renewal process for first responders;
7. The effectiveness of methods for assessing a first responder's mental health care needs after a critical incident, including determining:
- A. The feasibility of creating a standardized post-critical incident checklist to assess a first responder's mental health and of establishing minimum requirements for a first responder to return to duty; and
 - B. The effectiveness of critical incident stress debriefing programs used by local governments in this state and whether:
 - i. Those programs may be expanded statewide; and
 - ii. Peer support may benefit those programs.
 - C. The opportunities for public-private partnerships to provide mental health care services to first responders; and
 - D. Possible Texas-specific barriers, including stigmas, for first responders seeking mental health care services.

The following table outlines the recommendations developed by the Work Group in response to the charges provided by the bill. The specific charges addressed by each recommendation are provided in the column to the right.

Workgroup Recommendations

Charges Addressed

- | | Workgroup Recommendations | Charges Addressed |
|----|--|---------------------------|
| 1. | <p>Require all state agencies and local departments that govern first responders to develop critical incident policies to support, educate, and assist first responders.</p> <p>The policy should include utilization of the <u>Critical Incident Stress Management (CISM)</u>¹⁵ or other evidence based models, as short-term, psychological first-aid intervention strategies that can help mitigate long-term mental health issues for first responders.</p> | 1, 3 |
| 2. | <p>Standardize policies concerning provision of mental health services and access to these services so that all first responders are treated equally and fairly within each department.</p> | 1, 3, 4C |
| 3. | <p>Continue the activities of the Work Group on Mental Health Access for First Responders after the 86th Legislature to review any newly passed legislation, monitor the recommendations of the Work Group, and provide a more in-depth review of human resource best practices, employee assistance plans (EAPs), health insurance coverage, and workers' compensation coverage.</p> <p>Ensure that any funding needed to implement the recommendations of the Work Group is sought in contrast to redirecting existing training or other funds devoted to mental health and substance abuse programs within the local or state jurisdiction.</p> | 1, 2, 3, 4, 5, 6, 7, 8, 9 |

¹⁵ CISM is a seven-step structured group conversation which aims to teach about the signs and symptoms of stress and to provide a safe environment to talk about the incident at the feeling level.

Workgroup Recommendations

Charges Addressed

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- | | | |
|----|---|---|
| 4. | <p>Create a network of trauma informed mental health professionals.¹⁶ These professionals need to be versed in the culture of first responders and also “speak the language” of the first responders. These professionals may include in- network providers covered by health insurance or Worker’s Compensation, or out-of-network providers.</p> <ul style="list-style-type: none">• Mental health care professionals should be encouraged to seek specialized trauma training. <p>Licensing boards or associations should examine creating a certification (similar to play-therapy and bio- feedback) that would cover trauma and working with first responders.</p> | 6, 8, 9 |
| 5. | <p>The legislature should develop a permanent funding source in order to increase capacity for mental health infrastructure within all first responder departments, especially for those that lack resources; and to support the development of a peer infrastructure throughout Texas that would be available to any first responder at any time.¹⁷</p> | 1A, 1B, 2, 3, 4A, 4B, 4C, 4D, 7B, 6, 8, 9 |

¹⁶ Substance Abuse and Mental Health Services Administration (SAMSHA) defined “trauma-informed approach” as follows: According to SAMSHA’s concept of a trauma-informed approach, “A program, organization, or system that is trauma-informed: realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatization.”

<https://www.samhsa.gov/nctic/trauma-interventions>

¹⁷ H.B. 2619, 85th Legislature, Regular Session, directed the Office of the Governor to administer two grants to assist law enforcement departments who implement programs, practices, and services designed to address the direct or indirect emotional harm suffered by peace officers in the line of duty.

Workgroup Recommendations

Charges Addressed

-
- | 6. | Create regional Peer Support teams that respond after a critical incident. | 7A, 7B |
|----|--|------------|
| | <ul style="list-style-type: none">Require that Peer Support personnel be trained in CISM through the International Critical Incident Stress Foundation (ICISF)¹⁸ or other evidence-based interventions. <p>As recommended by ICISF that peers should not debrief those persons within their own department.</p> | |
| 7. | Establish an "Office of First Responder Support Services" to train, manage, and provide assistance quickly after a critical incident to first responders and public entities that employ first responders. | 2, 6, 8, 9 |
| 8. | Amend the definition of "first responder" in TGC § 421.095 to also include, "and other personnel whose duties include responding to an emergency, meaning, emergency response operator, emergency services dispatcher, or department emergency response personnel," for the purposes of obtaining mental health services. | 1 |
| 9. | Amend the Texas Workers' Compensation Act, Texas Labor Code, Chapter 504, to provide that PTSD is a compensable injury if it arises out of repeat | 5 |

¹⁸ Models of peer support vary, but in general the terms refer to a supportive relationship between people who have a lived experience in common in relation to either their own mental health challenge or illness or that of a loved one.

Workgroup Recommendations

Charges Addressed

	exposures occurring in the first responder's course and scope of employment, in accordance with the DSM-5 diagnostic criteria.	
10.	Amend the confidentiality requirements in Health and Safety Code (HSC) § 81.046 to clarify that any report, record and information related to a first responder being treated for PTSD, mental health, or cumulative stress issues are not public information under Chapter 552, Government Code, and may not be released or made public on subpoena or otherwise. ¹⁹	4A
11.	Make trauma-informed mental health services available 24 hours a day, 7 days a week. <ul style="list-style-type: none">This could be accomplished through the use of tele-health services.	3, 9
12.	Develop a resource guide to include steps a department administrator should take to ensure the mental wellness of a first responder pre, during, and post-critical incident. This should include resources for before, during, and after a critical incident. The resource guide should also include resources for first responders	7A, 9

¹⁹ Labor Code, Section 504.019 defines PTSD to mean a disorder that meets the diagnostic criteria specified by the American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, fifth edition, or a later edition adopted by the Commissioner of Workers' Compensation. It also specifies that PTSD suffered by certain first responders (defined as firefighters, peace officers, emergency medical technicians, or licensed paramedics) is a compensable injury only if the disorder is caused by events occurring in the course and scope of the first responder's employment and the preponderance of the evidence indicates that the first responder's work was a substantial contributing factor of the disorder. Additionally, the bill further clarifies that the cause must be tied to a singular event and specifies that mental or emotional injuries caused by legitimate personnel actions are not compensable injuries under the Texas Workers' Compensation Act.

Workgroup Recommendations

Charges Addressed

experiencing a mental health crisis.

The resource guide should include, information on mental health benefits, information on annual mental health wellness checks, mental health awareness training, mental health first aid (MHFA), follow up peer support resources post critical incident, CISM, availability of a Post Critical Incident Seminar (PCIS).

(PCIS)²⁰ to first responders post critical incident, mental health self-assessment, crisis hotline, and a list of trauma-informed mental health professionals.

Resources necessary to develop this resource guide are recommendations in this report, but are not yet developed.

As a result, the creation of a resource guide is not feasible at this time, but could be developed in the future contingent on implementation of recommendations made by the Work Group.

- It is recommended that one function of the continued activities of the Work Group on Mental Health Access for First Responders is to develop a resource guide.

²⁰ PCIS is experiential workshop for officers and tele-communicators who have been through highly traumatic events, that provides an opportunity to share one's experience with one's peers, give and receive support, sessions with law enforcement related mental health professionals utilizing proven trauma recovery methods, and learn coping strategies that will enable recovery from past critical incidents and strengthen one's ability to deal with future incidents.

Workgroup Recommendations

Charges Addressed

13.	<p>Require a minimum of six hours of mental health awareness training to be included in initial certification trainings for all first responders. This training should be done at the academy level and should be mandatory.</p> <ul style="list-style-type: none">• It is recommended that a minimum of six hours of mental health awareness training be mandatory for every certification cycle for each level of certification regardless of the licensure and discipline.• It is also recommended that all trainings for the academy level, continuing education, and department heads be standardized across the state for each discipline so that all personnel receive the same information and referral resources.	6, 7A
14.	<p>No minimum requirements for return to duty after a critical incident should be established as each incident is unique and each first responder is unique.</p> <ul style="list-style-type: none">• First responders should not be penalized for seeking mental health care and there should be easily accessible resources for the first responders to utilize.• Mental health resources should be easily accessible for the first responders to utilize. Peer support and trauma-informed mental health professionals should be available to assess and	7A

Workgroup Recommendations

Charges Addressed

	<p>treat first responders who are experiencing a mental health crisis.</p> <ul style="list-style-type: none">• Mental health assessments, must be evidence-based. Assessments should either be self-administered or administered by a mental health professional.• Department heads or other department personnel who are not trained mental health professionals should not be the ones to administer an assessment.	
15.	<p>Design a state-wide hotline that is available to first responders within the state that is available 24 hours a day, 7 days a week, and ensure that the hotline staff are trauma- informed and adequately trained to respond to any matter that impacts the mental well-being of the first responder.</p> <ul style="list-style-type: none">• Establish training requirements and standards for hotline operators to be able to respond to a first responder who's experiencing a mental health crisis and who may be suicidal.• Ensure that hotline operators are equipped to provide resources to a first responder who's experiencing a mental health crisis and who may be suicidal. Ensure that clinical supervision is available to hotline operators.	7A, 9
16.	<p>Create a dedicated, statewide website listing all available resources for first responders.</p>	9

Workgroup Recommendations

Charges Addressed

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|-----|---|-------|
| 17. | Encourage public entities to provide access to annual mental health wellness checks for first responders as a best practice standard. Ensure that these mental health wellness checks are confidential and that the entity does not track or report on whether a first responder participates in these wellness checks. | 7A, 8 |
| 18. | A statewide collaboration should be formed between local municipalities and counties with local mental health authorities, mental health associations, state agencies, the United Way or other foundations who assist first responders to provide a local, current database to departments to utilize when needed. | 8 |

Conclusion

The mission of the Work Group is to develop and make recommendations for improving access to mental health care services for first responders by increasing awareness and reducing barriers to enhance the lives of Texas first responders and their families.

As presented above, first responders are impacted by a wide spectrum of mental health issues. Taking a multi-faceted approach is the most appropriate way to assure all first responders have access to effective mental health services at the right time and place. A multi-faceted approach includes peer support, Critical Incident Stress Management (CISM) teams, policies standardizing provision of mental health services (public and private), and comprehensive mental health insurance coverage, including workers compensation insurance coverage. Also, with the increased usage of technology, media platforms need to be accessible to disseminate mental health information so that no one is left out of the distribution of critical information.

With the multi-faceted approach, there also needs to be standardization of requirements regarding best practice standards for training throughout the entire state. All peer support teams should be required to have standardized training so that a member from one team could work seamlessly with members from another team.²¹

This report attempts to describe the issues regarding barriers first responders have in accessing mental health care, the challenges in trying to address the issues, and makes some initial recommendations for improvement. However, due to the extensive complexities involved in researching these issues, further study is needed to fully evaluate the scope and to develop comprehensive recommendations that address the charges set forth in the H.B. 1794.

²¹ CISM teams do have standardized training through the International Critical Incident Stress Foundation (ICISF) from Ellicott City, MD. A listing of all approved teams is kept within the Texas Department of Health and Human Services.

1. Introduction

[House Bill 1794, 85th Legislature, Regular Session, 2017](#), established a Work Group on Mental Health Access for First Responders (“Work Group”) and requires the Work Group to develop and distribute a written report of the Work Group’s recommendations by January 1, 2019, to the Governor, Lieutenant Governor, and all members of the Legislature. Per the legislation, recommendations in this report address access to and sufficiency of mental health care services for first responders in Texas, opportunities for improvement through coordination, collaboration, and use of evidence-based practices.

The mission of the Work Group on Mental Health Access for First Responders is to develop and make recommendations for improving access to mental health care services for first responders by increasing awareness and reducing barriers to enhance the lives of Texas first responders and their families.

Members of the Work Group met seven times between January 2018 and October 2018 and worked collaboratively to identify ways to increase access to effective mental health care and to standardize policies that impact the provision of mental health care services for first responders. The Work Group researched evidence-based and best practice models to address mental health needs of first responders and how other states are addressing the issue of access to mental health care. The Work Group also developed a Work Group Survey of Texas First Responders (“survey”) to identify current gaps in mental health care for first responders across Texas and first responder perspectives on their access to and effectiveness of mental health care.

First responders have a unique set of shared characteristics. First responders are “flesh and blood” first and everything else second. Because their primary responsibility is to rescue lives and salvage properties, they are repeatedly exposed to potentially traumatic situations, which are also known as “critical incidents”, such as armed confrontations, motor vehicle crashes, and witnessing violent deaths (Charles et al 2006).²²

²² Obosi, Abel, Osinowo, H, Posttraumatic Stress Disorder Among First Responders: Role of Personality Traits and Category of Responder (2017), *Research on Humanities and Social Sciences*, Vol.6, No. 10, 2016
<https://www.iiste.org/Journals/index.php/RHSS/article/viewFile/30661/31500>

Many first responders experience negative mental health symptoms due to these experiences. Studies have also shown that there are stigmas associated with seeking mental health help.²³

First responders are a highly dedicated group of professionals. They put others before themselves and they dedicate their lives to their chosen profession: "the constant need to be the ones giving help and not asking for it, of being the tough guy in a bad situation, takes its toll on first responders."²⁴

It is often these same characteristics that lead first responders to be resistant to asking for and accessing help, while also making them so well-suited for their occupations. Balancing their resilience and resolve with their resistance to accessing help is difficult and can make providing care for them challenging.

The magnitude of the charge set forth for the Work Group by H.B. 1794 is vast, as there are several different disciplines of first responders, i.e., law enforcement, paid and volunteer firefighters, emergency medical services (EMS) professionals, dispatchers, and non-sworn responders. In addition, the term "first responder" is defined many different ways throughout the Texas statutes and it can be difficult trying to suggest future policy for such a diverse group.²⁵ Within the different disciplines, there are various organizational structures and cultures that must be taken into consideration, as well as the size and scope of each department. While looking at size, scope, structure, and culture, one must also keep in mind the physical location of the departments, as the location quite possibly impacts each and every one of these issues. Texas has a diverse landscape, which includes communities which are frontier²⁶, rural²⁷ and urban²⁸, or mixed.

²³ Survey: Online survey within U.S. by Harris Poll on Behalf of University of Phoenix (April 2017)

²⁴ Morgan, Scott, Report Says First Responders Most Likely to Die by Suicide, June 2018
<http://www.ketr.org/post/report-says-first-responders-most-likely-die-suicide>

²⁵ Different definitions of and references to "first responder" can be found throughout TGC, Labor Code, Civil Practice and Remedies Code, Education Code and Penal Code.

²⁶ According to the National Center for Frontier Communities, frontier counties are generally defined as having less than 7 people per square mile. 64 counties in Texas are considered to be frontier. 2010 Census, Source: National Center for Frontier Communities.

²⁷ Title 10, Chapter 2006, Sec. 2006.001 defines rural community as a municipality with a population of less than 25,000.

²⁸ In accordance with the HSC (§ 104.44 and §105.003), Health Promotion Resource Center (HPRC) compiles, analyzes, and disseminates much of its data by Urban and Rural Counties or Border and Non-Border Counties. Below are explanations of those designations: Counties are designated as currently uses the designations that took effect in 2013. In Texas, 82 counties are designated as Metropolitan and 172 are designated as Non-Metropolitan. HPRC uses

Different locations across the state may have access to varying amounts of resources and have differing policies, regulations and cultures.

This report describes the barriers first responders encounter when attempting to access mental health care, the challenges experienced when addressing these barriers, and makes initial recommendations for improvement. However, due to the extensive complexities involved in researching these issues, further study is needed to fully evaluate the scope and to develop comprehensive recommendations that address the charges set forth in the bill.

Recommendations from the Work Group align with the [Texas Statewide Behavioral Health Strategic Plan²⁹](#), and intend to address the following gaps and goals outlined in the strategic plan:

- Gap 1: Access to Appropriate Behavioral Health Services
- Gap 6: Access to Timely Treatment of Services
- Gap 7: Implementation of Evidence Based Practices
- Gap 8: Use of Peer Services
- Gap 10: Consumer Transportation and Access to Treatment
- Gap 13: Behavioral Health Workforce Shortage
- Gap 14: Services for Special Populations
- Gap 15: Shared and Usable Data

Goal 1: Program and Service Delivery - Ensure optimal program and service delivery to maximize resources in order to effectively meet the diverse needs of people and communities.

Goal 2: Prevention and Early Intervention Services - Maximize behavioral health prevention and early intervention services across state agencies.

Goal 3: Financial Alignment - Ensure that the financial alignment of behavioral health funding best meets the needs across Texas.

the terms "Non-metropolitan and Metropolitan" interchangeably with "Rural and Urban."

²⁹ Texas Statewide Behavioral Health Strategic Plan, Fiscal Years 2017-2021

<https://hhs.texas.gov/sites/default/files/050216-statewide-behavioral-health-strategic-plan.pdf>

2. Background

Purpose

First responders provide critical services to communities in the aftermath of disasters, both natural and manmade. They come to aid and show up in the worst moments. Their work can be dangerous, physically demanding, personally draining and heart-breaking, and often involves long hours in difficult circumstances. The routine exposure of first responders to traumatic events and devastating circumstances puts them at a high risk of experiencing a range of health and mental health consequences, such as Acute Stress Disorder (ASD) and PTSD, compassion fatigue,³⁰ and burnout.³¹

Because of the nature of the work, these jobs typically attract those who want to help, and who are able to maintain their calm and composure in highly chaotic situations. Unfortunately, the very characteristics that help first responders do their jobs so well may work against their own best interests. First responders can find it very difficult to ask for the help that they need. Often, the perception of being seen as weak or unable to do their job can prevent a first responder from seeking help or even acknowledging that there is a need for mental health services.³² It is critical that appropriate mental health care services are available to all first responders when and where they need them, and that services reflect the unique cultural needs of the first responder population.

Every day, first responders encounter stressful and potentially traumatic events such as shootings, fires, accidents, disasters, and death. These repetitive negative experiences affect not only themselves, but their families, coworkers, and those they are sworn to care for and protect. However, the mental health impact to first responders can be difficult to determine by the individual or his or her department.

Studies have demonstrated that, after a disaster response, first responders

30 Cacciatore, J., Carlson, B., Michaelis, E., Klimek, B., & Steffan, S. (2011). Crisis intervention by social workers in fire departments: An innovative role for social workers. *Social Work*, 56(1), 81-88.
<http://dx.doi.org/10.1093/sw/56.1.81>

31 Cicognani, E., et al. (2009). Emergency workers' quality of life: The protective role of sense of community, efficacy beliefs and coping strategies. *Social Indicators Research*, 94, 449-463.

32 Survey: Online survey within U.S. by Harris Poll on Behalf of University of Phoenix (April 2017)

experience elevated rates of depression, stress disorders, and PTSD for months and sometimes years.³³ According to some studies 19 percent of first responders may have PTSD.³⁴ Other studies suggest that approximately 34 percent suffer symptoms associated with PTSD but do not meet the standards for the full diagnosis.³⁵ In comparison, only 7-8 percent of the general population experiences PTSD.³⁶ Paramedics have the highest rate of PTSD among first responders; an average 22 percent of all paramedics will develop PTSD.³⁷

Substance abuse, depression, and suicide are other mental health issues that are particularly relevant to first responders.³⁸

Some police officers, firefighters, and other first responders may use substances, such as drugs and alcohol, as a way to cope with the stress of their jobs. Research shows the rates of substance abuse are higher among first responders than the general population.³⁹ Further, correlations have been found between mental health issues and suicide rates of first responders. PTSD and depression rates among firefighters and police officers have been found to be as much as five times higher than the rates within the civilian population. These mental health issues contribute to elevated rates of suicide among first responders.⁴⁰

Studies have found that almost one in four police officers has thoughts of suicide at some point in their life.⁴¹ "The annual suicide rate for all (police) departments of 15.3/100,000 officers was above the U.S. general population suicide rate of 11/100,000, with the smallest department rate being approximately four times the national rate (43.78/100,000)."⁴²

33 Stellman, J., Smith, R., Katz, C. et. al., (2008). Enduring Mental Health Morbidity and Social Function Impairment in World Trade Center Rescue, Recovery, and Cleanup Workers: The Psychological Dimension of an Environmental Health Disaster, *Environmental Health Perspectives*, 116(9), 1248-1253. <https://doi:10.1289/ehp.11164>.

34 Kirschman, Ellen Ph.D., *Cops and PTSD*, *Psychology Today*, Sussex Publishers, LLC, 26 June 2017, <https://www.psychologytoday.com/us/blog/cop-doc/201706/cops-and-ptsd-0>.

35 Carlier IV, Lamberts RD and Gersons BP. (1997). Risk factors for posttraumatic stress symptomology in police officers: A prospective analysis. *Journal of Nervous and Mental Disorders*, 185, 498-506.

