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April 8, 2020

TO: FIRESCOPE Board of Directors
23300 Castle Street
Riverside, CA 92518-2200

FROM: FIRESCOPE Operations Team/Task Force/Behavioral Health Working Group

SUBJECT: CRITICAL INCIDENT PEER SUPPORT (CIPS) TEAM

SUMMARY

The complexity and time commitment of events facing today's first responders has rapidly evolved and continues to change on an almost daily basis. The frequency of critical incidents such as complex and coordinated attacks, large scale wildfires, and other natural disasters have increased over the last few years. Because of these events, firefighters and other first responders are exposed to more traumas (fatalities, injuries, loss of communities, increasing socio/economic issues such as homelessness and disease) of all types than in the past. This has the potential to take a toll on their mental well-being. In 2019, the number of reported suicides of Firefighters (114) surpassed the line of duty deaths (52) by over 50%. In an attempt to mitigate the effects of this exposure and reduce the negative impacts, peer support teams can be utilized. The benefits of having peer support teams on a planned or unplanned critical incident have also become increasingly recognized. In recent years, federal, state, and local fire agencies have deployed peer support teams on critical events with success.

These peer support teams consist of trained firefighters, mental health professionals, chaplains, and canines. Each incident's circumstances and requirements for behavioral health will be unique and will determine the particular size and structure of the team(s). With that, many agencies have identified the need for a clearly defined process of baseline ordering, qualifications, and a clearly defined organizational structure for a team. The recommendations and findings outlined in this paper are the product of multi-agency coordination, communication, and collaboration.

FINDINGS

1. Many agencies are ordering and deploying teams under the generic Technical Specialist position and organizing those members/teams in various configurations. Interviews, surveys, and examination of each current system were used to develop the best practices in the draft CIPS Operational System Description (OSD).



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- In California, several primary groups have identified the need to address behavioral health, each with a different mission. The groups and missions are as follows:
- The California Behavioral Health Task Force, which is a collaboration between fire service labor and management to focus on first responder behavioral health and seek support for both funding and legislation.
- State Fire Training is developing a curriculum to include a component of behavioral health training to each of their qualification tracks.
- FIRESCOPE has identified the need to develop standardized requirements and ICS organization for use on critical incidents. Note: Members of the FIRESCOPE BHWG also sit on the other groups to ensure collaboration between all three.

RECOMMENDATIONS

The Behavioral Health Working Group (BHWG) has collaborated with federal, state, and local government partners to analyze current models for teams and develop a system that all agencies can utilize to assist when deploying a Critical Incident Peer Support (CIPS) Team. It is recognized that there has been no approved standard statewide system and that these recommendations will attempt to define them. The following are the current recommendations of the BHWG:

1. Approve the Operational System Description for the CIPS Team, including position descriptions, terminology, training, and qualification requirements of a CIPS team.
 - Develop the training and qualification requirements for the two (2) Incident Command System (ICS) mnemonics that are currently in the existing resource ordering system.
 - Critical Incident Stress Lead (CISL)
 - Critical Incident Stress Management (CISM)
 - Develop the training and qualification requirements for the three (3) new ICS mnemonics currently used on critical incidents that are not currently in the existing resource ordering system. Note: These positions are currently ordered as Technical Specialists.
 - Critical Incident Clinician (CICL)
 - Critical Incident Stress Chaplain (CISC)
 - Critical Incident Stress K9 (CISK)
2. Establish a modular organizational chart for a CIPS Team.



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3. Develop ICS products, including a standard Incident Action Plan document, for use when a CIPS Team is activated. Add a component to the ICS 206 Medical Plan to include CIPS activation and contact information.
4. Develop position-specific task books as identified in the OSD that are acceptable to CICCIS, PMS 310-1, and CAL FIRE documents.

Request approval for the transition of the Behavioral Health Working Group to become a FIRESCOPE Specialist Group to meet the long-term needs development for incident Behavioral Health systems and products.

IMPLEMENTATION PLAN

Develop a draft Critical Incident Peer Support Team - Operational System Description (OSD) for approval through the FIRESCOPE decision process.

This document was developed in collaboration with Federal, State, and Local partners.

- If approved, distribute and communicate the CIPS OSD to the California fire service, including Federal, State, and Local agencies, as well as all levels of incident management teams.
- Evaluate the positions, training, and qualification requirements and organizational structure for the CIPS Team.
- Coordinate with the National Wildfire Coordinating Group (NWCG) Incident and Position Standards Committee/Position Naming Board to introduce and approve the three new position mnemonics (CICL, CISC, and CISK).
- Coordinate with California Incident Command Certification System (CICCIS), National Wildfire Coordination Group (NWCG) PMS 310-1, and the CAL FIRE 4039 to include the CIPS Team positions in the next cycle of revisions.
- Add the CIPS Team OSD to the 2022 revision of the ICS 420-1 FIRESCOPE Field Operations Guide (FOG).

CONCLUSION

Critical Incident Peer Support Teams will continue to evolve with experience and deployments. Local, state, and federal agencies will continue to provide support to firefighters exposed to and affected by traumatic incidents through effective use of standardized resources for behavioral health. The multi-partner agencies in the Behavioral Health Working Group have identified the need for a standard ICS deployment system. Adoption of the OSD and the recommendations listed above will help standardize the utilization and deployment of these teams that can greatly benefit firefighters and maximize their service to the public.