



Firefighter Life Safety Initiative #13:
Firefighters and their families must have access to counseling and psychological support.



From EAP to BHAP

A Guide for Fire Departments

Introduction:

Firefighters and EMS personnel have chosen careers that can sometimes magnify the stresses, strains, and issues in living that we all face. Those careers can also add additional layers of stress and demand due to the nature of the work involved and the conditions, schedules, and circumstances under which the work is done. The need for work/life assistance programs is therefore a critical part of both occupational health and wellness programming and an essential feature in any employee benefit package.

NFPA 1500, the National Fire Protection Association *Standard on Fire Department Occupational Safety and Health Program*, has long required that fire departments provide a member assistance program to ensure availability of professional counseling resources for members and their families. The National Fallen Firefighters Foundation's *Everyone Goes Home*[®] project, as one of its 16 Firefighter Life Safety Initiatives (FLSI 13), placed renewed emphasis on the importance of these programs and convened a consensus panel to examine current research and best practices in occupational behavioral health. That process brought leading experts in employee assistance research and practice together with representatives of major fire service constituency organizations to determine the best practices, approaches, and standards of care currently available and to develop ways to ensure that firefighters and their families could have ready access to cost effective and clinically efficacious assistance.

Among the products of that three year effort were revisions to NFPA1500 with respect to behavioral health assistance programs (now referred to as BHAPs) and occupational exposure to atypically stressful events (formerly referred to as "critical incident stress programs"). Based on input from researchers, practitioners, fire departments, and fire service organizations, the new standards are designed to help fire departments specify clearly the services their members need through these programs and the levels and standards of care they expect, and to provide a framework for evaluating proposals and programs to determine the best fit for their agencies. The FLSI 13 effort also developed a number of resource programs to assist providers of behavioral health care in acquiring the latest in evidence supported best practice skills through easily accessible, low cost vehicles developed by leading research and training programs in behavioral sciences and behavioral health. Working in concert, this allows departments and their providers to ensure that firefighters and their families receive the best care and assistance at the lowest possible cost.

This area of the *LifeSafetyInitiatives* web site provides fire departments with an update on the current standards and a template for building and evaluating an effective *Request for Proposals* to recruit vendors for your BHAP. The site also provides prospective vendors with resources they can utilize to build a cost effective proposal by utilizing resources available from *Everyone Goes Home*[®] partners and other easily accessible programs to satisfy the requirements of the standard.



Key Elements of NFPA 1500:

NOTE: Both the department and potential vendors should obtain, thoroughly review, and consult the formal standard as issues by NFPA in designing and operating their program.

The purpose of the standard is to provide guidance to fire departments regarding the minimum standards for occupational health and safety programs. The standard covers a number of elements of an effective safety and health program. Fire departments are strongly encouraged to adopt and follow the entire standard to promote health and safety of their members across all domains of performance. The focus here is on Chapter 11, which provides guidance on the minimum standards for the department's Behavioral Health Assistance Program (BHAP).

The annex to the standards, which supplies additional information to help clarify and provide context, notes that the change from member assistance program to behavioral health assistance program is to clarify that standard is focused specifically on behavioral health services. Employee assistance programs offer a wide range of work/life programming, many of which may be of interest and value to the fire department and its members. These range from workplace training programs regarding an array of issues and concerns to supervisory training, mediation of disputes, and other educational and consultative functions. Some programs now include what are sometimes called "concierge services" such as assistance with locating childcare services and such. The standard, however, focuses specifically on professional counseling services to be provided to members and their families.

This chapter also provides guidance respecting minimum standards for the department's wellness program. These program elements should work in concert and are often managed by the same organizational component and/or vendor but their focus, aims, and activities are treated distinctly in the standard. The jurisdiction holding authority must therefore decide its preferred course for developing and executing these respective elements.

Section 11.1.1 requires that the fire department provide access to a behavioral health program for its members and their immediate families. As the Annex explains, this does not mean that the department itself must provide these services or even that they be financed directly by the department. It may be that the services are provided through a cooperating agency such as a community behavioral health center or a counseling agency, and the services may be financed by other resources (e.g., levies supporting behavioral health services). The fire department's responsibility is to ensure that the required services are indeed readily available to members and their families. Where the department does not provide or contract for these services, a binding Memorandum of Understanding should be considered to ensure that the requirements of the standard are achieved.

Section 11.1.1.1 delineates those basic services that should be available at the first step of access. These are the things the BHAP should be able to provide immediately on intake. The specific elements mentioned are:

- a) **Assessment:** The BHAP should be able to provide a professional contact to make a competent assessment of the person's problem and service needs, prepare a preliminary intervention plan, and execute needed referrals.
- b) **Basic counseling:** The BHAP should be able to provide ready access to basic professional counseling to implement an effective response for nonclinical issues (e.g., basic family and parenting issues, typical problems in living, and the like).
- c) **Stress crisis intervention:** The BHAP should be prepared to deal quickly and effectively with stressors and issues that are posing immediate difficulties for the firefighter or family member.