36 U.S. Department of Veterans Affairs, PTSD: National Center for PTSD, How Common Is PTSD? <https://www.ptsd.va.gov/public/PTSD-overview/basics/how-common-is-ptsd.asp>

37 Drewitz-Chesney, C., (2012). Posttraumatic Stress Disorder among paramedics: Exploring a new solution with occupational health nurses using the Ottawa Charter as a framework. *Workplace Health and Safety*, 60(6), 257 – 263. <https://doi.org/10.1177/216507991206000605>.

38 Van Ameringen, M., Mancini, C., Paterson, B., & Boyle, M.H. (2008). Post-Traumatic Stress Disorder in Canada. *CNS Neurosci Therapeut* 4(3):171-181.

39 Miller, Leach, *First Responders and Substance Abuse, Detox*, Sober Media Group, 2017. <https://www.detox.net/first-responders/>.

40 Dill, J, Douglas, R, Heyman, M, Ruderman Family Foundation, *The Ruderman White Paper on Mental Health and Suicide of First Responders* April 2018.

According to statistics from the Firefighter Behavioral Health Alliance (FBHA), Texas leads the country in number of cumulative suicides among firefighters.⁴³

Even when suicide does not occur, untreated mental illness can lead to poor physical health and impaired decision-making. This is a particularly critical issue in a state like Texas that is home to approximately 212,222⁴⁴ first responders.

Therefore, measures taken to protect the mental health of first responders is essential.

Law enforcement personnel, paramedics, firefighters and rescue personnel help keep communities safe. However, the general public does not view this population group as vulnerable, nor do they want to be seen as vulnerable. Emergency services responders are trained to look after others, but not themselves.

In 2017, the University of Phoenix conducted a survey on first responder mental health, surveying 2,000 adults in the United States who were employed as firefighters, police officers, EMT/paramedics and nurses.

⁴¹ Violanti, JM, Fekedulegn D, Charles LE, Andrew ME, Hartley TA, Mnatsakanova A, Burchfield CM (2009). Suicide in Police Work: Exploring Potential Contributing Influences. *American Journal of Criminal Justice*, 34, 41-53.

⁴² Violanti JM, Mnatsakanova A, Burchfiel CM, Hartley TA, Andrew ME (2012). Police suicide in small departments: a comparative analysis. *International Journal of Emergency Mental Health*, 14 (3):157- 62.

⁴³ Morgan, Scott, Report Says First Responders Most Likely to Die by Suicide, June 2018
<http://www.ketr.org/post/report-says-first-responders-most-likely-die-suicide>

⁴⁴ This number only reflects volunteer and paid firefighters, certified emergency medical services personnel employed by first responder organizations and licensed emergency medical service provider organizations, certified peace officers, and telecommunicators as of July 2018.

The survey not only revealed that the majority of first responders are dealing with traumatic events in their line of work, but many are also experiencing negative mental health symptoms, as well as experiencing lack of sleep (69 percent), anxiety (46 percent), and depression, with 7 percent of first responders formally diagnosed with depression. Data from the survey showed that while resources may be available to first responders, stigmas associated with mental health can prevent first responders from seeking the help they need.

Texas-specific barriers, including stigmas, for first responders seeking mental health care services

There are many barriers that exist across Texas regarding access to mental health care for first responders. The most obvious barriers are the size and demographics of the state.⁴⁵

Texas is the second largest state in the United States in terms of population. Along with such a large land mass comes a large, diverse, and growing population. More than 1.3 million people moved to Texas between 2010 and 2016 and more than 500,000 of those people came from other countries.⁴⁶ The increase in population creates an increased demand on the infrastructure and the numbers of first responders needed to serve the population.

When considering the diversity of the state, it becomes quite evident that there are differences among the first responder organizations, i.e., paid versus volunteer, large versus small department and multiple disciplines within the department itself. First responders may not be solely firefighters, law enforcement officers or paramedics; they may be both a firefighter and a law enforcement officer or a firefighter and a paramedic, etc. These multi-discipline departments pose unique mental health issues for the first responder.

- Texas has over 1,529 fire departments, with 28,450 volunteer firefighters and 27,908 paid-career fire fighters.⁴⁷

⁴⁵ Survey: Online survey within U.S. by Harris Poll on Behalf of University of Phoenix (April 2017).

⁴⁶ Population Distribution and Change: 2000 to 2010, 2010 Census Briefs, U.S. Census Bureau, March 2011.

⁴⁷ U.S. Department of Labor, Bureau of Labor Statistics, May 2017.

- Seventy Two percent of fire departments are volunteer, with another 13 percent being mostly (over 50 percent) volunteer.⁴⁸
- There are approximately 600 first responder organizations and 764 licensed emergency medical service (EMS) provider organizations that employ 67,504 certified EMS personnel.⁴⁹
- There are 2,669 law enforcement departments available with 78,004 certified peace officers and 10,356 telecommunicators.^{50, 51}

Texas has a diverse landscape, which includes communities which are frontier, rural and urban, or a mixture of all three. A first responder's department's location may guide policy, which may lead to disparity among policies regarding mental health issues and the handling of such issues.

There are also resource disparities around the state within regard to access to proper equipment to perform job responsibilities and physical access to mental health services. According to the Texas House Select Committee on Mental Health Interim Report to 85th Legislature, December 2016, "an overwhelming majority of Texas counties are designated as Mental Health Professional Shortage Areas."⁵² Access to qualified mental health care professionals who are trauma-informed⁵³ and culturally competent is very limited in some parts of the state.

⁴⁸ U.S. Department of Homeland Security, Federal Emergency Management Administration (FEMA), Fire Administration, National Fire Department Registry Summary (2018)

⁴⁹ Texas Department of State Health Service (DSHS), <https://www.dshs.texas.gov/emstraumasystems/statistics.shtm>

⁵⁰ Title 10 Occupations Code Sec. 1701.001 defines telecommunicator as, a "person acknowledged by the commission and employed by or serving a law enforcement agency that performs law enforcement services on a 24-hour basis who receives, processes, and transmits public safety information and criminal justice data for the agency by using a base radio station on a public safety frequency regulated by the Federal Communications Commission or by another method of communication."

⁵¹ Texas Commission on Law Enforcement, <https://www.tcole.texas.gov/content/current-statistics>

⁵² Texas House Select Committee on Mental Health Interim Report to 85th Legislature December 2016

⁵³ Shortage designations are used to identify areas that lack providers. Within each discipline for HPSAs, there are three types of designation status: Geographic Area, Population (or Demographic), Facility (or Institutional). [https://www.dshs.texas.gov/chpr/TPCO-Frequently-Asked-Questions-\(FAQ\).aspx#1](https://www.dshs.texas.gov/chpr/TPCO-Frequently-Asked-Questions-(FAQ).aspx#1)

Funding can also be a barrier in making mental health care for departments, including smaller departments and department that are in more remote areas in the state.⁵⁴ Due to this lack of funding some first responders, especially volunteers, may not be able to afford to seek professional help, causing them to not seek needed mental health services.⁵⁵ Additionally, even when mental health services are available, first responders may be unaware of how to access it.⁵⁶

Another barrier to first responders accessing mental health care is the availability of Peer Support⁵⁷ and CISM⁵⁸ during and after a critical incident. These services are not always available to every first responder due to reasons described above.

Creating regional peer support teams would help to alleviate this issue as they would be available to provide support to first responders who experience trauma. The peers also provide an avenue for follow-up either at the peer level or with a referral to a mental health professional.

⁵⁴ Texas has 64 counties which are considered frontier and 60 percent of the State is considered rural. According to a survey conducted by the Work Group, 38 percent of survey participants from Frontier counties responded that their insurance plan did not cover mental health services. Further, 78 percent of survey respondents from large departments indicated that they had an EAP to assist with mental health issues, with 5 percent indicating they did not; in contrast only 42 percent of respondents from small departments indicated that they had an EAP to assist with mental health issues, and 35 percent indicated they did not.

⁵⁵ According to a survey conducted by the Work Group, only 53 percent of survey participants responded that they received post-incident debriefings after they reported a critical incident; 37 percent responded that peer support is offered through their department; and 21 percent of survey participants responded that their department does not have a process to directly provide mental health care services to first responders.

⁵⁶ According to a survey conducted by the Work Group, 27 percent of survey respondents from large departments and 31 percent of survey respondents from small departments indicated that they did not know if their health insurance offered mental health benefits. 5 percent of survey respondents from large departments and 13 percent of survey respondents from small departments indicated that they did not know if they had an EAP to assist with mental health issues.

⁵⁷ Models of peer support vary, but in general the terms refers to a supportive relationship between people who have a lived experience in common in relation to either their own mental health challenge or illness or that of a loved one.

⁵⁸ CISM is a supportive, crisis-focused discussion of a traumatic event. CISD is a specific, 7-phase, small group, supportive crisis intervention process. It is just one of the many crisis intervention techniques which are included under the umbrella of a Critical Incident Stress Management (CISM) program. It aims at reduction of distress and a restoration of group cohesion and unit performance.

First Responder Mental Health Benefits Coverage in Texas Workers' Compensation

Workers' compensation is a state-regulated insurance program that typically will pay medical bills and replace a portion of lost wages if an employee is injured at work or has a work-related illness, and if the employer has workers' compensation insurance coverage under the Texas Workers' Compensation Act.

The Texas Workers' Compensation Act (Texas Labor Code, Title 5) and applicable rules outline the process for injured employees to report their injuries to their employer, as well as the requirements for insurance carriers to process claims and pay workers' compensation benefits (see Appendix D for additional information on the workers' compensation claim process). The Texas Department of Insurance, Division of Workers' Compensation (DWC) and the Office of Injured Employee Counsel (OIEC) provide several resources for first responders with workers' compensation claims:⁵⁹

- OIEC has a dedicated first responder liaison to assist and educate first responders with workers' compensation issues.⁶⁰ OIEC also provides outreach presentations to associations or groups on how they assist first responders with their workers' compensation claims.
- DWC provides specialized phone agents to handle first responder customer service calls (1-800-252-7031, x1), a dedicated website landing page for first responders,⁶¹ an educational video addressing frequently asked questions for first responders, and expedited medical disputes for first responders (Texas Labor Code §504.055).

⁵⁹ DWC is the state agency that regulates the workers' compensation system and resolves individual claim disputes. OIEC is the state agency that assists unrepresented injured employees with their workers' compensation claims and advocates for injured employees as a class.

⁶⁰ See <https://www.oiec.texas.gov/documents/empfrnotice.pdf>.

⁶¹ See <https://www.tdi.texas.gov/wc/employee/firstresp.html>.

Workers' Compensation Provided Through Political Subdivisions

Political subdivisions⁶² who employ first responders are required to provide worker's compensation to their employees by becoming a self-insurer; purchasing a workers' compensation coverage insurance policy; or participating in an intergovernmental risk pool (see Appendix E).

Employee Assistance Plans

Employee assistance programs (EAPs) are not generally regulated by TDI. However, EAPs vary widely in contractual structure, scope of benefits provided, and payment method. The Department of Labor (DOL) considers an EAP that provides counseling services to be an employee welfare benefit plan (EWBP) subject to the Employee Retirement Income Security Act of 1974 (ERISA). EAP services are generally separate from health benefits and more limited in nature. While an EAP may make a referral for additional treatment, health plans may require a referral from a primary care provider.

Health Insurance Risk Pools

Under Local Government Code Chapter 172, the "Texas Political Subdivision Employees Uniform Group Benefits Act," one or more political subdivisions⁶³ are permitted to establish a risk pool to provide health and accident coverage for officials, employees, retirees, employees of affiliated service contractors, and their dependents. The risk pool is not insurance or an insurer under the Insurance Code. The Texas Department of Insurance (TDI) does not have jurisdiction over such a risk pool. Coverage under this chapter is generally exempt from the Texas Insurance Code, though the legislature has extended certain mandated benefits.⁶⁴

⁶² "Political subdivision" means a county, municipality, special district, school district, junior college district, housing authority, community center for mental health and mental retardation services established under Subchapter A, Chapter [534](#), Health and Safety Code, or any other legally constituted political subdivision of the state. (Sec. 504.001)

⁶³ Local Government Code §304.001 defines a political subdivision as a means a county, municipality, school district, hospital district, or any other political subdivision receiving electric service from an entity that has implemented customer choice, as defined in [Section 31.002, Utilities Code](#).

⁶⁴ These benefits are described in Insurance Code, Chapters 1357, 1362, 1363, 1366, and 1370, including prostate cancer exams, minimum inpatient stays for maternity and childbirth, minimum inpatient stays for mastectomy or lymph node dissection, reconstructive surgery after mastectomy, certain diagnostic screening tests for human papillomavirus, ovarian cancer, and cervical cancer, and certain tests for the detection of colorectal cancer.

Private Health Insurance Coverage⁶⁵

Most first responders will have some form of government employee insurance coverage, rather than private health insurance, but some volunteers and family members will have private health insurance coverage. The majority of coverage provided by employers is self-funded and exempt from Texas Department of Insurance (TDI) jurisdiction. The legislature regulates self-funded government employee plans, while the U.S. Department of Labor regulates self-funded private employee plans. Few mandates apply to these self-funded plans. The remaining employer plans, and virtually all private individual health plans, are regulated by TDI, and both state and federal mental health mandates apply to these plans.

Chapter 1355 of the Texas Insurance Code applies to employer plans regulated by TDI and requires large employer plans to cover serious mental illness.⁶⁶ Under chapter 1355, group health benefit plans offered to a small employer requires that they offer coverage for serious mental illness; however, small employers may choose whether to accept this coverage. Serious mental illness coverage must include inpatient and outpatient benefits, including inpatient care in a psychiatric day treatment facility and treatment in a crisis stabilization unit. Parity⁶⁷ is required between mental health coverage and coverage for medical benefits. Parity is also required for individual coverage if it includes mental health benefits and for political subdivision health plans.

⁶⁵ Texas Insurance Code, Sec. 1355.001- GROUP HEALTH BENEFIT PLAN COVERAGE FOR CERTAIN SERIOUS MENTAL ILLNESSES AND OTHER DISORDERS. "Serious mental illness" means the following psychiatric illnesses as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual (DSM): (A) bipolar disorders (hypomanic, manic, depressive, and mixed); (B) depression in childhood and adolescence; (C) major depressive disorders (single episode or recurrent); (D) obsessive-compulsive disorders; (E) paranoid and other psychotic disorders; (F) schizo-affective disorders (bipolar or depressive); and (G) schizophrenia.

⁶⁶ Title 8 TIC Chapter 1355, Sec. 1355.001 defines "Serious mental illness" as meaning the following psychiatric illnesses as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual (DSM): (A) bipolar disorders (hypomanic, manic, depressive, and mixed); (B) depression in childhood and adolescence; (C) major depressive disorders (single episode or recurrent); (D) obsessive-compulsive disorders; (E) paranoid and other psychotic disorders; (F) schizo-affective disorders (bipolar or depressive); and (G) schizophrenia.

⁶⁷ Under Title 8 TIC Chapter 1355, Sec. 1355.254 A health benefit plan must provide benefits and coverage for mental health conditions and substance use disorders under the same terms and conditions applicable to the plan's medical and surgical benefits and coverage.

Under the Affordable Care Act, small employer and individual coverage must cover essential health benefits, including mental health coverage,⁶⁸ substance use disorder,⁶⁹ prescription drugs, and rehabilitative and habilitative services. Federal law also requires parity between mental health coverage and medical benefits.

PTSD is not specifically required to be covered by private health insurance. These plans typically exclude employment-related illnesses, which generally includes occupational PTSD. Private health insurance plans are also not required to cover employee assistance programs.

TDI enforces the above state requirements by requiring approval of health insurance forms before they may be used in Texas, by reviewing the adequacy of provider networks, and by acting on complaints received from consumers and providers. TDI does not enforce the Affordable Care Act, but does enforce the benefits stated in issued health plans, regardless of what statutes required the benefits.

Work Group Survey of Texas First Responder Organizations

In developing the recommendations, the Work Group felt it was important to get feedback from first responders and department human resource administrators and workers' compensation claim administrators across Texas about how mental health services are being delivered and their experience in accessing mental health services.

In an effort to gather as much feedback as possible to inform the recommendations in this report, the Work Group developed and distributed a survey to various first responder organizations to identify and describe gaps in access to mental health care for first responders.

⁶⁸ Title 8 TIC Chapter 1355, Sec. 1355.001 defines "Mental health benefit" as meaning a benefit relating to an item or service for a mental health condition, as defined under the terms of a health benefit plan and in accordance with applicable federal and state law.

⁶⁹ Title 8 TIC Chapter 1355, Sec. 1355.001 defines "Substance use disorder benefit" as meaning a benefit relating to an item or service for a substance use disorder, as defined under the terms of a health benefit plan and in accordance with applicable federal and state law.

The survey was distributed to the members of the following departments and organizations: Texas Municipal Police Association, Law Enforcement Management Institute of Texas (LEMIT), Texas Police Chief's Association, State Firefighters' & Fire Marshals' Association of Texas, Texas Fire Chiefs Association, Texas State Association of Fire Firefighters, Texas EMS Director, Texas Corps of Fire Chaplains, Texas Association of Counties, Sheriff's Association of Texas, Texas Ambulance Association, Combined Law Enforcement Associations of Texas, Waller County Sheriff, Texas State Association of Fire Fighters, Municipal Government Association, HHS Disaster Behavioral Health, Texas Statewide Behavioral Health Coordinating Council, Texas Behavioral Health Advisory Council, Angleton Area Emergency Medical Corps, Texas EMS Alliance and all Council of Governments across the state to forward to their respective mailing lists.

Survey Results

Survey respondents represented a diverse sample of first responder department employees, including front-line staff, administrators, human resource administrators and workers' compensation claims administrators. Questions asked about participants' personal experiences with receiving mental health services, knowledge of employee assistance plans, health insurance coverage, workers' compensation insurance coverage for mental health benefits, department specific mental health policies and programs, and department culture and climate.

The survey yielded a total of 774 responses from employees of first responder departments. Participants represented front-line staff, administrators, human resource administrators and workers' compensation claims administrators from volunteer and paid fire departments, police departments, emergency management services departments, sheriff's departments, crisis counseling organizations, district attorney's offices, education agencies, emergency departments, and private investigative organizations. There was diverse representation of first responder departments from 166 of the 254 counties across Texas counties, including from those designated as rural, urban and frontier.

The Work Group consulted with the Bill Blackwood Law Enforcement Institute of Texas (LEMIT), to get guidance on development of the survey. The survey

was developed to obtain a broad assessment of the experiences first responders have had with access to mental health care.

While the survey yielded important information that helped inform the Work Group's efforts to produce this report's recommendations, it should be noted that the timeframe to conduct the survey resulted in a relatively low response rate so the results from this survey should be interpreted with caution.

Additionally, the survey results primarily captured the perspectives of first responders since few human resource administrators and workers' compensation claims administrators participated in the survey. However, a larger and more comprehensive survey study of the current mental health care system and the mental health needs of first responders is necessary to fully understand the perspectives of both first responders and human resource administrators and workers' compensation claims administrators regarding the availability of mental health services for first responders.

For instance, while there was representation from all first responder types and from all county designations, the sample size was small in comparison to the total number of first responders in Texas. Additionally, while there were many counties represented there was not necessarily a response from each first responder type in each county. There was also a limited response rate from certain first responder types, including those from Dispatch/Communications⁷⁰ (1 percent), volunteer firefighters (5 percent), and emergency medical technicians (7 percent). The low response rate of volunteer firefighters is particularly relevant because while only 5 percent of survey participants were volunteer firefighters, 85 percent of all registered fire departments in Texas are volunteer or mostly volunteer.⁷¹ While efforts were made to obtain responses from human resource administrators and workers compensation claims administrators about the services offered through these programs, there was an insignificant response rate for reporting.

However, the survey results yielded valuable responses about how first responders in Texas feel about their current knowledge of and experiences with access to mental health services. It also allowed the Workgroup to examine specific issues related to differences in mental health care among first responder types and between large and small departments, as well as by county designation. While further research is required for specific

recommendations related to comprehensive reform, the data collected from this survey assisted in defining the scope of the project and ultimately guided many of the Work Group’s recommendations. The full results of the survey can be found in Appendix C.

⁷⁰ A professional who works in a Dispatch/Communications role is referred to as a telecommunicator. While telecommunicators are not included in the definition of first responder in H.B. 1794, it is a recommendation of the workgroup that they be added to the definition of first responder and be provided the same access to mental health services.

⁷¹ The department type is based on National Fire Protection Association (NFPA) definitions. (Career — 100 percent of a department’s firefighters are career. Mostly career — 51 to 99 percent of a department’s firefighters are career. Mostly volunteer — 1 to 50 percent of a department’s firefighters are career. Volunteer — 100 percent of a department’s firefighters are volunteer.)

3. Recommendations

The recommendations by the Work Group address the following charges provided for by the bill:

The difference in access to mental health care services between:

- Volunteer fire departments and small law enforcement agencies, fire departments, and emergency medical services providers; and
 - Law enforcement agencies, fire departments, and emergency medical services providers.
1. Potential solutions for state and local governments to provide greater access to mental health care services for first responders;
 2. The sufficiency of first responder organizations' employee health insurance plans for obtaining access to mental health care services for first responders;
 3. The sufficiency of first responder organizations' human resources policies, including:
 - A. Whether guaranteed employment should be offered for a first responder who self-reports a mental health issue;
 - B. The effectiveness of existing municipal employee assistance programs for treating PTSD and whether those programs should be expanded;
 - C. Any policy modification necessary to improve access to mental health care services for first responders; and
 - D. The establishment of best practices for municipalities, counties, and state agencies regarding legal reporting duties for first responders anonymously seeking mental health treatment;
 4. The effectiveness of workers' compensation and other benefit claims for first responders, including determining:

- A. The process by which those claims for first responders are handled and whether that process may be improved;
 - B. The feasibility of requiring PTSD to be covered under workers' compensation for first responders and if covered, the standards for diagnosing that condition;
 - C. The effectiveness of workers' compensation benefits and related benefits under Chapter 607, Government Code, and whether those benefits are excessively denied;
 - D. The effectiveness of outsourcing workers' compensation and other benefit claims to third parties; and
 - E. Methods for improving the appeals process for workers' compensation and other benefit claims;
5. The feasibility of mental health training during the licensing or certification and renewal process for first responders;
6. The effectiveness of methods for assessing a first responder's mental health care needs after a critical incident, including determining:
- A. The feasibility of creating a standardized post-critical incident checklist to assess a first responder's mental health and of establishing minimum requirements for a first responder to return to duty; and
 - B. The effectiveness of critical incident stress debriefing programs used by local governments in this state and whether:
 - i. Those programs may be expanded statewide; and
 - ii. Peer support may benefit those programs;
7. The opportunities for public-private partnerships to provide mental health care services to first responders; and
8. Possible Texas-specific barriers, including stigmas, for first responders seeking mental health care services.

Work Group Recommendations

Issue – Department Policy

Departments need to take proactive steps to help first responders heal and recover from traumatic-stress incidents. It is important that departments address the cognitive, emotional, physical, and behavioral symptoms associated with traumatic stress by implementing CISM or other evidence-based interventions. Such implementation often includes one-on-one sessions, debriefings, and defusing sessions that are co-facilitated by mental health professionals and peers to combat traumatic stress.

Recommendation 1

Require all state agencies and local governments that govern first responders to develop critical incident policies to support, educate, and assist first responders. The policy should include utilization of the Critical Incident Stress Management (CISM) or another evidence-based model, as short-term, psychological first-aid intervention strategies that can help mitigate long-term mental health issues for first responders. To avoid inconsistent policies among various first responder organizations governed by different governing bodies, state agencies and local governments need to coordinate to develop and implement policies that are consistent for and apply to all first responder professional organizations. **(1, 3)**

Recommendation 2

Standardize policies concerning provision of mental health services and access to these services so that all first responders are treated equally and fairly within each department. Because of the on-going exposure, first responders may need a variety of mental health services before, during and after a critical incident. Services should include family crisis intervention, follow-up services, on-scene support services, pre-incident training, post-incident services, resiliency development, and crisis intervention training. Ideally, training will begin during the training academy and continue throughout the first responder's career. **(1, 3, 4C)**

Recommendation 3

Continue the activities of the Work Group on Mental Health Access for First Responders after the 86th Legislature to review any newly passed legislation, monitor the recommendations of the Work Group, and provide a more in-depth review of human resource best practices, employee assistance plans (EAPs), health insurance coverage, and workers' compensation coverage.

Ensure that any funding needed to implement the recommendations of the Work Group is sought rather than redirecting existing training or other funds devoted to mental health and substance abuse programs within the local or state jurisdiction. (1, 2, 3, 4, 5, 6, 7, 8, 9)

Issue – Community Resources

During the 85th Legislature, H.B. 2619 was passed and the Office of the Governor was directed to administer two grants to assist law enforcement agencies who implement programs, practices, and services designed to address the direct or indirect emotional harm suffered by peace officers in the line of duty. The first grant establishes the "First Responder Mental Health Resiliency Program," which focuses on providing direct mental health services (e.g. therapy, peer support, referrals) in a confidential and specialized method supported by research. Grant funding also seeks to address direct and indirect trauma as well as the cumulative effects of occupational stress, which can occur during the course of their normal duties or as a result of the commission of crimes by other persons.

The second grant establishes the "Local Crisis Management Program," intended to address a need for peer support networks among peace officers on the local level. Major objectives are to build and utilize the peer support structure to empower peace officers affected by a threatening or overwhelming traumatic events, enhance resistance to stress reactions, and facilitating recovery from traumatic stress and a return to normal, healthy functions.

These grants provide opportunities for cities and counties to apply for funding in order for first responder agencies to build effective, evidence based mental health supports within their infrastructure, while addressing the issues of cultural competency,⁷² confidentiality, and stigma. At the same time, funds could be leveraged to build a network of certified peers throughout Texas. However, these funds are not available to all first responders.

Recommendation 4

Create a network of trauma informed mental health professionals. These professionals need to be versed in the culture of first responders and also “speak the language” of the first responders. These professionals may include in-network providers covered by health insurance or workers’ compensation, or out-of-network providers.

- **Mental health care professionals should be encouraged to seek specialized trauma training.**
- **Licensing boards or associations should examine creating a certification (similar to play-therapy and bio-feedback) that would cover trauma and working with first responders. (6, 8, 9)**

Issue – Peer Support

Peer Support teams have been proven to be very effective after a critical incident. These teams are specifically trained to work with peers and be mindful of the signs and symptoms of stress related functioning.

There are currently several programs in place that can be used as models to provide needed support. These programs are the Military Veteran Peer Support Network (MVPSN),⁷³

⁷² Cultural competency occurs when: (1) cultural knowledge, awareness and sensitivity are integrated into action and policy; (2) the service is relevant to the needs of the community and provided by trained staff, board members, and management; and (3) an advocate or organization recognizes each client is different with different needs, feelings, ideas and barriers.

⁷³ The Texas Veterans Commission’s, Veteran’s Mental Health Department runs the MVPSV, which is strategically designed to increase access to mental health services for Service Members, Veterans, and their Families (SMVF) and reduce stigma by building into local communities a network of SMVF peers that have the ability to refer a SMVF experiencing a mental health crisis to a military trauma-informed clinician, while maintaining their anonymity.

the International Association of Fire Fighters (IAFF) Peer Support Training Program⁷⁴, and the Post Critical Incident Seminar (PCIS)⁷⁵ at LEMIT.

Locally, there is a collaborative network of several smaller suburban police departments in the Dallas area known as the Southern Regional Response Group, which was created to pool resources in order to provide tactical teams and hostage/crisis negotiations. None of the departments are large enough to support these tactical teams on their own; however, creating a regional system has helped them achieve the ability to provide a coordinated response to a crisis.

In Tarrant County there is a collaborative, Dallas Fort Worth (DFW) First Responders CISM Network, that is comprised of first responder agencies who have trained peer support personnel or CISM trained individuals. This network pools their resources to provide support to any local department who does not have peer support or CISM or for those who are not able to provide those services to their own personnel.

These arrangements should be considered in designing regional peer support systems and in specifically addressing agencies who lack internal resources or where mental health access is scarce. Building infrastructure for trained peer support specialists who can respond to mental health crises and have the ability to locate appropriate clinical resources will increase capacity within the regions and the State for first responders to effectively access mental health care.

LEMIT has recently applied for a grant through the Local Crisis Management Program to develop regional crisis intervention teams that are comprised of first responder peer support specialists and is awaiting award notification.⁷⁶ Regional teams will be available to respond to post-critical incidents.

⁷⁴ The IAFF Peer Support Training Program curriculum focuses on active listening skills, suicide awareness and prevention, crisis intervention, referrals to local resources and relationships with local behavioral health providers. Participants also learn how to build an effective peer program.

⁷⁵ Post Critical Incident Seminar is an experiential workshop for officers and tele-communicators who have been through highly traumatic events, that provides an opportunity to share one's experience with one's peers, give and receive support, sessions with law enforcement related mental health professionals utilizing proven trauma recovery methods, and learn coping strategies that will enable recovery from past critical incidents and strengthen one's ability to deal with future incidents.

⁷⁶ Local Crisis Management Program, established by the Office of the Governor, per H.B. 2619, 85th Legislature, Regular Session.

Recommendation 5

The Legislature should develop a permanent funding source in order to increase capacity for mental health provision within all first responder departments, especially for those that lack resources; and support the development of a peer infrastructure throughout Texas that would be available to any first responder at any time. (1A, 1B, 2, 3, 4A, 4B, 4C, 4D, 7B, 6, 8, 9)

The Bill Blackwood Law Enforcement Management Institute of Texas (LEMIT) offers training for first responders including awareness of trauma, provides information on how to get treatment or peer support, and demystifies the stigma of mental health care and CISM. Post Critical Incident Seminar (PCIS) is a peer program that LEMIT offers to first responders and collects data relevant to CISM outcomes. Through this program, LEMIT has created a peer network that is utilized when a first responder needs assistance. Due to funding restraints, the number of first responders served by PCIS is limited. However, with additional resources, this model could be utilized to recreate more groups statewide to provide services to many more first responders and their families.

LEMIT has developed a training program that is culturally sensitive to first responders and based in CISM and Badge of Life,⁷⁷ to certify peers specialists. Peer specialists are trained in Psychological First Aid (PFA)⁷⁸ and CISM. Training includes understanding trauma and demystifying stigma associated with mental health. The peer specialists are also trained to refer first responders to licensed mental health resources when and if appropriate.

⁷⁷ Badge of life is a nonprofit 501(c)3 organization with the mission of lessening the impacts of both stress and trauma upon peace officers and retirees. It is recognized for its emotional self-care training and recommends the use of mental health checks designed to help first responders build a resiliency skill set in order to maintain their emotional well-being.

⁷⁸ Psychological First Aid is an evidence-informed modular approach for assisting people in the immediate aftermath of disaster and terrorism: to reduce initial distress, and to foster short- and long-term adaptive functioning. It is for use by first responders, incident command systems, primary and emergency health care providers, school crisis response teams, faith-based organizations, disaster relief organizations, Community Emergency Response Teams, Medical Reserve Corps, and the Citizens Corps in diverse settings.

Recommendation 6

Create regional Peer Support teams that respond after a critical incident and require that Peer Support personnel be trained in CISM through the International Critical Incident Stress Foundation (ICISF) or other evidence based interventions.⁷⁹ This is especially important for the more rural areas of the state and for smaller departments. As recommended by ICISF, peers should not debrief those persons within their own department.

Departments usually allow their staff to use duty time to provide debriefing services to their peers from other departments after a critical incident. This alleviates a department's need to debrief those within their own department after a critical incident and would also make it less of a financial burden on a smaller department to have access to a support team. **(7A, 7B)**

Recommendation 7

Establish an "Office of First Responder Support Services" to train, manage, and provide assistance quickly after a critical incident to first responders and public entities that employ first responders. (2, 6, 8, 9)

It is important that all stakeholders, as defined by first responder, participate in the formulation and establishment of the roles and duties of such office. In stakeholder participation, entities will find new and innovative ways to work together in partnership. This office would be responsible to all stakeholders and recognizes that stakeholder engagement is a key factor, driven by a vision for ethical leadership and responsible practices. This office would also function as a clearinghouse to deploy Peer Support and CISM teams at the request of a local department after a critical incident. This office would not create a separate state entity. The Bill Blackwood Law Enforcement Management Institute of Texas (LEMITE) has volunteered to house the office.

⁷⁹ International Critical Incident Stress Foundation, Inc. provides training for individuals interested in becoming a part of a crisis management team, or for an organization that is dedicated to helping individuals or groups recover from incidents. The mission of the International Critical Incident Stress Foundation, Inc. is to provide leadership, education, training, consultation, and support services in comprehensive crisis intervention and disaster behavioral health services to the emergency response professions, other organizations, and communities worldwide.

Recommendation 8

Amend the definition of “first responder” in TGC § 421.095 to also include, “and other personnel whose duties include responding to an emergency, meaning emergency response operator, emergency services dispatcher, or department emergency response personnel,” for the purposes of obtaining mental health services. (1)

Issue – Mental Health Coverage

In 2017, the 85th Legislature passed H.B. 1983, which amended the Texas Workers’ Compensation Act (Labor Code, Section 504.019) by defining Post Traumatic Stress Disorder (PTSD) to mean a disorder that meets the diagnostic criteria for PTSD specified by the American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5), or a later edition adopted by the Commissioner of Workers' Compensation. It also specifies that PTSD suffered by certain first responders (defined as firefighters, peace officers, emergency medical technicians, or licensed paramedics) is a compensable injury only if the disorder is caused by events occurring in the course and scope of the first responder’s employment and the preponderance of the evidence indicates that the first responder’s work was a substantial contributing factor of the disorder.

Additionally, the H.B. 1983 further clarifies that the cause must be tied to a singular event and specifies that mental or emotional injuries caused by legitimate personnel actions are not compensable injuries under the Texas Workers’ Compensation Act.

While this is a significant step toward ensuring needed mental health benefits to first responders it does not go far enough in that it does not provide for first responders who suffer from PTSD due to cumulative instances of trauma over time.

The DSM-5 specifically identifies, “experiencing exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: by experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse)” as one criteria for diagnosing PTSD. However, 1983, limits the scope of PTSD as a compensable injury by stating that the cause must be tied to a singular event.

H.B. 1983 also does not provide coverage telecommunicators or to volunteer fire fighters. Several other states, including Connecticut,⁸⁰ New Jersey,⁸¹ New York,⁸² and Rhode Island⁸³ have laws that allow for certain first responders to have a compensable workers' compensation claim regardless of whether their stress- related injury or PTSD was related to a single event or to cumulative events over time.

Recommendation 9

Amend the Texas Workers' Compensation Act, Texas Labor Code, Chapter 504, to provide that PTSD is a compensable injury if it arises out of repeat exposures occurring in the first responder's course and scope of employment, in accordance with the DSM-5 diagnostic criteria. (5)

Recommendation 10

Amend the confidentiality requirements in Texas Health and Safety Code §81.046 to clarify that any report, record, and information related to a first responder being treated for PTSD, mental health, or cumulative stress issues are not public information under Chapter 552, Government Code, and may not be released or made public on subpoena or otherwise. (4A)

⁸⁰ Connecticut law explicitly provides compensation for stress-related problems if they arise from a work-related injury or disease (CGS § 31-275(16)(B)). Coverage for mental or emotional impairments that do not stem from a physical injury are limited to police officers who use, or are the target of deadly force in the line of duty and firefighters who are diagnosed with PTSD caused by witnessing another firefighter die in the line of duty.

⁸¹ New Jersey law does not distinguish between mental and physical injuries, but the courts have interpreted the law to include mental injuries. In 1992 the New Jersey Supreme Court ruled in favor of a court filing clerk seeking permanent disability status, under workers' compensation law, due to psychological illness arising out of stressful work condition (Goyden v. State of New Jersey, 128 N.J. 54 (1992)).

⁸² New York law does not distinguish between physical and mental injury and the courts have consistently held that documented mental or emotional injuries could be compensated. "The appellate courts have repeatedly held that psychological injuries are compensable and it need not be connected to a physical injury," (Scott Nortz, associate counsel with the New York Workers' Compensation Board, interview, May 2018). To be covered, the mental or emotional injury cannot be a direct consequence of a lawful personnel decision taken in good faith by the employer and the claimant must show that the work-related stress was greater than the stress which usually occurs in the normal work environment.

⁸³ In Rhode Island mental injuries caused by emotional stress are covered if they result "from a situation of greater dimensions than the day-to-day emotional strain and tension which all employees encounter daily without serious mental injury" (R.I. General Laws §28-34-2(36)).

Issue – Access to Services

For smaller volunteer departments, especially those that have minimal budgets, accessing mental health care services can be daunting.⁸⁴ According to a report released by the Department of State Health Services on the Mental Health Workforce Shortage in Texas (2014),⁸⁵ “in addition to a shortage of (mental health) providers, other sociodemographic factors contribute to the state’s inadequate mental health workforce. For example, providers are not distributed evenly across the state resulting in differential access to care by region, especially in rural areas and along the border.” The report calls for the increased use and promotion of telemedicine and telehealth for reaching rural and border populations.

Recommendation 11

Make trauma-informed mental health services available 24 hours a day, 7 days a week.

- **This could be accomplished through the use of tele-health services. (3, 9)**

Issue – Best Practices and Resources

To address best practices, policy guidance, resources, and information, a resource guide could be developed. The resource guide should include steps a department administrator should take to ensure the mental wellness of a first responder pre, during, and post-critical incident. This should include resources for before, during, and after a critical incident. The resource guide should also include resources for first responders experiencing a mental health crisis.

⁸⁴ Texas has 64 counties which are considered frontier and 60 percent of the State is considered rural. According to the National Fire Department Registry Summary (2018) 72 percent of fire departments are volunteer, with another 13 percent being mostly (over 50 percent) volunteer. According to a survey conducted by the Work Group, 38 percent of survey participants from Frontier Counties responded that their insurance plan did not cover mental health services. Further, 78 percent of survey respondents from large departments indicated that they had an EAP to assist with mental health issues, with 5 percent indicating they did not; in contrast only 42 percent of respondents from small departments indicated that they had an EAP to assist with mental health issues, with 35 percent indicated they did not.

⁸⁵ *The Mental Health Workforce Shortage in Texas*, As Required by House Bill 1023, 83rd Legislature, Regular Session, Department of State Health Services 2014.

The resource guide should include information on: mental health benefits, annual mental health wellness checks,⁸⁶ mental health awareness training, Mental Health First Aid (MHFA),⁸⁷ follow-up peer support, resources post-critical incident, CISM, availability of PCIS to first responders post critical incident, access to a mental health self-assessment, crisis hotline, a list of trauma-informed mental health professionals, and best practices.

The resources necessary to develop this guide are outlined in recommendations in this report, but are not yet developed. As a result, the creation of a resource guide is not feasible at this time, but could be developed in the future contingent on implementation of recommendations made by the Work Group.

Recommendation 12

It is recommended that one function of the continued activities of the Work Group on Mental Health Access for First Responders is the development of a resource guide. (7A, 9)

The following recommendations in this section would be resources or best practice guidance that the Work Group recommends including in the resource guide.

⁸⁶ According a report put out by the National Alliance on Mental Illness and the U.S. Department of Justice, Community Oriented Policing Services, *Preparing for the Unimaginable, How Chiefs Can Safeguard Officer Mental Health Before and After Mass Casualty Events*, "Offering or even requiring an annual appointment with a mental health clinician can give officers who are struggling an opportunity to get assistance and provide others with a refresher on managing stress."

⁸⁷ Mental Health First Aid is an 8-hour course that gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis. The evidence behind the program demonstrates that it builds mental health literacy, helping the public identify, understand, and respond to signs of mental illness.

Recommendation 13

Require a minimum of six hours of mental health awareness training to be included in initial certification trainings for all first responders. This training should be done at the academy level and should be mandatory.

- It is also recommended that a minimum of six hours of mental health awareness training be mandatory for every certification cycle for each level of certification regardless of the licensure and discipline. The training should encompass basic training on mental health issues for first responders. More advanced training should include the impact of the chronic nature of the business to include trauma response (neuropsychology), signs and symptoms of mental illness, wellness, and resiliency. Additionally, mental health education for department heads should include all of the above recommendations, as well as training in CISM or another evidence-based model and Peer Support.
- It is recommended that all trainings for the academy level, continuing education, and department heads be standardized across the state for each discipline so that all personnel receive the same information and referral resources. It is believed that funding and time spent on training and education at the beginning, before traumatic events occur, will save time and money later with employees who produce better work and who experience better mental health. **(6, 7A)**

Recommendation 14

After researching and discussing known options and resources by members of the Work Group, it is recommended that no minimum requirements for return to duty after a critical incident be established because each incident is unique and each first responder is unique.

The Boston Police Peer Support Unit has an online survey for officers who need assistance. This is designed so that anyone can create an account and complete a basic evidence-based survey that indicates the level of need for services or intervention. The user is then told to check back into the account within a set timeframe. If the individual scores within a certain threshold, a peer support staff sends a response to the user-generated account. The user can check back to see the results of the survey. If their score indicated that they need additional help, the response will also indicate how to get in

contact with appropriate resources. A similar program could be adopted in Texas that would be connected to local resources.