The standard proceeds to outline that these basic services should be ready and able to address **at least** these specific areas:

- a) Alcohol and substance abuse;
- b) Stress and anxiety;
- c) Depression;
- d) Personal problems that affect fire department work performance.

Section 11.1.2 requires that the BHAP refer persons whose clinical needs require more advanced or extensive intervention to appropriate clinical and specialty care, and that the providers to whom they are referred be equipped to deliver evidence based treatment consistent with current best practices and standards. There are three important aspects of this provision:

1. Conditions that require more than the basic counseling described in Section 11.1.1.1 above should be referred to a specialist or advanced clinical provider if BHAP staff are not themselves appropriately prepared and certified to provide the appropriate level of care. It may also apply where a limitation on visits covered under the BHAP agreement precludes adequate treatment under that agreement. The BHAP should be prepared to help the client with insurance and benefit issues needed to facilitate the care required.
2. “Equipped to deliver evidence based care” entails more than a provider’s declaration that he or she holds that expertise. Proper certification of appropriate training should be expected. It should be noted, however, that due diligence is needed to ensure that any certifications offered actually document meaningful training in accepted procedures.
3. “Evidence based treatment consistent with current best practices and standards” also requires more than a provider’s assertion that a technique is evidence based and represents best practice. The Annex notes that standards should represent recognized nonproprietary bodies and that current standards of care should be based in recommendations of independent guidelines based on thorough review of evidence by established resource bodies.

Section 11.1.3 requires that the fire department adopt and follow clear, written policies regarding alcohol and substance abuse, and other behavioral conditions that impair performance and/or fitness for duty. Subsection 11.1.3.1 requires that any determination of fitness for duty must be done in accordance with Section 10.7 of NFPA 1500. That section provides that:

- a) the fire department have a declared process to evaluate the ability to perform essential job functions;
- b) evaluation be conducted by a qualified person and confirmed by the fire department physician;
- c) a member determined unfit for duty be provided treatment and assistance to help them return to duty; and
- d) the individual be returned to duty only when a qualified person has determined that essential job functions can again be performed.

It is advisable that the fire department physician (see NFPA 1582) be the final clearance point as well. The person treating the member is vested in the interests of the patient while the occupational medicine provider is vested in ensuring that the safety and liability of the department are also protected. The interaction between the two provides an important balance in these difficult situations.



Section 11.1.4 requires that the fire department adopt and follow clear, written policies regarding records, confidentiality, data collection, and the protection and release of privileged information. The policies must be consistent with applicable laws, regulations and standards. They must also specify what use, if any, can be made of such information for research, quality assurance, and program evaluation. Protections afforded by the Health Insurance Portability and Accountability Act (HIPAA) should be specifically addressed. **Section 11.1.5** additionally provides that that records maintained by the BHAP shall not become a part of the member's personnel file.

Section 11.1.5 states that the program should be systematically reviewed on a regular basis. Design and execution of the performance evaluation aspect is an important element that is too often minimized or overlooked. The department is advised to establish its objectives for its BHAP program in ways that provide specific, measurable, attainable, relevant, and time-bound benchmarks that will facilitate its ability to determine whether its BHAP is meeting its expectations. These should reflect not just input (e.g., how many referred, contacts made), process (e.g., how quickly seen, number of visits per episode), and output (e.g. number of referrals made; number of cases closed), but also outcomes (e.g., measured improvement in conditions). Collecting and reporting those data should be a part of the expectations set for the program, vendor, or partner; evaluation of the data reported should be a critical aspect of the fire department's periodic review.

Building a Scope of Work Statement:

The typical Request for Proposals (RFP) includes two components. In most jurisdictions, the basic process and procedural aspects are dictated in more or less standard set of documents that reflect its procurement policies and regulations. This is likely the same as or very similar to what you would use to provide specifications and solicit bids on trucks, equipment, construction projects, and the like. The portion of most critical importance to any particular solicitation is generally the *Scope of Work (SoW)*.

The SoW is your statement of exactly what you want a potential vendor to provide. It tells them what you seek, what standards and metrics you will use to determine how well their proposal fits your needs, and how they will be compared to other potential vendors when you evaluate responses and select a final vendor. Even if you are building your program internally or based upon a Memorandum of Understanding with another agency, it provides your roadmap of what the program needs to provide and how you will determine whether it is being provided in the way you have specified.

While the requirements of NFPA 1500 establish minimum standards and should be included by reference to make expressly clear that these requirements are your foundation, the standard explicitly provides that a jurisdiction maintains the absolute right to impose requirements beyond or above the minimums required. The template suggested here is designed to cover only the basics and should be freely modified to capture the needs and expectations of the fire department putting forward the RFP.

There are aspects of written policy that must be developed by the fire department with respect to (a) fitness for duty and (b) records and data. The fire department may elect to develop these policies prior to going forward with the RFP; in this case, the policies should be incorporated by reference and included with the materials provided to potential vendors so that they can appropriately evaluate these requirements and include their strategies for addressing them. If the fire department has not yet developed those policies, it may wish to include consultation in their development as an element in the SoW. Both alternatives are reflected in the suggested template. Similarly, the fire department may elect to specify in advance its objectives for the BHAP and its strategy for periodic evaluation or it may specify development of an evaluation rubric as an element in the SoW; again, both options are reflected in the suggested template.