The Firefighter Behavioral Health Alliance (FBHA), an organization that educates firefighters / Emergency Medical Services (EMS) personnel and their families about behavioral health issues such as depression, Post-traumatic Stress Disorder (PTSD), anxiety and addictions, as well as firefighter suicides, has an on-line suicide screening survey. It provides instructions on calling 911 when a first responder reports as being suicidal and how to get mental health resources if a first responder enters a certain score on the assessment tool.

- **First responders should not be penalized for seeking mental health care and there should be easily accessible resources for the first responders to utilize.**
- **Mental health resources should be easily accessible for the first responders to utilize. Peer support and trauma-informed mental health professionals should be available to assess and treat first responders who are experiencing a mental health crisis.**
- **Mental health assessments, must be evidence based and may be administered in many ways. Assessments should either be self-administered or administered by a mental health professional.** If the assessment is going to be a "self-assessment" the instrument should be a "symptoms checklist" with information on local resources.
- **Department heads or other department personnel who are not trained mental health professionals should not be the ones to administer an assessment. (7A)**

⁸⁸ Copline is a non-profit organization whose board is composed of individuals with law enforcement service or with service assisting and training law enforcement and sometimes both. Call takers are retired officers, with clinical staff providing back up and support up on an as needed basis

Recommendation 15

There are several crisis hotlines available to address mental health needs or suicidality of first responders. Copline⁸⁸ is the only national law enforcement hotline, however it is limited in scope in that it does not serve all first responders.

Design a state-wide hotline that is available to first responders within the state 24 hours a day, 7 days a week, and ensure that hotline staff are trauma-informed and adequately trained to respond to any matter that impacts the mental well-being of the first responder.

- **Establish training requirements and standards for hotline operators to be able to respond to a first responder who is experiencing a mental health crisis and who may be experiencing suicidal ideation.**
- Ensure that hotline operators are equipped to provide resources to a first responder who is experiencing a mental health crisis and who may be experiencing suicidal ideation. Ensure that clinical supervision is available to hotline operators. (7A, 9)

Recommendation 16

Create a dedicated, statewide website listing all available resources for first responders. This website should include, but not be limited to the following: signs and symptoms of stress, CISM teams, mental health training programs (online, and in-person), peer support training resources, information for clinicians regarding the culture of first responders, a list of mental health providers who specifically work with first responders, downloadable posters and resources for departments to utilize, and the state-wide hotline. **(9)**

Recommendation 17

Encourage public entities to provide access to annual mental health wellness checks for first responders as a best practice standard. Ensure that these mental health wellness checks are confidential and that the entity does not track or report on whether a first responder participates in these wellness checks. (7A, 8)

Issue - Partnerships

The Work Group believes that there is an opportunity for public-private partnerships to provide mental health care services to first responders. First and foremost, mental health care providers who are trauma-informed should be identified; especially those who are skilled in working with first responders.

While the workgroup makes several recommendations about public/private partnerships, further research into these types of partnerships needs to be explored.

Recommendation 18

Partnerships with local mental health associations and other charitable foundations who assist first responders could be forged and maintained to provide needed assistance for departments to utilize when needed.

A statewide collaboration should be formed between local municipalities and counties with local mental health authorities, mental health associations, state departments, the United Way, or other foundations who assist first responders to provide a local, current database to departments to utilize when needed. (8)

4. Conclusion

Mental health issues for first responders are complex and far-reaching. The recommendations provided in the report reflect potential solutions to address the mental health needs of first responders around the state. Taking a multifaceted approach is the most appropriate way to assure all first responders have access to effective mental health services at the right time and place. A multi-faceted approach includes peer support, Critical Incident Stress Management (CISM) teams, policies standardizing provisions of mental health services (public and private), and comprehensive mental health insurance coverage, including workers' compensation insurance coverage. Additionally, with the increased use of technology, media platforms need to be accessible to disseminate mental health information, so that as many individuals as possible are included in the distribution of critical information.

With the multi-faceted approach, there also needs to be standardization of requirements regarding best practice standards for training throughout the entire state. Small or rural jurisdictions that do not have CISM plans in place should be able to seek assistance from an organized statewide response. A rural response model will provide a team who will provide support to first responders who have been exposed to a traumatic event.

All peer support teams should be required to have standardized training so that a member from one team could work seamlessly with members from another team.⁸⁹ Peers should receive training specifically designed for development of a supportive skill set which additionally lends credibility to the peer supporter.

The Work Group developed this report in accordance with H.B. 1794. During the course of the report's development, the Work Group determined that additional time is needed to obtain more stakeholder feedback, conduct comprehensive research, and do a thorough analysis of findings for developing recommendations that will address these complex needs of first responders in Texas.

⁸⁹ CISM teams do have standardized training through the International Critical Incident Stress Foundation (ICISF) from Ellicott City, MD. A listing of all approved teams is kept within the Texas Department of Health and Human Services.

The Work Group recommends that the Legislature authorizes an additional effectiveness evaluation study to potentially commission an independent researcher to study implementation of the recommendations in this report. Follow up will be required to thoroughly assess whether these recommendations are implemented, and if so, measure the effectiveness of those recommendations in improving access to mental health care for first responders in Texas.

In particular, a more in-depth review of human resource best practices, employee assistance plans (EAPs), health insurance coverage, and workers' compensation coverage is needed.

- The Work Group conducted a survey which served as a landscape assessment of first responder experiences with their employee health plans and human resource policies. Results indicated that further research in this area is necessary. While the survey yielded respondents which represented all first responder types, and from all county designations, the sample size was small in comparison to the total number of first responders in Texas. Additionally, while there were many counties represented, there were not necessarily responses from each first responder type in each county. Significantly, a large number of survey respondents answered, "I don't know" when asked about their knowledge of their health benefits and human resource policies.
- The Work Group researched the process by which workers' compensation claims are currently handled and the appeals process for workers' compensation and other benefits claims. However, making recommendations for identifying process improvements would require more extensive research into first responder experiences with claims for mental health services.

Additionally, it is the feeling of the Work Group that consideration be given to their continued contribution of assisting in the development of specific criteria for a specialization certification for mental health treatment for first responders and developing a uniform definition of first responder in statute.

Appendix A. List of Acronyms

Acronym	Full Name
ASD	Acute Stress Disorder
CISD	Critical Incident Stress Debriefing
CISM	Critical Incident Stress Management
DWC	Texas Department of Insurance, Division of Workers' Compensation
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, fifth edition
FBHA	Firefighter Behavioral Health Alliance
HPRC	Health Promotion Resource Center
H.B.	House Bill
HHSC	Health and Human Services Commission
IAFF	International Association of Fire Fighters
ICISF	International Critical Incident Stress Foundation, Inc.
LEMIT	Bill Blackwood, Law Enforcement Management Institute of Texas
MHFA	Mental Health First Aid
MVPN	Military Veteran Peer Network
OIEC	Office of Injured Employee Counsel

Acronym	Full Name
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PCIS	Post Critical Incident Seminar
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PFA	Psychological First Aid
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PTSD	Post-Traumatic Stress Disorder
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SMVF	Service Members, Vets, and their Families
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TDI	Texas Department of Insurance
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Appendix B. Definitions

Acute stress disorder - Is characterized by the development of severe anxiety, dissociation, and other symptoms that occurs within one month after exposure to an extreme traumatic stressor (e.g., witnessing a death or serious accident).

Badge of Life – A non-profit 501(c) 3 organization with the mission of lessening the impacts of both stress and trauma upon peace officers and retirees. Trauma in particular can lead to post-traumatic stress disorder (PTSD) and suicide. Badge of life is recognized for its emotional self-care training and recommends the use of mental health checks designed to help first responders build a resiliency skill set in order to maintain their emotional well-being.

Copline – A national crisis hotline available to address mental health needs or suicidality of first responder. Information can be found at <http://www.copline.org/>. 1-800-267-5463

Critical Incident Stress Debriefing (CISD) - A specific technique designed to assist others in dealing with the physical or psychological symptoms that are generally associated with trauma exposure. Debriefing allows those involved with the incident to process the event and reflect on its impact. Ideally, debriefing can be conducted on or near the site of the event (Davis, 1992; Mitchell, 1986).

Critical Incident Stress Management (CISM) - CISM is a seven-step structured group conversation which aims to teach about the signs and symptoms of stress and to provide a safe environment to talk about the incident at the feeling level.

The peers also provide an avenue for follow-up either at the peer level or with a referral to a mental health professional.

Critical Incident - A critical incident can be defined as any event that has a stressful impact sufficient enough to overwhelm the usually effective coping skills of an individual. Critical incidents are abrupt, powerful events that fall outside the range of ordinary human experiences. Reference: www.officer.com/home/article/10249385/critical-incident-stress

Executive Commissioner – Defined in this report means the Executive Commissioner of the Health and Human Services Commission.

First Responder Cultural Competency- An understanding and appreciation of the unique aspects of not only the job duties and the work environment but also the characteristics and experiences of those that act as first responders so that those providing services are able to provide treatment with minimal distraction or hindrance. Cultural competency occurs when: (1) cultural knowledge, awareness and sensitivity are integrated into action and policy; (2) the service is relevant to the needs of the community and provided by trained staff, board members, and management; and (3) an advocate or organization recognizes each client is different with different needs, feelings, ideas and barriers. (*First Responder Mental Health Resiliency Program*)

First Responder - Defined in this report, as provided by TGC § 421.095. As used here, a first responder is a public safety employee or volunteer whose duties include responding rapidly to an emergency. The term includes: a peace officer whose duties include responding rapidly to an emergency; fire protection personnel as defined by TGC § 419.021; a volunteer firefighter who is certified by the Texas Commission on Fire Protection or by the State Firemen's and Fire Marshalls' Association of Texas or a member of an organized volunteer fire- fighting unit as described by TGC § 615.003; and an individual certified as emergency medical services personnel by the Department of State Health Services.

International Critical Incident Stress Foundation, Inc. – An organization that provides training and certification in CISM. The mission of the International Critical Incident Stress Foundation, Inc. is to provide leadership, education, training, consultation, and support services in comprehensive crisis intervention and disaster behavioral health services to the emergency response professions, other organizations, and communities worldwide.

Mental Health First Aid (MHFA) - Mental Health First Aid is an eight-hour course that gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis. The

evidence behind the program demonstrates that it does build mental health literacy, helping the public identify, understand, and respond to signs of mental illness.

Peer Network – Network of first responder peers that are available to promote recovery from stress and critical incidents experienced by first responders and their families.

Peer Support - Models of peer support vary, but in general the terms refer to a supportive relationship between people who have a lived experience in common in relation to either their own mental health challenge or illness or that of a loved one.

Political Subdivision – A county, municipality, special district, school district, junior college district, housing authority, community center for mental health and mental retardation services established under Subchapter A, Chapter [534](#), Health and Safety Code, or any other legally constituted political subdivision of the state. (Title 5 Labor Code Chapter 504 Sec. 504.001)

Post Critical Incident Seminar (PCIS)- An experiential workshop for officers and tele-communicators who have been through highly traumatic events, that provides an opportunity to share one's experience with one's peers, give and receive support, attend sessions with law enforcement related mental health professionals utilizing proven trauma recovery methods, and learn coping strategies that will enable recovery from past critical incidents and strengthen one's ability to deal with future incidents.

Post-Traumatic Stress Disorder (PTSD) - Disorder that meets the diagnostic criteria specified by the American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5).

Psychological First Aid (PFA)- An evidence-informed modular approach for assisting people in the immediate aftermath of disaster and terrorism: to reduce initial distress, and to foster short- and long-term adaptive functioning.

It is for use by first responders, incident command systems, primary and emergency health care providers, school crisis response teams, faith-based organizations, disaster relief organizations, Community

Emergency Response Teams, Medical Reserve Corps, and the Citizens Corps in diverse settings.

Telecommunicator – A person acknowledged by the commission and employed by or serving a law enforcement agency that performs law enforcement services on a 24-hour basis who receives, processes, and transmits public safety information and criminal justice data for the agency by using a base radio station on a public safety frequency regulated by the Federal Communications Commission or by another method of communication. (Title 10 Occupations Code Sec. 1701.001)

Trauma - Refers to experiences that cause intense physical and psychological stress reactions. It can refer to “a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual’s physical, social, emotional, or spiritual wellbeing.” (SAMHSA, 2012)

Trauma-Informed - A trauma-informed approach to the delivery of behavioral health services includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. It involves viewing trauma through an ecological and cultural lens and recognizing that context plays a significant role in how individuals perceive and process traumatic events, whether acute or chronic. There are three key elements of a trauma-informed approach: “(1) realizing the prevalence of trauma; (2) recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce; and (3) responding by putting this knowledge into practice” (SAMHSA, 2012)

Appendix C. Survey Data Summary

Overview

In developing the recommendations, the Work Group believed it was important to get feedback from first responders and political subdivision human resource administrators across Texas about how mental health services are being delivered and their experience in accessing mental health services.

In an effort to gather as much feedback as possible to inform the recommendations in this report, the Work Group developed and distributed a survey to various first responder organizations to identify and describe gaps in access to mental health care for first responders. The survey was distributed to the members of the following departments⁹⁰ and organizations: Texas Municipal Police Association, Law Enforcement Management Institute of Texas (LEMIT), Texas Police Chief's Association, State Firefighters' & Fire Marshals' Association of Texas, Texas Fire Chiefs Association, Texas State Association of Fire Firefighters, Texas EMS Director, Texas Corps of Fire Chaplains, Texas Association of Counties, Sheriff's Association of Texas, Texas Ambulance Association, Combined Law Enforcement Associations of Texas, Waller County Sheriff, Texas State Association of Fire Fighters, Municipal Government Association, HHS Disaster Behavioral Health, Texas Statewide Behavioral Health Coordinating Council, Texas Behavioral Health Advisory Council, Angleton Area Emergency Medical Corps, Texas EMS Alliance and all Council of Governments across the State to forward to their respective mailing lists.

Summary

Survey respondents represented a diverse sample of first responder department employees, including front line staff, administrators, human resource administrators and workers' compensation claims administrators. Questions asked about participants' personal experiences with receiving mental health services, including knowledge of employee assistance plans, health insurance coverage, workers' compensation insurance coverage for mental health benefits, department specific mental health policies and

⁹⁰ Throughout the survey the term "agency" was used to refer to the survey participant / first responder's employer. However, for consistent terminology, the full report uses the term "department" when referring to the broadest form of the first responder group. This report addresses multiple first responder groups; different first responder groups identify using different terminology, as "department". For instance, the City of Austin, along with all its components, is an "organization." When addressing specific components within an organization, "departments" are units of the workforce or human part of the organization that performs different operations in the organization. Therefore, we have replaced the term "agency" with the term "department" in this appendix." "Department" will be used for consistent identification throughout.

programs, and department culture and climate.

The survey yielded a total of 774 responses from employees of first responder departments. Participants represented front line first responder staff, administrators, human resource administrators and workers' compensation claims administrators from volunteer and paid fire departments, police departments, emergency management services departments, sheriff departments, crisis counseling organizations, district attorney's offices, education agencies, emergency departments, and private investigative organizations. There was diverse representation of first responder departments from 166 of the 254 counties across Texas counties, including from those designated as rural⁹¹, urban⁹² and frontier⁹³.

The Work Group consulted with the Bill Blackwood Law Enforcement Institute of Texas (LEMIT) to get guidance on development of the survey. The survey was developed with the purpose of obtaining a broad landscape assessment of first responders' experiences with access to mental health care. While the survey yielded important information that helped inform the Work Group's efforts to produce this report's recommendations, it should be noted that the timeframe to conduct the survey resulted in a relatively low response rate so the results from this survey should be interpreted with caution. Additionally, the survey results primarily captured the perspectives of first responders since few human resource administrators and workers' compensation claims administrators participated in the survey. However, a larger and more comprehensive survey study of the current mental health care system and the mental health needs of first responders is necessary to fully understand the system and to make recommendations

For instance, while there was representation from all first responder types and from all county designations, the sample size was small in comparison to the total number of first responders in Texas. Additionally, while there were many counties represented there were not necessarily a response from each first responder type in each county. There was also a limited response rate from certain first responder types, including those from Dispatch/Communications⁹⁴

⁹¹ Title 10, Chapter 2006, Sec. 2006.001 defines rural community as a municipality with a population of less than 25,000.

⁹² In accordance with the Texas Health and Safety Code (§ 104.44 and §105.003), the Health Professions Resource Center (HPRC) compiles, analyzes, and disseminates much of its data by urban and rural counties or border and non-border counties. Below are explanations of those designations: Counties are designated as metropolitan or non-metropolitan by the U.S. Office of Budget and Management (OMB). HPRC currently uses the designations that took effect in 2013. In Texas, 82 counties are designated as metropolitan and 172 are designated as non-metropolitan. HPRC uses the terms "non-metropolitan and metropolitan" interchangeably with "rural and urban."

⁹³ According to the National Center for Frontier Communities, frontier counties are generally defined as having less than 7 people per square mile. 64 counties in Texas are considered to be frontier. 2010 U.S. Census, Source: National Center for Frontier Communities.

⁹⁴ While dispatch/communications is not included in the definition of first responder in H.B. 1794, it is a

(1%), volunteer firefighters (5%), and emergency medical technicians (7%). The low response rate of volunteer firefighters is particularly relevant because, according to the Federal Emergency Management Administration (FEMA)⁹⁶ while only 5% of survey participants were volunteer firefighters, 85% of all registered fire departments in Texas are volunteer or mostly volunteer.⁹⁷ While efforts were made to obtain responses from human resource administrators and workers' compensation claims administrators about the services offered through these programs, there was an insignificant response rate for reporting.

However, the survey results yielded valuable responses about how first responders in Texas feel about their current knowledge of and experiences with access to mental health services. It also allowed the Work Group to examine specific issues related to differences in mental health care among first responder types and between large and small departments, as well as by county designation. While further research is required for specific recommendations related to comprehensive reform, the data collected from this survey assisted in defining the scope of the project and ultimately guided many of the Work Group's recommendations.

Survey Results

Demographics

The survey asked participants to identify the size of their departments by number of employees. Departments with 99 employees or less are considered "small", and departments with 100 or more employees are considered "large". Fifty-eight percent of respondents identified themselves as working for a small department.⁹⁸

Seventy percent of survey participants identified themselves as first line officers, command staff, or department heads and 30% responded as "other." There were only 3 responses from survey participants that identified as risk manager/human resource administrators. Therefore, survey data does not reflect responses from the perspective of employees at first responder organizations that administer health, including mental health benefits.

recommendation of the workgroup that they be added to the definition of first responder and be provided the same access to mental health services.

⁹⁶ Federal Emergency Management Administration, U.S. Fire Administration, National Fire Department Registry Summary – 2018, <https://apps.usfa.fema.gov/registry/summary/>

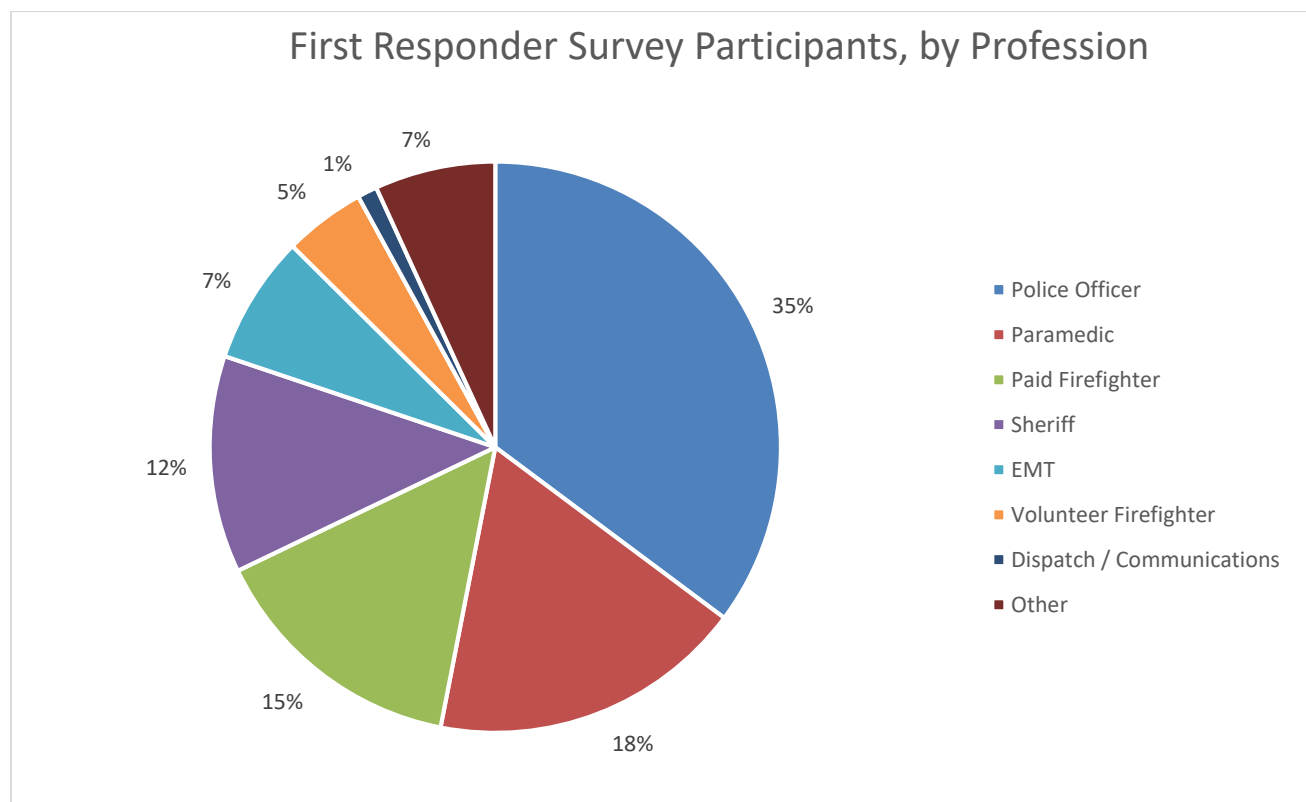
⁹⁷ The department type is based on National Fire Protection Association (NFPA) definitions. (Career — 100 percent of a department's firefighters are career. Mostly career — 51 to 99% of a department's firefighters are career. Mostly volunteer — 1 to 50 percent of a department's firefighters are career. Volunteer — 100% of a department's firefighters are volunteer.)

⁹⁸ 44% of departments had less than 50 employees; 14% had 51-99 employees; 32% had 100-499 employees; 7% had 500 employees; 2% answered that they did not know.

Additionally, some survey participants identified as more than one profession. Forty-three percent of survey participants had been in their current position for 10 years or more, and 18% reported being in their current position 5-10 years, 28% reported being in their position between 1 and 5 years; and 10% reported being in their position for less than a year.⁹⁹

Figure 1 shows the various types of first responder professionals that participated in the survey.

Figure 1. Percentage of first responder that participated in the survey by profession.



Note: Most common responses included in the "other" category were: Sheriff, Fire Chief, Assistance Chief, Police Chief, EMT-I, AEMT, and Flight Nurse.

As shown in Figure 2, more than half of the responses were from survey participants employed by a small department. In some cases, such as emergency medical Technicians (EMTs), Sheriff's departments, and volunteer fire departments, the large majority are employed by small departments.

⁹⁹ Some survey participants identified themselves as more than one type of first responder.

Figure 2. Distribution of survey participants by department size¹⁰⁰ and profession¹⁰¹.

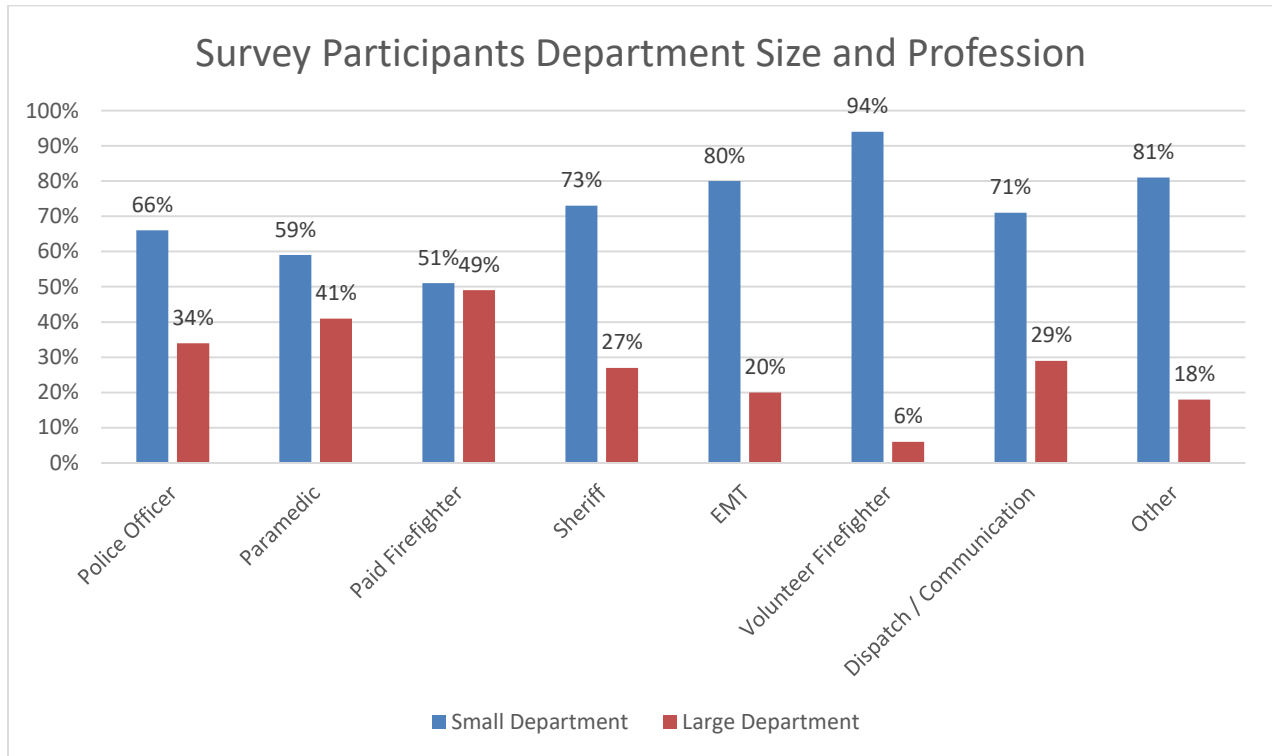
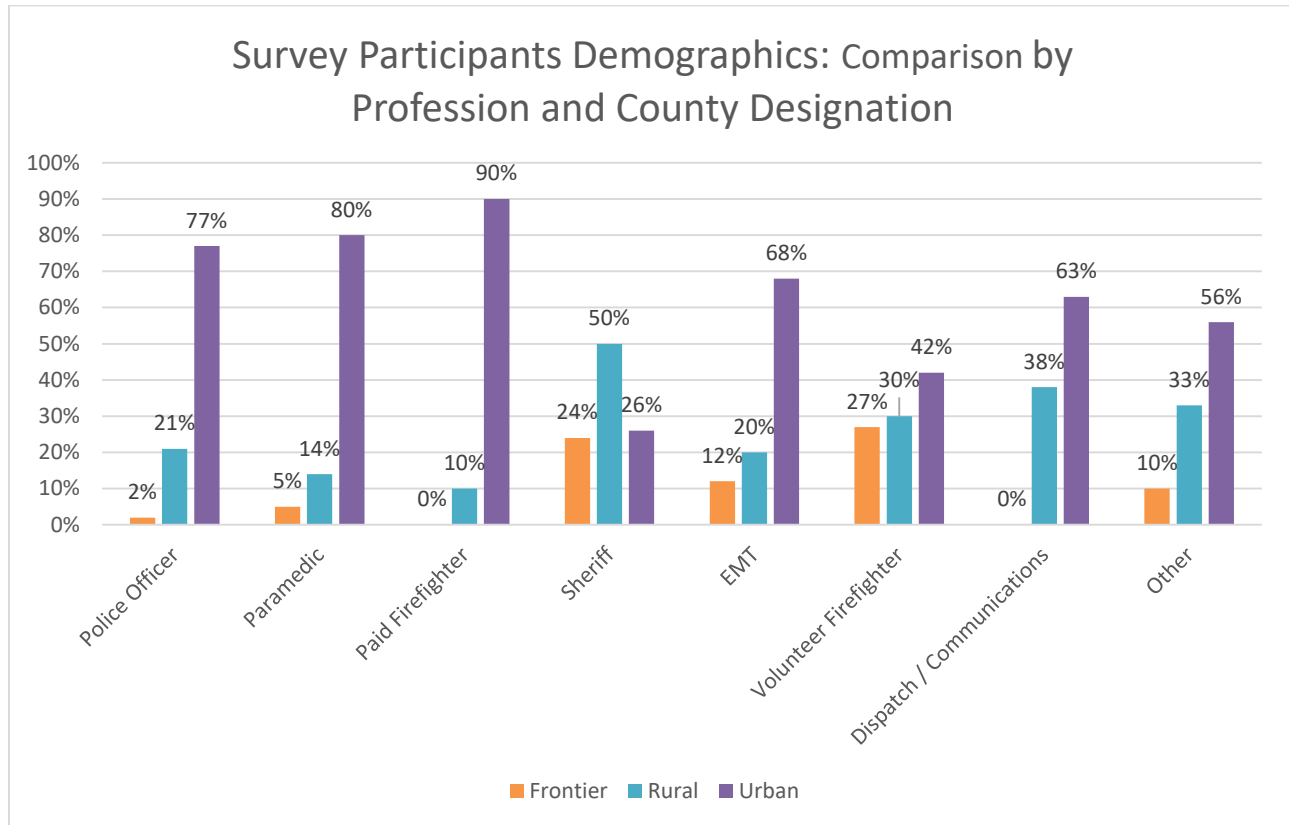


Figure 3 shows first responder professionals who are employed by county designation. EMTs, sheriff departments and volunteer firefighters, who largely work in small departments, also have the highest percentage of being in rural and frontier counties; whereas paid firefighters, paid police officers, and paramedics, who have greater percentage of being employed by large departments also have a larger presence in urban areas of the state. Conversely, the majority of survey participants from dispatch/communications were from small departments in urban counties.

¹⁰⁰ Small departments are defined as having 99 or fewer employees; large departments are defined as having 100 or more employees.

¹⁰¹The first charge of House Bill 1794 was for the Work Group to address the difference in access to mental health care services between: volunteer fire departments and small law enforcement departments, fire departments, and emergency medical services providers; and law enforcement departments, fire departments, and emergency medical services providers.

Figure 3. Distribution of survey participants by county designation and profession¹⁰².



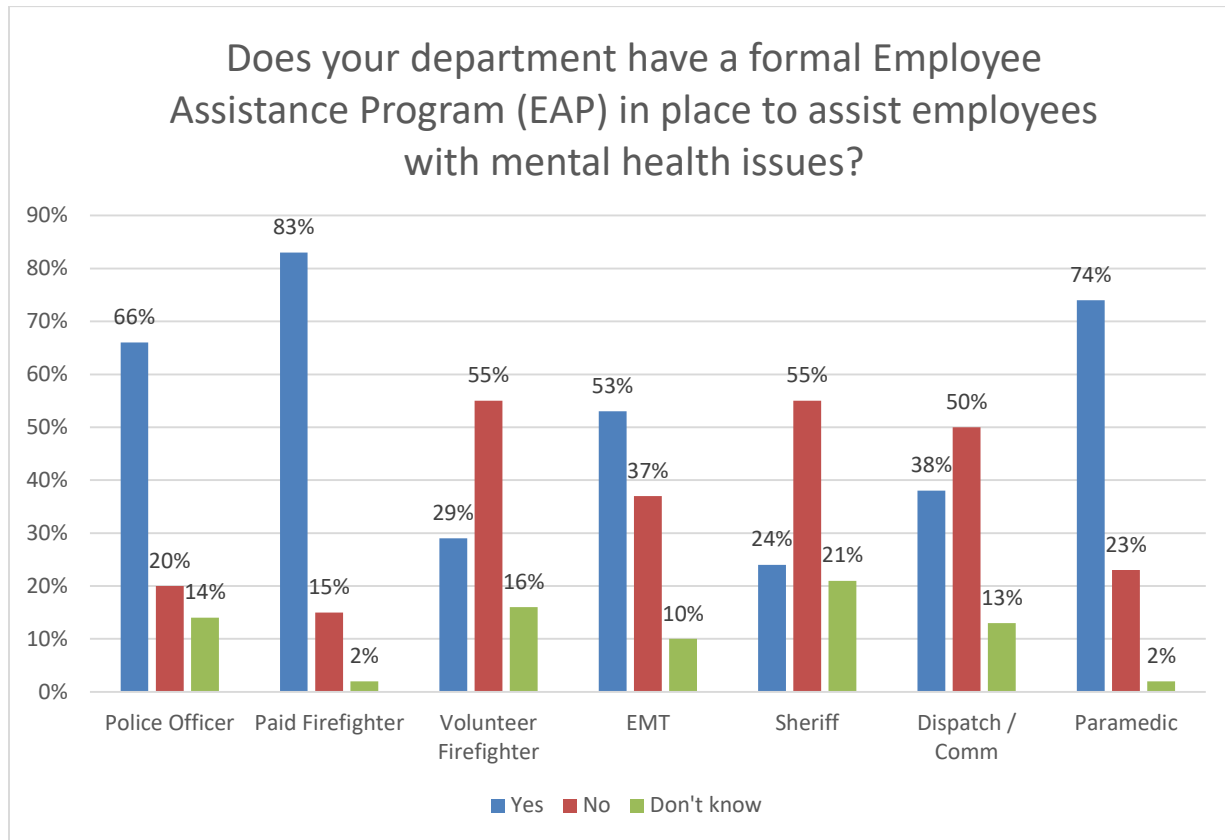
Of all survey participants, approximately 10% of had been in their position for under 1 year; 28% had been in their position for 1-5 years, 18% had been in their position for 5-10 years; and 44% had been in their position for 10 years or more.

Employee Assistance Programs (EAPs)

Figure 4 shows the percentage of first responder professionals who have a formal EAP that assists employees with mental health services.

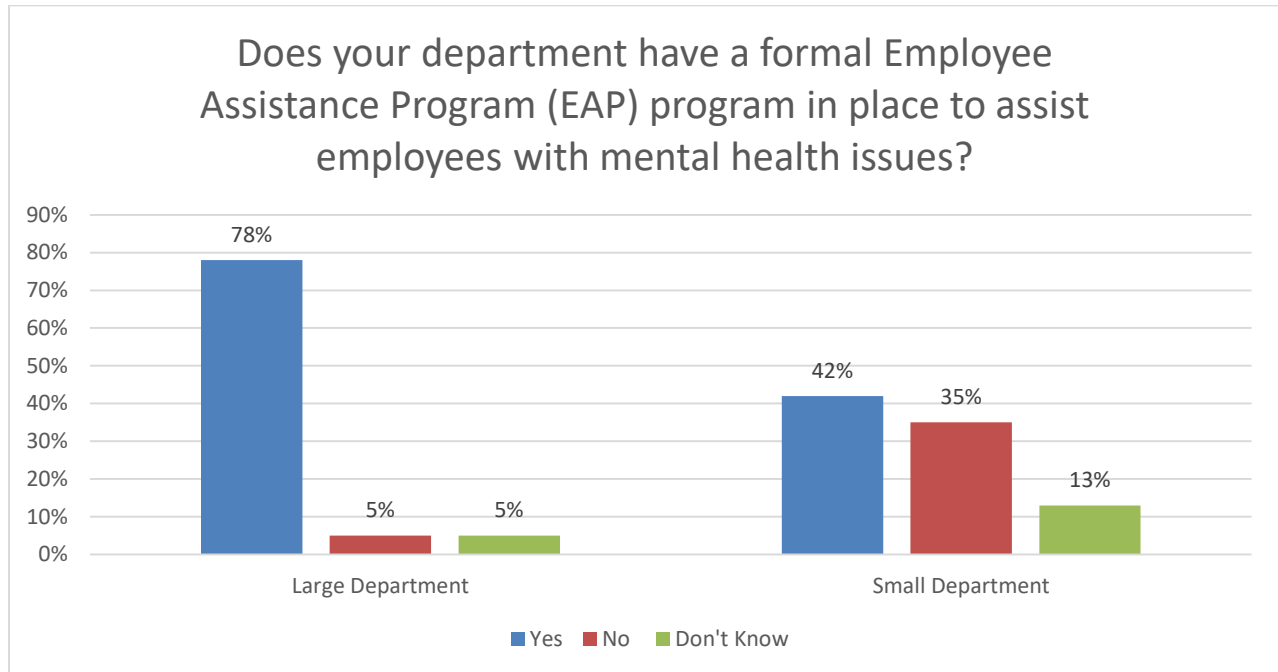
¹⁰² Counties are designated as metropolitan or non-metropolitan by the U.S. Office of Budget and Management (OMB). HPRC currently uses the designations that took effect in 2013. In Texas, 82 counties are designated as metropolitan and 172 are designated as Non-Metropolitan. HPRC uses the terms "non-metropolitan and metropolitan" interchangeably with "rural and urban." Texas Department of State Health Services, <https://www.dshs.texas.gov/chs/hprc/counties.shtm>. Title 10, Chapter 2006, Sec. 2006.001 defines rural community as a municipality with a population of less than 25,000. According to the National Center for Frontier Communities, frontier counties are generally defined as having less than 7 people per square mile. 64 counties in Texas are considered to be frontier. 2010 U.S. Census, Source: National Center for Frontier Communities.

Figure 4. First responders' access to EAPs that address mental health needs: Comparison of responses by profession.



As shown in Figure 5, when comparing the availability for EAP programs by department size, large departments are more likely to have an EAP program that addresses mental health while small departments were more likely to respond that they do not have an EAP program or did not know.

Figure 5. First responders' access to EAPs that address mental health needs: Comparison of responses by department size.



When considering geographical location, we also find notable disparities in access to employee assistance programs. Table 1 below show participant responses about EAPs by county designation:

Table 1. First responders' access to EAPs that address mental health needs: Comparison of responses by county designation.

	Frontier	Rural	Urban
Yes	4%	30%	66%
No	56%	44%	13%
I don't know	18%	19%	7%

Specific programs for first responders offered by EAP:

When asked if the survey participant's EAP offered any specific programs for first responders only 30% responded. Eleven percent responded their EAP did offer specific programs for first responders, and 8% responded that they EAP did not offer any specific programs for first responders. Eleven percent or survey participants responded that they did not know. As shown in Figure 6 and 7, large departments and departments in urban counties are more likely

to have EAP programs that offer a diverse assortment of mental health services to first responders.

Figure 6. Specific Mental Health EAP Services: Comparison of Responses by Department Size.