Template SoW:

Statement of Work **(Organization's Legal Corporate Title)** ***Behavioral Health Assistance Program***

(Organization name) seeks to develop and implement a Behavioral Health Assistance Program consistent with the requirements of National Fire Protection Association standard NFPA 1500: *Standard on Fire Department Occupational Safety and Health Program*. NFPA 1500 is incorporated by reference as an element of this Scope of Work statement, with specific attention to Chapter 11, *Behavioral health and wellness program*. The successful vendor will be expected to provide a program consistent with all requirements of Section 11.1 of the standard and with all other requirements and expectations set forth in this Scope of Work statement. Proposals that fail to explicitly satisfy all such requirements may be deemed unresponsive and excluded from further review.

1. The selected program must be available to all members of the organization and their immediate families. The vendor will provide for a specific number of visits to be allowed without additional cost beyond its capitated fee and will provide for referral and treatment continuity for cases that require additional visits or the involvement of additional providers.
2. The program will provide the capacity for 24/7 telephone contact and commit to seeing clients requiring in-person care within (specify desired period, e.g., one working day) following first telephone contact.
3. The vendor will provide one or more off-site facilities for seeing fire department clients; these locations should provide reasonable confidentiality for those appearing for appointments. The specific locations and the provisions for reasonable confidentiality will be detailed in the response to this RFP.
4. The vendor will maintain the capacity to provide assessment, basic counseling, and crisis intervention beginning with the first contact appointment. These services must be available, at a minimum, to address alcohol and substance abuse, stress and anxiety, depression, and personal problems impacting work performance. The mechanisms for providing this capacity must be detailed in the response to this RFP and should include the vendors capability to provide evidence based care when indicated.
5. The vendor will establish and maintain capacity to refer cases requiring advanced or continuing care to clinicians equipped to deliver evidence based care according to established best practice guidelines. The standards used to determine appropriate referral, including the standards of care and certifications established for determining preparation to address major categories of conditions, must be detailed in the response to this RFP.
6. The vendor will adhere to (organization name) policies regarding fitness for duty and records maintenance, which are included by reference in this Scope of Work. The vendor will specify its detailed plan for fulfilling requirements under these policies as an element of its proposal.

OR

The vendor will propose a specific policy, compliant with Section 10.7 of NFRP 1500, for evaluation of fitness for duty due to behavioral or substance issues. Roles of all parties will be clearly stated, including relationship to the department's occupational health physician and other aspects of the occupational safety and health program. The final policy as adopted, including any modifications, deletions, or additions made by the department, will govern this aspect of the BHAP.



7. The vendor shall adhere to (organization name) policies regarding records, data management, confidentiality, and release of privileged information. The vendor must also attest that it will comply with all applicable statutes, regulations, and standards pertinent to these aspects of program performance. The vendor's written policies, reflecting these attestations, must be included with its response to this RFP.

OR

The vendor will propose specific policies compliant with all applicable statutes, regulations, and standards pertinent to records, data management, confidentiality, and release of privileged information. The final policies as adopted, including any modifications, deletions, or additions made by the department, will govern these aspects of the BHAP.

8. The vendor will supply all data and reports required by (organization name) to evaluate performance according to the objectives stated for the BHAP and the evaluation strategy developed for the program; these objectives and strategies are attached and are included by reference as a part of this SoW. The response must include the vendor's strategy for collecting, analyzing, and reporting this information in accordance with the department's evaluation plan. The vendor shall also submit its plan for quality assurance respecting services delivered.

OR

The vendor will propose a specific plan for periodic evaluation of the BHAP that includes measurements of inputs, processes, outputs, and outcomes. The vendor shall also submit its plan for quality assurance respecting services delivered. The final plan as adopted, including any modifications, deletions, or additions made by the department, will be employed to evaluate performance of the BHAP.

Evaluating Proposals:

The jurisdiction's policies regarding procurement may provide specific instructions regarding evaluation of bids and proposals. Typically, however, this is a committee process in which proposals are reviewed and rated according to the specific requirements of the RFP and SoW. It is usually helpful to prepare a matrix covering the principal requirements and rating each proposal numerically on the basis of its response to each required element. Where multiple proposals are received, it is often advantageous to select the two to three top proposals and have these vendors make a presentation to the evaluation committee regarding their organization, their proposal, and their unique qualifications; that also provides an opportunity for questions and clarifications.

Most selection policies also allow for negotiations with the finalists to obtain a "best and final offer" reflecting any improvements or enhancements desired by the department to yield the best possible program at the most affordable price. The contract extended should specify base pricing for required aspects, any variable pricing for services above or beyond the basic package, and options for termination and/or extension. Periodic meetings between department administrators and BHAP management are also suggested to review quality assurance data and address any issues affecting the success and impact of the program.



To learn more about the National Fallen Firefighters Foundation's FLSI #13 Behavioral Health Protocol and for information regarding training in its use, visit <http://www.everyonegoeshome.com>.