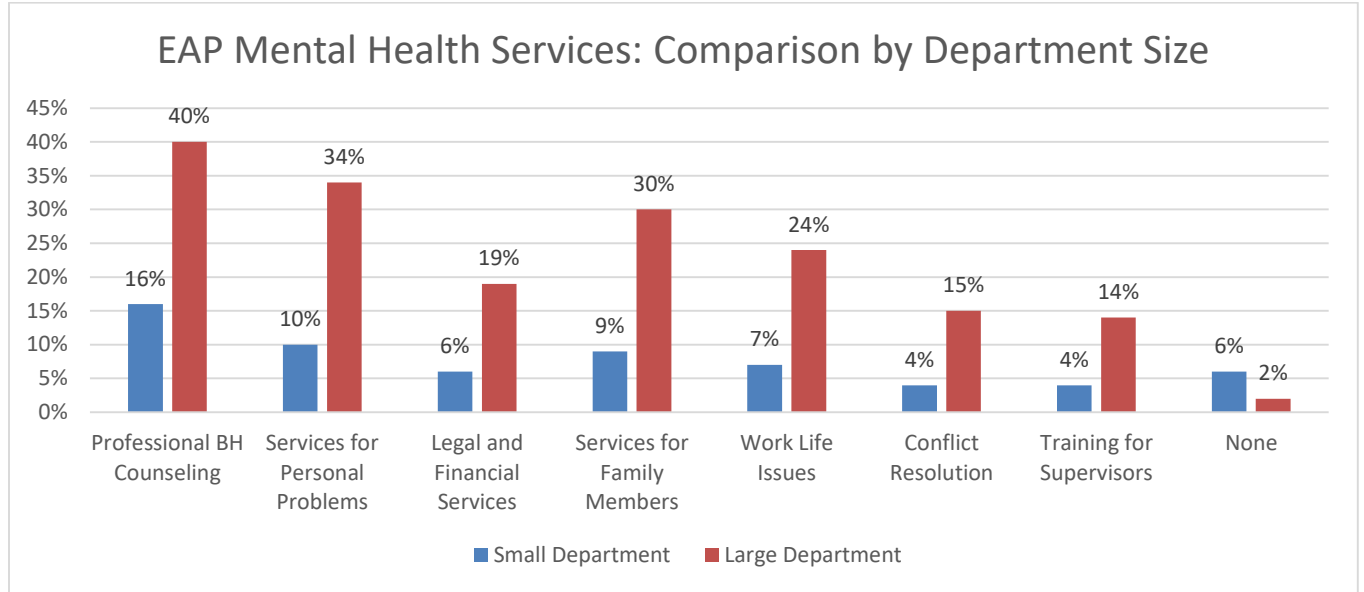
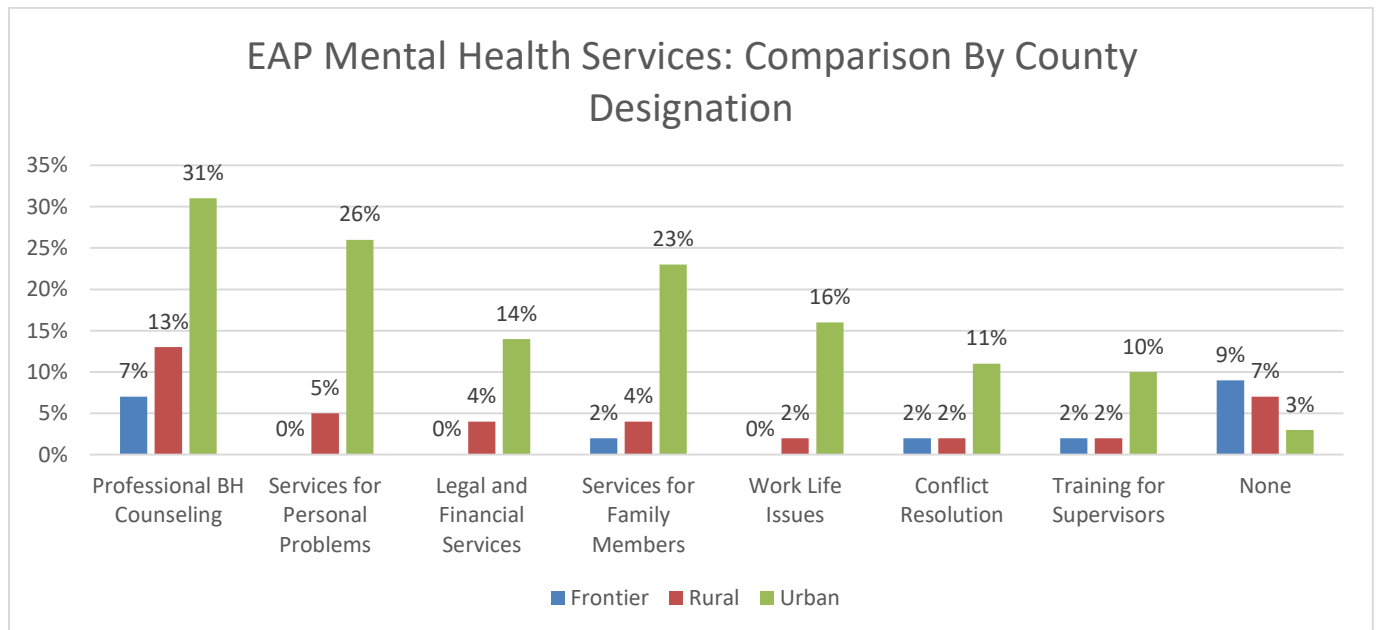


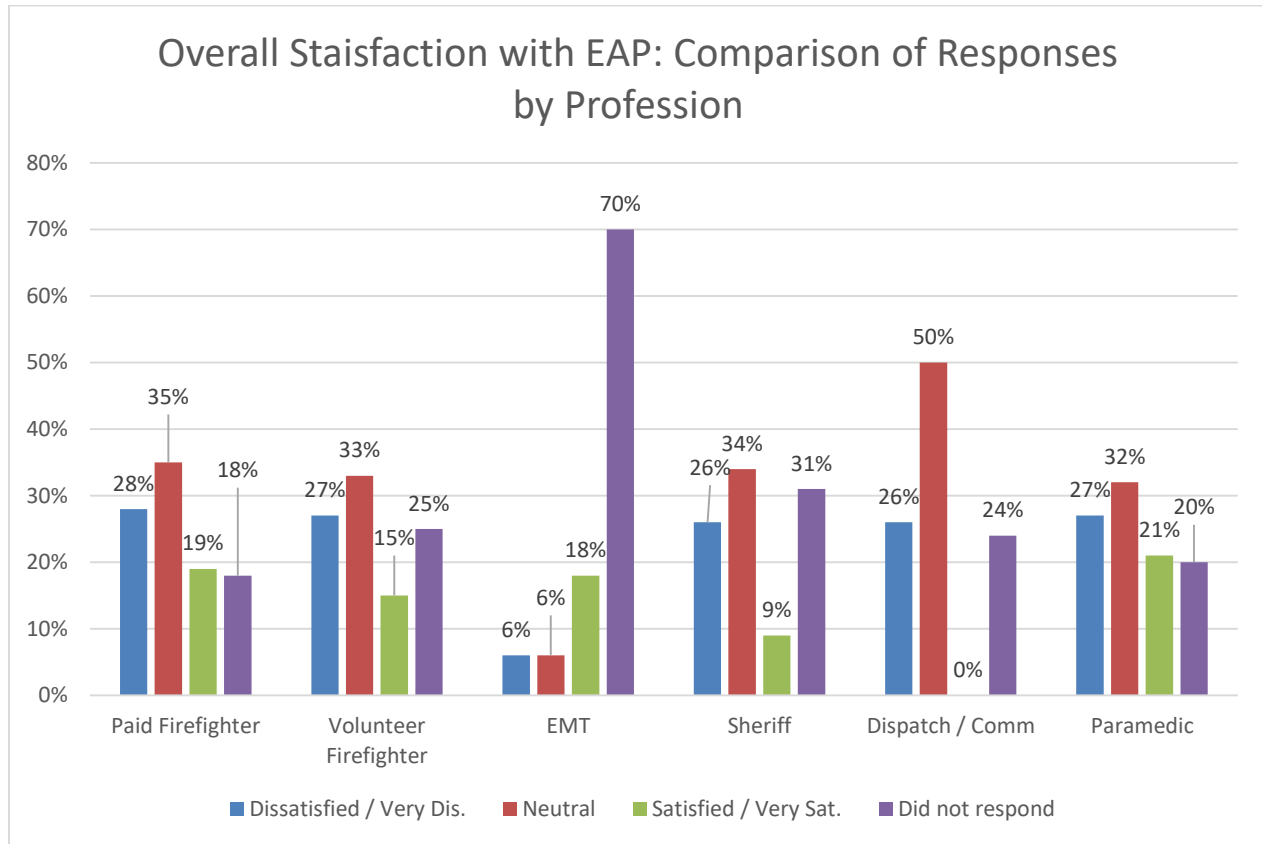
Figure 7. Specific mental health EAP services: Comparison of responses by county designation.



Survey participants also identified additional services that were not listed such as, Critical Incident Stress Debriefings (CISD) including group and individual sessions to assist when there is an incident such as a child death, employee death, mass shooting, hurricane; peer support and training program; psychiatric evaluation, and other mental wellness programs.

Figure 8 shows satisfaction of employee assistance program by first responder professionals. Of note, a significant number of participants did not respond to this question (22% overall, excluding the outlier of EMTs at 70%).

Figure 8. Overall satisfaction with EAP: Comparison of responses by profession.



As seen in Figure 9 and Table 2, we did not find a notable difference when comparing across county designation. This suggests that where a first responder lives in Texas may impede their access to an employee assistance programs; however, first responders that have access to an EAP, respond similarly in regard to satisfaction. In addition, a significant portion of respondents answered neutrally.

Figure 9. Overall Satisfaction with EAP: Comparison of Responses by Department Size.

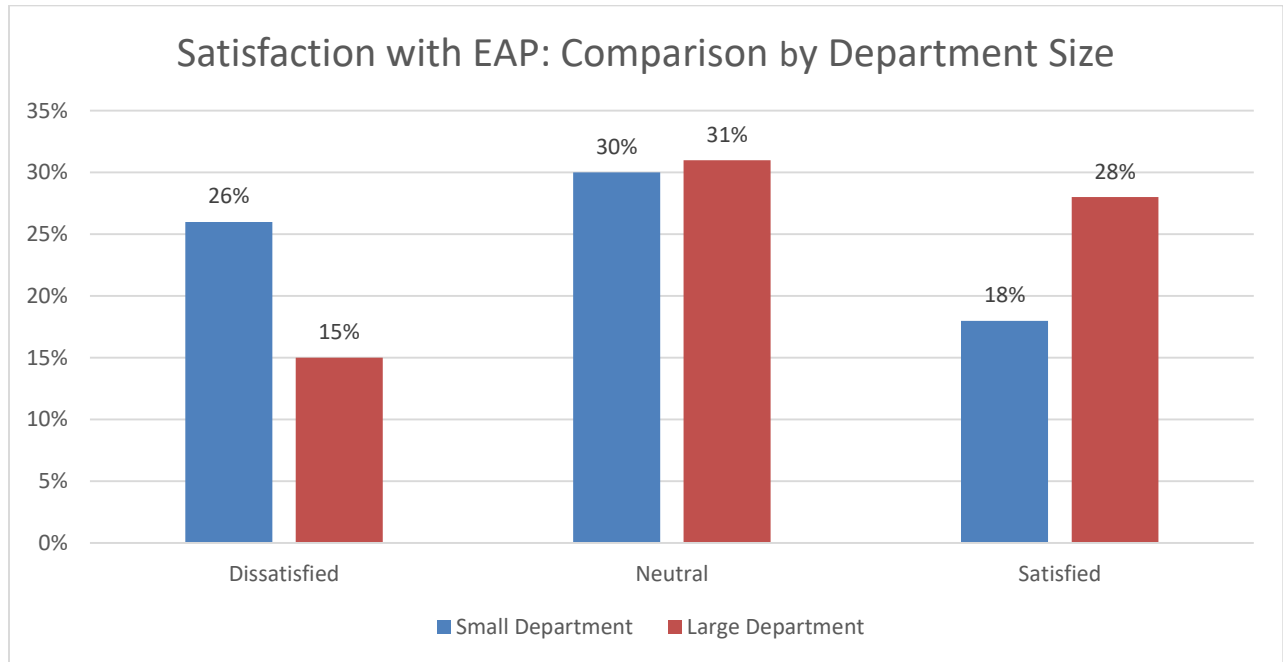
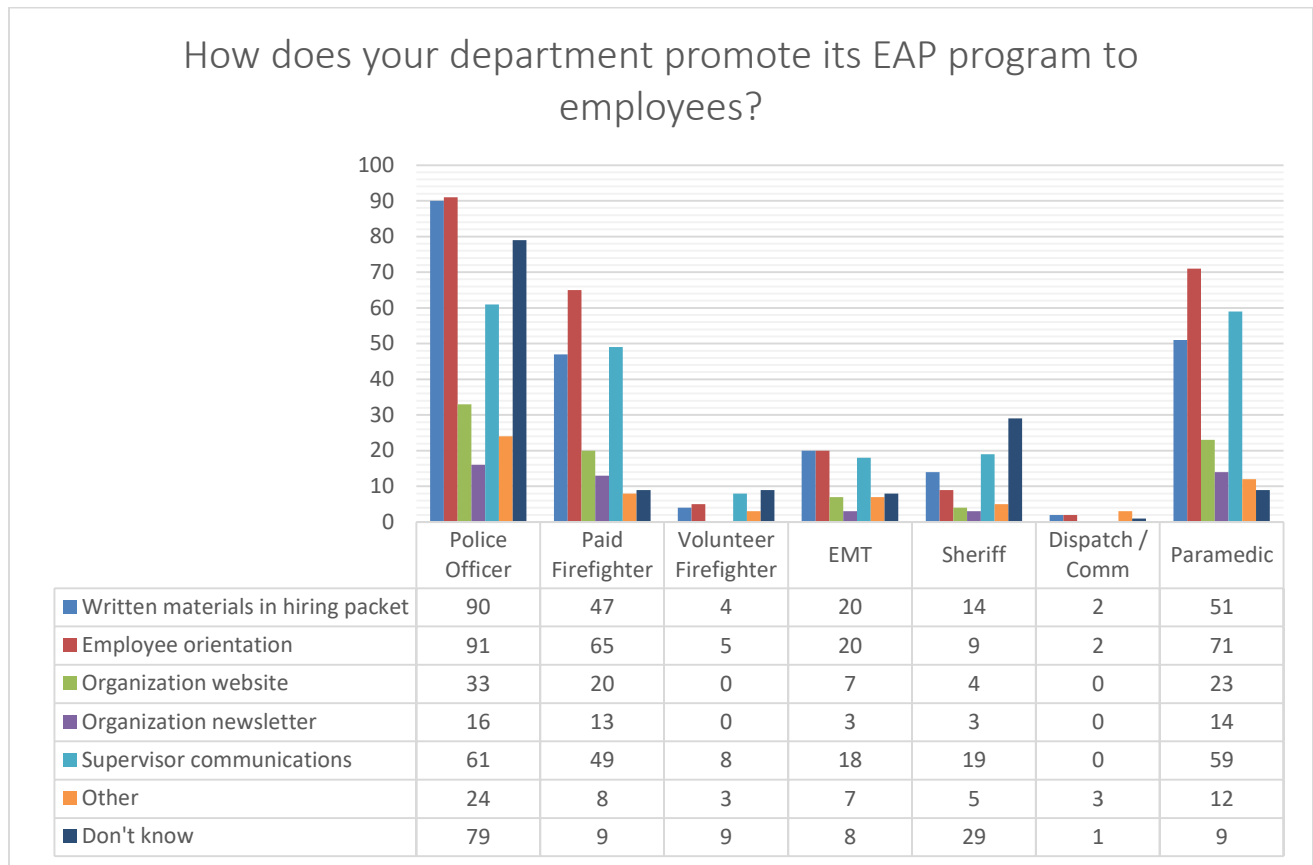


Table 2. Overall satisfaction with EAP: Comparison of responses by county designation.

	Frontier	Rural	Urban
Satisfied or Very Satisfied	20%	26%	17%
Neutral	22%	33%	30%
Dissatisfied or Very Dissatisfied	16%	11%	25%

Figure 10 shows how EAP programs are promoted within the first responder departments, by profession. When comparing professions, police officers, paid firefighters, and paramedics were more often made aware of their EAP via different avenues whereas EMTs, Sheriff Departments, volunteer firefighters, and dispatch/communications were least likely. This correlates with the responses for first responder professionals who are offered EAP programs (see Figure 4).

Figure 10. EAP Promotion: Comparison of responses by profession.



In Figure 11 we see again that overall, first responder departments in large departments and departments in urban counties receive more information about their EAP programs than do small departments or departments in rural and frontier counties.

Figure 11. EAP Promotion: Comparison of Responses by Department Size.

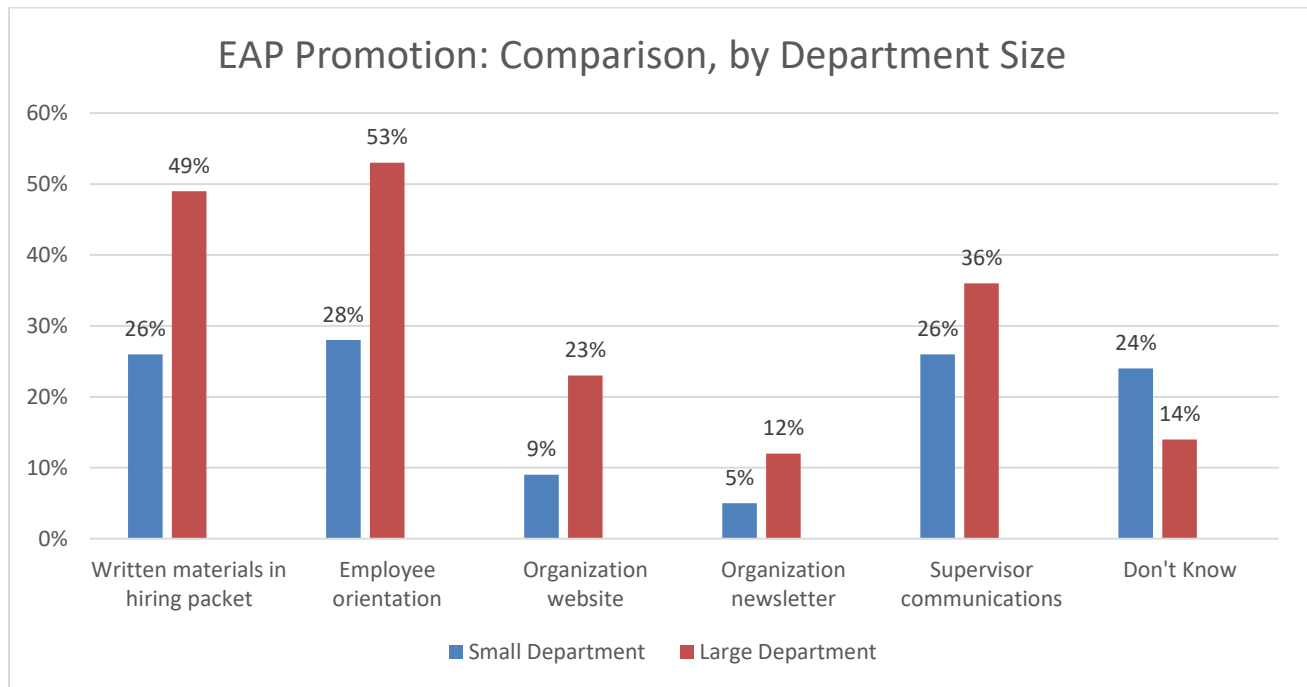
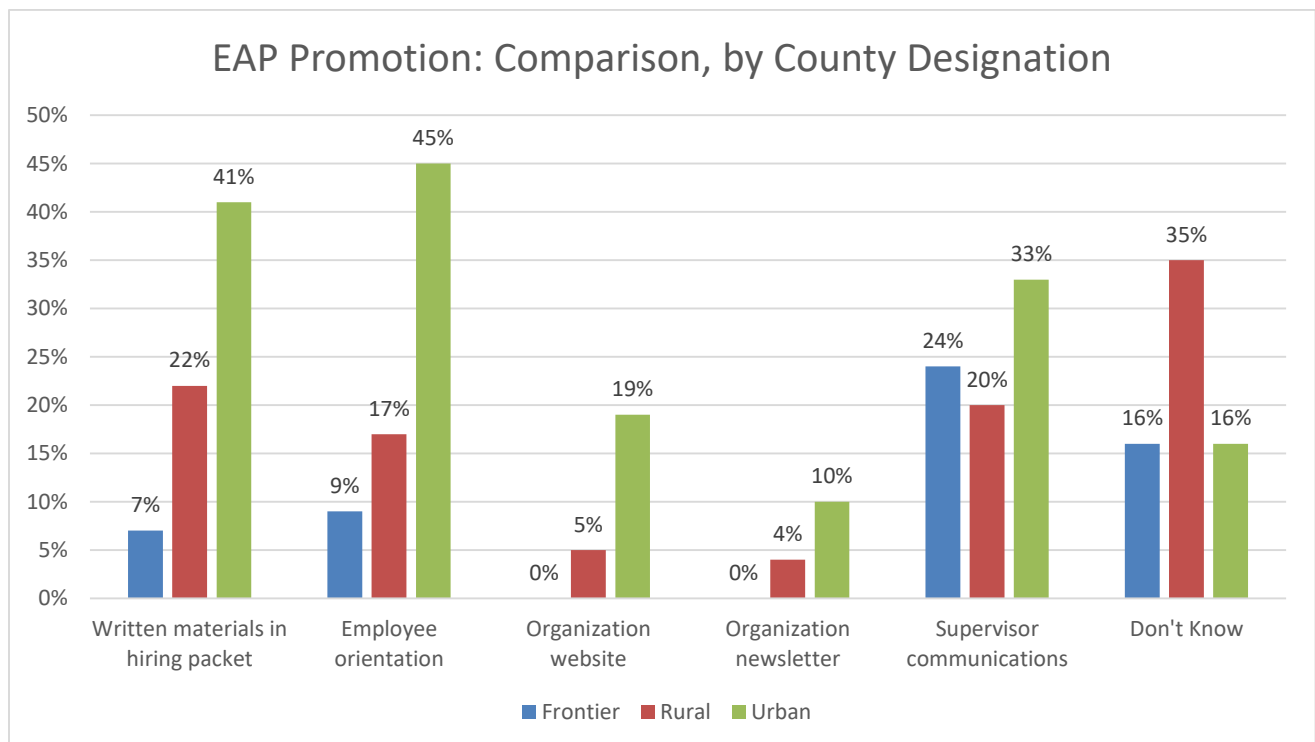


Figure 12. EAP promotion: Comparison of responses by county designation.



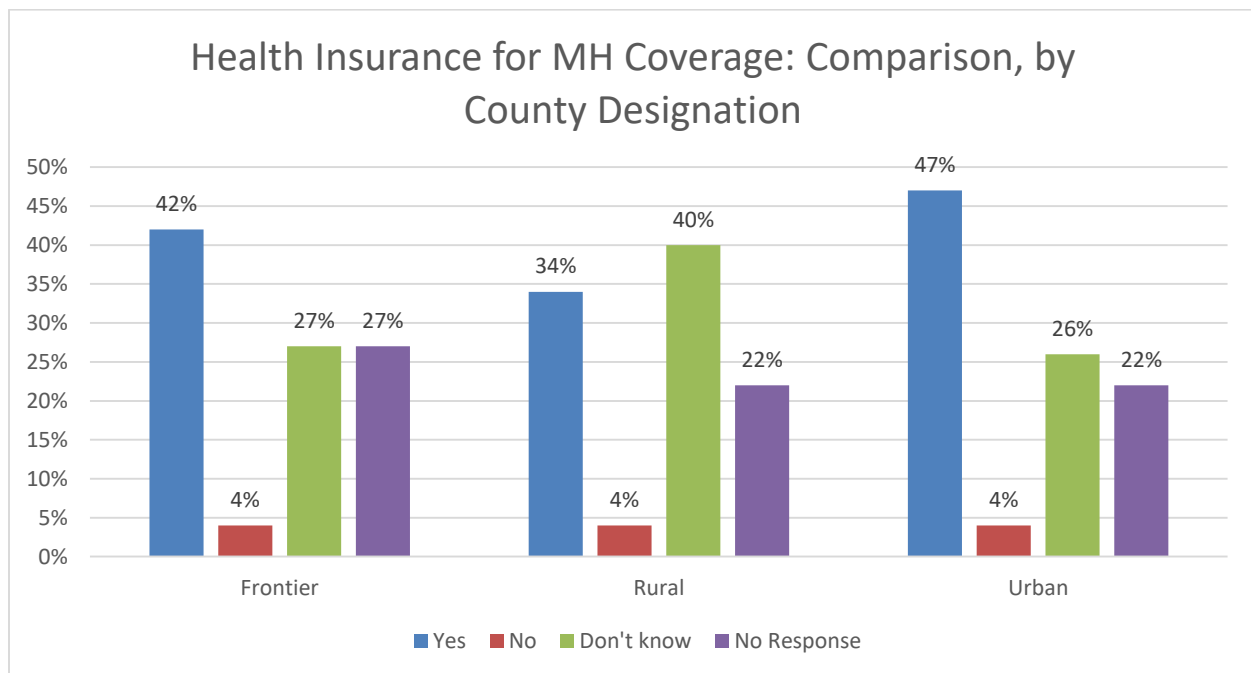
EAP Mental Health Services

Only 13% of survey participants reported receiving mental health services through their department's EAP. Of those who indicated that they had received mental health services through their department's EAP program, 49% reported that they were referred for additional services at the completion. 57.5% indicated that they did not pursue a referral for additional services. The reasons noted for not pursuing the referrals were because participants were not satisfied with the referrals made by the EAP program (60%) and due to financial concerns (40%).¹⁰³

Health Care Plans

Figure 13 shows a comparison of health insurance coverage of mental health services, by county designation. Generally, responses were similar across the board, regardless of survey participants' department size or county designation. The majority of survey participants responded that they did receive health insurance that covered mental health benefits. Of note, a significant amount of survey participants responded that they did not know (average of 30%) and almost a quarter of survey participants did not respond to this question.

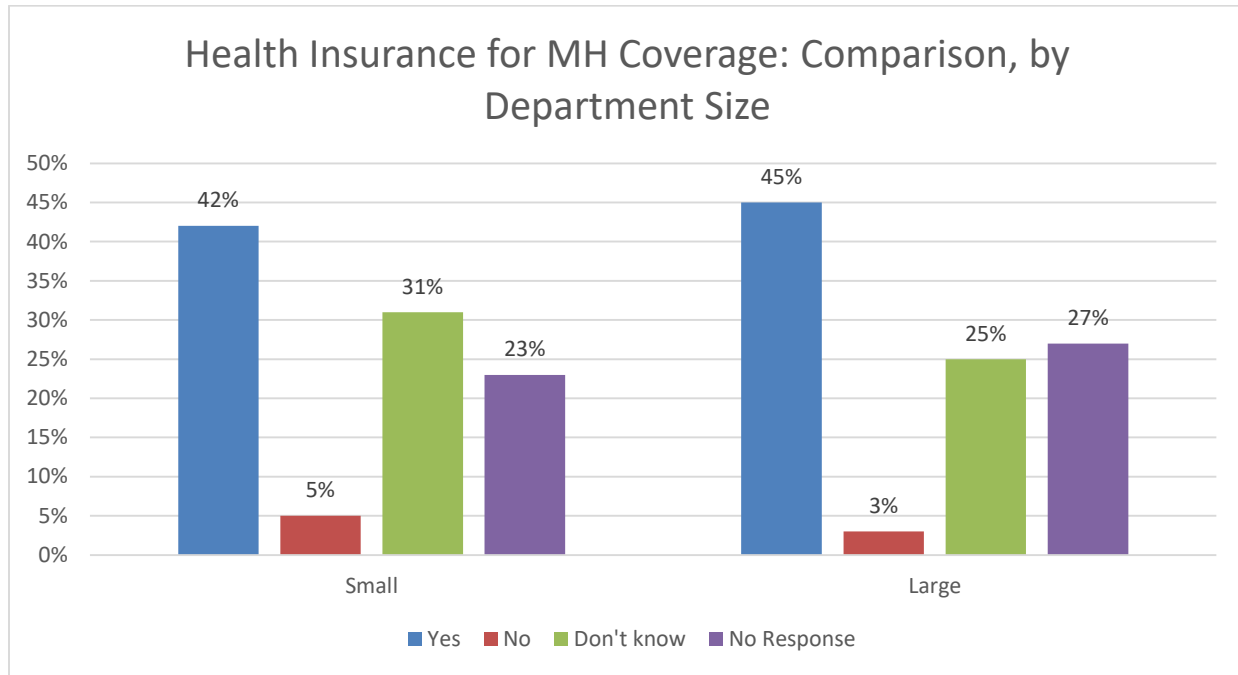
Figure 13. Health insurance coverage for mental health services: Comparison by county designation.



¹⁰³ Survey participants were able to respond to more than item.

Figure 14 shows similar results in regard to small vs. large department size.

Figure 14: Health insurance coverage for mental health services: Comparison by department size.



When comparing types of mental health coverage services, as seen in Figures 15 and 16, we did not see variance in responses based on a first responder's department size or county designation. The most frequent item that survey participants identified was first responders' health plans being subject to annual limits on the number of therapy visits covered. Here again approximately half of survey participants responded that they did not know what limitations there were on their health insurance coverage.

Figure 15. Health insurance plans providing mental health coverage by department size.

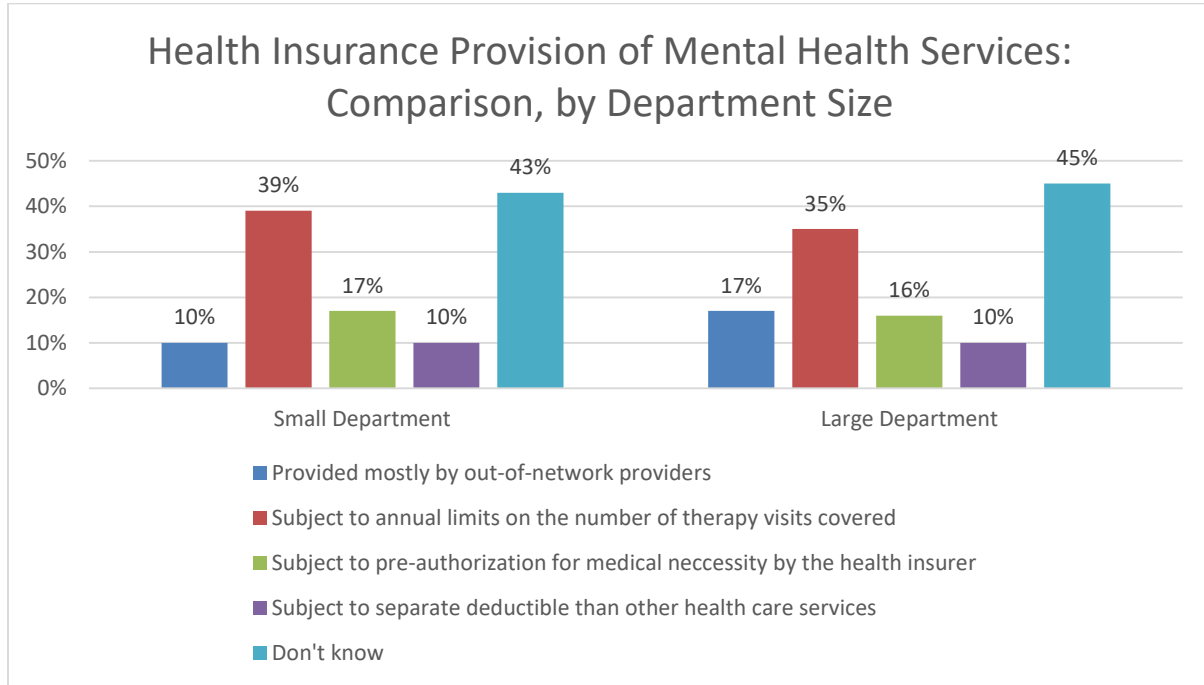
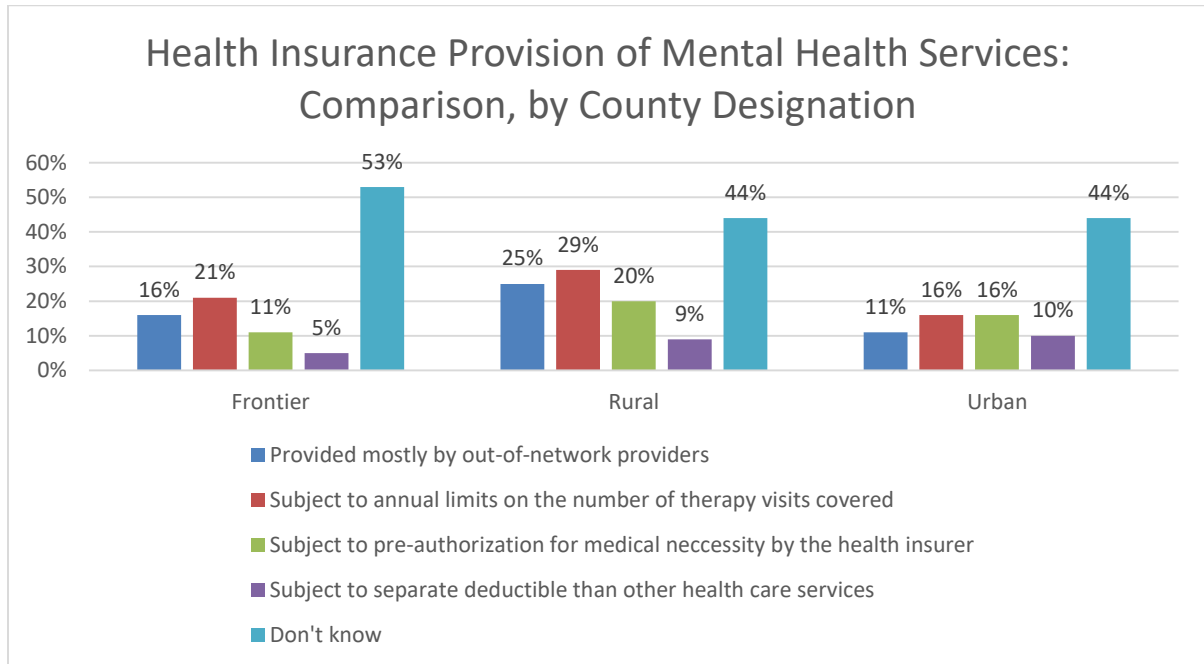


Figure 16. Health insurance plans providing mental health coverage by county designation.



Department Climate/Culture

Figure 17, 18, and 19 illustrate survey participants' opinions about their department's climate for encouraging mental health services. Regardless of profession, department size, or county designation, the majority of survey participants reported that their department encourages or strongly encourages access to mental health services. Of note, many survey participants also reported that they felt neutral on this issue.

Figure 17. First responders' department climate/culture for encouraging access to mental health services: Comparison of responses by profession.

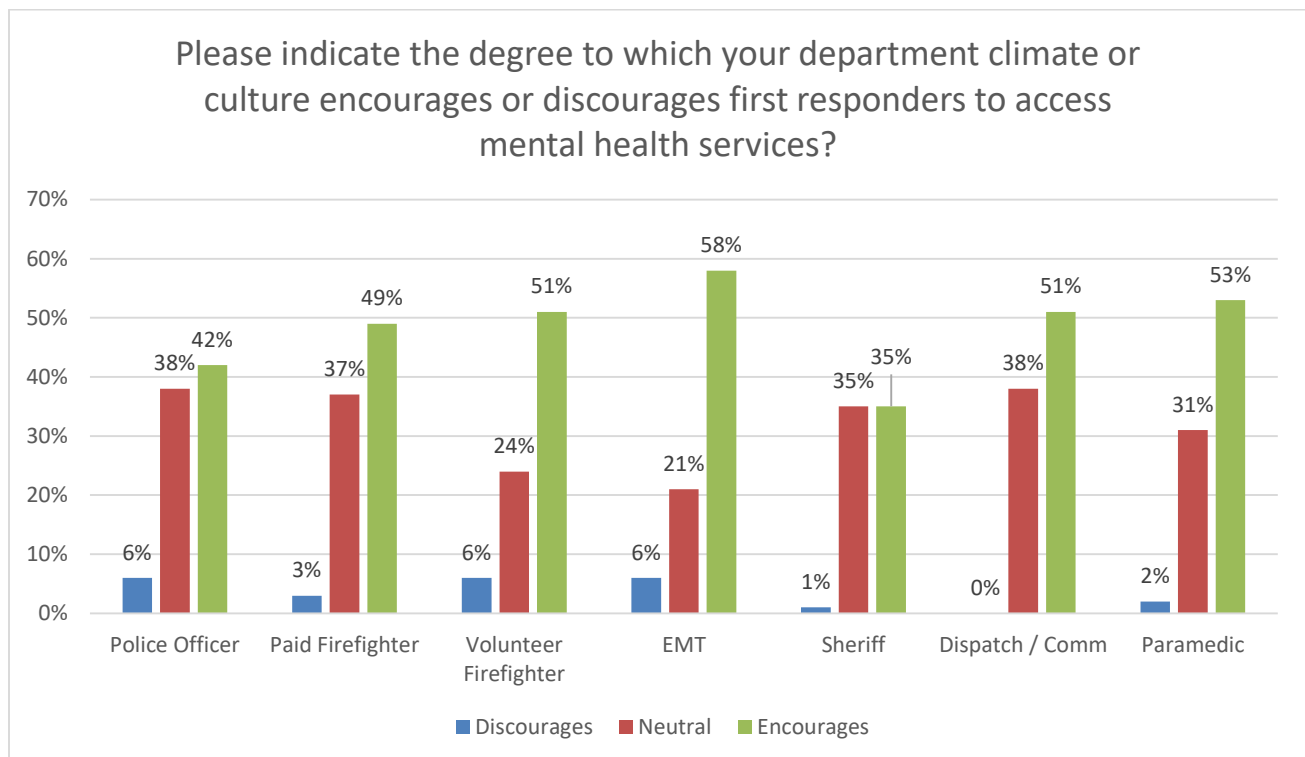


Figure 18. First responders' department climate/culture for encouraging access to mental health services: Comparison of responses by department size.

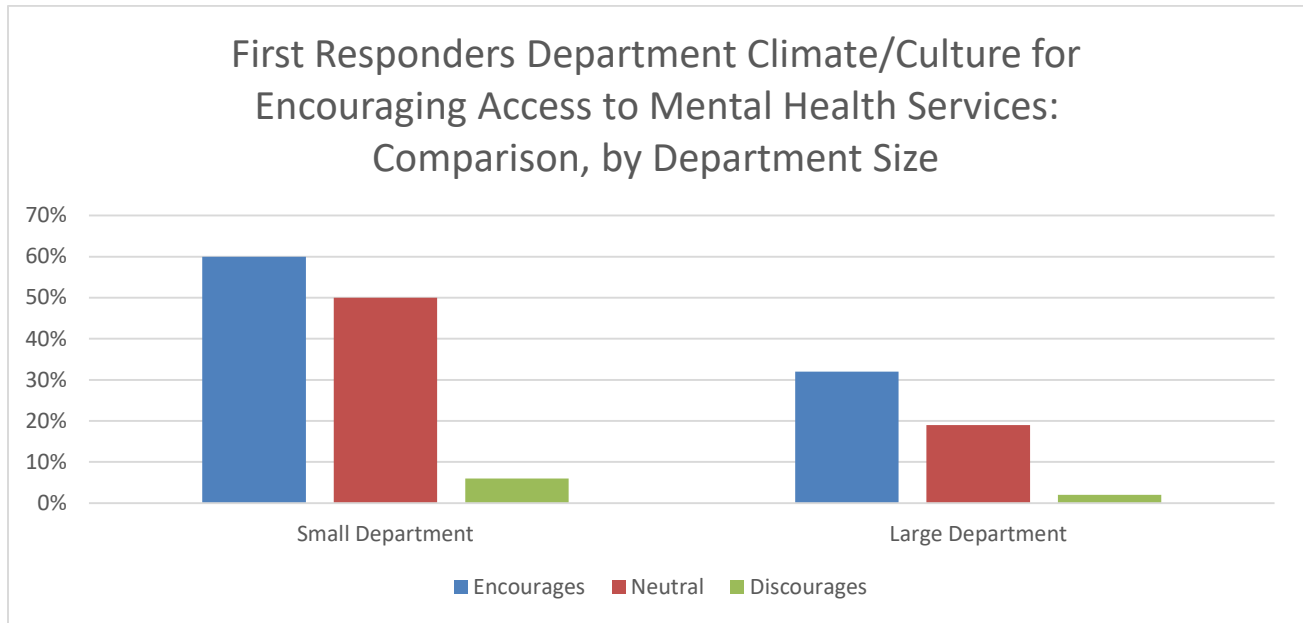
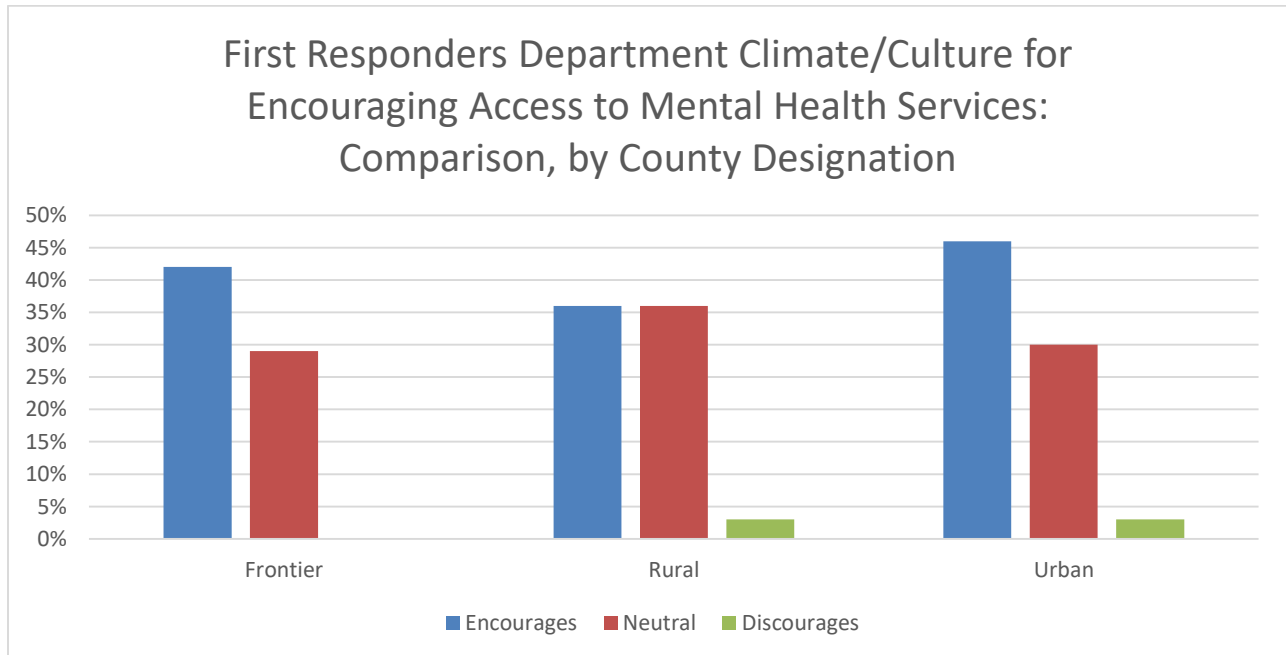


Figure 19. First responders' department climate/culture for encouraging access to mental health services: Comparison of responses by county designation.



Department Policies

Fifty four percent of survey participants indicated that their department does not have an internal policy that requires first responders to report critical incidents¹⁰⁴ to management.

In response to what services are made available to first responders post-critical incident, 69% of survey participants indicated that post-incident meetings/debriefings with management and affected first responders to review the incident; were available and 47% responded that referral was made to the organization's EAP program for counseling for the first responder. Fewer respondents cited leave time to seek mental health counseling from outside health care providers (29%), and referral to organization's EAP program for counseling for the first responder's family (55%) as services are made available to them post-critical incident. Nineteen percent of survey participants reported that they didn't know.

The most common mental health care programs offered by departments were peer support (49.4%) and Critical Incident Stress Management (49%). Approximately 21% of survey participants reported that their department does not have a process to directly provide mental health care services to first responders; of those, 4% were from large departments and 17% were from small departments.

Regarding what triggers mental health services, the most common responses were: staff request (41%), line duty death of a co-worker (40%), death of a co-worker (34%), and serious injury of a staff member or co-worker (approximately 26%). Approximately 24% of survey participants reported their department does not have a process to directly provide mental health care services to first responders; of those, 5% were from large departments and 19% were from small departments.

Workers' Compensation

Figures 20 and 21 show survey participants' feelings about the overall knowledge first responders have regarding workers' compensation rights and responsibilities if a critical incident occurs on the job.

¹⁰⁴ Defined in the survey as, "incidents that cause anxiety or affect job performance."

Figure 20. Overall knowledge of first responders' workers' compensation rights and responsibilities post-critical incident: Comparison by county designation.

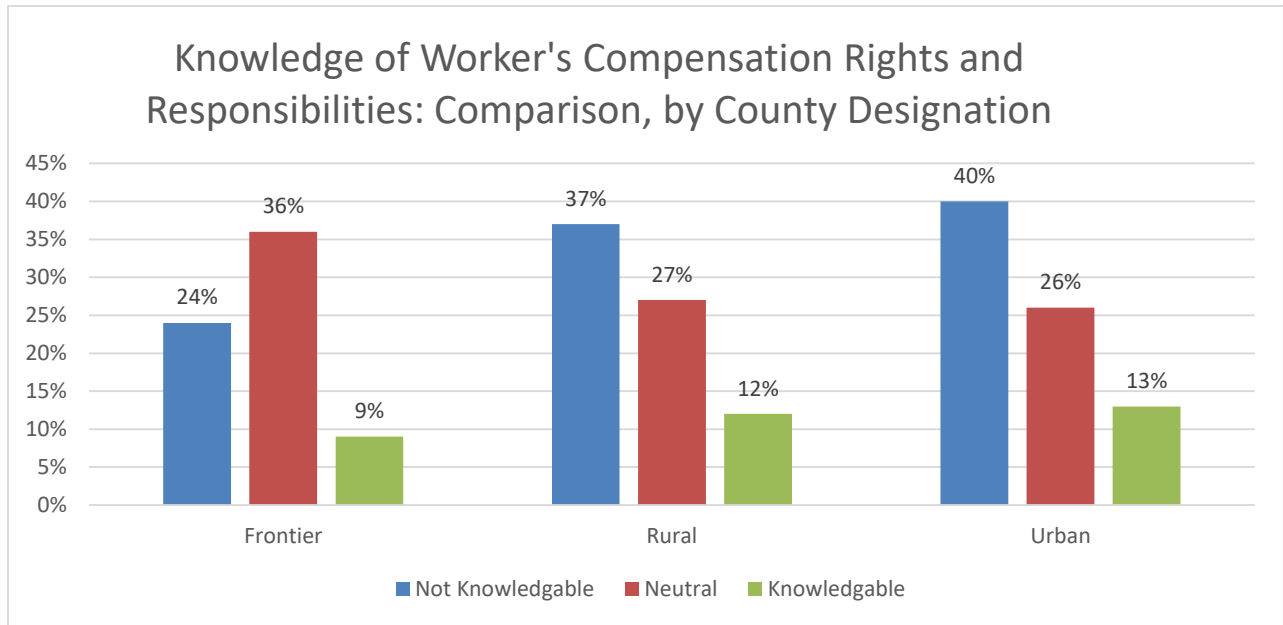
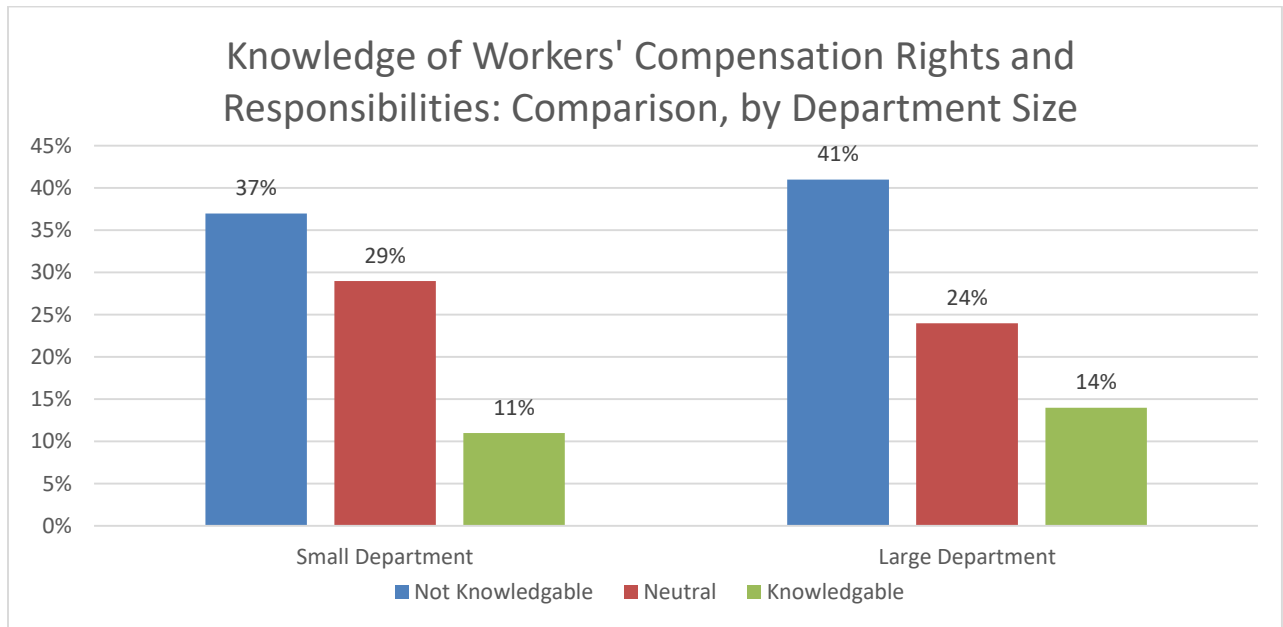


Figure 21. Overall knowledge of first responders' workers' compensation rights and responsibilities post-critical incident: Comparison by department size.



Figures 22 and 23 show survey participants' feelings about the overall knowledge first responders' ability to file a compensation claim for a mental health condition.

Figure 22. Overall how knowledgeable are first responders about the ability to file a workers' compensation claim for a mental health condition: Comparison by county designation.

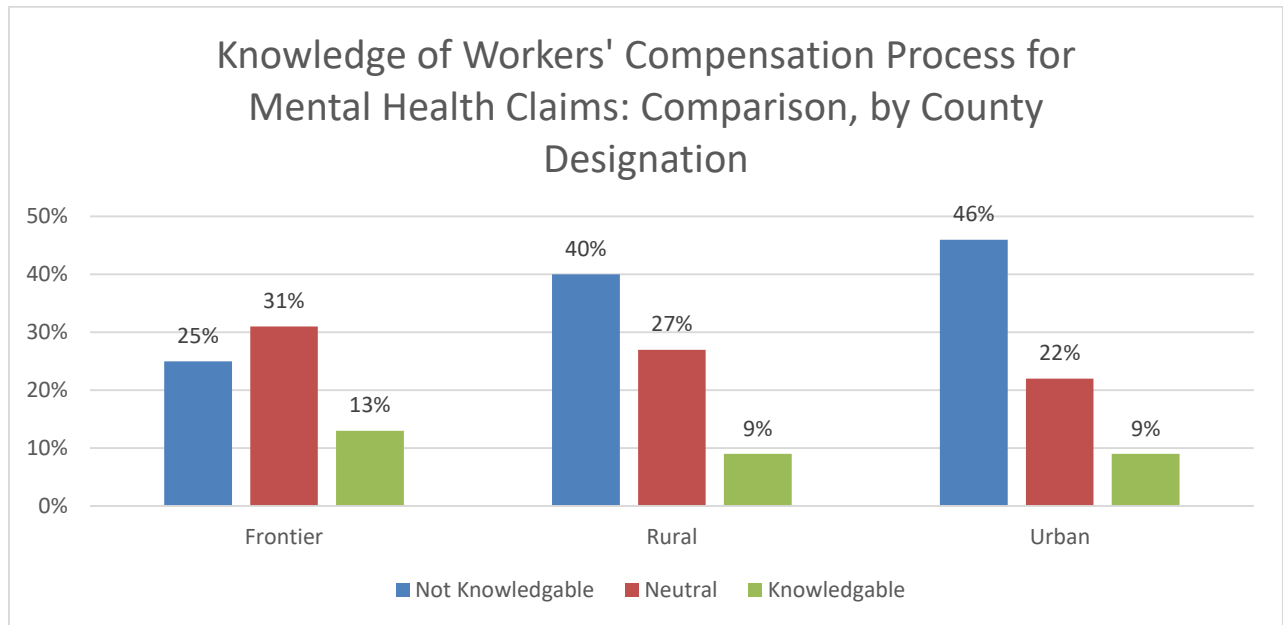
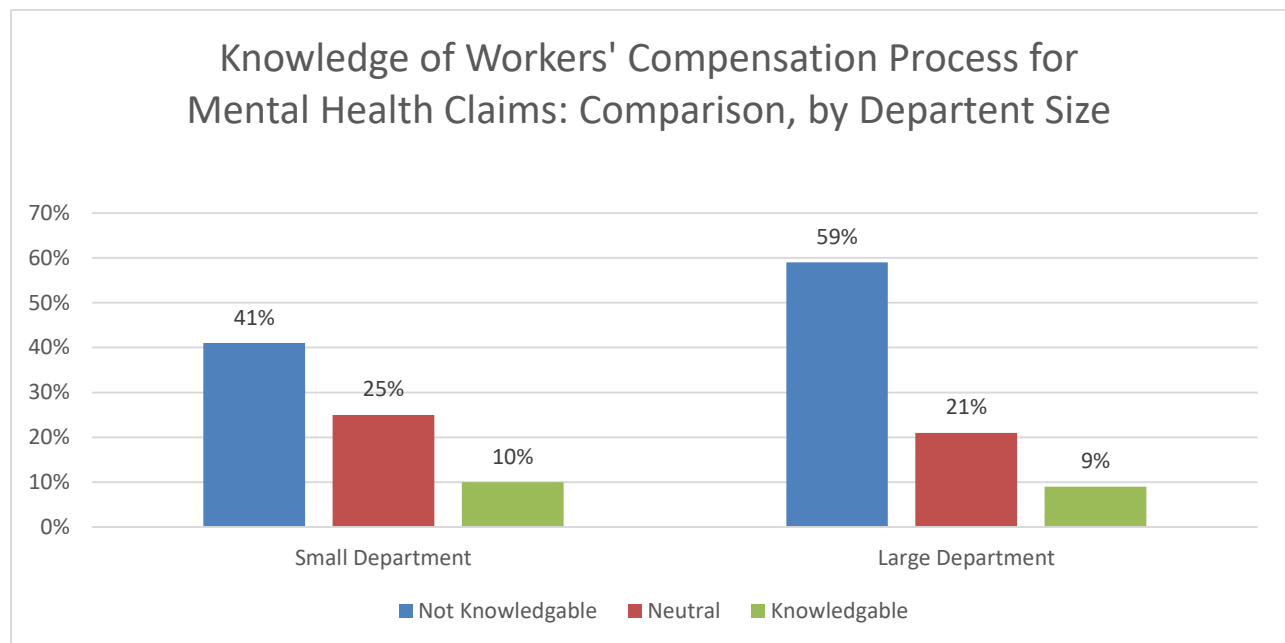


Figure 23. Overall how knowledgeable are first responders about the ability to file a compensation claim for a mental health condition: Comparison by department size.



Summary

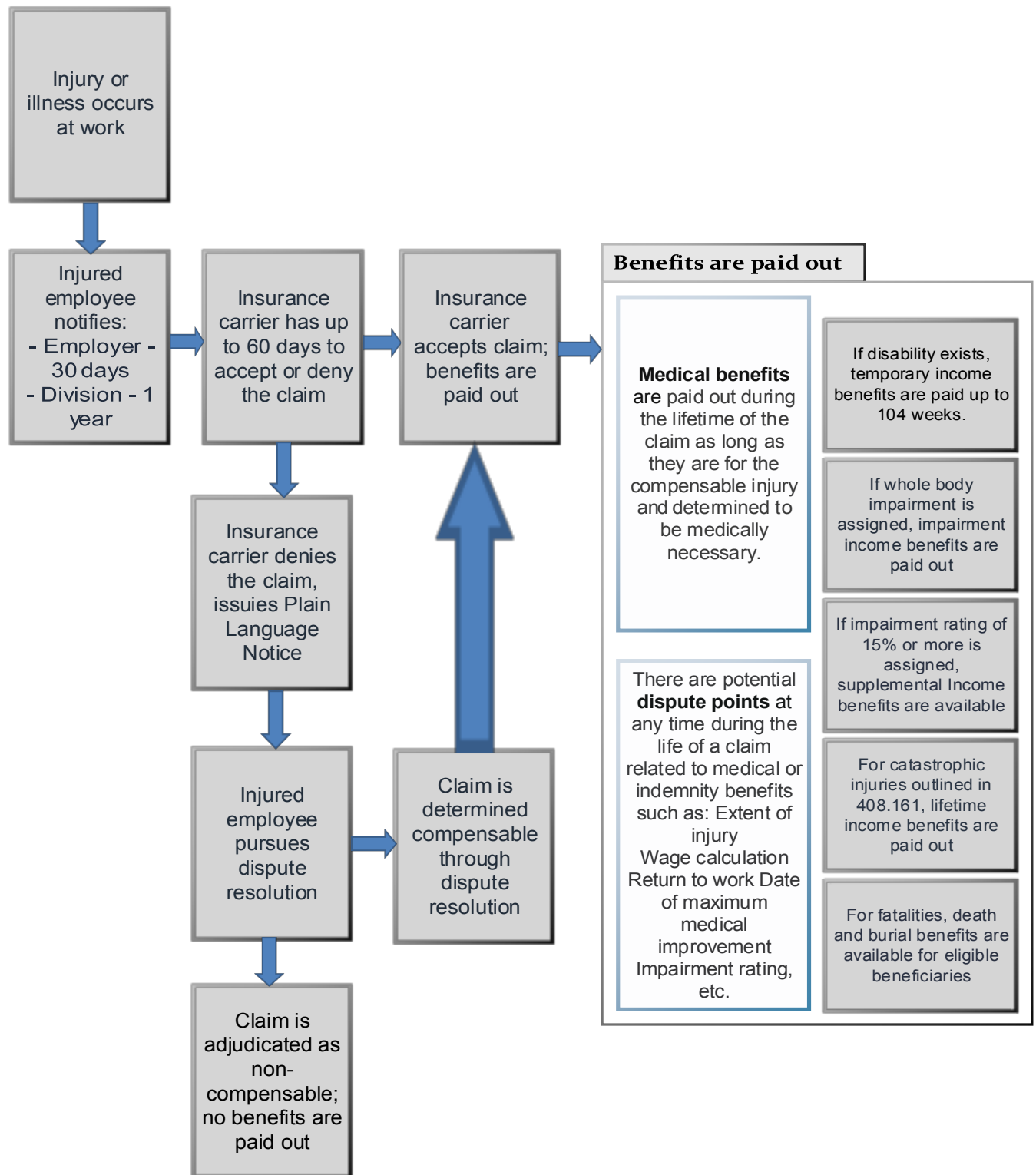
As stated earlier, this survey yielded results that provided a landscape assessment of first responders' experience with access to mental health services in Texas. It is not intended to be an in-depth research study, nor does it pretend to offer a thorough analysis of the state of mental health care for first responders in Texas. It does however provide some insight into first responders' perspectives on access to mental health care, gaps in accessing mental health care generally and differences based on a number of variables, such as first responder type, department size, and geographical location.

Generally, the survey found that large departments have more access to mental health care than small departments. It is also noted that first responders from large departments are provided more information about mental health services than small departments and are more aware of information and resources. Overall, there is a lack of knowledge and information across the board when it comes to the types of mental health services offered to first responders in their department. That is supported by the considerable amount of responses of, "I don't know" on each question and non-responses.

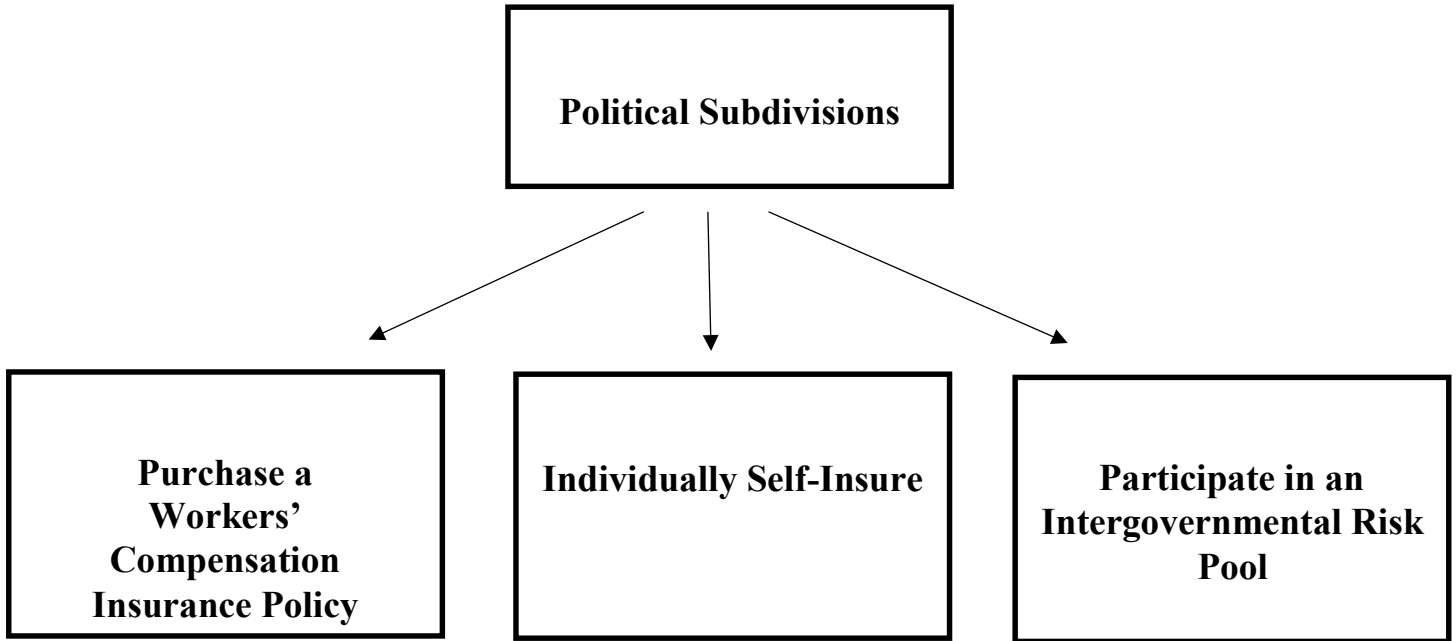
Overall survey respondents felt more often that their organizations encourage them to access mental health services. The survey brings to light several points:

1. Further research is necessary to fully understand the different types and various points of access of mental health services available to first responders in Texas, and to measure the sufficiency of those services.
2. Work needs to be done to make information about mental health resources available and accessible to first responders, especially in smaller departments and in rural and frontier areas of the state.

Appendix D: Workers' Compensation Claims Process Overview



Appendix E: Methods Political Subdivisions Use to Provide Workers' Compensation Insurance Coverage to Employees



Source: Texas Department of Insurance